

**ACCR REPORTABLE LIST**  
**ICD-9 Casefinding Codes for ICD-O-3 Reportable Diseases**  
**For cases diagnosed 01/01/12 and later: Revised 6/5/2013**

The following ICD-9-CM list is intended to assist in reportable neoplasm casefinding activities. It should be used to identify potentially reportable tumors. Any reportable neoplasms diagnosed on or after January 1, 1996 should be reported to the Arkansas Central Cancer Registry

**Reportable Neoplasms:**

- ❖ Malignant neoplasms (exclusions noted below)
- ❖ Benign and borderline neoplasms of the central nervous system (Cases diagnosed on or after January 1, 2004)
- ❖ Carcinoma in-situ (exclusions noted below)
- ❖ Carcinoid, NOS (excluding appendix, unless stated to be malignant)
- ❖ Pilocytic/juvenile astrocytoma is listed as 9421/1 in ICD-O-3, is reportable and should be coded to 9421/3
- ❖ Squamous **intraepithelial neoplasia grade III** of vulva (**VIN**), vagina (**VAIN**), and anus (**AIN**) beginning with 2001 cases
- ❖ Primary tumors that originate in a mucous membrane are reportable and include the following: Lip, Anus, Labia, Clitoris, Scrotum, Vulva, Vagina, Prepuce and Penis

140.0-208.9	Malignancies (primary and secondary)
209.0-209.30	Neuroendocrine tumors
203.1	Plasma cell leukemia (9733/3)
205.1	Chronic neutrophilic leukemia (9963/3)
209.36	Merkel cell carcinoma of other sites
209.70 – 209.79	Secondary Neuroendocrine/Carcinoid tumors
225.0-225.9	Benign neoplasm of brain and spinal cord
227.3-227.4	Benign Pituitary gland and craniopharyngeal duct (pouch), pineal gland
228.02	Hemangioma; of intracranial structures
228.1	Lymphangioma, <b>Note: Includes only lymphangioma of the brain, other parts of nervous system and endocrine gland.</b>
230.0-231.9	Carcinoma in-situ of digestive organs and respiratory system
233.0-234.9	Carcinoma in-situ of breast and genitourinary system; other and unspecified sites
237.0-237.9	Neoplasms of uncertain behavior of endocrine glands and nervous system
237.70-237.72	Neurofibromatosis, unspecified, one, two vonRecklinghausen's Disease
238.4	Polycythemia vera (9950/3)
238.6	Solitary plasmacytoma (9731/3), Extramedullary plasmacytoma (9734/3)
238.71-238.76	Essential thrombocythemia (9960/3-9962/3, 9985/3, 9986/3, 9987/3)
239.6-239.7	Neoplasms of uncertain nature brain, endocrine glands and other parts of nervous system
259.2	Carcinoid Syndrome
273.2	Gamma Heavy Chain Disease; Franklins Disease
273.3	Waldenstrom's macroglobulinemia
285.0	Sideroblastic Anemia (9982/3-9984)
288.3	Hypereosinophilic syndrome (9964/3)
288.4	Hemophagocytic syndrome (9751/3, 9754/3)
289.83	Myelofibrosis (9961/3)
789.51	Malignant ascites
V58.0	Encounter or admission for radiotherapy
V58.1	Encounter for chemotherapy and immunotherapy

## **Neoplasms not required by ACCR:**

Morphology Codes	Diagnosis/Terminology
8000-8004	Neoplasms, malignant, NOS of skin
8010/2	Carcinoma in-situ of cervix (CIS)
8010-8045	Epithelial carcinomas of the skin
8050-8084	Papillary and squamous cell carcinoma of skin
8077/2	Squamous Intraepithelial Neoplasia, grade III of cervix (CIN III)
8090-8110	Basal cell carcinoma of the skin
8148/2	Prostatic Intraepithelial Neoplasia

- Borderline cystadenomas M-8442, 8451, 8462, 8472, 8473, of the ovaries which moved from /3 to /1 are NOT collected as of 1/1/2001

The following terms are synonymous with in-situ disease (Behavior code 2)

Adenocarcinoma in an adenomatous polyp with no invasion of stalk

Clark's level I melanoma or limited to epithelium

Noninfiltrating comedocarcinoma, confined to epithelium

Hutchison's melanotic freckle NOS, intracystic-noninfiltrating, intraductal, intraepithelium NOS, intraepidermal NOS (involvement up to but not including basement membrane.)

Lentigo maligna, lobular neoplasia, lobular-noninfiltrating, noninvasive, no stromal involvement, papillary noninfiltrating or intraductal

Vaginal intraepithelial neoplasia Grade III or VAIN III

Vulvar intraepithelial neoplasia Grade III or VIN III

Anal intraepithelial neoplasia Grade III or AIN III

◇ If any invasion is present, no matter how limited – cases must be coded to invasive behavior

◇ If other benign or borderline diseases are required to be collected by your hospital cancer committee or other appointed officials, they are not required to be reported to ACCR.

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