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Breeze Session—Colon Multiple Primary and Histology Coding Rules Practicum

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Colon Case 1

Hello everyone. This is Peggy Adamo. In this section we will be going over the colon cases for the new multiple primary and histology coding rules. We are just going to go through the cases one by one starting with colon case 1. I will walk you through it and if you have any questions after I walk you through it, please let me know. The first question is, "How many primaries are there in this case?" The answer to that is there is a single tumor. As you know from the rules presentation, any time you have a single tumor, you have a single primary. So this case is a single primary. The next question is, "What is the correct histology code?" You remember from the histology coding rules you will code from the most representative specimen. In this case that would be "Surgical Pathology Report #2" which is the most representative specimen. Then you know to look at the final diagnosis. The final diagnosis in this case is invasive adenocarcinoma. You will not be coding this information: "mucin production;" this is not the same as mucinous. So your histology code in this case is 8140, adenocarcinoma, NOS. Are there any questions about case #1?

Colon Case 2

Okay, let's look at case #2. The first question is, "How many tumors are there?" The answer is, "Two tumors" and they are in different segments of the colon. One is in the cecum and one is in the transverse colon. So, according to the colon multiple primary rules those are two different primaries. The next thing you do is take each of those primaries into your histology coding rules to determine the correct histology code for each one. So, starting with the cecum tumor, the final diagnosis is adenocarcinoma of the cecum. But we happen to know that there was a polyp: "[The colonic mucosa shows two hemorrhagic], villous polyps." So, the correct code for the cecum primary is 8261, adenocarcinoma in a villous polyp. The other primary is the transverse colon. We also know that this one started in a polyp. The final diagnosis is adenocarcinoma of the transverse colon. But up above we know that it originated in a polyp. So, the correct code for the second primary in this case is 8261, adenocarcinoma in a villous polyp. Are there any questions about case #2?

Question #1, Case 2:

I am wondering--and this is for all primary sites—I didn't see any specific instructions on how to deal with synoptic reporting. Do we just consider that a part of the final diagnosis, or not? The CAP protocol checklist?

Response to Question #1, Case 2:
Yes. I believe we are considering that part of the final diagnosis.

Thank you.

Anything else on case #2?

Colon Case # 3:
Okay. Let's look at colon case #3. This case has a single tumor so it is a single primary. And, the histology coding—you can see a couple of things here that are clues: "pre-existing polyps [at carcinoma site: Changes consistent with pre-existing polyps.]" The final diagnosis is adenocarcinoma with focal mucinous adenocarcinoma differentiation. And, remembering your histology rules, you won't be coding that mucinous part because it is not stated to be greater than 50%; it's focal. So, the correct histology code is 8210, adenocarcinoma in polyp, NOS. Any questions about case #3?

Colon Case # 4:
Let's look at case # 4. Case #4 is a situation with adenomatous polyposis with one or more malignant polyps. According to the multiple primary rules, if you have multiple polyps and the number is unknown—sorry, I am skipping ahead to the histology… adenomatous polyposis with one or more malignant polyps is a single primary. So then when you go to the histology rules, multiple polyps with an unknown number and no mention of familial polyposis is coded adenocarcinoma in multiple adenomatous polyps. And the code for that is 8221. We get that from (scrolling down here), "Background of adenomatous polyposis (innumerable adenomas) throughout the entire resection specimen." The reason that we don't code this as mucinous is because the rule for multiple adenomatous polyps comes before the rule that would have you code it as mucinous. Are there any questions about case 4?

Question 1, Colon Case 4:
I have a question. My concern is the fact that the two tumors are not mentioned as being within a polyp. They do mention the background of polyps but some of the largest adenomas only have high-grade dysplasia so I didn't connect that as being adenocarcinoma within polyp.

Response to Question 1, Colon Case 4:
Refer to Colon Histology Coding Rules
Okay. I am going to bring up the histology coding rules. We have multiple tumors abstracted as a single primary. And H17 we can't use because we don't have familial polyposis. H18 reads: "Multiple in situ or malignant polyps are present, at least one of which is tubulovillous."

Refer to Colon Case 4

Question 2, Colon Case 4:
Can you explain how you got to the multiple primary rules to determine that there are multiple primaries?

"Okay. Let me bring those up."

