

**2024 REPORTABLE CANCERS (Version 24):**

	NPCR/OSCaR
<p><b>Reportable Diagnoses</b></p>	<ol style="list-style-type: none"> <li>1. Behavior code 2 or 3 in ICD-O-3.2; behavior code 3 in WHO Classification of Tumors of Hematopoietic and Lymphoid Tissues (2008)39 (2010+); behavior code 2 or 3 in WHO Classification of Tumors 5th Ed. (2022+) (Refer to instructions provided by NPCR for detailed information.)</li> <li>2. Primary intracranial and central nervous system tumors behavior code 0 or 1, including juvenile astrocytoma (M9421/3)* for primary sites defined in Table 3 (2004+). For cases diagnosed prior to 1/1/2023, pilocytic astrocytoma/juvenile pilocytic astrocytoma are reportable in North American as malignant 9421/3 for all CNS sites with the exception of the optic nerve. When the primary site is optic nerve and the diagnosis is either optic glioma or pilocytic astrocytoma, the behavior is non-malignant and coded 9421/1. Beginning with cases diagnosed 1/1/2023 forward, pilocytic astrocytoma/juvenile pilocytic astrocytoma are to be reported as 9421/1 for all CNS sites.</li> <li>3. Early or evolving melanoma in situ, or any other early or evolving melanoma (2021+).</li> <li>4. Carcinoid, NOS of the appendix C181, behavior changed to 3 effective 2015 (2015+).</li> <li>5. GIST tumors, all histologies changed to behavior 3 in ICD-O-3.2 (2021+).</li> <li>6. Thymomas, most behaviors changed to 3 in ICD-O-3.2. (2021+) See exceptions listed below.</li> <li>7. Lobular neoplasia grade III (LN III)/lobular intraepithelial neoplasia grade III (LIN III) breast C500-C509 (/2016+).</li> <li>8. Pancreatic intraepithelial neoplasia (PanIN III) (2016+).</li> </ol>

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	<p>9. Penile intraepithelial neoplasia III (PeIN III) (2016+).</p> <p>10. Low-grade appendiceal mucinous neoplasm (LAMN) behavior changed to 2 effective 2022 (2022+).</p> <p>11. High-grade appendiceal mucinous neoplasm (HAMN) behavior changed to 3 effective 2022 (2022+).</p>
<p><b>Exceptions</b> <b>(not reportable)</b></p>	<p>1. Skin cancers (C44._) with histologies 8000-8005, 8010-8046, 8050-8084, 8090-8110.</p> <p>2. CIS of the cervix and CIN III or SIN III.</p> <p>3. PIN III (after 1/1/2001).</p> <p>4. Colorectal tumors with the following morphologic description: Serrated dysplasia, high grade; Adenomatous polyp, high grade dysplasia; Tubular adenoma, high grade; Villous adenoma, high grade; Tubulovillous adenoma, high grade.</p> <p>5. Microscopic thymoma or thymoma benign (8580/0), micronodular thymoma with lymphoid stroma (8580/1), and ectopic hamartomatous thymoma (8587/0).</p>
<p><b>Multiple Primary Rules</b></p>	<ul style="list-style-type: none"> <li>• 2007 Multiple Primary and Histology Coding Rules (most recent version).</li> <li>• 2018 Solid Tumor Coding Rules</li> </ul>

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<p><b>Ambiguous Terminology Considered as Diagnostic of Cancer**</b></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><b>Ambiguous Terminology NOT Considered as Diagnostic of Cancer**</b></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	<u>Meninges</u> 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	<u>Brain:</u> Brain Cerebrum Frontal lobe Temporal lobe Parietal lobe Occipital lobe Ventricle, NOS Cerebellum, NOS Brain stem Overlapping lesion of brain Brain, NOS
C72.0 C72.1 C72.2 C72.3	<u>Spinal Cord, Cranial Nerves, and Other Parts of the Central Nervous System</u> Spinal cord Cauda equina Olfactory nerve Optic nerve

Topography	
Codes	Description
C72.4	Acoustic nerve
C72.5	Cranial nerve, NOS
C72.8	Overlapping lesion of brain and central nervous system
C72.9	Nervous system, NOS
<u>Other Endocrine Glands and Related Structures</u>	
C75.1	Pituitary gland
C75.2	Craniopharyngeal duct
C75.3	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 24: Comparison of Reportable Cancers: CoC, SEER, NPCR and CCCR.**

<https://apps.naaccr.org/data-dictionary/data-dictionary/version=24/chapter-view/standards-for-tumor-inclusion-and-reportability/comparison-of-reportable-cancers-coc-seer-npcr-and-cccr/>