

ICDO 3.2

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Iowa Cancer Registry
2021 Updates

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Agenda

Guidelines

Tables 1-5

Table 6 & 7 [numeric, alpha]

Excel 3.2

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Introduction

- ICDO Update:
- Versions will now coincide with volumes of WHO Blue Books Editions.
 - ICDO v3.1 was never approved to be used in North America
 - No ICDO v4. [3.2 already named when WHO 4th Ed released]
 - ICDO v5 slated for 2023 [updates to breast, GI, GYN, soft tissue/bone]
- ICDO 3.2 pdf coming soon – just like old purple book with prelim chapters et al.



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<https://www.naaccr.org/icdo3/>

ICD-O-3 IMPLEMENTATION GUIDELINES

ICD O 3.2

Previous Guidelines

These documents address the implementation of ICD-O-3 for cases diagnosed on or after January 1, 2021.

ICD O 3.2 Implementation Documents

- 2021 ICD O 3.2 Coding Guidelines – 10/05/2020
- 2021 ICD O 3.2 Tables 1-5 (tables with new term, new codes, changed behaviors, etc) – 10/01/2020
- 2021 ICD O 3.2 Table 6 Numeric (combined tables 1-5 in numeric order) – 11/10/2020
 11/10/20 Paraganglioma, NOS histology code corrected (8680 is correct code)
- 2021 ICD O 3.2 Table 7 Alpha Table (combined tables 1-5 in alpha order)- 11/10/2020
 11/10/20 Paraganglioma, NOS histology code corrected (8680 is correct code)
- 2021 ICD O 3.2 Coding Table Excel (full list of ICD 3.2 histology codes)- 10/01/2020

Annotated Histology List

- Annotated Histology List Description and Disclaimer
- Annotated Histology List
 Updated 11/10/20-Superficial Spreading Adenocarcinoma (8143/3) was changed to TRUE.

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Guidelines

- Use of GUIDELINES is required for determining reportability and accurate coding.
 - Impacts casefinding, reportability and assigning histologies
- Effective 2021 dx, ICD-O-3.2 **preferred** reference for morphology codes.
 - Use tables jointly with ICD-O-3.2, Solid Tumor Rules, and Hematopoietic and Lymphoid Neoplasm Database
- Tables can be used for pre-2021dx when histology NOT listed in STR
- Remember that Cancer Registry Reportability rules based on behavior code still apply
 - (exception CNS and benign/borderline brain)

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Guidelines

*IMPORTANT REMINDER:

- Please check the 2021 ICD-O-3 Update Table 6 or 7 **first** to determine if the histology is listed. If the histology is not included in the update, then review ICD-O-3.2 and/or Hematopoietic and Lymphoid Database and/or Solid Tumor Rules (MP/H).
- Many of the new codes, terms, and behaviors listed in this update are site-specific and may not apply to all sites.
- Applicable C codes will be noted next to the term in bold font.
 - These site- and histology-specific combinations will not be added to the "Impossible combination" edit. However, if a site other than the one listed with the morphology code is assigned, the result will be an edit requiring review. This is Interfield Edit 25.

