



DELAWARE HEALTH
AND SOCIAL SERVICES
Division of Public Health

Delaware Cancer Registry (DCR)

Non-Hospital Reporting of Cancer

Data Collection, Management and Analysis

General Procedures

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Delaware Cancer Registry
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Table of Contents

INTRODUCTION.....	3
WHO IS RESPONSIBLE TO REPORT?	4
WHAT IS TO BE REPORTED	5
INFORMATION REQUIRED TO COMPLETE CASE REPORT.....	6
HOW TO REPORT?	7
TIME PERIOD FOR REPORTING.....	7
\$100 FINE FOR EACH VIOLATION.....	8
APPENDIX.....	9
CHAPTER 32. DELAWARE CANCER CONTROL ACT.....	10
TABLE A: REPORTABLE NEOPLASMS / ICD-0-3 CODES.....	13
TABLE B: REPORTABLE NEOPLASMS / ICD-9-CM DIAGNOSIS CODES.....	14
TABLE C: NEWLY REPORTABLE HEMATOPOIETIC AND LYMPHOID NEOPLASMS – TERMS AND ICD-0-3 CODES.....	17
TABLE D: HISTOLOGIC TERMS AND ICD-0-3 CODES WITH CHANGES IN CASE REPORTABILITY.....	18

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INTRODUCTION

The Delaware Cancer Registry was established in 1972 to collect and provide accurate and up-to-date information about cancer in the State of Delaware. Since this time hospitals have reported each case of cancer diagnosed and/or treated at their facility to the registry. **Effective for cases diagnosed on or after January 1, 1996, the law was amended to require reporting by all health care facilities that diagnose or treat cancer patients.** The Delaware Cancer Control Act can be found at the following site: <http://delcode.delaware.gov/title16/c032/index.shtml> and is included in the appendix of this manual.

The Delaware Cancer Registry is an essential part of our fight against cancer. Data collected is used for the following activities:

- Monitor trends in cancer incidence and mortality by site, geographic area and demographic characteristics of the population
- Guide cancer control program planning and evaluation
- Assist in prioritizing health resource allocations
- Advance clinical, epidemiological, and health services research
- Evaluate cancer cluster reports

In recent years, because an increasing number of cancer patients are receiving diagnostic and treatment services outside of the hospital, the reporting of cancer case information by physician's offices and other non-hospital facilities has become more crucial for assuring the completeness of information in our state's central cancer database. Together with the hospitals, laboratories, and ambulatory surgery centers, the physicians of Delaware play a key role in the collection of information. Without your help we could not answer many of the questions about cancer in Delaware.

WHO IS RESPONSIBLE TO REPORT?

Effective for cases diagnosed on or after January 1, 1996, **all health care facilities that diagnose or treat cancer** are required to report cancer case information. Chapter 32 of the Cancer Control Act, states:

“Those required to report to the Department occurrences of cancer and benign tumors will include:

- (A) **Any physician, surgeon, dentist, podiatrist, or other health care practitioners** who diagnose or provide treatment for cancer or benign tumors;
- (B) **The designated representative of any hospital, dispensary, asylum, or other similar public or private institution** that diagnose or provide treatment for cancer or benign tumors; and
- (C) **The designated representative of any laboratory that examines tissue specimens** which disclose the existence of cancer or benign tumor”.

The most common types of cancer diagnosed or treated outside a hospital setting include melanoma, noninvasive bladder tumors, small eye tumors, oral or genital tumors, some prostate and breast tumors, tumors in colorectal polyps, lymphoma, leukemia, multiple myeloma, and other bone marrow primaries.

