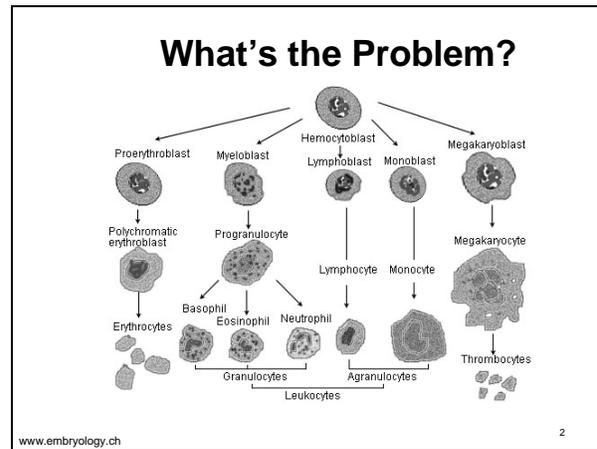


# 2010 Hematopoietic Changes – New Blood!

Louanne Currence, RHIT, CTR



## Hematopoietic Terms

phenotype	cell line
-blast	early form
-cyte	mature form
-proliferative	overproducing
-dysplastic	underproducing/ inadequate/ failing
-emia	in the blood

*Mature*

*Immature*

*Overproduce*

*Underproduce*

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## Hematopoietic Neoplasm Characteristics

- Clonal
  - Monoclonal – reproduces same neoplastic cell without control
- Not reversible
  - Primary, refractory, essential, idiopathic
  - Non-reportable terms
    - Secondary, transient
    - (non-neoplasm)-associated

www.nature.com

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## Why do Pathologists Waffle?

- Path reports can be signed out as:
  - Dyspoiesis
  - Dyserythropoiesis
  - Dysgranulopoiesis
  - Dysmegakaryopoiesis
  - Dysplastic features
  - Megaloblastic features

- Mimic MDS conditions
  - Normal marrow – rare dyspoietic cells
  - B12/folate deficiency
  - Toxins (arsenic, alcohol)
  - Congenital dyserythropoietic anemia
  - Chemo
  - Growth factor therapy
  - HIV infection
  - Parvovirus B19 infection
  - Stress hematopoiesis
  - Poor quality specimen

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ICDO3 Code	FAB Subtype	Name	% adult AML pts	Prognosis compared to AML
9872	M0	Undifferentiated	5%	Worse
9873	M1	Myeloblastic w/minimal maturation	15%	Average
9874	M2	Myeloblastic w/maturation	25%	Better
9866	M3	Promyelocytic	10%	Best
9867	M4	Myelomonocytic	20%	Average
9871	M4 eos	MML w/eosinophilia	5%	Better
9891	M5	Monocytic	10%	Average
9840	M6	Erythroid	5%	Worse
9910	M7	Megakeryoblastic	5%	Worse

www.cancer.org

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WHO Classification		
	Peripheral Blood	Bone Marrow
RA with excess blasts - 1 (RAEB-1) 9983/3	Cytopenias <5% blasts No Auer rods <1 x 10 <sup>9</sup> /L monocytes	Unilineage or multilineage dysplasia 5-9% blasts No Auer rods
RA with excess blasts - 2 (RAEB-2) 9983/3	Cytopenias 5-19% blasts Auer rods ± <1 x 10 <sup>9</sup> /L monocytes	Unilineage or multilineage dysplasia 10-19% blasts Auer rods ±
MDS associated with isolated del(5q) 9986/3	Anemia Usually normal or increased platelet count <5% blasts	Normal to increased megakaryocytes with hypolobated nuclei <5% blasts Isolated del(5q) cytogenetic abnormality No Auer rods

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- ### Other Reportable Lymphoid Diseases
- Malignant histiocytosis
  - Histiocytic sarcoma
  - Dendritic cell sarcoma
    - Interdigitating
    - Follicular
  - Heavy chain disease
  - Immunoproliferative small intestinal disease

8

*Thanks to*  
**Hematopoietic Project**

Carol Hahn Johnson, BS, CTR  
NCI SEER  
Quality Improvement



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- ### Why Now?
- Incidence too low
  - Federal agencies tasked with investigating
  - Registrars' problems

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- ### Priorities Set in 2004
- Priority order for developing rules:
1. Multiple primary and histology for selected solid tumor sites – 2007 rules
  2. Hematopoietic neoplasms - 2010
  3. GI and GYN sites

