Standards for Cancer Registries
Volume I

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Data Exchange Standards
and
Record Description

Edited by
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Version 9
September 7, 2000

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Comments and suggestions on this and other NAACCR standards documents are welcome. Please send your comments to the editor or to any member of the NAACCR Board of Directors.

The other volumes in the series, Standards for Cancer Registries, are:

- **Volume II, *Data Standards and Data Dictionary*.** Intended for hospital and central cancer registries, programmers, and analysts, this provides detailed specifications and codes for each data item in the data exchange record layout.

- **Volume III, Standards for Completeness, Quality, Analysis, and Management of Data**. Intended for central registries, this provides detailed standards for many aspects of the operation of a population-based cancer registry.

- **Volume IV, Standard Data Edits.** This documents the standard computerized edits for data corresponding to the data standards in Volume II. The standard is available electronically as program code and as a database.

    Copies of most standards documents can be viewed or downloaded from NAACCR's World Wide Web site at http://www.naaccr.org. For additional paper copies, write to NAACCR at the above address.

    Previous versions of the data exchange standards were published under the title *AACCR* National Standard for Cancer Data Exchange: Record Description. Version 3.0 was designated Volume I in [N]AACCR's standards series and retitled.

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PREFACE TO VERSION 9.0

Version 9 of the NAACCR data exchange record layout is designed to be used for the reporting of cases diagnosed from January 1, 2001. The layout has been changed to accommodate histology and behavior code fields for ICDO-3. Also new is a field for SEER Summary Stage 2000 data as are a number of new override flags. Several fields have also been revised this past year, and the reader is referred to NAACCR *Standards for Cancer Registries Volume II: Data Standards and Data Dictionary, Fifth Edition* for a description of these changes. I wish to thank the members of the Information and Technology Committee and the members of the Uniform Data Standards Committee for their efforts in producing these standards volumes for the NAACCR membership.

Toshi Abe, Chair
NAACCR Information and Technology
Committee

PREFACE TO VERSION 6.0

The Information and Technology Committee is pleased to present this newly revised NAACCR Standards for Cancer Registries, Volume I: Data Exchange Standards and Record Description. This volume is intended to be a companion to *Volume II, Data Standards and Data Dictionary*, which was released in March 1998.

This volume also introduces two new record types and layouts; type U is an Update/Correction record, and type R is an Analysis/Research record. We hope that both new record types will serve to enhance the data processing and analytic capabilities of our member registries.

Toshi Abe, Chair
NAACCR Information and Technology
Committee

PREFACE TO VERSION 5.0

This is the first major change in the NAACCR layout. The American College of Surgeons had added more than 50 new fields for 1996. It is the Data Exchange Committee's mission to include all registry data items for which data standards exist. There was not enough room in the existing expansion areas in the 1995 record, so that committee decided to revise the entire format. Our goals were to make sure fields were grouped by their appropriate category, and to add new empty expansion areas so that the overall layout would not require expansion for the next few years.

The new record layout has increased in length from 850 to 1525 for non-confidential records, and from 5300 to 5966 for full abstracts. In addition to the 55 new COC items, the NAACCR Uniform Data Standards Committee and Data Exchange Committee added eight items, and NPCR revised its recommendations on some items. The State- and Site-specific studies field areas were combined into a single State/Requestor area, and expanded to a total of 500 characters.

There is never a simple way to handle a major change of data standards. I hope the attention and advance planning that our committee applied to the problem will help. My thanks to all the Data Exchange Committee members for their efforts.

Barry Gordon
April 1996

PREFACE TO VERSION 4.0

The changes between version 3.0 and 4.0 comprise the minimum set of changes needed to allow the NAACCR standard record layout to meet two immediate needs for 1995 cases:

- accommodating the data changes approved by the NAACCR Uniform Data Standards Committee effective with 1995 cases
- incorporating all missing items from the SEER record layout, so that standardized SEER edits in the EDITS software can be performed against the NAACCR record layout.

No existing data items were moved or changed in length. New items were added in previously unused spaces.

A major revision of both this layout and the corresponding data dictionary (Vol. II of the series) is anticipated later in 1995 to accommodate primarily changes necessitated by the revised data set recommendations of the American College of Surgeons. . . .

Barry Gordon

PREFACE TO VERSION 3.0

Three reasons have caused us to issue a revision in the standard record format. First, the NAACCR Data Exchange Committee in its April 1993 meeting decided to add one field (smoking history) and make two other fields required (County at Diagnosis and Diagnostic Confirmation). Secondly, the Uniform Data Standards Committee decided in November to add a data item for Name-Derived Ethnicity. Thirdly, some minor changes in item names and references were made to bring this document into agreement with the newly written Standards for Cancer Registries, Volume II. . . .

Barry Gordon, Chair,
NAACCR Data Exchange Committee

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ABBREVIATIONS AND SYMBOLS USED

ACoS	American College of Surgeons
ACS	American Cancer Society
AJCC	American Joint Committee on Cancer
CDC	Centers for Disease Control and Prevention
COC	Commission on Cancer (of the American College of Surgeons)
CTR	Certified Tumor Registrar
DAM	*Data Acquisition Manual* (of the American College of Surgeons)
EOD	Extent of Disease
FCDS	Florida Cancer Data System
FIPS	Federal Information Processing Standards
FTRO	*Fundamental Tumor Registry Operations Program* (of the American College of Surgeons)
HIM	Health Information Management
HL7	Health Level 7
IACR	International Association of Cancer Registries
IARC	International Agency for Research on Cancer
ICD	International Classification of Diseases
ICD-O, ICD-O-1, ICD-O-2, ICD-O-3	*International Classification of Diseases for Oncology,* and the 1st, 2nd, and 3rd editions, respectively
NAACCR	North American Association of Central Cancer Registries
NBCR	National Board for the Certification of Registrars
NCDB	National Cancer Data Base
NCI	National Cancer Institute
NCRA	National Cancer Registrars Association
N.d.	No date (bibliographic term: no ascertainable date of publication)
NPCR	National Program of Cancer Registries
NTRA	National Tumor Registrars Association, former name of NCRA
NOS	Not Otherwise Specified
N.p.	No place (bibliographic term: no ascertainable place of publication)
ROADS	*Registry Operations and Data Standards* (manual of ACoS)
SEER	Surveillance, Epidemiology, and End Results Program of the National Cancer Institute
TNM	Tumor, Nodes, and Metastasis: staging system of AJCC and UICC
UDSC	Uniform Data Standards Committee of NAACCR
UICC	Union Internationale Contre le Cancer (in English, International Union Against Cancer)
WHO	World Health Organization

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INTRODUCTION

A.   General Introduction

Version 9 of the Record Layout

Version 9 of the NAACCR data exchange record layout reflects the needed changes for the reporting of cancer cases diagnosed from January 1, 2001 onward. New data items reflect changes to some histologic codes as a result of the introduction of the *International Classification of Diseases for Oncology, Third Edition*. Other changes are reflective of the needs of the various standards setting organizations and these changes are reported in detail in the companion volume, *Standards for Cancer Registries, Volume II: Data Standards and Data Dictionary, Fifth Edition.*

Version 8 of the Record Layout

Version 8 of the NAACCR data exchange record layout completed the changes required to accommodate the major revision of cancer registry treatment coding that began in 1996. The 1996 revision that resulted in version 5 was the most extensive revision since the standard was first established. A new layout had been required to accommodate the publication of the Commission on Cancer's ROADS Manual. The Information and Technology Committee (formerly called the Data Exchange Committee) chose to take the opportunity at that time to reorganize the record format and lengthen it to 5,966 bytes, inserting room for expansion in each content area to accommodate changes to the layout for the next several years.

With the publication of the 1998 ROADS Supplement, the third edition of the SEER Program Code Manual, and the fifth edition of AJCC's TNM manual, additional changes in the NAACCR data exchange layout were required, resulting in version 6. Version 6 was first published in the revised NAACCR Standards, Volume II, Data Standards and Data Dictionary, dated March 20, 1998.

Version 7 of the Record Layout

Beginning with the release of version 6, the NAACCR Board of Directors agreed that the NAACCR layout would change once a year only. All approved revisions occurring during the year are to be released in April for implementation in January of the following year. Thus, changes scheduled to take effect in January 1999 were released in April 1998 as version 7 of the record layout. This was published as a small supplementary revision of the Volume II standards, since it included data dictionary entries for the few changed items as well as the revised layout.

Purpose and Use of Data Exchange Layouts

The NAACCR data exchange record layouts were designed to facilitate electronic transmission of cancer registry data among registries for multiple purposes. The layouts can be used to provide standardized data from reporting sources to state central registries; to share cancer cases on residents of other states from one state registry to another; or to report data from diverse facilities or states contributing to a combined study. The NAACCR data set is comprised of all data items recommended for use by the major cancer registry standard-setting organizations. For some types of data, more than one coding system is provided for in the layout. For example, information on stage of the cancer at diagnosis is represented by many items comprising TNM, SEER EOD, and summary stages. Any single registry is unlikely to collect all of the items in the layouts. It is hoped that all items collected by an individual registry can be accommodated in the NAACCR layouts and thus shared in a common data format with other registries.

