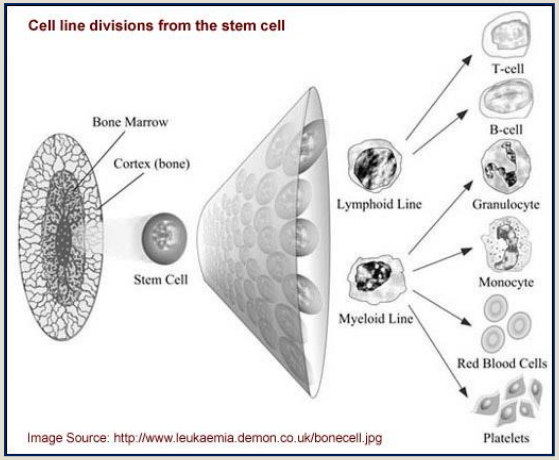
Abstracting and Coding Lymphoid Neoplasms

BACKGROUND MATERIAL
2014 HEMATOPOIETIC MANUAL AND DATABASE CODING RULES AND INSTRUCTIONS
TREATMENT GUIDELINES
STAGING

FCDS 2013-2014 Educational Webcast Series
Steven Peace, BS, CTR
February 20, 2014

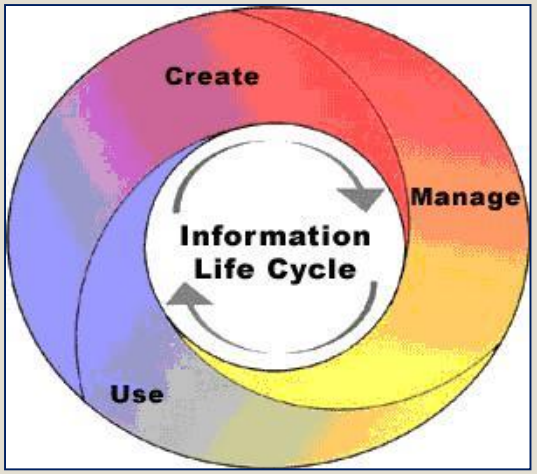
Outline

- Background and Characteristics
- Causes/Risk Factors/Signs/Symptoms
- Overview of the Immune System
- Hematopoiesis and Lymphoid Cell Line Derivation
- Anatomy of Two Circulatory Systems
- Complex Disease Processes
  - Confirming the Diagnosis
  - The Clinical Workup
  - Immunophenotype Studies
  - Identifying Disease Progression/Transformation

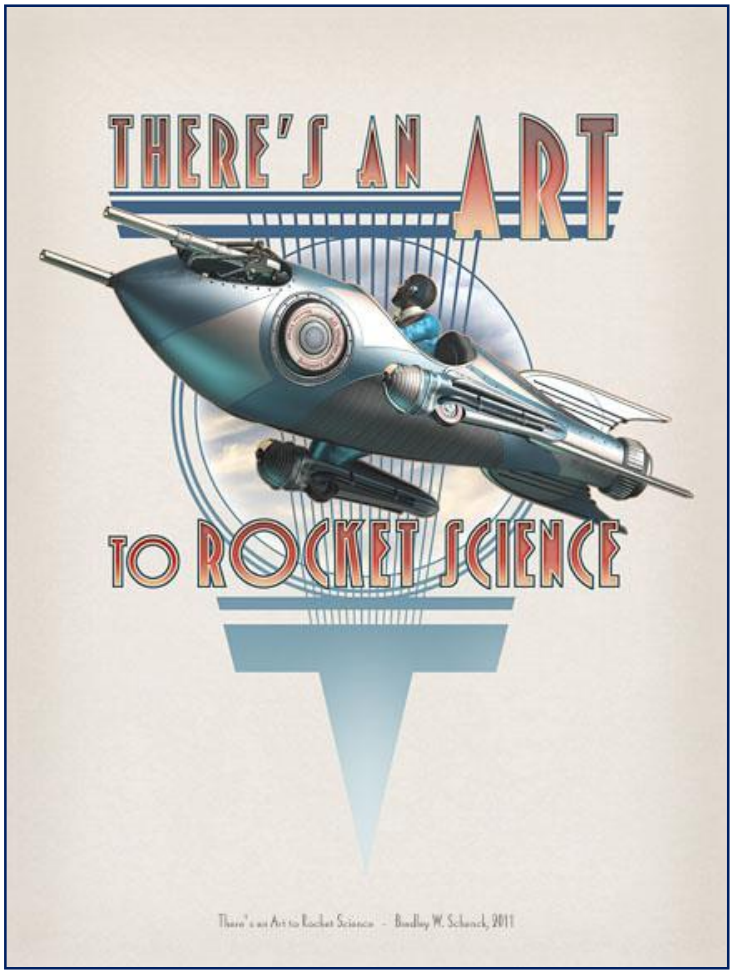


Outline

- 2014 Updates to Tools & Rules
- Determining the Primary Site
- Determining the Histology
- Determining the Grade
- Staging Lymphoid Neoplasms
- Treatment for Lymphoid Neoplasms
- Text Documentation



Why Are These Cases So Challenging?



Source: http://shop.webomator.com/retropolis/prints/ArtToRocketScience.jpg

Why Are These Cases So Challenging?

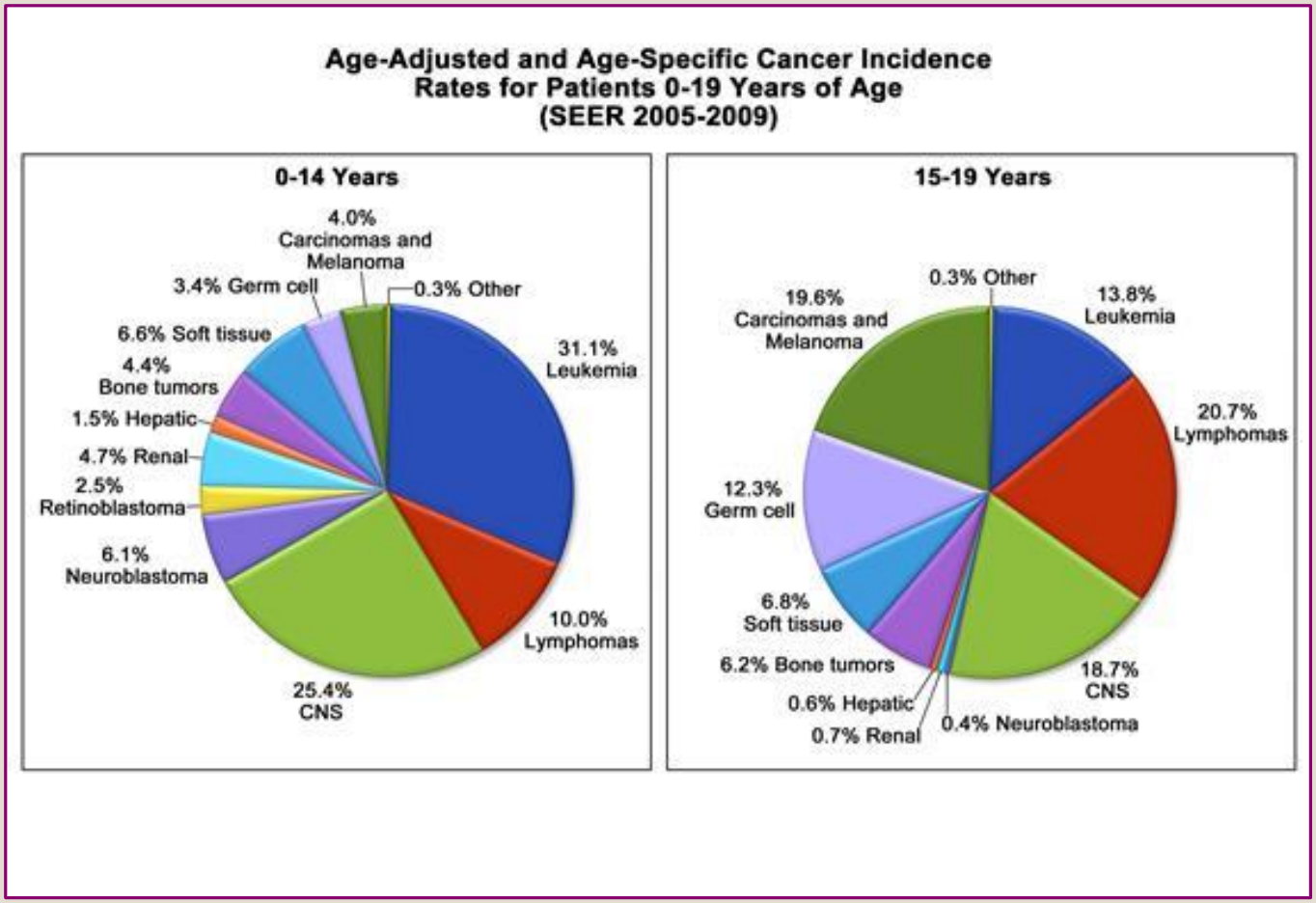
- Not the same as when many of us started as registrars
- Terminology can be confusing and complicated
- Terms don't always match up with codes
- What is leukemia/lymphoma?
- Is multiple myeloma a type of leukemia?
- Are some lymphomas also leukemia and vice versa?
- Why are some lymphomas in lymph nodes but not all?

Inter-Lymph Classification Comparisons

Table 2. Comparison of the Proposed Classification With the Kiel Classification and Working Formulation

Kiel Classification	Revised European American Lymphoma Classification	Working Formulation
B-lymphoblastic	Precursor B-lymphoblastic lymphoma/ leukemia	Lymphoblastic
B-Lymphocytic, CLL B-lymphocytic, prolymphocytic leukemia Lymphoplasmacytoid immunocytoma	B-cell chronic lymphocytic leukemia/ prolymphocytic leukemia/small lymphocytic lymphoma	**Small lymphocytic, consistent with CLL** Small lymphocytic, plasmacytoid
Lymphoplasmacytic immunocytoma	Lymphoplasmacytoid lymphoma	**Small lymphocytic, plasmacytoid** Diffuse, mixed small and large cell
Centrocytic Centroblastic, centrocytoid subtype	Mantle cell lymphoma	Small lymphocytic **Diffuse, small cleaved cell** Follicular, small cleaved cell Diffuse, mixed small and large cell Diffuse, large cleaved cell
Centroblastic-centrocytic, follicular	Follicular center lymphoma, follicular	
	—Grade I	**Follicular, predominantly small cleaved ce**
	—Grade II	**Follicular, mixed small and large cell**
Centroblastic, follicular	—Grade III	Follicular, predominantly large cell
Centroblastic-centrocytic, diffuse	Follicular center lymphoma, diffuse, small cell [provisional]	**Diffuse, small cleaved cell** Diffuse, mixed small and large cell
—	Extranodal marginal zone B-cell lymphoma (low-grade B-cell lymphoma of MALT type)	**Small lymphocytic** Diffuse, small cleaved cell Diffuse, mixed small and large cell
Monocytoid, including marginal zone Immunocytoma	Nodal marginal zone B-cell lymphoma [provisional]	**Small lymphocytic** Diffuse, small cleaved cell Diffuse, mixed small and large cell Unclassifiable
—	Splenic marginal zone B-cell lymphoma [provisional]	**Small lymphocytic** Diffuse small cleaved cell
Hairy cell leukemia	Hairy cell leukemia	—
Plasmacytic	Plasmacytoma/myeloma	Extramedullary plasmacytoma
Centroblastic (monomorphic, polymorphic and multilobated subtypes) **B-Immunoblastic** B-large cell anaplastic (Ki-1$^+$)	Diffuse large B-cell lymphoma	**Diffuse, large cell** Large cell immunoblastic Diffuse, mixed small and large cell

Pediatric Neoplasms



Source: NCI SEER Program

Adult Neoplasms

Leading New Cancer Cases and Deaths – 2013 Estimates

Estimated New Cases*		Estimated Deaths	
Male	**Female**	**Male**	**Female**
Prostate 238,590 (28%)	Breast 232,340 (29%)	Lung & bronchus 87,260 (28%)	Lung & bronchus 72,220 (26%)
Lung & bronchus 118,080 (14%)	Lung & bronchus 110,110 (14%)	Prostate 29,720 (10%)	Breast 39,620 (14%)
Colon & rectum 73,680 (9%)	Colon & rectum 69,140 (9%)	Colon & rectum 26,300 (9%)	Colon & rectum 24,530 (9%)
Urinary bladder 54,610 (6%)	Uterine corpus 49,560 (6%)	Pancreas 19,480 (6%)	Pancreas 18,980 (7%)
Melanoma of the skin 45,060 (5%)	Thyroid 45,310 (6%)	Liver & intrahepatic bile duct 14,890 (5%)	Ovary 14,030 (5%)
Kidney & renal pelvis 40,430 (5%)	Non-Hodgkin lymphoma 32,140 (4%)	Leukemia 13,660 (4%)	Leukemia 10,060 (4%)
Non-Hodgkin lymphoma 37,600 (4%)	Melanoma of the skin 31,630 (4%)	Esophagus 12,220 (4%)	Non-Hodgkin lymphoma 8,430 (3%)
Oral cavity & pharynx 29,620 (3%)	Kidney & renal pelvis 24,720 (3%)	Urinary bladder 10,820 (4%)	Uterine corpus 8,190 (3%)
Leukemia 27,880 (3%)	Pancreas 22,480 (3%)	Non-Hodgkin lymphoma 10,590 (3%)	Liver & intrahepatic bile duct 6,780 (2%)
Pancreas 22,740 (3%)	Ovary 22,240 (3%)	Kidney & renal pelvis 8,780 (3%)	Brain & other nervous system 6,150 (2%)
All sites 854,790 (100%)	All sites 805,500 (100%)	All sites 306,920 (100%)	All sites 273,430 (100%)

*Excludes basal and squamous cell skin cancers and in situ carcinoma except urinary bladder.

Source: American Cancer Society

WHO Definition

- "B cell and T/NK cell neoplasms are clonal tumors of mature and immature B cells, T cells or natural killer (NK) cells at various stages of differentiation."

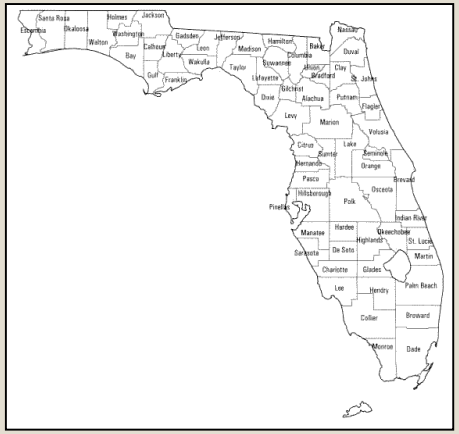
- Cells can be circulating lymphocytes such as lymphoid leukemia or cells in aggregate similar to a solid tumor but tumor made up of all the same type of cells (lymphoma).

- Features of clonality are most often used to identify and establish histologic type for most lymphoid neoplasm.

Lymphoid Neoplasm Characteristics

- **2013 estimates in the United States**
  - 79,030 new lymphoma cases
    - 9,290 Hodgkin Lymphoma
    - 69,740 Non-Hodgkin Lymphoma
  - 20,200 lymphoma deaths
    - 1,180 Hodgkin Lymphoma Deaths
    - 19,020 Non-Hodgkin Lymphoma Deaths

- **2013 estimates in Florida**
  - 5,060 Non-Hodgkin Lymphoma Cases
  - 1,450 Non-Hodgkin Lymphoma Deaths

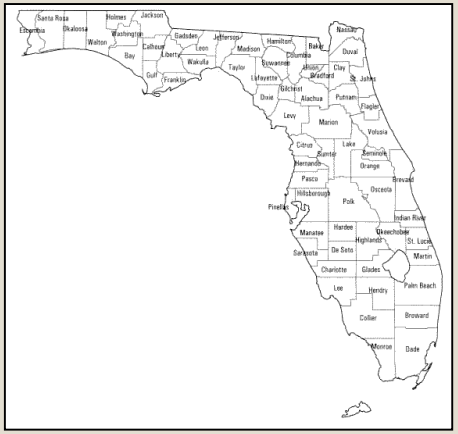


Source: American Cancer Society Cancer Facts and Figures 2013

Lymphoid Neoplasm Characteristics

- **2013 estimates in the United States**
  - 15,680 Chronic Lymphocytic Leukemia
    - 4,580 CLL Deaths
  - 6,070 Acute Lymphocytic Leukemia
    - 1,430 ALL Deaths

- **2013 estimates in Florida**
  - 3,490 Leukemia Deaths
    - Lymphoid – CLL and ALL
    - Myeloid – CML and AML



Source: American Cancer Society Cancer Facts and Figures 2013

Common Lymph Node Chains for Lymphoma

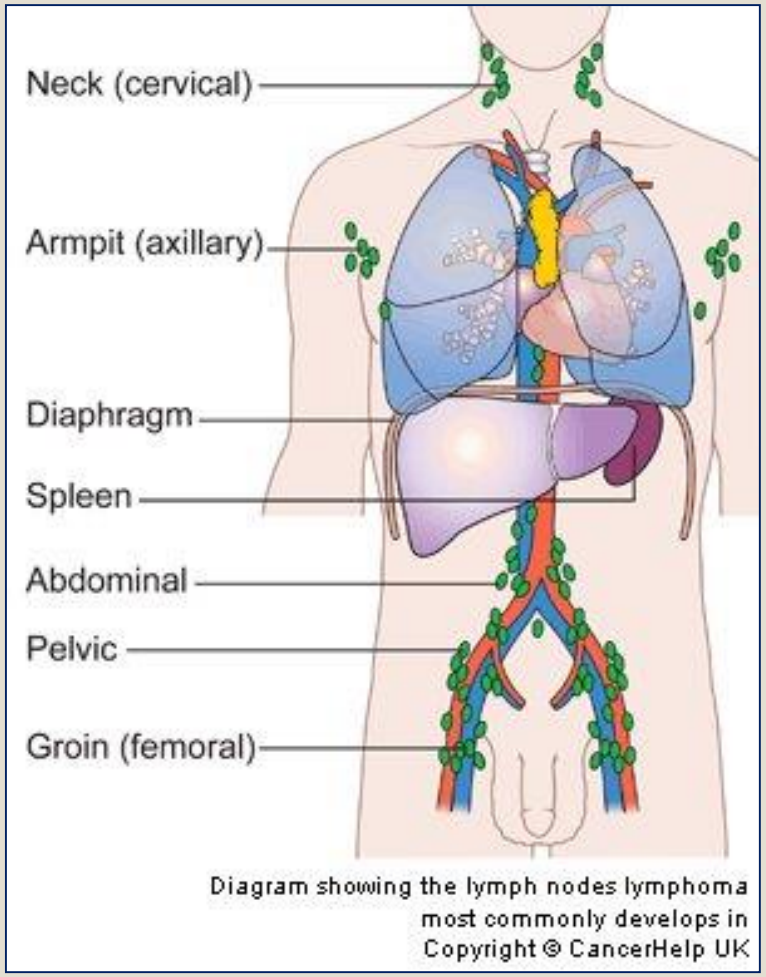
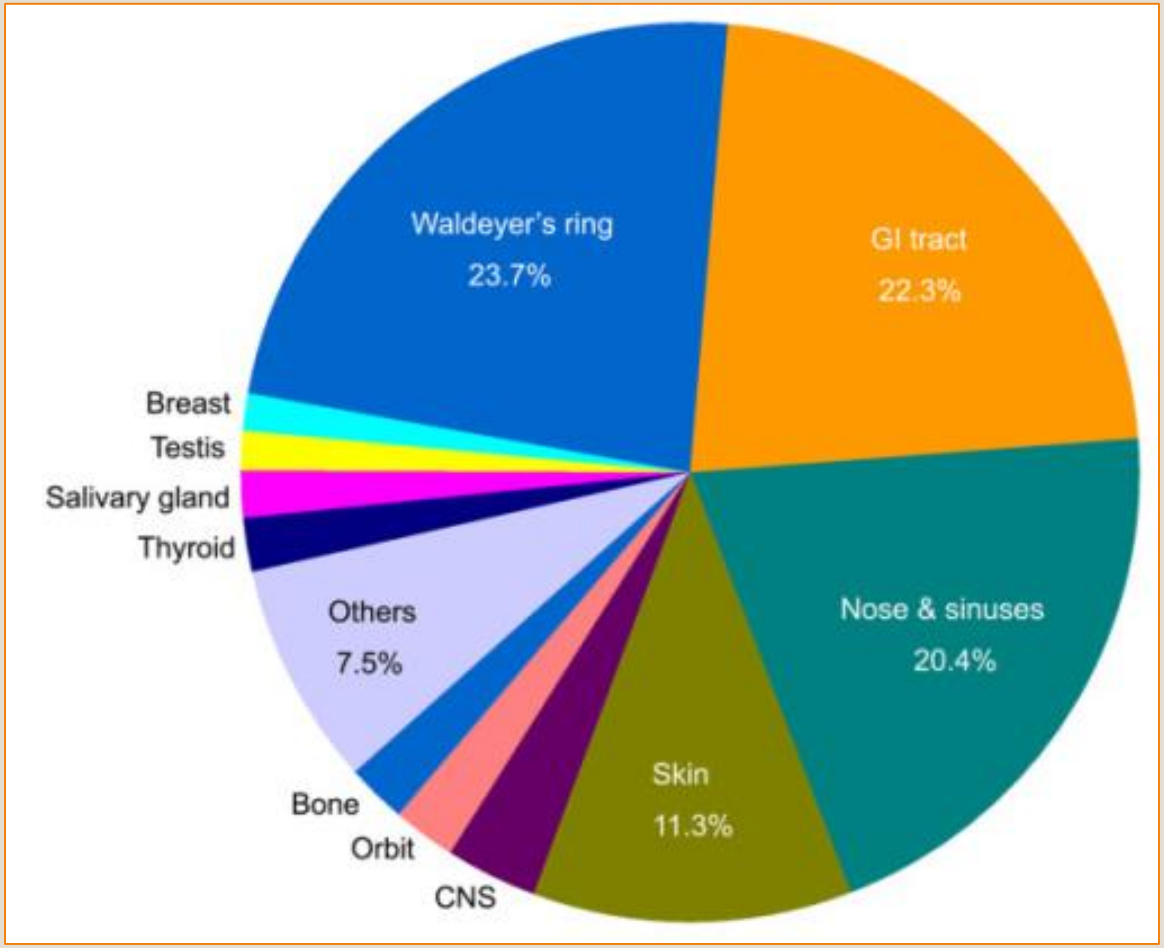


Diagram showing the lymph nodes lymphoma most commonly develops in

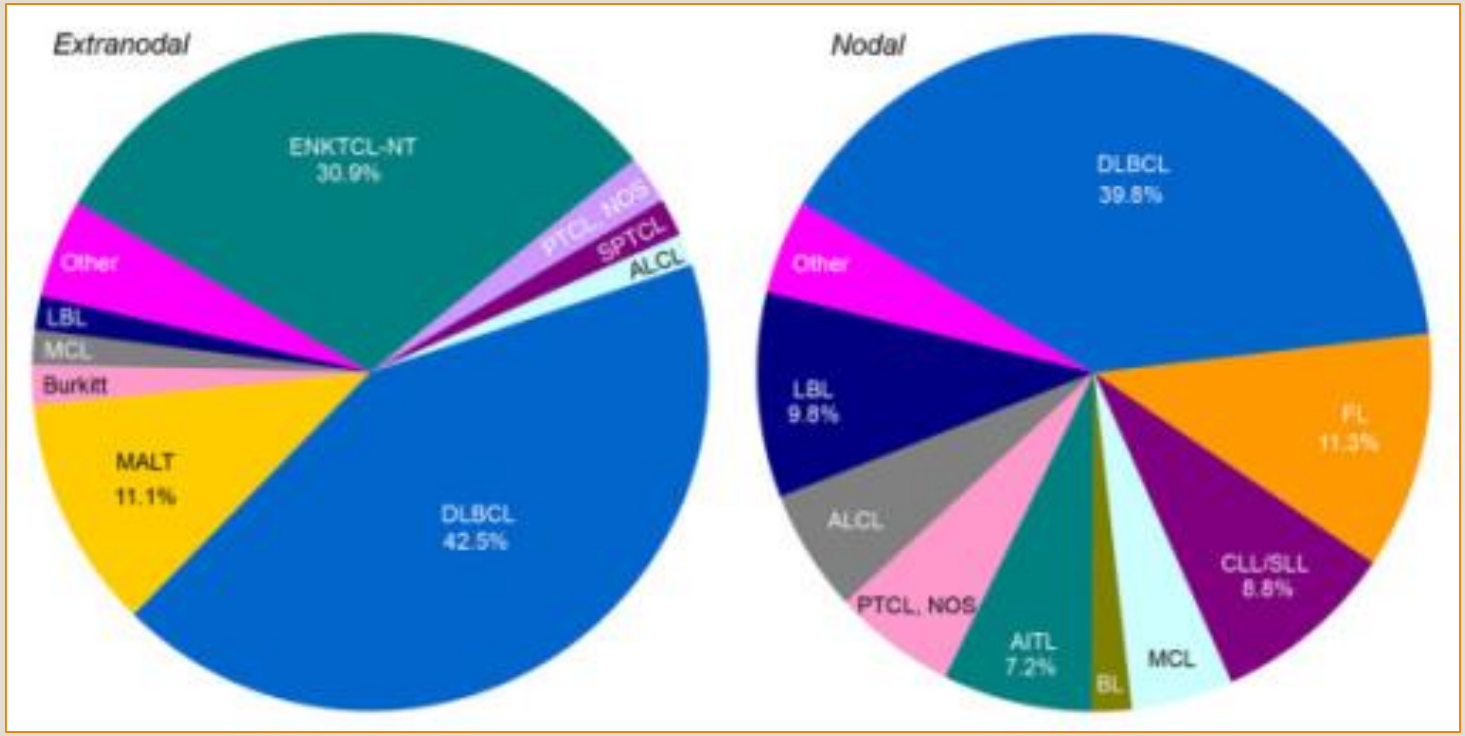
Source: CancerHelpUK.org

Extra-Nodal Lymphoma



Source: nlm.nih.gov

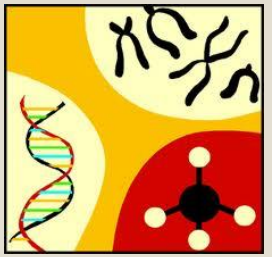
Common Types of Lymphoma

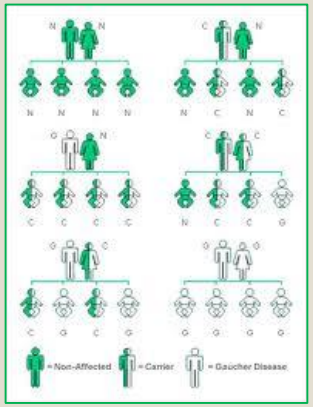


Source: nlm.nih.gov

Causes and Risk Factors

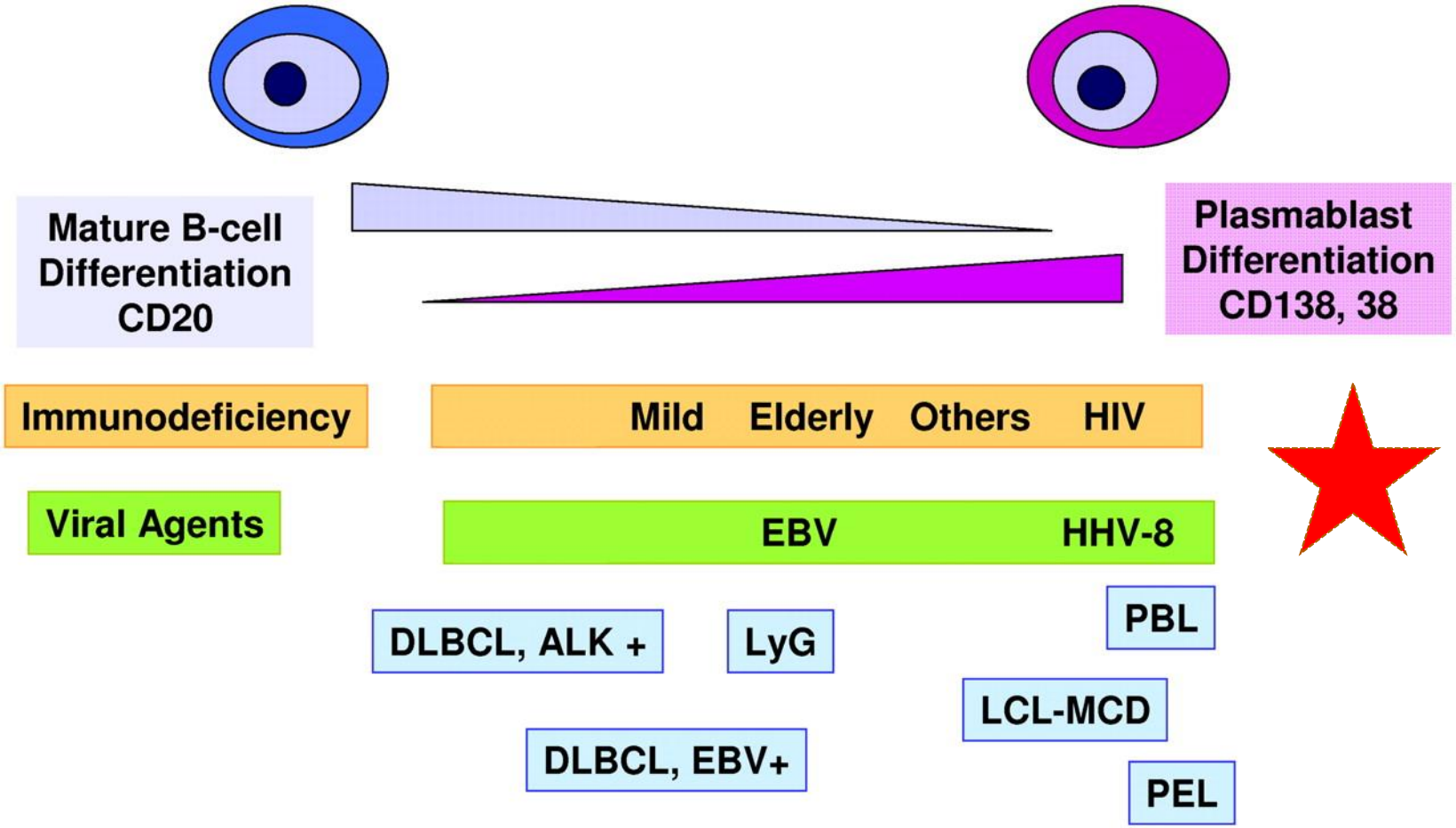
- Genetic Abnormalities (inherited/acquired)
- Conditions Causing Lowered Immunity
- Chemicals Causing Lowered Immunity
- History of Organ Transplant
- History of Viral or Bacterial Infection
  - HTLV1/HIV/EBV/HHV8/HepC/Helicobacter Pylori
- Auto Immune Condition
  - Rheumatoid Arthritis
  - Systemic Lupus Erythematous
- Family History of Lymphoma





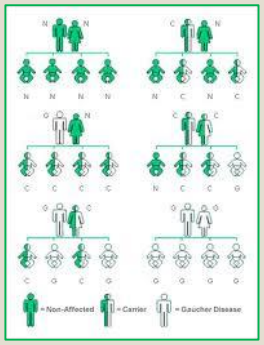
blood
JOURNAL OF THE AMERICAN SOCIETY OF HEMATOLOGY

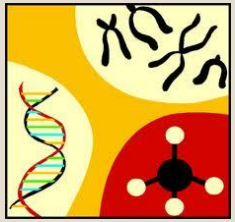
Large B-cell lymphomas with a phenotype of terminal B-cell differentiation.

