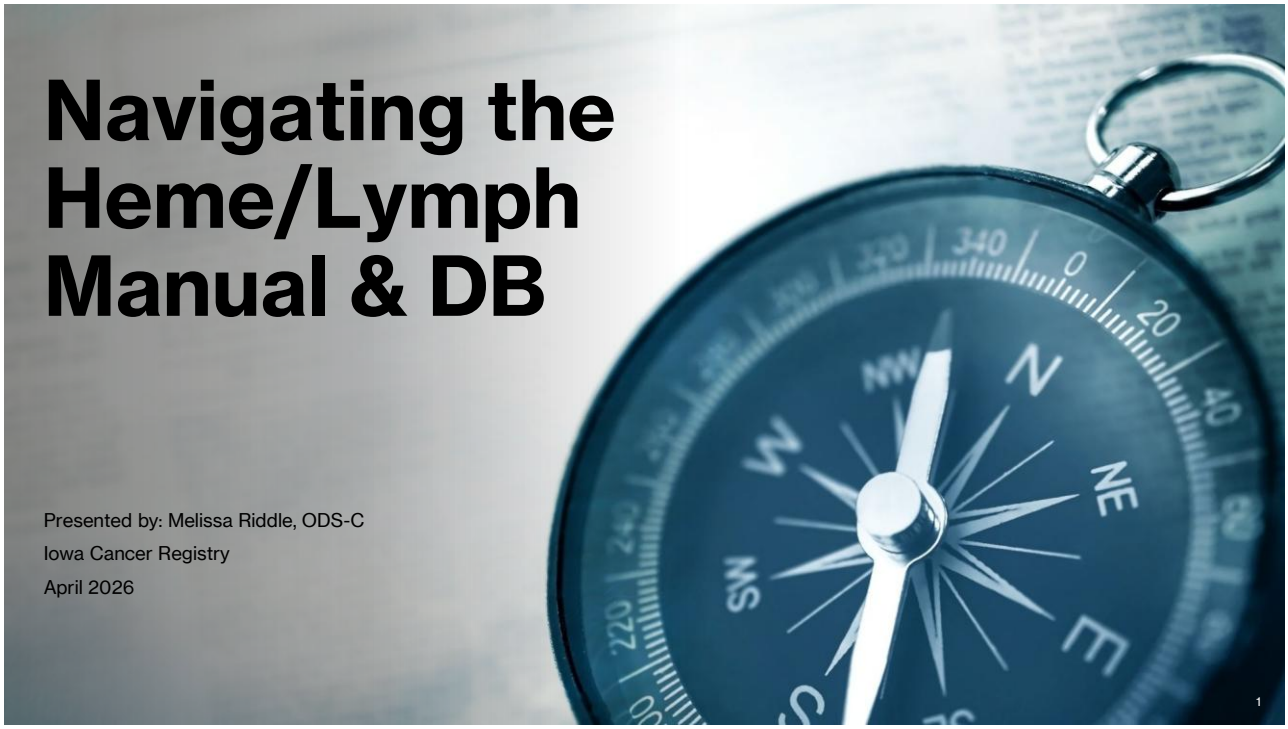
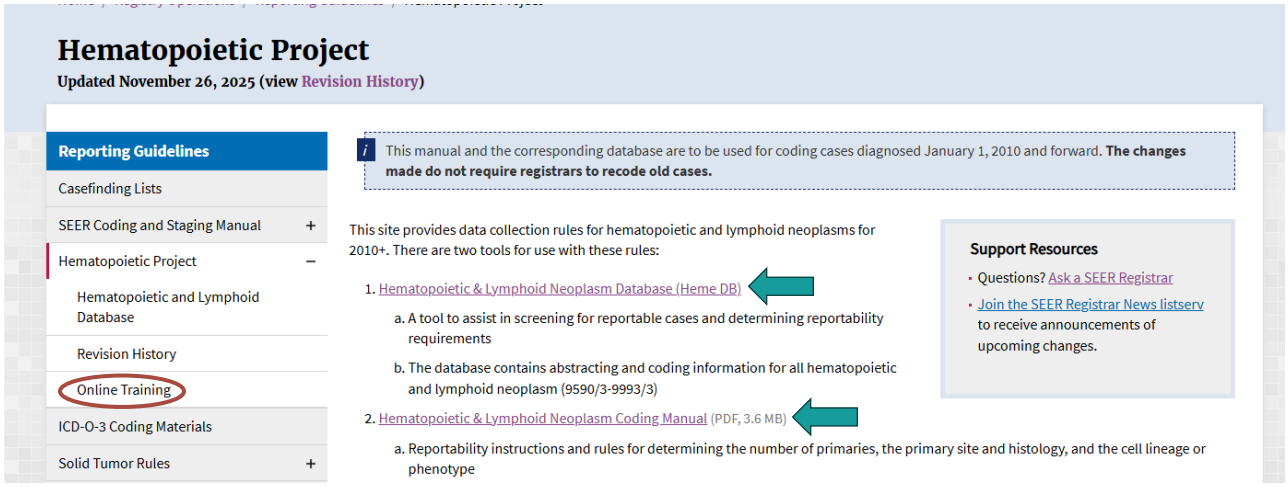


