

SEER Inquiry System - Report

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Question 20130114

References:

Heme & Lymph Manual & DB

Question:

Histology--Heme & Lymphoid Neoplasms: How is the histology coded when the bone marrow biopsy shows acute myeloid leukemia, but the physician states this is therapy-related AML secondary to prior radiation treatment? See Discussion.

Discussion:

Physician states this patient has radiation therapy-related AML due to radiation received as treatment for a prior prostate cancer. The bone marrow and other immunophenotyping do not state this is therapy-related AML. Should the histology be coded AML, NOS [9861/3] or therapy-related AML [9920/3]?

Answer:

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

Code the histology as therapy-related acute myeloid leukemia, NOS [9920/3] when the physician states this is a therapy-related AML.

The therapy-related diagnosis may be either clinically or pathologically stated to code the histology to 9920/3. In this case, the physician is aware of the previous chemotherapy, hormone therapy or radiation and adds that knowledge to the histologic findings of AML. The pathology report did not include this clinical, historical information as part of the final diagnosis. However, one can code therapy-related acute myeloid leukemia because clinically it was stated.

We recommend that you clearly document in the abstract that you are coding a clinical histology.

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:

Code to 9920/3 when you have the physician's statement that this is a therapy-related AML. The therapy-related diagnosis is clinical, in other words, the physician is aware of the previous chemo, hormone, or XRT and adds that knowledge to the histologic findings of AML. The pathology report may not include this clinical, historical information.

We recommend that you clearly document in the abstract that you are coding clinical histology and not path.

Cancer Site Category:

Heme & Lymphoid Neoplasms

Data Item Category:

Histology

Other Category:

N/A

Year:

2013