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2007 Multiple Primary and Histology Coding Rules Breeze Sessions
Malignant Brain Practicum
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INTRODUCTION

Welcome back. This is the Malignant Brain Practicum. As promised previously we have enlarged the Chart so it will be visible for everyone. We promised we would go back over a couple points on this Brain Chart before starting the Brain cases.

Just to reiterate, there are two broad classifications of Brain tumors: the Neuroepithelial and the Non-Neuroepithelial. The Neuroepithelial include the embryonal tumors, the ependymal tumors, the pineal tumors and the choroid plexus tumors. [See Chart 1] This is a very broad group of tumors histologically. Then on the second part of this Chart you will see this group also includes the neuronal and mixed neuronal-glia tumors, the neuroblastic tumors, Glial tumors and the oligodendroglial tumors. These tumors probably represent those you most often see and code in your work.

We had a specific question about this branch or this part of the Chart. Is that person on the phone now?

Question 1

Yes, Carol. If you had two lesions in the brain and one was an astrocytoma and the other was something else, I don't really remember my question. I will think about it and try again later, okay?

Response to Question 1

I believe what you were asking was if there were an astrocytoma and a Glioblastoma multiforme wouldn't they be the same primary? [They are on the same branch so therefore aren't they a single primary?] A related question was would they occur at the same time? They would probably not occur at the same time. They would probably not be separate primaries because that would be a very rare event.

I spent some time with the rules after you asked that question and I realized we need to add a clarification. We talked about any time a Glial tumor is followed by a Glioblastoma multiforme you treat that as a single primary. We talked about the fact that a Glial tumor could have areas that were very highly differentiated i.e. areas of Glioblastoma multiforme and areas that could plainly be read by the pathologist as astrocytoma. That does happen. This could happen although it would be a rare instance that these would occur as separate tumors. If that were the case you would not want to code them as separate primaries because they

are all still Glial tumors and Glial tumors are the one exception. So, generally speaking, Glial tumors and Glioblastoma multiforme are the one exception; other than that one occurrence you look at the branches.

If you had, for example, an astrocytoma on this branch and perhaps a pilocytic astrocytoma which of course isn't going to happen but it demonstrates different branches, they would be different histologies, different branches. The only exception is when you're dealing with a Glioblastoma multiforme.

We actually have some cases that I think demonstrate this quite well. Let me go to case #1.

MALIGNANT BRAIN CASE #1

Case one has two biopsies. In the Final Diagnosis we see a biopsy that says "hippocampal tumor biopsy: Glioblastoma multiforme." Then we see [also under Final Diagnosis] "B. Right temporal lobe resection: infiltrating astrocytoma with extensive cortical spread." In the Comments they talk about Parts A and C (which is additional hippocampal tissue). The Comments say there is "high-grade astrocytoma with gemistocytic features including necrosis.... consistent with Glioblastoma multiforme." When you start to look at whether or not these are multiple primaries, nothing in the best information you have tells you whether these are separate tumors or whether there are extensions. If you look at the ICD-O-3 codes you will see that both hippocampus and temporal lobe have the same site code in the ICD-O-3 (C71.2) so they are the same site. Given the lack of information about whether this was a tumor that could not be surgically resected or whether indeed this was separate tumors, I defaulted to the "Unknown if Single or Multiple Tumors" Module starting with rule M1. The default is to a single tumor. Does anyone have any questions about that?

Question 2

Excuse me, Carol? Did you say you used rule M1? Should it be rule M3?

Response to Question 2

I went to the Unknown if Single or Multiple Tumors Module. Could you use rule M3? Well, yes, you would come out with the same answer. [I was even looking at rule M6]. Hopefully you would come out with the same answer no matter how you went about it. We have so little information that I chose to go to the "Unknown" Module. Any of the three ways you would have chosen would have led you to say this was a single primary. [So it would be M2?] Yes. I am so used to saying M1 although I had written down M2. Thank you.

The second question is coding the histology. You go to the Single Tumor Module and start with rule H1—Single Tumor Module. We do have a pathology specimen so this rule does not apply. H2 asks if the only specimen available is from a metastatic site so that rule does not apply. H3 talks about having "at least two of the following three histologies" and that rule does not apply. H4 talks about

having one histologic type and that does not fit because we have two histologic types. They are talking about an astrocytoma and a Glioblastoma multiforme. H5 says the diagnosis includes a non-specific term and a specific term or type. If you look at Chart 1 astrocytoma is in that glial branch. The Glioblastoma multiforme is further down the branch. We coded the Glioblastoma multiforme, 9440/3.

