

# South Carolina Department of Health and Environmental Control Central Cancer Registry Recommendations for Implementation of Changes to Reporting Standards, Effective 2022

**Record Layout and Data Standard**  
Recommendations are based on NAACCR Version 22

**Revised 4/15/2022**

**Please visit SCCCR DHEC Website for Cancer Data  
Collection Standards and Reporting, Education, and  
Resources:**

<https://scdhec.gov/CancerRegistry>

**NOTE: This document does not replace the SCCCR REPORTING  
SOURCE MANUAL. This document should be used in  
conjunction with it. This document may re-state some of its  
content and is specifically meant for 2022 reporting guidance.  
**Recent updates highlighted in yellow****

## PREFACE

### ***Important Notice to South Carolina Cancer Registrars Regarding Abstracting and Reporting of Cancer Cases Diagnosed in 2022 Prior to Release of NAACCRv22 Compliant Software.***

There have been extensive changes to the NAACCR layout for 2022. Along with the NAACCR updates, we will implement changes associated with other data standard-setters for reporting.

*Reporting facilities in South Carolina should direct any corrections, comments, and suggestions regarding this document to Connie Boone (boonecr@dhec.sc.gov). If individuals or facilities that are not part of the South Carolina reporting system need copies of the reporting manual, they may download the PDF from the South Carolina Central Cancer Registry website: <https://scdhec.gov/health-professionals/electronic-healthrecords-meaningful-use/cancer-registry-data-standards>*

*(To open PDF click on the SCCC Reporting Manual link.)*

- **Important Reminders for 2022 cases submitted to SCCC**

1. SCCC will not be able to accept 2022 cases (admit/dx) until June 2022. If there are further delays, you will be notified.
2. SCCC will only be accepting cases after **June 2022 in NAACCR v22 format**. Please contact Michael Castera Electronic Reporting Manager @ SCCC.
3. 2022 abstracts can be started in NAACCR v21 version but must be completed using NAACCR v22 before submitting to SCCC.
4. SCCC recommends facilities document details for the new data items for completion of the abstracts in v22 software with the new codes.
5. The SCCC requires sufficient TEXT to support all codes, especially the new codes (e.g., HISTOLOGY, GRADE, AJCC & Summary STAGE, ETC.). The TEXT will provide an easy reference for coding cases that require v22 software when it becomes available.

**Please remember the SCCC is here to be used as a resource and to support your team. If you have any questions, please email us at [boonecr@dhec.sc.gov](mailto:boonecr@dhec.sc.gov) or call **803-898-8000**. We are here to help you.**

**Thank you for your continued commitment to ensure that the SCCC data is of the highest quality. The data you provide remains the cornerstone of the South Carolina Cancer Registry.**

**Connie Boone, BSPH, AAS, CTR  
Quality Control Manager/ETC**

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For Reporting Manuals from previous years visit the SCCCR website:

<https://scdhec.gov/CancerRegistry>

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## NPCR Data Items (SCCCR required) NEW

Five data items that were previously included within the retired NPCR-Specific Field [3720] are now moving as individual data items to the Data Standards and Data Dictionary, Version 22. One new data item was also added.

### Race 1 – 5

In the Race 1 through 5 [160, 161, 162, 163 and 164] data items, **code 03** was modified to replace the terms “Aleutian, or Eskimo” with “Alaska Native”.

Item #	Item Name
344	Tobacco Use Smoking Status

**Tobacco Use Smoking Status is a combination and new definition of the four tobacco data items previously included in the NPCR-Specific Field. This data item is applicable to cases diagnosed January 1, 2022, and forward only.**

### Tobacco Use Smoking Status:

CDC’s definition of a smoker is an adult who smokes the equivalent of at least 100 cigarettes in their lifetime. The American College of Surgeons has further clarified that if the last time the patient has smoked has been greater than or equal to 30 days then they can be considered a former smoker.

Tobacco smoking mechanisms include cigarettes, bidis, cigars, cigarillos, hookahs, and pipes. (Smokeless Tobacco?)

Code	Description
0	Never smoker
1	Current some day smoker
2	Former smoker
3	Smoker, current status unknown
9	Unknown if ever smoked

- Tobacco use includes cigarette, cigar, and/or pipe
- Do not record past/current use of e-cigarettes or vaping device
- Current smoker includes anyone who states they have quit within the past 30 days
- Use code 9 when the medical record only indicates “No”

“Site Specific Data Items (SSDI)/ Grade.” Schemas | SSDI Data |, NAACCR, 21 Aug. 2021, <https://apps.naacccr.org/ssdi/list/>.

