



# ICRA 2023 Fall Meeting

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1

## Agenda

- Surgery
- Diagnostic Confirmation
- Multiple Primary Rules
- Staging

2

# Surgery

- Excisional biopsy of a lymph node
  - If the patient has multiple enlarged lymph nodes but only one is removed, assign code 02 under Diagnostic Staging Procedure
  - If only one lymph node is enlarged and that lymph node is excised, use code 25 for Surgical Procedure of Primary Site

3

3

## Examples

### Example 1

- A patient presents with bilateral cervical adenopathy. Two lymph nodes are surgically excised from the right side of the neck. These lymph nodes are positive for B-cell lymphoma.
  - Excisional biopsy of the two lymph nodes would be coded as 02-Diagnostic Staging Procedure

### Example 2

- Patient with a palpable cervical lymph node presents for excisional biopsy; staging workup failed to reveal any additional disease
  - Assign code 25 for surgical procedure of primary site

4

## Diagnostic confirmation

- **Microscopically confirmed**

1. Positive histology
  - Tissue specimen
  - Bone marrow specimen
  - CBC, WBC, peripheral blood smear for leukemia only
2. Positive cytology
3. Positive histology PLUS:
  - Positive immunophenotyping AND/OR
  - Positive genetic studies
4. Positive microscopic confirmation, method not specified

5

5

## Diagnostic confirmation

- **Not microscopically confirmed**

5. Positive laboratory test/marker study
6. Direct visualization without microscopic confirmation
7. Radiology and other imaging techniques without microscopic confirmation
8. Clinical diagnosis only (other than 5, 6, or 7)
9. Unknown whether or not microscopically confirmed

6

6

# Pop quiz

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Patient presents with unexplained weight loss, chronic fatigue, and bruising. Peripheral blood smear showed chronic myeloid leukemia.

**What is the code for diagnostic confirmation?**

- 1-Positive histology

7

7

# Pop quiz

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- Tonsillectomy and adenoidectomy path: Follicular lymphoma of the tonsil
- FISH: BCL2 gene rearrangements; follicular lymphoma grade 2
- **What is the code for diagnostic confirmation?**
  - 3- Positive histology PLUS:
    - Positive immunophenotyping AND/OR
    - Positive genetic studies

8

8

## Pop quiz

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- PET scan: Malignant adenopathy of mediastinal and retroperitoneal lymph nodes consistent with lymphoma.
- Patient refused any further work-up or treatment because of other serious co-morbidities.
- **What is the code for diagnostic confirmation?**
  - 7- Radiology and other imaging techniques without microscopic confirmation

9

9

## Ambiguous terminology

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### Reportability

- Apparently
- Appears
- Comparable with
  - See page 20 of your manual for a full list
- Do not report cases diagnosed only by ambiguous cytology (cytology diagnosis preceded by ambiguous term)

### Histology

- Do not use ambiguous terms to code a specific histology

10

10

## Ambiguous terminology - Histology

- **Exception**
  - CBC done, no histology or provisional diagnosis on the CBC or smear reports. CBC states abnormal lymphocytosis. Flow cytometry compatible with CLL. No other workup done.
  - Per the abstractor notes in the database, "abnormal lymphocytosis" is present in CLL.
  - *Assign histology for CLL (9823/3) since there is no other reportable code that can be used.*

11

11

## Transformation

- A **chronic** neoplasm is a neoplasm that can transform to an acute/more severe neoplasm
  - Follicular Lymphoma (9695/3) diagnosed in 2016
  - Diffuse large B-cell lymphoma (9680/3) diagnosed in 2018
- An **acute** neoplasm is a neoplasm that may have transformed from a chronic neoplasm
  - Acute myeloid leukemia (9861/3)
  - Refractory anemia with ring sideroblasts (9982/3)

12

12

# Rule M2: Same histology always same primary

- Reminder: There is no time limit on this
  - This applies to recurrence in any part of the body, or multiple areas of the body
- Same histology is equal to "same primary"
- Same primaries can be found in the Heme DB for each histology

