SEER Program Coding & Staging Manual 2021

Effective with cases 1/1/2021 and forward

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Iowa Cancer Registry

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Preface: Summary of Changes

- Reportability
- Tumor Size-Clinical and Tumor Size – Path clarified
- New Schema Discriminator 2 was added soft tissue schemas
- Section IV: Description of Neoplasm
  - Grade Post Therapy Clinical (yc)
  - Grade Post Therapy Path (yp); prev named Grade Post Therapy
- Section V: Data items LVI, Mets at Dx moved to Section VI.
- Section VII: First Course Therapy
  - Neoadjuvant therapy
  - Neoadjuvant Therapy – Clinical Response
  - Neoadjuvant Therapy – Treatment Effect
- Section VII:
  - Scope LN surgery code 1 (bx or aspiration) revision
  - Radiation Treatment Modality code 98
- Appendix C: Neoadjuvant Treatment Effect site-specific codes; coding guidelines; surgery codes
- Appendix E: Reportable and Non-Reportable examples

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Reportability ICD-O-3.2

A "Reportable List" includes all diagnoses to be reported by the registry to NCI SEER.

- Report all histologies with behavior code /2 or /3.
  - As of 1/1/2021, early or evolving melanoma in situ, or any other early or evolving melanoma, is reportable.
  - **ALL** GIST tumors are reportable as of 1/1/2021, behavior code is /3.
  - Nearly all thymomas are reportable as of 1/1/2021, behavior code /3.
    - Exceptions: Microscopic thymoma or thymoma, benign (8580/0); Micronodular thymoma w/lymphoid stroma (8580/1); Ectopic hamartomatous thymoma (8587/0).
  - Carcinoid, NOS of appendix is reportable, as of 1/1/2015, behavior code /3.

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Reportability ICD-O-3.2

- Note : If the registry collects basal or squamous cell carcinoma of skin sites (C440 C449), sequence them in the 60-87 range and do not report to SEER.
- In situ carcinoma of cervix (/2), any histology, cervical intraepithelial neoplasia (CIN III), or SIN III of the cervix (C530 C539)
  - Note : Collection stopped effective with cases diagnosed 01/01/1996 and later. As of the 2018 data submission, cervical in situ cancer is no longer required for any diagnosis year. Sequence all cervix in situ cases in the 60-87 range regardless of diagnosis year.

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Ambiguous Terminology for reportability

- Urine cytology positive for malignancy is reportable. Code the primary site to C689 in the absence of any other information
- Report cases that use the words on the list or an equivalent word such as “favored” rather than “favor(s).”
- If any of the reportable ambiguous terms precede a word that is synonymous with a reportable in situ or invasive tumor (e.g., cancer, carcinoma, malignant neoplasm, etc.), accession the case.
- “Neoplasm” and “tumor” are reportable terms for intracranial and CNS because they are listed in ICD-O-3.2 with behavior codes of /0 and /1.
  - Accession the case when any of the reportable ambiguous terms precede either the word “tumor” or the word “neoplasm” Example: The mass on the CT scan is consistent with pituitary tumor. Accession the case.
  - “Mass” and “lesion” are not reportable terms for intracranial and CNS because they are not listed in ICD-O-3.2 with behavior codes of /0 or /1.

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Primary Site

- Note: Continue to use ICD-O-3 for assigning topography codes. ICD-O-3.2 did not change any of the topography codes.
- Instructions Added: Code the site in which the primary tumor originated, even if it extends onto/into an adjacent subsite
- a. Primary site should always be coded to reflect the site of origin according to the medical opinion on the case. Look for information about where the neoplasm originated. Always code the primary site based on where the tumor arose / site of origin.
- b. Site of origin may be indicated by terms such as "tumor arose from…," "tumor originated in…," or similar statements
- c. Site of origin is not necessarily the site of a biopsy
- d. Tumors may involve many sites. The primary site code should reflect the site where the tumor arose rather than all of the sites of involvement.
- Revised: Code the site of the invasive tumor when there is an invasive tumor and also in situ tumor in different subsites of the same anatomic site.

