# Standards for Cancer Registries, Volume II

# DATA STANDARDS AND DATA DICTIONARY

## Fifteenth Edition, Record Layout Version 12.1

**(Effective January 1, 2011)**

Edited by Monica Thornton

June 2010

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NAACCR
North American Association of Central Cancer Registries

# North American Association of Central Cancer Registries

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# Data Standards and Data Dictionary

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**Edited By**
Monica Thornton
North American Association of Central Cancer Registries, Inc.

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

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

❖ **Volume I, *Data Exchange Standards and Record Description***
Intended for programmers and selected users of central cancer registry data, this Volume provides the record layouts and specifications for a number of standard NAACCR record formats, including: the standard record layouts for data exchange among central cancer registries; an update/correction record layout; and an analysis record layout that provides standard recodes for grouping selected variables such as race and primary site, as well as algorithms for converting data from one version of the *International Classification of Diseases for Oncology* to another.

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

❖ **Volume IV, *Standard Data Edits***
This standard document currently is only made available electronically as program code and a database. It documents standard computerized edits for data corresponding to the data standards Volume II.

❖ **Volume V, *Pathology Laboratory Electronic Reporting***
Recommends message or format standards for electronic transmission of reports (pathology, cytology and hematology) from pathology laboratories to central cancer registries.

Copies of all standards documents can be viewed or downloaded from NAACCR's website at: http://www.naaccr.org.

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# TABLE OF CONTENTS

**NAACCR Board of Directors 2009-2010** ..... **vii**

**Uniform Data Standards Committee 2009-2010** ..... **viii**

**Volume II Subcommittee 2009-2010** ..... **ix**

**Standard Setting Organizations** ..... **x**

**Preface to the Fifteenth Edition** ..... **xi**

**Chapter I: Problem Statement, Goals, and Scope of This Document** ..... **1**

**Chapter II: Historical Background and Status of North American Standards** ..... **9**

**Chapter III: Standards for Tumor Inclusion and Reportability** ..... **19**

**Chapter IV: Recommended Data Edits and Software Coordination of Standards** ..... **25**

**Chapter V: Unresolved Issues** ..... **29**

**Chapter VI: References** ..... **35**

**Chapter VII: Record Layout Table (Column # Order)** ..... **41**

**Chapter VIII: Required Status Table (Item # Order)** ..... **57**

**Chapter IX: Data Descriptor Table (Item # Order)** ..... **79**

**Chapter X: Data Dictionary** ..... **97**

**Appendix A: FIPS Codes for Counties and Equivalent Entities** ..... **439**

**Appendix B: EDITS Tables for Selected Data Items** ..... **455**

**Appendix C: Abbreviations and Acronyms Used** ..... **467**

**Appendix D: Alternate Names** ..... **469**

**Appendix E: Grouped Data Items** ..... **481**

**Appendix F: Tables and Data Dictionary Revisions** ..... **483**

**Appendix G: Recommended Abbreviations for Abstractors** ..... **489**

**Appendix H: HL7 Flavors of Null Table** ..... **515**

**Index** ..... **517**

# NAACCR BOARD OF DIRECTORS
# 2009-2010

**President:**
Maria J. Schymura, PhD 2009-2011
New York State Cancer Registry
Telephone: (518) 474-2255
Email: mjs08@health.state.ny.us

**Past President:**
Susan T. Gershman, PhD, CTR 2009-2010
Massachusetts Cancer Registry
Department of Public Health
Telephone: (617) 624-5646
Email: susan.gershman@state.ma.us

**Treasurer:**
Karen Knight, MS 2008-2011
North Carolina Central Cancer Registry
Telephone: (919) 715-4556
Email: karen.knight@ncmail.net

**Executive Director:**
Betsy A. Kohler, MPH, CTR
NAACCR, Inc.
Telephone: (217) 698-0800 ext 2
Email: bkohler@naaccr.org

**Representative,**
**Sponsoring Member Organization:**
Lori Swain, BA, MS 2008-2010
National Cancer Registrars Association
Telephone: (703) 299-6640 ext *313
Email: lswain@ncra-usa.org

**Members at Large:**
Glenn Copeland, MBA 2008-2011
Michigan Cancer Surveillance Program
Vital Records and Health Data
Development Section
Telephone: (517) 335-8678
Email: copelandg@michigan.gov

Mary Jane King, MPH, CTR 2009-2011
Ontario Cancer Registry
Cancer Care Ontario
Telephone: (416) 217-1242
Email: maryjane.king@cancercare.on.ca

Gary M. Levin 2009-2011
Florida Cancer Data System
University of Miami
Miller School of Medicine
Telephone: (305) 243-4073
Email: glevin@med.miami.edu

Maureen MacIntyre, BSN, MHSA 2006-2010
Cancer Care Nova Scotia
Surveillance and Epidemiology Unit
Telephone: (902) 473-6084
Email: maureen.macintyre@ccns.nshealth.ca

Antoinette Stroup, PhD 2009-2010
Utah Cancer Registry
Telephone: (801) 581-8407
Email: nan.stroup@hsc.utah.edu

Xiaocheng Wu, MD, MPH, CTR 2008-2010
Louisiana Tumor Registry
LSUHSC School of Public Health
Telephone: (504) 568-5763
Email: xwu@lsuhsc.edu

# UNIFORM DATA STANDARDS COMMITTEE 2009-2010

**Nancy Schlag, BS, CTR, Co-Chair***
California Cancer Registry
Telephone: (916) 779-0310
Email: nschlag@ccr.ca.gov

**Jan Snodgrass, CTR, Co-Chair***
Illinois State Cancer Registry
Telephone: (217) 785-7132
Email: jan.snodgrass@illinois.gov

**Lori Havener, CTR**
NAACCR, Inc.
Telephone (217)698-0800 ext. 3
Email: lhavener@naaccr.org

**Monica Thornton**
NAACCR, Inc.
Telephone (217)698-0800 ext. 1
Email: mthornton@naaccr.org

**Susan Bélanger***
Canadian Cancer Registry
Health Statistics Division
Statistics Canada
Telephone: (613) 951-5216
Email: susan.belanger@statcan.gc.ca

**Sally Bushhouse, DVM, PhD***
Minnesota Cancer Surveillance System
Minnesota Department of Health
Telephone: (651) 201-5374
Email: sally.bushhouse@state.mn.us

**Susan Capron***
Telephone: (773) 278-6207
Email: scapron@mindspring.com

**Glenn Copeland***
Michigan Cancer Surveillance Program
Telephone: (517) 335-8678
Email: copelandg@michigan.gov

**Sandra Gamber**
ELEKTA Impac Software
Telephone: (908) 284-4945
Email: sgamber@impac.com

**Barry Gordon, PhD***
C/NET Solutions
Telephone: (510) 540-0778
Email: barryg@askcnet.org

**Megsys Casuso Herna, CTR***
Florida Cancer Data System
University of Miami School of Medicine
Telephone: (305) 243-2625
Email: MHerna@med.miami.edu

**Suzanne Hornbeck, MS, CTR***
Susan G. Komen for the Cure
Telephone: (609) 896-1201
Email: shornbeck@komencsnj.org

**Carol Johnson**
National Cancer Institute
SEER Program, SRP, DCCPS
Telephone: (301) 402-6226
Email: johnsoca@mail.nih.gov

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

**Mary Lewis, CTR***
Centers for Disease Control and Prevention
Telephone (770) 488-4827
Email: bkf5@cdc.gov

**Marilynn Norinsky, BS, CTR***
ELEKTA Impac Software
Telephone: (908) 284-4945
Email:
marilynn.norinsky@elekta.com

**David O'Brien, PhD, GISP***
Alaska Cancer Registry
Telephone: (907) 269-8047
Email: david.obrien@alaska.gov

**Lilia O'Connor, MBA, CTR***
Public Health Institute
Telephone: (916) 335-2003
Email: LOConnor@phi.org

**Elizabeth Prestosa***
Massachusetts Cancer Registry
Massachusetts Dept of Public Health
Telephone: (617) 624-5600
Email:
elizabeth.prestosa@state.ma.us

**Susanne Schwartz***
New Jersey State Cancer Registry
Telephone: (609) 588-3500
Email:
suzanne.schwartz@doh.state.nj.us

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

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

**David Stinchcomb, MA, MS***
National Cancer Institute
SEER Program, SRP, DCCPS
Telephone: (301) 594-7251
Email: stinchcd@mail.nih.gov

**Kathleen Thoburn***
Telephone (518) 966-5143
Email: registry.services.international
@gmail.com

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

*Voting Member

# VOLUME II SUBCOMMITTEE
# 2009-2010

**Jan Snodgrass, CTR, Chair**
Illinois State Cancer Registry
Telephone: (217) 785-7132
Email: jan.snodgrass@illinois.gov

**Lori Havener, CTR**
NAACCR, Inc
Telephone: (217) 698-0800 ext 3
Email: lhavener@naaccr.org

**Monica Thornton**
NAACCR, Inc
Telephone: (217) 698-0800 ext 1
Email: mthornton@naaccr.org

**Patricia Andrews, MPH, CTR**
Louisiana Tumor Registry
Telephone: (504) 568-5795
Email: pandre@lsuhsc.edu

**Sally Bushhouse, DVM, PhD**
Minnesota Cancer Surveillance System
Minnesota Department of Health
Telephone: (651) 201-5374
Email: sally.bushhouse@state.mn.us

**Jean Ewing, M.S.**
Centers for Disease Control
Division of Cancer Prevention and Control
Cancer Surveillance Branch
Telephone: (770) 488-1062
Email: jewing@cdc.gov

**Bec Francis, M.Ed, CTR**
Missouri Cancer Registry
Missouri Department of Health
Telephone: (573) 884-2027
Email: FrancisR@health.missouri.edu

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

**David O'Brien, PhD, GISP**
Alaska Cancer Registry
Telephone: (907) 269-8047
Email: david.obrien@alaska.gov

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

**Andre Richards**
ELEKTA Impac Software
Telephone: (678) 528-8071
Email: arichards@impac.com

**Nancy Schlag, BS, CTR**
California Cancer Registry
Telephone: (916) 779-0310
Email: nschlag@ccr.ca.gov

**Deb Smith**
Missouri Cancer Registry
Telephone: (573) 884-4419
Email: dssmith@health.missouri.edu

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

# STANDARD SETTING ORGANIZATIONS

**American College of Surgeons (ACoS)**
633 N. Saint Clair Street
Chicago, IL 60611-3211
Telephone: (312) 202-5000
Fax: (312) 202-5001
Email: CoC@facs.org
Website: www.facs.org

**American Joint Committee on Cancer (AJCC)**
633 N. Saint Clair Street
Chicago, IL 60611-3211
Telephone: (312) 202-5290
Email: ajcc@facs.org
Website: cancerstaging.org

**Centers for Disease Control and Prevention (CDC)**
National Program of Cancer Registries (NPCR)
Division of Cancer Prevention and Control
National Center for Chronic Disease Prevention and Health Promotion
4770 Buford Hwy, NE
MS K53
Atlanta, GA 30341-3717
Telephone: (770) 488-4783
Fax: (770) 488-4759
Website: www.cdc.gov/cancer/npcr

**Canadian Council of Cancer Registries (CCCR)**
c/o Statistics Canada
Canadian Cancer Registry
Health Statistics Section
Health Statistics Division
Main Building, Room 2200, Section F
120 Parkdale Avenue
Ottawa, ON K1A 0T6
Telephone: (613) 951-1630
Fax: (613) 951-0792
Website: www.statcan.ca

**Commission on Cancer (CoC)**
633 N. Saint Clair Street
Chicago, IL 60611-3211
Telephone: (312) 202-5085
Email: CoC@facs.org
Website: www.facs.org/cancer/

**National Cancer Institute SEER Program**
Cancer Surveillance Research Program
Division of Cancer Control and Population Sciences
6116 Executive Blvd. - MSC 8316
Suite 504
Bethesda, MD 20892-8316
Telephone: (301) 496-8510
Fax: (301) 496-9949
Email: cancer.gov_staff@mail.nih.gov
Website: www.seer.cancer.gov

**National Cancer Registrars Association (NCRA)**
1340 Braddock Place #203
Alexandria, VA 22314
Telephone: (703) 299-6640
Fax: (703) 299-6620
Email: info@ncra-usa.org
Website: www.ncra-usa.org

**North American Association of Central Cancer Registries, Inc. (NAACCR)**
2121 West White Oaks Drive, Suite B
Springfield, IL 62704-7412
Telephone: (217) 698-0800
Fax: (217) 698-0188
Email: info@naaccr.org
Website: www.naaccr.org

# PREFACE TO THE FIFTEENTH EDITION

NAACCR continues with our strong commitment to maintain standardization of cancer registry data. The collaboration and cooperation of our sponsoring members is vital for achieving consensus on how each data variable will be coded. Standardization of cancer registry data is a core component of cancer registration and surveillance and provides the foundation for developing comparable data among registries throughout North America. Standardization also allows data from different registries to be used for comparison of variations in cancer rates among different populations and across geographic boundaries.

This edition of the Standards for Cancer Registries, Volume II, Data Standards and Data Dictionary includes new data items, addition of new codes to existing data items, and clarification of descriptions, rationales and coding instructions. New data items for 2011 implementation include: Census Tract 2010 [135], Census TR Certainty 2010 [367], Census Block Group 2010 [363], and Over-ride CS 1-20 [3750 - 3769]. There are two fields with new codes Multiplicity Counter [446] and Marital Status at DX [150].

The CS PostRX and CS PreRX input and derived data items have been delayed for 2012 implementation.

**Please note that black vertical lines in the outside margins highlight revisions from the previous version.**

I would like thank Jan Snodgrass, Chair of the Volume II Subcommittee and co-Chair of the Uniform Data Standards Committee (UDSC) and Nancy Schlag, co-Chair of the UDSC, for their leadership, dedication and hard work on Standards Volume II. A special thank you and acknowledgement goes to Monica Thornton for her commitment and diligent efforts in bringing this document to completion.

Lori A. Havener, CTR
Program Manager of Standards
NAACCR, Inc.

# CHAPTER I:

# PROBLEM STATEMENT, GOALS, AND SCOPE OF THIS DOCUMENT

## THE PROBLEM

In the late 1980s, increased efforts to pool data collected by different cancer registries drew attention to problems resulting from insufficient data standardization. This lack of standardization had a substantial cost and limited more widespread use of valuable data. Three groups especially felt the impact: state registries receiving data from hospital registries, the NAACCR Data Evaluation and Publication committee, and the Commission on Cancer's (CoC) National Cancer Data Base (NCDB).

The lack of standardization took many forms. Data items used by different registries or software systems varied in their definition and codes, even when they had the same name and were intended to represent the same information. Blanks, dashes, and defined codes were all used to indicate "unknown" data. Other substantial discrepancies were less easy to detect and correct. Hospitals and software providers faced conflicting standards and requirements when they were reporting to a central registry and maintaining a database consistent with CoC standards.

## THE SOLUTION

Many of NAACCR's sponsoring organizations, including the National Cancer Institute (NCI), the Centers for Disease Control and Prevention (CDC), and CoC, recognized that increasing standardization is an essential step in decreasing the costs associated with data collection, making more efficient use of increasingly limited human resources needed for data collection, management, and analysis, and obtaining more useful data that can be compared across registries and geographic areas.

Preparation of a statement of consensus on data standards for cancer registries was proposed by the NAACCR Data Exchange Committee (originally called the Data Exchange Standards Committee) spearheaded by NCDB, and the task fell to the newly formed Committee on a Unified Database which later morphed into NAACCR's Uniform Data Standards Committee. Later, the CDC entered into an agreement with NAACCR, and one of the projects under that agreement was the preparation of broader standards for population-based cancer registries. These efforts were complementary. Continued support from the NCI, the CoC, and the CDC has enabled continued development and maintenance of standards. The results of these efforts are the following standards documents published to date:

**NAACCR Standards Volume I:**

Havener LA (ed). *Standards for Cancer Registries Volume I: Data Exchange Standards and Record Descriptions, Record Layout Version 12*. Springfield, Ill.: North American Association of Central Cancer Registries, February 2009, revised January 2010.

Havener LA (ed). *Standards for Cancer Registries Volume I: Data Exchange Standards and Record Descriptions, Record Layout Version 11.3*. Springfield, Ill.: North American Association of Central Cancer Registries, June 2008.

Havener LA (ed). *Standards for Cancer Registries Volume I: Data Exchange Standards and Record Descriptions, Record Layout Version 11.2*. Springfield, Ill.: North American Association of Central Cancer Registries, June 2007.

Havener LA (ed). *Standards for Cancer Registries Volume I: Data Exchange Standards and Record Descriptions, Record Layout Version 11.1*. Springfield, Ill.: North American Association of Central Cancer Registries, June 2006.

Havener LA, Abe T, Bushhouse S, Gordon B, Hamlyn E, Hill KB, Hurlbut AA, Menck HR (eds). *Standards for Cancer Registries Volume I: Data Exchange Standards and Record Descriptions, Record Layout Version 11*. Springfield, Ill.: North American Association of Central Cancer Registries, November 2004.

Havener L, Abe T, Bushhouse S, Gordon B, Hill K, Hurlbut A, Seiffert J (eds). *Standards for Cancer Registries Volume I: Data Exchange Standards and Record Descriptions, Record Layout Version 10.1*. Springfield, Ill.: North American Association of Central Cancer Registries, November 2003.

Abe T and Seiffert J (eds). *Standards for Cancer Registries, Volume I, Data Exchange Standards and Record Description. Record Layout Version 9.* Springfield, Ill.: North American Association of Central Cancer Registries, September 7, 2000.

North American Association of Central Cancer Registries. *Standards for Cancer Registries, Volume I, Data Exchange Standards and Record Description. Version 7.* Sacramento, Cal.: North American Association of Central Cancer Registries, January 1, 1999.

North American Association of Central Cancer Registries. *Standards for Cancer Registries, Volume I, Data Exchange Standards and Record Description. Version 6.* Sacramento, Cal.: North American Association of Central Cancer Registries, March 20, 1998.

Gordon B and Seiffert J (eds). Standards for Cancer Registries, Volume I, *Data Exchange Standards and Record Description. Version 5.1.* Sacramento, Cal.: North American Association of Central Cancer Registries, 1997.

Gordon B (ed). *Standards for Cancer Registries, Volume I, Data Exchange Standards and Record Description. Version 3.0.* Sacramento, Cal.: American Association of Central Cancer Registries, February 1994.

**NAACCR Standards Volume II:**

Thornton ML, O'Connor, LC (eds). *Standards for Cancer Registries Volume II: Data Standards and Data Dictionary,* Fourteenth Edition. Record Layout Version 12. Springfield, Ill.: North American Association of Central Cancer Registries, February 2009, revised August 2009.

Havener LA, Thornton ML (eds). *Standards for Cancer Registries Volume II: Data Standards and Data Dictionary,* Thirteenth Edition. Record Layout Version 11.3. Springfield, Ill.: North American Association of Central Cancer Registries, April 2008.

Havener LA, Hofferkamp J (eds). *Standards for Cancer Registries Volume II: Data Standards and Data Dictionary,* Twelfth Edition. Record Layout Version 11.2. Springfield, Ill.: North American Association of Central Cancer Registries, April 2007.

Havener LA, Hultstrom D (eds). *Standards for Cancer Registries Volume II: Data Standards and Data Dictionary,* Eleventh Edition. Record Layout Version 11.1. Springfield, Ill.: North American Association of Central Cancer Registries, April 2006.

Havener LA, Hultstrom D (eds). *Standards for Cancer Registries Volume II: Data Standards and Data Dictionary,* Tenth Edition. Record Layout Version 11. Springfield, Ill.: North American Association of Central Cancer Registries, October 2004.

Havener LA, Hultstrom D (eds). *Standards for Cancer Registries Volume II: Data Standards and Data Dictionary,* Ninth Edition. Record Layout Version 10.2. Springfield, Ill.: North American Association of Central Cancer Registries, March 2004.

Hultstrom D, Havener LA (eds). *Standards for Cancer Registries Volume II: Data Standards and Data Dictionary,* Eighth Edition. Record Layout Version 10.1. Springfield, Ill.: North American Association of Central Cancer Registries, March 2003.

Hultstrom D (ed). *Standards for Cancer Registries Volume II: Data Standards and Data Dictionary,* Seventh Edition. Record Layout Version 10. Springfield, Ill.: North American Association of Central Cancer Registries, March 2002.

Hultstrom D (ed). *Standards for Cancer Registries Volume II: Data Standards and Data Dictionary,* Sixth Edition. Record Layout Version 9.1. Springfield, Ill.: North American Association of Central Cancer Registries, March 4, 2001.

Johnson CH (ed). *Standards for Cancer Registries Volume II: Data Standards and Data Dictionary,* Fifth Edition. Version 9. Sacramento, Cal.: North American Association of Central Cancer Registries; May 15, 2000.

Johnson CH (ed). *Standards for Cancer Registries Volume II: Data Standards and Data Dictionary,* Fourth Edition. Version 8. Sacramento, Cal.: North American Association of Central Cancer Registries; March 30, 1999.

Seiffert J (ed). *Standards for Cancer Registries Volume II: Data Standards and Data Dictionary,* Changed Data Dictionary Entries Only. Sacramento, Cal.: North American Association of Central Cancer Registries; April 13, 1998.

Seiffert J (ed). *Standards for Cancer Registries Volume II: Data Standards and Data Dictionary,* Third Edition. Version 6. Sacramento, Cal.: North American Association of Central Cancer Registries; March 20, 1998.

Seiffert J (ed). *Standards for Cancer Registries Volume II: Data Standards and Data Dictionary,* Second Edition. Version 5.1. Sacramento, Cal.: North American Association of Central Cancer Registries; March 14, 1997.

Menck HR and Seiffert J (eds). *Standards for Cancer Registries, Volume II: Data Standards and Data Dictionary.* Version 3.0. Sacramento, Cal.: American Association of Central Cancer Registries; February 14, 1994.

**NAACCR Standards Volume III:**
Hofferkamp J (ed). *Standards for Cancer Registries Volume III: Standards for Completeness, Quality, Analysis, Management, Security and Confidentiality of Data.* Springfield, Ill.: North American Association of Central Cancer Registries, August 2008.

Havener LA (ed). *Standards for Cancer Registries Volume III: Standards for Completeness, Quality, Analysis, and Management of Data.* Springfield, Ill.: North American Association of Central Cancer Registries, October 2004.

North American Association of Central Cancer Registries. *Standards for Completeness, Quality, Analysis, and Management of Data.* Springfield, Ill.: North American Association of Central Cancer Registries, September 2000.

Seiffert J (ed). *Standards for Cancer Registries Volume III: Standards for Completeness, Quality, Analysis, and Management of Data.* Sacramento, Cal.: American Association of Central Cancer Registries, February 14, 1994.

**NAACCR Standards Volume IV:**
Seiffert J, Capron S, and Tebbel J, (eds). *Standards for Cancer Registries Volume IV: Standard Data Edits.* Sacramento, Cal.: North American Association of Central Cancer Registries; April 4, 1996.

**NAACCR Standards Volume V:**
Havener LA (ed). *Standards for Cancer Registries Volume V: Pathology Laboratory Electronic Reporting, Version 3.0.* Springfield, Ill.: North American Association of Central Cancer Registries, Inc., July 2009.

Havener LA (ed). *Standards for Cancer Registries Volume V: Pathology Laboratory Electronic Reporting, Version 2.1.* Springfield, Ill.: North American Association of Central Cancer Registries, Inc., September 2007. (Revised January 2008 and May 2008.)

## GOAL OF THIS DOCUMENT

The goal of this volume is to define the NAACCR data standards for cancer registration for use by central registries, hospital-based registries, and other groups in North America to abstract cancer diagnosed on or after January 1, 2011.

Objectives of the standardization effort, and of this document, are to:

- Provide a comprehensive reference to ensure uniform data collection
- Reduce the need for redundant coding and data recording between agencies
- Facilitate the collection of comparable data among groups
- Provide a resource document to help registries that are establishing or revising their databases

This document will be used by new and existing facility-based and central cancer registries to ensure that their program and standard definitions and codes are consistent with those used by regional and national databases. Other potential users include registry software providers and those using registry data, especially if they are combining data from multiple sources or exchanging data. National standard-setting groups, such as CoC, CDC, NAACCR, NCI and the Canadian Council of Cancer Registries (CCCR) also will benefit.

This Data Dictionary describes all current data items. Those that are new or have been modified since the preceding Data Dictionary are listed in Chapter VII. Sidebars in Chapter X also indicate changes.

The present volume uses the same structure and philosophy as NAACCR's data exchange standards. Where a standard exists for an item or type of data, the standard is incorporated by reference. Where a variety of standards are in use, alternate coding schemes accommodate them, but the different coding schemes are recorded separately, or another data field is used to indicate which coding standard was used.

## SCOPE OF THIS DOCUMENT: WHAT STANDARDS ARE INCLUDED?

The present document is limited to standards regarding data, rather than procedures. More specifically, it focuses on a subset of possible data standards that NAACCR considers important to establish. These include:

- **Reportability**

Reportability defines the rules for inclusion of specific types of tumors in the registry (see Chapter III).

- **Data Items or Elements To Be Included**

Some data items are required or recommended by particular standard setters while others are optional or are retained because they were abstracted in the past. Chapter VIII specifies the required status for each.

*Example: "Sex" is listed as a required standard data element in Chapter VIII by all standards setters represented.*

- **Standardized Item Numbers and Item Names**

For ease and consistency of reference, all items are assigned both numbers and names (e.g., the item "Sex" is assigned the item number 220). The item number is intended to be permanent and will not change in future NAACCR standards publications. Assignment of permanent numbers was necessary because standard-setting organizations have changed item names over time or have applied similar names to items with different definitions. Item numbers allow the required precision of reference. When data items are deleted, the item numbers are retired and will never be reused for a different data item. Some data item numbers were intentionally left blank to allow the insertion of related items in the future. Ranges of available data item numbers have been assigned to different uses, as follows:

| Range | Use |
|---|---|
| 00001 - 04999 | Data items in new case layouts, record types I, C, A, or M. |
| 05000 - 06999 | Data items in Analysis/Research record only. (These data items are not within the purview of NAACCR, and NAACCR will not use the data item numbers in this range.) |
| 07000 - 08999 | Pathology Laboratory record. |
| 09000 - 09099 | Data items in Update/Correction record only. |
| 09100 - 09499 | Future use. |
| 09500 - 09999 | Data items for Local use. |
| 10000 - 10499 | System variables for Local use. |
| 20000 - 20999 | Data items for International use. (These data items are not within the purview of NAACCR, and NAACCR will not use the data item numbers in this range.) |
| 99000 - 99999 | Data items for Patient Care Evaluation studies. These may be assigned by CoC or others. A large range is allotted because many new items may be assigned each year for individual studies. |

Refer to NAACCR Standards Volume I[1] for additional information on record layouts.

Where possible, the NAACCR item name is the same as that used by the standard setter. However, the following constraints are placed on the names:

- **Length**
  Data item names are limited to 25 characters because that is the maximum length for item names in the EDITS software system (see Chapter IV). Standardized abbreviations, punctuation, and spacing are used when necessary (i.e., the word "first" always is entered "1st," "treatment" is "RX," and so on). Other limitations will be imposed as needed. Thus, item names will be identical in this data standards volume and the NAACCR Metafile of standard edits.

- **Consistency**
  Consistency was a goal in formatting names and in using special characters. The character "--" is used to distinguish among item names built on the same stem name.

  *Example: "Sequence Number--Hospital" and "Sequence Number--Central" are the names of two differently defined sequence numbers.*

- **Interrelated Items, Fields, and Subfields**
  To make the relationship among items more apparent, a constant term was consistently added to the stem of the name.

  *Example: Names of treatment fields related to radiation therapy begin with "Rad," so that in a list of item names they will appear together:*
  *Rad--No of Treatment Vol*
  *Rad--Elapsed RX Days*

❖ **Record Layout/Data Exchange**

Record layout/data exchange identifies the position of the data item in a standard flat file data exchange record. These positions are indicated in Chapter VII. See Volume I[1] in this series for more extensive information on the data exchange and other NAACCR standard layouts.

*Example: "Sex" is in character position 192 in the NAACCR Data Exchange Record Layout Version 12.1.*

### ❖ Codes

Codes identify allowable values, their meanings, and data entry formats for data items. Chapters IX and X specify either the standard codes for each data item or the source for the codes.

*Example for the item "Sex":*
*Codes*
*1 Male*
*2 Female*
*3 Other (Hermaphrodite)*
*4 Transsexual*
*9 Not stated*

When it is necessary to collect more specific information than that represented by the standard codes, every effort should be made to ensure that the more specific codes will accurately collapse into the pre-existing codes. This approach permits diversity without compromising inter-registry comparability or meta-analyses.

### ❖ Coding Rules

Coding rules are the guidelines and interpretations for deciding the correct code for a given tumor and are defined in the documentation of other standard-setting organizations. For each data item, Chapters VIII and X list a "Source of Standard," and the documentation from this source should be consulted for coding rule standards.

*Hypothetical Example: A coding rule might state what code to assign for sex when the medical record states the patient is female and the death certificate states male.*

# CHAPTER II:

# HISTORICAL BACKGROUND AND STATUS OF NORTH AMERICAN STANDARDS

## STANDARD-SETTING ORGANIZATIONS AND OTHER STANDARDS DOCUMENTS

Several organizations have played a major role in the development of cancer registry standards. They are listed in alphabetical order.

**American Cancer Society**
ACS historically has supported the development of standardized cancer classification systems, publishing the first code manual for the morphology of neoplasms in 1951. ACS has long supported the standard-setting programs of ACoS, including the Fundamental Tumor Registry Operations Education Program, the Registry Operations and Data Standards, and the American Joint Committee on Cancer (AJCC).

**American College of Surgeons**
Since the 1950s, ACoS has taken a leading role in establishing standards for hospital-based cancer programs and the cancer registries that are a part of such programs. Through its Approvals Program, CoC implements its requirements for case management, registry operation and case inclusion, and data set specifications as published in:

- *Cancer Program Standards*,[27] which presents standards for the full range of cancer program activities, including the registry.
- *Facility Oncology Registry Data Standards (FORDS): Revised for 2010*,[2] which specifies standards for cases to be included in the registry, data items to be collected, and the codes and coding rules for those items.

CoC requires approved cancer programs to use the codes and coding instructions published by CoC.

Through NCDB, CoC provides data quality feedback to approved cancer programs, software providers, and the general cancer registry community. Hospitals in the Accreditation Program are required to submit non-confidential registry data to NCDB, and CoC monitors the quality of data submissions in accordance with existing published standards for approved programs.

*FORDS*, the Cancer Program Standards, and the NCDB Call for Data announcements, instructions, and technical specifications are available to download at no charge at http://www.facs.org. CoC maintains an interactive Inquiry and Response Database to answer questions about all cancer-related requirements at the same site.

**American Joint Committee on Cancer**
AJCC formulates and publishes systems of classification of tumors by their anatomic site and histology through use of the Tumor, Node, Metastasis (TNM) staging system. The TNM staging system is the U.S. standard used by the medical profession to select the most effective treatments and determine prognosis to facilitate the management of cancer care. AJCC is dedicated to the ideal that all cancer cases should be staged, and it publishes the *Cancer Staging Manual*,[7] now in its Seventh Edition as well as the *Collaborative Stage Data Collection System*,[13] now in its Second Edition.

**Canadian Council of Cancer Registries**
The Canadian Council of Cancer Registries (CCCR) is the standard setting organization in Canada, originally established in 1978. This is a committee comprised of representatives (the directors) of each of the provincial and territorial cancer registries (PTCRs), Statistics Canada (STC) and other key stakeholders (e.g., Canadian Cancer Society [CCS], Public Health Agency of Canada [PHAC]).

The objectives of the CCCR include:

- To provide direction for data collection and use
- To provide leadership and support for standard setting and quality management
- To facilitate liaison and communication with partners to facilitate access to data for surveillance and research
- To promote the use and dissemination of Cancer Control information
- To provide leadership and support to the provinces and territories related to the National Cancer Registry System.

Canadian data are housed in the Canadian Cancer Registry (CCR) that is maintained by Statistics Canada. The CCR evolved from the event-oriented (1969) National Cancer Incidence Reporting System (NCIRS) and begins with patient-oriented cases diagnosed in 1992. Data are collected and reported by the PTCRs through annual calls for data. The CCR includes mechanisms for updating and clearing death records and identification of duplicates reported across PTCRs.

The CCCR is consistent with standards and practices outlined by IACR and NAACCR.

Sponsors and partners include:

- Canadian Association of Provincial Cancer Agencies (CAPCA)
- Statistics Canada (STC)
- National Cancer Institute of Canada (NCIC)/Canadian Cancer Society (CCS)
- Public Health Agency of Canada (PHAC)

Data partners are:

- Provincial Cancer organizations, Provincial/Territorial Ministries of Health
- Vital Statistics departments (provincial, territorial and federal)

**National Cancer Registrars Association**
An organization of cancer data professionals founded as the National Tumor Registrars Association in 1974, the National Cancer Registrars Association (NCRA) has been instrumental in the training and certification of cancer registrars. NCRA has produced a variety of educational materials, including guidelines for a college curriculum in cancer registry management, a planning manual for registry staffing, training materials for staging of cancer, and a publication on using cancer data to promote the services of the cancer registry. Their

publications also include a college-level cancer registry methods textbook (*Cancer Registry Management: Principles and Practice*, 2nd Edition, 2004).[37]

Since 1983, NCRA has promoted the certification of cancer registrars through a semi-annual examination. More than 4,000 Certified Tumor Registrars (CTRs) have successfully completed the exam, which evaluates technical knowledge of methods of cancer data collection, management, and quality control, as well as *International Classification of Diseases for Oncology* (ICD-O) topography and morphology coding and AJCC, Collaborative Staging and Surveillance, Epidemiology and End Results (SEER) Program staging systems. To maintain their credentials, CTRs are required to complete 20 hours of continuing education every 2 years, which can be obtained by participating in conferences and teleconferences that NCRA has precertified, and by obtaining a passing score on quizzes in NCRA's *Journal of Registry Management*.

Membership in NCRA is open to anyone interested in cancer data collection. For further information, contact NCRA on the Web at: http://www.ncra-usa.org.

**National Coordinating Council for Cancer Surveillance**

Founded in 1995, the National Coordinating Council for Cancer Surveillance (NCCCS) meets semi-annually to coordinate surveillance activities within the United States through communication and collaboration among major national cancer organizations, ensuring that the needs of cancer patients and the communities in which they live are fully served; that scarce resources are maximally used; and that the burden of cancer in the United States is adequately measured and ultimately reduced. NCCCS includes representatives from the Armed Forces Institute of Pathology, ACoS, ACS, AJCC, CDC-NPCR, CDC-NCHS, NCI-SEER, NCI-Applied Research Program, NCRA, and NAACCR. Current priorities for NCCCS include building coordination among cancer incidence surveillance and other cancer surveillance systems; electronic medical records and real-time reporting; improving source information to measure disparity (race, ethnicity, socioeconomic status); non-hospital reporting; and defining a decision process for incidence surveillance expansion, both in the addition of data elements and modification of surveillance systems.

**National Program of Cancer Registries**

CDC has worked to improve registry data nationwide since 1992, when Congress authorized the establishment of the National Program of Cancer Registries (NPCR) through the Cancer Registries Amendment Act (Public Law 102-515).[33] CDC provides funds to 46 states, 3 territories, and the District of Columbia to assist in planning or enhancing cancer registries, developing model legislation and regulations for programs to increase the viability of registry operations, setting standards for data, providing training for registry personnel, and helping establish computerized reporting and data processing systems.

CDC has contributed substantially to the development of data standards through its financial support of NAACCR, as well as by funding and developing EDITS, a software system that facilitates the coordination of data standards (see Chapter IV). In administering NPCR, CDC requires participating central registries to collect data items that conform to NAACCR's standards. NPCR staff also continues to maintain Registry Plus™, a suite of publicly accessible free software programs made available by CDC to facilitate the implementation of NPCR.

To maximize the benefits of state-based cancer registries, CDC uses the NPCR-Cancer Surveillance System (CSS) for receiving, assessing, enhancing, aggregating, and disseminating data from NPCR-funded registries. This system of cancer surveillance provides valuable feedback to improve the quality and usefulness of registry data and monitor the impact of cancer prevention and control programs. In 2002 the CDC published the first edition of the United States Cancer Statistics (USCS) in collaboration with NCI and with contributions from NAACCR. This report contained 1999 incidence data from 37 states and metropolitan areas. In 2007 the sixth edition of this joint publication was released. This edition contained 2004 incidence data from 49 states (40 NPCR-, 4 NPCR/SEER-, and 5 SEER-funded registries), 6 SEER metropolitan areas

and the District of Columbia (NPCR). In total, the cancer registries whose data are included in this report cover 98% of the U.S. population. For additional information on NPCR, visit the CDC/NPCR website at: http://www.cdc.gov/cancer/npcr/.

**North American Association of Central Cancer Registries**

The American Association of Central Cancer Registries (AACCR) was established in 1987, and with the addition in 1995 of Canadian registries as members, the name was changed to the North American Association of Central Cancer Registries (NAACCR). Members are population-based cancer registries in the United States and Canada, national cancer and vital statistics organizations in both countries, and other organizations and individuals interested in cancer registration and surveillance. NAACCR is a professional organization that develops and promotes uniform data standards for cancer registration; provides education and training; certifies population-based registries for high-quality data; evaluates, aggregates, and publishes data from central cancer registries; and promotes the use of cancer surveillance data and systems for cancer control and epidemiologic research, public health programs, and patient care to reduce the burden of cancer in North America. NAACCR welcomes membership from cancer registries and other organizations or individuals that are interested in the collection, analysis, and publication of data on cancer incidence.

**Surveillance Epidemiology and End Results Program**

NCI's SEER Program has collected standardized data to measure progress in cancer prevention and control for more than 30 years. Established by a Federal mandate--the National Cancer Act of 1971--the SEER Program is a sequel to two earlier NCI programs: the End Results Group (1956-72) and the Third National Cancer Survey (1969-71).

Seven population-based registries have provided data continuously since the SEER Program began in 1973: the States of Connecticut, Iowa, New Mexico, Utah, and Hawaii; and the Metropolitan Areas of Detroit and San Francisco-Oakland. In 1974-75, the regions of Seattle-Puget Sound and Metropolitan Atlanta were added. These areas, plus the rural Georgia region added in 1978, cover about 9.5 percent of the U.S. population. In 1992, the SEER Program added two additional regions in California--Los Angeles and San Jose-Monterey--bringing coverage of the U.S. population to 14 percent. In order to increase coverage of the American Indian/Alaska Native populations, SEER has included data from the Alaska Native Tumor Registry since 1984. These regions were selected for their epidemiologically significant population subgroups and, in fact, over-sample minority populations in the United States. In 2001, four states were added--Kentucky, Louisiana, New Jersey, and the remainder of California--resulting in coverage of about 26 percent of the U.S. population.

The purpose of the SEER Program, as stated in the National Cancer Act legislation, is to collect, analyze, and disseminate data useful in the prevention, diagnosis, and treatment of cancer. The goals of the Program are to:

- Monitor annual cancer incidence trends to identify patterns of cancer occurring in population subgroups
- Provide continuing information on changes over time in the extent of disease (EOD) at diagnosis, trends in therapy, and associated changes in patient survival
- Promote studies to identify factors that can be studied and applied to achieve cancer prevention and control

These goals illustrate that the aim of the SEER Program is providing cancer surveillance over time. As a result, changes in standards are carefully considered for their impact both on future data and compatibility with previous data.

Participating registries are required to submit data in a standard format using standardized definitions and codes (currently the *SEER Program Coding and Staging Manual 2007*,[3] and the *Collaborative Staging*

*Manual and Coding Instructions*.[13] However, the individual SEER registries have not used identical data collection methods or identical data management methods, and they differ in the extent to which they impose data requirements on the reporting facilities in their areas.

Standardized edits, developed by SEER and shared with participating registries, are applied to data submissions, and the results are returned to the participating registries.

SEER Program publications relating to data standards (http://www.seer.cancer.gov) include:

- A series of eight self-instructional manuals for cancer registrars[35] covering abstracting, coding, terminology, anatomy, treatment, statistics, and other aspects of cancer registry operations. Book 8 in the series is a comprehensive list of drugs used in treating cancer and, before January of 2005, was the standard reference for drug-treatment coding rules. For cancer diagnoses beginning in January of 2005, book 8 was replaced by SEER*Rx, an interactive antineoplastic drug database that is updated on a regular basis (http://www.seer.cancer.gov/tools/seerrx/). Additional instructional resources are available on the SEER website (http://seer.cancer.gov/registrars/).

- *SEER Extent of Disease-1998: Codes and Coding Instructions*, Third Edition.[8] This document includes site-specific codes and coding guidelines to describe spread of tumor in anatomic terms. EOD is a 10-digit code that includes 3 digits for size of tumor, 2 digits for tumor extension, 1 digit for lymph node involvement, 2 digits for the number of regional lymph nodes examined, and 2 digits for the number of positive regional lymph nodes. SEER always has collected EOD information and collapses this information into different staging schemes.

- The *SEER Program Coding and Staging 2007 Manual*.[3] This manual includes comprehensive codes and coding guidelines for the data elements required by SEER.

- *Comparative Staging Guide for Cancer*.[6] This guide illustrates the relationships among EOD codes, the summary staging system, and the Third Edition of the TNM Staging System. A revision updating the comparative staging to the Fifth Edition of the TNM Staging System is in development.

- *Summary Staging Guide for the Cancer Surveillance, Epidemiology and End Results Reporting Program*.[11] Originally published in April 1977, and most recently reprinted in July 1986, this is the standard for localized-regional-distant staging for tumors diagnosed between 1977 and 2000.

- *SEER Summary Staging Manual 2000*.[12] Published in 2001, is the standard for summary stage for cases diagnosed January 1, 2001, and after.

There is no charge for single copies of SEER Program publications. To place an order or to obtain further information, go to the SEER Program Website at: http://seer.cancer.gov/publications.

**World Health Organization**

The World Health Organization (WHO), an agency of the United Nations, is responsible for publishing and maintaining the international standard for diagnosis coding systems. Selected publications include:

- *International Classification of Diseases* (ICD-9, the Ninth Revision), as modified by the Health Care Financing Administration[15]

- *International Statistical Classification of Diseases and Related Health Problems* (ICD-10, the 10th Revision)[14]

- *International Classification of Diseases for Oncology*[16, 17]

These publications are world-standard diagnosis coding systems.

ICD-9 was adapted for use in the United States as the Clinical Modification of ICD-9 (ICD-9-CM),[15] and is the current standard for coding medical record diagnoses in health information management departments in U.S. health care facilities. ICD-10[14] was implemented for coding causes of death on death certificates in the United States effective January 1, 1999.

The Second Edition of ICD-O became the standard for coding cancer diagnoses in the United States in 1992. An extensive revision of the morphology codes, especially the Lymphoma and Leukemia Section, was field-tested for the 1999 and 2000 diagnosis years, and the Third Edition of ICD-O[16] was implemented for 2001 diagnoses.

WHO publications are sold through the following two agencies in the United States:

Q Corporation
49 Sheridan Avenue
Albany, NY 12210
(518) 436-9686

College of American Pathologists
325 Waukegan Road
Northfield, IL 60076
(800) 323-4040
http://www.cap.org/index.cfm

In the United States, the contact for further information on ICD-O is the Expert on Nomenclature and Coding at SEER (http://seer.cancer.gov).

## HISTORICAL BACKGROUND OF STANDARDS COORDINATION

Because the various standard-setting organizations use their data for different purposes, some data elements had different meanings, depending on the organization using the data. A long history of cooperation has been evident among organizations interested in cancer data to resolve the discrepancies between organizations in their interpretation of data elements.

The earliest standard setters were CoC and SEER. The End Results Group, predecessor of SEER, published coding rules and guidelines as early as the 1950s; CoC published its first data collection manual, the *Supplement on the Tumor Registry*, in conjunction with its *Cancer Program Manual 1981*. At that time, hospital-based cancer registries often used CoC's recommended codes and coding rules, and SEER central registries used those of the SEER Program. The two systems were not always in agreement. As a result, CoC and SEER began working together in the early 1980s to make the codes and definitions in their manuals consistent.

CoC and SEER attempted to define one common set of data item definitions, field lengths, and codes for use by both SEER registries and hospital-based registries. By 1988, the collaboration resulted in the publication of both CoC's *Data Acquisition Manual* and the *SEER Program Code Manual*, with data items and codes in

substantial agreement. Having more congruent data sets allowed for easier data sharing and data comparisons, especially with the advent of personal computers that were sufficiently powerful to analyze large amounts of cancer data. This achievement helped set precedents for cooperation in data management, and maintaining congruence whenever possible has continued to be a top priority for these two groups.

During the same period, the California Cancer Registry was developing a statewide automated system that allowed facilities to report electronically to the state registry system. One region in California was a SEER registry at that time, and a large number of hospitals maintained CoC-approved programs. To facilitate implementation of standards within its program, the California Cancer Registry requested that SEER and CoC establish a formal committee to pursue data standardization and requested membership on this committee.

The function of that committee was transferred to NAACCR's Uniform Data Standards Committee (UDSC) when it was established in 1987. Membership was expanded to include all of the major standard-setting organizations and representation from registry software vendors and central registries. This Committee has made enormous progress toward standardization. A major success occurred when all of the participating groups agreed to implement the Second Edition of ICD-O simultaneously for tumors diagnosed in 1992 and later. In 1993, NAACCR convened a multidisciplinary conference to address the issue of collecting data on preinvasive cervical neoplasia, resulting in specific recommendations for member registries to cease collection of cervical carcinoma *in situ*. UDSC provides a national forum to discuss data issues and reach consensus on data standards. Given the extensive effort required to maintain uniform standards, in 2000, a subsidiary of UDSC, the Volume II Work Group, was formed to focus on the annual updates, revisions, and additions to compendiums of national standards.

CDC added another strong voice for standardization. CDC requires that the registries in 46 states, the District of Columbia, and U.S. Territories funded by NPCR use standard data items and codes. CDC is a sponsoring member of NAACCR, and has participated in committee activities of NAACCR. Through its contractor, CDC provides quality control activities for participants in NPCR and has facilitated the setting of standards and encouraged their adoption. The EDITS project described in Chapter IV is an example of the innovative approach CDC has supported.

At the time of this revision to Volume II, the major organizations agree in principle that their data standards will be consistent wherever possible. There are, however, areas where agreement has not been reached. These are discussed in detail in Chapter V.

Despite the progress made toward standardization and the near-universal agreement that standardization is desirable, much remains to be done. Implementation of existing standards is not uniform, and implementation of changes in standards is not always synchronized. SEER and CoC will continue to publish separate coding manuals on different update schedules. Standardized data edits must be updated, maintained, and used by all registries.

In Canada, cancer registries at the provincial and territorial level joined together with Statistics Canada, a national agency, to form the Canadian Council of Cancer Registries. This process started in 1986 and led to the development of common national standards for the Canadian Cancer Registry, which were implemented with a reference date of January 1, 1992. A Data Quality Committee, which reports to the Council, is responsible for making recommendations to set national standards, and will review and monitor data quality and resolve any inconsistencies in procedures, coding, or other activities affecting data comparability.

NAACCR hopes that documenting existing standards, recommending standards where they do not yet exist, and publishing the results in a concise and authoritative form will enable registries and software providers to move forward in achieving comparable data that can be more widely used.

**Schedule of Revisions to NAACCR Standards Documents**

In 2000, the NAACCR Board of Directors established a Standards Implementation Task Force to review the current timeline for changes to data standards and to recommend guidelines for a new timeline that would meet the needs of the standard-setting organizations, central cancer registries, vendors, and reporting facilities. The Standards Implementation Task Force developed guidelines for **major** changes to be implemented on a 3-year cycle, with all standard setters adhering to the same 3-year cycle. Implementation of the process began January 2003, with the next implementation date for major changes occurring on January 1, 2006, and then 2009. However, due to the AJCC TNM 7th Edition scheduled for January 2010 implementation the schedule for major changes was postponed one year i.e., from 2009 to 2010. Major changes took effect with cases diagnosed January 1, 2010, and based on a 3-year cycle, major changes can be implemented again in 2013, 2016, etc. These changes require the publication of a new Version of the NAACCR Volume II Data Dictionary and Data Standards (e.g., from Version 11.3 to Version 12). Minor changes will be published in an update of the current Version of the NAACCR Volume II Data Dictionary and Data Standards (e.g., Version 12.1 [*Exception:* An updated Version will not be published the year a new Version is published, minor changes will be included in the new Version]). The intent is to allow the ability to fix errors and clarify codes or add new codes should they be necessary during the interval between the scheduled major revisions and updates. See the *Standards Implementation Guidelines*[38] for definitions of major and minor changes and additional information.

The Cancer Registration Steering Committee (CRSC) was established in 2005 to provide regular communication among leaders of NAACCR and its sponsoring member organizations to facilitate coordination and promote consensus in the development and implementation of major data items, standards, and procedures related to cancer registration.

All NAACCR members are encouraged to present suggestions or comments on proposed changes to the standards to the Uniform Data Standards Committee with simultaneous notification to CRSC. The NAACCR website, http://www.naaccr.org, provides the name of the Committee Chair and forms for proposing additions or revisions.

**Table 1. Record Layout Table With References.**

| NAACCR | Release Date | Effective Date* | Reference Manuals Accommodated | NAACCR Metafile Version |
|---|---|---|---|---|
| Version 12.1 | 06/2010 | 1/1/2011 | CoC *FORDS Revised for 2010*<br>*SEER Program Coding and Staging Manual*<br>*WHO ICD-O-3*, 2000<br>*SEER Summary Staging Manual*, 2000<br>*AJCC Staging Manual*, Seventh Edition, 2010<br>***Collaborative Stage Data Collection System, Version 02.02.00*** | Metafile Version 12.1 |
| Version 12 | 02/2009<br>Revised<br>08/2009 | 1/1/2010 | **CoC *FORDS Revised for 2010***<br>*SEER Program Coding and Staging Manual*<br>*WHO ICD-O-3*, 2000<br>*SEER Summary Staging Manual*, 2000<br>***AJCC Staging Manual*, Seventh Edition, 2010**<br>***Collaborative Stage Data Collection System, Version 02.00.00*** | Metafile Version 12 |
| Version 11.3 | 4/1/2008 | 1/1/2009 | CoC *FORDS* Revised for 2007<br>***SEER Program Coding and Staging Manual 2007, Revision 1***<br>*WHO ICD-O-3*, 2000<br>*SEER Summary Staging Manual*, 2000<br>*AJCC Staging Manual*, Sixth Edition, 2002<br>***Collaborative Staging Manual and Coding Instructions, Version 01.04.00*** | Metafile Version 11.3 |
| Version 11.2 | 4/1/2007 | 1/1/2008 | Same as Version 11.1 | Metafile Version 11.2 |
| Version 11.1 | 4/1/2006 | 1/1/2007 | **CoC *FORDS* Revised for 2007**<br>***SEER Program Coding and Staging Manual 2007***<br>*WHO ICD-O-3*, 2000<br>*SEER Summary Staging Manual*, 2000<br>*AJCC Staging Manual*, Sixth Edition, 2002<br>***Collaborative Staging Manual and Coding Instructions, Version 01.03.00*** | Metafile Version 11.1 |
| Version 11 | 10/1/2004 | 1/1/2006 | CoC *FORDS*: Revised for 2004<br>*SEER Program Code Manual*<br>*WHO ICD-O-3*, 2000<br>*SEER Summary Staging Manual*, 2000<br>*AJCC Staging Manual*, Sixth Edition, 2002<br>***Collaborative Staging Manual and Coding Instructions, Version 01.02.00*** | Metafile Version 11 |
| Version 10.2 | 3/1/2004 | 1/1/2005 | Same as Version 10.1 | Metafile Version 10 |
| Version 10.1 | 3/1/2003 | 1/1/2004 | **CoC *FORDS*: Revised for 2004**<br>***SEER Program Coding and Staging Manual 2004***<br>*WHO ICD-O-3*, 2000<br>*SEER Summary Staging Manual*, 2000<br>*AJCC Staging Manual*, Sixth Edition, 2002<br>***Collaborative Staging Manual and Coding Instructions, Version 1.0***<br>**(implementation 01/01/2004)** | Metafile Version 10 |

| | | | | |
|---|---|---|---|---|
| Version 10 | 3/20/2002 | 1/1/2003 | **CoC *FORDS* (2003)**<br>*SEER Program Code Manual*<br>*WHO ICD-O-3,* 2000<br>*SEER Summary Staging Manual,* 2000<br>*AJCC Staging Manual,* Sixth Edition, 2002 | Metafile Version 10 |
| Version 9.1 | 3/21/2001 | 1/1/2002 | Same as Version 9 | Metafile Version 9 |
| Version 9 | 5/15/2000 | 1/1/2001 | CoC/*ROADS*, 1996, Rev. 1998<br>*SEER Program Code Manual,* 1998<br>***WHO ICD-O-3*, 2000**<br>***SEER Summary Staging Manual,* 2000**<br>*AJCC Staging Manual,* Fifth Edition, 1997<br>*SEER Extent of Disease Manual,* 1998 | Metafile Version 9 |
| Version 8 | 3/30/1999 | 1/1/2000 | Same as Versions 6 and 7 | Metafile Version 8 |
| Version 7 | 4/13/1998 | 1/1/1999 | Same as Version 6 | Metafile Version 7 |
| Version 6 | 1/23/1998<br>Revised<br>3/20/1998 | 1/1/1998 | **CoC/*ROADS*, 1996, Rev. 1998**<br>*WHO ICD-O-2,* 1990<br>*SEER Summary Staging Guide,* 1977<br>***AJCC Staging Manual,* Fifth Edition, 1997**<br>***SEER Extent of Disease Manual,* 1998** | Metafile Version 6 |
| Version 5.1 | 3/12/1997 | 1/1/1997 | Same as Version 5 | Metafile Version 5 |
| Version 5 | 4/10/1996 | 1/1/1996 | **CoC/*ROADS*, 1996**<br>*SEER Program Code Manual,* 1992<br>*WHO ICD-O-2,* 1990<br>*SEER Summary Staging Guide,* 1977<br>*AJCC Staging Manual,* Fourth Edition, 1992<br>*SEER Extent of Disease Manual,* 1992 | Metafile Version 5 |
| Version 4 | 2/14/1994 | 1/1/1994 | CoC/ACoS *Data Acquisition Manual,* 1994<br>*SEER Program Code Manual,* 1992<br>*WHO ICD-O-2,* 1990<br>*SEER Summary Staging Guide,* 1977<br>*AJCC Staging Manual,* Fourth Edition, 1992<br>*SEER Extent of Disease Manual,* 1992 | Metafile Version 4 |

Bolded text indicates changes from previous version.
* Either the date of diagnosis or year first seen for this cancer may have been used by some standard-setters. Refer to the Data Dictionary or to the standard-setter reference manuals for clarification of date requirements.

# CHAPTER III:

# STANDARDS FOR TUMOR INCLUSION AND REPORTABILITY

Due to continued efforts by standard-setting organizations, facility-based registries and population-based central registries now follow nearly identical standards for determining reportable tumors that are to be included in the registry; however, some differences in reportability remain. CoC stipulates the tumors that must be included in approved facility registries, while most population-based registries, at a minimum, follow the standards set by SEER or NPCR. *The Cancer Program Standards*,[27] the CoC *FORDS* manual,[2] *SEER Program Code* manuals,[3,8] NPCR Program Announcement,[36] and the *Canadian Cancer Registry System Guide*[5] should be consulted for more details.

Standards for tumor reportability are defined by the following criteria:

**Reference Date**
The reference date is the effective date cancer registration starts in a specified at-risk population or in a specific facility. It is not the date the registry is organized or the date work begins. Tumors diagnosed on or after the reference date must be included. The reference date typically begins on January 1 of a calendar year, but sometimes it is another date. It is important to be aware that the reference date of the regional, state or provincial registry may precede the reference date set by cancer registry hospitals or other individual facilities. If the regional, state or provincial registry is established by law, reporting entities will be required to submit their cases in accordance with the law regardless of their facility reference date.

**Residency**
For a population-based registry, it is essential to include all tumors occurring in the at-risk population, and rules must be in place for determining the members of that population. The goal is to use the same rules for the patients' demographic data at the time of diagnosis as those used by the Census Bureau in enumerating the population. For example, a population-based registry must have rules for determining residency of part-year residents, institutionalized persons, homeless persons, military personnel, and students. For U.S. registries see the *SEER Program Code Manual*[3] for specific instructions and for Canadian registries see appendix T of the *Canadian Cancer Registry System Guide*[5] for specific instructions.

NAACCR recommends that population-based registries include in their database tumor reports of non-residents from facilities in their catchment areas to:

- Share tumor information that otherwise may go unreported with the resident's population-based registry
- Facilitate death clearance and other record linkages
- Allow preparation of complete and accurate reports to individual facilities

Hospital-based registries are less concerned with residency of the patient than the reason for admission, and hospital registries might not collect data for certain categories of patients that the central registry must include, such as patients admitted to a hospice unit or transient patients who receive interim care to avoid interrupting a course of therapy. Also, CoC does not require complete abstracting of tumors that are "nonanalytic" for the facility. Therefore, for the central registry, clear rules that are well documented, widely distributed, and accepted are essential to prevent missed case reports (source records).

### *In utero* Diagnosis

Diagnoses made in utero are reportable if the pregnancy results in a live birth. When a reportable diagnosis is confirmed prior to birth and disease is not evident at birth due to regression, accession the case based on the pre-birth diagnosis, even if the disease is not evident at birth due to regression or treatment.

### Reportable List

CoC, NPCR, SEER and CCCR have achieved greater consensus on reportable tumors in the past few years (see Table 2). For all tumors diagnosed from January 1, 1992, through December 31, 2000, all three U.S. standard setters (CoC, NPCR, and SEER) required the inclusion of all neoplasms in the *International Classification of Diseases for Oncology*, Second Edition[17] (ICD-O-2) with a behavior code of 2 or 3 (*in situ* or malignant), with the exception of squamous cell and basal cell carcinoma of the skin and carcinoma *in situ* of the cervix uteri since 1996. (See the CARCINOMA *IN SITU* OF THE CERVIX, CIN, AND THE BETHESDA SYSTEM Section later in this Chapter). The CCCR adopted the ICD-O-2[17] in 1992.

For all tumors diagnosed on or after January 1, 2001, all four organizations require the inclusion of all neoplasms in the *International Classification of Diseases for Oncology*, Third Edition[16] (ICD-O-3) with a behavior code of 2 or 3 (*in situ* or malignant), with the exception of squamous cell and basal cell carcinoma of the skin, prostatic intraepithelial neoplasia (PIN) III, carcinoma *in situ* (CIS) of the cervix, and cervical intraepithelial neoplasia (CIN) III. Code M9421 (juvenile astrocytoma, pilocytic astrocytoma, or piloid astrocytoma), with a behavior code of 1 (borderline) in ICD-O-3, is reportable as M9421/3. Prior to 2003, CoC considered basal and squamous skin cancers that were AJCC stage group II or higher at diagnosis as reportable. Prior to 2004 CCCR considered CIS of the cervix and CIN III as reportable, prior to 2005 PIN III was considered as reportable.

In addition, the three U.S. organizations require the inclusion of all non-malignant primary intracranial and central nervous system (CNS) tumors diagnosed on or after January 1, 2004. Specifically, non-malignant primary intracranial and CNS tumors of any morphology in ICD-O-3[16] having a behavior code of 0 or 1 (benign/ borderline) occurring in the following sites: brain, meninges, spinal cord, cranial nerves and other parts of the CNS, pituitary gland, pineal gland, and craniopharyngeal duct are reportable (see Table 3). The CCCR requires inclusion of all non-malignant primary intracranial and central nervous system (CNS) tumors diagnosed on or after January 1, 1992. Specifically, non-malignant primary intracranial and CNS tumors of any morphology in ICD-O-3[16] having a behavior code of 0 or 1 (benign or borderline) occurring in the following sites: brain, meninges, spinal cord, cranial nerves and other parts of the CNS are reportable (see *Canadian Cancer Registry System Guide*[5]).

### *In Situ*/Invasive

It is important to distinguish between the morphologic condition of *in situ* as it is represented in ICD-O-2 or ICD-O-3 behavior codes and Tis as it is defined for the purpose of prognostic staging in the *AJCC Cancer Staging Manual*. Some morphologic and disease descriptive terms that are invasive in ICD-O-2/ICD-O-3 or localized in the *SEER Summary Staging Guide*/*SEER Summary Staging Manual 2000* are Tis in the *AJCC Cancer Staging Manual*. Some examples are:

- Paget's disease of the nipple (8540/3) (an "invasive" code in ICD-O-2 and ICD-O-3) *with no underlying tumor* is classified as Tis in AJCC Seventh Edition

- For colon/rectum, "invasion of the lamina propria" (intramucosal) with no extension through the muscularis mucosae into the submucosa is classified as Tis according to AJCC Seventh Edition but localized in *SEER Summary Stage 2000*

Some tumors classified as invasive in the behavior code can be classified as Tis or Stage 0 when coded according to AJCC Seventh Edition or when Collaborative Staging (CS) codes are converted to AJCC Seventh Edition. These differences should be considered when data are being compared.

**Multiple Primary Rules**

SEER rules have been the *de facto* standard for determining the number of primary cancers in the U.S. for both central and hospital-based registries. See the SEER *Program Coding and Staging Manuals*[3] for details. CCCR rules were the Canadian standard for the Canadian Cancer Registry database between 1992 and 2006. See the *Canadian Cancer Registry System Guide*[5] for details. For cases diagnosed on or after January 1, 2007, the CCCR has adopted the SEER *Multiple Primary and Histology Coding Rules*.[4] Until all registries in Canada adopt the same set of rules to determine multiple primaries, the Canadian Cancer Registry publishes data nationally using the IARC rules.

SEER convened a multi-agency task force (with representation from Canada) to review and revise the multiple primary and histology (MP/H) coding rules in a manner that promotes consistent, standardized determination of multiple primaries and coding of histologies at the data collection level. The revised MP/H rules were implemented January 2007. Additional information is available on the SEER website.[4]

Neither the pre-2007 rules nor the 2007 MP/H rules are identical to the international standard recommended by the International Agency for Research on Cancer (IARC) and the International Association of Cancer Registries (IACR).[34] The IARC rules have the effect of defining fewer cases than do the pre-2007 SEER/CCCR or the 2007 MP/H rules. A computer algorithm is available through IACR/IARC which identifies which U.S. cases would not be reportable under IACR/IARC multiple primary rules.

A rule requiring that an invasive tumor diagnosed more than two months after an *in situ* tumor of the same site be reported as a subsequent primary was reviewed by UDSC and adopted on April 26, 1994, effective with tumors diagnosed in 1995 and later. This rule remains in effect and is incorporated into the 2007 MP/H rules as follows.

An invasive tumor following an *in situ* tumor more than 60 days after diagnosis are multiple primaries.

> *Note 1:* The purpose of this rule is to ensure that the case is counted as an incident (invasive) case when incidence data are analyzed.
>
> *Note 2:* Abstract as multiple primaries even if the medical record/physician states it is recurrence or progression of disease.[4]

This important rule affects how the tumor will be counted in published statistics. With the exception of bladder, *in situ* tumors are not usually included in published incidence rates. Without the reporting of these invasive cancers, for example, rates of invasive breast cancer would be underreported. CoC, with its emphasis on clinical data, did not adopt this exception to the general rule until the 2007 MP/H rules were implemented.

In the Canadian Cancer Registry database 1992-2006, if there was an *in situ* followed by an invasive cancer at the same site and histology, only the invasive primary was retained, the date of diagnosis was linked to the invasive primary. The Canadian Cancer Registry multiple primary rules did not allow an *in situ* and invasive primary to be retained for the same site and histology.

## CARCINOMA *IN SITU* OF THE CERVIX, CIN, AND THE BETHESDA SYSTEM

The term "pre-invasive cervical neoplasia" refers to carcinoma *in situ* of the cervix and conditions viewed as equivalent to it or on a continuum with it. Diagnostic terminology for pre-invasive cervical neoplasia has changed significantly over time, from the four-tiered system of dysplasia and carcinoma *in situ*, to the three-tiered system of CIN, to the two-tiered Bethesda System, with high- and low-grade squamous intraepithelial lesions (SIL). In the past, cancer registries generally considered carcinoma *in situ* of the cervix reportable, but they differed in which of these other terms they considered synonymous with carcinoma *in situ* and hence reportable. Consequently, data were not comparable over time or across registries.

NAACCR convened a multidisciplinary working group in April 1993 to review the problem and make recommendations for its membership. The recommendation was that "population-based registries discontinue routine collection of data on pre-invasive cervical neoplasia unless there is strong local need and interest and sufficient resources are available to collect all [high-grade squamous intraepithelial lesions] and its equivalent terms."[30] NAACCR and NPCR adopted this recommendation at that time. SEER and CoC adopted it effective for cases diagnosed January 1, 1996, forward. CCCR adopted it effective for cases diagnosed January 1, 2004.

### Ambiguous Terminology

In most circumstances, the diagnosis of cancer, as recorded in the patient's medical record, clearly is synonymous with reportable cancer. However, in those situations where the physician is not certain of the diagnosis, the associated terminology in the medical record reflects that uncertainty and is ambiguous. CoC, NPCR, SEER and CCCR are in agreement in regard to the list of terms considered as diagnostic of cancer and a list of terms not considered as cancer. These terms are shown in Table 2.

**Table 2. NAACCR Layout Version 12: Comparison of Reportable Cancers: CoC, SEER, NPCR and CCCR.**

| | CoC | SEER | NPCR | CCCR |
|---|---|---|---|---|
| **Reportable Diagnoses** | 1. Behavior code of 2 or 3 in ICD-O-3.<br><br>2. Non-malignant (behavior codes 0 and 1) primary intracranial and central nervous system tumors, including juvenile astrocytoma (M9421/3)* for primary sites as defined in Table 3. | 1. Behavior code of 2 or 3 in ICD-O-3.<br><br>2. Non-malignant (behavior codes 0 and 1) primary intracranial and central nervous system tumors, including juvenile astrocytoma (M9421/3)* for primary sites as defined in Table 3. | 1. Behavior code of 2 or 3 in ICD-O-3 (includes VIN III, VAIN III, AIN III).<br><br>2. Non-malignant (behavior codes 0 and 1) primary intracranial and central nervous system tumors, including juvenile astrocytoma (M9421/3)* for primary sites as defined in Table 3. | 1. Behavior code of 2 or 3 in ICD-O-3.<br><br>2. Benign (behavior code 0) tumors of the brain and central nervous system (ICD-O-3 Topographies C70.0-C72.9).<br><br>3. Borderline (behavior code 1) malignancies (all topographies in ICD-O-3) |
| **Exceptions (not reportable)** | 1. Skin cancers (C44._) with histology 8000-8110 (after 1/1/2003); prior to that date, AJCC stage groups 2-4 in this group were reportable.<br>2. CIS of the cervix and CIN III (after 1/1/96).<br>3. PIN III (after 1/1/96).<br>4. VIN III (after 1/1/96).<br>5. VAIN III (after 1/1/96).<br>6. AIN (after 1/1/96). | 1. Skin cancers (C44._) with histologies 8000-8005, 8010-8046, 8050-8084, 8090-8110.<br><br>2. CIS of the cervix and CIN III (after 1/1/96).<br><br>3. PIN III (after 1/1/2001). | 1. Skin cancers (C44._) with histologies 8000-8005, 8010-8046, 8050-8084, 8090-8110.<br><br>2. CIS of the cervix and CIN III.<br><br>3. PIN III (after 1/1/2001). | 1. Skin cancers (C44._) with histologies 8050-8084, 8090_-8110.<br><br>2. CIS of the cervix and CIN III (after 1/1/2004)<br><br>3. PIN III (after 1/1/2005) |
| **Multiple Primary Rules** | 2007 Multiple Primary and Histology Coding Rules. | 2007 Multiple Primary and Histology Coding Rules. | 2007 Multiple Primary and Histology Coding Rules | 2007 Multiple Primary and Histology Coding Rules |
| **Ambiguous Terminology Considered as Diagnostic of Cancer** | apparent(ly)<br>appears<br>comparable with<br>compatible with<br>consistent with<br>favors<br>malignant appearing<br>most likely<br>presumed<br>probable<br>suspect(ed)<br>suspicious (for)<br>typical of<br><br>Exception: if the cytology is reported as "suspicious" and neither a positive biopsy nor a physician's clinical impression supports the cytology findings, do not consider as diagnosis of cancer. | apparent(ly)<br>appears<br>comparable with<br>compatible with<br>consistent with<br>favors<br>malignant appearing<br>most likely<br>presumed<br>probable<br>suspect(ed)<br>suspicious (for)<br>typical of<br><br>Exception: if the cytology is reported as "suspicious" and neither a positive biopsy nor a physician's clinical impression supports the cytology findings, do not consider as diagnosis of cancer. | apparent(ly)<br>appears<br>comparable with<br>compatible with<br>consistent with<br>favors<br>malignant appearing<br>most likely<br>presumed<br>probable<br>suspect(ed)<br>suspicious (for)<br>typical of<br><br>Exception: if the cytology is reported as "suspicious" and neither a positive biopsy nor a physician's clinical impression supports the cytology findings, do not consider as diagnosis of cancer. | apparent(ly)<br>appears<br>comparable with<br>compatible with<br>consistent with<br>favors<br>malignant appearing<br>most likely<br>presumed<br>probable<br>suspect(ed)<br>suspicious (for)<br>typical of<br><br>Exception: if the cytology is reported as "suspicious" and neither a positive biopsy nor a physician's clinical impression supports the cytology findings, do not consider as diagnosis of cancer. |
| **Ambiguous Terminology NOT Considered as Diagnostic of Cancer** | cannot be ruled out<br>equivocal<br>possible<br>potentially malignant<br>questionable<br>rule out<br>suggests<br>worrisome | cannot be ruled out<br>equivocal<br>possible<br>potentially malignant<br>questionable<br>rule out<br>suggests<br>worrisome | cannot be ruled out<br>equivocal<br>possible<br>potentially malignant<br>questionable<br>rule out<br>suggests<br>worrisome | cannot be ruled out<br>equivocal<br>possible<br>potentially malignant<br>questionable<br>rule out<br>suggests<br>worrisome |

* **Juvenile astrocytomas should be reported as 9421/3.**

**Table 3. Primary Site Codes for Non-Malignant Primary Intracranial and Central Nervous System Tumors (non-malignant primary intracranial and central nervous system tumors with a behavior code of 0 or 1 [benign/borderline] are reportable regardless of histologic type for these topography codes).**

| Topography | |
|---|---|
| **Codes** | **Description** |
| | Meninges |
| C70.0 | Cerebral Meninges |
| C70.1 | Spinal meninges |
| C70.9 | Meninges, NOS |
| | Brain |
| C71.0 | Cerebrum |
| C71.1 | Frontal lobe |
| C71.2 | Temporal lobe |
| C71.3 | Parietal lobe |
| C71.4 | Occipital lobe |
| C71.5 | Ventricle, NOS |
| C71.6 | Cerebellum, NOS |
| C71.7 | Brain stem |
| C71.8 | Overlapping lesion of brain |
| C71.9 | Brain, NOS |
| | Spinal Cord, Cranial Nerves, and Other Parts of the Central Nervous System |
| C72.0 | Spinal cord |
| C72.1 | Cauda equina |
| C72.2 | Olfactory nerve |
| C72.3 | Optic nerve |
| C72.4 | Acoustic nerve |
| C72.5 | Cranial nerve, NOS |
| C72.8 | Overlapping lesion of brain and central nervous system |
| C72.9 | Nervous system, NOS |
| | Other Endocrine Glands and Related Structures |
| C75.1 | Pituitary gland |
| C75.2 | Craniopharyngeal duct |
| C75.3 | Pineal gland |

# CHAPTER IV:

# RECOMMENDED DATA EDITS AND SOFTWARE COORDINATION OF STANDARDS

**Definitions**
"Data edits" refer to computer software algorithms that check the content of data fields against an encoded set of acceptable codes and subsequently provide feedback on the quality of the data. Data edits verify that only acceptable values are used for codes and, more importantly, enforce correct relationships between the codes recorded for related data items. Data edits can apply pass/fail criteria to data, so that a particular code or group of codes is determined to be either correct or incorrect. Identified errors are corrected, and edits are re-run to ensure that the error was appropriately resolved. Certain types of edits identify coding combinations that are so rare or unlikely that they are most likely errors. Cases containing errors identified by these edits need to be manually reviewed, and if documentation is found to confirm that the case is rare or unusual and was originally correctly coded, an "over-ride flag" is set for the edit; i.e., a '1' (2 or 3) is entered into the over-ride flag field associated with the edit. Setting the over-ride flag will prevent the case from generating an error when it is re-run through the edit. Over-ride flags should not be set unless the entire case has been reviewed and documentation is found to confirm that the case is rare or unusual, as the majority of errors identified by such edits are in fact coding errors that end up being corrected, not over-ridden.

Generally, there are three types of edits:

- Single-field edits or item edits are those that verify only one data item at a time. For example, an edit of the item "Sex" would verify that only valid values are used in the field.

- Inter-field edits or multi-field edits are those edits that compare the codes recorded for one data item with codes recorded for related data items. For example, a common inter-field edit compares the code for "Sex" with the code for "Primary Site" and identifies female prostate cancer as an error.

- Inter-record edits or multi-record edits compare data recorded across more than one record, and are commonly applied across tumor records for a patient that has multiple tumors. These edits compare codes or groups of codes recorded in the same data item(s) between each of the tumor records for the patient. For example, one inter-record edit compares the sequence numbers of multiple tumors for the same patient with their dates of diagnosis to ensure that the sequence numbers have been assigned in the correct chronological order based on diagnosis date.

**Challenges**
There are at least six challenges to the standardization of data edits across central and hospital-based cancer registries. These include:

- Registry systems that encode an edit from standard specifications may be written in different computer languages, with possible differences in detail due to differing translations

- Each implementation of an agreed-upon standard specification may be programmed differently, despite intent to encode a standard meaning

- Complete edits are not always performed at the time of data entry

- Documentation of the edit algorithms can be difficult for data analysts and collectors to obtain, and may not be in a user-friendly format

- Consolidated data collected from different reporting sources and via different data entry tools may encourage the equating of "apples" and "oranges" without the users' knowledge

- When standards change, synchronized implementation of associated revised edits is difficult, due to the differing release schedules of cancer software providers and their limited ability to rapidly respond to changes at a given time

Uniform, standardized edits must be applied to all cancer registry data in order to generate data that are comparable across registries.

**The EDITS Software**

The EDITS Software Project began with an informal discussion about promoting and supporting data processing standards after a 1990 meeting of the NAACCR Data Evaluation and Publication Committee. A small group of registry operators, software producers, and data consumers identified the missing element of standard setting at that time: an executable version of a standard that could be applied directly to data in a variety of processing scenarios without reinterpretation by programmers. At that time, producers of cancer registry software wishing to adhere to a published standard had to write their own computer code to implement any edit-checking algorithms. The solution would need to be flexible in many dimensions to accommodate the many technical, operational, scientific, economic, and agency-related considerations that make up the cancer registry milieu.

EDITS is a set of software tools that can be used to improve data quality and standardize the way data items are checked for validity. The EDITS tools have been developed by CDC and NPCR and currently include three applications: EditWriter, GenEDITS Plus, and the Application Program Interface. These tools can be built into interactive data collection systems to achieve real-time field-by-field editing during data entry. They can also be used in batch-editing processes for data already collected. EDITS provides software to support three types of data activities: defining standards for data quality, standardizing data collection processes, and analyzing data quality. The EDITS tools were recently modernized and converted to the Windows operating environment, resulting in significantly improved function, efficiency, and user-friendliness of the software.

EDITS can be used to apply single-field and inter-field type edits routinely and interactively to cancer registry data, and is used extensively at all levels of cancer reporting: facilities, central registries, standard setters, and cancer software vendors.

**EditWriter**

EditWriter is a versatile and complete development environment for defining, testing, documenting, and distributing data standards. It also provides a means of maintaining the definition of a standard as it matures and changes over time. Data checking can be as complete and as complicated as the applications require.

The output of EditWriter is: 1) the EDITS Metafile (.emf file), a database that contains all of the logic, tables, and constant values needed to check fields of data for validity; and 2) the EDITS Runtime Metafile (.rmf file), the compiled file that is used to actually apply the edits to data. Both single-field and inter-field checks are included in the NAACCR Metafile (described below). The metafiles produced by EditWriter can be copied and used on a variety of operating systems. EditWriter is used to define data items; create record layouts; specify editing algorithms, logic, and documentation; and generate metafiles (described below), and is used by standard setters and central cancer registries for generating data quality edits for cancer reporters.

**EDITS Application Program Interface (API)**
The EDITS API is used to incorporate EDITS into cancer data abstracting, reporting, or processing software. The EDITS API can be incorporated into programs of many descriptions, including programs for interactive data entry and after-the-fact verification of data. Any language product for Windows should be able to use the EDITS API. The EDITS API is distributed as a Windows Dynamic Link Library and as C source code, and is used by most cancer software vendors.

**GenEDITS PLUS**
GenEDITS Plus is used to apply data quality edits to data files using the metafiles produced within EditWriter, and to generate error reports for error resolution. GenEDITS Plus is the fastest way to apply standard edits to data and obtain a report of data errors. GenEDITS Plus accepts NAACCR-formatted files, and produces two reports, both a detail report containing record-level error information, and a summary report containing error summary statistics. Because GenEDITS Plus already incorporates the EDITS API, no programming is required.

**The EDITS Language**
The algorithms that check data are specified using the EDITS language, a simplified programming language designed to validate data. The language includes a collection of powerful and specialized built-in functions that often reduce the complete validation of a data item to a single program statement. When complicated data relationships exist within a record, the EDITS language can express a complex validation scheme, including multiple fields, multiple table lookups, nested control statements, and functions.

**The EDITS Metafiles**
EDITS Metafiles contain everything needed to edit a data file, except the data. Metafiles provide portability of edits, in that the same edits can be applied to different data formats for different purposes. EDITS Metafiles are created and modified using EditWriter. The key components of an EDITS Metafile include: agencies, data dictionary, record layouts, edits, edit sets, error messages, and user look-up tables. The EDITS Runtime Metafile (.rmf file) is generated from the EDITS Metafile (.emf file) using EditWriter.

For additional information about EDITS or to download the EDITS software, see CDC's Division of Cancer Prevention and Control Website at: http://www.cdc.gov/cancer/npcr/.

**NAACCR Standard Edits and the NAACCR Metafile**
NAACCR has made increased standardization of data edits a priority, facilitated by the EDITS software, which provides a mechanism for standardized, transportable, and updateable edits to be provided through a "public library." The goals are to help limit the proliferation of differing standards when there is no compelling need to be different, and to provide comprehensive public documentation in a current and readily accessible form in those instances where standards must differ.

The NAACCR Metafile is a comprehensive database of cancer registry standards and consists of a collection of tables that contain all the information needed to test data fields for validity and acceptability. The NAACCR Metafile specifically includes the following: standard-setter list; current data dictionary of standard fields; sets of fields defining standard records; executable single- and multi-field validation logic; text descriptions of edits; look-up tables; and error messages.

NAACCR first made standard edits available in 1996. These edits corresponded to NAACCR's 1995 record layout and data dictionary, and were documented as Volume IV in its Standards series.[28] Since that time, NAACCR has posted EDITS metafiles containing standard edits on the Internet that correspond to the annual NAACCR record layouts and data dictionaries. For example, "Revised Version 11 Metafile--NAACCR 11.1A" refers to the standard edits in the NAACCR Version 11.1 record layout. The "A" notation

indicates the first revision to the Version 11.1 record layout standard edits. The hardcopy of Volume IV has been discontinued in favor of electronic publication of EDITS documentation using EditWriter. The EDITS Software, along with general instructions, and various current and previous metafiles containing the most recent and historical public standards for cancer registry data, are available on the NAACCR website at www.naaccr.org. (Click on *Cancer Data Standards, NAACCR Data Standards for Cancer Registries,* and then *Standard Data Edits.*)

**NPCR Inter-record Edits Utility**

Mature central cancer registries can have up to 15-20% multiple primary data. In order to validate coded values across multiple tumor records for a single patient, inter-record edits must be applied to the data. In the early 1980's SEER developed an Inter-record Edits program for SEER registries. In 2000, NPCR began development of an Inter-record Edits Utility for use by NPCR registries; this software included similar logic, but had run-time differences from the SEER Inter-record Edits program. In 2003, NAACCR began using the NPCR Inter-record Edits Utility in their annual Calls for Data.

The NPCR Inter-record Edits Utility accepts NAACCR-formatted files, produces two reports, both a detail report and a summary report, and currently contains 22 edits. NPCR Inter-record Edits are applied to consolidated tumor data, i.e., files containing one record per tumor per patient. Identified inter-record errors are corrected, and the inter-record edits are re-run to ensure that the error was appropriately resolved.

**SEER*Edits**

For many years, the SEER Program has maintained a library of standardized edits which it applies to data submissions from the participating SEER registries. Over the years as experience and expertise increased, SEER has fine-tuned and expanded the edits and has made these edits available to SEER and other registries. In addition, the logic of the SEER edits has been used as the foundation for the EDITS project where SEER is the source of standard for the item or items.

Over time, as more and more computer processing moved away from the mainframe platform, the SEER Program re-programmed their edits in C++ (SEER*Edits). This change has allowed the SEER edit engine to be ported to and compiled on a variety of hardware platforms. The edit engine includes the entire SEER field, inter-field, and inter-record edits. SEER*Edits can be used as a stand-alone package for the SEER areas to use before submission of data to SEER, or the edits can be incorporated individually by SEER registries for use in their data entry programs or routine editing of data. Data files used as input into the stand-alone version of SEER*Edits must be stored in NAACCR format. The SEER*Edits package also includes report-generating functions including the display of errors to facilitate data corrections. Various follow-up, surveillance, and SEER registry requirement reports are also included. Any changes made to the SEER*Edits package also are made to both the SEER Data Management System (SEER*DMS) and to the corresponding edits in the NAACCR Metafile for the EDITS project and vice versa to keep them synchronized.

# CHAPTER V:

# UNRESOLVED ISSUES

Over time there have been inconsistencies in coding standards required by major standard-setting organizations concerning the item sets required, the codes and coding instructions employed, and the timing of adoption of new or revised codes that affect the use of data compiled over several years and from multiple sources. These issues are described below. The standards for tumor inclusion, reportability, and multiple primary rules are addressed separately in Chapter III.

The Uniform Data Standards Committee (UDSC) will continue to seek consensus on unresolved issues. Before new standards can be agreed upon, all interested parties must be provided sufficient time to study the proposals. Once UDSC approves new standards, there must be adequate time for implementation. All members are encouraged to present suggestions or comments on proposed changes to the standards to UDSC. The NAACCR website, http://www.naaccr.org, provides the name of the Committee Chair and forms for proposing additions or revisions.

This chapter describes coding issues affecting each of the following types of measures:

county
ethnicity
occupation and industry
sequence numbers
staging descriptors
treatment descriptors
timing of first course treatment
vital status codes

The descriptions in this chapter are intended to provide a summary of coding issues. The original manuals should be consulted when a particular data use requires more detail. This chapter does not track changes made in individual codes over time. Some changes are noted in the individual item dictionary descriptions, and further information can be obtained from historic versions of this volume and from the individual standard-setters associated with the items.

**County-Current [1840] and County at DX [90]**
NAACCR has adopted the Federal Information Processing Standards (FIPS) codes for county as the standard in this volume (see Appendix A for codes). However, standards for codes used vary somewhat by standard setter. For cancers diagnosed prior to 2002, the use of FIPS codes was not universally adopted. For this reason, users of data should determine which codes were used for coding County at DX in a particular file, since no field indicating "County at DX Coding System" is included in the NAACCR layout.

- The SEER Program requires the use of FIPS codes for counties in the United States, plus the special code 999 (unknown).

- CoC requires the use of FIPS county codes as their standard, plus the special codes 998 and 999. However, the *FORDS* manual also provides for use of geocodes for countries of residence outside the United States and Canada to be used in this field.

- NPCR requires the use of FIPS codes for counties in the United States, plus the special code 999, starting with cancers diagnosed on or after January 1, 2002.

**Spanish/Hispanic Origin (Hispanic Ethnicity) [190-210]**
Although agreement on standard codes for the data item "Spanish/Hispanic Origin [190]" has been reached, substantial variation persists among registries in how Hispanic ethnicity or Spanish/Hispanic Origin is determined. Procedures for determining ethnicity include:

- Recording ethnicity from information found in the medical record.

- Recording ethnicity based on a combination of patient demographic information that may include last name, maiden name, birthplace, or a statement of ethnicity in the record.

- Recording ethnicity based on a manual or computer matching of a documented surname, either last name or maiden name, against one or more listings of Spanish surnames. Common Spanish surname listings include: the 1980 and 1990 Census Bureau lists, the University of New Mexico GUESS list, and regional listings of Spanish surnames common to a particular geographic region (for example, the Florida list).

- Recording the ethnicity based on the application of a computer algorithm to available data items that may include last name, maiden name, birthplace, race, or sex to assign ethnicity.

Population-based registries should attempt to categorize their cases using a method that best approximates the method used by the Census Bureau to determine ethnicity in the population denominators. A standard best method has not been determined.

Attempts have been made to evaluate and improve numerator data based on various methodologic approaches to determining Spanish/Hispanic Origin. NAACCR sponsored a symposium in Atlanta, GA, in January 1996 to discuss methodologic issues faced when attempting to measure cancer among Hispanics. A report was prepared and is available on the NAACCR website (http://www.naaccr.org) under the heading "Epidemiologic Reports." In 1999, a research group was formed from representatives of NAACCR to address issues of definition and to produce comparable data for Hispanic ethnicities across the United States. The group, operating under the auspices of the NAACCR Data Evaluation and Publications Committee, led to the creation of the NAACCR Hispanic Identification Algorithm (NHIA), an algorithm that uses a combination of NAACCR variables to directly or indirectly assign ethnicity.

Registries continue to use different methods to code Hispanic ethnicity. Users of the data must be able to determine how Hispanic ethnicity coding was assigned in a particular file. Based on historical and current discussions, NAACCR includes the field Spanish/Hispanic Origin [190] for direct recording of ethnicity from the medical record, as well as fields for Computed Ethnicity [200], Computed Ethnicity Source [210], and NHIA Derived Hispanic Origin [191].

**Occupation and Industry [270-330]**
Most population-based registries have found the collection of usual occupation and industry data to be difficult and of limited utility, and for many years no consensus on data items and codes for occupation and industry had been achieved. In 1992, the Cancer Registries Amendment Act required central registries funded by NPCR to collect occupation or industry data to the extent available in the medical record.[33]

Data on usual occupation and industry are unavailable in an unknown, but significant, proportion of medical records. Even when available, the quality of the data in the medical record is generally untested and often limited to less useful information such as "retired." Concurrently, this information generally is available in text format on death certificates and, in some states, on the associated state mortality data files. Some state

mortality data files also contain the associated occupation and industry codes in addition to the text data. Much work remains to be done to improve the availability and capture of this potentially important information.

NAACCR will continue to discuss the quality and completeness of occupation and industry data and will reconsider the inclusion of occupation and industry in its recommended data sets.

**Sequence Number [380 and 560]**
As discussed in Chapter III, SEER, NPCR, and CoC have different standards for determining tumors that are reportable and are to be included in the registry. In addition to collecting these required tumors, some registries also collect and assign sequence numbers to other tumors such as cervix carcinoma *in situ* or PIN III.

Two sequence number data items, one assigned by the reporting facility, Sequence Number--Hospital [560], and one assigned by the central registry, Sequence Number--Central [380], are now in use. The time period of both Sequence Number data items is a person's lifetime, although with earlier definitions of Sequence Number--Central [380], central registries historically assigned the numbers from the reference date of the registry. When reportability of a particular tumor changes over time, both the type and the timing of tumors may affect the assignment of sequence numbers, so it is possible for two patients having similar cancer histories to be characterized by different sets of sequence numbers.

Numerous operational issues, such as storage of multiple facility-specific sequence numbers, appropriate linkage rules, and feedback of data to hospitals, have arisen because of policy differences from state to state. When attempting to use the Sequence Number--Central to identify individuals who have had only one lifetime cancer, it is important to realize the definitions used to make that determination vary and that sequencing may be handled differently in different systems.

**CANCER STAGING**
**AJCC TNM Stage, SEER EOD, SEER Historic Stage, SEER Summary Stage (1977 and 2000), and Collaborative Staging [759-1070, 1090-1170, 2800-3050]**
Historically, four major staging schemes have been widely used in cancer registries in the United States. The schemes, AJCC TNM, SEER Extent of Disease, SEER Historic Stage, and SEER Summary Stage, differ in complexity, purpose, structure, rules, and definitions. AJCC TNM staging provides forward flexibility and clinical utility. SEER EOD provides longitudinal stability for epidemiological studies. And, SEER Historic and Summary Stage provide population surveillance staging capability.

In January 2004, the Collaborative Staging System was introduced to reduce duplication of effort and provide a common staging schema for registry use and from which the other major staging categories could be electronically derived. All standard setters in the United States required the use of the Collaborative Staging System version 1 for cases diagnosed January 1, 2004- December 31, 2009, but not every standard setter required every data element. CS version 2 is based on AJCC 7$^{th}$ edition and was renamed the Collaborative Stage (CS) Data Collection System. CS version 2 is effective for cases diagnosed January 1, 2010, and later.

The historic schemes were designed for different purposes at different times, and are not easily compared. There have been several editions of the *AJCC TNM Cancer Staging Manual*, and conversion between versions is often not possible. Minor differences exist between the SEER Summary Staging guides of 1977 and 2000. SEER published the *Comparative Staging Guide for Cancer*[6] in 1993 as an attempt to present comprehensive, site-specific comparisons of the AJCC TNM, SEER EOD, and SEER Summary Staging schemes as an aid in data collection and interpretation. This guide covered the major cancer sites of colon and rectum, lung and bronchus, breast, female genital, prostate gland, and urinary bladder. According to the guide:

- Changes over time in methods of cancer screening, diagnosis, staging, and treatment have affected the distribution of stage of disease.

- Changes over time in the classification schemes themselves can complicate data analysis and obscure the meaning of time trends. Various other staging schemes also are in use. Several oncology subspecialties have developed staging systems applying to a limited number of cancer sites.

For these reasons, comparing cancer registry data by stage over time or across registries, or using pooled data collected by different registries applying different staging schema, is problematic.[6]

For a discussion of staging issues that affect rules for case inclusion and reportability, see Chapter III, especially the paragraphs "*In Situ*/Invasive" and "Multiple Primary Rules."

A summary of the major staging schemes is provided below.

- **The American Joint Committee on Cancer's TNM System (AJCC TNM)**
  The *AJCC Cancer Staging Manual* presents an anatomically oriented, site-specific staging system that consists of separate categories for the tumor, nodes, and metastases. The TNM categories then are grouped by stage, from 0 to IV.

- **SEER Extent of Disease (SEER EOD)**
  This site-specific 10-digit coding scheme[8] was required for SEER registries until December 31, 2003. Other state and central registries also used it. EOD was designed to allow collapse of the codes into the stage groupings of several different staging systems, including AJCC stage group.

- **SEER Summary Stage**
  Beginning for cases diagnosed 2004+, the SEER Summary Stage is contained in derived variables from the CS algorithm: Derived SS1977 [3010] and Derived SS2000 [3020] for SEER Summary Stage 1977 and SEER Summary Stage 2000, respectively. This site-specific single-digit coding scheme was required for NPCR registries until December 31, 2003, and it was also used by some SEER registries. In addition, CoC required the coding of SEER Summary Stage when a corresponding AJCC TNM site code scheme was not available until Collaborative Stage was implemented. There are two related data items: SEER Summary Stage 1977 [760] and SEER Summary Stage 2000 [759]. Cancers diagnosed on or after January 1, 2001, were assigned a summary stage according to the *SEER Summary Staging Manual, 2000,*[12] and the code should be reported in the SEER Summary Stage 2000 [759] data item. Cancers diagnosed before January 1, 2001, were assigned a summary stage according to *Summary Stage Guide, Cancer Surveillance Epidemiology and End Results Reporting, SEER Program, April 1977,*[11] and the code was reported in the SEER Summary Stage 1977 [760] data item (see NAACCR Guidelines for Implementation of SEER Summary Stage 2000).

- **SEER Historic Stage**
  When SEER stage data are published, the stage categories used are those used by an earlier program, the End Results Group. The Historic Stage variable has been defined consistently over time to facilitate trend analyses, and the categories are not identical to those in the SEER Summary Stage.

- **Collaborative Stage**
  The Collaborative Stage (CS) data set is a combination of data items (most of which have traditionally been collected as a part of regular cancer surveillance activities) that include tumor size, extension, lymph node status, metastatic status, evaluation fields describing the hierarchy of the data collected, and relevant site-specific information. This unified data set was specifically designed for cancer reporting and includes an algorithm which derives three different staging systems from the data collected and resolves subtle staging rule differences. The systems for which staging currently can be derived include *AJCC TNM 6th Edition*, *AJCC TNM 7th Edition*, *SEER Summary Stage 1977*, and *SEER Summary Stage 2000*. Not all standard setters require all CS elements to be collected.

**Tumor Size Rules [780]**
Over the years, some of the rules for describing tumor size changed several times, and discrepancies existed between the CoC and SEER data. With the implementation of the Collaborative Stage coding system in 2004, all the differences between the two groups' guidelines for tumor size have now been resolved.

The sites for which the tumor size guidelines differed are listed below. Users of registry data must be aware of possible discrepancies in the meaning of the information recorded in this variable before the diagnosis years indicated in parenthesis.

Melanomas (2002)
Microscopic foci (2003)
Most lesions smaller than 2 millimeters (2004)
Breast and Lung lesions smaller than 3 millimeters (2004)
Mycosis fungoides, Sezary disease, lymphomas, Kaposi sarcoma (2004)

**TREATMENT**
Historically, NPCR has recommended collecting the date and type of first course of definitive treatment when available.[29] For the 1996-1997 diagnosis years, NPCR-funded registries were required to collect and process available treatment information using either the (1995 or 1996) SEER Program treatment data set or the (1995 or 1996) CoC treatment data set.

For 1998-2000, NPCR had a similar recommendation. NPCR-funded registries adopted either the SEER 1998 or the CoC 1998 treatment data set, and were encouraged to use the data item "RX Coding System--Current" [1460] to indicate how treatment was coded for a specific record.

Beginning with 2003 diagnoses, the CoC *FORDS*[2] redefined some treatment fields and added others. Some new and redefined data fields along with dates of treatment are required by NPCR. For the 2003 and forward diagnosis years, NPCR will require the collection of first course of treatment data items when available and will require the submission of the NPCR required surgery data items. NPCR will use the same codes as CoC *FORDS*, but will not collect all the data fields. See the list of data items (Chapter VIII) that NPCR registries collect.

SEER will use the same codes as the CoC *FORDS* but may not collect all of the fields. For example, SEER areas will not collect Rad--Treatment Volume. See the list of data items (Chapter VIII) that SEER areas collect and that SEER requires the SEER registries to transmit to NCI. SEER areas will use the fields Rad--Regional RX Modality [1570] and Rad--Boost Rx Modality (3200) from CoC hospitals to complete RX Summ--Radiation [1360].

**RX Summ--Rad to CNS [1370]**
This item is maintained in the transmission file for use with historic data. CoC discontinued collection of the item for cases diagnosed on or after January 1, 1996, and SEER discontinued collecting it for tumors diagnosed beginning in 1998. Both organizations instructed coders to record radiation to the central nervous system following those dates as radiation. SEER retains the codes for earlier cases and also converts the data into an appropriate radiation field. The item is no longer supported in any form by CoC.

**Time Period for First Course of Treatment [1260, 1270, 1500]**
SEER and CoC have historically defined first course treatment differently. The differences affect representation of the date first course treatment begins and the instructions for determining what constitutes first course treatment. The NAACCR record layout contains a data item, First Course Calc Method [1500], to record which organization's definition was followed.

The NAACCR record layout provides two data items that indicate the date of the start of the first course of treatment: Date of 1st CRS RX--CoC [1270] as defined by CoC, and Date of Initial RX--SEER [1260] as defined by SEER. The difference between these two definitions is that CoC defines the date the physician decides not to treat the patient as the date of initial treatment, while SEER considers such a decision to be no treatment and the date field is left blank, and the corresponding date flag value is '11'.

The SEER and CoC definitions of treatment to be included as "first course" have become increasingly congruent, differing now primarily in their "fall-back" recommendations that apply when no treatment plan is recorded, no standard facility practice applies, no protocol applies, no physician is able to provide assistance, and no record of treatment failure or recurrence of disease is available. In that extreme instance, CoC recommends a 4-month cutoff for the beginning of first-course treatment, and SEER applies a 1-year cutoff for completion of first course of therapy.

Users of historical treatment data should be aware that the definitions of "first course" have changed over time and have been disjointed in the past. The applicable coding manuals and standard-setting organizations should be consulted for specifics.

Users of treatment data also should be aware that registries differ in the amount of treatment data collected in terms of the types of treatment included, non-hospital treatment locations surveyed, items covered (see the previous section), and the use of all codes provided for each item. Thus, treatment data are likely to be inconsistent among registries and to have varying levels of completeness, especially for treatment given in physicians' offices or other non-hospital settings.

**Vital Status [1760]**
Both SEER and CoC use code 1 in this field to indicate that the patient is alive. However, these programs use codes 4 and 0, respectively, to indicate that the patient is dead. Both programs have long-standing historical reasons to retain their coding. No agreement has been reached on this data item.

**Canadian Data**
The NAACCR data standards adopted thus far do not adequately deal with data from places outside the United States. Changes have been made to accommodate postal codes, standard abbreviations for provinces/territories, and other fields in the Canadian data set. A Canadian Council of Cancer Registries (CCCR) column has been added to the Required Status Table and future versions of this document will review and increasingly incorporate standards established for Canadian cancer registries.

# CHAPTER VI:

# REFERENCES

**Code Manuals and Record Layouts**


1. Havener LA (ed). *Standards for Cancer Registries, Volume I: Data Exchange Standards and Record Descriptions. Version 12.* Springfield, Ill.: North American Association of Central Cancer Registries; February 2009, revised August 2009. (Electronic version only; available at http://www.naaccr.org.)

2. Commission on Cancer. *FORDS Facility Oncology Registry Data Standards: Revised for 2010*. Chicago: American College of Surgeons Commission on Cancer; 2002. (Electronic version available at www.facs.org/cancer/coc/fordsmanual.html.)

   Earlier versions (available electronically at http://www.facs.org/cancer/coc/fordsmanualolder.html):

   Commission on Cancer. *FORDS*: *Oncology Registry Data Standards, Revised for 2009.* Chicago: American College of Surgeons; 2002.

   Commission on Cancer. *FORDS*: *Oncology Registry Data Standards, Revised for 2007.* Chicago: American College of Surgeons; 2002.

   Commission on Cancer. *FORDS*: *Oncology Registry Data Standards, Revised for 2004*. Chicago: American College of Surgeons; 2002.

   Commission on Cancer. *FORDS*: *Oncology Registry Data Standards*. Chicago: American College of Surgeons; 2002.

3. Johnson CH, Adamo M (eds). *The SEER Program Coding and Staging Manual 2007*. Bethesda, Md.: National Institutes of Health, National Cancer Institute; January 2007. NIH Pub. No. 07-5581. (Revised September 2008.)

   Earlier Versions:

   Johnson CH (ed). *The SEER Program Coding and Staging Manual 2004.* Bethesda, Md.: National Cancer Institute; January 2004. NIH Pub. No. 04-5581.

   Fritz A, Ries L (eds). *The SEER Program Code Manual.* Third Edition. Bethesda, MD: National Cancer Institute; January 1998 (updated January 2003). NIH Pub. No. 98-1999.

4. Johnson C, Peace S, Adamo P, Fritz A, Percy-Laury A, Edwards BK. *Multiple Primary and Histology Coding Rules;* January 2007. Available at: http://seer.cancer.gov/tools/mphrules/download.html. Accessed February 13, 2010.

5. Canadian Cancer Registry Redesign Team. *Canadian Cancer Registry System Guide*,-2007 Edition. January 2008. Available at http://dsp-psd.pwgsc.gc.ca/collection_2008/statcan/82-225-X/82-225-XIE200701010508.pdf. Questions should be directed to one of the following: Manager of the Canadian Cancer Registry, Health Statistics Division, Statistics Canada, Ottawa, Tel: (613) 951-1775 or Operations Manager, Operations and Integration Division, Statistics Canada, Ottawa, Tel: (613) 951-7282.

**Stage and Extent of Disease Manuals**

6. Seiffert, JE (ed). *SEER Program Comparative Staging Guide for Cancer: Major Cancer Sites, Version 1.1*. Bethesda, Md.: National Cancer Institute; June 1993. NIH Pub. No. 93-3640.

7. Greene FL, et al. (eds). *AJCC Cancer Staging Manual*, Sixth Edition. New York: Springer Verlag; 2002. (Editions 1, 2, 3, and 4, were published by Lippincott-Raven under the *title Manual for Staging of Cancer*, and Edition 5 was published by Lippincott-Raven under the title *of AJCC Cancer Staging Manual*.)

8. Fritz A, Ries L, *SEER Extent of Disease--1998: Codes and Coding Instructions*, Third Edition. Bethesda, Md.: National Cancer Institute; January 1998. NIH Pub. No. 98-2313.

Earlier Versions:

9. Shambaugh EM, Ries LG, and Young JL. *Extent of Disease: New 4-Digit Schemes: Codes and Coding Instructions.* National Cancer Institute; March 31, 1984.

10. Cancer Surveillance, Epidemiology, and End Results Reporting (SEER) Program. *SEER Extent of Disease: Codes and Coding Instructions.* Bethesda, Md.: National Cancer Institute; April 1977.

11. Shambaugh EM, Weiss MA (eds). *Summary Staging Guide: Cancer Surveillance, Epidemiology, and End Results Reporting SEER Program*. National Institutes of Health; April 1977. NIH Pub. No 86-2313.

12. Young JL Jr., Roffers SD, Ries LAG, Fritz AG, Hurlbut AA (eds). *SEER Summary Staging Manual 2000*. Bethesda, Md.: National Cancer Institute; 2001. NIH Pub. No. 01-4969.

13. Collaborative Staging Task Force of the American Joint Committee on Cancer. *Collaborative Stage Data Collection System*, Version 02.20.00. Chicago, Ill.: American Joint Committee on Cancer and Bethesda, Md.: U.S. Department of Health and Human Services. NIH publication number 04-5496.

Earlier Versions:

Collaborative Staging Task Force of the American Joint Committee on Cancer. *Collaborative Staging Manual and Coding Instructions*, Version 01.04.00. Chicago, Ill.: American Joint Committee on Cancer and Bethesda, Md.: U.S. Department of Health and Human Services; October 2007. NIH publication number 04-5496. Available at http://cancerstaging.org/cstage/manuals.html

Collaborative Stage Task Force of the American Joint Committee on Cancer. *Collaborative Staging Manual and Coding Instructions*, Version 01.03.00. Chicago, Ill.: American Joint Committee on Cancer and Bethesda, Md.: U.S. Department of Health and Human Services; September 2006.

Collaborative Staging Task Force of the American Joint Committee on Cancer, *Collaborative Staging Manual and Coding Instructions*, Version 01.00.00, Incorporating minor page corrections through July 15, 2005 (Version 01.02.00). NIH Publication Number 04-5496.

Collaborative Staging Task Force of the American Joint Committee on Cancer. *Collaborative Staging Manual and Coding Instructions, Version 1.0*. Chicago, Ill.: American Joint Committee on Cancer and Bethesda, Md.: U.S. Department of Health and Human Services, 2004. NIH Pub. No. 04-5496.

**Disease Classifications**

14. World Health Organization. ICD-10: *International Statistical Classification of Diseases and Related Health Problems, 10th Revision.* Second Edition. 3 vols. Geneva: World Health Organization; 2004. (Originally published in 1992.)

15. National Center for Health Statistics and Centers for Medicare and Medicaid Services. *ICD-9-CM*: *The International Classification of Diseases, Clinical Modification, Ninth Revision.* Washington, D.C.: U.S. Public Health Service; 1991.

16. Fritz A, Percy C, Jack A, Shanmugaratnam K, Sobin L, Parkin D, Whelaln S (eds). *International Classification of Diseases for Oncology,* Third Edition. Geneva: World Health Organization; 2000.

Earlier Versions:

17. Percy C, VanHolten V, and Muir C (eds). *International Classification of Diseases for Oncology,* Second Edition. Geneva: World Health Organization; 1990.

18. World Health Organization. *International Classification of Diseases for Oncology,* First Edition. Geneva: World Health Organization; 1976.

19. Percy C, VanHolten V (eds). *International Classification of Diseases for Oncology,* Field Trial Edition. Geneva: World Health Organization; March 1988.

Percy C, VanHolten V (eds). *International Classification of Diseases for Oncology, Morphology,* Field Trial Edition. Geneva: World Health Organization; 1987.

20. World Health Organization. *Manual of the International Statistical Classification of Diseases, Injuries, and Causes of Death,* Ninth Revision. Geneva: World Health Organization; 1977.

**Occupation and Industry Classification and Coding**

21. Centers for Disease Control and Prevention. Recommendations for Occupation and Industry Data Items. (NPCR program document). Atlanta: Centers for Disease Control and Prevention; July 20, 1995. (Note: This material is a memo to the Chair, NAACCR Uniform Data Standards Committee, dated July 20, 1995, including a report of a June 18, 1995, meeting.)

22. *Instruction Manual Part 19: Industry and Occupation Coding for Death Certificates, Effective 1999.* Hyattsville, Md.: National Center for Health Statistics; October, 1999.

23. United States Department of Commerce Bureau of the Census. *1990 Census of Population and Housing, Alphabetical Index of Industries and Occupations.* Washington, D.C.: U.S. Government Printing Office; 1992.

24. *Guidelines for Reporting Occupation and Industry on Death Certificates.* Hyattsville, Md.: National Center for Health Statistics; March 1988. PHS Pub. No. 88-1149.

25. U.S. Census Bureau, Housing and Household Economic Statistics Division. Census 2000: *Alphabetical Indexes of Industries and Occupations.* Available at: http://www.census.gov/hhes/www/ioindex/view.html. Accessed June 30, 2010.

26. U.S. Office of Management and Budget. *Standard Occupational Classification (SOC) System Manual: 2000*. Lanham, Md.: Bernan Press; and Springfield, Va: National Technical Information Service; 2000.

**Other References**

27. *Cancer Program Standards*, Revised Edition. Chicago: American College of Surgeons Commission on Cancer; 2009.

28. North American Association of Central Cancer Registries. Standard Data Edits. In: Seiffert JE, Capron S, and Tebbell J (eds*). Standards for Cancer Registries. Volume IV*. Sacramento, Cal: North American Association of Central Cancer Registries; April 4, 1996. Updated metafiles corresponding to changes in data standards are issued periodically. These are available from the Cancer Data Standards section of the NAACCR Website at: http://www.naaccr.org. Accessed February 13, 2010.

29. Centers for Disease Control and Prevention. Program Announcement No. 426: 1994 National Program of Cancer Registries (NPCR). (NPCR program document.) Atlanta: Centers for Disease Control and Prevention; March 1994.

30. [North] American Association of Central Cancer Registries. Working Group on Pre-Invasive Cervical Neoplasia and Population-Based Cancer Registries: Final Subcommittee Report. April 1993, Rockville, Md. Adopted by the [N]AACCR Executive Board May 1993 and amended November 1993.)

31. Surveillance, Epidemiology, and End Results Program. SEER Edit Documentation. Bethesda, Md.: National Institutes of Health, National Cancer Institute; May 1993.

33. Cancer Registries Amendment Act, Public Law. 102-515, 106 Stat 3372 (October 24, 1992).

34. International Agency for Research on Cancer, World Health Organization, International Association of Cancer Registries, European Network of Cancer Registries. International Rules for Multiple Primary Cancers (ICD-O Third Edition), Lyon, France: IARC, 2004, (http://www.iacr.com.fr/MPrules_july2004.pdf).

    Jensen OM, Parkin DM, MacLennan R, Muir CS, and Skeet RG (eds). *Cancer Registration: Principles and Methods.* Lyon, France: International Agency for Research on Cancer; 1991. IARC Scientific Pub. No. 95.

35. Shambaugh E, editor-in-chief. *SEER Program Self-Instructional Manual for Cancer Registrars*. Bethesda, Md.: National Institutes of Health, National Cancer Institute. (Various years.)

    *Book One: Objectives and Functions of a Cancer Registries, Hospital and Central (Population-Based).* Third Edition; 1999.

    *Book Two: Cancer Characteristics and Selection of Cases*. Third Edition; 1991.

    *Book Three: Tumor Registrar Vocabulary: The Composition of Medical Terms.* Second Edition; 1993.

    *Book Four: Human Anatomy as Related to Tumor Formation.* Second Edition; 1993.

    *Book Five: Abstracting a Medical Record: Patient Identification, History, and Examinations.* Second Edition; 1995.

*Book Six: Classification for Extent of Disease;* 1977.

*Book Seven: Statistics and Epidemiology for Tumor Registrars;* 1994.

*Book Eight: Antineoplastic Drugs.* Third Edition; 1993.

Surveillance, Epidemiology and End Results (SEER) Program. SEER*Rx: Interactive Antineoplastic Drugs Database. Version 1.4.1; January 2010.

36. Centers for Disease Control and Prevention. Program Announcement No. 00027: National Program of Cancer Registries. (NPCR program document.) Atlanta: Centers for Disease Control and Prevention; January 2000.

37. Hutchison C, Menck H, Burch M, Gottschalk R (eds). *Cancer Registry Management: Principles and Practice.* Second Edition. Dubuque, Iowa: Kendall Hunt; 2004. See also: Menck HR, Deapen D, Phillips JL, Tucker TD. *Central Cancer Registries: Design, Management and Use.* Second Edition. Dubuque, Iowa: Kendall/Hunt Publishing Company: 2007.

38. See the Cancer Data Standards section of the NAACCR website: http://www.naaccr.org/index.asp?Col_SectionKey=7&Col_ContentID=431. Accessed February 23, 2010.

39. Swerdlow SH, Campo E, Harris NL, Jaffe ES, Pileri SA, Stein H, Thiele J, Vardiman JW (eds.) *WHO Classification of Tumours of Haematopoietic and Lymphoid Tissues*. Lyon, France: International Agency for Research on Cancer; 2008.

# CHAPTER VII:

# RECORD LAYOUT TABLE (COLUMN # ORDER)

The following table presents Version 12.1 of the NAACCR record layout. The table has column number, length, item number, item name, section, and note fields. Differences from Version 12 are marked "Revised" or "New" in the "Note" column of the table. Revised and new items are summarized in Appendix F. Please note that "Retired" items are not reflected in this table.

| Column # | Length | Item # | Item Name | Section | Note |
|---|---|---|---|---|---|
| 1-1 | 1 | 10 | Record Type | Record ID | |
| 2-2 | 1 | 30 | Registry Type | Record ID | |
| 3-3 | 1 | 35 | FIN Coding System | Record ID | |
| 4-16 | 13 | 37 | Reserved 00 | Record ID | |
| 17-19 | 3 | 50 | NAACCR Record Version | Record ID | |
| 20-29 | 10 | 45 | NPI--Registry ID | Record ID | |
| 30-39 | 10 | 40 | Registry ID | Record ID | |
| 40-41 | 2 | 60 | Tumor Record Number | Record ID | |
| 42-49 | 8 | 20 | Patient ID Number | Record ID | |
| 50-57 | 8 | 21 | Patient System ID-Hosp | Record ID | |
| 58-94 | 37 | 370 | Reserved 01 | Record ID | |
| 95-144 | 50 | 70 | Addr at DX--City | Demographic | |
| 145-146 | 2 | 80 | Addr at DX--State | Demographic | |
| 147-155 | 9 | 100 | Addr at DX--Postal Code | Demographic | |
| 156-158 | 3 | 90 | County at DX | Demographic | |
| 159-164 | 6 | 110 | Census Tract 1970/80/90 | Demographic | |
| 165-165 | 1 | 368 | CensusBlockGroup 70/80/90 | Demographic | |
| 166-166 | 1 | 120 | Census Cod Sys 1970/80/90 | Demographic | |
| 167-167 | 1 | 364 | Census Tr Cert 1970/80/90 | Demographic | |
| 168-173 | 6 | 130 | Census Tract 2000 | Demographic | |
| 174-174 | 1 | 362 | Census Block Group 2000 | Demographic | |
| 175-175 | 1 | 365 | Census Tr Certainty 2000 | Demographic | |
| 176-176 | 1 | 150 | Marital Status at DX | Demographic | |
| 177-178 | 2 | 160 | Race 1 | Demographic | |
| 179-180 | 2 | 161 | Race 2 | Demographic | |
| 181-182 | 2 | 162 | Race 3 | Demographic | |
| 183-184 | 2 | 163 | Race 4 | Demographic | |
| 185-186 | 2 | 164 | Race 5 | Demographic | |
| 187-187 | 1 | 170 | Race Coding Sys--Current | Demographic | |
| 188-188 | 1 | 180 | Race Coding Sys--Original | Demographic | |
| 189-189 | 1 | 190 | Spanish/Hispanic Origin | Demographic | |
| 190-190 | 1 | 200 | Computed Ethnicity | Demographic | |
| 191-191 | 1 | 210 | Computed Ethnicity Source | Demographic | |
| 192-192 | 1 | 220 | Sex | Demographic | |
| 193-195 | 3 | 230 | Age at Diagnosis | Demographic | |
| 196-203 | 8 | 240 | Date of Birth | Demographic | |
| 204-205 | 2 | 241 | Date of Birth Flag | Demographic | |

| Column # | Length | Item # | Item Name | Section | Note |
|---|---|---|---|---|---|
| 206-208 | 3 | 250 | Birthplace | Demographic | |
| 209-211 | 3 | 270 | Occupation Code--Census | Demographic | |
| 212-214 | 3 | 280 | Industry Code--Census | Demographic | |
| 215-215 | 1 | 290 | Occupation Source | Demographic | |
| 216-216 | 1 | 300 | Industry Source | Demographic | |
| 217-316 | 100 | 310 | Text--Usual Occupation | Demographic | |
| 317-416 | 100 | 320 | Text--Usual Industry | Demographic | |
| 417-417 | 1 | 330 | Occup/Ind Coding System | Demographic | |
| 418-418 | 1 | 191 | NHIA Derived Hisp Origin | Demographic | |
| 419-420 | 2 | 193 | Race--NAPIIA(derived API) | Demographic | |
| 421-421 | 1 | 192 | IHS Link | Demographic | |
| 422-423 | 2 | 366 | GIS Coordinate Quality | Demographic | |
| 424-425 | 2 | 3300 | RuralUrban Continuum 1993 | Demographic | |
| 426-427 | 2 | 3310 | RuralUrban Continuum 2003 | Demographic | |
| 428-433 | 6 | 135 | Census Tract 2010 | Demographic | New |
| 434-434 | 1 | 363 | Census Block Group 2010 | Demographic | New |
| 435-435 | 1 | 367 | Census Tr Certainty 2010 | Demographic | New |
| 436-527 | 92 | 530 | Reserved 02 | Demographic | Revised |
| 528-529 | 2 | 380 | Sequence Number--Central | Cancer Identification | |
| 530-537 | 8 | 390 | Date of Diagnosis | Cancer Identification | |
| 538-539 | 2 | 391 | Date of Diagnosis Flag | Cancer Identification | |
| 540-543 | 4 | 400 | Primary Site | Cancer Identification | |
| 544-544 | 1 | 410 | Laterality | Cancer Identification | |
| 545-549 | 5 | 419 | Morph--Type&Behav ICD-O-2 | Cancer Identification | Group |
| 545-548 | 4 | 420 | Histology (92-00) ICD-O-2 | Cancer Identification | Subfield |
| 549-549 | 1 | 430 | Behavior (92-00) ICD-O-2 | Cancer Identification | Subfield |
| 550-554 | 5 | 521 | Morph--Type&Behav ICD-O-3 | Cancer Identification | Group |
| 550-553 | 4 | 522 | Histologic Type ICD-O-3 | Cancer Identification | Subfield |
| 554-554 | 1 | 523 | Behavior Code ICD-O-3 | Cancer Identification | Subfield |
| 555-555 | 1 | 440 | Grade | Cancer Identification | |
| 556-556 | 1 | 441 | Grade Path Value | Cancer Identification | |
| 557-557 | 1 | 449 | Grade Path System | Cancer Identification | |
| 558-558 | 1 | 450 | Site Coding Sys--Current | Cancer Identification | |
| 559-559 | 1 | 460 | Site Coding Sys--Original | Cancer Identification | |
| 560-560 | 1 | 470 | Morph Coding Sys--Current | Cancer Identification | |
| 561-561 | 1 | 480 | Morph Coding Sys--Originl | Cancer Identification | |
| 562-562 | 1 | 490 | Diagnostic Confirmation | Cancer Identification | |

| Column # | Length | Item # | Item Name | Section | Note |
|---|---|---|---|---|---|
| 563-563 | 1 | 500 | Type of Reporting Source | Cancer Identification | |
| 564-565 | 2 | 501 | Casefinding Source | Cancer Identification | |
| 566-566 | 1 | 442 | Ambiguous Terminology DX | Cancer Identification | |
| 567-574 | 8 | 443 | Date of Conclusive DX | Cancer Identification | |
| 575-576 | 2 | 448 | Date Conclusive DX Flag | Cancer Identification | |
| 577-578 | 2 | 444 | Mult Tum Rpt as One Prim | Cancer Identification | |
| 579-586 | 8 | 445 | Date of Multiple Tumors | Cancer Identification | |
| 587-588 | 2 | 439 | Date of Mult Tumors Flag | Cancer Identification | |
| 589-590 | 2 | 446 | Multiplicity Counter | Cancer Identification | |
| 591-690 | 100 | 680 | Reserved 03 | Cancer Identification | |
| 691-700 | 10 | 545 | NPI--Reporting Facility | Hospital-Specific | |
| 701-710 | 10 | 540 | Reporting Facility | Hospital-Specific | |
| 711-720 | 10 | 3105 | NPI--Archive FIN | Hospital-Specific | |
| 721-730 | 10 | 3100 | Archive FIN | Hospital-Specific | |
| 731-739 | 9 | 550 | Accession Number--Hosp | Hospital-Specific | |
| 740-741 | 2 | 560 | Sequence Number--Hospital | Hospital-Specific | |
| 742-744 | 3 | 570 | Abstracted By | Hospital-Specific | |
| 745-752 | 8 | 580 | Date of 1st Contact | Hospital-Specific | |
| 753-754 | 2 | 581 | Date of 1st Contact Flag | Hospital-Specific | |
| 755-762 | 8 | 590 | Date of Inpatient Adm | Hospital-Specific | |
| 763-764 | 2 | 591 | Date of Inpt Adm Flag | Hospital-Specific | |
| 765-772 | 8 | 600 | Date of Inpatient Disch | Hospital-Specific | |
| 773-774 | 2 | 601 | Date of Inpt Disch Flag | Hospital-Specific | |
| 775-775 | 1 | 605 | Inpatient Status | Hospital-Specific | |
| 776-777 | 2 | 610 | Class of Case | Hospital-Specific | |
| 778-779 | 2 | 630 | Primary Payer at DX | Hospital-Specific | |
| 780-780 | 1 | 2400 | Reserved 16 | Hospital-Specific | |
| 781-781 | 1 | 668 | RX Hosp--Surg App 2010 | Hospital-Specific | |
| 782-783 | 2 | 670 | RX Hosp--Surg Prim Site | Hospital-Specific | |
| 784-784 | 1 | 672 | RX Hosp--Scope Reg LN Sur | Hospital-Specific | |
| 785-785 | 1 | 674 | RX Hosp--Surg Oth Reg/Dis | Hospital-Specific | |
| 786-787 | 2 | 676 | RX Hosp--Reg LN Removed | Hospital-Specific | |
| 788-788 | | 2450 | Reserved 17 | Hospital-Specific | |
| 789-789 | 1 | 690 | RX Hosp--Radiation | Hospital-Specific | |
| 790-791 | 2 | 700 | RX Hosp--Chemo | Hospital-Specific | |
| 792-793 | 2 | 710 | RX Hosp--Hormone | Hospital-Specific | |
| 794-795 | 2 | 720 | RX Hosp--BRM | Hospital-Specific | |

| Column # | Length | Item # | Item Name | Section | Note |
|---|---|---|---|---|---|
| 796-796 | 1 | 730 | RX Hosp--Other | Hospital-Specific | |
| 797-798 | 2 | 740 | RX Hosp--DX/Stg Proc | Hospital-Specific | |
| 799-799 | 1 | 3280 | RX Hosp--Palliative Proc | Hospital-Specific | |
| 800-801 | 2 | 746 | RX Hosp--Surg Site 98-02 | Hospital-Specific | |
| 802-802 | 1 | 747 | RX Hosp--Scope Reg 98-02 | Hospital-Specific | |
| 803-803 | 1 | 748 | RX Hosp--Surg Oth 98-02 | Hospital-Specific | |
| 804-903 | 100 | 750 | Reserved 04 | Hospital-Specific | |
| 904-904 | 1 | 759 | SEER Summary Stage 2000 | Stage/Prognostic Factors | |
| 905-905 | 1 | 760 | SEER Summary Stage 1977 | Stage/Prognostic Factors | |
| 906-917 | 12 | 779 | Extent of Disease 10-Dig | Stage/Prognostic Factors | Group |
| 906-908 | 3 | 780 | EOD--Tumor Size | Stage/Prognostic Factors | Subfield |
| 909-910 | 2 | 790 | EOD--Extension | Stage/Prognostic Factors | Subfield |
| 911-912 | 2 | 800 | EOD--Extension Prost Path | Stage/Prognostic Factors | Subfield |
| 913-913 | 1 | 810 | EOD--Lymph Node Involv | Stage/Prognostic Factors | Subfield |
| 914-915 | 2 | 820 | Regional Nodes Positive | Stage/Prognostic Factors | Subfield |
| 916-917 | 2 | 830 | Regional Nodes Examined | Stage/Prognostic Factors | Subfield |
| 918-930 | 13 | 840 | EOD--Old 13 Digit | Stage/Prognostic Factors | |
| 931-932 | 2 | 850 | EOD--Old 2 Digit | Stage/Prognostic Factors | |
| 933-936 | 4 | 860 | EOD--Old 4 Digit | Stage/Prognostic Factors | |
| 937-937 | 1 | 870 | Coding System for EOD | Stage/Prognostic Factors | |
| 938-939 | 2 | 1060 | TNM Edition Number | Stage/Prognostic Factors | |
| 940-943 | 4 | 880 | TNM Path T | Stage/Prognostic Factors | |
| 944-947 | 4 | 890 | TNM Path N | Stage/Prognostic Factors | |
| 948-951 | 4 | 900 | TNM Path M | Stage/Prognostic Factors | |
| 952-955 | 4 | 910 | TNM Path Stage Group | Stage/Prognostic Factors | |
| 956-956 | 1 | 920 | TNM Path Descriptor | Stage/Prognostic Factors | |
| 957-957 | 1 | 930 | TNM Path Staged By | Stage/Prognostic Factors | |
| 958-961 | 4 | 940 | TNM Clin T | Stage/Prognostic Factors | |
| 962-965 | 4 | 950 | TNM Clin N | Stage/Prognostic Factors | |
| 966-969 | 4 | 960 | TNM Clin M | Stage/Prognostic Factors | |
| 970-973 | 4 | 970 | TNM Clin Stage Group | Stage/Prognostic Factors | |
| 974-974 | 1 | 980 | TNM Clin Descriptor | Stage/Prognostic Factors | |
| 975-975 | 1 | 990 | TNM Clin Staged By | Stage/Prognostic Factors | |
| 976-977 | 2 | 1120 | Pediatric Stage | Stage/Prognostic Factors | |
| 978-979 | 2 | 1130 | Pediatric Staging System | Stage/Prognostic Factors | |
| 980-980 | 1 | 1140 | Pediatric Staged By | Stage/Prognostic Factors | |
| 981-981 | 1 | 1150 | Tumor Marker 1 | Stage/Prognostic Factors | |

| Column # | Length | Item # | Item Name | Section | Note |
|---|---|---|---|---|---|
| 982-982 | 1 | 1160 | Tumor Marker 2 | Stage/Prognostic Factors | |
| 983-983 | 1 | 1170 | Tumor Marker 3 | Stage/Prognostic Factors | |
| 984-984 | 1 | 1182 | Lymph-vascular Invasion | Stage/Prognostic Factors | |
| 985-987 | 3 | 2800 | CS Tumor Size | Stage/Prognostic Factors | |
| 988-990 | 3 | 2810 | CS Extension | Stage/Prognostic Factors | |
| 991-991 | 1 | 2820 | CS Tumor Size/Ext Eval | Stage/Prognostic Factors | |
| 992-994 | 3 | 2830 | CS Lymph Nodes | Stage/Prognostic Factors | |
| 995-995 | 1 | 2840 | CS Lymph Nodes Eval | Stage/Prognostic Factors | |
| 996-997 | 2 | 2850 | CS Mets at DX | Stage/Prognostic Factors | |
| 998-998 | 1 | 2860 | CS Mets Eval | Stage/Prognostic Factors | |
| 999-999 | 1 | 2851 | CS Mets at Dx-Bone | Stage/Prognostic Factors | |
| 1000-1000 | 1 | 2852 | CS Mets at Dx-Brain | Stage/Prognostic Factors | |
| 1001-1001 | 1 | 2853 | CS Mets at Dx-Liver | Stage/Prognostic Factors | |
| 1002-1002 | 1 | 2854 | CS Mets at Dx-Lung | Stage/Prognostic Factors | |
| 1003-1005 | 3 | 2880 | CS Site-Specific Factor 1 | Stage/Prognostic Factors | |
| 1006-1008 | 3 | 2890 | CS Site-Specific Factor 2 | Stage/Prognostic Factors | |
| 1009-1011 | 3 | 2900 | CS Site-Specific Factor 3 | Stage/Prognostic Factors | |
| 1012-1014 | 3 | 2910 | CS Site-Specific Factor 4 | Stage/Prognostic Factors | |
| 1015-1017 | 3 | 2920 | CS Site-Specific Factor 5 | Stage/Prognostic Factors | |
| 1018-1020 | 3 | 2930 | CS Site-Specific Factor 6 | Stage/Prognostic Factors | |
| 1021-1023 | 3 | 2861 | CS Site-Specific Factor 7 | Stage/Prognostic Factors | |
| 1024-1026 | 3 | 2862 | CS Site-Specific Factor 8 | Stage/Prognostic Factors | |
| 1027-1029 | 3 | 2863 | CS Site-Specific Factor 9 | Stage/Prognostic Factors | |
| 1030-1032 | 3 | 2864 | CS Site-Specific Factor10 | Stage/Prognostic Factors | |
| 1033-1035 | 3 | 2865 | CS Site-Specific Factor11 | Stage/Prognostic Factors | |
| 1036-1038 | 3 | 2866 | CS Site-Specific Factor12 | Stage/Prognostic Factors | |
| 1039-1041 | 3 | 2867 | CS Site-Specific Factor13 | Stage/Prognostic Factors | |
| 1042-1044 | 3 | 2868 | CS Site-Specific Factor14 | Stage/Prognostic Factors | |
| 1045-1047 | 3 | 2869 | CS Site-Specific Factor15 | Stage/Prognostic Factors | |
| 1048-1050 | 3 | 2870 | CS Site-Specific Factor16 | Stage/Prognostic Factors | |
| 1051-1053 | 3 | 2871 | CS Site-Specific Factor17 | Stage/Prognostic Factors | |
| 1054-1056 | 3 | 2872 | CS Site-Specific Factor18 | Stage/Prognostic Factors | |
| 1057-1059 | 3 | 2873 | CS Site-Specific Factor19 | Stage/Prognostic Factors | |
| 1060-1062 | 3 | 2874 | CS Site-Specific Factor20 | Stage/Prognostic Factors | |
| 1063-1065 | 3 | 2875 | CS Site-Specific Factor21 | Stage/Prognostic Factors | |
| 1066-1068 | 3 | 2876 | CS Site-Specific Factor22 | Stage/Prognostic Factors | |
| 1069-1071 | 3 | 2877 | CS Site-Specific Factor23 | Stage/Prognostic Factors | |

| Column # | Length | Item # | Item Name | Section | Note |
|---|---|---|---|---|---|
| 1072-1074 | 3 | 2878 | CS Site-Specific Factor24 | Stage/Prognostic Factors | |
| 1075-1077 | 3 | 2879 | CS Site-Specific Factor25 | Stage/Prognostic Factors | |
| 1078-1080 | 3 | 2730 | CS PreRx Tumor Size | Stage/Prognostic Factors | |
| 1081-1083 | 3 | 2735 | CS PreRx Extension | Stage/Prognostic Factors | |
| 1084-1084 | 1 | 2740 | CS PreRx Tum Sz/Ext Eval | Stage/Prognostic Factors | |
| 1085-1087 | 3 | 2750 | CS PreRx Lymph Nodes | Stage/Prognostic Factors | |
| 1088-1088 | 1 | 2755 | CS PreRx Reg Nodes Eval | Stage/Prognostic Factors | |
| 1089-1090 | 2 | 2760 | CS PreRx Mets at DX | Stage/Prognostic Factors | |
| 1091-1091 | 1 | 2765 | CS PreRx Mets Eval | Stage/Prognostic Factors | |
| 1092-1094 | 3 | 2770 | CS PostRx Tumor Size | Stage/Prognostic Factors | |
| 1095-1097 | 3 | 2775 | CS PostRx Extension | Stage/Prognostic Factors | |
| 1098-1100 | 3 | 2780 | CS PostRx Lymph Nodes | Stage/Prognostic Factors | |
| 1101-1102 | 2 | 2785 | CS PostRx Mets at DX | Stage/Prognostic Factors | |
| 1103-1104 | 2 | 2940 | Derived AJCC-6 T | Stage/Prognostic Factors | |
| 1105-1105 | 1 | 2950 | Derived AJCC-6 T Descript | Stage/Prognostic Factors | |
| 1106-1107 | 2 | 2960 | Derived AJCC-6 N | Stage/Prognostic Factors | |
| 1108-1108 | 1 | 2970 | Derived AJCC-6 N Descript | Stage/Prognostic Factors | |
| 1109-1110 | 2 | 2980 | Derived AJCC-6 M | Stage/Prognostic Factors | |
| 1111-1111 | 1 | 2990 | Derived AJCC-6 M Descript | Stage/Prognostic Factors | |
| 1112-1113 | 2 | 3000 | Derived AJCC-6 Stage Grp | Stage/Prognostic Factors | |
| 1114-1116 | 3 | 3400 | Derived AJCC-7 T | Stage/Prognostic Factors | |
| 1117-1117 | 1 | 3402 | Derived AJCC-7 T Descript | Stage/Prognostic Factors | |
| 1118-1120 | 3 | 3410 | Derived AJCC-7 N | Stage/Prognostic Factors | |
| 1121-1121 | 1 | 3412 | Derived AJCC-7 N Descript | Stage/Prognostic Factors | |
| 1122-1124 | 3 | 3420 | Derived AJCC-7 M | Stage/Prognostic Factors | |
| 1125-1125 | 1 | 3422 | Derived AJCC-7 M Descript | Stage/Prognostic Factors | |
| 1126-1128 | 3 | 3430 | Derived AJCC-7 Stage Grp | Stage/Prognostic Factors | |
| 1129-1131 | 3 | 3440 | Derived PreRx-7 T | Stage/Prognostic Factors | |
| 1132-1132 | 1 | 3442 | Derived PreRx-7 T Descrip | Stage/Prognostic Factors | |
| 1133-1135 | 3 | 3450 | Derived PreRx-7 N | Stage/Prognostic Factors | |
| 1136-1136 | 1 | 3452 | Derived PreRx-7 N Descrip | Stage/Prognostic Factors | |
| 1137-1139 | 3 | 3460 | Derived PreRx-7 M | Stage/Prognostic Factors | |
| 1140-1140 | 1 | 3462 | Derived PreRx-7 M Descrip | Stage/Prognostic Factors | |
| 1141-1143 | 3 | 3470 | Derived PreRx-7 Stage Grp | Stage/Prognostic Factors | |
| 1144-1146 | 3 | 3480 | Derived PostRx-7 T | Stage/Prognostic Factors | |
| 1147-1149 | 3 | 3482 | Derived PostRx-7 N | Stage/Prognostic Factors | |
| 1150-1151 | 2 | 3490 | Derived PostRx-7 M | Stage/Prognostic Factors | |

