North American Association of Central Registries, Inc

GUIDELINES FOR
2024 ICD-O-3.2 HISTOLOGY CODE AND BEHAVIOR UPDATE
Effective January 1, 2024

Prepared by:

NAACCR ICD-O-3 Update
Implementation Work Group

2024 ICD-O-3 Update to be used jointly with ICD-O-3.2, Solid Tumor Rules, and Hematopoietic and Lymphoid Neoplasm Database

December 1, 2023

Summary of changes covered in the 2024 ICD-O-3 Update:

The 2024 ICD-O-3.2 Update Guidelines includes comprehensive tables listing changes to ICD-O-3.2 including new ICD-O codes, terminology and reportability changes effective for cases diagnosed 1/1/2024 forward. The 2024 update represents changes identified in recently published 5th Ed WHO Classification of Tumors books. Included in these guidelines are instructions for using the tables together with ICD-O-3.2.

Contents

1   ICD-O-3 WORK GROUP MEMBERS

Member Name	Organization	Email
Lois Dickie, Chair	**NCI SEER**	dickielo@mail.nih.gov
Melissa Alvarado	CDC	Ouq6@cdc.gov
Connie Boone	SC Cancer Registry	boonecr@dhec.sc.gov
Michelle Esterly	CDC	Hjf7@cdc.gov
Gail Gautreau	Alberta Cancer Registry	Gail.gautreau@aha.ca
Donna Gress	AJCC	dgress@facs.org
Ann Griffin	UCSF	Ann.Griffin@ucsfmedctr.org
Terri Handel	Manitoba Cancer Care	thandel@cancercare.mb.ca
Elizabeth Harvey	Texas State Registry	Elizabeth.Harvey@dshs.texas.gov
Megsys Herna	Florida Cancer Data System	MHerna@med.miami.edu
Jim Hofferkamp	NAACCR	jofferkamp@naacr.org
Keren Hulkower	College of American Pathologist	khulkow@cap.org
Annette Hurlbut	Elekta	annette.hurlbut@elekta.com
Tiffany Janes	Seattle Cancer Registry	tjanes@fredhutch.org
Susanne Kessler	ACOS	Skessler@facs.org
Sarah Manson	CDC	Ize5@cdc.gov
Mary Elizabeth O'Neil	CDC	dbi8@cdc.gov
Loria Pollack	CDC	lops@cdc.gov
Winny Roshala	Greater California Cancer Registry	wroshala@crgc-cancer.org
Melissa Scott	Manitoba Cancer Registry	Mscott4@cancercare.mb.ca
Reda Wilson	CDC	dfo8@cdc.gov

2   INTRODUCTION

These implementation guidelines, developed by the North American Association of Central Cancer Registries, Inc (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, 2024. Members of the work group represent standard setting organizations, central registries, hospital registries, and cancer registry software vendors.

The 2024 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 2024 and implementation of the changes were approved by the standard setting agencies.

The 2024 ICD-O-3.2 histology code and behavior update includes comprehensive tables listing all changes made after the 2023 update and is effective for cases diagnosed 1/1/2024 forward. The 2024 update tables include columns for each standard setter which indicate if each code and/or term is required for data collection and submission.

The ICD-O-3 Implementation Work Group created this guide for users which provides important information on the background and issues for this update along with how to use the tables*.* The 2024 guidelines include only two tables, numeric and alpha, listing new ICD-O codes, terminology, behavior changes, and required status. The Work Group strongly recommends users read these guidelines to efficiently use ICD-O-3.2 and the 2024 Update tables.

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

Following the release of the 2023 Guidelines for ICD-O-3.2 Histology Code and Behavior Update, the ICD-O-3 Implementation Work Group reviewed the recent 5th 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 2023. The MLTG and HLSG reviewed and accepted the recommendations for implementation in 2024.

The ICD-O-3 Implementation Work Group was charged with developing the implementation documents and to also act 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 at the following link: https://seer.cancer.gov/registrars/contact.html. Implementation guidelines and updates are posted on NAACCR's web site (ICD O 3 Coding Updates (ICD O 3 Coding Updates (naaccr.org)). The Work Group communicates updates via email using the NAACCR listserv as well as mailing lists of all organizations.

3   BACKGROUND AND IMPLEMENTATION ISSUES

Implementation of new standards is never 100 percent issue- or error-free. In anticipation of questions that may arise in this update, the Work Group has developed the following explanations.