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- ### Hematopoietic Working Group
- Started October 2006
  - All US standard setters
  - Canadian Cancer Registries
  - Registrars (central & hospital)
  - Physicians

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## Purpose of Committee

- Assess registrars' needs
- Improve casefinding
- Improve coding
- Improve documentation
  - All hematopoietic diseases
  - Standard set of rules
- Hematopoietic Database

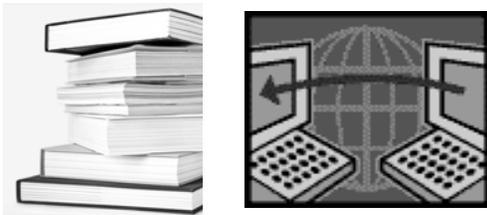
13

## Resources

- *World Health Organization (WHO) Classification of Tumours of the Haematopoietic and Lymphoid Tissues*, 4th Edition, 2008
  - Also called "WHO Blue Book"
- *International Classification of Diseases for Oncology (ICD-O)*

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## Products of Work Group



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## Hematopoietic and Lymphoid Neoplasms Reportability Instructions and Rules

- Introduction
- Reportability Instructions
- Rules
  - Multiple primary
  - Primary Site & Histology
  - Grade
- Glossary

*DRAFT Version*

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## Glossary Example

- Cytokines:** Products of cells of the immune system that regulate the immunologic, inflammatory and reparative responses. Some may stimulate immunity and cause the regression of cancers.
- Cytostatic:** Describes the way some anti-cancer drugs work, not what type of drug they are. Cytostatic treatments stop the cancer cells from multiplying; they do not kill cancer cells.
- Cytotoxic:** Toxic to cells; cell-killing.

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## Other Sections

- Appendix A : HX of hematopoietic and lymphoid neoplasm codes
  - Multiple tables of Obsolete codes
- Appendix B: Histology Lineages (WHO)
  - Multiple tables of heme "families"
    - EX: Myelodysplastic syndromes group

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## Other Sections Cont'd

- Appendix C: Lymph Node, Lymph Node Chain Reference Table
  - 12 Pages
  - Common and uncommon LN

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## Sample Appendix C

LN/LN Chain	ICDO3 Code	ICDO3 LN Region(s)	AJCC LN Region(s)
Abdominal	C772	Intra-abdominal	Pelvic, R & L *
Anorectal	C772	Intra-abdominal	Pelvic, R & L *
Anterior axillary	C773	Axilla or arm	Axillary, R & L *

\* Right & Left are separate regions per AJCC

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## Appendix D: New Histo Terms and Codes; Newly Reportable

- 33 new terms per 2008 WHO 4<sup>th</sup> ed.
- Not newly reportable
  - D1a – Alpha order
  - D1b – Histo code order
- Newly reportable
  - D2 – Change 5<sup>th</sup> digit from /1 to /3
- Vendors will need to allow new codes
- NO plans for ICD-O-4 or addendum (yet)

EX: Myeloid leukemia associated with Down Syndrome - 9898/3

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## Appendix E: Histology NOS Table

- ICD-O-3 NOS terms AND
- WHO proposed NOS terms
- Used for coding histology
  - Only when referred to within module

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## Appendix F: Master List

Table F1a - Alpha

HISTO TERM	NEW 2010	ICDO3 ONLY	WHO & ICDO3
Peripheral T-cell lymphoma, NOS			9702/3
Plasma cell leukemia		9733/3	
Plasma cell myeloma			9732/3
Plasmablastic lymphoma	9735/3		
Polycythemia vera			9950/3

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## Appendix F: Master List

Table F1a - Numerical

HISTO TERM	NEW 2010
<i>Malignant lymphoma, NOS</i>	9590/3
Hairy cell leukemia-variant	9591/3
Splenic B-cell lymphoma/leukemia, unclassifiable	9591/3
<b><i>Primary cutaneous follicle centre lymphoma</i></b>	<b>9597/3</b>

Problem with screen resolution

24

### Reportability: To Code or Not to Code?

● **Note 1:** In many cases the registrar will need to make inquiries to the physician's office to confirm the diagnosis. Unless that type of follow-back is done, hematopoietic cases will be under-reported.