| Column # | Length | Item # | Item Name | Section | Note |
|---|---|---|---|---|---|
| 1152-1154 | 3 | 3492 | Derived PostRx-7 Stge Grp | Stage/Prognostic Factors | |
| 1155-1155 | 1 | 3010 | Derived SS1977 | Stage/Prognostic Factors | |
| 1156-1156 | 1 | 3020 | Derived SS2000 | Stage/Prognostic Factors | |
| 1157-1157 | 1 | 3600 | Derived Neoadjuv Rx Flag | Stage/Prognostic Factors | |
| 1158-1158 | 1 | 3030 | Derived AJCC--Flag | Stage/Prognostic Factors | |
| 1159-1159 | 1 | 3040 | Derived SS1977--Flag | Stage/Prognostic Factors | |
| 1160-1160 | 1 | 3050 | Derived SS2000--Flag | Stage/Prognostic Factors | |
| 1161-1166 | 6 | 2937 | CS Version Input Current | Stage/Prognostic Factors | |
| 1167-1172 | 6 | 2935 | CS Version Input Original | Stage/Prognostic Factors | |
| 1173-1178 | 6 | 2936 | CS Version Derived | Stage/Prognostic Factors | |
| 1179-1179 | 1 | 3700 | SEER Site-Specific Fact 1 | Stage/Prognostic Factors | |
| 1180-1180 | 1 | 3702 | SEER Site-Specific Fact 2 | Stage/Prognostic Factors | |
| 1181-1181 | 1 | 3704 | SEER Site-Specific Fact 3 | Stage/Prognostic Factors | |
| 1182-1182 | 1 | 3706 | SEER Site-Specific Fact 4 | Stage/Prognostic Factors | |
| 1183-1183 | 1 | 3708 | SEER Site-Specific Fact 5 | Stage/Prognostic Factors | |
| 1184-1184 | 1 | 3710 | SEER Site-Specific Fact 6 | Stage/Prognostic Factors | |
| 1185-1185 | 1 | 3165 | ICD Revision Comorbid | Stage/Prognostic Factors | |
| 1186-1190 | 5 | 3110 | Comorbid/Complication 1 | Stage/Prognostic Factors | |
| 1191-1195 | 5 | 3120 | Comorbid/Complication 2 | Stage/Prognostic Factors | |
| 1196-1200 | 5 | 3130 | Comorbid/Complication 3 | Stage/Prognostic Factors | |
| 1201-1205 | 5 | 3140 | Comorbid/Complication 4 | Stage/Prognostic Factors | |
| 1206-1210 | 5 | 3150 | Comorbid/Complication 5 | Stage/Prognostic Factors | |
| 1211-1215 | 5 | 3160 | Comorbid/Complication 6 | Stage/Prognostic Factors | |
| 1216-1220 | 5 | 3161 | Comorbid/Complication 7 | Stage/Prognostic Factors | |
| 1221-1225 | 5 | 3162 | Comorbid/Complication 8 | Stage/Prognostic Factors | |
| 1226-1230 | 5 | 3163 | Comorbid/Complication 9 | Stage/Prognostic Factors | |
| 1231-1235 | 5 | 3164 | Comorbid/Complication 10 | Stage/Prognostic Factors | |
| 1236-1435 | 200 | 1180 | Reserved 05 | Stage/Prognostic Factors | |
| 1436-1443 | 8 | 1260 | Date of Initial RX--SEER | Treatment-1st Course | |
| 1444-1445 | 2 | 1261 | Date of Initial RX Flag | Treatment-1st Course | |
| 1446-1453 | 8 | 1270 | Date of 1st Crs RX--CoC | Treatment-1st Course | |
| 1454-1455 | 2 | 1271 | Date of 1st Crs Rx Flag | Treatment-1st Course | |
| 1456-1463 | 8 | 1200 | RX Date--Surgery | Treatment-1st Course | |
| 1464-1465 | 2 | 1201 | RX Date--Surgery Flag | Treatment-1st Course | |
| 1466-1473 | 8 | 3170 | RX Date--Most Defin Surg | Treatment-1st Course | |
| 1474-1475 | 2 | 3171 | RX Date Mst Defn Srg Flag | Treatment-1st Course | |
| 1476-1483 | 8 | 3180 | RX Date--Surgical Disch | Treatment-1st Course | |

| Column # | Length | Item # | Item Name | Section | Note |
|---|---|---|---|---|---|
| 1484-1485 | 2 | 3181 | RX Date Surg Disch Flag | Treatment-1st Course | |
| 1486-1493 | 8 | 1210 | RX Date--Radiation | Treatment-1st Course | |
| 1494-1495 | 2 | 1211 | RX Date--Radiation Flag | Treatment-1st Course | |
| 1496-1503 | 8 | 3220 | RX Date--Radiation Ended | Treatment-1st Course | |
| 1504-1505 | 2 | 3221 | RX Date Rad Ended Flag | Treatment-1st Course | |
| 1506-1513 | 8 | 3230 | RX Date--Systemic | Treatment-1st Course | |
| 1514-1515 | 2 | 3231 | RX Date Systemic Flag | Treatment-1st Course | |
| 1516-1523 | 8 | 1220 | RX Date--Chemo | Treatment-1st Course | |
| 1524-1525 | 2 | 1221 | RX Date--Chemo Flag | Treatment-1st Course | |
| 1526-1533 | 8 | 1230 | RX Date--Hormone | Treatment-1st Course | |
| 1534-1535 | 2 | 1231 | RX Date--Hormone Flag | Treatment-1st Course | |
| 1536-1543 | 8 | 1240 | RX Date--BRM | Treatment-1st Course | |
| 1544-1545 | 2 | 1241 | RX Date--BRM Flag | Treatment-1st Course | |
| 1546-1553 | 8 | 1250 | RX Date--Other | Treatment-1st Course | |
| 1554-1555 | 2 | 1251 | RX Date--Other Flag | Treatment-1st Course | |
| 1556-1563 | 8 | 1280 | RX Date--DX/Stg Proc | Treatment-1st Course | |
| 1564-1565 | 2 | 1281 | RX Date--Dx/Stg Proc Flag | Treatment-1st Course | |
| 1566-1566 | 1 | 1285 | RX Summ--Treatment Status | Treatment-1st Course | |
| 1567-1568 | 2 | 1290 | RX Summ--Surg Prim Site | Treatment-1st Course | |
| 1569-1569 | 1 | 1292 | RX Summ--Scope Reg LN Sur | Treatment-1st Course | |
| 1570-1570 | 1 | 1294 | RX Summ--Surg Oth Reg/Dis | Treatment-1st Course | |
| 1571-1572 | 2 | 1296 | RX Summ--Reg LN Examined | Treatment-1st Course | |
| 1573-1573 | 1 | 1310 | RX Summ--Surgical Approch | Treatment-1st Course | |
| 1574-1574 | 1 | 1320 | RX Summ--Surgical Margins | Treatment-1st Course | |
| 1575-1575 | 1 | 1330 | RX Summ--Reconstruct 1st | Treatment-1st Course | |
| 1576-1576 | 1 | 1340 | Reason for No Surgery | Treatment-1st Course | |
| 1577-1578 | 2 | 1350 | RX Summ--DX/Stg Proc | Treatment-1st Course | |
| 1579-1579 | 1 | 3270 | RX Summ--Palliative Proc | Treatment-1st Course | |
| 1580-1580 | 1 | 1360 | RX Summ--Radiation | Treatment-1st Course | |
| 1581-1581 | 1 | 1370 | RX Summ--Rad to CNS | Treatment-1st Course | |
| 1582-1582 | 1 | 1380 | RX Summ--Surg/Rad Seq | Treatment-1st Course | |
| 1583-1584 | 2 | 3250 | RX Summ--Transplnt/Endocr | Treatment-1st Course | |
| 1585-1586 | 2 | 1390 | RX Summ--Chemo | Treatment-1st Course | |
| 1587-1588 | 2 | 1400 | RX Summ--Hormone | Treatment-1st Course | |
| 1589-1590 | 2 | 1410 | RX Summ--BRM | Treatment-1st Course | |
| 1591-1591 | 1 | 1420 | RX Summ--Other | Treatment-1st Course | |
| 1592-1592 | 1 | 1430 | Reason for No Radiation | Treatment-1st Course | |

| Column # | Length | Item # | Item Name | Section | Note |
|---|---|---|---|---|---|
| 1593-1594 | 2 | 1460 | RX Coding System--Current | Treatment-1st Course | |
| 1595-1595 | 1 | 1500 | First Course Calc Method | Treatment-1st Course | |
| 1596-1600 | 5 | 1510 | Rad--Regional Dose: CGY | Treatment-1st Course | |
| 1601-1603 | 3 | 1520 | Rad--No of Treatment Vol | Treatment-1st Course | |
| 1604-1605 | 2 | 1540 | Rad--Treatment Volume | Treatment-1st Course | |
| 1606-1606 | 1 | 1550 | Rad--Location of RX | Treatment-1st Course | |
| 1607-1608 | 2 | 1570 | Rad--Regional RX Modality | Treatment-1st Course | |
| 1609-1610 | 2 | 3200 | Rad--Boost RX Modality | Treatment-1st Course | |
| 1611-1615 | 5 | 3210 | Rad--Boost Dose cGy | Treatment-1st Course | |
| 1616-1616 | 1 | 1639 | RX Summ--Systemic/Sur Seq | Treatment-1st Course | |
| 1617-1618 | 2 | 1640 | RX Summ--Surgery Type | Treatment-1st Course | |
| 1619-1619 | 1 | 3190 | Readm Same Hosp 30 Days | Treatment-1st Course | |
| 1620-1621 | 2 | 1646 | RX Summ--Surg Site 98-02 | Treatment-1st Course | |
| 1622-1622 | 1 | 1647 | RX Summ--Scope Reg 98-02 | Treatment-1st Course | |
| 1623-1623 | 1 | 1648 | RX Summ--Surg Oth 98-02 | Treatment-1st Course | |
| 1624-1723 | 100 | 1190 | Reserved 06 | Treatment-1st Course | |
| 1724-1731 | 8 | 1660 | Subsq RX 2nd Course Date | Treatment-Subsequent & Other | |
| 1732-1733 | 2 | 1661 | Subsq RX 2ndCrs Date Flag | Treatment-Subsequent & Other | |
| 1734-1744 | 11 | 1670 | Subsq RX 2nd Course Codes | Treatment-Subsequent & Other | Group |
| 1734-1735 | 2 | 1671 | Subsq RX 2nd Course Surg | Treatment-Subsequent & Other | Subfield |
| 1736-1736 | 1 | 1677 | Subsq RX 2nd--Scope LN SU | Treatment-Subsequent & Other | Subfield |
| 1737-1737 | 1 | 1678 | Subsq RX 2nd--Surg Oth | Treatment-Subsequent & Other | Subfield |
| 1738-1739 | 2 | 1679 | Subsq RX 2nd--Reg LN Rem | Treatment-Subsequent & Other | Subfield |
| 1740-1740 | 1 | 1672 | Subsq RX 2nd Course Rad | Treatment-Subsequent & Other | Subfield |
| 1741-1741 | 1 | 1673 | Subsq RX 2nd Course Chemo | Treatment-Subsequent & Other | Subfield |
| 1742-1742 | 1 | 1674 | Subsq RX 2nd Course Horm | Treatment-Subsequent & Other | Subfield |
| 1743-1743 | 1 | 1675 | Subsq RX 2nd Course BRM | Treatment-Subsequent & Other | Subfield |
| 1744-1744 | 1 | 1676 | Subsq RX 2nd Course Oth | Treatment-Subsequent & Other | Subfield |
| 1745-1752 | 8 | 1680 | Subsq RX 3rd Course Date | Treatment-Subsequent & Other | |
| 1753-1754 | 2 | 1681 | Subsq RX 3rdCrs Date Flag | Treatment-Subsequent & Other | |
| 1755-1765 | 11 | 1690 | Subsq RX 3rd Course Codes | Treatment-Subsequent & Other | Group |
| 1755-1756 | 2 | 1691 | Subsq RX 3rd Course Surg | Treatment-Subsequent & Other | Subfield |
| 1757-1757 | 1 | 1697 | Subsq RX 3rd--Scope LN Su | Treatment-Subsequent & Other | Subfield |
| 1758-1758 | 1 | 1698 | Subsq RX 3rd--Surg Oth | Treatment-Subsequent & Other | Subfield |
| 1759-1760 | 2 | 1699 | Subsq RX 3rd--Reg LN Rem | Treatment-Subsequent & Other | Subfield |
| 1761-1761 | 1 | 1692 | Subsq RX 3rd Course Rad | Treatment-Subsequent & Other | Subfield |
| 1762-1762 | 1 | 1693 | Subsq RX 3rd Course Chemo | Treatment-Subsequent & Other | Subfield |

| Column # | Length | Item # | Item Name | Section | Note |
|---|---|---|---|---|---|
| 1763-1763 | 1 | 1694 | Subsq RX 3rd Course Horm | Treatment-Subsequent & Other | Subfield |
| 1764-1764 | 1 | 1695 | Subsq RX 3rd Course BRM | Treatment-Subsequent & Other | Subfield |
| 1765-1765 | 1 | 1696 | Subsq RX 3rd Course Oth | Treatment-Subsequent & Other | Subfield |
| 1766-1773 | 8 | 1700 | Subsq RX 4th Course Date | Treatment-Subsequent & Other | |
| 1774-1775 | 2 | 1701 | Subsq RX 4thCrs Date Flag | Treatment-Subsequent & Other | |
| 1776-1786 | 11 | 1710 | Subsq RX 4th Course Codes | Treatment-Subsequent & Other | Group |
| 1776-1777 | 2 | 1711 | Subsq RX 4th Course Surg | Treatment-Subsequent & Other | Subfield |
| 1778-1778 | 1 | 1717 | Subsq RX 4th--Scope LN Su | Treatment-Subsequent & Other | Subfield |
| 1779-1779 | 1 | 1718 | Subsq RX 4th--Surg Oth | Treatment-Subsequent & Other | Subfield |
| 1780-1781 | 2 | 1719 | Subsq RX 4th--Reg LN Rem | Treatment-Subsequent & Other | Subfield |
| 1782-1782 | 1 | 1712 | Subsq RX 4th Course Rad | Treatment-Subsequent & Other | Subfield |
| 1783-1783 | 1 | 1713 | Subsq RX 4th Course Chemo | Treatment-Subsequent & Other | Subfield |
| 1784-1784 | 1 | 1714 | Subsq RX 4th Course Horm | Treatment-Subsequent & Other | Subfield |
| 1785-1785 | 1 | 1715 | Subsq RX 4th Course BRM | Treatment-Subsequent & Other | Subfield |
| 1786-1786 | 1 | 1716 | Subsq RX 4th Course Oth | Treatment-Subsequent & Other | Subfield |
| 1787-1787 | 1 | 1741 | Subsq RX--Reconstruct Del | Treatment-Subsequent & Other | |
| 1788-1887 | 100 | 1300 | Reserved 07 | Treatment-Subsequent & Other | |
| 1888-1888 | 1 | 1981 | Over-ride SS/NodesPos | Edit Overrides/Conversion History/System Admin | |
| 1889-1889 | 1 | 1982 | Over-ride SS/TNM-N | Edit Overrides/Conversion History/System Admin | |
| 1890-1890 | 1 | 1983 | Over-ride SS/TNM-M | Edit Overrides/Conversion History/System Admin | |
| 1891-1891 | 1 | 1985 | Over-ride Acsn/Class/Seq | Edit Overrides/Conversion History/System Admin | |
| 1892-1892 | 1 | 1986 | Over-ride HospSeq/DxConf | Edit Overrides/Conversion History/System Admin | |
| 1893-1893 | 1 | 1987 | Over-ride CoC-Site/Type | Edit Overrides/Conversion History/System Admin | |
| 1894-1894 | 1 | 1988 | Over-ride HospSeq/Site | Edit Overrides/Conversion History/System Admin | |
| 1895-1895 | 1 | 1989 | Over-ride Site/TNM-StgGrp | Edit Overrides/Conversion History/System Admin | |
| 1896-1896 | 1 | 1990 | Over-ride Age/Site/Morph | Edit Overrides/Conversion History/System Admin | |
| 1897-1897 | 1 | 2000 | Over-ride SeqNo/DxConf | Edit Overrides/Conversion History/System Admin | |
| 1898-1898 | 1 | 2010 | Over-ride Site/Lat/SeqNo | Edit Overrides/Conversion History/System Admin | |
| 1899-1899 | 1 | 2020 | Over-ride Surg/DxConf | Edit Overrides/Conversion History/System Admin | |
| 1900-1900 | 1 | 2030 | Over-ride Site/Type | Edit Overrides/Conversion History/System Admin | |
| 1901-1901 | 1 | 2040 | Over-ride Histology | Edit Overrides/Conversion History/System Admin | |
| 1902-1902 | 1 | 2050 | Over-ride Report Source | Edit Overrides/Conversion History/System Admin | |
| 1903-1903 | 1 | 2060 | Over-ride Ill-define Site | Edit Overrides/Conversion History/System Admin | |
| 1904-1904 | 1 | 2070 | Over-ride Leuk, Lymphoma | Edit Overrides/Conversion History/System Admin | |
| 1905-1905 | 1 | 2071 | Over-ride Site/Behavior | Edit Overrides/Conversion History/System Admin | |
| 1906-1906 | 1 | 2072 | Over-ride Site/EOD/DX Dt | Edit Overrides/Conversion History/System Admin | |
| 1907-1907 | 1 | 2073 | Over-ride Site/Lat/EOD | Edit Overrides/Conversion History/System Admin | |

| Column # | Length | Item # | Item Name | Section | Note |
|---|---|---|---|---|---|
| 1908-1908 | 1 | 2074 | Over-ride Site/Lat/Morph | Edit Overrides/Conversion History/System Admin | |
| 1909-1912 | 4 | 1960 | Site (73-91) ICD-O-1 | Edit Overrides/Conversion History/System Admin | |
| 1913-1918 | 6 | 1970 | Morph (73-91) ICD-O-1 | Edit Overrides/Conversion History/System Admin | Group |
| 1913-1916 | 4 | 1971 | Histology (73-91) ICD-O-1 | Edit Overrides/Conversion History/System Admin | Subfield |
| 1917-1917 | 1 | 1972 | Behavior (73-91) ICD-O-1 | Edit Overrides/Conversion History/System Admin | Subfield |
| 1918-1918 | 1 | 1973 | Grade (73-91) ICD-O-1 | Edit Overrides/Conversion History/System Admin | Subfield |
| 1919-1919 | 1 | 1980 | ICD-O-2 Conversion Flag | Edit Overrides/Conversion History/System Admin | |
| 1920-1929 | 10 | 2081 | CRC CHECKSUM | Edit Overrides/Conversion History/System Admin | |
| 1930-1930 | 1 | 2120 | SEER Coding Sys--Current | Edit Overrides/Conversion History/System Admin | |
| 1931-1931 | 1 | 2130 | SEER Coding Sys--Original | Edit Overrides/Conversion History/System Admin | |
| 1932-1933 | 2 | 2140 | CoC Coding Sys--Current | Edit Overrides/Conversion History/System Admin | |
| 1934-1935 | 2 | 2150 | CoC Coding Sys--Original | Edit Overrides/Conversion History/System Admin | |
| 1936-1945 | 10 | 2170 | Vendor Name | Edit Overrides/Conversion History/System Admin | |
| 1946-1946 | 1 | 2180 | SEER Type of Follow-Up | Edit Overrides/Conversion History/System Admin | |
| 1947-1948 | 2 | 2190 | SEER Record Number | Edit Overrides/Conversion History/System Admin | |
| 1949-1950 | 2 | 2200 | Diagnostic Proc 73-87 | Edit Overrides/Conversion History/System Admin | |
| 1951-1958 | 8 | 2085 | Date Case Initiated | Edit Overrides/Conversion History/System Admin | |
| 1959-1966 | 8 | 2090 | Date Case Completed | Edit Overrides/Conversion History/System Admin | |
| 1967-1974 | 8 | 2092 | Date Case Completed--CoC | Edit Overrides/Conversion History/System Admin | |
| 1975-1982 | 8 | 2100 | Date Case Last Changed | Edit Overrides/Conversion History/System Admin | |
| 1983-1990 | 8 | 2110 | Date Case Report Exported | Edit Overrides/Conversion History/System Admin | |
| 1991-1998 | 8 | 2111 | Date Case Report Received | Edit Overrides/Conversion History/System Admin | |
| 1999-2006 | 8 | 2112 | Date Case Report Loaded | Edit Overrides/Conversion History/System Admin | |
| 2007-2014 | 8 | 2113 | Date Tumor Record Availbl | Edit Overrides/Conversion History/System Admin | |
| 2015-2015 | 1 | 2116 | ICD-O-3 Conversion Flag | Edit Overrides/Conversion History/System Admin | |
| 2016-2016 | 1 | 3750 | Over-ride CS 1 | Edit Overrides/Conversion History/System Admin | New |
| 2017-2017 | 1 | 3751 | Over-ride CS 2 | Edit Overrides/Conversion History/System Admin | New |
| 2018-2018 | 1 | 3752 | Over-ride CS 3 | Edit Overrides/Conversion History/System Admin | New |
| 2019-2019 | 1 | 3753 | Over-ride CS 4 | Edit Overrides/Conversion History/System Admin | New |
| 2020-2020 | 1 | 3754 | Over-ride CS 5 | Edit Overrides/Conversion History/System Admin | New |
| 2021-2021 | 1 | 3755 | Over-ride CS 6 | Edit Overrides/Conversion History/System Admin | New |
| 2022-2022 | 1 | 3756 | Over-ride CS 7 | Edit Overrides/Conversion History/System Admin | New |
| 2023-2023 | 1 | 3757 | Over-ride CS 8 | Edit Overrides/Conversion History/System Admin | New |
| 2024-2024 | 1 | 3758 | Over-ride CS 9 | Edit Overrides/Conversion History/System Admin | New |
| 2025-2025 | 1 | 3759 | Over-ride CS 10 | Edit Overrides/Conversion History/System Admin | New |
| 2026-2026 | 1 | 3760 | Over-ride CS 11 | Edit Overrides/Conversion History/System Admin | New |
| 2027-2027 | 1 | 3761 | Over-ride CS 12 | Edit Overrides/Conversion History/System Admin | New |

| Column # | Length | Item # | Item Name | Section | Note |
|---|---|---|---|---|---|
| 2028-2028 | 1 | 3762 | Over-ride CS 13 | Edit Overrides/Conversion History/System Admin | New |
| 2029-2029 | 1 | 3763 | Over-ride CS 14 | Edit Overrides/Conversion History/System Admin | New |
| 2030-2030 | 1 | 3764 | Over-ride CS 15 | Edit Overrides/Conversion History/System Admin | New |
| 2031-2031 | 1 | 3765 | Over-ride CS 16 | Edit Overrides/Conversion History/System Admin | New |
| 2032-2032 | 1 | 3766 | Over-ride CS 17 | Edit Overrides/Conversion History/System Admin | New |
| 2033-2033 | 1 | 3767 | Over-ride CS 18 | Edit Overrides/Conversion History/System Admin | New |
| 2034-2034 | 1 | 3768 | Over-ride CS 19 | Edit Overrides/Conversion History/System Admin | New |
| 2035-2035 | 1 | 3769 | Over-ride CS 20 | Edit Overrides/Conversion History/System Admin | New |
| 2036-2115 | 80 | 1650 | Reserved 08 | Edit Overrides/Conversion History/System Admin | Revised |
| 2116-2123 | 8 | 1750 | Date of Last Contact | Follow-up/Recurrence/Death | |
| 2124-2125 | 2 | 1751 | Date of Last Contact Flag | Follow-up/Recurrence/Death | |
| 2126-2126 | 1 | 1760 | Vital Status | Follow-up/Recurrence/Death | |
| 2127-2127 | 1 | 1770 | Cancer Status | Follow-up/Recurrence/Death | |
| 2128-2128 | 1 | 1780 | Quality of Survival | Follow-up/Recurrence/Death | |
| 2129-2129 | 1 | 1790 | Follow-Up Source | Follow-up/Recurrence/Death | |
| 2130-2130 | 1 | 1800 | Next Follow-Up Source | Follow-up/Recurrence/Death | |
| 2131-2180 | 50 | 1810 | Addr Current--City | Follow-up/Recurrence/Death | |
| 2181-2182 | 2 | 1820 | Addr Current--State | Follow-up/Recurrence/Death | |
| 2183-2191 | 9 | 1830 | Addr Current--Postal Code | Follow-up/Recurrence/Death | |
| 2192-2194 | 3 | 1840 | County--Current | Follow-up/Recurrence/Death | |
| 2195-2195 | 1 | 1850 | Unusual Follow-Up Method | Follow-up/Recurrence/Death | |
| 2196-2203 | 8 | 1860 | Recurrence Date--1st | Follow-up/Recurrence/Death | |
| 2204-2205 | 2 | 1861 | Recurrence Date--1st Flag | Follow-up/Recurrence/Death | |
| 2206-2207 | 2 | 1880 | Recurrence Type--1st | Follow-up/Recurrence/Death | |
| 2208-2257 | 50 | 1842 | Follow-Up Contact--City | Follow-up/Recurrence/Death | |
| 2258-2259 | 2 | 1844 | Follow-Up Contact--State | Follow-up/Recurrence/Death | |
| 2260-2268 | 9 | 1846 | Follow-Up Contact--Postal | Follow-up/Recurrence/Death | |
| 2269-2272 | 4 | 1910 | Cause of Death | Follow-up/Recurrence/Death | |
| 2273-2273 | 1 | 1920 | ICD Revision Number | Follow-up/Recurrence/Death | |
| 2274-2274 | 1 | 1930 | Autopsy | Follow-up/Recurrence/Death | |
| 2275-2277 | 3 | 1940 | Place of Death | Follow-up/Recurrence/Death | |
| 2278-2279 | 2 | 1791 | Follow-up Source Central | Follow-up/Recurrence/Death | |
| 2280-2287 | 8 | 1755 | Date of Death--Canada | Follow-up/Recurrence/Death | |
| 2288-2289 | 2 | 1756 | Date of Death--CanadaFlag | Follow-up/Recurrence/Death | |
| 2290-2339 | 50 | 1740 | Reserved 09 | Follow-up/Recurrence/Death | |
| 2340-3339 | 1000 | 2220 | State/Requestor Items | Special Use | |
| 3340-3379 | 40 | 2230 | Name--Last | Patient-Confidential | |

| Column # | Length | Item # | Item Name | Section | Note |
|---|---|---|---|---|---|
| 3380-3419 | 40 | 2240 | Name--First | Patient-Confidential | |
| 3420-3459 | 40 | 2250 | Name--Middle | Patient-Confidential | |
| 3460-3462 | 3 | 2260 | Name--Prefix | Patient-Confidential | |
| 3463-3465 | 3 | 2270 | Name--Suffix | Patient-Confidential | |
| 3466-3505 | 40 | 2280 | Name--Alias | Patient-Confidential | |
| 3506-3545 | 40 | 2390 | Name--Maiden | Patient-Confidential | |
| 3546-3605 | 60 | 2290 | Name--Spouse/Parent | Patient-Confidential | |
| 3606-3616 | 11 | 2300 | Medical Record Number | Patient-Confidential | |
| 3617-3618 | 2 | 2310 | Military Record No Suffix | Patient-Confidential | |
| 3619-3627 | 9 | 2320 | Social Security Number | Patient-Confidential | |
| 3628-3687 | 60 | 2330 | Addr at DX--No & Street | Patient-Confidential | |
| 3688-3747 | 60 | 2335 | Addr at DX--Supplementl | Patient-Confidential | |
| 3748-3807 | 60 | 2350 | Addr Current--No & Street | Patient-Confidential | |
| 3808-3867 | 60 | 2355 | Addr Current--Supplementl | Patient-Confidential | |
| 3868-3877 | 10 | 2360 | Telephone | Patient-Confidential | |
| 3878-3883 | 6 | 2380 | DC State File Number | Patient-Confidential | |
| 3884-3943 | 60 | 2394 | Follow-Up Contact--Name | Patient-Confidential | |
| 3944-4003 | 60 | 2392 | Follow-Up Contact--No&St | Patient-Confidential | |
| 4004-4063 | 60 | 2393 | Follow-Up Contact--Suppl | Patient-Confidential | |
| 4064-4073 | 10 | 2352 | Latitude | Patient-Confidential | |
| 4074-4084 | 11 | 2354 | Longitude | Patient-Confidential | |
| 4085-4284 | 200 | 1835 | Reserved 10 | Patient-Confidential | |
| 4285-4294 | 10 | 2445 | NPI--Following Registry | Hospital-Confidential | |
| 4295-4304 | 10 | 2440 | Following Registry | Hospital-Confidential | |
| 4305-4314 | 10 | 2415 | NPI--Inst Referred From | Hospital-Confidential | |
| 4315-4324 | 10 | 2410 | Institution Referred From | Hospital-Confidential | |
| 4325-4334 | 10 | 2425 | NPI--Inst Referred To | Hospital-Confidential | |
| 4335-4344 | 10 | 2420 | Institution Referred To | Hospital-Confidential | |
| 4345-4394 | 50 | 1900 | Reserved 11 | Hospital-Confidential | |
| 4395-4404 | 10 | 2465 | NPI--Physician--Managing | Other-Confidential | |
| 4405-4412 | 8 | 2460 | Physician--Managing | Other-Confidential | |
| 4413-4422 | 10 | 2475 | NPI--Physician--Follow-Up | Other-Confidential | |
| 4423-4430 | 8 | 2470 | Physician--Follow-Up | Other-Confidential | |
| 4431-4440 | 10 | 2485 | NPI--Physician--Primary Surg | Other-Confidential | |
| 4441-4448 | 8 | 2480 | Physician--Primary Surg | Other-Confidential | |
| 4449-4458 | 10 | 2495 | NPI--Physician 3 | Other-Confidential | |
| 4459-4466 | 8 | 2490 | Physician 3 | Other-Confidential | |

| Column # | Length | Item # | Item Name | Section | Note |
|---|---|---|---|---|---|
| 4467-4476 | 10 | 2505 | NPI--Physician 4 | Other-Confidential | |
| 4477-4484 | 8 | 2500 | Physician 4 | Other-Confidential | |
| 4485-4534 | 50 | 2510 | Reserved 12 | Other-Confidential | |
| 4535-4559 | 25 | 7010 | Path Reporting Fac ID 1 | Pathology | |
| 4560-4579 | 20 | 7090 | Path Report Number 1 | Pathology | |
| 4580-4593 | 14 | 7320 | Path Date Spec Collect 1 | Pathology | |
| 4594-4595 | 2 | 7480 | Path Report Type 1 | Pathology | |
| 4596-4620 | 25 | 7190 | Path Ordering Fac No 1 | Pathology | |
| 4621-4640 | 20 | 7100 | Path Order Phys Lic No 1 | Pathology | |
| 4641-4665 | 25 | 7011 | Path Reporting Fac ID 2 | Pathology | |
| 4666-4685 | 20 | 7091 | Path Report Number 2 | Pathology | |
| 4686-4699 | 14 | 7321 | Path Date Spec Collect 2 | Pathology | |
| 4700-4701 | 2 | 7481 | Path Report Type 2 | Pathology | |
| 4702-4726 | 25 | 7191 | Path Ordering Fac No 2 | Pathology | |
| 4727-4746 | 20 | 7101 | Path Order Phys Lic No 2 | Pathology | |
| 4747-4771 | 25 | 7012 | Path Reporting Fac ID 3 | Pathology | |
| 4772-4791 | 20 | 7092 | Path Report Number 3 | Pathology | |
| 4792-4805 | 14 | 7322 | Path Date Spec Collect 3 | Pathology | |
| 4806-4807 | 2 | 7482 | Path Report Type 3 | Pathology | |
| 4808-4832 | 25 | 7192 | Path Ordering Fac No 3 | Pathology | |
| 4833-4852 | 20 | 7102 | Path Order Phys Lic No 3 | Pathology | |
| 4853-4877 | 25 | 7013 | Path Reporting Fac ID 4 | Pathology | |
| 4878-4897 | 20 | 7093 | Path Report Number 4 | Pathology | |
| 4898-4911 | 14 | 7323 | Path Date Spec Collect 4 | Pathology | |
| 4912-4913 | 2 | 7483 | Path Report Type 4 | Pathology | |
| 4914-4938 | 25 | 7193 | Path Ordering Fac No 4 | Pathology | |
| 4939-4958 | 20 | 7103 | Path Order Phys Lic No 4 | Pathology | |
| 4959-4983 | 25 | 7014 | Path Reporting Fac ID 5 | Pathology | |
| 4984-5003 | 20 | 7094 | Path Report Number 5 | Pathology | |
| 5004-5017 | 14 | 7324 | Path Date Spec Collect 5 | Pathology | |
| 5018-5019 | 2 | 7484 | Path Report Type 5 | Pathology | |
| 5020-5044 | 25 | 7194 | Path Ordering Fac No 5 | Pathology | |
| 5045-5064 | 20 | 7104 | Path Order Phys Lic No 5 | Pathology | |
| 5065-5564 | 500 | 2080 | Reserved 13 | Pathology | |
| 5565-6564 | 1000 | 2520 | Text--DX Proc--PE | Text-Diagnosis | |
| 6565-7564 | 1000 | 2530 | Text--DX Proc--X-ray/Scan | Text-Diagnosis | |
| 7565-8564 | 1000 | 2540 | Text--DX Proc--Scopes | Text-Diagnosis | |

| Column # | Length | Item # | Item Name | Section | Note |
|---|---|---|---|---|---|
| 8565-9564 | 1000 | 2550 | Text--DX Proc--Lab Tests | Text-Diagnosis | |
| 9565-10564 | 1000 | 2560 | Text--DX Proc--Op | Text-Diagnosis | |
| 10565-11564 | 1000 | 2570 | Text--DX Proc--Path | Text-Diagnosis | |
| 11565-11664 | 100 | 2580 | Text--Primary Site Title | Text-Diagnosis | |
| 11665-11764 | 100 | 2590 | Text--Histology Title | Text-Diagnosis | |
| 11765-12764 | 1000 | 2600 | Text--Staging | Text-Diagnosis | |
| 12765-13764 | 1000 | 2610 | RX Text--Surgery | Text-Treatment | |
| 13765-14764 | 1000 | 2620 | RX Text--Radiation (Beam) | Text-Treatment | |
| 14765-15764 | 1000 | 2630 | RX Text--Radiation Other | Text-Treatment | |
| 15765-16764 | 1000 | 2640 | RX Text--Chemo | Text-Treatment | |
| 16765-17764 | 1000 | 2650 | RX Text--Hormone | Text-Treatment | |
| 17765-18764 | 1000 | 2660 | RX Text--BRM | Text-Treatment | |
| 18765-19764 | 1000 | 2670 | RX Text--Other | Text-Treatment | |
| 19765-20764 | 1000 | 2680 | Text--Remarks | Text-Miscellaneous | |
| 20765-20824 | 60 | 2690 | Text--Place of Diagnosis | Text-Miscellaneous | |
| 20825-22824 | 2000 | 2210 | Reserved 14 | Text-Miscellaneous | |

# CHAPTER VIII:

# REQUIRED STATUS TABLE (ITEM # ORDER)

The following table presents Version 12.1 of the NAACCR required status summarizing the requirements and recommendations for collection of each item by standard-setting groups. Differences from Version 12 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-approved 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 Canadian Council of Cancer Registries Provincial/Territorial Cancer 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.

| | | NPCR | CoC | | SEER | | CCCR | | Exchange Elements | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Item | Item Name | Collect | Collect | Transmit | Collect | Transmit | Collect | Transmit | Hosp-> Central | Central-> Central | Source of Standard | Note |
| 10 | Record Type | R | . | R | . | R | . | . | T | T | NAACCR | |
| 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 | . | . | . | . | . | R* | R* | . | . | NAACCR | |
| 37 | Reserved 00 | | | | | | | | | | | |
| 40 | Registry ID | R | . | . | R | R | . | . | T | T | NAACCR | |
| 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 | |
| 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 | |
| 135 | Census Tract 2010 | R* | . | . | . | . | . | . | . | . | NAACCR | New |
| 140 | Census Tract Cod Sys--Alt | | | | | | | | | | | Retired |
| 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 | |
| 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 | |

**Codes for Recommendations:** R = Required. RH = Historically collected and currently transmitted. RC = Collected by SEER from CoC-approved hospitals. RS = Required, site specific. S = Supplementary/recommended. D = Derived. · = No recommendations. * = When available. # = Central registries may code available data using either the SEER or CoC data item and associated rules. ^ = These text requirements may be met with one or several text block fields. T = data is vital to complete exchange record. TH = only certain historical cases may require these fields. T* = transmit data if available for any case in exchange record.

| Item | Item Name | NPCR | CoC | | SEER | | CCCR | | Exchange Elements | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Collect | Collect | Transmit | Collect | Transmit | Collect | Transmit | Hosp-> Central | Central-> Central | Source of Standard | Note |
| 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 | Revised |
| 250 | Birthplace | R* | R | R | R | R | R* | R* | T* | T | SEER/CoC | |
| 260 | Religion | | | | | | | | | | | Retired |
| 270 | Occupation Code--Census | R* | . | . | . | . | . | . | . | . | Census/NPCR | |
| 280 | Industry Code--Census | R* | . | . | . | . | . | . | . | . | Census/NPCR | |
| 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 | Occup/Ind Coding System | R* | . | . | . | . | | . | . | . | NPCR | |
| 340 | Tobacco History | | | | | | | | | | | Retired |
| 350 | Alcohol History | | | | | | | | | | | Retired |
| 360 | Family History of Cancer | | | | | | | | | | | Retired |
| 362 | Census Block Group 2000 | . | . | . | S | . | . | . | . | . | Census | |
| 363 | Census Block Group 2010 | . | . | . | . | . | . | . | . | . | Census | New |
| 364 | Census Tr Cert 1970/80/90 | RH* | . | . | RH | RH | . | . | . | . | SEER | |
| 365 | Census Tr Certainty 2000 | R | . | . | R | R | . | . | . | . | NAACCR | |
| 366 | GIS Coordinate Quality | R* | . | . | S | . | . | . | . | . | NAACCR | |
| 367 | Census Tr Certainty 2010 | R* | . | . | . | . | . | . | . | . | NAACCR | New |
| 368 | CensusBlockGroup 70/80/90 | . | . | . | S | . | . | . | . | . | Census | |
| 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 | R* | R* | T | T | NAACCR | Revised |
| 400 | Primary Site | R | R | R | R | R | . | . | T | T | SEER/CoC | |
| 410 | Laterality | R | R | R | R | R | R* | R* | T | T | SEER/CoC | |

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| | | NPCR | CoC | | SEER | | CCCR | | Exchange Elements | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Item | Item Name | Collect | Collect | Transmit | Collect | Transmit | Collect | Transmit | Hosp-> Central | Central-> Central | Source of Standard | Note |
| 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 | . | R | R | R | R | . | . | . | . | NAACCR | |
| 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 | Revised |
| 442 | Ambiguous Terminology DX | . | R | R | R | R | S | S | . | . | SEER | |
| 443 | Date of Conclusive DX | . | R | R | R | R | S | S | . | . | SEER | |
| 444 | Mult Tum Rpt as One Prim | . | R | R | R | R | S | S | . | . | SEER | |
| 445 | Date of Multiple Tumors | . | R | R | R | R | S | S | . | . | SEER | |
| 446 | Multiplicity Counter | . | R | R | R | R | S | S | . | . | SEER | |
| 447 | Number of Tumors/Hist | | | | | | | | | | Retired | Retired |
| 448 | Date Conclusive DX Flag | . | R | R | R | R | R* | R* | . | . | NAACCR | Revised |
| 449 | Grade Path System | R* | R | R | R | R | R* | R* | T* | T* | AJCC | Revised |
| 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 | . | . | T | T | SEER/CoC | |
| 500 | Type of Reporting Source | R | . | . | R | R | . | . | T | T | SEER | |
| 501 | Casefinding Source | . | . | . | . | . | . | . | 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 | |
| 523 | Behavior Code ICD-O-3 | R | R | R | R | R | R* | R* | T | T | SEER/CoC | |
| 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 | |

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| Item | Item Name | NPCR | CoC | | SEER | | CCCR | | Exchange Elements | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Collect | Collect | Transmit | Collect | Transmit | Collect | Transmit | Hosp-> Central | Central-> Central | Source of Standard | Note |
| 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 Inpatient Adm | . | . | . | . | . | . | . | . | . | NAACCR | |
| 591 | Date of Inpt Adm Flag | . | . | . | . | . | . | . | . | . | NAACCR | |
| 600 | Date of Inpatient Disch | . | . | . | . | . | . | . | . | . | NAACCR | |
| 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 |
| 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 |

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| Item | Item Name | NPCR | CoC | | SEER | | CCCR | | Exchange Elements | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Collect | Collect | Transmit | Collect | Transmit | Collect | Transmit | Hosp-> Central | Central-> Central | Source of Standard | Note |
| 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 | RH | RH | RH | . | S | . | . | TH* | TH* | SEER | |
| 760 | SEER Summary Stage 1977 | RH | RH | RH | . | S | . | . | TH* | TH* | SEER | |
| 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 | Revised |
| 830 | Regional Nodes Examined | R* | R | R | R | R | R* | R* | T* | T* | SEER/CoC | Revised |
| 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 | |

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| Item | Item Name | NPCR | CoC | | SEER | | CCCR | | Exchange Elements | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Collect | Collect | Transmit | Collect | Transmit | Collect | Transmit | Hosp-> Central | Central-> Central | Source of Standard | Note |
| 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 |
| 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 | . | R | R | RS | RS | R* | R* | T* | T* | AJCC | Revised |
| 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 | R | R | R | S | . | . | . | T* | T* | CoC | Revised |
| 1211 | RX Date--Radiation Flag | R | R | R | S | . | . | . | T* | T* | NAACCR | Revised |
| 1220 | RX Date--Chemo | R | R | R | . | . | . | . | T* | T* | CoC | Revised |
| 1221 | RX Date--Chemo Flag | R | R | R | . | . | . | . | T* | T* | NAACCR | Revised |
| 1230 | RX Date--Hormone | R | R | R | . | . | . | . | T* | T* | CoC | Revised |
| 1231 | RX Date--Hormone Flag | R | R | R | . | . | . | . | T* | T* | NAACCR | Revised |

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| | | NPCR | CoC | | SEER | | CCCR | | Exchange Elements | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Item | Item Name | Collect | Collect | Transmit | Collect | Transmit | Collect | Transmit | Hosp-> Central | Central-> Central | Source of Standard | Note |
| 1240 | RX Date--BRM | R | R | R | S | . | . | . | T* | T* | CoC | Revised |
| 1241 | RX Date--BRM Flag | R | R | R | S | . | . | . | T* | T* | NAACCR | Revised |
| 1250 | RX Date--Other | R | R | R | S | . | . | . | T* | T* | CoC | Revised |
| 1251 | RX Date--Other Flag | R | R | R | S | . | . | . | T* | T* | NAACCR | Revised |
| 1260 | Date of Initial RX--SEER | R# | . | . | R | R | . | . | T* | T* | SEER | |
| 1261 | Date of Initial RX Flag | R# | . | . | R | R | . | . | T* | T* | NAACCR | |
| 1270 | Date of 1st Crs RX--CoC | R# | R | R | . | . | . | . | T* | T* | CoC | |
| 1271 | Date of 1st Crs Rx Flag | R# | R | R | . | . | . | . | T* | T* | NAACCR | |
| 1280 | RX Date--DX/Stg Proc | . | R | R | . | . | . | . | . | . | CoC | |
| 1281 | RX Date--Dx/Stg Proc Flag | . | R | R | . | . | . | . | . | . | NAACCR | |
| 1285 | RX Summ--Treatment Status | R# | R | R | R | R | . | . | T* | T* | SEER/CoC | Revised |
| 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 | D | . | . | R | R | . | . | TH* | TH* | SEER | |
| 1370 | RX Summ--Rad to CNS | . | . | . | R | R | . | . | . | . | SEER/CoC | |
| 1380 | RX Summ--Surg/Rad Seq | R | R | R | R | R | . | . | T | T* | SEER/CoC | |
| 1390 | RX Summ--Chemo | R | R | R | R | R | . | . | T* | T* | SEER/CoC | |
| 1400 | RX Summ--Hormone | R | R | R | R | R | . | . | T* | T* | SEER/CoC | |
| 1410 | RX Summ--BRM | R | R | R | R | R | . | . | T* | T* | SEER/CoC | |
| 1420 | RX Summ--Other | R | R | R | R | R | . | . | T* | T* | SEER/CoC | |
| 1430 | Reason for No Radiation | R | R | R | . | . | . | . | . | . | CoC | Revised |
| 1440 | Reason for No Chemo | | | | | | | | | | | Retired |
| 1450 | Reason for No Hormone | | | | | | | | | | | Retired |

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| Item | Item Name | NPCR | CoC | | SEER | | CCCR | | Exchange Elements | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Collect | Collect | Transmit | Collect | Transmit | Collect | Transmit | Hosp-> Central | Central-> Central | Source of Standard | Note |
| 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 | R | . | . | . | . | . | . | . | . | NAACCR | |
| 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 | R | 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 | R | R | R | R | R | . | . | T | T | CoC | |
| 1640 | RX Summ--Surgery Type | . | . | . | RH | RH | . | . | TH* | TH* | SEER | |
| 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 | | | | | | | | | | | |
| 1660 | Subsq RX 2nd Course Date | . | . | . | . | . | . | . | . | . | CoC | |
| 1661 | Subsq RX 2ndCrs Date Flag | . | . | . | . | . | . | . | . | . | NAACCR | |
| 1670 | Subsq RX 2nd Course Codes | . | . | . | . | . | . | . | | | | |

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| | | NPCR | CoC | | SEER | | CCCR | | Exchange Elements | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Item | Item Name | Collect | Collect | Transmit | Collect | Transmit | Collect | Transmit | Hosp-> Central | Central-> Central | Source of Standard | Note |
| 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 | |
| 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 | |

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| Item | Item Name | NPCR | CoC | | SEER | | CCCR | | Exchange Elements | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Collect | Collect | Transmit | Collect | Transmit | Collect | Transmit | Hosp-> Central | Central-> Central | Source of Standard | Note |
| 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 | Revised |
| 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 | |
| 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 | |
| 1835 | Reserved 10 | | | | | | | | | | | |
| 1840 | County--Current | . | . | . | . | . | . | . | . | . | NAACCR | |
| 1842 | Follow-Up Contact--City | . | . | . | R | . | . | . | T* | . | SEER | |

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| | | NPCR | CoC | | SEER | | CCCR | | Exchange Elements | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Item | Item Name | Collect | Collect | Transmit | Collect | Transmit | Collect | Transmit | Hosp-> Central | Central-> Central | Source of Standard | Note |
| 1844 | Follow-Up Contact--State | . | . | . | R | . | . | . | T* | . | SEER | |
| 1846 | Follow-Up Contact--Postal | . | . | . | R | . | . | . | T* | . | SEER | |
| 1850 | Unusual Follow-Up Method | . | . | . | . | . | . | . | . | . | CoC | |
| 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 | . | . | . | . | . | R* | R* | . | . | NAACCR | |
| 1940 | Place of Death | R | . | . | . | . | R* | R* | T* | T* | NPCR | |
| 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 | |

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| | | NPCR | CoC | | SEER | | CCCR | | Exchange Elements | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Item | Item Name | Collect | Collect | Transmit | Collect | Transmit | Collect | Transmit | Hosp-> Central | Central-> Central | Source of Standard | Note |
| 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 | |
| 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 | Revised |
| 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 |

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| | | NPCR | CoC | | SEER | | CCCR | | Exchange Elements | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Item | Item Name | Collect | Collect | Transmit | Collect | Transmit | Collect | Transmit | Hosp-> Central | Central-> Central | Source of Standard | Note |
| 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 | |
| 2250 | Name--Middle | R | R | . | R | . | R* | R* | T* | T* | CoC | |
| 2260 | Name--Prefix | . | . | . | . | . | . | . | . | . | CoC | |
| 2270 | Name--Suffix | . | . | . | R | . | . | . | T* | T* | CoC | |
| 2280 | Name--Alias | R | . | . | R | . | . | . | T* | T* | CoC | |
| 2290 | Name--Spouse/Parent | . | . | . | . | . | . | . | . | . | NAACCR | |
| 2300 | Medical Record Number | R | R | . | R | . | . | . | T | . | CoC | |
| 2310 | Military Record No Suffix | . | . | . | . | . | . | . | . | . | CoC | Revised |
| 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 | . | . | . | T* | T* | CoC | |
| 2392 | Follow-Up Contact--No&St | . | . | . | R | . | . | . | . | . | SEER | |
| 2393 | Follow-Up Contact--Suppl | . | . | . | R | . | . | . | . | . | SEER | |
| 2394 | Follow-Up Contact--Name | . | . | . | R | . | . | . | . | . | SEER | |
| 2400 | Reserved 16 | | | | | | | | | | | |
| 2410 | Institution Referred From | . | . | . | . | . | . | . | T* | . | CoC | Revised |

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| Item | Item Name | NPCR | CoC | | SEER | | CCCR | | Exchange Elements | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Collect | Collect | Transmit | Collect | Transmit | Collect | Transmit | Hosp-> Central | Central-> Central | Source of Standard | Note |
| 2415 | NPI--Inst Referred From | . | R | . | . | . | . | . | . | . | CMS | |
| 2420 | Institution Referred To | . | . | . | . | . | . | . | T* | . | CoC | Revised |
| 2425 | NPI--Inst Referred To | . | R | . | . | . | . | . | . | . | CMS | |
| 2430 | Last Follow-Up Hospital | | | | | | | | | | | Retired |
| 2440 | Following Registry | . | . | . | R | . | . | . | . | . | CoC | |
| 2445 | NPI--Following Registry | . | . | . | R* | . | . | . | . | . | CMS | |
| 2450 | Reserved 17 | | | | | | | | | | | |
| 2460 | Physician--Managing | . | . | . | . | . | . | . | . | . | NAACCR | |
| 2465 | NPI--Physician--Managing | . | R | . | . | . | . | . | . | . | CMS | |
| 2470 | Physician--Follow-Up | . | . | . | R | . | . | . | T* | T* | CoC | Revised |
| 2475 | NPI--Physician--Follow-Up | . | R | . | R* | . | . | . | . | . | CMS | |
| 2480 | Physician--Primary Surg | . | . | . | . | . | . | . | . | . | CoC | Revised |
| 2485 | NPI--Physician--Primary Surg | . | R | R | . | . | . | . | . | . | CMS | |
| 2490 | Physician 3 | . | . | . | . | . | . | . | . | . | CoC | Revised |
| 2495 | NPI--Physician 3 | . | R | R | . | . | . | . | . | . | CMS | |
| 2500 | Physician 4 | . | . | . | . | . | . | . | . | . | CoC | Revised |
| 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 | |

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| | | NPCR | CoC | | SEER | | CCCR | | Exchange Elements | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Item | Item Name | Collect | Collect | Transmit | Collect | Transmit | Collect | Transmit | Hosp-> Central | Central-> Central | Source of Standard | Note |
| 2650 | RX Text--Hormone | R^ | . | . | R | . | . | . | T* | T* | NPCR | |
| 2660 | RX Text--BRM | R^ | . | . | R | . | . | . | T* | T* | NPCR | |
| 2670 | RX Text--Other | R^ | . | . | R | . | . | . | T* | T* | NPCR | |
| 2680 | Text--Remarks | . | . | . | R | . | . | . | T* | T* | NPCR | |
| 2690 | Text--Place of Diagnosis | . | . | . | . | . | . | . | . | . | NPCR | |
| 2730 | CS PreRx Tumor Size | . | . | . | . | . | . | . | . | . | AJCC | Revised |
| 2735 | CS PreRx Extension | . | . | . | . | . | . | . | . | . | AJCC | Revised |
| 2740 | CS PreRx Tum Sz/Ext Eval | . | . | . | . | . | . | . | . | . | AJCC | Revised |
| 2750 | CS PreRx Lymph Nodes | . | . | . | . | . | . | . | . | . | AJCC | Revised |
| 2755 | CS PreRx Reg Nodes Eval | . | . | . | . | . | . | . | . | . | AJCC | Revised |
| 2760 | CS PreRx Mets at DX | . | . | . | . | . | . | . | . | . | AJCC | Revised |
| 2765 | CS PreRx Mets Eval | . | . | . | . | . | . | . | . | . | AJCC | Revised |
| 2770 | CS PostRx Tumor Size | . | . | . | . | . | . | . | . | . | AJCC | Revised |
| 2775 | CS PostRx Extension | . | . | . | . | . | . | . | . | . | AJCC | Revised |
| 2780 | CS PostRx Lymph Nodes | . | . | . | . | . | . | . | . | . | AJCC | Revised |
| 2785 | CS PostRx Mets at DX | . | . | . | . | . | . | . | . | . | AJCC | Revised |
| 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 | Revised |
| 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 | . | . | T* | T* | AJCC | |
| 2852 | CS Mets at Dx-Brain | . | R | R | R | R | . | . | T* | T* | AJCC | |
| 2853 | CS Mets at Dx-Liver | . | R | R | R | R | . | . | T* | T* | AJCC | |
| 2854 | CS Mets at Dx-Lung | . | R | R | R | R | . | . | T* | T* | AJCC | |
| 2860 | CS Mets Eval | R* | R | R | R | R | R* | R* | T* | T* | AJCC | Revised |
| 2861 | CS Site-Specific Factor 7 | RS* | RS | RS | RS | RS | RS | RS | T* | T* | AJCC | Revised |
| 2862 | CS Site-Specific Factor 8 | RS | RS | RS | RS | RS | RS | RS | T* | T* | AJCC | Revised |
| 2863 | CS Site-Specific Factor 9 | RS | RS | RS | RS | RS | RS | RS | T* | T* | AJCC | Revised |
| 2864 | CS Site-Specific Factor10 | RS | RS | RS | RS | RS | RS | RS | T* | T* | AJCC | Revised |

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| Item | Item Name | NPCR | CoC | | SEER | | CCCR | | Exchange Elements | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Collect | Collect | Transmit | Collect | Transmit | Collect | Transmit | Hosp-> Central | Central-> Central | Source of Standard | Note |
| 2865 | CS Site-Specific Factor11 | RS | RS | RS | RS | RS | RS | RS | T* | T* | AJCC | Revised |
| 2866 | CS Site-Specific Factor12 | RS | RS | RS | RS | RS | RS | RS | T* | T* | AJCC | Revised |
| 2867 | CS Site-Specific Factor13 | RS | RS | RS | RS | RS | RS | RS | T* | T* | AJCC | Revised |
| 2868 | CS Site-Specific Factor14 | RS | RS | RS | RS | RS | RS | RS | T* | T* | AJCC | Revised |
| 2869 | CS Site-Specific Factor15 | RS | RS | RS | RS | RS | RS | RS | T* | T* | AJCC | Revised |
| 2870 | CS Site-Specific Factor16 | RS | RS | RS | RS | RS | RS | RS | T* | T* | AJCC | Revised |
| 2871 | CS Site-Specific Factor17 | RS* | RS | RS | RS | RS | RS | RS | T* | T* | AJCC | Revised |
| 2872 | CS Site-Specific Factor18 | RS* | RS | RS | RS | RS | RS | RS | T* | T* | AJCC | Revised |
| 2873 | CS Site-Specific Factor19 | RS* | RS | RS | RS | RS | RS | RS | T* | T* | AJCC | Revised |
| 2874 | CS Site-Specific Factor20 | RS* | RS | RS | RS | RS | RS | RS | T* | T* | AJCC | Revised |
| 2875 | CS Site-Specific Factor21 | RS* | RS | RS | RS | RS | RS | RS | T* | T* | AJCC | Revised |
| 2876 | CS Site-Specific Factor22 | RS* | RS | RS | RS | RS | RS | RS | T* | T* | AJCC | Revised |
| 2877 | CS Site-Specific Factor23 | RS* | RS | RS | RS | RS | RS | RS | T* | T* | AJCC | Revised |
| 2878 | CS Site-Specific Factor24 | RS* | RS | RS | RS | RS | RS | RS | T* | T* | AJCC | Revised |
| 2879 | CS Site-Specific Factor25 | RS | RS | RS | RS | RS | RS | RS | T* | T* | AJCC | Revised |
| 2880 | CS Site-Specific Factor 1 | RS | RS | RS | R | R | RS | RS | T* | T* | AJCC | Revised |
| 2890 | CS Site-Specific Factor 2 | RS | RS | RS | R | R | RS | RS | T* | T* | AJCC | Revised |
| 2900 | CS Site-Specific Factor 3 | RS | RS | RS | R | R | RS | RS | T* | T* | AJCC | Revised |
| 2910 | CS Site-Specific Factor 4 | RS* | RS | RS | R | R | RS | RS | T* | T* | AJCC | Revised |
| 2920 | CS Site-Specific Factor 5 | RS* | RS | RS | R | R | RS | RS | T* | T* | AJCC | Revised |
| 2930 | CS Site-Specific Factor 6 | RS* | RS | RS | R | R | 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 | . | . | T* | T* | AJCC | |
| 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 | |
| 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 | |

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| | | NPCR | CoC | | SEER | | CCCR | | Exchange Elements | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Item | Item Name | Collect | Collect | Transmit | Collect | Transmit | Collect | Transmit | Hosp-> Central | Central-> Central | Source of Standard | Note |
| 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--Most Defin Surg | . | R | R | . | . | . | . | T* | . | CoC | |
| 3171 | RX Date Mst Defn Srg Flag | . | R | R | . | . | . | . | T* | . | NAACCR | |
| 3180 | RX Date--Surgical Disch | . | R | R | . | . | . | . | . | . | CoC | |
| 3181 | RX Date Surg Disch Flag | . | R | R | . | . | . | . | . | . | NAACCR | |
| 3190 | Readm Same Hosp 30 Days | . | R | R | . | . | . | . | . | . | CoC | |
| 3200 | Rad--Boost RX Modality | . | R | R | RC | . | . | . | T* | T* | CoC | |
| 3210 | Rad--Boost Dose cGy | . | R | R | . | . | . | . | . | . | CoC | |
| 3220 | RX Date--Radiation Ended | . | R | R | . | . | . | . | . | . | CoC | |
| 3221 | RX Date Rad Ended Flag | . | R | R | . | . | . | . | . | . | NAACCR | |
| 3230 | RX Date--Systemic | . | R | R | S | . | . | . | T* | T* | CoC | |
| 3231 | RX Date Systemic Flag | . | R | R | S | . | . | . | T* | T* | NAACCR | |
| 3250 | RX Summ--Transplnt/Endocr | R | R | R | R | R | . | . | T* | T* | CoC | |
| 3260 | Pain Assessment | | | | | | | | | | | Retired |

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| Item | Item Name | NPCR | CoC | | SEER | | CCCR | | Exchange Elements | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Collect | Collect | Transmit | Collect | Transmit | Collect | Transmit | Hosp-> Central | Central-> Central | Source of Standard | Note |
| 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 | Revised |
| 3402 | Derived AJCC-7 T Descript | D* | D | R | D | R | D | D | T* | T* | AJCC | Revised |
| 3410 | Derived AJCC-7 N | D* | D | R | D | R | D | D | T* | T* | AJCC | Revised |
| 3412 | Derived AJCC-7 N Descript | D* | D | R | D | R | D | D | T* | T* | AJCC | Revised |
| 3420 | Derived AJCC-7 M | D* | D | R | D | R | D | D | T* | T* | AJCC | Revised |
| 3422 | Derived AJCC-7 M Descript | D* | D | R | D | R | D | D | T* | T* | AJCC | Revised |
| 3430 | Derived AJCC-7 Stage Grp | D* | D | R | D | R | D | D | T* | T* | AJCC | Revised |
| 3440 | Derived PreRx-7 T | . | . | . | . | . | D | D | . | . | AJCC | Revised |
| 3442 | Derived PreRx-7 T Descrip | . | . | . | . | . | D | D | . | . | AJCC | Revised |
| 3450 | Derived PreRx-7 N | . | . | . | . | . | D | D | . | . | AJCC | Revised |
| 3452 | Derived PreRx-7 N Descrip | . | . | . | . | . | D | D | . | . | AJCC | Revised |
| 3460 | Derived PreRx-7 M | . | . | . | . | . | D | D | . | . | AJCC | Revised |
| 3462 | Derived PreRx-7 M Descrip | . | . | . | . | . | D | D | . | . | AJCC | Revised |
| 3470 | Derived PreRx-7 Stage Grp | . | . | . | . | . | D | D | . | . | AJCC | Revised |
| 3480 | Derived PostRx-7 T | . | . | . | . | . | D | D | . | . | AJCC | Revised |
| 3482 | Derived PostRx-7 N | . | . | . | . | . | D | D | . | . | AJCC | Revised |
| 3490 | Derived PostRx-7 M | . | . | . | . | . | D | D | . | . | AJCC | Revised |
| 3492 | Derived PostRx-7 Stge Grp | . | . | . | . | . | D | D | . | . | AJCC | Revised |
| 3600 | Derived Neoadjuv Rx Flag | . | . | . | . | . | D | D | T* | T* | AJCC | |
| 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 | |
| 3750 | Over-ride CS 1 | . | . | . | . | . | . | . | . | . | AJCC | New |
| 3751 | Over-ride CS 2 | . | . | . | . | . | . | . | . | . | AJCC | New |

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| | | NPCR | CoC | | SEER | | CCCR | | Exchange Elements | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Item | Item Name | Collect | Collect | Transmit | Collect | Transmit | Collect | Transmit | Hosp-> Central | Central-> Central | Source of Standard | Note |
| 3752 | Over-ride CS 3 | . | . | . | . | . | . | . | . | . | AJCC | New |
| 3753 | Over-ride CS 4 | . | . | . | . | . | . | . | . | . | AJCC | New |
| 3754 | Over-ride CS 5 | . | . | . | . | . | . | . | . | . | AJCC | New |
| 3755 | Over-ride CS 6 | . | . | . | . | . | . | . | . | . | AJCC | New |
| 3756 | Over-ride CS 7 | . | . | . | . | . | . | . | . | . | AJCC | New |
| 3757 | Over-ride CS 8 | . | . | . | . | . | . | . | . | . | AJCC | New |
| 3758 | Over-ride CS 9 | . | . | . | . | . | . | . | . | . | AJCC | New |
| 3759 | Over-ride CS 10 | . | . | . | . | . | . | . | . | . | AJCC | New |
| 3760 | Over-ride CS 11 | . | . | . | . | . | . | . | . | . | AJCC | New |
| 3761 | Over-ride CS 12 | . | . | . | . | . | . | . | . | . | AJCC | New |
| 3762 | Over-ride CS 13 | . | . | . | . | . | . | . | . | . | AJCC | New |
| 3763 | Over-ride CS 14 | . | . | . | . | . | . | . | . | . | AJCC | New |
| 3764 | Over-ride CS 15 | . | . | . | . | . | . | . | . | . | AJCC | New |
| 3765 | Over-ride CS 16 | . | . | . | . | . | . | . | . | . | AJCC | New |
| 3766 | Over-ride CS 17 | . | . | . | . | . | . | . | . | . | AJCC | New |
| 3767 | Over-ride CS 18 | . | . | . | . | . | . | . | . | . | AJCC | New |
| 3768 | Over-ride CS 19 | . | . | . | . | . | . | . | . | . | AJCC | New |
| 3769 | Over-ride CS 20 | . | . | . | . | . | . | . | . | . | AJCC | 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 | |

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| Item | Item Name | NPCR | CoC | | SEER | | CCCR | | Exchange Elements | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Collect | Collect | Transmit | Collect | Transmit | Collect | Transmit | Hosp-> Central | Central-> Central | Source of Standard | Note |
| 7103 | Path Order Phys Lic No 4 | . | . | . | . | . | . | . | . | . | HL7 | |
| 7104 | Path Order Phys Lic No 5 | . | . | . | . | . | . | . | . | . | HL7 | |
| 7190 | Path Ordering Fac No 1 | . | . | . | . | . | . | . | . | . | HL7 | |
| 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 | |

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# CHAPTER IX:

# DATA DESCRIPTOR TABLE (ITEM # ORDER)

The following table presents Version 12.1 of the NAACCR data descriptor table summarizing the item number, item name, format, allowable values, and length of each item. The data type for all data items is "character." Differences from Version 12 are marked "Revised," "New," or "Retired" in the "Note" column of the table. Revised and new items are summarized in Appendix F. A program that generates a file of records in the NAACCR data exchange format should handle instances where information is unavailable for any given field.

General Rules:

- ❖ When ALL of the records in the file to be generated contain no information on a specific data item, then the corresponding columns in the exchange record should be left as blanks.

*Example:* You are submitting data in NAACCR 12 format, but your registry does not collect data on AJCC stage. The columns in the file you generate that are supposed to contain the information on AJCC stage should all contain blanks.

- ❖ When some of the records contain information for a given field, and other records will not contain information for that field, then the code that indicates "unknown," "not available," or "not applicable" (as appropriate) must be written in the corresponding columns in the exchange record.

*Exception:* You are submitting data in NAACCR Version 12, for diagnosis years 1995 through 2010. Collaborative staging fields were not defined prior to 2004. Therefore, all cases diagnosed prior to 2004 should have blanks transmitted in the "CS-" fields, unless your data recipient specifically instructs you otherwise.

All "blanks" must be transmitted as the appropriate number of "spaces" (ASCII 20h), never as nulls or as numeric fields with no value assigned. Nulls may shift the record contents out of column alignment, and numeric fields with no value assigned to them erroneously transmit zeroes as code content.

Date fields are recorded in the year, month, day format (YYYYMMDD). The field is fixed-length and left-justified. Any missing component should be replaced by spaces. If there are no known date components, the fixed-length variable will be completely blank. For example:

- `YYYYMMDD` – when complete date is known and valid
- `YYYYMM` – when year and month are known and valid, and day is unknown
- `YYYY` – when year is known and valid, and month and day are unknown
- Blank – when no known date applies

| Item # | Item Name | Format | Allowable Values | Length | Note |
|---|---|---|---|---|---|
| 10 | Record Type | | I, C, A, U, M, L | 1 | |
| 20 | Patient ID Number | Right justified, zero filled | | 8 | |
| 21 | Patient System ID-Hosp | Right justified, zero filled | | 8 | |
| 30 | Registry Type | | 1-3 | 1 | |
| 35 | FIN Coding System | | 1, 2, 9 | 1 | |
| 37 | Reserved 00 | | | 13 | |
| 40 | Registry ID | Right justified, zero filled | 10-digit number. Reference to EDITS table REGID.DBF in Appendix B | 10 | |
| 45 | NPI--Registry ID | | 10-digit NPI code (9-digit integer plus 1 check digit), blank | 10 | |
| 50 | NAACCR Record Version | | 120, 121 | 3 | Revised |
| 60 | Tumor Record Number | Right justified, zero filled | 01-99 | 2 | |
| 70 | Addr at DX--City | Mixed case letters, special characters only as allowed by USPS, embedded spaces allowed, left justified, blank filled | City name or UNKNOWN | 50 | |
| 80 | Addr at DX--State | Upper case | Refer to EDITS table STATE.DBF in Appendix B; CD, US, XX, YY, ZZ | 2 | |
| 90 | County at DX | Right justified, zero filled | See Appendix A for county codes for each state. For non-U.S. residents, CoC uses Appendix B (BPLACE.DBF). Also 998, 999 | 3 | |
| 100 | Addr at DX--Postal Code | Numbers or upper case letters. No special characters or embedded spaces allowed. Left justified, blank filled | 5-digit or 9-digit U.S. ZIP codes; 6-character Canadian postal codes; valid postal codes from other countries, 888888888, 999999999, 88888+4 blanks (U.S.), 99999+4 blanks (U.S.), 999999+3 blanks (Canada) | 9 | |
| 110 | Census Tract 1970/80/90 | Right justified, zero filled | Census Tract Codes 000100-949999, BNA Codes 950100-998999, 000000, 999999, blank | 6 | |
| 120 | Census Cod Sys 1970/80/90 | | 0-3, blank | 1 | |
| 130 | Census Tract 2000 | Right justified, zero filled | Census Tract Codes 000100-999998, 000000, 999999, blank | 6 | |
| 135 | Census Tract 2010 | | Census Tract Codes 000100-999998, 000000, 999999, blank | 6 | New |
| 140 | Census Tract Cod Sys--Alt | | | | Retired |
| 150 | Marital Status at DX | | 1-6, 9 | 1 | Revised |
| 160 | Race 1 | Right justified, zero filled | 01-08, 10-17, 20-22, 25-28, 30-32, 96-99 | 2 | |
| 161 | Race 2 | Right justified, zero filled | 01-08, 10-17, 20-22, 25-28, 30-32, 88, 96-99, blank | 2 | |
| 162 | Race 3 | Right justified, zero filled | 01-08, 10-17, 20-22, 25-28, 30-32, 88, 96-99, blank | 2 | |

| Item # | Item Name | Format | Allowable Values | Length | Note |
|---|---|---|---|---|---|
| 163 | Race 4 | Right justified, zero filled | 01-08, 10-17, 20-22, 25-28, 30-32, 88, 96-99, blank | 2 | |
| 164 | Race 5 | Right justified, zero filled | 01-08, 10-17, 20-22, 25-28, 30-32, 88, 96-99, blank | 2 | |
| 170 | Race Coding Sys--Current | | 1-7, 9 | 1 | |
| 180 | Race Coding Sys--Original | | 1-7, 9 | 1 | |
| 190 | Spanish/Hispanic Origin | | 0-8, 9 | 1 | |
| 191 | NHIA Derived Hisp Origin | | 0-8, blank | 1 | |
| 192 | IHS Link | | 0, 1, blank | 1 | |
| 193 | Race--NAPIIA(derived API) | Right justified, zero filled | 01-08, 10-17, 20-22, 25-28, 30-32, 96, 99, blank | 2 | |
| 200 | Computed Ethnicity | | 0-7, blank | 1 | |
| 210 | Computed Ethnicity Source | | 0-9, blank | 1 | |
| 220 | Sex | | 1-4, 9 | 1 | |
| 230 | Age at Diagnosis | Right justified, zero filled | 000-120, 999 | 3 | |
| 240 | Date of Birth | YYYYMMDD | Valid date | 8 | |
| 241 | Date of Birth Flag | | 10-20, blank | 2 | |
| 250 | Birthplace | Right justified, zero filled | Reference to EDITS table BPLACE.DBF in Appendix B | 3 | |
| 260 | Religion | | | | Retired |
| 270 | Occupation Code--Census | Right justified, zero filled | Reference *Industry and Occupation Coding for Death Certificates* | 3 | |
| 280 | Industry Code--Census | Right justified, zero filled | Reference *Industry and Occupation Coding for Death Certificates* | 3 | |
| 290 | Occupation Source | | 0-3, 7-9, blank | 1 | |
| 300 | Industry Source | | 0-3, 7-9, blank | 1 | |
| 310 | Text--Usual Occupation | Free text | Neither carriage return nor line feed characters allowed | 100 | |
| 320 | Text--Usual Industry | Free text | Neither carriage return nor line feed characters allowed | 100 | |
| 330 | Occup/Ind Coding System | | 1-4, 7, 9, blank | 1 | |
| 340 | Tobacco History | | | | Retired |
| 350 | Alcohol History | | | | Retired |
| 360 | Family History of Cancer | | | | Retired |
| 362 | Census Block Group 2000 | | 0-9, blank | 1 | |
| 363 | Census Block Group 2010 | | 0-9, blank | 1 | New |
| 364 | Census Tr Cert 1970/80/90 | | 1-6, 9, blank | 1 | |
| 365 | Census Tr Certainty 2000 | | 1-6, 9, blank | 1 | |
| 366 | GIS Coordinate Quality | | 00-12, 98, 99, blank | 2 | |
| 367 | Census Tr Certainty 2010 | | 1-6, 9, blank | 1 | New |
| 368 | CensusBlockGroup 70/80/90 | | 0-9, blank | 1 | |
| 370 | Reserved 01 | | | 37 | |
| 380 | Sequence Number--Central | Right justified, zero filled | 00-59, 60-87, 88, 98, 99 | 2 | |
| 390 | Date of Diagnosis | YYYYMMDD | Valid date | 8 | |
| 391 | Date of Diagnosis Flag | | 10-20, blank | 2 | |
| 400 | Primary Site | C followed by 3 digits, no special characters, no embedded blanks | Refer to ICD-O-3 (decimals are dropped) | 4 | |

| Item # | Item Name | Format | Allowable Values | Length | Note |
|---|---|---|---|---|---|
| 410 | Laterality | | 0-5, 9 | 1 | |
| 419 | Morph--Type&Behav ICD-O-2 | | Reference to ICD-0-2 | 5 | |
| 420 | Histology (92-00) ICD-O-2 | | 8000-9989, Refer to ICD-0-2 | 4 | |
| 430 | Behavior (92-00) ICD-O-2 | | 0-3, Refer to ICD-0-2 | 1 | |
| 439 | Date of Mult Tumors Flag | | 10-20, blank | 2 | |
| 440 | Grade | | 1-9 | 1 | |
| 441 | Grade Path Value | | 1-4, blank | 1 | |
| 442 | Ambiguous Terminology DX | | 0-2, 9 | 1 | |
| 443 | Date of Conclusive DX | YYYYMMDD | Valid date | 8 | |
| 444 | Mult Tum Rpt as One Prim | | 00, 10-12, 20, 30-32, 40, 80, 88, 99 | 2 | |
| 445 | Date of Multiple Tumors | YYYYMMDD | Valid date | 8 | |
| 446 | Multiplicity Counter | | 00-89, 99, blank | 2 | Revised |
| 447 | Number of Tumors/Hist | | | | Retired |
| 448 | Date Conclusive DX Flag | | 10-20, blank | 2 | |
| 449 | Grade Path System | | 2-4, blank | 1 | |
| 450 | Site Coding Sys--Current | | 1-6, 9 | 1 | |
| 460 | Site Coding Sys--Original | | 1-6, 9 | 1 | |
| 470 | Morph Coding Sys--Current | | 1-9 | 1 | |
| 480 | Morph Coding Sys--Originl | | 1-9 | 1 | |
| 490 | Diagnostic Confirmation | | 1-9 | 1 | |
| 500 | Type of Reporting Source | | 1-8 | 1 | |
| 501 | Casefinding Source | | 10, 20-30, 40, 50, 60, 70, 75, 80, 85, 90, 95, 99 | 2 | |
| 510 | Screening Date | | | | Retired |
| 520 | Screening Result | | | | Retired |
| 521 | Morph--Type&Behav ICD-O-3 | | Refer to ICD-O-3 | 5 | |
| 522 | Histologic Type ICD-O-3 | | 8000-9989, Refer to ICD-O-3 | 4 | |
| 523 | Behavior Code ICD-O-3 | | 0-3, Refer to ICD-O-3 | 1 | |
| 530 | Reserved 02 | | | 92 | Revised |
| 538 | Reporting Hospital FAN | | | | Retired |
| 540 | Reporting Facility | Right justified, zero filled | 10-digit number | 10 | |
| 545 | NPI--Reporting Facility | | 10-digit NPI code (9-digit NPI integer plus 1 check digit), blank | 10 | |
| 550 | Accession Number--Hosp | | 9-digit number | 9 | |
| 560 | Sequence Number--Hospital | Right justified, zero filled | 00-59, 60-87, 88, 99 | 2 | |
| 570 | Abstracted By | No special characters | Letters and numbers | 3 | |
| 580 | Date of 1st Contact | YYYYMMDD | Valid dates | 8 | |
| 581 | Date of 1st Contact Flag | | 10-20, blank | 2 | |
| 590 | Date of Inpatient Adm | YYYYMMDD | Valid dates | 8 | |
| 591 | Date of Inpt Adm Flag | | 10-20, blank | 2 | |
| 600 | Date of Inpatient Disch | YYYYMMDD | Valid dates | 8 | |
| 601 | Date of Inpt Disch Flag | | 10-20, blank | 2 | |
| 605 | Inpatient Status | | 0,1,9, blank | 1 | Revised |
| 610 | Class of Case | | 00, 10-14, 20-22, 30-38, 40-43, 49, 99 | 2 | |
| 620 | Year First Seen This CA | | | | Retired |
| 630 | Primary Payer at DX | Right justified, zero filled | 01, 02, 10, 20, 21, 31, 35, 60-68, 99 | 2 | |

| Item # | Item Name | Format | Allowable Values | Length | Note |
|---|---|---|---|---|---|
| 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 | | 0-5, 9 | 1 | |
| 670 | RX Hosp--Surg Prim Site | Right justified, zero filled | 00, 10-80, 90, 98, 99 (site-specific) | 2 | |
| 672 | RX Hosp--Scope Reg LN Sur | | 0-7, 9 | 1 | |
| 674 | RX Hosp--Surg Oth Reg/Dis | | 0-5, 9 | 1 | |
| 676 | RX Hosp--Reg LN Removed | | 00-90, 95-99 | 2 | |
| 678 | RX Hosp--Surg Timing | | | | Retired |
| 680 | Reserved 03 | | | 100 | |
| 690 | RX Hosp--Radiation | | 0-5, 9 | 1 | Revised |
| 700 | RX Hosp--Chemo | Right justified, zero filled | 00-03, 82, 85-88, 99 | 2 | |
| 710 | RX Hosp--Hormone | Right justified, zero filled | 00, 01, 82, 85-88, 99 | 2 | |
| 720 | RX Hosp--BRM | Right justified, zero filled | 00, 01, 82, 85-88, 99 | 2 | |
| 730 | RX Hosp--Other | | 0-3, 6-9 | 1 | |
| 740 | RX Hosp--DX/Stg Proc | Right justified, zero filled | 00-07, 09 | 2 | |
| 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 | Right justified, zero filled | 00, 10-90, 99 (site-specific), blank | 2 | |
| 747 | RX Hosp--Scope Reg 98-02 | | 0-9 (site-specific), blank | 1 | |
| 748 | RX Hosp--Surg Oth 98-02 | | 0-9 (site-specific), blank | 1 | |
| 750 | Reserved 04 | | | 100 | |
| 759 | SEER Summary Stage 2000 | | 0-5, 7, 8, 9 | 1 | |
| 760 | SEER Summary Stage 1977 | | 0-5, 7, 8, 9 | 1 | |
| 770 | Loc/Reg/Distant Stage | | | | Retired |
| 779 | Extent of Disease 10-Dig | | | 12 | |
| 780 | EOD--Tumor Size | Right justified, zero filled | See respective source references | 3 | |
| 790 | EOD--Extension | Right justified, zero filled | Reference *SEER Extent of Disease* manual | 2 | |
| 800 | EOD--Extension Prost Path | Right justified, zero filled | Reference *SEER Extent of Disease* manual | 2 | |
| 810 | EOD--Lymph Node Involv | | Reference *SEER Extent of Disease* manual | 1 | |
| 820 | Regional Nodes Positive | Right justified, zero filled | 00-90, 95, 97-99 | 2 | |
| 830 | Regional Nodes Examined | Right justified, zero filled | 00-90, 95-99 | 2 | |
| 840 | EOD--Old 13 Digit | Numeric and special characters | | 13 | |
| 850 | EOD--Old 2 Digit | Numeric plus special characters "&" and "dash" ("-") | | 2 | |
| 860 | EOD--Old 4 Digit | | | 4 | |
| 870 | Coding System for EOD | | 0-4, Blank | 1 | |
| 880 | TNM Path T | Upper case, alphanumeric, left justified, blank filled | See *AJCC Cancer Staging Manual* and *FORDS* manual; also 88, blank | 4 | |
| 890 | TNM Path N | Upper case, alphanumeric, left justified, blank filled | See *AJCC Cancer Staging Manual* and *FORDS* manual; also 88, blank | 4 | |

| Item # | Item Name | Format | Allowable Values | Length | Note |
|---|---|---|---|---|---|
| 900 | TNM Path M | Upper case, alphanumeric, left justified, blank filled | See *AJCC Cancer Staging Manual* and *FORDS* Manual; also 88, blank | 4 | |
| 910 | TNM Path Stage Group | Upper case, alphanumeric. Convert AJCC Roman numerals to Arabic numerals. Left justified, blank filled | See *AJCC Cancer Staging Manual* and *FORDS* Manual; also 88, 99 | 4 | |
| 920 | TNM Path Descriptor | | 0-6, 9 | 1 | |
| 930 | TNM Path Staged By | | 0-9 | 1 | |
| 940 | TNM Clin T | Upper case, alphanumeric, left justified, blank filled | See *AJCC Cancer Staging Manual* and *FORDS* Manual; also 88, blank | 4 | |
| 950 | TNM Clin N | Upper case, alphanumeric, left justified, blank filled | See *AJCC Cancer Staging Manual* and *FORDS* Manual; also 88, blank | 4 | |
| 960 | TNM Clin M | Upper case, alphanumeric, left justified, blank filled | See *AJCC Cancer Staging Manual* and *FORDS* Manual; also 88, blank | 4 | |
| 970 | TNM Clin Stage Group | Upper case, alphanumeric. Convert AJCC Roman numerals to Arabic numerals. Left justified, blank filled | See *AJCC Cancer Staging Manual* and *FORDS* Manual; also 88, 99, blank | 4 | |
| 980 | TNM Clin Descriptor | | 0-3, 5, 9 | 1 | Revised |
| 990 | TNM Clin Staged By | | 0-9 | 1 | |
| 1000 | TNM Other T | | | | Retired |
| 1010 | TNM Other N | | | | Retired |
| 1020 | TNM Other M | | | | Retired |
| 1030 | TNM Other Stage Group | | | | Retired |
| 1040 | TNM Other Staged By | | | | Retired |
| 1050 | TNM Other Descriptor | | | | Retired |
| 1060 | TNM Edition Number | Right justified, zero filled | 00-07, 88, 99 | 2 | |
| 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 | Alphanumeric | Refer to *ROADS Manual* | 2 | |
| 1130 | Pediatric Staging System | | 00-15, 88, 97, 99 | 2 | |
| 1140 | Pediatric Staged By | | 0-9 | 1 | |
| 1150 | Tumor Marker 1 | | 0-6, 8, 9 | 1 | |
| 1160 | Tumor Marker 2 | | 0-6, 8, 9 | 1 | |
| 1170 | Tumor Marker 3 | | 0-6, 8, 9 | 1 | |
| 1180 | Reserved 05 | | | 200 | |
| 1182 | Lymph-vascular Invasion | | 0,1,8,9 | 1 | |
| 1190 | Reserved 06 | | | 100 | |
| 1200 | RX Date--Surgery | YYYYMMDD | Valid dates | 8 | |
| 1201 | RX Date--Surgery Flag | | 10-20, blank | 2 | |
| 1210 | RX Date--Radiation | YYYYMMDD | Valid dates | 8 | |
| 1211 | RX Date--Radiation Flag | | 10-20, blank | 2 | |
| 1220 | RX Date--Chemo | YYYYMMDD | Valid dates | 8 | |
| 1221 | RX Date--Chemo Flag | | 10-20, blank | 2 | |
| 1230 | RX Date--Hormone | YYYYMMDD | Valid dates | 8 | |
| 1231 | RX Date--Hormone Flag | | 10-20, blank | 2 | |
| 1240 | RX Date--BRM | YYYYMMDD | Valid dates | 8 | |
| 1241 | RX Date--BRM Flag | | 10-20, blank | 2 | |

| Item # | Item Name | Format | Allowable Values | Length | Note |
|---|---|---|---|---|---|
| 1250 | RX Date--Other | YYYYMMDD | Valid dates | 8 | |
| 1251 | RX Date--Other Flag | | 10-20, blank | 2 | |
| 1260 | Date of Initial RX--SEER | YYYYMMDD | Valid dates, blank | 8 | |
| 1261 | Date of Initial RX Flag | | 10-20, blank | 2 | |
| 1270 | Date of 1st Crs RX--CoC | YYYYMMDD | Valid dates | 8 | |
| 1271 | Date of 1st Crs Rx Flag | | 10-20, blank | 2 | |
| 1280 | RX Date--DX/Stg Proc | YYYYMMDD | Valid dates | 8 | |
| 1281 | RX Date--Dx/Stg Proc Flag | | 10-20, blank | 2 | |
| 1285 | RX Summ--Treatment Status | | 0-2, 9 | 1 | |
| 1290 | RX Summ--Surg Prim Site | Right justified, zero filled | 00, 10-80, 90, 98, 99 (site-specific) | 2 | |
| 1292 | RX Summ--Scope Reg LN Sur | | 0-7, 9 | 1 | |
| 1294 | RX Summ--Surg Oth Reg/Dis | | 0-5, 9 | 1 | |
| 1296 | RX Summ--Reg LN Examined | Right justified, zero filled | 00-90, 95-99 | 2 | |
| 1300 | Reserved 07 | | | 100 | |
| 1310 | RX Summ--Surgical Approch | | 0-9 (site-specific) | 1 | |
| 1320 | RX Summ--Surgical Margins | | 0-3, 7-9 | 1 | |
| 1330 | RX Summ--Reconstruct 1st | | 0-9 (site-specific) | 1 | |
| 1340 | Reason for No Surgery | | 0-2, 5-9 | 1 | |
| 1350 | RX Summ--DX/Stg Proc | Right justified, zero filled | 00-07, 09 | 2 | |
| 1360 | RX Summ--Radiation | | 0-9 | 1 | |
| 1370 | RX Summ--Rad to CNS | | 0, 1, 7-9 | 1 | |
| 1380 | RX Summ--Surg/Rad Seq | | 0, 2-6, 9 | 1 | |
| 1390 | RX Summ--Chemo | Right justified, zero filled | 00-03, 82, 85-88, 99 | 2 | |
| 1400 | RX Summ--Hormone | Right justified, zero filled | 00, 01, 82, 85-88, 99 | 2 | |
| 1410 | RX Summ--BRM | Right justified, zero filled | 00, 01, 82, 85-88, 99 | 2 | |
| 1420 | RX Summ--Other | | 0-3, 6-9 | 1 | |
| 1430 | Reason for No Radiation | | 0-2, 5-9 | 1 | |
| 1440 | Reason for No Chemo | | | | Retired |
| 1450 | Reason for No Hormone | | | | Retired |
| 1460 | RX Coding System--Current | Right justified, zero filled | 00-07, 99 | 2 | |
| 1470 | Protocol Eligibility Stat | | | | Retired |
| 1480 | Protocol Participation | | | | Retired |
| 1490 | Referral to Support Serv | | | | Retired |
| 1500 | First Course Calc Method | | 1, 2, 9 | 1 | |
| 1510 | Rad--Regional Dose: CGY | Right justified, zero filled | 00000-99999 | 5 | |
| 1520 | Rad--No of Treatment Vol | Right justified, zero filled | 000-999 | 3 | |
| 1530 | Rad--Elapsed RX Days | | | | Retired |
| 1540 | Rad--Treatment Volume | Right justified, zero filled | 00-41, 50, 60, 98, 99 | 2 | |
| 1550 | Rad--Location of RX | | 0-4, 8, 9 | 1 | |
| 1560 | Rad--Intent of Treatment | | | | Retired |
| 1570 | Rad--Regional RX Modality | Right justified, zero filled | 00, 20-32, 40-43, 50-55, 60-62, 80, 85, 98, 99 | 2 | |
| 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 | | 0, 2-6, 9 | 1 | |

| Item # | Item Name | Format | Allowable Values | Length | Note |
|---|---|---|---|---|---|
| 1640 | RX Summ--Surgery Type | Right justified, zero filled | 00-99 (site-specific) | 2 | |
| 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 | Right justified, zero filled | 00, 10-90, 99 (site-specific), blank | 2 | |
| 1647 | RX Summ--Scope Reg 98-02 | | 0-9 (site-specific), blank | 1 | |
| 1648 | RX Summ--Surg Oth 98-02 | | 0-9 (site-specific), blank | 1 | |
| 1650 | Reserved 08 | | | 80 | Revised |
| 1660 | Subsq RX 2nd Course Date | YYYYMMDD | Valid dates | 8 | |
| 1661 | Subsq RX 2ndCrs Date Flag | | 10-20, blank | 2 | |
| 1670 | Subsq RX 2nd Course Codes | | | 11 | |
| 1671 | Subsq RX 2nd Course Surg | Right justified, zero filled | 00, 10-90, 99 | 2 | |
| 1672 | Subsq RX 2nd Course Rad | | 0-5, 9 | 1 | |
| 1673 | Subsq RX 2nd Course Chemo | | 0-3, 9 | 1 | |
| 1674 | Subsq RX 2nd Course Horm | | 0-3, 9 | 1 | |
| 1675 | Subsq RX 2nd Course BRM | | 0-9 | 1 | |
| 1676 | Subsq RX 2nd Course Oth | | 0-3, 6-9 | 1 | |
| 1677 | Subsq RX 2nd--Scope LN SU | | 0-9 | 1 | |
| 1678 | Subsq RX 2nd--Surg Oth | | 0-9 | 1 | |
| 1679 | Subsq RX 2nd--Reg LN Rem | Right justified, zero filled | 00-90, 95-99 | 2 | |
| 1680 | Subsq RX 3rd Course Date | YYYYMMDD | Valid dates | 8 | |
| 1681 | Subsq RX 3rdCrs Date Flag | | 10-20, blank | 2 | |
| 1690 | Subsq RX 3rd Course Codes | | | 11 | |
| 1691 | Subsq RX 3rd Course Surg | Right justified, zero filled | 00, 10-90, 99 | 2 | |
| 1692 | Subsq RX 3rd Course Rad | | 0-5, 9 | 1 | |
| 1693 | Subsq RX 3rd Course Chemo | | 0-3, 9 | 1 | |
| 1694 | Subsq RX 3rd Course Horm | | 0-3, 9 | 1 | |
| 1695 | Subsq RX 3rd Course BRM | | 0-9 | 1 | |
| 1696 | Subsq RX 3rd Course Oth | | 0-3, 6-9 | 1 | |
| 1697 | Subsq RX 3rd--Scope LN Su | | 0-9 | 1 | |
| 1698 | Subsq RX 3rd--Surg Oth | | 0-9 | 1 | |
| 1699 | Subsq RX 3rd--Reg LN Rem | Right justified, zero filled | 00-90, 95-99 | 2 | |
| 1700 | Subsq RX 4th Course Date | YYYYMMDD | Valid dates | 8 | |
| 1701 | Subsq RX 4thCrs Date Flag | | 10-20, blank | 2 | |
| 1710 | Subsq RX 4th Course Codes | | | 11 | |
| 1711 | Subsq RX 4th Course Surg | Right justified, zero filled | 00, 10-90, 99 | 2 | |
| 1712 | Subsq RX 4th Course Rad | | 0-5, 9 | 1 | |
| 1713 | Subsq RX 4th Course Chemo | | 0-3, 9 | 1 | |
| 1714 | Subsq RX 4th Course Horm | | 0-3, 9 | 1 | |
| 1715 | Subsq RX 4th Course BRM | | 0-9 | 1 | |
| 1716 | Subsq RX 4th Course Oth | | 0-3, 6-9 | 1 | |
| 1717 | Subsq RX 4th--Scope LN Su | | 0-9 | 1 | |
| 1718 | Subsq RX 4th--Surg Oth | | 0-9 | 1 | |
| 1719 | Subsq RX 4th--Reg LN Rem | Right justified, zero filled | 00-90, 95-99 | 2 | |
| 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 |

| Item # | Item Name | Format | Allowable Values | Length | Note |
|---|---|---|---|---|---|
| 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 | | | 50 | |
| 1741 | Subsq RX--Reconstruct Del | | Site-specific | 1 | |
| 1750 | Date of Last Contact | YYYYMMDD | Valid dates | 8 | |
| 1751 | Date of Last Contact Flag | | 10-20, blank | 2 | |
| 1755 | Date of Death--Canada | YYYYMMDD | Valid Dates | 8 | |
| 1756 | Date of Death--CanadaFlag | | 10-20, blank | 2 | |
| 1760 | Vital Status | | 0, 1, 4 | 1 | |
| 1770 | Cancer Status | | 1, 2, 9 | 1 | |
| 1780 | Quality of Survival | | 0-4, 8, 9 | 1 | |
| 1790 | Follow-Up Source | | 0-5, 7-9 | 1 | |
| 1791 | Follow-up Source Central | | 00-12, 29-35, 39-43, 48-51, 59-65, 98, 99 | 2 | |
| 1800 | Next Follow-Up Source | | 0-5, 8, 9 | 1 | |
| 1810 | Addr Current--City | Mixed case letters, special characters only as allowed by USPS, embedded spaces allowed, left justified, blank filled | City name or UNKNOWN | 50 | |
| 1820 | Addr Current--State | See EDITS table STATE.DBF in Appendix B; CD, US, XX, YY, ZZ | | 2 | |
| 1830 | Addr Current--Postal Code | Numbers or upper case letters. No special characters or embedded spaces allowed. Left justified, blank filled. | 5-digit or 9-digit U.S. ZIP codes; 6- character Canadian postal codes; valid postal codes from other countries, 888888888, 999999999, 88888+4 blanks (U.S.), 99999+4 blanks (U.S.), 999999+3 blanks (Canada) | 9 | |
| 1835 | Reserved 10 | | | 200 | |
| 1840 | County--Current | Right justified, zero filled | See Appendix A for standard FIPS county codes. See EDITS table BPLACE.DBF in Appendix B for geocodes used by CoC for non-U.S. residents. Also 998, 999 | 3 | |
| 1842 | Follow-Up Contact--City | Mixed case letters, special characters only as allowed by USPS, embedded spaces allowed, left justified, blank filled | City name or UNKNOWN | 50 | |
| 1844 | Follow-Up Contact--State | Upper case | See EDITS table STATE.DBF in Appendix B | 2 | |
| 1846 | Follow-Up Contact--Postal | Numbers or upper case letters. No special characters or embedded spaces allowed. Left justified, blank filled | 5-digit or 9-digit U.S. ZIP codes; 6- character Canadian postal codes; valid postal codes from other countries, 888888888, 999999999, 88888+4 blanks (U.S.), 99999+4 blanks (U.S.), 999999+3 blanks (Canada) | 9 | |
| 1850 | Unusual Follow-Up Method | | 0-9 | 1 | |

| Item # | Item Name | Format | Allowable Values | Length | Note |
|---|---|---|---|---|---|
| 1860 | Recurrence Date--1st | YYYYMMDD | Valid dates | 8 | |
| 1861 | Recurrence Date--1st Flag | | 10-20, blank | 2 | |
| 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 | Right justified, zero filled | 00, 04, 06, 10, 13-17, 20-22, 25-27, 30, 36, 40, 46, 51-60, 62, 70, 88, 99 | 2 | |
| 1890 | Recurrence Type--1st--Oth | | | | Retired |
| 1900 | Reserved 11 | | | 50 | |
| 1910 | Cause of Death | 4 digits (for ICD-7, 8, 9); for ICD-10, upper case letter followed by 3 digits or upper case followed by 2 digits plus blank | Valid ICD-7, ICD-8, ICD-9, and ICD-10 codes; also 0000, 7777, 7797 | 4 | |
| 1920 | ICD Revision Number | | 0, 1, 7, 8, 9 | 1 | |
| 1930 | Autopsy | | 0-2, 9 | 1 | |
| 1940 | Place of Death | Right justified, zero filled | Reference SEER Manual | 3 | |
| 1960 | Site (73-91) ICD-O-1 | Four digits, first digit equals 1. Reference ICD-O-1 for valid entries | 1400-1999 | 4 | |
| 1970 | Morph (73-91) ICD-O-1 | | Reference ICD-O-1 for valid entries | 6 | |
| 1971 | Histology (73-91) ICD-O-1 | Reference ICD-O-1 for valid entries | 8000-9970 | 4 | |
| 1972 | Behavior (73-91) ICD-O-1 | | Reference ICD-O-1 for valid entries | 1 | |
| 1973 | Grade (73-91) ICD-O-1 | | Reference ICD-O-1 for valid entries | 1 | |
| 1980 | ICD-O-2 Conversion Flag | | 0-6, blank | 1 | |
| 1981 | Over-ride SS/NodesPos | | 1 or blank | 1 | |
| 1982 | Over-ride SS/TNM-N | | 1 or blank | 1 | |
| 1983 | Over-ride SS/TNM-M | | 1 or blank | 1 | |
| 1984 | Over-ride SS/DisMet1 | | | | Retired |
| 1985 | Over-ride Acsn/Class/Seq | | 1 or blank | 1 | |
| 1986 | Over-ride HospSeq/DxConf | | 1 or blank | 1 | |
| 1987 | Over-ride CoC-Site/Type | | 1 or blank | 1 | |
| 1988 | Over-ride HospSeq/Site | | 1 or blank | 1 | |
| 1989 | Over-ride Site/TNM-StgGrp | | 1 or blank | 1 | |
| 1990 | Over-ride Age/Site/Morph | | 1-3 or blank | 1 | |
| 2000 | Over-ride SeqNo/DxConf | | 1 or blank | 1 | |
| 2010 | Over-ride Site/Lat/SeqNo | | 1 or blank | 1 | |
| 2020 | Over-ride Surg/DxConf | | 1 or blank | 1 | |
| 2030 | Over-ride Site/Type | | 1 or blank | 1 | |
| 2040 | Over-ride Histology | | 1-3 or blank | 1 | |
| 2050 | Over-ride Report Source | | 1 or blank | 1 | |
| 2060 | Over-ride Ill-define Site | | 1 or blank | 1 | |
| 2070 | Over-ride Leuk, Lymphoma | | 1 or blank | 1 | |
| 2071 | Over-ride Site/Behavior | | 1 or blank | 1 | |
| 2072 | Over-ride Site/EOD/DX Dt | | 1 or blank | 1 | |
| 2073 | Over-ride Site/Lat/EOD | | 1 or blank | 1 | |
| 2074 | Over-ride Site/Lat/Morph | | 1 or blank | 1 | |
| 2080 | Reserved 13 | | | 500 | |
| 2081 | CRC CHECKSUM | | Calculated or blank | 10 | |
| 2085 | Date Case Initiated | YYYYMMDD | | 8 | |

| Item # | Item Name | Format | Allowable Values | Length | Note |
|---|---|---|---|---|---|
| 2090 | Date Case Completed | YYYYMMDD | | 8 | |
| 2092 | Date Case Completed--CoC | YYYYMMDD | | 8 | |
| 2100 | Date Case Last Changed | YYYYMMDD | | 8 | |
| 2110 | Date Case Report Exported | YYYYMMDD | | 8 | |
| 2111 | Date Case Report Received | YYYYMMDD | | 8 | |
| 2112 | Date Case Report Loaded | YYYYMMDD | | 8 | |
| 2113 | Date Tumor Record Availbl | YYYYMMDD | | 8 | |
| 2114 | Future Use Timeliness 1 | | | | Retired |
| 2115 | Future Use Timeliness 2 | | | | Retired |
| 2116 | ICD-O-3 Conversion Flag | | Blank, 0, 1, 3 | 1 | |
| 2120 | SEER Coding Sys--Current | | Alphanumeric | 1 | Revised |
| 2130 | SEER Coding Sys--Original | | Alphanumeric | 1 | Revised |
| 2140 | CoC Coding Sys--Current | Right justified, zero filled | 00-08, 99 | 2 | |
| 2150 | CoC Coding Sys--Original | Right justified, zero filled | 00-08, 99 | 2 | |
| 2160 | Subsq Report for Primary | | | | Retired |
| 2170 | Vendor Name | | | 10 | |
| 2180 | SEER Type of Follow-Up | | 1-4 | 1 | |
| 2190 | SEER Record Number | Right justified, zero filled | 01-99 | 2 | |
| 2200 | Diagnostic Proc 73-87 | | | 2 | |
| 2210 | Reserved 14 | | | 2000 | |
| 2220 | State/Requestor Items | | | 1000 | |
| 2230 | Name--Last | | | 40 | |
| 2240 | Name--First | | | 40 | |
| 2250 | Name--Middle | | | 40 | |
| 2260 | Name--Prefix | | | 3 | |
| 2270 | Name--Suffix | | | 3 | |
| 2280 | Name--Alias | | | 40 | |
| 2290 | Name--Spouse/Parent | | | 60 | |
| 2300 | Medical Record Number | Leading spaces, right justified | Alphanumeric | 11 | |
| 2310 | Military Record No Suffix | Right justified, zero filled | 01-20, 30-69, 98, 99, blank | 2 | |
| 2320 | Social Security Number | 9 digits, no dashes | Any 9-digit number except 000000000 | 9 | |
| 2330 | Addr at DX--No & Street | Mixed case, embedded spaces, punctuation limited to periods, slashes, hyphens, and pound signs. Left justified, space filled | Valid address or UNKNOWN | 60 | |
| 2335 | Addr at DX--Supplementl | Mixed case, embedded spaces, punctuation limited to periods, slashes, hyphens, and pound signs. Left justified, space filled | Valid address or blank | 60 | |
| 2350 | Addr Current--No & Street | Mixed case, embedded spaces, punctuation limited to periods, slashes, hyphens, and pound signs. Left justified, space filled | | 60 | |
| 2352 | Latitude | Right justified | Numbers, decimal point, negative sign | 10 | |
| 2354 | Longitude | Right justified | Numbers, decimal point, negative sign | 11 | |
| 2355 | Addr Current--Supplementl | Mixed case, embedded spaces, punctuation limited to periods, slashes, hyphens, and pound signs. Left justified, space filled | | 60 | |
| 2360 | Telephone | 10-digit number | Any 10-digit number | 10 | |
| 2370 | DC State | | | | Retired |
| 2380 | DC State File Number | | Any characters or blank | 6 | |
| 2390 | Name--Maiden | | | 40 | |

| Item # | Item Name | Format | Allowable Values | Length | Note |
|---|---|---|---|---|---|
| 2392 | Follow-Up Contact--No&St | Mixed case, embedded spaces, punctuation limited to periods, slashes, hyphens, and pound signs. Left justified, space filled | | 60 | |
| 2393 | Follow-Up Contact--Suppl | Mixed case, embedded spaces, punctuation limited to periods, slashes, hyphens, and pound signs. Left justified, space filled | | 60 | |
| 2394 | Follow-Up Contact--Name | | | 60 | |
| 2400 | Reserved 16 | | | 1 | |
| 2410 | Institution Referred From | Right justified and zero filled | 10-digit number | 10 | |
| 2415 | NPI--Inst Referred From | | 10-digit NPI code (9-digit NPI integer plus 1 check digit), blank | 10 | |
| 2420 | Institution Referred To | Right justified and zero filled | 10-digit number | 10 | |
| 2425 | NPI--Inst Referred To | | 10-digit NPI code (9-digit NPI integer plus 1 check digit), blank | 10 | |
| 2430 | Last Follow-Up Hospital | | | | Retired |
| 2440 | Following Registry | Right justified and zero filled | 10-digit number | 10 | |
| 2445 | NPI--Following Registry | | 10-digit NPI code (9-digit NPI integer plus 1 check digit), blank | 10 | |
| 2450 | Reserved 17 | | | | |
| 2460 | Physician--Managing | Left justified | | 8 | |
| 2465 | NPI--Physician--Managing | | 10-digit NPI code (9-digit NPI integer plus 1 check digit), blank | 10 | |
| 2470 | Physician--Follow-Up | Left justified | | 8 | |
| 2475 | NPI--Physician--Follow-Up | | 10-digit NPI codes (9-digit NPI integer plus 1 check digit), blank | 10 | |
| 2480 | Physician--Primary Surg | Left justified | | 8 | |
| 2485 | NPI--Physician--Primary Surg | | 10-digit NPI code (9-digit NPI integer plus 1 check digit), blank | 10 | |
| 2490 | Physician 3 | Left justified | | 8 | |
| 2495 | NPI--Physician 3 | | 10-digit NPI code (9-digit NPI integer plus 1 check digit), blank | 10 | |
| 2500 | Physician 4 | Left justified | | 8 | |
| 2505 | NPI--Physician 4 | | 10-digit NPI code (9-digit NPI integer plus 1 check digit), blank | 10 | |
| 2510 | Reserved 12 | | | 50 | |
| 2520 | Text--DX Proc--PE | Free text | Neither carriage return nor line feed characters allowed | 1000 | |
| 2530 | Text--DX Proc--X-ray/Scan | Free text | Neither carriage return nor line feed characters allowed | 1000 | |
| 2540 | Text--DX Proc--Scopes | Free text | Neither carriage return nor line feed characters allowed | 1000 | |
| 2550 | Text--DX Proc--Lab Tests | Free text | Neither carriage return nor line feed characters allowed | 1000 | |
| 2560 | Text--DX Proc--Op | Free text | Neither carriage return nor line feed characters allowed | 1000 | |

| Item # | Item Name | Format | Allowable Values | Length | Note |
|---|---|---|---|---|---|
| 2570 | Text--DX Proc--Path | Free text | Neither carriage return nor line feed characters allowed | 1000 | |
| 2580 | Text--Primary Site Title | Free text | Neither carriage return nor line feed characters allowed | 100 | |
| 2590 | Text--Histology Title | Free text | Neither carriage return nor line feed characters allowed | 100 | |
| 2600 | Text--Staging | Free text | Neither carriage return nor line feed characters allowed | 1000 | |
| 2610 | RX Text--Surgery | Free text | Neither carriage return nor line feed characters allowed | 1000 | |
| 2620 | RX Text--Radiation (Beam) | Free text | Neither carriage return nor line feed characters allowed | 1000 | |
| 2630 | RX Text--Radiation Other | Free text | Neither carriage return nor line feed characters allowed | 1000 | |
| 2640 | RX Text--Chemo | Free text | Neither carriage return nor line feed characters allowed | 1000 | |
| 2650 | RX Text--Hormone | Free text | Neither carriage return nor line feed characters allowed | 1000 | |
| 2660 | RX Text--BRM | Free text | Neither carriage return nor line feed characters allowed | 1000 | |
| 2670 | RX Text--Other | Free text | Neither carriage return nor line feed characters allowed | 1000 | |
| 2680 | Text--Remarks | Free text | Neither carriage return nor line feed characters allowed | 1000 | |
| 2690 | Text--Place of Diagnosis | Free text | Neither carriage return nor line feed characters allowed | 60 | |
| 2730 | CS PreRx Tumor Size | | 000-999 (site-specific) | 3 | |
| 2735 | CS PreRx Extension | | 000-999 (site-specific) | 3 | |
| 2740 | CS PreRx Tum Sz/Ext Eval | | 0-9 (site-specific) | 1 | |
| 2750 | CS PreRx Lymph Nodes | | 000-999 (site-specific) | 3 | |
| 2755 | CS PreRx Reg Nodes Eval | | 0-9 (site-specific) | 1 | |
| 2760 | CS PreRx Mets at DX | | 00-99 (site-specific) | 2 | |
| 2765 | CS PreRx Mets Eval | | 0-9 (site-specific) | 1 | |
| 2770 | CS PostRx Tumor Size | | 000-999 (site-specific) | 3 | |
| 2775 | CS PostRx Extension | | 000-999 (site-specific) | 3 | |
| 2780 | CS PostRx Lymph Nodes | | 000-999 (site-specific) | 3 | |
| 2785 | CS PostRx Mets at DX | | 00-99 (site-specific) | 2 | |
| 2800 | CS Tumor Size | Right justified, zero filled | 000-999 (site-specific) | 3 | |
| 2810 | CS Extension | Right justified, zero filled | 000-999 (site-specific) | 3 | |
| 2820 | CS Tumor Size/Ext Eval | | 0-9 (site-specific) | 1 | |
| 2830 | CS Lymph Nodes | Right justified, zero filled | 000-999 (site-specific) | 3 | |
| 2840 | CS Lymph Nodes Eval | | 0-9 (site-specific) | 1 | |
| 2850 | CS Mets at DX | Right justified, zero filled | 00-99 (site-specific) | 2 | |
| 2851 | CS Mets at Dx-Bone | | 0, 1, 8, 9 | 1 | |

| Item # | Item Name | Format | Allowable Values | Length | Note |
|---|---|---|---|---|---|
| 2852 | CS Mets at Dx-Brain | | 0, 1, 8, 9 | 1 | |
| 2853 | CS Mets at Dx-Liver | | 0, 1, 8, 9 | 1 | |
| 2854 | CS Mets at Dx-Lung | | 0, 1, 8, 9 | 1 | |
| 2860 | CS Mets Eval | | 0-9 (site-specific) | 1 | |
| 2861 | CS Site-Specific Factor 7 | Right justified, zero filled | 000-999 (site-specific) | 3 | |
| 2862 | CS Site-Specific Factor 8 | Right justified, zero filled | 000-999 (site-specific) | 3 | |
| 2863 | CS Site-Specific Factor 9 | Right justified, zero filled | 000-999 (site-specific) | 3 | |
| 2864 | CS Site-Specific Factor10 | Right justified, zero filled | 000-999 (site-specific) | 3 | |
| 2865 | CS Site-Specific Factor11 | Right justified, zero filled | 000-999 (site-specific) | 3 | |
| 2866 | CS Site-Specific Factor12 | Right justified, zero filled | 000-999 (site-specific) | 3 | |
| 2867 | CS Site-Specific Factor13 | Right justified, zero filled | 000-999 (site-specific) | 3 | |
| 2868 | CS Site-Specific Factor14 | Right justified, zero filled | 000-999 (site-specific) | 3 | |
| 2869 | CS Site-Specific Factor15 | Right justified, zero filled | 000-999 (site-specific) | 3 | |
| 2870 | CS Site-Specific Factor16 | Right justified, zero filled | 000-999 (site-specific) | 3 | |
| 2871 | CS Site-Specific Factor17 | Right justified, zero filled | 000-999 (site-specific) | 3 | |
| 2872 | CS Site-Specific Factor18 | Right justified, zero filled | 000-999 (site-specific) | 3 | |
| 2873 | CS Site-Specific Factor19 | Right justified, zero filled | 000-999 (site-specific) | 3 | |
| 2874 | CS Site-Specific Factor20 | Right justified, zero filled | 000-999 (site-specific) | 3 | |
| 2875 | CS Site-Specific Factor21 | Right justified, zero filled | 000-999 (site-specific) | 3 | |
| 2876 | CS Site-Specific Factor22 | Right justified, zero filled | 000-999 (site-specific) | 3 | |
| 2877 | CS Site-Specific Factor23 | Right justified, zero filled | 000-999 (site-specific) | 3 | |
| 2878 | CS Site-Specific Factor24 | Right justified, zero filled | 000-999 (site-specific) | 3 | |
| 2879 | CS Site-Specific Factor25 | Right justified, zero filled | 000-999 (site-specific) | 3 | |
| 2880 | CS Site-Specific Factor 1 | Right justified, zero filled | 000-999 (site-specific) | 3 | |
| 2890 | CS Site-Specific Factor 2 | Right justified, zero filled | 000-999 (site-specific) | 3 | |
| 2900 | CS Site-Specific Factor 3 | Right justified, zero filled | 000-999 (site-specific) | 3 | |
| 2910 | CS Site-Specific Factor 4 | Right justified, zero filled | 000-999 (site-specific) | 3 | |
| 2920 | CS Site-Specific Factor 5 | Right justified, zero filled | 000-999 (site-specific) | 3 | |
| 2930 | CS Site-Specific Factor 6 | Right justified, zero filled | 000-999 (site-specific) | 3 | |
| 2935 | CS Version Input Original | 6-digit number | Any 6-digit number | 6 | |
| 2936 | CS Version Derived | 6-digit number | Any 6-digit number | 6 | |
| 2937 | CS Version Input Current | | | 6 | |
| 2940 | Derived AJCC-6 T | | site-specific (derived from Collaborative Stage fields), blank | 2 | |
| 2950 | Derived AJCC-6 T Descript | | c, p, a, y, N, and blank (derived from Collaborative Stage fields) | 1 | |
| 2960 | Derived AJCC-6 N | | site-specific (derived from Collaborative Stage fields), blank | 2 | |
| 2970 | Derived AJCC-6 N Descript | | c, p, a, y, N, and blank (derived from Collaborative Stage fields) | 1 | |
| 2980 | Derived AJCC-6 M | | site-specific (derived from Collaborative Stage fields), blank | 2 | |
| 2990 | Derived AJCC-6 M Descript | | c, p, a, y, N, and blank (derived from Collaborative Stage fields) | 1 | |
| 3000 | Derived AJCC-6 Stage Grp | | site-specific (derived from Collaborative Stage fields) | 2 | |
| 3010 | Derived SS1977 | | 0-5, 7, 8, 9 (derived from Collaborative Stage fields) | 1 | |

| Item # | Item Name | Format | Allowable Values | Length | Note |
|---|---|---|---|---|---|
| 3020 | Derived SS2000 | | 0-5, 7, 8, 9 (derived from Collaborative Stage fields) | 1 | |
| 3030 | Derived AJCC--Flag | | 1, 2, blank | 1 | |
| 3040 | Derived SS1977--Flag | | 1, 2, blank | 1 | |
| 3050 | Derived SS2000--Flag | | 1, 2, blank | 1 | |
| 3100 | Archive FIN | Right justified, zero filled | 10-digit number | 10 | |
| 3105 | NPI--Archive FIN | | 10-digit NPI code (9-digit NPI integer plus 1 check digit), blank | 10 | |
| 3110 | Comorbid/Complication 1 | Left justified, zero filled | 00000, 00100-13980, 24000-99990, E8700-E8799, E9300-E9499, V0720-V0739, V1000-V1590, V2220-V2310, V2540, V4400-V4589, V5041-V5049 | 5 | |
| 3120 | Comorbid/Complication 2 | Left justified, zero filled | 00100-13980, 24000-99990, E8700-E8799, E9300-E9499, V0720-V0739, V1000-V1590, V2220-V2310, V2540, V4400-V4589, V5041-V5049, blank | 5 | |
| 3130 | Comorbid/Complication 3 | Left justified, zero filled | 00100-13980, 24000-99990, E8700-E8799, E9300-E9499, V0720-V0739, V1000-V1590, V2220-V2310, V2540, V4400-V4589, V5041-V5049, blank | 5 | |
| 3140 | Comorbid/Complication 4 | Left justified, zero filled | 00100-13980, 24000-99990, E8700-E8799, E9300-E9499, V0720-V0739, V1000-V1590, V2220-V2310, V2540, V4400-V4589, V5041-V5049, blank | 5 | |
| 3150 | Comorbid/Complication 5 | Left justified, zero filled | 00100-13980, 24000-99990, E8700-E8799, E9300-E9499, V0720-V0739, V1000-V1590, V2220-V2310, V2540, V4400-V4589, V5041-V5049, blank | 5 | |
| 3160 | Comorbid/Complication 6 | Left justified, zero filled | 00100-13980, 24000-99990, E8700-E8799, E9300-E9499, V0720-V0739, V1000-V1590, V2220-V2310, V2540, V4400-V4589, V5041-V5049, blank | 5 | |
| 3161 | Comorbid/Complication 7 | Left justified, zero filled | 00100-13980, 24000-99990, E8700-E8799, E9300-E9499, V0720-V0739, V1000-V1590, V2220-V2310, V2540, V4400-V4589, V5041-V5049, blank | 5 | |

| Item # | Item Name | Format | Allowable Values | Length | Note |
|---|---|---|---|---|---|
| 3162 | Comorbid/Complication 8 | Left justified, zero filled | 00100-13980, 24000-99990, E8700-E8799, E9300-E9499, V0720-V0739, V1000-V1590, V2220-V2310, V2540, V4400-V4589, V5041-V5049, blank | 5 | |
| 3163 | Comorbid/Complication 9 | Left justified, zero filled | 00100-13980, 24000-99990, E8700-E8799, E9300-E9499, V0720-V0739, V1000-V1590, V2220-V2310, V2540, V4400-V4589, V5041-V5049, blank | 5 | |
| 3164 | Comorbid/Complication 10 | Left justified, zero filled | 00100-13980, 24000-99990, E8700-E8799, E9300-E9499, V0720-V0739, V1000-V1590, V2220-V2310, V2540, V4400-V4589, V5041-V5049, blank | 5 | |
| 3165 | ICD Revision Comorbid | | 0, 1, 9, blank | 1 | |
| 3170 | RX Date--Most Defin Surg | YYYYMMDD | Valid dates | 8 | |
| 3171 | RX Date Mst Defn Srg Flag | | 10-20, blank | 2 | |
| 3180 | RX Date--Surgical Disch | YYYYMMDD | Valid dates | 8 | |
| 3181 | RX Date Surg Disch Flag | | 10-20, blank | 2 | |
| 3190 | Readm Same Hosp 30 Days | | 0-3, 9 | 1 | |
| 3200 | Rad--Boost RX Modality | Right justified, zero filled | 00, 20-32, 40-43, 50-55, 60-62, 98, 99 | 2 | |
| 3210 | Rad--Boost Dose cGy | Right justified, zero filled | 00000-99999 | 5 | |
| 3220 | RX Date--Radiation Ended | YYYYMMDD | Valid dates | 8 | |
| 3221 | RX Date Rad Ended Flag | | 10-20, blank | 2 | |
| 3230 | RX Date--Systemic | YYYYMMDD | Valid dates | 8 | |
| 3231 | RX Date Systemic Flag | | 10-20, blank | 2 | |
| 3250 | RX Summ--Transplnt/Endocr | Right justified, zero filled | 00, 10-12, 20, 30, 40, 82, 85-88, 99 | 2 | |
| 3260 | Pain Assessment | | | | Retired |
| 3270 | RX Summ--Palliative Proc | | 0-7, 9 | 1 | |
| 3280 | RX Hosp--Palliative Proc | | 0-7, 9 | 1 | |
| 3300 | RuralUrban Continuum 1993 | Right justified, zero filled | 00-09, 98, 99, blank | 2 | |
| 3310 | RuralUrban Continuum 2003 | Right justified, zero filled | 01-09, 98, 99, blank | 2 | |
| 3400 | Derived AJCC-7 T | | 000-999 | 3 | |
| 3402 | Derived AJCC-7 T Descript | | c, p, a, y, N, blank | 1 | |
| 3410 | Derived AJCC-7 N | | 000-999 | 3 | |
| 3412 | Derived AJCC-7 N Descript | | c, p, a, y, N, blank | 1 | |
| 3420 | Derived AJCC-7 M | | 000-999 | 3 | |
| 3422 | Derived AJCC-7 M Descript | | c, p, a, y, N, blank | 1 | |
| 3430 | Derived AJCC-7 Stage Grp | | 000-999 | 3 | |
| 3440 | Derived PreRx-7 T | | 000-999 | 3 | |
| 3442 | Derived PreRx-7 T Descrip | | c, N, blank | 1 | |
| 3450 | Derived PreRx-7 N | | 000-999 | 3 | |
| 3452 | Derived PreRx-7 N Descrip | | c, N, blank | 1 | |
| 3460 | Derived PreRx-7 M | | 000-999 | 3 | |
| 3462 | Derived PreRx-7 M Descrip | | c, N, blank | 1 | |
| 3470 | Derived PreRx-7 Stage Grp | | 000-999 | 3 | |
| 3480 | Derived PostRx-7 T | | 000-999 | 3 | |

| Item # | Item Name | Format | Allowable Values | Length | Note |
|---|---|---|---|---|---|
| 3482 | Derived PostRx-7 N | | 000-999 | 3 | |
| 3490 | Derived PostRx-7 M | | 00-99 | 2 | |
| 3492 | Derived PostRx-7 Stge Grp | | 000-999 | 3 | |
| 3600 | Derived Neoadjuv Rx Flag | | 0,1,9 | 1 | |
| 3700 | SEER Site-Specific Fact 1 | | 0-9, blank | 1 | |
| 3702 | SEER Site-Specific Fact 2 | | 0-9, blank | 1 | |
| 3704 | SEER Site-Specific Fact 3 | | 0-9, blank | 1 | |
| 3706 | SEER Site-Specific Fact 4 | | 0-9, blank | 1 | |
| 3708 | SEER Site-Specific Fact 5 | | 0-9, blank | 1 | |
| 3710 | SEER Site-Specific Fact 6 | | 0-9, blank | 1 | |
| 3750 | Over-ride CS 1 | | 1, blank | 1 | New |
| 3751 | Over-ride CS 2 | | 1, blank | 1 | New |
| 3752 | Over-ride CS 3 | | 1, blank | 1 | New |
| 3753 | Over-ride CS 4 | | 1, blank | 1 | New |
| 3754 | Over-ride CS 5 | | 1, blank | 1 | New |
| 3755 | Over-ride CS 6 | | 1, blank | 1 | New |
| 3756 | Over-ride CS 7 | | 1, blank | 1 | New |
| 3757 | Over-ride CS 8 | | 1, blank | 1 | New |
| 3758 | Over-ride CS 9 | | 1, blank | 1 | New |
| 3759 | Over-ride CS 10 | | 1, blank | 1 | New |
| 3760 | Over-ride CS 11 | | 1, blank | 1 | New |
| 3761 | Over-ride CS 12 | | 1, blank | 1 | New |
| 3762 | Over-ride CS 13 | | 1, blank | 1 | New |
| 3763 | Over-ride CS 14 | | 1, blank | 1 | New |
| 3764 | Over-ride CS 15 | | 1, blank | 1 | New |
| 3765 | Over-ride CS 16 | | 1, blank | 1 | New |
| 3766 | Over-ride CS 17 | | 1, blank | 1 | New |
| 3767 | Over-ride CS 18 | | 1, blank | 1 | New |
| 3768 | Over-ride CS 19 | | 1, blank | 1 | New |
| 3769 | Over-ride CS 20 | | 1, blank | 1 | New |
| 7010 | Path Reporting Fac ID 1 | Left justified, alphanumeric | | 25 | |
| 7011 | Path Reporting Fac ID 2 | Left justified, alphanumeric | | 25 | |
| 7012 | Path Reporting Fac ID 3 | Left justified, alphanumeric | | 25 | |
| 7013 | Path Reporting Fac ID 4 | Left justified, alphanumeric | | 25 | |
| 7014 | Path Reporting Fac ID 5 | Left justified, alphanumeric | | 25 | |
| 7090 | Path Report Number 1 | Left justified, alphanumeric | | 20 | |
| 7091 | Path Report Number 2 | Left justified, alphanumeric | | 20 | |
| 7092 | Path Report Number 3 | Left justified, alphanumeric | | 20 | |
| 7093 | Path Report Number 4 | Left justified, alphanumeric | | 20 | |
| 7094 | Path Report Number 5 | Left justified, alphanumeric | | 20 | |
| 7100 | Path Order Phys Lic No 1 | Left justified, alphanumeric, no embedded blanks | | 20 | |
| 7101 | Path Order Phys Lic No 2 | Left justified, alphanumeric, no embedded blanks | | 20 | |
| 7102 | Path Order Phys Lic No 3 | Left justified, alphanumeric, no embedded blanks | | 20 | |
| 7103 | Path Order Phys Lic No 4 | left justified, alphanumeric, no embedded blanks | | 20 | |
| 7104 | Path Order Phys Lic No 5 | left justified, alphanumeric, no embedded blanks | | 20 | |
| 7190 | Path Ordering Fac No 1 | Left justified, alphanumeric | blank | 25 | |

| Item # | Item Name | Format | Allowable Values | Length | Note |
|---|---|---|---|---|---|
| 7191 | Path Ordering Fac No 2 | Left justified, alphanumeric | blank | 25 | |
| 7192 | Path Ordering Fac No 3 | Left justified, alphanumeric | blank | 25 | |
| 7193 | Path Ordering Fac No 4 | Left justified, alphanumeric | blank | 25 | |
| 7194 | Path Ordering Fac No 5 | Left justified, alphanumeric | blank | 25 | |
| 7320 | Path Date Spec Collect 1 | YYYYMMDD | | 14 | |
| 7321 | Path Date Spec Collect 2 | YYYYMMDD | | 14 | |
| 7322 | Path Date Spec Collect 3 | YYYYMMDD | | 14 | |
| 7323 | Path Date Spec Collect 4 | YYYYMMDD | | 14 | |
| 7324 | Path Date Spec Collect 5 | YYYYMMDD | | 14 | |
| 7480 | Path Report Type 1 | Right justified, zero filled | 01-11, 98, 99 | 2 | |
| 7481 | Path Report Type 2 | Right justified, zero filled | 01-11, 98, 99 | 2 | |
| 7482 | Path Report Type 3 | Right justified, zero filled | 01-11, 98, 99 | 2 | |
| 7483 | Path Report Type 4 | Right justified, zero filled | 01-11, 98, 99 | 2 | |
| 7484 | Path Report Type 5 | Right justified, zero filled | 01-11, 98, 99 | 2 | |

# CHAPTER X:

# DATA DICTIONARY

In this chapter, data items are presented in alphabetical order by item names. For each item, a general description, specific codes and definitions are provided. For many items, the document provides a brief rationale for collecting the data item or for using the codes listed. The at-a-glance header for each data item has alternate name(s), item number, length, source of standard, and column numbers (for a discussion of NAACCR's standard naming conventions, see Chapter I).

Differences from Version 12 are marked "Revised" or "New" following the item name and item number. Black vertical lines in the outside margins highlight changes. Revised and new items are summarized in Appendix F.

Alternate names by which the same item is called under NAACCR's naming convention are listed alphabetically in Appendix D.

The Source of Standard designates the reference for detailed coding instructions for many of the data items. References can be found in Chapter VI. A list of reference manuals for Version 12.1 (and prior versions) is provided in Chapter II, Table 1. Websites for the standard setting organizations:

SEER: http://seer.cancer.gov/registrars/
CoC: http://www.facs.org/cancer/coc/fordsmanual.html
NPCR: http://www.cdc.gov/cancer/npcr/
Canadian Cancer Registry: http://www.statcan.gc.ca/bsolc/english/bsolc?catno=82-225-X&CHROPG=1

The Collaborative Staging website serves as the main repository for CS-related items including publications, software, educational activities, etc., for cancer registrars and cancer registry software vendors: http://www.cancerstaging.org/cstage/index.html.

The date format (YYYYMMDD) specifically addresses the NAACCR standard data transmission format; not how the data should be stored in an individual registry's database or viewed on the screen. Only valid portions of the date should be transmitted. Below are the common formats to handle the situation where only certain components of date are known.

YYYYMMDD – when complete date is known and valid
YYYYMM – when year and month are known and valid, and day is unknown
YYYY – when year is known and valid, and month and day are unknown
Blank – when no known date applies

The field is fixed-length and left-justified. Any missing component should be replaced by spaces. If there are no known date components, the fixed-length variable will be completely blank.

For unknown values and codes that have meanings other than dates the HL7 Flavors of Null Table (Appendix H) has been adopted for flagging each non-system-generated missing date as a way to eliminate the ambiguity of missing values. A date flag field, to serve as a flag or indicator, is used for each date field for which an "unknown" or "not applicable" value is appropriate. This item would be blank if a valid date is transmitted in its associated date item. The only date fields that would not have a flag are system-generated dates (e.g., Date Case Completed [2090]), for which "unknown" would never be a legitimate value.

**ABSTRACTED BY**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 570 | 3 | CoC | 742-744 |

**Description**
An alphanumeric code assigned by the reporting facility that identifies the individual abstracting the case.

**ACCESSION NUMBER--HOSP**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Accession Number (CoC) | 550 | 9 | CoC | 731-739 |

**Description**
Provides a unique identifier for the patient consisting of the year in which the patient was first seen at the reporting facility and the consecutive order in which the patient was abstracted.

The first four numbers specify the year and the last five numbers are the numeric order in which the patient was entered into the registry database. Within a registry, all primaries for an individual must have the same accession number. The first four digits must be greater than or equal to 1944.

**Rationale**
This data item protects the identity of the patient and allows cases to be identified on a local, state, and national level. If the central registry preserves this number, they can refer to it when communicating with the hospital. It also provides a way to link computerized follow-up reports from hospitals into the central database.

**ADDR AT DX--CITY**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| City or Town (pre-96 CoC)<br>City/Town at Diagnosis (CoC) | 70 | 50 | CoC | 95-144 |

**Description**
Name of the city in which the patient resides at the time the reportable tumor was diagnosed. If the patient resides in a rural area, record the name of the city used in the mailing address. If the patient has multiple primaries, the city of residence may be different for each primary.

**Codes (in addition to valid City)**
UNKNOWN City at diagnosis unknown

**ADDR AT DX--NO & STREET** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Patient Address (Number and Street) at Diagnosis (CoC)<br>Number and Street (pre-96 CoC) | 2330 | 60 | CoC | 3628-3687 |

**Description**
The number and street address or the rural mailing address of the patient's residence at the time the reportable tumor was diagnosed. If the patient has multiple tumors, address at diagnosis may be different for each tumor. Additional address information such as facility, nursing home, or name of apartment complex should be entered in Addr At DX-Supplementl [2335]. Do not update this item if patient moves after diagnosis.

U.S. addresses should conform to the U.S. Postal Service (USPS) *Postal Addressing Standards*. These standards are referenced in USPS Publication 28, July 2008, *Postal Addressing Standards*. The current USPS Pub. 28 may be found and downloaded from the following website: http://pe.usps.gov/cpim/ftp/pubs/Pub28/pub28.pdf.

Canadian addresses should conform to the *Canada Postal Guide*, last updated January, 2010. The current Canadian Postal Address standards may be found at the following website: http://www.canadapost.ca/tools/pg/manual/default-e.asp.

**Rationale**
Addresses that are formatted to conform to USPS *Postal Addressing Standards* can be more properly geocoded by geographic information systems (GIS) software and vendors to the correct census tract, which is required by NPCR and SEER registries. The USPS Standards also address a number of issues that are problematic in producing precise addresses, including the use of punctuation, abbreviations, and proper placement of address elements, such as street direction, apartment and suite numbers, and unusual addressing situations. Spanish-language addresses also are covered by the USPS Standard.

**Coding Instructions (summary of USPS guidelines)**
The address should be fully spelled out with standardized use of abbreviations and punctuation per USPS postal addressing standards (USPS *Postal Addressing Standards*, Pub. 28, July 2008). Upper case recommended. Mixed case allowed.

Abbreviations should be limited to those recognized by USPS standard abbreviations; these include but are not limited to (A complete list of recognized street abbreviations is provided in Appendix C of USPS Pub. 28):

| | | | |
|---|---|---|---|
| APT | apartment | N | north |
| BLDG | building | NE | northeast |
| FL | floor | NW | northwest |
| STE | suite | S | south |
| UNIT | unit | SE | southeast |
| RM | room | SW | southwest |
| DEPT | department | E | east |
| | | W | west |

Punctuation marks should be avoided, except when punctuation is necessary to convey the meaning. Punctuation normally is limited to periods when the period carries meaning (e.g., 39.2 RD), slashes for fractional addresses (e.g., 101 ½ MAIN ST), and hyphens when the hyphen carries meaning (e.g., 289-01 MONTGOMERY AVE). Use of the pound sign (#) to designate address units should be avoided whenever possible. The preferred notation is as follows: 102 MAIN ST APT 101. If a pound sign is used, there must be a space between the pound sign and the secondary number (e.g., 425 FLOWER BLVD # 72).

**Codes (in addition to valid street address)**

| | |
|---|---|
| UNKNOWN | Patient's address is unknown |

**ADDR AT DX--POSTAL CODE**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Postal Code at Diagnosis (CoC)<br>Zip Code (pre-CoC)<br>Postal Code (CCCR) | 100 | 9 | CoC | 147-155 |

**Description**
Postal code for the address of the patient's residence at the time the reportable tumor is diagnosed. If the patient has multiple tumors, the postal code may be different for each tumor.

For U.S. residents, use either the 5-digit or the extended 9-digit ZIP code. Blanks follow the 5-digit code if the 4-digit extension is not collected.

For Canadian residents, use the 6-character alphanumeric postal code. Blanks follow the 6-character code.

When available, enter the postal code for other countries.

**Codes (in addition to known US and Canadian or other postal codes)**

888888888 Resident of country other than the United States, U.S. possessions or territories, or Canada and the postal code is unknown
999999999 Resident of the United States (including its possessions, etc.) and the postal code is unknown
999999 Resident of Canada and postal code is unknown

**ADDR AT DX--STATE**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| State (pre-96 CoC)<br>State at Diagnosis (CoC) | 80 | 2 | CoC | 145-146 |

**Description**
USPS abbreviation for the state, territory, commonwealth, U.S. possession, or CanadaPost abbreviation for the Canadian province/territory in which the patient resides at the time the reportable tumor is diagnosed. If the patient has multiple primaries, the state of residence may be different for each tumor.

**Codes (in addition to USPS abbreviations)**

CD Resident of Canada, NOS (province/territory unknown)
US Resident of United States, NOS (state/commonwealth/territory/possession unknown)
XX Resident of country other than the United States (including its territories, commonwealths, or possessions) or Canada, and country is known
YY Resident of country other than the United States (including its territories, commonwealths, or possessions) or Canada, and country is unknown
ZZ Residence unknown

**ADDR AT DX--SUPPLEMENTL**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Patient Address (Number and Street) at Diagnosis--Supplemental (CoC) | 2335 | 60 | CoC | 3688-3747 |

**Description**
This data item provides the ability to store additional address information such as the name of a place or facility, a nursing home, or the name of an apartment complex. If the patient has multiple tumors, address at diagnosis may be different for each tumor. Do not use this item for information stored in other address items such as Addr At DX-NO&Street [2330].

**Rationale**
Sometimes the registry receives the name of a facility instead of a proper street address containing the street number, name, direction, and other elements necessary to locate an address on a street file for the purpose of geocoding. By having a second street address field to hold address information, the registry can look up and store the street address and not lose the facility name due to a shortage of space. The presence of a second street address field to hold additional address information also aids in follow-up.

**ADDR CURRENT--CITY**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| City/Town--Current (CoC) | 1810 | 50 | CoC | 2131-2180 |

**Description**
Name of city of the patient's current usual residence. If the patient has multiple tumors, the current city of residence should be the same for all tumors.

**Rationale**
"Current address" can be used to measure the regional "cancer burden" (cost, medical care needs), especially in major retirement regions. Sometimes central registries carry out follow-up by contacting the patients by a letter or telephone calls to ascertain their vital status. The most current reported address and telephone number are needed. This information is also useful for conducting interview studies.

**ADDR CURRENT--NO & STREET** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Patient Address (Number and Street)-Current (CoC) | 2350 | 60 | CoC | 3748-3807 |

**Description**
The number and street address or the rural mailing address of the patient's current usual residence. This can be used to generate a follow-up inquiry, and must correspond to other fields in the current address. If the patient has multiple tumors, the current address should be the same. Additional address information such as facility, nursing home, or name of apartment complex should be entered in item Addr Current--Supplemental [2335].

U.S. addresses should conform to the USPS *Postal Addressing Standards*. These standards are referenced in USPS Pub. 28, July, 2008, *Postal Addressing Standards*. The current USPS Pub. 28 may be found and downloaded from the following website: http://pe.usps.gov/cpim/ftp/pubs/Pub28/pub28.pdf.

Canadian addresses should conform to the *Canada Postal Guide*, last updated January, 2010. The current Canadian Postal Address standards may be found at the following website: http://www.canadapost.ca/personal/tools/pg/default-e.asp

**Rationale**
"Current address" can be used to measure the regional "cancer burden" (cost, medical care needs), especially in major retirement regions. Sometimes central registries carry out follow-up by contacting the patients via letter or telephone calls to ascertain their vital status. The most current reported address and telephone number are needed. This information also is useful for conducting interview studies.

Addresses that are formatted to conform to USPS *Postal Addressing Standards* can be more properly geocoded by GIS software and vendors to the correct census tract. The USPS Standards also address a number of issues that are problematic in producing precise addresses, including the use of punctuation, abbreviations, and proper placement of address elements, such as street direction, apartment and suite numbers, and unusual addressing situations. Spanish-language addresses also are covered by the USPS Standard.

**Coding Instructions (summary of USPS guidelines)**
The address should be fully spelled out with standardized use of abbreviations and punctuation per USPS postal addressing standards (USPS Postal Addressing Standards, Pub. 28, July 2008). Upper case recommended. Mixed case allowed.

Abbreviations should be limited to those recognized by USPS standard abbreviations, these include but are not limited to (a complete list of recognized street abbreviations is provided in Appendix C of USPS Pub. 28.):

| | | | |
|---|---|---|---|
| APT | apartment | N | north |
| BLDG | building | NE | northeast |
| FL | floor | NW | northwest |
| STE | suite | S | south |
| UNIT | unit | SE | southeast |
| RM | room | SW | southwest |
| DEPT | department | E | east |
| | | W | west |

Punctuation marks should be avoided, except when punctuation is necessary to convey the meaning. Punctuation normally is limited to periods when the period carries meaning (e.g., 39.2 RD), slashes for fractional addresses (e.g., 101 ½ MAIN ST), and hyphens when the hyphen carries meaning (e.g., 289-01 MONTGOMERY AVE). Use of the pound sign (#) to designate address units should be avoided whenever possible. The preferred notation is as follows: 102 MAIN ST APT 101. If a pound sign is used, there must be a space between the pound sign and the secondary number (e.g., 425 FLOWER BLVD # 72).

