

Slide 1 - Hematopoietic and Lymphoid Neoplasm Project

National Cancer Institute

Hematopoietic and Lymphoid Neoplasm Project

Animation
(800 x 600)
(X:0; Y:0)



Slide 2 - Navigating the electronic Manual



Navigating the electronic Manual

mm:ftio
(800 x 600)
(X:0; Y:0)

Slide 3 - Objective

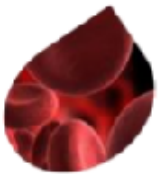
Objective

Use electronic Manual

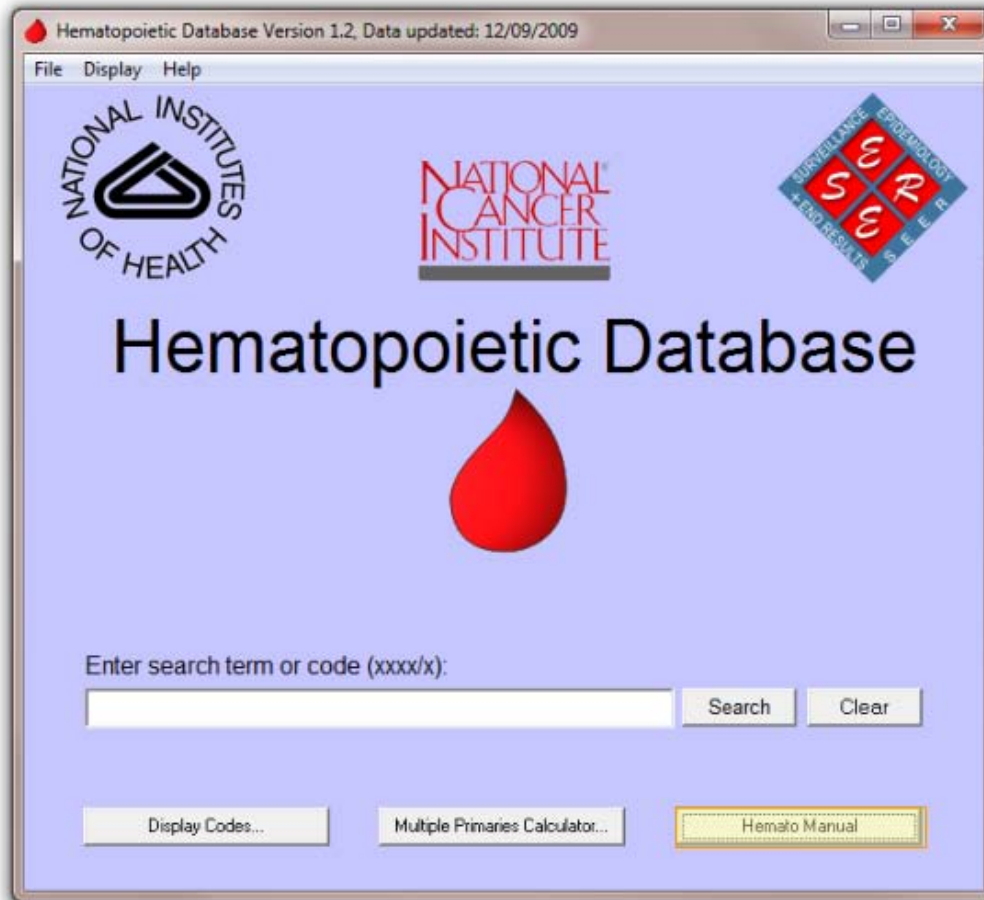
Easily

Efficiently

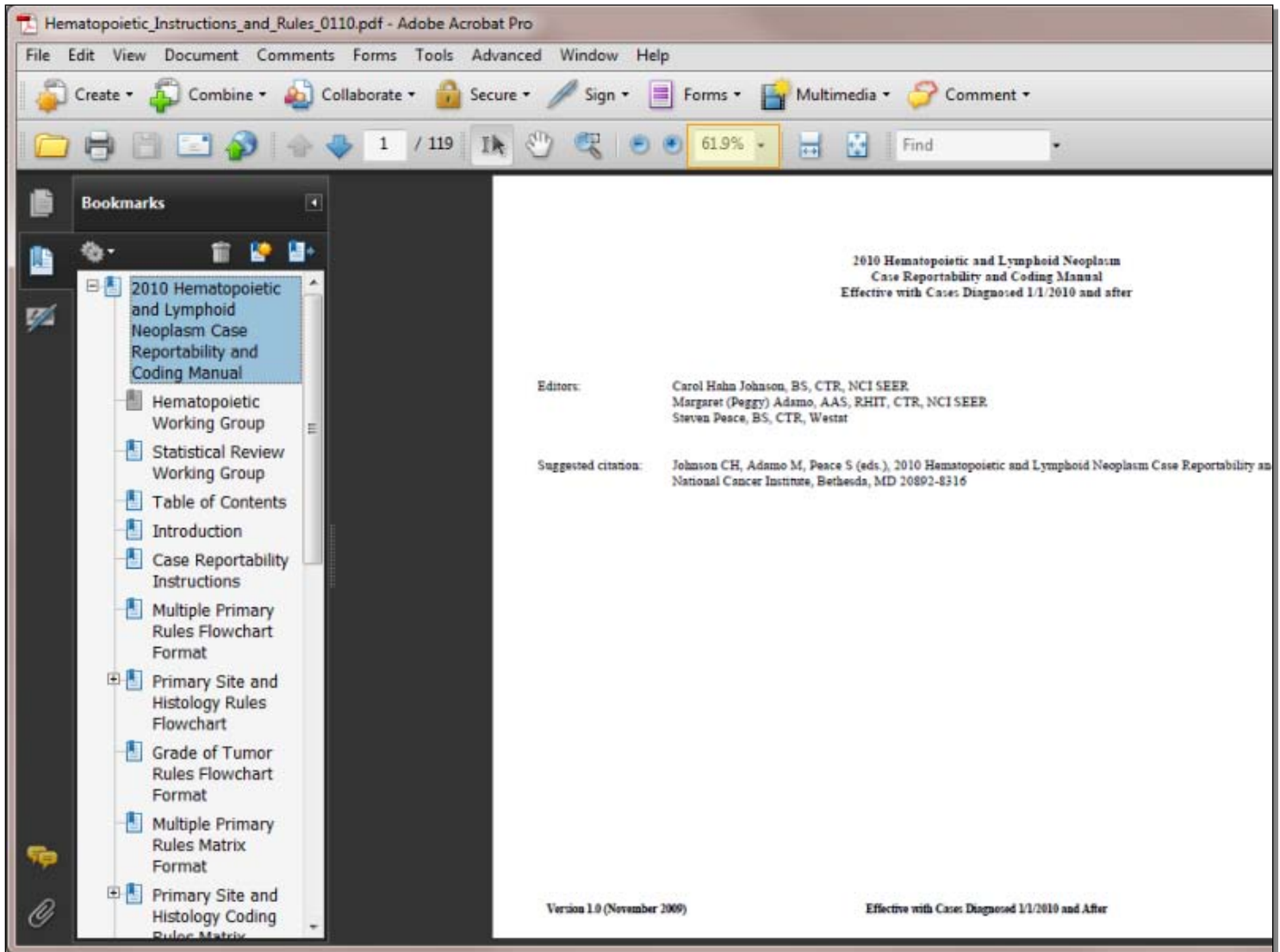
Animation
(800 x 600)
(X:0; Y:0)



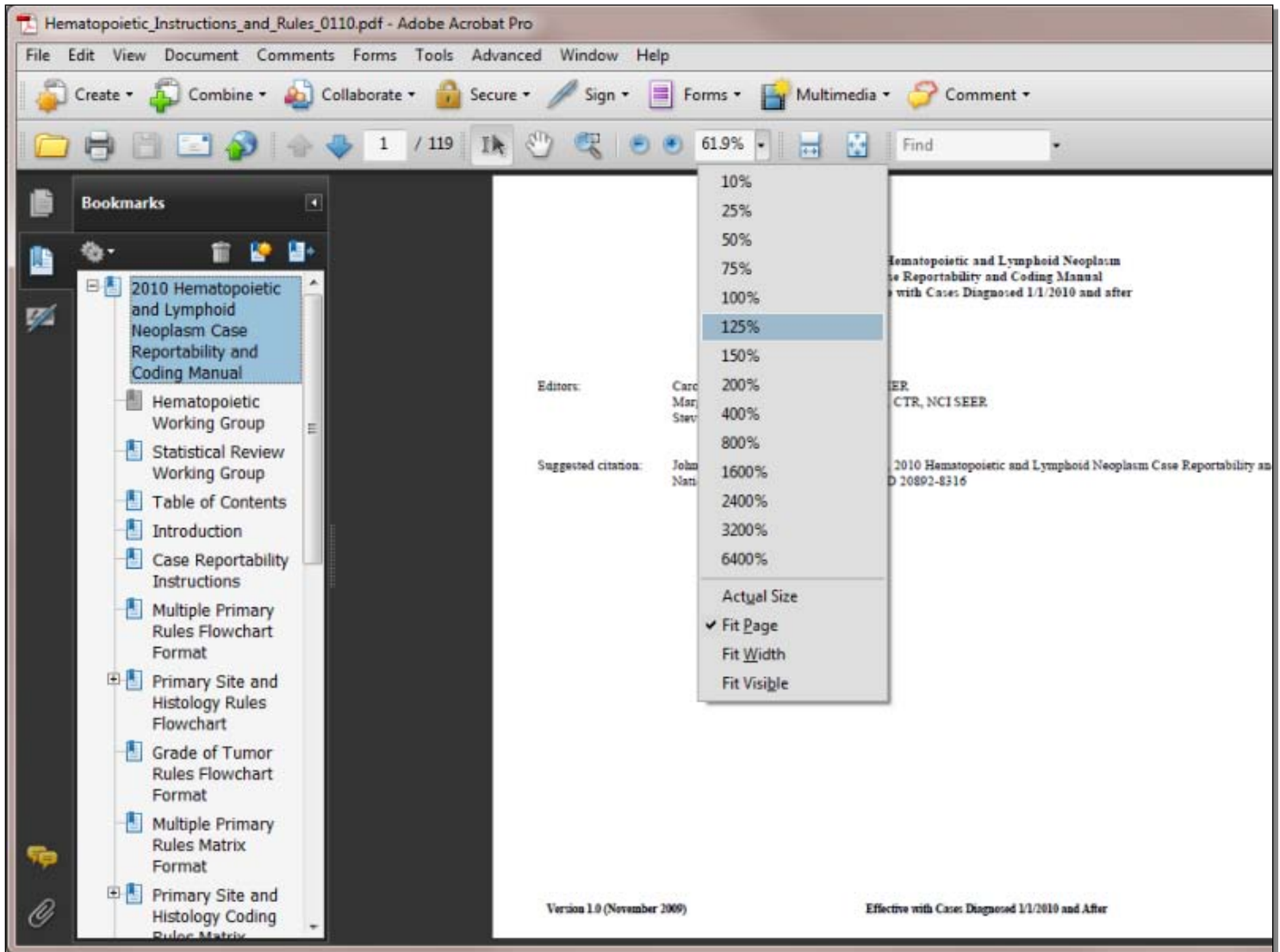
Slide 4 - Slide 4



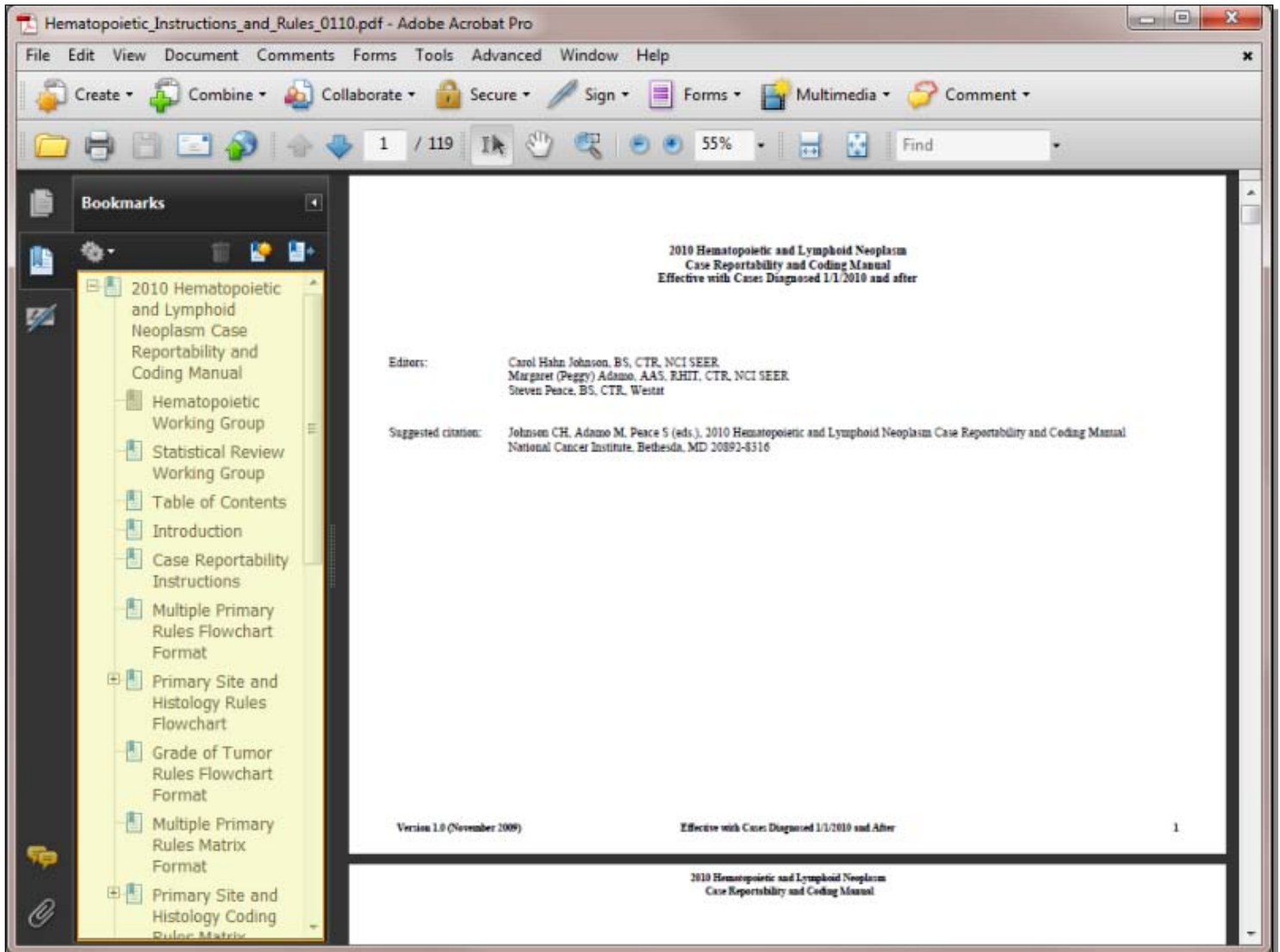
Slide 5 - Slide 5



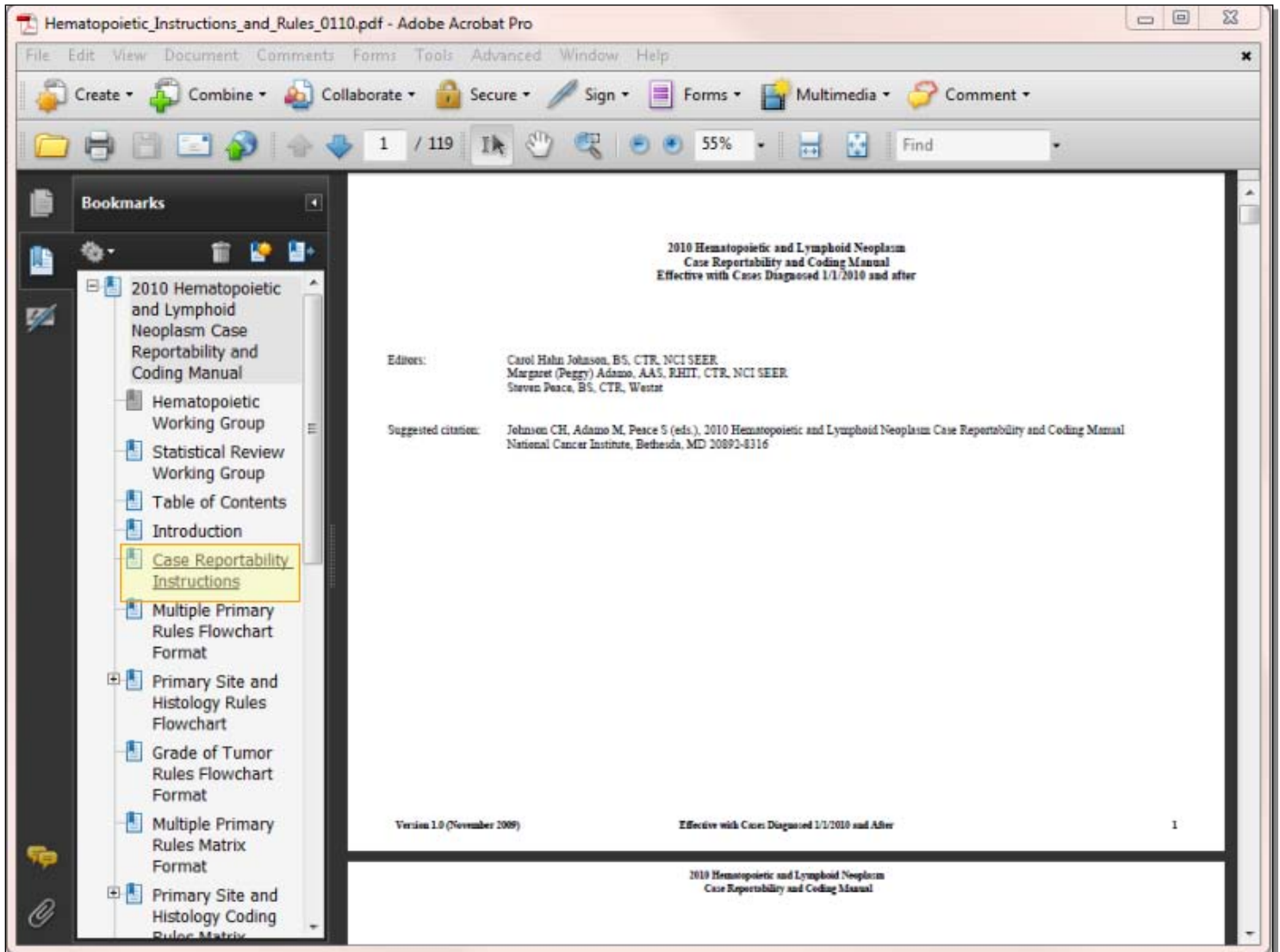
Slide 6 - Slide 6



Slide 7 - Slide 7



Slide 8 - Slide 8



Slide 9 - Slide 9

Case Reportability Instructions:

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 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

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.nct.nsk.gov/cancerinfo/pdq/cancerdiagnosis>
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).
 - Apparent(ly)
 - Appears
 - Comparable with
 - Compatible with
 - Consistent with
 - Favor(s)
 - Malignant appearing
 - Most likely
 - Presumed
 - Probable
 - Suspect(ed)
 - Suspicious (for)
 - Typical (of)
 - 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 "unproved" for "presumed" or "equal" for "comparable."
 - 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.

Version 1.0 (November 2009) Effective with Cases Diagnosed 1/1/2010 and After 12

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Note 3: Diagnoses based on ambiguous terminology require follow-back to see if the diagnosis has been confirmed or proven to be incorrect (see note 6).

Note 4: 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.

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

Slide 10 - Slide 10

The screenshot shows the Adobe Acrobat Pro interface. The title bar reads "Hematopoietic_Instructions_and_Rules_U110.pdf - Adobe Acrobat Pro". The menu bar includes File, Edit, View, Document, Comments, Forms, Tools, Advanced, Window, and Help. The toolbar contains various icons for file operations and navigation. The left sidebar shows a "Bookmarks" panel with a tree view of document sections. The main content area displays "Case Reportability Instructions" with several numbered notes and a list of ambiguous terms. An "Animation" box is overlaid on the text, showing dimensions (800 x 600) and coordinates (X:0; Y:0). The document footer includes "Version 1.0 (November 2009)", "Effective with Cases Diagnosed 1/1/2010 and After", and "1014 Hematopoietic and Lymphoid Neoplasm Case Reportability and Coding Manual".

Bookmarks:

- and Lymphoid Neoplasm Case Reportability and Coding Manual
- Hematopoietic Working Group
- Statistical Review Working Group
- Table of Contents
- Introduction
- Case Reportability Instructions
- Multiple Primary Rules Flowchart Format
- Primary Site and Histology Rules Flowchart
- Grade of Tumor Rules Flowchart Format
- Multiple Primary Rules Matrix Format
- Primary Site and Histology Coding Rules Matrix Format

Case Reportability Instructions:

Note 1: In many cases, the registrar will need to make inquiries in 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
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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: <http://www.ncbi.nlm.nih.gov/ncicinfo/ncicinfo/cancerinfo.html>.

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):

- Apparent(s)
- Appears
- Comparable with
- Compatible with
- Consistent with
- Favor(s)
- Malignant appearing
- Most likely
- Presumed
- Possibly
- Suspected
- Suspicious (for)
- Typical (of)

Note 1: Reportable diagnoses are described in Case Reportability Instructions 4-10.

Note 2: Use these terms when transcribing 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 "favor(s)" rather than "favor(s)". Do not substitute synonyms such as "typical" for "presumed" or "equal" for "comparable".

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.

Version 1.0 (November 2009) Effective with Cases Diagnosed 1/1/2010 and After 11

1014 Hematopoietic and Lymphoid Neoplasm Case Reportability and Coding Manual

Note 1: Diagnoses based on ambiguous terminology require follow back to see if the diagnosis has been confirmed or proven to be incorrect (see note 6).

Note 2: 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 biopsy 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.

