

**DEPARTMENT OF STATE HEALTH SERVICES
TEXAS CANCER REGISTRY**

CASEFINDING QUICK REFERENCE

Casefinding and Reportable List (Detailed instructions on pages 18 - 42)

1. Every inpatient and outpatient case with active disease and/or receiving cancer-directed therapy **must** be reported to the Department of State Health Services, Texas Cancer Registry (TCR) regardless of the state or country of residence.
2. Cases of cancer to be reported to the TCR include:
 - All neoplasms with a behavior code of two or three in the International Classification of Diseases for Oncology (ICD-O) 3rd edition (with certain exceptions); and
 - All benign and borderline neoplasms of the central nervous system with a morphology term and code listed in ICD-O-3 (includes brain and other CNS neoplasms)
3. Obtain disease indices including both inpatient and outpatient admissions after medical records are completed and coded (monthly or quarterly).
4. Check the indices against a list of cases previously reported to the TCR to identify new cases.
5. Complete an abstract for patients found on the disease index with a reportable diagnosis not previously submitted to the TCR. Patients who have been previously reported to the TCR need to be checked for possible multiple primaries. Refer to the *Multiple Primaries/Histology Rules (MP/H)* in Appendix O and to the *2010 Hematopoietic and Lymphoid Neoplasm Case Reportability and Coding Manual* for assistance.
6. To prevent reporting a primary for a patient twice, compare the patient name and primary cancer site from your registry database (accession list or SCL facility data report) to the TCR facility data report. The TCR facility data report lists all the patients a facility has reported to TCR for multiple years.
7. Other department logs/records (radiation therapy logs, emergency department logs, oncology unit records, surgery logs, etc.) are to be reviewed in the same method as the disease index to insure all reportable cases are submitted to the TCR.
8. Pathology reports, including all histology, cytology, hematology and autopsy reports, should be reviewed to identify all reportable neoplasms. These should also be reviewed against a list of records submitted to the TCR.

The following lists are intended to aid the appropriate personnel in creating a disease index with the required reportable neoplasms and ICD-9-CM codes. **A DI with the reportable ICD-9-CM codes will require a 100% review.**

Reportable ICD-9-CM Codes

ICD-9-CM CODE RANGES	DIAGNOSIS
CODE RANGES	PREFERRED ICD-O-3 TERMINOLOGY
140.0 - 208.92	Malignant neoplasms
209.0-209.29	Neuroendocrine tumors
209.30	Malignant poorly differentiated neuroendocrine carcinoma, any site Reportable inclusion terms: High grade neuroendocrine carcinoma, any site Malignant poorly differentiated neuroendocrine tumor NOS

ICD-9-CM CODE RANGES	DIAGNOSIS
CODE RANGES	PREFERRED ICD-O-3 TERMINOLOGY
209.31 - 209.36	Merkel cell carcinoma (Effective date 10/1/09)
209.70 - 209.79	Secondary neuroendocrine tumors (Effective 10/1/09) Reportable inclusion terms: Secondary carcinoid tumors Note: All neuroendocrine or carcinoid tumors specified as secondary are malignant.
225.0 - 225.9	Benign neoplasms of brain and spinal cord
227.3	Benign neoplasms of pituitary gland and craniopharyngeal duct (pouch) Reportable inclusion terms: Benign neoplasm of craniobuccal pouch, hypophysis, Rathke's pouch or sella turcica
227.4	Benign neoplasm of pineal gland
227.9	Benign neoplasm; endocrine gland, site unspecified
228.1	Lymphangioma, any site
228.02	Hemangioma; of intracranial structures Reportable inclusion terms: Angioma NOS, Cavernous nevus, Glomus tumor, Hemangioma
230.0 - 234.9	Carcinoma in-situ (exclude 233.1, cervix) Reportable inclusion terms: Intraepithelial neoplasia III
236.0	Endometrial stroma, low grade (8931/1) Reportable inclusion terms: Stromal endometriosis (8931/3 per ICD-O-3) Stromal myosis (endolymphatic) (8931/3 per ICD-O-3) Stromatosis, endometrial (8931/3 per ICD-O-3)
237.0 - 237.9	Neoplasms of uncertain behavior (borderline) of endocrine glands and nervous system
238.4	Polycythemia vera (9950/3)
238.6	Neoplasms of uncertain behavior of other and unspecified sites and tissues, Plasma cells (Plasmacytoma, extramedullary, 9734/3) Reportable inclusion terms: Plasmacytoma NOS (9731/3) Solitary myeloma (9731/3)
238.7	Other lymphatic and hematopoietic tissues (This code was discontinued as of 10/2006 but should be included for quality control purposes)