3.1. Why Is There an Update to ICD-O-3.2 at This Time?

In developing the previous editions and the present edition of ICD-O, a particular effort was made to use the nomenclature appearing in the World Health Organization's *International Histological Classification of Tumors* series (WHO "Blue Books"). This series covers all the principal sites of cancer and includes morphology codes of ICD-O for each neoplasm.

Since the International Agency for Research on Cancer (IARC) and WHO released ICD-O-3.2 in April 2019, they continued publishing new editions of the WHO Classification of Tumors (Blue Book) series. As part of each new edition, subject matter experts review current literature pertaining to the organ or body system covered in the WHO Classification and make recommendations regarding revised histologic terminology. These revisions are reviewed pre-publication by the WHO/IARC Committee on ICD-O-3 to ensure recommended code changes and additions are appropriate. When each new Blue Book edition is published, the terminology and codes are introduced into contemporary pathology terminology to be used in pathology reports. ICD-O-3.2 remains the standard reference for reportable conditions, yet malignant diagnoses from the Blue Books are being used by pathologists and specialists and may not be listed in the current ICD-O-3 edition. This is because not all the WHO Blue Book updates have been adopted by the standard setters in the U.S. and Canada. This becomes an issue if there is no histology code available to properly register a case.

To address these issues, The Cancer Pathology Coding Histology and Registration Terminology (Cancer PathCHART) initiative was undertaken. Cancer PathCHART is a ground-breaking collaboration of 11 North American and global registrar, registry, pathology, and clinical organizations, including all tumor and histology cancer data standard setters. This initiative involves a substantial, multifaceted review process of histology and behavior codes (and associated terminology) by tumor site that includes expert pathologists and tumor registrars. The results of these in-depth reviews are incorporated into the Cancer PathCHART database, and serve as all-new, single source of truth standards for tumor site, histology, and behavior coding across all standard setters.

The following fifth edition was released after the 2022 ICD-O-3.2 update:
WHO Classification of Urinary and Male Genital Tumors (2022)

3.2. Is the 2024 ICD-O-3.2 Update to Be Used Beginning January 1, 2024?

Yes. Effective for cases diagnosed January 1, 2024, forward, the 2024 Update should be used jointly with ICD-O-3.2, Cancer PathCHART, the Hematopoietic and Lymphoid Neoplasm Database, and the Solid Tumor rules.

3.3. Is ICD-O-3.2 Now Available in Print or Downloadable .PDF Format?

The IARC/WHO ICD-O Committee has indicated they will not be developing or publishing a print or downloadable .pdf version of ICD-O-3.2.

3.4. How Extensive Are the Changes for 2024?

For 2024, no major changes have been identified during review of the 5th Editions WHO Urinary and Male Genital Tumors. Majority of changes for 2024 are new related terms for existing codes, five new ICD-O codes, four reportable and one non-reportable, and one histology that has changed behaviors and is now reportable.

While all standard setters approved implementation of these changes, the work group recommends you refer to the appropriate program manual for further guidance on reportable neoplasms. It is important to understand that cancer registry reportability rules based on behavior code still apply. Except for primary intracranial and central nervous system benign and borderline tumors, the addition of a /0 or /1 behavior coded term to ICD-O-3 does not imply that it is now reportable. Some /2 behaviors may not be reportable or are reportable for a select site or sites. Again, please refer to your standard setter reporting requirements if you have questions.

3.5. Information Concerning This Update

The 2024 ICD-O-3.2 Update does not include important changes to ICD-O coding or reportability for 2024.

*IMPORTANT REMINDERS:

Please check the 2024 ICD-O-3 Update Table 1 or 2 to determine if the histology is listed. If the histology is not included in the update, then review ICD-O-3.2 and/or Hematopoietic and Lymphoid Database and/or Solid Tumor Rules (MP/H).

ICD-O-3.2 included changes from all 4th Ed WHO Classification of Tumors books. New editions released following the publication of 4th editions are not included in 3.2. A new ICD-O version will be released once all 5th Ed Blue Books are published.

Currently in ICD-O-3, a topography (C code) listed in parentheses next to the morphology term indicates the morphology is most common to that site. The morphology may occur in other sites as well. Many of the new codes, terms, and behaviors listed in this update are site-specific and may not apply to all sites. Applicable C codes are noted next to the term in **bold** font. These site- and histology-specific combinations are added as valid to the CPC Site Morphology Validation list edit (Primary Site, Morphology-Type, Beh ICDO3 (SEER IF25)). However, if a site other than the one listed with the morphology code is assigned, the case does not pass the edit, must be reviewed, and the Over-ride-Site/Type flag set if appropriate.