Question 3, Colon Case 4:
Can I ask a related question while you are doing that? It seems to me that when you are trying to determine whether or not you have multiple primaries they are using the terms "familial polyposis" and "adenomatous polyposis coli" interchangeably—that rule M3? But then when you go to the histology coding rules, they distinguish a difference between the two it looks like.

Response to Question 3, Colon Case 4:
That's true because the histology codes are different. For purposes of determining how many primaries you have, either situation qualifies.

Refer to Colon Multiple Primary Coding Rules
Response to Question 2, Colon Case 4:
Go back to the multiple primary rules. I am looking at M3 here: "Adenocarcinoma in adenomatous polyposis (familial polyposis) with one or more malignant polyps is a single primary."

Question 4, Colon Case 4:
But on the path report we don't see that those two tumors are arising in a polyp.

Response to Question 4, Colon Case 4:
We have adenomatous polyposis as part of our diagnosis. We have adenocarcinoma and we have adenomatous polyposis so this rule applies.

Question 5, Colon Case 4:
So it doesn't matter if the adenocarcinoma is in a polyp or not; is that correct?

Response to Question 5, Colon Case 4:
That worries me a little.

Question 6, Colon Case 4:
I am sure I asked Carol about this before and I was told that the adenocarcinoma had to be in the polyp.

Response to Question 6, Colon Case 4:
For the purposes of this practicum we are going to say that it's in the polyp, but we will take a closer look at that later. Peggy, this is Steve [Peace]. Can I interject? Absolutely. The situation where you have an adenomatous polyposis or

this particular disease manifestation is, you have dozens or hundreds of polyps. It is implied that any of these tumors are within those polyps and that may or may not be mentioned by a specific pathologist. So, it's one of those diseases kind of like inflammatory breast carcinoma where you have clinical picture as well as a pathologic/histologic picture. So, that involvement with adenomatous polyps is a part of the diagnosis so it's implied that the polyps are malignant.

Thank you, Steve. That sums it up very nicely.

Any more questions on case 4?

Colon Case 5
We will go back to case 5. In case 5 you have two tumors and they are in different segments of the colon. If you look in your Terms and Definitions: You have a chart in the [Colon Equivalent] Terms and Definitions, which will help you determine that these two tumors are in different segments of the colon.

Refer to Anatomical Picture of Colon, page 32, Colon Equivalent Terms and Definitions, "Colonoscopy Measurements"
This is the chart. We have one mass at 86 centimeters so that's going to be in here—it's the transverse. You have another mass at 50 centimeters, which is going to be in here—sigmoid. This chart can help you when you only have the measurements to determine whether you have tumors in different segments or not.

Refer to Colon Case 5
So we just figured out that we have two tumors and they are in different segments of the colon. That means we have two primaries. This one is pretty easy with the histology coding. They are both adenocarcinoma so each primary is going to be coded 8140, adenocarcinoma. Are there any questions about case 5?

Question 1, Colon Case 5:
Peggy, I have a question. I found the comments to be very confusing. The comment said there was a mass at 86 centimeters of adenocarcinoma. And then it says, "However, there is no invasive adenocarcinoma in the biopsy material. This may be a result of sampling." What exactly does that mean?

Response to Question 1, Colon Case 5:
I am not sure; that would be a good question to ask the pathologist that wrote this report.

Question 1a, Colon Case 5:
I don't know if I would automatically assume that it was invasive based on that comment.

Response to Question 1a, Colon Case 5:
Well, you are coding from the final diagnosis and the final diagnosis says adenocarcinoma.

"But don't you also include information that you can derive from a comment?"

If you can directly relate it to the final diagnosis.

"That was my interpretation because it said specifically the 86 centimeters tumor. I interpreted the second two sentences to be relating to that specimen. And I found it very confusing."

He didn't change the final diagnosis. He didn't say that it was in situ or anything so we are going to code the /3 based on what he did put in his final diagnosis.

"Okay. So, just to clarify: if the comment had stated this and there was a change you would assume that the pathologist would make a change to the final diagnosis on his copy of the path report?"

Yes.

"Okay."

Any more questions for case 5?

