

REGISTRAR PIP

Visit [SEER*Educate](#): A comprehensive training platform for registry professionals

Heads Up! 2022 Updates for ICD-O-3.2 and Solid Tumor Rules

Introduction

As registrars we've all had to embrace the notion that change is the unavoidable constant in our work lives. In yet another déjà vu moment for us, we will likely again experience what author Robin Sharma describes as the impact of change, "It is hardest at the beginning, messiest in the middle and best at the end" as we learn about and try to remember to implement the next set of changes to our workscope when the new year rolls around.

During the Surveillance, Epidemiology, and End Results (SEER) Quality Improvement Experts (QIE) meeting held in September 2021, Lois Dickie highlighted the standard setters' decision regarding changes **effective for cases diagnosed 1/1/2022 and forward** related to:

- Reportability, terminology and codes for the ICD-O-3.2
- Solid Tumor Rules

ICD-O 3.2 Changes

As mentioned in the November 2021 edition of the Registry PIP, the World Health Organization (WHO)'s Classification of Tumors series, also known as the Blue Books, consists of a series of books compiled by expert consensus, each of which focuses on a major tumor group which defines the cause, mechanism, sign and symptoms, basic structure, diagnosis, epidemiology, and outcomes of types of tumors. Terms included in the Blue Books often eventually appear in the International Classification of Diseases for Oncology (ICD-O) books.

Currently, only five volumes of the Blue Books series involving selected tumor groups (i.e., breast, digestive system, female genital, soft tissue/bone, and thoracic tumors) have been released as part of the fifth edition of the series released between 2019 and 2021. As the other volumes in the series are updated and released in 2022 and later, changes to how we code site and histology will likely occur as the WHO workgroup committees, consisting of expert pathologists and cancer researchers, learn more about disease processes in each major tumor group.

For 2022 we will see the following updates for the ICD-O 3.2:

- 51 New Terms: Preferred or related
- 8 New terms and behaviors
- 12 New ICD-O-3 codes and terms

With these changes, a new column for each standard setter has been added to the 2022 update tables which will indicate if the code and/or term is required for data collection and submission.

✓ Major Changes

There are major changes for 2022 to behavior codes and reportability related to:

Process Improvement Pointers • Feedback/Questions to Registrar-PIP@FredHutch.org

CSS is funded by the National Cancer Institute's SEER Program, Contract Number HHSN2612018000041

❖ **Gastrointestinal high grade dysplasias**

Lois summarized the changes for these neoplasms in Table 1.

Table 1 Reportable vs. Non-reportable High-Grade Dysplasia in Gastrointestinal Sites			
ICD-O Code	Term	Required	Remarks
8144/2	Intestinal-type adenoma, high grade C160-C166; C168-C169, C170-C173; C178-C179	Yes	Reportable for stomach and small intestines ONLY beginning 1/1/2022
8210/2	Adenomatous polyps, high grade dysplasias C160-C166; C168-C169, C170-C173; C178-C179	Yes	Reportable for stomach and small intestines ONLY beginning 1/1/2022
8211/2	Tubular adenoma, high grade	No	Term in NOT reportable in the USA*
8213/2	Serrated dysplasia, high grade C160-C166; C168-C169, C170-C173; C178-C179	Yes	Reportable for stomach and small intestines ONLY beginning 1/1/2022
8261/2	Villous adenoma, high grade	No	Term in NOT reportable in the USA*
8263/2	Tubulovillous adenoma, high grade	No	Term in NOT reportable in the USA*

* NOTE: Terms are considered reportable in Canada.

❖ **LAMN & HAMN**

The following coding requirements apply for low-grade appendiceal mucinous neoplasm (LAMN) and high grade appendiceal mucinous neoplasm (HAMN):

- ▶ HAMN and LAMN cases will share the histology code (8480/2).
- ▶ These tumors can also be malignant with widespread disease (8480/3). Lois pointed out that neither term requires the pathology report to indicate the tumor is greater than 50% mucinous in order to use this invasive behavior code.

❖ **Other Site-Specific Terminology & ICD-O Codes**

In addition to the high grade dysplasia, LAMN and HAMN reportability and histology code changes, there are a number of other site-specific changes that will be reflected in the same way in the tables provided from the standard settings. The site-specific changes (sample reflected in Table 2) will include an updated code for each new term, as well as columns in the table to indicate reportability of the tumors and the sites for which these new terms will apply for cases diagnosed 01/01/2022 and later.