1



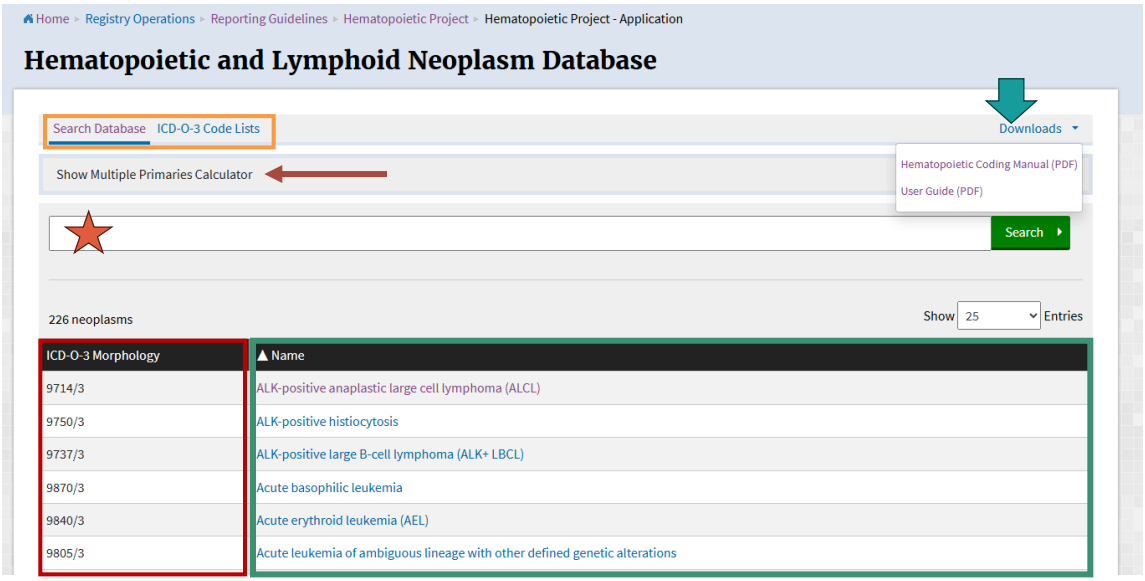
Heme/Lymph DB & Manual

- SEER Website: https://seer.cancer.gov/tools/heme/
  - Heme/Lymph Database
  - Heme/Lymph Manual
  - Revision history

2

2

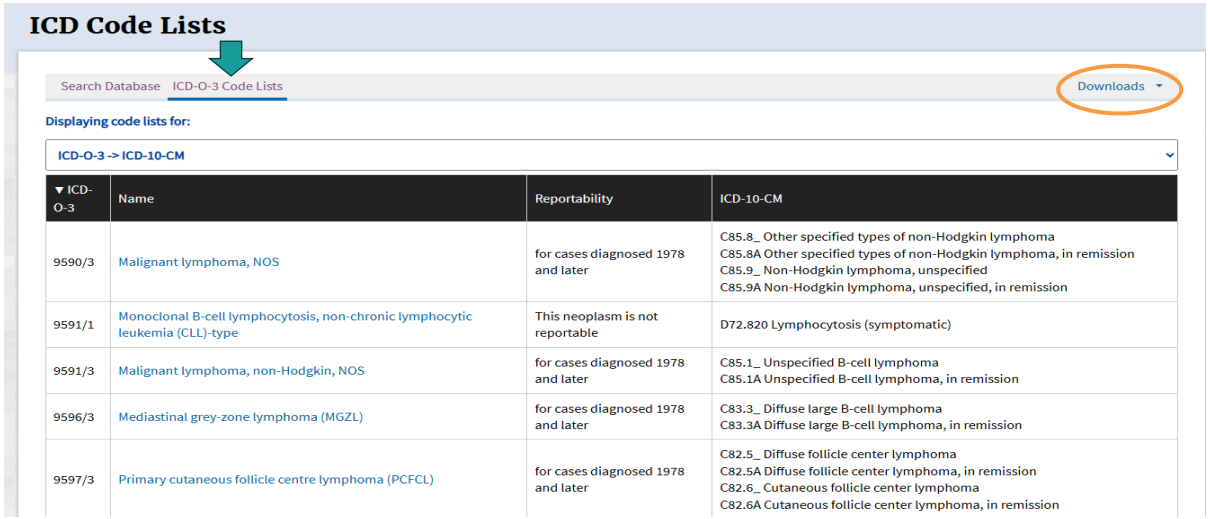
Heme DB Home Screen



3

3

Using the ICD Code Lists



4

4

Using the Heme DB/Manual

- **Identify the working (preliminary) histology code(s)**
  - Search the Heme DB using a unique word, abbreviation or acronym
    - Avoid searching on general terms like “leukemia” or “lymphoma”
    - Also, complete names may result in exactly what you are looking for OR too many results
      - *Example:* Acute Myeloid Leukemia results in 117 terms
  - Search alternate names
    - Make sure “show alternate names” is checked for search of Heme DB

5

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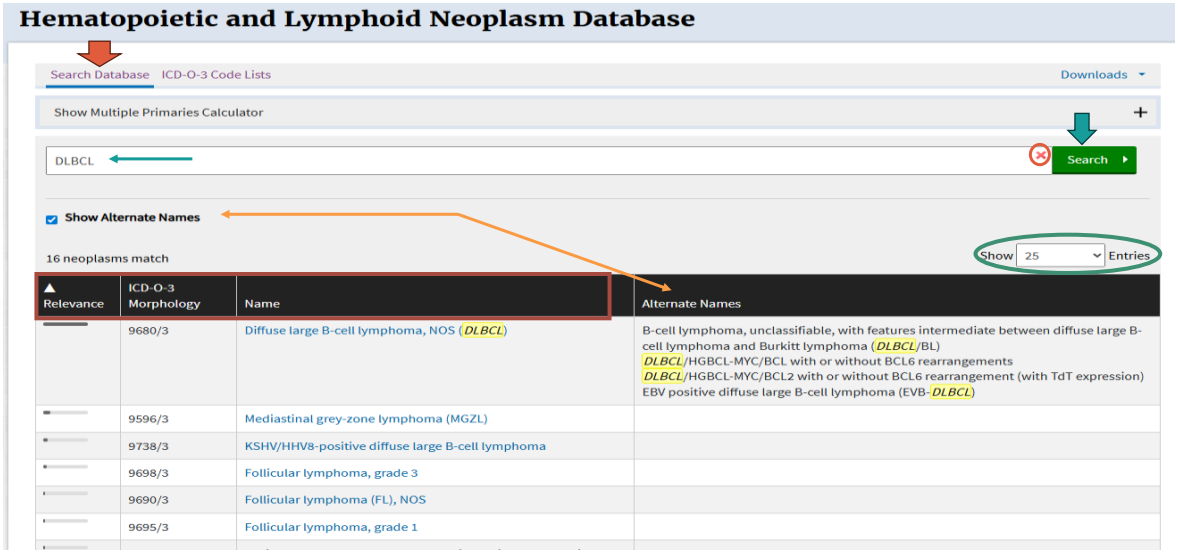
Searching the DB