### Height/Weight

. ITEM #2508 and ITEM #2520 **code height in inches and weight in pounds**

**Link for conversion calculator** <https://www.unitconverters.net/weight-and-mass/kg-to-lbs.htm>

**CODING OPTIONS:** Open field for EHR reporting/history and physical examination. Includes information such as family history, previous medical history, medications, BMI, age, sex, race, etc.

**NCDB- SARSCoV—Test, POS, TxImpact CoC STORE v2021**

**NCDB--SARSCoV2--Test**

Item #	Length	Column #	Allowable Values	Required Status	Date Revised
3943	1		Numeric only	2021+	

**NCDB--SARSCoV2--Pos**

Item #	Length	Column #	Allowable Values	Required Status	Date Revised
3944	1		Numeric only	2021+	

**NCDB--COVID19--Tx Impact**

Item #	Length	Column #	Allowable Values	Required Status	Date Revised
3946	1		1-5, 9, Numeric only	2021+	

STORE 2021. (2021). [https://www.facs.org/media/xyuauust/store\\_manual\\_2021.pdf](https://www.facs.org/media/xyuauust/store_manual_2021.pdf)

**SSDI Data Items**

Five new SSDIs have been added to capture information related to prognosis and/or treatment planning and reflect changes in clinical guidelines. All new SSDI information is incorporated into the Staging APIs. Please see the SSDI Manual, Version 2.1 (<https://apps.naaccr.org/ssdi/list/>).

Item #	SSDI Name	Schema
3955	Derived Rai Stage*	Lymphoma CLL/SLL
3956	p16**	Cervix V9
3957	LN Status Pelvic***	Cervix 8 <sup>th</sup> , Cervix V9, Vagina, Vulva
3958	LN Status Para-Aortic***	Cervix 8 <sup>th</sup> , Cervix V9, Vagina
3959	LN Status Femoral-Inguinal***	Vagina, Vulva

\* Derived Rai Stage is based on Lymphocytosis [3885], Adenopathy [3804], Organomegaly [3907], Anemia [3811] and Thrombocytopenia [3933], thus this field would have a value for 2018 forward if the contributing SSDI fields had values and if Derived Rai Stage is required by your standard setter.  
 \*\* p16 is applicable starting in January 1, 2021 at the request of the AJCC. Older cases must be reviewed and coded.  
 \*\*\* For existing cases, values for these 3 SSDIs will be set as a conversion of LN Status

Femoral- Inguinal, Para-Aortic, Pelvic [3884], thus these fields will have values for 2018 forward.	
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The value for new SSDIs should be blank for cases diagnosed prior to the initial date of use for the SSDI. An entry exists in the possible code list for all SSDIs created after 2018 specifying the diagnosis years for which the field should be blank. Questions regarding the SSDIs should be directed to CAnswer Forum.

### Site-Specific Data Items

Some SSDI codes and code descriptions were changed to reflect changes in clinical management and/or staging and to improve clarity or to address questions that were raised in the various forums. Code changes for SSDIs are applicable to cases diagnosed January 1, 2018 forward, but registrars will not be required to update previously coded information. For SSDIs that were introduced after 2018, blank has been added to the possible code list to clearly indicate that the field is expected to be blank prior the year the SSDI was introduced.

- HER2 Overall Summary [3855] (Esophagus, Esophagus Squamous, Stomach)
- Ki-67 [3863] (NET Ampulla of Vater, NET Appendix NET Colon and Rectum NET Duodenum NET Jejunum and Ileum, NET Pancreas NET Stomach)
- ALK Rearrangement [3938] (Lung)
- EGFR Mutational Analysis [3939] (Lung)
- BRAF Mutational Analysis [3940] (Colon and Rectum)
- NRAS Mutational Analysis [3941] (Colon and Rectum)
- CA 19-9 PreTx Lab Value [3942] (Pancreas)

For SSDIs that are no longer required by any standard setter, blank has been added to the possible code list to clearly indicate that the field can be blank after the last year it was required.