Question 3

Carol, could you just clarify for me—I am having a hard time with the branches. Do they work vertically and horizontally when they talk about their being on the same branch?

Response to Question 3

*Yes they do. The thing with this one is that astrocytoma and Glioblastoma multiforme together are always considered the same histology because they are both Glial tumors. We do need to clarify that. If this had not been Glioblastoma multiforme—let me go to the Chart. You are absolutely correct in what you are saying. They are, indeed, on different branches and ordinarily we would say this is not the same primary. It is not the same histology. The astrocytoma is absolutely on a different branch than the Glioblastoma multiforme. Again, Glioblastoma multiforme and any kind of Glial tumor are treated as though they are the same. You would code the higher—the Glioblastoma multiforme because it's lower down on the tree. However, if this were astrocytoma and a pilocytic astrocytoma, for example, you wouldn't do that. The **only exception** is the **Glioblastoma multiforme**. You were right about the branches. You are using them exactly as you should.*

Thank you, Carol.

Are there any other questions?

Question 4

Carol? On the actual path report itself the last statement in the Comments says: "These changes support the concept of a low-grade astrocytoma with transformation towards a Glioblastoma multiforme." I think just that statement answers it all--that it is really going to be a glioblastoma multiforme.

Response to Question 4

Yes, it is, absolutely. And it also supports what we have been saying-- that you have to understand that the Glioblastoma multiforme is a special case. When you see that you treat it differently because any of these Glial tumors transform into the Glioblastoma multiforme so you can see them in any of the stages of that transformation. And that's truly what you're seeing here. If you asked me to guess I would guess this was a single tumor and that there were edges that could not be resected because it was too extensive and that those edges were transforming or were more aggressive than the center of the tumor that was resected. That's why you got the glioblastoma multiforme and the astrocytoma.

This statement supports the way in which the glioblastoma multiforme cases are treated.

Is that clearer? Does anyone have any other questions?

MALIGNANT BRAIN CASE #2

Let's go on to case two. For Brain case two we have three specimens that were sent to the pathologist. A says cerebellar tumor and B says cerebellar tumor. Let's go down to the Final Diagnosis. Again, it says, "A-D. Cerebellar tumor (posterior fossa craniotomy with resection of the cerebellar tumor). High-grade neuroepithelial tumor, consistent with medulloblastoma." The first thing is, "Do we have a multiple primary, yes or no?" This is a single tumor so you would go to the Single Tumor Module and use rule M3 and this would be a single primary.

To code the histology, the Final Diagnosis says, "High-grade neuroepithelial tumor consistent with medulloblastoma." The Comment is the same: ".high grade neuroepithelial tumor, consistent with medulloblastoma." You will go to the Single Tumor Module and start with rule H1. You will continue through the histology coding rules going past H1 because you do have a pathology report; past H2 because you have pathology from the primary site; H3—you do not have "two of the following three cells." H4 does not apply because you have more than one type. You finally reach H5 which says the "diagnosis includes a non-specific term and a specific term or type on the same branch in Chart 1 or Chart 2." First, you do is go to the Chart and look for the neuroepithelial and also look for medulloblastoma. When you do that you will see that the neuroepithelial and the medulloblastoma are on the Chart and they are in the same branch. One thing I want to call to your attention is if you were coding the neuroepithelial that is 9503 and when you get down to the medulloblastoma that is 9470. If you were using the old three digit-coding rule you would actually code the neuroepithelial because that's the higher numeric code. As you can see that would not be the code you would want to select. This is on the same branch. You can follow the branch from the neuroepithelial straight down to the medulloblastoma.

Are there any questions about using Chart 1 and determining that these are on the same branch?

Question 5

Carol, can we just use H4 for one type?

Response to Question 5

You don't really have one type. You have neuroepithelial and you have medulloblastoma. [The neuroepithelial tumor is consistent with medulloblastoma. Why do you have to use H5?] You could go the other way as well. You will find if you took all of the registrars who coded, part would go to H5 and part would go to the Single Tumor [rule H4]; either way you will come out at the medulloblastoma

but you are correct. It does say “consistent with” so you could use the rule covering a single type [H4].