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Tumor Size Clinical

- Required for all solid tumors
- Largest invasive size before any form of treatment

Priority:

- Op report from surgical exploration w/o resection
- Image-guided tissue bx (i.e. incisional bx under imaging)
  - Do not use size from core biopsy or needle biopsy for clin TS UNLESS size is from tumor and not specimen. Core bx and needle bx do not obtain enough tissue to know actual tumor size.
  - Note: An incisional bx that removed the whole tumor is actually an excisional biopsy. Record excisional biopsy TS in Tumor size Path.
- Diagnostic imaging
- Physical exam

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Tumor Size Pathological

- Required for all solid tumors
- Size of solid invasive primary tumor that has been resected
- Incisional biopsy that removed whole tumor is actually excisional biopsy. Record excisional biopsy tumor size here
- Do not use size from imaging
- Code 999 when:
  - Neoadjuvant therapy has been administered. Do not use post-neoadjuvant size to code path tumor size.

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New Schema Discriminator 2 was added soft tissue schemas

Table 2: Schema Discriminators Modified for 2021

Schema Discriminator	NAACCR Item #	New Schema Discriminator Description
Schema Discriminator 2*	3927*	Soft Tissue Abdomen and Thoracic Soft Tissue Trunk and Extremities Soft Tissue Other

*Schema Discriminator 2 [3927] was implemented in 2018. As of 2021, it is also required for C473, C475, C493-C495 applicable to Soft Tissue schemas.

Table 3: Site-specific Data Items Implemented in 2021

Schema	NAACCR Item #	SSDI
Colon and Rectum	3940	BRAF Mutational Analysis
Colon and Rectum	3941	NRAS Mutational Analysis
Esophagus Squamous Esophagus Stomach	3855	HER2 Overall Summary
Lung	3938	ALK Rearrangement
Lung	3939	EGFR Mutational Analysis
Neuroendocrine Tumors NET Ampulla of Vater NET Appendix NET Colon and Rectum NET Duodenum 00301 NET Jejunum and Ileum NET Pancreas NET Stomach	3863	Ki-67
Pancreas 00280	3942	CA 19-9 PreTx Lab Value

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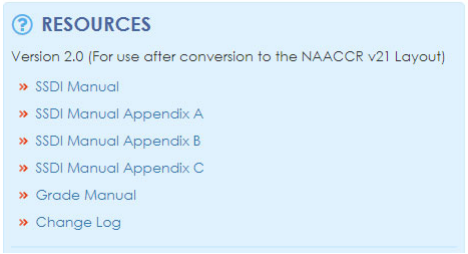
Grade Post Therapy Clinical (yc) #1068

- Grade, Post Therapy Clin (yc), effective 01/01/2021, records the grade of a solid primary tumor that has been microscopically sampled following neoadjuvant therapy or primary systemic/radiation therapy.
- Refer to the most recent version of the Grade Coding Instructions and Tables
- https://apps.naaccr.org/ssdi/list/2.0



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Grade Post Therapy Path (yp) #3845

- Effective 01/01/2018, records the grade of a solid primary tumor that has been resected following neoadjuvant therapy or primary systemic/radiation therapy
- The name was updated from Grade Post Therapy to Grade Post Therapy Path (yp) in 2021.

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Section VII: Neoadjuvant Data Items

Neoadjuvant data items are all based on: systemic treatment (chemo, endo/hormone, targeted, immune, biological) and/or radiation therapy before **intended** or **performed** surgical resection.

Applicable for all cases dx 1/1/2021+

- Neoadjuvant Therapy (#1632)
- Neoadjuvant Therapy – Clinical Response (#1633)
- Neoadjuvant Therapy – Treatment Effect (#1634)

- For 2021, SEER is the only standard setter that is requiring these data items. Since Iowa is a SEER state, this is collected on Iowa residents.