- HER2 ISH Summary [3854] (Breast)
- HER2 IHC Summary [3850] (Breast)
- HER2 ISH DP Copy Ratio [3852] (Breast)
- HER2 ISH DP Copy No [3851] (Breast)
- HER2 ISH SP Copy No [3853] (Breast)

The following SSDIs had new codes added which would be available for newly collected cases but do not require changes to existing cases:

- HER2 Overall Summary [3855] (Esophagus, Esophagus Squamous, Stomach)
  - Code 8 was added for Not Applicable/Not Collected
- PSA Lab Value [3920] (Prostate)
  - Codes XXXX.2 and XXXX.3 were added for Lab Value not available, but physician stated negative or positive
- Sarcomatoid Features [3925] (Kidney Parenchyma)
  - Code XX5 was added to capture when these are only present from a metastatic site

- CA 19-9 PreTx Lab Value [3942] (Pancreas)
  - Codes XXXX.2 and XXXX.3 were added for Lab Value not available, but physician stated negative or positive

There was one name change:

- LDH Level [3869] (Plasma Cell Myeloma) – Pretreatment was removed from the name

The following SSDIs for Lymphoma CLL/SLL had Code 5 added and will be used whenever the Primary Site is not C421. This value should be used for cases 2018 and forward and is listed in the conversions in Appendix B:

- Adenopathy [3804]
- Anemia [3811]
- Lymphocytosis [3885]
- Organomegaly [3907]
- Thrombocytopenia [3933]

### Site-Specific Data Items ( con't)

The following SSDIs for Plasma Cell Myeloma had Code 5 added and will be used when Schema Discriminator 1 is not 1 or 9, that is, it is not known to be multiple myeloma. This value should be used for cases 2018 and forward and is listed in the conversions in Appendix B:

- High Risk Cytogenetics [3857]
- LDH Level [3869]
- Serum Albumin Pretreatment Level [3930]
- Serum Beta-2 Microglobulin Pretreatment Level [3931]

The following SSDIs were either removed from schemas or are slated for removal next year, all data for these fields in these schemas should be removed (see Appendix B):

- LN Status Femoral-Inguinal [3871] – removed from Cervix 8<sup>th</sup>, Cervix V9
- LN Status Para-Aortic [3872] – removed from Vulva
- LN Status Femoral-Inguinal, Para-Aortic, Pelvic [3884] (Cervix 8<sup>th</sup>, Cervix V9, Vagina, Vulva) - No longer to be collected, it has been replaced by 3 new fields and will be removed next year.

In addition to these changes, some code descriptions were modified to improve clarity. There have also been revisions to notes and additional notes for many SSDIs; due to the addition of new notes such that many of the note numbers have changed. See the SSDI Manual, Version 2.1 (<https://apps.naaccr.org/ssdi/list/>) for changes to existing codes and code descriptions.

New SSDIs and code changes are incorporated in the AJCC Cancer Surveillance DLL and the SEER Staging REST API/library. Other than updating the staging API that you use, there is no need for action for these types of changes. They are documented in the change log which can be accessed on <https://apps.naaccr.org/ssdi/list/>.

## Other Changes

### ICD-O-3.2

The Guidelines for 2022 ICD-O-3.2 Histology Code and Behavior, effective January 1, 2022, developed by the NAACCR ICD-O-3 Implementation Work Group and approved by the High-Level Strategic Group (HLSG), address implementation of updated histology terms and new codes for cases diagnosed on or after January 1, 2022. Members of the work group represent standard setting organizations, central registries, hospital registries, and cancer registry software vendors.

The 2022 ICD-O-3.2 update includes changes identified during review of recently published World Health Organization's International Histological Classification of Tumors 5th Edition books (WHO "Blue Books"). This series covers all principal sites of cancer and includes ICD-O morphology codes for each neoplasm. Each new edition underwent thorough review to identify new histologies and ICD-O codes, behavior changes to existing ICD-O codes, and new terminology. The ICD-O-3 Implementation Work Group recommended adopting the changes for 2022 and implementation of the changes was approved by the standard setting agencies.

The 2022 ICD-O-3.2 histology code and behavior update includes comprehensive tables listing all changes made after the 2021 update and is effective for cases diagnosed January 1, 2022 forward. New to the 2022 update tables are columns for each standard setter which will indicate if that particular code and/or term are required for data collection and submission. The ICD-O-3 Implementation Work Group created a guide for users which provides important information on the background and issues for this update along with how to use the tables. The 2022 guidelines have been modified to include only two tables, numeric and alpha, listing new ICD-O codes, terminology, behavior changes, and required status. The Work Group strongly recommends that users read the guidelines in order to efficiently use ICD-O-3.2 and the 2022 Update tables.

Note: Use of these guidelines is required for determining reportability and accurate coding.

Following the release of the 2021 Guidelines for ICD-O-3.2 Histology Code and Behavior Update, the ICD-O-3 Implementation Work Group reviewed the recent 5<sup>th</sup> Ed WHO Blue Books published after the creation of ICD-O-3.2. The Work Group submitted their implementation recommendations to the NAACCR Mid-Level Technical Group (MLTG) and High-level Strategic Group (HLSG) in March 2021. The MLTG and HLSG reviewed the recommendations and accepted them for implementation in 2022.

