

NAACCR

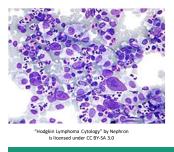
#### Lymphoma

Do not assume that the lymphoma originated in the biopsied lymph node chain...remember that providers will usually biopsy the most accessible lymph nodes or other involved tissues and that some lymph node chains are inaccessible.

Look for lymphadenopathy on PET Scan/CT and follow the rules in the HP Manual for assigning primary site.

The Primary Difference Between Hodgkin's (HL) and Non-Hodgkin's Lymphoma (NHL):

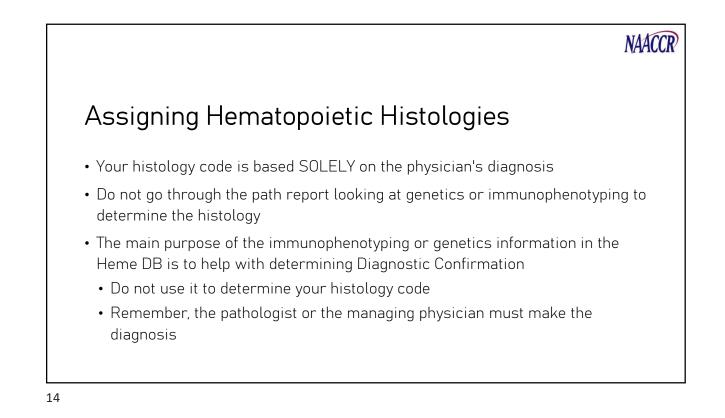
In HL, Reed-Sternberg cells are present under a microscope.



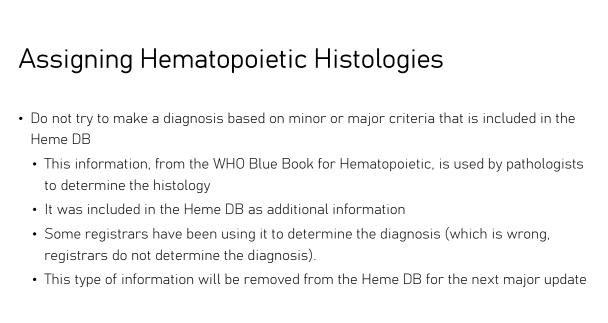
Thomas Hodgkin (1798-1866) first accounted for the type of lymphoma that bears his name all the way back in 1832



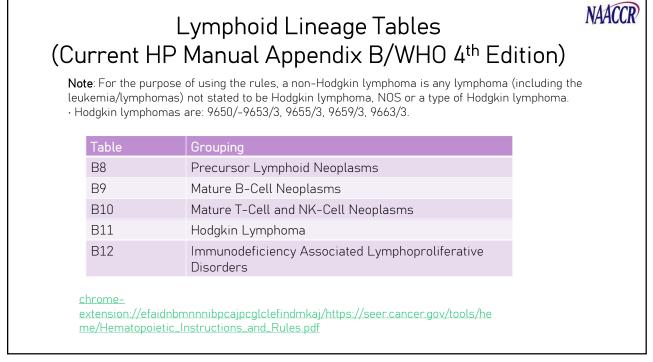
"Thomas Hodgkin Photo" by Unknown is licensed under CC BY-SA 4.0

