

ICD-O-3.2 Heme/Lymph DB & Manual 2026 Updates

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Overview

- No new codes added
- New terms added to already existing codes
- *Head & Neck Tumors*
- *Hematopoietic/Lymphoid updates*

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Update Resources

- 2026 ICD-O Implementation Guidelines
- Table 1: Numerical Order
- Table 2: Alphabetical Order
- Annotated Histology List

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



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ICD-O Code	Term	Req SEER	Req NPCR	Req CoC	Req CCCR	Remarks
9896/3	Acute myeloid leukemia, FLT3-TKD	Y	Y	Y	Y	New related term
9871/3	Acute myeloid leukemia, inv(16)(p13;q22)	Y	Y	Y	Y	New related term
9805/3	Acute leukemia of ambiguous lineage with BCL11B rearrangement	Y	Y	Y	Y	New related term
9805/3	Acute leukemia of ambiguous lineage with other defined genetic abnormalities	Y	Y	Y	Y	New related term
9920/3	Acute myeloid leukemia post cytotoxic therapy	Y	Y	Y	Y	New related term
9895/3	Acute myeloid leukemia post myelodysplastic-myeloproliferative neoplasm	Y	Y	Y	Y	New related term
9861/3	Acute myeloid leukemia with CBFA2T3::GLIS2 fusion	Y	Y	Y	Y	New related term
9871/3	Acute myeloid leukemia with CBFB rearrangement	Y	Y	Y	Y	New related term
9861/3	Acute myeloid leukemia with DEK::NUP214 fusion	Y	Y	Y	Y	New related term
9861/3	Acute myeloid leukemia with FUS::ERG fusion	Y	Y	Y	Y	New related term
9861/3	Acute myeloid leukemia with KAT6A::CREBBP fusion	Y	Y	Y	Y	New related term
9897/3	Acute myeloid leukemia with KMT2A rearrangement	Y	Y	Y	Y	New related term
9897/3	Acute myeloid leukemia with t(9;11)(p22;q23) with KMT2A-MLL3 or other exact fusion	Y	Y	Y	Y	New related term

**Table 2: 2026
ICD-O-3.2 Update
(Alpha)**

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Head & Neck Histology Updates

Term	ICD-O Code	Sites	Notes
HPV-associated oral epithelial dysplasia, high grade	8085/2	<i>Valid only for:</i> C020-C029; C030-C039; C040-C049, C050-C059, C060-069	Reportable for SEER with cases 2026+
HPV-associated SqCC	8085/3	Now valid for nasal cavity and paranasal sinuses	
HPV-independent SqCC	8086/3		
HPV-related multiphenotypic sinonasal carcinoma	8483/3	Nasal cavity and paranasal sinuses	New related term
Hybrid verrucous carcinoma	8070/3	Hypopharyngeal, laryngeal, tracheal, parapharyngeal	New related term
Intercalated duct intraductal carcinoma	8500/2	Salivary gland	New related term

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Head & Neck Histology Updates

Term	ICD-O Code	Sites	Notes
Mixed intraductal carcinoma	8500/2	Salivary gland	New related term
Nasopharyngeal carcinoma	8070/3	Nasopharyngeal sites	New related term
Oncocytic intraductal carcinoma	8500/2	Salivary gland	New related term
Renal cell-like sinonasal adenocarcinoma	8140/3	Nasal cavity and paranasal cavity	New related term
SMARCB1-deficient sinonasal adenocarcinoma; SMARCB1-deficient sinonasal carcinoma; SMARCA4-deficient sinonasal carcinoma	8044/3	Nasal cavity and paranasal cavity	New related term

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Cancer PathCHART: Product Downloads

Cancer PathCHART

- Review Process
- Product Downloads
- Cancer PathCHART Search +
- Communications and FAQs

Primary Products

Beginning with cases diagnosed in January 1, 2024 and forward, the Cancer PathCHART initiative standards included in the **Cancer PathCHART ICD-O-3 Site Morphology Validation Lists (CPC SMVLs)** should be used.

- These lists designate all tumor site-morphology combinations that are either valid or impossible as determined for the sites reviewed by the Cancer PathCHART initiative.
- For sites not yet reviewed by Cancer PathCHART, the existing standards from 2023 will remain unchanged in these lists.
- For cases diagnosed January 1, 2024, and forward, the CPC SMVLs serve as the basis for the Primary Site, Morphology-Type, Beh ICD03 2024 (N7040) edit, which checks for valid, unlikely and impossible site, histology, and behavior code combinations.