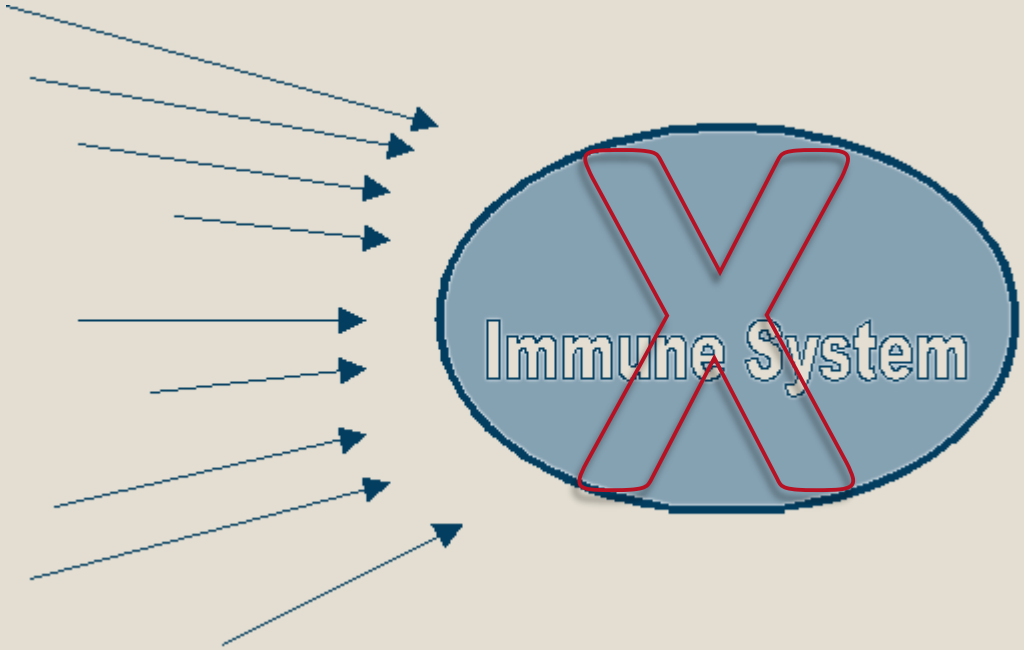


Campo E et al. Blood 2011;117:5019-5032

Causes and Risk Factors

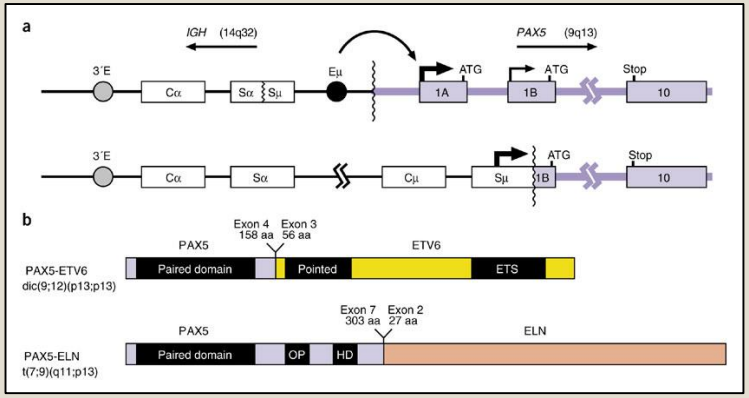






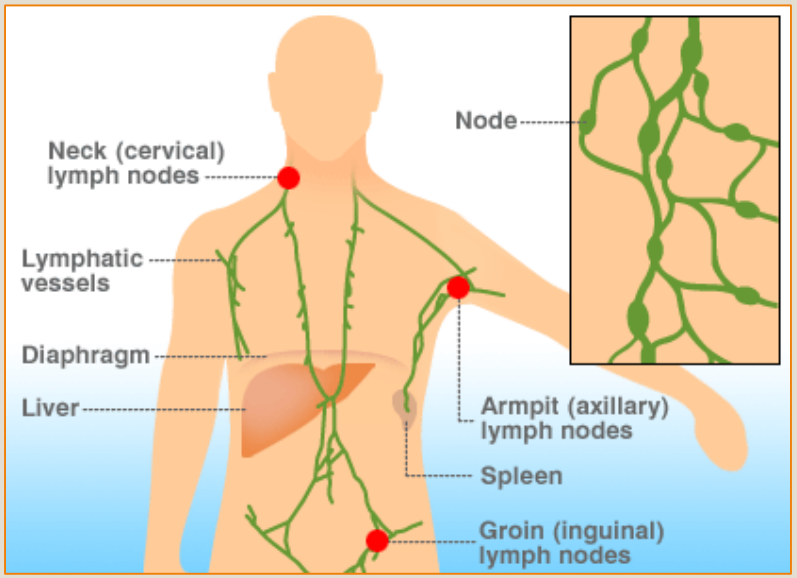
Gene Mutation in Familial ALL

- Precursor B cell Acute Lymphoblastic Leukemia (pre-B ALL)
  - The most common malignancy in pediatrics
- PAX5 gene mutation or BSAP – inherited genetic mutation
- Mutated PAX5 present in 30% of pre-B ALL
- Genetic Alteration is 9p deletion with loss of heterozygosity (9p13)
- Identified as harbinger of germline mutation leading to pre-B ALL
- Affected siblings have up to fourfold higher risk for disease



Signs and Symptoms

- Enlarged Lymph Node(s)
  - Neck
  - Armpit
  - Groin
- Swollen Abdomen
- Chest Pain/Pressure
- Shortness of Breath
- Fever
- Weight Loss
- Night Sweats
- Fatigue

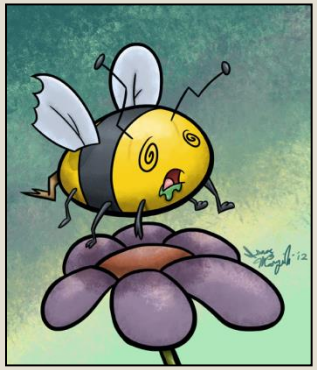


Source: b4tea.com

“B” Symptoms

- What is Significance of “B” Symptoms

- What are “B” Symptoms
  - Fevers
  - Night Sweats
  - Weight Loss > 10% of Body Weight



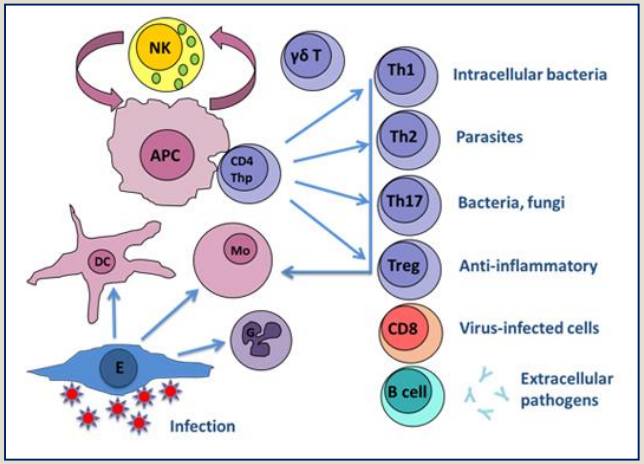
- Minor Symptoms
  - Malaise
  - Fatigue
  - Pruritis
  - Alcohol Intolerance
  - Frequent Infections

Not a “B”

- **Do Not Code Minor Symptoms as “B” Symptoms**

Immune System

- Primary Function Lymphatic System – Fluid Retrieval
- Primary Function Immune System – Protect from infection
  - Bacteria
  - Viruses
  - Fungi
  - Injury
  - Parasites
- Interacts with Nervous System
- Protects via immune response from;
  - **Innate Immunity**
  - **Adaptive Immunity**

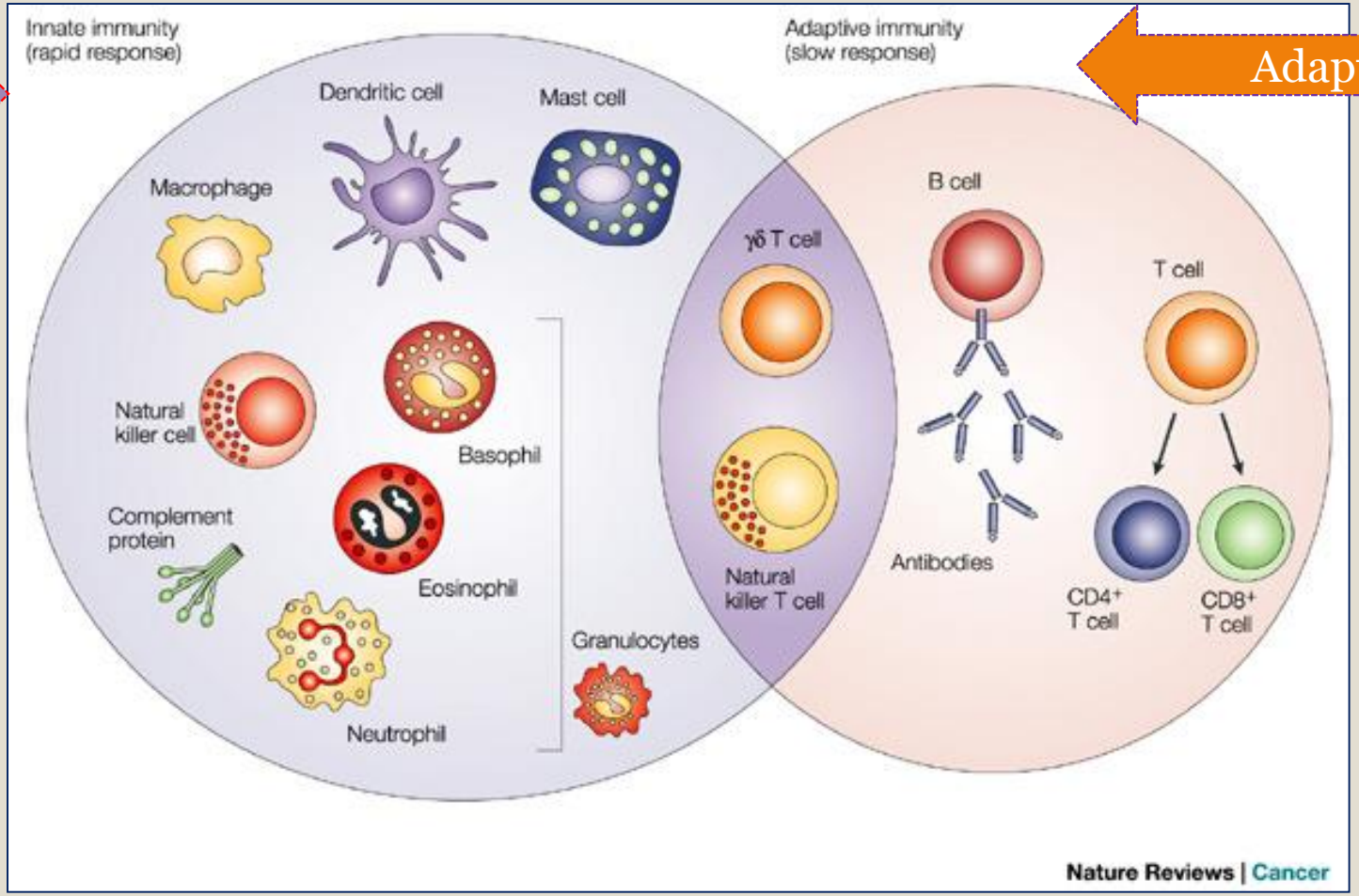


Source: http://static.abdserotec.com/2013images/figure1.jpg

Immune System

Innate

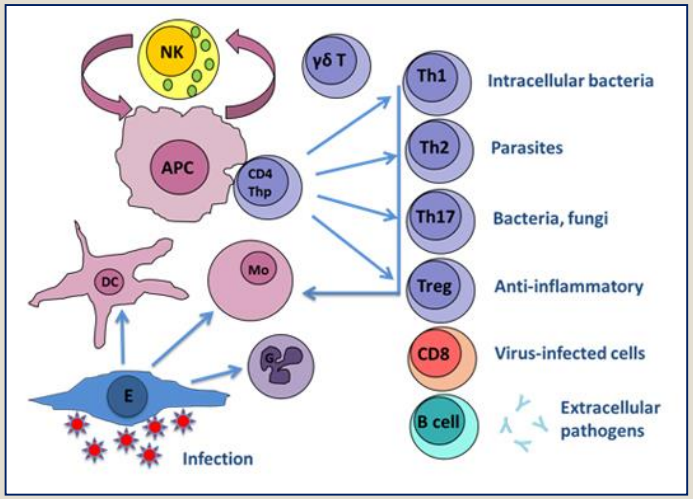
Adaptive



Source: Nature Reviews/Cancer

Immune System

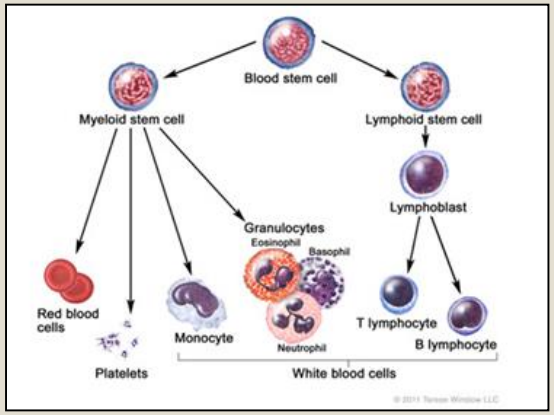
- Causes of Lymph Node Enlargement:
  - Non-specific reactive hyperplasia
  - Inflammatory Reaction
    - Foreign Body
    - Tuberculosis
    - Infection
    - Injury
  - Neoplasm
    - Primary – Lymphoma (Hodgkin or Non-Hodgkin)
    - Secondary – Metastatic Ds. via Lymph Node Drainage



Source: http://static.abdserotec.com/2013images/figure1.jpg

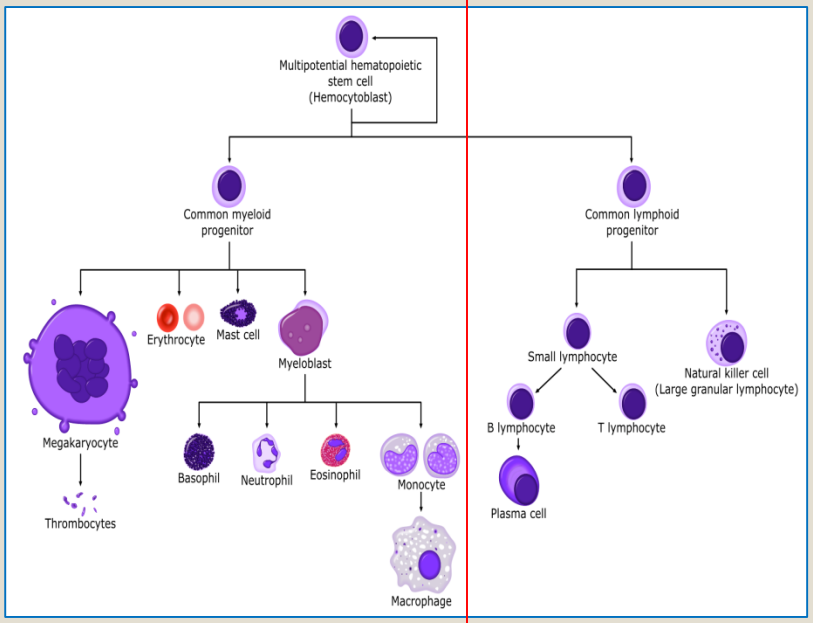
Hematopoiesis

- What is a hematopoietic stem cell?
- Where are hematopoietic stem cells found?
- Hematopoietic stem cells give rise to ALL blood cells in a process called Cell Line Differentiation
  - Lymphoid cell line (lineage)
  - Myeloid cell line (lineage)
- Cell Line Differentiation
- Cell Line Proliferation
- Regulating Proliferation and Differentiation



Regulatory Function of Cells

- Regulation of proliferation
- Regulation of differentiation
- Turn on/Turn off
  - Growth factors
  - Genes (including mutations)
  - Proteins

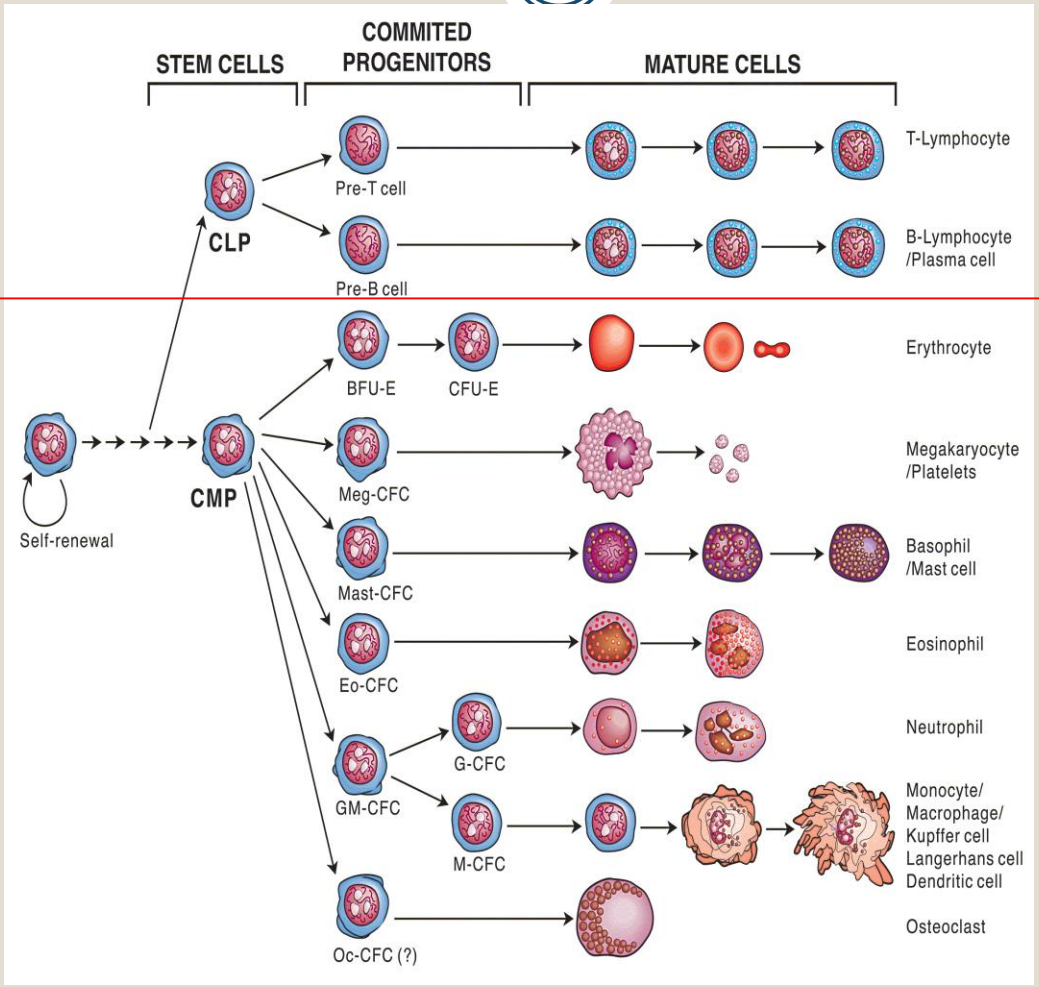


- Disregulation disrupts normal development of cell line
- Ongogenesis – becoming malignant

Hematopoietic stem cells give rise to two major progenitor cell lineages, myeloid and lymphoid progenitors
Regenerative Medicine, 2006. http://www.dentalarticles.com/images/hematopoiesis.png

Lymphoid Cell Line Differentiation

Lymphoid



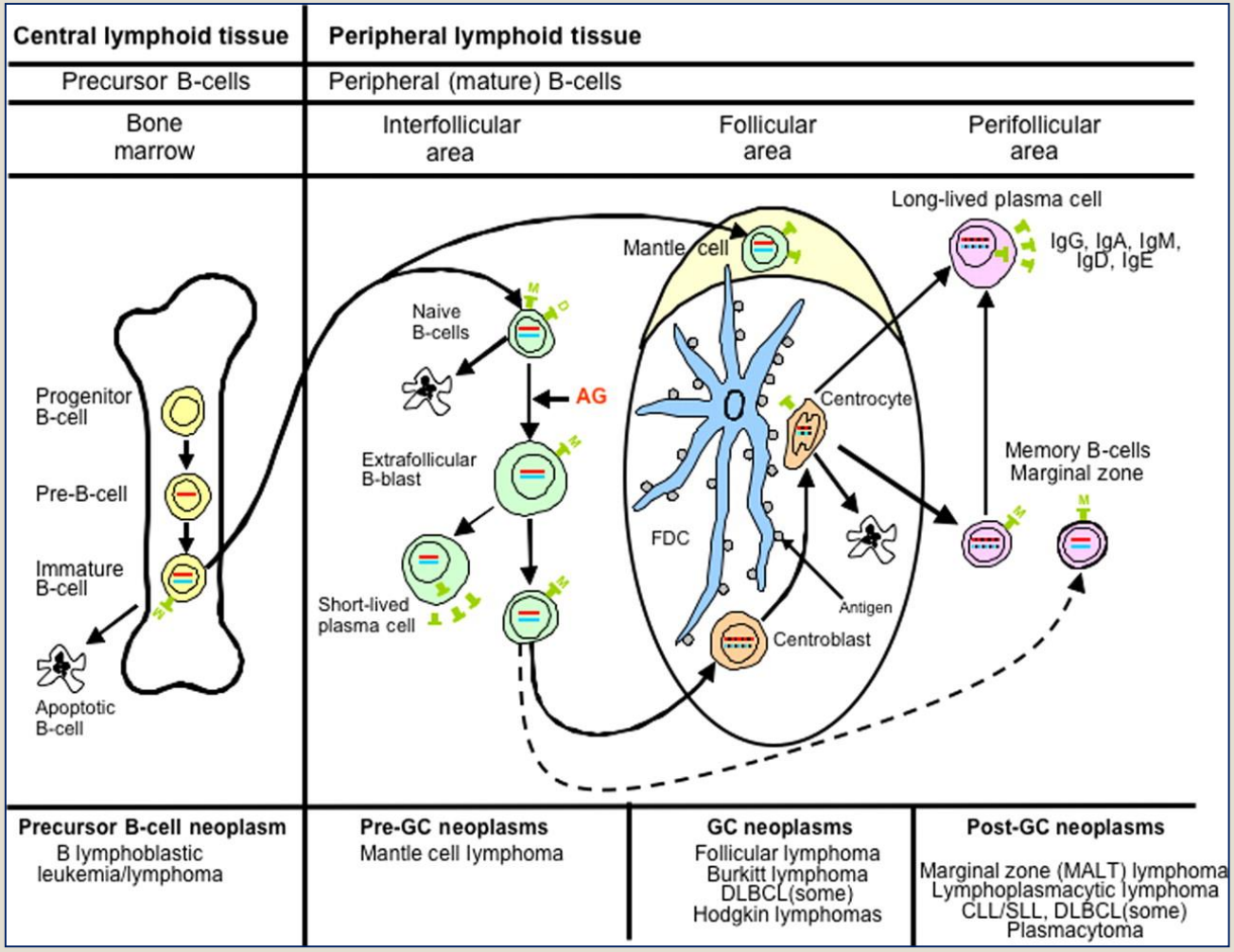
Blood Lines – Donald Metcalf, AlphaMED Press, 2005

Figure 3.2 The eight major hematopoietic lineages generated by self-renewing multipotential stem cellsB

Cell Line Differentiation

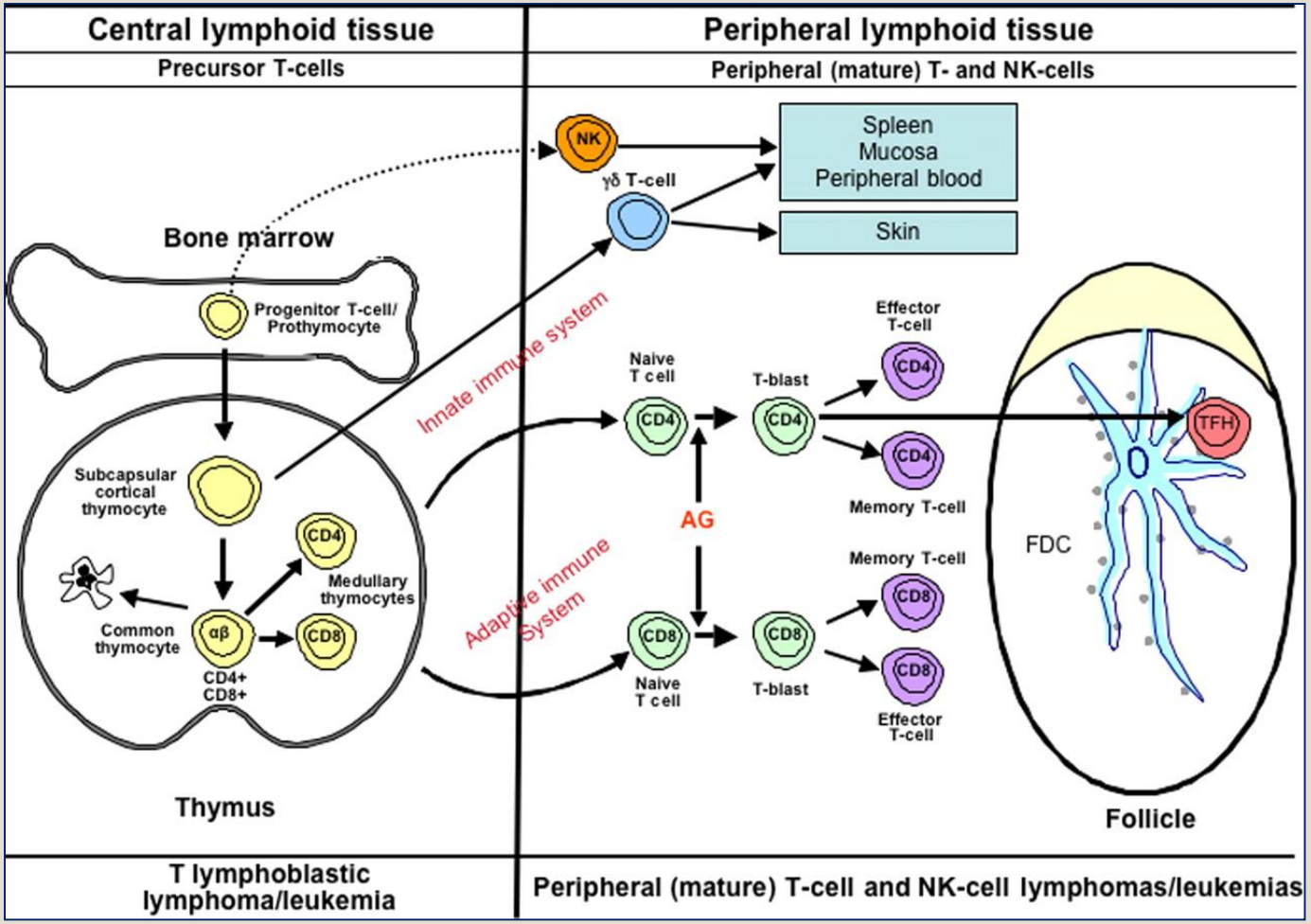
- Cellular differentiation is the process by which an immature cell becomes a more mature cell
- Differentiation changes a cell's size, shape, membrane potential, metabolic activity, and responsiveness to signals or signal pathways
- Regulatory function of cells (regulates cell line proliferation and cell line differentiation) so you have right mix of different types of hematopoietic cells being produced by the bone marrow…and circulating in the blood and/or lymph.
- Over/Under Production by bone marrow of one cell line (clonal)
- Too many or too few cells may lead to chronic/acute condition

B-cell Differentiation



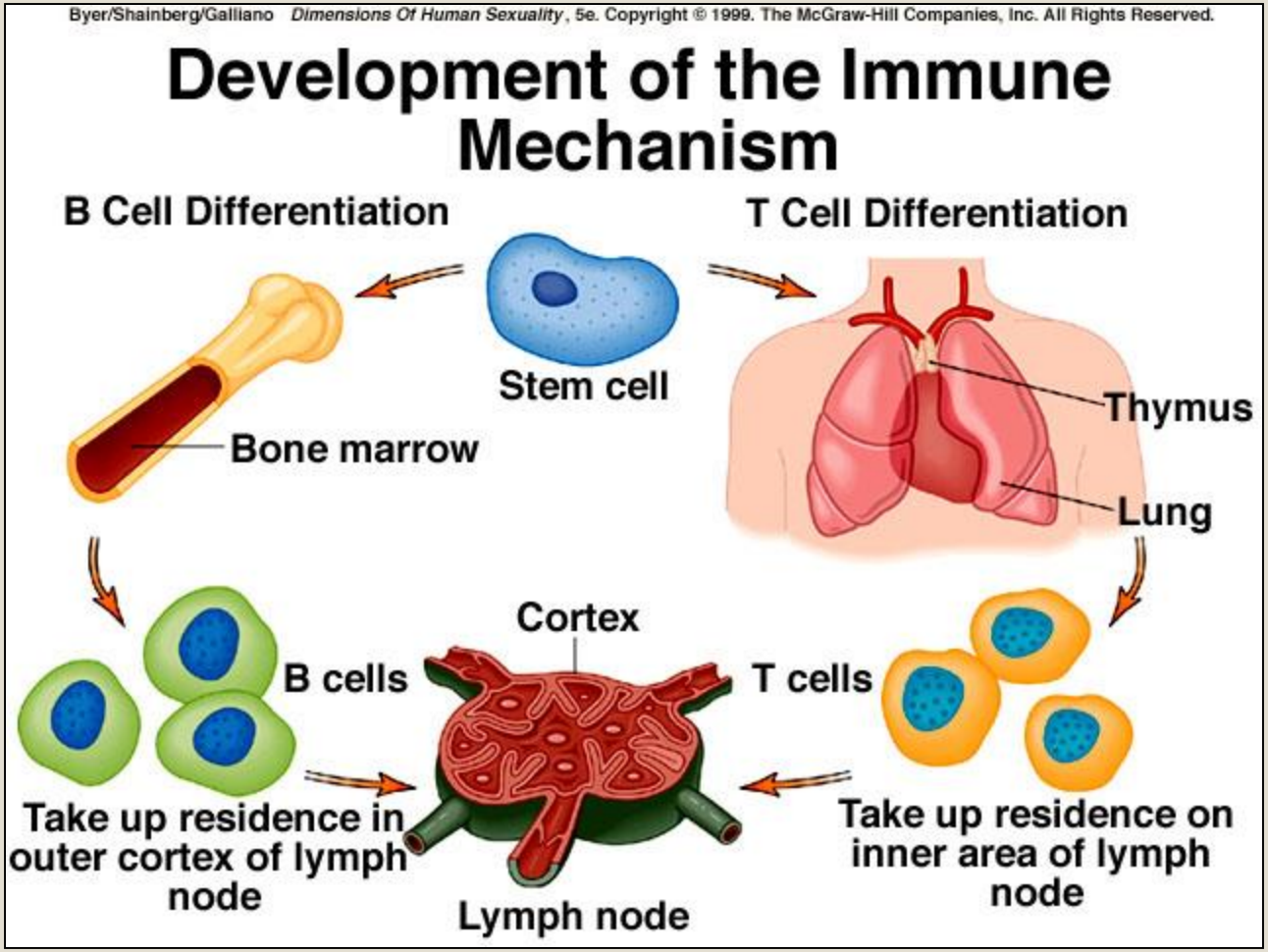
Source: WHO Classification of Hematopoietic and Lymphoid Neoplasms

T-cell Differentiation



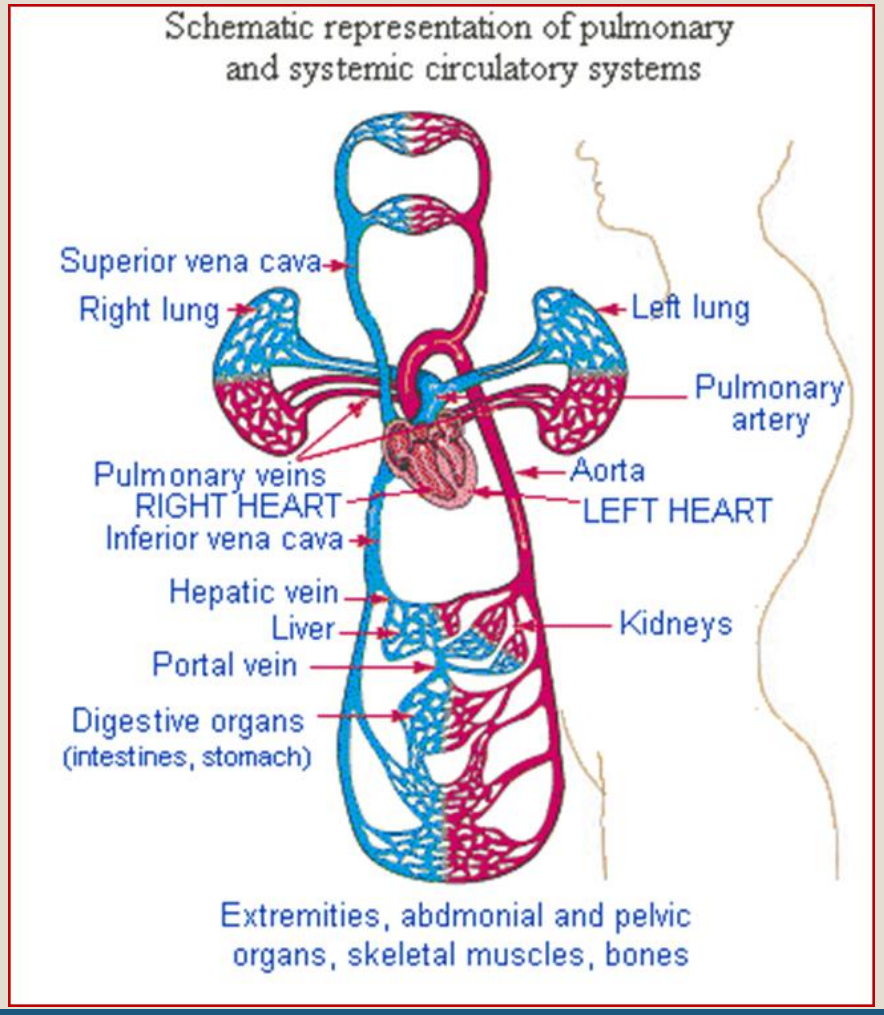
Source: WHO Classification of Hematopoietic and Lymphoid Neoplasms