Colon Case 6
Case 6: The biopsy is the first thing that was done and the ascending colon did not show any malignancy but the sigmoid colon did. Then [the patient] had further surgery and in the second [surgical] path report we have a moderately differentiated adenocarcinoma in the cecum and we have adenocarcinoma—sorry-- focal adenocarcinoma in the sigmoid. So, that means we have two primaries because they are in different segments of the colon. And the cecum primary is adenocarcinoma for the histology-- 8140. And the sigmoid colon primary is going to be 8210 because there is reference to a polyp. Any questions about case 6?

Question 1, Colon Case 6
Peggy, with the histology for the first one, would that be 8261 because you have a reference to a villous adenoma?

Response to Question 1, Colon Case 6
The villous adenoma didn't turn out to be malignant in this case. The ascending colon biopsy was a villous adenoma but when they went back in and did the right hemicolectomy the actual malignancy that they found was in the cecum.

"Okay. Thank-you."

Question 2, Colon Case 6

I have a question about that—a similar question. I understand that they changed the site from ascending colon to cecum in the resection specimen but they do note that it was moderately differentiated adenocarcinoma is in the area of the previous biopsy so for that reason I would have included the information about the villous adenoma and coded it to the 8261.

Response to Question 2, Colon Case 6

Let's see. The reference to the area of the previous biopsy refers to the sigmoid colon and that polyp and that malignancy.

"Peggy, the answer on the answer key is 8261. "

For colon case 6? It says 8210.

"That's for the second primary, but the first primary is 8261."

The second primary for case 6 is 8140.

"There are two histologies, right, for colon case 2? We are on colon case 6. *I mean colon case 6 and the first primary is 8261on the answer key and primary two is 8210."*

On my answer sheet the first primary is 8140 and the second one is 8210.

"That's not the one we got and I agree with the one we got with 8261."

"Peggy, this first primary--ascending colon—where carcinoma cannot be excluded and then in the second report it says area of previous biopsy site shows moderately differentiated adenocarcinoma and this is to the ascending colon. And I think this villous adenoma should be used in the first primary because this look like. And one more thing, please give us number of "M" and H" in these rules numbers because people are confused about what rules are used. Thank-you."

Thanks. For colon case 6, I believe my answer sheet is correct, so we are going to have to stick with primary one is 8140 and primary two is 8210 for the histology. If there is any change in that we will distribute the information widely but specimen A in the first Pathology Report was an ascending colon biopsy and it was just a villous adenoma. Specimen A in the second pathology report is a different tumor. It is from the cecum now and it's malignant. So, I am not going to beat that one to death anymore. Let's go on to case #7.

Colon Case #7
Case #7-- we have a single tumor and a single primary. So then we get to coding the histology and the final diagnosis says "…adenocarcinoma, signet ring and mucinous types." So, we go back to our histology coding rules for a single tumor.
Refer to Colon Histology Rules—Single Tumor Module, Rule H7
And we get down to rule H7 combination of mucinous and signet ring cell carcinoma. And the answer is 8255.
Refer to Colon Case 7
Are there any questions about case 7? Okay. Let's go to case 8.

Colon Case 8
On case 8 we have multiple tumors in different segments of the colon with different ICD-O-3 topography codes so we have multiple primaries. Now when we scroll down to the final diagnosis here in order to look at the histology coding, in the right colon we have adenocarcinoma so that's code 8140. In the ascending colon we have neuroendocrine carcinoma and carcinoid tumor. So, when you have that we have a rule that says you code 8240 when the diagnosis is neuroendocrine and carcinoid tumor; that's H8. Are there any questions about case 8?

Colon Case 9
Case 9 is a single tumor so therefore it is a single primary. In your coding the histology the final diagnosis says adenocarcinoma arising in a pedunculated villous adenoma. So that gives us a code for the histology of 8261, adenocarcinoma in a villous adenoma. [Are there] any questions about case 9?

Colon Case 10
All right. One more case, case 10, one of the most interesting ones. We have multiple tumors in different segments of the colon so we have multiple primaries. The first primary is an adenocarcinoma in an adenomatous polyp so the code for that is 8210. The second primary we have in the transverse colon, we have two things going on: We have an invasive adenocarcinoma and we also have a tubulovillous adenoma with carcinoma in situ confined to the head of a polyp. So what that ends up being is what our rules refer to as a frank adenocarcinoma and a polyp. And the rules tell you for histology, to code the most invasive. That's going to be adenocarcinoma, 8140 for the second primary. Are there any questions about case 10?

