

**DEPARTMENT OF STATE HEALTH SERVICES
TEXAS CANCER REGISTRY**

CASEFINDING QUICK REFERENCE

Casefinding and Reportable List (Detailed instructions on pages 17-44)

1. Every inpatient and outpatient case with active disease and/or receiving cancer-directed therapy **must** be reported to the Department of State Health Services, Texas Cancer Registry (TCR) regardless of the state or country of residence.

2. Cases of cancer to be reported to the TCR include:

- All neoplasms with a behavior code of two or three in the International Classification of Diseases for Oncology (ICD-O) 3rd edition (with certain exceptions); and
- All benign and borderline neoplasms of the central nervous system with a morphology term and code listed in ICD-O-3 (includes brain and other CNS neoplasms)

Note: Benign and borderline CNS cases diagnosed prior to 2004 are no longer required to be submitted to the TCR.

3. Obtain disease indices including both inpatient and outpatient admissions after medical records are completed and coded (monthly or quarterly).

4. Check the indices against a list of cases previously reported to the TCR to identify new cases.

5. Complete an abstract for patients found on the disease index with a reportable diagnosis not previously submitted to the TCR. Patients who have been previously reported to the TCR need to be checked for possible multiple primaries. Refer to the *Multiple Primaries/Histology Rules (MP/H)* in Appendix O and to the *2010 Hematopoietic and Lymphoid Neoplasm Case Reportability and Coding Manual* for assistance.

6. To prevent reporting a primary for a patient twice, compare the patient name and primary cancer site from your registry database (accession list) to the TCR facility data report. The TCR facility data report lists all the patients a facility has reported to TCR for multiple years.

7. Other department logs/records (radiation therapy logs, emergency department logs, oncology unit records, surgery logs, etc.) are to be reviewed in the same method as the disease index to insure all reportable cases are submitted to the TCR.

8. Pathology reports, including all histology, cytology, hematology and autopsy reports, should be reviewed to identify all reportable neoplasms. These should also be reviewed against a list of records submitted to the TCR.

The following lists are intended to aid the appropriate personnel in creating a disease index with the required reportable neoplasms and ICD-9-CM codes. **A DI with the reportable ICD-9-CM codes will require a 100% review.**

Reportable ICD-9-CM Codes

ICD-9-CM CODE (100% Review Required)	DIAGNOSIS
140.0 - 208.92	Malignant neoplasms
209.0 - 209.29	Malignant carcinoid tumors
209.30 - 209.36	Malignant poorly differentiated neuroendocrine carcinoma; Merkel cell carcinoma
209.70 - 209.79	Secondary neuroendocrine tumors
225.0 - 225.9	Benign neoplasms of brain and spinal cord

ICD-9-CM CODE (100% Review Required)	DIAGNOSIS
227.3	Benign neoplasms of pituitary gland and craniopharyngeal duct (pouch) Reportable inclusion terms: Benign neoplasm of craniobuccal pouch, hypophysis, Rathke's pouch or sella turcica
227.4	Benign neoplasm of pineal gland
228.02	Hemangioma; of intracranial structures Reportable inclusion terms: Angioma NOS, Cavernous nevus, Glomus tumor, Hemangioma (benign)
228.1	Lymphangioma, any site This code includes Lymphangiomas of Brain, Other parts of nervous system and endocrine glands, which are reportable
230.0 - 234.9	Carcinoma in-situ (exclude 233.1, cervix)
236.0	Endometrial stroma, low grade (8931/1) Reportable inclusion terms: Stromal endometriosis (8931/3 per ICD-O-3) Stromal myosis (endolymphatic) (8931/3 per ICD-O-3) Stromatosis, endometrial (8931/3 per ICD-O-3)
237.0 - 237.1	Neoplasm of uncertain behavior (borderline) of pituitary gland, craniopharyngeal duct and pineal gland.
237.5 - 237.6	Neoplasm of uncertain behavior (borderline) of brain, spinal cord and meninges
237.72	Neurofibromatosis, type 2 (acoustic neurofibromatosis) Note: Acoustic neuromas growing along the acoustic nerve. See supplementary list for Neurofibromatosis, unspecified (237.70) and Neurofibromatosis, type 1 (237.71)
237.9	Neoplasm of other and unspecified parts of nervous system (cranial nerves)
238.4	Polycythemia vera (9950/3)
238.6	Neoplasms of uncertain behavior of other and unspecified sites and tissues, Plasma cells (Plasmacytoma, extramedullary, 9734/3) Reportable inclusion terms: Plasmacytoma NOS (9731/3) Solitary myeloma (9731/3)
238.7	Other lymphatic and hematopoietic tissues Note: This code was expanded 10/2006. It is now a subcategory and is no longer valid for use for coding purposes. It should be included in extract programs for quality control purposes.

