

SEER SINQ

Finalized November 2010

Question: 20100063

Status

Provisional

Question

Primary Site--Lung: Can you use a lung subsite code for a histologically confirmed lung primary when a CT scan indicates a sized mass located in one lobe of the lung as well as "too numerous to count nodules" through one or both lungs?

For example, chest CT shows "1.6 cm RUL suspicious mass and too numerous to count nodules throughout both lungs." Core biopsy of mass in the RUL compatible with adenocarcinoma.

Discussion

Answer

For lung primaries with one large mass and numerous nodules, code the primary site to the subsite where the large mass is located. For your example, code primary site to upper lobe (C341). Note: this answer does NOT mean that the other nodules are primary or metastatic cancer.

History

Last Updated

11/29/10

Question: 20100061

Status

Final

Question

MP/H Rules/Histology: The 2010 version of the SPCSM has omitted some useful information in the Histologic Type ICD-O-3 section, specifically the statement of "Do not revise or update the histology code based on subsequent recurrence(s)". Will this statement be added to the revisions of the MPH rules? See Discussion.

Discussion

An example of where this statement is useful is for a 2005 left breast lobular carcinoma, followed by a 2009 left breast ductal carcinoma. Rule M10 states that this is a single primary, but there is no information in the Histology rules (Multiple Tumors Abstracted as a Single Primary) that the original histology should be retained, thus a person could potentially use these rules to change the original histology to 8522 per rule H28.

Answer

We will reinstate the instruction not to change the hist code based on recurrence in future versions of the histology coding instructions. However, this instruction may not be applicable to all anatomic sites. It will be reinstated on a site-by-site basis. You may also refer to the instructions on Page 7 of the 2010 SEER Manual under the heading "Changing Information on the Abstract."

History

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Question: 20100058**Status**

Final

Question

Grade: Can nuclear grade be coded in the grade field for any site, or is nuclear grade restricted to sites where it is specifically listed as an option - i.e. breast, kidney, urinary sites, etc.?

Discussion**Answer**

There is no restriction on sites for which nuclear grade can be coded in the grade field. If both differentiation and nuclear grade are specified, differentiation takes priority.

History**Last Updated**

11/29/10

Question: 20100057**Status**

Final

Question

First course treatment--Heme & Lymphoid Neoplasms: Is the use of the corticosteroid, Clobetasol, cancer-directed treatment for mycosis fungoides or is it only used to treat the side effects of that disease?

Discussion**Answer**

At this time, Clobetasol is not cancer-directed treatment.

History**Last Updated**

11/09/10

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Question: 20100056

Status

Final

Question

Primary site/Histology--Heme & Lymphoid Neoplasms: Path report of brain bx: anaplastic large cell lymphoma, alk negative

Progress note: rt inguinal lad. ct scan c/w multiple lymph node groups enlarged. Rt lower extremity cutaneous nodular lesion; cutaneous lesions likely cutaneous lymphoma

Is the histology code 9702/3 and the site code C44.7? Or is the doctor using "cutaneous lymphoma" as a general term indicating infiltration, in which case I would code to C77.8 or C77.9?

Discussion

Answer

Your choice of coding 9702/3 is correct. See the abstractor notes for information on the usual presentations for this disease. The abstractor notes say this disease presents with peripheral node involvement and is often generalized with infiltrates in the bone marrow, liver, spleen, and extranodal tissue. Less frequently involved sites are lung, salivary gland and CNS.

Now that you have the information that a presentation in nodes and skin is not unusual, and you know that brain is a common metastatic site, go to the Hemato Manual. When you have finished the reportability requirements and the MP rules, go to module 7 in the PH rules, Primary Site Rules for Lymphomas Only. PH35 says to code to the organ when the lymphoma is present an organ (skin, rt leg) and that organ's regional lymph nodes (inguinal). So the primary site would be coded to skin of leg C447.

History

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11/14/10

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Question: 20100054

Status

Final

Question

MP/H Rules/Multiple primaries--Breast: Does the following represent one or two primaries?

Pathology: Infiltrating mammary carcinoma with mixed tubular and lobular features, 2.3 cm. Low grade cribriform in situ ductal carcinoma. Paget Disease of the overlying skin with ulceration.

See discussion.

Discussion

According to SINQ 20081134 the histology would be 8524 if this is one primary.

Answer

This is a single primary.

In order to determine single or multiple primary for this case, you must decide upon the correct histology code for the underlying tumor. Using rule H9, ignore the DCIS.

See Table 3 in the equivalent terms and definitions. Infiltrating lobular, tubular and Paget are coded to a single histology code (8524/3). Our current multiple primary rules do not say infiltrating lobular and tubular and Paget are a single primary. This was an omission and will be corrected in a future revision. Thank you for bringing this omission to our attention.

History

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Question

Reportability/Primary Site: Is a papillary carcinoma of thyroid tissue in an otherwise benign struma ovarii reportable? If so, what primary site is assigned? See discussion.

Discussion

Path final diagnoses: 'One ovary showing mature monodermal cystic teratoma composed of thyroid tissue (struma ovarii).'

Path Comment: 'There is a 0.1 cm focus of thyroid tissue within the struma ovarii showing cytologic features of papillary carcinoma. This finding is likely of no clinical consequence.'

Answer

Yes, papillary carcinoma of thyroid tissue in benign struma ovarii (mature cystic teratoma) is reportable.

These ovarian tumors contain a diversity of tissues including hair, teeth, bone, thyroid, etc. This reportable malignancy arose in thyroid tissue within the ovarian tumor. Code the primary site to ovary. Code to the actual organ in which the cancer arose. This will keep the case in the appropriate category for surgery coding, regional nodes, staging, etc.

History

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11/04/10

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