

Reportability and Case Eligibility for Hospital Cancer Registries

Arizona Cancer Registry

Health and Wellness for all Arizonans



Arizona Cancer Registry (ACR)

- The Arizona Cancer Registry is a population-based surveillance system that collects, manages and analyzes information on the incidence, survival and mortality of persons having been diagnosed with cancer.

The Law: ARS § 36-133

- Effective as of January 1, 1992 Arizona Revised Statute §36-133 became law and governs the surveillance of cancer in Arizona.

<http://www.azleg.state.az.us/ars/36/00133.htm>

- The rules for how and when cases need to be reported can be found in the Arizona Administrative Code Title 9, Chapter 4.

http://www.azsos.gov/public_services/Title_09/9-04.htm

Who is required to report to the Arizona Cancer Registry?

- Physicians, hospitals, clinics, pathology laboratories, dentists, naturopathic doctors, and registered nurse practitioners.

In general, most cancer cases are reportable to the Arizona Cancer Registry (ACR).

- When cancer is initially diagnosed and/or treated, an *abstract* is completed.
 - An abstract is a summary of pertinent data about the patient, the cancer, and the management of the patient's cancer.

What is reportable?

- Any malignant tumor/neoplasm (solid) or hematopoietic (blood);
- Any benign tumor of the central nervous system and pineal and pituitary glands.
- And many exceptions...



Primary Considerations

This training module focuses on three primary items to consider in determining if a case is reportable:

- ✓ Histology and Behavior code of the neoplasm
- ✓ Ambiguous terms used by the physician
- ✓ Class of case

Diagnosis by Histology

When neoplasms are examined a 4 digit **histology code** is assigned and additionally a 5th digit **behavior code**.

The behavior of a tumor is important because it tells us about the severity of the tumor *and* determines if it is reportable.

Adenocarcinoma NOS = 8140 /3

{histology behavior code}

{morphology}

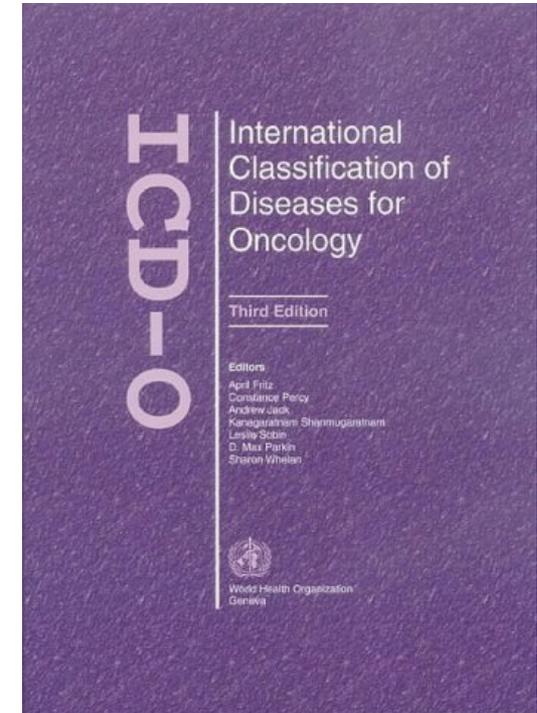
Reportable Behavior Codes:

/0	Benign
/1	Neoplasms of uncertain and unknown behavior
/2	In-situ neoplasms (non-invasive)
/3	Malignant, primary site
/6	Malignant, metastatic site
/9	Malignant, stated or presumed to be secondary

The ACR defines a reportable neoplasm/tumor as any neoplasm with a behavior code of /2 or higher.

Histology & Behavior codes – reference source:

The ICD-O-3 is the International Classification of Diseases for Oncology and the reference for how each type of solid tumor is coded.



Using the ICD-O-3

The ICD-O references every type of cancer and it's histology code, behavior code (morphology), and the typography (anatomical site). Typography indicates the origin of the cancer and is expressed as C00 – C80.

- Look up: Upper Outer Quadrant Breast Right find the typography. (pg 118) C50.4

Using the ICD-O-3

You can get to the same answer in the ICD-O in different ways . There is a separate numerical index for both topography and morphology and there is a combined alphabetical index.

- Find 50.4 in Topography (pg. 58)
- Find Adenocarcinoma in a polyp 8210/3 (pg. 106)
- Find Polyp Adenocarcinoma 8210/3 (pg. 191)

ICD-O-3 Exercises:

Open your ICD-O to the alphabetic index (p105)

- Look for the histology code for **Ductal Carcinoma**.
- Find M-8500/3. The behavior code is 3. This means this is a **malignant** neoplasm and is cancer.
- Next, look for **Ductal Carcinoma in situ**.
- Find M-8500/2. The behavior code is 2. This means this is an **in situ** neoplasm. In situ is still cancer but a cancer that has not invaded or spread.
- These are both reportable cancers since the behavior code (5th digit) is a 2 or above.

