

State of Connecticut Department of Public Health



CONNECTICUT TUMOR REGISTRY 2015 REPORTABLE LIST

ALL LICENSED HEALTHCARE PROVIDERS IN CONNECTICUT ARE REQUIRED TO REPORT MALIGNANT CASES DIAGNOSED OR TREATED AT THEIR FACILITY TO THE CONNECTICUT TUMOR REGISTRY (CTR). THIS INCLUDES ALL CONDITIONS LISTED IN THE INTERNATIONAL DISEASES FOR ONCOLOGY, THIRD EDITION (ICD-0-3) WITH A BEHAVIOR CODE OF “2” OR “3”.

InSitu and Malignant/Invasive Histologies:

Skin NOS of the genital sites **only** (C52.9, C51.0-C51.9, C60.0, C60.9 and C63.2) vagina, clitoris, vulva, prepuce, penis, and scrotum.

If a “0” or “1” behavior code item in (ICD-0) is verified by a pathologist as in-situ or malignancy

Behavior code changes from borderline/1 to a malignant/3 (for cases diagnosed 1/1/01 or later)

Bronchial adenoma **“carcinoid type”** or **“cylindroid type”** are malignant conditions (8240/3 and 8200/3)

Report **only** malignant cystosarcoma phyllodes (9020/3)

(borderline phyllodes tumors also referred to as “low grade malignant PT’s are not-reportable).

Argentaffin tumors (8241/3)

Any “benign” tumor which states “malignant changes” or “malignant degeneration”

Any “pre-1935” diagnosis of a malignancy only if a new primary tumor is diagnosed in 1935 or later

Benign brain tumors noted in past history

Non-resident cases diagnosed after January 1979

All cases considered to be malignant clinically

Breast LCIS **“Lobular Carcinoma In Situ”** code to insitu malignancy (8520/2)

Carcinoid Tumors **“Appendix” specifically stated as “Well-differentiated neuroendocrine tumor”** (8240/3)

IPMN (**Intraductal Papillary Mucinous Neoplasm**) of the **Pancreas** is reportable when stated as **“IPMN with high-grade dysplasia”** or **“IPMN with associated invasive carcinoma”**.

Early Melanoma **InSitu** or **Evolving** Melanoma **InSitu** **must specifically state** **INSITU**

AIN III of the **“anus or anus canal” (C210-C211)**, VIN III and VAIN III **“vulva and vagina” (C519-C529)**

LIN III **“laryngeal intraepithelial neoplasia” (C320-C329)** and SIN III **“squamous intraepithelial neoplasia”excluding** cervix.

Lymphangioma, any site (**Note:** Includes **Lymphangiomas of Brain, Other parts of nervous system and endocrine glands**)

Osteomyelofibrosis **(9961/3)**

Pancreatic endocrine tumor, malignant **(C25.) (8150/3)**

Mixed pancreatic endocrine and exocrine tumor, malignant **(C25.) (8154/3)**

Mixed adenoneuroendocrine carcinoma **(8244/3)**

GIST (Gastrointestinal Stromal Tumors) and **Thymomas** **are only reportable when** (multiple foci, lymph node involvement or metastasis are stated)

Borderline Cystadenomas M-8442, 8451,8472, 8473, **of the ovaries** **moved from behavior /3 (malignant) to /1 (borderline malignancy) in ICD-0-3**. SEER registries are not required to collect these cases for diagnosis made 1/1/2000 and after. However, cases diagnosed prior to 1/1/2001 should still be abstracted and reported to SEER.

