

I.1.6.7 CCR Reportability Guide

California Cancer Registry Reportability Guide			
REPORTABLE TERMS			
<p>Ambiguous Terminology Considered as Diagnostic of Cancer</p> <p><i>Exception: If the cytology is reported as “suspicious” and neither a positive biopsy nor a physician’s clinical impression supports the cytology findings, do not consider as diagnosis of cancer.</i></p>	<p>Apparent(ly)</p> <p>Appears</p> <p>Comparable with</p> <p>Compatible with</p> <p>Consistent with</p> <p>Favor (s)</p> <p>Malignant appearing</p>	<p>Most likely</p> <p>Presumed</p> <p>Probable</p> <p>Suspect (ed)</p> <p>Suspicious (for)</p> <p>Typical (of)</p>	
<p>The Reportable terms noted above are used ONLY for reportability. These are not to be used for determining tumor extension/involvement or for determining histological classification. There are separate lists for those</p>			
SITE SPECIFIC REPORTABILITY GUIDE			
Site	Histology	Reference	Reportable/Non-reportable Criteria
SKIN			
C44.0-C44.9	8000-8110	Volume One: II.1.4 Skin Carcinomas: II.1.4.1 Skin Carcinoma Exceptions: II.1.4.2 Reportable Skin Tumors	Have always been non-reportable
<ul style="list-style-type: none"> • Basal cell carcinomas of the skin • Epithelial carcinomas of the skin • Papillary carcinomas of the skin • Squamous cell carcinomas of the skin • Early Melanoma • Evolving Melanoma 			
<p>EXCEPTIONS: Reportable skin cancers include:</p> <ul style="list-style-type: none"> • Skin cancers in the genital sites (any histology): (vagina (C52.9); clitoris (C51.2); labium (C51.0); vulva (C51.9); prepuce (C60.0); penis (C60.9) and scrotum (C63.2) are reportable. • All other malignant tumors of the skin, such as adnexal carcinomas (e.g., carcinomas of the sweat gland, sebaceous gland, ceruminous gland, and hair follicle), adenocarcinomas, lymphomas, melanomas, sarcomas, and Merkel cell tumors are reportable regardless of site. Any carcinoma arising in a hemorrhoid is reportable since hemorrhoids arise in mucosa, not in the skin. • “Early melanoma insitu” and “Evolving melanoma insitu” NOTE: These terms must be stated exactly as stated here. The term “insitu” must be included in diagnosis in order for these to be reportable. No variation in terms allowed. 			
CERVIX			
C53.0-C53.9	Any morphology with behavior 2	Volume One: II.1.5 Cervix	Reportable = Before 1996
<p>NOT REPORTABLE AFTER 1/1/1996:</p> <ul style="list-style-type: none"> • Carcinoma in situ of the cervix (CIS) (including squamous cell & adenocarcinoma) • Cervical Intraepithelial Neoplasia grade III (CIN III) • Cervical Intraepithelial Neoplasia with severe dysplasia (CIN III) 			

