

2022 REPORTABLE CANCERS (Version 22):

	NPCR/OSCaR
Reportable Diagnoses	<ol style="list-style-type: none"> 1. Behavior code 2 or 3 in ICD-O-3.2; behavior code 3 in WHO Classification of Tumours of Haematopoietic and Lymphoid Tissues (2008)39 (2010+); behavior code 2 or 3 in WHO Classification of Tumours 5th Ed. (2022+) (Refer to instructions provided by NPCR for detailed information.) 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+). 3. Early or evolving melanoma in situ, or any other early or evolving melanoma (2021+). 4. Carcinoid, NOS of the appendix C181, behavior changed to 3 effective 2015 (2015+). 5. GIST tumors, all histologies changed to behavior 3 in ICD-O-3.2 (2021+). 6. Thymomas, most behaviors changed to 3 in ICD-O-3.2. (2021+) See exceptions listed below. 7. Lobular neoplasia grade III (LN III)/lobular intraepithelial neoplasia grade III (LIN III) breast C500-C509 (/2016+). 8. Pancreatic intraepithelial neoplasia (PanIN III) (2016+). 9. Penile intraepithelial neoplasia III (PeIN III) (2016+). 10. Low-grade appendiceal mucinous neoplasm (LAMN) behavior changed to 2 effective 2022 (2022+). 11. High-grade appendiceal mucinous neoplasm (HAMN) behavior changed to 3 effective 2022 (2022+).

	NPCR/OSCaR
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).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.5. Microscopic thymoma or thymoma benign (8580/0), micronodular thymoma with lymphoid stroma (8580/1), and ectopic hamartomatous thymoma (8587/0).
Multiple Primary Rules	<ul style="list-style-type: none">• 2007 Multiple Primary and Histology Coding Rules (most recent version).• 2018 Solid Tumor Coding Rules

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Ambiguous Terminology Considered as Diagnostic of Cancer**	<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>
Ambiguous Terminology NOT Considered as Diagnostic of Cancer**	<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
	<u>Meninges</u>
C70.0	Cerebral Meninges
C70.1	Spinal meninges
C70.9	Meninges, NOS
	<u>Brain:</u>
C71.0	Brain Cerebrum
C71.1	Frontal lobe
C71.2	Temporal lobe
C71.3	Parietal lobe
C71.4	Occipital lobe
C71.5	Ventricle, NOS
C71.6	Cerebellum, NOS
C71.7	Brain stem
C71.8	Overlapping lesion of brain
C71.9	Brain, NOS
	<u>Spinal Cord, Cranial Nerves, and Other Parts of the Central Nervous System</u>
C72.0	Spinal cord
C72.1	Cauda equina
C72.2	Olfactory nerve
C72.3	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 22: Comparison of Reportable Cancers: CoC, SEER, NPCR and CCCR.

<http://datadictionary.naaccr.org/default.aspx?c=3&Version=22>