ICD-9-CM CODE RANGES	DIAGNOSIS
CODE RANGES	PREFERRED ICD-O-3 TERMINOLOGY
238.71	Essential thrombocythemia (9962.3) Reportable inclusion terms: Essential hemorrhagic thrombocythemia Essential thrombocytosis Idiopathic thrombocythemia Primary thrombocythemia Thrombocythemia vera Note: Primary thrombocythemia, thrombocythemia vera and essential thrombocytosis are considered synonyms for essential thrombocythemia but are not listed in ICD-O-3. In the absence of a specific code for the synonym, code to the preferred term. Refer to 2010 Hematopoietic and Lymphoid Neoplasm Case Reportability and Coding Manual.
238.72	Low grade myelodysplastic syndrome lesions (includes 9980.3, 9982.3, 9983/3, 9985.3) Reportable inclusion terms: Refractory anemia (RA) (9980/3) Refractory anemia with excess blasts-1 (RAEB-1) (9983/3) Refractory anemia with ringed sideroblasts (RARS) (9982/3) Refractory cytopenia with multilineage dysplasia (RCMD) (9985/3) Refractory cytopenia with multilineage dysplasia and ringed sideroblasts (RCMD-RS) (9985/3)
238.73	High grade myelodysplastic syndrome lesions (includes 9983/3) Reportable inclusion terms: Refractory anemia with excess blasts-2 (RAEB-2)
238.74	Myelodysplastic syndrome with 5q deletion (9986/3) Reportable inclusion terms: 5q minus syndrome NOS
238.75	Myelodysplastic syndrome, unspecified (9985/3, 9987/3)
238.76	Myelofibrosis with myeloid metaplasia (9961/3) Reportable inclusion terms: Agnogenic myeloid metaplasia Idiopathic myelofibrosis (chronic) Myelosclerosis with myeloid metaplasia Primary myelofibrosis Excludes: myelofibrosis NOS myelophthisis anemia (not reportable) myelophthisis(not reportable)
238.77	Post transplant lymphoproliferative disorder (9987/3)
238.79	Other lymphatic and hematopoietic tissues (includes 9960/3, 9961/3, 9970/1, 9931/3) Reportable inclusion terms Lymphoproliferative disease (chronic) NOS (9970/1) Megakaryocytic myelosclerosis (9961/3) Myeloproliferative disease (chronic) NOS (9960/3) Panmyelosis (acute) (9931/3)

ICD-9-CM CODE RANGES	DIAGNOSIS
CODE RANGES	PREFERRED ICD-O-3 TERMINOLOGY
239.6	Neoplasms of unspecified nature, brain
239.7	Neoplasms of unspecified nature; endocrine glands, and other parts of nervous system
239.81- 239.89	Neoplasms of unspecified nature; endocrine glands and other parts of nervous system (Effective 10/1/09)
273.2	Other paraproteinemias Reportable inclusion terms: Franklin's disease (heavy chain) (9762/3) Heavy chain disease (9762/3) Mu-chain disease (9762/3)
273.3	Macroglobulinemia Reportable inclusion terms: Waldenstrom's macroglobulinemia (9761/3) Waldenstrom's (macroglobulinemia) syndrome
288.3	Eosinophilia Note: This code is for eosinophilia, which is not reportable. Do not abstract unless diagnosis is "Hypereosinophilic syndrome (9964/3)
288.4	Hemophagocytic Syndromes
795.06	Papanicolaou smear of cervix with cytologic evidence of malignancy
795.16	Papanicolaou smear of vagina with cytologic evidence of malignancy
796.76	Papanicolaou smear of anus with cytologic evidence of malignancy
V10.0-V10.89	Personal history of malignancy Note: Screen for recurrences, subsequent primaries, and/or subsequent treatment
V10.90	Personal history of unspecified malignant neoplasm Note: Effective Date: 10/1/09. Screen for recurrences, subsequent primaries, and/or subsequent treatment.
V10.91	Personal history of malignant neuroendocrine tumor, carcinoid tumor, Merkel cell carcinoma Note: Effective date: 10/1/09. Screen for recurrences, subsequent primaries, and/or subsequent treatment.
V12.41	Personal history of benign neoplasm of the brain

A DI with supplementary ICD-9-CM Codes should be reviewed based on the instructions on pg 23 in the Casefinding Section of the TCR CRHB.