6

6

Review the Desired Histology

- **Histology is identified from search**
  - Click on the preferred terminology
  - Look at specific information about the neoplasm
    - Be sure to check out the following areas:
      - Transformation to
      - Transformation from

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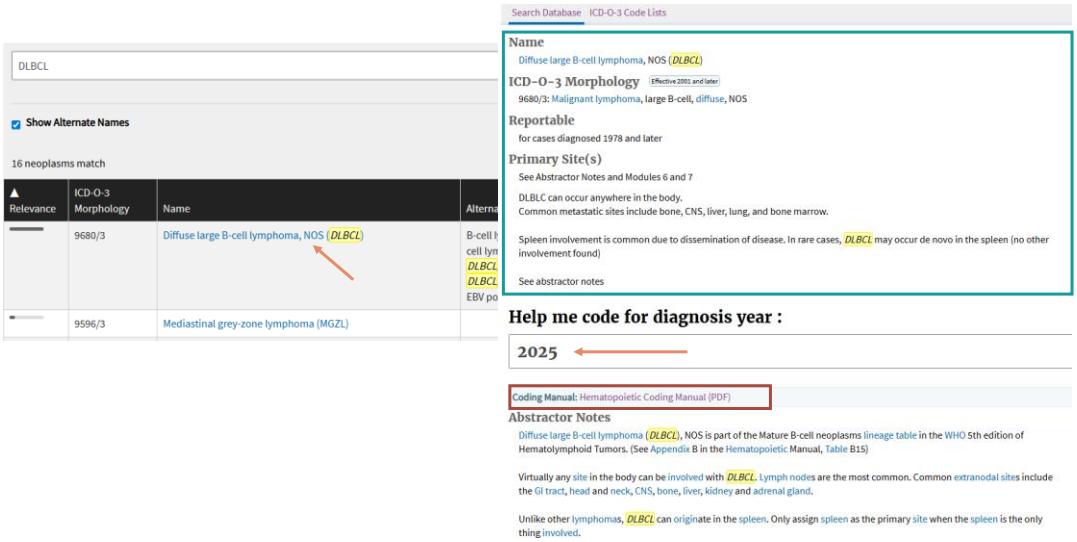
Viewing Specific Neoplasm Information



8

Specific Neoplasm Information

Coding Manual: Hematopoietic Coding Manual (PDF)

Abstractor Notes

Diffuse large B-cell lymphoma (*DLBCL*), NOS is part of the Mature B-cell neoplasms lineage table in the WHO 5th edition of Hematolymphoid Tumors. (See Appendix B in the Hematopoietic Manual, Table B15)

Virtually any site in the body can be involved with *DLBCL*. Lymph nodes are the most common. Common extranodal sites include the GI tract, head and neck, CNS, bone, liver, kidney and adrenal gland.

Unlike other lymphomas, *DLBCL* can originate in the spleen. Only assign spleen as the primary site when the spleen is the only thing involved.

DLBCL can occur de novo or be the result of a transformation from an indolent lymphoma (i.e., CLL/SLL, Follicular lymphoma). See Rules M8-M13 if there is a transformation involving *DLBCL*.
-Richter syndrome/transformation is when CLL/SLL (9823/3) transforms to *DLBCL*.

There are several subtypes of diffuse large B-cell lymphoma
1. ALK-positive large B-cell lymphoma (9737/3)
2. Diffuse large B-cell lymphoma associated with chronic inflammation (9680/3)
3. Diffuse large B-cell lymphoma with MYC and BLC2 rearrangements (9680/3)
4. *DLBCL*/HGBCL-MYC/BCL2 with BCL6 rearrangement
5. *DLBCL*/HGBCL-MYC/BCL2 without BCL6 rearrangement
6. *DLBCL*/HGBCL-MYC/BCL2 (with or without BCL6 rearrangement (with TdT expression)
7. EBV-positive diffuse large B-cell lymphoma, NOS (9680/3)
8. Fibrin-associated large B-cell lymphoma (9678/3)
9. Fluid overload-associated large B-cell lymphoma (9678/3)
10. High-grade B-cell lymphoma, NOS (9680/3)

Diagnostic Confirmation

This histology can be determined by positive histology (including peripheral blood) with or without genetics and/or immunophenotyping. Review the Definitive Diagnostic Methods, Immunophenotyping and Genetics Data sections below, and the instructions in the Hematopoietic Manual for further guidance on assigning Diagnostic confirmation.

Module Rule

Module 6: PH11 (primary sites C44_)

Alternate Names

Anaplastic large B-cell lymphoma (ALK status unknown)
AIDS-related diffuse large B-cell lymphoma
B-cell lymphoma, unclassifiable, with features intermediate between diffuse large B-cell lymphoma and Burkitt lymphoma (*DLBCL*/BL)
Diffuse large B-cell lymphoma associated with chronic inflammation of the pleura (C384)
Diffuse large B-cell lymphoma, activated (non-germinal centre) B-cell subtype
Diffuse large B-cell lymphoma, anaplastic subtype
Diffuse large B-cell lymphoma, centroblastic subtype
Diffuse large B-cell lymphoma, germinal centre B-cell subtype
Diffuse large B-cell lymphoma, immunoblastic subtype (see 9684/3 prior to 2010+)
Diffuse large B-cell lymphoma with MYC and BCL6 rearrangements
DLBCL/HGBCL-MYC/BCL with or without BCL6 rearrangements
DLBCL/HGBCL-MYC/BCL2 with or without BCL6 rearrangement (with TdT expression)
Double hit lymphoma
EBV positive diffuse large B-cell lymphoma (EVB-*DLBCL*)
Fibrin-associated large B-cell lymphoma (FA-LBCL) (see 9678/3 for 2026+)
Fluid overload associated B-cell lymphoma (FO-LBCL) (see 9678/3 for 2026+)
Fluid-overload effusion lymphoma (see 9678/3 for 2026+)