The ICD-O-3 Implementation Work Group was charged with developing the implementation documents and acting as the clearinghouse for the review and resolution of new histology code implementation questions. If there are any questions, they are to be submitted through [Ask A SEER Registrar](#).

Implementation guidelines and updates will be posted on NAACCR's [website](#). The Work Group will also be communicating updates via email using the NAACCR listserv and mailing lists of all organizations.

### Site/Histology Validation List

The SEER Site/Histology Validation List is updated to reflect new ICD-O-3.2 histology codes and behaviors identified in the 2022 ICD-O-3 Update guidelines and is posted on the SEER [website](#).



## Other Changes Cont.

### Solid Tumor Rules

The 2018 Solid Tumor Rules are a comprehensive revision to the 2007 site specific Multiple Primary and Histology Rules (MP/H), which were developed to promote consistent and standardized coding for cancer surveillance. In 2018, eight site groups were revised: Malignant and Non-malignant CNS, Breast, Colon, Head & Neck, Kidney, Lung, and Urinary. Since their implementation in 2018, these site groups continue to be updated to reflect changes in histology coding. In 2021, Cutaneous Melanoma MP/H site rules were revised as Solid Tumor Rules and became effective for cases diagnosed January 1, 2021 forward. Beginning January 1, 2022, the 2018 Solid Tumor Rules will be called “Solid Tumor Rules” and no longer include year. The General Instructions and each site-specific module include instructions on which rules to use depending on diagnosis date.

#### 2022 Updates to Solid Tumor Rules

The 2018 Solid Tumor Head and Neck Rules, Table 5, instruct squamous cell carcinoma, HPV positive (8085) and squamous cell carcinoma, HPV negative (8086) are coded only when HPV status is determined by tests based on ISH, PCR, RT-PCR technologies to detect the viral DNA or RNA. p16 was not a valid test to assign these codes. **Beginning with cases diagnosed January 1, 2022 forward, p16 test results can be used to code squamous cell carcinoma, HPV positive (8085), and squamous cell carcinoma, HPV negative (8086).**

Beginning January 1, 2022, non-keratinizing squamous cell carcinoma, HPV positive is coded 8085 for sites listed in Table 5 **only**. For a diagnosis of non-keratinizing squamous cell carcinoma, NOS is coded 8072.

Beginning January 1, 2022, keratinizing squamous cell carcinoma, HPV negative is coded 8086 for sites listed in Table 5 **only**. For a diagnosis of keratinizing squamous cell carcinoma, NOS is coded 8071.

Eight site groups, excluding non-malignant CNS, were updated for 2022 and include the following minor updates\*:

- New histologies, codes, and terms from ICD-O-3.2 and the 2022 ICD-O Updated added to tables
  - Updated Equal/Equivalent terms
  - Updated Terms that are Not Equivalent or Equal
  - Clarified instructions for coding p16 results for Head & Neck primaries
  - Timing requirements for Colon Rules M7 and M8 have been revised
  - A new section, “Changes from 2018 Solid Tumor Rules”, has been added to the Colon and Head & Neck site modules

\*Updates will **not** require review of previously abstracted cases

## 2007 Multiple Primary and Histology Rules (MP/H): Other Sites

The Other sites rules have been formatted to match the Solid Tumor Rules and will be valid for cases diagnosed January 1, 2022. The Other sites module has undergone minimal revisions for 2022 and comprehensive revisions will continue to be developed for implementation later. While revisions for 2022 are minimal, the 2007 MP/H Other Sites Rules will continue to be valid for cases diagnosed prior to 2022. Also, beginning January 1, 2022, the Solid Tumor General Instructions apply to all sites.

Other sites 2022 update includes the following:

- Site specific Table Index similar to Head & Neck Solid Tumor Rules. Sites tables will include coding criteria is applicable. Table Index will include:
  - Female Reproductive Organs
  - Other GI
  - Prostate
  - Soft Tissue & Bone
  - Thyroid

Notes and examples are added to existing rules as needed.

Priority Order for Using Documentation to Identify Histology and Coding Histology sections will be added to H rules module.

## Reportability

Reportability for cases diagnosed in 2022 is based on the ICD-O Third Edition, Second Revision Morphology (ICD-O-3.2) plus the ICD-O-3.2 updates posted on the NAACCR website. The 2022 ICD-O update tables have columns for each standard setter (SEER, NPCR, CoC, and Canada) to indicate reportability for each of the new codes, terms, etc.