13

## Example of Same Primaries (9823/3: CLL/SLL)

- The same primaries are going to be different depending on the histology
- If you use the Multiple Primaries Calculator with 9823/3 with one of the histologies listed, the MPC will return "same primary"
- *Example:* Originally diagnosed with CLL/SLL. Several years later, bone marrow biopsy done, which came back as lymphoid leukemia, NOS
  - Same primary

## Transformations from

None

## Same Primaries

9590/3 Malignant lymphoma, NOS  
 9591/3 Non-Hodgkin lymphoma, NOS  
 9670/3 Malignant lymphoma, small B lymphocytic, NOS  
 9761/3 Waldenstrom macroglobulinemia  
 9800/3 Leukemia, NOS  
 9820/3 Lymphoid leukemia, NOS ←

## Corresponding ICD-9 Codes

204.1 Chronic lymphoid leukemia (CLL)

## Corresponding ICD-10 Codes

C91.1 Chronic lymphocytic leukemia (CLL)

14

## M4: Abstract single primary when two or more types of NHL are simultaneously present in the same anatomic location(s)

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- Applies to any of the NHL lymphomas
  - Non-Hodgkin Lymphomas are defined as not being Hodgkin Lymphomas
  - Hodgkin Lymphomas are: 9650-9653, 9655, 9659, 9663
- “Simultaneously present in the same anatomic location” means
  - Biopsy of lymph node, organ or bone marrow shows a diagnosis of two lymphomas
- Most common occurrence (per questions in Ask SEER Registrar):
  - DLBCL (9680/3) and the Follicular Lymphomas (9690/3, 9691/3, 9695/3, and 9698/3)

15

## M4: Abstract single primary when two or more types of NHL are simultaneously present in the same anatomic location(s)

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- To assign histology, refer to PH11 and PH15
  - PH11 states that if DLBCL is one of the histologies, code histology to 9680/3
    - This is because the DLBCL is the more aggressive lymphoma and the patient will be treated for the DLBCL
  - PH15 states to go with the higher histology code
- Note: For the DLBCL and Follicular Lymphoma
  - This is also a chronic neoplasm (Follicular lymphoma) and an acute neoplasm (DLBCL)
  - Chronic/Acute rules could also be applied, which would give the same answer

16



## M8-M13 Chronic/Acute Rules

### How do you determine if you have a chronic and an acute neoplasm?

- There are two fields in the Hematopoietic Database related to Transformations
  - This is the only place where you will get this information
  - It is not available in the Hematopoietic manual
- Transformations to:
  - This will show the histologies that a neoplasm will “transform to”
  - This means that this is a chronic neoplasm
- Transformations from:
  - This will show the histologies that “transformed from”
  - This means that this is an acute neoplasm

17

## M8-M13 Chronic/Acute Rules

### 9680/3: Example of an Acute Neoplasm

Home
Cancer Statistics ▾
SEER Data & Statistics

**Transformations to**  
None

**Transformations from**

- 9651/3 Lymphocyte-rich classic Hodgkin lymphoma
- 9653/3 Lymphocyte-depleted classic Hodgkin lymphoma
- 9659/3 Nodular lymphocyte predominant Hodgkin lymphoma
- 9670/3 Malignant lymphoma, small B lymphocytic, NOS
- 9671/3 Lymphoplasmacytic lymphoma
- 9675/3 Malignant lymphoma, mixed small and large cell, diffuse
- 9688/3 T-cell/histiocyte-rich large B-cell lymphoma
- 9689/3 Splenic marginal zone lymphoma
- 9690/3 Follicular lymphoma
- 9691/3 Follicular lymphoma, grade 2
- 9695/3 Follicular lymphoma, grade 1

