



# State of Connecticut Department of Public Health Connecticut Tumor Registry 2018 -2019 Reportable List



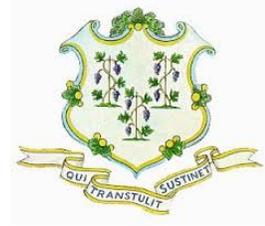
**ALL LICENSED HEALTHCARE PROVIDERS IN CONNECTICUT ARE REQUIRED TO REPORT CANCER CASES DIAGNOSED OR TREATED AT THEIR FACILITY TO THE CONNECTICUT TUMOR REGISTRY (CTR). THIS INCLUDES ALL CONDITIONS LISTED IN THE INTERNATIONAL DISEASES FOR ONCOLOGY, THIRD EDITION (ICD-0-3) WITH A BEHAVIOR CODE OF /2 OR /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 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.
- For 2018, 114 new terms be added to existing codes in ICD-O-3 for use in the United States and Canada beginning with cases diagnosed on or after January 1, 2018. Of these terms, 85 are malignant (/3) terms, 12 are in situ (/2), and three are benign or borderline (/0 and /1) tumors of the central nervous system. All are reportable.
- For 2018, 37 new codes and terms were proposed for addition to ICD-O-3. Twenty-three are reportable malignant (/3) tumors, two are reportable in situ (/2) tumors, three are reportable borderline (/1) tumors of primary intracranial and central nervous system tumors, and four are non-reportable tumors. Nine of the 32 new codes were listed in the prior cross-walk effective for January 1, 2015. For 2018, 19 new behavior codes and terms have been added to codes currently in ICD-O-3. Of the 15 codes, reportability is determined by each standard setter for four codes and one code is non-reportable. Check the SEER Program Coding and Staging Manual ([https://seer.cancer.gov/manuals/2018/SPCSM\\_2018\\_maindoc.pdf](https://seer.cancer.gov/manuals/2018/SPCSM_2018_maindoc.pdf)) to determine if the new codes are reportable. It is important to understand that cancer registry reportability rules based on behavior code still apply. With the exception of primary intracranial and central nervous system benign and borderline tumors, the addition of a /0 or /1 coded term to ICD-O-3 does not imply that it is now reportable.
- Details may be located in the NAACCR 2018 ICD-O-3 Coding Tables (<https://20tqt36s11a18rvn82wcmprn-wpengine.netdna-ssl.com/wp-content/uploads/2018/08/Updated-8-22-18-ICD-O-3-alpha-table.pdf>)



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## REPORTABLE CONDITIONS AND TERMS:

- Non-invasive mucinous cystic neoplasm of the pancreas with high grade dysplasia (8470/2)
- Solid pseudopapillary neoplasm of the pancreas (8452/3)
- Cystic pancreatic endocrine neoplasm (CPEN) (8150/3) *unless*:
  - Specified as neuroendocrine tumor, grade 1 (8240/3)
  - Specified as neuroendocrine tumor, grade 2 (8249/3)
  - Mature teratoma of the testes in adults is malignant and reportable (9080/3). Remains non-reportable in prepubescent children; report only if pubescence is stated in the medical record.
- Pancreatobiliary type carcinoma (8255/3)
- Adenocarcinoma, pancreatobiliary type (8255/3)
- Serrated adenocarcinoma (8213/3)
- Mixed acinar duct carcinoma (8523/3)
- Papillary tumor of the pineal region (9361/3)
- Pilomyxoid astrocytoma (9421/3)
- Angiocentric glioma (9380/1)
- Pituicytoma (9380/1)
- Papillary glioneuronal tumor (9505/1)
- Rosette-forming glioneuronal tumor (9505/1)

## OTHER REPORTABLE CONDITIONS:

- Anal intraepithelial neoplasia III (AIN III) of the anus or anal canal (C210-C211), laryngeal intraepithelial neoplasia III (LIN III) (C320-C329), high grade biliary intraepithelial neoplasia (BiIN III) of the gallbladder (C239), Lobular (intraepithelial) neoplasia grade III (LIN III) of the breast (C500-C509), pancreatic intraepithelial neoplasia (PanIN III) (C250-C259), squamous intraepithelial neoplasia III (SIN III) excluding cervix, vaginal intraepithelial neoplasia III (VAIN III) (C529), and vulvar intraepithelial neoplasia III (VIN III) (C510-C519), penile intraepithelial neoplasia (PeIN III) (C600-C609) 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.
- Report Pilocytic/Juvenile astrocytomas; code the histology and behavior as 9421/3.
- 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.
- Bronchial adenoma, carcinoid type (8240/3) and cylindroid type (8200/3) are reportable.
- Argentaffin tumors (8241/3) are reportable.
- Lobular carcinoma in situ (LCIS) of the breast is reportable.
- Osteomyelofibrosis (9961/3)
- Pancreatic endocrine tumor, malignant (8150/3)
- Mixed pancreatic, endocrine and exocrine tumor, malignant (8154/3)
- Mixed adenoneuroendocrine carcinoma (8244/3)



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- Gastrointestinal stromal tumors (GIST) and thymomas are reportable when there is evidence of multiple foci, lymph node involvement, or metastasis.
- Thymoma is reportable only if stated to be malignant.

## 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
- 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 9421/3
- 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

## REQUIRED SITES FOR BENIGN AND BORDERLINE PRIMARY BRAIN AND CNS TUMORS

General Term	Specific Sites	ICD-0-3 Topography Code
Meninges	Cerebral meninges	C700
	Spinal meninges	C701
	Meninges, NOS	C709
Brain	Cerebrum	C710
	Frontal lobe	C711
	Temporal lobe	C712
	Parietal lobe	C713
	Occipital lobe	C714
	Ventricle, NOS	C715
	Cerebellum, NOS	C716
	Brain stem	C717



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	Overlapping lesion of brain	C718
	Brain, NOS	C719
<b>Spinal cord, cranial nerves, and other parts of the central nervous system</b>	Spinal Cord	C720
	Cauda equine	C721
	Olfactory nerve	C722
	Optic nerve	C723
	Acoustic nerve	C724
	Cranial nerve, NOS	C725
	Overlapping lesion of the brain And central nervous system	C728
		Nervous system, NOS
<b>Pituitary, craniopharyngeal duct and pineal gland</b>	Pituitary gland	C751
	Craniopharyngeal duct	C752
	Pineal gland	C753

### 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.
- 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)	

- 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