Standards Released October 2025

- V2024A_V2025A_V2026_CPC_SMVL.xlsx (XLSX, 8.7 MB)
- V2024A_V2025A_V2026_CPC_SMVL.xml (XML, 22.2 MB)
- V2024A_V2025A_V2026_CPC_SMVL.csv (CSV, 6.8 MB)
- V2024A_V2025A_V2026_CPC_SMVL.json (JSON, 33.8 MB)
- V2024A_V2025A_V2026_CPC_SMVL_Release_Notes.docx (DOCX, 42 KB)

For the 2024 and 2025 CPC SMVLs, second versions (V2024A and V2025A) are included in the current October 2025 release file along with the 2026 standards (V2026) as separate columns for each implementation year. This version, released in October 2025, is V2024A_V2025A_V2026. Details about changes to CPC SMVL file generation can be found in the [V2024A_V2025A_V2026 CPC SMVL Release Notes](#) (DOCX, 43 KB). Head and neck sites were the only primary tumor sites reviewed for the V2026 CPC SMVL.

Current Standards 2024, 2025 & 2026

Cancer PathCHART

2024 & 2025 CPC updates released 10/1/25

Download & Read release notes

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

2025: New impossible histologies

Primary Site	Pathology/cytology diagnosis	Code Primary Site	Code Histology
Kidney parenchyma (C649)	Urothelial cell carcinoma/TCC (8120); Papillary urothelial cell carcinoma/Papillary TCC (8130)	Renal Pelvis (C659)	
	Acinar cell carcinoma (8550)		8551 (Acinar adenocarcinoma of lung)
Lung (C34_)	Mixed cell adenocarcinoma (8323)		Use more specific histology; review for miscode
	Bronchioloalveolar carcinoma, non-mucinous (8252)		8140 (Adenocarcinoma)
	Signet ring cell carcinoma (8490)		8140 (Adenocarcinoma)
	Papillary carcinoma NOS (8050)		8140 (Adenocarcinoma)
	Small cell carcinoma, fusiform cell		8041 (Small cell carcinoma)
	SCC, spindle cell (8074)		8022 (Pleomorphic carcinoma)
	Carcinoma, anaplastic NOS (8021)		8022 (Pleomorphic carcinoma)

2026 – New impossible histologies

Site	Pathology/Cytology Diagnosis	Code Histology
Parotid Gland (C079)	Mixed tumor, malignant NOS (8940)	8941 (Carcinoma ex pleomorphic adenoma)
	Pleomorphic carcinoma (8022)	8033 (Sarcomatoid salivary duct carcinoma) <i>OR</i> 8070 (SqCC)
	Carcinoma in situ (8010/2)	8941/2 (Intracapsular carcinoma ex pleomorphic adenoma)
	Adenocarcinoma w/ mixed subtypes (8255)	8140 (Adenocarcinoma)

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Added v2024A & v2025A Edits Impossible morphologies

Year changed	Site	Code/Term	Update to:
2024 (v2024A)	Female genital tract, NOS	8041 (High grade serous carcinoma)	If endometrium primary C541 , Code 8441 (serous carcinoma NOS)
	Overlapping male genital organs	8542 (Paget disease, extramammary)	Histology ONLY valid for Penis (C60_)
	EHBD (C240); Overlapping biliary tract (C248); Biliary tract NOS (C249)	8180 (combined HCC and cholangiocarcinoma)	ONLY valid for C221 (IHBD) If site is C240, C248, C249 <u>assign a different histology</u>
2025 (v2025A)	Bladder dome (C671); Bladder NOS (C679)	8440 (Cystoadenocarcinoma NOS)	ONLY valid for Urachus C677 ; Reconsider primary site 10

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2026 Heme/Lymph Updates

- Full data base and manual update
- ICD-O-3.2 new terms included in DB/Manual
- **Appendix E:** List of terms added from the WHO 5th edition of Hematolymphoid Neoplasms
- No new modules or rules added to Manual

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2026 Heme/Lymph Manual

Heme/Lymph Manual v3.3

https://seer.cancer.gov/tools/heme/Hematopoietic_Instructions_and_Rules.pdf

Hematopoietic Project
Updated November 26, 2025 (view [Revision History](#))

Reporting Guidelines

- Casefinding Lists
- SEER Coding and Staging Manual +
- Hematopoietic Project -
- Hematopoietic and Lymphoid Database
- Revision History ←
- Online Training
- ICD-O-3 Coding Materials
- Solid Tumor Rules +

This manual and the corresponding database are to be used for coding cases diagnosed January 1, 2010 and forward. **The changes made do not require registrars to recode old cases.**

This site provides data collection rules for hematopoietic and lymphoid neoplasms for 2010+. There are two tools for use with these rules:

- 1- Hematopoietic & Lymphoid Neoplasm Database (Heme DB)**
a. A tool to assist in screening for reportable cases and determining reportability requirements
- 2- Hematopoietic & Lymphoid Neoplasm Coding Manual (PDF) (9 MB)**
a. Reportability instructions and rules for determining the number of primaries, the primary site and histology, and the cell lineage or phenotype

Support Resources

- Questions? [Ask a SEER Registrar](#)
- [Join the SEER Registrar News listserve](#) to receive announcements of upcoming changes.

