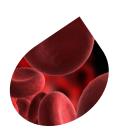
Hematopoietic and Lymphoid Neop Project Lymphoid Neoplasm





Acknowledgments

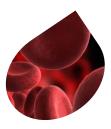
- American College of Surgeons (ACOS) Commission on Cancer (COC)
- Canadian Cancer Registries (CCR)
- National Cancer Registrars Association (NCRA)
- National Program of Cancer Registries (NPCR) of the Centers for Disease Control (CDC)
- North American Association of Central Cancer Registries (NAACCR)





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- Graca Dores, MD
- Charles Platz, MD
- Amy Blum, RHIT, CTR
- The Hematopoietic Working Group





Primary Site and Histology Rules Part I

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NCI SEER

September 2009



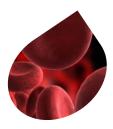
PH Rules

- Primary site and histology rules combined (PH)
- Rules apply to problematic
 - Primary sites
 - Histologies
 - Terms



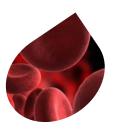


Use the Primary Site and Histology Rules **before** using the Hematopoietic DB



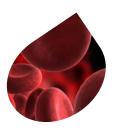


The primary site and histology coding rules are divided into nine modules. Each **module** covers a group of **related** hematopoietic or lymphoid **neoplasms**. However, a specific histology may be covered in more than one module





The modules are not hierarchical, but the rules within each module are in hierarchical order. Apply the rules within each module in order. Stop at the first rule that applies





Module Headers

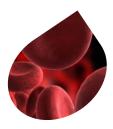
Module 2: Plasma Cell Neoplasms

Solitary plasmacytoma of bone 9731/3

Plasma cell myeloma/multiple myeloma

9732/3

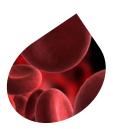
Extraosseous plasmacytoma 9734/3 PH4-PH8





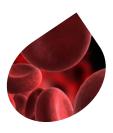
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Plasma cell myeloma/multiple myeloma	21
Extraosseous plasmacytoma	





Apply rules in Module 1 first. Then go to the **first module** that **applies** to the case you are abstracting. If the situation in your case is not covered in that module **continue** on **as directed** after the last rule in the modules





Instructions Within Modules

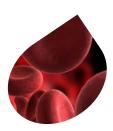
Module 1

Go to the appropriate Module 2-8.

When modules 2-8 do not apply to the case being abstracted, go to Module 9

Module 2

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





Module 1: General Instructions
All hematopoietic and lymphoid
neoplasms 9590/3-9992/3
PH1-PH3



Rule	Histology	Other	Code
PH1	All		 Code primary site using Scans Medical record documentation Pathology report Hematopoietic DB



Notes/Examples PH1

Notes / Examples

Note: For hematopoietic neoplasms the pathology report is not the automatic default standard for determining the primary site. The standard for determining primary site differs depending upon the specific histology.



Rule	Histology	Other	Code	
PH2	All		Code from definitive diagnostic	
			method (See Hematopoietic DB).	
			Definitive diagnostic method can be	
			Clinical diagnosis	
			Genetic test	
			 Immunophenotyping 	
			Cytology	
			Pathology	
			 Final diagnosis 	
			 Comment on final diagnosis 	
			 Addenda to final diagnosis 	
			o CAP protocol	



Rule	Histology	Other	Code
РН3	When tests or reports defined as definitive diagnosis are not available		Code primary site and histology from medical practitioner's statement on • Medical record • Death certificate



Go to the appropriate Module 2-8.

When modules 2-8 do not apply to the case being abstracted, go to Module 9.



Module 2: Plasma Cell Neoplasms Solitary plasmacytoma of bone 9731/3 Plasma cell myeloma/multiple myeloma 9732/3 Extraosseous plasmacytoma 9734/3 PH 4—PH 8



Rule	Histology	Other	Code
PH4	Any of the		1. Primary site to the site of origin
	following occur in		(lymph node region(s), tissue, or
	a site other than		organ)
	bone:		2. Histology extramedullary
	• Plasmacytoma		plasmacytoma (9734/3)
	• Extraosseous or		
	extramedullary		
	plasmacytoma		
	• Solitary		
	plasmacytoma		
	Multiple		
	plasmacytomas		
	Multiple		
	extraosseous or		
	extramedullary		
	plasmacytomas		
	-		20



Note 1: Extramedullary and extraosseous mean not occurring in bone

Note 2: 80% of extramedullary plasmacytomas occur in the upper respiratory tract (oropharynx, nasopharynx, sinuses, and larynx) although they may occur in numerous other sites including the GI tract, lymph nodes, bladder, CNS, breast, thyroid, testis, parotid, and skin.