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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 diagnoses are "diagnoses of exclusion" in which the diagnostic tests are equivocal and the physician makes the final diagnosis based on the equivocal tests and the clinical picture. See the Hematopoietic ED for the final diagnosis.

Slide 11 - Slide 11

Case Reportability Instructions:

Note 1: In many cases, the registrar will need to make inquiries in the physician's office to confirm the diagnosis. Unless that type of follow-back is done, hematopoietic cases will be under-reported.

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- As the final diagnosis
- In a comment regarding the final diagnosis
- As an addendum to the final diagnosis
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Note 3: Reportable diagnoses are listed in Case Reportability Instructions 4-10.

- 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.
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 - Apparent(sy)
 - Appears
 - Comparable with
 - Compatible with
 - Consistent with
 - Favor(s)
 - Malignant appearing
 - Most likely
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 - Possibly
 - Suspected
 - Suspicious (for)
 - Typical (of)

Note 1: Reportable diagnoses are described in Case Reportability Instructions 4-10.
Note 2: Use these terms when transcribing 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 "in favor of" rather than "favor(s)". Do not substitute synonyms such as "typical" for "presumed" or "equal" for "comparable".
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Version 1.0 (November 2009) Effective with Cases Diagnosed 1/1/2010 and After 11

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Slide 12 - Slide 12

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Version 1.0 (November 2009) Effective with Cases Diagnosed 1/1/2010 and After 12

2010 Hematopoietic and Lymphoid Neoplasm Case Reportability and Coding Manual

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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.

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Slide 13 - Slide 13

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Version 1.0 (November 2009) Effective with Cases Diagnosed 1/1/2010 and After 12

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Slide 14 - Slide 14

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Slide 15 - Slide 15

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<ul style="list-style-type: none"> • Apparent(s) • Appears • Comparable with • Compatible with • Consistent with • Favor(s) • Malignant appearing • Most likely • Presumed • Probable • Suspected • Suspicious (for) • Typical (of) 	<p>Animation (800 x 600) (X:0; Y:0)</p>
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1014 Hematopoietic and Lymphoid Neoplasm Case Reportability and Coding Manual

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Slide 16 - Slide 16

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Bookmarks:

- lymphoblastic leukemia/lymphoma
- Precursor B-cell lymphoblastic lymphoma, NOS 9728/3
- Precursor T-cell lymphoblastic lymphoma, NOS 9729/3
- Small B lymphocytic lymphoma 9670/3
- T lymphoblastic leukemia/lymphoma 9670/3
- Module 4: Preleukemia, Smoldering leukemia, and Myelodysplastic
- Module 5: Myeloid neoplasms

Slide 17 - Slide 17

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Bookmarks

- lymphoblastic leukemia/lymphoma
- Precursor B-cell lymphoblastic lymphoma, NOS 9728/3
- Precursor T-cell lymphoblastic lymphoma, NOS 9729/3
- Small B lymphocytic lymphoma 9670/3
- T lymphoblastic leukemia/lymphoma 9670/3
- Module 4: Preleukemia, Smoldering leukemia, and Myelodysplastic
- Module 5: Myeloid neoplasms

MODULE 3: Lymphoma/Leukemia <small>(Specific neoplasms that can manifest as leukemia or as lymphoma) (9670/3, 9687/3, 9727/3, 9728/3, 9729/3, 9823/3, 9826/3, 9835/3, 9836/3, 9837/3)</small>	PRIMARY SITE	HISTOLOGY	NOTES and EXAMPLES
<p style="text-align: center;">PH0PH12</p> <p>PH0</p> <p style="text-align: center;">Is the diagnosis B-cell chronic lymphocytic leukemia/small lymphocytic lymphoma (BCLL/SLL) and peripheral blood is involved (the bone marrow may also be involved)?</p> <p style="text-align: center;">NO</p>	<p>YES</p> <p>Code to bone marrow (042-8)</p>	<p>Code to B-cell chronic lymphocytic leukemia/small lymphocytic lymphoma (9823/3)</p>	<ol style="list-style-type: none"> 1. Peripheral blood involvement requires repeated CBCs with absolute lymphocyte count (ALC) on repeated measures or flow cytometry that documents actual B-cell population in the bone marrow. 2. Leukemic BCLL/SLL always have peripheral blood involvement. The bone marrow may or may not be involved. In later stages of the disease there may be involvement of lymph nodes, liver and spleen. 3. Do not change primary site code because the spleen is involved with infiltrate. The infiltrate refers to deposits of leukemia in the spleen as a result of the spleen filtering the blood.
<p>PH10</p> <p style="text-align: center;">Is the diagnosis B-cell chronic lymphocytic leukemia/small lymphocytic lymphoma AND the peripheral blood and flow cytometry are negative or unknown and you cannot verify that the disease originated in the bone marrow?</p> <p style="text-align: center;">NO</p> <p style="text-align: center;">(Next Page)</p>	<p>YES</p> <p>Code to site of origin (lymph node, lymphoid tissue, or organ)</p>	<p>Code to small B lymphocytic lymphoma (9670/3)</p>	<ol style="list-style-type: none"> 1. Do not simply code the site of a biopsy; use the information available from scans to determine the correct primary site. See Modules 1 and 6 for more information on coding primary site for lymphoma. 2. See Appendix C for help in identifying lymph node regions and codes. 3. In early stages of this lymphoma (Stage I, Stage II), only lymph nodes are involved. In later stages (Stage III, Stage IV) there may be involvement of the liver, spleen and/or bone marrow. 4. Small lymphocytic lymphoma is characterized by negative peripheral blood involvement (an absolute lymphocyte count <=9000 on repeat(CDC)).

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2010 Hematopoietic and Lymphoid Neoplasms Case Reportability and Coding Manual

Primary Site and Histology Coding Rules - Flowchart Hematopoietic and Lymphoid Neoplasms

Use the Primary Site and Histology Rules **before** using the Hematopoietic DB.
 Note 1: ICDA-CM and ICD-O-3 have separate codes for leukemia and lymphoma.
 Note 2: Commonly lymphomas are located in lymph node regions (i.e., nodes or organs) although it will metastasize to the bone marrow when the disease is stage IV or disseminated.
 Note 3: Commonly leukemias originate in the bone marrow.

MODULE 3: Lymphoma/Leukemia <small>(Specific neoplasms that can manifest as leukemia or as lymphoma) (9670/3, 9687/3, 9727/3, 9728/3, 9729/3, 9823/3, 9826/3, 9835/3, 9836/3, 9837/3)</small>	PRIMARY SITE	HISTOLOGY	NOTES and EXAMPLES
<p style="text-align: center;">PH0PH12</p> <p>PH11</p> <p style="text-align: center;">Is blowly involvement bone marrow AND the diagnosis is:</p>	<p>YES</p> <p>Code to</p>	<p>Code to the respective</p>	<ol style="list-style-type: none"> 1. Leukemia most commonly originates in the bone marrow. When only the bone marrow is involved, code as leukemia.

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Hematopoietic and Lymphoid Neoplasms - Flowchart

Primary Site and Histology Coding Rules - Flowchart

2010 Hematopoietic and Lymphoid Neoplasms ICD-10-CM Coding Manual

Module 3: Lymphoid Neoplasms

Flowchart Decision Points:

- Is there any evidence of bone marrow involvement?
 - NO: Code to bone marrow (C84.0)
 - YES: Code to the site of origin (lymph node, spleen, or organ)
- Is there any evidence of lymph node involvement?
 - NO: Code to the site of origin (lymph node, spleen, or organ)
 - YES: Code to the site of origin (lymph node, spleen, or organ)

Flowchart Decision Points:

- Is there any evidence of bone marrow involvement?
 - NO: Code to bone marrow (C84.0)
 - YES: Code to the site of origin (lymph node, spleen, or organ)
- Is there any evidence of lymph node involvement?
 - NO: Code to the site of origin (lymph node, spleen, or organ)
 - YES: Code to the site of origin (lymph node, spleen, or organ)

Table: Primary Site and Histology Coding Rules

MODULE 3: LYMPHOID NEOPLASMS	PRIMARY SITE	HISTOLOGY	NOTES and EXAMPLES
<p>PH11</p> <p>Is there any evidence of bone marrow involvement AND the diagnosis is:</p> <ul style="list-style-type: none"> • B-cell hairy-cell leukemia (C82.0) or • Precursor cell lymphoblastic leukemia (C90.0-0) or • Precursor B-cell lymphoblastic leukemia/lymphoma (C92.0-0) or • T-lymphoblastic lymphoma/leukemia (C92.1-0) 	Code to bone marrow (C84.0)	Code to the respective histology from the list	<ol style="list-style-type: none"> ...contains most criteria for diagnosis in the bone marrow. When only the bone marrow is involved, code as leukemia. Do not change primary site code because the spleen is involved with leukemia; this criterion refers to diagnosis of leukemia in the spleen as a result of the spleen filtering the blood.
<p>PH12</p> <p>Is there any evidence of lymph node, spleen or organ involvement AND the diagnosis is:</p> <ul style="list-style-type: none"> • B-cell lymphoma, NOS (C82.1-2) or • B-cell plasmacytoid lymphoma, NOS (C82.3-4) or • Precursor B-cell lymphoblastic leukemia/lymphoma (C92.0-0) or • Precursor T-cell lymphoblastic leukemia/lymphoma (C92.1-0) 	Code to the site of origin (lymph node, spleen, or organ)	Code to the respective histology from the list	<ol style="list-style-type: none"> DO NOT simply code the site of origin; use the information available from exams to determine the correct primary site. See Modules 1 and 2 for more information on coding primary site for lymphoma. See Appendix C for help in identifying lymph node regions, and codes. In early stages of this lymphoma (Stage I Stage II), only lymph nodes are involved. In later stages (Stage III, Stage IV) there may be involvement of the liver, spleen and/or bone marrow.

When this module does not apply to the case being abstracted, go to Module 8.

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Bookmarks

- lymphoblastic leukemia/lymphoma
- Precursor B-cell lymphoblastic lymphoma, NOS 9728/3
- Precursor T-cell lymphoblastic lymphoma, NOS 9729/3
- Small B lymphocytic lymphoma 9670/3
- lymphoblastic leukemia/lymphoma 9670/3
- Module 4: Preleukemia, Smoldering leukemia, and Myelodysplastic
- Module 5: Myeloid neoplasms

2010 Hematopoietic and Lymphoid Neoplasm Case Reportability and Coding Manual

Primary Site and Histology Coding Rules - Flowchart Hematopoietic and Lymphoid Neoplasm

Use the Primary Site and Histology Rules **before** using the Hematopoietic DB.
 Note 1: ICD-9-CM and ICD-10 have separate codes for leukemia and lymphoma.
 Note 2: Commonly lymphomas originate in lymph nodes (regional, tissue, or organ) although it will sometimes be the bone marrow when the disease is stage IV or disseminated.
 Note 3: Commonly leukemia originates in the bone marrow.

MODULE 3: Lymphoma/Leukemia (Specific neoplasms that can manifest as leukemia or as lymphoma) (9670/3, 9671/3, 9727/3, 9728/3, 9729/3, 9823/3, 9826/3, 9836/3, 9839/3, 9871/3)	PRIMARY SITE	HISTOLOGY	NOTES and EXAMPLES
PH11 Is there involvement of bone marrow AND the diagnosis is: • Burkitt cell leukemia (9828/3) or • Precursor cell lymphoblastic leukemia, NOS (9639/3) or • Precursor B-cell lymphoblastic leukemia/lymphoma (9670/3), or • T lymphoblastic leukemia/lymphoma (9671/3)?	Code to bone marrow (C42.9)	Code to the respective histology from the list	1. Leukemia most commonly originates in the bone marrow. When only the bone marrow is involved, code as leukemia. 2. Do not change primary site code because the spleen is involved with leukemia. The infiltrate refers to deposits of leukemia in the spleen as a result of the spleen filtering the blood.
PH12 Is there involvement of lymph nodes, tissue, or organ AND the diagnosis is Burkitt lymphoma/leukemia or: • Burkitt lymphoma, NOS (9671/3) or • Blastoid plasmacytoid dendritic cell neoplasm, NOS (9727/3) or • Precursor B-cell lymphoblastic lymphoma (9728/3) or • Precursor T-cell lymphoblastic lymphoma (9729/3)?	Code to the site of origin (lymph node, regional, tissue, or organ)	Code to the respective histology from the list	1. Do not simply code the site of a biopsy; use the information available from labwork to determine the correct primary site. See Modules 1 and 7 for more information on coding primary site for lymphoma. 2. See Appendix C for help in identifying lymph node regions, and codes. 3. In early stages of this lymphoma (Stage I, Stage II), only lymph nodes are involved. In later stages (Stage III, Stage IV) there may be involvement of the liver, spleen and/or bone marrow.
When this module does not apply to the case being abstracted, go to Module 5.			

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2010 Hematopoietic and Lymphoid Neoplasm Case Reportability and Coding Manual

Primary Site and Histology Coding Rules - Flowchart Hematopoietic and Lymphoid Neoplasm

Use the Primary Site and Histology Rules before using the Hematopoietic DB.

MODULE 4: Preleukemia, Smoldering Leukemia

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- B-cell lymphoblastic leukemia/lymphoma
- Precursor B-cell lymphoblastic lymphoma, NOS 9728/3
- Precursor T-cell lymphoblastic lymphoma, NOS 9729/3
- Small B lymphocytic lymphoma 9670/3
- T lymphoblastic leukemia/lymphoma 9670/3
- Module 1: Pre leukemia, Smoldering leukemia, and Myelocystastic
- Module 5:

2010 Hematopoietic and Lymphoid Neoplasms Case Reportability and Coding Manual

Primary Site and Histology Coding Rules - Flowchart Hematopoietic and Lymphoid Neoplasms

Use the Primary Site and Histology Rules before using the Hematopoietic DB.

Note 1: ICD-O-3B and ICD-O have separate codes for leukemia and lymphoma. Note 2: Use the appropriate neoplasm as lymphoma, leukemia, or myeloid leukemia. Note 3: Commonly leukemia originates in the bone marrow.

MODULE 2: Lymphoma/Leukemia (Specific neoplasms that can occur as leukemia or as lymphoma) 8447/3, 8447/4, 8770/3, 8770/4, 8770/5, 8770/6, 8770/7, 8770/8, 8770/9, 8770/0	PRIMARY SITE	HISTOLOGY	NOTES and EXAMPLES
<p>PH11</p> <p>Is there involvement of bone marrow AND the diagnosis is:</p> <ul style="list-style-type: none"> Burkitt's lymphoma (9728/0) or Precursor B-cell lymphoblastic lymphoma (9728/3) or Precursor T-cell lymphoblastic lymphoma (9729/3) <p>NO</p> <p>Code to the bone marrow (C42.0)</p> <p>Go to the respective histology from the list.</p> <p>1. ...secondary involvement originates in the bone marrow. Although the bone marrow is involved, code as leukemia.</p> <p>2. Do not change primary site code based on the spleen if involved with leukemia. The infiltration refers to deposits of leukemia in the spleen as a result of the neoplasm in the blood.</p>			
<p>PH12</p> <p>Is there involvement of lymph nodes, spleen or testes AND the diagnosis is Burkitt's lymphoma/leukemia or:</p> <ul style="list-style-type: none"> Burkitt's lymphoma, NOS (8070/2) or Small lymphocytic lymphoma, NOS (9670/3) or Precursor B-cell lymphoblastic lymphoma (9728/3) or Precursor T-cell lymphoblastic lymphoma (9729/3) <p>YES</p> <p>Code to the site of origin (lymph node, regional, tissue, or organ)</p> <p>Go to the respective histology from the list.</p> <p>1. Do not change the site of a stage 1 stage 2 or 3 unless available from source is determined without pathologic information on coding primary site for lymphoma.</p> <p>2. See Appendix C for help in identifying lymph node regions, and organs.</p> <p>3. In early stages of this lymphoma stage 1 stage 2, only lymph nodes are involved. In later stages (Stage II, Stage III) there may be involvement of the liver, spleen, and/or bone marrow.</p>			

When this module does not apply to the case being abstracted, go to Module 5.

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2010 Hematopoietic and Lymphoid Neoplasms Case Reportability and Coding Manual

Primary Site and Histology Coding Rules - Flowchart Hematopoietic and Lymphoid Neoplasms

Use the Primary Site and Histology Rules before using the Hematopoietic DB.

MODULE 5: Preleukemia, Smoldering Leukemia

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 - Precursor B-cell lymphoblastic leukemia/lym

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Primary Site and Histology Coding Rules - Flowchart Hematopoietic and Lymphoid Neoplasm

Use the Primary Site and Histology Rules **before** using the Hematopoietic DB.
 Note 1: ICD-9-CM and ICD-10 have separate codes for leukemia and lymphoma.
 Note 2: Commonly lymphomas originate in lymph nodes, spleen, or organs.
 Note 3: Commonly leukemia originates in the bone marrow.

MODULE 3: Lymphoma/Leukemia (Specific neoplasms that can manifest as leukemia or as lymphoma) (9670/3, 9687/3, 9727/3, 9728/3, 9729/3, 9823/3, 9826/3, 9826/3, 9826/3, 9826/3, 9827/3)	PRIMARY SITE	HISTOLOGY	NOTES AND EXAMPLES
PH11 Is there involvement of bone marrow AND the diagnosis is: • Burkitt cell leukemia (9826/3) or • Precursor cell lymphoblastic leukemia, NOS (9687/3) or • Precursor B-cell lymphoblastic leukemia/lymphoma (9826/3) or • T lymphoblastic leukemia/lymphoma (9827/3)?	Code to bone marrow (C42.9)	Code to the respective histology from the list	1. Leukemia most commonly originates in the bone marrow. When only the bone marrow is involved, code as leukemia. 2. Do not change primary site code because the spleen is involved with leukemia. The infiltrate refers to deposits of leukemia in the spleen as a result of the spleen filtering the blood.
PH12 Is there involvement of lymph nodes, tissue, or organs AND the diagnosis is Burkitt lymphoma/leukemia or: • Burkitt lymphoma, NOS (9687/3) or • Blastoid plasmacytoid dendritic cell neoplasm, NOS (9727/3) or • Precursor B-cell lymphoblastic lymphoma (9728/3) or • Precursor T-cell lymphoblastic lymphoma (9729/3)?	Code to the site of origin (lymph node, region(s), tissue, or organ)	Code to the respective histology from the list	1. Do not simply code the site of a biopsy; use the information available from labwork to determine the correct primary site. See Modules 1 and 7 for more information on coding primary site for lymphoma. 2. See Appendix C for help in identifying lymph node regions, and codes. 3. In early stages of this lymphoma (Stage I, Stage II), only lymph nodes are involved. In later stages (Stage III, Stage IV) there may be involvement of the liver, spleen and/or bone marrow.

When this module does not apply to the case being abstracted, go to Module 5.

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2010 Hematopoietic and Lymphoid Neoplasm Case Reportability and Coding Manual

Primary Site and Histology Coding Rules - Flowchart Hematopoietic and Lymphoid Neoplasm

Use the Primary Site and Histology Rules **before** using the Hematopoietic DB.

MODULE 4: Preleukemia, Smoldering Leukemia

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- Primary Site and Histology Coding Rules Text Format
- Grade of Tumor Rules Text Format

2010 Hematopoietic and Lymphoid Neoplasm Case Reportability and Coding Manual

Primary Site and Histology Coding Rules - Flowchart Hematopoietic and Lymphoid Neoplasm

Use the Primary Site and Histology Rules **before** using the Hematopoietic DB.
 Note 1: ICD-9-CM and ICD-10 have separate codes for leukemia and lymphoma.
 Note 2: Commonly lymphomas originate in lymph nodes, spleen, or organs.
 Note 3: Commonly leukemia originates in the bone marrow.

MODULE 3: Lymphoma/Leukemia (Specific neoplasms that can manifest as leukemia or as lymphoma) (96703, 96813, 97273, 97283, 97293, 98233, 98263, 98363, 98393, 98373)	PRIMARY SITE	HISTOLOGY	NOTES and EXAMPLES
<p>PH11</p> <p>Is there involvement of bone marrow AND the diagnosis is:</p> <ul style="list-style-type: none"> Burkitt cell leukemia (98283) or Precursor cell lymphoblastic leukemia, NOS (96363) or Precursor B-cell lymphoblastic leukemia/lymphoma (96363) or T lymphoblastic leukemia/lymphoma (98373)? <p>YES → Code to bone marrow (C42.9)</p> <p>NO →</p>	Code to bone marrow (C42.9)	Code to the respective histology from the list	<p>1. Leukemia most commonly originates in the bone marrow. When only the bone marrow is involved, code as leukemia.</p> <p>2. Do not change primary site code because the spleen is involved with leukemia. The infiltrate refers to deposits of leukemia in the spleen as a result of the spleen filtering the blood.</p>
<p>PH12</p> <p>Is there involvement of lymph nodes, tissue, or organs AND the diagnosis is Burkitt lymphoma/leukemia or:</p> <ul style="list-style-type: none"> Burkitt lymphoma, NOS (96813) or Blastic plasmacytoid dendritic cell neoplasm, NOS (97273) or Precursor B-cell lymphoblastic lymphoma (97283) or Precursor T-cell lymphoblastic lymphoma (97293)? <p>YES → Code to the site of origin (lymph node, region(s), tissue, or organ)</p> <p>NO →</p>	Code to the site of origin (lymph node, region(s), tissue, or organ)	Code to the respective histology from the list	<p>1. Do not simply code the site of a biopsy; use the information available from labwork to determine the correct primary site. See Modules 1 and 7 for more information on coding primary site for lymphoma.</p> <p>2. See Appendix C for help in identifying lymph node regions, and codes.</p> <p>3. In early stages of this lymphoma (Stage I, Stage II), only lymph nodes are involved. In later stages (Stage III, Stage IV) there may be involvement of the liver, spleen and/or bone marrow.</p>

When this module does not apply to the case being abstracted, go to Module 5.

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2010 Hematopoietic and Lymphoid Neoplasm Case Reportability and Coding Manual

Primary Site and Histology Coding Rules - Flowchart Hematopoietic and Lymphoid Neoplasm

Use the Primary Site and Histology Rules **before** using the Hematopoietic DB.

