

# **Cancer Information**

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**Texas Cancer Registry**

# Objectives

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By the end of this training, you should be able to discuss coding related to:

- Date of initial diagnosis
- Morphology and behavior
- Primary sites
- Grade of tumor
- Laterality
- Final Diagnosis
- Lymphovascular invasion
- Diagnostic confirmation
- Changing abstract information

# Date of Initial Diagnosis #390

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- Clinical, histologic, positive cytologic
- Pathology report
  - date specimen taken
- Ambiguous terminology
  - Exception: cytology
- Positive tumor markers ONLY
  - not diagnostic of cancer

# Date of Initial Diagnosis #390

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- 1<sup>st</sup> course Tx before definitive dx
  - date therapy started
- Medical Practitioner
  - States earlier date, in retrospect
- For autopsy and DCO cases
  - date of death

# Date of Initial Diagnosis

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- Vague dates-estimate YYYYMM
- At minimum, YYYY
- Document in text field

<b>If you have:</b>	<b>The coding format is:</b>	<b>Example:</b>
Day, Month and Year	YYYYMMDD	March 25, 2018= 20180325
Month and Year	YYYYMM	March 2018 = 201803
Year	YYYY	2018 = 2018

# Estimating Date of Initial Diagnosis

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Documentation	Date Code/Description
Spring	Use April (04) for the month
Summer	Use July (07) for the month
Fall/Autumn	Use October (10) for the month
Winter	Determine if this means the beginning or the end of the year. Use December (12) or January (01) for the month as determined.
Early in Year	Use January (01) for the month
Middle of Year	Use July (07) for the month
Late in Year	Use December (12) for the month
Recently	Use the year and month of admission and leave the day blank. If patient was admitted during the first week of a month, use the previous month.
Several Months Ago	If the patient was not previously treated or if first course treatment started elsewhere was continued at the reporting facility, assume the case was first diagnosed three months before admission with day unknown (blank).
A Couple of Years	Code to two years earlier
A Few Years	Code to three years earlier

# Date of Initial Diagnosis Pop Quiz

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March 12, 2018, a mammogram reveals a mass in the upper outer quadrant of the patient's right breast. The radiologist's impression states: compatible with carcinoma.

March 20, 2018, the patient has an excisional breast biopsy that confirms infiltrating ductal carcinoma.

What is the date of diagnosis?

# **Date of Initial Diagnosis Pop Quiz**

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Patient admitted to your facility on April 26, 2018 with melanoma but the original date of diagnosis is unknown.

What is the date of diagnosis?

# Date of Initial Diagnosis Pop Quiz

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June 2018 The patient had a total hysterectomy and bilateral salpingo-oophorectomy (BSO) with pathologic diagnosis of papillary cystadenoma of the ovaries.

December 6, 2018 the patient is diagnosed with widespread metastatic papillary cystadenocarcinoma. The slides from June are not reviewed and there is no physician statement saying the previous tumor was malignant.

What is the date of diagnosis?

# Morphology and Behavior #522, #523

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- **Morphology ICD-O-2** (before 01/01/2001)
  - ICD-O 2<sup>nd</sup> Edition
- **Morphology ICD-O-3**
  - 2018 Solid Tumor Rules
  - ICD-O-3 Codes
    - updates
    - ICD-O-3, 3<sup>rd</sup> Edition
  - Hematopoietic & Lymphoid Neoplasm
    - Coding Manual
    - Database

# Morphology and Behavior

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Histology can only be coded after you determine whether you have a single or multiple primaries

- Refer to 2018 Solid Tumor Rules to determine the number of primaries for solid tumors  
[https://seer.cancer.gov/tools/solidtumor/STM\\_2018.pdf](https://seer.cancer.gov/tools/solidtumor/STM_2018.pdf)
- For hematopoietic & lymphoid diseases, refer to the Hematopoietic & Lymphoid Database  
<http://www.seer.cancer.gov/seertools/hemelymph>

# Primary Site #400

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- Review all medical information
- Cxx.x
  - Do not enter the decimal point
- Resources
  - 2018 Solid Tumor Rules
  - ICD-O-3, 3<sup>rd</sup> Edition
  - Hematopoietic & Lymphoid Neoplasm Database/Coding manual
- Primary site
  - where cancer originated
  - Even if it extends to adjacent subsite

