

# **Casefinding**

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**Texas Cancer Registry**

# Objectives

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

- Casefinding Methods
- Casefinding Sources
- Casefinding Process
- Reportable and Non-Reportable Neoplasms
- Ambiguous Terms
- Helpful Casefinding Hints

\*disclaimer: All the information valid as of 1/2020 and any revisions by national standard setters may change the validity of the information.

# Casefinding Definition

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- Casefinding
  - Case ascertainment
  - Identify all reportable cases
  - Diagnosed
    - Clinical
    - Pathological
  - Treatment
  - Casefinding system
    - Review source documents
  - TCR collects cases dx 01/01/1995

# Casefinding Methods

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- Active casefinding
  - Registrar retrieves and reviews
  - Source documents
  - Disease indices, path or radiology reports
  - Thorough and accurate
- Passive casefinding
  - Registrar relies on others to notify
  - Greater potential for missed cases

# Casefinding Sources

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- HIM (medical records department)
  - Disease index
  - Admission and discharge reports
- Pathology -- histology, cytology, hematology, autopsy and bone marrow reports
- Surgery
- Outpatient Departments
- Medical & Diagnostic imaging
- Radiation Oncology
- Medical Oncology/Hematology
- Emergency Room reports
- Lab Reports

# Casefinding Process

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1. Obtain Disease Index
  - Parameter List of ICD-10 CM Codes
2. Obtain TCR Facility Data Report of submitted cases
3. Compare Disease Index to TCR Facility Data Report
4. Identify Reportable & Non-Reportable Cases

# Disease Index

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- Health Information Management (HIM)
- Inpatient
- Outpatient
- ICD-10-CM Codes

# Comprehensive & Supplementary Lists

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Create Disease Index (DI) with the required reportable neoplasms and ICD-10-CM codes

- Two Separate DI's must be requested:

1. Comprehensive Reportable List

- Inpatient & Outpatient
- Primary and Secondary diagnosis

2. Supplementary Reportable List

- 5% Review
  - Complete casefinding
  - Improve casefinding outcomes

# Example of Comprehensive ICD-10-CM Codes

ICD-10-CM CODE (100% Review Required)	DESCRIPTION
C00.0-C43.9 C4A.0-C4A.9 C45.0-C96.9	Malignant neoplasms (excluding category C44 and C49.A), stated or presumed to be primary (of specified site) and certain specified histologies. NEW for FY 2018: C96.20 Malignant mast cell neoplasm, unspecified, C96.21 Aggressive systemic mastocytosis, C96.22 Mast cell sarcoma, C96.29 Other malignant cell neoplasm
C44.131-C44.1392	Sebaceous Cell Carcinoma of Skin (effective 10/1/2018)
C49.A0-C49.A9	Gastrointestinal Stromal Tumors (GIST) Note: GIST is only reportable when it is malignant(/3). GIST, NOS (not states whether malignant or benign) is a /1 and is not reportable
D00.00 - D03.9 D05.0-D05.92 D07.0-D09.9	In-situ neoplasms ( <i>Note: Carcinoma in situ of the cervix (CIN III-8077/2) and Prostatic Intraepithelial Carcinoma (PIN III-8148/2) are not reportable</i> ).
D18.02	Hemangioma of intracranial structures and any site
D32.0 - D32.9	Benign neoplasm of meninges (cerebral, spinal and unspecified)

# Example of Supplementary ICD-10-CM Codes

ICD-10-CM CODE (5% Review Required)	DESCRIPTION
B20	Human immunodeficiency virus [HIV] disease with other diseases
B97.33, B97.34, B97.35	Human T-cell lymphotropic virus,( type I [HTLV-1], type II [HTLV-II], type 2 [HIV 2]) as the cause of diseases classified elsewhere
B97.7	Papillomavirus as the cause of diseases classified elsewhere
D10.0 - D31.92, D34, D35.0, D35.1, D35.5_ D35.9, D36.0- D36.9	Benign neoplasms (see "must collect" list for reportable benign neoplasms) <i>Notes:</i> <ul style="list-style-type: none"> <li>• Screen for incorrectly coded malignancies or reportable by agreement tumors</li> <li>• Borderline cystadenomas M-8442, 8451, 8462, 8472, 8473, of the ovaries moved from behavior /3 (malignant) to /1 (borderline malignancy) in ICD-O-3. SEER registries are not required to collect these cases for diagnoses made 1/1/2001 and after. However, cases diagnosed prior to 1/1/2001 should still be abstracted and reported to SEER.</li> </ul>
D3A.0-D3A.8 D3A.00-D3A.098	Benign carcinoid tumors

