20150007

Question
MP/H Rules/Histology: What is the proper histology code -- mucin producing adenocarcinoma or cholangiocarcinoma for the following case? See discussion.

Discussion
4/10/13 Partial hepatectomy: well differentiated mucin producing adenoca involve right and left hepatic ducts, common hepatic duct & common bile duct. Invasion beyond wall of bile duct. CT scan after 1st surgery shows residual neoplasm cannot be excluded

7/31/13 Left lateral segmentectomy: residual well differentiated cholangiocarcinoma involving connective tissue surrounding major bile ducts. Per medical director, histologically code to cholangiocarcinoma.

Primary site: Extra hepatic bile duct. Chemo (5FU, Leucovorin, Oxaliplatin) was started 5/1.

Answer
Code the histology as well differentiated mucin producing adenoca based on the 4/10/13 pathology report.

Code histology from the pathology report of the procedure which removed the most tumor tissue -- this is from the MP/H general instructions for coding histology. We are assuming that the partial hepatectomy removed the most tumor tissue in this case.

Per WHO, mucin producing adenoca is a variant of cholangiocarcinoma.

Date Finalized
03/18/2015

20150003

Question

Reportability/Behavior: Is the following reportable, and if so, what is the histology code? Final Diagnosis (on multiple conjunctive excisions): Conjunctiva - primary acquired melanosis with atypia (see note). Note: "In all 3 specimens the process extends to the margins of excision. Complete extirpation is recommended (primary acquired melanosis with atypia is considered melanoma in situ).

Answer

Do not report primary acquired melanosis with atypia.
According to our expert pathologist consultant, "There has been a lot of debate in the literature about the diagnostic criteria, terminology, and natural history of primary acquired melanosis [PAM]. Your case comes down squarely on the main issue, which is whether PAM with atypia should be regarded as melanoma in situ. In most studies it appears that PAMs with no atypia or mild atypia do not progress to melanoma, and only a small percentage of those with severe atypia do so." "PAM, even with atypia, is not melanoma in situ, and should not be reported."

For further information, see this article for a review of a large number of patients: Shields, Jerry A, Shields, Carol L, et al. Primary Acquired Melanosis of the Conjunctiva: Experience with 311 Eyes. Trans. Am Ophthalmol Soc 105:61-72, Dec 2007.

Date Finalized

02/24/2015

20150002

Question

Reportability--Bladder: Please explain the reportability of UroVysion for bladder cancer in the following circumstances.
1. Patient has positive UroVysion test and follow up biopsy is negative. Is this case reportable with a diagnosis date the date of the UroVysion?

2. Patient has positive UroVysion test and follow up biopsy is positive for cancer. Is the diagnosis date of the date of the positive UroVysion or the date of the positive biopsy?
Thank you

Answer

Do not report a case based on UroVysion test results alone. Report a case when there is positive histology, a physician statement of malignancy, and/or the patient was treated for cancer.

1. Do not report the case.

2. Report the case based on the positive biopsy.

Date Finalized

02/11/2015

20150001

Question

Reportability/Histology: Would a histology reading "Well-differentiated neuroendocrine neoplasm" of the appendix be reportable? Since the word "tumor NOS" and "neoplasm NOS" both code to 8000, I would assume they would be interchangeable but just wanted to verify.

According to SINQ 20130027 & 20140002 a "Well-differentiated neuroendocrine tumor" of the appendix IS reportable.

Answer

The WHO classification does not list well-differentiated neuroendocrine "neoplasm" of the appendix as a malignancy. Check with the pathologist to determine if he/she is using this as a synonym for NET G1. Do not report the case if it is not possible to obtain clarification. Neuroendocrine "tumor," or NET G1 is listed in the WHO classification as one of the malignant neoplasms of the appendix.

Date Finalized

02/11/2015

20140090

Question

MP/H Rules/Histology--Endometrium: What is the correct histology code for an endometrial cancer described as "Adenocarcinoma with areas of squamous differentiation?"

Answer

Assign 8570/3 to adenocarcinoma with squamous differentiation of the endometrium. The most recent WHO classification does not list "adenocarcinoma" for tumors of the uterine corpus. WHO does state that "endometroid carcinoma of the usual type is a glandular neoplasm..." Further, WHO states "Endometroid carcinoma typically displays a glandular or villoglandular architecture..." Based on the WHO classification, the use of the term "adenocarcinoma" in this context can be interpreted as endometroid carcinoma.

Date Finalized

01/20/2015