# Primary Site

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- Code last digit to 8
  - overlaps an adjacent subsite AND
  - **the point of origin can't be determined**
    - Exception: Skin cancers of head and neck assign site with bulk of the tumor or epicenter
- Code last digit to 9
  - single primaries w/multiple tumors
  - different subsites/same anatomic site **AND point of origin can't be determined**

# Primary Site

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- Code subsite of invasive tumor
  - Invasive tumor and in situ tumor and
  - different subsites/same anatomic site
- Transplants
  - code location of the transplanted organ
- Provide text documentation

# Primary Site

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- Code NOS code for body system
  - Two or more possible primary sites and
  - Within same system
- Code C760-C768
  - Ill defined site
  - Physician cannot identify a primary site
- Code C809
  - Metastatic site/primary site unknown
  - Primary site unknown

# Primary Site

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- Diagnosis specific instructions
  - Kaposi sarcoma
    - Code to site is arises or
    - Code to skin (C449)
      - skin/other site simultaneously AND
      - Primary site not identified
  - Melanoma
    - Code to Skin, NOS (C449)
      - Dx metastatic melanoma AND
      - Primary site not identified
- Site-specific Coding Guidelines
  - Appendix A (TCR Handbook)
  - Appendix C (SEER Coding Manual)

# Primary Site

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- Partial colectomy: adenocarcinoma cecum and small intestine
  
- What is the Primary Site Code?

# Primary Site

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- Pathology report –liver Bx: metastatic adenocarcinoma
  
- What is the Primary Site Code?

# Primary Site

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- Metastatic melanoma and the primary site is not identified.
- What is the Primary Site Code?

# Primary Site

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- Merkel Cell carcinoma and primary site is unknown.
- What is the Primary Site Code?

# Primary Site

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- Patient is diagnosed with abdominal carcinoid. No other information.
  
- What is the Primary Site Code?

# Primary Site

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## Common metastatic sites

- Bone
- CNS Sites (brain, spinal cord, meninges)
- Liver
- Lymph Nodes (excluding lymphoma)
- Pericardium (excluding mesothelioma)
- Pleura (excluding mesothelioma)
- Peritoneum
- Retroperitoneum

# Leukemia & Lymphoma

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- Refer to the Hematopoietic and Lymphoid Neoplasm Database  
<https://seer.cancer.gov/seertools/hemelymph/>
- Do not use ambiguous terms to code a specific histology
- Code Primary Site to C400-C419 for 9731/3 Solitary plasmacytomas of bone
- Code Primary Site to C379 or C383 for 9679/3 Primary mediastinal (thymic) large B-cell lymphoma
- Code leukemia primaries to bone marrow (C421)

# **Grade Clinical #3843**

# **Grade Pathological #3844**

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- Measure of aggressiveness
- Cases diagnosed 1/1/2018 and forward
  - Grade Clinical
  - Grade Pathological
  - Grade Post Therapy (not collected by TCR)

# **Grade Clinical #3843**

# **Grade Pathological #3844**

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- Used for AJCC Prognostic Stage Group for some sites
- Grade Coding Instructions and Tables  
<https://www.naaccr.org/SSDI/Grade-Manual.pdf?v=1539866175>

# Grade

## General Instructions

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- **Primary tumor only**
- More than one grade
  - Single primary or multiple primary abstracted as single
  - Applicable AJCC chapter has priority
  - **Highest grade** documented
- In situ
  - Code grade if given
  - Do NOT code grade for dysplasia
- In situ and invasive
  - **code invasive component**
  - **even if it is unknown (9)**

# Clinical Grade #3843

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- Before surgical, systemic, radiation or neoadjuvant therapy
- Do not leave blank
- Histological exam (microscope)
  - FNA, biopsy, needle core bx
- Highest clinical grade

# Clinical Grade #3843

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- Code 9 for unknown
  - Grade not documented
  - Incidental finding
- If only one grade available
  - Assign to clinical grade
  - Code 9 for pathologic grade
  - Leave blank for post therapy grade
- Review site-specific clinical grade tables in the manual

# Pathological Grade #3844

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- Surgical resection
- Must not be blank
- Assign highest grade
- Use Clinical Grade If:
  - Clinical Grade is higher than Path Grade
  - Path criteria met, but no grade recorded
  - No residual cancer in resection

