

Reportable Cases	Exceptions (not reportable)
Report all histologies with a behavior code of /2 or /3 in ICD-O- Third Edition, Second Revision Morphology (ICD-O-3.2), except those that are noted to be Exceptions to reporting requirement.	Skin cancers (C44._) with histology 8000-8005, 8010-8046, 8050-8084, 8090-8110 & Squamous intraepithelial neoplasia III (SIN III) (8077) of skin sites coded to C44._).
Report benign and borderline primary intracranial and central nervous system (CNS) tumors with a behavior code of /0 or /1 in ICD-O-3 (effective with cases diagnosed 01/01/2004 to 12/31/2020) or ICD-O-3.2 (effective with cases diagnosed 01/01/2021 and later).	CIS of the cervix and Cervical intraepithelial neoplasia (CIN III) or SIN III of cervix.
All hematopoietic and lymphoid neoplasms including certain pre-malignant hematopoietic conditions***.	Borderline malignancies (behavior code 1) of the ovary (8442, 8451, 8462, 8473) after 1/1/2001 Prostatic intraepithelial neoplasia (PIN III)
As of 01/01/2021, early or evolving melanoma in situ, or any other early or evolving melanoma, is reportable.	Benign and borderline tumors of the cranial bones (C410) are not reportable.
Carcinoid, NOS of the appendix C181 (as of 1/1/2015) **.	High grade dysplasia in colorectal and esophageal primary sites CIS of the cervix and Cervical intraepithelial neoplasia (CIN III) or SIN III of cervix.
All GIST tumors except those stated to be benign are reportable as of 1/1/2021. The behavior code is /3 in ICD-O-3.2.	Adenocarcinoma in situ, HPV associated (8483/2) (C53)
Nearly all thymomas are reportable as of 1/1/2021. The behavior code is /3 in ICD-O-3.2 ****.	Colon atypical hyperplasia
High-grade astrocytoma with piloid features (HGAP) (9421/3) as of 01/01/2023.	
Lymphangiomyomatosis (9174/3) is reportable as of 01/01/2023; behavior changed from /1 to /3.	
Mesothelioma in situ (9050/2) is reportable as of 01/01/2023.	
Diffuse leptomeningeal glioneuronal tumor (9509/3) is reportable as of 01/01/2023.	
Low-grade appendiceal mucinous neoplasm (LAMN) is reportable.	
The following are reportable (not a complete list)	
Lobular carcinoma in situ (LCIS) of breast	
Intraepithelial neoplasia, high grade, grade II, grade III	
Anal intraepithelial neoplasia II (AIN II)	
Anal intraepithelial neoplasia III (AIN III)	
Biliary intraepithelial neoplasia, high grade	
Differentiated vulvar intraepithelial neoplasia (VIN)	
Endometrioid intraepithelial neoplasia	

Esophageal intraepithelial neoplasia (dysplasia), high grade
 Glandular intraepithelial neoplasia, high grade
 Intraductal papillary neoplasm w/high grade intraepithelial neoplasia
 Intraepithelial neoplasia, grade III
 Laryngeal intraepithelial neoplasia II (LIN II)
 Laryngeal intraepithelial neoplasia III (LIN III)
 Lobular neoplasia grade II (LN II)/lobular intraepithelial grade II (LIN II) breast
 Lobular neoplasia grade III (LN III)/lobular intraepithelial neoplasia grade III (LIN III) breast
 Pancreatic intraepithelial neoplasia (PanIN II)
 Pancreatic intraepithelial neoplasia (PanIN III)
 Penile intraepithelial neoplasia, grade II (PeIN II)
 Penile intraepithelial neoplasia, grade III (PeIN III)
 Squamous intraepithelial neoplasia, grade II excluding cervix (C53_) and skin sites coded to C44_ Squamous intraepithelial neoplasia III (SIN III) excluding cervix (C53_) and skin sites coded to C44_ Vaginal intraepithelial neoplasia II (VAIN II)
 Vaginal intraepithelial neoplasia III (VAIN III)
 Vulvar intraepithelial neoplasia II (VIN II)
 Vulvar intraepithelial neoplasia III (VIN III)

Non-invasive mucinous cystic neoplasm (MCN) of the pancreas w/high grade dysplasia is reportable. For neoplasms of the pancreas, the term MCN w/high grade dysplasia replaces the term mucinous cystadenocarcinoma, non-invasive.

Mature teratoma of the testes in adults is malignant and reportable as 9080/3.

Urine cytology positive for malignancy is reportable for diagnoses in 2013 forward, except when a subsequent biopsy of a urinary site is negative.

Report the following intraepithelial neoplasms as *in-situ* (behavior code 2):

- Vulvar intraepithelial neoplasm III (VIN III)
- Vaginal intraepithelial neoplasm III (VAIN III)
- Anal intraepithelial neoplasm III (AIN III)

The above intraepithelial neoplasms are reportable by agreement in Washington State (*Class of Case 34 or 36*) but not to CoC.

The following intraepithelial neoplasms are not reportable:

- Cervical intraepithelial neoplasia (CIN III) **after 1/1/1996**
- Prostatic intraepithelial neoplasia (PIN III) **after 1/1/2001**

Some reportable vs non-reportable clarifications:

Basal cell carcinomas and squamous cell carcinomas of the skin are not reportable, except when they are diagnosed in the labia, clitoris, vulva, prepuce, penis, anus (C210-C211) or scrotum, i.e., *the primary site is not (C44.)*. Basal and squamous cell carcinomas are reportable if they are located on the vermillion/vermillion border, lip, frenulum, commissure and/or other mucosal surfaces. Please refer to the SEER Program Coding and Staging Manual and/or SINC (20150020; 20140040; 20091013; 20051049; 20031110) for additional information and examples.

* Pilocytic/juvenile astrocytoma should be reported as 9421/3.

** Carcinoid, NOS of the appendix (8240/3) is reportable. As of 01/01/2015, the ICD-O-3 behavior code changed from /1 to /3

*** Refer to Case Reportability Instructions in the SEER Hematopoietic and Lymphoid Database. The rules, guidelines, and the Hematopoietic Database follow the *World Health Organization (WHO) Classification of Tumours of Hematopoietic and Lymphoid Tissues. 4th ed.*

**** The exceptions are microscopic thymoma or thymoma benign (8580/0), micronodular thymoma with lymphoid stroma (8580/1), and ectopic hamartomatous thymoma (8587/0).

Reportable Ambiguous Terms	Non-reportable Ambiguous Terms
Apparent(ly)	Cannot be ruled out
Appears	Equivocal
Comparable with	Possible
Compatible/Compatible with	Potentially malignant
Consistent with	Questionable
Favor(s)	Rule out
Malignant appearing	Suggests
Most Likely	Worrisome
Presumed	
Probable	
Suspect(ed)	
Suspicious (for)	
Typical (of)	

Note: If the cytology is reported using any of these ambiguous terms and neither a positive biopsy nor a physician's clinical impression supports the cytology findings, do not consider as diagnostic of cancer.

Note: Do not substitute synonyms such as “supposed” for “presumed” or “equal” for “comparable.” Do not substitute “likely” for “most likely.” Use only the exact words on the list.

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