Please contact the Delaware Cancer Registry at (302) 744-1033 if you have any questions

WHAT IS TO BE REPORTED?*

1. **Report** neoplasms described with the following terms:
 - a. in situ; noninvasive; intraepithelial; noninfiltrating; stage 0
 - b. malignant; cancer; malignant neoplasm, carcinoma
2. **Report** benign tumors of the brain and CNS (for diagnoses after January 1, 2004), in any of the following sites:
 - The brain, meninges, spinal cord, cranial nerves, and other parts of the central nervous system, pituitary gland, craniopharyngeal duct, and pineal gland.
3. **Report** cases when the diagnosis is described with terms such as “apparently”, “compatible with”, “consistent with”, “favors”, “most likely”, “probable”, “suspect”, “suspicious”.
4. **Do not report** cases described as “possible”, “questionable”, “suggests”, “rule out”, “equivocal”.
5. **Report** each primary site cancer separately. Any subsequent diagnosis of or treatment for cancer in another primary site should be reported as a separate case.
6. **Do not report** when a patient has *only a history* of cancer with no currently active disease.
7. **Do not report:**
 - Basal cell and squamous cell carcinoma of skin, except of genitalia. (effective 1/1/2003)
 - In situ carcinoma of the cervix uteri
 - Cervical intraepithelial neoplasia grade III (CIN III) and
 - Prostatic intraepithelial neoplasia grade III (PIN III).

**Consult Table A in the appendix for additional description of reportable and non-reportable neoplasms and corresponding ICD-0-3 codes. See Table B for specific reportable neoplasms and corresponding ICD-10-CM diagnosis codes. Refer to Tables C and D for newly reportable hematopoietic and lymphoid neoplasm terms and corresponding ICD-0-3 codes.*

*When in doubt about whether to report a case, please feel free to contact the
Delaware Cancer Registry at (302) 744-1033*

INFORMATION REQUIRED TO COMPLETE CASE REPORT

PATIENT IDENTIFICATION

- ❖ Patient Name
- ❖ Social Security Number
- ❖ Address at Diagnosis
- ❖ Sex
- ❖ Race
- ❖ Spanish/Hispanic origin
- ❖ Date of Birth
- ❖ Birthplace
- ❖ Usual occupation/industry

FIRST COURSE OF TREATMENT

- ❖ Treatment dates
- ❖ Watchful waiting
- ❖ Patient refused treatment
- ❖ Surgery
- ❖ Radiation
- ❖ Chemotherapy
- ❖ Hormonal therapy
- ❖ Other therapy

DIAGNOSIS

- ❖ Date/place of initial diagnosis
- ❖ PE/scans/scopes/lab
- ❖ Operative/pathology findings
- ❖ Residual tumor
- ❖ Diagnostic confirmation
- ❖ Hospital referred from/to

PHYSICIAN INFORMATION

- ❖ Names of physicians diagnosing and treating the patient

FOLLOW-UP

- ❖ Vital status/tumor status
- ❖ Date of last contact or date of death

CANCER INFORMATION

- ❖ Primary site/Histology/Grade (differentiation)
- ❖ Tumor Size
- ❖ Extent of Disease/lymph node involvement
- ❖ Staging information

HOW TO REPORT?

Delaware Cancer Registry (DCR) regulations effective July 1, 2014 require non-hospital providers (physicians and ambulatory surgery centers) to report cancer cases using the Centers for Disease Control and Prevention (CDC) *Web Plus* electronic reporting software. A minimal amount of demographic, diagnostic, and treatment information is required to be reported. *Web Plus* is a secure web-based tool that allows facilities to confidentially enter and submit tumor reports to the DCR. If electronic reporting is not feasible for an office, a letter requesting an exemption is required. For information on applying for a *Web Plus* reporting account and using the *Web Plus* system, contact the DCR at 302-744-1033. A *Web Plus* training manual with detailed instructions on completing a cancer report is posted on the DCR webpage at <http://dhss.delaware.gov/dph/dcr/files/dcrwebplusmanual.pdf>

In February 2015, the DCR declared readiness to receive cancer data from eligible professionals (EPs) using certified electronic health record (EHR) technology. EPs seeking to meet Meaningful Use Stage Two (MU2) public health objectives by reporting cancer data to the DCR must register their intent to do so with the DCR. To register, contact the DCR at 302-744-1033. Additional information is available on the DCR webpage at <http://dhss.delaware.gov/dph/dcr/files/dcrmu2.pdf>

TIME PERIOD FOR REPORTING

All cancer cases being reported to the Delaware Cancer Registry must be submitted within **180 days following initial diagnosis and/or first course of treatment**. If a case requires longer than 180 days time to yield sufficient information to complete the Cancer Reporting Form, an extension may be granted by phoning the Delaware Cancer Registry at (302) 744-1033.