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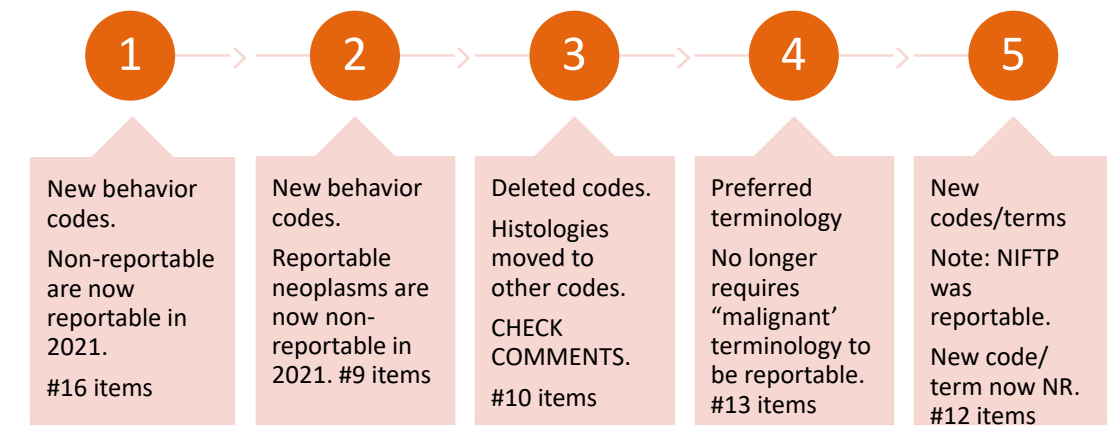
The way to get started is to quit
talking and begin doing.

Walt Disney

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TABLES



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Table 1: New behavior codes (Reportable neoplasms)

WHO has changed behavior codes for the following terms which result in previously non-reportable neoplasms becoming reportable for cases diagnosed 1/1/2021 forward. DO NOT report cases diagnosed prior to 1/1/2021.

Action	ICD-O Code	Term/Site	Comments
New behavior	8077/2	Squamous intraepithelial neoplasia, grade II	Change from /0 Excludes cervix Refer to standard setter and/or state guidelines for further reportability guidelines
New behavior	8150/3	Pancreatic endocrine tumor, NOS (C25.4) Islet cell adenoma (C25.4) Islet cell adenomatosis (C25.4) <u>Nesidioblastoma</u> (C25.4) Islet cell tumor, NOS (C25.4)	Change from /1 Change from /0 Change from /0 Change from /0 Change from /1
New behavior	8151/3	Insulinoma, NOS (C25.4) Beta cell adenoma (C25.4)	Change from /0 Change from /0
New behavior	8158/3	ACTH-producing tumor Endocrine tumor, functioning, NOS	Change from /1
New behavior code and term	8380/2	Endometrioid intraepithelial neoplasia (C54.1)	
New behavior code	8408/3	Aggressive digital papillary adenoma (C44.)	Change from behavior /1
New behavior/term	8452/3	Solid pseudopapillary neoplasm of pancreas	Change from /1
New behavior code and term	8620/3	Granulosa cell tumor, adult type (C56.9)	Reportable for cases diagnosed 1/1/2021 forward
New behavior/term	8690/3	Middle ear paraganglioma (C30.1, C755.5)) Glomus <u>jugulare</u> tumor, NOS (C75.5) Jugular paraganglioma (C75.5) <u>Jugulotympanic</u> paraganglioma (C75.5)	Change from /1
New behavior code	8691/3	Aortic body tumor (C75.5) Aortic body paraganglioma (75.5) Aorticopulmonary paraganglioma (C75.5)	Change form /1

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Table 1, page 2

New behavior/term	8692/3	Carotid body paraganglioma (C75.4) Carotid body tumor (75.4)	Change from /1
New behavior code	8693/3	Extra-adrenal paraganglioma, NOS Nonchromaffin paraganglioma, NOS <u>Chemodectoma</u> Composite paraganglioma Laryngeal paraganglioma Vagal paraganglioma	Change from /1
New behavior	8700/3	Pheochromocytoma, NOS (74.1) Adrenal medullary paraganglioma (74.1) Chromaffin paraganglioma (C74.1) Chromaffin tumor <u>Chromaffinoma</u> Composite pheochromocytoma (C74.1) <u>Pheochromoblastoma</u> (C74.1)	Change from /0
New behavior code	8936/3	Gastrointestinal autonomic nerve tumor GANT Gastrointestinal pacemaker cell tumor	Change from /1
New behavior/term	9505/0	Multinodular and <u>vasculating</u> neuronal tumor (MVNT) (C71.2)	Per CBTRUS
New behavior/term	9766/3	<u>Lymphomatoid</u> granulomatosis, grade 3	

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Table 2: New behavior codes (Non-reportable neoplasms)

WHO has changed behavior codes for the following terms which result in reportable neoplasms becoming non-reportable beginning with cases diagnosed 1/1/2021. Continue reporting these cases when diagnosed prior to 1/1/2021.