3.6. What About Training for Data Collectors?

Educational materials/presentations are planned at both the national and state level. Additional education will be available through CTR education sites.

3.7. Are There Any Conversions with This Update?

There are no data conversions with this update.

3.8. Will Documents Be Available to Registry Software Vendors?

The new histology codes/terms, new behavior codes/terms, new associated terms, and coding instructions if applicable, are combined into a single excel spreadsheet file for use in abstracting software.

4   2024 ICD-O-3.2 Update Tables

Each table in section 4 provides the list of new ICD-O codes and associated terms, codes which have changed behavior, and new preferred or related terminology. The guidelines include two tables, one in alphabetic order and one in numerical order.

4.1. Where Can the 2024 ICD-O-3 Update Tables Be Found?

These documents will be posted to the NAACCR web site at: ICD O 3 Coding Updates (naaccr.org) Blast emails from the standard setting organizations will also include links to the updated tables. The documents can then be saved to your desktop or printed. A link to the tables will also be posted on SEER.cancer.gov (https://seer.cancer.gov/registrars/index.html).

4.2. TABLE 1: 2024 ICD-O-3.2 UPDATE (NUMERICAL ORDER)

Table 1 lists all changes for 2024 including five new ICD-O codes and terms, one code with changes to behavior, and new preferred or related terms, in numerical order by ICD-O number.

4.3. TABLE 2: 2024 ICD-O-3.2 UPDATE (ALPHABETIC ORDER)

Table 2 lists all changes for 2024 including five new ICD-O codes and terms, one code with changes to behavior, and new preferred or related terms, in alpha order by histology term.

4.4. How to Use Tables 1 and 2

Table 1 and 2 each have seven columns:

Column Name	Description
ICD-O-3 Morphology Code	Lists code number and behavior
Term	Histology name per WHO. Preferred terms are indicated in **BOLD** font
Required SEER (Y/N)	Indicates if the histology is reportable or non-reportable to SEER
Required NPCR (Y/N)	Indicates if the histology is reportable or non-reportable to NPCR
Required CoC (Y/N)	Indicates if the histology is reportable or non-reportable to CoC
Required CCCR (Y/N)	Indicates if the histology is reportable or non-reportable to CCCR
Remarks	Provides information related to the ICD-O code and identifies it as a new ICD-O code, new term, or change to behavior. Coding instructions, if applicable, are also noted in this column

5   ALIGNMENT WITH THE CANCER PathCHART INITIATIVE

The Cancer PathCHART initiative involves a substantial, multifaceted review process of histology and behavior codes (and associated terminology) by tumor site that includes expert pathologists and tumor registrars. The results of these in-depth reviews are incorporated into the Cancer PathCHART database, and serve as all-new, single source of truth standards for tumor site, histology, and behavior coding across all standard setters. The 2024 Cancer PathCHART ICD-O-3 Site Morphology Validation List, output directly from the Cancer PathCHART database, is a comprehensive table that replaces both the ICD-O-3 SEER Site/Histology Validation List, as well as the list of impossible site and histology combinations included in the Primary Site, Morphology-Imposs ICDO3 (SEER IF38) edit. The 2024 Cancer PathCHART ICD-O-3 Site Morphology Validation List is aligned with these 2024 ICD O Guidelines.

6   CONTINUING ISSUES

While the WHO "Blue Books" reflect current thinking and current terminology among the international community of pathologists and specialists, population-based cancer registries may not share the same principles in terms of reportability rules. We continue to review questionable terminology including moderate/Grade II neoplasia and moderate/Grade II dysplasia prior to implementation. The implications of accepting new terms as reportable will be carefully studied as they may impact not only reporting legislation, but also workload in case ascertainment (casefinding), abstracting, follow-up (as applicable) and incidence reporting. The ICD-O-3 Work Group will continue working with NAACCR work groups, committees, and the Cancer PathCHART initiative to make recommendations on the adoption of proposed changes by WHO and IARC as indicated in new Blue Book editions.

The North American standard setting organizations provide guidance on how to handle new codes, obsolete codes, other changes, and timing of implementation. In conjunction with the assessments of the impact of additions and changes on incidence, there should be assessments of the impact on the Solid Tumor Rules and Hematopoietic & Lymphoid Neoplasms Database.