

2021 REPORTABLE CANCERS (Version 21):

	NPCR/OSCaR
Reportable Diagnoses	<ol style="list-style-type: none"> 1. Behavior code of 2 or 3 in ICD-O-3 (includes VIN III, VAIN III, AIN III); or, for 2010 and later diagnoses, behavior code 3 according to the WHO Classification of Tumours of Haematopoietic and Lymphoid Tissues (2008). 2. Non-malignant (behavior codes 0 and 1) primary intracranial and central nervous system tumors, including juvenile astrocytoma (M9421/3)* for primary sites as defined in Table 3. 3. As of 01/01/2021, early or evolving melanoma in situ, or any other early or evolving melanoma, is reportable. 4. Carcinoid, NOS of the appendix C181 (as of 1/1/2015). 5. All GIST tumors are reportable as of 01/01/2021. The behavior code is /3 in ICD-O-3.2. 6. Nearly all thymomas are reportable as of 01/01/2021. The behavior code is /3 in ICD-O-3.2. The exceptions are microscopic thymoma or thymoma benign (8580/0), micronodular thymoma with lymphoid stroma (8580/1), and ectopic hamartomatous thymoma (8587/0).
Exceptions (not reportable)	<ol style="list-style-type: none"> 1. Skin cancers (C44._) with histologies 8000-8005, 8010-8046, 8050-8084, 8090-8110. 2. CIS of the cervix and CIN III or SIN III. 3. PIN III (after 1/1/2001).
Multiple Primary Rules	<ul style="list-style-type: none"> • 2007 Multiple Primary and Histology Coding Rules (most recent version). • 2018 Solid Tumor Coding Rules

	NPCR/OSCaR
<p>Ambiguous Terminology Considered as Diagnostic of Cancer**</p>	<p>apparent(ly) appears comparable with compatible with consistent with favors malignant appearing most likely presumed probable suspect(ed) suspicious (for) typical of</p> <p>Exception: if the cytology is reported using any of these ambiguous terms and neither a positive biopsy nor a physician's clinical impression supports the cytology findings, do not consider as diagnostic of cancer.</p>
<p>Ambiguous Terminology NOT Considered as Diagnostic of Cancer**</p>	<p>cannot be ruled out equivocal possible potentially malignant questionable rule out suggests worrisome</p>

* Juvenile astrocytomas should be reported as 9421/3.

** Do not substitute synonyms such as “supposed” for “presumed” or “equal” for “comparable.” Do not substitute “likely” for “most likely.” Use only the exact words on the list.

Table 3. Primary Site Codes for Non-Malignant Primary Intracranial and Central Nervous System Tumors (non-malignant primary intracranial and central nervous system tumors with a behavior code of 0 or 1 [benign/borderline] are reportable regardless of histologic type for these topography codes).

Topography	
Codes	Description
C70.0 C70.1 C70.9	Meninges Cerebral Meninges Spinal meninges Meninges, NOS
C71.0 C71.1 C71.2 C71.3 C71.4 C71.5 C71.6 C71.7 C71.8 C71.9	Brain Cerebrum Frontal lobe Temporal lobe Parietal lobe Occipital lobe Ventricle, NOS Cerebellum, NOS Brain stem Overlapping lesion of brain Brain, NOS

Topography	
Codes	Description
C72.0	Spinal Cord, Cranial Nerves, and Other Parts of the Central Nervous System
C72.1	Spinal cord
C72.2	Cauda equina
C72.3	Olfactory nerve
C72.4	Optic nerve
C72.5	Acoustic nerve
C72.8	Cranial nerve, NOS
C72.9	Overlapping lesion of brain and central nervous system Nervous system, NOS
C75.1	Other Endocrine Glands and Related Structures
C75.2	Pituitary gland
C75.3	Craniopharyngeal duct Pineal gland

*Changes to ICD-O-3 including new terminology and reportability changes effective for cases diagnosed 1/1/2021 forward please reference the ICD-O-3.2, <https://www.naaccr.org/icdo3/>

Source: Table 2. NAACCR Version 21: Comparison of Reportable Cancers: CoC, SEER, NPCR and CCCR.

<http://datadictionary.naaccr.org/default.aspx?c=3&Version=21>