\$100 FINE

As specified in the Delaware Cancer Control Act, any person or entity who violates any provision of this chapter shall be fined \$100 for each violation.

APPENDIX



TITLE 16
Health and Safety
PART III
Vital Statistics
CHAPTER 32. CANCER CONTROL ACT

§ 3201. Short title.

This chapter may be cited as the Delaware Cancer Control Act. (62 Del. Laws, c. 334, § 1; 70 Del. Laws, c. 391, § 1.)

§ 3202. Purpose.

The intent of the General Assembly is to require the establishment and maintenance of a cancer registry for the State. This responsibility is delegated to the Department of Health and Social Services, along with the authority to exercise certain powers to implement this requirement. To ensure an accurate and continuing source of data concerning cancer and certain specified tumors of a benign nature, the General Assembly by this chapter requires certain health care practitioners and all hospitals, clinical laboratories and cancer treatment centers within the State to make available to the Department of Health and Social Services information contained in the medical records of patients who have cancer or tumors of a benign nature. It is intended that the product of these efforts will be a central data bank of accurate, precise and current information regarding the subject diseases. (62 Del. Laws, c. 334, § 1; 70 Del. Laws, c. 391, § 1.)

§ 3203. Definitions.

The following words, terms and phrases, when used in this chapter, shall have the meanings ascribed to them in this section, except where the context clearly indicates a different meaning.

(1) "Benign tumor" means any nonmalignant neoplasm, regardless of the tissue of origin, that appears on the American College of Surgeons most recently published annual list of reportable cancers and benign tumors.

(2) "Cancer" means any malignant neoplasm, regardless of the tissue of origin that appears on the American College of Surgeons most recently published annual list of reportable cancers and benign tumors.

(3) "Department" means the State of Delaware Department of Health and Social Services. (62 Del. Laws, c. 334, § 1; 70 Del. Laws, c. 391, § 1.)

§ 3204. Cancer Registry.

The Department shall adopt, promulgate, amend and repeal any rules and regulations that are consistent with law relative to this chapter and necessary to achieve the purpose and requirements of this chapter. These rules and regulations shall include provisions for:

(1) The establishment and maintenance of an up-to-date registry that shall document every occurrence of cancer and of benign tumor in this State;

(2) The establishment of a procedure for reporting to the Department, within 180 days of initial diagnosis or treatment, every occurrence of cancer and of benign tumor in this State. Such procedure shall include the reporting of specified information that the Department deems necessary and appropriate for the recognition, prevention, control or cure of cancer and benign tumors, and shall minimally include the reporting requirements of the National Cancer Data Base established by the American College of Surgeons, along with information regarding the patient's length of residency in Delaware, primary residential address in Delaware and the location and nature of the patient's primary past employment. Those required to report to the Department occurrences of cancer and benign tumors shall include:

a. Any physician, surgeon, dentist, podiatrist or other health care practitioner who diagnoses or provides treatment for cancer or benign tumors;

b. The designated representative of any hospital, dispensary, asylum or other similar public or private institution that diagnoses or provides treatment for cancer or benign tumors; and

c. The designated representative of any laboratory that examines tissue specimens which disclose the existence of cancer or benign tumor;

(3) The establishment of a procedure for the publication and distribution of forms, instructions and notices required by this chapter or necessary to accomplish the purpose of this chapter; and

(4) The establishment of a procedure to obtain follow-up information from those required to report occurrences of cancer and benign tumors pursuant to this chapter. Any follow-up information deemed necessary by the Department shall be submitted to the Department at least 1 time each year by those required to report occurrences of cancer and benign tumors.