The layouts were intended to provide a lingua franca for cancer registry systems. It was not NAACCR's intent to require that systems would necessarily use the NAACCR data item names and layouts internally. However, it has proven convenient for some systems to do so. The standard has been widely accepted both for data exchange and local use.

Three Types of Data Exchange Records

This standard handles three basic types of cancer data records, which are often exchanged:

- *Incidence Records:* These records include all the coded fields for each case, including demographic, tumor, staging, treatment, and follow-up fields. The primary use of the incidence record is to submit data for combined regional or national studies.

- *Entire Coded Records :* These records include all the data items in the incidence record, plus items such as patient name and Social Security Number that identify the case. Also included are quasi-confidential data items such as referring hospital or primary physician, items, which some agencies like to keep confidential.

  This record type can be used to exchange cases between registries, be they central-based or hospital-based.

- *Case Abstracts :* These records contain all fields noted above, plus the supportive text required for the transmission of full case abstracts. The full case abstract allows the receiving registry to perform a higher degree of quality control with each case report.

Record Layout Design Decisions

The simplest method for encompassing all three record types was chosen: each longer record type builds on the next shorter record type by adding fields. The incidence-only records use only the first section of the overall layout, while the case abstracts records use the full layout. Thus shorter, efficient records can be used for the smaller data set without requiring separate formats.

In selecting data items, it was decided to include more rather than less. All data items that currently are standardized by SEER or the Commission on Cancer have been included. Additional items were added which are currently used by several systems and which probably could become standardized. Other fields were added to help coordinate the data exchange.

Update/Correction and Analysis Records

The Information and Technology Committee has added two record layout types, an update/correction record and an analysis record. The Update/ Correction, record (type U) is a short format record that can be used to transmit corrections to data already submitted. The record length is 850 bytes. This record type is for use by those registries and software providers who do not already have a well-functioning corrections system, or who wish to use a standardized format. In this volume, version 7 of the update/correction record is compatible with versions 7, 8, and 9 of NAACCR data exchange record types I, C, and A.

The new Analysis/Research record (type R) is designed to contain incidence data items plus computed values and categorical groupings useful for data analysis. It is 1794 bytes long. It is not designed as a data exchange layout, but rather as an optional standard layout for local use that can facilitate the sharing of analytic items such as site recodes. Forthcoming releases of the NAACCR standard EDITS metafile corresponding to NAACCR Case Abstract layout versions 6 and higher will contain routines to generate these values in a consistent way, based on pre-existing SEER program definitions. In this volume, version 7 of the analysis/research record layout is included for information purposes. Versions 8 and 9, which correspond to versions 8 and 9 of NAACCR data exchange record types I, C, and A, are being constructed and will be made available through the NAACCR Web site.

Canadian Data

The NAACCR data standards thus far adopted do not adequately handle data from places outside the U.S. Changes have been made to accommodate postal codes, standard abbreviations for provinces, and other fields in Canadian data. Future versions of these standards will review and incorporate standards established for Canadian cancer registries.

B.   Summary of NAACCR Data Exchange Record Types

RECORD TYPE I: INCIDENCE RECORD
        Contents: Demographic, Tumor and Staging, Treatment, and Follow-up (Optional)
        Use: Combined studies
        Length: 1525 characters

RECORD TYPE C: COMPLETE CODED CASE
        Contents: Demographic, Tumor and Staging, Treatment, and Follow-up, plus Patient Identifiers and Physicians
        Use: Case sharing between central registries
        Length: 1916 characters

RECORD TYPE A: CASE ABSTRACT
        Contents: Demographic, Tumor and Staging, Treatment, and Follow-up, Patient Identifiers & Physicians, plus Text for printing abstracts
        Use: Sending abstracts between registries
        Length: 5966 characters

RECORD TYPE U: UPDATE/CORRECTION RECORD
        Contents: Sender ID Section, Record ID Section, Correction Section
        Use: Transmitting updates/corrections for previously submitted cases
        Length: 850 characters

RECORD TYPE R: RESEARCH/ANALYSIS RECORD
        Contents: Record ID Section, Group Recodes/Conversions
        Use: Data analysis
        Length: 1794 characters

NOTE 1   The format for all dates is numeric (MMDDCCYY), with 99 for unknown day, month, year, or century (i.e., 1899 = year 1899, 1999 = year 1999, and 9999 = year unknown). Standard edits check that all dates are earlier than today's date.

NOTE 2   References for more detailed coding instructions for many items are implied by the "Source of Standard" listed, as follows:

      NAACCR   Usually NAACCR's *Data Exchange Standards and Record Description* or *Data Standards and Data Dictionary*
      COC   **Usually the ROADS manual**
      SEER   Usually either the *SEER Program Code Manual* or *SEER Extent of Disease--1988: Codes and Coding Instructions*
      Reporting   The documentation of the registry that created
        Registry the record

      Other references are listed in the text as needed.

C.   Terms Used in Tables

The following abbreviations and symbols are used in the tables:

NAACCR Exc   Refers to NAACCR minimum requirements for a data exchange record

NAACCR Inc   Refers to NAACCR recommendations for a central registry collecting incidence data

NAACCR Full Refers to NAACCR recommendations for a central registry collecting incidence data plus treatment, detailed staging, and follow-up

NPCR   Refers to requirements and recommendations of CDC's National Program of Cancer Registries

COC   Refers to requirements and recommendations of the Commission on Cancer of ACoS

SEER   Refers to requirements of the NCI SEER Program

R   Required

S   Supplementary/recommended

O   Optional

* When available

Designates treatment items for which COC and SEER standards differ. Central registries funded by NPCR may code available treatment data using either SEER or COC data items and codes. See Vol. II, chapter V, Unresolved Issues, for more information.

.   Not in data set; or, not recommended or required, but available for use

@   Required for breast cancers only

$ Requirements differ by year

+   See Vol 2, Chapter XI for details on these items

^   These text requirements may be met with one or several text block fields

Coding Standards

Almost all the fields in the data exchange record have coding standards supplied by other national organizations. The following designations for published standards are used:

- **SEER Code Manual.** These items are defined by one of the SEER coding manuals. Since there are a number of versions published, the sender of the record must specify which version was used for each record in the field SEER Coding Sys—Current [#2120].

- **COC.** These items are defined by the Commission on Cancer of the American College of Surgeons. The sender of the record must specify which COC coding manual was used in the COC Coding Sys—Current field [#2140].

- **NAACCR.** These items are defined in NAACCR's standards, volumes I and II.

If a registry departs from these standards in any fields when submitting or sharing data, they must send accompanying documentation of the codes used along with the data being submitted.

Required Fields for Data Exchange

Some fields must always be filled in on each data record. These are considered the absolute minimum required to identify the data record, specify the coding system used, and allow for basic incidence counts. Note that either Birth Date or Age at Diagnosis must be present.Additional fields are usually required to carry out meaningful data exchange, such as:

- Stage (using any of the stage coding systems)
- Date of Last Contact and Vital Status
- Summary treatment fields

D.   NAACCR Naming and Numbering Conventions

Item names are a maximum of 25 characters. Standardized abbreviations are used when necessary. Standardized punctuation and spacing are also used. Related fields are sometimes named with an identical stem and changing suffix. For example, names of all modalities of treatment in the first course of therapy have the identical stem "RX Summ", for Treatment Summary, followed by an indicator of the type of treatment, for example, "Chemo". Item names, while relatively stable, can change and have changed with different versions of the layout.

Item numbers, in contrast, are unchanging during the life of the data item. Item numbers have been retired when items have been deleted from the layout, but item numbers will never be reused for a different item. Ranges of available item numbers have been assigned to different uses, as follows:

Range	Use
00001 – 04999	Data items in new case layouts, record types I, C, or A
05000 – 08999	Data items in Analysis/Research record only
09000 – 09099	Data items in Update/Correction record only
09100 – 09499	Future Use
09500 – 09999	Data items for Local Use
10000 – 10499	System variables for Local Use
99000 – 99999	Data items for Patient Care Evaluation studies. These may be assigned by ACoS or others. A large range is allotted because many new items may be assigned each year for individual studies.

NAACCR UPDATE/CORRECTION RECORD

A. Data Dictionary Descriptions

Each item in the Update/Correction record is described briefly. The item name is followed by the standard item number in square brackets. For data items with numbers 1-4999, see NAACCR's *Data Standards and Data Dictionary* for more information.

SENDER ID SECTION OF UPDATE/CORRECTION RECORD

The Sender ID section includes data items that identify the registry which is sending the update or correction to another registry. This section also includes the items that identify the records as NAACCR correction records.

Record Type [10]
> Each update/correction record must have a 'U' in this field.

Update/Correction Record Version [9000]
> 1 = Version 1, first approved version, September 1997
> 2 = Version 2, February 1998
> 7 = Version 7, June 2000

Vendor Name [2170]
> Name and version number of the cancer registry software used to create the update/correction record. Entered by the software.

Registry Type [30]

> Registry Type of the data source generating the update/correction record; combined with Registry ID, identifies a unique cancer registry or data source.

Registry ID [40]
> Registry ID of the data source generating the update/correction record; combined with Registry Type, identifies a unique cancer registry or data source.

Patient ID Number [20]
> Unique number assigned to each person in its database by the source (sending) registry identified in the fields Registry Type + Registry ID (e.g., a hospital cancer registry). The Patient ID
> Number + Tumor Record Number together identify a unique case in the sending registry s database. This item may not apply if the sending registry is a hospital registry.