### *Reportable*

Clear cell papillary renal cell carcinoma 8323/3 **is** reportable. The 2016 WHO Classification of Tumors of the Urinary System and Male Genital Organs, 4th Edition, has reclassified this histology as a /1 because it is low nuclear grade and is now thought to be a neoplasia. This change has not yet been implemented and it remains reportable.

Low-grade appendiceal mucinous neoplasm (LAMN) now has a behavior of /2 and /3 making it reportable. LAMNs are slow-

growing neoplasms that have the potential for peritoneal spread and can result in patient death. LAMNs demonstrate an interesting biology in that they do not have hematogenous dissemination risk, but risk for appendiceal perforation, which can result in peritoneal dissemination, repeated recurrences after surgery and even death.

- /2 = Tis(LAMN) confined by muscularis propria (T1-T2 are not used for LAMN), and such lesions are designated as Tis
- /3 = T3-T4 extending into subserosa or serosa

## Reportability Cont.

The ICD-O Committee and authors of the WHO Classification of Tumors of the Digestive System, 5<sup>th</sup> Edition agreed to issue a corrigenda as follows:

Corrigenda – Appendiceal mucinous

neoplasm 8480/2 Low-grade appendiceal

mucinous neoplasm 8480/2 High-

grade appendiceal mucinous neoplasm

8480/3 Appendiceal mucinous neoplasm with extra-appendiceal spread

*Not Reportable*

High grade dysplasia of the colon is **not** reportable even though it has been designated in situ (/2) in the latest WHO classification.

There are two new histology codes for HPV-related adenocarcinoma in situ of the cervix. These are **not** reportable.

8483/2 Adenocarcinoma in situ, HPV-associated (C530-C531, C538-C539)

8484/2 Adenocarcinoma in situ, HPV-independent, NOS (C530-C531, C538-C539)

## Surgery Codes

The following surgery codes from SiteSpecific Surgery C18.0–C18.9), Rectosigmoid (C19.9), Rectum (C20.9) and Anus (C21.0-C21.8) have been removed as these are obsolete treatments for these primary sites.

- 11 and 21 Photodynamic Therapy (PDT);
- 13 and 23 Cryosurgery;
- 14 and 24 Laser Ablation;
- 25 Laser Excision.

**The word Wedge was removed from Rectum and Rectosigmoid Surgical code 30. The Miles Procedure was removed from Rectum Surgical code 50 and Anus Surgical code 60. The phrase Total mesorectal excision (TME) was removed from Rectum Surgical code 30. All changes effective with cases diagnosed January 1, 2022 and forward.**

## CoC is field testing: Breast Surgery Codes

Important changes to breast surgery codes can be found starting on page 29. Four new custom data items/User Defined Fields (UDFs) will be collected for breast **for diagnosis year 2022 only**.

The two breast surgery data items listed below record the breast surgical procedure performed at this facility [10104] and at any facility [10105]. These codes have been created to be pulled directly from the Breast Synoptic Operative Reports while using a new 4-digit alphanumeric coding structure. All reconstruction procedures have been pulled out of this code set and have been included in the two new data items described in the next section. In 2023, all surgery codes in Appendix A will be converted to the new 4-digit alphanumeric code sets.

- Rx Hosp—Surg Breast [10104] – Coding Instructions, page 223
- Rx Summ—Surg Breast [10105] – Coding Instructions, page 226

### Breast Reconstruction Codes

The two breast reconstruction data items listed below record the immediate reconstruction procedure performed the same day as the surgical procedure at the reporting facility [10106] and at any facility [10107]; *breast reconstruction was previously collected within the breast surgery codes*. The NCDB is collecting these data items to support the Synoptic Operative Reports, and to allow for more descriptive reconstruction codes. They are being collected in anticipation of a breast reconstruction Site-Specific Disease Item (SSDI) in 2023.

- Rx Hosp—Recon Breast [10106] - Coding Instructions page 229
- Rx Summ—Recon Breast [10107] - Coding Instructions page 231

Additional changes to surgical procedures can be found in the 2022 [STORE Manual Summary of Changes](#) chapter (page 33).

### Code Clarification

*Scope of Regional Lymph Node Surgery [1292] and Scope of Regional Lymph Node Surgery at this Facility [672]*

Coding instructions clarified to code 9 for:

- ii.Lymphoma (excluding CLL/SLL) (schema ID 00790)
- iii.Lymphoma (CLL/SLL) (schema ID 00795)

## Extent of Disease (EOD)

1. New EOD Schema: Cervix Sarcoma.
2. New EOD Schema: Soft Tissue Other has been split into Soft Tissue Rare (00450) and Soft Tissue Other (00459)
3. 9700-9701 (Mycosis Fungoides/Sezary Syndrome): The Mycosis Fungoides schema includes all primary sites. Review of data revealed approximately four cases from 2018 and 2019 that were not in the Mycosis Fungoides schemas. These will be automatically converted.
4. Corpus Carcinoma and Carcinosarcoma: Code 070 and 080 were deleted and automatically converted to 050. These will be automatically converted.
5. Pleural Mesothelioma: New code 05, for positive pleural effusion only.