**ADDR CURRENT--POSTAL CODE**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Postal Code--Current (CoC) | 1830 | 9 | CoC | 2183-2191 |

**Description**
Postal code for the address of the patient's current usual residence. If the patient has multiple tumors, the postal codes should be the same. For U.S. residents, use either the 5-digit or the extended 9-digit ZIP code. Blanks follow the 5-digit code. For Canadian residents, use the 6-character alphanumeric postal code. Blanks follow the 6-character code. When available, enter postal code for other countries.

**Rationale**
"Current address" can be used to measure the regional "cancer burden" (cost, medical care needs), especially in major retirement regions. Sometimes central registries carry out follow-up by contacting the patients by a letter or telephone calls to ascertain their vital status. The most current reported address and telephone number are needed. This information also is useful for conducting interview studies.

**Codes (in addition to U.S., Canadian, and Foreign postal codes)**

888888888 Resident of country other than the United States (including its possessions, etc.) or Canada, and postal code unknown
999999999 Resident of the United States (including its possessions, etc.) and postal code unknown
999999 Resident of Canada and postal code unknown

**ADDR CURRENT--STATE**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| State--Current (CoC) | 1820 | 2 | CoC | 2181-2182 |

**Description**
USPS abbreviation for the state, territory, commonwealth, U.S. possession, or CanadaPost abbreviation for the Canadian province/territory of the patient's current usual residence. If the patient has multiple tumors, the current state of residence should be the same for all tumors.

**Rationale**
"Current address" can be used to measure the regional "cancer burden" (cost, medical care needs), especially in major retirement regions. Sometimes central registries carry out follow-up by contacting the patients via letter or telephone calls to ascertain vital status. The most current reported address and telephone number are needed. This information also is useful for conducting interview studies.

**Codes (in addition to the U.S. and Canadian postal service abbreviations)**

CD Resident of Canada, NOS (province/territory unknown)
US Resident of United States, NOS (state/commonwealth/territory/possession unknown)
XX Resident of country other than the United States (including its territories, commonwealths, or possessions) or Canada, and country is known
YY Resident of country other than the United States (including its territories, commonwealths, or possessions) or Canada, and country is unknown
ZZ Residence unknown

**ADDR CURRENT--SUPPLEMENTL**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Patient Address (Number and Street) Current--Supplemental (CoC) | 2355 | 60 | CoC | 3808-3867 |

**Description**
This data item provides the ability to store additional address information such as the name of a place or facility, a nursing home, or the name of an apartment complex. This can be used to generate a follow-up inquiry, and must correspond to other fields in the current address. If the patient has multiple tumors, the current address should be the same.

**Rationale**
Sometimes the registry receives the name of a facility instead of a proper street address containing the street number, name, direction, and other elements necessary to locate an address on a street file for the purpose of geocoding. By having a second street address field to hold address information, the registry can look up and store the street address and not lose the facility name due to a shortage of space. The presence of a second street address field to hold additional address information also aids in follow-up.

**AGE AT DIAGNOSIS**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 230 | 3 | SEER/CoC | 193-195 |

**Description**
Age of the patient at diagnosis in complete years. Different tumors for the same patient may have different values.

**Codes**

| | |
|---|---|
| 000 | Less than 1 year old; diagnosed *in utero* |
| 001 | 1 year old, but less than 2 years |
| 002 | 2 years old |
| … | (show actual age in completed years) |
| 101 | 101 years old |
| … | |
| 120 | 120 years old |
| 999 | Unknown age |

**ALCOHOL HISTORY** **Retired**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 350 | | | |

**Description**
The NAACCR UDSC retired this data item in Version 12, as of January 1, 2010.

**AMBIGUOUS TERMINOLOGY DX** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Ambiguous Terminology as Basis for Diagnosis | 442 | 1 | SEER | 566-566 |

**Description**
Identifies all cases, including death certificate only and autopsy only, for which an ambiguous term is the most definitive word or phrase used to establish a cancer diagnosis (i.e., to determine whether or not the case is reportable). Ambiguous terminology may originate from any source document, such as pathology report, radiology report, or from a clinical report. This data item is used only when ambiguous terminology is used to establish diagnosis. It is not used when ambiguous terminology is used to clarify a primary site, specific histology, histologic group, or stage of disease.

**Rationale**
Cases with a reportable cancer diagnosis that has been established based only on reports that contain ambiguous terminology to describe final diagnostic findings cannot currently be identified. Multiple surveys have identified a lack of consensus in the interpretation and use of ambiguous terms across physician specialties. These cases may or may not have an actual cancer diagnosis based on clinician, radiologist, and pathologist review. Furthermore, the historical interpretation and use of ambiguous terms by cancer registrars and registries has not been consistent or compatible with physician use of these terms.

This data item will identify specific primary sites where the ambiguous terminology is commonly used to describe or establish a cancer diagnosis. Data collected will be used as the basis for modifications to case inclusion and reportable rules following complete analysis and impact assessment. This data item will allow cases to be identified within an analysis file and be excluded from patient contact studies.

**Codes (Refer to http://seer.cancer.gov/tools/mphrules/index.html for additional instructions.)**
0 Conclusive term
1 Ambiguous term only
2 Ambiguous term followed by conclusive term
9 Unknown term

*Note:* Refer to Table 2, page 23 for a list of ambiguous terms.

**ARCHIVE FIN**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 3100 | 10 | CoC | 721-730 |

**Description**
This field identifies the CoC Facility Identification Number (FIN) of the facility at the time it originally accessioned the tumor.

**Rationale**
When CoC approved facilities merge or join networks, their unique CoC Facility Identification Number (FIN) [540] may change. Archive FIN preserves the identity of the facility at the time the case was originally accessioned so that records resubmitted subsequent to such a reorganization can be recognized as belonging to the same facility

**Instructions for Coding**
CoC maintains the codes, including those for non-hospital sources of reporting.

For facilities with 7-digit FINs in the range of 6020009-6953290 that were assigned by CoC before January 1, 2001, the coded FIN will consist of three leading zeroes followed by the full 7-digit number.

For facilities with FINs greater than or equal to 10000000 that were assigned by CoC after January 1, 2001, enter FIN codes of this type as two zeroes followed by the full 8-digit code. These sometimes are called CoC FIN 10-digit codes.

**AUTOPSY**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 1930 | 1 | NAACCR | 2274-2274 |

**Description**
Code indicating whether or not an autopsy was performed.

**Codes**
0 Not applicable; patient alive
1 Autopsy performed
2 No autopsy performed
9 Patient expired, unknown if autopsy performed

*Note:* This data item is no longer supported by CoC (as of January 1, 2003).

**BEHAVIOR (73-91) ICD-O-1**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 1972 | 1 | SEER | 1917-1917 |

**Description**
Area for retaining behavior portion (1 digit) of the ICD-O-1 or field trial morphology codes entered before a conversion to ICD-O-2. See grouped data item Morph (73-91) ICD-O-1 [1970] in Appendix E. The item name includes years 73-91. However, some states may have used the codes for cases before 1973. It is a subfield of the morphology code.

**Codes**
For tumors diagnosed before 1992, contains the ICD-O-1 or field trial 1-digit behavior code as originally coded, if available. Blank for tumors coded directly into a later version of ICD-O.

**BEHAVIOR (92-00) ICD-O-2**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| ICD-O-2 Behaviour (CCCR) | 430 | 1 | SEER/CoC | 549-549 |

**Description**
Code for the behavior of the tumor being reported using ICD-O-2. NAACCR adopted ICD-O-2 as the standard coding system for tumors diagnosed from January 1, 1992, through December 31, 2000. In addition, NAACCR recommended that cases diagnosed prior to 1992 be converted to ICD-O-2. See Behavior (73-91) ICD-O-1 [1972], for ICD-O-1 and field trial codes.

**Codes**
Valid codes are 0-3. See ICD-O-2,[15] page 22, for behavior codes and definitions.

**Clarification of Required Status**
This data item was required by all standard-setting organizations for tumors diagnosed from January 1, 1992, through December 31, 2000, and recommended for tumors diagnosed before 1992.

When the histologic type is coded according to the ICD-O-2, the histology code must be reported in Histology (92-00) ICD-O-2 [420], with behavior coded in Behavior (92-00) ICD-O-2 [430].

For information on required status for related data items for histologic type and behavior when coded according to ICD-O-3, see Histologic Type ICD-O-3 [522] and Behavior Code ICD-O-3 [523].

**BEHAVIOR CODE ICD-O-3**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Behavior Code (CoC)<br>ICD-O-3 Behaviour (CCCR) | 523 | 1 | SEER/CoC | 554-554 |

**Description**
Code for the behavior of the tumor being reported using ICD-O-3. NAACCR adopted ICD-O-3 as the standard coding system for tumors diagnosed beginning January 1, 2001, and later recommended that prior cases be converted from ICD-O-2. See Behavior (92-00) ICD-O-2 [430], for ICD-O-2 codes.

Juvenile astrocytoma is coded as borderline in ICD-O-3; North American registries report as 9421/3.

**Codes**
Valid codes are 0-3. See ICD-O-3,[14] page 66, for behavior codes and definitions.

**Clarification of Required Status**
Behavior is required by all standard-setting organizations for tumors diagnosed on or after January 1, 2001, and recommended (by conversion from ICD-O-2 codes) for tumors diagnosed before 2001.

When the histologic type is coded according to the ICD-O-3, the histology code must be reported in Histologic Type ICD-O-3 [522], with behavior coded in Behavior Code ICD-O-3 [523].

For information on required status for related data items for histologic type and behavior when coded according to ICD-O-2, see Histology (92-00) ICD-O-2 [420] and Behavior (92-00) ICD-O-2 [430].

**BIRTHPLACE** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Place of Birth (SEER/CoC) | 250 | 3 | SEER/CoC | 206-208 |

**Description**
Code for place of birth of the patient. If a patient has multiple tumors, all records should contain the same code.

**Rationale**
Place of Birth is helpful for patient matching and can be used when reviewing race and ethnicity. In addition, adding birthplace data to race and ethnicity allows for a more specific definition of the population being reported. Careful descriptions of ancestry, birthplace, and immigration history of populations studied are needed to make the basis for classification into ethnic groups clear. Birthplace has been associated with variation in genetic, socioeconomic, cultural, and nutritional characteristics that affect patterns of disease. A better understanding of the differences within racial and ethnic categories also can help states develop effective, culturally sensitive public health prevention programs to decrease the prevalence of high-risk behaviors and increase the use of preventive services.

**Codes**
See Appendix B for numeric and alphabetic lists of places and codes (also see Appendix B of the *SEER Program Code Manual* at seer.cancer.gov/tools/codingmanuals/index.html).

**CANCER STATUS**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 1770 | 1 | CoC | 2127-2127 |

**Description**
Records the presence or absence of clinical evidence of the patient's malignant or non-malignant tumor as of the Date of Last Contact [1750]. If the patient has multiple primaries, the values may be different for each primary.

**Rationale**
This item can be used to compute disease-free survival. By maintaining this data item, central registries can assist hospital registries by sharing this information with other hospital registries that serve the same patients, if the state's privacy laws so permit.

**Codes**
1 No evidence of this tumor
2 Evidence of this tumor
9 Unknown, indeterminate whether this tumor is present, not stated in patient record

**CASEFINDING SOURCE**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 501 | 2 | NAACCR | 564-565 |

**Description**
This variable codes the earliest source of identifying information. For cases identified by a source other than reporting facilities (such as through death clearance or as a result of an audit), this variable codes the type of source through which the tumor was first identified. This data item cannot be used by itself as a data quality indicator. The timing of the casefinding processes (e.g., death linkage) varies from registry to registry, and the coded value of this variable is a function of that timing.

**Rationale**
This data item will help reporting facilities as well as regional and central registries in prioritizing their casefinding activities. It will identify reportable tumors that were first found through death clearance or sources other than traditional reporting facilities. It provides more detail than "Type of Reporting Source."

**Coding Instructions**
This variable is intended to code the source that first identified the tumor. Determine where the case was first identified and enter the appropriate code. At the regional or central level, if a hospital and a non-hospital source identified the case independently of each other, enter the code for the non-hospital source (i.e., codes 30-95 have priority over codes 10-29). If the case was first identified at a reporting facility (codes 10-29), code the earliest source (based on patient or specimen contact at the facility) of identifying information.

If a death certificate, independent pathology laboratory report, consultation-only report from a hospital, or other report was used to identify a case that was then abstracted from a different source, enter the code for the source that first identified the case, not the source from which it was subsequently abstracted. If a regional or central registry identifies a case and asks a reporting facility to abstract it, enter the code that corresponds to the initial source, not the code that corresponds to the eventual reporting facility.

**Codes**
Case first identified at a reporting facility:
10 Reporting Hospital, NOS
20 Pathology Department Review (surgical pathology reports, autopsies, or cytology reports)
21 Daily Discharge Review (daily screening of charts of discharged patients in the medical records department)
22 Disease Index Review (review of disease index in the medical records department)
23 Radiation Therapy Department/Center
24 Laboratory Reports (other than pathology reports, code 20)
25 Outpatient Chemotherapy
26 Diagnostic Imaging/Radiology (other than radiation therapy, codes 23; includes nuclear medicine)
27 Tumor Board
28 Hospital Rehabilitation Service or Clinic
29 Other Hospital Source (including clinic, NOS or outpatient department, NOS)

Case first identified by source other than a reporting facility covered in the codes above:
30 Physician-Initiated Case
40 Consultation-only or Pathology-only Report (not abstracted by reporting hospital)
50 Independent (non-hospital) Pathology-Laboratory Report
60 Nursing Home-Initiated Case
70 Coroner's Office Records Review
75 Managed Care Organization (MCO) or Insurance Records
80 Death Certificate (case identified through death clearance)
85 Out-of-State Case Sharing
90 Other Non-Reporting Hospital Source
95 Quality Control Review (case initially identified through quality control activities such as casefinding audit of a regional or central registry)
99 Unknown

**CAUSE OF DEATH**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Underlying Cause of Death (SEER)<br>Underlying Cause of Death (ICD Code) (pre-96 CoC) | 1910 | 4 | SEER | 2269-2272 |

**Description**
Official cause of death as coded from the death certificate in valid ICD-7, ICD-8, ICD-9, and ICD-10 codes.

**Rationale**
Cause of death is used for calculation of adjusted survival rates by the life table method. The adjustment corrects for deaths other than from the diagnosed cancer.

**Special codes in addition to ICD-7, ICD-8, ICD-9, and ICD-10 (refer to *SEER Program Code Manual* for additional instructions)**
0000 Patient alive at last contact
7777 State death certificate not available
7797 State death certificate available but underlying cause of death is not coded

*Note:* This data item is no longer supported by CoC (as of January 1, 2003).

**CENSUSBLOCKGROUP 70/80/90**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 368 | 1 | Census | 165-165 |

**Description**
This field is provided for coding the block group of patient's residence at time of diagnosis, as defined by the 1970, 1980, or 1990 Census.

**Rationale**
A block group is a subdivision of a census tract or block numbering area (BNA). Not all of the United States was described by a census block group or BNA prior to the 2000 Census, but for areas assigned to block groups or BNAs, the Census Bureau published detailed population and socioeconomic data. Block groups thus offer a high level of specificity for geographical and socioeconomic analyses, where available.

A block group has no meaning in the absence of a census tract. Refer to Census Tr Cert 1970/80/90 [364] to ascertain the basis of assignment of CensusBlockGroup 70/80/90. Refer to Census Cod Sys 1970/80/90 [120] to ascertain the decade of reference.

**Codes**
0 Census block group assignment was attempted, but the value could not be determined
1-9 Census block group values as defined by the Census Bureau
Blank CensusBlockGroup 70/80/90 not coded

*Note:* The values 1 through 9 are nominal, with no hierarchy of values. This number determines the first digit of all the blocks which comprise the block group; for instance, census block group 3 would contain blocks numbered 3000 to 3999

**Comment**
Numerous registries find the distinction between "attempted, could not be determined" (zero) and "not coded" (blank) to be useful for geocoding planning purposes.

**CENSUS BLOCK GROUP 2000**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Census Tract Block Group | 362 | 1 | Census | 174-174 |

**Description**
This field is provided for coding the block group of patient's residence at time of diagnosis, as defined by the 2000 Census.

**Rationale**
A block group is a subdivision of a census tract designed to have an average of 1500 people, versus a census tract's average of 4500 people. All land area in the United States is described by a census block group in the 2000 Census. The Census Bureau publishes detailed population and socioeconomic data at this level. Block groups thus offer a high level of specificity for geographical and socioeconomic analyses.

A block group has no meaning in the absence of a census tract. Refer to Census Tr Certainty 2000 [365] to ascertain basis of assignment of Census Block Group 2000.

**Codes**
0 Census block group assignment was attempted, but the value could not be determined
1-9 Census block group values as defined by the Census Bureau
Blank Census Block Group 2000 not coded

*Note:* The values 1 through 9 are nominal, with no hierarchy of values. This number determines the first digit of all the blocks which comprise the block group; for instance, census block group 3 would contain blocks numbered 3000 to 3999.

**Comment**
Numerous registries find the distinction between "attempted, could not be determined" (zero) and "not coded" (blank) to be useful for geocoding planning purposes.

**CENSUS BLOCK GROUP 2010** **New**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 363 | 1 | Census | 434-434 |

**Description**
This field is provided for coding the block group of patient's residence at time of diagnosis, as defined by the 2010 Census.

**Rationale**
A block group is a subdivision of a census tract designed to have an average of 1500 people, versus a census tract's average of 4500 people. All land area in the United States is described by a census block group in the 2010 Census. The Census Bureau publishes detailed population and socioeconomic data at this level. Block groups thus offer a high level of specificity for geographical and socioeconomic analyses.

A block group has no meaning in the absence of a census tract. Refer to Census Tr Certainty 2010 [367] to ascertain basis of assignment of Census Block Group 2010.

**Codes**
0 Census block group assignment was attempted, but the value could not be determined
1-9 Census block group values as defined by the Census Bureau
Blank Census Block Group 2010 not coded

*Note:* The values 1 through 9 are nominal, with no hierarchy of values. This number determines the first digit of all the blocks which comprise the block group; for instance, census block group 3 would contain blocks numbered 3000 to 3999.

**Comment**
Numerous registries find the distinction between "attempted, could not be determined" (zero) and "not coded" (blank) to be useful for geocoding planning purposes.

**CENSUS COD SYS 1970/80/90** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Census Coding System (CoC)<br>Coding System for Census Tract (pre-96 SEER/CoC) | 120 | 1 | SEER | 166-166 |

**Description**
Identified the set of Census Bureau census tract definitions (boundaries) that were used to code the census tract in Census Tract 1970/80/90 [110] for a specific record.

**Rationale**
Allows for changes in census tracts over time. The census tract definition used to code the case must be recorded so that data are correctly grouped and analyzed. If the coding system were not recorded, the census codes would have to be converted or recoded every time the census tracts were changed.

**Codes**

| | |
|---|---|
| 0 | Not tracted |
| 1 | 1970 Census Tract Definitions |
| 2 | 1980 Census Tract Definitions |
| 3 | 1990 Census Tract Definitions |
| Blank | Census Tract 1970/80/90 not coded |

**Clarification of NPCR Required Status**

Census-1990 data items:
Census Tract 1970/80/90 [110]
Census Tr Cert 1970/80/90 [364]
Census Tract Cod Sys--1970/80/90 [120]

Census-2000 data items:
Census Tract 2000 [130]
Census Tr Certainty 2000 [365]

Information on census tract, census tract certainty, and census tract coding system is required. For tumors diagnosed in or after 2003, Census Tract 2000 [130] and Census Tr Certainty 2000 [365] (Census-2000 data items) are required. For tumors diagnosed in or before 2002, the requirement can be met by collecting either the Census-1990 data items [110, 364, 120] or the Census-2000 data items, although the Census-2000 data items [130 and 365] are recommended for tumors diagnosed in 1998 through 2002.

**CENSUS TR CERT 1970/80/90** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Census Tract Certainty | 364 | 1 | SEER | 167-167 |

**Description**

Code indicating basis of assignment of census tract or block numbering area (BNA) for an individual record. Helpful in identifying cases tracted from incomplete information or P.O. Box. This item is not coded by the hospital. Central registry staff manually assign the code.

**Codes**

1 Census tract/BNA based on complete and valid street address of residence
2 Census tract/BNA based on residence ZIP + 4
3 Census tract/BNA based on residence ZIP + 2
4 Census tract/BNA based on residence ZIP code only
5 Census tract/BNA based on ZIP code of P.O. Box
6 Census tract/BNA based on residence city where city has only one census tract, or based on residence ZIP code where ZIP code has only one census tract
9 Not assigned, geocoding attempted
Blank Not assigned, geocoding not attempted

**Clarification of NPCR Required Status**

Census-1990 data items:
Census Tract 1970/80/90 [110]
Census Tr Cert 1970/80/90 [364]
Census Tract Cod Sys--1970/80/90 [120]

Census-2000 data items:
Census Tract 2000 [130]
Census Tr Certainty 2000 [365]

Information on census tract, census tract certainty, and census tract coding system is required. For tumors diagnosed in or after 2003, Census Tract 2000 [130] and Census Tr Certainty 2000 [365] ("Census-2000 data items") are required. For tumors diagnosed in or before 2002, the requirement can be met by collecting either the Census-1990 data items [110, 364, 120] or the Census-2000 data items, although the Census-2000 data items [130 and 365] are recommended for tumors diagnosed in 1998 through 2002.

**CENSUS TR CERTAINTY 2000** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 365 | 1 | NAACCR | 175-175 |

**Description**

Code indicating basis of assignment of census tract for an individual record. Helpful in identifying cases tracted from incomplete information or P.O. Box. This item is not coded by the hospital. Central registry staff assign the code.

**Codes**

1 Census tract based on complete and valid street address of residence
2 Census tract based on residence ZIP + 4
3 Census tract based on residence ZIP + 2
4 Census tract based on residence ZIP code only
5 Census tract based on ZIP code of P.O. Box
6 Census tract/BNA based on residence city where city has only one census tract, or based on residence ZIP code where ZIP code has only one census tract
9 Not assigned, geocoding attempted
Blank Not assigned, geocoding not attempted

**Clarification of NPCR Required Status**

Census-1990 data items:
Census Tract 1970/80/90 [110]
Census Tr Cert 1970/80/90 [364]
Census Tract Cod Sys--1970/80/90 [120]

Census-2000 data items:
Census Tract 2000 [130]
Census Tr Certainty 2000 [365]

Information on census tract, census tract certainty, and census tract coding system is required. For tumors diagnosed in or after 2003, Census Tract 2000 [130] and Census Tr Certainty 2000 [365] (Census-2000 data items) are required. For tumors diagnosed in or before 2002, the requirement can be met by collecting either the Census-1990 data items [110, 364, 120] or the Census-2000 data items, although the Census-2000 data items [130 and 365] are recommended for tumors diagnosed in 1998 through 2002.

**CENSUS TR CERTAINTY 2010** **New**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 367 | 1 | NAACCR | 435-435 |

**Description**
Code indicating basis of assignment of census tract for an individual record. Helpful in identifying cases tracted from incomplete information or P.O. Box. This item is not coded by the hospital. Central registry staff assign the code.

**Codes**
1 Census tract based on complete and valid street address of residence
2 Census tract based on residence ZIP + 4
3 Census tract based on residence ZIP + 2
4 Census tract based on residence ZIP code only
5 Census tract based on ZIP code of P.O. Box
6 Census tract/BNA based on residence city where city has only one census tract, or based on residence ZIP code where ZIP code has only one census tract
9 Not assigned, geocoding attempted
Blank Not assigned, geocoding not attempted

**Clarification of NPCR Required Status**

| Census-1990 data items: | Census-2000 data items: | Census-2010 data items: |
|---|---|---|
| Census Tract 1970/80/90 [110] | Census Tract 2000 [130] | Census Tract 2010 [135] |
| Census Tr Cert 1970/80/90 [364] | Census Tr Certainty 2000 [365] | Census Tr Certainty 2010 [367] |
| Census Tract Cod Sys--1970/80/90 [120] | | |

Information on census tract and census tract certainty is required. Census Tract and Census Tract Certainty should be recorded in the year-appropriate data item fields in order to reflect demographic information at the time of diagnosis. Until the 2010 Census is completed and data are available for geocoding, tumors diagnosed in 2010 or later, should be coded to the 2000 census definitions and recorded in Census Tract 2000 [130] and Census Tr Certainty 2000 [365]. When the 2010 Census data are available for geocoding, tumors diagnosed in 2010 or later must be coded to the 2010 census tract definitions and recorded in Census Tract 2010 [135] and Census Tract Certainty 2010 [367]. For tumors diagnosed between January 1, 2008, and December 31, 2009, use of Census Tract 2010 [135] and Census Track Certainty 2010 [367] is recommended.

**CENSUS TRACT 1970/80/90**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Census Tract/Block Numbering Area (BNA) (SEER)<br>Census Tract | 110 | 6 | SEER | 159-164 |

**Description**
Code for the census tract or BNA of the patient's residence at the time of diagnosis. SEER used this field for tumors reported before 1998. If the patient has more than one tumor, the codes may be different for each tumor.

Codes are those used by the U.S. Census Bureau. Census Bureau codes for BNA also are entered in this field.

Both census tracts and BNAs have a 4-digit basic number and also may have a 2-digit suffix. Census tract numbers range from 0001.00 to 9499.99. BNA numbers range from 9501.00 to 9989.99. See the Census Bureau's "Area Classifications"[35] for further details.

**Rationale**
Allows central registries to calculate incidence rates for geographical areas having population estimates. The Census Bureau provides population data for census tracts. Those rates can be used for general surveillance or special geographical and socioeconomic analysis.

**Codes**

| | |
|---|---|
| Census Tract Codes | 000100-949999 |
| BNA Codes | 950100-998999 |
| 000000 | Area not census-tracted |
| 999999 | Area census-tracted, but census tract is not available |
| Blank | Census Tract 1970/80/90 not coded |

**Clarification of NPCR Required Status**
Information on census tract, census tract certainty, and census tract coding system is required. Tumors diagnosed in 2003 or later, must be coded to the 2000 census definitions and recorded in Census Tract 2000 [130] and Census Tr Certainty 2000 [365]. Tumors diagnosed in 2002, or before must be coded to the 2000 census tract definitions OR to 1990 definitions OR to both the 2000 and 1990 census definitions. Census tract, census tract certainty and census tract coding system should be recorded in the year appropriate data item fields. For tumors diagnosed between January 1, 1998, and December 31, 2002, (inclusive) use of the 2000 census tract definitions is recommended.

**CENSUS TRACT 2000**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Census Tract--Alternate (pre-2003) | 130 | 6 | NAACCR | 168-173 |

**Description**
This field is provided for coding census tract of patient's residence at time of diagnosis. See Census Tract 1970/80/90 [110]. Codes are those used by the U.S. Census Bureau for the Year 2000 Census. Census tract codes have a 4-digit basic number and also may have a 2-digit suffix. Census tract numbers range from 0001.01 to 9999.98. See the Census Bureau's "Area Classifications" at the following website: http://www.census.gov/prod/cen2000/doc/sf1.pdf for further details.

**Rationale**
Census tract codes allow central registries to calculate incidence rates for geographical areas having population estimates. This field allows a central registry to add Year 2000 Census tracts to tumors diagnosed in previous years, without losing the codes in data item 110.

The Census Bureau provides population data for census tracts. Those rates can be used for general surveillance or special geographical and socioeconomic analysis.

Because census tracts for particular cases can change between censuses, the central registry may wish to assign an alternate census tract code to its cases. For example, a registry may code its 1985 cases using both the 1980 and 1990 census tract boundaries. The central registry can use this information for different comparisons.

**Codes**

| | |
|---|---|
| Census Tract Codes | 000100-999998 |
| 000000 | Area not census tracted |
| 999999 | Area census-tracted, but census tract is not available |
| Blank | Census Tract 2000 not coded |

**Clarification of NPCR Required Status**
Information on census tract, census tract certainty, and census tract coding system is required. Tumors diagnosed in 2003 or later, must be coded to the 2000 census definitions and recorded in Census Tract 2000 [130] and Census Tr Certainty 2000 [365]. Tumors diagnosed in 2002, or before must be coded to the 2000 census tract definitions OR to 1990 definitions OR to both the 2000 and 1990 census tract definitions. Census tract, census tract certainty and census tract coding system should be recorded in the year appropriate data item fields. For tumors diagnosed between January 1, 1998, and December 31, 2002, (inclusive) use of the 2000 cases tract definitions is recommended.

**CENSUS TRACT 2010** **New**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 135 | 6 | NAACCR | 428-433 |

**Description**
This field is provided for coding census tract of patient's residence at time of diagnosis. See Census Tract 1970/80/90 [110]; Census Tract 2000 [130]. Codes are those used by the U.S. Census Bureau for the Year 2010 Census. Census tract codes have a 4-digit basic number and also may have a 2-digit suffix. Census tract numbers range from 0001.01 to 9999.98.

**Rationale**
Census tract codes allow central registries to calculate incidence rates for geographical areas having population estimates. This field allows a central registry to add Year 2010 Census tracts to tumors diagnosed in previous years, without losing the codes in data items 110 and 130.

The Census Bureau provides population data for census tracts. Those rates can be used for general surveillance or special geographical and socioeconomic analysis.

Because census tracts for particular cases can change between censuses, the central registry may wish to assign an alternate census tract code to its cases. For example, a registry may code its 1985 cases using both the 1980 and 1990 census tract boundaries. The central registry can use this information for different comparisons.

**Codes**

| | |
|---|---|
| Census Tract Codes | 000100-999998 |
| 000000 | Area not census tracted |
| 999999 | Area census-tracted, but census tract is not available |
| Blank | Census Tract 2010 not coded |

**Clarification of NPCR Required Status**
Information on census tract and census tract certainty is required. Census Tract and Census Tract Certainty should be recorded in the year-appropriate data item fields in order to reflect demographic information at the time of diagnosis. Until the 2010 Census is completed and data are available for geocoding, tumors diagnosed in 2010 or later, should be coded to the 2000 census definitions and recorded in Census Tract 2000 [130] and Census Tr Certainty 2000 [365]. When the 2010 Census data are available for geocoding, tumors diagnosed in 2010 or later must be coded to the 2010 census tract definitions and recorded in Census Tract 2010 [135] and Census Tract Certainty 2010 [367]. For tumors diagnosed between January 1, 2008, and December 31, 2009, use of Census Tract 2010 [135] and Census Track Certainty 2010 [367] is recommended.

**CENSUS TRACT COD SYS--ALT** **Retired**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 140 | | | |

**Description**
This data item was retired for Version 10 because Census Tract--2000 [130] is expected to contain only Census 2000 codes.

**CHEMOTHERAPY FIELD 1** **Retired**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 1600 | | | |

**Description**
This field has been listed as in development since 1996. The NAACCR UDSC retired this data item in Version 10.1, as of January 1, 2004.

**CHEMOTHERAPY FIELD 2** **Retired**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 1610 | | | |

**Description**
This field has been listed as in development since 1996. The NAACCR UDSC retired this data item in Version 10.1, as of January 1, 2004.

**CHEMOTHERAPY FIELD 3** **Retired**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 1620 | | | |

**Description**
This field has been listed as in development since 1996. The NAACCR UDSC retired this data item in Version 10.1, as of January 1, 2004.

**CHEMOTHERAPY FIELD 4** **Retired**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 1630 | | | |

**Description**
This field has been listed as in development since 1996. The NAACCR UDSC retired this data item in Version 10.1, as of January 1, 2004.

**CLASS OF CASE** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 610 | 2 | CoC | 776-777 |

**Description**

Class of Case divides cases into two groups. Analytic cases (codes 00-22) are those that are required by CoC to be abstracted because of the program's primary responsibility in managing the cancer. Analytic cases are grouped according to the location of diagnosis and treatment. Treatment and outcome reports may be limited to analytic cases. Nonanalytic cases (codes 30-49 and 99) may be abstracted by the facility to meet central registry requirements or because of a request by the facility's cancer program. Nonanalytic cases are grouped according to the reason a patient who received care at the facility is nonanalytic, or the reason a patient who never received care at the facility may have been abstracted.

Class of Case can be used in conjunction with Type of Reporting Source [500]. Type of Reporting Source is designed to document the source of documents used to abstract the cancer being reported.

**Rationale**

Class of Case reflects the facility's role in managing the cancer, whether the cancer is required to be reported by CoC, and whether the case was diagnosed after the program's Reference Date.

| Codes | Definition | |
|---|---|---|
| **Analytic Classes of Case (Required by CoC to be abstracted by accredited cancer programs; refer to *FORDS* for additional instructions)** | | |
| **INITIAL DIAGNOSIS AT REPORTING FACILITY** | | |
| 00 * | Initial diagnosis at the reporting facility AND all treatment or a decision not to treat was done ELSEWHERE | |
| 10 * | Initial diagnosis at the reporting facility or in a staff physician's office AND PART OR ALL of first course treatment or a decision not to treat was at the reporting facility, NOS | |
| | 11 | Initial diagnosis in staff physician's office AND PART of first course treatment was done at the reporting facility |
| | 12 | Initial diagnosis in staff physician's office AND ALL first course treatment or a decision not to treat was done at the reporting facility |
| | 13* | Initial diagnosis at the reporting facility AND PART of first course treatment was done at the reporting facility |
| | 14* | Initial diagnosis at the reporting facility AND ALL first course treatment or a decision not to treat was done at the reporting facility |
| **INITIAL DIAGNOSIS ELSEWHERE, FACILITY INVOLVED IN FIRST COURSE TREATMENT** | | |
| 20 * | Initial diagnosis elsewhere AND PART OR ALL of first course treatment was done at the reporting facility, NOS | |
| | 21 * | Initial diagnosis elsewhere AND PART of treatment was done at the reporting facility |
| | 22 * | Initial diagnosis elsewhere AND ALL first course treatment was done at the reporting facility |

| Codes | Definition (continued) |
|---|---|
| **Classes of Case not required by CoC to be abstracted (May be required by Cancer Committee, state or regional registry, or other entity)** | |
| **PATIENT APPEARS IN PERSON AT REPORTING FACILITY; BOTH INITIAL DIAGNOSIS AND TREATMENT ELSEWHERE** | |
| 30 * | Initial diagnosis and all first course treatment elsewhere AND reporting facility participated in DIAGNOSTIC WORKUP (for example, consult only, staging workup after initial diagnosis elsewhere) |
| 31 * | Initial diagnosis and all first course treatment elsewhere AND reporting facility provided IN-TRANSIT care |
| 32 * | Diagnosis AND all first course treatment provided elsewhere AND patient presents at reporting facility with disease RECURRENCE OR PERSISTENCE |
| 33 * | Diagnosis AND all first course treatment provided elsewhere AND patient presents at reporting facility with disease HISTORY ONLY |
| 34 | Type of case not required by CoC to be accessioned (for example, a benign colon tumor) AND initial diagnosis AND part or all of first course treatment by reporting facility |
| 35 | Case diagnosed before program's Reference Date AND initial diagnosis AND PART OR ALL of first course treatment by reporting facility |
| 36 | Type of case not required by CoC to be accessioned (for example, a benign colon tumor) AND initial diagnosis elsewhere AND part of all of first course treatment by reporting facility |
| 37 | Case diagnosed before program's Reference Date AND initial diagnosis elsewhere AND all or part of first course treatment by reporting facility |
| 38* | Initial diagnosis established by AUTOPSY at the reporting facility, cancer not suspected prior to death |
| **PATIENT DOES NOT APPEAR IN PERSON AT REPORTING FACILITY** | |
| 40 | Diagnosis AND all first course treatment given at the same staff physician's office |
| 41 | Diagnosis and all first course treatment given in two or more different staff physician offices |
| 42 | Non-staff physician or non-CoC accredited clinic or other facility, not part of reporting facility, accessioned by reporting facility for diagnosis and/or treatment by that entity (for example, hospital abstracts cases from an independent radiation facility) |
| 43 * | PATHOLOGY or other lab specimens ONLY |
| 49 * | DEATH CERTIFICATE ONLY |
| **UNKNOWN RELATIONSHIP TO REPORTING FACILITY** | |
| 99* | Nonanalytic case of unknown relationship to facility (not for use by CoC accredited cancer programs for analytic cases.); UNKNOWN |

*Note:* This expanded list of coded values is effective with Version 12.

*Indicates Class of Case codes appropriate for abstracting cases from non-hospital sources such as physician offices, ambulatory surgery centers, freestanding pathology laboratories, radiation therapy centers. When applied to these types of facilities, the non-hospital source is the reporting facility. The codes are applied the same way as if the case were reported from a hospital.

By using Class of Case codes in this manner for non-hospital sources, the central cancer registry is able to retain information reflecting the facility's role in managing the cancer consistent with the way it is reported from hospitals. Using Class of Case in conjunction with Type of Reporting Source [500] which identifies the source documents used to abstract the cancer being reported, the central cancer registry has two distinct types of information to use in making consolidation decisions.

**COC CODING SYS--CURRENT**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Commission on Cancer Coding System-Current (CoC) | 2140 | 2 | CoC | 1932-1933 |

**Description**
Code the ACoS CoC coding system currently used in the record. CoC codes may be converted from an earlier version.

**Codes**
00 No CoC coding system used
01 Pre-1988 (Cancer Program Manual Supplement)
02 1988 *Data Acquisition Manual*
03 1989 *Data Acquisition Manual* Revisions
04 1990 *Data Acquisition Manual* Revisions
05 1994 *Data Acquisition Manual* (Interim/Revised)
06 *ROADS* (effective with cases diagnosed 1996-1997)
07 *ROADS* and 1998 Supplement (effective with cases diagnosed 1998-2002)
08 *FORDS* (effective with cases diagnosed 2003 and forward)
99 Unknown coding system

**COC CODING SYS--ORIGINAL** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 2150 | 2 | CoC | 1934-1935 |

**Description**
Code for the ACoS CoC coding system originally used to code the record.

**Codes**
00 No CoC coding system used
01 Pre-1988 (Cancer Program Manual Supplement)
02 1988 *Data Acquisition Manual*
03 1989 *Data Acquisition Manual* Revisions
04 1990 *Data Acquisition Manual* Revisions
05 1994 *Data Acquisition Manual* (Interim/Revised)
06 *ROADS* (effective with cases diagnosed 1996-1997)
07 *ROADS* and 1998 Supplement (effective with cases diagnosed 1998-2002)
08 *FORDS* (effective with cases diagnosed 2003 and forward)
99 Original CoC coding system is not known

**CODING SYSTEM FOR EOD**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Coding System for Extent of Disease (SEER) | 870 | 1 | SEER | 937-937 |

**Description**
Indicates the type of SEER EOD code applied to the tumor. Should be used whenever EOD coding is applied.

**Rationale**
Used in data editing and analysis.

**Codes**
0 2-Digit Nonspecific Extent of Disease (1973-82)
1 2-Digit Site-Specific Extent of Disease (1973-82)
2 13-Digit (expanded) Site-Specific Extent of Disease (1973-1982)
3 4-Digit Extent of Disease (1983-87)
4 10-Digit Extent of Disease, 1988 (1988-2003)
Blank Cases diagnosed 2004+; or the item is not collected

**COMORBID/COMPLICATION 1**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Comorbidities and Complications #1 Secondary Diagnoses | 3110 | 5 | CoC | 1186-1190 |

**Description**
Records the patient's pre-existing medical conditions, factors influencing health status, and/or complications during the patient's hospital stay for the treatment of this cancer using ICD-9-CM codes. All are considered secondary diagnoses.

**Rationale**
Comorbidities may affect treatment decisions and influence patient outcomes. Information on comorbidities is used to adjust outcome statistics when evaluating patient survival and other outcomes. Complications may be related to the quality of care.

**Codes (Refer to the most recent version of *FORDS* for additional instructions.)**
ICD-9-CM Codes 00100-13980, 24000-99990, E8700-E8799, E9300-E9499, V0720-V0739, V1000-V1590, V2220- V2310, V2540, V4400-V4589, and V5041-V5049

00000 No secondary diagnoses documented

*Note:* For comorbid conditions (ICD-9-CM codes 00100-13980 and 24000-99990), there is an assumed decimal point between the third and fourth characters. For complications (ICD-9-CM codes E8700-E8799 and E9300-E9499), there is an assumed decimal point between the fourth and fifth characters. For conditions influencing health status and contact with health services (ICD-9-CM codes V0720-V0739, V1000-V1590, V2220- V2310, V2540, V4400-V4589, and V5041-V5049), there is an assumed decimal point between the third and fourth characters.

**COMORBID/COMPLICATION 2**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Comorbidities and Complications #2 Secondary Diagnoses | 3120 | 5 | CoC | 1191-1195 |

**Description**
Records the patient's pre-existing medical conditions, factors influencing health status, and/or complications during the patient's hospital stay for the treatment of this cancer using ICD-9-CM codes. All are considered secondary diagnoses.

**Rationale**
Comorbidities may affect treatment decisions and influence patient outcomes. Information on comorbidities is used to adjust outcome statistics when evaluating patient survival and other outcomes. Complications may be related to the quality-of-care.

**Codes (Refer to the most recent version of *FORDS* for additional instructions.)**
ICD-9-CM Codes 00100-13980, 24000-99990, E8700-E8799, E9300-E9499, V0720-V0739, V1000-V1590, V2220- V2310, V2540, V4400-V4589, and V5041-V5049

Leave blank if no further secondary diagnosis.

*Note:* For comorbid conditions (ICD-9-CM codes 00100-13980 and 24000-99990), there is an assumed decimal point between the third and fourth characters. For complications (ICD-9-CM codes E8700-E8799 and E9300-E9499), there is an assumed decimal point between the fourth and fifth characters. For conditions influencing health status and contact with health services (ICD-9-CM codes V0720-V0739, V1000-V1590, V2220-V2310, V2540, V4400-V4589, and V5041-V5049), there is an assumed decimal point between the third and fourth characters.

**COMORBID/COMPLICATION 3**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Comorbidities and Complications #3 Secondary Diagnoses | 3130 | 5 | CoC | 1196-1200 |

**Description**
Records the patient's pre-existing medical conditions, factors influencing health status, and/or complications during the patient's hospital stay for the treatment of this cancer using ICD-9-CM codes. All are considered secondary diagnoses.

**Rationale**
Comorbidities may affect treatment decisions and influence patient outcomes. Information on comorbidities is used to adjust outcome statistics when evaluating patient survival and other outcomes. Complications may be related to the quality-of-care.

**Codes (Refer to the most recent version of *FORDS* for additional instructions.)**
ICD-9-CM Codes 00100-13980, 24000-99990, E8700-E8799, E9300-E9499, V0720-V0739, V1000-V1590, V2220- V2310, V2540, V4400-V4589, and V5041-V5049

Leave blank if no further secondary diagnoses.

*Note:* For comorbid conditions (ICD-9-CM codes 00100-13980 and 24000-99990), there is an assumed decimal point between the third and fourth characters. For complications (ICD-9-CM codes E8700-E8799 and E9300-E9499), there is an assumed decimal point between the fourth and fifth characters. For conditions influencing health status and contact with health services (ICD-9-CM codes V0720-V0739, V1000-V1590, V2220-V2310, V2540, V4400-V4589, and V5041-V5049), there is an assumed decimal point between the third and fourth characters.

**COMORBID/COMPLICATION 4**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Comorbidities and Complications #4 Secondary Diagnoses | 3140 | 5 | CoC | 1201-1205 |

**Description**
Records the patient's pre-existing medical conditions, factors influencing health status, and/or complications during the patient's hospital stay for the treatment of this cancer using ICD-9-CM codes. All are considered secondary diagnoses.

**Rationale**
Comorbidities may affect treatment decisions and influence patient outcomes. Information on comorbidities is used to adjust outcome statistics when evaluating patient survival and other outcomes. Complications may be related to the quality-of-care.

**Codes (Refer to the most recent version of *FORDS* for additional instructions.)**
ICD-9-CM Codes 00100-13980, 24000-99990, E8700-E8799, E9300-E9499, V0720-V0739, V1000-V1590, V2220- V2310, V2540, V4400-V4589, and V5041-V5049

Leave blank if no further secondary diagnoses.

*Note:* For comorbid conditions (ICD-9-CM codes 00100-13980 and 24000-99990), there is an assumed decimal point between the third and fourth characters. For complications (ICD-9-CM codes E8700-E8799 and E9300-E9499), there is an assumed decimal point between the fourth and fifth characters. For conditions influencing health status and contact with health services (ICD-9-CM codes V0720-V0739, V1000-V1590, V2220-V2310, V2540, V4400-V4589, and V5041-V5049), there is an assumed decimal point between the third and fourth characters.

**COMORBID/COMPLICATION 5**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Comorbidities and Complications #5 Secondary Diagnoses | 3150 | 5 | CoC | 1206-1210 |

**Description**
Records the patient's pre-existing medical conditions, factors influencing health status, and/or complications during the patient's hospital stay for the treatment of this cancer using ICD-9-CM codes. All are considered secondary diagnoses.

**Rationale**
Comorbidities may affect treatment decisions and influence patient outcomes. Information on comorbidities is used to adjust outcome statistics when evaluating patient survival and other outcomes. Complications may be related to the quality-of-care.

**Codes (Refer to the most recent version of *FORDS* for additional instructions.)**
ICD-9-CM Codes 00100-13980, 24000-99990, E8700-E8799, E9300-E9499, V0720-V0739, V1000-V1590, V2220- V2310, V2540, V4400-V4589, and V5041-V5049

Leave blank if no further secondary diagnoses.

*Note:* For comorbid conditions (ICD-9-CM codes 00100-13980 and 24000-99990), there is an assumed decimal point between the third and fourth characters. For complications (ICD-9-CM codes E8700-E8799 and E9300-E9499), there is an assumed decimal point between the fourth and fifth characters. For conditions influencing health status and contact with health services (ICD-9-CM codes V0720-V0739, V1000-V1590, V2220-V2310, V2540, V4400-V4589, and V5041-V5049), there is an assumed decimal point between the third and fourth characters.

**COMORBID/COMPLICATION 6**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Comorbidities and Complications #6 Secondary Diagnoses | 3160 | 5 | CoC | 1211-1215 |

**Description**
Records the patient's pre-existing medical conditions, factors influencing health status, and/or complications during the patient's hospital stay for the treatment of this cancer using ICD-9-CM codes. All are considered secondary diagnoses.

**Rationale**
Comorbidities may affect treatment decisions and influence patient outcomes. Information on comorbidities is used to adjust outcome statistics when evaluating patient survival and other outcomes. Complications may be related to the quality-of-care.

**Codes (Refer to the most recent version of *FORDS* for additional instructions.)**
ICD-9-CM Codes 00100-13980, 24000-99990, E8700-E8799, E9300-E9499, V0720-V0739, V1000-V1590, V2220- V2310, V2540, V4400-V4589, and V5041-V5049

Leave blank if no further secondary diagnoses.

*Note:* For comorbid conditions (ICD-9-CM codes 00100-13980 and 24000-99990), there is an assumed decimal point between the third and fourth characters. For complications (ICD-9-CM codes E8700-E8799 and E9300-E9499), there is an assumed decimal point between the fourth and fifth characters. For conditions influencing health status and contact with health services (ICD-9-CM codes V0720-V0739, V1000-V1590, V2220-V2310, V2540, V4400-V4589, and V5041-V5049), there is an assumed decimal point between the third and fourth characters.

**COMORBID/COMPLICATION 7**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Comorbidities and Complications #7 Secondary Diagnoses | 3161 | 5 | CoC | 1216-1220 |

**Description**
Records the patient's pre-existing medical conditions, factors influencing health status, and/or complications during the patient's hospital stay for the treatment of this cancer using ICD-9-CM codes. All are considered secondary diagnoses.

**Rationale**
Comorbidities may affect treatment decisions and influence patient outcomes. Information on comorbidities is used to adjust outcome statistics when evaluating patient survival and other outcomes. Complications may be related to the quality-of-care.

**Codes (Refer to the most recent version of *FORDS* for additional instructions.)**
ICD-9-CM Codes 00100-13980, 24000-99990, E8700-E8799, E9300-E9499, V0720-V0739, V1000-V1590, V2220- V2310, V2540, V4400-V4589, and V5041-V5049

Leave blank if no further secondary diagnosis.

*Note:* For comorbid conditions (ICD-9-CM codes 00100-13980 and 24000-99990), there is an assumed decimal point between the third and fourth characters. For complications (ICD-9-CM codes E8700-E8799 and E9300-E9499), there is an assumed decimal point between the fourth and fifth characters. For conditions influencing health status and contact with health services (ICD-9-CM codes V0720-V0739, V1000-V1590, V2220-V2310, V2540, V4400-V4589, and V5041-V5049), there is an assumed decimal point between the third and fourth characters.

**COMORBID/COMPLICATION 8**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Comorbidities and Complications #8 Secondary Diagnoses | 3162 | 5 | CoC | 1221-1225 |

**Description**
Records the patient's pre-existing medical conditions, factors influencing health status, and/or complications during the patient's hospital stay for the treatment of this cancer using ICD-9-CM codes. All are considered secondary diagnoses.

**Rationale**
Comorbidities may affect treatment decisions and influence patient outcomes. Information on comorbidities is used to adjust outcome statistics when evaluating patient survival and other outcomes. Complications may be related to the quality-of-care.

**Codes (Refer to the most recent version of *FORDS* for additional instructions.)**
ICD-9-CM Codes 00100-13980, 24000-99990, E8700-E8799, E9300-E9499, V0720-V0739, V1000-V1590, V2220- V2310, V2540, V4400-V4589, and V5041-V5049

Leave blank if no further secondary diagnosis.

*Note:* For comorbid conditions (ICD-9-CM codes 00100-13980 and 24000-99990), there is an assumed decimal point between the third and fourth characters. For complications (ICD-9-CM codes E8700-E8799 and E9300-E9499), there is an assumed decimal point between the fourth and fifth characters. For conditions influencing health status and contact with health services (ICD-9-CM codes V0720-V0739, V1000-V1590, V2220-V2310, V2540, V4400-V4589, and V5041-V5049), there is an assumed decimal point between the third and fourth characters.

**COMORBID/COMPLICATION 9**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Comorbidities and Complications #9<br>Secondary Diagnoses | 3163 | 5 | CoC | 1226-1230 |

**Description**
Records the patient's pre-existing medical conditions, factors influencing health status, and/or complications during the patient's hospital stay for the treatment of this cancer using ICD-9-CM codes. All are considered secondary diagnoses.

**Rationale**
Comorbidities may affect treatment decisions and influence patient outcomes. Information on comorbidities is used to adjust outcome statistics when evaluating patient survival and other outcomes. Complications may be related to the quality-of-care.

**Codes (Refer to the most recent version of *FORDS* for additional instructions.)**
ICD-9-CM Codes 00100-13980, 24000-99990, E8700-E8799, E9300-E9499, V0720-V0739, V1000-V1590, V2220- V2310, V2540, V4400-V4589, and V5041-V5049

Leave blank if no further secondary diagnosis.

*Note:* For comorbid conditions (ICD-9-CM codes 00100-13980 and 24000-99990), there is an assumed decimal point between the third and fourth characters. For complications (ICD-9-CM codes E8700-E8799 and E9300-E9499), there is an assumed decimal point between the fourth and fifth characters. For conditions influencing health status and contact with health services (ICD-9-CM codes V0720-V0739, V1000-V1590, V2220-V2310, V2540, V4400-V4589, and V5041-V5049), there is an assumed decimal point between the third and fourth characters.

**COMORBID/COMPLICATION 10**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Comorbidities and Complications #10 Secondary Diagnoses | 3164 | 5 | CoC | 1231-1235 |

**Description**
Records the patient's pre-existing medical conditions, factors influencing health status, and/or complications during the patient's hospital stay for the treatment of this cancer using ICD-9-CM codes. All are considered secondary diagnoses.

**Rationale**
Comorbidities may affect treatment decisions and influence patient outcomes. Information on comorbidities is used to adjust outcome statistics when evaluating patient survival and other outcomes. Complications may be related to the quality-of-care.

**Codes (Refer to the most recent version of *FORDS* for additional instructions.)**
ICD-9-CM Codes 00100-13980, 24000-99990, E8700-E8799, E9300-E9499, V0720-V0739, V1000-V1590, V2220- V2310, V2540, V4400-V4589, and V5041-V5049

Leave blank if no further secondary diagnosis.

*Note:* For comorbid conditions (ICD-9-CM codes 00100-13980 and 24000-99990), there is an assumed decimal point between the third and fourth characters. For complications (ICD-9-CM codes E8700-E8799 and E9300-E9499), there is an assumed decimal point between the fourth and fifth characters. For conditions influencing health status and contact with health services (ICD-9-CM codes V0720-V0739, V1000-V1590, V2220-V2310, V2540, V4400-V4589, and V5041-V5049), there is an assumed decimal point between the third and fourth characters.

**COMPUTED ETHNICITY**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 200 | 1 | SEER | 190-190 |

**Description**
Code identifying those cases for which ethnicity was determined by matching Name--Last [2230] and Name--Maiden [2390] to a computer list of Spanish/Hispanic names or by a software algorithm. This field was adopted for use for tumors diagnosed 1994 forward.

See also Computed Ethnicity Source [210].

**Rationale**
One method of identifying persons of Hispanic origin is to apply a standard computer list or algorithm to items 2230 and 2390, the patient's surname and/or maiden name. This has advantages across large populations of being reproducible and facilitating comparisons between areas using identical methods. It may sometimes be possible to identify population denominators in which the same method was used to identify Hispanics. Generally, only central registries will have this capability.

This field provides coding to indicate both that such a computerized name-based method was applied and the results of the method. Coding is independent of that in Spanish/Hispanic Origin [190]. The computer-derived ethnicity may be different from the ethnicity reported by registries in Spanish/Hispanic Origin [190] as code 7 (Spanish Surname Only), because that field may include manual review. This field shows the results of computer-derived ethnicity only.

**Codes**
0 No match was run (for 1994 and later tumors)
1 Non-Hispanic last name and non-Hispanic maiden name
2 Non-Hispanic last name, did not check maiden name or patient was male
3 Non-Hispanic last name, missing maiden name
4 Hispanic last name, non-Hispanic maiden name
5 Hispanic last name, did not check maiden name or patient was male
6 Hispanic last name, missing maiden name
7 Hispanic Maiden name (females only) (regardless of last name)
Blank 1993 and earlier tumors, no match was run

*Note:* For SEER, blanks are required for all cases diagnosed before 1994 and blanks are not allowed for any case diagnosed 1994 and after. Other registries may have computed this item for earlier years.

*Note:* NAACCR recognizes that available definitions and abstracting instructions for the data items Name--Last and Name--Maiden may be inadequate for describing names used in some cultures, including Hispanic cultures. Explicit instructions have not been provided for entering compound names, with or without hyphens or "De." Order of names, use of maternal and paternal names, and use of hyphens can vary across cultures. It is likely, too, that abstracting and coding practice for these items varies across registries. Limitations inherent in these definitions should be kept in mind in any use of the data.

**COMPUTED ETHNICITY SOURCE**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 210 | 1 | SEER | 191-191 |

**Description**
Code identifying the method used to determine ethnicity as recorded in Computed Ethnicity [200].

**Codes**
0 No match was run, for 1994 and later tumors
1 Census Bureau list of Spanish surnames, NOS
2 1980 Census Bureau list of Spanish surnames
3 1990 Census Bureau list of Spanish surnames
4 GUESS Program
5 Combination list including South Florida names
6 Combination of Census and other locally generated list
7 Combination of Census and GUESS, with or without other lists
8 Other type of match
9 Unknown type of match
Blank 1993 and earlier tumors, no match was run

*Note:* For SEER, blanks are required for all cases diagnosed before 1994 and blanks are not allowed for any case diagnosed 1994 and after. Other registries may have computed this item for earlier years.

**COUNTY AT DX**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| County (pre-96 SEER/CoC)<br>County at Diagnosis (CoC) | 90 | 3 | FIPS/SEER | 156-158 |

**Description**
Code for the county of the patient's residence at the time the tumor was diagnosed. For U.S. residents, standard codes are those of the FIPS publication "Counties and Equivalent Entities of the United States, Its Possessions, and Associated Areas." If the patient has multiple tumors, the county codes may be different for each tumor.

Detailed standards have not been set for Canadian provinces/territories. Use code 998 for Canadian residents.

*Note:* See Appendix A for standard FIPS county codes. See EDITS Table BPLACE.DBF in Appendix B for geocodes used by CoC.

*Note:* SEER does not use code 998. CoC uses country geocodes for nonresidents of the United States (see Appendix B) and 998 for residents of other states.

**Codes (in addition to FIPS and Geocodes)**
998 Known town, city, state, or country of residence but county code not known AND a resident outside of the state of reporting institution (must meet all criteria)
999 County unknown

**COUNTY--CURRENT**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 1840 | 3 | NAACCR | 2192-2194 |

**Description**
Code for county of patient's current residence. See Chapter V, Unresolved Issues, for further discussion.

*Note:* This item was used by CoC only. CoC recommended use of FIPS codes (see Appendix A). The *ROADS Manual* also provided for use of geocodes for countries of residence outside the United States and Canada to be used in the county fields.

**Rationale**
This item may be used in administrative reports to define a referral area.

**Codes (in addition to FIPS and geocodes)**
998 Known town, city, state, or country of residence but county code not known AND a resident outside of the state of reporting institution (must meet all criteria)
999 County unknown

*Note:* This data item is no longer supported by CoC (as of January 1, 2003).

**CRC CHECKSUM**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 2081 | 10 | NAACCR | 1920-1929 |

**Description**
Cyclic Redundancy Code (CRC) CHECKSUM for the NAACCR record in which it resides. A unique value is calculated for each unique record in a NAACCR file. The value is calculated by applying a CRC algorithm to all data fields of the NAACCR record (excluding the CRC CHECKSUM field). Following a transmission, the CRC CHECKSUM can be recalculated and compared with the transmitted CHECKSUM. Identical values indicate an error-free transmission; differing values indicate an error in transmission.

The algorithm recommended by NAACCR is on the NAACCR website at: http://www.naaccr.org. Users must provide recipients of the data with the algorithm used to create the data transmission file. Otherwise, the item should be left blank.

**Rationale**
The CHECKSUM can be used to determine if a record-level error occurred during transmission and can also be used to correct any such errors. Record-level CRC CHECKSUMs also allow portions of a NAACCR file to be salvaged in the event of a transmission error.

**CS EXTENSION** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 2810 | 3 | AJCC | 988-990 |

**Description**
Identifies contiguous growth (extension) of the primary tumor within the organ of origin or its direct extension into neighboring organs. For certain sites such as ovary, discontinuous metastasis is coded in *CS Extension*.

**Rationale**
Tumor extension at diagnosis is a prognostic indicator used by Collaborative Staging to derive some TNM-T codes and some SEER Summary Stage codes.

**Codes (See the most current version of the *Collaborative Stage Data Collection System* (http://cancerstaging.org),[13] for rules and site-specific codes and coding structures.)**

*Note:* For cases diagnosed prior to 2010, this was a 2 character field in CS version 1 which was converted to a 3 character field in CS version 2. Most 2 character codes were converted by adding a zero as the third character. For example, code 05 was usually converted to 050, 10 to 100, 11 to 110, etc. Special codes such as 88 and 99 were usually converted to 888 and 999, respectively.

**CS LYMPH NODES** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| CS Lymph Nodes (SEER EOD) | 2830 | 3 | AJCC | 992-994 |

**Description**
Identifies the regional lymph nodes involved with cancer at the time of diagnosis.

**Rationale**
The involvement of specific regional lymph nodes is a prognostic indicator used by Collaborative Staging to derive some TNM-N codes and SEER Summary Stage codes.

**Codes (See the most current version of the *Collaborative Stage Data Collection System* (http://cancerstaging.org),[13] for rules and site-specific codes and coding structures.)**

*Note:* For cases prior to 2010, this was a 2 character field in CS version 1 which was converted to a 3 character field in CS version 2. Most 2 character codes were converted by adding a zero as the third character. For example, code 05 was usually converted to 050, 10 to 100, 11 to 110, etc. Special codes such as 88 and 99 were usually converted to 888 and 999 respectively.

**CS LYMPH NODES EVAL** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| CS Regional Nodes Evaluation<br>CS Reg Nodes Eval | 2840 | 1 | AJCC | 995-995 |

**Description**
Records how the code for CS Lymph Nodes [2830] was determined, based on the diagnostic methods employed.

**Rationale**
This data item is used by Collaborative Staging to describe whether the staging basis for the TNM-N code is clinical or pathological and to record applicable prefix and suffix descriptors used with TNM staging.

**Codes (See the most current version of the *Collaborative Stage Data Collection System* (http://cancerstaging.org),[13] for rules and site-specific codes and coding structures.)**

**CS METS AT DX** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| CS Metastasis at Diagnosis | 2850 | 2 | AJCC | 996-997 |

**Description**
Identifies the distant site(s) of metastatic involvement at time of diagnosis.

**Rationale**
The presence of metastatic disease at diagnosis is an independent prognostic indicator, and it is used by Collaborative Staging to derive TNM-M codes and SEER Summary Stage codes.

**Codes (See the most current version of the *Collaborative Stage Data Collection System* (http://cancerstaging.org),[13] for rules and site-specific codes and coding structures.)**

**CS METS AT DX-BONE** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 2851 | 1 | AJCC | 999-999 |

**Description**
Identifies the presence of distant metastatic involvement of bone at time of diagnosis.

**Rationale**
The presence of metastatic bone disease at diagnosis is an independent prognostic indicator, and it is used by Collaborative Staging to derive TNM-M codes and SEER Summary Stage codes for some sites.

**Codes (See the most current version of the *Collaborative Stage Data Collection System* (http://cancerstaging.org),[13] for rules and site-specific codes and coding structures.)**

*Note:* This includes only the bone, not the bone marrow.

**CS METS AT DX-BRAIN** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 2852 | 1 | AJCC | 1000-1000 |

**Description**
The presence of metastatic brain disease at diagnosis is an independent prognostic indicator, and it is used by Collaborative Staging to derive TNM-M codes and SEER Summary Stage codes for some sites.

**Rationale**
The presence of metastatic brain disease at diagnosis is an independent prognostic indicator, and it is used by Collaborative Staging to derive TNM-M codes and SEER Summary Stage codes for some sites.

**Codes (See the most current version of the *Collaborative Stage Data Collection System* (http://cancerstaging.org),[13] for rules and site-specific codes and coding structures.)**

*Note:* This includes only the brain, not spinal cord or other parts of the central nervous system.

**CS METS AT DX-LIVER** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 2853 | 1 | AJCC | 1001-1001 |

**Description**
Identifies the presence of distant metastatic involvement of the liver at time of diagnosis.

**Rationale**
The presence of metastatic liver disease at diagnosis is an independent prognostic indicator, and it is used by Collaborative Staging to derive TNM-M codes and SEER Summary Stage codes for some sites.

**Codes (See the most current version of the *Collaborative Stage Data Collection System* (http://cancerstaging.org),[13] for rules and site-specific codes and coding structures.)**

*Note:* This includes only the liver.

**CS METS AT DX-LUNG** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 2854 | 1 | AJCC | 1002-1002 |

**Description**
Identifies the presence of distant metastatic involvement of the lung at time of diagnosis.

**Rationale**
The presence of metastatic lung disease at diagnosis is an independent prognostic indicator, and it is used by Collaborative Staging to derive TNM-M codes and SEER Summary Stage codes for some sites.

**Codes (See the most current version of the *Collaborative Stage Data Collection System* (http://cancerstaging.org),[13] for rules and site-specific codes and coding structures.)**

*Note:* This includes only the lung, not pleura or pleural fluid.

**CS METS EVAL** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| CS Metastasis Evaluation | 2860 | 1 | AJCC | 998-998 |

**Description**
Records how the code for CS Mets at Dx [2850] was determined based on the diagnostic methods employed.

**Rationale**
This data item is used by Collaborative Staging to describe whether the staging basis for the TNM-M code is clinical or pathological and to record applicable prefix and suffix descriptors used with TNM staging.

**Codes (See the most current version of the *Collaborative Stage Data Collection System* (http://cancerstaging.org),[13] for rules and site-specific codes and coding structures.)**

**CS POSTRX EXTENSION** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 2775 | 3 | AJCC | 1095-1097 |

**Description**
This data item belongs to the Collaborative Stage (CS) Data Collection System which is based on the *AJCC Cancer Staging Manual*, 6th and 7th editions. The post-treatment data items measure the amount of tumor remaining after neoadjuvant therapy (systemic therapy or radiation therapy prior to surgery). Effective for cases diagnosed 2012+.

**Rationale**
The post-treatment data items will be used for analysis of the effectiveness of neoadjuvant therapy.

**Codes (See the most current version of the *Collaborative Stage Data Collection System* (http://cancerstaging.org),[13] for rules and site-specific codes and coding structures.)**

**CS POSTRX LYMPH NODES** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 2780 | 3 | AJCC | 1098-1100 |

**Description**

This data item belongs to the Collaborative Stage (CS) Data Collection System which is based on the *AJCC Cancer Staging Manual*, 6th and 7th editions. The post-treatment data items measure the amount of tumor remaining after neoadjuvant therapy (systemic therapy or radiation therapy prior to surgery). Effective for cases diagnosed 2012+.

**Rationale**

The post-treatment data items will be used for analysis of the effectiveness of neoadjuvant therapy.

**Codes (See the most current version of the *Collaborative Stage Data Collection System* (http://cancerstaging.org),[13] for rules and site-specific codes and coding structures.)**

**CS POSTRX METS AT DX** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 2785 | 2 | AJCC | 1101-1102 |

**Description**

This data item belongs to the Collaborative Stage (CS) Data Collection System which is based on the *AJCC Cancer Staging Manual*, 6th and 7th editions. The post-treatment data items measure the amount of tumor remaining after neoadjuvant therapy (systemic therapy or radiation therapy prior to surgery). Effective for cases diagnosed 2012+.

**Rationale**

The post-treatment data items will be used for analysis of the effectiveness of neoadjuvant therapy.

**Codes (See the most current version of the *Collaborative Stage Data Collection System* (http://cancerstaging.org),[13] for rules and site-specific codes and coding structures.)**

**CS POSTRX TUMOR SIZE** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 2770 | 3 | AJCC | 1092-1094 |

**Description**
This data item belongs to the Collaborative Stage (CS) Data Collection System which is based on the *AJCC Cancer Staging Manual*, 6th and 7th editions. The post-treatment data items measure the amount of tumor remaining after neoadjuvant therapy (systemic therapy or radiation therapy prior to surgery). Effective for cases diagnosed 2012+.

**Rationale**
The post-treatment data items will be used for analysis of the effectiveness of neoadjuvant therapy.

**Codes (See the most current version of the *Collaborative Stage Data Collection System* (http://cancerstaging.org),[13] for rules and site-specific codes and coding structures.)**

**CS PRERX EXTENSION** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 2735 | 3 | AJCC | 1081-1083 |

**Description**
This data item belongs to the Collaborative Stage (CS) Data Collection System which is based on the *AJCC Cancer Staging Manual*, 6th and 7th editions. The CS pre-treatment data items include all information prior to the start of therapy. In rare circumstances where workup could not be completed prior to therapy, these items may be based on testing after limited treatment in the absence of progression or regression of disease, such as delayed planned or usual diagnostic workup. This does not include diagnostic workup for progression of disease or regression. Effective for cases diagnosed 2012+.

**Rationale**
The CS pre-treatment data items will record the pre-treatment (clinical) stage. This is used for analysis of appropriate treatment selection. These items are a companion to the AJCC clinical stage information required by CoC, and likely will eventually replace the required AJCC staging. Codes are exactly the same as the regular CS codes. For these data fields, the eval fields also remain the same although the valid options will be limited by edits, in order to use the same tables in CS.

The pre-treatment data items will be used for analysis of the effectiveness of neoadjuvant therapy.

**Codes (See the most current version of the *Collaborative Stage Data Collection System* (http://cancerstaging.org),[13] for rules and site-specific codes and coding structures.)**

**CS PRERX LYMPH NODES** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 2750 | 3 | AJCC | 1085-1087 |

**Description**

This data item belongs to the Collaborative Stage (CS) Data Collection System which is based on the *AJCC Cancer Staging Manual*, 6th and 7th editions. The CS pre-treatment data items include all information prior to the start of therapy. In rare circumstances where workup could not be completed prior to therapy, these items may be based on testing after limited treatment in the absence of progression or regression of disease, such as delayed planned or usual diagnostic workup. This does not include diagnostic workup for progression of disease or regression. Effective for cases diagnosed 2012+.

**Rationale**

The CS pre-treatment data items will record the pre-treatment (clinical) stage. This is used for analysis of appropriate treatment selection. These items are a companion to the AJCC clinical stage information required by CoC, and likely will eventually replace the required AJCC staging. Codes are exactly the same as the regular CS codes. For these data fields, the eval fields also remain the same although the valid options will be limited by edits, in order to use the same tables in CS.

The pre-treatment data items will be used for analysis of the effectiveness of neoadjuvant therapy.

**Codes (See the most current version of the *Collaborative Stage Data Collection System* (http://cancerstaging.org),[13] for rules and site-specific codes and coding structures.)**

**CS PRERX METS AT DX** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 2760 | 2 | AJCC | 1089-1090 |

**Description**

This data item belongs to the Collaborative Stage (CS) Data Collection System which is based on the *AJCC Cancer Staging Manual*, 6th and 7th editions. The CS pre-treatment data items include all information prior to the start of therapy. In rare circumstances where workup could not be completed prior to therapy, these items may be based on testing after limited treatment in the absence of progression or regression of disease, such as delayed planned or usual diagnostic workup. This does not include diagnostic workup for progression of disease or regression. Effective for cases diagnosed 2012+.

**Rationale**

The CS pre-treatment data items will record the pre-treatment (clinical) stage. This is used for analysis of appropriate treatment selection. These items are a companion to the AJCC clinical stage information required by CoC, and likely will eventually replace the required AJCC staging. Codes are exactly the same as the regular CS codes. For these data fields, the eval fields also remain the same although the valid options will be limited by edits, in order to use the same tables in CS.

The pre-treatment data items will be used for analysis of the effectiveness of neoadjuvant therapy.

**Codes (See the most current version of the *Collaborative Stage Data Collection System* (http://cancerstaging.org),[13] for rules and site-specific codes and coding structures.)**

**CS PRERX METS EVAL** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 2765 | 1 | AJCC | 1091-1091 |

**Description**

This data item belongs to the Collaborative Stage (CS) Data Collection System which is based on the *AJCC Cancer Staging Manual*, 6th and 7th editions. The CS pre-treatment data items include all information prior to the start of therapy. In rare circumstances where workup could not be completed prior to therapy, these items may be based on testing after limited treatment in the absence of progression or regression of disease, such as delayed planned or usual diagnostic workup. This does not include diagnostic workup for progression of disease or regression. Effective for cases diagnosed 2012+.

**Rationale**

The CS pre-treatment data items will record the pre-treatment (clinical) stage. This is used for analysis of appropriate treatment selection. These items are a companion to the AJCC clinical stage information required by CoC, and likely will eventually replace the required AJCC staging. Codes are exactly the same as the regular CS codes. For these data fields, the eval fields also remain the same although the valid options will be limited by edits, in order to use the same tables in CS.

The pre-treatment data items will be used for analysis of the effectiveness of neoadjuvant therapy.

**Codes (See the most current version of the *Collaborative Stage Data Collection System* (http://cancerstaging.org),[13] for rules and site-specific codes and coding structures.)**

**CS PRERX REG NODES EVAL** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 2755 | 1 | AJCC | 1088-1088 |

**Description**

The CS pre-treatment data items include all information prior to the start of therapy. In rare circumstances where workup could not be completed prior to therapy, these items may be based on testing after limited treatment in the absence of progression or regression of disease, such as delayed planned or usual diagnostic workup. This does not include diagnostic workup for progression of disease or regression. Effective for cases diagnosed 2012+.

**Rationale**

The CS pre-treatment data items will record the pre-treatment (clinical) stage. This is used for analysis of appropriate treatment selection. These items are a companion to the AJCC clinical stage information required by CoC, and likely will eventually replace the required AJCC staging. Codes are exactly the same as the regular CS codes. For these data fields, the eval fields also remain the same although the valid options will be limited by edits, in order to use the same tables in CS.

The pre-treatment data items will be used for analysis of the effectiveness of neoadjuvant therapy.

**Codes (See the most current version of the *Collaborative Stage Data Collection System* (http://cancerstaging.org),[13] for rules and site-specific codes and coding structures.)**

**CS PRERX TUM SZ/EXT EVAL** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 2740 | 1 | AJCC | 1084-1084 |

**Description**

This data item belongs to the Collaborative Stage (CS) Data Collection System which is based on the *AJCC Cancer Staging Manual*, 6th and 7th editions. The CS pre-treatment data items include all information prior to the start of therapy. In rare circumstances where workup could not be completed prior to therapy, these items may be based on testing after limited treatment in the absence of progression or regression of disease, such as delayed planned or usual diagnostic workup. This does not include diagnostic workup for progression of disease or regression. Effective for cases diagnosed 2012+.

**Rationale**

The CS pre-treatment data items will record the pre-treatment (clinical) stage. This is used for analysis of appropriate treatment selection. These items are a companion to the AJCC clinical stage information required by CoC, and likely will eventually replace the required AJCC staging. Codes are exactly the same as the regular CS codes. For these data fields, the eval fields also remain the same although the valid options will be limited by edits, in order to use the same tables in CS.

The pre-treatment data items will be used for analysis of the effectiveness of neoadjuvant therapy.

**Codes (See the most current version of the *Collaborative Stage Data Collection System* (http://cancerstaging.org),[13] for rules and site-specific codes and coding structures.)**

**CS PRERX TUMOR SIZE** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 2730 | 3 | AJCC | 1078-1080 |

**Description**
This data item belongs to the Collaborative Stage (CS) Data Collection System which is based on the *AJCC Cancer Staging Manual*, 6th and 7th editions. The CS pre-treatment data items include all information prior to the start of therapy. In rare circumstances where workup could not be completed prior to therapy, these items may be based on testing after limited treatment in the absence of progression or regression of disease, such as delayed planned or usual diagnostic workup. This does not include diagnostic workup for progression of disease or regression. Effective for cases diagnosed 2012+.

**Rationale**
The CS pre-treatment data items will record the pre-treatment (clinical) stage. This is used for analysis of appropriate treatment selection. These items are a companion to the AJCC clinical stage information required by CoC, and likely will eventually replace the required AJCC staging. Codes are exactly the same as the regular CS codes. For these data fields, the eval fields also remain the same although the valid options will be limited by edits, in order to use the same tables in CS.

The pre-treatment data items will be used for analysis of the effectiveness of neoadjuvant therapy.

**Codes (See the most current version of the *Collaborative Stage Data Collection System* (http://cancerstaging.org),[13] for rules and site-specific codes and coding structures.)**

**CS SITE-SPECIFIC FACTOR 1** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 2880 | 3 | AJCC | 1003-1005 |

**Description**
Identifies additional information needed to generate stage, or prognostic factors that have an effect on stage or survival.

**Rationale**
Site-specific factors are used to record additional staging information needed by Collaborative Staging to derive TNM and/or SEER Summary Stage codes for particular site-histology schema.

**Codes (The information recorded in CS Site-Specific Factor 1 differs for each anatomic site. See the most current version of the *Collaborative Stage Data Collection System* (http://cancerstaging.org),[13] for rules and site-specific codes and coding structures.)**

**CS SITE-SPECIFIC FACTOR 2** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 2890 | 3 | AJCC | 1006-1008 |

**Description**
Identifies additional information needed to generate stage, or prognostic factors that have an effect on stage or survival.

**Rationale**
Site-specific factors are used to record additional staging information needed by Collaborative Staging to derive TNM and/or SEER Summary Stage codes for particular site-histology schema.

**Codes (The information recorded in CS Site-Specific Factor 2 differs for each anatomic site. See the most current version of the *Collaborative Stage Data Collection System* (http://cancerstaging.org),[13] for rules and site-specific codes and coding structures.)**

**CS SITE-SPECIFIC FACTOR 3** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 2900 | 3 | AJCC | 1009-1011 |

**Description**
Identifies additional information needed to generate stage, or prognostic factors that have an effect on stage or survival.

**Rationale**
Site-specific factors are used to record additional staging information needed by Collaborative Staging to derive TNM and/or SEER Summary Stage codes for particular site-histology schema.

**Codes (The information recorded in CS Site-Specific Factor 3 differs for each anatomic site. See the most current version of the *Collaborative Stage Data Collection System* (http://cancerstaging.org),[13] for rules and site-specific codes and coding structures.)**

**CS SITE-SPECIFIC FACTOR 4** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 2910 | 3 | AJCC | 1012-1014 |

**Description**
Identifies additional information needed to generate stage, or prognostic factors that have an effect on stage or survival.

**Rationale**
Site-specific factors are used to record additional staging information needed by Collaborative Staging to derive TNM and/or SEER Summary Stage codes for particular site-histology schema.

**Codes (The information recorded in CS Site-Specific Factor 4 differs for each anatomic site. See the most current version of the *Collaborative Stage Data Collection System* (http://cancerstaging.org),[13] for rules and site-specific codes and coding structures.)**

**CS SITE-SPECIFIC FACTOR 5** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 2920 | 3 | AJCC | 1015-1017 |

**Description**
Identifies additional information needed to generate stage, or prognostic factors that have an effect on stage or survival.

**Rationale**
Site-specific factors are used to record additional staging information needed by Collaborative Staging to derive TNM and/or SEER Summary Stage codes for particular site-histology schema.

**Codes (The information recorded in CS Site-Specific Factor 5 differs for each anatomic site. See the most current version of the *Collaborative Stage Data Collection System* (http://cancerstaging.org),[13] for rules and site-specific codes and coding structures.)**

**CS SITE-SPECIFIC FACTOR 6** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 2930 | 3 | AJCC | 1018-1020 |

**Description**
Identifies additional information needed to generate stage, or prognostic factors that have an effect on stage or survival.

**Rationale**
Site-specific factors are used to record additional staging information needed by Collaborative Staging to derive TNM and/or SEER Summary Stage codes for particular site-histology schema.

**Codes (The information recorded in CS Site-Specific Factor 6 differs for each anatomic site. See the most current version of the *Collaborative Stage Data Collection System* (http://cancerstaging.org),[13] for rules and site-specific codes and coding structures.)**

**CS SITE-SPECIFIC FACTOR 7** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 2861 | 3 | AJCC | 1021-1023 |

**Description**
Identifies additional information needed to generate stage, or prognostic factors that have an effect on stage or survival.

**Rationale**
Site-specific factors are used to record additional staging information needed by Collaborative Staging to derive TNM and/or SEER Summary Stage codes for particular site-histology schema.

**Codes (The information recorded in CS Site-Specific Factor 7 differs for each anatomic site. See the most current version of the *Collaborative Stage Data Collection System* (http://cancerstaging.org),[13] for rules and site-specific codes and coding structures.)**

**CS SITE-SPECIFIC FACTOR 8** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 2862 | 3 | AJCC | 1024-1026 |

**Description**
Identifies additional information needed to generate stage, or prognostic factors that have an effect on stage or survival.

**Rationale**
Site-specific factors are used to record additional staging information needed by Collaborative Staging to derive TNM and/or SEER Summary Stage codes for particular site-histology schema.

**Codes (The information recorded in CS Site-Specific Factor 8 differs for each anatomic site. See the most current version of the *Collaborative Stage Data Collection System* (http://cancerstaging.org),[13] for rules and site-specific codes and coding structures.)**

**CS SITE-SPECIFIC FACTOR 9** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 2863 | 3 | AJCC | 1027-1029 |

**Description**
Identifies additional information needed to generate stage, or prognostic factors that have an effect on stage or survival.

**Rationale**
Site-specific factors are used to record additional staging information needed by Collaborative Staging to derive TNM and/or SEER Summary Stage codes for particular site-histology schema.

**Codes (The information recorded in CS Site-Specific Factor 9 differs for each anatomic site. See the most current version of the *Collaborative Stage Data Collection System* (http://cancerstaging.org),[13] for rules and site-specific codes and coding structures.)**

**CS SITE-SPECIFIC FACTOR10** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 2864 | 3 | AJCC | 1030-1032 |

**Description**
Identifies additional information needed to generate stage, or prognostic factors that have an effect on stage or survival.

**Rationale**
Site-specific factors are used to record additional staging information needed by Collaborative Staging to derive TNM and/or SEER Summary Stage codes for particular site-histology schema.

**Codes (The information recorded in CS Site-Specific Factor10 differs for each anatomic site. See the most current version of the *Collaborative Stage Data Collection System* (http://cancerstaging.org),[13] for rules and site-specific codes and coding structures.)**

**CS SITE-SPECIFIC FACTOR11** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 2865 | 3 | AJCC | 1033-1035 |

**Description**
Identifies additional information needed to generate stage, or prognostic factors that have an effect on stage or survival.

**Rationale**
Site-specific factors are used to record additional staging information needed by Collaborative Staging to derive TNM and/or SEER Summary Stage codes for particular site-histology schema.

**Codes (The information recorded in CS Site-Specific Factor11 differs for each anatomic site. See the most current version of the *Collaborative Stage Data Collection System* (http://cancerstaging.org),[13] for rules and site-specific codes and coding structures.)**

**CS SITE-SPECIFIC FACTOR12** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 2866 | 3 | AJCC | 1036-1038 |

**Description**
Identifies additional information needed to generate stage, or prognostic factors that have an effect on stage or survival.

**Rationale**
Site-specific factors are used to record additional staging information needed by Collaborative Staging to derive TNM and/or SEER Summary Stage codes for particular site-histology schema.

**Codes (The information recorded in CS Site-Specific Factor12 differs for each anatomic site. See the most current version of the *Collaborative Stage Data Collection System* (http://cancerstaging.org),[13] for rules and site-specific codes and coding structures.)**

**CS SITE-SPECIFIC FACTOR13** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 2867 | 3 | AJCC | 1039-1041 |

**Description**
Identifies additional information needed to generate stage, or prognostic factors that have an effect on stage or survival.

**Rationale**
Site-specific factors are used to record additional staging information needed by Collaborative Staging to derive TNM and/or SEER Summary Stage codes for particular site-histology schema.

**Codes (The information recorded in CS Site-Specific Factor13 differs for each anatomic site. See the most current version of the *Collaborative Stage Data Collection System* (http://cancerstaging.org),[13] for rules and site-specific codes and coding structures.)**

**CS SITE-SPECIFIC FACTOR14** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 2868 | 3 | AJCC | 1042-1044 |

**Description**
Identifies additional information needed to generate stage, or prognostic factors that have an effect on stage or survival.

**Rationale**
Site-specific factors are used to record additional staging information needed by Collaborative Staging to derive TNM and/or SEER Summary Stage codes for particular site-histology schema.

**Codes (The information recorded in CS Site-Specific Factor14 differs for each anatomic site. See the most current version of the *Collaborative Stage Data Collection System* (http://cancerstaging.org),[13] for rules and site-specific codes and coding structures.)**

**CS SITE-SPECIFIC FACTOR15** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 2869 | 3 | AJCC | 1045-1047 |

**Description**
Identifies additional information needed to generate stage, or prognostic factors that have an effect on stage or survival.

**Rationale**
Site-specific factors are used to record additional staging information needed by Collaborative Staging to derive TNM and/or SEER Summary Stage codes for particular site-histology schema.

**Codes (The information recorded in CS Site-Specific Factor15 differs for each anatomic site. See the most current version of the *Collaborative Stage Data Collection System* (http://cancerstaging.org),[13] for rules and site-specific codes and coding structures.)**

**CS SITE-SPECIFIC FACTOR16** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 2870 | 3 | AJCC | 1048-1050 |

**Description**
Identifies additional information needed to generate stage, or prognostic factors that have an effect on stage or survival.

**Rationale**
Site-specific factors are used to record additional staging information needed by Collaborative Staging to derive TNM and/or SEER Summary Stage codes for particular site-histology schema.

**Codes (The information recorded in CS Site-Specific Factor16 differs for each anatomic site. See the most current version of the *Collaborative Stage Data Collection System* (http://cancerstaging.org),[13] for rules and site-specific codes and coding structures.)**

**CS SITE-SPECIFIC FACTOR17** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 2871 | 3 | AJCC | 1051-1053 |

**Description**
Identifies additional information needed to generate stage, or prognostic factors that have an effect on stage or survival.

**Rationale**
Site-specific factors are used to record additional staging information needed by Collaborative Staging to derive TNM and/or SEER Summary Stage codes for particular site-histology schema.

**Codes (The information recorded in CS Site-Specific Factor17 differs for each anatomic site. See the most current version of the *Collaborative Stage Data Collection System* (http://cancerstaging.org),[13] for rules and site-specific codes and coding structures.)**

**CS SITE-SPECIFIC FACTOR18** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 2872 | 3 | AJCC | 1054-1056 |

**Description**
Identifies additional information needed to generate stage, or prognostic factors that have an effect on stage or survival.

**Rationale**
Site-specific factors are used to record additional staging information needed by Collaborative Staging to derive TNM and/or SEER Summary Stage codes for particular site-histology schema.

**Codes (The information recorded in CS Site-Specific Factor18 differs for each anatomic site. See the most current version of the *Collaborative Stage Data Collection System* (http://cancerstaging.org),[13] for rules and site-specific codes and coding structures.)**

**CS SITE-SPECIFIC FACTOR19** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 2873 | 3 | AJCC | 1057-1059 |

**Description**
Identifies additional information needed to generate stage, or prognostic factors that have an effect on stage or survival.

**Rationale**
Site-specific factors are used to record additional staging information needed by Collaborative Staging to derive TNM and/or SEER Summary Stage codes for particular site-histology schema.

**Codes (The information recorded in CS Site-Specific Factor19 differs for each anatomic site. See the most current version of the *Collaborative Stage Data Collection System* (http://cancerstaging.org),[13] for rules and site-specific codes and coding structures.)**

**CS SITE-SPECIFIC FACTOR20** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 2874 | 3 | AJCC | 1060-1062 |

**Description**
Identifies additional information needed to generate stage, or prognostic factors that have an effect on stage or survival.

**Rationale**
Site-specific factors are used to record additional staging information needed by Collaborative Staging to derive TNM and/or SEER Summary Stage codes for particular site-histology schema.

**Codes (The information recorded in CS Site-Specific Factor20 differs for each anatomic site. See the most current version of the *Collaborative Stage Data Collection System* (http://cancerstaging.org),[13] for rules and site-specific codes and coding structures.)**

**CS SITE-SPECIFIC FACTOR21** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 2875 | 3 | AJCC | 1063-1065 |

**Description**
Identifies additional information needed to generate stage, or prognostic factors that have an effect on stage or survival.

**Rationale**
Site-specific factors are used to record additional staging information needed by Collaborative Staging to derive TNM and/or SEER Summary Stage codes for particular site-histology schema.

**Codes (The information recorded in CS Site-Specific Factor21 differs for each anatomic site. See the most current version of the *Collaborative Stage Data Collection System* (http://cancerstaging.org),[13] for rules and site-specific codes and coding structures.)**

**CS SITE-SPECIFIC FACTOR22** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 2876 | 3 | AJCC | 1066-1068 |

**Description**
Identifies additional information needed to generate stage, or prognostic factors that have an effect on stage or survival.

**Rationale**
Site-specific factors are used to record additional staging information needed by Collaborative Staging to derive TNM and/or SEER Summary Stage codes for particular site-histology schema.

**Codes (The information recorded in CS Site-Specific Factor22 differs for each anatomic site. See the most current version of the *Collaborative Stage Data Collection System* (http://cancerstaging.org),[13] for rules and site-specific codes and coding structures.)**

**CS SITE-SPECIFIC FACTOR23** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 2877 | 3 | AJCC | 1069-1071 |

**Description**
Identifies additional information needed to generate stage, or prognostic factors that have an effect on stage or survival.

**Rationale**
Site-specific factors are used to record additional staging information needed by Collaborative Staging to derive TNM and/or SEER Summary Stage codes for particular site-histology schema.

**Codes (The information recorded in CS Site-Specific Factor23 differs for each anatomic site. See the most current version of the *Collaborative Stage Data Collection System* (http://cancerstaging.org),[13] for rules and site-specific codes and coding structures.)**

**CS SITE-SPECIFIC FACTOR24** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 2878 | 3 | AJCC | 1072-1074 |

**Description**
Identifies additional information needed to generate stage, or prognostic factors that have an effect on stage or survival.

**Rationale**
Site-specific factors are used to record additional staging information needed by Collaborative Staging to derive TNM and/or SEER Summary Stage codes for particular site-histology schema.

**Codes (The information recorded in CS Site-Specific Factor24 differs for each anatomic site. See the most current version of the *Collaborative Stage Data Collection System* (http://cancerstaging.org),[13] for rules and site-specific codes and coding structures.)**

**CS SITE-SPECIFIC FACTOR25** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 2879 | 3 | AJCC | 1075-1077 |

**Description**
Identifies additional information needed to generate stage, or prognostic factors that have an effect on stage or survival.

**Rationale**
*CS Site-Specific Factor25* is used to discriminate between CS staging schema or between AJCC chapters where site and histology alone are insufficient to identify the tumor type or location to identify the applicable staging method.

**Codes (The information recorded in CS Site-Specific Factor25 differs for each anatomic site. See the most current version of the *Collaborative Stage Data Collection System* (http://cancerstaging.org),[13] for rules and site-specific codes and coding structures.)**

**CS TUMOR SIZE** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 2800 | 3 | AJCC | 985-987 |

**Description**
Records the largest dimension or diameter of the **primary tumor** in millimeters.

**Rationale**
Tumor size at diagnosis is an independent prognostic indicator for many tumors and it is used by Collaborative Staging to derive some TNM-T codes.

**Codes (See the most current version of the *Collaborative Stage Data Collection System* (http://cancerstaging.org),[13] for rules and site-specific codes and coding structures.)**

**CS TUMOR SIZE/EXT EVAL** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| CS Tumor Size/Extension Evaluation<br>CS TS/Ext-Eval | 2820 | 1 | AJCC | 991-991 |

**Description**
Records how the codes for the two items *CS Tumor Size* [2800] and *CS Extension* [2810] were determined, based on the diagnostic methods employed.

**Rationale**
This item is used by Collaborative Staging to describe whether the staging basis for the TNM-T code is clinical or pathological and to record applicable prefix and suffix descriptors used with TNM staging.

**Codes (See the most current version of the *Collaborative Stage Data Collection System* (http://cancerstaging.org),[13] for rules and site-specific codes and coding structures.)**

**CS VERSION DERIVED** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| CS Version Latest | 2936 | 6 | AJCC | 1173-1178 |

**Description**
This data item is recorded the first time the CS output fields are derived and should be updated each time the CS Derived items are recomputed. The CS version number is returned as part of the output of the CS algorithm.

**Rationale**
The CS algorithm may be re-applied to compute the CS Derived items; for example, when the data are to be used for a special study, transmitted, or when an updated CS algorithm is produced. This item identifies the specific algorithm used to obtain the CS Derived values in the data record.

**Codes (See the most current version of the *Collaborative Stage Data Collection System* (http://cancerstaging.org),[13] for rules and site-specific codes and coding structures.)**

CS Version Derived is a 6-digit code (e.g., 010100). The first two digits represent the major version number; the second two digits represent minor version changes; and, the last two digits represent even less significant changes, such as corrections of typographical errors that do not affect coding or derivation results.

This item should not be blank if the CS Derived items contain values. It should be blank if the CS Derived items are empty or the CS algorithm has not been applied.

**CS VERSION INPUT CURRENT** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 2937 | 6 | AJCC | 1161-1166 |

**Description**
This data item belongs to the Collaborative Stage (CS) Data Collection System which is based on the AJCC Cancer Staging Manual, 6th and 7th editions. This item identifies the version after CS input fields have been updated or recoded. This data item is recorded the first time the CS input fields are entered and should be updated each time the CS input fields are modified. For cases originally coded under CSv1, upon conversion from CSv1 to CSv2, CS Version Input Current will be set to 020000, a special version number to reflect its conversion status.

**Rationale**
Over time, the input codes and instructions for CS items may change. This item identifies the correct interpretation of input CS items.

**Codes (See the most current version of the *Collaborative Stage Data Collection System* (http://cancerstaging.org),[13] for rules and site-specific codes and coding structures.)**

CS Version Input Current is a 6-digit code (e.g., 020100). The first two digits represent the major version number; the second two digits represent minor version changes; and, the last two digits represent even less significant changes, such as corrections of typographical errors that do not affect coding or derivation of results.

**CS VERSION INPUT ORIGINAL** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| CS Version 1ST | 2935 | 6 | AJCC | 1167-1172 |

**Description**
This item indicates the number of the version initially used to code Collaborative Staging (CS) fields. The CS version number is returned as part of the output of the CS algorithm.

**Rationale**
Over time, the input codes and instructions for CS items may change. This item identifies the correct interpretation of input CS items.

**Codes (See the most current version of the *Collaborative Stage Data Collection System* (http://cancerstaging.org),[13] for rules and site-specific codes and coding structures.)**

CS Version Input Original is a 6-digit code (e.g., 010100). The first two digits represent the major version number; the second two digits represent minor version changes; and, the last two digits represent even less significant changes, such as corrections of typographical errors that do not affect coding or derivation of results.

**DATE CASE COMPLETED**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 2090 | 8 | NAACCR | 1959-1966 |

**Description**
The date that: (1) the abstractor decided that the tumor report was complete and (2) the case passed all edits that were applied. Definitions may vary among registries and software providers. This field is locally used by central registries. See page 97 for date format. Standard edits check that no dates are later than the current date. These specifications will not necessarily be the same as those used for Date Case Completed--CoC [2092].

**DATE CASE COMPLETED--COC**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 2092 | 8 | CoC | 1967-1974 |

**Description**
Identifies the date that specified items are completed, based on the Class of Case, where those items pass the relevant edits. Follow-up information, including delayed treatment received elsewhere, may be coded after the Date Case Completed--CoC. See the current *FORDS* for details. This item should be autocoded by the registry software; specifications may be obtained from NCDB. The CoC specifications will not necessarily be the same as those used for Date Case Completed [2090]. See page 97 for date format.

**DATE CASE INITIATED** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 2085 | 8 | NAACCR | 1951-1958 |

**Description**
Date the electronic abstract is initiated in the reporting facility's cancer registry database. See page 97 for date format. Standard edits check that no dates are later than the current date or the date completed.

**Rationale**
This item is used to assess and monitor the timeliness of reporting. Because timeliness of abstracting (and reporting) is a concern for all standard-setting organizations, timeliness standards have been established. Examples of use are as follows:

- This item can be used with the Date of 1st Contact [580] to measure timeliness of abstracting by individual reporting facilities
- This item can be used with Date Case Report Exported [2110] to determine the "residency time" of a case report within a reporting facility's database prior to data transmission to a central cancer registry
- This item can be used with Date Case Report Received [2111] to monitor central registry timeliness in entering case reports (for case reports abstracted in-house from hardcopy provided by a reporting facility)
- This item can be used with Date Case Completed [2090] to monitor timeliness of case report completion

**DATE CASE LAST CHANGED**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 2100 | 8 | NAACCR | 1975-1982 |

**Description**
Date the case was last changed or updated. See page 97 for date format. Standard edits check that no dates are later than the current date.

**DATE CASE REPORT EXPORTED** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Date Case Transmitted (pre-98 NAACCR) | 2110 | 8 | NPCR | 1983-1990 |

**Description**
Date the reporting facility exports the electronic abstract to a file for transmission to the central registry. See page 97 for date format. Standard edits check that no dates are later than the current date.

**DATE CASE REPORT LOADED** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 2112 | 8 | NPCR | 1999-2006 |

**Description**
Date the tumor report is loaded into a central registry computerized processing file for initiation of quality control activities (e.g., visual editing, application of computerized edits, etc.). See page 97 for date format.

**DATE CASE REPORT RECEIVED** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 2111 | 8 | NPCR | 1991-1998 |

**Description**
Date the abstract (or source record) is received by the central cancer registry for the respective tumor. If multiple reports are received from two or more sources and if a single date is needed, use the date the first abstract (or source record) was received from any source. See page 97 for date format.

**Rationale**
This item is used to assess and monitor the timeliness of reporting. Timeliness of abstracting (and reporting) is a concern for all standard-setting organizations. This item can be used with the Date of 1st Contact [580] or the Path--Date of Specimen Collection [7320] to measure timeliness of reporting to central cancer registries by individual reporting facilities. This data item also can be used with the Date Tumor Record Availbl [2113] to measure timeliness of processing within the central cancer registry.

**DATE CONCLUSIVE DX FLAG** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 448 | 2 | NAACCR | 575-576 |

**Description**
This flag explains why no appropriate value is in the field Date of Conclusive DX [443]. This data item was first available in Volume II Version 12 (effective January 2010).

**Rationale**
Prior to Version 12, date fields included codes that provided information other than dates. As part of an initiative to standardize date fields, new fields were introduced to accommodate non-date information that had previously been transmitted in date fields.

**Codes (See Appendix H for the complete Flavors of Null table, which includes the NAACCR codes, HL7 codes and definitions.)**

10 No information whatsoever can be inferred from this exceptional (non-date) value. (e.g., unknown if the diagnosis was initially based on ambiguous terminology).
11 No proper value is applicable in this context. (e.g., not applicable, initial diagnosis made by unambiguous terminology (Code 0 in data item Ambiguous Terminology DX [442]).
12 A proper value is applicable but not known (e.g., the initial ambiguous diagnosis was followed by a conclusive term, but the date of the conclusive term is unknown).
15 Information is not available at this time, but it is expected that it will be available later (e.g., accessioned based on ambiguous terminology only (Code 1 in data item Ambiguous Terminology DX [442]).
Blank A valid date value is provided in item Date of Conclusive DX [443], or the date was not expected to have been transmitted.

*Comment:* This is part of the initiative of the transformation from the old NAACCR date standards to interoperable dates.

**DATE OF 1ST CONTACT** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Date of Adm/First Contact | 580 | 8 | CoC | 745-752 |

**Description**
Date of first patient contact, as inpatient or outpatient, with the reporting facility for the diagnosis and/or treatment of the tumor. The date may represent the date of an outpatient visit for a biopsy, x-ray, scan, or laboratory test. See page 97 for date format.

When pathology-specimen-only tumors are collected (Class of Case 43, Type of Reporting Source 3), the date of specimen collection from the pathology report should be used as the Date of 1st Contact. If a pathology-specimen-only case is followed by patient contact with a facility for diagnosis and/or treatment of the respective tumor, ACoS coding rules require the hospital registry to change the Date of 1st Contact to reflect the date the patient first registered at that facility. Central registries, however, should retain the earlier date in their consolidated files, as that shows the patient's first recorded contact with the healthcare system for this disease.

When death certificate only (Class of Case 49, Type of Reporting Source 7) tumors are collected, the date of death should be used as the Date of 1st Contact. When Autopsy Only (Class of Case 38, Type of Reporting Source 6) tumors are collected, the date of death should be used as the Date of 1st Contact. (These instructions apply to central registries only.)

**Rationale**
Timeliness of abstracting (and reporting) is a concern for all standard-setting organizations. Date of 1st Contact is one of several data items that can be used to measure timeliness of reporting to central cancer registries by individual facilities. For tumors that are not diagnosed at the reporting facility following its Reference Date (Class of Case 20-22, 30-37), the Date of 1st Contact [580] can be used in conjunction with the Date Case Report Received [2111] to measure timeliness of reporting by individual facilities.

*Comment*: To accurately measure the timeliness of data collection and submission of abstracts that are first diagnosed at autopsy (Class of Case 38, Type of Reporting Source 6) the date of death should be used as the Date of 1st Contact since the diagnosis was not determined until the autopsy was performed. Death Certificate Only cases (Class of Case 49, Type of Reporting Source 7) are created only by the central registry. For these cases, Date of 1st Contact should be filled with the date of death, and timeliness for DCO cases should be measured by different criteria.

**DATE OF 1ST CONTACT FLAG** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Date of First Contact Flag | 581 | 2 | NAACCR | 753-754 |

**Description**
This flag explains why no appropriate value is in the field Date of 1st Contact [580]. This data item was first available in Volume II Version 12 (effective January 2010).

**Rationale**
Before Version 12 (through 2009 diagnosis), date fields included codes that provided information other than dates. As part of an initiative to standardize date fields, new fields were introduced to accommodate non-date information that had previously been transmitted in date fields.

**Codes (See Appendix H for the complete Flavors of Null table, which includes the NAACCR codes, HL7 codes and definitions.)**
12 A proper value is applicable but not known (e.g., date of 1st contact is unknown)
Blank A valid date value is provided in item Date of 1st Contact [580], or the date was not expected to have been transmitted

*Comment:* This is part of the initiative of the transformation from the old NAACCR date standards to interoperable dates.

**DATE OF 1ST CRS RX FLAG**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 1271 | 2 | NAACCR | 1454-1455 |

**Description**
This flag explains why no appropriate value is in the field, Date of 1st Crs RX [1270]. This data item was first available in Volume II Version 12 (effective January 2010).

**Rationale**
Before Version 12 (through 2009 diagnosis), date fields included codes that provided information other than dates. As part of an initiative to standardize date fields, new fields were introduced to accommodate non-date information that had previously been transmitted in date fields.

**Codes (See Appendix H for the complete Flavors of Null table, which includes the NAACCR codes, HL7 codes and definitions.)**
10 No information whatsoever can be inferred from this exceptional value (e.g., unknown whether treatment was administered)
11 No proper value is applicable in this context (e.g., autopsy only case)
12 A proper value is applicable but not known (e.g., treatment administered but date is unknown)
Blank A valid date value is provided in item Date of 1st Crs RX [1270], or the date was not expected to have been transmitted

*Comment:* This is part of the initiative of the transformation from the old NAACCR date standards to interoperable dates.

**DATE OF 1ST CRS RX--COC**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Date of First Course Treatment (CoC)<br>Date Started (pre 96 CoC) | 1270 | 8 | CoC | 1446-1453 |

**Description**
Date of initiation of the first therapy for the cancer being reported, using the CoC definition of first course. The date of first treatment includes the date a decision was made not to treat the patient. See the most current *FORDS* for details. See Chapter V, Unresolved Issues for further discussion of the difference between SEER and CoC items. See page 97 for date format.

**Clarification of NPCR Required Status**
Central registries funded by NPCR are required to collect either Date of Initial RX--SEER [1260] or Date of 1st Crs RX--CoC [1270].

**DATE OF 1ST POSITIVE BX** **Retired**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 1080 | | | |

**Description**
The NAACCR UDSC retired this data item in Version 12, as of January 1, 2010.

**DATE OF BIRTH**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Birth Date | 240 | 8 | SEER/CoC | 196-203 |

**Description**
Date of birth of the patient. See page 97 for date format. If age at diagnosis and year of diagnosis are known, but year of birth is unknown, then year of birth should be calculated and so coded. Only the year should be entered, left-justified. Estimate date of birth when information is not available. It is better to estimate than to leave birthdate unknown.

**DATE OF BIRTH FLAG**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 241 | 2 | NAACCR | 204-205 |

**Description**
This flag explains why no appropriate value is in the field, Date of Birth [240]. This data item was first available in Volume II Version 12 (effective January 2010).

**Rationale**
Prior to Version 12 (through 2009 diagnosis), date fields included codes that provided information other than dates. As part of an initiative to standardize date fields, new fields were introduced to accommodate non-date information that had previously been transmitted in date fields.

**Codes (See Appendix H for the complete Flavors of Null table, which includes the NAACCR codes, HL7 codes and definitions. Use code 12 when date of birth is unknown.)**
12 A proper value is applicable but not known (i.e., birth date is unknown)
Blank A valid date value is provided in item Date of Birth [240], or the date was not expected to have been transmitted

*Comment:* This is part of the initiative of the transformation from the old NAACCR date standards to interoperable dates.

**DATE OF CA CONFERENCE** **Retired**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 660 | | | |

**Description**
The NAACCR UDSC retired this data item in Version 11, as of January 1, 2006.

**DATE OF CONCLUSIVE DX** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Date of Conclusive Diagnosis | 443 | 8 | SEER | 567-574 |

**Description**
Documents the date when a conclusive cancer diagnosis (definite statement of malignancy) is made following an initial diagnosis that was based only on ambiguous terminology. See page 97 for date format.

**Rationale**
This date will allow analysis of the primary site locations and frequency of cases that were originally diagnosed by ambiguous terminology and later confirmed by other conclusive method.

This date will also allow for analysis of the time interval between cancer diagnosis based on ambiguous terminology and confirmation of the cancer diagnosis by conclusive means.

**Codes (refer to http://seer.cancer.gov/tools/mphrules/index.html for additional instructions).**

**DATE OF DEATH--CANADA**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 1755 | 8 | CCCR | 2280-2287 |

**Description**
This field is used by the Canadian provinces/territories to record the patient's date of death. See page 97 for date format.

**DATE OF DEATH--CANADAFLAG**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 1756 | 2 | NAACCR | 2288-2289 |

**Description**
This flag explains why no appropriate value is in the corresponding field, Date of Death--Canada [1755]. This data item was first available in to Volume II Version 12 (effective January 2010).

**Rationale**
Before Version 12 (through 2009 diagnosis), date fields included codes that provided information other than dates. As part of an initiative to standardize date fields, new fields were introduced to accommodate non-date information that had previously been transmitted in date fields.

**Codes (See Appendix H for the complete Flavors of Null table, which includes the NAACCR codes, HL7 codes and definitions.)**

10 No information whatsoever can be inferred from this exceptional value (e.g., patient is not known to be deceased)
11 No proper value is applicable in this context (e.g., patient is alive)
12 A proper value is applicable but not known (e.g., date of death is unknown)
Blank A valid date value is provided in item Date of Death--Canada [1755], or the date was not expected to have been transmitted

*Comment:* This is part of the initiative of the transformation from the old NAACCR date standards to interoperable dates.

**DATE OF DIAGNOSIS**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Date of Initial Diagnosis (CoC) | 390 | 8 | SEER/CoC | 530-537 |

**Description**
Date of initial diagnosis by a recognized medical practitioner for the tumor being reported whether clinically or microscopically confirmed. See page 97 for date format.

For more discussion on determining date of diagnosis, consult the *SEER Program Coding and Staging Manual* or the most current CoC *FORDS* manual.

**DATE OF DIAGNOSIS FLAG**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 391 | 2 | NAACCR | 538-539 |

**Description**
This flag explains why no appropriate value is in the field, Date of Diagnosis [390]. This data item was first available in Volume II Version 12 (effective January 2010).

**Rationale**
Before Version 12 (through 2009 diagnosis), date fields included codes that provided information other than dates. As part of an initiative to standardize date fields, new fields were introduced to accommodate non-date information that had previously been transmitted in date fields.

**Codes (See Appendix H for the complete Flavors of Null table, which includes the NAACCR codes, HL7 codes and definitions.)**
12 A proper value is applicable but not known. (e.g., date of diagnosis is unknown)
Blank A valid date value is provided in item Date of Diagnosis [390], or the date was not expected to have been transmitted

*Comment:* This is part of the initiative of the transformation from the old NAACCR date standards to interoperable dates.

**DATE OF INITIAL RX FLAG**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 1261 | 2 | NAACCR | 1444-1445 |

**Description**
This flag explains why there is no appropriate value in the field, Date of Initial RX-SEER [1260]. This data item was first available in Volume II Version 12 (effective January 2010).

**Rationale**
Before Version 12 (through 2009 diagnosis), date fields included codes that provided information other than dates. As part of an initiative to standardize date fields, new fields were introduced to accommodate non-date information that had previously been transmitted in date fields.

**Codes (See Appendix H for the complete Flavors of Null table, which includes the NAACCR codes, HL7 codes and definitions.)**
10 No information whatsoever can be inferred from this exceptional value (e.g., unknown if therapy was administered)
11 No proper value is applicable in this context (e.g., therapy was not administered)
12 A proper value is applicable but not known (e.g., therapy was administered and date is unknown)
Blank A valid date value is provided in item Date of Initial RX-SEER [1260], or the date was not expected to have been transmitted

*Comment:* This is part of the initiative of the transformation from the old NAACCR date standards to interoperable dates.

**DATE OF INITIAL RX--SEER**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Date Therapy Initiated (SEER)<br>Date Started (SEER) | 1260 | 8 | SEER | 1436-1443 |

**Description**
Date of initiation of the first course therapy for the tumor being reported, using the SEER definition of first course. See also Date of 1st Crs RX--CoC [1270]. See Chapter V, Unresolved Issues, for further discussion of the difference between SEER and CoC items. See page 97 for date format.

**Clarification of NPCR Required Status**
Central registries funded by NPCR are required to collect either Date of Initial RX--SEER [1260] or Date of 1st Crs RX--CoC [1270].

**DATE OF INPATIENT ADM**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Date of Inpatient Admission (CoC) | 590 | 8 | NAACCR | 755-762 |

**Description**
Date of the inpatient admission to the reporting facility for the most definitive surgery. In the absence of surgery, use date of inpatient admission for any other therapy. In the absence of therapy, use date of inpatient admission for diagnostic evaluation. See page 97 for date format.

*Note:* This data item is no longer supported by CoC (as of January 1, 2003).

**DATE OF INPATIENT DISCH**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Date of Inpatient Discharge (CoC) | 600 | 8 | NAACCR | 765-772 |

**Description**
Date of the inpatient discharge from the reporting facility after the most definitive surgery. In the absence of surgery, use date of inpatient discharge for other therapy. In the absence of therapy, use date of inpatient discharge for diagnostic evaluation. This discharge date corresponds to the admission date described by Date of Inpatient Adm [590]. See page 97 for date format.

*Note:* This item is not the same as the old NAACCR item, Date of Discharge, which has been deleted from the NAACCR layout.

*Note:* This data item is no longer supported by CoC (as of January 1, 2003).

**DATE OF INPT ADM FLAG**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 591 | 2 | NAACCR | 763-764 |

**Description**
This flag explains why no appropriate value is in the corresponding date field, Date of Inpatient Adm [590]. This data item was first available in Volume II Version 12 (effective January 2010).

**Rationale**
Before Version 12 (through 2009 diagnosis), date fields included codes that provided information other than dates. As part of an initiative to standardize date fields, new fields were introduced to accommodate non-date information that had previously been transmitted in date fields.

**Codes (See Appendix H for the complete Flavors of Null table, which includes the NAACCR codes, HL7 codes and definitions.)**

10 No information whatsoever can be inferred from this exceptional value (e.g., unknown if patient was an inpatient).

11 No proper value is applicable in this context (e.g., patient was never an inpatient at the reporting facility).

12 A proper value is applicable but not known. This event occurred, but the date is unknown (e.g., the patient was an inpatient but the date is unknown).

Blank A valid date value is provided in item Date of Inpatient Adm [590], or the date was not expected to have been transmitted.

*Comment:* This is part of the initiative of the transformation from the old NAACCR date standards to interoperable dates.

**DATE OF INPT DISCH FLAG**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 601 | 2 | NAACCR | 773-774 |

**Description**
This flag explains why no appropriate value is in the field, Date of Inpatient Disch [600]. This data item was first available in Volume II Version 12 (effective January 2010).

**Rationale**
Before Version 12 (through 2009 diagnosis), date fields included codes that provided information other than dates. As part of an initiative to standardize date fields, new fields were introduced to accommodate non-date information that had previously been transmitted in date fields.

**Codes (See Appendix H for the complete Flavors of Null table, which includes the NAACCR codes, HL7 codes and definitions.)**

10 No information whatsoever can be inferred from this exceptional value (e.g., unknown if patient was an inpatient).
11 No proper value is applicable in this context (e.g., patient was never an inpatient at the reporting facility).
12 A proper value is applicable but not known. This event occurred, but the date is unknown (e.g., the patient was an inpatient but the date is unknown).
Blank A valid date value is provided in item Date of Inpatient Disch [600], or the date was not expected to have been transmitted.

*Comment:* This is part of the initiative of the transformation from the old NAACCR date standards to interoperable dates.

**DATE OF LAST CONTACT** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Date of Last Contact or Death (CoC)<br>Date of Last Follow-Up or of Death (SEER) | 1750 | 8 | SEER/CoC | 2116-2123 |

**Description**
Date of last contact with the patient, or date of death. If the patient has multiple tumors, Date of Last Contact should be the same for all tumors. See page 97 for date format.

**Rationale**
Used for recording Date of Last Contact from active or passive follow-up. Used to record date of death and to calculate survival.

**DATE OF LAST CONTACT FLAG**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 1751 | 2 | NAACCR | 2124-2125 |

**Description**
This flag explains why no appropriate value is in the field, Date of Last Contact [1750]. This data item was first available in Volume II Version 12 (effective January 2010).

**Rationale**
Before Version 12 (through 2009 diagnosis), date fields included codes that provided information other than dates. As part of an initiative to standardize date fields, new fields were introduced to accommodate non-date information that had previously been transmitted in date fields.

**Codes (See Appendix H for the complete Flavors of Null table, which includes the NAACCR codes, HL7 codes and definitions.)**

12 A proper value is applicable but not known. This event occurred, but the date is unknown (e.g., date of last contact is unknown).

Blank A valid date value is provided in item Date of Last Contact [1750], or the date was not expected to have been transmitted.

*Comment:* This is part of the initiative of the transformation from the old NAACCR date standards to interoperable dates.

**DATE OF MULT TUMORS FLAG**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 439 | 2 | NAACCR | 587-588 |

**Description**
This flag explains why no appropriate value is in the field, Date of Multiple Tumors [445]. This data item was first available in Volume II Version 12 (effective January 2010).

**Rationale**
Before Version 12 (through 2009 diagnosis), date fields included codes that provided information other than dates. As part of an initiative to standardize date fields, new fields were introduced to accommodate non-date information that had previously been transmitted in date fields.

**Codes (See Appendix H for the complete Flavors of Null table, which includes the NAACCR codes, HL7 codes and definitions.)**

11 No proper value is applicable in this context (e.g., information on multiple tumors not collected/not applicable for this site).

12 A proper value is applicable but not known. This event occurred, but the date is unknown (e.g., patient was diagnosed with multiple tumors and the date is unknown.

15 Information is not available at this time, but it is expected that it will be available later (e.g., single tumor).

Blank A valid date value is provided in item Date Multiple Tumors [445], or the date was not expected to have been transmitted.

*Comment:* This is part of the initiative of the transformation from the old NAACCR date standards to interoperable dates.

**DATE OF MULTIPLE TUMORS** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 445 | 8 | SEER | 579-586 |

**Description**
This data item is used to identify the month, day and year the patient is diagnosed with multiple tumors reported as a single primary using the SEER, IARC, or Canadian Cancer Registry multiple primary rules. See page 97 for date format.

**Rationale**
Patients with multiple tumors may have a worse prognosis or more extensive treatment than patients with a single tumor. This data item will make it possible to identify important information about these cases for data analysis. The Date of Multiple Tumors will allow separation of cases with multiple tumors present at the time of initial diagnosis from cases with subsequent tumors abstracted as the same primary. The date will allow tracking of the time interval between the date of original diagnosis and the first date of subsequent tumor(s) for specific primary sites and tumor histologies.

**Codes (refer to http://seer.cancer.gov/tools/mphrules/index.html for additional instructions).**

**DATE TUMOR RECORD AVAILBL** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 2113 | 8 | NPCR | 2007-2014 |

**Description**
Date the demographic and tumor identification information on a primary/reportable neoplasm, compiled from one or more source records, from one or more facilities, is available in the central cancer registry database to be counted as an incident tumor. Cancer identification information includes, at a minimum, site, histology, laterality, behavior, and date of diagnosis. See page 97 for date format.

**Rationale**
This item is used to assess and monitor the timeliness of reporting. Timeliness of abstracting (and reporting) is a concern for all standard-setting organizations. This data item can be used with the Date Case Report Received [2111] to measure timeliness of processing within the central cancer registry. This item also can be used with the Date of 1st Contact [580] or the Path--Date of Specimen Collection [7320] to measure overall timeliness.

**DC STATE** **Retired**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 2370 | | | |

**Description**
The NAACCR UDSC retired this data item in Version 6, effective January 1, 1998. See Place of Death [1940].

**DC STATE FILE NUMBER**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 2380 | 6 | State | 3878-3883 |

**Description**
Death certificate identification number as assigned by the vital statistics office in the place recorded in Place of Death [1940].

**DERIVED AJCC-6 M** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Derived 6 M Storage Code<br>Derived AJCC M | 2980 | 2 | AJCC | 1109-1110 |

**Description**
This data item belongs to the Collaborative Stage (CS) Data Collection System which is based on the *AJCC Cancer Staging Manual*, 6th and 7th editions. AJCC T, N, M plus descriptors and AJCC staging components are composed of combinations of characters, numbers, and/or special characters and can be of varying lengths. To more easily handle these components a numeric code was assigned to each unique category for each T, N, M plus descriptors and AJCC stage for 6th and 7th editions. This field contains the numeric representation for AJCC 6th edition "M" and is derived from CS coded fields using the CS algorithm. This numeric representation is referred to as the "storage" code and its associated label is referred to as the "display" code. Explanations of the "storage" codes and their corresponding "display" codes can be found in the most current version of the *Collaborative Stage Data Collection System* (http://cancerstaging.org/cstage/manuals.html).[13] The display code should be used for display on the screen and in reports.

**Rationale**
The Collaborative Stage Data Collection System was designed by a joint task force including representatives from SEER, ACoS, CDC, NAACCR, NCRA, CCCR, CPAC, and AJCC, to provide a single uniform set of codes and rules for coding extent of disease (EOD) and stage information to meet the needs of all of the participating standard setters. When CS data items are coded, a computer algorithm provides the derivation of T, N, M, and stage-based on AJCC Cancer Staging Manual 6th & 7th Editions, SEER Summary Stage 1977, and SEER Summary Stage 2000. There are separate derived CS fields in the NAACCR record based on AJCC 6th Edition for 2004+ cases and AJCC 7th Edition for 2010+ cases.

**Codes (See the most current version of the *Collaborative Stage Data Collection System* (http://cancerstaging.org/cstage/manuals.html),[13] for rules and site-specific codes and coding structures.)**

**DERIVED AJCC-6 M DESCRIPT** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Derived 6 M Descriptor Storage Code<br>Derived AJCC M Descriptor | 2990 | 1 | AJCC | 1111-1111 |

**Description**

This data item belongs to the Collaborative Stage (CS) Data Collection System which is based on the *AJCC Cancer Staging Manual*, 6th and 7th editions. AJCC T, N, M plus descriptors and AJCC staging components are composed of combinations of characters, numbers, and/or special characters and can be of varying lengths. To more easily handle these components a numeric code was assigned to each unique category for each T, N, M plus descriptors and AJCC stage for 6th and 7th editions. This field contains the numeric representation for AJCC 6th edition "M Descriptor" and is derived from CS coded fields using the CS algorithm. This numeric representation is referred to as the "storage" code and its associated label is referred to as the "display" code. Explanations of the "storage" codes and their corresponding "display" codes can be found in the most current version of the *Collaborative Stage Data Collection System* (http://cancerstaging.org/cstage/manuals.html).[13] The display code should be used for display on the screen and in reports.

**Rationale**

The Collaborative Stage Data Collection System was designed by a joint task force including representatives from SEER, ACoS, CDC, NAACCR, NCRA, CCCR, CPAC, and AJCC, to provide a single uniform set of codes and rules for coding extent of disease (EOD) and stage information to meet the needs of all of the participating standard setters. When CS data items are coded, a computer algorithm provides the derivation of T, N, M, and stage-based on AJCC Cancer Staging Manual 6th & 7th Editions, SEER Summary Stage 1977, and SEER Summary Stage 2000. There are separate derived CS fields in the NAACCR record based on AJCC 6th Edition for 2004+ cases and AJCC 7th Edition for 2010+ cases.

**Codes (See the most current version of the *Collaborative Stage Data Collection System* (http://cancerstaging.org/cstage/manuals.html),[13] for rules and site-specific codes and coding structures.)**

**DERIVED AJCC-6 N** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Derived 6 N Storage Code<br>Derived AJCC N | 2960 | 2 | AJCC | 1106-1107 |

**Description**

This data item belongs to the Collaborative Stage (CS) Data Collection System which is based on the *AJCC Cancer Staging Manual*, 6th and 7th editions. AJCC T, N, M plus descriptors and AJCC staging components are composed of combinations of characters, numbers, and/or special characters and can be of varying lengths. To more easily handle these components a numeric code was assigned to each unique category for each T, N, M plus descriptors and AJCC stage for 6th and 7th editions. This field contains the numeric representation for AJCC 6th edition "N" and is derived from CS coded fields using the CS algorithm. This numeric representation is referred to as the "storage" code and its associated label is referred to as the "display" code. Explanations of the "storage" codes and their corresponding "display" codes can be found in the most current version of the *Collaborative Stage Data Collection System* (http://cancerstaging.org/cstage/manuals.html).[13] The display code should be used for display on the screen and in reports.

**Rationale**

The Collaborative Stage Data Collection System was designed by a joint task force including representatives from SEER, ACoS, CDC, NAACCR, NCRA, CCCR, CPAC, and AJCC, to provide a single uniform set of codes and rules for coding extent of disease (EOD) and stage information to meet the needs of all of the participating standard setters. When CS data items are coded, a computer algorithm provides the derivation of T, N, M, and stage-based on AJCC Cancer Staging Manual 6th & 7th Editions, SEER Summary Stage 1977, and SEER Summary Stage 2000. There are separate derived CS fields in the NAACCR record based on AJCC 6th Edition for 2004+ cases and AJCC 7th Edition for 2010+ cases.

**Codes (See the most current version of the *Collaborative Stage Data Collection System* (http://cancerstaging.org/cstage/manuals.html),[13] for rules and site-specific codes and coding structures.)**

**DERIVED AJCC-6 N DESCRIPT** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Derived 6 N Descriptor Storage Code<br>Derived AJCC N Descriptor | 2970 | 1 | AJCC | 1108-1108 |

**Description**

This data item belongs to the Collaborative Stage (CS) Data Collection System which is based on the *AJCC Cancer Staging Manual*, 6th and 7th editions. AJCC T, N, M plus descriptors and AJCC staging components are composed of combinations of characters, numbers, and/or special characters and can be of varying lengths. To more easily handle these components a numeric code was assigned to each unique category for each T, N, M plus descriptors and AJCC stage for 6th and 7th editions. This field contains the numeric representation for AJCC 6th edition "N Descriptor" and is derived from CS coded fields using the CS algorithm. This numeric representation is referred to as the "storage" code and its associated label is referred to as the "display" code. Explanations of the "storage" codes and their corresponding "display" codes can be found in the most current version of the *Collaborative Stage Data Collection System* (http://cancerstaging.org/cstage/manuals.html).[13] The display code should be used for display on the screen and in reports.

**Rationale**

The Collaborative Stage Data Collection System was designed by a joint task force including representatives from SEER, ACoS, CDC, NAACCR, NCRA, CCCR, CPAC, and AJCC, to provide a single uniform set of codes and rules for coding extent of disease (EOD) and stage information to meet the needs of all of the participating standard setters. When CS data items are coded, a computer algorithm provides the derivation of T, N, M, and stage-based on AJCC Cancer Staging Manual 6th & 7th Editions, SEER Summary Stage 1977, and SEER Summary Stage 2000. There are separate derived CS fields in the NAACCR record based on AJCC 6th Edition for 2004+ cases and AJCC 7th Edition for 2010+ cases.

**Codes (See the most current version of the *Collaborative Stage Data Collection System* (http://cancerstaging.org/cstage/manuals.html),[13] for rules and site-specific codes and coding structures.)**

**DERIVED AJCC-6 STAGE GRP** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Derived 6 Stage Group Storage Group<br>Derived AJCC Stage Group | 3000 | 2 | AJCC | 1112-1113 |

**Description**

This data item belongs to the Collaborative Stage (CS) Data Collection System which is based on the *AJCC Cancer Staging Manual*, 6th and 7th editions. AJCC T, N, M plus descriptors and AJCC staging components are composed of combinations of characters, numbers, and/or special characters and can be of varying lengths. To more easily handle these components a numeric code was assigned to each unique category for each T, N, M plus descriptors and AJCC stage for 6th and 7th editions. This field contains the numeric representation for the AJCC 6th edition "Stage Group" and is derived from CS coded fields using the CS algorithm. This numeric representation is referred to as the "storage" code and its associated label is referred to as the "display" code. Explanations of the "storage" codes and their corresponding "display" codes can be found in the most current version of the *Collaborative Stage Data Collection System* (http://cancerstaging.org/cstage/manuals.html).[13] The display code should be used for display on the screen and in reports.

**Rationale**

The Collaborative Stage Data Collection System was designed by a joint task force including representatives from SEER, ACoS, CDC, NAACCR, NCRA, CCCR, CPAC, and AJCC, to provide a single uniform set of codes and rules for coding extent of disease (EOD) and stage information to meet the needs of all of the participating standard setters. When CS data items are coded, a computer algorithm provides the derivation of T, N, M, and stage-based on AJCC Cancer Staging Manual 6th & 7th Editions, SEER Summary Stage 1977, and SEER Summary Stage 2000. There are separate derived CS fields in the NAACCR record based on AJCC 6th Edition for 2004+ cases and AJCC 7th Edition for 2010+ cases.

**Codes (See the most current version of the *Collaborative Stage Data Collection System* (http://cancerstaging.org/cstage/manuals.html),[13] for rules and site-specific codes and coding structures.)**

**DERIVED AJCC-6 T** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Derived 6 T Storage Code<br>Derived AJCC T | 2940 | 2 | AJCC | 1103-1104 |

**Description**

This data item belongs to the Collaborative Stage (CS) Data Collection System which is based on the *AJCC Cancer Staging Manual*, 6th and 7th editions. AJCC T, N, M plus descriptors and AJCC staging components are composed of combinations of characters, numbers, and/or special characters and can be of varying lengths. To more easily handle these components a numeric code was assigned to each unique category for each T, N, M plus descriptors and AJCC stage for 6th and 7th editions. This field contains the numeric representation for the AJCC 6th edition "T" and is derived from CS coded fields using the CS algorithm. This numeric representation is referred to as the "storage" code and its associated label is referred to as the "display" code. Explanations of the "storage" codes and their corresponding "display" codes can be found in the most current version of the *Collaborative Stage Data Collection System* (http://cancerstaging.org/cstage/manuals.html).[13] The display code should be used for display on the screen and in reports.

**Rationale**

The Collaborative Stage Data Collection System was designed by a joint task force including representatives from SEER, ACoS, CDC, NAACCR, NCRA, CCCR, CPAC, and AJCC, to provide a single uniform set of codes and rules for coding extent of disease (EOD) and stage information to meet the needs of all of the participating standard setters. When CS data items are coded, a computer algorithm provides the derivation of T, N, M, and stage-based on AJCC Cancer Staging Manual 6th & 7th Editions, SEER Summary Stage 1977, and SEER Summary Stage 2000. There are separate derived CS fields in the NAACCR record based on AJCC 6th Edition for 2004+ cases and AJCC 7th Edition for 2010+ cases.

**Codes (See the most current version of the *Collaborative Stage Data Collection System* (http://cancerstaging.org/cstage/manuals.html),[13] for rules and site-specific codes and coding structures.)**

**DERIVED AJCC-6 T DESCRIPT**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Derived 6 T Descriptor Storage Code<br>Derived AJCC T Descriptor | 2950 | 1 | AJCC | 1105-1105 |

**Description**

This data item belongs to the Collaborative Stage (CS) Data Collection System which is based on the *AJCC Cancer Staging Manual*, 6th and 7th editions. AJCC T, N, M plus descriptors and AJCC staging components are composed of combinations of characters, numbers, and/or special characters and can be of varying lengths. To more easily handle these components a numeric code was assigned to each unique category for each T, N, M plus descriptors and AJCC stage for 6th and 7th editions. This field contains the numeric representation for the AJCC 6th edition "T Descriptor" and is derived from CS coded fields using the CS algorithm. This numeric representation is referred to as the "storage" code and its associated label is referred to as the "display" code. Explanations of the "storage" codes and their corresponding "display" codes can be found in the most current version of the *Collaborative Stage Data Collection System* (http://cancerstaging.org/cstage/manuals.html).[13] The display code should be used for display on the screen and in reports.

**Rationale**

The Collaborative Stage Data Collection System was designed by a joint task force including representatives from SEER, ACoS, CDC, NAACCR, NCRA, CCCR, CPAC, and AJCC, to provide a single uniform set of codes and rules for coding extent of disease (EOD) and stage information to meet the needs of all of the participating standard setters. When CS data items are coded, a computer algorithm provides the derivation of T, N, M, and stage-based on AJCC Cancer Staging Manual 6th & 7th Editions, SEER Summary Stage 1977, and SEER Summary Stage 2000. There are separate derived CS fields in the NAACCR record based on AJCC 6th Edition for 2004+ cases and AJCC 7th Edition for 2010+ cases.

**Codes (See the most current version of the *Collaborative Stage Data Collection System* (http://cancerstaging.org/cstage/manuals.html),[13] for rules and site-specific codes and coding structures.)**

**DERIVED AJCC-7 M** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Derived 7 M Storage Code | 3420 | 3 | AJCC | 1122-1124 |

**Description**
This item is the derived AJCC "T" staging element from coded fields using the CS algorithm. Effective for cases diagnosed 2010+.

**Rationale**
*Derived AJCC-7 T* can be used to evaluate disease spread at diagnosis, plan and track treatment patterns, and analyze outcomes.

**Codes (See the most current version of the *Collaborative Stage Data Collection System* (http://cancerstaging.org/cstage/manuals.html),[13] for rules and site-specific codes and coding structures.)**

**DERIVED AJCC-7 M DESCRIPT** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Derived 7 M Descript Storage Code | 3422 | 1 | AJCC | 1125-1125 |

**Description**
This item is the derived AJCC "M Descriptor" from coded fields using the CS algorithm. Effective for cases diagnosed 2010+.

**Rationale**
*Derived AJCC-7 M Descript* can be used in analysis to differentiate the timing of staging with respect to the treatment process.

**Codes (See the most current version of the *Collaborative Stage Data Collection System* (http://cancerstaging.org/cstage/manuals.html),[13] for rules and site-specific codes and coding structures.)**

**DERIVED AJCC-7 N** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Derived 7 N Storage Code | 3410 | 3 | AJCC | 1118-1120 |

**Description**
This item is the derived AJCC "N" staging element from coded fields using the CS algorithm. Effective for cases diagnosed 2010+.

**Rationale**
The CS *Derived AJCC-7 N* can be used to evaluate disease spread at diagnosis, plan and track treatment patterns, and analyze outcomes.

**Codes (See the most current version of the *Collaborative Stage Data Collection System* (http://cancerstaging.org/cstage/manuals.html),[13] for rules and site-specific codes and coding structures.)**

**DERIVED AJCC-7 N DESCRIPT** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Derived 7 N Descript Storage Code | 3412 | 1 | AJCC | 1121-1121 |

**Description**
This item is the derived AJCC "N Descriptor" from coded fields using the CS algorithm. Effective for cases diagnosed 2010+.

**Rationale**
*Derived AJCC-7 N Descript* can be used in analysis to differentiate the timing of staging with respect to the treatment process.

**Codes (See the most current version of the *Collaborative Stage Data Collection System* (http://cancerstaging.org/cstage/manuals.html),[13] for rules and site-specific codes and coding structures.)**

**DERIVED AJCC-7 STAGE GRP** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Derived 7 Stage Grp Storage Code | 3430 | 3 | AJCC | 1126-1128 |

**Description**
This item is the derived AJCC "Stage Group" from coded fields using the CS algorithm. Effective for cases diagnosed 2010+.

**Rationale**
The CS *Derived AJCC-7 Stage Group* can be used to evaluate disease spread at diagnosis, plan and track treatment patterns, and analyze outcomes.

**Codes (See the most current version of the *Collaborative Stage Data Collection System* (http://cancerstaging.org/cstage/manuals.html),[13] for rules and site-specific codes and coding structures.)**

**DERIVED AJCC-7 T** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Derived 7 T Storage Code | 3400 | 3 | AJCC | 1114-1116 |

**Description**
This item is the derived AJCC "T" staging element from coded fields using the CS algorithm. Effective for cases diagnosed 2010+.

**Rationale**
*Derived AJCC-7 T* can be used to evaluate disease spread at diagnosis, plan and track treatment patterns, and analyze outcomes.

**Codes (See the most current version of the *Collaborative Stage Data Collection System* (http://cancerstaging.org/cstage/manuals.html),[13] for rules and site-specific codes and coding structures.)**

**DERIVED AJCC-7 T DESCRIPT** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Derived 7 T Descript Storage Code | 3402 | 1 | AJCC | 1117-1117 |

**Description**
This item is the derived AJCC "T Descriptor" from coded fields using the CS algorithm. Effective for cases diagnosed 2010+.

**Rationale**
*Derived AJCC-7 T Descript* can be used in analysis to differentiate the timing of staging with respect to the treatment process.

**Codes (See the most current version of the *Collaborative Stage Data Collection System* (http://cancerstaging.org/cstage/manuals.html),[13] for rules and site-specific codes and coding structures.)**

**DERIVED AJCC--FLAG**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| AJCC Conversion Flag | 3030 | 1 | AJCC | 1158-1158 |

**Description**
Flag to indicate whether the derived AJCC stage was derived from CS or EOD codes.

**Codes**
1 AJCC fields derived from Collaborative Stage
2 AJCC fields derived from EOD (prior to 2004)
Blank Not derived

**DERIVED NEOADJUV RX FLAG** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 3600 | 1 | AJCC | 1157-1157 |

**Description**

This data item belongs to the Collaborative Stage (CS) Data Collection System which is based on the *AJCC Cancer Staging Manual*, 6th and 7th editions. This field indicates whether the patient received neoadjuvant therapy (systemic therapy or radiation therapy prior to first course surgical treatment) as part of first course of treatment.

**Rationale**

The Collaborative Stage Data Collection System was designed by a joint task force including representatives from SEER, ACoS, CDC, NAACCR, NCRA, CCCR, CPAC, and AJCC, to provide a single uniform set of codes and rules for coding extent of disease (EOD) and stage information to meet the needs of all of the participating standard setters. When CS data items are coded, a computer algorithm provides the derivation of T, N, M, and stage-based on AJCC Cancer Staging Manual 6th & 7th Editions, SEER Summary Stage 1977, and SEER Summary Stage 2000. There are separate derived CS fields in the NAACCR record based on AJCC 6th Edition for 2004+ cases and AJCC 7th Edition for 2010+ cases.

