Reportable List

2026 Reporting Requirements (Minnesota rules 4606.3302)

All invasive and in situ malignancies and all benign and borderline brain and CNS neoplasms. Refer to the ICD-O 3.2 and ICD-O 3rd Editions, the ICD-O-3 Coding Updates and Implementation Guidelines for diagnosis years 2018 - 2026, the 2007 Multiple Primary & Histology Manual for 2007-2017 diagnoses, Solid Tumor Rules Database for diagnoses 2018 and forward, the SEER Hematopoietic and Lymphoid Neoplasm Database when determining reportability. An additional reference available for cancers diagnosed 1/1/2024 forward is Cancer PathCHART. **Note**: Behavior codes and/or histology codes may have changed in diagnosis years 2021 – 2024 and 2026; no changes were implemented for diagnosis year 2025.

Reportable diagnoses include, but are not limited to the following:

- Acoustic neuroma
- Acute panmyelosis
- Adamantinoma of long bones
- Adenocarcinofibroma
- Adenomatous polyp, high grade dysplasia of stomach and small intestines
- Agnogenic myeloid metaplasia
- Aggressive digital papillary adenoma
- Anal intraepithelial neoplasia, grade III
- Askin tumor
- Atypical hyperplasia of endometrium
- Atypical teratoid/rhabdoid tumor
- Beta cell adenoma
- Blastoma
- Carcinoid (except stromal and tubular)
- Carcinoma, all types (except basal cell and squamous cell of non-genital skin)
- Chondrosarcoma
- Chordoma
- Craniopharyngioma
- Cystic pancreatic endocrine neoplasm
- Dermatofibrosarcoma protuberans (except NOS and pigmented)
- Desmoplastic small round cell tumor
- Dysgerminoma
- Ectomesenchymoma
- Endodermal sinus tumor
- Endolymphatic stromal myosis
- Endometrial stromatosis
- Endometrioid intraepithelial neoplasia
- Esophageal intraepithelial neoplasm
- Epithelioid trophoblastic tumor
- Epithelioma, malignant (except basal cell and squamous cell of non-genital skin)
- Ewing Sarcoma
- Gastroblastoma
- Gastrointestinal stromal tumor
- Germ cell tumor
- Germinoma
- Heavy chain disease
- Hepatoblastoma
- Hepatoma, malignant
- Histiocytosis, malignant
- Hutchinson melanotic freckle
- Hypereosinophilic syndrome
- Hypernephroma
- Immunoproliferative disease, small intestinal
- Intestinal-type adenoma, high grade of stomach and small intestines
- Intraductal papillary mucinous neoplasm
- Intraductal oncocytic papillary neoplasm
- Kaposi sarcoma
- Klatskin tumor
- Krukenberg tumor
- Langerhans cell histiocytosis, disseminated
- Laryngeal intraepithelial neoplasia (LIN III)
- Letterer-Siwe disease
- Linitis plastica
- Lobular carcinoma in situ

- Lobular neoplasia grade III/lobular intraepithelial neoplasia grade III of breast
- Lymphomatoid granulomatosis, grade 3
- Lymphomatous polyposis, malignant
- Lymphoproliferative disease of childhood; systemic EBV positive T-cell
- Lymphoproliferative disorder; chronic of NK cells
- Malignant tumor, all types (except malignant hydatidiform mole)
- Mast cell disease, systemic tissue
- Mature teratoma of the testes in adults
- Medulloepithelioma
- Melanoma early/evolving, all types (except juvenile)
- Mesodermal mixed tumor
- Mesonephric-like adenocarcinoma
- Mesothelioma (except cystic or benign)
- Mucinous cystic neoplasm of pancreas with high grade dysplasia
- Mullerian mixed tumor/Carcinosarcoma
- Mycosis fungoides/pagetoid reticulosis
- Myeloproliferative disease/disorder
- Myelosclerosis
- Nephroblastoma
- Neuroblastoma
- Neuroectodermal tumor (except melanotic)
- NTRK-rearranged spindle cell neoplasm (emerging)
- Paget disease (except of bone)
- Pancreatic intraepithelial neoplasia
- Pancreatoblastoma
- Paraganglioma, all types (except benign and gangliocytic)
- Penile intraepithelial neoplasia
- Pineal gland, all tumors
- Pituitary gland, all tumors
- Plasmacytoma
- Polyembryoma
- Precancerous melanosis
- Pseudomyxoma peritonei
- Queyrat erythroplasia
- Rhabdoid tumor
- Sarcoma, all types
- Schwannoma, malignant
- Schwannoma of CNS
- Seminoma
- Serrated dysplasia, high grade of stomach and small intestines
- Sertoli-Leydig cell tumor, poorly differentiated or sarcomatoid
- Sezary syndrome/disease
- Solid pseudopapillary neoplasm of pancreas
- Spindle epithelial tumor with thymus-like element
- Spinal cord, all tumors
- Squamous intraepithelial neoplasia, grade III (except cervix and skin)
- Systemic mastocytosis (see Heme database)
- Teratoma (depends on site)
- Thymoma
- Vaginal intraepithelial neoplasia, grade III
- Vulvar intraepithelial neoplasia, grade III
- Wilms tumor
- Yolk sac tumor