BENIGN BRAIN			
C70.0-70.9 C71.0-71.9 C72.0-C72.9 C75.1-C75.3	Behavior = 0 or 1	Volume One: II.1.9.1 Reportability	Reportable = 2001+
<ul style="list-style-type: none"> Standard Difference: CCR reportability date for benign brains is 2001; national date is 2004. Juvenile astrocytoma is coded as borderline in ICD-O-3; North America registries report as 9421/3. (per ICD-O-3 Errata dated 5/22/2001) 			
BENIGN SCHWANNOMAS			
C72.2-72.5	9560 Behavior=0	SEER and CDC	Reportable = 2004+ (only report Site codes C72.2-72.5)
C72.0	9560 Behavior=0	SEER SINQ #20130023	Reportable = 2011+ (expanded to include site code C72.0)
<p><i>Per SEER Instruction, we are to report Benign Schwannomas (9560/0) of the <u>spinal cord</u> (C72.0) and of the <u>cranial nerves</u> (C72.2 - C72.5); therefore, these are both reportable to the CCR. Benign Schwannomas occurring anywhere else such as the peripheral nerves or peripheral nerve roots are not reportable to the CCR.</i></p>			
BORDERLINE OVARIAN			
C56.9	8442/1 8451/1 8462/1 8472/1 8473/1	Volume One: II.1.10 Borderline Ovarian Tumors	Has always been reportable either as a behavior /3 for pre-2001 or behavior /1 for 2001+
INTRAEPITHELIAL NEOPLASIA			
PanIN-III (pancreatic intraepithelial neoplasia III)			
C25. __	8500/2	Volume One: V.5.8.1 Terms Indicating In Situ	Reportable = 2004+
PIN III (prostatic Intraepithelial neoplasia)			
C61.9	8148/2	Volume One: V.3.4.2 In Situ	Has always been non-reportable
VAIN III (vaginal intraepithelial neoplasia)			
VIN III (vulvar intraepithelial neoplasia)			
C52.____ C51.____	8077/2	Volume One: V.3.4.2 In Situ Coding DSQC Memo #2002-01 PAQC Memo #2012-03	Reportable = 1992 +
AIN III (anal intraepithelial neoplasia)			
C21.0 C21.1	8077/2	Volume One: V.3.4.2 In Situ Coding DSQC Memo #2001-03 DSQC Memo #2002-01 PAQC Memo #2012-03	Reportable = 2001 +
DIN 3 (ductal intraepithelial neoplasia 3)			
C50.____	8500/2	Volume One: V.3.4.2 In Situ Coding DSQC Memo #2002-01	Reportable = 2001 +

LIN III (laryngeal intraepithelial neoplasia)			
C32. __	8077/2	Volume One: V.3.4.2 In Situ Coding DSQC Memo #2002-01	Reportable = 2001 +
SIN III (squamous intraepithelial neoplasia)			
All sites (Excluding Cervix)	8077/2	Volume One: V.3.4.2 In Situ Coding SEER Program Manual 2014	Reportable = 2014 +
LYMPHATIC & HEMATOPOIETIC DISEASES---SUBSEQUENT DIAGNOSES			
DATE DIAGNOSIS YEAR			
1st Primary	2nd primary	Reference	
Prior to 2001	Prior to 2001	ICD-O-2 table in Volume I, II.1.3.6 (ICD-O-2 rules)	
2001--2009	2001--2009	ICD-O-3 table in Volume I, Appendix R (2001 <i>Single Versus Subsequent Primaries of Lymphatic and Hematopoietic Diseases</i> table)	
Prior to 2001	2001-2009	ICD-O-3 table in Volume I, Appendix R (2001 <i>Single Versus Subsequent Primaries of Lymphatic and Hematopoietic Diseases</i> table)	
2010	2010	SEER Hematopoietic Manual & Database	
Prior to 2010	2010	SEER Hematopoietic Manual & Database	
CLARIFICATION ON REPORTABILITY			
Carcinoid Tumors, NOS of the Appendix (C18.1)	8240/1 is obsolete in 2015 8240/3 effective with 2015	ICD-O-3 Updates 2015	Reportable = 2015 +
Dysplasia (severe, high grade)	Only reportable when it is specified as carcinoma in situ or pathologist documents as being synonymous with carcinoma in situ.		
GIST – Gastrointestinal stromal tumors	Only reportable if identified as being in situ or malignant.		
Lymphoma In situ	SEER Hematopoietic Manual & Database SEER SINQ #20130042	Has always been non-reportable	
PUNLMP – Papillary Urothelial Neoplasm of Low Malignant Potential	Not reportable. Pre malignant growths in the upper urinary tract (renal, pelvis, ureters, urinary bladder part of urethra).		
Urine Cytology - Positive for malignancy	SEER Program Manual-Reportability SEER INQ #20120079	Volume One: II.1.6.1 Reportable Terms Reportable 2013 +	