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### Investigate

**BONE MARROW ASPIRATE: Hypercellular marrow (60%) with mild trilineage dysplasia and ringed sideroblasts (see comment).**

- Comment: The most significant findings in this case are the pancytopenia, mild trilineage dysplasia, and ringed sideroblasts. Blasts are minimally increased for age (2%). CD34 and CD117 immunohistochemical stains performed on trephine biopsy sections confirm no significant increase in CD34/CD117 blasts. Morphologically, the best fit appears to be a low grade myelodysplasia (refractory cytopenia with multilineage dysplasia-RCMD), however, the presence of dysplasia in itself is not definitive evidence of a clonal disorder. Nutritional, toxic and other causes of myelodysplasia must be ruled out

26

### Investigate #2

**PERIPHERAL BLOOD SMEAR:** Moderate thrombocytopenia and absolute monocytosis.

**BONE MARROW ASPIRATE, TOUCH PREPARATION, CLOT AND TREPINE BIOPSY SECTIONS:** Hypercellular marrow with increased blasts for age (4%), mild dysplastic changes, and a monoclonal kappa restricted plasmacytosis (<10%), see comment)

- The atypia in the erythroid and megakaryocyte lineage is mild, and alone would not meet the criteria for myelodysplastic syndrome; however, in this particular setting, these findings could be consistent with CMML.

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### Specific Pathology Report

● **Note 2:** When a **pathology report provides the final diagnosis**, report the most specific histology recorded in any of the following parts of the pathology report

- As the final diagnosis
- In a comment regarding the final diagnosis
- As an addendum to the final diagnosis
- In the College of American Pathologists (CAP) protocol

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### Follow Instructions

**Note 3:** Reportable diagnoses are listed in Case Reportability Instructions 4-10

29

### Reportable Instructions

- |   |  |
|---|--|
| <p>1. Report the case when the only information available is that the clinician has started <b>cancer-directed treatment</b> for a reportable hematopoietic or lymphoid neoplasm described in Reportability Instructions 4-10</p> | <p>2. Report the case when the diagnosis of a hematopoietic or lymphoid neoplasm is preceded by one of the following <b>ambiguous terms</b><br/>                 Apparent(ly), Appears, Comparable w/, Compatible w/, Consistent w/, Favor(s), Malignant Appearing, Most Likely, Presumed, Probable, Suspect(ed), Suspicious (for), Typical (of)</p> |
|---|--|

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### Reportable Instructions

- 3. Report the case when there is a **clinical diagnosis** (physician's statement) of reportable hematopoietic or lymphoid neoplasm.
- 4. Report the case when **multiple myeloma, evolving myeloma, early multiple myeloma, indolent multiple myeloma** or **smoldering multiple myeloma** is diagnosed.

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### Reportable Instructions

- 5. Report the case when **preleukemia** or **smoldering leukemia** is diagnosed.  
*Alpha and numerical histo should match in ICD-O-3 (all /3)*
- 6. Report the following hematopoietic and lymphoid neoplasms as **malignant**  
(Three different diseases changed /1 to /3)

32

### Reportable Instructions

- 7. Report the case when a reportable diagnosis appears in any text or report described as a **definitive diagnostic method** in the Hematopoietic DB.
- 8. Report hematopoietic and lymphoid neoplasms with ICD-O-3 morphology codes **9590-9992** that are listed as **/1** and **described as malignant** by a physician.

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### Reportable Instructions

- 9. Report all ICD-O-3 morphology codes **9590-9992** with a **/3** behavior plus the **new histology terms and codes** published by *WHO Classification of Tumours of Haematopoietic and Lymphoid Tissues, 4th Edition*
- 10. Query the **Hematopoietic DB** to determine case reportability for special cases that do **not** meet the criteria listed in the above instructions.

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### Rules

- ◆ Effective Diagnoses 01/01/2010
- ◆ Accompany Hematopoietic Database (DB)
- ◆ Matrix, Text, & Flowchart formats
- ◆ Multiple notes and examples
- ◆ Diagnosis may go from NOS to more specific as workup is done. This does not mean multiple primaries – follow Module rules.

