

SEER SINQ Questions

Finalized September 2010

Question: 20100044

Status

Final

Question

Primary site--Heme & Lymphoid Neoplasms: Patient has biopsy proven intravascular large B cell lymphoma, Asian variant, (9712/3) in bone marrow and liver. Hematopoietic database does not give primary site code. I would like to code it C49.9 because, by definition, it arises in the blood vessels. Is this correct?

Discussion

Answer

Yes, code to blood vessels, C499. The definition in the Hematopoietic DB does specify that this type of extranodal large B-cell lymphoma is characterized by lymphoma cells within the lumina of blood vessels with the exception of larger arteries and veins. The reason no primary site is specified is that Western variant can originate in the skin or CNS.

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Question

Primary site--Heme & Lymphoid Neoplasms: I have access to the pathology reports only. Bone marrow and Colon Bx show "Mantle cell carcinoma". Which is the most probable primary site in this situation? Is there a rule in our coding manual that can help me?

Discussion

Answer

For the case you cite, code the primary site to colon. Mantle cell lymphoma usually begins with lymph node involvement and spreads to other tissue. However, it can begin in a lymphocyte such as those in the GI tract.

Use the heme database as follows:

Step 1: Enter "mantle" (quote mantle quote) into the search mechanism of the Hemato DB.

Step 2: Mantle cell lymphoma appears in the results box. Click on Mantle cell lymphoma.

Step 3: Click on the button on the bottom mid-screen that says "Display Abstractor Notes"

The abstractor notes say typical patients present with advanced disease. Swelling of lymph nodes and spleen are usually present. Bone marrow, liver, and GI tract involvement occurs in a very high percentage.

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Question

Reportability--Heme & Lymphoid Neoplasms: As a registrar of many years I find myself very confused about the hematopoietic diseases that are now reportable in 2010. For example: "Thrombocytopenia" was not reportable. Now, with the word "Refractory" in front of it, it's reportable. My question is this: Is there a list somewhere that gives the "start dates" for these diseases?

Discussion

Answer

Actually, there is no change in the reportability for thrombocytopenia. What you are seeing is the first time there has been a hematopoietic "help" system that lists all of the synonyms, variants, and abbreviations for diseases, so it is the first time registrars have become aware of some of the reportability requirements.

See the 2010 Hematopoietic and Lymphoid Neoplasm Manual. Appendices D1a and D1b provide all of the new histology terms and codes. Appendix D2 lists the newly reportable conditions. Terms and codes in Appendix D are effective 01/01/10. Refractory thrombocytopenia is included in D1a and D1b. The notes for D1a and D1b provide explanation and reiterate the dates these terms are effective.

You can print a list of the reportable terms with their synonyms, variants, and abbreviations from the hematopoietic database. On the first screen, click on the "Display Codes" button on the lower-left hand side. ICD-O-3 is already checked, so click on display. This will give you a printable list of all of the preferred terms with their synonyms, variants, and abbreviations. You can also export this list if you wish.

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Question

Reportability--Heme & Lymphoid Neoplasms: If I search the Hemapoietic Database for the term ANEMIA OF CHRONIC DISORDERS, the response comes up with 43 results. None of these match the terminology I have, yet all 43 "matched terms" are reportable. Is my diagnosis reportable? This is the 2nd one of these I have had. The other one I entered HEMOLYTIC ANEMIA and the results were 8 matched terms, again all reportable. Please clarify.

Discussion

Answer

Neither are reportable. Anemia of chronic disorder or disease is seen when a patient has a chronic immune disorder or a malignancy; the anemia itself is not a malignancy. Hemolytic anemia can be caused by many conditions, but is not malignant. The problem you are having with the DB is that you are searching on the entire term, for example "Anemia of chronic disorder." The DB search engine is not the same as those used in Google or other widely used internet search engines. The words lymphoma, leukemia, etc. are so common in the DB that the traditional search is not effective. In order to make your search easier, search on a unique word. For example, for "anemia of chronic disorder" search on the words (use the quotes) "anemia of" and for the term hemolytic anemia, search on "hemolytic" By using the unique word search you will cut down on the number of terms displayed. If you do get several terms, click on the header "Matched Term" on the top of the screen and all of the results will be alphabetized for quick identification.

