



National Cancer Institute

Hematopoietic and Lymphoid Neoplasm Project





Case Reportability Instructions

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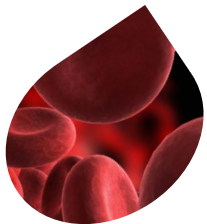
NCI SEER

September 2009



Case Reportability Instructions

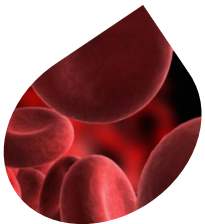
- 10 Case reportability instructions
- Text format
- Follow instructions before applying rules





Note 1

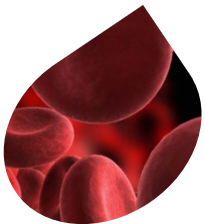
- In many cases the registrar will need to make inquiries to the physician's office to confirm the diagnosis. Unless that type of follow-back is done, hematopoietic cases will be under-reported.





Note 2

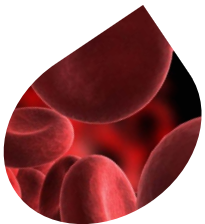
- When a **pathology report provides the final diagnosis**, report the most specific histology recorded in any of the following parts of the pathology report
 - As the final diagnosis
 - In a comment regarding the final diagnosis
 - As an addendum to the final diagnosis
 - In the College of American Pathologists (CAP) protocol





Note 3

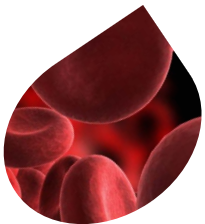
- Reportable diagnoses are listed in Case Reportability Instructions 4-10





Instruction 1

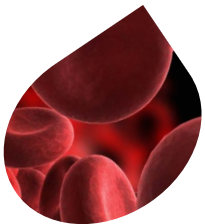
- Report the case when the only information available is that the clinician has started **cancer-directed treatment** for a reportable hematopoietic or lymphoid neoplasm described in Case Reportability Instructions 4-10
 - **Note 1:** Report the case even if the diagnostic tests are inconclusive, equivocal, or negative.
 - **Note 2:** For cancer-directed treatment information see the National Cancer Institute's Physicians' Data Query (PDQ) website at <http://www.nci.nih.gov/cancertopics/pdq/cancerdatabase>





Instruction 2

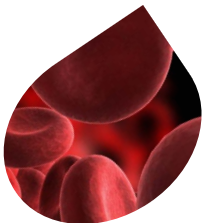
- Report the case when the diagnosis of a hematopoietic or lymphoid neoplasm is preceded by one of the following **ambiguous terms**
 - **Note: Do not** report cases diagnosed **only** by ambiguous **cytology** (cytology diagnosis preceded by ambiguous term).





Instruction 2 (continued)

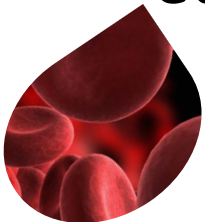
- Apparent(ly)
- Appears
- Comparable with
- Compatible with
- Consistent with
- Favor(s)
- Malignant appearing
- Most likely
- Presumed
- Probable
- Suspect(ed)
- Suspicious (for)
- Typical (of)





Instruction 2 (continued)

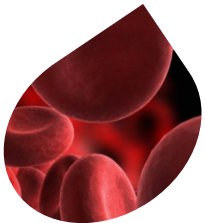
- **Note 1:** Reportable diagnoses are described in Case Reportability Instructions 4-10.
- **Note 2:** Use these terms when screening all diagnoses other than cytology and tumor markers.
- **Note 3:** Report only those cases that use the words on the list or an equivalent word such as “favored” rather than “favor(s)”. **Do not** substitute synonyms such as “supposed” for “presumed” or “equal” for “comparable.”





Instruction 2 (continued)

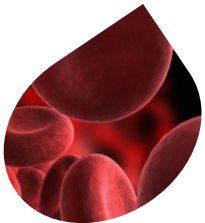
- **Note 4:** Accept the reportable term and report the case when one part of the medical record uses a reportable ambiguous term such as “apparently” and another section of the medical record(s) uses a term that is not on the reportable list.
- **Note 5:** Diagnoses based on ambiguous terminology require follow-back to see if the diagnosis has been confirmed or proven to be incorrect (see note 6).





Instruction 2 (continued)

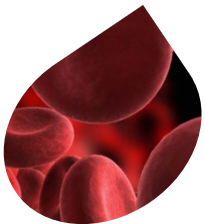
- **Note 6:** Do not report the case when biopsy or physician's statement proves the ambiguous diagnosis is **wrong** (for example, pathology diagnosis is benign or borderline).
 - **Example:** CT scan shows enlarged lymph nodes suspicious for lymphoma. Subsequent biopsies of the lymph nodes thought to be involved with a neoplasm are negative for malignancy. The pathology is more reliable than the scan; the negative biopsy proves that the presumed malignancy does not exist. Do not report the case.





