

SEER Inquiry System - Report

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Question 20240021

References:

#1: Solid Tumor Rules. Other Sites, 2024 Update

#2: WHO Class Digest System Tumors, 32-37, 71-75, 118-120. 5th edition

Question:

Solid Tumor Rules/Reportability/Histology--Digestive Sites: Is a diagnosis of "high grade dysplasia" (not specified to be squamous or glandular) reportable for esophagus, stomach, and small intestine for cases diagnosed beginning in 2024? If so, how should histology be coded? See Discussion.

Discussion:

SEER Program Coding and Staging Manual indicates high grade dysplasia of esophagus, stomach, and small intestine are reportable. The ICD-O-3.2 does not include "high grade dysplasia" as equivalent to "high grade squamous dysplasia."

If reportable, would high grade dysplasia (NOS) that originates in the stomach and small intestine default to 8148/2, while esophageal high grade dysplasia (NOS) default to 8077/2?

Answer:

Report these high grade dysplasia of the following organs as stated below.

Stomach: Assign code 8148/2 glandular intraepithelial neoplasia, high grade using the Other Sites Solid Tumor Rules, Table 6: Stomach Histologies and as described in the WHO Classification of Digestive Tumors, 5th edition.

Small intestine and Esophagus: Assign code 8148/2 glandular intraepithelial neoplasia, high grade, using the Other Sites Solid Tumor Rules, Other Sites Histology Rules, Rule H4/H26. The following note is listed for both of these rules.

Note: This list may not include all reportable neoplasms for 8148/2. See SEER Program Coding and Staging Manual or STORE manual for reportable neoplasms

The Other Sites Solid Tumor Rules, Table 5: Esophagus Histologies and Table 7: Small Intestine and Ampulla of Vater Histologies will be updated to reflect this code as time permits.

Cancer Site Category:

Esophagus, Small intestine

Data Item Category:

Histology

Other Category:

Reportability, Solid Tumor Rules (2018, 2021)

Year:

2024