### 9699/3: Example of a Chronic Neoplasm

Home
Cancer Statistics ▾

Chemotherapy  
Other therapy  
Radiation therapy

**Transformations to**  
9680/3 Diffuse large B-cell lymphoma, NOS

**Transformations from**  
None

**Same Primaries**

- 9590/3 Malignant lymphoma, NOS
- 9591/3 Non-Hodgkin lymphoma, NOS

**Corresponding ICD-O Codes**

18

## Chronic/Acute Rules: M8

Abstract as a single primary\* and code the acute neoplasm when both a **chronic** and an **acute** neoplasm are diagnosed **simultaneously or within 21 days AND** there is documentation of **only one** positive biopsy (bone marrow biopsy, lymph node biopsy, or tissue biopsy)

- This is a common occurrence for the chronic/acute rules
- For this situation, only one biopsy is done which shows both the chronic and the acute neoplasm present in that biopsy
- This is common when a chronic neoplasm is in the process of transforming
- The treatment will be targeted to the acute neoplasm

19

## Chronic/Acute Rules: M9

Abstract a single primary\* and **code the later diagnosis** when both a **chronic** and an **acute** neoplasm are diagnosed **simultaneously or within 21 days AND** there is **no available documentation** on biopsy (bone marrow biopsy, lymph node biopsy, or tissue biopsy.) The later diagnosis could be either the chronic or the acute neoplasm ‡ Prepare one abstract. Use the primary site and histology coding rules to assign the appropriate primary site and histology codes

- This should be a rare occurrence for the chronic/acute rules
- In this situation, there is no documentation on how or when the two histologies were diagnosed
- Code the later diagnosis
- If you are unable to determine when they were diagnosed, default to the acute

20

## Chronic/Acute Rules: M10

Abstract as multiple primaries when a neoplasm is **originally diagnosed** as a **chronic** neoplasm **AND** there is a **second diagnosis** of an **acute** neoplasm **more than 21 days** after the chronic diagnosis

Prepare two or more abstracts. Use the primary site and histology coding rules to assign the appropriate primary site and histology codes to each case abstracted

- This is the most common occurrence for the chronic/acute rules
- Patient diagnosed first with the chronic neoplasm, and then later diagnosed with the acute neoplasm
  - The acute neoplasm could be diagnosed within months or years
- Two abstracts would be completed: one for the chronic, one for the acute

21

## Chronic/Acute Rules: M11

- Abstract as multiple primaries when both a **chronic** and an **acute** neoplasm are diagnosed **simultaneously or within 21 days AND** there is **documentation of two biopsies**: bone marrow , lymph node, or tissue: one confirming the **chronic** neoplasm and another confirming the **acute** neoplasm
  - This is a common occurrence for the chronic/acute rules
  - Patient diagnosed with biopsy (example: lymph node biopsy) with a chronic neoplasm and then during the same clinical work up, diagnosed with an acute neoplasm on another type of biopsy (example: bone marrow biopsy)
  - The major criteria for this rule is the two separate biopsies

22

## Chronic/Acute Rules: M12 & M13

These rules cover when an acute neoplasm is diagnosed first, then the chronic is diagnosed later (after the initial workup and treatment plan)

These are rare occurrences

- Per Rule M12, if there is no treatment for the acute neoplasm, or it is unknown if there is treatment, it is a single primary, the acute neoplasm
- Per Rule 13: If there is documented treatment for the acute neoplasm, then the chronic neoplasm would be abstracted as a second primary

