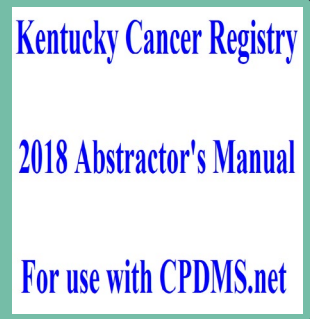
Kentucky Cancer Registry

DIAGNOSTIC CONFIRMATION CODE

NAACCR Data Item #490

Diagnostic Confirmation Code



STORE MANUAL:
PAGES 142 – 144

KENTUCKY CANCER REGISTRY ABSTRACTOR'S MANUAL:
PAGES 138-140

Description

Records the ***best*** method of diagnostic confirmation of the cancer being reported ***at any time*** in the patient's history.

IMPORTANT:

The rules for coding differ between solid tumors and hematopoietic and lymphoid neoplasms.

Rationale

This item is an indicator of the precision of diagnosis.

The percentage of solid tumors that are clinically diagnosed only is an indication of whether casefinding includes sources beyond pathology reports. Complete casefinding must include both clinically and pathologically confirmed cases.

Coding Instructions

The rules for coding differ between solid tumors and hematopoietic and lymphoid neoplasms.

Two separate flow charts have been created

Solid Tumor (all tumors *except* M9590 – 9992)

Hematopoietic or Lymphoid Tumors (M9590-9992)

Solid Tumor

(All tumors *except* M9590 – 9992)

Solid Tumor
(All tumors *except* M9590 – 9992)

- These instructions apply to "Codes for Solid Tumors" ***only***.
- The codes are in priority hierarchy order.
- Code 1 has the highest priority.
- When the presence of cancer is confirmed with multiple diagnostic methods, code the ***most definitive*** method used, if it is uncertain, code the procedure with the lower numeric value
- This data item ***must be changed*** to the lower (higher priority) code if a more definitive method confirms the diagnosis ***at any time during the course of the disease.***

Code 1
Positive Histology

Code 1 has the highest priority

Assign code 1:

When the *microscopic* diagnosis is based on tissue specimens from:

- Biopsy
- Frozen section
- Surgery
- Autopsy
- D&C
- Bone marrow biopsy/aspiration

Code 2
Positive Cytology

Assign code 2:
When the *microscopic* diagnosis is based on cytologic examination of cells such as:

- Sputum smears
- Bronchial brushings
- Bronchial washings
- Prostatic secretions
- Breast secretions
- Gastric fluid
- Spinal fluid
- Peritoneal fluid
- Pleural fluid
- Urinary sediment
- Cervical smears
- Vaginal smears
- Paraffin block specimens from concentrated spinal, pleural, or peritoneal fluid.

IMPORTANT: CoC does not require programs to abstract cases that contain ambiguous terminology regarding a cytologic diagnosis.

Code 4
Positive microscopic confirmation, NOS

Assign code 4:

Microscopic confirmation is all that is known.

- It is unknown if the cells were from histology or cytology.

Example:

The only information that you have is a report that states a pathology result but does not give the type of method or sample used and there are no op or procedure notes.

Code 5
Positive Laboratory/Marker Tests

Assign code 5:

- When the diagnosis of cancer is based on positive laboratory tests or marker studies which are clinically diagnostic for that specific cancer.

Examples include, but not limited to:

- AFP for liver cancer
- Elevated PSA (Note: An elevated PSA is only diagnostic of cancer if the physician uses the PSA as a basis for diagnosing prostate cancer with no further workup.)

Code 6
Direct Visualization *without* Microscopic Confirmation

Assign code 6:

- When there is direct visualization *without* microscopic confirmation.
- The tumor was visualized during a surgical or endoscopic procedure with no tissue resected for microscopic examination.
- Use this code when the diagnosis is based only on the surgeon's operative report from a surgical exploration or endoscopy, or from gross autopsy findings in the absence of tissue or cytology findings.

Example:

Ablation of a tumor. Tumor was seen by the physician during an ablation surgery, the tumor was destroyed and no tissue was sent to pathology.

Code 7
Imaging Techniques *without* Microscopic Confirmation

Assign Code 7:

The malignancy was reported by the physician from an imaging technique report only.

Example:

Scan of the liver revealed a tumor consistent with cholangiocarcinoma (CC). Lab tests are inconclusive and biopsy not preformed due to tumor location.

Code 8
Clinical Diagnosis Only

Assign code 8:

- Clinical diagnosis only, other than 5, 6 or 7
- The physician makes a clinical diagnosis based on the information from the equivocal tests and the patient's clinical presentation (history and physical exam).
- The malignancy was reported by the physician in the medical record.
- If a physician treats a patient for cancer, in spite of a negative biopsy, this is a reportable clinical diagnosis.
- If a physician continues to describe a patient as having a reportable tumor, even after reviewing negative pathology results, this too is a reportable clinical diagnosis.

Code 9
Unknown

Assign code 9:

A statement of malignancy was reported in the medical record, but there is no statement of how the cancer was diagnosed.

Example:

Patient presents at your facility for treatment for cancer and the records do not mention the method of confirmation.

Hematopoietic or Lymphoid Tumors (M9590 – 9992)

Hematopoietic or Lymphoid Tumors (M9590 – 9992)

- These instructions apply to "Codes for Hematopoietic and Lymphoid Neoplasms" ***only***.
- There is ***no*** priority hierarchy for coding Diagnostic Confirmation for hematopoietic and lymphoid tumors.
- Most commonly, the specific histologic type is diagnosed by immunophenotyping or genetic testing.
- See the Hematopoietic Database (DB) for information on the definitive diagnostic confirmation for specific types of tumors.
- This data item ***must be changed*** if a more definitive method confirms the diagnosis ***at any time during the course of the disease.***

Code 1
Positive Histology

Assign code 1:

When the ***microscopic*** diagnosis is based on tissue specimens from:

- Biopsy
- Frozen section
- Surgery
- Autopsy
- D&C
- Bone marrow biopsy/aspiration

For leukemia only:

- Assign code 1 when the diagnosis is based on one of the methods listed above ***or*** :
- Complete blood count (CBC)
- White blood count (WBC)
- Peripheral blood smear (not the same as peripheral Flow Cytometry)
- Do not use code 1 if the diagnosis was based on immunophenotyping or genetic testing using tissue, bone marrow, or blood.

