Boot Camp 2

NAACCR 2023-2024 Monthly Webinar Series

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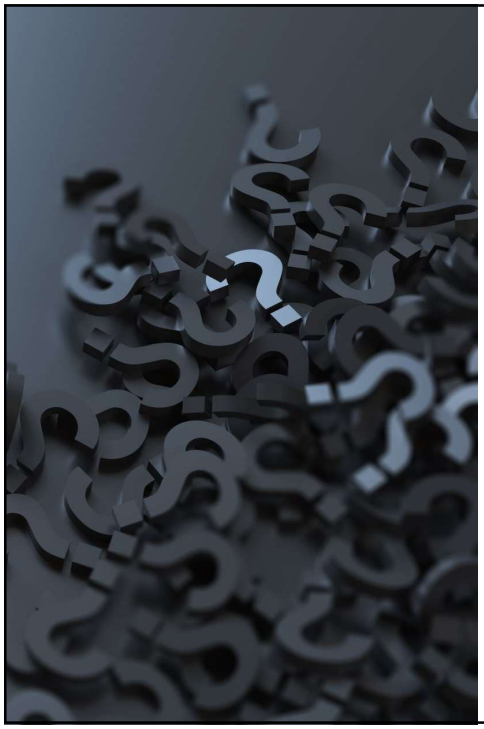

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Q&A

Please submit all questions concerning the webinar content through the Q&A panel.

If you have participants watching this webinar at your site, please collect their names and emails.

We will be distributing a Q&A document in about one week. This document will fully answer questions asked during the webinar and will contain any corrections that we may discover after the webinar.

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Fabulous Prizes

Guest Presenter

- Nancy Etzold, ODS-C
- Juliet Wilkins, ODS-C

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Agenda

- Quiz 1:Terminology
- Quiz 2: Hematopoietics
- Quiz 3: Primary site

Break

- Quiz 4: Unknown primary
  Quiz 5: Casefinding

Break

- Quiz 6: Class of case
- Quiz 7:Text

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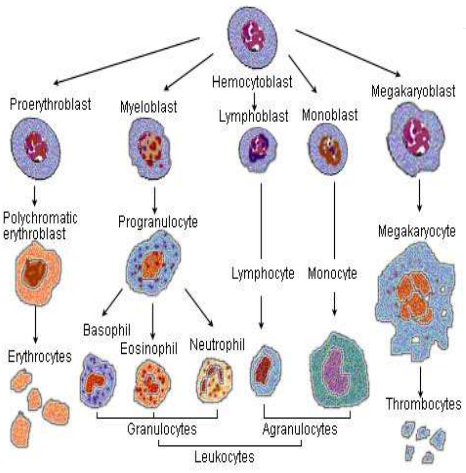
Quiz 1

Terminology

Hematopoietic and Lymphoid Neoplasms

Juliet Wilkins, MA, ODS-C

Terms and Definitions

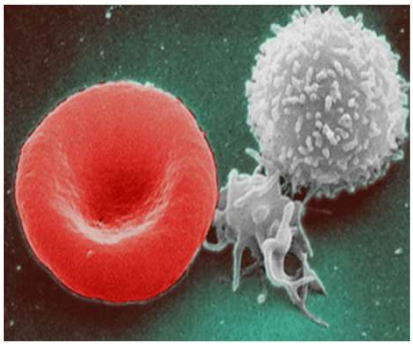


Source: US Department of Health & Human Services

- Plasma: The watery component of blood (which is 90% water). Transports nutrients & waste through the body.
- Formed Elements: Cells/Cell Fragments suspended in plasma.
- Erythrocytes (Red Blood Cells): Most numerous. Transport oxygen & CO2.
- Leukocytes (White Blood Cells): Generally larger than erythrocytes but fewer in number. Do most of their work in the tissues. Kill microorganisms (phagocytosis), produce antibodies, secrete histamine & heparin, & neutralize histamines.
- Thrombocytes (Platelets): Fragments of megakaryocytes. Clump together to close breaks & tears in blood vessels. Initiate blood clot formation.