Tumor Record Number [60]
> Unique number assigned to each tumor in its database for a specific patient by the source (sending) registry identified in the fields Registry Type + Registry ID (e.g., a hospital cancer registry). The Patient ID Number + Tumor Record Number together identify a unique case in the sending registry•s database.

RECORD ID SECTION OF UPDATE/CORRECTION RECORD

This section includes items that identify the patient and cancer that were previously reported. The items are used by the receiving registry to link the update/correction record with the previously submitted case. Many identifying items are included to increase the probability of successful linkage.

Patient ID Number—Receiver [9010]
> Unique number assigned by the receiving registry to each person in its database. The Patient ID Number—Receiver + Tumor Record Number—Receiver together identify a unique case in the receiving registry database. This number may be unknown to the sender. If unknown, leave blank.

Tumor Record Number—Receiver [9011]
> Unique number assigned by the receiving registry to each tumor in its database for a specific patient. The Patient ID Number—Receiver + Tumor Record Number—Receiver together identify a unique case in the receiving registry's database. This number may be unknown to the sender. If unknown, leave blank.

Name—Last [2230], Name—First [2240], Name—Middle [2250], Social Security Number [2320], Sex [220], Birth Date [240], Date of Diagnosis [390], Primary Site [400], Laterality [410], Histologic Type [420], Behavior Code [430]
> Consolidated value for each item as reflected in the sending registry's database. There should be one value for each item for each patient or tumor. If the value of any of these items is being changed in the update/correction record, the ORIGINAL unchanged value should be included in the Record ID segment of the update/correction record.

Medical Record Number [2300], Military Record No Suffix [2310], Reporting Hospital [540], Accession Number—Hosp [550], Sequence Number—Hospital [560]
> Entries of these fields can vary with the nature of the sending and receiving registries. When the sending registry is a single reporting facility, or is a central registry that has only one value for each of these items in its database, include those values in these fields. When the sending registry is a central registry and has multiple values for each field, the item(s) may be left blank. Whenever these items are filled in, the values must be those that correspond to the facility that is coded in item 540, Reporting Hospital.

CORRECTION SECTION OF THE UPDATE/CORRECTION RECORD

This section identifies the data item that is being changed and the new value. It also includes date and time stamps and an area for text comments.

Date of This Change [9005]

> System-generated date written in the format standard for all dates in the NAACCR layouts.

Time of This Change [9006]

> System-generated, HHMMSS format, using a 24-hour clock.

CRC CHECKSUM [2081]

> Cyclic Redundancy Code (CRC) CHECKSUM for the NAACCR record in which it resides. A unique value is calculated for each unique record in a NAACCR file. The value is calculated by applying a CRC algorithm to all data fields of the NAACCR record (excluding the CRC CHECKSUM field). Following a transmission, the CRC CHECKSUM can be recalculated and compared with the transmitted CHECKSUM. Identical values indicate an error-free transmission; differing values indicate an error in transmission.
>
> Those using this field at this time must provide recipients of the data with the algorithm used to create the data transmission file. Otherwise the item should be left blank.
>
> A subcommittee of the NAACCR Information and Technology Committee has prepared recommendations for a CRC algorithm to be used with NAACCR-formatted data transmissions. See their report on the NAACCR web site (www.naaccr.org), under Standards.

Correction Comments [9020]

> Free text explaining reason or source of correction, entered either manually or by the software. The comments should justify the change to the receiving registry so that they can evaluate the validity of the new information compared with what they already have.
>
> Examples of manually-entered comments:
> 1) Autopsy: small cell CA RUL lung, mets to L lung, lymph nodes, and brain
> 2) Pt remarried 6/5/97. New husband is Hispanic, pt is not.
> 3) Slide review AFIP 6/5/97 final DX neuroblastoma
> 4) Name spelling changed per patient signature on 3 admissions
> 5) Per MD follow up letter, pt initially dx'd while resident of New Jersey
>
> Examples of software-entered comments:
> 1)   ICD-O-1 to ICD-O-2 conversion rerun
> 2)   Correct Japanese cases miscoded Chinese
> 3)   Convert MD codes to state license numbers
> 4)   Address corrections per geocoding vendor

Changed Item [9030]
> The NAACCR item number of the data item to that to be changed. For example, if reporting a change in the sex field, the value 220 (the NAACCR item number for sex) would be placed in this field.

Changed Item New Value [9040]
> The new value for the changed data item referred to in NAACCR item number 9030. For example, if the sex of the patient is being changed from 9, for unknown, to 1, for male, the value 1 would be entered in this field.

B. Answers to Frequently Asked Questions
(Approved by the Data Exchange Committee 6/4/97. Revised 2/26/98. Editorial corrections 11/15/98)

1. What is an update/correction record?

An update/correction record is a record for transmitting changed data on a case already transmitted. It conveys the changed data along with all items necessary to link the update/correction to the original full record. The update/correction record may be used to transmit corrections or follow-up, i.e., any change to any item, including abstracting text.

2. When should an update/correction record be generated by my software?

Update/Correction records should be system-generated whenever a change is made to a data item on a case that has already been transmitted, or written to a transmit file. (The Date Case Transmitted Date Case Report Exported field can be used to identify cases which have already been transmitted). The vendor software should write out the new, corrected values, in addition to writing out the Sender ID Section and Record ID Section data items. The pre-change values must be used in the Sender ID Section and Record ID Section whenever a correction is made to one of these fields. The current date and time are written out on the update/correction record, and the Date Case Last Changed field in the case database is updated as well.

States may negotiate with software vendors/data sources to provide corrections only on a subset of all possible items. For example, a state may not wish to receive corrections to items it does not store in its database. At this time there is no standard set of items for which corrections are to be required. Systems should have the potential to allow correction of any field.

3. When should update/correction records be transmitted?

There is no standard frequency for transmitting files of accumulated update/correction records. Frequency will vary with case load and frequency of transmission of new cases. The most common approach is to send accumulated update/correction records each time a transmittal of new cases is generated. It might also be useful to allow ad hoc submissions of update/correction records for those times when numerous corrections are made at once.

4. Who should receive update/correction records?

Update/Correction records should be sent to any agency to which the original case was sent, unless prior arrangements have been made to not receive corrections.

5. Does my registry software need to capture corrections to all data elements?

It is probably best for the sending (hospital) system to have the capability to generate corrections to all data elements, though in any particular installation, the capability might not be used for all elements. It is probably also best for the receiving (central) system to be able to accommodate corrections to any data element, though, again, in a particular application, not all capabilities may be implemented. The central system should have the ability to ignore and skip over corrections to any fields they have no interest in.

6. How do I accommodate sending update/corrections to multiple requesters?

We suggest that you use the same methods you use to handle multiple case transmits (e.g. selecting on case State of DX to decide which file to send the update/corrections to). The software would not need to select which fields to send each party, since receiving parties will have the ability to ignore data they are not requesting.

7. What is the purpose of the patient identifiers in the update/correction record?

The Record ID Section of the record contains all fields which might be needed to correctly link the update/correction record to the original case. Experience has shown that all identifier fields may change in value, and Registry ID may be miskeyed; either of these could cause an update/correction to be applied to the wrong record. Allowing the match to be

over-determined by comparing multiple fields reduces
this possibility.

8.. **If several corrections are made to a record at one time, generating an equal number of update/correction records, should the Sender ID Section and Record ID Section of the update/correction records be the same for each update/correction record?**

Yes, all update/correction records for a *specific patient-tumor-facility with identical date and time stamps* should have identical Sender ID and Record ID Sections. Later corrections to the same record, with later date or time stamps, could have different Sender ID and Record ID Sections. At the central registry, correction transactions should be applied in order by facility, by date, by time.

9. **How about corrections made to the same record during two different work sessions (i.e., changes made one day and subsequent changes to the same record made on the next day)? Should the Record ID Section of the update/correction records be the same?**

Same answer as number 8. Since they have different time stamps, they can have different Record ID values.

10. **How will a system recognize update/correction records?**

NAACCR-format update/correction records will be identified by a **'U'** in the first position, in item 10, Record Type.

11. **Is additional programming needed to incorporate update/correction records into the central registry?**

At a minimum, programming will be required to link and then print or display the update/correction record with the original record so that someone can make corrections to the database manually. More elaborate programming is desirable, so that some or all of the update/correction transactions can be applied automatically.

12. **What is required for internal processing?**

See answer to number 11.