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### Multiple Primaries Rules

- M1** Single primary when **minimal information** is available (EX: DCO)
- M2** Single primary when **single histology**.\*
- M3** Single primary when **two or more types of non-Hodgkin lymphoma** are present in the **same anatomic location** (EX: stomach)

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## Multiple Primaries Rules

**M4** Single primary when both **Hodgkin and non-Hodgkin** lymphoma are present in the **same anatomic location**. (Ex: cervical LN)

**M5** Multiple primaries when any of the following situations are met: \*\*

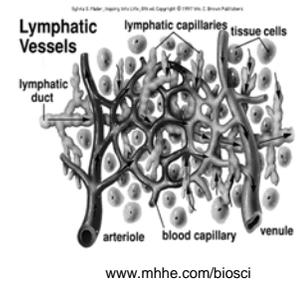
Hodgkin and NHL in:

- H in one node, NHL in another node
- H in one organ, NHL in another organ
- H in one tissue, NHL in another tissue

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## TRANSFORMATION

- From low grade to high grade lymphoma
- From leukemia to lymphoma
- From myelodysplastic to leukemia
- 10-40% will transform



www.mhhe.com/biosci

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## Multiple Primaries Rules

**M6** Single primary when a **more specific** histology is diagnosed after an **NOS** in the same histologic grouping as defined in Appendix B Histology Lineages.\*

No timing rule

**M7** Single primary when a neoplasm is **originally diagnosed** in a precursor or less aggressive/chronic phase **AND**

- A **second diagnosis** of a blast or acute phase occurs within 21 days **AND**
- There is no available documentation of a bone marrow confirming both the precursor and acute neoplasm

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## Multiple Primaries Rules

**M8** Multiple primaries when both chronic and acute phase neoplasms are diagnosed within 21 days **AND** \*\*

There is documentation of two bone marrow examinations, one confirming the chronic neoplasm and another confirming the acute neoplasm

**M9** Abstract as a single primary when both chronic and acute phase neoplasms are diagnosed within 21 days **AND** \*

There is no available documentation on bone marrow biopsy

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## Reporting Process for Newly Reportable Dx in 2001

Previously /1 diseases

Decision in 2001: transformations = recurrences

Issue: Precursor collected; acute disease is not

MDS, NOS (1.76/100K)

Polycythemia Vera (0.87/100K)

ET (0.71/100K)

RA (0.61/100K)

RA w/ blasts (0.6/100K)

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## Focus on MDS

# of cases 6,856

Deaths all causes 4,348

Cancer deaths 1,264

AML deaths 510

Effect of losing transformation info:

- Quality of care evaluation
- Predict time before transformation
- Evaluate treatment vs. no treatment based on transformation % and time
- Compare efficacy of treatment modalities

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## Multiple Primaries Rules

**M10** Multiple primaries when a neoplasm is **originally diagnosed** in a **chronic** (less aggressive) phase **AND second diagnosis** of a blast or acute phase **21 days or more** after the chronic diagnosis. \*\*

Transformation to more aggressive disease  
Richter's Transformation, RT,  
Richter Syndrome

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## Multiple Primaries Rules

**M11** Single primary when a neoplasm is originally diagnosed in the blast or acute phase and **reverts** to a less aggressive/chronic phase **AND** there is **no** confirmation available that the patient has been treated.

**M12** Multiple primaries when a neoplasm is originally diagnosed in the blast or acute phase and **reverts** to a less aggressive/chronic phase **after treatment**. \*\*

**M13** Use the Hematopoietic DB to determine the number of primaries for all cases that do **not** meet the criteria of M1-10.

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## Primary Site and Histology Coding Rules

- ◆ Use PH Modules 1-9 BEFORE Heme DB
- ◆ Each module covers related heme/lymph diseases
  - Go directly to module needed
    - ◆ Module 1 and Module 9 are NOS rules
    - ◆ Modules 2-7 are specific diseases
    - ◆ Module 8 Histology rules only
  - Basic modules are NOT in hierarchy order
  - WITHIN modules, rules are in hierarchy
- ◆ Some modules say do NOT go to DB

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## Module 1: General Instructions (9590 – 9992)

**PH1** Code the primary site using information from scans, documentation in the medical record, the pathology report, and from the Heme DB

**PH3** Code the primary site and histology using the medical practitioner's statement on the medical record or death certificate when none of the tests or reports defined as a definitive diagnostic method is available.