MODULE 4: Preleukemia, Smoldering Leukemia

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- Primary Site and Histology Coding Rules Text Format
- Grade of Tumor Rules Text Format

2010 Hematopoietic and Lymphoid Neoplasms Case Reportability and Coding Manual

Primary Site and Histology Coding Rules - Flowchart Hematopoietic and Lymphoid Neoplasms

Use the Primary Site and Histology Rules before using the Hematopoietic DB.

Note 1: ICD-O-3B and ICD-O have separate codes for leukemia and lymphoma. Note 2: Use the appropriate neoplasm as appropriate (e.g., leukemia, lymphoma, or myeloid leukemia) based on morphology, morphology, or other information available in the case report. Note 3: Commonly leukemia originates in the bone marrow.

MODULE 2: Lymphoma/Leukemia (Specific neoplasms that can occur as leukemia or as lymphoma) 8470/3, 8480/3, 8770/3, 8780/3, 8810/3, 8820/3, 8830/3, 8840/3, 8850/3, 8870/3	PRIMARY SITE	HISTOLOGY	NOTES and EXAMPLES
<p>PH11</p> <p>Is there involvement of bone marrow AND the diagnosis is:</p> <ul style="list-style-type: none"> Burkitt's lymphoma (9380/3) or Prolymphocytic leukemia (9390/3) or Prolymphocytic leukemia (9390/3) or Prolymphocytic leukemia (9390/3) or Prolymphocytic leukemia (9390/3) or <p>(800.X:600) (X:0; Y:0)</p>	Code to bone marrow (C42.0)	Code to the respective histology from the list	<ol style="list-style-type: none"> ...secondary involvement originates in the bone marrow. Although the bone marrow is involved, code as leukemia. Do not change primary site code based on the spleen if involved with leukemia. The infiltration refers to deposits of leukemia in the spleen as a result of the neoplasm in the blood.
<p>PH12</p> <p>Is there involvement of lymph nodes, spleen or testes AND the diagnosis is Burkitt's lymphoma/leukemia or:</p> <ul style="list-style-type: none"> Burkitt's lymphoma, NOS (9380/3) or Blastic plasmacytoid dendritic cell leukemia, NOS (9390/3) or Prolymphocytic leukemia (9390/3) or Prolymphocytic leukemia (9390/3) 	Code to the site of origin (lymph node, regional, tissue, or organ)	Code to the respective histology from the list	<ol style="list-style-type: none"> Do not initially code the site of a stage 1 stage 2 neoplasm available from source in determine the correct primary site. See Modules 1 and 2 for information on coding primary site for lymphoma. See Appendix C for help in identifying lymph node regions, and organs. In early stages of this lymphoma stage 1 stage 2, only lymph nodes are involved. In later stages (Stage II, Stage III) there may be involvement of the liver, spleen, and/or bone marrow.

When this module does not apply to the case being abstracted, go to Module B.

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2010 Hematopoietic and Lymphoid Neoplasms Case Reportability and Coding Manual

Primary Site and Histology Coding Rules - Flowchart Hematopoietic and Lymphoid Neoplasms

Use the Primary Site and Histology Rules before using the Hematopoietic DB.

MODULE 2: Prolymphocytic Leukemia/Leukemia

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2010 Hematopoietic and Lymphoid Neoplasm Case Reportability and Coding Manual

Primary Site and Histology Coding Rules - Flowchart Hematopoietic and Lymphoid Neoplasm

Use the Primary Site and Histology Rules **before** using the Hematopoietic DB.
 Note 1: ICD-9-CM and ICD-10 have separate codes for leukemia and lymphoma.
 Note 2: Commonly lymphomas originate in lymph nodes, spleen, or organs although it will metastasize to the bone marrow when the disease is stage IV or disseminated.
 Note 3: Commonly leukemia originates in the bone marrow.

MODULE 3: Lymphoma/Leukemia (Specific neoplasms that can manifest as leukemia or as lymphoma) (96703, 96813, 97273, 97283, 97293, 98233, 98263, 98363, 98393, 98373)	PRIMARY SITE	HISTOLOGY	NOTES AND EXAMPLES
<p>PH11</p> <p>Is there involvement of bone marrow AND the diagnosis is:</p> <ul style="list-style-type: none"> Burkitt cell leukemia (98283) or Precursor cell lymphoblastic leukemia, NOS (96363) or Precursor B-cell lymphoblastic leukemia/lymphoma (98363) or T lymphoblastic leukemia/lymphoma (98373)? <p>YES</p> <p>Code to bone marrow (C42.9)</p> <p>Code to the respective histology from the list</p> <p>1. Leukemia most commonly originates in the bone marrow. When only the bone marrow is involved, code as leukemia. 2. Do not change primary site code because the spleen is involved with leukemia. The infiltrate refers to deposits of leukemia in the spleen as a result of the spleen filtering the blood.</p>			
<p>PH12</p> <p>Is there involvement of lymph nodes, tissue, or organs AND the diagnosis is Burkitt lymphoma/leukemia or:</p> <ul style="list-style-type: none"> Burkitt lymphoma, NOS (96813) or Blastic plasmacytoid dendritic cell neoplasm, NOS (97273) or Precursor B-cell lymphoblastic lymphoma (97283) or Precursor T-cell lymphoblastic lymphoma (97293)? <p>YES</p> <p>Code to the site of origin (lymph node, regional, tissue, or organ)</p> <p>Code to the respective histology from the list</p> <p>1. Do not simply code the site of a biopsy; use the information available from labwork to determine the correct primary site. See Modules 1 and 7 for more information on coding primary site for lymphoma. 2. See Appendix C for help in identifying lymph node regions, and codes. 3. In early stages of this lymphoma (Stage I, Stage II), only lymph nodes are involved. In later stages (Stage III, Stage IV) there may be involvement of the liver, spleen and/or bone marrow.</p>			
<p>When this module does not apply to the case being abstracted, go to Module 5.</p>			

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2010 Hematopoietic and Lymphoid Neoplasm Case Reportability and Coding Manual

Primary Site and Histology Coding Rules - Flowchart Hematopoietic and Lymphoid Neoplasm

Use the Primary Site and Histology Rules **before** using the Hematopoietic DB.

MODULE 4: Preleukemia, Smoldering Leukemia

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Primary Site and Histology Coding Rules - Flowchart Hematopoietic and Lymphoid Neoplasm
Use the Primary Site and Histology Rules before using the Hematopoietic DR.

MODULE 4: Preleukemia, Smoldering Leukemia and Myelodysplastic Syndrome (9988/3)	PRIMARY SITE	HISTOLOGY	NOTES and EXAMPLES
PH13 Is the diagnosis preleukemia, smoldering leukemia, or myelodysplastic syndrome?	Code to bone marrow (C42.1)	Code to myelodysplastic syndrome (9988/3)	
When this module does not apply to the case being abstracted, go to Module 6.			
MODULE 5: Myeloid Neoplasms (9861/3, 9920/3) PH14/PH15	PRIMARY SITE	HISTOLOGY	NOTES and EXAMPLES
PH14 Is the diagnosis myeloid neoplasm or acute myeloid leukemia, NOS AND the involvement is limited to bone marrow?	Code to bone marrow (C42.1)	Code to acute myeloid leukemia, NOS (9861/3)	Do not change primary site code because the spleen is involved with infiltrate. The infiltrate refers to deposits of leukemia in the spleen as a result of the spleen filtering the blood.
PH15 Is the diagnosis myeloid neoplasm or myeloid sarcoma AND the neoplasm originates in a site other than bone marrow?	Code to site of origin (lymph node, regional, tissue, or organ)	Code to myeloid sarcoma (9850/3)	1. Most common sites are skin, lymph node(s), GI tract, bone, soft tissue, and testis. This neoplasm however, can occur in almost every site of the body other than bone. <u>Lobes not</u> originate in bone marrow. 2. See Appendix C for help in identifying lymph node names, chains, and codes.
For information on coding primary site for lymphomas go to Modules 4 and 7. When this module does not apply to the case being abstracted, go to Module 6.			

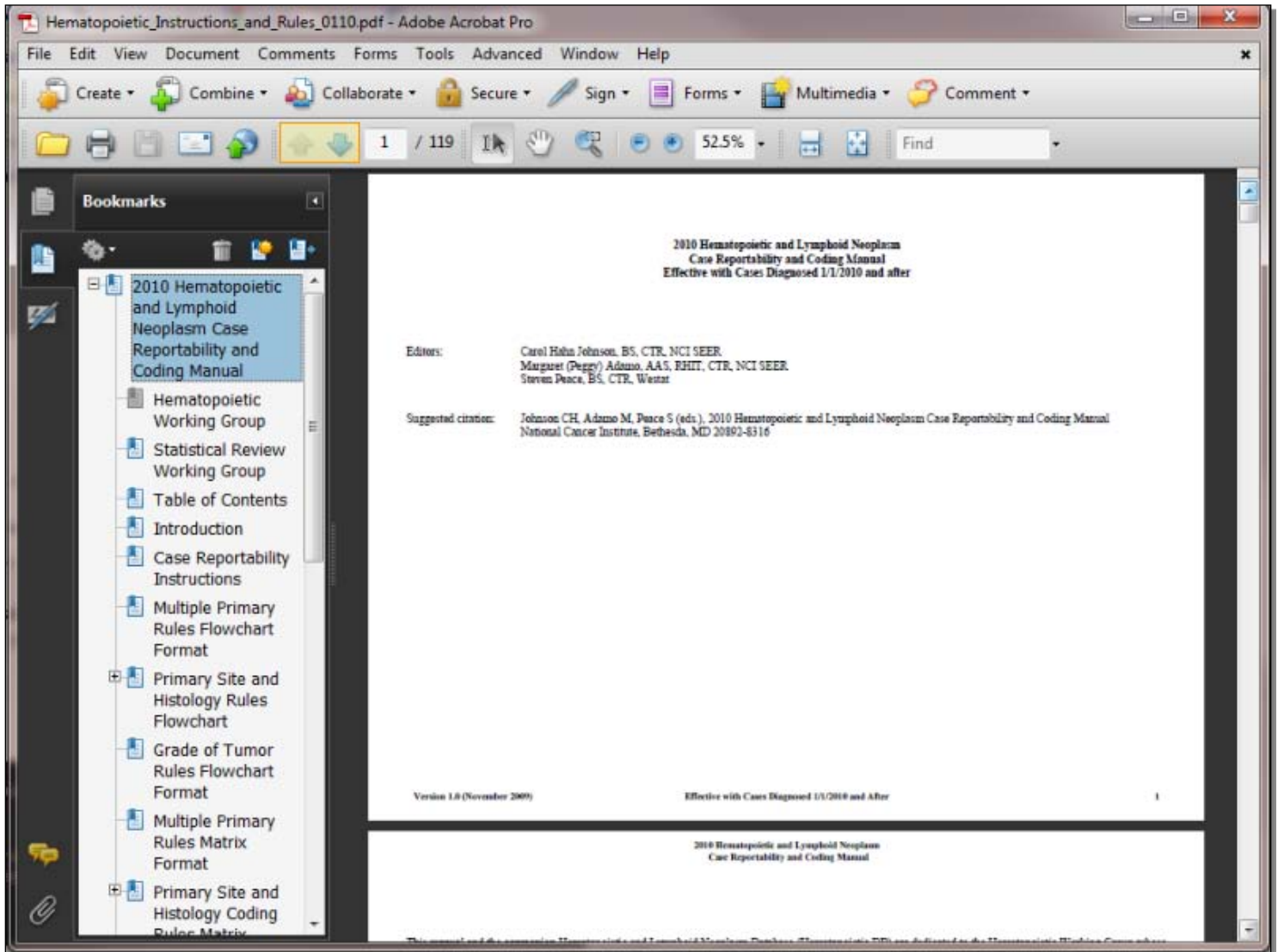
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This manual and the companion Hematopoietic and Lymphoid Neoplasm Database (Hematopoietic DB) are dedicated to the Hematopoietic Working Group whose tireless efforts have made this project a success. We also dedicate these new cancer reporting tools to the hard-working cancer registrars across the world who meticulously identify, abstract and code cancer data, and are the foundation for statewide, provincial, territorial, national, and international cancer surveillance programs which support cancer prevention and cancer control efforts worldwide. We also wish to recognize the assistance, support and significant contributions of the Statistical Review Working Group.

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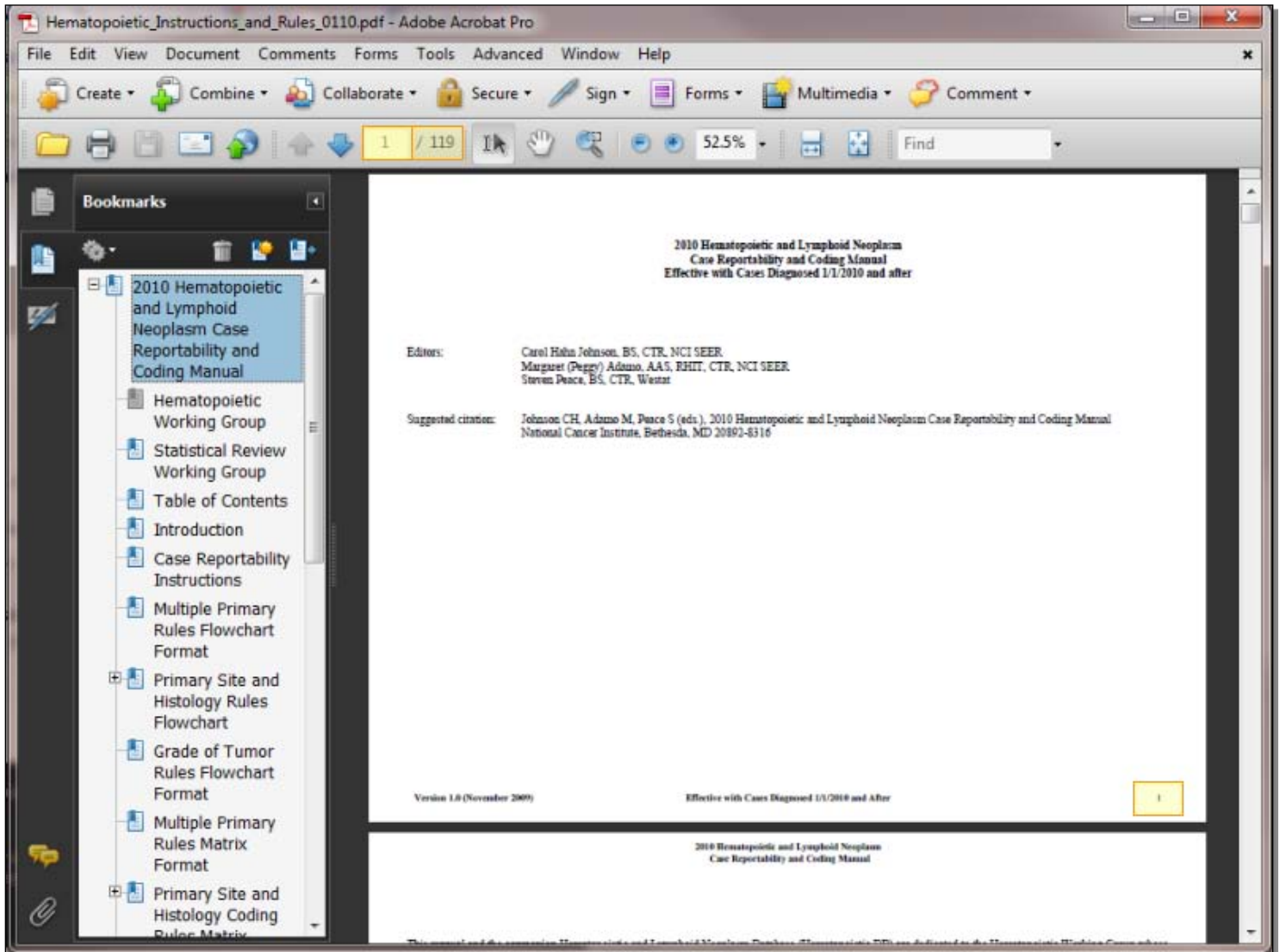
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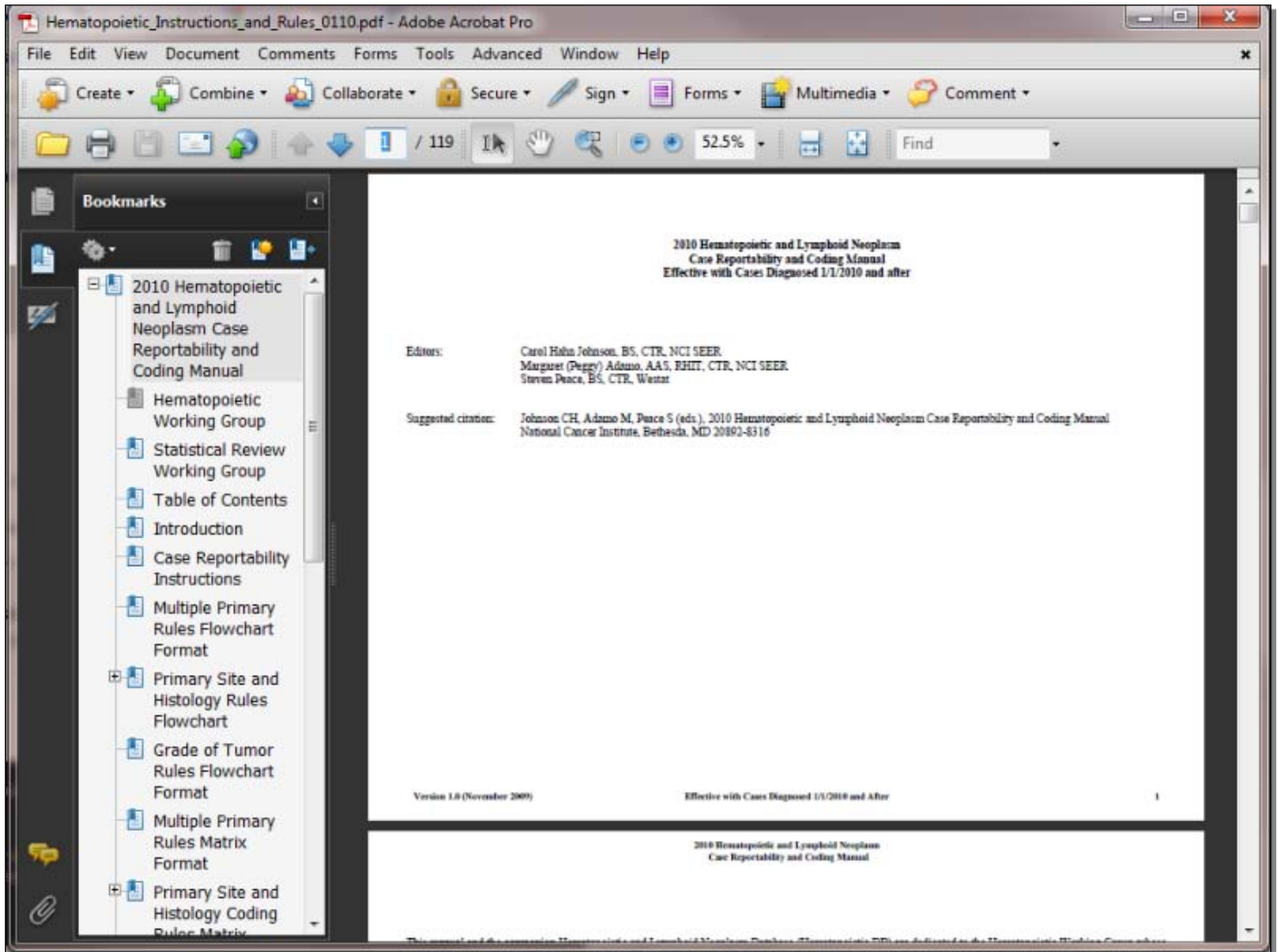
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Rule	Histology	Other	Code	Notes / Examples
				biopsy, use the information available from scans to determine the correct primary site. See Modules 1 and 2 for more information on coding primary site for lymphomas. Note 3: See Appendix C for help in identifying lymph node names, chains, regions, and codes. Note 4: Commonly lymphomas originate in lymph nodes, tissue, or organ(s) although they may metastasize to the bone marrow when the disease is stage IV/disseminated. If nodes, tissue, or organ are involved at the time of diagnosis, code as a lymphoma.
PH17	<ul style="list-style-type: none"> Diffuse follicular lymphoma OR Follicular lymphoma, diffuse 		<ol style="list-style-type: none"> Primary site to the site of origin (lymph node region(s), tissue, or organ) Histology follicular (see examples) 	<p>Example 1: Diffuse follicular lymphoma, grade 1. Code follicular lymphoma, grade 1 (9691/3)</p> <p>Example 2: Follicular lymphoma, diffuse, grade 1. Code follicular lymphoma grade 1 (9691/3)</p> <p>Example 3: Grade 3 follicular lymphoma, diffuse. Code follicular lymphoma, grade 3 (9691/3)</p> <p>Example 4: Follicular lymphoma, diffuse. Code follicular lymphoma, NOS (9691/3)</p>
PH18	<ul style="list-style-type: none"> Follicle cell lymphoma (9697/3) OR B-cell lymphoma, follicle type 	Involvement is limited to <ul style="list-style-type: none"> skin OR skin and regional lymph node 	<ol style="list-style-type: none"> Primary site to skin (C44_) Histology follicle cell lymphoma (9697/3) 	Note: If there is involvement of lymph nodes that are not regional for the skin site involved, or involvement of bone marrow or organ(s), do not code follicle cell lymphoma and do not code skin as the primary site. Dissemination to other sites or distant lymph nodes is uncommon and would occur late in the stage of the disease.
PH19	<ul style="list-style-type: none"> Large B-cell lymphoma OR B-cell lymphoma, large cell type 	Involvement is limited to <ul style="list-style-type: none"> skin OR skin and regional lymph node 	<ol style="list-style-type: none"> Primary site to skin (C44_) Histology B-cell lymphoma, NOS (9680/3) 	Note: If there is involvement of lymph nodes that are not regional for the skin site involved, or involvement of bone marrow or organ(s), do not code skin as the primary site.
PH20	B-cell lymphoma, NOS	Involvement is limited to <ul style="list-style-type: none"> skin OR skin and regional lymph node 	<ol style="list-style-type: none"> Primary site to skin (C44_) Histology B-cell lymphoma, NOS (9680/3) 	Note: If there is involvement of lymph nodes that are not regional for the skin site involved, or involvement of bone marrow or organ(s), do not code skin as the primary site.
PH21	Both Hodgkin and non-Hodgkin in same lymph node		<ol style="list-style-type: none"> Primary site to the site of origin (lymph node region(s), tissue, or organ) Histology composite lymphoma (9696/3) 	Note: Use the composite lymphoma code when: <ul style="list-style-type: none"> Both NHL and HL are present in one

