REPORTABLE CASES – MISSISSIPPI

For cases diagnosed 10/2006 or later

The following lists are intended to assist you, as the reporter, in identifying the reportable neoplasms for your facility. Any reportable neoplasms diagnosed on or after January 1, 1996 should be reported to the Mississippi 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.

Note:

- Primary Tumors that originate in a mucous membrane are reportable and include the following: Lip, Anus, Labia, Clitoris, Vulva, Vagina, Prepuce, Penis, Scrotum

- Melanoma is reportable

NON-REPORTABLE NEOPLASMS

- Basal and squamous cell carcinomas of the skin (8090-8110)
- Epithelial carcinomas of the skin (8010-8045)
- Papillary and squamous cell carcinomas of the skin (8050-8084)
- Malignant neoplasms, NOS of the skin (8000-8004)
- Carcinoma in-situ of the cervix (8012)
- Intraepithelial neoplasms of the cervix (8077/2) or prostate (8148/2)
- Borderline cystadenomas (8442, 8451, 8462, 8472, 8473), of the ovaries with behavior code "1" are **not** collected as of January 1, 2001
- Cyst, brain or CNS tumor that does not have an ICD-O-3 code as of January 1, 2004

COMPREHENSIVE SCREENABLE LIST

The following lists should aid the reporter in determining which admissions (inpatient and outpatient) should be **reviewed for reportablility**.

ICD-9-CM Codes	**Diagnosis**
Code Ranges	Preferred ICD-O-3 Terminology
140.0 through 208.9	Malignant neoplasms
225.0 through 225.9	Benign & Borderline Neoplasms of Central Nervous System
230.0 through 234.9	Carcinoma In Situ
235.0 through 238.9	Neoplasms of Uncertain Behavior
239.0 through 239.9	Neoplasms of unspecified behavior
Individual Codes	**Preferred ICD-O-3 Terminology**
042	AIDS (review records for AIDS-related malignancies)
203.1	Plasma cell leukemia (9733/3)
205.1	Chronic neutrophilic leukemia (9963/3)
227.3	Pituitary (body, fossa, gland, lobe)
227.3	Craniopharyngeal (duct, pouch)
227.4	Pineal (body, gland)
230.6	Squamous Intraepithelial Neoplasia Grade III of the Anus [AIN]
233.3	Squamous Intraepithelial Neoplasia Grade III of the Vagina [VAIN] and Vulva [VIN]
238.4	Polycythemia vera (9950/3)
238.5	Malignant mastocytoma (9740/3)
238.6	Solitary plasmacytoma (9731/3)
238.6	Extramedullary plasmacytoma (9734/3)
238.71	Essential thrombocythemia (9962/3)
238.72	Refractory cytopenia with multilineage dysplasia (9985/3)
238.72	Therapy-related myelodysplastic syndrome (9987/3)
238.72	Refractory anemia (9980/3)
238.72	Refractory anemia with ringed sideroblasts (9982/3)
238.73	Refractory anemia with excess blasts(9983/3)
238.73	Refractory anemia with excess blasts in transformation [obs]* (9984/3)
238.74	Myelodysplastic syndrome with 5q-syndrome (9986/3)
238.76	Myelosclerosis with myeloid metaplasia (9961/3)
238.79	Acute myelofibrosis (9931/3)
238.79	Chronic myeloproliferative disease (9960/3)
273.2	Gamma heavy chain disease; Franklin's disease
273.3	Waldenstrom's macroglobulinemia
273.9	Unspecified disorder of plasma protein metabolism (screen for potential 273.3 miscode)
288.3	Hypereosinophilic syndrome (9964/3)
289.83	Myelofibrosis with agnogenic myeloid metaplasia (9961/3)

* Note: This is an obsolete diagnostic term. The condition should be correctly coded to 205.0, acute myelogenous leukemia

Admissions with the following procedure codes **must** be screened for reportable neoplasms.

ICD-9-CM Codes	**Procedure Description**
V07.3	Other prophylactic chemotherapy
V07.8	Other specified prophylactic measures
V58.0	Admission for radiotherapy
V58.1	Admission for chemotherapy
V66.1	Convalescence following radiotherapy
V66.2	Convalescence following chemotherapy
V67.1	Follow-up exam following radiotherapy
V67.2	Follow-up exam following chemotherapy
V71.1	Observation for suspected malignant neoplasm
V76.0-V76.9	Special screening for malignant neoplasms

The following are **exclusions** and **do not** need to be to be reported to the MCR.

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

AMBIGUOUS TERMINOLOGY

Terms That Constitute a Diagnosis	**Terms That *Do Not* Constitute a Diagnosis**
Apparent(ly)	Cannot be ruled out
Appears to	Equivocal
Comparable with	Possible
Compatible with	Potentially malignant
Consistent with	Questionable
Favor(s)	Rule out
Malignant appearing	Suggests
Most likely	Worrisome
Presumed	
Probable	
Suspect	
Suspicious	
Typical of	

Exceptions:

- If a cytology is reported as suspicious, do not interpret it as a diagnosis of cancer. Abstract the case only if a positive biopsy or a physician's clinical impression of cancer supports the cytology findings.

- Genetic findings in the absence of pathologic or clinical evidence of reportable disease are indicative of risk only and do not constitute a diagnosis.

There are other ambiguous terms used by physicians that are related to staging. Some may indicate tumor involvement or extension, while others are not considered to be involvement. Refer to *Collaborative Staging Manual and Coding Instructions*, page I-20, for a listing of those terms.