**Reporting of Cervical Intraepithelial Neoplasia III (CIN III) Cases**

Effective **January 1, 2009** the following precancerous cervical neoplasia became reportable to LTR: cervical carcinoma in situ, adenocarcinoma in situ of the cervix, cervical intraepithelial neoplasia III (CIN III), and “severe dysplasia.”

Effective **January 1, 2019** the terms: HSIL, HGSIL, high-grade SIL, or high grade squamous intraepithelial neoplasia, High Grade Dysplasia, High Grade Squamous Dysplasia in relation to the cervix became reportable. In addition, cases diagnosed as “CIN II” or “CIN II/III” or “CIN II-III” are reportable only when HSIL is noted or a positive p16 test has been performed.

The data will provide estimate of incidence of precancerous cervical neoplasia in Louisiana and our understanding in the efficacy of population-based HPV vaccination efforts on cervical cancer. **Only pathology report and matching face sheet (for basic demographic data) are required to submit to LTR.**

**Reportability Criteria for CIN III Cases**

|  |  |
| --- | --- |
| Site (ICD-O-3) | C53.0 (endocervix), C53.1 (exocervix), C53.8 (overlapping lesions of cervix uteri) and C53.9 (cervix uteri) |
| Behavior | 2 (in situ or noninvasive) |
| Histology |  8010/2 Carcinoma in situ, NOS 8050/2 Papillary carcinoma in situ 8052/2 Papillary squamous cell carcinoma, noninvasive 8070/2 Squamous cell carcinoma in situ, NOS 8071/2 Squamous cell carcinoma, keratinizing, NOS, in situ 8072/2 Squamous cell carcinoma, large cell, non-keratinizing, in situ 8076/2 Squamous cell carcinoma in situ w/questionable stromal invasion 8077/2 Squamous intraepithelial neoplasia grade III 8140/2 Adenocarcinoma in situ 8483/2 Adenocarcinoma in situ, HPV Associated 8484/2 Adenocarcinoma in situ, HPV Independent**See below for other histologies that may be reportable. When in doubt send all potential cases to LTR central office for review**  |
| Pathologic Classification | CIN III, CIS, AIS, severe dysplasia, HSIL, CIN II if positive for p16, CIN II/III or CIN II-III if positive for p16. **Based on histological diagnosis of pathology report. Exclude diagnosis based on cytology only** |
| Reporting Period | January 1, 2009 and after |
| Catchment Area | Residents of Louisiana at time of diagnosis. Includes cases diagnosed out of state. |

* Synonyms for **in situ** carcinoma may include: CIN grade III, confined to epithelium, intraepidermal, intraepithelial, involvement up to but not including the basement membrane, noninfiltrating, noninvasive, no stromal involvement, papillary noninfiltrating, Stage 0.
* Synonyms for **HSIL** may include: High Grade Squamous Dysplasia, High Grade Dysplasia.
* All cases diagnosed as “**CIN III**”, “**CIS**”, or “**AIS**” are eligible. If a pathologist does not use the CIN terminology and only provides an assessment using the dysplasia scale then cases listed as “severe dysplasia” are eligible but cases with any other terms are ineligible for diagnosis years 2009-2018. Cases diagnosed as “CIN II/III” or cases using the Bethesda classification of “high-grade SIL” *only* became reportable as of January, 1 2019.
* For any case that comes in with a histology code other than those listed, go ahead and send the pathology report to LTR for review to make sure it is not an invasive lesion (path report should specifically indicate “in situ” behavior) and that the histology has been coded accurately.
* Cases are eligible for this study if they occurred among women who were residents of Louisiana at the time of their diagnosis. Therefore, reports from in-State facilities for out-of-State residents will be excluded.

**Reporting Options**

Hospitals, facilities and healthcare providers can use the following options to comply with the LTR reporting requirements of CIN III:

* Transmit electronic pathology reports of cancer diagnosis from your facilities to LTR in real time and provide the basic demographic data
* Report cases using LTR online tool (designed specifically for CIN III cases) and secure website
* Transmit hard copies of pathology reports with demographic and FU information via WebPlus or fax/courier
* Allow LTR staff access to medical records to abstract such cancer cases every month.