California Cancer Registry

"Q"-Tips

Quality Tips - Education - Abstracting - Coding

July 2016

#2016-03

Lymphoma – Coding Specific Histologies – Part One

1. An NOS diagnosis may be updated when a more specific diagnosis is identified.
2. Use DX Conf 3 when genetic testing and/or immunophenotyping confirm the histology.
3. Do NOT use DX Conf 3 when genetic testing/immunophenotyping does NOT confirm the histology.
4. There are no timing rules for diagnostic confirmation.
5. Do NOT use ambiguous terms to code a specific histology.

Many lymphoma classifications are based on genetic abnormalities and on CD (cluster of differentiation) abnormalities. Immunophenotyping studies identify the CDs - antigens or markers on a cell's surface. By knowing the CDs, and by examining which antibodies bind to the antigens on cells in a patient's tumor specimen, pathologists can distinguish among cancer types. This knowledge helps guide targeted therapies. For example, CD 20 is a molecule at the surface of immature B lymphocytes that binds Rituxan, an antibody used to treat some forms of lymphoma.

The Disease Information sections in the Hematopoietic Database list the genetic and CD abnormalities that are used for a definitive diagnosis for each lymphoid neoplasm. Not all of the CD and genetic findings will be positive in each case because of disease variants and different phases of a disease.

Examples of variants (alternate names) for diffuse large B-cell lymphoma (DLBCL); all are coded to histology 9680/3

- Splenic EBV-associated B-cell lymphoproliferative disorder
- B-cell lymphoma, unclassifiable, with features intermediate between diffuse large B-cell lymphoma and Burkitt lymphoma
- Double hit lymphoma

1 The registrar must recognize that during the diagnostic workup the physician may start with a non-specific diagnosis (NOS) and as testing is completed, a more specific diagnosis may be identified

Example of the course of a specific lymphoma diagnosis:

1. The working histology at the start of work-up is a lymph node suspicious for lymphoma.
2. Lymph node biopsy shows pathologic (morphologic) diagnosis of B-cell lymphoma.
3. Morphology and immunohistochemical (IHC) findings reveal the final specific diagnosis of EBV positive diffuse large B-cell lymphoma of the elderly.

Diagnostic Confirmation

- Because genetic and immunophenotyping studies can be critical to the classification of a specific lymphoma, it is important to document when these studies confirm a specific lymphoma diagnosis.
  - *See instructions in "Coding the Data Item Diagnostic Confirmation" in the Hematopoietic and Lymphoid Neoplasm Coding Manual.*

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Diagnostic Confirmation *continued:*

❷ **Use diagnostic confirmation code 3 when genetic testing and/or immunophenotyping studies *confirm the abstracted histology.***

- Example: IHC confirms a diagnosis of Burkitt lymphoma.

Note: A query to AskSEERCTR asked: How is diagnostic confirmation coded when the pathology report does not specifically state that immunophenotyping confirmed a specific diagnosis, but IHC values described in the IHC report are consistent with values described in the Heme DB Disease Information?

- The SEER response: Code to diagnostic confirmation 3. Since you have positive immunophenotyping that matches the histology, then you can use code 3.

❸ **Code 3 is *not* used when genetics/immunophenotyping *does not confirm the abstracted diagnosis*.** It is not enough to document that genetics/immunophenotyping were done. If the studies are not diagnostic of a specific histology, code 3 is not used. Genetic/immunophenotyping studies may be done to rule out a specific histology. If the study rules out a specific disease but does not confirm a different histology, code 3 is not used.

- Example: Pathology report shows B-cell lymphoma. IHC studies rule out Burkitt lymphoma. Histology is coded to B-cell lymphoma (9591). Diagnostic confirmation is coded to 1 because the diagnosis of B-cell lymphoma was confirmed histologically (but not by IHC).

❹ **There are no timing rules for diagnostic confirmation**. If a neoplasm is originally confirmed by histology (code 1), and later has immunophenotyping, genetic testing or JAK2 which confirms a more specific neoplasm and there is no evidence of transformation:

- **Change the histology code to the more specific neoplasm *and***
- **Change the diagnostic confirmation to code 3.**

Ambiguous Terminology

❺ **For the hematopoietic and lymphoid neoplasms, ambiguous terms are not used to code a specific histology.** This includes ambiguous terminology used as a result of immunophenotyping or genetic studies. If a specific term is preceded by ambiguous terminology, default to the NOS code.

- Example: Biopsy of right axillary lymph node: Classical Hodgkin lymphoma, favor nodular sclerosing type. Histology is coded to Classical Hodgkin lymphoma (9650/3) because the specific type (nodular sclerosing) is preceded by ambiguous terminology.

However, if there was a subsequent non-ambiguous clinical diagnosis or the patient was treated for it, the histology would be coded to the more specific diagnosis.

- **Document either of these in a text field to support the histology code chosen. *(SINQ 20120052)***