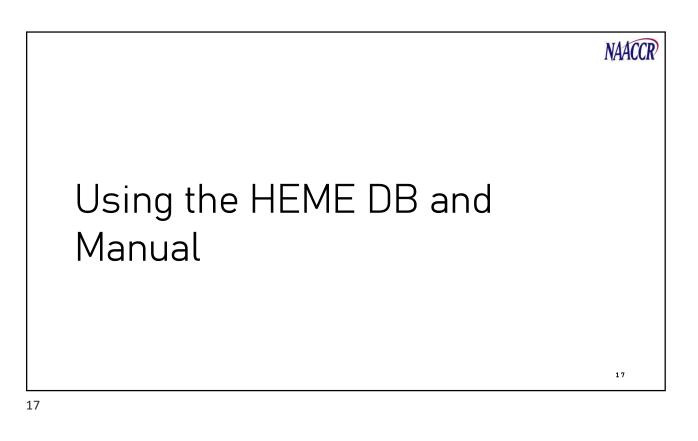


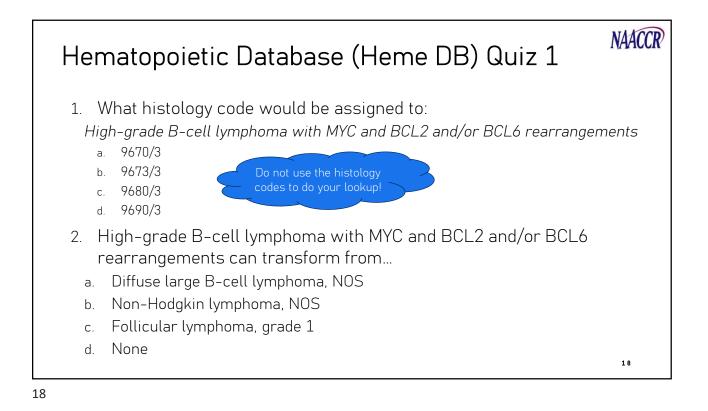


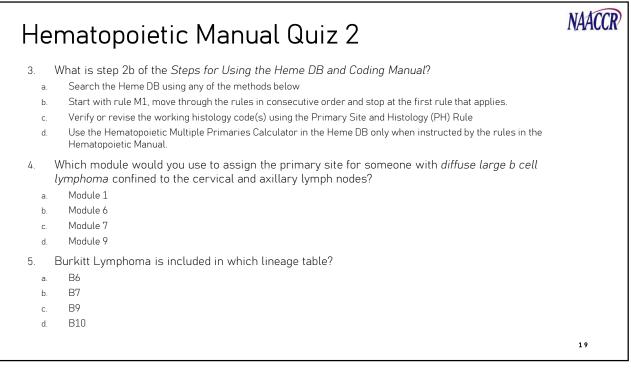


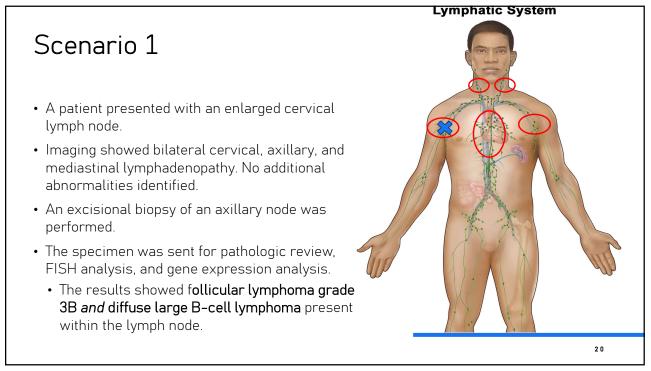


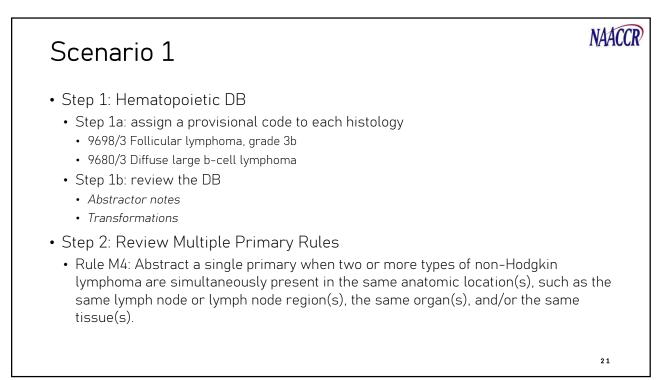


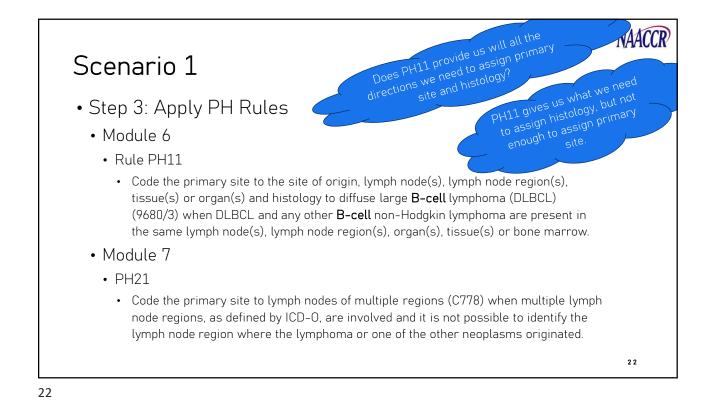


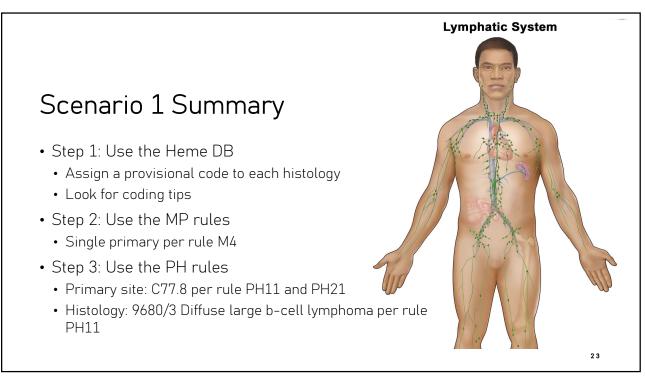


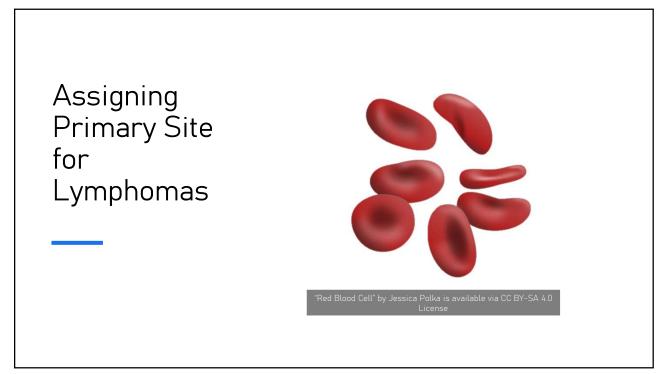








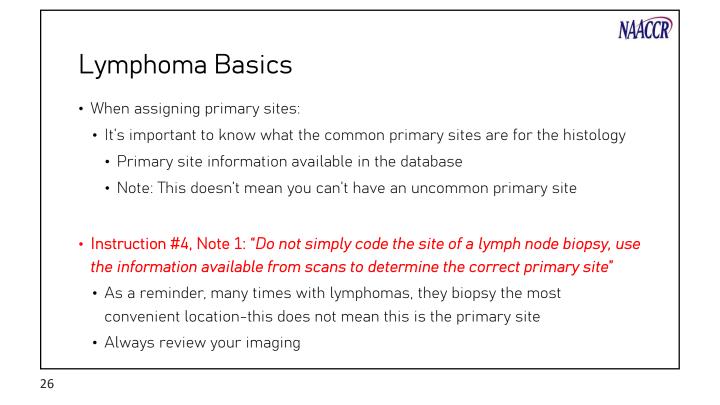


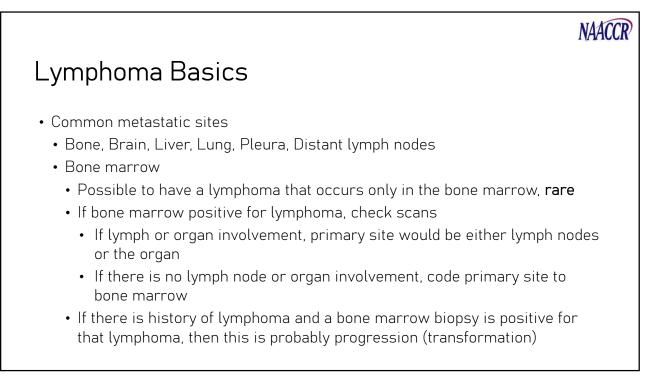


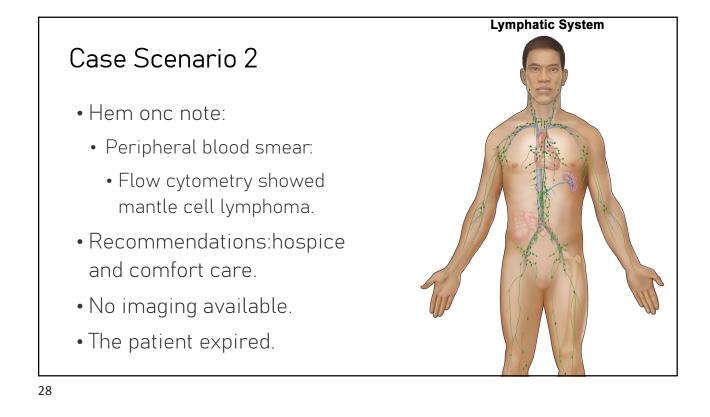
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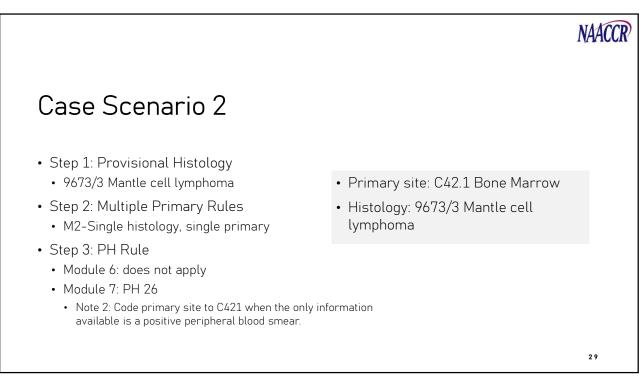
# Lymphoma Basics

- Use IMAGING to determine your primary site
  - Imaging is also used to determine stage
  - Imaging is CRITICAL for lymphomas
- The site of biopsy is confirming the diagnosis, it is not stating what the primary site is
  - REMEMBER: Lymphomas are very different from solid tumors.

