202220035

References:
Solid Tumor Rules. Urinary Sites, September 2021 Update

Question:
Solid Tumor Rules/Histology--Bladder: How is histology coded for a transurethral resection of the bladder (TURB) diagnosis with multiple components? See Discussion.

Discussion:
Examples:

Bladder TURB: Invasive high grade urothelial carcinoma with poorly differentiated (40%), lipoid (5%), and sarcomatoid (55%) components.

Bladder tumor base TURB: Invasive high grade urothelial carcinoma with poorly differentiated (65%) and sarcomatoid (30%) components.

The Urinary Sites Solid Tumor Rules, histology coding rules, say to code the most specific histology or subtype/variant, regardless of whether it is described as majority, minority, or component. Poorly differentiated (8020) and sarcomatoid (8122) are both urothelial subtypes, but there is no rule to instruct how to code a tumor/tumors with multiple urothelial subtypes.

Answer:
Code histology as 8120/3 in the two examples using Note 1 in the Urinary Sites Solid Tumor Rules, instruction 1 of the Coding Histology section. The subtypes/variants or components must describe a carcinoma or sarcoma in order to code a histology described by those terms.

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20220034

References:
2010 Heme & Lymph Manual & DB. Published August 2021

Question:
First Course Treatment--Lymphoma: Is the first round of systemic therapy coded as first course of therapy or is it all the therapy given to achieve remission for a lymphoma case with multiple treatments? See Discussion.

Discussion:
Lymphoma case diagnosed in 2021: The patient had first round of systemic therapy as documented in the treatment plan and a post-chemotherapy PET scan that showed residual disease. The patient then had a different combination of systemic therapy and still had some residual disease. The patient was given a third round of different combination of systemic therapy in preparation for stem cell transplant. According to the physician post-stem cell transplant note, the patient achieved complete remission.

Is the first course of therapy the first round of systemic therapy only or is it all the therapy given to achieve remission? It seems like only the first round of systemic therapy is first course of therapy for both leukemia and lymphoma in the hematopoietic manual. I thought all treatment for all hematopoietic cases was first course until remission achieved or progression was evident.

Answer:
Code all treatments the patient received as first course of treatment. For lymphoma and leukemia, first course of treatment may include first-line, second-line, consolidation, maintenance, salvage, etc., any treatment to achieve remission.

We have added this to the agenda for the 2024 updates to the Hematopoietic Manual and Database.

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10/30/2022

20220033

References:
Subject matter expert

Question:
When coding the Covid testing results, does SEER have any guidance on whether or not at home tests fall within reportability? For instance, if a medical provider says pt tested positive on an at home test, do we record that?

Answer:
When you have information about home COVID tests, record this information. For example, if the home test was positive record as follows: COVID-19 rapid viral antigen test POS 08/09/2022

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10/30/2022

20220032

References:
Subject matter expert

Question:
Reportability/Histology--Testis: Is micropapillary serous borderline tumor reportable? Pathology states Testis (C621) radical orchiectomy: Micropapillary serous borderline tumor.

Answer:
We consulted an expert genitourinary pathologist who advises that micropapillary serous borderline tumor of the testis is reportable. He states "it is the same neoplasm as in the ovary. It arises from tissue (tunica vaginalis) surrounding the testis so is a paratesticular neoplasm."

Please note: not all borderline tumors are reportable and this diagnosis is an exception because it is assigned /2 in ICD-O-3.2. It is reportable for cases diagnosed Jan 1, 2021, and later.

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10/30/2022

20220031

References:

2022 SEER Manual, 122. Pathologic Tumor Size

Question:

Tumor Size/Neoadjuvant Treatment: If a patient discontinues neoadjuvant therapy and then has surgery, how is the pathologic tumor size coded with the pathologic tumor size greater than the clinical tumor size? Currently, we are instructed to code 999 for the pathologic tumor size when neoadjuvant therapy is given; what happens when neoadjuvant chemotherapy is discontinued after 3 cycles (plan for 4 cycles)?

Answer:

Assign 999 for pathologic tumor size when patient has received neoadjuvant therapy, even when neo-adjuvant therapy is not completed. Describe the details in text fields.

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10/30/2022

20220029

References:

#1: WHO Class Digest System Tumors. 5th edition
#2: Subject matter expert

Question:

Histology/Behavior--GI Tract: What is the difference between high grade dysplasia and severe dysplasia for tumors in the cervix and gastrointestinal (GI) tract? Are these terms synonymous with in situ/behavior code /2? See Discussion.