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Neoadjuvant Therapy #1632

- May also be called **pre-surgical or preoperative treatment**.
- Neoadjuvant therapy prior to planned surgical resection of primary site
- This data item captures a full course of neoadjuv therapy (usu 4-6 mos).
- Must fit **criteria** of neoadjuvant therapy
  - Phys treatment plan/statement of completion must be used.
  - Must follow rec treatment guidelines for type/duration of treatment
  - May include systemic alone, radiation alone, or combinations.
  - Code even when treatment is partial

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Neoadjuvant Therapy #1632

Benefits:

- Reduce disease burden
- Eradicate or control undiscovered mets
- Improves outcomes, survival and disease-free survival.
- Note: **Limited systemic therapy** may be given prior to surgery or **may** also occur in clinical trials with no expectation of above-mentioned benefits and should **NOT** be coded as neoadjuvant therapy (code 1 or 2) for the purposes of this data item.
  - Per Donna Gress: Bridge therapy is NOT considered neoadjuvant.

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Neoadjuvant Therapy #1632

Code 0) When neoadjuvant therapy is not part of treatment plan. When surgical resection is not part of planned first course. When patient did not have neoadjuvant therapy based on sequence of treatment.

Code 1) a. For any tumor-directed therapy meeting the definition of neoadjuvant therapy: Occurring prior to intended surgical resection and documented as neoadjuvant therapy by treatment physician. b. When pt completed full course of neoadjuvant therapy with or w/o planned surgical resection.

Code 2) When tumor-directed therapy meeting definition of neoadjuvant therapy whose intent was neoadjuvant, was begun and pt did not complete full course of neo tx.

Code 3) a. Any tumor-directed therapy NOT documented as neo tx in treatment plan and NOT meeting guidelines was given. b. When pt rec'vs some therapy prior to surgical resection, but not enough to qualify for full course of neo tx. [examples] Bridge therapy is coded here.

Code 9) Unknown if neo tx was administered; planned but unknown if given, DCO. Use code 0 when it is clear that pt did not have neo tx based on sequence of dx and rx.

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Neoadjuvant Therapy – Clinical Response #1633

Record clinical outcomes BY THE MANAGING PHYSICIAN (onc surg, rad onc, med onc)

Code 0) No neoadjuvant therapy administered. [data item #1632 coded to 0 or 3]. When therapy given does not qualify as neoadjuvant therapy (pre-op) because surgical resection not planned. When pt did not have NAT based on sequence of dx and rx.

A managing/treatment physician statement is required to assign codes 1-5.

Code 1) Complete or total response (CR) based on clinical findings. Note 1: CR is disappearance of all known tumors/lesions and LNs. Note 2: [data item #1632 coded to 1 or 2.]

Code 2) Partial response (PR) based on clinical findings. Note: PR is defined as decrease in size/extent of tumor and/or presence of LNs or metastatic disease. B. Documented as NOT being (CR) or (PD). Note: [data item #1632 coded to 1 or 2]

Code 3) Progressive disease (PD) based on clinical findings or 'progression' or evidence of new mets. Note: PD is defined as increase in size/extent of tumor and/or presence of LNs or met disease. Note 2: [data item #1632 coded 1 or 2].

Code 4) Stable disease (SD) no clinical response based on clin findings or no change in size/extent of tumor and/or presence of LNs or met disease. Note 2: [data item #1632 coded 1 or 2].