Question 6

Carol, can you tell me what “CUSA contents” under “C” in the Final Diagnosis stands for? I am not familiar with that acronym.

Response to Question 6

“CUSA” stands for “Cavitron Ultrasonic Surgical Aspirator.” It is an ultrasonically powered aspirator that is considered an “innovative tool.”

MALIGNANT BRAIN CASE #3

Case three concerns a seven-year-old boy with a known brain stem glioma diagnosed July 1, 2007. He was treated with chemotherapy. On follow-up imaging he was noted to have a new supratentorial lesion. He then had a stereotactic biopsy of the brain tumor and the final diagnosis from that biopsy reads: “high grade astrocytoma consistent with anaplastic astrocytoma.” You should read the “Comments” to make sure they do not differ from the previous information. The “Comments” say: “Diagnostic features of glioblastoma multiforme are not seen in these small biopsies.”

The first question you must answer is, “Is this a single tumor or multiple tumors?” Let me remind you that time is not a factor in malignant brain tumors. So if the child had a glioma and now has an astrocytoma you will ask, “Is this the same tumor?” You go down the Chart and find that the astrocytoma and the glioma are really the same family. Glioma is a very general term that refers to many different tumors including astrocytic tumors. So in a way this is similar to someone saying that a person had a breast cancer and now has an infiltrating duct, for example. It is a very generic term followed by a more specific term. The astrocytoma is certainly within the glial family.

Question 7

Carol, may I ask a question? I struggled with this case because of the topography. I thought that brain stem and supratentorial mass were not the same site code so would you use rule M5 and code this as multiple primaries?

Response to Question 7

That is a good point. Your question refers to the rule (M5) that says tumors that are different at the second and/or third digit are multiple primaries. Brain stem is C71.7 and supratentorial brain, NOS is C71.0 so these do not differ at the second (Cxxx) and/or third (Cxxx) character.

Now they used a very general term here when they said, “a known brain stem glioma.” They did not use a term such as astrocytoma or medulloblastoma; they used a very general term, glioma. Now they are saying the child has a high-grade astrocytoma. “High grade” tells you this is probably a tumor that is progressing.

Looking at the Chart you will see that astrocytoma is a part of the glial tumors as is the glioma. The glioma is very high on the Chart, meaning it is a very non-specific term. Since time is not a factor in this site, you have a single tumor because it is the same tumor for which you had a very generic name then a more specific name. You will see this. Unfortunately, many times when there is a "history of" they will use a generic name such as a glioma or a glial tumor. We chose to put this into the practice cases because most of us felt we had seen this many, many times in real world settings.

On the second question regarding how to code the histology we have the same tumor. You also have the fact that you need to code the histology at the initial diagnosis as the current histology. So in other words, the histology you are looking at is glioma. You don't code the astrocytoma; you don't code the progression. The Data Item "Histology" is actually the histology at diagnosis. So you have a single histologic term, glioma. You would code this case as glioma NOS, code 9380/3.

Are there any comments or questions about case three?

Question 8

Carol? I think there is a typographical error in the Rationale on the Answer Sheet for Brain Case #3. The Rationale reads: "Glioma and glioblastoma multiforme are on the same branch in Chart 1."

Response to Question 8

Yes, absolutely, there is an error there because we did not have the diagnosis of glioblastoma multiforme. We will get that; thank you for noticing.

Question/Comment 9

Carol? Another comment is that for new recorders (registrars) who are not familiar with keeping the original diagnosis it might be a good thing to include [that instruction in the rules].

Response to Question/Comment 9

I think that is an excellent suggestion. In our first revision in the section on Brain particularly we will add a comment that you keep the original diagnosis. We will also put that in the General Instructions, too. We just need to make sure we also put it in the Brain instructions to reinforce that guidance and make sure everyone sees it. That's a great suggestion. Thank you.

Question 10

I have another question. I guess I'm getting confused. I understand that this is one primary but would this also be considered two separate tumors as part of one primary or how is that viewed? It seems like some of the other exercises for different sites if the patient had an earlier tumor followed by a later one that was actually considered two tumors but it could still be considered one primary?