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Review the Heme Manual

- Once you retrieve all the relevant information from the DB, go to the manual
  - Familiarize yourself with different sections of Heme Manual
    - General information on leukemias and lymphomas
    - Different groups of Heme Diseases
    - Reportability
    - Treatment information
    - Coding diagnostic confirmation
    - Transformations
    - How to code Mets at DX items for Heme Neoplasms

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Overview Leukemia and Lymphoma

Leukemia

- Most commonly presents in bone marrow and/or blood
- Diagnosing leukemia
  - Symptoms usually are unexplained weight loss, weakness, chronic fatigue, easy bruising, etc.
  - Order a CBC and/or peripheral blood smear
  - Abnormal CBC and/or peripheral blood smear – bone marrow biopsy

Lymphoma

- Most commonly manifests in lymph nodes, lymphoid tissue, or lymphoid organs
  - Also, can present outside lymph nodes/tissue/organs – extralymphatic sites (i.e. lung, colon, etc.)
  - Although rare, a lymphoma can be present in bone marrow only
- Diagnosing lymphoma
  - Abnormal imaging
  - Biopsy most accessible site – it is usually NOT the primary site

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Diagnostic Confirmation

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Diagnostic Confirmation

Note 1: Microscopic confirmation (codes 1-4) take priority over clinical dx (codes 5-8). There is no other hierarchy for coding Dx confirmation.

Note 2: use code 1 when ONLY tissue, bone marrow, or blood was used to diagnose specific histology.

Note 3: Originally confirmed by histology (code 1) and later has immunophenotyping, genetic testing, or JAK2 which confirms a more specific neoplasm and no evidence of transformation, change histology to more specific and code 3 Dx confirmation

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Diagnostic Confirmation

- **Immunophenotyping/Genetic Testing + Histology = code 3**
  - Testing only used to code diagnostic confirmation
    - It is **NOT** used to assign a more specific histology
    - Record the diagnosis provided on the pathology report or stated by managing physician
  - Includes peripheral blood smear followed by flow cytometry
    - Most common for CLL/SLL
  - Certain histologies will ALWAYS be a code 3 (see list, pg. 23)
    - Some will NEVER be a code 3 (see list, pg. 23)
  - The immunophenotype, genetic test, or JAK2 is listed as Definitive Diagnosis methods **AND** confirms the neoplasm **OR** pathologist/managing physician identifies a more specific histology based on the testing

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Diagnostic Confirmation

- Do **NOT** use code 3 for positive immunophenotyping or genetic test identifies a more specific histology when
  - Test result is proceeded by ambiguous term or patchy weak staining
- ***Examples***:
  1. Bone marrow positive for acute myeloid leukemia (**9861**); Genetic testing positive for AML with inv(16)(p13.1q22) (**9871**).
     - **Code 3**: Positive histology + Genetic test confirm more specific histology
  2. Bone marrow biopsy: B lymphoblastic leukemia; Abnormal FISH results most likely represent hyperdiploid clone.
     - **Code 1**: Positive histology; FISH results preceded by ambiguous term
  3. Patient diagnosed w/ CLL by CBC; Flow cytometry was positive for both genetic and CD antigens (immunophenotyping) for CLL per pathologist; Bone marrow biopsy was not performed.
     - **Code 3**: Leukemia positive histology includes CBC and pathologist confirms genetic/immunophenotyping confirms CLL

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Diagnostic Confirmation

Description	Type of examination	Notes	Code
Positive histology	Tissue from LN, organ(s), or other tissue specimens; Bone marrow; Peripheral blood smear (9590-9993)	**Leukemia ONLY** (9800-9948) includes: • CBC • WBC • Immunophenotyping/JAK2 not done **OR** done but negative	**1**
Positive cytology	Exam of fluid ***Rare for heme/lymph***	Specimen fails to provide enough tissue to do histology exam	2
Positive histology + Immunophenotype or Genetic testing	Tissue specimen and positive immunophenotyping, genetic testing, or JAK2 confirm; includes peripheral blood followed by flow cytometry	Dx 2010+ **Immuno or genetic test <u>confirm neoplasm</u>**; This is NOT used to code histology See *Notes* in manual	**3**
Positive microscopic confirmation NOS	Unknown ***Rare for heme/lymph***	Microscopically confirmed but type is unknown	4

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Diagnostic Confirmation

Description	Type of Examination	Notes	Code
Positive lab test/marker study	Definitive dx method: lab test, tumor marker, genetics, immunophenotyping	Do **NOT** assign if there is histologic confirmation	**5**
Direct visualization w/out micro confirm	Op report – no bx or cyto ***Rare for heme/lymph***		6
Radiation/Imaging w/out micro confirm	Imaging diagnosis only ***Rare for heme and leukemia cases***	No microscopic exam Could be **lymphoma** diagnosis	**7**
Clinical diagnosis	Physician statement	**NOT** codes 5-7 No microscopic or immuno/genetic confirmation of diagnosis Based on physician expertise	**8**
Unknown	DCO; unknown if dx microscopically; historical cases	No information on how the histology was diagnosed	9

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Transformation

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Chronic and Acute Neoplasms

- Transformations are
  - Chronic or Indolent neoplasms
  - Acute or Aggressive neoplasms
    - These can change from one to the other
    - Typically, it will go from the chronic to the acute neoplasm
    - Do **NOT** go by the terms “chronic” or “acute” in the disease name – this doesn’t imply transformation
      - Example: Chronic Myeloid Leukemia
- Physician’s use of “Transformation”
  - Follow the instructions in the Heme Manual and DB regarding transformation
  - Do **NOT** use Multiple Primary rules M8-M13 based solely on the physician statement