**Codes (See the most current version of the *Collaborative Stage Data Collection System* (http://cancerstaging.org/cstage/manuals.html),[13] for rules and site-specific codes and coding structures.)**

0 Neoadjuvant therapy was not administered as part of the first course of therapy
1 Neoadjuvant therapy was administered as part of the first course of therapy
9 Unknown

This data item will record whether neoadjuvant therapy was administered. This will be a derived field based on RX SUMM--SYSTEMIC/SUR SEQ [1639] & RX SUMM--SURG/RAD SEQ [1380].

Comments:

1. This data field is used to record that neoadjuvant therapy was administered as part of the first course of treatment
2. This item is derived based on whether systemic therapy and/or radiation therapy was administered prior to surgical treatment
3. If the initial surgical therapy is not performed following the systemic therapy or radiation therapy, then this will be derived as 0, i.e., it is not considered neoadjuvant therapy

**DERIVED POSTRX-7 M** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Derived PostRX 7 M Storage Code | 3490 | 2 | AJCC | 1150-1151 |

**Description**

This data item belongs to the Collaborative Stage (CS) Data Collection System which is based on the *AJCC Cancer Staging Manual*, 6th and 7th editions. AJCC T, N, M plus descriptors and AJCC staging components are composed of combinations of characters, numbers, and/or special characters and can be of varying lengths. To more easily handle these components a numeric code was assigned to each unique category for each T, N, M plus descriptors and AJCC stage for 6th and 7th editions. This field contains the numeric representation for the post-treatment AJCC 7th edition "M" and is derived from CS coded fields using the CS algorithm. This numeric representation is referred to as the "storage" code and its associated label is referred to as the "display" code. Explanations of the "storage" codes and their corresponding "display" codes can be found in the most current version of the *Collaborative Stage Data Collection System* (http://cancerstaging.org/cstage/manuals.html).[13] The display code should be used for display on the screen and in reports. Effective for cases diagnosed 2012+.

**Rationale**

The Collaborative Stage Data Collection System was designed by a joint task force including representatives from SEER, ACoS, CDC, NAACCR, NCRA, CCCR, CPAC, and AJCC, to provide a single uniform set of codes and rules for coding extent of disease (EOD) and stage information to meet the needs of all of the participating standard setters. When CS data items are coded, a computer algorithm provides the derivation of T, N, M, and stage-based on AJCC Cancer Staging Manual 6th & 7th Editions, SEER Summary Stage 1977, and SEER Summary Stage 2000. There are separate derived CS fields in the NAACCR record based on AJCC 6th Edition for 2004+ cases and AJCC 7th Edition for 2010+ cases.

**Codes (See the most current version of the *Collaborative Stage Data Collection System* (http://cancerstaging.org/cstage/manuals.html),[13] for rules and site-specific codes and coding structures.)**

**DERIVED POSTRX-7 N** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Derived PostRX 7 N Storage Code | 3482 | 3 | AJCC | 1147-1149 |

**Description**

This data item belongs to the Collaborative Stage (CS) Data Collection System which is based on the *AJCC Cancer Staging Manual*, 6th and 7th editions. AJCC T, N, M plus descriptors and AJCC staging components are composed of combinations of characters, numbers, and/or special characters and can be of varying lengths. To more easily handle these components a numeric code was assigned to each unique category for each T, N, M plus descriptors and AJCC stage for 6th and 7th editions. This field contains the numeric representation for the post-treatment AJCC 7th edition "N" and is derived from CS coded fields using the CS algorithm. This numeric representation is referred to as the "storage" code and its associated label is referred to as the "display" code. Explanations of the "storage" codes and their corresponding "display" codes can be found in the most current version of the *Collaborative Stage Data Collection System* (http://cancerstaging.org/cstage/manuals.html).[13] The display code should be used for display on the screen and in reports. Effective for cases diagnosed 2012+.

**Rationale**

The Collaborative Stage Data Collection System was designed by a joint task force including representatives from SEER, ACoS, CDC, NAACCR, NCRA, CCCR, CPAC, and AJCC, to provide a single uniform set of codes and rules for coding extent of disease (EOD) and stage information to meet the needs of all of the participating standard setters. When CS data items are coded, a computer algorithm provides the derivation of T, N, M, and stage-based on AJCC Cancer Staging Manual 6th & 7th Editions, SEER Summary Stage 1977, and SEER Summary Stage 2000. There are separate derived CS fields in the NAACCR record based on AJCC 6th Edition for 2004+ cases and AJCC 7th Edition for 2010+ cases.

**Codes (See the most current version of the *Collaborative Stage Data Collection System* (http://cancerstaging.org/cstage/manuals.html),[13] for rules and site-specific codes and coding structures.)**

**DERIVED POSTRX-7 STGE GRP** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Derived PostRX 7 Stge Grp Storage Code | 3492 | 3 | AJCC | 1152-1154 |

**Description**

This data item belongs to the Collaborative Stage (CS) Data Collection System which is based on the *AJCC Cancer Staging Manual*, 6th and 7th editions. AJCC T, N, M plus descriptors and AJCC staging components are composed of combinations of characters, numbers, and/or special characters and can be of varying lengths. To more easily handle these components a numeric code was assigned to each unique category for each T, N, M plus descriptors and AJCC stage for 6th and 7th editions. This field contains the numeric representation for the post-treatment AJCC 7th edition "Stage Group" and is derived from CS coded fields using the CS algorithm. This numeric representation is referred to as the "storage" code and its associated label is referred to as the "display" code. Explanations of the "storage" codes and their corresponding "display" codes can be found in the most current version of the *Collaborative Stage Data Collection System* (http://cancerstaging.org/cstage/manuals.html).[13] The display code should be used for display on the screen and in reports. Effective for cases diagnosed 2012+.

**Rationale**

The Collaborative Stage Data Collection System was designed by a joint task force including representatives from SEER, ACoS, CDC, NAACCR, NCRA, CCCR, CPAC, and AJCC, to provide a single uniform set of codes and rules for coding extent of disease (EOD) and stage information to meet the needs of all of the participating standard setters. When CS data items are coded, a computer algorithm provides the derivation of T, N, M, and stage-based on AJCC Cancer Staging Manual 6th & 7th Editions, SEER Summary Stage 1977, and SEER Summary Stage 2000. There are separate derived CS fields in the NAACCR record based on AJCC 6th Edition for 2004+ cases and AJCC 7th Edition for 2010+ cases.

**Codes (See the most current version of the *Collaborative Stage Data Collection System* (http://cancerstaging.org/cstage/manuals.html),[13] for rules and site-specific codes and coding structures.)**

**DERIVED POSTRX-7 T** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Derived PostRX 7 T Storage Code | 3480 | 3 | AJCC | 1144-1146 |

**Description**

This data item belongs to the Collaborative Stage (CS) Data Collection System which is based on the *AJCC Cancer Staging Manual*, 6th and 7th editions. AJCC T, N, M plus descriptors and AJCC staging components are composed of combinations of characters, numbers, and/or special characters and can be of varying lengths. To more easily handle these components a numeric code was assigned to each unique category for each T, N, M plus the post-treatment AJCC 7th edition "T" and is derived from CS coded fields using the CS algorithm. This numeric representation is referred to as the "storage" code and its associated label is referred to as the "display" code. Explanations of the "storage" codes and their corresponding "display" codes can be found in the most current version of the *Collaborative Stage Data Collection System* (http://cancerstaging.org/cstage/manuals.html).[13] The display code should be used for display on the screen and in reports. Effective for cases diagnosed 2012+.

**Rationale**

The Collaborative Stage Data Collection System was designed by a joint task force including representatives from SEER, ACoS, CDC, NAACCR, NCRA, CCCR, CPAC, and AJCC, to provide a single uniform set of codes and rules for coding extent of disease (EOD) and stage information to meet the needs of all of the participating standard setters. When CS data items are coded, a computer algorithm provides the derivation of T, N, M, and stage-based on AJCC Cancer Staging Manual 6th & 7th Editions, SEER Summary Stage 1977, and SEER Summary Stage 2000. There are separate derived CS fields in the NAACCR record based on AJCC 6th Edition for 2004+ cases and AJCC 7th Edition for 2010+ cases.

**Codes (See the most current version of the *Collaborative Stage Data Collection System* (http://cancerstaging.org/cstage/manuals.html),[13] for rules and site-specific codes and coding structures.)**

**DERIVED PRERX-7 M** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Derived PreRX 7 M Storage Code | 3460 | 3 | AJCC | 1137-1139 |

**Description**

This data item belongs to the Collaborative Stage (CS) Data Collection System which is based on the *AJCC Cancer Staging Manual*, 6th and 7th editions. AJCC T, N, M plus descriptors and AJCC staging components are composed of combinations of characters, numbers, and/or special characters and can be of varying lengths. To more easily handle these components a numeric code was assigned to each unique category for each T, N, M plus descriptors and AJCC stage for 6th and 7th editions. This field contains the numeric representation for the pre-treatment AJCC 7th edition "M" and is derived from CS coded fields using the CS algorithm. This numeric representation is referred to as the "storage" code and its associated label is referred to as the "display" code. Explanations of the "storage" codes and their corresponding "display" codes can be found in the most current version of the *Collaborative Stage Data Collection System* (http://cancerstaging.org/cstage/manuals.html).[13] The display code should be used for display on the screen and in reports. Effective for cases diagnosed 2012+.

**Rationale**

The Collaborative Stage Data Collection System was designed by a joint task force including representatives from SEER, ACoS, CDC, NAACCR, NCRA, CCCR, CPAC, and AJCC, to provide a single uniform set of codes and rules for coding extent of disease (EOD) and stage information to meet the needs of all of the participating standard setters. When CS data items are coded, a computer algorithm provides the derivation of T, N, M, and stage-based on AJCC Cancer Staging Manual 6th & 7th Editions, SEER Summary Stage 1977, and SEER Summary Stage 2000. There are separate derived CS fields in the NAACCR record based on AJCC 6th Edition for 2004+ cases and AJCC 7th Edition for 2010+ cases.

**Codes (See the most current version of the *Collaborative Stage Data Collection System* (http://cancerstaging.org/cstage/manuals.html),[13] for rules and site-specific codes and coding structures.)**

**DERIVED PRERX-7 M DESCRIP** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Derived PreRX 7 M Descrip Storage Code | 3462 | 1 | AJCC | 1140-1140 |

**Description**

This data item belongs to the Collaborative Stage (CS) Data Collection System which is based on the *AJCC Cancer Staging Manual*, 6th and 7th editions. AJCC T, N, M plus descriptors and AJCC staging components are composed of combinations of characters, numbers, and/or special characters and can be of varying lengths. To more easily handle these components a numeric code was assigned to each unique category for each T, N, M plus descriptors and AJCC stage for 6th and 7th editions. This field contains the numeric representation for pre-treatment AJCC 7th edition "M Descriptor" and is derived from CS coded fields using the CS algorithm. This numeric representation is referred to as the "storage" code and its associated label is referred to as the "display" code. Explanations of the "storage" codes and their corresponding "display" codes can be found in the most current version of the *Collaborative Stage Data Collection System* (http://cancerstaging.org/cstage/manuals.html).[13] The display code should be used for display on the screen and in reports. Effective for cases diagnosed 2012+.

**Rationale**

The Collaborative Stage Data Collection System was designed by a joint task force including representatives from SEER, ACoS, CDC, NAACCR, NCRA, CCCR, CPAC, and AJCC, to provide a single uniform set of codes and rules for coding extent of disease (EOD) and stage information to meet the needs of all of the participating standard setters. When CS data items are coded, a computer algorithm provides the derivation of T, N, M, and stage-based on AJCC Cancer Staging Manual 6th & 7th Editions, SEER Summary Stage 1977, and SEER Summary Stage 2000. There are separate derived CS fields in the NAACCR record based on AJCC 6th Edition for 2004+ cases and AJCC 7th Edition for 2010+ cases.

**Codes (See the most current version of the *Collaborative Stage Data Collection System* (http://cancerstaging.org/cstage/manuals.html),[13] for rules and site-specific codes and coding structures.)**

**DERIVED PRERX-7 N** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Derived PreRX 7 N Storage Code | 3450 | 3 | AJCC | 1133-1135 |

**Description**

This data item belongs to the Collaborative Stage (CS) Data Collection System which is based on the *AJCC Cancer Staging Manual*, 6th and 7th editions. AJCC T, N, M plus descriptors and AJCC staging components are composed of combinations of characters, numbers, and/or special characters and can be of varying lengths. To more easily handle these components a numeric code was assigned to each unique category for each T, N, M plus descriptors and AJCC stage for 6th and 7th editions. This field contains the numeric representation for the pre-treatment AJCC 7th edition "N" and is derived from CS coded fields using the CS algorithm. This numeric representation is referred to as the "storage" code and its associated label is referred to as the "display" code. Explanations of the "storage" codes and their corresponding "display" codes can be found in the most current version of the *Collaborative Stage Data Collection System* (http://cancerstaging.org/cstage/manuals.html).[13] The display code should be used for display on the screen and in reports. Effective for cases diagnosed 2012+.

**Rationale**

The Collaborative Stage Data Collection System was designed by a joint task force including representatives from SEER, ACoS, CDC, NAACCR, NCRA, CCCR, CPAC, and AJCC, to provide a single uniform set of codes and rules for coding extent of disease (EOD) and stage information to meet the needs of all of the participating standard setters. When CS data items are coded, a computer algorithm provides the derivation of T, N, M, and stage-based on AJCC Cancer Staging Manual 6th & 7th Editions, SEER Summary Stage 1977, and SEER Summary Stage 2000. There are separate derived CS fields in the NAACCR record based on AJCC 6th Edition for 2004+ cases and AJCC 7th Edition for 2010+ cases.

**Codes (See the most current version of the *Collaborative Stage Data Collection System* (http://cancerstaging.org/cstage/manuals.html),[13] for rules and site-specific codes and coding structures.)**

**DERIVED PRERX-7 N DESCRIP** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Derived PreRX 7 N Descrip Storage Code | 3452 | 1 | AJCC | 1136-1136 |

**Description**

This data item belongs to the Collaborative Stage (CS) Data Collection System which is based on the *AJCC Cancer Staging Manual*, 6th and 7th editions. AJCC T, N, M plus descriptors and AJCC staging components are composed of combinations of characters, numbers, and/or special characters and can be of varying lengths. To more easily handle these components a numeric code was assigned to each unique category for each T, N, M plus descriptors and AJCC stage for 6th and 7th editions. This field contains the numeric representation for the pre-treatment AJCC 7th edition "N Descriptor" and is derived from CS coded fields using the CS algorithm. This numeric representation is referred to as the "storage" code and its associated label is referred to as the "display" code. Explanations of the "storage" codes and their corresponding "display" codes can be found in the most current version of the *Collaborative Stage Data Collection System* (http://cancerstaging.org/cstage/manuals.html).[13] The display code should be used for display on the screen and in reports. Effective for cases diagnosed 2012+.

**Rationale**

The Collaborative Stage Data Collection System was designed by a joint task force including representatives from SEER, ACoS, CDC, NAACCR, NCRA, CCCR, CPAC, and AJCC, to provide a single uniform set of codes and rules for coding extent of disease (EOD) and stage information to meet the needs of all of the participating standard setters. When CS data items are coded, a computer algorithm provides the derivation of T, N, M, and stage-based on AJCC Cancer Staging Manual 6th & 7th Editions, SEER Summary Stage 1977, and SEER Summary Stage 2000. There are separate derived CS fields in the NAACCR record based on AJCC 6th Edition for 2004+ cases and AJCC 7th Edition for 2010+ cases.

**Codes (See the most current version of the *Collaborative Stage Data Collection System* (http://cancerstaging.org/cstage/manuals.html),[13] for rules and site-specific codes and coding structures.)**

**DERIVED PRERX-7 STAGE GRP** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Derived PreRX 7 Stge Grp Storage Code | 3470 | 3 | AJCC | 1141-1143 |

**Description**

This data item belongs to the Collaborative Stage (CS) Data Collection System which is based on the *AJCC Cancer Staging Manual*, 6th and 7th editions. AJCC T, N, M plus descriptors and AJCC staging components are composed of combinations of characters, numbers, and/or special characters and can be of varying lengths. To more easily handle these components a numeric code was assigned to each unique category for each T, N, M plus descriptors and AJCC stage for 6th and 7th editions. This field contains the numeric representation for the pre-treatment AJCC 7th edition "Stage Group" and is derived from CS coded fields using the CS algorithm. This numeric representation is referred to as the "storage" code and its associated label is referred to as the "display" code. Explanations of the "storage" codes and their corresponding "display" codes can be found in the most current version of the *Collaborative Stage Data Collection System* (http://cancerstaging.org/cstage/manuals.html).[13] The display code should be used for display on the screen and in reports. Effective for cases diagnosed 2012+.

**Rationale**

The Collaborative Stage Data Collection System was designed by a joint task force including representatives from SEER, ACoS, CDC, NAACCR, NCRA, CCCR, CPAC, and AJCC, to provide a single uniform set of codes and rules for coding extent of disease (EOD) and stage information to meet the needs of all of the participating standard setters. When CS data items are coded, a computer algorithm provides the derivation of T, N, M, and stage-based on AJCC Cancer Staging Manual 6th & 7th Editions, SEER Summary Stage 1977, and SEER Summary Stage 2000. There are separate derived CS fields in the NAACCR record based on AJCC 6th Edition for 2004+ cases and AJCC 7th Edition for 2010+ cases.

**Codes (See the most current version of the *Collaborative Stage Data Collection System* (http://cancerstaging.org/cstage/manuals.html),[13] for rules and site-specific codes and coding structures.)**

**DERIVED PRERX-7 T** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Derived PreRX 7 T Storage Code | 3440 | 3 | AJCC | 1129-1131 |

**Description**

This data item belongs to the Collaborative Stage (CS) Data Collection System which is based on the *AJCC Cancer Staging Manual*, 6th and 7th editions. AJCC T, N, M plus descriptors and AJCC staging components are composed of combinations of characters, numbers, and/or special characters and can be of varying lengths. To more easily handle these components a numeric code was assigned to each unique category for each T, N, M plus descriptors and AJCC stage for 6th and 7th editions. This field contains the numeric representation for the pre-treatment AJCC 7th edition "T" and is derived from CS coded fields using the CS algorithm. This numeric representation is referred to as the "storage" code and its associated label is referred to as the "display" code. Explanations of the "storage" codes and their corresponding "display" codes can be found in the most current version of the *Collaborative Stage Data Collection System* (http://cancerstaging.org/cstage/manuals.html).[13] The display code should be used for display on the screen and in reports. Effective for cases diagnosed 2012+.

**Rationale**

The Collaborative Stage Data Collection System was designed by a joint task force including representatives from SEER, ACoS, CDC, NAACCR, NCRA, CCCR, CPAC, and AJCC, to provide a single uniform set of codes and rules for coding extent of disease (EOD) and stage information to meet the needs of all of the participating standard setters. When CS data items are coded, a computer algorithm provides the derivation of T, N, M, and stage-based on AJCC Cancer Staging Manual 6th & 7th Editions, SEER Summary Stage 1977, and SEER Summary Stage 2000. There are separate derived CS fields in the NAACCR record based on AJCC 6th Edition for 2004+ cases and AJCC 7th Edition for 2010+ cases.

**Codes (See the most current version of the *Collaborative Stage Data Collection System* (http://cancerstaging.org/cstage/manuals.html),[13] for rules and site-specific codes and coding structures.)**

**DERIVED PRERX-7 T DESCRIP** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Derived PreRX 7 T Descrip Storage Code | 3442 | 1 | AJCC | 1132-1132 |

**Description**

This data item belongs to the Collaborative Stage (CS) Data Collection System which is based on the *AJCC Cancer Staging Manual*, 6th and 7th editions. AJCC T, N, M plus descriptors and AJCC staging components are composed of combinations of characters, numbers, and/or special characters and can be of varying lengths. To more easily handle these components a numeric code was assigned to each unique category for each T, N, M plus descriptors and AJCC stage for 6th and 7th editions. This field contains the numeric representation for the pre-treatment AJCC 7th edition "T Descriptor" and is derived from CS coded fields using the CS algorithm. This numeric representation is referred to as the "storage" code and its associated label is referred to as the "display" code. Explanations of the "storage" codes and their corresponding "display" codes can be found in the most current version of the *Collaborative Stage Data Collection System* (http://cancerstaging.org/cstage/manuals.html).[13] The display code should be used for display on the screen and in reports. Effective for cases diagnosed 2012+.

**Rationale**

The Collaborative Stage Data Collection System was designed by a joint task force including representatives from SEER, ACoS, CDC, NAACCR, NCRA, CCCR, CPAC, and AJCC, to provide a single uniform set of codes and rules for coding extent of disease (EOD) and stage information to meet the needs of all of the participating standard setters. When CS data items are coded, a computer algorithm provides the derivation of T, N, M, and stage-based on AJCC Cancer Staging Manual 6th & 7th Editions, SEER Summary Stage 1977, and SEER Summary Stage 2000. There are separate derived CS fields in the NAACCR record based on AJCC 6th Edition for 2004+ cases and AJCC 7th Edition for 2010+ cases.

**Codes (See the most current version of the *Collaborative Stage Data Collection System* (http://cancerstaging.org/cstage/manuals.html),[13] for rules and site-specific codes and coding structures.)**

**DERIVED SS1977**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Derived SEER Summary Stage 1977 | 3010 | 1 | AJCC | 1155-1155 |

**Description**
This item is the derived "SEER Summary Stage 1977" from the CS algorithm (or EOD codes) effective with 2004 diagnosis.

**Rationale**
The Collaborative Stage Data Collection System was designed by a joint task force including representatives from SEER, ACoS, CDC, NAACCR, NCRA, CCCR, CPAC, and AJCC, to provide a single uniform set of codes and rules for coding extent of disease (EOD) and stage information to meet the needs of all of the participating standard setters. When CS data items are coded, a computer algorithm provides the derivation of T, N, M, and stage-based on AJCC Cancer Staging Manual 6th & 7th Editions, SEER Summary Stage 1977, and SEER Summary Stage 2000. There are separate derived CS fields in the NAACCR record based on AJCC 6th Edition for 2004+ cases and AJCC 7th Edition for 2010+ cases.

**Codes (See the most current version of the *Collaborative Stage Data Collection System* (http://cancerstaging.org/cstage/manuals.html),[13] for rules and site-specific codes and coding structures.)**

**DERIVED SS1977--FLAG**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| SS1977 Conversion Flag | 3040 | 1 | AJCC | 1159-1159 |

**Description**
Flag to indicate whether the derived SEER Summary Stage 1977 was derived from CS or EOD codes.

**Rationale**
The Collaborative Stage Data Collection System was designed by a joint task force including representatives from SEER, ACoS, CDC, NAACCR, NCRA, CCCR, CPAC, and AJCC, to provide a single uniform set of codes and rules for coding extent of disease (EOD) and stage information to meet the needs of all of the participating standard setters. When CS data items are coded, a computer algorithm provides the derivation of T, N, M, and stage-based on AJCC Cancer Staging Manual 6th & 7th Editions, SEER Summary Stage 1977, and SEER Summary Stage 2000. There are separate derived CS fields in the NAACCR record based on AJCC 6th Edition for 2004+ cases and AJCC 7th Edition for 2010+ cases.

**Codes (See the most current version of the *Collaborative Stage Data Collection System* (http://cancerstaging.org/cstage/manuals.html),[13] for rules and site-specific codes and coding structures.)**

1 SS1977 derived from Collaborative Stage
2 SS1977 derived from EOD (prior to 2004)
Blank Not derived

**DERIVED SS2000**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Derived SEER Summary Stage 2000 | 3020 | 1 | AJCC | 1156-1156 |

**Description**
This item is the derived "SEER Summary Stage 2000" from the CS algorithm (or EOD codes) effective with 2004 diagnosis.

**Rationale**
The Collaborative Stage Data Collection System was designed by a joint task force including representatives from SEER, ACoS, CDC, NAACCR, NCRA, CCCR, CPAC, and AJCC, to provide a single uniform set of codes and rules for coding extent of disease (EOD) and stage information to meet the needs of all of the participating standard setters. When CS data items are coded, a computer algorithm provides the derivation of T, N, M, and stage-based on AJCC Cancer Staging Manual 6th & 7th Editions, SEER Summary Stage 1977, and SEER Summary Stage 2000. There are separate derived CS fields in the NAACCR record based on AJCC 6th Edition for 2004+ cases and AJCC 7th Edition for 2010+ cases.

**Codes (See the most current version of the *Collaborative Stage Data Collection System* (http://cancerstaging.org/cstage/manuals.html),[13] for rules and site-specific codes and coding structures.)**

**DERIVED SS2000--FLAG**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| SS2000 Conversion Flag | 3050 | 1 | AJCC | 1160-1160 |

**Description**
Flag to indicate whether the derived SEER Summary Stage 2000 was derived from CS or EOD codes.

**Rationale**
The Collaborative Stage Data Collection System was designed by a joint task force including representatives from SEER, ACoS, CDC, NAACCR, NCRA, CCCR, CPAC, and AJCC, to provide a single uniform set of codes and rules for coding extent of disease (EOD) and stage information to meet the needs of all of the participating standard setters. When CS data items are coded, a computer algorithm provides the derivation of T, N, M, and stage-based on AJCC Cancer Staging Manual 6th & 7th Editions, SEER Summary Stage 1977, and SEER Summary Stage 2000. There are separate derived CS fields in the NAACCR record based on AJCC 6th Edition for 2004+ cases and AJCC 7th Edition for 2010+ cases.

**Codes (See the most current version of the *Collaborative Stage Data Collection System* (http://cancerstaging.org/cstage/manuals.html),[13] for rules and site-specific codes and coding structures.)**

1 SS2000 derived from Collaborative Stage
2 SS2000 derived from EOD (prior to 2004)
Blank Not derived

**DIAGNOSTIC CONFIRMATION** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 490 | 1 | SEER/CoC | 562-562 |

**Description**
Code for the best method of diagnostic confirmation of the cancer being reported at any time in the patient's history.

**Rationale**
Diagnostic confirmation is useful to calculate rates based on microscopically confirmed cancers. Full incidence calculations must also include tumors that are only confirmed clinically. The percentage of tumors that are not microscopically confirmed is an indication of whether case finding is including sources outside of pathology reports.

**Codes**
1 Positive histology
2 Positive cytology
3 Positive histology PLUS –
positive immunophenotyping AND/OR positive genetic studies
(Used only for hematopoietic and lymphoid neoplasms M-9590/3-9992/3)
4 Positive microscopic confirmation, method not specified
5 Positive laboratory test/marker study
6 Direct visualization without microscopic confirmation
7 Radiography and/or other imaging techniques without microscopic confirmation
8 Clinical diagnosis only (other than 5, 6, or 7)
9 Unknown whether or not microscopically confirmed; death certificate only

*Note:* Code 3 (used only for hematopoietic and lymphoid neoplasms M-9590/3-9992/3) was adopted for use effective with 2010 diagnoses.

**DIAGNOSTIC PROC 73-87**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Diagnostic Procedures (1973-87 SEER) | 2200 | 2 | SEER | 1949-1950 |

**Description**
Data item required by SEER for tumors of certain sites for the years 1973-87. This item is no longer collected. See Appendix D of the *SEER Program Code Manual* for details.

**EOD--EXTENSION** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Extension (pre-96 SEER/CoC)<br>Extension (SEER EOD) (96 CoC) | 790 | 2 | SEER | 909-910 |

**Description**
Part of the 10-digit EOD [779]. Detailed site-specific codes for anatomic EOD used by SEER for tumors diagnosed from January 1, 1988, through December 31, 2003.

Codes were revised effective January 1, 1998, to reflect changes in the *AJCC Cancer Staging Manual*, Fifth Edition.

**Rationale**
Site-specific EOD codes provide extensive detail describing disease extent. The EOD codes can be grouped into different stage categories for analysis (e.g., historical summary stage categories consistent with those used in published SEER data since 1973, or more recently, AJCC stage groupings). The codes are updated as needed, but updates are usually backward compatible with old categories. See *Comparative Staging Guide for Cancer*[6].

**Codes (See *SEER Extent of Disease, 1988: Codes and Coding Instructions*, Third Edition[8] for site-specific codes and coding rules for all EOD fields.)**

**EOD--EXTENSION PROST PATH** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 800 | 2 | SEER | 911-912 |

**Description**
Part of the 10-digit EOD [779]. Detailed site-specific codes for anatomic EOD used by SEER for tumors diagnosed from January 1, 1988, through December 31, 2003.

Codes were revised effective January 1, 1998, to reflect changes in the *AJCC Cancer Staging Manual*, Fifth Edition.

**Rationale**
Site-specific EOD codes provide extensive detail describing disease extent. The EOD codes can be grouped into different stage categories for analysis (e.g., historical summary stage categories consistent with those used in published SEER data since 1973, or more recently, AJCC stage groupings). The codes are updated as needed, but updates are usually backward compatible with old categories. See *Comparative Staging Guide for Cancer*.

EOD--Extension Prost Path is an additional field for prostate cancer only to reflect information from radical prostatectomy, effective for January 1, 1995, through December 31, 2003, diagnoses. The field is left blank for all other primaries.

**Codes (See *SEER Extent of Disease, 1988: Codes and Coding Instructions*, Third Edition[8] for site-specific codes and coding rules for all EOD fields.)**

**EOD--LYMPH NODE INVOLV** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Lymph Nodes (pre 96-SEER/CoC)<br>Lymph Nodes (SEER EOD) (96 CoC) | 810 | 1 | SEER | 913-913 |

**Description**
Part of the 10-digit EOD [779]. Detailed site-specific codes for anatomic EOD used by SEER for tumors diagnosed from January 1, 1988, through December 31, 2003.

Codes were revised effective January 1, 1998, to reflect changes in the *AJCC Cancer Staging Manual*, Fifth Edition.

**Rationale**
Site-specific EOD codes provide extensive detail describing disease extent. The EOD codes can be grouped into different stage categories for analysis (e.g., historical summary stage categories consistent with those used in published SEER data since 1973, or more recently, AJCC stage groupings). The codes are updated as needed, but updates are usually backward compatible with old categories. See *Comparative Staging Guide for Cancer*.

**Codes (See *SEER Extent of Disease, 1988: Codes and Coding Instructions*, Third Edition[8] for site-specific codes and coding rules for all EOD fields.)**

**EOD--OLD 13 DIGIT**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| 13-Digit (Expanded) Site-Specific Extent of Disease (SEER)<br>SEER EEOD (SEER) | 840 | 13 | SEER | 918-930 |

**Description**
Detailed site-specific codes for EOD used by SEER for selected sites of cancer for tumors diagnosed 1973-1982, except death-certificate-only cases.

**Codes (See *Extent of Disease: Codes and Coding Instructions (SEER 1977)* [10] for codes.)**

**EOD--OLD 2 DIGIT**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| 2-Digit Nonspecific and 2-Digit Site-Specific Extent of Disease (1973-1982 SEER) | 850 | 2 | SEER | 931-932 |

**Description**
Site-specific codes for EOD used by SEER for tumors diagnosed from January 1, 1973, to December 31, 1982, for cancer sites that did not have a 13-digit scheme see EOD--Old 13 Digit [840].

**Codes (See *Extent of Disease: Codes and Coding Instructions (SEER 1977)*[10] for codes.)**

**EOD--OLD 4 DIGIT**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| 4-Digit Extent of Disease (1983-1987 SEER) | 860 | 4 | SEER | 933-936 |

**Description**
Codes for site-specific EOD used by SEER for tumors diagnosed from January 1, 1983, to December 31, 1987, for all cancer sites.

**Codes (See *SEER Extent of Disease: New 4-Digit Schemes: Codes and Coding Instructions*[9] for codes.)**

**EOD--TUMOR SIZE** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Size of Primary Tumor (SEER)<br>Size of Tumor (CoC) | 780 | 3 | SEER/CoC | 906-908 |

**Description**
Part of the 10-digit EOD [779]. Detailed site-specific codes for anatomic EOD used by SEER for tumors diagnosed from January 1, 1988, through December 31, 2003.

This field was included in the CoC dataset, separate from EOD.

Codes were revised effective January 1, 1998, to reflect changes in the *AJCC Cancer Staging Manual*, Fifth Edition.

**Rationale**
Site-specific EOD codes provide extensive detail describing disease extent. The EOD codes can be grouped into different stage categories for analysis (e.g., historical summary stage categories consistent with those used in published SEER data since 1973, or more recently, AJCC stage groupings). The codes are updated as needed, but updates are usually backward compatible with old categories. See *Comparative Staging Guide for Cancer*.

**Codes**
See *SEER Extent of Disease, 1988: Codes and Coding Instructions*, Third Edition, for site-specific codes and coding rules for all EOD fields. The CoC codes for Tumor Size are in the *FORDS* manual.

*Note:* See Chapter V, Unresolved Issues, for a discussion of coding differences between CoC and SEER.

**EXTENT OF DISEASE 10-DIG** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 779 | 12 | | 906-917 |

**Description**
The name for a group of subfields that contain detailed site-specific codes for the anatomic EOD. SEER uses the subfields for tumors diagnosed from January 1, 1988, through December 31, 2003.

Group names appear only in the data dictionary and in Appendix E.

**Subfields**
EOD--Tumor Size [780]
EOD--Extension [790]
EOD--Extension Prost Path [800]
EOD--Lymph Node Involv [810]
Regional Nodes Positive [820]
Regional Nodes Examined [830]

**FAMILY HISTORY OF CANCER** **Retired**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 360 | | | |

**Description**
The NAACCR UDSC retired this data item in Version 12, as of January 1, 2010.

**FIN CODING SYSTEM**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 35 | 1 | NAACCR | 3-3 |

**Description**
The FIN Coding System is a generated code that identifies the coding system used by individual facilities (hospital, clinics, or other providers).

This field identifies the coding system used by facilities in the following seven fields of the NAACCR layout:

Registry ID [40] (when Registry Type [30] = 3)
Reporting Facility [540]
Institution Referred From [2410]
Institution Referred To [2420]
Last Follow-Up Hospital [2430] (this data item was retired in Version 11)
Following Registry [2440]
Archive FIN [3100]

Within a single NAACCR record, all of these fields listed above must be coded using the same FIN coding system.

**Codes**
1 CoC 7-digit codes (assigned by CoC until the end of 2000)
2 CoC FIN 10-digit codes (assigned 2001+)
9 Unknown

*Note:* Code 3, NPI 8-digit code, has been deleted. Code 4, 15-digit codes, has been deleted.

This item is no longer supported by CoC (as of January 1, 2003).

**FIRST COURSE CALC METHOD** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 1500 | 1 | NAACCR | 1595-1595 |

**Description**
Code indicating the source of the standard for defining the first course of therapy.

**Codes**
1 CoC definitions
2 SEER definitions
9 Other, unknown

**FOLLOWING REGISTRY** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 2440 | 10 | CoC | 4295-4304 |

**Description**
Records the FIN of the registry responsible for following the patient.

**Rationale**
Each FIN is unique. The number is essential to NCDB for monitoring data submissions, ensuring the accuracy of data, and identifying areas for special studies.

**Instructions for Coding**
CoC maintains the codes, including those for non-hospital sources of reporting.

For facilities with 7-digit FINs, consisting of a constant "6" followed by 6-digit facility-specific codes in the range of 6020009-6953290 that were assigned by CoC before January 1, 2001: Enter all FIN codes of this type as 3 zeroes, followed by the constant "6" and the 6-digit facility-specific codes.

For facilities with FINs greater than or equal to 10000000 that were assigned by CoC after January 1, 2001: Enter FIN codes of this type as 2 zeroes followed by the full 8-digit code. These sometimes are called CoC FIN 10 digit codes.

**Codes (in addition to CoC assigned codes)**
0000000000 Case not reported by a facility
0099999999 Case reported, but facility number is unknown

**FOLLOW-UP CONTACT--CITY** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 1842 | 50 | SEER | 2208-2257 |

**Description**
Name of the city of the follow-up contact's current usual residence. If the patient has multiple tumors, the follow-up contact city of residence should be the same for all tumors.

**Rationale**
Sometimes registries carry out follow-up by contacting the patient and other contacts by a letter or phone call to ascertain their vital status. When a patient's current address is unknown or the patient is for some reason not to be contacted (e.g., patient is a minor child), the most current name, address and phone number of another contact, such as a relative or neighbor are needed. This information may also be useful for conducting research studies.

**FOLLOW-UP CONTACT--NAME** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 2394 | 60 | SEER | 3884-3943 |

**Description**
First and last name, in natural order, of a person, other than the patient or a physician, who can be contacted to obtain follow-up information for the patient. If the patient has multiple tumors, Follow-up Contact-Name should be the same for all tumors.

**Rationale**
Sometimes registries carry out follow-up by contacting the patient and other contacts by a letter or phone call to ascertain their vital status. When a patient's current address is unknown or the patient is for some reason not to be contacted (e.g., patient is a minor child), the most current name, address and phone number of another contact, such as a relative or neighbor are needed. This information may also be useful for conducting research studies.

**FOLLOW-UP CONTACT--NO&ST** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 2392 | 60 | SEER | 3944-4003 |

**Description**
The number and street address or the rural mailing address of the follow-up contact's current usual residence. This can be used to generate a follow-up inquiry, and must correspond to the other fields in the follow-up contact address. If the patient has multiple tumors, Follow-Up Contact--No&St should be the same for all tumors.

U.S. addresses should conform to the USPS *Postal Addressing Standards*. These standards are referenced in USPS Pub. 28, November 2000, *Postal Addressing Standards*. The current USPS Pub. 28 may be found and downloaded from the following website: http://pe.usps.gov/cpim/ftp/pubs/Pub28/pub28.pdf.

Canadian addresses should conform to the *Canada Postal Guide*. The current Canadian Postal Address standards may be found at the following website: http://www.canadapost.ca/tools/pg/manual/default-e.asp.

**Rationale**
Sometimes registries carry out follow-up by contacting the patient and other contacts by a letter or phone call to ascertain their vital status. When a patient's current address is unknown or the patient is for some reason not to be contacted (e.g., patient is a minor child), the most current name, address and phone number of another contact, such as a relative or neighbor are needed. This information may also be useful for conducting research studies.

*Note:* Prior to Version 5, Follow-Up Contact fields may have been used for patient current address in the NAACCR record layout.

**FOLLOW-UP CONTACT--POSTAL** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 1846 | 9 | SEER | 2260-2268 |

**Description**
Postal code for the address of the follow-up contact's current usual residence. If the patient has multiple tumors, the Follow-up Contact-Postal should be the same for all tumors. For U.S. residents, use either the 5-digit or the extended 9-digit ZIP code. Blanks follow the 5-digit code. For Canadian residents, use the 6-character, alphanumeric postal code. Blanks follow the 6-character code. When available, enter postal code for other countries.

**Rationale**
Sometimes registries carry out follow-up by contacting the patient and other contacts by a letter or phone call to ascertain their vital status. When a patient's current address is unknown or the patient is for some reason not to be contacted (e.g., patient is a minor child), the most current name, address and phone number of another contact, such as a relative or neighbor are needed. This information may also be useful for conducting research studies.

**Codes (in addition to U.S., Canadian, and foreign postal codes)**

888888888 Resident of country other than the United States (including its possessions, etc.) or Canada, and postal code unknown

999999999 Resident of the United States (including its possessions, etc.) or Canada, and postal code unknown

**FOLLOW-UP CONTACT--STATE** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 1844 | 2 | SEER | 2258-2259 |

**Description**
USPS abbreviation for the state (including U.S. territories, commonwealths, or possessions), or Canada Post abbreviation for the Canadian province/territory of the follow-up contact's current usual residence. If the patient has multiple tumors, the follow-up contact state should be the same for all tumors.

**Rationale**
Sometimes registries carry out follow-up by contacting the patient and other contacts by a letter or phone call to ascertain their vital status. When a patient's current address is unknown or the patient is for some reason not to be contacted (e.g., patient is a minor child), the most current name, address and phone number of another contact, such as a relative or neighbor are needed. This information may also be useful for conducting research studies.

**Codes (in addition to USPS and Canadian Postal Service abbreviations)**

CD Resident of Canada, NOS (province/territory unknown)

US Resident of United States, NOS (state/commonwealth/territory/possession unknown)

XX Resident of country other than the United States (including its territories, commonwealths, or possessions) or Canada, and country is known

YY Resident of country other than the United States (including its territories, commonwealths, or possessions) or Canada, and country is unknown

ZZ Residence unknown

**FOLLOW-UP CONTACT--SUPPL** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 2393 | 60 | SEER | 4004-4063 |

**Description**
This data item provides the ability to store additional address information such as the name of a place or facility, a nursing home, or the name of an apartment complex. It can be used to generate a follow-up inquiry, and must correspond to the other fields in the follow-up contact address. If the patient has multiple tumors, Follow-Up Contact--Suppl should be the same for all tumors.

**Rationale**
Sometimes registries carry out follow-up by contacting the patient and other contacts by a letter or phone call to ascertain their vital status. When a patient's current address is unknown or the patient is for some reason not to be contacted (e.g., patient is a minor child), the most current name, address and phone number of another contact, such as a relative or neighbor are needed. This information may also be useful for conducting research studies.

**FOLLOW-UP SOURCE**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Follow-Up Method (pre-96 CoC) | 1790 | 1 | CoC | 2129-2129 |

**Description**
Records the source from which the latest follow-up information was obtained.

**Rationale**
For registries performing follow-up, this field helps evaluate the success rates of various methods of follow-up. It also can be used to report to institutions the source of follow-up information that is sent to them. When there is a conflict in follow-up information, knowing the source can help resolve the inconsistency.

**Codes**
0 Reported hospitalization
1 Readmission
2 Physician
3 Patient
4 Department of Motor Vehicles
5 Medicare/Medicaid file
7 Death certificate
8 Other
9 Unknown, not stated in patient record

**FOLLOW-UP SOURCE CENTRAL** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 1791 | 2 | NAACCR | 2278-2279 |

**Description**
This field is created by the central registry. It records the source from which the consolidated information was obtained on a patient's vital status and date of last contact. Follow-up Source Central would be updated when new or more reliable information becomes available. However, when the existing date of last contact/vital status is deemed to be more reliable than newly obtained information, then neither the date of last contact/vital status nor the follow-up source central would be changed.

**Rationale**
For central registries performing follow-up, this field could help evaluate the success rates of various methods of follow-up. When new follow-up information conflicts with the existing information, knowing the follow-up source can help resolve any discrepancies.

**Codes**
00 Follow-up not performed for this patient
(01-29) File Linkages
01 Medicare/Medicaid File
02 Center for Medicare and Medicaid Services (CMS, formerly HCFA)
03 Department of Motor Vehicle Registration
04 National Death Index (NDI)
05 State Death Tape/Death Certificate File
06 County/Municipality Death Tape/ Death Certificate File
07 Social Security Administration Death Master File
08 Hospital Discharge Data
09 Health Maintenance Organization (HMO) file
10 Social Security Epidemiological Vital Status Data
11 Voter Registration File
12 Research/Study Related Linkage
29 Linkages, NOS
(30-39) Hospitals and Treatment Facilities
30 Hospital in-patient/outpatient
31 Casefinding
32 Hospital cancer registry
33 Radiation treatment center
34 Oncology clinic
35 Ambulatory surgical center
39 Clinic/facility, NOS

(40-49) Physicians
40 Attending physician
41 Medical oncologist
42 Radiation oncologist
43 Surgeon
48 Other specialist
49 Physician, NOS
(50-59) Patient
50 Patient contact
51 Relative contact
59 Patient, NOS
(60-98) Other
60 Central or Regional cancer registry
61 Internet sources
62 Hospice
63 Nursing homes
64 Obituary
65 Other research/study related sources
98 Other, NOS
99 Unknown source

**FUTURE USE TIMELINESS 1** **Retired**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 2114 | | | |

**Description**
Reserved for future use for storing date of a central registry processing milestone. No standards have been adopted for this item. The NAACCR UDSC retired this data item in Version 10.1, as of January 1, 2004.

**FUTURE USE TIMELINESS 2** **Retired**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 2115 | | | |

**Description**
Reserved for future use for storing date of a central registry processing milestone. No standards have been adopted for this item. The NAACCR UDSC retired this data item in Version 10.1, as of January 1, 2004.

**GIS COORDINATE QUALITY** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 366 | 2 | NAACCR | 422-423 |

**Description**

Code indicating the basis of assignment of latitude and longitude coordinates for an individual record from an address. This data item is helpful in identifying cases that were assigned coordinates based on incomplete information, post office boxes, or rural routes. This item is coded at the central registry, not by the reporting facility. Most of the time, this information is provided by geocoding software. Alternatively, a central registry staff member manually assigns the code. Codes are hierarchical, with lower numbers having priority.

**Rationale**

Spatial analysis of cancer data often requires identifying data records with a high degree of geographic precision. Researchers can use this code as a basis for selecting records with a degree of precision that is appropriate to the study.

**Codes**

00 Coordinates derived from local government-maintained address points, which are based on property parcel locations, not interpolation over a street segment's address range
01 Coordinates assigned by Global Positioning System (GPS)
02 Coordinates are match of house number and street, and based on property parcel location
03 Coordinates are match of house number and street, interpolated over the matching street segment's address range
04 Coordinates are street intersections
05 Coordinates are at mid-point of street segment (missing or invalid building number)
06 Coordinates are address ZIP code+4 centroid
07 Coordinates are address ZIP code+2 centroid
08 Coordinates were obtained manually by looking up a location on a paper or electronic map
09 Coordinates are address 5-digit ZIP code centroid
10 Coordinates are point ZIP code of Post Office Box or Rural Route
11 Coordinates are centroid of address city (when address ZIP code is unknown or invalid, and there are multiple ZIP codes for the city)
12 Coordinates are centroid of county
98 Latitude and longitude are assigned, but coordinate quality is unknown
99 Latitude and longitude are not assigned, but geocoding was attempted; unable to assign coordinates based on available information
Blank GIS Coordinate Quality not coded

*Instructions for Coding:* Where multiple codes are applicable, use the lower code value.

Note: This data item is similar in function to Census Tract Certainty 1970/80/90 [364] and Census Tract Certainty 2000 [365]. The codes for this data item and the two census tract data items all describe how location information was assigned based on the patient's resident address at the time of diagnosis.

This data item must be populated if Latitude [2352] and Longitude [2354] are also populated.

**GRADE** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Grade, Differentiation, or Cell Lineage Indicator (SEER/CCCR)<br>Grade/Differentiation (CoC) | 440 | 1 | SEER/CoC | 555-555 |

**Description**
Code for the grade or degree of differentiation of the reportable tumor. For lymphomas and leukemias, field also is used to indicate T-, B-, Null-, or NK-cell origin.

*Note:* Code 8 was adopted for use with lymphoma cases diagnosed in 1995 and later.

**Codes**
See the grade tables on page 67 of ICD-O-3.[16] See also the most recent CoC *FORDS* manual and *SEER Program Code Manual*, for site specific coding rules and conversions.

1 Grade I
2 Grade II
3 Grade III
4 Grade IV
5 T-cell
6 B-cell
7 Null cell
8 NK (natural killer) cell
9 Grade/differentiation unknown, not stated, or not applicable

*Comment:* Use the most recent hematopoietic and lymphoid rules for assigning grades 5-8.

**GRADE (73-91) ICD-O-1**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 1973 | 1 | SEER | 1918-1918 |

**Description**
Area for retaining the grade portion (1 digit) of the ICD-O-1 or field trial grade code entered before a conversion to ICD-O-2. See grouped data item Morph (73-91) ICD-O-1 [1970] in Appendix E. The item name includes years 1973-91. However, some states may have used the codes for cases before 1973.

**Codes**
For cases diagnosed before 1992, contains the ICD-O-1 or field trial 1-digit grade code as originally coded, if available. [18, 19]

**GRADE PATH SYSTEM** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 449 | 1 | AJCC | 557-557 |

**Description**
Indicates whether a two, three or four grade system is used.

**Rationale**
This item is used to show whether a two, three or four grade system is used. This is the grade system stated in the path report; it is not converted. This item is used in conjunction with Grade Path Value [441] and is abstracted in addition to Grade Differentiation [440].

**Codes (Refer to the most recent version of *FORDS* for additional instructions.)**
2 Two-Grade System
3 Three-Grade System
4 Four-Grade System
Blank Not a two, three or four grade system; unknown

**GRADE PATH VALUE**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 441 | 1 | AJCC | 556-556 |

**Description**
Describes the actual grade according to the grading system in Grade Path System [449].

**Rationale**
This data item will record grade specified in Grade Path System. This does not replace Grade [440].

**Codes (Refer to the most recent version of *FORDS* for additional instructions.)**
1 Recorded as Grade I or 1
2 Recorded as Grade II or 2
3 Recorded as Grade III or 3
4 Recorded as Grade IV or 4
Blank No Two, Three or Four System Grade is available; unknown

**HISTOLOGIC TYPE ICD-O-3** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| ICD-O-3 Histology (CCCR) | 522 | 4 | SEER/CoC | 550-553 |

**Description**
Codes for the histologic type of the tumor being reported using ICD-O-3. NAACCR adopted ICD-O-3 as the standard coding system for tumors diagnosed in 2001 and later, and recommended that prior tumors be converted from ICD-O-2. Effective with 2010 diagnoses, this item also includes codes for new terms as per the 2008 WHO Hematopoietic/Lymphoid publication.[39]

*Note:* See Histology (92-00) ICD-O-2 [420] for ICD-O-2 codes.

**Codes**
See ICD-O-3,[14] Morphology Section and the SEER Hematopoietic database.

**Clarification of Required Status**
This data item is required by all standard-setting organizations for tumors diagnosed on or after January 1, 2001, and recommended (by conversion from ICD-O-2 codes when conversion algorithms and tables are available) for tumors diagnosed before 2001.

When the histologic type is coded according to ICD-O-3, the histology code must be reported in Histologic Type ICD-O-3 [522], with behavior coded in Behavior Code ICD-O-3 [523].

For information on required status for related data items for histologic type and behavior when coded according to ICD-O-2, see Histology (92-00) ICD-O-2 [420] and Behavior (92-00) ICD-O-2 [430].

**HISTOLOGY (73-91) ICD-O-1** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 1971 | 4 | SEER | 1913-1916 |

**Description**
Area for retaining the histology portion (4 digits) of the ICD-O-1 or field trial morphology codes entered before a conversion to ICD-O-2. See grouped data item Morph (73-91) ICD-O-1 [1970], in Appendix E. The item name includes years 1973-91. However, some states may have used the codes for cases before 1973.

**Codes**
For cases diagnosed before 1992, contains the ICD-O-1 or field trial 4-digit histology code as originally coded, if available. Blank for tumors coded directly into ICD-O-2 or ICD-O-3 (i.e., 1992 and later cases).

**HISTOLOGY (92-00) ICD-O-2**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Histology (CoC)<br>ICD-O-2 Histology (CCCR) | 420 | 4 | SEER/CoC | 545-548 |

**Description**
Codes for the histologic type of the tumor being reported using ICD-O-2. NAACCR adopted ICD-O-2 as the standard coding system for tumors diagnosed in 1992 and later and recommended that prior cases be converted to ICD-O-2.

*Note:* See Histology (73-91) ICD-O-1 [1971] for ICD-O-1 and field trial codes.

**Codes**
See ICD-O-2,[15] Morphology Section.

**Clarification of Required Status**
This data item is required by all standard-setting organizations for tumors diagnosed from January 1, 1992, through December 31, 2000, and recommended for tumors diagnosed before 1992.

When the histologic type is coded according to ICD-O-2, the histology code must be reported in Histology (92-00) ICD-O-2 [420], with behavior coded in Behavior (92-00) ICD-O-2 [430].

For information on required status for related data items for histologic type and behavior when coded according to ICD-O-3, see Histologic Type ICD-O-3 [522] and Behavior Code ICD-O-3 [523].

**ICD REVISION COMORBID**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| ICD Revision Comorbidities | 3165 | 1 | CoC | 1185-1185 |

**Description**
This item indicates the coding system in which the Comorbidities and Complications (secondary diagnoses) codes are provided.

**Rationale**
The CoC currently requires the collection and reporting of up to 10 ICD-9-CM codes describing secondary diagnoses for patients hospitalized for cancer treatment. Currently the use of ICD-10-CM is not mandatory in U.S. hospitals, though it may become so in the future. In the event this occurs cancer registries that maintain or collect this information will need to differentiate between ICD-9-CM and ICD-10-CM code use. The code values and definitions for this item would be expanded as necessary. Allowable codes reported in the Comorbidity and Complications items in *FORDS* would be re-assessed at the same time.

**Codes**
0 No comorbidities or complications recorded in patients record
1 ICD-10-CM
9 ICD-9-CM
Blank Comorbidities and Complications not collected

**ICD REVISION NUMBER**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| ICD Code Revision Used for Cause of Death (SEER) | 1920 | 1 | SEER | 2273-2273 |

**Description**
Indicator for the coding scheme used to code the cause of death.

**Codes**
0 Patient alive at last follow-up
1 ICD-10
7 ICD-7
8 ICDA-8
9 ICD-9

**ICD-O-2 CONVERSION FLAG**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Review Flag for 1973-91 Cases (SEER) | 1980 | 1 | SEER | 1919-1919 |

**Description**
Code specifying how the conversion of site and morphology codes from ICD-O-1 and the field trial editions to ICD-O-2 was accomplished. The item names include years 1973-91. However, some states may have used the codes for tumors before 1973. The code also covers morphology conversions from ICD-O-3 to ICD-O-2.

**Codes**
0 Primary site and morphology originally coded in ICD-O-2
1 Primary site and morphology converted without review
2 Primary site converted with review; morphology machine-converted without review
3 Primary site machine-converted without review, morphology converted with review
4 Primary site and morphology converted with review
5 Morphology converted from ICD-O-3 without review
6 Morphology converted from ICD-O-3 with review
Blank Not converted

**ICD-O-3 CONVERSION FLAG**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 2116 | 1 | SEER/CoC | 2015-2015 |

**Description**
Code specifying how the conversion of site and morphology codes from ICD-O-2 to ICD-O-3 was accomplished.

**Codes**
0 Morphology (Morph--Type&Behav ICD-O-3 [521]) originally coded in ICD-O-3
1 Morphology (Morph--Type&Behav ICD-O-3 [521]) converted from (Morph--Type&Behav ICD-O-2 [419]) without review
3 Morphology (Morph--Type&Behav ICD-O-3 [521]) converted from (Morph--Type&Behav ICD-O-2 [419]) with review
Blank Not converted (clarification for cases diagnosed as of January 1, 2007: cases coded in prior ICD-O version and not converted to ICD-O-3)

**IHS LINK**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Indian Health Service Linkage | 192 | 1 | NPCR | 421-421 |

**Description**
This variable captures the results of the linkage of the registry database with the Indian Health Service patient registration database.

**Rationale**
The IHS linkage identifies cancer cases among American Indians who were misclassified as non-Indian in the registry database in order to improve the quality of cancer surveillance data on American Indians in individual registries and in all registries as a whole. The goal is to include cancer incidence data for American Indians in the United States Cancer Statistics by use of this variable as well as the race variable.

**Codes**
0 Record sent for linkage, no IHS match
1 Record sent for linkage, IHS match
Blank Record not sent for linkage or linkage result pending

**INDUSTRY CODE--CENSUS**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 280 | 3 | Census/NPCR | 212-214 |

**Description**
Code for the patient's usual industry, using U.S. Census Bureau codes (2000 Census[26] is preferable) according to coding procedures recommended for death certificates.[25] This data item applies only to patients who are age 14 years or older at the time of diagnosis.

*Note:* Occupation/industry coding should NOT be performed by reporting facilities. This is a central cancer registry data item. Specially trained and qualified personnel should perform coding.

*Note:* 2000 Census codes for occupation and industry are recommended for tumors diagnosed on or after January 1, 2003.[26] The 1990 Census codes are recommended for tumors diagnosed before January 1, 2003.[24] For more information, see the U.S. Census Bureau website at: http://www.census.gov/hhes/www/ioindex/ioindex.html.

**Rationale**
Use of the Census Bureau classification system improves consistency of data collected from multiple sources. The Census Bureau industrial classification system is used for coding industry information from death certificates and from the U.S. Census of Population. The system includes specific coding rules.[22-27]

**Codes**
For the 1990 Census codes see Instructional Manual Part 19: *Industry and Occupation Coding for Death Certificates*, 1999[23] and related materials in the reference list, Chapter VI. A similar instruction manual for the 2000 Census codes has not been developed. Software for automated coding of occupation and industry is available from the Division of Safety Research, National Institute for Occupational Safety and Health, CDC. Contact Suzanne Marsh at (304) 285-6009 or at smm2@cdc.gov. As of press time, NIOSH was updating their automated coding software. The contact person for this software (which probably will not be available until after January 1, 2011) is Sue Nowlin, who can be contacted at sxn1@cdc.gov or (513) 841-4467.

**INDUSTRY SOURCE**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 300 | 1 | NPCR | 216-216 |

**Description**
Code that best describes the source of industry information provided on this patient. This is a central cancer registry data item (i.e., codes should be applied by a central or regional registry rather than collected from reporting facilities).

**Rationale**
Industry information may come from a variety of sources. The most valid and reliable source of industry information for patients has not yet been determined.

**Codes**
0 Unknown industry/no industry available
1 Reporting facility records
2 Death certificate
3 Interview
7 Other source
8 Not applicable, patient less than 14 years of age at diagnosis
9 Unknown source
Blank Not collected

**INPATIENT STATUS** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 605 | 1 | NAACCR | 775-775 |

**Description**
This data item records whether there was an inpatient admission for the most definitive therapy, or in the absence of therapy, for diagnostic evaluation. This data item was first available in Volume II Version 12 (effective January 2010).

**Rationale**
Before Version 12 (through 2009 diagnosis), date fields included information in addition to dates. This data item incorporates the non-date meanings for the Date of Inpatient Adm [590] and Date of Inpatient Disch [600] in order to retain the non-date information with the transition to interoperable dates.

**Codes**
0 Patient was never an inpatient
1 Patient was inpatient
9 Unknown if patient was an inpatient
Blank Not collected

*Comment:* This is part of the initiative of the transformation from the old NAACCR date standards to interoperable dates.

**INPATIENT/OUTPT STATUS** **Retired**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 640 | | | |

**Description**
The NAACCR UDSC retired this data item in Version 11, as of January 1, 2006.

**INSTITUTION REFERRED FROM** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Facility Referred From | 2410 | 10 | CoC | 4315-4324 |

**Description**
Identifies the facility that referred the patient to the reporting facility.

**Rationale**
Each facility's FIN is unique. This number is used to document and monitor referral patterns.

**Instructions for Coding**
CoC maintains the codes, including those for non-hospital sources of reporting.

For facilities with 7-digit FINs, consisting of a constant "6" followed by 6-digit facility-specific codes in the range of 6020009-6953290 that were assigned by CoC before January 1, 2001: Enter all FIN codes of this type as 3 zeroes, followed by the constant "6" and the 6-digit facility-specific codes.

For facilities with FINs greater than or equal to 10000000 that were assigned by CoC after January 1, 2001: Enter FIN codes of this type as 2 zeroes followed by the full 8-digit code. These sometimes are called CoC FIN 10-digit codes.

**Codes (in addition to CoC assigned codes)**
0000000000 Case not referred from a facility
0099999999 Case referred from a facility, but facility number is unknown

**INSTITUTION REFERRED TO** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Facility Referred To | 2420 | 10 | CoC | 4335-4344 |

**Description**
Identifies the facility to which the patient was referred for further care after discharge from the reporting facility.

**Rationale**
Each facility's FIN is unique. This number is used to document and monitor referral patterns.

**Instructions for Coding**
CoC maintains the codes, including those for non-hospital sources of reporting.

For facilities with 7-digit FINs, consisting of a constant "6" followed by 6-digit facility-specific codes in the range of 6020009-6953290 that were assigned by CoC before January 1, 2001: Enter all FIN codes of this type as 3 zeroes, followed by the constant "6" and the 6-digit facility-specific codes.

For facilities with FINs greater than or equal to 10000000 that were assigned by CoC after January 1, 2001: Enter FIN codes of this type as 2 zeroes followed by the full 8-digit code. These sometimes are called CoC FIN 10-digit codes.

**Codes (in addition to CoC assigned codes)**
0000000000 Case not referred to a facility
0099999999 Case referred to a facility, but facility number is unknown

**LAST FOLLOW-UP HOSPITAL** **Retired**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 2430 | | | |

**Description**
The NAACCR UDSC retired this data item in Version 11, as of January 1, 2006.

**LATERALITY**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Laterality at Diagnosis (SEER) | 410 | 1 | SEER/CoC | 544-544 |

**Description**
Code for the side of a paired organ, or the side of the body on which the reportable tumor originated. This applies to the primary site only.

**Codes**
0 Not a paired site
1 Right: origin of primary
2 Left: origin of primary
3 Only one side involved, right or left origin unspecified
4 Bilateral involvement at time of diagnosis, lateral origin unknown for a single primary; or both ovaries involved simultaneously, single histology; bilateral retinoblastomas; bilateral Wilms tumors
5 Paired site: midline tumor
9 Paired site, but no information concerning laterality

**LATITUDE** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 2352 | 10 | NAACCR | 4064-4073 |

**Description**
Paired with Longitude [2354], this represents the point location of the individual's residence on the earth's surface. It is typically determined by matching an address to a reference file or by identifying the residence using satellite imagery. This item is coded at the central registry, not by the reporting facility.

**Rationale**
Latitude and Longitude comprise the universal standard for designating location on the earth's surface. Geographic Information Systems software can be used to convert these values into projected coordinates for map display.

**Allowable values and format**
Latitude is a 10- digit numeric field, right justified, with up to six decimal places and an explicit decimal point. The format is x12.345678, where "x" is reserved for a negative sign for locations south of the equator. Latitude north of the equator is positive. The datum of the decimal degree data shall be North American Datum of 1983 (NAD 83).

Values are in decimal degrees, not degrees/minutes/seconds.

Correct: Latitude: 41. 890833

Not this: Latitude: 41 deg 53' 27"

**LOC/REG/DISTANT STAGE** **Retired**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 770 | | | |

**Description**
The NAACCR UDSC retired this data item in Version 11, as of January 1, 2006.

**LONGITUDE** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 2354 | 11 | NAACCR | 4074-4084 |

**Description**
Paired with Latitude [2352], this represents the point location of the individual's residence on the earth's surface. It is typically determined by matching an address to a reference file or by identifying the residence using satellite imagery. This item is coded at the central registry, not by the reporting facility.

**Rationale**
Latitude and Longitude comprise the universal standard for designating location on the earth's surface. Geographic Information Systems software can be used to convert these values into projected coordinates for map display.

**Allowable values and format**
Latitude is an 11 digit numeric field, right justified, with up to six decimal places and an explicit decimal point. The format is x123.456789, where "x" is reserved for a negative sign for locations west of the Prime Meridian (0 degrees) and east of 180 degrees. The datum of the decimal degree data shall be North American Datum of 1983 (NAD 83).

Values are in decimal degrees, not degrees/minutes/seconds.

Correct: Longitude: -123.128943

Not this: Longitude: -123 deg 7' 44"

**LYMPH-VASCULAR INVASION** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 1182 | 1 | AJCC | 984-984 |

**Description**
Indicates whether lymphatic duct or blood vessel invasion (LVI) is identified in the pathology report.

**Rationale**
This data item will record the information as stated in the record. Presence or absence of cancer cells in the lymphatic ducts or blood vessels is useful for prognosis.

**Codes**
0 Lymph-vascular Invasion stated as Not Present
1 Lymph-vascular Invasion Present/Identified
8 Not Applicable
9 Unknown/Indeterminate/not mentioned in path report

**MARITAL STATUS AT DX** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Marital Status at Diagnosis (SEER/CoC)<br>Marital Status at Initial Diagnosis (pre-96 CoC) | 150 | 1 | SEER | 176-176 |

**Description**
Code for the patient's marital status at the time of diagnosis for the reportable tumor. If the patient has multiple tumors, marital status may be different for each tumor.

**Rationale**
Incidence and survival with certain cancers vary by marital status. The item also helps in patient identification.

**Codes**
1 Single (never married)
2 Married (including common law)
3 Separated
4 Divorced
5 Widowed
6 Unmarried or Domestic Partner (same sex or opposite sex, registered or unregistered)
9 Unknown

**MEDICAL RECORD NUMBER**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 2300 | 11 | CoC | 3606-3616 |

**Description**
Records medical record number used by the facility to identify the patient. The CoC *FORDS* manual instructs registrars to record numbers assigned by the facility's Health Information Management (HIM) Department only, not department-specific numbers.

**Rationale**
This number identifies the patient in a facility. It can be used by a central registry to point back to the patient record, and it helps identify multiple reports on the same patient.

**Codes (in addition to the medical record number)**
UNK Medical record number unknown
RT Radiation therapy department patient without HIM number
SU 1-day surgery clinic patient without HIM number

*Note:* Other standard abbreviations may be used to indicate departments within the facility for patients without HIM numbers assigned.

**MILITARY RECORD NO SUFFIX**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Military Medical Record Number Suffix (CoC) | 2310 | 2 | CoC | 3617-3618 |

**Description**
Patient identifier used by military hospitals to record relationship of the patient to the sponsor.

**Codes**
01-19 Child
20 Sponsor
30-39 Spouse
40-44 Mother
45-49 Father
50-54 Mother-in-law
55-59 Father-in-law
60-69 Other eligible dependents
98 Civilian emergency (Air Force/Navy)
99 Not classified elsewhere/stillborn
Blank Not a military facility

**MORPH (73-91) ICD-O-1**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 1970 | 6 | | 1913-1918 |

**Description**
The name for a group of subfields describing the type and behavior of the tumor being reported using ICD-O-1 codes.

Group names appear only in the data dictionary and Appendix E.

**Subfields**
Histology (73-91) ICD-O-1 [1971]
Behavior (73-91) ICD-O-1 [1972]
Grade (73-91) ICD-O-1 [1973]

**MORPH CODING SYS--CURRENT**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 470 | 1 | NAACCR | 560-560 |

**Description**
Code that best describes how morphology is currently coded. If converted, this field shows the system it is converted to.

**Codes**
1 ICD-O, First Edition
2 ICD-O, 1986 Field Trial
3 ICD-O, 1988 Field Trial
4 ICD-O, Second Edition
5 ICD-O, Second Edition, plus REAL lymphoma codes effective 1/1/95
6 ICD-O, Second Edition, plus FAB codes effective 1/1/98
7 ICD-O, Third Edition
8 ICD-O, Third Edition, plus 2008 WHO hematopoietic/lymphoid new terms effective 1/1/2010
9 Other

**MORPH CODING SYS--ORIGINL**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 480 | 1 | NAACCR | 561-561 |

**Description**
Code that best describes how morphology was originally coded. If later converted, this field shows the original codes used.

**Codes**
1 ICD-O, First Edition
2 ICD-O, 1986 Field Trial
3 ICD-O, 1988 Field Trial
4 ICD-O, Second Edition
5 ICD-O, Second Edition, plus REAL lymphoma codes effective 1/1/95
6 ICD-O, Second Edition, plus FAB codes effective 1/1/98
7 ICD-O, Third Edition
8 ICD-O, Third Edition, plus 2008 WHO hematopoietic/lymphoid new terms effective 1/1/2010
9 Other

**MORPH--TYPE&BEHAV ICD-O-2**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 419 | 5 | | 545-549 |

**Description**
The name for a group of subfields describing the type and behavior of the tumor being reported using ICD-O-2 codes.

Group names appear only in the data dictionary and Appendix E.

**Subfields**
Histology (92-00) ICD-O-2 [420]
Behavior (92-00) ICD-O-2 [430]

**MORPH--TYPE&BEHAV ICD-O-3**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 521 | 5 | | 550-554 |

**Description**
The name for a group of subfields describing the type and behavior of the tumor being reported using ICD-O-3 codes.

Group names appear only in the data dictionary and Appendix E.

**Subfields**
Histologic Type ICD-O-3 [522]
Behavior Code ICD-O-3 [523]

**MULT TUM RPT AS ONE PRIM** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Multiple Tumors Reported as Single Primary | 444 | 2 | SEER | 577-578 |

**Description**

This data item is used to identify the type of multiple tumors in cases with multiple tumors that are abstracted and reported as a single primary using the SEER, IARC, or Canadian Cancer Registry multiple primary rules. Multiple tumors may individually exhibit *in situ*, invasive, or a combination of *in situ* and invasive behaviors. Multiple intracranial and central nervous system tumors may individually exhibit benign, borderline, malignant, or a combination of these behaviors. Multiple tumors found in the same organ or in a single primary site may occur at the time of initial diagnosis or later.

**Rationale**

Patients with multiple tumors that are currently reported as a single primary may have a worse prognosis or more extensive treatment than patients with a single tumor. This data item will make it possible to identify important information about these cases for data analysis, and to compare individually reported cancer cases with historical data if the rules are changed.

**Codes (refer to http://seer.cancer.gov/tools/mphrules/index.html for additional instructions).**

00 Single tumor
10 Multiple benign
11 Multiple borderline
12 Benign and borderline
20 Multiple *in situ*
30 *In situ* and invasive
31 Polyp and adenocarcinoma
32 FAP with carcinoma
40 Multiple invasive
80 Unknown *in situ* or invasive
88 NA
99 Unknown

**MULTIPLICITY COUNTER** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 446 | 2 | SEER | 589-590 |

**Description**
This data item is used to count the number of tumors (multiplicity) that are reported as a single primary, when present at the time of diagnosis or occurring later.

**Rationale**
Patients with multiple tumors reported as a single primary for surveillance purposes may have a worse prognosis or more extensive treatment than patients with a single tumor. This data item will make it possible to identify important information about these cases for data analysis.

**Codes (refer to http://seer.cancer.gov/tools/mphrules/index.html for additional instructions).**
00 No primary tumor identified
01 One tumor only
02 Two tumors present; bilateral ovaries involved with cystic carcinoma
03 Three tumors present
..
..
88 Information on multiple tumors not collected/not applicable for this site
89 Multicentric, multifocal, number unknown
99 Unknown if multiple tumors; not documented
Blank Information not collected for this diagnosis date (e.g., all cases diagnosed prior to 2007)

*Note*: Codes 00 and 89 were added effective for 2011.

**NAACCR RECORD VERSION** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 50 | 3 | NAACCR | 17-19 |

**Description**
This item applies only to record types I, C, A, and M. Code the NAACCR record version used to create the record. The correction record (U) has its own record version data item.

**Rationale**
The NAACCR Layout version is necessary to communicate to the recipient of data in NAACCR form where the various items are found and how they are coded. It should be added to the record when the record is created.

**Codes**
120 2010 Version 12
121 2011 Version 12.1

Historically (before 2010), this was a 1-character field with the following codes in column 19:

1 1992-1994 Version 2 and Version 3
4 1995 Version 4.0
5 1996 and 1997 Version 5.0 or Version 5.1
6 1998 Version 6
7 1999 Version 7
8 2000 Version 8
9 2001 and 2002 Version 9 and 9.1
A 2003, 2004, and 2005 Version 10, 10.1, and 10.2
B 2006, 2007, and 2008 Version 11, 11.1, 11.2, and 11.3
Blank September 1989 Version

*Note:* Code 4 was assigned to the 1995 Version to synchronize the document version and the layout version numbers. Layout document Versions 2 and 3 are coded as 1.

**NAME--ALIAS** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Alias (CoC) | 2280 | 40 | CoC | 3466-3505 |

**Description**
Records an alternate name or "AKA" (also known as) used by the patient, if known. Note that maiden name is entered in Name--Maiden [2390].

*Note*: This data item is no longer supported by CoC (as of January 1, 2003).

**NAME--FIRST**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| First Name (CoC) | 2240 | 40 | CoC | 3380-3419 |

**Description**
First name of the patient.

*Note:* The CoC *FORDS* manual allows this field to be blank. If facilities with CoC-approved cancer programs submit blanks to the central registry, it is suggested that the central registry devise procedures for completing the last and first name with text, such as UNKNOWN, after verifying with the hospital that the field was left intentionally blank.

**NAME--LAST**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Last Name (CoC) | 2230 | 40 | CoC | 3340-3379 |

**Description**
Last name of the patient.

*Note:* See the most recent *FORDS* for CoC allowable values.

**NAME--MAIDEN** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Maiden Name (CoC) | 2390 | 40 | CoC | 3506-3545 |

**Description**
Maiden name of female patients who are or have been married.

**Rationale**
This is used to link reports on a woman who changed her name between reports. It also is critical when using Spanish surname algorithms to categorize ethnicity.

The field should be left blank if the maiden name is not known or not applicable. Since a value in this field may be used by linkage software or other computer algorithms, only legitimate surnames are allowable, and any variation of "unknown" or "not applicable" is not allowable.

*Note*: This data item is no longer supported by CoC (as of January 1, 2003).

**NAME--MIDDLE**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Middle Name (CoC)<br>Middle Initial (pre-96 CoC) | 2250 | 40 | CoC | 3420-3459 |

**Description**
Middle name or, if middle name is unavailable, middle initial of the patient.

**NAME--PREFIX** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Name Prefix (CoC) | 2260 | 3 | CoC | 3460-3462 |

**Description**
Abbreviated title that precedes name in a letter (e.g., "Rev," "Ms").

*Note*: This data item is no longer supported by CoC (as of January 1, 2003).

**NAME--SPOUSE/PARENT**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 2290 | 60 | NAACCR | 3546-3605 |

**Description**
NAACCR has not adopted standards for this item. Use varies by area.

**NAME--SUFFIX** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Name Suffix (CoC) | 2270 | 3 | CoC | 3463-3465 |

**Description**
Title that follows a patient's last name, such as a generation order or credential status (e.g., "MD," "Jr.").

*Note*: This data item is no longer supported by CoC (as of January 1, 2003).

**NEXT FOLLOW-UP SOURCE**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Next Follow-Up Method (pre-96 CoC) | 1800 | 1 | CoC | 2130-2130 |

**Description**
Identifies the method planned for the next follow-up.

**Codes**
0 Chart requisition
1 Physician letter
2 Contact letter
3 Phone call
4 Other hospital contact
5 Other, NOS
8 Foreign residents (not followed)
9 Not followed, other cases for which follow-up is not required

**NHIA DERIVED HISP ORIGIN**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 191 | 1 | NAACCR | 418-418 |

**Description**
The NAACCR Hispanic Identification Algorithm (NHIA) uses a combination of standard variables to directly or indirectly classify cases as Hispanic for analytic purposes. It is possible to separate Hispanic ancestral subgroups (e.g., Mexican) when indirect assignment results from birthplace information but not from surname match. The algorithm uses the following standard variables: Spanish/Hispanic Origin [190], Name--Last [2230], Name--Maiden [2390], Birthplace [250], Race 1 [160], IHS Link [192], and Sex [220].

Code 7 (Spanish surname only) of the Spanish/Hispanic Origin [190] data item became effective with 1994 diagnoses. It is recommended that NHIA should be run on 1995 and later diagnoses. However, a central registry may run it on their data for prior years. For greater detail, please refer to the technical documentation: http://www.naaccr.org/dat#NHIA.

**Rationale**
Sometimes despite best efforts to obtain complete information directly from the medical record, information is not available and is reported to the cancer registry as a missing data item. With regard to Hispanic ethnicity, some cancer registries have found it necessary to rely on indirect methods to populate this data element. Registries often have significant numbers or proportions of Hispanic populations in their jurisdiction.

**Codes**
0 Non-Hispanic
1 Mexican, by birthplace or other specific identifier
2 Puerto Rican, by birthplace or other specific identifier
3 Cuban, by birthplace or other specific identifier
4 South or Central American (except Brazil), by birthplace or other specific identifier
5 Other specified Spanish/Hispanic origin (includes European; excludes Dominican Republic), by birthplace or other specific identifier
6 Spanish, NOS; Hispanic, NOS; Latino, NOS
7 NHIA surname match only
8 Dominican Republic
Blank Algorithm has not been run

*Note:* Code 8 was added in Standards Volume II Version 10.2 effective January 2005.

**NPI--ARCHIVE FIN**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 3105 | 10 | CMS | 711-720 |

**Description**
This field identifies the NPI number (National Provider Identifier) of the facility at the time it initially accessioned the tumor.

NPI, a unique identification number for US health care providers, was scheduled for 2007-2008 implementation by the Centers for Medicare & Medicaid Services (CMS) as part of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). For billing purposes, large practices and large group providers were required to use NPI codes by May 2007; small health plans were required to use NPI codes by May 2008.

**Rationale**
The NPI-Archive FIN is the functional equivalent of Archive FIN [3100].

**Codes [only valid NPI assigned 10-digit numeric codes (9-digit number plus 1 check digit). The check digit algorithm is available at: https://nppes.cms.hhs.gov/NPPES/NPIRegistryHome.do]**

**NPI--FOLLOWING REGISTRY**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 2445 | 10 | CMS | 4285-4294 |

**Description**
The NPI (National Provider Identifier) code that records the registry responsible for following the patient.

NPI, a unique identification number for US health care providers, was scheduled for 2007-2008 implementation by the Centers for Medicare & Medicaid Services (CMS) as part of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). For billing purposes, large practices and large group providers were required to use NPI codes by May 2007; small health plans were required to use NPI codes by May 2008.

**Rationale**
The NPI equivalent of Following Registry [2440].

**Codes [only valid NPI assigned 10-digit numeric codes (9-digit number plus 1 check digit). The check digit algorithm is available at: https://nppes.cms.hhs.gov/NPPES/NPIRegistryHome.do]**

**NPI--INST REFERRED FROM**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 2415 | 10 | CMS | 4305-4314 |

**Description**
The NPI (National Provider Identifier) code that identifies the facility that referred the patient to the reporting facility.

NPI, a unique identification number for US health care providers, was scheduled for 2007-2008 implementation by the Centers for Medicare & Medicaid Services (CMS) as part of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). For billing purposes, large practices and large group providers were required to use NPI codes by May 2007; small health plans were required to use NPI codes by May 2008.

**Rationale**
The NPI equivalent of Institution Referred From [2410].

**Codes [only valid NPI assigned 10-digit numeric codes (9-digit number plus 1 check digit). The check digit algorithm is available at: https://nppes.cms.hhs.gov/NPPES/NPIRegistryHome.do]**
Blank

**NPI--INST REFERRED TO**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 2425 | 10 | CMS | 4325-4334 |

**Description**
The NPI (National Provider Identifier) code that identifies the facility to which the patient was referred for further care after discharge from the reporting facility.

NPI, a unique identification number for US health care providers, was scheduled for 2007-2008 implementation by the Centers for Medicare & Medicaid Services (CMS) as part of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). For billing purposes, large practices and large group providers were required to use NPI codes by May 2007; small health plans were required to use NPI codes by May 2008.

**Rationale**
The NPI equivalent of Institution Referred To [2420].

**Codes [only valid NPI assigned 10-digit numeric codes (9-digit number plus 1 check digit). The check digit algorithm is available at:** https://nppes.cms.hhs.gov/NPPES/NPIRegistryHome.do]
Blank

**NPI--PHYSICIAN 3** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Radiation Oncologist (CoC) | 2495 | 10 | CMS | 4449-4458 |

**Description**
The NPI (National Provider Identifier) code for another physician involved in the care of the patient.

NPI, a unique identification number for US health care providers, was scheduled for 2007-2008 implementation by the Centers for Medicare & Medicaid Services (CMS) as part of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). For billing purposes, large practices and large group providers were required to use NPI codes by May 2007; small health plans were required to use NPI codes by May 2008.

**Rationale**
The NPI equivalent of Physician 3 [2490].

**Codes [only valid NPI assigned 10-digit numeric codes (9-digit number plus 1 check digit). The check digit algorithm is available at:** https://nppes.cms.hhs.gov/NPPES/NPIRegistryHome.do]
Blank

**NPI--PHYSICIAN 4** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Medical Oncologist (CoC) | 2505 | 10 | CMS | 4467-4476 |

**Description**
The NPI (National Provider Identifier) code for another physician involved in the care of the patient.

NPI, a unique identification number for US health care providers, was scheduled for 2007-2008 implementation by the Centers for Medicare & Medicaid Services (CMS) as part of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). For billing purposes, large practices and large group providers were required to use NPI codes by May 2007; small health plans were required to use NPI codes by May 2008.

**Rationale**
The NPI equivalent of Physician 4 [2500].

**Codes [only valid NPI assigned 10-digit numeric codes (9-digit number plus 1 check digit). The check digit algorithm is available at:** https://nppes.cms.hhs.gov/NPPES/NPIRegistryHome.do]
Blank

**NPI--PHYSICIAN--FOLLOW-UP**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 2475 | 10 | CMS | 4413-4422 |

**Description**
The NPI (National Provider Identifier) code for the physician currently responsible for the patient's medical care.

NPI, a unique identification number for US health care providers, was scheduled for 2007-2008 implementation by the Centers for Medicare & Medicaid Services (CMS) as part of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). For billing purposes, large practices and large group providers were required to use NPI codes by May 2007; small health plans were required to use NPI codes by May 2008.

**Rationale**
The NPI equivalent of Physician--Follow-Up [2470].

**Codes [only valid NPI assigned 10-digit numeric codes (9-digit number plus 1 check digit). The check digit algorithm is available at: https://nppes.cms.hhs.gov/NPPES/NPIRegistryHome.do]**
Blank

**NPI--PHYSICIAN--MANAGING**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 2465 | 10 | CMS | 4395-4404 |

**Description**
The NPI (National Provider Identifier) code that identifies the physician who is responsible for the overall management of the patient during diagnosis and/or treatment for this cancer.

NPI, a unique identification number for US health care providers, was scheduled for 2007-2008 implementation by the Centers for Medicare & Medicaid Services (CMS) as part of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). For billing purposes, large practices and large group providers were required to use NPI codes by May 2007; small health plans were required to use NPI codes by May 2008.

**Rationale**
The NPI equivalent of Physician--Managing [2460].

**Codes [only valid NPI assigned 10-digit numeric codes (9-digit number plus 1 check digit). The check digit algorithm is available at: https://nppes.cms.hhs.gov/NPPES/NPIRegistryHome.do]**
Blank

**NPI--PHYSICIAN--PRIMARY SURG**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 2485 | 10 | CMS | 4431-4440 |

**Description**
The NPI (National Provider Identifier) code for the physician who performed the most definitive surgical procedure.

NPI, a unique identification number for US health care providers, was scheduled for 2007-2008 implementation by the Centers for Medicare & Medicaid Services (CMS) as part of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). For billing purposes, large practices and large group providers were required to use NPI codes by May 2007; small health plans were required to use NPI codes by May 2008.

**Rationale**
The NPI equivalent of Physician--Primary Surg [2480].

**Codes [only valid NPI assigned 10-digit numeric codes (9-digit number plus 1 check digit). The check digit algorithm is available at: https://nppes.cms.hhs.gov/NPPES/NPIRegistryHome.do.]**
Blank

**NPI--REGISTRY ID**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 45 | 10 | CMS | 20-29 |

**Description**
The NPI (National Provider Identifier) code that represents the data transmission source. This item stores the NPI of the facility registry that transmits the record.

NPI, a unique identification number for US health care providers, was scheduled for 2007-2008 implementation by the Centers for Medicare & Medicaid Services (CMS) as part of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). For billing purposes, large practices and large group providers were required to use NPI codes by May 2007; small health plans were required to use NPI codes by May 2008.

If the transmission source is not a health care provider or a covered entity, this item will be blank and the item Registry ID [40] should be used to identify the transmission source.

**Rationale**
The NPI equivalent of Registry ID [40].

**Codes [only valid NPI assigned 10-digit numeric codes (9-digit number plus 1 check digit). The check digit algorithm is available at: https://nppes.cms.hhs.gov/NPPES/NPIRegistryHome.do]**

**NPI--REPORTING FACILITY**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 545 | 10 | CMS | 691-700 |

**Description**
The NPI (National Provider Identifier) code for the facility submitting the data in the record.

NPI, a unique identification number for US health care providers, was scheduled for 2007-2008 implementation by the Centers for Medicare & Medicaid Services (CMS) as part of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). For billing purposes, large practices and large group providers were required to use NPI codes by May 2007; small health plans were required to use NPI codes by May 2008.

**Rationale**
The NPI equivalent of Reporting Facility [540].

**Codes [only valid NPI assigned 10-digit numeric codes (9-digit number plus 1 check digit). The check digit algorithm is available at:** https://nppes.cms.hhs.gov/NPPES/NPIRegistryHome.do]

**NUMBER OF TUMORS/HIST** **Retired**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 447 | | Retired | |

**Description**
The NAACCR UDSC retired this data item in Version 11.2, effective January 1, 2008.

**OCCUP/IND CODING SYSTEM**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 330 | 1 | NPCR | 417-417 |

**Description**
Code that identifies coding system used for occupation and industry. This is a central cancer registry data item (i.e., codes should be applied by a central or regional registry rather than collected from reporting facilities).

**Codes**
1 1970 Census
2 1980 Census
3 1990 Census
4 2000 Census
7 Other coding system
9 Unknown coding system
Blank Not collected

*Note:* 2000 Census codes for occupation and industry are recommended for tumors diagnosed on or after January 1, 2003.[26] The 1990 Census codes are recommended for tumors diagnosed before January 1, 2003.[24] For more information, see the U.S. Bureau of the Census website at: http://www.census.gov/hhes/www/ioindex/ioindex.html.

**OCCUPATION CODE--CENSUS**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 270 | 3 | Census/NPCR | 209-211 |

**Description**
Code for the patient's usual occupation, using U.S. Census Bureau codes (2000 Census[26] is preferable) according to coding procedures recommended for death certificates.[25] This data item applies only to patients who are age 14 years or older at the time of diagnosis.

*Note:* Occupation/industry coding should NOT be performed by reporting facilities. This is a central registry data item. Specially trained and qualified personnel should perform coding.

*Note:* 2000 Census codes for occupation and industry are recommended for cancers diagnosed on or after January 1, 2003.[26] The 1990 Census codes are recommended for cancers diagnosed before January 1, 2003.[24] For more information, see the U.S. Bureau of the Census website at: http://www.census.gov/hhes/www/ioindex/ioindex.html.

**Rationale**
Use of the Census Bureau classification system improves consistency of data collected from multiple sources. The Census Bureau occupation classification system is used for coding occupation information from death certificates and from the U.S. Census of Population. The system includes specific coding rules. [22-27]

**Codes**
For the 1990 Census codes, see Instructional Manual Part 19: *Industry and Occupation Coding for Death Certificates*, 1999,[23] and related materials in the reference list, Chapter VI. A similar instruction manual for the 2000 Census codes has not been developed. Software for automated coding of occupation and industry is available from the Division of Safety Research, National Institute for Occupational Safety and Health, CDC. Contact Suzanne Marsh at (304) 285-6009 or at smm2@cdc.gov. As of press time, NIOSH was updating their automated coding software. The contact person for this software (which probably will not be available until after January 1, 2011) is Sue Nowlin, who can be contacted at sxn1@cdc.gov or (513) 841-4467.

**OCCUPATION SOURCE**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 290 | 1 | NPCR | 215-215 |

**Description**
Code that best describes the source of occupation information provided on this patient. This is a central cancer registry data item (i.e., codes should be applied by a central or regional registry rather than collected from reporting facilities).

**Rationale**
Occupation information may come from a variety of sources. The most valid and reliable source of occupation information for patients has not yet been determined.

**Codes**

| | |
|---|---|
| 0 | Unknown occupation/no occupation available |
| 1 | Reporting facility records |
| 2 | Death certificate |
| 3 | Interview |
| 7 | Other source |
| 8 | Not applicable, patient less than 14 years of age at diagnosis |
| 9 | Unknown source |
| Blank | Not collected |

**OTHER STAGING SYSTEM** **Retired**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 1070 | | | |

**Description**
The NAACCR UDSC retired this data item in Version 11, as of January 1, 2006.

**OVER-RIDE ACSN/CLASS/SEQ**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Over-ride Accession/Class of Case/Sequence | 1985 | 1 | CoC | 1891-1891 |

**Description**
Some computer edits identify errors. Others indicate possible errors that require manual review for resolution. To eliminate the need to review the same cases repeatedly, over-ride flags have been developed to indicate that data in a record (or records) have been reviewed and, while unusual, are correct.

This over-ride is used with the following edit in the NAACCR Metafile of the EDITS software:
Accession Number, Class of Case, Seq Number (CoC).

**Rationale**
Some edits check for code combinations that are possible, but quite rare. If the code combination generates an error message and review of the case indicates that the codes are correct for the case, then the over-ride flag is used to skip the edit in the future. See Chapter IV, Recommended Data Edits and Software Coordination of Standards.

**Over-ride Flag as Used in the EDITS Software Package**
The edit, Accession Number, Class of Case, Seq Number (CoC), checks the following:

1. If the case is the only case or the first of multiple cases diagnosed at the facility (Sequence Number--Hospital = 00, 01, 60, or 61, and Class of Case = 00, 10-14, or 40), then the first 4 characters of the Accession Number--Hosp must equal the year of the Date of 1st Contact.
2. If the case is first diagnosed at autopsy (Class of Case = 38) and the case is the only case or the first of multiple cases for a patient (Sequence Number--Hospital = 00, 01, 60, or 61), then the first 4 characters of the Accession Number--Hosp must equal the year of the Date of Last Contact AND must equal the year of the Date of 1st Contact.
3. If the case is first diagnosed at autopsy (Class of Case = 38) and the case is not the first case for a patient (Sequence Number--Hospital) greater than 01 or greater than 61), then the year of the Date of 1st Contact must equal the year of Date of Last Contact.

There are some exceptions to the above rules. Over-ride Acsn/Class/Seq may be used to override the edit when the circumstances fit the following situation or one similar to it:

The case may be the only or the first of multiple malignant cases for a patient (Sequence Number--Hospital = 00 or 01), but there is an earlier benign case (with an earlier year of the Date of 1st Contact) to which the Accession Number--Hosp applies.

**Instructions for Coding**

1. If edit generates an error or warning message, verify that the Accession Number--Hosp, Sequence Number--Hospital, and Class of Case are correct.
2. Leave blank if the program does not generate an error message for the edit Accession Number, Class of Case, Seq Number (CoC).
3. Leave blank and correct any errors for the case if an item is discovered to be incorrect.
4. Code 1 if review of accession number, sequence number and class of case verifies that they have been coded correctly and there is an unusual combination of these data items.

**Codes**

1 Reviewed and confirmed as reported
Blank Not reviewed or reviewed and corrected

**OVER-RIDE AGE/SITE/MORPH**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Age/Site/Histology Interfield Review (Interfield Edit 15) | 1990 | 1 | SEER | 1896-1896 |

**Description**
Some computer edits identify errors. Others indicate possible errors that require manual review for resolution. To eliminate the need to review the same cases repeatedly, over-ride flags have been developed to indicate that data in a record (or records) have been reviewed and, while unusual, are correct.

This over-ride is used with the following edits in the NAACCR Metafile of the EDITS software:
Age, Primary Site, Morphology ICDO2 (SEER IF15)
Age, Primary Site, Morphology ICDO3 (SEER IF15)
Age, Primary Site, Morph ICDO3--Adult (SEER)
Age, Primary Site, Morph ICDO3--Pediatric (NPCR)

**Rationale**
Some edits check for code combinations that are possible, but quite rare. If the code combination generates an error message and review of the case indicates that the codes are correct for the case, then the over-ride flag is used to skip the edit in the future. See Chapter IV, Recommended Data Edits and Software Coordination of Standards.

**Over-ride Flag as Used in the EDITS Software Package**
Some cancers occur almost exclusively in certain age groups.

Edits of the type Age, Primary Site, Morphology require review if a site/morphology combination occurs in an age group for which it is extremely rare. The edit Age, Primary Site, Morph ICDO3--Adult (SEER) edits cases with an Age at Diagnosis of 15 and older. The edit Age, Primary Site, Morph ICDO3--Pediatric (NPCR) edits cases with an Age at Diagnosis of less than 15. The edits Age, Primary Site, Morphology ICDO2 (SEER IF15) and Age, Primary Site, Morphology ICDO3 (SEER IF15) contain logic for all ages.

**Instructions for Coding**
1. Leave blank if the program does not generate an error message (and if the case was not diagnosed *in utero*) for the edits of the type Age, Primary Site, Morphology.
2. Correct any errors for the case if an item is discovered to be incorrect.
3. Code 1 or 3 as indicated if review of items in the error or warning message confirms that all are correct.

**Codes**
1 Reviewed and confirmed that age/site/histology combination is correct as reported
2 Reviewed and confirmed that case was diagnosed *in utero*
3 Reviewed and confirmed that conditions 1 and 2 both apply
Blank Not reviewed or reviewed and corrected.

**OVER-RIDE COC-SITE/TYPE**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 1987 | 1 | CoC | 1893-1893 |

**Description**
Some computer edits identify errors. Others indicate possible errors that require manual review for resolution. To eliminate the need to review the same cases repeatedly, over-ride flags have been developed to indicate that data in a record (or records) have been reviewed and, while unusual, are correct.

This over-ride is used with the following edits in the NAACCR Metafile of the EDITS software:
Primary Site, Morphology-Type ICDO2 (CoC)
Primary Site, Morphology-Type ICDO3 (CoC)
Primary Site, Morphology-Type, Behavior ICDO3 (CoC)

**Rationale**
Some edits check for code combinations that are possible, but quite rare. If the code combination generates an error message and review of the case indicates that the codes are correct for the case, then the over-ride flag is used to skip the edit in the future. See Chapter IV, Recommended Data Edits and Software Coordination of Standards.

**Over-ride Flag as Used in the EDITS Software Package**
Multiple versions of edits of the type Primary Site, Morphology-Type check for "usual" combinations of site and ICD-O-2 or ICD-O-3 histology. The SEER version of the edit is more restrictive than the CoC edit, and thus, uses a different over-ride flag. The CoC version of the edit will accept Over-ride CoC Site/Type or Over-ride Site/Type (the SEER edit) as equivalent.

> The Site/Histology validation list (available on the SEER web site) contains those histologies commonly found in the specified primary site. Histologies that occur only rarely or never are not included. These edits require review of all combinations not listed.

Since basal and squamous cell carcinomas of non-genital skin sites are not reportable to SEER, these site/histology combinations do not appear on the SEER validation list. For the CoC version of the edit, if primary site is in the range C440-C449 (skin), and ICD-O-2 histology is in the range 8000-8004 (neoplasms, malignant, NOS), 8010-8045 (epithelial carcinomas), 8050-8082 (papillary and squamous cell carcinomas), or 8090-8110 (basal cell carcinomas), or ICD-O-3 histology is in the range 8000-8005 (neoplasms, malignant, NOS), 8010-8046 (epithelial carcinomas), 8050-8084 (papillary and squamous cell carcinomas), or 8090-8110 (basal cell carcinomas), no further editing is done. No over-ride is necessary for these cases in the CoC version of the edit.

Review of these cases requires investigating whether the combination is biologically plausible or whether cancer registry coding conventions would allow different codes for the diagnosis. Review of these rare combinations often results in a change to either the site or histology.

**Instructions for Coding**
1. Leave blank if the program does not generate an error message for the CoC edits of the type Primary Site, Morphology-Type.
2. Leave blank and correct any errors for the case if an item is discovered to be incorrect.
3. Code 1 if review of all items in the error or warning message confirms they are correct and coded in conformance with coding rules.

**Codes**
1 Reviewed and confirmed as reported
Blank Not reviewed or reviewed and corrected

**OVER-RIDE CS 1** **New**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 3750 | 1 | AJCC | 2016-2016 |

**Description**
Some computer edits identify errors. Others indicate possible errors that require manual review for resolution. To eliminate the need to review the same cases repeatedly, over-ride flags have been developed to indicate that data in a record (or records) have been reviewed and, while unusual, are correct.

**Rationale**
Some edits check for code combinations that are possible, but quite rare. If the code combination generates an error message and review of the case indicates that the codes are correct for the case, then the over-ride flag is used to skip the edit in the future.

**Codes**
1 Reviewed and confirmed as reported
Blank Not reviewed or reviewed and corrected

**OVER-RIDE CS 2** **New**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 3751 | 1 | AJCC | 2017-2017 |

**Description**
Some computer edits identify errors. Others indicate possible errors that require manual review for resolution. To eliminate the need to review the same cases repeatedly, over-ride flags have been developed to indicate that data in a record (or records) have been reviewed and, while unusual, are correct.

**Rationale**
Some edits check for code combinations that are possible, but quite rare. If the code combination generates an error message and review of the case indicates that the codes are correct for the case, then the over-ride flag is used to skip the edit in the future.

**Codes**
1 Reviewed and confirmed as reported
Blank Not reviewed or reviewed and corrected

**OVER-RIDE CS 3** **New**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 3752 | 1 | AJCC | 2018-2018 |

**Description**
Some computer edits identify errors. Others indicate possible errors that require manual review for resolution. To eliminate the need to review the same cases repeatedly, over-ride flags have been developed to indicate that data in a record (or records) have been reviewed and, while unusual, are correct.

**Rationale**
Some edits check for code combinations that are possible, but quite rare. If the code combination generates an error message and review of the case indicates that the codes are correct for the case, then the over-ride flag is used to skip the edit in the future.

**Codes**
1 Reviewed and confirmed as reported
Blank Not reviewed or reviewed and corrected

**OVER-RIDE CS 4** **New**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 3753 | 1 | AJCC | 2019-2019 |

**Description**
Some computer edits identify errors. Others indicate possible errors that require manual review for resolution. To eliminate the need to review the same cases repeatedly, over-ride flags have been developed to indicate that data in a record (or records) have been reviewed and, while unusual, are correct.

**Rationale**
Some edits check for code combinations that are possible, but quite rare. If the code combination generates an error message and review of the case indicates that the codes are correct for the case, then the over-ride flag is used to skip the edit in the future.

**Codes**
1 Reviewed and confirmed as reported
Blank Not reviewed or reviewed and corrected

**OVER-RIDE CS 5** **New**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 3754 | 1 | AJCC | 2020-2020 |

**Description**
Some computer edits identify errors. Others indicate possible errors that require manual review for resolution. To eliminate the need to review the same cases repeatedly, over-ride flags have been developed to indicate that data in a record (or records) have been reviewed and, while unusual, are correct.

**Rationale**
Some edits check for code combinations that are possible, but quite rare. If the code combination generates an error message and review of the case indicates that the codes are correct for the case, then the over-ride flag is used to skip the edit in the future.

**Codes**
1 Reviewed and confirmed as reported
Blank Not reviewed or reviewed and corrected

**OVER-RIDE CS 6** **New**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 3755 | 1 | AJCC | 2021-2021 |

**Description**
Some computer edits identify errors. Others indicate possible errors that require manual review for resolution. To eliminate the need to review the same cases repeatedly, over-ride flags have been developed to indicate that data in a record (or records) have been reviewed and, while unusual, are correct.

**Rationale**
Some edits check for code combinations that are possible, but quite rare. If the code combination generates an error message and review of the case indicates that the codes are correct for the case, then the over-ride flag is used to skip the edit in the future.

**Codes**
1 Reviewed and confirmed as reported
Blank Not reviewed or reviewed and corrected

**OVER-RIDE CS 7** **New**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 3756 | 1 | AJCC | 2022-2022 |

**Description**
Some computer edits identify errors. Others indicate possible errors that require manual review for resolution. To eliminate the need to review the same cases repeatedly, over-ride flags have been developed to indicate that data in a record (or records) have been reviewed and, while unusual, are correct.

**Rationale**
Some edits check for code combinations that are possible, but quite rare. If the code combination generates an error message and review of the case indicates that the codes are correct for the case, then the over-ride flag is used to skip the edit in the future.

**Codes**
1 Reviewed and confirmed as reported
Blank Not reviewed or reviewed and corrected

**OVER-RIDE CS 8** **New**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 3757 | 1 | AJCC | 2023-2023 |

**Description**
Some computer edits identify errors. Others indicate possible errors that require manual review for resolution. To eliminate the need to review the same cases repeatedly, over-ride flags have been developed to indicate that data in a record (or records) have been reviewed and, while unusual, are correct.

**Rationale**
Some edits check for code combinations that are possible, but quite rare. If the code combination generates an error message and review of the case indicates that the codes are correct for the case, then the over-ride flag is used to skip the edit in the future.

**Codes**
1 Reviewed and confirmed as reported
Blank Not reviewed or reviewed and corrected

**OVER-RIDE CS 9** **New**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 3758 | 1 | AJCC | 2024-2024 |

**Description**
Some computer edits identify errors. Others indicate possible errors that require manual review for resolution. To eliminate the need to review the same cases repeatedly, over-ride flags have been developed to indicate that data in a record (or records) have been reviewed and, while unusual, are correct.

**Rationale**
Some edits check for code combinations that are possible, but quite rare. If the code combination generates an error message and review of the case indicates that the codes are correct for the case, then the over-ride flag is used to skip the edit in the future.

**Codes**
1 Reviewed and confirmed as reported
Blank Not reviewed or reviewed and corrected

**OVER-RIDE CS 10** **New**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 3759 | 1 | AJCC | 2025-2025 |

**Description**
Some computer edits identify errors. Others indicate possible errors that require manual review for resolution. To eliminate the need to review the same cases repeatedly, over-ride flags have been developed to indicate that data in a record (or records) have been reviewed and, while unusual, are correct.

**Rationale**
Some edits check for code combinations that are possible, but quite rare. If the code combination generates an error message and review of the case indicates that the codes are correct for the case, then the over-ride flag is used to skip the edit in the future.

**Codes**
1 Reviewed and confirmed as reported
Blank Not reviewed or reviewed and corrected

**OVER-RIDE CS 11** **New**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 3760 | 1 | AJCC | 2026-2026 |

**Description**
Some computer edits identify errors. Others indicate possible errors that require manual review for resolution. To eliminate the need to review the same cases repeatedly, over-ride flags have been developed to indicate that data in a record (or records) have been reviewed and, while unusual, are correct.

**Rationale**
Some edits check for code combinations that are possible, but quite rare. If the code combination generates an error message and review of the case indicates that the codes are correct for the case, then the over-ride flag is used to skip the edit in the future.

**Codes**
1 Reviewed and confirmed as reported
Blank Not reviewed or reviewed and corrected

**OVER-RIDE CS 12** **New**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 3761 | 1 | AJCC | 2027-2027 |

**Description**
Some computer edits identify errors. Others indicate possible errors that require manual review for resolution. To eliminate the need to review the same cases repeatedly, over-ride flags have been developed to indicate that data in a record (or records) have been reviewed and, while unusual, are correct.

**Rationale**
Some edits check for code combinations that are possible, but quite rare. If the code combination generates an error message and review of the case indicates that the codes are correct for the case, then the over-ride flag is used to skip the edit in the future.

**Codes**
1 Reviewed and confirmed as reported
Blank Not reviewed or reviewed and corrected

**OVER-RIDE CS 13** **New**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 3762 | 1 | AJCC | 2028-2028 |

**Description**
Some computer edits identify errors. Others indicate possible errors that require manual review for resolution. To eliminate the need to review the same cases repeatedly, over-ride flags have been developed to indicate that data in a record (or records) have been reviewed and, while unusual, are correct.

**Rationale**
Some edits check for code combinations that are possible, but quite rare. If the code combination generates an error message and review of the case indicates that the codes are correct for the case, then the over-ride flag is used to skip the edit in the future.

**Codes**
1 Reviewed and confirmed as reported
Blank Not reviewed or reviewed and corrected

**OVER-RIDE CS 14** **New**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 3763 | 1 | AJCC | 2029-2029 |

**Description**
Some computer edits identify errors. Others indicate possible errors that require manual review for resolution. To eliminate the need to review the same cases repeatedly, over-ride flags have been developed to indicate that data in a record (or records) have been reviewed and, while unusual, are correct.

**Rationale**
Some edits check for code combinations that are possible, but quite rare. If the code combination generates an error message and review of the case indicates that the codes are correct for the case, then the over-ride flag is used to skip the edit in the future.

**Codes**
1 Reviewed and confirmed as reported
Blank Not reviewed or reviewed and corrected

**OVER-RIDE CS 15** **New**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 3764 | 1 | AJCC | 2030-2030 |

**Description**
Some computer edits identify errors. Others indicate possible errors that require manual review for resolution. To eliminate the need to review the same cases repeatedly, over-ride flags have been developed to indicate that data in a record (or records) have been reviewed and, while unusual, are correct.

**Rationale**
Some edits check for code combinations that are possible, but quite rare. If the code combination generates an error message and review of the case indicates that the codes are correct for the case, then the over-ride flag is used to skip the edit in the future.

**Codes**
1 Reviewed and confirmed as reported
Blank Not reviewed or reviewed and corrected

**OVER-RIDE CS 16** **New**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 3765 | 1 | AJCC | 2031-2031 |

**Description**
Some computer edits identify errors. Others indicate possible errors that require manual review for resolution. To eliminate the need to review the same cases repeatedly, over-ride flags have been developed to indicate that data in a record (or records) have been reviewed and, while unusual, are correct.

**Rationale**
Some edits check for code combinations that are possible, but quite rare. If the code combination generates an error message and review of the case indicates that the codes are correct for the case, then the over-ride flag is used to skip the edit in the future.

**Codes**
1 Reviewed and confirmed as reported
Blank Not reviewed or reviewed and corrected

**OVER-RIDE CS 17** **New**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 3766 | 1 | AJCC | 2032-2032 |

**Description**
Some computer edits identify errors. Others indicate possible errors that require manual review for resolution. To eliminate the need to review the same cases repeatedly, over-ride flags have been developed to indicate that data in a record (or records) have been reviewed and, while unusual, are correct.

**Rationale**
Some edits check for code combinations that are possible, but quite rare. If the code combination generates an error message and review of the case indicates that the codes are correct for the case, then the over-ride flag is used to skip the edit in the future.

**Codes**
1 Reviewed and confirmed as reported
Blank Not reviewed or reviewed and corrected

**OVER-RIDE CS 18** **New**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 3767 | 1 | AJCC | 2033-2033 |

**Description**
Some computer edits identify errors. Others indicate possible errors that require manual review for resolution. To eliminate the need to review the same cases repeatedly, over-ride flags have been developed to indicate that data in a record (or records) have been reviewed and, while unusual, are correct.

**Rationale**
Some edits check for code combinations that are possible, but quite rare. If the code combination generates an error message and review of the case indicates that the codes are correct for the case, then the over-ride flag is used to skip the edit in the future.

**Codes**
1 Reviewed and confirmed as reported
Blank Not reviewed or reviewed and corrected

**OVER-RIDE CS 19** **New**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 3768 | 1 | AJCC | 2034-2034 |

**Description**
Some computer edits identify errors. Others indicate possible errors that require manual review for resolution. To eliminate the need to review the same cases repeatedly, over-ride flags have been developed to indicate that data in a record (or records) have been reviewed and, while unusual, are correct.

**Rationale**
Some edits check for code combinations that are possible, but quite rare. If the code combination generates an error message and review of the case indicates that the codes are correct for the case, then the over-ride flag is used to skip the edit in the future.

**Codes**
1 Reviewed and confirmed as reported
Blank Not reviewed or reviewed and corrected

**OVER-RIDE CS 20** **New**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 3769 | 1 | AJCC | 2035-2035 |

**Description**
Some computer edits identify errors. Others indicate possible errors that require manual review for resolution. To eliminate the need to review the same cases repeatedly, over-ride flags have been developed to indicate that data in a record (or records) have been reviewed and, while unusual, are correct.

**Rationale**
Some edits check for code combinations that are possible, but quite rare. If the code combination generates an error message and review of the case indicates that the codes are correct for the case, then the over-ride flag is used to skip the edit in the future.

**Codes**
1 Reviewed and confirmed as reported
Blank Not reviewed or reviewed and corrected

**OVER-RIDE HISTOLOGY**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Histology/Behavior Interfield Review (Field Item Edit Morph) | 2040 | 1 | SEER | 1901-1901 |

**Description**
Some computer edits identify errors. Others indicate possible errors that require manual review for resolution. To eliminate the need to review the same cases repeatedly, over-ride flags have been developed to indicate that data in a record (or records) have been reviewed and, while unusual, are correct.

This over-ride is used with the following edits in the NAACCR Metafile of the EDITS software:
Diagnostic Confirmation, Behavior ICDO2 (SEER IF31)
Diagnostic Confirmation, Behavior ICDO3 (SEER IF31)
Morph (1973-91) ICD-O-1 (SEER MORPH)
Morphology--Type/Behavior ICDO2 (SEER MORPH)
Morphology--Type/Behavior ICDO3 (SEER MORPH)

**Rationale**
Some edits check for code combinations that are possible, but quite rare. If the code combination generates an error message and review of the case indicates that the codes are correct for the case, then the over-ride flag is used to skip the edit in the future. See Chapter IV, Recommended Data Edits and Software Coordination of Standards.

**Over-ride Flags as Used in the EDITS Software Package**
Edits of the type Diagnostic Confirmation, Behavior differ in the use of ICD-O-2 or ICD-O-3 and check that, for *in situ* cases (Behavior = 2), Diagnostic Confirmation specifies microscopic confirmation (1, 2, or 4).

The distinction between *in situ* and invasive is very important to a registry, since prognosis is so different. Since the determination that a neoplasm has not invaded surrounding tissues, i.e., *in situ*, is made microscopically, cases coded *in situ* in behavior should have a microscopic confirmation code. However, very rarely, a physician will designate a case noninvasive or *in situ* without microscopic evidence.

If an edit of the type, Diagnostic Confirmation, Behavior, gives an error message or warning, check that Behavior and Diagnostic Confirmation have been coded correctly. Check carefully for any cytologic or histologic evidence that may have been missed in coding.

Edits of the type, Morphology--Type/Behavior, perform the following check:

1. Codes listed in ICD-O-2 or ICD-O-3 with behavior codes of only 0 or 1 are considered valid, since the behavior matrix of ICD-O-2 and ICD-O-3 allows for the elevation of the behavior of such histologies when the tumor is *in situ* or malignant. This edit forces review of these rare cases to verify that they are indeed *in situ* or malignant.
2. The following histologies are generally not accepted as *in situ*: ICD-O-2 histologies 8000-8004, 8020, 8021, 8331, 8332, 8800-9054, 9062, 9082, 9083, 9110-9491, 9501-9989, ICD-O-3 histologies 8000-8005, 8020, 8021, 8331, 8332, 8800-9055, 9062, 9082, 9083, 9110-9493, 9501-9989. This edit forces review of these cases.
3. If a Morphology-Type/Behavior edit produces an error or warning message and the case is one in which the 4-digit morphology code is one that appears in ICD-O-2 or ICD-O-3 only with behavior codes of 0 or 1, or the case is one in which the 4-digit morphology code is not generally accepted with a behavior code of 2, verify the coding of morphology and that the behavior should be coded malignant or *in situ*. The registrar may need to consult a pathologist or medical advisor in problem cases.

Exceptions:
If year of Date of Diagnosis > 2000, then a behavior code of 1 is valid for the following ICD-O-2 histologies and no over-ride flag is needed: 8931, 9393, 9538, 9950, 9960-9962, 9980-9984, and 9989. Similarly, the following ICD-O-3 histologies are valid with a behavior code of 1: 8442, 8451, 8462, 8472, and 8473.

If year of Date of Diagnosis > 2003, the following ICD-O-3 benign histologies will pass without review: 8146, 8271, 8861, 8897, 9121, 9122, 9131, 9161, 9350, 9351, 9352, 9360, 9361, 9383, 9384, 9394, 9412, 9413, 9444, 9492, 9493, 9506, 9531, 9532, 9533, 9534, 9537, 9541, 9550, 9562, and 9570.

4. Grade 5-8 with histologies not in the range of 9590-9948 is impossible.
5. Some terms in ICD-O-2 and ICD-O-3 carry an implied statement of grade. These histologies must be reported with the correct grade as stated below. An error of this type cannot be over-ridden.

**ICD-O-2**
8020/34 Carcinoma, undifferentiated
8021/34 Carcinoma, anaplastic
8331/31 Follicular adenocarcinoma, well differentiated
8851/31 Liposarcoma, well differentiated
9062/34 Seminoma, anaplastic
9082/34 Malignant teratoma, undifferentiated
9083/32 Malignant teratoma, intermediate type
9401/34 Astrocytoma, anaplastic
9451/34 Oligodendroglioma, anaplastic
9511/31 Retinoblastoma, differentiated
9512/34 Retinoblastoma, undifferentiated

**ICD-O-3**
8020/34 Carcinoma, undifferentiated
8021/34 Carcinoma, anaplastic
8331/31 Follicular adenocarcinoma, well differentiated
9082/34 Malignant teratoma, undifferentiated
9083/32 Malignant teratoma, intermediate type
9401/34 Astrocytoma, anaplastic
9451/34 Oligodendroglioma, anaplastic
9511/31 Retinoblastoma, differentiated
9512/34 Retinoblastoma, undifferentiated

**Instructions for Coding**

1. Leave blank if the program does not generate an error message for the edits of the types, Diagnostic Confirmation, Behav Code or Morphology--Type/Behavior.
2. Leave blank and correct any errors for the case if an item is discovered to be incorrect.
3. Code 1, 2, or 3 as indicated if review of all items in the error or warning message confirms that all are correct.

**Codes**

1 Reviewed and confirmed that the pathologist states the primary to be "*in situ*" or "malignant" although the behavior code of the histology is designated as "benign" or "uncertain" in ICD-O-2 or ICD-O-3
2 Reviewed and confirmed that the behavior code is "*in situ*," but the case is not microscopically confirmed
3 Reviewed and confirmed that conditions 1 and 2 both apply
Blank Not reviewed or reviewed and corrected

**OVER-RIDE HOSPSEQ/DXCONF**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Over-ride Hospital Sequence/Diagnostic Confirmation | 1986 | 1 | CoC | 1892-1892 |

**Description**
Some computer edits identify errors. Others indicate possible errors that require manual review for resolution. To eliminate the need to review the same cases repeatedly, over-ride flags have been developed to indicate that data in a record (or records) have been reviewed and, while unusual, are correct.

This over-ride is used with the following edit in the NAACCR Metafile of the EDITS software:
Diagnostic Confirm, Seq Num--Hosp (CoC)

**Rationale**
Some edits check for code combinations that are possible, but quite rare. If the code combination generates an error message and review of the case indicates that the codes are correct for the case, then the over-ride flag is used to skip the edit in the future. See Chapter IV, Recommended Data Edits and Software Coordination of Standards.

**Over-ride Flag as Used in the EDITS Software Package**
The edit, Diagnostic Confirm, Seq Num--Hosp (CoC), does the following:

1. If any case is one of multiple primaries and is not microscopically confirmed or lacks a positive lab test/marker study, i.e., Diagnostic Confirmation > 5 and Sequence Number--Hospital > 00 (more than one primary), review is required.
2. If Primary Site specifies an ill-defined or unknown primary (C760-C768, C809), no further checking is done.
3. If Sequence Number--Hospital is in the range of 60-88, this edit is skipped.

It is important to verify that the non-microscopically confirmed case is indeed a separate primary from any others that may have been reported. This edit forces review of multiple primary cancers when one of the primaries is coded to a site other than ill-defined or unknown and is not microscopically confirmed or confirmed by a positive lab test/marker study.

1. If the suspect case is confirmed accurate as coded and if the number of primaries is correct, set the Over-ride HospSeq/DxConf to 1. Do not set the over-ride flag on the patient's other primary cancers.
2. If it turns out that the non-microscopically confirmed cancer is considered a manifestation of one of the patient's other cancers, delete the non-microscopically confirmed case. Check the sequence numbers of remaining cases, correcting them if necessary. Also check for other data items on the remaining cases that may need to be changed as a result of the corrections, such as stage and treatment.

**Instructions for Coding**

- Leave blank if the program does not generate an error message for the edit Diagnostic Confirm, Seq Num--Hosp (CoC).
- Leave blank and correct any errors for the case if an item is discovered to be incorrect.
- Code 1 if review of all items in the error or warning message confirms that all are correct.

**Codes**
1 Reviewed and confirmed as reported
Blank Not reviewed or reviewed and corrected

**OVER-RIDE HOSPSEQ/SITE**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Over-ride Hospital Sequence/Site | 1988 | 1 | CoC | 1894-1894 |

**Description**
Some computer edits identify errors. Others indicate possible errors that require manual review for resolution. To eliminate the need to review the same cases repeatedly, over-ride flags have been developed to indicate that data in a record (or records) have been reviewed and, while unusual, are correct.

This over-ride is used with the following edits in the NAACCR Metafile of the EDITS software:
Seq Num--Hosp, Primary Site, Morph ICDO2 (CoC)
Seq Num--Hosp, Primary Site, Morph ICDO3 (CoC)

**Rationale**
Some edits check for code combinations that are possible, but quite rare. If the code combination generates an error message and review of the case indicates that the codes are correct for the case, then the over-ride flag is used to skip the edit in the future. See Chapter IV, Recommended Data Edits and Software Coordination of Standards.

**Over-ride Flag as Used in the EDITS Software Package**
Edits of the type Seq Num--Hosp, Primary Site, Morph differ in use of ICD-O-2 or ICD-O-3 morphology. They force review of multiple primary cancers when one of the primaries is coded to a site/morphology combination that could indicate a metastatic site rather than a primary site.

1. If Sequence Number--Hospital indicates the person has had more than one primary, then any case with one of the following site/histology combinations requires review:
   - C760-C768 (ill-defined sites) or C809 (unknown primary) and ICD-O-2 or ICD-O-3 histology < 9590. Look for evidence that the unknown or ill-defined primary is a secondary site from one of the patient's other cancers. For example, a clinical discharge diagnosis of "abdominal carcinomatosis" may be attributable to the patient's primary ovarian cystadenocarcinoma already in the registry, and should not be entered as a second primary.
   - C770-C779 (lymph nodes) and ICD-O-2 histology not in range 9590-9717 or ICD-O-3 histology not in the range 9590-9729; or C420-C424 and ICD-O-2 histology not in range 9590-9941 or ICD-O-3 histology not in the range 9590-9989. That combination is most likely a metastatic lesion. Check whether the lesion could be a manifestation of one of the patient's other cancers.
   - Any site and ICD-O-2 histology in the range 9720-9723, 9740-9741 or ICD-O-3 histology in the range 9740-9758. Verify that these diagnoses are coded correctly and are indeed separate primaries from the others.
2. If it turns out that the suspect tumor is a manifestation of one of the patient's other cancers, delete the metastatic or secondary case, re-sequence remaining cases, and correct the coding on the original case as necessary.

**Instructions for Coding**
- Leave blank if the program does not generate an error message for an edit of the type Seq Num--Hosp, Primary Site, Morph.
- Leave blank and correct any errors for the case if an item is discovered to be incorrect.
- Code 1 if review of all items in the error or warning message confirms that hospital sequence number and site are both correct.

**Codes**
1 Reviewed and confirmed as reported
Blank Not reviewed or reviewed and corrected

**OVER-RIDE ILL-DEFINE SITE** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Sequence Number/Ill-defined Site Interfield Review (Interfield Edit 22) | 2060 | 1 | SEER | 1903-1903 |

**Description**
Some computer edits identify errors. Others indicate possible errors that require manual review for resolution. To eliminate the need to review the same cases repeatedly, over-ride flags have been developed to indicate that data in a record (or records) have been reviewed and, while unusual, are correct.

This over-ride is used with the following edits in the NAACCR Metafile of the EDITS software:
Seq Num--Central, Prim Site, Morph ICDO2 (SEER IF22)
Seq Num--Central, Prim Site, Morph ICDO3 (SEER IF22)

**Rationale**
Some edits check for code combinations that are possible, but quite rare. If the code combination generates an error message and review of the case indicates that the codes are correct for the case, then the over-ride flag is used to skip the edit in the future. See Chapter IV, Recommended Data Edits and Software Coordination of Standards.

**Over-ride Flag as Used in the EDITS Software Package**
Edits of the type Seq Num--Central, Primary Site, Morph differ in use of ICD-O-2 or ICD-O-3 morphology. They force review of multiple primary cancers when one of the primaries is coded to a site/morphology combination that could indicate a metastatic site rather than a primary site.

1. If Sequence Number-Central indicates the person has had more than one primary, then any case with one of the following site/histology combinations requires review:
   - C760-C768 (ill-defined sites) or C809 (unknown primary) and ICD-O-2 or ICD-O-3 histology < 9590. Look for evidence that the unknown or ill-defined primary is a secondary site from one of the patient's other cancers. For example, a clinical discharge diagnosis of "abdominal carcinomatosis" may be attributable to the patient's primary ovarian cystadenocarcinoma already in the registry, and should not be entered as a second primary.
   - C770-C779 (lymph nodes) and ICD-O-2 histology not in the range 9590-9717 or ICD-O-3 histology not in the range 9590-9729; or C420-C424 and ICD-O-2 histology not in the range 9590-9941 or ICD-O-3 histology not in the range 9590-9989. That combination is most likely a metastatic lesion. Check whether the lesion could be a manifestation of one of the patient's other cancers.
   - Any site and ICD-O-2 histology in the range 9720-9723, 9740-9741 or ICD-O-3 histology in the range 9740-9758. Verify that these diagnoses are coded correctly and are indeed separate primaries from the others.
2. If it turns out that the suspect tumor is a manifestation of one of the patient's other cancers, delete the metastatic or secondary case, re-sequence remaining cases, and correct the coding on the original case as necessary.

**Instructions for Coding**
- Code 1 can be used if a second or subsequent primary reporting with an ill-defined primary site has been reviewed and is indeed an independent primary.
- Leave blank and correct any errors for the caseif an item is discovered to be incorrect.

**Codes**
1 Reviewed and confirmed as reported: a second or subsequent primary reported with an ill-defined primary site (C76.0-C76.8, C80.9) has been reviewed and is an independent primary
Blank Not reviewed or reviewed and corrected

**OVER-RIDE LEUK, LYMPHOMA**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Leukemia or Lymphoma/Diagnostic Confirmation Interfield Review (Interfield Edit 48) | 2070 | 1 | SEER | 1904-1904 |

**Description**
Some computer edits identify errors. Others indicate possible errors that require manual review for resolution. To eliminate the need to review the same cases repeatedly, over-ride flags have been developed to indicate that data in a record (or records) have been reviewed and, while unusual, are correct.

This over-ride is used with the following edits in the NAACCR Metafile of the EDITS software:
Diagnostic Confirmation, Histology ICDO2 (SEER IF48)
Diagnostic Confirmation, Histology ICDO3 (SEER IF48)

**Rationale**
Some edits check for code combinations that are possible, but quite rare. If the code combination generates an error message and review of the case indicates that the codes are correct for the case, then the over-ride flag is used to skip the edit in the future. See Chapter IV, Recommended Data Edits and Software Coordination of Standards.

**Over-ride Flag as Used in the EDITS Software Package**
Edits of the type Diagnostic Confirmation, Histology differ in use of ICD-O-2 or ICD-O-3 and check the following:

1. Since lymphoma and leukemia are almost exclusively microscopic diagnoses, this edit forces review of any cases of lymphoma that have diagnostic confirmation of direct visualization or clinical, and any leukemia with a diagnostic confirmation of direct visualization.
2. If histology = 9590-9717 for ICD-O-2 or 9590-9729 for ICD-O-3 (lymphoma) then Diagnostic Confirmation cannot be 6 (direct visualization) or 8 (clinical).
3. If histology = 9720-9941 for ICD-O-2 or 9731-9948 for ICD-O-3 (leukemia and other) then Diagnostic Confirmation cannot be 6 (direct visualization).

**Instructions for Coding**

- Leave blank if the program does not generate an error message for the edits of the type Diagnostic Confirmation, Histology.
- Leave blank and correct any errors for the case if an item is discovered to be incorrect.
- If the edit produces an error or warning message, verify that the ICD-O-2 or ICD-O-3 histology and diagnostic confirmation are correctly coded. Remember that positive hematologic findings and bone marrow specimens are included as histologic confirmation (code 1 in Diagnostic Confirmation) for leukemia. Code 1 indicates that a review has taken place and histologic type and diagnostic confirmation are correctly coded.

**Codes**
1 Reviewed and confirmed as reported
Blank Not reviewed or reviewed and corrected

**OVER-RIDE REPORT SOURCE**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Type of Reporting Source/Sequence Number Interfield Review (Interfield Edit 04) | 2050 | 1 | SEER | 1902-1902 |

**Description**
Some computer edits identify errors. Others indicate possible errors that require manual review for resolution. To eliminate the need to review the same cases repeatedly, over-ride flags have been developed to indicate that data in a record (or records) have been reviewed and, while unusual, are correct.

This over-ride is used with the following edits in the NAACCR Metafile of the EDITS software:
Type of Rep Srce(DC),Seq Num--Cent, ICDO2 (SEER IF04)
Type of Rep Srce(DC),Seq Num--Cent, ICDO3 (SEER IF04)

**Rationale**
Some edits check for code combinations that are possible, but quite rare. If the code combination generates an error message and review of the case indicates that the codes are correct for the case, then the over-ride flag is used to skip the edit in the future. See Chapter IV, Recommended Date Edits and Software Coordination of Standards.

**Over-ride Flag as Used in the EDITS Software Package**
Edits of the type 'Type of Rep Srce(DC), Seq Num--Cent' checks that if the case is a death-certificate-only case and the histology is not a lymphoma, leukemia, immunoproliferative or myeloproliferative disease (ICD-O-2 or ICD-O-3 histology is less than 9590), then the tumor sequence number must specify one primary only (sequence '00').

**Instructions for Coding**
- Leave blank if the program does not generate an error message for the report source edit.
- Code 1 if review of type of reporting source, histologic type and tumor sequence number verified that a second or subsequent primary with a reporting source of death-certificate-only has been reviewed and is indeed an independent primary.

**Codes**
1 Reviewed and confirmed as reported
Blank Not reviewed or reviewed and corrected

**OVER-RIDE SEQNO/DXCONF**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Sequence Number/Diagnostic Confirmation Interfield Review (Interfield Edit 23) | 2000 | 1 | SEER | 1897-1897 |

**Description**
Some computer edits identify errors. Others indicate possible errors that require manual review for resolution. To eliminate the need to review the same cases repeatedly, over-ride flags have been developed to indicate that data in a record (or records) have been reviewed and, while unusual, are correct.

This over-ride is used with the following edits in the NAACCR Metafile of the EDITS software:
Diagnostic Confirm, Seq Num--Central (SEER IF23)

**Rationale**
Some edits check for code combinations that are impossible, but quite rare. If the code combination generates an error message and review of the case indicates that the codes are correct for the case, then the over-ride flag is used to skip the edit in the future. See Chapter IV, Recommended Data Edits and Software Coordination of Standards.

**Over-ride Flag as Used in the EDITS Software Package**
- The edit checks if the case is one of multiple primaries and is not microscopically confirmed or has only positive lab test/marker studies (i.e., Diagnostic Confirmation >5) and tumor sequence number >00 (more than one primary).
- The edit is skipped if the Sequence Number--Central is in the range of 60-99.

**Instructions for Coding**
- Leave blank if the program does not generate an error message for the Diagnostic Confirmation and Sequence Number Central edit.
- Code 1 if the cases have been reviewed and it is verified that there are multiple primaries of specific sites in which at least one diagnosis has not been microscopically confirmed.

**Codes**
1 Reviewed and confirmed as reported
Blank Not reviewed or reviewed and corrected

**OVER-RIDE SITE/BEHAVIOR**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Over-ride Flag for Site/Behavior (IF39) | 2071 | 1 | SEER | 1905-1905 |

**Description**
Some computer edits identify errors. Others indicate possible errors that require manual review for resolution. To eliminate the need to review the same cases repeatedly, over-ride flags have been developed to indicate that data in a record (or records) have been reviewed and, while unusual, are correct.

This over-ride is used with the following edits in the NAACCR Metafile of the EDITS software:
Primary Site, Behavior Code ICDO2 (SEER IF39)
Primary Site, Behavior Code ICDO3 (SEER IF39)

**Rationale**
Some edits check for code combinations that are possible, but quite rare. If the code combination generates an error message and review of the case indicates that the codes are correct for the case, then the over-ride flag is used to skip the edit in the future. See Chapter IV, Recommended Data Edits and Software Coordination of Standards.

**Over-ride Flag as Used in the EDITS Software Package**
Edits of the type, Primary Site, Behavior Code, require review of the following primary sites with a behavior of *in situ* (ICD-O-2 or ICD-O-3 behavior = 2):

| | |
|---|---|
| C269 | Gastrointestinal tract, NOS |
| C399 | Ill-defined sites within respiratory system |
| C559 | Uterus, NOS |
| C579 | Female genital tract, NOS |
| C639 | Male genital organs, NOS |
| C689 | Urinary system, NOS |
| C729 | Nervous system, NOS |
| C759 | Endocrine gland, NOS |
| C760-C768 | Ill-defined sites |
| C809 | Unknown primary site |

Since the designation of *in situ* is very specific and almost always requires microscopic confirmation, ordinarily specific information should also be available regarding the primary site. Conversely, if inadequate information is available to determine a specific primary site, it is unlikely that information about a cancer being *in situ* is reliable.

If an *in situ* diagnosis is stated, try to obtain a more specific primary site. A primary site within an organ system can sometimes be identified based on the diagnostic procedure or treatment given or on the histologic type. If no more specific site can be determined, it is usually preferable to code a behavior code of 3. In the exceedingly rare situation in which it is certain that the behavior is *in situ* and no more specific site code is applicable, set Over-ride Site/Behavior to 1.

**Instructions for Coding**
- Leave blank if the program does not generate an error message for the edit Primary Site, Behavior Code ICDO2 (SEER IF39) and/or the edit Primary Site, Behavior Code ICDO3 (SEER IF39).
- Leave blank and correct any errors for the case if an item is discovered to be incorrect.
- Code 1 if review of site and behavior verifies that the patient has an *in situ* cancer of a nonspecific site and no further information about the primary site is available.

**Codes**
1 Reviewed and confirmed as reported
Blank Not reviewed or reviewed and corrected

*Note:* The IF 39 edit does not allow *in situ* cases of nonspecific sites, such as gastrointestinal tract, NOS; uterus, NOS; female genital tract, NOS; male genital organs, NOS; and others. The over-ride indicates that the conflict has been reviewed.

**OVER-RIDE SITE/EOD/DX DT**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Over-ride Flag for Site/EOD/Diagnosis Date (IF40)<br>Over-ride Flag for Site/CS Extension/Diagnosis Date (IF176) | 2072 | 1 | SEER | 1906-1906 |

**Description**
Some computer edits identify errors. Others indicate possible errors that require manual review for resolution. To eliminate the need to review the same cases repeatedly, over-ride flags have been developed to indicate that data in a record (or records) have been reviewed and, while unusual, are correct.

This over-ride is used with the following edits in the NAACCR Metafile of the EDITS software:
Primary Site, EOD, ICDO2 (SEER IF40)
Primary Site, EOD, ICDO3 (SEER IF40)
Primary Site, CS Extension (SEER IF 176)

**Rationale**
Some edits check for code combinations that are possible, but quite rare. If the code combination generates an error message and review of the case indicates that the codes are correct for the case, then the over-ride flag is used to skip the edit in the future. See Chapter IV, Recommended Data Edits and Software Coordination of Standards.

**Over-ride Flag as Used in the EDITS Software Package**
Edits of this type Primary Site, EOD do not allow "localized" disease with nonspecific sites, such as mouth, NOS; colon, NOS (except ICD-O-2 or ICD-O-3 histology 8210, 8220, 8261, or 8263); bone, NOS; female genital system, NOS; male genital organs, NOS; and others.

**Instructions for Coding**
- Leave blank if the program does not generate an error message for the edit Primary Site, EOD, ICDO2 (SEER IF40) and/or the edit Primary Site, EOD, ICDO3 (SEER IF40).
- Code 1 if the case has been reviewed and it has been verified that the patient had "localized" disease with a nonspecific site and no further information about the primary site is available.

**Codes**
1 Reviewed and confirmed as reported
Blank Not reviewed or reviewed and corrected

**OVER-RIDE SITE/LAT/EOD**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Over-ride Flag for Site/Laterality/EOD (IF41) Over-ride Flag for Site/Laterality/CS Extension (IF177) | 2073 | 1 | SEER | 1907-1907 |

**Description**
Some computer edits identify errors. Others indicate possible errors that require manual review for resolution. To eliminate the need to review the same cases repeatedly, over-ride flags have been developed to indicate that data in a record (or records) have been reviewed and, while unusual, are correct.

This over-ride is used with the following edits in the NAACCR Metafile of the EDITS software:

Primary Site, Laterality, EOD, ICDO2 (SEER IF41)
Primary Site, Laterality, EOD, ICDO3 (SEER IF41)
Primary Site, Laterality, CS Extension (SEER IF177)

**Rationale**
Some edits check for code combinations that are possible, but quite rare. If the code combination generates an error message and review of the case indicates that the codes are correct for the case, then the over-ride flag is used to skip the edit in the future. See Chapter IV, Recommended Data Edits and Software Coordination of Standards.

**Over-ride Flag as Used in the EDITS Software Package**
Edits of this type Primary Site, Laterality, EOD apply to paired organs and do not allow EOD to be specified as *in situ*, localized, or regional by direct extension if laterality is coded as "bilateral, site unknown," or "laterality unknown."

**Instructions for Coding**

- Leave blank if the program does not generate an error message for the edit Primary Site, Laterality, EOD, ICDO2 (SEER IF41) and/or Primary Site, Laterality, EOD, ICDO3 (SEER IF41).
- Code 1 if the case has been reviewed and it has been verified that the patient had laterality coded nonspecifically and EOD coded specifically.

**Codes**
1 Reviewed and confirmed as reported
Blank Not reviewed or reviewed and corrected

**OVER-RIDE SITE/LAT/MORPH**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Over-ride Flag for Site/Laterality/Morphology (IF42) | 2074 | 1 | SEER | 1908-1908 |

**Description**
Some computer edits identify errors. Others indicate possible errors that require manual review for resolution. To eliminate the need to review the same cases repeatedly, over-ride flags have been developed to indicate that data in a record (or records) have been reviewed and, while unusual, are correct.

This over-ride is used with the following edits in the NAACCR Metafile of the EDITS software:
Laterality, Primary Site, Morph ICDO2 (SEER IF42)
Laterality, Primary Site, Morph ICDO3 (SEER IF42)

**Rationale**
Some edits check for code combinations that are possible, but quite rare. If the code combination generates an error message and review of the case indicates that the codes are correct for the case, then the over-ride flag is used to skip the edit in the future. See Chapter IV, Recommended Data Edits and Software Coordination of Standards.