NOTE: FOR 2013 DIAGNOSIS and FORWARD:

Urine cytology positive for malignancy is **reportable**

Code the primary site to C689 in the absence of any other information

Exception: when a subsequent biopsy of a urinary site is negative, **do not report the case**

Exceptions: InSitu and Malignant/Invasive histologies not required

Skin primary **(C440-C449)** with any of the following histologies:

- Malignant neoplasm (8000-8005)
- Epithelial carcinoma (8010-8046)
- Papillary and squamous cell carcinoma (8050-8084)
- AIN III (8077) arising in perianal skin (C445)
- Basal cell carcinoma (8090-8110)

NOTE: If the registry collects **basal or squamous carcinoma of the skin sites C440-C449**, sequence them in the 60-99 range **not reportable to SEER.**

- Carcinoma insitu of cervix (/2), cervical intraepithelial neoplasia **(CIN III)** or **(SIN III)** of the cervix (C530-C539)
- Prostatic intraepithelial carcinoma **(PIN III)** of the Prostate **(C619)**

NOTE: (Collection stopped effective with cases diagnosed 1/1/2001).

Reportable Benign Tumors:

- All neoplasms of the brain and central nervous system **(C70.0 - C72.9)**
- Pancreatic endocrine tumor, benign **(C25.) (8150/0)**
- Pancreatic endocrine tumor, NOS **(C25.) (8150/1)**

Non Reportable Benign Tumors:

- Mixed tumors, salivary gland type
- Papillary adenomas or mixed papillary and follicular adenomas of the thyroid
- Benign Kaposi's Sarcoma
- Bronchial adenomas
- Cystosarcoma phyllodes of the breast
- AIN III (8077) arising in perianal skin, VAIN II/III and VIN II/III, only report (*III's*)
- Carcinoid tumorlets
- Carcinoid tumors of the appendix (**8240/1**)
- Early Melanoma or Evolving Melanoma (*must specifically state InSitu*)
- IPMN (Intraductal Papillary Mucinous Neoplasm) with "*low grade dysplasia*" also called "*IPMN adenomas*"
- Bladder Papillomas (8120/1) or PUNLMPS (8130/1) non-reportable (effective 1/1/2015 and forward)

Benign and Borderline Intracranial and CNS tumors:

Required Sites for "**BENIGN**" and "**BORDERLINE**" Intracranial and CNS tumors with a behavior code of /0 or /1 in ICD-0-3 are collected for the following sites, effective with cases diagnosed 1/1/2004 and later.

General Term	Specific Sites	ICD-0-3 Topography Code
Meninges	Cerebral meninges Spinal meninges Meninges, NOS	C700 C701 C709
Brain	Cerebrum Frontal lobe Temporal lobe Parietal lobe Occipital lobe Ventricle, NOS Cerebellum, NOS Brain stem Overlapping lesion of brain Brain, NOS	C710 C711 C712 C713 C714 C715 C716 C717 C718 C719
Spinal cord, cranial nerves, and other parts of the central nervous system	Spinal Cord Cauda equine Olfactory nerve Optic nerve Acoustic nerve Cranial nerve, NOS Overlapping lesion of the brain And central nervous system	C720 C721 C722 C723 C724 C725 C728
	Nervous system, NOS	C729
Pituitary, craniopharyngeal duct and pineal gland	Pituitary gland Craniopharyngeal duct Pineal gland	C751 C752 C753

NOTE: PilocyticJuvenile ASTROCYTOMA M-9421 moved from **behavior /3 (malignant)** to **/1 (borderline malignancy)** in ICD-0-3.
 However, **SEER REGISTRIES** will continue to report these cases and **code behavior as /3 (malignant)**.

NOTE: Benign and Borderline tumors of the CRANIAL BONES (C410) **not reportable**.

Reportable Terminology for CNS Tumors

The terms ***“tumor”*** and ***“neoplasm”*** are diagnostic and **reportable** for non-malignant brain and CNS primaries.

Non-Reportable Terminology for CNS Tumors

The terms ***“mass”*** and ***“lesion”*** are **not reportable**, but may be used for initial casefinding purposes.
 The terms ***“hypodense mass”*** or ***“cystic neoplasm”*** are **not reportable**.

NOTE: The term ***“neoplasm”*** alone, for Brain or a CNS, identified only by diagnostic imaging are **reportable**.

