Kentucky Cancer Registry SPRING Training 2019

APRIL ADDENDUM

Coding primary site

The March Spring training slide said this; (which is still correct)

- ***Note*: Assign C760 for Occult Head and Neck primaries** with positive cervical lymph nodes. Schema Discriminator 1: Occult Head and Neck Lymph Nodes is used to discriminate between these cases and other uses of C760.

Previously, you were instructed to code these as C14.8.

A clarification has been received for cases with positive cervical nodes

- AND are EBV+ - then code the primary site to nasopharynx (C11.9)

- AND are p16+ - then code the primary site to oropharynx (C10.9)

- And are both EBV+ and p16+ - then code to nasopharynx (C11.9)

Updates to Breast rules

Table 2 – Histology Combination Codes

- Row with 8522/3 – Invasive duct carcinoma, NST and invasive lobular carcinoma
  - Note 2 clarifies that carcinoma NST includes all subtypes and variants of carcinoma, NST

Table 3 – Specific Histologies, NOS/NST and Subtypes/Variants

- ~~Row with Myoepithelial carcinoma 8982~~ **deleted**
  - Myoepithelial carcinoma is a subtype of metaplastic carcinoma

Updates to Breast MP rules

Multiple Primary Rules

- **Rule M8:** Abstract a single primary when the diagnosis is Paget disease with synchronous, underlying in situ or invasive carcinoma, NST or subtypes/variants.
  - **Note added: If the underlying tumor is anything other than duct, NST or a subtype/variant of duct, continue through the rules.**
- **New Rule M9:** Abstract multiple primaries when the diagnosis is Paget disease with a synchronous, underlying tumor which is **NOT** duct carcinoma.

Updates to Breast Histology rules

CHANGES TO Coding Multiple Histologies

1A modified – Code the subtype or variant ONLY when documented to be greater than ~~or equal to~~ 90% of the tumor

1B added: A NOS with features or differentiation is a single histology

CHANGES TO Priority Order for using documentation to code histology

2. Tissue or pathology report from primary site – **#2B added** 'synoptic report as required by CAP' to the Final Diagnosis

6. Code the histology documented by the physician when none of the above are available - **#6A added** 'Treatment plan'

Urinary rules

- **The Solid Tumor rules for Urinary sites are revised. New updates out April 2, 2019.**

Updates to Urinary rules

Multiple Primary Rules have been renumbered!

- **Rule M6**. Abstract multiple primaries when an invasive tumor occurs more than 60 days after an in situ tumor.
  - Moved up in hierarchy (formerly M17)
- **Rule M7:** Abstract a single primary when the patient has multiple occurrences of /2 urothelial carcinoma in the bladder.
  - Clarified that any combination of 8120/2 and 8130/2 in the bladder is a single primary
- **Rule M8:** Abstract multiple primaries when the patient has micropapillary urothelial carcinoma 8131/3 of the bladder AND a urothelial carcinoma 8120/3 (including papillary 8130/3) of the bladder.
  - Moved up in hierarchy (formerly Rule M12)
  - 8120/3 added to the rule

Updates to Urinary rules

- **Rule M9:** Abstract a single primary when the patient has multiple invasive urothelial cell carcinomas in the bladder.
  - Clarified that an occurrence of micropapillary and an occurrence of urothelial carcinoma would be **multiple primaries**
- **Rule M11:** Abstract a single primary when there are urothelial carcinomas in multiple urinary organs.
  - "Synchronous" removed
- **Rule M13 (Former)**: Abstract multiple primaries when the original tumor and subsequent tumor occur in different urinary sites.
  - Rule deleted

Updates to Urinary rules

- **NEW RULE**
  Rule M14: Abstract multiple primaries when the ICD-O site code differs at the second (CXxx) and/or third (CxXx) character.
- **Rule M15:** Abstract a single primary when synchronous, separate/non-contiguous tumors are on the same row in Table 2 in the Equivalent Terms and Definitions.
  - Behavior restriction removed; behavior is now irrelevant
  - Note 3 deleted (simplifying the text)

Updates to Urinary rules

Updates to Histology Rules

- **Priority Order for Using Documentation to Identify Histology**
  - Important Note #2 Modified: Code the histology ~~assigned by the physician~~ by using the following priority list and Histology Rules.
  - #2: Tissue or pathology report from primary site
    - #2B: "Synoptic report as required by CAP" added to Final Diagnosis
  - #5: Code the histology documented by the physician when none of the above are available
    - #5A: "Treatment Plan" added
- **Coding Multiple Histologies**
  - Instructions clarified
  - "Configuration" added to the "DO NOT CODE" section

SINQ 2018 0093

Question: What is the histology for a case diagnosed on **biopsy with adenocarcinoma with acinar predominant pattern**, and with subsequent **lobectomy showing adenocarcinoma with solid growth pattern and a separate adenocarcinoma with lepidic predominant pattern**?

Answer: This is a single primary; coded 8140/3 -adenocarcinoma. In the biopsy and the two tumors found on lobectomy the specific adenocarcinoma histology is described as PATTERN. You do not code a PATTERN, so rule M7 above applies and this is a single primary.

But what if the word 'pattern' was left out of the diagnosis above? What then?

<see next slide>

SINQ 20180093

Question: What is the histology for a case diagnosed on **biopsy with adenocarcinoma, acinar predominant**, and with subsequent **lobectomy showing adenocarcinoma with solid growth and a separate adenocarcinoma, lepidic predominant**?

Answer: **This is multiple primaries** per the Lung Solid Tumor Rule M6; and code histology to adenocarcinoma, acinar predominant (8551/3) and adenocarcinoma, lepidic predominant (8250/3) per Rule H4 as the word 'pattern' is not included in each histology.