Discussion:

In the WHO Classification of Female Genital Tumors, 5th edition, for the uterine cervix squamous intraepithelial lesions, there is related terminology for high grade squamous intraepithelial lesion HSIL (CIN3) 8077/2 and it is severe squamous dysplasia, squamous cell in situ. However, in the online WHO Classification of Digestive System Tumors, 5th edition, there is no related terminology for esophageal high-grade squamous dysplasia, 8077/2. Can you collect cases of severe dysplasia the same as cases of high-grade dysplasia?

Answer:

According to a leading GI pathologist, severe dysplasia is equivalent to high grade dysplasia in the GI tract.

Date Published:

10/30/2022

20220027

References:

#1: Subject matter expert
#2: WHO Class Hem & Lymph Tumors. 5th edition

Question:

Reportability/Heme & Lymphoid Neoplasms--CNS: Is ALK-positive histiocytosis, primary site Central Nervous System (CNS), reportable, and is the correct histology code 9750/3? See Discussion.

Discussion:

2022 case: Surgical Pathology Report-spinal cord tumor, biopsies: ALK-positive neoplasm most consistent with ALK-positive histiocytosis.

Answer:

Report this 2022 case of ALK-positive histiocytosis using histology code 9751/3, Langerhans cell histiocytosis, disseminated. Use text fields to document that this is a case of ALK-positive histiocytosis. Beginning 01/01/2023, the term ALK-positive histiocytosis will be reportable as 9750/3; however, 9750/3 is not applicable to cases diagnosed in 2022.

Date Published:

10/30/2022

20220026

References:

#1: WHO Class H & N Tumors, online. 5th edition
#2: Solid Tumor Rules. Head and Neck

Question:

Solid Tumor Rules/Histology--Parotid: How is histology coded for a myoepithelial carcinoma ex-pleomorphic adenoma of the parotid?

Discussion:

Patient has a 2021 left parotidectomy showing myoepithelial carcinoma ex-pleomorphic adenoma. Is this coded to myoepithelial carcinoma (8982/3) or carcinoma ex-pleomorphic adenoma (8941/3)? It is unclear how to arrive at the correct histology code using the current Solid Tumor Rules.

Answer:

Code myoepithelial carcinoma ex pleomorphic adenoma as carcinoma ex pleomorphic adenoma (CXPA) (8941/3) using Head and Neck Solid Tumor Rule H1 as this is a single histology. The WHO Classification of Head and Neck Tumors, 5th ed., describes CXPA as a rare epithelial and/or myoepithelial malignance arising in association with a primary or recurrent pleomorphic adenoma. The histologic type of the carcinoma component is usually recorded, in this case, myoepithelial carcinoma.

Date Published:

10/30/2022

20220025

References:

#1: WHO Class Digest System Tumors, 202-204. 5th edition
#2: ICD-O-3.2 Update for 2021

Question:

Reportability/Histology--Anal Canal: For cases diagnosed in 2021, is anal intraepithelial neoplasia (AIN) II reportable? There is conflicting information regarding the reportability for AIN II. SINQ 20210048 says to report AIN II but the 2021 SEER Manual Appendix E states intraepithelial neoplasia (8077/2 and 8148/2) must be unequivocally stated as grade III to be reportable.

Answer:

AIN II is reportable for 2021. Squamous intraepithelial neoplasia, grade II is listed in ICD-O-3.2 as 8077/2 making it reportable for cases diagnosed in 2021. AIN is a type of squamous intraepithelial neoplasia.

The wording in Appendix E of the 2021 SEER manual (must be unequivocally stated as grade III to be reportable) was left over from earlier versions and is not correct for 2021 diagnoses. Follow the guidance in SINQ 20210048.

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10/30/2022

20220024

References:
2022 SEER Manual

Question:
Update to Current Manual/Residence at diagnosis: Would an exchange student be a temporary resident of the SEER area or a non-resident? See Discussion.

Discussion:
A 17-year-old exchange student was brought into the hospital with appendicitis. The patient had an appendectomy; there was no follow up treatment. 5/27/2006 pathology report of vermiform appendix: Adenocarcinoid appendix <5 mm tumor limited to appendix.

The patient has no record in Lexis Nexus and no social security number. The address is a post office box; additionally, the patient's birthplace is Switzerland and is considered lost to follow up.

Answer:
Code the residence where the student is living for exchange students temporarily living in the U.S. Code the temporary address if known or the Post Office Box if unknown. We will add this scenario to the next release of the SEER manual.

