

## Reportable Diagnosis List from SEER PROGRAM CODING AND STAGING MANUAL 2025

Definition of Reportable: Meets the criteria for inclusion in a registry. Reportable cases are cases that the registry is required to collect and report. Reporting requirements for SEER registries are established by NCI SEER. A "Reportable List" includes all diagnoses to be reported by the registry to NCI SEER.

## 1. Malignant Histologies (In Situ and Invasive)

- a. Report all histologies with a behavior code of /2 or /3 in the ICD-O-Third Edition, Second Revision Morphology (ICD-O-3.2), except as noted in section 1.b. below. The following are reportable diagnoses that are either new or are frequently questioned.
  - i. Post Transplant Lymphoproliferative Disorder (PTLD) 9971/1 is reportable as 9971/3 as of 01/01/2025
  - ii. High-grade astrocytoma with piloid features (HGAP) (9421/3) as of 01/01/2023
  - iii. Lymphangioleiomyomatosis (9174/3) is reportable as of 01/01/2023; behavior changed from /1 to /3
  - iv. Mesothelioma in situ (9050/2) is reportable as of 01/01/2023
  - v. Diffuse leptomeningeal glioneuronal tumor (9509/3) is reportable as of 01/01/2023
  - vi. The following diagnoses are reportable (not a complete list)
    - Lobular carcinoma in situ (LCIS) of breast
    - Intraepithelial neoplasia, high grade, grade II, grade III
      - Examples: (Not a complete list. See ICD-O-3.2
    - Anal intraepithelial neoplasia II (AIN II) of the anus or anal canal (C210-C211)

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- Anal intraepithelial neoplasia III (AIN III) of the anus or anal canal (C210-C211)
- Biliary intraepithelial neoplasia, high grade
- Conjunctival intraepithelial neoplasia with severe dysplasia, or Grade III; squamous intraepithelial neoplasia Grade II of conjunctiva
- Differentiated vulvar intraepithelial neoplasia (VIN) or differentiated exophytic vulvar intraepithelial lesion (DEVIL)
- Endometrioid intraepithelial neoplasia (atypical hyperplasia, EIN)
- Esophageal intraepithelial neoplasia (dysplasia), high grade or Grade III
- Glandular intraepithelial neoplasia, high grade
- High grade dysplasia of esophagus, stomach, small intestine
- High grade squamous dysplasia of larynx
- High grade squamous intraepithelial lesion (HGSIL) of the anus
- High grade vulvar intraepithelial neoplasia
- Intraductal papillary neoplasm with high grade intraepithelial neoplasia
- Intraepithelial neoplasia, grade III
- Laryngeal intraepithelial neoplasia II (LIN II) (C320-C329)
- Laryngeal intraepithelial neoplasia III (LIN III) (C320-C329)
- Lobular neoplasia grade II (LN II)/lobular intraepithelial neoplasia grade II (LIN II) breast (C500-C509)
- Lobular neoplasia grade III (LN III)/lobular intraepithelial neoplasia grade III (LIN III) breast (C500-C509)
- Pancreatic intraepithelial neoplasia (PanIN III) (C250-C259)
- Penile intraepithelial neoplasia, grade II (PeIN II) (C600-C609)
- Penile intraepithelial neoplasia, grade III or high grade dysplasia (PelN III) (C600-C609)
- Squamous intraepithelial neoplasia, grade II excluding cervix (C53\_) and skin sites coded to C44\_
- Squamous intraepithelial neoplasia III (SIN III) excluding cervix (C53\_) and skin sites coded to C44\_
- Vaginal intraepithelial neoplasia II (VAIN II) (C529)
- Vaginal intraepithelial neoplasia III (VAIN III) (C529)
- Vulvar intraepithelial neoplasia II (VIN II) (C510-C519)
- b. Do not report (Exceptions to reporting requirements)
  - Skin primary (C440-C449) with any of the following histologies
  - Malignant neoplasm (8000-8005)

i.

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- Epithelial carcinoma (8010-8046)
- Papillary and squamous cell carcinoma (SCC) (8050-8086)
- Squamous intraepithelial neoplasia III (SIN III) (8077) of skin sites coded to C44\_
- Basal cell carcinoma (8090-8110)
- **Note 1:** If the registry collects basal or squamous cell carcinoma of skin sites
- (C440-C449), sequence them in the 60-87 range and do not report to SEER.
- Note 2: SCC of sites coded to C44 (for example, C442 located in the head or neck)
- is not reportable. Do not use AJCC staging to determine reportability.
  Follow
- cancer registry instructions for reportability.

ii. **In situ** carcinoma of **cervix** (/2), any histology, cervical intraepithelial neoplasia

- (CIN III), or SIN III of the cervix (C530-C539)
- Note: Collection stopped effective with cases diagnosed 01/01/1996 and later. As
- of the 2018 data submission, cervical in situ cancer is no longer required for any
- diagnosis year. Sequence all cervix in situ cases in the 60-87 range regardless of
- diagnosis year.

iii. Prostatic intraepithelial neoplasia (PIN II and PIN III) (C619)

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• *Note*: Collection **stopped** effective with cases diagnosed 01/01/2001 and later.

iv. Colon atypical hyperplasia

v. High grade dysplasia in colorectal sites (C180-C189, C199, and C209)

vi. Adenocarcinoma in situ, HPV associated (8483/2)(C53)

Refer to Appendix E.2 for non-reportable examples.

## 2. Benign/Non-Malignant Histologies

a. 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.

*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.

- Report pilocytic astrocytoma/juvenile pilocytic astrocytoma as 9421/1 for all CNS sites as of 01/01/2023
- c. Report diffuse astrocytoma, MYB- or MYBL1-altered and diffuse low-grade glioma, MAPK pathway-altered (9421/1) as of 01/01/2023
- d. Report multinodular and vacuolating neuronal tumor (9509/0) as of 01/01/2023
- e. Report juvenile xanthogranuloma (9749/1) as of 01/01/2023 (C715 is the most common site)
- f. **Neoplasm and tumor** are reportable terms for intracranial and CNS because they are listed in ICD-O-3.2 with behavior codes of /0 and /1
  - "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

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