



Collection and Coding of Blood Vessel Tumors Occurring in CNS Sites

Date of clarification: July 2004

Are non-malignant blood vessel tumors occurring in CNS sites reportable?

Yes. The CNS site/histology listing includes blood vessel tumors under several categories, including meninges C70.0–C70.9, brain C71.0–C71.4 and C71.7–C71.9, (excluding ventricle), spinal cord C72.0, cauda equina C72.1, cranial nerves C72.2–C72.5, cerebellum C71.6, and other nervous system C72.8–C72.9.

These tumors include—

- 9120/0 Hemangioma, NOS
- 9121/0 Cavernous hemangioma
- 9150/0 Hemangiopericytoma, benign
- 9150/1 Hemangiopericytoma, NOS
- 9161/1 Hemangioblastoma
- 9120/3 Angiosarcoma
- 9130/3 Hemangioendothelioma
- 9150/3 Hemangiopericytoma

Should blood vessel tumors occurring in CNS sites be coded to blood vessel or CNS?

They should be coded to the CNS site in which they occur. This follows the same rationale that if you have a lymphoma of the brain, it is coded to "brain," not lymph node.

Example: Patient is diagnosed with a hemangioblastoma of the right temporal lobe of the brain. Site code: C71.2, histology code: 9161/1 Laterality: Right only.

Angiosarcomas are exceedingly rare and occur in the "brain" parenchyma.

Hemangiopericytomas are not rare tumors and occur almost entirely attached to the dura (meninges). There have been rare case reports of **hemangioendotheliomas** of the brain. They occur anywhere in the brain and dura.

Source: NPCR/CDC Brain Tumor Reporting Training Material at
<http://www.cdc.gov/cancer/npcr/training/btr/clarification.htm#1>