**Over-ride Flag as Used in the EDITS Software Package**
Edits of the type Laterality, Primary Site, Morph differ in use of ICD-O-2 or ICD-O-3 morphology and do the following:

1. If the Primary Site is a paired organ and ICD-O-2 or ICD-O-3 behavior is *in situ* (2), then laterality must be 1, 2, or 3.
2. If diagnosis year less than 1988 and ICD-O-2 or ICD-O-3 histology ≥ 9590, no further editing is performed.
3. If diagnosis year greater than 1987 and ICD-O-2 or ICD-O-3 histology = 9140, 9700, 9701, 9590-9980, no further editing is performed.

The intent of this edit is to force review of *in situ* cases for which laterality is coded 4 (bilateral) or 9 (unknown laterality) as to origin.

In rare instances when the tumor is truly midline (9) or the rare combination is otherwise confirmed correct, enter a code 1 for Override Site/Lat/Morph.

**Instructions for Coding**
- Leave blank if the program does not generate an error message for the edit Laterality, Primary site, Morph ICDO2 (SEER IF 42) and/or the edit Laterality, Primary site, Morph ICDO3 (SEER IF42).
- Leave blank and correct any errors for the case if an item is discovered to be incorrect.
- Code 1 if review of site, laterality and morphology verifies that the case had behavior code of "*in situ*" and laterality is not stated as "right: origin of primary;" "left: origin of primary;" or "only one side involved, right or left origin not specified".

**Codes**
1 Reviewed and confirmed as reported
Blank Not reviewed or reviewed and corrected

**OVER-RIDE SITE/LAT/SEQNO**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Site/Histology/Laterality/Sequence Number Interrecord Review (Interrecord Edit 09) | 2010 | 1 | SEER | 1898-1898 |

**Description**
Some computer edits identify errors. Others indicate possible errors that require manual review for resolution. To eliminate the need to review the same cases repeatedly, over-ride flags have been developed to indicate that data in a record (or records) have been reviewed and, while unusual, are correct.

This over-ride is used with the following Interrecord Edit from the SEER Program:
Verify Same Primary Not Reported Twice for a Person (SEER IR09)

Presently, documentation on interrecord edits is not included in the EDITS software.

**Rationale**
Some edits check for code combinations that are possible, but quite rare. If the code combination generates an error message and review of the case indicates that the codes are correct for the case, then the over-ride flag is used to skip the edit in the future. See Chapter IV, Recommended Data Edits and Software Coordination of Standards.

**Over-ride Flag as Used in the EDITS Software Package**
Verify Same Primary Not Reported Twice for a Person (SEER IR09) applies to paired organs and does not allow two cases with the same primary site group, laterality and three digit histology code. This edit verifies that the same primary is not reported twice for a person.

**Instructions for Coding**
- Leave blank if the program does not generate an error message for the edit Verify Same Primary Not Reported Twice for a Person (SEER IR09).
- Code 1 if the case has been reviewed and it has been verified that the patient had multiple primaries of the same histology (3 digit) in the same primary site group.

**Codes**
1 Reviewed and confirmed as reported
Blank Not reviewed or reviewed and corrected

**OVER-RIDE SITE/TNM-STGGRP**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 1989 | 1 | CoC | 1895-1895 |

**Description**
Some computer edits identify errors. Others indicate possible errors that require manual review for resolution. To eliminate the need to review the same cases repeatedly, over-ride flags have been developed to indicate that data in a record (or records) have been reviewed and, while unusual, are correct.

This over-ride is used with the following edit in the NAACCR Metafile of the EDITS software:
Primary Site, AJCC Stage Group -- Ed 6, ICDO3 (CoC)

**Rationale**
Some edits check for code combinations that are possible, but quite rare. If the code combination generates an error message and review of the case indicates that the codes are correct for the case, then the override flag is used to skip the edit in the future. See Chapter IV, Recommended Data Edits and Software Coordination of Standards.

**Over-ride Flag as Used in the EDITS Software Package**
The edit, Primary Site, AJCC Stage Group -- Ed 6, ICDO3 (CoC), checks that the pathologic and clinical AJCC stage group codes are valid for the site and histology group according to the *AJCC Cancer Staging Manual Sixth Edition*, using the codes described for the items TNM Clin Stage Group [970] and TNM Path Stage Group [910]. Combinations of site and histology not represented in any AJCC schema must be coded 88. Unknown stage groups must be coded 99. Blanks are not permitted.

Since pediatric cancers whose sites and histologies have an AJCC scheme may be coded according to a pediatric scheme instead, Override Site/TNM-Stage Group is used to indicate pediatric cases not coded according to the AJCC manual. Pediatric Stage groups should not be recorded in the TNM Clin Stage Group or TNM Path Stage Group items. When neither clinical nor pathologic AJCC staging is used for pediatric cases, code all AJCC items 88. When any components of either is used to stage a pediatric case, follow the instructions for coding AJCC items and leave Override Site/TNM-Stage Group blank.

**Instructions for Coding**
- Leave blank if the program does not generate an error message for the edit, Primary Site, AJCC Stage Group -- Ed 6, ICDO3 (CoC).
- Leave blank and correct any errors for the case if an item is discovered to be incorrect.
- Code 1 if the case is confirmed to be a pediatric case that was coded using a pediatric coding system.

**Codes**
1 Reviewed and confirmed as reported
Blank Not reviewed or reviewed and corrected

**OVER-RIDE SITE/TYPE**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Site/Type Interfield Review (Interfield Edit 25) | 2030 | 1 | SEER | 1900-1900 |

**Description**
Some computer edits identify errors. Others indicate possible errors that require manual review for resolution. To eliminate the need to review the same cases repeatedly, over-ride flags have been developed to indicate that data in a record (or records) have been reviewed and, while unusual, are correct.

This over-ride is used with the following edits in the NAACCR Metafile of the EDITS software:
Primary Site, Morphology-Type ICDO2 (CoC)
Primary Site, Morphology-Type ICDO3 (CoC)
Primary Site, Morphology-Type ICDO2 (SEER IF25)
Primary Site, Morphology-Type ICDO3 (SEER IF25)
Primary Site, Morphology-Type, Behavior ICDO3 (SEER IF25)
Primary Site, Morphology-Type, Behavior ICDO3 (CoC)

**Rationale**
Some edits check for code combinations that are possible, but quite rare. If the code combination generates an error message and review of the case indicates that the codes are correct for the case then the over-ride flag is used to skip the edit in the future. See Chapter IV, Recommended Data Edits and Software Coordination of Standards.

**Over-ride Flag as Used in the EDITS Software Package**
Multiple versions of edits of the type Primary site, Morphology-Type check for "usual" combinations of site and ICD-O-2 or ICD-O-3 histology. The SEER version of the edit is more restrictive than the CoC edit, and thus uses a different over-ride flag. The CoC version of the edit will accept Over-ride CoC-Site/Type or Over-ride Site/Type as equivalent.

1. The Site/Histology validation list (available on the SEER web site) contains those histologies commonly found in the specified primary site. Histologies that occur only rarely or never are not included. These edits require review of all combinations not listed.
2. Since basal and squamous cell carcinomas of non-genital skin sites are not reportable to SEER, these site/histology combinations do not appear on the SEER validation list. For the CoC version of the edit, if Primary Site is in the range C440-C449 (skin), and ICD-O-2 histology is in the range 8000-8004 (neoplasms, malignant, NOS), 8010-8045 (epithelial carcinomas), 8050-8082 (papillary and squamous cell carcinomas), or 8090-8110 (basal cell carcinomas), or ICD-O-3 histology is in the range 8000-8005 (neoplasms, malignant, NOS), 8010-8046 (epithelial carcinomas), 8050-8084 (papillary and squamous cell carcinomas), or 8090-8110 (basal cell carcinomas), no further editing is done. No over-ride is necessary for these cases in the CoC version of the edit.

Review of these cases requires investigating whether a) the combination is biologically implausible, or b) there are cancer registry coding conventions that would dictate different codes for the diagnosis. Review of these rare combinations often results in changes to the primary site and/or morphology, rather than a decision that the combination is correct.

**Instructions for Coding**

- Leave blank if the program does not generate an error message for the edits of the type Primary Site, Morphology-Type.
- Leave blank and correct any errors for the case if an item is discovered to be incorrect.
- Code 1 if the case has been reviewed and both the site and histology are correct.

**Codes**

1 Reviewed and confirmed as reported
Blank Not reviewed or reviewed and corrected

**OVER-RIDE SS/DISMET1** **Retired**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 1984 | | | |

**Description**

The NAACCR UDSC retired this data item in Version 12, as of January 1, 2010.

**OVER-RIDE SS/NODESPOS**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Over-ride Summary Stage/Nodes Positive | 1981 | 1 | NAACCR | 1888-1888 |

**Description**
Some computer edits identify errors. Others indicate possible errors that require manual review for resolution. To eliminate the need to review the same cases repeatedly, over-ride flags have been developed to indicate that data in a record (or records) have been reviewed and, while unusual, are correct.

This over-ride is used with the following edits in the NAACCR Metafile of the EDITS software:
Summary Stage 1977, Regional Nodes Pos (NAACCR)
Summary Stage 2000, Regional Nodes Pos (NAACCR)

**Rationale**
Some edits check for code combinations that are possible, but quite rare. If the code combination generates an error or warning message and review of the case indicates that the codes are correct for the case, then the over-ride flag is used to skip the edit in the future. See Chapter IV, Recommended Data Edits and Software Coordination of Standards.

**Over-ride Flag as Used in the EDITS Software Package**
The edit Summary Stage 1977, Regional Nodes Pos (NAACCR) checks SEER Summary Stage 1977 against Regional Nodes Positive and generates an error or warning if there is an incompatibility between the two data items. The edit Summary Stage 2000, Regional Nodes Pos (NAACCR) checks SEER Summary Stage 2000 against Regional Nodes Positive and generates an error or warning if there is an incompatibility between the two data items.

**Instructions for Coding**
- Leave blank if the program does not generate an error message for the edit Summary Stage 1977, Regional Nodes Pos (NAACCR) or the edit Summary Stage 2000, Regional Nodes Pos (NAACCR).
- Leave blank and correct any errors for the case if an item is discovered to be incorrect.
- Code 1 if the case has been reviewed and it has been verified that the case has both SEER Summary Stage 1977 and Nodes Positive coded correctly or SEER Summary Stage 2000 and Nodes Positive coded correctly.

**Codes**
1 Reviewed and confirmed as reported
Blank Not reviewed or reviewed and corrected

**OVER-RIDE SS/TNM-M**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Over-ride Summary Stage/TNM-M | 1983 | 1 | NAACCR | 1890-1890 |

**Description**
Some computer edits identify errors. Others indicate possible errors that require manual review for resolution. To eliminate the need to review the same cases repeatedly, over-ride flags have been developed to indicate that data in a record (or records) have been reviewed and, while unusual, are correct.

This over-ride is used with the following edits in the NAACCR Metafile of the EDITS software:
Summary Stage 1977, TNM-M (NAACCR)
Summary Stage 2000, TNM-M (NAACCR)

**Rationale**
Some edits check for code combinations that are possible, but quite rare. If the code combination generates an error or warning message and review of the case indicates that the codes are correct for the case, then the over-ride flag is used to skip the edit in the future. See Chapter IV, Recommended Data Edits and Software Coordination of Standards.

**Over-ride Flag as Used in the EDITS Software Package**
The edit Summary Stage 1977, TNM-M (NAACCR) checks the SEER Summary Stage 1977 against the TNM-M and generates a warning if the SEER Summary Stage 1977 is ‘distant’ and the TNM-M is ‘0’. (TNM-M is derived from TNM Path M and TNM Clin M, with TNM Path M having precedence.) It also checks if the SEER Summary Stage 1977 is not ‘distant’ and the TNM-M is greater than or equal to ‘1’ and generates an error or a warning. The edit Summary Stage 2000, TNM-M (NAACCR) checks the SEER Summary Stage 2000 against the TNM-M and generates a warning if the SEER Summary Stage 2000 is ‘distant’ and the TNM-M is ‘0’. It also checks if the SEER Summary Stage 2000 is not ‘distant’ and the TNM-M is greater than or equal to ‘1’ and generates an error or a warning.

**Instructions for Coding**
- Leave blank if the program does not generate an error message for the edit Summary Stage 1977, TNM-M (NAACCR) or the edit Summary Stage 2000, TNM-M (NAACCR).
- Leave blank and correct any errors for the case if an item is discovered to be incorrect.
- Code 1 if the case has been reviewed and it has been verified that both SEER Summary Stage 1977 and TNM-M have been coded correctly or that SEER Summary Stage 2000 and TNM-M have been coded correctly.

**Codes**
1 Reviewed and confirmed as reported
Blank Not reviewed or reviewed and corrected

**OVER-RIDE SS/TNM-N**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Over-ride Summary Stage/TNM-N | 1982 | 1 | NAACCR | 1889-1889 |

**Description**
Some computer edits identify errors. Others indicate possible errors that require manual review for resolution. To eliminate the need to review the same cases repeatedly, over-ride flags have been developed to indicate that data in a record (or records) have been reviewed and, while unusual, are correct.

This over-ride is used with the following edits in the NAACCR Metafile of the EDITS software:
Summary Stage 1977, TNM-N (NAACCR)
Summary Stage 2000, TNM-N (NAACCR)

**Rationale**
Some edits check for code combinations that are possible, but quite rare. If the code combination generates an error message and review of the case indicates that the codes are correct for the case, then the over-ride flag is used to skip the edit in the future. See Chapter IV, Recommended Data Edits and Software Coordination of Standards.

**Over-ride Flag as Used in the EDITS Software Package**
The edit Summary Stage 1977, TNM-N (NAACCR) checks SEER Summary Stage 1977 against the TNM-N and generates an error if the SEER Summary Stage 1977 indicates regional nodal involvement and the TNM-N does not. (TNM-N is derived from TNM Path N and TNM Clin N, with TNM Path N having precedence.) It also generates an error if the SEER Summary Stage 1977 is '*in situ*' or 'localized' and the TNM-N is greater than or equal to '1'. The edit Summary Stage 2000, TNM-N (NAACCR) checks SEER Summary Stage 2000 against the TNM-N and generates an error if the SEER Summary Stage 2000 indicates regional nodal involvement and the TNM-N does not. It also generates an error if the SEER Summary Stage 2000 is '*in situ*' or 'localized' and the TNM-N is greater than or equal to '1'.

**Instructions for Coding**
- Leave blank if the program does not generate an error message for the edit Summary Stage 1977, TNM-N (NAACCR) or the edit Summary Stage 2000, TNM-N (NAACCR).
- Leave blank and correct any errors for the case if an item is discovered to be incorrect.
- Code 1 if the case has been reviewed and it has been verified that both SEER Summary Stage 1977 and TNM-N or both SEER Summary Stage 2000 and TNM-N have been coded correctly.

**Codes**
1 Reviewed and confirmed as reported
Blank Not reviewed or reviewed and corrected

**OVER-RIDE SURG/DXCONF**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Surgery/Diagnostic Confirmation Interfield Review (Interfield Edit 46) | 2020 | 1 | SEER | 1899-1899 |

**Description**
Some computer edits identify errors. Others indicate possible errors that require manual review for resolution. To eliminate the need to review the same cases repeatedly, over-ride flags have been developed to indicate that data in a record (or records) have been reviewed and, while unusual, are correct.

This over-ride is used with the following edits in the NAACCR Metafile of the EDITS software:
RX Summ--Surg Prim Site, Diag Conf (SEER IF76)
RX Summ--Surg Site 98-02, Diag Conf (SEER IF106)
RX Summ--Surgery Type, Diag Conf (SEER IF46)

**Rationale**
Some edits check for code combinations that are possible, but quite rare. If the code combination generates an error message and review of the case indicates that the codes are correct for the case, then the over-ride flag is used to skip the edit in the future. See Chapter IV, Recommended Data Edits and Software Coordination of Standards.

**Over-ride Flag as Used in the EDITS Software Package**
Edits of the type RX Summ--Surg Prim Site, Diag Conf check that cases with a primary site surgical procedure coded 20-90 are histologically confirmed.

If the patient had a surgical procedure, most likely there was a microscopic examination of the cancer. Verify the surgery and diagnostic confirmation codes, and correct any errors. Sometimes there are valid reasons why no microscopic confirmation is achieved with the surgery; for example, the tissue removed may be inadequate for evaluation.

**Instructions for Coding**
- Leave blank if the program does not generate an error message for edits of the type, RX Summ--Surg Prim Site, Diag Conf.
- Leave blank and correct any errors for the case if an item is discovered to be incorrect.
- Code 1 if review confirms that they are correct. The patient had surgery, but the tissue removed was not sufficient for microscopic confirmation.

**Codes**
1 Reviewed and confirmed as reported
Blank Not reviewed or reviewed and corrected

**PAIN ASSESSMENT** **Retired**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 3260 | | | |

**Description**
This data item was published in *FORDS* but later withdrawn by CoC and never implemented. The NAACCR UDSC retired this data item in Version 10.1, as on January 1, 2004.

**PATH DATE SPEC COLLECT 1**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| OBR-7 Observation Date/Time #00241 (HL7)<br>Path--Date Spec Collection | 7320 | 14 | HL7 | 4580-4593 |

**Description**
Records the date and time of the specimen collection for the cancer being reported, not the date read or date the report was typed.

**Rationale**
Describes the origin of the pathology report contributing to this cancer abstract. The date that the specimen was collected is likely to correspond to the procedure date at the facility where a specimen was obtained.

**PATH DATE SPEC COLLECT 2**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| OBR-7 Observation Date/Time #00241 (HL7)<br>Path--Date Spec Collection | 7321 | 14 | HL7 | 4686-4699 |

**Description**
Records the date and time of the specimen collection for the cancer being reported, not the date read or date the report was typed.

**Rationale**
Describes the origin of the pathology report contributing to this cancer abstract. The date that the specimen was collected is likely to correspond to the procedure date at the facility where a specimen was obtained.

**PATH DATE SPEC COLLECT 3**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| OBR-7 Observation Date/Time #00241 (HL7)<br>Path Date Spec Collect 2 | 7322 | 14 | HL7 | 4792-4805 |

**Description**
Records the date and time of the specimen collection for the cancer being reported, not the date read or date the report was typed.

**Rationale**
Describes the origin of the pathology report contributing to this cancer abstract. The date that the specimen was collected is likely to correspond to the procedure date at the facility where a specimen was obtained.

**PATH DATE SPEC COLLECT 4**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| OBR-7 Observation Date/Time #00241 (HL7)<br>Path--Date Spec Collection | 7323 | 14 | HL7 | 4898-4911 |

**Description**
Records the date and time of the specimen collection for the cancer being reported, not the date read or date the report was typed.

**Rationale**
Describes the origin of the pathology report contributing to this cancer abstract. The date that the specimen was collected is likely to correspond to the procedure date at the facility where a specimen was obtained.

**PATH DATE SPEC COLLECT 5**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| OBR-7 Observation Date/Time #00241 (HL7)<br>Path Date Spec Collect 4 | 7324 | 14 | HL7 | 5004-5017 |

**Description**
Records the date and time of the specimen collection for the cancer being reported, not the date read or date the report was typed.

**Rationale**
Describes the origin of the pathology report contributing to this cancer abstract. The date that the specimen was collected is likely to correspond to the procedure date at the facility where a specimen was obtained.

**PATH ORDER PHYS LIC NO 1** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| OBR-16 Ordering Provider (License Number) #00226<br>Path Ordering Client/Phys--Lic No. | 7100 | 20 | HL7 | 4621-4640 |

**Description**
License number of physician submitting specimens for the first path report.

This data item accommodates only one path report. If additional reports were prepared, enter the license number of physician in Path Order Phys Lic No 2 through Path Order Phys Lic No 5 [7101-7104]. Information in this data item should refer to the path report described in data items 7010, 7090, 7190, and 7480.

**Rationale**
Describes the origin of the first pathology report contributing to this cancer abstract.

**PATH ORDER PHYS LIC NO 2** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| OBR-16 Ordering Provider (License Number) #00226<br>Path Ordering Client/Phys--Lic No. | 7101 | 20 | HL7 | 4727-4746 |

**Description**
License number of physician submitting specimens for the second path report.

This data item accommodates only one path report; if additional path reports were prepared, enter the license number of physician in Path Order Phys Lic No 3 through Path Order Phys Lic No 5 [7102-7104]. Information in this data item should refer to the path report described in data items 7011, 7091, 7191, and 7481.

**Rationale**
Describes the origin of the second pathology report contributing to this cancer abstract.

**PATH ORDER PHYS LIC NO 3** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| OBR-16 Ordering Provider (License Number) #00226<br>Path Ordering Client/Phys--Lic No. | 7102 | 20 | HL7 | 4833-4852 |

**Description**
License number of physician submitting specimens for the third path report.

This item accommodates only one path report; if additional path reports were prepared, enter the license number of physician in Path Order Phys Lic No 4 through Path Order Phys Lic No 5 [7103-7104]. Information in this data item should refer to the path report described in data items 7012, 7022, 7192, and 7482.

**Rationale**
Describes the origin of the third pathology report contributing to this cancer abstract.

**PATH ORDER PHYS LIC NO 4** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| OBR-16 Ordering Provider (License Number) #00226<br>Path Ordering Client/Phys--Lic No. | 7103 | 20 | HL7 | 4939-4958 |

**Description**
License number of physician submitting specimens for the fourth path report.

This data item accommodates only one path report; if an additional path report was prepared, enter the license number of physician in Path Order Phys Lic No 5 [7104]. Information in this data item should refer to the path report described in data items 7013, 7023, 7193, and 7483.

**Rationale**
Describes the origin of the fourth pathology report contributing to this cancer abstract.

**PATH ORDER PHYS LIC NO 5**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 7104 | 20 | HL7 | 5045-5064 |

**Description**
License number of physician submitting specimens for the fifth path report.

Information in this data item should refer to the path report described in data items 7014, 7024, 7194, and 7484.

**Rationale**
Describes the origin of the fifth pathology report contributing to this cancer abstract.

**PATH ORDERING FAC NO 1** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| ORC-21 Ordering Facility Name #01311 (HL7)<br>Path Ordering Facility Number (AHA Number) | 7190 | 25 | HL7 | 4596-4620 |

**Description**
Facility ID number of the facility where the specimen described in the first path report was removed/collected.

Use the National Provider Identifier (NPI) if possible. Otherwise, use a number defined by the American Hospital Association (AHA), or some other standard-setting organization such as the American College of Surgeons (ACoS) or Clinical Laboratory Improvement Amendments (CLIA).

This item accommodates only one path report; if additional path reports were prepared, enter the facility ID number(s) in Path Ordering Fac No 2 through Path Ordering Fac No 5 [7191-7194]. Information in this data item should refer to the path report described in data items 7010, 7090, 7100, and 7480.

**Rationale**
Describes the origin of the first pathology report contributing to this cancer abstract. The facility where the specimen was obtained is most likely the location of the medical record for the patient as well as any residual tissue.

**PATH ORDERING FAC NO 2** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| ORC-21 Ordering Facility Name #01311 (HL7)<br>Path Ordering Facility Number (AHA Number) | 7191 | 25 | HL7 | 4702-4726 |

**Description**
Facility ID number of the facility where the specimen described in the second path report was removed/collected.

Use the National Provider Identifier (NPI) if possible. Otherwise, use a number defined by the American Hospital Association (AHA), or some other standard-setting organization such as the American College of Surgeons (ACoS) or Clinical Laboratory Improvement Amendments (CLIA).

This item accommodates only one path report; if additional path reports were prepared, enter the facility ID number(s) in Path Ordering Fac No 3 through Path Ordering Fac No 5 [7192-7194]. Information in this data item should refer to the path report described in data items 7011, 7091, 7101, and 7481.

**Rationale**
Describes the origin of the second pathology report contributing to this cancer abstract. The facility where the specimen was obtained is most likely the location of the medical record for the patient as well as any residual tissue.

**PATH ORDERING FAC NO 3** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| ORC-21 Ordering Facility Name #01311 (HL7)<br>Path Ordering Facility Number (AHA Number) | 7192 | 25 | HL7 | 4808-4832 |

**Description**
Facility ID number of the facility where the specimen described in the third path report was removed/collected.

Use the National Provider Identifier (NPI) if possible. Otherwise, use a number defined by the American Hospital Association (AHA), or some other standard-setting organization such as the American College of Surgeons (ACoS) or Clinical Laboratory Improvement Amendments (CLIA).

This item accommodates only one path report; if additional path reports were prepared, enter the facility ID number(s) in Path Ordering Fac No 4 through Path Ordering Fac No 5 [7193-7194]. Information in this data item should refer to the path report described in data items 7012, 7092, 7102, and 7482.

**Rationale**
Describes the origin of the third pathology report contributing to this cancer abstract. The facility where the specimen was obtained is most likely the location of the medical record for the patient as well as any residual tissue.

**PATH ORDERING FAC NO 4** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| ORC-21 Ordering Facility Name #01311 (HL7)<br>Path Ordering Facility Number (AHA Number) | 7193 | 25 | HL7 | 4914-4938 |

**Description**
Facility ID number of the facility where the specimen described in the fourth path report was removed/collected.

Use the National Provider Identifier (NPI) if possible. Otherwise, use a number defined by the American Hospital Association (AHA), or some other standard-setting organization such as the American College of Surgeons (ACoS) or Clinical Laboratory Improvement Amendments (CLIA).

This item accommodates only one path report; if an additional path report was prepared, enter the facility ID number in Path Ordering Fac No 5 [7194]. Information in this data item should refer to the path report described in data items 7013, 7093, 7103, and 7483.

**Rationale**
Describes the origin of the fourth pathology report contributing to this cancer abstract. The facility where the specimen was obtained is most likely the location of the medical record for the patient as well as any residual tissue.

**PATH ORDERING FAC NO 5**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| ORC-21 Ordering Facility Name #01311 (HL7)<br>Path Ordering Facility Number (AHA Number) | 7194 | 25 | HL7 | 5020-5044 |

**Description**
Facility ID number of the facility where the specimen described in the fifth path report was removed/collected.

Use the National Provider Identifier (NPI) if possible. Otherwise, use a number defined by the American Hospital Association (AHA), or some other standard-setting organization such as the American College of Surgeons (ACoS) or Clinical Laboratory Improvement Amendments (CLIA).

This item accommodates only one path report. Information in this data item should refer to the path report described in data items 7014, 7094, 7104, and 7484.

**Rationale**
Describes the origin of the fifth pathology report contributing to this cancer abstract. The facility where the specimen described in the fifth path report was obtained is most likely the location of the medical record for the patient as well as any residual tissue.

**PATH REPORT NUMBER 1**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| OBR-3 Filler Order Number #00217 (HL7) Path Report Number | 7090 | 20 | HL7 | 4560-4579 |

**Description**
Unique sequential number assigned by a laboratory to the first report for this case.

This item accommodates only one path report. When information is available for more than one path report, enter the path report number(s) in Path Report No 2 through Path Report No 5 [7091-7094]. Information in this data item should refer to the path report described in data items 7010, 7100, 7190, and 7480.

**Rationale**
Describes the first pathology report contributing to this cancer abstract. The pathology report number provides a cross reference that identifies the specimen at the pathology facility. It may be useful for follow-back with the pathology facility.

**PATH REPORT NUMBER 2**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| OBR-3 Filler Order Number #00217 (HL7) Path Report Number | 7091 | 20 | HL7 | 4666-4685 |

**Description**
Unique sequential number assigned by a laboratory to the second report for this case.

This item accommodates only one path report. When information is available for more than two path reports, enter the path report number(s) in Path Report No 3 through Path Report No 5 [7092-7094]. Information in this data item should refer to the path report described in data items 7011, 7101, 7191, and 7481.

**Rationale**
Describes the second pathology report contributing to this cancer abstract. The pathology report number provides a cross reference that identifies the specimen at the pathology facility. It may be useful for follow-back with the pathology facility.

**PATH REPORT NUMBER 3**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| OBR-3 Filler Order Number #00217 (HL7) Path Report Number | 7092 | 20 | HL7 | 4772-4791 |

**Description**
Unique sequential number assigned by a laboratory to the third report for this case.

This item accommodates only one path report. When information is available for more than three path reports, enter the path report number(s) in Path Report No 4 through Path Report No 5 [7093-7094]. Information in this data item should refer to the path report described in data items 7012, 7102, 7192, and 7482.

**Rationale**
Describes the third pathology report contributing to this cancer abstract. The pathology report number provides a cross reference that identifies the specimen at the pathology facility. It may be useful for follow-back with the pathology facility.

**PATH REPORT NUMBER 4**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| OBR-3 Filler Order Number #00217 (HL7) Path Report Number | 7093 | 20 | HL7 | 4878-4897 |

**Description**
Unique sequential number assigned by a laboratory to the fourth report for this case.

This item accommodates only one path report. When information is available for more than four path reports, enter the path report number in Path Report No 5 [7094]. Information in this data item should refer to the path report described in data items 7013, 7103, 7193, and 7483.

**Rationale**
Describes the fourth pathology report contributing to this cancer abstract. The pathology report number provides a cross reference that identifies the specimen at the pathology facility. It may be useful for follow-back with the pathology facility.

**PATH REPORT NUMBER 5**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| OBR-3 Filler Order Number #00217 (HL7) Path Report Number | 7094 | 20 | HL7 | 4984-5003 |

**Description**
Unique sequential number assigned by a laboratory to the fifth report for this case.

This item accommodates only one path report. Information in this data item should refer to the path report described in data items 7014, 7104, 7194, and 7484.

**Rationale**
Describes the fifth pathology report contributing to this cancer abstract. The pathology report number provides a cross reference that identifies the specimen at the pathology facility. It may be useful for follow-back with the pathology facility.

**PATH REPORT TYPE 1**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| OBR-4 Universal Service ID #00238 (HL7)<br>Path--Report Type | 7480 | 2 | HL7 | 4594-4595 |

**Description**
This field reflects the type of report transmitted to the cancer registry and may need to be classified at the central cancer registry.

This data item accommodates information for only one path report. If additional path reports were prepared, enter the path report type(s) in Path Report Type 2 through Path Report Type 5 [7481-7484]. Information in this data item should refer to the path report described in data items 7010, 7100, 7090, and 7190.

**Rationale**
Describes the origin of the first pathology report contributing to this cancer abstract. This variable is primarily used for administrative purposes at the cancer registry.

**Codes**
01 Pathology
02 Cytology
03 Gyn Cytology
04 Bone Marrow (biopsy/aspirate)
05 Autopsy
06 Clinical Laboratory Blood Work, NOS
07 Tumor Marker (p53, CD's Ki, CEA, Her2/Neu, etc.)
08 Cytogenetics
09 Immunohistochemical Stains
10 Molecular Studies
11 Flow Cytometry, Immunophenotype
98 Other
99 Unknown

**PATH REPORT TYPE 2**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| OBR-4 Universal Service ID #00238 (HL7)<br>Path--Report Type | 7481 | 2 | HL7 | 4700-4701 |

**Description**
This field reflects the type of report transmitted to the cancer registry and may need to be classified at the central cancer registry.

This data item accommodates information for only one path report. If additional path reports were prepared, enter the path report type(s) in Path Report Type 3 through Path Report Type 5 [7482-7484]. Information in this data item should refer to the path report described in data items 7011, 7101, 7091, and 7191.

**Rationale**
Describes the origin of the second pathology report contributing to this cancer abstract. This variable is primarily used for administrative purposes at the cancer registry.

**Codes**
01 Pathology
02 Cytology
03 Gyn Cytology
04 Bone Marrow (biopsy/aspirate)
05 Autopsy
06 Clinical Laboratory Blood Work, NOS
07 Tumor Marker (p53, CD's Ki, CEA, Her2/Neu, etc.)
08 Cytogenetics
09 Immunohistochemical Stains
10 Molecular Studies
11 Flow Cytometry, Immunophenotype
98 Other
99 Unknown

**PATH REPORT TYPE 3**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| OBR-4 Universal Service ID #00238 (HL7)<br>Path--Report Type | 7482 | 2 | HL7 | 4806-4807 |

**Description**
This field reflects the type of report transmitted to the cancer registry and may need to be classified at the central cancer registry.

This data item accommodates information for only one path report. If additional path reports were prepared, enter the path report type(s) in Path Report Type 4 through Path Report Type 5 [7433-7484]. Information in this data item should refer to the path report described in data items 7012, 7102, 7092, and 7192.

**Rationale**
Describes the origin of the third pathology report contributing to this cancer abstract. This variable is primarily used for administrative purposes at the cancer registry.

**Codes**
01 Pathology
02 Cytology
03 Gyn Cytology
04 Bone Marrow (biopsy/aspirate)
05 Autopsy
06 Clinical Laboratory Blood Work, NOS
07 Tumor Marker (p53, CD's Ki, CEA, Her2/Neu, etc.)
08 Cytogenetics
09 Immunohistochemical Stains
10 Molecular Studies
11 Flow Cytometry, Immunophenotype
98 Other
99 Unknown

**PATH REPORT TYPE 4**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| OBR-4 Universal Service ID #00238 (HL7)<br>Path--Report Type | 7483 | 2 | HL7 | 4912-4913 |

**Description**
This field reflects the type of report transmitted to the cancer registry and may need to be classified at the central cancer registry.

This data item accommodates information for only one path report. If an additional path report was prepared, enter the path report type in Path Report Path Report Type 5 [7484]. Information in this data item should refer to the path report described in data items 7013, 7103, 7093, and 7193.

**Rationale**
Describes the origin of the fourth pathology report contributing to this cancer abstract. This variable is primarily used for administrative purposes at the cancer registry.

**Codes**
01 Pathology
02 Cytology
03 Gyn Cytology
04 Bone Marrow (biopsy/aspirate)
05 Autopsy
06 Clinical Laboratory Blood Work, NOS
07 Tumor Marker (p53, CD's Ki, CEA, Her2/Neu, etc.)
08 Cytogenetics
09 Immunohistochemical Stains
10 Molecular Studies
11 Flow Cytometry, Immunophenotype
98 Other
99 Unknown

**PATH REPORT TYPE 5**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| OBR-4 Universal Service ID #00238 (HL7)<br>Path--Report Type | 7484 | 2 | HL7 | 5018-5019 |

**Description**
This field reflects the type of report transmitted to the cancer registry and may need to be classified at the central cancer registry.

This data item accommodates information for only one path report. Information in this data item should refer to the path report described in data items 7014, 7104, 7094, and 7194.

**Rationale**
Describes the origin of the fifth pathology report contributing to this cancer abstract. This variable is primarily used for administrative purposes at the cancer registry.

**Codes**
01 Pathology
02 Cytology
03 Gyn Cytology
04 Bone Marrow (biopsy/aspirate)
05 Autopsy
06 Clinical Laboratory Blood Work, NOS
07 Tumor Marker (p53, CD's Ki, CEA, Her2/Neu, etc.)
08 Cytogenetics
09 Immunohistochemical Stains
10 Molecular Studies
11 Flow Cytometry, Immunophenotype
98 Other
99 Unknown

**PATH REPORTING FAC ID 1** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| MSH-4 Sending Facility (Name) #00004 (HL7)<br>BHS-4 Batch Sending Facility #0084 | 7010 | 25 | HL7 | 4535-4559 |

**Description**
An identifying code (for example, a CLIA number) that uniquely identifies the pathology facility sending the first report of the case.

This data item accommodates information for only one path report. If additional path reports were prepared, enter the identifying code of pathology facility sending the report in Path Reporting Fac ID 2 through Path Reporting Fac ID 5 [7011-7014]. Information in this data item should refer to the path report described in data items 7100, 7090, 7190, and 7480.

**Rationale**
Describes the origin of the first pathology report contributing to this cancer abstract. Clinical Laboratory Improvement Act Identification Numbers (CLIAs) are used for laboratory reporting.

**PATH REPORTING FAC ID 2** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| MSH-4 Sending Facility (Name) #00004 (HL7)<br>BHS-4 Batch Sending Facility #0084 | 7011 | 25 | HL7 | 4641-4665 |

**Description**
An identifying code (for example, a CLIA number) that uniquely identifies the pathology facility sending the second report of the case.

This data item accommodates information for only one path report. If additional path reports were prepared, enter the identifying code of pathology facility sending the report in Path Reporting Fac ID 3 through Path Reporting Fac ID 5 [7012-7014]. Information in this data item should refer to the path report described in data items 7101, 7091, 7191, and 7481.

**Rationale**
Describes the origin of the second pathology report contributing to this cancer abstract. Clinical Laboratory Improvement Act Identification Numbers (CLIAs) are used for laboratory reporting.

**PATH REPORTING FAC ID 3** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| MSH-4 Sending Facility (Name) #00004 (HL7)<br>BHS-4 Batch Sending Facility #0084 | 7012 | 25 | HL7 | 4747-4771 |

**Description**
An identifying code (for example, a CLIA number) that uniquely identifies the pathology facility sending the third report of the case.

This data item accommodates information for only one path report. If additional path reports were prepared, enter the identifying code of pathology facility sending the report in Path Reporting Fac ID 4 through Path Reporting Fac ID 5 [7013-7014]. Information in this data item should refer to the path report described in data items 7102, 7092, 7192, and 7482.

**Rationale**
Describes the origin of the third pathology report contributing to this cancer abstract. Clinical Laboratory Improvement Act Identification Numbers (CLIAs) are used for laboratory reporting.

**PATH REPORTING FAC ID 4** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| MSH-4 Sending Facility (Name) #00004 (HL7)<br>BHS-4 Batch Sending Facility #0084 | 7013 | 25 | HL7 | 4853-4877 |

**Description**
An identifying code (for example, a CLIA number) that uniquely identifies the pathology facility sending the fourth report of the case.

This data item accommodates information for only one path report. If an additional path report was prepared, enter the identifying code of pathology facility sending the report in Path Reporting Fac ID 5 [7014]. Information in this data item should refer to the path report described in data items 7103, 7093, 7193, and 7483.

**Rationale**
Describes the origin of the fourth pathology report contributing to this cancer abstract. Clinical Laboratory Improvement Act Identification Numbers (CLIAs) are used for laboratory reporting.

**PATH REPORTING FAC ID 5** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| MSH-4 Sending Facility (Name) #00004 (HL7)<br>BHS-4 Batch Sending Facility #0084 | 7014 | 25 | HL7 | 4959-4983 |

**Description**
An identifying code (for example, a CLIA number) that uniquely identifies the pathology facility sending the fifth report of the case.

Information in this data item should refer to the path report described in data items 7104, 7094, 7194, and 7484.

**Rationale**
Describes the origin of the fifth pathology report contributing to this cancer abstract. Clinical Laboratory Improvement Act Identification Numbers (CLIAs) are used for laboratory reporting.

**PATIENT ID NUMBER**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 20 | 8 | Reporting Registry | 42-49 |

**Description**
Unique number assigned to an individual patient by the central registry. The central registry will assign this same number to all of the patient's subsequent tumors (records).

Patient ID Number will only differ when multiple central registries accession the same patient. Each central registry will assign their unique Patient ID Number.

NAACCR recommends that the registry should not reissue or reuse this number when a patient's record is deleted from the files.

In the transmit file (data exchange) this number will be the Patient ID Number assigned by the sending registry as defined in Registry ID [40].

**Rationale**
Provides the central registry with a unique identification number that will link all records (multiple tumors) for the same patient. The unique number also allows the central registry to identify the patient when there are multiple reports from different hospitals.

**PATIENT SYSTEM ID-HOSP**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 21 | 8 | NAACCR | 50-57 |

**Description**
The unique, non-repeating number automatically assigned to patients by the hospital tumor registry software system. The same number is used for all the patient's subsequent tumors. This Patient System ID-Hosp number should not be reused when a patient is deleted.

This number is different from Accession Number-Hosp [550]. While Accession Number-Hosp [550] is subject to change, the Patient System ID-Hosp number is created and maintained by the hospital tumor registry's software system, and requires no key entry. Because the Patient System ID-Hosp number is unchanging, it affords an absolute linkage between a hospital patient record and a central registry's patient record.

**Rationale**
This provides a stable identifier to link back to all reported tumors for a patient. It also serves as a reliable linking identifier; useful when central registries send follow-up information back to hospitals. Other identifiers such as social security number and medical record number, while useful, are subject to change and are thus less useful for this type of record linkage.

**PEDIATRIC STAGE**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 1120 | 2 | CoC | 976-977 |

**Description**
Code for stage of pediatric tumor in an AJCC stage scheme, a pediatric intergroup study scheme, or a pediatric cooperative group scheme.

**Rationale**
Staging of pediatric tumors requires very different schemes from those used to stage adult tumors.

**Codes**
See the *ROADS Manual* for allowable codes for this field.
*Note:* This data item is no longer supported by CoC (as of January 1, 2003).

**PEDIATRIC STAGED BY**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Staged By (Pediatric Stage) (CoC) | 1140 | 1 | CoC | 980-980 |

**Description**
Code for person who documented the pediatric staging system and stage.

**Codes**
0 Not staged
1 Managing physician
2 Pathologist
3 Other physician
4 Any combination of 1, 2, or 3
5 Registrar
6 Any combination of 5 with 1, 2, or 3
7 Other
8 Staged, individual not specified
9 Unknown if staged

*Note:* This data item is no longer supported by CoC (as of January 1, 2003).

**PEDIATRIC STAGING SYSTEM**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Type of Staging System (Pediatric) (CoC) | 1130 | 2 | CoC | 978-979 |

**Description**
Staging system used to assign the Pediatric Stage.

**Rationale**
Staging of pediatric tumors requires very different schemes from those used to stage adult tumors.

**Codes**
00 None
01 AJCC
02 Ann Arbor
03 Children's Cancer Group (CCG)
04 Evans
05 General Summary
06 Intergroup Ewings
07 Intergroup Hepatoblastoma
08 Intergroup Rhabdomyosarcoma
09 International System
10 Murphy
11 NCI (pediatric oncology)
12 National Wilms Tumor Study
13 Pediatric Oncology Group (POG)
14 Reese-Ellsworth
15 SEER Extent of Disease
88 Not applicable (not pediatric case)
97 Other
99 Unknown

*Note:* This data item is no longer supported by CoC (as of January 1, 2003).

**PHYSICIAN 3**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Physician #3 (CoC)<br>Other Physician (pre-96 CoC) | 2490 | 8 | CoC | 4459-4466 |

**Description**
Code for another physician involved in the care of the patient. Registry may use physicians' medical license numbers or may create individual numbering systems. See the most recent *FORDS* manual for suggested use of this item and detailed instructions.

**Codes in addition to medical license numbers or facility-generated codes**
00000000 None, no additional physician
99999999 Physician is unknown or an identification number is not assigned

**PHYSICIAN 4**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Physician #4 (CoC)<br>Other Physician (pre-96 CoC) | 2500 | 8 | CoC | 4477-4484 |

**Description**
Code for another physician involved in the care of the patient. Registry may use physicians' medical license numbers or may create individual numbering systems. See the most recent *FORDS* manual for suggested use of this item and detailed instructions.

**Codes in addition to medical license numbers or facility-generated codes**
00000000 None, no additional physician
99999999 Physician is unknown or an identification number is not assigned

**PHYSICIAN--FOLLOW-UP**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Following Physician (CoC)<br>Follow-Up Physician (pre-96 CoC) | 2470 | 8 | CoC | 4423-4430 |

**Description**
Code for the physician currently responsible for the patient's medical care. Registry may use physicians' medical license numbers or may create individual numbering systems.

**Codes in addition to medical license numbers or facility-generated codes**
99999999 Follow-up physician unknown or ID number not assigned

**PHYSICIAN--MANAGING**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Managing Physician (CoC)<br>Attending Physician (pre-96 CoC) | 2460 | 8 | NAACCR | 4405-4412 |

**Description**
Code for the physician who is responsible for the overall management of the patient during diagnosis and/or treatment for this cancer. Registry may use physicians' medical license numbers or may create individual numbering systems.

**Codes in addition to medical license numbers or facility-generated codes**
99999999 Managing physician unknown or ID number not assigned

**PHYSICIAN--PRIMARY SURG**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Primary Surgeon (CoC) | 2480 | 8 | CoC | 4441-4448 |

**Description**
Code for physician who performed the most definitive surgical procedure. Registry may use physician's medical license numbers or may create individual numbering systems.

**Codes in addition to medical license numbers or facility-generated codes**

| | |
|---|---|
| 00000000 | Patient had no surgery and no surgical consultation |
| 88888888 | Physician who performed a surgical procedure was not a surgeon (i.e., radiation oncologist, diagnostic radiologist, or general practitioner) |
| 99999999 | Primary Surgeon unknown or ID number not assigned |

**PLACE OF DEATH**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 1940 | 3 | NPCR | 2275-2277 |

**Description**
State or country where the patient died and where certificate of death is filed.

**Rationale**
This field also helps carry out death clearance. When a hospital reports a place of death, the information can help in death certificate matching. It can also signal an out-of-state death for which the death certificate is to be requested.

**Codes in addition to geocodes**

| | |
|---|---|
| 997 | Not applicable, patient alive |
| 999 | Place of death unknown |

*Note:* See Appendix B for geocodes.

**PRESENTATION AT CA CONF** **Retired**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 650 | | | |

**Description**
The NAACCR UDSC retired this data item in Version 11, as of January 1, 2006.

**PRIMARY PAYER AT DX**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Primary Payer at Diagnosis (CoC) | 630 | 2 | CoC | 778-779 |

**Description**
Primary payer/insurance carrier at the time of initial diagnosis and/or treatment.

**Rationale**
This item is used in financial analysis and as an indicator for quality and outcome analyses. The Joint Commission on Accreditation of Healthcare Organizations requires the patient admission page document the type of insurance or payment structure that will cover the patient while being cared for at the hospital.

**Codes**
01 Not insured
02 Not insured, self-pay
10 Insurance, NOS
20 Private Insurance: Managed care, HMO, or PPO
21 Private Insurance: Fee-for-Service
31 Medicaid
35 Medicaid -- Administered through a Managed Care plan
60 Medicare/Medicare, NOS
61 Medicare with supplement, NOS
62 Medicare -- Administered through a Managed Care plan
63 Medicare with private supplement
64 Medicare with Medicaid eligibility
65 TRICARE
66 Military
67 Veterans Affairs
68 Indian/Public Health Service
99 Insurance status unknown

**PRIMARY SITE**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| IDC-O-2/3 Topography (CCCR) | 400 | 4 | SEER/CoC | 540-543 |

**Description**
Code for the primary site of the tumor being reported using either ICD-O-2 or ICD-O-3. NAACCR adopted ICD-O-2 as the standard coding system for tumors diagnosed beginning January 1, 1992. In addition, NAACCR recommended that tumors diagnosed prior to 1992 be converted to ICD-O-2. The topography (primary site) codes did not change between ICD-O-2 and ICD-O-3.

**Codes**
See ICD-O-2,[14] or ICD-O-3,[13] Topography Section, for the codes for primary site.
*Note:* See data item Site (73-91) ICD-O-1 [1960] for ICD-O-1 cases.

**PROTOCOL ELIGIBILITY STAT** **Retired**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 1470 | | | |

**Description**
The NAACCR UDSC retired this data item in Version 11, as of January 1, 2006.

**PROTOCOL PARTICIPATION** **Retired**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 1480 | | | |

**Description**
The NAACCR UDSC retired this data item in Version 11, as of January 1, 2006.

**QUALITY OF SURVIVAL**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 1780 | 1 | CoC | 2128-2128 |

**Description**
Records patient's ability to carry on the activities of daily living at the date of last contact.

**Codes**
0 Normal activity
1 Symptomatic and ambulatory
2 Ambulatory more than 50 percent of the time, occasionally needs assistance
3 Ambulatory less than 50 percent of the time, nursing care needed
4 Bedridden, may require hospitalization
8 Not applicable, dead
9 Unknown or unspecified

*Note:* This data item is no longer supported by CoC (as of January 1, 2003).

**RACE 1**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Race | 160 | 2 | SEER/CoC | 177-178 |

**Description**
Code the patient's race. Race is coded separately from Spanish/Hispanic Origin [190]. All tumors for the same patient should have the same race codes. If the patient is multiracial, code all races using RACE 2 through RACE 5 [161-164]. For coding instructions and race code history see the current *SEER Program Coding and Staging Manual*.[3]

Reference to Census 2000 definitions for ethnicity and race: http://www.census.gov/prod/cen2000/doc/sf2.pdf (Appendix G).

**Rationale**
Because race has a significant association with cancer rates and outcomes, a comparison between areas with different racial distributions may require an analysis of race to interpret the findings. The race codes listed correspond closely to race categories used by the U.S. Census Bureau to allow calculation of race-specific incidence rates. The full coding system should be used to allow accurate national comparison and collaboration, even if the state population does not include many of the race categories.

**Codes**
01 White
02 Black
03 American Indian, Aleutian, or Eskimo (includes all indigenous populations of the Western hemisphere)
04 Chinese
05 Japanese
06 Filipino
07 Hawaiian
08 Korean
*
10 Vietnamese
11 Laotian
12 Hmong
13 Kampuchean (Cambodian)
14 Thai
15 Asian Indian or Pakistani, NOS (code 09 prior to Version 12)
16 Asian Indian
17 Pakistani
20 Micronesian, NOS
21 Chamorran
22 Guamanian, NOS
25 Polynesian, NOS
26 Tahitian
27 Samoan
28 Tongan
30 Melanesian, NOS
31 Fiji Islander
32 New Guinean

96 Other Asian, including Asian, NOS and Oriental, NOS
97 Pacific Islander, NOS
98 Other
99 Unknown
*****Code 09 was retired effective with Version 12. See codes 15-17.

**RACE 2**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 161 | 2 | SEER/CoC | 179-180 |

**Description**
Code the patient's race. Race is coded separately from Spanish/Hispanic Origin [190]. All tumors for the same patient should have the same race codes. If the patient is multiracial, code all races using RACE 2 through RACE 5 [161-164]. For coding instructions and race code history see the current *SEER Program Coding and Staging Manual.* [3]

Reference to Census 2000 definitions for ethnicity and race: http://www.census.gov/prod/cen2000/doc/sf2.pdf (Appendix G).

**Rationale**
Because race has a significant association with cancer rates and outcomes, a comparison between areas with different racial distributions may require an analysis of race to interpret the findings. The race codes listed correspond closely to race categories used by the U.S. Census Bureau to allow calculation of race-specific incidence rates. The full coding system should be used to allow accurate national comparison and collaboration, even if the state population does not include many of the race categories.

**Codes**
01 White
02 Black
03 American Indian, Aleutian, or Eskimo (includes all indigenous populations of the Western hemisphere)
04 Chinese
05 Japanese
06 Filipino
07 Hawaiian
08 Korean
*****
10 Vietnamese
11 Laotian
12 Hmong
13 Kampuchean (Cambodian)
14 Thai
15 Asian Indian or Pakistani, NOS (code 09 prior to Version 12)
16 Asian Indian
17 Pakistani
20 Micronesian, NOS
21 Chamorran

22 Guamanian, NOS
25 Polynesian, NOS
26 Tahitian
27 Samoan
28 Tongan
30 Melanesian, NOS
31 Fiji Islander
32 New Guinean
88 No further race documented
96 Other Asian, including Asian, NOS and Oriental, NOS
97 Pacific Islander, NOS
98 Other
99 Unknown
Blank Race 2-5 not coded
*****Code 09 was retired effective with Version 12. See codes 15-17.

*Note:* If diagnosed prior to 2000 and any race code (Race 2, 3, 4, or 5) is blank, all subsequent race codes must be blank. If diagnosed after 1999 and any race code (for Race 2, 3, 4, and 5) is 88 (no further race documented), then all subsequent race codes also must be 88. If any race equals 99, then all race codes (Race 1, 2, 3, 4, and 5) must be 99.

**RACE 3**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 162 | 2 | SEER/CoC | 181-182 |

**Description**
Code the patient's race. Race is coded separately from Spanish/Hispanic Origin [190]. All tumors for the same patient should have the same race codes. If the patient is multiracial, code all races using RACE 2 through RACE 5 [161-164]. For coding instructions and race code history see the current *SEER Program Coding and Staging Manual.* [3]

Reference to Census 2000 definitions for ethnicity and race: http://www.census.gov/prod/cen2000/doc/sf2.pdf (Appendix G).

**Rationale**
Because race has a significant association with cancer rates and outcomes, a comparison between areas with different racial distributions may require an analysis of race to interpret the findings. The race codes listed correspond closely to race categories used by the U.S. Census Bureau to allow calculation of race-specific incidence rates. The full coding system should be used to allow accurate national comparison and collaboration, even if the state population does not include many of the race categories.

**Codes**

| | |
|---|---|
| 01 | White |
| 02 | Black |
| 03 | American Indian, Aleutian, or Eskimo (includes all indigenous populations of the Western hemisphere) |
| 04 | Chinese |
| 05 | Japanese |
| 06 | Filipino |
| 07 | Hawaiian |
| 08 | Korean |
| * | |
| 10 | Vietnamese |
| 11 | Laotian |
| 12 | Hmong |
| 13 | Kampuchean (Cambodian) |
| 14 | Thai |
| 15 | Asian Indian or Pakistani, NOS (code 09 prior to Version 12) |
| 16 | Asian Indian |
| 17 | Pakistani |
| 20 | Micronesian, NOS |
| 21 | Chamorran |
| 22 | Guamanian, NOS |
| 25 | Polynesian, NOS |
| 26 | Tahitian |
| 27 | Samoan |
| 28 | Tongan |
| 30 | Melanesian, NOS |
| 31 | Fiji Islander |
| 32 | New Guinean |
| 88 | No further race documented |
| 96 | Other Asian, including Asian, NOS and Oriental, NOS |
| 97 | Pacific Islander, NOS |
| 98 | Other |
| 99 | Unknown |
| Blank | Race 2-5 not coded |

*****Code 09 was retired effective with Version 12. See codes 15-17.

*Note:* If diagnosed prior to 2000 and any race code (Race 2, 3, 4, or 5) is blank, all subsequent race codes must be blank. If diagnosed after 1999 and any race code (for Race 2, 3, 4, and 5) is 88 (no further race documented), then all subsequent race codes also must be 88. If any race equals 99, then all race codes (Race 1, 2, 3, 4, and 5) must be 99.

**RACE 4**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 163 | 2 | SEER/CoC | 183-184 |

**Description**
Code the patient's race. Race is coded separately from Spanish/Hispanic Origin [190]. All tumors for the same patient should have the same race codes. If the patient is multiracial, code all races using RACE 2 through RACE 5 [161-164]. For coding instructions and race code history see the current *SEER Program Coding and Staging Manual*.[3]

Reference to Census 2000 definitions for ethnicity and race: http://www.census.gov/prod/cen2000/doc/sf2.pdf (Appendix G).

**Rationale**
Because race has a significant association with cancer rates and outcomes, a comparison between areas with different racial distributions may require an analysis of race to interpret the findings. The race codes listed correspond closely to race categories used by the U.S. Census Bureau to allow calculation of race-specific incidence rates. The full coding system should be used to allow accurate national comparison and collaboration, even if the state population does not include many of the race categories.

**Codes**
01 White
02 Black
03 American Indian, Aleutian, or Eskimo (includes all indigenous populations of the Western hemisphere).
04 Chinese
05 Japanese
06 Filipino
07 Hawaiian
08 Korean
*
10 Vietnamese
11 Laotian
12 Hmong
13 Kampuchean (Cambodian)
14 Thai
15 Asian Indian or Pakistani, NOS (code 09 prior to Version 12)
16 Asian Indian
17 Pakistani
20 Micronesian, NOS
21 Chamorran
22 Guamanian, NOS
25 Polynesian, NOS
26 Tahitian
27 Samoan
28 Tongan

30 Fiji Islander
31 Fiji Islander
32 New Guinean
88 No further race documented
96 Other Asian, including Asian, NOS and Oriental, NOS
97 Pacific Islander, NOS
98 Other
99 Unknown
Blank Race 2-5 not coded
***** Code 09 was retired effective with Version 12. See codes 15-17.

*Note:* If diagnosed prior to 2000 and any race code (Race 2, 3, 4, or 5) is blank, all subsequent race codes must be blank. If diagnosed after 1999 and any race code (for Race 2, 3, 4, and 5) is 88 (no further race documented), then all subsequent race codes also must be 88. If any race equals 99, then all race codes (Race 1, 2, 3, 4, and 5) must be 99.

**RACE 5**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 164 | 2 | SEER/CoC | 185-186 |

**Description**
Code the patient's race. Race is coded separately from Spanish/Hispanic Origin [190]. All tumors for the same patient should have the same race codes. If the patient is multiracial, code all races using RACE 2 through RACE 5 [161-164]. For coding instructions and race code history see the current *SEER Program Coding and Staging Manual.*[3]

Reference to Census 2000 definitions for ethnicity and race: http://www.census.gov/prod/cen2000/doc/sf2.pdf (Appendix G).

**Rationale**
Because race has a significant association with cancer rates and outcomes, a comparison between areas with different racial distributions may require an analysis of race to interpret the findings. The race codes listed correspond closely to race categories used by the U.S. Census Bureau to allow calculation of race-specific incidence rates. The full coding system should be used to allow accurate national comparison and collaboration, even if the state population does not include many of the race categories.

**Codes**

01 White
02 Black
03 American Indian, Aleutian, or Eskimo (includes all indigenous populations of the Western hemisphere)
04 Chinese
05 Japanese
06 Filipino
07 Hawaiian
08 Korean
*****
10 Vietnamese
11 Laotian
12 Hmong
13 Kampuchean (Cambodian)
14 Thai
15 Asian Indian or Pakistani, NOS (code 09 prior to Version 12)
16 Asian Indian
17 Pakistani
20 Micronesian, NOS
21 Chamorran
22 Guamanian, NOS
25 Polynesian, NOS
26 Tahitian
27 Samoan
28 Tongan
30 Melanesian, NOS
31 Fiji Islander
32 New Guinean
88 No further race documented
96 Other Asian, including Asian, NOS and Oriental, NOS
97 Pacific Islander, NOS
98 Other
99 Unknown
Blank Race 2-5 not coded

*****Code 09 was retired effective with Version 12. See codes 15-17.

*Note:* If diagnosed prior to 2000 and any race code (Race 2, 3, 4, or 5) is blank, all subsequent race codes must be blank. If diagnosed after 1999 and any race code (for Race 2, 3, 4, and 5) is 88 (no further race documented), then all subsequent race codes also must be 88. If any race equals 99, then all race codes (Race 1, 2, 3, 4, and 5) must be 99.

**RACE CODING SYS--CURRENT** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 170 | 1 | NAACCR | 187-187 |

**Description**
Code that best describes how Race [160] currently is coded. If the data have been converted, this field shows the system to which it has been converted.

**Rationale**
Race 1 - 5 codes [160 -- 164] have changed over time. To be able to accurately group and analyze the data, it is necessary to record the system used to record the race codes.

**Codes**
1 4-value coding: 1 = White, 2 = Black, 3 = Other, 9 = Unknown
2 SEER < 1988 (1-digit)
3 1988-1990 SEER & CoC (2-digit)
4 1991-1993 SEER & CoC (added codes 20-97, additional Asian and Pacific Islander codes)
5 1994-1999 SEER & CoC (added code 14, Thai)
6 2000+ SEER & CoC (added code 88 for Race 2, 3, 4, and 5)
7 2010+ SEER & CoC (added codes 15, 16, and 17; removed 09)
9 Other

**RACE CODING SYS--ORIGINAL**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 180 | 1 | NAACCR | 188-188 |

**Description**
Code that best describes how Race [160] originally was coded. If data have been converted, this field identifies the coding system originally used to code the case.

**Rationale**
Race 1 - 5 codes [160 -- 164] have changed over time. Identifying both original and current coding systems used to code race promotes accurate data grouping and analysis.

**Codes**
1 4-value coding: 1 = White, 2 = Black, 3 = Other, 9 = Unknown
2 SEER < 1988 (1-digit)
3 1988-1990 SEER & CoC (2-digit)
4 1991-1993 SEER & CoC (added codes 20-97, additional Asian and Pacific Islander codes)
5 1994-1999 SEER & CoC (added code 14, Thai)
6 2000+ SEER & CoC (added code 88 for Race 2, 3, 4, and 5)
7 2010+ SEER & CoC (added codes 15, 16, and 17; removed 09)
9 Other

**RACE--NAPIIA(DERIVED API)** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Race--NAPIIA | 193 | 2 | NAACCR | 419-420 |

**Description**
NAPIIA is an acronym for NAACCR Asian and Pacific Islander Identification Algorithm. Race--NAPIIA (derived API) recodes some single-race cases with a Race 1 [160] code of 96 to a more specific Asian race category, based on an algorithm that makes use of the birthplace and name fields (first, last, and maiden names). For single-race cases with a Race 1 code other than 96, it returns the Race 1 code. Multiple-race cases (those with information in Race 2 through Race 5, [161-164]) are handled variously; for greater detail please refer to the technical documentation: http://www.naaccr.org/filesystem/pdf/NAPIIA%20v1.1%2007032008.pdf

In Version 1.1 of the algorithm, birthplace can be used to indirectly assign a specific race to one of eight Asian race groups (Chinese, Japanese, Vietnamese, Korean, Asian Indian, Filipino, Thai, and Cambodian), and names can be used to indirectly assign a specific race to one of seven Asian groups (Chinese, Japanese, Vietnamese, Korean, Asian Indian, Filipino, and Hmong). Subsequent versions of NAPIIA may incorporate Pacific Islanders and may potentially incorporate name lists for Thai, Cambodian, and Laotians.

**Rationale**
The use of more specific Asian and Pacific Islander codes will enhance surveillance and research activities focused on specific API subgroups.

**Codes**
01 White
02 Black
03 American Indian, Aleutian, or Eskimo (includes all indigenous populations of the Western Hemisphere)
04 Chinese
05 Japanese
06 Filipino
07 Hawaiian
08 Korean
*
10 Vietnamese
11 Laotian
12 Hmong
13 Kampuchean (Cambodian)
14 Thai
15 Asian Indian or Pakistani, NOS (code 09 prior to Version 12)
16 Asian Indian
17 Pakistani
20 Micronesian, NOS
21 Chamorran
22 Guamanian, NOS
25 Polynesian, NOS
26 Tahitian
27 Samoan
28 Tongan

30 Melanesian, NOS
31 Fiji Islander
32 New Guinean
96 Other Asian, including Asian, NOS and Oriental, NOS
97 Pacific Islander, NOS
98 Other
99 Unknown
Blank Algorithm was not run

* Code 09 was retired effective with Version 12. See codes 15-17.

**RAD--BOOST DOSE CGY**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Boost Radiation Dose: cGY | 3210 | 5 | CoC | 1611-1615 |

**Description**
Records the additional dose delivered to that part of the treatment volume encompassed by the boost fields or devices. The unit of measure is centiGray (cGy).

**Rationale**
To evaluate patterns of radiation oncology care, it is necessary to describe the boost radiation dose. A boost dose is administered to a volume within the regional volume. As in chemotherapy, outcomes are strongly related to the dose delivered.

**Codes (in addition to value dose)**
(Fill blanks) Record the actual boost dose delivered
00000 Boost radiation therapy was not administered
88888 Not applicable, brachytherapy or radioisotopes administered to the patient
99999 Boost radiation therapy administered, boost dose unknown

**RAD--BOOST RX MODALITY**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Boost Radiation Treatment Modality | 3200 | 2 | CoC | 1609-1610 |

**Description**
Records the dominant modality of radiation therapy used to deliver the most clinically significant boost dose to the primary volume of interest during the first course of treatment. This is accomplished with external beam fields of reduced size (relative to the regional treatment fields), implants, stereotactic radiosurgery, conformal therapy, or intensity-modulated radiation therapy. External beam boosts may consist of two or more successive phases with progressively smaller fields, and they are generally coded as a single entity. This field is used with Rad--Regional RX Modality [1570].

**Rationale**
Radiation treatment frequently is delivered in two or more phases that can be summarized as regional and boost treatments. A boost dose is administered to a volume within the regional volume. For outcomes analysis, the modalities used for each of these phases can be very important

**Codes**
00 No boost treatment
20 External beam, NOS
21 Orthovoltage
22 Cobalt-60, Cesium-137
23 Photons (2-5 MV)
24 Photons (6-10 MV)
25 Photons (11-19 MV)
26 Photons (> 19 MV)
27 Photons (mixed energies)
28 Electrons
29 Photons and electrons mixed
30 Neutrons, with or without photons/electrons
31 IMRT
32 Conformal or 3-D therapy
40 Protons
41 Stereotactic radiosurgery, NOS
42 Linac radiosurgery
43 Gamma Knife
50 Brachytherapy, NOS
51 Brachytherapy, Intracavitary, LDR
52 Brachytherapy, Intracavitary, HDR
53 Brachytherapy, Interstitial, LDR
54 Brachytherapy, Interstitial, HDR
55 Radium
60 Radio-isotopes, NOS
61 Strontium -- 89
62 Strontium -- 90
98 Other, NOS
99 Unknown

**RAD--ELAPSED RX DAYS** **Retired**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 1530 | | | |

**Description**
The NAACCR UDSC retired this data item in Version 11, as of January 1, 2006.

**RAD--INTENT OF TREATMENT** **Retired**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 1560 | | | |

**Description**
The NAACCR UDSC retired this data item in Version 11, as of January 1, 2006.

**RAD--LOCAL CONTROL STATUS** **Retired**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 1590 | | | |

**Description**
The NAACCR UDSC retired this data item in Version 11, as of January 1, 2006.

**RAD--LOCATION OF RX**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Location of Radiation Treatment (CoC) | 1550 | 1 | CoC | 1606-1606 |

**Description**
Identifies the location of the facility where radiation treatment was administered during first course of treatment. See also RX Summ--Radiation [1360].

**Codes**
0 No radiation treatment
1 All radiation treatment at this facility
2 Regional treatment at this facility, boost elsewhere
3 Boost radiation at this facility, regional elsewhere
4 All radiation treatment elsewhere
8 Other, NOS
9 Unknown

**RAD--NO OF TREATMENT VOL** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Number of Treatments to this Volume (CoC) | 1520 | 3 | CoC | 1601-1603 |

**Description**

Records the total number of treatment sessions (fractions) administered during the first course of therapy. See also RX-- Treatment Volume [1540].

**Codes**

| | |
|---|---|
| 000 | None |
| 001-998 | Number of treatments |
| 999 | Unknown |

**RAD--REGIONAL DOSE: CGY**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Regional Dose: cGy (CoC) | 1510 | 5 | CoC | 1596-1600 |

**Description**

The dominant or most clinically significant total dose of regional radiation therapy delivered to the patient during the first course of treatment. The unit of measure is centiGray (cGy). See also Rad--Regional RX Modality [1570].

**Codes (in addition to actual doses)**

| | |
|---|---|
| (Fill spaces) | Record the actual regional dose delivered |
| 00000 | Radiation therapy was not administered |
| 88888 | Not applicable, brachytherapy or radioisotopes administered to the patient |
| 99999 | Regional radiation therapy was administered, but the dose is unknown |

**RAD--REGIONAL RX MODALITY**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Regional Treatment Modality (CoC) | 1570 | 2 | CoC | 1607-1608 |

**Description**
Records the dominant modality of radiation therapy used to deliver the clinically most significant regional dose to the primary volume of interest during the first course of treatment.

**Rationale**
Radiation treatment frequently is delivered in two or more phases that can be summarized as regional and boost treatments. To evaluate patterns of radiation oncology care, it is necessary to know which radiation resources were employed in the delivery of therapy. For outcomes analysis, the modalities used for each of these phases can be very important.

**Codes**
00 No radiation treatment
20 External beam, NOS
21 Orthovoltage
22 Cobalt-60, Cesium-137
23 Photons (2-5 MV)
24 Photons (6-10 MV)
25 Photons (11-19 MV)
26 Photons (> 19 MV)
27 Photons (mixed energies)
28 Electrons
29 Photons and electrons mixed
30 Neutrons, with or without photons/electrons
31 IMRT
32 Conformal or 3-D therapy
40 Protons
41 Stereotactic radiosurgery, NOS
42 Linac radiosurgery
43 Gamma Knife
50 Brachytherapy, NOS
51 Brachytherapy, Intracavitary, Low Dose Rate (LDR)
52 Brachytherapy, Intracavitary, High Dose Rate (HDR)
53 Brachytherapy, Interstitial, Low Dose Rate (LDR)
54 Brachytherapy, Interstitial, High Dose Rate (HDR)
55 Radium

60 Radio-isotopes, NOS
61 Strontium -- 89
62 Strontium -- 90
80* Combination modality, specified
85* Combination modality, NOS
98 Other, NOS
99 Unknown

*Note:* For tumors diagnosed prior to January 1, 2003, the codes reported in this data item describe any radiation administered to the patient as part or all of the first course of therapy.

*Codes 80 and 85 describe specific converted descriptions of radiation therapy coded according to *Volume II ROADS*, and *DAM* rules and should only be used to record regional radiation for tumors diagnosed prior to January 1, 2003.

**RAD--RX COMPLETION STATUS** **Retired**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 1580 | | | |

**Description**
The NAACCR UDSC retired this data item in Version 11, as of January 1, 2006.

**RAD--TREATMENT VOLUME**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Radiation Treatment Volume (CoC) | 1540 | 2 | CoC | 1604-1605 |

**Description**
Identifies the volume or anatomic target of the most clinically significant regional radiation therapy delivered to the patient during the first course of therapy. See also Rad--Regional RX Modality [1570].

**Codes**
00 No radiation therapy, not applicable
01 Eye/orbit
02 Pituitary
03 Brain (NOS)
04 Brain (limited)
05 Head and neck (NOS)
06 Head and neck (limited)
07 Glottis
08 Sinuses
09 Parotid
10 Chest/lung (NOS)
11 Lung (limited)
12 Esophagus
13 Stomach
14 Liver

| | |
|---|---|
| 15 | Pancreas |
| 16 | Kidney |
| 17 | Abdomen (NOS) |
| 18 | Breast |
| 19 | Breast/lymph nodes |
| 20 | Chest wall |
| 21 | Chest wall/lymph nodes |
| 22 | Mantle, mini-mantle |
| 23 | Lower extended field |
| 24 | Spine |
| 25 | Skull |
| 26 | Ribs |
| 27 | Hip |
| 28 | Pelvic bones |
| 29 | Pelvis (NOS) |
| 30 | Skin |
| 31 | Soft tissue |
| 32 | Hemibody |
| 33 | Whole body |
| 34 | Bladder and pelvis |
| 35 | Prostate and pelvis |
| 36 | Uterus and Cervix |
| 37 | Shoulder |
| 38 | Extremities bone, NOS |
| 39 | Inverted Y |
| 40 | Spinal cord |
| 41 | Prostate |
| 50 | Thyroid |
| 60 | Lymph node region, NOS |
| 98 | Other |
| 99 | Unknown |

**READM SAME HOSP 30 DAYS**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Readmission to the Same Hospital Within 30 Days of Surgical Discharge | 3190 | 1 | CoC | 1619-1619 |

**Description**
Records a readmission to the same hospital within 30 days of discharge following hospitalization for surgical resection of the primary site for the same illness.

**Rationale**
This data item provides information related to the quality of care. A patient may have a readmission related to the primary diagnosis on discharge if the length of stay was too short, and then needed to return due to problems or complications. A patient may also need to be readmitted if discharge planning and/or follow-up instructions were ineffective. It is important to distinguish a planned from an unplanned readmission, since a planned readmission is not an indicator of quality of care problems.

**Codes**

0 No surgical procedure of the primary site was performed. Patient not readmitted to the same hospital within 30 days of discharge.
1 Patient was surgically treated and was then readmitted to the same hospital within 30 days of being discharged. This readmission was unplanned.
2 Patient was surgically treated and was then readmitted to the same hospital within 30 days of being discharged. This readmission was planned (chemotherapy port insertion, revision of colostomy, etc.).
3 Patient was surgically treated and, within 30 days of being discharged, had both a planned and an unplanned readmission to the same hospital.
9 It is unknown whether surgery of the primary site was recommended or performed. It is unknown whether the patient was readmitted to the same hospital within 30 days of discharge. Death certificate only.

**REASON FOR NO CHEMO** **Retired**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 1440 | | | |

**Description**
The NAACCR UDSC retired this data item in Version 11, as of January 1, 2006.

**REASON FOR NO HORMONE** **Retired**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 1450 | | | |

**Description**
The NAACCR UDSC retired this data item in Version 11, as of January 1, 2006.

**REASON FOR NO RADIATION**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Reason for No Regional Radiation Therapy | 1430 | 1 | CoC | 1592-1592 |

**Description**
Code the reason the patient did not receive radiation treatment as part of first course of therapy. See also RX--Regional RX Modality [1570].

**Codes**
0 Radiation therapy was administered.
1 Radiation therapy was not administered because it was not part of the planned first-course treatment.
2 Radiation therapy was not administered because it was contraindicated due to patient risk factors (comorbid conditions, advanced age, etc).
5 Radiation therapy was not administered because the patient died prior to planned or recommended treatment.
6 Radiation therapy was not administered; it was recommended by the patient's physician, but was not administered as part of the first-course therapy. No reason was noted in the patient's record.
7 Radiation therapy was not administered; it was recommended by the patient's physician, but this treatment was refused by the patient, the patient's family member, or the patient's guardian. The refusal was noted in the patient record.
8 Radiation therapy was recommended, but it is unknown if it was administered.
9 It is unknown if radiation therapy was recommended or administered. Death-certificate-only and autopsy-only cases.

**REASON FOR NO SURGERY**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Reason for No Cancer-Directed Surgery (SEER)<br>Reason for No CA Dir Surgery (CoC)<br>Reason for No Surgery to Primary Site | 1340 | 1 | SEER/CoC | 1576-1576 |

**Description**
Records the reason that no surgery was performed on the primary site.

**Rationale**
This data item provides information related to the quality of care and describes why primary site surgery was not performed.

**Codes**
0 Surgery of the primary site was performed.
1 Surgery of the primary site was not performed because it was not part of the planned first-course treatment.
2 Surgery of the primary site was not recommended/performed because it was contraindicated due to patient risk factors (comorbid conditions, advanced age, etc.).
5 Surgery of the primary site was not performed because the patient died prior to planned or recommended surgery.
6 Surgery of the primary site was not performed; it was recommended by the patient's physician, but was not performed as part of the first-course therapy. No reason was noted in the patient's record.
7 Surgery of the primary site was not performed; it was recommended by the patient's physician, but this treatment was refused by the patient, the patient's family member, or the patient's guardian. The refusal was noted in the patient record.
8 Surgery of the primary site was recommended, but it is unknown if it was performed. Further follow-up is recommended.
9 It is unknown if surgery of the primary site was recommended or performed. Death certificate-only cases and autopsy-only cases.

**RECORD TYPE** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 10 | 1 | NAACCR | 1-1 |

**Description**
Generated field that identifies which of the seven NAACCR data exchange record types is being used in a file of data exchange records. A file should have records of only one type.

**Codes**

I **I**ncidence-only record type (nonconfidential coded data)
Length = 3339

C **C**onfidential record type (incidence record plus confidential data)
Length = 5564

A Full case **A**bstract record type (incidence and confidential data plus text summaries; used for reporting to central registries)
Length = 22824

U Correction/**U**pdate record type (short format record used to submit corrections to data already submitted)
Length = 1543

M Record **M**odified since previous submission to central registry (identical in format to the "A" record type)
Length = 22824

L Pathology **L**aboratory

**RECURRENCE DATE--1ST**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Date of First Recurrence (CoC) | 1860 | 8 | CoC | 2196-2203 |

**Description**
The date of the first recurrence of this tumor. See page 97 for date format.

**RECURRENCE DATE--1ST FLAG** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 1861 | 2 | NAACCR | 2204-2205 |

**Description**
This flag explains why no appropriate value is in the field, Recurrence Date--1st [1860]. This data item was first available in Volume II Version 12 (effective January 2010).

**Rationale**
Prior to Version 12 (through 2009 diagnosis), date fields included codes that provided information other than dates. As part of an initiative to standardize date fields, new fields were introduced to accommodate non-date information that had previously been transmitted in date fields.

**Codes (See Appendix H for the complete Flavors of Null table, which includes the NAACCR codes, HL7 codes and definitions.)**

10 No information whatsoever can be inferred from this exceptional value (e.g., unknown if the patient had a first recurrence)
11 No proper value is applicable in this context (e.g., patient became disease-free after treatment; never had a recurrence; or patient was never disease-free; autopsy only case)
12 A proper value is applicable but not known (i.e., there was a recurrence, but the date is unknown)
Blank A valid date value is provided in item Recurrence Date--1st [1860], or the date was not expected to have been transmitted

*Comment:* This is part of the initiative of the transformation from the old NAACCR date standards to interoperable dates.

**RECURRENCE DISTANT SITE 1** **Retired**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 1871 | | | |

**Description**
The NAACCR UDSC retired this data item in Version 12, as of January 1, 2010.

**RECURRENCE DISTANT SITE 2** **Retired**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 1872 | | | |

**Description**
The NAACCR UDSC retired this data item in Version 12, as of January 1, 2010.

**RECURRENCE DISTANT SITE 3** **Retired**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 1873 | | | |

**Description**
The NAACCR UDSC retired this data item in Version 12, as of January 1, 2010.

**RECURRENCE DISTANT SITES** **Retired**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 1870 | | | |

**Description**
The NAACCR UDSC retired this data item in Version 9.1, as of January 1, 2002.

**RECURRENCE TYPE--1ST**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Type of First Recurrence (CoC) | 1880 | 2 | CoC | 2206-2207 |

**Description**
Code for the type of first recurrence after a period of documented disease free intermission or remission.

**Codes**
00 Patient became disease-free after treatment and has not had a recurrence; leukemia in remission.
04 *In situ* recurrence of an invasive tumor.
06 *In situ* recurrence of an *in situ* tumor.
10 Local recurrence and there is insufficient information available to code to 13-17. Recurrence is confined to the remnant of the organ of origin; to the organ of origin; to the anastomosis; or to scar tissue where the organ previously existed.
13 Local recurrence of an invasive tumor.
14 Trocar recurrence of an invasive tumor. Includes recurrence in the trocar path or entrance site following prior surgery.
15 Both local and trocar recurrence of an invasive tumor (both 13 and 14)
16 Local recurrence of an *in situ* tumor.
17 Both local and trocar recurrence of an *in situ* tumor.
20 Regional recurrence, and there is insufficient information available to code to 21-27.
21 Recurrence of an invasive tumor in adjacent tissue or organ(s) only.
22 Recurrence of an invasive tumor in regional lymph nodes only.
25 Recurrence of an invasive tumor in adjacent tissue or organ(s) and in regional lymph nodes (both 21 and 22) at the same time.
26 Regional recurrence of an *in situ* tumor, NOS.
27 Recurrence of an *in situ* tumor in adjacent tissue or organ(s) and in regional lymph nodes at the same time.
30 Both regional recurrence of an invasive tumor in adjacent tissue or organ(s) and/or regional lymph nodes (20-25) and local and/or trocar recurrence (10, 13, 14, or 15).
36 Both regional recurrence of an *in situ* tumor in adjacent tissue or organ(s) and/or regional lymph nodes (26 or 27) and local and/or trocar recurrence (16 or 17).
40 Distant recurrence and there is insufficient information available to code to 46-62.
46 Distant recurrence of an *in situ* tumor.
51 Distant recurrence of an invasive tumor in the peritoneum only. Peritoneum includes peritoneal surfaces of all structures within the abdominal cavity and/or positive 317scetic fluid.
52 Distant recurrence of an invasive tumor in the lung only. Lung includes the visceral pleura.
53 Distant recurrence of an invasive tumor in the pleura only. Pleura includes the pleural surface of all structures within the thoracic cavity and/or positive pleural fluid.
54 Distant recurrence of an invasive tumor in the liver only.
55 Distant recurrence of an invasive tumor in bone only. This includes bones other than the primary site.
56 Distant recurrence of an invasive tumor in the CNS only. This includes the brain and spinal cord, but not the external eye.

57 Distant recurrence of an invasive tumor in the skin only. This includes skin other than the primary site.
58 Distant recurrence of an invasive tumor in lymph node only. Refer to the staging scheme for a description of lymph nodes that are distant for a particular site.
59 Distant systemic recurrence of an invasive tumor only. This includes leukemia, bone marrow metastasis, carcinomatosis, and generalized disease.
60 Distant recurrence of an invasive tumor in a single distant site (51-58) and local, trocar, and/or regional recurrence (10-15, 20-25, or 30).
62 Distant recurrence of an invasive tumor in multiple sites (recurrences that can be coded to more than one category 51-59).
70 Since diagnosis, patient has never been disease-free. This includes cases with distant metastasis at diagnosis, systemic disease, unknown primary, or minimal disease that is not treated.
88 Disease has recurred, but the type of recurrence is unknown.
99 It is unknown whether the disease has recurred or if the patient was ever disease-free.

**RECURRENCE TYPE--1ST--OTH** **Retired**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 1890 | | | |

**Description**
The NAACCR UDSC retired this data item in Version 11, as of January 1, 2006.

**REFERRAL TO SUPPORT SERV** **Retired**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 1490 | | | |

**Description**
The NAACCR UDSC retired this data item in Version 11, as of January 1, 2006.

**REGIONAL NODES EXAMINED**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Number of Regional Lymph Nodes Examined (SEER)<br>Pathologic Review of Regional Lymph Nodes (SEER)<br>Regional Lymph Nodes Examined | 830 | 2 | SEER/CoC | 916-917 |

**Description**
Records the total number of regional lymph nodes that were removed and examined by the pathologist. Beginning with tumors diagnosed on or after January 1, 2004, this item is a component of the Collaborative Stage system.

**Rationale**
This data item serves as a quality measure of the pathologic and surgical evaluation and treatment of the patient.

**Codes**

| | |
|---|---|
| 00 | No nodes were examined |
| 01-89 | 1-89 nodes were examined (code the exact number of regional lymph nodes examined) |
| 90 | 90 or more nodes were examined |
| 95 | No regional nodes were removed, but aspiration of regional nodes was performed |
| 96 | Regional lymph node removal was documented as a sampling, and the number of nodes is unknown/not stated |
| 97 | Regional lymph node removal was documented as a dissection, and the number of nodes is unknown/not stated |
| 98 | Regional lymph nodes were surgically removed, but the number of lymph nodes is unknown/not stated and not documented as a sampling or dissection; nodes were examined, but the number is unknown |
| 99 | It is unknown whether nodes were examined; not applicable or negative; not stated in patient record |

**REGIONAL NODES POSITIVE**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Number of Positive Regional Lymph Nodes (SEER)<br>Pathologic Review of Regional Lymph Nodes (SEER)<br>Regional Lymph Nodes Positive | 820 | 2 | SEER/CoC | 914-915 |

**Description**
Records the exact number of regional nodes examined by the pathologist and found to contain metastases. Beginning with tumors diagnosed on or after January 1, 2004, this item is a component of the Collaborative Stage system. For tumors diagnosed from 1988 through 2003, this item was part of the 10-digit EOD [779], detailed site-specific codes for anatomic EOD.

**Rationale**
This data item is necessary for pathologic staging, and it serves as a quality measure for pathology reports and the extent of the surgical evaluation and treatment of the patient.

**Codes**
00 All nodes examined are negative
01-89 1-89 nodes are positive (code exact number of nodes positive)
90 90 or more nodes are positive
95 Positive aspiration of lymph node(s) was performed
97 Positive nodes are documented, but the number is unspecified
98 No nodes were examined
99 It is unknown whether nodes are positive; not applicable; not stated in patient record

*Note:* See Chapter V, Unresolved Issues, for a discussion of coding differences between CoC and SEER.

**REGISTRY ID**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 40 | 10 | NAACCR | 30-39 |

**Description**
A unique code that represents the data transmission source. This item should be used for central registries and non-US health care providers. Refer to Registry ID table in Appendix B.

For cases diagnosed on or after 2008, this item may be blank if NPI--Registry ID (item 45) is used to represent the data transmission source.

**Rationale**
Used to track data submission flow and to resolve transmission issues.

**Codes (in addition to CoC assigned codes or NAACCR assigned codes)**
0000000000 Case not reported by a facility
0099999999 Case reported, but facility number is unknown

*Note:* Prior to 2008, this field may contain data from reporting facilities.

**REGISTRY TYPE**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 30 | 1 | NAACCR | 2-2 |

**Description**
A computer-generated code that best describes the type of registry generating the record; used when cases are pooled from multiple registries (a hospital-based registry reporting to a state should have a "3" in this field).

**Rationale**
Facilitates tracking of data sources when data from multiple registries are pooled.

**Codes**
1 Central registry (population-based)
2 Central registry or hospital consortium (not population-based)
3 Single hospital/freestanding center

**RELIGION** **Retired**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 260 | | | |

**Description**
The NAACCR UDSC retired this data item in Version 12, as of January 1, 2010.

**REPORTING FACILITY** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Institution ID Number (CoC)<br>Facility Identification Number (CoC)<br>Reporting Hospital | 540 | 10 | CoC | 701-710 |

**Description**
CoC code for the facility whose data are described in the record.

**Rationale**
The Reporting Facility identification number or FIN is used to identify a reporting facility in the central registry database and is useful for monitoring data submission, ensuring the accuracy of data and identifying areas for special studies.

**Codes (in addition to CoC assigned codes)**
0000000000 Case not reported by a facility
0099999999 Case reported, but facility number is unknown

A listing of valid FINs can be found at http://www.facs.org/cancer/coc/fin.html.

*Note:* When this special code is being used, the length in 9s should correspond to the length indicated by the code in FIN coding system [35]. The 9s must be right justified in the field, and the remaining spaces should be filled with leading zeroes to a total length of 10.

**REPORTING HOSPITAL FAN** **Retired**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 538 | | | |

**Description**
The NAACCR UDSC retired this data item in Version 11, as of January 1, 2006.

**RESERVED 00**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 37 | 13 | | 4-16 |

**RESERVED 01**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 370 | 37 | | 58-94 |

**RESERVED 02** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 530 | 92 | | 436-527 |

**RESERVED 03**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 680 | 100 | | 591-690 |

**RESERVED 04**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 750 | 100 | | 804-903 |

**RESERVED 05**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 1180 | 200 | | 1236-1435 |

**RESERVED 06**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 1190 | 100 | | 1624-1723 |

**RESERVED 07**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 1300 | 100 | | 1788-1887 |

**RESERVED 08** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 1650 | 80 | | 2036-2115 |

**RESERVED 09**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 1740 | 50 | | 2290-2339 |

**RESERVED 10**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 1835 | 200 | | 4085-4284 |

**RESERVED 11**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 1900 | 50 | | 4345-4394 |

**RESERVED 12**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 2510 | 50 | | 4485-4534 |

**RESERVED 13**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 2080 | 500 | | 5065-5564 |

**RESERVED 14**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 2210 | 2000 | | 20825-22824 |

**RESERVED 15**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 2400 | 1 | | 780-780 |

**RESERVED 16**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 2450 | 1 | | 788-788 |

**RURALURBAN CONTINUUM 1993**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Beale Code | 3300 | 2 | NAACCR | 424-425 |

**Description**
The RuralUrban Continuum (1993) codes (usually known as the Beale Codes) separate counties into four metropolitan and six non-metropolitan categories, based on the size their populations and form a classification scheme that distinguishes metropolitan counties by size and nonmetropolitan counties by degree of urbanization and proximity to metro areas.

These codes can be derived electronically, using patients' state and county at diagnosis, so registrars do not need to provide them. FIPS state and county code mappings to Beale Codes can be obtained in an Excel file at http://www.ers.usda.gov/Data/RuralUrbanContinuumCodes.

The code is a 10-point continuum, transmitted in standard NAACCR record form with a leading 0, (00-09). Abstractors do not enter these codes.

Areas that are not included in the Rural-Urban Continuum code table, such as Canadian provinces/territories and U.S. territories (other than Puerto Rico) will be coded 98. Records for non-residents of the state of the reporting institution (County at DX = 998) also will be coded 98. If Addr at DX--State is XX, YY or ZZ, or if County at DX = 999, the Rural-Urban Continuum will be coded 99.

**Rationale**
Categorizing counties by population size helps researchers investigate geographic correlates of the burden of cancer in the area of interest.

**Codes**
Metropolitan Counties (00-03)
00 Central counties of metropolitan areas of 1 million population or more
01 Fringe counties of metropolitan areas of 1 million population or more
02 Counties in metropolitan areas of 250,000-1,000,000 population
03 Counties in metropolitan areas of less than 250,000 population

Nonmetropolitan Counties (04-09)
04 Urban population of 20,000 or more, adjacent to a metropolitan area
05 Urban population of 20,000 or more, not adjacent to a metropolitan area
06 Urban population of 2,500-19,999, adjacent to a metropolitan area
07 Urban population of 2,500-19,999, not adjacent to a metropolitan area
08 Completely rural (no places with a population of 2,500 or more) adjacent to a metropolitan area
09 Completely rural (no places with a population of 2,500 or more) not adjacent to a metropolitan area
98 Program run, but: (1) area is not included in Rural-Urban Continuum code table, or (2) record is for resident outside of state of reporting institution
99 Unknown
Blank Program not run; record not coded

**RURALURBAN CONTINUUM 2003**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Beale Code<br>RuralUrban Continuum 2000 | 3310 | 2 | NAACCR | 426-427 |

**Description**
The RuralUrban Continuum (2003) codes (usually known as the Beale Codes) separate counties into four metropolitan and six non-metropolitan categories, based on the size their populations and form a classification scheme that distinguishes metropolitan counties by size and nonmetropolitan counties by degree of urbanization and proximity to metro areas.

These codes can be derived electronically, using patients' state and county at diagnosis, so registrars do not need to provide them. FIPS state and county code mappings to Beale Codes can be obtained in an Excel file at http://www.ers.usda.gov/Data/RuralUrbanContinuumCodes.

The code is a 9-point continuum, transmitted in standard NAACCR record form with a leading 0, (01-09). Abstractors do not enter these codes.

Areas that are not included in the Rural-Urban Continuum code table, such as Canadian provinces/territories and U.S. territories (other than Puerto Rico) will be coded 98. Records for non-residents of the state of the reporting institution (County at DX = 998) also will be coded 98. If Addr at DX--State is XX, YY or ZZ, or if County at DX = 999, the Rural-Urban Continuum will be coded 99.

**Rationale**
Categorizing counties by population size helps researchers investigate geographic correlates of the burden of cancer in the area of interest.

**Codes**
Metropolitan Counties (01-03)
01 Counties in metro areas of 1 million population or more
02 Counties in metro areas of 250,000 to 1 million population
03 Counties in metro areas of fewer than 250,000 population

Nonmetropolitan Counties (04-09)
04 Urban population of 20,000 or more, adjacent to a metro area
05 Urban population of 20,000 or more, not adjacent to a metro area
06 Urban population of 2,500 to 19,999, adjacent to a metro area
07 Urban population of 2,500 to 19,999, not adjacent to a metro area
08 Completely rural or less than 2,500 urban population, adjacent to a metro area
09 Completely rural or less than 2,500 urban population, not adjacent to a metro area
98 Program run, but: (1) area is not included in Rural-Urban Continuum code table, or (2) record is for resident outside of state of reporting institution
99 Unknown
Blank Program not run; record not coded

**RX CODING SYSTEM--CURRENT**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 1460 | 2 | NAACCR | 1593-1594 |

**Description**
Code describing how treatment for this tumor now is coded.

**Codes**
00 Treatment data not coded/transmitted (i.e., all treatment fields [items 1200-1450 and 1500-1645] blank)
01 Treatment data coded using 1-digit surgery codes (obsolete)
02 Treatment data coded according to 1983-1992 SEER manuals and 1983-1995 CoC manuals
03 Treatment data coded according to 1996 *ROADS Manual*
04 Treatment data coded according to 1998 *ROADS* Supplement
05 Treatment data coded according to 1998 *SEER Manual*
06 Treatment data coded according to *FORDS* manual
07 Treatment data coded according to 2010 *SEER Manual*
99 Other coding, including partial or nonstandard coding

**RX DATE MST DEFN SRG FLAG**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 3171 | 2 | NAACCR | 1474-1475 |

**Description**
This flag explains why no appropriate value is in the field, RX Date--Most Defin Surg [3170]. This data item was first available in Volume II Version 12 (effective January 2010).

**Rationale**
Prior to Version 12 (through 2009 diagnosis), date fields included codes that provided information other than dates. As part of an initiative to standardize date fields, new fields were introduced to accommodate non-date information that had previously been transmitted in date fields.

**Codes (See Appendix H for the complete Flavors of Null table, which includes the NAACCR codes, HL7 codes and definitions.)**
10 No information whatsoever can be inferred from this exceptional value. (e.g., unknown if any surgical procedure of the primary site was performed).
11 No proper value is applicable in this context (e.g., no surgical resection of the primary site was performed and for cases diagnosed at autopsy).
12 A proper value is applicable but not known. This event occurred, but the date is unknown (e.g., surgical procedure of the primary site was performed but the date is unknown).
Blank A valid date value is provided in item RX Date--Most Defin Surg [3170], or the date was not expected to have been transmitted.

*Comment:* This is part of the initiative of the transformation from the old NAACCR date standards to interoperable dates.

**RX DATE RAD ENDED FLAG**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 3221 | 2 | NAACCR | 1504-1505 |

**Description**
This flag explains why no appropriate value is in the field, RX Date--Radiation Ended [3220]. This data item was first available in Volume II Version 12 (effective January 2010).

**Rationale**
Prior to Version 12 (through 2009 diagnosis), date fields included codes that provided information other than dates. As part of an initiative to standardize date fields, new fields were introduced to accommodate non-date information that had previously been transmitted in date fields.

**Codes (See Appendix H for the complete Flavors of Null table, which includes the NAACCR codes, HL7 codes and definitions.)**

10 No information whatsoever can be inferred from this exceptional value (e.g., unknown if radiation therapy administered).
11 No proper value is applicable in this context (e.g., radiation therapy was not administered; diagnosed at autopsy).
12 A proper value is applicable but not known. This event occurred, but the date is unknown (e.g., date radiation ended is unknown).
15 Information is not available at this time, but it is expected that it will be available later (e.g., radiation was administered and was ongoing at the time of most recent follow-up).
Blank A valid date value is provided in item RX Date-Radiation Ended [3220], or the date was not expected to have been transmitted.

*Comment:* This is part of the initiative of the transformation from the old NAACCR date standards to interoperable dates.

**RX DATE SURG DISCH FLAG**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 3181 | 2 | NAACCR | 1484-1485 |

**Description**
This flag explains why no appropriate value is in the field, RX Date--Surgical Disch [3180]. This data item was first available in Volume II Version 12 (effective January 2010).

**Rationale**
Prior to Version 12 (through 2009 diagnosis), date fields included codes that provided information other than dates. As part of an initiative to standardize date fields, new fields were introduced to accommodate non-date information that had previously been transmitted in date fields.

**Codes (See Appendix H for the complete Flavors of Null table, which includes the NAACCR codes, HL7 codes and definitions.)**

10 No information whatsoever can be inferred from this exceptional value (e.g., unknown whether surgical treatment was performed).

11 No proper value is applicable in this context (e.g., no surgical treatment of the primary site was performed; autopsy only case).

12 A proper value is applicable but not known. This event occurred, but the date is unknown (e.g., surgical treatment performed but the date of discharge is unknown).

Blank A valid date value is provided in item RX Date-Surgical Disch [3180], or the date was not expected to have been transmitted.

*Comment:* This is part of the initiative of the transformation from the old NAACCR date standards to interoperable dates.

**RX DATE SYSTEMIC FLAG**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 3231 | 2 | NAACCR | 1514-1515 |

**Description**
This flag explains why no appropriate value is in the field, RX Date--Systemic [3230]. This data item was first available in Volume II Version 12 (effective January 2010).

**Rationale**
Prior to Version 12 (through 2009 diagnosis), date fields included codes that provided information other than dates. As part of an initiative to standardize date fields, new fields were introduced to accommodate non-date information that had previously been transmitted in date fields.

**Codes (See Appendix H for the complete Flavors of Null table, which includes the NAACCR codes, HL7 codes and definitions.)**

10 No information whatsoever can be inferred from this exceptional value (e.g., unknown if systemic therapy was administered).
11 No proper value is applicable in this context (e.g., no systemic therapy was administered; autopsy only case).
12 A proper value is applicable but not known. This event occurred, but the date is unknown (e.g., systemic therapy administered but date is unknown).
15 Information is not available at this time, but it is expected that it will be available later (e.g., systemic therapy is planned as part of the first course of therapy, but had not been started at the time of the most recent follow-up).
Blank A valid date value is provided in item RX Date--Systemic [3230], or the date was not expected to have been transmitted.

*Comment:* This is part of the initiative of the transformation from the old NAACCR date standards to interoperable dates.

**RX DATE--BRM**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Date Immunotherapy Started (CoC) | 1240 | 8 | CoC | 1536-1543 |

**Description**
Date of initiation for immunotherapy (a.k.a. biological response modifier) that is part of the first course of treatment. See also RX Summ--BRM [1410]. See page 97 for date format.

**Rationale**
The dates on which different treatment modalities were started are used to evaluate whether the treatments were part of first course of therapy and to reconstruct the sequence of first-course treatment modes.

*Note:* CoC discontinued support of this item from 2003 through 2009.

**RX DATE--BRM FLAG**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 1241 | 2 | NAACCR | 1544-1545 |

**Description**
This flag explains why no appropriate value is in the field, RX Date--BRM [1240]. This data item was first available in Volume II Version 12 (effective January 2010).

**Rationale**
Prior to Version 12 (through 2009 diagnosis), date fields included codes that provided information other than dates. As part of an initiative to standardize date fields, new fields were introduced to accommodate non-date information that had previously been transmitted in date fields.

**Codes (See Appendix H for the complete Flavors of Null table, which includes the NAACCR codes, HL7 codes and definitions.)**

10 No information whatsoever can be inferred from this exceptional value (e.g., unknown if immunotherapy administered).
11 No proper value is applicable in this context (e.g., no immunotherapy administered; autopsy only case).
12 A proper value is applicable but not known. This event occurred, but the date is unknown (e.g., immunotherapy administered but date is unknown).
15 Information is not available at this time, but it is expected that it will be available later (e.g., immune therapy is planned as part of the first course of therapy, but had not been started at the time of the most recent follow-up).
Blank A valid date value is provided in item RX Date BRM [1240], or the date was not expected to have been transmitted.

*Comment:* This is part of the initiative of the transformation from the old NAACCR date standards to interoperable dates.

**RX DATE--CHEMO**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Date Chemotherapy Started (CoC) | 1220 | 8 | CoC | 1516-1523 |

**Description**
Date of initiation of chemotherapy that is part of the first course of treatment. See also RX Summ--Chemo [1390]. See page 97 for date format.

**Rationale**
The dates on which different treatment modalities were started are used to evaluate whether the treatments were part of first-course therapy and to reconstruct the sequence of first-course treatment modes.

*Note:* CoC discontinued support of this item from 2003 through 2009.

**RX DATE--CHEMO FLAG**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 1221 | 2 | NAACCR | 1524-1525 |

**Description**
This flag explains why no appropriate value is in the field, RX Date--Chemo [1220]. This data item was first available in Volume II Version 12 (effective January 2010).

**Rationale**
Prior to Version 12 (through 2009 diagnosis), date fields included codes that provided information other than dates. As part of an initiative to standardize date fields, new fields were introduced to accommodate non-date information that had previously been transmitted in date fields.

**Codes (See Appendix H for the complete Flavors of Null table, which includes the NAACCR codes, HL7 codes and definitions.)**

10 No information whatsoever can be inferred from this exceptional value (e.g., unknown if chemotherapy administered).
11 No proper value is applicable in this context (e.g., no chemotherapy administered; autopsy only case).
12 A proper value is applicable but not known. This event occurred, but the date is unknown (e.g., chemotherapy administered but date is unknown).
15 Information is not available at this time, but it is expected that it will be available later (e.g., chemotherapy is planned as part of the first course of therapy, but had not been started at the time of the most recent follow-up).
Blank A valid date value is provided in item RX Date--Chemo [1220], or the date was not expected to have been transmitted.

*Comment:* This is part of the initiative of the transformation from the old NAACCR date standards to interoperable dates.

**RX DATE--DX/STG PROC**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Date of Non Cancer-Directed Surgery (CoC)<br>Date of Diagnostic, Staging or Palliative Procedures (1996-2002)<br>Date of Surgical Diagnostic and Staging Procedure (CoC)<br>RX Date--DX/Stg/Pall Proc | 1280 | 8 | CoC | 1556-1563 |

**Description**
Records the date on which the surgical diagnostic and/or staging procedure was performed. See Surgical and Diagnostic Staging Procedure [1350]. See page 97 for date format.

*Note:* This is a CoC item and for tumors diagnosed from January 1, 1996, through December 31, 2002, this may have been the date on which diagnostic, staging, and palliative procedures were performed. Beginning with tumors diagnosed on or after January 1, 2003, palliative procedures are collected in RX Summ--Palliative Proc [3270] and RX Hosp--Palliative Proc [3280].

**RX DATE--DX/STG PROC FLAG**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 1281 | 2 | NAACCR | 1564-1565 |

**Description**
This flag explains why no appropriate value is in the field, RX Date--DX/Stg Proc [1280]. This data item was first available in Volume II Version 12 (effective January 2010).

**Rationale**
Prior to Version 12 (through 2009 diagnosis), date fields included codes that provided information other than dates. As part of an initiative to standardize date fields, new fields were introduced to accommodate non-date information that had previously been transmitted in date fields.

**Codes (See Appendix H for the complete Flavors of Null table, which includes the NAACCR codes, HL7 codes and definitions.)**

10 No information whatsoever can be inferred from this exceptional value (e.g., unknown if any diagnostic or staging procedure performed).
11 No proper value is applicable in this context (e.g., no diagnostic or staging procedure performed; autopsy only case).
12 A proper value is applicable but not known. This event occurred, but the date is unknown (e.g., diagnostic or staging procedure performed but date is unknown).
Blank A valid date value is provided in item RX Date-DX/Stg Proc [1280], or the date was not expected to have been transmitted.

*Comment:* This is part of the initiative of the transformation from the old NAACCR date standards to interoperable dates.

**RX DATE--HORMONE**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Date Hormone Therapy Started (CoC) | 1230 | 8 | CoC | 1526-1533 |

**Description**
Date of initiation for hormone therapy that is part of the first course of treatment. See also RX Summ--Hormone [1400]. See page 97 for date format.

**Rationale**
The dates on which different treatment modalities were started are used to evaluate whether the treatments were part of first-course therapy and to reconstruct the sequence of first-course treatment modes.

*Note:* CoC discontinued support of this item from 2003 through 2009.

**RX DATE--HORMONE FLAG**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 1231 | 2 | NAACCR | 1534-1535 |

**Description**
This flag explains why no appropriate value is in the field, RX Date--Hormone [1230]. This data item was first available in Volume II Version 12 (effective January 2010).

**Rationale**
Prior to Version 12 (through 2009 diagnosis), date fields included codes that provided information other than dates. As part of an initiative to standardize date fields, new fields were introduced to accommodate non-date information that had previously been transmitted in date fields.

**Codes (See Appendix H for the complete Flavors of Null table, which includes the NAACCR codes, HL7 codes and definitions.)**

10 No information whatsoever can be inferred from this exceptional value (e.g., unknown if any hormone therapy administered).
11 No proper value is applicable in this context (e.g., no hormone therapy administered; autopsy only cases).
12 A proper value is applicable but not known. This event occurred, but the date is unknown (e.g., hormone therapy administered but date is unknown).
15 Information is not available at this time, but it is expected that it will be available later (e.g., hormone therapy is planned as part of the first course of therapy, but had not been started at the time of the most recent follow-up).
Blank A valid date value is provided in item RX Date-Hormone [1230], or the date was not expected to have been transmitted.

*Comment:* This is part of the initiative of the transformation from the old NAACCR date standards to interoperable dates.

**RX DATE--MOST DEFIN SURG**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Date of Most Definitive Surgical Resection of the Primary Site | 3170 | 8 | CoC | 1466-1473 |

**Description**
Date of most definitive surgical resection of the primary site performed as part of the first course of treatment. See page 97 for date format.

**Rationale**
This item is used to measure lag time between diagnosis and the most definitive surgery of the primary site or survival following the procedure. It also is used in conjunction with Date of Surgical Discharge [3180] to calculate the duration of hospitalization following the most definitive primary site surgical procedure to evaluate treatment efficacy.

**RX DATE--OTHER**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Date Other Treatment Started (CoC) | 1250 | 8 | CoC | 1546-1553 |

**Description**
Date of initiation for other treatment that is part of the first course of treatment at any facility. See RX Summ--Other [1420]. See page 97 for date format.

**Rationale**
The dates on which different treatment modalities were started are used to evaluate whether the treatments were part of first-course therapy and to reconstruct the sequence of first-course treatment modes.

**RX DATE--OTHER FLAG**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 1251 | 2 | NAACCR | 1554-1555 |

**Description**
This flag explains why no appropriate value is in the field, RX Date--Other [1250]. This data item was first available in Volume II Version 12 (effective January 2010).

**Rationale**
Prior to Version 12 (through 2009 diagnosis), date fields included codes that provided information other than dates. As part of an initiative to standardize date fields, new fields were introduced to accommodate non-date information that had previously been transmitted in date fields.

**Codes (See Appendix H for the complete Flavors of Null table, which includes the NAACCR codes, HL7 codes and definitions.)**

10 No information whatsoever can be inferred from this exceptional value (e.g., unknown if other therapy administered).
11 No proper value is applicable in this context (e.g., no other treatment administered; autopsy only case).
12 A proper value is applicable but not known. This event occurred, but the date is unknown (e.g., other therapy administered but the date is unknown).
Blank A valid date value is provided in item RX Date-Other [1250], or the date was not expected to have been transmitted.

*Comment:* This is part of the initiative of the transformation from the old NAACCR date standards to interoperable dates.

**RX DATE--RADIATION**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Date Radiation Started (CoC) | 1210 | 8 | CoC | 1486-1493 |

**Description**
Records the date on which radiation therapy began at any facility that is part of the first course of treatment. See page 97 for date format.

**Rationale**
The dates on which different treatment modalities were started are used to evaluate whether the treatments were part of first-course therapy and to reconstruct the sequence of first-course treatment modes.

**RX DATE--RADIATION ENDED**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Date Radiation Ended | 3220 | 8 | CoC | 1496-1503 |

**Description**
The date on which the patient completes or receives the last radiation treatment at any facility. See page 97 for date format.

**Rationale**
The length of time over which radiation therapy is administered to a patient is a factor in tumor control and treatment morbidity. It is useful in evaluating the quality-of-care and the success of patient support programs designed to maintain continuity of treatment.

**RX DATE--RADIATION FLAG**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 1211 | 2 | NAACCR | 1494-1495 |

**Description**
This flag explains why no appropriate value is in the field, RX Date--Radiation [1210]. This data item was first available in Volume II Version 12 (effective January 2010).

**Rationale**
Prior to Version 12 (through 2009 diagnosis), date fields included codes that provided information other than dates. As part of an initiative to standardize date fields, new fields were introduced to accommodate non-date information that had previously been transmitted in date fields.

**Codes (See Appendix H for the complete Flavors of Null table, which includes the NAACCR codes, HL7 codes and definitions.)**

10 No information whatsoever can be inferred from this exceptional value (e.g., unknown whether any radiation therapy administered).
11 No proper value is applicable in this context (e.g., no radiation therapy administered; autopsy only case).
12 A proper value is applicable but not known. This event occurred, but the date is unknown (e.g., radiation therapy administered but date is unknown).
15 Information is not available at this time, but it is expected that it will be available later (e.g., radiation therapy is planned as part of the first course of therapy, but had not been started at the time of the most recent follow-up).
Blank A valid date value is provided in item RX Date--Radiation [1210], or the date was not expected to have been transmitted.

*Comment:* This is part of the initiative of the transformation from the old NAACCR date standards to interoperable dates.

**RX DATE--SURGERY**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Date of Cancer-Directed Surgery (CoC)<br>Date of Surgery<br>Date of First Surgical Procedure (CoC) | 1200 | 8 | CoC | 1456-1463 |

**Description**
Date the first surgery of the type described under Surgery of Primary Site, Scope of Regional Lymph Node Surgery, or Surgery of Other Regional Site(s), Distant Site(s) or Distant Lymph Nodes was performed. See also RX Summ--Surg Prim Site [1290], RX Summ--Scope Reg LN Sur [1292], and RX Summ--Surg Oth Reg/Dis [1294]. See page 97 for date format.

**Rationale**
The dates on which different treatment modalities were started are used to evaluate whether the treatments were part of first-course therapy and to reconstruct the sequence of first-course treatment modes.

**RX DATE--SURGERY FLAG** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 1201 | 2 | NAACCR | 1464-1465 |

**Description**
This flag explains why no appropriate value is in the field, RX Date--Surgery [1200]. This data item was first available in Volume II Version 12 (effective January 2010).

**Rationale**
Prior to Version 12 (through 2009 diagnosis), date fields included codes that provided information other than dates. As part of an initiative to standardize date fields, new fields were introduced to accommodate non-date information that had previously been transmitted in date fields.

**Codes (See Appendix H for the complete Flavors of Null table, which includes the NAACCR codes, HL7 codes and definitions.)**

10 No information whatsoever can be inferred from this exceptional value (e.g., unknown if any surgical procedure was performed).
11 No proper value is applicable in this context (e.g., no surgical procedure was performed; autopsy only case).
12 A proper value is applicable but not known. This event occurred, but the date is unknown (e.g., surgery was performed but the date is unknown).
Blank A valid date value is provided in item Date-Surgery [1200], or the date was not expected to have been transmitted.

*Comment:* This is part of the initiative of the transformation from the old NAACCR date standards to interoperable dates.

**RX DATE--SURGICAL DISCH** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Date of Surgical Discharge | 3180 | 8 | CoC | 1476-1483 |

**Description**
Records the date the patient was discharged following primary site surgery. The date corresponds to the event recorded in Date of Most Definitive Surgical Resection [3170]. See page 97 for date format.

**Rationale**
Length of stay is an important quality-of-care and financial measure among hospital administrations, those who fund public and private health care, and public health users. This date, in conjunction with the data item “Date of Most Definitive Surgical Resection” [3170], will allow for the calculation of a patient’s length of hospitalization associated with primary site surgery.

**RX DATE--SYSTEMIC**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Date Systemic Therapy Started | 3230 | 8 | CoC | 1506-1513 |

**Description**
Date of initiation of systemic therapy that is part of the first course of treatment. Systemic therapy includes the administration of chemotherapy agents, hormone agents, biological response modifiers, bone marrow transplants, stem cell harvests, and surgical and/or radiation endocrine therapy. See page 97 for date format.

**Rationale**
Collecting dates for each treatment modality allows the sequencing of multiple treatments and aids in the evaluation of time intervals from diagnosis to treatment and from treatment to recurrence.

**RX HOSP--ASA CLASS** **Retired**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 665 | | | |

**Description**
This data item was proposed for inclusion in Version 12 but the request was withdrawn prior to implementation of the standard. The data item was retired in Version 12.1, as of January 1, 2011.

**RX HOSP--BRM** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Immunotherapy at this Facility (CoC) | 720 | 2 | CoC | 794-795 |

**Description**
Records whether immunotherapeutic agents (biologic response modifiers) were administered as first-course treatment at this facility or the reason they were not given. Immunotherapy consists of biological or chemical agents that alter the immune system or change the host's response to tumor cells.

**Rationale**
Systemic therapy may involve the administration of one or a combination of agents. This data item allows for the evaluation of immunotherapeutic agents given as part of the first course of therapy. Furthermore, it is useful to know the reason immunotherapy was not administered when evaluating quality of care.

If central registries wish to study the treatment given at particular facilities, the facility-level treatment fields must be used. The summary treatment fields, conversely, combine information for all facilities that provide first course of treatment for the tumor. Facility-specific fields allow studies of detailed referral patterns and treatment by type of healthcare setting. Knowing what part of the treatment was given at a particular facility also helps resolve consolidation issues.

**Codes (Refer to the most recent *FORDS* and SEER Rx for complete coding instructions.)**

00 None, immunotherapy was not part of the planned first-course of therapy; not customary therapy for this cancer.
01 Immunotherapy administered as first course therapy.
82 Immunotherapy was not recommended/administered because it was contraindicated due to patient risk factors (comorbid conditions, advanced age, etc.) or there was progression of disease prior to administration.
85 Immunotherapy was not administered because the patient died prior to planned or recommended therapy.
86 Immunotherapy was not administered. It was recommended by the patient's physician but was not administered as part of the first-course of therapy. No reason was noted in the patient record.
87 Immunotherapy was not administered. It was recommended by the patient's physician but was refused by the patient or the patient's family or guardian. The refusal was noted in the patient record.
88 Immunotherapy was recommended, but it is unknown if it was administered.
99 It is unknown if immunotherapy was recommended or administered because it was not stated in the patient record. Death certificate-only case.

*Note:* For tumors diagnosed on or after January 1, 2003, information on bone marrow transplants and stem cell transplants should be coded in the new field RX SUMM--Transplnt/Endocr [3250]. Codes 02-06 should not be used for tumors diagnosed on or after January 1, 2003.

**RX HOSP--CHEMO** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Chemotherapy at this Facility (CoC) | 700 | 2 | CoC | 790-791 |

**Description**
Records the type of chemotherapy administered at the reporting facility as a part of first course therapy or the reason chemotherapy was not given.

**Rationale**
Systemic therapy may involve the administration of one or a combination of agents. This data item allows for the evaluation of chemotherapeutic agents given as part of the first course of therapy. Furthermore, it is useful to know the reason chemotherapy was not administered when evaluating quality of care.

If central registries wish to study the treatment given at particular facilities, the facility-level treatment fields must be used. The summary treatment fields, conversely, combine information for all facilities that provide first course of treatment for the tumor. Facility-specific fields allow studies of detailed referral patterns and treatment by type of healthcare setting. Knowing what part of the treatment was given at a particular facility also helps resolve consolidation issues.

**Codes (Refer to the most recent *FORDS* and SEER RX for additional complete coding directions.)**

00 None, chemotherapy was not part of the first course of therapy or there was progression of disease prior to administration; Not customary therapy for this cancer. Diagnosed at autopsy.
01 Chemotherapy was administered, but type and number of agents is not documented in patient record.
02 Chemotherapy, single agent.
03 Chemotherapy, multiple agents.
82 Chemotherapy was not recommended/administered because it was contraindicated due to patient risk factors (comorbid conditions, advanced age) or there was progression of disease prior to planned administration.
85 Chemotherapy was not administered because the patient died prior to planned or recommended therapy.
86 Chemotherapy was recommended by the patient's physician, but was not administered as part of first-course therapy. No reason was stated in the patient record.
87 Chemotherapy was not administered. It was recommended by the patient's physician, but was refused by the patient, or the patient's family or guardian. The refusal was noted in the patient record.
88 Chemotherapy was recommended, but it is unknown if it was administered.
99 It is unknown whether chemotherapy was recommended or administered because it is not stated in patient record. Death certificate-only case

**RX HOSP--DX/STG PROC** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Non Cancer-Directed Surgery at this Facility (CoC)<br>Surgical Diagnostic & Staging Procedure at this Facility (1996-2002)<br>RX Hosp--DX/Stg/Pall Proc | 740 | 2 | CoC | 797-798 |

**Description**
Identifies the surgical procedure(s) performed in an effort to diagnose and/or stage disease at this facility.

**Rationale**
This data item is used to track the use of surgical procedure resources that are not considered treatment.

If central registries wish to study the procedures performed at particular facilities, the facility-level fields must be used. The summary fields, conversely, combine information for all facilities that provide first course of treatment for the tumor. Facility-specific fields allow studies of detailed referral patterns and diagnostic/staging procedures by type of healthcare setting. Knowing what part of the diagnostic or staging process was performed at a particular facility also helps resolve consolidation issues.

**Codes (Refer to the most recent version of *FORDS* for additional instructions.)**
00 No surgical diagnostic or staging procedure was performed.
01 A biopsy (incisional, needle, or aspiration) was done to a site other than the primary site. No exploratory procedure was done.
02 A biopsy (incisional, needle, or aspiration) was done of the primary site.
03 A surgical exploratory only. The patient was not biopsied or treated during the procedure.
04 A surgical procedure with a bypass was performed, but no biopsy was done.
05 An exploratory procedure was performed, and a biopsy of either the primary site or another site was done.
06 A bypass procedure was performed, and a biopsy of either the primary site or another site was done.
07 A procedure was done, but the type of procedure is unknown.
09 No information about whether a diagnostic or staging procedure was performed.

*Note:* This item has been used for tumors diagnosed in 1996 and later. For cases diagnosed before 1996, this item may have been converted from the *DAM*, and cases with surgery would have been converted to 09 in this field. For cases diagnosed between 1996 and 2002, this field may have described palliative care according to coding rules in *ROADS*. For tumors diagnosed on or after January 1, 2003, palliative care is coded in a new field RX Hosp--Palliative Proc [3280].

**RX HOSP--HORMONE** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Hormone Therapy at this Facility (CoC) | 710 | 2 | CoC | 792-793 |

**Description**
Records whether systemic hormonal agents were administered as first-course treatment at this facility or the reason they were not given. Hormone therapy consists of a group of drugs that may affect the long-term control of a cancer's growth. It is not usually used as a curative measure.

**Rationale**
Systemic therapy may involve the administration of one or a combination of agents. This data item allows for the evaluation of hormonal agents given as part of the first course of therapy. Furthermore, it is useful to know the reason hormone therapy was not administered when evaluating quality of care for certain tumors.

If central registries wish to study the treatment given at particular facilities, the facility -level treatment fields must be used. The summary treatment fields, conversely, combine information for all hospitals that provide first course of treatment for the tumor. Facility-specific fields allow studies of detailed referral patterns and treatment by type of healthcare setting. Knowing what part of the treatment was given at a particular facility also helps resolve consolidation issues.

**Codes (Refer to the most recent version of *FORDS* and SEER Rx for additional instructions.)**

00 None, hormone therapy was not part of the planned first course of therapy. Diagnosed at autopsy.
01 Hormone therapy was administered as first course therapy.
82 Hormone therapy was not recommended/administered because it was contraindicated due to patient risk factors (comorbid conditions, advanced age), or there was progression of disease prior to administration.
85 Hormone therapy was not administered because the patient died prior to planned or recommended therapy.
86 Hormone therapy was not administered. It was recommended by the patient's physician, but was not administered as part of first-course therapy. No reason was stated in the patient record.
87 Hormone therapy was not administered. It was recommended by the patient's physician, but was refused by the patient, or the patient's family member or guardian. The refusal was noted in the patient record.
88 Hormone therapy was recommended, but it is unknown if it was administered.
99 It is unknown whether hormone therapy was recommended or administered because it is not stated in the patient record. Death certificate-only cases.

*Note:* Codes 02-03 entered under the *ROADS* rules for tumors diagnosed prior to January 1, 2003, should have been converted to the appropriate code in the new field RX SUMM--Transplnt/Endocr [3250] implemented with *FORDS*. Endocrine surgery and endocrine radiation therapy are no longer coded as Hormone Therapy for tumors diagnosed on or after January 1, 2003.

**RX HOSP--OTHER** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Other Treatment at this Facility (CoC) | 730 | 1 | CoC | 796-796 |

**Description**
Identifies treatment given at this facility that cannot be defined as surgery, radiation, or systemic therapy according to the defined data items in this manual. Treatment for reportable hematopoietic diseases can be supportive care, observation, or any treatment that does not meet the usual definition in which treatment modifies, controls, removes, or destroys proliferating cancer tissue. Supportive care such as phlebotomy, transfusions, or aspirin may be recorded for hematopoietic diseases ONLY.

**Rationale**
Information on other therapy is used to describe treatment practices and evaluate quality of care. If central registries wish to study the treatment given at particular facilities, the facility-level treatment fields must be used. The summary treatment fields, conversely, combine information for all hospitals that provide first course of treatment for the tumor. Facility-specific fields allow studies of detailed referral patterns and treatment by type of healthcare setting. Knowing what part of the treatment was given at a particular facility also helps resolve consolidation issues.

**Codes**
0 None; all cancer treatment was coded in other treatment fields. Patient received no cancer treatment. Diagnosed at autopsy.
1 Cancer treatment that cannot be assigned to specified treatment data items.
2 Other-Experimental; this code is not defined. It may be used to record participation in institution-based clinical trials.
3 Patient is involved in a double-blind clinical trial. Code the treatment actually administered when the double-blind trial code is broken.
6 Other unproven; Cancer treatments administered by nonmedical personnel.
7 Refusal; other treatment was not administered. Treatment listed in code 1, 2 or 3 was recommended by the patient's physician but was refused by the patient or the patient's family or guardian. The refusal was noted in the patient record.
8 Recommended, unknown if administered; other treatment was recommended, but it is unknown whether it was administered.
9 It is unknown whether other treatment was recommended or administered because it is not stated in the patient record. Death certificate only case.

**RX HOSP--PALLIATIVE PROC** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Palliative Procedure at this Facility<br>Palliative Care at this Facility | 3280 | 1 | CoC | 799-799 |

**Description**
Identifies care provided at the reporting facility in an effort to palliate or alleviate symptoms. Palliative procedures may include surgery, radiation therapy, systemic therapy (chemotherapy, hormone therapy, or other systemic drugs), and/or pain management.

**Rationale**
This data item allows reporting facilities to track care that is considered palliative rather than diagnostic or curative in intent. If central registries wish to study types of palliative care given at particular facilities, the facility-level fields must be used. Facility-specific fields allow studies of detailed referral patterns and treatment by type of healthcare setting. Knowing what palliative procedures and care was performed at a particular facility also helps resolve consolidation issues.

**Codes**
0 No palliative care provided. Diagnosed at autopsy.
1 Surgery (which may involve a bypass procedure) performed to alleviate symptoms, but no attempt to diagnose, stage, or treat the tumor is made.
2 Radiation therapy given to alleviate symptoms, but no attempt to produce cure is made.
3 Chemotherapy, hormone therapy, or other systemic drugs given to alleviate symptoms without curative intent.
4 Patient received or was referred for pain management only.
5 Any combination of codes 1, 2, and/or 3 <u>without</u> code 4.
6 Any combination of codes 1, 2, and/or 3 <u>with</u> code 4.
7 Palliative care was performed or recommended, but no information on the type of procedure is available in the patient record.
9 Unknown if palliative care was performed or recommended. Not stated in patient record.

**RX HOSP--RADIATION** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Radiation at this Facility (CoC) | 690 | 1 | SEER | 789-789 |

**Description**
Defines the type of radiation therapy the patient received at the reporting facility as a part of the first course of treatment.

**Rationale**
If central registries wish to study the treatment given at particular facilities, the facility-level treatment fields must be used. The summary treatment fields, conversely, combine information for all facilities that provide first course of treatment for the tumor. Facility-specific fields allow studies of detailed referral patterns and treatment by type of healthcare setting. Knowing what part of the treatment was given at a particular facility also helps resolve consolidation issues.

**Codes**
0 None
1 Beam radiation
2 Radioactive implants
3 Radioisotopes
4 Combination of 1 with 2 or 3
5 Radiation, NOS--method or source not specified
9 Unknown if radiation therapy administered

*Note:* CoC no longer requires this item effective January 1, 2002. SEER continues to support it as a historically collected and currently transmitted data item.

**RX HOSP--REG LN REMOVED** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Number of Regional Lymph Nodes Examined at This Facility (CoC)<br>RX Hosp--Reg LN Examined | 676 | 2 | CoC | 786-787 |

**Description**

Describes number of regional lymph nodes removed at the reporting facility as part of the first course of treatment.

**Rationale**

If central registries wish to study the treatment given at particular facilities, the facility-level treatment fields must be used. The summary treatment fields, conversely, combine information for all hospitals that provide first course of treatment for the tumor. Facility-specific fields allow studies of detailed referral patterns and treatment by type of healthcare setting. Knowing the extent of treatment given at a particular facility also helps resolve consolidation issues.

**Codes (Refer to *ROADS* for additional coding instructions.)**

00 No regional lymph nodes removed
01 One regional lymph node removed
02 Two regional lymph nodes removed
..
..
90 Ninety or more regional lymph nodes removed
95 No regional lymph node(s) removed, but aspiration of regional lymph node(s) was performed
96 Regional lymph node removal documented as a sampling and number of lymph nodes unknown/not stated
97 Regional lymph node removal documented as a dissection and number of lymph nodes unknown/not stated
98 Regional lymph nodes surgically removed, but number of lymph nodes unknown/not stated and not documented as sampling or dissection
99 Unknown; not stated; death certificate-only

*Note:* As of January 1, 2003, this data item is no longer required or recommended by CoC. However, the item was collected in the past and it is recommended that historic data be retained.

**RX HOSP--SCOPE REG 98-02** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Scope of Regional Lymph Node Surgery at this Facility (CoC) | 747 | 1 | CoC | 802-802 |

**Description**
Describes the removal, biopsy, or aspiration of regional lymph node(s) at the time of surgery of the primary site or during a separate surgical event at the reporting facility. This field is to be used for *ROADS* codes after the *ROADS* to *FORDS* conversion. It is also to be used to code Scope of Regional Lymph Node Surgery at the reporting facility for all tumors diagnosed before January 1, 2003.

**Rationale**
In evaluating quality of care and treatment practices it is important to identify the removal, biopsy, or aspiration of regional lymph node(s) at the time of surgery of the primary site or during a separate surgical event.

If central registries wish to study the treatment given at particular hospitals, the hospital-level treatment fields must be used. The summary treatment fields, conversely, combine information across all hospitals that provide first course of treatment for the tumor. Hospital-specific fields allow studies of detailed referral patterns and treatment by type of hospital. Knowing the extent of treatment given at a particular hospital also helps resolve coding issues.

**Codes (See the CoC *ROADS Manual* 1998 Supplement and the *SEER Program Code Manual* for site-specific codes.)**

**RX HOSP--SCOPE REG LN SUR** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Scope of Regional Lymph Node Surgery at this Facility (CoC) | 672 | 1 | CoC | 784-784 |

**Description**

Describes the removal, biopsy, or aspiration of regional lymph node(s) performed at the reporting facility for diagnosis and/or staging or as a part of the first course of therapy.

**Rationale**

In evaluating quality of care and treatment practices it is important to identify the removal, biopsy, or aspiration of regional lymph node(s) at the time of surgery of the primary site or during a separate surgical event.
If central registries wish to study the treatment given at particular hospitals, the hospital-level treatment fields must be used. The summary treatment fields, conversely, combine information across all hospitals that provide first course of treatment for the tumor. Hospital-specific fields allow studies of detailed referral patterns and treatment by type of hospital. Knowing the extent of treatment given at a particular hospital also helps resolve coding issues.

**Codes (Refer to the most recent *FORDS* for additional instructions.)**

0 No regional lymph nodes removed. No lymph nodes found in the pathologic specimen. Diagnosed at autopsy.
1 Biopsy or aspiration of regional lymph node, NOS.
2 Sentinel lymph node biopsy.
3 Regional lymph node(s) removed and the number of nodes removed is unknown or not stated; the procedure is not specified as sentinel node biopsy. Regional lymph nodes removed, NOS.
4 1 to 3 regional lymph nodes removed.
5 4 or more regional lymph nodes removed.
6 Sentinel node biopsy and code 3, 4, or 5 at same time or timing not stated.
7 Sentinel node biopsy and code 3, 4, or 5 at different times.
9 Unknown or not applicable. It is unknown whether regional lymph node surgery was performed. Death certificate only case; unknown or ill-defined primary site; hematopoietic, reticuloendothelial, immunoproliferative or myeloproliferative disease.

*Note:* One important use of registry data is the tracking of treatment patterns over time. To compare contemporary treatment to previously published treatment based on former codes, or to data unmodified from pre-1998 definitions, the ability to differentiate surgeries in which four or more regional lymph nodes are removed is desirable. However, it is very important to note that the distinction between codes 4 and 5 is made to permit comparison of current surgical procedures with procedures coded in the past when the removal of fewer than 4 nodes was not reflected in surgery codes. It is not intended to reflect clinical significance when applied to a particular surgical procedure. It is important to avoid inferring, by data presentation or other methods, that one category is preferable to another within the intent of these items.

**RX HOSP--SCREEN/BX PROC1** **Retired**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 742 | | | |

**Description**
The NAACCR UDSC retired this data item in Version 11, as of January 1, 2006.

**RX HOSP--SCREEN/BX PROC2** **Retired**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 743 | | | |

**Description**
The NAACCR UDSC retired this data item in Version 11, as of January 1, 2006.

**RX HOSP--SCREEN/BX PROC3** **Retired**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 744 | | | |

**Description**
The NAACCR UDSC retired this data item in Version 11, as of January 1, 2006.

**RX HOSP--SCREEN/BX PROC4** **Retired**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 745 | | | |

**Description**
The NAACCR UDSC retired this data item in Version 11, as of January 1, 2006.

**RX HOSP--SURG APP 2010** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 668 | 1 | CoC | 781-781 |

**Description**
This item is used to describe the method of surgical approach used for patients undergoing surgery of the primary site at the reporting facility. If the patient has multiple surgeries to the primary site, this item describes the approach used for the most invasive, definitive surgery.

**Rationale**
This item is used to monitor patterns and trends in the adoption and use of minimally-invasive surgical techniques.

If central registries wish to study the treatment given at particular facilities, the facility-level treatment fields must be used. Facility-specific fields allow studies of detailed referral patterns and treatment by type of healthcare setting. Knowing the extent of treatment given at a particular facility also helps resolve consolidation issues.

**Codes**
0 No surgical procedure of primary site at this facility. Diagnosed at autopsy.
1 Robotic assisted.
2 Robotic converted to open.
3 Laparoscopic.
4 Laparoscopic converted to open.
5 Open. Approach not specified.
9 Unknown whether surgery was performed; Patient record does not state whether a surgical procedure of the primary site was performed and no information is available. Death certificate only.

**RX HOSP--SURG OTH 98-02** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Surgery of Other Regional Site(s), Distant Site(s), or Distant Lymph Node(s) at this Facility (CoC)<br>Surgical Procedure/Other Site at this Facility | 748 | 1 | CoC | 803-803 |

**Description**
Records the surgical removal of distant lymph nodes or other tissue(s)/organ(s) beyond the primary site at this facility. This field is to be used for *ROADS* codes after the *ROADS* to *FORDS* conversion. It is also to be used to code Surgery Other Regional/Distant Sites at the reporting facility for all tumors diagnosed before January 1, 2003.

**Rationale**
The removal of non-primary tissue documents the extent of surgical treatment and is useful in evaluating the extent of metastatic involvement.

If central registries wish to study the treatment given at particular facilities, the facility-level treatment fields must be used. The summary treatment fields, conversely, combine information for all hospitals that provide first course of treatment for the tumor. Facility-specific fields allow studies of detailed referral patterns and treatment by type of healthcare setting. Knowing what part of the treatment was given at a particular facility also helps resolve consolidation issues.

**Codes (See the CoC *ROADS Manual* 1998 Supplement and the *SEER Program Code Manual* for site-specific codes.)**

**RX HOSP--SURG OTH REG/DIS** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Surgery of Other Regional Site(s), Distant Site(s), or Distant Lymph Node(s) at this Facility (CoC)<br>Surgical Procedure/Other Site at this Facility | 674 | 1 | CoC | 785-785 |

**Description**

Records the surgical removal of distant lymph nodes or other tissue(s)/organ(s) beyond the primary site performed at this facility as a part of first course of treatment.

**Rationale**

The removal of non-primary tissue documents the extent of surgical treatment and is useful in evaluating the extent of metastatic involvement. If central registries wish to study the treatment given at particular facilities, the facility-level treatment fields must be used. The summary treatment fields, conversely, combine information for all hospitals that provide first course of treatment for the tumor. Facility-specific fields allow studies of detailed referral patterns and treatment by type of healthcare setting. Knowing what part of the treatment was given at a particular facility also helps resolve consolidation issues.

**Codes (Refer to the most recent *FORDS* for additional instructions.)**

0 None; no non-primary site resection was performed. Diagnosed at autopsy.
1 Non-primary surgical procedure performed, unknown if whether site is regional or distant.
2 Non-primary surgical procedure to other regional sites.
3 Non-primary surgical procedure to *distant lymph node(s).*
4 Non-primary surgical procedure to distant site.
5 Any combination of codes 2, 3, or 4.
9 Unknown; it is unknown whether any surgical procedure of a non-primary site was performed. Death certificate only.

**RX HOSP--SURG PRIM SITE**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Cancer-Directed Surgery at This Facility (pre-96 CoC)<br>RX Hosp--CA Dir Surgery (pre-96 NAACCR)<br>Surgical Procedure of Primary Site | 670 | 2 | CoC | 782-783 |

**Description**
Describes surgical procedures used to treat the primary site of the reportable tumor. This item records that portion of the first course of treatment given at the reporting facility. See Chapter V, Unresolved Issues, for a discussion of differences in treatment coding among groups and over time.

**Rationale**
This data item can be used to compare the efficacy of treatment options.

If central registries wish to study the treatment given at particular facilities, the facility-level treatment fields must be used. The summary treatment fields, conversely, combine information for all hospitals that provide first course of treatment for the tumor. Facility-specific fields allow studies of detailed referral patterns and treatment by type of healthcare setting. Knowing what part of the treatment was given at a particular facility also helps resolve consolidation issues.

**Codes in addition to the site-specific codes (refer to the most recent *FORDS* for additional instructions).**

00 None. No surgical procedure of primary site. Diagnosed at autopsy.
10-19 Site-specific codes; tumor destruction; No pathologic specimen produced.
20-80 Site-specific codes. Resection. Path specimen produced.
90 Surgery, NOS; surgical treatment of the primary site was done, but no information on the type of procedure is provided.
98 Site specific codes; special.
99 Unknown. Patient record does not state whether surgical treatment of the primary site was performed, and no information is available. Death certificate-only.

**RX HOSP--SURG SITE 98-02** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Cancer-Directed Surgery at this Facility (pre-96 CoC)<br>RX Hosp--CA Dir Surgery (pre-96 NAACCR)<br>Surgical Procedure of Primary Site | 746 | 2 | CoC | 800-801 |

**Description**
Describes surgical procedures used to treat the primary site of the reportable tumor. This item records that portion of the first course of treatment given at the reporting facility. This field is to be used for *ROADS* codes after the *ROADS* to *FORDS* conversion. It is also to be used to code Surgery Primary Site at the reporting facility for all tumors diagnosed before January 1, 2003. See Chapter V, Unresolved Issues, for a discussion of differences in treatment coding among groups and over time.

**Rationale**
This data item can be used to compare the efficacy of treatment options.

If central registries wish to study the treatment given at particular facilities, the facility-level treatment fields must be used. The summary treatment fields, conversely, combine information for all hospitals that provide first course of treatment for the tumor. Facility-specific fields allow studies of detailed referral patterns and treatment by type of healthcare setting. Knowing what part of the treatment was given at a particular facility also helps resolve consolidation issues.