**PH2** Code the histology diagnosed by the definitive diagnostic method (see Heme DB).

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## Module 2: Plasma Cell Neoplasms (9731/3, 9732/3, 9734/3)

**PH4** Code **site of origin** (LN region(s), lymphatic tissue, or lymphatic organ and 9734/3 when the plasmacytoma occurs in a site other than bone and/or the diagnosis is:

Plasmacytoma  
Extrasosseous (extramedullary)plasmacytoma  
Solitary plasmacytoma  
Multiple plasmacytomas  
Multiple extrasosseous (extramedullary) plasmacytomas

47

## Module 2: Plasma Cell Neoplasms (9731/3, 9732/3, 9734/3)

**PH5** Code **specific bone (C400-C419)** where the plasmacytoma originated and 9731/3 when the diagnosis is

Solitary or multiple plasmacytoma  
Solitary or multiple plasmacytoma of bone  
Solitary or multiple medullary plasmacytoma

**PH6** Code **unknown (C809)** and 9731/3 when the only information is that the patient had a **plasmacytoma** or a **solitary plasmacytoma**.

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**Module 2: Plasma Cell Neoplasms**  
(9731/3, 9732/3, 9734/3)

**PH7** Code **bone marrow (C421)** and **multiple myeloma (9732/3)** when the **clinical** diagnosis is multiple myeloma and there is no documentation of bone marrow biopsy or the results of the bone marrow biopsy are unknown or unavailable.

**PH8** Code **bone marrow (C421)** and **multiple myeloma (9732/3)** when the diagnosis is **smoldering myeloma, indolent myeloma, or multiple myeloma.**

If these rules don't work,  to Module 8

49

**Module 3: Lymphoma ↔ Leukemia**

(9670/3, 9687/3, 9727/3, 9728/3, 9729/3, 9823/3, 9826/3, 9835/3, 9836/3, 9837/3)

**PH9** Code **bone marrow (C421)**, code **B-cell chronic lymphocytic leukemia (9823/3)** when the diagnosis is **B-cell chronic lymphocytic leukemia/small lymphocytic lymphoma (BCCLL/SLL)** and **peripheral blood is involved (the bone marrow may also be involved).**

**PH10** Code the **site of origin** (LN region(s), lymphatic tissue, or lymphatic organ), code **small lymphocytic lymphoma (9670/3)** when the diagnosis is B-cell chronic lymphocytic leukemia/small lymphocytic lymphoma **AND** the peripheral blood and flow cytometry are **negative** or **unknown** and you cannot verify that the disease originated in the bone marrow.

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**Module 3: Lymphoma ↔ Leukemia**

(9670/3, 9687/3, 9727/3, 9728/3, 9729/3, 9823/3, 9826/3, 9835/3, 9836/3, 9837/3)

**PH11** Code **bone marrow (C421)** and to the respective histology from the list below **AND** only involvement is bone marrow  
Burkitt cell leukemia (9826/3)  
Precursor cell lymphoblastic leukemia, NOS (9835/3)  
Precursor B-cell lymphoblastic leukemia (9836/3)  
Precursor T-cell lymphoblastic leukemia (9837/3)

**PH12** Code **site of origin** (LN region(s), lymphatic tissue, or lymphatic organ) and to the respective histology from the list below **AND** involvement of LN, lymphatic organ, or lymphatic tissue  
Burkitt lymphoma, NOS (9687/3)  
Precursor cell lymphoblastic lymphoma, NOS (9727/3)  
Precursor B-cell lymphoblastic lymphoma (9728/3)  
Precursor T-cell lymphoblastic lymphoma (9729/3)

If these rules don't work,  to Module 8

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**Module 4: Preleukemia, Smoldering Leukemia and Myelodysplastic Syndrome (9989/3)**

**PH13** Code **bone marrow (C421)** and **myelodysplastic syndrome (9989/3)** when the diagnosis is preleukemia, smoldering leukemia, or myelodysplastic syndrome.

If these rules don't work,  to Module 8

52

**Module 5: Myeloid Neoplasms**

(9861/3, 9930/3)

**PH14** Code **bone marrow (C421)** and histology **9861/3** when the diagnosis is **myeloid neoplasm** or **acute myeloid leukemia, NOS** **AND** the involvement is **limited to bone marrow.**

**PH15** Code to **site of origin** (LN region(s), lymphatic tissue, or lymphatic organ) and histology to **myeloid sarcoma (9930/3)** when the diagnosis is **myeloid neoplasm** or **myeloid sarcoma** **AND** the neoplasm originates in a site **other than bone marrow.**

For rules on coding primary site for lymphomas, go to Modules 1 and 7.