ICD-9-CM CODE (100% Review Required)	DIAGNOSIS
238.71	Essential thrombocythemia (9962/3) Reportable inclusion terms: Essential hemorrhagic thrombocythemia Essential thrombocytosis Idiopathic thrombocythemia Primary thrombocythemia Thrombocythemia vera Note: Primary thrombocythemia, thrombocythemia vera and essential thrombocytosis are considered synonyms for essential thrombocythemia but are not listed in ICD-O-3. In the absence of a specific code for the synonym, code to the preferred term. Refer to 2012 Hematopoietic and Lymphoid Neoplasm Case Reportability and Coding Manual.
238.72	Low grade myelodysplastic syndrome lesions (includes 9980/3, 9982/3, 9983/3, 9985/3) Reportable inclusion terms: Refractory anemia (RA) (9980/3) Refractory anemia with excess blasts-1 (RAEB-1) (9983/3) Refractory anemia with ringed sideroblasts (RARS) (9982/3) Refractory cytopenia with multilineage dysplasia (RCMD) (9985/3) Refractory cytopenia with multilineage dysplasia and ringed sideroblasts (RCMD-RS) (9985/3)
238.73	High grade myelodysplastic syndrome lesions (includes 9983/3) Reportable inclusion terms: Refractory anemia with excess blasts-2 (RAEB-2)
238.74	Myelodysplastic syndrome with 5q deletion (9986/3) Reportable inclusion terms: 5q minus syndrome NOS
238.75	Myelodysplastic syndrome, unspecified (9985/3, 9987/3)
238.76	Myelofibrosis with myeloid metaplasia (9961/3) Reportable inclusion terms: Agnogenic myeloid metaplasia Idiopathic myelofibrosis (chronic) Myelosclerosis with myeloid metaplasia Primary myelofibrosis Excludes: myelofibrosis NOS myelophthisis anemia (not reportable) myelophthisis(not reportable)
238.77	Post transplant lymphoproliferative disorder (9987/3)

ICD-9-CM CODE (100% Review Required)	DIAGNOSIS
238.79	Other lymphatic and hematopoietic tissues (includes 9960/3, 9961/3, 9970/1, 9931/3) Reportable inclusion terms Lymphoproliferative disease (chronic) NOS (9970/1) Megakaryocytic myelosclerosis (9961/3) Myeloproliferative disease (chronic) NOS (9960/3) Panmyelosis (acute) (9931/3)
239.6	Neoplasms of unspecified nature, brain
239.7	Neoplasms of unspecified nature; endocrine glands, and other parts of nervous system
273.2	Other paraproteinemias Reportable inclusion terms: Franklin's disease (heavy chain) (9762/3) Heavy chain disease (9762/3) Mu heavy chain disease (9762/3)
273.3	Macroglobulinemia Reportable inclusion terms: Waldenstrom's macroglobulinemia (9761/3) Waldenstrom's (macroglobulinemia) syndrome
277.89	Other specified disorders of metabolism Hand-Schuller-Christian disease Histiocytosis (acute) (chronic) Histiocytosis (chronic)
288.4	Hemophagocytic Syndromes (9751/3, 9754/3) Reportable inclusion term: Histiocytic syndromes
V10.0-V10.89	Personal history of malignancy Note: Screen for recurrences, subsequent primaries, and/or subsequent treatment
V10.90	Personal history of unspecified malignant neoplasm Screen for recurrences, subsequent primaries, and/or subsequent treatment.
V10.91	Personal history of malignant neuroendocrine tumor, carcinoid tumor, Merkel cell carcinoma Screen for recurrences, subsequent primaries, and/or subsequent treatment.
V12.41	Personal history of benign neoplasm of the brain

A DI with supplementary ICD-9-CM Codes should be reviewed based on the instructions on page 22 in the Casefinding Section of the TCR CRHB.