Code 2
Positive Cytology

Assign code 2:
When the microscopic diagnosis is based on cytologic examination of cells such as:

- Sputum smears
- Bronchial brushings
- Bronchial washings
- Prostatic secretions
- Breast secretions
- Gastric fluid
- Spinal fluid
- Peritoneal fluid
- Pleural fluid
- Urinary sediment
- Cervical smears
- Vaginal smears
- Paraffin block specimens from concentrated spinal, pleural, or peritoneal fluid

IMPORTANT: CoC does not require programs to abstract cases that contain ambiguous terminology regarding a cytologic diagnosis.

NOTE: These methods are rarely used for hematopoietic and lymphoid tumors.

Code 3
Positive Histology & Positive Immunophenotyping and/or Positive Genetic Tests

Assign code 3:

- When the diagnosis of cancer is based on any of the methods mentioned in Code 1 ***and*** positive immunophenotyping and/or positive genetic testing results which are diagnostic for that specific cancer.

Example:

A bone marrow biopsy with a positive histology and a positive JAK2 test result.

Note: The immunophenotyping and/or genetic testing results ***must be positive.***

Code 4
Positive microscopic confirmation, NOS

Assign code 4:

Microscopic confirmation is all that is known.

- It is unknown if the cells were from histology or cytology.

Example:

The only information that you have is a report that states a pathology result but does not give the type of method or sample used and there are no op or procedure notes.

Code 5
Positive Laboratory/Marker Tests

Assign code 5:

- When the diagnosis of cancer is based on laboratory tests or ***positive*** immunophenotyping and/or ***positive*** genetic testing results which are clinically diagnostic for that specific cancer.

IMPORTANT:
Consult the Hematopoietic and Lymphoid Neoplasm Database for immunophenotyping and genetic tests.

Code 6
Direct Visualization *without* Microscopic Confirmation

Assign code 6:

- When there direct visualization without microscopic confirmation
- The tumor was visualized during a surgical or endoscopic procedure with no tissue resected for microscopic examination.
- Use this code when the diagnosis is based only on the surgeon's operative report from a surgical exploration or endoscopy, or from gross autopsy findings in the absence of tissue or cytology findings.

Code 7
Imaging Techniques without Microscopic Confirmation

Assign Code 7:

The malignancy was reported by the physician from an imaging technique report only.

Example:

Scans revealed a mediastinal mass. Patient reported signs and symptoms consistent with lymphoma. Lab tests are inconclusive and biopsy not preformed due patients failing health and age.

Code 8
Clinical Diagnosis Only

Assign code 8:

- Clinical diagnosis only, other than 5, 6 or 7
- The physician makes a clinical diagnosis based on the information from the equivocal tests and the patient's clinical presentation (history and physical exam).
- The malignancy was reported by the physician in the medical record.
- If a physician treats a patient for cancer, in spite of a negative biopsy, this is a reportable clinical diagnosis.
- If a physician continues to describe a patient as having a reportable tumor, even after reviewing negative pathology results, this too is a reportable clinical diagnosis.

Code 9
Unknown

Assign code 9:

A statement of malignancy was reported in the medical record, but there is no statement of how the cancer was diagnosed.

Example:

Patient presents at your facility for treatment for cancer and the records do not mention the method of confirmation.

Hematopoietic and Lymphoid Neoplasm Database

Hematopoietic Project

https://seer.cancer.gov/tools/heme/

- This site provides data collection rules for hematopoietic and lymphoid neoplasms for 2010+. There are two tools for use with these rules:
- Hematopoietic & Lymphoid Neoplasm Database (Heme DB)
  - A tool to assist in screening for reportable cases and determining reportability requirements
  - The database contains abstracting and coding information for all hematopoietic and lymphoid neoplasm (9590/3-9992/3)
- Hematopoietic & Lymphoid Neoplasm Coding Manual
- Reportability instructions and rules for determining the number of primaries, the primary site and histology, and the cell lineage or phenotype
  - The introduction to the manual has an updated Steps in Priority Order for using the Hematopoietic and Lymphoid Neoplasm Coding Manual & Database.

Hematopoietic Project

Updated January 22, 2019 (view Revision History)

i This manual and the corresponding database are to be used for coding cases diagnosed January 1, 2010 and forward. **The changes made do not require registrars to recode old cases.**

This site provides data collection rules for hematopoietic and lymphoid neoplasms for 2010+. There are two tools for use with these rules:

1. Hematopoietic & Lymphoid Neoplasm Database (Heme DB)
   a. A tool to assist in screening for reportable cases and determining reportability requirements
   b. The database contains abstracting and coding information for all hematopoietic and lymphoid neoplasm (9590/3-9992/3)
3. Hematopoietic & Lymphoid Neoplasm Coding Manual (PDF, 807 KB)
   a. Reportability instructions and rules for determining the number of primaries, the primary site and histology, and the cell lineage or phenotype
   b. The introduction to the manual has an updated Steps in Priority Order for using the Hematopoietic and Lymphoid Neoplasm Coding Manual & Database.

Support Resources

- Hematopoietic Conversion Documentation
- Comparison Documents
- Questions? Ask a SEER Registrar
- Join the SEER Registrar News listserv to receive announcements of upcoming changes.

Hematopoietic and Lymphoid Neoplasm Database

Search Database | ICD-O-3 Code Lists | Downloads

Show Multiple Primaries Calculator +

Search

196 neoplasms

Show 25 Entries.

