



# Retrospectively Speaking

A bit of back to the future

# What is retrospective diagnosis

## Retrospective diagnosis

Dictionary:

- ▶ directed to the past; contemplative of past situations, events, etc.
- ▶ looking or directed backward.

STORE: Date of Initial diagnosis

- ▶ If the physician states that in retrospect the patient had cancer at an earlier date, use the earlier date as the date of diagnosis.

# What is retrospective diagnosis

STORE: Date of initial diagnosis

- ▶ Bullet 2: If the physician states that in retrospect the patient had cancer at an earlier date, use the earlier date as the date of diagnosis
  
- ▶ Example
  - ▶ Diagnosis from a 2005 MRI scan of the brain: meningioma
    - ▶ It's reportable based on the rules. Non-malign CNS tumors became reportable in 2004
  - ▶ But the physician reviewed past imaging and stated in retrospect the meningioma
    - ▶ Had been present since 2003.
  - ▶ Now its not reportable.

# What is retrospective diagnosis

STORE: Date of initial diagnosis

- ▶ Bullet 2: If the physician states that in retrospect the patient had cancer at an earlier date, use the earlier date as the date of diagnosis

- ▶ Another example

**5/10/xx** CT abd/pelvis. 14.9 cm Right retroperitoneal space occupying fat attenuating lesion with internal linear hyperattenuation without suspicious nodularity statistically representing a large retroperitoneal lipoma, however a liposarcoma cannot be definitively excluded.

**(5/17/xx** ofc visit: Surgeon. incidentally discovered large retroperitoneal mass encasing her right kidney **that is radiographically consistent with a well-differentiated liposarcoma**

**(WD liposarcoma dx date is 5/10/17)**

# What is retrospective diagnosis

STORE: Date of initial diagnosis

- ▶ Bullet 2: If the physician states that in retrospect the patient had cancer at an earlier date, use the earlier date as the date of diagnosis

- ▶ Another example

8/6/xx \*\* Lung LUL 3.7cm suspicious nodule. Minimal enlargement LNs more likely reactive rather than malignant w/i mediastinum. advanced emphysema

9/28/xx inpt consult 8/6/xx imaging reviewed left sided lung mass **very suspicious for primary lung cancer**. 2nd left sided lung mass, smooth borders and unchanging in size less suspicious

Diagnosis date: 8/6/xx

# What is retrospective diagnosis

Now the new one for this starting dx 2022.

- ▶ **CYTOLOGY:**
  - ▶ **EXCEPTION:** If cytology is identified only **with an ambiguous term**, do not interpret it as a diagnosis of cancer. (same old, same old)
- ▶ **Abstract the case** only if **a positive biopsy or a physician's clinical impression of cancer supports the cytology findings (new)**
  - ▶ This would be a retrospective diagnosis.
  - ▶ 3/10/xx 1000 mL **ascites compatible with** those derived from adenocarcinoma
  - ▶ 3/16/20XX per Dr.'s office note: Tumor markers came back notable for a CA 125 > 5000 so the combination of **cytologic diagnosis**. I think is adequate to **establish the diagnosis adenocarcinoma of gyn origin**. (Physician statement)

# What is retrospective diagnosis

Answer forum

**Q)** If a patient has **an FNA at our facility**, and the cytology is suspicious for low grade neuroendocrine tumor, then patient goes back to their hometown, where their managing physician states "**biopsy-proven small distal pancreatic neuroendocrine tumor**", would this case be reportable for my facility?

**A)** Yes the FNA procedure was done at your facility.

<https://cancerbulletin.facs.org/forums/node/137380>

# What is retrospective diagnosis

## Example

- <https://cancerbulletin.facs.org/forums/forum/fords-national-cancer-data-base/store/case-eligibility-patient-identification-cancer-identification-stage-of-disease-at-diagnosis-tumor-size-and-mets/142671-benign-brain-retrospective-date-of-diagnosis>
- Q) December 6, 2016 MRI brain (my facility):  
**COMPARISON with these MRIs April 15, 2016, January 16, 2006**  
FINDINGS - Again noted is a focal hyperostosis of the inner table of the superior left frontal bone associated with a dural based soft tissue mass, consistent with a meningioma. This is approximately 16 mm in diameter and has local mass effect, without underlying edema. This is similar to April 2016 and larger compared to 2006  
IMPRESSION - **Presumed left superior frontal meningioma, approximately 16 mm. This is unchanged compared to April 2016 but larger compared to 2006.**  
  
What is the date of diagnosis?
- **Going by the information in your post, the date of diagnosis would be 1/16/2006** due to the radiologist statement regarding the comparison with films from 1/16/2006. "Presumed left superior frontal meningioma, approximately 16 mm. This is unchanged compared to April 2016 but larger compared to (Jan 16) 2006.#



# What is retrospective diagnosis

## Re-Read of Imaging

- ▶ Other facility imaging 5/30/XX: CT Lower Extremity: Large heterogeneous mass in the adductor compartment of the RT thigh, **highly concerning for sarcoma.**
- ▶ **Re-Read** of the imaging at your facility 6/10/XX 19.7 cm heterogeneous mass in the posterior compartment of the **RT thigh consistent with sarcoma**
- ▶ 6/20/XX: RT Thigh Mass, BX. Dedifferentiated liposarcoma.
- ▶ Date of diagnosis: 5/30/XX
- ▶ Why: The original imaging was performed at the Outside facility and only re-read at your facility, so where the imaging took place is the place and date of dx.

# What is retrospective diagnosis

## Re-Read of biopsy:

- ▶ Other facility bx 6/20/XX: RT Thigh Mass, BX. **Non-dx.**
- ▶ Bx **path re-read** at your facility 7/1/XX : RT Thigh Mass, BX. **Dedifferentiated liposarcoma**
- ▶ Date of diagnosis: 6/20/XX
- ▶ Why: The original biopsy was performed at the Outside facility and only re-read at your facility, so where the bx took place is the place and date of dx.

# What is retrospective diagnosis

Biopsy performed at your facility Re-Read at another facility

- ▶ Biopsy performed at your facility bx 6/20/XX: RT Thigh Mass, BX. **Non-dx**
- ▶ Specimen sent to different facility to be read
- ▶ Bx path read at different facility 6/30/XX : RT Thigh Mass, BX. Dedifferentiated liposarcoma
- ▶ Date of diagnosis: 6/20/XX (your facility)
- ▶ Why: The original biopsy was performed at the your facility and only read at the Outside facility, so where the bx took place is the place and date of dx.

# What is retrospective diagnosis

Biopsy preformed at your facility Re-Read at another facility

- ▶ Biopsy preformed at your facility bx 6/20/XX
  - ▶ Biopsy specimen sent to outside Path Lab: RT Thigh Mass, BX. Dedifferentiated liposarcoma
- ▶ Date of diagnosis: 6/20/XX (your facility)
- ▶ Why: The original biopsy was preformed at the your facility and only read at the Outside Lab, so where the bx took place is the place and date of dx.

# Summary

- ▶ Retrospective diagnoses
  - ▶ May make a case reportable at an earlier date
  - ▶ Make a case not reportable
    - ▶ Like the meningioma on the my 1<sup>st</sup> experience
  - ▶ Change the class of case
    - ▶ Re-reads of imaging and path
- ▶ And now, included is a non-dx cytology with ambiguous terminology
  - ▶ That is not diagnostic
  - ▶ Unless
    - ▶ When later biopsy proven to be cancer
    - ▶ physician's clinical impression of cancer supports the cytology findings.

# QUESTIONS