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Managing MD only

#1633 Response Code	Description of Response	#1632 NeoTX
0	No Neoadjuvant therapy given	0 or 3
1	CR	1 or 2
2	PR [or stated as NOT CR or PD]	1 or 2
3	PD	1 or 2
4	SD	1 or 2
5	NR	1 or 2
6	Inferred from imaging, biomarkers, yc	1
7	CR based on bx from path assessment	1
8	NeoTX done; response unknown, not doc	1
9	UNKN	9

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Neoadjuvant Therapy – Treatment Effect #1634

- Pathologist statement of neoadjuvant treatment effect on primary tumor or site with or w/o nodes or distant mets from surgical path report only.
- Site specific codes in Appendix C for 2021 dx

Breast

Coding Guidelines: Breast (PDF, 171 KB)

Solid Tumor Rules: Breast (PDF, 1.7 MB)

SURGERY CODES

- Breast - (C500-C509) (PDF, 204 KB)

SITE-SPECIFIC CODES FOR NEOADJUVANT THERAPY TREATMENT EFFECT

- Breast (PDF, 203 KB)
- Thymus, Heart and Mediastinum, Retroperitoneum, Soft Tissue Abdomen and Thoracic, Soft Tissue Head and Neck, Soft Tissue Other, Soft Tissue Trunk and Extremities, GIST (PDF, 206 KB) - Use these codes for sarcomas of the Breast

EOD SCHEMAS

- Breast

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Neoadjuvant Therapy – Treatment Effect #1634

- For purposes of this data item:
  - **neoadjuvant therapy** is defined as systemic treatment (chemotherapy, endocrine/hormone therapy, targeted therapy, immunotherapy, or biological therapy) and/or radiation therapy given to shrink a tumor before surgical resection
  - **surgical resection** is defined as the most definitive surgical procedure that removes some or all of the primary tumor or site, with or without lymph nodes and/or distant metastasis. For many sites, this would be Surgical Codes 30-80; however, there are some sites where surgical codes less than 30 could be used (for example, code 22 for Breast (excisional biopsy or lumpectomy).
- Note: ***This data item is not the same as AJCC's Post Therapy Path (yp) Pathological Response, which is based on the managing/treating physician's evaluation from the surgical pathology report and clinical evaluation after neoadjuvant therapy. This data item only addresses response based on the surgical pathology report.***
  - Assign code 9 when the only information available is the managing/treating physician's evaluation

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Treatment Effect #1634

Site-Specific Codes for Neoadjuvant Therapy Treatment Effect

Schema: Breast

Neoadjuvant Therapy--Treatment Effect data item [NAACCR # 1634] is related to the *Neoadjuvant Therapy* data item [NAACCR # 1632]. This data item records the findings from the post neoadjuvant therapy **surgical pathology report ONLY** when surgery is performed after neoadjuvant therapy**.** This set of codes applies to the Breast schema.

***Note*:** For **Breast only**, there are separate criteria for evaluating the primary tumor and lymph nodes. For purposes of this data item, record the information on the **primary tumor only**. If lymph node information is available, record this in the treatment text field.

Code	Description
0	Neoadjuvant therapy not given/no known presurgical therapy
1	No residual invasive carcinoma present in the breast after presurgical therapy Residual in situ carcinoma only Stated as Complete response (CR)
3	Probable or definite response to presurgical therapy in the invasive carcinoma Stated as Partial response (PR) Stated as minimal or near complete response
4	No definite response to presurgical therapy in the invasive carcinoma Stated as No response (NR) Stated as poor response
6	Neoadjuvant therapy completed and surgical resection performed, response not documented or unknown Cannot be determined
7	Neoadjuvant therapy completed and planned surgical resection not performed
9	Unknown if neoadjuvant therapy performed Unknown if planned surgical procedure performed after completion of neoadjuvant therapy Death Certificate only (DCO)

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Treatment Effect #1634

Site-Specific Codes for Neoadjuvant Therapy Treatment Effect

Schemas: All Other Schemas (Schemas not covered by site-specific codes)

Neoadjuvant Therapy--Treatment Effect data item [NAACCR # 1634] is related to the *Neoadjuvant Therapy* data item [NAACCR # 1632]. This data item records the findings from the post neoadjuvant therapy **surgical pathology report ONLY** when surgery is performed after neoadjuvant therapy**.** This set of codes applies to the all other schemas not covered by site-specific neoadjuvant therapy treatment effect codes.