ICD-O-3 Exercises:

When it has been determined that a neoplasm is not cancer it is considered benign.

- Look up Adenoma. 8140/0
- Reportable or not reportable?
- This is not reportable because it has a behavior code of 0 meaning this is benign.

NOTE: Exceptions

- There may be cases you come across and wonder why a particular case was or was not reported. It is likely due to a change in the rules. For example:
 - Carcinoma in-situ of the cervix became non-reportable as of 1/1/1994.
- When you encounter discrepancies, check for rule changes. You can find these changes in your **FORDS manual. ACR Coding Handbook.**

Behavior Codes of /0 or /1

EXAMPLE: BENIGN but REPORTABLE

There are exceptions to reporting requirements that involve tumors with a behavior code of less than 2:

Benign tumors in the central nervous system; the meninges(C70_), brain(C71_), spinal cord(C72.0), and cranial nerves(C72.5) have always been reportable to the ACR. But effective 1/1/2001 and other parts of the central nervous system; the craniopharyngeal duct (C75.2), pineal gland(C75.2) and the pituitary gland (C75.3) also became reportable.

Behavior Code of /2 or above:

Example: MALIGNANT but NOT REPORTABLE

There are exceptions to reporting requirements that involve tumors with a behavior code higher than 2 but are reportable:

Basal and squamous cell carcinomas (BCC and SCC) of the skin (C44 _) with histology codes from 8000-8110, staged regional or distant are *not reportable* as of January 1, 2003.

Carcinoma in situ (CIS – C53_) of the cervix, is *not reportable* as of January 1, 1994.



The Hematopoietic and Lymphoid Neoplasm Coding Manual is the reference for coding all cancers of the blood and lymphoid systems beginning January 1, 2010 and forward. It can be found at the SEER website and by the link below.

[http://seer.cancer.gov/tools/heme/Hematopoietic Instructions and Rules.pdf](http://seer.cancer.gov/tools/heme/Hematopoietic%20Instructions%20and%20Rules.pdf)

Hematopoietic and Lymphoid Neoplasm Coding Manual

Effective with Cases Diagnosed 1/1/2010 and Forward

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Ambiguous Terms

Sometimes determining a reportable diagnosis might not be so black and white.

EXAMPLE: A doctors report reads that they “*suspect*” prostate cancer.

Some terms have been determined to constitute a diagnosis and are therefore reportable cases.

Reportable Ambiguous Terms

Dr. Vague:

Physical – J. Doe

01/01/2012

Mr. Jones presented w/
concerns of frequency and
pain when urinating.

PSA= 6.

Probable adenocarcinoma
of the prostate.

OR: “suspicious” for cancer

“appears like cancer”

“consistent with carcinoma”

“presumed to be cancer”

“is most likely cancer”

“apparently”

“comparable with”

Ambiguous Terms

Constitutes a Diagnosis

Apparently
Appears
Comparable with
Consistent with
Favors
Malignant appearing
Most likely
Neoplasm Presumed Probable
Suspected
Suspicious
Tumor
Typical of

DOES NOT

Constitute a Diagnosis

Cannot be ruled out
Equivocal
Possible
Potentially malignant
Questionable
Rule out
Suggests
Worrisome

Class of Case

All abstracted cases are assigned a “Class of Case” code.

The class of case code indicates how the reporting facility, is involved with this patient’s care.

Cases are broadly analytic or non-analytic cases.

For example: A patient might receive the diagnosis at your facility and treatment at a different facility. The cancer is reported by both facilities. This is a common occurrence and is referred to as an **“analytic”** case.



Non-analytic Cases

If a patient comes to your facility with evidence of cancer but was diagnosed *and* treated elsewhere; this is a non-analytic case and is still reportable to the ACR.

However, the case may have been reported by the diagnosing or treatment facility.

Non-analytic; should I report?

Your facility's lack of involvement in initial diagnosis and/or treatment of a patient's cancer makes it a "*non-analytic*" case.

Non-analytic cases *are* reportable by your facility, **if not already previously reported by another facility.**

But, how will you know?

Non-analytic Tracking Form

Contact the ACR for a determination.

A Non-Analytic Tracking Form can be found on the ACR website <http://azdhs.gov/phs/phstats/cancer-registry/index.htm>

Fax or send through encrypted email, to the ACR and they will determine if the case has been reported previously and if your facility should abstract the case.