Supplementary ICD-9-CM Code List

ICD-9-CM CODES	EXPLANATION OF CODES
042	Acquired Immunodeficiency Syndrome (AIDS) Note: This is not a malignancy. Medical coders are instructed to add codes for AIDS-associated malignancies. Screen 042 for history of cancers that might not be coded.

ICD-9-CM CODES	EXPLANATION OF CODES
079.4	Human papillomavirus (HPV)
079.50-079.59	Retrovirus (HTLV, types I, II and 2)
209.40 - 209.69	Benign carcinoid tumors
210.0-229.9	Benign neoplasms Note: Screen for incorrectly coded malignancies or reportable by agreement tumors.
235.0-236.6	Neoplasms of uncertain behavior Note: Screen for incorrectly coded malignancies or reportable by agreement tumors.
238.0-239.9	Neoplasms of uncertain behavior or unspecified nature Note: Screen for incorrectly coded malignancies or reportable by agreement tumors.
253.6*	Syndrome of inappropriate secretion of antidiuretic hormone
259.2	Carcinoid Syndrome
259.8	Other specified endocrine disorders
273.0	Polyclonal hypergammaglobulinemia (Waldenstrom) Note: Review for miscodes
273.1	Monoclonal gammopathy of undetermined significance (9765.1) Note: Screen for incorrectly coded Waldenstrom macroglobulinemia or progression.
273.9	Unspecified disorder of plasma protein metabolism Note: Screen for incorrectly coded Waldenstrom macroglobulinemia
275.42*	Hypercalcemia
277.88	Tumor lysis syndrome/Tumor lysis syndrome following antineoplastic drug therapy Note: Effective Date: 10/1/09
279.00	Hypogammaglobulinemia Note: Predisposed to lymphoma or stomach cancer
279.02-279.06	Selective IgM immunodeficiency Note: Associated with lymphoproliferative disorders
279.10	Immunodeficiency with predominant T-cell defect, NOS
279.12	Wiskott-Aldrich Syndrome
279.13	Nezelof's Syndrome
279.2-279.9	Combined immunity deficiency-Unspecified disorder of immune mechanism
284.81	Red cell aplasia (acquired, adult, with thymoma)
284.89	Other specified aplastic anemias due to drugs (chemotherapy or immunotherapy), infection, radiation
284.9	Aplastic anemia, unspecified Note: Review for miscodes
285.0	Sideroblastic anemia
285.3	Antineoplastic chemotherapy induced anemia (Anemia due to antineoplastic chemotherapy) Note: Effective Date: 10/1/09
288.03	Drug induced neutropenia
289.89	Other specified diseases blood and blood-forming organs Note: Review for miscodes
323.81*	Encephalomyelitis: specified cause NEC
379.59*	Opsoclonia
528.01	Mucositis due to antineoplastic therapy

ICD-9-CM CODES	EXPLANATION OF CODES
630	Hydatidiform Mole (9100/0) Note: This is a benign tumor that can become malignant. If malignant, it should be reported as Choriocarcinoma (9100/3) and will have a malignancy code in the 140-209 range.
686.01*	Pyoderma gangrenosum
695.89*	Sweet's syndrome
701.2*	Acanthosis nigricans
710.3*	Dermatomyositis
710.4*	Polymyositis
785.6	Enlargement of lymph nodes
790.93	Elevated prostate specific antigen (PSA)
795.80	Abnormal tumor markers: Elevated tumor associated antigens (TAA); Elevated tumor specific antigens (TSA); Excludes: elevated prostate specific antigen (PSA) (790.93)
795.81	Elevated carcinoembryonic antigen (CEA)
795.82	Elevated cancer antigen 125 (CA 125)
795.89	Other abnormal tumor markers
999.31	Infection due to central venous catheter (porta-cath) Note: Effective Date: 10/1/08
999.81	Extravasation of vesicant chemotherapy
E879.2	Adverse effect of radiation therapy
E930.7	Adverse effect of antineoplastic therapy
E933.1	Adverse effect of immunosuppressive drugs
V07.31, V07.39	Other prophylactic chemotherapy
V07.8	Other specified prophylactic measure
V12.72	Colonic polyps (history of)
V15.3	Irradiation: previous exposure to therapeutic or ionizing radiation
V42.81	Organ or tissue replaced by transplant, Bone marrow transplant
V42.82	Transplant; Peripheral stem cells
V51.0	Encounter for breast reconstruction following mastectomy Note: Effective Date: 1/1/09
V52.4	Breast prosthesis and implant Note: Effective Date: 1/1/09
V54.2	Aftercare for healing pathologic fracture
V58.0	Encounter for radiation therapy
V58.1	Encounter for antineoplastic chemotherapy and immunotherapy Note: This code was discontinued as of 10/2006 but should be included in extract programs for quality control purposes.
V58.11	Encounter for antineoplastic chemotherapy
V58.12	Encounter for antineoplastic immunotherapy
V58.42	Aftercare following surgery for neoplasm
V66.1	Convalescence following radiotherapy

