

MP/H FAQ – PDQ!

Multiple Primary and Histology Coding Rules – Beyond the Basics

What We'll Cover

- Where to go first (in general)
- What rules to apply first
- Counting “tumors”
- Site-specific issues

Where To Go First

- Take the modules in order!

<u>Solid Tumor</u>	<u>Heme</u>
1. Multiple Primaries	Reportability
2. Histology	Multiple Primaries
3.	Primary Site/Histology
4.	Grade

Using the Rules

- Determine how many abstracts to prepare
- Use multiple primary rules first
 - Ask “*what is the primary site?*”
 - Ask “*how many tumors does this case have?*”

What is the primary site?

- Use pathology reports, imaging, physician statements, etc. to determine primary site
 - If no primary site (metastases only), use primary site documented by physician
 - If no primary site documented, code as unknown primary and use 'other sites' rules
- Use the rules for that site

5

Multiple Primary and Histology Coding Rules – PDQ!

How many tumors?

- Primary sites only!
- Count number of tumors
 - Do not count*
 - Metastases
 - Benign
 - Microscopic foci
 - Unmeasured foci
 - Do count macroscopic tumors
- *Remember*
 - Single biopsy \neq single tumor
 - Multiple biopsies \neq multiple tumors
 - Multiple foci \neq multiple tumors

6

Multiple Primary and Histology Coding Rules – PDQ!

Counting Tumors Examples from SINQ

- Example 1
 - Kidney dx 2003, R nephrectomy. 2009 CT: R renal fossa mass; excised dx—soft tissue, R renal fossa.
 - *The right kidney is gone; this cannot be a new primary. The 2009 mass is metastatic (recurrence).*
- Example 2
 - Lobular CA dx 2001, modified radical mastectomy. 2010: mass in chest wall, PD mammary CA with lobular origin.
 - *Chest wall is a metastatic site for breast. This is a recurrence, not a new primary.*

7

Multiple Primary and Histology Coding Rules – PDQ!

Counting Tumors Examples from SINQ

- Example 3
 - CA ascending colon 2008; hemicolectomy. May 2009: CA in transverse colon called “recurrent at anastomotic junction.”
 - *Colon rule M4—new primary. Original primary site no longer present.*
- Example 4
 - Oligodendroglioma 2008, resected. Glioblastoma multiforme 2009.
 - *Malignant brain rule M8—new primary. Chart 1 shows oligodendroglioma and GBM are not in the same branch.*

8

Multiple Primary and Histology Coding Rules – PDQ!

Multiple Bladder Tumors

Example:

2/15/2008 TURBT for in situ TCC
8/21/2008 Cysto and fulguration for non-invasive PTCC
4/12/2009 TURBT for non-invasive PTCC
10/27/2009 TURBT for non-invasive PTCC
6/25/2010 Cysto and fulguration for non-invasive PTCC
3/13/2011 TURBT for in situ TCC

Q: Are all the tumors urothelial?

A: Yes. Rule M6 applies. STOP!

USE THE RULES IN ORDER!

13

Multiple Primary and Histology Coding Rules – PDQ!

Multiple Bladder Tumors

Example:

2/15/2008 TURBT for in situ TCC
8/21/2008 Cysto and fulguration for non-invasive PTCC
4/12/2009 TURBT for non-invasive PTCC
10/27/2009 TURBT for non-invasive PTCC
6/25/2010 Cysto and fulguration for non-invasive PTCC
3/13/2011 TURBT for in situ TCC
9/29/2011 TURBT for invasive TCC

Q: Are all the tumors the same behavior?

A: No. Rule M5 applies. STOP!

USE THE RULES IN ORDER!

14

Multiple Primary and Histology Coding Rules – PDQ!

Histology Coding Rules

- For EACH abstract, determine histology code
- Two independent modules
 - Single Tumor (one primary site)
 - Single tumor all in in situ
 - Single tumor mixed in situ and invasive
 - Single tumor all invasive
 - Multiple Tumors abstracted as a single primary site
- Rules are hierarchical within each module.