## Standard Setters Reporting Requirements for 2022

Each standard setting agency provided their respective information for this section.

### CoC Reporting Requirements

Beginning with cases diagnosed January 1, 2022 and forward, all CoC accredited programs should follow the rules and instructions in STORE v2022. Word and minor coding changes allowed STORE to align more with SEER. A summary of the STORE 2022 changes is in [Appendix D](#).

The only new data item for collection

is Macroscopic Evaluation of the Mesorectum [3950] reportable for cases diagnosed January 1, 2022 forward.

CoC Accredited programs will NOT collect the follow histology and sites for cases diagnosed January 1, 2022 and forward:

- **8210/2 Adenomatous polyp, high grade dysplasia (C160 – C166, C168-C169, C170-C173, C178- C179)**
- **8211/2 Tubular adenoma, high grade**
- **8261/2 Villous adenoma, high grade**
- **8263/2 Tubulovillous adenoma, high grade**
- **8483/2 Adenocarcinoma in situ, HPV-associated (C530-C531, C538-C539)**
- **8484/2 Adenocarcinoma in situ, HPV-independent, NOS C530-C531, C538-C539)**
- 8590/1 Uterine tumor resembling ovarian sex cord tumor
- 9200/1 Osteblastoma
- 9261/1 Osteofibrous dysplasia-like adamantinoma

SARCoV2 data items, NCDB—SARSCoV2—Test [3943], NCDB--SARSCoV2—Pos [3944], NCDB--SARSCoV2-

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Pos Date [3945], NCDB--COVID19--

Tx Impact [3946] are not required on cases with a reportable malignancy with diagnosis date during calendar year 2022 and beyond. However, SARSCoV2 data items should continue to be collected on all cases with a reportable malignancy with a diagnosis date during the calendar years of 2020 and/or 2021.

Questions related to STORE can be submitted to the CA Forum. The revised STORE Manual is planned for release on ACS Website by August 1, 2021.

## 2022 Changes not listed above

### Summary

#### Word Changes

The following items have been updated in STORE with a word change from patient record to medical record:

*Tumor Size Summary [756]*  
*Regional Lymph Nodes Positive [820] Regional Lymph Nodes Examined [830] Sentinel Lymph Nodes Examined [834] Sentinel Lymph Nodes Positive [835]*

#### Code Changes

*Mets at Diagnosis – Bone [1112], Mets at Diagnosis – Brain [1113], Mets at Diagnosis – Liver [1115], Mets at Diagnosis – Lung [1116] and Mets at Diagnosis – Other [1117]*

In STORE 2021 (pages 178, 180, 184, 186 and 188), the coding instructions have been updated, to align with SEER. The “C770-C779” codes for any histology in the last row, under coding instruction table have been removed.

ICD-O-3 Site	ICD-O-3 Histology	
C000-C809	9740-9809, 9840-9992	Mast cell, histiocytosis, immunoproliferative, leukemias coded to any site
C420, C421, C424	9811-9818, 9823, 9827, 9837	Specific leukemia/lymphoma histologies coded to blood, bone marrow, hematopoietic
C000-C440, C442-C689, C691-C694, C698-C809	9820, 9826, 9831-9834	Mostly lymphoid leukemias coded to any site except eyelid, conjunctiva, lacrimal gland, orbit, and eye overlapping and NOS
C000-C440, C442- C689, C691-C694, C698-C809	9731, 9732, 9734	Plasma cell tumors coded to any site except eyelid, conjunctiva, lacrimal gland, orbit, and eye overlapping and NOS
C420, C421, C424	Any histology	

*Reportability Change*

The Eligibility section in STORE has been updated to include the new ICD-O codes for new terminology, behavior changes, reportability changes, and specific histology for specific primary.

The table below represents the ICD-O-3 terms that CoC is required to collect (Appendix B).

