North American Association of Central Cancer Registries, Inc. (NAACCR)

2013 Implementation Guidelines and Recommendations

(For NAACCR Standards Volume II, Data Standards and Data Dictionary, Version 13, effective with cases diagnosed on or after January 1, 2013)

August 2012

Table of Contents

2013 Implementation Guidelines Workgroup

Lori A. Havener, CTR
NAACCR
Telephone: (217) 698-0800
Email: lhavener@naaccr.org

Hollie Anderson
Statistics Canada
Telephone: (613) 951-0757
Email: hollie.anderson@statcan.gc.ca

Missy Jamison, MPH
National Cancer Institute
Telephone: (301) 402-5830
Email: missy.jamison@mail.nih.gov

Amy Kahn, MS, CTR
New York State Cancer Registry
Telephone: (518) 474-2255
Email: ark02@health.state.ny.us

Jerri Linn Phillips, MA, CTR
American College of Surgeons
Commission on Cancer
Telephone: (312) 202-5514
Email: jphillips@facs.org

Winny Roshala
Cancer Registry of Greater California
Telephone: (916) 779-0313
Email: wroshala@crgc-cancer.org

Andrew Stewart, MA
American College of Surgeons
Commission on Cancer
Telephone: (312) 202-5285
Email: astewart@facs.org

Heather Stuart-Panko, MS
Saskatchewan Cancer Agency
Telephone: (306) 359-5883
Email: heather.stuart-panko@saskcancer.ca

Kathleen Thoburn
Centers for Disease Control and Prevention
Contractor
Telephone (518) 966-5143
Email: kthoburn@cdc.gov

Castine Verrill, MS, CTR
Centers for Disease Control and Prevention
Telephone: (770) 488-3095
Email: hhe2@cdc.gov

1 INTRODUCTION

The North American Association of Central Cancer Registries, Inc. (NAACCR), has been working with the American College of Surgeons' (ACoS) Commission on Cancer (CoC), National Cancer Institute's (NCI) Surveillance Epidemiology and End Results (SEER) Program, Centers for Disease Control and Prevention's (CDC) National Program of Cancer Registries (NPCR), Canadian Council of Cancer Registries (CCCR), central cancer registries, and cancer registry software vendors to develop an implementation plan for *NAACCR Standards for Cancer Registries Volume II, Data Standards and Data Dictionary Version 13* (Standards Volume II, Version 13). The 2013 data standards have been developed in response to requested revisions from a broad set of constituents. Data transmission standards should be consistently maintained among all hospital and central cancer registries and should be implemented in a planned and timely manner. The introduction of a new record layout and addition of and change to the set of standards have potential consequences, and implementation must be evaluated by each program, central cancer registry, software vendor, and reporting facility during the planning process. Delays in implementation may result in inconsistent data collection.

Note: The CCCR have opted to hold standards in place for three years and will continue to follow the Standards Volume II, Version 12 (Section 7.4).

The 2013 Major Changes (Section 2) include the release of a Web-based version of the Hematopoietic & Lymphoid Database and an updated version of the SEER*Rx drug database. There are no plans for 2013 changes to the Collaborative Stage Data Collection System (CS) or the Multiple Primary and Histology Coding Rules.

There are 21 new data items in Standards Volume II, Version 13 (Section 3). New data items use columns from the Reserved fields; therefore, the NAACCR Record Layout was not expanded.

Several data items changed in Standards Volume II, Version 13 (Section 4). Many of the revisions were changes in name only, so that closely related data items would be adjacent in alphabetical listings. Unusual Follow-Up Method [1850] was expanded to two characters and is now located in columns 2290-2291. Over-Ride CS 20 [3769] is designated as a flag to identify cases directly coded using SEER Summary Stage 2000 [759] and supports CDC guidance for collection of SEER Summary Stage 2000. RX Hosp--Scope Reg LN Sur [672] and RX Summ--Scope Reg LN Sur [1292] coding instructions changed.

One data item, First Course Calc Method [1500], was retired from the transmission record layout effective with Standards Volume II, Version 13 (Section 5).

2 MAJOR CHANGES

2.1 Collaborative Stage Data Collection System Changes

There are no plans to change the CS in 2013. The current version, CSv0204, will continue to be used until the next release (CSv0205) that will be effective in January 2014. Issues with the current version should be submitted to the CAnswer Forum Web site (http://cancerbulletin.facs.org/forums/). The CS Governance Committee will continue to meet to consider issues and make decisions about the future of CS.

2.2 Hematopoietic and Lymphoid Neoplasm Rules

In April 2012, the SEER program released a Web-based version of the Hematopoietic & Lymphoid Database (Heme DB) to supplement the stand-alone software version. Both the Web version and the stand-alone version provide 2012 and 2010-2011 data collection rules for hematopoietic and lymphoid neoplasms. Current information can be found online at http://seer.cancer.gov/tools/heme/.

If it is available, the Web-based version (http://seer.cancer.gov/seertools/hemelymph/) is the preferred method to access the database for the reasons listed below.

- Automatic updates: users do not have to install anything to access the latest revisions.
- Access is allowed from any computer or device with an Internet connection.
- Works better for users who do not have permission to install software on their work computers.

The stand-alone version of the database (http://seer.cancer.gov/tools/heme/download.html) can be downloaded and has limitations compared to the web version:

- Coding information may become outdated and the SEER Web site must be checked for updates.
- Support may be discontinued in the future.
- However, the stand-alone version has one important advantage over the web-based version – it may be used by abstractors who do not have Internet access when coding cases.

2.3 Multiple Primary and Histology Coding Rules

There are no planned changes to these rules for 2013. The earliest that changes may be considered would be for cases diagnosed in 2015.

2.4 SEER*RX – Interactive Drug Database

In May 2012, the SEER program released an updated version of the stand-alone SEER*Rx drug database and at the same time released a Web-based version of SEER*Rx to supplement the stand-alone software. Current information can found on the SEER Web site (http://seer.cancer.gov/tools/seerrx/).

If it is available, the Web-based version (http://seer.cancer.gov/seertools/seerrx/) is the preferred method to access the database for the reasons listed below.

- Preferred method to access SEER*RX.
- Automatic updates: users do not have to install anything to access the latest revisions.
- Access is allowed from any computer or device with an Internet connection.
- Works better for users who do not have permission to install software on their work computers.

The stand-alone version of the software (https://seer.cancer.gov/tools/seerrx/download) can be downloaded and has limitations compared to the web:

- Coding information may become out-of-date and the SEER Web site must be checked for updates.
- Support may be discontinued in the future.
- However, the stand-alone version has one important advantage over the web-based version – it may be used by abstractors who do not have Internet access when coding cases.

3 NEW DATA ITEMS

There are 21 new data items in Standards Volume II, Version 13 (effective January 1, 2013).

3.1 Country and State Data Items

Seven new data items were added as part of an initiative to standardize country and state data items.

Standards Volume II, Version 13 New Country and State Data Items			
Data Item Name	**Item #**	**Column**	**Source of Standard**
Addr at DX--Country	102	436-438	NAACCR
Addr Current--Country	1832	439-441	NAACCR
Birthplace--Country	254	444-446	NAACCR
Birthplace--State	252	442-443	NAACCR
Followup Contact--Country	1847	447-449	NAACCR
Place of Death--Country	1944	452-454	NAACCR
Place of Death--State	1942	450-451	NAACCR

Prior to Version 13, there were two different sets of codes used for recording state and country-level geographic entities. The data items Birthplace [250] and Place of Death [1940] captured state, country, sub-continent, or continent in one set of codes, developed and maintained by SEER. The diagnostic, current, and contact address data items ([80], [1820], and [1844] respectively) captured state or province using postal abbreviations, but there was no way to record country for these addresses. The availability of country codes supported and maintained by the International Standards Organization (ISO) informed the decisions to: (1) expand each address series to include a data item for country; and (2) convert the current birthplace and place of death data items to include both a state or province data item (coded using the respective U.S. or Canadian Postal abbreviations) and an ISO country item, thereby making all of the NAACCR addresses coded consistently and interoperably. Crosswalks are available on the NAACCR Web site (http://www.naaccr.org/StandardsandRegistryOperations/VolumeII.aspx) for conversion of the Version 12 codes into the Version 13 codes. In addition, CDC will be releasing the conversion program, Northcon 13, in October 2012. Country of patient's residence at the time of diagnosis (and follow-up) is an important element of the patient's residential history profile and might be useful for understanding risk factors, assessment of patient prognosis, and chances for survival.

The Birthplace Country [254] and Birthplace State [252] data items replace Birthplace [250].

The Place of Death Country [1944] and Place of Death State [1942] data items replace the use of Place of Death [1940].

All national standard setters have agreed that all old codes for Birthplace and Place of Death should be converted to the new interoperable codes using the new data items.

3.2 Other Demographic Data Items

The new Census Ind Code 2010 and Census Occ Code 2010 data items are used to capture the most recent 4-digit codes for industry and occupation. The Census industry and occupation codes for 2010 are recommended for cases diagnosed on or after January 1, 2013, but may be used for earlier diagnosis years. Cases already coded with older codes do not have to be recoded to the 2010 codes. Coding of occupation and industry is a central cancer registry activity and should not be performed by reporting facilities. Reporting facilities would abstract text documentation for usual occupation and industry. The National Institute of Occupational Safety and Health (NIOSH) is developing a tool that will read and code text fields for occupation and industry and will also crosswalk between the various years of codes for occupation and industry. More information on the NIOSH tool can be found here: http://www.cdc.gov/niosh/topics/coding/.

The Census Tract Poverty Indicator program (http://www.naaccr.org/Research/DataAnalysisTools.aspx) assigns a code for neighborhood poverty level based on the census tract of diagnosis address. Cases diagnosed between 1995 and 2004 are assigned a code based on the 2000 U.S. Census, the last decennial census for which poverty level was collected. Cases diagnosed since 2005 are assigned a code based on the American Community Survey

(ACS). Cases for a given diagnosis year are initially coded using the most recent file available when the cancer data are first released, and the item is subsequently coded using the ACS file centered on the year of diagnosis. For example, cases diagnosed in 2012 will initially be coded using the 2008-2012 ACS file, and 2 years later using the 2010-2014 ACS file. Central registries may be expected to run this program on geocoded records in order to provide poverty indicator codes for their calls for data.

Standards Volume II, Version 13 New Census Data Items			
Data Item Name	**Item #**	**Column**	**Source of Standard**
Census Ind Code 2010	272	455-458	Census/NPCR
Census Occ Code 2010	282	459-462	Census/NPCR
Census Tr Poverty Indictr	145	463-463	NAACCR

3.3 NPCR Specific Data Item

This new field allows NPCR to retain data collected through the Comparative Effectiveness Research (CER) project and is a place holder when additional site-specific information is needed. Data item requirements and specifications will be communicated with funded state registries when it is necessary to use these columns for data collection.

Standards Volume II, Version 13 New NPCR Specific Data Item			
Data Item Name	**Item #**	**Column**	**Source of Standard**
NPCR Specific Field	3720	1306-1380	NPCR

3.4 Secondary Diagnosis 1-10 Data Items

The current Comorbidity and Complication data items are based on *International Classification of Diseases, Ninth Revision, Clinical Modification* (ICD-9-CM) codes and only allow 5 characters; with the implementation of ICD-10-CM, the NAACCR transmission record needs to be able to carry these new codes that can be up to 7 characters in length and have a different structure.

- The new ICD-10-CM Secondary Diagnosis 1-10 data items will be used when the respective facility replaces its ICD-9-CM coding with ICD-10-CM. Until that time, please continue to code that information in the ICD-9-CM Comorbidity and Complications 1-10 items. No conversion from ICD-9-CM to ICD-10-CM is envisioned.
- Unlike the former Comorbidities and Complications 1-10 items, Secondary Diagnosis 1-10 items are not to be 0-padded on the right but will retain any blank characters beyond the official code. Both item series are entered left-justified.
- If ICD-9-CM was initially used in the patient record for a case, then the ICD-10-CM was subsequently used, code the relevant ICD-9-CM codes in Comorbidities and Complications and the relevant ICD-10-CM codes in Secondary Diagnoses. Code ICD Revision Comorbid 9 (ICD-9-CM). Do not attempt to convert between versions.
- Although the new Secondary Diagnosis 1-10 items were not in the transmission layout prior to 2013, if ICD-10-CM is used for cases diagnosed prior to 2013 but abstracted after conversion to NAACCR record layout Version 13, please use the new Secondary Diagnosis 1-10 items.
- Do not use the old Comorbidities and Complications 1-10 items for any ICD-10-CM entries for cases diagnosed on or after January 1, 2013. They must be entered in the new items, subject to the coding standards for those items.

Standards Volume II, Version 13 New Secondary Diagnosis Data Items			
Data Item Name	**Item #**	**Column**	**Source of Standard**
Secondary Diagnosis 1	3780	1236-1242	CoC
Secondary Diagnosis 2	3782	1243-1249	CoC
Secondary Diagnosis 3	3784	1250-1256	CoC
Secondary Diagnosis 4	3786	1257-1263	CoC
Secondary Diagnosis 5	3788	1264-1270	CoC
Secondary Diagnosis 6	3790	1271-1277	CoC
Secondary Diagnosis 7	3792	1278-1284	CoC
Secondary Diagnosis 8	3794	1285-1291	CoC
Secondary Diagnosis 9	3796	1292-1298	CoC
Secondary Diagnosis 10	3798	1299-1305	CoC

4 CHANGED DATA ITEMS

Several data items changed in Standards Volume II, Version 13. Many of the revisions were changes in name only, so that closely-related data items would be adjacent in alphabetical listings.

4.1 Name Changes

Standards Volume II, Version 13 Data Item Name Changes		
Item #	**New Item Name**	**Item Name Prior to Version 13**
270	Census Occ Code 1970-2000	Occupation Code--Census
280	Census Ind Code 1970-2000	Industry Code--Census
330	Census Occ/Ind Sys 70-00	Occup/Ind Coding System
368	Census Block Grp 1970-90	CensusBlockGroup 70/80/90
445	Date of Mult Tumors	Date of Multiple Tumors
443	Date Conclusive DX	Date of Conclusive DX
590	Date of Inpt Adm	Date of Inpatient Adm
600	Date of Inpt Disch	Date of Inpatient Disch
1200	RX Date Surgery	RX Date--Surgery
1201	RX Date Surgery Flag	RX Date--Surgery Flag
1210	RX Date Radiation	RX Date--Radiation
1211	RX Date Radiation Flag	RX Date--Radiation Flag
1220	RX Date Chemo	RX Date--Chemo
1221	RX Date Chemo Flag	RX Date--Chemo Flag
1230	RX Date Hormone	RX Date--Hormone
1231	RX Date Hormone Flag	RX Date--Hormone Flag
1240	RX Date BRM	RX Date--BRM
1241	RX Date BRM Flag	RX Date--BRM Flag
1250	RX Date Other	RX Date--Other
1251	RX Date Other Flag	RX Date--Other Flag
1260	Date Initial RX SEER	Date of Initial RX--SEER
1261	Date Initial RX SEER Flag	Date of Initial RX Flag
1270	Date 1st Crs RX CoC	Date of 1st Crs RX--Coc
1271	Date 1st Crs RX CoC Flag	Date of 1st Crs RX Flag
1280	RX Date DX/Stg Proc	RX Date--DX/Stg Proc
1281	RX Date DX/Stg Proc Flag	RX Date--DX/Stg Proc Flag

Standards Volume II, Version 13 Data Item Name Changes (continued)		
Item #	**New Item Name**	**Item Name Prior to Version 13**
3170	RX Date Mst Defn Srg	RX Date--Most Defin Surg
3180	RX Date Surg Disch	RX Date--Surgical Disch
3220	RX Date Rad Ended	RX Date--Radiation Ended
3230	RX Date Systemic	RX Date--Systemic

4.2 Other Changes

The field of Unusual Follow-Up Method [1850] was historically a one-character code with valid values of 0-9, located at position 2195-2195 in the NAACCR Record Layout Version 12.2 and earlier. Note that valid values for this field are user-defined numeric codes used to flag cases that need unusual follow-up methods. For Standards Volume II, Version 13 the length of this field was expanded to two characters and it is now located in columns 2290-2291. The expansion of this field was requested to accommodate the use of this field in the CDC Registry Plus software to flag cases for non-release to researchers. Historically, one character was enough to accommodate all non-release situations coded by the software; however, additional non-release criteria have recently been identified, necessitating expansion of the field. The additional codes will allow the identification of cases received from the Department of Defense (DoD) that cannot be re-released and will also include combinations of non-release flags for consolidated records.

