

SEER Inquiry System - Report

Produced: 05/01/2024 5:06 AM

Question 20130183

References:

Heme & Lymph Manual & DB

Question:

Reportability--Heme & Lymphoid Neoplasms: Is a peripheral blood finding consistent with involvement by monoclonal, lambda-restricted mature B cell population with co-expression of CD5 and CD23 reportable if, immunophenotypically, the case is consistent with a chronic lymphocytic leukemia/small lymphocytic lymphoma? See Discussion.

Discussion:

Peripheral blood: Final diagnosis: Leukocytosis absolute lymphocytosis monoclonal, lambda restricted B-cell population w/co-expression of CD5 and CD23 absolute increase in CD4=helper T cells. See comment.

Comment: Peripheral blood findings are consistent with involvement by monoclonal, lambda-restricted mature B cell population with co-expression of CD5 and CD23, which is immunophenotypically consistent with a chronic lymphocytic leukemia/small lymphocytic lymphoma immunophenotype. However, the absolute monoclonal population is only 3.02k/uL.

According to WHO criteria, in the absence of extramedullary tissue involvement, the monoclonal lymphocyte population must be greater than or equal to 5.0 k/uL. Therefore, in the absence of clinical evidence of extramedullary tissue involvement, the diagnosis is most consistent with a monoclonal B cell lymphocytosis. Review of initial analysis reveals well-defined groups of cells within lymphocyte, monocyte and granulocyte gates as defined by CD45 and sid-scatter characteristics (%s are listed). Overall, peripheral blood findings are consistent with involvement by monoclonal, lambda-restricted B cell population with a chronic lymphocytic leukemia/small lymphocytic lymphoma immunophenotype.

Answer:

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

This case is reportable. Code histology to 9823/3 [CLL/SLL].

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 on peripheral blood that is "consistent with" involvement by chronic lymphocytic leukemia/small lymphocytic lymphoma (CLL/SLL) immunophenotype.

The ambiguous terminology "consistent with" in the flow cytometry report is acceptable to determine reportability. Given that it is the only reportable histology mentioned in the scenario, it is also used to code histology. The instruction "Do not code histology based on ambiguous terminology" is intended to be used when there is a reportable NOS histology and reportable more specific histology stated in the diagnosis. Ambiguous terminology cannot be used to report the more specific diagnosis in cases of Heme & Lymphoid neoplasms.

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>).

Cancer Site Category:

Heme & Lymphoid Neoplasms

Data Item Category:

N/A

Other Category:

Reportability

Year:

