

North American Association of Central Registries, Inc

**GUIDELINES FOR
2022 ICD-O-3.2 HISTOLOGY CODE AND BEHAVIOR UPDATE**
Effective January 1, 2022

Prepared by:

NAACCR ICD-O-3 Update
Implementation Work Group

2022 ICD-O-3 Update to be used jointly with ICD-O-3.2, Solid Tumor Rules, and Hematopoietic and Lymphoid Neoplasm Database

December 1, 2021

Summary of changes covered in the 2022 ICD-O-3 Update:

The 2022 ICD-O-3.2 Update Guidelines includes comprehensive tables listing all changes to ICD-O-3.2 including new ICD-O codes, terminology and reportability changes effective for cases diagnosed 1/1/2022 forward. The 2022 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. ***This update includes important information on reportable versus non-reportable high grade dysplasia in gastrointestinal sites.***

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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, 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 were 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 1/1/2022 forward. New to the 2022 update tables are columns for each standard setter which will indicate if that particular code and/or term 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 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 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 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 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 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 will be posted on NAACCR's web site (www.naacr.org). The Work Group will also be communicating updates via email using the NAACCR listserv and mailing lists of all organizations.

2 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.

2.1 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 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.

The following fifth editions were released after the 2021 ICD-O-3.2 update:

WHO Classification of Tumors of the Breast (2018)

WHO Classification of Tumors of Digestive System (2018)

WHO Classification of Tumors of the Female Reproductive Organs (2019)

WHO Classification of Tumors of Soft Tissue and Bone (2019)

2.2 Is the 2022 ICD-O-3.2 update to be used beginning January 1, 2022?

Yes. Effective for cases diagnosed January 1, 2022 forward, the 2022 Update should be used jointly with ICD-O-3.2, Hematopoietic and Lymphoid Neoplasm Database, and Solid Tumor rules.

2.3 Is ICD-O-3.2 now available in print or downloadable .pdf format?

The .pdf version of ICD-O-3.2 has been delayed and will not be released mid-2021. The IARC/WHO ICD-O Committee does not have an estimated release date at this time. Continue using the ICD-O-3.2 excel document until such time the .pdf version is released.

2.4 How extensive are the changes for 2022?

For 2022, the major changes apply to reportable terminology. The 2020 update includes: 12 new ICD-O codes/terms, two of which are non-reportable, three histologies have changed behavior with two remaining non-reportable and one becoming reportable, and 42 new preferred or related terms.

While all of the 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. With the exception of primary intracranial and central nervous system benign and borderline tumors, the addition of a /0 or /1 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.

2.5 Information concerning this update

****IMPORTANT REMINDERS:***

Please check the 2022 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 have been published.

Currently in ICD-O-3, when a topography (C code) is listed in parentheses next to the morphology term, it indicates the morphology is most common to that site. It 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 will be noted next to the term in **bold** font. These site- and histology-specific combinations will not be added to the “Impossible combination” edit. However, if a site other than the one listed with the morphology code is assigned, the result will be an edit requiring review. This is Interfield Edit 25.

2.6 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.

2.7 Are there any conversions with this update?

There are no data conversions with this update.

2.8 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, have been combined into a single excel spreadsheet file for use in abstracting software. Vendors should use the 2022 Annotated Histology List.

2.9 Where can the 2022 ICD-O-3 update tables be found?

These documents will be posted to the NAACCR web site, on the 2021 Data Changes page. Blast emails from the standard setting organizations will also include the link 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>)

3 2022 ICD-O-3.2 UPDATE TABLES

Each table in section 3 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 alpha order and one in numerical order.

3.1 TABLE 1: 2022 ICD-O-3.2 UPDATE (NUMERICAL ORDER)

Table 1 lists all changes for 2022 including 12 new ICD-O codes and terms, three codes with changes to behavior, and 42 new preferred or related terms, in numerical order by ICD-O number.

3.2 TABLE 2: 2022 ICD-O-3.2 UPDATE (ALPHA ORDER)

Table 2 lists all changes for 2022 including 12 new ICD-O codes and terms, three codes with changes to behavior, and 42 new preferred or related terms, in alpha order by histology term.

3.3 HOW TO USE TABLES 1 AND 2

Table 1 and 2 each have seven columns:

- **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:** This column provides information related to the ICD-O code and will identify it as a new ICD-O code, new term, or change to behavior. Coding instructions, if applicable, are also noted in this column.

4 REMAINING ISSUES: GASTROINTESTINAL HIGH-GRADE DYSPLASIA: UNDERSTANDING REPORTABILITY

While the WHO “Blue Books” reflect current thinking and current terminology among pathologists and specialists, population-based cancer registries may not share the same principles in terms of reportability rules. NAACCR is taking a close look at these ambiguous terms and the potential challenges in implementing them as reportable neoplasms in the United States. Most of the problematic terms include the words “high grade neoplasia” or “high grade dysplasia” or “severe dysplasia” in digestive system sites, primarily colorectal. The implications of accepting these terms as reportable are being carefully studied as they may affect 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 College of American Pathologists (CAP) (among others) to make recommendations on the adoption of various dysplasia terminologies for future inclusion in cancer registries. It is important to note, the 2022 ICD-O update tables include only three specific high grade dysplasia terms which are reportable for specific sites (stomach and small intestines) beginning 1/1/2022.

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.

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Table 2: 2022 ICD-O-3.2 Update (Alpha)

- Codes/terms listed alphabetically
- **Only new** associated terminology to **existing ICD-O-3.2** codes are included in the 2022 ICD-O Implementation guidelines and documentation. Terms are those listed in the blue books.
- Update based on the following 5th Ed classification of Tumors books: Breast, Digestive System, Female Genital, and Soft Tissue & Bone

ICD-O Code	Term	Required SEER	Required NPCR	Required CoC	Required CCCR	Remarks
8483/2	Adenocarcinoma in situ, HPV-associated (C530-C531, C538-C539)	N	N	N	N	New ICD-O code/term Not reportable
8484/2	Adenocarcinoma in situ, HPV-independent, NOS C530-C531, C538-C539)	N	N	N	N	New ICD-O code/term Not reportable
8483/3	Adenocarcinoma, HPV-associated C530-C531, C538-C539)	Y	Y	Y	Y	New ICD-O code/term
8310/3	Adenocarcinoma, HPV-independent, clear cell type	Y	Y	Y	Y	New term for uterine cervix
8482/3	Adenocarcinoma, HPV-independent, gastric type (C530-C531, C538-C539)	Y	Y	Y	Y	New related term
9110/3	Adenocarcinoma, HPV-independent, mesonephric type	Y	Y	Y	Y	New preferred term
8484/3	Adenocarcinoma, HPV-independent, NOS C530-C531, C538-C539)	Y	Y	Y	Y	New ICD-O code/term
8200/3	Adenoid cystic carcinoma with high-grade transformation	Y	Y	Y	Y	New related term

8262/3	Adenoma-like adenocarcinoma	Y	Y	Y	Y	New related term
8210/2	Adenomatous polyp, high grade dysplasia (C160 – C166, C168-C169, C170-C173, C178-C179)	Y See remarks	Y See remarks	N	Y See Remarks*	Term is reportable for stomach and small intestines ONLY beginning 1/1/2022 *CCCR required High Grade Dysplasia 2010+ for all GI sites; stopped for C18._, C19._, and C20._ in 2018
9140/3	AIDS-associated Kaposi sarcoma	Y	Y	Y	Y	New related term
8033/3	Carcinoma with sarcomatoid component	Y	Y	Y	Y	New related term
9222/3	Chondrosarcoma, grade 1	Y	Y	Y	Y	Behavior change. Reportable 1/1/2022 forward
9367/3	CIC-rearranged sarcoma	Y	Y	Y	Y	New ICD-O code/term
8804/3	Classic epithelioid sarcoma	Y	Y	Y	Y	New related term
9140/3	Classic indolent Kaposi sarcoma	Y	Y	Y	Y	New related term
8150/3	Clear cell neuroendocrine tumor, non-functioning pancreatic	Y	Y	Y	Y	New related term
8912/3	Congenital spindle cell rhabdomyosarcoma with VGLL2/NCOA2/CITED2 rearrangements	Y	Y	Y	Y	New related term
8150/3	Cystic neuroendocrine tumor, non-functioning pancreatic	Y	Y	Y	Y	New related term
8500/2	DCIS of high nuclear grade	Y	Y	Y	Y	New related term
8500/2	DCIS of intermediate nuclear grade	Y	Y	Y	Y	New related term
8500/2	DCIS of low nuclear grade	Y	Y	Y	Y	New related term
8832/3	Dermatofibrosarcoma protuberans with myoid differentiation	Y	Y	Y	Y	New related term
8503/2	Ductal carcinoma in situ, papillary	Y	Y	Y	Y	New preferred term