ICD-O-3 Morphology	▲ Name
9737/3	ALK-positive large B-cell lymphoma
9870/3	Acute basophilic leukemia
9805/3	Acute biphenotypic leukemia obsolete
None	Acute leukemia of ambiguous lineage, not otherwise specified
9910/3	Acute megakaryoblastic leukemia

ALK-positive large B-cell lymphoma

Search Database | ICD-O-3 Code Lists

Name

ALK-positive large B-cell lymphoma

ICD-O-3 Morphology

Effective 2010 and later

9737/3: ALK-positive large B-cell lymphoma

Reportable

for cases diagnosed 2010 and later

Primary Site(s)

See Module 7

Most common sites of involvement: lymph nodes, mediastinal mass, nasopharynx, tongue, stomach, bone and soft tissues.

Help me code for diagnosis year :

2020

Coding Manual: Hematopoietic Coding Manual (PDF)

Grade

Not Applicable

Module Rule

None

Alternate Names

ALK-positive LBCL
ALK-positive plasmablastic B-cell lymphoma [OBS]
Large B-cell lymphoma expressing the ALK kinase and lacking the t(2;5) translocation [OBS]
LBCL

Definition

ALK-positive large B-cell lymphoma (LBCL) is an aggressive neoplasm of ALK-positive monomorphic large immunoblast-like B cells, which usually have a plasma cell phenotype.

Abstractor Notes

(This code is effective for cases diagnosed 2010 and later. For cases diagnosed prior to 2010, see code 9684/3.)

Most patients present with Stage III/IV. Because these tumors are negative for CD20 antigen, they are insensitive to rituximab.

Definitive Diagnostic Methods

Genetic testing
Histologic confirmation
Immunophenotyping
Karyotyping

Genetics Data

CLTC-ALK fusion gene
Immunoglobulin genes are clonally rearranged
Phospho-STAT3
SQSTM1 or SEC31A fusion
t(2;17)(p23;q23)

Immunophenotyping

ALK protein positive
CD3-
CD20-
CD30-
CD45 weak or negative
CD79a-
CD138+
CLTC-ALK fusion protein expression
Cytoplasmic staining with other ALK translocations
EMA
IRF4/MUMI positive
NPM1-ALK fusion protein with nucleolar ALK staining
PAX5-
PRDm1 (also known as BLIMP1)
VS38+

Treatments

Chemotherapy

Transformations to

There are no known transformations

Transformations from

There are no known transformations

Same Primaries

9590/3 Malignant lymphoma, NOS
9591/3 Non-Hodgkin lymphoma, NOS
9679/3 Primary mediastinal (thymic) large B-cell lymphoma
9680/3 Diffuse large B-cell lymphoma, NOS
9684/3 Malignant lymphoma, large B-cell, diffuse, immunoblastic, NOS
9835/3 Precursor cell lymphoblastic leukemia, NOS

Corresponding ICD-9 Codes

200.6 Anaplastic large cell lymphoma

Corresponding ICD-10 Codes

C83.3 Diffuse non-Hodgkins lymphoma, large cell (diffuse)

Corresponding ICD-10-CM Codes (U.S. only)

C83.3 Diffuse large b-cell lymphoma (effective October 01, 2015)

Signs and Symptoms

Drenching night sweats
Fatigue
Fever (for no known reason)
Mediastinal mass
Pain in the chest, abdomen, or bones (for no known reason)
Painless swelling in the lymph nodes
Skin rash or itchy skin
Weight loss (for no known reason)

Diagnostic Exams

Blood chemistry studies
Bone marrow aspiration and biopsy
CT (CAT) scan
Complete blood count (CBC)
Cytogenetic analysis
Flow cytometry
Immunohistochemistry
Immunophenotyping
Laparoscopy (rarely performed)
Laparotomy (rarely performed)
Lymph node biopsy
MRI (magnetic resonance imaging)
PET (positron emission tomography) scan
Physical exam and history (H&P)

Progression and Transformation

None

Epidemiology and Mortality

Age: 36 years median age (9-70 years range)