This chapter and any rules or regulations issued pursuant to this chapter shall not apply to any person or private institution that, as an exercise of religious freedom, treats the sick or suffering by spiritual means through prayer alone. (62 Del. Laws, c. 334, § 1; 70 Del. Laws, c. 391, § 1; 73 Del. Laws, c. 431, §§ 1, 2.)

§ 3205. Confidentiality of reports.

(a) Any report of an occurrence of cancer or benign tumor made pursuant to this chapter shall not be divulged nor made public in any way that might tend to disclose the identity of the person to whom it relates. However, patient-identifying information may be exchanged among cancer control agencies as authorized by the Department and upon receipt by the Department of satisfactory assurances by those agencies of the preservation of the confidentiality of such information.

(b) No individual or organization providing information to the Department in accordance with this chapter shall be deemed to be, or held liable for, divulging confidential information. (62 Del. Laws, c. 334, § 1; 63 Del. Laws, c. 288, § 1; 70 Del. Laws, c. 149, § 148; 70 Del. Laws, c. 391, § 1.)

§ 3206. Compulsion prohibited.

Nothing in this chapter shall be construed to compel any individual to submit to any medical or public health examination, treatment or supervision. (62 Del. Laws, c. 334, § 1; 70 Del. Laws, c. 391, § 1.)

§ 3207. Violations.

Any person or entity who violates any provision of this chapter shall be fined \$100 for each violation. (62 Del. Laws, c. 334, § 1; 70 Del. Laws, c. 391, § 1; 73 Del. Laws, c. 431, § 3.)

§ 3208. Audit and Abstraction of records by department.

(a) Upon request of a person or organization required to report by § 3204 of this title, the Department may audit records and abstract information that is required to be reported.

(b) Any person or organization failing to report as required by this chapter shall permit the Department to audit records and abstract information that is required to be reported.

(c) The Department may charge a fee to be established by regulation to persons and organizations subjected to an audit pursuant to subsection (a) or (b) of this section. Said person or organization shall reimburse the Department. (73 Del. Laws, c. 431, § 3.)

§ 3209. Reserved. |.

NOTICE: The Delaware Code appearing on this site was prepared by the Division of Research of Legislative Council of the General Assembly with the assistance of the Government Information Center, under the supervision of the Delaware Code Revisors and the editorial staff of LexisNexis, and includes all acts up to and including those from the 142nd General Assembly Regular Session.

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TABLE A.

REPORTABLE NEOPLASMS – TERMS AND ICD-0-3 CODES¹

	Cancer Site/Type Terms	ICD-0 3 rd Edition Codes
NEOPLASMS THAT ARE REPORTABLE TO THE DELAWARE CANCER REGISTRY	Malignancy (<i>see exclusions in non-reportable section below</i>) Malignant neoplasm Cancer	Behavior Code “3”
	“Carcinoma In Situ” (<i>see exclusions in non-reportable section below</i>) “Stage 0” “Noninvasive” “Intraepithelial” “Noninfiltrating” <i>Includes:</i> Vaginal Intraepithelial Neoplasia, grade III (VAIN III) Vulvar Intraepithelial Neoplasia, grade III (VIN III) Anal Intraepithelial Neoplasia, grade III (AIN III) Laryngeal intraepithelial Neoplasia, grade III (LINIII) Squamous intraepithelial Neoplasia, grade III (SINIII)-for sites except skin and cervix	Behavior Code “2” C52.__ ; M-8077/2 C51.__ ; M-8077/2 C21.1 ; M-8077/2 C32._ ; M-8077/2 M 8077/2
	<i>Non-malignant (benign or borderline) primary brain and central nervous system tumors* (diagnosed on or after 1/1/2004), in any of the following sites:</i> Brain..... Meninges..... Spinal cord, cranial nerves, and other parts of the central nervous system..... Pituitary gland..... Craniopharyngeal duct..... Pineal gland.....	Behavior Codes: “0” (Benign) or “1” (Borderline) Site Codes: C71.0 - 71.9 C70.0 - 70.0 C72.0 - 72.9 C75.1 C75.2 C75.3
NON-REPORTABLE NEOPLASMS	The following skin cancers are NOT reportable**: Basal cell carcinomas of the skin Epithelial carcinomas of the skin Papillary carcinomas of the skin Squamous cell carcinomas of the skin	Site code C44.__ with histology codes 8000-8110
	The following in situ neoplasms are NOT reportable: Carcinoma in situ of the cervix (CIS)..... Cervical Intraepithelial Neoplasia grade III (CIN III)..... Cervical Intraepithelial Neoplasia with severe dysplasia (CIN III). Prostatic Intraepithelial Neoplasia grade III (PIN III)..... Squamous intraepithelial Neoplasia, grade III (SINIII) of cervix or skin are NOT reportable	Site Code; Morphology Code C53.__ ; M-8077/2 C53.__ ; M-8077/2 C53.__ ; M-8077/2 C61.9; M-8148/2 M-8077/2