Code	Description
0	Neoadjuvant therapy not given/no known presurgical therapy
1	Complete pathological response Present: No viable cancer cells/no residual invasive carcinoma identified Residual in situ carcinoma only
2	Near complete pathological response Present: Single cells or rare small groups of invasive cancer cells
3	Partial or minimal pathological response Present: Residual invasive cancer with evident tumor regression, but more than single cells or rare small groups of cancer cells
4	Poor or no pathological response Absent: Extensive residual cancer with no evident tumor regression
6	Neoadjuvant therapy completed and surgical resection performed, response not documented or unknown Cannot be determined
7	Neoadjuvant therapy completed and planned surgical resection not performed
9	Unknown if neoadjuvant therapy performed Unknown if planned surgical procedure performed after completion of neoadjuvant therapy Death Certificate only (DCO)

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Treatment Status #1285

Assign code 0 when the patient does not receive any treatment

a. Scope of Regional Lymph Node Surgery may be coded 0, 1-7, or 9

Assign code 1 when the patient receives treatment collected in any of the following data items

a. Surgery of Primary Site
b. Surgical Procedure of Other Site
c. Radiation Treatment Modality, Phase I, II, III
d. Chemotherapy
e. Hormone Therapy
f. Immunotherapy
g. Hematologic Transplant and Endocrine Procedures
h. Other Therapy

Removed Scope of Regional Lymph Node Surgery from list.

Assign code 2 when there is documentation that the patient is being monitored using **active surveillance/watchful waiting/deferred therapy or other similar options**

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Date First Surgical Procedure

Record the date of the first/earliest surgery if Surgery of Primary Site, Scope of Regional Lymph Node Surgery (excluding cases coded to 1), or Surgical Procedure of Other Site was recorded as part of the first course of therapy

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Surgery of Primary Site

Note Added:

- Use the **entire operative report** as the primary source document to determine the best surgery of primary site code. The body of the operative report will designate the surgeon's planned procedure as well as a description of the procedure that was actually performed. The pathology report may be used to complement the information appearing in the operative report, but the **operative report takes precedence.**

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Surgical Margins

- Assign code 9
  - a. When Surgery of Primary Site (#1290) is coded to 98 (not applicable)
  - b. When it is unknown whether a surgical procedure of the primary site was performed or there is no mention in the pathology report or no tissue was sent to pathology
  - c. For any case coded to primary site C420, C421, C423, C424, C760-C768, C770-C779, or C809
  - d. For death certificate only (DCO) cases

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Scope Regional LN Surgery

Code 1: Biopsy or aspiration of regional lymph nodes, NOS. Less than removal of full lymph node.

Do not count scope of LN Surgery code 1 as surgery for the purpose of coding these fields:

- Date First Course Treatment
- Treatment Status
- Date of first surgical procedure
- Radiation Seq/Surgery
  - i.e. Pt has FNA of LN pos for cancer followed by radiation. Sequence is 0.
- Systemic Seq/Surgery

It is a treatment field, but code 1 is no longer considered when coding other fields.

If a full LN was removed, it is not coded to (1).

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Radiation Treatment Modality #1506, 1516, 1526

- Code 98 was added
  - Radiation therapy administered, but treatment modality is not specified or unknown.