Instruction 3

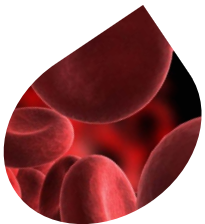
- Report the case when there is a **clinical diagnosis** (physician's statement) of reportable hematopoietic or lymphoid neoplasm.





Instruction 3 (continued)

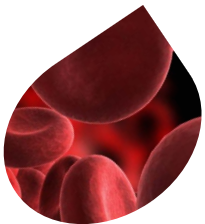
- **Note 1:** Reportable diagnoses are listed in Case Reportability Instructions 4-10.
- **Note 2:** The clinical diagnosis may be a final diagnosis, found within the medical record or recorded on a scan (CT, MRI for example).
- **Note 3:** Report the case even if the diagnostic tests are equivocal. A number of hematopoietic diseases are “diagnoses of exclusion” in which the diagnostic tests are equivocal and the physician makes the clinical diagnosis based on the equivocal tests and the clinical picture. See the Hematopoietic DB for definitive diagnostic procedures for the specific disease being abstracted.





Instruction 4

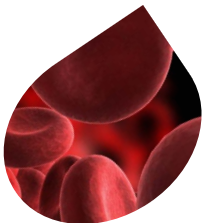
- Report the case when **multiple myeloma, evolving myeloma, early multiple myeloma, indolent multiple myeloma or smoldering multiple myeloma** is diagnosed.





Instruction 5

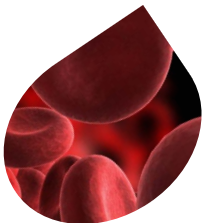
- Report the case when **preleukemia** or **smoldering leukemia** is diagnosed.
 - **Note:** In ICD-O-3 preleukemia is listed as 9989/3 in the numeric list and 9989/1 in the alphabetic list/index. Change the 9989/1 in the alphabetic list to a 9989/3 in your ICD-O-3.





Instruction 6

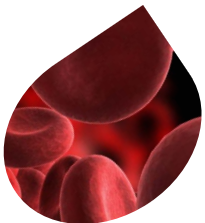
- **Report** the following hematopoietic and lymphoid neoplasms **as malignant**
 - Langerhans cell histiocytosis, NOS (9751/3)
 - Myeloproliferative neoplasm, unclassifiable; myelodysplastic /myeloproliferative neoplasm unclassifiable (9975/3)
 - T-cell large granular lymphocytic leukemia/chronic lymphoproliferative disorder of NK cells (9831/3)





Instruction 6 (continued)

- **Note:** This is a change from previous rules. These neoplasms are listed in ICD-O-3 as uncertain whether benign or malignant /1 but were changed to reportable /3 in the *WHO Classification of Tumours of Haematopoietic and Lymphoid Tissues, 4th Edition*.
(See Appendix D for more information)





Appendix D

New Histology Terms and Codes Hematopoietic and Lymphoid Neoplasms

- **Table D2: Histologic Terms and Codes with Changes in Case Reportability (Newly Reportable Conditions)**

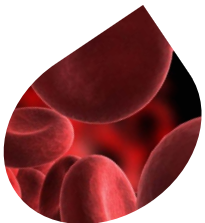
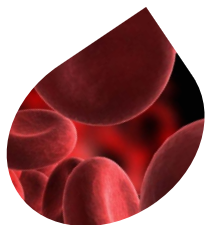


Table D2

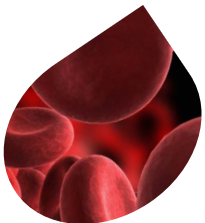
Histology Term	ICD-O Code
Langerhans cell histiocytosis, NOS	9751/3
Myeloproliferative neoplasm, unclassifiable / Myelodysplastic/Myeloproliferative neoplasm, unclassifiable	9975/3
T-cell large granular lymphocytic leukemia/ Chronic lymphoproliferative disorder of NK- cells	9831/3





Instruction 7

- Report the case when a reportable diagnosis appears in any text or report described as a **definitive diagnostic method** in the Hematopoietic DB.
 - **Note 1:** Reportable diagnoses are listed in Case Reportability Instructions 4-10.
 - **Note 2:** Definitive diagnostic methods differ depending upon the histology. See the Hematopoietic DB for details.



ICD-0-3 Code:

Preferred Term

9652/3

Mixed cellularity classical Hodgkin lymphoma

Alternate Names

Classical Hodgkin lymphoma, mixed cellularity, NOS
 Hodgkin Lymphoma
 Hodgkin lymphoma, mixed cellularity, NOS
 MC-HI

Definitions

Primary

Subtype of Classic Hodgkin's lymphoma (HL), classic Reed-Sternberg (RS) cells with prominent inclusion-like nucleoli, lacunar cells inconspicuous, nodular fibrosing sclerosis absent. Usually associated with diffuse
 IIs with prominent inclusion-like nucleoli, lacunar cells use architectural effacement. Rich inflammatory background with

N/A, see
 for details

Definitive Diagnostic Methods

Histologic confirmation

Bone Marrow biopsy (or)

