# Annotated Histology List

As an aid to registry software vendors for implementing the annual histology changes, we are again making an Excel file of ICD-O-3 histology codes available. This file has been maintained by the Registry Plus team at CDC’s NPCR for several years and reflects modifications to ICD-O-3 implemented by North American cancer registries over time. It is sorted by ICD-O-3 morphology, then behavior, then by preferred True or False, and then alphabetic by description for the non-preferred terms. The primary intent of this document is for registry software vendors to utilize for picklists and/or quality control of existing picklists for ICD-O-3 histologies.

Characteristics of the file include:

* Comprehensive. Includes codes that were replaced or made obsolete over time.
* Annotated. Descriptions include usage notes in square brackets, where appropriate, based on documentation from NAACCR’s ICD-O-3 working groups. Codes that have been made obsolete are labeled ‘[obs]’.
	+ Examples:
		- Adenocarcinoma, pancreatobiliary-type (C24.1) [2015-2017. FOR 2018+ USE 8163/3]
		- Invasive mucinous adenocarcinoma (C34.\_) [LUNG ONLY, 2018+, DO NOT USE 8480]
		- Oligodendroblastoma (C71.\_) [obs]
* Preferred terms flagged. Synonyms and related terms are included, but for each combination of histology and behavior in the list, one term is flagged as the preferred term (Preferred Term column entry set to TRUE) for use in reports. ‘False’ indicates synonyms and related terms.

Color Coding Descriptions:

* Red text indicates changes from the previous version.
	+ Entire row in red text indicates new terms added to the table or a new code assigned to an existing term. The associated code is stated in the annotation.
	+ Bracketed annotations in red text only indicate terms were previously included in the table; however, reportability/behavior changed, and annotations indicate year of implementation.
	+ Column C and D in red text only indicates a change in preferred term.

Although this list has been reviewed multiple times, we cannot guarantee 100% accuracy.  This list is not a substitute for referring to various standard-setter documents and implementation guidelines that have been released over the years End users should first review the Solid Tumor Rules for coding guidance. Changes to the hematologic and lymphoma codes have been especially numerous and complex over time.  We recommend that all hematologic and lymphatic malignancy codes be selected based on SEER’s Hematopoietic Project, available here: <https://seer.cancer.gov/tools/heme/>.

The following statement has been added to all hematopoietic and lymphoid codes/terms to recommend users review the Heme Database for reportability and histology assignment.

SEE HEMATOPOIETIC DATABASE FOR REPORTING