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Rule	Histology	Other	Code	Notes / Examples
	region(s), tissue, or organ			lymph node or multiple lymph nodes in one lymph node region. Both NHL and HL are present in multiple lymph nodes in one lymph node region or several lymph node regions as defined by

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Rule	Histology	Other	Code	Notes / Examples
				biopsy, use the information available from scans to determine the correct primary site. See Modules 1 and 2 for more information on coding primary site for lymphomas. Note 3: See Appendix C for help in identifying lymph node names, chains, regions, and codes. Note 4: Commonly lymphomas originate in lymph nodes, tissue, or organ(s) although they may metastasize to the bone marrow when the disease is stage IV/disseminated. If nodes, tissue, or organ are involved at the time of diagnosis, code as a lymphoma.
PH17	<ul style="list-style-type: none"> Diffuse follicular lymphoma OR Follicular lymphoma, diffuse 		<ol style="list-style-type: none"> Primary site to the site of origin (lymph node region(s), tissue, or organ) Histology follicular (see examples) 	<p>Example 1: Diffuse follicular lymphoma, grade 1. Code follicular lymphoma, grade 1 (9691/3)</p> <p>Example 2: Follicular lymphoma, diffuse, grade 1. Code follicular lymphoma grade 1 (9691/3)</p> <p>Example 3: Grade 3 follicular lymphoma, diffuse. Code follicular lymphoma, grade 3 (9691/3)</p> <p>Example 4: Follicular lymphoma, diffuse. Code follicular lymphoma, NOS (9691/3)</p>
PH18	<ul style="list-style-type: none"> Follicle cell lymphoma (9697/3) OR B-cell lymphoma, follicle type 	Involvement is limited to: <ul style="list-style-type: none"> skin OR skin and regional lymph node 	<ol style="list-style-type: none"> Primary site to skin (C44_) Histology follicle cell lymphoma (9697/3) 	Note: If there is involvement of lymph nodes that are not regional for the skin site involved, or involvement of bone marrow or organ(s), do not code follicle cell lymphoma and do not code skin as the primary site. Dissemination to other sites or distant lymph nodes is uncommon and would occur late in the stage of the disease.
PH19	<ul style="list-style-type: none"> Large B-cell lymphoma OR B-cell lymphoma, large cell type 	Involvement is limited to: <ul style="list-style-type: none"> skin OR skin and regional lymph node 	<ol style="list-style-type: none"> Primary site to skin (C44_) Histology B-cell lymphoma, NOS (9680/3) 	Note: If there is involvement of lymph nodes that are not regional for the skin site involved, or involvement of bone marrow or organ(s), do not code skin as the primary site.
PH20	B-cell lymphoma, NOS	Involvement is limited to: <ul style="list-style-type: none"> skin OR skin and regional lymph node 	<ol style="list-style-type: none"> Primary site to skin (C44_) Histology B-cell lymphoma, NOS (9680/3) 	Note: If there is involvement of lymph nodes that are not regional for the skin site involved, or involvement of bone marrow or organ(s), do not code skin as the primary site.
PH21	Both Hodgkin and non-Hodgkin in same lymph node		<ol style="list-style-type: none"> Primary site to the site of origin (lymph node region(s), tissue, or organ) Histology composite lymphoma (9696/3) 	Note: Use the composite lymphoma code when: <ul style="list-style-type: none"> Both NHL and HL are present in one

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Rule	Histology	Other	Code	Notes / Examples
	region(s), tissue, or organ			lymph node or multiple lymph nodes in one lymph node region. Both NHL and HL are present in multiple lymph nodes in one lymph node region or several lymph node regions as defined by

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The screenshot shows the Adobe Acrobat Pro interface. The main window displays a PDF document titled "2010 Hematopoietic and Lymphoid Neoplasm Case Reportability and Coding Manual". A "Show/Hide Toolbars" menu is open, showing options like "First Page", "Previous Page", "Next Page", "Last Page", "Page Number", "Previous View", "Next View", "Show All Tools", "Reset Toolbar", and "More Tools...". The "Previous View" option is highlighted.

The document content includes a table with the following structure:

Code	Notes / Examples
PH18	<ul style="list-style-type: none"> Follicle cell lymphoma (9597/3) OR B-cell lymphoma, follicle type <p>Involvement is limited to:</p> <ul style="list-style-type: none"> skin OR skin and regional lymph node <p>1. Primary site to skin (C44_)</p> <p>2. Histology follicle cell lymphoma (9597/3)</p> <p>Note: If there is involvement of lymph nodes that are not regional for the skin site involved, or involvement of bone marrow or organ(s), do not code follicle cell lymphoma and do not code skin as the primary site. Discontinuation to other sites or distant lymph nodes is uncommon and would occur late in the stage of the disease.</p>
PH19	<ul style="list-style-type: none"> Large B-cell lymphoma OR B-cell lymphoma, large cell type <p>Involvement is limited to:</p> <ul style="list-style-type: none"> skin OR skin and regional lymph node <p>1. Primary site to skin (C44_)</p> <p>2. Histology B-cell lymphoma, NOS (9680/3)</p> <p>Note: If there is involvement of lymph nodes that are not regional for the skin site involved, or involvement of bone marrow or organ(s), do not code skin as the primary site.</p>
PH20	<ul style="list-style-type: none"> B-cell lymphoma, NOS <p>Involvement is limited to:</p> <ul style="list-style-type: none"> skin OR skin and regional lymph node <p>1. Primary site to skin (C44_)</p> <p>2. Histology B-cell lymphoma, NOS (9680/3)</p> <p>Note: If there is involvement of lymph nodes that are not regional for the skin site involved, or involvement of bone marrow or organ(s), do not code skin as the primary site.</p>
PH21	<ul style="list-style-type: none"> Both Hodgkin and non-Hodgkin in same lymph node <p>Involvement is limited to:</p> <ul style="list-style-type: none"> skin OR skin and regional lymph node <p>1. Primary site to the site of origin (lymph node region(s), tissue, or organ)</p> <p>2. Histology composite lymphoma (9596/3)</p> <p>Note: Use the composite lymphoma code when:</p> <ul style="list-style-type: none"> Both NHL and HL are present in one

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Below the table, there is another table with columns: Rule, Hierarchy, Other, Code, and Notes / Examples.

Rule	Hierarchy	Other	Code	Notes / Examples
	region(s), tissue, or organ			<p>lymph node or multiple lymph nodes in one lymph node region.</p> <ul style="list-style-type: none"> Both NHL and HL are present in multiple lymph nodes in one lymph node region or several lymph node regions as defined by

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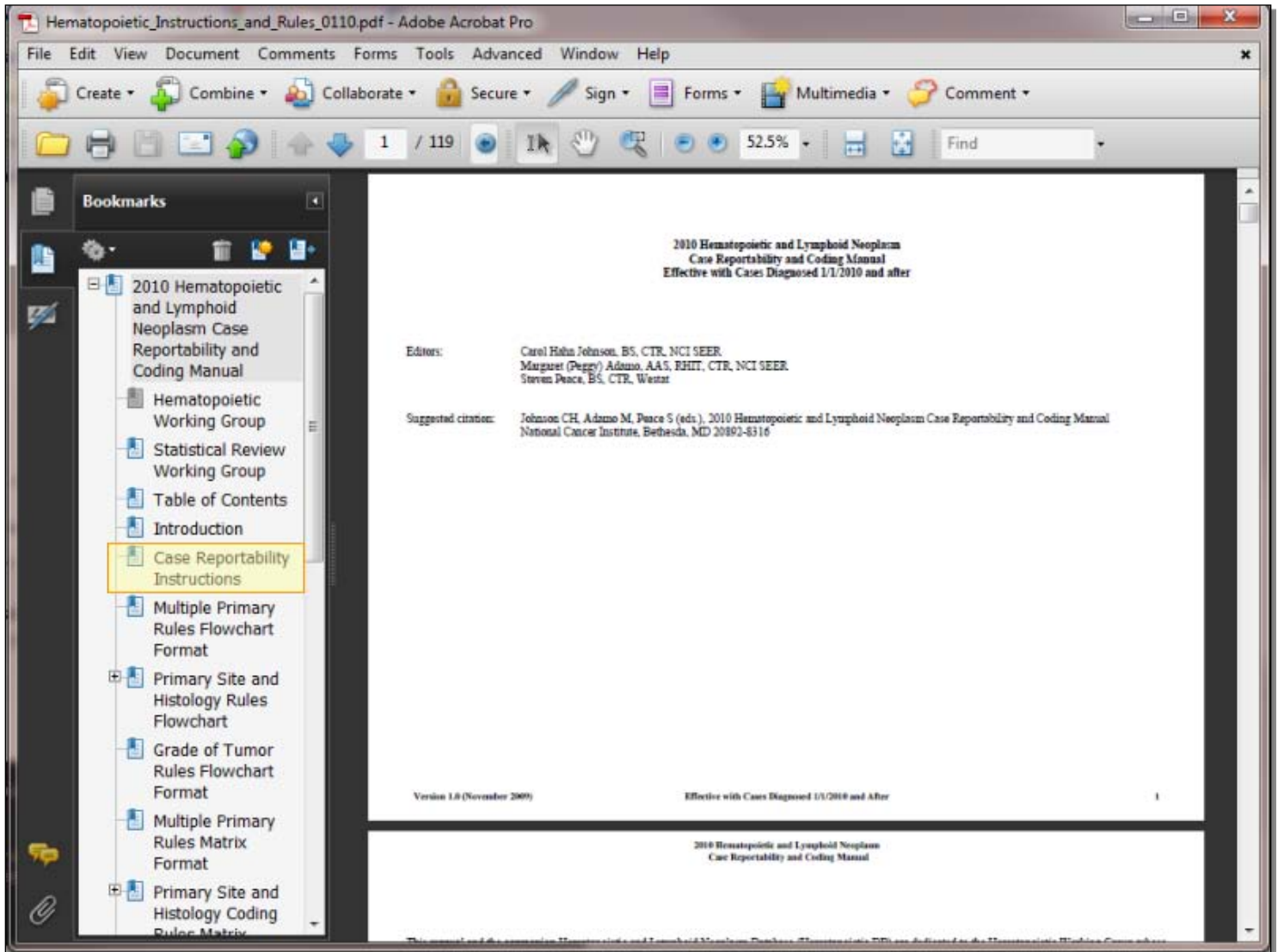
Rule	Histology	Other	Code	Notes / Examples
				biopsy, use the information available from scans to determine the correct primary site. See Modules 1 and 2 for more information on coding primary site for lymphomas. Note 3: See Appendix C for help in identifying lymph node names, chains, regions, and codes. Note 4: Commonly lymphomas originate in lymph nodes, tissue, or organ(s) although they may metastasize to the bone marrow when the disease is stage IV/disseminated. If nodes, tissue, or organ are involved at the time of diagnosis, code as a lymphoma.
PH17	<ul style="list-style-type: none"> Diffuse follicular lymphoma OR Follicular lymphoma, diffuse 		<ol style="list-style-type: none"> Primary site to the site of origin (lymph node region(s), tissue, or organ) Histology follicular (see examples) 	<p>Example 1: Diffuse follicular lymphoma, grade 1. Code follicular lymphoma, grade 1 (9691/3)</p> <p>Example 2: Follicular lymphoma, diffuse, grade 2. Code follicular lymphoma grade 2 (9691/3)</p> <p>Example 3: Grade 3 follicular lymphoma, diffuse. Code follicular lymphoma, grade 3 (9691/3)</p> <p>Example 4: Follicular lymphoma, diffuse. Code follicular lymphoma, NOS (9691/3)</p>
PH18	<ul style="list-style-type: none"> Follicle cell lymphoma (9697/3) OR B-cell lymphoma, follicle type 	Involvement is limited to: <ul style="list-style-type: none"> skin OR skin and regional lymph node 	<ol style="list-style-type: none"> Primary site to skin (C44_) Histology follicle cell lymphoma (9697/3) 	Note: If there is involvement of lymph nodes that are not regional for the skin site involved, or involvement of bone marrow or organ(s), do not code follicle cell lymphoma and do not code skin as the primary site. Dissemination to other sites or distant lymph nodes is uncommon and would occur late in the stage of the disease.
PH19	<ul style="list-style-type: none"> Large B-cell lymphoma OR B-cell lymphoma, large cell type 	Involvement is limited to: <ul style="list-style-type: none"> skin OR skin and regional lymph node 	<ol style="list-style-type: none"> Primary site to skin (C44_) Histology B-cell lymphoma, NOS (9680/3) 	Note: If there is involvement of lymph nodes that are not regional for the skin site involved, or involvement of bone marrow or organ(s), do not code skin as the primary site.
PH20	B-cell lymphoma, NOS	Involvement is limited to: <ul style="list-style-type: none"> skin OR skin and regional lymph node 	<ol style="list-style-type: none"> Primary site to skin (C44_) Histology B-cell lymphoma, NOS (9680/3) 	Note: If there is involvement of lymph nodes that are not regional for the skin site involved, or involvement of bone marrow or organ(s), do not code skin as the primary site.
PH21	Both Hodgkin and non-Hodgkin in same lymph node		<ol style="list-style-type: none"> Primary site to the site of origin (lymph node region(s), tissue, or organ) Histology composite lymphoma (9696/3) 	Note: Use the composite lymphoma code when: <ul style="list-style-type: none"> Both NHL and HL are present in one

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Rule	Histology	Other	Code	Notes / Examples
	region(s), tissue, or organ			lymph node or multiple lymph nodes in one lymph node region. Both NHL and HL are present in multiple lymph nodes in one lymph node region or several lymph node regions as defined by

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Case Reportability Instructions:

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

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 use the National Cancer Institute's Physicians' Data Query (PDQ) website at <http://www.nci.nih.gov/cancerops/pdq/abstracts.htm>

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).

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

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 "suggested" for "presumed" or "equal" for "comparable."

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.

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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).

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.

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

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.

4. Report the case when multiple myeloma, erboria myeloma, early multiple myeloma, indolent multiple myeloma or smoldering multiple myeloma

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PDQ Cancer Information Summaries

The PDQ cancer information summaries are peer-reviewed, evidence-based summaries on topics including adult and pediatric cancer treatment, supportive and palliative care, screening, prevention, genetics, and complementary and alternative medicine. Most of the summaries are available in two different formats:

- Health Professional versions provide detailed information written in technical language and are fully referenced with links to PubMed abstracts.
- Patient versions are written in lay language and include links to the [NCI Dictionary of Cancer Terms](#). Many patient summaries also include illustrations.

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The screenshot shows the PDQ - NCI's Comprehensive Cancer Database website. The browser window title is "PDQ® - NCI's Comprehensive Cancer Database - National Cancer Institute - Mozilla Firefox". The address bar shows "http://www.nci.nih.gov/cancertopics/pdq/cancerdatabase". The page has a red header with the NCI logo and navigation links: "NCI Home", "Cancer Topics", "Clinical Trials", "Cancer Statistics", "Research & Funding", "News", and "About NCI".

The main content area is titled "PDQ® - NCI's Comprehensive Cancer Database" and includes a search bar and a "SEARCH" button. Below the title, there is a "Table of Contents" section with links to "PDQ Cancer Information Summaries", "PDQ Editorial Boards", "NCI Dictionaries", "PDQ Cancer Clinical Trials Registry", and "PDQ Cancer Genetics Services Directory".

The "PDQ Cancer Information Summaries" section describes the database as containing summaries on a wide range of cancer topics, a registry of 8,000+ open and 18,000+ closed cancer clinical trials, and a directory of professionals who provide genetics services. It also mentions the NCI Dictionary of Cancer Terms and the NCI Drug Dictionary.

The "Related Pages" section includes links for "Search for Clinical Trials", "Help Using the NCI Clinical Trials Search Form", and "Search: Cancer Genetics Services Directory".

On the left side, there are "Page Options" (Print This Page, E-Mail This Document), "Quick Links" (Director's Corner, Dictionary of Cancer Terms, NCI Drug Dictionary, Funding Opportunities, NCI Publications, Advisory Boards and Groups, Science Serving People, Español), "Questions about cancer?" (1-800-4-CANCER, LiveHelp online chat), and a "QUIT SMOKING TODAY" banner with a "LEARN MORE" link. Below the banner is an "NCI Highlights" section with a dropdown menu currently set to "Animation".

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http://www.nci.nih.gov/cancertopics/pdq/cancerdatabase

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NCI Highlights

- [Office of Biorepositories and Biospecimen Research](#)
- [The Nation's Investment in Cancer Research FY 2010](#)
- [Report to the Nation Finds Continued Declines in Cancer Rates](#)

PDQ Cancer Information Summaries

The PDQ cancer information summaries are peer-reviewed, evidence-based summaries on topics including adult and pediatric cancer treatment, supportive and palliative care, screening, prevention, genetics, and complementary and alternative medicine. Most of the summaries are available in two different formats:

- Health Professional versions provide detailed information written in technical language and are fully referenced with links to PubMed abstracts.
- Patient versions are written in lay language and include links to the [NCI Dictionary of Cancer Terms](#). Many patient summaries also include illustrations.

Both versions of the summaries are available to health professionals, patients, and the general public as a service of the NCI. Some of the summaries are also available in [Spanish](#).

Adult treatment summaries

The adult treatment summaries provide prognostic and treatment information on the major types of cancer in adults. Summaries are available for over 70 types of cancer, including a number of brief summaries on less common cancers. Health professional versions of the summaries provide detailed information on prognosis, staging, and treatment for each disease; refer to key citations in the literature; and link to abstracts for the citations. All of the PDQ adult treatment summaries are available in patient versions and in [Spanish](#).

Pediatric treatment summaries

The pediatric treatment summaries contain prognostic and treatment information on the major types of cancer in children, as well as information on unusual childhood cancers. Health professional versions of the summaries provide detailed information on prognosis, staging, and treatment for each disease; refer to key citations in the literature; and link to abstracts for the citations. All of the PDQ pediatric treatment summaries are available in patient versions and in [Spanish](#).

Supportive and palliative care summaries

PDQ's supportive and palliative care summaries provide descriptions of the pathophysiology and treatment of common physical and psychosocial complications of cancer and its treatment, such as pain, hypercalcemia, and nausea/vomiting. Each health professional version generally contains an overview, information on etiology, assessment and management, and references to the current literature. All of the PDQ supportive and palliative care summaries are available in patient versions and in [Spanish](#).

Screening/detection summaries

Summaries are available for the following types of cancer: breast, colorectal, endometrial, esophageal, gastric, head and neck, lung, pancreatic, prostate, rectal, renal, skin, stomach, testicular, thyroid, uterine, and vaginal.

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http://www.nci.nih.gov/cancertopics/pdq/adulttreatment

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- [NCI Drug Dictionary](#)
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- [Office of Biorepositories and Biospecimen Research](#)

Treatment summaries for [Pediatric Cancers](#) and summaries about [Complementary and Alternative Medicine](#) are listed on separate pages.

About PDQ
[PDQ® - NCI's Comprehensive Cancer Database](#)
[Levels of Evidence for Adult and Pediatric Cancer Treatment Studies](#)

Alphabetical List of PDQ® Adult Cancer Treatment Summaries

A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

A

- Acute Lymphoblastic Leukemia, Adult
[\(patient\)](#) [\(health professional\)](#)
- Acute Myeloid Leukemia, Adult
[\(patient\)](#) [\(health professional\)](#)
- Adrenocortical Carcinoma
[\(patient\)](#) [\(health professional\)](#)
- AIDS-Related Lymphoma
[\(patient\)](#) [\(health professional\)](#)
- Anal Cancer
[\(patient\)](#) [\(health professional\)](#)

B

- Bile Duct Cancer, Extrahepatic

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Adult Acute Lymphoblastic Leukemia Treatment - National Cancer Institute - Mozilla Firefox

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http://www.nci.nih.gov/cancertopics/pdq/treatment/adultALL/healthprofessional/

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Adult Acute Lymphoblastic Leukemia Treatment (PDQ®)

Patient Version **Health Professional Version** En español

Last Modified: 09/10/2009

► Purpose of This PDQ Summary

General Information
Cellular Classification
Stage Information
Treatment Option Overview
Untreated Adult Acute Lymphoblastic Leukemia
Adult Acute Lymphoblastic Leukemia in Remission
Recurrent Adult Acute Lymphoblastic Leukemia
Get More Information From NCI
Changes to This Summary (09/10/2009)
More Information

Purpose of This PDQ Summary

This PDQ cancer information summary for health professionals provides comprehensive, peer-reviewed, evidence-based information about the treatment of adult acute lymphoblastic leukemia. This summary is reviewed regularly and updated as necessary by the [PDQ Adult Treatment Editorial Board](#).

Information about the following is included in this summary:

- Prognostic factors.
- Cellular classification.
- Staging.
- Treatment options by cancer stage.

This summary is intended as a resource to inform and assist clinicians who care for cancer patients. It does not provide formal guidelines or recommendations for making health care decisions.

Some of the reference citations in the summary are accompanied by a level-of-evidence designation. These designations are intended to help readers assess the strength of the evidence supporting the use of specific interventions or approaches. The PDQ Adult Treatment Editorial Board uses a [formal evidence ranking system](#) in developing its level-of-evidence designations. Based on the strength of the available evidence, treatment options are described as either "standard" or "under clinical evaluation." These classifications should not be used as a basis for reimbursement determinations.