Leukemia

There are four main types of leukemia, classified by:
1. The rate of progression
   a. Acute leukemias grow quickly
   b. Chronic leukemias progress over time
2. The blood cells affected
   a. Lymphocytes
   b. Myelocytes



"Red White Blood Cell" by the NCI is Public Domain

At a Glance:

- Most common age at diagnosis: 65-74
- Risk Factors: Advanced age, genetic conditions, certain viruses (HIV), prior chemo/radiation exposure, and smoking
- 10th most common cancer in the US (3.5% of new cancer cases diagnosed annually)

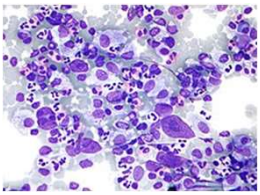
Lymphoma

Do not assume that the lymphoma originated in the biopsied lymph node chain…remember that providers will usually biopsy the most accessible lymph nodes or other involved tissues and that some lymph node chains are inaccessible.

Look for lymphadenopathy on PET Scan/CT and follow the rules in the HP Manual for assigning primary site.

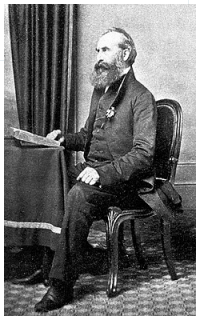
The Primary Difference Between Hodgkin's (HL) and Non-Hodgkin's Lymphoma (NHL):

In HL, Reed-Sternberg cells are present under a microscope.



"Hodgkin Lymphoma Cytology" by Nephron is licensed under CC BY-SA 3.0

Thomas Hodgkin (1798-1866) first accounted for the type of lymphoma that bears his name all the way back in 1832



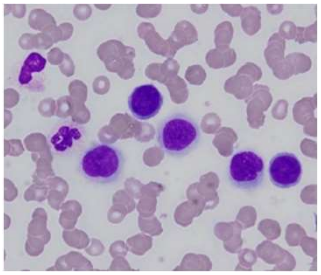
"Thomas Hodgkin Photo" by Unknown is licensed under CC BY-SA 4.0

Plasma Cell Myeloma) and Plasmacytoma

Look for terms such as "smoldering" (inactive/chronic) or "active" (acute/symptomatic). This may impact coding.

Classified based on antibodies (immunoglobulins) made up of two long (heavy) protein chains & 2 short (light) protein chains. Heavy chains are used to categorize.

1. Gamma (IgG)
2. Alpha (IgA)
3. Mu (IgM)
4. Epsilon (IgE)
5. Delta (IgD)

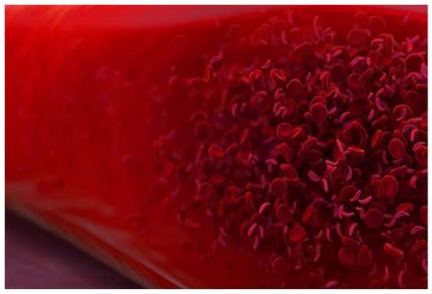


Myelodysplastic Syndromes)

Per the HPDB:

"IF the characteristics of a particular subtype of MDS develop later in the disease course, change the histology to reflect the more specific diagnosis".

- Principal Sites:
  - Peripheral Blood & Bone Marrow
- This is a *clinical* diagnosis and the diagnostic method *cannot* include genetics/immunophenotyping.
- MDS is often treated with supportive care:
  - *Active Surveillance*
  - *Blood Transfusions* for anemia



Myeloproliferative Neoplasms (MPN)

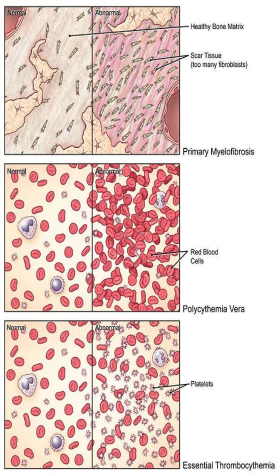


Image from www.mdanderson.org

Myelofibrosis risk *Primary v. Secondary*

- **Mutation-Enhanced IPSS** (< 70 years old)
  - Measures mutations in various genes, symptoms, grade of fibrosis, circulating blasts, hemoglobin, and the number of leukocytes.
- **Dynamic IPSS**
  - Measures age, hemoglobin, blasts, & constitutional symptoms.
- **MYSEC-PM**
  - Measures risk for secondary MF.

