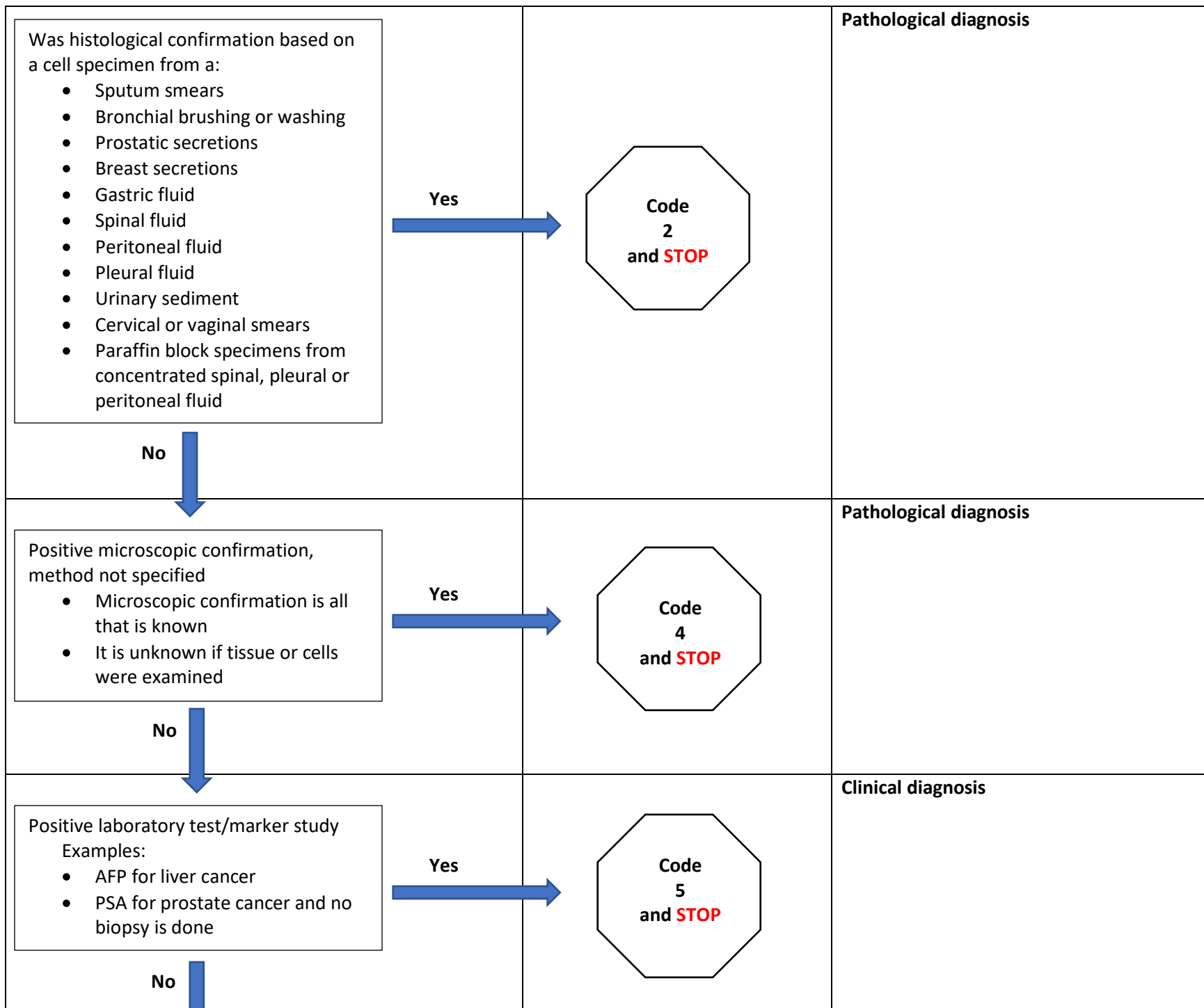# Diagnostic Confirmation Code Flow Sheet
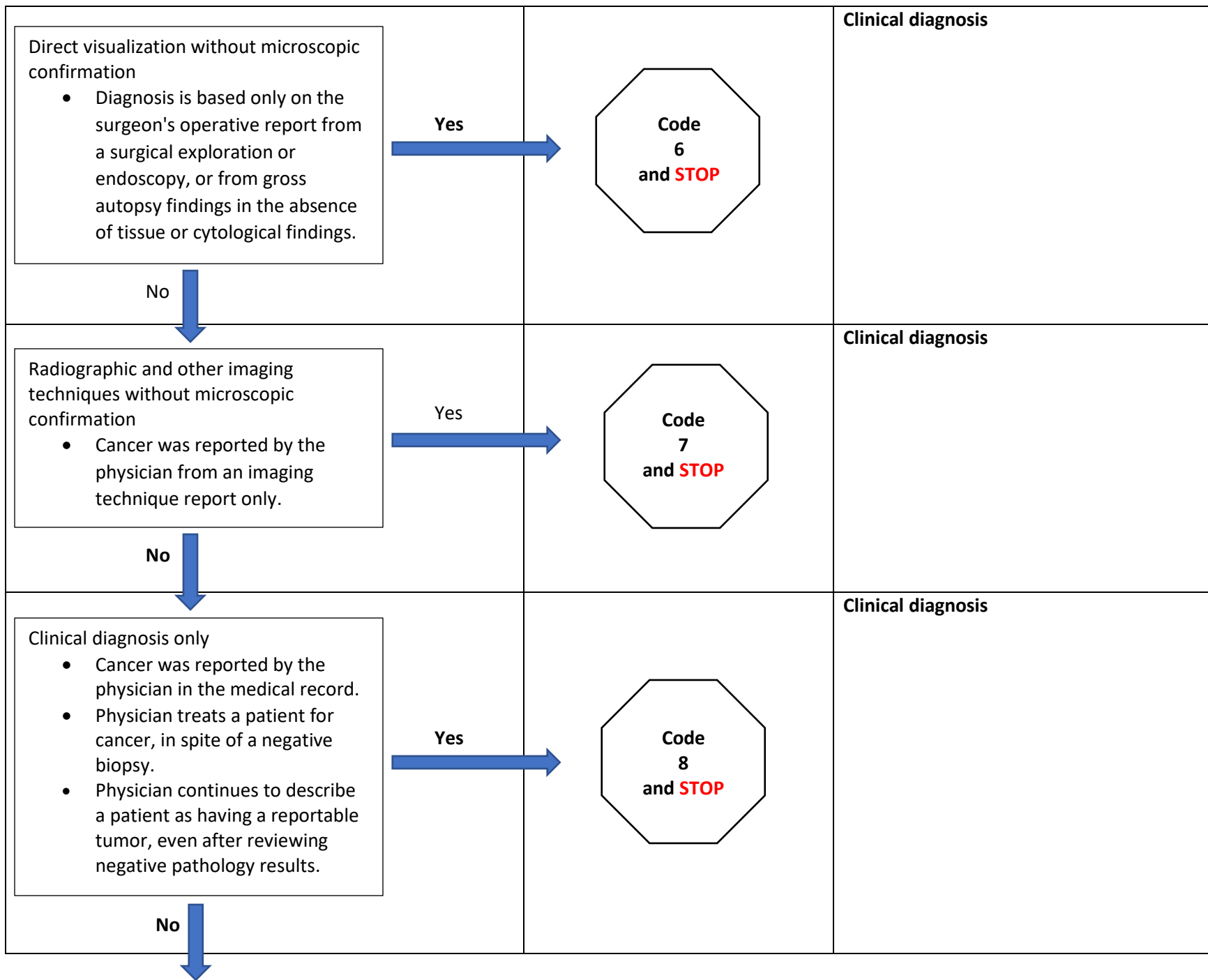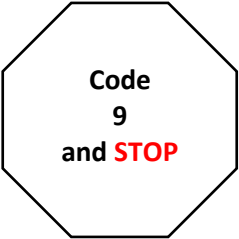# Solid Tumors (all tumors *except* 9590-9992)