This summary is available in a [patient version](#), written in less technical language, and in [Spanish](#).

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Adult Acute Lymphoblastic Leukemia Treatment - National Cancer Institute - Mozilla Firefox

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http://www.nci.nih.gov/cancertopics/pdq/treatment/adultALL/HealthProfessional/page5

Adult Acute Lymphoblastic Leukemia...

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Adult Acute Lymphoblastic Leukemia Treatment (PDQ®)

Patient Version Health Professional Version En español

Last Modified: 09/10/2009

Treatment Option Overview

Purpose of This PDQ Summary

General Information

Cellular Classification

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> Treatment Option Overview

Untreated Adult Acute Lymphoblastic Leukemia

Adult Acute Lymphoblastic Leukemia in Remission

Recurrent Adult Acute Lymphoblastic Leukemia

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Note: Some citations in the text of this section are followed by a level of evidence. The PDQ editorial boards use a formal ranking system to help the reader judge the strength of evidence linked to the reported results of a therapeutic strategy. (Refer to the PDQ summary on [Levels of Evidence](#) for more information.)

Successful treatment of acute lymphoblastic leukemia (ALL) consists of the control of bone marrow and systemic disease as well as the treatment (or prevention) of sanctuary-site disease, particularly the central nervous system (CNS).^[1,2] The cornerstone of this strategy includes systemically administered combination chemotherapy with CNS preventive therapy. CNS prophylaxis is achieved with chemotherapy (intrathecal and/or high-dose systemic) and, in some cases, cranial radiation therapy.

Treatment is divided into three phases: remission induction, CNS prophylaxis, and remission continuation or maintenance. The average length of treatment of ALL varies between 1.5 and 3 years in the effort to eradicate the leukemic cell population. Younger adults with ALL may be eligible for selected clinical trials for childhood ALL.

It has been recognized for many years that some patients presenting with acute leukemia may have a cytogenetic abnormality that is morphologically indistinguishable from the Philadelphia chromosome (Ph1).^[3] The Ph1 occurs in only 1% to 2% of patients with acute myelocytic leukemia, but it occurs in about 20% of adults and a small percentage of children with ALL.^[4] In the majority of children and in more than one half of adults with Ph1-positive ALL, the molecular abnormality is different from that in Ph1-positive chronic myelogenous leukemia (CML).

Ph1-positive ALL has a worse prognosis than most other types of ALL, though many children and some adults with Ph1-positive ALL may have complete remissions following intensive ALL treatment clinical

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Case Reportability Instructions:

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

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 use the National Cancer Institute's Physician Data Query (PDQ) website at <http://www.nci.nih.gov/cancertrials/pdq/cancerdatabase>
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).
 - Apparent(y)
 - Appears
 - Comparable with
 - Compatible with
 - Consistent with
 - Favor(s)
 - Malignant appearing
 - Most likely
 - Presumed
 - Probable
 - Suspect(ed)
 - Suspicious (for)
 - Typical (of)

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 "suggested" for "presumed" or "equal" for "comparable."
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.

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2010 Hematopoietic and Lymphoid Neoplasm Case Reportability and Coding Manual

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).

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.

3. Report the case when there is a clinical diagnosis (physician's statement) of reportable hematopoietic or lymphoid neoplasm.
 - 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.
4. Report the case when multiple myeloma, erofriar myeloma, early multiple myeloma, indolent multiple myeloma or smoldering multiple myeloma

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- Multiple Primary Rules Matrix Format**
- Primary Site and Histology Coding Rules Matrix Format
- Grade of Tumor Rules Matrix Format
- Multiple Primary

Multiple Primary Rules Matrix Format

Note 1: Use Multiple Primary Rules M1 through M12 before using the Hematopoietic DB.
Note 2: The registrar must recognize that during the diagnostic workup the physician may start with a non-specific diagnosis (NOS) and as testing is completed, a more specific histology is identified. These diagnoses are not multiple primaries; they represent steps in the diagnostic work-up. See rule M7/M12.

Rule	Histology	Number of Primaries	Examples/Comments
M1	Minimal information available, such as DCO case or a pathology only case	Single*	
M2	Single histology	Single*	<i>Example 1:</i> The diagnosis is multiple myelomas (9383.3). Abstract as a single primary. <i>Example 2:</i> Multiple extracranial plasmocytomas (9374.2) are present in the oropharynx. Abstract as a single primary. <i>Example 3:</i> A single histology diagnosed by the definitive diagnostic method as defined in the Hematopoietic DB; for example, The patient had several provisional diagnoses but the definitive diagnostic method identifies a single histology. Abstract as a single primary. <i>Example:</i> Biopsy of cervical lymph node shows two different non-Hodgkin lymphomas. Abstract as a single primary.
M3	Two or more types of non-Hodgkin lymphoma are present in the same anatomic location(s), such as <ul style="list-style-type: none"> One lymph node region OR One organ OR One tissue 	Single*	<i>Note 1:</i> When the disease is in an early stage, the involved lymph node(s) will be in the same region as defined by ICD-O-3 codes. See Appendix C for information on lymph node codes and regions. <i>Note 2:</i> When the disease is in a more advanced stage, both non-Hodgkin lymphomas may be present in multiple lymph node regions as defined by ICD-O-3 or in an organ and that organ's regional lymph nodes or in multiple organs. <ul style="list-style-type: none"> Although both non-Hodgkin lymphomas must be present in each of the involved sites in order to abstract as a single primary, it is not required that all involved organs be biopsied. If the physician biopsies one of the involved sites and diagnoses the combination non-Hodgkin lymphomas, assume that all of the nodes, tissue, and/or organs are involved with the combination of non-Hodgkin lymphomas. <i>Note 3:</i> Do not query the Hematopoietic DB in this situation.
M4	Both Hodgkin and non-Hodgkin lymphoma are present in the same anatomic location(s). Hodgkin and non-Hodgkin may be present in <ul style="list-style-type: none"> One lymph node region OR One organ OR One tissue 	Single*	<i>Example:</i> Biopsy of cervical lymph node shows Hodgkin and non-Hodgkin lymphomas. Abstract as a single primary. <i>Note 1:</i> When the disease is in an early stage, the involved lymph node(s) will be in the same region as defined by ICD-O-3 codes. See Appendix C for lymph node codes and regions. <i>Note 2:</i> When the disease is in a more advanced stage, both Hodgkin and non-Hodgkin lymphomas may be present in multiple lymph node regions as defined by ICD-O-3 codes or in an organ and that organ's regional lymph nodes or in multiple organs. <ul style="list-style-type: none"> Although both Hodgkin and non-Hodgkin lymphomas must be present in each of the involved sites in order to abstract as a single primary, it is not required that all

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Rule	Histology	Number of Primaries	Examples/Comments
M5	<ul style="list-style-type: none"> Hodgkin lymphoma in one node and non-Hodgkin lymphoma in a different node <i>Note:</i> The involved nodes may be in the same lymph node region as defined by ICD-O-3 or in different lymph node regions as defined by ICD-O-3. See Appendix C .	Multiple**	involved organs be biopsied. If the physician biopsies one of the involved sites and diagnoses the combination Hodgkin and non-Hodgkin lymphomas, assume that all of the nodes, tissue, and/or organs are involved with the combination of Hodgkin and non-Hodgkin lymphomas. <i>Note 3:</i> Do not query the Hematopoietic DB in this situation. <i>Example 1:</i> Patient is diagnosed with Hodgkin lymphoma in the cervical lymph nodes and also with non-Hodgkin lymphoma in the inguinal lymph nodes. Abstract as multiple primaries. <i>Example 2:</i> Hodgkin lymphoma in the axilla and non-Hodgkin lymphoma in the breast. Abstract as multiple primaries. <i>Example 3:</i> Hodgkin lymphoma in the brain and non-Hodgkin lymphoma in the mediastinal lymph nodes. Abstract as multiple primaries.

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- Grade of Tumor Rules Matrix Format
- Multiple Primary

M7	<ul style="list-style-type: none"> Both the chronic and the acute phase of the neoplasm are diagnosed within 21 days AND There is documentation of one positive bone marrow biopsy 	Single (Abstract the phase diagnosed by positive bone marrow)*	When these diagnoses happen within 21 days, it is highly possible that one diagnosis was provisional and the bone marrow identified the correct diagnosis.
M8	<ul style="list-style-type: none"> Both the chronic and the acute phase of the neoplasm are diagnosed within 21 days AND There is documentation of two bone marrow examinations, one confirming the chronic neoplasm and another confirming the acute neoplasm 	Multiple** (both the chronic and the acute phase)	N/A
M9	<ul style="list-style-type: none"> Both the chronic and the acute phase of the neoplasm are diagnosed within 21 days AND There is no available documentation on bone marrow biopsy 	Single* (the later diagnosis)	<p><i>New 2:</i> The two diagnoses are likely the result of an ongoing diagnostic work-up. The later diagnosis is usually based on all of the test results.</p> <p><i>New 3:</i> This rule applies if both neoplasms are diagnosed simultaneously (at the same time).</p>
M10	<ul style="list-style-type: none"> Originally diagnosed in a chronic 	Multiple**	<p><i>New 3:</i> This is a change from previous rules: Use the Hematopoietic DB to determine</p>

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2010 Hematopoietic and Lymphoid Neoplasm Case Reportability and Coding Manual

Rule	Histology	Number of Primaries	Examples/Comments
	<p>(less aggressive) phase AND</p> <ul style="list-style-type: none"> Second diagnosis of a blast or acute phase 21 days or more after the chronic diagnosis 		<p>multiple primaries when a transformation from the chronic to a blast or acute phase occurs.</p> <p><i>New 2:</i> When the subsequent diagnosis occurs 21 days or more after the original diagnosis of acute disease it is important to follow-back to obtain information on treatment or information that a subsequent bone marrow biopsy proved that the diagnosis of acute disease was incorrect.</p> <p><i>New 3:</i> Transformations are defined in the Hematopoietic DB for each hematopoietic and lymphoid neoplasm.</p>
M11	<ul style="list-style-type: none"> Originally diagnosed in blast or acute phase AND Second diagnosis of chronic phase (less aggressive) AND No confirmation that patient was treated 	Single* (acute phase)	<p><i>New 2:</i> When these diagnoses happen within 21 days, it is highly possible that the first diagnosis of acute disease was a provisional diagnosis.</p> <p><i>New 3:</i> When the subsequent diagnosis occurs more than 21 days after the original diagnosis of acute disease it is important to follow-back to obtain information on treatment or a subsequent bone marrow biopsy that negates the diagnosis of acute disease</p>
M12	<ul style="list-style-type: none"> Originally diagnosed in the blast or acute phase AND Reverts to a chronic phase (less aggressive) after treatment 	Multiple**	<p><i>New 2:</i> Only abstract as a multiple primary when the patient has been treated for the chronic disease.</p> <p><i>New 3:</i> This is a change from previous rules: Use the Hematopoietic DB to determine multiple primaries when a transformation from the blast or acute phase to a chronic phase occurs.</p> <p><i>New 3:</i> Transformations are defined in the Hematopoietic DB for each hematopoietic and lymphoid neoplasm.</p>
M13	Case does not meet the criteria in M1-M12	Use the Hematopoietic DB to determine the number of primaries	N/A

*Prepare one abstract. Use the primary site and histology coding rules to assign the appropriate primary site and histology codes.
 **Prepare two or more abstracts. Use the primary site and histology coding rules to assign the appropriate primary site and histology codes to each case abstracted.

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- Grade of Tumor Rules Matrix Format
- Multiple Primary

Multiple Primary Rules Matrix Format

Note 1: Use Multiple Primary Rules M1 through M12 before using the Hematopoietic DB.
Note 2: The registrar must recognize that during the diagnostic workup the physician may start with a non-specific diagnosis (NOS) and as testing is completed, a more specific histology is identified. These diagnoses are not multiple primaries; they represent steps in the diagnostic work-up. See rules [M7-M12](#).

Rule	Histology	Number of Primaries	Examples/Comments
M1	Minimal information available, such as DCO case or a pathology only case	Single*	
M2	Single histology	Single*	<i>Example 1:</i> The diagnosis is multiple myeloma (9383.3). Abstract as a single primary. <i>Example 2:</i> Multiple extracranial plasmacytomas (9384.2) are present in the stropharynx. Abstract as a single primary. <i>Example 3:</i> A single histology diagnosed by the definitive diagnostic method as defined in the Hematopoietic DB; for example, The patient had several provisional diagnoses but the definitive diagnostic method identifies a single histology. Abstract as a single primary. <i>Example:</i> Biopsy of cervical lymph node shows two different non-Hodgkin lymphomas. Abstract as a single primary.
M3	Two or more types of non-Hodgkin lymphoma are present in the same anatomic location(s), such as <ul style="list-style-type: none"> One lymph node region OR One organ OR One tissue 	Single*	<i>Note 1:</i> When the disease is in an early stage, the involved lymph node(s) will be in the same region as defined by ICD-O-3 codes. See Appendix C for information on lymph node codes and regions. <i>Note 2:</i> When the disease is in a more advanced stage, both non-Hodgkin lymphomas may be present in multiple lymph node regions as defined by ICD-O-3 or in an organ and that organ's regional lymph nodes or in multiple organs. <ul style="list-style-type: none"> Although both non-Hodgkin lymphomas must be present in each of the involved sites in order to abstract as a single primary, it is not required that all involved organs be biopsied. If the physician biopsies one of the involved sites and diagnoses the combination non-Hodgkin lymphoma, assume that all of the nodes, tissue, and/or organs are involved with the combination of non-Hodgkin lymphomas. <i>Note 3:</i> Do not query the Hematopoietic DB in this situation. <i>Example:</i> Biopsy of cervical lymph node shows Hodgkin and non-Hodgkin lymphomas. Abstract as a single primary. <i>Note 1:</i> When the disease is in an early stage, the involved lymph node(s) will be in the same region as defined by ICD-O-3 codes. See Appendix C for lymph node codes and regions. <i>Note 2:</i> When the disease is in a more advanced stage, both Hodgkin and non-Hodgkin lymphomas may be present in multiple lymph node regions as defined by ICD-O-3 codes or in an organ and that organ's regional lymph nodes or in multiple organs. <ul style="list-style-type: none"> Although both Hodgkin and non-Hodgkin lymphomas must be present in each of the involved sites in order to abstract as a single primary, it is not required that all
M4	Both Hodgkin and non-Hodgkin lymphoma are present in the same anatomic location(s). Hodgkin and non-Hodgkin may be present in <ul style="list-style-type: none"> One lymph node region OR One organ OR One tissue 	Single*	<i>Note 1:</i> Do not query the Hematopoietic DB in this situation. <i>Example:</i> Biopsy of cervical lymph node shows Hodgkin and non-Hodgkin lymphomas. Abstract as a single primary. <i>Note 1:</i> When the disease is in an early stage, the involved lymph node(s) will be in the same region as defined by ICD-O-3 codes. See Appendix C for lymph node codes and regions. <i>Note 2:</i> When the disease is in a more advanced stage, both Hodgkin and non-Hodgkin lymphomas may be present in multiple lymph node regions as defined by ICD-O-3 codes or in an organ and that organ's regional lymph nodes or in multiple organs. <ul style="list-style-type: none"> Although both Hodgkin and non-Hodgkin lymphomas must be present in each of the involved sites in order to abstract as a single primary, it is not required that all

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Rule	Histology	Number of Primaries	Examples/Comments
M5	<ul style="list-style-type: none"> Hodgkin lymphoma in one node and non-Hodgkin lymphoma in a different node <i>Note:</i> The involved nodes may be in the same lymph node region as defined by ICD-O-3 or in different lymph node regions as defined by ICD-O-3. See Appendix C .	Multiple**	involved organs be biopsied. If the physician biopsies one of the involved sites and diagnoses the combination Hodgkin and non-Hodgkin lymphomas, assume that all of the nodes, tissue, and/or organs are involved with the combination of Hodgkin and non-Hodgkin lymphomas. <i>Note 3:</i> Do not query the Hematopoietic DB in this situation. <i>Example 1:</i> Patient is diagnosed with Hodgkin lymphoma in the cervical lymph nodes and also with non-Hodgkin lymphoma in the inguinal lymph nodes. Abstract as multiple primaries. <i>Example 2:</i> Hodgkin lymphoma in the axilla and non-Hodgkin lymphoma in the breast. Abstract as multiple primaries. <i>Example 3:</i> Hodgkin lymphoma in the brain and non-Hodgkin lymphoma in the mediastinal lymph nodes. Abstract as multiple primaries.

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Appendix C
Lymph Node/Lymph Node Chain Reference Table

Use this table with the Primary Site and Histology Rules to determine whether involved lymph nodes are in a single ICD-O-3 lymph node region or in multiple ICD-O-3 lymph node regions. This table contains the names of lymph nodes that have the capsule and sinus structure of true lymph nodes. Lymphoid tissue such as that in the GI tract, tonsils, etc., is not represented in this table.

Note: Pathology reports may identify lymph nodes within most organs, the most common being breast, parotid gland, lung, and pancreas. The lymph nodes in these organs are called intra-organ (or sinus) lymph nodes such as intramammary lymph nodes. We have included the most common intra-organ lymph nodes on this table. For an intra-organ lymph node not listed on the table, code to the ICD-O-3 topography code for that organ's regional lymph node chain(s).

Table C1: Lymph Node/Lymph Node Chain Reference Table

Lymph Node/Lymph Node Chain	ICD-O-3 Code	ICD-O-3 Lymph Node Region(s)	AJCC Lymph Node Region(s)
Abdominal	C772	Intra-abdominal	Mesenteric
Anorectal	C775	Pelvic	Pelvic, right and left*
Anterior axillary	C773	Axilla or arm	Axillary, right and left*
Anterior cecal	C772	Intra-abdominal	Mesenteric
Anterior deep cervical	C770	Head, face and neck	Cervical, right and left*
Anterior jugular	C770	Head, face and neck	Cervical, right and left*
Aortic NOS, ascending aortic lateral aortic, lumbar aortic, para-aortic, peri-aortic	C772	Intra-abdominal	Para-aortic
Aortico-pulmonary window (subaortic)	C772	Intra-abdominal	Para-aortic
Appendiceal	C772	Intra-abdominal	Mesenteric
Ascending aortic	C772	Intra-abdominal	Para-aortic
Asch's glands (nodes near pancreas)	C772	Intra-abdominal	Para-aortic
Auricular NOS, infra-auricular, pre-auricular, post-auricular, retro-auricular	C770	Head, face and neck	Cervical, right and left*
Axillary, lateral	C773	Axilla or arm	Axillary, right and left*
Axillary, anterior	C773	Axilla or arm	Axillary, right and left*
Azygos (lower paratracheal)	C771	Intrathoracic	Mediastinal
Brachial	C773	Axilla or arm	Axillary, right and left*
Bronchial, bronchopulmonary, hilar, proximal lobar, pulmonary root	C771	Intrathoracic	Hilar
Bronchopulmonary	C771	Intrathoracic	Hilar
Bronchopulmonary, bronchial hilar, proximal lobar, pulmonary root	C771	Intrathoracic	Hilar
Buccal	C770	Head, face and neck	Cervical, right and left*
Buccinator (facial)	C770	Head, face and neck	Cervical, right and left*

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Lymph Node/Lymph Node Chain	ICD-O-3 Code	ICD-O-3 Lymph Node Region(s)	AJCC Lymph Node Region(s)
Calot's node (cysto-hepatic triangle or hepato-biliary triangle)	C772	Intra-abdominal	Para-aortic
Cardiac	C771	Intrathoracic	Mediastinal
Cardiac	C771	Intrathoracic	Mediastinal
Cardioesophageal	C771	Intrathoracic	Mediastinal
Cervical, tracheal bifurcation, tracheobronchial	C771	Intrathoracic	Mediastinal
Caval (para-)	C772	Intra-abdominal	Para-aortic
Cecal, anterior cecal, posterior cecal, procecal, retrocecal, NOS	C772	Intra-abdominal	Mesenteric

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Appendix C
Lymph Node/Lymph Node Chain Reference Table

Use this table with the Primary Site and Histology Rules to determine whether involved lymph nodes are in a single ICD-O-3 lymph node region or in multiple ICD-O-3 lymph node regions. This table contains the names of lymph nodes that have the capsule and sinus structure of true lymph nodes. Lymphoid tissue such as that in the GI tract, tonsils, etc., is not represented in this table.

Note: Pathology reports may identify lymph nodes within most organs, the most common being breast, parotid gland, lung, and pancreas. The lymph nodes in these organs are called intra-organ (or sinus) lymph nodes such as intramammary lymph nodes. We have included the most common intra-organ lymph nodes on this table. For an intra-organ lymph node not listed on the table, code to the ICD-O-3 topography code for that organ's regional lymph node chain(s).