Over-Ride CS 20 [3769] is designated as a flag to identify cases directly coded using SEER Summary Stage 2000 [759] and supports CDC guidance for collection of SEER Summary Stage 2000. For diagnosis years 2012 and later, CDC permits the use of SEER Summary Stage 2000 in those cases for which collection of Collaborative Stage Version 2 data items is not feasible due to a lack of data or staffing and time constraints at the local or central cancer registry. Over-ride CS 20 value of "1" is set by the user to identify cases where SEER Summary Stage 2000 is directly coded and reported in lieu of Derived SS2000; Over-ride CS 20 is left blank for all other cases. When facilities report directly coded SEER Summary Stage 2000, they must continue to report the following data items:

- CS Tumor Size
- CS Site-Specific Factor 25 (Schema Discriminator)
- CS Site-Specific Factors that do not impact derivation of SEER Summary Stage 2000, but are of prognostic importance:
  - Brain, CNS and Intracranial Gland: SSF1
  - Breast: SSF1, SSF2, SSF8 – SSF16
- Regional Nodes Examined
- Regional Nodes Positive
- CS Version Input Original
- CS Version Input Current

RX Hosp-Scope Reg LN Sur [672] and RX Summ-Scope Reg LN Sur [1292] coding instructions changed. Problems with the coding directives for Scope Regional Lymph Node Surgery were identified in April 2011. New coding instructions and clarifications for implementation of cases diagnosed January 1, 2012, and later are included in the document at the following link: http://www.facs.org/cancer/ncdb/scope-regional-lymph-node-surgery.pdf

For SEER Coding Sys—Current [2120] and SEER Coding Sys—Original [2130], a new code (D) was added for the 2013 SEER Coding Manual.

5 RETIRED DATA ITEM

One data item, First Course Calc Method [1500], was retired from the transmission record layout effective with Standards Volume II, Version 13. After January 1, 2013, this item can no longer be transmitted unless adopted by central registries, in which case the item should be relocated to the state requestors section of the data exchange record layout (columns 2340 – 3339).

6 EDITS

The Standards Volume II, Version 13 metafile includes new edits for the new and modified data items as specified in Standards Volume II, Version 13. The edits and edit sets are consistent with the reporting requirements as specified in this document by CoC, NPCR, SEER, and CCCR.

The new metafile can be downloaded from the NAACCR Web site: http://www.naaccr.org/StandardsandRegistryOperations/VolumeIV.aspx. As additional changes are made to the metafile, NAACCR Listserv messages will be sent out to the cancer registry community.

7 STANDARD SETTERS REPORTING REQUIREMENTS FOR 2013

Refer to Appendix A for the Required Status Table for specific information regarding standard-setter data reporting requirements. Where necessary, refer to individual program or central cancer registry requirements for additional information.

7.1 CoC Reporting Requirements for 2013

The Commission on Cancer will require its accredited programs to use *Facility Oncology Registry Data Standards* (FORDS): Revised for 2013, Version 02.04 of the *Collaborative Stage Data Collection System*, the 7th Edition of the *AJCC Cancer Staging Manual*, the most current multiple primary and histology rules, the Hematopoietic rules, and the SEER*RX systemic therapy application for all cases diagnosed on or after January 1, 2013. FORDS: Revised for 2013 will identify all required items.

Specific changes beginning in 2013 are limited.

- The following new Country data items will be required: Addr at DX--Country, Addr Current--Country, Birthplace--Country, and Birthplace--State (replacing Place of Birth). Software upgrades for 2013 should automatically convert the state and country information in the historic fields to the new items.
- The new ICD-10-CM Secondary Diagnosis 1-10 data items will be required when the respective facility replaces its ICD-9-CM coding with ICD-10-CM. Until that time, please continue to code that information in the ICD-9-Comorbidity and Complications 1-10 items. No conversion from ICD-9-CM to ICD-10-CM is envisioned.

7.1.1 Timing of Conversions

Standards Volume II, Version 13 will be implemented for data transmission beginning January 1, 2013, which coincides with the annual National Cancer Database (NCDB) Call for Data submission period. Submissions to NCDB and the Rapid Quality Reporting System (RQRS) during 2013 may be made in either NAACCR record layout Version 12.2 or 13.

Cases diagnosed in 2013 must be coded using the items as revised or implemented in the revised version. In 2013 that means that, if the hospital has implemented ICD-10-CM prior to the registry upgrade for 2013, it will be necessary for the registry to enter Secondary Diagnoses 1-10 for cases

that have ICD-10-CM codes in the patient record. Straggler cases, diagnosed prior to 2013, may be coded using the new layout.

FORDS: Revised for 2013 will be posted to the CoC Web site in the fall of 2012. The CoC does not require any items not identified in FORDS: Revised for 2013 to be abstracted for cases diagnosed on or after January 1, 2013. Programs are advised that some data items used in the past and still in their registry databases for historic reasons do not need to be completed for cases diagnosed on or after January 1, 2013, unless the program's cancer committee or central registry requires them, or they are necessary for correct operation of the registry software.

7.1.2 Education

The CoC Flash will announce training available through CoC, American Joint Commission on Cancer (AJCC), SEER, National Cancer Registrars Association (NCRA), and NAACCR on new and revised items and coding instructions for CS, multiple primaries, hematopoietic diseases, and AJCC staging. Programs should watch for announcements about these and other training programs as they become available.

7.2 CDC-NPCR Reporting Requirements for 2013

Beginning with cases diagnosed on or after January 1, 2013, CDC-NPCR will adopt the new record layout and data collection requirements as published in the Standards Volume II, Version 13 and associated Required Status Table in Chapter VIII (Appendix A of this document). This includes the new 2012 Hematopoietic and Lymphoid Neoplasm rules. CDC-NPCR requirements include implementing the 2010 occupation and industry data items, interoperable data items for place of birth and death, and 2010 census tract data items in a manner consistent with the 2013 Implementation Guidelines and Recommendations and the 2013 Required Status Table. Specific changes include the following:

- Newly Required: Place of Death-- State [1942]
- Newly Required When Available: Place of Death--Country [1944], Birthplace--State [252], Birthplace--Country [254], Census Ind Code 2010 [272], and Census Occ Code 2010 [282]
- Changed from Required When Available to Required: Census Tract 2010 [135] and Census Tr Certainty 2010 [367]
- Changed to Required Historically: Place of Death [1940] and Birthplace [250]

With the exception of those cases where directly coded SEER Summary Stage 2000 is used, CDC-NPCR continues to require the use of the Collaborative Stage Data Collection System (CSv0204). CDC-NPCR requires the collection of CSv2 data items needed to derive SEER Summary Stage 2000, SSFs for Breast (SSF1, SSF2, SSF8 - SSF16), Brain/CNS/Intracranial (SSF1), and SSF 25 for applicable sites (schema discriminators). CDC-NPCR requires, as available, the collection of CSv2 data items needed to derive AJCC-7 TNM Stage. CDC-NPCR has provided funded central registries with more specific guidance on the collection of SSFs.

Use of the Standards Volume II, Version 13 Record Layout will be required for the 2014 NPCR Cancer Surveillance System (NPCR-CSS) submission in November 2013/January 2014.

7.2.1 CDC-NPCR Recommendations for Education and Training

CDC-NPCR requires that central cancer registries have a designated education/training coordinator (ETC) who is a Certified Tumor Registrar (CTR). The ETC is responsible for providing training to the central registry staff and reporting sources to ensure high-quality data.

CDC-NPCR hosts an annual ETC Training/Workshop. CDC-NPCR ETC's are required to attend this annual training. Topics include changes for CoC, AJCC, and SEER; ways to maintain high quality data; labor saving ideas; and innovations for training.
Central registry ETCs are expected to deliver appropriate and timely central registry and reporting facility training for their cancer reporters.

7.3 NCI-SEER Reporting Requirements for 2013

Beginning with cases diagnosed on or after January 1, 2013, SEER will adopt the new record layout and data collection requirements as published in the Standards Volume II, Version 13 and associated Required Status Table in Chapter VIII (Appendix A of this document). Changes for Version 13 include:

- The new country and state data items listed in Section 3.1 are required except for Followup Contact--Country [1847]. Conversion recommendations are in Section 9.2. As part of phasing out the existing Birthplace [250], its requirement status was changed to historically collected and currently transmitted (RH).
- The new Census Codes for 2010 including Block Group [363], Census Tract Certainty [367], and Census Tract [135] are required and the 2000 codes are R*, required if available.
- The Census Tr Poverty Indictr [145] is listed as D (derived) and required for transmission.
- Site-Specific Factors 1-6 for Collaborative Stage [2880, 2890, 2900, 2910, 2920, and 2930] were changed to RS to be consistent with other standard setters.
- The Collaborative Stage Over-ride Flags 1-20 were changed to R (required) reflecting the belief that CS edits will be put in place in 2013 that will use these flags.
- The follow-up address fields are no longer required since linkage has replaced personal contact as a follow-up mechanism. The fields are Follow-up Contact--City [1842], Follow-up Contact--Country [1847], Follow-up Contact--Name [2394], Follow-up Contact--No and Street [2392], Follow-up Contact--Postal Code [1846], Follow-up Contact--State [1844], and Follow-up Contact--Supplemental [2393].
- The following multiple primary fields and ambiguous terminology fields are no longer required: Mult Tumors Reported as one Primary [444], Multiplicity Counter [446], Date of Multiple Tumors [445], Date of Multiple Tumors Flag [439], Date of Conclusive DX [443], Date of Conclusive DX Flag [448], and Ambiguous Terminology [442].
- In collaboration with the NAACCR Survival Analysis Workgroup, SEER will be using the State/Requestor area to collect two new required fields: months of survival and a survival flag. This new algorithm will use day information in addition to month and year of diagnosis and follow-up to calculate survival time and will be available in a variety of formats including through SEER*DMS and an SAS program.

SEER has no changes to the CS data collection for 2013 and continues to require the use of the Collaborative Stage Data Collection System (CSv0204) as specified on the SEER Web site (http://seer.cancer.gov/tools/collabstaging/).

7.4 CCCR Reporting Requirements for 2011 to 2013

Beginning with cases diagnosed on or after January 1, 2011, the Canadian Council of Central Cancer Registries (CCCR) will implement the data collection, and submission requirements as published in the Standards Volume II, Version 12, Chapter VIII, Required Status Table - CCCR column as updated in this document. The CCCR have opted to hold standards in place for three years and will continue to follow the Standards in Volume II, Version 12. Cases will be submitted to the Canadian Cancer Registry during Statistics Canada's Canadian Cancer Registry Annual Call for Data referencing the Canadian Cancer Registry Input Record lay-out of the Canadian Cancer Registry System Guide for a more comprehensive listing.

8 SUMMARY FOR CENTRAL CANCER REGISTRIES

With the exception of cases collected in Canada (see Section 7.4 for CCCR reporting requirements), registry cases diagnosed on or after January 1, 2013, must be transmitted in accordance with the standards and definitions of the Standards Volume II, Version 13. Central cancer registries that have not implemented the Standards Volume II, Version 13 record layout by the time reporting facilities are ready to submit data in Standards Volume II, Version 13 should develop a plan to store incoming Standards Volume II, Version 13 files. Central cancer registries should specify a date by which they will be able to accept records in the Standards Volume II, Version 13 layout, and a date after which they will no longer accept earlier record versions. Large backlogs of records should be avoided, both at the level of the reporting facility (records abstracted, but not submitted at the request of the central cancer registry) as well as at the level of the central cancer registry (records received and put into a suspense file to be processed later).

Central registries should consider distributing information on how to access the updated Hematopoietic and Lymphoid Neoplasm Rules and the Hematopoietic DB to all reporting facilities. This information should clearly state that all changes to the manuals are effective as of January 1, 2013, and should be implemented as soon as possible thereafter.

8.1 Record Length and Record Layout

The length of the data exchange record has not changed. The new data items have been mapped to reserved columns. The only change to existing data items is that the item, Unusual Follow-Up Method [1850] has been expanded to 2 characters and is now in columns 2290-2291.

8.2 Hematopoietic and Lymphoid Neoplasm Rules

In April 2012, the SEER program released a Web-based version of the Hematopoietic & Lymphoid Database (Heme DB) to supplement the standalone software version. Both the Web version and the standalone version provide 2012 and 2010 data collection rules for hematopoietic and lymphoid neoplasms. Current information can be found at SEER Hematopoietic Project.

Beginning with cases diagnosed in 2010, the 2008 *WHO Classification of Tumours of Haematopoietic and Lymphoid Tissues* became the standard reference for classifying these neoplasms. The SEER 2012 Heme DB and *2012 Hematopoietic Coding Manual* are the definitive sources for coding hematopoietic and lymphoid neoplasms diagnosed in 2012 and later.

All cases are to be handled per the multiple primary rules that were/are in effect as of the date of diagnosis. Thus, hematopoietic and lymphoid neoplasms diagnosed prior to 2001 will be grouped according to the pre-2001 set of multiple primary rules; those diagnosed in 2001 through 2009 will be grouped according to the February 2001 "Single Versus Subsequent Primaries of Lymphatic and Hematopoietic Diseases" table, and those that are diagnosed in 2010 and 2011 should be grouped according to the rules embedded in the 2010 Hematopoietic DB and cases diagnosed in 2012 and later should be grouped according to the rules embedded in the 2012 Hematopoietic DB. It is anticipated that the Hematopoietic DB will make decisions easier regarding same vs. different primary, and the best code to use. Central cancer registries with computerized case consolidation systems will need to consider how to incorporate the multiple primary rules into their system.

Epidemiologists who use the data will need to be aware that case counts, time trends, and survival data will be affected, primarily because of the change in whether or not the transformation of a chronic disease to a more aggressive one is classified as a new primary. Retrospective comparisons can be made by applying the 2001-2009 leukemia-lymphoma multiple primary rules to the 2010-2011 or 2012 and later diagnoses.