Description

- The rules for coding differ between solid tumors and hematopoietic and lymphoid neoplasms.
- Record the **best** mode of diagnostic confirmation recorded **at any time** in the patient's history of this cancer.
- The codes are in priority order.
- Code 1 has the highest priority.
- When presence of cancer is confirmed with multiple diagnostic methods, code the most definitive method used, if it is uncertain, code the procedure with the lower numeric value.

Diagnostic Confirmation of Solid Tumors (all tumors *except* 9590-9992)	Decision	Note
Is this cancer a Solid Tumor? **No →** **Yes ↓** Continue with the Solid Tumor Flow Chart	**STOP!** See the Hematopoietic or Lymphoid Tumor Flow Chart	
Was histological confirmation based on a tissue specimen from a: • Biopsy • Frozen specimen • Surgical resection • Autopsy tissue • D&C • Bone marrow biopsy/aspiration • One of the above, plus a positive cytological confirmation **Yes →** **No ↓**	Code **1** and **STOP**	**Pathological diagnosis**

		Pathological diagnosis
Was histological confirmation based on a cell specimen from a: • Sputum smears • Bronchial brushing or washing • Prostatic secretions • Breast secretions • Gastric fluid • Spinal fluid • Peritoneal fluid • Pleural fluid • Urinary sediment • Cervical or vaginal smears • Paraffin block specimens from concentrated spinal, pleural or peritoneal fluid	**Yes** →	**Code 2 and STOP**

