



MCSP NEWSBLAST: Pre-invasive Cervical (C53) Lesions diagnosed in 2019 or later

Repeat Casefinding Review for Pre-Invasive Cervical Lesions for Cases Diagnosed in 2019

August 17, 2020

This NEWSBLAST applies to Mi cancer reporting requirements for timely, complete, and accurate submission of pre-invasive cervical (C53) lesions to MCSP for cases diagnosed in 2019 and later.

MCSP Reporting Requirements for Pre-Invasive Cervical (C53) Lesions diagnosed in 2019 and Later

The MCSP reporting requirements for pre-invasive cervical lesions diagnosed **prior to 2019** and **2019 and later** have been revised due to CDC NPCR Component 2: CIN3 funding of the MI Central Cancer Registry for the collection of pre-invasive cervical lesions (C53). The Case Definitions for Pre-Invasive Cervical Lesions (C53) by diagnosis year (**prior to 2019** and **2019 and later**) are available as stand-alone documents on MCSP website at www.michigan.gov/mcsp.

MCSP REQUEST: Repeat Casefinding for Pre-Invasive Cervical (C53) Lesions for Diagnosis Year 2019

MCSP has identified that the annual case count for submission of pre-invasive cervical (C53) lesions has dropped significantly beginning with diagnosis year 2019. To identify missed case reports, MCSP is requesting facility repeat of casefinding of pre-invasive cervical (C53) lesions for diagnosis year 2019, following the instructions provided below.

1. **Review the stand-alone document ‘Case Definitions and Reporting Requirements for Pre-Invasive Cervical Lesions (C53) For Cases Diagnosed in 2019 and Later** on MCSP website at www.michigan.gov/mcsp
2. Repeat casefinding review of pre-invasive cervical (C53) lesions to identify missed case reports for year 2019.
3. Casefinding sources may include pathology laboratories – private, reference and hospital.
4. Casefinding is to be performed by manual review of the pathology reports or an electronic search using CIN related key words or phrases, ICD-9 CM codes or ICD-10-CM codes.
5. The appropriate ICD-9-CM code is 233.1 (CIN III/CIS/Severe Dysplasia).
6. The appropriate ICD-10-CM code is D06. __ (CIN III/CIS/Severe Dysplasia, AIS).
7. Refer to Table 2: MCSP Reportable Pre-Invasive Cervical (C53) Conditions for a list of reportable conditions based upon diagnostic description (histologic confirmation).
8. Refer to Table 3: Eligible SNOMED codes for cases diagnosed 2019 and later.
9. Tables 2 and 3 are included in the stand-alone document ‘Case Definitions and Reporting Requirements for Pre-Invasive Cervical Lesions (C53) For Cases Diagnosed in 2019 and Later.’
10. **Submit all missed pre-invasive cervical (C53) cancer case reports for diagnosis years 2019 to MCSP on or before September 14, 2020.**

Eligible Cases – Diagnosed in 2019 and Later

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. Eligibility is limited to cases with histologically confirmed tissue biopsies; cases identified by only a cytology report are not eligible for inclusion.

Important! Cases using the following histologic terms listed below in the pathologic diagnosis are eligible for inclusion (reportable), with a cancer case report submitted in the format and timeframe as specified by MCSP. Record the final histologic diagnosis exactly as described on the pathology report, applicable information in the comment section, addendums, and immunostaining test type and results (if performed) in the Pathology Text Field.

- AIS
- CIS
- CIN 3
- Severe Dysplasia
- HSIL or High-Grade Dysplasia
- CIN 2 if positive for p16*
- CIN 2/3 or CIN 2-3 if positive for p16*

* For cases in which positive p16 staining is required, such testing must apply to biopsy specimen and cannot be based on cervical smear cytology results. Pertinent immunostaining (test type, i.e. p16 or other type) and the results must be recorded in Pathology Text Field. “Focal” is NOT considered positive for p16.

Note: In September of 2012, the Lower Anogenital Squamous Terminology [LAST] Project convened by the College of American Pathologists (CAP) and the American Society for Colposcopy and Cervical Pathology (ASCCP) adopted a two-tier terminology that incorporates ancillary tests and other criteria to distinguish indeterminate lesions as high grade (HSIL) and low grade (LSIL). **To separate lesions formerly diagnosed as CIN grade 2 into high-grade SILs (HSIL) and low-grade SILs (LSIL), the LAST group recommended the use p16 immunostaining to classify these lesions as LSIL or HSIL.** Based upon College of American Pathologists (CAP) guidelines, the immunohistochemistry (IHC) results (if performed) is to be recorded on the pathology report. **It is important to know** if the pathology department that reads the facility cervical tissue specimens has adopted the two-tier terminology, which type of immunostaining is performed (i.e. p16, ProEx C, Ki-67) to classify indeterminate lesions diagnosed as CIN grade 2 (CIN II) into LSIL or HSIL, and how and/or where the immunostaining test results are recorded (i.e. pathology report).

Submission of Data Reminders

Electronic Submission: All facilities who report cancer case reports to MCSP through Web Plus regardless of facility type (Independent laboratory, Facility without a Registry, Facility with a Registry) **must report all reportable all pre-invasive cervical lesions within 90 days from the date of initial diagnosis.**

Manual Submission: All facilities who report cancer case reports to MCSP via the MI Cancer Report Form **are required to submit all reportable conditions within 180 days of the date of initial diagnosis and attach all applicable reports such as History and Physical Examination Report, Attestation Statement, Discharge Summary, Pathology Report, Operative Report, X-Rays, Scans, Consultation Reports and Treatment Summary.** For example, an independent laboratory must attach a copy of the applicable pathology report(s).

Contact Information

If you have questions regarding MI cancer reporting requirements for pre-invasive cervical (C53) lesions and/or the contents within this NEWSBLAST, please email MCSP Field Representative Doug Koster at KosterD@michigan.gov and cc: Georgetta (Jetty) Alverson, Manager at AlversonG@michigan.gov.

Note: If your registry submits cancer case reports to the Metropolitan Detroit Cancer Surveillance System (MDCSS) who submits the data to MCSP, and you have questions regarding MI Cancer Reporting Requirements for pre-invasive cervical (C53) lesions, please contact your MDCSS SEER State Coordinator, Jeanne Whitlock at 313-578-4219 or whitlock@karmanos.org