Are there any questions about anything else? That's all the cases so are there any other questions?

Questions

Question 1
Peggy, I do have a question. Are you going to revise the answer sheet to reflect the updated answer and rationale for ***case 6****?*

Response to question 1:
Yes. I will try and figure out why my answer sheet is different from yours.

Question 2
In addition, I appreciate the fact that you highlighted some of the rules like H7or whatever. Would you be able to include those on the answer sheet?

Response to question 2:
I doubt it. We have made a policy of not doing that.

"Okay. It's just where you mentioned it during the presentation I thought it was good for me."

There are different opinions on that and we are trying to stay away from naming specific rules on the answer sheet because that is not where we want to put the emphasis. We want to get the emphasis on getting the right answer.

"Right. Well I am glad you threw a few in during the presentation."

I am glad you are glad.

[This is Antoinette. Those of you who have different answers than Peggy, did you get the answers from the link that was sent out? "Yes." From the recent link last week? "Yes." All right. Thank you].

Question 3
*Can I ask a question about **number 8**? I am sorry I didn't ask you this when we were doing it. For histology, the first one, number A, I am confused why we wouldn't use 8210 since in the specimen, at the top, it does refer to polypoid architecture?*

Response:
The reason for that is that in the rules we have not defined exophytic or polypoid as synonymous with originating in a polyp. So, until or if we do that, you would not take that to mean that this originated in a polyp.

"Okay. Thank you."

Question 4
*Can I ask a question about **case 3**? When you went through the rationale you said you wouldn't use the "with mucinous differentiation" because it wasn't stated to be more than 50%?*

Response to Question 4:
That's correct.

Question 4a

When I go through the rules, I don't think we would [code mucinous] regardless because according to what I see, H4, we would stop at H4 because it is in the polyp. So you would never use it no matter what they said the percentage was. Is that correct?

Response to Question 4a:

Let's look at that. Hold on just a second. I am going to bring up the histology rules.

Refer to the Colon Histology Rules

We are going to look at Single Tumor. And we have (looking at the rules starting with H1…). That one [H4] comes first so the polyp is going to trump anything else. You are right. Thank you for that.

Question 5

*Since we have time and there were a lot of disagreements on **case 6** could we walk through it?*

Response to Question 5:

Sure. **Case 6**. I am going to leave the rules up because I think that is where we want to look. On case 6, let's start with the multiple primary rules. Do you want to go all the way back to that or just the histology?

"I think it's just the histology but I will give you my two cents on it. Both the biopsy and the resection specimen are both labeled ascending and it's just in the final where they throw the cecum in there. The cecum being right there at the end of the ascending, when they did the biopsy they probably, I would take it, that they just didn't mention-- they didn't know the exact location 'till they did the resection. When they say that 'area of previous biopsy shows' I take it as they are looking in the same area as [the one where] they did the biopsy."

You said something about your case… We may have a problem with different versions of the cases out there. Let's just take a look at this. Case 6--can you see that on your screen--now, my version—this mirrors what I have in front of me, too. We have ascending colon biopsy ….

"…down at the section with the resection it says, 'colon resection, right' then it has 'ascending' in parentheses. And then down at the bottom in the final diagnosis, that's when they throw the cecum in there. When we are talking about doing a right hemicolectomy you get the cecum in there and when they do a biopsy, the cecum is right there. It could have been the cecum up in the biopsy and they just didn't realize it 'till they resected it. That point there—and I think many people said it—is that the 'area of previous biopsy site shows….moderately differentiated adenocarcinoma, cecum.' I think we are talking about the same spot."

Well, it looks like my version's different. I do not have the word "ascending" in the final diagnosis of specimen two. So, based on that it looks like the answer to case 6 primary #1 is 8261 and case 6, primary #2 is 8210. Sorry about that. I don't know what happened with the versions.

"That's okay. That's the answer that I think a lot of us got so I was just confused."

I am sorry about that. It looks like that's the right answer: 8261. So, I apologize. I don't know what happened there.

Are there any other questions?

All right. Thank you all, very much, for joining us today. We hope to see you on our next Breeze Session.