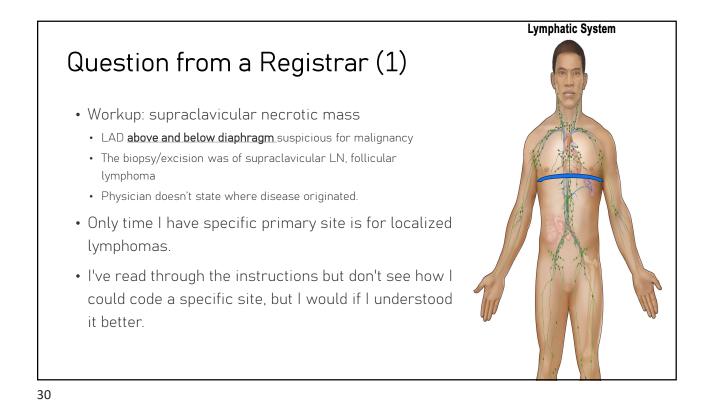


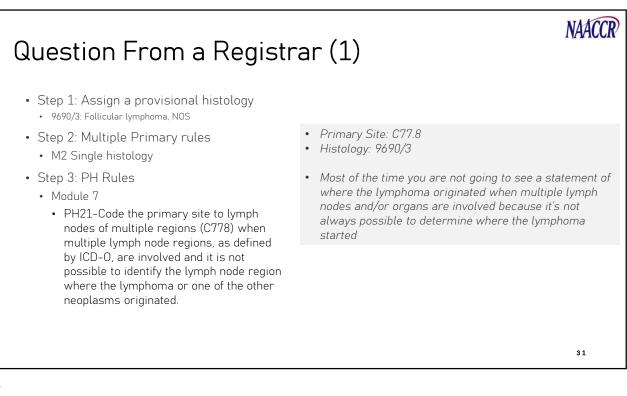




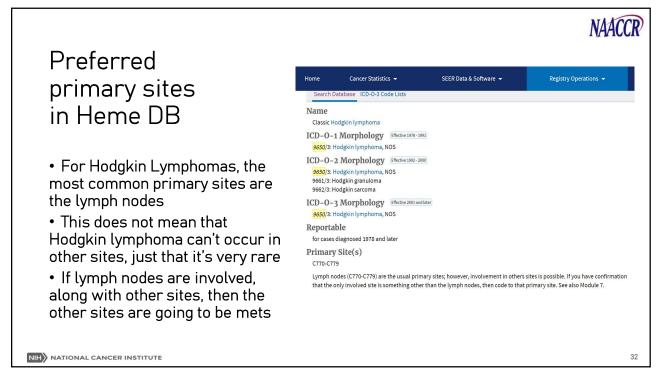


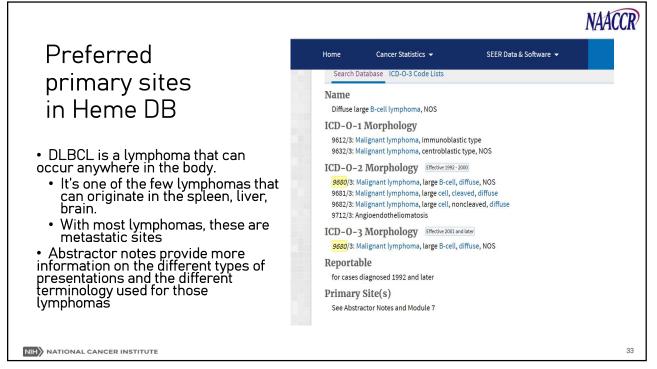


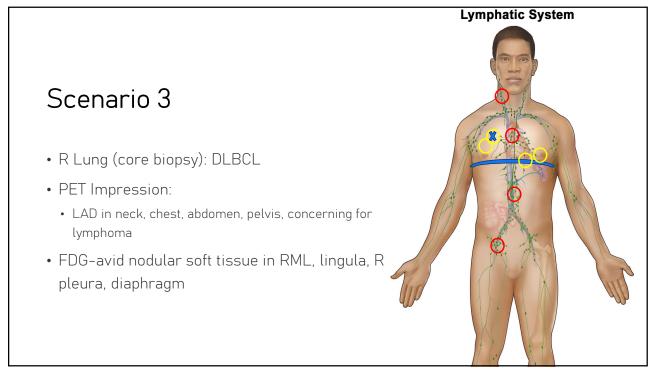


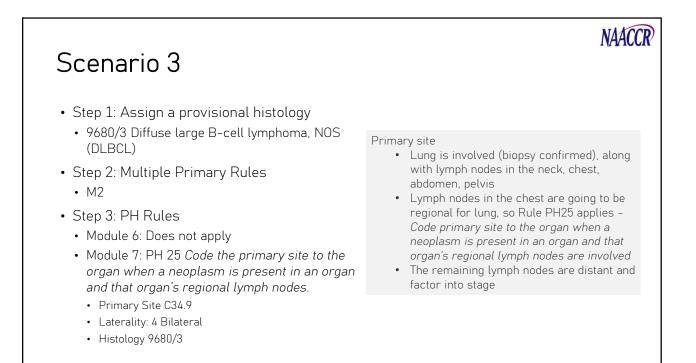


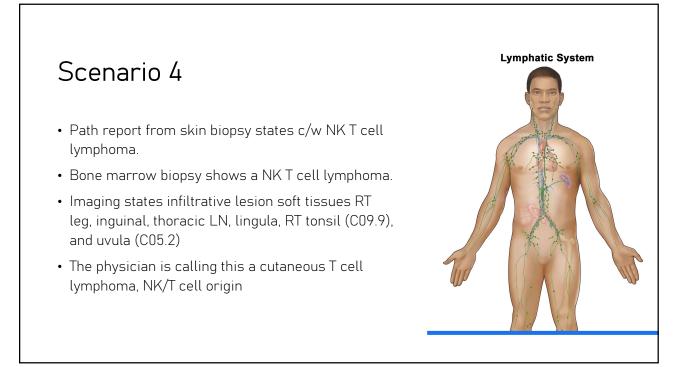


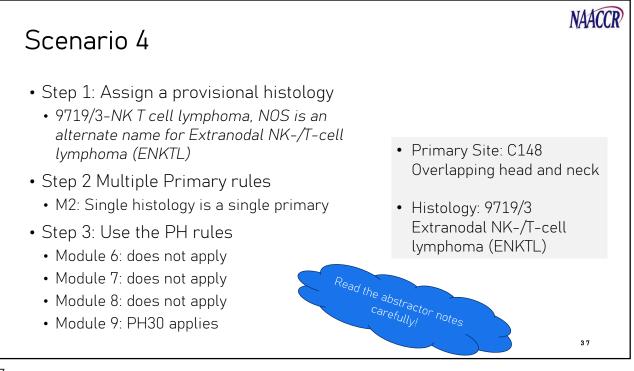


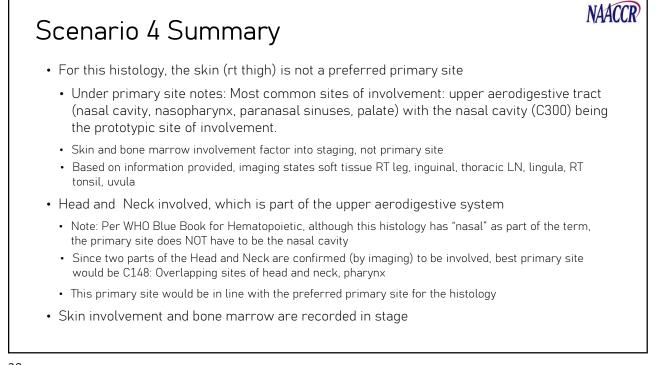




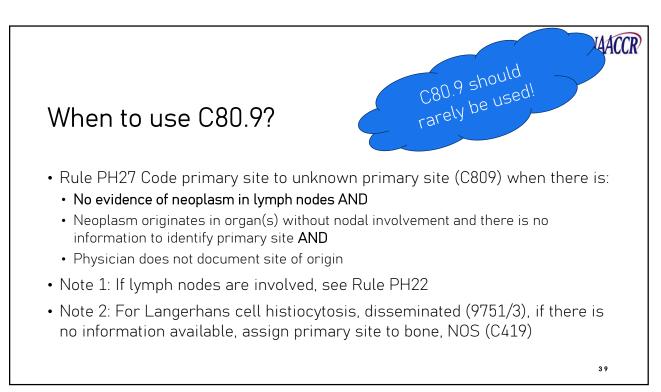


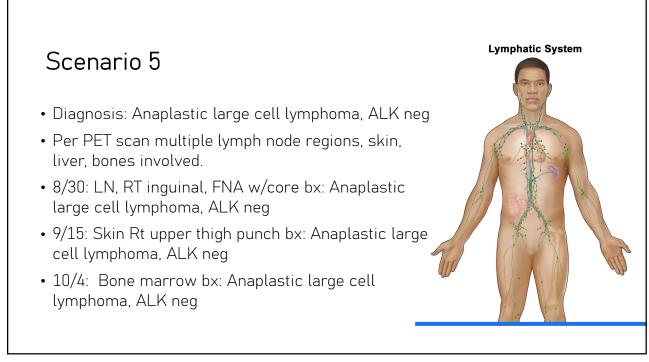


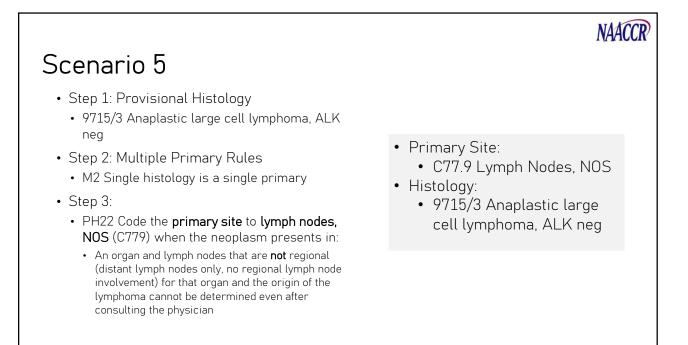




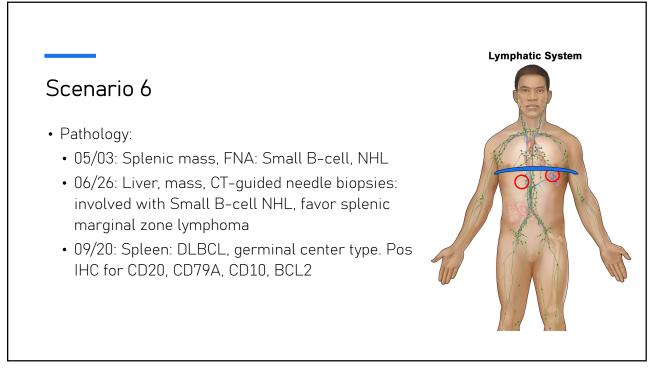


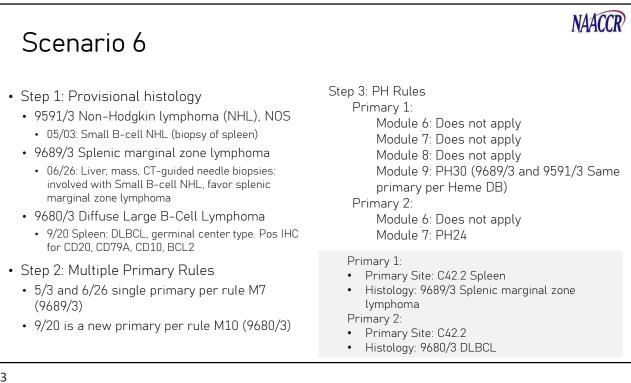


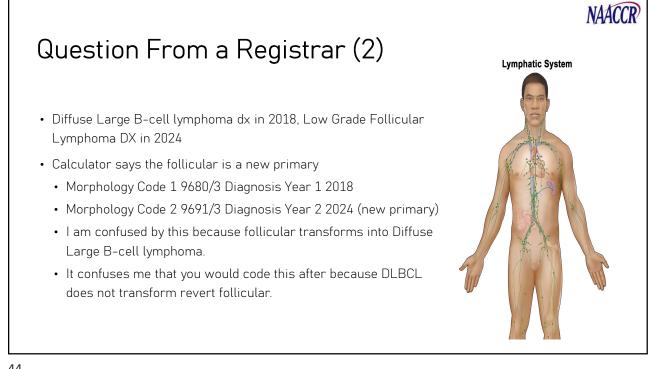




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### NAACCR

This is a case of chronic (follicular) and

the applicable rules. Since you have an

M13 apply to this situation

lymphoma

this is one primary, the DLBCL

Rule M13 applies, and the follicular lymphoma is abstracted as a new primary.