Differentiation and Immune Function



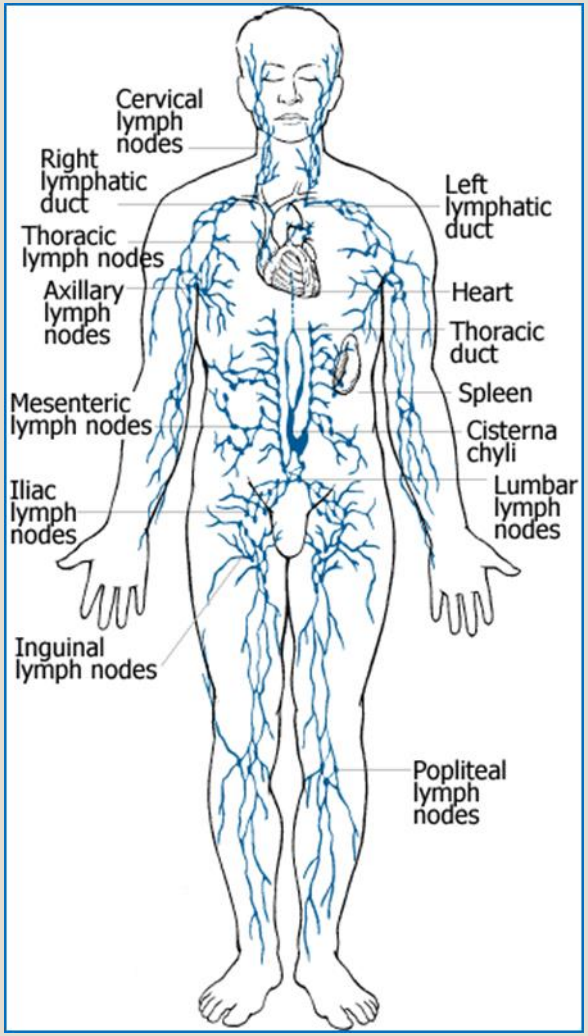
Source: www..mhhe.com/science

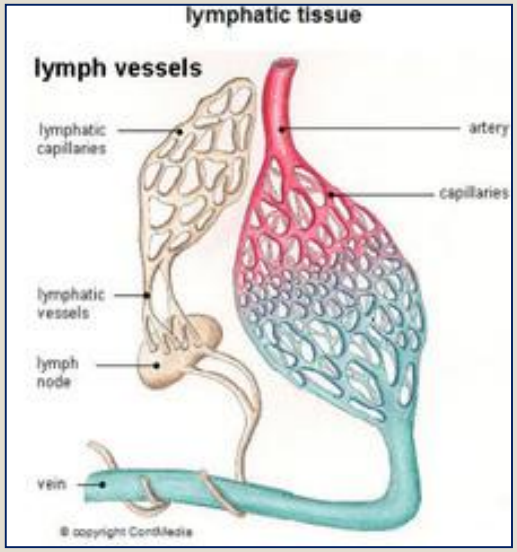
Blood Circulatory System



Source: http://webschoolsolutions.com/patts/systems/heart.htm

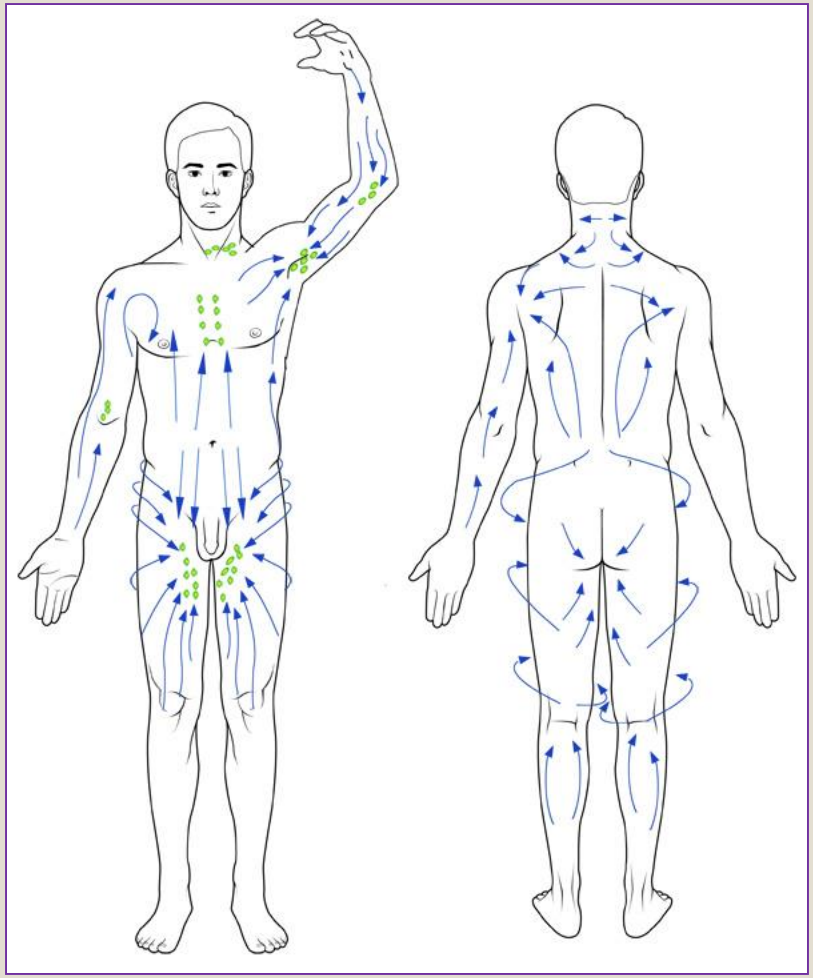
Lymphatic Circulatory System

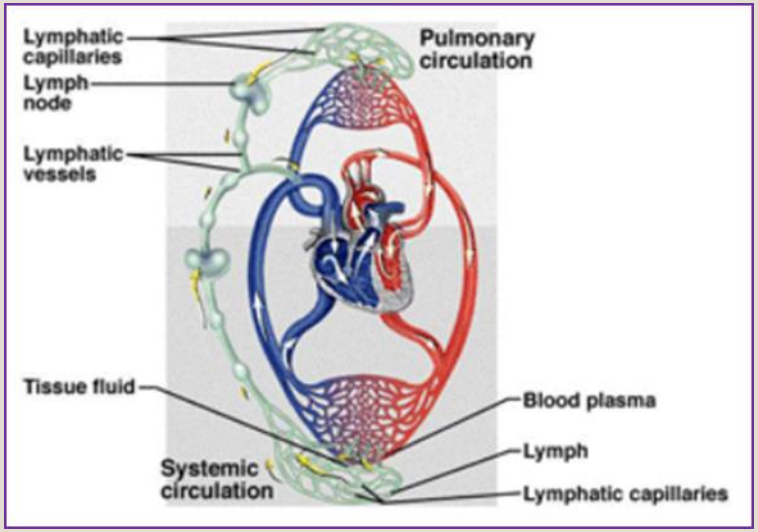




Source: http://www.gorhams.dk/html/the_lymphatic_system.htm

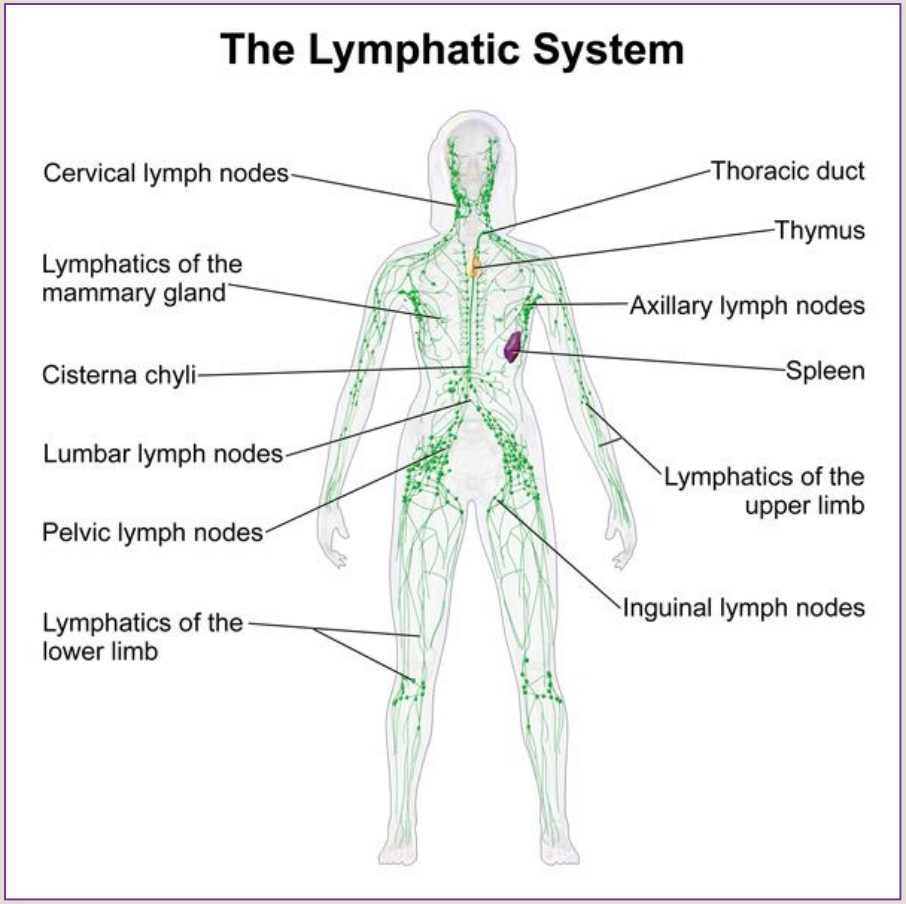
Lymphatic Circulatory System

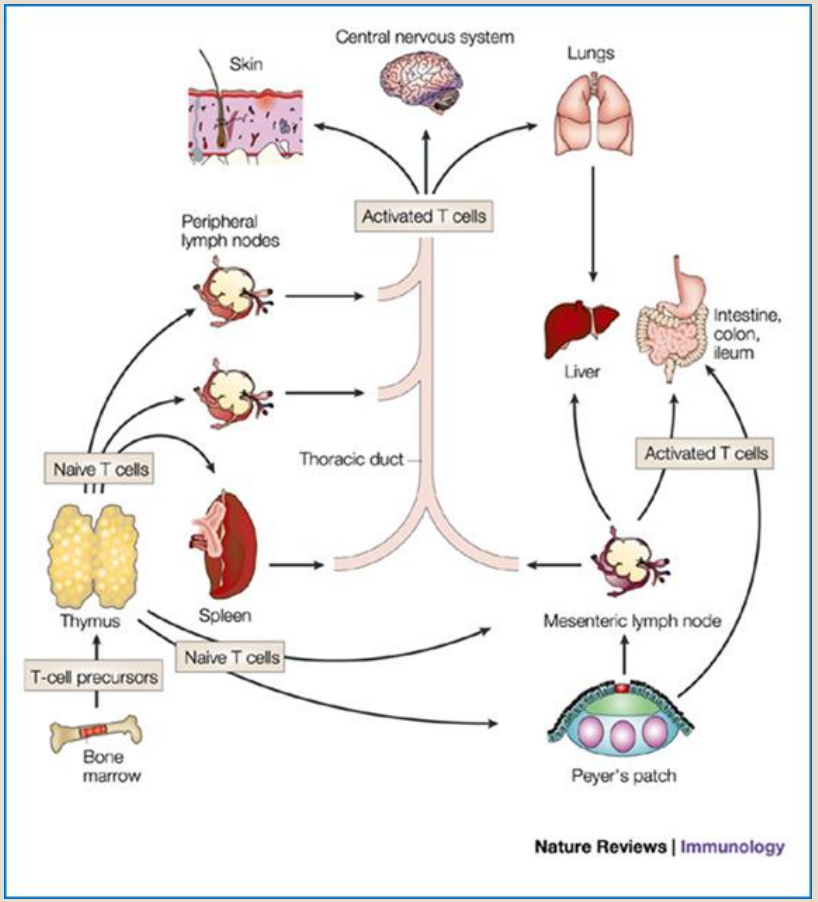




Source: Nature Reviews Immunology http://www.nature.com/nri/journal/v4/n5

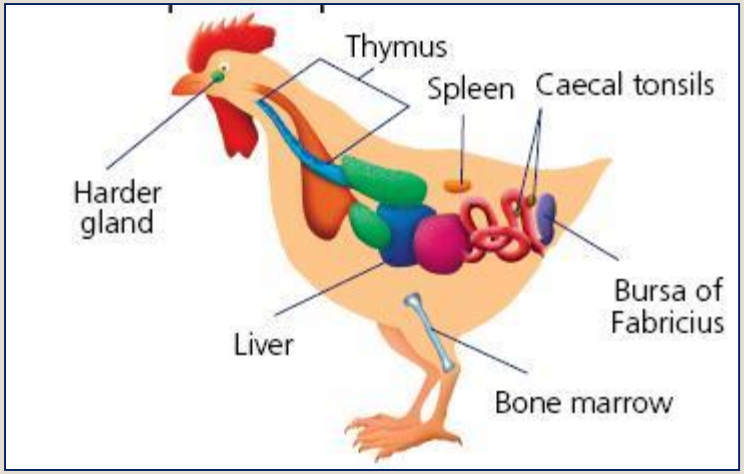
The Lymphatic System





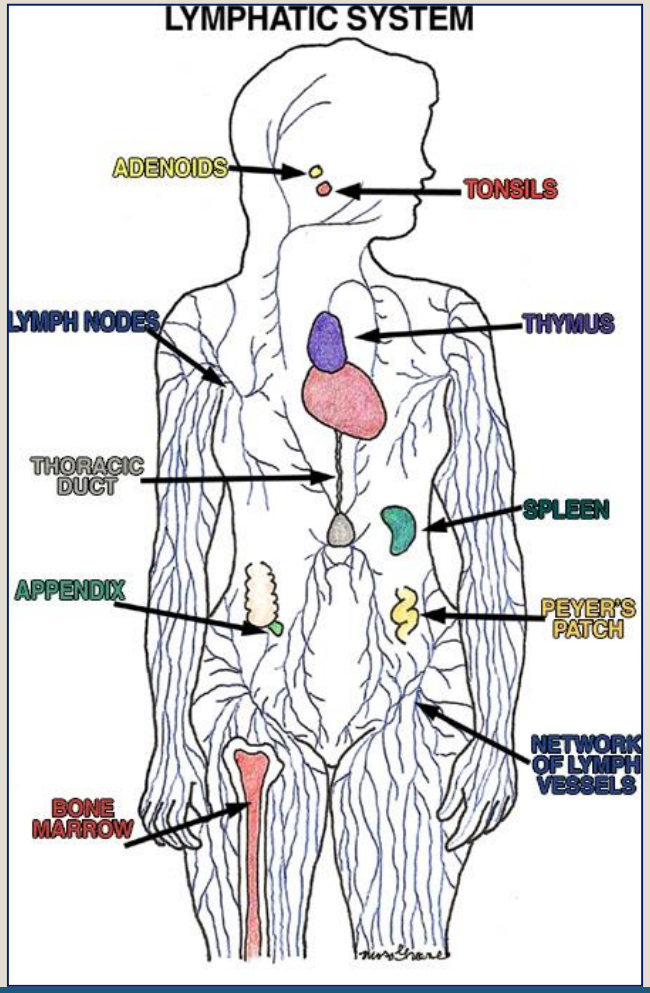
Lymphatic Organs

- Primary Organs
  - Bone Marrow
  - Thymus

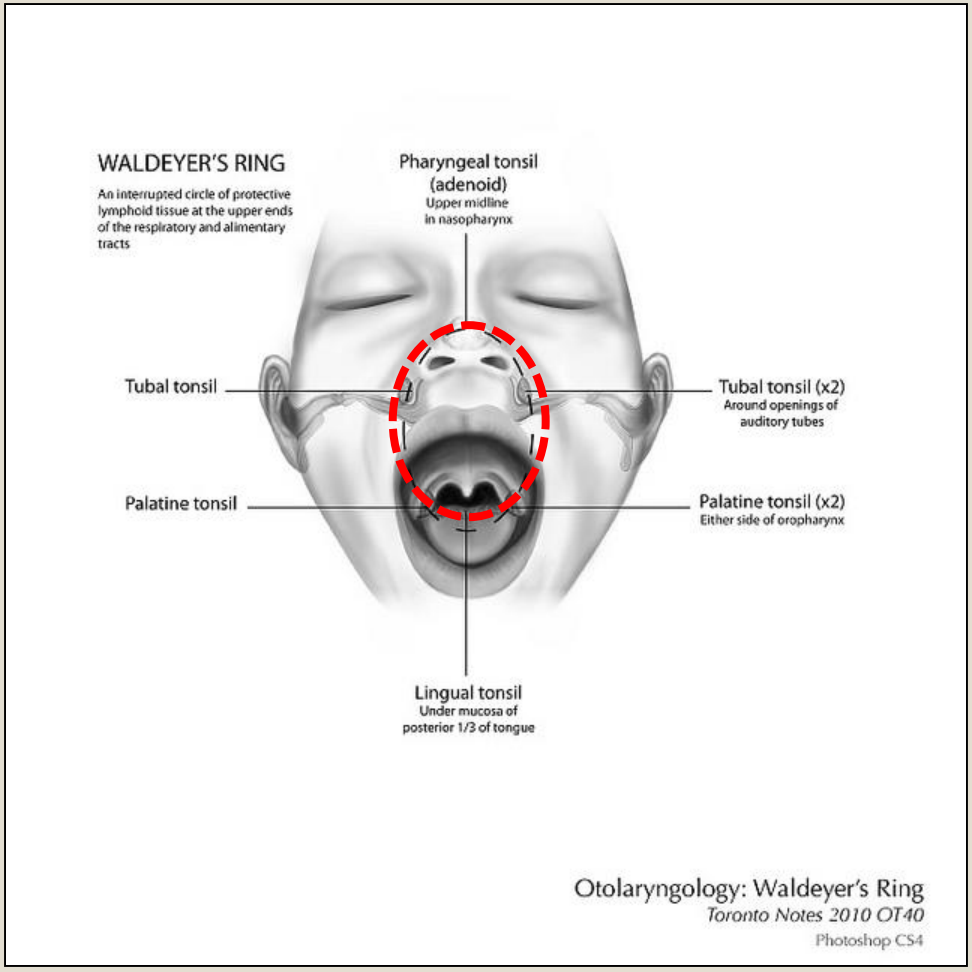


- Secondary Organs
  - Spleen – process blood
    - Red Pulp
    - White Pulp
  - Tonsils (Waldeyer's Ring)
  - Lymph Nodes – process extracellular fluids
  - MALT (mucosa-associated lymphoid tissue) – process mucosa
    - GALT (gut-associated lymphoid tissue)
    - Peyer's Patches
  - Skin

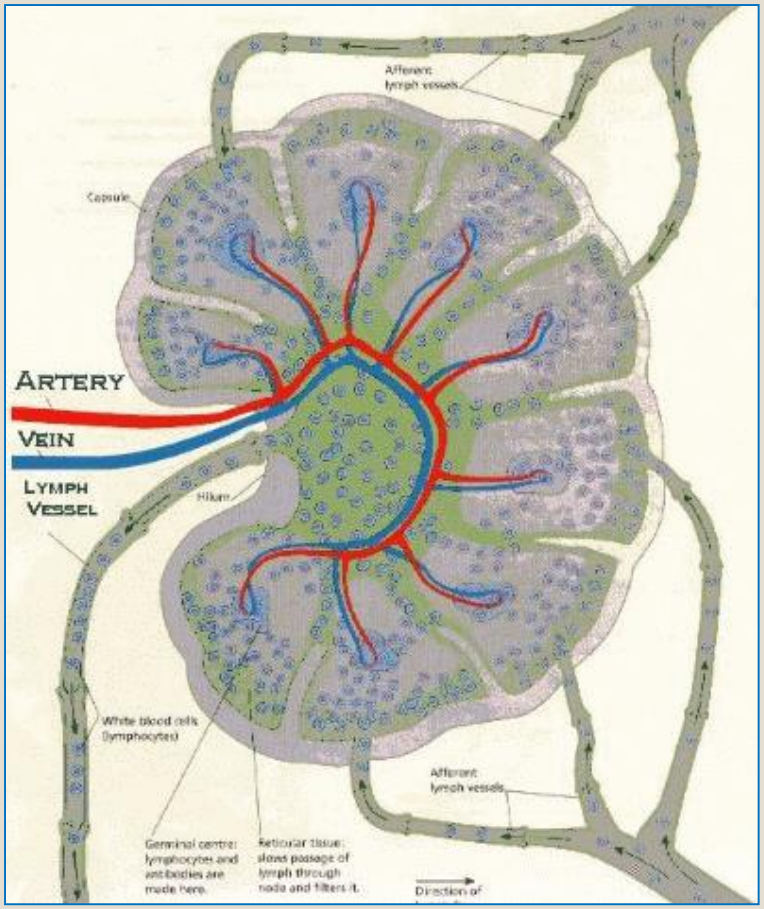
Lymphatic Organs



Lymphatic Organs

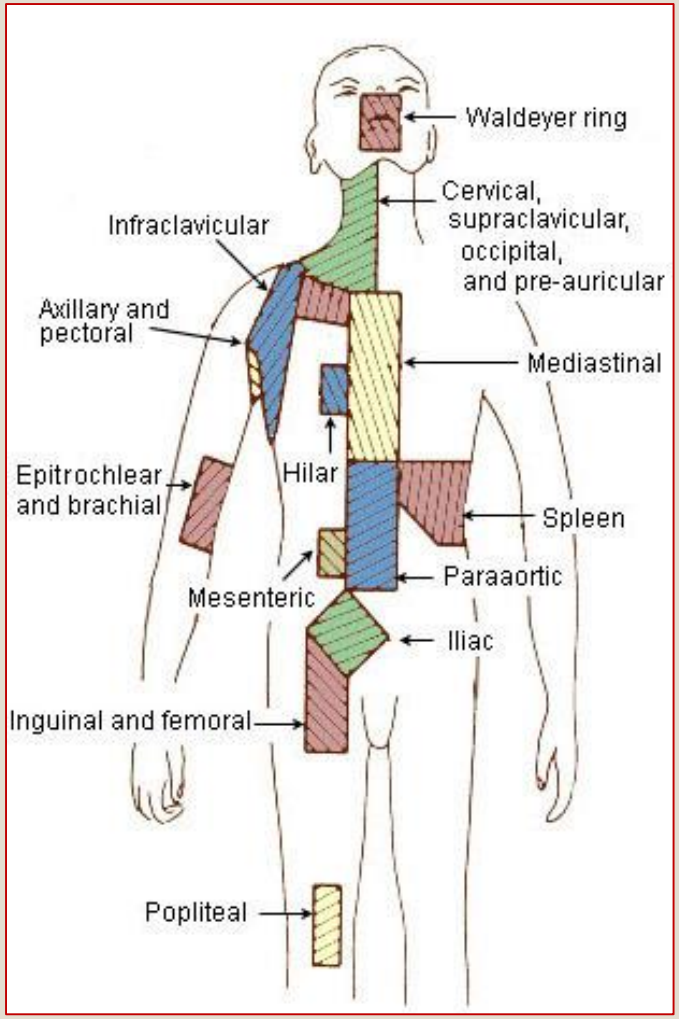


Lymph Node



Source: http://www.bcb.uwc.ac.za/SCI_ED/grade10/manphys/plan.htm

Lymph Node Chains



Lymph nodes above the diaphragm

1. Waldeyer's ring
2. Cervical, supraclavicular, occipital, and pre-auricular
3. Infraclavicular
4. Axillary and pectoral
5. Mediastinal
6. Hilar
7. Epitrochlear and brachial

Lymph nodes below the diaphragm

8. Spleen
9. Mesenteric
10. Paraaortic
11. Iliac
12. Inguinal and femoral
13. Popliteal

Source: AJCC Cancer Staging Form, 7th edition

Appendix C
Lymph Node/Lymph Node Chain Reference Table

Use this table with the Primary Site and Histology Rules to determine whether involved lymph nodes are in a single ICD-O-3 lymph node region or in multiple ICD-O-3 lymph node regions.

This table contains the names of lymph nodes that have the capsule and sinus structure of true lymph nodes. Lymphoid tissue such as that in the GI tract, tonsils, etc., is not represented in this table.

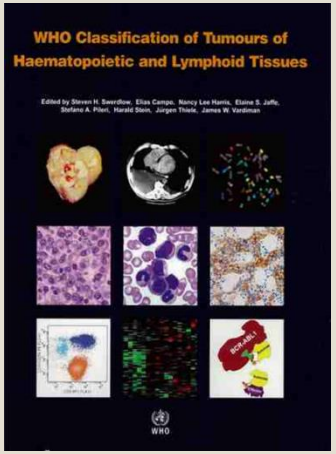
Note: Pathology reports may identify lymph nodes within most organs, the most common being breast, parotid gland, lung, and pancreas. The lymph nodes in these organs are called intra-(organ name) lymph nodes such as intramammary lymph nodes. We have included the most common intra-organ lymph nodes on this table. For an intra-organ lymph node not listed on the table, code to the ICD-O-3 topography code for that organ's regional lymph node chain(s).

Table C1: Lymph Node/Lymph Node Chain Reference Table

Lymph Node/Lymph Node Chain	Use for MP/H	ICD-O-3 Lymph Node Region(s)	AJCC/CS Staging
Abdominal	C772	Intra-abdominal	Mesenteric
Anorectal	C775	Pelvic	Pelvic, right and left*
Anterior axillary	C773	Axilla or arm	Axillary, right and left*
Anterior cecal	C772	Intra-abdominal	Mesenteric
Anterior deep cervical	C770	Head, face and neck	Cervical, right and left*
Anterior jugular	C770	Head, face and neck	Cervical, right and left*
Aortic NOS; ascending aortic lateral aortic; lumbar aortic; para-aortic; peri-aortic	C772	Intra-abdominal	Para-aortic
Aortico-pulmonary window (subaortic)	C772	Intra-abdominal	Para-aortic
Appendiceal	C772	Intra-abdominal	Mesenteric
Ascending aortic	C772	Intra-abdominal	Para-aortic
Aselli's glands (nodes near pancreas)	C772	Intra-abdominal	Para-aortic
Auricular NOS; infra-auricular; pre-auricular; post-auricular; retro-auricular	C770	Head, face and neck	Cervical, right and left*
Axillary, lateral;	C773	Axilla or arm	Axillary, right and left*
Axillary; anterior	C773	Axilla or arm	Axillary, right and left*
Azygos (lower paratracheal)	C771	Intrathoracic	Mediastinal
Brachial	C773	Axilla or arm	Axillary, right and left*
Bronchial; bronchopulmonary; hilar; proximal lobar; pulmonary root	C771	Intrathoracic	Hilar
Bronchopulmonary	C771	Intrathoracic	Hilar
Bronchopulmonary; bronchial hilar; proximal lobar; pulmonary root	C771	Intrathoracic	Hilar
Buccal	C770	Head, face and neck	Cervical, right and left*
Buccinator (facial)	C770	Head, face and neck	Cervical, right and left*
Calot's node (cysto-hepatic triangle or hepato-biliary triangle)	C772	Intra-abdominal	Para-aortic
Cardiac	C771	Intrathoracic	Mediastinal

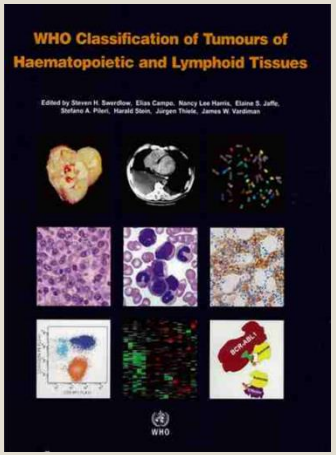
Classification of Lymphoid Neoplasms

- Development of a World Standard
  - 1951 – Dameshek – clinical phenotype
  - 1960 – Philadelphia (Ph1) chromosome
  - 1966 – Rappaport Classification
  - 1974 – Kiel Classification System
  - 1974 – Lukes and Collins System
  - 1976 – Revised Rappaport Classification
  - 1976 – French – American – British Classification



Classification of Lymphoid Neoplasms

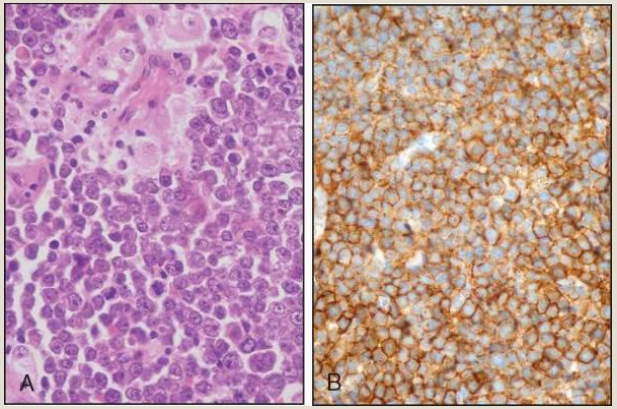
- Development of a World Standard
  - 1982 – Working Formulation
  - 1994 –Revised European-American Classification of Lymphoid Neoplasms
  - 2001 – WHO Classification of Tumors of Hematopoetic and Lymphoid Tissues, 3rd edition, 2001
  - 2008 – WHO Classification of Tumors of Hematopoietic and Lymphoid Tissues, 4th edition, October 2008

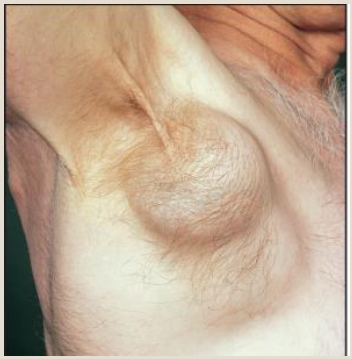


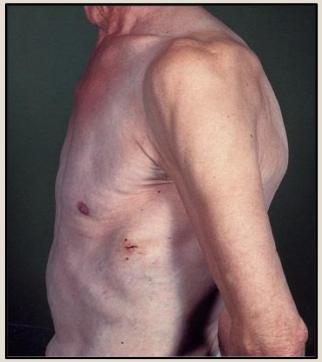
2008 WHO Classification of Lymphoid Neoplasms

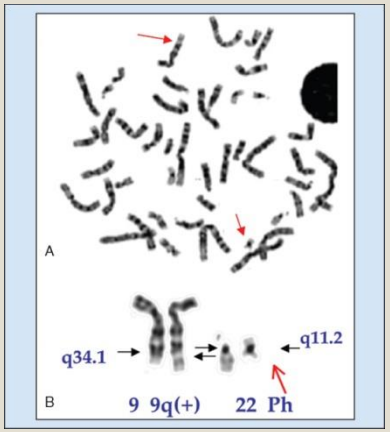
Incorporates:

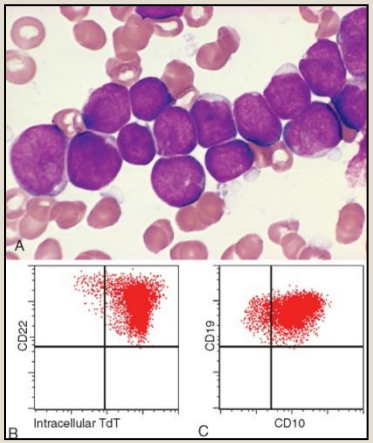
- ✓ Histology/Morphology
- ✓ Stage of Differentiation
- ✓ Immunophenotype
- ✓ Genotypic features
- ✓ Clinical features











2008 WHO Classification - Lymphoid

Precursor Lymphoid Neoplasm

Table B7: Precursor Lymphoid Neoplasms

WHO Preferred Term	ICD-O-3
Adult T-cell leukemia/lymphoma	9837/3
B lymphoblastic leukemia/lymphoma with hyperdiploidy	9815/3
B lymphoblastic leukemia/lymphoma with hypodiploidy (hypodiploid ALL)	9816/3
B lymphoblastic leukemia/lymphoma with recurrent genetic abnormalities	No Code
B lymphoblastic leukemia/lymphoma with t(1;19)(q23;p13.3); E2A-PBX1 (TCF3-PBX1)	9818/3
B lymphoblastic leukemia/lymphoma with t(12;21)(p13;q22); TEL-AML1 (ETV6-RUNX1)	9814/3
B lymphoblastic leukemia/lymphoma with t(5;14)(q31;q32); IL3-IGH	9817/3
B lymphoblastic leukemia/lymphoma with t(9;22)(q34;q11.2); BCR-ABL1	9812/3
B lymphoblastic leukemia/lymphoma with t(v;11q23); MLL rearranged	9813/3
B lymphoblastic leukemia/lymphoma, NOS	9811/3

Mature B-Cell Neoplasm

Table B8: Mature B-Cell Neoplasms

WHO Preferred Term	ICD-O-3
ALK positive large B-cell lymphoma	9737/3
B-cell lymphoma, unclassifiable, with features intermediate between diffuse large B-cell lymphoma and classical Hodgkin lymphoma	9596/3
B-cell prolymphocytic leukemia	9833/3
Burkitt lymphoma	9687/3
Chronic lymphocytic leukemia/small lymphocytic lymphoma	9823/3
Diffuse large B-cell lymphoma (DLBCL)	9680/3
Extranodal marginal zone lymphoma of mucosal-associated lymphoid tissue (MALT lymphoma)	9699/3
Extraosseous plasmacytoma	9734/3
Follicular lymphoma	9690/3
Hairy cell leukemia	9940/3

2008 WHO Classification - Lymphoid

Mature B-Cell Neoplasm (con't)

WHO Preferred Term	
Heavy chain disease	
Intravascular large B-cell lymphoma	9712/3
Large B-cell lymphoma arising in HHV8-associated multicentric Castleman disease	9738/3
Lymphomatoid lesion	9766/1
Lymphoplasmacytic lymphoma	9671/3
Mantle cell lymphoma	9673/3
Non-Hodgkin lymphoma, NOS; splenic B-cell lymphoma/leukemia, unclassifiable	9591/3
Plasma cell myeloma	9732/3
Plasmablastic lymphoma	9735/3
Primary cutaneous follicle center lymphoma	9597/3
Primary effusion lymphoma	9678/3
Primary mediastinal (thymic) large B-cell lymphoma	9679/3
Solitary plasmacytoma of bone	9731/3
Splenic marginal zone lymphoma	9689/3
T-cell/histiocyte rich large B-cell lymphoma	9688/3
Waldenstrom Macroglobulinemia	9761/3

Mature T-Cell and NK-Cell Neoplasm

Table B9: Mature T-Cell and NK-Cell Neoplasms

WHO Preferred Term	
Adult T-cell leukemia/lymphoma (HTLV-1 positive)	9827/3
Aggressive NK-cell leukemia	9948/3
Anaplastic large cell lymphoma, ALK positive	9714/3
Angioimmunoblastic T-cell lymphoma	9705/3
Enteropathy-associated T-cell lymphoma	9717/3
Extranodal NK-/T-cell lymphoma, nasal type	9719/3
Hepatosplenic T-cell lymphoma	9716/3
Hydroa vacciniforme-like lymphoma	9725/3
Lymphomatoid papulosis	9718/1
Mycosis fungoides	9700/3
Peripheral T-cell lymphoma, NOS	9702/3
Primary cutaneous CD30 positive T-cell lymphoproliferative disorders	9718/3
Primary cutaneous T-cell lymphoma	9709/3
Primary cutaneous gamma-delta T-cell lymphoma	9726/3
Sezary syndrome	9701/3
Subcutaneous panniculitis-like T-cell lymphoma	9708/3
Systemic EBV positive T-cell lymphoproliferative disease of childhood	9724/3
T-cell large granular lymphocytic leukemia	9831/3
T-cell prolymphocytic leukemia	9834/3