9140/3	Endemic African Kaposi sarcoma	Y	Y	Y	Y	New related term
9687/3	Endemic Burkitt lymphoma	Y	Y	Y	Y	New related term
9120/3	Epithelioid angiosarcoma	Y	Y	Y	Y	New related term
9133/3	Epithelioid hemangioendothelioma with WWTR1-CAMTA1 fusion	Y	Y	Y	Y	New related term
9133/3	Epithelioid hemangioendothelioma with YAP1-TFE3 fusion	Y	Y	Y	Y	New related term
8811/3	Epithelioid myxofibrosarcoma	Y	Y	Y	Y	New related term
8520/2	Florid lobular carcinoma in situ	Y	Y	Y	Y	New related term
8976/3	Gastroblastoma (C16.0 – C16.9)	Y	Y	Y	Y	New ICD-O code/term
8243/3	Goblet cell adenocarcinoma	Y	Y	Y	Y	New preferred term
8174/3	Hepatocellular carcinoma, chromophobe	Y	Y	Y	Y	New related term
8174/3	Hepatocellular carcinoma, lymphocyte-rich	Y	Y	Y	Y	New related term
8174/3	Hepatocellular carcinoma, macrotrabecular massive	Y	Y	Y	Y	New related term
8174/3	Hepatocellular carcinoma, neutrophil-rich	Y	Y	Y	Y	New related term
8174/3	Hepatocellular carcinoma, steatohepatitic	Y	Y	Y	Y	New related term
8480/2	High grade appendiceal mucinous neoplasm (HAMN) (C181)	Y	Y	Y	Y	New behavior/term
9140/3	Iatrogenic Kaposi sarcoma	Y	Y	Y	Y	New related term
9687/3	Immunodeficiency-associated Burkitt lymphoma	Y	Y	Y	Y	New related term

8144/2	Intestinal-type adenoma, high grade (C160-C166, C168-C169, C170-C173, C178, C179)	Y See remarks	Y See remarks	Y See remarks	Y See Remarks*	Term is reportable for stomach and small intestines ONLY beginning 1/1/2022 *CCCR required High Grade Dysplasia 2010+ for all GI sites; stopped for C18._, C19._, and C20._ in 2018
8455/3	Intraductal oncocytic papillary neoplasm with associated invasive carcinoma(C250-C254, C257-C259)	Y	Y	Y	Y	New ICD-O code/term
8455/2	Intraductal oncocytic papillary neoplasm, NOS (C250-C254, C257-C259)	Y	Y	Y	Y	New ICD-O code/term
8912/3	Intraosseous spindle cell rhabdomyosarcoma with TFCP2/NCOA2 rearrangements	Y	Y	Y	Y	New related term
8480/2	Low grade appendiceal mucinous neoplasm (LAMN) (C181)	Y	Y	Y	Y	ICD-O-3.2 currently lists LAMN as 8480/1. Beginning with cases diagnosed 1/1/2022 forward, LAMN should be assigned a behavior code of /2. LAMN diagnosed prior to 1/1/2022 is not reportable.
9111/3	Mesonephric-like adenocarcinoma	Y	Y	Y	Y	New ICD-O code/term for ovary and corpus uterus
8912/3	MYOD1-mutant spindle cell/sclerosing rhabdomyosarcoma	Y	Y	Y	Y	New related term
8832/3	Myxoid dermatofibrosarcoma protuberans	Y	Y	Y	Y	New related term
8859/3	Myxoid pleomorphic liposarcoma	Y	Y	Y	Y	New ICD-O code/term
8990/3	NTRK-rearranged spindle cell neoplasm (emerging)	Y	Y	Y	Y	New related term