Supplementary ICD-9-CM Code List

ICD-9-CM CODES (5% Review Required)	EXPLANATION OF CODES
042	Acquired Immunodeficiency Syndrome (AIDS) Note: This is not a malignancy. Medical coders are instructed to add codes for AIDS-associated malignancies. Screen 042 for history of cancers that might not be coded.
079.4	Human papillomavirus (HPV)
079.50-079.59	Retrovirus (HTLV, types I, II and 2)
209.40 - 209.69	Benign carcinoid tumors
210.0-229.9	Benign neoplasms (except for 225.0-225.9, 227.3, 227.4, 228.02, and 228.1, which are listed in the Reportable list) Note: Screen for incorrectly coded malignancies or reportable by agreement tumors.
235.0-236.7 236.90-236.99	Neoplasms of uncertain behavior (except for 236.0, which is listed in the Reportable list) Note: Screen for incorrectly coded malignancies or reportable by agreement tumors.
237.2-237.4	Neoplasm of uncertain behavior of adrenal gland, paraganglia and other and unspecified endocrine glands Note: Screen for incorrectly coded malignancies or reportable by agreement tumors.
237.70-237.71	Neurofibromatosis, unspecified and Type 1 Note: An inherited condition with developmental changes in the nervous system, muscles, bones and skin; multiple soft tumors (neurofibromas) distributed over the whole body. (See Reportable list for Neurofibromatosis, type 2, 237.72)
237.73	Schwannomatosis Note: Screen for incorrectly coded malignancies or reportable by agreement tumors.
237.79	Other neurofibromatosis Note: Screen for incorrectly coded malignancies or reportable by agreement tumors.
238.0-239.9	Neoplasms of uncertain behavior (except for 238.4, 238.6, 238.71-238.79, 239.6, 239.7, which are listed in the Reportable list.) Note: Screen for incorrectly coded malignancies or reportable by agreement tumors.
249.20	Secondary diabetes with hypersmolarity
253.6*	Syndrome of inappropriate secretion of antidiuretic hormone
259.2*	Carcinoid Syndrome

ICD-9-CM CODES (5% Review Required)	EXPLANATION OF CODES
259.8*	Other specified endocrine disorders
273.0	Polyclonal hypergammaglobulinemia (Waldenstrom) Note: Review for miscodes
273.1	Monoclonal gammopathy of undetermined significance (9765/1) Note: Screen for incorrectly coded Waldenstrom's macroglobulinemia or progression.
273.8	Other disorders of plasma protein metabolism
273.9	Unspecified disorder of plasma protein metabolism Note: Screen for incorrectly coded Waldenstrom's macroglobulinemia
275.42*	Hypercalcemia
277.88	Tumor lysis syndrome/Tumor lysis syndrome following antineoplastic drug therapy
279.02-279.06	Selective IgM immunodeficiency Note: Associated with lymphoproliferative disorders
279.2-279.9	Combined immunity deficiency-Unspecified disorder of immune mechanism
284.1	Pancytopenia
284.81	Red cell aplasia (acquired, adult, with thymoma)
284.89	Other specified aplastic anemias due to drugs (chemotherapy or immunotherapy), infection, radiation
284.9	Aplastic anemia, unspecified Note: Review for miscodes
285.0	Sideroblastic anemia
285.3	Antineoplastic chemotherapy induced anemia (Anemia due to antineoplastic chemotherapy)
287.39, 287.49, 287.5	Other primary, secondary and unspecified thrombocytopenia
288.03	Drug induced neutropenia
288.3	Eosinophilia Note: This is the code for eosinophilia (9964/3). Not every case of eosinophilia is associated with a malignancy. Diagnosis must be "Hypereosinophilic syndrome" to be reportable.
289.6	Familial polycythemia Note: This is a symptom of polycythemia vera.
289.89	Other specified diseases of blood and blood-forming organs Note: Review for miscodes
289.9	Unspecified diseases of blood and blood forming organs
323.81	Encephalomyelitis: specified cause NEC
337.9	Unspecified disorder of autonomic nervous system
338.3	Neoplasm related pain (acute) (chronic)
352.9	Unspecified disorder of cranial nerves
353.8	Other nerve root and plexus disorders
379.5_	Nystagmus and other irregular eye movements