Table C1: Lymph Node/Lymph Node Chain Reference Table

Lymph Node/Lymph Node Chain	ICD-O-3 Code	ICD-O-3 Lymph Node Region(s)	AJCC Lymph Node Region(s)
Abdominal	C772	Intra-abdominal	Mesenteric
Anorectal	C775	Pelvic	Pelvic, right and left*
Anterior axillary	C773	Axilla or arm	Axillary, right and left*
Anterior cecal	C772	Intra-abdominal	Mesenteric
Anterior deep cervical	C770	Head, face and neck	Cervical, right and left*
Anterior jugular	C770	Head, face and neck	Cervical, right and left*
Aortic NOS, ascending aortic lateral aortic, lumbar aortic, para-aortic, peri-aortic	C772	Intra-abdominal	Para-aortic
Aortico-pulmonary window (subaortic)	C772	Intra-abdominal	Para-aortic
Appendiceal	C772	Intra-abdominal	Mesenteric
Ascending aortic	C772	Intra-abdominal	Para-aortic
Aschil's glands (nodes near pancreas)	C772	Intra-abdominal	Para-aortic
Auricular NOS, infra-auricular, pre-auricular, post-auricular, retro-auricular	C770	Head, face and neck	Cervical, right and left*
Axillary, lateral	C773	Axilla or arm	Axillary, right and left*
Axillary, anterior	C773	Axilla or arm	Axillary, right and left*
Axilla (lower paratracheal)	C771	Intrathoracic	Mediastinal
Braichial	C773	Axilla or arm	Axillary, right and left*
Bronchial, bronchopulmonary, hilar, proximal lobar, pulmonary root	C771	Intrathoracic	Hilar
Bronchopulmonary	C771	Intrathoracic	Hilar
Bronchopulmonary, bronchial hilar, proximal lobar, pulmonary root	C771	Intrathoracic	Hilar
Buccal	C770	Head, face and neck	Cervical, right and left*
Buccinator (facial)	C770	Head, face and neck	Cervical, right and left*

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Lymph Node/Lymph Node Chain	ICD-O-3 Code	ICD-O-3 Lymph Node Region(s)	AJCC Lymph Node Region(s)
Calot's node (cysto-hepatic triangle or hepato-biliary triangle)	C772	Intra-abdominal	Para-aortic
Cardiac	C771	Intrathoracic	Mediastinal
Cardiac	C771	Intrathoracic	Mediastinal
Cardioesophageal	C771	Intrathoracic	Mediastinal
Cervical, tracheal bifurcation, tracheobronchial	C771	Intrathoracic	Mediastinal
Caval (para-)	C772	Intra-abdominal	Para-aortic
Cecal, anterior cecal, posterior cecal, procecal, retrocecal, NOS	C772	Intra-abdominal	Mesenteric

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- Grade of Tumor Rules Matrix Format

Appendix C
Lymph Node/Lymph Node Chain Reference Table

Use this table with the Primary Site and Histology Rules to determine whether involved lymph nodes are in a single ICD-O-3 lymph node region or in multiple ICD-O-3 lymph node regions. This table contains the names of lymph nodes that have the capsule and sinus structure of true lymph nodes. Lymphoid tissue such as that in the GI tract, tonsils, etc., is not represented in this table.

Note: Histology reports may identify lymph nodes within most organs, the most common being breast, parotid gland, lung, and pancreas. The lymph nodes in these organs are called extra (organ name) lymph nodes such as intramammary lymph nodes. We have included the most common extra organ lymph nodes on this table. For all extra organ lymph nodes not listed on the table, code to the ICD-O-3 topography code for that organ's regional lymph node chain(s).

Table C1: Lymph Node/Lymph Node Chain Reference Table

Lymph Node/Lymph Node Chain	ICD-O-3 Code	ICD-O-3 Lymph Node Region(s)	AJCC Lymph Node Region(s)
Abdominal	C772	Intra-abdominal	Mesenteric
Anosctal	C775	Palmar	Palmar, right and left*
Anterior axillary	C774	Axilla or arm	Axillary, right and left*
Anterior axilla	C772	Intra-abdominal	Mesenteric
Anterior deep cervical	C770	Head, face and neck	Cervical, right and left*
Anterior jugular	C770	Head, face and neck	Cervical, right and left*
Ant. NOS, not including axilla, lateral or anterior; post axilla	C772	Intra-abdominal	Para-aortic
Anterocervical window (subcutis) (800 x 600) (X;0; Y;0)	C772	Intra-abdominal	Para-aortic
Appendical	C772	Intra-abdominal	Mesenteric
Asymptomatic axilla	C772	Intra-abdominal	Para-aortic
Asoli's glands (nodes: neck pancreas)	C772	Intra-abdominal	Para-aortic
Axillary NOS: infra-axillary; pre-axillary; post-axillary; retro-axillary	C770	Head, face and neck	Cervical, right and left*
Axilla y, axilla	C773	Axilla or arm	Axillary, right and left*
Axillary, anterior	C773	Axilla or arm	Axillary, right and left*
Azygos (lower paratracheal)	C771	Thorathoric	Mediastinal
Brechia	C775	AXILLA or arm	Axillary, right and left*
Bronchial, bronchovascular y, hilar, proximal lobar, pulmonary root	C771	Thorathoric	Hilar
Bronchopulmonary	C771	Thorathoric	Hilar
Bronchopulmonary, bronchial hilar, proximal lobar, pulmonary root	C771	Thorathoric	Hilar
Basal	C770	Head, face and neck	Cervical, right and left*
Basivertebral (head)	C770	Head, face and neck	Cervical, right and left*

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Lymph Node/Lymph Node Chain	ICD-O-3 Code	ICD-O-3 Lymph Node Region(s)	AJCC Lymph Node Region(s)
Calot's node (cysto hepatic triangle or hepato biliary triangle)	C772	Intra-abdominal	Para-aortic
Cardiac	C771	Thorathoric	Mediastinal
Cardiac	C771	Thorathoric	Mediastinal
Cardioesophageal	C771	Thorathoric	Mediastinal
Carinal, tracheal bifurcation, tracheobronchial	C771	Thorathoric	Mediastinal
Caval (para-)	C772	Intra-abdominal	Para-aortic
Cecal, anterior cecal, posterior cecal, prececal, retrocecal, NOS	C772	Intra-abdominal	Mesenteric

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Appendix C
Lymph Node/Lymph Node Chain Reference Table

Use this table with the Primary Site and Histology Rules to determine whether involved lymph nodes are in a single ICD-O-3 lymph node region or in multiple ICD-O-3 lymph node regions. This table contains the names of lymph nodes that have the capsule and sinus structure of true lymph nodes. Lymphoid tissue such as that in the GI tract, tonsils, etc., is not represented in this table.

Note: Pathology reports may identify lymph nodes within most organs, the most common being breast, parotid gland, lung, and pancreas. The lymph nodes in these organs are called intra-(organ name) lymph nodes such as intramammary lymph nodes. We have included the most common intra-organ lymph nodes on this table. For an intra-organ lymph node not listed on the table, code to the ICD-O-3 topography code for that organ's regional lymph node chain(s).

Table C1: Lymph Node/Lymph Node Chain Reference Table

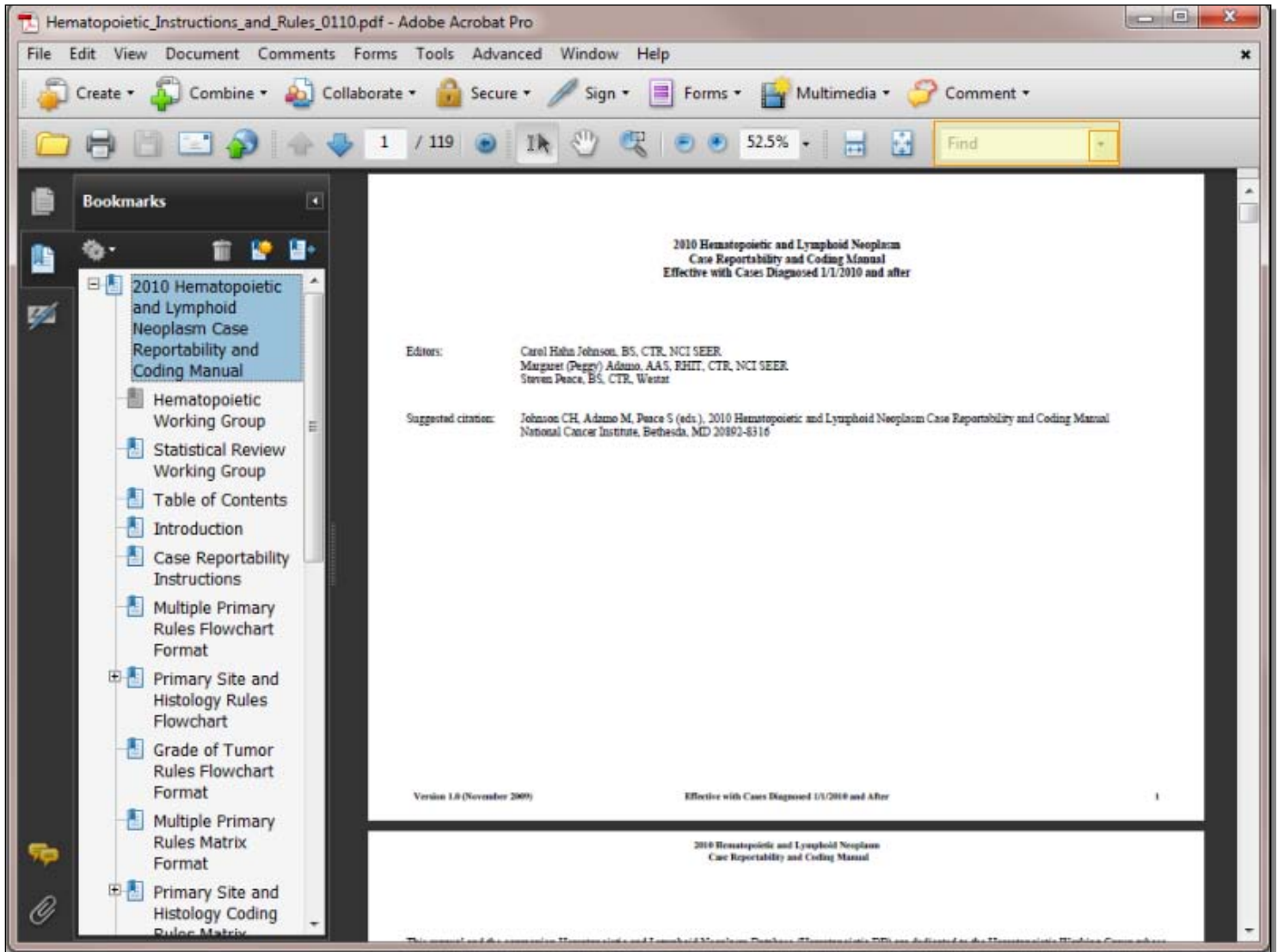
Lymph Node/Lymph Node Chain	ICD-O-3 Code	ICD-O-3 Lymph Node Region(s)	AJCC Lymph Node Region(s)
Abdominal	C772	Intra-abdominal	Mesenteric
Anorectal	C775	Pelvic	Pelvic, right and left*
Anterior axillary	C773	Axilla or arm	Axillary, right and left*
Anterior cecal	C772	Intra-abdominal	Mesenteric
Anterior deep cervical	C770	Head, face and neck	Cervical, right and left*
Anterior jugular	C770	Head, face and neck	Cervical, right and left*
Aortic NOS, ascending aortic lateral aortic, lumbar aortic, para-aortic, peri-aortic	C772	Intra-abdominal	Para-aortic
Aortico-pulmonary window (subaortic)	C772	Intra-abdominal	Para-aortic
Appendical	C772	Intra-abdominal	Mesenteric
Ascending aortic	C772	Intra-abdominal	Para-aortic
Aschil's glands (nodes near pancreas)	C772	Intra-abdominal	Para-aortic
Auricular NOS, infra-auricular, pre-auricular, post-auricular, retro-auricular	C770	Head, face and neck	Cervical, right and left*
Axillary, lateral	C773	Axilla or arm	Axillary, right and left*
Axillary, anterior	C773	Axilla or arm	Axillary, right and left*
Azygos (lower paratracheal)	C771	Intrathoracic	Mediastinal
Brachial	C773	Axilla or arm	Axillary, right and left*
Bronchial, bronchopulmonary, hilar, proximal lobar, pulmonary root	C771	Intrathoracic	Hilar
Bronchopulmonary	C771	Intrathoracic	Hilar
Bronchopulmonary, bronchial hilar, proximal lobar, pulmonary root	C771	Intrathoracic	Hilar
Buccal	C770	Head, face and neck	Cervical, right and left*
Buccinator (facial)	C770	Head, face and neck	Cervical, right and left*

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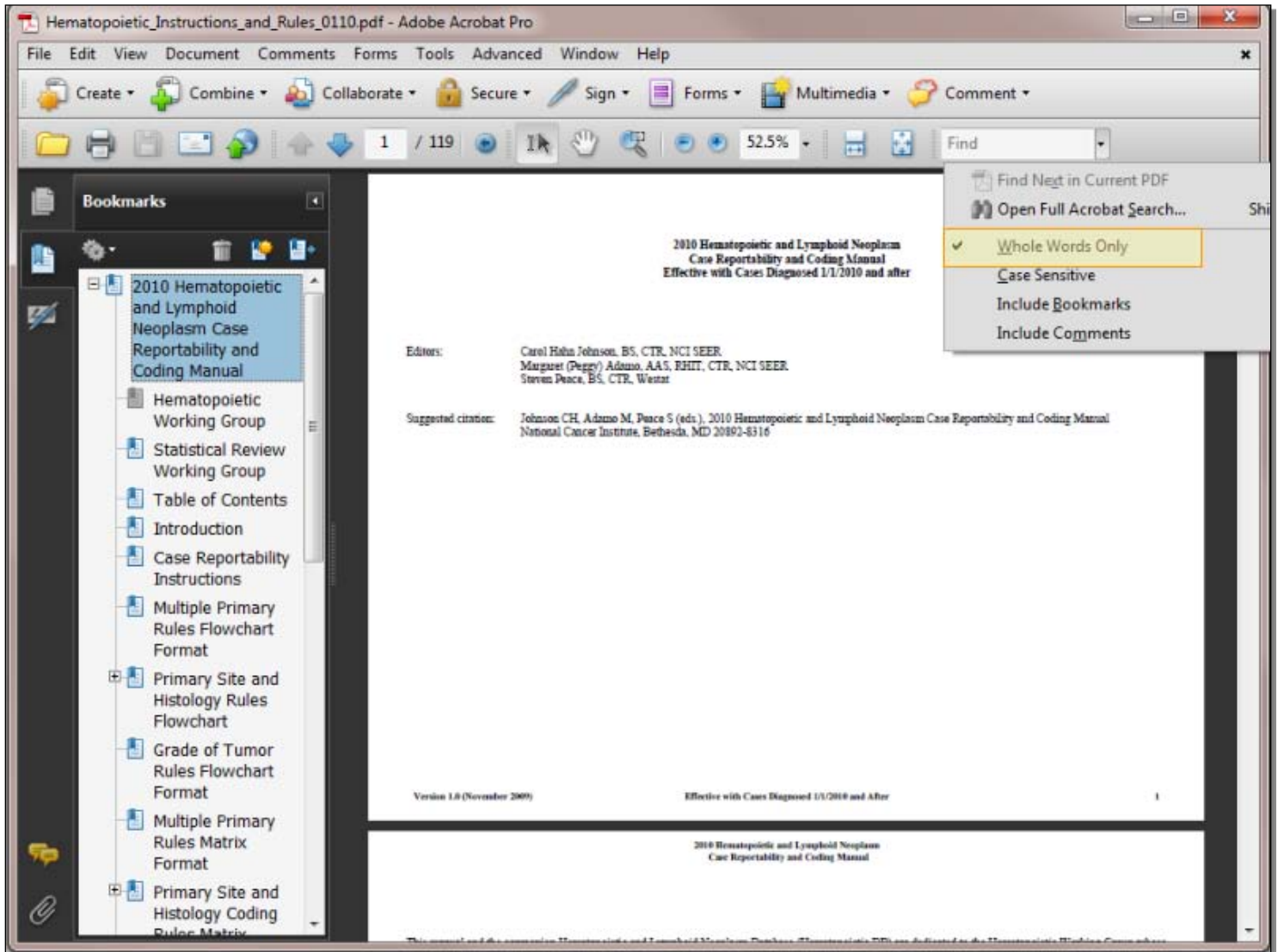
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Lymph Node/Lymph Node Chain	ICD-O-3 Code	ICD-O-3 Lymph Node Region(s)	AJCC Lymph Node Region(s)
Calot's node (cysto-hepatic triangle or hepato-biliary triangle)	C772	Intra-abdominal	Para-aortic
Cardiac	C771	Intrathoracic	Mediastinal
Cardiac	C771	Intrathoracic	Mediastinal
Cardioesophageal	C771	Intrathoracic	Mediastinal
Cervical, tracheal bifurcation, tracheobronchial	C771	Intrathoracic	Mediastinal
Caval (para-)	C772	Intra-abdominal	Para-aortic
Cecal, anterior cecal, posterior cecal, procecal, retrocecal, NOS	C772	Intra-abdominal	Mesenteric

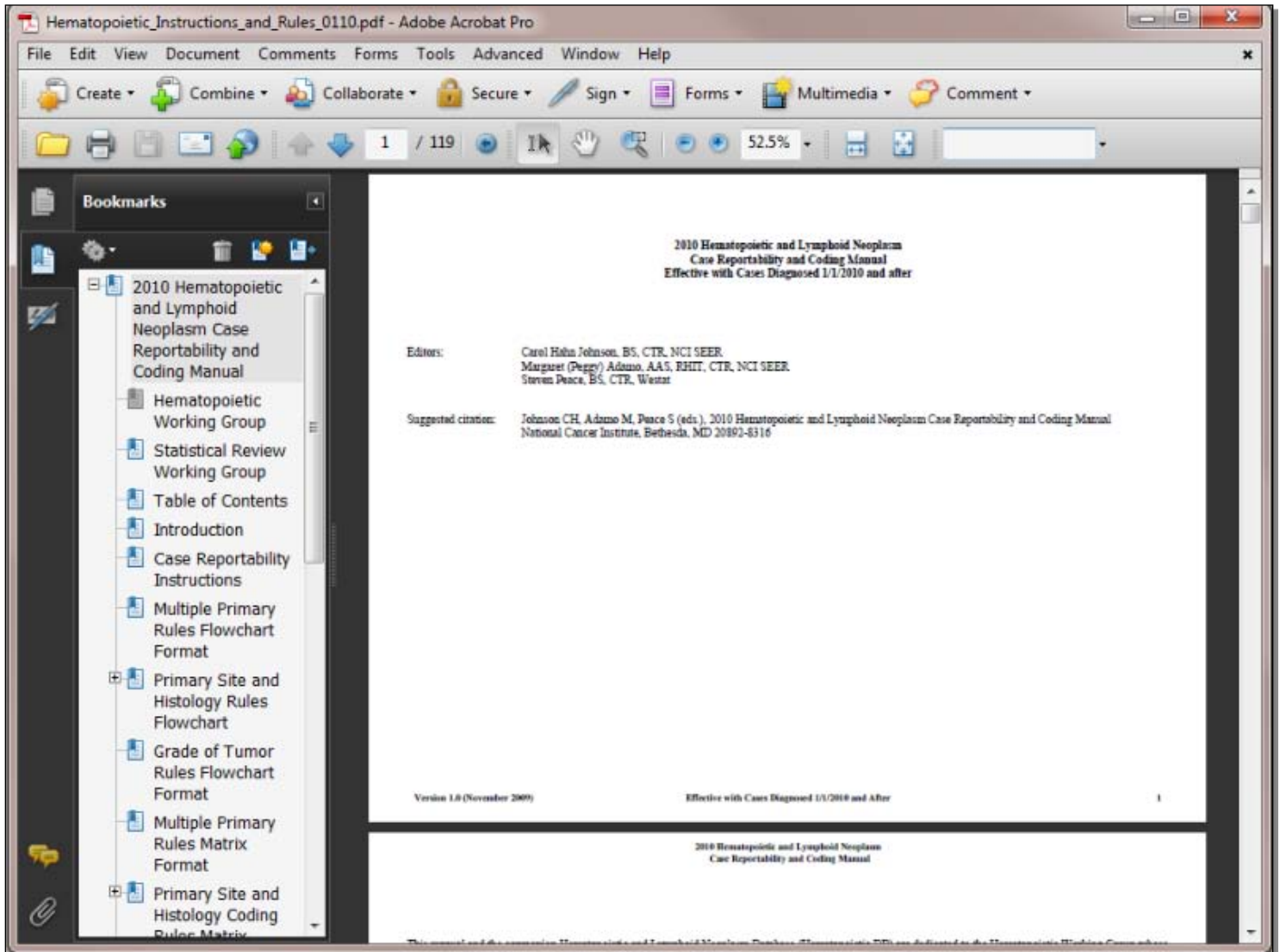
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Leukemia vs. Lymphoma
The difference between leukemia and lymphoma is that leukemia most commonly presents in the bone marrow and/or blood while lymphoma most commonly manifests in lymph nodes, lymphoid tissue or lymphoid organs. When only the bone marrow is involved, the histology is usually leukemia, rarely a lymphoma may present only in the bone marrow (See the PH rules for instructions on coding primary site for lymphomas). Both leukemia and lymphoma patients may have splenomegaly (enlargement of the spleen). Patients with leukemia may have leukemic infiltrate of the spleen. Splenomegaly does not mean that the leukemia originated in the spleen or that this neoplasm is lymphoma.

Transformation
Although the process of transformation from a chronic to an acute leukemia is appropriately called a progression of disease, it is not comparable to the progression of disease in solid tumors. Solid tumors progress by extension, seeding, or blood-borne micrometastases to regional and/or distant sites. The solid tumor disease progresses in the same histology as the original tumor, metastatic sites that are biopsied show the same histology as the original tumor. In contrast, when the chronic phase of leukemia progresses or transforms to the acute phase, the histology actually changes. The acute phase is a much more aggressive manifestation of the disease process. Treatment and survival for chronic and acute leukemia is vastly different. (See Multiple Primary Rules for information on how to code transformations.)

Role of the Hematopoietic Database (Hematopoietic DB)
The new Hematopoietic DB will enable registrars to identify and understand a hematopoietic or lymphoid neoplasm as well as correctly and consistently abstract and code cases. Users will be able to query any final, differential, or provisional diagnosis in the Hematopoietic DB. Once the condition has been identified, the diagnostic or confirmatory tests will be listed under "definitive diagnosis" for each neoplasm. This will provide the information needed to search the medical record for specific diagnostic test results. Some healthcare institutions may "file" confirmatory test results such as immunophenotyping or genetic testing in a location other than the location used for standard laboratory tests in the medical record. We recommend that the registrar ask the laboratory for examples of printed test results such as immunophenotyping or genetic testing to become familiar with the format of the test results as well as other information that may be included with test results. We also recommend that the registrar ask the Health Information Management or Medical Records Department where these tests are "filed" within the chart (paper or electronic).