8150/3	Oncocytic neuroendocrine tumor, non-functioning pancreatic	Y	Y	Y	Y	New related term
9200/1	Osteoblastoma	N	N	N	N	Behavior change from /0 to /1. Remains non-reportable
9261/1	Osteofibrous dysplasia-like adamantinoma	N	N	N	N	New behavior code/term. Non-reportable
8576/3	Paneth cell carcinoma	Y	Y	Y	Y	New related term
8163/2	Papillary neoplasm, pancreaticobiliary type, with high grade intraepithelial neoplasia C241	Y	Y	Y	Y	New reportable term
8832/3	Plaque-like dermatofibrosarcoma protuberans	Y	Y	Y	Y	New related term
8150/3	Pleomorphic neuroendocrine tumor, non-functioning pancreatic	Y	Y	Y	Y	New related term
9120/3	Post radiation angiosarcoma of the breast	Y	Y	Y	Y	New related term
9718/1	Primary cutaneous CD30 positive T-cell lymphoproliferative disorder	N	N	N	N	No longer reportable as /3 for cases diagnosed after 1/1/2010. See the Hematopoietic & Lymphoid Database for information
8804/3	Proximal or large cell epithelioid sarcoma	Y	Y	Y	Y	New related term
9366/3	Round cell sarcoma with EWSR1-non-ETS fusions	Y	Y	Y	Y	New ICD-O code/term
9368/3	Sarcoma with BCOR genetic alterations	Y	Y	Y	Y	New ICD-O code/term
8213/2	Serrated dysplasia, high grade (C160 – C166, C168-C169, C170-C173, C178-C179)	Y See remarks	Y See remarks	Y See remarks	Y See Remarks*	Term is reportable for stomach and small intestines ONLY beginning 1/1/2022 *CCCR required High Grade Dysplasia 2010+ for all GI sites; stopped for C18._, C19._, and C20._ in 2018

8044/3	Small cell carcinoma, large cell variant (C56.9)	Y	Y	Y	Y	New related term: ovary only
8200/3	Solid-basaloid adenoid cystic carcinoma	Y	Y	Y	Y	New related term
9687/3	Sporadic Burkitt lymphoma	Y	Y	Y	Y	New related term
8085/3	Squamous cell carcinoma, HPV-associated	Y	Y	Y	Y	New term for uterine cervix valid 1/1/2022
8086/3	Squamous cell carcinoma, HPV-independent	Y	Y	Y	Y	New term for uterine cervix valid 1/1/2022
8509/3	Tall cell carcinoma with reversed polarity	Y	Y	Y	Y	New preferred term
8211/2	Tubular adenoma, high grade	N	N	N	Y See Remarks*	Term is NOT reportable *CCCR required High Grade Dysplasia 2010+ for all GI sites; stopped for C18._, C19._, and C20._ in 2018
8263/2	Tubulovillous adenoma, high grade	N	N	N	Y See Remarks*	Term is NOT reportable *CCCR required High Grade Dysplasia 2010+ for all GI sites; stopped for C18._, C19._, and C20._ in 2018
8590/1	Uterine tumor resembling ovarian sex cord tumor	N	N	N	N	Existing code with new behavior-not Reportable
8261/2	Villous adenoma, high grade	N	N	N	Y See remarks*	Term is NOT reportable *CCCR required High Grade Dysplasia 2010+ for all GI sites; stopped for C18._, C19._, and C20._ in 2018

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Table 1: 2022 ICD-O-3.2 Update (Numerical)

- Codes/terms listed numerically
- **Only new** associated terminology to **existing ICD-O-3.2** codes are included in the 2022 ICD-O Implementation guidelines and documentation. Terms are those listed in the blue books.
- Update based on the following 5th Ed classification of Tumors books: Breast, Digestive System, Female Genital, and Soft Tissue & Bone

ICD-O Code	Term	Required SEER	Required NPCR	Required CoC	Required CCCR	Remarks
8033/3	Carcinoma with sarcomatoid component	Y	Y	Y	Y	New related term
8044/3	Small cell carcinoma, large cell variant (C56.9)	Y	Y	Y	Y	New related term: ovary only
8085/3	Squamous cell carcinoma, HPV-associated	Y	Y	Y	Y	New term for uterine cervix valid 1/1/2022
8086/3	Squamous cell carcinoma, HPV-independent	Y	Y	Y	Y	New term for uterine cervix valid 1/1/2022
8144/2	Intestinal-type adenoma, high grade (C160 – C166, C168-C169, C170-C173, C178-C179)	Y See remarks	Y See remarks	Y See remarks	Y See Remarks*	Term is reportable for stomach and small intestines ONLY beginning 1/1/2022 *CCCR required High Grade Dysplasia 2010+ for all GI sites; stopped for C18._, C19._, and C20._ in 2018
8150/3	Oncocytic neuroendocrine tumor, non-functioning pancreatic	Y	Y	Y	Y	New related term
8150/3	Pleomorphic neuroendocrine tumor, non-functioning pancreatic	Y	Y	Y	Y	New related term