8.3 New Data Items

Central cancer registries should carefully review the new data items in Standards Volume II, Version 13 and identify those data items that will be collected and/or stored in their registry, paying particular attention to those data items required by the various standard-setting organizations, and whether or not the central registry wishes to derive just SEER Summary Stage 2000 or AJCC Tumor, Node, Metastasis (TNM) and stage group as well.

Central cancer registries with in-house data management systems will need to review, specify, and modify every piece of software that handles data records to ensure that the new data items are processed and consolidated properly.

8.3.1 New Country and State Data Items

Seven new data items were added as part of an initiative to standardize country and state data items. Effective with Standards Volume II, Version 13, addresses will have country components as well as state/province components. The country codes will be the 3-digit alpha codes maintained by the International Standards Organization (ISO). Crosswalks are available on the NAACCR Web site for converting the BPLACE codes, formerly used to code place of birthplace and place of death, to the new state/province and country codes and for automatically generating ISO country codes based on the state/province codes for diagnosis address and current address, as well as included in the CDC conversion program, Northcon 13, to be released in October 2012. In order to minimize extra work, we suggest that country codes only be entered for addresses outside of Canada for the Canadian central registries and for addresses outside of the United States for U.S. central registries. We encourage automated coding of geographic items wherever possible, consistent with maintaining accuracy.

Standards Volume II, Version 13
New Country and State Data Items

Data Item Name	Item #	Column	Source of Standard
Addr at DX--Country	102	436-438	NAACCR
Addr Current--Country	1832	439-441	NAACCR
Birthplace--Country	254	444-446	NAACCR
Birthplace--State	252	442-443	NAACCR
Followup Contact--Country	1847	447-449	NAACCR
Place of Death--Country	1944	452-454	NAACCR
Place of Death--State	1942	450-451	NAACCR

8.3.2 Census Data Items

The new Census Ind Code 2010 and Census Occ Code 2010 data items used to capture the most recent 4-digit codes for industry and occupation. The Census industry and occupation codes for 2010 are recommended for cases diagnosed on or after January 1, 2013, but may be used for earlier diagnosis years. Cases already coded with older codes do not have to be recoded to the 2010 codes. Coding of occupation and industry is a central cancer registry activity and should not be performed by reporting facilities. Reporting facilities would abstract text documentation for usual occupation and industry. NIOSH is developing a tool that will read and code text fields for occupation and industry and will also crosswalk between the various years of codes for occupation and industry. More information on the NIOSH tool can be found at: http://www.cdc.gov/niosh/topics/coding/. Information about the coding process will be shared with the central registries when the programs become available.

With increasing interest in identifying possible associations between occupational exposures and cancer incidence, accurate text documentation of usual industry and occupation has become more

important. Central cancer registries are encouraged to provide additional guidance to their reporting facilities to improve the reporting of this information. NIOSH has created a resource to assist reporting facilities in collecting the usual occupation and industry: http://www.cdc.gov/niosh/docs/2011-173/.

The Census Tract Poverty Indicator program (http://www.naaccr.org/Research/DataAnalysisTools.aspx) assigns a code for neighborhood poverty level based on the census tract of diagnosis address. Central registries may be expected to run this program on geocoded records in order to provide poverty indicator codes for their calls for data.

Standards Volume II, Version 13 New Census Data Items			
Data Item Name	**Item #**	**Column**	**Source of Standard**
Census Ind Code 2010	272	455-458	Census/NPCR
Census Occ Code 2010	282	459-462	Census/NPCR
Census Tr Poverty Indictr	145	463-463	NAACCR

8.3.3 NPCR Specific Data Item

This field allows NPCR to retain data collected through the CER project and is a place holder when additional site-specific information is needed. Central registries that are part of the NPCR's CER program must accommodate this field in their transmission files and databases, as appropriate, based on instructions from NPCR.

Standards Volume II, Version 13 New NPCR Specific Data Items			
Data Item Name	**Item #**	**Column**	**Source of Standard**
NPCR Specific Field	3720	1306-1380	NPCR

8.3.4 Secondary Diagnosis Data Items [3780, 3782, 3784, 3786, 3788, 3790, 3792, 3794, 3796, 3798]

These data items were added so that hospital registrars could record non-index diagnoses using ICD-10-CM codes once U.S. hospitals implement their use. ICD-10-CM codes are both more precise in their clinical description and structurally different in layout. In addition, as no conversion between ICD-9-CM and ICD-10-CM is anticipated, it was determined that it was necessary to establish distinct items to accommodate ICD-10-CM-specific items. Central cancer registries must accommodate these new data items, each of which is seven columns, in their databases. Availability of information regarding these other conditions can inform analysis of both treatment and survival. See Section 3.4 for more information about these items.

8.4 Changed Data Items

Multiple data items have revisions to their name and one data item has a change in length. There are also revisions to the data dictionary description, the data dictionary rationale, or the data descriptor note for these revised data items. Central cancer registries should review all revisions (see Standards Volume II, Version 13 and Sections 4 and 5 of this document) to update individual reporting manuals and documentation. Standards Volume II, Appendix F summarizes the changes effective with Standards Volume II, Version 13.

In addition, central cancer registries with in-house data management systems will need to carry out the prescribed data conversions for items with changed codes and/or changed lengths as described in Section 4 of this document. This includes the need to review, specify, and modify every piece of software that handles data records to ensure that the revised data items are processed and consolidated properly.

8.5 Collaborative Staging

CS v0204 is the standard for Standards Volume II, Version 13. It is necessary in order to derive AJCC TNM and stage group according to the 7th Edition of that manual.
The central cancer registry's decision about which CS items it will collect is dependent on the requirements of the applicable standard setter, and whether the central cancer registry's goal is to derive just SEER Summary Stage 2000, or AJCC TNM and stage group as well. The CS .dll (the program that reads the abstracted CS data items and produces the derived variables) is available from http://www.cancerstaging.org/cstage/software/index.html, and all cases in the registry with a diagnosis date in or after 2004 should have the first 4 digits of the data item CS Version Derived [2936] equal 0204, indicating that they have been processed with the most current .dll.

Once the new .dll is deployed in the central cancer registry's data processing, all records (diagnosed 2004+) will be processed under CS v0204, regardless of diagnosis date. This is acceptable because CS v0204 derives both AJCC 6th and AJCC 7th Edition stage variables. Cases diagnosed in 2010 and later will receive two sets of derived values, while cases diagnosed in 2004-2009 will only have AJCC 6th Edition derived codes.

Another change in Standards Volume II, Version 13 is the use of Over-Ride CS 20 [3769] to indicate when stage is reported in the SEER Summary Stage 2000 [759], rather than being derived from CS. CDC is permitting central cancer registries to submit directly coded SEER Summary Stage 2000 rather than the CS-derived stage under certain circumstances for cancers diagnoses in 2012 and later (see Section 4.2). Central registries that use this option must modify their transmission files and databases accordingly. When facilities report directly coded SEER Summary Stage 2000, they must continue to report the following data items:

- CS Tumor Size
- CS Site-Specific Factor 25 (Schema Discriminator)
- CS Site-Specific Factors that do not impact derivation of SEER Summary Stage 2000, but are of prognostic importance:
  - Brain, CNS and Intracranial Gland: SSF1
  - Breast: SSF1, SSF2, SSF8 - SSF16
- Regional Nodes Examined
- Regional Nodes Positive
- CS Version Input Original
- CS Version Input Current

8.6 Coding System Data Items

Codes to indicate the coding systems effective with 2013 diagnoses are necessary for each of the coding system data items. For SEER Coding Sys—Current [2120] and SEER Coding Sys—Original [2130], a new code (D) was added for the 2013 SEER Coding Manual.

8.7 Retired Items and Central Registry-Specific Items

The only data item that was retired effective with Standards Volume II, Version 13 is First Course Calc Method [1500]. The standard setters determined that this item is no longer meaningful, since SEER and CoC both use one year as the time from diagnosis to initiation of treatment or documentation of intended treatment to be considered first course, in the absence of tumor progression. Central cancer registries should clearly identify any non-standard or central registry-specific data items that they will be collecting, and should generate detailed abstracting instructions for each item. This information must be circulated to software vendors/developers and reporting facilities.

Central cancer registries must not reuse column spaces of retired items for state-specific items nor should they continue to collect retired items in their previous column spaces.

8.8 Central Registry Edits

The central cancer registry should review the EDITS metafile for Standards Volume II, Version 13 (a draft version is scheduled to be available online by the end of October 2012 at www.naaccr.org), to determine the edits that it will implement.

Central cancer registries should note that edits in the metafile may need to be revised to accommodate central registry-specific reporting requirements, and that special edits may need to be developed for central registry-specific data items. Implementation, testing, and distribution of central registry-specific EDITS metafiles to reporting facilities and vendors should be considered as central cancer registries develop their Standards Volume II, Version 13 implementation plans. Central cancer registries that generate and distribute their own metafiles should have a plan to keep them updated.

The central cancer registry should evaluate the time required to correct errors in previous years' data that appear after retrospectively applying new edits when there are no guidelines that limit the diagnosis years to which the new edit(s) should be applied. Taking into account the relative importance of the affected data items and the amount of time required to edit the records, central registries should prioritize and fix these retrospective errors.

8.9 Software Implementation Plan

Central cancer registries that receive submissions from facilities that use commercial software to generate their files should pay close attention to the release dates of these products and coordinate their own Standards Volume II, Version 13 implementation plan accordingly. To ensure transmission in the appropriate record layout version, every data submission should be reviewed before being merged into the central cancer registry's database. Various methods can be used to test a data submission for compliance with standards, including the application of an EDITS metafile; line review in NoteTab (http://www.notetab.com), UltraEdit (http://www.idmcomp.com), or Text Pad (http://www.textpad.com); and creating a test environment into which submissions can be loaded and viewed as they would appear in the active database, or combinations of the above.

A reporting facility's first transmission in Standards Volume II, Version 13 should be tested as thoroughly as possible for layout and code problems before further Standards Volume II, Version 13 records are accepted from that facility. Some registries may find it useful to require a "test batch" from each software vendor or facility.

8.10 Communication With Reporting Facilities and Software Vendors

Central cancer registries will need to distribute their implementation plan and timeline to reporting facilities and software vendors as soon as possible. The plan should include a new reportability list and an updated list of required data items, including explicit instructions for state specific items. Changes to the implementation plan or the timeline should be forwarded immediately to all affected parties. Reporting facilities that are not CoC-accredited cancer programs may be less aware of upcoming changes and may need more transition time. Facilities that do not use a vendor for their reporting software will need extra attention.

Central registry clients should be aware that delays in the communication of this information to their software vendors may result in a delay in reporting of 2013 cases.

Until each state registry client is fully converted to Standards Volume II, Version 13, vendors will need to provide continued support for reporting and processing of records diagnosed 2012 and earlier in Standards Volume II, Version 12.2 record format.

8.11 Education and Training

Central cancer registry staff should attend education and training workshops provided by the standard setting organizations, and the central registry's trainer(s) should schedule workshops and/or training throughout the state or region to distribute the training information to reporting facilities' staff. In addition, any available on-line training should be publicized to all the reporting entities in the state.

9 SUMMARY FOR SOFTWARE DEVELOPERS AND VENDORS

The magnitude of changes being implemented with Standards Volume II, Version 13 is relatively small. All software vendors will be responsible for identifying required software changes, accommodating new and changed data items, providing access to supplementary coding resources, and performing data conversion where necessary. Vendors will also need to address testing and implementation issues, as well as technical support and training.

Instruction to development staff should address the following:

9.1 Identify Software Changes

Software specifications generated to adapt programs will be vendor-specific and will vary for hospital registry applications and central registry applications. Specifically, vendors will need to accommodate: conversion of Birthplace and Place of Death to new interoperable state and country codes; addition of other country address data items, other new demographic data items, and new secondary diagnosis data items; name changes to existing data items; retirement of the First Course Calc Method [1500] data item; expansion and relocation of the Unusual Follow-up Method data item [1850]; inclusion of Over-Ride CS 20 [3769] to accommodate reporting of manually coded SEER Summary Stage 2000 for cases diagnosed 2012 and later; and access to supplemental coding resources (SEER Hematopoietic Database and SEER*RX).

9.2 Conversion Consideration

As mentioned in Section 3.1, the data items of Birthplace [250] and Place of Death [1940] have each been replaced by two new data items, Birthplace State [252] and Birthplace Country [254], and Place of Death State [1942] and Place of Death Country [1944] respectively. Vendors will need to convert the Birthplace [250] and Place of Death [1940] data items to the new interoperable state/province data item and ISO country data item. Conversion of all data years is required. Conversion crosswalks and valid values for the new data items are available on the NAACCR Web site (http://www.naaccr.org/StandardsandRegistryOperations/VolumeII.aspx), as well as incorporated into the CDC conversion program, Northcon 13, to be released in October 2012.

9.3 New Data Items

Software changes will need to be made to accommodate all new data items. This includes but is not limited to revisions for data collection, import and export, revisions to the software interface, addition of look-ups for new data items where applicable, data entry verifications internal to the software (if available within the software), data item consolidation where applicable, and reports.

9.3.1 Using New Country and State Data Items

As mentioned in Section 3.1, country data items have been added for several address fields that had previously only contained state or province information, specifically Addr at DX--Country [102], Addr Current--Country [1832] and Followup Contact--Country [1847]. In addition, the two 'composite' address items, Birthplace and Place of Death are being replaced by Birthplace--State [252]/Birthplace--Country [254] and Place of Death--State[1942]/Place of Death--Country[1944],

respectively. This is part of the change in the way states and countries are being coded effective with Standards Volume II, Version 13.

Because the country data items need only be manually entered when the corresponding state or province data item is either not known or not applicable (i.e., neither Canada nor the United States), vendors are strongly encouraged to automatically map the country data items based on the state or province using the available crosswalks or the CDC conversion program, Northcon 13, to be released in October 2012.

It is recommended that vendors use these new items for all tumors reported using Standards Volume II, Version 13.

9.3.2 New Demographic Data items

Coding of occupation and industry is a central registry activity and reporting facilities should not be coding this information. Reporting facilities abstract the text documentation associated with usual occupation and industry. Codes for the new data item of Census Tr Poverty Indictr [145] may be automatically assigned, based on the census tract diagnosis, by running the Poverty and Census Tract Linkage Program available through the Data Analysis Tools section of the NAACCR Web site (http://www.naaccr.org/Research/DataAnalysisTools.aspx).

9.3.3 New Secondary Diagnosis Data Items

Vendors need to accommodate the addition of the new Secondary Diagnosis 1-Secondary Diagnosis 10 data items [3780-3798] using ICD-10-CM codes that are longer in length and different in structure. Please refer to Section 3.4 for more information about these new data items.

9.3.4 New NPCR-Specific Data Item

As mentioned in Section 3.3, NPCR has added a new data item to accommodate collection of data for the CER project and as a placeholder when additional site-specific information is needed. Software must include the flexibility to be able to revise this data item's requirements and specifications as communicated by CDC.

9.4 Changed Data Items

Software changes will also need to be made to accommodate all existing, changed, and retired data items in the Standards Volume II, Version 13 layout. This includes but is not limited to revisions to look-ups for changed data items where applicable, data entry verifications internal to the software (if available within the software), data item consolidation where applicable, reports, and import and export of data in proper format.

Numerous data items have had names changes. See Section 4.1 for a complete listing of data items with name changes.