No ↓

		Pathological diagnosis
Positive microscopic confirmation, method not specified • Microscopic confirmation is all that is known • It is unknown if tissue or cells were examined	**Yes** →	**Code 4 and STOP**

No ↓

		Clinical diagnosis
Positive laboratory test/marker study Examples: • AFP for liver cancer • PSA for prostate cancer and no biopsy is done	**Yes** →	**Code 5 and STOP**

No ↓

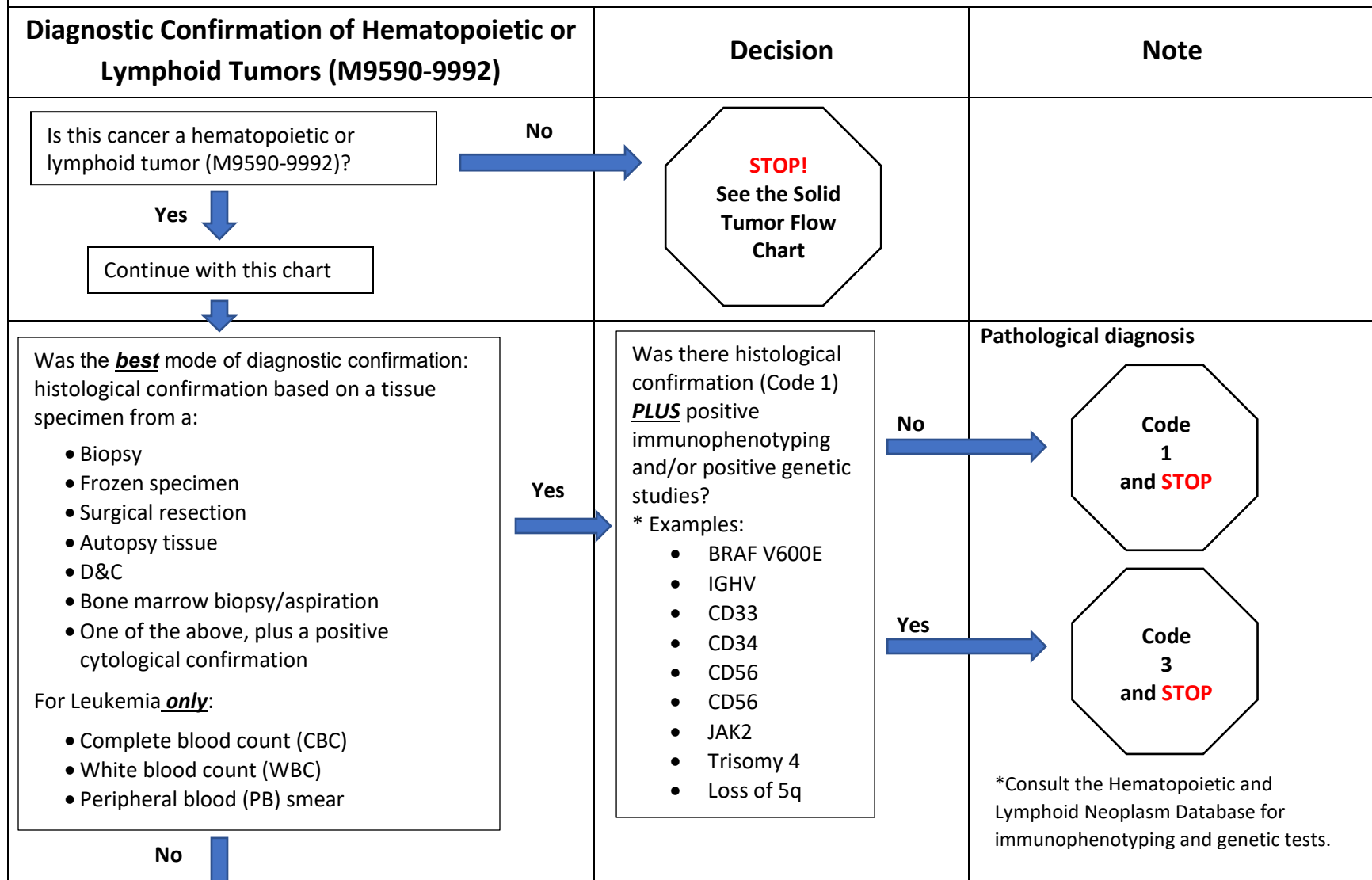|		Clinical diagnosis
Direct visualization without microscopic confirmation • Diagnosis is based only on the surgeon's operative report from a surgical exploration or endoscopy, or from gross autopsy findings in the absence of tissue or cytological findings.	**Yes** → **Code 6 and STOP**	
No ↓		
Radiographic and other imaging techniques without microscopic confirmation • Cancer was reported by the physician from an imaging technique report only.	Yes → **Code 7 and STOP**	**Clinical diagnosis**
No ↓		
Clinical diagnosis only • Cancer was reported by the physician in the medical record. • Physician treats a patient for cancer, in spite of a negative biopsy. • Physician continues to describe a patient as having a reportable tumor, even after reviewing negative pathology results.	**Yes** → **Code 8 and STOP**	**Clinical diagnosis**
No ↓		