Table 2
Site-Specific Terminology & ICD-O Codes

ICD-O Code	Term	Required	Remarks
8044/3	Small cell carcinoma, large cell variant (C56.9 ONLY)	Yes	New related term for ovary only
8085/3	Squamous cell carcinoma, HPV associated	Yes	New term for uterine cervix (C550-C531; C538-C539) valid 1/1/2022
8086/3	Squamous cell carcinoma, HPV-independent	No	New term for uterine cervix (C550-C531; C538-C539) valid 1/1/2022
8213/2	Serrated dysplasia, high grade C160-C166; C168-C169, C170- C173; C178-C179	Yes	Reportable for stomach and small intestines ONLY beginning 1/1/2022

Solid Tumor Rules (STR) Updates

The ICD-O-3.2 histology term and code changes effective for cases diagnosed 1/1/2022 needed to be reflected in the STR. In addition to these updates being incorporated into the STR, there are multiple primary rule changes that go into effect **for cases diagnosed 1/1/2022** as well. To learn about the approved histology-related and multiple primary rules updates for next year, go to this webpage on the SEER website: <https://seer.cancer.gov/tools/solidtumor/revisions.html>. On this webpage, all the STR updates have been provided by site group, which facilitates locating the changes more quickly. You'll quickly note that the only solid tumor module **without any changes for 2022** is the **Non-Malignant CNS Tumors**. All the other primary site modules and the General Instructions have been updated.

Lois highlighted many STR changes during her presentation. This article includes only a few of the rule changes we might inadvertently overlook if we've committed the current rules to memory and we chose to not learn the changes we are expected to implement for the next diagnosis year.

- **Colorectal Solid Tumors:** Timing changes to rules M7 and M8: The **timing for subsequent tumors at the anastomosis** has changed from 24 months to 36 months. The change is effective for cases diagnosed beginning 1/1/2022 forward. For cases diagnosed 1/1/2018 through 12/31/2021, the timing rule remains at 24 months.
- **Head and Neck Solid Tumors:** The 2018 Solid Tumor Head and Neck Rules, Table 5, instruction indicates squamous cell carcinoma, HPV positive (8085) and squamous cell carcinoma, HPV negative (8086) are coded only when HPV status is determined by tests based on ISH, PCR, RT-PCR technologies to detect the viral DNA or RNA. P16 was not a valid test to assign these codes. Beginning with cases diagnosed 1/1/2022 forward, **p16 test results can be used to code squamous cell carcinoma, HPV positive (8085) and squamous cell carcinoma, HPV negative (8086)**.
- **Urinary Solid Tumors:** Beware of the changes associated with terms used to modify the histology of these tumors. We have an updated list of "bad" descriptive terms that cannot be used code histology. Under the Coding Histology section it states:

DO NOT CODE histology for the primaries listed under the urinary site group when described as:

- ▶ Architecture
- ▶ **Configuration (removed from this list)**
- ▶ Foci, focus, focal
- ▶ **Growth pattern (added)**
- ▶ Pattern

STR Under Development

When abstracting a case, we've probably all discovered there are too many primary sites lumped under the **Other Sites** STR modules. As a result, it can be challenging sometimes to determine with accuracy the reportability/number of primaries for a patient and the appropriate histologies to code. While the current rules might fit a majority of the cases, there are some rules that seem to need tweaking for selected primary sites to reflect each patient's clinical picture more accurately. The standard setters agree with us.

The first step in correcting this situation will be to address the issues involving histology. Once those site-specific histology tables have been created, the assigned committees will turn their attention to creating corresponding multiple primary rules for those primary sites. According to Lois there are site-specific histology tables currently under development that will accompany the Other Sites solid tumor rules until new rules are created for the following sites:

- Prostate
- Esophagus
- Stomach
- Small Intestines
- Anus
- Liver/Intrahepatic Bile Ducts
- Gallbladder/Extrahepatic Bile Ducts

Conclusion

While we've learned there are expected changes planned for implementation in 2022, there are still more changes in the pipeline. We need to anticipate as more of the WHO Blue Books are released and there are more discussions in various standard setter committees responsible for reviewing these 5th Edition Blue Book volumes, there will likely be more updates to histology terminology and codes which trickle down to impact the STR histology tables and multiple primary rules. This is what inevitably happens as pathologists and cancer researchers learn more about the disease process for each primary site. You know what they say, "Change is inevitable, except from a vending machine!"