# Pathological Grade #3844

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- Code 9 when:
  - Not documented
  - No resection of the primary site
  - Neoadjuvant therapy followed by resection
  - Clinical case only
  - There is only one grade documented and not sure if Clinical or Pathological Grade

# Grade Tables

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- AJCC 8<sup>th</sup> Edition Chapter
- Generic Grade Definitions
- Refer to the Grade Table for site specific codes (page 8)

# AJCC Grade Tables

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- AJCC 8<sup>th</sup> Edition Chapter
  - Specific grading systems
  - Codes 1-5, L,H,M,S
  - Take priority over generic grade definitions

# Generic Grade Tables

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- AJCC chapters where the generic grade is available (Breast, Prostate, Soft tissue)
- AJCC chapters that do not have a recommended grade table (Nasopharynx, Merkel cell, Melanoma, Thyroid)
- Primary sites that do not have an AJCC chapter (Digestive other, Middle ear, Trachea)

Prior to 2018	Description	2018 and forward
1	Well differentiated	A
2	Moderately differentiated	B
3	Poorly differentiated	C
4	Undifferentiated, anaplastic	D
9	Unknown	9

# AJCC Grade Tables

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- AJCC chapter requiring grade to assign Stage Group
  - Esophagus and Esophagogastric Junction
  - Appendix
  - Bone
  - Soft Tissue Sarcoma of the Trunk and Extremities
  - Gastrointestinal Stromal Tumor
  - Soft Tissue Sarcoma of the Retroperitoneum
  - Breast
  - Prostate

# Template Table of Cancer-Specific Grade

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Template for a Cancer-Specific Grade Table

Code	Grade Description
1	Site-specific grade system category
2	Site-specific grade system category
3	Site-specific grade system category
4	Site-specific grade system category
5	Site-specific grade system category
8	Not applicable (Hematopoietic neoplasms only)
9	Grade cannot be assessed; Unknown
A	Well differentiated
B	Moderately differentiated
C	Poorly differentiated
D	Undifferentiated and anaplastic
E	Site-specific grade system category
Code	Grade Description
H	High grade
L	Low grade
M	Site-specific grade system category
S	Site-specific grade system category
Blank	(Post therapy only)

# Grade Tables Schema ID

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## Grade Tables (in Alphabetical order of Schema ID name)

The table below lists the Schema ID/Schema Name Description (also the EOD schema name), AJCC 8<sup>th</sup> edition chapter and Summary Stage 2018 chapters with the specified grade table

Schema ID	Schema ID Name (EOD Schema Name)	AJCC Chap.	AJCC Chapter Name	SS Chapter	Grade Table
00558	Adnexa Uterine Other	N/A	N/A	Adnexa Uterine Other	<a href="#">Grade 99</a>
00760	Adrenal Gland	76	Adrenal Cortical Carcinoma	Adrenal Gland (including NET)	<a href="#">Grade 26</a>
00270	Ampulla Vater	27	Ampulla of Vater	Ampulla Vater (including NET)	<a href="#">Grade 01</a>
00210	Anus	21	Anus	Anus	<a href="#">Grade 06</a>
00190	Appendix	19	Appendix-Carcinoma	Appendix (including NET)	<a href="#">Grade 05</a>
00260	Bile Ducts Distal	26	Distal Bile Duct	Extrahepatic Bile Ducts	<a href="#">Grade 01</a>
00230	Bile Ducts Intrahepatic	23	Intrahepatic Bile Duct	Intrahepatic Bile Ducts	<a href="#">Grade 01</a>
00250	Bile Ducts Perihilar	25	Perihilar Bile Ducts	Extrahepatic Bile Ducts	<a href="#">Grade 01</a>
00278	Biliary Other	N/A	N/A	Biliary Other	<a href="#">Grade 99</a>
00620	Bladder	62	Urinary Bladder	Bladder	<a href="#">Grade 19</a>
00381	Bone Appendicular Skeleton	38	Bone	Bone	<a href="#">Grade 08</a>
00383	Bone Pelvis	38	Bone	Bone	<a href="#">Grade 08</a>
00382	Bone Spine	38	Bone	Bone	<a href="#">Grade 08</a>
00721	Brain	72	Brain and Spinal Cord	Brain	<a href="#">Grade 24</a>
00480	Breast	48	Breast	Breast	<a href="#">Grade 12</a>
00076	Buccal Mucosa	7	Oral Cavity	Buccal Mucosa	<a href="#">Grade 01</a>

# Breast Schema ID

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## Grade 12

### Grade ID 12-Clinical Grade Instructions

Schema ID#	Schema ID Name	AJCC ID	AJCC Chapter
00480	Breast	48.1	Breast: DCIS and Paget
00480	Breast	48.2	Breast: Invasive Breast Cancers

Note 1: Clinical grade must not be blank.