2008 WHO Classification - Lymphoid

Hodgkin Lymphoma

Table B10: Hodgkin Lymphoma

WHO Preferred Term	ICD-O-3
Classical Hodgkin lymphoma	9650/3
Lymphocyte-depleted classical Hodgkin lymphoma	9653/3
Lymphocyte-rich classical Hodgkin lymphoma	9651/3
Mixed cellularity classical Hodgkin lymphoma	9652/3
Nodular sclerosis classical Hodgkin lymphoma	9663/3

Histiocytic /Dendritic Cell Neoplasm

Table B11: Histiocytic and Dendritic Cell Neoplasms

WHO Preferred Term	
Disseminated juvenile xanthogranuloma	No Code
Fibroblastic reticular cell tumor	9759/3
Follicular dendritic cell sarcoma	9758/3
Histiocytic sarcoma	9755/3
Interdigitating dendritic cell tumor	9757/3
Langerhans cell histiocytosis	9751/3
Langerhans cell sarcoma	9756/3

PTLD (Post-Transplant)

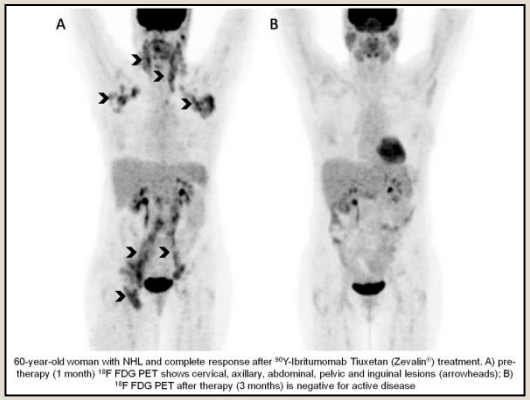
Table B12: Post-Transplant Lymphoproliferative Disorders (PTLD)

WHO Preferred Term	
Early lesions	*No Code*
Classical Hodgkin lymphoma type PTLD	*
Monomorphic PTLD (B- and T/NK-cell types)	*
Plasmacytic hyperplasia	9971/1
Post-transplant lymphoproliferative disorder	9971/3

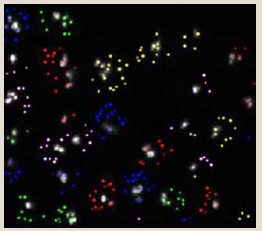
Understanding Complex Disease Processes

- Lymph Node Biopsy
- Extranodal Site Biopsy
- Diagnostic Imaging (CT/PET/MRI)
- Bone Marrow Aspirate
- Bone Marrow Biopsy

- Histology/Morphology
- Immunohistocytohemistry
- Flow Cytometry (Immunophenotype)
- Cytyogenetics
- Molecular Genetic Studies
  - FISH
  - PCR

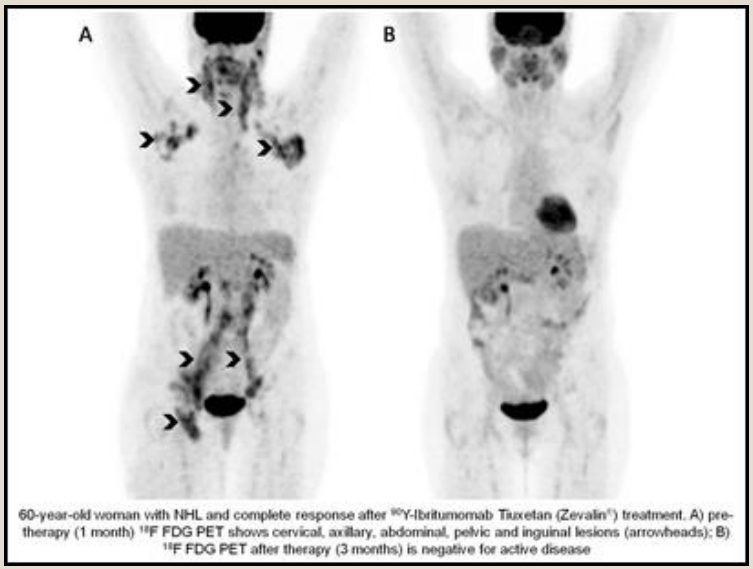


60-year-old woman with NHL and complete response after ^{90}Y-Ibritumomab Tiuxetan (Zevalin®) treatment. A) pre-therapy (1 month) ^{18}F FDG PET shows cervical, axillary, abdominal, pelvic and inguinal lesions (arrowheads); B) ^{18}F FDG PET after therapy (3 months) is negative for active disease



The Clinical Workup

- Disease Definition
- Risk Factors
- Signs and Symptoms
- Diagnostic Work Up
  - Clinical Evaluation
  - History and Physical
  - CBC – What is Normal
  - Immunophenotype
  - Imaging Studies (CT/PET/MRI and PET/CT)
  - Tissue Biopsy – Histologic Type and Staining
  - Bone Marrow Biopsy – Histologic Type and Staining
  - Molecular Cytogenetics – Genetic Testing



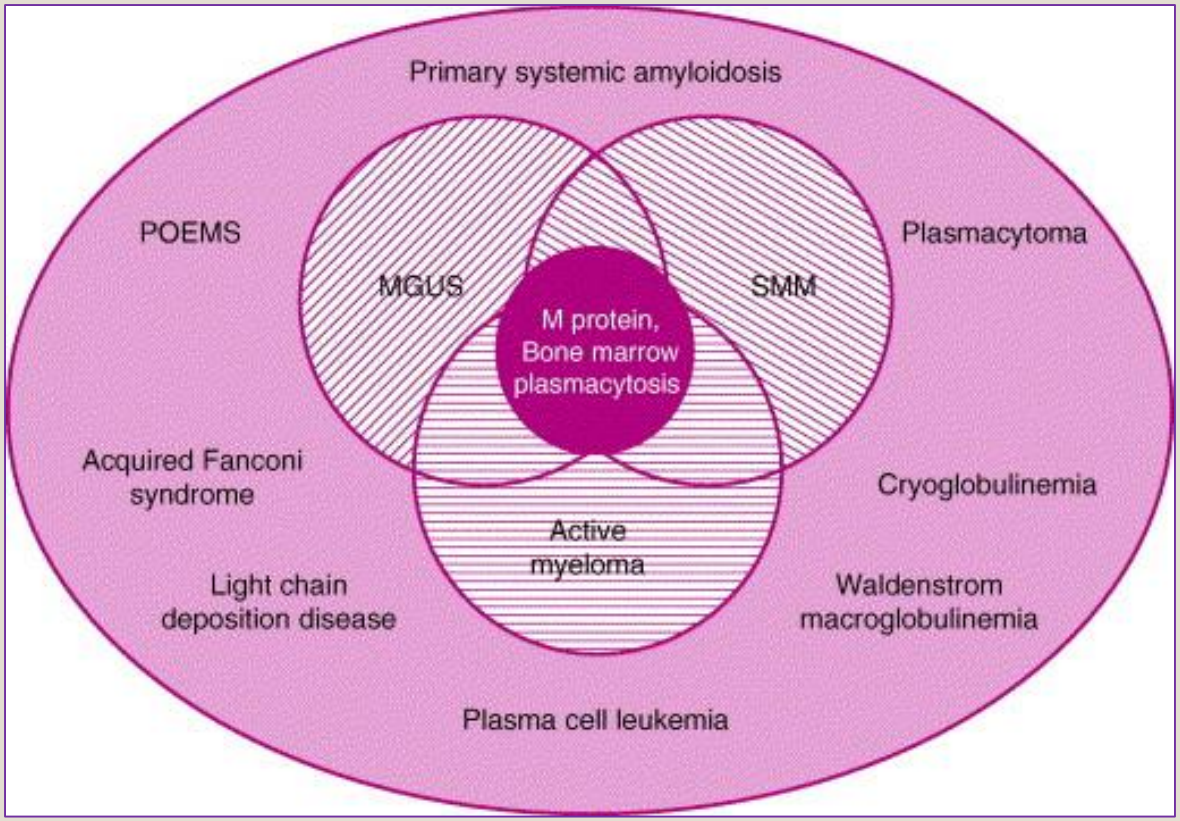
60-year-old woman with NHL and complete response after ^{90}Y-Ibritumomab Tiuxetan (Zevalin®) treatment. A) pre-therapy (1 month) ^{18}F FDG PET shows cervical, axillary, abdominal, pelvic and inguinal lesions (arrowheads); B) ^{18}F FDG PET after therapy (3 months) is negative for active disease

Disease Definition

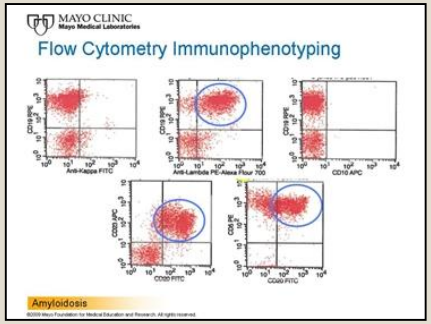
Table 2 Diagnostic criteria for plasma cell myeloma
Symptomatic plasma cell myeloma
M-protein in serum or urine*
BM clonal plasma cells or plasmacytoma†
Related organ or tissue impairment heavy chain disease‡ (CRAB)
Asymptomatic (smoldering) myeloma
M-protein in serum at myeloma levels (> 30 g/L) and/or ≥ 10% clonal plasma cells in BM
No related organ or tissue impairment end-organ damage or bone lesions [CRAB] or myeloma-related symptoms

Source: BLOOD, 12 MAY 2011 VOLUME 117, NUMBER

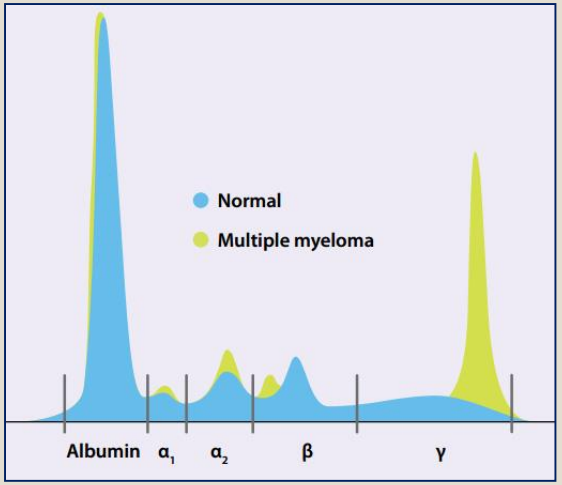
Plasma Cell Neoplasms



Immunophenotype

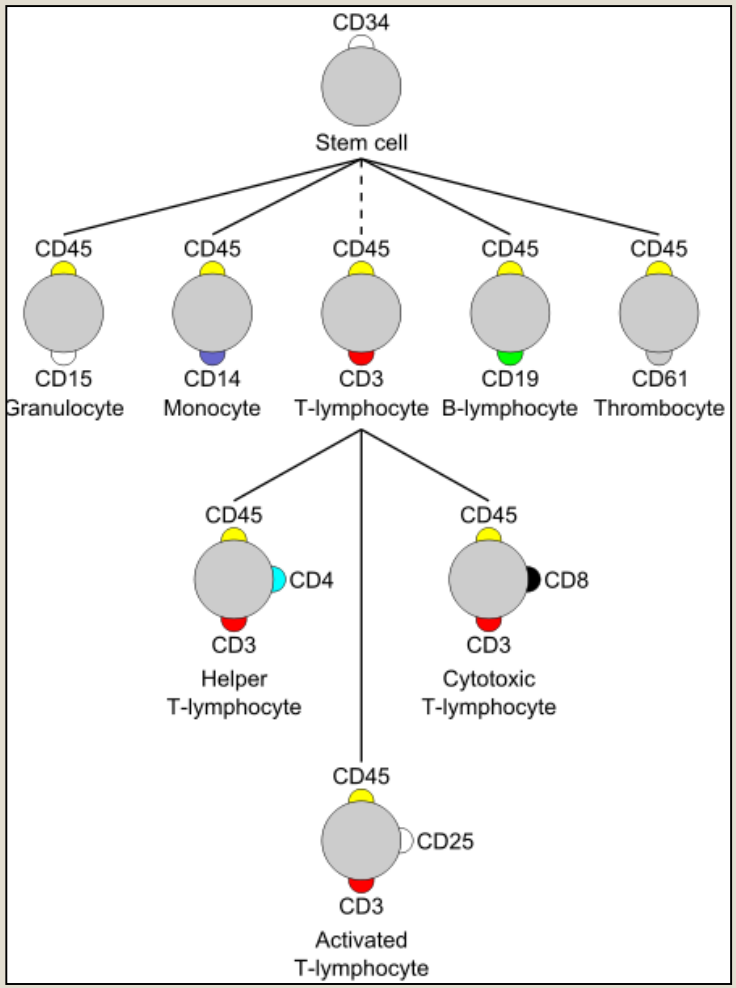


- Study of proteins expressed by cells
- Evaluates or Designates
  - Proliferation (myeloid or lymphoid)
  - Differentiation (category of malignancy)
- Antibodies "cluster of differentiation" or "CD"
- Immunophenotyping methods
  - Immunohistochemistry
  - Immunofluorescence
  - Flow cytometry
  - Electrophoresis



Source: http://www.mayomedicallaboratories.com/articles/

Cluster of Differentiation



Source: Schorschski @ de.wikipedia

Cluster of Differentiation Markers – B Cell

B-cell CD markers

Marker Status										
Type	CD5	CD10	CD19	CD20	CD21	CD22	CD23	CD43	CD79a	sIg
Follicular	1	3	4	4		4	2	1	4	4
Nodal marginal zone	1	1	4	4		4	1	2	4	M4, D1
MALT	1	1	4	4		4	1	2	4	M4
Splenic Marginal zone	1	1	4	4		4	1	0	4	M4
CLL/SLL	4	0	4	4		4	4	4	4	D3
Lymphoplasmacytic Waldenstroms	1	1	4	4		4	0	3	4	M4, D2
Mantle Cell	4	1	4	4		4	1	4	4	M&D 4
Precursor B-cell (lymphoblastic)	4	3	4	4		4	0	0	4	0
Diffuse large B-cell	2	2	4	4		4	0	1	4	
Mediastinal large cell	2									
Burkitt's	1	4								
Intravascular B-cell										

Footnote: 0 = negative, 1 = <10% positive, 2 10-50% positivity, 3 = 50-90% positivity and 4 = >90% positive

Source: http://www.nhlcyberfamily.org/tests/cdmarkers.htm

Cluster of Differentiation Markers – T Cell

T-cell CD markers							
Marker Status							
Type	CD3	CD5	CD7	CD4	CD8	CD30	NK16/56
T-prolymphocytic leukaemia	+	-	+	+(-)	-(+)	-	-
T-large granular lymphoproliferative	+	-	+	-	+	-	+(-)
Mycosis Fungoides	+	+	+	-	-(+)	-(+)	-
Cutaneous ALCL	+	+(-)	+(-)	+(-)	-	++	-(+)/-(+)
Primary systemic ALCL	+(-)	+(-)	+(-)	-(+)	-(+)	++	-
Peripheral T-cell lymphoma, unspecified	+(-)	+(-)	-(+)	+(-)	-(+)	-(+)	-(+)/-(+)
Subcutaneous panniculitis-like T-cell	+	+	+	-(+)	+(-)	-(+)	-/-(+)
Hepatosplenic T-cell lymphoma	+	-	+	-	-	-	+/+(-)
Angioimmunoblastic T-cell lymphoma	+	+	-	+(-)	-(+)	-	-
Extranodal NK/Tcell lymphoma	S -, C +	-	-(+)	-(+)	-	-	-/+
Enteropathy-associated T-cell lymphoma	+	+	+	-(+)	+(-)	+(-)	-
Adult T-cell leukaemia/lymphoma	+	+	-	+(-)	-(+)	+(-)	-
Footnote: + = >90% positive: +(-) = >50% positive; -(+) = <50% positive; - = <10% positive. ALCL-Anaplastic large cell lymphoma; C=Cytoplasmic; S-Surface.							

Source: http://www.nhlcyberfamily.org/tests/cdmarkers.htm

Dx Confirmation - Codes

Codes Hematopoietic or Lymphoid Tumors (9590-9992)

Code	Discription	Definition
1	Positive histology	Histologic confirmation (tissue microscopically examined).
2	Positive cytology	Cytologic confirmation (no tissue microscopically examined; fluid cells microscopically examined).
3	Positive histology PLUS • Positive immunophenotyping AND/OR • Positive genetic studies	Histology is positive for cancer, and there are also positive immunophenotyping and/or genetic test results. For example, bone marrow examination is positive for acute myeloid leukemia. (9861/3) Genetic testing shows AML with inv(16)(p13.1q22) (9871/3).
4	Positive microscopic confirmation, method not specified	Microscopic confirmation is all that is known. It is unknown if the cells were from histology or cytology.
5	Positive laboratory test/marker study	A clinical diagnosis of cancer is based on laboratory tests/marker studies which are clinically diagnostic for cancer.
6	Direct visualization without microscopic confirmation	The tumor was visualized during a surgical or endoscopic procedure only with no tissue resected for microscopic examination.
7	Radiography and other imaging techniques without microscopic confirmation	The malignancy was reported by the physician from an imaging technique report only.
8	Clinical diagnosis only, other than 5, 6 or 7	The malignancy was reported by the physician in the medical record.
9	Unknown whether or not microscopically confirmed	A statement of malignancy was reported in the medical record, but there is no statement of how the cancer was diagnosed (usually nonanalytic).

Dx Confirmation - Instructions

Coding Instructions for Hematopoietic or Lymphoid Tumors (9590-9992)

1. There is no priority hierarchy for coding *Diagnostic Confirmation* for hematopoietic and lymphoid tumors. Most commonly, the specific histologic type is diagnosed by immunophenotyping or genetic testing See the *Hematopoietic Database (DB)* for information on the definitive diagnostic confirmation for specific types of tumors.

2. Code 1 when the microscopic diagnosis is based on tissue specimens from biopsy, frozen section, surgery, or autopsy or bone marrow specimens from aspiration or biopsy.

3. For leukemia only, code 1 when the diagnosis is based only on the complete blood count (CBC), white blood count (WBC) or peripheral blood smear. Do not use code 1 if the diagnosis was based on immunophenotyping or genetic testing using tissue, bone marrow, or blood.

4. Code 2 when the microscopic diagnosis is based on cytologic examination of *cells* (rather than tissue) including but not limited to spinal fluid, peritoneal fluid, pleural fluid, urinary sediment, cervical smears and vaginal smears, or from paraffin block specimens from concentrated spinal, pleural, or peritoneal fluid. These methods are rarely used for hematopoietic or lymphoid tumors.

5. Code 3 when there is a histology positive for cancer AND positive immunophenotyping and/or positive genetic testing results. Do not use code 3 for neoplasms diagnosed prior to January 1, 2010.

Dx Confirmation - Instructions

6. Code 5 when the diagnosis of cancer is based on laboratory tests or marker studies which are clinically diagnostic for that specific cancer, but no positive histologic confirmation.

7. Code 6 when the diagnosis is based only on the surgeon's report from a surgical exploration or endoscopy or from gross autopsy findings without tissue or cytological findings.

8. Code 8 when the case was diagnosed by any clinical method that can not be coded as 6 or 7.

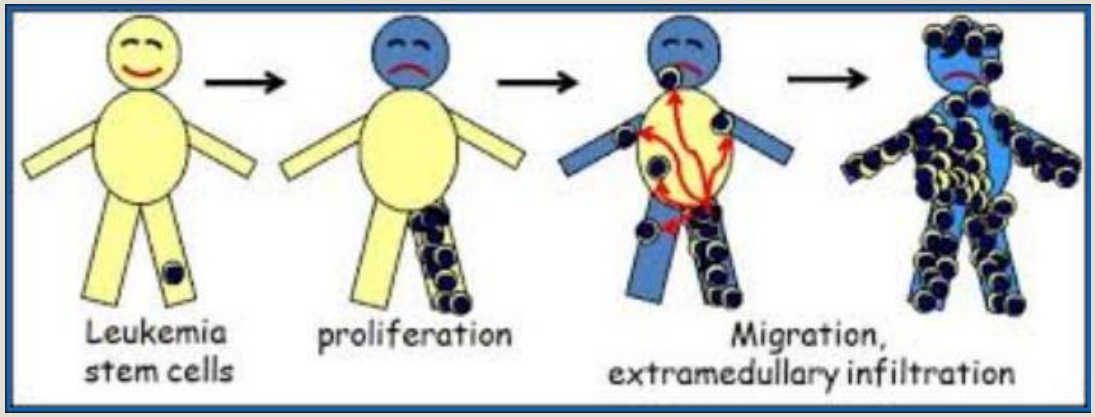
9. A number of hematopoietic and lymphoid neoplasms are diagnosed by tests of exclusion where the tests for the disease are equivocal and the physician makes a clinical diagnosis based on the information gfrom the equivocal tests and the patient's clinical presentation.

Disease Progression

- The worsening of a disease over time
- Advancing stage of disease with/out treatment
- Progression from a solitary site of involvement to multiple sites of involvement.
- May be used to describe the progression of a chronic state of disease to an acute state.

Hematopoietic Disease Progression

- Same
  - Cell type
  - "Function"
  - Genetics



- Change
  - Symptoms
  - Treatment Approach
  - Prognosis or Life Expectancy

Source: www.haematologica.org

Hematopoietic Disease Progression

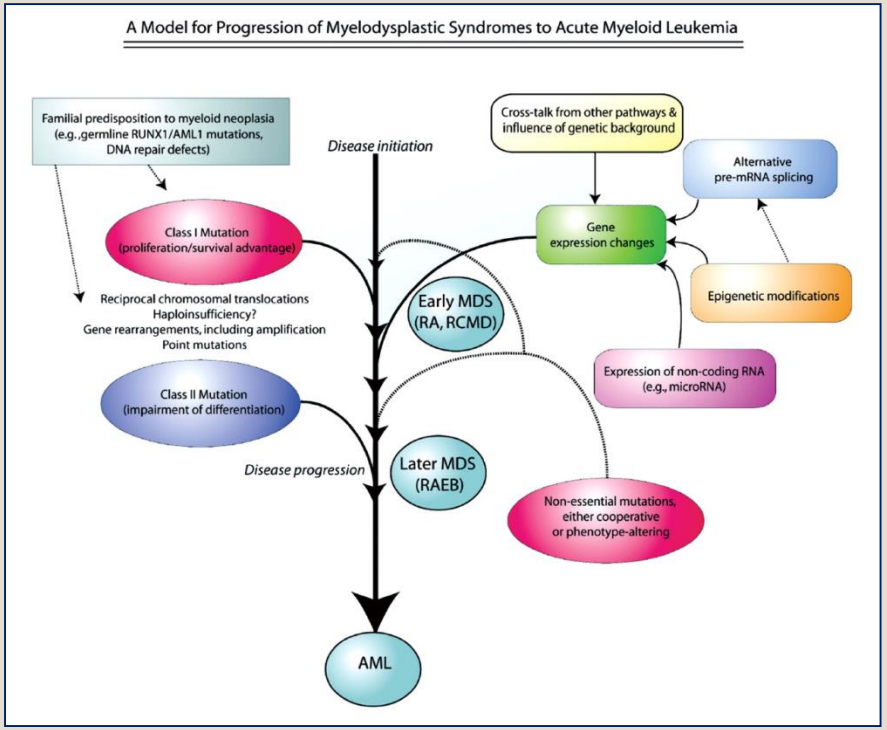
- Solitary plasmacytoma to plasma cell myeloma
- Smoldering myeloma to plasma cell myeloma
- Early stage/asymptomatic Small Lymphocytic Lymphoma (SLL) or Chronic Lymphocytic Leukemia (CLL) to late stage/symptomatic CLL requiring tx

Transformation

- Change in nature, function, or condition of cells
- Change in cell's potential or type; cell undergoing genetic transformation
- Most transformations are myeloid neoplasms transforming from chronic myeloproliferative or myelodysplastic disease into acute myeloid leukemia
- Chronic Lymphocytic Leukemia (CLL) to Acute Lymphoblastic Leukemia (ALL) is rare - new primary

Hematopoietic Disease Transformation

- Rare in Lymphoid Neoplasms



- Different
  - Cell type
  - "Function"
  - Genetics
- Change
  - Symptoms
  - Treatment Approach
  - Prognosis or Life Expectancy

Source: www.haematologica.org

Cutaneous Lymphomas

- Most primary skin lymphomas are T-cell lymphoma
  - Often multiple skin sites involved - plaque
  - Mycosis Fungoides
  - Sezary Syndrome
- Primary B-cell lymphoma of skin is rare
  - Cutaneous Follicle Center Lymphoma
  - Cutaneous Marginal Zone B-cell lymphoma
  - Cutaneous Diffuse Large B-cell lymphoma
- Diffuse Large B-cell lymphoma of skin is very rare

Tools and Rules

2014 UPDATES 2014

HEMATOPOIETIC DATA BASE

HEME/LYMPH RULES AND INSTRUCTIONS

2014 Data Base Updates 2014

- New Format
- New User's Guide
- Content Updates
  - Typos fixed
  - Additional information added
  - MP Calculator Algorithm Updated
  - Information resorted (alphabetical)
  - Transformations Corrected/Enhanced
    - Transformation "to"
    - Transformation "from"
- Enhanced Search Gives Score for Match
- Enhanced Internal Links to Related Rules

2014 Data Base Updates 2014

Users Guide for
NCI's Online Hematopoietic and
Lymphoid Database

Home Page

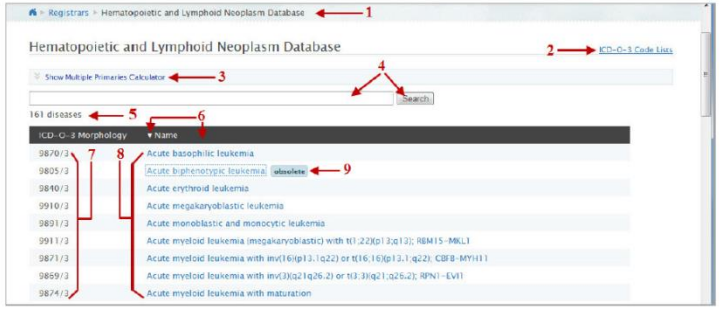


Figure 1 – Hematopoietic and Lymphoid Database Home Page

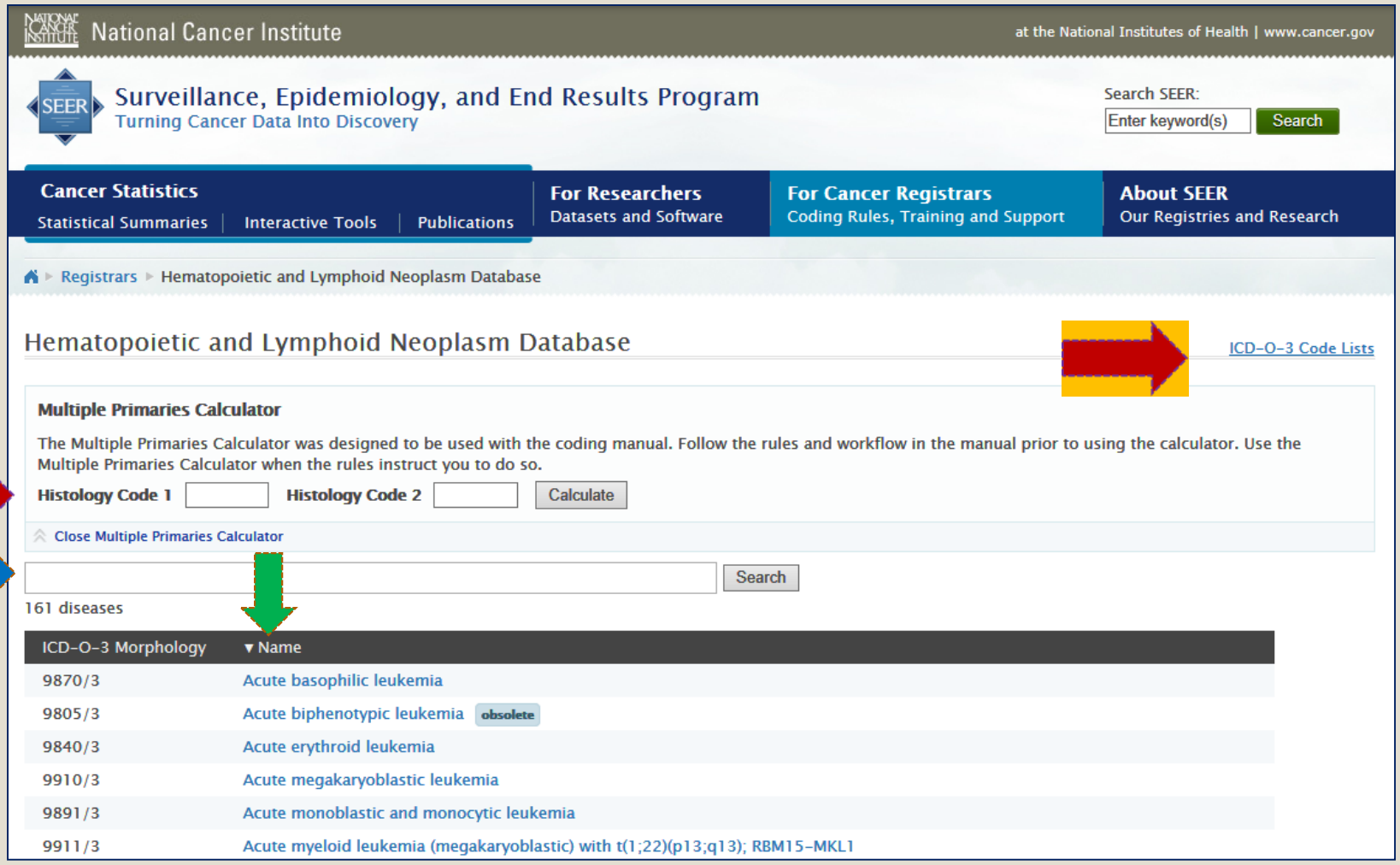
Table of Contents

What's New in the Hematopoietic and Lymphoid Database

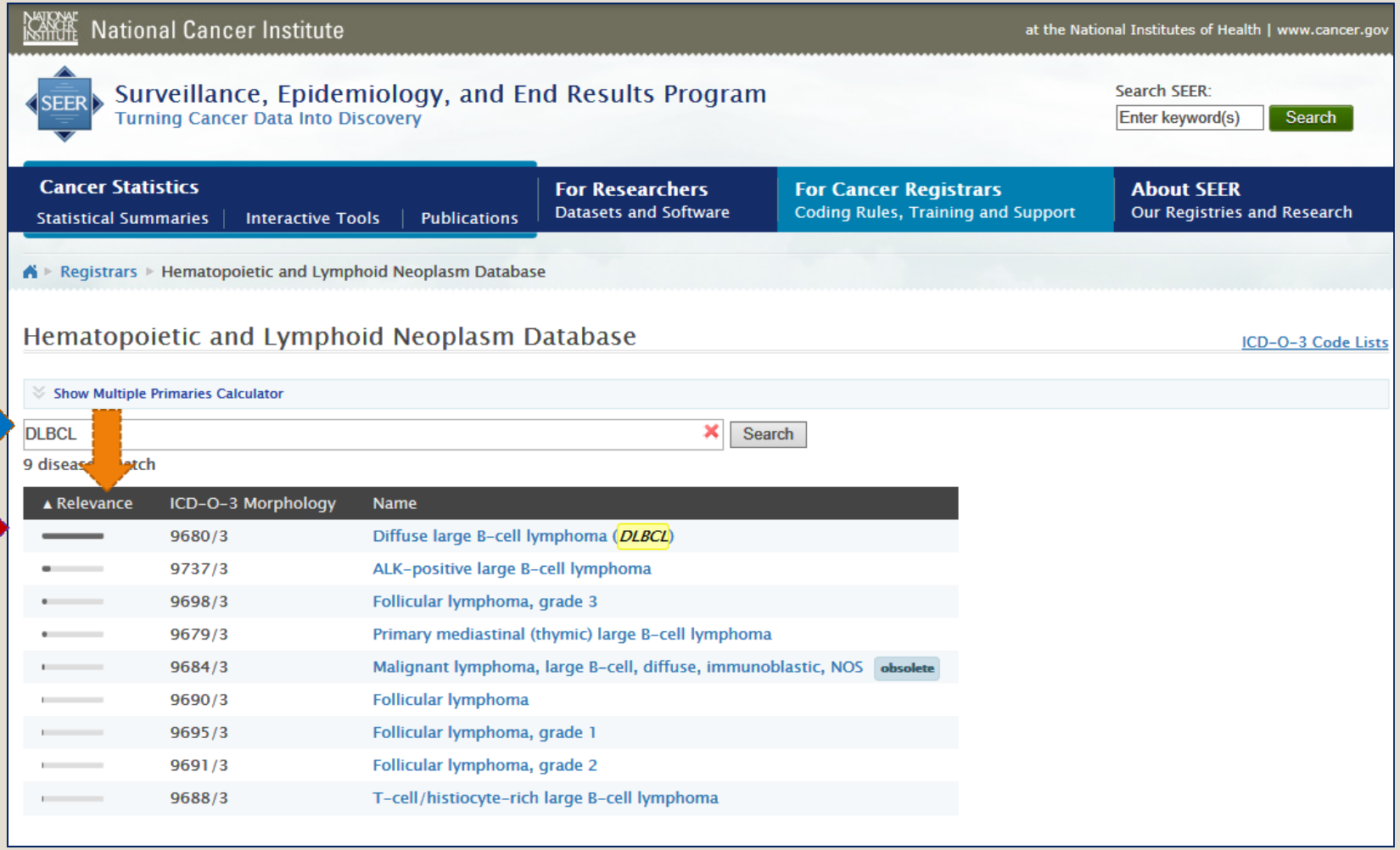
The **Hematopoietic and Lymphoid Database** has been updated with the following changes:

- The 2010 and 2012 databases have been combined into one database, which also has all changes for 2014.
- The **Home** page is now one panel with two columns displaying disease names and ICD-O-3 morphology codes for of all the diseases in the database.
- Each disease is now displayed in its own tab. This allows the user to bookmark and send and store links to specific diseases.
- The **Search** function now searches all fields.
- A relevance column has been added to the search results page when a search term is used showing the relevance of each specific entry based upon the search term used.
- The search results are now displayed in a sortable table and the table can be sorted by relevance, by name or by ICD-O-3 morphology code.
- The information presented for each disease has been modified. New fields for the ICD-O-1 and ICD-O-2 code have been added and some of these data have been back-filled. This is to show the user how/if the ICD code has changed over the years. The effective date for each ICD code is now also displayed.
- The user must now select a diagnosis year to be shown the correct information for that diagnosis year. This information will change depending upon the diagnosis year selected.
- The Heme manual is now displayed as a link on the disease page, since the manual shown is dependent upon the diagnosis year chosen.