Polycythemia vera risk

- Based on age (< 60=good) & prior history of thrombosis.

Essential Thrombocythemia Risk

- Based on age (< 60=good), JAK-2 mutation status, and history of thrombosis.

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Transformations

- Certain hematopoietic neoplasms can "transform" to a more serious/acute histology.
  - For instance, CLL/SLL (9823/3) can become Diffuse Large B-Cell Lymphoma.
- Do not be fooled by "Chronic" or "Acute" in certain histology names.
  - This use of the terms can refer to the indolence v. aggressiveness of the cancer.
- The HPDB will indicate histologies that can transform under "Transforms From" or "Transforms To"
- Be aware that not all the "chronic" cells will transform at once and use the appropriate timing rules to determine number of primaries. Also, some acute neoplasms can become chronic over time.

Transformations to

9680/3 Diffuse large B-cell lymphoma, NOS

Transformations from

None

"Schweizer Armee"
available via Public Domain

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Reportability

"Blood Gives Life" by ClairaBlanchard is licensed under CC BY-SA 4.0

Check the HP Database to determine reportability and number of primaries.

"Blood Transfusion Apparatus" available via CC BY-SA 4.0

Reportability Guidelines
Search the HPDB to determine reportability.
Report all cases with morphology codes 9590-9993 and a /3 behavior code.
Report hematopoietic and lymphoid neoplasms with morphology codes 9590-9993 and /1 behavior codes **when** a provider describes them as "malignant". Change the behavior code to /3.
Report hematopoietic neoplasms preceded by ambiguous terms described in the HP manual.
Report the case when the patient is **treated** for a reportable neoplasm.
Report the case when there is a **clinical** diagnosis (physician's statement of reportable neoplasms.
Report the case when a reportable diagnosis appears in the text of a report described as a **definitive diagnostic method.**

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Question: 5 HP MP/H Rules

- A biopsy of axillary lymph nodes positive for lymphoplasmacytic lymphoma (9671/3).
- A bone marrow biopsy 13 days later is positive for diffuse large B-cell lymphoma (9680/3).

How many primaries? Use the HP Multiple Primary Rules.

Two separate primaries per **M11**.

- Diffuse Large B-Cell Lymphoma (9680/3) is listed as "Transforms to" for Lymphoplasmacytic Lymphoma (9671/3).
- Thus, 9680/3 is the **acute** form and 9671/3 is the **chronic** neoplasm.
- They were diagnosed within 21 days in this case, and there were two biopsies.

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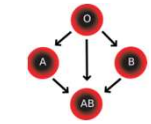
Question 6 HP MP/H Rules



"Blood Compatibility" by InvictaHOG is public domain

- An FNA of a cervical lymph node is positive for lymphocyte-rich classic Hodgkin lymphoma (9651/3).
- Prepared slides also show evidence of mature T-cell lymphoma (9702/3).

How many primaries? Use the HP Multiple Primary Rules.

These are the same primary per **M5**.

- 9651/3 is categorized as Hodgkin's Lymphoma while 9702/3 is NHL.
- They were diagnosed simultaneously in the same **lymph node chain**.

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Participants will need to use the Hematopoietic and Lymphoid Neoplasm Database and Manual to answer questions 5-9. Participants are not asked to use their manual for questions 1-4 or 10.