acute (DLBCL), so rules M8-M13 would be

acute followed by a chronic, Rules M12 and

If there was no treatment for the DLBCL, or

you don't know, then Rule M12 applies and

If there was treatment for the DLBCL, then

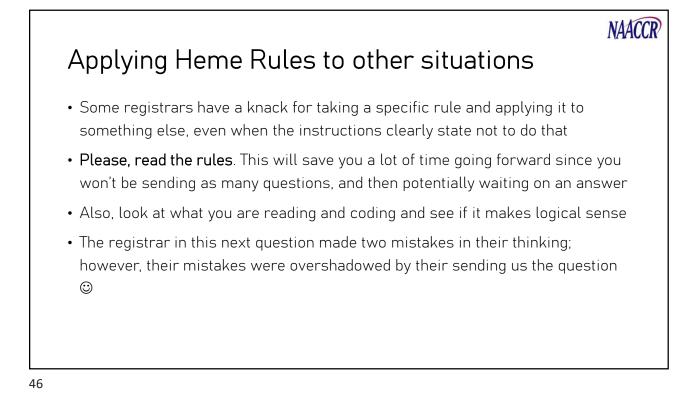
Note: Registrar did not include information

treated since DLBCL is a very aggressive

about any treatment for the DLBCL; however, more than likely the DLBCL was

## Response to Question From a Registrar (2)

- Do not use the multiple primaries calculator unless you are instructed to do so by the rules.
- You must follow the rules to determine if you have a new primary.
- Step 1: Assign a Provisional Histology
  - 9680/3 Diffuse Large B-cell lymphoma Diagnosis Year 1 2018
  - 9691/3 Low Grade Follicular Lymphoma DX in 2024 Diagnosis Year 2 2024 (new primary)
- Step 2: Multiple Primary Rules
  - Rule M12 or M13 (depends on treatment)
- Step 3: Assign PH Rules
  - Not enough information

