State of Connecticut
Department of Public Health
Connecticut Tumor Registry
2021-2022 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.
- Effective for cases diagnosed January 1, 2021 forward, ICD-O-3.2 is the preferred reference for morphology codes. The Connecticut Tumor Registry recommends using the 2021 ICD-O-3 Histology and Behavior Code Update tables jointly with ICD-O-3.2, Hematopoietic and Lymphoid Neoplasm Database, and Solid Tumor rules.
- For 2021, the High-Level Strategic Group (HLSG) approved new terms which have been added to ICD-O-3.2 for use in the United States and Canada beginning with cases diagnosed on or after January 1, 2021. These new terms include both reportable and non-reportable neoplasms.
    - For 2021, major changes apply to reportability. 16 previously non-reportable neoplasms become reportable. 9 reportable pre-2021 neoplasms become non-reportable. 10 histology terms have been moved to other ICD-O codes. 13 histologies have a change in reportable terminology. 12 new terms/ICD-O codes.
- The NAACCR Combined 2021 ICD-O-3.2 Update Table is included as an appendix to the Reportable List

2021 ICD-O-3 Update is to be used jointly with ICD-O-3.2, Solid Tumor Rules, and Hematopoietic and Lymphoid Neoplasm Database (https://www.naaccr.org/icdo3/)

- Please see Appendix

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NEWLY REPORTABLE CONDITIONS AND TERMS:

- Early or evolving melanoma, in situ and invasive: As of 1/1/2021, early or evolving melanoma in situ, or any other early or evolving melanoma, is reportable.
- All GIST tumors are reportable as of 01/01/2021. The behavior code is /3 in ICD-O-3.2.
- 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)
- 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.
- Report Pilocytic/Juvenile astrocytomas; code the histology and behavior as 9421/3 when the primary site is C71._Exception: The behavior is non-malignant when the primary site is optic nerve (C723).

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)
- Gastrointestinal stromal tumors (GIST) and thymomas are reportable when there is evidence of multiple foci, lymph node involvement, or metastasis.
- Mature teratoma of the testis *in adults* is malignant and reportable; it is not reportable in prepubescent children.

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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
- 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
- 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***

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	C720 C721 C722

	Optic nerve Acoustic nerve Cranial nerve, NOS Overlapping lesion of the brain And central nervous system	C723 C724 C725 C728
	Nervous system, NOS	C729
Pituitary, craniopharyngeal duct and pineal gland	Pituitary gland Craniopharyngeal duct Pineal gland	C751 C752 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.
- 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)	

- 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” 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