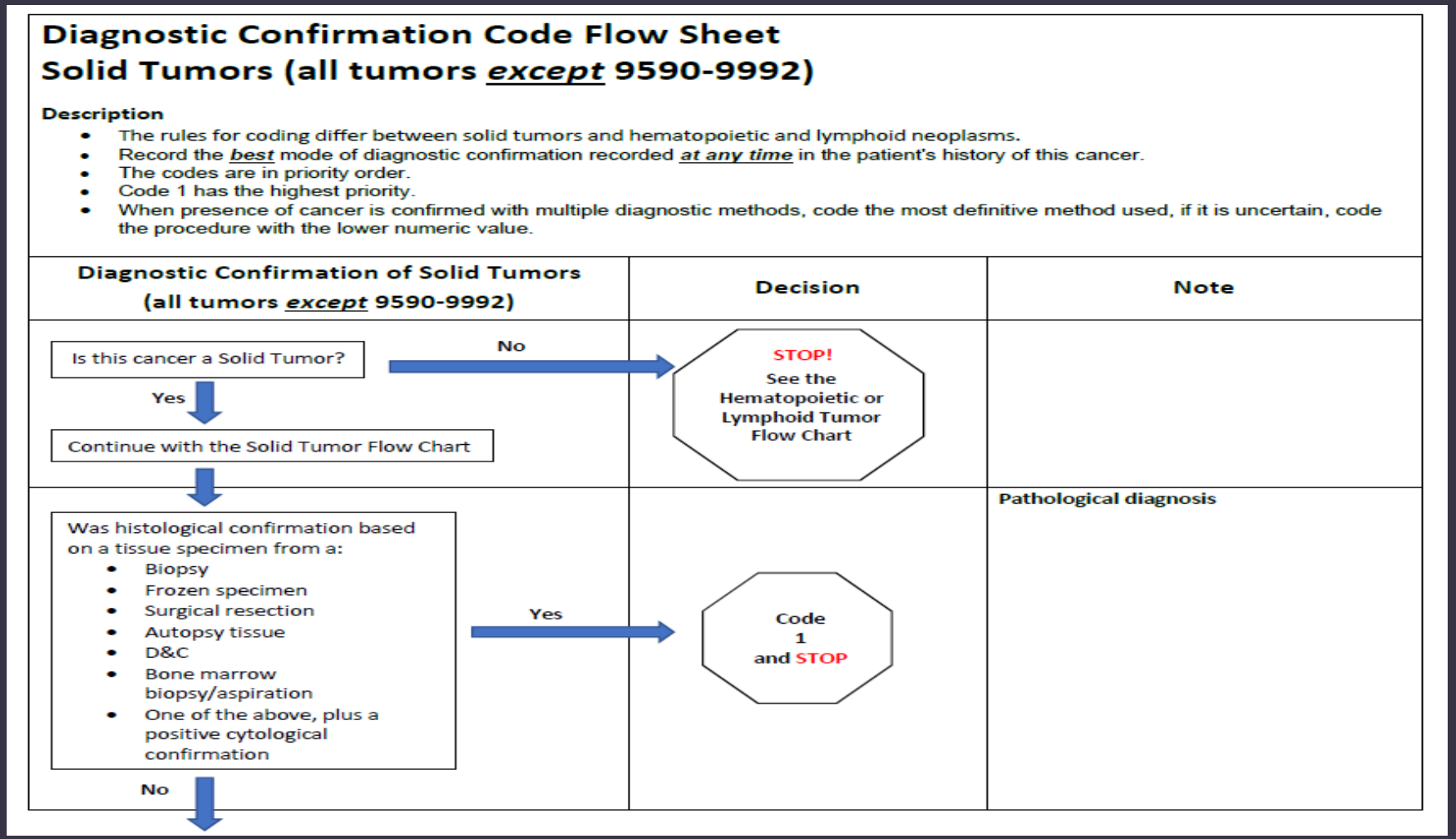
Incidence: <1% of DLBCL lymphomas

Sex: male predominance

Survival: median survival 11 months; >156 months survival for children

Diagnostic Confirmation Code Flow Sheets

Diagnostic Confirmation Code Flow Sheet Solid Tumors (all tumors *except* 9590-9992)

