Q&A Session for Lymphoma

February 4, 2021

#	Question	Answer
1.	Where did Jim say the list for bulky disease was. I thought I heard 790.	Response from the Hematopathologist to Marianne's question: No I do not think that is standard of care. We need to see the cells. Sometimes it can be diagnosed by blood and may not need a bone marrow biopsy or lymph node biopsy, but some tissue needs to be see microscopically to prove they are lymphocytes.
2.	Our researchers working with data noticed a few cases of childhood (0-14) leukemia with radiology as the method of diagnosis and questioned whether this was a valid method for this type of cancer and age group. Heme manual indicates that although this method of diagnosis is rare for heme cases, but it is valid. lymphoma could be diagnosed by radiology, is there an exception for leukemia vs lymphoma method of diagnosis? Should the Heme manual apply to both?	Response from the Hematopathologist: No I do not think that is standard of care. We need to see the cells. Sometimes it can be diagnosed by blood and may not need a bone marrow biopsy or lymph node biopsy, but some tissue needs to be see microscopically to prove they are lymphocytes.
3.	In the SEER manual (page 132) it says we can code distant lymph node at mets at diagnosis for lymphoma (excluding CLL/SLL. When would we consider lymph nodes the metastatic for lymphoma?	Per the 2021 SEER Manual, starting page 134 (same instruction for Bone, Brain, Liver, Lung, Other) 1d: Code this data item for the following Hematopoietic schemas: Lymphoma Ocular Adnexa, Lymphoma (excluding CLL/SLL) and Lymphoma CLL/SLL (excluding primary sites C77-C779), Mycosis Fungoides, Primary Cutaneous Lymphoma Code 8 is coded for any case coded to primary site C420, C421, C423, C424, C770-C779 For Distant Lymph Nodes: Code 8 is for any case coded to primary site C420, C421, C423, C424, C770-C779

		Note: Schema Lymphoma (CLL/SLL) is missing from this list, but it is used as well. Will get this fixed in the next update
4.	The SEER manual also says we can put brain, liver, lung, or other in the mets. data field for lymphoma (excluding CLL/SLL. When would we stage a lymphoma with distant mets?	Note: Schema Lymphoma (CLL/SLL) is missing from this list, but it is used as well. Will get this fixed in the next update If you have a lymphoma with primary site that is not Bone Marrow (C421) and the bone marrow is involved, then the Mets at Dx Other would be coded to 1. All lymphomas can have distant mets, including brain, liver, lung and bone
5.	What book is rolling out that will have many updates related to transformations, etc?	The World Health Organization (WHO) Blue Books are where we find new histology codes. They may be publishing a new book for hematopoietics this summer. If they do, then we would review the books for new histologies. The soonest they would be used in the registry community would be for cases diagnosed 1/1/2023.
6.	Would it be possible to add "chronic disease" and "acute disease" to the Transforms from/to title bars in the Hema db.? It might lower the confusion.	Great suggestion! We will see what we can do.
7.	For PH22 If multiple organs are involved but no lymph nodes what site do you code it to?	PH22 does not apply when multiple organs are involved and there are no lymph nodes PH27 would apply, which is code primary site to C809
8.	What diagnostic procedure code is used to code peripheral blood flow?	At this time, there is no way to code this. This is under discussion with the standard setters
9.	The Steps to use Heme DB and Manual pg 22 in the manual are my go to every time I have heme or lymph for that very reason...I don't abstract them very often..	I think that is a common problem!
10.	Can anyone explain the disease process of a MALT Lymphoma stated by physician to be “Findings likely represent a rare clinico-pathologic finding seen in patients of Asian descent with autoimmune diseases such as sjorgen syndrome”?	I found a good article on that. Looks like patients with Sjorgrens disease are at higher risk of developing MALT Lymphoma. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5423310/

11.	For case #8, would we then code the submandibular ln as lymph node mets in mets at dx?	No, the lymph node mets are not mets.
12.	Is there a way to quickly determine an NOS histology from a more specific histology in the heme database? I sometimes struggle with rule M7 determining if this is an NOS or specific histology.	No, there is not a quick way. If you could send us some examples of what you are struggling with (when you think M7 applies), then we can get a better idea of documentation that would help
13.	What is the purpose of capturing mets at diagnosis for stage 4 lymphoma? Is it to document all involved extranodal sites such as bone marrow, liver, pleura? Should spleen be included as a distant met if involved?	Yes, the purpose is to document all involved extranodal sites. We would really need to see the case to determine how this would be factored into mets at diagnosis.
14.	Would there be any scenario where Mets at Dx - lymph nodes should be coded for lymphomas? For example, if lymphoma occurs in an organ?	If a lymphoma occurs in an organ and the primary site is that organ, and distant lymph nodes are involved, then you would code that in the Mets at Dx. However, if you have an organ and distant lymph nodes involved, then the primary site would be the lymph nodes. In this situation, you would not code the primary site to the organ. If you have an organ, that organ's regional lymph nodes AND distant lymph nodes involved, then for that case, you would code the distant lymph nodes in Mets at Dx-Distant Lymph Nodes
15.	If you have path from a retroperitoneal mass that is positive for lymphoma, do you code that as lymph nodes? Can you have extranodal without nodal involvement? If so how can you verify which to code, it as? By the type of specimen noted in the pathology report?	Per Rule PH18 If you have a retroperitoneal mass or mesenteric mass, code primary site to C772
16.	We have the new API loaded to our registry system and have noted some changes to the Clinical Stage Group and Pathological T, N, and M category tables/allowable values for Primary Cutaneous Lymphoma. Is there Pathological Classification criteria that allows assignment of pathological staging for cases under Chapter 81? Previously, the Pathological	Donna has suggested you either contact AJCC or your software vendor. Sending the question to the CAnswer forum might be a good start. http://cancerbulletin.facs.org/forums/forum/ajcc-tnm-staging-version-9

	TNM had only '88' as valid values. Since loading the API, there are now cT, pT, cN, and pN values per the TNM tables in the chapter. Pathological Stage Group valid values are either 88 or 99, unlike Clinical Stage Group which has the stage values listed.	
17.	M2 has an exception for nodal/extranodal 9699s?	Correct.
18.	Thank you for the tip to click the box and show alternate names. I have also pressed CTRL-F on my keyboard and typed in the name of what I am looking for. This will search the page for matches. I like this method because I may miss it when looking at the list.	Great idea! Thank you for the tip!