Quiz 2

Hematopoietic and Lymphoid Neoplasms

Quiz 3

- Primary Site

Break

Cancer of Unknown Primary

Nancy Etzold, ODS-C
Director, Cancer Registry
Oklahoma University Health

Unknown Primary Site

- Group of metastatic cancers
- Difficult to Diagnosis
- Poor prognosis

Corresponding Data Fields

- Primary site – Topography Code
- Laterality
- Staging – TNM and SEER Summary
- Mets

Treatment

- Surgery code
- Surgical margins
- 2010 surg app
- Scope of lymph node surgery

Outcomes

- Cancer status
- Recurrence date
- Recurrence type
- Reports and studies

Data Item relationships

- Edits
- Quality Control
- Analysis
- Visual review

Questions?

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Quiz 4

Unknown Primary

Casefinding

- Reportability
- Casefinding Sources
- Casefinding list
  - Casefinding Lists - SEER (cancer.gov)
- Exceptions to the rule

ICD-10-CM Casefinding List, 2024
Based on the International Classification of Diseases, ICD-10-CM Tabular List of Diseases and Injuries, FY 2024

COMPREHENSIVE ICD-10-CM Casefinding Code List for Reportable Tumors (EFFECTIVE DATES: 10/1/2023-9/30/2024) Please refer to your standard setter(s) for specific reporting requirements before using the Casefinding List	
ICD-10-CM Code	**Explanation of Code**
C00.-- C43.-, C4A.-, C45.-- C48.-, C49.-- C96.-	Malignant neoplasms (excluding category C44 and C49.A), stated or presumed to be primary (of specified site) and certain specified histologies
C44.00, C44.09	Unspecified/other malignant neoplasm of skin of lip
C44.10-, C44.19-	Unspecified/other malignant neoplasm of skin of eyelid
C44.13-	Sebaceous cell carcinoma of skin of eyelid, including canthus
C44.20-, C44.29-	Unspecified/other malignant neoplasm skin of ear and external auricular canal
C44.30-, C44.39-	Unspecified/other malignant neoplasm of skin of other/unspecified parts of face
C44.40, C44.49	Unspecified/other malignant neoplasm of skin of scalp & neck
C44.50-, C44.59-	Unspecified/other malignant neoplasm of skin of trunk
C44.60-, C44.69-	Unspecified/other malignant neoplasm of skin of upper limb, incl. shoulder
C44.70-, C44.79-	Unspecified/other malignant neoplasm of skin of lower limb, including hip
C44.80, C44.89	Unspecified/other malignant neoplasm of skin of overlapping sites of skin

Casefinding Methods & Sources

- Active vs passive casefinding
- Source documents may vary
- Reliance on multiple sources

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Quality Control

Sample Casefinding Completeness Log by Site and Year of Diagnosis

Casefinding Completeness Log by Site and Year of Diagnosis

Site	2000	2001
Breast	91	104
Prostate	85	61
Melanoma	26	11
Lymphoma	25	24
Cervix	18	2

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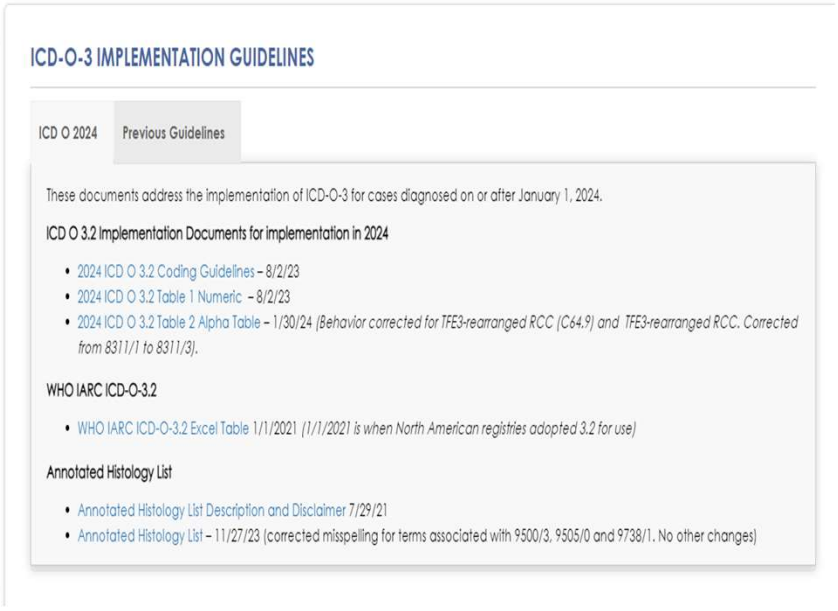
2024 ICD-0 3.2 Guidelines

