2012 Hematopoietic & Lymphoid Neoplasm Coding Manual & Database

Georgia Tumor Registrars Association Conference

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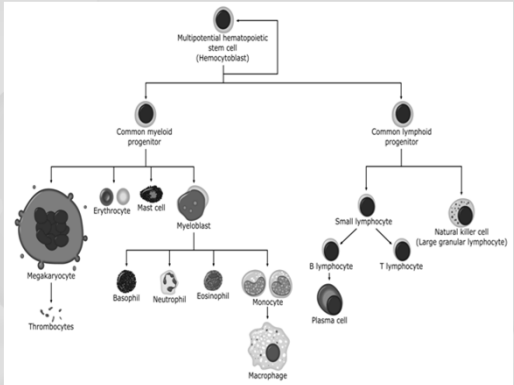
svann@naaccr.org

SHANNON VANN, CTR
NAACCR PROGRAM MANAGER OF EDUCATION & TRAINING



Hematopoietic stem cells give rise to two major progenitor cell lineages, myeloid and lymphoid progenitors
Regenerative Medicine, 2006. http://www.dentalarticles.com/images/hematopoiesis.png

WHO Classification of Tumors of Hematopoietic and Lymphoid Tissues*

- Myeloid Neoplasms
  - Myeloproliferative Neoplasms
  - Myeloid and Lymphoid Neoplasms with Eosinophilia and Abnormalities of PDGFRA, PDGFRB or FGFR1
  - Myelodysplastic/Myeloproliferative Neoplasms
  - Myelodysplastic Syndromes
  - Acute Myeloid Leukemia and Related Precursor Neoplasms
  - Acute Leukemias of Ambiguous Lineage

*Appendix B of 2012 Hematopoietic and Lymphoid Neoplasm Case Reportability & Coding Manual

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WHO Classification of Tumors of Hematopoietic and Lymphoid Tissues*

- Lymphoid Neoplasms
  - Precursor Lymphoid Neoplasms
  - Mature B-Cell Neoplasms
  - Mature T-Cell and NK-Cell Neoplasms
  - Hodgkin Lymphoma
  - Histiocytic and Dendritic Cell Neoplasms
  - Post-Transplant Lymphoproliferative Disorders (PTLD)

*Appendix B of 2012 Hematopoietic and Lymphoid Neoplasm Case Reportability & Coding Manual

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Hematopoietic & Lymphoid Neoplasm Coding Manual & Database

- http://seer.cancer.gov/seertools/hemelymph
- 2012 Hematopoietic & Lymphoid Neoplasm Coding Manual & Database
  - Cases diagnosed 1/1/2012 and after
- 2010 Hematopoietic & Lymphoid Neoplasm Coding Manual & Database
  - Cases diagnosed 1/1/2010 thru 12/31/2011

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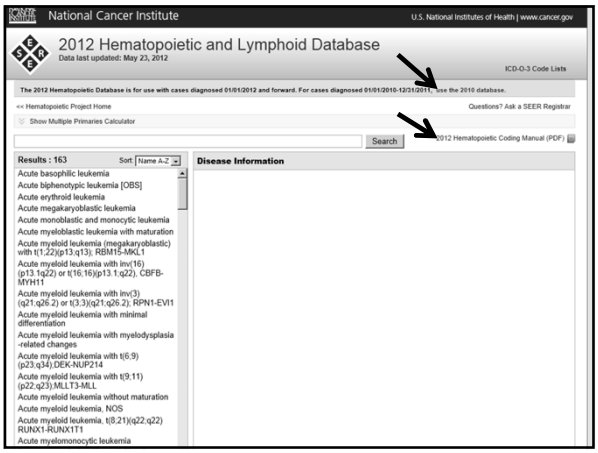

Pop Quiz

- Patient has history of essential thrombocythemia diagnosed in 2010.
- 3/1/12 – Bone marrow biopsy diagnosed acute myeloid leukemia.
- Which hematopoietic and lymph neoplasm rules are used to determine the number of primaries?
  - 2012 Hematopoietic & Lymphoid Neoplasm Coding Manual & Database

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Leukemia vs. Lymphoma

- Leukemia
  - Most commonly presents in the bone marrow or blood
  - When only the bone marrow is involved the histology is usually a leukemia
- Lymphoma
  - Most commonly presents in the lymphatic system

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Diagnostic Process for Leukemia

- Symptoms
  - Unexplained weight loss
  - Weakness
  - Chronic fatigue
  - Easy bruising
- CBC and/or peripheral blood smear
- Bone marrow biopsy
- More testing
  - Immunophenotyping
  - Genetic testing