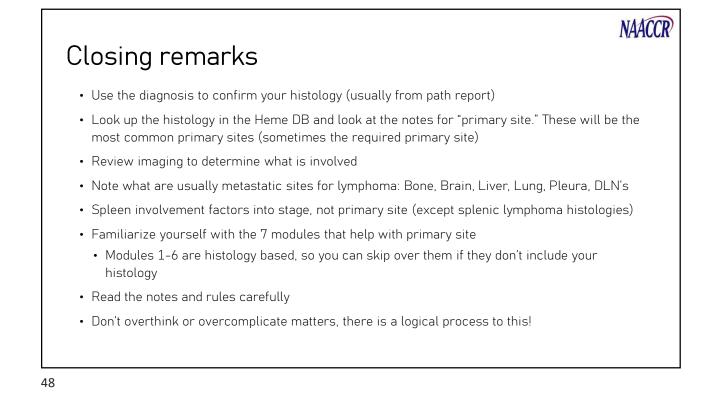


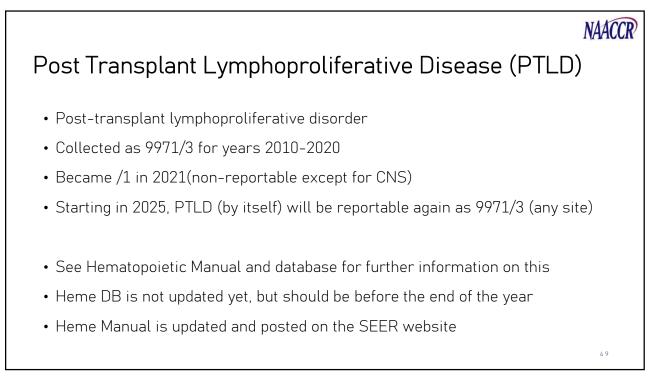
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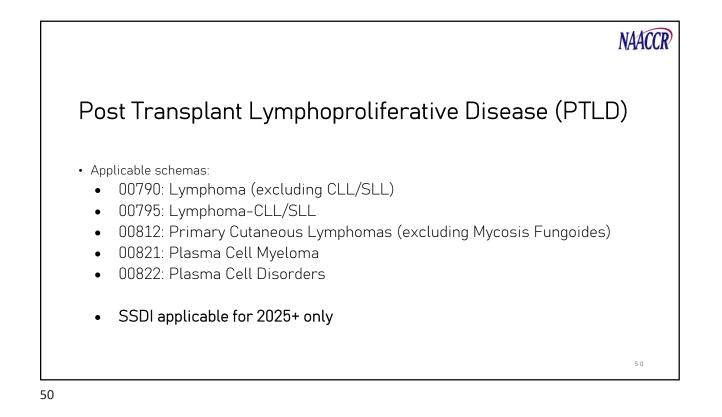
### Example of applying rules incorrectly

- 10/10/2024 Mass, LT Paravertebral, Needle BX: Follicular Lymphoma, Diffuse, Low Grade.
  - The Heme Database Directs me to Module 7: Rule PH18 : Code the primary site to the specified lymph node region when the site of lymphoma is described only as a mass.
- Described as a LT Paravertebral Mass. Imaging describes the location of a soft tissue lesion to the LT of T11-T12. Would I code the primary site to C77.1 Intrathoracic Lymph Nodes even though there is no reference to a specific Lymph node being involved just LT Paravertebral Mass/Lesion?
- Per the Heme Manual for PH18: Note 1: "This rule does not apply to other descriptions of "mass." For example, a "mass" in the neck is likely describing cervical lymph node involvement and does not meet the criteria for this rule".
  - Mistake 1: Paravertebral mass is not covered in this rule, so therefore, PH18 cannot be used
  - Mistake 2: No mention of lymph node involvement!

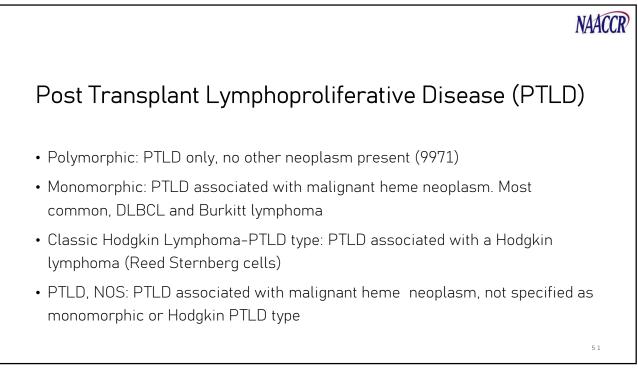




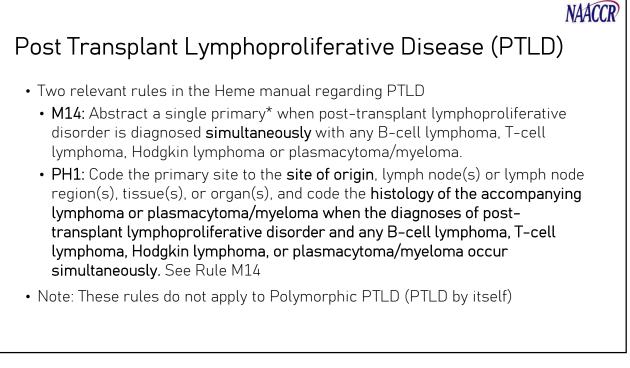




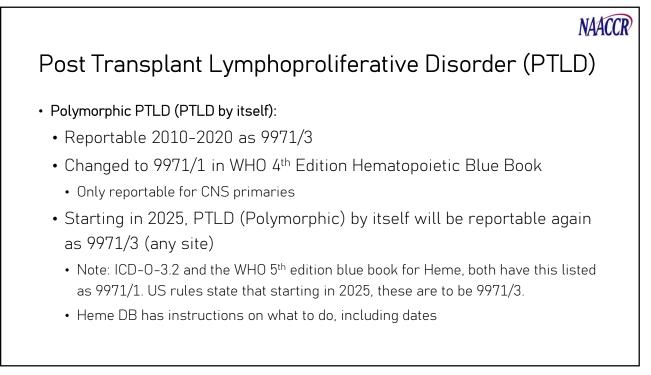
2024-2025 NAACCR Monthly Webinar Series

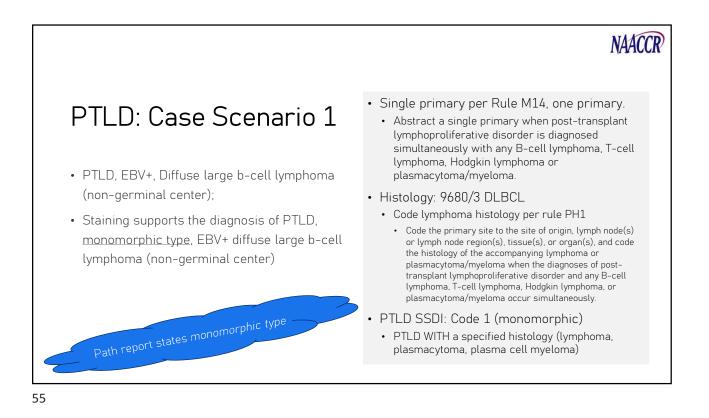


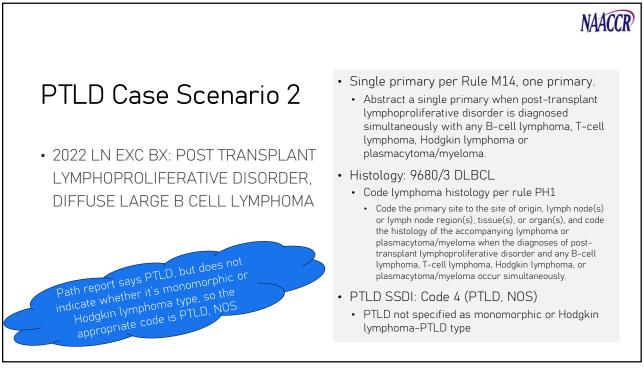
ost Tra	nsplant Lymphoproliferative Disease (PTLD)
Code	Description
0	PTLD not documented on the pathology report or in the medical record
1	Monomorphic PTLD
	<ul> <li>PTLD WITH a specified histology (lymphoma, plasmacytoma, plasma cell myeloma)</li> </ul>
2	Classic Hodgkin lymphoma-PTLD type
	PTLD, Hodgkin like
4	PTLD not specified as monomorphic or Hodgkin lymphoma-PTLD type
	• WITH a specified histology (lymphoma, plasmacytoma, plasma cell myeloma)
	Includes Burkitt type PTLD
8	Not applicable: Information not collected for this case
	(If this item is required by your standard setter, use of code 8 will result in an edit
	error)
<blank></blank>	Diagnosis year prior to 2025