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Transformation

- **ALWAYS** review transformation information in the Heme DB before going to the M Rules
- ***Transformation to*** = Acute
  - Chronic/Indolent neoplasm can transform to an acute/aggressive neoplasm

CHRONIC → ACUTE

- ***Transformation from*** = Chronic
  - The list of histologies under "transformation from" are chronic

ACUTE → CHRONIC

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Transformations

- Look up Follicular Lymphoma (9690) in the Heme DB
- Review the Transformation Section
  - Follicular Lymphoma can transform to DLBCL
    - Follicular is the chronic form
    - DLBCL is the acute form

Transformations to

9680/3 Diffuse large B-cell lymphoma, NOS (DLBCL)

Transformations from

None

- Look up DLBCL (9680) in the Heme DB
- Review the Transformation Section
  - DLBCL can transform from any of those listed under Transform From
    - DLBCL is the acute form
    - All the others are chronic

Transformations to

None

Transformations from

9651/3 Classic Hodgkin lymphoma, lymphocyte-rich (LR-cHL)
9653/3 Classic Hodgkin lymphoma, lymphocyte depleted, NOS (LDCHL)
9659/3 Nodular lymphocyte predominant Hodgkin lymphoma (NLPHL)
9670/3 Malignant lymphoma, small B lymphocytic, NOS (for 2010+, see 9823/3)
9671/3 Lymphoplasmacytic lymphoma (LPL)
9675/3 Malignant lymphoma, mixed small and large cell, diffuse (see 9690/3 for 2010+)
9689/3 Splenic marginal zone lymphoma (SMZL)
9690/3 Follicular lymphoma (FL), NOS
9691/3 Follicular lymphoma, grade 2
9695/3 Follicular lymphoma, grade 1
9698/3 Follicular lymphoma, grade 3
9699/3 Extranodal marginal zone lymphoma of mucosa-associated lymphoid tissue (MALT lymphoma)
9761/3 Waldenstrom macroglobulinemia (WM)
9762/3 Heavy chain diseases, NOS (HCD)
9823/3 Chronic lymphocytic leukemia/small lymphocytic lymphoma (CLL/SLL)
9940/3 Hairy cell leukemia (HCL)

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Steps for Using the Heme DB/Manual

1

Identify the working (preliminary) histology code(s)

- Search Heme DB using a unique word, abbreviation, or acronym
- Include searching alternative names

2

View desired histology

- Once you find the histology in the DB review information including "transformations to" and "transformations from"

3

Review the Heme Manual

4

Go through the multiple primary rules (M rules)

5

Go to the appropriate Primary Site and Histology Rules (PH rules)

- Modules 1-6 are histology specific
- Module 7 is for assigning primary site for lymphomas

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Multiple Primary Rules

M Rules

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General Instructions for M Rules

1. Start at M1 and move through the rules, find the that applies and **STOP** – use the rule
2. Review the Transformations to determine if rules M8-M13 apply
3. During diagnostic work up the physician may start with a provisional diagnoses and as testing is performed a more specific diagnosis may be identified
   - These are **NOT** multiple primaries
4. 2+ diagnoses of Heme/Lymph Neoplasms you may need to go through these rules more than once to determine the number of primaries
5. Only use the Heme DB Multiple Primaries Calculator as instructed by the rules
6. Some cases treatment starts before the full work up is complete

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Multiple Primary Rules

Initial Clinical Workup: Timeframe of when patient is first diagnosed

M1 – Single Primary

- Minimal information available

M2 – Single Primary

- Single Histology
  - Recurrence of the same histology (timing irrelevant)
  - Biltateral involvement of LN and/or organs with single histology
  - ***EXCEPTION***: MALT (9699) primaries are <u>not always the same primary</u>
    - Abstract multiple primaries when nodal MALT (C77_) occurs before or after an extranodal MALT (other sites)

M3 – Single Primary

- Acute myeloid leukemia (AML)/myeloid sarcoma
- Mast cell leukemia/mast cell sarcoma
  - Myeloid or mast cell sarcoma diagnosed during initial clinical workup **<u>OR</u>** after leukemia of the **SAME** lineage

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Multiple Primary Rules

M4 – Single Primary

- 2+ NHL diagnosed in the same specimen (biopsy/surgical resection)
  - Does not apply to situation where a lymphoma is diagnosed, and patient returns to later have a biopsy of the same site and another lymphoma is diagnosed (see M7)
  - Do **NOT** use for cutaneous lymphoma cases (use rule M15)

M5 – Single Primary

- Hodgkin and NHL in same specimen (biopsy/surgical resection)
  - In the **SAME** anatomic site at the **SAME** time
- Does **NOT** apply to T-cell and NK-cell lymphoma (use rule M15)
- Do **NOT** use when the diagnoses are not during the initial clinical workup

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Multiple Primary Rules

M6 – Multiple Primaries

- Hodgkin and NHL in different specimen (biopsy/surgical resection)
  - Hodgkin lymphoma in one site and NHL in another site

M7 – Single Primary

- More specific histology is diagnosed **AFTER** an NOS **ONLY** when the Muliple Primaries Calculator confirms the NOS and more specific are the same
  - Can be in different anatomic locations
  - No time restriction

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Multiple Primary Rules - Transformation

M8 – Single Primary

- Chronic and acute diagnosed during initial clinical workup with 1 specimen (single positive biopsy)
  - More than 1 specimen see M12 (2+ biopsies)

M9 – Single Primary

- Chronic and acute diagnosed in the initial clinical workup and no documentation of biopsy(ies)
  - This rule should rarely be used

M10 – Multiple Primaries

- Original diagnosed as chronic during initial clinical workup **AND** there is a second diagnosis of an acute neoplasm **AFTER** initial clinical workup is complete

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Multiple Primary Rules - Transformation

M11 – Multiple Primaries

- Chronic and acute diagnosed during initial clinical workup **AND** there is documentation of 2 biopsies

