

## ICD-O-3 Errata and Clarifications Set #2

Please take note of the following *International Classification of Diseases for Oncology, Third Edition* (ICD-O-3) errata and clarifications. These errata and clarifications are in addition to the first set of errata and clarifications available at: <http://www.seer.cancer.gov/icd-o-3/errata.d05222001.pdf>

### **Errata**

1. Page 160; left column      Lymphoblastic, Acute, NOS; replace the M-9685/3 in parentheses with 9727/3
2. Page 170; right column      Lymphoma, Small, T-cell, NOS, Cutaneous (C44.\_); replace the code M-9702/3 with 9709/3
3. Page 205; right column      Supratentorial PNET; replace the code M-9373/3 with M-9473/3
4. Page 212; left column      Tumor, follicular dendritic cell; replace the code M-9756/3 with M-9758/3
5. Page 239, far left column      Add code 9989/1 in the far left column for the Preleukemia row as well as for the Preleukemic syndrome row

### **Clarifications**

#### **1. Krukenberg Tumor** (page 79 and page 156)

Metastatic tumors to the ovary are uncommon, but there is one situation in which a metastatic adenocarcinoma to the ovary appears as a large mass and resembles a primary tumor: a so-called "Krukenberg" tumor of the ovary which has a signet ring histologic pattern and usually is metastatic from a primary in the gastrointestinal (GI) tract (most often, stomach). Since cancer registries typically only collect and report the in situ (/2 in the behavior code) and invasive cancers (/3 in the behavior code), the /6 in the behavior code of the Krukenberg tumor morphology code on page 79 and again on page 156 often confuses inexperienced registrars. The /6 behavior code accurately indicates that Krukenberg tumor is a metastasis, and the suggested site code (the C56.9 in parentheses) accurately indicates that the metastasis presents itself in the ovary. However, registrars should report the primary tumor, not the metastatic tumor. So, the code for a Krukenberg tumor in most registries would be M-8490/3 and the primary site code should indicate where in the GI tract the tumor is thought to have originated. A careful review of the source documents will generally reveal the precise location of the tumor in the GI tract. In the absence of a precise location in the GI tract, the site should be coded to Gastrointestinal Tract, NOS, C26.9.

#### **2. Organ/Island of Reil** (page 183 and page 194)

The organ of Reil is another name for the Island of Reil, which is sometimes referred to only as the Reil. All of these eponyms are synonyms for Insula, a part of the brain coded to C71.0.

On page 183, add C71.0 Organ of Reil.

On page 194, add the following lines: C71.0 Reil; C71.0 Reil, Island of; and C71.0 Reil organ of.

#### **3. Table 24** (page 36)

Add the following group of primary sites to the table as ICD-O-2/3 codes that are considered a single site in ICD-O-1:

C56	Ovary	183.0
C57.0	Fallopian tube	183.2
C57.1	Broad ligament	183.3
C57.2	Round ligament	183.5
C57.3	Parametrium	183.4
C57.4	Uterine adnexa	183.9

Compiled by Steven Roffers, PA, CTR and April Fritz, RHIT, CTR January, 2003. If there are any questions about this document or if additional discrepancies are identified, please notify:

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