- What are the guidelines?
- How sweeping are the changes?
- Where can I find the guidelines?
  - ICD O 3 Coding Updates (naaccr.org)



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ICD O 3.2 Implementation Documents for 2024

Table 1 Numeric:

Table 1: 2024 ICD-O-3.2 Update (Numerical)

- Codes/terms listed numerically
- Only new terminology to existing ICD-O-3.2 codes are included in the 2024 ICD-O Implementation guidelines and documentation. Terms are those listed in WHO Blue Books
- Update based on 5th Ed Classification of Urinary and Male Genital Tumors

ICD-O Code	Term	Required SEER	Required NPCR	Required CoC	Required CCCR	Remarks
8020/3	Poorly differentiated urothelial carcinoma	Y	Y	Y	Y	Related term
8070/3	Pure squamous carcinoma of urothelial tract	Y	Y	Y	Y	New term
8085/3	Squamous cell carcinoma, HPV-associated	Y	Y	Y	Y	Valid for C60._; C63.2 beginning 1/1/2024 p16 is a valid test to determine HPV status and can be used to code HPV associated and HPV independent histologies
8086/3	Squamous cell carcinoma, HPV-independent	Y	Y	Y	Y	Valid for C60._; C63.2 beginning 1/1/2024 p16 is a valid test to determine HPV status and can be used to code HPV associated and HPV independent histologies
8120/3	Conventional urothelial carcinoma Large nested urothelial carcinoma Tubular and microcystic urothelial carcinoma	Y Y	Y Y	Y Y	Y Y	New term New term New term
8122/3	Plasmacytoid urothelial carcinoma	Y	Y	Y	Y	Related term
8130/2	Non-invasive papillary urothelial carcinoma, low-grade Low-grade papillary urothelial carcinoma with an inverted growth pattern Non-invasive papillary urothelial carcinoma, high-grade	Y Y Y	Y Y Y	Y Y Y	Y Y Y	New term New term New term

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ICD O 3.2 Implementation Documents for 2024