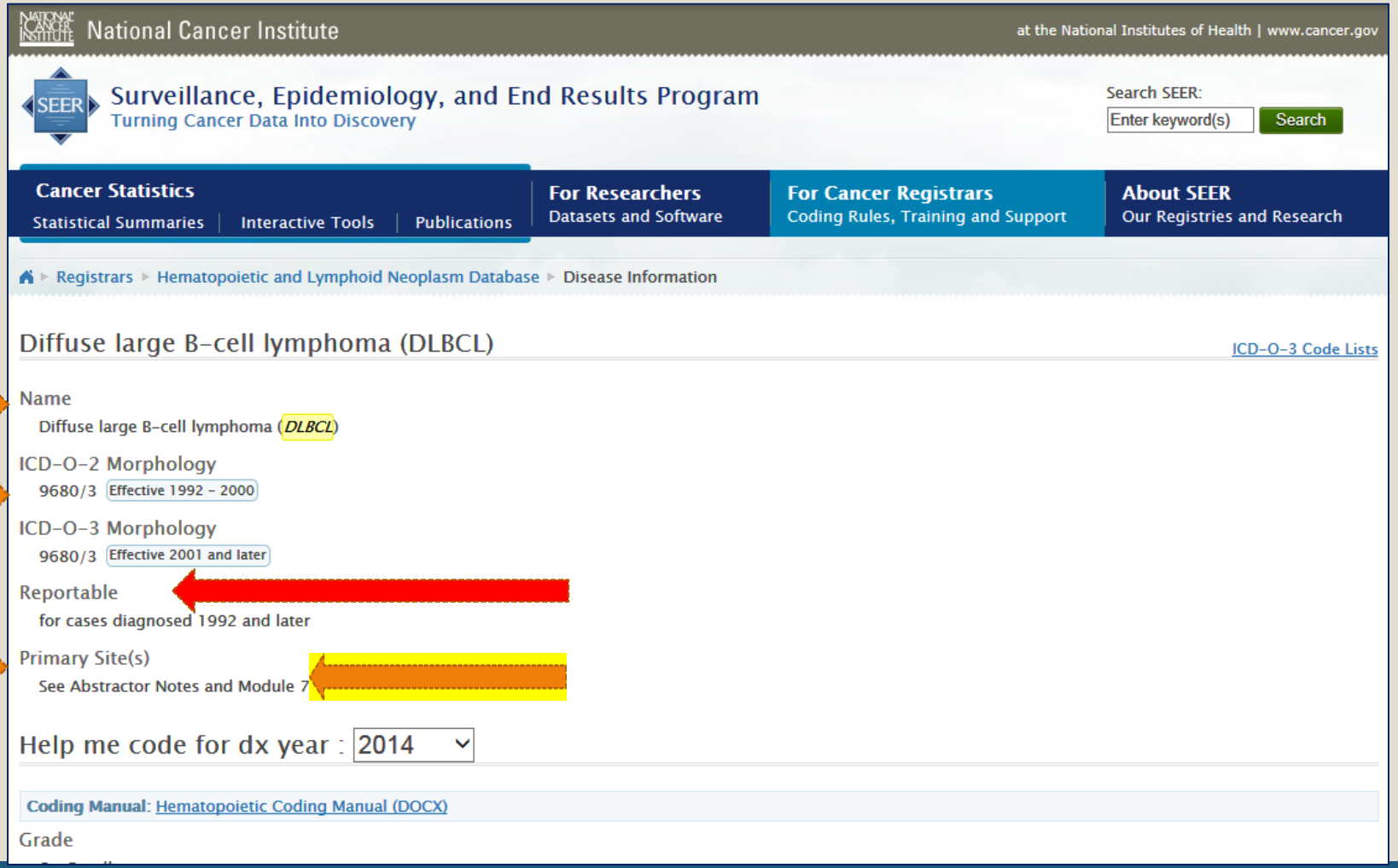
2014 Updates 2014



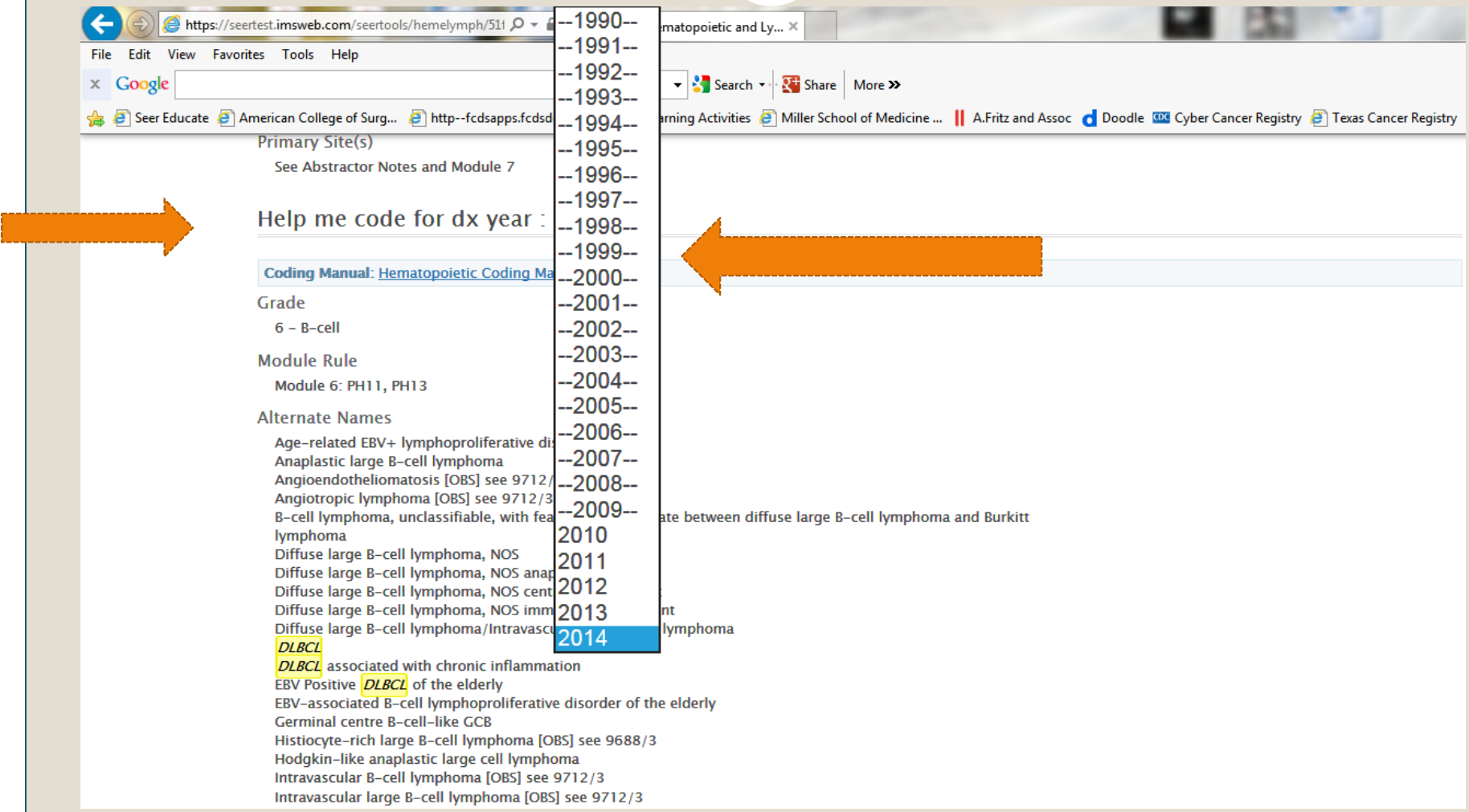
2014 Updates 2014



2014 Updates 2014



2014 Updates 2014



2014 Updates 2014

Definition

Lymphoma with diffuse proliferation of large neoplastic B lymphoid cells with nuclear size exceeding macrophage nuclei, more than twice size of normal lymphocytes. Normal architecture of node or extranodal tissue replaced in diffuse pattern. Morphologic variants: centroblastic, immunoblastic, plasmablastic, T-cell/histiocyte-rich, anaplastic.

Abstractor Notes

Diffuse large B-cell lymphoma has several variants, all of which are coded to 9680/3. Those variants include: primary *DLBCL* of the CNS; primary cutaneous *DLBCL*, leg type; EBV positive *DLBCL* of the elderly; *DLBCL* associated with chronic inflammation; B-cell lymphoma, unclassifiable, with features intermediate between *DLBCL* and Burkitt lymphoma; and B-cell lymphoma, unclassifiable, with features intermediate between *DLBCL* and classical Hodgkin lymphoma.

Code the primary site to skin when there is skin infiltration with large B-cell lymphoma, B-cell lymphoma or large cell lymphoma and the lymphoma is limited to skin and the regional lymph nodes. If there is involvement of lymph node(s) that are not regional for the skin site involved, or involvement of bone marrow or organ(s), do not code skin as the primary site. In this situation, skin is probably a metastatic site.

DLBCL of the CNS: Approximately 80% are supratentorial. 20-50% have multiple lesions. Approximately 20% have intraocular lesions. Many of the intraocular lesions are contralateral, and the patient may develop parenchymal lesions. Sporadic systemic recurrences may affect any organ but relatively frequently the testis and breast.

B-cell lymphoma, unclassifiable with features intermediate between *DLBCL* and Burkitt lymphoma: patients present with lymphadenopathy or mass lesions in extranodal sites. Some patients have a leukemic presentation.

DLBCL associated with chronic inflammation: common sites are pleural cavity, bone (especially femur) joining, and periarticular soft tissue. Tumor mass >10 cm in most cases.

Primary cutaneous *DLBCL*, leg type: these lymphomas usually affect the lower leg but 10-15% arise in other sites. Patient presents with red or bluish-red tumors on one or both of the lower legs. Frequently disseminates to other sites.

EBV pos *DLBCL* of elderly: 70% have extranodal involvement, most commonly skin, lung, tonsil, and stomach with or without LN involvement. The remaining 30% present with LN involvement only.

B-cell lymphoma, unclassifiable with features intermediate between *DLBCL* and Burkitt: more than half present with widespread extranodal disease. May have lesions in ileocecal region or jaws. Bone marrow and peripheral blood may be involved. Patients present with lymphadenopathy or mass lesions in extranodal site.

2014 Updates 2014

Definitive Diagnostic Methods

- Cytology (for primary CNS lymphoma only)
- Genetics testing
- Histological confirmation
- Immunophenotyping

Genetics Data

- Bq24/MYC translocations
- Immunoglobulin genes clonally rearranged and hypermutated
- Mutation BCL6
- Mutation MYC
- Mutation PAX5
- Mutation PIM1
- Mutation RhoH/TTFn
- Mutation TP53
- Translocations iinvolving c-MYC, BCL6, and IgH genes

Immunophenotyping

- BCL2+
- BCL6+
- BCL6-
- CD10+
- CD15+
- CD20+
- CD22+
- CD30+
- CD79a+
- EBNA-2+
- Fox-P1+
- IRF4/MUM1+
- LMP-1+
- Surface4 or cytoplasmic immunoglobulin (Ig) is absent

Treatments

- Chemotherapy
- Hormone
- Radiation
- Stem cell transplant

2014 Updates 2014

Transformations

None

Transformations from

9651/3 Lymphocyte-rich classical Hodgkin lymphoma
9653/3 Lymphocyte-depleted classical Hodgkin lymphoma
9659/3 Nodular lymphocyte predominant Hodgkin lymphoma
9670/3 Malignant lymphoma, small B lymphocytes, NOS
9671/3 Lymphoplasmacytic lymphoma
9675/3 Malignant lymphoma, mixed small and large cell, diffuse
9688/3 T-cell/histiocyte-rich large B-cell lymphoma
9689/3 Splenic marginal zone lymphoma
9690/3 Follicular lymphoma
9691/3 Follicular lymphoma, grade 2
9695/3 Follicular lymphoma, grade 1
9698/3 Follicular lymphoma, grade 3
9699/3 Extranodal marginal zone lymphoma of mucosa-associated lymphoid tissue (MALT lymphoma)
9761/3 Waldenstrom macroglobulinemia
9762/3 Heavy chain disease
9823/3 Chronic lymphocytic leukemia/small lymphocytic lymphoma
9940/3 Hairy cell leukemia

Same Primaries

9590/3 Malignant lymphoma, NOS
9591/3 Non-Hodgkin lymphoma, NOS
9684/3 Malignant lymphoma, large B-cell, diffuse, immunoblastic, NOS
9737/3 ALK-positive large B-cell lymphoma

Corresponding ICD-9 Codes

200.7 Large cell lymphoma

Corresponding ICD-10 Codes

C83.3 Diffuse non-Hodgkins lymphoma, large cell (diffuse)

Corresponding ICD-10CM Codes

C83.3 Diffuse large B-cell lymphoma

Signs and Symptoms

None

What's In The Manual/Database

Manual (Rules/Instructions)	Database (Dx Yr)
• Introduction	• Neoplasm Name/Definition
• General Instructions	• Alternate Names
• Diagnostic Confirmation	• MP Calculator/Special Rules
• Reportability Instructions	• Primary Site(s)
• Multiple Primary Rules	• Diagnostic Method(s)
• Primary Site Rules	• Abstractor Notes
• Histology Coding Rules	• Immunophenotype
• Grade Coding Rules	• Genetic Tests
• Glossary	• Standard Treatment(s)
• Appendix A – Hx of Coding	• Transformation(s) "to" and "from"
• Appendix B – WHO Lineages	• ICD-O/ICD-9/ICD-10 Codes
• Appendix C – Nodal Chains	• Signs and Symptoms
• Appendix D – Terms / Codes	• Diagnostic Exams
• Appendix E – Obsolete Codes	• Recurrence and Metastases
• Appendix F – Not Reportable	• Epidemiology/Mortality

2014 Rule Updates 2014

- Only 1 Format – TEXT
- All Changes to Rules are Effective for Cases Dx 2010>
  - Some Rules Combined
  - Duplicate Rules Removed
  - Corrections to Some Rules
  - Clarifications to Some Rules
  - Example: Review of 2010 and 2011 data shows multiple occurrences of patients with multiple MDS histologies (9980/3, 9982/3, 9983/3, 9984/3, 9985/3, 9986/3, 9989/3, 9991/3, 9992/3)
- Improved (embedded) Navigation to Related Rules
  - Example: See Module 5, PH9 and PH10 for information regarding primary site and histology

2014 Rule Updates 2014

- PH Rules Reduced from 43 to 31
- Primary Site Coding Rules for Lymphoma are More Clear
- Lymphoid Combinations Clarified
  - DLBCL with any other lymphoma coded to DLBCL
  - Other mixed lymphomas handled differently
- OBS (obsolete) codes
  - All OBS codes are obsolete as of 1/1/2010
  - OBS codes are now date driven
  - Instruction to use for "DCO's, path only and minimal information" cases removed

2014 Updates 2014

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Hematopoietic and Lymphoid Neoplasm Coding Manual

Effective with Cases Diagnosed 1/1/2010 and Forward

Published January 2014

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Suggested citation: Ruhl J., Adamo M., Dickie L., Sun, L., Johnson, C.H. (January 2014). *Hematopoietic and Lymphoid Neoplasm Coding Manual*. National Cancer Institute, Bethesda, MD 20850-9765

2014 Updates 2014

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Steps in Priority Order for Using the Heme DB and Hematopoietic Coding Manual

Identify the working (preliminary) **histology code**(s).
Search the Heme DB using a unique word in the diagnosis, for example "precursor" if the diagnosis is precursor acute lymphoblastic leukemia.
Or you can search on the complete name (diagnosis). For example, "acute myelomonocytic leukemia". The number of matched terms that are displayed will be much smaller than just searching on "leukemia".

i. The search engine will display every entry with **all** of the words "acute" "myelomonocytic" and "leukemia." The results displayed ("diseases match all terms") will have all three words in the histology name. The words may be appearing in any part of the entry (alternate names, abstractor notes, transformations, etc.)
ii. The search engine can also display the number of diseases having at least one of the search words by choosing "diseases match any term."

You can also search on abbreviations such as AMML for acute myelomonocytic leukemia, DLBCL for diffuse large B-cell lymphoma, or AML for acute myeloid leukemia.
When multiple results are displayed, click on the desired term (e.g. acute myelomonocytic leukemia) to display the record.

Determine the **number of primaries** using the working histology code(s) with the M rules in the manual.

Verify or revise the working histology code(s) using the PH rules in the manual (see Note 1 below).
When the PH rules lead you to a different histology code, enter that code in the Heme DB search box and display the record for that histology.

Determine **primary site** (see Note 1 below).
The primary site code displayed under **Primary Site**(s) is the **only** site code to be used for that histology.
For certain primaries, only one primary site code is displayed.

i. All leukemia, myelodysplastic syndromes and chronic myeloproliferative diseases are assigned primary site bone marrow C421. There are no exceptions. This rule was implemented in ICD-O-2 in 1992.

When there is no primary site code listed under **Primary Site**(s),

i. Search the Hematopoietic Manual to find applicable modules and rules listed under Primary Site(s).
ii. Read the **Abstractor Notes** to find the most common primary sites, less common primary sites, and other sites of involvement for stages II, III, and IV lymphomas. Use the Abstractor Notes to confirm that the **site/histology combination indicated by the involvement documented in the medical record is probable**. You may also seek a physician's help in determining the primary site.

Note 1: Use Modules 1-9 (PH1-PH31) to help determine primary site and histology. Modules 1-6 are histology specific. The remaining are:

a. Module 7: All lymphomas
b. Module 8: All hematopoietic neoplasms (NOS and more specified histologies)
c. Module 9: All hematopoietic neoplasms

Determine the **grade**. See the Grade field in the Heme DB.
See the Grade rules in the manual when grade cannot be coded using the Heme DB.

Use the Hematopoietic Multiple Primaries Calculator in the Heme DB only when instructed by the rules in the Hematopoietic Manual.

How to Use and Follow the Rules

Rules Basics

1. Is the condition reportable?
2. How many cases do I abstract?
3. How do I code the primary site?
4. How do I code the histology?
5. How do I code the grade?

Determining Primary Site

Primary Site and Histology Coding Rules

1. The primary site and histology coding rules are divided into nine modules. The first six cover primary site and histology, while the last three cover coding primary site only. Each **module** covers a group of **related** hematopoietic or lymphoid neoplasms. However, a specific histology may be covered in more than one module.
2. Go to the first module that fits the case being abstracted. If the situation in the case is not covered in that module, **continue** on to the next module.
   Note: The modules are **NOT** hierarchical, but the rules within each module are in hierarchical order. Apply the rules within each module in order. Stop at the first rule that applies.

Module 1: Post-Transplant Lymphoproliferative Disorder PH1

Post-transplant lymphoproliferative disorder (9971/3)

Rule PH1 Code the primary site to the **site of origin**, lymph node(s) or lymph node region(s), tissue(s), or organ(s), and code the **histology of the accompanying lymphoma or plasmacytoma/myeloma when the diagnoses of post-transplant lymphoproliferative disorder and any B-cell lymphoma, T-cell lymphoma, Hodgkin lymphoma, or plasmacytoma/myeloma occur simultaneously.**

Note 1: These neoplasms are monomorphic post-transplant lymphoproliferative disorders. The diagnosis may or may not include the word "monomorphic". For **polymorphic PTLD,** see the database (9971/3).
Note 2: The patient **must** have a history of a solid organ transplant or an allogeneic bone marrow transplant.
Note 3: Most cases of PTLD occur within a year of transplantation; however, they can occur anytime after the transplant.
Note 4: Monomorphic PTLD is also caused by the immunosuppressant drugs. Patients are treated for the lymphoma or plasmacytoma/myeloma.
Example: Previous history of kidney transplant. Now presents for bone marrow biopsy. BM positive for B-cell lymphoma. Abdominal mass biopsy was positive for PTLD, monomorphic type and aggressive B-cell malignancy. Immunohistochemistry shows the B-cell malignancy to be Burkitt lymphoma. Code the histology to Burkitt lymphoma and primary site to the abdominal lymph nodes, (C77.2).

Determining Primary Site

Module 2: Plasmacytomas PH2 – PH4

Extraosseous plasmacytoma (9734/3)
Solitary plasmacytoma of bone (9731/3)

Rule PH2 Code the primary site to the **site of origin**, lymph node(s) or lymph node region(s), tissue(s), or organ(s), and code the **histology extramedullary plasmacytoma (9734/3)** when any of the following occur in a site **other than bone**

- Extraosseous (extramedullary) plasmacytoma
- Multiple extraosseous (extramedullary) plasmacytomas
- Multiple plasmacytomas
- Plasmacytoma, NOS
- Solitary plasmacytoma

Note 1: Extramedullary and extraosseous mean outside of bone.
Note 2: 80% of extramedullary plasmacytomas occur in the upper respiratory tract (oropharynx, nasopharynx, sinuses, and larynx) although they may occur in numerous other sites including the GI tract, lymph nodes, bladder, CNS, breast, thyroid, testis, parotid, and skin.
Note 3: Do **not** code to blood (C420), bone marrow (C421), reticuloendothelial system, NOS (C423), or the hematopoietic system, NOS (C424).
Example 1: Pathology reports a solitary plasmacytoma wrapped around L4 vertebrae, no invasion of vertebrae. Code the primary site as soft tissue of back (C496) and histology to plasmacytoma (9734/3).
Example 2: Scan shows two plasmacytomas in the nasopharyngeal wall. Biopsy confirms plasmacytoma. Code the primary site nasopharynx (C119) and histology to plasmacytoma (9734/3).

Rule PH3 Code the primary site to the **specific bone (C400-C419)** where the plasmacytoma originated and code the histology **solitary plasmacytoma** of bone **(9731/3)** when the diagnosis is

- Multiple medullary plasmacytomas
- Multiple plasmacytomas
- Multiple plasmacytomas of bone
- Solitary medullary plasmacytoma
- Solitary plasmacytoma
- Solitary plasmacytoma of bone

Note 1: **Plasma cell neoplasm** has been **removed** from the alternate names list for 9731/3. See abstractor notes for 9731/3 or the non-reportable list, Appendix F.
Note 2: The most common sites are bones with active bone marrow hematopoiesis; in order of frequency these include vertebrae, ribs, skull, pelvis, femur, clavicle, and scapula.
Note 3: When multiple bone sites are involved that are not included in the same ICD-O-3 code, code primary site to C419.
Note 4: Do **not** code primary site to blood (C420), bone marrow (C421), reticuloendothelial system, NOS (C423), or the hematopoietic system, NOS (C424).

Rule PH4 Code the primary site **bone, NOS (C419)** and histology **solitary plasmacytoma, NOS (9731/3)** when the only information is that the patient had a **plasmacytoma, NOS** or a **solitary plasmacytoma**, NOS.

Note1 : When the only information available is that the patient had a plasmacytoma, default to coding plasmacytoma of bone. "Plasmacytoma, NOS" is an Alternate Name in the Heme DB for 9734/3.
Example: Death-certificate-only case (central or regional registry only) with underlying cause of death listed as plasmacytoma.

Determining Primary Site

Module 4: Lymphoma/Leukemia (Specific neoplasms that can manifest as either leukemia or lymphoma or both leukemia and lymphoma) PH7 – PH8 (9727/3, 9811/3-9818/3, 9827/3, 9837/3)

Adult T-cell leukemia/lymphoma (HTLV-1 positive) (9827/3)
Adult T-cell leukemia/lymphoma (9837/3)
B lymphoblastic leukemia/lymphoma with hyperdiploidy (9815/3)
B lymphoblastic leukemia/lymphoma with hypodiploidy (Hypodiploid ALL) (9816/3)
B lymphoblastic leukemia/lymphoma with t(1;19)(q23;p13.3); *E2A-PBX1 (TCF3-PBX1)* (9818/3)
B lymphoblastic leukemia/lymphoma with t(5;14)(q31;q32); *IL3-IGH* (9817/3)
B lymphoblastic leukemia/lymphoma with t(9;22)(q34;q11.2); *BCR-ABL1* (9812/3)
B lymphoblastic leukemia/lymphoma with t(12;21)(p13;q22); *TEL-AML1 (ETV6-RUNX1)* (9814/3)
B lymphoblastic leukemia/lymphomas, NOS (9811/3, 9812/3-9818/3)
Blastic plasmacytoid dendritic cell neoplasm (Blastic natural killer leukemia/lymphoma) (9727/3)
Lymphoblastic leukemia/lymphoma with t(v;11q23); *MLL* rearranged (9813/3)

Note 1: ICD-9-CM, ICD-10 and ICD-10-CM have separate codes for leukemia and lymphoma.
Note 2: Lymphoma commonly originates in lymph nodes, tissue, or an organ although it will metastasize to the bone marrow when the stage is IV or disseminated.
Note 3: Primary liver lymphomas are possible; however, most of the time liver is a metastatic site.

Rule PH7 For the histologies listed above, code the primary site to bone marrow (C421) when the **only** site involved is bone marrow.
Note 1: **If lymph node(s), lymph node region(s), organ(s) or tissue(s) are involved, see Rule PH8.**
Note 2: Do **not** change primary site code because the spleen is involved with infiltrate. The infiltrate refers to deposits of leukemia in the spleen as a result of the spleen filtering the blood.

Rule PH8 For the histologies listed above, code the primary site to the site of origin when lymph node(s) or lymph node region(s), tissue(s) or organs are involved.
Note 1: Do **not** simply code the site of a biopsy; also use the information available from scans to determine the correct primary site.
Note 2: Bone marrow may or may not be involved. If bone marrow is involved, code this information in CS Extension.
Note 3: See Appendix C for help identifying lymph node names, chains, regions and codes.
Note 4: See Module 7 for more information on coding primary site for lymphomas.

Determining Primary Site

Module 7: Coding Primary Site for Lymphomas Only PH18 – PH27

9590/3-9729/3, 9735/3-9738/3, 9811/3-9818/3, 9823/3, 9827/3, 9837/3

Note 1: Primary liver lymphomas are possible; however, most of the time liver is a metastatic site.
Note 2: Do not simply code the site of a biopsy; use the information available from scans to determine the correct primary site.

Rule PH18 Code the primary site to the specified **lymph node region** when the **site of lymphoma is described only as a mass.**

- Mediastinal lymph nodes (C771) when the site of the lymphoma is described only as a **mediastinal mass.**
- Intra-abdominal lymph nodes (C772) when the site of the lymphoma is described only as a **retroperitoneal mass or mesenteric mass.**
- Inguinal lymph nodes (C774) when the site of the lymphoma is described only as an **inguinal mass.**
- Pelvic lymph nodes (C775) when the site of the lymphoma is described only as a **pelvic mass.**

Rule PH19 Code the primary site to the **specific lymph node region** when only **one lymph node or one lymph node region** is involved.

Rule PH20 Code the primary site to the **specific lymph node region** when **multiple** lymph node **chains** within the **same region** as defined by ICD-O-3 are involved.

Note 1: Use this rule when there is bilateral involvement of lymph nodes.
Note 2: See Appendix C for help identifying lymph node names, chains, regions, and codes.
Example 1: Code involvement of intra-abdominal lymph node chain, hepatic lymph node chain, and para-aortic lymph node chain to intra-abdominal lymph nodes (C772).
Example 2: Code involvement of cervical lymph node chain and mandibular lymph node chain to lymph nodes of head, face and neck (C770).
Example 3: Code to mediastinal lymph nodes (C771) when bilateral mediastinal lymph nodes are involved.

Rule PH21 Code the **primary site** to **multiple lymph node regions, NOS (C778)** when multiple lymph node regions, as defined by ICD-O-3, are involved and it is **not possible to identify the lymph node region where the lymphoma originated.**

Note 1: See Rule PH24 when there is also **organ** involvement.
Note 2: Do **not** simply code the site of a biopsy; use the information available from scans to determine the correct primary site. See Primary Site Coding Instructions for more information on coding primary site for lymphoma.
Note 3: See Appendix C for help identifying lymph node names, chains, regions, and codes.
Example 1: Cervical (C770) and intrathoracic (C771) lymph nodes involved with B-cell lymphoma. Code the primary site to lymph nodes of multiple regions C778.
Example 2: CT scans showed involvement of the cervical lymph nodes C770 and the mediastinal lymph nodes C771. No additional involvement was identified during the work-up. Biopsy of a cervical lymph node confirmed lymphoma. Code the primary site to lymph nodes of multiple regions C778.

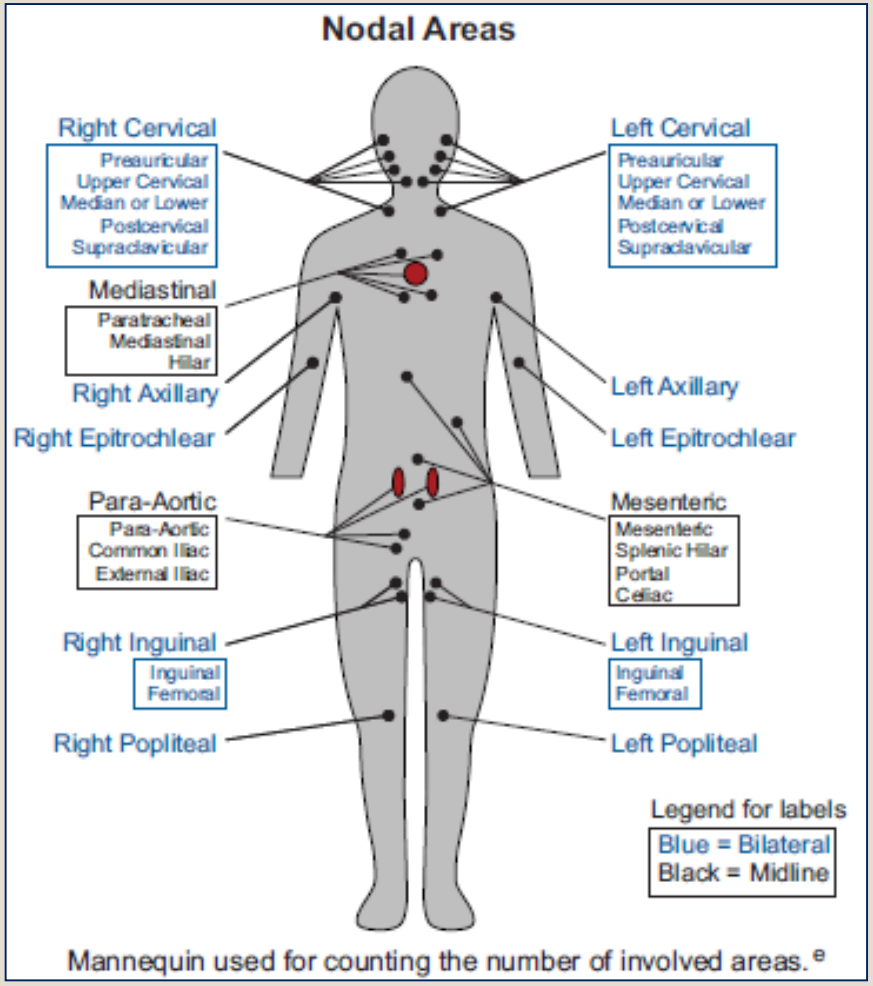
Rule PH22 Code the **primary site** to **lymph nodes, NOS** (C779) when

- Lymphoma is present in an organ and lymph nodes that are **not** regional for that organ and the origin of the lymphoma cannot be determined even after consulting the physician **OR**
- Lymphoma is present in more than one organ and the regional nodes for all organs involved **OR**

Single Node Station/Multiple LN/Extranodal

- Biopsy Site
- Single Node Station
- Bilateral - Same Node Station?
- Multiple Node Stations
- No nodal involvement

Number of Involved Nodal Areas



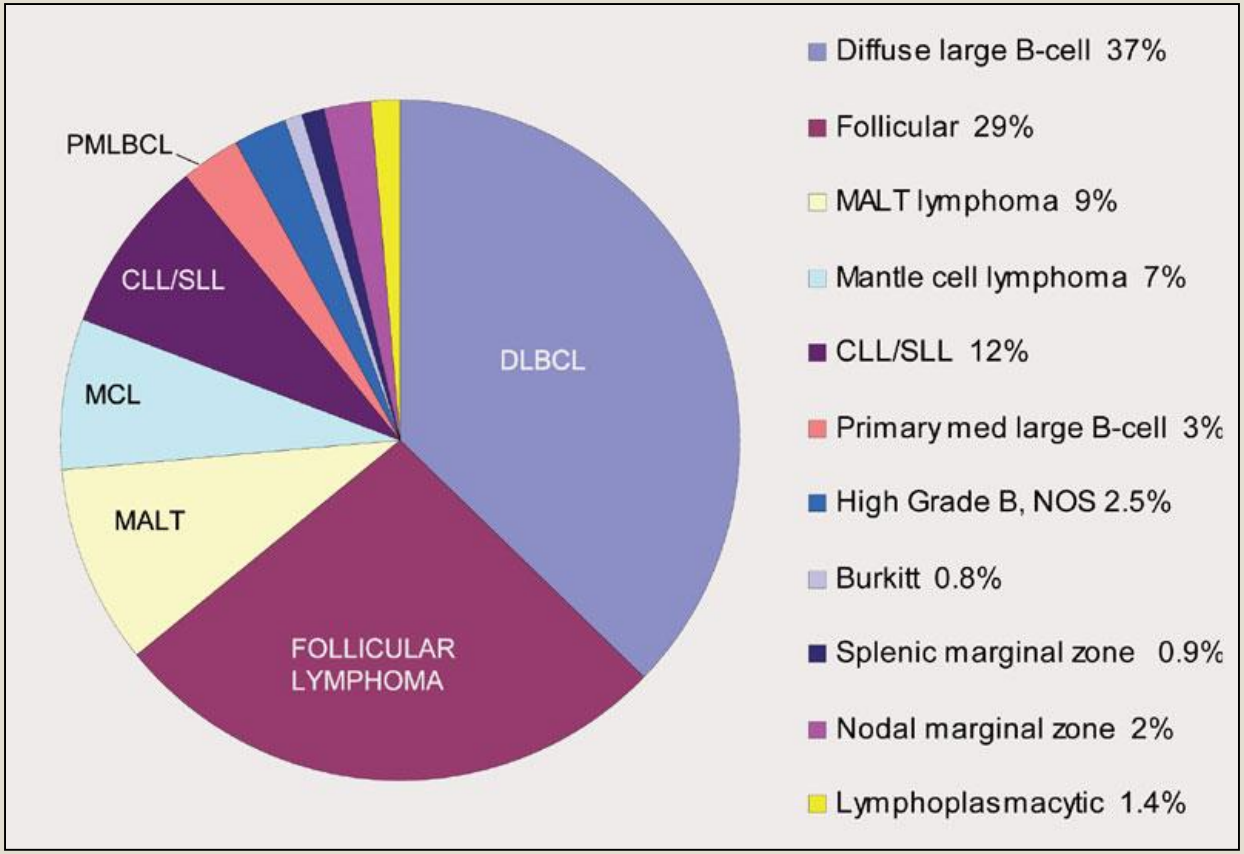
Mannequin used for counting the number of involved areas.[e]

Source: NCCN.org and Dana-Farber Cancer Institute, Inc.

