



State of Connecticut Department of Public Health Connecticut Tumor Registry 2024 Reportable List



ALL LICENSED HEALTHCARE PROVIDERS IN CONNECTICUT ARE REQUIRED TO REPORT CANCER CASES DIAGNOSED OR TREATED AT THEIR FACILITY TO THE CONNECTICUT TUMOR REGISTRY (CTR). THIS INCLUDES ALL CONDITIONS LISTED IN THE INTERNATIONAL DISEASES FOR ONCOLOGY, THIRD EDITION (ICD-0-3) WITH A BEHAVIOR CODE OF /2 OR /3, AND IN APPROVED UPDATES, EXCEPT AS NOTED BELOW.

GENERAL CONSIDERATIONS:

- All malignancies diagnosed from 1935 forward are reportable.
- Benign brain and central nervous system tumors diagnosed from 1962 forward are reportable.
- Non-resident cases diagnosed from 1979 forward are reportable.
- Cases diagnosed clinically are reportable.
- Cases in patients being treated for cancer are reportable.
- Cases diagnosed prior to birth (in utero) are reportable only when the pregnancy results in a live birth.
 - When a reportable diagnosis is confirmed prior to birth and disease is not evident at birth due to regression, accession the case based on the pre-birth diagnosis.
- Urinary tract malignancies diagnosed by positive urine cytology from 2013 forward are reportable.
 - Code the primary site to C689 in the absence of any other information.
 - Exception: When a subsequent biopsy of a urinary site is negative, do not report.
 - Do not implement new/additional casefinding methods to capture these cases.
 - Do not report cytology cases with ambiguous terminology.
- Refer to the [Hematopoietic and Lymphoid Neoplasm Coding Manual and Database](#) for additional information on hematopoietic and lymphoid neoplasms.
- The NAACCR 2023 ICD-O-3.2 Update *Please use link to download the updated list for all new terms 2023 <https://www.naacr.org/icdo3/>

NEWLY REPORTABLE CONDITIONS AND TERMS:

2023

- Diffuse astrocytoma, MYB- or MYBL1-altered Replaces the term “pilocytic astrocytoma” (9421/1)
- Diffuse leptomeningeal glioneuronal tumor (9509/3)
- Diffuse low-grade glioma, MAPK pathway–altered (9421/1)
- Diffuse low-grade glioma, MAPK pathway–altered Cases diagnosed prior to 1/1/2023 are coded (9421/3)
- Diffuse pleural mesothelioma (C38.4) (9050/3)
- High-grade astrocytoma with piloid features (HGAP) are coded (9421/3)
- Juvenile xanthogranuloma (C71.5) 9749/1
- Localized pleural mesothelioma (C38.4) (9050/3)
- Lymphangioleiomyomatosis (9174/3) Behavior code change from /1 to /3. Reportable for cases diagnosed 1/1/2023 forward.
- Mesothelioma in situ (9020/2) reportable 1/1/2023
- Multinodular and vacuolating neuronal tumor, Cases diagnoses prior to 1/1/2023 use code (9505/0) Cases diagnosed 1/1/2023 forward use code (9509/0)
- Pilocytic astrocytoma in the (C71. _) are to be coded (9421/1) for all CNS sites
- Pituitary adenoma/pituitary neuroendocrine tumor (PitNET) (C75.1) (8272/3)
- Pituitary adenoma, NOS (8272/0)
- Thoracic SMARCA4-deficient undifferentiated tumor (C34. _) (8044/3)



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2022

- Adenomatous polyp, high grade dysplasia (C160 – C166, C168-C169, C170-C173, C178-C179) (8210/2)
Term is reportable for stomach and small intestines ONLY beginning 1/1/2022
- DCIS of high nuclear grade, DCIS of intermediate nuclear grade, DCIS of low nuclear grade (8500/2)
- Mesonephric-like adenocarcinoma (C56.9 and C54.9) (9111/3)
- Papillary neoplasm, pancreatobiliary type, with high grade intraepithelial neoplasia (C241) (8163/2)
- Small cell carcinoma, large cell variant (C56.9) (8044/3)

The Eligibility section in STORE 2022 has been updated to include the new ICD-O codes for new terminology, behavior changes, reportability changes, and specific histology for specific primary. **The table below represents the ICD-O-3 terms that CoC is required to collect**

