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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**ICD-O-3 WORK GROUP MEMBERS**

|  |  |  |
| --- | --- | --- |
| Member Name | Organization | Email |
| **Lois Dickie, Chair** | **NCI SEER** | [dickielo@mail.nih.gov](mailto:dickielo@mail.nih.gov) |
| Michelle Esterly | CDC | [Hjf7@cdc.gov](mailto:Hjf7@cdc.gov) |
| Gail Gautreau | Alberta Cancer Registry | [Gail.gautreau@aha.ca](mailto:Gail.gautreau@aha.ca) |
| Donna Gress | AJCC | [dgress@facs.org](mailto:dgress@facs.org) |
| Ann Griffin | UCSF | [Ann.Griffin@ucsfmedctr.org](mailto:Ann.Griffin@ucsfmedctr.org) |
| Terri Handel | Manitoba Cancer Care | [thandal@cancercare.mb.ca](mailto:thandal@cancercare.mb.ca) |
| Megsys Herna | Florida Cancer Data System | [MHerna@med.miami.edu](mailto:MHerna@med.miami.edu) |
| Jim Hofferkamp | NAACCR | [jofferkamp@naacr.org](mailto:jofferkamp@naacr.org) |
| Keren Hulkower | College of American Pathologist | [khulkow@cap.org](mailto:khulkow@cap.org) |
| Annette Hurlbut | Elekta | [annette.hurlbut@elekta.com](mailto:annette.hurlbut@elekta.com) |
| Tiffany Janes | Seattle Cancer Registry | [tjanes@fredhutch.org](mailto:tjanes@fredhutch.org) |
| Susanne Kessler | ACOS | [Skessler@facs.org](mailto:Skessler@facs.org) |
| Sarah Manson | CDC | [Ize5@cdc.gov](mailto:Ize5@cdc.gov) |
| Susana Perez | Texas State Registry | [Susan.Perez@dshs.texas.gov](mailto:Susan.Perez@dshs.texas.gov) |
| Loria Pollack | CDC | [lops@cdc.gov](mailto:lops@cdc.gov) |
| Winny Roshala | Greater California Cancer Registry | [wroshala@crgc-cancer.org](mailto:wroshala@crgc-cancer.org) |
| Melissa Scott | Manitoba Cancer Registry | [Mscott4@cancercare.mb.ca](mailto:Mscott4@cancercare.mb.ca) |
| Reda Wilson | CDC | [dfo8@cdc.gov](mailto:dfo8@cdc.gov) |
| Qin Zhao | College of American Pathologist | [qzhao@cap.org](mailto:qzhao@cap.org) |

**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.naaccr.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: UNDERSTADING 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 includes 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.