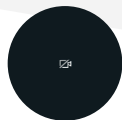


# 2024 Updates: ICD-O, Cancer PathCHART & Solid Tumor Rules

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## Focused on...



Understand the changes and updates in ICD-O and Solid Tumor Rules



Learn about Cancer PathCHART and when to use it



Gain knowledge and skills to help you abstract cases diagnosed 2024+



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# Location of Updates



## • ICD-O-3 Updates

- NAACCR website:  
<https://www.naacr.org/>
  - Cancer Registry Standards
  - ICD-O-3 Coding Updates

ICD-O-3 IMPLEMENTATION GUIDELINES

ICD O 2024 Previous Guidelines

These documents address the implementation of ICD-O-3 for cases diagnosed on or after January 1, 2024.

**ICD O 3.2 Implementation Documents for implementation in 2024**

- 2024 ICD O 3.2 Coding Guidelines - 8/2/23
- 2024 ICD O 3.2 Table 1 Numeric - 8/2/23
- 2024 ICD O 3.2 Table 2 Alpha Table - 1/2024 Behavior corrected for I9E3-rearranged RCC (C64.9) and I9E3-rearranged RCC. Corrected from 831.1/1 to 831.1/3.

**WHO IARC ICD-O-3.2**

- WHO IARC ICD-O-3.2 Excel Table 1/1/2021 (1/1/2021 & when North American registries adopted 3.2 for use)

**Annotated Histology List**

- Annotated Histology List Description and Disclaimer 7/29/21
- Annotated Histology List - 1/27/23 (corrected misspelling for terms associated with 9500/3, 9505/0 and 9798/1. No other changes)

## • Solid Tumor Rules

- SEER website:  
[https://seer.cancer.gov/tools/solid\\_tumor/](https://seer.cancer.gov/tools/solid_tumor/)

ICD-O-3 Coding Updates provided.

**Solid Tumor Rules** Download the **Solid Tumor Rules 2023 Update** (PDF, 1.8 MB) (November 7, 2024)

**Revision History**  
See change log for updates made in **November 2025**. Please see the **Revision Archive** for earlier changes.

**Histology Coding Clarifications**  
On occasion, data collection requirements of AJCC and NCI SEER have resulted in conflicting cancer coding instructions for cancer registrars. For specific instructions about reviewing cases already coded, please visit the **Histology Coding Clarifications** page.

See the [May 2023 Revisions](#)  
See the [December 2022 Revisions](#)  
See the [September 2021 Revisions](#)  
See the [December 2020 Revisions](#)  
See the [November 2020 Revisions](#)  
See the [July 2019 Revisions](#)  
See the [April 2019 Revisions](#)  
See the [2018 Revisions](#)

See the [December 2023 Revisions](#)  
See the [December 2022 Revisions](#)  
See the [September 2021 Revisions](#)  
See the [December 2020 Revisions](#)  
See the [November 2020 Revisions](#)  
See the [July 2019 Revisions](#)  
See the [April 2019 Revisions](#)  
See the [2018 Revisions](#)

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## Order of Operation

### Coding Histology for Solid Tumors:

1. Use the Solid Tumor Rules – Histology Rules and Tables
2. Check 2024 ICD-O-3 Update Tables 1 or 2 to determine if histology term is listed
3. Review ICD-O-3.2 – recommend ICD-O-3 Annotated Histology list updated in red
  - New editions of the blue books are not included in ICD-O-3.2
  - The new ICD-O manual will not be released until after all 5<sup>th</sup> Ed WHO Blue Books are completed
4. Search SEER\*SINQ or submit a question to Ask a SEER Registrar



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# ICD-O

2024 Updates



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## ICD-O Updates

Based on WHO 5<sup>th</sup> Ed Classification of Tumors (Blue Book) series

- Urinary and Male Genital Tumors

Effective for cases 1/1/2024+

- No new histology codes added
- New terms (existing codes)
- Behavior changes



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## Updates by the Numbers

Category	Count
New ICD-O Codes	0
New Preferred or Alternate terms	34 (11 non-reportable)
Codes with Behavior Change	7 (6 associated terms; 1 changed to reportable)
New Related Terms	9

