

SEER Inquiry System - Report

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Question 20021146

References:

#1: SEER Program Code Man, 3rd Ed, 91

#2: ICD-O-3, 26

Question:

Primary Site--Lymphoma: Is the primary site likely to be extranodal for a lymphoma that presents in an extranodal site and lymph nodes which are regional for that site? Is the primary site also likely to be extranodal if an extranodal site and lymph nodes are excised? See discussion.

Discussion:

Example: Work-up included a negative CXR. A CT showed multiple dilated loops of small bowel consistent with obstruction and nodular prominence at the base of bladder. Laparotomy with resection of small bowel and multiple biopsies of enlarged mesenteric lymph nodes performed. Final path diagnosis: Lymphoma in a "mesenteric mass" and in "small bowel." There was no mention of lymph nodes in the final diagnosis and the detailed micro described the mesenteric mass as just adipose tissue replaced by lymphoma. However, the gross for that specimen states 4 lymph nodes were found in the fat. The small bowel micro described an ulcerated lesion of the small bowel extending into muscularis.

Answer:

For cases diagnosed prior to 1/1/2010: Code the Primary Site field to C17.9 [small bowel] for the example. When an extranodal organ and that organ's regional nodes are involved, the extranodal site is most likely the primary, unless there is extension from the regional nodes to the organ. If the primary site cannot be determined for a lymphoma diagnosed in both a nodal and extranodal site, code to C77.9 [lymph nodes NOS].

For cases diagnosed 2010 forward, refer to the Hematopoietic and Lymphoid Neoplasm Case Reportability and Coding Manual and the Hematopoietic Database (Hematopoietic DB) provided by SEER on its website to research your question. If those resources do not adequately address your issue, submit a new question to SINQ.

Cancer Site Category:

Lymphoma

Data Item Category:

Primary site

Other Category:

N/A

Year:

2002