Appendix E1 - 2018 SEER Program Coding and Staging Manual DRAFT

Reportable Examples

Malignant		
#	*Diagnosis/Condition*	*Notes*
1	Atypical fibroxanthoma (superficial malignant fibrous histiocytoma)	The information in parentheses provides more detail and confirms a reportable malignancy.
2	Positive histology from needle biopsy followed by negative resection	This case is reportable based on positive needle biopsy.
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 based on the fact that no residual malignancy was found in the later specimen does not disprove the malignancy diagnosed by the biopsy.
4	Ulcerated histologically malignant spindle cell neoplasm, consistent with atypical fibroxanthoma	***Example*** **:** 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.
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.
6	Carcinoid of the appendix found on appendectomy	Carcinoid tumor, NOS is reportable (8240/3).
7	Microcarcinoid tumors of the stomach	Microcarcinoid and carcinoid tumors are reportable. The ICD-O-3 histology code is 8240/3. Microcarcinoid is a designation for neuroendocrine tumors of the stomach when they are less than 0.5 cm. in size. Neuroendocrine tumors of the stomach are designated carcinoid when they are 0.5 cm or larger. The term microcarcinoid tumor is not equivalent to carcinoid tumorlet.
8	Ovarian mucinous borderline tumor with foci of intraepithelial carcinoma	This case is reportable because there are foci of intraepithelial carcinoma (carcinoma in situ).
9	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.
10	Gastrointestinal stromal tumor (GIST) with lymph nodes positive for malignancy	Report the case and code the behavior as malignant (/3). ***Note*** : Metastasis to lymph nodes is uncommon for GIST. Liver and peritoneal surfaces are more common sites for metastasis. Lung and bone are less common.
11	Rathke pouch tumor (C751, 9350/1)	Rathke pouch tumor 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.

12	Mature teratoma of the testis when diagnosed after puberty (malignant)	For testis: Mature teratoma in adults is malignant (9080/3); do not report when diagnosed in a child (benign). Do not report mature teratoma of the testis when it is not known whether the patient is prepubescent or postpubescent. Pubescence can take place over a number of years; review physical history and do not rely only on age.
13	Neuroendocrine tumor (/3) and the clinical diagnosis is an insulinoma (/0)	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).
14	Well-differentiated neuroendocrine tumor (NET) of the stomach	The WHO classification of digestive system tumors uses the term NET G1 (grade 1) as a synonym for carcinoid and well-differentiated NET, 8240/3.
15	Cystic pancreatic endocrine neoplasm (CPEN)	Assign 8150/3 unless specified as a neuroendocrine tumor, Grade 1 (8240/3) or neuroendocrine tumor, Grade 2 (8249/3).
16	Solid pseudopapillary neoplasm of the pancreas	Assign 8452/3.
17	Liver cases with an LI-RADS category LR-5 or LR-5V	Report based on the 2014 American College of Radiology definitions: http://nrdr.acr.org/lirads Use the date of the LR-5 or LR-5V scan as the date of diagnosis when it is the earliest confirmation of the malignancy. Do not report cases based only on an LI-RADS category of LR-4.
18	Noninvasive follicular thyroid neoplasm with papillary-like nuclear features	This term is a synonym for encapsulated follicular variant of papillary thyroid carcinoma; assign 8343/3.
19	Mammary analogue secretory carcinoma (MASC)	MASC is a tumor that predominantly arises in the parotid gland. If the primary site is submandibular gland, assign C080. Assign 8502/3. Override any edits triggered by the combination of C080 and 8502/3.
20	Malignant perivascular epithelioid cell tumor (PEComa)	Based on the description of malignant, assign 8005/3 to malignant PEComa. According to an ICD-O-3 expert, some PEComas such as angiomyolipoma and lymphangiomyomatosis have specific ICD-O codes and their malignant counterparts may be coded to 8860/3 and 9174/3, respectively. There are no separate ICD-O codes for other specific PEComas, e.g., clear cell sugar tumor of lung, clear cell myomelanocytic tumor of the falciform ligament, and some unusual clear cell tumors occurring in other organs or for PEComa, NOS. These PEComas may therefore be coded to 8005 as clear cell tumors NOS; in other words, clear cell tumors are not clear cell variants of carcinomas, sarcomas, or other specific tumor type. ***Note*** : PEComa is non-specific as to behavior. Unless the pathologist states that it is malignant, the default code is 8005/1 (non-reportable).
21	High grade squamous intraepithelial lesion (HGSIL or HSIL) of the vulva or vagina	HGSIL is a synonym for squamous intraepithelial neoplasia, grade III.
22	Noninvasive mucinous cystic neoplasm (MCN) of the pancreas with high grade dysplasia	For neoplasms of the pancreas, the term MCN with high grade dysplasia replaces the term mucinous cystadenocarcinoma, noninvasive (8470/2).