**Codes (in addition to the site-specific codes)**
00 No surgery performed
99 Unknown if surgery performed

*Note*: See the CoC *ROADS Manual* 1998 Supplement and the *SEER Program Code Manual* for site-specific codes.

**RX HOSP--SURG TIMING** **Retired**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 678 | | | |

**Description**
This data item was proposed for inclusion in Version 12 but the request was withdrawn prior to implementation of the standard. The data item was retired in Version 12.1, as of January 1, 2011.

**RX SUMM--BRM**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Immunotherapy (SEER/CoC)<br>Biological Response Modifiers (pre-96 SEER) | 1410 | 2 | SEER/CoC | 1589-1590 |

**Description**
Records whether immunotherapeutic (biologic response modifiers) agents were administered as first-course treatment at all facilities or the reason they were not given. Immunotherapy consists of biological or chemical agents that alter the immune system or change the host's response to tumor cells.

**Rationale**
Systemic therapy may involve the administration of one or a combination of agents. This data item allows for the evaluation of the administration of immunotherapeutic agents as part of the first course of therapy.

**Codes (Refer to the most recent *FORDS* and the *SEER Program Code Manual* for additional instructions.)**

00 None, immunotherapy was not part of the planned first course of therapy.
01 Immunotherapy administered as first course therapy.
82 Immunotherapy was not recommended/administered because it was contraindicated due to patient risk factors (i.e., comorbid conditions, advanced age).
85 Immunotherapy was not administered because the patient died prior to planned or recommended therapy.
86 Immunotherapy was not administered. It was recommended by the patient's physician, but was not administered as part of first-course therapy. No reason was stated in the patient record.
87 Immunotherapy was not administered. It was recommended by the patient's physician, but this treatment was refused by the patient, the patient's family member, or the patient's guardian. The refusal was noted in the patient record.
88 Immunotherapy was recommended, but it is unknown if it was administered.
99 It is unknown whether an immunotherapeutic agent(s) was recommended or administered because it is not stated in patient record; death certificate-only cases.

*Note:* For tumors diagnosed on or after January 1, 2003, information on bone marrow transplants and stem cell transplants should be coded in the new field, RX SUMM--Transplnt/Endocr [3250]. The CoC standards for hospitals do not allow use of codes 02-06 in tumors diagnosed on or after January 1, 2003.

**RX SUMM--CHEMO**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Chemotherapy (SEER/CoC) | 1390 | 2 | SEER/CoC | 1585-1586 |

**Description**
Codes for chemotherapy given as part of the first course of treatment or the reason chemotherapy was not given. Includes treatment given at all facilities as part of the first course.

**Codes (Refer to the most recent version of *FORDS* for additional instructions.)**

00 None, chemotherapy was not part of the planned first course of therapy.
01 Chemotherapy, NOS.
02 Chemotherapy, single agent.
03 Chemotherapy, multiple agents.
82 Chemotherapy was not recommended/administered because it was contraindicated due to patient risk factors (i.e., comorbid conditions, advanced age).
85 Chemotherapy was not administered because the patient died prior to planned or recommended therapy.
86 Chemotherapy was not administered. It was recommended by the patient's physician, but was not administered as part of first-course therapy. No reason was stated in the patient record.
87 Chemotherapy was not administered; it was recommended by the patient's physician, but this treatment was refused by the patient, the patient's family member, or the patient's guardian. The refusal was noted in the patient record.
88 Chemotherapy was recommended, but it is unknown if it was administered.
99 It is unknown whether a chemotherapeutic agent(s) was recommended or administered because it is not stated in patient record; death certificate-only cases.

**RX SUMM--DX/STG PROC**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Non Cancer-Directed Surgery (CoC)<br>Surgical Diagnostic and Staging Procedure (1996-2002)<br>RX Summ--DX/Stg/Pall Proc | 1350 | 2 | CoC | 1577-1578 |

**Description**
Identifies the surgical procedure(s) performed in an effort to diagnose and/or stage disease.

**Codes (Refer to the most recent *FORDS* for additional instructions.)**
00 No surgical diagnostic or staging procedure was performed.
01 A biopsy (incisional, needle, or aspiration) was done to a site other than the primary site. No exploratory procedure was done.
02 A biopsy (incisional, needle, or aspiration) was done of the primary site.
03 A surgical exploratory only. The patient was not biopsied or treated.
04 A surgical procedure with a bypass was performed, but no biopsy was done.
05 An exploratory procedure was performed, and a biopsy of either the primary site or another site was done.
06 A bypass procedure was performed, and a biopsy of either the primary site or another site was done.
07 A procedure was done, but the type of procedure is unknown.
09 No information about whether a diagnostic or staging procedure was performed.

*Note:* CoC recommends this item for tumors diagnosed 1996 and forward. For tumors diagnosed before 1996, this item may have been converted, and tumors with surgery would have been converted to 09 in this field. See also RX Summ--Surg Prim Site [1290] and RX Summ--Reconstruct 1st [1330]. For SEER and pre-1996 CoC, see RX Summ--Surgery Type [1640]. For tumors diagnosed between 1996 and 2002 this field may have described palliative care. For tumors diagnosed on or after January 1, 2003, palliative care is coded in a new field RX Summ--Palliative Proc [3270].

**RX SUMM--HORMONE**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Hormone Therapy (SEER/CoC)<br>Endocrine (Hormone/Steroid) Therapy (pre-96 SEER) | 1400 | 2 | SEER/CoC | 1587-1588 |

**Description**
Records whether systemic hormonal agents were administered as first-course treatment at any facility, or the reason they were not given. Hormone therapy consists of a group of drugs that may affect the long-term control of a cancer's growth. It is not usually used as a curative measure.

**Rationale**
Systemic therapy may involve the administration of one or a combination of agents. This data item allows for the evaluation of the administration of hormonal agents as part of the first course of therapy.

**Codes (Refer to the most recent *FORDS* and the *SEER Program Code Manual* for additional instructions.)**

00 None, hormone therapy was not part of the planned first course of therapy.
01 Hormone therapy administered as first course therapy.
82 Hormone therapy was not recommended/administered because it was contraindicated due to patient risk factors (i.e., comorbid conditions, advanced age).
85 Hormone therapy was not administered because the patient died prior to planned or recommended therapy.
86 Hormone therapy was not administered. It was recommended by the patient's physician, but was not administered as part of first-course therapy. No reason was stated in the patient record.
87 Hormone therapy was not administered. It was recommended by the patient's physician, but this treatment was refused by the patient, the patient's family member, or the patient's guardian. The refusal was noted in the patient record.
88 Hormone therapy was recommended, but it is unknown if it was administered.
99 It is unknown whether a hormonal agent(s) was recommended or administered because it is not stated in the patient record. Death certificate-only cases.

*Note:* For tumors diagnosed on or after January 1, 2003, information on endocrine surgery and/or endocrine radiation should be coded in the new field, RX Summ--Transplnt/Endocr [3250]. The CoC standards for hospitals do not allow use of codes 02-03 in tumors diagnosed on or after January 1, 2003.

**RX SUMM--OTHER**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Other Treatment (CoC)<br>Other Cancer-Directed Therapy (SEER/pre-96 CoC) | 1420 | 1 | SEER/CoC | 1591-1591 |

**Description**
Identifies other treatment given at all facilities that cannot be defined as surgery, radiation, or systemic therapy according to the defined data items in this manual. Treatment for reportable hematopoietic diseases can be supportive care, observation, or any treatment that does not meet the usual definition in which treatment modifies, controls, removes, or destroys proliferating cancer tissue. Such treatments include phlebotomy, transfusions, and aspirin.

**Rationale**
Information on other therapy is used to describe and evaluate the quality-of-care and treatment practices.

**Codes (Refer to the most recent *FORDS* for additional coding instructions.)**
0 None
1 Other
2 Other Experimental
3 Other-Double Blind
6 Other-Unproven
7 Refusal
8 Recommended
9 Unknown; unknown if administered

**RX SUMM--PALLIATIVE PROC**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Palliative Procedure<br>Palliative Care | 3270 | 1 | CoC | 1579-1579 |

**Description**
Identifies any care provided in an effort to palliate or alleviate symptoms. Palliative care is performed to relieve symptoms and may include surgery, radiation therapy, systemic therapy (chemotherapy, hormone therapy, or other systemic drugs), and/or pain management therapy.

**Rationale**
This data item allows reporting facilities to track care that is considered palliative rather than diagnostic or curative intent.

**Codes**
0 No palliative care provided; diagnosed at autopsy
1 Surgery (which may involve a bypass procedure) to alleviate symptoms, but no attempt to diagnose, stage, or treat the primary tumor is made
2 Radiation therapy to alleviate symptoms, but no attempt to diagnose, stage, or treat the primary tumor is made
3 Chemotherapy, hormone therapy, or other systemic drugs to alleviate symptoms, but no attempt to diagnose, stage, or treat the primary tumor is made
4 Patient received or was referred for pain management therapy with no other palliative care
5 Any combination of codes 1, 2, and/or 3 without code 4
6 Any combination of codes 1, 2, and/or 3 with code 4
7 Palliative care was performed or referred, but no information on the type of procedure is available in the patient record
9 Unknown if palliative care was performed or referred; not stated in patient record

**RX SUMM--RAD TO CNS**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Radiation Therapy to CNS (CoC)<br>Radiation to the Brain and/or Central Nervous System (SEER) | 1370 | 1 | SEER/CoC | 1581-1581 |

**Description**
For lung and leukemia cases only, codes for radiation given to the brain or central nervous system. Includes treatment given at all facilities as part of the first course. See Chapter V, Unresolved Issues, for more information.

*Note:* SEER does not collect this data item beginning with 1998 cases. They retain the codes for older cases in this field, and they have also recoded radiation coded here as radiation in RX Summ--Radiation [1360]. CoC does not collect this data item beginning with 1996 cases.

**Codes**
**For Lung and Leukemia Cases only:**
0 No radiation to the brain and/or central nervous system
1 Radiation
7 Patient or patient's guardian refused
8 Radiation recommended, unknown if administered
9 Unknown

For all other cases (primaries other than lung or leukemia):
9 Not applicable

**RX SUMM--RADIATION**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Radiation (SEER/CoC)<br>Radiation Therapy (pre-96 CoC) | 1360 | 1 | SEER | 1580-1580 |

**Description**
Codes for the type of radiation therapy performed as part of the first course of treatment.

*Note:* Radiation to brain and central nervous system for leukemia and lung cases is coded as radiation in this field.

**Codes**
0 None
1 Beam radiation
2 Radioactive implants
3 Radioisotopes
4 Combination of 1 with 2 or 3
5 Radiation, NOS--method or source not specified
6 Currently allowable for historic cases only; see note below
7 Patient or patient's guardian refused*
8 Radiation recommended, unknown if administered*
9 Unknown if radiation administered

*Note:* CoC discontinued collection of this item in 2003 when *FORDS* was implemented. For CoC, codes 7 and 8 were used for tumors diagnosed before 1996, but should have been converted to 0 in this field and to the appropriate code in the new field Reason for No Radiation [1430]. SEER continues to use codes 7 and 8 for all years. See Chapter V, Unresolved Issues, for further discussion.

In the SEER program, a code 2 for other radiation was used between 1973 and 1987. When the radiation codes were expanded to add codes '2' radioactive implants and '3' radioisotopes, all cases with a code '2' and diagnosed in 1973-1987 were converted to a code '6' radiation other than beam radiation.

**RX SUMM--RECONSTRUCT 1ST**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Reconstruction--First Course (SEER)<br>Reconstruction/Restoration-First Course (CoC) | 1330 | 1 | SEER | 1575-1575 |

**Description**
Codes for surgical procedures done to reconstruct, restore, or improve the shape and appearance or function of body structures that are missing, defective, damaged, or misshapen by cancer or therapies. Reconstructive/restorative procedures are coded here when started during the first course of therapy.

CoC introduced site-specific codes for this item in the CoC *ROADS Manual* 1998 Supplement. RX Coding System--Current [1460] identifies which coding system applies.

SEER collects reconstructive procedures for breast cancer tumors only.

For reconstructive/restorative procedures performed later, see Subseq RX--Reconstruct Del [1741]. See also RX Summ--Surgery Type [1640].

*Note:* This data item is no longer supported by CoC (as of January 1, 2003).

**RX SUMM--REG LN EXAMINED**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Number of Regional Lymph Nodes Examined (SEER/CoC)<br>Number of Regional Lymph Nodes Removed (CoC) | 1296 | 2 | SEER/CoC | 1571-1572 |

**Description**
Codes for the number of regional lymph nodes examined in conjunction with surgery performed as part of the first-course treatment. This includes treatment given at all facilities as part of the first course of treatment. See also RX Summ--Scope Reg LN Sur [1292].

**Codes**
00 No regional lymph nodes examined
01 One regional lymph node examined
02 Two regional lymph nodes examined
..
..
90 90 or more regional lymph nodes examined
..
95 No regional lymph node(s) removed, but aspiration of regional lymph node(s) was performed
96 Regional lymph node removal documented as sampling, and number of lymph nodes unknown/not stated
97 Regional lymph node removal documented as a dissection, and number of lymph nodes unknown/not stated
98 Regional lymph nodes surgically removed, but number of lymph nodes unknown/not stated and not documented as sampling or dissection
99 Unknown; not stated; death certificate-only

*Note:* As of January 1, 2003, this data item is no longer required or recommended by CoC. However, the item was collected in the past and it is recommended that historic data be retained.

**RX SUMM--SCOPE REG 98-02**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Scope of Regional Lymph Node Surgery (SEER/CoC) | 1647 | 1 | SEER/CoC | 1622-1622 |

**Description**
Describes the removal, biopsy or aspiration of regional lymph node(s) at the time of surgery of the primary site or during a separate surgical event at all facilities. This field is to be used for *ROADS* codes after the *ROADS* to *FORDS* conversion. It is also to be used to code Scope of Regional Lymph Node Surgery at all facilities for all tumors diagnosed before January 1, 2003.

**Rationale**
In evaluating quality of care and treatment practices it is important to identify the removal, biopsy, or aspiration of regional lymph node(s) at the time of surgery of the primary site or during a separate surgical event.

**Codes (See the CoC *ROADS Manual* 1998 Supplement and the *SEER Program Code Manual* for site-specific codes.)**

**RX SUMM--SCOPE REG LN SUR**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Scope of Regional Lymph Node Surgery (SEER/CoC) | 1292 | 1 | SEER/CoC | 1569-1569 |

**Description**
Describes the removal, biopsy or aspiration of regional lymph node(s) at the time of surgery of the primary site or during a separate surgical event at all facilities.

**Rationale**
In evaluating quality-of-care and treatment practices it is important to identify the removal, biopsy, or aspiration of regional lymph node(s) at the time of surgery of the primary site or during a separate surgical event.

**Codes (Refer to the most recent *FORDS* and *SEER Program Code Manual* for additional instructions.)**

0 None
1 Biopsy or aspiration of regional lymph node, NOS
2 Sentinel lymph node biopsy
3 Number of regional lymph nodes removed unknown, not stated; regional lymph nodes removed, NOS
4 1 to 3 regional lymph nodes removed
5 4 or more regional lymph nodes removed
6 Sentinel node biopsy and code 3, 4, or 5 at same time or timing not noted
7 Sentinel node biopsy and code 3, 4, or 5 at different times
9 Unknown or not applicable

*Note:* One important use of registry data is the tracking of treatment patterns over time. To compare contemporary treatment to previously published treatment based on former codes, or to data unmodified from pre-1998 definitions, the ability to differentiate surgeries in which four or more regional lymph nodes are removed is desirable. However, it is very important to note that the distinction between codes 4 and 5 is made to permit comparison of current surgical procedures with procedures coded in the past when the removal of fewer than 4 nodes was not reflected in surgery codes. It is not intended to reflect clinical significance when applied to a particular surgical procedure. It is important to avoid inferring, by data presentation or other methods, that one category is preferable to another within the intent of these items.

**RX SUMM--SCREEN/BX PROC1** **Retired**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 1642 | | | |

**Description**
The NAACCR UDSC retired this data item in Version 11, as of January 1, 2006.

**RX SUMM--SCREEN/BX PROC2** **Retired**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 1643 | | | |

**Description**
The NAACCR UDSC retired this data item in Version 11, as of January 1, 2006.

**RX SUMM--SCREEN/BX PROC3** **Retired**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 1644 | | | |

**Description**
The NAACCR UDSC retired this data item in Version 11, as of January 1, 2006.

**RX SUMM--SCREEN/BX PROC4** **Retired**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 1645 | | | |

**Description**
The NAACCR UDSC retired this data item in Version 11, as of January 1, 2006.

**RX SUMM--SURG OTH 98-02**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Surgery of Other Regional Site(s), Distant Site(s) or Distant Lymph Nodes (SEER/CoC)<br>Surgical Procedure/Other Site | 1648 | 1 | SEER/CoC | 1623-1623 |

**Description**
Records the surgical removal of distant lymph nodes or other tissue(s)/organ(s) beyond the primary site given at all facilities as part of the first course of treatment. This field is to be used for *ROADS* codes after the *ROADS* to *FORDS* conversion. It is also to be used to code Surgery Regional/Distant Sites at all facilities for all tumors diagnosed before January 1, 2003.

**Rationale**
The removal of non-primary tissue documents the extent of surgical treatment and is useful in evaluating the extent of metastatic involvement.

**Codes (See the CoC *ROADS Manual* 1998 Supplement and the *SEER Program Code Manual* for site-specific codes.)**

**RX SUMM--SURG OTH REG/DIS**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Surgery of Other Regional Site(s), Distant Site(s) or Distant Lymph Nodes (SEER/CoC)<br>Surgical Procedure/Other Site | 1294 | 1 | SEER/CoC | 1570-1570 |

**Description**
Records the surgical removal of distant lymph nodes or other tissue(s)/organ(s) beyond the primary site.

**Rationale**
The removal of non-primary tissue documents the extent of surgical treatment and is useful in evaluating the extent of metastatic involvement.

**Codes (Refer to the most recent *FORDS* and *SEER Program Code Manual* for additional instructions.)**
0 None; diagnosed at autopsy
1 Non-primary surgical procedure performed
2 Non-primary surgical procedure to other regional sites
3 Non-primary surgical procedure to distant lymph node(s)
4 Non-primary surgical procedure to distant site
5 Any combination of codes 2, 3, or 4
9 Unknown; death certificate only

**RX SUMM--SURG PRIM SITE**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Cancer-Directed Surgery (pre-96 CoC)<br>Surgery of Primary Site (SEER/CoC) | 1290 | 2 | SEER/CoC | 1567-1568 |

**Description**
Site-specific codes for the type of surgery to the primary site performed as part of the first course of treatment. This includes treatment given at all facilities as part of the first course of treatment.

**Codes (In addition to the site-specific codes; refer to the most recent *FORDS* and SEER Program Code manual for additional instructions.)**
00 None
10-19 Site-specific code; tumor destruction
20-80 Site-specific codes; resection
90 Surgery, NOS
98 Site specific codes; special
99 Unknown

**RX SUMM--SURG SITE 98-02**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Cancer-Directed Surgery (pre-96 CoC)<br>Surgery of Primary Site (SEER/CoC) | 1646 | 2 | SEER/CoC | 1620-1621 |

**Description**
Site-specific codes for the type of surgery to the primary site performed as part of the first course of treatment. This includes treatment given at all facilities as part of the first course of treatment. This field is to be used for *ROADS* codes after the *ROADS* to *FORDS* conversion. It is also to be used to code Surgery Primary Site at all facilities for all tumors diagnosed before January 1, 2003.

**Rationale**
If central registries wish to study the treatment given at particular hospitals, the hospital-level treatment fields must be used.

**Codes (in addition to the site-specific codes)**
00 No primary site surgery performed
99 Unknown if primary site surgery performed

*Note:* See the CoC *ROADS Manual*, 1998 Supplement, CoC Coding System [2140] code 7, and the *SEER Program Code Manual*, RX Coding System [1460] code 5, 1998 for site-specific codes.

**RX SUMM--SURG/RAD SEQ**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Radiation Sequence with Surgery (pre-96 SEER/CoC)<br>Radiation/Surgery Sequence (CoC) | 1380 | 1 | SEER/CoC | 1582-1582 |

**Description**
Codes for the sequencing of radiation and surgery given as part of the first course of treatment. See also RX Summ--Surg Prim Site [1290], RX Summ--Scope LN Surg [1292], RX Summ--Surg Oth Reg/Dis [1294], and RX Summ--Radiation [1360].

**Codes**
0 No radiation and/or no surgery; unknown if surgery and/or radiation given
2 Radiation before surgery
3 Radiation after surgery
4 Radiation both before and after surgery
5 Intraoperative radiation
6 Intraoperative radiation with other radiation given before or after surgery
9 Sequence unknown, but both surgery and radiation were given

**RX SUMM--SURGERY TYPE**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Site--Specific Surgery (pre-98 SEER) | 1640 | 2 | SEER | 1617-1618 |

**Description**
Field for pre-1996 surgery codes for CoC and pre-1998 surgery codes for SEER. Surgery codes used 1998 and later can be backward converted into the older codes and the converted value can be stored in this field. See Chapter V, Unresolved Issues, for discussion of CoC/SEER differences in coding treatment.

**RX SUMM--SURGICAL APPROCH** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Surgical Approach (CoC) | 1310 | 1 | CoC | 1573-1573 |

**Description**
Codes for method used to approach the surgical field for the primary site.

**Codes**
See the CoC *ROADS Manual*, 1998 Supplement, for site-specific codes.
*Note:* As of January 1, 2003, this data item is no longer required or recommended by CoC. However, the item was collected in the past and it is recommended that historic data be retained. This former item should not be confused with NAACCR item [668] RX HOSP--SURG APP 2010 .

**RX SUMM--SURGICAL MARGINS**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Surgical Margins (CoC)<br>Residual Primary Tumor Following Cancer-Directed Surgery (pre-96 CoC) | 1320 | 1 | CoC | 1574-1574 |

**Description**
Codes describe the final status of surgical margins after resection of the primary tumor. See also RX Summ--Surg Prim Site [1290].

**Rationale**
This item serves as a quality measure for pathology reports, is used for staging, and may be a prognostic factor in recurrence. This item is not limited to cases that have been staged. It applies to all cases that have a surgical procedure of the primary site.

**Codes (Refer to the most recent *FORDS* for additional instructions.)**
0 No residual tumor
1 Residual tumor, NOS
2 Microscopic residual tumor
3 Macroscopic residual tumor
7 Margins not evaluable
8 No primary site surgery
9 Unknown or not applicable

*Note:* Codes were site specific (1998-2002), and have been changed to be generic across all disease sites.

**RX SUMM--SYSTEMIC/SUR SEQ** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Systemic/Surgery Sequence | 1639 | 1 | CoC | 1616-1616 |

**Description**
Records the sequencing of systemic therapy (RX Summ-Chemo [1390], RX Summ-Hormone [1400], RX Summ-BRM [1410], and RX Summ-Transplnt/Endocr [3250]) and surgical procedures given as part of the first course of treatment. See also RX Summ--Surg Prim Site [1290], RX Summ--Scope LN Surg [1292], and RX Summ--Surg Oth Reg/Dis [1294].

**Rationale**
The sequence of systemic therapy and surgical procedures given as part of the first course of treatment cannot always be determined using the date on which each modality was started or performed. This data item can be used to more precisely evaluate the time of delivery of treatment to the patient.

**Codes**
0 No systemic therapy and/or surgical procedures; unknown if surgery and/or systemic therapy given
2 Systemic therapy before surgery
3 Systemic therapy after surgery
4 Systemic therapy both before and after surgery
5 Intraoperative systemic therapy
6 Intraoperative systemic therapy with other therapy administered before or after surgery
9 Sequence unknown, but both surgery and systemic therapy given

**RX SUMM--TRANSPLNT/ENDOCR**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Hematologic Transplant and Endocrine Procedures | 3250 | 2 | CoC | 1583-1584 |

**Description**
Identifies systemic therapeutic procedures administered as part of the first course of treatment at this and all other facilities. If none of these procedures were administered then this item records the reason they were not performed. These include bone marrow transplants, stem cell harvests, surgical and/or radiation endocrine therapy.

**Rationale**
This data item allows the evaluation of patterns of treatment, which involve the alteration of the immune system or change the patient's response to tumor cells but do not involve the administration of antineoplastic agents.

**Codes (Refer to the most recent *FORDS* for additional instructions.)**

00 No transplant procedure or endocrine therapy was administered as part of first course therapy; diagnosed at autopsy.
10 Bone marrow transplant procedure was administered, but the type was not specified.
11 Bone marrow transplant--autologous.
12 Bone marrow transplant--allogeneic.
20 Stem cell harvest and infusion.
30 Endocrine surgery and/or endocrine radiation therapy.
40 Combination of endocrine surgery and/or radiation with a transplant procedure. (combination of codes 30 and 10, 11, 12 or 20).
82 Hematologic transplant and/or endocrine surgery/radiation was not recommended/administered because it was contraindicated due to patient risk factors (i.e., comorbid conditions, advanced age).
85 Hematologic transplant and/or endocrine surgery/radiation was not administered because the patient died prior to planned or recommended therapy.
86 Hematologic transplant and/or endocrine surgery/radiation was not administered. It was recommended by the patient's physician, but was not administered as part of first-course therapy. No reason was stated in the patient record.
87 Hematologic transplant and/or endocrine surgery/radiation was not administered; it was recommended by the patient's physician, but this treatment was refused by the patient, the patient's family member, or the patient's guardian; refusal noted in patient record.
88 Hematologic transplant and/or endocrine surgery/radiation was recommended, but it is unknown if it was administered.
99 It is unknown whether hematologic transplant and/or endocrine surgery/radiation was recommended or administered because it is not stated in patient record; death certificate-only cases.

**RX SUMM--TREATMENT STATUS**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 1285 | 1 | SEER/CoC | 1566-1566 |

**Description**
This data item is a summary of the status for all treatment modalities. It is used in conjunction with Date of Initial RX-SEER [1260] and/or Date of 1st Crs RX--CoC [1270] and each modality of treatment with their respective date field to document whether treatment was given or not given, whether it is unknown if treatment was given, or whether treatment was given on an unknown date. Also indicates active surveillance (watchful waiting). This data item is effective for January 2010+ diagnoses.

**Rationale**
This field will document active surveillance (watchful waiting) and eliminate searching each treatment modality to determine whether treatment was given.

**Codes**
0 No treatment given
1 Treatment given
2 Active surveillance (watchful waiting)
9 Unknown if treatment was given

**RX TEXT--BRM**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 2660 | 1000 | NPCR | 17765-18764 |

**Description**
Text area for manual documentation of information regarding the treatment of the tumor being reported with biological response modifiers or immunotherapy.

**Rationale**
Text documentation is an essential component of a complete electronic abstract and is heavily utilized for quality control and special studies. Text is needed to justify coded values and to document supplemental information not transmitted within coded values. High-quality text documentation facilitates consolidation of information from multiple reporting sources at the central registry.

The text field must contain a description that has been entered by the abstractor independently from the code(s). If cancer abstraction software generates text automatically from codes, the text cannot be utilized to check coded values. Information documenting the disease process should be entered manually from the medical record **and should not be generated electronically from coded values.**

**Instructions**

- Prioritize entered information in the order of the fields listed below.
- Text automatically generated from coded data is not acceptable.
- NAACCR-approved abbreviations should be utilized (see Appendix G).
- Do not repeat information from other text fields.
- Additional comments can be continued in empty text fields, including Remarks. For text documentation that is continued from one text field to another, use asterisks or other symbols to indicate the connection with preceding text.
- If information is missing from the record, state that it is missing.
- Do not include irrelevant information.
- Do not include information that the registry is not authorized to collect.

*Note:* For abstracting software that allows unlimited text, NAACCR recommends that the software indicate to the abstractor the portion of the text that will be transmitted to the central registry.

**Suggestions for text:**

- Date treatment began
- Where treatment was given, e.g., at this facility, at another facility
- Type of BRM agent, e.g., Interferon, BCG
- BRM procedures, e.g., bone marrow transplant, stem cell transplant
- Other treatment information, e.g., treatment cycle incomplete; unknown if BRM was given

**Data Item(s) to be verified/validated using the text entered in this field**

After manual entry of the text field, ensure that the text entered both agrees with the coded values and clearly justifies the selected codes in the following fields:

| Item name | Item number |
|---|---|
| Date of Initial RX--SEER | 1260 |
| Date of 1st Crs RX--CoC | 1270 |
| RX Hosp--BRM | 720 |
| RX Date Systemic | 3230 |
| RX Summ--Tranplnt/Endocr | 3250 |
| RX Summ--BRM | 1410 |
| RX Date--BRM | 1240 |
| RX Summ--Systemic/Sur Seq | 1639 |

**RX TEXT--CHEMO**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 2640 | 1000 | NPCR | 15765-16764 |

**Description**
Text area for manual documentation of information regarding chemotherapy treatment of the reported tumor.

**Rationale**
Text documentation is an essential component of a complete electronic abstract and is heavily utilized for quality control and special studies. Text is needed to justify coded values and to document supplemental information not transmitted within coded values. High-quality text documentation facilitates consolidation of information from multiple reporting sources at the central registry.

The text field must contain a description that has been entered by the abstractor independently from the code(s). If cancer abstraction software generates text automatically from codes, the text cannot be utilized to check coded values. Information documenting the disease process should be entered manually from the medical record **and should not be generated electronically from coded values.**

**Instructions**
- Prioritize entered information in the order of the fields listed below.
- Text automatically generated from coded data is not acceptable.
- NAACCR-approved abbreviations should be utilized (see Appendix G).
- Do not repeat information from other text fields.
- Additional comments can be continued in empty text fields, including Remarks. For text documentation that is continued from one text field to another, use asterisks or other symbols to indicate the connection with preceding text.
- If information is missing from the record, state that it is missing.
- Do not include irrelevant information.
- Do not include information that the registry is not authorized to collect.

*Note:* For abstracting software that allows unlimited text, NAACCR recommends that the software indicate to the abstractor the portion of the text that will be transmitted to the central registry.

**Suggestions for text:**
- Date chemotherapy began
- Where treatment was given, e.g., at this facility, at another facility
- Type of chemotherapy, e.g., name of agent(s) or protocol
- Other treatment information, e.g., treatment cycle incomplete, unknown if chemotherapy was given

**Data Item(s) to be verified/validated using the text entered in this field**
After manual entry of the text field, ensure that the text entered both agrees with the coded values and clearly justifies the selected codes in the following fields:

| Item name | Item number |
|---|---|
| Date of Initial RX--SEER | 1260 |
| Date of 1st Crs RX--CoC | 1270 |
| RX Summ--Chemo | 1390 |
| RX Hosp--Chemo | 700 |
| RX Date--Systemic | 3230 |
| RX Date--Chemo | 1220 |
| RX Summ--Systemic/Sur Seq | 1639 |

**RX TEXT--HORMONE**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 2650 | 1000 | NPCR | 16765-17764 |

**Description**
Text area for information about hormonal treatment.

**Rationale**
Text documentation is an essential component of a complete electronic abstract and is heavily utilized for quality control and special studies. Text is needed to justify coded values and to document supplemental information not transmitted within coded values. High-quality text documentation facilitates consolidation of information from multiple reporting sources at the central registry.

The text field must contain a description that has been entered by the abstractor independently from the code(s). If cancer abstraction software generates text automatically from codes, the text cannot be utilized to check coded values. Information documenting the disease process should be entered manually from the medical record **and should not be generated electronically from coded values.**

**Instructions**
- Prioritize entered information in the order of the fields listed below.
- Text automatically generated from coded data is not acceptable.
- NAACCR-approved abbreviations should be utilized (see Appendix G).
- Do not repeat information from other text fields.
- Additional comments can be continued in empty text fields, including Remarks. For text documentation that is continued from one text field to another, use asterisks or other symbols to indicate the connection with preceding text.
- If information is missing from the record, state that it is missing.
- Do not include irrelevant information.
- Do not include information that the registry is not authorized to collect.

*Note:* For abstracting software that allows unlimited text, NAACCR recommends that the software indicate to the abstractor the portion of the text that will be transmitted to the central registry.

**Suggestions for text:**
- Date treatment was started
- Where treatment was given, e.g., at this facility, at another facility
- Type of hormone or antihormone, e.g., Tamoxifen
- Type of endocrine surgery or radiation, e.g., orchiectomy
- Other treatment information, e.g., treatment cycle incomplete; unknown if hormones were given

**Data Item(s) to be verified/validated using the text entered in this field**
After manual entry of the text field, ensure that the text entered both agrees with the coded values and clearly justifies the selected codes in the following fields:

| Item name | Item number |
|---|---|
| Date of Initial RX--SEER | 1260 |
| Date of 1st Crs RX--CoC | 1270 |
| RX Summ--Hormone | 1400 |
| RX Hosp--Hormone | 710 |
| RX Date--Systemic | 3230 |
| RX Date--Hormone | 1230 |
| RX Summ--Systemic/Sur Seq | 1639 |

**RX TEXT--OTHER**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 2670 | 1000 | NPCR | 18765-19764 |

**Description**
Text area for manual documentation of information regarding the treatment of the tumor being reported with treatment that cannot be defined as surgery, radiation, or systemic therapy. This includes experimental treatments (when the mechanism of action for a drug is unknown), and blinded clinical trials. If the mechanism of action for the experimental drug is known, code to the appropriate treatment field.

**Rationale**
Text documentation is an essential component of a complete electronic abstract and is heavily utilized for quality control and special studies. Text is needed to justify coded values and to document supplemental information not transmitted within coded values. High-quality text documentation facilitates consolidation of information from multiple reporting sources at the central registry.

The text field must contain a description that has been entered by the abstractor independently from the code(s). If cancer abstraction software generates text automatically from codes, the text cannot be utilized to check coded values. Information documenting the disease process should be entered manually from the medical record **and should not be generated electronically from coded values.**

**Instructions**
- Prioritize entered information in the order of the fields listed below.
- Text automatically generated from coded data is not acceptable.
- NAACCR-approved abbreviations should be utilized (see Appendix G).
- Do not repeat information from other text fields.
- Additional comments can be continued in empty text fields, including Remarks. For text documentation that is continued from one text field to another, use asterisks or other symbols to indicate the connection with preceding text.
- If information is missing from the record, state that it is missing.
- Do not include irrelevant information.
- Do not include information that the registry is not authorized to collect.

*Note:* For abstracting software that allows unlimited text, NAACCR recommends that the software indicate to the abstractor the portion of the text that will be transmitted to the central registry.

**Suggestions for text:**
- Date treatment was started
- Where treatment was given, e.g., at this facility, at another facility
- Type of other treatment, e.g., blinded clinical trial, hyperthermia
- Other treatment information, e.g., treatment cycle incomplete; unknown if other treatment was given

**Data Item(s) to be verified/validated using the text entered in this field**
After manual entry of the text field, ensure that the text entered both agrees with the coded values and clearly justifies the selected codes in the following fields:

| Item name | Item number |
|---|---|
| Date of Initial RX--SEER | 1260 |
| Date of 1st Crs RX--CoC | 1270 |
| RX Summ--Other | 1420 |
| RX Date--Other | 1250 |
| RX Hosp--Other | 730 |

**RX TEXT--RADIATION (BEAM)**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 2620 | 1000 | NPCR | 13765-14764 |

**Description**
Text area for manual documentation of information regarding treatment of the tumor being reported with beam radiation.

**Rationale**
Text documentation is an essential component of a complete electronic abstract and is heavily utilized for quality control and special studies. Text is needed to justify coded values and to document supplemental information not transmitted within coded values. High-quality text documentation facilitates consolidation of information from multiple reporting sources at the central registry.

The text field must contain a description that has been entered by the abstractor independently from the code(s). If cancer abstraction software generates text automatically from codes, the text cannot be utilized to check coded values. Information documenting the disease process should be entered manually from the medical record **and should not be generated electronically from coded values.**

**Instructions**
- Prioritize entered information in the order of the fields listed below.
- Text automatically generated from coded data is not acceptable.
- NAACCR-approved abbreviations should be utilized (see Appendix G).
- Do not repeat information from other text fields.
- Additional comments can be continued in empty text fields, including Remarks. For text documentation that is continued from one text field to another, use asterisks or other symbols to indicate the connection with preceding text.
- If information is missing from the record, state that it is missing.
- Do not include irrelevant information.
- Do not include information that the registry is not authorized to collect.

*Note:* For abstracting software that allows unlimited text, NAACCR recommends that the software indicate to the abstractor the portion of the text that will be transmitted to the central registry.

**Suggestions for text:**
- Date radiation treatment began
- Where treatment was given, e.g., at this facility, at another facility
- Type(s) of beam radiation, e.g., Orthovoltage, Cobalt 60, MV X-rays, Electrons, Mixed modalities
- Other treatment information, e.g., patient discontinued after 5 treatments; unknown if radiation was given

**Data Item(s) to be verified/validated using the text entered in this field**
After manual entry of the text field, ensure that the text entered both agrees with the coded values and clearly justifies the selected codes in the following fields:

| Item name | Item number |
|---|---|
| Date of Initial RX--SEER | 1260 |
| Date of 1st Crs RX--CoC | 1270 |
| RX Summ--Radiation | 1360 |
| RX Summ--Surg/Rad Seq | 1380 |
| Reason For No Radiation | 1430 |
| RX Date-Radiation | 1210 |
| Rad Regional RX Modality | 1570 |
| RX Hosp-Radiation | 690 |
| RX Date Radiation Ended | 3220 |
| RX Summ-Rad to CNS | 1370 |
| Rad-No of Treatment Vol | 1520 |
| Rad-Regional Dose cGy | 1510 |
| Rad Treatment Volume | 1540 |
| Rad Location of RX | 1550 |
| Rad Boost RX Modality | 3200 |
| Rad Boost Dose cGy | 3210 |

**RX TEXT--RADIATION OTHER**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 2630 | 1000 | NPCR | 14765-15764 |

**Description**
Text area for manual documentation of information regarding treatment of the tumor being reported with radiation other than beam radiation. This includes brachytherapy and systemic radiation therapy.

**Rationale**
Text documentation is an essential component of a complete electronic abstract and is heavily utilized for quality control and special studies. Text is needed to justify coded values and to document supplemental information not transmitted within coded values. High-quality text documentation facilitates consolidation of information from multiple reporting sources at the central registry.

The text field must contain a description that has been entered by the abstractor independently from the code(s). If cancer abstraction software generates text automatically from codes, the text cannot be utilized to check coded values. Information documenting the disease process should be entered manually from the medical record **and should not be generated electronically from coded values.**

**Instructions**

- Prioritize entered information in the order of the fields listed below.
- Text automatically generated from coded data is not acceptable.
- NAACCR-approved abbreviations should be utilized (see Appendix G).
- Do not repeat information from other text fields.
- Additional comments can be continued in empty text fields, including Remarks. For text documentation that is continued from one text field to another, use asterisks or other symbols to indicate the connection with preceding text.
- If information is missing from the record, state that it is missing.
- Do not include irrelevant information.
- Do not include information that the registry is not authorized to collect.

*Note:* For abstracting software that allows unlimited text, NAACCR recommends that the software indicate to the abstractor the portion of the text that will be transmitted to the central registry.

**Suggestions for text:**

- Date treatment was started
- Where treatment was given, e.g., at this facility, at another facility
- Type(s) of nonbeam radiation, e.g., High Dose rate brachytherapy, seed implant, Radioisotopes (I-131)
- Other treatment information, e.g., unknown if radiation was given

**Data Item(s) to be verified/validated using the text entered in this field**

After manual entry of the text field, ensure that the text entered both agrees with the coded values and clearly justifies the selected codes in the following fields:

| Item name | Item number |
|---|---|
| Date of Initial RX--SEER | 1260 |
| Date of 1st Crs RX--CoC | 1270 |
| RX Summ--Radiation | 1360 |
| RX Summ--Surg/Rad Seq | 1380 |
| Reason For No Radiation | 1430 |
| RX Date-Radiation | 1210 |
| Rad Regional RX Modality | 1570 |
| RX Hosp--Radiation | 690 |
| RX Date Radiation Ended | 3220 |
| RX Summ--Rad to CNS | 1370 |
| Rad--No of Treatment Vol | 1520 |
| Rad--Regional Dose cGy | 1510 |
| Rad Treatment Volume | 1540 |
| Rad Location of RX | 1550 |
| Rad Boost RX Modality | 3200 |
| Rad Boost Dose cGy | 3210 |

**RX TEXT--SURGERY**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 2610 | 1000 | NPCR | 12765-13764 |

**Description**
Text area for information describing all surgical procedures performed as part of treatment.

**Rationale**
Text documentation is an essential component of a complete electronic abstract and is heavily utilized for quality control and special studies. Text is needed to justify coded values and to document supplemental information not transmitted within coded values. High-quality text documentation facilitates consolidation of information from multiple reporting sources at the central registry.

The text field must contain a description that has been entered by the abstractor independently from the code(s). If cancer abstraction software generates text automatically from codes, the text cannot be utilized to check coded values. Information documenting the disease process should be entered manually from the medical record **and should not be generated electronically from coded values.**

**Instructions**
- Prioritize entered information in the order of the fields listed below.
- Text automatically generated from coded data is not acceptable.
- NAACCR-approved abbreviations should be utilized (see Appendix G).
- Do not repeat information from other text fields.
- Additional comments can be continued in empty text fields, including Remarks. For text documentation that is continued from one text field to another, use asterisks or other symbols to indicate the connection with preceding text.
- If information is missing from the record, state that it is missing.
- Do not include irrelevant information.
- Do not include information that the registry is not authorized to collect.

*Note:* For abstracting software that allows unlimited text, NAACCR recommends that the software indicate to the abstractor the portion of the text that will be transmitted to the central registry.

**Suggestions for text:**
- Date of each procedure.
- Type(s) of surgical procedure(s), including excisional biopsies and surgery to other and distant sites.
- Lymph nodes removed.
- Regional tissues removed.
- Metastatic sites.
- Facility where each procedure was performed.
- Record positive and negative findings. Record positive findings first.
- Other treatment information, e.g., planned procedure aborted; unknown if surgery performed.

**Data Item(s) to be verified/validated using the text entered in this field**
After manual entry of the text field, ensure that the text entered both agrees with the coded values and clearly justifies the selected codes in the following fields:

| Item name | Item number |
|---|---|
| Date of Initial RX--SEER | 1260 |
| Date of 1st Crs RX--CoC | 1270 |
| RX Date Surgery | 1200 |
| RX Summ--Surg Prim Site | 1290 |
| RX Hosp--Surg Prim Site | 670 |
| RX Summ--Scope Reg LN Sur | 1292 |
| RX Hosp--Scope Reg LN Sur | 672 |
| RX Summ--Surg Oth Reg/Dis | 1294 |
| RX Hosp--Surg Oth Reg/Dis | 674 |
| Reason for No Surgery | 1340 |
| RX Summ--Surgical Margins | 1320 |
| RX Hosp--Palliative Proc | 3280 |
| RX Summ--Palliative Proc | 3270 |
| Text-Place of Diagnosis | 2690 |
| RX Summ--Surg/Rad Seq | 1380 |
| RX Summ--Systemic/Sur Seq | 1639 |

**SCREENING DATE** **Retired**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 510 | | | |

**Description**
The NAACCR UDSC retired this data item in Version 12, as of January 1, 2010.

**SCREENING RESULT** **Retired**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 520 | | | |

**Description**
The NAACCR UDSC retired this data item in Version 12, as of January 1, 2010.

**SEER CODING SYS--CURRENT** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 2120 | 1 | NAACCR | 1930-1930 |

**Description**
This shows the SEER coding system best describing the majority of SEER items as they are in the record (after conversion).

**Rationale**
Change the allowable values to alpha-numeric in order to accommodate SEER Program Manual editions.

**Codes**
0 No SEER coding
1 Pre-1988 *SEER Coding Manuals*
2 1988 SEER *Coding Manual*
3 *1989 SEER Coding Manual*
4 *1992 SEER Coding Manual*
5 *1998 SEER Coding Manual*
6 *2003 SEER Coding Manual*
7 *2004 SEER Coding Manual*
8 *2007 SEER Coding Manual*
9 *January 2008 SEER Coding Manual*
A *January 2010 SEER Coding Manual*

**SEER CODING SYS--ORIGINAL** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 2130 | 1 | NAACCR | 1931-1931 |

**Description**
This shows the SEER coding system best describing the way the majority of SEER items in the record were originally coded.

**Rationale**
Change the allowable values to alpha-numeric in order to accommodate SEER Program Manual editions.

**Codes**
0 No SEER coding
1 Pre-1988 *SEER Coding Manuals*
2 *1988 SEER Coding Manual*
3 *1989 SEER Coding Manual*
4 *1992 SEER Coding Manual*
5 *1998 SEER Coding Manual*
6 *2003 SEER Coding Manual*
7 *2004 SEER Coding Manual*
8 *2007 SEER Coding Manual*
9 *January 2008 SEER Coding Manual*
A *January 2010 SEER Coding Manual*

**SEER RECORD NUMBER**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Record Number (SEER) | 2190 | 2 | SEER | 1947-1948 |

**Description**
A unique sequential number assigned by the SEER participant to each record for the person for each submission. The number may change from submission to submission. See also Tumor Record Number [60].

**Codes**
01 One or first of more than one record for person
02 Second record for person
..
..
nn Last of nn records for person

**SEER SITE-SPECIFIC FACT 1**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 3700 | 1 | SEER | 1179-1179 |

**Description**
A one character field to be used when information for a particular primary site needs to be collected by SEER.

**Rationale**
This field is a place holder when site-specific information is needed for SEER.

**Codes (To be determined for each site where needed. Refer to the most current version of the *SEER Program Coding and Staging Manual,*[3] for details.)**
Blank Field not coded

**SEER SITE-SPECIFIC FACT 2** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 3702 | 1 | SEER | 1180-1180 |

**Description**
A one character field to be used when information for a particular primary site needs to be collected by SEER.

**Rationale**
This field is a place holder when site-specific information is needed for SEER.

**Codes (To be determined for each site where needed. Refer to the most current version of the *SEER Program Coding and Staging Manual,*[3] for details.)**
Blank Field not coded.

**SEER SITE-SPECIFIC FACT 3** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 3704 | 1 | SEER | 1181-1181 |

**Description**
A one character field to be used when information for a particular primary site needs to be collected by SEER.

**Rationale**
This field is a place holder when site-specific information is needed for SEER.

**Codes (To be determined for each site where needed. Refer to the most current version of the *SEER Program Coding and Staging Manual,*[3] for details.)**
Blank Field not coded.

**SEER SITE-SPECIFIC FACT 4** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 3706 | 1 | SEER | 1182-1182 |

**Description**
A one character field to be used when information for a particular primary site needs to be collected by SEER.

**Rationale**
This field is a place holder when site-specific information is needed for SEER.

**Codes (To be determined for each site where needed. Refer to the most current version of the *SEER Program Coding and Staging Manual*,[3] for details.)**
Blank Field not coded

**SEER SITE-SPECIFIC FACT 5** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 3708 | 1 | SEER | 1183-1183 |

**Description**
A one character field to be used when information for a particular primary site needs to be collected by SEER.

**Rationale**
This field is a place holder when site-specific information is needed for SEER.

**Codes (To be determined for each site where needed. Refer to the most current version of the *SEER Program Coding and Staging Manual*,[3] for details.)**
Blank Field not coded

**SEER SITE-SPECIFIC FACT 6** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 3710 | 1 | SEER | 1184-1184 |

**Description**
A one character field to be used when information for a particular primary site needs to be collected by SEER.

**Rationale**
This field is a place holder when site-specific information is needed for SEER.

**Codes (To be determined for each site where needed. Refer to the most current version of the *SEER Program Coding and Staging Manual*,[3] for details.)**
Blank Field not coded

**SEER SUMMARY STAGE 1977**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| General Summary Stage (SEER/CoC) | 760 | 1 | SEER | 905-905 |

**Description**
Code for summary stage at the initial diagnosis or treatment of the reportable tumor. This has traditionally been used by central registries to monitor time trends. For hospital registries, CoC requires its use in the absence of a defined AJCC classification. For site-specific definitions of categories, see the SEER Summary Staging Guide.

SEER Summary Stage 1977 is limited to information available within 2 months of the date of diagnosis. NAACCR approved extension of this time period to 4 months for prostate tumors diagnosed beginning January 1, 1995.

**Rationale**
Stage information is important when evaluating the effects of cancer control programs. It is crucial for understanding whether changes over time in incidence rates or outcomes are due to earlier detection of the cancers. In addition, cancer treatment cannot be studied without knowing the stage at diagnosis.

To study historical trends in stage, the coding system must be relatively unchanged (stable) over time. AJCC's TNM system is updated periodically to maintain clinical relevance with changes in diagnosis and treatment. The surveillance registries often rely on the Summary Stage, which they consider to be more "stable." Summary Stage has been in widespread use, either as the primary staging scheme or a secondary scheme, in most central and hospital registries since 1977.

**Codes**
0 *In situ*
1 Localized
2 Regional, direct extension only
3 Regional, regional lymph nodes only
4 Regional, direct extension and regional lymph nodes
5 Regional, NOS
7 Distant
8 Not applicable
9 Unstaged

*Note:* Code 8 has been added in Version 10.1 to be used when there is not an applicable code to reflect stage (e.g., benign brain, borderline ovarian).

*Note:* See also the item Derived SS1977 [3010] for the value of SEER Summary Stage 1977 as generated by the Collaborative Staging algorithm.

**Clarification of NAACCR and NPCR Required Status**
Summary stage is required. The correct data item to use (and corresponding code manual) is determined by the year in which the cancer was diagnosed. Tumors diagnosed on or after January 1, 2004, should be assigned a summary stage based upon the Collaborative Stage data item algorithms and retained in Derived SS2000 [3020]. Tumors diagnosed on or after January 1, 2001, should be assigned a summary stage according to the SEER *Summary Staging Manual 2000*, and the code should be reported in SEER Summary Stage 2000 [759]. Tumors diagnosed before January 1, 2001, should be assigned a summary stage according to *SEER Summary Stage Guide 1977*, and the code should be reported in SEER Summary Stage 1977 [760].

**SEER SUMMARY STAGE 2000**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 759 | 1 | SEER | 904-904 |

**Description**
Code for summary stage at the initial diagnosis or treatment of the reportable tumor. For hospital registries, CoC requires its use in the absence of a defined AJCC classification. For site-specific definitions of categories, see SEER *Summary Staging Manual 2000*.

Summary stage should include all information available through completion of surgery(ies) in the first course of treatment or within 4 months of diagnosis in the absence of disease progression, whichever is longer.

**Rationale**
Stage information is important when evaluating the effects of cancer control programs. It is crucial in understanding whether changes over time in incidence rates or outcomes are due to earlier detection of the cancers. In addition, cancer treatment cannot be studied without knowing the stage at diagnosis.

**Codes**
0 *In situ*
1 Localized
2 Regional, direct extension only
3 Regional, regional lymph nodes only
4 Regional, direct extension and regional lymph nodes
5 Regional, NOS
7 Distant
8 Not applicable
9 Unstaged

*Note:* Code 8 has been added in Version 10.1 to be used when there is not an applicable code to reflect stage (e.g., benign brain, borderline ovarian).

*Note:* See also the item Derived SS2000 [3020] for the value of SEER Summary Stage 2000 as generated by the collaborative Staging algorithm.

**Clarification of NAACCR and NPCR Required Status**
Summary stage is required. The correct data item to use (and corresponding code manual) is determined by the year in which the cancer was diagnosed. Tumors diagnosed on or after January 1, 2004, should be assigned a summary stage based upon the Collaborative Stage data item algorithms and retained in Derived SS2000 [3020]. Tumors diagnosed on or after January 1, 2001, should be assigned a summary stage according to the SEER *Summary Staging Manual 2000*, and the code should be reported in SEER Summary Stage 2000 [759]. Tumors diagnosed before January 1, 2001, should be assigned a summary stage according to *SEER Summary Stage Guide 1977*, and the code should be reported in SEER Summary Stage 1977 [760].

**SEER TYPE OF FOLLOW-UP**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Type of Follow-Up (SEER) | 2180 | 1 | SEER | 1946-1946 |

**Description**
Codes for the type of follow-up expected for a SEER case.

**Codes**
1 "Autopsy-Only" or "Death Certificate-Only" case
2 Active follow-up case
3 *In situ* cancer of the cervix uteri only
4 Case not originally in active follow-up, but in active follow-up now (San Francisco-Oakland only)

**SEQUENCE NUMBER--CENTRAL** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Sequence Number (pre-96 SEER) | 380 | 2 | SEER | 528-529 |

**Description**
Code indicates the sequence of all reportable neoplasms over the lifetime of the person. This data item differs from Sequence Number-Hospital [560], because the definitions of reportable neoplasms often vary between a hospital and a central registry. Each neoplasm is assigned a different number. Sequence Number 00 indicates that the person has had only one *in situ* or one malignant neoplasm as defined by the Federal reportable list (regardless of central registry reference date). Sequence Number 01 indicates the first of two or more reportable neoplasms, but 02 indicates the second of two or more reportable neoplasms, and so on. Because the time period of Sequence Number is a person's lifetime, reportable neoplasms not included in the central registry (those that occur outside the registry catchment area or before the reference date) also are allotted a sequence number. For example, a registry may contain a single record for a patient with a sequence number of 02 because the first reportable neoplasm preceded the central registry's reference date.

**Reporting Requirements: Federally Required and State/Province Defined**
The Federal or SEER/NPCR standard defining the reportable neoplasms is described in Chapter III, Standards For Tumor Inclusion and Reportability. It is assumed that this shared standard is the "minimum" definition of reportability. Individual central cancer registries may define additional neoplasms as reportable.

Numeric codes in the 00-59 range indicate the sequence of neoplasms of *in situ* or malignant behavior (2 or 3) at the time of diagnosis, which SEER/NPCR standards require to be reported. Codes 60 to 87 indicate the sequence of non-malignant tumors (as defined in Chapter III) and any other neoplasms that the central registry has defined as reportable. Neoplasms required by SEER/NPCR with an *in situ* or malignant behavior at the time of diagnosis are sequenced completely independently of this higher-numbered category. Sequence Number-Hospital does not affect Sequence Number-Central. The two notational systems are independent but central registries should take Sequence Number-Hospital [560] into account when coding Sequence Number Central.

**Rationale**
The purpose of sequencing based on the patient's lifetime is to truly identify the 00s, the people who only had one malignant primary in their lifetimes for survival analysis. If a central registry sequences by just what is reported to them, then it will be unclear whether 00 means the person only had one malignant primary in his lifetime or the person had one malignant primary since the central registry started collecting data. The Federally required reportable list has changed throughout the years, so the registry must use the appropriate reportable list for the year of diagnosis. The central registry reference date will not affect Sequence Number-Central.

**Codes**

*In Situ*/Malignant as Federally Required based on Diagnosis Year:

00 One primary in the patient's lifetime
01 First of two or more primaries
02 Second of two or more primaries
..
..
59 Fifty-ninth or higher of fifty-nine or more primaries
99 Unspecified or unknown sequence number of Federally required *in situ* or malignant tumors. Sequence number 99 can be used if there is a malignant tumor and its sequence number is unknown. If there is known to be more than one malignant tumor, then the tumors must be sequenced.

Non-malignant Tumor as Federally Required based on Diagnosis Year or State/Province Defined:

60 One non-malignant tumor or central registry-defined neoplasm
61 First of two or more non-malignant tumor or central registry-defined neoplasms
62 Second of two or more non-malignant tumor or central registry-defined neoplasms
.. ..
88 Unspecified or unknown sequence number for non-malignant tumor or central registry-defined neoplasms. (Sequence number 88 can be used if there is a non-malignant tumor and its sequence number is unknown. If there is known to be more than one non-malignant
98 Cervix carcinoma *in situ* (CIS)/CIN III, Diagnosis Years 1996-2002.

The table that follows shows which sequence number series to use by type of neoplasm.

| **Neoplasm** | **SeqNum-Central** |
|---|---|
| ***In Situ*/Malignant as Federally Required based on Diagnosis Year** | **(Numeric Series)** |
| *In Situ* (behavior code = 2) (Cervix CIS/CIN III, Diagnosis Year before 1996) (includes VIN III, VAIN III, AIN III) | 00 -- 59 |
| Malignant (behavior code = 3) | 00 -- 59 |
| Juvenile Astrocytoma, Diagnosis Year 2001+ (*) | 00 -- 59 |
| Invasive following *In Situ*--New primary as defined by CoC | 00 -- 59 |
| Invasive following *In Situ*--New primary as defined by SEER | 00 -- 59 |
| Unspecified Federally Required Sequence Number or Unknown | 99 |
| **Non-malignant Tumor as Federally Required based on Diagnosis Year or State/Province Registry-Defined** | |
| Examples: | |
| Non-malignant Tumor/Benign Brain | 60 -- 87 |
| Borderline Ovarian, Diagnosis Year 2001+ | 60 -- 87 |
| Other Borderline/Benign | 60 -- 87 |
| Skin SCC/BCC | 60 -- 87 |
| PIN III | 60 -- 87 |
| Cervix CIS/CIN III, Diagnosis Year 2003+ | 60 -- 87 |
| Unspecified Non-malignant Tumor or Central Registry-Defined Sequence Number | 88 |
| Cervix CIS/CIN III, Diagnosis Year 1996-2002 | 98 |

*Juvenile astrocytomas should be reported as 9421/3.

*Note:* See the section on Sequence Number--Central in The *SEER Program Code Manual*.

*Note:* Conversion Guidance: The sequence numbers for neoplasms whose histologies were associated with behavior codes that changed from *in situ*/malignant to benign/borderline or vice versa during the conversion from ICD-O-2 to ICD-O-3 should not be re-sequenced.

**SEQUENCE NUMBER--HOSPITAL** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Sequence Number (CoC) | 560 | 2 | CoC | 740-741 |

**Description**
Item indicates the sequence of all malignant and non-malignant neoplasms over the lifetime of the patient. The code may differ from the Sequence Number--Central [380] because the definitions of reportable neoplasms often vary between a hospital and a central registry. The two items also handle some types of tumors differently. Each neoplasm is assigned a different number. Sequence Number 00 indicates that the person has only one malignant neoplasm in his lifetime (regardless of hospital registry reference date). Sequence Number 01 indicates the first of two or more malignant neoplasms, while 02 indicates the second of two or more malignant neoplasms, and so on. Because the time period of Sequence Number is a person's lifetime, reportable neoplasms not included in the hospital registry are also allotted a sequence number. For example, a registry may contain a single record for a patient with a sequence number of 02 because the first reportable neoplasm occurred before the hospital registry's reference date. Similarly, Sequence Number 60 indicates the patient has only one non-malignant neoplasm, and Sequence Number 61 represents the first of multiple non-malignant neoplasms.

Sequence numbers should be reassigned if the facility subsequently learns of an unaccessioned tumor that affects sequencing. Sequence Number-Central [380] does not affect Sequence Number-Hospital. The two notational systems are independent.

**Timing Rule**
If two or more malignant tumors are diagnosed at the same time, the lowest sequence number will be assigned to the diagnosis with the worst prognosis. Likewise, if two or more non-malignant tumors are diagnosed at the same time, the lowest sequence number is assigned to the diagnosis with the worse prognosis. If no difference in prognosis is evident, the decision is arbitrary.

**Codes**
***In situ*/Malignant Tumors:**
00 One malignant primary only in the patient's lifetime
01 First of two or more malignant primaries
02 Second of two or more malignant primaries
..
.. (Actual number of this malignant primary)
..
59 Fifty-ninth or higher of fifty-nine or more malignant primaries
99 Unspecified sequence number of a primary malignant tumor or unknown (When a patient has multiple tumors with unspecified/unknown sequence numbers code 99 should only be used once.)

**Nonmalignant Tumors**
60 Only one non-malignant tumor in the patient's lifetime
61 First of two or more non-malignant tumors
62 Second of two or more non-malignant tumors
..
88 Unspecified number of non-malignant tumors (When a patient has multiple unspecified neoplasms in this category code 88 should only be used once.)

**The table that follows shows which sequence number series to use by type of neoplasm**

| **Neoplasm** | **SeqNum-Hospital** |
|---|---|
| ***In situ*/Malignant** | **(code range)** |
| One *in situ* (behavior code = 2) or malignant (behavior code =3) primary tumor only in the patient's lifetime | 00 |
| First of multiple *in situ* or malignant primary tumors in the patient's lifetime | 01 |
| Actual sequence of two or more *in situ* or malignant primary tumors | 02 -- 59 |
| Unspecified malignant sequence number or unknown | 99 |
| **Non-Malignant** | |
| One benign (behavior code = 0) or borderline (behavior code = 1) primary tumor only in the patient's lifetime | 60 |
| First of two or more benign or borderline primary tumors in the patient's lifetime | 61 |
| Actual sequence of two or more non-malignant primary tumors | 62 -- 87 |
| Unspecified non-malignant sequence number or unknown | 88 |

*Juvenile astrocytomas should be reported as 9421/3.

*Note:* See the section on Sequence Number in CoC (*FORDS*) manual.

**SEX**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 220 | 1 | SEER/CoC | 192-192 |

**Description**
Code for the sex of the patient.

**Codes**
1 Male
2 Female
3 Other (hermaphrodite)
4 Transsexual
9 Not stated/Unknown

**SITE (73-91) ICD-O-1**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Primary Site (1973-91) (SEER) | 1960 | 4 | SEER | 1909-1912 |

**Description**
Area for retaining the ICD-O-1 primary site code entered before conversion to ICD-0-2. The item name includes years 1973-91. However, some states may have used the codes for cases before 1973.

**Codes**
For tumors diagnosed before 1992, contains the ICD-O-1 site code as originally coded, if available. Blank for tumors coded directly into ICD-O-2 (i.e., 1992 and later tumors).

**SITE CODING SYS--CURRENT**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 450 | 1 | NAACCR | 558-558 |

**Description**
Code that best describes how the primary site currently is coded. If converted, this field shows the system to which it is converted.

**Codes**
1 ICD-8 and MOTNAC
2 ICD-9
3 ICD-O, First Edition
4 ICD-O, Second Edition
5 ICD-O, Third Edition
6 ICD-10
9 Other

**SITE CODING SYS--ORIGINAL**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 460 | 1 | NAACCR | 559-559 |

**Description**
Code that best describes how primary site was originally coded. If converted, this field shows the original coding system used.

**Codes**
1 ICD-8 and MOTNAC
2 ICD-9
3 ICD-O, First Edition
4 ICD-O, Second Edition
5 ICD-O, Third Edition
6 ICD-10
9 Other

**SITE OF DISTANT MET 1** **Retired**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 1090 | | | |

**Description**
The NAACCR UDSC retired this data item in Version 12, as of January 1, 2010.

**SITE OF DISTANT MET 2** **Retired**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Site of Distant Metastasis #2 (CoC) | 1100 | | | |

**Description**
The NAACCR UDSC retired this data item in Version 12, as of January 1, 2010.

**SITE OF DISTANT MET 3** **Retired**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 1110 | | | |

**Description**
The NAACCR UDSC retired this data item in Version 12, as of January 1, 2010.

**SOCIAL SECURITY NUMBER**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 2320 | 9 | CoC | 3619-3627 |

**Description**
Records patient's social security number. The number is entered without dashes and without any letter suffix. This is not always identical to the Medicare claim number.

**Codes (in addition to social security number)**
999999999 Unknown

**SPANISH/HISPANIC ORIGIN**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Spanish Origin--All Sources (96 CoC)<br>Spanish Surname or Origin (SEER) | 190 | 1 | SEER/CoC | 189-189 |

**Description**
Code identifying persons of Spanish or Hispanic origin. This code is used by hospital and central registries to show the "best guess" as to whether or not the person should be classified as Hispanic for purposes of calculating cancer rates. If the patient has multiple tumors, all records should have the same code.

Reference to Census 2000 definitions for ethnicity and race: http://www.census.gov/prod/cen2000/doc/sf2.pdf
All information resources should be used to determine the correct code, including:

- Stated ethnicity in the medical record
- Stated Hispanic origin on the death certificate
- Birthplace
- Information about life history and/or language spoken found during the abstracting process
- Patient's last name [2230] or maiden name [2390] found on a list of Hispanic names

Some registries code the information from the medical record, others code ethnicity based on Spanish names, and others use a combination of methods.

Persons of Spanish or Hispanic origin may be of any race, but these categories generally are not used for Native Americans, Filipinos, etc., who may have Spanish names. If a patient has an Hispanic name, but there is reason to believe they are not Hispanic (e.g., the patient is Filipino, or the patient is a woman known to be non-Hispanic who has a Hispanic married name), the code in this field should be 0 (non-Spanish, non-Hispanic). The code in item Computed Ethnicity [200], however, would reflect the Hispanic name.

Assign code 7 if Hispanic ethnicity is based strictly on a computer list or algorithm (unless contrary evidence is available) and also code in Computed Ethnicity [200].

See also Computed Ethnicity [200].

*Note:* NAACCR recognizes that available definitions and abstracting instructions for Name--Last [2230] and Name--Maiden [2390] may be inadequate for describing names used in some cultures, including Hispanic cultures. Explicit instructions have not been provided for entering compound names, with or without hyphens or "De." Order of names, use of maternal and paternal names, and use of hyphens can vary across cultures. It is likely that abstracting and coding practice for these items varies across registries. Limitations inherent in these definitions should be kept in mind when using the data.

**Rationale**
See the rationales for the Race 1-5 [160-164] and Computed Ethnicity [200]. Ethnic origin has a significant association with cancer rates and outcomes. Hispanic populations have different patterns of occurrence of cancer from other populations that may be included in the "white" category of Race [160].

**Codes**
0 Non-Spanish; non-Hispanic
1 Mexican (includes Chicano)
2 Puerto Rican
3 Cuban
4 South or Central American (except Brazil)
5 Other specified Spanish/Hispanic origin (includes European; excludes Dominican Republic)
6 Spanish, NOS
Hispanic, NOS
Latino, NOS
There is evidence, other than surname or maiden name, that the person is Hispanic, but he/she cannot be assigned to any of the other categories 1-5.
7 Spanish surname only (Code 7 is ordinarily for central registry use only, hospital registrars may use code 7 if using a list of Hispanic surnames provided by their central registry; otherwise, code 9 'unknown whether Spanish or not' should be used.)
The only evidence of the person's Hispanic origin is the surname or maiden name and there is no contrary evidence that the person is not Hispanic.
8 Dominican Republic
9 Unknown whether Spanish or not

*Note:* Code 7 was adopted for use effective with 1994 diagnosis and modified December 1994.

*Note:* Code 8 was added in Standards Volume II Version 10.2, effective January 2005, however, abstractors may assign code 8 to tumors diagnosed prior to 2005.

**STATE/REQUESTOR ITEMS** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 2220 | 1000 | Varies | 2340-3339 |

**Description**
Reserved for use by individual states or central registries, or for use by special studies.

**SUBSQ REPORT FOR PRIMARY** **Retired**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 2160 | | | |

**Description**
The NAACCR UDSC retired this data item in Version 6, effective January 1, 1998.

**SUBSQ RX 2ND COURSE BRM**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 1675 | 1 | CoC | 1743-1743 |

**Description**
Codes for the type of biological response modifier therapy given as part of the second course of treatment. Central registries currently collecting this data item should follow the *1998 ROADS Manual* coding instructions. The codes are the same as those for Immunotherapy, *1998 ROADS Manual*, p. 243. See also First Course Calc Method [1500].

*Note:* This data item is no longer supported by CoC (as of January 1, 2003).

**SUBSQ RX 2ND COURSE CHEMO**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 1673 | 1 | CoC | 1741-1741 |

**Description**
Codes for the type of chemotherapy given as part of the second course of treatment. Central registries currently collecting this data item should follow the *1998 ROADS Manual* coding instructions. The codes are the same as those for Chemotherapy, *1998 ROADS Manual*, p. 228. See also First Course Calc Method [1500].

*Note:* This data item is no longer supported by CoC (as of January 1, 2003).

**SUBSQ RX 2ND COURSE CODES**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 1670 | 11 | | 1734-1744 |

**Description**
The name for a group of subfields that describe the second course or set of subsequent therapy. As of January 1, 2003, CoC no longer supports Subsequent Therapy data items.

Group names appear only in the data dictionary and Appendix E.

**Subfields**

Subsq RX 2nd Course Surg [1671]
Subsq RX 2nd Course Rad [1672]
Subsq RX 2nd Course Chemo [1673]
Subsq RX 2nd Course Horm [1674]
Subsq RX 2nd Course BRM [1675]
Subsq RX 2nd Course Oth [1676]

**SUBSQ RX 2ND COURSE DATE**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Second Course of Therapy-Date Started (pre-96 CoC) | 1660 | 8 | CoC | 1724-1731 |

**Description**
Date of initiation of second-course treatment. Central registries currently collecting this data item should follow the *1998 ROADS Manual* coding instructions. See page 97 for date format.

*Note:* This data item is no longer supported by CoC (as of January 1, 2003).

**SUBSQ RX 2ND COURSE HORM**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 1674 | 1 | CoC | 1742-1742 |

**Description**
Codes for the type of hormonal therapy given as part of the second course of treatment. Central registries currently collecting this data item should follow the *1998 ROADS Manual* coding instructions. The codes are the same as those for Hormone Therapy, *1998 ROADS Manual*, p. 238. See also First Course Calc Method [1500].

*Note:* This data item is no longer supported by CoC (as of January 1, 2003).

**SUBSQ RX 2ND COURSE OTH**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 1676 | 1 | CoC | 1744-1744 |

**Description**
Codes for the type of other treatment given as part of the second course of treatment. Central registries currently collecting this data item should follow the *1998 ROADS Manual* coding instructions. The codes are the same as those for Other Treatment, *1998 ROADS Manual*, p. 246. See also First Course Calc Method [1500].

*Note:* This data item is no longer supported by CoC (as of January 1, 2003).

**SUBSQ RX 2ND COURSE RAD**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 1672 | 1 | CoC | 1740-1740 |

**Description**
Codes for the type of radiation given as part of the second course of treatment. Central registries currently collecting this data item should follow the *1998 ROADS Manual* coding instructions. The codes are the same as those for Radiation, *1998 ROADS Manual*, p. 199. See also First Course Calc Method [1500].

*Note:* This data item is no longer supported by CoC (as of January 1, 2003).

**SUBSQ RX 2ND COURSE SURG**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 1671 | 2 | CoC | 1734-1735 |

**Description**
Codes for the type of primary site surgery given as part of the second course of treatment. Central registries currently collecting this data item should follow the *1998 ROADS Manual* coding instructions. The codes are the same as those for Surgery of Primary Site, *1998 ROADS Manual*, p. 187. See also First Course Calc Method [1500].

*Note:* This data item is no longer supported by CoC (as of January 1, 2003).

**SUBSQ RX 2NDCRS DATE FLAG**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 1661 | 2 | NAACCR | 1732-1733 |

**Description**
This flag explains why no appropriate value is in the field, Subsq RX 2nd Course Date [1660]. This data item was first available in Volume II Version 12 (effective January 2010).

**Rationale**
Prior to Version 12 (through 2009 diagnosis), date fields included codes that provided information other than dates. As part of an initiative to standardize date fields, new fields were introduced to accommodate non-date information that had previously been transmitted in date fields.

**Codes (see Appendix H for the complete Flavors of Null table, which includes the NAACCR codes, HL7 codes and definitions.**

10 No information whatsoever can be inferred from this exceptional value (e.g., unknown if any subsequent therapy)
11 No proper value is applicable in this context (e.g., no subsequent therapy)
Blank A valid date value is provided in item Subsq RX 2nd Course Date [1660], or the date was not expected to have been transmitted

*Comment:* This is part of the initiative of the transformation from the old NAACCR date standards to interoperable dates.

**SUBSQ RX 2ND--REG LN REM**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 1679 | 2 | CoC | 1738-1739 |

**Description**
Codes for the number of regional lymph nodes removed as part of the second course of treatment. Central registries currently collecting this data item should follow the *1998 ROADS Manual* coding instructions. The codes are the same as those for Number of Regional Lymph Nodes Removed, *1998 ROADS Manual*, p. 193. See also First Course Calc Method [1500].

*Note:* This data item is no longer supported by CoC (as of January 1, 2003).

**SUBSQ RX 2ND--SCOPE LN SU**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 1677 | 1 | CoC | 1736-1736 |

**Description**
Codes for the type of surgery performed to remove regional lymph nodes as part of the second course of treatment. Central registries currently collecting this data item should follow the *1998 ROADS Manual* coding instructions. The codes are the same as those for Scope of Regional Lymph Node Surgery, *1998 ROADS Manual*, p. 192. See also First Course Calc Method [1500].

*Note:* This data item is no longer supported by CoC (as of January 1, 2003).

**SUBSQ RX 2ND--SURG OTH**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 1678 | 1 | CoC | 1737-1737 |

**Description**
Codes for the type of surgery performed on tissue or organs other than the primary site and regional lymph nodes as part of the second course of treatment. Central registries currently collecting this data item should follow the *1998 ROADS Manual* coding instructions. The codes are the same as those for Surgery of Other Regional Site(s), Distant Site(s) or Distant Lymph Node(s), *1998 ROADS Manual*, p. 194. See also First Course Calc Method [1500].

*Note:* This data item is no longer supported by CoC (as of January 1, 2003).

**SUBSQ RX 3RD COURSE BRM**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 1695 | 1 | CoC | 1764-1764 |

**Description**
Codes for the type of biological response modifier therapy given as part of the second course of treatment. Central registries currently collecting this data item should follow the *1998 ROADS Manual* coding instructions. The codes are the same as those for Immunotherapy, *1998 ROADS Manual*, p. 243

*Note:* This data item is no longer supported by CoC (as of January 1, 2003).

**SUBSQ RX 3RD COURSE CHEMO**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 1693 | 1 | CoC | 1762-1762 |

**Description**
Codes for the type of chemotherapy given as part of the third course of treatment. Central registries currently collecting this data item should follow the *1998 ROADS Manual* coding instructions. The codes are the same as those for Chemotherapy, *1998 ROADS Manual*, p. 228.

*Note:* This data item is no longer supported by CoC (as of January 1, 2003).

**SUBSQ RX 3RD COURSE CODES**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 1690 | 11 | | 1755-1765 |

**Description**
The name for a group of subfields that describe the third course or set of subsequent therapy. As of January 1, 2003, CoC no longer supports Subsequent Therapy data items.

Group names appear only in the data dictionary and Appendix E.

**Subfields**
Subsq RX 3rd Course Surg [1691]
Subsq RX 3rd Course Rad [1692]
Subsq RX 3rd Course Chemo [1693]
Subsq RX 3rd Course Horm [1694]
Subsq RX 3rd Course BRM [1695]
Subsq RX 3rd Course Oth [1696]

**SUBSQ RX 3RD COURSE DATE**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 1680 | 8 | CoC | 1745-1752 |

**Description**
Date of initiation of third course of treatment. Central registries currently collecting this data item should follow the *1998 ROADS Manual* coding instructions. See page 97 for date format.

**SUBSQ RX 3RD COURSE HORM**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 1694 | 1 | CoC | 1763-1763 |

**Description**
Codes for the type of hormonal therapy given as part of the third course of treatment. Central registries currently collecting this data item should follow the *1998 ROADS Manual* coding instructions. The codes are the same as those for Hormone Therapy, *1998 ROADS Manual*, p. 238.

*Note:* This data item is no longer supported by CoC (as of January 1, 2003).

**SUBSQ RX 3RD COURSE OTH**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 1696 | 1 | CoC | 1765-1765 |

**Description**
Codes for the type of other treatment given as part of the third course of treatment. Central registries currently collecting this data item should follow the *1998 ROADS Manual* coding instructions. The codes are the same as those for Other Treatment, *1998 ROADS Manual*, p. 246.

*Note:* This data item is no longer supported by CoC (as of January 1, 2003).

**SUBSQ RX 3RD COURSE RAD**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 1692 | 1 | CoC | 1761-1761 |

**Description**
Codes for the type of radiation given as part of the third course of treatment. Central registries currently collecting this data item should follow the *1998 ROADS Manual* coding instructions. The codes are the same as those for Radiation, *1998 ROADS Manual*, p. 199.

*Note:* This data item is no longer supported by CoC (as of January 1, 2003).

**SUBSQ RX 3RD COURSE SURG**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 1691 | 2 | CoC | 1755-1756 |

**Description**
Codes for the type of primary site surgery given as part of the third course of treatment. Central registries currently collecting this data item should follow the *1998 ROADS Manual* coding instructions. The codes are the same as those for Surgery of Primary Site, *1998 ROADS Manual*, p. 187.

*Note:* This data item is no longer supported by CoC (as of January 1, 2003).

**SUBSQ RX 3RDCRS DATE FLAG**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 1681 | 2 | NAACCR | 1753-1754 |

**Description**
This flag explains why no appropriate value is in the field, Subsq RX 3rd Course Date [1680]. This data item was first available in Volume II Version 12 (effective January 2010).

**Rationale**
Prior to Version 12 (through 2009 diagnosis), date fields included codes that provided information other than dates. As part of an initiative to standardize date fields, new fields were introduced to accommodate non-date information that had previously been transmitted in date fields.

**Codes (See Appendix H for the complete Flavors of Null table, which includes the NAACCR codes, HL7 codes and definitions.)**

10 No information whatsoever can be inferred from this exceptional value (e.g., unknown if any subsequent therapy)
11 No proper value is applicable in this context (e.g., no subsequent therapy)
Blank A valid date value is provided in item Subsq RX 3rd Course Date [1680], or the date was not expected to have been transmitted

*Comment:* This is part of the initiative of the transformation from the old NAACCR date standards to interoperable dates.

**SUBSQ RX 3RD--REG LN REM**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 1699 | 2 | CoC | 1759-1760 |

**Description**
Codes for the number of regional lymph nodes removed as part of the third course of treatment. Central registries currently collecting this data item should follow the *1998 ROADS Manual* coding instructions. The codes are the same as those for Number of Regional Lymph Nodes Removed, *1998 ROADS Manual*, p. 193.

*Note:* This data item is no longer supported by CoC (as of January 1, 2003).

**SUBSQ RX 3RD--SCOPE LN SU**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 1697 | 1 | CoC | 1757-1757 |

**Description**
Codes for the type of surgery performed to remove regional lymph nodes as part of the third course of treatment. Central registries currently collecting this data item should follow the *1998 ROADS Manual* coding instructions. The codes are the same as those for Scope of Regional Lymph Node Surgery, *1998 ROADS Manual*, p. 192.

*Note:* This data item is no longer supported by CoC (as of January 1, 2003).

**SUBSQ RX 3RD--SURG OTH**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 1698 | 1 | CoC | 1758-1758 |

**Description**
Codes for the type of surgery performed on tissue or organs other than the primary site and regional lymph nodes as part of the third course of treatment. Central registries currently collecting this data item should follow the *1998 ROADS Manual* coding instructions. The codes are the same as those for Surgery of Other Regional Site(s), Distant Site(s) or Distant Lymph Node(s), *1998 ROADS Manual*, p. 194.

*Note:* This data item is no longer supported by CoC (as of January 1, 2003).

**SUBSQ RX 4TH COURSE BRM**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 1715 | 1 | CoC | 1785-1785 |

**Description**
Codes for the type of biological response modifier therapy given as part of the second course of treatment. Central registries currently collecting this data item should follow the *1998 ROADS Manual* coding instructions. The codes are the same as those for Immunotherapy, *1998 ROADS Manual*, p. 243

*Note:* This data item is no longer supported by CoC (as of January 1, 2003).

**SUBSQ RX 4TH COURSE CHEMO**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 1713 | 1 | CoC | 1783-1783 |

**Description**
Codes for the type of chemotherapy given as part of the fourth course of treatment. Central registries currently collecting this data item should follow the *1998 ROADS Manual* coding instructions. The codes are the same as those for Chemotherapy, *1998 ROADS Manual*, p. 228.

*Note:* This data item is no longer supported by CoC (as of January 1, 2003).

**SUBSQ RX 4TH COURSE CODES**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 1710 | 11 | | 1776-1786 |

**Description**
The name for a group of subfields that describe the fourth course or set of subsequent therapy. As of January 1, 2003, CoC no longer support Subsequent Therapy data items.

Group names appear only in the data dictionary and Appendix E.

**Subfields**
Subsq RX 4th Course Surg [1711]
Subsq RX 4th Course Rad [1712]
Subsq RX 4th Course Chemo [1713]
Subsq RX 4th Course Horm [1714]
Subsq RX 4th Course BRM [1715]
Subsq RX 4th Course Oth [1716]

**SUBSQ RX 4TH COURSE DATE**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 1700 | 8 | CoC | 1766-1773 |

**Description**
Date of initiation of the fourth course of treatment. Central registries currently collecting this data item should follow the *1998 ROADS Manual* coding instructions. See page 97 for date format.

**SUBSQ RX 4TH COURSE HORM**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 1714 | 1 | CoC | 1784-1784 |

**Description**
Codes for the type of hormonal therapy given as part of the fourth course of treatment. Central registries currently collecting this data item should follow the *1998 ROADS Manual* coding instructions. The codes are the same as those for Hormone Therapy, *1998 ROADS Manual*, p. 238.

*Note:* This data item is no longer supported by CoC (as of January 1, 2003).

**SUBSQ RX 4TH COURSE OTH**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 1716 | 1 | CoC | 1786-1786 |

**Description**
Codes for the type of other treatment given as part of the fourth course of treatment. Central registries currently collecting this data item should follow the *1998 ROADS Manual* coding instructions. The codes are the same as those for Other Treatment, *1998 ROADS Manual*, p. 246.

*Note:* This data item is no longer supported by CoC (as of January 1, 2003).

**SUBSQ RX 4TH COURSE RAD**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 1712 | 1 | CoC | 1782-1782 |

**Description**
Codes for the type of radiation given as part of the fourth course of treatment. Central registries currently collecting this data item should follow the *1998 ROADS Manual* coding instructions. The codes are the same as those for Radiation, *1998 ROADS Manual*, p. 199.

*Note:* This data item is no longer supported by CoC (as of January 1, 2003).

**SUBSQ RX 4TH COURSE SURG**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 1711 | 2 | CoC | 1776-1777 |

**Description**
Codes for the type of primary site surgery given as part of the fourth course of treatment. Central registries currently collecting this data item should follow the *1998 ROADS Manual* coding instructions. The codes are the same as those for Surgery of Primary Site, *1998 ROADS Manual*, p. 187.

*Note:* This data item is no longer supported by CoC (as of January 1, 2003).

**SUBSQ RX 4THCRS DATE FLAG**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 1701 | 2 | NAACCR | 1774-1775 |

**Description**
This flag explains why no appropriate value is in the field, Subsq RX 4th Course Date [1700]. This data item was first available in Volume II Version 12 (effective January 2010).

**Rationale**
Prior to Version 12 (through 2009 diagnosis), date fields included codes that provided information other than dates. As part of an initiative to standardize date fields, new fields were introduced to accommodate non-date information that had previously been transmitted in date fields.

**Codes (See Appendix H for the complete Flavors of Null table, which includes the NAACCR codes, HL7 codes and definitions.)**

10 No information whatsoever can be inferred from this exceptional value (e.g., unknown if any subsequent therapy)
11 No proper value is applicable in this context (e.g., no subsequent therapy)
Blank A valid date value is provided in item Subsq RX 4th Course Date [1700], or the date was not expected to have been transmitted

*Comment:* This is part of the initiative of the transformation from the old NAACCR date standards to interoperable dates.

**SUBSQ RX 4TH--REG LN REM**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 1719 | 2 | CoC | 1780-1781 |

**Description**
Codes for the number of regional lymph nodes removed as part of the fourth course of treatment. Central registries currently collecting this data item should follow the *1998 ROADS Manual* coding instructions. The codes are the same as those for Number of Regional Lymph Nodes Removed, *1998 ROADS Manual*, p. 193.

*Note:* This data item is no longer supported by CoC (as of January 1, 2003).

**SUBSQ RX 4TH--SCOPE LN SU**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 1717 | 1 | CoC | 1778-1778 |

**Description**
Codes for the type of surgery performed to remove regional lymph nodes as part of the fourth course of treatment. Central registries currently collecting this data item should follow the *1998 ROADS Manual* coding instructions. The codes are the same as those for Scope of Regional Lymph Node Surgery, *1998 ROADS Manual*, p. 192.

*Note:* This data item is no longer supported by CoC (as of January 1, 2003).

**SUBSQ RX 4TH--SURG OTH**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 1718 | 1 | CoC | 1779-1779 |

**Description**
Codes for the type of surgery performed on tissue or organs other than the primary site and regional lymph nodes as part of the fourth course of treatment. Central registries currently collecting this data item should follow the *1998 ROADS Manual* coding instructions. The codes are the same as those for Surgery of Other Regional Site(s), Distant Site(s) or Distant Lymph Node(s), *1998 ROADS Manual*, p. 194.

*Note:* This data item is no longer supported by CoC (as of January 1, 2003).

**SUBSQ RX 5TH COURSE BRM** **Retired**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 1735 | | | |

**Description**
The NAACCR UDSC retired this data item in Version 11, as of January 1, 2006.

**SUBSQ RX 5TH COURSE CHEMO** **Retired**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 1733 | | | |

**Description**
The NAACCR UDSC retired this data item in Version 11, as of January 1, 2006.

**SUBSQ RX 5TH COURSE CODES** **Retired**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 1730 | | | |

**Description**
The NAACCR UDSC retired this data item in Version 11, as of January 1, 2006.

**SUBSQ RX 5TH COURSE DATE** **Retired**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 1720 | | | |

**Description**
The NAACCR UDSC retired this data item in Version 11, as of January 1, 2006.

**SUBSQ RX 5TH COURSE HORM** **Retired**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 1734 | | | |

**Description**
The NAACCR UDSC retired this data item in Version 11, as of January 1, 2006.

**SUBSQ RX 5TH COURSE OTH** **Retired**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 1736 | | | |

**Description**
The NAACCR UDSC retired this data item in Version 11, as of January 1, 2006.

**SUBSQ RX 5TH COURSE RAD** **Retired**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 1732 | | | |

**Description**
The NAACCR UDSC retired this data item in Version 11, as of January 1, 2006.

**SUBSQ RX 5TH COURSE SURG** **Retired**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 1731 | | | |

**Description**
The NAACCR UDSC retired this data item in Version 11, as of January 1, 2006.

**SUBSQ RX 5TH--REG LN REM** **Retired**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 1739 | | | |

**Description**
The NAACCR UDSC retired this data item in Version 11, as of January 1, 2006.

**SUBSQ RX 5TH--SCOPE LN SU** **Retired**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 1737 | | | |

**Description**
The NAACCR UDSC retired this data item in Version 11, as of January 1, 2006.

**SUBSQ RX 5TH--SURG OTH** **Retired**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 1738 | | | |

**Description**
The NAACCR UDSC retired this data item in Version 11, as of January 1, 2006.

**SUBSQ RX--RECONSTRUCT DEL**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Reconstruction/Restoration--Delayed (CoC) | 1741 | 1 | CoC | 1787-1787 |

**Description**
Code for surgical procedure done to reconstruct, restore, or improve shape and appearance or function of body structures that are missing, defective, damaged, or misshapen by cancer or therapies. Reconstructive/restorative procedures are coded here when started after the first course of therapy. Central registries currently collecting this data item should follow the *1998 ROADS Manual* coding instructions. For reconstructive/restorative procedures started during the first course of therapy, see RX Summ--Reconstruct 1st [1330]. See also RX Summ--Surgery Type [1640].

**Codes**
See the CoC *ROADS Manual*, 1998 Supplement, for site-specific codes.
*Note:* This data item is no longer supported by CoC (as of January 1, 2003).

**TELEPHONE**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 2360 | 10 | CoC | 3868-3877 |

**Description**
Current telephone number with area code for the patient. Number is entered without dashes.

**Codes (in addition to valid telephone number)**

| | |
|---|---|
| 4.. | Patient does not have a telephone |
| 9999999999 | Telephone number unavailable or unknown |

*Note:* Prior to Version 5, Follow-Up Contact fields may have been used for patient current telephone in the NAACCR record layout.

**TEXT--DX PROC--LAB TESTS**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 2550 | 1000 | NPCR | 8565-9564 |

**Description**
Text area for manual documentation of information from laboratory examinations other than cytology or histopathology.

**Rationale**
Text documentation is an essential component of a complete electronic abstract and is heavily utilized for quality control and special studies. Text is needed to justify coded values and to document supplemental information not transmitted within coded values. High-quality text documentation facilitates consolidation of information from multiple reporting sources at the central registry.

The text field must contain a description that has been entered by the abstractor independently from the code(s). If cancer abstraction software generates text automatically from codes, the text cannot be utilized to check coded values. Information documenting the disease process should be entered manually from the medical record **and should not be generated electronically from coded values.**

**Instructions**

- Prioritize entered information in the order of the fields listed below.
- Text automatically generated from coded data is not acceptable.
- NAACCR-approved abbreviations should be utilized (see Appendix G).
- Do not repeat information from other text fields.
- Additional comments can be continued in empty text fields, including Remarks. For text documentation that is continued from one text field to another, use asterisks or other symbols to indicate the connection with preceding text.
- If information is missing from the record, state that it is missing.
- Do not include irrelevant information.
- Do not include information that the registry is not authorized to collect.

*Note:* For abstracting software that allows unlimited text, NAACCR recommends that the software indicate to the abstractor the portion of the text that will be transmitted to the central registry.

**Suggestions for text:**

- Type of lab test/tissue specimen(s)
- Record both positive and negative findings. Record positive test results first.
- Information can include tumor markers, serum and urine electrophoresis, special studies, etc.
- Date(s) of lab test(s)
- Tumor markers included, but are not limited to:
  - Breast Cancer – Estrogen Receptor Assay (ERA), Progesterone Receptor Assay (PRA), Her2/neu
  - Prostate Cancer – Prostatic Specific Antigen (PSA)
  - Testicular Cancer – Human Chorionic Gonadotropin (hCG), Alpha Fetoprotein (AFP), Lactate Dehydrogenase (LDH)

**Data Item(s) to be verified/validated using the text entered in this field:**
After manual entry of the text field, ensure that the text entered both agrees with the coded values and clearly justifies the selected codes in the following fields:

| Item name | Item number |
|---|---|
| Primary Site | 400 |
| Grade | 440 |
| Diagnostic Confirmation | 490 |
| Collaborative Stage variables | 2800-2930 |
| Date of Diagnosis | 390 |

**TEXT--DX PROC--OP**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 2560 | 1000 | NPCR | 9565-10564 |

**Description**
Text area for manual documentation of all surgical procedures that provide information for staging.

**Rationale**
Text documentation is an essential component of a complete electronic abstract and is heavily utilized for quality control and special studies. Text is needed to justify coded values and to document supplemental information not transmitted within coded values. High-quality text documentation facilitates consolidation of information from multiple reporting sources at the central registry.

The text field must contain a description that has been entered by the abstractor independently from the code(s). If cancer abstraction software generates text automatically from codes, the text cannot be utilized to check coded values. Information documenting the disease process should be entered manually from the medical record **and should not be generated electronically from coded values.**

**Instructions**
- Prioritize entered information in the order of the fields listed below.
- Text automatically generated from coded data is not acceptable.
- NAACCR-approved abbreviations should be utilized (see Appendix G).
- Do not repeat information from other text fields.
- Additional comments can be continued in empty text fields, including Remarks. For text documentation that is continued from one text field to another, use asterisks or other symbols to indicate the connection with preceding text.
- If information is missing from the record, state that it is missing.
- Do not include irrelevant information.
- Do not include information that the registry is not authorized to collect.

*Note:* For abstracting software that allows unlimited text, NAACCR recommends that the software indicate to the abstractor the portion of the text that will be transmitted to the central registry.

**Suggestions for text:**
- Dates and descriptions of biopsies and all other surgical procedures from which staging information was derived
- Number of lymph nodes removed
- Size of tumor removed
- Documentation of residual tumor
- Evidence of invasion of surrounding areas
- Reason primary site surgery could not be completed

**Data Item(s) to be verified/validated using the text entered in this field**
After manual entry of the text field, ensure that the text entered both agrees with the coded values and clearly justifies the selected codes in the following fields:

| Item name | Item number |
|---|---|
| Date of Diagnosis | 390 |
| RX Summ--Dx/Stg Proc | 1350 |
| Diagnostic Confirmation | 490 |
| Primary Site | 400 |
| RX Hosp--Dx/Stg Proc | 740 |
| RX Summ--Surg Prim Site | 1290 |
| Collaborative Stage variables | 2800-2930 |
| SEER Summary Stage 1977 | 760 |
| SEER Summary Stage 2000 | 759 |
| Reason for No Surgery | 1340 |

**TEXT--DX PROC--PATH**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 2570 | 1000 | NPCR | 10565-11564 |

**Description**
Text area for manual documentation of information from cytology and histopathology reports.

**Rationale**
Text documentation is an essential component of a complete electronic abstract and is heavily utilized for quality control and special studies. Text is needed to justify coded values and to document supplemental information not transmitted within coded values. High-quality text documentation facilitates consolidation of information from multiple reporting sources at the central registry.

The text field must contain a description that has been entered by the abstractor independently from the code(s). If cancer abstraction software generates text automatically from codes, the text cannot be utilized to check coded values. Information documenting the disease process should be entered manually from the medical record **and should not be generated electronically from coded values.**

**Instructions**
- Prioritize entered information in the order of the fields listed below.
- Text automatically generated from coded data is not acceptable.
- NAACCR-approved abbreviations should be utilized (see Appendix G).
- Do not repeat information from other text fields.
- Additional comments can be continued in empty text fields, including Remarks. For text documentation that is continued from one text field to another, use asterisks or other symbols to indicate the connection with preceding text.
- If information is missing from the record, state that it is missing.
- Do not include irrelevant information.
- Do not include information that the registry is not authorized to collect.

*Note:* For abstracting software that allows unlimited text, NAACCR recommends that the software indicate to the abstractor the portion of the text that will be transmitted to the central registry.

**Suggestions for text:**

- Date(s) of procedure(s)
- Anatomic source of specimen
- Type of tissue specimen(s)
- Tumor type and grade (include all modifying adjectives, i.e., predominantly, with features of, with foci of, elements of, etc.)
- Gross tumor size
- Extent of tumor spread
- Involvement of resection margins
- Number of lymph nodes involved and examined
- Record both positive and negative findings. Record positive test results first.
- Note if pathology report is a slide review or a second opinion from an outside source, i.e., AFIP, Mayo, etc.
- Record any additional comments from the pathologist, including differential diagnoses considered and any ruled out or favored

**Data Item(s) to be verified/validated using the text entered in this field**

After manual entry of the text field, ensure that the text entered both agrees with the coded values and clearly justifies the selected codes in the following fields:

| Item name | Item number |
|---|---|
| Date of Diagnosis | 390 |
| Primary Site | 400 |
| Laterality | 410 |
| Histologic Type ICD-O-3 | 522 |
| Grade | 440 |
| Collaborative Stage variables | 2800-2930 |
| Diagnostic confirmation | 490 |
| RX Hosp--Surg Prim Site | 670 |
| RX Hosp--Scope Reg LN Sur | 672 |
| RX Hosp--Surg Oth Rg/Dis | 674 |
| RX Summ--Surg Prim Site | 1290 |
| RX Summ--Scope Reg LN Sur | 1292 |
| RX Summ--Surg Oth Reg/Dis | 1294 |
| SEER Summary Stage 2000 | 759 |
| SEER Summary Stage 1977 | 760 |
| Regional Nodes Positive | 820 |
| Regional Nodes Examined | 830 |
| RX Date--Surgery | 1200 |
| Reason for No Surgery | 1340 |
| RX Summ--Surg/Rad Seq | 1380 |
| RX Summ--Systemic/Sur Seq | 1639 |

**TEXT--DX PROC--PE**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 2520 | 1000 | NPCR | 5565-6564 |

**Description**
Text area for manual documentation from the history and physical examination about the history of the current tumor and the clinical description of the tumor.

**Rationale**
Text documentation is an essential component of a complete electronic abstract and is heavily utilized for quality control and special studies. Text is needed to justify coded values and to document supplemental information not transmitted within coded values. High-quality text documentation facilitates consolidation of information from multiple reporting sources at the central registry.

The text field must contain a description that has been entered by the abstractor independently from the code(s). If cancer abstraction software generates text automatically from codes, the text cannot be utilized to check coded values. Information documenting the disease process should be entered manually from the medical record **and should not be generated electronically from coded values.**

**Instructions**
- Prioritize entered information in the order of the fields listed below.
- Text automatically generated from coded data is not acceptable.
- NAACCR-approved abbreviations should be utilized (see Appendix G).
- Do not repeat information from other text fields.
- Additional comments can be continued in empty text fields, including Remarks. For text documentation that is continued from one text field to another, use asterisks or other symbols to indicate the connection with preceding text.
- If information is missing from the record, state that it is missing.
- Do not include irrelevant information.
- Do not include information that the registry is not authorized to collect.

*Note:* For abstracting software that allows unlimited text, NAACCR recommends that the software indicate to the abstractor the portion of the text that will be transmitted to the central registry.

**Suggestions for text:**
- Date of physical exam
- Age, sex, race/ethnicity
- History that relates to cancer diagnosis
- Primary site
- Histology (if diagnosis prior to this admission)
- Tumor location
- Tumor size
- Palpable lymph nodes
- Record positive and negative clinical findings. Record positive results first
- Impression (when stated and pertains to cancer diagnosis)
- Treatment plan

**Data Item(s) to be verified/validated using the text entered in this field**
After manual entry of the text field, ensure that the text entered both agrees with the coded values and clearly justifies the selected codes in the following fields:

| Item name | Item number |
|---|---|
| Date of 1st Contact | 580 |
| Date of Diagnosis | 390 |
| Age at Diagnosis | 230 |
| Race 1 - 5 | 160-164 |
| Spanish Hispanic Origin | 190 |
| Sex | 220 |
| Primary Site | 400 |
| Laterality | 410 |
| Histology ICD-O-3 | 522 |
| Sequence Number--Hospital | 560 |
| Collaborative Stage variables | 2800-2930 |
| SEER Summary Stage 1977 | 760 |
| SEER Summary Stage 2000 | 759 |

**TEXT--DX PROC--SCOPES**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 2540 | 1000 | NPCR | 7565-8564 |

**Description**
Text area for manual documentation from endoscopic examinations that provide information for staging and treatment.

**Rationale**
Text documentation is an essential component of a complete electronic abstract and is heavily utilized for quality control and special studies. Text is needed to justify coded values and to document supplemental information not transmitted within coded values. High-quality text documentation facilitates consolidation of information from multiple reporting sources at the central registry.

The text field must contain a description that has been entered by the abstractor independently from the code(s). If cancer abstraction software generates text automatically from codes, the text cannot be utilized to check coded values. Information documenting the disease process should be entered manually from the medical record **and should not be generated electronically from coded values.**

**Instructions**
- Prioritize entered information in the order of the fields listed below.
- Text automatically generated from coded data is not acceptable.
- NAACCR-approved abbreviations should be utilized (see Appendix G).
- Do not repeat information from other text fields.
- Additional comments can be continued in empty text fields, including Remarks. For text documentation that is continued from one text field to another, use asterisks or other symbols to indicate the connection with preceding text.
- If information is missing from the record, state that it is missing.
- Do not include irrelevant information.
- Do not include information that the registry is not authorized to collect.

*Note:* For abstracting software that allows unlimited text, NAACCR recommends that the software indicate to the abstractor the portion of the text that will be transmitted to the central registry.

**Suggestions for text:**

- Date(s) of endoscopic exam(s).
- Primary site.
- Histology (if given).
- Tumor location.
- Tumor size.
- Record site and type of endoscopic biopsy.
- Record positive and negative clinical findings. Record positive results first.

**Data Item(s) to be verified/validated using the text entered in this field**

After manual entry of the text field, ensure that the text entered both agrees with the coded values and clearly justifies the selected codes in the following fields:

| Item name | Item number |
|---|---|
| Date of Diagnosis | 390 |
| RX Summ--Dx/Stg Proc | 1350 |
| Diagnostic Confirmation | 490 |
| Primary Site | 400 |
| Laterality | 410 |
| Histology (92-00) ICD-O-2 | 420 |
| Histology ICD-O-3 | 522 |
| Collaborative Stage variables | 2800-2930 |
| SEER Summary Stage 1977 | 760 |
| SEER Summary Stage 2000 | 759 |
| RX Hosp--Surg Prim Site | 670 |
| RX Date--Surgery | 1200 |

**TEXT--DX PROC--X-RAY/SCAN**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 2530 | 1000 | NPCR | 6565-7564 |

**Description**
Text area for manual documentation from all X-rays, scan, and/or other imaging examinations that provide information about staging.

**Rationale**
Text documentation is an essential component of a complete electronic abstract and is heavily utilized for quality control and special studies. Text is needed to justify coded values and to document supplemental information not transmitted within coded values. High-quality text documentation facilitates consolidation of information from multiple reporting sources at the central registry.

The text field must contain a description that has been entered by the abstractor independently from the code(s). If cancer abstraction software generates text automatically from codes, the text cannot be utilized to check coded values. Information documenting the disease process should be entered manually from the medical record **and should not be generated electronically from coded values.**

**Instructions**
- Prioritize entered information in the order of the fields listed below.
- Text automatically generated from coded data is not acceptable.
- NAACCR-approved abbreviations should be utilized (see Appendix G).
- Do not repeat information from other text fields.
- Additional comments can be continued in empty text fields, including Remarks. For text documentation that is continued from one text field to another, use asterisks or other symbols to indicate the connection with preceding text.
- If information is missing from the record, state that it is missing.
- Do not include irrelevant information.
- Do not include information that the registry is not authorized to collect.

*Note:* For abstracting software that allows unlimited text, NAACCR recommends that the software indicate to the abstractor the portion of the text that will be transmitted to the central registry.

**Suggestions for text:**
- Date(s) and type(s) of X-ray/Scan(s).
- Primary site.
- Histology (if given).
- Tumor location.
- Tumor size.
- Lymph nodes.
- Record positive and negative clinical findings. Record positive results first.
- Distant disease or metastasis.

**Data Item(s) to be verified/validated using the text entered in this field**
After manual entry of the text field, ensure that the text entered both agrees with the coded values and clearly justifies the selected codes in the following fields:

| Item name | Item number |
|---|---|
| Date of Diagnosis | 390 |
| RxSumm--Dx/Stg Proc | 1350 |
| Primary Site | 400 |
| Laterality | 410 |
| Histology (92-00) ICD-O-2 | 420 |
| Histology ICD-O-3 | 522 |
| Collaborative Stage variables | 2800-2930 |
| SEER Summary Stage 1977 | 760 |
| SEER Summary Stage 2000 | 759 |

**TEXT--HISTOLOGY TITLE**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 2590 | 100 | NPCR | 11665-11764 |

**Description**
Text area for manual documentation of information regarding the histologic type, behavior, and grade (differentiation) of the tumor being reported.

**Rationale**
Text documentation is an essential component of a complete electronic abstract and is heavily utilized for quality control and special studies. Text is needed to justify coded values and to document supplemental information not transmitted within coded values. High-quality text documentation facilitates consolidation of information from multiple reporting sources at the central registry.

The text field must contain a description that has been entered by the abstractor independently from the code(s). If cancer abstraction software generates text automatically from codes, the text cannot be utilized to check coded values. Information documenting the disease process should be entered manually from the medical record **and should not be generated electronically from coded values.**

**Instructions**
- Prioritize entered information in the order of the fields listed below.
- Text automatically generated from coded data is not acceptable.
- NAACCR-approved abbreviations should be utilized (see Appendix G).
- Do not repeat information from other text fields.
- Additional comments can be continued in empty text fields, including Remarks. For text documentation that is continued from one text field to another, use asterisks or other symbols to indicate the connection with preceding text.
- If information is missing from the record, state that it is missing.
- Do not include irrelevant information.
- Do not include information that the registry is not authorized to collect.

*Note:* For abstracting software that allows unlimited text, NAACCR recommends that the software indicate to the abstractor the portion of the text that will be transmitted to the central registry.

**Suggestions for text:**

- Information on histologic type and behavior
- Information on differentiation from scoring systems such as Gleason's Score, Bloom-Richardson Grade, etc.

**Data Item(s) to be verified/validated using the text entered in this field**

After manual entry of the text field, ensure that the text entered both agrees with the coded values and clearly justifies the selected codes in the following fields:

| Item name | Item number |
|---|---|
| Histology (92-00) ICD-O-2 | 420 |
| Behavior (92-00) ICD-O-2 | 430 |
| Histologic Type ICD-O-3 | 522 |
| Behavior Code ICD-O-3 | 523 |
| Grade | 440 |

**TEXT--PLACE OF DIAGNOSIS**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Place of Diagnosis | 2690 | 60 | NPCR | 20765-20824 |

**Description**

Text area for manual documentation of the facility, physician office, city, state, or county where the diagnosis was made.

**Rationale**

Text documentation is an essential component of a complete electronic abstract and is heavily utilized for quality control and special studies. Text is needed to justify coded values and to document supplemental information not transmitted within coded values. High-quality text documentation facilitates consolidation of information from multiple reporting sources at the central registry.

**Instructions**

- Prioritize entered information in the order of the fields listed below.
- NAACCR-approved abbreviations should be utilized (see Appendix G).
- Do not repeat information from other text fields.
- Additional comments can be continued in empty text fields, including Remarks. For text documentation that is continued from one text field to another, use asterisks or other symbols to indicate the connection with preceding text.
- If information is missing from the record, state that it is missing.
- Do not include irrelevant information.
- Do not include information that the registry is not authorized to collect.

*Note:* For abstracting software that allows unlimited text, NAACCR recommends that the software indicate to the abstractor the portion of the text that will be transmitted to the central registry.

**Suggestions for text:**

- The complete name of the hospital or the physician office where diagnosis occurred. The initials of a hospital are not adequate.
- For out-of-state residents and facilities, include the city and the state where the medical facility is located.

**Data Item(s) to be verified/validated using the text entered in this field**

After manual entry of the text field, ensure that the text entered both agrees with the coded values and clearly justifies the selected codes in the following fields:

| Item name | Item Number |
|---|---|
| Reporting Facility | 540 |
| RX Hosp--DX/Stg Proc | 740 |
| RX Hosp--Surg Prim Site | 670 |
| Type of Reporting Source | 500 |
| Class of Case | 610 |
| Institution Referred From | 2410 |
| Institution Referred To | 2420 |

**TEXT--PRIMARY SITE TITLE**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 2580 | 100 | NPCR | 11565-11664 |

**Description**
Text area for manual documentation of information regarding the primary site and laterality of the tumor being reported.

**Rationale**
Text documentation is an essential component of a complete electronic abstract and is heavily utilized for quality control and special studies. Text is needed to justify coded values and to document supplemental information not transmitted within coded values. High-quality text documentation facilitates consolidation of information from multiple reporting sources at the central registry.

The text field must contain a description that has been entered by the abstractor independently from the code(s). If cancer abstraction software generates text automatically from codes, the text cannot be utilized to check coded values. Information documenting the disease process should be entered manually from the medical record **and should not be generated electronically from coded values.**

**Instructions**
- Prioritize entered information in the order of the fields listed below.
- Text automatically generated from coded data is not acceptable.
- NAACCR-approved abbreviations should be utilized (see Appendix G).
- Do not repeat information from other text fields.
- Additional comments can be continued in empty text fields, including Remarks. For text documentation that is continued from one text field to another, use asterisks or other symbols to indicate the connection with preceding text.
- If information is missing from the record, state that it is missing.
- Do not include irrelevant information.
- Do not include information that the registry is not authorized to collect.

*Note:* For abstracting software that allows unlimited text, NAACCR recommends that the software indicate to the abstractor the portion of the text that will be transmitted to the central registry.

**Suggestions for text:**
- State the specific location of the primary site, including subsite.
- Include available information on tumor laterality

**Data Item(s) to be verified/validated using the text entered in this field**
After manual entry of the text field, ensure that the text entered both agrees with the coded values and clearly justifies the selected codes in the following fields:

| Item name | Item number |
|---|---|
| Primary site | 400 |
| Laterality | 410 |

**TEXT--REMARKS**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 2680 | 1000 | NPCR | 19765-20764 |

**Description**
Text area for information that is given only in coded form elsewhere or for which the abstract provides no other place. Overflow data can also be placed here. Problematic coding issues can also be discussed in this section.

**Rationale**
Text documentation is an essential component of a complete electronic abstract and is heavily utilized for quality control and special studies. Text is needed to justify coded values and to document supplemental information not transmitted within coded values. High-quality text documentation facilitates consolidation of information from multiple reporting sources at the central registry.

**Instructions**
- NAACCR-approved abbreviations should be utilized (see Appendix G).
- Do not repeat information from other text fields.
- Additional comments from other text fields can be continued in the Remarks field. For text documentation that is continued from one text field to another, use asterisks or other symbols to indicate the connection with preceding text.
- If information is missing from the record, state that it is missing.
- Do not include irrelevant information.
- Do not include information that the registry is not authorized to collect.

*Note:* For abstracting software that allows unlimited text, NAACCR recommends that the software indicate to the abstractor the portion of the text that will be transmitted to the central registry.

**Suggestions for text:**
- Smoking history
- Family and personal history of cancer
- Comorbidities
- Information on sequence numbers if a person was diagnosed with another primary out-of-state or before the registry's reference date
- Place of birth
- Justification of over-ride flags
- Information clarifying anything unusual such as reason for reporting a case seemingly not reportable for that facility or reason for coding numerous fields as "unknown."

**TEXT--STAGING**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 2600 | 1000 | NPCR | 11765-12764 |

**Description**
Additional text area for staging information not already entered in other Text fields.

**Rationale**
Text documentation is an essential component of a complete electronic abstract and is heavily utilized for quality control and special studies. Text is needed to justify coded values and to document supplemental information not transmitted within coded values. High-quality text documentation facilitates consolidation of information from multiple reporting sources at the central registry.

The text field must contain a description that has been entered by the abstractor independently from the code(s). If cancer abstraction software generates text automatically from codes, the text cannot be utilized to check coded values. Information documenting the disease process should be entered manually from the medical record **and should not be generated electronically from coded values.**

**Instructions**
- Prioritize entered information in the order of the fields listed below.
- Text automatically generated from coded data is not acceptable.
- NAACCR-approved abbreviations should be utilized (see Appendix G).
- Do not repeat information from other text fields.
- Additional comments can be continued in empty text fields, including Remarks. For text documentation that is continued from one text field to another, use asterisks or other symbols to indicate the connection with preceding text.
- If information is missing from the record, state that it is missing.
- Do not include irrelevant information.
- Do not include information that the registry is not authorized to collect.

*Note:* For abstracting software that allows unlimited text, NAACCR recommends that the software indicate to the abstractor the portion of the text that will be transmitted to the central registry.

**Suggestions for text:**
- Date(s) of procedure(s), including clinical procedures, that provided information for assigning stage
- Organs involved by direct extension
- Size of tumor
- Status of margins
- Number and sites of positive lymph nodes
- Site(s) of distant metastasis
- Physician’s specialty and comments

**Data Item(s) to be verified/validated using the text entered in this field**
After manual entry of the text field, ensure that the text entered both agrees with the coded values and clearly justifies the selected codes in the following fields:

| Item name | Item number |
|---|---|
| RX Date--DX/Stg Proc | 1280 |
| Collaborative Stage variables | 2800-2930 |
| SEER Summary Stage 1977 | 760 |
| SEER Summary Stage 2000 | 759 |
| Regional Nodes Positive | 820 |
| Regional Nodes Examined | 830 |
| RX Hosp--Surg Prim Site | 670 |
| RX Summ--Surg Prim Site | 1290 |
| RX Hosp--Scope Reg LN Sur | 672 |
| RX Summ--Scope Reg LN Sur | 1292 |
| RX Hosp--Surg Oth Reg/Dis | 674 |
| RX Summ--Surg Oth Reg/Dis | 1294 |
| Mult Tum Rpt as One Prim | 444 |
| Laterality | 410 |

**TEXT--USUAL INDUSTRY**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 320 | 100 | NPCR | 317-416 |

**Description**
Text area for information about the patient's usual industry, also known as usual kind of business/industry.

**Rationale**
Used to identify new work-related health hazards; serves as an additional measure of socioeconomic status; identifies industrial groups or worksite-related groups in which cancer screening or prevention activities may be beneficial.

The data item "usual industry" is defined identically as on death certificates and conforms to the 1989 revision of the U.S. Standard Certificate of Death.[25] See related materials in reference list, Chapter VII.

**Abstracting Instructions**
Record the primary type of activity carried on by the business/industry at the location where the patient was employed for the most number of years before diagnosis of this tumor. Be sure to distinguish among "manufacturing," "wholesale," "retail," and "service" components of an industry that performs more than one of these components.

If the primary activity carried on at the location where the patient worked is unknown, it may be sufficient for facility registrars to record the name of the company (with city or town) in which the patient performed his/her usual industry. In these situations, if resources permit, a central or regional registry may be able to use the employer name and city/town to determine the type of activity conducted at that location.

As noted in the Text--Usual Occupation [310] section, in those situations where the usual occupation is not available or is unknown, the patient's current or most recent occupation is recorded, if available. The information for industry should be based upon the information in occupation. Therefore, if current or most recent occupation rather than usual occupation was recorded, record the patient's current or most recent business/industry.

If later documentation in the patient's record provides an industry that is more likely to be the usual industry than what was originally recorded, facility registrars are encouraged to update the abstract with the new information. However, it is not the responsibility of the facility registrars to update abstracts with industry information provided on death certificates. Comparison with death certificate information should be the function of a central or regional registry.

There should be an entry for Text--Usual Industry if any occupation is recorded. If no information is available regarding the industry in which the reported occupation was carried out, record "unknown." If the patient was not a student or homemaker and had never worked, record "never worked" as the usual industry. This data item usually is collected only for patients who are age 14 years or older at the time of diagnosis.

**TEXT--USUAL OCCUPATION**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 310 | 100 | NPCR | 217-316 |

**Description**
Text area for information about the patient's usual occupation, also known as usual type of job or work.

**Rationale**
Used to identify new work-related health hazards; serves as an additional measure of socioeconomic status; identifies occupational groups in which cancer screening or prevention activities may be beneficial.

The data item "usual occupation" is defined identically as on death certificates and conforms to the 1989 revision of the U.S. Standard Certificate of Death.[25] See related materials in reference list, Chapter VII.

**Abstracting Instructions**
Record the patient's usual occupation (i.e., the kind of work performed during most of the patient's working life before diagnosis of this tumor). Do not record "retired." If usual occupation is not available or is unknown, record the patient's current or most recent occupation, or any available occupation.

If later documentation in the patient's record provides an occupation that is more likely to be the usual occupation than what was originally recorded, facility registrars are encouraged to update the abstract with the new information. However, it is not the responsibility of the facility registrars to update abstracts with occupation information provided on death certificates. Comparison with death certificate information should be the function of a central or regional registry.

If the patient was a homemaker and also worked outside the home during most of his/her adult life, record the usual occupation outside the home; if the patient was a homemaker and did not work outside the home for most of his/her adult life, record "homemaker." If the patient was not a student or homemaker and had never worked, record "never worked" as the usual occupation.

If no information is available, record "unknown."

This data item usually is collected only for patients who are age 14 years or older at the time of diagnosis.

**TNM CLIN DESCRIPTOR** **Revised**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Clinical Stage (Prefix/Suffix) Descriptor (CoC) | 980 | 1 | CoC | 974-974 |

**Description**
Identifies the AJCC clinical stage (prefix/suffix) descriptor as recorded by the physician. AJCC stage descriptors identify special cases that need separate data analysis. The descriptors are adjuncts to and do not change the stage group.

Pathologic and clinical stage data are given three separate areas in the NAACCR Data Exchange Record Layout. CoC defines a descriptor and "Staged By" item for each of these three areas.

**Rationale**
CoC requires that AJCC TNM staging be used in its approved cancer programs. AJCC developed its staging system for evaluating trends in the treatment and control of cancer. This staging is used by physicians to estimate prognosis, to plan treatment, to evaluate new types of therapy, to analyze outcome, to design follow-up strategies, and to assess early detection results.

**Codes**

| | |
|---|---|
| 0 | None |
| 1 | E (Extranodal, lymphomas only) |
| 2 | S (Spleen, lymphomas only) |
| 3 | M (Multiple primary tumors in a single site) |
| 5 | E & S (Extranodal and spleen, lymphomas only) |
| 9 | Unknown, not stated in patient record |

**TNM CLIN M**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Clinical M (CoC) | 960 | 4 | AJCC | 966-969 |

**Description**
Detailed site-specific codes for the clinical metastases (M) as defined by AJCC and recorded by the physician.

Pathologic and clinical stage data are given three separate areas in the NAACCR Data Exchange Record Layout.

**Rationale**
CoC requires that AJCC TNM staging be used in its approved cancer programs. AJCC developed its staging system for evaluating trends in the treatment and control of cancer. This staging is used by physicians to estimate prognosis, to plan treatment, to evaluate new types of therapy, to analyze outcome, to design follow-up strategies, and to assess early detection results.

**Codes (in addition to those published in the *AJCC Cancer Staging Manual*)**
88 Not applicable, no code assigned for this case in the current AJCC Staging Manual.
This field is left blank if no information at all is available to code this item.

*Note:* See the *AJCC Cancer Staging Manual*, current edition for site-specific categories for the TNM elements and stage groups. See the most recent *FORDS* manual for specifications for codes and data entry rules.

**TNM CLIN N**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Clinical N (CoC) | 950 | 4 | AJCC | 962-965 |

**Description**
Detailed site-specific codes for the clinical nodes (N) as defined by AJCC and recorded by the physician.

Pathologic and clinical stage data are given three separate areas in the NAACCR Data Exchange Record Layout.

**Rationale**
CoC requires that AJCC TNM staging be used in its approved cancer programs. AJCC developed its staging system for evaluating trends in the treatment and control of cancer. This staging is used by physicians to estimate prognosis, to plan treatment, to evaluate new types of therapy, to analyze outcome, to design follow-up strategies, and to assess early detection results.

**Codes (in addition to those published in the *AJCC Cancer Staging Manual*)**
88 Not applicable, no code assigned for this case in the current AJCC Staging Manual.
This field is left blank if no information at all is available to code this item.

*Note:* See the *AJCC Cancer Staging Manual*, current edition for site-specific categories for the TNM elements and stage groups. See the most recent *FORDS* manual for specifications for codes and data entry rules.

**TNM CLIN STAGE GROUP**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Clinical Stage Group (CoC) | 970 | 4 | AJCC | 970-973 |

**Description**
Detailed site-specific codes for the clinical stage group as defined by AJCC and recorded by the physician.

Pathologic and clinical stage data are given three separate areas in the NAACCR Data Exchange Record Layout.

**Rationale**
CoC requires that AJCC TNM staging be used in its approved cancer programs. AJCC developed its staging system for evaluating trends in the treatment and control of cancer. This staging is used by physicians to estimate prognosis, to plan treatment, to evaluate new types of therapy, to analyze outcome, to design follow-up strategies, and to assess early detection results.

**Codes (in addition to those published in the *AJCC Cancer Staging Manual*)**
88 Not applicable, no code assigned for this case in the current AJCC Staging Manual.
99 Unknown, not staged

*Note:* See the *AJCC Cancer Staging Manual*, current edition for site-specific categories for the TNM elements and stage groups. See the most recent *FORDS* manual for specifications for codes and data entry rules.

**TNM CLIN STAGED BY**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Staged By (Clinical Stage) (CoC) | 990 | 1 | CoC | 975-975 |

**Description**
Identifies the person who recorded the clinical AJCC staging elements and the stage group in the patient's medical record.

**Rationale**
Data captured in this field can be used to evaluate the source of clinical staging and form the basis for quality management and improvement studies. This item can be used to monitor application of the CoC Staging Standard.

**Codes (Refer to the most recent *FORDS* for additional instructions.)**
0 Not staged
1 Managing physician
2 Pathologist
3 Pathologist and managing physician
4 Cancer Committee chair, cancer liaison physician, or registry physician advisor
5 Cancer registrar
6 Cancer registrar and physician
7 Staging assigned at another facility
8 Case is not eligible for staging
9 Unknown; not stated in patient record

**TNM CLIN T**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Clinical T (CoC) | 940 | 4 | AJCC | 958-961 |

**Description**
Detailed site-specific codes for the clinical tumor (T) as defined by AJCC and recorded by the physician.

Pathologic and clinical stage data are given three separate areas in the NAACCR Data Exchange Record Layout.

**Rationale**
CoC requires that AJCC TNM staging be used in its approved cancer programs. AJCC developed its staging system for evaluating trends in the treatment and control of cancer. This staging is used by physicians to estimate prognosis, to plan treatment, to evaluate new types of therapy, to analyze outcome, to design follow-up strategies, and to assess early detection results.

**Codes (in addition to those published in the *AJCC Cancer Staging Manual*)**
88 Not applicable, no code assigned for this case in the current AJCC Staging Manual.
This field is left blank if no information at all is available to code this item.

*Note:* See the *AJCC Cancer Staging Manual*, current edition for site-specific categories for the TNM elements and stage groups. See the most recent *FORDS* manual for specifications for codes and data entry rules.

**TNM EDITION NUMBER**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 1060 | 2 | CoC | 938-939 |

**Description**
A code that indicates the edition of the AJCC manual used to stage the case. This applies to the manually coded AJCC fields. It does not apply to the Derived AJCC T, N, M and AJCC Stage Group fields [2940, 2960, 2980, and 3000].

**Rationale**
TNM codes have changed over time and conversion is not always simple. Therefore, a case-specific indicator is needed to allow grouping of cases for comparison.

**Codes**
00 Not staged (cases that have AJCC staging scheme and staging was not done)
01 First Edition
02 Second Edition (published 1983)
03 Third Edition (published 1988)
04 Fourth Edition (published 1992), recommended for use for cases diagnosed 1993-1997
05 Fifth Edition (published 1997), recommended for use for cases diagnosed 1998-2002
06 Sixth Edition (published 2002), recommended for use for cases diagnosed 2003-2009
07 Seventh Edition (published 2009), recommended for use with cases diagnosed 2010+
88 Not applicable (cases that do not have an AJCC staging scheme)
99 Edition Unknown

**TNM OTHER DESCRIPTOR** **Retired**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 1050 | | | |

**Description**
The NAACCR UDSC retired this data item in Version 11, as of January 1, 2006.

**TNM OTHER M** **Retired**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 1020 | | | |

**Description**
The NAACCR UDSC retired this data item in Version 11, as of January 1, 2006.

**TNM OTHER N** **Retired**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 1010 | | | |

**Description**
The NAACCR UDSC retired this data item in Version 11, as of January 1, 2006.

**TNM OTHER STAGE GROUP** **Retired**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 1030 | | | |

**Description**
The NAACCR UDSC retired this data item in Version 11, as of January 1, 2006.

**TNM OTHER STAGED BY** **Retired**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 1040 | | | |

**Description**
The NAACCR UDSC retired this data item in Version 11, as of January 1, 2006.

**TNM OTHER T** **Retired**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 1000 | | | |

**Description**
The NAACCR UDSC retired this data item in Version 11, as of January 1, 2006.

**TNM PATH DESCRIPTOR**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Pathologic Stage (Prefix/Suffix) Descriptor (CoC) | 920 | 1 | CoC | 956-956 |

**Description**
Identified the AJCC pathologic stage (prefix/suffix) descriptor as recorded by the physician. AJCC stage descriptors identify special cases that need separate data analysis. The descriptors are adjuncts to and do not change the stage group.

Pathologic and clinical stage data are given three separate areas in the NAACCR Data Exchange Record Layout. CoC defines a descriptor and "Staged By" item for each of these three areas.

**Rationale**
CoC requires that AJCC TNM staging be used in its approved cancer programs. AJCC developed its staging system for evaluating trends in the treatment and control of cancer. This staging is used by physicians to estimate prognosis, to plan treatment, to evaluate new types of therapy, to analyze outcome, to design follow-up strategies, and to assess early detection results.

**Codes**
0 None
1 E (Extranodal, lymphomas only)
2 S (Spleen, lymphomas only)
3 M (Multiple primary tumors in a single site)
4 Y (Classification during or after initial multimodality therapy)--pathologic staging only
5 E & S (Extranodal and spleen, lymphomas only)
6 M & Y (Multiple primary tumors and initial multimodality therapy)
9 Unknown, not stated in patient record

**TNM PATH M**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Pathologic M (CoC) | 900 | 4 | AJCC | 948-951 |

**Description**
Detailed site-specific codes for the pathologic metastases (M) as defined by AJCC and recorded by the physician.

Pathologic and clinical stage data are given three separate areas in the NAACCR Data Exchange Record Layout.

**Rationale**
CoC requires that AJCC TNM staging be used in its approved cancer programs. AJCC developed its staging system for evaluating trends in the treatment and control of cancer. This staging is used by physicians to estimate prognosis, to plan treatment, to evaluate new types of therapy, to analyze outcome, to design follow-up strategies, and to assess early detection results.

**Codes (in addition to those published in the *AJCC Cancer Staging Manual*)**
88 Not applicable, no code assigned for this case in the current AJCC Staging Manual.
This field is left blank if no information at all is available to code this item.

*Note:* See the *AJCC Cancer Staging Manual*, current edition for site-specific categories for the TNM elements and stage groups. See the most recent *FORDS* manual for specifications for codes and data entry rules.

**TNM PATH N**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Pathologic N (CoC) | 890 | 4 | AJCC | 944-947 |

**Description**
Detailed site-specific codes for the pathologic nodes (N) as defined by AJCC and recorded by physician.

Pathologic and clinical stage data are given three separate areas in the NAACCR Data Exchange Record Layout.

**Rationale**
CoC requires that AJCC TNM staging be used in its approved cancer programs. AJCC developed its staging system for evaluating trends in the treatment and control of cancer. This staging is used by physicians to estimate prognosis, to plan treatment, to evaluate new types of therapy, to analyze outcome, to design follow-up strategies, and to assess early detection results.

**Codes (in addition to those published in the *AJCC Cancer Staging Manual*)**
88 Not applicable, no code assigned for this case in the current AJCC Staging Manual.
This field is left blank if no information at all is available to code this item.

*Note:* See the *AJCC Cancer Staging Manual*, current edition for site-specific categories for the TNM elements and stage groups. See the most recent *FORDS* manual for specifications for codes and data entry rules.

**TNM PATH STAGE GROUP**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Pathologic Stage Group (CoC) | 910 | 4 | AJCC | 952-955 |

**Description**
Detailed site-specific codes for the pathologic stage group as defined by AJCC and recorded by the physician.

Pathologic and clinical stage data are given three separate areas in the NAACCR Data Exchange Record Layout.

**Rationale**
CoC requires that AJCC TNM staging be used in its approved cancer programs. AJCC developed its staging system for evaluating trends in the treatment and control of cancer. This staging is used by physicians to estimate prognosis, to plan treatment, to evaluate new types of therapy, to analyze outcome, to design follow-up strategies, and to assess early detection results.

**Codes (in addition to those published in the *AJCC Cancer Staging Manual*)**
88 Not applicable, no code assigned for this case in the current AJCC Staging Manual.
99 Unknown, unstaged

*Note:* See the *AJCC Cancer Staging Manual*, current edition for site-specific categories for the TNM elements and stage groups. See the most recent *FORDS* manual for specifications for codes and data entry rules.

**TNM PATH STAGED BY**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Staged By (Pathologic Stage) (CoC) | 930 | 1 | CoC | 957-957 |

**Description**
Identifies the person who recorded the pathologic AJCC staging elements and the stage group in the patient's medical record.

**Rationale**
Data captured in this field can be used to evaluate the source of pathologic staging and form the basis for quality management and improvement studies.

**Codes (Refer to the most recent *FORDS* for additional instructions.)**
0 Not staged
1 Managing physician
2 Pathologist
3 Pathologist and managing physician
4 Cancer Committee chair, cancer liaison physician, or registry physician advisor
5 Cancer registrar
6 Cancer registrar and physician
7 Staging assigned at another facility
8 Case is not eligible for staging
9 Unknown; not stated in patient record

**TNM PATH T**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Pathologic T (CoC) | 880 | 4 | AJCC | 940-943 |

**Description**
Detailed site-specific codes for the pathologic tumor (T) as defined by AJCC and recorded by the physician.

Pathologic and clinical stage data are given three separate areas in the NAACCR Data Exchange Record Layout.

**Rationale**
CoC requires that AJCC TNM staging be used in its approved cancer programs. AJCC developed its staging system for evaluating trends in the treatment and control of cancer. This staging is used by physicians to estimate prognosis, to plan treatment, to evaluate new types of therapy, to analyze outcome, to design follow-up strategies, and to assess early detection results.

**Codes (in addition to those published in the *AJCC Cancer Staging Manual*)**
88 Not applicable, no code assigned for this case in the current AJCC Staging Manual.
This field is left blank if no information at all is available to code this item.

*Note:* See the *AJCC Cancer Staging Manual*, current edition for site-specific categories for the TNM elements and stage groups. See the most recent *FORDS* manual for specifications for codes and data entry rules.

**TOBACCO HISTORY** **Retired**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 340 | | | |

**Description**
The NAACCR UDSC retired this data item in Version 12, as of January 1, 2010.

**TUMOR MARKER 1**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Tumor Marker One (CoC) | 1150 | 1 | SEER | 981-981 |

**Description**
Records prognostic indicators for specific sites or histologies. CoC offered these items for optional use for cases diagnosed 1996 and forward. See the CoC *ROADS Manual*, 1998 Supplement, for a list of specific sites and histologies.

For SEER requirements for the specific sites, histologies, and diagnosis years for which this item is coded, see the 1998 *SEER Program Code Manual*.

**Codes**
0 None done (SX)
1 Positive/elevated
2 Negative/normal; within normal limits (S0)
3 Borderline; undetermined whether positive/elevated or negative/normal

Three-tiered system:
4 Range 1 (S1)
5 Range 2 (S2)
6 Range 3 (S3)
8 Ordered, but results not in chart
9 Unknown or no information

For sites for which Tumor Marker 1 is not collected:
9 Not applicable

*Note:* As of January 1, 2003, this data item is no longer required or recommended by CoC. However, the item was collected in the past and it is recommended that historic data be retained.

**TUMOR MARKER 2**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Tumor Marker Two (CoC) | 1160 | 1 | SEER | 982-982 |

**Description**
Records prognostic indicators for specific sites or histologies. CoC offered these items for optional use for cases diagnosed 1996 and forward. See the CoC *ROADS Manual*, 1998 Supplement, for a list of specific sites and histologies.

For SEER requirements for the specific sites, histologies, and diagnosis years for which this item is coded, see the 1998 *SEER Program Code Manual*.

**Codes**
0 None done (SX)
1 Positive/elevated
2 Negative/normal; within normal limits (S0)
3 Borderline; undetermined whether positive/elevated or negative/normal

Three-tiered system:
4 Range 1 (S1)
5 Range 2 (S2)
6 Range 3 (S3)
8 Ordered, but results not in chart
9 Unknown or no information

For sites for which Tumor Marker 2 is not collected:
9 Not applicable

*Note:* As of January 1, 2003, this data item is no longer required or recommended by CoC. However, the item was collected in the past and it is recommended that historic data be retained.

**TUMOR MARKER 3**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| Tumor Marker Three (CoC) | 1170 | 1 | SEER | 983-983 |

**Description**
Records prognostic indicators for specific sites or histologies. CoC offered these items for optional use for cases diagnosed 1996 and forward. See the CoC *ROADS Manual*, 1998 Supplement, for a list of specific sites and histologies.

For SEER requirements for the specific sites, histologies, and diagnosis years for which this item is coded, see the 1998 *SEER Program Code Manual*.

**Codes**
0 None done (SX)
1 Positive/elevated
2 Negative/normal; within normal limits (S0)
3 Borderline; undetermined whether positive/elevated or negative/normal

**Three-tiered system:**
4 Range 1 (S1)
5 Range 2 (S2)
6 Range 3 (S3)
8 Ordered, but results not in chart
9 Unknown or no information

For sites for which Tumor Marker 3 is not collected:
9 Not applicable

*Note:* As of January 1, 2003, this data item is no longer required or recommended by CoC. However, the item was collected in the past and it is recommended that historic data be retained.

**TUMOR RECORD NUMBER**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 60 | 2 | NAACCR | 40-41 |

**Description**
A system-generated number assigned to each tumor. The number should never change even if the tumor sequence is changed or a record (tumor) is deleted.

**Rationale**
This is a unique number that identifies a specific tumor so data can be linked. “Sequence Number” cannot be used as a link because the number is changed if a report identifies an earlier tumor or if a tumor record is deleted.

**TYPE OF REPORTING SOURCE**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 500 | 1 | SEER | 563-563 |

**Description**
This variable codes the source documents used to abstract the majority of information on the tumor being reported. This may not be the source of original case finding (for example, if a case is identified through a pathology laboratory report review and all source documents used to abstract the case are from the physician's office, code this item 4).

**Rationale**
The code in this field can be used to explain why information may be incomplete on a tumor. For example, death certificate only cases have unknown values for many data items, so one may want to exclude them from some analyses. The field also is used to monitor the success of non-hospital case reporting and follow-back mechanisms. All population-based registries should have some death certificate-only cases where no hospital admission was involved, but too high a percentage can imply both shortcomings in case-finding and that follow-back to uncover missed hospital reports was not complete.

**Coding Instructions**
Code in the following priority order: 1, 2, 8, 4, 3, 5, 6, 7. This is a change to reflect the addition of codes 2 and 8 and to prioritize laboratory reports over nursing home reports. The source facilities included in the previous code 1 (hospital inpatient and outpatient) are split between codes 1, 2, and 8.

This data item is intended to indicate the completeness of information available to the abstractor. Reports from health plans (e.g., Kaiser, Veterans Administration, military facilities) in which all diagnostic and treatment information is maintained centrally and is available to the abstractor are expected to be at least as complete as reports for hospital inpatients, which is why these sources are grouped with inpatients and given the code with the highest priority.

Sources coded with '2' usually have complete information on the cancer diagnosis, staging, and treatment.

Sources coded with '8' would include, but would not be limited to, outpatient surgery and nuclear medicine services. A physician's office that calls itself a surgery center should be coded as a physician's office. Surgery centers are equipped and staffed to perform surgical procedures under general anesthesia. If a physician's office calls itself a surgery center, but cannot perform surgical procedures under general anesthesia, code as a physician office.