*including juvenile astrocytoma, pilocytic astrocytoma and piloid astrocytoma

Note: skin cancers in the genital sites (vagina, clitoris, labium, vulva, prepuce, penis and scrotum) **are reportable.

¹ References: International Classification of Diseases for Oncology, 3rd Edition; NAACCR Standards for Cancer Registries, Vol. II; 2016 Facility Oncology Registry Data Standards (FORDS) Manual

TABLE B

ICD-10-CM CASE FINDING CODES FOR REPORTABLE TUMORS

Cases reportable to the Delaware Cancer Registry include **all invasive and in situ malignant neoplasms** and **specified benign and borderline neoplasms of the brain and CNS**.

The following Comprehensive ICD-10-CM Case Finding Code list is intended to assist reporting facilities in casefinding of reportable neoplasms.

**DELAWARE CANCER REGISTRY COMPREHENSIVE ICD-10-CM CASEFINDING
CODE LIST FOR REPORTABLE TUMORS ^
(EFFECTIVE DATE 10/1/2015)**

ICD-10-CM Code	Explanation of ICD-10-CM Code
C00._-C43._, C4A._, C45.-_-C96.-_	Malignant neoplasms (excluding category C44), stated or presumed to be primary (of specified sites), and certain specified histologies
C44.00, C44.09	Unspecified/other malignant neoplasm of skin of lip
C44.10_, C44.19_	Unspecified/other malignant neoplasm of skin of eyelid
C44.20_, C44.29_	Unspecified/other malignant neoplasm of skin of ear and external auricular canal
C44.30_, C44.39_	Unspecified/other malignant neoplasm of skin of other/unspecified parts of face
C44.40, C44.49	Unspecified/other malignant neoplasm of skin of scalp and neck
C44.50_, C44.59_	Unspecified/other malignant neoplasm of skin of trunk
C44.60_, C44.69_	Unspecified/other malignant neoplasm of skin of upper limb, including shoulder
C44.70_, C44.79_	Unspecified/other malignant neoplasm of skin of lower limb, including hip
C44.80, C44.89	Unspecified/other malignant neoplasm of skin of overlapping sites of skin
C44.90, C44.99	Unspecified/other malignant neoplasm of skin of unspecified sites of skin
D00._-D09._	In-situ neoplasms (<i>Note: Carcinoma in situ of the cervix [CIN III-8077/2] and Prostatic Intraepithelial Carcinoma [PIN III-8148/2] are not reportable.</i>)
D18.02	Hemangioma of intracranial structures and any site
D18.1	Lymphangioma, any site <i>(Note: Includes Lymphangioma of brain, other parts of nervous system and endocrine glands, which are reportable)</i>
D32._	Benign neoplasm of meninges (cerebral, spinal and unspecified)
D33._	Benign neoplasm of brain and other parts of central nervous system
D35.2-D35.4	Benign neoplasm of pituitary gland, craniopharyngeal duct and pineal gland
D42._, D43._	Neoplasm of uncertain or unknown behavior of meninges, brain, CNS

