

LUNCH

Will start back at 12:15

Ambiguous Terminology



Ambiguous Terminology

- When abstracting, registrars are to use the “Ambiguous Terms at Diagnosis” list with respect to case reportability
- The first and foremost resource for the registrar for questionable cases is the physician who diagnosed and/or staged the tumor
- If the physician is not available, the medical record, and any other pertinent reports (e.g., pathology, etc.) should be read closely for the required information.
- The purpose of the Ambiguous Terminology lists is so that in the case where wording in the patient record is ambiguous with respect to reportability or tumor spread and no further information is available from any resource, registrars will make consistent decisions.

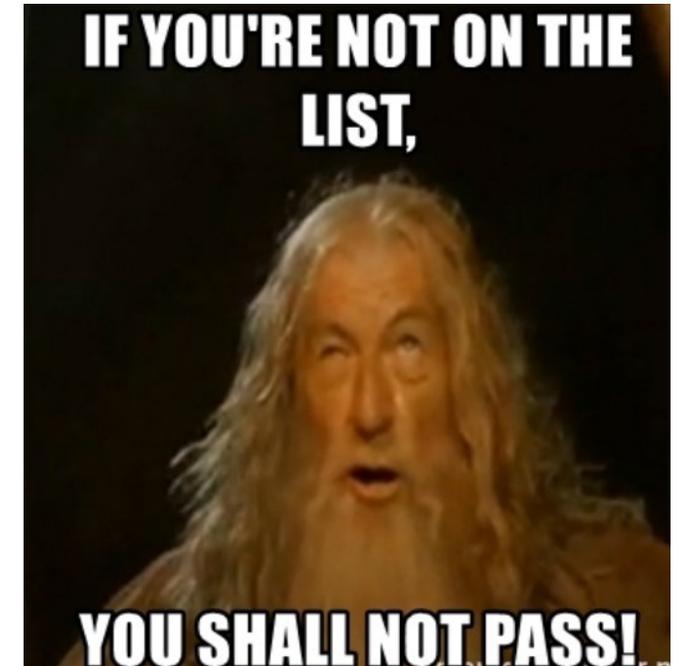


Reportability



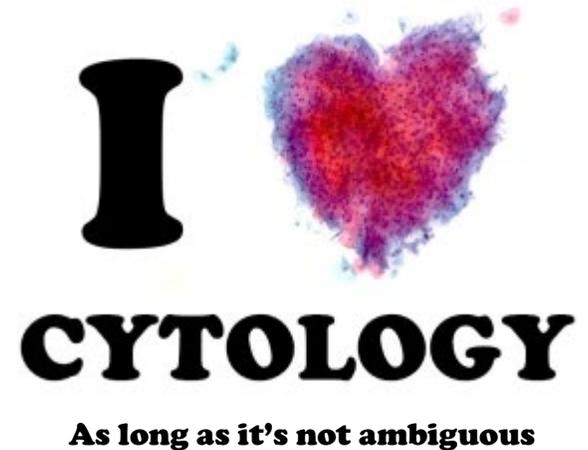
Reportability

- Ambiguous terminology may originate in any source document, such as a pathology report, radiology report, or clinical report
- The terms on the list are reportable when they are used with a term such as cancer, carcinoma, sarcoma, etc
- The terms in the list are reportable when they are used with a single histology described by ambiguous terminology and no other information is available/documented
- Ambiguous terms not listed are not reportable
- If a case is accessioned using ambiguous terminology and then found to be not cancer, the case should be deleted



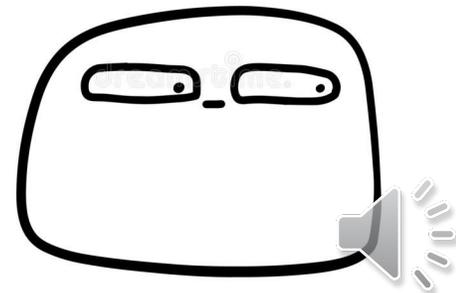
Cytology

- Cytology refers to the microscopic examination of cells in body fluids obtained from aspirations, washings, scrapings, and smears; usually a function of the pathology department
- Do not accession a case based ONLY on suspicious cytology
- Note: “Suspicious cytology” means any cytology report diagnosis that uses an ambiguous term, including ambiguous terms that are listed as reportable in manual
- Follow back on cytology diagnoses using ambiguous terminology is strongly recommended



- Accession the case when a reportable diagnosis is confirmed later
 - The date of diagnosis is the date of the suspicious cytology
 - This is a change to previous instructions. The date of a suspicious cytology may be used as the date of diagnosis when a definitive diagnosis follows the suspicious cytology
 - See Date of Diagnosis for more information
- Important: Accession cases with cytology diagnoses that are definitively positive for malignant cells
- Urine cytology positive for malignancy is reportable. Code the primary site to C689 in the absence of any other information.

suspicious



Ambiguous Terms for Reportability

- Apparent(ly)
- Appears
- Comparable with
- Compatible with
- Consistent with
- Favor(s)
- Malignant appearing
- Most likely
- Presumed
- Probable
- Suspect(ed)
- Suspicious (for)
- Typical (of)



- Report cases that use the words on the list or an equivalent word such as “favored” rather than “favor(s).” Do not substitute synonyms such as “supposed” for presumed or “equal” for comparable. Do not substitute “likely” for “most likely.”
- There may be ambiguous terms preceded by a modifier, such as “mildly” suspicious. In general, ignore modifiers or other adjectives and accept the reportable ambiguous term.