Response to Question 10

Yes, you're right; that's not a strange question at all. That's a very good question. Brain is different in that we have this phenomenon of progression. If you were to consider this a second tumor and you went through the process you would get the same answer. Why are we calling it the same tumor? [We are calling it the same tumor] because we are looking at it as progression of disease. There is not really a true "right" or "wrong" way of looking at this. I know people want a straight answer. The truth is this may or may not have sprung from the original cell so it may or may not be a separate tumor. We say it is a progression because it is of the same lineage. I think you could correctly call it either and if you did that you would use the rules and come to the same answer. Perhaps we should just call it multiple tumors if it confuses people? We called this the same tumor because we viewed this as progression of disease. Do you think this is confusing? Would we make this clearer if we viewed this case as two tumors?

Follow-up to Question 10

It would because it starts out being a brain stem and then the second one is supratentorial, which implies two separate locations. They may or may not be connected through the brain—through the fibular structures-- but at the onset it looks like two separate tumors so it looks like they are two separate primaries.

Response to Follow-up to Question 10

*Okay. I think we may rewrite that rationale. We are going to say that in making the **histology decision**, start with the Multiple Tumors Module instead of the Single Tumor Module first then add a comment that says if you did use the Single Tumor Module to code the histology you would come out with the same answer. That might reassure some people who are concerned that they are looking at this in the wrong way. This is probably a good suggestion. We don't want to confuse people and there is no reason to do that; you will come out with the same answer either way. We will change that. Thank you. That was a very good suggestion.*

MALIGNANT BRAIN CASE #4

This case starts out with a very easy decision regarding whether or not there are multiple primaries. The pathology report says "Specimen submitted as tumor—left frontal." The pathology report refers to a single tumor throughout the report so we count this as a single tumor, therefore a single primary using rule M3.

To code the histology for this case we start with the Single Tumor Module and rule H1. We do have a pathology report so we would not use rule H1. The actual pathology comes from the primary site, the brain, so we would not use rule H2. H3 asks if there are at least two of the following cells and/or differentiation present: astrocytoma, oligodendroglioma, ependymal. If you look at the pathology report the Final Diagnosis says, "A & B. Brain (left, frontal), resection: Mixed oligodendroglioma and astrocytoma." So it very clearly states that

astrocytic cells are present as well as oligodendroglioma so you use rule H3 and code this as a mixed glioma, 9382/3.

Are there any questions or comments on case #4?

MALIGNANT BRAIN CASE #5

The first question concerns whether or not this is a multiple primary. You have a patient “with a history of a low grade mixed oligoastrocytoma in the left frontal lobe which was subtotally resected in January 2007.” Now in August of 2008 the patient has another resection and the final diagnosis is Glioblastoma multiforme. So the first question is whether or not this is a multiple primary. In answering that question, remember there is no time limit on Malignant Brain. It doesn’t matter if this second tumor appeared two months later or five years later or twenty years later. We are going to look at the fact that the first tumor was a mixed oligoastrocytoma and at the fact that the second tumor is a Glioblastoma multiforme. When you look at the tree you are not going to find the term “mixed oligoastrocytoma.” When that happens go to the ICD-O-3 and there you will find that this is another way of saying “mixed glioma.” You can look up the actual histology code then go to the numeric part of the ICD-O-3 and you will find a listing of all the terms used for that particular code number. Now you know that another name for this is a “mixed glioma.” When you look at Chart 1 you will see that “mixed glioma” is on the Glial branch of the Chart. The second tumor is a Glioblastoma multiforme. So you have to do a little work on this case. If you want to find this term on Chart 1 you have to go back to the ICD-O-3 and find the other name for this term.

Let’s use the Multiple Tumors Module. If you start with M4 in this Module it asks if you have an invasive and either a benign or uncertain/borderline tumor; that rule does not fit this case. M5 asks if the topography codes differ at the second and/or third character. The history says the first tumor was in the left frontal lobe. The history further says that recent “imaging showed a posterior frontal enhancing mass near the site of the prior resection.” You know from the actual pathology report, too, that the recent tumor was from the “left frontal lesion.” So rule M5 does not apply. Rule M6 asks if there is a Glioblastoma or Glioblastoma multiforme following a Glial tumor. This rule applies to this case so this is a single primary.

To code the histology we go to the Single Tumor Module and start with rule H1. You do have a pathology report so rule H1 does not fit. Go past H2 which is used when there is no pathology/cytology report from the primary site; that rule does not apply so you go on to rule H3. Rule H3 asks if there are “at least two of the following cells and/or differentiation present: astrocytoma, oligodendroglioma or ependymal. There are at least two of those cells present because we are also coding the original tumor, which was mixed oligoastrocytoma and that is also mixed glioma. So again the code is 9382/3, mixed glioma.