Note 2: Assign the highest grade from the primary tumor assessed during the clinical time frame.

Note 3: Priority order for codes

- Invasive cancers: codes 1-3 take priority over A-D.
- In situ cancers: codes L, M, H take priority over A-D

Note 4: Scarff-Bloom-Richardson (SBR) score is used for grade. SBR is also referred to as: Bloom-Richardson, Nottingham, Nottingham modification of Bloom-Richardson score, Nottingham modification, Nottingham-Tenovus grade, or Nottingham score.

Note 5: All invasive breast carcinomas should be assigned a histologic grade. The Nottingham combined histologic grade (Nottingham modification of the SBR grading system) is recommended. The grade for a tumor is determined by assessing morphologic features (tubule formation, nuclear pleomorphism, and mitotic count), assigning a value from 1 (favorable) to 3 (unfavorable) for each feature, and totaling the scores for all three categories. A combined score of 3-5 points is designated as grade 1; a combined score of 6-7 points is grade 2; a combined score of 8-9 points is grade 3.

- Do not calculate the score unless all three components are available

Note 6: Code 9 when

- Grade from primary site is not documented
- Clinical workup is not done (for example, cancer is an incidental finding during surgery for another condition)
- Grade checked "not applicable" on CAP Protocol (if available) and no other grade information is available

Note 7: If there is only one grade available and it cannot be determined if it is clinical or pathological, assume it is a clinical grade and code appropriately per clinical grade categories for that site, and then code unknown (9) for pathological grade, and blank for post therapy grade.

Note 8: If you are assigning an AJCC 8<sup>th</sup> edition stage group

- Grade is required to assign stage group
- Codes A-D are treated as an unknown grade when assigning AJCC stage group
- An unknown grade may result in an unknown stage group

# Breast Schema ID

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Code	Grade Description
1	G1: Low combined histologic grade (favorable), SBR score of 3-5 points
2	G2: Intermediate combined histologic grade (moderately favorable); SBR score of 6-7 points
3	G3: High combined histologic grade (unfavorable); SBR score of 8-9 points
L	Nuclear Grade I (Low) (in situ only)
M	Nuclear Grade II (intermediate) (in situ only)
H	Nuclear Grade III (High) (in situ only)
A	Well differentiated
B	Moderately differentiated
C	Poorly differentiated
D	Undifferentiated, anaplastic
9	Grade cannot be assessed (GX); Unknown

# Grade

## Pop Quiz

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- CT Chest-4cm mass RUL of lung
- BX-anaplastic small cell carcinoma
- Patient is not a candidate for surgery; plan is for Chemo/Radiation

Code	Grade Description
1	G1: Well differentiated
2	G2: Moderately differentiated
3	G3: Poorly differentiated
4	G4: Undifferentiated
9	Grade cannot be assessed (GX); Unknown

- What is Clinical Grade?
- What is Pathological Grade?

# Grade Pop Quiz

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- Patient with history of hematuria has cystoscopy: tumor in bladder trigone
- Bx confirms: high grade papillary urothelial ca
- Patient receives neoadjuvant chemo followed by radical cystectomy: high grade papillary urothelial ca

Code	Grade Description
1	G1: Well differentiated
2	G2: Moderately differentiated
3	G3: Poorly differentiated
L	LG: Low-grade
H	HG: High-grade
9	Grade cannot be assessed (GX); Unknown

- What is Clinical Grade?
- What is Pathological Grade?

# Grade Pop Quiz

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- Patient with bx: prostatic adenocarcinoma Gleason score 7 (3+4)
- presents for prostatectomy: moderately differentiated adenocarcinoma Gleason 6(3+3)

Code	Grade Description
1	Grade Group 1: Gleason score less than or equal to 6
2	Grade Group 2: Gleason score 7 Gleason pattern 3+4
3	Grade Group 3: Gleason score 7 Gleason pattern 4+3
4	Grade Group 4: Gleason score 8
5	Grade Group 5: Gleason score 9 or 10
A	Well differentiated
B	Moderately differentiated
C	Poorly differentiated
D	Undifferentiated, anaplastic
E	Stated as "Gleason score 7" with no patterns documented or Any Gleason patterns combination equal to 7 not specified in 2 or 3
9	Grade cannot be assessed; Unknown

- What is Clinical Grade?
- What is Pathological Grade?