15

Multiple Primary and Histology Coding Rules – PDQ!

Stay on Track

- **Don't** “berry pick”
- **Don't** go directly to the rule you think applies

- Use the rules in order
- **STOP** when you find the first rule that fits.

16

Multiple Primary and Histology Coding Rules – PDQ!

Code Histology from Final Diagnosis

- Applies to histology coding rules *only*
- Do not ask pathologist to jam staging info into final diagnosis!



17

Multiple Primary and Histology Coding Rules – PDQ!

Multiple Pathology Reports

- Code from the pathology report
 - from the *most representative* specimen* examined
 - from the *final diagnosis*
 - includes revised/amended diagnosis

*The pathologic specimen from the surgical procedure that removed the most *tumor* tissue.

- Might be excisional biopsy rather than -ectomy specimen

18

Multiple Primary and Histology Coding Rules – PDQ!

Using Synoptic Report Information

- You can use the CAP synoptic summary when the final directs you to use the comments and the summary.
 - I&R Curator of MP/H Questions
- If the CAP protocol is used in lieu of a final diagnosis, use all of the information in the CAP protocol.
 - SEER Inquiry System

19

Multiple Primary and Histology Coding Rules – PDQ!

Histology: Second Pass Concept

Problem: in situ plus two invasive histologies

Example diagnosis: Mixed ductal and medullary carcinoma with areas of DCIS (single tumor).

First pass

Single Tumor: Invasive and In Situ

→ H9. Code invasive histology

BUT there are two invasive histologies...



Second pass

Single Tumor: Invasive

→ H17. Use Table 3

Answer: 8523/3

20

Multiple Primary and Histology Coding Rules – PDQ!

Solid Tumor MP/H Hints

- **Skip** the MP rules when
 - Single tumor
 - Unknown if single or multiple tumors
 - Mixed invasive and in situ (go right to invasive rules)
- **Skip** the H rules when
 - Single histology

21  Multiple Primary and Histology Coding Rules – PDQ!

Reportability, MP, PH, and G Rules for the Hematopoietic Diseases

April Fritz, RHIT, CTR
Reno, NV

 AFritz and Associates, LLC
Preparing Cancer Registry Professionals for the Future

Hematopoietic Documentation

- | | | |
|------------------------------|---|---|
| ○ Manual (Rules) | ↔ | ○ Database |
| • Reportability | | • Definition |
| • Multiple primary | | • Synonyms |
| • Primary site and histology | | • Definitive diagnostic method |
| • Grade (cell indicator) | | • Transformations |
| • Glossary | | • Abstractor notes |
| • Tables | | • Treatment types |
| | | • Genetic testing and immunophenotyping |
| | | • MP calculator |
- Neither product is intended to be stand-alone

2010 Heme MP/H Rules : Issues and Helpful Hints

23

Heme MP/H: A Four Step Program

1. Is it reportable?
2. How many primaries do I abstract?
3. How do I code the primary site and histology?
4. How do I code the grade?

2010 Heme MP/H Rules : Issues and Helpful Hints

24

Using the Rules: Step 1

1. Is it reportable?

- Use case reportability instructions
- If diagnosis uses ambiguous term, review list
 - Do not use ambiguous terms for assigning morphology code or primary site
- If rules 1-9 do not apply, use Heme DB

2010 Heme MP/H Rules : Issues and Helpful Hints

25

Reportability Rules Hints

- **Skip** this module if diagnosis is
 - Leukemia
 - Lymphoma
 - Myeloma
- **Skip** this module if histology code is /3
- **Use** this module if
 - Dx made by ambiguous terminology
 - Dx is one of 30 new terms not in ICD-O-3
 - Dx made by definitive diagnostic method
 - Dx is /1 in ICD-O and called malignant by MD
- **Use** Heme DB for special cases