Reporting Requirements (Minnesota Rules 4606.3302)

- Malignant and in situ neoplasms of all sites with behavior code of /2 or /3, except as noted in next section
- Basal and squamous cell carcinomas of the genitalia
- All brain and central nervous system (CNS) neoplasms regardless of malignancy
- Myeloproliferative and myelodysplastic disorders/neoplasms 2001 - forward
- Hematopoietic/lymphoid malignancies 2010 and later listed in the SEER Hematopoietic and Lymphoid Neoplasm Database
- With or without microscopic confirmation

Diagnoses that are NOT Reportable

- Intraepithelial neoplasia of cervix (CIN III) diagnosed before 1992 or after 1995
- Intraepithelial neoplasia of prostate (PIN III)
- (Adeno)carcinoma in situ of the uterine cervix after 1995
- Basal and squamous cell carcinoma of the skin (except genitalia)
- Borderline ovarian tumors diagnosed before 1992 or after 2000

Common Reportable Acronyms

Acronym	Full Term
AIN	Anal intraepithelial neoplasia
BiIN	Biliary intraepithelial Neoplasm
CPEN	Cystic pancreatic endocrine neoplasm
CPNET	Central primitive neuroectodermal tumor
DCIS	Ductal carcinoma in situ
GISS	Gastrointestinal stromal sarcoma
GIST	Gastrointestinal stromal tumor
HAMN	High grade appendiceal mucinous neoplasm
IPMN	Intraductal papillary mucinous neoplasm
LAMN	Low grade appendiceal mucinous neoplasm
LCIS	Lobular carcinoma in situ
LIN	Laryngeal intraepithelial neoplasia
NUT	Nuclear protein in testis associated carcinoma

Acronym	Full Term
MCN	Mucinous cystic neoplasm
MPNST	Malignant peripheral nerve sheath tumor
PanIN	Pancreatic intraepithelial neoplasia
PanNET	Pancreas neuroendocrine tumor
PitNET	Pituitary neuroendocrine tumor
PEComa	Perivascular epithelioid cell tumor
PeIN	Penile intraepithelial neoplasia
PNET	Primitive or Peripheral neuroectodermal tumor
PPNET	Peripheral primitive neuroectodermal tumor
SIN	Squamous intraepithelial neoplasia
VAIN	Vaginal intraepithelial neoplasia
VIN	Vulvar intraepithelial neoplasia

Qualifier List and Ambiguous Terminology for Reportability (Case Finding only Not Histology Coding)

Refer to the SEER Program Coding and Staging Manual for case finding Ambiguous Terms and guidelines.

Reportable Qualifiers/Ambiguous Terms for Case Finding

- Apparently/Appears
- Comparable/Compatible/Consistent with
- Favor(s)
- Malignant appearing
- Most Likely
- Presumed
- Probable
- Suspect(ed)
- Suspicious for (histology, peripheral smear, etc.)
- Typical (of)

Suspicious Cytology: If cytology is reported using any of these ambiguous terms and neither a positive biopsy nor a physician's clinical impression supports the cytology findings, do not consider as diagnostic of cancer.

Not Reportable Qualifiers/Ambiguous Terms for case finding includes but not limited to the following

- Approaching
- Borderline
- Cannot be excluded
- Cannot be ruled out
- Concerning for
- Equivocal
- Possible
- Potentially malignant
- Questionable
- Rule Out
- Suggests
- Suspicious but not diagnostic of
- Very close to
- Worrisome

Ambiguous Terminology for Coding Histology

Refer to the Solid Tumor Rules Manual for coding histology using ambiguous terminology. Ambiguous terms are also listed in each of the site-specific chapters.

NOTE: ICD-O-3.1 has never been approved for use in North America.

NOTE: ICD-O-3.2 is approved for use in North America beginning with 1/1/2021 diagnoses. It is available in excel format only at North American Association of Central Cancer Registries (https://www.naaccr.org/icdo3/)

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