

REPORTABLE EXAMPLES

Example 1: “Atypical fibroxanthoma (superficial malignant fibrous histiocytoma).” The case is reportable because the information in parentheses provides more detail and confirms a reportable malignancy.

Example 2: “Positive histology from needle biopsy followed by negative resection.” This case is reportable based on positive needle biopsy.

Example 3: “Biopsy-proven squamous cell carcinoma of the nipple with a subsequent areolar resection showing foreign body granulomatous reaction to suture material and no evidence of residual malignancy in the nipple epidermis.” This case is reportable. The fact that no residual malignancy was found in the later specimen does not disprove the malignancy diagnosed by the biopsy.

Example 4: “Final diagnosis from dermatopathologist:” “ulcerated histologically malignant spindle cell neoplasm, consistent with atypical fibroxanthoma.

Note: An exhaustive immunohistochemical work-up shows no melanocytic, epithelial or vascular differentiation. Atypical fibroxanthoma is a superficial form of a malignant fibrous histiocytoma.” This case is reportable. The pathologist has the final say on behavior for a particular case. In this case, the pathologist states that this tumor is malignant.

Example 5: “Aggressive adult granulosa cell tumor with one of two lymph nodes positive for malignant metastatic granulosa cell tumor.” This case is reportable because malignant granulosa cell tumor is reportable. The lymph node metastases prove malignancy.

Example 6: “Carcinoid of the appendix found on appendectomy.” Carcinoid tumor, NOS is reportable (8240/3).

Example 7: “Ovarian mucinous borderline tumor with foci of intraepithelial carcinoma.” This case is reportable because there are foci of intraepithelial carcinoma (carcinoma in situ).

Example 8: “Squamous cell carcinoma of the anus, NOS.” Squamous cell carcinoma of the anus (C210) is reportable.

Note: Squamous cell carcinoma of the perianal skin (C445) is **not** reportable.

Example 9: “Gastrointestinal stromal tumor (GIST) with lymph nodes positive for malignancy.” Report the case and code the behavior as malignant (/3).

Example 10: Dermoid cyst of the brain is reportable.

Example 11: Tectal plate lipoma is a reportable brain tumor. It is a benign neoplasm of the mid brain (brain stem).

Example 12: 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.

Example 13: Rathke pouch tumor (C751, 9350/1) is a reportable neoplasm for cases diagnosed 2004 and later. Rathke cleft cyst and Rathke pouch tumor are different conditions. Rathke cleft cyst is not reportable.

Example 14: Report mature teratoma of the testis when diagnosed post puberty (malignant) and do not report when diagnosed in a child (benign). Pubescence can take place over a number of years; review physical history and do not rely only on age. For testis: Mature teratoma in adults is malignant (9080/3); therefore, is a reportable neoplasm.

Example 15: Report as either 8240/3 or 8151/3 when the pathology diagnosis is a neuroendocrine tumor (/3) and the clinical diagnosis is an insulinoma (/0).

Example 16: Hemangioma, NOS (9120/0) and cavernous hemangioma (9121/0) arising in the dura and parenchyma of the brain/CNS are reportable.

Example 17: Cystic pancreatic endocrine neoplasm (CPEN) is reportable. Assign 8150/3 unless specified as a neuroendocrine tumor, Grade 1 (8240/3) or neuroendocrine tumor, Grade 2 (8249/3).

Example 18: Solid pseudopapillary neoplasm of the pancreas is reportable as 8452/3.