Note 3: Do <u>not</u> code to blood (C420), bone marrow (C421), reticuloendothelial system, NOS (C423), or the hematopoietic system, NOS (C424).

Example 1: Pathology reports a solitary plasmacytoma wrapped around L4 vertebrae, no invasion of vertebrae. Code the primary site as soft tissue (C496) and the histology 9734/3.

Example 2: Scan shows two plasmacytomas in the nasopharyngeal wall. Biopsy confirms plasmacytoma. Code the primary site nasopharynx (C119) and the histology 9734/3.



Rule	Histology		Code
PH5	Any of the following occur in		1. Primary site to the
	bone		specific bone (C400-
	Plasma cell neoplasm		C419)
	Solitary plasmacytoma		2. Histology solitary
	Solitary plasmacytoma of bone		plasmacytoma of bone
	Solitary medullary		(9731/3)
	plasmacytoma		
	Multiple plasmacytomas		
	Multiple plasmacytomas of		
	bone		
	Multiple medullary		
	plasmacytomas of bone		
	Multiple medullary		
	plasmacytomas		



Note 1: The most common sites are bones with active bone marrow hematopoiesis; in order of frequency these include vertebrae, ribs, skull, pelvis, femur, clavicle, and scapula.

Note 2: Do <u>not</u> code primary site to blood (C420), bone marrow (C421), reticuloendothelial system, NOS (C423), or the hematopoietic system, NOS (C424)



Rule	Histology	Other	Co	ode
PH6		Only information is	1.	Primary site unknown
		documentation that patient		(C809)
		had a plasmacytoma or	2.	Histology solitary
		solitary plasmacytoma		plasmacytoma of bone
				(9731/3)



Example: Death certificate only case with underlying cause of death listed as plasmacytoma.



Code
1. Primary site bone ma cell ma/multiple na AND sof bone w biopsy vn or lable 1. Primary site bone marrow (C421) 2. Histology plasma cell myeloma/multiple myeloma (9732/3)
olasi elori elori sults rrow



Example: Death-certificate-only case with underlying cause of death listed as multiple myeloma.

Note: A clinical diagnosis of multiple myeloma may be based on amyloidosis with associated renal impairment, anemia, and/or hypercalcemia supported by radiologic evidence of multiple lytic bone lesions.



Rule	Histology	Other	Code
PH8		 Diagnosis is Smoldering myeloma Indolent myeloma Evolving myeloma Plasma cell myeloma Multiple myeloma 	1.Primary site bone marrow (C421) 2.Histology plasma cell myeloma/multiple myeloma (9732/3)



Note 1: When the proportion of plasma cells in the bone marrow is 10% or greater, the diagnosis is multiple myeloma.

Note 2: A medical record may have multiple bone marrow biopsies. If any one of the biopsies is positive for multiple myeloma, code the histology to multiple myeloma and the primary site to bone marrow.(C421)

Example: Bone marrow Biopsies: Biopsy 1: Negative. Biopsy 2: Multiple myeloma with bone marrow showing 18% plasma cells. Code the primary site bone marrow (C421) and the histology 9732/3.

