Part II Answers
Reportability, Coding Site, and Histology

For these exercises, assume that the patient had no previous nonmalignant or malignant tumors of other sites.

Assign ICD-O-3 codes for site and histology even if the case is not reportable.

1. The patient was seen in the hospital neurology clinic on March 4, 2004 and was prescribed tamoxifen for cerebral meningioma. The patient was first diagnosed with cerebral meningioma in December 2001.

   Reportable: No
   Primary site: C70.0, cerebral meninges
   Histology: 9530/09, meningioma, NOS

   Rationale: The original diagnosis was before nonmalignant tumors were required to be reported nationally. (Local reporting rules should be considered separately.)

2. The patient was diagnosed on April 15, 2004 with a chondroma originating in the skull.

   Reportable: No
   Primary site: C41.0, skull
   Histology: 9220/09, chondroma, NOS

   Rationale: In this scenario, the primary is stated to have originated in the skull. Benign tumors of bone are not reportable.

   Chondroma is a rare, benign tumor that tends to arise at the base of the skull, especially in the area near the pituitary gland. The chondroma is composed of cartilage formed by the meninges and is usually attached to the dura mater, the outermost layer of the meninges. It can grow to a large size and can occur as single or multiple tumors. (From the American Brain Tumor Association website, www.abta.org.)

3. The patient was diagnosed on December 1, 2004 with a chordoma of the right frontal lobe extending into the skull.

   Reportable: Yes
   Primary site: C71.1, frontal lobe
   Histology: 9370/39, chordoma, NOS

   Rationale: Chordoma is a malignant tumor. Reportability requirements for malignant tumors have not changed.

4. On February 2, 2002, the patient was diagnosed with low-grade astrocytoma of the cerebellum, Kernohan grade 2.

   Reportable: Yes
   Primary site: C71.6, cerebellum
   Histology: 9400/32, astrocytoma, low grade

   Rationale: The case is reportable because low-grade astrocytoma is a malignant tumor, and reportability requirements have not changed for malignant tumors. The sixth digit of the histology code is 2 because the histology is
low-grade astrocytoma. The reference is
ICD-O-3, page 39, second paragraph: “If the
ICD-O sixth digit grade or differentiation code
is to be used for central nervous system tumors,
coders should give preference to terms from
the diagnosis, such as low grade or anaplastic,
rather than use the reported WHO grade.” Low
grade is code 2, and the definition is found in
FORDS, page 97. Kernohan grade is not coded
as part of the histology.

5. The patient had an intracranial biopsy on July 1,
2004, and the tumor pathology was WHO grade I
schwannoma.

Reportable: Yes
Primary site: C72.5, cranial nerves, NOS
Histology: 9560/09, schwannoma, NOS

Rationale: Nonmalignant intracranial tumors
are reportable for cases diagnosed on January
1, 2004, or later. Intracranial schwannoma with
no specific site identified is coded to cranial
nerves, NOS. The reference is ICD-O-3, page
24, Rule A : “If the diagnosis does not specify
the tissue of origin, code the appropriate
tissues suggested in the alphabetic index for
each ill-defined site in preference to the ‘NOS’
category.” Schwannoma arises from the nerve
sheath and consists of Schwann cells in a
collagenous matrix.

The grade for all benign and borderline tumors
is 9 (unknown, not applicable). The reference
is ICD-O-3, page 30, Rule G, paragraph 1: “Only
malignant tumors are graded.” WHO grade is
not coded as part of the histology, but it is coded
in a collaborative stage site-specific factor.

6. The final pathologic diagnosis for a procedure
performed on January 2, 2004 was well-
differentiated pituitary adenoma.

Reportable: Yes
Primary site: C75.1, pituitary gland
Histology: 8272/09, pituitary adenoma, NOS

Rationale: Well-differentiated pituitary
adenoma is an intracranial nonmalignant
The sixth digit of the histology code is 9,
even though the tumor is described as well-
differentiated, because the grade code for all
nonmalignant tumors is 9. The reference is
malignant tumors are graded.”

7. The patient had hearing loss on the right side
first documented in 2002. In August 2002, a
computerized tomography (CT) scan showed
acoustic neuroma, but no treatment was given.
On July 25, 2004, the patient had surgical
resection of an intracranial tumor. The final
pathologic diagnosis was right acoustic neuroma.

Reportable: No
Primary site: C72.4, acoustic nerve
Histology: 9560/09, acoustic neuroma

Rationale: Acoustic neuroma is a nonmalignant
tumor and was diagnosed in August 2002,
before nonmalignant tumors were required to
be reported nationally. (Local reporting rules
should be considered separately.)

8. A CT scan in May 2004 identified a lesion in the
cerebral meninges. A biopsy of the lesion was
used to diagnose cholesteatoma.

Reportable: No
Primary site: C70.0, cerebral meninges
Histology: Not applicable

Rationale: No histology code exists for
cholesteatoma in ICD-O-3. Nonmalignant
intracranial and CNS reporting requirements
include any primary tumor histology with a
code defined in ICD-O-3.
9. Magnetic Resonance Imaging (MRI) was used to identify a pinealoma on February 20, 2004. The patient had gamma knife radiosurgery on March 15, 2004.

Reportable: Yes
Primary site: C75.3, pineal gland
Histology: 9360/19, pinealoma

Rationale: Pinealoma is a nonmalignant tumor. The site is coded to the pineal gland. The reference is ICD-O-3, page 32, Rule H: “Use the topography code provided when a topographic site is not stated in the diagnosis. This topography code should be disregarded if the tumor is known to arise at another site.”

10. A CT scan identified a nonglial tumor in the temporal lobe on October 1, 2004. The tumor was removed and final pathologic diagnosis was meningioma of the left temporal dura.

Reportable: Yes
Primary site: C70.0, cerebral meninges
Histology: 9530/09, meningioma, NOS

Rationale: Meningioma, unless stated to be malignant, is a nonmalignant tumor, and this case is reportable, because it was diagnosed after January 1, 2004. The site is assigned to cerebral meninges because meningioma is a tumor of the meninges covering the brain, not of the temporal lobe itself. The reference is ICD-O-3, page 32, Rule H: “Use the topography code provided when a topographic site is not stated in the diagnosis. This topography code should be disregarded if the tumor is known to arise at another site.”