

SEER Inquiry System - Report

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Question 20110149

References:

Heme & Lymph Manual & DB

Question:

Ambiguous Terminology/Histology--Heme & Lymphoid Neoplasms: How are the histology and diagnostic confirmation to be coded when the pathology report's final diagnosis is "plasma cell dyscrasia consistent with plasma cell myeloma" and the physician subsequently states this diagnosis was plasma cell myeloma? See Discussion.

Discussion:

Pathologists often use the diagnosis "plasma cell dyscrasia" followed by an ambiguous term such as "consistent with" or "favors" with a more specific histology such as "plasma cell myeloma." Per initial training for Hematopoietic, ambiguous terminology is not used to code the histology for Heme & Lymphoid Neoplasms. Should the histology be coded as plasma cell dyscrasia (which is not found in the Heme DB or Manual) because the pathology report uses ambiguous terminology to describe the plasma cell myeloma?

If the physician subsequently states the diagnosis is "plasma cell myeloma" in a note following the pathology, should the histology be coded as plasma cell myeloma based on that diagnosis as there was no ambiguous terminology used?

How is the diagnostic confirmation coded for this case? Should this be a positive histology diagnosis (diagnostic confirmation code 1) if the pathology diagnosis uses ambiguous terminology only?

Answer:

For cases diagnosed 2010 and forward, access the Hematopoietic Database at <http://seer.cancer.gov/seertools/hemelymph>.

The histology is coded as Plasma cell myeloma [9732/3]. The diagnostic confirmation is coded to 1 [positive histology].

Under the Definitive Diagnostic Methods section in the Heme DB it indicates that a bone marrow aspiration and bone marrow biopsy are procedures used to diagnose this disease process. This patient's diagnosis was based on the pathology (presumably from a bone marrow biopsy).

NOTE: This is a reportable case. Ambiguous terminology is used to accession cases (determine reportability) because it has been used for over 30 years to do so. Any deviation from using ambiguous terminology to determine case reportability would cause the reporting of incidence counts to vary. In this case, there was a reportable, ambiguous terminology diagnosis of plasma cell myeloma on the pathology report; as well as a reportable physician's statement/diagnosis of plasma cell myeloma.

Ambiguous terminology, however, is not used to report a more specific diagnosis for the Heme & Lymphoid neoplasms. For example, if the pathology report final diagnosis was "Myeloproliferative neoplasm, probably Polycythemia Vera" the histology would be coded as myeloproliferative neoplasm, unclassifiable [9975/3]. The ambiguous terminology indicates that the genetic testing, immunophenotyping, etc., probably are not complete or are not diagnostic of the more specific disease. Wait to code the histology until there is a definite diagnosis given.

SEER*Educate provides training on how to use the Heme Manual and DB. If you are unsure how to arrive at the answer in this SINQ question, refer to SEER*Educate to practice coding hematopoietic and lymphoid neoplasms. Review the step-by-step instructions provided for each case scenario to learn how to use the application and manual to arrive at the answer provided. <https://educate.fhcrc.org/LandingPage.aspx> (<https://educate.fhcrc.org/LandingPage.aspx>).

History:

This SINQ question has been updated to the Hematopoietic & Lymphoid Neoplasm Manual & Database published January 2014.

The original answer below was written based on the rules in 2010

For cases diagnosed 2010-2011, access the Hematopoietic Database at

<http://seer.cancer.gov/tools/heme/>.

Click on Hematopoietic Project. Click on Hematopoietic and Lymphoid Database. For 2010-2011 diagnoses, click on the "use the 2010 database" label in the upper right corner of the screen. The 2010 Hematopoietic Coding Manual (PDF) button will appear to indicate the correct version of the program is available now for query.

The histology is coded as Plasma cell myeloma [9732/3]. The diagnostic confirmation is coded to 1 [positive histology]. The steps used to arrive at this decision are:

Enter in the Heme DB to find the histology. Click on the SEARCH button. Ensure that the term "plasma cell myeloma" [9732/3] is highlighted on the screen.

Scroll down to the DEFINITIVE DIAGNOSTIC METHODS section which indicates that a bone marrow aspiration and bone marrow biopsy are included in the definitive diagnostic methods. This patient's diagnosis was based on the pathology (presumably from a bone marrow biopsy).

This is a reportable case. Ambiguous terminology is used to accession cases (reportability) because it has been used for 30+ years and any deviation from using ambiguous terminology for case reportability would cause problems with incidence counts. In this case, there was a reportable, ambiguous terminology diagnosis of plasma cell myeloma on the pathology report; as well as a reportable physician's statement/diagnosis of plasma cell myeloma.

Ambiguous terminology is not used to report a more specific diagnosis for the Heme & Lymphoid neoplasms. For example, if the pathology report final diagnosis was "Myeloproliferative neoplasm, probably Polycythemia Vera" the histology would be coded as Myeloproliferative neoplasm, unclassifiable [9975/3]. The ambiguous terminology indicates that the genetic testing, immunophenotyping, etc., probably are not complete or are not diagnostic of the more specific disease. Wait to code the histology until there is a definite diagnosis given.

Cancer Site Category:

Heme & Lymphoid Neoplasms

Data Item Category:

N/A

Other Category:

Ambiguous terminology

Year:

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