

**Reportable Diagnosis List from SEER PROGRAM CODING AND STAGING  
MANUAL 2024**

Definition of Reportable: Meets the criteria for inclusion in a registry. Reportable cases are cases that the registry/health care provider is required to collect and report. Reporting requirements for Oregon State Cancer Registry (OSCaR) are established by CDC/NPCR.

“Reportable List” includes all diagnoses to be reported to OSCaR.

**1. Malignant Histologies (In Situ and Invasive)**

- a. Report all histologies with a behavior code of /2 or /3 in the ICD-O- Third Edition, Second Revision Morphology (**ICD-O-3.2**), except as noted in section 1.b. below
  - i. High-grade astrocytoma with piloid features (HGAP) (9421/3) as of 01/01/2023
  - ii. Lymphangi leiomyomatosis (9174/3) is reportable as of 01/01/2023; behavior changed from /1 to /3
  - iii. Mesothelioma in situ (9050/2) is reportable as of 01/01/2023
  - iv. Diffuse leptomeningeal glioneuronal tumor (9509/3) is reportable as of 01/01/2023
  - v. Low-grade appendiceal mucinous neoplasm (LAMN) is reportable
  - vi. Early or evolving melanoma, in situ and invasive: As of 01/01/2021, early or evolving melanoma in situ, or any other early or evolving melanoma, is reportable.
  - vii: All GIST tumors, except for those stated to be benign, are reportable as of 01/01/2021. The behavior code is /3 in ICD-O-3.2.
  - viii: 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)
    - Ectopic hamartomatous thymoma (8587/0)

Information from Adamo M, Groves C, Dickie L, Ruhl J. (September 2021). SEER Program Coding and Staging Manual 2022. National Cancer Institute, Bethesda, MD 20892. U.S. Department of Health and Human Services National Institutes of Health National Cancer Institute

ix. Carcinoid, NOS of appendix is reportable. As of 01/01/2015, the ICD-O-3 behavior code changed from /1 to /3.

x. The following diagnoses are **reportable** (*not a complete list*)

- Lobular carcinoma in situ (LCIS) of breast
- Intraepithelial neoplasia, high grade, grade II, grade III

**Examples:** (Not a complete list. See 1.b.iii for PIN III.)

- Anal intraepithelial neoplasia II (AIN II) of the anus or anal canal (C210-C211)
  - Anal intraepithelial neoplasia III (AIN III) of the anus or anal canal (C210-C211)
- Biliary intraepithelial neoplasia, high grade
- Differentiated vulvar intraepithelial neoplasia (VIN)
- Endometrioid intraepithelial neoplasia
- Esophageal intraepithelial neoplasia (dysplasia), high grade
- Glandular intraepithelial neoplasia, high grade
- Intraductal papillary neoplasm with high grade intraepithelial neoplasia
- Intraepithelial neoplasia, grade III
- Laryngeal intraepithelial neoplasia II (LIN II) (C320-C329)
- Laryngeal intraepithelial neoplasia III (LIN III) (C320-C329)
- Lobular neoplasia grade II (LN II)/lobular intraepithelial neoplasia grade II (LIN II) breast (C500-C509)
- Lobular neoplasia grade III (LN III)/lobular intraepithelial neoplasia grade III (LIN III) breast (C500-C509)
- Pancreatic intraepithelial neoplasia (PanIN II) (C250-C259)

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III)

- Pancreatic intraepithelial neoplasia (PanIN (C250-C259)
- Penile intraepithelial neoplasia, grade II (PeIN II) (C600-C609)
- Penile intraepithelial neoplasia, grade III (PeIN III) (C600-C609)
- Squamous intraepithelial neoplasia, grade II excluding cervix (C53\_) and skin sites coded to C44\_
- Squamous intraepithelial neoplasia III (SIN III) excluding cervix (C53\_) and skin sites coded to C44\_
- Vaginal intraepithelial neoplasia II (VAIN II) (C529)
- Vaginal intraepithelial neoplasia III (VAIN III) (C529)
- Vulvar intraepithelial neoplasia II (VIN II) (C510-C519)
- Vulvar intraepithelial neoplasia III (VIN III) (C510-C519)

**xi.** Non-invasive mucinous cystic neoplasm (MCN) of the pancreas with high grade dysplasia is reportable. For neoplasms of the pancreas, the term MCN with high grade dysplasia replaces the term mucinous cystadenocarcinoma, non-invasive.