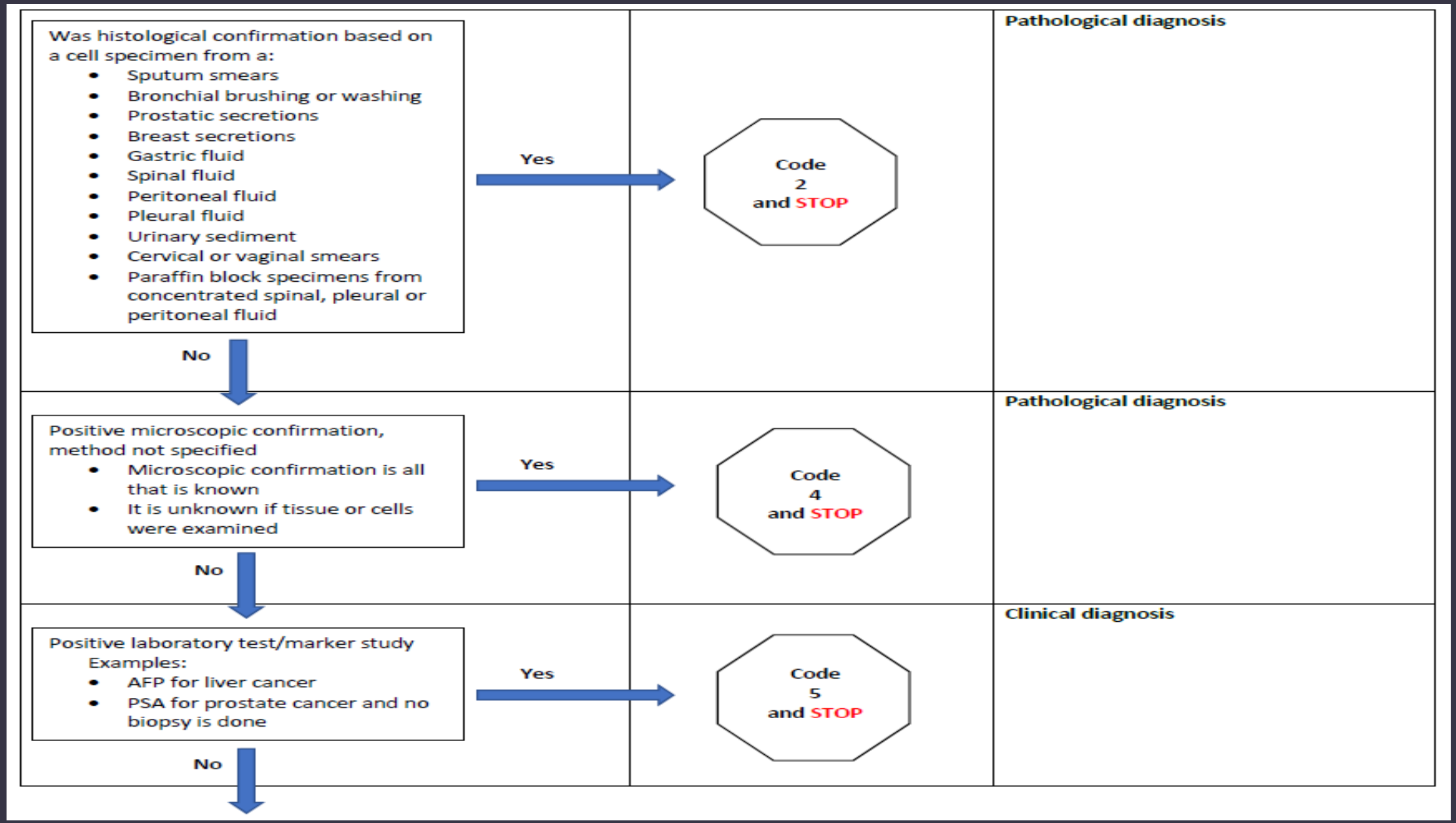


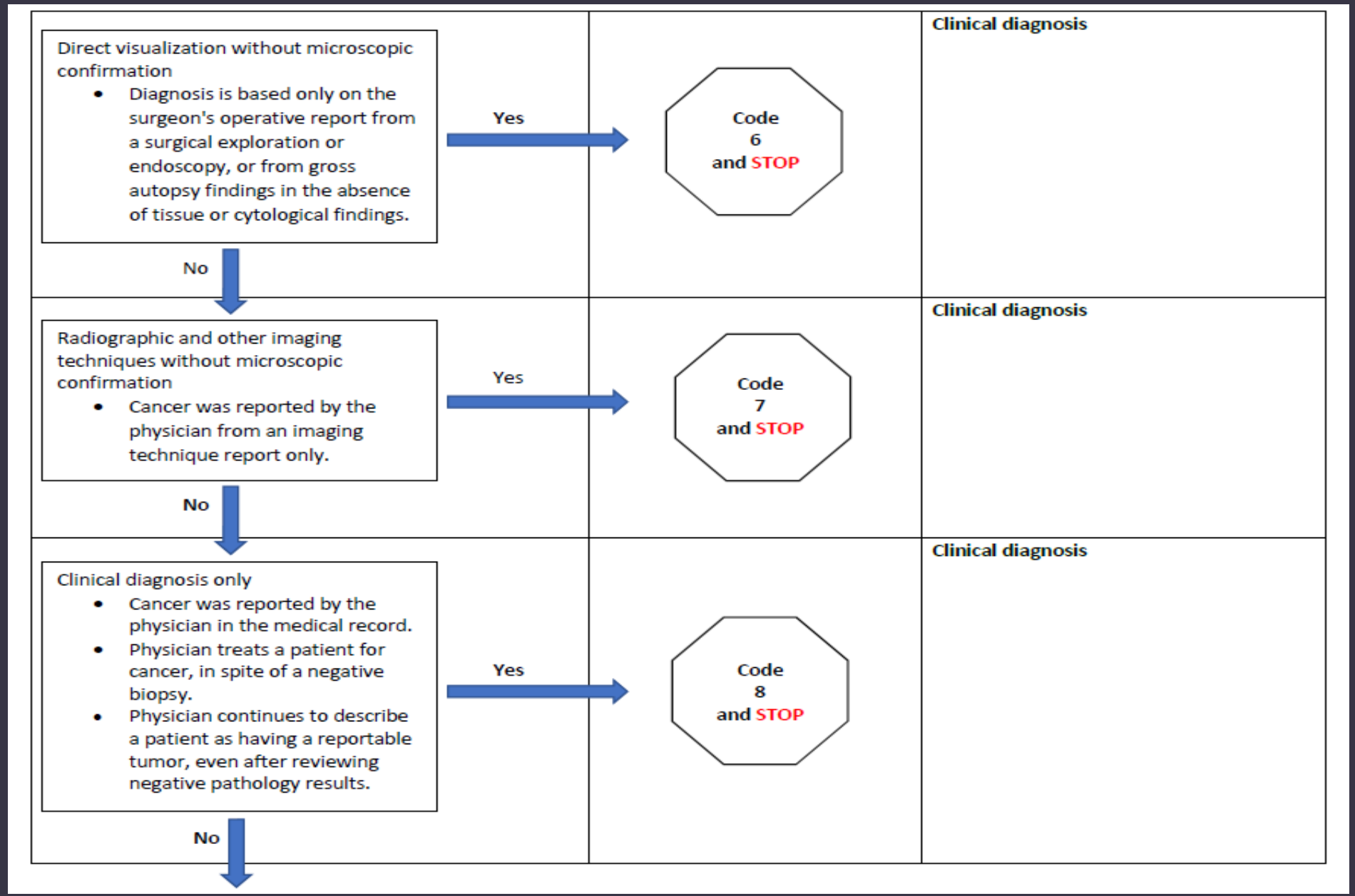
Diagnostic Confirmation Code Flow Sheet
Solid Tumors (all tumors *except* 9590-9992)

