

F.A.Q.
From the 2009 FCRA Annual Meeting
Jim Hofferkamp, CTR

During my presentation I was asked a couple of questions that I would like to address a little further. Also, I have a clarification to a statement I made concerning the 2010 changes. Could you please forward this e-mail to all of the participants at the meeting.

Questions

Question 1

During the presentation you said we should ignore the terms foci, focus and focal when determining histology. What would we do if the histology was DCIS with a foci of invasive ductal carcinoma.

Answer 1

If you have a situation with multiple invasive histologies or multiple non invasive histologies and one of the histologies is described as a foci (or focus or focal), then ignore that histology. The reason being that the histology being described as foci, focal or focus represents such a small part of the tumor that it should not be used to assign the histology.

For example:

An invasive ductal with foci of spindle cell. The spindle cell carcinoma makes up such small portion of the invasive histology that it should not be considered when assigning a histology code.

However, in your example the foci of ductal carcinoma represents **all** the invasive histology. The rules tell us to code only the invasive histology when both invasive and non-invasive histologies are present.

Question 2

If a patient has a lesion in the right lower lobe coded to 8250/3 (Bronchioalveolar adenocarcinoma) and a second tumor in the right upper lobe coded to 8255/3 (Adenocarcinoma with mixed subtypes) wouldn't they be considered two primaries due to the differences in the 4th digit and therefore the multiple tumor rules would not apply?

Answer 2

In this part of the presentation we were discussing making multiple passes. In particular, we were discussing the fact that in some instances before you can use the multiple primary rules, you must first assign a histology to each tumor. In the example below you would first assign a histology code to each tumor. Then you would use the multiple primary rules to determine how many tumors were present. In this case there are two primaries (rule M5).

Pathology from patient with two tumors removed from the same lung:

- Specimen A -Wedge biopsy of right lower lobe
 - Bronchioalveolar adenocarcinoma, Grade 2
- Specimen B-Right upper lobe lung resection
 - Adenocarcinoma with solid and papillary features

Clarification

During the “What’s new for 2010” presentation I stated that there were 33 new histologic terms. Someone asked if these were newly reportable histologies. I stated that they were new terms that had been assigned a current histology code. This statement was incorrect.

The 33 new terms have new histology codes.

For example- terms such as *acute myeloid leukemia with t(6;9)([23;q34) DEK-NUP214* do not have a specific histology code. If we come across a patient diagnosed in 2009 with this histology we would use our best judgment to assign a histology code (probably acute myeloid leukemia nos-9861/3).

Starting with cases diagnosed in 2010 we will have a specific histology code for this disease.

These terms have always been reportable, we just didn’t have a specific code we could use to assign a histology.

If you have any additional questions concerning last week’s presentation, please feel free to contact me!

Jim Hofferkamp, CTR
NAACCR Training Specialist
jhofferkamp@naaccr.org
217.698.0800 x 5