ICD11 – Neoplasms chapter

Status after April discussions and TC (JS, PP, RJ) on 20th April 2012

The TAG agreed to concentrate on the first 3-char code since this level will be the most widely used in both mortality and morbidity. It will be expanded later for specific use cases but needs major entities to be fixed first.

* the code structure is: E1D213.E4E5;
* chapter Neoplasms may use 2 letters at character 1, and all combinations of the following characters. Chapter neoplasms can use 480 3-char codes;
* all ICD10 3-character entities (no=163) will be maintained in ICD11 3-character codes, with the additions:
  + Malignant neoplasm of gastro-esophageal junction (ICD10: C16.0)
  + Malignant neoplasm of nasal cavity (ICD10: C30.0)
  + Malignant neoplasm of middle ear (ICD10: C30.1)
  + Polycythaemia vera (ICD10: D45)
  + Myelodysplastic syndromes now called neoplasms (ICD10: D46)
  + Drop “Malignant neoplasm of nasal cavity and of middle ear (ICD10: C30)
* hierarchy behaviour-site will be maintained, however will not be reflected by 1st character. Groups of entities by behaviour will be identified as 2-character blocks;
* extra space within 3-char code, malignant subgroup, to be used for histology;
* there is not enough room for systematic breakdown of entities by major histology groups (see ICDO-3 definition of multiple primary neoplasms). Breakdown will therefore be site-specific based on most frequent histology types for that site.

PP to develop codes for malignant neoplasms using histology frequencies within site obtained from CI5 database.