

California Cancer Registry 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	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 			
EXCEPTIONS: Reportable skin cancers include: <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. 			
CERVIX			
C53.0-C53.9	Any morphology with behavior 2	Volume One: II.1.5 Cervix	Reportable = Before 1996
<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	DSQC Memo 2007-05	Reportable = 2004+ (only report Site codes C722—725)
<ul style="list-style-type: none"> Only benign schwannomas of the cranial nerves are reportable. Those occurring in the spinal cord, peripheral nerves or peripheral nerve root are not reportable. 			
BORDERLINE OVARIAN			
C56.9	8442/1 8451/1 8462/1 8472/1 8473/1	Volume One: II.1.10 Borderline Ovarian Tumors	Always been reportable either as a behavior /3 for pre-2001 or behavior /1 for 2001+
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 never been reportable to the CCR
VAIN III (vaginal intraepithelial neoplasia, Grade II-III or III)			
VIN III (vulvar intraepithelial neoplasia, Grade II-III or III)			
C52.____ C51.____	8077/2	Volume One: V.3.4.2 In Situ Coding DSQC Memo #2002-01	Reportable = 1992+

AIN III (anal intraepithelial neoplasia, Grade II-III or III)			
C21.0 C21.1	8077/2	Volume One: V.3.4.2 In Situ Coding DSQC Memo #2001-03 DSQC Memo #2002-01	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 (laryngeal intraepithelial neoplasia)			
C32.__	8077/2	Volume One: V.3.4.2 In Situ Coding DSQC Memo #2002-01	Reportable = 2001+
REPORTABILITY TERMS			
Ambiguous Terminology Considered as Diagnostic of Cancer		Apparent(ly) Appears Comparable with Compatible with Consistent with Favor (s) Malignant appearing	Most likely Presumed Probable Suspect (ed) Suspicious (for) Typical (of)
<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>			

LYMPHATIC & HEMATOPOIETIC DISEASES---SUBSEQUENT DIAGNOSES		
1st Primary	2nd primary	Reference
DATE DIAGNOSIS YEAR		
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 (Source: Data Collection Answers from CoC, NPCR, SEER Technical Workgroup)	
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).
GIST – Gastrointestinal stromal tumors	Only reportable if identified as being in situ or malignant.
Dysplasia (severe, high grade)	Only reportable when it is specified as carcinoma in situ or pathologist documents as being synonymous with carcinoma in situ.
Appendix carcinoids	Only reportable if stated to be malignant in path report or when there are discontinuous malignant mets or mets to regional lymph nodes.