8150/3	Clear cell neuroendocrine tumor, non-functioning pancreatic	Y	Y	Y	Y	New related term
8163/2	Papillary neoplasm, pancreatobiliary type, with high grade intraepithelial neoplasia C241	Y	Y	Y	Y	New reportable term
8150/3	Cystic neuroendocrine tumor, non-functioning pancreatic	Y	Y	Y	Y	New related term
8174/3	Hepatocellular carcinoma, steatohepatic	Y	Y	Y	Y	New related term
8174/3	Hepatocellular carcinoma, macrotrabecular massive	Y	Y	Y	Y	New related term
8174/3	Hepatocellular carcinoma, chromophobe	Y	Y	Y	Y	New related term
8174/3	Hepatocellular carcinoma, neutrophil-rich	Y	Y	Y	Y	New related term
8174/3	Hepatocellular carcinoma, lymphocyte-rich	Y	Y	Y	Y	New related term
8200/3	Solid-basaloid adenoid cystic carcinoma	Y	Y	Y	Y	New related term
8200/3	Adenoid cystic carcinoma with high-grade transformation	Y	Y	Y	Y	New related term
8210/2	Adenomatous polyp, high grade dysplasia (C160 – C166, C168-C169, C170-C173, C178-C179)	Y See remarks	Y See remarks	N	Y See Remarks*	Term is reportable for stomach and small intestines ONLY beginning 1/1/2022 *CCCR required High Grade Dysplasia 2010+ for all GI sites; stopped for C18._, C19._, and C20._ in 2018
8211/2	Tubular adenoma, high grade	N	N	N	Y See Remarks*	Term is NOT reportable *CCCR required High Grade Dysplasia 2010+ for all GI sites; stopped for C18._, C19._, and C20._ in 2018

8213/2	Serrated dysplasia, high grade (C160 – C166, C168-C169, C170-C173, C178-C179)	Y See remarks	Y See remarks	Y See remarks	Y See Remarks*	Term is reportable for stomach and small intestines ONLY beginning 1/1/2022 *CCCR required High Grade Dysplasia 2010+ for all GI sites; stopped for C18._, C19._, and C20._ in 2018
8243/3	Goblet cell adenocarcinoma	Y	Y	Y	Y	New preferred term
8261/2	Villous adenoma, high grade	N	N	N	Y See Remarks*	Term is NOT reportable *CCCR required High Grade Dysplasia 2010+ for all GI sites; stopped for C18._, C19._, and C20._ in 2018
8262/3	Adenoma-like adenocarcinoma	Y	Y	Y	Y	New related term
8263/2	Tubulovillous adenoma, high grade	N	N	N	Y See Remarks*	Term is NOT reportable *CCCR required High Grade Dysplasia 2010+ for all GI sites; stopped for C18._, C19._, and C20._ in 2018
8310/3	Adenocarcinoma, HPV- independent, clear cell type	Y	Y	Y	Y	New term for uterine cervix
8455/2	Intraductal oncocytic papillary neoplasm, NOS (C250-C254, C257-C259)	Y	Y	Y	Y	New ICD-O code/term
8455/3	Intraductal oncocytic papillary neoplasm with associated invasive carcinoma(C250-C254, C257- C259)	Y	Y	Y	Y	New ICD-O code/term
8480/2	Low grade appendiceal mucinous neoplasm (LAMN) (C181)	Y	Y	Y	Y	ICD-O-3.2 currently lists LAMN as 8480/1. Beginning with cases diagnosed 1/1/2022 forward, LAMN should be assigned a behavior code of /2. LAMN diagnosed prior to 1/1/2022 is not reportable.
8480/2	High grade appendiceal mucinous neoplasm (HAMN) (C181)	Y	Y	Y	Y	New behavior/term