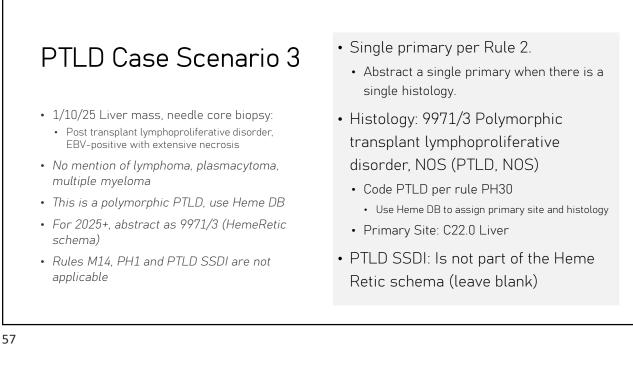


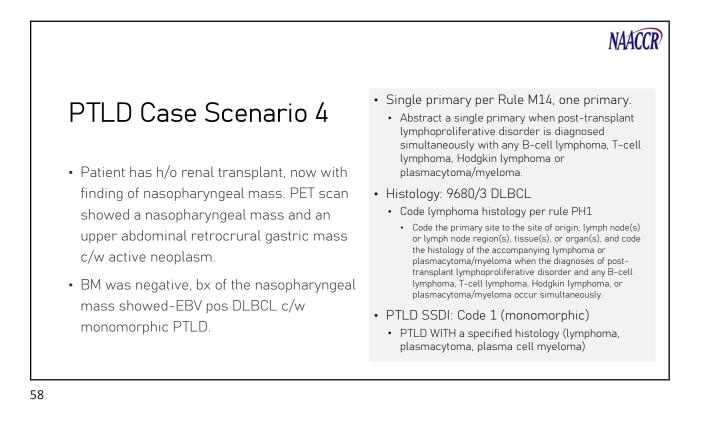


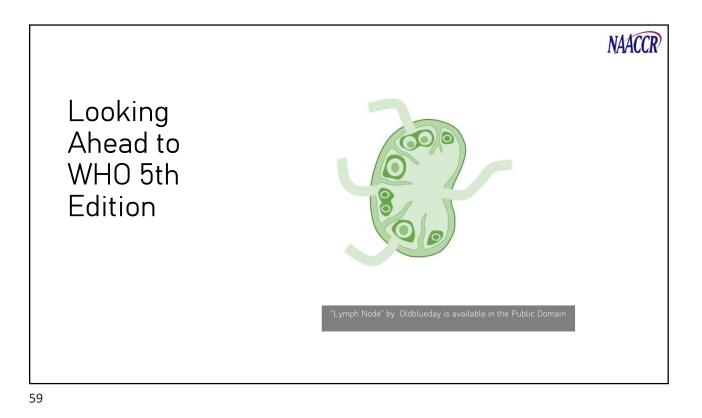


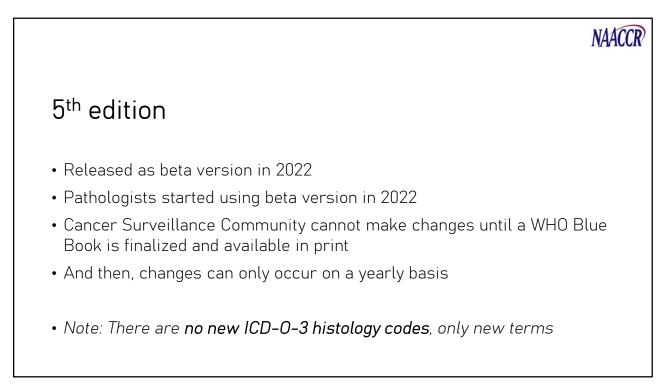


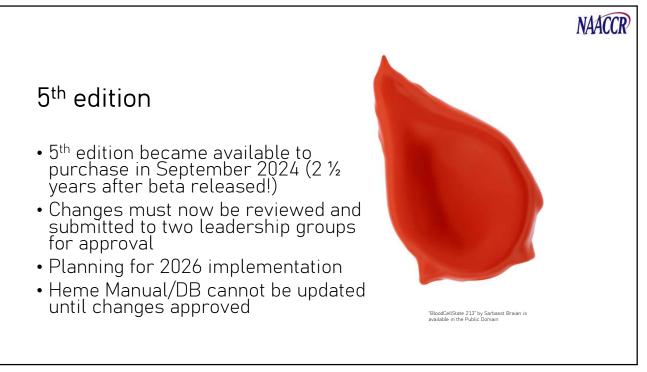


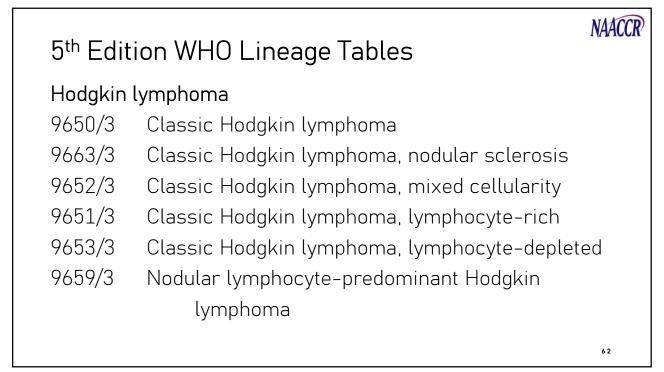




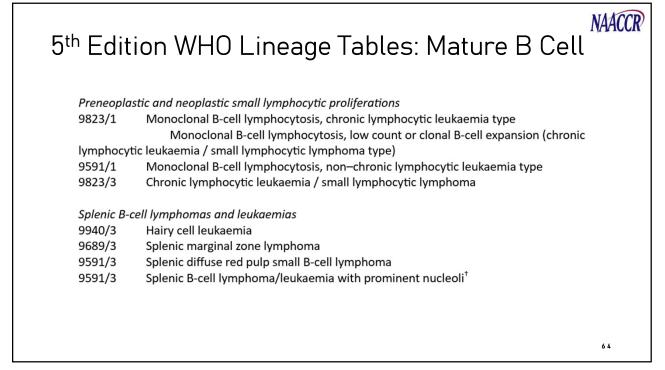




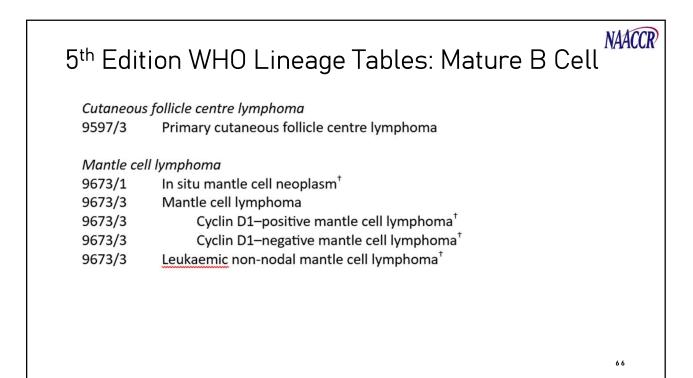


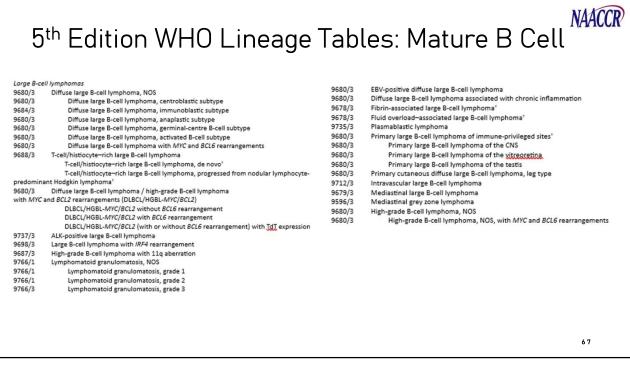


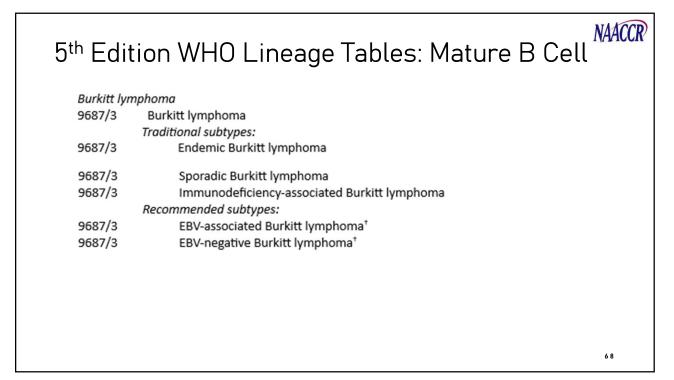
5 <sup>th</sup> E	dition WHO Lineage	e Tab	les
Precurso	or B-cell neoplasms		
9811/3 9815/3 hyperdiploid 9816/3 hypodiploidy 9816/3 hypodiploidy	B-lymphoblastic leukaemia/lymphoma with	9814/3 ETV6::RUNX 9818/3 fusion 9817/3 fusion	B-lymphoblastic leukaemia/lymphoma with <1-like features B-lymphoblastic leukaemia/lymphoma with TCF3::PBX1 B-lymphoblastic leukaemia/lymphoma with IGH::IL3
9816/3 hypodiploidy 9816/3	B-lymphoblastic leukaemia/lymphoma with low hypodiploid B-lymphoblastic leukaemia/lymphoma with high hypodiploid B-lymphoblastic leukaemia/lymphoma with iAMP21 B-lymphoblastic leukaemia/lymphoma with BCR::ABL1 B-lymphoblastic leukaemia/lymphoma with KMT2A ent B-lymphoblastic leukaemia/lymphoma with KMT2A	9811/3 9811/3 9811/2	B-lymphoblastic leukaemia/lymphoma with TCF3::HLF B-lymphoblastic leukaemia/lymphoma with other etic alterations B-lymphoblastic leukaemia with DUX4 rearrangement B-lymphoblastic leukaemia with MEF2D rearrangement B-lymphoblastic leukaemia with ZNF384 ent B-lymphoblastic leukaemia with PAX5 p.P80R B-lymphoblastic leukaemia with NUTM1 rearrangement B-lymphoblastic leukaemia with MYC rearrangement <sup>+</sup> B-lymphoblastic leukaemia/lymphoma, NOS