23	Noninvasive low grade (micropapillary) serous carcinoma (MPSC) of the ovary	Assign code 8460/2, applying the ICD-O-3 matrix concept to this noninvasive carcinoma. Noninvasive can be used as a synonym for in situ, ICD-O-3 behavior code /2. See page 66 in the softcover ICD-O-3. Low malignant potential (LMP) means that the neoplasm is not malignant, but has some chance of behaving in a malignant fashion. LMP can be used as a synonym for ICD-O-3 behavior code /1, see page 66.
Non-Malignant		
#	***Diagnosis/Condition***	***Notes***
24	Hemangioma, NOS (9120/0) and cavernous hemangioma (9121/0)	Report when arising in the dura and parenchyma of the brain/CNS.
25	Dermoid cyst of the brain	
26	Tectal plate lipoma	This brain tumor is a benign neoplasm of the mid brain (brain stem).
27	Lhermitte-Duclos disease	The WHO classification for CNS tumors lists this entity as dysplastic gangliocytoma of the cerebellum (Lhermitte-Duclos disease) signifying that the terms are used synonymously. Assign C716.

Appendix E2 - 2018 SEER Program Coding and Staging Manual

Non-Reportable Examples

#	*Diagnosis/Condition*	*Notes*
1	"Left thyroid lobectomy shows microfollicular neoplasm with evidence of minimal invasion. Micro portion of path report states that the capsular contour is focally distorted by a finger of the microfollicular nodule which appears to penetrate into the adjacent capsular and thyroid tissue."	Based on the information provided, there is no definitive statement of malignancy. Search for additional information in the record. Contact the pathologist or the treating physician.
2	Sclerosing hemangioma of the lung with multiple regional lymph nodes involved with sclerosing hemangioma.	The lymph node involvement is non-malignant. According to the WHO Classification of Lung Tumours, sclerosing hemangioma “behaves in a clinically benign fashion...Reported cases with hilar or mediastinal lymph node involvement do not have a worse prognosis.”
3	Anal intraepithelial neoplasia (AIN) II-III, AIN II/III, Vaginal intraepithelial neoplasia (VAIN) II-III, VAIN II/III, Vulvar intraepithelial neoplasia (VIN) II-III, VIN II/III, etc.	Intraepithelial neoplasia (8077/2 and 8148/2) must be unequivocally stated as **Grade III** to be reportable.
4	Lobular intraepithelial neoplasia grade 1 and grade 2	
5	High grade squamous intraepithelial lesion (HGSIL or HSIL), carcinoma in situ (CIS), and AIN III (8077) arising in perianal skin (C445)	
6	Terms "high grade dysplasia" (HGD) and "severe dysplasia" (except as noted in reportable examples list)	For the purposes of cancer registry reporting, they are not synonymous with in situ for tumors in the gastrointestinal tract (such as colon, stomach, and esophagus). These cases are only reportable when the pathologist documents carcinoma in situ, or intraepithelial neoplasia grade III, or when the registry includes in their policies and procedures the pathologist's statement that HGD is equivalent to carcinoma in situ.
7	Squamous cell carcinoma of the perianal **skin** (C445)	Squamous cell carcinoma of sites in C44 is not reportable. Squamous cell carcinoma of the anus (C210) **is** reportable.
8	Squamous cell carcinoma of the canthus (C441)	
9	Breast cases designated “BIRADS 4” or “BIRADS 5” without any additional information	The American College of Radiology defines Category 4 as “Suspicious abnormality.” This is not reportable terminology – abnormality is not a reportable term. Category 5 is defined as “Highly suggestive of malignancy.” “(Highly) suggestive” is not reportable ambiguous terminology). Lung: Do **not** use the ACR Lung Imaging Reporting and Data System (Lung-RADS™) to determine reportability. Look for reportable terminology from the managing physician or other sources.