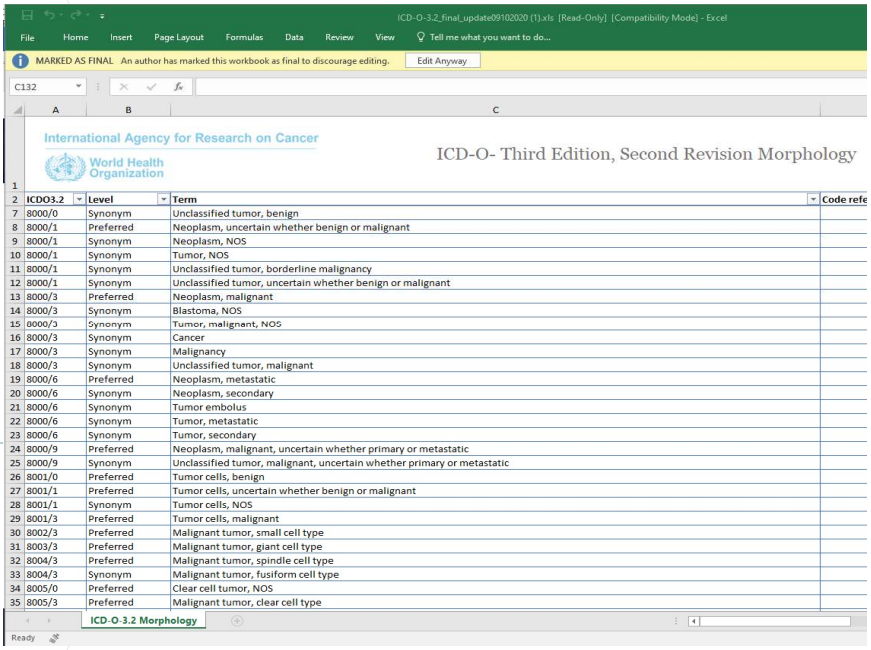
Table 2 Alpha Table

Table 1: 2024 ICD-O-3.2 Update (Alpha)

- Codes/terms listed alphabetically
- Only new terminology to existing ICD-O-3.2 codes are included in the 2024 ICD-O Implementation guidelines and documentation. Terms are those listed in WHO Blue Books
- Update based on 5th Ed Classification of Urinary and Male Genital Tumors

ICD-O Code	Term	Required SEER	Required NPCR	Required CoC	Required CCCR	Remarks
8147/3	Adenoid cystic (basal cell) carcinoma **(C61.9)**	Y	Y	Y	Y	Related term
8860/0	Angiomyolipoma with epithelial cysts	N	N	N	N	New term. Not reportable
8960/1	Cellular congenital mesoblastic nephroma	N	N	N	N	New term. Not reportable
8960/1	Classic congenital mesoblastic nephroma	N	N	N	N	New term. Not reportable
8120/3	Conventional urothelial carcinoma	Y	Y	Y	Y	New term
9085/3	Diffuse embryoma	Y	Y	Y	Y	Related term
8311/3	ELOC (formerly TCEB1)mutated RCC **(C64.9)**	Y	Y	Y	Y	New term
8311/3	Eosinophilic solid and cystic RCC **(C64.9)**	Y	Y	Y	Y	New term
8311/3	Fumarate hydratase-deficient RCC ALK-rearranged RCC **(C64.9)**	Y	Y	Y	Y	New term
9070/2	Intratubular embryonal carcinoma	Y	Y	Y	Y	New term and behavior
9061/2	Intratubular seminoma	Y	Y	Y	Y	New term and behavior
9080/2	Intratubular teratoma	Y	Y	Y	Y	New term and behavior
9061/2	Intratubular trophoblast	Y	Y	Y	Y	New term and behavior
9071/2	Intratubular yolk-sac tumor	Y	Y	Y	Y	New term and behavior
8120/3	Large nested urothelial carcinoma	Y	Y	Y	Y	New term
8130/2	Low-grade papillary urothelial carcinoma with an inverted growth pattern	Y	Y	Y	Y	New term
8960/1	Mixed congenital mesoblastic nephroma	Y	Y	Y	Y	New term. Not reportable
9085/3	Mixed teratoma and yolk-sac tumor	Y	Y	Y	Y	Related term
8590/0	Myoid gonadal stromal tumor	N	N	N	N	Related term. Not reportable
8361/1	Non-functioning juxtaglomerular cell tumor	N	N	N	N	New term and behavior. Not reportable

ICD O 3.2



ICD-O-3.2_final_update09102020 (1).xls [Read-Only] [Compatibility Mode] - Excel

File Home Insert Page Layout Formulas Data Review View Tell me what you want to do...

MARKED AS FINAL An author has marked this workbook as final to discourage editing. Edit Anyway