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Updated Sections



Steps for Using the
Heme DB and Coding
Manual



Multiple Primaries
Calculator



Transformations



Primary site coding
instructions/rules



Histology Coding
Instructions



Treatment

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Multiple Primary Calculator

- Start with DB and gather information on your histology
- Determine if you have a histology that transforms to another histology, or has another histology transforming to it
- *This would be rule M8-M13*
- **DO NOT** use M15 for transformation type histologies
- Carefully go through all the rules, M1-M14
- Find the rule that applies and **STOP** – follow the rule

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Transformation

- Don't assume based on the histologic name that includes "chronic" or "acute" this means transformation
- **ALWAYS** refer to the Transformations to/from in the Heme DB to determine transformation status
- Physicians don't sure the word "transformation" like we do in the registry world – follow the instructions/rules in the Heme manual and DB regarding transformations

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Transformation

- Transformations are defined as
- **Chronic** = *Indolent* that transform to an **Acute** = *Aggressive* neoplasm (or vice-versa)
- Occurs within the myeloid neoplasms and B-cell lymphoid neoplasms
- **ALWAYS** review transformation information before going to the M rules
- *M8-M13* only apply to histologies that have transformations listed in Heme DB

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Primary Site Instructions

- Lymphomas are the most complex, especially when there is extensive involvement throughout the body
- Do **NOT** simply code primary site based on site of biopsy
- *Imaging information can be critical in assigning primary site*
- Remember bone, brain, liver, lung, and bone marrow are common metastatic sites
- *If these sites are involved, put them aside and see what else is involved*

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Primary Site Instructions

- Metastatic sites put aside, look for other organ involvement
- *Single organ involved*
- Is spleen involved? Any regional LN involved for that organ?
- See Rules PH24 and PH25
- *Multiple non-metastatic organs involved*
- **WITH** lymph node involvement, code C779 (PH22)
- **WITHOUT** lymph node involvement, primary site may be C809 or one of the organs may be the primary

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Coding Mets at DX Fields

- **Primary Site: C421**
- All Mets @ Dx fields must be coded to 8
- **Primary Site: C770-C779**
- Mets @ Dx Distant LN must be coded to 8
- Other Mets @ Dx fields are coded as applicable just like other solid tumors

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Histology Coding

- The updated diagnosis **MUST** be provided by the pathologist or managing physician based on positive immunophenotyping or genetics
- Pathologist/Physician statement can be found in final diagnosis, synoptic report, or in comments section
- Registrars are not to assign a more specific histology based on genetics or immunophenotyping **UNLESS** documented by a pathologist/physician

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Histology Coding

Case Scenario –

Final Diagnosis: Acute myeloid leukemia with monocytic differentiation; Note: combined morphologic and immunophenotypic findings are consistent with involvement by an acute myeloid leukemia with monocytic differentiation;

Cytogenetics: RUNX1, RUNX1T1 Pos, NPM1+, FLT3+, TKD+

No revised diagnosis available

Histology Coded: 9861/3 – Acute myeloid leukemia w/ monocytic differentiation

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First Course Treatment

- For purposes of determining multiple primaries in Hematopoietic diseases “treatment” refers to the patient receiving at least one form of cancer-directed treatment: surgery or systemic therapy, **NOT** passive treatment like supportive care or observation
- Lymphomas can be treated with surgery, chemo, radiation, hormones, and immunotherapy
- Leukemia often treated with chemotherapy, immunotherapy, and BMT/Stem cell transplant

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Phases of Treatment

- **Induction:** get the disease/leukemia into remission; usually lasts one month
- **Consolidation/Intensification:** if remission is achieved then this is another phase of treatment; usually lasts several months and given in higher doses; may also have bone marrow or stem cell transplant
- **Maintenance:** can last up to 2 years, maintain remission
- **Palliative:** given when treatment fails or patient doesn't reach remission; main goal is to control the cancer and its symptoms, not meant to cure

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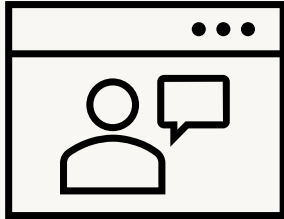
Treatment Instructions

- First course ends when the treatment plan is complete or remission achieved, no matter how long it takes to complete the plan
- Chronic neoplasm followed by acute neoplasm – treatment doesn't affect the number of primaries
- Acute neoplasm followed by chronic neoplasm – treatment does affect the number of primaries (M12 and M13)
- Multiple primaries code treatment to both abstracts when treatment given for one primary also affects/treats the other primary

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2026 Heme/Lymph Training



- ICR Video Training Series:
- **Heme-Lymph**
- *Navigating Heme/Lymph DB and Manual*
- *Myeloid Neoplasms*
- *Lymph Neoplasms*
- Website:
- <https://shri.public-health.uiowa.edu/registrars/training-education/video-training-library/>

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Final Reminders



REVIEW THE
UPDATES/CHANGE LOGS
FOR EACH MANUAL



READ THE 2026
IMPLEMENTATION
GUIDELINES



COMPLETE THE **2026**
UPDATES QUIZ

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Questions? Contact me.

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