First Course Calc Method [1500] has been retired. Vendors will need to assess whether to remove this data item from abstracting interfaces or if users would like to continue collecting this data item. If continued collection is desired a state-specific data item should be added to the software to accommodate the continued collection the data item.

Unusual Follow-up Method [1850] has been expanded from 1 character to 2 and moved to positions 2290-2291 in the NAACCR Record Layout. If this data item is utilized in the software this change in length and position must be accommodated. Because there are no standard values defined for this data item, vendors will need to generate their own conversion algorithms if necessary. Conversion of this data item will be accommodated within the CDC Registry Plus software.

9.5 New Use of CS Over-Ride 20 for Cases Diagnosed 2012+

Vendors must accommodate the inclusion of Over-Ride CS 20 [3769], which is a flag to identify cases that are directly coded using SEER Summary Stage 2000 [759] in lieu of Derived SS2000 [3020] for cases diagnosed 2012 and later when desired by the user. Although reporting of directly coded SEER Summary Stage 2000 [759] in lieu of Derived SS2000 [3020] began with the diagnosis year of 2012, information regarding this reporting situation is being included in the current implementation guidelines for clarification. Special consideration should be given in terms of when to include the field Over-Ride CS 20 [3769] on the abstracting interface and make it available for editing, as well as when the data item should be defaulted. Due to the way the edits run, when the collection of CS is feasible, the Over-Ride CS 20 field does not need to be included in the abstracting interface. When the collection of CS and/or SEER Summary Stage 2000 is desired, the Over-Ride CS 20 field should be included in the abstracting interface, but not defaulted; the abstractor will need to abstract a value of "1" when directly coded SEER Summary Stage 2000 is coded instead of CS.

When the collection of CS is not feasible and collection of only SEER Summary Stage 2000 is desired, the CS Over-ride 20 field should be included in the abstracting interface and defaulted with a value of "1." In addition, when collecting only directly coded SEER Summary Stage 2000 the CS data items below must also be included on the abstracting interface. Note: The data items below may be defaulted or system-generated when appropriate; and, may or may not be visible to the abstractor as determined by the particular software.

Data Item Name	Item #
CS Tumor Size	2800
Regional Nodes Positive	820
Regional Nodes Examined	830
CS Site-Specific Factor 1 (for breast, brain, CNS other, and intracranial gland schemas)	2880
CS Site-Specific Factor 2 (for breast)	2890
CS Site-Specific Factor 8 (for breast)	2862
CS Site-Specific Factor 9 (for breast)	2863
CS Site-Specific Factor 10 (for breast)	2864
CS Site-Specific Factor 11 (for breast)	2865
CS Site-Specific Factor 12 (for breast)	2866
CS Site-Specific Factor 13 (for breast)	2867
CS Site-Specific Factor 14 (for breast)	2868
CS Site-Specific Factor 15 (for breast)	2869
CS Site-Specific Factor 16 (for breast)	2870
CS Site-Specific Factor 25	2879
CS Version Input Current	2937
CS Version Input Original	2935

9.6 Access to Supplemental Coding Resources

9.6.1 SEER Hematopoietic & Lymphoid Database

As mentioned in Section 2.2, the SEER program has released a Web-based version of the Hematopoietic & Lymphoid Database to supplement the stand-alone software version. Vendors may want to consider incorporating access to this new Web-based version in the software when possible. Vendors that have software that does not have access to the Internet will need to continue to utilize the stand-alone version of the database, and plans should be made for the potential discontinuation of the stand-alone version. In addition vendors that utilize the stand-alone version of the database within their software should be aware that with the new version SEER has increased restrictions on downloading and re-distributing the database, and has changed the default

installation directory from C:\Program Files\Hematopoietic Database to C:\Documents and Settings\user\My Documents\IMS\Hematopoietic Database.

9.6.2 SEER *Rx Drug Database

As mentioned in Section 2.4, the SEER program has released a Web-based version of the SEER*Rx drug database to supplement the standalone software version. Vendors may want to consider incorporating access to this new Web-based version in the software when possible. Vendors that have software that does not have access to the Internet will need to continue to utilize the stand-alone version of the database, and plans should be made for the potential discontinuation of the stand-alone version.

9.7 CS Algorithm

Please note that no CS conversion is required for implementation of Standards Volume II, Version 13. The current version of CS, CSv0204, will continue to be used until the next release (CSv0205) that will be effective in January 2014.

9.8 Programming, Testing, and Implementation

Software vendors should provide programming instructions to support the necessary changes for Standards Volume II, Version 13, as well as testing (if time allows, beta site testing) and implementation of the items listed elsewhere in this document.

Software vendors need to revise/develop, test, distribute, and install software prior to implementation dates set by standard-setting organizations and central cancer registries. Central cancer registries may require test files to be submitted prior to approval in reporting in the Standards Volume II, Version 13 format. Testing should determine that appropriate values are converted and stored, as well as validated, within the software. Testing should also accommodate verification of revisions for data import and export, revisions to the software interface, addition of look-ups for new and changed data items where applicable, data entry verifications internal to the software (if available within the software), data item consolidation where applicable, and standard as well as *ad hoc* report writing.

Any changes to the implementation timeline should be immediately reported to all involved parties. If there are delays to the standards or errata that have not yet been identified, the software vendor programs will be at risk of delay.

Individual changes to the state-specific state requestor section must also be communicated early in the coding and implementation period in order to be accommodated for software release.

9.9 New Online Help Files

Changes to the software's online help system (if available) will need to be made in conjunction with Standards Volume II, Version 13-related changes made to the software. New Registry Plus Online Help for Standards Volume II, Version 13 will be made available from CDC. For vendors that do not use CDC's Registry Plus Online Help within their software, or those that supplement it with extra information, updates will need to be made to online help.

9.10 Technical Support and Training

Software vendors are expected to support the data changes in Standards Volume II, Version 13 in the software and provide their clients with training and documentation appropriate to use the updated software. For hospital-level applications, this will include instruction regarding export of records for transmission to their respective central registry in the correct format with correctly-coded and error-free data, as well as import from their previously supported casefinding interface. Documentation to support the updated software may include information presented via the software's online Help system and/or

training or tutorial guides. Training and support on new coding rules should be referred to the appropriate standard-setting organization.

9.11 Communication With Central Cancer Registries and Hospital Registries

Software vendors should provide a timeline to the central registries indicating when they will be able to produce software that is able to process and produce Standards Volume II, Version 13 case records. Vendors should have an avenue for timely communication from all central registry clients so that proper support of state-specific changes in required data reporting are made, including mapping of state-specific data items in the state/requestor section of the record. In addition, vendors should implement state edit sets as provided by the registries.

Central registry clients should be aware that delays in communication of this information from state registry clients to the software vendor may result in a delay in reporting of 2013 cases.

Until each state registry client is fully converted to Standards Volume II, Version 13, vendors will need to provide continued support for reporting and processing of records diagnosed 2012 and earlier in NAACCR Version 12.2 record format.

10 SUMMARY FOR HOSPITAL CANCER REGISTRARS AND REPORTING FACILITIES

The CoC, NPCR, SEER, and CCCR all express their deep gratitude to hospital registrars. It is the hospital registrars who are at the heart of all cancer registry activities, and their diligence is behind everything these organizations are able to do.

Because hospital registrars are so crucial to the collection and use of cancer data, it is important that they become familiar with the changes taking place in 2013 by reading Sections 2 (Major Changes), 3 (New Data Items) and portions of Section 8 (Standard Setters Reporting Requirements for 2013) that apply to their situation.

What follows is an overview of steps that hospital registrars can take to smooth the transition to the new and changed data items and the updated software.

Cases diagnosed on or after January 1, 2013, must be collected and reported in accordance with the standards and definitions of the Standards Volume II, Version 13.

10.1 Prioritize Case Abstracting

Registrars should prioritize their abstracting. Ideally, abstracting of cases diagnosed prior to January 1, 2013, should be completed before software vendors convert registry data and/or begin to use Standards Volume II, Version 13 reporting upgrades.

10.2 Communicate With Central Cancer Registries and Software Vendors

Hospital registries should be in contact with their software vendor to determine when the necessary software upgrade may be delivered, and then make a tentative schedule within the facility to have someone available for the upgrade installation.

Registries that have an interest in being involved in implementation of changes early should consider being a beta test site. This will allow them to receive software and software vendor support early in the process.

Registries should also contact their central registry to find out when they will accept data transmissions in the new version.

10.3 Conversion Consideration

Registrars must review and clean up their data prior to conversion, as this will ensure that their registry will be converted with greater ease. The initial focus should be on items to be converted, especially any items involved in CS revisions and Birthplace.

10.4 Education and Training

Registrars and abstractors should attend education and training provided by regional, state, or national programs. This may include any combination of webinars, face-to-face training sessions at meetings, self-instructional material, and making time to work slowly through coding while getting used to the changes. Registrars and abstractors should seek out training on all new and changed material. The following resources may be of assistance:

- http://training.seer.cancer.gov/
- http://www.facs.org/cancer/coc/coceduc.html
- http://www.cdc.gov/cancer/npcr/index.htm
- http://www.naaccr.org/
- http://www.ncra-usa.org/

Once registrars have all the new manuals available, cancer programs should be educated about what new information will be collected: (1) to let them know that they should make this information available in their dictation, and (2) so they can develop an interest in using the new data as registrars accumulate cases. Liaison physicians can help promote this new information.

With increasing interest in identifying possible associations between occupational exposures and cancer incidence, accurate documentation of usual industry and occupation has become more important. NIOSH has created a resource to assist reporting facilities in collecting the usual occupation and industry: http://www.cdc.gov/niosh/docs/2011-173/. Hospital registrars are encouraged to ask their standard setters for additional guidance regarding this information.

10.5 The Multiple Primary and Histology Coding Rules

Multiple Primary and Histology Coding rules were updated for 2011 diagnoses for many solid tumors and for 2012 diagnoses of hematopoietic and lymphoid cancers. The rules are available through the SEER Web site (http://seer.cancer.gov/tools/mphrules/).

11 Appendix A: Required Status Table (Item # Order)

The following table presents Version 13 of the NAACCR required status summarizing the requirements and recommendations for collection of each item by standard-setting groups. Differences from Version 12.2 are marked "Revised," "New," or "Retired" in the "Note" column of the table.

NPCR Refers to requirements and recommendations of the NPCR regarding data items that should be collected or computed by NPCR state registries. The NPCR Transmit column in the Required Status Table has been removed with Version 11.2. Transmit instructions will be provided by NPCR. *Note: Patient-identifying data items collected are not transmitted to CDC.*

CoC Refers to requirements of CoC. CoC-accredited cancer program registries are required to collect the indicated items in the "Collect" column and are required to report items indicated in the "Transmit" column to the NCDB. Facilities should refer to the CoC *FORDS* manual for further clarification of required fields. Note: *Patient-identifying data items collected are not transmitted to the NCDB.*

SEER Refers to requirements of NCI's SEER Program. Central registries are required to collect the indicated items in the "Collect" column and are required to report the items indicated in the "Transmit" column to NCI-SEER. Facilities and central registries should refer to the *SEER Program Code Manual* for further clarification of required fields.

CCCR Refers to requirements of CCCR for cases submitted to the Canadian Cancer Registry. Provincial/territorial registries should refer to the *Canadian Cancer Registry System Guide* for further clarification of fields. Items indicated in the "Collect" column are required to be collected at the registry level and items indicated in the "Transmit" column are required to be reported to the Canadian Cancer Registry. CCCR requirements have been added to the Required Status Table with Version 11.2.

Exchange Elements for Hospital to Central and Central to Central

The target audience for this set of requirements is comprised of the various designers of registry software at the hospital, central registry, and national levels. In the Exchange Elements columns, data items marked are either required by key national organizations for cancer reporting or are of special importance in the unambiguous communication of reports and the proper linking of records. A clear distinction is made between items required for facilities reporting to central registries (labeled Hosp → Central), and those items that central registries should use when sending cases to other central registries (labeled Central → Central). "T" is used when the data are vital to a complete exchange record. If a data item is unknown, it should have the proper code for unknown assigned. It is not specified how registries should handle records that have empty T fields. "T*" means the vendor should convey the data if they are available for any of the cases; otherwise, they can leave the field empty. The receiving end (central registry) may, of course, ignore these items if they so choose. "TH" means only certain historical cases may require these fields. Some central registries have additional required data fields. For these, vendors should contact the central registry directly.

Codes for Recommendations:

D	Derived
D*	Derived, when available
D+	Derived; central registries may collect either SEER Summary Stage 2000 or Collaborative Stage
R	Required
R#	Required; central registries may code available data using either SEER or CoC data items and associated rules
R#*	Required, when available; central registries may code available data using either SEER or CoC data items and associated rules
R$	Requirements differ by year
R*	Required, when available
R^	Required, these text requirements may be met with one or several text block fields
R+	Required, central registries may collect either SEER Summary Stage 2000 or Collaborative Stage
RC	Collected by SEER from CoC-accredited hospitals
RH	Historically collected and currently transmitted
RH*	Historically collected and currently transmitted when available
RS	Required, site specific
RS#	Required, site specific; central registries may code available data using either SEER or CoC data items and associated rules
RS*	Required, site specific; when available
S	Supplementary/recommended
T	Data is vital to complete exchange record
T*	Transmit data if available for any case in exchange record
TH	Only certain historical cases may require these fields
TH*	Only certain historical cases may require these fields; transmit data if available for any case in exchange record

Item	Item Name	NPCR	CoC		SEER		CCCR		Exchange Elements		Source of Standard	Note
		Collect	Collect	Transmit	Collect	Transmit	Collect	Transmit	Hosp→ Central	Central→ Central		
10	Record Type	R	.	R	.	R	R	R	T	T	NAACCR	Revised
20	Patient ID Number	R	.	.	R	R	R*	R*	.	T	Reporting Registry	
21	Patient System ID-Hosp	.	.	.	.	.	.	.	T	.	NAACCR	
30	Registry Type	.	.	.	.	.	.	.	.	T	NAACCR	
35	FIN Coding System											Retired
37	Reserved 00											
40	Registry ID	R	.	.	R	R	R	R	T	T	NAACCR	Revised
45	NPI--Registry ID	.	.	.	R*	.	.	.	.	.	CMS	
50	NAACCR Record Version	R	.	R	.	.	.	.	T	T	NAACCR	
60	Tumor Record Number	.	.	.	S	S	R*	R*	T	T	NAACCR	
70	Addr at DX--City	R	R	R	R	.	R*	R*	T	T	CoC	
80	Addr at DX--State	R	R	R	R	.	.	.	T	T	CoC	
90	County at DX	R	R	R	R	R	.	.	T	T	FIPS/SEER	
100	Addr at DX--Postal Code	R	R	R	R	.	R*	R*	T	T	CoC	
102	Addr at DX--Country	.	R	R	R	.	.	.	.		NAACCR	New
110	Census Tract 1970/80/90	RH*	.	.	RH	RH	.	.	.	T*	SEER	
120	Census Cod Sys 1970/80/90	RH*	.	.	RH	RH	.	.	.	T*	SEER	
130	Census Tract 2000	R	.	.	R*	R*	.	.	.	T*	NAACCR	Revised
135	Census Tract 2010	R	.	.	R	R	.	.	.	.	NAACCR	Revised
140	Census Tract Cod Sys--Alt											Retired
145	Census Tr Poverty Indictr	.	.	.	D	R	.	.	.	.	NAACCR	New
150	Marital Status at DX	.	.	.	R	R	.	.	.	.	SEER	
160	Race 1	R	R	R	R	R	.	.	T	T	SEER/CoC	
161	Race 2	R	R	R	R	R	.	.	T	T	SEER/CoC	
162	Race 3	R	R	R	R	R	.	.	T	T	SEER/CoC	
163	Race 4	R	R	R	R	R	.	.	T	T	SEER/CoC	