Information for Lymphoma Only
The anatomic site that is most accessible or easiest to reach is usually biopsied when a patient has abnormal lymph nodes and a diagnostic biopsy is warranted. For example, if a CT or PET scan identified enlarged cervical and mediastinal lymph nodes, the physician would biopsy the cervical lymph nodes. A mediastinal lymph node biopsy would require puncturing the chest cavity while cervical lymph nodes can be biopsied with a local anesthetic. The less invasive procedure is used to confirm the diagnosis and minimize the risk of complication, infection, and trauma to the patient. This does not imply that the disease process started in the cervical lymph nodes.

Hodgkin lymphoma (HL) is a type of lymphoma originating in lymphocytes (a type of white blood cell). HL is characterized by the presence of Reed-Sternberg cells (RS cells) on microscopic examination. HL usually originates in the lymph nodes and is characterized by the orderly spread of disease from one lymph node group to another. The patient develops systemic symptoms with advanced disease (metastasis) to the spleen, liver and/or bone marrow.

Non-Hodgkin lymphoma (NHL) comprises a diverse group of malignant neoplasms which include all lymphomas other than Hodgkin. NHL arises in lymphocytes (white blood cells). Lymphocytes are present in lymph nodes and throughout the body. NHL commonly develops in lymph nodes but also occurs in extranodal sites including: tonsils, spleen, ileum, stomach, Waldeyer ring, bone marrow, skin, bone, central nervous system, lung, gonads, conjunctiva, ocular adnexa, liver, kidneys, and uterus.

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What is New and/or Different in the 2010 Hematopoietic and Lymphoid Neoplasm Case Reportability and Coding Rule?

- *WHO Classification of Tumors of Hematopoietic and Lymphoid Tissues*, 4th Edition is the authoritative reference used to develop the rules, the information in the Hematopoietic DB, the preferred histologic term, the histologic groupings the new histology codes and terms, and the newly reportable diseases. The *International Classification of Diseases for Oncology*, 3rd Edition (ICD-O-3) was the authoritative reference for the remainder of the histology terms and for the cytogenetics.

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Transformation
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Non-Hodgkin lymphoma (NHL) comprises a diverse group of malignant neoplasms which include all lymphomas other than Hodgkin. NHL arises in lymphocytes (white blood cells). Lymphocytes are present in lymph nodes and throughout the body. NHL commonly develops in lymph nodes but also occurs in extranodal sites including: tonsils, spleen, ileum, stomach, Waldeyer ring, bone marrow, skin, bone, central nervous system, lung, gonads, conjunctiva, ocular adnexa, liver, kidneys, and uterus.

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Leukemia vs. Lymphoma
 The difference between leukemia and lymphoma is that leukemia most commonly presents in the bone marrow and/or blood while lymphoma most commonly manifests in lymph nodes, lymphoid tissue or lymphoid organs. When only the bone marrow is involved, the histology is usually leukemia, rarely a lymphoma may present only in the bone marrow (See the PH rules for instructions on coding primary site for lymphomas). Both leukemia and lymphoma patients may have splenomegaly (enlargement of the spleen). Patients with leukemia may have leukemic infiltrate of the spleen. Splenomegaly does not mean that the leukemia originated in the spleen or that this neoplasm is lymphoma.

Toxic transformation
 Although the process of transformation from a chronic to an acute leukemia is appropriately called a progression of disease, it is not comparable to the progression of disease in solid tumors. Solid tumors progress by extension, such as an adenocarcinoma metastasizing to regional and/or distant sites. The solid tumor disease progression is the same histology as the original tumor, metastatic sites that are biopsied show the same histology as the original tumor. In contrast, when the chronic phase of leukemia progresses or transforms to the acute phase, the histology actually changes. The acute phase is a much more aggressive manifestation of the disease process. Treatment and survival for chronic and acute leukemia is vastly different. (See Multiple Primary Rules for information on how to code transformations.)

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 The new Hematopoietic DB will enable registrars to identify and understand a hematopoietic or lymphoid neoplasm as well as correctly and consistently abstract and code cases. Users will be able to query any final, definitive, or provisional diagnosis in the Hematopoietic DB. Once the condition has been identified, the diagnostic or confirmatory tests will be listed as "confirmatory diagnosis" for each neoplasm. This will provide the information needed to search the medical record for specific diagnostic test results. Some neoplasms, such as acute leukemia, may "bleed" confirmatory test results such as immunophenotyping or genetic testing in a location other than the location used for (S000.001500) tests in the medical record. We recommend that the registrar ask the laboratory for examples of printed test results such as immunophenotyping of your test to become familiar with the format of the test results as well as other information that may be included with test results. We also recommend that the registrar contact the Health Information Management or Medical Records Department where these tests are "billed" within the chart (paper or electronic).

Information for Lymphoma Only
 The anatomic site that is most accessible or easiest to reach is usually biopsied when a patient has abnormal lymph nodes and a diagnostic biopsy is warranted. For example, if a CT or PET scan identified enlarged cervical and mediastinal lymph nodes, the physician would biopsy the cervical lymph nodes. A mediastinal lymph node biopsy would require puncturing the chest cavity while cervical lymph nodes can be biopsied with a local anesthetic. The less invasive procedure is used to confirm the diagnosis and minimize the risk of complication, infection, and trauma to the patient. This does not imply that the disease process started in the cervical lymph nodes.

Hodgkin lymphoma (HL) is a type of lymphoma arising in lymphocytes (a type of white blood cell). HL is characterized by the presence of Reed-Sternberg cells (RS cells) on microscopic examination. HL usually originates in the lymph nodes and is characterized by the widely spread of disease from one lymph node group to another. The patient develops systemic symptoms with advanced disease (metastatic) to the spleen, liver and/or bone marrow.

Non-Hodgkin lymphomas (NHL) comprises a diverse group of malignant neoplasms which include all lymphomas other than Hodgkin. NHL arises in lymphocytes (white blood cells). Lymphocytes are present in lymph nodes and throughout the body. NHL commonly develops in lymph nodes but also occurs in extranodal sites including: tonsil, spleen, ileum, stomach, Waldeyer ring, bone marrow, skin, bone, central nervous system, lung, gonads, conjunctiva, ocular adnexa, liver, kidneys, and testis.

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What is New and/or Different in the 2010 Hematopoietic and Lymphoid Neoplasm Case Reportability and Coding Manual?

- **WHO Classification of Tumors of Hematopoietic and Lymphoid Tissues**, 4th Edition is the authoritative reference used to develop the rules, the information in the Hematopoietic DB, the preferred histologic term, the histologic grouping, the new histology codes and terms, and the newly reportable diseases. The **International Classification of Diseases for Oncology, 3rd Edition (ICD-O-3)** was the authoritative reference for the remainder of the histology terms and for the synonyms.

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Leukemia vs. Lymphoma
The difference between leukemia and lymphoma is that leukemia most commonly presents in the bone marrow and/or blood while lymphoma most commonly manifests in lymph nodes, lymphoid tissue or lymphoid organs. When only the bone marrow is involved, the histology is usually leukemia, rarely a lymphoma may present only in the bone marrow (See the PH rules for instructions on coding primary site for lymphomas). Both leukemia and lymphoma patients may have splenomegaly (enlargement of the spleen). Patients with leukemia may have leukemic infiltrate of the spleen. Splenomegaly does not mean that the leukemia originated in the spleen or that this neoplasm is lymphoma.

Transformation
Although the process of transformation from a chronic to an acute leukemia is appropriately called a progression of disease, it is not comparable to the progression of disease in solid tumors. Solid tumors progress by extension, seeding, or blood-borne micrometastases to regional and/or distant sites. The solid tumor disease progresses in the same histology as the original tumor, metastatic sites that are biopsied show the same histology as the original tumor. In contrast, when the chronic phase of leukemia progresses or transforms to the acute phase, the histology actually changes. The acute phase is a much more aggressive manifestation of the disease process. Treatment and survival for chronic and acute leukemia is vastly different. (See Multiple Primary Rules for information on how to code transformations.)

Role of the Hematopoietic Database (Hematopoietic DB)
The new Hematopoietic DB will enable registrars to identify and understand a hematopoietic or lymphoid neoplasm as well as correctly and consistently abstract and code cases. Users will be able to query any final, differential, or provisional diagnosis in the Hematopoietic DB. Once the condition has been identified, the diagnostic or confirmatory tests will be listed under "definitive diagnosis" for each neoplasm. This will provide the information needed to search the medical record for specific diagnostic test results. Some healthcare institutions may "file" confirmatory test results such as immunophenotyping or genetic testing in a location other than the location used for standard laboratory tests in the medical record. We recommend that the registrar ask the laboratory for examples of printed test results such as immunophenotyping or genetic testing to become familiar with the format of the test results as well as other information that may be included with test results. We also recommend that the registrar ask the Health Information Management or Medical Records Department where these tests are "filed" within the chart (paper or electronic).

Information for Lymphoma Only
The anatomic site that is most accessible or easiest to reach is usually biopsied when a patient has abnormal lymph nodes and a diagnostic biopsy is warranted. For example, if a CT or PET scan identified enlarged cervical and mediastinal lymph nodes, the physician would biopsy the cervical lymph nodes. A mediastinal lymph node biopsy would require puncturing the chest cavity while cervical lymph nodes can be biopsied with a local anesthetic. The less invasive procedure is used to confirm the diagnosis and minimize the risk of complication, infection, and trauma to the patient. This does not imply that the disease process started in the cervical lymph nodes.

Hodgkin lymphoma (HL) is a type of lymphoma originating in lymphocytes (a type of white blood cell). HL is characterized by the presence of Reed-Sternberg cells (RS cells) on microscopic examination. HL usually originates in the lymph nodes and is characterized by the orderly spread of disease from one lymph node group to another. The patient develops systemic symptoms with advanced disease (metastasis) to the spleen, liver and/or bone marrow.

Non-Hodgkin lymphoma (NHL) comprises a diverse group of malignant neoplasms which include all lymphomas other than Hodgkin. NHL arises in lymphocytes (white blood cells). Lymphocytes are present in lymph nodes and throughout the body. NHL commonly develops in lymph nodes but also occurs in extranodal sites including: tonsils, spleen, ileum, stomach, Waldeyer ring, bone marrow, skin, bone, central nervous system, lung, gonads, conjunctiva, ocular adnexa, liver, kidneys, and uterus.

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Appendix C
Lymph Node/Lymph Node Chain Reference Table

Use this table with the Primary Site and Histology Rules to determine whether involved lymph nodes are in a single ICD-O-3 lymph node region or in multiple ICD-O-3 lymph node regions. This table contains the names of lymph nodes that have the capsule and sinus structure of true lymph nodes. Lymphoid tissue such as that in the GI tract, tonsils, etc., is not represented in this table.

Note: Pathology reports may identify lymph nodes within most organs, the most common being breast, parotid gland, lung, and pancreas. The lymph nodes in these organs are called intra-(organ name) lymph nodes such as intramammary lymph nodes. We have included the most common intra-organ lymph nodes on this table. For an intra-organ lymph node not listed on the table, code to the ICD-O-3 topography code for that organ's regional lymph node chain(s).

Table C1: Lymph Node/Lymph Node Chain Reference Table

Lymph Node/Lymph Node Chain	ICD-O-3 Code	ICD-O-3 Lymph Node Region(s)	AJCC Lymph Node Region(s)
Abdominal	C772	Intra-abdominal	Mesenteric
Anorectal	C775	Pelvic	Pelvic, right and left*
Anterior axillary	C773	Axilla or arm	Axillary, right and left*
Anterior axil	C772	Intra-abdominal	Mesenteric
Anterior deep cervical	C770	Head, face and neck	Cervical, right and left*
Anterior jugular	C770	Head, face and neck	Cervical, right and left*
Aortic NOS, ascending aortic lateral aortic, lumbar aortic; para-aortic; peri-aortic	C772	Intra-abdominal	Para-aortic
Aortico-pulmonary window (subaortic)	C772	Intra-abdominal	Para-aortic
Appendiceal	C772	Intra-abdominal	Mesenteric
Ascending aortic	C772	Intra-abdominal	Para-aortic
Astell's glands (nodes near pancreas)	C772	Intra-abdominal	Para-aortic
Auricular NOS, infra-auricular, pre-auricular, post-auricular, retro-auricular	C770	Head, face and neck	Cervical, right and left*
Axillary, lateral	C773	Axilla or arm	Axillary, right and left*
Axillary, anterior	C773	Axilla or arm	Axillary, right and left*
<u>Azygos (lower paratracheal)</u>	C771	Intrathoracic	Mediastinal
Bronchial	C773	Axilla or arm	Axillary, right and left*
Bronchial, bronchopulmonary, hilar, proximal lobar, pulmonary root	C771	Intrathoracic	Hilar
Bronchopulmonary	C771	Intrathoracic	Hilar
Bronchopulmonary, bronchial hilar, proximal lobar, pulmonary root	C771	Intrathoracic	Hilar
Buccal	C770	Head, face and neck	Cervical, right and left*
Buccinator (facial)	C770	Head, face and neck	Cervical, right and left*

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Lymph Node/Lymph Node Chain	ICD-O-3 Code	ICD-O-3 Lymph Node Region(s)	AJCC Lymph Node Region(s)
(Axilla or arm)	C773	(Intra-abdominal)	(None)

Animation

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Multiple Primary Rules Matrix Format

Note 1: Use Multiple Primary Rules M1 through M12 before using the Hematopoietic DB.
Note 2: The registrar must recognize that during the diagnostic workup the physician may start with a non-specific diagnosis (NOS) and as testing is completed, a more specific histology is identified. These diagnoses are not multiple primaries; they represent steps in the diagnostic work-up. See rules [M7-M12](#).

Rule	Histology	Number of Primaries	Examples/Comments
M1	Minimal information available, such as DCO case or a pathology only case	Single*	
M2	Single histology	Single*	<i>Example 1:</i> The diagnosis is multiple myeloma (9373.3). Abstract as a single primary. <i>Example 2:</i> Multiple extracranial plasmacytomas (9374.2) are present in the oropharynx. Abstract as a single primary. <i>Example 3:</i> A single histology diagnosed by the definitive diagnostic method as defined in the Hematopoietic DB; for example, The patient had several provisional diagnoses but the definitive diagnostic method identifies a single histology. Abstract as a single primary. <i>Example:</i> Biopsy of cervical lymph node shows two different non-Hodgkin lymphomas. Abstract as a single primary.
M3	Two or more types of non-Hodgkin lymphoma are present in the same anatomic location(s), such as <ul style="list-style-type: none"> One lymph node region OR One organ OR One tissue 	Single*	<i>Note 1:</i> When the disease is in an early stage, the involved lymph node(s) will be in the same region as defined by ICD-O-3 codes. See Appendix C for information on lymph node codes and regions. <i>Note 2:</i> When the disease is in a more advanced stage, both non-Hodgkin lymphomas may be present in multiple lymph node regions as defined by ICD-O-3 or in an organ and that organ's regional lymph nodes or in multiple organs. <ul style="list-style-type: none"> Although both non-Hodgkin lymphomas must be present in each of the involved sites in order to abstract as a single primary, it is not required that all involved organs be biopsied. If the physician biopsies one of the involved sites and diagnoses the combination non-Hodgkin lymphomas, assume that all of the nodes, tissue, and/or organs are involved with the combination of non-Hodgkin lymphomas. <i>Note 3:</i> Do not query the Hematopoietic DB in this situation.
M4	Both Hodgkin and non-Hodgkin lymphoma are present in the same anatomic location(s). Hodgkin and non-Hodgkin may be present in <ul style="list-style-type: none"> One lymph node region OR One organ OR One tissue 	Single*	<i>Example:</i> Biopsy of cervical lymph node shows Hodgkin and non-Hodgkin lymphomas. Abstract as a single primary. <i>Note 1:</i> When the disease is in an early stage, the involved lymph node(s) will be in the same region as defined by ICD-O-3 codes. See Appendix C for lymph node codes and regions. <i>Note 2:</i> When the disease is in a more advanced stage, both Hodgkin and non-Hodgkin lymphomas may be present in multiple lymph node regions as defined by ICD-O-3 codes or in an organ and that organ's regional lymph nodes or in multiple organs. <ul style="list-style-type: none"> Although both Hodgkin and non-Hodgkin lymphomas must be present in each of the involved sites in order to abstract as a single primary, it is not required that all

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Rule	Histology	Number of Primaries	Examples/Comments
M5	<ul style="list-style-type: none"> Hodgkin lymphoma in one node and non-Hodgkin lymphoma in a different node <i>Note:</i> The involved nodes may be in the same lymph node region as defined by ICD-O-3 or in different lymph node regions as defined by ICD-O-3. See Appendix C .	Multiple**	involved organs be biopsied. If the physician biopsies one of the involved sites and diagnoses the combination Hodgkin and non-Hodgkin lymphomas, assume that all of the nodes, tissue, and/or organs are involved with the combination of Hodgkin and non-Hodgkin lymphomas. <i>Note 3:</i> Do not query the Hematopoietic DB in this situation. <i>Example 1:</i> Patient is diagnosed with Hodgkin lymphoma in the cervical lymph nodes and also with non-Hodgkin lymphoma in the inguinal lymph nodes. Abstract as multiple primaries. <i>Example 2:</i> Hodgkin lymphoma in the axilla and non-Hodgkin lymphoma in the testis. Abstract as multiple primaries. <i>Example 3:</i> Hodgkin lymphoma in the brain and non-Hodgkin lymphoma in the mediastinal lymph nodes. Abstract as multiple primaries.

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Multiple Primary Rules Matrix Format

Note 1: Use Multiple Primary Rules M1 through M12 before using the Hematopoietic DB.
 Note 2: The registrar must recognize that during the diagnostic workup the physician may start with a non-specific diagnosis (NOS) and as testing is completed, a more specific histology is identified. These diagnoses are not multiple primaries; they represent steps in the diagnostic work-up. See rules [M7-M12](#).

Rule	Histology	Number of Primaries	Examples/Comments
M1	Minimal information available, such as DCO case or a pathology only case	Single*	
M2	Single histology	Single*	Example 1: The diagnosis is multiple myeloma (9371.3). Abstract as a single primary. Example 2: Multiple extracranial plasmacytomas (9374.2) are present in the oropharynx. Abstract as a single primary. Example 3: A single histology diagnosed by the definitive diagnostic method as defined in the Hematopoietic DB; for example, The patient had several provisional diagnoses but the definitive diagnostic method identifies a single histology. Abstract as a single primary. Example: Biopsy of cervical lymph node shows two different non-Hodgkin lymphomas. Abstract as a single primary.
M3	Two or more types of non-Hodgkin lymphoma are present in the same anatomic location(s), such as <ul style="list-style-type: none"> One lymph node region OR One organ OR One tissue 	Single*	Note 1: When the disease is in an early stage, the involved lymph node(s) will be in the same region as defined by ICD-O-3 codes. See Appendix C for information on lymph node codes and regions. Note 2: When the disease is in a more advanced stage, both non-Hodgkin lymphomas may be present in multiple lymph node regions as defined by ICD-O-3 or in an organ and that organ's regional lymph nodes or in multiple organs. • Although both non-Hodgkin lymphomas must be present in each of the involved sites in order to abstract as a single primary, it is not required that all involved sites be biopsied. If the physician biopsies one of the involved sites and diagnoses non-Hodgkin lymphoma, assume that all of the nodes are involved with the combination of non-Hodgkin lymphomas. Hematopoietic DB in this situation. All lymph node shows Hodgkin and non-Hodgkin lymphomas. In an early stage, the involved lymph node(s) will be in the ICD-O-3 codes. See Appendix C for lymph node codes and regions. In a more advanced stage, both Hodgkin and non-Hodgkin lymphomas in multiple lymph node regions as defined by ICD-O-3 codes or regional lymph nodes or in multiple organs. Hodgkin and non-Hodgkin lymphomas must be present in each of the involved sites in order to abstract as a single primary, it is not required that all involved sites be biopsied. If the physician biopsies one of the involved sites and diagnoses Hodgkin and non-Hodgkin lymphomas, assume that all sites and/or organs are involved with the combination of Hodgkin lymphomas. Hematopoietic DB in this situation. Biopsy with Hodgkin lymphoma in the cervical lymph nodes and non-Hodgkin lymphoma in the inguinal lymph nodes. Abstract as multiple primaries. Example 2: Hodgkin lymphoma in the axilla and non-Hodgkin lymphoma in the breast. Abstract as multiple primaries. Example 3: Hodgkin lymphoma in the brain and non-Hodgkin lymphoma in the mediastinal lymph nodes. Abstract as multiple primaries.
M4	Both Hodgkin and non-Hodgkin lymphoma are present in the same anatomic location(s), such as <ul style="list-style-type: none"> One lymph node region OR One organ OR One tissue 	Single*	
M5	Hodgkin lymphoma and non-Hodgkin lymphoma are present in different anatomic locations	Multiple	

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Multiple Primary Rules Matrix Format

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Rule	Histology	Number of Primaries	Examples/Comments
M1	Minimal information available, such as DCO case or a pathology only case	Single*	
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M3	Two or more types of non-Hodgkin lymphoma are present in the same anatomic location(s), such as <ul style="list-style-type: none"> One lymph node region OR One organ OR One tissue 	Single*	<p>Note 1: Do not query the Hematopoietic DB in this situation.</p> <p>Example: Biopsy of a cervical lymph node shows Hodgkin and non-Hodgkin lymphomas. Abstract as a single primary.</p> <p>Note 1: When the disease is in a more advanced stage, both non-Hodgkin lymphomas may be present in multiple lymph node regions as defined by ICD-O-3 or in an organ and that organ's regional lymph nodes or in multiple organs.</p> <ul style="list-style-type: none"> Although both non-Hodgkin lymphomas must be present in each of the involved sites in order to abstract as a single primary, it is not required that all involved organs be biopsied. If the physician biopsies one of the involved sites and diagnoses the combination Hodgkin and non-Hodgkin lymphomas, assume that all of the nodes, nerves, and/or organs are involved with the combination of Hodgkin and non-Hodgkin lymphomas.
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M3	Two or more types of non-Hodgkin lymphoma are present in the same anatomic location(s), such as <ul style="list-style-type: none"> One lymph node region OR One organ OR One tissue 	Single*	Note 1: Do not query the Hematopoietic DB in this situation. Example: Biopsy of a cervical lymph node shows two different non-Hodgkin lymphomas. Abstract as a single primary. Note 1: When the disease is in a more advanced stage, both non-Hodgkin lymphomas may be present in multiple lymph node regions as defined by ICD-O-3 or in an organ and that organ's regional lymph nodes or in multiple organs. <ul style="list-style-type: none"> Although both non-Hodgkin lymphomas must be present in each of the involved sites in order to abstract as a single primary, it is not required that all involved organs be biopsied.
M4	Both Hodgkin and non-Hodgkin lymphoma are present in the same anatomic location(s). Hodgkin and non-Hodgkin may be present in <ul style="list-style-type: none"> One lymph node region OR One organ OR One tissue 	Single*	Note 1: Do not query the Hematopoietic DB in this situation. Example: Biopsy of a cervical lymph node shows Hodgkin and non-Hodgkin lymphomas. Abstract as a single primary. Note 1: When the disease is in a more advanced stage, both Hodgkin and non-Hodgkin lymphomas may be present in multiple lymph node regions as defined by ICD-O-3 or in an organ and that organ's regional lymph nodes or in multiple organs. <ul style="list-style-type: none"> Although both Hodgkin and non-Hodgkin lymphomas must be present in each of the involved sites in order to abstract as a single primary, it is not required that all involved organs be biopsied. If the physician biopsies one of the involved sites and diagnoses the combination Hodgkin and non-Hodgkin lymphomas, assume that all of the nodes, tissue, and/or organs are involved with the combination of Hodgkin and non-Hodgkin lymphomas.