2010 Heme MP/H Rules : Issues and Helpful Hints

26

Using the Rules: Step 2

2. How many primaries do I abstract?

- Use Multiple Primary (M) rules first (M1-M13)
 - Start with M1 and review in sequence until a rule applies to the case and then Stop!
- If M10 applies, use Heme DB to verify transformation
- If M12 applies, use Heme DB to verify transformation
- If rules M1-M12 do not apply, use multiple primary calculator in Heme DB

2010 Heme MP/H Rules : Issues and Helpful Hints

27

Multiple Primary Rules

- M1.** Minimal information = **single** primary
 - DCO; Pathology-Report-Only case
- M2.** Single histology = **single** primary
 - Single histology from definitive diagnostic method
- M3.** ≥ 2 non-Hodgkin lymphomas in same anatomic location = **single** primary
- M4.** Hodgkin and non-Hodgkin lymphoma in same location = **single** primary

2010 Heme MP/H Rules : Issues and Helpful Hints

28

Multiple Primary Rules

- M5.** Hodgkin and non-Hodgkin in different tissues = **multiple** primaries
- M6.** NOS diagnosis first, then more specific histology within same histologic grouping = **single** primary
- M7.** Both chronic and acute phases of neoplasm diagnosed < 21 days and one positive bone marrow biopsy = **single** primary

2010 Heme MP/H Rules : Issues and Helpful Hints

29

Multiple Primary Rules

- M8.** Both chronic and acute phase neoplasms dx'd < 21 days AND 2 marrow exams, one chronic and one acute = **multiple** primaries
- M9.** Both chronic and acute phase neoplasms dx'd < 21 days AND no information about biopsies = **single** primary
- M10.** Original diagnosis is less aggressive phase/chronic phase AND second dx is blast/acute phase > 21 days = **multiple** primaries (transformation)

2010 Heme MP/H Rules : Issues and Helpful Hints

30

Multiple Primary Rules

- M11.** When blast/acute neoplasm **reverts** to less aggressive/chronic phase and no indication that patient has been treated = **single** primary
- M12.** Original diagnosis is blast/acute neoplasm AND **reverts** to less aggressive/chronic phase **after treatment** = **multiple** primaries
- M13.** Use Heme DB to determine multiple primaries for cases not meeting M1 – M12

2010 Heme MP/H Rules : Issues and Helpful Hints

31

M Rules Hints

- **Skip** this module if case is
 - Single tumor
 - DCO or path-only
- **Use** this module if case is
 - 2 NHLs
 - Hodgkin and NHL
 - Acute and chronic
- **Use** Heme DB for special cases

2010 Heme MP/H Rules : Issues and Helpful Hints

32

Using the Rules: Step 3

- 3. How do I code the primary site and histology?**
- Use Primary Site and Histology (PH) Coding Rules
 - 41 rules, 9 modules
 - Module 1
 - 3 rules apply to all cases
 - General instructions
 - Modules 2-6
 - Primary site and histology
 - Module 7
 - Primary site rules for lymphomas
 - Module 8
 - Histology rules for all neoplasms
 - Module 9
 - “Last resort” rules if previous rules do not apply

2010 Heme MP/H Rules : Issues and Helpful Hints

33

Primary Site and Histology Rules

- Nine modules – 41 rules
 1. General Rules (3 rules)
 2. Plasma cell neoplasms (5 rules)
 3. Lymphoma/leukemia (4 rules)
 4. Pre/smoldering leukemia and MDS (1 rule)
 5. Myeloid neoplasms (2 rules)
 6. Specified lymphomas (9 rules)
 - 9596, 9597, 9670, 9671, 9680, 9689, 9690-95, 9729, 9761
 7. Primary sites rules for other lymphomas (13 rules)
 8. Histology rules for other lymphomas (2 rules)
 9. Default rules (2 rules)

2010 Heme MP/H Rules : Issues and Helpful Hints

34

Plasma Cell Neoplasms (Module 2)