23

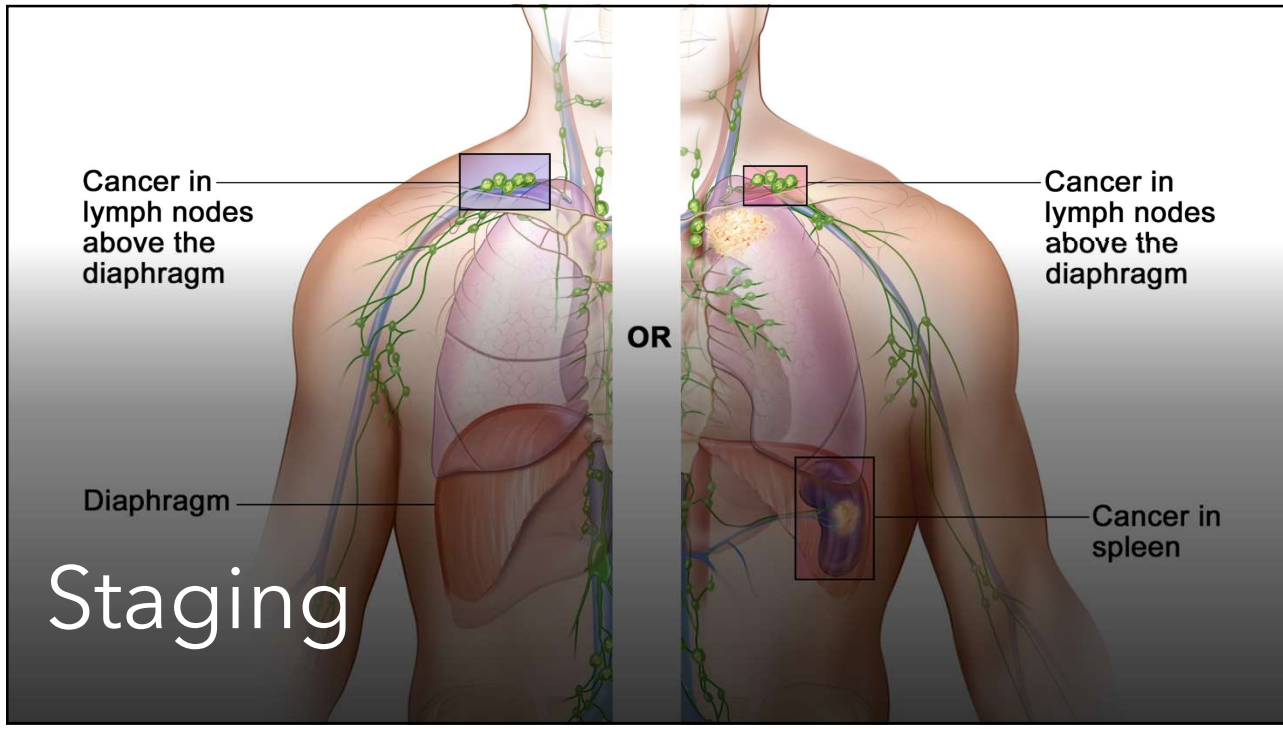
### Rule M15: Using the Multiple Primaries Calculator

ONLY use the MPC when the rules instruct you to

Misuse of the MPC may give you the wrong number of primaries

Based on questions received in Ask a SEER CTR, registrars are using the MPC before going through the rules