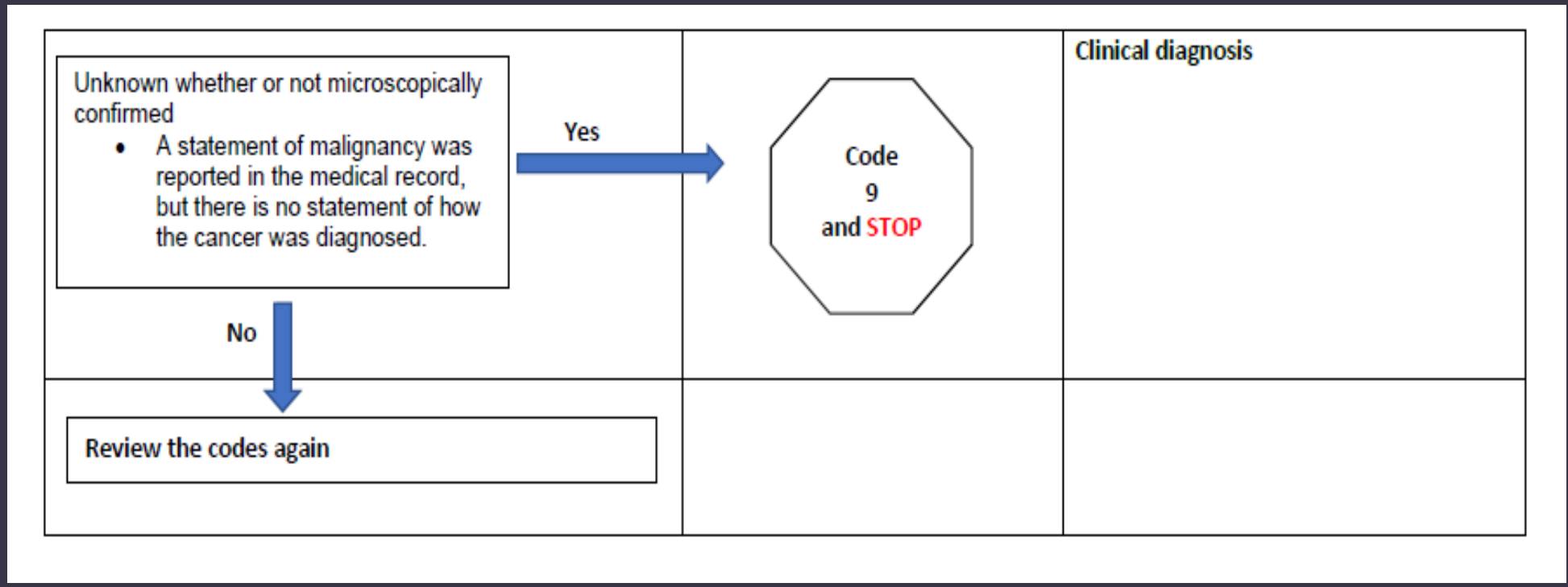
Description

- The rules for coding differ between solid tumors and hematopoietic and lymphoid neoplasms.
- Record the ***best*** mode of diagnostic confirmation recorded ***at any time*** in the patient's history of this cancer.
- The codes are in priority order.
- Code 1 has the highest priority.
- When presence of cancer is confirmed with multiple diagnostic methods, code the most definitive method used, if it is uncertain, code the procedure with the lower numeric value.

Diagnostic Confirmation of Solid Tumors (all tumors *except* 9590-9992)	Decision	Note
Is this cancer a Solid Tumor? → No → STOP! See the Hematopoietic or Lymphoid Tumor Flow Chart Yes → Continue with the Solid Tumor Flow Chart		
Was histological confirmation based on a tissue specimen from a: • Biopsy • Frozen specimen • Surgical resection • Autopsy tissue • D&C • Bone marrow biopsy/aspiration • One of the above, plus a positive cytological confirmation → Yes → Code 1 and STOP No ↓		Pathological diagnosis


Was histological confirmation based on a cell specimen from a:
Sputum smears
Bronchial brushing or washing
Prostatic secretions
Breast secretions
Gastric fluid
Spinal fluid
Peritoneal fluid
Pleural fluid
Urinary sediment
Cervical or vaginal smears
Paraffin block specimens from concentrated spinal, pleural or peritoneal fluid
Yes
Code 2 and STOP
Pathological diagnosis
No
Positive microscopic confirmation, method not specified
Microscopic confirmation is all that is known
It is unknown if tissue or cells were examined
Yes
Code 4 and STOP
Pathological diagnosis
No
Positive laboratory test/marker study
Examples:
AFP for liver cancer
PSA for prostate cancer and no biopsy is done
Yes
Code 5 and STOP
Clinical diagnosis
No


Direct visualization without microscopic confirmation
• Diagnosis is based only on the surgeon's operative report from a surgical exploration or endoscopy, or from gross autopsy findings in the absence of tissue or cytological findings.
Yes
Code 6 and STOP
Clinical diagnosis
No
Radiographic and other imaging techniques without microscopic confirmation
• Cancer was reported by the physician from an imaging technique report only.
Yes
Code 7 and STOP
Clinical diagnosis
No
Clinical diagnosis only
• Cancer was reported by the physician in the medical record.
• Physician treats a patient for cancer, in spite of a negative biopsy.
• Physician continues to describe a patient as having a reportable tumor, even after reviewing negative pathology results.
Yes
Code 8 and STOP
Clinical diagnosis
No