Disease Genetics Data

Reed-Sternberg cells with clonal Ig gene rearrangement

Disease Immunophenotyping

Reed Sternberg cells: CD 15+/-, CD30+,CD20-/+ ,J-chain-

Treatments (For more Treatment information, see [SEER®Rx](#))

Radiation, Chemotherapy, Hormone

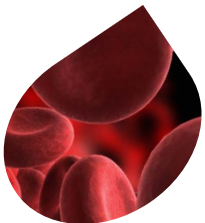
Transformations

None



Instruction 8

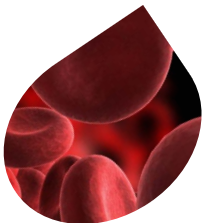
- Report hematopoietic and lymphoid neoplasms with ICD-O-3 morphology codes **9590-9992** that are listed as **/1** and **described as malignant** by a physician.
 - **Note:** There are **no** in situ (/2) hematopoietic or lymphoid neoplasms





Instruction 9

- Report all ICD-O-3 morphology codes **9590-9992** with a **/3** behavior plus the **new histology terms and codes** published by *WHO Classification of Tumours of Haematopoietic and Lymphoid Tissues, 4th Edition* (See Appendix D for complete list).





Appendix D

New Histology Terms and Codes Hematopoietic and Lymphoid Neoplasms

- **Table D1a: New Histology Terms and Codes – Alphabetic List**
- **Table D1b: New Histology Terms and Codes – Numeric List**

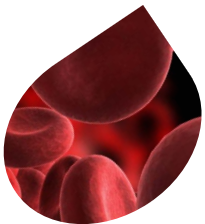
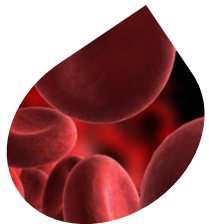


Table D1a

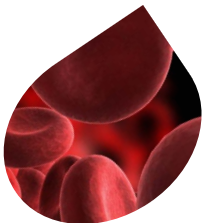
New Histology Term	ICD-O Code
Acute myeloid leukemia (megakaryoblastic) with t(1;22)(p13;q13); RBM15-MKL1	9911/3
Acute myeloid leukemia with inv(3)(q21q26.2) or t(3;3)(q21;q26.2); RPN1EVI1	9869/3
Acute myeloid leukemia with t(6;9)(p23;q34) DEK-NUP214	9865/3
ALK positive large B-cell lymphoma	9737/3
B lymphoblastic leukemia/lymphoma with t(12;21)(p13;q22); TEL-AML1 (ETV6-RUNX1)	9814/3
B lymphoblastic leukemia/lymphoma with t(9;22)(q34;q11.2); BCR-ABL1	9812/3





Instruction 9 (continued)

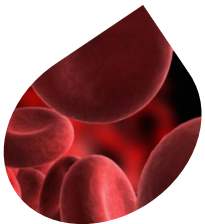
- **Note:** These terms are not listed in the ICD-O-3 implemented in 2001. The new WHO codes allow these neoplasms to be coded as a specific disease rather than one of the NOS categories. Use the codes in Appendix D until ICD-O-4 is published or an addendum to ICD-O-3 is distributed





Instruction 10

- Query the **Hematopoietic DB** to determine case reportability for special cases that do **not** meet the criteria listed in the above instructions



Your search for "polycythemia" found **10** results.
 Select your disease of interest

Matched Term	ICD-O-3 Code	Reportable
Polycythemia	N/A	No
Polycythemia vera	9950/3	Yes
Polycythemia with chronic cyanosis	9950/3	Yes
Polycythemia rubra vera	9950/3	Yes
Proliferative polycythemia	9950/3	Yes
Myelopathic polycythemia	9950/3	Yes

ICD-O-3 Code: 9950/3

Preferred Term: Polycythemia vera

Definition

A disease in which there are too many red blood cells in the bone marrow and blood, causing the blood to thicken. The number of white blood cells and platelets may also increase. The extra blood cells may collect in the spleen and cause it to become enlarged. They may also cause bleeding problems and make clots form in blood

using the blood to thicken. The number of white blood cells and to become enlarged. They may also cause bleeding problems characterized by increased RBC production independent of

Partial Matches

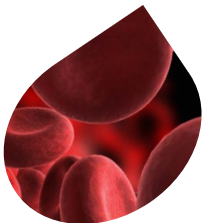
- Chronic erythremia
- Cryptogenic polycythemia
- Erythremia
- Erythrocytosis megalosplenica
- Myelopathic polycythemia
- Osler-Vaquez disease
- PRV
- PV
- Plethora vera
- Polycythemia rubra vera
- Polycythemia with chronic cyanosis
- Primary polycythemia
- Proliferative polycythemia
- Spent phase polycythemia
- Splénomegalic polycythemia
- Vaquez-Osler disease

Button1



Summary

- 10 Case Reportability Instructions
- Use instructions before using rules
- Go to Hematopoietic database if instructions do not apply to your case





Conclusion

- The new hematopoietic and lymphoid neoplasm rules go into effect for cases diagnosed **January 1, 2010, and after**
- Email address for questions askseerctr@imsweb.com