24



25

**AJCC Stage Chapter Review**

- Chapter 79 Hodgkin and Non-Hodgkin Lymphomas

**Stage III Adult Lymphoma**

Cancer in lymph nodes above the diaphragm

Diaphragm

Cancer in lymph nodes below the diaphragm

OR

Cancer in lymph nodes above the diaphragm

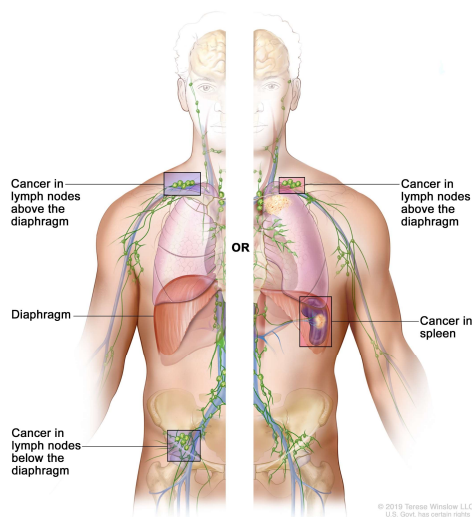
Cancer in spleen

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26

## Lugano Classification for Hodgkin and Non-Hodgkin lymphoma

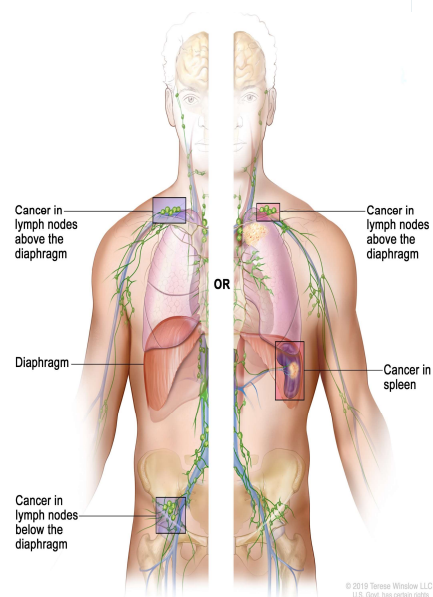
- This is the stage that is recorded in the AJCC Stage Group data item.
  - Used for all lymphomas eligible for staging in chapter 79 (including CLL/SLL).



27

## Extranodal Disease (E)

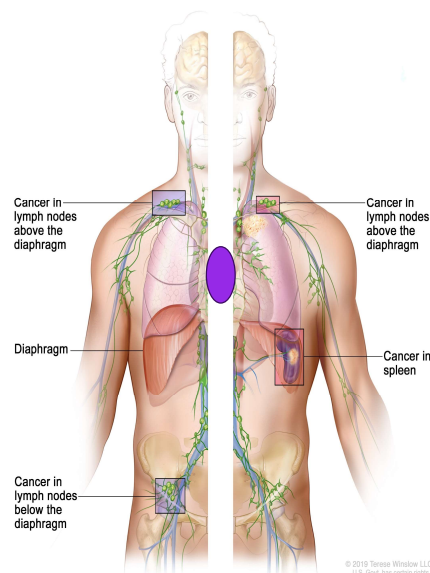
- Waldeyer's ring, thymus, spleen are considered nodal.
  - Do not use E suffix
- The (E) suffix is used for lymphomas that arise in extranodal sites or when lymphoma arising from a node extends into an extranodal site.
  - Liver is an exception. Any liver involvement is Stage 4.
  - The (E) suffix may only be used with Stage 1 or Stage 2 disease. It is no longer valid with Stage 3 disease.



28

## Bulky Disease

- Indicates a clinically enlarged mass
  - Hodgkin Lymphoma (HL)
    - If mediastinal, "Bulky" is defined as greater than 1/3 the size of the cavity.
    - If not mediastinal, "Bulky" is defined as greater than 10cm
  - Non-Hodgkin Lymphoma (NHL)
    - Definition varies based on histology.
  - Look for physician statement of "Bulky"
  - Stage 2 Bulky is a new stage category for 8<sup>th</sup> edition



29

## A/B Classification

- Relevant for Hodgkin Lymphoma
- No longer included as part of stage group
- Collected as an SSDI

30

## CLL/SLL

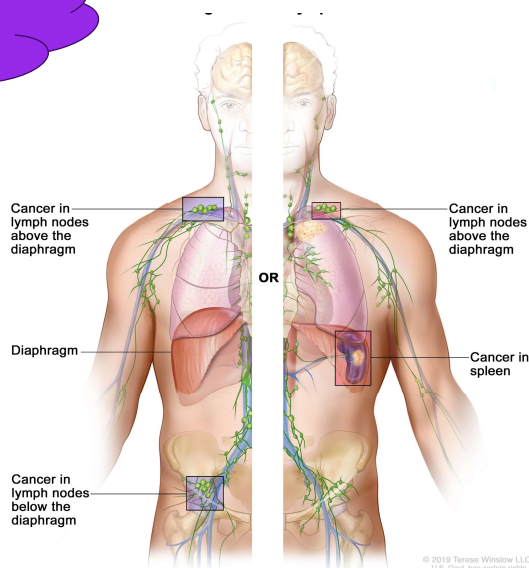
- Lugano Classification for Hodgkin and Non-Hodgkin lymphoma
  - This is the stage information collected in the *AJCC TNM Clin Stage Group* data item.
  - Involvement of peripheral blood alone is **NOT** stage 4
    - This is relevant for all lymphomas, but peripheral blood involvement only is mostly seen with CLL/SLL
- Modified Rai staging system and Binet staging system
  - **Not** collected in the *AJCC TNM Clin Stage Group* data item.
  - Components of the Rai and Binet system collected in SSDI's.