Diagnostic Process for Lymphoma

- Biopsy of most accessible lymph node
  - Not necessarily the primary site
- Bone marrow biopsy
  - Diagnostic purposes
  - Staging Purposes
- Additional testing
  - Immunophenotyping
  - Genetic testing

Diagnostic Confirmation

- Microscopically confirmed
  - 1: Positive histology
    - Tissue specimen
    - Bone marrow specimen
    - CBC, WBC, peripheral blood smear for leukemia only
  - 2: Positive cytology
    - Examination of cells

Diagnostic Confirmation

- Microscopically confirmed
  - 3: Positive histology PLUS immunophenotyping, genetic studies, or JAK2 that confirmed disease or identified more specific histology
    - Do not use code 3
      - If immunophenotyping or genetic studies are used to rule out disease
      - If immunophenotyping or genetic studies do not confirm disease
  - 4: Positive microscopic confirmation, method not specified

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Diagnostic Confirmation

- Not microscopically confirmed
  - 5: Positive laboratory test/marker study
  - 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)
- 9: Unknown whether or not microscopically confirmed

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Transformation

- Chronic neoplasm can transform to an acute or more severe neoplasm
  - 2010 - Essential thrombocythemia (9962/3)
  - 3/1/12 - Acute myeloid leukemia (9861/3)

Transformations
9861/3 Acute myeloid leukemia 9962/3 Primary myelofibrosis
Same Primaries
9920, 9960, 9975, 9987

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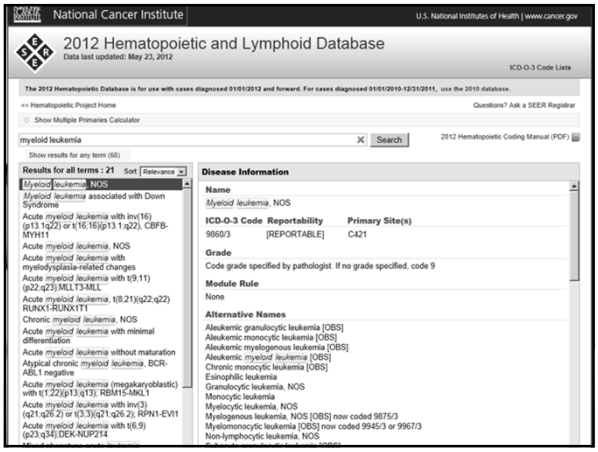
Steps for Using Heme DB & Coding Manual in Priority Order

1. Search Heme DB for diagnosis.
2. When multiple results are displayed, click on selected term to display record.
3. Use displayed record to:
   1. Determine histology code.
   2. Determine primary and confirm site/histology combination is correct.



Steps for Using Heme DB & Coding Manual in Priority Order

4. Search Manual for applicable multiple primary, primary site and histology, and grade rules.
5. When and how to use Hematopoietic Manual special modules
   1. Use Module 7 to code primary site for lymphoma
   2. Use Module 8 to code multiple Hodgkin and non-Hodgkin lymphomas as a single primary
   3. Use Module 9 to code NOS and more specific histology for all hematopoietic and lymphoid neoplasms
   4. Use Module 10 to code primary site and histology when modules 1-9 are not applicable.

Coding Treatment

- Do not code blood transfusions as treatment
- Assign code 1 (other) in Other Therapy
  - Phlebotomy for polycythemia vera ONLY
  - Blood thinners or other clotting agents for:
    - Mast cell sarcoma, systemic mastocytosis, mast cell leukemia, chronic myelogenous leukemia BCR/ABL1 positive, polycythemia vera, primary myelofibrosis, essential thrombocythemia, chronic neutrophilic leukemia, and myelodysplastic/myeloproliferative neoplasm unclassifiable

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Case Reportability

1. Query Heme DB to determine case reportability
2. Report 9590-9992 with /3 behavior
3. Report 9590-9992 listed as /1 if described as malignant by physician
4. Report hematopoietic or lymphoid neoplasm diagnosis if preceded by ambiguous term
   - Apparent(ly); appears; comparable with; compatible with; consistent with; favor(s); malignant appearing; most likely; presumed; probable; suspect(ed); suspicious (for); typical (of)

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Case Reportability

5. Report if only information is patient received all or part of 1st course treatment at facility
6. Report clinical diagnosis of reportable hematopoietic or lymphoid neoplasm
7. Report reportable diagnosis in report described as definitive diagnostic method in Heme DB