13. **What are the advantages of a uniform update/correction record to a central registry?**

A standardized update/correction record format means that the central registry will only have to process

```
one type of record. Communications with vendors are
simplified.
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14. **How will a vendor of central registry software assist in incorporating corrections into the central system?**

    This may vary. The vendor needs to provide basic capabilities for receiving, linking, and displaying the contents of update/correction records. The vendor may also need to apply consolidation/ reconciliation procedures that exist in ordinary records processing to the update/correction records.

15. **How can update/correction records be edited? Can the EDITS program be used to edit incoming records?**

    The EDITS program cannot be used against the update/correction format per se. However, the update/correction record format could be converted to a NAACCR standard record layout, with most fields blank, and then item edits could be run against the reformatted records.

16. **What about corrections to state-specific items?**

    NAACCR will consider reserving a block of item numbers for use by states/requestors to identify their user fields. Details will be forthcoming.

17. **Will states that already have a different functioning system for receiving update/correction records be required to change to this new system?**

    No. As always, compliance with NAACCR standards is voluntary. The new update/correction record is provided as a service to registries that do not now have a functioning method or that wish to standardize to this approach.

    This format for updating records is recommended as a standard for central cancer registries that have not already implemented an effective system for updating records with information from multiple sources. The format is designed to provide a standard for central registries that receive data from a variety of different computer software programs. Central registries which do not receive data from software supported by multiple vendors may be able to take advantage of alternative approaches

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Item Number	Item Name	Begin - End	Len	NAACCR Exc	Inc	Full	NPCR	COC	SEER	Source of Std	Notes
10	Record Type	1 - 1	1	R	.	.	.	.	.	NAACCR	
20	Patient ID Number	2 - 9	8	R	R	R	R	.	R	Reporting Registry	Revised
30	Registry Type	10 - 10	1	R	.	.	.	.	.	NAACCR	
35	FIN Coding System	11 - 11	1	R	R	R	S	.	.	NAACCR	
37	Reserved for expansion	12 - 18	7	.	.	.	.	.	.		
50	NAACCR Record Version	19 - 19	1	R	.	.	S	S	.	NAACCR	Revised
60	Tumor Record Number	20 - 21	2	R	R	R	S	.	R	NAACCR	
70	Addr at DX--City	22 - 41	20	.	R	R	R	R	.	COC	
80	Addr at DX--State	42 - 43	2	R	R	R	R	R	.	NAACCR	
90	County at DX	44 - 46	3	R	R	R	R	R	R	FIPS/SEER	
100	Addr at DX--Postal Code	47 - 55	9	.	R	R	R	R	.	NAACCR	
110	Census Tract	56 - 61	6	.	R	R	R	O	R	SEER	
120	Census Tract Coding Sys	62 - 62	1	.	R	R	R	O	R	SEER	
130	Census Tract--Alternate	63 - 68	6	.	.	R	.	.	.	NAACCR	
140	Census Tract Cod Sys--Alt	69 - 69	1	.	.	R	.	.	.	NAACCR	
150	Marital Status at DX	70 - 70	1	.	R	R	S	O	R	SEER/COC	
160	Race 1	71 - 72	2	R	R	R	R	R	R	SEER/COC	
170	Race Coding Sys--Current	73 - 73	1	R	.	.	.	.	.	NAACCR	
180	Race Coding Sys--Original	74 - 74	1	R	.	.	.	.	.	NAACCR	
190	Spanish/Hispanic Origin	75 - 75	1	.	R	R	R	R	R	SEER/COC	
200	Computed Ethnicity	76 - 76	1	.	.	R	S	.	R	NAACCR	
210	Computed Ethnicity Source	77 - 77	1	.	.	R	S	.	R	NAACCR	
220	Sex	78 - 78	1	R	R	R	R	R	R	SEER/COC	
230	Age at Diagnosis	79 - 81	3	.	R	R	R	S	R	SEER/COC	Revised
240	Birth Date	82 - 89	8	R	R	R	R	R	R	SEER/COC	
250	Birthplace	90 - 92	3	.	R	R	R*	O	R	SEER/COC	Revised
260	Religion	93 - 94	2	.	.	.	.	.	.	Varies	
270	Occupation Code--Census	95 - 97	3	.	.	.	S	.	.	Census/NPCR	
280	Industry Code--Census	98 - 100	3	.	.	.	S	.	.	Census/NPCR	
290	Occupation Source	101 - 101	1	.	.	.	S	.	.	NPCR	
300	Industry Source	102 - 102	1	.	.	.	S	.	.	NPCR	
310	Text--Usual Occupation	103 - 142	40	.	.	.	R*	O	.	NPCR	
320	Text--Usual Industry	143 - 182	40	.	.	.	R*	O	.	NPCR	
330	Occup/Ind Coding System	183 - 183	1	.	.	.	S	.	.	NPCR	
340	Tobacco History	184 - 184	1	.	.	.	.	O	.	Varies	
350	Alcohol History	185 - 185	1	.	.	.	.	O	.	Varies	
360	Family History of Cancer	186 - 186	1	.	.	.	.	O	.	Varies	
362	Census Tract Block Group	187 - 187	1	.	.	.	.	.	.	Census	
364	Census Tract Certainty	188 - 188	1	.	.	.	R	.	R	SEER	Revised
40	Registry ID	189 - 203	15	R	.	.	S	.	R	NAACCR	
161	Race 2	204 - 205	2	R	R	R	R	R	R	SEER/COC	Revised
162	Race 3	206 - 207	2	R	R	R	R	R	R	SEER/COC	Revised
163	Race 4	208 - 209	2	R	R	R	R	R	R	SEER/COC	Revised

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Item Number	Item Name	Begin	End	Len	NAACCR Exc	NAACCR Inc	NAACCR Full	NPCR	COC	SEER	Source of Std	Notes
								Organizational Recommendations				
164	Race 5	210	211	2	R	R	R	R	R	R	SEER/COC	Revised
370	Reserved for Expansion	212	216	5	.	.	.	.	.	.		
380	Sequence Number--Central	217	218	2	R*	R	R	R	.	R	NAACCR	Revised
390	Date of Diagnosis	219	226	8	R	R	R	R	R	R	SEER/COC	
400	Primary Site	227	230	4	R	R	R	R	R	R	SEER/COC	
410	Laterality	231	231	1	R	R	R	R	R	R	SEER/COC	
420	Histology (92-00) ICD-O-2	232	235	4	R	R	R	R+	R	R	SEER/COC	Revised
430	Behavior (92-00) ICD-O-2	236	236	1	R	R	R	R+	R	R	SEER/COC	Revised
440	Grade	237	237	1	R	R	R	R	R	R	SEER/COC	
450	Site Coding Sys--Current	238	238	1	R	.	.	S	.	.	NAACCR	Revised
460	Site Coding Sys--Original	239	239	1	R	.	.	.	.	.	NAACCR	
470	Morph Coding Sys--Current	240	240	1	R	.	.	S	.	.	NAACCR	Revised
480	Morph Coding Sys--Original	241	241	1	R	.	.	.	.	.	NAACCR	
490	Diagnostic Confirmation	242	242	1	R	R	R	R	R	R	SEER/COC	
500	Type of Reporting Source	243	243	1	.	R	R	R	O	R	SEER	
510	Screening Date	244	251	8	.	.	.	.	O	.	COC	
520	Screening Result	252	252	1	.	.	.	.	O	.	COC	
522	Histologic Type ICD-O-3	253	256	4	R	R	R	R+	R	R	SEER/COC	New
523	Behavior Code ICD-O-3	257	257	1	R	R	R	R+	R	R	SEER/COC	New
530	Reserved for Expansion	258	260	3	.	.	.	.	.	.		
538	Reporting Hospital FAN	261	270	10	.	.	.	.	R	.	COC	
540	Reporting Hospital	271	285	15	.	R	R	S	R	.	COC	