Item	Item Name	NPCR	CoC		SEER		CCCR		Exchange Elements		Source of Standard	Note
		Collect	Collect	Transmit	Collect	Transmit	Collect	Transmit	Hosp→ Central	Central→ Central		
164	Race 5	R	R	R	R	R	.	.	T	T	SEER/CoC	
170	Race Coding Sys--Current	.	R	R	.	.	.	.	T	T	NAACCR	
180	Race Coding Sys--Original	.	R	R	.	.	.	.	T	T	NAACCR	
190	Spanish/Hispanic Origin	R	R	R	R	R	.	.	T	T	SEER/CoC	
191	NHIA Derived Hisp Origin	D	.	.	D	R	.	.	.	.	NAACCR	
192	IHS Link	R*	.	.	.	R	.	.	.	.	NPCR	
193	Race--NAPIIA(derived API)	R	.	.	D	R	.	.	.	.	NAACCR	
200	Computed Ethnicity	R	.	.	D	R	.	.	.	.	SEER	
210	Computed Ethnicity Source	R	.	.	R	R	.	.	.	.	SEER	
220	Sex	R	R	R	R	R	R*	R*	T	T	SEER/CoC	
230	Age at Diagnosis	R	R	R	R	R	D	D	.	.	SEER/CoC	
240	Date of Birth	R	R	R	R	R	R*	R*	T	T	SEER/CoC	
241	Date of Birth Flag	R	R	R	R	R	R*	R*	T	T	NAACCR	
250	Birthplace	RH*	RH	RH	RH	RH	R*	R*	T*	T	SEER/CoC	Revised
252	Birthplace--State	R*	R	R	R	R	.	.	.	.	NAACCR	Revised
254	Birthplace--Country	R*	R	R	R	R	.	.	.	.	NAACCR	New
260	Religion											Retired
270	Census Occ Code 1970-2000	R*	.	.	.	.	.	.	.	.	Census/NPCR	Revised
272	Census Ind Code 2010	R*	.	.	.	.	.	.	.	.	Census/NPCR	New
280	Census Ind Code 1970-2000	R*	.	.	.	.	.	.	.	.	Census/NPCR	Revised
282	Census Occ Code 2010	R*	.	.	.	.	.	.	.	.	Census/NPCR	New
290	Occupation Source	R*	.	.	.	.	.	.	.	.	NPCR	
300	Industry Source	R*	.	.	.	.	.	.	.	.	NPCR	
310	Text--Usual Occupation	R*	.	.	.	.	.	.	T*	T*	NPCR	
320	Text--Usual Industry	R*	.	.	.	.	.	.	T*	T*	NPCR	
330	Census Occ/Ind Sys 70-00	R*	.	.	.	.	.	.	.	.	NPCR	Revised
340	Tobacco History											Retired
350	Alcohol History											Retired

Item	Item Name	NPCR	CoC		SEER		CCCR		Exchange Elements		Source of Standard	Note
		Collect	Collect	Transmit	Collect	Transmit	Collect	Transmit	Hosp→ Central	Central→ Central		
360	Family History of Cancer											Retired
362	Census Block Group 2000	.	.	.	S	.	.	.	.	.	Census	
363	Census Block Group 2010	.	.	.	R	.	.	.	.	.	Census	Revised
364	Census Tr Cert 1970/80/90	RH*	.	.	RH	RH	.	.	.	.	SEER	
365	Census Tr Certainty 2000	R	.	.	R*	R*	.	.	.	.	NAACCR	Revised
366	GIS Coordinate Quality	R*	.	.	S	.	.	.	.	.	NAACCR	
367	Census Tr Certainty 2010	R	.	.	R	R	.	.	.	.	NAACCR	Revised
368	Census Block Grp 1970-90	.	.	.	S	.	.	.	.	.	Census	Revised
370	Reserved 01											
380	Sequence Number--Central	R	.	.	R	R	D	D	.	T	SEER	
390	Date of Diagnosis	R	R	R	R	R	R*	R*	T	T	SEER/CoC	
391	Date of Diagnosis Flag	R	.	.	R	R	.	.	T	T	NAACCR	Revised
400	Primary Site	R	R	R	R	R	R	R	T	T	SEER/CoC	Revised
410	Laterality	R	R	R	R	R	R*	R*	T	T	SEER/CoC	
419	Morph--Type&Behav ICD-O-2	.	.	.	.	.	.	.	.	.		
420	Histology (92-00) ICD-O-2	RH	RH	RH	RH	RH	RH	RH	TH	TH	SEER/CoC	
430	Behavior (92-00) ICD-O-2	RH	RH	RH	RH	RH	RH	RH	TH	TH	SEER/CoC	
439	Date of Mult Tumors Flag	.	RH	RH	.	.	R*	R*	.	.	NAACCR	Revised
440	Grade	R	R	R	R	R	R*	R*	T	T	SEER/CoC	
441	Grade Path Value	R*	R	R	R	R	R*	R*	T*	T*	AJCC	
442	Ambiguous Terminology DX	.	RH	RH	.	.	S	S	.	.	SEER	Revised
443	Date Conclusive DX	.	RH	RH	.	.	S	S	.	.	SEER	Revised
444	Mult Tum Rpt as One Prim	.	RH	RH	.	.	S	S	.	.	SEER	Revised
445	Date of Mult Tumors	.	RH	RH	.	.	S	S	.	.	SEER	Revised
446	Multiplicity Counter	.	RH	RH	.	.	S	S	.	.	SEER	Revised
447	Number of Tumors/Hist											Retired
448	Date Conclusive DX Flag	.	RH	RH	.	.	R*	R*	.	.	NAACCR	Revised
449	Grade Path System	R*	R	R	R	R	R*	R*	T*	T*	AJCC	

Item	Item Name	NPCR	CoC		SEER		CCCR		Exchange Elements		Source of Standard	Note
		Collect	Collect	Transmit	Collect	Transmit	Collect	Transmit	Hosp→ Central	Central→ Central		
450	Site Coding Sys--Current	R	R	R	.	.	.	.	T	T	NAACCR	
460	Site Coding Sys--Original	.	R	R	.	.	R*	R*	T	T	NAACCR	
470	Morph Coding Sys--Current	R	R	R	.	.		.	T	T	NAACCR	
480	Morph Coding Sys--Originl	.	R	R	.	.	R*	R*	T	T	NAACCR	
490	Diagnostic Confirmation	R	R	R	R	R	R	R	T	T	SEER/CoC	Revised
500	Type of Reporting Source	R	.	.	R	R	.	.	T	T	SEER	
501	Casefinding Source	R*	.	.	.	.	.	.	T*	T*	NAACCR	
510	Screening Date											Retired
520	Screening Result											Retired
521	Morph--Type&Behav ICD-O-3	.	.	.	.	.	.	.	.	.		
522	Histologic Type ICD-O-3	R	R	R	R	R	R	R	T	T	SEER/CoC	Revised
523	Behavior Code ICD-O-3	R	R	R	R	R	R	R	T	T	SEER/CoC	Revised
530	Reserved 02											
538	Reporting Hospital FAN											Retired
540	Reporting Facility	R	R	R	R	.	.	.	T	.	CoC	
545	NPI--Reporting Facility	R*	R	R	R*	.	.	.	.	.	CMS	
550	Accession Number--Hosp	.	R	R	R	.	.	.	T*	.	CoC	
560	Sequence Number--Hospital	.	R	R	R	.	.	.	T	.	CoC	
570	Abstracted By	.	R	R	R	.	.	.	.	.	CoC	
580	Date of 1st Contact	R	R	R	.	.	.	.	T	.	CoC	
581	Date of 1st Contact Flag	R	R	R	.	.	.	.	T	.	NAACCR	
590	Date of Inpt Adm	.	.	.	.	.	.	.	.	.	NAACCR	Revised
591	Date of Inpt Adm Flag	.	.	.	.	.	.	.	.	.	NAACCR	
600	Date of Inpt Disch	.	.	.	.	.	.	.	.	.	NAACCR	Revised
601	Date of Inpt Disch Flag	.	.	.	.	.	.	.	.	.	NAACCR	
605	Inpatient Status	.	.	.	.	.	.	.	.	.	NAACCR	
610	Class of Case	R	R	R	RC	.	.	.	T	.	CoC	
620	Year First Seen This CA											Retired

Item	Item Name	NPCR	CoC		SEER		CCCR		Exchange Elements		Source of Standard	Note
		Collect	Collect	Transmit	Collect	Transmit	Collect	Transmit	Hosp→ Central	Central→ Central		
630	Primary Payer at DX	R*	R	R	R	R	.	.	.	.	CoC	
640	Inpatient/Outpt Status											Retired
650	Presentation at CA Conf											Retired
660	Date of CA Conference											Retired
665	RX Hosp--ASA Class											Retired
668	RX Hosp--Surg App 2010	.	R	R	.	.	.	.	T*	.	CoC	
670	RX Hosp--Surg Prim Site	.	R	R	R	.	.	.	T*	.	CoC	
672	RX Hosp--Scope Reg LN Sur	.	R	R	R	.	.	.	T*	.	CoC	
674	RX Hosp--Surg Oth Reg/Dis	.	R	R	R	.	.	.	T*	.	CoC	
676	RX Hosp--Reg LN Removed	.	RH	RH	.	.	.	.	T*	.	CoC	
678	RX Hosp--Surg Timing											Retired
680	Reserved 03											
690	RX Hosp--Radiation	.	.	.	RH	.	.	.	TH*	.	SEER	
700	RX Hosp--Chemo	.	R	R	R	.	.	.	T*	.	CoC	
710	RX Hosp--Hormone	.	R	R	R	.	.	.	T*	.	CoC	
720	RX Hosp--BRM	.	R	R	R	.	.	.	T*	.	CoC	
730	RX Hosp--Other	.	R	R	R	.	.	.	T*	.	CoC	
740	RX Hosp--DX/Stg Proc	.	R	R	.	.	.	.	.	.	CoC	
742	RX Hosp--Screen/BX Proc1											Retired
743	RX Hosp--Screen/BX Proc2											Retired
744	RX Hosp--Screen/BX Proc3											Retired
745	RX Hosp--Screen/BX Proc4											Retired
746	RX Hosp--Surg Site 98-02	.	RH	RH	RH	.	.	.	TH*	.	CoC	
747	RX Hosp--Scope Reg 98-02	.	RH	RH	RH	.	.	.	TH*	.	CoC	
748	RX Hosp--Surg Oth 98-02	.	RH	RH	RH	.	.	.	TH*	.	CoC	
750	Reserved 04											
759	SEER Summary Stage 2000	R+	RH	RH	.	S	.	.	TH*	TH*	SEER	
760	SEER Summary Stage 1977	RH	RH	RH	.	S	.	.	TH*	TH*	SEER	

Item	Item Name	NPCR	CoC		SEER		CCCR		Exchange Elements		Source of Standard	Note
		Collect	Collect	Transmit	Collect	Transmit	Collect	Transmit	Hosp→ Central	Central→ Central		
770	Loc/Reg/Distant Stage											Retired
779	Extent of Disease 10-Dig	.	.	.	.	.	.	.	.	.		
780	EOD--Tumor Size	.	RH	RH	RH	RH	.	.	TH*	TH*	SEER/CoC	
790	EOD--Extension	.	.	.	RH	RH	.	.	TH*	TH*	SEER	
800	EOD--Extension Prost Path	.	.	.	RH	RH	.	.	TH*	TH*	SEER	
810	EOD--Lymph Node Involv	.	.	.	RH	RH	.	.	TH*	TH*	SEER	
820	Regional Nodes Positive	R	R	R	R	R	R*	R*	T*	T*	SEER/CoC	
830	Regional Nodes Examined	R	R	R	R	R	R*	R*	T*	T*	SEER/CoC	
840	EOD--Old 13 Digit	.	.	.	RH	RH	.	.	.	.	SEER	
850	EOD--Old 2 Digit	.	.	.	RH	RH	.	.	.	.	SEER	
860	EOD--Old 4 Digit	.	.	.	RH	RH	.	.	.	.	SEER	
870	Coding System for EOD	.	.	.	RH	RH	.	.	.	TH*	SEER	
880	TNM Path T	.	R*	R*	.	.	.	.	T*	T*	AJCC	
890	TNM Path N	.	R*	R*	.	.	.	.	T*	T*	AJCC	
900	TNM Path M	.	R*	R*	.	.	.	.	T*	T*	AJCC	
910	TNM Path Stage Group	.	R*	R*	.	.	.	.	T*	T*	AJCC	
920	TNM Path Descriptor	.	R*	R*	.	.	.	.	T*	T*	CoC	
930	TNM Path Staged By	.	R*	R*	.	.	.	.	T*	T*	CoC	
940	TNM Clin T	.	R	R	.	.	.	.	T*	T*	AJCC	
950	TNM Clin N	.	R	R	.	.	.	.	T*	T*	AJCC	
960	TNM Clin M	.	R	R	.	.	.	.	T*	T*	AJCC	
970	TNM Clin Stage Group	.	R	R	.	.	.	.	T*	T*	AJCC	
980	TNM Clin Descriptor	.	R	R	.	.	.	.	T*	T*	CoC	
990	TNM Clin Staged By	.	R	R	.	.	.	.	T*	T*	CoC	
1000	TNM Other T											Retired
1010	TNM Other N											Retired
1020	TNM Other M											Retired
1030	TNM Other Stage Group											Retired

Item	Item Name	NPCR	CoC		SEER		CCCR		Exchange Elements		Source of Standard	Note
		Collect	Collect	Transmit	Collect	Transmit	Collect	Transmit	Hosp→ Central	Central→ Central		
1040	TNM Other Staged By											Retired
1050	TNM Other Descriptor											Retired
1060	TNM Edition Number	.	R	R	.	.	.	.	T*	T*	CoC	
1070	Other Staging System											Retired
1080	Date of 1st Positive BX											Retired
1090	Site of Distant Met 1											Retired
1100	Site of Distant Met 2											Retired
1110	Site of Distant Met 3											Retired
1120	Pediatric Stage	.	.	.	.	.	.	.	.	.	CoC	
1130	Pediatric Staging System	.	.	.	.	.	.	.	.	.	CoC	
1140	Pediatric Staged By	.	.	.	.	.	.	.	.	.	CoC	
1150	Tumor Marker 1	.	RH	RH	RH	RH	.	.	TH*	TH*	SEER	
1160	Tumor Marker 2	.	RH	RH	RH	RH	.	.	TH*	TH*	SEER	
1170	Tumor Marker 3	.	RH	RH	RH	RH	.	.	TH*	TH*	SEER	
1180	Reserved 05											
1182	Lymph-vascular Invasion	RS*	R	R	RS	RS	R*	R*	T*	T*	AJCC	
1190	Reserved 06											
1200	RX Date Surgery	R	R	R	S	.	.	.	T*	T*	CoC	Revised
1201	RX Date Surgery Flag	R	R	R	S	.	.	.	T*	T*	NAACCR	Revised
1210	RX Date Radiation	RS	R	R	S	.	.	.	T*	T*	CoC	Revised
1211	RX Date Radiation Flag	RS	R	R	S	.	.	.	T*	T*	NAACCR	Revised
1220	RX Date Chemo	RS	R	R	.	.	.	.	T*	T*	CoC	Revised
1221	RX Date Chemo Flag	RS	R	R	.	.	.	.	T*	T*	NAACCR	Revised
1230	RX Date Hormone	RS	R	R	.	.	.	.	T*	T*	CoC	Revised
1231	RX Date Hormone Flag	RS	R	R	.	.	.	.	T*	T*	NAACCR	Revised
1240	RX Date BRM	RS	R	R	S	.	.	.	T*	T*	CoC	Revised
1241	RX Date BRM Flag	RS	R	R	S	.	.	.	T*	T*	NAACCR	Revised
1250	RX Date Other	RS	R	R	S	.	.	.	T*	T*	CoC	Revised

