2024 Reportable List

NATIONAL PROGRAM OF CANCER REGISTRIES NPCR and OSCaR reportable cancers in version 24

- Behavior code 2 or 3 in ICD O 3.2; behavior code 3 in World Health Organization Classification of Tumors of Hematopoietic and Lymphoid Tissues (2008)39 (2010+); behavior code 2 or 3 in WHO Classification of Tumors 5th Ed. (2022+) (Refer to instructions provided by NATIONAL PROGRAM OF CANCER REGISTRIES NPCR for detailed information.)
- 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+). For cases diagnosed prior to 1/1/2023, pilocytic astrocytoma/juvenile pilocytic astrocytoma are reportable in North American as malignant 9421/3 for all CNS sites with the exception of the optic nerve. When the primary site is optic nerve and the diagnosis is either optic glioma or pilocytic astrocytoma, the behavior is non-malignant and coded 9421/1. Beginning with cases diagnosed 1/1/2023 forward, pilocytic astrocytoma/juvenile pilocytic astrocytoma are to be reported as 9421/1 for all CNS sites.
- Early or evolving melanoma in situ, or any other early or evolving melanoma (2021+).
- Carcinoid, NOS of the appendix C181, behavior changed to 3 effective 2015 (2015+).
- Gastrointestinal stromal tumors GIST, all histologies changed to behavior 3 in ICD O 3.2 (2021+).
- Thymomas, most behaviors changed to 3 in ICD O 3.2 (2021+) See listed non-reportable neoplasms below.
- Lobular neoplasia grade 3 (LN III)/lobular intraepithelial neoplasia grade 3 (LIN III) breast C500-C509 (/2016+).

- Pancreatic intraepithelial neoplasia Grade 3 PanIN III (2016+).
- Penile intraepithelial neoplasia Grade 3 PeIN III (2016+).
- Low-grade appendiceal mucinous neoplasm LAMN behavior changed to 2 effective 2022 (2022+).
- High-grade appendiceal mucinous neoplasm HAMN behavior changed to 3 effective 2022 (2022+).

NATIONAL PROGRAM OF CANCER REGISTRIES NPCR and OSCaR non-reportable cancers

- Skin cancers C44 with histologies 8000-8005, 8010-8046, 8050-8084, 8090-8110.
- Carcinoma in situ of the cervix CIS and Cervical Intraepithelial Neoplasia Grade 3 CIN III or SIN III.
- Prostatic Intraepithelial Neoplasia Grade 3 PIN III (after 1/1/2001).
- 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
- Microscopic thymoma or thymoma benign (8580/0), micronodular thymoma with lymphoid stroma (8580/1), and ectopic hamartomatous thymoma (8587/0).

Multiple Primary Rules

- 2007 Multiple Primary and Histology Coding Rules (most recent version).
- 2018 Solid Tumor Coding Rules

Ambiguous Terminology Considered as Diagnostic of Cancer

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.

- apparent or apparently

- appears
- comparable with
- compatible with
- consistent with
- favors
- malignant appearing
- most likely
- presumed
- probable
- suspect or suspected
- suspicious or suspicious for
- typical of

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.

Ambiguous Terminology Not Considered as Diagnostic of Cancer

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.

- cannot be ruled out
- equivocal
- possible
- potentially malignant
- questionable
- rule out

- suggests
- worrisome

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).

Meninges

- C70.0 Cerebral Meninges
- C70.1 Spinal Meninges
- C70.9 Meninges, NOS

Brain

- 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

Spinal Cord, Cranial Nerves, and Other Parts of the Central Nervous System

- C72.0 Spinal cord
- C72.1 Cauda equina

- C72.2 Olfactory nerve
- C72.3 Optic nerve
- C72.4 Acoustic nerve
- C72.5 Cranial nerve, NOS
- C72.8 Overlapping lesion of brain and central nervous system
- C72.9 Nervous system, NOS

Other Endocrine Glands and Related Structures

- 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/

Document Source**: Table 2. NAACCR Version 24: Comparison of Reportable Cancers: CoC, SEER, NPCR and CCCR.**

https://apps.naaccr.org/data-dictionary/data-dictionary/version=24/chapter-view/standards-for-tumor-inclusion-and-reportability/comparison-of-reportable-cancers-coc-seer-npcr-and-cccr/

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Oregon State Cancer Registry
3181 SW Sam Jackson Park Road
Portland Oregon 97239
Fax 503-346-8585
OSCaRCancerTeam@ohsu.edu
https://www.oregon.gov/oha/ph/diseasesconditions/chronicdisease/cancer/oscar/pages/index.aspx

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