DEPARTMENT OF HEALTH
MINNESOTA CANCER REPORTING SYSTEM

Reportable List

2025 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 - 2025, 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; 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 II, III and II-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 II, III and II-III (except cervix and skin)
Systemic mastocytosis
Teratoma (depends on site)
Thymoma
Vaginal intraepithelial neoplasia, grade II, III and II-III
Vulvar intraepithelial neoplasia, grade II, III and II-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

List of Common Reportable Acronyms

AIN	Anal intraepithelial neoplasia (AIN II, III, II-III)
BiIN	Biliary intraepithelial Neoplasm (BiIN III)
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 (LIN III)
NUT	Nuclear protein in testis (NUT) associated carcinoma
MCN	Mucinous cystic neoplasm
MPNST	Malignant peripheral nerve sheath tumor
PanIN	Pancreatic intraepithelial neoplasia (PanIN III)
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 (SIN II, III, II-III)
VAIN	Vaginal intraepithelial neoplasia (VAIN II, III, II-III)
VIN	Vulvar intraepithelial neoplasia (VIN II, III, II-III)

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, page 12 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 https://www.naaccr.org/icdo3/

Minnesota Department of Health
Minnesota Cancer Reporting System
625 Robert Street North
PO Box 64975
St. Paul, MN 55164-0975
651-201-5900
health.mcrs@state.mn.us
www.health.state.mn.us

To obtain this information in a different format, call: 651-201-5900.