M12 – Single Primary

- Original diagnosed as acute **AND** reverts to chronic after initial clinical workup completed **AND** no confirmation that the patient received treatment for the acute
  - If there was treatment after the acute neoplasm, see rule M13
  - If diagnosed during clinical workup, see rules M8-M11

M13 – Multiple Primaries

- Original diagnosed as acute and reverts to a chronic **AFTER** treatment
  - If it is unknown if the patient was treated, see rule M12
  - Apply this rule even if treatment isn't completed for the acute neoplasm
  - ***Exception***: does **NOT** apply to plasmacytoma (9731, 9734) after a diagnosis of plasma cell myeloma/MM (9732), abstract 1 primary

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Multiple Primary Rules

M14 – Single Primary

- Post-transplant lymphoproliferative disorder diagnosed in the SAME biopsy or surgical path report with any B-cell lymphoma, T-cell lymphoma, Hodgkin lymphoma, or plasmacytoma/myeloma
  - Does **NOT** apply to polymorphic PTLD (9971)

M15 – Use the MP Calculator

- Rules M1-M14 don't apply
- Check the Heme DB and review for transformation information (rules M8-M13)

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Primary Site & Histology Coding

Primary Site Coding Instructions

Histology Coding Instructions

PH Rules

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Primary Site Coding Instructions

- Do **NOT** use primary site codes for Heme neoplasms:
  - Blood – C420
  - Reticuloendothelial system – C423
  - Hematopoietic, NOS – C424
- Code primary site using all information available
  - Imaging
  - Medical record documentation
  - Path report
  - Heme DB
  - Physician statement
- Do **NOT** code primary base solely on location of the biopsy
  - Biopsy is to get the histologic information, not to determine primary site
- Common metastatic sites: bone, brain, lung, liver, and bone marrow
  - If these sites are involved put those aside & see what else is involved

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Primary Site Coding Instructions

- Look for at what site(s) are involved (exclude metastatic sites)
  - **Single organ involved**
    - Are there regional LN involved for that organ?
      - Yes – lymphoma case see Module 7 PH25
      - No – lymphoma case see Module 7 PH24
    - Is the spleen involved?
      - Splenomegaly or spleen infiltration doesn't mean the primary site is spleen
      - Spleen involvement is recorded in stage and not primary site
        - ***EXCEPTION***: primary spleen lymphoma (9689 and 9716) primary site is coded to spleen, all other histologies spleen is not the primary
  - **Multiple organs involved**
    - Is there also LN involvement?
      - Yes – lymphoma case see Module 7 PH22
      - No – lymphoma case then your primary site may be C809 or one of the involved organs

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Primary Site Coding Instructions

- Unable to determine if organs involved are metastatic
  - For lymphoma cases:
    - Code **C778** – multiple LN/chains involved
    - Code **C779** – LN involvement but unknown if multiple chains
    - Primary site may be **C809** if there are no LN involved
- Bone Marrow Involvement
  - If **ONLY** bone marrow is involved and lymphoma case – code **C421** (Module 7, PH26)
  - Bone marrow involved + other organs and/or LN, then bone marrow involvement is coded in stage

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Coding Mets @ Dx Fields

Primary Site C421

- **All Mets @ Dx fields** must be coded **8** (not applicable)

Primary Site C77_

- **Mets @ Dx Distant LN** must be coded **8** (not applicable)

Lymphoma cases

- Follows same concept as solid tumors
- If bone, brain/CNS, liver, lung, or bone marrow (code as Mets @ Dx Other) look for other sites of involvement (for primary site purpose)
  - Physicians do not usually call these "mets"

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Case Scenario

9/12/25 CT Chest: 6cm mass RLL and large mediastinal mass; R axilla appears to have enlarged LN as well

9/14/25 R axilla bx: classical Hodgkin lymphoma

- Hodgkin lymphoma usually starts in LN, not organs
- Rule **PH22** – primary site: **C778**
- **Mets @ Dx – Lung**: 1 (RLL mass involved is mets)
- **Mets @ Dx – Distant LN**: 8
- **All other Mets @ Dx fields**: 0

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Histology Coding Instructions

- Code histology that was identified under Definitive Diagnostic Method (Heme DB)
  - Definitive diagnostic method not available, code based on:
    - Medical record documentation
      - Physician reference original scans, genetic testing, immunophenotyping, or path report, or histology
    - Death certificate
- Specific histology is preceded with ambiguous term and an NOS histology, **code NOS histology**
  - Ambiguous term may **NOT** be used when a specific histology has not been confirmed – assign the NOS equivalent for that histology
  - If physician confirms (treatment) the specific disease
- Only one histology preceded by ambiguous term – **review Abstractor Notes** in Heme DB for that histology
  - If relevant immunophenotyping or genetics is present in abstractor notes, **code ambiguous histology** – follow back to see if subsequent testing confirmed the specific histology or was diagnosed with a different histology

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Definitive Terms

- These terms are now **Definitive Diagnoses** for assigning histology:
  - Comparable with
  - Compatible with
  - Consistent with
  - Most likely
  - Probable
  - Typical (of)

Do **NOT** apply these terms to casefinding, reportability, or staging

- *Example*:
  - Myelodysplastic neoplasm **most likely** MDS with low blasts and isolated 5q deletion (MDS-5q-)
    - Code **9986**
      - Myelodysplastic neoplasm with low blasts and 5q deletion

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Histology Coding Instructions

- Do **NOT** update histology based on genetics/immunophenotyping without a pathologist's or physician's statement
  - Look in final diagnosis, synoptic report, or path comments
  - Registrars are not to pick positive genetics from path reports to determine histology
    - **MUST** have a pathologist/managing physician document the specific histology based on testing
    - *Example*:
      - **Final diagnosis**: Acute myeloid leukemia w/ monocytic differentiation
        - Note: combined morphologic and immunophenotypic findings are c/w involvement by AML w/ monocytic diff
        - Cytogenetics: RUNX1, RUNX1T1 +, NPM1+, FLT3TKD+ (no revised diagnosis)
      - Pathologist states this is **AML w/ monocytic diff**
        - Positive genetics is not used to assign histology
        - Diagnostic Confirmation: 1 (genetics not used to confirm diagnosis)