550	Accession Number--Hosp	286	294	9	.	R	R	S	R	.	COC	
560	Sequence Number--Hospital	295	296	2	R	R	R	S	R	.	COC	Revised
570	Abstracted By	297	299	3	.	.	.	.	R	.	COC	
580	Date of Adm/1st Contact	300	307	8	.	R	R	R	.	.	NAACCR	
590	Date of Inpatient Adm	308	315	8	.	.	.	.	S	.	COC	
600	Date of Inpatient Disch	316	323	8	.	.	S	.	S	.	COC	Revised
610	Class of Case	324	324	1	.	.	R	S	R	.	COC	
620	Year First Seen This CA	325	328	4	.	.	R	.	R	.	COC	
630	Primary Payer at DX	329	330	2	.	.	.	.	R	.	COC	
640	Inpatient/Outpt Status	331	331	1	.	.	.	.	O	.	COC	
650	Presentation at CA Conf	332	332	1	.	.	.	.	S	.	COC	
660	Date of CA Conference	333	340	8	.	.	.	.	O	.	COC	
670	RX Hosp--Surg Prim Site	341	342	2	.	.	S	.	S	.	COC	
672	RX Hosp--Scope Reg LN Sur	343	343	1	.	.	S	.	S	.	COC	
674	RX Hosp--Surg Oth Reg/Dis	344	344	1	.	.	S	.	S	.	COC	
676	RX Hosp--Reg LN Examined	345	346	2	.	.	S	.	S	.	COC	
680	Reserved for Expansion	347	350	4	.	.	.	.	.	.		
690	RX Hosp--Radiation	351	351	1	.	.	S	.	S	.	COC	
700	RX Hosp--Chemo	352	352	1	.	.	S	.	S	.	COC	
710	RX Hosp--Hormone	353	353	1	.	.	S	.	S	.	COC	
720	RX Hosp--BRM	354	354	1	.	.	S	.	S	.	COC	

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Item Number	Item Name	Begin	End	Len	NAACCR Exc	NAACCR Inc	NAACCR Full	NPCR	COC	SEER	Source of Std	Notes
730	RX Hosp--Other	355	355	1	.	.	S	.	S	.	COC	
740	RX Hosp--DX/Stg/Pall Proc	356	357	2	.	.	.	.	S	.	COC	Revised
742	RX Hosp--Screen/BX Proc1	358	358	1	.	.	.	.	.	.	COC	Revised
743	RX Hosp--Screen/BX Proc2	359	359	1	.	.	.	.	.	.	COC	Revised
744	RX Hosp--Screen/BX Proc3	360	360	1	.	.	.	.	.	.	COC	Revised
745	RX Hosp--Screen/BX Proc4	361	361	1	.	.	.	.	.	.	COC	Revised
750	Reserved for Expansion	362	386	25	.	.	.	.	.	.		
759	SEER Summary Stage 2000	387	387	1	R	R	R	R+	R	.	SEER	New
760	SEER Summary Stage 1977	388	388	1	R	R	R	R+	R	.	SEER	Revised
770	Loc/Reg/Distant Stage	389	389	1	.	.	.	.	.	.	Varies	
780	EOD--Tumor Size	390	392	3	.	.	R	S	R	R	SEER/COC	
790	EOD--Extension	393	394	2	.	.	.	S	S	R	SEER	Revised
800	EOD--Extension Prost Path	395	396	2	.	.	.	S	.	R	SEER	Revised
810	EOD--Lymph Node Involv	397	397	1	.	.	.	S	S	R	SEER	Revised
820	Regional Nodes Positive	398	399	2	.	.	R	S	R	R	SEER/COC	
830	Regional Nodes Examined	400	401	2	.	.	R	S	R	R	SEER/C0C	
840	EOD--Old 13 Digit	402	414	13	.	.	.	.	.	R	SEER	
850	EOD--Old 2 Digit	415	416	2	.	.	.	.	.	R	SEER	
860	EOD--Old 4 Digit	417	420	4	.	.	.	.	.	R	SEER	
870	Coding System for EOD	421	421	1	.	.	.	.	.	R	SEER	
880	TNM Path T	422	423	2	.	.	R	.	R	.	AJCC	
890	TNM Path N	424	425	2	.	.	R	.	R	.	AJCC	
900	TNM Path M	426	427	2	.	.	R	.	R	.	AJCC	
910	TNM Path Stage Group	428	429	2	.	.	R	.	R	.	AJCC	
920	TNM Path Descriptor	430	430	1	.	.	.	.	S	.	AJCC	
930	TNM Path Staged By	431	431	1	.	.	.	.	R	.	COC	
940	TNM Clin T	432	433	2	.	.	R	.	R	.	AJCC	
950	TNM Clin N	434	435	2	.	.	R	.	R	.	AJCC	
960	TNM Clin M	436	437	2	.	.	R	.	R	.	AJCC	
970	TNM Clin Stage Group	438	439	2	.	.	R	.	R	.	AJCC	
980	TNM Clin Descriptor	440	440	1	.	.	.	.	S	.	COC	
990	TNM Clin Staged By	441	441	1	.	.	.	.	R	.	COC	
1000	TNM Other T	442	443	2	.	.	.	.	S	.	AJCC	
1010	TNM Other N	444	445	2	.	.	.	.	S	.	AJCC	
1020	TNM Other M	446	447	2	.	.	.	.	S	.	AJCC	
1030	TNM Other Stage Group	448	449	2	.	.	.	.	S	.	AJCC	
1040	TNM Other Staged By	450	450	1	.	.	.	.	R	.	COC	
1050	TNM Other Descriptor	451	451	1	.	.	.	.	S	.	COC	
1060	TNM Edition Number	452	452	1	.	.	R	.	R	.	COC	
1070	Other Staging System	453	467	15	.	.	.	.	O	.	COC	
1080	Date of 1st Positive BX	468	475	8	.	.	.	.	O	.	COC	
1090	Site of Distant Met 1	476	476	1	.	.	.	.	S	.	COC	
1100	Site of Distant Met 2	477	477	1	.	.	.	.	S	.	COC	

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Item Number	Item Name	Begin	End	Len	NAACCR Exc	Inc	Full	NPCR	COC	SEER	Source of Std	Notes
1110	Site of Distant Met 3	478	478	1	.	.	.	.	S	.	COC	
1120	Pediatric Stage	479	480	2	.	.	.	.	R	.	COC	
1130	Pediatric Staging System	481	482	2	.	.	.	.	R	.	COC	
1140	Pediatric Staged By	483	483	1	.	.	.	.	R	.	COC	
1150	Tumor Marker 1	484	484	1	.	.	.	.	S	R	SEER/COC	
1160	Tumor Marker 2	485	485	1	.	.	.	.	S	R	SEER/COC	
1170	Tumor Marker 3	486	486	1	.	.	.	.	S	R	SEER/COC	
1180	Reserved for Expansion	487	535	49	.	.	.	.	.	.		
1190	Reserved for Expansion	536	536	1	.	.	.	.	.	.		
1200	RX Date--Surgery	537	544	8	.	.	R	S	R	.	COC	Revised
1210	RX Date--Radiation	545	552	8	.	.	R	S	R	.	COC	Revised
1220	RX Date--Chemo	553	560	8	.	.	R	S	R	.	COC	Revised
1230	RX Date--Hormone	561	568	8	.	.	R	S	R	.	COC	Revised
1240	RX Date--BRM	569	576	8	.	.	R	S	R	.	COC	Revised
1250	RX Date--Other	577	584	8	.	.	R	S	R	.	COC	Revised
1260	Date of Initial RX--SEER	585	592	8	.	.	#	#	.	R	SEER	Revised
1270	Date of 1st Crs RX--COC	593	600	8	.	.	#	#	R	.	COC	Revised
1280	RX Date--DX/Stg/Pall Proc	601	608	8	.	.	.	.	R	.	COC	Revised
1290	RX Summ--Surg Prim Site	609	610	2	.	.	R	R	R	R	SEER/COC	Revised
1292	RX Summ--Scope Reg LN Sur	611	611	1	.	.	R	R	R	R	SEER/COC	Revised
1294	RX Summ--Surg Oth Reg/Dis	612	612	1	.	.	R	R	R	R	SEER/COC	Revised
1296	RX Summ--Reg LN Examined	613	614	2	.	.	R	R	R	R	SEER/COC	Revised
1300	Reserved for Expansion	615	618	4	.	.	.	.	.	.		
1310	RX Summ--Surgical Approch	619	619	1	.	.	.	.	R	.	COC	Revised
1320	RX Summ--Surgical Margins	620	620	1	.	.	.	.	R	.	COC	Revised
1330	RX Summ--Reconstruct 1st	621	621	1	.	.	.	S	R	@	COC	Revised
1340	Reason for No Surgery	622	622	1	.	.	R	S	S	R	SEER/COC	Revised
1350	RX Summ--DX/Stg/Pall Proc	623	624	2	.	.	#	.	R	.	COC	Revised
1360	RX Summ--Radiation	625	625	1	.	.	#	S	R	R	SEER/COC	Revised
1370	RX Summ--Rad to CNS	626	626	1	.	.	.	.	O	S	SEER/COC	Revised
1380	RX Summ--Surg/Rad Seq	627	627	1	.	.	R	S	O	R	SEER/COC	Revised
1390	RX Summ--Chemo	628	628	1	.	.	#	S	R	R	SEER/COC	Revised
1400	RX Summ--Hormone	629	629	1	.	.	#	S	R	R	SEER/COC	Revised
1410	RX Summ--BRM	630	630	1	.	.	R	S	R	R	SEER/COC	Revised
1420	RX Summ--Other	631	631	1	.	.	R	S	R	R	SEER/COC	Revised
1430	Reason for No Radiation	632	632	1	.	.	#	S	S	.	COC	Revised
1440	Reason for No Chemo	633	633	1	.	.	#	S	S	.	COC	Revised
1450	Reason for No Hormone	634	634	1	.	.	#	S	S	.	COC	Revised
1460	RX Coding System--Current	635	635	1	R	.	R	R	.	.	NAACCR	Revised
1470	Protocol Eligibility Stat	636	636	1	.	.	.	.	S	.	COC	
1480	Protocol Participation	637	638	2	.	.	.	.	S	.	COC	