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



Module 3: Lymphoma/leukemia (Specific neoplasms that can manifest as either leukemia or lymphoma)
PH9-PH12



Module 3 Header cont'd

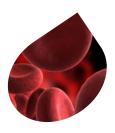
BCCLL/SLL 9823/3

Blastic plasmacytoid dendritic cell neoplasm, NOS 9727/3

Burkitt cell leukemia 9826/3

Burkitt lymphoma, NOS 9687/3

Precursor B-cell lymphoblastic leukemia/lymphoma 9836/3





Module 3 Header cont'd

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





Notes

Note 1: ICD-9-CM and ICD-10 have separate codes for leukemia and lymphoma

Note 2: Commonly lymphoma originates in lymph node region(s), tissue, or organ(s) 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



Rule	Histology	Other	Code
PH9		Diagnosis is B-cell	1. Primary site bone
		chronic lymphocytic	marrow (C421)
		leukemia/small	2. Histology BCCLL/SLL
		lymphocytic lymphoma	(9823/3)
		(BCCLL/SLL) AND	
		• There is peripheral blood	
		involvement (bone	
		marrow may also be	
		involved)	



Note 1: Peripheral blood involvement requires repeated CBCs with absolute lymphocyte count >5000 on repeated measures or flow cytometry that documents a clonal B-cell population in the bone marrow.

Note 2: Leukemic BCCLL will 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.

Note 3: Do <u>not</u> 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.



Rule	Histology	Other	Code
PH10	B-cell chronic lymphocytic leukemia/small lymphocytic lymphoma	 Diagnosis is B-cell chronic lymphocytic leukemia/small lymphocytic lymphoma AND Peripheral blood and flow cytometry are negative or unknown AND Cannot verify that disease originated in bone marrow 	 Primary site to the site of origin (lymph node region(s), tissue, or organ) Histology B-cell lymphocytic lymphoma (9670/3)



Note 1: Do <u>not</u> simply code the site of a biopsy; use the information available from scans to determine the correct primary site. See Modules 1 and 7 for more information on coding primary site for lymphoma.

Note 2: See Appendix C or help in identifying lymph node regions and codes.

Note 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.

Note 4: Small lymphocytic lymphoma is characterized by negative peripheral blood involvement (an absolute lymphocyte count <=5000 on repeated CBCs).



Rule	Histology	Other	Code
PH11		Diagnosis is	1. Primary site bone
		• Burkitt	marrow (C421)
		lymphoma/leukemia OR	2. Histology
		• Precursor cell	Burkitt cell
		lymphoblastic	leukemia (9826/3)
		lymphoma/leukemia OR	Precursor cell
		 Precursor B-cell 	lymphoblastic
		1ymphoblastic	leukemia, NOS
		leukemia/lymphoma OR	(9835/3)
		 Precursor T-cell 	Precursor B-cell
		lymphoblastic	lymphoblastic
		leukemia/lymphoma AND	leukemia (9836/3)
		• Only involvement is bone	Precursor T-cell
		marrow	lymphoblastic
			leukemia (9837/3)



Note 1: Leukemia most commonly originates in the bone marrow. When only the bone marrow is involved, code as leukemia.

Note 2: Do <u>not</u> 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.

Rule	Histology	Other	Code
PH12		Diagnosis is	1. Primary site to the site of
		Burkitt	origin (lymph node
		lymphoma/leukemia	region(s), tissue, or organ)
		OR	2. Histology
		 Precursor cell 	 Burkitt lymphoma,
		lymphoblastic	NOS (9687/3)
		lymphoma/leukemia OR	 Precursor cell
		 Precursor B-cell 	lymphoblastic
		1ymphoblastic	lymphoma, NOS
		leukemia/lymphoma OR	(9727/3)
		 Precursor T-cell 	 Precursor B-cell
		lymphoblastic	lymphoblastic
		leukemia/lymphoma	lymphoma (9728/3)
		AND	 Precursor T-cell
		 Involvement of lymph 	lymphoblastic
		node region(s), tissue or	lymphoma (9729/3)
		organ(s)	



Note 1: Do <u>not</u> simply code the site of a biopsy; use the information available from scans to determine the correct primary site. See Modules 1 and 7 for more information on coding primary site for lymphoma.

Note 2: See Appendix C for help in identifying lymph node regions, and codes.

Note 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 8.



Module 4: Preleukemia, Smoldering Leukemia, and Myelodysplastic Syndrome (9989/3) PH13



Rule	Histology	Other	Code
PH13		 Diagnosis is Preleukemia OR Smoldering leukemia OR Myelodysplastic syndrome 	 Primary site bone marrow (C421) Histology myelodysplastic syndrome (9989/3)



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



Conclusion

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

 Email address for questions <u>askseerctr@imsweb.com</u>