International Agency for Research on Cancer
World Health Organization

ICD-O- Third Edition, Second Revision Morphology

ICDO3.2	Level	Term	Code refe
8000/0	Synonym	Unclassified tumor, benign	
8000/1	Preferred	Neoplasm, uncertain whether benign or malignant	
8000/1	Synonym	Neoplasm, NOS	
8000/1	Synonym	Tumor, NOS	
8000/1	Synonym	Unclassified tumor, borderline malignancy	
8000/1	Synonym	Unclassified tumor, uncertain whether benign or malignant	
8000/3	Preferred	Neoplasm, malignant	
8000/3	Synonym	Blastoma, NOS	
8000/3	Synonym	Tumor, malignant, NOS	
8000/3	Synonym	Cancer	
8000/3	Synonym	Malignancy	
8000/3	Synonym	Unclassified tumor, malignant	
8000/6	Preferred	Neoplasm, metastatic	
8000/6	Synonym	Neoplasm, secondary	
8000/6	Synonym	Tumor embolus	
8000/6	Synonym	Tumor, metastatic	
8000/6	Synonym	Tumor, secondary	
8000/9	Preferred	Neoplasm, malignant, uncertain whether primary or metastatic	
8000/9	Synonym	Unclassified tumor, malignant, uncertain whether primary or metastatic	
8001/0	Preferred	Tumor cells, benign	
8001/1	Preferred	Tumor cells, uncertain whether benign or malignant	
8001/1	Synonym	Tumor cells, NOS	
8001/3	Preferred	Tumor cells, malignant	
8002/3	Preferred	Malignant tumor, small cell type	
8003/3	Preferred	Malignant tumor, giant cell type	
8004/3	Preferred	Malignant tumor, spindle cell type	
8004/3	Synonym	Malignant tumor, fusiform cell type	
8005/0	Preferred	Clear cell tumor, NOS	
8005/3	Preferred	Malignant tumor, clear cell type	

ICD-O-3.2 Morphology

Ready

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Quiz 5

Casefinding

Quiz 6

Class of Case

Terrific Text

- Abstract
- Codes
  - Benefits
  - Drawbacks

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Text Guidelines

- Supports and Validates
- Standardization
- CCO
- Just the facts
- Lay the groundwork

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History & Physical Exam Text

- History of present illness
- Physical exam findings
  - Dates
  - Primary Site
  - Lymph Nodes
  - Extent of disease
- Don't include

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Radiology Endoscopic Procedures Text

- Endoscopic Procedures
- Radiology Procedures
  - Dates
  - Primary Site
  - Lymph Nodes
  - Extent of Disease
  - Diagnostic Impression

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Laboratory Tests & Tumor Marker Text

- Laboratory Tests
  - Date
  - Test name/type
  - Results
  - Normal value/range
- Tumor Markers
  - Screen, Monitor, or Detect
  - Determine
  - Provide

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Operative Findings Text

- Surgical Procedures
- Surgeon Observation
- Most complete assessment
  - Organs/tissues removed
  - Invasion of other tissues/organs
  - Multiple tumors
  - Discontinuous spread
  - Stage
  - Gross tumor remaining

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Pathology Text

- Microscopic Tissue Examination
- Microscopic Cell Examination
- What to record
- CoC Compliance

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Treatment Text Fields

- Unique for Treatment Modalities
- 1000 Characters
- Standard Abbreviations
- Don't rely on computer text
- No duplication
- Less is more
- Note what's missing
- Document all related data fields

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Surgery Text

- Purpose of Surgery performed
- Type of surgical procedures
- What to record

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Radiation Text

- Radiation Techniques
- External Beam
- Internal Radiation or Brachytherapy
- What to record

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Systemic Treatment Text

- Chemotherapy
- Hormone
- Immunotherapy
- What to record

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Transplant/Endocrine Procedure Text

- No dedicated text field
- Procedures
- Hormone/Endocrine Surgery & Radiation
- What to record

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Other Therapy Text and Remarks

- Cancer-directed treatment doesn't fit elsewhere
- What to record
- Remarks

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Quiz 7

Text

Fabulous Prizes

Coming UP…

- Ovary 2024
  - May 1 (Afternoon) & May 2 (Morning)
  - Guest Presenter Connie Boone, BA, AAS, CTR
- Thyroid 2024
  - June 5 (Afternoon) & June 6 (Morning)
  - Guest Presenter Amy Bamburg
  - Guest Presenter Gillian Howell

CE Certificate Quiz/Survey

CE Phrase

- Positive

Link

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Thank you!!!