

ARKANSAS CENTRAL CANCER REGISTRY



Data Acquisition and Monitoring

Thank you for all your hard work in submitting your 2022 and 2023 data. We completed our annual data submission to NPCR and are awaiting the results. Your efforts with death clearance activities was also extremely helpful as we reached less than 3% of death certificate only cases, which puts Arkansas in line with becoming certified by NPCR!

We will continue monthly data acquisition monitoring to be sure we're on top of things for the next data submission.

Primary Spotlight: Hematopoietic Neoplasms

For Hematopoietic primaries:

- Per Hematopoietic and Lymphoid Neoplasm Coding Manual, pages 17-21:
 - The rules for coding differ between solid tumors and hematopoietic and lymphoid neoplasms. Review the rules according to the working primary site and histology combination.
 - Review the rules for coding histology when ambiguous terms are present prior to assigning the diagnostic confirmation code.
 - Code 1 includes peripheral blood and bone marrow aspiration or biopsy.

- Code 5 when the diagnosis of cancer is based on laboratory tests, tumor marker studies, genetics or immunophenotyping that are diagnostic for that specific cancer. Laboratory tests are listed under Definitive Diagnostic Methods in the Hematopoietic Database. Do not assign code 5 when there is histologic confirmation.
- Assign code 8 when: The diagnosis is determined based on the physician’s clinical expertise, combined with the information from the biopsy, equivocal or negative tests, and the clinical symptoms. This is called a “diagnosis of exclusion” because the physician’s judgment and the work-up literally exclude all other possible diagnoses, leaving one diagnosis. Ambiguous terminology may precede the diagnosis.

Always be sure to be diligent about including specific information about diagnostic confirmation in the TEXT fields!

Lymphoma:

- Code 1 includes peripheral blood and bone marrow aspiration or biopsy.
- Code 2 includes the examination of fluid such as spinal fluid, peritoneal fluid, or pleural fluid.
- Code 3: Positive histology PLUS positive immunophenotyping or genetic testing.

Multiple Myeloma:

- Code 1 includes peripheral blood and bone marrow aspiration or biopsy.
- Code 3: Positive histology PLUS positive immunophenotyping or genetic testing.
- Code 5: Assign code 5 when the diagnosis of cancer is based on laboratory tests, tumor marker studies, genetics or immunophenotyping that are diagnostic for that specific cancer. Laboratory tests are listed under Definitive Diagnostic Methods in the Hematopoietic Database. Do not assign code 5 when there is histologic confirmation (See code 1).
- Code 8: Clinical diagnosis only (other than 5, 6, or 7)



○ Assign code 8 when

1. While clinical diagnosis is seldom used for solid tumors, it is a valid diagnostic method for certain hematopoietic neoplasms.
2. The Heme DB will list Clinical Diagnosis as the definitive diagnostic method for certain hematopoietic neoplasms. For these neoplasms, biopsy, immunophenotyping, and genetic testing do not confirm the neoplasm.
3. The diagnosis is determined based on the physician's clinical expertise, combined with the information from the biopsy, equivocal or negative tests, and the clinical symptoms. This is called a "diagnosis of exclusion" because the physician's judgment and the work-up literally exclude all other possible diagnoses, leaving one diagnosis. Ambiguous terminology may precede the diagnosis.
 - Example: Bone marrow biopsy shows anemia NOS; physician notes state the patient's overall clinical presentation of hypercalcemia, fever, and anemia is consistent with Myelodysplastic Syndrome, unclassifiable (9989/3). Code Diagnostic Confirmation 8, clinical diagnosis only.

Leukemia:

- Code 1 includes peripheral blood and bone marrow aspiration or biopsy.
- Code 2 includes the examination of fluid such as spinal fluid, peritoneal fluid, or pleural fluid.
- Code 3: Positive histology PLUS positive immunophenotyping or genetic testing.
- Code 5: Assign code 5 when the diagnosis of cancer is based on laboratory tests, tumor marker studies, genetics or immunophenotyping that are diagnostic for that specific cancer. Laboratory tests are listed under Definitive Diagnostic Methods in the Hematopoietic Database. Do not assign code 5 when there is histologic confirmation (See code 1).

Questions?

Contact: Mary.Mesnard@arkansas.gov or Vanessa.McLean@arkansas.gov with data quality issues or questions.



Vital Records & Statistics Branch/Arkansas Central Cancer Registry
Arkansas Department of Health
4815 W. Markham, Slot 7, Little Rock, AR 72205
Healthy.Arkansas.gov 1-800-462-0599