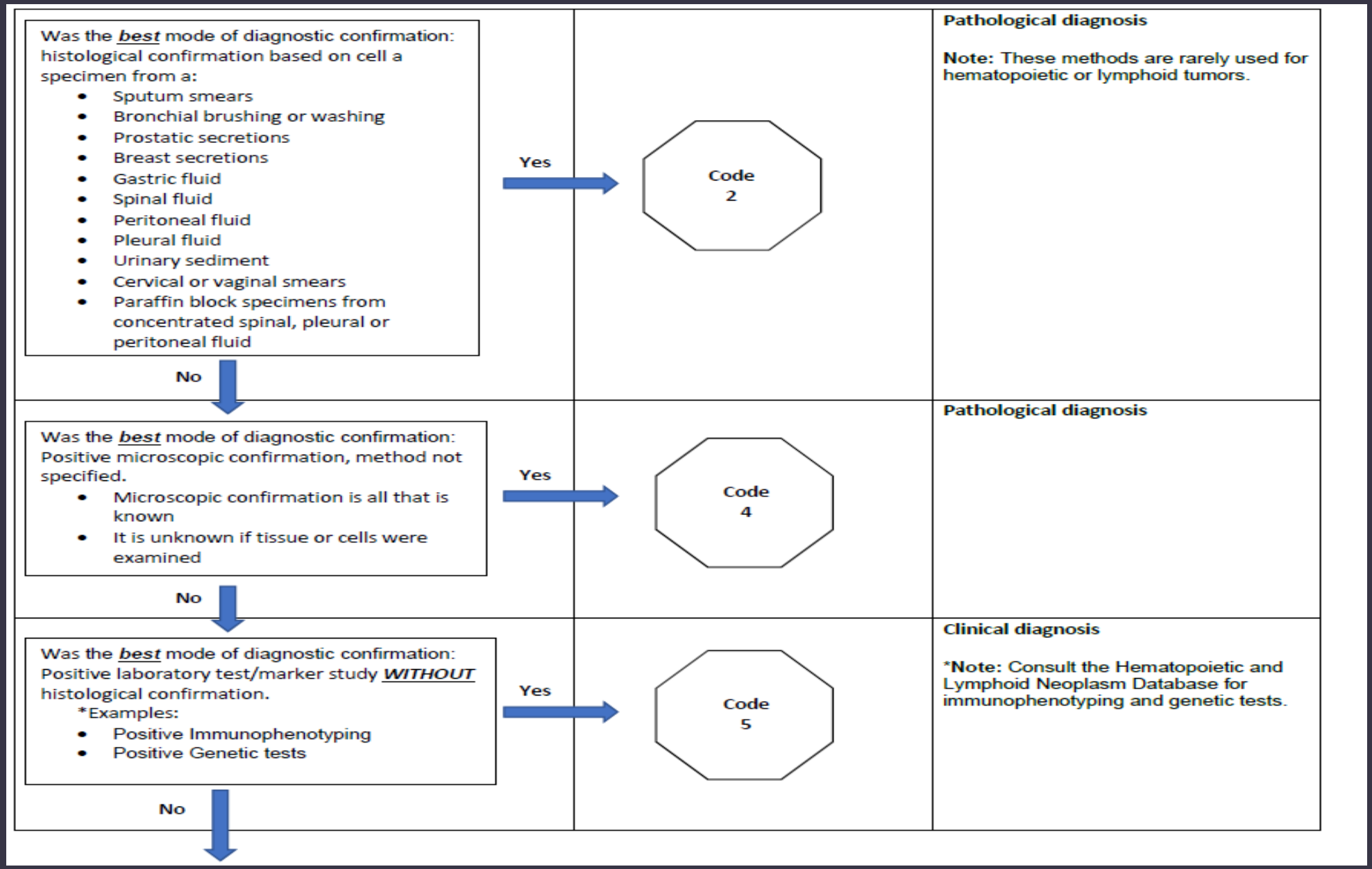

Unknown whether or not microscopically confirmed
A statement of malignancy was reported in the medical record, but there is no statement of how the cancer was diagnosed.
Yes
Code 9 and STOP
Clinical diagnosis
No
Review the codes again

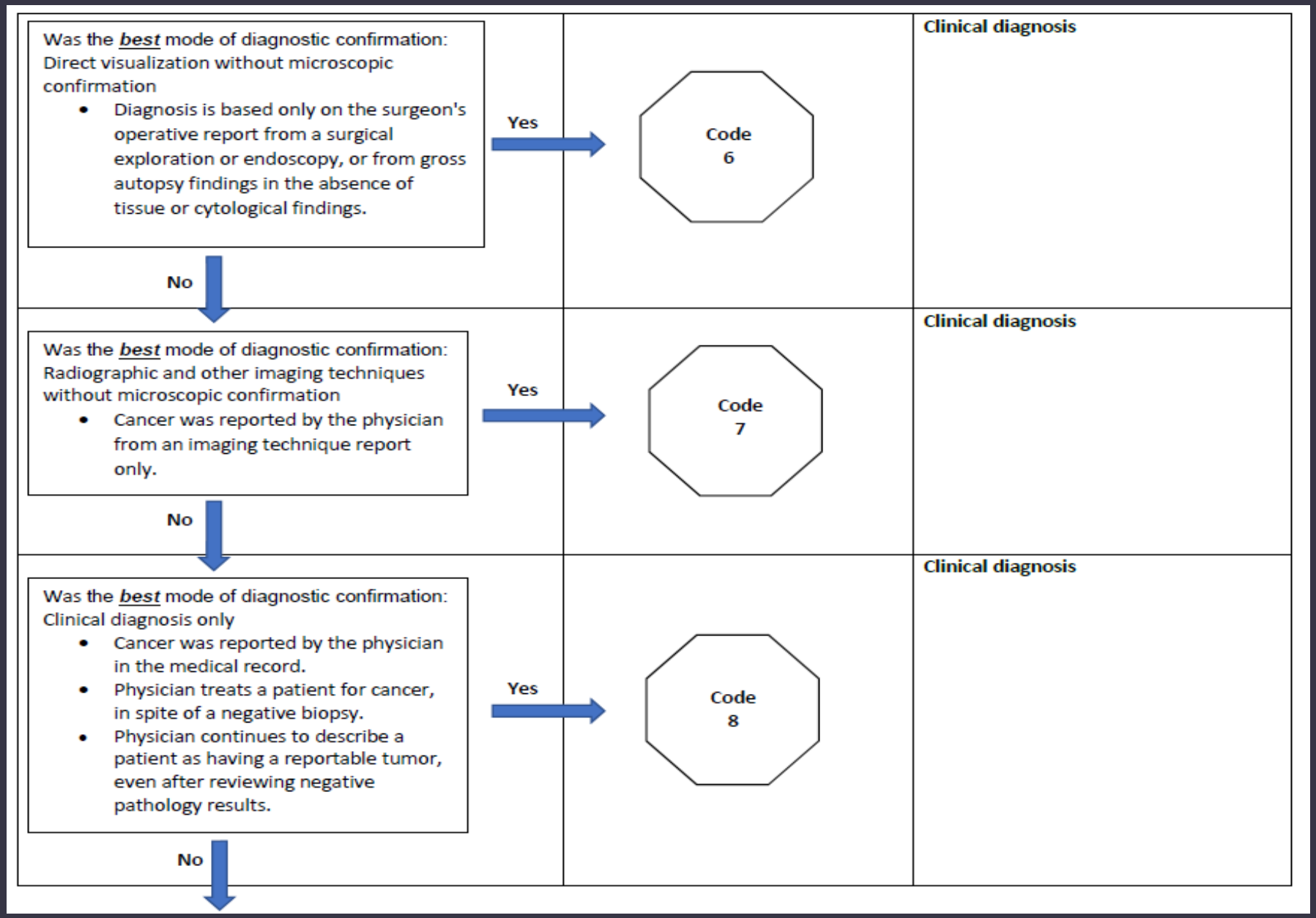
Diagnostic Confirmation Code
Hematopoietic or Lymphoid Tumors (M9590-9992)