Action	ICD-O Code	Term/Site	Comments
New behavior	8832/1	Dermatofibrosarcoma protuberans, NOS (C44. _) Dermatofibrosarcoma, NOS (C44. _)	Change from /3
New behavior	8833/1	Pigmented dermatofibrosarcoma protuberans (C44. _) Bednar tumor (C44. _)	Change from /3
New behavior code (for specific sites only)	9080/1	Immature teratoma of the lung (C34. _) Immature teratoma of thymus (C37.9) Immature teratoma of thyroid (C73.9)	Change from behavior /3 for the histology/site combination will make these terms non-reportable
New behavior code	9709/1	Primary cutaneous CD4-positive small/medium T-cell lymphoma (C44. _)	Change from /3
New behavior code	9718/1	Primary cutaneous CD30+ T cell lymphoproliferative disorder (C44. _) Lymphoid papulosis (C44. _)	Change for /3
New behavior/term	9725/1	Hydroa vacciniforme-like lymphoproliferative disorder	Change from /3.
New behavior code	9751/1	Langerhans cell histiocytosis, NOS Langerhans cell histiocytosis, monostotic Langerhans cell histiocytosis, polystotic	Change from /3
New behavior	9971/1	Polymorphic Post Transplant Lymphoproliferative Disorder (PTLD)	Change from /3
New behavior & term	8335/1	Follicular tumor of uncertain malignant potential (C73.0) Preferred term Follicular carcinoma, encapsulated (C73.9)	Change from /3

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Table 3: Deleted ICD-O codes in ICD-O-3.2

Per ICD-O-3.2, several ICD-O codes have been removed and the histologies moved to other codes. The comment column provides coding instructions for cases diagnosed prior to 1/1/2021 and 1/1/2021 forward. This table lists only **reportable** neoplasms.

ICD-O-3/3.1 Code/behavior	Term(s)	ICD-O-3.2 code (1/1/2021)	Comments
8471/3	Papillary mucinous cystadenocarcinoma (C56.9) Papillary <u>pseudomucinous</u> cystadenocarcinoma (C56.9)	8470/3	Cases diagnosed prior to 1/1/2021 use code 8471/3 Cases diagnosed 1/1/2021 forward use code 8470/3
9150/3	Hemangiopericytoma, malignant	8815/3	Cases diagnosed prior to 1/1/2021 use code 9150/3 Cases diagnosed 1/1/2021 forward use code 8815/3
9260/3	Ewing sarcoma	9364/3	1/1/2021 forward Ewing sarcoma is the preferred term for 9364/3 and is no longer coded to 9260/3. Cases <u>DX'd</u> prior to 1/1/2021 should be coded to 9260/3
9670/3	Malignant lymphoma, small B lymphocytic, NOS (see also M-9823/3) Malignant lymphoma, lymphocytic, diffuse, NOS Malignant lymphoma, lymphocytic, NOS Malignant lymphoma, lymphocytic, well differentiated, diffuse Malignant lymphoma, small cell <u>diffuse</u> Malignant lymphoma, small cell, NOS Malignant lymphoma, small lymphocytic, diffuse Malignant lymphoma, small lymphocytic, NOS	9823/3	Cases diagnosed prior to 1/1/2021 use code 9670/3 Cases diagnosed 1/1/2021 forward use code 9823/3
9728/3	Precursor B-cell lymphoblastic lymphoma (see also M-9836/3)	9811/3	Cases diagnosed prior to 1/1/2021 use code 9728/3

