



2017 Reporting Requirements

Vermont Department of Health

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VCR 2017 Reporting Requirements

For all cases diagnosed on or after January 1, 2017, the instructions and codes in this supplement take precedence over all previous instructions and codes. Please refer to the [Vermont Cancer Registry Hospital Procedure Manual 2016](#) for more information.

Casefinding

The 2017 ICD-10-CM Casefinding list for reportable neoplasms should be used. The list is posted on the SEER site and can be found here:

<https://seer.cancer.gov/tools/casefinding/case2017-icd10cm.html>

Keep in mind that the 'Reportable Neoplasm' list is the required list. The second 'Supplemental List' contains codes that should be screened as registry time allows and may increase benign brain and CNS, hematopoietic neoplasms and other reportable diseases, but are not required.

Edits

The 2017 VCR Hospital Edit Metafile v16D should be used. Previous versions of the v16 metafile include edits that may not work correctly with cases with a diagnosis year 2017.

ICD-O-3 Histologies

The [NAACCR Guidelines for ICD-O-3 Update Implementation](#) (published December 2013) included a table of new ICD-O-3 codes and terms effective for 2015; however, the use of the new codes was postponed due to issues with adding these codes to the CSv2 software. For diagnosis year 2017, all standard setters have agreed to postpone these codes once again, and to use the alternate codes published in Appendix A of this document.

Hospital registrars should look for use, by their pathologists, of the terms included in Appendix A. Since the codes associated with these terms have not yet been officially adopted for cancer surveillance in North America, registrars should abstract cases using the acceptable codes listed in Appendix A to report them to central registries and to CoC.

Histology code clarification for the lung and thyroid have been approved by all standard setting agencies. See Appendix B for details.

Reportability

There are no reportability changes in 2017.

Multiple Primary and Histology (MP/H) Rules

Registries will continue to use the 2007 MP/H Rules for cases diagnosed in 2017.

Site-Specific Factors

There are no changes to the Site-Specific Factors (SSFs) that are required. The SSFs that impact directly assigned AJCC-TNM 7th Edition Stage Group (e.g. PSA for prostate) or that are prognostic factors of interest will continue to be collected. SSFs that will be required by VCR are listed [here](#).

Version 2017 Software

Although there will be no new software required for 2017, there is a new edit metafile.

Appendix A

Continued Use of ICD-O-3 Histology Code Crosswalk

ICD-O-3 Change	ICD-O-3 Histology Code (DO NOT use these codes)	Description	Comment	Use this Histology Code in 2015 and 2016
New term and code	8158/1	Endocrine tumor, functioning, NOS	Not reportable	
New related term	8158/1	ACTH-producing tumor	Not reportable	
New term and code	8163/3	Pancreatobiliary-type carcinoma (C24.1)	DO NOT use new code	8255/3
New synonym	8163/3	Adenocarcinoma, pancreatobiliary-type (C24.1)	DO NOT use new code	8255/3
New term	8213/3	Serrated adenocarcinoma		8213/3*
New code and term	8265/3	Micropapillary carcinoma, NOS (C18., C19.9, C20.9)	DO NOT use new code	8507/3*
New code and term	8480/1	Low grade appendiceal mucinous neoplasm (C18.1)	Not reportable	

New term and code	8552/3	Mixed acinar ductal carcinoma	DO NOT use new code	8523/3
New term and code	8975/1	Calcifying nested epithelial stromal tumor (C22.0)	Not reportable	
New term and code	9395/3	Papillary tumor of the pineal region	DO NOT use new code	9361/3*
New term and code	9425/3	Pilomyxoid astrocytoma	DO NOT use new code	9421/3
New term and code	9431/1	Angiocentric glioma	DO NOT use new code	9380/1*
New term and code	9432/1	Pituicytoma	DO NOT use new code	9380/1*
New term and code	9509/1	Papillary glioneuronal tumor	DO NOT use new code	9505/1
New related term	9509/1	Rosette-forming glioneuronal tumor	DO NOT use new code	9505/1

New term and code	9741/1	Indolent systemic mastocytosis	Not reportable	
*ICD-O-3 rule F applies (code the behavior stated by the pathologist). If necessary, over-ride any advisory messages.				

Appendix B

Histology Coding Clarifications for Thyroid Cases

Histology Coding Clarifications for Thyroid Cases Effective January 1, 2017 and forward		
Primary Site	Description	Use Histology/ Behavior Code
Thyroid (C73.9)	Non-invasive follicular thyroid neoplasm with papillary-like nuclear features (NIFTP)	8343/2
	Non-invasive encapsulated follicular variant of papillary thyroid carcinoma (non-invasive EFVPTC)	8343/2
	Invasive encapsulated follicular variant of papillary thyroid carcinoma (invasive EFVPTC)	8343/3
	Encapsulated follicular variant of papillary thyroid carcinoma, NOS (EFVPTC, NOS) Synonym: Papillary carcinoma, encapsulated	