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## ICD-O Table Excerpt

Table 1: Numeric List  
Table 2: Alphabetic List

ICD-O Code	Term	SEER Req	CoC Req	Remarks
9061/2	Intratubular seminoma	Y	Y	New term and behavior
9104/3	Placental site trophoblastic tumor of testis	Y	Y	Behavior change from /1 to /3, <i>Reportable for cases 2024+, Testis ONLY</i>
8070/3	Pure Squamous cell carcinoma of urothelial tract	Y	Y	New Term
8085/3	Squamous cell carcinoma, HPV-associated	Y	Y	<i>Valid for C60_; C63.2 beginning 2024+</i>
8086/3	Squamous cell carcinoma, HPV-independent	Y	Y	<i>Valid for C60_; C63.2 beginning 2024+</i>
9080/3	Teratoma, postpubertal-type	Y	Y	New preferred term

Prior to 2024 these are not valid for penis and scrotum

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# Cancer PathCHART

Cancer Pathology Coding Histology and Registration Terminology

<https://seer.cancer.gov/cancerpathchart/>

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## Cancer PathCHART



### • 2024 Cancer PathCHART ICD-O-3 Site Morphology Validation List

- Replaces both the ICD-O-3 SEER Site/Histology Validation list and list of impossible site/histology combinations
- Designates all tumor site-morphology combinations that are either valid, unlikely, or impossible
  - Sites reviewed for 2024:
    - Bone and Soft Tissue
    - Breast
    - Digestive
    - Female genital
    - Male genital
    - Urinary – kidney
- **Edits have been developed to review validity**
  - **Unlikely** – review and update site and/or morphology or allow override
  - **Impossible** – review and must change either primary, histology, and/or behavior

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# Cancer PathCHART (CPC) Search

- Intended to explore tumor site and morphology combinations
  - Assist in validating tumor site and morphology edits
- It is **NOT** intended to be used to assign codes for primary (tumor) site, histology, and behavior
- Search is more effective if site and histology codes are determined *prior to CPC\*Search*
  - Use when you get an edit on your abstract that is unlikely or impossible

<https://seer.cancer.gov/cancerpathchart/search/tool/>

- This is **NOT** intended for daily abstraction



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## CPC\*Search

Search User Guide Search Tool Information

Provide both Primary Site (term or code) and Histology (term or code):

Choose either Term or Code

Primary Site

ICD-O-3 Topography Code

Ex. C34.9

Search CPC Standards Clear Search

Provide both Primary Site (term or code) and Histology (term or code):

Choose either Term or Code

Primary Site

ICD-O-3 Topography Code

Ex. C34.9

Search CPC Standards Clear Search

Choose either Term or Code

Histology Terms

cholangiocarcinoma

AND

ICD-O-3.2 Histology Code

Ex. 8000

Behavior

Benign (1/0)

Uncertain/Borderline (1/1)

In Situ (2/2)

Malignant (3/3)

Select All

CPC Validity Status

Valid

Unlikely

Impossible

Select All

Primary Site	ICD-O-3 Site Code	ICD-O-3.2 Morphology Code	ICD-O-3.2 Preferred Term	WHO Term(s)	CPC Validity Status
Liver	C22.0	8180/3	Cholangiocarcinoma		Impossible
Liver	C22.0	8160/3		Intrahepatic cholangiocarcinoma	Impossible
Liver	C22.0	8162/3	Perihilar cholangiocarcinoma		Impossible
Liver	C22.0	8180/2	Combined hepatocellular carcinoma and cholangiocarcinoma, in situ		Unlikely

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# Solid Tumor Rules

2024 Updates



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## Solid Tumor Rules

- The most recent **Solid Tumor Rules (STR)** should be used *as soon as it is released*
  - Each update contains start years when new codes become valid and when new instructions become active
  - If no date is associated with a newly added code or instruction, then it can be applied back to 2018 (or 2021 for Melanoma and 2023 for Other Sites)
- Contents in the STR are cumulative
- **Recommend downloading the current manual**
  - Latest recommendation for the current STR manual
- Previous updates are archived



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## Overview of STR Updates

- Content of the STR have been made consistent with the Cancer PathCHART tumor site and morphology standards
- Most changes related to addition of new terminology, clarifications to equal/equivalent terms, and clarifications to terms that are not equivalent
- No new site-specific modules



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## STR General Updates



Site-Specific Module	Update
Colon	<b>Table 1:</b> Added GIST row
	<b>H6:</b> Added coding instructions for assigning behavior in LAMN
Head & Neck	Added subtype/variants to <b>Tables 1, 3, 5, and 9</b>
	<b>Table 5</b> (oropharynx): instructions for coding HPV related SCC with subtype/variant
Kidney	<b>Table 1:</b> Added subtype/variants
	<b>Table 2:</b> Added non-reportable histology terms
	Updated <b>M7</b> with new subtypes/variants for 8311/3
Lung	<b>Table 3:</b> Cleaned up NEC/NET rows Note in <b>Table 3</b> for coding mucinous carcinoma/adenocarcinoma, NOS
	<b>H7</b> updated to include valid term for coding histology per CAP

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# STR General Updates, cont.