31

## Stage

Stage I or IE?

- Is there a single lymph node or single lymph node chain involved?
- Is there a single extralymphatic site involved (not bulky disease)?



32



Stage II, IIE or II Bulky?

## Stage

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- Are there multiple lymph node chains involved on the same side of the diaphragm?
- Is there a single extra-lymphatic site and regional nodes?
- Is there direct extension from a lymph node into an extranodal site?
- Does the patient have "Bulky" disease

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33

Stage III?

## STAGE

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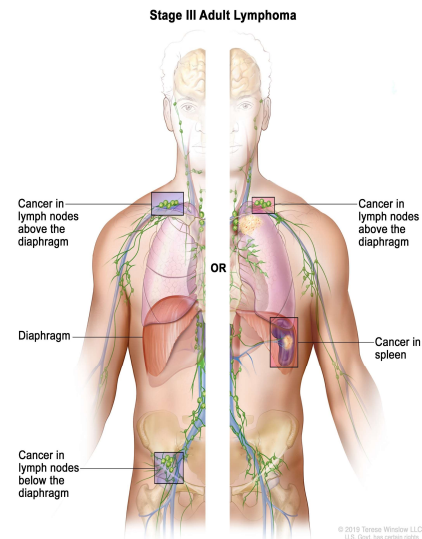
- Are lymph node regions above and below the diaphragm involved?
- Are lymph nodes above the diaphragm and the spleen involved?

34

## Lugano

Stage IV?

- Is there involvement of bone marrow?
- Is there involvement of cerebral spinal fluid (CSF)?
- Is there liver involvement?
- Are there multiple lung lesions?
- Is there diffuse involvement of an extralymphatic organ(s)?
- Is there extralymphatic involvement (excluding direct extension) with multiple lymph node region involvement?
- Is there extra lymphatic involvement and direct or not direct) and lymph nodes involved on both sides of the diaphragm?



35

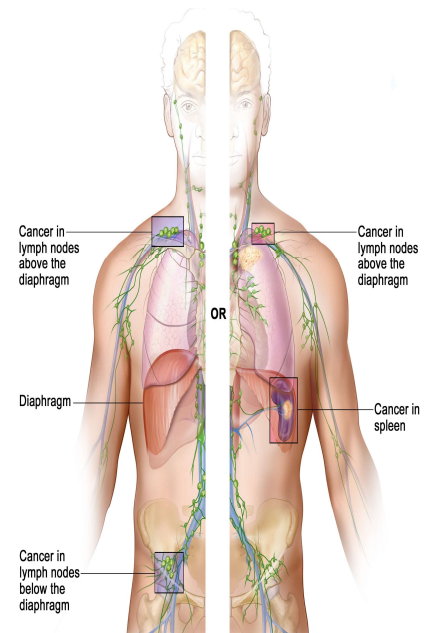
# Summary Stage 2018

36

36

## CODE 1: LOCALIZED:

- Nodal Lymphoma
  - Single nodal chain involved or single organ involved
  - Involvement of multiple nodal chains in the SAME lymph node region
- Extranodal Lymphoma
  - Single extralymphatic site without nodal involvement
  - Multifocal of one extra lymphatic site without nodal involvement
    - Exception is lung or liver