		, –	

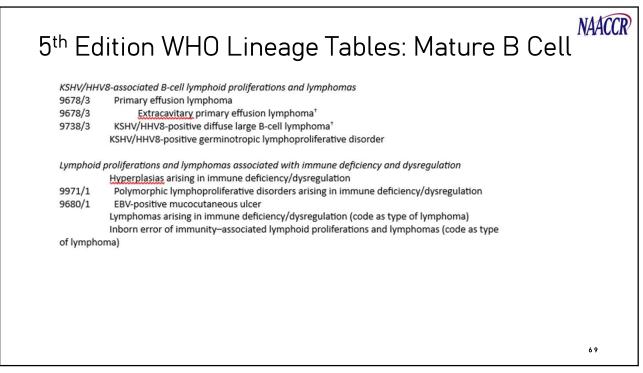


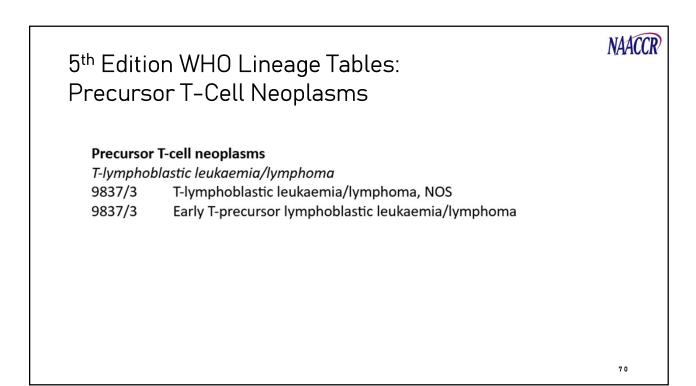
5 <sup>th</sup> Edi	tion WHO Lineage Tables: Mature B Cell MACC	P			
Lymphopl	asmacytic lymphoma				
9671/3	Lymphoplasmacytic lymphoma				
9761/3	IgM-type lymphoplasmacytic lymphoma / Waldenström macroglobulinaemia <sup>†</sup>				
9761/3	Non–IgM-type lymphoplasmacytic lymphoma / Waldenström macroglobulinaemia <sup>†</sup>				
Marginal	Marginal zone lymphoma				
9699/3	Extranodal marginal zone lymphoma of mucosa-associated lymphoid tissue				
9762/3	Immunoproliferative small intestinal disease (alpha heavy chain disease)				
9699/3	Primary cutaneous marginal zone lymphoma $^{^{\dagger}}$				
9699/3	Primary cutaneous marginal zone lymphoma, heavy chain class-switched form (lgG+,				
IgA+, or Ig	i ξ +) <sup>↑</sup>				
9699/3	Primary cutaneous marginal zone lymphoma, non–class-switched form $\left( { m IgM+}  ight)^{*}$				
9699/3	Nodal marginal zone lymphoma				
9699/3	Paediatric nodal marginal zone lymphoma				
Follicular	lymphoma				
9695/1	In situ follicular B-cell neoplasm <sup>†</sup>				
9690/3	Follicular lymphoma				
9698/3	Follicular large B-cell lymphoma <sup>†</sup>				
9690/3	Follicular lymphoma with uncommon features				
9690/3	Paediatric-type follicular lymphoma				
9695/3	Duodenal-type follicular lymphoma				
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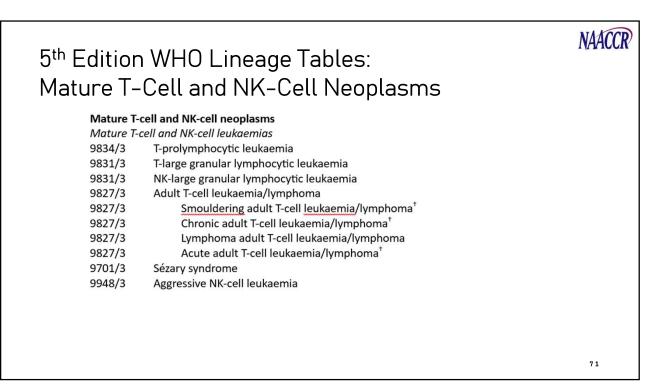