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Question

Histology--Heme & Lymphoid Neoplasms: How should I code a case of multiple plasmacytomas in different bone sites? I have one in the T-veterbrae and another in the L femur. The bone marrow is negative.

Discussion

Answer

The vertebral lesions are common, as are lesions of the femur. If the patient does not meet the criteria of plasma cell myeloma/multiple myeloma (which is 20% of the leukocyte differential count), you do not code MM. If the patient meets ONE of these criteria, they have smoldering multiple myeloma.

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Question

Casefinding--Heme & Lymphoid Neoplasms: I have several cases in Jan 2010 casefinding coded with 289.6 (Familial Polycythemia) which is not in the DB codes. If this diagnosis is part of the casefinding codes, is it addressed anywhere in the new DB? See discussion.

Discussion

When you type in the name it takes you to PV but Familial Polycythemia is not listed as one of the synonyms for PV.

Answer

Familial polycythemia is a synonym for erythemia which is a synonym for polycythemia vera. We will add the synonym to the DB in the next revision.

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Question

Surgery of Primary Site--Prostate: Is a prostate saturation biopsy coded under diagnostic biopsy or surgery?

Discussion

Answer

Code prostate saturation biopsy under Surgery of Primary Site. A prostate saturation biopsy is a transperineal template-guided stereotactic saturation prostate biopsy that typically produces 30 to 80 core biopsies. This is an alternative biopsy technique used for some high-risk patients including men with persistently elevated PSA, those who have atypia on prior prostate biopsies, or men with biopsies showing high-grade prostate intraepithelial neoplasia (PIN). Although this is a different procedure, it is still a diagnostic biopsy.

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Question

First course treatment--Prostate: Is Degarelix to be coded as hormonal treatment for prostate cancer?

Discussion

Answer

Code the administration of Degarelix in the data item "Hormone Therapy." Assign code 01. This drug will be added to the next update of SEER*Rx.

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Question

First course treatment--Anus: How is topical application of trichloroacetic acid to an anal condyloma with AIN III to be coded? See discussion.

Discussion

Patient with anal condyloma. Biopsy showed AIN III. The high grade lesion was treated with topical trichloroacetic acid. Would this procedure be classified as local tumor destruction and be coded to code 10 under site-specific surgery?

Answer

Code trichloroacetic acid treatment of reportable AIN III in the data item "Other Therapy." Assign code 1, Other.

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SEER SINQ Questions

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Question

MP/H Rules/Histology--Corpus uteri: How many primaries are to be abstracted and how is histology to be coded for an endometrial primary in which curettings showed malignant mixed mullerian tumor (carcinosarcoma) but hysterectomy specimen showed endometrioid adenocarcinoma? See discussion.

Discussion

Path comment for the hysterectomy specimen stated that the previous curettage was reviewed. The findings are compatible with malignant mixed mullerian tumor. No residual features of malignant mixed mullerian tumor are found in the current resection, which shows FIGO grade I adenocarcinoma in the wall of the uterus. The malignant mixed mullerian tumor appears to have been removed with the curettage. There is no information available for the number of tumors.

Answer

Abstract a single primary. Rule M1 applies because there is no information on the number of tumors and there is no way to know whether the curettage was taken from a separate tumor or from the tumor in the hysterectomy specimen.

Apply rule H17 and code 8980 for malignant mixed mullerian tumor [Carcinosarcoma, NOS].

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Question

Primary site--Head & Neck: What is the correct site code in this case? See Discussion.

Discussion

The path report final diagnosis is: skull base mass, biopsy: neuroendocrine carcinoma, see note. NOTE: Ancillary IHC studies reveal ...the IHC signature is incompatible with ependymoma. The constellation of findings is diagnostic of well differentiated neuroendocrine carcinoma. However, the site/histology combination of C41.0 and 8246/3 is considered 'impossible' by SEER edits. There is no override. What should we code for primary site?

Answer

According to our subject matter expert physician, this unusual case is most likely a sino-nasal tumor (some variant of esthesioneuroblastoma [olfactory neuroblastoma]). Code to nasal cavity [C300] as indicated in ICD-O-3 by site-associated topography code attached to the morphology code for olfactory neuroblastoma [9522/3].

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