1490	Referral to Support Serv	639	639	1	.	.	.	.	S	.	COC	
1500	First Course Calc Method	640	640	1	.	.	R	.	.	.	NAACCR	Revised

NAACCR Case Record Layout, Version 9, for Implementation 1/1/2001

Item Number	Item Name	Begin		End	Len	Exc	Inc	Full	NPCR	COC	SEER	Source of Std	Notes
1510	Rad--Regional Dose: cGy	641	-	645	5	.	.	.	.	O	.	COC	
1520	Rad--No of Treatment Vol	646	-	647	2	.	.	.	.	O	.	COC	
1530	Rad--Elapsed RX Days	648	-	650	3	.	.	.	.	O	.	COC	
1540	Rad--Treatment Volume	651	-	652	2	.	.	.	.	O	.	COC	
1550	Rad--Location of RX	653	-	653	1	.	.	.	.	O	.	COC	
1560	Rad--Intent of Treatment	654	-	654	1	.	.	.	.	O	.	COC	
1570	Rad--Regional RX Modality	655	-	656	2	.	.	.	.	O	.	COC	
1580	Rad--RX Completion Status	657	-	657	1	.	.	.	.	O	.	COC	
1590	Rad--Local Control Status	658	-	658	1	.	.	.	.	O	.	COC	
1600	Chemotherapy Field 1	659	-	661	3	.	.	.	.	O	.	COC	
1610	Chemotherapy Field 2	662	-	664	3	.	.	.	.	O	.	COC	
1620	Chemotherapy Field 3	665	-	667	3	.	.	.	.	O	.	COC	
1630	Chemotherapy Field 4	668	-	670	3	.	.	.	.	O	.	COC	
1640	RX Summ--Surgery Type	671	-	672	2	.	.	#	.	.	S	SEER	Revised
1642	RX Summ--Screen/BX Proc1	673	-	673	1	.	.	.	.	R	.	COC	Revised
1643	RX Summ--Screen/BX Proc2	674	-	674	1	.	.	.	.	R	.	COC	Revised
1644	RX Summ--Screen/BX Proc3	675	-	675	1	.	.	.	.	R	.	COC	Revised
1645	RX Summ--Screen/BX Proc4	676	-	676	1	.	.	.	.	R	.	COC	Revised
1650	Reserved for Expansion	677	-	700	24	.	.	.	.	.	.		
1660	Subsq RX 2nd Course Date	701	-	708	8	.	.	.	.	S	.	COC	
1671	Subsq RX 2nd Course Surg	709	-	710	2	.	.	.	.	S	.	COC	
1672	Subsq RX 2nd Course Rad	711	-	711	1	.	.	.	.	S	.	COC	
1673	Subsq RX 2nd Course Chemo	712	-	712	1	.	.	.	.	S	.	COC	
1674	Subsq RX 2nd Course Horm	713	-	713	1	.	.	.	.	S	.	COC	
1675	Subsq RX 2nd Course BRM	714	-	714	1	.	.	.	.	S	.	COC	
1676	Subsq RX 2nd Course Oth	715	-	715	1	.	.	.	.	S	.	COC	
1680	Subsq RX 3rd Course Date	716	-	723	8	.	.	.	.	S	.	COC	
1691	Subsq RX 3rd Course Surg	724	-	725	2	.	.	.	.	S	.	COC	
1692	Subsq RX 3rd Course Rad	726	-	726	1	.	.	.	.	S	.	COC	
1693	Subsq RX 3rd Course Chemo	727	-	727	1	.	.	.	.	S	.	COC	
1694	Subsq RX 3rd Course Horm	728	-	728	1	.	.	.	.	S	.	COC	
1695	Subsq RX 3rd Course BRM	729	-	729	1	.	.	.	.	S	.	COC	
1696	Subsq RX 3rd Course Oth	730	-	730	1	.	.	.	.	S	.	COC	
1700	Subsq RX 4th Course Date	731	-	738	8	.	.	.	.	S	.	COC	
1711	Subsq RX 4th Course Surg	739	-	740	2	.	.	.	.	S	.	COC	
1712	Subsq RX 4th Course Rad	741	-	741	1	.	.	.	.	S	.	COC	
1713	Subsq RX 4th Course Chemo	742	-	742	1	.	.	.	.	S	.	COC	
1714	Subsq RX 4th Course Horm	743	-	743	1	.	.	.	.	S	.	COC	
1715	Subsq RX 4th Course BRM	744	-	744	1	.	.	.	.	S	.	COC	
1716	Subsq RX 4th Course Oth	745	-	745	1	.	.	.	.	S	.	COC	
1720	Subsq RX 5th Course Date	746	-	753	8	.	.	.	.	.	.	NAACCR	
1731	Subsq RX 5th Course Surg	754	-	755	2	.	.	.	.	.	.	NAACCR	
1732	Subsq RX 5th Course Rad	756	-	756	1	.	.	.	.	.	.	NAACCR	

NAACCR Case Record Layout, Version 9, for Implementation 1/1/2001

Item Number	Item Name	Begin	-	End	Len	Exc	Inc	Full	NPCR	COC	SEER	Source of Std	Notes
									Organizational Recommendations				
						NAACCR							
1733	Subsq RX 5th Course Chemo	757	-	757	1	.	.	.	.	.	.	NAACCR	
1734	Subsq RX 5th Course Horm	758	-	758	1	.	.	.	.	.	.	NAACCR	
1735	Subsq RX 5th Course BRM	759	-	759	1	.	.	.	.	.	.	NAACCR	
1736	Subsq RX 5th Course Oth	760	-	760	1	.	.	.	.	.	.	NAACCR	
1677	Subsq RX 2nd--Scope LN SU	761	-	761	1	.	.	.	.	S	.	COC	
1678	Subsq RX 2nd--Surg Oth	762	-	762	1	.	.	.	.	S	.	COC	
1679	Subsq RX 2nd--Reg LN Rem	763	-	764	2	.	.	.	.	S	.	COC	
1697	Subsq RX 3rd--Scope LN Su	765	-	765	1	.	.	.	.	S	.	COC	
1698	Subsq RX 3rd--Surg Oth	766	-	766	1	.	.	.	.	S	.	COC	
1699	Subsq RX 3rd--Reg LN Rem	767	-	768	2	.	.	.	.	S	.	COC	
1717	Subsq RX 4th--Scope LN Su	769	-	769	1	.	.	.	.	S	.	COC	
1718	Subsq RX 4th--Surg Oth	770	-	770	1	.	.	.	.	S	.	COC	
1719	Subsq RX 4th--Reg LN Rem	771	-	772	2	.	.	.	.	S	.	COC	
1737	Subsq RX 5th--Scope LN Su	773	-	773	1	.	.	.	.	.	.	NAACCR	
1738	Subsq RX 5th--Surg Oth	774	-	774	1	.	.	.	.	.	.	NAACCR	
1739	Subsq RX 5th--Reg LN Rem	775	-	776	2	.	.	.	.	.	.	NAACCR	
1741	Subsq RX--Reconstruct Del	777	-	777	1	.	.	.	.	R	.	COC	
1740	Reserved for Expansion	778	-	781	4	.	.	.	.	.	.		
1981	Over-ride SS/NodesPos	782	-	782	1	R	R	R	.	.	.	NAACCR	New
1982	Over-ride SS/TNM-N	783	-	783	1	R	R	R	.	.	.	NAACCR	New
1983	Over-ride SS/TNM-M	784	-	784	1	R	R	R	.	.	.	NAACCR	New
1984	Over-ride SS/DisMet1	785	-	785	1	R	R	R	.	.	.	NAACCR	New
1985	Over-ride Acsn/Class/Seq	786	-	786	1	R	R	R	.	.	.	NAACCR	New
1986	Over-ride HospSeq/DxConf	787	-	787	1	R	R	R	.	.	.	NAACCR	New
1987	Over-ride COC-Site/Type	788	-	788	1	R	R	R	.	.	.	NAACCR	New
1988	Over-ride HospSeq/Site	789	-	789	1	R	R	R	.	.	.	NAACCR	New
1989	Over-ride Site/TNM-StgGrp	790	-	790	1	R	R	R	.	.	.	NAACCR	New
1750	Date of Last Contact	791	-	798	8	R*	R*	R	R	R	R	SEER/COC	
1760	Vital Status	799	-	799	1	R*	R*	R	R	R	R	SEER/COC	
1770	Cancer Status	800	-	800	1	.	.	R	.	R	.	COC	
1780	Quality of Survival	801	-	801	1	.	.	.	.	O	.	COC	
1790	Follow-Up Source	802	-	802	1	.	.	R	.	S	.	COC	
1800	Next Follow-Up Source	803	-	803	1	.	.	.	.	S	.	COC	
1810	Addr Current--City	804	-	823	20	.	.	R	.	R	.	COC	
1820	Addr Current--State	824	-	825	2	.	.	R	.	R	.	NAACCR	
1830	Addr Current--Postal Code	826	-	834	9	.	.	R	.	R	.	NAACCR	
1835	Reserved for Expansion	835	-	836	2	.	.	.	.	.	.		
1850	Unusual Follow-Up Method	837	-	837	1	.	.	.	.	O	.	COC	
1860	Recurrence Date--1st	838	-	845	8	.	.	R	.	R	.	COC	
1871	Recurrence Distant Site 1	846	-	846	1	.	.	.	.	O	.	COC	
1872	Recurrence Distant Site 2	847	-	847	1	.	.	.	.	O	.	COC	
1873	Recurrence Distant Site 3	848	-	848	1	.	.	.	.	O	.	COC	
1880	Recurrence Type--1st	849	-	850	2	.	.	R	.	R	.	COC	

NAACCR Case Record Layout, Version 9, for Implementation 1/1/2001

Item Number	Item Name	Begin	End	Len	NAACCR Exc	NAACCR Inc	NAACCR Full	NPCR	COC	SEER	Source of Std	Notes
1890	Recurrence Type--1st--Oth	851	852	2	.	.	.	.	S	.	COC	
1840	County--Current	853	855	3	.	.	.	.	O	.	COC	
1842	Follow-Up Contact--City	856	875	20	.	.	.	.	.	.	NAACCR	
1844	Follow-Up Contact--State	876	877	2	.	.	.	.	.	.	NAACCR	
1900	Reserved for Expansion	878	882	5	.	.	.	.	.	.		
1910	Cause of Death	883	886	4	.	R	R	R	O	R	SEER/COC	