- PH5. Solitary plasmacytoma in bone**
- Code 9731 and specific bone
 - Diagnoses included
 - Solitary/multiple plasmacytoma, solitary/multiple plasmacytoma of bone, solitary/multiple medullary plasmacytomas, plasma cell neoplasm
 - May not meet criteria for multiple myeloma
 - ≥10% plasma cells in marrow
 - Possible sites of origin
 - Vertebrae, ribs, skull, pelvis, femur, clavicle, scapula
 - Do not use C42.0, C42.1, C42.3, or C42.4

2010 Heme MP/H Rules : Issues and Helpful Hints

35

Lymphoma/Leukemia (Module 3)

- PH9. B-cell chronic lymphocytic leukemia (CLL)**
- Code 9823 and C42.1 when diagnosis is BCCLL/SLL* and peripheral blood is involved
 - Bone marrow may also be involved
 - Specific criteria for diagnosis in peripheral blood
 - Late stages can involve lymph nodes, liver or spleen
 - ➔ Do not change primary site code if spleen stated as involved with infiltrate
- PH10. Small lymphocytic lymphoma (SLL)**
- Code 9670 and site of origin when diagnosis is BCCLL/SLL* and origin in bone marrow cannot be verified
 - SLL has no peripheral blood involvement

* B-cell chronic lymphocytic leukemia/small lymphocytic lymphoma

2010 Heme MP/H Rules : Issues and Helpful Hints

36

Lymphoma/Leukemia (Module 3)

- **Liquid vs. Lumpy Concept**
 - Code as leukemia if source of neoplasm is liquid
 - Peripheral blood, bone marrow
 - Code as lymphoma if source of neoplasm is lumpy
 - Lymph nodes, organ, soft tissues
- **Other lymphoma leukemias**

	<u>Lymphoma</u>	<u>Leukemia</u>
• Burkitt	9687	9826
• Precursor cell lymphoblastic	9727	9835
• Precursor B-cell lymphoblastic	9728	9836
• Precursor T-cell lymphoblastic	9729	9837

2010 Heme MP/H Rules : Issues and Helpful Hints

37

Specific Lymphomas (Module 6)

PH16. DLBCL and FL

- Code site of origin and 9680 when DLBCL and FL (any subtype) in same tissue
 - DLBCL = diffuse large B-cell lymphoma
 - FL = follicular lymphoma
 - Same tissue = same node(s) or lymphatic organ/tissue
 - Frequently found together but DLBCL masks FL. DLBCL more aggressive than FL and responds better to treatment
 - Post-treatment biopsy may show only FL or combination. Do not change histology; do not make multiple primaries.

PH17. Follicular lymphoma

PH18. Follicle cell lymphoma (C44._)

- Follicular ≠ Follicle cell

2010 Heme MP/H Rules : Issues and Helpful Hints

38

Specific Lymphomas (Module 6)

PH21. Composite lymphoma

- Code site of origin and 9596 when both Hodgkin lymphoma and non-Hodgkin lymphoma present in same tissue
 - Assume all nodes contain both HL and NHL even when only one node is biopsied
 - ➔ Do not use 9596 when
 - NHL and HL present in different nodes in same region
 - NHL in one node region and HL in another node region
 - One present in a visceral site and the other in lymph nodes

PH22. Two or more NHL

- Code site of origin and highest ICD-O-3 code when ≥ 2 non-Hodgkin lymphomas in same tissue
 - Does not apply to different lymphomas in different sites

2010 Heme MP/H Rules : Issues and Helpful Hints

39

Lymphoma Primary Sites (Module 7)

- 13 rules
- Lymph node regions defined by ICD-O-3 topography codes

PH25. One node/region involved ➔ specific node region

Coding “mass”

PH26. Mediastinal mass ➔ C77.1

PH27. Retroperitoneal/mesenteric mass ➔ C77.2

PH28. Inguinal mass ➔ C77.4

2010 Heme MP/H Rules : Issues and Helpful Hints

40

Lymphoma Primary Sites (Module 7)