ICD-O Code	Term	Required and collected by CoC	Remarks
8033/3	Carcinoma with sarcomatoid component	Y	New related term
8085/3	Squamous cell carcinoma, HPV-associated	Y	New term for uterine cervix
8086/3	Squamous cell carcinoma, HPV-independent	Y	New term for uterine cervix
8144/2	Intestinal-type adenoma, high grade (C16.0 – C16.9, C17.0 -C17.9)	Y	Term is reportable for stomach and small intestines ONLY beginning 1/1/2022
8213/2	Serrated dysplasia, high grade (C16.0 – C16.9, C17.0 -C17.9)	Y	Term is reportable for stomach and small intestines ONLY beginning 1/1/2022
8243/3	Goblet cell adenocarcinoma	Y	New preferred term
8262/3	Adenoma-like adenocarcinoma	Y	New term
8310/3	Adenocarcinoma, HPV-independent, clear cell type	Y	New term for uterine cervix
8455/2	Intraductal oncocytic papillary neoplasm, NOS	Y	New ICD-O code/term
8455/3	Intraductal oncocytic papillary neoplasm with associated invasive carcinoma	Y	New ICD-O code/term
8480/2	Low-grade appendiceal mucinous neoplasm (LAMN)	Y	New behavior/term
8480/3	Low-grade appendiceal mucinous neoplasm (LAMN)	Y	New behavior/term
8480/2	High grade appendiceal mucinous neoplasm (HAMN)	Y	New behavior/term



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8480/3	Appendiceal mucinous neoplasm with extra-appendiceal spread	Y	New behavior/term
8482/3	Adenocarcinoma, HPV-independent, gastric type	Y	New term
8483/3	Adenocarcinoma, HPV-associated	Y	New ICD-O code/term
8484/3	Adenocarcinoma, HPV-independent, NOS	Y	New ICD-O code/term
8503/2	Ductal carcinoma in situ, papillary	Y	New preferred term
8509/3	Tall cell carcinoma with reversed polarity	Y	New preferred term
8859/3	Myxoid pleomorphic liposarcoma	Y	New ICD-O code/term
8912/3	Congenital spindle cell rhabdomyosarcoma with VGLL2/NCOA2/CITED2 rearrangements	Y	New term
8912/3	MYOD1-mutant spindle cell/sclerosing rhabdomyosarcoma	Y	New term
8912/3	Intraosseous spindle cell rhabdomyosarcoma with TFCP2/NCOA2 rearrangements	Y	New term
8976/3	Gastroblastoma (C16.0 – C16.9)	Y	New ICD-O code/term
9110/3	Adenocarcinoma, HPV-independent, mesonephric type	Y	New preferred term
9111/3	Mesonephric-like adenocarcinoma	Y	New ICD-O code/term for ovary and corpus uterus
9120/3	Post radiation angiosarcoma of the breast	Y	New term
9133/3	Epithelioid hemangioendothelioma	Y	New term
9133/3	Epithelioid hemangioendothelioma with YAP1-TFE3 fusion	Y	New term
9222/3	Chondrosarcoma, grade 1	Y	Behavior change. Reportable 1/1/2022 forward
9366/3	Round cell sarcoma with EWSR1-non-ETS fusions	Y	New ICD-O code/term
9367/3	CIC-rearranged sarcoma	Y	New ICD-O code/term
9368/3	Sarcoma with BCOR genetic alterations	Y	New ICD-O code/term



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OTHER REPORTABLE CONDITIONS:

- Anal intraepithelial neoplasia II and III (AIN II, AIN III) of the anus or anal canal (C210-C211)
- Biliary intraepithelial neoplasia high grade (BiIN III) of the gallbladder (C239)
- Bronchial adenoma, carcinoid type (8240/3) and cylindroid type (8200/3) are reportable.
- Carcinoid, NOS of the appendix is reportable. As of 1/1/15, the ICD-O-3 behavior code changed from /1 to/3.
- Early or evolving invasive melanoma is reportable as of 1/1/2021.
- Gastrointestinal stromal tumors (GIST) and thymomas are reportable when there is evidence of multiple foci, lymph node involvement, or metastasis.
- Laryngeal intraepithelial neoplasia III (LIN III) (C320-C329)
- Lobular carcinoma in situ (LCIS) of the breast is reportable.
- Lobular (intraepithelial) neoplasia grade III (LIN III) of the breast (C500-C509)
- Mature teratoma of the testis *in adults* is malignant and reportable; **it is not reportable in prepubescent children.**
- Mixed pancreatic, endocrine and exocrine tumor, malignant (8154/3)
- Mixed adenoneuroendocrine carcinoma (8244/3)
- 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.
- Osteomyelofibrosis (9961/3)
- Pancreatic endocrine tumor, malignant (8150/3)
- Pancreatic intraepithelial neoplasia (PanIN III) (C250-C259)
- Penile intraepithelial neoplasia (PeIN III) (C600-C609)
- Squamous intraepithelial neoplasia II & III (SIN 2,3) Excluding cervix (C53_) AND Skin sites (C44_)
- Vaginal intraepithelial neoplasia II & III (VAIN 2,3) (C529)
- Vulvar intraepithelial neoplasia II & III (VIN 2,3) (C510-C519)