ICD-9-CM CODES (5% Review Required)	EXPLANATION OF CODES
512.82	Secondary spontaneous pneumothorax
516.5	Adult pulmonary Langerhans cell histiocytosis (Effective 10/1/2011)
528.01	Mucositis due to antineoplastic therapy
630	Hydatidiform Mole (9100/0) Note: This is a benign tumor that can become malignant. If malignant, it should be reported as Choriocarcinoma (9100/3) and will have a malignancy code in the 140-209 range.
648.9_	Other current conditions classifiable elsewhere
686.01*	Pyoderma gangrenosum
694.4*	Pemphigus
695.89*	Other specified erythematous conditions
701.2*	Acquired Acanthosis nigricans
710.3*	Dermatomyositis
710.4*	Polymyositis
713.8	Arthropathy associated with other conditions classified elsewhere
728.9	Unspecified disorder of muscle, ligament, and fascia
731.1	Osteitis deformans in diseases classified elsewhere
731.3	Major osseous defect
733.10-733.16	Pathologic fracture Note: pathologic fractures can be due to bone structure weakening by pathological processes (e.g. osteoporosis, neoplasms and osteomalacia)
758.0	Down's Syndrome Note: Screen for myeloid leukemia associated with Down's Syndrome (9898/3)
780.79	Neoplastic (malignant) related fatigue
785.6	Enlargement of lymph nodes Note: Screen for large B-cell lymphoma arising in HHV8-associated multicentric Castleman disease (9738/3)
789.51	
790.93	Elevated prostate specific antigen (PSA)
791.9	Other non-specific findings on examination of urine
792.0, 792.2, 792.4, 792.9	Non specified abnormal findings in specified and unspecified body structures
793.11	Solitary pulmonary nodule (Effective 10/1/2011)
793.8_	Non-specific (abnormal) findings on radiological and examination of body structure (breast)
795.0	Papanicolaou smear of cervix with cytologic evidence of malignancy
795.1	Papanicolaou smear of anus with cytologic evidence of malignancy
795.4	Other nonspecific abnormal histological findings
795.8_	Abnormal tumor markers: Elevated tumor associated antigens (TAA); Elevated tumor specific antigens (TSA); Excludes: elevated prostate

ICD-9-CM CODES (5% Review Required)	EXPLANATION OF CODES
	specific antigen (PSA) (790.93)
962.1, 963.1	Poisoning by hormones, antineoplastic, immunosuppressive drugs
990	Effects of radiation, unspecified
996.54	Mechanical complication of other specified prosthetic device, implant, and graft-due to breast prosthesis
796.7	Papanicolaou smear of anus with cytologic evidence of malignancy
996.85	Complication of transplanted organ
999.3_	Other infection due to central venous catheter, transfusion, infusion (Effective 10/1/2011)
E858.0-E858.2	Accidental poisonings
E873.2	Failure in dosage, overdose of radiation in therapy
E878.0	Abnormal reaction of surgical operation with transplant of whole organ
E879.2	Adverse effect of radiation therapy
E930.7	Adverse effect of antineoplastic therapy
E932.1	Adverse reaction to antineoplastic therapy
E933.1	Adverse effect of immunosuppressive drugs
V07.5_	Prophylactic use of agents affecting estrogen receptors and estrogen levels
V13.89	Personal history of unspecified malignant neoplasm and history of in-situ neoplasm of other site
V15.22	Personal history of undergoing in utero procedure during pregnancy
V15.3	Irradiation: previous exposure to therapeutic or ionizing radiation
V16._	Family history of malignant neoplasm
V42.81	Organ or tissue replaced by transplant, Bone marrow transplant
V42.82	Transplant; Peripheral stem cells
V51.0	Encounter for breast reconstruction following mastectomy
V52.4	Breast prosthesis and implant
V54.2	Aftercare for healing pathologic fracture
V58.0	Encounter for radiation therapy
V58.1_	Encounter for antineoplastic chemotherapy and immunotherapy Note: This code was discontinued as of 10/2006 but should be included in extract programs for quality control purposes.
V58.11	Encounter for antineoplastic chemotherapy
V58.12	Encounter for antineoplastic immunotherapy
V58.42	Aftercare following surgery for neoplasm
V66.1	Convalescence following radiotherapy
V66.2	Convalescence following chemotherapy
V66.7	Encounter for palliative care