Determining Histologic Type

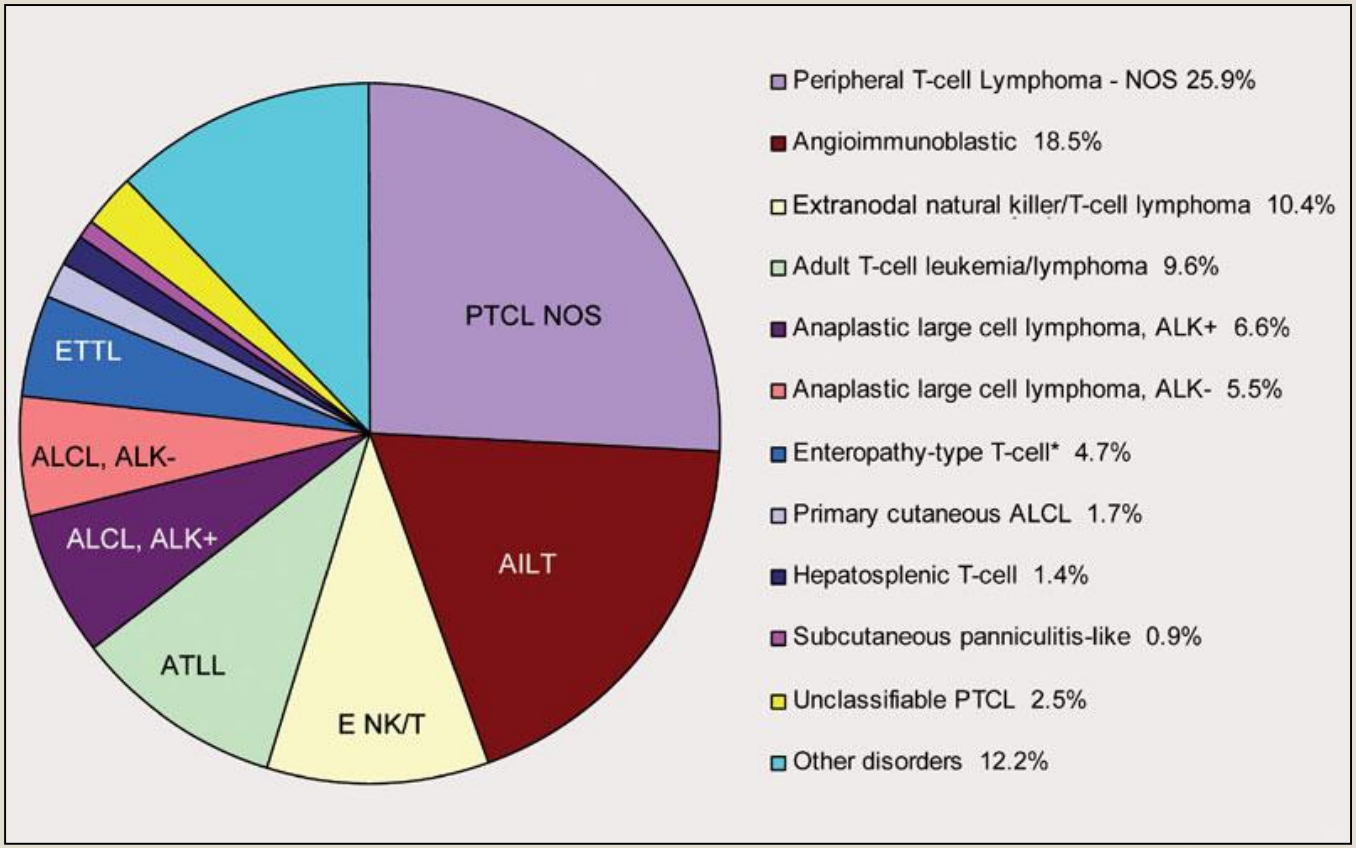
- Code the non-specific (NOS) histology when – PH28
- Code the specific histology when – PH29
- Use the Heme Data Base in Most Cases – PH30
- Code the Numerically Higher – PH31

B-Cell Lymphoid Histology Distribution in Adults



Source: WHO Classification of Hematopoietic and Lymphoid Neoplasms

T-Cell Lymphoid Histology Distribution in Adults



Source: WHO Classification of Hematopoietic and Lymphoid Neoplasms

Determining Grade/Differentiation

Grade of Tumor Rules

There is a new set of instructions for coding Grade, Differentiation, or Cell Indicator (NAACCR Item #: 440) that is to be implemented for cases diagnosed January 1, 2014+. However, there were no changes to the Hematopoietic Grade rules below.

Priority List for Coding Grade or Phenotype
This is a hierarchical list with Note 1 having the highest priority.

Note 1: Instructions for coding grade can be found in the database and match the rules provided in the Heme manual.
If the pathology report states a different grade than the ones stated for G1-G4, use the rules from the Hematopoietic manual.

Note 2: Do **not** use Table 13 on pages 16-17 of ICD-O-3 to determine grade. This table is outdated.

Note 3: Use a physician's statement to code the phenotype in the grade field, use statements from **any part** of medical record including but not limited to:

- Pathology report
- History and physical
- Consultation
- Final diagnosis
- Face sheet

Note 4: When there is no physician statement, code Grade/Phenotype 9 Unknown.

Note 5: The **only** valid grade codes for hematopoietic neoplasms are 5, 6, 7, 8, **AND** 9.

Note 6: Do **not** code descriptions "low grade," "intermediate grade," or "high grade" in the Tumor Grade field. These terms refer to the Working Formulation categories of lymphoma diagnosis. Do not code grade 1, 2 or 3 describing follicular lymphomas.

Rule G1 Code cell type not determined, not stated, not applicable, **code 9**, for the following myeloproliferative neoplasms, myeloproliferative/myelodysplastic syndromes, myelodysplastic syndrome, histiocytic and dendritic cell neoplasms:

9740/3: Solitary mastocytoma of skin
9741/3: Systemic mastocytosis
9742/3: Mast cell leukemia
9751/3: Langerhans cell histiocytosis
9755/3: Histiocytic
9756/3: Langerhans cell sarcoma
9757/3: Interdigitating dendritic cell sarcoma
9758/3: Follicular dendritic cell sarcoma
9759/3: Fibroblastic reticular cell tumor
9801/3: Acute undifferentiated leukemia
9805/3: Acute biphenotypic leukemia
9806/3: Mixed phenotype acute leukemia with t(9;22)(q34;q11.2); *BCR-ABL1*
9807/3: Mixed phenotype acute leukemia with t(v;11q23); *MLL* rearranged
9808/3: Mixed phenotype acute leukemia, B/myeloid, NOS
9809/3: Mixed phenotype acute leukemia, T/myeloid, NOS
9875/3: Chronic myelogenous leukemia, *BCR-ABL1* positive
9876/3:Atypical chronic myeloid leukemia, *BCR-ABL1* negative

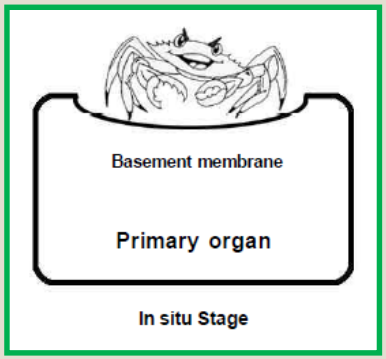
Appendices

- Appendix A - History of Hematopoietic /Lymphoid Coding
- Appendix B - WHO Classification - Lineage Tables
- Appendix C - Lymph Node/Lymph Node Chain Table
- Appendix D - New Histology Terms and Codes
- Appendix E – Obsolete Hematopoietic Codes
- Appendix F – Non-Reportable Terms - NEW

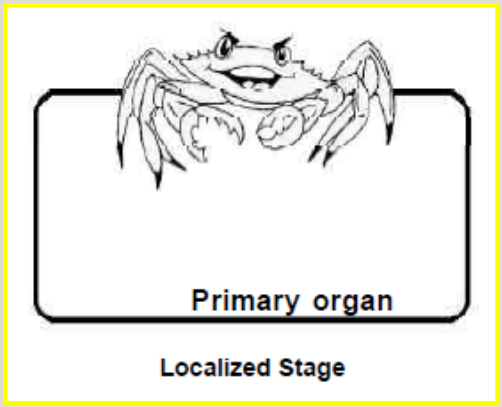
Training

NEW Hematopoietic and Lymphoid Neoplasm Training
https://educate.fhcrc.org

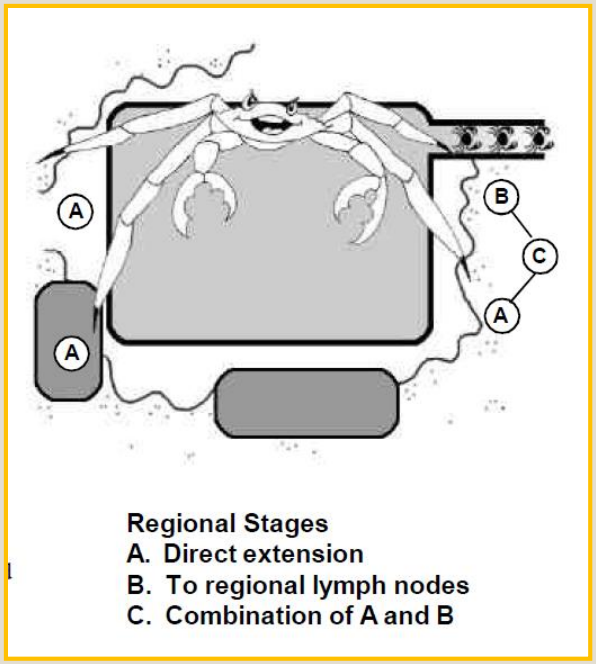
Solid Tumor Staging



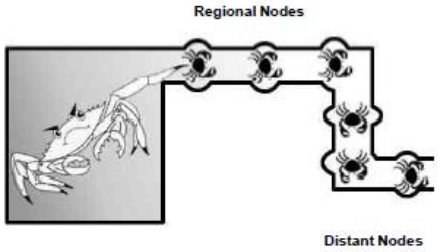
In situ Stage



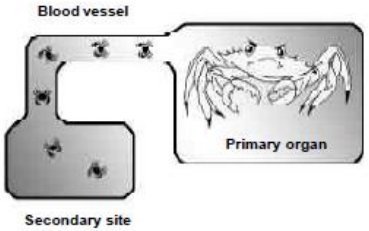
Localized Stage



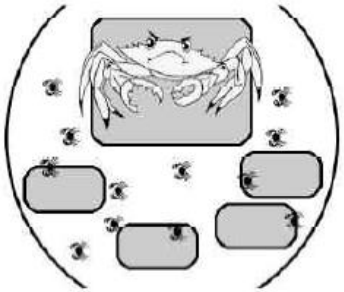
Regional Stages
A. Direct extension
B. To regional lymph nodes
C. Combination of A and B



Distant lymph node involvement



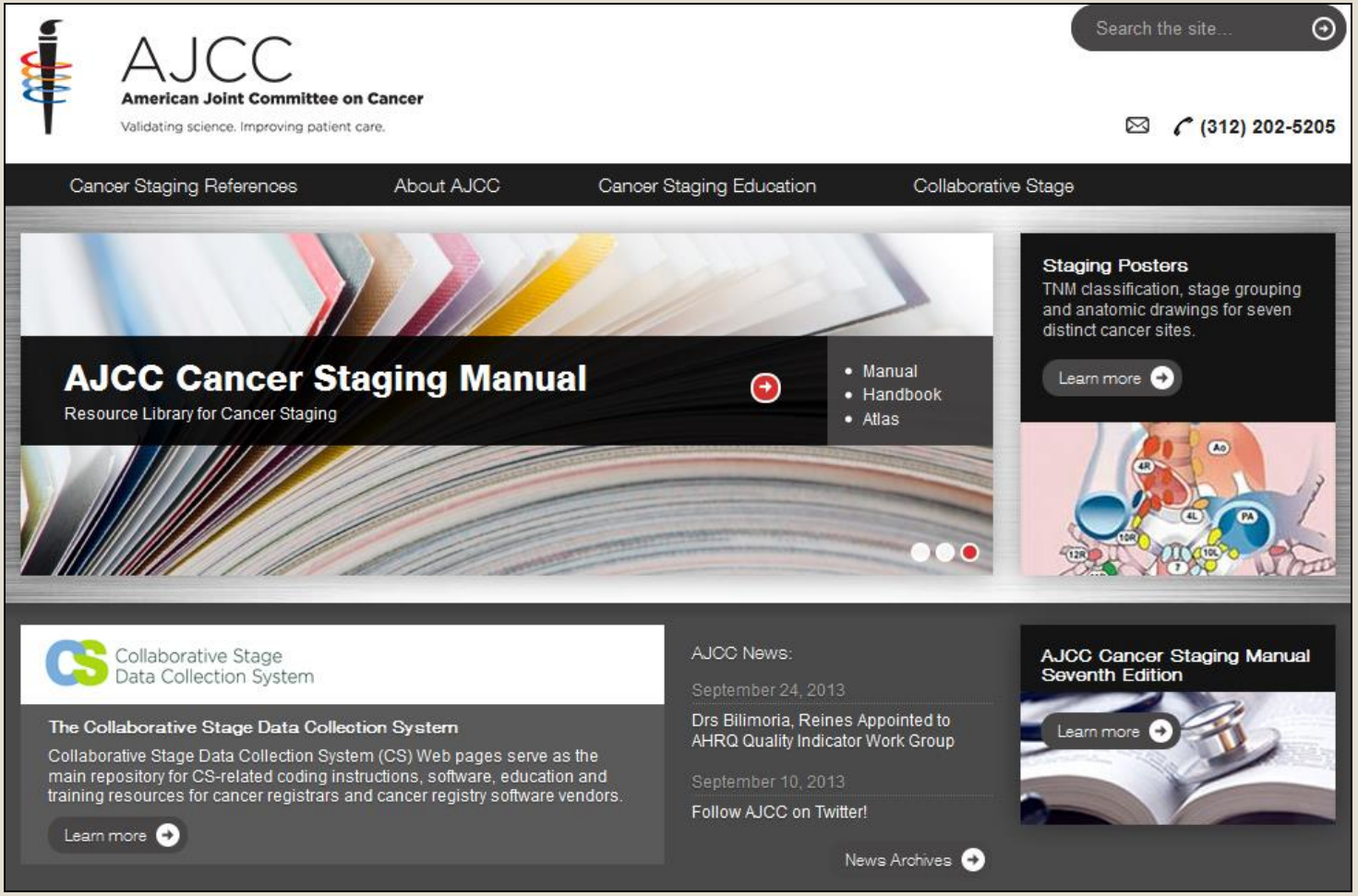
Blood-borne metastases



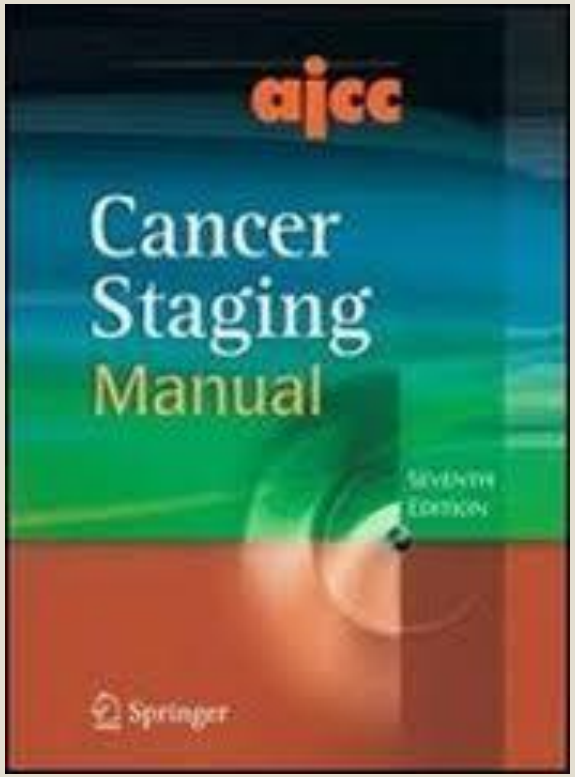
Implantation metastases

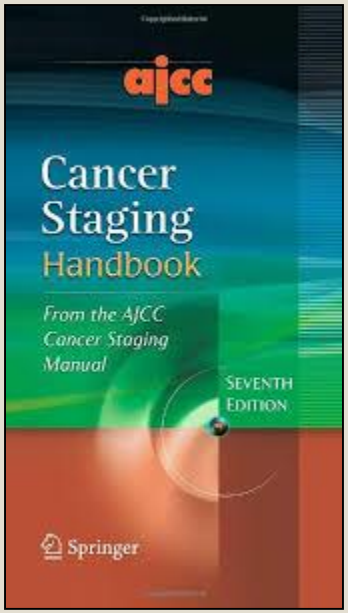
Source: SEER Summary Staging Manual 2000

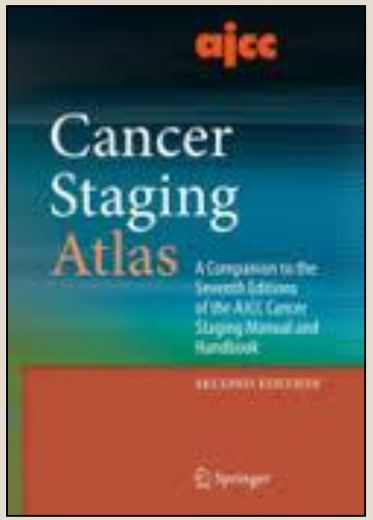
AJCC Cancer Staging - TNM



AJCC Cancer Staging - TNM







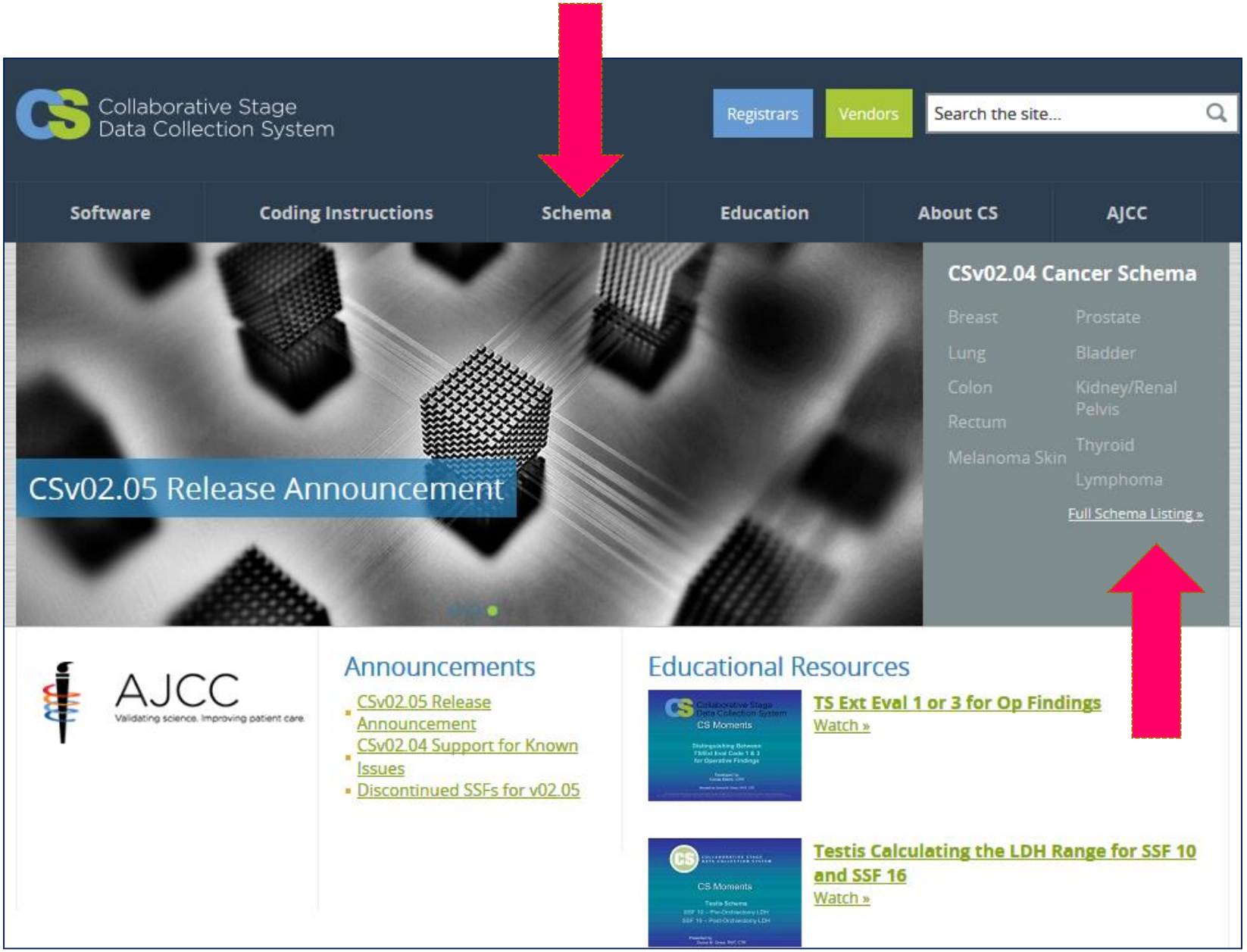
COLLABORATIVE STAGE
DATA COLLECTION SYSTEM

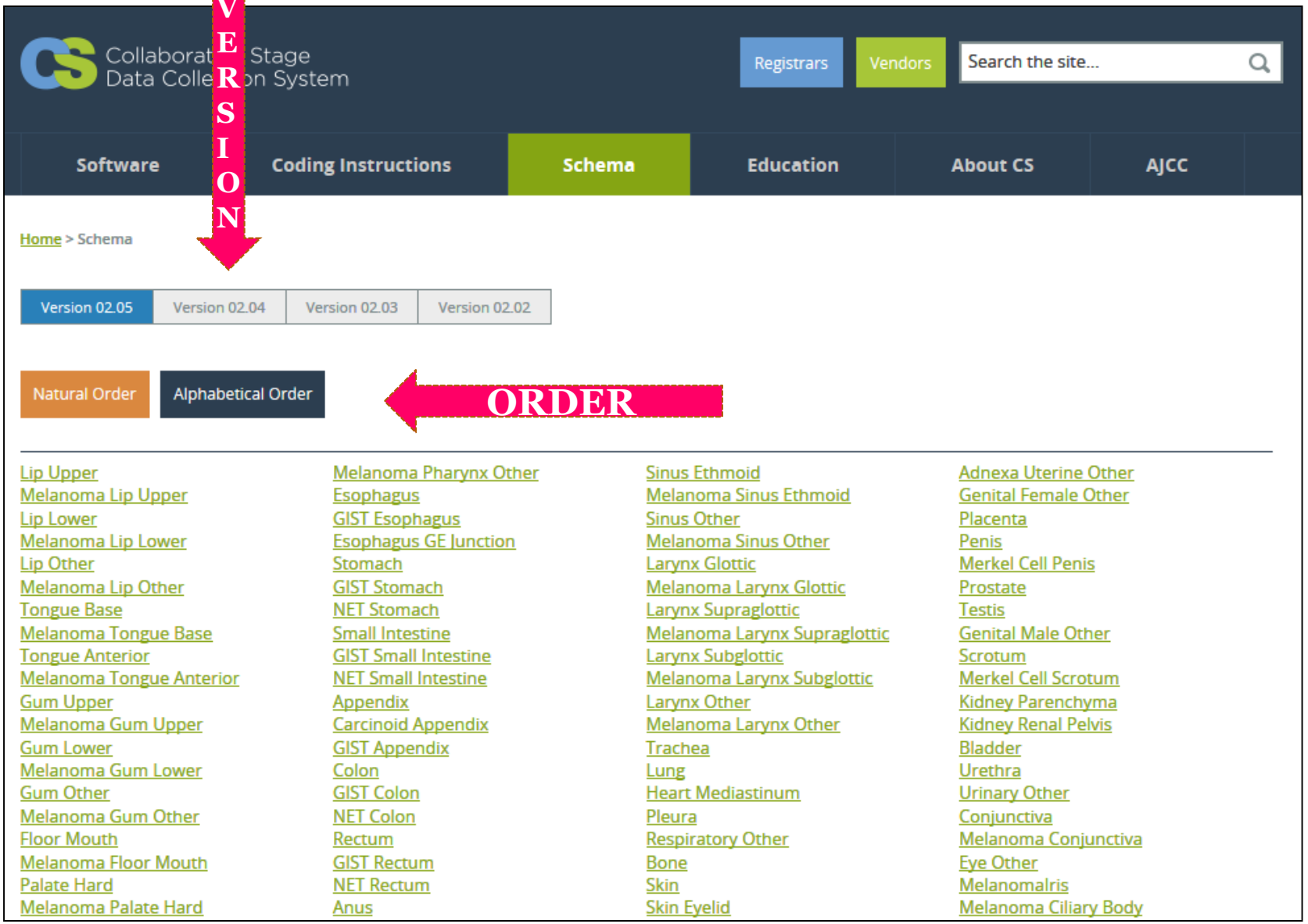
CS Schemas for Lymphoid Neoplasms:

- Heme/Retic

- Lymphoma
- Lymphoma Ocular Adnexa
- Mycosis Fungoides

- Myeloma Plasma Cell Disorder


Collaborative Stage
Data Collection System
Registrars
Vendors
Search the site...
Software
Coding Instructions
Schema
Education
About CS
AJCC
CSv02.05 Release Announcement
CSv02.04 Cancer Schema
Breast
Prostate
Lung
Bladder
Colon
Kidney/Renal Pelvis
Rectum
Thyroid
Melanoma Skin
Lymphoma
Full Schema Listing »
AJCC
Validating science. Improving patient care.
Announcements
CSv02.05 Release Announcement
CSv02.04 Support for Known Issues
Discontinued SSFs for v02.05
Educational Resources
TS Ext Eval 1 or 3 for Op Findings
Watch »
Testis Calculating the LDH Range for SSF 10 and SSF 16
Watch »



http://www.cancerstaging.org/cstage/index.html

HemeRetic Schema

Hematopoietic, Reticuloendothelial, Immunoproliferative, and Myeloproliferative Neoplasms

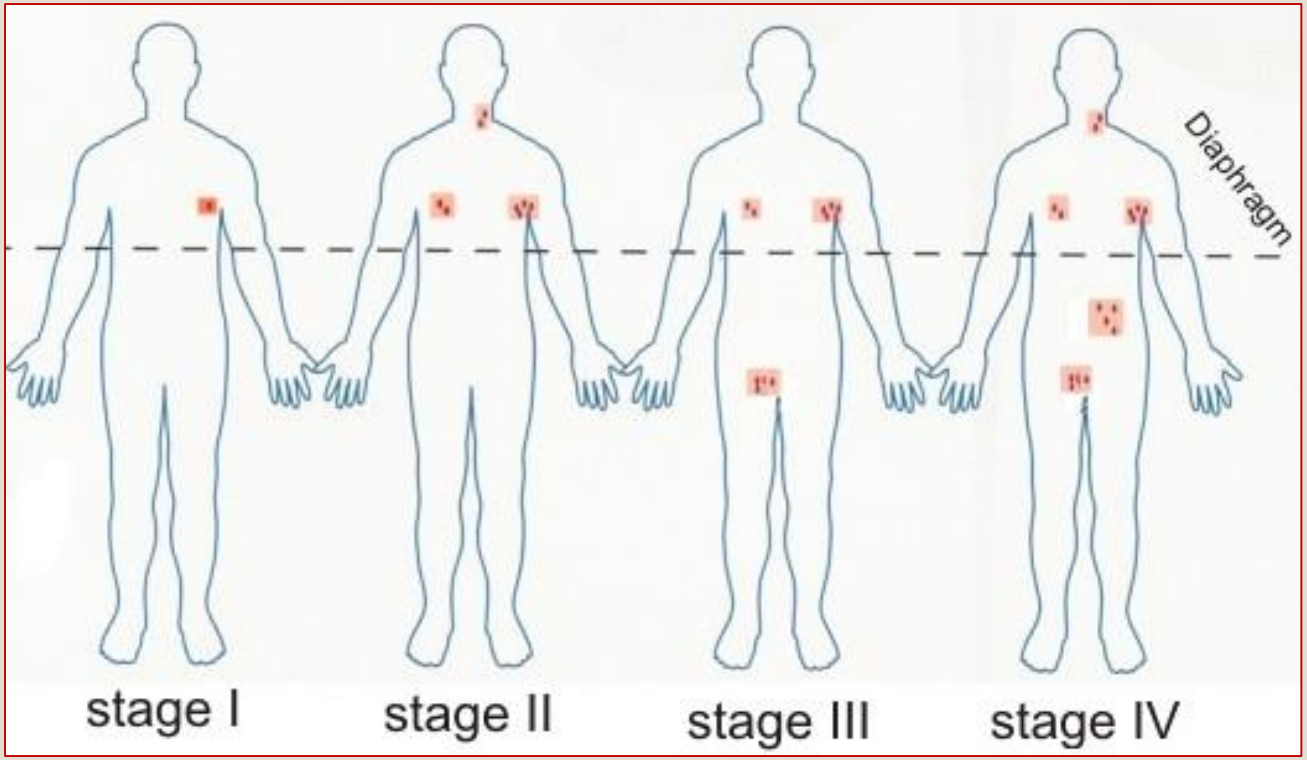
- M-See list of specific histologies below. All primary sites (C00.0-C80.9) are included unless otherwise specified.
- Schema includes only preferred terms from ICD-O-3.
- Plasmacytomas (9731 and 9734) and Multiple Myeloma (9732), except for cases with primary site C441, C690 and C695-C696, have been moved to the MyelomaPlasmaCellDisorder schema in V0203
- 9733 Plasma cell leukemia [except C441, C690, C695-C696]
- 9740 Mast cell sarcoma
- 9741 Malignant mastocytosis
- 9742 Mast cell leukemia
- 9750 Malignant histiocytosis
- 9752 Langerhans cell histiocytosis, unifocal* (see new reportable code 9751/3)
- 9753 Langerhans cell histiocytosis, multifocal* (see new reportable code 9751/3)
- 9754 Langerhans cell histiocytosis disseminated
- 9755 Histiocytic sarcoma
- 9756 Langerhans cell sarcoma
- 9757 Interdigitating dendritic cell sarcoma
- 9758 Follicular dendritic cell sarcoma
- 9760 Immunoproliferative disease, NOS
- 9761 Waldenstrom macroglobulinemia
- 9762 Heavy chain disease, NOS
- 9764 Immunoproliferative small intestinal disease
- 9765 Monoclonal gammopathy of undetermined significance*
- 9766 Angiocentric immunoproliferative lesion*
- 9767 Angioimmunoblastic lymphadenopathy*
- 9768 T-gamma lymphoproliferative disease*
- 9769 Immunoglobulin deposition disease*
- 9800 Leukemia, NOS
- 9801 Acute leukemia, NOS
- 9805 Acute biphenotypic leukemia
- 9820 Lymphoid leukemia, NOS [except C441, C690, C695-C696]
- 9823 B-cell chronic lymphocytic leukemia/small lymphocytic lymphoma [C420, C421, or C424 ONLY]
- 9826 Burkitt cell leukemia leukemia [except C441, C690, C695-C696]
- 9827 Adult T-cell leukemia/lymphoma (HTLV-1 positive)[C420, C421, or C424 ONLY]
- 9832 Prolymphocytic leukemia, NOS [except C441, C690, C695-C696]
- 9833 Prolymphocytic leukemia, B-cell type [except C441, C690, C695-C696]

HemeRetic Schema

100

Code	Description
100	Localized disease: (Single/solitary/unifocal/isolated): May be coded for: Mast cell sarcoma (9740) Malignant histiocytosis (9750) Langerhans cell histiocytosis (9751) Histiocytic sarcoma (9755) Langerhans cell sarcoma (9756) Dendritic cell sarcoma (9757, 9758) Myeloid sarcoma (9930)
800	Systemic disease (All histologies including those in 100)
999	Unknown; extension not stated Primary tumor cannot be assessed Not documented in patient record