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Table 4: Changes in reportable terminology

(*) WHO has revised preferred terminology for these neoplasms and no longer requires “malignant” to be used in the term in order to code behavior of /3

Action	ICD-O Code	Term/Site	Comments
New term	8151/3	Insulinoma	(*)
New term	8152/3	Glucagonoma	(*)
New term	8153/3	Gastrinoma	(*)
New term	8155/3	VIPoma	(*)
New term	8156/3	Somatostatinoma	(*)
New term	8580/3	Thymoma, NOS (C37.9) Metaplastic thymoma (C37.9) Sclerosing thymoma (C34. _) Intrapulmonary thymoma C34. _)	(*)
New term	8581/3	Type A thymoma including atypical variant (C37.9)	(*)
New term	8582/3	Type AB thymoma (C37.9)	(*)
New term	8583/3	Type B1 thymoma (C37.9)	(*)
New term	8584/3	Type B2 thymoma (C37.9)	(*)
New term	8585/3	Type B3 thymoma (C37.9) Thymoma, atypical (C37.9) Thymoma, epithelial (C37.9)	(*)
New Pref term	8693/3	Paraganglioma	(*)
New term	8700/3	Pheochromocytoma	(*)

(*) prior to 1/1/2021, these histologies were reportable only when the pathologist included “malignant” in the diagnosis term. Example: thymoma, malignant or malignant thymoma. WHO as dropped malignant from the reportable term. All of the neoplasms listed are reportable as /3 unless stated to be benign

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Table 5: New Terms and ICD-O codes

Action	ICD-O Code	Term/site	Comment
New code/term Synonym	8273/3	Pituitary blastoma Embryoma	
New code/term	9749/3	Erdheim-Chester Disease	
New code/term	9766/3	Lymphomatoid granulomatosis, grade 3	
New code/term	9819/3	B-lymphocytic leukemia/lymphoma, BCR-ABL1-like	
New code/term	9877/3	Acute myeloid leukemia with mutated NPM1	
New code/term	9878/3	Acute myeloid leukemia with biallelic mutations of CEBPA	
New code/term	9879/3	Acute myeloid leukemia with mutated RUNX1	
New code/term	9912/3	Acute myeloid leukemia with BCR-ABL1	
New code/term	9968/3	Myeloid/lymphoid neoplasms with PCM1-JAK2	
New code/term	9993/3	Myelodysplastic syndrome with ring sideroblasts and multilineage dysplasia	
New code/term	9715/3	Anaplastic large cell lymphoma ALK-negative Breast implant-associated anaplastic large cell lymphoma	
New code/term	8349/1	Non-invasive follicular thyroid neoplasm with papillary-like nuclear features (NIFTP) C73.9 Non-invasive FTP (C73.9)	This term was previously coded to 8343/2. The new code and behavior will make this non-reportable

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Table 6 & 7

Table 6: Numeric

- Combines Table 1-5 into single numeric list
- Searchable Word Doc

Table 7: Alpha

- Combines Tables 1-5 into single alpha list
- Searchable Word Doc

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3.8 HOW TO USE TABLES 6 AND 7

Table 6 and 7 each have five columns:

- **Status:** New term & code, new behavior code/term, code change, terminology change, and new term
- **ICD-O-3 Morphology Code:** lists code number and behavior
- **Term:** Histology name per WHO. Preferred terms are indicated in **BOLD font**
- **Reportability (Reportable Y/N):** notes if the histology is reportable or non-reportable
- **Comments:** Coding instructions, if applicable, are noted in this column. Instructions include coding pre-2021 cases, site specific instruction is applicable, and other useful instructions.