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Appendix C

Appendix C Bladder Coding Guidelines
Appendix C Bone Coding Guidelines
Appendix C Brain Coding Guidelines
Appendix C Lymphoma Coding Guidelines
Appendix C Melanoma Coding Guidelines
Appendix C Bladder Surgery Codes
Appendix C Breast Surgery Codes
Appendix C Colon Surgery Codes
Appendix C Ovary Surgery Codes
Appendix C Prostate Surgery Codes
Appendix C Rectum Surgery Codes
Appendix C Rectosigmoid Surgery Codes
Appendix C Skin Surgery Codes
Appendix C all Surgery Codes (morphology exceptions in heading)

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Coding Guidelines

- Bladder: Histology and behavior code section revised
  - Do not report bladder cancer based on UroVysion test results alone. Report the case if there is a physician statement of malignancy and/or the patient was treated for cancer.
  - Not Reportable: PUNLMPs (8130/1), urothelial papilloma (8120/0)
- Bone
  - Histology exceptions removed for consistency
- Brain
  - Histology exceptions removed for consistency
  - Pilocytic astrocytoma/Juvenile astrocytoma, listed as 9421/1 in ICD-O-3.2, is reportable. Record as 9421/3 in the registry. Exception: The behavior is non-malignant (9421/1) when the primary site is optic nerve (C723)
  - Histology: Code low grade neuroepithelial neoplasm to 8413/0 (dysembryoplastic neuroepithelial tumor)
  - Laterality: Assign code 5 (midline tumor) when meningioma originates in midline.
- Lymphoma
  - Background info added
  - Surgery of nodal and extranodal sites
- Melanoma
  - Reportability: As of cases diagnosed January 1, 2021, early or evolving melanoma of any type is reportable. This includes both invasive and in situ melanomas; early or evolving are reportable.
  - Breslow Tumor Thickness examples

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Surgery Codes

Bladder:

- Code 60 ***SEER Note revised:*** Use code 71 for cystoprostatectomy. Use code 71 for cystectomy with hysterectomy.
- Code 71 ***SEER Note revised:*** Use code 71 for cystoprostatectomy. Use code 71 for cystectomy with hysterectomy.
- Code 71 ***SEER Note ADDED:*** If a cystectomy is done and the prostatectomy/hysterectomy is not done, any organs other than the bladder removed during the procedure should be coded in Surgical Procedure of Other Site. If cystectomy is done along with prostatectomy/hysterectomy, all pelvic organs removed during the procedure are included in codes 70-74. Any non-pelvic organs or tissues removed during the procedure should be coded to Surgical Procedure of Other Site (NAACCR # 1294).

Breast: Breast:

- Code 30: ***SEER Note revised:*** Code Goldilocks mastectomy in Surgery of Primary Site (NAACCR # 1290). Breast surgery code 30 seems to be the best available choice for "Goldilocks" mastectomy. It is essentially a skin-sparing mastectomy with breast reconstruction. The choice between code 30 and codes in the 40-49 range depends on the extent of the breast removal. Review the operative report carefully and assign the code that best reflects the extent of the breast removal.

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Surgery Codes

Colon:

- ***SEER Note ADDED***: Do not code a colostomy, with no colon tissue removed, as surgery. If colostomy is the only procedure performed, assign surgery code 00.
- ***SEER Note ADDED***: Code circumferential resection margin (CRM) (NAACCR # 3823) when assigning surgery codes 30-80. CRM is not applicable for other surgery codes for this site. (i.e. 27)

Ovary:

- ***SEER Note revised:*** Codes 28, 37, 52, and 57: Also use code [XX] for current unilateral (salpingo) oophorectomy with previous history of hysterectomy.]

Prostate:

- Revised Code 10 Local tumor destruction, NOS

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Surgery Codes

Rectosigmoid:

- ***SEER Note ADDED:*** Code circumferential resection margin (CRM) (NAACCR # 3823) when assigning surgery codes 27, 30-80. CRM is not applicable for other surgery codes for this site.

Rectum:

- ***SEER Note ADDED:*** Code circumferential resection margin (CRM) (NAACCR # 3823) when assigning surgery codes 27, 30-80. CRM is not applicable for other surgery codes for this site.

Skin:

- Following codes 20-25 ***SEER Note revised***: For Photodynamic therapy (PDT): Assign code 11 if there is no pathology specimen. Assign code 21 if there is a pathology specimen. Codes 20-27 include shave and wedge resection.