Synopsis

- 1) Solid, Hematopoietic and Lymphoid Neoplasms that are determined to be malignant cancers are reportable to the ACR.
- 2) The behavior code (5th digit) in the morphology is a way to determine in situ or invasive malignancy.
- 3) There are exceptions to include some benign cancers that are reportable and some malignant cancers that are not reportable.
- 4) Some ambiguous terms can be considered a diagnosis of cancer and are reportable.
- 5) Your facilities involvement with a patient or the “class of case” determines if the case is reportable and by whom.
- 6) Consult your ACR Coding Manual and FORDS Manual.

Learning Check

Module Exercises:

- Read the questions
- Advance to next slide for the answer

1) Histology/behavior codes

Choose the correct answer:

Adenocarcinoma – 8140/3

- a) malignant cancer/reportable
- b) in-situ cancer/reportable
- c) benign neoplasm/non reportable

1. ANSWER

a) malignant cancer/reportable

We know this cancer is malignant by the /3 behavior code. Behavior codes of /2 or higher are reportable to the ACR.

2) Histology/behavior codes

A patient's biopsy report from your hospital's outpatient procedure reads a final diagnosis of in situ melanoma.

The histology is determined to be 8720/2.

Is this case reportable?

2. ANSWER

This case IS reportable.

Melanoma is reportable with a behavior code of 2 (in situ) or higher.

3) Ambiguous Terms

The patient comes to your hospital with a rash on his back. The doctor reports that the patient's rash appears to be melanoma.

Is this case reportable?

3. ANSWER

This case IS reportable.

“Appears” is an acceptable ambiguous term that constitutes a diagnosis of cancer.

4) Histology/behavior codes

The patient has been diagnosed with basal cell carcinoma of the skin 8090/3 on August 5, 2014.

Is this case reportable?

4. ANSWER

This case is NOT reportable.

Basal Cell Carcinoma is not required to be reported to the ACR as of 1/1/2003.

5) Histology/behavior codes

A patient had a biopsy of a brain tumor in the left temporal lobe. The path report states that the specimen was benign meningioma. 9530/0

Is this case reportable?

5. ANSWER

This case *IS* reportable to the ACR

All brain tumors whether malignant or benign are reportable.

6) Reportability rules

Patient is diagnosed with breast cancer at a doctor's office. Because of her advanced age, the patient refused any further evaluation or treatment.

3 months later the patient comes to your hospital with a pain in her chest and the hospital physician finds lung cancer and mentions there is evidence of breast cancer.

What, if anything, is reportable by your hospital?

6. ANSWER

Both tumors are reportable by your hospital.

The breast cancer is a non-analytic case and the hospital can check with the ACR to determine if the case had been reported.

The lung cancer is analytic and reportable.

NOTE: Case must be determined if this is two separate primary tumors or if one tumor has spread to another. Consult MPH Manual.

7) *Class of case*

The patient was diagnosed with bone cancer at a physician's office and comes to your hospital's radiation clinic to receive first-course treatment.

- a) non-analytic; not reportable
- b) analytic; reportable by hospital cancer registry
- c) analytic; reportable by physicians office

7. ANSWER

b) analytic; reportable by hospital cancer registry

This is a common occurrence in which the person is a patient of your hospital and diagnosis and/or first course treatment is provided by your hospital making this case “analytic” and reportable.

8) *Class of case*

The patient has recurrent melanoma diagnosed in January of 2009 by his dermatologist. He receives ongoing treatment as he is not cancer free. He comes to your hospital with high blood pressure. Dr. prescribes medication for blood pressure and writes that patient has melanoma and receives treatment at Dr. Sims facility.

- a) non-analytic do not report
- b) analytic – do not report
- c) non-analytic – check with ACR

8. ANSWER

c) non-analytic – check with ACR

The patient has evidence of cancer and is reportable. Your facility has had no involvement, making it a “non-analytic” case. Check with the ACR to see if the case has been reported previously. If it has not been reported, abstract the case.

9) Histology/behavior codes

The patient was diagnosed with carcinoma in situ of the cervix at your hospital May 20, 2014 and continues to be followed by your hospital.

Is this case reportable?

9. ANSWER

This case is NOT reportable.

Carcinoma in-situ of the cervix (CIS) is not reportable to the ACR after 1/1/1994.

10) Diagnosis

The patient presented in the hospital's emergency room complaining of blood found in his stool. Physician completed a physical and stated that the patient's symptoms suggest colon cancer.

Is this case reportable?

10. ANSWER

This case is NOT reportable.

“Suggest” is an ambiguous term that does *NOT* constitute a diagnosis of cancer.

Resources:

Case Eligibility & Cancer Identification

FORDS Manual Revised for 2012 pages 3 – 14

<http://www.adhswebdev2.com/phs/phstats/cancer-registry/documents/registrar/handbook/2012/2012-acr-arizona-cancer-registry-coding-handbook.pdf>

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The Centers for Disease Control and Prevention:

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