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Rule	Histology	Number of Primaries	Examples/Comments
M5	<ul style="list-style-type: none"> Hodgkin lymphoma in one node and non-Hodgkin lymphoma in a different node Note: The involved nodes may be in the same lymph node region as defined by ICD-O-3 or in different lymph node regions as defined by ICD-O-3. See Appendix C .	Multiple**	Note 1: Do not query the Hematopoietic DB in this situation. Example 1: Patient is diagnosed with Hodgkin lymphoma in the cervical lymph nodes and also with non-Hodgkin lymphoma in the inguinal lymph nodes. Abstract as multiple primaries. Example 2: Hodgkin lymphoma in the tonsils and non-Hodgkin lymphoma in the breast. Abstract as multiple primaries. Example 3: Hodgkin lymphoma in the brain and non-Hodgkin lymphoma in the mediastinal lymph nodes. Abstract as multiple primaries.

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Multiple Primary Rules Matrix Format

Note 1: Use Multiple Primary Rules M1 through M12 before using the Hematopoietic DB.
 Note 2: The registrar must recognize that during the diagnostic workup the physician may start with a non-specific diagnosis (NOS) and as testing is completed, a more specific histology is identified. These diagnoses are not multiple primaries; they represent steps in the diagnostic work-up. See rules [M7-M12](#).

Rule	Histology	Number of Primaries	Examples/Comments
M1	Minimal information available, such as DCO case or a pathology only case	Single*	
M2	Single histology	Single*	<p>Example 1: The diagnosis is multiple myelomas (9371.3). Abstract as a single primary.</p> <p>Example 2: Multiple extracranial plasmocytomas (9374.2) are present in the oropharynx. Abstract as a single primary.</p> <p>Example 3: A single histology diagnosed by the definitive diagnostic method as defined in the Hematopoietic DB; for example, The patient had several provisional diagnoses but the definitive diagnostic method identifies a single histology. Abstract as a single primary.</p> <p>Example: Biopsy of cervical lymph node shows two different non-Hodgkin lymphomas. Abstract as a single primary.</p> <p>Note 1: When the disease is in an early stage, the involved lymph node(s) will be in the same region as defined by ICD-O-3 codes. See Appendix C for information on lymph node codes and regions.</p> <p>Note 2: When the disease is in a more advanced stage, both non-Hodgkin lymphomas may be present in multiple lymph node regions as defined by ICD-O-3 or in an organ and that organ's regional lymph nodes or in multiple organs.</p> <ul style="list-style-type: none"> Although both non-Hodgkin lymphomas must be present in each of the involved sites in order to abstract as a single primary, it is not required that all involved organs be biopsied or diagnosed. The terms, and/or lymphomas.
M3	Two or more types of non-Hodgkin lymphoma are present in the same anatomic location(s), such as <ul style="list-style-type: none"> One lymph node region OR One organ OR One tissue 	Single*	<p>Note 1: Do not query the Hematopoietic DB in this situation.</p> <p>Example: Biopsy of a</p> <p>Abstract as a single pri</p> <p>Note 1: When the disea</p> <p>same region as defined</p> <p>regions.</p> <p>Note 2: When the disea</p> <p>lymphomas may be pre</p> <p>in an organ and that or</p> <ul style="list-style-type: none"> Although bot <p>the involved s</p>
M4	Both Hodgkin and non-Hodgkin lymphoma are present in the same anatomic location(s). Hodgkin and non-Hodgkin may be present in <ul style="list-style-type: none"> One lymph node region OR One organ OR One tissue 	Single*	

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Options

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2010 Hematopoietic and Lymphoid Neoplasm Case Reportability and Coding Manual

Rule	Histology	Number of Primaries	Examples/Comments
M5	<ul style="list-style-type: none"> Hodgkin lymphoma in one node and non-Hodgkin lymphoma in a different node <p>Note: The involved nodes may be in the same lymph node region as defined by ICD-O-3 or in different lymph node regions as defined by ICD-O-3. See Appendix C.</p>	Multiple**	<p>involved organs be biopsied. If the physician biopsies one of the involved sites and diagnoses the combination Hodgkin and non-Hodgkin lymphomas, assume that all of the nodes, tissue, and/or organs are involved with the combination of Hodgkin and non-Hodgkin lymphomas.</p> <p>Note 1: Do not query the Hematopoietic DB in this situation.</p> <p>Example 1: Patient is diagnosed with Hodgkin lymphoma in the cervical lymph nodes and also with non-Hodgkin lymphoma in the inguinal lymph nodes. Abstract as multiple primaries.</p> <p>Example 2: Hodgkin lymphoma in the tonsils and non-Hodgkin lymphoma in the breast. Abstract as multiple primaries.</p> <p>Example 3: Hodgkin lymphoma in the brain and non-Hodgkin lymphoma in the mediastinal lymph nodes. Abstract as multiple primaries.</p>

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- Multiple Primary Rules Flowchart Format
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- Grade of Tumor Rules Flowchart Format
- Multiple Primary Rules Matrix Format
- Primary Site and Histology Coding Rules Matrix

Multiple Primary Rules Matrix Format

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Rule	Histology	Number of Primaries	Examples/Comments
M1	Minimal information available, such as DCO case or a pathology only case	Single*	
M2	Single histology	Single*	<i>Example 1:</i> The diagnosis is multiple myeloma (9373.3). Abstract as a single primary. <i>Example 2:</i> Multiple extracranial plasmacytomas (9374.2) are present in the oropharynx. Abstract as a single primary. <i>Example 3:</i> A single histology diagnosed by the definitive diagnostic method as defined in the Hematopoietic DB; for example, The patient had several provisional diagnoses but the definitive diagnostic method identifies a single histology. Abstract as a single primary. <i>Example:</i> Biopsy of cervical lymph node shows two different non-Hodgkin lymphomas. Abstract as a single primary.
M3	Two or more types of non-Hodgkin lymphoma are present in the same anatomic location(s), such as <ul style="list-style-type: none"> One lymph node region OR One organ OR One tissue 	Single*	<i>Note 1:</i> When the disease is in an early stage, the involved lymph node(s) will be in the same region as defined by ICD-O-3 codes. See Appendix C for information on lymph node codes and regions. <i>Note 2:</i> When the disease is in a more advanced stage, both non-Hodgkin lymphomas may be present in multiple lymph node regions as defined by ICD-O-3 or in an organ and that organ's regional lymph nodes or in multiple organs. <ul style="list-style-type: none"> Although both non-Hodgkin lymphomas must be present in each of the involved sites in order to abstract as a single primary, it is not required that all involved organs be biopsied. If the physician biopsies one of the involved sites and diagnoses the combination non-Hodgkin lymphomas, assume that all of the nodes, tissue, and/or organs are involved with the combination of non-Hodgkin lymphomas. <i>Note 3:</i> Do not query the Hematopoietic DB in this situation.
M4	Both Hodgkin and non-Hodgkin lymphoma are present in the same anatomic location(s). Hodgkin and non-Hodgkin may be present in <ul style="list-style-type: none"> One lymph node region OR One organ OR One tissue 	Single*	<i>Example:</i> Biopsy of cervical lymph node shows Hodgkin and non-Hodgkin lymphomas. Abstract as a single primary. <i>Note 1:</i> When the disease is in an early stage, the involved lymph node(s) will be in the same region as defined by ICD-O-3 codes. See Appendix C for lymph node codes and regions. <i>Note 2:</i> When the disease is in a more advanced stage, both Hodgkin and non-Hodgkin lymphomas may be present in multiple lymph node regions as defined by ICD-O-3 codes or in an organ and that organ's regional lymph nodes or in multiple organs. <ul style="list-style-type: none"> Although both Hodgkin and non-Hodgkin lymphomas must be present in each of the involved sites in order to abstract as a single primary, it is not required that all

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Rule	Histology	Number of Primaries	Examples/Comments
M5	<ul style="list-style-type: none"> Hodgkin lymphoma in one node and non-Hodgkin lymphoma in a different node <i>Note:</i> The involved nodes may be in the same lymph node region as defined by ICD-O-3 or in different lymph node regions as defined by ICD-O-3. See Appendix C .	Multiple**	involved organs be biopsied. If the physician biopsies one of the involved sites and diagnoses the combination Hodgkin and non-Hodgkin lymphomas, assume that all of the nodes, tissue, and/or organs are involved with the combination of Hodgkin and non-Hodgkin lymphomas. <i>Note 3:</i> Do not query the Hematopoietic DB in this situation. <i>Example 1:</i> Patient is diagnosed with Hodgkin lymphoma in the cervical lymph nodes and also with non-Hodgkin lymphoma in the inguinal lymph nodes. Abstract as multiple primaries. <i>Example 2:</i> Hodgkin lymphoma in the tonsils and non-Hodgkin lymphoma in the breast. Abstract as multiple primaries. <i>Example 3:</i> Hodgkin lymphoma in the brain and non-Hodgkin lymphoma in the mediastinal lymph nodes. Abstract as multiple primaries.

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Rule	Histology	Number of Primaries	Examples/Comments
M1	Minimal information available, such as DCO case or a pathology only case	Single*	
M2	Single histology	Single*	<p>Example 1: The diagnosis is multiple myelomas (9371.3). Abstract as a single primary.</p> <p>Example 2: Multiple extracranial plasmocytomas (9374.2) are present in the oropharynx. Abstract as a single primary.</p> <p>Example 3: A single histology diagnosed by the definitive diagnostic method as defined in the Hematopoietic DB; for example, The patient had several provisional diagnoses but the definitive diagnostic method identifies a single histology. Abstract as a single primary.</p> <p>Example: Biopsy of cervical lymph node shows two different non-Hodgkin lymphomas. Abstract as a single primary.</p> <p>Note 1: When the disease is in an early stage, the involved lymph node(s) will be in the same region as defined by ICD-O-3 codes. See Appendix C for information on lymph node codes and regions.</p> <p>Note 2: When the disease is in a more advanced stage, both non-Hodgkin lymphomas may be present in multiple lymph node regions as defined by ICD-O-3 or in an organ and that organ's regional lymph nodes or in multiple organs.</p> <ul style="list-style-type: none"> Although both non-Hodgkin lymphomas must be present in each of the involved sites in order to abstract as a single primary, it is not required that all involved organs be biopsied.
M3	Two or more types of non-Hodgkin lymphoma are present in the same anatomic location(s), such as <ul style="list-style-type: none"> One lymph node region OR One organ OR One tissue 	Single*	<p>Note 1: Do not query the Hematopoietic DB in this situation.</p> <p>Example: Biopsy of a</p> <p>Abstract as a single pri</p> <p>Note 1: When the disea</p> <p>same region as defined</p> <p>regions.</p> <p>Note 2: When the disea</p> <p>lymphomas may be pre</p> <p>in an organ and that or</p> <ul style="list-style-type: none"> Although both the involved s
M4	Both Hodgkin and non-Hodgkin lymphoma are present in the same anatomic location(s). Hodgkin and non-Hodgkin may be present in <ul style="list-style-type: none"> One lymph node region OR One organ OR One tissue 	Single*	<p>involved organs be biopsied. If the physician biopsies one of the involved sites and diagnoses the combination Hodgkin and non-Hodgkin lymphomas, assume that all of the nodes, tissue, and/or organs are involved with the combination of Hodgkin and non-Hodgkin lymphomas.</p> <p>Note 1: Do not query the Hematopoietic DB in this situation.</p> <p>Example 1: Patient is diagnosed with Hodgkin lymphoma in the cervical lymph nodes and also with non-Hodgkin lymphoma in the inguinal lymph nodes. Abstract as multiple primaries.</p> <p>Example 2: Hodgkin lymphoma in the tonsils and non-Hodgkin lymphoma in the breast. Abstract as multiple primaries.</p> <p>Example 3: Hodgkin lymphoma in the brain and non-Hodgkin lymphoma in the mediastinal lymph nodes. Abstract as multiple primaries.</p>

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Rule	Histology	Number of Primaries	Examples/Comments
M5	<ul style="list-style-type: none"> Hodgkin lymphoma in one node and non-Hodgkin lymphoma in a different node <p>Note: The involved nodes may be in the same lymph node region as defined by ICD-O-3 or in different lymph node regions as defined by ICD-O-3. See Appendix C.</p>	Multiple**	<p>involved organs be biopsied. If the physician biopsies one of the involved sites and diagnoses the combination Hodgkin and non-Hodgkin lymphomas, assume that all of the nodes, tissue, and/or organs are involved with the combination of Hodgkin and non-Hodgkin lymphomas.</p> <p>Note 1: Do not query the Hematopoietic DB in this situation.</p> <p>Example 1: Patient is diagnosed with Hodgkin lymphoma in the cervical lymph nodes and also with non-Hodgkin lymphoma in the inguinal lymph nodes. Abstract as multiple primaries.</p> <p>Example 2: Hodgkin lymphoma in the tonsils and non-Hodgkin lymphoma in the breast. Abstract as multiple primaries.</p> <p>Example 3: Hodgkin lymphoma in the brain and non-Hodgkin lymphoma in the mediastinal lymph nodes. Abstract as multiple primaries.</p>

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Multiple Primary Rules Matrix Format

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Note 2: The registrar must recognize that during the diagnostic workup the physician may start with a non-specific diagnosis (NOS) and as testing is completed, a more specific histology is identified. These diagnoses are not multiple primaries; they represent steps in the diagnostic work-up. See rules [M7-M12](#).

Rule	Histology	Number of Primaries	Examples/Comments
M1	Minimal information available, such as DCO case or a pathology only case	Single*	
M2	Single histology	Single*	<i>Example 1:</i> The diagnosis is multiple myeloma (9373.3). Abstract as a single primary. <i>Example 2:</i> Multiple extracranial plasmacytomas (9374.2) are present in the oropharynx. Abstract as a single primary. <i>Example 3:</i> A single histology diagnosed by the definitive diagnostic method as defined in the Hematopoietic DB; for example, The patient had several provisional diagnoses but the definitive diagnostic method identifies a single histology. Abstract as a single primary. <i>Example:</i> Biopsy of cervical lymph node shows two different non-Hodgkin lymphomas. Abstract as a single primary. Note 1: When the disease is in an early stage, the involved lymph node(s) will be in the same region as defined by ICD-O-3 codes. See Appendix C for information on lymph node codes and regions. Note 2: When the disease is in a more advanced stage, both non-Hodgkin lymphomas may be present in multiple lymph node regions as defined by ICD-O-3 or in an organ and that organ's regional lymph nodes or in multiple organs. <ul style="list-style-type: none"> Although both non-Hodgkin lymphomas must be present in each of the involved sites in order to abstract as a single primary, it is not required that all involved organs be biopsied. If the physician biopsies one of the involved sites and diagnoses the combination non-Hodgkin lymphomas, assume that all of the nodes, tumor, and/or organs are involved with the combination of non-Hodgkin lymphomas. Note 3: Do not query the Hematopoietic DB in this situation.
M3	Two or more types of non-Hodgkin lymphoma are present in the same anatomic location(s), such as <ul style="list-style-type: none"> One lymph node region OR One organ OR One tissue 	Single*	<i>Example:</i> Biopsy of cervical lymph node shows Hodgkin and non-Hodgkin lymphomas. Abstract as a single primary. Note 1: When the disease is in an early stage, the involved lymph node(s) will be in the same region as defined by ICD-O-3 codes. See Appendix C for lymph node codes and regions. Note 2: When the disease is in a more advanced stage, both Hodgkin and non-Hodgkin lymphomas may be present in multiple lymph node regions as defined by ICD-O-3 codes or in an organ and that organ's regional lymph nodes or in multiple organs. <ul style="list-style-type: none"> Although both Hodgkin and non-Hodgkin lymphomas must be present in each of the involved sites in order to abstract as a single primary, it is not required that all
M4	Both Hodgkin and non-Hodgkin lymphoma are present in the same anatomic location(s). Hodgkin and non-Hodgkin may be present in <ul style="list-style-type: none"> One lymph node region OR One organ OR One tissue 	Single*	<i>Example:</i> Biopsy of cervical lymph node shows Hodgkin and non-Hodgkin lymphomas. Abstract as a single primary. Note 1: When the disease is in an early stage, the involved lymph node(s) will be in the same region as defined by ICD-O-3 codes. See Appendix C for lymph node codes and regions. Note 2: When the disease is in a more advanced stage, both Hodgkin and non-Hodgkin lymphomas may be present in multiple lymph node regions as defined by ICD-O-3 codes or in an organ and that organ's regional lymph nodes or in multiple organs. <ul style="list-style-type: none"> Although both Hodgkin and non-Hodgkin lymphomas must be present in each of the involved sites in order to abstract as a single primary, it is not required that all

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Rule	Histology	Number of Primaries	Examples/Comments
M5	<ul style="list-style-type: none"> Hodgkin lymphoma in one node and non-Hodgkin lymphoma in a different node Note: The involved nodes may be in the same lymph node region as defined by ICD-O-3 or in different lymph node regions as defined by ICD-O-3. See Appendix C .	Multiple**	<i>Example 1:</i> Patient is diagnosed with Hodgkin lymphoma in the cervical lymph nodes and also with non-Hodgkin lymphoma in the inguinal lymph nodes. Abstract as multiple primaries. <i>Example 2:</i> Hodgkin lymphoma in the axilla and non-Hodgkin lymphoma in the testis. Abstract as multiple primaries. <i>Example 3:</i> Hodgkin lymphoma in the brain and non-Hodgkin lymphoma in the mediastinal lymph nodes. Abstract as multiple primaries.

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M3	Two or more types of non-Hodgkin lymphoma are present in the same anatomic location(s), such as <ul style="list-style-type: none"> One lymph node region OR One organ OR One tissue 	Single*	Note 1: When the disease is in an early stage, the involved lymph node(s) will be in the same region as defined by ICD-O-3 codes. See Appendix C for information on lymph node codes and regions. Note 2: When the disease is in a more advanced stage, both non-Hodgkin lymphomas may be present in multiple lymph node regions as defined by ICD-O-3 or in an organ and that organ's regional lymph nodes or in multiple organs. <ul style="list-style-type: none"> Although both non-Hodgkin lymphomas must be present in each of the involved sites in order to abstract as a single primary, it is not required that all involved organs be biopsied. Example: Biopsy of a
M4	Both Hodgkin and non-Hodgkin lymphoma are present in the same anatomic location(s). Hodgkin and non-Hodgkin may be present in <ul style="list-style-type: none"> One lymph node region OR One organ OR One tissue 	Single*	Note 1: Do not query the Hematopoietic DB in this situation. Example: Biopsy of a

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Rule	Histology	Number of Primaries	Examples/Comments
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M3	Two or more types of non-Hodgkin lymphoma are present in the same anatomic location(s), such as <ul style="list-style-type: none"> One lymph node region OR One organ OR One tissue 	Single*	<i>Note 1:</i> When the disease is in an early stage, the involved lymph node(s) will be in the same region as defined by ICD-O-3 codes. See Appendix C for information on lymph node codes and regions. <i>Note 2:</i> When the disease is in a more advanced stage, both non-Hodgkin lymphomas may be present in multiple lymph node regions as defined by ICD-O-3 or in an organ and that organ's regional lymph nodes or in multiple organs. <ul style="list-style-type: none"> Although both non-Hodgkin lymphomas must be present in each of the involved sites in order to abstract as a single primary, it is not required that all involved organs be biopsied. If the physician biopsies one of the involved sites and diagnoses the combination non-Hodgkin lymphomas, assume that all of the nodes, tissue, and/or organs are involved with the combination of non-Hodgkin lymphomas. <i>Note 3:</i> Do not query the Hematopoietic DB in this situation. <i>Example:</i> Biopsy of cervical lymph node shows Hodgkin and non-Hodgkin lymphomas. Abstract as a single primary. <i>Note 1:</i> When the disease is in an early stage, the involved lymph node(s) will be in the same region as defined by ICD-O-3 codes. See Appendix C for lymph node codes and regions. <i>Note 2:</i> When the disease is in a more advanced stage, both Hodgkin and non-Hodgkin lymphomas may be present in multiple lymph node regions as defined by ICD-O-3 codes or in an organ and that organ's regional lymph nodes or in multiple organs. <ul style="list-style-type: none"> Although both Hodgkin and non-Hodgkin lymphomas must be present in each of the involved sites in order to abstract as a single primary, it is not required that all
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Slide 70 - Conclusion

Conclusion

- The new hematopoietic and lymphoid neoplasm rules go into effect for cases diagnosed **January 1, 2010, and after**

Animation
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(X:0; Y:0)

- Email address for questions
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