1920	ICD Revision Number	887	887	1	.	R	R	R	O	R	SEER/COC	Revised
1930	Autopsy	888	888	1	.	.	.	.	O	.	COC	
1940	Place of Death	889	891	3	.	R	R	S	.	.	NAACCR	
1846	Follow-Up Contact--Postal	892	900	9	.	.	.	.	.	.	NAACCR	
1950	Reserved for Expansion	901	901	1	.	.	.	.	.	.		
1960	Site (73-91) ICD-O-1	902	905	4	.	.	R	.	.	R	SEER	
1971	Histology (73-91) ICD-O-1	906	909	4	.	.	R	.	.	R	SEER	
1972	Behavior (73-91) ICD-O-1	910	910	1	.	.	R	.	.	R	SEER	
1973	Grade (73-91) ICD-O-1	911	911	1	.	.	R	.	.	R	SEER	
1980	ICD-O-2 Conversion Flag	912	912	1	.	.	R	.	.	R	SEER	
1990	Over-ride Age/Site/Morph	913	913	1	.	R	R	R	.	R	SEER	Revised
2000	Over-ride SeqNo/DxConf	914	914	1	.	R	R	R	.	R	SEER	Revised
2010	Over-ride Site/Lat/SeqNo	915	915	1	.	R	R	S	.	R	SEER	
2020	Over-ride Surg/DxConf	916	916	1	.	R	R	R	.	R	SEER	Revised
2030	Over-ride Site/Type	917	917	1	.	R	R	R	.	R	SEER	Revised
2040	Over-ride Histology	918	918	1	.	R	R	R	.	R	SEER	Revised
2050	Over-ride Report Source	919	919	1	.	R	R	R	.	R	SEER	Revised
2060	Over-ride Ill-define Site	920	920	1	.	R	R	R	.	R	SEER	Revised
2070	Over-ride Leuk, Lymphoma	921	921	1	.	R	R	R	.	R	SEER	Revised
2071	Over-ride Site/Behavior	922	922	1	.	R	R	R	.	R	SEER	Revised
2072	Over-ride Site/EOD/DX Dt	923	923	1	.	R	R	S	.	R	SEER	
2073	Over-ride Site/Lat/EOD	924	924	1	.	R	R	S	.	R	SEER	
2074	Over-ride Site/Lat/Morph	925	925	1	.	R	R	R	.	R	SEER	Revised
2114	Future Use Timeliness 1	926	933	8	.	.	.	.	.	.		
2115	Future Use Timeliness 2	934	941	8	.	.	.	.	.	.		
2081	CRC CHECKSUM	942	951	10	.	.	.	.	.	.	NAACCR	
2090	Date Case Completed	952	959	8	.	.	.	.	.	.	Varies	
2100	Date Case Last Changed	960	967	8	.	.	.	.	.	.	Varies	
2110	Date Case Report Exported	968	975	8	S	S	S	S	.	.	NAACCR	
2120	SEER Coding Sys--Current	976	976	1	R	.	.	S	.	.	NAACCR	
2130	SEER Coding Sys--Original	977	977	1	R	.	.	S	.	.	NAACCR	
2140	COC Coding Sys--Current	978	978	1	R	.	.	S	R	.	COC	
2150	COC Coding Sys--Original	979	979	1	R	.	.	S	.	.	NAACCR	
2160	Subsq Report for Primary	980	-	0	.	.	.	.	.	.	NAACCR	Retired
2161	Reserved for Expansion	980	980	1	.	.	.	.	.	.		
2170	Vendor Name	981	990	10	R	.	R	.	.	.	NAACCR	
2180	SEER Type of Follow-Up	991	991	1	.	.	.	.	.	R	SEER	

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Item Number	Item Name	Begin	End	Len	NAACCR Exc	NAACCR Inc	NAACCR Full	NPCR	COC	SEER	Source of Std	Notes
2190	SEER Record Number	992	993	2	.	.	.	.	.	R	SEER	
2200	Diagnostic Proc 73-87	994	995	2	.	.	.	.	.	R	SEER	
2111	Date Case Report Received	996	1003	8	.	S	S	R	.	.	NAACCR	Revised
2112	Date Case Report Loaded	1004	1011	8	.	S	S	S	.	.	NAACCR	
2113	Date Tumor Record Availbl	1012	1019	8	.	S	S	S	.	.	NAACCR	
2116	ICD-O-3 Conversion Flag	1020	1020	1	R	R	R	R	R	R	SEER/COC	New
2210	Reserved for Expansion	1021	1025	5	.	.	.	.	.	.		
2220	State/Requestor Items	1026	1525	500	.	.	.	.	.	.	Varies	
2230	Name--Last	1526	1550	25	.	R	R	R	R	.	NAACCR	
2240	Name--First	1551	1564	14	.	R	R	R	R	.	NAACCR	
2250	Name--Middle	1565	1578	14	.	R	R	R	R	.	COC	
2260	Name--Prefix	1579	1581	3	.	.	.	.	O	.	COC	
2270	Name--Suffix	1582	1584	3	.	.	.	.	S	.	COC	
2280	Name--Alias	1585	1599	15	.	R	R	S	S	.	COC	
2290	Name--Spouse/Parent	1600	1649	50	.	.	.	.	.	.	Varies	
2300	Medical Record Number	1650	1660	11	.	.	R	S	R	.	NAACCR	
2310	Military Record No Suffix	1661	1662	2	.	.	.	.	S	.	COC	Revised
2320	Social Security Number	1663	1671	9	.	R	R	R	R	.	COC	
2330	Addr at DX--No & Street	1672	1696	25	.	R	R	S	R	.	COC	
2410	Institution Referred From	1697	1711	15	.	.	R	.	S	.	NAACCR	
2420	Institution Referred To	1712	1726	15	.	.	R	.	S	.	NAACCR	
2350	Addr Current--No & Street	1727	1751	25	.	.	R	.	R	.	COC	
2360	Telephone	1752	1761	10	.	.	R	.	R	.	COC	
2370	DC State	1762		0	.	.	.	.	.	.		Retired
2371	Reserved for Expansion	1762	1763	2	.	.	.	.	.	.		
2380	DC State File Number	1764	1769	6	.	R	R	S	.	.	State	
2390	Name--Maiden	1770	1784	15	.	R	R	S	S	.	NAACCR	
2392	Follow-Up Contact--No&St	1785	1809	25	.	.	.	.	.	.	NAACCR	
2400	Reserved for Expansion	1810	1812	3	.	.	.	.	.	.		
2430	Last Follow-Up Hospital	1813	1827	15	.	.	.	.	.	.	NAACCR	
2440	Following Registry	1828	1842	15	.	.	.	.	O	.	NAACCR	
2450	Reserved for Expansion	1843	1846	4	.	.	.	.	.	.		
2460	Physician--Managing	1847	1854	8	.	.	.	.	S	.	COC	
2470	Physician--Follow-Up	1855	1862	8	.	.	R	.	R	.	COC	
2480	Physician--Primary Surg	1863	1870	8	.	.	.	.	R	.	COC	
2490	Physician 3	1871	1878	8	.	.	.	.	S	.	COC	
2500	Physician 4	1879	1886	8	.	.	.	.	S	.	COC	
2394	Follow-Up Contact--Name	1887	1916	30	.	.	.	.	.	.	NAACCR	
2520	Text--DX Proc--PE	1917	2116	200	.	.	S	R^	.	.	NAACCR	Revised
2530	Text--DX Proc--X-ray/scan	2117	2366	250	.	.	S	R^	.	.	NAACCR	Revised
2540	Text--DX Proc--Scopes	2367	2616	250	.	.	S	R^	.	.	NAACCR	Revised
2550	Text--DX Proc--Lab Tests	2617	2866	250	.	.	S	R^	.	.	NAACCR	Revised
2560	Text--DX Proc--Op	2867	3116	250	.	.	S	R^	.	.	NAACCR	Revised

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Item Number	Item Name	Begin	End	Len	Organizational Recommendations NAACCR Exc	Inc	Full	NPCR	COC	SEER	Source of Std	Notes
2570	Text--DX Proc--Path	3117 - 3366	250	.	.	S	R^	.	.	NAACCR	Revised
2580	Text--Primary Site Title	3367 - 3406	40	.	.	S	S	.	.	NAACCR	
2590	Text--Histology Title	3407 - 3446	40	.	.	S	S	.	.	NAACCR	
2600	Text--Staging	3447 - 3746	300	.	.	S	R^	.	.	NAACCR	Revised
2610	RX Text--Surgery	3747 - 3896	150	.	.	S	R^	.	.	NAACCR	Revised
2620	RX Text--Radiation (Beam)	3897 - 4046	150	.	.	S	S	.	.	NAACCR	
2630	RX Text--Radiation Other	4047 - 4196	150	.	.	S	S	.	.	NAACCR	
2640	RX Text--Chemo	4197 - 4396	200	.	.	S	S	.	.	NAACCR	
2650	RX Text--Hormone	4397 - 4596	200	.	.	S	S	.	.	NAACCR	
2660	RX Text--BRM	4597 - 4696	100	.	.	S	S	.	.	NAACCR	
2670	RX Text--Other	4697 - 4796	100	.	.	S	S	.	.	NAACCR	
2680	Text--Remarks	4797 - 5146	350	.	.	S	S	.	.	NAACCR	
2690	Place of Diagnosis	5147 - 5196	50	.	.	S	S	.	.	NAACCR	
2700	Reserved for Expansion	5197 - 5966	770	.	.	.	.	.	.		

Codes for Organizational Recommendations:

R = Required   **S**=Supplementary/recommended   **.** = Not in use   **O** = Optional   ***** = When available   **#** = Central registries funded by NPCR may code available treatment data using either 1998 SEER or 1998 COC data items and codes (see Volume 2, Data Standards and Data Dictionary, Chapter 5)