Site-Specific Module	Updates
Non-malignant CNS	Table 6: Added subtypes/variants
	Added notes to M10, M11, and M12
Urinary	Table 2: Added new terms per 5 <sup>th</sup> ED WHO
	Table 2: Added NEC/NET rows
Other Sites	Added new terminology, synonyms, or subtypes/variants to Tables 3, 4, 5, 6, 7, 9, 10, 11, 12, 13, 15, 17, and 18
	Added instructions to Table 6 (stomach) for coding Lauren histology vs. WHO

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# STR Major Updates



## • Breast

- Beginning with cases **diagnosed 1/1/2024+**, in situ lobular carcinoma with other types of in situ carcinoma (8524/2) has been deemed biologically impossible based on Cancer PathCHART review
  - Table 2 has been updated with coding instructions and new H rules added to the in situ histology section

Required Histo Terms	Histology Combo Term/Code
Lobular carcinoma <b>AND</b> Any histology in Table 3 except: <ul style="list-style-type: none"> <li>Duct carcinoma/carcinoma NST/variant 8500</li> <li>Paget disease, in situ and invasive</li> </ul>	Infiltrating lobular mix w/ other types 8524/3  In situ lobular mix w/ other types in situ 8524/2 <b>(Cases diagnosed prior to 2024 ONLY)</b>  <b>Note:</b> Beginning w/ cases diagnosed 2024+, in situ lobular carcinoma w/ other in situ types 8524/2 is deemed biologically impossible

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# STR Major Updates: Breast



- **NEW H7:** Code **in situ lobular carcinoma 8520/2** when there is a combination of lobular carcinoma in situ and one other histology other than DCIS **AND**

- Percentage of lobular in situ comprises greater than 50% of the tumor **OR**
- Percentage of lobular in situ is unknown/not documented

**Note:** this is a new rule and applies to cases diagnosed 1/1/2024+; See **H9** for cases diagnosed prior to 1/1/2024

- **NEW H8:** Code the histology that **comprises greater than 50%** of the tumor when two histologies are:

- In situ lobular **AND** any other histology other than DCIS

**Note:** this is a new rule and applies to cases diagnosed 1/1/2024+; see **H9** for cases diagnosed prior to 1/1/2024

# STR Major Updates: Breast



- The Cancer PathCHART review determined some histologies with individual ICD-O codes are to be considered synonyms for the NOS term
  - In **Table 3** moved from subtype/variant (*column 3*) to synonym (*column 2*)
  - These are identified with the symbol ++ and **cases Dx 2024+**

Specific/NOS/NST	Synonyms	Subtypes/Variant
Carcinoma NST <b>8500</b>	Invasive solid carcinoma/adenocarcinoma <b>8500/3++(cases diagnosed 2024+)</b>	Ductal carcinoma in situ, solid type/intraductal carcinoma, solid type 8230/2; <ul style="list-style-type: none"> <li>• Solid carcinoma/solid adenocarcinoma <b>8230/3++ (cases diagnosed prior to 2024 ONLY, applies to invasive ONLY)</b></li> </ul>
Metaplastic carcinoma NOS/NST <b>8575</b>	Metaplastic carcinoma spindle cell type/spindle cell carcinoma <b>++(cases diagnosed 2024+)</b>	Metaplastic carcinoma spindle cell type/spindle cell carcinoma <b>8032++ (cases diagnosed prior to 2024)</b>

## STR Major Updates: Malignant CNS

### • **Table 6:** Histology NOS, Synonym, and Subtype/Variants

- **NEW row:** Cauda equina neuroendocrine tumor **8693/3**
  - Code invasive behavior (/3) even though it has a WHO Grade 1
- Glioma NOS **9380/3**
  - Umbrella term
  - Additional testing should be performed to identify mutations and biomarkers that would provide a definitive type. *See M rule to determine multiple primaries*
- Neuroepithelial tumor, malignant **8000/3**
  - Rare tumor specific to children
  - Numerous subtypes which are not easily identified so a specific type may not be identified on the pathology report



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## STR Major Updates: Malignant CNS

- **NEW Rule M4:** Code a **single primary** when a neoplasm is originally diagnosed as glioma, NOS and subsequently recurs in residual tumor with a more specific histology

**Note 1:** Glioma, NOS is considered an umbrella term. Additional testing should be performed to identify mutations and biomarkers that would provide a definitive histology type.