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Status Abbreviations

3.9 STATUS ABBREVIATIONS USED IN UPDATE TABLES 6 AND 7

Status	Definition
BC	Behavior code change (change in reportability)
CC	Code change: Per ICD-O-3.2, several codes have been deleted and the histologies moved to other codes
NC/T	New ICD-O code and term
PT	Preferred term
RT	Related term
Syn	Synonym

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Status	ICD-O-3.2 Morphology Code	Term(s)	Reportable Y/N	Comments
PT	8330/3	Follicular carcinoma, NOS (C73.9)	Y	
RT	9695/3	Follicular lymphoma, duodenal type (C17.0)	Y	
RT	9690/3	Follicular lymphoma, pediatric type	Y	
PT	8335/1	Follicular tumor of uncertain malignant potential	N	
Syn	8936/3	GANT	Y	Reportable for cases diagnosed 1/1/2021 forward. Not reportable prior to 1/1/2021
RT	8936/3	Gastrointestinal autonomic nerve tumor	Y	Reportable for cases diagnosed 1/1/2021 forward. Not reportable prior to 1/1/2021
RT	8936/3	Gastrointestinal pacemaker cell tumor	Y	Reportable for cases diagnosed 1/1/2021 forward. Not reportable prior to 1/1/2021
Syn	8936/3	Gastrointestinal stromal sarcoma	Y	Reportable for cases diagnosed 1/1/2021 forward. Not reportable prior to 1/1/2021
BC	8936/3	Gastrointestinal stromal tumor	Y	Reportable for cases diagnosed 1/1/2021 forward. Not reportable prior to 1/1/2021
Syn	9411/3	Gemistocytic astrocytoma IDH mutant (C71.)	Y	
Syn	8936/3	GIST, malignant	Y	Reportable for cases diagnosed 1/1/2021 forward. Not reportable prior to 1/1/2021
Syn	8690/3	Glomus jugulare tumor, NOS (C75.5)	Y	Reportable for cases diagnosed 1/1/2021 forward.

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Annotated Histology List

- NPCR initiated list for use in registry plus software
- Histologies in drop down menus in software shown in this list
 - Gives instruction in comments
 - Red font – a change from previous annotated list
- Comprehensive list – includes codes replaced/obsolete over time.
- Annotated includes descriptions and notes, preferred terms flagged

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Annotated Table snippet

673	8130	3	FALSE	Papillary urothelial carcinoma (C67._)
674	8130	3	FALSE	Transitional cell carcinoma, papillary (C67._)
675	8130	3	FALSE	Urothelial carcinoma, papillary (C67._)
676	8131	3	TRUE	Urothelial carcinoma, micropapillary (C67._)
677	8131	3	FALSE	Carcinoma, micropapillary transitional cell (C67._)
678	8131	3	FALSE	Carcinoma, transitional cell, micropapillary (C67._)
679	8131	3	FALSE	Carcinoma, urothelial, micropapillary (C67._)
680	8131	3	FALSE	Micropapillary transitional cell carcinoma (C67._)
681	8131	3	FALSE	Micropapillary urothelial carcinoma (C67._)
682	8131	3	FALSE	Transitional cell carcinoma, micropapillary (C67._)
683	8140	0	TRUE	Adenoma, NOS
684	8140	1	TRUE	Atypical adenoma
685	8140	1	FALSE	Adenoma, atypical
686	8140	1	FALSE	Adenoma, bronchial, NOS (C34._)
687	8140	1	FALSE	Bronchial adenoma, NOS (C34._)
688	8140	2	TRUE	Adenocarcinoma in situ, NOS
689	8140	2	FALSE	In situ adenocarcinoma, NOS
690	8140	3	TRUE	Adenocarcinoma, NOS
691	8140	3	FALSE	Acinar adenocarcinoma (C61.9 ONLY) [DO NOT USE 8550/3 OR 8551/3 FOR PROSTATE] [2018+]

