

The Criterion

California Cancer Registry

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SINQ Related Urinary MPH Questions

20081064: Q: How many primaries should be abstracted? TURBT in April 2007: Lateral wall of bladder tumor was resected and path stated papillary carcinoma. Two weeks later the bladder was biopsied again and the path returned "High grade flat dysplasia/carcinoma in situ". Following the rules, this results in 2 primaries because the histology codes are 8130/3 and 8010/2. Is this correct?

A: Rule M6 applies and this is a single primary. Flat transitional cell carcinoma and carcinoma in situ of the bladder synonymous. See definitions of "Flat Tumor (bladder)/Noninvasive flat TCC" in the Urinary Terms and Definitions section of the 2007 MP/H manual.

20071016: Q: The new bladder MP/H multiple primary rule M7 states that tumors diagnosed more than three years apart are multiple primaries. Does this apply to in situ bladder tumors that occur more than three years apart and to an in situ tumor that occurs three years after an invasive tumor?

A: Use the MP/H rules in order. Rule M6 comes before M7.

M6 states that bladder tumors with certain histologies are a single primary. It is a single primary regardless of timing if there is any combination of:

- Papillary carcinoma (8050)
- Transitional cell carcinoma (8120-8124)
- Papillary transitional cell carcinoma (8130-8131)

Rule M7 applies to bladder tumors with histologies other than those listed above. If you have such a case, rule M7 applies to in situ tumors and to an in situ three years after an invasive.

20071106: Q: There is confusion regarding rule M7 as applied to bladder cancer. Many registrars interpret the rule to mean when TCC of the bladder is diagnosed more than 3 years apart, it is reportable as a second primary. Does rule M6 mean that if the histology is any combination of 8050, 8120-8124, or 8130-8131 for tumors diagnosed more than 3 years apart are reportable as a single primary?

A: Papillary, transitional cell and/or papillary transitional cell carcinomas of the bladder are a single primary using rule M6. Rule M6 includes diagnoses within 3 years of each other AND diagnoses more than 3 years apart for the histologies listed. If rule M6 applies to your cases, stop. Do not continue on to rule M7.

20071128: Q: Diagnosed in May 2000, with invasive papillary transitional cell carcinoma (PTCC) of the bladder. Then in November 2004, had invasive transitional cell carcinoma (TCC) of the right ureter. Now in May 2007, has urothelial carcinoma in situ in both the left and right ureters. Is there a new primary in 2007? What multiple primary rule was used to determine the answer?

A: Using the pre-2007 multiple primary rules, the PTCC of the bladder in 2000 and the invasive TCC of the right ureter in November 2004 would have been abstracted as separate primaries. Use the 2007 MP/H rules to evaluate the May 2007 diagnosis. Start with rule M3. Stop at rule M8. The May 2007 diagnosis is the same primary. Rule M4 does not apply because of the 2000 bladder primary. A clarification will be added to M4 to stress that for the urinary rules, any urinary tumor up to the present point in time is counted when applying this rule.

20071083: Q: Is a non-invasive papillary transitional cell carcinoma of the bladder diagnosed one year after the occurrence of an invasive papillary transitional cell carcinoma of the renal pelvis reported as one or two primaries?

A: This is a single primary with renal pelvis as the primary site. Use the 2007 MP/H rules to determine if the 2007 diagnosis is a new primary. Use the Urinary rules, multiple tumors module. Start with rule M3. Follow the rules down to rule M8 and stop. This is an example of the implantation effect.

Pathology as well. From a visual editor's perspective, the reader is better able to comprehend the history of the patient's tumor from first symptoms through first course treatment.

Q: Sometimes the discharge summary is not in the medical record at the time of abstracting. How should the final diagnosis field be completed – or should I leave it blank?

A: Indicate "No final dx from MD" in the Final Diagnosis text field. The final diagnosis is intended to only reflect the physician's diagnosis and not be a text field for the abstractor's conclusions regarding the patient's tumor. The visual editor (and researchers) needs to be able to trust that the final diagnosis is a reflection of the physician's experience and expertise, not the abstractor's.

Q: How do I document conflicting opinions between physicians in stage or primary site?

A: Document the differing opinion in the text. Always code the case according to the rules in the Multiple Primaries and Histology manual and the Collaborative Staging and Coding Instructions manual. If these two standard manuals are not of assistance, use the stage or primary site according to the treating physician.