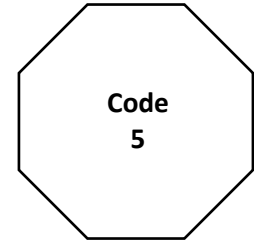|		Clinical diagnosis
Unknown whether or not microscopically confirmed • A statement of malignancy was reported in the medical record, but there is no statement of how the cancer was diagnosed. **Yes** → **Code 9 and STOP** **No** ↓ **Review the codes again**		
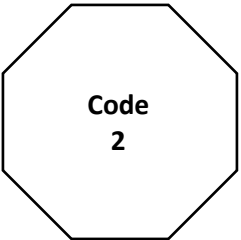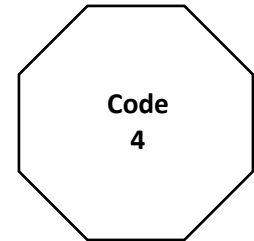
Diagnostic Confirmation Code
Hematopoietic or Lymphoid Tumors (M9590-9992)

Description

- The rules for coding differ between solid tumors and hematopoietic and lymphoid neoplasms.
- Record the **_best_** mode of diagnostic confirmation recorded **_at any time_** in the patient's history of this cancer.
- There is **_no priority hierarchy_** for coding diagnostic confirmation for hematopoietic and lymphoid tumors.
- Code this field according the definitive diagnostic method used to confirm this malignancy.
- Definitive diagnostic methods are displayed in the hematopoietic database for each reportable hematopoietic and lymphoid neoplasm.
- Use code 3 whenever it applies-- i.e., whenever a positive histologic diagnosis is supported by a further positive test, such as IHC or genetic testing. ***Consult the Hematopoietic and Lymphoid Neoplasm Database for immunophenotyping and genetic tests.***
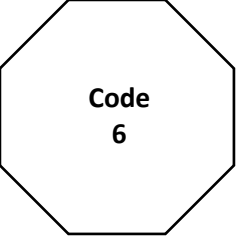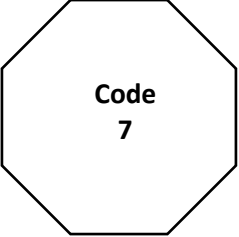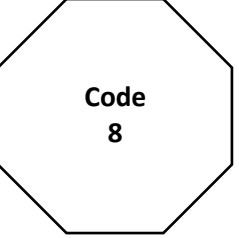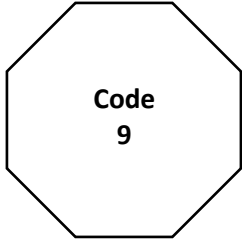
Diagnostic Confirmation of Hematopoietic or Lymphoid Tumors (M9590-9992)	Decision	Note
Is this cancer a hematopoietic or lymphoid tumor (M9590-9992)? **Yes** → Continue with this chart	**No** → **STOP!** See the Solid Tumor Flow Chart	
Was the **_best_** mode of diagnostic confirmation: histological confirmation based on a tissue specimen from a: • Biopsy • Frozen specimen • Surgical resection • Autopsy tissue • D&C • Bone marrow biopsy/aspiration • One of the above, plus a positive cytological confirmation For Leukemia **_only_**: • Complete blood count (CBC) • White blood count (WBC) • Peripheral blood (PB) smear **No**	**Yes** → Was there histological confirmation (Code 1) **_PLUS_** positive immunophenotyping and/or positive genetic studies? * Examples: • BRAF V600E • IGHV • CD33 • CD34 • CD56 • CD56 • JAK2 • Trisomy 4 • Loss of 5q **No** → **Code 1 and STOP** **Yes** → **Code 3 and STOP**	**Pathological diagnosis** Code 1 and STOP Code 3 and STOP *Consult the Hematopoietic and Lymphoid Neoplasm Database for immunophenotyping and genetic tests.

Was the ***best*** mode of diagnostic confirmation: histological confirmation based on cell a specimen from a: • Sputum smears • Bronchial brushing or washing • Prostatic secretions • Breast secretions • Gastric fluid • Spinal fluid • Peritoneal fluid • Pleural fluid • Urinary sediment • Cervical or vaginal smears • Paraffin block specimens from concentrated spinal, pleural or peritoneal fluid	**Yes** → Code 2	**Pathological diagnosis** **Note:** These methods are rarely used for hematopoietic or lymphoid tumors.
No ↓		
Was the ***best*** mode of diagnostic confirmation: Positive microscopic confirmation, method not specified. • Microscopic confirmation is all that is known • It is unknown if tissue or cells were examined	**Yes** → Code 4	**Pathological diagnosis**
No ↓		
Was the ***best*** mode of diagnostic confirmation: Positive laboratory test/marker study ***WITHOUT*** histological confirmation. *Examples: • Positive Immunophenotyping • Positive Genetic tests	**Yes** → Code 5	**Clinical diagnosis** ***Note:** Consult the Hematopoietic and Lymphoid Neoplasm Database for immunophenotyping and genetic tests.
No ↓		

		Clinical diagnosis
Was the **_best_** mode of diagnostic confirmation: Direct visualization without microscopic confirmation • Diagnosis is based only on the surgeon's operative report from a surgical exploration or endoscopy, or from gross autopsy findings in the absence of tissue or cytological findings.	**Yes** → Code 6	
No ↓		
Was the **_best_** mode of diagnostic confirmation: Radiographic and other imaging techniques without microscopic confirmation • Cancer was reported by the physician from an imaging technique report only.	**Yes** → Code 7	**Clinical diagnosis**
No ↓		
Was the **_best_** mode of diagnostic confirmation: Clinical diagnosis only • Cancer was reported by the physician in the medical record. • Physician treats a patient for cancer, in spite of a negative biopsy. • Physician continues to describe a patient as having a reportable tumor, even after reviewing negative pathology results.	**Yes** → Code 8	**Clinical diagnosis**
No ↓		

		Clinical diagnosis
Was the **_best_** mode of diagnostic confirmation: Unknown whether or not microscopically confirmed • A statement of malignancy was reported in the medical record, but there is no statement of how the cancer was diagnosed. **Yes** → Code 9		
No ↓		
Review the codes again		