# Grade Pop Quiz

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- Patient with UOQ mass in breast; bx: invasive ductal ca, Nottingham Grade 1
- Patient has lumpectomy: residual DCIS, intermediate grade, no remaining tumor

Code	Grade Description
1	G1: Low combined histologic grade (favorable), SBR score of 3–5 points
2	G2: Intermediate combined histologic grade (moderately favorable); SBR score of 6–7 points
3	G3: High combined histologic grade (unfavorable); SBR score of 8–9 points
L	Nuclear Grade I (Low) (in situ only)
M	Nuclear Grade II (interMediate) (in situ only)

- What is Clinical Grade?
- What is Pathological Grade?

# Laterality #410

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CODE	DESCRIPTION
0	Not a paired site
1	Right origin of primary
2	Left origin of primary
3	Only one side involved, right or left origin of primary not indicated
4	Bilateral involvement at time of diagnosis, lateral origin unknown for a single primary, or: <ul style="list-style-type: none"><li>• Both ovaries simultaneously involved with a single histology</li><li>• Bilateral retinoblastomas</li><li>• Bilateral Wilms' tumors</li></ul> <p>Note: If both lungs have nodules or tumors and the lung of origin is not known, assign code 4</p>
5	Paired site: midline tumor
9	Unknown site; paired site, lateral origin unknown

# Laterality

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- Code 0
  - Non-paired sites
  - Unknown site C809
  - Ill-defined site C760-C768
- Code 9
  - Laterality unknown AND no statement that only one side of paired organ is involved
- Code 3
  - Laterality unknown, confined to single side of paired organ
- Code 5
  - Midline Organ

# Laterality Pop Quiz

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Admitting history says patient was diagnosed with lung cancer based on positive sputum cytology. Patient is treated for painful bony metastases.

What is the Laterality Code?

# Laterality Pop Quiz

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Pathology report states that Patient has a 2 cm carcinoma in the upper pole of the kidney.

What is the Laterality Code?

# Laterality Pop Quiz

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Patient is diagnosed with adenocarcinoma of the left lung and the physician states patient has metastasis to the right lung.

What is the Laterality Code?

# Laterality Pop Quiz

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Patient is diagnosed prostate cancer and undergoes a bilateral prostatectomy.

What is the Laterality Code?

# Final Diagnosis – Text Fields #2580

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- Must document the Morphology/Behavior, Grade, Primary Site, and Laterality in the appropriate text fields to support the codes
- Do not use the generic ICD-10-CM code

Final Diagnosis (Morph,  
Behavior, Grade)

  

Final Diagnosis (Primary  
Site, Laterality)

# Final Diagnosis – Text Fields

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- Morphology: Moderately well differentiated mucin-producing adenocarcinoma  
Primary Site: Colon, ascending
- Morphology: Grade 3, infiltrating ductal and lobular carcinoma  
Primary Site: Right breast, upper outer quadrant

# Final Diagnosis – Text Fields

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- Morphology: Anaplastic astrocytoma  
Primary Site: Brain, frontal-parietal lobe
  
- Morphology: Intermediate grade large cell carcinoma  
Primary Site: Left lung lower lobe

# Lymphovascular Invasion (LVI) #1182

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- Tumor cells in lymphatic channels or blood vessels
- Primary tumor
  - Biopsy
  - Resection
- Pathology Report (microscopic)
  - Synoptic report
  - Pathology report
  - Physician's statement
- Do not code perineural invasion
- Texas Cancer Registry
  - Penis (C60)
  - Testis (C62)

# Synonyms

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- Angiolymphatic invasion
- Blood vessel invasion
- Lymph vascular emboli
- Lymphatic invasion
- Lymph-vascular invasion
- Vascular invasion

# Lymphovascular Invasion (LVI) #1182

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- Code 0-includes in situ carcinoma
- Code 9-No microscopic examination
  - Cytology only or FNA
  - Not possible to determine, small sample
  - Not mentioned in report
- Code 8 for
- Hodgkin/Non Hodgkin
- Hematopoietic
- Benign and borderline CNS

# Pop Quiz

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3.0cm MD squamous ca of the penis, negative margins, angiolymphatic invasion present

What is the LVI Code?