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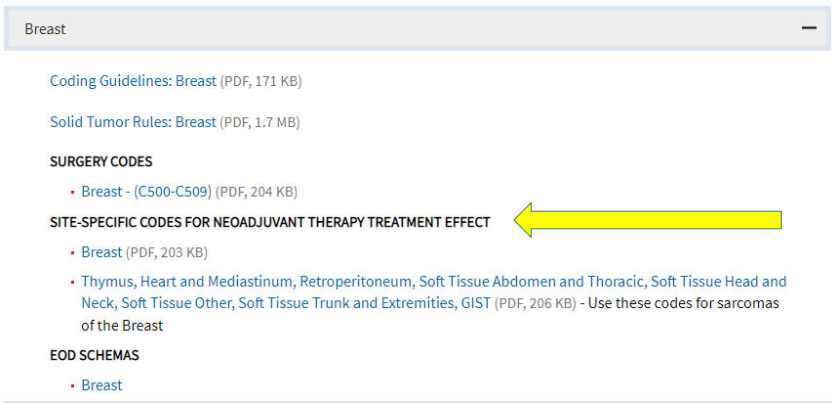
Site specific Codes for Neoadjuvant Therapy Treatment Effect

- Added new Appendix C site-specific coding documents for the new Neoadjuvant Therapy-- Treatment Effect data item. See manual.



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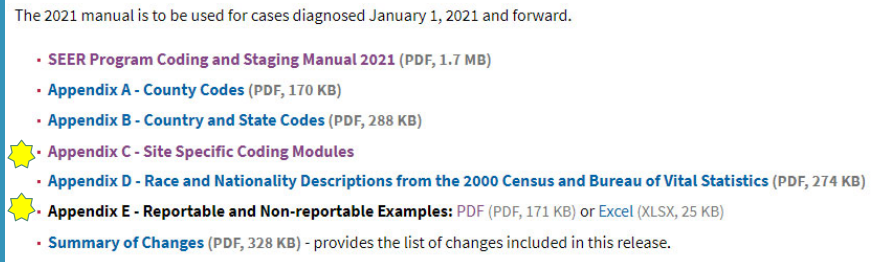
References

- https://seer.cancer.gov/tools/codingmanuals/



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Appendix E1

Reportable Examples:

- 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. The term microcarcinoid tumor is not equivalent to carcinoid tumorlet.
- 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.**
- Noninvasive mucinous cystic neoplasm (MCN) of the pancreas with high grade dysplasia.
  - Neoplasms of the pancreas, MCN with high grade dysplasia is the preferred term and mucinous cystadenocarcinoma, noninvasive is a related term (8470/2).
- 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.
- As of 1/1/2021, early or **evolving** melanoma in situ, or any other early or evolving melanoma, is reportable.

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Appendix E1

Reportable Non-Malig Examples:

- Hemangioma, NOS (9120/0)
- Dermoid cyst of brain (9084/0)
- Tectal plate lipoma (tectal = brain stem)
- Lhermitte-Duclos disease (c716, 9493/0)
- Rathke pouch tumor (c751, 9350/1)
  - Rathke cleft cyst is not reportable

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Appendix E2

NON-Reportable Examples:

- Lung cases designated "Lung-RADS 4A," 4B, or 4XLung: **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.
- Breast cases designated BIRADS 4, 4A, 4B, 4C or BIRADS 5 without any additional information.
  - Category 4 as "Suspicious." **The descriptions in categories 4, 4a, 4b, and 4c are not diagnostic of malignancy.**
  - 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.**
- 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.**

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Appendix E2

NON-Reportable Examples:

- Mature teratoma of the testis when diagnosed before puberty (benign, 9084/0) **Do not report mature teratoma when it is not known whether the patient is pre- or post-pubescent**.
- 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).
- 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**.
- 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**.

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