

Appendix E.1 - 2026 SEER Program Coding and Staging Manual

Reportable Examples

As referenced in the Reportability instructions of the 2026 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	Microcarcinosoid tumors of the stomach	Microcarcinosoid and carcinoid tumors are reportable. The ICD-O-3.2 histology code is 8240/3. Microcarcinosoid 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 microcarcinosoid 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.
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).

#	Diagnosis/Condition	Notes
13	Solid pseudopapillary neoplasm of the pancreas	Assign 8452/3.
14	Liver cases with an LI-RADS category LR-4, LR-5, or LR-M	Report based on the American College of Radiology Liver Imaging Reporting and Data System (LI-RADS) definitions . Use the date of the LR-4 (Probably HCC) or LR-5 (Definitely 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 <i>in situ</i> , 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.
20	Early or evolving melanoma, <i>in situ</i> or invasive	As of 1/1/2021, early or evolving melanoma <i>in situ</i> , 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.

#	Diagnosis/Condition	Notes
23	<p>Intraepithelial neoplasia examples (not an exhaustive list)</p> <ul style="list-style-type: none"> • Squamous intraepithelial neoplasia, high grade, or grade II, or grade III (with exceptions) • High grade squamous intraepithelial lesion (HGSIL or HSIL) (with exception) • Intraepithelial neoplasia grade II/III; II-III • Squamous dysplasia, high grade (for stomach, small intestine, and esophagus only) • Anal intraepithelial neoplasia (AIN), grade II • Anal intraepithelial neoplasia (AIN), grade III • Biliary intraepithelial neoplasia, high grade • Conjunctival intraepithelial neoplasia grade III • Penile intraepithelial neoplasia (PeIN), undifferentiated • Vaginal intraepithelial neoplasia (VaIN), grade III • Vulvar intraepithelial neoplasia (VIN), grade III 	<p>Exceptions (not reportable)</p> <p>Squamous intraepithelial neoplasia (SIN) of cervix (C53_) and skin sites coded to C44_</p> <p>Carcinoma in situ (CIS) arising in cervix (C53_) and perianal skin (C445)</p> <p>Cervical intraepithelial neoplasia (CIN III) of cervix (C53_)</p> <p>High grade squamous intraepithelial lesion (HGSIL or HSIL) arising in perianal skin (C445)</p> <p>AIN II and AIN III (8077) arising in perianal skin (C445)</p> <p>High grade prostatic intraepithelial neoplasia (PIN)</p> <p>Squamous intraepithelial neoplasia, high grade of colon and rectum</p> <p>See also the SEER manual, Reportability section, for additional reportable terms.</p>
24	8380/2 (C54_)	
	<ul style="list-style-type: none"> • Endometrioid intraepithelial neoplasia (EIN) • Intraepithelial neoplasm of endometrium • Atypical hyperplasia of endometrium 	
25	Pancreatic intraepithelial neoplasia (PanIN III) 8148/2	
26	Differentiated penile intraepithelial neoplasia 8071/2	
27	Intracholecystic papillary neoplasm (ICPN) with high-grade dysplasia 8503/2	
28	Bosniak IV cystic renal mass	Bosniak Classification of cystic renal masses, version 2019, IV designation is reportable unless there is information to disprove the Bosniak designation
29	Conjunctival melanocytic intraepithelial lesions (C-MIL); low-grade conjunctival melanocytic intraepithelial lesion (LG-CMIL) with focal high-grade features of the conjunctiva (C690) (8720/2)	C-MIL represent a spectrum of morphological changes ranging from melanocytic hyperplasia through degrees of melanocytic atypia to melanoma in situ. Acceptable terms include conjunctival melanocytic intraepithelial neoplasia (C-MIN); Primary acquired melanosis (PAM); Melanoma in situ.

Reportable Non-Malignant Examples

#	Diagnosis/Condition	Notes
30	Hemangioma, NOS (9120/0) and cavernous hemangioma (9121/0)	<p>Report the CNS site in which the hemangioma originates. Cavernous angioma is a related term for cavernous hemangioma.</p> <p>Note: For cavernous sinus hemangioma, report the site as cerebral meninges C700.</p>
31	Dermoid cyst of the brain	This condition is reportable for cases diagnosed 2004 and later. Assign 9084/0.
32	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."
33	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.
34	Rathke pouch tumor (C751, 9350/1)	<p>Rathke pouch tumor is a reportable neoplasm for cases diagnosed 2004 and later. Rathke cleft cyst and Rathke pouch tumor are different conditions.</p> <p>Note: Rathke cleft cyst is not reportable.</p>

Appendix E.2 - 2026 SEER Program Coding and Staging Manual

Non-Reportable Examples

As referenced in the Reportability instructions of the 2026 SEER Program Coding and Staging Manual

#	Diagnosis/Condition	Notes
1	Sclerosing pneumocytoma of the lung with multiple regional lymph nodes involved with sclerosing pneumocytoma	Lymph node involvement with sclerosing pneumocytoma, formerly sclerosing hemangioma (an obsolete term), is non-malignant. According to the WHO Classification of Thoracic Tumors, 5th edition, "most sclerosing pneumocytomas behave in a benign fashion. However, although cases with lymph node metastases and distant organ metastases have occasionally been reported, these findings do not appear to adversely affect 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.
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).

#	Diagnosis/Condition	Notes
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.
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 pituitary gland, is not reportable; whereas, Rathke pouch tumor is reportable.
31	Colon atypical hyperplasia	Not reportable.
32	High grade dysplasia (8148/2) in gastrointestinal sites other than stomach, small intestine, and esophageal primary sites. The non-reportable gastrointestinal sites include colorectal primaries (C180-C189, C199, and C209).	Not reportable.
33	Ecchordosis physaliphora	Ecchordosis physaliphora, a lesion within the prepontine cistern, is not reportable.

#	Diagnosis/Condition	Notes
34	Low to intermediate grade neuroendocrine neoplasm or middle ear adenomatoid tumor (MEANT)	Not reportable.
35	Moderate squamous dysplasia and severe squamous dysplasia of lung	Not reportable.
36	High grade prostatic intraepithelial neoplasia	PIN III is not reportable.
37	Atypical lentiginous melanocytic proliferation	Not reportable.
38	Malignant tumorlet, NOS in the lung	Not reportable.
39	Conjunctival intraepithelial neoplasia, NOS	Not reportable.
40	Ductal intraepithelial neoplasia type 1a	Not reportable.
41	Endometrial hyperplasia with focal atypia	Not reportable.
42	Pancreatic intraepithelial neoplasia (PanIN) low grade (formerly PanIN-1, PanIN-2, PanIN grade II), PanIN, NOS	Not reportable.
43	Pancreatic neuroendocrine microadenoma	Not reportable.
44	Vaginal intraepithelial neoplasia (Vain or VAIN), NOS	Not reportable.
45	Vulvar intraepithelial neoplasia (VIN), NOS	Not reportable.
46	Cavernous malformation	Not reportable.