Are there any questions on case five?

Question 11

If the second tumor were Giant Cell and Glioblastoma multiforme what would you do?

Response to Question 11

The only two that this rule applies to are Glioblastoma and Glioblastoma multiforme not to any of the others and it's specific to that one box in this Chart.

Are there any other questions?

Question 12

Carol, is this similar to case three? Would you just use the initial histology?

Response to Question 12

That's correct but I did go to the Multiple Tumors Module this time rather than to the Single Tumor Module. I wanted to demonstrate that they would both work and secondly this is a less confusing way to do it.

Question 13

What was the H rule you used, Carol?

Response to Question 13

The H rule I used was H3 because in the original tumor we had astrocytoma and oligodendroglioma—both so rule H3 applies.

Question 14

Carol, which rule did you use to determine that this was a single primary?

Response to Question 14

I went to rule M6. If I said M5 I apologize. It's M6—glioblastoma or Glioblastoma multiforme following a Glial tumor.

MALIGNANT BRAIN CASE #6

In case six we know this is the original tumor; there is no “history of” in this case. The clinical history says, “An MRI scan showed a large cystic tumor in the right occipital region.” The information in the Final Diagnosis concerns a single tumor so you would use the Single Tumor Module and using rule M3 you would determine that this is a single primary.

In coding the histology for this case we have a final diagnosis of pleomorphic xanthoastrocytoma. The Comment says, “The tumor has two patterns of proliferation.” It talks about “typical histologic features of a pleomorphic xanthoastrocytoma including multinucleated giant cells and some focal ganglion cell differentiation admixed with xanthomatous degeneration.” There is also

information on immunohistochemical stains. The Comments conclude that there are two patterns of growth: “Features support a single process compatible with two patterns of growth within the PXA.” They say the case has been reviewed and discussed and the doctor concurs with the diagnosis. They talk about cell proliferation and nuclear palisading and degenerative changes. The Comments also say the periphery has the “typical histologic features of pleomorphic xanthoastrocytoma” and that is the only information you have. So to code the histology, you would go to the Single Tumor Module and start with rule H1. You would end up at rule H4 that says there is one histologic type: pleomorphic xanthoastrocytoma, code 9424/3.

Are there any questions or comments about case six?

MALIGNANT BRAIN CASE #7

In case seven we have information saying this is a right temporal lobe tumor. The Final Diagnosis says “tissue from the right temporal lobe tumor” so we have a single tumor and using rule M3 this is a single primary.

To code the histology we first go to the Final Diagnosis, which says we have a glioblastoma multiforme. The Comments say, “The tumor has diagnostic features of glioblastoma multiforme. It also has areas of lower grade astrocytoma and... a spindle cell area that probably represents a sarcomatous component as in gliosarcoma.” The Addendum says, “This confirms the diagnosis of gliosarcoma.” So you would code from the Addendum and code the gliosarcoma, code 9442/3. I think it’s apparent you need to be patient, keep reading, go on to the Addendum and code from the Addendum.

MALIGNANT BRAIN CASE #8

Case eight says again that there is a right temporal lobe tumor. The Final Diagnosis again refers to a right temporal lobe tumor. So we have a single tumor and using rule M3 that is a single primary.

To code the histology we go to the Single Tumor Module. The Final Diagnosis is a “mixed anaplastic oligodendroglioma/astrocytoma.” The Comment says that the tumor “has an oligodendroglial ‘flavor’ though there are astrocytic regions that suggest the tumor has a mixed oligo-astrocytoma lineage. The tumor is clearly malignant.” So we would use rule H3 because we have astrocytoma and oligodendroglioma present. We will code this as a mixed glial tumor, code 9382/3.

Are there any comments or questions on this case?

MALIGNANT BRAIN CASE #9

This case is a left frontal tumor. If you look at the Final Diagnosis it mentions that this is a single tumor. So you have a single tumor and of course a single tumor is a single primary.

To code the histology we look in the Final Diagnosis, which says “malignant glioma with oligodendroglioma component.” The Comment says, “...relatively small round nuclei suggestive of oligodendroglial differentiation admixed with small numbers of....The biopsy from the center of the lesion...supports the diagnosis of malignant glioma... diagnostic of oligodendroglioma and astrocytoma.” We would again end up using rule H3 because there are components of astrocytoma and oligodendroglioma so we code a mixed glioma, 9382/3.