If these rules don't work,  to Module 8

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**Module 6: Coding Primary Site/Histology for Specified Lymphoma**

(9596/3, 9597/3, 9670/3, 9671/3, 9680/3, 9689/3, 9689/3, 9690/3, 9691/3, 9695/3, 9729/3, 9671/3)

**PH16** Code to **site of origin** (LN region(s), lymphatic tissue, or lymphatic organ) and histology **diffuse large B-cell lymphoma (DLBCL) (9680/3)** when - DLBCL and follicular lymphoma (9690/3) are present **in the same LN, lymphatic tissue, or lymphatic organ**

**PH17** Code to **site of origin** (LN region(s), lymphatic tissue, or lymphatic organ) and follicular when the lymphoma is described as diffuse follicular or follicular, diffuse:

Follicular, Grade **X** have different codes

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**Module 6: Coding Primary Site/Histology for Specified Lymphoma** (9596/3, 9597/3, 9670/3, 9671/3, 9680/3, 9689/3, 9689/3, 9690/3, 9691/3, 9695/3, 9729/3, 9671/3)

**PH18** Code to skin (C44\_) and histology follicle cell lymphoma (9597/3) when there is **skin infiltration with follicle cell lymphoma or B-cell lymphoma, follicle type** and there is **no extracutaneous involvement**.

**PH19** Code to skin (C44\_) and histology large B-cell lymphoma (9680/3) when there is **skin infiltration with large B-cell lymphoma or B-cell lymphoma, large cell type** and there is **no extracutaneous involvement**.

**PH20** Code to skin (C44\_) and histology B-cell lymphoma, NOS (9680/3) when there is **skin infiltration with B-cell lymphoma** and there is **no extracutaneous involvement**.

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**Module 6: Coding Primary Site/Histology for Specified Lymphoma** (9596/3, 9597/3, 9670/3, 9671/3, 9680/3, 9689/3, 9689/3, 9690/3, 9691/3, 9695/3, 9729/3, 9671/3)

**PH21** Code **site of origin** (LN region(s), tissue, or organ) and histology **composite lymphoma (9596/3)** when **both non-Hodgkin lymphoma and Hodgkin lymphoma are present in the same LN region(s), lymphatic tissue, or lymphatic organ**

**PH22** Code **site of origin** (LN region(s), tissue, or organ) and histology to **numerically highest ICD-O-3 code** when two or more **non-Hodgkin lymphomas** are present in the same LN, lymphatic tissue, or lymphatic organ.

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**Module 6: Coding Primary Site/Histology for Specified Lymphoma** (9596/3, 9597/3, 9670/3, 9671/3, 9680/3, 9689/3, 9689/3, 9690/3, 9691/3, 9695/3, 9729/3, 9671/3)

**PH23** Code blood (C420) and histology Waldenstrom macroglobulinemia (9761/3) when the only information available is abnormal protein in the blood.

**PH24** Code to involved bone marrow, LN, or lymphoid tissue and the histology lymphoplasmacytic lymphoma (9671/3) when the diagnosis is Waldenstrom macroglobulinemia OR lymphoplasmacytic lymphoma and Waldenstrom macroglobulinemia AND the bone marrow, LN OR lymphoid tissue are involved.

If these rules don't work,  to Module 8

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**ICD-O-3 LN Chains, Groupings, Regions**

- C77.0 Head, face, neck
- C77.1 Intrathoracic
- C77.2 Intra-abdominal
- C77.3 Axilla or arm
- C77.4 Inguinal or leg
- C77.5 Pelvic

This is NOT Staging Info

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**Module 7: Lymphoma Primary Site (9590/3-9729/3)**

**PH25** Code to specific LN region when only **one LN or one LN region** is involved.

**PH26** Code mediastinal LN (C771) when the site of lymphoma is described **only** as a **mediastinal mass**.

**PH27** Code intra-abdominal LN (C772) when the site of lymphoma is described **only** as a **retroperitoneal mass** or as a **mesenteric mass**.

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**Module 7: Lymphoma Primary Site (9590/3-9729/3)**

**PH28** Code inguinal LN (C774) when the site of lymphoma is described **only** as an **inguinal mass**.

**PH29** Code to the specific LN region when **multiple LN chains** within the **same region** (as defined by ICD-O-3) are involved.

