



MCSP NEWSBLAST: Case Definition for Pre-Invasive Cervical Lesions (C53)

Cases Diagnosed Prior to 2019

February 8, 2019

The reporting requirements for pre-invasive cervical lesions diagnosed through 2018 have been revised due to CDC NPCR granting funding of MCSP collection of pre-invasive cervical lesions.

The case definitions for pre-invasive cervical lesions (C53) for newly abstract cases diagnosed prior to 2019 are as follows:

Eligible Cases

The determination of whether a case is reportable to MCSP is based on the information included in the pathology report, particularly in the section describing the final diagnosis.

Cases identified by only a cytology report are not eligible for inclusion.

Below is a summary of the inclusion criteria for determination of an eligible case (also see **Exhibit 1 & Exhibit 2**).

- Synonyms for in situ carcinoma may include: CIN grade III, confined to epithelium, intraepidermal, intraepithelial, involvement up to but not including the basement membrane, noninfiltrating, noninvasive, no stromal involvement, papillary noninfiltrating.
 - Other synonyms for pre-invasive cervical lesions may include: HSIL, HGSIL (high grade squamous intraepithelial neoplasia). However, for cases diagnosed **prior to 2019**, a diagnosis of **HSIL/HGSIL alone** (i.e. without terminology of AIS, CIS, CIN3, or severe dysplasia alone) needs to be clearly identifiable upon submission of the case report to MCSP. Record the histologically confirmed diagnosis in its entirety, exactly as it appears in the final diagnosis of the pathology report in the Path-Text Field. If multiple terms are used, include all of them.
- All cases diagnosed as “CIN III”, “CIS”, or “AIS” are eligible. If a pathologist does not use the CIN terminology and only provides an assessment using the dysplasia scale, then cases listed as “severe dysplasia” alone are eligible.
- For any case that comes in with a histology code other than those listed, the pathology report should be carefully reviewed to make sure that it is not an invasive lesion (path report should specifically indicate “in situ” behavior) and that the histology has been coded accurately.

- Review the histologically confirmed diagnosis in its entirety to determine if any reportable conditions exist based on all reported terminology and staining results included in the pathology report. If necessary, check with lab to locate immunostaining information in patient record.

Exhibit 1 – Eligibility/Inclusion Criteria

Site (ICD-O-3)	C53.0 (endocervix) C53.1 (exocervix) C53.8 (overlapping lesions of cervix uteri) C53.9 (cervix uteri)
Behavior	2 (in situ or non-invasive)
Histology	8010/2 Carcinoma in situ, NOS 8050/2 Papillary carcinoma in situ 8052/2 Papillary squamous cell carcinoma, non-invasive 8070/2 Squamous cell carcinoma in situ, NOS 8071/2 Squamous cell carcinoma, keratinizing, NOS, in situ 8072/2 Squamous cell carcinoma, large cell, non-keratinizing, in situ 8076/2 Squamous cell carcinoma in situ with question(able) stromal invasion 8077/2 Squamous intraepithelial neoplasia grade III 8140/2 Adenocarcinoma in situ
Pathologic Classification	CIN III, CIS, AIS <i>or</i> “Severe dysplasia” alone is reportable only in cases in which the pathologist does not use the CIN terminology and only provides an assessment using the dysplasia scale terminology “severe dysplasia.”

Exhibit 2 – MCSP Reportable Pre-Invasive Cervical (C53) Conditions

Reportable Conditions				
ICD-10-CM Code	ICD-9-CM Code	Diagnostic Description	Histology Code	Topography Code
D06. __	233.1	CIN III (cervical intraepithelial neoplasia - histologically confirmed) with or without carcinoma in situ (CIS) is reportable. <i>“Severe dysplasia” alone is reportable only in cases in which the pathologist does not use the CIN terminology and only provides an assessment using the dysplasia scale terminology “severe dysplasia.”</i>	8077/2	C53.0 - C53.9
D06. __	233.1	HSIL/HGSIL (high-grade squamous intraepithelial lesion - histologically confirmed) with or without carcinoma in situ (CIS) or with or without CIN III is reportable. <i>“High grade dysplasia” alone is <u>not</u> reportable</i>	8077/2	C53.0 - C53.9

Examples:

Reportable CIN combination terms

- “CIN 2 **and** 3” is reportable
- “CIN 2 **&** 3” is reportable
- “CIN 2 + 3” is reportable
- “Severe dysplasia” alone is reportable only in cases in which the pathologist does not use the CIN terminology and only provides an assessment using the dysplasia scale terminology “severe dysplasia.”