ICD-10-CM Code	Explanation of ICD-10-CM Code
D44.3-D44.5	Neoplasm of uncertain or unknown behavior of pituitary gland, craniopharyngeal duct and pineal gland
D45	Polycythemia vera (9950/3) <i>ICD-10-CM coding instruction note: excludes familial polycythemia (C75.0), secondary polycythemia (D75.1)</i>
D46._	Myelodysplastic syndromes (9980, 9982, 9983, 9985, 9986, 9989, 9991, 9992)
D47.1	Chronic myeloproliferative disease (9963/3, 9975/3). <i>ICD-10-CM coding instruction note: excludes the following: atypical chronic myeloid leukemia BCR/ABL-negative (C92.2_); chronic myeloid leukemia BCR/ABL-positive (C92.1_), myelofibrosis and secondary myelofibrosis (D75.81) and myelophthisic anemia and myelophthisis (D61.82)</i>
D47.3	Essential (hemorrhagic) thrombocythemia (9962/3) <i>Includes essential thrombocytosis, idiopathic hemorrhagic thrombocythemia</i>
D47.4	Osteomyelofibrosis (9961/3) Includes: Chronic idiopathic myelofibrosis Myelofibrosis (idiopathic) (with myeloid metaplasia) Myelosclerosis (megakaryocytic) (with myeloid metaplasia) Secondary myelofibrosis in myeloproliferative disease
D47.Z_	Neoplasm of uncertain behavior of lymphoid, hematopoietic and related tissue, unspecified (9960/3, 9970/1, 9971/3, 9931/3)
D47.9	Neoplasm of uncertain behavior of lymphoid, hematopoietic and related tissue, unspecified (9970/1, 9931/3)
D49.6, D49.7	Neoplasm of unspecified behavior of brain, endocrine glands and other CNS
J91.0	Malignant pleural effusion <i>ICD-10-CM Coding instruction: Code first underlying neoplasm</i>
R18.0	Malignant ascites <i>ICD-10-CM Coding instruction: Code first malignancy, such as: Malignant neoplasm of ovary (C56._), secondary malignant neoplasm of retroperitoneum and peritoneum (C78.6)</i>
R85.614	Cytologic evidence of malignancy on smear of anus
R87.614	Cytologic evidence of malignancy on smear of cervix
R85.624	Cytologic evidence of malignancy on smear of vagina

PLEASE CONTACT THE DELAWARE CANCER REGISTRY AT (302) 744-1033 IF YOU HAVE QUESTIONS.

Notes

- **Reportable** diagnoses include juvenile astrocytoma, pilocytic astrocytoma and piloid astrocytoma; behavior is coded as /3 (malignant).
- **Reportable** effective in 2015: carcinoid tumors of the appendix are reportable and must be coded 8240/3.
- **Reportable skin cancers include:**

- Cancers occurring in the skin of genital sites (any histology) -- including vagina, clitoris, vulva, prepuce, penis, and scrotum.
- Adnexal carcinomas, adenocarcinomas, lymphomas, melanomas, sarcomas and Merkel cell tumor **are reportable**
- **Non-reportable skin cancers** (primary site C44.__; histology codes 8000-8110) include basal cell carcinoma and squamous cell carcinoma occurring in non-genital sites.
- In situ carcinoma of the cervix uteri is **not reportable**.
- Prostatic intraepithelial neoplasia (PIN III) is **not reportable**.

