Q&A Session for Hematopoietic 2024/2025 – Part 1

December 6, 2024

#	Question	Answer
1.	Would you explain question 3? It does not make sense.	Question 3 from the HPDB quiz would be used if the patient was diagnosed with Acute myeloid leukemia with t(6;9)(p23;q34);DEK-NUP214 and myeloid sarcoma at the same time. The answer is rule M3.
2.	If you have the genetic testing, but is negative, do you still use the 3 for diagnostic confirmation?	No, that's because the genetic testing is not confirming a diagnosis or identifying a more specific one. To use code 3, you must have positive genetic testing.
3.	Is M-spike on serum proteinelectrophoresis diagnostic of MGUS (monoclonal gammopathy of undetermined significance) in the absence of a physician documenting that the patient has spike in protein for MGUS?	MGUS is not required in the US; however, I know it is required in Canada. This is a question for the physicians.
4.	In the example from slide 28, would we change the histology code to the more specific one? From acute myelogenous leukemia to the genetic one?	Yes. Based on the information from the genetic testing we would assign 9871/3 acute myeloid leukemia with inv(16)(p13.1q22) or t(16;16) (p13.1;q22), CBFB/MYH11
5.	For the histology coding rules, rule 3, is "consistent with" considered an ambiguous term or definitive diagnosis when you have histology, NOS with "consistent with" a more specific histology?	As stated in the presentation, for HEME NEOPLASMS ONLY, "consistent with" is a definitive diagnosis.
6.	Whether or not to code peripheral blood as a procedure: Cancer Forum: https://cancerbulletin.facs.org/forums/node/99004	Coding instructions indicate: "Code brushings, washings, cell aspiration, and hematologic findings (peripheral blood smears) as positive cytologic diagnostic confirmation in the data item Diagnostic Confirmation [490]. These are (not considered surgical procedures) and should not be coded in NAACCR Data Item 1350 Surgical Diagnostic Staging Procedure."
7.	Is it always code acute histo over chronic histo?	If you have a chronic and acute histology that are determined to be the same primary using the chronic/acute rules, code the acute.

8.	Is there a tentative date for when the Heme. database will be updated to the Who Blue Books 5th edition. Our physicians are using the 5th Edition.	Looking at October 2026
9.	Is there an official timing rule that should be followed to capture all relevant pathology reports (tests) for a given case?	Follow the appropriate timing rules from the SEER/STORE manual, and SSDI manual.
10.	If we see the MDN now, we can still use the histo code now, correct?	Yes.
11.	What is JMML?	Juvenile myelomonocytic leukemia
12.	Is IPSS score(s) one of the required SSDIs or is this something we need to look for as a reference for treatment?	We do not collect IPSS as a data item. It would be a good practice to include the information in your text fields.
13.	if the transformations to/from says "none" but path report is saying yes, default to path report?	Yes, default to the pathology report. Not all transformations are listed (just the most common ones), plus these are the transformations from the 4th edition (2016), there may be some new ones in the 5th edition.
14.	Did you say when the consistent/with as definitive diagnosis is effective? Do we use this rule for 2023 dx cases? Or not until 2024 dx?	This is not new, it's a clarification. It's not in the manual yet though.
15.	I am very confused with Transformation to and Transformation from. Please explain what code I should assign when a Transformation is indicated.	If you have two histologies and you see from the DB that one can transform into another, you know you have a chronic/acute situation and you would apply multiple primary rules M8-M9.
16.	At my facility, we get a lot of patients diagnosed with "refractory anemia" by their PCP and it's usually not managed by active surveillance, only yearly labs. These are not reportable, correct?	Refractory anemia is reportable. Refractory anemia is an alternate name for 9980/3: Myelodysplastic syndrome with single lineage dysplasia. If you have physicians using this term, it might be worth checking with them to determine if they truly mean myelodysplastic syndrome with single lineage dysplasia when they use the term or if they just mean an anemia that is difficult to treat.