@ = Required for breast cancers only   **$** = Requirements differ by year

^ = These text requirements may be met with one or several text block fields

NAACCR Update/Correction Record, Version 9

Item Number	Item Name	Length	Begin	End	* Required for Central	* Required for Hospital	Notes	Changed
	Sender ID Section							
10	**Record Type**	1	1	- 1	R	R	**U=Correction**	
9000	**Update/Correction Record Version**	1	2	- 2	R	R	**9=Version 9**	|
2170	**Vendor Name**	10	3	- 12	R	R	**Vendor of correction record**	
30	**Registry Type**	1	13	- 13	R		**Sending registry**	
9001	**Reserved for expansion**	1	14	- 14				
40	**Registry ID**	15	15	- 29	R	R	**Sending registry**	
20	**Patient ID Number**	8	30	- 37	R		**Sending registry**	
60	**Tumor Record Number**	2	38	- 39	R	R	**Sending registry**	
9002	**Reserved for expansion**	20	40	- 59				
	Record ID Section							
9010	**Patient ID Number--Receiver**	8	60	- 67			**Receiving registry**	
9011	**Tumor Record Number--Receiver**	2	68	- 69			**Receiving registry**	
2230	**Name--Last**	25	70	- 94				
2240	**Name--First**	14	95	- 108				
2250	**Name--Middle**	14	109	- 122				
2300	**Medical Record Number**	11	123	- 133		R		
2310	**Military Record No Suffix**	2	134	- 135				
9003	**Reserved for expansion**	25	136	- 160				
2320	**Social Security Number**	9	161	- 169				
220	**Sex**	1	170	- 170				
240	**Birth Date**	8	171	- 178				
9004	**Reserved for expansion**	1	179	- 179				
540	**Reporting Hospital**	15	180	- 194		R		
9007	**Reserved for expansion**	0					**item number retired**	
550	**Accession Number--Hosp**	9	195	- 203		R		
390	**Date of Diagnosis**	8	204	- 211				
560	**Sequence Number--Hospital**	2	212	- 213		R		
400	**Primary Site**	4	214	- 217				
410	**Laterality**	1	218	- 218				
420	**Histology (92-00) ICD-O-2**	4	219	- 222			`data item name changed`	|
430	**Behavior (92-00) ICD-O-2**	1	223	- 223			`data item name changed`	|
522	**Histologic Type ICD-O-3**	4	224	- 227			`new data item`	|
523	**Behavior Code ICD-O-3**	1	228	- 228			`new data item`	|
9050	**Reserved for Expansion**	43	229	- 271			`shortened`	|

* Indicates which items are required in the Update/Correction record when the sending registry is a central registry or a hospital registry

NAACCR Update/Correction Record, Version 9

Item Number	Item Name	Length	Begin	End	* Required for Central	* Required for Hospital	Notes	Changed
	Correction Section							
9005	Date of This Change	8	272	- 279	R	R		
9006	Time of This Change	6	280	- 285	R	R		
2081	CRC CHECKSUM	10	286	- 295				
9020	Correction Comments	200	296	- 495				
9030	Changed Item NAACCR Number	5	496	- 500	R	R		
9040	Changed Item New Value	350	501	- 850	R	R	Left-justify	

Item Number	Item Name	Length	Begin	End	Source of Std	Notes	Changed
	Record ID & Demographic Section						
10	Record Type	1	1 -	1	NAACCR	"R" for Analysis/Research record	
20	Patient ID Number	8	2 -	9	Varies	numeric only	
30	Registry Type	1	10 -	10	NAACCR	1=central reg	
35	FIN Coding System	1	11 -	11	NAACCR	new item	
37	Reserved 00	7	12 -	18			
50	NAACCR Record Version	1	19 -	19	NAACCR	7	|
60	Tumor Record Number	2	20 -	21	NAACCR	01-99 Perm.	
	…						
	…						
	…						
40	Registry ID	15	189 -	203	NAACCR		
370	Reserved 01	13	204 -	216			
	Group Recodes/Conversions						
5000	Group Age at Diagnosis	2	1526 -	1527	SEER		
5010	Group Primary Site	5	1528 -	1532	SEER		
5020	Group First Course RX A	4	1533 -	1536	SEER		
5030	Group First Course RX B	2	1537 -	1538	SEER		
5040	Group Race B,W,O	1	1539 -	1539	SEER		
5050	Conv Cause Death to Site	5	1540 -	1544	SEER		
5060	Group Non-Hodgkin's Lymp	2	1545 -	1546	SEER		
5070	Conv ICDO2-to-1 Topog Cd	4	1547 -	1550	SEER		
5080	Conv ICDO2-to-1 Topog Rev	1	1551 -	1551	SEER		
5090	Conv ICDO2-to-1 Morph Cd	6	1552 -	1557	SEER		
5100	Conv ICDO2-to-1 Morph Rev	1	1558 -	1558	SEER		
5110	Conv ICDO2-to-1 Morph Mul	1	1559 -	1559	SEER		
5120	Conv ICDO2-to-1 Morph Mat	1	1560 -	1560	SEER		
5130	Conv ICDO1-to-2 Topog Cd	4	1561 -	1564	SEER		
5140	Conv ICDO1-to-2 Topog Rev	1	1565 -	1565	SEER		
5150	Conv ICDO1-to-2 Morph Cd	6	1566 -	1571	SEER		
5160	Conv ICDO1-to-2 Morph Rev	1	1572 -	1572	SEER		
5170	Conv ICDO1-to-2 Morph Dif	1	1573 -	1573	SEER		
5180	Conv ICDO1-to-2 MDI 86-88	1	1574 -	1574	SEER		
5190	Conv ICDO1-to-2 Matr Term	1	1575 -	1575	SEER		
5200	Conv ICDO2-to-9 Topog Cd	4	1576 -	1579	SEER		
5210	Conv ICDO2-to-9 CM	5	1580 -	1584	SEER		
5220	Conv ICDO2-to-9 Matr Term	1	1585 -	1585	SEER		

NAACCR Research/Analysis Record Layout, Version 7

Item Number	Item Name	Length	Begin	End	Source of Std	Notes	Changed
	Group Recodes/Conversions (cont'd)						
5230	Conv ICDO2-to-9 Review CM	1	1586 -	1586	SEER		
5235	Conv ICDO2-to-9 Review 9	1	1587 -	1587	SEER		
5240	Conv ICDO2-to-9 Inval Sex	1	1588 -	1588	SEER		
5250	Conv ICDO2-to-9 Inval Sit	1	1589 -	1589	SEER		
5260	Conv ICDO2-to-9 Inval His	1	1590 -	1590	SEER		
5270	Conv 10-dig to Sum St Bk6	2	1591 -	1592	SEER		
5280	Conv 10-dig to Sum Stage	2	1593 -	1594	SEER		
5290	Conv 10-dig to Hi SEER St	2	1595 -	1596	SEER		
5300	Conv 10-dig EOD to AJCC T	2	1597 -	1598	SEER		
5310	Conv 10-dig EOD to AJCC N	2	1599 -	1600	SEER		
5320	Conv 10-dig EOD to AJCC M	2	1601 -	1602	SEER		
5330	Conv 10-dig EOD to AJC St	2	1603 -	1604	SEER		
5340	Conv 10-dig EOD to Mod AJ	2	1605 -	1606	SEER		
5350	Group Pediatric Cancers	3	1607 -	1609	IARC		
5360	Group Histol Within Site	8	1610 -	1617	SEER		
5370	Survival-Group Race	2	1618 -	1619	SEER		
5380	Survival-Recoded Date Dx	6	1620 -	1625	SEER		
5390	Survival-DateDX-DateFU Er	1	1626 -	1626	SEER		
5400	Survival-Date DX Error	1	1627 -	1627	SEER		
5410	Survival-Recoded Date FU	4	1628 -	1633	SEER		
5420	Survival-Date FU Error	1	1634 -	1634	SEER		
5430	Survival-Recoded Vital St	1	1635 -	1635	SEER		
5440	Survival-Restore Life Flg	1	1636 -	1636	SEER		
5450	Survival-Vital Stat Error	1	1637 -	1637	SEER		
5460	Survival Time-YYMM	4	1638 -	1641	SEER		
5470	Survival Time Error	1	1642 -	1642	SEER		
5480	Survival-Grouped COD	1	1643 -	1643	SEER		
5490	Survival-COD Error	1	1644 -	1644	SEER		
5500	Reserved for Expansion	150	1645 -	1794			

Note: For columns 1-1525, this layout is identical to the NAACCR Case Record Layout, Record Type I,