

2025 Reportable Cancers (Version 25):

	NPCR/OSCaR
<p>Reportable Diagnoses</p>	<ol style="list-style-type: none"> 1. Behavior code 2 or 3 in ICD-O-3.2; behavior code 3 in WHO 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 NPCR for detailed information.) 2. 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. 3. Early or evolving melanoma in situ, or any other early or evolving melanoma (2021+). 4. Carcinoid, NOS of the appendix C181, behavior changed to 3 effective 2015 (2015+). 5. GIST tumors, all histologies changed to behavior 3 in ICD-O-3.2 (2021+). 6. Thymomas, most behaviors changed to 3 in ICD-O-3.2. (2021+) See exceptions listed below. 7. Lobular neoplasia grade III (LN III)/lobular intraepithelial neoplasia grade III (LIN III) breast C500-C509 (/2016+).

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	<p>8. Pancreatic intraepithelial neoplasia (PanIN III) (2016+).</p> <p>9. Penile intraepithelial neoplasia III (PeIN III) (2016+).</p> <p>10. Low-grade appendiceal mucinous neoplasm (LAMN) now has a behavior of /2 and /3 making it reportable.</p> <p>11. /2 = Tis (LAMN) confined by muscularis propria (T1 - T2 are not used for LAMN), and such lesions are designated as Tis /3 = T3 - T4 extending into subserosa or serosa.</p> <p>12. The ICD-O Committee and authors of the WHO Classification of Tumors of the Digestive System, 5th Edition agreed to issue corrigenda. Corrigenda - Appendiceal mucinous neoplasm</p> <p>13. 8480/2 Low-grade appendiceal mucinous neoplasm</p> <p>14. 8480/2 High-grade appendiceal mucinous neoplasm</p> <p>15. 8480/3 Appendiceal mucinous neoplasm with extra-appendiceal spread</p> <p>16. As of 1/1/2025, PTLN is reportable as 9971/3</p>
<p>Exceptions (not reportable)</p>	<p>1. Skin cancers (C44. _) with histologies 8000-8005, 8010-8046, 8050-8084, 8090-8110.</p> <p>2. CIS of the cervix and CIN III or SIN III.</p> <p>3. PIN III (after 1/1/2001).</p> <p>4. Microscopic thymoma or thymoma benign (8580/0), micronodular thymoma with lymphoid stroma (8580/1), and ectopic hamartomatous thymoma (8587/0).</p> <p>5. 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.</p>

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Multiple Primary Rules	<ul style="list-style-type: none"> • Solid Tumor Rules 2025- https://seer.cancer.gov/tools/codingmanuals/
Ambiguous Terminology Considered as Diagnostic of Cancer**	<p> apparent(ly) appears comparable with compatible with consistent with favors malignant appearing most likely presumed probable suspect(ed) suspicious (for) typical of </p> <p>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.</p>
Ambiguous Terminology NOT Considered as Diagnostic of Cancer**	<p> cannot be ruled out equivocal possible potentially malignant questionable rule out suggests worrisome </p>

* Juvenile astrocytomas should be reported as 9421/3.

** 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.

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).

Topography	
Codes	Description
C70.0 C70.1 C70.9	<u>Meninges</u> Cerebral Meninges Spinal meninges Meninges, NOS
C71.0 C71.1 C71.2 C71.3 C71.4 C71.5 C71.6 C71.7 C71.8 C71.9	<u>Brain:</u> Brain Cerebrum Frontal lobe Temporal lobe Parietal lobe Occipital lobe Ventricle, NOS Cerebellum, NOS Brain stem Overlapping lesion of brain Brain, NOS
C72.0 C72.1 C72.2 C72.3 C72.4 C72.5 C72.8 C72.9	<u>Spinal Cord, Cranial Nerves, and Other Parts of the Central Nervous System:</u> Spinal cord Cauda equina Olfactory nerve Optic nerve Acoustic nerve Cranial nerve, NOS Overlapping lesion of brain and central nervous system Nervous system, NOS

Topography	
Codes	Description
C75.1 C75.2 C75.3	<u>Other Endocrine Glands and Related Structures:</u> Pituitary gland Craniopharyngeal duct Pineal gland