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Primary Site & Histology Coding Rules (PH)

Module	PH Rules	Histology
Module 1	**PH1**	Post-Transplant Lymphoproliferative Disorder (PTLD) for 2010-2020 only.
Module 2	**PH 2-4**	Plasmacytomas (9734/3) (9731/3)
Module 3	**PH 5-6**	CLL/SLL (9823/3)
Module 4	**PH 7-8**	Leukemia/Lymphoma (numerous histologies)
Module 5	**PH 9-10**	Myeloid neoplasms (numerous histologies) Mast Cell Neoplasms (9740/3) (9742/3) (9930/3)
Module 6	**PH 11-17**	NHL (numerous histologies)
Module 7	**PH18-27**	Hodgkin Lymphomas; NHL; Extraosseous plasmacytomas etc (numerous)
Module 8	**PH28-29**	NOS and more specific Histology All heme and lymph neoplasms 9590/3-9993/3
Module 9	**PH30-31**	All. Use only when Modules 1-8 are not applicable

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Using Modules & PH Rules

1

Start in the correct module

- Most are histology based

2

Begin with the first rule in the appropriate module

3

Go through the rules until you find the one that applies

4

STOP – follow the instructions of the rule

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Case Scenario

- Patient with increasing fatigue, easy bruising, and chronic infections with an abnormal CBC concern leukemia
- Peripheral smear demonstrated lymphocytosis; flow cytometry performed findings consistent with CLL/SLL
- Med Onc: patient with newly diagnosed CLL/SLL and plan is for active surveillance

- **Which module would we use?**
  - Module 3: CLL/SLL (9823)
- **What is the appropriate primary site? Rule?**
  - C421 – PH5

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First Course Treatment

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Treatment

- Dependent on the type of hematopoietic neoplasm
  - **Lymphoma:**
    - Surgery
    - Chemo
    - Radiation
    - Hormones
    - Immunotherapy
  - **Leukemia:**
    - Chemo
    - Immunotherapy
    - Bone marrow/stem cell transplants
  - **Other heme/lymph neoplasms:**
    - Immunotherapy
    - Hormones
    - Other Treatment

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Treatment Phases

Induction	• Goal is to get patient into remission • Remission = No leukemia cells in bone marrow • Several different treatment regimens may be used • Typically lasts about a month
Consolidation	• Remission achieved and another phase begins lasting several months • Usually same drugs used during induction • High doses given • May or may not undergo bone marrow/stem cell transplant
Maintenance	• Can last up to 2 years – maintaining remission
Palliative	• Patients who failed remission • Goal is control cancer and symptoms (not to cure)

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Treatment Coding

- **One primary** – use documented treatment plan that is administered to the patient
  - First course therapy ends when the treatment plan is complete or remission is achieved, no matter how long it takes
- **Chronic neoplasm followed by acute neoplasm**
  - First course treatment for the chronic neoplasm may or may not be completed when it transforms to acute neoplasm
  - Treatment doesn't affect the number of primaries
- **Acute neoplasm followed by chronic neoplasm**
  - Treatment does affect the number of primaries (M12 and M13)
- **Multiple Primaries** – code the treatment to both abstracts when treatment is given for one and treats the other primary

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Treatment

- Do **not** code blood transfusions as treatment
  - Widely used to treat anemia
- Phlebotomy is **ONLY** coded as treatment for polycythemia vera (9950)
  - Code as Other Therapy- 1
- Blood thinners/anti-clotting agents **ONLY** coded as treatment for essential thrombocythemia (ET) (9962)
  - Code as Other Therapy - 1
- **Donor Leukocyte/Lymphocyte Infusions**
  - Code as immunotherapy when administered as first course treatment
  - AKA: Buffy coat infusion

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Hematologic Transplant & Endocrine Procedure

- **Bone marrow transplant** (BMT) – **Code 10** (NOS)
  - Bone marrow used to restore stem cells that were destroyed by chemo and/or radiation
  - **Allogenic**: From a donor – **Code 12**
  - **Autologous**: From patient's bone marrow (self) – **Code 11**
  - **Syngeneic**: From identical twin – **Code 12**
- **Stem cell transplant – Code 20**
  - Replenish supply of healthy blood-forming cells
    - AKA bone marrow transplant, PBSCT, umbilical cord transplant
  - Stem cells from peripheral bloodstream (peripheral blood stem cell transplant) aka stem cell transplant
  - Umbilical cord stem cell transplant stem cells harvested from umbilical core blood

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Heme Transplant Terms

Conditioning

- High-dose chemo with/without radiation administered prior to transplant
- Given to kill off cancer cells
  - Also destroys normal bone marrow cells and will need to be replaced (rescue)
- **Code the treatment** based on what was administered:
  - Chemotherapy
  - Radiation

Rescue

- The **actual hematologic transplant** following the conditioning
  - Bone marrow transplant
  - Stem cell transplant

Stem Cell Harvest

- Patient has stem cells collected, but a rescue has not been performed, or it is unknown if transplant performed
- **Code 88** for Heme Transplant/Endocrine Procedure

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Heme Manual Appendices

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Appendices A-E

Appendix	
A	History of Hematopoietic and Lymphoid Neoplasm Coding
B	WHO Classification of Tumors of Hematopoietic and Lymphoid Tissues | Histology Lineages
C	Lymph Node/Lymph Node Chain Reference Table
D	Introduction to Genetic Nomenclature
E	Terms added to the Heme DB from WHO 5th Ed.