- PH29.** Multiple chains in same ICD-O-3 region
→ specific node region
- PH30.** Multiple regions → C77.8
- PH31.** Nodes, but no primary site → C77.9
- PH32.** Only bone marrow → C42.1
- PH33.** Organ only involved → specific organ
- PH34.** LN with direct extension to organ →
specific node region
- PH35.** Organ and reg LN → specific organ
- PH36.** Organ and non-regional LN → C77.9
- PH37.** Multiple organs but no specific primary
→ C80.9

2010 Heme MP/H Rules : Issues and Helpful Hints

41

Histology Rules Only (Module 8)

- PH38. Nonspecific histology and multiple specific histologies**
 - Code non-specific histology when one non-specific histology and ≥ 2 specific histologies and no further information available
 - Use Heme DB to determine whether NOS and specific histologies are same primary
 - Appendix E is NOS terms; Appendix B or F is specific terms
- PH39. Nonspecific and specific histology**
 - Code specific histology when one non-specific and one specific and Heme DB says they are same primary

2010 Heme MP/H Rules : Issues and Helpful Hints

42

PH Rules Hints

- Look up histology code(s)
 - Use only modules where code is listed
- Use this module if case is
 - Plasmacytoma or myeloma (module 2)
 - Lymphoma/leukemia (module 3)
 - Myeloid neoplasm / AML / myeloid sarcoma (module 5)
 - Lymphoma
 - Specified histologies
 - Problem identifying site code
- Skip this module if case is
 - Pre/smoldering leukemia or myelodysplastic syndrome (use code 9989/3)

2010 Heme MP/H Rules : Issues and Helpful Hints

43

Using the Rules: Step 4

- 4. How do I code the grade?**
 - Use grade rules (G1-G11)
 - Start with G1 and review in sequence until a rule applies to the case and then Stop!
 - No rules refer to Heme DB

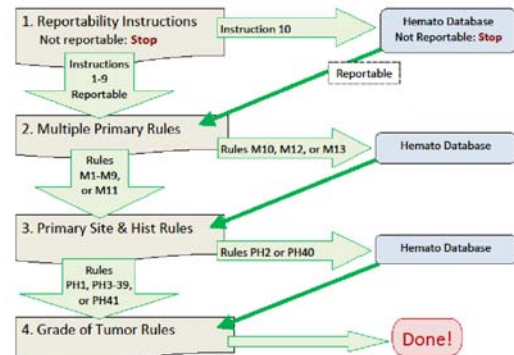
2010 Heme MP/H Rules : Issues and Helpful Hints

44

G Rules Hints

- Look up histology code(s)
 - Use only modules where code is listed
- Skip this module if diagnosis is
 - Myelo-/myeloid (use code 9)
 - Stated as a specific phenotype (T-cell, B-cell)
- Use this module if
 - Diagnosis does not state specific phenotype

Heme Rules Flowchart



Demo of Heme DB

- Bookmarks
- Sticky notes and highlighting
- Search for histology code

Pop Quiz! How Many Primaries?

- PERIPHERAL BLOOD:
 - Marked macrocytic anemia.
 - Mild lymphocytosis
- BONE MARROW ASPIRATE AND CORE BIOPSY:
 - Markedly hypercellular marrow with myeloid hyperplasia, mildly increased blasts (3%) and focal background involvement with chronic lymphocytic leukemia/small lymphocytic lymphoma (CLL/SLL), see comment.
 - Comment: In this case there is peripheral blood lymphocytosis, and background lymphocytes in the bone marrow which are identified by flow cytometry as a CD5/CD23/CD20 positive monoclonal B cell population compatible with chronic lymphocytic leukemia/small lymphocytic lymphoma. In summary, there is a combination myeloproliferative process with background CLL/SLL marrow involvement. Recommend correlation with concurrent pending cytogenetic studies and molecular testing for JAK2 mutation.

Pop Quiz! How Many Primaries?

