Appendix E1 - 2022 SEER Program Coding and Staging Manual

Reportable Examples

As referenced in the Reportability instructions of the 2022 SEER Program Coding and Staging Manual

Reportable Malignant Examples		
#	***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	This case is reportable. 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; 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-3.2 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	Mature teratoma of the testis when diagnosed after puberty (malignant)	For testis: Mature teratoma in adults is malignant (9080/3). ***Note:*** 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.

#	Diagnosis/Condition	Notes
11	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.
12	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).
13	Solid pseudopapillary neoplasm of the pancreas	Assign 8452/3.
14	Liver cases with an LI-RADS category LR-4 or LR-5	Report based on the American College of Radiology Liver Imaging Reporting and Data System (LI-RADS) definitions. Use the date of the LR-4 (probable HCC; high probability but not 100% certainty observation is HCC) or LR-5 (definitely HCC; 100% certainty observation is HCC) scan as the date of diagnosis when it is the earliest confirmation of the malignancy. If there is no statement of the LI-RADS score but there is reference that a lesion is in the Organ Procurement and Transplantation Network (OPTN) 5 category, report based on the OPTN class of 5. OPTN class 5 indicates that a nodule meets radiologic criteria for hepatocellular carcinoma.
15	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.
16	Malignant perivascular epithelioid cell tumor (PEComa)	Assign 8714/3 to malignant PEComa. 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).
17	Noninvasive mucinous cystic neoplasm (MCN) of the pancreas with high grade dysplasia	For neoplasms of the pancreas, MCN with high grade dysplasia is the preferred term and mucinous cystadenocarcinoma, noninvasive is a related term (8470/2).
18	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 ICD-O-3.
19	Prostate cancer cases with an PI-RADS category 4 or 5	Report based on the American College of Radiology Prostate Imaging Reporting and Data System (PI-RADS) definitions. PI-RADS categories 4 (high-clinically significant cancer is likely to be present) and 5 (very high-clinically significant cancer is highly likely to be present) are reportable, unless there is other information to the contrary.

#	Diagnosis/Condition	Notes
20	Early or evolving melanoma, in situ or invasive	As of 1/1/2021, early or evolving melanoma in situ, or any other early or evolving melanoma, is reportable.
21	Low-grade appendiceal mucinous neoplasm (LAMN)	Report LAMN beginning with January 1, 2022 diagnoses. LAMN is assigned a behavior of /2 or /3 making it reportable. LAMNs are slow-growing neoplasms that have the potential for peritoneal spread and can result in patient death. LAMNs demonstrate an interesting biology in that they do not have hematogenous dissemination risk, but risk for appendiceal perforation, which can result in peritoneal dissemination, repeated recurrences after surgery and even death.
22	Clear cell papillary renal cell carcinoma	Clear cell papillary renal cell carcinoma (8323/3) is reportable.
Reportable Non-Malignant Examples		
#	**Diagnosis/Condition**	**Notes**
23	Hemangioma, NOS (9120/0) and cavernous hemangioma (9121/0)	Report the CNS site in which the hemangioma originates. ***Note:*** For cavernous sinus hemangioma, report the site as cerebral meninges C700.
24	Dermoid cyst of the brain	This condition is reportable for cases diagnosed 2004 and later. Assign 9084/0.
25	Tectal plate lipoma	This is a reportable brain tumor. It is a benign neoplasm (lipoma) of the mid brain (brain stem) as noted by the location "tectal plate."
26	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, 9493/0.
27	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. ***Note:*** Rathke cleft cyst is not reportable.

Appendix E2 - 2022 SEER Program Coding and Staging Manual

Non-Reportable Examples

As referenced in the Reportability instructions of the 2022 SEER Program Coding and Staging Manual

#	Diagnosis/Condition	Notes
1	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 Tumors, 4th edition, sclerosing hemangioma "behaves in a clinically benign fashion...Reported cases with hilar or mediastinal lymph node involvement do not have a worse prognosis."
2	High grade squamous intraepithelial lesion (HGSIL or HSIL), carcinoma in situ (CIS), and AIN III (8077) arising in perianal **skin** (C445)	HGSIL or HSIL, CIS, and AIN III arising in perianal **skin** are not reportable. Refer to the Reportability Section of the main manual.
3	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.
4	Squamous cell carcinoma of the canthus (C441)	Squamous cell carcinoma in sites coded to C44 is not reportable.
5	Breast cases designated BIRADS 4, 4A, 4B, 4C or BIRADS 5 without any additional information	The American College of Radiology defines Category 4 as "Suspicious." The descriptions in categories 4, 4a, 4b, and 4c are not diagnostic of malignancy. They all represent a percentage of likelihood, the highest being 4c which is greater than 50% but less than 95% likelihood of malignancy. The ACR states "This category is reserved for findings that do not have the classic appearance of malignancy but are sufficiently suspicious to justify a recommendation for biopsy." Category 5 is "Highly Suggestive of Malignancy." "Suggestive" is not reportable ambiguous terminology. ACR states that Category 5 has a "very high probability" of malignancy, but again, it is not diagnostic.
6	Lung cases designated "Lung-RADS 4A," 4B, or 4X	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.
7	Liver cases based only on an LI-RADS category of LR-3	Do **not** report liver cases based only on an LI-RADS category of LR-3.
8	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.
9	Basal cell carcinoma (BCC) with neuroendocrine differentiation of the **skin**	BCC in sites coded to C44 is not reportable to SEER.
10	Lentiginous melanocytic lesion	Not reportable.
11	Intraductal papillary mucinous neoplasms with **low** or **moderate** grade dysplasia (also called IPMN adenomas)	Not reportable.

#	Diagnosis/Condition	Notes
12	Noninvasive mucinous cystic neoplasm (MCN) of the pancreas with **low** or **intermediate** grade dysplasia	Not reportable.
13	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.
14	Brain lesions associated with multiple sclerosis	These brain lesions are not neoplastic; they are part of the disease process of multiple sclerosis.
15	Mature teratoma of the testis when diagnosed before puberty (benign, 9084/0).	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.
16	Mature teratoma of the ovary (9080/0)	Not reportable.
17	Venous angiomas (9122/0)	The primary site for venous (hem)angioma 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).
18	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. Refer to the Solid Tumor Tumor Coding Rules, Kidney Equivalent Terms and Definitions, for histology/morphology information.
19	Lymphangioma of the brain or CNS	Lymphangioma is a malformation of the lymphatic system. Even though it has an ICD-O code, do not report it.
20	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.
21	Carcinoid tumorlet of the lung	Not reportable.
22	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.
23	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: Colloid cyst
24	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.
25	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.
26	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.

#	Diagnosis/Condition	Notes
27	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.
28	Neurofibromatosis type 1 (NF1) and Neurofibromatosis type 2 (NF2)	Genetic disease that produces non-malignant tumors in skin, brain, CNS, and other sites. The brain and CNS tumors spawned by NF1 or NF2 are reportable, the genetic disease is not.
29	Ovarian mucinous borderline tumor with microinvasion	For an ovarian mucinous borderline tumor, the term "microinvasion" is not an indication of malignancy. Low malignant potential/borderline ovarian tumors are defined by the pathology of the primary tumor and are not affected by microinvasion or invasion in implants. Though a case may be staged, this does not mean it is reportable.
30	Rathke cleft cyst	Rathke cleft cyst, also called pars intermedia cyst of the parotid gland, is not reportable; whereas, Rathke pouch tumor is reportable.
31	Colon atypical hyperplasia	Not reportable.
32	High grade dysplasia in colorectal and esophageal primary sites	Not reportable.