Code	Description
0	Lymphovascular Invasion stated as Not Present
1	Lymphovascular Invasion Present/Identified
2	Lymphatic and small vessel invasion only (L)
3	Venous (large vessel) invasion only (V)
4	BOTH lymphatic and small vessel AND venous (large vessel) invasion
8	Not applicable
9	Unknown/Indeterminate/not mentioned in path report

# Diagnostic Confirmation: Solid Tumors #490

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- Priority order
  - Lower diagnostic number
  - No time limit
- Medical records
  - Review all diagnostic reports
  - Other facilities (if dx elsewhere)
- Code histological (Code 1)
  - bx or resection
  - Path report N/A but indicated in medical record

# Diagnostic Confirmation: Solid Tumors

CODE	DESCRIPTION	DEFINITION
<b>MICROSCOPICALLY CONFIRMED</b>		
1	Positive histology	Histological confirmation (tissue microscopically examined). In situ behavior must be microscopically confirmed.
2	Positive cytology	Cytological confirmation (no tissue microscopically examined; fluid cells microscopically examined). Includes pap smears, bronchial brushings, FNA and peritoneal fluid, cervical and vaginal smears, diagnoses based on paraffin block specimens from concentrated spinal, pleural or peritoneal fluid.
4	Positive microscopic confirmation, method not specified	Microscopic confirmation is all that is known. It is unknown if the cells were from histology or cytology.
5	Positive laboratory test/marker study	Code 5 when the diagnosis of cancer is based on laboratory tests or marker studies which clinically diagnostic for that specific cancer. Positive laboratory test/marker study Note: Includes cases with positive immunophenotyping or genetic studies and no histological confirmation

# Diagnostic Confirmation: Solid Tumors

6	Direct visualization without microscopic confirmation	The tumor was visualized during a surgical/endoscopic procedure only with no tissue resected for microscopic exam.
7	Radiography and other imaging techniques without microscopic confirmation	The malignancy was reported by the physician from an imaging technique report only.
8	Clinical diagnosis only (other than 5, 6, or 7)	The physician documented the tumor in the medical record. The diagnostic confirmation is coded 8 when the only confirmation of disease is a physician's clinical diagnosis.
<b>CONFIRMATION UNKNOWN</b>		
9	Unknown whether or not microscopically confirmed	There is a statement of tumor in the medical record, but there is no indication of how it was diagnosed. Includes death certificate only cases.

# Diagnostic Confirmation: Hematopoietic & Lymphoid Tumors #490

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## Codes for Hematopoietic and Lymphoid Neoplasms (9590/3-9992/3)

### *Microscopically Confirmed*

Code	Description
1	Positive histology
2	Positive cytology
3	Positive histology PLUS: <ul style="list-style-type: none"> <li>• Positive immunophenotyping AND/OR</li> <li>• Positive genetic studies</li> </ul> <i>(Effective for cases diagnosed 1/1/2010 and later)</i>
4	Positive microscopic confirmation, method not specified

### *Not Microscopically Confirmed*

Code	Description
5	Positive laboratory test/marker study <i>Note: Includes cases with positive immunophenotyping or genetic studies and no histological confirmation</i>
6	Direct visualization without microscopic confirmation
7	Radiology and other imaging techniques without microscopic confirmation
8	Clinical diagnosis only (other than 5, 6 or 7)

### *Confirmation Unknown*

Code	Description
9	Unknown whether or not microscopically confirmed; death certificate only

# Diagnostic Confirmation: Hematopoietic & Lymphoid Tumors

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- Hematopoietic and Lymphoid Neoplasm Database and Coding Manual  
<https://seer.cancer.gov/seertools/hemelymph/>
- Priority Order:
  - Microscopic (1-4)
  - Clinical only (5-8)

# Diagnostic Confirmation: Hematopoietic & Lymphoid Tumors

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- Use Code 1
  - Tissue
  - Lymph nodes
  - Organs
  - Tissue specimens
    - Biopsy
    - Frozen section
    - Autopsy
  - CBC/WBC
    - Leukemia only (9800/3-9948/3)
  - Immunophenotyping/genetic testing/JAK2
    - NOT done
    - Done but negative results