**xii.** Mature teratoma of the testes in adults is malignant and reportable as 9080/3

**xiii.** Urine cytology positive for malignancy is reportable for diagnoses in 2013 and forward

- **Exception:** When a subsequent biopsy of a urinary site is negative, do not report.
- Code the primary site to C689 in the absence of any other information
- Do not implement new/additional casefinding methods to capture these cases

**b. Do not report (Exceptions to reporting requirements)**

**i. Skin** primary (C440-C449) with any of the following histologies

Malignant neoplasm (8000-8005)

Epithelial carcinoma (8010-8046)

Papillary and squamous cell carcinoma (8050-8084)

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Squamous intraepithelial neoplasia III (SIN III) (8077) of skin sites coded to C44\_

Basal cell carcinoma (8090-8110)

**Note:** If the registry collects basal or squamous cell carcinoma of skin sites (C440-C449), sequence them in the 60-87 range and do not report to SEER.

ii. In situ carcinoma of cervix (/2), any histology, cervical intraepithelial neoplasia (CIN III), or SIN III of the cervix (C530-C539)

**Note:** Collection stopped effective with cases diagnosed 01/01/1996 and later. As of the 2018 data submission, cervical in situ cancer is no longer required for any diagnosis year. Sequence all cervix in situ cases in the 60-87 range regardless of diagnosis year

iii. Prostatic intraepithelial neoplasia (PIN III) (C619)

**Note:** Collection **stopped** effective with cases diagnosed 01/01/2001 and later.

iv. Colon atypical hyperplasia

v. High grade dysplasia in colorectal and esophageal primary sites

vi. Adenocarcinoma in situ, HPV associated (8483/2)(C53)

Refer to Appendix E.2 for non-reportable examples.

c. "Carcinomatosis" (8010/9) and "metastatic" tumor or neoplasm (8000/6) indicate malignancy and could be indicative of a reportable neoplasm. Review all of the available information to determine the origin of the carcinomatosis or the origin of the metastases.

## 2. Benign/Non-Malignant Histologies

a. Report **benign** and **borderline** primary **intracranial** and **central nervous system (CNS)** tumors with a behavior code of /0 or /1 in ICD-O-3 (effective with cases diagnosed 01/01/2004 to 12/31/2020) or ICD-O-3.2 (effective with cases diagnosed 01/01/2021 and later). See the table below for the specific sites.

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**Note 1:** Benign and borderline tumors of the cranial bones (C410) are **not reportable**.

**Note 2:** Benign and borderline tumors of the peripheral nerves (C47\_) are **not reportable**.

**b.** Report pilocytic astrocytoma/juvenile pilocytic astrocytoma as 9421/1 for all CNS sites as of 01/01/2023

**c.** Report diffuse astrocytoma, MYB- or MYBL1-altered and diffuse low-grade glioma, MAPK pathway-altered (9421/1) as of 01/01/2023

**d.** Report multinodular and vacuolating neuronal tumor (9509/0) as of 01/01/2023

**e.** Report juvenile xanthogranuloma (9749/1) as of 01/01/2023 (C715 is the most common site)

**f. Neoplasm and tumor** are reportable terms for intracranial and CNS because they are listed in ICD-O-3.2 with behavior codes of /0 and /1

**i. “Mass” and “lesion”** are **not** reportable terms for intracranial and CNS because they are **not** listed in ICD-O-3.2 with behavior codes of /0 or /1