**Codes**
1 Hospital inpatient; Managed health plans with comprehensive, unified medical records
2 Radiation Treatment Centers or Medical Oncology Centers (hospital-affiliated or independent)
3 Laboratory only (hospital-affiliated or independent)
4 Physician's office/private medical practitioner (LMD)
5 Nursing/convalescent home/hospice
6 Autopsy only
7 Death certificate only
8 Other hospital outpatient units/surgery centers

**UNUSUAL FOLLOW-UP METHOD**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 1850 | 1 | CoC | 2195-2195 |

**Description**
User-defined numeric codes used to flag cases that need unusual follow-up methods.

**Codes**
User-defined
*Note:* This data item is no longer supported by CoC (as of January 1, 2003).

**VENDOR NAME**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 2170 | 10 | NAACCR | 1936-1945 |

**Description**
System-generated. Name of the computer services vendor who programmed the system submitting the data. Abbreviate as necessary and keep a consistent name throughout all submissions. Include software version number where available. Code is self-assigned by vendor.

**Rationale**
This is used to track which vendor and which software version submitted the case. It helps define the source and extent of a problem discovered in data submitted by a software provider.

**VITAL STATUS**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 1760 | 1 | SEER/CoC | 2126-2126 |

**Description**
Vital status of the patient as of the date entered in Date of Last Contact [1750]. If the patient has multiple tumors, vital status should be the same for all tumors.

**Codes**
0 Dead (CoC)
1 Alive
4 Dead (SEER)

**YEAR FIRST SEEN THIS CA** **Retired**

| Alternate Name | Item # | Length | Source of Standard | Column # |
|---|---|---|---|---|
| | 620 | | | |

**Description**
The NAACCR UDSC retired this data item in Version 11, as of January 1, 2006.

# APPENDIX A:

# FIPS CODES FOR COUNTIES AND EQUIVALENT ENTITIES

*[Ed. Note: The information in this table is from FIPS Publication Number 6-4, "Counties and Equivalent Entities of the United States, its Possessions, and Associated Areas," as reissued December 21, 1992, and made available electronically on the National Institute of Standards and Technology Website (http://www.itl.nist.gov). We compared two versions of the file against printed lists to reconcile apparent errors and discrepancies.]*

**STATE NAME: ALABAMA**
**ALPHABETIC CODE: AL**
**NUMERIC CODE: 01**

| CODE | COUNTY NAME |
|---|---|
| 001 | Auatauga |
| 003 | Baldwin |
| 005 | Barbour |
| 007 | Bibb |
| 009 | Blount |
| 011 | Bullock |
| 013 | Butler |
| 015 | Calhoun |
| 017 | Chambers |
| 019 | Cherokee |
| 021 | Chilton |
| 023 | Choctaw |
| 025 | Clarke |
| 027 | Clay |
| 029 | Cleburne |
| 031 | Coffee |
| 033 | Colbert |
| 035 | Conecuh |
| 037 | Coosa |
| 039 | Covington |
| 041 | Crenshaw |
| 043 | Cullman |
| 045 | Dale |
| 047 | Dallas |
| 049 | DeKalb |
| 051 | Elmore |
| 053 | Escambia |
| 055 | Etowah |
| 057 | Fayette |
| 059 | Franklin |
| 061 | Geneva |
| 063 | Greene |
| 065 | Hale |
| 067 | Henry |
| 069 | Houston |
| 071 | Jackson |
| 073 | Jefferson |
| 075 | Lamar |
| 077 | Lauderdale |
| 079 | Lawrence |
| 081 | Lee |
| 083 | Limestone |
| 085 | Lowndes |
| 087 | Macon |
| 089 | Madison |
| 091 | Marengo |
| 093 | Marion |
| 095 | Marshall |
| 097 | Mobile |
| 099 | Monroe |
| 101 | Montgomery |
| 103 | Morgan |
| 105 | Perry |
| 107 | Pickens |
| 109 | Pike |
| 111 | Randolph |
| 113 | Russell |
| 115 | St. Clair |
| 117 | Shelby |
| 119 | Sumter |
| 121 | Talladega |
| 123 | Tallapoosa |
| 125 | Tuscaloosa |
| 127 | Walker |
| 129 | Washington |
| 131 | Wilcox |
| 133 | Winston |

**STATE NAME: ALASKA**
**ALPHABETIC CODE: AK**
**NUMERIC CODE: 02**

Note: The following is a complete list of all current Alaska county equivalents where (B) identifies a borough and (C) identifies a census area per FIPS Publication Change Notice (Reissue 12/21/92).

| CODE | BOROUGH/ CENSUS AREA |
|---|---|
| 013 | Aleutians East (B) |
| 016 | Aleutians West I |
| 020 | Anchorage (B) |
| 050 | Bethel I |
| 060 | Bristol Bay (B) |
| 068 | Denali (B) |
| 070 | Dillingham I |
| 090 | Fairbanks North Star (B) |
| 100 | Haines (B) |
| 110 | Juneau (B) |
| 122 | Kenai Peninsula (B) |
| 130 | Ketchikan Gateway (B) |
| 150 | Kodiak Island (B) |
| 164 | Lake and Peninsula (B) |
| 170 | Matanuska-Susitna (B) |
| 180 | Nome I |
| 185 | North Slope (B) |
| 188 | Northwest Arctic (B) |
| 201 | Prince of Wales-Outer Ketchikan I |
| 220 | Sitka (B) |
| 232 | Skagway-Hoonah-Angoon I |
| 240 | Southeast Fairbanks I |
| 261 | Valdez-Cordova I |
| 270 | Wade Hampton I |
| 280 | Wrangell-Petersburg I |
| 282 | Yakutat (B) |
| 290 | Yukon-Koyukuk I |

**STATE NAME: ARIZONA**
**ALPHABETIC CODE: AZ**
**NUMERIC CODE: 04**

| CODE | COUNTY NAME |
|---|---|
| 001 | Apache |
| 003 | Cochise |
| 005 | Coconino |
| 007 | Gila |
| 009 | Graham |
| 011 | Greenlee |
| 012 | LaPaz |
| 013 | Maricopa |
| 015 | Mohave |
| 017 | Navajo |
| 019 | Pima |
| 021 | Pinal |
| 023 | Santa Cruz |
| 025 | Yavapai |
| 027 | Yuma |

La Paz was established from part of Yuma (1/1/83).

**STATE NAME: ARKANSAS**
**ALPHABETIC CODE: AR**
**NUMERIC CODE: 05**

| CODE | COUNTY NAME |
|---|---|
| 001 | Arkansas |
| 003 | Ashley |
| 005 | Baxter |
| 007 | Benton |
| 009 | Boone |
| 011 | Bradley |
| 013 | Calhoun |
| 015 | Carroll |
| 017 | Chicot |
| 019 | Clark |
| 021 | Clay |
| 023 | Cleburne |
| 025 | Cleveland |
| 027 | Columbia |
| 029 | Conway |
| 031 | Craighead |
| 033 | Crawford |
| 035 | Crittenden |
| 037 | Cross |
| 039 | Dallas |
| 041 | Desha |
| 043 | Drew |
| 045 | Faulkner |
| 047 | Franklin |
| 049 | Fulton |
| 051 | Garland |
| 053 | Grant |
| 055 | Greene |
| 057 | Hempstead |
| 059 | Hot Spring |
| 061 | Howard |
| 063 | Independence |
| 065 | Izard |
| 067 | Jackson |
| 069 | Jefferson |
| 071 | Johnson |
| 073 | Lafayette |
| 075 | Lawrence |
| 077 | Lee |
| 079 | Lincoln |
| 081 | Little River |
| 083 | Logan |
| 085 | Lonoke |
| 087 | Madison |
| 089 | Marion |
| 091 | Miller |
| 093 | Mississippi |
| 095 | Monroe |
| 097 | Montgomery |
| 099 | Nevada |
| 101 | Newton |
| 103 | Ouachita |
| 105 | Perry |
| 107 | Phillips |
| 109 | Pike |
| 111 | Poinsett |
| 113 | Polk |
| 115 | Pope |
| 117 | Prairie |
| 119 | Pulaski |
| 121 | Randolph |
| 123 | St. Francis |
| 125 | Saline |
| 127 | Scott |
| 129 | Searcy |

| | |
|---|---|
| 131 | Sebastian |
| 133 | Sevier |
| 135 | Sharp |
| 137 | Stone |
| 139 | Union |
| 141 | Van Buren |
| 143 | Washington |
| 145 | White |
| 147 | Woodruff |
| 149 | Yell |

**STATE NAME: CALIFORNIA**
**ALPHABETIC CODE: CA**
**NUMERIC CODE: 06**

| CODE | COUNTY NAME |
|---|---|
| 001 | Alameda |
| 003 | Alpine |
| 005 | Amador |
| 007 | Butte |
| 009 | Calaveras |
| 011 | Colusa |
| 013 | Contra Costa |
| 015 | Del Norte |
| 017 | El Dorado |
| 019 | Fresno |
| 021 | Glenn |
| 023 | Humboldt |
| 025 | Imperial |
| 027 | Inyo |
| 029 | Kern |
| 031 | Kings |
| 033 | Lake |
| 035 | Lassen |
| 037 | Los Angeles |
| 039 | Madera |
| 041 | Marin |
| 043 | Mariposa |
| 045 | Mendocino |
| 047 | Merced |
| 049 | Modoc |
| 051 | Mono |
| 053 | Monterey |
| 055 | Napa |
| 057 | Nevada |
| 059 | Orange |
| 061 | Placer |
| 063 | Plumas |
| 065 | Riverside |
| 067 | Sacramento |
| 069 | San Benito |
| 071 | San Bernardino |
| 073 | San Diego |
| 075 | San Francisco |
| 077 | San Joaquin |
| 079 | San Luis Obispo |
| 081 | San Mateo |
| 083 | Santa Barbara |
| 085 | Santa Clara |
| 087 | Santa Cruz |
| 089 | Shasta |
| 091 | Sierra |
| 093 | Siskiyou |
| 095 | Solano |
| 097 | Sonoma |
| 099 | Stanislaus |
| 101 | Sutter |
| 103 | Tehama |
| 105 | Trinity |
| 107 | Tulare |
| 109 | Tuolomne |
| 111 | Ventura |
| 113 | Yolo |
| 115 | Yuba |

**STATE NAME: COLORADO**
**ALPHABETIC CODE: CO**
**NUMERIC CODE: 08**

| CODE | COUNTY NAME |
|---|---|
| 001 | Adams |
| 003 | Alamosa |
| 005 | Arapahoe |
| 007 | Archuleta |
| 009 | Baca |
| 011 | Bent |
| 013 | Boulder |
| 014 | Broomfield |
| 015 | Chaffee |
| 017 | Cheyenne |
| 019 | Clear Creek |
| 021 | Conejos |
| 023 | Costilla |
| 025 | Crowley |
| 027 | Custer |
| 029 | Delta |
| 031 | Denver |
| 033 | Dolores |
| 035 | Douglas |
| 037 | Eagle |
| 039 | Elbert |
| 041 | El Paso |
| 043 | Fremont |
| 045 | Garfield |
| 047 | Gilpin |
| 049 | Grand |
| 051 | Gunnison |
| 053 | Hinsdale |
| 055 | Huerfano |
| 057 | Jackson |
| 059 | Jefferson |
| 061 | Kiowa |
| 063 | Kit Carson |
| 065 | Lake |
| 067 | La Plata |
| 069 | Larimer |
| 071 | Las Animas |
| 073 | Lincoln |
| 075 | Logan |
| 077 | Mesa |
| 079 | Mineral |
| 081 | Moffat |
| 083 | Montezuma |
| 085 | Montrose |
| 087 | Morgan |
| 089 | Otero |
| 091 | Ouray |
| 093 | Park |
| 095 | Phillips |
| 097 | Pitkin |
| 099 | Prowers |
| 101 | Pueblo |
| 103 | Rio Blanco |
| 105 | Rio Grande |
| 107 | Routt |
| 109 | Saguache |
| 111 | San Juan |
| 113 | San Miguel |
| 115 | Sedgwick |
| 117 | Summit |
| 119 | Teller |
| 121 | Washington |
| 123 | Weld |
| 125 | Yuma |

Broomfield County, Colorado, has been created from parts of Adams (001), Boulder (013), Jefferson (059) and Weld (123) counties effective November 15, 2001. The boundaries of Broomfield County reflect the boundaries of Broomfield city legally in effect on November 15, 2001. To maintain alphanumeric sequences of counties, Broomfield County will have a code of 014 for FIPS 6-4.

**STATE NAME: CONNECTICUT**
**ALPHABETIC CODE: CT**
**NUMERIC CODE: 09**

| CODE | COUNTY NAME |
|---|---|
| 001 | Fairfield |
| 003 | Hartford |
| 005 | Litchfield |
| 007 | Middlesex |
| 009 | New Haven |
| 011 | New London |
| 013 | Tolland |
| 015 | Windham |

**STATE NAME: DELAWARE**
**ALPHABETIC CODE: DE**
**NUMERIC CODE: 10**

| CODE | COUNTY NAME |
|---|---|
| 001 | Kent |
| 003 | New Castle |
| 005 | Sussex |

**STATE NAME: DISTRICT OF COLUMBIA**
**ALPHABETIC CODE: DC**
**NUMERIC CODE: 11**

| CODE | SUBDIVISION NAME |
|---|---|
| 4.. | District of Columbia |

Name was reported incorrectly as "Washington" in FIPS PUB 6-3. The District has no first-order subdivisions, and therefore "District of Columbia" also serves as the county-equivalent entity.

**STATE NAME: FLORIDA**
**ALPHABETIC CODE: FL**
**NUMERIC CODE: 12**

| CODE | COUNTY NAME |
|---|---|
| 001 | Alachua |
| 003 | Baker |
| 005 | Bay |
| 007 | Bradford |
| 009 | Brevard |
| 011 | Broward |
| 013 | Calhoun |
| 015 | Charlotte |
| 017 | Citrus |
| 019 | Clay |
| 021 | Collier |
| 023 | Columbia |
| 027 | DeSoto |
| 029 | Dixie |
| 031 | Duval |
| 033 | Escambia |
| 035 | Flagler |
| 037 | Franklin |
| 039 | Gadsden |
| 041 | Gilchrist |
| 043 | Glades |
| 045 | Gulf |
| 047 | Hamilton |
| 049 | Hardee |
| 051 | Hendry |
| 053 | Hernando |
| 055 | Highlands |
| 057 | Hillsborough |
| 059 | Holmes |
| 061 | Indian River |
| 063 | Jackson |
| 065 | Jefferson |
| 067 | Lafayette |
| 069 | Lake |
| 071 | Lee |
| 073 | Leon |
| 075 | Levy |
| 077 | Liberty |
| 079 | Madison |
| 081 | Manatee |
| 083 | Marion |
| 085 | Martin |
| 086 | Miami-Dade |
| 087 | Monroe |
| 089 | Nassau |
| 091 | Okaloosa |
| 093 | Okeechobee |
| 095 | Orange |
| 097 | Osceola |
| 099 | Palm Beach |
| 101 | Pasco |
| 103 | Pinellas |
| 105 | Polk |
| 107 | Putnam |
| 109 | St. Johns |
| 111 | St. Lucie |
| 113 | Santa Rosa |
| 115 | Sarasota |
| 117 | Seminole |
| 119 | Sumter |

| | |
|---|---|
| 121 | Suwannee |
| 123 | Taylor |
| 125 | Union |
| 127 | Volusia |
| 129 | Wakulla |
| 131 | Walton |
| 133 | Washington |

Convert Dade County 025 to Miami-Dade County 086. Edits should only allow for code 086.

**STATE NAME: GEORGIA**
**ALPHABETIC CODE: GA**
**NUMERIC CODE: 13**

| CODE | COUNTY NAME |
|---|---|
| 001 | Appling |
| 003 | Atkinson |
| 005 | Bacon |
| 007 | Baker |
| 009 | Baldwin |
| 011 | Banks |
| 013 | Barrow |
| 015 | Bartow |
| 017 | Ben Hill |
| 019 | Berrien |
| 021 | Bibb |
| 023 | Bleckley |
| 025 | Brantley |
| 027 | Brooks |
| 029 | Bryan |
| 031 | Bulloch |
| 033 | Burke |
| 035 | Butts |
| 037 | Calhoun |
| 039 | Camden |
| 043 | Candler |
| 045 | Carroll |
| 047 | Catoosa |
| 049 | Charlton |
| 051 | Chatham |
| 053 | Chattahoochee |
| 055 | Chattooga |
| 057 | Cherokee |
| 059 | Clarke |
| 061 | Clay |
| 063 | Clayton |
| 065 | Clinch |
| 067 | Cobb |
| 069 | Coffee |
| 071 | Colquitt |
| 073 | Columbia |
| 075 | Cook |
| 077 | Coweta |
| 079 | Crawford |
| 081 | Crisp |
| 083 | Dade |
| 085 | Dawson |
| 087 | Decatur |
| 089 | DeKalb |
| 091 | Dodge |
| 093 | Dooly |
| 095 | Dougherty |
| 097 | Douglas |
| 099 | Early |
| 101 | Echols |
| 103 | Effingam |
| 105 | Elbert |
| 107 | Emanuel |
| 109 | Evans |
| 111 | Fannin |
| 113 | Fayette |
| 115 | Floyd |
| 117 | Forsyth |
| 119 | Franklin |
| 121 | Fulton |
| 123 | Gilmer |
| 125 | Glascock |
| 127 | Glynn |
| 129 | Gordon |
| 131 | Grady |
| 133 | Greene |
| 135 | Gwinnett |
| 137 | Habersham |
| 139 | Hall |
| 141 | Hancock |
| 143 | Haralson |
| 145 | Harris |
| 147 | Hart |
| 149 | Heard |
| 151 | Henry |
| 153 | Houston |
| 155 | Irwin |
| 157 | Jackson |
| 159 | Jasper |
| 161 | Jeff Davis |
| 163 | Jefferson |
| 165 | Jenkins |
| 167 | Johnson |
| 169 | Jones |
| 171 | Lamar |
| 173 | Lanier |
| 175 | Laurens |
| 177 | Lee |
| 179 | Liberty |
| 181 | Lincoln |
| 183 | Long |
| 185 | Lowndes |
| 187 | Lumpkin |
| 189 | McDuffie |
| 191 | McIntosh |
| 193 | Macon |
| 195 | Madison |
| 197 | Marion |
| 199 | Meriwether |
| 201 | Miller |
| 205 | Mitchell |
| 207 | Monroe |
| 209 | Montgomery |
| 211 | Morgan |
| 213 | Murray |
| 215 | Muscogee |
| 217 | Newton |
| 219 | Oconee |
| 221 | Oglethorpe |
| 223 | Paulding |
| 225 | Peach |
| 227 | Pickens |
| 229 | Pierce |
| 231 | Pike |
| 233 | Polk |
| 235 | Pulaski |
| 237 | Putnam |
| 239 | Quitman |
| 241 | Rabun |
| 243 | Randolph |
| 245 | Richmond |
| 247 | Rockdale |
| 249 | Schley |
| 251 | Screven |
| 253 | Seminole |
| 255 | Spalding |
| 257 | Stephens |
| 259 | Stewart |
| 261 | Sumter |
| 263 | Talbot |
| 265 | Taliaferro |
| 267 | Tattnall |
| 269 | Taylor |
| 271 | Telfair |
| 273 | Terrell |
| 275 | Thomas |
| 277 | Tift |
| 279 | Toombs |
| 281 | Towns |
| 283 | Treutlen |
| 285 | Troup |
| 287 | Turner |
| 289 | Twiggs |
| 291 | Union |
| 293 | Upson |
| 295 | Walker |
| 297 | Walton |
| 299 | Ware |
| 301 | Warren |
| 303 | Washington |
| 305 | Wayne |
| 307 | Webster |
| 309 | Wheeler |
| 311 | White |
| 313 | Whitfield |
| 315 | Wilcox |
| 317 | Wilkes |
| 319 | Wilkinson |
| 321 | Worth |

Muscogee was reported incorrectly as "Columbus (consolidated government)" (510) in FIPS PUB6-3.

**STATE NAME: HAWAII**
**ALPHABETIC CODE: HI**
**NUMERIC CODE: 15**

| CODE | COUNTY NAME |
|---|---|
| 001 | Hawaii |
| 003 | Honolulu |
| 005 | Kalawao |
| 007 | Kauai |
| 009 | Maui |

Kalawao does not have its own local government; it is administered by the State of Hawaii. It may be included with Maui for statistical purposes.

**STATE NAME: IDAHO**
**ALPHABETIC CODE: ID**
**NUMERIC CODE: 16**

| CODE | COUNTY NAME |
|---|---|
| 001 | Ada |
| 003 | Adams |
| 005 | Bannock |
| 007 | Bear Lake |
| 009 | Benewah |
| 011 | Bingham |
| 013 | Blaine |
| 015 | Boise |
| 017 | Bonner |
| 019 | Bonneville |
| 021 | Boundary |
| 023 | Butte |
| 025 | Camas |
| 027 | Canyon |
| 029 | Caribou |
| 031 | Cassia |
| 033 | Clark |
| 035 | Clearwater |
| 037 | Custer |
| 039 | Elmore |
| 041 | Franklin |
| 043 | Fremont |
| 045 | Gem |
| 047 | Gooding |
| 049 | Idaho |
| 051 | Jefferson |
| 053 | Jerome |
| 055 | Kootenai |
| 057 | Latah |
| 059 | Lemhi |
| 061 | Lewis |
| 063 | Lincoln |
| 065 | Madison |
| 067 | Minidoka |
| 069 | Nez Perce |
| 071 | Oneida |
| 073 | Owyhee |
| 075 | Payette |
| 077 | Power |
| 079 | Shoshone |
| 081 | Teton |
| 083 | Twin Falls |
| 085 | Valley |
| 087 | Washington |

**STATE NAME: ILLINOIS**
**ALPHABETIC CODE: IL**
**NUMERIC CODE: 17**

| CODE | COUNTY NAME |
|---|---|
| 001 | Adams |
| 003 | Alexander |
| 005 | Bond |
| 007 | Boone |
| 009 | Brown |
| 011 | Bureau |
| 013 | Calhoun |
| 015 | Carroll |
| 017 | Cass |
| 019 | Champaign |
| 021 | Christian |
| 023 | Clark |
| 025 | Clay |
| 027 | Clinton |
| 029 | Coles |
| 031 | Cook |
| 033 | Crawford |
| 035 | Cumberland |
| 037 | DeKalb |
| 039 | De Witt |
| 041 | Douglas |

| | |
|---|---|
| 043 | DuPage |
| 045 | Edgar |
| 047 | Edwards |
| 049 | Effingham |
| 051 | Fayette |
| 053 | Ford |
| 055 | Franklin |
| 057 | Fulton |
| 059 | Gallatin |
| 061 | Greene |
| 063 | Grundy |
| 065 | Hamilton |
| 067 | Hancock |
| 069 | Hardin |
| 071 | Henderson |
| 073 | Henry |
| 075 | Iroquois |
| 077 | Jackson |
| 079 | Jasper |
| 081 | Jefferson |
| 083 | Jersey |
| 085 | Jo Daviess |
| 087 | Johnson |
| 089 | Kane |
| 091 | Kankakee |
| 093 | Kendall |
| 095 | Knox |
| 097 | Lake |
| 099 | La Salle |
| 101 | Lawrence |
| 103 | Lee |
| 105 | Livingston |
| 107 | Logan |
| 109 | McDonough |
| 111 | McHenry |
| 113 | McLean |
| 115 | Macon |
| 117 | Macoupin |
| 119 | Madison |
| 121 | Marion |
| 123 | Marshall |
| 125 | Mason |
| 127 | Massac |
| 129 | Menard |
| 131 | Mercer |
| 133 | Monroe |
| 135 | Montgomery |
| 137 | Morgan |
| 139 | Moultrie |
| 141 | Ogle |
| 143 | Peoria |
| 145 | Perry |
| 147 | Piatt |
| 149 | Pike |
| 151 | Pope |
| 153 | Pulaski |
| 155 | Putnam |
| 157 | Randolph |
| 159 | Richland |
| 161 | Rock Island |
| 163 | St. Clair |
| 165 | Saline |
| 167 | Sangamon |
| 169 | Schuyler |
| 171 | Scott |
| 173 | Shelby |
| 175 | Stark |
| 177 | Stephenson |
| 179 | Tazewell |
| 181 | Union |
| 183 | Vermilion |
| 185 | Wabash |
| 187 | Warren |
| 189 | Washington |
| 191 | Wayne |
| 193 | White |
| 195 | Whiteside |
| 197 | Will |
| 199 | Williamson |
| 201 | Winnebago |
| 203 | Woodford |

**STATE NAME: INDIANA**
**ALPHABETIC CODE: IN**
**NUMERIC CODE: 18**

| **CODE** | **COUNTY NAME** |
|---|---|
| 001 | Adams |
| 003 | Allen |
| 005 | Bartholomew |
| 007 | Benton |
| 009 | Blackford |
| 011 | Boone |
| 013 | Brown |
| 015 | Carroll |
| 017 | Cass |
| 019 | Clark |
| 021 | Clay |
| 023 | Clinton |
| 025 | Crawford |
| 027 | Daviess |
| 029 | Dearborn |
| 031 | Decatur |
| 033 | DeKalb |
| 035 | Delaware |
| 037 | Dubois |
| 039 | Elkhart |
| 041 | Fayette |
| 043 | Floyd |
| 045 | Fountain |
| 047 | Franklin |
| 049 | Fulton |
| 051 | Gibson |
| 053 | Grant |
| 055 | Greene |
| 057 | Hamilton |
| 059 | Hancock |
| 061 | Harrison |
| 063 | Hendricks |
| 065 | Henry |
| 067 | Howard |
| 069 | Huntington |
| 071 | Jackson |
| 073 | Jasper |
| 075 | Jay |
| 077 | Jefferson |
| 079 | Jennings |
| 081 | Johnson |
| 083 | Knox |
| 085 | Kosciusko |
| 087 | Lagrange |
| 089 | Lake |
| 091 | LaPorte |
| 093 | Lawrence |
| 095 | Madison |
| 097 | Marion |
| 099 | Marshall |
| 101 | Martin |
| 103 | Miami |
| 105 | Monroe |
| 107 | Montgomery |
| 109 | Morgan |
| 111 | Newton |
| 113 | Noble |
| 115 | Ohio |
| 117 | Orange |
| 119 | Owen |
| 121 | Parke |
| 123 | Perry |
| 125 | Pike |
| 127 | Porter |
| 129 | Posey |
| 131 | Pulaski |
| 133 | Putnam |
| 135 | Randolph |
| 137 | Ripley |
| 139 | Rush |
| 141 | St. Joseph |
| 143 | Scott |
| 145 | Shelby |
| 147 | Spencer |
| 149 | Starke |
| 151 | Steuben |
| 153 | Sullivan |
| 155 | Switzerland |
| 157 | Tippecanoe |
| 159 | Tipton |
| 161 | Union |
| 163 | Vanderburgh |
| 165 | Vermillion |
| 167 | Vigo |
| 169 | Wabash |
| 171 | Warren |
| 173 | Warrick |
| 175 | Washington |
| 177 | Wayne |
| 179 | Wells |
| 181 | White |
| 183 | Whitley |

**STATE NAME: IOWA**
**ALPHABETIC CODE: IA**
**NUMERIC CODE: 19**

| **CODE** | **COUNTY NAME** |
|---|---|
| 001 | Adair |
| 003 | Adams |
| 005 | Allamakee |
| 007 | Appanoose |
| 009 | Audubon |
| 011 | Benton |
| 013 | Black Hawk |
| 015 | Boone |
| 017 | Bremer |
| 019 | Buchanan |
| 021 | Buena Vista |
| 023 | Butler |
| 025 | Calhoun |
| 027 | Carroll |
| 029 | Cass |
| 031 | Cedar |
| 033 | Cerro Gordo |
| 035 | Cherokee |
| 037 | Chickasaw |
| 039 | Clarke |
| 041 | Clay |
| 043 | Clayton |
| 045 | Clinton |
| 047 | Crawford |
| 049 | Dallas |
| 051 | Davis |
| 053 | Decatur |
| 055 | Delaware |
| 057 | Des Moines |
| 059 | Dickinson |
| 061 | Dubuque |
| 063 | Emmet |
| 065 | Fayette |
| 067 | Floyd |
| 069 | Franklin |
| 071 | Fremont |
| 073 | Greene |
| 075 | Grundy |
| 077 | Guthrie |
| 079 | Hamilton |
| 081 | Hancock |
| 083 | Hardin |
| 085 | Harrison |
| 087 | Henry |
| 089 | Howard |
| 091 | Humboldt |
| 093 | Ida |
| 095 | Iowa |
| 097 | Jackson |
| 099 | Jasper |
| 101 | Jefferson |
| 103 | Johnson |
| 105 | Jones |
| 107 | Keokuk |
| 109 | Kossuth |
| 111 | Lee |
| 113 | Linn |
| 115 | Louisa |
| 117 | Lucas |
| 119 | Lyon |
| 121 | Madison |
| 123 | Mahaska |
| 125 | Marion |
| 127 | Marshall |
| 129 | Mills |
| 131 | Mitchell |
| 133 | Monona |
| 135 | Monroe |
| 137 | Montgomery |
| 139 | Muscatine |
| 141 | O'Brien |
| 143 | Osceola |
| 145 | Page |
| 147 | Palo Alto |
| 149 | Plymouth |
| 151 | Pocahontas |
| 153 | Polk |
| 155 | Pottawattamie |
| 157 | Poweshiek |
| 159 | Ringgold |
| 161 | Sac |
| 163 | Scott |
| 165 | Shelby |
| 167 | Sioux |
| 169 | Story |
| 171 | Tama |
| 173 | Taylor |
| 175 | Union |
| 177 | Van Buren |
| 179 | Wapello |
| 181 | Warren |
| 183 | Washington |
| 185 | Wayne |

| | |
|---|---|
| 187 | Webster |
| 189 | Winnebago |
| 191 | Winneshiek |
| 193 | Woodbury |
| 195 | Worth |
| 197 | Wright |

**STATE NAME: KANSAS**
**ALPHABETIC CODE: KS**
**NUMERIC CODE: 20**

| CODE | COUNTY NAME |
|---|---|
| 001 | Allen |
| 003 | Anderson |
| 005 | Atchison |
| 007 | Barber |
| 009 | Barton |
| 011 | Bourbon |
| 013 | Brown |
| 015 | Butler |
| 017 | Chase |
| 019 | Chautauqua |
| 021 | Cherokee |
| 023 | Cheyenne |
| 025 | Clark |
| 027 | Clay |
| 029 | Cloud |
| 031 | Coffey |
| 033 | Comanche |
| 035 | Cowley |
| 037 | Crawford |
| 039 | Decatur |
| 041 | Dickinson |
| 043 | Doniphan |
| 045 | Douglas |
| 047 | Edwards |
| 049 | Elk |
| 051 | Ellis |
| 053 | Ellsworth |
| 055 | Finney |
| 057 | Ford |
| 059 | Franklin |
| 061 | Geary |
| 063 | Gove |
| 065 | Graham |
| 067 | Grant |
| 069 | Gray |
| 071 | Greeley |
| 073 | Greenwood |
| 075 | Hamilton |
| 077 | Harper |
| 079 | Harvey |
| 081 | Haskell |
| 083 | Hodgeman |
| 085 | Jackson |
| 087 | Jefferson |
| 089 | Jewell |
| 091 | Johnson |
| 093 | Kearny |
| 095 | Kingman |
| 097 | Kiowa |
| 099 | Labette |
| 101 | Lane |
| 103 | Leavenworth |
| 105 | Lincoln |
| 107 | Linn |
| 109 | Logan |
| 111 | Lyon |
| 113 | McPherson |
| 115 | Marion |
| 117 | Marshall |
| 119 | Meade |
| 121 | Miami |
| 123 | Mitchell |
| 125 | Montgomery |
| 127 | Morris |
| 129 | Morton |
| 131 | Nemaha |
| 133 | Neosho |
| 135 | Ness |
| 137 | Norton |
| 139 | Osage |
| 141 | Osborne |
| 143 | Ottawa |
| 145 | Pawnee |
| 147 | Phillips |
| 149 | Pottawatomie |
| 151 | Pratt |
| 153 | Rawlins |
| 155 | Reno |
| 157 | Republic |
| 159 | Rice |
| 161 | Riley |
| 163 | Rooks |
| 165 | Rush |
| 167 | Russell |
| 169 | Saline |
| 171 | Scott |
| 173 | Sedgwick |
| 175 | Seward |
| 177 | Shawnee |
| 179 | Sheridan |
| 181 | Sherman |
| 183 | Smith |
| 185 | Stafford |
| 187 | Stanton |
| 189 | Stevens |
| 191 | Sumner |
| 193 | Thomas |
| 195 | Trego |
| 197 | Wabaunsee |
| 199 | Wallace |
| 201 | Washington |
| 203 | Wichita |
| 205 | Wilson |
| 207 | Woodson |
| 209 | Wyandotte |

**STATE NAME: KENTUCKY**
**ALPHABETIC CODE: KY**
**NUMERIC CODE: 21**

| CODE | COUNTY NAME |
|---|---|
| 001 | Adair |
| 003 | Allen |
| 005 | Anderson |
| 007 | Ballard |
| 009 | Barren |
| 011 | Bath |
| 013 | Bell |
| 015 | Boone |
| 017 | Bourbon |
| 019 | Boyd |
| 021 | Boyle |
| 023 | Bracken |
| 025 | Breathitt |
| 027 | Breckinridge |
| 029 | Bullitt |
| 031 | Butler |
| 033 | Caldwell |
| 035 | Calloway |
| 037 | Campbell |
| 039 | Carlisle |
| 041 | Carroll |
| 043 | Carter |
| 045 | Casey |
| 047 | Christian |
| 049 | Clark |
| 051 | Clay |
| 053 | Clinton |
| 055 | Crittenden |
| 057 | Cumberland |
| 059 | Daviess |
| 061 | Edmonson |
| 063 | Elliott |
| 065 | Estill |
| 067 | Fayette |
| 069 | Fleming |
| 071 | Floyd |
| 073 | Franklin |
| 075 | Fulton |
| 077 | Gallatin |
| 079 | Garrard |
| 081 | Grant |
| 083 | Graves |
| 085 | Grayson |
| 087 | Green |
| 089 | Greenup |
| 091 | Hancock |
| 093 | Hardin |
| 095 | Harlan |
| 097 | Harrison |
| 099 | Hart |
| 101 | Henderson |
| 103 | Henry |
| 105 | Hickman |
| 107 | Hopkins |
| 109 | Jackson |
| 111 | Jefferson |
| 113 | Jessamine |
| 115 | Johnson |
| 117 | Kenton |
| 119 | Knott |
| 121 | Knox |
| 123 | Larue |
| 125 | Laurel |
| 127 | Lawrence |
| 129 | Lee |
| 131 | Leslie |
| 133 | Letcher |
| 135 | Lewis |
| 137 | Lincoln |
| 139 | Livingston |
| 141 | Logan |
| 143 | Lyon |
| 145 | McCracken |
| 147 | McCreary |
| 149 | McLean |
| 151 | Madison |
| 153 | Magoffin |
| 155 | Marion |
| 157 | Marshall |
| 159 | Martin |
| 161 | Mason |
| 163 | Meade |
| 165 | Menifee |
| 167 | Mercer |
| 169 | Metcalfe |
| 171 | Monroe |
| 173 | Montgomery |
| 175 | Morgan |
| 177 | Muhlenberg |
| 179 | Nelson |
| 181 | Nicholas |
| 183 | Ohio |
| 185 | Oldham |
| 187 | Owen |
| 189 | Owsley |
| 191 | Pendleton |
| 193 | Perry |
| 195 | Pike |
| 197 | Powell |
| 199 | Pulaski |
| 201 | Roberston |
| 203 | Rockcastle |
| 205 | Rowan |
| 207 | Russell |
| 209 | Scott |
| 211 | Shelby |
| 213 | Simpson |
| 215 | Spencer |
| 217 | Taylor |
| 219 | Todd |
| 221 | Trigg |
| 223 | Trimble |
| 225 | Union |
| 227 | Warren |
| 229 | Washington |
| 231 | Wayne |
| 233 | Webster |
| 235 | Whitley |
| 237 | Wolfe |
| 239 | Woodford |

**STATE NAME: LOUISIANA**
**ALPHABETIC CODE: LA**
**NUMERIC CODE: 22**

| CODE | COUNTY NAME |
|---|---|
| 001 | Acadia |
| 003 | Allen |
| 005 | Ascension |
| 007 | Assumption |
| 009 | Avoylelles |
| 011 | Beauregard |
| 013 | Bienville |
| 015 | Bossier |
| 017 | Caddo |
| 019 | Calcasieu |
| 021 | Caldwell |
| 023 | Cameron |
| 025 | Catahoula |
| 027 | Claiborne |
| 029 | Concordia |
| 031 | DeSoto |
| 033 | East Baton Rouge |
| 035 | East Carroll |
| 037 | East Feliciana |
| 039 | Evangeline |
| 041 | Franklin |
| 043 | Grant |
| 045 | Iberia |
| 047 | Iberville |
| 049 | Jackson |
| 051 | Jefferson |

| | |
|---|---|
| 053 | Jefferson Davis |
| 055 | Lafayette |
| 057 | Lafourche |
| 059 | La Salle |
| 061 | Lincoln |
| 063 | Livingston |
| 065 | Madison |
| 067 | Morehouse |
| 069 | Natchitoches |
| 071 | Orleans |
| 073 | Ouachita |
| 075 | Plaquemines |
| 077 | Pointe Coupee |
| 079 | Rapides |
| 081 | Red River |
| 083 | Richland |
| 085 | Sabine |
| 087 | St. Bernard |
| 089 | St. Charles |
| 091 | St. Helena |
| 093 | St. James |
| 095 | St. John the Baptist |
| 097 | St. Landry |
| 099 | St. Martin |
| 101 | St. Mary |
| 103 | St. Tammany |
| 105 | Tangipahoa |
| 107 | Tensas |
| 109 | Terrebonne |
| 111 | Union |
| 113 | Vermilion |
| 115 | Vernon |
| 117 | Washington |
| 119 | Webster |
| 121 | West Baton Rouge |
| 123 | West Carroll |
| 125 | West Feliciana |
| 127 | Winn |

**STATE NAME: MAINE**
**ALPHABETIC CODE: ME**
**NUMERIC CODE: 23**

| CODE | COUNTY NAME |
|---|---|
| 001 | Androscoggin |
| 003 | Aroostook |
| 005 | Cumberland |
| 007 | Franklin |
| 009 | Hancock |
| 011 | Kennebec |
| 013 | Knox |
| 015 | Lincoln |
| 017 | Oxford |
| 019 | Penobscot |
| 021 | Piscataquis |
| 023 | Sagadahoc |
| 025 | Somerset |
| 027 | Waldo |
| 029 | Washington |
| 031 | York |

**STATE NAME: MARYLAND**
**ALPHABETIC CODE: MD**
**NUMERIC CODE: 24**

| CODE | COUNTY NAME |
|---|---|
| 001 | Allegany |
| 003 | Anne Arundel |
| 005 | Baltimore |
| 009 | Calvert |
| 011 | Caroline |
| 013 | Carroll |
| 015 | Cecil |
| 017 | Charles |
| 019 | Dorchester |
| 021 | Frederick |
| 023 | Garrett |
| 025 | Harford |
| 027 | Howard |
| 029 | Kent |
| 031 | Montgomery |
| 033 | Prince George's |
| 035 | Queen Anne's |
| 037 | St. Mary's |
| 039 | Somerset |
| 041 | Talbot |
| 043 | Washington |
| 045 | Wicomico |
| 047 | Worcester |

| CODE | INDEPENDENT CITY |
|---|---|
| 510 | Baltimore (City) |

**STATE NAME: MASSACHUSETTS**
**ALPHABETIC CODE: MA**
**NUMERIC CODE: 25**

| CODE | COUNTY NAME |
|---|---|
| 001 | Barnstable |
| 003 | Berkshire |
| 005 | Bristol |
| 007 | Dukes |
| 009 | Essex |
| 011 | Franklin |
| 013 | Hampden |
| 015 | Hampshire |
| 017 | Middlesex |
| 019 | Nantucket |
| 021 | Norfolk |
| 023 | Plymouth |
| 025 | Suffolk |
| 027 | Worcester |

**STATE NAME: MICHIGAN**
**ALPHABETIC CODE: MI**
**NUMERIC CODE: 26**

| CODE | COUNTY NAME |
|---|---|
| 001 | Alcona |
| 003 | Alger |
| 005 | Allegan |
| 007 | Alpena |
| 009 | Antrim |
| 011 | Arenac |
| 013 | Baraga |
| 015 | Barry |
| 017 | Bay |
| 019 | Benzie |
| 021 | Berrien |
| 023 | Branch |
| 025 | Calhoun |
| 027 | Cass |
| 029 | Charlevoix |
| 031 | Cheboygan |
| 033 | Chippewa |
| 035 | Clare |
| 037 | Clinton |
| 039 | Crawford |
| 041 | Delta |
| 043 | Dickinson |
| 045 | Eaton |
| 047 | Emmet |
| 049 | Genesee |
| 051 | Gladwin |
| 053 | Gogebic |
| 055 | Grand Traverse |
| 057 | Gratiot |
| 059 | Hillsdale |
| 061 | Houghton |
| 063 | Huron |
| 065 | Ingham |
| 067 | Ionia |
| 069 | Iosco |
| 071 | Iron |
| 073 | Isabella |
| 075 | Jackson |
| 077 | Kalamazoo |
| 079 | Kalkaska |
| 081 | Kent |
| 083 | Keweenaw |
| 085 | Lake |
| 087 | Lapeer |
| 089 | Leelanau |
| 091 | Lenawee |
| 093 | Livingston |
| 095 | Luce |
| 097 | Mackinac |
| 099 | Macomb |
| 101 | Manistee |
| 103 | Marquette |
| 105 | Mason |
| 107 | Mecosta |
| 109 | Menominee |
| 111 | Midland |
| 113 | Missaukee |
| 115 | Monroe |
| 117 | Montcalm |
| 119 | Montmorency |
| 121 | Muskegon |
| 123 | Newaygo |
| 125 | Oakland |
| 127 | Oceana |
| 129 | Ogemaw |
| 131 | Ontonagon |
| 133 | Osceola |
| 135 | Oscoda |
| 137 | Otsego |
| 139 | Ottawa |
| 141 | Presque Isle |
| 143 | Roscommon |
| 145 | Saginaw |
| 147 | St. Clair |
| 149 | St. Joseph |
| 151 | Sanilac |
| 153 | Schoolcraft |
| 155 | Shiawassee |
| 157 | Tuscola |
| 159 | Van Buren |
| 161 | Washtenaw |
| 163 | Wayne |
| 165 | Wexford |

**STATE NAME: MINNESOTA**
**ALPHABETIC CODE: MN**
**NUMERIC CODE: 27**

| CODE | COUNTY NAME |
|---|---|
| 001 | Aitkin |
| 003 | Anoka |
| 005 | Becker |
| 007 | Beltrami |
| 009 | Benton |
| 011 | Big Stone |
| 013 | Blue Earth |
| 015 | Brown |
| 017 | Carlton |
| 019 | Carver |
| 021 | Cass |
| 023 | Chippewa |
| 025 | Chisago |
| 027 | Clay |
| 029 | Clearwater |
| 031 | Cook |
| 033 | Cottonwood |
| 035 | Crow Wing |
| 037 | Dakota |
| 039 | Dodge |
| 041 | Douglas |
| 043 | Faribault |
| 045 | Fillmore |
| 047 | Freeborn |
| 049 | Goodhue |
| 051 | Grant |
| 053 | Hennepin |
| 055 | Houston |
| 057 | Hubbard |
| 059 | Isanti |
| 061 | Itasca |
| 063 | Jackson |
| 065 | Kanabec |
| 067 | Kandiyohi |
| 069 | Kittson |
| 071 | Koochiching |
| 073 | Lac qui Parle |
| 075 | Lake |
| 077 | Lake of the Woods |
| 079 | Le Sueur |
| 081 | Lincoln |
| 083 | Lyon |
| 085 | McLeod |
| 087 | Mahnomen |
| 089 | Marshall |
| 091 | Martin |
| 093 | Meeker |
| 095 | Mille Lacs |
| 097 | Morrison |
| 099 | Mower |
| 101 | Murray |
| 103 | Nicollet |
| 105 | Nobles |
| 107 | Norman |
| 109 | Olmsted |
| 111 | Otter Tail |
| 113 | Pennington |
| 115 | Pine |
| 117 | Pipestone |
| 119 | Polk |
| 121 | Pope |
| 123 | Ramsey |
| 125 | Red Lake |

| | |
|---|---|
| 127 | Redwood |
| 129 | Renville |
| 131 | Rice |
| 133 | Rock |
| 135 | Roseau |
| 137 | St. Louis |
| 139 | Scott |
| 141 | Sherburne |
| 143 | Sibley |
| 145 | Stearns |
| 147 | Steele |
| 149 | Stevens |
| 151 | Swift |
| 153 | Todd |
| 155 | Traverse |
| 157 | Wabasha |
| 159 | Wadena |
| 161 | Waseca |
| 163 | Washington |
| 165 | Watonwan |
| 167 | Wilkin |
| 169 | Winona |
| 171 | Wright |
| 173 | Yellow Medicine |

**STATE NAME: MISSISSIPPI**
**ALPHABETIC CODE: MS**
**NUMERIC CODE: 28**

| CODE | COUNTY NAME |
|---|---|
| 001 | Adams |
| 003 | Alcorn |
| 005 | Amite |
| 007 | Attala |
| 009 | Benton |
| 011 | Bolivar |
| 013 | Calhoun |
| 015 | Carroll |
| 017 | Chickasaw |
| 019 | Choctaw |
| 021 | Claiborne |
| 023 | Clarke |
| 025 | Clay |
| 027 | Coahoma |
| 029 | Copiah |
| 031 | Covington |
| 033 | DeSoto |
| 035 | Forrest |
| 037 | Franklin |
| 039 | George |
| 041 | Greene |
| 043 | Grenada |
| 045 | Hancock |
| 047 | Harrison |
| 049 | Hinds |
| 051 | Holmes |
| 053 | Humphreys |
| 055 | Issaquena |
| 057 | Itawamba |
| 059 | Jackson |
| 061 | Jasper |
| 063 | Jefferson |
| 065 | Jefferson Davis |
| 067 | Jones |
| 069 | Kemper |
| 071 | Lafayette |
| 073 | Lamar |
| 075 | Lauderdale |
| 077 | Lawrence |
| 079 | Leake |
| 081 | Lee |
| 083 | Leflore |
| 085 | Lincoln |
| 087 | Lowndes |
| 089 | Madison |
| 091 | Marion |
| 093 | Marshall |
| 095 | Monroe |
| 097 | Montgomery |
| 099 | Neshoba |
| 101 | Newton |
| 103 | Noxubee |
| 105 | Oktibbeha |
| 107 | Panola |
| 109 | Pearl River |
| 111 | Perry |
| 113 | Pike |
| 115 | Pontotoc |
| 117 | Prentiss |
| 119 | Quitman |
| 121 | Rankin |
| 123 | Scott |
| 125 | Sharkey |
| 127 | Simpson |
| 129 | Smith |
| 131 | Stone |
| 133 | Sunflower |
| 135 | Tallahatchie |
| 137 | Tate |
| 139 | Tippah |
| 141 | Tishomingo |
| 143 | Tunica |
| 145 | Union |
| 147 | Walthall |
| 149 | Warren |
| 151 | Washington |
| 153 | Wayne |
| 155 | Webster |
| 157 | Wilkinson |
| 159 | Winston |
| 161 | Yalobusha |
| 163 | Yazoo |

**NAME: MISSOURI**
**ALPHABETIC CODE: MO**
**NUMERIC CODE: 29**

| CODE | COUNTY NAME |
|---|---|
| 001 | Adair |
| 003 | Andrew |
| 005 | Atchison |
| 007 | Audrain |
| 009 | Barry |
| 011 | Barton |
| 013 | Bates |
| 015 | Benton |
| 017 | Bollinger |
| 019 | Boone |
| 021 | Buchanan |
| 023 | Butler |
| 025 | Caldwell |
| 027 | Callaway |
| 029 | Camden |
| 031 | Cape Girardeau |
| 033 | Carroll |
| 035 | Carter |
| 037 | Cass |
| 039 | Cedar |
| 041 | Chariton |
| 043 | Christian |
| 045 | Clark |
| 047 | Clay |
| 049 | Clinton |
| 051 | Cole |
| 053 | Cooper |
| 055 | Crawford |
| 057 | Dade |
| 059 | Dallas |
| 061 | Daviess |
| 063 | DeKalb |
| 065 | Dent |
| 067 | Douglas |
| 069 | Dunklin |
| 071 | Franklin |
| 073 | Gasconade |
| 075 | Gentry |
| 077 | Greene |
| 079 | Grundy |
| 081 | Harrison |
| 083 | Henry |
| 085 | Hickory |
| 087 | Holt |
| 089 | Howard |
| 091 | Howell |
| 093 | Iron |
| 095 | Jackson |
| 097 | Jasper |
| 099 | Jefferson |
| 101 | Johnson |
| 103 | Knox |
| 105 | Laclede |
| 107 | Lafayette |
| 109 | Lawrence |
| 111 | Lewis |
| 113 | Lincoln |
| 115 | Linn |
| 117 | Livingston |
| 119 | McDonald |
| 121 | Macon |
| 123 | Madison |
| 125 | Maries |
| 127 | Marion |
| 129 | Mercer |
| 131 | Miller |
| 133 | Mississippi |
| 135 | Moniteau |
| 137 | Monroe |
| 139 | Montgomery |
| 141 | Morgan |
| 143 | New Madrid |
| 145 | Newton |
| 147 | Nodaway |
| 149 | Oregon |
| 151 | Osage |
| 153 | Ozark |
| 155 | Pemiscot |
| 157 | Perry |
| 159 | Pettis |
| 161 | Phelps |
| 163 | Pike |
| 165 | Platte |
| 167 | Polk |
| 169 | Pulaski |
| 171 | Putnam |
| 173 | Ralls |
| 175 | Randolph |
| 177 | Ray |
| 179 | Reynolds |
| 181 | Ripley |
| 183 | St. Charles |
| 185 | St. Clair |
| 186 | Ste. Genevieve |
| 187 | St. Francois |
| 189 | St. Louis County |
| 195 | Saline |
| 197 | Schuyler |
| 199 | Scotland |
| 201 | Scott |
| 203 | Shannon |
| 205 | Shelby |
| 207 | Stoddard |
| 209 | Stone |
| 211 | Sullivan |
| 213 | Taney |
| 215 | Texas |
| 217 | Vernon |
| 219 | Warren |
| 221 | Washington |
| 223 | Wayne |
| 225 | Webster |
| 227 | Worth |
| 229 | Wright |

**CODE INDEPENDENT CITY**

| | |
|---|---|
| 510 | St. Louis City |

**STATE NAME: MONTANA**
**ALPHABETIC CODE: MT**
**NUMERIC CODE: 30**

| CODE | COUNTY NAME |
|---|---|
| 001 | Beaverhead |
| 003 | Big Horn |
| 005 | Blaine |
| 007 | Broadwater |
| 009 | Carbon |
| 011 | Carter |
| 013 | Cascade |
| 015 | Chouteau |
| 017 | Custer |
| 019 | Daniels |
| 021 | Dawson |
| 023 | Deer Lodge |
| 025 | Fallon |
| 027 | Fergus |
| 029 | Flathead |
| 031 | Gallatin |
| 033 | Garfield |
| 035 | Glacier |
| 037 | Golden Valley |
| 039 | Granite |
| 041 | Hill |
| 043 | Jefferson |
| 045 | Judith Basin |
| 047 | Lake |
| 049 | Lewis and Clark |
| 051 | Liberty |
| 053 | Lincoln |
| 055 | McCone |
| 057 | Madison |
| 059 | Meagher |
| 061 | Mineral |
| 063 | Missoula |
| 065 | Musselshell |

| | |
|---|---|
| 067 | Park |
| 069 | Petroleum |
| 071 | Phillips |
| 073 | Pondera |
| 075 | Powder River |
| 077 | Powell |
| 079 | Prairie |
| 081 | Ravalli |
| 083 | Richland |
| 085 | Roosevelt |
| 087 | Rosebud |
| 089 | Sanders |
| 091 | Sheridan |
| 093 | Silver Bow |
| 095 | Stillwater |
| 097 | Sweet Grass |
| 099 | Teton |
| 101 | Tooke |
| 103 | Treasure |
| 105 | Valley |
| 107 | Wheatland |
| 109 | Wibaux |
| 111 | Yellowstone |

NIST has been notified by the Bureau of Census that Yellowstone National Park, MT, is legally part of Gallatin County and Park County. This eliminates Yellowstone National Park (FIPS Code 113) as a county equivalent.

**STATE NAME: NEBRASKA**
**ALPHABETIC CODE: NE**
**NUMERIC CODE: 31**

| CODE | COUNTY NAME |
|---|---|
| 001 | Adams |
| 003 | Antelope |
| 005 | Arthur |
| 007 | Banner |
| 009 | Blaine |
| 011 | Boone |
| 013 | Box Butte |
| 015 | Boyd |
| 017 | Brown |
| 019 | Buffalo |
| 021 | Burt |
| 023 | Butler |
| 025 | Cass |
| 027 | Cedar |
| 029 | Chase |
| 031 | Cherry |
| 033 | Cheyenne |
| 035 | Clay |
| 037 | Colfax |
| 039 | Cuming |
| 041 | Custer |
| 043 | Dakota |
| 045 | Dawes |
| 047 | Dawson |
| 049 | Deuel |
| 051 | Dixon |
| 053 | Dodge |
| 055 | Douglas |
| 057 | Dundy |
| 059 | Fillmore |
| 061 | Franklin |
| 063 | Frontier |
| 065 | Furnas |
| 067 | Gage |
| 069 | Garden |
| 071 | Garfield |
| 073 | Gosper |
| 075 | Grant |
| 077 | Greeley |
| 079 | Hall |
| 081 | Hamilton |
| 083 | Harlan |
| 085 | Hayes |
| 087 | Hitchcock |
| 089 | Holt |
| 091 | Hooker |
| 093 | Howard |
| 095 | Jefferson |
| 097 | Johnson |
| 099 | Kearney |
| 101 | Keith |
| 103 | Keya Paha |
| 105 | Kimball |
| 107 | Knox |
| 109 | Lancaster |
| 111 | Lincoln |
| 113 | Logan |
| 115 | Loup |
| 117 | McPherson |
| 119 | Madison |
| 121 | Merrick |
| 123 | Morrill |
| 125 | Nance |
| 127 | Nemaha |
| 129 | Nuckolls |
| 131 | Otoe |
| 133 | Pawnee |
| 135 | Perkins |
| 137 | Phelps |
| 139 | Pierce |
| 141 | Platte |
| 143 | Polk |
| 145 | Red Willow |
| 147 | Richardson |
| 149 | Rock |
| 151 | Saline |
| 153 | Sarpy |
| 155 | Saunders |
| 157 | Scotts Bluff |
| 159 | Seward |
| 161 | Sheridan |
| 163 | Sherman |
| 165 | Sioux |
| 167 | Stanton |
| 169 | Thayer |
| 171 | Thomas |
| 173 | Thurston |
| 175 | Valley |
| 177 | Washington |
| 179 | Wayne |
| 181 | Webster |
| 183 | Wheeler |
| 185 | York |

**STATE NAME: NEVADA**
**ALPHABETIC CODE: NV**
**NUMERIC CODE: 32**

| CODE | COUNTY NAME |
|---|---|
| 001 | Churchill |
| 003 | Clark |
| 005 | Doulgas |
| 007 | Elko |
| 009 | Esmeralda |
| 011 | Eureka |
| 013 | Humboldt |
| 015 | Lander |
| 017 | Lincoln |
| 019 | Lyon |
| 021 | Mineral |
| 023 | Nye |
| 027 | Pershing |
| 029 | Storey |
| 031 | Washoe |
| 033 | White Pine |

| CODE | INDEPENDENT CITY |
|---|---|
| 510 | Carson City |

Carson City does not include a legal designation (such as "city").

**STATE NAME:**
**NEW HAMPSHIRE**
**ALPHABETIC CODE: NH**
**NUMERIC CODE: 33**

| CODE | COUNTY NAME |
|---|---|
| 001 | Belknap |
| 003 | Carroll |
| 005 | Cheshire |
| 007 | Coos |
| 009 | Grafton |
| 011 | Hillsborough |
| 013 | Merrimack |
| 015 | Rockingham |
| 017 | Strafford |
| 019 | Sullivan |

**STATE NAME:**
**NEW JERSEY**
**ALPHABETIC CODE: NJ**
**NUMERIC CODE: 34**

| CODE | COUNTY NAME |
|---|---|
| 001 | Atlantic |
| 003 | Bergen |
| 005 | Burlington |
| 007 | Camden |
| 009 | Cape May |
| 011 | Cumberland |
| 013 | Essex |
| 015 | Gloucester |
| 017 | Hudson |
| 019 | Hunterdon |
| 021 | Mercer |
| 023 | Middlesex |
| 025 | Monmouth |
| 027 | Morris |
| 029 | Ocean |
| 031 | Passaic |
| 033 | Salem |
| 035 | Somerset |
| 037 | Sussex |
| 039 | Union |
| 041 | Warren |

**STATE NAME:**
**NEW MEXICO**
**ALPHABETIC CODE: NM**
**NUMERIC CODE: 35**

| CODE | COUNTY NAME |
|---|---|
| 001 | Bernalillo |
| 003 | Catron |
| 005 | Chaves |
| 006 | Cibola |
| 007 | Colfax |
| 009 | Curry |
| 011 | DeBaca |
| 013 | Dona Ana |
| 015 | Eddy |
| 017 | Grant |
| 019 | Guadalupe |
| 021 | Harding |
| 023 | Hidalgo |
| 025 | Lea |
| 027 | Lincoln |
| 028 | Los Alamos |
| 029 | Luna |
| 031 | McKinley |
| 033 | Mora |
| 035 | Otero |
| 037 | Quay |
| 039 | Rio Arriba |
| 041 | Roosevelt |
| 043 | Sandoval |
| 045 | San Juan |
| 047 | San Miguel |
| 049 | Santa Fe |
| 051 | Sierra |
| 053 | Socorro |
| 055 | Taos |
| 057 | Torrance |
| 059 | Union |
| 061 | Valencia |

Cibola was established from part of Valencia (6/19/81).

**STATE NAME:**
**NEW YORK**
**ALPHABETIC CODE: NY**
**NUMERIC CODE: 36**

| CODE | COUNTY NAME |
|---|---|
| 001 | Albany |
| 003 | Allegany |
| 005 | Bronx |
| 007 | Broome |
| 009 | Cattaraugus |
| 011 | Cayuga |
| 013 | Chautauqua |
| 015 | Chemung |
| 017 | Chenango |
| 019 | Clinton |
| 021 | Columbia |
| 023 | Cortland |
| 025 | Delaware |
| 027 | Dutchess |
| 029 | Erie |
| 031 | Essex |
| 033 | Franklin |
| 035 | Fulton |
| 037 | Genesee |

| | |
|---|---|
| 039 | Greene |
| 041 | Hamilton |
| 043 | Herkimer |
| 045 | Jefferson |
| 047 | Kings |
| 049 | Lewis |
| 051 | Livingston |
| 053 | Madison |
| 055 | Monroe |
| 057 | Montgomery |
| 059 | Nassau |
| 061 | New York |
| 063 | Niagara |
| 065 | Oneida |
| 067 | Onondaga |
| 069 | Ontario |
| 071 | Orange |
| 073 | Orleans |
| 075 | Oswego |
| 077 | Otsego |
| 079 | Putnam |
| 081 | Queens |
| 083 | Rensselaer |
| 085 | Richmond |
| 087 | Rockland |
| 089 | St. Lawrence |
| 091 | Saratoga |
| 093 | Schenectady |
| 095 | Schoharie |
| 097 | Schuyler |
| 099 | Seneca |
| 101 | Steuben |
| 103 | Suffolk |
| 105 | Sullivan |
| 107 | Tioga |
| 109 | Tompkins |
| 111 | Ulster |
| 113 | Warren |
| 115 | Washington |
| 117 | Wayne |
| 119 | Westchester |
| 121 | Wyoming |
| 123 | Yates |

**STATE NAME: NORTH CAROLINA**
**ALPHABETIC CODE: NC**
**NUMERIC CODE: 37**

| CODE | COUNTY NAME |
|---|---|
| 001 | Alamance |
| 003 | Alexander |
| 005 | Alleghany |
| 007 | Anson |
| 009 | Ashe |
| 011 | Avery |
| 013 | Beaufort |
| 015 | Bertie |
| 017 | Bladen |
| 019 | Brunswick |
| 021 | Buncombe |
| 023 | Burke |
| 025 | Cabarrus |
| 027 | Caldwell |
| 029 | Camden |
| 031 | Carteret |
| 033 | Caswell |
| 035 | Catawba |
| 037 | Chatham |
| 039 | Cherokee |
| 041 | Chowan |
| 043 | Clay |
| 045 | Cleveland |
| 047 | Columbus |
| 049 | Craven |
| 051 | Cumberland |
| 053 | Currituck |
| 055 | Dare |
| 057 | Davidson |
| 059 | Davie |
| 061 | Duplin |
| 063 | Durham |
| 065 | Edgecombe |
| 067 | Forsyth |
| 069 | Franklin |
| 071 | Gaston |
| 073 | Gates |
| 075 | Graham |
| 077 | Granville |
| 079 | Greene |
| 081 | Guilford |
| 083 | Halifax |
| 085 | Harnett |
| 087 | Haywood |
| 089 | Henderson |
| 091 | Hertford |
| 093 | Hoke |
| 095 | Hyde |
| 097 | Iredell |
| 099 | Jackson |
| 101 | Johnston |
| 103 | Jones |
| 105 | Lee |
| 107 | Lenoir |
| 109 | Lincoln |
| 111 | McDowell |
| 113 | Macon |
| 115 | Madison |
| 117 | Martin |
| 119 | Mecklenburg |
| 121 | Mitchell |
| 123 | Montgomery |
| 125 | Moore |
| 127 | Nash |
| 129 | New Hanover |
| 131 | Northampton |
| 133 | Onslow |
| 135 | Orange |
| 137 | Pamlico |
| 139 | Pasquotank |
| 141 | Pender |
| 143 | Perquimans |
| 145 | Person |
| 147 | Pitt |
| 149 | Polk |
| 151 | Randolph |
| 153 | Richmond |
| 155 | Robeson |
| 157 | Rockingham |
| 159 | Rowan |
| 161 | Rutherford |
| 163 | Sampson |
| 165 | Scotland |
| 167 | Stanly |
| 169 | Stokes |
| 171 | Surry |
| 173 | Swain |
| 175 | Transylvania |
| 177 | Tyrrell |
| 179 | Union |
| 181 | Vance |
| 183 | Wake |
| 185 | Warren |
| 187 | Washington |
| 189 | Watauga |
| 191 | Wayne |
| 193 | Wilkes |
| 195 | Wilson |
| 197 | Yadkin |
| 199 | Yancey |

**STATE NAME: NORTH DAKOTA**
**ALPHABETIC CODE: ND**
**NUMERIC CODE: 38**

| CODE | COUNTY NAME |
|---|---|
| 001 | Adams |
| 003 | Barnes |
| 005 | Benson |
| 007 | Billings |
| 009 | Bottineau |
| 011 | Bowman |
| 013 | Burke |
| 015 | Burleigh |
| 017 | Cass |
| 019 | Cavalier |
| 021 | Dickey |
| 023 | Divide |
| 025 | Dunn |
| 027 | Eddy |
| 029 | Emmons |
| 031 | Foster |
| 033 | Golden Valley |
| 035 | Grand Forks |
| 037 | Grant |
| 039 | Griggs |
| 041 | Hettinger |
| 043 | Kidder |
| 045 | LaMoure |
| 047 | Logan |
| 049 | McHenry |
| 051 | McIntosh |
| 053 | McKenzie |
| 055 | McLean |
| 057 | Mercer |
| 059 | Morton |
| 061 | Mountrail |
| 063 | Nelson |
| 065 | Oliver |
| 067 | Pembina |
| 069 | Pierce |
| 071 | Ramsey |
| 073 | Ransom |
| 075 | Renville |
| 077 | Richland |
| 079 | Rolette |
| 081 | Sargent |
| 083 | Sheridan |
| 085 | Sioux |
| 087 | Slope |
| 089 | Stark |
| 091 | Steele |
| 093 | Stutsman |
| 095 | Towner |
| 097 | Traill |
| 099 | Walsh |
| 101 | Ward |
| 103 | Wells |
| 105 | Williams |

**STATE NAME: OHIO**
**ALPHABETIC CODE: OH**
**NUMERIC CODE: 39**

| CODE | COUNTY NAME |
|---|---|
| 001 | Adams |
| 003 | Allen |
| 005 | Ashland |
| 007 | Ashtabula |
| 009 | Athens |
| 011 | Auglaize |
| 013 | Belmont |
| 015 | Brown |
| 017 | Butler |
| 019 | Carroll |
| 021 | Champaign |
| 023 | Clark |
| 025 | Clermont |
| 027 | Clinton |
| 029 | Columbiana |
| 031 | Coshocton |
| 033 | Crawford |
| 035 | Cuyahoga |
| 037 | Darke |
| 039 | Defiance |
| 041 | Delaware |
| 043 | Erie |
| 045 | Fairfield |
| 047 | Fayette |
| 049 | Franklin |
| 051 | Fulton |
| 053 | Gallia |
| 055 | Geauga |
| 057 | Greene |
| 059 | Guernsey |
| 061 | Hamilton |
| 063 | Hancock |
| 065 | Hardin |
| 067 | Harrison |
| 069 | Henry |
| 071 | Highland |
| 073 | Hocking |
| 075 | Holmes |
| 077 | Huron |
| 079 | Jackson |
| 081 | Jefferson |
| 083 | Knox |
| 085 | Lake |
| 087 | Lawrence |
| 089 | Licking |
| 091 | Logan |
| 093 | Lorain |
| 095 | Lucas |
| 097 | Madison |
| 099 | Mahoning |
| 101 | Marion |
| 103 | Medina |
| 105 | Meigs |
| 107 | Mercer |
| 109 | Miami |
| 111 | Monroe |
| 113 | Montgomery |
| 115 | Morgan |
| 117 | Morrow |
| 119 | Muskingum |
| 121 | Noble |

| | |
|---|---|
| 123 | Ottawa |
| 125 | Paulding |
| 127 | Perry |
| 129 | Pickaway |
| 131 | Pike |
| 133 | Portage |
| 135 | Preble |
| 137 | Putnam |
| 139 | Richland |
| 141 | Ross |
| 143 | Sandusky |
| 145 | Scioto |
| 147 | Seneca |
| 149 | Shelby |
| 151 | Stark |
| 153 | Summit |
| 155 | Trumbull |
| 157 | Tuscarawas |
| 159 | Union |
| 161 | VanWert |
| 163 | Vinton |
| 165 | Warren |
| 167 | Washington |
| 169 | Wayne |
| 171 | Williams |
| 173 | Wood |
| 175 | Wyandot |

**STATE NAME: OKLAHOMA**
**ALPHABETIC CODE: OK**
**NUMERIC CODE: 40**

| CODE | COUNTY NAME |
|---|---|
| 001 | Adair |
| 003 | Alfalfa |
| 005 | Atoka |
| 007 | Beaver |
| 009 | Beckham |
| 011 | Blaine |
| 013 | Bryan |
| 015 | Caddo |
| 017 | Canadian |
| 019 | Carter |
| 021 | Cherokee |
| 023 | Choctaw |
| 025 | Cimarron |
| 027 | Cleveland |
| 029 | Coal |
| 031 | Comanche |
| 033 | Cotton |
| 035 | Craig |
| 037 | Creek |
| 039 | Custer |
| 041 | Delaware |
| 043 | Dewey |
| 045 | Ellis |
| 047 | Garfield |
| 049 | Garvin |
| 051 | Grady |
| 053 | Grant |
| 055 | Greer |
| 057 | Harmon |
| 059 | Harper |
| 061 | Haskell |
| 063 | Hughes |
| 065 | Jackson |
| 067 | Jefferson |
| 069 | Johnston |
| 071 | Kay |
| 073 | Kingfisher |
| 075 | Kiowa |
| 077 | Latimer |
| 079 | Le Flore |
| 081 | Lincoln |
| 083 | Logan |
| 085 | Love |
| 087 | McClain |
| 089 | McCurtain |
| 091 | McIntosh |
| 093 | Major |
| 095 | Marshall |
| 097 | Mayes |
| 099 | Murray |
| 101 | Muskogee |
| 103 | Noble |
| 105 | Nowata |
| 107 | Okfushee |
| 109 | Oklahoma |
| 111 | Okmulgee |
| 113 | Osage |
| 115 | Ottawa |
| 117 | Pawnee |
| 119 | Payne |
| 121 | Pittsburg |
| 123 | Pontotoc |
| 125 | Pottawatomie |
| 127 | Pushmataha |
| 129 | Roger Mills |
| 131 | Rogers |
| 133 | Seminole |
| 135 | Sequoyah |
| 137 | Stephens |
| 139 | Texas |
| 141 | Tillman |
| 143 | Tulsa |
| 145 | Wagoneer |
| 147 | Washington |
| 149 | Washita |
| 151 | Woods |
| 153 | Woodward |

**STATE NAME: OREGON**
**ALPHABETIC CODE: OR**
**NUMERIC CODE: 41**

| CODE | COUNTY NAME |
|---|---|
| 001 | Baker |
| 003 | Benton |
| 005 | Clackamas |
| 007 | Clatsop |
| 009 | Columbia |
| 011 | Coos |
| 013 | Crook |
| 015 | Curry |
| 017 | Deschutes |
| 019 | Douglas |
| 021 | Gilliam |
| 023 | Grant |
| 025 | Harney |
| 027 | Hood River |
| 029 | Jackson |
| 031 | Jefferson |
| 033 | Josephine |
| 035 | Klamath |
| 037 | Lake |
| 039 | Lane |
| 041 | Lincoln |
| 043 | Linn |
| 045 | Malheur |
| 047 | Marion |
| 049 | Morrow |
| 051 | Multnomah |
| 053 | Polk |
| 055 | Sherman |
| 057 | Tillamook |
| 059 | Umatilla |
| 061 | Union |
| 063 | Wallowa |
| 065 | Wasco |
| 067 | Washington |
| 069 | Wheeler |
| 071 | Yamhill |

**STATE NAME: PENNSYLVANIA**
**ALPHABETIC CODE: PA**
**NUMERIC CODE: 42**

| CODE | COUNTY NAME |
|---|---|
| 001 | Adams |
| 003 | Allegheny |
| 005 | Armstrong |
| 007 | Beaver |
| 009 | Bedford |
| 011 | Berks |
| 013 | Blair |
| 015 | Bradford |
| 017 | Bucks |
| 019 | Butler |
| 021 | Cambria |
| 023 | Cameron |
| 025 | Carbon |
| 027 | Centre |
| 029 | Chester |
| 031 | Clarion |
| 033 | Clearfield |
| 035 | Clinton |
| 037 | Columbia |
| 039 | Crawford |
| 041 | Cumberland |
| 043 | Dauphin |
| 045 | Delaware |
| 047 | Elk |
| 049 | Erie |
| 051 | Fayette |
| 053 | Forest |
| 055 | Franklin |
| 057 | Fulton |
| 059 | Greene |
| 061 | Huntingdon |
| 063 | Indiana |
| 065 | Jefferson |
| 067 | Juniata |
| 069 | Lackawanna |
| 071 | Lancaster |
| 073 | Lawrence |
| 075 | Lebanon |
| 077 | Lehigh |
| 079 | Luzerne |
| 081 | Lycoming |
| 083 | McKean |
| 085 | Mercer |
| 087 | Mifflin |
| 089 | Monroe |
| 091 | Montgomery |
| 093 | Montour |
| 095 | Northampton |
| 097 | Northumberland |
| 099 | Perry |
| 101 | Philadelphia |
| 103 | Pike |
| 105 | Potter |
| 107 | Schuylkill |
| 109 | Snyder |
| 111 | Somerset |
| 113 | Sullivan |
| 115 | Susquehanna |
| 117 | Tioga |
| 119 | Union |
| 121 | Venango |
| 123 | Warren |
| 125 | Washington |
| 127 | Wayne |
| 129 | Westmoreland |
| 131 | Wyoming |
| 133 | York |

**STATE NAME: RHODE ISLAND**
**ALPHABETIC CODE: RI**
**NUMERIC CODE: 44**

| CODE | COUNTY NAME |
|---|---|
| 001 | Bristol |
| 003 | Kent |
| 005 | Newport |
| 007 | Providence |
| 009 | Washington |

**STATE NAME: SOUTH CAROLINA**
**ALPHABETIC CODE: SC**
**NUMERIC CODE: 45**

| CODE | COUNTY NAME |
|---|---|
| 001 | Abbeviille |
| 003 | Aiken |
| 005 | Allendale |
| 007 | Anderson |
| 009 | Bamberg |
| 011 | Barnwell |
| 013 | Beaufort |
| 015 | Berkeley |
| 017 | Calhoun |
| 019 | Charleston |
| 021 | Cherokee |
| 023 | Chester |
| 025 | Chesterfield |
| 027 | Clarendon |
| 029 | Colleton |
| 031 | Darlington |
| 033 | Dillon |
| 035 | Dorchester |
| 037 | Edgefield |
| 039 | Fairfield |
| 041 | Florence |
| 043 | Georgetown |
| 045 | Greenville |
| 047 | Greenwood |
| 049 | Hampton |
| 051 | Horry |
| 053 | Jasper |
| 055 | Kershaw |
| 057 | Lancaster |

| | |
|---|---|
| 059 | Laurens |
| 061 | Lee |
| 063 | Lexington |
| 065 | McCormick |
| 067 | Marion |
| 069 | Marlboro |
| 071 | Newberry |
| 073 | Oconee |
| 075 | Orangeburg |
| 077 | Pickens |
| 079 | Richland |
| 081 | Saluda |
| 083 | Spartanburg |
| 085 | Sumter |
| 087 | Union |
| 089 | Williamsburg |
| 091 | York |

**STATE NAME: SOUTH DAKOTA**
**ALPHABETIC CODE: SD**
**NUMERIC CODE: 46**

| CODE | COUNTY NAME |
|---|---|
| 003 | Aurora |
| 005 | Beadle |
| 007 | Bennett |
| 009 | Bon Homme |
| 011 | Brookings |
| 013 | Brown |
| 015 | Brule |
| 017 | Buffalo |
| 019 | Butte |
| 021 | Campbell |
| 023 | Charles Mix |
| 025 | Clark |
| 027 | Clay |
| 029 | Codington |
| 031 | Corson |
| 033 | Custer |
| 035 | Davison |
| 037 | Day |
| 039 | Deuel |
| 041 | Dewey |
| 043 | Douglas |
| 045 | Edmunds |
| 047 | Fall River |
| 049 | Faulk |
| 051 | Grant |
| 053 | Gregory |
| 055 | Haakon |
| 057 | Hamlin |
| 059 | Hand |
| 061 | Hanson |
| 063 | Harding |
| 065 | Hughes |
| 067 | Hutchinson |
| 069 | Hyde |
| 071 | Jackson |
| 073 | Jerauld |
| 075 | Jones |
| 077 | Kingsbury |
| 079 | Lake |
| 081 | Lawrence |
| 083 | Lincoln |
| 085 | Lyman |
| 087 | McCook |
| 089 | McPherson |
| 091 | Marshall |
| 093 | Meade |
| 095 | Mellette |
| 097 | Miner |
| 099 | Minnehaha |
| 101 | Moody |
| 103 | Pennington |
| 105 | Perkins |
| 107 | Potter |
| 109 | Roberts |
| 111 | Sanborn |
| 113 | Shannon |
| 115 | Spink |
| 117 | Stanley |
| 119 | Sully |
| 121 | Todd |
| 123 | Tripp |
| 125 | Turner |
| 127 | Union |
| 129 | Walworth |
| 135 | Yankton |
| 137 | Ziebach |

**STATE NAME: TENNESSEE**
**ALPHABETIC CODE: TN**
**NUMERIC CODE: 47**

| CODE | COUNTY NAME |
|---|---|
| 001 | Anderson |
| 003 | Bedford |
| 005 | Benton |
| 007 | Bledsoe |
| 009 | Blount |
| 011 | Bradley |
| 013 | Campbell |
| 015 | Cannon |
| 017 | Carroll |
| 019 | Carter |
| 021 | Cheatham |
| 023 | Chester |
| 025 | Claiborne |
| 027 | Clay |
| 029 | Cocke |
| 031 | Coffee |
| 033 | Crockett |
| 035 | Cumberland |
| 037 | Davidson |
| 039 | Decatur |
| 041 | DeKalb |
| 043 | Dickson |
| 045 | Dyer |
| 047 | Fayette |
| 049 | Fentress |
| 051 | Franklin |
| 053 | Gibson |
| 055 | Giles |
| 057 | Grainger |
| 059 | Greene |
| 061 | Grundy |
| 063 | Hamblen |
| 065 | Hamilton |
| 067 | Hancock |
| 069 | Hardeman |
| 071 | Hardin |
| 073 | Hawkins |
| 075 | Haywood |
| 077 | Henderson |
| 079 | Henry |
| 081 | Hickman |
| 083 | Houston |
| 085 | Humphreys |
| 087 | Jackson |
| 089 | Jefferson |
| 091 | Johnson |
| 093 | Knox |
| 095 | Lake |
| 097 | Lauderdale |
| 099 | Lawrence |
| 101 | Lewis |
| 103 | Lincoln |
| 105 | Loudon |
| 107 | McMinn |
| 109 | McNairy |
| 111 | Macon |
| 113 | Madison |
| 115 | Marion |
| 117 | Marshall |
| 119 | Maury |
| 121 | Meigs |
| 123 | Monroe |
| 125 | Montgomery |
| 127 | Moore |
| 129 | Morgan |
| 131 | Obion |
| 133 | Overton |
| 135 | Perry |
| 137 | Pickett |
| 139 | Polk |
| 141 | Putnam |
| 143 | Rhea |
| 145 | Roane |
| 147 | Robertson |
| 149 | Rutherford |
| 151 | Scott |
| 153 | Sequatchie |
| 155 | Sevier |
| 157 | Shelby |
| 159 | Smith |
| 161 | Stewart |
| 163 | Sullivan |
| 165 | Sumner |
| 167 | Tipton |
| 169 | Trousdale |
| 171 | Unicoi |
| 173 | Union |
| 175 | Van Buren |
| 177 | Warren |
| 179 | Washington |
| 181 | Wayne |
| 183 | Weakley |
| 185 | White |
| 187 | Williamson |
| 189 | Wilson |

**STATE NAME: TEXAS**
**ALPHABETIC CODE: TX**
**NUMERIC CODE: 48**

| CODE | COUNTY NAME |
|---|---|
| 001 | Anderson |
| 003 | Andrews |
| 005 | Angelina |
| 007 | Aransas |
| 009 | Archer |
| 011 | Armstrong |
| 013 | Atascosa |
| 015 | Austin |
| 017 | Bailey |
| 019 | Bandera |
| 021 | Bastrop |
| 023 | Baylor |
| 025 | Bee |
| 027 | Bell |
| 029 | Bexar |
| 031 | Blanco |
| 033 | Borden |
| 035 | Bosque |
| 037 | Bowie |
| 039 | Brazoria |
| 041 | Brazos |
| 043 | Brewster |
| 045 | Briscoe |
| 047 | Brooks |
| 049 | Brown |
| 051 | Burleson |
| 053 | Burnet |
| 055 | Caldwell |
| 057 | Calhoun |
| 059 | Callahan |
| 061 | Cameron |
| 063 | Camp |
| 065 | Carson |
| 067 | Cass |
| 069 | Castro |
| 071 | Chambers |
| 073 | Cherokee |
| 075 | Childress |
| 077 | Clay |
| 079 | Cochran |
| 081 | Coke |
| 083 | Coleman |
| 085 | Collin |
| 087 | Collingsworth |
| 089 | Colorado |
| 091 | Comal |
| 093 | Comanche |
| 095 | Concho |
| 097 | Cooke |
| 099 | Coryell |
| 101 | Cottle |
| 103 | Crane |
| 105 | Crockett |
| 107 | Crosby |
| 109 | Culberson |
| 111 | Dallam |
| 113 | Dallas |
| 115 | Dawson |
| 117 | Deaf Smith |
| 119 | Delta |
| 121 | Denton |
| 123 | DeWitt |
| 125 | Dickens |
| 127 | Dimmit |
| 129 | Donley |
| 131 | Duval |
| 133 | Eastland |
| 135 | Ector |
| 137 | Edwards |
| 139 | Ellis |
| 141 | El Paso |
| 143 | Erath |
| 145 | Falls |
| 147 | Fannin |
| 149 | Fayette |
| 151 | Fisher |
| 153 | Floyd |
| 155 | Foard |

| | |
|---|---|
| 157 | Fort Bend |
| 159 | Franklin |
| 161 | Freestone |
| 163 | Frio |
| 165 | Gaines |
| 167 | Galveston |
| 169 | Garza |
| 171 | Gillespie |
| 173 | Glasscock |
| 175 | Goliad |
| 177 | Gonzales |
| 179 | Gray |
| 181 | Grayson |
| 183 | Gregg |
| 185 | Grimes |
| 187 | Guadalupe |
| 189 | Hale |
| 191 | Hall |
| 193 | Hamilton |
| 195 | Hansford |
| 197 | Hardeman |
| 199 | Hardin |
| 201 | Harris |
| 203 | Harrison |
| 205 | Hartley |
| 207 | Haskell |
| 209 | Hays |
| 211 | Hemphill |
| 213 | Henderson |
| 215 | Hidalgo |
| 217 | Hill |
| 219 | Hockley |
| 221 | Hood |
| 223 | Hopkins |
| 225 | Houston |
| 227 | Howard |
| 229 | Hudspeth |
| 231 | Hunt |
| 233 | Hutchinson |
| 235 | Irion |
| 237 | Jack |
| 239 | Jackson |
| 241 | Jasper |
| 243 | Jeff Davis |
| 245 | Jefferson |
| 247 | Jim Hogg |
| 249 | Jim Wells |
| 251 | Johnson |
| 253 | Jones |
| 255 | Karnes |
| 257 | Kaufman |
| 259 | Kendall |
| 261 | Kenedy |
| 263 | Kent |
| 265 | Kerr |
| 267 | Kimble |
| 269 | King |
| 271 | Kinney |
| 273 | Kleberg |
| 275 | Knox |
| 277 | Lamar |
| 279 | Lamb |
| 281 | Lampasas |
| 283 | La Salle |
| 285 | Lavaca |
| 287 | Lee |
| 289 | Leon |
| 291 | Liberty |
| 293 | Limestone |
| 295 | Lipscomb |
| 297 | Live Oak |
| 299 | Llano |
| 301 | Loving |
| 303 | Lubbock |
| 305 | Lynn |
| 307 | McCulloch |
| 309 | McLennan |
| 311 | McMullen |
| 313 | Madison |
| 315 | Marion |
| 317 | Martin |
| 319 | Mason |
| 321 | Matagorda |
| 323 | Maverick |
| 325 | Medina |
| 327 | Menard |
| 329 | Midland |
| 331 | Milam |
| 333 | Mills |
| 335 | Mitchell |
| 337 | Montague |
| 339 | Montgomery |
| 341 | Moore |
| 343 | Morris |
| 345 | Motley |
| 347 | Nacogdoches |
| 349 | Navarro |
| 351 | Newton |
| 353 | Nolan |
| 355 | Nueces |
| 357 | Ochiltree |
| 359 | Oldham |
| 361 | Orange |
| 363 | Palo Pinto |
| 365 | Panola |
| 367 | Parker |
| 369 | Parmer |
| 371 | Pecos |
| 373 | Polk |
| 375 | Potter |
| 377 | Presidio |
| 379 | Rains |
| 381 | Randall |
| 383 | Reagan |
| 385 | Real |
| 387 | Red River |
| 389 | Reeves |
| 391 | Refugio |
| 393 | Roberts |
| 395 | Robertson |
| 397 | Rockwall |
| 399 | Runnels |
| 401 | Rusk |
| 403 | Sabine |
| 405 | San Augustine |
| 407 | San Jacinto |
| 409 | San Patricio |
| 411 | San Saba |
| 413 | Schleicher |
| 415 | Scurry |
| 417 | Shackleford |
| 419 | Shelby |
| 421 | Sherman |
| 423 | Smith |
| 425 | Somervell |
| 427 | Starr |
| 429 | Stephens |
| 431 | Sterling |
| 433 | Stonewall |
| 435 | Sutton |
| 437 | Swisher |
| 439 | Tarrant |
| 441 | Taylor |
| 443 | Terrell |
| 445 | Terry |
| 447 | Throckmorton |
| 449 | Titus |
| 451. | Tom Green |
| 453 | Travis |
| 455 | Trinity |
| 457 | Tyler |
| 459 | Upshur |
| 461 | Upton |
| 463 | Uvalde |
| 465 | Val Verde |
| 467 | Van Zandt |
| 469 | Victoria |
| 471 | Walker |
| 473 | Waller |
| 475 | Ward |
| 477 | Washington |
| 479 | Webb |
| 481 | Wharton |
| 483 | Wheeler |
| 485 | Wichita |
| 487 | Wilbarger |
| 489 | Willacy |
| 491 | Williamson |
| 493 | Wilson |
| 495 | Winkler |
| 497 | Wise |
| 499 | Wood |
| 501 | Yoakum |
| 503 | Young |
| 505 | Zapata |
| 507 | Zavala |

**STATE NAME: UTAH**
**ALPHABETIC CODE: UT**
**NUMERIC CODE: 49**

| CODE | COUNTY NAME |
|---|---|
| 001 | Beaver |
| 003 | Box Elder |
| 005 | Cache |
| 007 | Carbon |
| 009 | Daggett |
| 011 | Davis |
| 013 | Duchesne |
| 015 | Emery |
| 017 | Garfield |
| 019 | Grand |
| 021 | Iron |
| 023 | Juab |
| 025 | Kane |
| 027 | Millard |
| 029 | Morgan |
| 031 | Piute |
| 033 | Rich |
| 035 | Salt Lake |
| 037 | San Juan |
| 039 | Sanpete |
| 041 | Sevier |
| 043 | Summit |
| 045 | Tooele |
| 047 | Uintah |
| 049 | Utah |
| 051 | Wasatch |
| 053 | Washington |
| 055 | Wayne |
| 057 | Weber |

**STATE NAME: VERMONT**
**ALPHABETIC CODE: VT**
**NUMERIC CODE: 50**

| CODE | COUNTY NAME |
|---|---|
| 001 | Addison |
| 003 | Bennington |
| 005 | Caldedonia |
| 007 | Chittenden |
| 009 | Essex |
| 011 | Franklin |
| 013 | Grand Isle |
| 015 | Lamoille |
| 017 | Orange |
| 019 | Orleans |
| 021 | Rutland |
| 023 | Washington |
| 025 | Windham |
| 027 | Windsor |

**STATE NAME: VIRGINIA**
**ALPHABETIC CODE: VA**
**NUMERIC CODE: 51**

| CODE | COUNTY NAME |
|---|---|
| 001 | Accomack |
| 003 | Albermarle |
| 005 | Alleghany |
| 007 | Amelia |
| 009 | Amherst |
| 011 | Appomattox |
| 013 | Arlington |
| 015 | Augusta |
| 017 | Bath |
| 019 | Bedford |
| 021 | Bland |
| 023 | Botetourt |
| 025 | Brunswick |
| 027 | Buchanan |
| 029 | Buckingham |
| 031 | Campbell |
| 033 | Caroline |
| 035 | Carroll |
| 036 | Charles City |
| 037 | Charlotte |
| 041 | Chesterfield |
| 043 | Clarke |
| 045 | Craig |
| 047 | Culpeper |
| 049 | Cumberland |
| 051 | Dickenson |
| 053 | Dinwiddie |
| 057 | Essex |
| 059 | Fairfax |
| 061 | Fauquier |
| 063 | Floyd |
| 065 | Fluvanna |
| 067 | Franklin |
| 069 | Frederick |
| 071 | Giles |
| 073 | Gloucester |
| 075 | Goochland |
| 077 | Grayson |
| 079 | Greene |

| | |
|---|---|
| 081 | Greensville |
| 083 | Halifax |
| 085 | Hanover |
| 087 | Henrico |
| 089 | Henry |
| 091 | Highland |
| 093 | Isle of Wight |
| 095 | James City |
| 097 | King And Queen |
| 099 | King George |
| 101 | King William |
| 103 | Lancaster |
| 105 | Lee |
| 107 | Loudoun |
| 109 | Louisa |
| 111 | Lunenburg |
| 113 | Madison |
| 115 | Mathews |
| 117 | Mecklenburg |
| 119 | Middlesex |
| 121 | Montgomery |
| 125 | Nelson |
| 127 | New Kent |
| 131 | Northampton |
| 133 | Northumberland |
| 135 | Nottoway |
| 137 | Orange |
| 139 | Page |
| 141 | Patrick |
| 143 | Pittsylvania |
| 145 | Powhatan |
| 147 | Prince Edward |
| 149 | Prince George |
| 153 | Prince William |
| 155 | Pulaski |
| 157 | Rappahannock |
| 159 | Richmond |
| 161 | Roanoke |
| 163 | Rockbridge |
| 165 | Rockingham |
| 167 | Russell |
| 169 | Scott |
| 171 | Shenandoah |
| 173 | Smyth |
| 175 | Southampton |
| 177 | Spotsylvania |
| 179 | Stafford |
| 181 | Surry |
| 183 | Sussex |
| 185 | Tazewell |
| 187 | Warren |
| 191 | Washington |
| 193 | Westmoreland |
| 195 | Wise |
| 197 | Wythe |
| 199 | York |

| **CODE** | **INDEPENDENT CITY** |
|---|---|
| 510 | Alexandria (city) |
| 515 | Bedford (city) |
| 520 | Bristol (city) |
| 530 | Buena Vista (city) |
| 540 | Charlottsville (city) |
| 550 | Chesapeake (city) |
| 570 | Colonial Heights (city) |
| 580 | Covington (city) |
| 590 | Danville (city) |
| 595 | Emporia (city) |
| 600 | Fairfax (city) |
| 610 | Falls Church (city) |
| 620 | Franklin (city) |
| 630 | Fredericksburg (city) |
| 640 | Galax (city) |
| 650 | Hampton (city) |
| 660 | Harrisonburg (city) |
| 670 | Hopewell (city) |
| 678 | Lexington (city) |
| 680 | Lynchburg (city) |
| 683 | Manassas (city) |
| 685 | Manassas Park (city) |
| 690 | Martinsville (city) |
| 700 | Newport News (city) |
| 710 | Norfolk (city) |
| 720 | Norton (city) |
| 730 | Petersburg (city) |
| 735 | Poquoson (city) |
| 740 | Portsmouth (city) |
| 750 | Radford (city) |
| 760 | Richmond (city) |
| 770 | Roanoke (city) |
| 775 | Salem (city) |
| 790 | Staunton (city) |
| 800 | Suffolk (city) |
| 810 | Virginia Beach (city) |
| 820 | Waynesboro (city) |
| 830 | Williamsburg (city) |
| 840 | Winchester (city) |

The codes for Charles City and Charlotte Counties, reported respectively as 037 and 039 in FIPS PUB 6-3, have been corrected. The Bureau of Economic Analysis, U.S. Department of Commerce has defined codes in the 900 series to represent county/independent city combination in Virginia.

The FIPS county code of 780 for South Boston, VA, is deleted. South Boston will be incorporated within Halifax County rather than a separate county-equivalent surrounded by Halifax County.

The independent city (county-equivalent) of Clifton Forge has reverted to town status, effective July 1, 2001. Clifton Forge is now an incorporated place within Alleghany County, rather than a separate county-equivalent surrounded by Alleghany County. The FIPS county code of 560 for Clifton Forge is deleted.

**STATE NAME: WASHINGTON**
**ALPHABETIC CODE: WA**
**NUMERIC CODE: 53**

| **CODE** | **COUNTY NAME** |
|---|---|
| 001 | Adams |
| 003 | Asotin |
| 005 | Benton |
| 007 | Chelan |
| 009 | Clallam |
| 011 | Clark |
| 013 | Columbia |
| 015 | Cowlitz |
| 017 | Douglas |
| 019 | Ferry |
| 021 | Franklin |
| 023 | Garfield |
| 025 | Grant |
| 027 | Grays Harbor |
| 029 | Island |
| 031 | Jefferson |
| 033 | King |
| 035 | Kitsap |
| 037 | Kittitas |
| 039 | Klickitat |
| 041 | Lewis |
| 043 | Lincoln |
| 045 | Mason |
| 047 | Okanogan |
| 049 | Pacific |
| 051 | Pend Oreille |
| 053 | Pierce |
| 055 | San Juan |
| 057 | Skagit |
| 059 | Skamania |
| 061 | Snohomish |
| 063 | Spokane |
| 065 | Stevens |
| 067 | Thurston |
| 069 | Wahkiakum |
| 071 | Walla Walla |
| 073 | Whatcom |
| 075 | Whitman |
| 077 | Yakima |

**STATE NAME: WEST VIRGINIA**
**ALPHABETIC CODE: WV**
**NUMERIC CODE: 54**

| **CODE** | **COUNTY NAME** |
|---|---|
| 001 | Barbour |
| 003 | Berkeley |
| 005 | Boone |
| 007 | Braxton |
| 009 | Brooke |
| 011 | Cabell |
| 013 | Calhoun |
| 015 | Clay |
| 017 | Doddridge |
| 019 | Fayette |
| 021 | Gilmer |
| 023 | Grant |
| 025 | Greenbrier |
| 027 | Hampshire |
| 029 | Hancock |
| 031 | Hardy |
| 033 | Harrison |
| 035 | Jackson |
| 037 | Jefferson |
| 039 | Kanawha |
| 041 | Lewis |
| 043 | Lincoln |
| 045 | Logan |
| 047 | McDowell |
| 049 | Marion |
| 051 | Marshall |
| 053 | Mason |
| 055 | Mercer |
| 057 | Mineral |
| 059 | Mingo |
| 061 | Monongalia |
| 063 | Monroe |
| 065 | Morgan |
| 067 | Nicholas |
| 069 | Ohio |
| 071 | Pendleton |
| 073 | Pleasants |
| 075 | Pocahontas |
| 077 | Preston |
| 079 | Putnam |
| 081 | Raleigh |
| 083 | Randolph |
| 085 | Ritchie |
| 087 | Roane |
| 089 | Summers |
| 091 | Taylor |
| 093 | Tucker |
| 095 | Tyler |
| 097 | Upshur |
| 099 | Wayne |
| 101 | Webster |
| 103 | Wetzel |
| 105 | Wirt |
| 107 | Wood |
| 109 | Wyoming |

**STATE NAME: WISCONSIN**
**ALPHABETIC CODE: WI**
**NUMERIC CODE: 55**

| **CODE** | **COUNTY NAME** |
|---|---|
| 001 | Adams |
| 003 | Ashland |
| 005 | Barron |
| 007 | Bayfield |
| 009 | Brown |
| 011 | Buffalo |
| 013 | Burnett |
| 015 | Calumet |
| 017 | Chippewa |
| 019 | Clark |
| 021 | Columbia |
| 023 | Crawford |
| 025 | Dane |
| 027 | Dodge |
| 029 | Door |
| 031 | Douglas |
| 033 | Dunn |
| 035 | Eau Claire |
| 037 | Florence |
| 039 | Fond du Lac |
| 041 | Forest |
| 043 | Grant |
| 045 | Green |
| 047 | Green Lake |
| 049 | Iowa |
| 051 | Iron |
| 053 | Jackson |
| 055 | Jefferson |
| 057 | Juneau |
| 059 | Kenosha |
| 061 | Kewaunee |
| 063 | La Crosse |
| 065 | Lafayette |

| | |
|---|---|
| 067 | Langlade |
| 069 | Lincoln |
| 071 | Manitowoc |
| 073 | Marathon |
| 075 | Marinette |
| 077 | Marquette |
| 078 | Menominee |
| 079 | Milwaukee |
| 081 | Monroe |
| 083 | Oconto |
| 085 | Oneida |
| 087 | Outagamie |
| 089 | Ozaukee |
| 091 | Pepin |
| 093 | Pierce |
| 095 | Polk |
| 097 | Portage |
| 099 | Price |
| 101 | Racine |
| 103 | Richland |
| 105 | Rock |
| 107 | Rusk |
| 109 | St. Croix |
| 111 | Sauk |
| 113 | Sawyer |
| 115 | Shawano |
| 117 | Sheboygan |
| 119 | Taylor |
| 121 | Trempealeau |
| 123 | Vernon |
| 125 | Vilas |
| 127 | Walworth |
| 129 | Washburn |
| 131 | Washington |
| 133 | Waukesha |
| 135 | Waupaca |
| 137 | Waushara |
| 139 | Winnebago |
| 141 | Wood |

**STATE NAME: WYOMING**
**ALPHABETIC CODE: WY**
**NUMERIC CODE: 56**

| CODE | COUNTY NAME |
|---|---|
| 001 | Albany |
| 003 | Big Horn |
| 005 | Campbell |
| 007 | Carbon |
| 009 | Converse |
| 011 | Crook |
| 013 | Fremont |
| 015 | Goshen |
| 017 | Hot Springs |
| 019 | Johnson |
| 021 | Laramie |
| 023 | Lincoln |
| 025 | Natrona |
| 027 | Niobrara |
| 029 | Park |
| 031 | Platte |
| 033 | Sheridan |
| 035 | Sublette |
| 037 | Sweetwater |
| 039 | Teton |
| 041 | Uinta |
| 043 | Washakie |
| 045 | Weston |

**AREA NAME: AMERICAN SAMOA**
**ALPHABETIC CODE: AS**
**NUMERIC CODE: 60**

| CODE | DISTRICT/ISLAND NAME |
|---|---|
| 010 | Eastern (District) |
| 020 | Manu'a (District) |
| 030 | Rose Island |
| 040 | Swains Island |
| 050 | Western (District) |

"Island" is part of the name of Rose Island and Swains Island. The entities called "counties" in American Samoa are subdivisions of the districts, and therefore are second-order subdivisions of American Samoa.

**AREA NAME: GUAM**
**ALPHABETIC CODE: GU**
**NUMERIC CODE: 66**

| CODE | SUBDIVISION NAME |
|---|---|
| 010 | Guam |

Guam has no first-order subdivisions, and therefore "Guam" also serves as the county-equivalent entity.

**AREA NAME: NORTHERN MARINA ISLANDS**
**ALPHABETIC CODE: MP**
**NUMERIC CODE: 69**

| CODE | MUNICIPALITY NAME |
|---|---|
| 085 | Northern Islands |
| 100 | Rota |
| 110 | Saipan |
| 120 | Tinian |

**AREA NAME: PALAU**
**ALPHABETIC CODE: PW**
**NUMERIC CODE: 70**

| CODE | STATE NAME |
|---|---|
| 002 | Aimeliik |
| 004 | Airai |
| 010 | Angaur |
| 050 | Hatoboheit |
| 100 | Kayangel |
| 150 | Koror |
| 212 | Melekeok |
| 214 | Ngaraard |
| 218 | Ngarchelong |
| 222 | Ngardmau |
| 224 | Ngatpang |
| 226 | Ngchesar |
| 227 | Ngernmlengui |
| 228 | Ngiwal |
| 350 | Peleliu |
| 370 | Sonsorol |

Palau also is known as Beau, and may be referred to as the Republic of..." Changes since recognition of Palau in Change Notice No. 9 to FIPS PUB 6-3. The first-order subdivisions of Palau have been revised from municipalities to states; the name of Melekeiok has been revised to Melekeok; the name and code for Ngaremlengui (223) have been revised to Ngeremlengui (227); the name and code for Tobi (380) have been revised to Hatobohei (050); the Palau Islands (unorganized territory) (300) is no longer included because that area is part of Koror and Peleliu.

**AREA NAME: PUERTO RICO**
**ALPHABETIC CODE: PR**
**NUMERIC CODE: 72**

| CODE | MUNICIPALITY NAME |
|---|---|
| 001 | Adjuntas |
| 003 | Aguada |
| 005 | Aguadilla |
| 007 | Aguas Buenas |
| 009 | Aibonito |
| 011 | Anasco |
| 013 | Arecibo |
| 015 | Arroyo |
| 017 | Barceloneta |
| 019 | Barranquitas |
| 021 | Bayamo'n |
| 023 | Cabo Rojo |
| 025 | Caguas |
| 027 | Camuy |
| 029 | Canovanas |
| 031 | Carolina |
| 033 | Catano |
| 035 | Cayey |
| 037 | Ceiba |
| 039 | Ciales |
| 041 | Cidra |
| 043 | Coamo |
| 045 | Comerio |
| 047 | Corozal |
| 049 | Culebra |
| 051 | Dorado |
| 053 | Fajardo |
| 054 | Florida |
| 057 | Guayama |
| 059 | Guayanilla |
| 061 | Guaynabo |
| 063 | Gurabo |
| 065 | Hatillo |
| 067 | Hormigueros |
| 069 | Humacao |
| 071 | Isabela |
| 073 | Jayuya |
| 075 | Juana Diaz |
| 077 | Juncos |
| 079 | Lajas |
| 081 | Lares |
| 083 | Las Marias |
| 085 | Las Piedras |
| 087 | Loiza |
| 089 | Luquillo |
| 091 | Manati |
| 093 | Maricao |
| 095 | Maunabo |
| 097 | Mayaguez |
| 099 | Moca |
| 101 | Morovis |
| 103 | Naguabo |
| 105 | Naranjito |
| 107 | Orocovis |
| 109 | Patillas |
| 111 | Penuelas |
| 113 | Ponce |
| 115 | Quebradillas |
| 117 | Rincon |
| 119 | Rio Grande |
| 121 | Sabana Grande |
| 123 | Salinas |
| 125 | San German |
| 127 | San Juan |
| 129 | San Lorenzo |
| 131 | San Sebastian |
| 133 | Santa Isabel |
| 135 | Toa Alta |
| 137 | Toa Baja |
| 139 | Trujillo Alto |
| 141 | Utuado |
| 143 | Vega Alta |
| 145 | Vega Baja |
| 147 | Vieques |
| 149 | Villalba |
| 151 | Yabucoa |
| 153 | Yauco |

**AREA NAME: U.S. OUTLYING ISLANDS**
**ALPHABETIC CODE: UM**
**NUMERIC CODE: 74**

| CODE | ISLAND NAME |
|---|---|
| 050 | Baker Island |
| 100 | Howland Island |
| 150 | Jarvis Island |
| 200 | Johnston Island |
| 250 | Kingman Reef |
| 300 | Midway Islands |
| 350 | Navassa Island |
| 400 | Palmyra Atoll |
| 450 | Wake Island |

An FIPS State numeric code is available for each area; FIPS PUB 5-2 identifies the codes and explains their usage. The State codes can be used in combination with the "county" codes listed here.

**AREA NAME: VIRGIN ISLANDS OF THE UNITED STATES**
**ALPHABETIC CODE: VI**
**NUMERIC CODE: 78**

| CODE | ISLAND NAME |
|---|---|
| 010 | St. Croix |
| 020 | St. John |
| 030 | St. Thomas |
| 30 | |

**AREA NAME: FEDERATED STATES OF MICRONESIA**
**ALPHABETIC CODE: FM**
**NUMERIC CODE: 64**

| CODE | STATE NAME |
|---|---|
| 002 | Chuuk |
| 005 | Kosrae |
| 040 | Pohnpeit |
| 060 | Yap |

The Federated States of Micronesia (FSM) became a freely associated state on 11/3/86. Its first-order subdivisions are called states. Changes since recognition of the FSM in Change Notice No. 9 to FIPS PUB 6-3. Ponape was renamed Pohnpei (11/8/84), and retained code 040; Truk (050) was renamed Chuuk (10/1/89).

**AREA NAME: MARSHALL ISLANDS**
**ALPHABETIC CODE: MH**
**NUMERIC CODE: 68**

| CODE | MUNICIPALITY NAME |
|---|---|
| 007 | Ailinginaie |
| 010 | Ailinglaplap |
| 030 | Ailuk |
| 040 | Arno |
| 050 | Aur |
| 060 | Bikar |
| 070 | Bikini |
| 073 | Bokak |
| 080 | Ebon |
| 090 | Enewetak |
| 100 | Erikub |
| 110 | Jabat |
| 120 | Jaluit |
| 130 | Jemo |
| 140 | Kili |
| 150 | Kwajalein |
| 160 | Lae |
| 170 | Lib |
| 180 | Likiep |
| 190 | Majuro |
| 300 | Maloelap |
| 310 | Mejit |
| 320 | Mili |
| 330 | Namorik |
| 340 | Namu |
| 350 | Rongelap |
| 360 | Rongrik |
| 385 | Toke |
| 390 | Ujae |
| 400 | Ujelang |
| 410 | Utrik |
| 420 | Wotho |
| 430 | Wotle |

The Marshall Islands became a freely associated state on 11/3/86. Its first-order subdivisions also may be referred to as “islands” and “atolls.” Since the recognition of the Marshall Islands in Change Notice No. 9, Jemo has been revised from Jemo Island to a municipality. Toke also may be spelled “Taka.”

# APPENDIX B:

# EDITS TABLES FOR SELECTED DATA ITEMS

## Table Name: BPLACE.DBF (SEER GEOCODES FOR CODING PLACE OF BIRTH)

**CONTINENTAL UNITED STATES AND HAWAII**

| | |
|---|---|
| 000 | United States |
| 001 | New England and New Jersey |
| 002 | Maine |
| 003 | New Hampshire |
| 004 | Vermont |
| 005 | Massachusetts |
| 006 | Rhode Island |
| 007 | Connecticut |
| 008 | New Jersey |
| 010 | North Mid-Atlantic States |
| 011 | New York |
| 014 | Pennsylvania |
| 017 | Delaware |
| 020 | South Mid-Atlantic States |
| 021 | Maryland |
| 022 | District of Columbia |
| 023 | Virginia |
| 024 | West Virginia |
| 025 | North Carolina |
| 026 | South Carolina |
| 030 | Southeastern States |
| 031 | Tennessee |
| 033 | Georgia |
| 035 | Florida |
| 037 | Alabama |
| 039 | Mississippi |
| 040 | North Central States |
| 041 | Michigan |
| 043 | Ohio |
| 045 | Indiana |
| 047 | Kentucky |
| 050 | Northern Midwest States |
| 051 | Wisconsin |
| 052 | Minnesota |
| 053 | Iowa |
| 054 | North Dakota |
| 055 | South Dakota |
| 056 | Montana |
| 060 | Central Midwest States |
| 061 | Illinois |
| 063 | Missouri |
| 065 | Kansas |
| 067 | Nebraska |
| 070 | Southern Midwest States |
| 071 | Arkansas |
| 073 | Louisiana |
| 075 | Oklahoma |
| 077 | Texas |
| 080 | Mountain States |
| 081 | Idaho |
| 082 | Wyoming |
| 083 | Colorado |
| 084 | Utah |
| 085 | Nevada |
| 086 | New Mexico |
| 087 | Arizona |
| 090 | Pacific Coast States |
| 091 | Alaska |
| 093 | Washington |
| 095 | Oregon |
| 097 | California |
| 099 | Hawaii |

**UNITED STATES POSSESSIONS**

When SEER geocodes were originally assigned during the 1970s, the United States owned or controlled islands in the Pacific. Since then, many of these islands have either been given their independence or had control turned over to another country. In order to maintain consistent information over time, these islands are still to be coded to the original codes. Earlier designations are listed in parentheses.

| | |
|---|---|
| 100 | Atlantic/Caribbean Area |
| 101 | Puerto Rico |
| 102 | U.S. Virgin Islands |
| 109 | Other Atlantic/Caribbean Area (Navassa Island, Bajo Nuevo Bank, Serranilla Bank |
| 110 | Canal Zone |
| 120 | Pacific Area |
| 121 | American Samoa |
| 122 | Kiribati (Gilbert Islands, Line Islands, Phoenix Islands) |
| 123 | Micronesia [Federated States of] (Caroline Islands, Trust Territory of Pacific Islands) |
| 124 | Cook Islands (New Zealand) |
| 125 | Tuvalu (Ellice Islands) |
| 126 | Guam |
| 127 | Johnston Atoll |
| 129 | Northern Mariana Islands (Trust Territory of Pacific Islands) |
| 131 | Marshall Islands (Trust Territory Pacific Islands) |
| 132 | Midway Islands/Atoll |
| 133 | Nampo-Shoto/ Southern Islands |
| 134 | Ryukyu Islands (Japan) |
| 135 | Swan Islands |
| 136 | Tokelau Islands (New Zealand) |
| 137 | Wake Island |
| 139 | Palau (Trust Territory of Pacific Islands) |
| 141 | Other Pacific area (Kimgman Reef, Palmyra Atoll, Jarvis Island, Baker Island, Howland Island) |

**NORTH AND SOUTH AMERICA, EXCLUSIVE OF THE UNITED STATES AND ITS POSSESSIONS**

| | |
|---|---|
| 210 | Greenland |
| 220 | Canada |
| 221 | Labrador |
| | Maritime provinces |
| | New Brunswick |
| | Newfoundland and Labrador |
| | Nova Scotia |
| | Prince Edward Island |
| 222 | Quebec |
| 223 | Ontario |
| 224 | Prairie provinces |
| | Alberta |
| | Manitoba |
| | Saskatchewan |
| 225 | Northwest Territories |
| | Yukon Territory |
| 226 | British Columbia |
| 227 | Nunavut (Nunavut became an official Territory of Canada on April 1, 1999.) |
| 230 | Mexico |
| 240 | North American Islands |
| 241 | Cuba |
| 242 | Haiti |
| 243 | Dominican Republic |
| 244 | Jamaica |
| 245 | Other Caribbean Islands |
| | Anguilla |
| | Antigua and Barbuda |
| | Barbados |
| | British Virgin Islands |
| | Cayman Islands |
| | Dominica |
| | Grenada |
| | Guadeloupe |
| | Martinique |
| | Montserrat |
| | Netherlands Antilles |
| | St. Kitts and Nevis |
| | St. Lucia |
| | St. Vincent and the Grenadines |
| | Trinidad and Tobago |
| | Turks and Caicos |
| | Antilles, NOS |
| | British West Indies, NOS |
| | Carribean, NOS |
| | Leeward Islands, NOS |
| | West Indies, NOS |
| | Windward islands, NOS |
| 246 | Bermuda |
| 247 | Bahamas |
| 249 | St. Pierre and Miquelon |
| 250 | Central America |
| 251 | Guatemala |
| 252 | Belize (British Honduras) |
| 253 | Honduras |
| 254 | El Salvador |
| 255 | Nicaragua |
| 256 | Costa Rica |
| 257 | Panama |
| 260 | North America, NOS |
| 265 | Latin America, NOS |
| 300 | South America, NOS |
| 311 | Colombia |
| 321 | Venezuela |
| 331 | Guyana (British Guiana) |
| 332 | Suriname (Dutch Guiana) |
| 333 | French Guiana |
| 341 | Brazil |
| 345 | Ecuador |
| 351 | Peru |
| 355 | Bolivia |
| 361 | Chile |
| 365 | Argentina |
| 371 | Paraguay |
| 375 | Uruguay |
| 380 | South American Islands |
| 381 | Falkland Islands |

**EUROPE**

*Former or alternative names are in parentheses*

Europe, NOS (See code 499) *

** Effective tumors diagnosed 1/1/92.*

| | |
|---|---|
| 400 | United Kingdom, NOS |
| 401 | England |
| | Channel Islands |
| | Isle of Man |
| 402 | Wales |
| 403 | Scotland |
| 404 | Northern Ireland (Ulster) |
| 410 | Ireland (Eire) |
| | Ireland, NOS |
| | Republic of Ireland |
| 420 | Scandinavia |
| | Lapland, NOS |
| 421 | Iceland |
| 423 | Norway |
| | Svalbard |
| | Jan Mayen |
| 425 | Denmark |
| | Faroe Islands |
| 427 | Sweden |
| 429 | Finland |
| 430 | Germanic countries |
| 431 | Germany |
| | (East Germany including East Berlin) |
| | (West Germany including West Berlin) |
| 432 | Netherlands |
| 433 | Belgium |
| 434 | Luxembourg |
| 435 | Switzerland |
| 436 | Austria |
| 437 | Liechtenstein |
| 440 | Romance-language countries |
| 441 | France |
| | Corsica |
| | Monaco |
| 443 | Spain |
| | Andorra |
| | Balearic Islands |
| | Canary Islands |

| | |
|---|---|
| 445 | Portugal |
| | Azores |
| | Cape Verde Islands |
| | Madeira Islands |
| 447 | Italy |
| | San Marino |
| | Sardinia |
| | Sicily |
| | Vatican City (Holy See) |
| 449 | Romania |
| 450 | Slavic countries |
| 451 | Poland |
| 452 | (former) Czechoslovakia region |
| | Bohemia |
| | Czech Republic |
| | Moravia |
| | Slovak Republic |
| | Slovakia |
| 453 | (former) Yugoslavia region |
| | Bosnia-Herzogovina |
| | Croatia |
| | Dalmatia |
| | Montenegro |
| | Macedonia |
| | Serbia |
| | Slavonia |
| | Slovenia |
| 454 | Bulgaria |
| 455 | Russia |
| | Russian Federation |
| | (former) U.S.S.R. |
| | Russia, NOS |
| | (Russian S.F.S.R.) |
| 456 | Ukraine and Moldova |
| | (Bessarabia) |
| | Moldavia |
| | (Moldavian S.S.R.) |
| | (Ukranian S.S.R.) |
| 457 | Belarus |
| | (Byelorussian S.S.R.) |
| | (White Russia) |
| 458 | Estonia (Estonian S.S.R.) |
| 459 | Latvia (Latvian S.S.R.) |
| 461 | Lithuania |
| | (Lithuanian S.S.R.) |
| 463 | Baltic Republic(s), NOS |
| | (Baltic States, NOS) |
| 470 | Other mainland Europe |
| 471 | Greece |
| 475 | Hungary |
| 481 | Albania |
| 485 | Gibraltar |
| 490 | Other Mediterranean islands |
| 491 | Malta |
| 495 | Cyprus |
| 499 | Europe, NOS* |
| | Central Europe, NOS |
| | Eastern Europe, NOS |
| | Northern Europe, NOS |
| | Southern Europe, NOS |
| | Western Europe, NOS |

** Effective tumors diagnosed 1/1/92.*

**AFRICA**

| | |
|---|---|
| 500 | Africa, NOS |
| | Central Africa, NOS |
| | Equatorial Africa, NOS |
| 510 | North Africa, NOS |
| 511 | Morocco |
| 513 | Algeria |
| 515 | Tunisia |
| 517 | Libya |
| | (Cyrenaica) |
| | (Tripoli) |
| | (Tripolitania) |
| 519 | Egypt (United Arab Republic) |
| 520 | Sudanese countries |
| | Burkina Faso (Upper Volta) |
| | Chad |
| | Mali |
| | Mauritania |
| | Niger |
| | Sudan (Anglo-Egyptian Sudan) |
| | Western (Spanish) Sahara |
| 530 | West Africa, NOS |
| | French West Africa, NOS |
| 531 | Nigeria |
| 539 | Other West African Countries |
| | Benin (Dahomey) |
| | Cameroon (Kameroon) |
| | Central African Republic (French Equatorial Africa) |
| | Cote d-Ivoire (Ivory Coast) |
| | Congo (Congo-Brazzaville, French Congo) |
| | Equatorial Guinea (Spanish Guinea) (Bioko [Fernando Poo], Rio Muni) |
| | Gambia |
| | Gabon |
| | Ghana |
| | Guinea |
| | Guinea Bissau (Portuguese Guinea) |
| | Liberia |
| | Senegal |
| | Sierra Leone |
| | Togo |
| 540 | South Africa, NOS |
| 541 | Zaire (Congo-Leopoldville, Belgian Congo, Congo/Kinshasa) |
| 543 | Angola (Sao Tome, Principe, Cabinda) |
| 545 | Republic of South Africa |
| | (Bophuthatswana, Cape Colony, Ciskei, Natal, Free State [Orange Free State], Transkei, Transvaal, Venda) |
| | Botswana (Bechuanaland) |
| | Lesotho (Basutoland) |
| | Namibia (South West Africa) |
| | Swaziland |
| 547 | Zimbabwe (Rhodesia, Southern Rhodesia) |
| 549 | Zambia (Northern Rhodesia) |
| 551 | Malawi (Nyasaland) |
| 553 | Mozambique |
| 555 | Madagascar (Malagasy Republic) |
| 570 | East Africa |
| 571 | Tanzania (Tanganyika, Tanzanyika, Zanzibar) |
| 573 | Uganda |
| 575 | Kenya |
| 577 | Rwanda (Ruanda) |
| 579 | Burundi (Urundi) |
| 581 | Somalia (Somali Republic, Somaliland) |

| | |
|---|---|
| 583 | Djibouti (French Territory of the Afars and Issas, French Somaliland) |
| 585 | Ethiopia (Abyssinia) |
| | Eritrea |
| 580 | African Coastal Islands (previously included in 540) |
| | Comoros |
| | Mauritius |
| | Mayotte |
| | Reunion |
| | St. Helena |
| | Seychelles |

** Effective tumors diagnosed 1/1/92.*

**ASIA**

| | |
|---|---|
| 600 | Asia, NOS* |
| 610 | Near East |
| | Mesopotamia, NOS |
| 611 | Turkey |
| | Anatolia |
| | Asia Minor, NOS |
| 620 | Asian Arab Countries |
| | Iraq-Saudi Arabia Neutral Zone |
| 621 | Syria |
| 623 | Lebanon |
| 625 | Jordan (Transjordan, former Arab Palestine) |
| 627 | Iraq |
| 629 | Arabian Peninsula |
| | Bahrain |
| | Kuwait |
| | Oman and Muscat |
| | Persian Gulf States, NOS |
| | Qatar |
| | Saudi Arabia |
| | United Arab Emirates (Trucial States) |
| | Yemen (Aden, People's Democratic Republic of Yemen, Southern Yemen) |
| 631 | Israel and former Jewish Palestine |
| | Gaza |
| | Palestine, NOS |
| | Palestine (Palestinian National Authority [PNA]) |
| | West Bank |
| 633 | Caucasian Republics of the former U.S.S.R. |
| | Armenia |
| | Azerbaijan (Nagorno-Karabakh) |
| | Georgia |
| 634 | Other Asian Republics of the former U.S.S.R. |
| | Kazakhstan (Kazakh S.S.R.) |
| | Kyrgystan (Kirghiz S.S.R., Kyrgyz) |
| | Tajikistan (Tadzhik S.S.R.) |
| | Turkmenistan (Turkmen S.S.R.) |
| | Uzbekistan (Uzbek S.S.R.) |
| 637 | Iran (Persia) |
| 638 | Afghanistan |
| 639 | Pakistan (West Pakistan) |
| 640 | Mid-East Asia, NOS |
| | Maldives |
| 641 | India, Andaman Islands |
| 643 | Nepal, Bhutan, Sikkim |
| 645 | Bangladesh (East Pakistan) |
| 647 | Sri Lanka (Ceylon) |
| 649 | Myanmar (Burma) |
| 650 | Southeast Asia |
| 651 | Thailand (Siam) |
| 660 | Indochina |
| 661 | Laos |
| 663 | Cambodia, Kampuchea |
| 665 | Vietnam (Tonkin, Annam, Cochin China) |
| 671 | Malaysia, Singapore, Brunei |
| 673 | Indonesia (Dutch East Indies) |
| 675 | Philippines (Philippine Islands) |
| 680 | East Asia |
| 681 | China, NOS |
| 682 | China (People's Republic of China) |
| 683 | Hong Kong |
| 684 | Taiwan (Formosa, Republic of China) |
| 685 | Tibet |
| 686 | Macao (Macau) |
| 691 | Mongolia |
| 693 | Japan |
| 695 | Korea |
| | North Korea |
| | South Korea |

** Effective tumors diagnosed 1/1/92.*

**AUSTRALIA AND OCEANIA**

| | |
|---|---|
| 711 | Australia and Australian New Guinea |
| 715 | New Zealand |
| | Niue |
| 720 | Pacific Islands |
| | Oceania, NOS |
| | Polynesia, NOS |
| 721 | Melanesian Islands |
| | Solomon Islands |
| | Fiji |
| | Fotuna |
| | New Hebrides |
| | Vanuatu |
| | Wallis |
| 723 | Micronesian Islands |
| 725 | Polynesian Islands |
| 750 | Antarctica |

*Except possessions of the United States.*

**PLACE OF BIRTH UNKNOWN**

| | |
|---|---|
| 998 | Place of Birth stated not to be in United States, but no other information available |
| 999 | Place of Birth unknown |

References: *CIA World Factbook*, 1995. U.S. Bureau of the Census Place of Birth Technical Documentation, 1997.