Ambiguous Phrases

Equivalent to “Diagnostic for” malignancy or reportable diagnosis. These phrases are reportable when no other information is available

- Considered to be [malignancy or reportable diagnosis]
 - Characteristic of [malignancy or reportable diagnosis]
 - Appears to be a [malignancy or reportable diagnosis]
 - Most compatible with [malignancy or reportable diagnosis]
 - Most certainly [malignancy or reportable diagnosis]
 - In keeping with
-
- Equivalent to “Differential diagnoses”
 - Differential considerations



IMPORTANT: Ambiguous phrases are used for reportability and not to assign a more specific histology



“Not Reportable” Phrases

Equivalent to “Not diagnostic for” malignancy or reportable diagnosis. These phrases are NOT reportable when no other information is available.

- Highly suspicious for, but not diagnostic of [malignancy or reportable diagnosis]
- Most compatible with a [non-reportable diagnosis] such as a [reportable diagnosis]
- High probability for [malignancy or reportable diagnosis]



Histology



Histology

- Use only the ambiguous terms listed when assigning histology
- Do not use Ambiguous phrases to assign a more specific histology
 - **Exception:** Case is accessioned (added to your database) based on a single histology described by an ambiguous phrase and no other histology information is available/documented
- The rules for the use of ambiguous terminology when coding histology differ between the Solid Tumor Rules Manual and the Multiple Primary and Histology Manual
- It is important to remember this coding difference when assigning a working histology



The Solid Tumor Rules

Code a histology when described by ambiguous terminology **ONLY** when:

- Histology is clinically confirmed by a physician (attending, pathologist, oncologist, etc.)
- Patient is treated for the histology described by an ambiguous term
- Case is accessioned (added to your database) based on a single histology described by ambiguous terminology and no other histology information is available/documented
- **Note:** If the histology described by ambiguous terminology does not meet any of the criteria in bullets 1, 2, or 3, DO NOT CODE the histology

If the diagnosis is an NOS histology and a more specific (subtype/variant) described by ambiguous terminology:

- If the criteria in bullets 1 and 2 are met, code the specific histology
- If the criteria in bullets 1 and 2 are **NOT** met, code the NOS histology



Multiple Primary and Histology Rules

- When any of the ambiguous terms on the list are used to describe a more specific histology, code the more specific histology
- No additional criteria needs to be met



Tumor Spread



Tumor Spread

- Most of the time, registrars will find definitive statements of involvement; however, for those situations where involvement is described with non-definitive (ambiguous) terminology, use the guidelines below to interpret and determine the appropriate assignment of EOD Primary Tumor, EOD Regional Nodes or EOD Mets
- When it is not possible to determine the extent of involvement because terminology is ambiguous, look at the documentation that the physician used to make informed decisions on how the patient is being treated
- Use ambiguous terms to interpret the intent of the clinician ONLY when further documentation is not available and/or there is no specific statement of involvement in the medical record.



- Terminology in the schema takes priority over this list. Some schemas interpret certain words as involvement; such as ‘encasing’ the carotid artery for a head and neck site or “abutment,” “encases,” or “encasement” for pancreas primaries
- This is not the same list used for determining reportability
 - These list need to remain separate and used correctly



Involved

Adherent

Apparent(ly)

Appears to

Comparable with

Compatible with

Consistent with

Contiguous/continuous with

Encroaching upon*

Extension to, into, onto, out onto

Features of

Fixation to a structure other than primary**

Fixed to another structure**

Impending perforation of

Impinging upon

Impose/imposing on

Incipient invasion

Induration

Infringe/infringing

Into*

Intrude

Most likely

Onto*

Overstep

Presumed

Probable

Protruding into (unless encapsulated)

Suspected

Suspicious

To*

Up to

* interpret as involvement whether the description is clinical or operative/pathologic

** interpret as involvement of the other organ or tissue



Not Involved

Abuts

Approaching

Approximates

Attached

Cannot be excluded/ruled out

Efface/effacing/effacement

Encased/encasing

Encompass(ed)

Entrapped

Equivocal

Extension to without invasion/involvement of

Kiss/kissing

Matted (except for lymph nodes)

Possible

Questionable

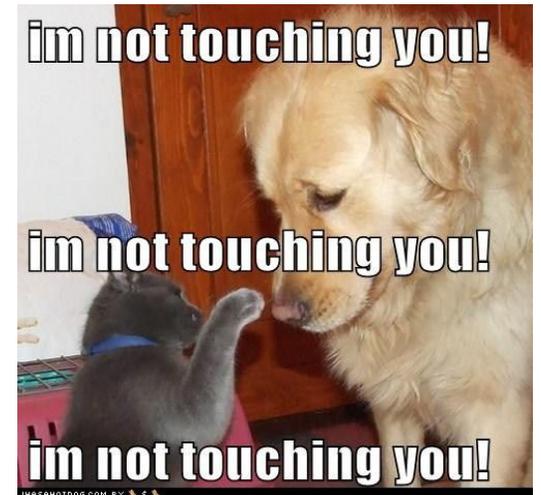
Reaching

Rule out

Suggests

Very close to

Worrisome



Resources

Ambiguous Terminology for Reportability

- https://seer.cancer.gov/manuals/2022/SPCSM_2022_MainDoc.pdf
- https://www.bleedingcontrol.org/-/media/files/qualityprograms/cancer/ncdb/store_manual_2022.ashx

Ambiguous Terminology for Tumor Spread

- <https://seer.cancer.gov/tools/staging/eod/general-instructions.pdf>

Ambiguous Terminology and Histology

- https://seer.cancer.gov/tools/solidtumor/General_Instructions_STM.pdf
- https://seer.cancer.gov/tools/solidtumor/2007_General_Instructions.pdf



Questions