# Diagnostic Confirmation: Hematopoietic & Lymphoid Tumors

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- Use Code 3
  - Tissue
    - ambiguous terms allowed
- AND
  - **POSITIVE** immunophenotyping, genetic testing or JAK2 confirmation
    - no ambiguous terminology
- Code 3 is only for cases dx prior to 1/1/2010

# Diagnostic Confirmation: Hematopoietic & Lymphoid Tumors

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- Use Code 5
  - Positive laboratory test/marker or
  - Genetics/immunophenotyping
  - Clinically diagnostic for that cancer and
  - No histologic information
- Use Code 8
  - Listed in Heme DB for that cancer
  - Diagnosis of exclusion
    - Ambiguous terms allowed
- Use Code 9
  - Unknown whether or not microscopically confirmed
  - Death certificate only

# Diagnostic Confirmation

## Alphabet Soup=Code 3

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- B lymphoblastic leukemia/lymphoma with  
t(9;220(q34;q11.2);  
BCR-ABL1



- Definitive Diagnostic Methods
- Genetics Data
  - ABL-1 at 9q34
  - BCR-ABL fusion protein
  - Fusion of BCR at 22q11.2
  - p190 kd BCR-ABL1 fusion protein
  - p210 kd fusion protein
- Immunophenotyping
  - CD10+
  - CD19+
  - TdT+

# Pop Quiz

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- Excisional bx: Follicular lymphoma
- Immunostains for CD5, CD20: positive
- What is the diagnostic code?

Codes for Hematopoietic and Lymphoid Neoplasms (9590/3-9992/3)

*Microscopically Confirmed*

Code	Description
1	Positive histology
2	Positive cytology
3	Positive histology PLUS: <ul style="list-style-type: none"><li>• Positive immunophenotyping AND/OR</li><li>• Positive genetic studies</li></ul> <i>(Effective for cases diagnosed 1/1/2010 and later)</i>
4	Positive microscopic confirmation, method not specified

*Not Microscopically Confirmed*

Code	Description
5	Positive laboratory test/marker study <b>Note:</b> Includes cases with positive immunophenotyping or genetic studies and no histological confirmation
6	Direct visualization without microscopic confirmation
7	Radiology and other imaging techniques without microscopic confirmation
8	Clinical diagnosis only (other than 5, 6 or 7)

*Confirmation Unknown*

Code	Description
9	Unknown whether or not microscopically confirmed; death certificate only

# Pop Quiz

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Patient as CT of the chest which reveals possible cancer. The physician states lung cancer in notes and begins treatment.

- What is the diagnostic code?

7	Radiography and other imaging techniques without microscopic confirmation	The malignancy was reported by the physician from an imaging technique report only.
8	Clinical diagnosis only (other than 5, 6, or 7)	The physician documented the tumor in the medical record. The diagnostic confirmation is coded 8 when the only confirmation of disease is a physician's clinical diagnosis.
<b>CONFIRMATION UNKNOWN</b>		
9	Unknown whether or not microscopically confirmed	There is a statement of tumor in the medical record, but there is no indication of how it was diagnosed. Includes death certificate only cases.

# Changing Abstract Information

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- To correct coding or abstracting errors
- Better information becomes available
  - Earlier or more specific diagnosis date
  - Better histology or grade
  - More specific primary site
  - Higher priority diagnostic code

**Note:** Contact the TCR health service regional office **Do NOT resubmit the abstract.** These cases will result in duplicate records and require manual resolution. The TCR does not accept modified abstracts.

# Changing Abstract Information

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- Example: A patient is diagnosed with lung cancer by CT exam alone. An abstract is submitted with the histology of cancer (8000/3) and diagnostic confirmation code 7(Radiography/Imaging). At a later admit the H&P states that the patient has squamous cell carcinoma of the lung diagnosed by fine needle aspiration.
- The following information should be updated when you contact your regional representative:
  - Histology should be changed from cancer, nos (8000/3) to squamous cell carcinoma (8070/3)
  - Diagnostic Confirmation should be changed to 2, cytology.

# Summary

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By the end of this training, you should be able to discuss coding related to:

- Date of initial diagnosis
- Morphology and behavior
- Primary sites
- Grade of tumor
- Laterality
- Final Diagnosis
- Lymphovascular invasion
- Diagnostic confirmation
- Changing abstract information

# **Thank you**

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