8482/3	Adenocarcinoma, HPV-independent, gastric type (C530-C531, C538-C539)	Y	Y	Y	Y	New related term
8483/2	Adenocarcinoma in situ, HPV-associated (C530-C531, C538-C539)	N	N	N	N	New ICD-O code/term Not reportable
8483/3	Adenocarcinoma, HPV-associated C530-C531, C538-C539)	Y	Y	Y	Y	New ICD-O code/term
8484/2	Adenocarcinoma in situ, HPV-independent, NOS C530-C531, C538-C539)	N	N	N	N	New ICD-O code/term Not reportable
8484/3	Adenocarcinoma, HPV-independent, NOS C530-C531, C538-C539)	Y	Y	Y	Y	New ICD-O code/term
8500/2	DCIS of low nuclear grade	Y	Y	Y	Y	New related term
8500/2	DCIS of intermediate nuclear grade	Y	Y	Y	Y	New related term
8500/2	DCIS of high nuclear grade	Y	Y	Y	Y	New related term
8503/2	Ductal carcinoma in situ, papillary	Y	Y	Y	Y	New preferred term
8509/3	Tall cell carcinoma with reversed polarity	Y	Y	Y	Y	New preferred term
8520/2	Florid lobular carcinoma in situ	Y	Y	Y	Y	New related term
8576/3	Paneth cell carcinoma	Y	Y	Y	Y	New related term
8590/1	Uterine tumor resembling ovarian sex cord tumor	N	N	N	N	Existing code with new behavior-not Reportable
8804/3	Proximal or large cell epithelioid sarcoma	Y	Y	Y	Y	New related term
8804/3	Classic epithelioid sarcoma	Y	Y	Y	Y	New related term
8811/3	Epithelioid myxofibrosarcoma	Y	Y	Y	Y	New related term
8832/3	Myxoid dermatofibrosarcoma protuberans	Y	Y	Y	Y	New related term

8832/3	Dermatofibrosarcoma protuberans with myoid differentiation	Y	Y	Y	Y	New related term
8832/3	Plaque-like dermatofibrosarcoma protuberans	Y	Y	Y	Y	New related term
8859/3	Myxoid pleomorphic liposarcoma	Y	Y	Y	Y	New ICD-O code/term
8912/3	Congenital spindle cell rhabdomyosarcoma with VGLL2/NCOA2/CITED2 rearrangements	Y	Y	Y	Y	New related term
8912/3	MYOD1-mutant spindle cell/sclerosing rhabdomyosarcoma	Y	Y	Y	Y	New related term
8912/3	Intraosseous spindle cell rhabdomyosarcoma with TFCP2/NCOA2 rearrangements	Y	Y	Y	Y	New related term
8976/3	Gastroblastoma (C16.0 – C16.9)	Y	Y	Y	Y	New ICD-O code/term
8990/3	NTRK-rearranged spindle cell neoplasm (emerging)	Y	Y	Y	Y	New related term
9110/3	Adenocarcinoma, HPV-independent, mesonephric type	Y	Y	Y	Y	New preferred term
9111/3	Mesonephric-like adenocarcinoma	Y	Y	Y	Y	New ICD-O code/term for ovary and corpus uterus
9120/3	Post radiation angiosarcoma of the breast	Y	Y	Y	Y	New related term
9120/3	Epithelioid angiosarcoma	Y	Y	Y	Y	New related term
9133/3	Epithelioid hemangioendothelioma with WWTR1-CAMTA1 fusion	Y	Y	Y	Y	New related term

9133/3	Epithelioid hemangioendothelioma with YAP1-TFE3 fusion	Y	Y	Y	Y	New related term
9140/3	Classic indolent Kaposi sarcoma	Y	Y	Y	Y	New related term
9140/3	Endemic African Kaposi sarcoma	Y	Y	Y	Y	New related term
9140/3	AIDS-associated Kaposi sarcoma	Y	Y	Y	Y	New related term
9140/3	Iatrogenic Kaposi sarcoma	Y	Y	Y	Y	New related term
9200/1	Osteoblastoma	N	N	N	N	Behavior change from /0 to /1. Remains non-reportable
9222/3	Chondrosarcoma, grade 1	Y	Y	Y	Y	Behavior change. Reportable 1/1/2022 forward
9261/1	Osteofibrous dysplasia-like adamantinoma	N	N	N	N	New behavior code/term. Non-reportable
9366/3	Round cell sarcoma with EWSR1-non-ETS fusions	Y	Y	Y	Y	New ICD-O code/term
9367/3	CIC-rearranged sarcoma	Y	Y	Y	Y	New ICD-O code/term
9368/3	Sarcoma with BCOR genetic alterations	Y	Y	Y	Y	New ICD-O code/term
9687/3	Endemic Burkitt lymphoma	Y	Y	Y	Y	New related term
9687/3	Sporadic Burkitt lymphoma	Y	Y	Y	Y	New related term
9687/3	Immunodeficiency-associated Burkitt lymphoma	Y	Y	Y	Y	New related term