**Note 2:** If a specific histology is diagnosed in residual tumor or additional testing provides a definitive histology, edit the original abstract as follows:

- Do **NOT** change the date of diagnosis
- For cases that have been abstracted, update the ICD-O code based on the new findings
- Report all data changes for cases which have been submitted to the central registry

**Note 3:** There is no time requirement



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# STR Major Updates: Other Sites

- **NEW** – Guidelines for assigning primary sites for liver and intrahepatic bile duct neoplasms based on histology and other criteria are included in **Table 9a**
  - Based on Cancer PathCHART review which have determined adenocarcinoma and subtypes of adenocarcinoma cannot be primary to liver and are biologically impossible.
  - Coding instructions in Table 9a may be *applied to cases diagnosed 2023+*
    - **No need to review and update previous cases**



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## Other Sites – Table 9a

Site of biopsy/cytology	Pathology/Cytology Diagnosis	Criteria/Notes	Primary Site/Histology
Liver C220	Adenocarcinoma NOS Adenocarcinoma subtypes/variants	Supporting documentation such as scans, lab test, or definitive clinical diagnosis of intrahepatic bile duct primary and/or definitive diagnosis of cholangiocarcinoma	<b>C221 8160/3</b>
Liver C220	Adenocarcinoma NOS Adenocarcinoma subtypes/variants	No documentation supporting the primary site of intrahepatic bile duct is available in the medical record. This includes scans, lab tests, or definitive clinical diagnosis. Liver is common metastatic site.	<b>C809 8140/3</b>
Liver C220 or Intrahepatic bile duct C221	Hepatocellular carcinoma (HCC)	Cancer PathCHART review has determined HCC is valid for liver C220 only.	<b>C220 8170/3</b>
Liver C220	Combined HCC and cholangiocarcinoma	Cancer PathCHART review has determined combined HCC and cholangiocarcinoma if valid for intrahepatic bile duct C221 only.	<b>C221 8180/3</b>

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## Table 9a Case Example

- 1/1/2024 CT Ab/Pelvis: 1.5cm mass noted in right lobe of liver concerning for malignancy, biopsy recommended
- 1/3/2024 Liver biopsy: adenocarcinoma
- 1/15/2024 Med Onc Consult: 65yr old male with confirmed cholangiocarcinoma of the liver

1. Liver  
biopsy

2.  
Adenocarcinoma

3. Documentation  
from med onc  
confirms  
cholangiocarcinoma

4. Code:  
Primary Site: C221  
Histology: 8160/3



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## Table 9a Case Example

- 1/1/2024 CT Ab/Pelvis: 1.5cm mass noted in right lobe of liver concerning for malignancy, biopsy recommended
- 1/3/2024 Liver biopsy: adenocarcinoma

1. Liver  
biopsy

2.  
Adenocarcinoma

3. No documentation  
in the record stating  
cholangiocarcinoma  
or primary is IHB

4. Code:  
Primary Site: C809  
Histology: 8140/3



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## STR Major Updates: Other Sites

- Several tables include more than one site or site group
  - Tables are based on WHO Classification of Tumors books unless otherwise specified
  - Cancer PathCHART review determined some histologies are valid for specific sites only and not for all sites within a site group
    - Valid C-code will be denoted in bold next to the histology or histologies in applicable tables
    - Coding these histologies to a site other than the one(s) noted in the tables has been determined to be biologically impossible and will not pass edits



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## STR Major Updates: Other Sites

- **Table 2** (Mixed and Combo Codes)
  - Hepatocellular carcinoma plus cholangiocarcinoma row
    - Combined hepatocellular and cholangiocarcinoma 8180 **C221**
- **Table 9** (Liver and Intrahepatic Bile Ducts)
  - Cholangiocarcinoma 8160 **C221**
- **Table 10** (Gallbladder and Extrahepatic Bile Ducts)
  - Bile duct carcinoma 8160 **C240**



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## STR Major Updates: Other Sites

### • **Table 16 (Uterus)**

- The following histologies are biologically impossible for **myometrium C542** per Cancer PathCHART
  - Carcinoma, undifferentiated NOS **8020**
  - Endometrioid carcinoma/adenocarcinoma **8380**
  - Mixed cell adenocarcinoma **8323**
  - Mucinous carcinoma/adenocarcinoma include subtype/variants **8480**
  - Neuroendocrine carcinoma include subtype/variants **8246**