ICD-O Code	Term	Required and collected	Remarks
8033/3	Carcinoma with sarcomatoid component	Y	New related term
8085/3	Squamous cell carcinoma, HPV-associated	Y	New term for uterine cervix
8086/3	Squamous cell carcinoma, HPV-independent	Y	New term for uterine cervix
8144/2	Intestinal-type adenoma, high grade (C16.0 – C16.9, C17.0 -C17.9)	Y Reportable for Stomach and Small Intestine only	Term is reportable for stomach and small intestines ONLY beginning 1/1/2022
8213/2	Serrated dysplasia, high grade (C16.0 – C16.9, C17.0 -C17.9)	Y for Stomach and Small Intestine	Term is reportable for stomach and small intestines ONLY beginning 1/1/2022
8243/3	Goblet cell adenocarcinoma	Y	New preferred term
8262/3	Adenoma-like adenocarcinoma	Y	New term
8310/3	Adenocarcinoma, HPV-independent, clear cell type	Y	New term for uterine cervix
8455/2	Intraductal oncocytic papillary neoplasm, NOS	Y	New ICD-O code/term

8455/3	Intraductal oncocytic papillary neoplasm with associated invasive carcinoma	Y	New ICD-O code/term
8480/2	Low-grade appendiceal mucinous neoplasm (LAMN)	Y	

ICD-O Code	Term	Required and collected	Remarks
8480/3	Low-grade appendiceal mucinous neoplasm (LAMN)	Y	
8480/2	High grade appendiceal mucinous neoplasm (HAMN)	Y	New behavior/term
8480/3	High-grade appendiceal mucinous neoplasm (HAMN)	Y	
8482/3	Adenocarcinoma, HPV-independent, gastric type	Y	New term
8483/3	Adenocarcinoma, HPV-associated	Y	New ICD-O code/term
8484/3	Adenocarcinoma, HPV-independent, NOS	Y	New ICD-O code/term
8503/2	Ductal carcinoma in situ, papillary	Y	New preferred term
8509/3	Tall cell carcinoma with reversed polarity	Y	New preferred term
8859/3	Myxoid pleomorphic liposarcoma	Y	New ICD-O code/term
8912/3	Congenital spindle cell rhabdomyosarcoma with VGLL2/NCOA2/CITED2 rearrangements	Y	New term
8912/3	MYOD1-mutant spindle cell/sclerosing rhabdomyosarcoma	Y	New term
8912/3	Intraosseous spindle cell rhabdomyosarcoma with TFCP2/NCOA2 rearrangements	Y	New term
8976/3	Gastroblastoma (C16.0 – C16.9)	Y	New ICD-O code/term
9110/3	Adenocarcinoma, HPV-independent, mesonephric type	Y	New preferred term
9111/3	Mesonephric-like adenocarcinoma	Y	New ICD-O code/term for ovary and corpus uterus
9120/3	Post radiation angiosarcoma of the breast	Y	New term
9133/3	Epithelioid hemangioendothelioma	Y	New term



ICD-O Code	Term	Required and collected	Remarks
	with WWTR1-CAMTA1 fusion		
9133/3	Epithelioid hemangioendothelioma with YAP1-TFE3 fusion	Y	New term
9222/3	Chondrosarcoma, grade 1	Y	Behavior change. Reportable 1/1/2022 forward
9366/3	Round cell sarcoma with EWSR1-non-ETS fusions	Y	New ICD-O code/term
9367/3	CIC-rearranged sarcoma	Y	New ICD-O code/term
9368/3	Sarcoma with BCOR genetic alterations	Y	New ICD-O code/term

Histologies and sites CoC Accredited programs will NOT be required to collect are:

- 8210/2 Adenomatous polyp, high grade dysplasia (C160 – C166, C168-C169, C170-C173, C178- C179)
- 8211/2 Tubular adenoma, high grade
- 8261/2 Villous adenoma, high grade
- 8263/2 Tubulovillous adenoma, high grade
- 8483/2 Adenocarcinoma in situ, HPV-associated (C530-C531, C538-C539)
- 8484/2 Adenocarcinoma in situ, HPV-independent, NOS (C530-C531, C538-C539)
- 8590/1 Uterine tumor resembling ovarian sex cord tumor
- 8976/1 Gastroblastoma
- 9200/1 Osteoblastoma
- 9261/1 Osteofibrous dysplasia-like adamantinoma.