10	Liver cases based only on an LI-RADS category of LR-4	Do **not** report liver cases based only on an LI-RADS category of LR-4. Report liver cases with an LI-RADS category LR-5 or LR-5V based on the 2014 American College of Radiology definitions: http://nrdr.acr.org/lirads
11	Low grade appendiceal mucinous neoplasm (LAMN)	The WHO classification designates LAMN as /1 with uncertain malignant potential.
12	Diffuse idiopathic pulmonary neuroendocrine cell hyperplasia (DIPNECH)	DIPNECH is a generalized proliferation of scattered single cells, small nodules (neuroendocrine bodies) or linear proliferation of pulmonary neuroendocrine cells (PNCs) according to the WHO classification of lung tumors.
13	Basal cell carcinoma (BCC) with neuroendocrine differentiation of the skin	BCC is not reportable to SEER.
14	Lentiginous melanocytic lesion	
15	Intraductal papillary mucinous neoplasms with low or moderate grade dysplasia (also called IPMN adenomas)	
16	Noninvasive mucinous cystic neoplasm (MCN) of the pancreas with low or intermediate grade dysplasia	
17	Subdural hygroma	Subdural hygroma is not a neoplasm; it is a collection of cerebrospinal fluid in the subdural space. It may be related to a head injury.
18	Brain lesions associated with multiple sclerosis	These brain lesions are not neoplastic; they are part of the disease process of multiple sclerosis.
19	Mature teratoma of the testis when diagnosed before puberty (benign, 9080/0).	Pubescence can take place over a number of years; review history and physical information and do not rely only on age. Do not report mature teratoma when it is not known whether the patient is pre- or post-pubescent.
20	Mature teratoma of the ovary (9080/0)	
21	Venous angiomas (9122/0)	The primary site for venous hemangioma arising in the brain is blood vessel (C490). The combination of 9122/0 and C490 is not reportable. This is a venous abnormality. Previously called venous angiomas, these are currently referred to as developmental venous anomalies (DVA).
22	Multilocular cystic renal neoplasm of low malignant potential	Previously called multilocular cystic renal cell carcinoma, this diagnosis became non-reportable beginning with the new designation in 2016.
23	Lymphangioma of the brain or CNS	Lymphangioma is a malformation of the lymphatic system. Even though it has an ICD-O-3 code, do not report it.
24	Carcinoid heart disease based on clinical information	Carcinoid heart disease is not reportable but this diagnosis indicates that the patient likely has a carcinoid tumor which may be reportable. Obtain further information.
25	Carcinoid tumorlet of the lung	

26	Pulmonary benign metastasizing leiomyoma (BML) (8898/1)	According to WHO, this resembles a typical leiomyoma but it is found in the lungs of women with a history of typical uterine leiomyomas. A recent article states that because of the hormone-sensitive characteristics of BML, treatments are based on hormonal manipulation along with either surgical or medical oophorectomy. Tamoxifen treatment is in keeping with the BML diagnosis.
27	Colloid cyst at the foramen of Monro	Colloid cysts are endodermal congenital malformations and do not have an ICD-O-3 code. See the Glossary for Registrars at: http://seer.cancer.gov/seertools/glossary/view/542eeea1102c1d14697ef8ab/?q=colloid
28	Mammary fibromatosis	Mammary fibromatosis is not reportable. The WHO classification for breast tumors assigns mammary fibromatosis a behavior code of /1. According to WHO, mammary fibromatosis is a locally infiltrative lesion without metastatic potential.
29	Thalamic amyloidoma	Amyloidoma (tumoral amyloidosis, amyloid tumor) is a tumor-like deposit of amyloid. It is not neoplastic. Amyloid is a protein derived substance deposited in various clinical settings.
30	Pseudotumor cerebri	Pseudotumor cerebri is not a neoplasm. The pressure inside the skull is increased and the brain is affected in a way that appears to be a tumor, but it is not a tumor.
31	Conjunctival primary acquired melanosis (PAM) with atypia	According to our expert pathologist consultant, there has been a lot of debate in the literature about the diagnostic criteria, terminology, and natural history of PAM. The main issue is whether PAM with atypia should be regarded as melanoma in situ. In most studies it appears that PAM with no atypia or mild atypia does not progress to melanoma, and only a small percentage of those with severe atypia do so. PAM, even with atypia, is not melanoma in situ, and should not be reported. For further information, see this article for a review of a large number of patients: Shields, Jerry A, Shields, Carol L, et al. Primary Acquired Melanosis of the Conjunctiva: Experience with 311 Eyes. *Trans. Am Ophthalmol Soc* 105:61-72, Dec 2007.