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A B C D E F

International Agency for Research on Cancer

World Health Organization

ICD-O- Third Edition, Second Revision Morphology

ICD03.2	Level	Term	Code reference	obs	See also
8480/3	Synonym	Mucous adenocarcinoma		[obs]	
8480/3	Synonym	Mucous carcinoma		[obs]	
8480/3	Related	Pseudomyxoma peritonei with unknown primary site	(C80.9)		
8480/3	Related	Mucinous tubular and spindle cell carcinoma	(C64.9)		
8480/6	Preferred	Pseudomyxoma peritonei			
8481/3	Preferred	Mucin-producing adenocarcinoma			
8481/3	Synonym	Mucin-producing carcinoma			
8481/3	Synonym	Mucin-secreting adenocarcinoma			
8481/3	Synonym	Mucin-secreting carcinoma			
8482/3	Preferred	Mucinous carcinoma, gastric type			
8482/3	Synonym	Mucinous adenocarcinoma, endocervical type	(C53._)	[obs]	
8490/3	Preferred	Signet ring cell carcinoma			
8490/3	Synonym	Signet ring cell adenocarcinoma			
8490/3	Synonym	Acinar adenocarcinoma, signet ring-like variant			

Limitations:

- Document protected
- Cannot be sorted or modified; use search function {ctrl-F} either by code 8482/3 or term. Must include behavior.

ICD-O-3.2

ICD-O-3.2

Limitations:

- Document protected
- Cannot be sorted or modified; use search function {ctrl-F} either by code 8482/3 or term. Must include behavior.

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Impact on C&R

- Major Changes based on the Tables 1-5 [download 3.2, single word document]
- Behavior rules still apply
 - /2 and /3 reportable for all sites
 - /0 and /1 reportable for primary intracranial and CNS only
- LCIS of breast **IS** reportable; however, it is not TNM Staged.
- Changes to casefinding requests and lists

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Casefinding

Definition of Casefinding (case ascertainment): The process of identifying all [reportable cases](#) through review of source documents and case listings. Casefinding (casting the net wide) covers a wide range of cases to screen to determine whether or not they are *reportable*.

- Current casefinding lists are available on the SEER website in pdf or excel format. **A casefinding list is not the same as a reportable list.** Casefinding lists are intended for screening prospective cases so as not to miss any *reportable* cases.
- **Sources for casefinding: Pathology (yields analytic cases); EMR disease index (yields more non-analytic cases); other (radiation or med onc) to find treatment of cases not found via other sources.**

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Reportability

Definition of Reportable: Meets the criteria for inclusion in a registry. Reportable cases are cases that the registry is required to collect and report. Reporting requirements for SEER are established by NCI SEER. A "Reportable List" includes all diagnoses to be reported by the registry to NCI SEER. The SEER Program Coding and Staging Manual 2021: "Reportable Diagnosis List", pdf pg 13-14, guides registrars in viewing both path and disease index records to define what is reportable. We use this list because we are a SEER State.

- Tightening the net, narrowing down what is reportable from the casefinding review
- 2021 dx use ICDO 3.2 for changes in what is reportable
- Pre-2021 dx solid tumors, use update table 6 or 7 in conjunction with 3.2 to determine reportability and morphology
 - Notes will advise; confirm code/behavior in Table 6 or 7
- Heme-Lymph any date, use heme-lymph database/manual
 - Select date of dx once you search and database will reflect if disease is reportable or not.

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Where to start

Steps for assigning histology for solid tumors:

1. Solid Tumor Rules (H) Rules **Start Here!**
 - H Rules/Tables may not include all of the synonyms (or no chapter for primary site)
 - 'Other sites' section does not have histology tables; but still start here. For Heme-Lymph go to database.
2. ICDO 3.2 **Next!**
 - If you have pre-2021 dx, look at Table 6 or 7 (or annotated list) to confirm correct histology/behavior
3. Search SINQ; Ask a SEER Registrar

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FINALLY

- STR – lists most common histologies per site (does not include every single histology)
- ICDO 3.2 – lists all histologies
- Will these tables be updated in 2021?
 - The tables may be updated to make corrections. They will not have any additions or changes to codes, terms, etc.
- What happens if the ICDO 3.2 tables differs from the STR?
 - Solid tumors: Use the STR first to code histology. If you cannot find histology (or no STR chapter), search the term in ICDO 3.2. If case is prior to 2021 dx, search update tables (6 & 7) to confirm reportability and use correct code
 - For Heme-Lymph, only use the heme database.