HEMATOPOIETIC AND LYMPHOID NEOPLASMS

Refer to reportability instructions in the Hematopoietic and Lymphoid Database. The 2010 and 2012 databases have been combined into one database, which also has changes for 2014.

NON REPORTABLE HEMATOPOIETIC CONDITIONS – QUICK REFERENCE (*not an inclusive list*)

NON- REPORTABLE TERMS	NOTES
Anaplastic Anemia	
Castleman’s disease	Must be Castleman’s Disease <i>associated</i> with a Lymphoma to be reportable.
Chronic Thrombocytosis	
Erythrocytosis	Must state “Erythrocytosis Megalosplenica” to be reportable.
Hemophagocytic Lymphohistiocytosis	Must state “Fulminant Hemophagocytic Syndrome to be reportable.
Idiopathic Polycythemia	Is not alternate name for Polycythemia Vera.
Idiopathic Refractory Anemia	
Idiopathic Thrombocythemia Purpura	Must state “Idiopathic Thrombocythemia” to be reportable.
Lymphocytosis	Increase of lymphocytosis, may occur for several reasons.
Mast Cell Activation Syndrome (MCAS)	Group of disorders based on complex of symptoms with no increase in mast cells. Not part of the systemic Mastocytosis/Mast Cell Leukemia/Mast Cell Sarcoma spectrum, not reportable.
Mild Thrombocytosis	
Myelofibrosis	Must state “Primary Myelofibrosis” to be reportable.
Monoclonal Gammopathy of Undetermined Significance (MGUS)	Non reportable condition listed in ICD-0-3 with code 9765/1.
Plasma Cell Dyscrasia	Alternate name for MGUS, may indicate presence of Multiple Myeloma, but do not report unless Myeloma is diagnosed.
POEMS (Polyneuropathy, Organomegaly, Endocrinopathy, Monoclonal Gammopathy & skin)	May present with a reportable disease, such as Multiple Myeloma.
Reactive Plasmacytosis	Not alternate name for Plasmacytoma, occurs in a variety of situations, including infections, diabetes and neoplasia.

Reactive Thrombocytosis	
Refractory Iron Deficiency Anemia	
Secondary Polycythemia	
Thrombocythemia	
Thrombocytosis, NOS	
Thrombocytopenia	

Ambiguous Terminology

Please refer to pages 6-8 of the SEER Program Coding and Staging Manual 2014 for instructions on reporting cases diagnosed using ambiguous terminology.

Although the American College of Surgeons' Commission on Cancer does not require hospital registries to collect non-analytic cases, they must be abstracted and submitted to the CTR. This includes (*Class of Case 30-99*). Cases diagnosed at a facility on a slide consultation for another facility only do not need to be reported by the consulting facility.

Cases may be reported electronically, using the latest NAACCR standard record format (Currently NAACCR 14) which is preferred, or submitted as paper abstracts. The CTR requires that hospitals submit copies of pathology reports, as documentation. Facilities that do not submit their cases without adequate documentation will be sent follow-back requests for further information and clarification.

These **ambiguous terms** are **reportable** when they are used with a term such as **cancer, carcinoma, sarcoma, etc.**

Apparent(ly)	Most likely
Appears to	Presumed
Comparable with	Probable
Comparable with a malignancy	Suspect or Suspected
Consistent with	Suspicious (for)
Favor (s)	Typical (of)
Malignant appearing	

- Do not substitute synonyms such as **“supposed”** for **“presumed”** or **“equal”** for comparable.
- Do not substitute **“likely”** for **“most likely”**.
- If any of the ambiguous terms precede either the word **“tumor”** or the word **“neoplasm”** case is **REPORTABLE**.
- Do not use **ambiguous terminology** when reporting cytology cases.

Non-Reportable Ambiguous Terms

Approaching	Questionable
Cannot be ruled out	Rule Out
Equivocal	Suggests
Possible	Very Close to
Potentially	Worrisome