HISTOLOGIES NOT REPORTABLE: 2022

- Adenocarcinoma in situ, HPV-associated (C530-C531, C538-C539) (8483/2)
- Adenocarcinoma in situ, HPV-independent, NOS (C530-C531, C538-C539) (8484/2)
- Osteblastoma (9200/1)
- Osteofibrous dysplasia-like adamantinoma (9261/1)
- Primary cutaneous CD30 positive T-cell lympho-proliferative disorder (9718/1)
No longer reportable as /3 for cases diagnosed after 1/1/2010.
See the Hematopoietic & Lymphoid Database for information
- Tubular adenoma, high grade (8211/2)
- Tubulovillous adenoma, high grade (8263/2)
- Uterine tumor resembling ovarian sex cord tumor (8590/1)
- Villous adenoma, high grade (8261/2)

HISTOLOGIES NOT REPORTABLE 2024

- High grade dysplasia in colorectal sites

HISTOLOGIES NOT REPORTABLE: 2023

- Bronchiolar adenoma/ciliated muconodular papillary tumor (8140/0)
- Desmoid fibromatosis (8821/1)
- Papillary fibroelastoma (8820/0)



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EXCEPTIONS-MALIGNANT HISTOLOGIES THAT ARE NOT REPORTABLE:

- Skin primaries with any of the following histologies (6/1/1984):
 - Malignant neoplasm (8000-8005)
 - Epithelial carcinoma (8010-8046)
 - Papillary or squamous cell carcinomas (8050-8084)
 - Basal cell carcinoma (8090-8046)
 - Squamous Intraepithelial neoplasia III (SIN III) (8070) of skin sites (C44._)
- Skin primaries of the genital sites: vagina, clitoris, vulva, prepuce, penis, and scrotum (C52.9, C51.0-C51.9, C60.0, C60.9 and C63.2) are reportable.
- AIN III arising in perianal skin
- Carcinoma in situ of the cervix (C530-C539; behavior /2); cervical intraepithelial neoplasia (CIN III or SIN III) is not reportable. (1/1/1996)
- Prostatic intraepithelial neoplasia (PIN III) is not reportable. (1/1/2001)

REPORTABLE BENIGN NEOPLASMS:

- All benign and borderline primary brain and central nervous system tumors (C70.0-C72.9)
- Benign and borderline tumors of the pituitary, craniopharyngeal duct, and pineal gland (C75.1-C75.3)
- Report pilocytic/juvenile astrocytoma; code to 9421/1:
- Neoplasm and tumor are reportable terms for brain and CNS
 - Behavior code of /0 or /1 in ICD-O-3
- A brain or CNS neoplasm identified only by imaging is reportable
- 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**

Please See Appendix E1 - 2024 SEER Program Coding and Staging Manual for Reportable Examples

Please See Appendix E2 - 2024 SEER Program Coding and Staging Manual for Non Reportable Examples



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REQUIRED SITES FOR BENIGN AND BORDERLINE PRIMARY BRAIN AND CNS TUMORS

General Term	Specific Sites	ICD-0-3 Topography Code
Meninges	Cerebral meninges Spinal meninges Meninges, NOS	C700 C701 C709
Brain	Cerebrum Frontal lobe Temporal lobe Parietal lobe Occipital lobe Ventricle, NOS Cerebellum, NOS Brain stem Overlapping lesion of brain Brain, NOS	C710 C711 C712 C713 C714 C715 C716 C717 C718 C719
Spinal cord, cranial nerves, and other parts of the central nervous system	Spinal Cord Cauda equine Olfactory nerve Optic nerve Acoustic nerve Cranial nerve, NOS Overlapping lesion of the brain and central nervous system Nervous system, NOS	C720 C721 C722 C723 C724 C725 C728 C729
Pituitary, craniopharyngeal duct and pineal gland	Pituitary gland Craniopharyngeal duct Pineal gland	C751 C752 C753



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AMBIGUOUS TERMINOLOGY:

- Ambiguous terminology may originate in any source document, such as a pathology report, radiology report, or clinical report. The terms listed below are reportable when they are used with a term such as cancer, carcinoma, sarcoma, etc.
- Use the reportable ambiguous terms when screening diagnoses on pathology reports, scans, ultrasounds, and other diagnostic testing other than tumor markers
- **The following ambiguous terms that are considered reportable:**

Apparent(ly)	Appears
Comparable with	Compatible with
Consistent with	Favor(s)
Malignant appearing	Most Likely
Presumed	Probable
Suspect(ed)	Suspicious (for) Typical (of)

Equivalent to Diagnostic for” malignancy or reportable diagnosis. These phrases are reportable when no other information is available or there is no information to the contrary.

- **The following ambiguous terms are not considered reportable:**

Approaching	Cannot (be) ruled out
Equivocal	Possible
Potential(ly)	Questionable
Rule out	Suggests
Very close to	Worrisome

- Do not substitute synonyms such as “supposed” for “presumed” or “equal” for comparable.
- Do not substitute “likely” for “most likely”.
- If any of the ambiguous terms precede either the word “tumor” or the word “neoplasm”, the case is **REPORTABLE**.
- “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
- Do not use ambiguous terminology when reporting cytology