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Appendix B
Histology Lineage

Table B1: Myeloid precursor lesions

WHO Preferred Term	ICD-O
Clonal hematopoiesis	
Clonal hematopoiesis (CH)	9860/0
Clonal hematopoiesis of indeterminate potential (CHIP)	9860/0
VEXAS syndrome	9860/0
Clonal cytopenia of undetermined significance (CCUS)	9980/1

Table B2: Myeloproliferative neoplasms (MPNs)

WHO Preferred Term	ICD-O
Chronic myeloid leukemia (CML)	9875/3
Chronic neutrophilic leukemia (CNL)	9963/3
Chronic eosinophilic leukemia (CEL)	9964/3
Polycythemia vera (PV)	9950/3
Essential thrombocythemia (ET)	9962/3
Primary myelofibrosis (PMF) • Primary myelofibrosis, prefibrotic • Primary myelofibrosis, fibrotic	9961/3 9961/3 9961/3
Juvenile myelomonocytic leukemia	9946/3
Myeloproliferative neoplasm, NOS (unclassifiable) (See also Table B5: Myelodysplastic/myeloproliferative (MDS/MPN)	9975/3

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Appendix C:
Lymph Node/Lymph Node Chain

Table C1: Lymph Node/Lymph Node Chain Reference Table
***The right and left are separate regions per AJCC**

Lymph Node/Lymph Node Chain	Use for Multiple Primaries in Heme	ICD-O Lymph Node Region(s)	TNM Staging
Abdominal	C772	Intra-abdominal	Mesenteric
Anorectal (pararectal)	C775	Pelvic	Pelvic, right and left*
Anterior axillary (pectoral)	C773	Axilla or arm	Axillary, right and left*
Anterior cecal (prececal)	C772	Intra-abdominal	Mesenteric
Anterior deep cervical (laterotracheal, recurrent laryngeal, recurrent pharyngeal)	C770	Head, face and neck	Cervical, right and left*
Anterior jugular	C770	Head, face and neck	Cervical, right and left*
Anterior mediastinal	C771	Intrathoracic	Mediastinal
Aortic (ascending, lateral, lumbar, subaortic, NOS)	C772	Intra-abdominal	Para-aortic
Aortico-pulmonary window (subaortic)	C772	Intra-abdominal	Para-aortic
Apical (subclavian)	C770	Head, face and neck	Cervical, right and left*
Appendiceal	C772	Intra-abdominal	Mesenteric
Apical axillary (deep axillary, Level III axillary)	C773	Axilla or arm	Axillary, right and left*
Aselli's glands (nodes near pancreas)	C772	Intra-abdominal	Para-aortic
Auricular (infraauricular, postauricular, preauricalar, retroauricular, NOS)	C770	Head, face and neck	Cervical, right and left*
Axillary (anterior, brachial, deep, lateral, superficial, NOS)	C773	Axilla or arm	Axillary, right and left*
Axillary (Level I [low axillary, superficial axillary], Level II, Level III [apical, deep)	C773	Axilla or arm	Infraclavicular, right and left*
Azygos (lower paratracheal)	C771	Intrathoracic	Mediastinal
Brachial (lateral axillary)	C773	Axilla or arm	Axillary, right and left*
Brachiocephalic	C773	Axilla or arm	Axillary, right and left*

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Appendix D: Introduction to Genetic Nomenclature

- This appendix will assist in understanding genetic abnormalities, mutations, and rearrangements

Example:

Chromosomes

1. Human somatic cells are diploid, meaning they contain 46 chromosomes (2 copies of 23 chromosomes (or 23 pairs))
   - Chromosomes are numbered 1 through 22 and the sex chromosomes are labeled X or Y.
   - Only gametes (egg or sperm cells) are haploid, meaning they have 23 chromosomes each.
2. Hyperdiploid cells have greater than 46 chromosomes (more than the usual number).
3. Hypodiploid cells have less than 46 chromosomes (less than the usual number).
4. Chromosomes are comprised of a **short arm**, labeled "p," and a **long arm**, labeled "q."
   - The location of genetic abnormalities may be further clarified by the arm on which it occurs:
     - ***Example***: A deletion of 5q (del(5q)) indicates there is a deletion on the long arm ("q") of chromosome 5.

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Appendix E: Terms Added to Heme DB

Appendix E: Terms added to the Hematopoietic Database from the WHO 5th edition of Hematolymphoid Tumors

ICD-O Code	Term
9591/3	Splenic B-cell lymphoma/leukemia with prominent nuclei
9673/1	In situ mantle cell neoplasm
9673/3	Cyclin D1-negative MCL Cyclin D1-positive MCL Leukemic non-nodal mantle cell lymphoma
9678/3	Fluid overload-associated large B-cell lymphoma Fluid-overload effusion lymphoma KSHV/HHV8-negative effusion-based lymphoma
9680/3	AIDS-related diffuse large B-cell lymphoma DLBCL/HGBL-MYC/BCL2 with BCL6 rearrangement DLBCL/HGBL-MYC/BCL2 (with or without BCL6 rearrangement) with TdT expression DLBCL/HGBL-MYC/BCL2 without BCL6 rearrangement High grade B-cell lymphoma with MYC and BCL6 rearrangement Immunodeficiency-associated lymphoproliferative disorders Primary large B-cell lymphoma of immune privileged sites Primary large B-cell lymphoma of the testis

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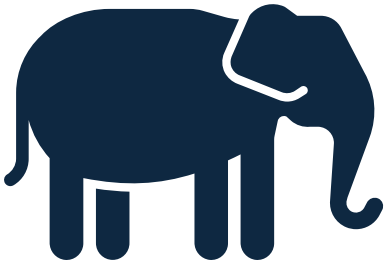
One bite at a time…



- **Start with a working histology(ies)**
  - Review the Heme DB first
- **Determine the number of primaries**
- **Final histology**
- **Code primary site**

SEER*Educate Cases

- **Training – Coding CEs**
  - **Dx 2026-2026 Heme Rules**
    - CE Closes 1/2028 – Heme Series 1
      - Cases 1-5*

*Recommend completing SEER*Ed cases after viewing all heme/lymph presentations

Questions? Contact me.

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