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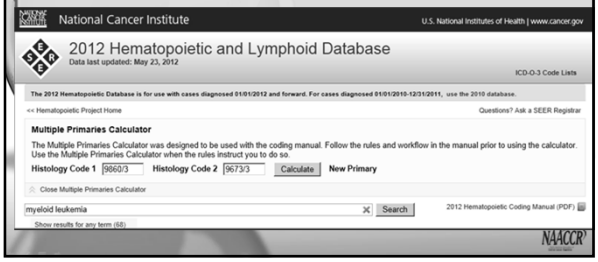
Multiple Primary Rules

- M1 – M15
- M16: Use the Heme DB Multiple Primaries Calculator to determine the number of primaries for cases that do not meet criteria of M1-M15

Example

- 1/1/12: Myeloid leukemia (9860/3)
- 8/1/12: Mantle cell lymphoma (9673/3)
- Rules M1-M15 do not apply



Primary Site and Histology Coding Instructions

1. Use Heme DB when coding primary site
2. Code primary site using scans, medical record documentation, pathology report, Heme DB

Disease Information		
Name		
Myeloid leukemia, NOS		
ICD-O-3 Code	**Reportability**	**Primary Site(s)**
9860/3	[REPORTABLE]	C421

Disease Information		
Name		
Mantle cell lymphoma		
ICD-O-3 Code	**Reportability**	**Primary Site(s)**
9673/3	[REPORTABLE]	N/A - See Abstractor Notes and Module 7

Primary Site and Histology Coding Instructions

3. Code histology from definitive diagnostic method
4. When tests defined as definitive diagnostic method are not available, code primary site using documentation in hierarchical order
   a. Documentation in medical record referring to original scans, genetic testing, immunophenotyping, or path reports
   b. Documentation in medical record that refers to histology and primary site
   c. Death certificate

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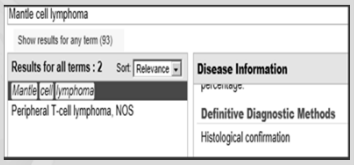
Definitive Diagnostic Methods

- Clinical diagnosis
- Genetic test
- Immunophenotyping
- Cytology
- Pathology
  - Final diagnosis
  - Comment on final diagnosis
  - Addenda to final diagnosis
  - CAP protocol



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Primary Site and Histology Coding Instructions

5. Do <u>not</u> use ambiguous terms to code a specific histology
   - Example: Acute leukemia, probably Burkitt cell
     - Code acute leukemia, not Burkitt cell
6. For lymphomas only, use Module 7 to code primary site

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Module 7: Coding Primary Site for Lymphomas Only

- *Example*
  - CT scan head, neck, and chest: Malignant lymphadenopathy of right cervical node and mediastinal nodes
  - Biopsy of right cervical node: Diffuse large b-cell lymphoma

Disease Information		
Name		
Diffuse large B-cell lymphoma (DLBCL)		
ICD-O-3 Code	**Reportability**	**Primary Site(s)**
9680/3	[REPORTABLE]	N/A - See Abstractor Notes and Module 7
Grade		
6 - B-cell		

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Module 7: Coding Primary Site for Lymphomas Only

Abstractor Note

Diffuse large B-cell lymphoma has several variants, all of which are coded to 9680/3. Those variants include: primary DLBCL of the CNS; primary cutaneous DLBCL, leg type; EBV positive DLBCL of the elderly; DLBCL associated with chronic inflammation; B-cell lymphoma, unclassifiable, with features intermediate between DLBCL and Burkitt lymphoma; and B-cell lymphoma, unclassifiable, with features intermediate between DLBCL and classical Hodgkin lymphoma.

DLBCL of the CNS: Approximately 80% are supratentorial. 20-50% have multiple lesions. Approximately 20% have intraocular lesions. Many of the intraocular lesions are contralateral, and the patient may develop parenchymal lesions. Sporadic systemic recurrences may affect any organ but relatively frequently the testis and breast.

B-cell lymphoma, unclassifiable with features intermediate between DLBCL and Burkitt lymphoma: patients present with lymphadenopathy or mass lesions in extranodal sites. Some patients have a leukemic presentation.

DLBCL associated with chronic inflammation: common sites are pleural cavity, bone (especially femur) joining, and periarticular soft tissue. Tumor mass >10 cm in most cases.

Primary cutaneous DLBCL, leg type: these lymphomas usually affect the lower leg but 10-15% arise in other sites. Patient presents with red or bluish-red tumors on one or both of the lower legs. Frequently disseminates to other sites.