Current Hematopoietic and Lymphoid Neoplasm Case Reportability and Coding Manual and Hematopoietic Database (desktop or web-based versions available), 2022	https://seer.cancer.gov/seertools/hemelymph/
Current NAACCR ICD-O-3 Coding Guidelines – Annotated Histology List	https://www.naaccr.org/icdo3/
<i>ICD-O-3.2 Excel Table</i> downloaded from the IACR/WHO Website	Downloadable Excel File Version of ICD-O-3.2 http://www.iacr.com.fr/index.php?option=com_content&view=article&id=149:icd-o-3-2&catid=80&Itemid=545
<i>International Classification of Diseases for Oncology</i> , 3 rd ed. Geneva, World Health Organization: 2000	The World Health Organization WHO Publications Center USA; 49 Sheridan Avenue; Albany, NY 12210 ISBN 9241545348 Order Number 11503350 http://www.who.int/classifications/icd/en/index.html
Current Solid Tumor Manual , September 2021	http://seer.cancer.gov/registrars

Annotated Histology List

As an aid to registry software vendors for implementing the 2022 histology changes, we are again making an Excel file of ICD-O-3 histology codes available. This file has been maintained by the Registry Plus team at CDC’s NPCR for several years and reflects modifications to ICD-O-3 implemented by North American cancer registries over time. It is sorted by ICD-O-3 morphology, then behavior, then by preferred True or False, and then alphabetic by description for the non-preferred terms. The primary intent of this document is for registry software vendors to utilize for picklists and/or quality control of existing picklists for ICD-O-3 histologies.

Characteristics of the NAACCR Annotated Histology file include:

- Comprehensive. Includes codes that were replaced or made obsolete over time.
- Annotated. Descriptions include usage notes in square brackets, where appropriate, based on documentation from NAACCR’s ICD-O-3 working groups. Codes that have been made obsolete are labeled ‘[obs]’.
 - Examples:
 - Adenocarcinoma, pancreatobiliary-type (C24.1) [2015-2017. FOR 2018+ USE 8163/3]

- Invasive mucinous adenocarcinoma (C34._) [LUNG ONLY, 2018+, DO NOT USE 8480]
 - Oligodendroblastoma (C71._) [obs]
- Preferred terms flagged. Synonyms and related terms are included, but for each combination of histology and behavior in the list, one term is flagged as the preferred term (Preferred Term column entry set to TRUE) for use in reports. 'False' indicates synonyms and related terms.
- Multiple entries with permutations of words. Descriptions with multiple words are listed multiple times with different word order. All of these have the Preferred Term column entry set to FALSE.
 - Examples:
 - Preferred term: Myxoid pleomorphic liposarcoma [2022+]
 - Liposarcoma, myxoid pleomorphic [2022+]
 - Pleomorphic liposarcoma, myxoid [2022+]

Color Coding Descriptions:

- Red text indicates v22 changes from the 2021 version.
 - Entire row in red text indicates new terms added to the table or a new code assigned to an existing term. The associated code is stated in the annotation.
 - Bracketed annotations in red text only indicates terms were previously included in the table; however, reportability/behavior changed, and annotations indicate year of implementation.
 - Column C and D in red text only indicates a change in preferred term.
- Green text indicates a few histology codes identified in the ICD-O-3.2 list distributed by the International Agency for Research on Cancer/World Health Organization (IARC/WHO) ICD-O Committee that were not previously included in the annotated histology list and were approved for inclusion.
- Blue text indicates changes made to be consistent with the SEER Heme Database.

Although this list has been reviewed multiple times, we cannot guarantee 100% accuracy. This list is not a substitute for referring to various standard-setter documents and implementation guidelines that have been released over the years. At the time of this release, the latest ICD-O-3.2 list corresponding to the v22 changes has not been released by the IARC/WHO. End users should first review the Solid Tumor Rules for coding guidance. Changes to the hematologic and lymphoma codes have been especially numerous and complex over time. We recommend that all hematologic and lymphatic malignancy codes be selected based on SEER's Hematopoietic Project, available here: <https://seer.cancer.gov/tools/heme/>.

The following statement has been added to all hematopoietic and lymphoid codes/terms to recommend users review the Heme Database for reportability and histology assignment.

SEE HEMATOPOIETIC DATABASE FOR REPORTING - <https://seer.cancer.gov/seertools/hemelymph/>