Item	Item Name	NPCR	CoC		SEER		CCCR		Exchange Elements		Source of Standard	Note
		Collect	Collect	Transmit	Collect	Transmit	Collect	Transmit	Hosp→ Central	Central→ Central		
1251	RX Date Other Flag	RS	R	R	S	.	.	.	T*	T*	NAACCR	Revised
1260	Date Initial RX SEER	R#	.	.	R	R	.	.	T*	T*	SEER	Revised
1261	Date Initial RX SEER Flag	R#	.	.	R	R	.	.	T*	T*	NAACCR	Revised
1270	Date 1st Crs RX CoC	R#	R	R	.	.	.	.	T*	T*	CoC	Revised
1271	Date 1st Crs RX CoC Flag	R#	R	R	.	.	.	.	T*	T*	NAACCR	Revised
1280	RX Date DX/Stg Proc	.	R	R	.	.	.	.	.	.	CoC	Revised
1281	RX Date DX/Stg Proc Flag	.	R	R	.	.	.	.	.	.	NAACCR	Revised
1285	RX Summ--Treatment Status	RS#	R	R	R	R	.	.	T*	T*	SEER/CoC	
1290	RX Summ--Surg Prim Site	R	R	R	R	R	.	.	T	T*	SEER/CoC	
1292	RX Summ--Scope Reg LN Sur	R	R	R	R	R	.	.	T	T*	SEER/CoC	
1294	RX Summ--Surg Oth Reg/Dis	R	R	R	R	R	.	.	T	T*	SEER/CoC	
1296	RX Summ--Reg LN Examined	.	RH	RH	RH	RH	.	.	TH*	TH*	SEER/CoC	
1300	Reserved 07											
1310	RX Summ--Surgical Approch	.	RH	RH	.	.	.	.	.	.	CoC	
1320	RX Summ--Surgical Margins	.	R	R	.	.	.	.	.	.	CoC	
1330	RX Summ--Reconstruct 1st	.	RH	RH	RH	RH	.	.	.	.	SEER	
1340	Reason for No Surgery	R	R	R	R	R	.	.	T	T*	SEER/CoC	
1350	RX Summ--DX/Stg Proc	.	R	R	.	.	.	.	.	.	CoC	
1360	RX Summ--Radiation	RH	.	.	R	R	.	.	TH*	TH*	SEER	
1370	RX Summ--Rad to CNS	.	.	.	R	R	.	.	.	.	SEER/CoC	
1380	RX Summ--Surg/Rad Seq	RS	R	R	R	R	.	.	T	T*	SEER/CoC	
1390	RX Summ--Chemo	RS	R	R	R	R	.	.	T*	T*	SEER/CoC	
1400	RX Summ--Hormone	RS	R	R	R	R	.	.	T*	T*	SEER/CoC	
1410	RX Summ--BRM	RS	R	R	R	R	.	.	T*	T*	SEER/CoC	
1420	RX Summ--Other	RS	R	R	R	R	.	.	T*	T*	SEER/CoC	
1430	Reason for No Radiation	RS	R	R	.	.	.	.	.	.	CoC	
1440	Reason for No Chemo											Retired
1450	Reason for No Hormone											Retired

Item	Item Name	NPCR	CoC		SEER		CCCR		Exchange Elements		Source of Standard	Note
		Collect	Collect	Transmit	Collect	Transmit	Collect	Transmit	Hosp→ Central	Central→ Central		
1460	RX Coding System--Current	R	R	R	.	RH	.	.	T*	T*	NAACCR	
1470	Protocol Eligibility Stat											Retired
1480	Protocol Participation											Retired
1490	Referral to Support Serv											Retired
1500	First Course Calc Method											Retired
1510	Rad--Regional Dose: cGy	.	R	R	.	.	.	.	T	.	CoC	
1520	Rad--No of Treatment Vol	.	R	R	.	.	.	.	T	.	CoC	
1530	Rad--Elapsed RX Days											Retired
1540	Rad--Treatment Volume	.	R	R	.	.	.	.	T	.	CoC	
1550	Rad--Location of RX	.	R	R	.	.	.	.	T	.	CoC	
1560	Rad--Intent of Treatment											Retired
1570	Rad--Regional RX Modality	RS	R	R	RC	.		.	T	T*	CoC	
1580	Rad--RX Completion Status											Retired
1590	Rad--Local Control Status											Retired
1600	Chemotherapy Field 1											Retired
1610	Chemotherapy Field 2											Retired
1620	Chemotherapy Field 3											Retired
1630	Chemotherapy Field 4											Retired
1639	RX Summ--Systemic/Sur Seq	RS	R	R	R	R	.	.	T	T	CoC	
1640	RX Summ--Surgery Type	.	.	.	RH	RH	.	.	.	.	SEER	Revised
1642	RX Summ--Screen/BX Proc1											Retired
1643	RX Summ--Screen/BX Proc2											Retired
1644	RX Summ--Screen/BX Proc3											Retired
1645	RX Summ--Screen/BX Proc4											Retired
1646	RX Summ--Surg Site 98-02	.	RH	RH	RH	RH	.	.	TH*	TH*	SEER/CoC	
1647	RX Summ--Scope Reg 98-02	.	RH	RH	RH	RH	.	.	TH*	TH*	SEER/CoC	
1648	RX Summ--Surg Oth 98-02	.	RH	RH	RH	RH	.	.	TH*	TH*	SEER/CoC	
1650	Reserved 08											

Item	Item Name	NPCR	CoC		SEER		CCCR		Exchange Elements		Source of Standard	Note
		Collect	Collect	Transmit	Collect	Transmit	Collect	Transmit	Hosp→ Central	Central→ Central		
1660	Subsq RX 2nd Course Date	.	.	.	.	.	.	.	.	.	CoC	
1661	Subsq RX 2ndCrs Date Flag	.	.	.	.	.	.	.	.	.	NAACCR	
1670	Subsq RX 2nd Course Codes	.	.	.	.	.	.	.	.	.		Revised
1671	Subsq RX 2nd Course Surg	.	.	.	.	.	.	.	.	.	CoC	
1672	Subsq RX 2nd Course Rad	.	.	.	.	.	.	.	.	.	CoC	
1673	Subsq RX 2nd Course Chemo	.	.	.	.	.	.	.	.	.	CoC	
1674	Subsq RX 2nd Course Horm	.	.	.	.	.	.	.	.	.	CoC	
1675	Subsq RX 2nd Course BRM	.	.	.	.	.	.	.	.	.	CoC	
1676	Subsq RX 2nd Course Oth	.	.	.	.	.	.	.	.	.	CoC	
1677	Subsq RX 2nd--Scope LN SU	.	.	.	.	.	.	.	.	.	CoC	
1678	Subsq RX 2nd--Surg Oth	.	.	.	.	.	.	.	.	.	CoC	
1679	Subsq RX 2nd--Reg LN Rem	.	.	.	.	.	.	.	.	.	CoC	
1680	Subsq RX 3rd Course Date	.	.	.	.	.	.	.	.	.	CoC	
1681	Subsq RX 3rdCrs Date Flag	.	.	.	.	.	.	.	.	.	NAACCR	
1690	Subsq RX 3rd Course Codes	.	.	.	.	.	.	.	.	.		
1691	Subsq RX 3rd Course Surg	.	.	.	.	.	.	.	.	.	CoC	
1692	Subsq RX 3rd Course Rad	.	.	.	.	.	.	.	.	.	CoC	
1693	Subsq RX 3rd Course Chemo	.	.	.	.	.	.	.	.	.	CoC	
1694	Subsq RX 3rd Course Horm	.	.	.	.	.	.	.	.	.	CoC	
1695	Subsq RX 3rd Course BRM	.	.	.	.	.	.	.	.	.	CoC	
1696	Subsq RX 3rd Course Oth	.	.	.	.	.	.	.	.	.	CoC	
1697	Subsq RX 3rd--Scope LN Su	.	.	.	.	.	.	.	.	.	CoC	
1698	Subsq RX 3rd--Surg Oth	.	.	.	.	.	.	.	.	.	CoC	
1699	Subsq RX 3rd--Reg LN Rem	.	.	.	.	.	.	.	.	.	CoC	
1700	Subsq RX 4th Course Date	.	.	.	.	.	.	.	.	.	CoC	
1701	Subsq RX 4thCrs Date Flag	.	.	.	.	.	.	.	.	.	NAACCR	
1710	Subsq RX 4th Course Codes	.	.	.	.	.	.	.	.	.		
1711	Subsq RX 4th Course Surg	.	.	.	.	.	.	.	.	.	CoC	

Item	Item Name	NPCR	CoC		SEER		CCCR		Exchange Elements		Source of Standard	Note
		Collect	Collect	Transmit	Collect	Transmit	Collect	Transmit	Hosp→ Central	Central→ Central		
1712	Subsq RX 4th Course Rad	.	.	.	.	.	.	.	.	.	CoC	
1713	Subsq RX 4th Course Chemo	.	.	.	.	.	.	.	.	.	CoC	
1714	Subsq RX 4th Course Horm	.	.	.	.	.	.	.	.	.	CoC	
1715	Subsq RX 4th Course BRM	.	.	.	.	.	.	.	.	.	CoC	
1716	Subsq RX 4th Course Oth	.	.	.	.	.	.	.	.	.	CoC	
1717	Subsq RX 4th--Scope LN Su	.	.	.	.	.	.	.	.	.	CoC	
1718	Subsq RX 4th--Surg Oth	.	.	.	.	.	.	.	.	.	CoC	
1719	Subsq RX 4th--Reg LN Rem	.	.	.	.	.	.	.	.	.	CoC	
1720	Subsq RX 5th Course Date											Retired
1730	Subsq RX 5th Course Codes											Retired
1731	Subsq RX 5th Course Surg											Retired
1732	Subsq RX 5th Course Rad											Retired
1733	Subsq RX 5th Course Chemo											Retired
1734	Subsq RX 5th Course Horm											Retired
1735	Subsq RX 5th Course BRM											Retired
1736	Subsq RX 5th Course Oth											Retired
1737	Subsq RX 5th--Scope LN Su											Retired
1738	Subsq RX 5th--Surg Oth											Retired
1739	Subsq RX 5th--Reg LN Rem											Retired
1740	Reserved 09											
1741	Subsq RX--Reconstruct Del	.	.	.	.	.	.	.	.	.	CoC	
1750	Date of Last Contact	R	R	R	R	R	.	.	T	T	SEER/CoC	
1751	Date of Last Contact Flag	R	R	R	R	R	.	.	T	T	NAACCR	
1755	Date of Death--Canada	.	.	.	.	.	R*	R*	.	.	CCCR	
1756	Date of Death--CanadaFlag	.	.	.	.	.	R*	R*	.	.	NAACCR	
1760	Vital Status	R	R	R	R	R	D	D	T	T	SEER/CoC	
1770	Cancer Status	.	R	R	.	.	.	.	.	.	CoC	
1780	Quality of Survival	.	.	.	.	.	.	.	.	.	CoC	

Item	Item Name	NPCR	CoC		SEER		CCCR		Exchange Elements		Source of Standard	Note
		Collect	Collect	Transmit	Collect	Transmit	Collect	Transmit	Hosp→ Central	Central→ Central		
1790	Follow-Up Source	R*	R	.	.	.	.	.	T*	.	CoC	
1791	Follow-up Source Central	R	.	.	.	.	.	.	.	T*	NAACCR	
1800	Next Follow-Up Source	.	R	.	.	.	.	.	.	.	CoC	
1810	Addr Current--City	.	R	.	R	.	.	.	T*	.	CoC	
1820	Addr Current--State	.	R	.	R	.	.	.	T*	.	CoC	
1830	Addr Current--Postal Code	.	R	.	R	.	.	.	T*	.	CoC	
1832	Addr Current--Country	.	R	.	R	.	.	.	.	.	NAACCR	New
1835	Reserved 10											
1840	County--Current	.	.	.	.	.	.	.	.	.	NAACCR	
1842	Follow-Up Contact--City	.	.	.	.	.	.	.	T*	.	SEER	Revised
1844	Follow-Up Contact--State	.	.	.	.	.	.	.	T*	.	SEER	Revised
1846	Follow-Up Contact--Postal	.	.	.	.	.	.	.	T*	.	SEER	Revised
1847	FollowUp Contact--Country	.	.	.	.	.	.	.	.	.	NAACCR	New
1850	Unusual Follow-Up Method	.	.	.	.	.	.	.	.	.	NAACCR	Revised
1860	Recurrence Date--1st	.	R	R	RC	.	.	.	T*	.	CoC	
1861	Recurrence Date--1st Flag	.	R	R	RC	.	.	.	T*	.	NAACCR	
1870	Recurrence Distant Sites											Retired
1871	Recurrence Distant Site 1											Retired
1872	Recurrence Distant Site 2											Retired
1873	Recurrence Distant Site 3											Retired
1880	Recurrence Type--1st	.	R	R	RC	.	.	.	T*	.	CoC	
1890	Recurrence Type--1st--Oth											Retired
1900	Reserved 11											
1910	Cause of Death	R	.	.	R	R	R*	R*	.	T	SEER	
1920	ICD Revision Number	R	.	.	R	R	.	.	.	T	SEER	
1930	Autopsy	.	.	.	.	.	.	.	.	.	NAACCR	Revised
1940	Place of Death	RH	.	.	.	.	R*	R*	T*	T*	NPCR	Revised
1942	Place of Death--State	R	.	.	.	.	.	.	.	.	NAACCR	New