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## STR Major Updates: Other Sites

- **NEW** Rule **M17**: Abstract **multiple primaries** when separate/non-contiguous tumors are two or more **different subtypes/variants** in Column 3, Table 3-23 in the Equivalent Terms and Definitions
 

*Note: The tumors may be subtype/variant of the same or different NOS histologies*
- **NEW** Rules **H3/H25**: Code **8077/2** (squamous intraepithelial neoplasia, high grade for the following (see list in rule H3/H25)
- **NEW** Rules **H4/H26**: Code **8148/2** (glandular intraepithelial neoplasia, grade III) for the following (see list in rule H4/H26)



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# STR Major Updates: Other Sites

## • Thyroid

- **M8** – Abstract **multiple primaries** when separate/non-contiguous tumors are anaplastic and any other histologies in the thyroid

**Note:** This rule does not apply to multiple tumors that are anaplastic carcinoma and undifferentiated carcinoma

- **H20** – Code **papillary carcinoma, follicular variant of thyroid (8340)** when there are multiple papillary and follicular carcinoma subtype/variants (histology types and codes listed)

**Note:** Some thyroid histologies are compound terms meaning two or more histology types are combined into a single ICD-O code. Use Table 12, ICD-O, and all ICD-O updates to determine if the term containing multiple histologies has a specific code.



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# STR Major Updates: Other Sites

**New Table 22:** Thymus Histologies

Specific and NOS	Synonyms	Subtypes/Variants
<b>Adenocarcinoma NOS 8140</b>		Adenocarcinoma, enteric-type <b>8144/3</b> Low-grade papillary adenocarcinoma <b>8260/2</b> Thymic carcinoma with adenoid cystic carcinoma-like features <b>8200/3</b>
<b>Neuroendocrine tumor (NET) 8240/3</b>	Carcinoid tumor NOS Neuroendocrine tumor, grade 1 Typical carcinoid	Atypical carcinoid/neuroendocrine tumor, grade 2 <b>8249/3</b>
<b>Thymoma NOS 8580/3</b> <i>Note: subtype/variants with synonyms are separated by (/)</i>	Intrapulmonary thymoma Metaplastic thymoma Sclerosing thymoma	Thymoma, type A/medullary/spindle cell <b>8581/3</b> Thymoma, Type AB/mixed type <b>8582/3</b>



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# STR Major Updates: Other Sites



- **NEW Table 23: Penis and Scrotum histologies**
  - Penis Coding Notes:
    - Codes 8085 and 8086 are valid for C60\_ and C63.2 beginning 2024+
    - P16 is a valid test to determine HPV status and can be used to code HPV-associated and -independent histologies
      - **HPV-associated SCC:** associated with HPV infection
      - **HPV-independent SCC:** not associated with HPV infections
    - When diagnosis is a subtype/variant for SCC **and** HPV status is also noted, ignore HPV status and **code subtype/variant**
      - **EXCEPTION:** when keratinizing or non-keratinizing SCC are included in the diagnosis with HPV status, **code HPV histology:** 8085 or 8086

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## Other Sites: **NEW** Table 23



Specific and NOS	Synonyms	Subtypes/Variants
Adenocarcinoma NOS 8140		Adenosquamous carcinoma <b>8560</b> Mucoepidermoid carcinoma <b>8430</b>
Paget disease, extramammary 8542/3		
<b>Squamous cell carcinoma NOS 8070</b> <i>Note 1:</i> Histologies with (#) are HPV-associated  <i>Note 2:</i> Histologies with (*) are HPV-independent  <i>Note 3:</i> Codes 8085 & 8086 are valid for C60_ and C63.2 for cases 2024+	Squamous cell carcinoma, in-situ <b>8070/2</b> SCC NOS	Basaloid SCC <b>8083#</b> Clear cell SCC <b>8084#</b> Papillary squamous cell carcinoma <b>8052*</b> Pseudoglandular SCC/Pseudohyperplastic SCC <b>8075*</b> SCC HPV-associated <b>8085#</b> SCC HPV-independent <b>8086*</b>

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# Questions?

**SEER\*SINQ** – search for your topic/question:

<https://seer.cancer.gov/seer-inquiry/>

**Ask a SEER Registrar:**

<https://seer.cancer.gov/registrars/contact.html>

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