

BASIS OF DIAGNOSIS

In the first edition of ICD-O a set of code numbers, M-9990/_, was provided for recording diagnoses of neoplasms for which no microscopic confirmation was available. However, most registries did not use these numbers and so they have been removed. It is possible to be reasonably certain of the morphology of several tumors without histological examination (retinoblastoma, or Kaposi sarcoma, for example). It is therefore recommended that a variable distinct from the morphology code be used to distinguish how the diagnosis was made.

There are many “basis of diagnosis” codes in general use. The IARC and International Association of Cancer Registries (IACR) recommend the following codes for recording the “most valid basis of diagnosis” (Table 1).

Table 1. IARC-IACR Basis of Diagnosis Codes		
Code	Description	Criteria
0	Death Certificate Only	Information provided is from a death certificate.
Non-microscopic 1	Clinical	Diagnosis made before death, but without any of the following (codes 2-7).
2	Clinical investigation	All diagnostic techniques, including x-ray, endoscopy, imaging, ultrasound, exploratory surgery (e.g., laparotomy), and autopsy, without a tissue diagnosis.
4	Specific tumor markers	Including biochemical and/or immunological markers that are specific for a tumor site.
Microscopic 5	Cytology	Examination of cells from a primary or secondary site, including fluids aspirated by endoscopy or needle; also includes the microscopic examination of peripheral blood and bone marrow aspirates.
6	Histology of a metastasis	Histologic examination of tissue from a metastasis, including autopsy specimens.
7	Histology of a primary tumor	Histologic examination of tissue from primary tumor, however obtained, including all cutting techniques and bone marrow biopsies; also includes autopsy specimens of primary tumor.
9	Unknown	

This coding scheme also permits the distinction between tumors diagnosed on the basis of histology of a metastasis, or from the primary site, making the use of behavior code /6 (and /9) unnecessary in the cancer registry.