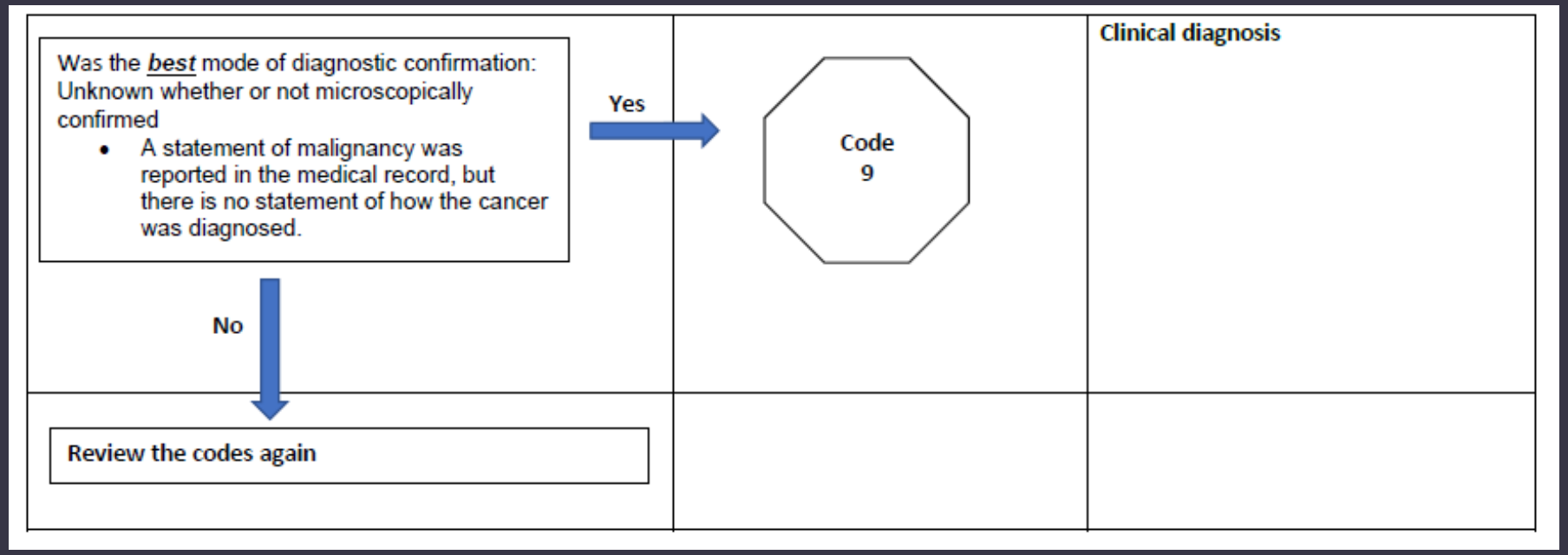
Description

- The rules for coding differ between solid tumors and hematopoietic and lymphoid neoplasms.
- Record the ***best*** mode of diagnostic confirmation recorded ***at any time*** in the patient's history of this cancer.
- There is ***no priority hierarchy*** for coding diagnostic confirmation for hematopoietic and lymphoid tumors.
- Code this field according the definitive diagnostic method used to confirm this malignancy.
- Definitive diagnostic methods are displayed in the hematopoietic database for each reportable hematopoietic and lymphoid neoplasm.
- Use code 3 whenever it applies-- i.e., whenever a positive histologic diagnosis is supported by a further positive test, such as IHC or genetic testing. ***Consult the Hematopoietic and Lymphoid Neoplasm Database for immunophenotyping and genetic tests.***

Diagnostic Confirmation of Hematopoietic or Lymphoid Tumors (M9590-9992)	Decision	Note
Is this cancer a hematopoietic or lymphoid tumor (M9590-9992)?	No → STOP! See the Solid Tumor Flow Chart	
Yes → Continue with this chart		
Was the ***best*** mode of diagnostic confirmation: histological confirmation based on a tissue specimen from a: • Biopsy • Frozen specimen • Surgical resection • Autopsy tissue • D&C • Bone marrow biopsy/aspiration • One of the above, plus a positive cytological confirmation For Leukemia ***only***: • Complete blood count (CBC) • White blood count (WBC) • Peripheral blood (PB) smear	Yes → Was there histological confirmation (Code 1) ***PLUS*** positive immunophenotyping and/or positive genetic studies? * Examples: • BRAF V600E • IGHV • CD33 • CD34 • CD56 • CD56 • JAK2 • Trisomy 4 • Loss of 5q	**Pathological diagnosis** No → Code 1 and STOP Yes → Code 3 and STOP *Consult the Hematopoietic and Lymphoid Neoplasm Database for immunophenotyping and genetic tests.
No ↓		


Was the ***best*** mode of diagnostic confirmation: histological confirmation based on cell a specimen from a:
• Sputum smears
• Bronchial brushing or washing
• Prostatic secretions
• Breast secretions
• Gastric fluid
• Spinal fluid
• Peritoneal fluid
• Pleural fluid
• Urinary sediment
• Cervical or vaginal smears
• Paraffin block specimens from concentrated spinal, pleural or peritoneal fluid
Yes
Code 2
Pathological diagnosis
Note: These methods are rarely used for hematopoietic or lymphoid tumors.
No
Was the ***best*** mode of diagnostic confirmation: Positive microscopic confirmation, method not specified.
• Microscopic confirmation is all that is known
• It is unknown if tissue or cells were examined
Yes
Code 4
Pathological diagnosis
No
Was the ***best*** mode of diagnostic confirmation: Positive laboratory test/marker study ***WITHOUT*** histological confirmation.
*Examples:
• Positive Immunophenotyping
• Positive Genetic tests
Yes
Code 5
Clinical diagnosis
*Note: Consult the Hematopoietic and Lymphoid Neoplasm Database for immunophenotyping and genetic tests.
No


Was the best mode of diagnostic confirmation: Direct visualization without microscopic confirmation
Diagnosis is based only on the surgeon's operative report from a surgical exploration or endoscopy, or from gross autopsy findings in the absence of tissue or cytological findings.
Yes
Code 6
Clinical diagnosis
No
Was the best mode of diagnostic confirmation: Radiographic and other imaging techniques without microscopic confirmation
Cancer was reported by the physician from an imaging technique report only.
Yes
Code 7
Clinical diagnosis
No
Was the best mode of diagnostic confirmation: Clinical diagnosis only
Cancer was reported by the physician in the medical record.
Physician treats a patient for cancer, in spite of a negative biopsy.
Physician continues to describe a patient as having a reportable tumor, even after reviewing negative pathology results.
Yes
Code 8
Clinical diagnosis
No


Was the *best* mode of diagnostic confirmation: Unknown whether or not microscopically confirmed
• A statement of malignancy was reported in the medical record, but there is no statement of how the cancer was diagnosed.
Yes
Code 9
Clinical diagnosis
No
Review the codes again

QUESTIONS?

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