ICD-9-CM CODES	EXPLANATION OF CODES
V66.2	Convalescence following chemotherapy
V67.1	Radiation therapy follow up
V67.2	Chemotherapy follow up
V71.1	Observation for suspected malignancy
V76.0-V76.9	Special screening for malignant neoplasm
V78.9-V78.9	Special screening for disorders of blood and blood-forming organs
V82.71	Screening for genetic disease carrier status
V82.79	Other genetic screening
V82.89	Genetic screening for other specified conditions
V82.9	Genetic screening for unspecified condition
V84.01-V84.09	Genetic susceptibility to malignant neoplasm
V84.81	Genetic susceptibility to multiple endocrine neoplasia (MEN)
V86.0	Estrogen receptor positive status [ER+]
V86.1	Estrogen receptor negative status [ER-]
V87.41	Personal history of antineoplastic chemotherapy

*Note: These diseases are part of the paraneoplastic syndrome. Paraneoplastic syndrome is not cancer. It is a disease or symptom that is the consequence of cancer but is not due to the local presence of cancer cells. A paraneoplastic syndrome may be the first sign of cancer.

The following are **exclusions** and **do not** need to be reported to the TCR:

ICD-O-3 MORPHOLOGY CODES	DIAGNOSIS/TERMINOLOGY
8000–8005	Neoplasms, malignant, NOS of the skin
8010/2	Carcinoma in-situ of cervix (CIN) beginning with 1996 cases
8010–8046	Epithelial carcinomas of the skin
8050–8084	Papillary and squamous cell carcinomas of the skin except genital sites
8077/2	Squamous Intraepithelial Neoplasia, grade III of cervix beginning with 1996 cases; CIN
8090–8110	Basal cell carcinomas of the skin except genital sites
8148/2	Prostatic Intraepithelial Neoplasia (PIN)

Ambiguous Terminology

The following terms are diagnostic of cancer: Apparent(ly), Appears, Comparable with, Compatible with, Consistent with, Favor(s), Malignant appearing, Most likely, Neoplasm (beginning with 2004 diagnosis and only for C700-C729, C751-C753), Presumed, Probable, Suspect(ed), Suspicious(for) Tumor (beginning with 2004 diagnosis and only for C700-C729, C751-C753), Typical (of).

Exception: If cytology is reported as “suspicious” do not interpret this as a diagnosis of cancer. Report the case only if there is either a positive biopsy, a physician’s clinical diagnosis of cancer supporting the cytology findings, or cancer directed therapy is administered.

Note: This list should be used only for determining case reportability. Do not use this list to determine the appropriate histology or stage.

Cases to Report Only if Cancer-Directed Therapy is Planned or Given

- Cases diagnosed and/or treated for cancer prior to admission should be reported if there is evidence of active disease, whether or not diagnostic or therapeutic procedures were performed.
- Cases diagnosed at autopsy, with no suspicion prior to death that the cancer existed, should be reported.
- Abstract cases using the medical record from the first admission (inpatient or outpatient) to your facility with a reportable diagnosis. Use information from subsequent admissions to include all first course treatment information and to supplement documentation.
- Do not report cases diagnosed prior to 1995
- Do not complete a report for each admission; submit one report per primary tumor.

Examples:

a. A patient is diagnosed with prostate cancer and has several admissions for treatment of the prostate cancer. Only one abstract should be completed.

b. A patient is diagnosed with two separate primary tumors, such as adenocarcinoma of the prostate and squamous cell carcinoma of the lung. Complete one abstract for the prostate primary and another for the lung.

Helpful Hints:

- Report all cases of *active* cancer regardless of state of residence.
- Report all inpatients and outpatients.
- Do not report basal or squamous cell carcinomas of the skin, except skin of genital sites.
- To ensure case ascertainment, review the disease indexes; pathology, cytology, hematology, and autopsy reports.
- Do not complete an abstract for each admission.
- Report all benign and borderline neoplasms of the central nervous system.
- Cases in which the disease is no longer active (such as leukemia in remission) should only be reported if the patient is still receiving cancer-directed therapy.
- Do not report carcinoma in situ of cervix (any histology).
- Do not report intraepithelial neoplasia of the prostate (PIN III).