Are there any questions about case nine?

Question 15

What M rule did you use?

Response to Question 15

The M rule is M3, which says this is a single tumor and therefore a single primary.

Question 16

In rule H3 under Single Tumor even though glioma or glioblastoma is not mentioned, is that implied within the term “astrocytic?”

Response to Question 16

In rule H3? [Yes. Under Single Tumor; the mixed glioma code.] I am not sure what you are asking so I am trying to clarify so I answer your question . Are you asking if one of the components were glioblastoma would we accept that?

Right. I am kind of backtracking to case eight.

I see. No. It actually has to say that there are astrocytoma cells and that there are oligodendroglioma cells. In case eight they ended up ruling out the glioblastoma multiforme. They went back in the Comments and said that they saw both astro and oligo cells. [Okay, I see. Thank you]

MALIGNANT BRAIN CASE #10

On case ten we have an eight year old with a single tumor—an intraventricular tumor. In the Gross Examination it says “right intraventricular tumor” and in the second Surgical Pathology Report the Final Diagnosis refers to a right temporal parietal lobe. We have an interesting case. In the ICD-O-3 the ventricle is C71.5 and the temporal lobe is C71.2. So looking at the multiple primary rules we would go to the Multiple Tumors Module and start with rule M4. These tumors are not invasive and a benign/borderline so that rule does not fit this case. M5 asks if the tumors are in areas with topography codes that differ at the second and/or third characters. You would go all the way to rule M8: “Tumors with histology codes on different branches in Chart 1 or Chart 2 are multiple primaries.”

Question 17

Carol, what M rule did you use?

Response to Question 17

For case ten I used rule M5 because the site codes for ventricle and for temporal lobe are different.

Follow-up to Question 17

Ventricle is C71.5 and temporal lobe is C71.2 so they don't differ at the second and/or third character.

Response to Follow-up to Question 17

You are right. I need to go down to the next rule. That was my error, excuse me. Actually the histologies are different. [I used M8 for that one.] You used M8? Yes. That is the correct rule because the histologies are different. I stopped short because I was trying to hurry. That is in my notes and I apologize.

In coding the histology we will use the Single Tumor Module and start with primary one, the tumor in the ventricle. For abstract one, the ventricular tumor, the Final Diagnosis says "consistent with ependymoma." So starting with rule H1 for Single Tumor you would stop at rule H4 since this is a single histologic type. The only thing you have is ependymoma. You would code this to ependymoma NOS, 9391/3. For the second abstract-- the temporal lobe tumor, you would go to the Final Diagnosis, which says glioblastoma multiforme. Using the Single Tumor Module you would go to rule H4, a single histologic type and code glioblastoma multiforme, 9440/3.

I want you to notice the last sentence in the Comments: "Transformation of ependymomas to glioblastoma multiforme is relatively uncommon." You see that ependymomas are not in the glial family. This is a confirmation of how you handle the glioblastoma multiforme and demonstrates the fact that in this case they are two distinct disease processes.

Are there any questions or comments about case ten?

Question 18

I looked up the definition of ependymoma in Equivalent Terms and Definitions for these Malignant Brain Rules and it says a "glioma derived from, etc." That really threw me off in this case.

Response to Question 18

Yes, that's the actual definition in the WHO Book but they do not put it in the glial family.

Follow-up to Question 18

What should we tell our staff when they're coding cases and working with that definition? Should we have them just cross that word out in the definition?

Response to Follow-up to Question 18

Maybe that would be better because although it is a glial tumor they don't put it in that family of glial and that's because it doesn't act like the other glial tumors so it makes sense that it's not in that branch. It makes sense that it doesn't recur as a glioblastoma multiforme. The definition is confusing. It's not wrong but it is confusing. [Okay. I'll have them cross that word out in the definition.] Perhaps we should too; maybe it would be better if it just were not in there.

Are there any other questions or comments?

Question 19

Carol, can you tell me the rule used for case seven? I was paying attention but I did not write down the rule?

Response to Question 19

For the multiple primary rules I used rule M3. For the histology coding rules I used H4.

Is there anything else? Thank you so much for joining us. The next and last session will be on the new Data Items. Thank you so much for joining us for this session.