## Resources

**2022 SEER Program Manual:** <https://seer.cancer.gov/tools/codingmanuals/>

Questions regarding the SEER Program Coding and Staging Manual 2022 should be directed to Ask a SEER Registrar at: <https://seer.cancer.gov/registrars/contact.html>

**AJCC 8<sup>th</sup> Edition Chapter Updates**

**and Histologies:** <https://cancerstaging.org/references-tools/deskreferences/Pages/8EUpdates.aspx>

Questions regarding AJCC Cancer Staging should be directed to the CAnswer Forum at: <http://cancerbulletin.facs.org/forums/>

**AJCC API:** <https://cancerstaging.org/Pages/Vendors.aspx>

**AJCC Cancer Staging Form**

**Supplement:** <https://cancerstaging.org/references-tools/deskreferences/Pages/Cancer-Staging-Forms.aspx>

**Cancer Surveillance DLL:** AJCC licensees can request the licensed version of the library from Martin Madera, [mmadera@facs.org](mailto:mmadera@facs.org). The version for unlicensed users will be available from the AJCC website, please contact Martin Madera ([mmadera@facs.org](mailto:mmadera@facs.org)) for access.

**CAnswer Forum:** <http://cancerbulletin.facs.org/forums/help>

**Commission on Cancer STORE Manual:** <https://www.facs.org/quality-programs/cancer/ncdb/call-for-data/cocmanuals>

*Data Exchange Standard, XML Specifications for Cancer Registry Records, Version 1.4:*

<https://www.naaccr.org/xml-data-exchange-standard/>

**Data Standards and Data Dictionary (Volume II):** <https://www.naaccr.org/data-standards-data-dictionary/>

**EDITS:** <https://www.naaccr.org/standard-data-edits/>

Questions regarding the NAACCR edits metafile should be directed to Jim Hofferkamp at [jhofferkamp@naaccr.org](mailto:jhofferkamp@naaccr.org).

**EOD 2018:** <https://seer.cancer.gov/tools/staging/rsa.html>

Questions regarding EOD 2018 should be directed to Ask a SEER Registrar at: <https://seer.cancer.gov/registrars/contact.html>

**Grade Manual:** <https://www.naaccr.org/SSDI/Grade-Manual.pdf>

Questions regarding the Grade Manual should be directed to the CANswer Forum at: <http://cancerbulletin.facs.org/forums/>

**Hematopoietic and Lymphoid Neoplasm Database:** <https://seer.cancer.gov/tools/heme/>

Questions regarding the SEER Hematopoietic and Lymphoid Neoplasm Database should be directed to

Ask a SEER Registrar at: <https://seer.cancer.gov/registrars/contact.html>

**ICD-O-3.2:** [http://www.iacr.com.fr/index.php?option=com\\_content&view=article&id=149:icd-o-3-2&catid=80:newsflashes&Itemid=545](http://www.iacr.com.fr/index.php?option=com_content&view=article&id=149:icd-o-3-2&catid=80:newsflashes&Itemid=545)

Questions regarding ICD-O-3 Histology changes should be directed to Ask a SEER Registrar at: <https://seer.cancer.gov/registrars/contact.html>

**ICD-O-3 SEER Site/Histology Validation List:** <https://seer.cancer.gov/icd-o-3/>

Questions regarding the SEER Site/Histology Validation List should be directed to Ask a SEER Registrar at: <https://seer.cancer.gov/registrars/contact.html>

**NPCR Northcon 210 Registry Plus Utility**

**Program:** [https://www.cdc.gov/cancer/npcr/tools/registryplus/up\\_download.htm](https://www.cdc.gov/cancer/npcr/tools/registryplus/up_download.htm)

**NPCR Registry Plus Software:** <https://www.cdc.gov/cancer/npcr/tools/registryplus/index.htm>

**Radiation Conversion Specifications:** <https://www.naaccr.org/data-standards-data-dictionary/>

**SEER API:** <https://api.seer.cancer.gov/>

**SEER Registrar Staging Assistant (SEER\*RSA):** <https://seer.cancer.gov/tools/staging/rsa.html>

Questions regarding SEER\*RSA should be directed to Ask a SEER Registrar at: <https://seer.cancer.gov/registrars/contact.html>

**SEER\*Rx:** <https://seer.cancer.gov/tools/seerrx/>

Questions regarding SEER\*Rx should be directed to Ask a SEER Registrar at: <https://seer.cancer.gov/registrars/contact.html>

**Site-Specific Data Items Manual:** <https://www.naaccr.org/SSDI/SSDI-Manual.pdf>

Questions regarding SSDIs should be directed to the CANswer Forum at: <http://cancerbulletin.facs.org/forums/>

**Solid Tumor Rules:** <https://seer.cancer.gov/tools/solidtumor/>

Questions regarding the Solid Tumor Rules should be directed to Ask a SEER Registrar at: <https://seer.cancer.gov/registrars/contact.html>

**Summary Stage 2018:** <https://seer.cancer.gov/tools/ssm/>

Questions regarding Summary Stage 2018 should be directed to Ask a SEER Registrar at: <https://seer.cancer.gov/registrars/contact.html>