- **PERIPHERAL BLOOD:**
 - Marked macrocytic anemia.
 - Mild lymphocytosis
- **BONE MARROW ASPIRATE AND CORE BIOPSY:**
 - Markedly hypercellular marrow with myeloid hyperplasia, mildly increased blasts (3%) and focal background involvement with chronic lymphocytic leukemia/small lymphocytic lymphoma (CLL/SLL), see comment.
 - Comment: In this case there is peripheral blood lymphocytosis, and background lymphocytes in the bone marrow which are identified by flow cytometry as a CD5/CD23/CD20 positive monoclonal B cell population compatible with chronic lymphocytic leukemia/small lymphocytic lymphoma. **In summary, there is a combination myeloproliferative process with background CLL/SLL marrow involvement.** Recommend correlation with concurrent pending cytogenetic studies and molecular testing for JAK2 mutation.

2010 Heme MP/H Rules : Issues and Helpful Hints

49

And the answer is...

- **Two primaries**
 - **Rule M13** Use the Hematopoietic DB to determine the number of primaries for all cases that do **not** meet the criteria of M1-M12.
 - Myeloproliferative disease, NOS 9975/3
 - CLL/SLL 9823/3

Multiple Primaries Calculator

Disease 1	Disease 2
9975/3	9823/3

New Primary

Ok

Close Calculator

2010 Heme MP/H Rules : Issues and Helpful Hints

50

Case Exercise 1 – Answers

- 09/30/10 Lymph node, left supraclavicular, excisional biopsy: Follicular lymphoma, grade I.
- 10/11/10 Soft tissue, submitted as “lymph node,” mesenteric, biopsy: Large B-cell lymphoma.
- The findings are consistent with a large cell transformation of the patient’s previously diagnosed follicular lymphoma.
- How many primaries? **TWO**

2010 Heme MP/H Rules : Issues and Helpful Hints

51

Case Exercise 1 – Answers, cont'd

- 09/30/10 Lymph node, left supraclavicular, excisional biopsy: Follicular lymphoma, grade I.
- 10/11/10 Soft tissue, submitted as “lymph node,” mesenteric, biopsy: Large B-cell lymphoma.
- Biopsies of different sites within 21 days.
- 1. Look up follicular lymphoma in DB
- 2. Review transformations field
 - Large B-cell lymphoma = diffuse large B-cell lymphoma
- 3. FL (chronic) transforms to LBCL (acute)
- 4. Dates are < 21 days apart
- 5. Rule M8 applies – abstract two primaries

2010 Heme MP/H Rules : Issues and Helpful Hints

52

Case Exercise 2 – Answers

- 04/07/10 Bone marrow bx documented MDS – refractory anemia (RAEB2) with some features of a myeloproliferative neoplasm.
- 7/27/10 BM bx revealed progression to acute myelogenous leukemia with 40% blasts in marrow.
- How many primaries? **TWO**
 1. Look up RAEB in DB
 2. Review transformations field
 3. MDS/RAEB (chronic) transforms to AML (acute)
 4. Dates are > 21 days apart
 5. Rule M10 applies – abstract two primaries

2010 Heme MP/H Rules : Issues and Helpful Hints

53

Case Exercise 3 – Answers

- Patient has a history of CLL and while undergoing chemotherapy a new liver lesion biopsy shows diffuse large B cell lymphoma and the managing physician states that is likely Richter transformation.
- How many primaries? **TWO**
 1. Look up CLL in DB
 2. Review transformations field
 3. CLL (chronic) transforms to DLBCL (acute)
 4. Rule M10 applies – abstract DLBCL as new primary

2010 Heme MP/H Rules : Issues and Helpful Hints

54

Summary

- Each rule is there for a reason.
- Rules don't apply to metastatic sites.
- Use the rules in order.
- Apply the rules sequentially.
- Check the rules in hierarchical order.
- Start at the beginning of the module. Use the first rule that applies.
- Again, use the rules in order.



55

Multiple Primary and Histology Coding Rules – PDQ!