EBV pos DLBCL of elderly: 70% have extranodal involvement, most commonly skin, lung, tonsil, and stomach with or without LN involvement. The remaining 30% present with LN involvement only.

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Module 7: Coding Primary Site for Lymphomas Only

- Rule PH30: Code the primary site as multiple lymph node regions, NOS C778 when multiple lymph node regions as defined by ICD-O-3 are involved and it is not possible to identify the lymph node region where the lymphoma originated.
  - Cervical node – C77.0 – Head, face, neck node
  - Mediastinal nodes – C77.1 – Intrathoracic nodes
- Assign code C77.8

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Grade

Code	Label
5	T cell; T-precursor
6	B cell; pre-B; B-precursor
7	Null cell; non T-non B
8	NK (natural killer) cell (effective with diagnosis 1/1/95 and after)
9	Cell type not determined, not stated or not applicable

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Coding Grade

- Use Heme Database
- Use the Grade of Tumor Rules (G1-G9)
- Do not use Table 13 on pages 16-17 of ICD-O-3 to determine grade
- The only valid grade codes for hematopoietic neoplasms are 5, 6, 7, 8, AND 9
- Do not code based on descriptions “low grade,” “intermediate grade,” or “high grade”

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Coding Grade

- *Example:* Final diagnosis is diffuse large B-cell lymphoma
- Rule G3: Code B-cell, code 6, for the following B-cell precursor lymphoid neoplasms and the mature B-cell neoplasms

Disease Information

Name

Diffuse large B-cell lymphoma (DLBCL)

ICD-O-3 Code	Reportability	Primary Site(s)
9680/3	[REPORTABLE]	N/A - See Abstractor Notes and Module 7

Grade

6 - B-cell

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Coding Grade

- *Example:* Final diagnosis is myeloid leukemia
- Rule G9: Code cell type not determined, not stated, not applicable, code 9, when
  - There is no statement describing the cell type

Disease Information

Name
Myeloid leukemia, NOS

ICD-O-3 Code	Reportability	Primary Site(s)
9860/3	[REPORTABLE]	C421

Grade
Code grade specified by pathologist. If no grade specified, code 9

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Ask a SEER Registrar

- All questions about hematopoietic and lymphoid neoplasms concerning:
  - Multiple primaries
  - Primary site
  - Reportability
  - Grade
  - Any other issues related to the Hematopoietic and Lymphoid neoplasms Database and Manual
- Should go to Ask a SEER Registrar
  - http://seer.cancer.gov/seerinquiry/index.php?page=search

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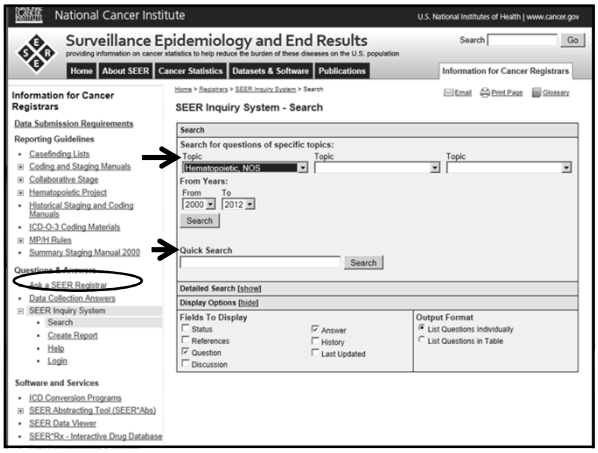

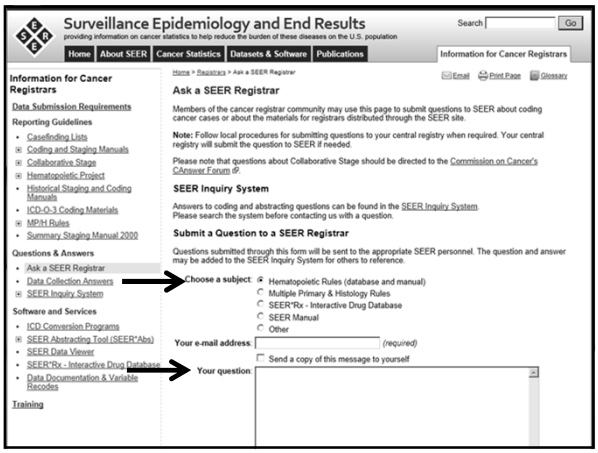
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