# Disease Index Example

MR#	NAME	DOB	SS#	SEX	PT CLASS/ TYPE	ADMISSION DATE	DISCHARGE DATE	DIAGNOSIS/ DESCRIPTION
123123	Roberts, Jim	2/10/1959	455-66-9090	M	IN, MCR	05/02/18 (19)	05/03/18 (19)	C7A.010 Mal Carcinoid Tumor Duodenum
431124	Smith, Bob	6/29/1938	422-23-2323	M	IN, MCR	04/05/18 (19)	04/07/18 (19)	Z51.11 Chemo Encounter
C5412	Smith, Bob	6/29/1938	422-23-2323	M	SCD, MCR	05/11/18 (19)	05/11/18 (19)	C64.9 Mal Neo Kidney
431124	Smith, Bob	6/29/1938	422-23-2323	M	IN, MCR	09/06/18 (19)	09/14/18 (19)	C79.1 Sec Mal Neo Brain
431124	Smith, Bob	6/29/1938	422-23-2323	M	IN, MCR	10/15/18 (19)	10/22/18 (19)	C64.9 Mal Neo of Unsp Kidney
MR421	Sun, Len	11/4/1980	566-66-6666	M	IN, OTH	10/16/18 (19)	10/20/18 (19)	D63.0 Anemia in Neoplastic Disease
MR311	Timms, Emma	6/15/1959	500-00-5000	F	CLL, MCR	03/22/18 (19)	03/22/18 (19)	D24.1 Benign Neo Breast
C1234	Timms, Emma	6/15/1959	500-00-5000	F	IN, MCR	05/29/18 (19)	06/02/18 (19)	C50.419 Mal Neo Breast UOQ
C1234	Timms, Emma	6/15/1959	500-00-5000	F	IN, MCR	05/29/18 (19)	06/02/18 (19)	C77.3 Mal Neo Lymph-Axilla
MR311	Timms, Emma	6/15/1959	500-00-5000	F	RCR, MCR	07/13/18 (19)	07/23/18 (19)	Z51.0 Encounter for Antineoplastic Radiation Therapy
MR311	Timms, Emma	6/15/1959	500-00-5000	F	RCR, MCR	8/23/2018 (19)	11/13/18 (19)	D49.9 GIST

# Non-Reportable codes

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- 01 – Benign
- 02 – Non-Reportable Skin Cancer
- 03 – No Evidence of Disease (NED)
- 04 – Cancer Not Proven
- 05 – Duplicate Case
- 06 – In situ Cancer of Cervix, CIN III
- 07 – No Cancer Mentioned in Record
- 08 – Diagnosed prior to 1995
- 09 – Lab only
- 10 – Other (Include Explanation)

# Casefinding

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- Clinical diagnosis
  - No histology or cytology confirmation
  - Medical practitioner states pt has cancer
    - Not history of
  - Final diagnosis, clinic note, x-ray report, or medical record
- Pathology report
  - Takes priority
  - Not reportable if path proves clinical dx wrong
- Treatment
  - Reportable if physician is treating pt for disease

\*Casefinding Exercises on SEER Educate!

# Reportable Neoplasms

## Appendix G

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Behaviors changed from /1 to /3

- Reportable (dx AFTER 1/1/2001)
- Behaviors changed from /3 to /1
  - Reportable (dx PRIOR to 1/1/2001)
- Bolded terms with \*
  - Reportable (dx AFTER 1/1/2001)
- Terms with \*\*
  - /0 or /3 Brain/CNS (certain sites)
- Terms with \*\*\*
  - New terms (effective 1/1/2016)
- 2018 ICD-O-3 updates

# Reportable Neoplasms

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- Malignant neoplasms
  - behavior code of /2 or 3 with
  - some exclusions
- Brain & Central Nervous System (dx after 2004)
  - Benign and borderline
  - Specific sites (pg. 32)
  - Includes terms "Neoplasm" "tumor"

# Reportable Neoplasms

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- Reportable Intraepithelial neoplasia, grade III
- GIST tumors and thymomas IF
  - evidence of multiple foci, lymph node involvement or metastasis
- Urine cytology positive for malignancy (2013 and forward)

# Reportable Neoplasms

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- Reportable skin tumors
  - Adnexal carcinomas
    - Sweat gland
    - Ceruminous gland
    - Hair follicle
  - Adenocarcinomas
  - Lymphomas
  - Melanomas
  - Sarcomas
  - Merkel cell tumor
  - Any carcinoma arising in a hemorrhoid
  - Malignant neoplasms of skin of genital sites