^ This code list incorporates the latest revisions and additions to the International Classification of Diseases, Tenth Revision (ICD-10-CM). It is available on the SEER website at the following address:

<https://seer.cancer.gov/tools/casefinding/case2016-icd10cm.html>

TABLE C

2008 WHO CLASSIFICATION OF TUMORS OF HEMATOPOIETIC AND LYMPHOID TISSUES - NEWLY REPORTABLE TERMS AND CODES – CASES DIAGNOSED JANUARY 1, 2010 OR LATER	ICD-0 CODE
Primary cutaneous follicle centre lymphoma	9597/3
T-cell/histiocyte rich large B-cell lymphoma	9688/3
Intravascular large B-cell lymphoma	9712/3
Systemic EBV positive T-cell lymphoproliferative disease of childhood	9724/3
Hydroa vacciniforme-like lymphoma	9725/3
Primary cutaneous gamma-delta T-cell lymphoma	9726/3
Plasmablastic lymphoma	9735/3
ALK positive large B-cell lymphoma	9737/3
Large B-cell lymphoma arising in HHV8-associated multicentric Castleman disease	9738/3
Fibroblastic reticular cell tumor	9759/3
Mixed phenotype acute leukemia with t(9;22)(q34;q11.2);BCR-ABL1	9806/3
Mixed phenotype acute leukemia with t(v;11q23);MLL rearranged	9807/3
Mixed phenotype acute leukemia, B/myeloid, NOS	9808/3
Mixed phenotype acute leukemia, T/myeloid, NOS	9809/3
B lymphoblastic leukemia/lymphoma, NOS	9811/3
B lymphoblastic leukemia/lymphoma with t(9;22)(q34;q11.2); BCR-ABL1	9812/3
B lymphoblastic leukemia/lymphoma with t(v;11q23); MLL rearranged	9813/3
B lymphoblastic leukemia/lymphoma with t(12;21)(p13;q22); TEL-AML1 (ETV6-RUNX1)	9814/3
B lymphoblastic leukemia/lymphoma with hyperdiploidy	9815/3
B lymphoblastic leukemia/lymphoma with hypodiploidy (hypodiploid ALL)	9816/3
B lymphoblastic leukemia/lymphoma with t(5;14)(q31;q32); IL3-IGH	9817/3
B lymphoblastic leukemia/lymphoma with t(1;19)(q23;p13.3); E2A PBX1 (TCF3 PBX1)	9818/3
T lymphoblastic leukemia/lymphoma	9837/3
Acute myeloid leukemia with t(6;9)(p23;q34) DEK-NUP214	9865/3
Acute myeloid leukemia with inv(3)(q21q26.2) or t(3;3)(q21;q26.2); RPN1EV11	9869/3
Myeloid leukemia associated with Down Syndrome	9898/3
Acute myeloid leukemia (megakaryoblastic) with t(1;22)(p13;q13); RBM15-MKL1	9911/3
Myeloid and lymphoid neoplasms with PDGFRB rearrangement	9965/3
Myeloid and lymphoid neoplasms with PDGFRB arrangement	9966/3
Myeloid and lymphoid neoplasm with FGFR1 abnormalities	9967/3
Polymorphic PTLD	9971/3
Refractory neutropenia	9991/3
Refractory thrombocytopenia	9992/3

Reference: NAACCR 2010 Implementation Guidelines, August 2009. www.naacccr.org

TABLE D

HISTOLOGIC TERMS AND CODES WITH CHANGES IN CASE REPORTABILITY * (NEWLY REPORTABLE CONDITIONS – CASES DIAGNOSED JANUARY 1, 2010 OR LATER)	
Name	Proposed ICD-0-3 Code
Chronic lymphoproliferative disorder of NK-cells	9831/1
T-cell large granular lymphocytic leukemia	9831/3
Langerhans cell histiocytosis, NOS (9751/1)	9751/3
Langerhans cell histiocytosis, unifocal (9752/1)	9751/3
Langerhans cell histiocytosis, multifocal (9753/1)	9751/3
Myelodysplastic/Myeloproliferative neoplasm, unclassifiable	9975/3
Myeloproliferative neoplasm, unclassifiable	9975/3

*Prior to 2010, the above neoplasms were reported only when a physician stated that they were malignant.

Reference: NAACCR 2010 Implementation Guidelines, August 2009. www.naacr.org