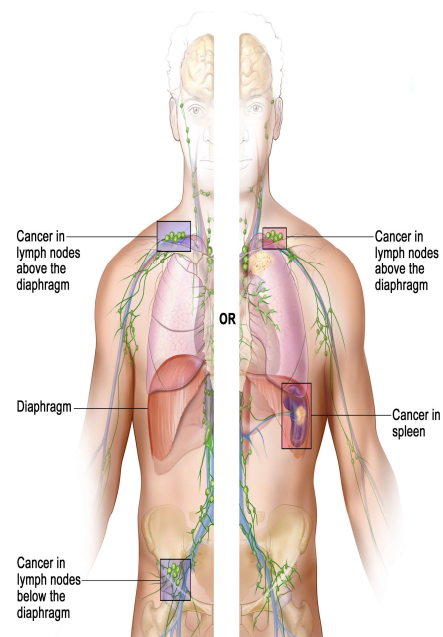


37

37

## Code 2: Regional by Direct Extension

- Bulky disease present
- Nodal lymphoma
  - Two or more lymph node regions on the same side of the diaphragm
  - Contiguous extension between extralymphatic sites and regional nodes on the same side of the diaphragm
- Extranodal lymphoma
  - Localized involvement of a single extralymphatic site.
    - With involvement of regional lymph nodes OR
    - With involvement of other lymph nodes on the same side of the diaphragm

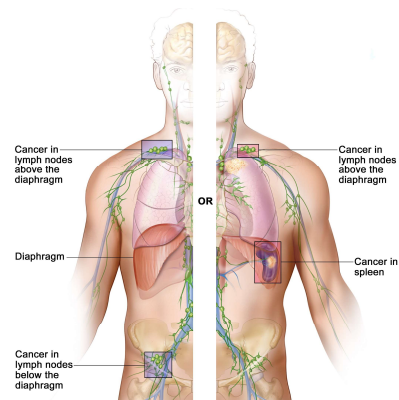


38

38

## SUMMARY STAGE 2018

- Code 7:
  - Involvement of regional LNs on both sides of diaphragm
  - Two or more extralymphatic sites involved
  - Diffuse or disseminated involvement of extralymphatic sites
  - Distant metastasis: bone marrow, CSF, CNS, Lung



39

39

Is there a single extralymphatic site involved (not bulky disease)?

## Stage Scenario 1

- A patient is found to have a primary parotid lymphoma. Staging work-up shows the lymphoma is confined to the parotid gland.
- The entire parotid gland was removed, and pathology confirms the disease was confined to the parotid gland.
- No further treatment was done.

| Data Item          | Value |
|--------------------|-------|
| Clinical T         | 88    |
| Clinical N         | 88    |
| Clinical M         | 88    |
| Clinical Stage     | 1E    |
| Pathologic T       | 88    |
| Pathologic N       | 88    |
| Pathologic M       | 88    |
| Pathologic Stage   | 99    |
| Summary Stage 2018 | 1     |

40

## Stage Scenario 2

Does the patient have "Bulky" disease

- A patient is found to have a large mediastinal mass.
- The mass measures 11cm's and the physician states the patient has Stage 2 Bulky disease
- No additional abnormalities were identified.
- A biopsy of the mass confirms non-Hodgkin lymphoma.

| Data Item          | Value   |
|--------------------|---------|
| Clinical T         | 88      |
| Clinical N         | 88      |
| Clinical M         | 88      |
| Clinical Stage     | 2 Bulky |
| Pathologic T       | 88      |
| Pathologic N       | 88      |
| Pathologic M       | 88      |
| Pathologic Stage   | 99      |
| Summary Stage 2018 | 2       |

41

## Stage Scenario 3

- A patient is found to have a large mediastinal mass. The mass that extends into the left lung. No additional abnormalities were identified. A biopsy of the mass confirms lymphoma.

| Data Item          | Value |
|--------------------|-------|
| Clinical T         | 88    |
| Clinical N         | 88    |
| Clinical M         | 88    |
| Clinical Stage     | 2E    |
| Pathologic T       | 88    |
| Pathologic N       | 88    |
| Pathologic M       | 88    |
| Pathologic Stage   | 99    |
| Summary Stage 2018 | 2     |

Is there direct extension from a lymph node into an extranodal site?

