



Arizona Cancer Registry (ACR)
Data Quality • Coding • Abstracting • Standards
Memorandum #2011-01
Distribution Date: January 14, 2011

Category:

Clarification

Subject:

Ambiguous Cytology

Effective Date:

Cases Diagnosed On or After January 1, 2010

Description:

This clarification is related to the following notation in the 2010 FORDS (ACR Handbook) manual on page 4:

EXCEPTION: If a cytology is reported as suspicious, do not interpret it as a diagnosis of cancer. Abstract the case only if a positive biopsy or a physician's clinical impression of cancer supports the cytology findings.

This note was also in previous versions of FORDS. In previous newsletters the ACR has issued clarifications regarding the reportability of suspicious cytology. Our interpretation was that this note only applied to the word "suspicious." Cytology reports that used other ambiguous terms, such as "consistent with," or "most likely" in conjunction with a malignant diagnosis were reportable.

Example: The following inquiry was recently brought to our attention.

SEER Inquiry #20091125

Question:

Ambiguous Terminology/Reportability—Thyroid: Should a thyroid case be accessioned based only on a cytology that is consistent with papillary carcinoma? See Discussion.

Discussion: Instructions in the 2007 SPCM state that we are not to accession a case based only on a suspicious cytology. Does this rule apply only to the term "suspicious" or does it apply to all ambiguous terms? Example: FNA of thyroid nodule is consistent with papillary carcinoma.

Answer: Do not accession the case if the cytology is the only information in the medical record. The phrase "Do not accession a case based only on suspicious cytology: means that the cytology is the only information in the record. If there is other information that supports the suspicion of cancer (radiology reports, physician statements, surgery), then accession the case. The phrase "suspicious cytology" includes all of the ambiguous terms.

If you look at the Commission on Cancer (CoC) inquiry you may find a contradiction to SEER's answer.

The ACR recently consulted with the SEER Program regarding what was meant in the inquiry - The phrase "suspicious cytology" includes all of the ambiguous terms. SEER means any ambiguous terminology used in cytology, not just the word "suspicious." SEER will follow-up with the CoC on this issue. The ACR has already inserted a note in the 2010 FORDS manual with this clarification.

ACR Directive:

If a cytology report indicates any of the ambiguous terms that constitute a diagnosis (i.e. suspicious, appears, probable), do not interpret it as a diagnosis of cancer UNLESS there is a positive biopsy or a physician's clinical impression of cancer that supports the cytology findings.