Lymphoma Staging



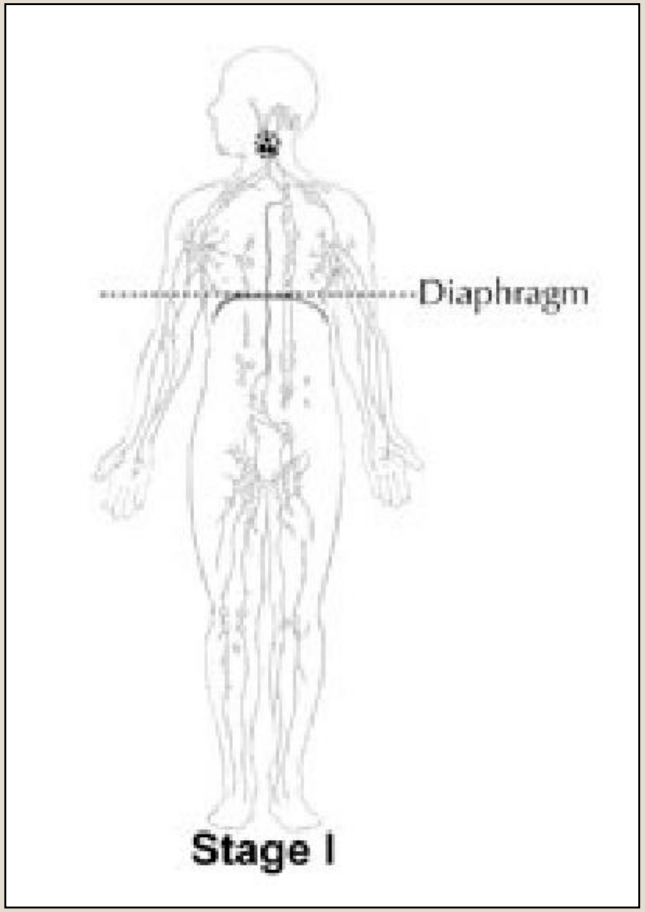
Source: http://cancer.gov

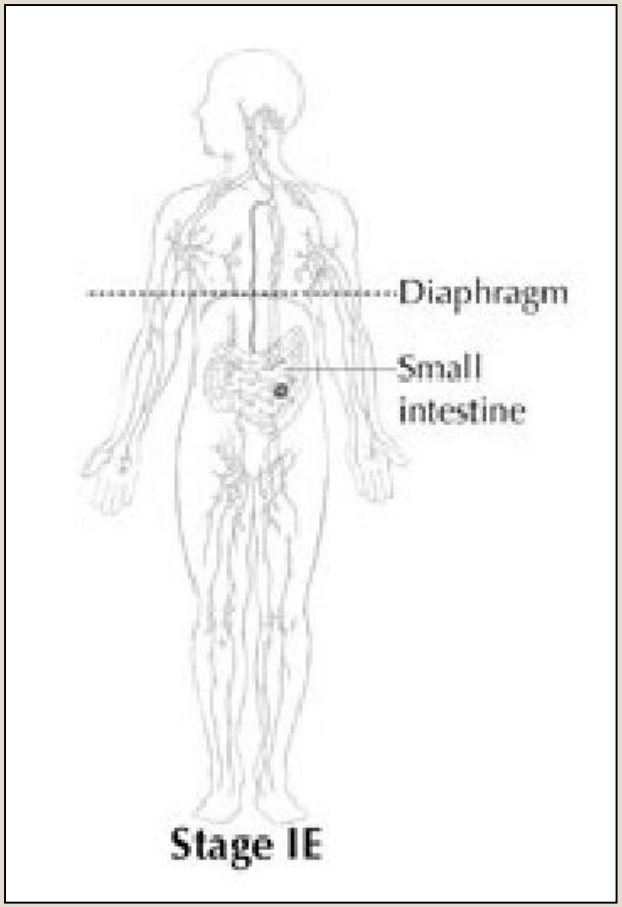
Lymphoma Staging

Stage	Description
[a]*Reprinted with permission from AJCC: Hodgkin and non-Hodgkin lymphomas. In: Edge SB, Byrd DR, Compton CC, et al., eds.: AJCC Cancer Staging Manual. 7th ed. New York, NY: Springer, 2010, pp 607-11.[15]*	
I	Involvement of a single lymphatic site (i.e., nodal region, Waldeyer's ring, thymus, or spleen) (I); or localized involvement of a single extralymphatic organ or site in the absence of any lymph node involvement (IE).
II	Involvement of two or more lymph node regions on the same side of the diaphragm (II); or localized involvement of a single extralymphatic organ or site in association with regional lymph node involvement with or without involvement of other lymph node regions on the same side of the diaphragm (IIE).
III	Involvement of lymph node regions on both sides of the diaphragm (III), which also may be accompanied by extralymphatic extension in association with adjacent lymph node involvement (IIIE) or by involvement of the spleen (IIIS) or both (IIIE,S).
IV	Diffuse or disseminated involvement of one or more extralymphatic organs, with or without associated lymph node involvement; or isolated extralymphatic organ involvement in the absence of adjacent regional lymph node involvement, but in conjunction with disease in distant site(s). Stage IV includes any involvement of the liver or bone marrow, lungs (other than by direct extension from another site), or cerebrospinal fluid.
Designations applicable to any stage	
A	No symptoms.
B	Fever (temperature >38°C), drenching night sweats, unexplained loss of >10% of body weight within the preceding 6 months.
E	Involvement of a single extranodal site that is contiguous or proximal to the known nodal site.
S	Splenic involvement.

Source: http://cancer.gov

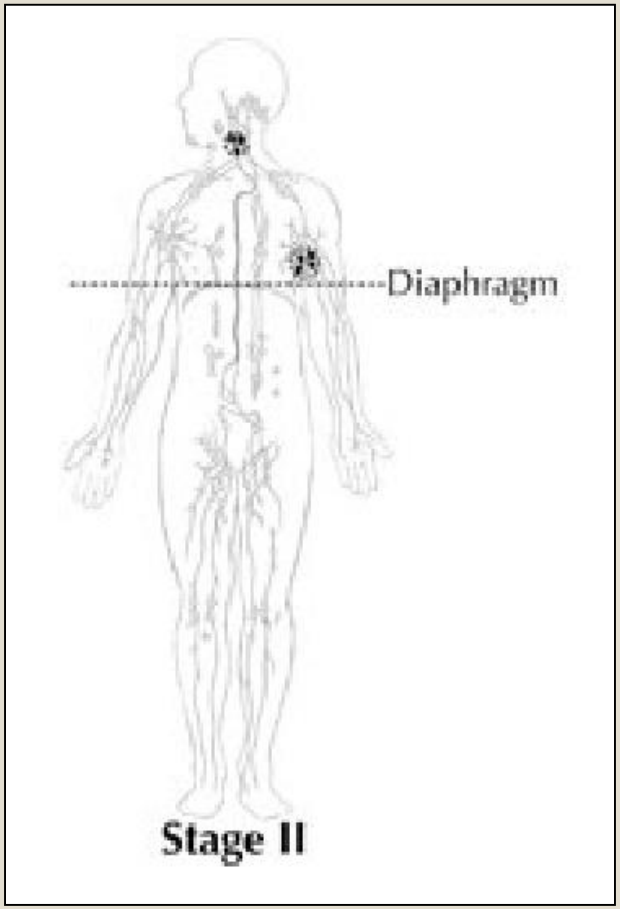
Lymphoma Staging

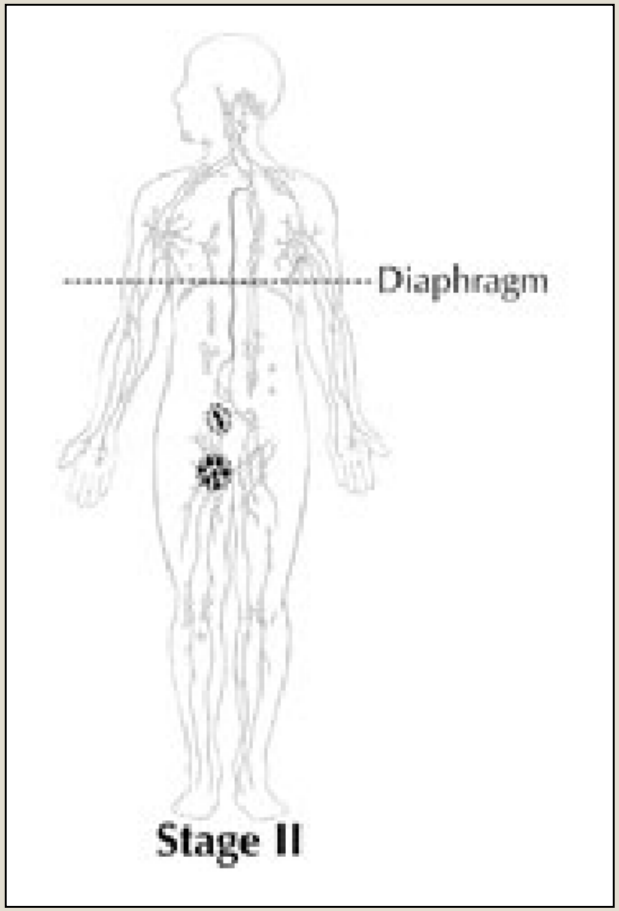


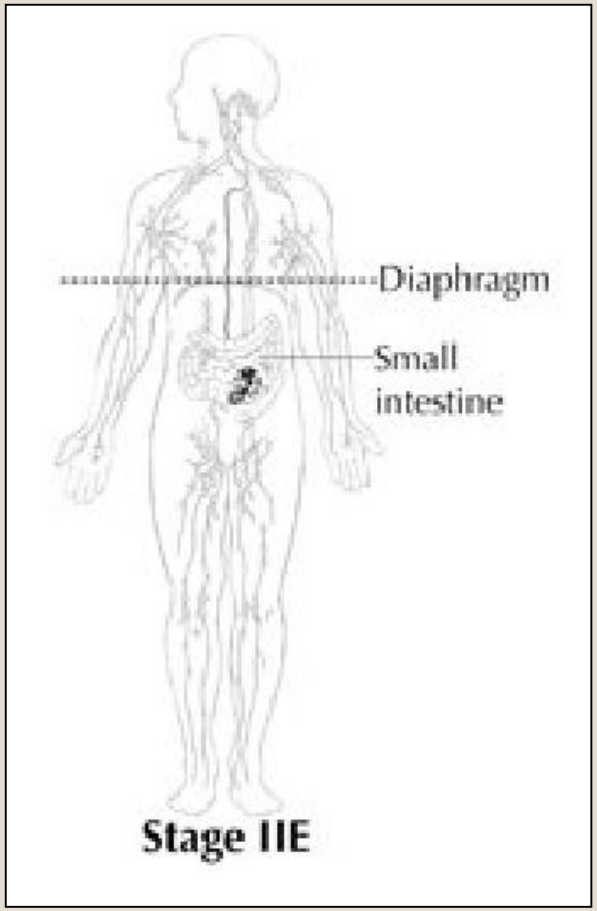


Source: AJCC Cancer Staging Atlas, 2nd edition

Lymphoma Staging

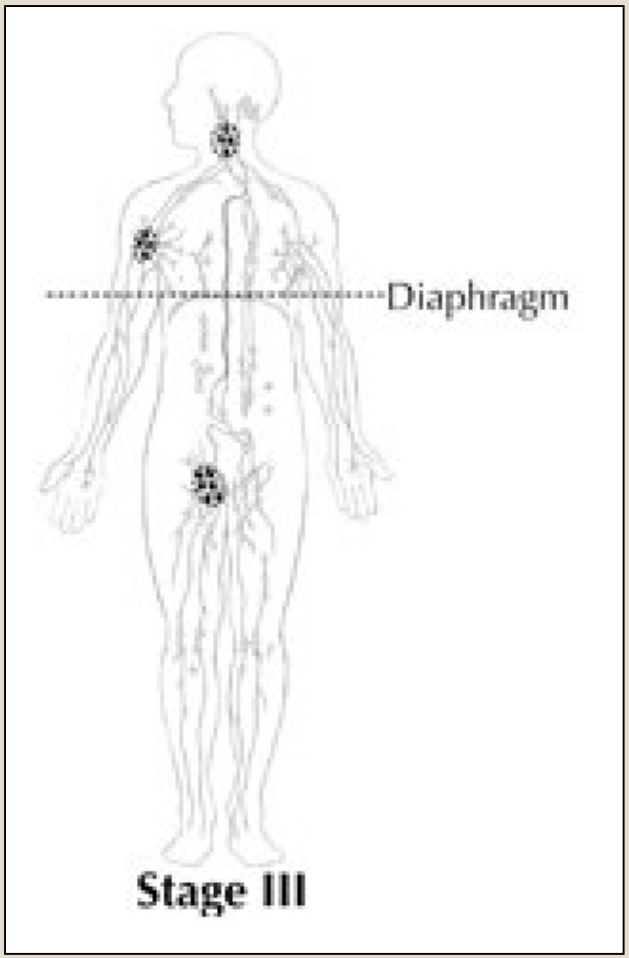


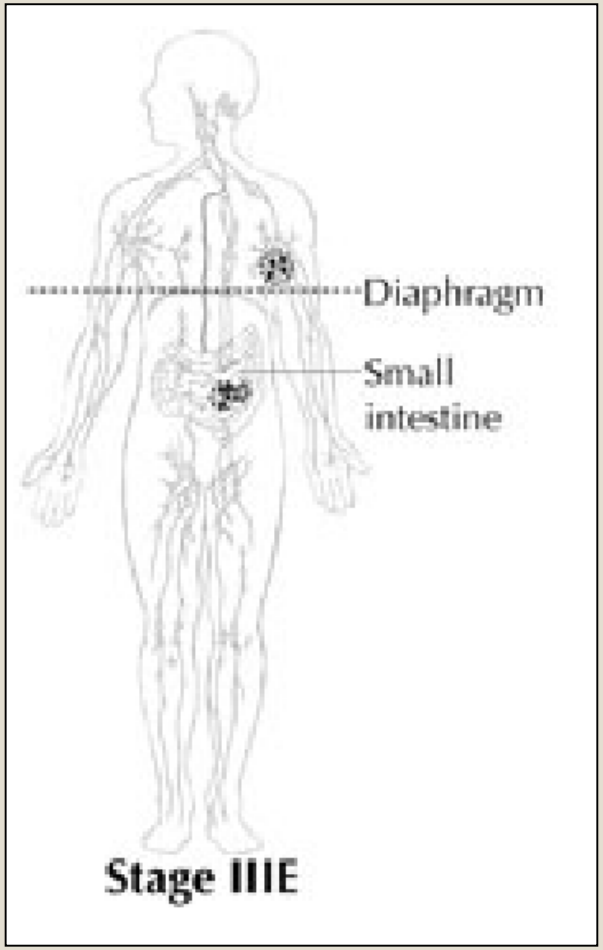




Source: AJCC Cancer Staging Atlas, 2nd edition

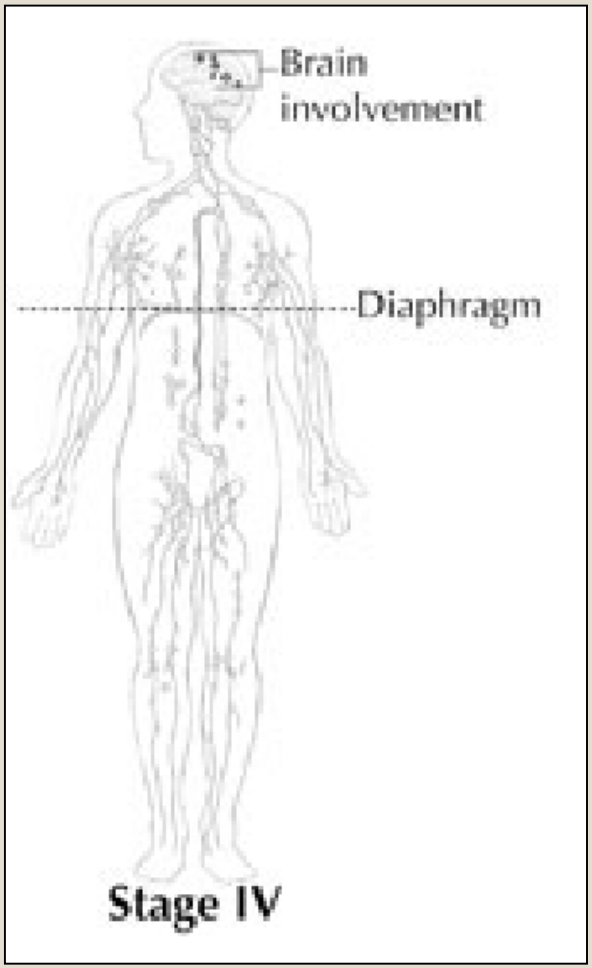
Lymphoma Staging

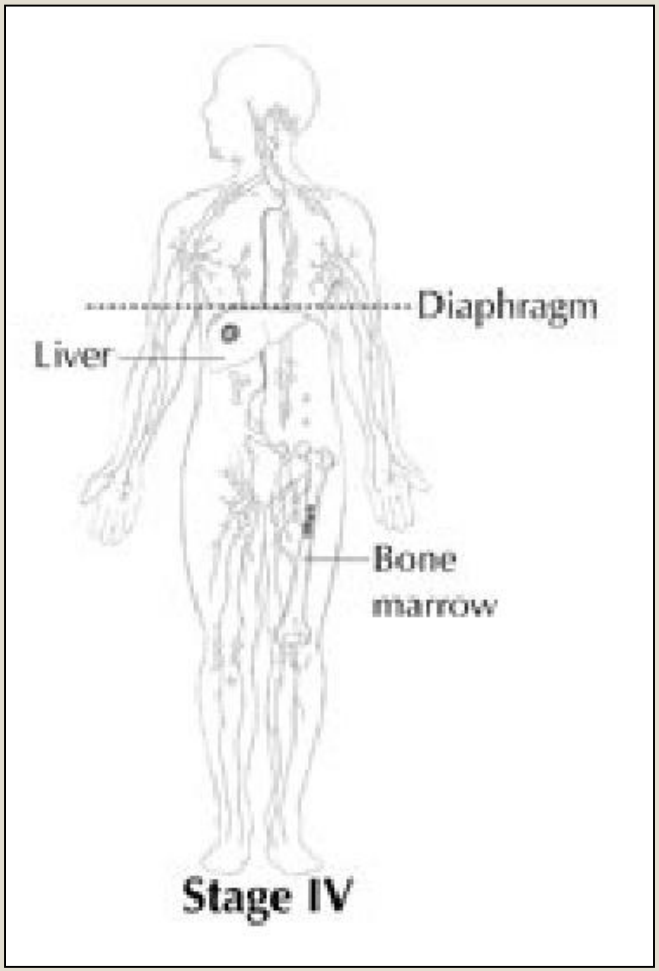




Source: AJCC Cancer Staging Atlas, 2nd edition

Lymphoma Staging





Source: AJCC Cancer Staging Atlas, 2nd edition

Lymphoma Schema

Collaborative Stage for TNM 7 - Revised 10/25/2011

Lymphoma

Hodgkin and Non-Hodgkin Lymphomas of All Sites (excluding Mycosis Fungoides and Sezary Disease)

- M-9590-9699,9702-9729,9735,9737,9738 (EXCEPT C44.1, C69.0, C69.5-C69.6)
- M-9811-9818,9823,9827,9837 (EXCEPT C42.0, C42.1, C42.4, C44.1, C69.0, C69.5-C69.6)

CS Tumor Size = **988**
CS Extension
CS Tumor Size/Ext Eval
CS Lymph Nodes
CS Lymph Nodes Eval = **9**
Regional Nodes Positive = **99**
Regional Nodes Examined = **99**
CS Mets at DX
CS Mets Eval = **9**
CS Site-Specific Factor 1
Associated with HIV/AIDS
CS Site-Specific Factor 2
Systemic Symptoms at Diagnosis
CS Site-Specific Factor 3
International Prognostic Index (IPI)
CS Site-Specific Factor 4
Follicular Lymphoma Prognostic Index (FLIPI)
CS Site-Specific Factor 5
International Prognostic Score (IPS)

CS Site-Specific Factor 7 = **988**
CS Site-Specific Factor 8 = **988**
CS Site-Specific Factor 9 = **988**
CS Site-Specific Factor 10 = **988**
CS Site-Specific Factor 11 = **988**
CS Site-Specific Factor 12 = **988**
CS Site-Specific Factor 13 = **988**
CS Site-Specific Factor 14 = **988**
CS Site-Specific Factor 15 = **988**
CS Site-Specific Factor 16 = **988**
CS Site-Specific Factor 17 = **988**
CS Site-Specific Factor 18 = **988**
CS Site-Specific Factor 19 = **988**
CS Site-Specific Factor 20 = **988**
CS Site-Specific Factor 21 = **988**
CS Site-Specific Factor 22 = **988**
CS Site-Specific Factor 23 = **988**
CS Site-Specific Factor 24 = **988**
CS Site-Specific Factor 25 = **988**

Source: http://cancerstaging.org

Lymphoma Schema

100	Involvement of a single lymph node region Stated as Stage I
110	Localized involvement of a single extralymphatic organ/site in the absence of any lymph node involvement Multifocal involvement of one extralymphatic organ/site Stated as Stage IE
120	Involvement of spleen only Stated as Stage IS
200	Involvement of two or more lymph node regions on the SAME side of the diaphragm Stated as Stage II
210	Localized involvement of a single extralymphatic organ/site WITH involvement of its regional lymph node(s) WITH or WITHOUT involvement of other lymph node(s) on the SAME side of the diaphragm Direct extension to adjacent organs or tissues Stated as Stage IIE
220	Involvement of spleen PLUS lymph node(s) BELOW the diaphragm Stated as Stage IIS

Plasma Cell Neoplasm Staging

Table 1: The Durie-Salmon Staging System for Multiple Myeloma

Stage	Hemoglobin	Calcium	Myeloma Protein	Bone Lesions
I[a]	>10 g/dL	Normal or ≤12 g/dL	IgG peak <5 g/dL IgA peak <3 g/dL Bence-Jones protein <4 g/24 h	None or solitary bone plasmacytoma only
II[b]	Not I or III	Not I or III	Not I or III	Not I or III
III[c]	<8.5 g/dL	>12 mg/dL	IgG peak >7 g/dL IgA peak >5 g/dL Bence-Jones protein >12 g/24 h	>3 lytic lesions

[a] Stage I must demonstrate all of the criteria.
[b] Stage II defined as all patients who do not qualify as Stage I or III.
[c] Stage III must demonstrate one or more of the criteria.
Source: Reference 7.

MyelomaPlasmaCellDisorder Schema

Collaborative Stage for TNM 7 - Revised 10/25/2011

MyelomaPlasmaCellDisorder

Plasma Cell Disorders including Myeloma

- 9731 Plasmacytoma, NOS (except C441, C690, C695-C696)
- 9732 Multiple myeloma (except C441, C690, C695-C696)
- 9734 Plasmacytoma, extramedullary (except C441, C690, C695-C696)
- Note 1: This schema was added in V0203. Originally these histologies were part of the HemeRetic schema.
- Note 2: AJCC does not define TNM staging for this site.

CS Tumor Size = **988**
CS Extension
CS Tumor Size/Ext Eval = **9**
CS Lymph Nodes
CS Lymph Nodes Eval = **9**
Regional Nodes Positive = **99**
Regional Nodes Examined = **99**
CS Mets at DX
CS Mets Eval = **9**
CS Site-Specific Factor 1
OBSOLETE - Janus Kinase 2 (JAK2) (also known as JAK2 Exon 12)
CS Site-Specific Factor 2
Durie-Salmon Staging System
CS Site-Specific Factor 3
Multiple Myeloma Terminology
CS Site-Specific Factor 4 = **988**
CS Site-Specific Factor 5 = **988**
CS Site-Specific Factor 6 = **988**
CS Site-Specific Factor 7 = **988**
CS Site-Specific Factor 8 = **988**
CS Site-Specific Factor 9 = **988**
CS Site-Specific Factor 10 = **988**
CS Site-Specific Factor 11 = **988**
CS Site-Specific Factor 12 = **988**
CS Site-Specific Factor 13 = **988**
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CS Site-Specific Factor 21 = **988**
CS Site-Specific Factor 22 = **988**
CS Site-Specific Factor 23 = **988**
CS Site-Specific Factor 24 = **988**
CS Site-Specific Factor 25 = **988**

MyelomaPlasmaCellDisorder Schema

- Note 1: Osseous plasmacytomas are localized tumors occurring in the bone. There may be soft tissue extension.

- Note 2: Extraosseous (extramedullary) plasmacytomas are plasma cell neoplasms that arise in tissues other than bone. The most common sites are the upper respiratory tract, the gastrointestinal tract, lymph nodes, bladder, central nervous system (CNS), breast, thyroid, testis and skin.

MyelomaPlasmaCellDisorder Schema

- Note 3: Criteria for the diagnosis of multiple myeloma include: presence of clonal bone marrow plasma cells or plasmacytoma, presence of an M-protein in serum and/or urine, and the presence of related organ or tissue impairment. Do not use this criteria to determine the diagnosis of multiple myeloma. Code according to histologic confirmation or physician statement according to the AJCC 7th edition.

- Note 4: Multiple myeloma or plasma cell myeloma is a widely disseminated plasma cell neoplasm, characterized by a single clone of plasma cells derived from B cells that grows in the bone marrow. It is always coded to 810 or 820 for systemic involvement.

MyelomaPlasmaCellDisorder Schema

113

Code	Description
100	OBSOLETE DATA RETAINED V0203 Localized disease (single/solitary/unifocal/isolated/mono-ostotic), may be coded for: Plasmacytoma, NOS (M-9731/3)(solitary myeloma) Plasmacytoma, extramedullary (M-9734/3) (not occurring in bone)
110	Single plasmacytoma lesion WITHOUT soft tissue extension or unknown if soft tissue extension (9731)
200	Single plasmacytoma lesion WITH soft tissue extension (9731)
300	Single plasmacytoma lesion occurring in tissue other than bone (9734)
400	Multiple osseous or multiple extraosseous plasmacytoma lesions (9731, 9734)
500	Plasmacytoma, NOS (9731) Not stated if single or multiple, not stated if osseous or extraosseous
800	OBSOLETE DATA RETAINED V0203 Systemic disease (poly-ostotic): All histologies including those in 100
810	Plasma cell myeloma/multiple myeloma/myelomatosis (9732)
820	Myeloma, NOS Excludes plasma cell myeloma or multiple myeloma (see code 810)
	Unknown; extension not stated Primary tumor cannot be assessed Not documented in patient record

9731

9734

9732

Site Specific Factors - Lymphoma

- SSF1 – Associated with HIV/AIDS
- SSF2 – Systemic Symptoms at Diagnosis
- SSF3 – International Prognostic Index (IPI)
- SSF4 – Follicular Lymphoma Prognostic Index (FLIPI)
- SSF5 – International Prognostic Score (IPS)

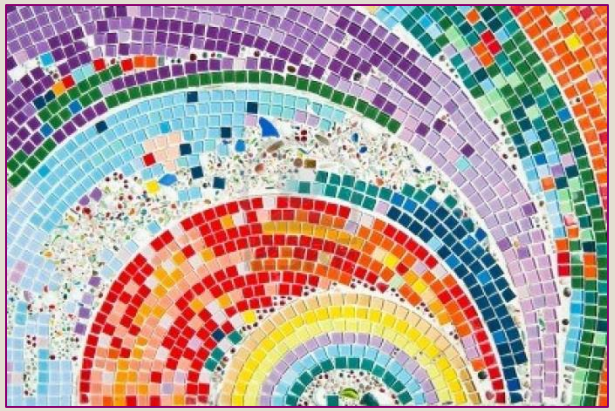
Site Specific Factors – Plasma Cell Tumors

- SSF1 – OBSOLETE
- SSF2 – Durie-Salmon Staging System
- SSF3 – Multiple Myeloma Terminology

000	Multiple myeloma/Plasma cell myeloma with no other modifiers Multiple myeloma, NOS; Myeloma, NOS
010	Asymptomatic myeloma
020	Early or evolving myeloma
030	Inactive, indolent, or smoldering myeloma
080	Other terminology describing myeloma
100	Any combination of terms in codes 010-080

Treatment Options – Lymphoid Neoplasms

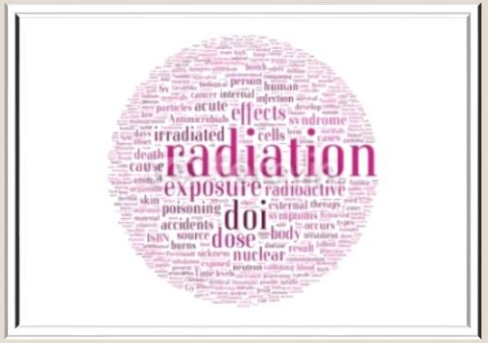
- Hodgkin Lymphoma
- Non-Hodgkin Lymphoma
- Chronic Lymphocytic Leukemia
- Acute Lymphocytic Leukemia
- Other Lymphoid Neoplasm



Source: Mosaic Rainbow and Woodland Forest - http://www.etsy.com

Treatment Options – Basic Concepts

- Surgery
- Chemotherapy
- Radiation Therapy
- Hormonal Therapy
- Combination Therapy
- Continuation Therapy
- Bone Marrow/Stem Cell Transplant



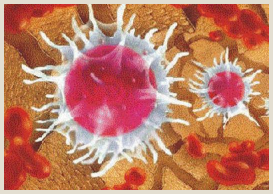


Image Source: http://greenplanetparadise.com and http://avinoamlerner.com

Treatment Options – Basic Concepts

- Pre-Induction Risk Assessment
- Induction Therapy
- Post-Induction Assessment
- Re-Induction Therapy
- Intensification/Consolidation Therapy
- Post-Consolidation Assessment
- BMT/Stem Cell Transplant
- Maintenance Therapy
- Maintenance Assessment

Treatment Options – Basic Concepts

Source: http://cancer.gov – Pediatric Myeloid Neoplasm NCI PDQ for Health Professionals

Treatment Options – Basic Concepts

- Risk-Based Treatment – Pre-Induction Risk
  - Patient Characteristics
    - Performance Status
    - Age at Diagnosis
    - Comorbidities
    - B-Symptoms
  - Neoplasm Characteristics
    - Morphology
    - Immunophenotype
    - Stage of Differentiation
    - Molecular/Cyto-Genetics
  - Special Characteristics of Neoplasm or Patient

Treatment Options – Basic Concepts

- Risk-Based Treatment – Induction Failure
  - Identify patients at highest risk of induction failure:
    - T-cell phenotype (especially without a mediastinal mass)
    - B-precursor ALL with very high presenting leukocyte counts
    - Bulky Disease
- Risk-Based Treatment – Re-Induction/Consolidation
  - Re-Induction
  - Intensification
  - Consolidation
- Risk-Based Treatment – Sanctuary Sites
- Risk-Based Treatment – Maintenance Therapy

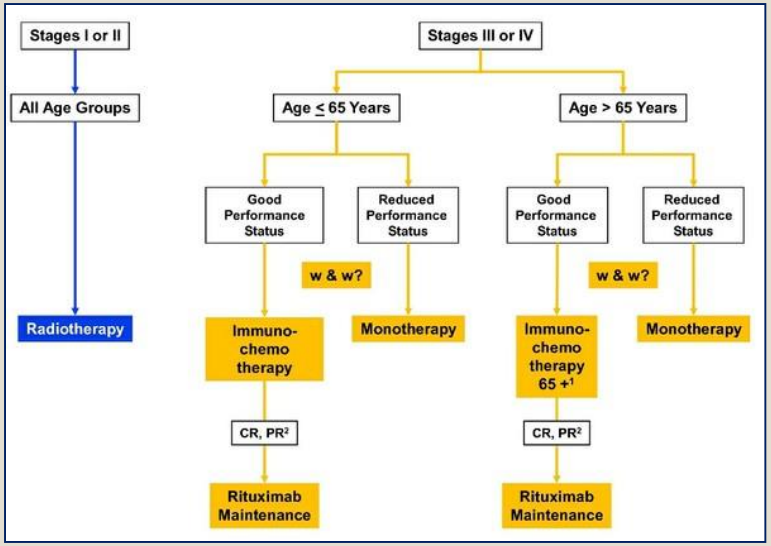
Treatment Options – Basic Concepts

- Risk-Based Treatment Assessment Examples
  - Low Risk Disease – Stage I, II – no B symptoms, no bulky disease
  - Intermediate Risk Disease – Stage I, II with B symptoms
  - Intermediate Risk Disease – Stage I, II with bulky disease
  - Intermediate Risk Disease – Stage IIIA, IVA
  - High Risk Disease – Stage IIIB, IVB
  - High Risk Disease – Poor response to initial chemotherapy

Source: http://cancer.gov – Pediatric Lymphoid Neoplasm NCI PDQ for Health Professionals

Treatment - Surgery

- Surgery – when do you code for lymphoma?
- Surgery – when do you NOT code for lymphoma?
- Why the difference?
- When is Surgery = TX
- Why so seldom?