42

## Stage Scenario 4

- A CT of the chest and abdomen show mediastinal, axillary, and abdominal lymphadenopathy.
- One of the enlarged mediastinal lymph nodes extends into the left lung.
- No additional abnormalities were identified.
- A biopsy of the mass confirms non-Hodgkin lymphoma.

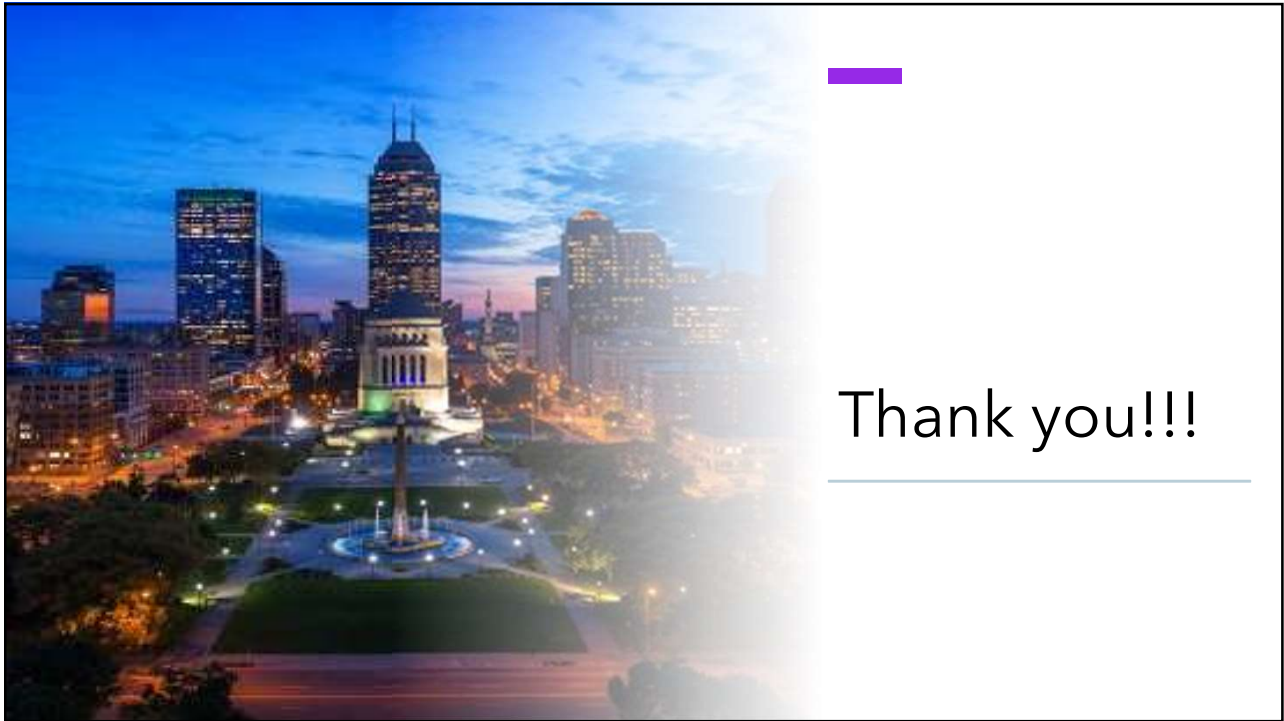
| Data Item          | Value |
|--------------------|-------|
| Clinical T         | 88    |
| Clinical N         | 88    |
| Clinical M         | 88    |
| Clinical Stage     | 4     |
| Pathologic T       | 88    |
| Pathologic N       | 88    |
| Pathologic M       | 88    |
| Pathologic Stage   | 99    |
| Summary Stage 2018 | 7     |

Is there extra lymphatic involvement and direct or not direct and lymph nodes involved on both sides of the diaphragm?

43



44



Thank you!!!