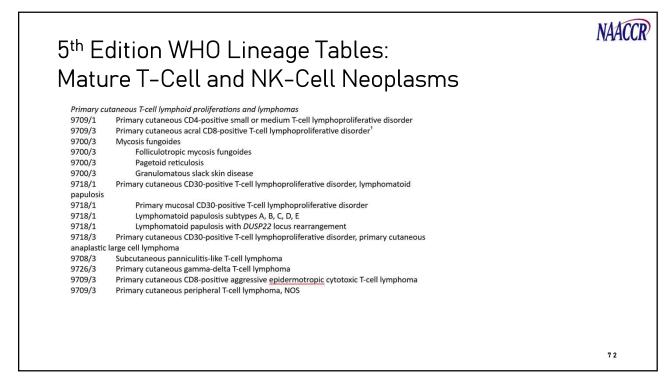


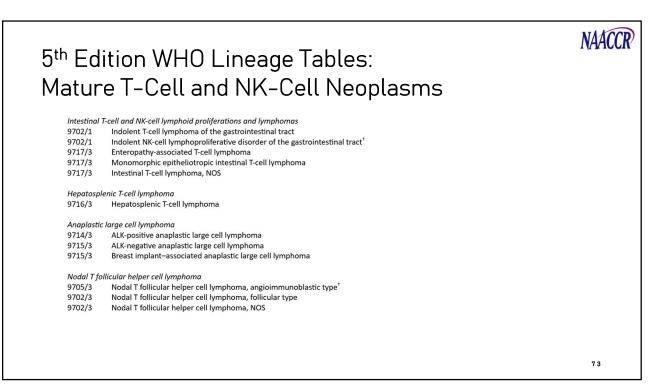


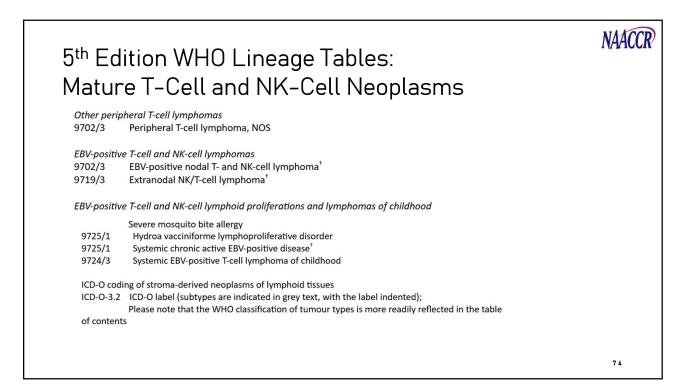




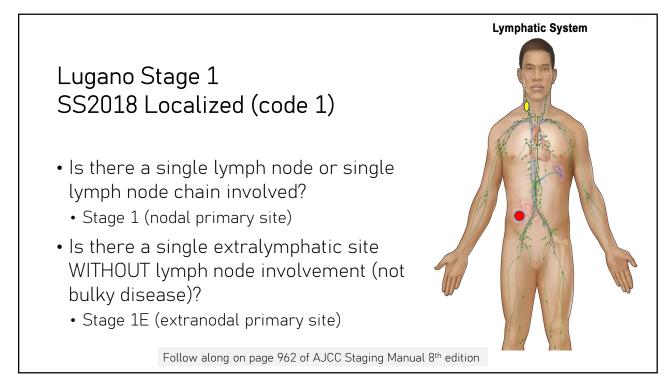


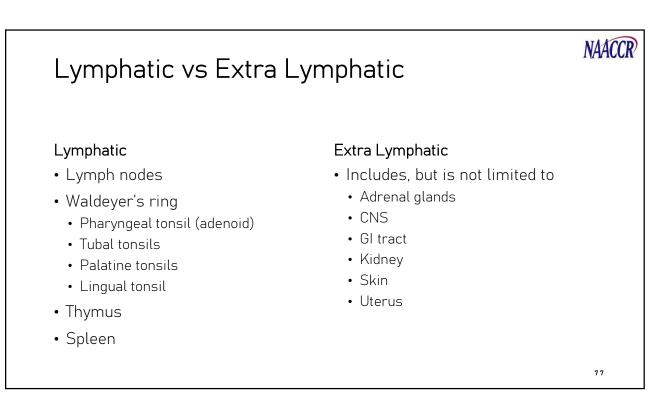


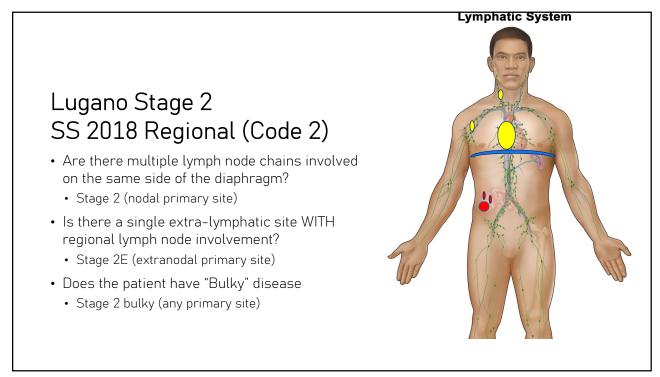


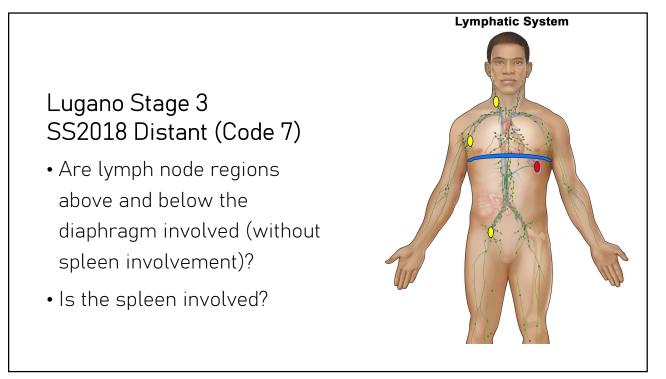












### Lugano Stage 4 SS2018 Distant (Code 7)

- Any of the following condition present?
  - Involvement of cerebral spinal fluid (CNF)
  - Involvement of liver, bone marrow
  - Multiple lung lesions
  - Diffuse involvement of an extralymphatic organ(s)
  - Extralymphatic involvement (excluding direct extension) with multiple lymph node region involvement
  - Extra lymphatic involvement and direct or not direct) and lymph nodes involved on both sides of the diaphragm