**PH30** Code as multiple LN regions, NOS when multiple LN regions (C778) as defined by ICD-O-3 are involved and it is **not possible to identify the LN region where the lymphoma originated**.

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**Module 7: Lymphoma Primary Site**  
(9590/3-9729/3)

**PH31** Code LN, NOS (C779) when lymph node(s) are involved but **no primary site/particular LN region** is identified.

**PH32** Code bone marrow (C421) when lymphoma is **present only in the bone marrow**

**PH33** Code to specific lymphatic organ when **lymphoma** is present **only** in a lymphatic organ.

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**Module 7: Lymphoma Primary Site**  
(9590/3-9729/3)

**PH34** Code LN region as defined by ICD-O-3 when there is **proof of extension from the regional LN** into the organ.

**PH35** Code organ when lymphoma is present in an **organ** and that organ's **regional LN**

**PH36** Code LN, NOS (C779) when **lymphoma** is present in an **organ(s)** and **LN** that are **not regional** for that organ and the **origin cannot be determined** even after consulting the physician.

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**Module 7: Lymphoma Primary Site**  
(9590/3-9729/3)

**PH37** Code primary site to unknown primary site (C809) only when there is **no evidence of lymphoma in LN AND** the physician documents in the medical record that he/she suspects that the **lymphoma originates in an organ(s)**. See ICD-O-3 Rule D.

If these rules don't work,  to Module 8

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**Module 8: Histology Rule Only**  
(9590/3-99923)

**PH38** Code the non-specific (**NOS**) histology when the diagnosis is

- **One non-specific histology AND**
- **Two or more specific histologies AND**
- The hematopoietic DB calculator documents the specific histology and NOS are the **same primary AND**
- No further information is available

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**Module 8: Histology Rule Only**  
(9590/3-99923)

**PH39** Code the **specific** histology when the diagnosis is

- One **non-specific** (NOS) histology **AND**
- One **specific histology AND**
- The Hematopoietic DB multiple primary calculator documents the specific histology and NOS are the **same primary**

If these rules don't work,  to Module 9

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**Module 9: Default Rules**  
(9590/3-9992/3)

**PH 40** Use the **Heme DB** to determine the primary site and histology when rules PH1-PH39 do **not** apply.

**PH 41** When the histology code cannot be determined using the Heme DB, code the histology with the **numerically higher** ICD-O-3 code.

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### Grade of Tumor Rules

**G1** Use statements from **any** part of the medical record including, but not limited to

- History and physical **OR**
- Consultation **OR**
- Final diagnosis **OR**
- Face sheet

Do not use  
ICD-O-3  
pg 16-18

**G2** There is a statement giving the cell type in the medical record ; **only** use codes 5, 6, 7, 8, and/or 9

67

### Grade of Tumor Rules

**G3** Code any statement of **T-cell, B-cell, or NK-cell**

**G4** Code T-cell (code 5) when the disease is identified as **T-cell, T-cell phenotype, T-precursor, pre-T, gamma-delta T, or null cell and T-cell**

68

### Grade of Tumor Rules

**G5** Code B-cell (code 6) when the disease is identified as **B-cell, B-cell phenotype, B-precursor, pre-B, or null-cell and B-cell**

**G6** Code Null cell, non-T non-B (code 7) when the disease is described as **null cell, non-T non-B, or common cell**

69

### Grade of Tumor Rules

**G7** Code Natural Killer (NK) cell (code 8) when the disease is described as **NK cell, natural killer cell, nasal NK/T-cell lymphoma, or null-cell and NK cell**

**G8** Code cell type not determined, not stated, not applicable (code 9) when

- There is **no statement** describing the cell type **OR**
- When the cell type is described as **combined T AND B cell OR**
- When the cell type is described as **combined B AND NK cell**

70

Hematopoietic Database

Enter search term or code (xxxx/x):

71

Your search for "plasma cell dyscrasia" found 76 results.  
Select your disease of interest

Matched Term	ICD-O-3 Code	Reportable
Plasma cell dyscrasia	9733/3	Yes
Mixed cellularity classical Hodgkin lymphoma	9652/3	Yes
Peripheral T-cell lymphoma	9702/3	Yes
Hairy Cell Leukemia	9940/3	Yes
Anaplastic large cell lymphoma, ALK positive	9714/3	Yes
Solitary plasmacytoma of bone	9731/3	Yes