ICD-9-CM CODES (5% Review Required)	EXPLANATION OF CODES
V67.1	Radiation therapy follow up
V67.2	Chemotherapy follow up
V71.1	Observation for suspected malignant neoplasm
V72.83	Other specified pre-operative examination
V76.0-V76.9	Special screening for malignant neoplasm
V78.0-V78.9	Special screening for disorders of blood and blood-forming organs
V86._	Estrogen receptor positive status
V87.41, V87.43, V87.46	Personal history of antineoplastic chemotherapy, estrogen therapy and immunosuppression therapy

*Note: These diseases are part of the paraneoplastic syndrome. Paraneoplastic syndrome is not cancer. It is a disease or symptom that is the consequence of cancer but is not due to the local presence of cancer cells. A paraneoplastic syndrome may be the first sign of cancer.

The following are **exclusions** and **do not** need to be reported to the TCR:

ICD-O-3 MORPHOLOGY CODES	DIAGNOSIS/TERMINOLOGY
8000–8005	Neoplasms, malignant, NOS of the skin
8010/2	Carcinoma in-situ of cervix (CIN) beginning with 1996 cases
8010–8046	Epithelial carcinomas of the skin
8050–8084	Papillary and squamous cell carcinomas of the skin except genital sites
8077/2	Squamous Intraepithelial Neoplasia, grade III of cervix beginning with 1996 cases; CIN
8090–8110	Basal cell carcinomas of the skin except genital sites
8148/2	Prostatic Intraepithelial Neoplasia (PIN)

Ambiguous Terminology

The following terms are diagnostic of cancer: Apparent(ly), Appears, Comparable with, Compatible with, Consistent with, Favor(s), Malignant appearing, Most likely, Neoplasm (beginning with 2004 diagnosis and only for C700-C729, C751-C753), Presumed, Probable, Suspect(ed), Suspicious(for) Tumor (beginning with 2004 diagnosis and only for C700-C729, C751-C753), Typical (of).

Note: Do not substitute synonyms such as “supposed” for presumed, or “equal” for comparable. Do not substitute “likely” for most likely.

Exception: If cytology is reported as “suspicious” do not interpret this as a diagnosis of cancer. Report the case only if there is either a positive biopsy, a physician’s clinical diagnosis of cancer supporting the cytology findings, or cancer directed therapy is administered.

Note: This list should be used only for determining case reportability. Do not use this list to determine the appropriate histology or stage.

Cases to Report Only if Cancer-Directed Therapy is Planned or Given

- Cases diagnosed and/or treated for cancer prior to admission should be reported if there is evidence of active disease, whether or not diagnostic or therapeutic procedures were performed.
- Cases diagnosed at autopsy, with no suspicion prior to death that the cancer existed, should be reported.

- Abstract cases using the medical record from the first admission (inpatient or outpatient) to your facility with a reportable diagnosis. Use information from subsequent admissions to include all first course treatment information and to supplement documentation.
- Do not report cases diagnosed prior to 1995
- Do not complete a report for each admission; submit one report per primary tumor.

Examples:

a. A patient is diagnosed with prostate cancer and has several admissions for treatment of the prostate cancer. Only one abstract should be completed.

b. A patient is diagnosed with two separate primary tumors, such as adenocarcinoma of the prostate and squamous cell carcinoma of the lung. Complete one abstract for the prostate primary and another for the lung.

Helpful Hints:

- Report all cases of *active* cancer regardless of state of residence.
- Report all inpatients and outpatients.
- Do not report basal or squamous cell carcinomas of the skin, except skin of genital sites.
- To ensure case ascertainment, review the disease indexes; pathology, cytology, hematology, and autopsy reports.
- Do not complete an abstract for each admission.
- Report all benign and borderline neoplasms of the central nervous system.
- Cases in which the disease is no longer active (such as leukemia in remission) should only be reported if the patient is still receiving cancer-directed therapy.
- Do not report carcinoma in situ of cervix (any histology).
- Do not report intraepithelial neoplasia of the prostate (PIN III).