100 More Casefinding Exercises Available
Path Practicum 07 Released January 13, 2020

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Learn by Doing: Casefinding

When it comes to casefinding, we could all use a good map.

A guided tour would be even better.

Under the Training Menu in SEER*Educate is a Casefinding Page with pathology reports for training in the application of SEER's reportability rules using additional references of Solid Tumor Rules, Heme Rules, and ICD-O-3 codes.

During 2019, the first six practicums (600 exercises) were released. On January 13, 2020, we released Path Practicum 07 (100 exercises). During 2020, we will release Path Practicums 08 through 12 for a total of 1,200 path casefinding exercises.

This selection of pathology reports is based on the **types of actual reports** that both trainees and sometimes experienced staff at our registry misclassified as to the potential number of primaries (0 for not reportable and then 1, 2, or 3 for reportable primaries).

These pathology reports are not intended to be trick questions, but are intended to challenge people. After you declare the number of potentially reportable primaries, you are prompted to code the primary site(s), if any. These exercises provide many opportunities for students and registry staff to practice primary site coding in addition to learning casefinding and how to apply the Solid Tumor Rules and Heme Rules.

Casefinding is always done in context of a facility's reporting requirements for State reporting, CoC reporting (if the facility is ACoS-approved), and per the facility's own Cancer Committee requests. For this purpose, we created SEER*Educate Memorial Hospital. This hospital registry uses a Casefinding Overview document, General Guidelines document, and then a Facility-Specific Path Casefinding Rules document, and these documents are available on the Casefinding Page. Each user needs to read these documents before starting these exercises and then reference the documents as needed throughout the exercises.

The National Cancer Registrars Association (NCRA) recognizes 9 practicum hours for the casefinding requirement for students who complete a set of 100 path reports achieving 85% accuracy across the cases. Although users can immediately repeat a test to improve one's score, we recommend cycling through all 100 in a set before repeating any

tests to improve your actual understanding of the casefinding guidelines, reportability rules and resources, and primary site coding.

An example of the detail provided in the rationales is shown below. Reading the rationales and learning the concepts that are repeated throughout these exercises is the transferable skill students and registrars need to acquire to perform highly accurate casefinding.

Example Answer/Rationale for a Pathology Report

CORRECT — CRITICAL **(2.00/2.00)**

Data Item: **Potentially Reportable**

Response: 2

Correct Answer: **2**

Rationale:

This case is potentially reportable for two primaries per the Final Diagnosis and the Clinical Data section of the pathology report. The Final Diagnosis of the current urethra biopsy was positive for high grade squamous intraepithelial neoplasia/carcinoma in situ. The patient's high grade squamous intraepithelial neoplasia is conclusively stated to be equivalent to in situ disease, so it is synonymous with carcinoma in situ. Carcinoma in situ is a reportable disease process per the ICD-O-3.

The Clinical Data section of the pathology report states the patient has a history of erythroplasia of Queyrat that was previously treated. Queyrat erythroplasia (erythroplasia of Queyrat) is a subtype of squamous cell carcinoma in situ that arises on the penis. Queyrat erythroplasia is a reportable in situ disease process per the ICD-O-3.

The 2018 Solid Tumor Rules, Urinary Multiple Tumors Rules, Note 2 under the Multiple Tumors header, confirms separate, non-contiguous tumors are always multiple primaries when they are in the urinary system AND in a site other than the urinary system. That is, both malignancies arise from distinct primary sites in different schemas. Therefore, a Queyrat erythroplasia of the penis (C60_) is not the same as a urinary primary (C659, C669, C67_, C680-C689). This is also confirmed by Urinary Rule M14 (Abstract multiple primaries when the ICD-O site code differs at the second (C**X**xx) and/or third (Cx**X**x) character).

This case needs to be investigated further to confirm that the patient's erythroplasia of Queyrat has been included in the cancer registry if appropriate. The newly-diagnosed intraepithelial squamous cell carcinoma of the urethra must also be investigated further since it is a reportable in situ disease process.

Note: Central registries are required to follow back to facilities or physicians for any pathology report that mentions a reportable disease currently exists or that indicates the patient had a reportable disease diagnosed in the past if the case is not reflected in the central registry database.

CORRECT — **(1.00/1.00)**

Data Item: **Primary Site(s)**

Response: C680 C609

Correct Answer: C680 C609

Rationale:

C680 (Urethra). The urethra was specified as the primary site of the patient's current high grade squamous intraepithelial neoplasia/carcinoma in situ per the Final Diagnosis and Clinical Data section of the pathology report. Code the primary site documented in the pathology report. Code the primary site to C680 (Urethra).

C609 (Penis, NOS). Queyrat erythroplasia has a site-associated code listed in the ICD-O-3. The site-associated code for Queyrat erythroplasia is the penis (C60_). The Summary of Principal Rules for Using ICD-O-3, Rule H (Site-Associated Morphology Terms) instructs one to use the suggested code if no site is indicated in the diagnosis. The specific penis subsite from which the Queyrat erythroplasia arose is unknown, so the primary site is coded as C609 (Penis, NOS).

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