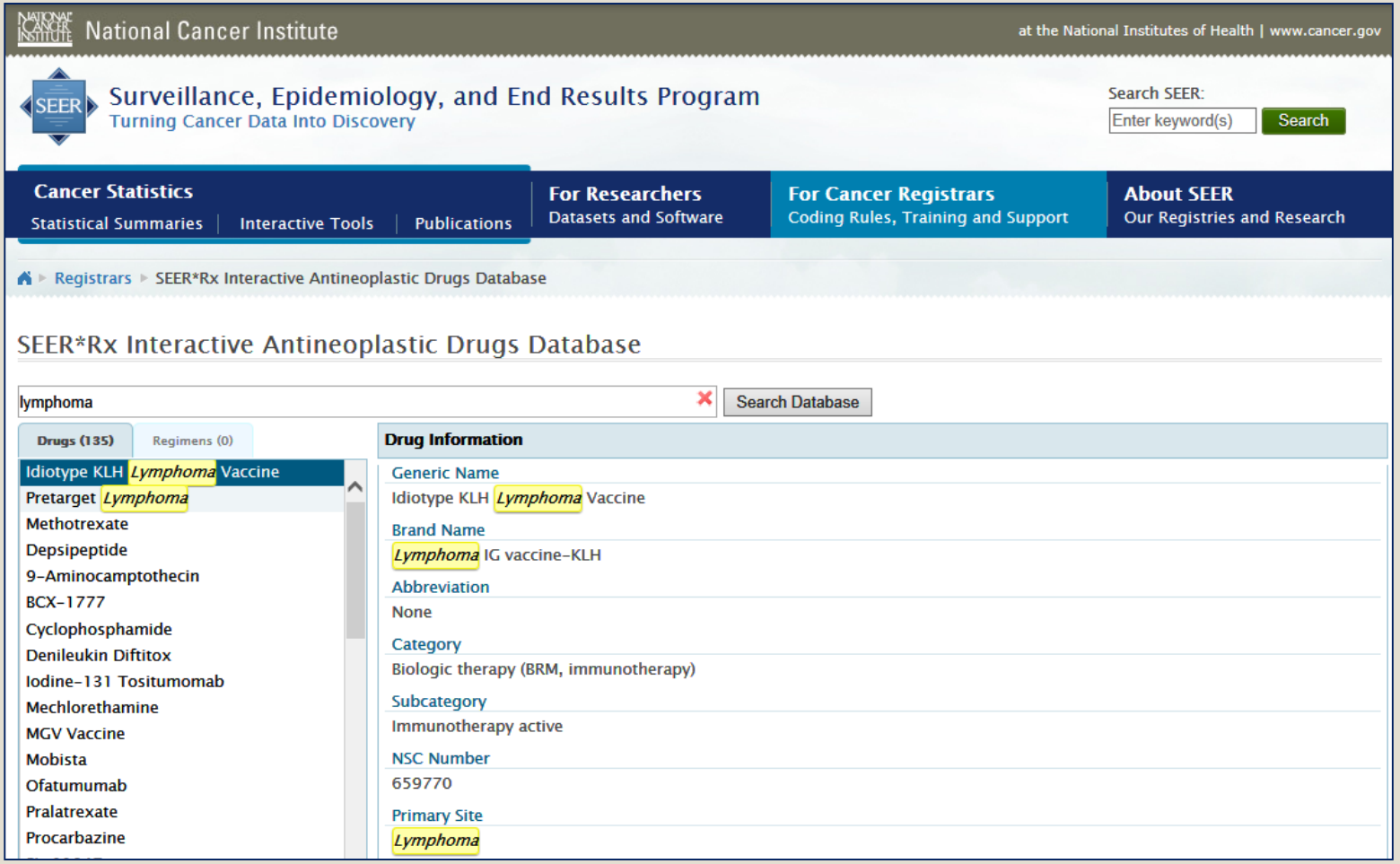


Treatment - Chemotherapy

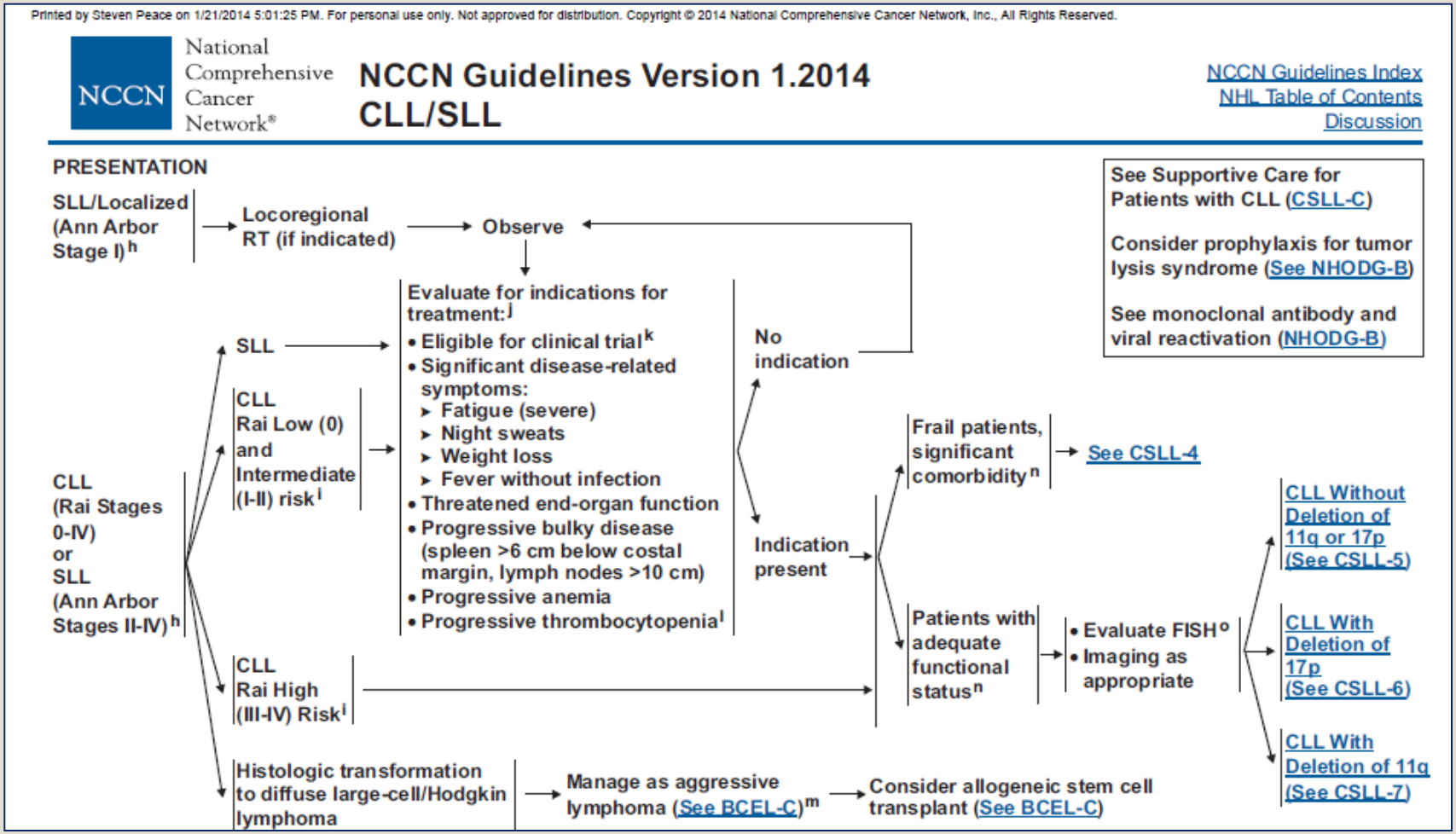
- Chemotherapy Regimens

- REMINDER: Many regimens contain Prednisone which is to be coded under Hormone Therapy – in addition to the combination Chemotherapy

Treatment - Chemotherapy



Treatment Options – CLL/SLL



Source: NCCN.org

Treatment Options – CLL/SLL (del 17p)

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CLL/SLL

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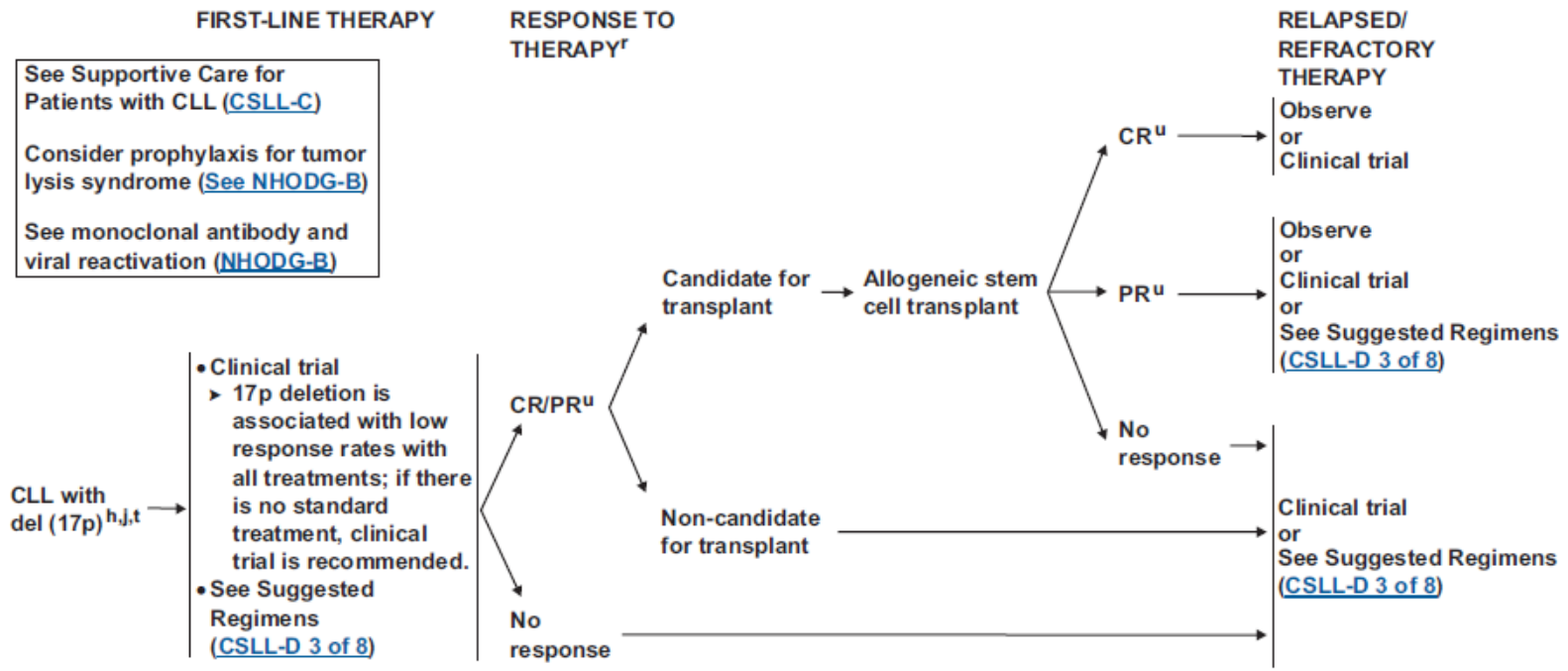
CLL WITH DELETION OF 17p



Source: NCCN.org

Treatment Options – Lymphoma

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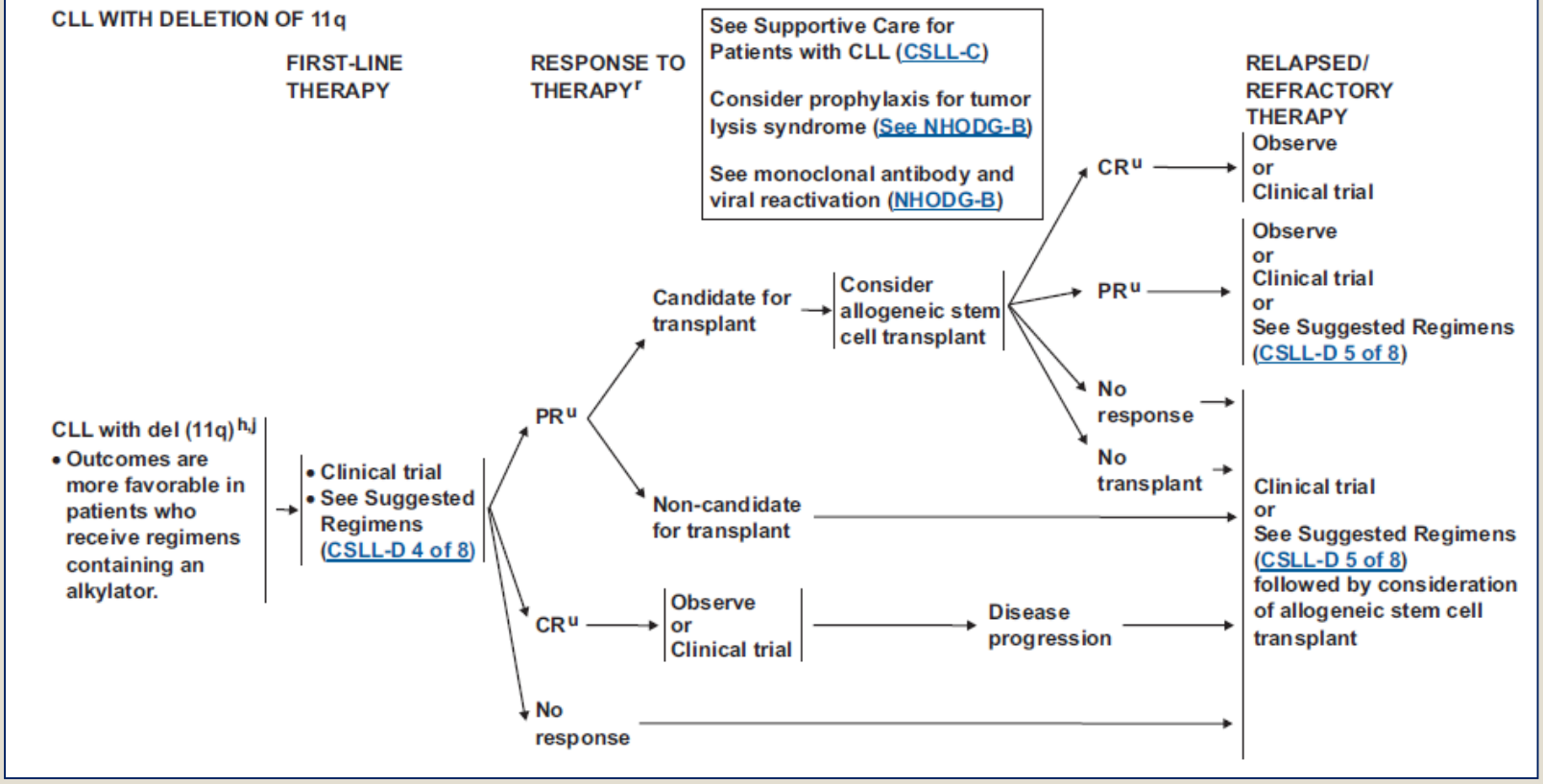

Source: NCCN.org

Treatment Options – Lymphoma

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SUGGESTED TREATMENT REGIMENS[a]
(in order of preference)

CLL without del (11q) or del (17p)

Frail patient, significant comorbidity
(not able to tolerate purine analogs)

- Obinutuzumab + chlorambucil
- Rituximab + chlorambucil
- Rituximab
- Pulse corticosteroids
- Chlorambucil

First-line therapy[b]

- Age ≥70 y or younger patients with comorbidities
  - Obinutuzumab + chlorambucil
  - Rituximab + chlorambucil
  - Bendamustine (70 mg/m^2 in cycle 1 with escalation to 90 mg/m^2 if tolerated) ± rituximab
  - Cyclophosphamide, prednisone ± rituximab
  - Rituximab
  - Fludarabine[c,d,e] ± rituximab
  - Cladribine
  - Chlorambucil
- Age <70 y or older patients without significant comorbidities
  - Chemoimmunotherapy
    - FCR[c] (fludarabine,[e] cyclophosphamide, rituximab)
    - FR[c] (fludarabine,[e] rituximab)
    - PCR (pentostatin, cyclophosphamide, rituximab)
    - Bendamustine ± rituximab
    - Obinutuzumab + chlorambucil

Relapsed/Refractory therapy

See Suggested Regimens for Relapsed/Refractory therapy for CLL without del (11q) or del (17p) (2 of 8)

See Supportive Care for Patients with CLL (CSLL-C)

Consider prophylaxis for tumor lysis syndrome (See NHODG-B)

See monoclonal antibody and viral reactivation (NHODG-B)

See Suggested Regimens for CLL with del (17p) (3 of 8)

See Suggested Regimens for CLL with del (11q) (4 of 8)

Source: NCCN.org

Treatment Options – Lymphoma

SUGGESTED TREATMENT REGIMENS[a]

CLL with del (17p)

First-line therapy[b] (in alphabetical order)
- Alemtuzumab[c] ± rituximab
- FCR[c,e]
- FR[c,e]
- HDMP + rituximab
- Obinutuzumab + chlorambucil

Relapsed/Refractory therapy[b] (in alphabetical order)
- Alemtuzumab[i] ± rituximab
- RCHOP
- CFAR[c] (cyclophosphamide, fludarabine,[e] alemtuzumab, rituximab)
- HDMP ± rituximab
- Ibrutinib[g]
- Lenalidomide[h] ± rituximab
- Ofatumumab[j]
- OFAR[c,e]

SUGGESTED TREATMENT REGIMENS[a]
(in order of preference)

CLL with del (11q)

First-line therapy[b]
- Age ≥70 y or younger patients with comorbidities
  - Obinutuzumab + chlorambucil
  - Rituximab + chlorambucil
  - Bendamustine (70 mg/m^2 in cycle 1 with escalation to 90 mg/m^2 if tolerated) ± rituximab
  - Cyclophosphamide, prednisone ± rituximab
  - Reduced-dose FCR[c,d,e]
  - Rituximab
  - Chlorambucil
- Age <70 y or older patients without significant comorbidities
  - Chemoimmunotherapy
    - FCR[c,e]
    - Bendamustine ± rituximab
    - PCR
    - Obinutuzumab + chlorambucil

Relapsed/Refractory therapy[b]

See Suggested Regimens for Relapsed/Refractory therapy for CLL with del (11q) (5 of 8)

Source: NCCN.org

FDA Approved Agents for HL / NHL (A-L)

Abitrexate (Methotrexate)	Cyclophosphamide
Adcetris (Brentuximab Vedotin)	Cytoxan (Cyclophosphamide)
Adriamycin PFS (Doxorubicin Hydrochloride)	Denileukin Diftitox
Adriamycin RDF (Doxorubicin Hydrochloride)	DepoCyt (Liposomal Cytarabine)
Ambochlorin (Chlorambucil)	Doxorubicin Hydrochloride
Amboclorin (Chlorambucil)	DTIC-Dome (Dacarbazine)
Arranon (Nelarabine)	Folex (Methotrexate)
Bendamustine Hydrochloride	Folex PFS (Methotrexate)
Bexxar (Tositumomab and Iodine I 131 Tositumomab)	Folotyn (Pralatrexate)
Blenoxane (Bleomycin)	Ibritumomab Tiuxetan
Bleomycin	Ibrutinib
Bortezomib	Imbruvica (Ibrutinib)
Brentuximab Vedotin	Intron A (Recombinant Interferon Alfa-2b)
Chlorambucil	Istodax (Romidepsin)
Clafen (Cyclophosphamide)	Lenalidomide

Source: www.cancer.gov/cancertopics/druginfo

FDA Approved Agents for HL / NHL (M-Z)

Leukeran (Chlorambucil)	Revlimid (Lenalidomide)
Linfolizin (Chlorambucil)	Rituxan (Rituximab)
Liposomal Cytarabine	Rituximab
Matulane (Procarbazine Hydrochloride)	Romidepsin
Methotrexate	Tositumomab and Iodine I 131 Tositumomab
Methotrexate LPF (Methotrexate)	Treanda (Bendamustine Hydrochloride)
Mexate (Methotrexate)	Velban (Vinblastine Sulfate)
Mexate-AQ (Methotrexate)	Velcade (Bortezomib)
Mozobil (Plerixafor)	Velsar (Vinblastine Sulfate)
Nelarabine	Vinblastine Sulfate
Neosar (Cyclophosphamide)	Vincasar PFS (Vincristine Sulfate)
Ontak (Denileukin Diftitox)	Vincristine Sulfate
Plerixafor	Vorinostat
Pralatrexate	Zevalin (Ibritumomab Tiuxetan)
Recombinant Interferon Alfa-2b	Zolinza (Vorinostat)

Source: www.cancer.gov/cancertopics/druginfo

Common Chemo Regimens in NHL

Regimen	Regimen
CHOP	EPOCH
COPP	ICE
CVP	R-CHOP

C	Cyclophosphamide
H	Doxorubicin Hydrochloride
O	Vincristine Sulfate (Oncovin)
P	Prednisone
P	Procarbazine Hydrochloride
V	Vincristine Sulfate (Oncovin)
E	Etoposide
I	Ifosfamide
C	Carboplatin
R	Rituximab

Source: www.cancer.gov/cancertopics/druginfo

Chemo Regimens in Hodgkin Lymphoma

Regimen	Regimen
ABVD	ICE
ABVE	MOPP
ABVE-PC	OEPA
BEACOPP	OPPA
COPP	Stanford V
COPP-ABV	VAMP

A	Adriamycin
B	Bleomycin
V	Vinblastine Sulfate
D	Dacarbazine
E	Etoposide
P	Prednisone
C	Cyclophosphamide
V	Vincristine Sulfate (Oncovin)
P	Procarbazine Hydrochloride
I	Ifosfamide
C	Carboplatin
M	Methotrexate

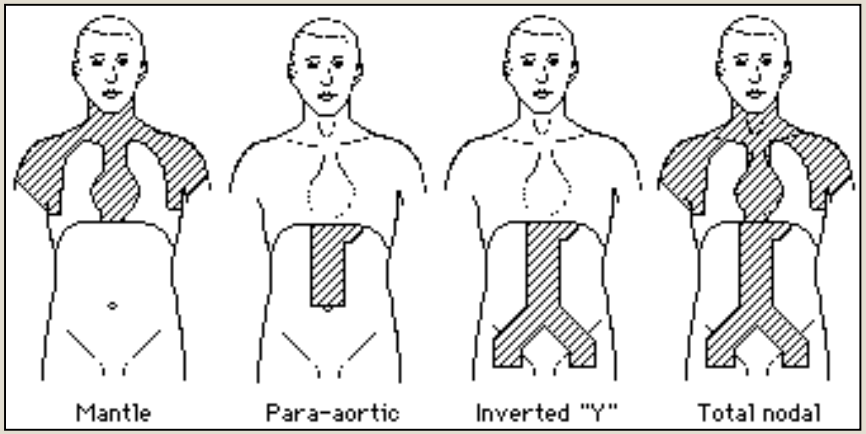
Source: www.cancer.gov/cancertopics/druginfo

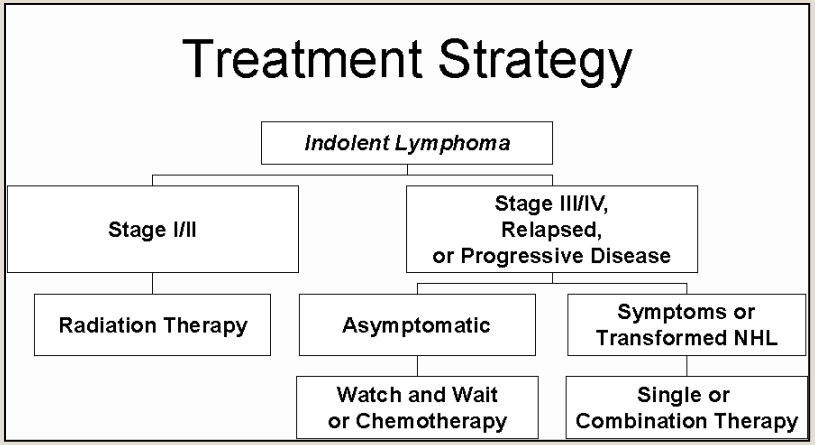
Treatment - BRM

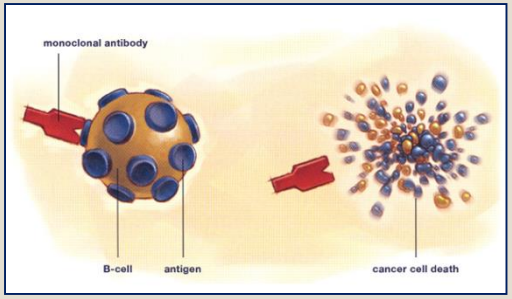
- Biological Response Modifiers – when and why?
- SEER*Rx is Primary Reference
- Examples:
  - Rituximab – cytostatic monoclonal antibody – CLL, NHL
  - Belinostat – histone deacetylation inhibitor – CLL, MM, NHL
  - Thalidomide – antiangiogenic agent – MM, leukemia
  - Epratuzumab – NOT BRM – Radioisotope – Code RT – NHL
  - Zevalin – NOT BRM – Radiolabeled monoclonal antibody – NHL

Treatment - Radiation

- Radiation Therapy – when and why?







Treatment - Radiation

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Non-Hodgkin's Lymphomas

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PRINCIPLES OF RADIATION THERAPY[a]

Field:

- Treatment with photons, electrons, or protons may all be appropriate, depending upon clinical circumstances.
- Involved-site radiation therapy (ISRT) for nodal sites
  - ISRT is recommended as the appropriate field for NHL. Planning for ISRT requires modern CT-based simulation and planning capabilities. Incorporating other modern imaging like PET and MRI often enhances field determination.
  - ISRT targets the site of the originally involved lymph node(s). The field encompasses the original suspicious volume prior to chemotherapy or surgery. Yet, it spares adjacent uninvolved organs (like lungs, bone, muscle, or kidney) when lymphadenopathy regresses following chemotherapy.
  - The pre-chemotherapy or pre-biopsy gross tumor volume (GTV) provides the basis for determining the clinical target volume (CTV). Concerns for questionable subclinical disease and uncertainties in original imaging accuracy or localization may lead to expansion of the CTV and are determined individually using clinical judgment. Possible movement of the target by respiration as determined by 4D-CT or fluoroscopy (internal target volume- ITV) should also influence the final CTV.
  - The planning treatment volume (PTV) is an additional expansion of the CTV that accounts only for setup variations (see ICRU definitions).
  - Organs at risk (OAR) should be outlined for optimizing treatment plan decisions.
  - The treatment plan is designed using conventional, 3-D conformal, or IMRT techniques using clinical treatment planning considerations of coverage and dose reductions for OAR.
- ISRT for extranodal disease
  - Similar principles as for ISRT nodal sites (see above).
  - For most organs and particularly for indolent disease, the whole organ alone is the CTV (eg, stomach, salivary gland, orbit, thyroid, breast, testis).
  - For bone/spine, localized skin, only the involved part of the organ is irradiated with adequate margins.
  - For most NHL subtypes no radiation is required for uninvolved lymph nodes.

General Dose Guidelines:

- Localized CLL/SLL: 24-30 Gy
- Follicular lymphoma: 24-30 Gy
- Marginal zone lymphoma:
  - Gastric: 30 Gy
  - Other extranodal sites: 24-30 Gy
  - Nodal MZL: 24-30 Gy
- Early-stage mantle cell lymphoma: 30-36 Gy
- Mini-dose RT (2 Gy x 2 may be repeated) for palliation/local control of SLL, FL, MZL, MCL
- Diffuse large cell lymphoma or PTCL
  - Consolidation after chemotherapy CR: 30-36 Gy
  - Complimentary after PR: 40-50 Gy
  - RT as primary treatment for refractory or noncandidates for chemotherapy: 45-55 Gy
  - Salvage pre- or post-stem cell transplantation: 30-40 Gy
- Primary cutaneous anaplastic large cell lymphoma: 30-36 Gy

Treatment - Radiation

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NCCN Guidelines Version 1.2014
Follicular Lymphoma (grade 1-2)

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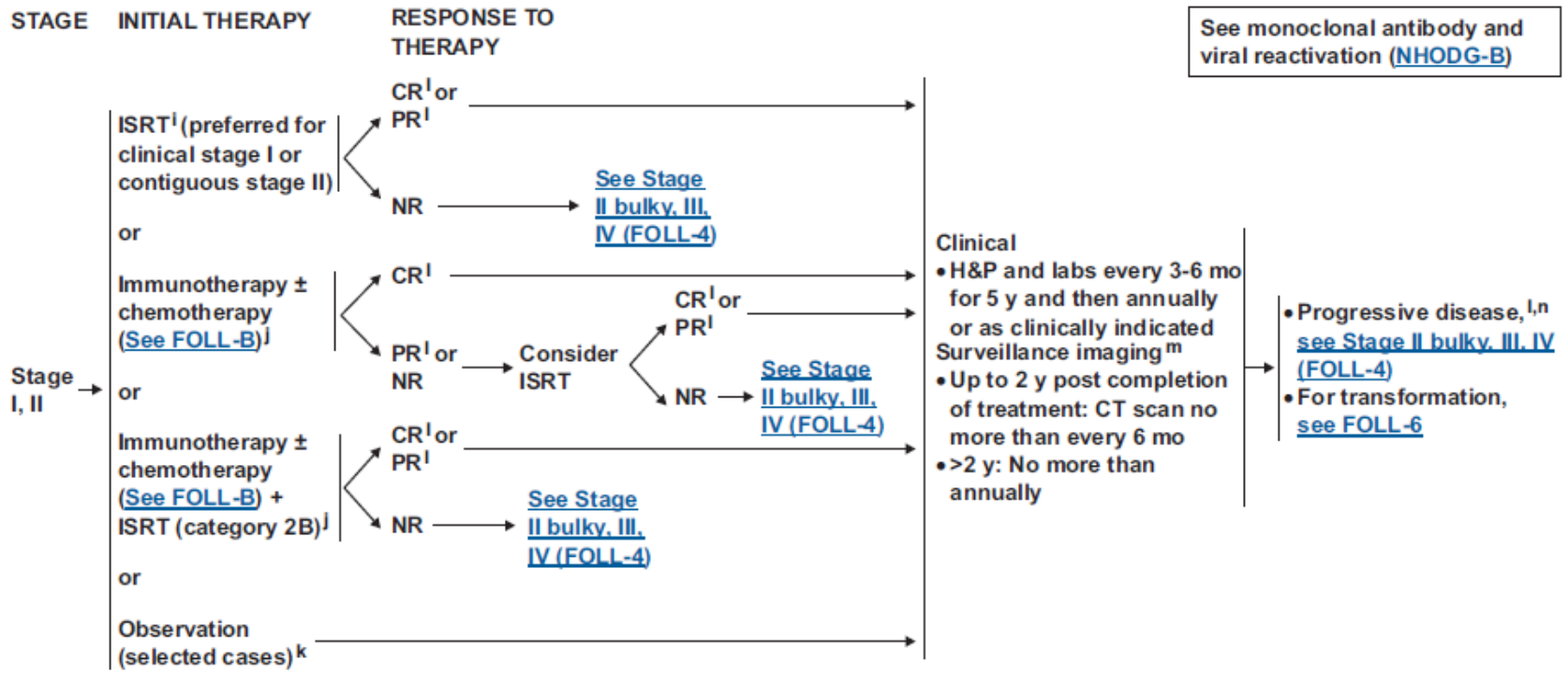
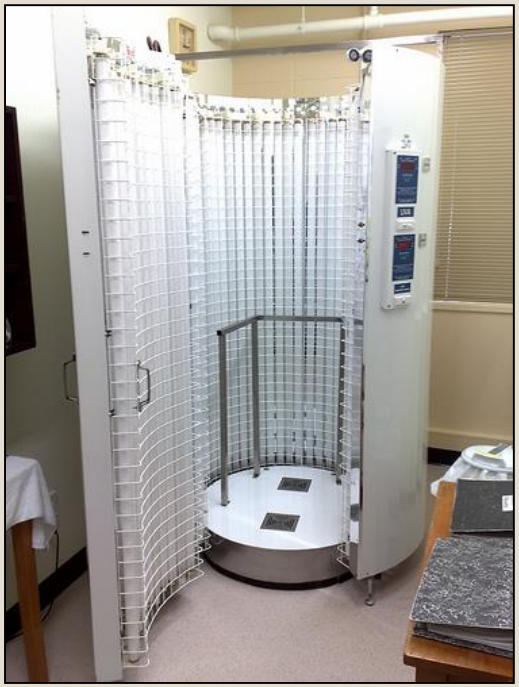


Treatment - Other

- Other Therapy – when and why?

- PUVA for cutaneous lymphoma



Text Documentation

DATA ITEMS REQUIRING COMPLETE TEXT DOCUMENTATION	
Date of DX	RX Summ – Surg Prim Site
Seq No	RX Summ – Scope Reg LN Surgery
Sex	RX Summ – Surg Oth Reg/Distant
Primary Site	RX Date – Surgery
Subsite	RX Summ – Radiation
Laterality	Rad Rx Modality
Histologic Type	RX Date – Radiation
Behavior Code	RX Summ – Chemo
Grade	RX Date – Chemo
	RX Summ – Hormone
CS Tumor Size	RX Date – Hormone
CS Ext	RX Summ – BRM/Immunotherapy
CS Tumor Ext/Eval	RX Date – BRM/Immunotherapy
Regional Nodes Positive	RX Summ – Transplant/Endocrine
Regional Nodes Examined	RX Date – Transplant/Endocrine
CS LN	RX Summ – Other
CS LN Eval	RX Date - Other
CS Mets	
CS Mets Eval	Any Unusual Case Characteristics
All FCDS Req'd SSFs	Any Pertinent Patient/Family History

References

- **2014 Hematopoietic and Lymphoid Neoplasm Case Reportability and Coding Manual**, J. Ruhl, M. Adamo, C. Hahn Johnson, L. Dickie, NCI SEER, 2014
- **Classification, Characteristics, and Behavior of Myeloid Neoplasms,** G.M. Dores, NCI, 2010
- **WHO Classification of Tumors of Hematopoietic and Lymphoid Tissues , 4th ed**, S. Swerdlow, E. Campo, N. Lee Harris, E. Jaffe, S. Pileri, H. Stein, J. Thiele, J. Vardiman, IARC, Lyon, FR, 2008
- **National Comprehensive Cancer Network (NCCN)** 2014 Clinical Practice Guidelines – NHL, ALL, Myeloma, and Hodgkin Lymphoma
- **The 2008 WHO Classification of Lymphoid Neoplasms and Beyond;** E. Campo, S. Swerdlow, NL Harris, E Jaffe; Blood 2011 117
- **A Revised European-American Classification of Lymphoid Neoplasms;** NL Harris, E Jaffe, H Stein; Blood 1994 84
- **FCDS Data Acquisition Manual**

Questions