



State of Connecticut Department of Public Health Connecticut Tumor Registry 2016 Reportable List



ALL LICENSED HEALTHCARE PROVIDERS IN CONNECTICUT ARE REQUIRED TO REPORT CANCER CASES DIAGNOSED OR TREATED AT THEIR FACILITY TO THE CONNECTICUT TUMOR REGISTRY (CTR). THIS INCLUDES ALL CONDITIONS LISTED IN THE INTERNATIONAL DISEASES FOR ONCOLOGY, THIRD EDITION (ICD-0-3) WITH A BEHAVIOR CODE OF /2 OR /3, EXCEPT AS NOTED BELOW.

GENERAL CONSIDERATIONS:

- All malignancies diagnosed from 1935 forward are reportable.
- Benign brain and central nervous system tumors diagnosed from 1962 forward are reportable.
- Non-resident cases diagnosed 1979 forward are reportable.
- Cases diagnosed clinically are reportable.
- Cases in patients being treated for cancer are reportable.
- Cases diagnosed prior to birth (in utero) are reportable only when the pregnancy results in a live birth.
- Urinary tract malignancies diagnosed by positive urine cytology from 2013 forward are reportable.
 - Code the primary site to C689 in the absence of any other information.
 - Exception: When a subsequent biopsy of a urinary site is negative, do not report.
 - Do not implement new/additional casefinding methods to capture these cases.
 - Do not report cytology cases with ambiguous terminology.
- Refer to the Hematopoietic and Lymphoid Neoplasm Coding Manual and Database for additional information on hematopoietic and lymphoid neoplasms.

NEWLY REPORTABLE CONDITIONS AND TERMS:

- Non-invasive mucinous cystic neoplasm of the pancreas with high grade dysplasia (8470/2)
- Solid pseudopapillary neoplasm of the pancreas (8452/3)
- Cystic pancreatic endocrine neoplasm (CPEN) (8150/3) unless:
 - Specified as neuroendocrine tumor, grade 1 (8240/3)
 - Specified as neuroendocrine tumor, grade 2 (8249/3)
 - Mature teratoma of the testes in adults is malignant and reportable (9080/3). Remains non-reportable in prepubescent children; report only if pubescence is stated in the medical record.
- Pancreatobiliary type carcinoma (8255/3)
- Adenocarcinoma, pancreatobiliary type (8255/3)
- Serrated adenocarcinoma (8213/3)
- Mixed acinar duct carcinoma (8523/3)
- Papillary tumor of the pineal region (9361/3)
- Pilomyxoid astrocytoma (9421/3)
- Angiocentric glioma (9380/1)
- Pituicytoma (9380/1)
- Papillary glioneuronal tumor (9505/1)
- Rosette-forming glioneuronal tumor (9505/1)



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OTHER REPORTABLE CONDITIONS:

- Anal intraepithelial neoplasia III (AIN III) of the anus or anal canal (C210-C211), laryngeal intraepithelial neoplasia III (LIN III) (C320-C329), squamous intraepithelial neoplasia III (SIN III) excluding cervix, vaginal intraepithelial neoplasia III (VAIN III) (C529), and vulvar intraepithelial neoplasia III (VIN III) (C510-C519) are reportable.
- Carcinoid, NOS of the appendix is reportable. As of 1/1/15, the ICD-O-3 behavior code changed from /1 to /3.
- Report Pilocytic/Juvenile astrocytomas; code the histology and behavior as 9421/3.
- Bronchial adenoma, carcinoid type (8240/3) and cylindroid type (8200/3) are reportable.
- Argentaffin tumors (8241/3) are reportable.
- Lobular carcinoma in situ (LCIS) of the breast is reportable.
- Osteomyelofibrosis (9961/3)
- Pancreatic endocrine tumor, malignant (8150/3)
- Mixed pancreatic, endocrine and exocrine tumor, malignant (8154/3)
- Mixed adenoneuroendocrine carcinoma (8244/3)
- Gastrointestinal stromal tumors (GIST) are reportable only if stated to be malignant, or treated as a malignancy.
- Thymoma is reportable only if stated to be malignant.

EXCEPTIONS-MALIGNANT HISTOLOGIES THAT ARE NOT REPORTABLE:

- Skin primaries with any of the following histologies (6/1/1984):
 - Malignant neoplasm (8000-8005)
 - Epithelial carcinoma (8010-8046)
 - Papillary or squamous cell carcinomas (8050-8084)
 - Basal cell carcinoma
- Skin primaries of the genital sites: vagina, clitoris, vulva, prepuce, penis, and scrotum (C52.9, C51.0-C51.9, C60.0, C60.9 and C63.2) are reportable.
- AIN III arising in perianal skin
- Carcinoma in situ of the cervix (C530-C539; behavior /2); cervical intraepithelial neoplasia (CIN III or SIN III) is not reportable. (1/1/1996)
- Prostatic intraepithelial neoplasia (PIN III) is not reportable. (1/1/2001)

REPORTABLE BENIGN NEOPLASMS:

- All benign and borderline primary brain and central nervous system tumors (C70.0-C72.9)
- Benign and borderline tumors of the pituitary, craniopharyngeal duct, and pineal gland (C75.1-C75.3)
- Report pilocytic/juvenile astrocytoma; code to 9421/3
- Neoplasm and tumor are reportable terms for brain and CNS
 - Behavior code of /0 or /1 in ICD-O-3
- A brain or CNS neoplasm identified only by imaging is reportable



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REQUIRED SITES FOR BENIGN AND BORDERLINE PRIMARY BRAIN AND CNS TUMORS

General Term	Specific Sites	ICD-0-3 Topography Code
Meninges	Cerebral meninges Spinal meninges Meninges, NOS	C700 C701 C709
Brain	Cerebrum Frontal lobe Temporal lobe Parietal lobe Occipital lobe Ventricle, NOS Cerebellum, NOS Brain stem Overlapping lesion of brain Brain, NOS	C710 C711 C712 C713 C714 C715 C716 C717 C718 C719
Spinal cord, cranial nerves, and other parts of the central nervous system	Spinal Cord Cauda equine Olfactory nerve Optic nerve Acoustic nerve Cranial nerve, NOS Overlapping lesion of the brain And central nervous system	C720 C721 C722 C723 C724 C725 C728
	Nervous system, NOS	C729
Pituitary, craniopharyngeal duct and pineal gland	Pituitary gland Craniopharyngeal duct Pineal gland	C751 C752 C753

AMBIGUOUS TERMINOLOGY:

- Ambiguous terminology may originate in any source document, such as a pathology report, radiology report, or clinical report. The terms listed below are reportable when they are used with a term such as cancer, carcinoma, sarcoma, etc.
- The following ambiguous terms that are considered reportable:

Apparent(ly)	Appears
Comparable with	Compatible with
Consistent with	Favor(s)
Malignant appearing	Most Likely
Presumed	Probable



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Suspect(ed)
Typical (of)

Suspicious (for)

- The following ambiguous terms are not considered reportable:

Approaching
Equivocal
Potential(ly)
Rule out
Very close to

Cannot (be) ruled out
Possible
Questionable
Suggests
Worrisome