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10/30/2022

20220022

References:

#1: 2022 SEER Manual. Tumor Size--Pathologic
#2: Subject matter expert

Question:

Tumor Size--Pathologic--Anus: In 2019, the pathology report of an anal canal squamous cell carcinoma stated the tumor size is 2.5 cm from proximal to distal (3.5 cm in circumference). Is the pathologic tumor size tumor size 025 or 035?

Answer:

Based on the information provided, code the tumor size as 035. We asked an expert pathologist to review this question and she said to use the larger measurement. She also said, "the pathologist usually cuts the anus and rectum open like a tube; the "circumference" would be measured flat."

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20220019

References:

#1: Solid Tumor Rules. Other Sites; September 2021 Update
#2: WHO Class Endocrine Tumors, 81-91. 4th edition

Question:

Solid Tumor Rules/Histology--Thyroid: What is the correct histology code for a papillary carcinoma, encapsulated with columnar cell features? See Discussion.

Discussion:

There is an ICD-O histology code for papillary carcinoma, columnar cell (8344/3) as well as papillary carcinoma, encapsulated (8343/3). Per Rule H13, the terms "with features of" may be used to identify a subtype.

Considering these two subtypes, and knowing there is no specific histology code for this combination, is the first rule that applies H17 (code the numerically higher histology code)?

Answer:

Code to papillary carcinoma, encapsulated (C73.9) (8343/3) using Solid Tumor Rules, Other Sites, Rule H11, code the histology when only one histologic type is identified. The usage of features is describing the cellular architecture of the encapsulated papillary carcinoma and does not necessarily indicate a specific histologic type. We consulted with our endocrine specialist pathologist who agrees and indicated terminology used in thyroid neoplasms is inconsistent.

Date Published:

10/30/2022

20220018

References:

#1: Solid Tumor Rules. 2 September 2021 Update
#2: WHO Class Endocrine Tumors, 78; 81-91. 4th edition

Question:

Solid Tumor Rules/Histology--Thyroid: What is the correct histology code for the following thyroid primary with multiple tumors abstracted as one primary diagnosed prior to 2021? See Discussion.

Discussion:

2016 Total thyroidectomy, Multifocal

-Dominant Tumor: Right Lobe, Papillary thyroid carcinoma (8260/3)

-Tumors two through five: Three tumors Papillary thyroid carcinoma (8260/3), and one tumor Papillary thyroid carcinoma, follicular variant (8340/3)

-An additional tumor: Non-invasive follicular thyroid neoplasm with papillary-like nuclear features (8343/2)

Answer:

Code this multifocal thyroid carcinoma, single primary, as papillary thyroid carcinoma, follicular variant (8340/3) using Solid Tumor Rules, Other Sites, Rule H13 that says to code the most specific histologic term. We consulted with our endocrine specialty pathologist and when there is a mix of papillary and follicular variants, assign 8340.

Non-invasive follicular thyroid neoplasm with papillary-like nuclear features is coded as 8349/1 beginning in 2021. According to the WHO Classification of Endocrine Organs, 4th edition, it was formerly classified as non-invasive encapsulated follicular variant of PTC (FVPTC) (8343/2) but was reclassified based on extremely low malignant potential.

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20220017

References
#1: WHO Class Endocrine Tumors, 86. 4th edition
#2: 2021 ICD-O-3.2 Update

Question:
Histology--Thyroid: What is the correct histology code for a thyroid resection showing papillary carcinoma, tall cell variant with oncocytic features with 30% of largest tumor (right) is tall cell variant and both foci contain benign multinucleated giant cells? See Discussion.

Discussion:
There is an ICD-O histology code for papillary carcinoma, tall cell (8344/3) as well as papillary carcinoma, oxyphilic cell (8342/3). Per SINQ 20150045, the term oncocytic is synonymous with oxyphilic in this context.

The term "variant" can be used for the Other Sites (non-updated STR sites) primaries when the ICD-O-3.2 (or ICD-O-3 for older cases) includes the term "variant" in the histology name. The MPH General Instructions did not include the term "variant" as a term that can be used to code histology.

Answer:
Code papillary carcinoma, tall cell variant with oncocytic features to papillary carcinoma, tall cell (C73.9) (8344/3). The WHO Classification of Endocrine Organs states that this variant is composed of cells that are as tall as they are wide and show abundant eosinophilic (oncocytic-like) cytoplasm. Tall cells must account for greater than or equal to 30% of all tumor cells.

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