# Reportable Neoplasms

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- Squamous Cell Carcinoma/ AIN III
  - reportable UNLESS it is stated to be the SKIN of the anus (perianal skin/tissue)
- Basal Cell Carcinoma of lip, NOS
  - SKIN of lip is NOT reportable
- Squamous Cell Carcinoma of lip, NOS
  - SKIN of lip is NOT reportable
  - VERMILLION (mucosa) IS reportable

# Diagnosis Prior to Birth

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- In utero
  - reportable only when pregnancy results in live birth
  - Assume live birth if no documentation
- If confirmed in utero and NED at birth
  - abstract based on pre-birth dx

# Ambiguous Terms For Reportability of Solid Tumors

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- Apparent(ly)
- Appears
- Comparable with
- Compatible with
- Consistent with
- Favor(s)
- Malignant appearing
- Most Likely
- Presumed
- Typical (of)
- Suspect (ed)
- Suspicious (for)
- Probable
- **Neoplasm (CNS Only)**
- **Tumor (CNS Only)**

# Ambiguous Terms: Reportability

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- DO accession using ambiguous terms:
  - In situ /2 or invasive tumors /3
  - Pathology reports, Op reports, imaging
    - With the exception of cytology
  - Both reportable and unreportable ambiguous terms in medical record

# Ambiguous Terms: Reportability

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- DO NOT accession using ambiguous terms:
  - When resection, bx, cytology, or physician's statement disproves ambiguous dx
  - Non reportable ambiguous terms and "history" of cancer
  - Based only on cytology

# Ambiguous Terms: Cytology

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- Ambiguous terms are not diagnostic for cytology.
- A positive urine cytology is reportable as of January 2013 (no ambiguous terms).
  - If there's no information about primary site, code to C68.9
  - If subsequent biopsy of urinary site is negative, do not report the case
  - For 2013 diagnoses and forward, do not implement new/additional casefinding methods

# Ambiguous Terms: Cytology Examples

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- A patient with persistent hematuria has a urinalysis done in your facility and the cytology report states cells **suspicious** for malignancy. The patient does not return for any further work-up.
- **Do not** report this case based on the **suspicious cytology alone**. Follow back on cytology diagnoses using ambiguous terminology is strongly recommended.

# Ambiguous Terms: Cytology Examples

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- A fine needle aspirate of a thyroid nodule is suspicious for follicular carcinoma. The patient has a thyroid biopsy which shows papillary follicular carcinoma.
- This case should be reported because the biopsy was positive for malignancy.

# Non-Reportable Neoplasms

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- SKIN
  - Basal and squamous cell carcinomas
    - except for genital sites
  - Epithelial carcinomas
  - Papillary and squamous cell carcinomas
    - except for genital sites
  - Malignant neoplasms, NOS of skin
  - Benign and borderline CNS cases
    - diagnosed prior to 2004

# Non-Reportable Neoplasms

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- “Mass” or “Lesion”
  - No ICD-O-3 code
  - cannot be used for Brain & CNS
    - Benign or Borderline
- Intraepithelial Neoplasia
  - AIN II-III or II/III
  - VAIN II-III or VAIN II/III
  - VIN II-III or VIN II/III
- Do not report even if patient is receiving treatment

# Casefinding for Hematopoietic and Lymphoid Neoplasms

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See the reportability instructions for hematopoietic and lymphoid neoplasms at: <http://www.seer.cancer.gov/seertools/hemelymph>

Per the Hematopoietic and Lymphoid Neoplasm Coding Manual (page 23), use the ambiguous terms when screening all reports other than cytology and tumor markers as of January 2013.

# Casefinding Tips

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- Reportable cases/active cancer
- Consult only - Reportable
- History of cancer – Might be reportable
- Imaging reports – Look for diagnostic term
- Lab-only cases – Usually not reportable

# Casefinding Hints

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- Review:
  - Pathology reports and disease indices monthly
  - Radiation oncology logs weekly
  - Outpatient and ER lists
- Coders should route medical charts (cancer patients) to the registrar
- Maintain non-reportable case list
- For more information on submitting cases, visit the TCR Website: [www.dshs.state.tx.us/tcr](http://www.dshs.state.tx.us/tcr)

# Summary

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You should now be able to discuss:

- Casefinding Methods
- Casefinding Sources
- Casefinding Process
- Reportable and Non-Reportable Neoplasms
- Ambiguous Terms
- Helpful Casefinding Hints

# **Thank you**

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