Not Reportable

- “CIN 2-3” alone is **not** reportable
- “CIN 2/3” alone is **not** reportable
- “Moderate to severe dysplasia” alone is **not** reportable
- “High grade dysplasia” alone is **not** reportable

Note: A case is reportable when at least one reportable condition is mentioned in the path report, regardless of whether additional non-reportable conditions are also mentioned.

Examples:

- Pathology report gives the following diagnosis: CIN 2/3 (CIN III).
*Although CIN 2/3 alone is not reportable, CIN III **is reportable**. Therefore, this case should be reported to MCSP. Make sure the full diagnosis is reported, including all terminology and all staining information, type of test (i.e. p16) and the results in the Path-Text Field.*
- Pathology report gives the following diagnosis: CIN 2 (HSIL/HGSIL).
*Although CIN 2 alone is not reportable, HSIL (HGSIL) **is reportable**. Therefore, this case should be reported to MCSP. Make sure the full diagnosis is reported, including all terminology and all staining information, type of test (i.e. p16) and the results in the Path-Text Field.*
- Pathology report gives the following diagnosis: CIN 2/3 (Severe dysplasia).
*Although the term “severe dysplasia” is included in the diagnosis, CIN terminology is also included. Severe dysplasia is only reported when no reportable CIN terminology is used. Since a CIN term is present that is not reportable, CIN 2/3, this case **is not** reportable.*

Case Finding

- Case finding sources will include pathology laboratories—private, reference, and hospital.
- Case finding is to be performed by manual review of pathology reports or an electronic search using CIN related key words or phrases, ICD-9 CM codes or ICD-10-CM codes.
- The appropriate ICD-9-CM code is 233.1 (CIN III/CIS/Severe Dysplasia).
- The appropriate ICD-10-CM code is D06. __ (CIN III/CIS/Severe Dysplasia).
- **Exhibit 3** provides a list of eligible SNOMED codes.

Exhibit 3 - Eligible SNOMED codes for cases diagnosed *prior to 2019*.

Histology	SNOMED Concept ID	SNOMED Legacy Code
Adenocarcinoma in situ	51642000	M-81402
Squamous cell carcinoma in situ	59529006	M-80702
Squamous Intraepithelial Neoplasia Grade III	20365006	M-80772

Submission of Pre-Invasive Cervical Cancer Case Reports

1. All reportable pre-invasive cervical lesions (C53) are required to be submitted to the MCSP regardless of facility type ***within 180 days (6 months) from the date of initial diagnosis***.
2. A complete case report is required.
3. Electronic submission files through Web Plus must be free of edit errors.
4. TEXT is a required data item.
5. Record the histologically confirmed diagnosis in its entirety, exactly as it appears in the final diagnosis of the pathology report. If multiple terms are used, include all of them.

Examples:

- “High grade squamous intraepithelial lesion (severe dysplasia/CIN III)”
- “HGSIL (severe dysplasia/squamous cell carcinoma in situ)”
- “Endocervical adenocarcinoma in situ (AIS).
- “CIN2/3 (CIN3)
- “Moderate to severe dysplasia (CIN3)”

Record all pertinent data regarding staining information in the Path-Text Field (for MCSP processing of these types of case reports). For example: If p16 and/or Ki-67, ProEx C IHC (Immunohistochemistry) staining is performed, record the type of the test (i.e. p16, Ki-67, ProEx C) and the results (i.e. positive, negative). For these pre-invasive cervical cases, please enter all staining information in the Path Text Field rather than the Lab Field due to how these cases are reviewed and processed at the central registry.

Thank you for your continued cooperation in submitting timely, accurate and complete data to the MCSP. If you have any questions in regards to the reporting requirements for pre-invasive cervical lesions, please contact Georgetta “Jetty” Alverson at (517) 335-8855 or Alversong@michigan.gov, Doug Koster at 517-335-8348 or Kosterd@michigan.gov, Stacey Coltrain at 517-373-0758 or Coltrains@michigan.gov, or Claudia Hardin at 517-335-9967 or Hardinc@michigan.gov.

Note: If your registry is in the MDCSS (SEER) area (Wayne, Oakland and Macomb counties) and you have questions regarding submission of data, please contact Jeanne Whitlock, State Coordinator at 313-578-4219 or whitlock@karmanos.org