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Finally

- Can't I just update my old purple ICDO book and keep using it?
 - Not a good plan. There are too many updates. For the most part, code histology from the STR. For heme diseases, always use heme db and manual.
- In the STORE Manual, the thymoma and GIST are not updated/reportable.
 - Store will be issuing an update about GIST and Thymoma. These are /3 for 2021 dx.

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PDF 3.2

•Coming soon

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Example 1

Operative Report: 1-27-2021 Total Thyroidectomy

Pathology: 1-27-21 Lt thyroid spec - 0.9cm papillary microcarcinoma, follicular variant [8340/3] Table 2. Rt thyroid & isthmus spec - 0.7cm papillary microcarcinoma, classic type [8341/3] from 3.2excel and two 0.1cm papillary microcarcinoma follicular variant [8340/3] Table 2. Multinodular goiter. Margins neg. No LVI. No extrathyroidal ext. No PNI. 2/2 perithyroidal LNs neg. pT1a(m) pN0a.

Per M6 single primary

Per H27 Code to papillary carcinoma, follicular variant 8340/3

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Example 2

Op Report: 2/25/2021 Appendectomy

Path Report: 2/25/2021 Appendix, appendectomy: DX: 0.5 cm, WD, Appendix neuroendocrine tumor (NET), Grade G1 [prelim 8240]. Tumor invades muscularis propria. Margins neg. Radial or mesenteric margin, neg. LVI not identified. No LN's submitted or found. pT1, pNX.

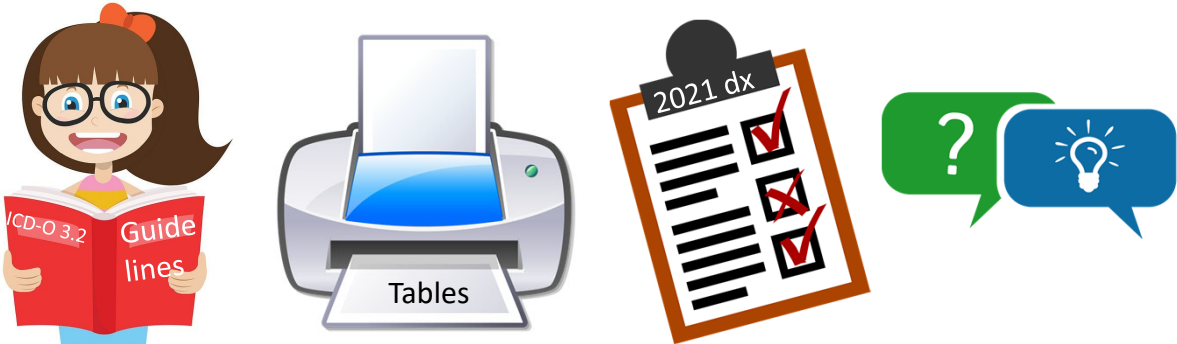
Labs: Appendix: Ki67 3.6%. SSTR2AS immunostain pos, 75%, 3+.

Per M2 Single tumor is a single primary.

Per H8 Code histology when only one histology present. 8240/3

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IMPORTANT takeaways


- Read Guidelines
- Print or download tables
- Abstracting software dropdowns may not include all alternate terms & coding instructions
- CASEFINDING for 2021 dx looks different
- Ask your pathologist
- Submit questions to Ask A SEER Registrar

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Thank you



Lori Somers



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[Video Training Library – Iowa Cancer Registry \(uiowa.edu\)](#)

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