Item	Item Name	NPCR	CoC		SEER		CCCR		Exchange Elements		Source of Standard	Note
		Collect	Collect	Transmit	Collect	Transmit	Collect	Transmit	Hosp→ Central	Central→ Central		
1944	Place of Death--Country	R*	.	.	.	.	.	.	.	.	NAACCR	New
1960	Site (73-91) ICD-O-1	.	.	.	RH	RH	.	.	.	.	SEER	
1970	Morph (73-91) ICD-O-1	.	.	.	.	.	.	.	.	.		
1971	Histology (73-91) ICD-O-1	.	.	.	RH	RH	.	.	.	.	SEER	
1972	Behavior (73-91) ICD-O-1	.	.	.	RH	RH	.	.	.	.	SEER	
1973	Grade (73-91) ICD-O-1	.	.	.	RH	RH	.	.	.	.	SEER	
1980	ICD-O-2 Conversion Flag	.	RH	RH	R	R	.	.	T*	T*	SEER	
1981	Over-ride SS/NodesPos	.	.	.	.	.	.	.	T*	T*	NAACCR	
1982	Over-ride SS/TNM-N	.	.	.	.	.	.	.	T*	T*	NAACCR	
1983	Over-ride SS/TNM-M	.	.	.	.	.	.	.	T*	T*	NAACCR	
1984	Over-ride SS/DisMet1											Retired
1985	Over-ride Acsn/Class/Seq	.	R	R	.	.	.	.	T*	T*	CoC	
1986	Over-ride HospSeq/DxConf	.	R	R	.	.	.	.	T*	T*	CoC	
1987	Over-ride CoC-Site/Type	.	R	R	.	.	.	.	T*	T*	CoC	
1988	Over-ride HospSeq/Site	.	R	R	.	.	.	.	T*	T*	CoC	
1989	Over-ride Site/TNM-StgGrp	.	R	R	.	.	.	.	T*	T*	CoC	
1990	Over-ride Age/Site/Morph	R	R	R	R	R	.	.	T*	T*	SEER	
2000	Over-ride SeqNo/DxConf	R	.	.	R	R	.	.	T*	T*	SEER	
2010	Over-ride Site/Lat/SeqNo	R	.	.	R	R	.	.	T*	T*	SEER	
2020	Over-ride Surg/DxConf	R	R	R	R	R	.	.	T*	T*	SEER	
2030	Over-ride Site/Type	R	R	R	R	R	.	.	T*	T*	SEER	
2040	Over-ride Histology	R	R	R	R	R	.	.	T*	T*	SEER	
2050	Over-ride Report Source	R	.	.	R	R	.	.	T*	T*	SEER	
2060	Over-ride Ill-define Site	R	.	.	R	R	.	.	T*	T*	SEER	
2070	Over-ride Leuk, Lymphoma	R	R	R	R	R	.	.	T*	T*	SEER	
2071	Over-ride Site/Behavior	R	R	R	R	R	.	.	T*	T*	SEER	
2072	Over-ride Site/EOD/DX Dt	.	.	.	R	R	.	.	T*	T*	SEER	
2073	Over-ride Site/Lat/EOD	.	.	.	R	R	.	.	T*	T*	SEER	

Item	Item Name	NPCR	CoC		SEER		CCCR		Exchange Elements		Source of Standard	Note
		Collect	Collect	Transmit	Collect	Transmit	Collect	Transmit	Hosp→ Central	Central→ Central		
2074	Over-ride Site/Lat/Morph	R	R	R	R	R	.	.	T*	T*	SEER	
2080	Reserved 13											
2081	CRC CHECKSUM	.	.	.	S	S	.	.	.	.	NAACCR	
2085	Date Case Initiated	.	.	.	.	.	.	.	.	.	NAACCR	
2090	Date Case Completed	.	.	.	.	.	.	.	.	.	NAACCR	
2092	Date Case Completed--CoC	.	R	R	.	.	.	.	.	.	CoC	
2100	Date Case Last Changed	.	D	R	.	.	.	.	.	.	NAACCR	
2110	Date Case Report Exported	R	.	.	.	.	.	.	T	.	NPCR	
2111	Date Case Report Received	R	.	.	.	.	.	.	.	.	NPCR	
2112	Date Case Report Loaded	R	.	.	.	.	.	.	.	.	NPCR	
2113	Date Tumor Record Availbl	R	.	.	.	.	.	.	.	.	NPCR	
2114	Future Use Timeliness 1											Retired
2115	Future Use Timeliness 2											Retired
2116	ICD-O-3 Conversion Flag	R	.	.	R	R	.	.	T	T	SEER/CoC	
2120	SEER Coding Sys--Current	.	.	.	.	R	.	.	T*	T*	NAACCR	
2130	SEER Coding Sys--Original	.	.	.	.	R	.	.	T*	T*	NAACCR	
2140	CoC Coding Sys--Current	.	R	R	.	.	.	.	T*	T*	CoC	
2150	CoC Coding Sys--Original	.	R	R	.	.	.	.	T*	T*	CoC	
2160	Subsq Report for Primary											Retired
2161	Reserved 18											New
2170	Vendor Name	.	R	R	.	.	.	.	T	T	NAACCR	
2180	SEER Type of Follow-Up	.	.	.	R	R	.	.	.	.	SEER	
2190	SEER Record Number	.	.	.	.	R	.	.	.	.	SEER	
2200	Diagnostic Proc 73-87	.	.	.	RH	RH	.	.	.	.	SEER	
2210	Reserved 14											
2220	State/Requestor Items	.	.	.	.	.	.	.	.	.	Varies	
2230	Name--Last	R	R	.	R	.	R*	R*	T	T	CoC	
2240	Name--First	R	R	.	R	.	R*	R*	T	T	CoC	

Item	Item Name	NPCR	CoC		SEER		CCCR		Exchange Elements		Source of Standard	Note
		Collect	Collect	Transmit	Collect	Transmit	Collect	Transmit	Hosp→ Central	Central→ Central		
2250	Name--Middle	R	R	.	R	.	R*	R*	T*	T*	CoC	
2260	Name--Prefix	.	.	.	.	.	.	.	.	.	NAACCR	
2270	Name--Suffix	.	.	.	R	.	.	.	T*	T*	NAACCR	
2280	Name--Alias	R	.	.	R	.	.	.	T*	T*	NAACCR	
2290	Name--Spouse/Parent	.	.	.	.	.	.	.	.	.	NAACCR	
2300	Medical Record Number	R	R	.	R	.	.	.	T	.	CoC	
2310	Military Record No Suffix	.	.	.	.	.	.	.	.	.	CoC	
2320	Social Security Number	R	R	.	R	.	.	.	T	T	CoC	
2330	Addr at DX--No & Street	R	R	.	R	.	.	.	T	T	CoC	
2335	Addr at DX--Supplementl	R	R*	.	R	.	.	.	T*	T*	CoC	
2350	Addr Current--No & Street	.	R	.	R	.	.	.	T*	T*	CoC	
2352	Latitude	R*	.	.	S	.	.	.	.	.	NAACCR	
2354	Longitude	R*	.	.	S	.	.	.	.	.	NAACCR	
2355	Addr Current--Supplementl	.	R*	.	R	.	.	.	T*	.	CoC	
2360	Telephone	.	R	.	R	.	.	.	T*	T*	CoC	
2370	DC State											Retired
2380	DC State File Number	R	.	.	R*	.	.	.	.	T*	State	
2390	Name--Maiden	R	.	.	R	.	R*	R*	T*	T*	NAACCR	Revised
2392	Follow-Up Contact--No&St	.	.	.	.	.	.	.	.	.	SEER	Revised
2393	Follow-Up Contact--Suppl	.	.	.	.	.	.	.	.	.	SEER	Revised
2394	Follow-Up Contact--Name	.	.	.	.	.	.	.	.	.	SEER	Revised
2400	Reserved 15											
2410	Institution Referred From	.	.	.	.	.	.	.	T*	.	CoC	
2415	NPI--Inst Referred From	.	R	.	.	.	.	.	.	.	CMS	
2420	Institution Referred To	.	.	.	.	.	.	.	T*	.	CoC	
2425	NPI--Inst Referred To	.	R	.	.	.	.	.	.	.	CMS	
2430	Last Follow-Up Hospital											Retired
2440	Following Registry	.	.	.	R	.	.	.	.	.	CoC	

Item	Item Name	NPCR	CoC		SEER		CCCR		Exchange Elements		Source of Standard	Note
		Collect	Collect	Transmit	Collect	Transmit	Collect	Transmit	Hosp→ Central	Central→ Central		
2445	NPI--Following Registry	.	.	.	R*	.	.	.	.	.	CMS	
2450	Reserved 16											
2460	Physician--Managing	.	.	.	.	.	.	.	.	.	NAACCR	
2465	NPI--Physician--Managing	.	R	.	.	.	.	.	.	.	CMS	
2470	Physician--Follow-Up	.	.	.	R	.	.	.	T*	T*	CoC	
2475	NPI--Physician--Follow-Up	.	R	.	R*	.	.	.	.	.	CMS	
2480	Physician--Primary Surg	.	.	.	.	.	.	.	.	.	CoC	
2485	NPI--Physician--Primary Surg	.	R	R	.	.	.	.	.	.	CMS	
2490	Physician 3	.	.	.	.	.	.	.	.	.	CoC	
2495	NPI--Physician 3	.	R	R	.	.	.	.	.	.	CMS	
2500	Physician 4	.	.	.	.	.	.	.	.	.	CoC	
2505	NPI--Physician 4	.	R	R	.	.	.	.	.	.	CMS	
2510	Reserved 12											
2520	Text--DX Proc--PE	R^	.	.	R	.	.	.	T*	T*	NPCR	
2530	Text--DX Proc--X-ray/Scan	R^	.	.	R	.	.	.	T*	T*	NPCR	
2540	Text--DX Proc--Scopes	R^	.	.	R	.	.	.	T*	T*	NPCR	
2550	Text--DX Proc--Lab Tests	R^	.	.	R	.	.	.	T*	T*	NPCR	
2560	Text--DX Proc--Op	R^	.	.	R	.	.	.	T*	T*	NPCR	
2570	Text--DX Proc--Path	R^	.	.	R	.	.	.	T*	T*	NPCR	
2580	Text--Primary Site Title	R^	.	.	R	.	.	.	T*	T*	NPCR	
2590	Text--Histology Title	R^	.	.	R	.	.	.	T*	T*	NPCR	
2600	Text--Staging	R^	.	.	R	.	.	.	T*	T*	NPCR	
2610	RX Text--Surgery	R^	.	.	R	.	.	.	T*	T*	NPCR	
2620	RX Text--Radiation (Beam)	R^	.	.	R	.	.	.	T*	T*	NPCR	
2630	RX Text--Radiation Other	R^	.	.	R	.	.	.	T*	T*	NPCR	
2640	RX Text--Chemo	R^	.	.	R	.	.	.	T*	T*	NPCR	
2650	RX Text--Hormone	R^	.	.	R	.	.	.	T*	T*	NPCR	
2660	RX Text--BRM	R^	.	.	R	.	.	.	T*	T*	NPCR	

Item	Item Name	NPCR	CoC		SEER		CCCR		Exchange Elements		Source of Standard	Note
		Collect	Collect	Transmit	Collect	Transmit	Collect	Transmit	Hosp→ Central	Central→ Central		
2670	RX Text--Other	R^	.	.	R	.	.	.	T*	T*	NPCR	
2680	Text--Remarks	.	.	.	R	.	.	.	T*	T*	NPCR	
2690	Text--Place of Diagnosis	.	.	.	.	.	.	.	.	.	NPCR	
2700	Reserved 17											New
2730	CS PreRx Tumor Size	.	.	.	.	.	.	.	.	.	AJCC	
2735	CS PreRx Extension	.	.	.	.	.	.	.	.	.	AJCC	
2740	CS PreRx Tum Sz/Ext Eval	.	.	.	.	.	.	.	.	.	AJCC	
2750	CS PreRx Lymph Nodes	.	.	.	.	.	.	.	.	.	AJCC	
2755	CS PreRx Reg Nodes Eval	.	.	.	.	.	.	.	.	.	AJCC	
2760	CS PreRx Mets at DX	.	.	.	.	.	.	.	.	.	AJCC	
2765	CS PreRx Mets Eval	.	.	.	.	.	.	.	.	.	AJCC	
2770	CS PostRx Tumor Size	.	.	.	.	.	.	.	.	.	AJCC	
2775	CS PostRx Extension	.	.	.	.	.	.	.	.	.	AJCC	
2780	CS PostRx Lymph Nodes	.	.	.	.	.	.	.	.	.	AJCC	
2785	CS PostRx Mets at DX	.	.	.	.	.	.	.	.	.	AJCC	
2800	CS Tumor Size	R	R	R	R	R	R*	R*	T	T	AJCC	
2810	CS Extension	R+	R	R	R	R	R*	R*	T	T	AJCC	
2820	CS Tumor Size/Ext Eval	R+	R	R	R	R	R*	R*	T*	T*	AJCC	
2830	CS Lymph Nodes	R+	R	R	R	R	R*	R*	T	T	AJCC	
2840	CS Lymph Nodes Eval	R*	R	R	R	R	R*	R*	T*	T*	AJCC	
2850	CS Mets at DX	R+	R	R	R	R	R*	R*	T	T	AJCC	
2851	CS Mets at Dx-Bone	.	R	R	R	R	R*	R*	T*	T*	AJCC	Revised
2852	CS Mets at Dx-Brain	.	R	R	R	R	R*	R*	T*	T*	AJCC	Revised
2853	CS Mets at Dx-Liver	.	R	R	R	R	R*	R*	T*	T*	AJCC	Revised
2854	CS Mets at Dx-Lung	.	R	R	R	R	R*	R*	T*	T*	AJCC	Revised
2860	CS Mets Eval	R*	R	R	R	R	R*	R*	T*	T*	AJCC	
2861	CS Site-Specific Factor 7	RS*	RS	RS	RS	RS	RS	RS	T*	T*	AJCC	
2862	CS Site-Specific Factor 8	RS	RS	RS	RS	RS	RS	RS	T*	T*	AJCC	

Item	Item Name	NPCR	CoC		SEER		CCCR		Exchange Elements		Source of Standard	Note
		Collect	Collect	Transmit	Collect	Transmit	Collect	Transmit	Hosp→ Central	Central→ Central		
2863	CS Site-Specific Factor 9	RS	RS	RS	RS	RS	RS	RS	T*	T*	AJCC	
2864	CS Site-Specific Factor10	RS	RS	RS	RS	RS	RS	RS	T*	T*	AJCC	
2865	CS Site-Specific Factor11	RS	RS	RS	RS	RS	RS	RS	T*	T*	AJCC	
2866	CS Site-Specific Factor12	RS	RS	RS	RS	RS	RS	RS	T*	T*	AJCC	
2867	CS Site-Specific Factor13	RS	RS	RS	RS	RS	RS	RS	T*	T*	AJCC	
2868	CS Site-Specific Factor14	RS	RS	RS	RS	RS	RS	RS	T*	T*	AJCC	
2869	CS Site-Specific Factor15	RS	RS	RS	RS	RS	RS	RS	T*	T*	AJCC	
2870	CS Site-Specific Factor16	RS	RS	RS	RS	RS	RS	RS	T*	T*	AJCC	
2871	CS Site-Specific Factor17	RS*	RS	RS	RS	RS	RS	RS	T*	T*	AJCC	
2872	CS Site-Specific Factor18	RS*	RS	RS	RS	RS	RS	RS	T*	T*	AJCC	
2873	CS Site-Specific Factor19	RS*	RS	RS	RS	RS	RS	RS	T*	T*	AJCC	
2874	CS Site-Specific Factor20	RS*	RS	RS	RS	RS	RS	RS	T*	T*	AJCC	
2875	CS Site-Specific Factor21	RS*	RS	RS	RS	RS	RS	RS	T*	T*	AJCC	
2876	CS Site-Specific Factor22	RS*	RS	RS	RS	RS	RS	RS	T*	T*	AJCC	
2877	CS Site-Specific Factor23	RS*	RS	RS	RS	RS	RS	RS	T*	T*	AJCC	
2878	CS Site-Specific Factor24	RS*	RS	RS	RS	RS	RS	RS	T*	T*	AJCC	
2879	CS Site-Specific Factor25	RS	RS	RS	RS	RS	RS	RS	T*	T*	AJCC	
2880	CS Site-Specific Factor 1	RS	RS	RS	RS	RS	RS	RS	T*	T*	AJCC	Revised
2890	CS Site-Specific Factor 2	RS	RS	RS	RS	RS	RS	RS	T*	T*	AJCC	Revised
2900	CS Site-Specific Factor 3	RS	RS	RS	RS	RS	RS	RS	T*	T*	AJCC	Revised
2910	CS Site-Specific Factor 4	RS*	RS	RS	RS	RS	RS	RS	T*	T*	AJCC	Revised
2920	CS Site-Specific Factor 5	RS*	RS	RS	RS	RS	RS	RS	T*	T*	AJCC	Revised
2930	CS Site-Specific Factor 6	RS*	RS	RS	RS	RS	RS	RS	T*	T*	AJCC	Revised
2935	CS Version Input Original	R	R	R	D	R	R*	R*	.	.	AJCC	
2936	CS Version Derived	R+	R	R	D	R	D	D	.	.	AJCC	
2937	CS Version Input Current	R	R	R	D	R	R*	R*	T*	T*	AJCC	Revised
2940	Derived AJCC-6 T	.	D	R	D	R	D	D	T*	T*	AJCC	
2950	Derived AJCC-6 T Descript	.	D	R	D	R	D	D	T*	T*	AJCC	