ICD-O-3 Code: 9733/3 Preferred Term: Plasma cell leukemia

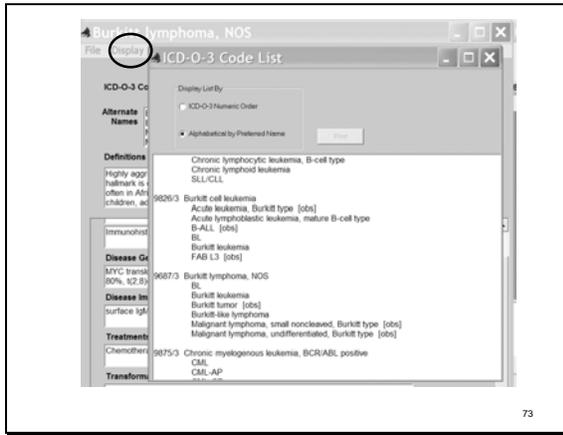
**Definition**  
Circulating peripheral blood plasma cells exceeding 2 x 10 to the 9th power/liter or 20% of peripheral blood white cells. May occur at time of diagnosis (primary PCL) or evolve as a terminal complication during the course of plasma cell myeloma (secondary PCL).

**Alternate Names**  
PCL  
Plasma cell dyscrasia  
Plasmacytic leukemia  
Primary PCL

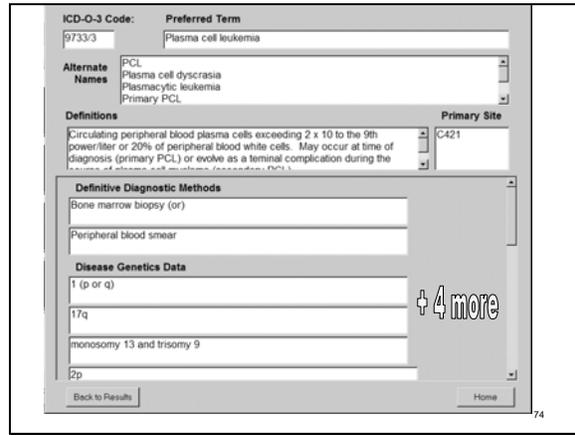
Select the fields you wish to display:

All  Disease genetics data  Treatments  
 Definitive diagnostic methods  Disease immunophenotyping  Transformations

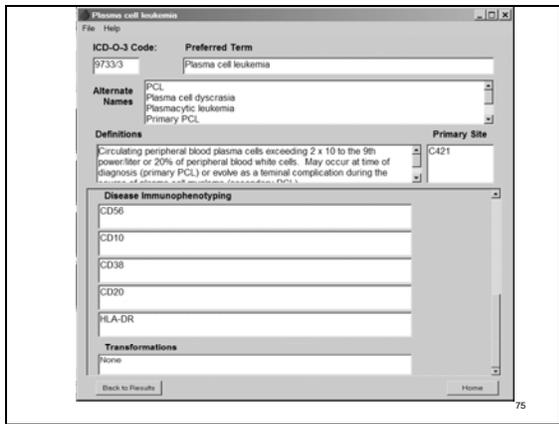
72



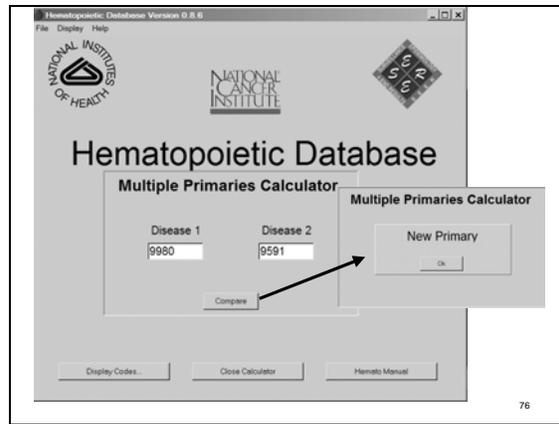
73



74



75



76

## Educational Plans

- Webinars – prerecorded on website
- Disease lineage
- Disease process
- Rules
- DB

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## Dedicated to Cancer Registrars and Working Group

- Hematopoietic rules
- Hematopoietic DB



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