Item	Item Name	NPCR	CoC		SEER		CCCR		Exchange Elements		Source of Standard	Note
		Collect	Collect	Transmit	Collect	Transmit	Collect	Transmit	Hosp→ Central	Central→ Central		
2960	Derived AJCC-6 N	.	D	R	D	R	D	D	T*	T*	AJCC	
2970	Derived AJCC-6 N Descript	.	D	R	D	R	D	D	T*	T*	AJCC	
2980	Derived AJCC-6 M	.	D	R	D	R	D	D	T*	T*	AJCC	
2990	Derived AJCC-6 M Descript	.	D	R	D	R	D	D	T*	T*	AJCC	
3000	Derived AJCC-6 Stage Grp	.	D	R	D	R	D	D	T*	T*	AJCC	
3010	Derived SS1977	.	D	R	D	R	D	D	T*	T*	AJCC	
3020	Derived SS2000	D+	D	R	D	R	D	D	T*	T*	AJCC	
3030	Derived AJCC--Flag	.	D	R	D	R	D	D	T*	T*	AJCC	
3040	Derived SS1977--Flag	.	D	R	D	R	D	D	T*	T*	AJCC	
3050	Derived SS2000--Flag	D+	D	R	D	R	D	D	T*	T*	AJCC	
3100	Archive FIN	.	R	R	.	.	.	.	.	.	CoC	
3105	NPI--Archive FIN	.	R	R	.	.	.	.	.	.	CMS	
3110	Comorbid/Complication 1	.	R	R	.	.	.	.	T*	.	CoC	
3120	Comorbid/Complication 2	.	R	R	.	.	.	.	T*	.	CoC	
3130	Comorbid/Complication 3	.	R	R	.	.	.	.	T*	.	CoC	
3140	Comorbid/Complication 4	.	R	R	.	.	.	.	T*	.	CoC	
3150	Comorbid/Complication 5	.	R	R	.	.	.	.	T*	.	CoC	
3160	Comorbid/Complication 6	.	R	R	.	.	.	.	T*	.	CoC	
3161	Comorbid/Complication 7	.	R	R	.	.	.	.	T*	.	CoC	
3162	Comorbid/Complication 8	.	R	R	.	.	.	.	T*	.	CoC	
3163	Comorbid/Complication 9	.	R	R	.	.	.	.	T*	.	CoC	
3164	Comorbid/Complication 10	.	R	R	.	.	.	.	T*	.	CoC	
3165	ICD Revision Comorbid	.	R	R	.	.	.	.	T*	.	CoC	
3170	RX Date Mst Defn Srg	.	R	R	.	.	.	.	T*	.	CoC	Revised
3171	RX Date Mst Defn Srg Flag	.	R	R	.	.	.	.	T*	.	NAACCR	
3180	RX Date Surg Disch	.	R	R	.	.	.	.	.	.	CoC	Revised
3181	RX Date Surg Disch Flag	.	R	R	.	.	.	.	.	.	NAACCR	
3190	Readm Same Hosp 30 Days	.	R	R	.	.	.	.	.	.	CoC	

Item	Item Name	NPCR	CoC		SEER		CCCR		Exchange Elements		Source of Standard	Note
		Collect	Collect	Transmit	Collect	Transmit	Collect	Transmit	Hosp→ Central	Central→ Central		
3200	Rad--Boost RX Modality	.	R	R	RC	.	.	.	T*	T*	CoC	
3210	Rad--Boost Dose cGy	.	R	R	.	.	.	.	.	.	CoC	
3220	RX Date Rad Ended	.	R	R	.	.	.	.	.	.	CoC	Revised
3221	RX Date Rad Ended Flag	.	R	R	.	.	.	.	.	.	NAACCR	
3230	RX Date Systemic	.	R	R	S	.	.	.	T*	T*	CoC	Revised
3231	RX Date Systemic Flag	.	R	R	S	.	.	.	T*	T*	NAACCR	
3250	RX Summ--Transplnt/Endocr	RS	R	R	R	R	.	.	T*	T*	CoC	
3260	Pain Assessment											Retired
3270	RX Summ--Palliative Proc	.	R	R	.	.	.	.	T*	.	CoC	
3280	RX Hosp--Palliative Proc	.	R	R	.	.	.	.	T*	.	CoC	
3300	RuralUrban Continuum 1993	D	.	.	.	.	.	.	.	.	NAACCR	
3310	RuralUrban Continuum 2003	D	.	.	.	.	.	.	.	.	NAACCR	
3400	Derived AJCC-7 T	D*	D	R	D	R	D	D	T*	T*	AJCC	
3402	Derived AJCC-7 T Descript	D*	D	R	D	R	D	D	T*	T*	AJCC	
3410	Derived AJCC-7 N	D*	D	R	D	R	D	D	T*	T*	AJCC	
3412	Derived AJCC-7 N Descript	D*	D	R	D	R	D	D	T*	T*	AJCC	
3420	Derived AJCC-7 M	D*	D	R	D	R	D	D	T*	T*	AJCC	
3422	Derived AJCC-7 M Descript	D*	D	R	D	R	D	D	T*	T*	AJCC	
3430	Derived AJCC-7 Stage Grp	D*	D	R	D	R	D	D	T*	T*	AJCC	Revised
3440	Derived PreRx-7 T	.	.	.	.	.	.	.	.	.	AJCC	Revised
3442	Derived PreRx-7 T Descrip	.	.	.	.	.	.	.	.	.	AJCC	Revised
3450	Derived PreRx-7 N	.	.	.	.	.	.	.	.	.	AJCC	Revised
3452	Derived PreRx-7 N Descrip	.	.	.	.	.	.	.	.	.	AJCC	Revised
3460	Derived PreRx-7 M	.	.	.	.	.	.	.	.	.	AJCC	Revised
3462	Derived PreRx-7 M Descrip	.	.	.	.	.	.	.	.	.	AJCC	Revised
3470	Derived PreRx-7 Stage Grp	.	.	.	.	.	.	.	.	.	AJCC	Revised
3480	Derived PostRx-7 T	.	.	.	.	.	.	.	.	.	AJCC	Revised
3482	Derived PostRx-7 N	.	.	.	.	.	.	.	.	.	AJCC	Revised

Item	Item Name	NPCR	CoC		SEER		CCCR		Exchange Elements		Source of Standard	Note
		Collect	Collect	Transmit	Collect	Transmit	Collect	Transmit	Hosp→ Central	Central→ Central		
3490	Derived PostRx-7 M	.	.	.	.	.	.	.	.	.	AJCC	Revised
3492	Derived PostRx-7 Stge Grp	.	.	.	.	.	.	.	.	.	AJCC	Revised
3600	Derived Neoadjuv Rx Flag	.	.	.	.	.	.	.	T*	T*	AJCC	Revised
3700	SEER Site-Specific Fact 1	.	.	.	.	.	.	.	.	.	SEER	
3702	SEER Site-Specific Fact 2	.	.	.	.	.	.	.	.	.	SEER	
3704	SEER Site-Specific Fact 3	.	.	.	.	.	.	.	.	.	SEER	
3706	SEER Site-Specific Fact 4	.	.	.	.	.	.	.	.	.	SEER	
3708	SEER Site-Specific Fact 5	.	.	.	.	.	.	.	.	.	SEER	
3710	SEER Site-Specific Fact 6	.	.	.	.	.	.	.	.	.	SEER	
3720	NPCR Specific Field	.	.	.	.	.	.	.	.	.	NPCR	New
3750	Over-ride CS 1	R	R	R	R	R	.	.	.	.	AJCC	Revised
3751	Over-ride CS 2	R	R	R	R	R	.	.	.	.	AJCC	Revised
3752	Over-ride CS 3	R	R	R	R	R	.	.	.	.	AJCC	Revised
3753	Over-ride CS 4	R	R	R	R	R	.	.	.	.	AJCC	Revised
3754	Over-ride CS 5	R	R	R	R	R	.	.	.	.	AJCC	Revised
3755	Over-ride CS 6	R	R	R	R	R	.	.	.	.	AJCC	Revised
3756	Over-ride CS 7	R	R	R	R	R	.	.	.	.	AJCC	Revised
3757	Over-ride CS 8	R	R	R	R	R	.	.	.	.	AJCC	Revised
3758	Over-ride CS 9	R	R	R	R	R	.	.	.	.	AJCC	Revised
3759	Over-ride CS 10	R	R	R	R	R	.	.	.	.	AJCC	Revised
3760	Over-ride CS 11	R	R	R	R	R	.	.	.	.	AJCC	Revised
3761	Over-ride CS 12	R	R	R	R	R	.	.	.	.	AJCC	Revised
3762	Over-ride CS 13	R	R	R	R	R	.	.	.	.	AJCC	Revised
3763	Over-ride CS 14	R	R	R	R	R	.	.	.	.	AJCC	Revised
3764	Over-ride CS 15	R	R	R	R	R	.	.	.	.	AJCC	Revised
3765	Over-ride CS 16	R	R	R	R	R	.	.	.	.	AJCC	Revised
3766	Over-ride CS 17	R	R	R	R	R	.	.	.	.	AJCC	Revised
3767	Over-ride CS 18	R	R	R	R	R	.	.	.	.	AJCC	Revised

Item	Item Name	NPCR	CoC		SEER		CCCR		Exchange Elements		Source of Standard	Note
		Collect	Collect	Transmit	Collect	Transmit	Collect	Transmit	Hosp→ Central	Central→ Central		
3768	Over-ride CS 19	R	R	R	R	R	.	.	.	.	AJCC	Revised
3769	Over-ride CS 20	R	R	R	R	R	.	.	.	.	AJCC/NPCR	Revised
3780	Secondary Diagnosis 1	.	.	.	.	.	.	.	T*	.	CoC	New
3782	Secondary Diagnosis 2	.	.	.	.	.	.	.	T*	.	CoC	New
3784	Secondary Diagnosis 3	.	.	.	.	.	.	.	T*	.	CoC	New
3786	Secondary Diagnosis 4	.	.	.	.	.	.	.	T*	.	CoC	New
3788	Secondary Diagnosis 5	.	.	.	.	.	.	.	T*	.	CoC	New
3790	Secondary Diagnosis 6	.	.	.	.	.	.	.	T*	.	CoC	New
3792	Secondary Diagnosis 7	.	.	.	.	.	.	.	T*	.	CoC	New
3794	Secondary Diagnosis 8	.	.	.	.	.	.	.	T*	.	CoC	New
3796	Secondary Diagnosis 9	.	.	.	.	.	.	.	T*	.	CoC	New
3798	Secondary Diagnosis 10	.	.	.	.	.	.	.	T*	.	CoC	New
7010	Path Reporting Fac ID 1	.	.	.	.	.	.	.	.	.	HL7	
7011	Path Reporting Fac ID 2	.	.	.	.	.	.	.	.	.	HL7	
7012	Path Reporting Fac ID 3	.	.	.	.	.	.	.	.	.	HL7	
7013	Path Reporting Fac ID 4	.	.	.	.	.	.	.	.	.	HL7	
7014	Path Reporting Fac ID 5	.	.	.	.	.	.	.	.	.	HL7	
7090	Path Report Number 1	.	.	.	.	.	.	.	.	.	HL7	
7091	Path Report Number 2	.	.	.	.	.	.	.	.	.	HL7	
7092	Path Report Number 3	.	.	.	.	.	.	.	.	.	HL7	
7093	Path Report Number 4	.	.	.	.	.	.	.	.	.	HL7	
7094	Path Report Number 5	.	.	.	.	.	.	.	.	.	HL7	
7100	Path Order Phys Lic No 1	.	.	.	.	.	.	.	.	.	HL7	
7101	Path Order Phys Lic No 2	.	.	.	.	.	.	.	.	.	HL7	
7102	Path Order Phys Lic No 3	.	.	.	.	.	.	.	.	.	HL7	
7103	Path Order Phys Lic No 4	.	.	.	.	.	.	.	.	.	HL7	
7104	Path Order Phys Lic No 5	.	.	.	.	.	.	.	.	.	HL7	
7190	Path Ordering Fac No 1	.	.	.	.	.	.	.	.	.	HL7	

Item	Item Name	NPCR	CoC		SEER		CCCR		Exchange Elements		Source of Standard	Note
		Collect	Collect	Transmit	Collect	Transmit	Collect	Transmit	Hosp→ Central	Central→ Central		
7191	Path Ordering Fac No 2	.	.	.	.	.	.	.	.	.	HL7	
7192	Path Ordering Fac No 3	.	.	.	.	.	.	.	.	.	HL7	
7193	Path Ordering Fac No 4	.	.	.	.	.	.	.	.	.	HL7	
7194	Path Ordering Fac No 5	.	.	.	.	.	.	.	.	.	HL7	
7320	Path Date Spec Collect 1	.	.	.	.	.	.	.	.	.	HL7	
7321	Path Date Spec Collect 2	.	.	.	.	.	.	.	.	.	HL7	
7322	Path Date Spec Collect 3	.	.	.	.	.	.	.	.	.	HL7	
7323	Path Date Spec Collect 4	.	.	.	.	.	.	.	.	.	HL7	
7324	Path Date Spec Collect 5	.	.	.	.	.	.	.	.	.	HL7	
7480	Path Report Type 1	.	.	.	.	.	.	.	.	.	HL7	
7481	Path Report Type 2	.	.	.	.	.	.	.	.	.	HL7	
7482	Path Report Type 3	.	.	.	.	.	.	.	.	.	HL7	
7483	Path Report Type 4	.	.	.	.	.	.	.	.	.	HL7	
7484	Path Report Type 5	.	.	.	.	.	.	.	.	.	HL7	