**ALPHABETICAL LISTING**
** Effective tumors diagnosed 1/1/92.*

**A**

| | |
|---|---|
| 585 | Abyssinia |
| 629 | Aden |
| 583 | Afars and Issas |
| 638 | Afghanistan |
| 500 | Africa |
| 570 | Africa, East |
| 510 | Africa, North |
| 540 | Africa, South |
| 545 | Africa, South West |
| 530 | Africa, West |
| 580 | African Coastal Islands (previously included in 540) |
| 037 | Alabama |
| 091 | Alaska |
| 481 | Albania |
| 224 | Alberta |
| 513 | Algeria |
| 250 | America, Central |
| 260 | America, North (see also North America) |
| 300 | America, South |
| 121 | American Samoa |
| 611 | Anatolia |
| 641 | Andaman Islands |
| 443 | Andorra |
| 543 | Angola |
| 245 | Anguilla |
| 665 | Annam |
| 750 | Antarctica |
| 245 | Antigua |
| 245 | Antilles, NOS |
| 245 | Antilles, Netherlands |
| 625 | Arab Palestine |
| 629 | Arabia, Saudi |
| 629 | Arabian Peninsula |
| 365 | Argentina |
| 087 | Arizona |
| 071 | Arkansas |
| 633 | Armenia (U.S.S.R.) |
| 611 | Armenia (Turkey) |
| 750 | Antarctica |
| 245 | Aruba |
| 600 | Asia, NOS* |
| 680 | Asia, East |
| 640 | Asia, Mid-East |
| 610 | Asia Minor, NOS |
| 610 | Asia, Near-East |
| 650 | Asia, Southeast |
| 634 | Asian Republics of the former U.S.S.R. |
| 620 | Asian Arab countries |
| 100 | Atlantic/Caribbean area, U.S. possessions |
| 109 | Atlantic/Caribbean area, other U.S. possessions |
| 711 | Australia |
| 711 | Australian New Guinea |
| 436 | Austria |
| 633 | Azerbaijan |
| 633 | Azerbaizhan S.S.R. |
| 445 | Azores |

**B**

| | |
|---|---|
| 247 | Bahamas |
| 629 | Bahrain |
| 443 | Balearic islands |
| 463 | Baltic Republic, NOS |
| 463 | Baltic States, NOS |
| 645 | Bangladesh |
| 245 | Barbados |
| 245 | Barbuda |
| 431 | Bavaria |
| 545 | Basutoland |
| 545 | Bechuanaland |
| 457 | Belarus |
| 541 | Belgian Congo |
| 433 | Belgium |
| 252 | Belize |
| 539 | Benin |
| 246 | Bermuda |
| 456 | Bessarabia |
| 643 | Bhutan |
| 539 | Bioko (Fernando Poo) |
| 452 | Bohemia |
| 355 | Bolivia |
| 545 | Bophuthatswana |
| 673 | Borneo |
| 453 | Bosnia-Herzogovina |
| 545 | Botswana |
| 341 | Brazil |
| 226 | British Columbia |
| 331 | British Guiana |
| 252 | British Honduras |
| 245 | British Virgin Islands |
| 245 | British West Indies, NOS |
| 671 | Brunei |
| 454 | Bulgaria |
| 520 | Burkina Faso (Upper Volta) |
| 649 | Burma (see Myanmar) |
| 579 | Burundi |
| 457 | Byelorussian S.S.R. |

**C**

| | |
|---|---|
| 543 | Cabinda |
| 245 | Caicos Islands |
| 097 | California |
| 663 | Cambodia |
| 539 | Cameroon |
| 220 | Canada |
| 110 | Canal Zone |
| 443 | Canary islands |
| 122 | Canton islands |
| 545 | Cape Colony |
| 445 | Cape Verde islands |
| 245 | Caribbean, NOS |
| 245 | Caribbean islands, other |
| 123 | Caroline Islands |
| 711 | Cartier Islands |
| 633 | Caucasian Republics of the former U.S.S.R. |
| 245 | Cayman Islands |
| 500 | Central Africa, NOS |
| 539 | Central African Republic |
| 250 | Central America |
| 499 | Central Europe, NOS |
| 060 | Central Midwest States |
| 647 | Ceylon |
| 520 | Chad |
| 401 | Channel Islands (British) |
| 361 | Chile |
| 681 | China (not otherwise specified) |
| 665 | China, Cochin |
| 682 | China, People's Republic of |
| 684 | China, Republic of |
| 723 | Christmas Island |
| 545 | Ciskel |
| 665 | Cochin China |
| 711 | Cocos (Keeling) Islands |
| 311 | Colombia |
| 083 | Colorado |
| 580 | Comoros |
| 226 | Columbia, British |
| 022 | Columbia, District of |
| 539 | Congo-Brazzaville |
| 541 | Congo-Leopoldville |
| 541 | Congo, Belgian |
| 539 | Congo, French |
| 541 | Congo Kinshasa |
| 007 | Connecticut |
| 124 | Cook Islands |
| 441 | Corsica |
| 256 | Costa Rica |
| 539 | Cote d'Ivoire (Ivory Coast) |
| 471 | Crete |
| 453 | Croatia |
| 241 | Cuba |
| 245 | Curacao |
| 495 | Cyprus |
| 517 | Cyrenaica |
| 452 | Czechoslovakia |
| 452 | Czech Republic |

**D**

| | |
|---|---|
| 539 | Dahomey |
| 453 | Dalmatia |
| 017 | Delaware |
| 425 | Denmark |
| 022 | District of Columbia |
| 583 | Djibouti |
| 449 | Dobruja |
| 245 | Dominica |
| 243 | Dominican Republic |
| 673 | Dutch East Indies |
| 332 | Dutch Guiana |

**E**

| | |
|---|---|
| 570 | East Africa |
| 680 | East Asia |
| 431 | East Germany |
| 673 | East Indies, Dutch |
| 645 | East Pakistan |
| 499 | Eastern Europe, NOS |
| 345 | Ecuador |
| 519 | Egypt |
| 410 | Eire |
| 254 | El Salvador |
| 125 | Ellice Islands |
| 122 | Enderbury Islands |
| 401 | England |
| 500 | Equatorial Africa, NOS |
| 539 | Equatorial Guinea (Spanish Guinea) |
| 585 | Eritrea |
| 458 | Estonia |
| 458 | Estonian S.S.R. (Estonia) |
| 585 | Ethiopia |

| | |
|---|---|
| 499 | Europe, NOS* |
| 470 | Europe, other mainland |

**F**

| | |
|---|---|
| 425 | Faroe (Faeroe) Islands |
| 381 | Falkland Islands |
| 431 | Federal Republic of Germany |
| 539 | Fernando Poo |
| 721 | Fiji |
| 429 | Finland |
| 035 | Florida |
| 684 | Formosa |
| 721 | Fotuna |
| 441 | France |
| 545 | Free State (Orange Free State) |
| 539 | French Congo |
| 333 | French Guiana |
| 725 | French Polynesia |
| 583 | French Somaliland |
| 530 | French West Africa, NOS |
| 245 | French West Indies |

**G**

| | |
|---|---|
| 539 | Gabon |
| 345 | Galapagos Islands |
| 539 | Gambia |
| 631 | Gaza Strip |
| 033 | Georgia (U.S.A.) |
| 633 | Georgia (U.S.S.R.) |
| 430 | Germanic countries |
| 431 | German Democratic Republic |
| 431 | Germany |
| 431 | Germany, East |
| 431 | Germany, Federal Republic of |
| 431 | Germany, West |
| 539 | Ghana |
| 485 | Gibraltar |
| 122 | Gilbert Islands |
| 471 | Greece |
| 210 | Greenland |
| 245 | Grenada |
| 245 | Grenadines, The |
| 245 | Guadaloupe |
| 126 | Guam |
| 251 | Guatamala |
| 401 | Guernsey |
| 331 | Guiana, British |
| 332 | Guiana, Dutch |
| 333 | Guiana, French |
| 539 | Guinea |
| 539 | Guinea-Bissau (Portuguese Guinea) |
| 539 | Guinea, Equatorial |
| — | Guinea, New (see New Guinea) |
| 539 | Guinea, Portuguese |
| 331 | Guyana |

**H**

| | |
|---|---|
| 242 | Haiti |
| 099 | Hawaii |
| 432 | Holland |
| 253 | Honduras |
| 252 | Honduras, British |
| 683 | Hong Kong |
| 475 | Hungary |

**I**

| | |
|---|---|
| 421 | Iceland |
| 081 | Idaho |
| 061 | Illinois |
| 641 | India |
| 045 | Indiana |
| 673 | Indies, Dutch East |
| 660 | Indochina |
| 673 | Indonesia |
| 053 | Iowa |
| 637 | Iran |
| 627 | Iraq |
| 620 | Iraq-Saudi Arabian Neutral Zone |
| 410 | Ireland (Eire) |
| 404 | Ireland, Northern |
| 410 | Ireland, NOS |
| 410 | Ireland, Republic of |
| 401 | Isle of Man |
| 631 | Israel |
| 583 | Issas |
| 447 | Italy |
| 539 | Ivory Coast |

**J**

| | |
|---|---|
| 423 | Jan Mayen |
| 244 | Jamaica |
| 693 | Japan |
| 673 | Java |
| 401 | Jersey |
| 631 | Jewish Palestine |
| 127 | Johnston Atoll |
| 625 | Jordan |
| 453 | Jugoslavia |

**K**

| | |
|---|---|
| 539 | Kameroon |
| 663 | Kampuchea |
| 065 | Kansas |
| 634 | Kazakh S.S.R. |
| 634 | Kazakhstan |
| 047 | Kentucky |
| 575 | Kenya |
| 634 | Kirghiz S.S.R. |
| 122 | Kiribati |
| 695 | Korea |
| 695 | Korea, North |
| 695 | Korea, South |
| 629 | Kuwait |
| 634 | Kyrgystan |
| 634 | Kyrgyz |

**L**

| | |
|---|---|
| 221 | Labrador |
| 661 | Laos |
| 265 | Latin America, NOS |
| 420 | Lapland, NOS |
| 459 | Latvia |
| 459 | Latvian S.S.R. (Latvia) |
| 623 | Lebanon |
| 245 | Leeward Islands, NOS |
| 545 | Lesotho |
| 539 | Liberia |
| 517 | Libya |
| 437 | Liechtenstein |
| 122 | Line Islands, Southern |
| 461 | Lithuania |
| 461 | Lithuanian S.S.R. (Lithuania) |
| 073 | Louisiana |
| 434 | Luxembourg |

**M**

| | |
|---|---|
| 686 | Macao |
| 686 | Macau |
| 453 | Macedonia |
| 555 | Madagascar |
| 445 | Madeira islands |
| 002 | Maine |
| 555 | Malagasy Republic |
| 551 | Malawi |
| 671 | Malay Peninsula |
| 671 | Malaysia |
| 640 | Maldives |
| 520 | Mali |
| 491 | Malta |
| 224 | Manitoba |
| 129 | Mariana Islands |
| 221 | Maritime provinces, Canada |
| 131 | Marshall Islands |
| 245 | Martinique |
| 021 | Maryland |
| 005 | Massachusetts |
| 520 | Mauritania |
| 580 | Mauritius |
| 580 | Mayotte |
| 490 | Mediterranean Islands, Other |
| 721 | Melanesian islands |
| 610 | Mesopotamia, NOS |
| 230 | Mexico |
| 041 | Michigan |
| 123 | Micronesian islands |
| 640 | Mid-East Asia |
| 132 | Midway Islands |
| 052 | Minnesota |
| 249 | Miquelon |
| 039 | Mississippi |
| 063 | Missouri |
| 456 | Moldavia |
| 456 | Moldavian S.S.R. |
| 456 | Moldova |
| 441 | Monaco |
| 691 | Mongolia |
| 056 | Montana |
| 453 | Montenegro |
| 245 | Montserrat |
| 452 | Moravia |
| 511 | Morocco |
| 080 | Mountain States |
| 553 | Mozambique |
| 629 | Muscat |
| 649 | Myanmar (See Burma) |

**N**

| | |
|---|---|
| 545 | Namibia |
| 133 | Nampo-shoto, Southern |
| 545 | Natal |
| 723 | Nauru |
| 610 | Near-East Asia |
| 067 | Nebraska |
| 643 | Nepal |
| 432 | Netherlands |
| 245 | Netherlands Antilles |
| 332 | Netherlands Guiana |
| 085 | Nevada |

| | |
|---|---|
| 245 | Nevis |
| 221 | New Brunswick |
| 725 | New Caledonia |
| 001 | New England |
| 673 | New Guinea, except Australian and North East |
| 711 | New Guinea, Australian |
| 711 | New Guinea, North East |
| 003 | New Hampshire |
| 721 | New Hebrides |
| 008 | New Jersey |
| 086 | New Mexico |
| 011 | New York |
| 715 | New Zealand |
| 221 | Newfoundland |
| 255 | Nicaragua |
| 520 | Niger |
| 531 | Nigeria |
| 715 | Niue |
| 711 | Norfolk Island |
| 671 | North Borneo (Malaysia) |
| 510 | North Africa, NOS |
| 260 | North America, NOS (use more specific term if possible) |
| 240 | North American islands |
| 025 | North Carolina |
| 040 | North Central States |
| 054 | North Dakota |
| 711 | North East New Guinea |
| 695 | North Korea |
| 010 | North Mid-Atlantic States |
| 499 | Northern Europe, NOS |
| 404 | Northern Ireland |
| 129 | Northern Mariana Islands |
| 050 | Northern Midwest States |
| 549 | Northern Rhodesia |
| 225 | Northwest Territories (Canada) |
| 423 | Norway |
| 998 | Not United States, NOS |
| 221 | Nova Scotia |
| 227 | Nunavut |
| 551 | Nyasaland |
| | **O** |
| 043 | Ohio |
| 075 | Oklahoma |
| 629 | Oman |
| 223 | Ontario |
| 545 | Orange Free State |
| 095 | Oregon |
| 403 | Orkney Islands |
| | **P** |
| 120 | Pacific area, U.S. possessions |
| 720 | Pacific islands |
| 123 | Pacific Islands, Trust Territory of the (code to specific islands if possible) |
| 090 | Pacific Coast States |
| 639 | Pakistan |
| 645 | Pakistan, East |
| 639 | Pakistan, West |
| 139 | Palau (Trust Territory of the Pacific Islands) |
| 625 | Palestine, Arab |
| 631 | Palestine, Jewish |
| 631 | Palestine, NOS |
| 631 | Palestinian National Authority (PNA) |
| 257 | Panama |
| 711 | Papua New Guinea |
| 371 | Paraguay |
| 014 | Pennsylvania |
| 629 | People's Democratic Republic of Yemen |
| 682 | People's Republic of China |
| 637 | Persia |
| 629 | Persian Gulf States, NOS |
| 351 | Peru |
| 675 | Philippine Islands |
| 675 | Philippines |
| 725 | Pitcairn |
| 451 | Poland |
| 725 | Polynesian islands |
| 445 | Portugal |
| 539 | Portuguese Guinea |
| 224 | Prairie Provinces, Canada |
| 221 | Prince Edward Island |
| 543 | Principe |
| 101 | Puerto Rico |
| | **Q** |
| 629 | Qatar |
| 222 | Quebec |
| | **R** |
| 684 | Republic of China |
| 545 | Republic of South Africa |
| 580 | Reunion |
| 006 | Rhode Island |
| 547 | Rhodesia |
| 549 | Rhodesia, Northern |
| 547 | Rhodesia, Southern |
| 539 | Rio Muni |
| 440 | Romance-language countries |
| 449 | Romania |
| 449 | Roumania |
| 577 | Ruanda |
| 449 | Rumania |
| 455 | Russia, NOS |
| 457 | Russia, White |
| 455 | Russian Federation (former U.S.S.R.) |
| 455 | Russian S.F.S.R. |
| 577 | Rwanda |
| 134 | Ryukyu Islands |
| | **S** |
| 520 | Sahara, Western |
| 121 | Samoa, American |
| 725 | Samoa, Western |
| 245 | St. Christopher-Nevis |
| 580 | St. Helena |
| 245 | St. Kitts (see St. Christopher-Nevis) |
| 245 | St. Lucia |
| 249 | St. Pierre |
| 245 | St. Vincent |
| 447 | San Marino |
| 543 | Sao Tome |
| 447 | Sardinia |
| 224 | Saskatchewan |
| 629 | Saudi Arabia |
| 420 | Scandinavia |
| 403 | Scotland |
| 539 | Senegal |
| 453 | Serbia |
| 580 | Seychelles |
| 403 | Shetland Islands |
| 651 | Siam |
| 447 | Sicily |
| 539 | Sierra Leone |
| 643 | Sikkim |
| 671 | Singapore |
| 450 | Slavic countries |
| 453 | Slavonia |
| 452 | Slovak Republic |
| 452 | Slovakia |
| 453 | Slovenia |
| 721 | Solomon Islands |
| 581 | Somali Republic |
| 581 | Somalia |
| 581 | Somaliland |
| 583 | Somaliland, French |
| 540 | South Africa |
| 545 | South Africa, Republic of |
| 545 | South Africa, Union of |
| 300 | South America |
| 380 | South American islands |
| 026 | South Carolina |
| 055 | South Dakota |
| 695 | South Korea |
| 020 | South Mid-Atlantic States |
| 545 | South West Africa |
| 650 | Southeast Asia |
| 030 | Southeastern States |
| 499 | Southern Europe, NOS |
| 122 | Southern Line Islands |
| 070 | Southern Midwest States |
| 133 | Southern Nampo-shoto |
| 547 | Southern Rhodesia |
| 629 | Southern Yemen |
| — | Soviet Union (see individual republics) |
| 443 | Spain |
| 520 | Spanish Sahara |
| 647 | Sri Lanka |
| 520 | Sudan (Anglo-Egyptian Sudan) |
| 520 | Sudanese countries |
| 673 | Sumatra |
| 332 | Suriname |
| 423 | Svalbard |
| 135 | Swan Islands |
| 545 | Swaziland |
| 427 | Sweden |
| 435 | Switzerland |
| 621 | Syria |
| | **T** |
| 634 | Tadzhik S.S.R. |
| 684 | Taiwan |
| 634 | Tajikistan |
| 571 | Tanzania |
| 571 | Tanganyika |
| 571 | Tanzanyika |
| 031 | Tennessee |
| 077 | Texas |
| 651 | Thailand (Siam) |
| 685 | Tibet |
| 245 | Tobago |
| 539 | Togo |
| 136 | Tokelau Islands |

| | |
|---|---|
| 725 | Tonga |
| 665 | Tonkin |
| 625 | Trans-Jordan |
| 545 | Transkei |
| 545 | Transvaal |
| 449 | Transylvania |
| 245 | Trinidad |
| 517 | Tripoli |
| 517 | Tripolitania |
| 629 | Trucial States |
| 515 | Tunisia |
| 611 | Turkey |
| 634 | Turkmen S.S.R. |
| 634 | Turkmenistan |
| 245 | Turks Islands |
| 125 | Tuvalu |
| | **U** |
| 573 | Uganda |
| 456 | Ukraine |
| 456 | Ukranian S.S.R. |
| 404 | Ulster |
| 545 | Union of South Africa |
| — | Union of Soviet Socialist Republics (U.S.S.R.) (see individual republics) |
| 629 | United Arab Emirates |
| 519 | United Arab Republic |
| 400 | United Kingdom |
| 000 | United States |
| 102 | U.S. Virgin Islands |
| 999 | Unknown |
| 520 | Upper Volta |
| 375 | Uruguay |
| 579 | Urundi |
| 084 | Utah |
| 634 | Uzbekistan |
| 634 | Uzbek S.S.R. |
| | **V** |
| 721 | Vanuatu |
| 447 | Vatican City |
| 545 | Venda |
| 321 | Venezuela |
| 004 | Vermont |
| 665 | Vietnam |
| 102 | Virgin Islands (U.S.) |
| 245 | Virgin Islands (British) |
| 023 | Virginia |
| | **W** |
| 137 | Wake Island |
| 402 | Wales |
| 721 | Wallis |
| 449 | Wallachia |
| 093 | Washington (state) |
| 022 | Washington D.C. |
| 530 | West Africa, NOS |
| 539 | West African countries, other |
| 631 | West Bank |
| 431 | West Germany |
| 245 | West Indies, NOS (see also individual islands) |
| 639 | West Pakistan |
| 024 | West Virginia |
| 499 | Western Europe, NOS |
| 520 | Western Sahara |
| 725 | Western Samoa |
| 457 | White Russia |
| 245 | Windward islands |
| 051 | Wisconsin |
| 082 | Wyoming |
| | **Y** |
| 629 | Yemen |
| 629 | Yemen, People's Democratic Republic of |
| 453 | Yugoslavia (former Yugoslavia region) |
| 225 | Yukon Territory |
| | **Z** |
| 541 | Zaire |
| 549 | Zambia |
| 571 | Zanzibar |
| 547 | Zimbabwe |

## Table Name: REGID.DBF

0000000200 Maine Cancer Incidence Registry
0000000300 New Hampshire State Cancer Registry
0000000400 Vermont Cancer Registry
0000000500 Massachusetts Cancer Registry
0000000580 Southeast Massachusetts Cancer Registry
0000000581 Greater Lowell Cancer Program
0000000600 Rhode Island Cancer Registry
0000000700 Connecticut Tumor Registry
0000000800 New Jersey State Cancer Registry
0000001100 New York State Cancer Registry
0000001180 Rochester Regional Tumor Registry
0000001400 Pennsylvania Cancer Registry
0000001480 Pennsylvania-Northeast Regional Cancer Ctr.
0000001480 Northeast Regional Cancer Center
0000001500 National Cancer Institute SEER Program
0000001500 SEER Program, National Cancer Institute
0000001501 SEER San Francisco-Oakland SMSA
0000001502 SEER Connecticut
0000001520 SEER Metropolitan Detroit
0000001521 SEER Hawaii
0000001522 SEER Iowa
0000001523 SEER New Mexico
0000001525 SEER Seattle-Puget Sound
0000001526 SEER Utah
0000001527 SEER Metropolitan Atlanta
0000001529 SEER Alaska Native
0000001531 SEER San Jose-Monterey
0000001533 SEER Arizona Indians
0000001535 SEER Los Angeles
0000001537 SEER Rural Georgia
0000001541 SEER California except LA, SF-Oak, and San Jose/Monterey
0000001542 SEER Kentucky
0000001543 SEER Louisiana
0000001544 SEER New Jersey
0000001551 Cherokee Nation-Oklahoma (NCI funded)
0000001680 National Cancer Data Base
0000001700 Delaware State Cancer Registry
0000001801 Central Brain Tumor Registry of the U.S.
0000001900 U.S. Army Central Registry (ACTUR)
0000001900 Automated Central Tumor Registry (ACTUR)
0000002100 Maryland Cancer Registry
0000002200 District of Columbia Central Cancer Registry
0000002300 Virginia Cancer Registry
0000002400 West Virginia Cancer Registry
0000002500 North Carolina Central Cancer Registry
0000002600 South Carolina Central Cancer Registry
0000002601 Savannah River Region Cancer Registry in SC
0000002601 South Carolina -- Savannah River Region in SC
0000003100 Tennessee Cancer Reporting System
0000003300 Georgia Center for Cancer Statistics
0000003300 Georgia Cancer Registry
0000003301 Georgia-Metropolitan Atlanta Cancer Registry
0000003301 Metropolitan Atlanta Cancer Registry
0000003302 Georgia-Rural Georgia Cancer Registry
0000003302 Rural Georgia Cancer Registry
0000003303 Georgia-Savannah River Region Cancer Registry
0000003303 Savannah River Region Cancer Registry in GA
0000003500 Florida Cancer Data System
0000003700 Alabama State Cancer Registry
0000003900 Mississippi State Cancer Registry
0000004100 Michigan Cancer Surveillance System
0000004101 Michigan Cancer Foundation, CA Surveillance Detroit Metropolitan Area
0000004101 Detroit Metropolitan
0000004300 Ohio Bureau of Chronic Disease
0000004301 Cancer Data System, Inc.
0000004301 Ohio-Cancer Data System, Inc.
0000004500 Indiana State Cancer Registry
0000004700 Kentucky Cancer Registry
0000005100 Wisconsin Cancer Reporting System
0000005200 Minnesota Cancer Surveillance System
0000005300 Iowa State Health Registry
0000005300 State Health Registry of Iowa
0000005400 North Dakota Cancer Registry
0000005500 South Dakota Cancer Registry
0000005600 Montana Central Tumor Registry
0000006100 Illinois State Cancer Registry
0000006300 Missouri Cancer Registry
0000006500 Kansas-Cancer Data Service
0000006500 Cancer Data Service
0000006700 Nebraska Cancer Registry
0000007100 Arkansas CART I
0000007300 Louisiana Tumor Registry
0000007301 New Orleans Regional Cancer Registry
0000007301 Louisiana Region I
0000007302 Baton Rouge Regional Tumor Registry
0000007302 Louisiana Region II
0000007303 Southeast Louisiana Regional Cancer Registry
0000007303 Louisiana Region III
0000007304 Acadiana Tumor Registry
0000007304 Louisiana Region IV
0000007305 Southwest Louisiana Regional Tumor Registry
0000007305 Louisiana Region V
0000007306 Central Louisiana Regional Tumor Registry
0000007306 Louisiana Region VI
0000007307 Northwest Louisiana Regional Tumor Registry
0000007307 Louisiana Region VII
0000007308 Northeast Louisiana Regional Tumor Registry
0000007308 Louisiana Region VIII
0000007309 New Orleans/Southeast Louisiana Reg. CA RegLouisiana's regions I and III combined
0000007310 North Louisiana Regional Tumor Registry; Louisiana's regions VI, VII, and VIII
0000007500 Oklahoma State Department of Health
0000007501 Cherokee Nation Cancer Registry
0000007700 Texas Cancer Incidence Reporting System
0000008100 Cancer Data Registry of Idaho
0000008100 Idaho Cancer Data Registry
0000008200 Wyoming Central Tumor Registry
0000008300 Colorado Central Cancer Registry
0000008400 Utah Cancer Registry
0000008500 Nevada Statewide Cancer Registry
0000008600 New Mexico Tumor Registry
0000008601 Arizona Indians; data collected by New Mexico Tumor Reg.
0000008700 Arizona Cancer Registry
0000009100 Alaska State Cancer Registry
0000009101 Alaska Area Native Health Service
0000009300 Washington State Cancer Registry
0000009301 Cancer Surveillance System Fred Hutchinson; Seattle Puget Sound area, 13 counties
0000009301 Washington-Seattle-Puget Sound
0000009302 Eastern Washington State Cancer Registry
0000009302 Washington -- Eastern State Cancer Registry
0000009380 Spokane Central Tumor Registry (multihospital)
0000009380 Washington -- Spokane Central Tumor Registry (multihospital)
0000009500 Oregon State Cancer Registry
0000009580 Sisters of Providence Cancer Registry
0000009580 Oregon-Sisters of Providence Cancer Reg.
0000009700 California Cancer Registry
0000009701 California Region 1
0000009701 San Jose-Monterey
0000009701 Greater Bay Area Cancer Registry (Region 1)
0000009702 California Region 2

0000009702 Cancer Registry of Central California
0000009703 California Region 3
0000009703 Cancer Surveillance Program, Region 3
0000009704 California Region 4
0000009704 Tri-Counties Regional Cancer Registry
0000009705 California Region 5
0000009705 Cancer Surveillance Program, Region 5
0000009706 California Region 6
0000009706 Cancer Registry of Northern California
0000009707 California Region 7
0000009707 San Diego/Imperial Org. for Cancer Control
0000009708 California Region 8
0000009708 San Francisco-Oakland SMSA
0000009708 Greater Bay Area Cancer Registry (Region 8)
0000009709 California Region 9
0000009709 Cancer Surveillance Program of Los Angeles
0000009709 Los Angeles
0000009710 California Region 10
0000009710 Cancer Surveillance Program of Orange County
0000009711 Greater Bay Area Cancer Registry; California's Regions 1 and 8 combined
0000009711 California Greater Bay Area Cancer Registry
0000009712 California CSPOC and SANDIOCC; California's Regions 7 and 10 combined
0000009900 Hawaii Tumor Registry
0010100000 Puerto Rico Central Cancer Registry
0012000000 Pacific Region Central Cancer Registry
0012100000 American Samoa Cancer Registry
0012900000 CNMI Cancer Registry
0012300000 FSM National Cancer Registry
0012300001 Yap Cancer Registry
0012300002 Chuuk Cancer Registry
0012300003 Kosrae Cancer Registry
0012300004 Pohnpei Cancer Registry
0012600000 Guam Cancer Registry
0013100000 Marshall Islands Cancer Registry
0013900000 Palau Cancer Registry
0022000000 Canadian Cancer Registry
0022001000 Newfoundland Cancer Treatment & Research Fnd.
0022001100 Prince Edward Island Cancer Registry
0022001200 Nova Scotia Cancer Registry
0022001300 New Brunswick Provincial Cancer Registry
0022002400 Fichier Des Tumeurs Du Quebec
0022002400 Quebec Cancer Registry
0022003500 Ontario Cancer Registry
0022004600 Manitoba Cancer Registry
0022004700 Saskatchewan Cancer Foundation
0022004800 Alberta Cancer Registry
0022005900 British Columbia Cancer Registry
0022006000 Yukon Bureau of Statistics
0022006100 Northwest Territories Department of Health
0022006200 Nunavut Cancer Registry
0088820020 Veterans Health Administration

## Table Name: STATE.DBF

| | |
|---|---|
| AB | Alberta |
| AK | Alaska |
| AL | Alabama |
| AR | Arkansas |
| AS | American Samoa |
| AZ | Arizona |
| BC | British Columbia |
| CA | California |
| CD | Resident of Canada, NOS |
| CO | Colorado |
| CT | Connecticut |
| DC | District of Columbia |
| DE | Delaware |
| FL | Florida |
| FM | Federated States of Micronesia |
| GA | Georgia |
| GU | Guam |
| HI | Hawaii |
| IA | Iowa |
| ID | Idaho |
| IL | Illinois |
| IN | Indiana |
| KS | Kansas |
| KY | Kentucky |
| LA | Louisiana |
| MA | Massachusetts |
| MB | Manitoba |
| MD | Maryland |
| ME | Maine |
| MH | Marshall Islands |
| MI | Michigan |
| MN | Minnesota |
| MO | Missouri |
| MP | Northern Mariana Islands |
| MS | Mississippi |
| MT | Montana |
| NB | New Brunswick |
| NC | North Carolina |
| ND | North Dakota |
| NE | Nebraska |
| NL | Newfoundland and Labrador |
| NH | New Hampshire |
| NJ | New Jersey |
| NM | New Mexico |
| NS | Nova Scotia |
| NT | Northwest Territories |
| NU | Nunavut |
| NV | Nevada |
| NY | New York |
| OH | Ohio |
| OK | Oklahoma |
| ON | Ontario |
| OR | Oregon |
| PA | Pennsylvania |
| PE | Prince Edward Island |
| PR | Puerto Rico |
| PW | Palau |
| QC | Quebec |
| RI | Rhode Island |
| SC | South Carolina |
| SD | South Dakota |
| SK | Saskatchewan |
| TN | Tennessee |
| TT | Trust Territories |
| TX | Texas |
| UM | US Minor Outlying Islands |
| US | Resident of United States, NOS |
| UT | Utah |
| VA | Virginia |
| VI | Virgin Islands |
| VT | Vermont |
| WA | Washington |
| WI | Wisconsin |
| WV | West Virginia |
| WY | Wyoming |
| XX | Country Known, Not U.S., Not Canada |
| YT | Yukon Territories |
| YY | Country Unknown, Not U.S., Not Canada |
| ZZ | Country Unknown |
| AA | APO/FPO for Armed Services America |
| AE | APO/FPO for Armed Services Europe |
| AP | APO/FPO for Armed Services Pacific |

# APPENDIX C:

# ABBREVIATIONS AND ACRONYMS USED

| | |
|---|---|
| AACCR | American Association of Central Cancer Registries |
| ACoS | American College of Surgeons |
| ACS | American Cancer Society |
| AJCC | American Joint Committee on Cancer |
| BNA | Block Numbering Area |
| CCCR | Canadian Council of Cancer Registries |
| CDC | Centers for Disease Control and Prevention |
| CIN | Cervical intraepithelial neoplasia |
| CIS | Carcinoma *in situ* |
| CLIA | Clinical Laboratory Improvement Act |
| CoC | Commission on Cancer (of ACoS) |
| CPT | Current Procedural Terminology (codes) |
| CRC | Cyclic redundancy code |
| CS | Collaborative Staging |
| CTR | Certified Tumor Registrar |
| DAM | *Data Acquisition Manual* (of ACoS) |
| DCO | Death Certificate Only |
| EOD | Extent of Disease |
| FIPS | Federal Information Processing Standards |
| FORDS | *Facility Oncology Registry Data Standards* (manual of ACoS) |
| FTRO | *Fundamental Tumor Registry Operations Program* (of ACoS) |
| GenEDITS | Generic EDITS Driver Program |
| GIS | Geographic Information System |
| HCFA | Health Care Finance Administration |
| HIM | Health Information Management |
| IACR | International Association of Cancer Registries |
| IARC | International Agency for Research on Cancer |
| ICD | International Classification of Diseases |
| ICD-O | *International Classification of Diseases for Oncology* |
| ICD-O-1 | *International Classification of Diseases for Oncology*, First Edition |
| ICD-O-2 | *International Classification of Diseases for Oncology*, Second Edition |
| ICD-O-3 | *International Classification of Diseases for Oncology*, Third Edition |
| NAACCR | North American Association of Central Cancer Registries |
| NAPIIA | NAACCR Asian/Pacific Islander Identification Algorithm |
| NCCCS | National Coordinating Council for Cancer Surveillance |
| NCDB | National Cancer Data Base |
| NCI | National Cancer Institute |
| NCRA | National Cancer Registrars Association |
| N.d. | No date (bibliographic term: no ascertainable place of publication) |
| NHIA | NAACCR Hispanic Identification Algorithm |
| NPCR | National Program of Cancer Registries |
| NPI | National Provider Identifier |
| PIN | Prostatic intraepithelial neoplasia |
| ROADS | *Registry Operations and Data Standards* (manual of ACoS) |
| SEER | Surveillance, Epidemiology, and End Results Program of NCI |
| SIL | Squamous intraepithelial lesion |

| | |
|---|---|
| SS | Summary Stage |
| TNM | Tumor, Nodes and Metastasis: staging system of AJCC and UICC |
| UDSC | Uniform Data Standards Committee of NAACCR |
| UICC | Union Internationale Contre le Cancer (in English, International Union Against Cancer) |
| USPS | United States Postal Service |
| WHO | World Health Organization |

# APPENDIX D:

# ALTERNATE NAMES

Following the item name are other names by which the same item is called, including the name used by the standard setter for the item. All other names are followed by the source of each name indicated with the following labels:

| | |
|---|---|
| **CoC** | Preferred name in the CoC *FORDS/ROADS* manual and supplements |
| **CoC pre-96** | Previously used name appearing in the CoC *ROADS* manual |
| **CoC pre-98** | Previously used name appearing in the CoC *ROADS* manual before 1998 |
| **NAACCR pre-98** | Previously used name appearing in NAACCR standards before 1998 |
| **SEER** | Name in the *SEER Program Code Manual* |
| **SEER pre-98** | Previously used name appearing in SEER Manual before 1998 |

| Item # | Item Name | Alternate Names |
|---|---|---|
| 70 | Addr at DX--City | City or Town (pre-96 CoC)<br>City/Town at Diagnosis (CoC) |
| 80 | Addr at DX--State | State (pre-96 CoC)<br>State at Diagnosis (CoC) |
| 90 | County at DX | County (pre-96 SEER/CoC)<br>County at Diagnosis (CoC) |
| 100 | Addr at DX--Postal Code | Postal Code at Diagnosis (CoC)<br>Zip Code (pre-CoC)<br>Postal Code (CCCR) |
| 110 | Census Tract 1970/80/90 | Census Tract/Block Numbering Area (BNA) (SEER)<br>Census Tract |
| 120 | Census Cod Sys 1970/80/90 | Census Coding System (CoC)<br>Coding System for Census Tract (pre-96 SEER/CoC) |
| 130 | Census Tract 2000 | Census Tract--Alternate (pre-2003) |
| 150 | Marital Status at DX | Marital Status at Diagnosis (SEER/CoC)<br>Marital Status at Initial Diagnosis (pre-96 CoC) |
| 160 | Race 1 | Race |
| 190 | Spanish/Hispanic Origin | Spanish Origin--All Sources (96 CoC)<br>Spanish Surname or Origin (SEER) |
| 192 | IHS Link | Indian Health Service Linkage |
| 193 | Race--NAPIIA(derived API) | Race--NAPIIA |
| 240 | Date of Birth | Birth Date(SEER/CoC/CCCR) |
| 250 | Birthplace | Place of Birth (SEER/CoC) |
| 362 | Census Block Group 2000 | Census Tract Block Group |
| 364 | Census Tr Cert 1970/80/90 | Census Tract Certainty |

| Item # | Item Name | Alternate Names |
|---|---|---|
| 380 | Sequence Number--Central | Sequence Number (pre-96 SEER) |
| 390 | Date of Diagnosis | Date of Initial Diagnosis (CoC) |
| 400 | Primary Site | IDC-O-2/3 Topography (CCCR) |
| 410 | Laterality | Laterality at Diagnosis (SEER) |
| 420 | Histology (92-00) ICD-O-2 | Histology (CoC)<br>ICD-O-2 Histology (CCCR) |
| 430 | Behavior (92-00) ICD-O-2 | ICD-O-2 Behaviour (CCCR) |
| 440 | Grade | Grade, Differentiation, or Cell Lineage Indicator (SEER/CCCR)<br>Grade/Differentiation (CoC) |
| 442 | Ambiguous Terminology DX | Ambiguous Terminology as Basis for Diagnosis |
| 443 | Date of Conclusive DX | Date of Conclusive Diagnosis |
| 444 | Mult Tum Rpt as One Prim | Multiple Tumors Reported as Single Primary |
| 522 | Histologic Type ICD-O-3 | ICD-O-3 Histology (CCCR) |
| 523 | Behavior Code ICD-O-3 | Behavior Code (CoC)<br>ICD-O-3 Behaviour (CCCR) |
| 540 | Reporting Facility | Institution ID Number (CoC)<br>Facility Identification Number (CoC)<br>Reporting Hospital |
| 550 | Accession Number--Hosp | Accession Number (CoC) |
| 560 | Sequence Number--Hospital | Sequence Number (CoC) |
| 580 | Date of 1st Contact | Date of Adm/First Contact |
| 581 | Date of 1st Contact Flag | Date of First Contact Flag |
| 590 | Date of Inpatient Adm | Date of Inpatient Admission (CoC) |
| 600 | Date of Inpatient Disch | Date of Inpatient Discharge (CoC) |
| 630 | Primary Payer at DX | Primary Payer at Diagnosis (CoC) |
| 670 | RX Hosp--Surg Prim Site | Cancer-Directed Surgery at This Facility (pre-96 CoC)<br>RX Hosp--CA Dir Surgery (pre-96 NAACCR)<br>Surgical Procedure of Primary Site |
| 672 | RX Hosp--Scope Reg LN Sur | Scope of Regional Lymph Node Surgery at this Facility (CoC) |
| 674 | RX Hosp--Surg Oth Reg/Dis | Surgery of Other Regional Site(s), Distant Site(s), or Distant Lymph Node(s) at this Facility (CoC)<br>Surgical Procedure/Other Site at this Facility |
| 676 | RX Hosp--Reg LN Removed | Number of Regional Lymph Nodes Examined at This Facility (CoC)<br>RX Hosp--Reg LN Examined |
| 690 | RX Hosp--Radiation | Radiation at this Facility (CoC) |

| Item # | Item Name | Alternate Names |
|---|---|---|
| 700 | RX Hosp--Chemo | Chemotherapy at this Facility (CoC) |
| 710 | RX Hosp--Hormone | Hormone Therapy at this Facility (CoC) |
| 720 | RX Hosp--BRM | Immunotherapy at this Facility (CoC) |
| 730 | RX Hosp--Other | Other Treatment at this Facility (CoC) |
| 740 | RX Hosp--DX/Stg Proc | Non Cancer-Directed Surgery at this Facility (CoC)<br>Surgical Diagnostic & Staging Procedure at this Facility (1996-2002)<br>RX Hosp--DX/Stg/Pall Proc |
| 746 | RX Hosp--Surg Site 98-02 | Cancer-Directed Surgery at this Facility (pre-96 CoC)<br>RX Hosp--CA Dir Surgery (pre-96 NAACCR)<br>Surgical Procedure of Primary Site |
| 747 | RX Hosp--Scope Reg 98-02 | Scope of Regional Lymph Node Surgery at this Facility (CoC) |
| 748 | RX Hosp--Surg Oth 98-02 | Surgery of Other Regional Site(s), Distant Site(s), or Distant Lymph Node(s) at this Facility (CoC)<br>Surgical Procedure/Other Site at this Facility |
| 760 | SEER Summary Stage 1977 | General Summary Stage (SEER/CoC) |
| 780 | EOD--Tumor Size | Size of Primary Tumor (SEER)<br>Size of Tumor (CoC) |
| 790 | EOD--Extension | Extension (pre-96 SEER/CoC)<br>Extension (SEER EOD) (96 CoC) |
| 810 | EOD--Lymph Node Involv | Lymph Nodes (pre 96-SEER/CoC)<br>Lymph Nodes (SEER EOD) (96 CoC) |
| 820 | Regional Nodes Positive | Number of Positive Regional Lymph Nodes (SEER)<br>Pathologic Review of Regional Lymph Nodes (SEER)<br>Regional Lymph Nodes Positive |
| 830 | Regional Nodes Examined | Number of Regional Lymph Nodes Examined (SEER)<br>Pathologic Review of Regional Lymph Nodes (SEER)<br>Regional Lymph Nodes Examined |
| 840 | EOD--Old 13 Digit | 13-Digit (Expanded) Site-Specific Extent of Disease (SEER)<br>SEER EEOD (SEER) |
| 850 | EOD--Old 2 Digit | 2-Digit Nonspecific and 2-Digit Site-Specific Extent of Disease (1973-1982 SEER) |
| 860 | EOD--Old 4 Digit | 4-Digit Extent of Disease (1983-1987 SEER) |
| 870 | Coding System for EOD | Coding System for Extent of Disease (SEER) |
| 880 | TNM Path T | Pathologic T (CoC) |
| 890 | TNM Path N | Pathologic N (CoC) |
| 900 | TNM Path M | Pathologic M (CoC) |
| 910 | TNM Path Stage Group | Pathologic Stage Group (CoC) |
| 920 | TNM Path Descriptor | Pathologic Stage (Prefix/Suffix) Descriptor (CoC) |
| 930 | TNM Path Staged By | Staged By (Pathologic Stage) (CoC) |
| 940 | TNM Clin T | Clinical T (CoC) |

| Item # | Item Name | Alternate Names |
|---|---|---|
| 950 | TNM Clin N | Clinical N (CoC) |
| 960 | TNM Clin M | Clinical M (CoC) |
| 970 | TNM Clin Stage Group | Clinical Stage Group (CoC) |
| 980 | TNM Clin Descriptor | Clinical Stage (Prefix/Suffix) Descriptor (CoC) |
| 990 | TNM Clin Staged By | Staged By (Clinical Stage) (CoC) |
| 1130 | Pediatric Staging System | Type of Staging System (Pediatric) (CoC) |
| 1140 | Pediatric Staged By | Staged By (Pediatric Stage) (CoC) |
| 1150 | Tumor Marker 1 | Tumor Marker One (CoC) |
| 1160 | Tumor Marker 2 | Tumor Marker Two (CoC) |
| 1170 | Tumor Marker 3 | Tumor Marker Three (CoC) |
| 1200 | RX Date--Surgery | Date of Cancer-Directed Surgery (CoC)<br>Date of Surgery<br>Date of First Surgical Procedure (CoC) |
| 1210 | RX Date--Radiation | Date Radiation Started (CoC) |
| 1220 | RX Date--Chemo | Date Chemotherapy Started (CoC) |
| 1230 | RX Date--Hormone | Date Hormone Therapy Started (CoC) |
| 1240 | RX Date--BRM | Date Immunotherapy Started (CoC) |
| 1250 | RX Date--Other | Date Other Treatment Started (CoC) |
| 1260 | Date of Initial RX--SEER | Date Therapy Initiated (SEER)<br>Date Started (SEER) |
| 1270 | Date of 1st Crs RX--CoC | Date of First Course Treatment (CoC)<br>Date Started (pre 96 CoC) |
| 1280 | RX Date--DX/Stg Proc | Date of Non Cancer-Directed Surgery ( CoC)<br>Date of Diagnostic, Staging or Palliative Procedures (1996-2002)<br>Date of Surgical Diagnostic and Staging Procedure (CoC)<br>RX Date--DX/Stg/Pall Proc |
| 1290 | RX Summ--Surg Prim Site | Cancer-Directed Surgery (pre-96 CoC)<br>Surgery of Primary Site (SEER/CoC) |
| 1292 | RX Summ--Scope Reg LN Sur | Scope of Regional Lymph Node Surgery (SEER/CoC) |
| 1294 | RX Summ--Surg Oth Reg/Dis | Surgery of Other Regional Site(s), Distant Site(s) or Distant Lymph Nodes (SEER/CoC)<br>Surgical Procedure/Other Site |
| 1296 | RX Summ--Reg LN Examined | Number of Regional Lymph Nodes Examined (SEER/CoC)<br>Number of Regional Lymph Nodes Removed (CoC) |
| 1310 | RX Summ--Surgical Approch | Surgical Approach (CoC) |
| 1320 | RX Summ--Surgical Margins | Surgical Margins (CoC)<br>Residual Primary Tumor Following Cancer-Directed Surgery (pre-96 CoC) |

| Item # | Item Name | Alternate Names |
|---|---|---|
| 1330 | RX Summ--Reconstruct 1st | Reconstruction--First Course (SEER)<br>Reconstruction/Restoration-First Course (CoC) |
| 1340 | Reason for No Surgery | Reason for No Cancer-Directed Surgery (SEER)<br>Reason for No CA Dir Surgery (CoC)<br>Reason for No Surgery to Primary Site |
| 1350 | RX Summ--DX/Stg Proc | Non Cancer-Directed Surgery (CoC)<br>Surgical Diagnostic and Staging Procedure (1996-2002)<br>RX Summ--DX/Stg/Pall Proc |
| 1360 | RX Summ--Radiation | Radiation (SEER/CoC)<br>Radiation Therapy (pre-96 CoC) |
| 1370 | RX Summ--Rad to CNS | Radiation Therapy to CNS (CoC)<br>Radiation to the Brain and/or Central Nervous System (SEER) |
| 1380 | RX Summ--Surg/Rad Seq | Radiation Sequence with Surgery (pre-96 SEER/CoC)<br>Radiation/Surgery Sequence (CoC) |
| 1390 | RX Summ--Chemo | Chemotherapy (SEER/CoC) |
| 1400 | RX Summ--Hormone | Hormone Therapy (SEER/CoC)<br>Endocrine (Hormone/Steroid) Therapy (pre-96 SEER) |
| 1410 | RX Summ--BRM | Immunotherapy (SEER/CoC)<br>Biological Response Modifiers (pre-96 SEER) |
| 1420 | RX Summ--Other | Other Treatment (CoC)<br>Other Cancer-Directed Therapy (SEER/pre-96 CoC) |
| 1430 | Reason for No Radiation | Reason for No Regional Radiation Therapy |
| 1510 | Rad--Regional Dose: CGY | Regional Dose: cGy (CoC) |
| 1520 | Rad--No of Treatment Vol | Number of Treatments to this Volume (CoC) |
| 1540 | Rad--Treatment Volume | Radiation Treatment Volume (CoC) |
| 1550 | Rad--Location of RX | Location of Radiation Treatment (CoC) |
| 1570 | Rad--Regional RX Modality | Regional Treatment Modality (CoC) |
| 1639 | RX Summ--Systemic/Sur Seq | Systemic/Surgery Sequence |
| 1640 | RX Summ--Surgery Type | Site--Specific Surgery (pre-98 SEER) |
| 1646 | RX Summ--Surg Site 98-02 | Cancer-Directed Surgery (pre-96 CoC)<br>Surgery of Primary Site (SEER/CoC) |
| 1647 | RX Summ--Scope Reg 98-02 | Scope of Regional Lymph Node Surgery (SEER/CoC) |
| 1648 | RX Summ--Surg Oth 98-02 | Surgery of Other Regional Site(s), Distant Site(s) or Distant Lymph Nodes (SEER/CoC)<br>Surgical Procedure/Other Site |
| 1660 | Subsq RX 2nd Course Date | Second Course of Therapy-Date Started (pre-96 CoC) |
| 1741 | Subsq RX--Reconstruct Del | Reconstruction/Restoration--Delayed (CoC) |
| 1750 | Date of Last Contact | Date of Last Contact or Death (CoC)<br>Date of Last Follow-Up or of Death (SEER) |
| 1790 | Follow-Up Source | Follow-Up Method (pre-96 CoC) |

| Item # | Item Name | Alternate Names |
|---|---|---|
| 1800 | Next Follow-Up Source | Next Follow-Up Method (pre-96 CoC) |
| 1810 | Addr Current--City | City/Town--Current (CoC) |
| 1820 | Addr Current--State | State--Current (CoC) |
| 1830 | Addr Current--Postal Code | Postal Code--Current (CoC) |
| 1860 | Recurrence Date--1st | Date of First Recurrence (CoC) |
| 1880 | Recurrence Type--1st | Type of First Recurrence (CoC) |
| 1910 | Cause of Death | Underlying Cause of Death (SEER)<br>Underlying Cause of Death (ICD Code) (pre-96 CoC) |
| 1920 | ICD Revision Number | ICD Code Revision Used for Cause of Death (SEER) |
| 1960 | Site (73-91) ICD-O-1 | Primary Site (1973-91) (SEER) |
| 1980 | ICD-O-2 Conversion Flag | Review Flag for 1973-91 Cases (SEER) |
| 1981 | Over-ride SS/NodesPos | Over-ride Summary Stage/Nodes Positive |
| 1982 | Over-ride SS/TNM-N | Over-ride Summary Stage/TNM-N |
| 1983 | Over-ride SS/TNM-M | Over-ride Summary Stage/TNM-M |
| 1985 | Over-ride Acsn/Class/Seq | Over-ride Accession/Class of Case/Sequence |
| 1986 | Over-ride HospSeq/DxConf | Over-ride Hospital Sequence/Diagnostic Confirmation |
| 1988 | Over-ride HospSeq/Site | Over-ride Hospital Sequence/Site |
| 1990 | Over-ride Age/Site/Morph | Age/Site/Histology Interfield Review (Interfield Edit 15) |
| 2000 | Over-ride SeqNo/DxConf | Sequence Number/Diagnostic Confirmation Interfield Review (Interfield Edit 23) |
| 2010 | Over-ride Site/Lat/SeqNo | Site/Histology/Laterality/Sequence Number Interrecord Review (Interrecord Edit 09) |
| 2020 | Over-ride Surg/DxConf | Surgery/Diagnostic Confirmation Interfield Review (Interfield Edit 46) |
| 2030 | Over-ride Site/Type | Site/Type Interfield Review (Interfield Edit 25) |
| 2040 | Over-ride Histology | Histology/Behavior Interfield Review (Field Item Edit Morph) |
| 2050 | Over-ride Report Source | Type of Reporting Source/Sequence Number Interfield Review (Interfield Edit 04) |
| 2060 | Over-ride Ill-define Site | Sequence Number/Ill-defined Site Interfield Review (Interfield Edit 22) |
| 2070 | Over-ride Leuk, Lymphoma | Leukemia or Lymphoma/Diagnostic Confirmation Interfield Review (Interfield Edit 48) |
| 2071 | Over-ride Site/Behavior | Over-ride Flag for Site/Behavior (IF39) |

| Item # | Item Name | Alternate Names |
|---|---|---|
| 2072 | Over-ride Site/EOD/DX Dt | Over-ride Flag for Site/EOD/Diagnosis Date (IF40)<br>Over-ride Flag for Site/CS Extension/Diagnosis Date (IF176) |
| 2073 | Over-ride Site/Lat/EOD | Over-ride Flag for Site/Laterality/EOD (IF41)<br>Over-ride Flag for Site/Laterality/CS Extension (IF177) |
| 2074 | Over-ride Site/Lat/Morph | Over-ride Flag for Site/Laterality/Morphology (IF42) |
| 2110 | Date Case Report Exported | Date Case Transmitted (pre-98 NAACCR) |
| 2140 | CoC Coding Sys--Current | Commission on Cancer Coding System-Current (CoC) |
| 2180 | SEER Type of Follow-Up | Type of Follow-Up (SEER) |
| 2190 | SEER Record Number | Record Number (SEER) |
| 2200 | Diagnostic Proc 73-87 | Diagnostic Procedures (1973-87 SEER) |
| 2230 | Name--Last | Last Name (CoC) |
| 2240 | Name--First | First Name (CoC) |
| 2250 | Name--Middle | Middle Name (CoC)<br>Middle Initial (pre-96 CoC) |
| 2260 | Name--Prefix | Name Prefix (CoC) |
| 2270 | Name--Suffix | Name Suffix (CoC) |
| 2280 | Name--Alias | Alias (CoC) |
| 2310 | Military Record No Suffix | Military Medical Record Number Suffix (CoC) |
| 2330 | Addr at DX--No & Street | Patient Address (Number and Street) at Diagnosis (CoC)<br>Number and Street (pre-96 CoC) |
| 2335 | Addr at DX--Supplementl | Patient Address (Number and Street) at Diagnosis--Supplemental (CoC) |
| 2350 | Addr Current--No & Street | Patient Address (Number and Street)-Current (CoC) |
| 2355 | Addr Current--Supplementl | Patient Address (Number and Street) Current--Supplemental (CoC) |
| 2390 | Name--Maiden | Maiden Name (CoC) |
| 2410 | Institution Referred From | Facility Referred From |
| 2420 | Institution Referred To | Facility Referred To |
| 2460 | Physician--Managing | Managing Physician (CoC)<br>Attending Physician (pre-96 CoC) |
| 2470 | Physician--Follow-Up | Following Physician (CoC)<br>Follow-Up Physician (pre-96 CoC) |
| 2480 | Physician--Primary Surg | Primary Surgeon (CoC) |
| 2490 | Physician 3 | Physician #3 (CoC)<br>Other Physician (pre-96 CoC) |

| Item # | Item Name | Alternate Names |
|---|---|---|
| 2495 | NPI--Physician 3 | Radiation Oncologist (CoC) |
| 2500 | Physician 4 | Physician #4 (CoC)<br>Other Physician (pre-96 CoC) |
| 2505 | NPI--Physician 4 | Medical Oncologist (CoC) |
| 2690 | Text--Place of Diagnosis | Place of Diagnosis |
| 2820 | CS Tumor Size/Ext Eval | CS Tumor Size/Extension Evaluation<br>CS TS/Ext-Eval |
| 2830 | CS Lymph Nodes | CS Lymph Nodes (SEER EOD) |
| 2840 | CS Lymph Nodes Eval | CS Regional Nodes Evaluation<br>CS Reg Nodes Eval |
| 2850 | CS Mets at DX | CS Metastasis at Diagnosis |
| 2860 | CS Mets Eval | CS Metastasis Evaluation |
| 2935 | CS Version Input Original | CS Version 1ST |
| 2936 | CS Version Derived | CS Version Latest |
| 2940 | Derived AJCC-6 T | Derived 6 T Storage Code<br>Derived AJCC T |
| 2950 | Derived AJCC-6 T Descript | Derived 6 T Descriptor Storage Code<br>Derived AJCC T Descriptor |
| 2960 | Derived AJCC-6 N | Derived 6 N Storage Code<br>Derived AJCC N |
| 2970 | Derived AJCC-6 N Descript | Derived 6 N Descriptor Storage Code<br>Derived AJCC N Descriptor |
| 2980 | Derived AJCC-6 M | Derived 6 M Storage Code<br>Derived AJCC M |
| 2990 | Derived AJCC-6 M Descript | Derived 6 M Descriptor Storage Code<br>Derived AJCC M Descriptor |
| 3000 | Derived AJCC-6 Stage Grp | Derived 6 Stage Group Storage Code<br>Derived AJCC Stage Group |
| 3010 | Derived SS1977 | Derived SEER Summary Stage 1977 |
| 3020 | Derived SS2000 | Derived SEER Summary Stage 2000 |
| 3030 | Derived AJCC--Flag | AJCC Conversion Flag |
| 3040 | Derived SS1977--Flag | SS1977 Conversion Flag |
| 3050 | Derived SS2000--Flag | SS2000 Conversion Flag |
| 3110 | Comorbid/Complication 1 | Comorbidities and Complications #1<br>Secondary Diagnoses |
| 3120 | Comorbid/Complication 2 | Comorbidities and Complications #2<br>Secondary Diagnoses |
| 3130 | Comorbid/Complication 3 | Comorbidities and Complications #3<br>Secondary Diagnoses |

| Item # | Item Name | Alternate Names |
|---|---|---|
| 3140 | Comorbid/Complication 4 | Comorbidities and Complications #4<br>Secondary Diagnoses |
| 3150 | Comorbid/Complication 5 | Comorbidities and Complications #5<br>Secondary Diagnoses |
| 3160 | Comorbid/Complication 6 | Comorbidities and Complications #6<br>Secondary Diagnoses |
| 3161 | Comorbid/Complication 7 | Comorbidities and Complications #7<br>Secondary Diagnoses |
| 3162 | Comorbid/Complication 8 | Comorbidities and Complications #8<br>Secondary Diagnoses |
| 3163 | Comorbid/Complication 9 | Comorbidities and Complications #9<br>Secondary Diagnoses |
| 3164 | Comorbid/Complication 10 | Comorbidities and Complications #10<br>Secondary Diagnoses |
| 3165 | ICD Revision Comorbid | ICD Revision Comorbidities |
| 3170 | RX Date--Most Defin Surg | Date of Most Definitive Surgical Resection of the Primary Site |
| 3180 | RX Date--Surgical Disch | Date of Surgical Discharge |
| 3190 | Readm Same Hosp 30 Days | Readmission to the Same Hospital Within 30 Days of Surgical Discharge |
| 3200 | Rad--Boost RX Modality | Boost Radiation Treatment Modality |
| 3210 | Rad--Boost Dose cGy | Boost Radiation Dose: cGY |
| 3220 | RX Date--Radiation Ended | Date Radiation Ended |
| 3230 | RX Date--Systemic | Date Systemic Therapy Started |
| 3250 | RX Summ--Transplnt/Endocr | Hematologic Transplant and Endocrine Procedures |
| 3270 | RX Summ--Palliative Proc | Palliative Procedure<br>Palliative Care |
| 3280 | RX Hosp--Palliative Proc | Palliative Procedure at this Facility<br>Palliative Care at this Facility |
| 3300 | RuralUrban Continuum 1993 | Beale Code |
| 3310 | RuralUrban Continuum 2003 | Beale Code<br>RuralUrban Continuum 2000 |
| 3400 | Derived AJCC-7 T | Derived 7 T Storage Code |
| 3402 | Derived AJCC-7 T Descript | Derived 7 N Descript Storage Code |
| 3410 | Derived AJCC-7 N | Derived 7 N Storage Code |
| 3412 | Derived AJCC-7 N Descript | Derived 7 N Descript Storage Code |
| 3420 | Derived AJCC-7 M | Derived 7 M Storage Code |
| 3422 | Derived AJCC-7 M Descript | Derived 7 M Descript Storage Code |

| Item # | Item Name | Alternate Names |
|---|---|---|
| 3430 | Derived AJCC-7 Stage Group | Derived 7 Stage Grp Storage Code |
| 3440 | Derived PreRX-7 T | Derived PreRX 7 T Storage Code |
| 3442 | Derived PreRX-7 T Descrip | Derived PreRX 7 T Descrip Storage Code |
| 3450 | Derived PreRX-7 N | Derived PreRX 7 N Storage Code |
| 3452 | Derived PreRX-7 N Descrip | Derived PreRX 7 N Descrip Storage Code |
| 3460 | Derived PreRX-7 M | Derived PreRX 7 M Storage Code |
| 3462 | Derived PreRX-7 M Descrip | Derived PreRX 7 M Descrip Storage Code |
| 3470 | Derived PreRX-7 Stage Grp | Derived PreRX 7 Stge Grp Storage Code |
| 3480 | Derived PostRX-7 T | Derived PostRX 7 T Storage Code |
| 3482 | Derived PostRX-7 N | Derived PostRX 7 N Storage Code |
| 3490 | Derived PostRX-7 M | Derived PostRX 7 M Storage Code |
| 3492 | Derived PostRX-7 Stge Grp | Derived PostRX 7 Stge Grp Storage Code |
| 7010 | Path Reporting Fac ID 1 | MSH-4 Sending Facility (Name) #00004 (HL7)<br>BHS-4 Batch Sending Facility #0084 |
| 7011 | Path Reporting Fac ID 2 | MSH-4 Sending Facility (Name) #00004 (HL7)<br>BHS-4 Batch Sending Facility #0084 |
| 7012 | Path Reporting Fac ID 3 | MSH-4 Sending Facility (Name) #00004 (HL7)<br>BHS-4 Batch Sending Facility #0084 |
| 7013 | Path Reporting Fac ID 4 | MSH-4 Sending Facility (Name) #00004 (HL7)<br>BHS-4 Batch Sending Facility #0084 |
| 7014 | Path Reporting Fac ID 5 | MSH-4 Sending Facility (Name) #00004 (HL7)<br>BHS-4 Batch Sending Facility #0084 |
| 7090 | Path Report Number 1 | OBR-3 Filler Order Number #00217 (HL7)<br>Path Report Number |
| 7091 | Path Report Number 2 | OBR-3 Filler Order Number #00217 (HL7)<br>Path Report Number |
| 7092 | Path Report Number 3 | OBR-3 Filler Order Number #00217 (HL7)<br>Path Report Number |
| 7093 | Path Report Number 4 | OBR-3 Filler Order Number #00217 (HL7)<br>Path Report Number |
| 7094 | Path Report Number 5 | OBR-3 Filler Order Number #00217 (HL7)<br>Path Report Number |
| 7100 | Path Order Phys Lic No 1 | OBR-16 Ordering Provider (License Number) #00226<br>Path Ordering Client/Phys--Lic No. |
| 7101 | Path Order Phys Lic No 2 | OBR-16 Ordering Provider (License Number) #00226<br>Path Ordering Client/Phys--Lic No. |
| 7102 | Path Order Phys Lic No 3 | OBR-16 Ordering Provider (License Number) #00226<br>Path Ordering Client/Phys--Lic No. |
| 7103 | Path Order Phys Lic No 4 | OBR-16 Ordering Provider (License Number) #00226<br>Path Ordering Client/Phys--Lic No. |

| Item # | Item Name | Alternate Names |
|---|---|---|
| 7190 | Path Ordering Fac No 1 | ORC-21 Ordering Facility Name #01311 (HL7)<br>Path Ordering Facility Number (AHA Number) |
| 7191 | Path Ordering Fac No 2 | ORC-21 Ordering Facility Name #01311 (HL7)<br>Path Ordering Facility Number (AHA Number) |
| 7192 | Path Ordering Fac No 3 | ORC-21 Ordering Facility Name #01311 (HL7)<br>Path Ordering Facility Number (AHA Number) |
| 7193 | Path Ordering Fac No 4 | ORC-21 Ordering Facility Name #01311 (HL7)<br>Path Ordering Facility Number (AHA Number) |
| 7194 | Path Ordering Fac No 5 | ORC-21 Ordering Facility Name #01311 (HL7)<br>Path Ordering Facility Number (AHA Number) |
| 7320 | Path Date Spec Collect 1 | OBR-7 Observation Date/Time #00241 (HL7)<br>Path--Date Spec Collection |
| 7321 | Path Date Spec Collect 2 | OBR-7 Observation Date/Time #00241 (HL7)<br>Path--Date Spec Collection |
| 7322 | Path Date Spec Collect 3 | OBR-7 Observation Date/Time #00241 (HL7)<br>Path Date Spec Collect 2 |
| 7323 | Path Date Spec Collect 4 | OBR-7 Observation Date/Time #00241 (HL7)<br>Path--Date Spec Collection |
| 7324 | Path Date Spec Collect 5 | OBR-7 Observation Date/Time #00241 (HL7)<br>Path Date Spec Collect 4 |
| 7480 | Path Report Type 1 | OBR-4 Universal Service ID #00238 (HL7)<br>Path--Report Type |
| 7481 | Path Report Type 2 | OBR-4 Universal Service ID #00238 (HL7)<br>Path--Report Type |
| 7482 | Path Report Type 3 | OBR-4 Universal Service ID #00238 (HL7)<br>Path--Report Type |
| 7483 | Path Report Type 4 | OBR-4 Universal Service ID #00238 (HL7)<br>Path--Report Type |
| 7484 | Path Report Type 5 | OBR-4 Universal Service ID #00238 (HL7)<br>Path--Report Type |

# APPENDIX E:

# GROUPED DATA ITEMS

| Item Name [Item#] | Length | Column # |
|---|---|---|
| **Extent of Disease 10-Dig [779]** | 12 | 906-917 |
| Subfields: | | |
| EOD--Tumor Size [780] | 3 | 906-908 |
| EOD--Extension [790] | 2 | 909-910 |
| EOD--Extension Prost Path [800] | 2 | 911-912 |
| EOD--Lymph Node Involv [810] | 1 | 913-913 |
| Regional Nodes Positive [820] | 2 | 914-915 |
| Regional Nodes Examined [830] | 2 | 916-917 |
| **Morph (73-91) ICD-O-1 [1970]** | 6 | 1913-1918 |
| Subfields: | | |
| Histology (73-91) ICD-O-1 [1971] | 4 | 1913-1916 |
| Behavior (73-91) ICD-O-1 [1972] | 1 | 1917-1917 |
| Grade (73-91) ICD-O-1 [1973] | 1 | 1918-1918 |
| **Morph--Type&Behav ICD-O-2 [419]** | 5 | 545-549 |
| Subfields: | | |
| Histology (92-00) ICD-O-2 [420] | 4 | 545-548 |
| Behavior (92-00) ICD-O-2 [430] | 1 | 549-549 |
| **Morph--Type&Behav ICD-O-3 [521]** | 5 | 550-554 |
| Subfields: | | |
| Histologic Type ICD-O-3 [522] | 4 | 550-553 |
| Behavior Type ICD-O-3 [523] | 1 | 554-554 |
| **Subsq RX 2nd Course Codes [1670]** | 11 | 1734-1744 |
| Subsq RX 2nd Course Surg [1671] | 2 | 1734-1735 |
| Subsq RX 2nd--Scope LN SU [1677] | 1 | 1736-1736 |
| Subsq RX 2nd--Surg Oth [1678] | 1 | 1737-1737 |
| Subsq RX 2nd--Reg LN Rem [1679] | 2 | 1738-1739 |
| Subsq RX 2nd Course Rad [1672] | 1 | 1740-1740 |
| Subsq RX 2nd Course Chemo [1673] | 1 | 1741-1741 |
| Subsq RX 2nd Course Horm [1674] | 1 | 1742-1742 |
| Subsq RX 2nd Course BRM [1675] | 1 | 1743-1743 |
| Subsq RX 2nd Course Oth [1676] | 1 | 1744-1744 |

| Item Name [Item#] | Length | Column # |
|---|---|---|
| **Subsq RX 3rd Course Codes [1690]** | 11 | 1755-1765 |
| Subsq RX 3rd Course Surg [1691] | 2 | 1755-1756 |
| Subsq RX 3rd--Scope LN SU [1697] | 1 | 1757-1757 |
| Subsq RX 3rd--Surg Oth [1698] | 1 | 1758-1758 |
| Subsq RX 3rd--Reg LN Rem [1699] | 2 | 1759-1760 |
| Subsq RX 3rd Course Rad [1692] | 1 | 1761-1761 |
| Subsq RX 3rd Course Chemo [1693] | 1 | 1762-1762 |
| Subsq RX 3rd Course Horm [1694] | 1 | 1763-1763 |
| Subsq RX 3rd Course BRM [1695] | 1 | 1764-1764 |
| Subsq RX 3rd Course Oth [1696] | 1 | 1765-1765 |
| | | |
| **Subsq RX 4th Course Codes [1710]** | 11 | 1776-1786 |
| Subsq RX 4th Course Surg [1711] | 2 | 1176-1777 |
| Subsq RX 4th--Scope LN Su [1717] | 1 | 1778-1778 |
| Subsq RX 4th--Surg Oth [1718] | 1 | 1789-1789 |
| Subsq RX 4th--Reg LN Rem [1719] | 2 | 1780-1781 |
| Subsq RX 4th Course Rad [1712] | 1 | 1782-1782 |
| Subsq RX 4th Course Chemo [1713] | 1 | 1783-1783 |
| Subsq RX 4th Course Horm [1714] | 1 | 1784-1784 |
| Subsq RX 4th Course BRM [1715] | 1 | 1785-1785 |
| Subsq RX 4th Course Oth [1716] | 1 | 1786-1786 |

# APPENDIX F:

# TABLES AND DATA DICTIONARY REVISIONS

| Item # | Item Name | Record Layout Note | Required Status Note | Data Descriptor Note | Data Dictionary Description | Data Dictionary Rationale | Data Dictionary Codes |
|---|---|---|---|---|---|---|---|
| 10 | Record Type | | | | | | Revised |
| 50 | NAACCR Record Version | | | Revised | | Revised | Revised |
| 135 | Census Tract 2010 | New | New | New | New | New | New |
| 150 | Marital Status at DX | | | Revised | | | Revised |
| 170 | Race Coding Sys--Current | | | | Revised | | |
| 250 | Birthplace | | | | | | Revised |
| 270 | Occupation Code--Census | | | | | | Revised |
| 280 | Industry Code--Census | | | | | | Revised |
| 363 | Census Block Group 2010 | New | New | New | New | New | New |
| 364 | Census Tr Cert 1970/80/90 | | | | Revised | | Revised |
| 365 | Census Tr Certainty 2000 | | | | Revised | | Revised |
| 366 | GIS Coordinate Quality | | | | Revised | Revised | |
| 367 | Census Tr Certainty 2010 | New | New | New | New | New | New |
| 380 | Sequence Number--Central | | | | | | Revised |
| 440 | Grade | | | | Revised | | Revised |
| 442 | Ambiguous Terminology DX | | | | | | Revised |
| 443 | Date of Conclusive DX | | | | Revised | | Revised |
| 444 | Mult Tum Rpt as One Prim | | | | Revised | | |
| 445 | Date of Multiple Tumors | | | | | | Revised |
| 446 | Multiplicity Counter | | | Revised | | | Revised |
| 448 | Date Conclusive DX Flag | | | | | Revised | Revised |
| 449 | Grade Path System | | | | | Revised | |
| 490 | Diagnostic Confirmation | | | | Revised | Revised | Revised |
| 522 | Histologic Type ICD-O-3 | | | | Revised | | Revised |
| 530 | Reserved 02 | Revised | | Revised | | | |
| 540 | Reporting Facility | | | | | | Revised |
| 560 | Sequence Number--Hospital | | | | Revised | | |
| 580 | Date of 1st Contact | | | | Revised | | |
| 581 | Date of 1st Contact Flag | | | | Revised | | |
| 605 | Inpatient Status | | | Revised | | | Revised |
| 610 | Class of Case | | | | Revised | | Revised |
| 668 | RX Hosp--Surg App 2010 | | | | | Revised | Revised |
| 670 | RX Hosp--Surg Prim Site | | | | | Revised | Revised |
| 672 | RX Hosp--Scope Reg LN Sur | | | | Revised | Revised | Revised |
| 674 | RX Hosp--Surg Oth Reg/Dis | | | | Revised | Revised | Revised |
| 676 | RX Hosp--Reg LN Removed | | | | Revised | Revised | |
| 690 | RX Hosp--Radiation | | | Revised | Revised | Revised | Revised |
| 700 | RX Hosp--Chemo | | | | Revised | Revised | Revised |
| 710 | RX Hosp--Hormone | | | | | Revised | Revised |
| 720 | RX Hosp--BRM | | | | | Revised | Revised |
| 730 | RX Hosp--Other | | | | Revised | Revised | Revised |
| 740 | RX Hosp--DX/Stg Proc | | | | | Revised | Revised |
| 746 | RX Hosp--Surg Site 98-02 | | | | | Revised | Revised |

| Item # | Item Name | Record Layout Note | Required Status Note | Data Descriptor Note | Data Dictionary Description | Data Dictionary Rationale | Data Dictionary Codes |
|---|---|---|---|---|---|---|---|
| 747 | RX Hosp--Scope Reg 98-02 | | | | | | Revised |
| 748 | RX Hosp--Surg Oth 98-02 | | | | | Revised | Revised |
| 779 | Extent of Disease 10-Dig | Group | | | Revised | | |
| 780 | EOD--Tumor Size | | | | Revised | | |
| 790 | EOD--Extension | | | | Revised | | |
| 800 | EOD--Extension Prost Path | | | | Revised | Revised | |
| 810 | EOD--Lymph Node Involv | | | | Revised | | |
| 980 | TNM Clin Descriptor | | | Revised | | | Revised |
| 1182 | Lymph-vascular Invasion | | | | Revised | Revised | Revised |
| 1201 | RX Date--Surgery Flag | | | | | | Revised |
| 1310 | RX Summ--Surgical Approch | | | | | Revised | |
| 1500 | First Course Calc Method | | | | Revised | | |
| 1520 | Rad--No of Treatment Vol | | | | Revised | | |
| 1639 | RX Summ--Systemic/Sur Seq | | | | Revised | | Revised |
| 1650 | Reserved 08 | Revised | | Revised | | | |
| 1750 | Date of Last Contact | | | | | Revised | |
| 1791 | Follow-up Source Central | | | | | Revised | |
| 1842 | Follow-Up Contact--City | | | | | Revised | |
| 1844 | Follow-Up Contact--State | | | | | Revised | |
| 1846 | Follow-Up Contact--Postal | | | | | Revised | |
| 1861 | Recurrence Date--1st Flag | | | | | | Revised |
| 1971 | Histology (73-91) ICD-O-1 | | | | | | Revised |
| 2060 | Over-ride Ill-define Site | | | | | Revised | |
| 2085 | Date Case Initiated | | | | Revised | Revised | |
| 2110 | Date Case Report Exported | | | | Revised | | |
| 2111 | Date Case Report Received | | | | Revised | Revised | |
| 2112 | Date Case Report Loaded | | | | Revised | | |
| 2113 | Date Tumor Record Availbl | | | | | Revised | Revised |
| 2120 | SEER Coding Sys--Current | | | Revised | | Revised | Revised |
| 2130 | SEER Coding Sys--Original | | | Revised | | Revised | Revised |
| 2150 | CoC Coding Sys--Original | | | | | | Revised |
| 2220 | State/Requestor Items | | | | Revised | | |
| 2260 | Name--Prefix | | | | Revised | | |
| 2270 | Name--Suffix | | | | Revised | | |
| 2280 | Name--Alias | | | | Revised | | |
| 2330 | Addr at DX--No & Street | | | | Revised | Revised | |
| 2350 | Addr Current--No & Street | | | | | | Revised |
| 2352 | Latitude | | | | Revised | Revised | Revised |
| 2354 | Longitude | | | | Revised | Revised | Revised |
| 2390 | Name--Maiden | | | | | Revised | |
| 2392 | Follow-Up Contact--No&St | | | | Revised | Revised | |
| 2393 | Follow-Up Contact--Suppl | | | | | Revised | |
| 2394 | Follow-Up Contact--Name | | | | | Revised | |
| 2410 | Institution Referred From | | | | | | Revised |
| 2420 | Institution Referred To | | | | | | Revised |
| 2440 | Following Registry | | | | | | Revised |
| 2495 | NPI--Physician 3 | | | | Revised | | |
| 2505 | NPI--Physician 4 | | | | Revised | | |

| Item # | Item Name | Record Layout Note | Required Status Note | Data Descriptor Note | Data Dictionary Description | Data Dictionary Rationale | Data Dictionary Codes |
|---|---|---|---|---|---|---|---|
| 2730 | CS PreRx Tumor Size | | | | Revised | Revised | |
| 2735 | CS PreRx Extension | | | | Revised | Revised | |
| 2740 | CS PreRx Tum Sz/Ext Eval | | | | Revised | Revised | |
| 2750 | CS PreRx Lymph Nodes | | | | Revised | Revised | |
| 2755 | CS PreRx Reg Nodes Eval | | | | Revised | Revised | |
| 2760 | CS PreRx Mets at DX | | | | Revised | Revised | |
| 2765 | CS PreRx Mets Eval | | | | Revised | Revised | |
| 2770 | CS PostRx Tumor Size | | | | Revised | Revised | |
| 2775 | CS PostRx Extension | | | | | Revised | |
| 2780 | CS PostRx Lymph Nodes | | | | Revised | Revised | |
| 2785 | CS PostRx Mets at DX | | | | Revised | Revised | |
| 2800 | CS Tumor Size | | | | Revised | Revised | |
| 2810 | CS Extension | | | | Revised | Revised | |
| 2820 | CS Tumor Size/Ext Eval | | | | Revised | Revised | |
| 2830 | CS Lymph Nodes | | | | Revised | Revised | Revised |
| 2840 | CS Lymph Nodes Eval | | | | Revised | Revised | |
| 2850 | CS Mets at DX | | | | Revised | Revised | |
| 2851 | CS Mets at Dx-Bone | | | | Revised | Revised | |
| 2852 | CS Mets at Dx-Brain | | | | Revised | Revised | |
| 2853 | CS Mets at Dx-Liver | | | | Revised | Revised | |
| 2854 | CS Mets at Dx-Lung | | | | Revised | Revised | |
| 2860 | CS Mets Eval | | | | Revised | Revised | |
| 2861 | CS Site-Specific Factor 7 | | | | Revised | Revised | |
| 2862 | CS Site-Specific Factor 8 | | | | Revised | Revised | |
| 2863 | CS Site-Specific Factor 9 | | | | Revised | Revised | |
| 2864 | CS Site-Specific Factor10 | | | | Revised | Revised | |
| 2865 | CS Site-Specific Factor11 | | | | Revised | Revised | |
| 2866 | CS Site-Specific Factor12 | | | | Revised | Revised | |
| 2867 | CS Site-Specific Factor13 | | | | Revised | Revised | |
| 2868 | CS Site-Specific Factor14 | | | | Revised | Revised | |
| 2869 | CS Site-Specific Factor15 | | | | Revised | Revised | |
| 2870 | CS Site-Specific Factor16 | | | | Revised | Revised | |
| 2871 | CS Site-Specific Factor17 | | | | Revised | Revised | |
| 2872 | CS Site-Specific Factor18 | | | | Revised | Revised | |
| 2873 | CS Site-Specific Factor19 | | | | Revised | Revised | |
| 2874 | CS Site-Specific Factor20 | | | | Revised | Revised | |
| 2875 | CS Site-Specific Factor21 | | | | Revised | Revised | |
| 2876 | CS Site-Specific Factor22 | | | | Revised | Revised | |
| 2877 | CS Site-Specific Factor23 | | | | Revised | Revised | |
| 2878 | CS Site-Specific Factor24 | | | | Revised | Revised | |
| 2879 | CS Site-Specific Factor25 | | | | Revised | Revised | |
| 2880 | CS Site-Specific Factor 1 | | | | Revised | Revised | |
| 2890 | CS Site-Specific Factor 2 | | | | Revised | Revised | |
| 2900 | CS Site-Specific Factor 3 | | | | Revised | Revised | |
| 2910 | CS Site-Specific Factor 4 | | | | Revised | Revised | |
| 2920 | CS Site-Specific Factor 5 | | | | Revised | Revised | |
| 2930 | CS Site-Specific Factor 6 | | | | Revised | Revised | |
| 2935 | CS Version Input Original | | | | Revised | Revised | |
| 2936 | CS Version Derived | | | | Revised | Revised | |

| Item # | Item Name | Record Layout Note | Required Status Note | Data Descriptor Note | Data Dictionary Description | Data Dictionary Rationale | Data Dictionary Codes |
|---|---|---|---|---|---|---|---|
| 2937 | CS Version Input Current | | | | Revised | Revised | |
| 2940 | Derived AJCC-6 T | | | | Revised | | |
| 2950 | Derived AJCC-6 T Descript | | | | Revised | | |
| 2960 | Derived AJCC-6 N | | | | Revised | | |
| 2970 | Derived AJCC-6 N Descript | | | | Revised | | |
| 2980 | Derived AJCC-6 M | | | | Revised | | |
| 2990 | Derived AJCC-6 M Descript | | | | Revised | | |
| 3000 | Derived AJCC-6 Stage Grp | | | | Revised | | |
| 3180 | RX Date--Surgical Disch | | | | Revised | | |
| 3280 | RX Hosp--Palliative Proc | | | | Revised | Revised | Revised |
| 3400 | Derived AJCC-7 T | | | | Revised | Revised | |
| 3402 | Derived AJCC-7 T Descript | | | | Revised | Revised | |
| 3410 | Derived AJCC-7 N | | | | Revised | Revised | |
| 3412 | Derived AJCC-7 N Descript | | | | Revised | Revised | |
| 3420 | Derived AJCC-7 M | | | | Revised | Revised | |
| 3422 | Derived AJCC-7 M Descript | | | | Revised | Revised | |
| 3430 | Derived AJCC-7 Stage Grp | | | | Revised | Revised | |
| 3440 | Derived PreRx-7 T | | | | Revised | | |
| 3442 | Derived PreRx-7 T Descrip | | | | Revised | | |
| 3450 | Derived PreRx-7 N | | | | Revised | | |
| 3452 | Derived PreRx-7 N Descrip | | | | Revised | | |
| 3460 | Derived PreRx-7 M | | | | Revised | | |
| 3462 | Derived PreRx-7 M Descrip | | | | Revised | | |
| 3470 | Derived PreRx-7 Stage Grp | | | | | Revised | |
| 3480 | Derived PostRx-7 T | | | | | Revised | |
| 3482 | Derived PostRx-7 N | | | | Revised | | |
| 3490 | Derived PostRx-7 M | | | | Revised | | |
| 3492 | Derived PostRx-7 Stge Grp | | | | | Revised | |
| 3600 | Derived Neoadjuv Rx Flag | | | | Revised | | |
| 3702 | SEER Site-Specific Fact 2 | | | | Revised | | |
| 3704 | SEER Site-Specific Fact 3 | | | | Revised | | |
| 3706 | SEER Site-Specific Fact 4 | | | | Revised | | |
| 3708 | SEER Site-Specific Fact 5 | | | | Revised | | |
| 3710 | SEER Site-Specific Fact 6 | | | | Revised | | |
| 3750 | Over-ride CS 1 | New | New | New | New | New | New |
| 3751 | Over-ride CS 2 | New | New | New | New | New | New |
| 3752 | Over-ride CS 3 | New | New | New | New | New | New |
| 3753 | Over-ride CS 4 | New | New | New | New | New | New |
| 3754 | Over-ride CS 5 | New | New | New | New | New | New |
| 3755 | Over-ride CS 6 | New | New | New | New | New | New |
| 3756 | Over-ride CS 7 | New | New | New | New | New | New |
| 3757 | Over-ride CS 8 | New | New | New | New | New | New |
| 3758 | Over-ride CS 9 | New | New | New | New | New | New |
| 3759 | Over-ride CS 10 | New | New | New | New | New | New |
| 3760 | Over-ride CS 11 | New | New | New | New | New | New |
| 3761 | Over-ride CS 12 | New | New | New | New | New | New |
| 3762 | Over-ride CS 13 | New | New | New | New | New | New |
| 3763 | Over-ride CS 14 | New | New | New | New | New | New |

| Item # | Item Name | Record Layout Note | Required Status Note | Data Descriptor Note | Data Dictionary Description | Data Dictionary Rationale | Data Dictionary Codes |
|---|---|---|---|---|---|---|---|
| 3764 | Over-ride CS 15 | New | New | New | New | New | New |
| 3765 | Over-ride CS 16 | New | New | New | New | New | New |
| 3766 | Over-ride CS 17 | New | New | New | New | New | New |
| 3767 | Over-ride CS 18 | New | New | New | New | New | New |
| 3768 | Over-ride CS 19 | New | New | New | New | New | New |
| 3769 | Over-ride CS 20 | New | New | New | New | New | New |
| 7010 | Path Reporting Fac ID 1 | | | | Revised | | |
| 7011 | Path Reporting Fac ID 2 | | | | Revised | | |
| 7012 | Path Reporting Fac ID 3 | | | | Revised | | |
| 7013 | Path Reporting Fac ID 4 | | | | Revised | | |
| 7014 | Path Reporting Fac ID 5 | | | | Revised | | |
| 7100 | Path Order Phys Lic No 1 | | | | Revised | | |
| 7101 | Path Order Phys Lic No 2 | | | | Revised | | |
| 7102 | Path Order Phys Lic No 3 | | | | Revised | | |
| 7103 | Path Order Phys Lic No 4 | | | | Revised | | |
| 7190 | Path Ordering Fac No 1 | | | | Revised | | |
| 7191 | Path Ordering Fac No 2 | | | | Revised | | |
| 7192 | Path Ordering Fac No 3 | | | | Revised | | |
| 7193 | Path Ordering Fac No 4 | | | | Revised | | |

# APPENDIX G:

# RECOMMENDED ABBREVIATIONS FOR ABSTRACTORS

The use of abbreviations in cancer abstraction is becoming more commonplace as the demands on abstractors increase. Abbreviations often are used by cancer abstractors to shorten the written narratives entered into text fields to facilitate the electronic storage and transmission of the information. However, abbreviations can generate confusion, because abbreviations may vary among different institutions and even between different specialties within the same institution. To be useful, an abbreviation must be clearly understood by any individual who encounters it. Consequently, the use of abbreviations is a useful abstracting practice only if universally recognized and understood abbreviations are used.

The NAACCR Recommended Abbreviations Listings were developed for utilization by cancer report abstractors and the agencies to which they submit their data. These lists were compiled to reduce some of the confusion that can result from the use of common and not-so-common abbreviations when abstracting reports of cancer from the medical record. Although the lists may shed some light on abbreviations used in the medical record, please note that these lists are intended to be used as a primary reference by the cancer abstractor, to help abstract necessary information into a limited number of text fields for storage and transmission of cancer information.

The NAACCR Recommended Abbreviations Listings consist of two main lists of almost 500 word/terms and their recommended abbreviations/symbols, as well as a special table delineating context-sensitive abbreviations. The first main listing is ordered by word/term to enable the look-up of a recommended abbreviation for a particular word or term, and the second main listing is ordered by abbreviation/symbol to enable the look-up of the word or term for a particular abbreviation or symbol. The context-sensitive abbreviations list consists of a subset of the abbreviations from the main lists where a different context for the same abbreviation conveys a different meaning (for example, CA may mean calcium or carcinoma/ML may mean milliliter or middle lobe). For these context-sensitive abbreviations, the meaning of the abbreviation should be readily apparent from the context in which it is used.

The listings were compiled from abbreviation lists from SEER Book 3, the NAACCR Pathology Committee, the Veterans Administration, Dr. Jay Piccirillo's comorbid conditions training materials, the Florida Cancer Data System, and the California Cancer Registry. Terms included in the lists are limited to those that are commonly utilized when abstracting cancer information. The listings are not exhaustive, but many of the most commonly used terms were included. Abbreviations for chemotherapy drugs and/or regimens are not included. Please note that although abbreviations are presented in uppercase, either upper- or lowercase may be utilized when entering abbreviations within abstraction software. When abstracting into text fields, the use of abbreviations should be limited to those that appear on these lists whenever practical. Abbreviations and symbols should be used carefully. Any questions or suggestions for new/modified abbreviations may be emailed to either of the current Chairpersons of the NAACCR Registry Operations Committee.

**NAACCR RECOMMENDED ABBREVIATION LIST**
**ORDERED BY WORD/TERM(S)**

| WORD/TERM(S) | ABBREVIATION/SYMBOL |
|---|---|
| | |
| Abdomen (abdominal) | ABD |
| Abdominal perineal | AP |
| Abnormal | ABN |
| Above | ^ |
| Above knee (amputation) | AK(A) |
| Absent/Absence | ABS |
| Abstract/Abstracted | ABST |
| Achilles tendon reflex | ATR |
| Acid phosphatase | ACID PHOS |
| Acquired Immune Deficiency Syndrome | AIDS |
| Activities of daily living | ADL |
| Acute granulocytic leukemia | AGL |
| Acute lymphocytic leukemia | ALL |
| Acute myelogenous leukemia | AML |
| Acute myocardial infarction | AMI |
| Acute Respiratory Distress (Disease) Syndrome | ARDS |
| Acute tubular necrosis | ATN |
| Acute renal failure | ARF |
| Adenocarcinoma | ADENOCA |
| Adenosine triphosphate | ATP |
| Adjacent | ADJ |
| Adult-onset Diabetes Mellitus | AODM |
| Admission/Admit | ADM |
| Adrenal cortical hormone | ACH |
| Adrenal cortex | AC |
| Adrenocorticotrophic hormone | ACTH |
| Affirmative | AFF |
| Against medical advice | AMA |
| AIDS-related condition (complex) | ARC |
| AIDS-related disease | ARD |
| Air contrast barium enema | ACBE |
| Albumin | ALB |
| Alcohol | ETOH |
| Alkaline phosphatase | ALK PHOS |
| Alpha-fetoprotein | AFP |
| Also known as | AKA |
| Ambulatory | AMB |
| Amount | AMT |
| Amputation | AMP |
| Amyotrophic lateral sclerosis | ALS |
| Anal intraepithelial neoplasia, grade III | AIN III |
| Anaplastic | ANAP |

| WORD/TERM(S) | ABBREVIATION/SYMBOL |
|---|---|
| And | & |
| Angiography/Angiogram | ANGIO |
| Anterior | ANT |
| Anteroposterior | AP |
| Antidiuretic hormone | ADH |
| Antigen | AG |
| Aortic stenosis | A-STEN |
| Appendix | APP |
| Apparently | APPL'Y |
| Approximately | APPROX |
| Arrhythmia | ARRHY |
| Arterial blood gases | ABG |
| Arteriosclerotic cardiovascular disease | ASCVD |
| Arteriosclerotic heart disease | ASHD |
| Arteriosclerotic Peripheral Vascular Disease | ASPVD |
| Arteriosclerosis/Arteriosclerotic | AS |
| Arteriovenous | AV |
| Arteriovenous malformation | AVM |
| Artery (ial) | ART |
| Ascending colon | A-COLON |
| Aspiration | ASP |
| Aspirin, Acetylsalicylic acid | ASA |
| As soon as possible | ASAP |
| At | @ |
| Atrial fibrillation | A FIB |
| Atrial flutter | A FLUTTER |
| Atrial stenosis/insufficiency/incompetence | AI |
| Atrial premature complexes | APC |
| Auscultation & percussion | A&P |
| Autonomic nervous system | ANS |
| Autopsy | AUT |
| Autoimmune hemolytic anemia | AIHA |
| Average | AVG |
| Axilla(ry) | AX |
| | |
| Bacillus Calmette-Guerin | BCG |
| Barium | BA |
| Barium enema | BE |
| Bartholin's, Urethral & Skene's | BUS |
| Basal cell carcinoma | BCC |
| Before noon | AM |
| Below knee (amputation) | BK(A) |
| Benign prostatic hypertrophy/hyperplasia | BPH |
| Bilateral | BIL |
| Bilateral salpingo-oophorectomy | BSO |
| Bile duct | BD |

| WORD/TERM(S) | ABBREVIATION/SYMBOL |
|---|---|
| Biological response modifier | BRM |
| Biopsy | BX |
| Bipolar affective disorder | BAD |
| Black female | B/F |
| Black male | B/M |
| Bladder tumor | BT |
| Blood pressure | BP |
| Blood urea nitrogen | BUN |
| Blood volume | BV |
| Bone marrow | BM |
| Bone marrow transplant | BMT |
| Bowel movement | BM |
| Brother | BRO |
| | |
| Calcium | CA |
| Capsule (s) | CAP(S) |
| Carcinoembryonic antigen | CEA |
| Carcinoma | CA |
| Carcinoma *in situ* | CIS |
| Cardiovascular disease | CVD |
| CAT/CT scan/Computerized axial tomography | CT |
| Centimeter | CM |
| Central nervous system | CNS |
| Cerebrospinal fluid | CSF |
| Cerebrovascular accident | CVA |
| Cervical intraepithelial neoplasia | CIN |
| Cervical intraepithelial neoplasia, grade III | CIN III |
| Cervical vertebrae | C1-C7 |
| Cervical spine | C-SPINE |
| Change | CHG |
| Chemotherapy | CHEMO |
| Chest X-ray | CXR |
| Chronic | CHR |
| Chronic granulocytic leukemia | CGL |
| Chronic lymphocytic leukemia | CLL |
| Chronic myeloid (myelocytic) leukemia | CML |
| Chronic obstructive lung disease | COLD |
| Chronic obstructive pulmonary disease | COPD |
| Chronic renal failure | CRF |
| Chronic ulcerative colitis | CUC |
| Cigarettes | CIG |
| Clear | CLR |
| Cobalt 60 | CO60 |
| Collaborative stage | CS |
| Colon, Ascending | A-COLON |
| Colon, Descending | D-COLON |

| WORD/TERM(S) | ABBREVIATION/SYMBOL |
|---|---|
| Colon, Sigmoid | SIG COLON |
| Colon, Transverse | TRANS-COLON |
| Colony-stimulating factor | C-SF |
| Complaint (-ning) of | C/O |
| Complete blood count | CBC |
| Congenital heart disease | CHD |
| Congestive heart failure | CHF |
| Consistent with | C/W |
| Continue/continuous | CONT |
| Contralateral | CONTRA |
| Coronary artery bypass graft | CABG |
| Coronary artery disease | CAD |
| Coronary care unit | CCU |
| Cubic centimeter | CC |
| Cystoscopy | CYSTO |
| Cytology | CYTO |
| Cystic fibrosis | CF |
| | |
| Date of birth | DOB |
| Date of death | DOD |
| Dead on arrival | DOA |
| Decrease(d) | DECR |
| Deep tendon reflex | DTR |
| Deep vein thrombosis | DVT |
| Deoxyribonucleic acid | DNA |
| Descending colon | D-COLON |
| Dermatology | DERM |
| Diabetes mellitus | DM |
| Diagnosis | DX |
| Diameter | DIAM |
| Diethylstilbestrol | DES |
| Differentiated/differential | DIFF |
| Digital rectal examination | DRE |
| Dilatation and curettage | D&C |
| Discharge | DISCH |
| Discontinue(d) | DC |
| Disease | DZ |
| Disseminated intravascular coagulopathy | DIC |
| Ductal carcinoma *in situ* | DCIS |
| Dyspnea on exertion | DOE |
| | |
| Ears, nose, and throat | ENT |
| Electrocardiogram | ECG/EKG |
| Electroencephalogram | EEG |
| Electromyogram | EMG |
| Emergency room | ER |

| WORD/TERM(S) | ABBREVIATION/SYMBOL |
|---|---|
| Endoscopic retrograde cholangiopancreatography | ERCP |
| End stage renal disease | ESRD |
| Enlarged | ENLGD |
| Equal(s) | = |
| Esophagogastro-duodenoscopy | EGD |
| Estrogen receptor (assay) | ER, ERA |
| Evaluation | EVAL |
| Every | Q |
| Every day | QD |
| Examination | EXAM |
| Excision/excised | EXC(D) |
| Expired | EXP |
| Exploratory | EXPL |
| Exploratory laparotomy | EXPL LAP |
| Extend/extension | EXT |
| | |
| Fever of unknown origin | FUO |
| Fine needle aspiration | FNA |
| Fine needle aspiration biopsy | FNAB |
| Floor of mouth | FOM |
| Fluid | FL |
| Fluoroscopy | FLURO |
| Follow-up | FU |
| For example | E.G. |
| Fracture | FX |
| Frequent/Frequency | FREQ |
| Frozen section | FS |
| Full thickness skin graft | FTSG |
| | |
| Gallbladder | GB |
| Gastroesophageal | GE |
| Gastroesophageal reflux disease | GERD |
| Gastrointestinal | GI |
| General/Generalized | GEN |
| Genitourinary | GU |
| Grade | GR |
| Greater/Greater than | > |
| Gynecology | GYN |
| | |
| Hematocrit | HCT |
| Hemoglobin | HGB |
| Hepatitis A (virus) | HAV |
| Hepatitis B (virus) | HBV |
| Hepatitis C (virus) | HCV |
| Hepatitis D (virus) | HDV |
| Hepatosplenomegaly | HSM |

| WORD/TERM(S) | ABBREVIATION/SYMBOL |
|---|---|
| History | HX |
| History and physical | H&P |
| History of | H/O |
| Hormone | HORM |
| Hospital | HOSP |
| Hour/Hours | HR(S) |
| Human chorionic gonadotropin | HCG |
| Human Immunodeficiency Virus | HIV |
| Human Papilloma Virus | HPV |
| Human T-Lymphotrophic Virus, (Type III) | HTLV |
| Hypertension | HTN |
| Hypertensive cardiovascular disease | HCVD |
| Hypertensive vascular disease | HVD |
| Hysterectomy | HYST |
| | |
| Idiopathic hypertrophic subaortic stenosis | IHSS |
| Idiopathic thrombocytopenia | ITP |
| Immunoglobulin | IG |
| Immunohistochemical | IHC |
| Impression | IMP |
| Incision & drainage | I&D |
| Includes/Including | INCL |
| Increase(d) | INCR |
| Inferior | INF |
| Inferior vena cava | IVC |
| Infiltrating | INFILT |
| Inflammatory bowel disease | IBD |
| Inpatient | IP |
| Insulin-dependent diabetes mellitus | IDDM |
| Intensive care unit | ICU |
| Intercostal margin | ICM |
| Intercostal space | ICS |
| Intermittent positive pressure breathing | IPPB |
| Internal | INT |
| Interstitial lung disease | ILD |
| Intramuscular | IM |
| Intrathecal | IT |
| Intravenous | IV |
| Intravenous cholangiogram | IVCA |
| Intravenous pyelogram | IVP |
| Invade(s)/invading/invasion | INV |
| Involve(s)/involvement/involving | INVL |
| Ipsilateral | IPSI |
| Irregular | IRREG |

| WORD/TERM(S) | ABBREVIATION/SYMBOL |
|---|---|
| Jugular venous distention | JVD |
| Juvenile rheumatic arthritis | JRA |
| | |
| Kaposi sarcoma | KS |
| Kidneys, ureters, bladder | KUB |
| Kilogram | KG |
| Kilovolt | KV |
| | |
| Laboratory | LAB |
| Lactic dehydrogenase | LDH |
| Laparotomy | LAP |
| Large | LRG |
| Last menstrual period | LMP |
| Lateral | LAT |
| Left | LT |
| Left bundle branch block | LBBB |
| Left costal margin | LCM |
| Left lower extremity | LLE |
| Left lower lobe | LLL |
| Left lower quadrant | LLQ |
| Left salpingo-oophorectomy | LSO |
| Left upper extremity | LUE |
| Left upper lobe | LUL |
| Left upper quadrant | LUQ |
| Left upper outer quadrant | LUOQ |
| Less/Less than | < |
| Licensed practical nurse | LPN |
| Linear accelerator | LINAC |
| Liver/spleen scan | LS SCAN |
| Lower extremity | LE |
| Lower inner quadrant | LIQ |
| Lower outer quadrant | LOQ |
| Lumbar vertebra | L1-L5 |
| Lumbar spine | L-SPINE |
| Lumbosacral | LS |
| Lymphadenopathy-associated virus | LAV |
| Lymph node(s) | LN(S) |
| Lymph node dissection | LND |
| Lupus erythematosus | LUP ERYTH |
| | |
| Macrophage colony-stimulating factor | M-CSF |
| Magnetic resonance imaging | MRI |
| Magnetic resonance cholangiopancreatography | MRCP |
| Main stem bronchus | MSB |
| Malignant | MALIG |
| Mandible/mandibular | MAND |

| WORD/TERM(S) | ABBREVIATION/SYMBOL |
|---|---|
| Maximum | MAX |
| Medical center | MC |
| Medication | MED |
| Metastatic/Metastasis | METS |
| Methicillin Resistant Staphylococcus Aureus | MRSA |
| Microgram | MCG |
| Microscopic | MICRO |
| Middle lobe | ML |
| Millicurie (hours) | MC(H) |
| Milligram (hours) | MG(H) |
| Milliliter | ML |
| Millimeter | MM |
| Million electron volts | MEV |
| Minimum | MIN |
| Minus | - |
| Minute | MIN |
| Mitral valve prolapse | MVP |
| Mixed combined immunodeficiency | MCID |
| Mixed connective tissue disease | MCTD |
| Moderate (ly) | MOD |
| Moderately differentiated | MD, MOD DIFF |
| Modified radical mastectomy | MRM |
| More/More than | > |
| Multifocal arterial tachycardia | MAT |
| Multifocal premature ventricular contraction | MPVC |
| Multiple | MULT |
| Multiple sclerosis | MS |
| Multiple myeloma | MM |
| Myasthenia gravis | MG |
| Myocardial infarction | MI |
| | |
| Neck vein distention | NVD |
| Negative | NEG |
| Negative | - |
| Neoplasm | NEOPL |
| Neurology | NEURO |
| No evidence of disease | NED |
| No significant findings | NSF |
| Non-Hodgkins lymphoma | NHL |
| Normal | NL |
| Non small cell carcinoma | NSCCA |
| Not applicable | NA |
| Not otherwise specified | NOS |
| Not recorded | NR |
| Number | # |
| Nursing home | NH |

| WORD/TERM(S) | ABBREVIATION/SYMBOL |
|---|---|
| Obstetrics | OB |
| Obstructed (-ing, -ion) | OBST |
| Operating room | OR |
| Operative report | OP RPT |
| Organic brain syndrome | OBS |
| Orthopedics | ORTHO |
| Otology | OTO |
| Ounce | OZ |
| Outpatient | OP |
| | |
| Packs per day | PPD |
| Palpated (-able) | PALP |
| Papanicolaou smear | PAP |
| Papillary | PAP |
| Past/personal (medical) history | PMH |
| Pathology | PATH |
| Patient | PT |
| Pediatrics | PEDS |
| Pelvic inflammatory disease | PID |
| Peptic ulcer disease | PUD |
| Percutaneous | PERC |
| Percutaneous transhepatic cholecystogram | PTC |
| Peripheral vascular disease | PVD |
| Prescription | RX |
| Primary medical physician | PMP |
| Phosphorus 32 | P32 |
| Physical examination | PE |
| Physiotherapy/Physical therapy | PT |
| Platelets | PLT |
| Plus | + |
| Poorly differentiated | PD, POOR DIFF |
| Positive | POS |
| Positive | + |
| Positron emission tomography | PET |
| Possible | POSS |
| Posterior | POST |
| Postoperative (-ly) | POST OP |
| Pound(s) | LB(S) |
| Pound(s) | # |
| Premature atrial contraction | PAC |
| Preoperative (-ly) | PRE OP |
| Previous | PREV |
| Prior to admission | PTA |
| Probable (-ly) | PROB |
| Proctoscopy | PROCTO |
| Progesterone receptor (assay) | PR, PRA |

| WORD/TERM(S) | ABBREVIATION/SYMBOL |
|---|---|
| Prostatic intraepithelial neoplasia, grade III | PIN III |
| Prostatic specific antigen | PSA |
| Pulmonary | PULM |
| | |
| Quadrant | QUAD |
| | |
| Radiation absorbed dose | RAD |
| Radiation therapy | RT |
| Radioimmunoassay | RIA |
| Received | REC'D |
| Red blood cells (count) | RBC |
| Regarding | RE |
| Regional medical center | RMC |
| Regular | REG |
| Regular sinus rhythm | RSR |
| Resection (ed) | RESEC |
| Review of outside films | ROF |
| Review of outside slides | ROS |
| Rheumatoid arthritis | RA |
| Rheumatic heart disease | RHD |
| Right | RT |
| Right bundle branch block | RBBB |
| Right costal margin | RCM |
| Right inner quadrant | RIQ |
| Right lower extremity | RLE |
| Right lower lobe | RLL |
| Right lower quadrant | RLQ |
| Right middle lobe | RML |
| Right outer quadrant | ROQ |
| Right salpingo-oophorectomy | RSO |
| Right upper extremity | RUE |
| Right upper lobe | RUL |
| Right upper quadrant | RUQ |
| Rule out | R/O |
| | |
| Sacral spine | S-SPINE |
| Sacral vertebra | S1-S5 |
| Salpingo-oophorectomy | SO |
| Satisfactory | SATIS |
| Serum glutamic oxaloacetic transaminase | SGOT |
| Serum glutamic pyruvic transaminase | SGPT |
| Severe combined immunodeficiency syndrome | SCID |
| Short(ness) of breath | SOB |
| Sick sinus syndrome | SSS |
| Sigmoid colon | SIG COLON |
| Small | SM |

| WORD/TERM(S) | ABBREVIATION/SYMBOL |
|---|---|
| Small bowel | SB |
| Specimen | SPEC |
| Spine, Cervical | C-SPINE |
| Spine, Lumbar | L-SPINE |
| Spine, Sacral | S-SPINE |
| Spine, Thoracic | T-SPINE |
| Split thickness skin graft | STSG |
| Squamous | SQ |
| Squamous cell carcinoma | SCC |
| Status post | S/P |
| Subcutaneous | SUBCU |
| Summary stage | SS |
| Superior vena cava | SVC |
| Surgery/Surgical | SURG |
| Suspicious/suspected | SUSP |
| Symptoms | SX |
| Syndrome of inappropriate ADH | SIADH |
| Systemic lupus erythematosus | SLE |
| | |
| Thoracic spine | T-SPINE |
| Thrombotic thrombocytopenia purpura | TTP |
| Times | X |
| Total abdominal hysterectomy | TAH |
| Total abdominal hysterectomy- bilateral salpingo-oophorectomy | TAH-BSO |
| Total vaginal hysterectomy | TVH |
| Transient ischemic attack | TIA |
| Transitional cell carcinoma | TCC |
| Transurethral resection | TUR |
| Transurethral resection bladder | TURB |
| Transurethral resection prostate | TURP |
| Transverse colon | TRANS-COLON |
| Treatment | TX |
| True vocal cord | TVC |
| Tuberculosis | TB |
| Twice a day (daily) | BID |
| Ultrasound | US |
| Undifferentiated | UNDIFF |
| Unknown | UNK |
| Upper extremity | UE |
| Upper gastrointestinal (series) | UGI |
| Upper inner quadrant | UIQ |
| Upper outer quadrant | UOQ |
| Upper respiratory infection | URI |
| Urinary tract infection | UTI |

| WORD/TERM(S) | ABBREVIATION/SYMBOL |
|---|---|
| Vagina/Vaginal | VAG |
| Vaginal hysterectomy | VAG HYST |
| Vaginal intraepithelial neoplasia (grade III) | VAIN III |
| Vulvar intraepithelial neoplasia (grade III) | VIN III |
| | |
| Well differentiated | WD, WELL DIFF |
| White blood cells (count) | WBC |
| White female | W/F |
| White male | W/M |
| With | W/ |
| Within normal limits | WNL |
| Without | W/O |
| Wolff-Parkinson-White syndrome | WPW |
| Work-up | W/U |
| | |
| Xray | XR |
| | |
| Year | YR |

**NAACCR RECOMMENDED ABBREVIATION LIST**
**ORDERED BY ABBREVIATION/SYMBOL**

| ABBREVIATION/SYMBOL | WORD/TERM(S) |
|---|---|
| ^ | above |
| @ | at |
| & | and |
| < | less, less than |
| = | equals |
| > | greater than, more, more than |
| - | negative, minus |
| # | number, pound(s) |
| + | plus, positive |
| X | times |
| | |
| A-COLON | Ascending colon |
| A FIB | Atrial fibrillation |
| A FLUTTER | Atrial flutter |
| A-STEN | Aortic stenosis |
| A&P | Auscultation & percussion |
| ABD | Abdomen (abdominal) |
| ABG | Arterial blood gases |
| ABN | Abnormal |
| ABS | Absent/Absence |
| ABST | Abstract/Abstracted |
| AC | Adrenal cortex |
| ACBE | Air contrast barium enema |
| ACH | Adrenal cortical hormone |
| ACID PHOS | Acid phosphatase |
| ACTH | Adrenocorticotrophic hormone |
| ADENOCA | Adenocarcinoma |
| ADH | Antidiuretic hormone |
| ADJ | Adjacent |
| ADL | Activities of daily living |
| ADM | Admission/Admit |
| AFF | Affirmative |
| AFP | Alpha-fetoprotein |
| AG | Antigen |
| AGL | Acute granulocytic leukemia |
| AI | Atrial stenosis/insufficiency/incompetence |
| AIDS | Acquired Immune Deficiency Syndrome |
| AIHA | Autoimmune hemolytic anemia |
| AIN III | Anal intraepithelial neoplasia, grade III |
| AK(A) | Above knee (amputation) |
| AKA | Also known as |
| ALB | Albumin |
| ALK PHOS | Alkaline phosphatase |

| ABBREVIATION/SYMBOL | WORD/TERM(S) |
|---|---|
| ALL | Acute lymphocytic leukemia |
| ALS | Amyotrophic lateral sclerosis |
| AM | Before noon |
| AMA | Against medical advice |
| AMB | Ambulatory |
| AMI | Acute myocardial infarction |
| AML | Acute myelogenous leukemia |
| AMP | Amputation |
| AMT | Amount |
| ANAP | Anaplastic |
| ANGIO | Angiography/Angiogram |
| ANS | Autonomic nervous system |
| ANT | Anterior |
| AODM | Adult-onset Diabetes Mellitus |
| AP | Abdominal perineal |
| AP | Anteroposterior |
| APC | Atrial premature complexes |
| APP | Appendix |
| APPL'Y | Apparently |
| APPROX | Approximately |
| ARC | AIDS-related condition (complex) |
| ARD | AIDS-related disease |
| ARDS | Acute Respiratory Distress (Disease) Syndrome |
| ARF | Acute renal failure |
| ARRHY | Arrhythmia |
| ART | Artery (ial) |
| AS | Arteriosclerosis/Arteriosclerotic |
| ASA | Aspirin, Acetylsalicylic acid |
| ASAP | As soon as possible |
| ASCVD | Arteriosclerotic cardiovascular disease |
| ASHD | Arteriosclerotic heart disease |
| ASP | Aspiration |
| ASPVD | Arteriosclerotic Peripheral Vascular Disease |
| ATN | Acute tubular necrosis |
| ATP | Adenosine triphosphate |
| ATR | Achilles tendon reflex |
| AUT | Autopsy |
| AV | Arteriovenous |
| AVG | Average |
| AVM | Arteriovenous malformation |
| AX | Axilla(ry) |
| | |
| B/F | Black female |
| B/M | Black male |
| BA | Barium |
| BAD | Bipolar affective disorder |

| ABBREVIATION/SYMBOL | WORD/TERM(S) |
|---|---|
| BCC | Basal cell carcinoma |
| BCG | Bacillus Calmette-Guerin |
| BD | Bile duct |
| BE | Barium enema |
| BID | Twice a day (daily) |
| BIL | Bilateral |
| BK(A) | Below knee (amputation) |
| BM | Bone marrow |
| BM | Bowel movement |
| BMT | Bone marrow transplant |
| BP | Blood pressure |
| BPH | Benign prostatic hypertrophy/hyperplasia |
| BRM | Biological response modifier |
| BRO | Brother |
| BSO | Bilateral salpingo-oophorectomy |
| BT | Bladder tumor |
| BUN | Blood urea nitrogen |
| BUS | Bartholin's, Urethral & Skene's |
| BV | Blood volume |
| BX | Biopsy |
| | |
| C/O | Complaint (-ning) of |
| C/W | Consistent with |
| C1-C7 | Cervical vertebrae |
| CA | Calcium |
| CA | Carcinoma |
| CABG | Coronary artery bypass graft |
| CAD | Coronary artery disease |
| CAP(S) | Capsule (s) |
| CBC | Complete blood count |
| CC | Cubic centimeter |
| CCU | Coronary care unit |
| CEA | Carcinoembryonic antigen |
| CF | Cystic fibrosis |
| CGL | Chronic granulocytic leukemia |
| CHD | Congenital heart disease |
| CHEMO | Chemotherapy |
| CHF | Congestive heart failure |
| CHG | Change |
| CHR | Chronic |
| CIG | Cigarettes |
| CIN | Cervical intraepithelial neoplasia |
| CIN III | Cervical intraepithelial neoplasia, grade III |
| CIS | Carcinoma *in situ* |
| CLL | Chronic lymphocytic leukemia |
| CLR | Clear |

| ABBREVIATION/SYMBOL | WORD/TERM(S) |
|---|---|
| CM | Centimeter |
| CML | Chronic myeloid (myelocytic) leukemia |
| CNS | Central nervous system |
| CO60 | Cobalt 60 |
| COLD | Chronic obstructive lung disease |
| CONT | Continue/continuous |
| CONTRA | Contralateral |
| COPD | Chronic obstructive pulmonary disease |
| CRF | Chronic renal failure |
| CS | Collaborative stage |
| CSF | Cerebrospinal fluid |
| C-SF | Colony stimulating factor |
| C-SPINE | Cervical spine |
| CT | CAT/CT scan/Computerized axial tomography |
| CUC | Chronic ulcerative colitis |
| CVA | Cerebrovascular accident |
| CVD | Cardiovascular disease |
| CXR | Chest X-ray |
| CYSTO | Cystoscopy |
| CYTO | Cytology |
| | |
| D-COLON | Descending colon |
| D&C | Dilatation and curettage |
| DC | Discontinue(d) |
| DCIS | Ductal carcinoma *in situ* |
| DECR | Decrease(d) |
| DERM | Dermatology |
| DES | Diethylstilbestrol |
| DIAM | Diameter |
| DIC | Disseminated intravascular coagulopathy |
| DIFF | Differentiated/differential |
| DISCH | Discharge |
| DM | Diabetes mellitus |
| DNA | Deoxyribonucleic acid |
| DOA | Dead on arrival |
| DOB | Date of birth |
| DOD | Date of death |
| DOE | Dyspnea on exertion |
| DRE | Digital rectal examination |
| DTR | Deep tendon reflex |
| DVT | Deep vein thrombosis |
| DX | Diagnosis |
| DZ | Disease |
| E.G. | For example |
| ECG/EKG | Electrocardiogram |
| EEG | Electroencephalogram |

| ABBREVIATION/SYMBOL | WORD/TERM(S) |
|---|---|
| EGD | Esophagogastro-duodenoscopy |
| EMG | Electromyogram |
| ENLGD | Enlarged |
| ENT | Ears, nose, and throat |
| ER | Emergency room |
| ER, ERA | Estrogen receptor (assay) |
| ERCP | Endoscopic retrograde cholangiopancreatography |
| ESRD | End stage renal disease |
| ETOH | Alcohol |
| EVAL | Evaluation |
| EXAM | Examination |
| EXC(D) | Excision/excised |
| EXP | Expired |
| EXPL | Exploratory |
| EXPL LAP | Exploratory laparotomy |
| EXT | Extend/extension |
| | |
| FL | Fluid |
| FLURO | Fluoroscopy |
| FNA | Fine needle aspiration |
| FNAB | Fine needle aspiration biopsy |
| FOM | Floor of mouth |
| FREQ | Frequent/Frequency |
| FS | Frozen section |
| FTSG | Full thickness skin graft |
| FU | Follow-up |
| FUO | Fever of unknown origin |
| FX | Fracture |
| | |
| GB | Gallbladder |
| GE | Gastroesophageal |
| GEN | General/Generalized |
| GERD | Gastroesophageal reflux disease |
| GI | Gastrointestinal |
| GR | Grade |
| GU | Genitourinary |
| GYN | Gynecology |
| | |
| H&P | History and physical |
| H/O | History of |
| HAV | Hepatitis A (virus) |
| HBV | Hepatitis B (virus) |
| HCG | Human chorionic gonadotropin |
| HCT | Hematocrit |
| HCV | Hepatitis C (virus) |
| HCVD | Hypertensive cardiovascular disease |

| ABBREVIATION/SYMBOL | WORD/TERM(S) |
|---|---|
| HDV | Hepatitis D (virus) |
| HGB | Hemoglobin |
| HIV | Human Immunodeficiency Virus |
| HORM | Hormone |
| HOSP | Hospital |
| HPV | Human Papilloma Virus |
| HR(S) | Hour/Hours |
| HSM | Hepatosplenomegaly |
| HTLV | Human T-Lymphotrophic Virus, (Type III) |
| HTN | Hypertension |
| HVD | Hypertensive vascular disease |
| HX | History |
| HYST | Hysterectomy |
| | |
| I&D | Incision & drainage |
| IBD | Inflammatory bowel disease |
| ICM | Intercostal margin |
| ICS | Intercostal space |
| ICU | Intensive care unit |
| IDDM | Insulin-dependent diabetes mellitus |
| IG | Immunoglobulin |
| IHC | Immunohistochemical |
| IHSS | Idiopathic hypertrophic subaortic stenosis |
| ILD | Interstitial lung disease |
| IM | Intramuscular |
| IMP | Impression |
| INCL | Includes/Including |
| INCR | Increase(d) |
| INF | Inferior |
| INFILT | Infiltrating |
| INT | Internal |
| INV | Invade(s)/invading/invasion |
| INVL | Involve(s)/involvement/involving |
| IP | Inpatient |
| IPPB | Intermittent positive pressure breathing |
| IPSI | Ipsilateral |
| IRREG | Irregular |
| IT | Intrathecal |
| ITP | Idiopathic thrombocytopenia |
| IV | Intravenous |
| IVC | Inferior vena cava |
| IVCA | Intravenous cholangiogram |
| IVP | Intravenous pyelogram |
| JRA | Juvenile rheumatic arthritis |
| JVD | Jugular venous distention |
| | |

| ABBREVIATION/SYMBOL | WORD/TERM(S) |
|---|---|
| KG | Kilogram |
| KS | Kaposi sarcoma |
| KUB | Kidneys, ureters, bladder |
| KV | Kilovolt |
| | |
| L-SPINE | Lumbar spine |
| L1-L5 | Lumbar vertebra |
| LAB | laboratory |
| LAP | Laparotomy |
| LAT | Lateral |
| LAV | Lymphadenopathy-associated virus |
| LB | Pound |
| LBBB | Left bundle branch block |
| LCM | Left costal margin |
| LDH | Lactic dehydrogenase |
| LE | Lower extremity |
| LINAC | Linear accelerator |
| LIQ | Lower inner quadrant |
| LLE | Left lower extremity |
| LLL | Left lower lobe |
| LLQ | Left lower quadrant |
| LMP | Last menstrual period |
| LN(S) | Lymph node(s) |
| LND | Lymph node dissection |
| LOQ | Lower outer quadrant |
| LPN | Licensed practical nurse |
| LRG | Large |
| LS | Lumbosacral |
| LS SCAN | Liver/spleen scan |
| LSO | Left salpingo-oophorectomy |
| LT | Left |
| LUE | Left upper extremity |
| LUL | Left upper lobe |
| LUOQ | Left upper outer quadrant |
| LUP ERYTH | Lupus erythematosus |
| LUQ | Left upper quadrant |
| | |
| M-CSF | Macrophage colony-stimulating factor |
| MALIG | Malignant |
| MAND | Mandible/mandibular |
| MAT | Multifocal arterial tachycardia |
| MAX | Maximum |
| MC | Medical center |
| MC(H) | Millicurie (hours) |
| MCG | Microgram |
| MCID | Mixed combined immunodeficiency |

| ABBREVIATION/SYMBOL | WORD/TERM(S) |
|---|---|
| MCTD | Mixed connective tissue disease |
| MD | Moderately differentiated |
| MED | Medication |
| METS | Metastatic/Metastasis |
| MEV | Million electron volts |
| MG | Myasthenia gravis |
| MG(H) | Milligram (hours) |
| MI | Myocardial infarction |
| MICRO | Microscopic |
| MIN | Minimum |
| MIN | Minute |
| ML | Middle lobe |
| ML | Milliliter |
| MM | Millimeter |
| MM | Multiple myeloma |
| MOD | Moderate (ly) |
| MOD DIFF | Moderately differentiated |
| MPVC | Multifocal premature ventricular contraction |
| MRCP | Magnetic resonance cholangiopancreatography |
| MRI | Magnetic resonance imaging |
| MRM | Modified radical mastectomy |
| MRSA | Methicillin Resistant Staphylococcus Aureus |
| MS | Multiple sclerosis |
| MSB | Main stem bronchus |
| MULT | Multiple |
| MVP | Mitral valve prolapse |
| | |
| NA | Not applicable |
| NED | No evidence of disease |
| NEG | Negative |
| NEOPL | Neoplasm |
| NEURO | Neurology |
| NH | Nursing home |
| NHL | Non-Hodgkins lymphoma |
| NL | Normal |
| NOS | Not otherwise specified |
| NR | Not recorded |
| NSCCA | Non small cell carcinoma |
| NSF | No significant findings |
| NVD | Neck vein distention |
| | |
| OB | Obstetrics |
| OBS | Organic brain syndrome |
| OBST | Obstructed (-ing, -ion) |
| OP | Outpatient |
| OP RPT | Operative report |

| ABBREVIATION/SYMBOL | WORD/TERM(S) |
|---|---|
| OR | Operating room |
| ORTHO | Orthopedics |
| OTO | Otology |
| OZ | Ounce |
| | |
| P32 | Phosphorus 32 |
| PAC | Premature atrial contraction |
| PALP | Palpated (-able) |
| PAP | Papanicolaou smear |
| PAP | Papillary |
| PATH | Pathology |
| PD | Poorly differentiated |
| PE | Physical examination |
| PEDS | Pediatrics |
| PERC | Percutaneous |
| PET | Positron emission tomography |
| PID | Pelvic inflammatory disease |
| PIN III | Prostatic intraepithelial neoplasia, grade III |
| PLT | Platelets |
| PMH | Past/personal (medical) history |
| PMP | Primary medical physician |
| POOR DIFF | Poorly differentiated |
| POS | Positive |
| POSS | Possible |
| POST | Posterior |
| POST OP | Postoperative (-ly) |
| PPD | Packs per day |
| PR, PRA | Progesterone receptor (assay) |
| PRE OP | Preoperative (-ly) |
| PREV | Previous |
| PROB | Probable (-ly) |
| PROCTO | Proctoscopy |
| PSA | Prostatic specific antigen |
| PT | Patient |
| PT | Physiotherapy/Physical therapy |
| PTA | Prior to admission |
| PTC | Percutaneous transhepatic cholecystogram |
| PUD | Peptic ulcer disease |
| PULM | Pulmonary |
| PVD | Peripheral vascular disease |
| Q | Every |
| QD | Every day |
| QUAD | Quadrant |
| | |
| R/O | Rule out |
| RA | Rheumatoid arthritis |

| ABBREVIATION/SYMBOL | WORD/TERM(S) |
|---|---|
| RAD | Radiation absorbed dose |
| RBBB | Right bundle branch block |
| RBC | Red blood cells (count) |
| RCM | Right costal margin |
| RE | Regarding |
| REC'D | Received |
| REG | Regular |
| RESEC | Resection (ed) |
| RHD | Rheumatic heart disease |
| RIA | Radioimmunoassay |
| RIQ | Right inner quadrant |
| RLE | Right lower extremity |
| RLL | Right lower lobe |
| RLQ | Right lower quadrant |
| RMC | Regional medical center |
| RML | Right middle lobe |
| ROF | Review of outside films |
| ROQ | Right outer quadrant |
| ROS | Review of outside slides |
| RSO | Right salpingo-oophorectomy |
| RSR | Regular sinus rhythm |
| RT | Radiation therapy |
| RT | Right |
| RUE | Right upper extremity |
| RUL | Right upper lobe |
| RUQ | Right upper quadrant |
| RX | Prescription |
| | |
| S/P | Status post |
| S1-S5 | Sacral vertebra |
| S-SPINE | Sacral spine |
| SATIS | Satisfactory |
| SB | Small bowel |
| SCC | Squamous cell carcinoma |
| SCID | Severe combined immunodeficiency syndrome |
| SGOT | Serum glutamic oxaloacetic transaminase |
| SGPT | Serum glutamic pyruvic transaminase |
| SIADH | Syndrome of inappropriate ADH |
| SIG COLON | Sigmoid colon |
| SLE | Systemic lupus erythematosus |
| SM | Small |
| SO | Salpingo-oophorectomy |
| SOB | Short(ness) of breath |
| SPEC | Specimen |
| SQ | Squamous |
| SS | Summary stage |

| ABBREVIATION/SYMBOL | WORD/TERM(S) |
|---|---|
| SSS | Sick sinus syndrome |
| STSG | Split thickness skin graft |
| SUBCU | Subcutaneous |
| SURG | Surgery/Surgical |
| SUSP | Suspicious/suspected |
| SVC | Superior vena cava |
| SX | Symptoms |
| | |
| T-SPINE | Thoracic spine |
| TAH | Total abdominal hysterectomy |
| TAH-BSO | Total abdominal hysterectomy- bilateral |
| TB | Tuberculosis |
| TCC | Transitional cell carcinoma |
| TIA | Transient ischemic attack |
| TRANS-COLON | Transverse colon |
| TTP | Thromboticthrombocytopenia purpura |
| TUR | Transurethral resection |
| TURB | Transurethral resection bladder |
| TURP | Transurethral resection prostate |
| TVC | True vocal cord |
| TVH | Total vaginal hysterectomy |
| TX | Treatment |
| | |
| UE | Upper extremity |
| UGI | Upper gastrointestinal (series) |
| UIQ | Upper inner quadrant |
| UNDIFF | Undifferentiated |
| UNK | Unknown |
| UOQ | Upper outer quadrant |
| URI | Upper respiratory infection |
| US | Ultrasound |
| UTI | Urinary tract infection |
| | |
| VAG | Vagina/Vaginal |
| VAG HYST | Vaginal hysterectomy |
| VAIN III | Vaginal intraepithelial neoplasia (grade III) |
| VIN III | Vulvar intraepithelial neoplasia (grade III) |
| | |
| W/ | With |
| W/F | White female |
| W/M | White male |
| W/O | Without |
| W/U | Work-up |
| WBC | White blood cells (count) |
| WD | Well differentiated |
| WELL DIFF | Well differentiated |

| ABBREVIATION/SYMBOL | WORD/TERM(S) |
|---|---|
| WNL | Within normal limits |
| WPW | Wolff-Parkinson-White syndrome |
| | |
| XR | Xray |
| | |
| YR | Year |

**NAACCR RECOMMENDED ABBREVIATION LIST**
**CONTEXT-SENSITIVE ABBREVIATIONS**

| ABBREVIATION/SYMBOL | WORD/TERM(S) |
|---|---|
| AP | Anteroposterior |
| AP | Abdominal perineal |
| BM | Bone marrow |
| BM | Bowel movement |
| CA | Calcium |
| CA | Carcinoma |
| MIN | Minimum |
| MIN | Minute |
| ML | Milliliter |
| ML | Middle lobe |
| MM | Millimeter |
| MM | Multiple myeloma |
| PAP | Papillary |
| PAP | Papanicolaou smear |
| PT | Patient |
| PT | Physiotherapy/Physical therapy |
| RT | Right |
| RT | Radiation therapy |

# APPENDIX H:

# HL7 FLAVORS OF NULL TABLE

*Definition: If a value is an exceptional value (NULL-value), this specifies in what way and why proper information is missing.*

| NAACCR Code | HL7 Code | Name | Definition |
|---|---|---|---|
| 10 | NI | no information | No information whatsoever can be inferred from this exceptional value. This is the most general exceptional value. It is also the default exceptional value. It is unknown whether this event occurred (e.g., radiation treatment). |
| 11 | NA | not applicable | No proper value is applicable in this context (e.g., last menstrual period for a male). |
| 12 | UNK | unknown | A proper value is applicable but not known. This event occurred, but the date is unknown (e.g., birth date). |
| 13 | NASK | not asked | This information has not been sought (i.e., patient was not asked). |
| 14 | ASKU | asked but unknown | Information was sought but not found (i.e., patient was asked but did not know). |
| 15 | NAV | temporarily unavailable | Information is not available at this time, but it is expected that it will be available later. |
| 16 | OTH* | other* | The actual value is not an element in the value domain of a variable (e.g., concept not provided by required code system). |
| 17 | PINF | positive infinity | Positive infinity of numbers. |
| 18 | NINF | negative infinity | Negative infinity of numbers. |
| 19 | MSK | masked | Information on this item is available, but it has not been provided by the sender due to security, privacy, or other reasons. An alternate mechanism for gaining access to this information may be available. Note: Using this null flavor does provide information that may be a breach of confidentiality. Its primary purpose is for those circumstances where it is necessary to inform the receiver that the information does exist. |
| 20 | NP | not present | Value is not present in a message. This is only defined in messages, never in application data! All values not present in the message must be replaced by the applicable default or No-Information (NI) as the default of all defaults. |

The null flavors are a general domain extension of all normal data types. Note the distinction between value domain of any data type and the vocabulary domain of coded data types. A vocabulary domain is a value domain for coded values, but not all value domains are vocabulary domains.

* The null flavor Other is used whenever the actual value is not in the required value domain. This may be, for example, when the value exceeds some constraints that are defined too restrictively (e.g., age < 100 years).

**Note:** Null flavors are applicable to any property of a data value or a higher-level object attribute. Where the difference of null flavors is not significant, ITs are not required to represent them. If nothing else is noted in this specification, ITs need not represent general NULL flavors for data-value property.

# INDEX


13-Digit (Expanded) Site-Specific Extent of Disease (SEER), 198, 471
1990 Census of Population and Housing, Alphabetical Index of Industries and Occupations, 37
2-Digit Nonspecific and 2-Digit Site-Specific Extent of Disease (1973-1982 SEER), 198, 471
4-Digit Extent of Disease (1983-1987 SEER), 199, 471
Abstracted By, 44, 61, 82, 98
Accession Number (CoC), 98, 470
Accession Number--Hosp, 44, 61, 82, 98, 240, 470
ACoS. *See* American College of Surgeons
ACS. *See* American Cancer Society
Addr at DX--City, 42, 58, 80, 98, 469
Addr at DX--No & Street, 54, 70, 89, 98, 475, 484
Addr at DX--Postal Code, 42, 58, 80, 100, 469
Addr at DX--State, 42, 58, 80, 100, 324, 325, 469
Addr at DX--Supplementl, 54, 70, 89, 101, 475
Addr Current--City, 53, 67, 87, 101, 474
Addr Current--No & Street, 54, 70, 89, 101, 475
Addr Current--Postal Code, 53, 67, 87, 103, 474
Addr Current--State, 53, 67, 87, 103, 474
Addr Current--Supplementl, 54, 70, 89, 104, 475
Age at Diagnosis, 42, 59, 81, 104, 241, 414
Age/Site/Histology Interfield Review (Interfield Edit 15), 241, 474
AJCC. *See* American Joint Committee on Cancer
AJCC Cancer Staging Manual, 20, 32, 36, 83, 84, 141, 142, 143, 144, 145, 146, 147, 157, 172, 173, 174, 175, 176, 177, 178, 182, 183, 184, 185, 186, 187, 188, 189, 190, 191, 192, 193, 194, 195, 197, 198, 199, 266, 425, 426, 427, 431, 432, 433
AJCC Conversion Flag, 181, 476
Alcohol History, 59, 81
Alias (CoC), 228, 475
Alternate Names, 469
Ambiguous Terminology as Basis for Diagnosis, 105, 470
Ambiguous Terminology DX, 44, 60, 82, 105, 160, 470, 483
American Association of Central Cancer Registries, iii, 2, 3, 4, 12, 35, 38, 467
American Cancer Society, i, 9, 467
American College of Surgeons, i, viii, ix, x, 9, 35, 38, 276, 277, 278, 467
American Joint Committee on Cancer, i, x, 9, 32, 36, 467
Archive FIN, 44, 74, 93, 106, 201, 232
Armed Forces Institute of Pathology, 11
Attending Physician (pre-96 CoC), 292, 475
Autopsy, 53, 68, 88, 106, 161, 281, 282, 283, 284, 285, 389, 437, 491, 503
Beale Code, 324, 325, 477
Behavior (73-91) ICD-O-1, 52, 68, 88, 107, 223, 481
Behavior (92-00) ICD-O-2, 43, 60, 82, 107, 108, 211, 212, 225, 418, 470, 481
Behavior Code (CoC), 108, 470
Behavior Code ICD-O-3, 43, 60, 82, 107, 108, 211, 212, 225, 418, 470
Behavior Type ICD-O-3, 481
Bethesda System, 22
Biological Response Modifiers (pre-96 SEER), 355, 473
Birth Date, 163, 469
Birthplace, 43, 59, 81, 108, 231, 394, 469, 483
Block Numbering Area, 118, 467, 469
BNA, 80, 111, 115, 116, 117, 118, 467, 469, *See* Block Numbering Area
Boost Radiation Treatment Modality, 306, 477
BPLACE.DBF, 80, 81, 87, 136, 455
Canadian Cancer Registry, viii, x, 10, 15, 19, 20, 21, 35, 57, 97, 171, 226, 464
Canadian Council of Cancer Registries, x, 5, 10, 15, 34, 57, 467
Cancer Program Manual, 14, 124
Cancer Program Standards, 9, 19, 38
Cancer Registration
Principles and Methods, 38
Cancer Registration Principles and Methods, 38
Cancer Registries Amendment Act, 11, 30, 38
Cancer Staging Manual, 9, 20, 31, 32, 36, 141, 142, 143, 144, 145, 146, 147, 172, 173, 174, 175, 176, 177, 178, 182, 183, 184, 185, 186, 187, 188, 189, 190, 191, 192, 193, 194, 195, 197, 198, 199, 266, 425, 426, 427, 431, 432, 433
Cancer Status, 53, 67, 87, 109
Cancer-Directed Surgery (pre-96 CoC), 368, 370, 472, 473
Cancer-Directed Surgery at This Facility (pre-96 CoC), 353, 470
Casefinding Source, 44, 60, 82, 109
Cause of Death, 53, 68, 88, 110, 213, 474
CCCR. *See* Canadian Council of Cancer Registries
CDC. *See* Centers for Disease Control and Prevention
Census Block Group 2000, 42, 59, 81, 112, 469
Census Block Group 2010, xi, 43, 59, 81, 113, 483
Census Cod Sys 1970/80/90, 42, 58, 80, 111, 114, 469
Census Coding System (CoC), 114, 469
Census Tr Cert 1970/80/90, 42, 59, 81, 111, 114, 115, 116, 117, 469
Census Tr Certainty 2000, 42, 59, 81, 112, 114, 115, 116, 117, 118, 119, 120
Census Tr Certainty 2010, 43, 59, 81, 113, 117, 483
Census Tract, xi, 42, 43, 58, 80, 112, 114, 115, 116, 117, 118, 119, 120, 121, 208, 469, 483
Census Tract 1970/80/90, 42, 58, 80, 114, 115, 116, 117, 118, 119, 120, 469

Census Tract 2000, 42, 58, 80, 114, 115, 116, 117, 118, 119, 120, 469
Census Tract 2010, xi, 43, 58, 80, 117, 120, 483
Census Tract Block Group, 112, 469
Census Tract Certainty, 115, 117, 120, 208, 469
Census Tract Cod Sys--Alt, 58, 80
Census Tract/Block Numbering Area (BNA) (SEER), 118, 469
Census Tract--Alternate, 119, 469
Census Tract--Alternate (pre-2003), 119, 469
CensusBlockGroup 70/80/90, 42, 59, 81, 111
Centers for Disease Control and Prevention, iii, viii, x, 1, 37, 38, 39, 467
Certified Tumor Registrar, 11, 467
Certified Tumor Registrars, 11
CGY, 305, 308, 473
cGy (CoC), 308, 473
Chemotherapy (SEER/CoC), 356, 473
Chemotherapy at this Facility (CoC), 340, 471
Chemotherapy Field 1, 65, 85
Chemotherapy Field 2, 65, 85
Chemotherapy Field 3, 65, 85
Chemotherapy Field 4, 65, 85
City or Town (pre-96 CoC), 98, 469
City/Town at Diagnosis (CoC), 98, 469
City/Town--Current (CoC), 101, 474
Class of Case, 44, 61, 82, 122, 123, 158, 161, 240, 419, 474, 483
CLIA, 276, 277, 278, 286, 287, 288, 467, *See* Clinical Laboratory Improvement Act
Clinical Laboratory Improvement Act, 286, 287, 288, 467
Clinical M (CoC), 425, 472
Clinical N (CoC), 426, 472
Clinical Stage (Prefix/Suffix) Descriptor (CoC), 425, 472
Clinical Stage Group (CoC), 426, 472
Clinical T (CoC), 427, 471
CoC. *See* Commission on Cancer
CoC Coding Sys--Current, 52, 69, 89, 124, 475
CoC Coding Sys--Original, 52, 69, 89, 124, 484
CoC pre-96, 469
CoC pre-98, 469
Codes and Coding Instructions, 13, 36, 197, 198, 199
Coding Rules, 7, 21, 23, 35
Coding System for Census Tract (pre-96 SEER/CoC), 114, 469
Coding System for EOD, 45, 62, 83, 125, 471
Coding System for Extent of Disease (SEER), 125, 471
Collaborative Stage, 9, 17, 31, 32, 33, 36, 92, 93, 138, 139, 140, 141, 142, 143, 144, 145, 146, 147, 148, 149, 150, 151, 152, 153, 154, 155, 156, 157, 158, 172, 173, 174, 175, 176, 177, 178, 179, 180, 181, 182, 183, 184, 185, 186, 187, 188, 189, 190, 191, 192, 193, 194, 195, 319, 320, 387, 388, 409, 411, 412, 414, 415, 417, 423
Collaborative Staging, 11, 12, 17, 21, 31, 36, 97, 387, 467
Commission on Cancer, viii, x, 1, 35, 38, 124, 201, 467, 475
Commission on Cancer Coding System-Current (CoC), 124, 475
Comorbid/Complication 1, 48, 74, 93, 94, 125, 134, 476, 477
Comorbid/Complication 10, 48, 74, 94, 134, 477
Comorbid/Complication 2, 48, 74, 93, 126, 476
Comorbid/Complication 3, 48, 74, 93, 127, 476
Comorbid/Complication 4, 48, 74, 93, 128, 477
Comorbid/Complication 5, 48, 74, 93, 129, 477
Comorbid/Complication 6, 48, 74, 93, 130, 477
Comorbid/Complication 7, 48, 74, 93, 131, 477
Comorbid/Complication 8, 48, 74, 94, 132, 477
Comorbid/Complication 9, 48, 74, 94, 133, 477
Comorbidities and Complications #1, 125, 134, 476, 477
Comorbidities and Complications #10, 134, 477
Comorbidities and Complications #2, 126, 476
Comorbidities and Complications #3, 127, 476
Comorbidities and Complications #4, 128, 477
Comorbidities and Complications #5, 129, 477
Comorbidities and Complications #6, 130, 477
Comorbidities and Complications #7, 131, 477
Comorbidities and Complications #8, 132, 477
Comorbidities and Complications #9, 133, 477
Comparative Staging Guide for Cancer, 13, 31, 36, 197, 198, 199
Comparison of Reportable Cancers, 23
Computed Ethnicity, 30, 42, 59, 81, 135, 136, 394, 395
Computed Ethnicity Source, 30, 42, 59, 81, 135, 136
County (pre-96 SEER/CoC), 136, 469
County at Diagnosis (CoC), 136, 469
County at DX, 29, 42, 58, 80, 136, 324, 325, 469
County--Current, 53, 67, 87, 137
CRC CHECKSUM, 52, 69, 88, 137
CS. *See* Collaborative Staging
CS Extension, 46, 72, 91, 138, 156, 262, 263, 475, 485
CS Lymph Nodes, 46, 72, 91, 138, 139, 476, 485
CS Lymph Nodes (SEER EOD), 138, 476
CS Lymph Nodes Eval, 46, 72, 91, 139, 476, 485
CS Metastasis at Diagnosis, 139, 476
CS Metastasis Evaluation, 141, 476
CS Mets at DX, 46, 72, 91, 139, 140, 476, 485
CS Mets at Dx-Bone, 46, 72, 91, 139, 485
CS Mets at Dx-Brain, 46, 72, 92, 140, 485
CS Mets at Dx-Liver, 46, 72, 92, 140, 485
CS Mets at Dx-Lung, 46, 72, 92, 140, 485
CS Mets Eval, 46, 72, 92, 141, 476, 485
CS PostRx Extension, 47, 72, 91, 141, 485
CS PostRx Lymph Nodes, 47, 72, 91, 142, 485
CS PostRx Mets at DX, 47, 72, 91, 142, 485
CS PostRx Tumor Size, 47, 72, 91, 143, 485
CS PreRx Extension, 47, 72, 91, 143, 485

CS PreRx Lymph Nodes, 47, 72, 91, 144, 485
CS PreRx Mets at DX, 47, 72, 91, 144, 485
CS PreRx Mets Eval, 47, 72, 91, 145, 485
CS PreRx Reg Nodes Eval, 47, 72, 91, 146, 485
CS PreRx Tum Sz/Ext Eval, 47, 72, 91, 146, 485
CS PreRx Tumor Size, 47, 72, 91, 147, 485
CS Regional Nodes Evaluation, 139, 476
CS Site-Specific Factor 1, 46, 73, 92, 147, 485
CS Site-Specific Factor 2, 46, 73, 92, 148, 485
CS Site-Specific Factor 3, 46, 73, 92, 148, 485
CS Site-Specific Factor 4, 46, 73, 92, 148, 485
CS Site-Specific Factor 5, 46, 73, 92, 149, 485
CS Site-Specific Factor 6, 46, 73, 92, 149, 485
CS Site-Specific Factor 7, 46, 72, 92, 149, 485
CS Site-Specific Factor 8, 46, 72, 92, 150, 485
CS Site-Specific Factor 9, 46, 72, 92, 150, 485
CS Site-Specific Factor10, 46, 72, 92, 150, 485
CS Site-Specific Factor11, 46, 73, 92, 151, 485
CS Site-Specific Factor12, 46, 73, 92, 151, 485
CS Site-Specific Factor13, 46, 73, 92, 151, 485
CS Site-Specific Factor14, 46, 73, 92, 152, 485
CS Site-Specific Factor15, 46, 73, 92, 152, 485
CS Site-Specific Factor16, 46, 73, 92, 152, 485
CS Site-Specific Factor17, 46, 73, 92, 153, 485
CS Site-Specific Factor18, 46, 73, 92, 153, 485
CS Site-Specific Factor19, 46, 73, 92, 153, 485
CS Site-Specific Factor20, 46, 73, 92, 154, 485
CS Site-Specific Factor21, 46, 73, 92, 154, 485
CS Site-Specific Factor22, 46, 73, 92, 154, 485
CS Site-Specific Factor23, 46, 73, 92, 155, 485
CS Site-Specific Factor24, 47, 73, 92, 155, 485
CS Site-Specific Factor25, 47, 73, 92, 155, 485
CS Tumor Size, 46, 72, 91, 156, 476, 485
CS Tumor Size/Ext Eval, 46, 72, 91, 156, 476, 485
CS Tumor Size/Extension Evaluation, 156, 476
CS Version Derived, 48, 73, 92, 157, 476, 485
CS Version Input Current, 48, 73, 92, 157, 486
CS Version Input Original, 48, 73, 92, 158, 476, 485
CS Version Latest, 157, 476
CTR. *See* Certified Tumor Registrar
DAM. *See* Data acquisition Manual
Data Acquisition Manual, 14, 18, 124, 467
Data edits, 25
Data Evaluation and Publications Committee, 30
Data Exchange Committee, 1
Data Exchange Standards, iii, 1, 2, 35
Data Exchange Standards and Record Description, iii, 2, 35
Data Quality Committee, 15
Date Case Completed, 52, 69, 89, 97, 158, 159
Date Case Completed--CoC, 52, 69, 89, 158
Date Case Initiated, 52, 69, 88, 159, 484
Date Case Last Changed, 52, 69, 89, 159
Date Case Report Exported, 52, 69, 89, 159, 475, 484
Date Case Report Loaded, 52, 69, 89, 159, 484
Date Case Report Received, 52, 69, 89, 159, 160, 161, 171, 484
Date Case Transmitted (pre-98 NAACCR), 159, 475
Date Chemotherapy Started (CoC), 330, 472
Date Conclusive DX Flag, 44, 60, 82, 160, 483
Date Hormone Therapy Started (CoC), 332, 472
Date Immunotherapy Started (CoC), 329, 472
Date of 1st Contact, 44, 61, 82, 159, 160, 161, 162, 171, 240, 414, 470, 483
Date of 1st Contact Flag, 44, 61, 82, 162, 470, 483
Date of 1st Crs Rx Flag, 48, 64, 85, 162
Date of 1st Crs RX--CoC, 48, 64, 85, 163, 167, 373, 374, 375, 376, 377, 379, 380, 382, 472
Date of 1st Positive BX, 63, 84
Date of Adm/1st Contact, 470
Date of Adm/First Contact, 161
Date of Birth, 42, 59, 81, 163, 164, 469
Date of Birth Flag, 42, 59, 81, 164
Date of CA Conference, 61, 83
Date of Cancer-Directed Surgery (CoC), 336, 472
Date of Conclusive Diagnosis, 164, 470
Date of Conclusive DX, 44, 60, 82, 160, 164, 470, 483
Date of Death--Canada, 53, 67, 87, 165
Date of Death--CanadaFlag, 53, 67, 87, 165
Date of Diagnosis, 43, 59, 81, 165, 166, 254, 409, 411, 412, 414, 415, 417, 470
Date of Diagnosis Flag, 43, 59, 81, 166
Date of Diagnostic, Staging or Palliative Procedures (1996-2002), 331, 472
Date of First Contact Flag, 162
Date of First Course Treatment (CoC), 163, 472
Date of First Recurrence (CoC), 315, 474
Date of First Surgical Procedure (CoC), 336, 472
Date of Initial Diagnosis (CoC), 165, 470
Date of Initial RX Flag, 48, 64, 85, 166
Date of Initial RX--SEER, 34, 48, 64, 85, 163, 167, 374, 375, 376, 377, 379, 380, 382, 472
Date of Inpatient Adm, 44, 61, 82, 167, 168, 216, 470
Date of Inpatient Admission (CoC), 167, 470
Date of Inpatient Disch, 44, 61, 82, 167, 169, 216, 470
Date of Inpatient Discharge (CoC), 167, 470
Date of Inpt Adm Flag, 44, 61, 82, 168
Date of Inpt Disch Flag, 44, 61, 82, 169
Date of Last Contact, 53, 67, 87, 109, 169, 170, 240, 438, 473, 484
Date of Last Contact Flag, 53, 67, 87, 170
Date of Last Contact or Death (CoC), 169, 473
Date of Last Follow-Up or of Death (SEER), 169, 473
Date of Most Definitive Surgical Resection of the Primary Site, 333, 477
Date of Mult Tumors Flag, 44, 60, 82, 170
Date of Multiple Tumors, 44, 60, 82, 170, 171
Date of Non Cancer-Directed Surgery ( CoC), 331, 472
Date of Surgery, 336, 472
Date of Surgical Diagnostic and Staging Procedure (CoC), 331, 472
Date of Surgical Discharge, 333, 337, 477

Date Other Treatment Started (CoC), 334, 472
Date Radiation Ended, 335, 379, 380, 477
Date Radiation Started (CoC), 335, 472
Date Started (pre 96 CoC), 163, 472
Date Started (pre-96 CoC), 397, 473
Date Started (SEER), 167, 472
Date Systemic Therapy Started, 338, 477
Date Therapy Initiated (SEER), 167, 472
Date Tumor Record Availbl, 52, 69, 89, 160, 171, 484
DC State, 54, 70, 89
DC State File Number, 54, 70, 89, 172
Derived AJCC M, 172, 173, 476
Derived AJCC M Descriptor, 173, 476
Derived AJCC N, 174, 175, 476
Derived AJCC N Descriptor, 175, 476
Derived AJCC Stage Group, 176, 476
Derived AJCC T, 177, 178, 428, 476
Derived AJCC T Descriptor, 178, 476
Derived AJCC-6 M, 47, 73, 92, 172, 173, 476, 486
Derived AJCC-6 M Descript, 47, 73, 92, 173, 476, 486
Derived AJCC-6 N, 47, 73, 92, 174, 175, 476, 486
Derived AJCC-6 N Descript, 47, 73, 92, 175, 476, 486
Derived AJCC-6 Stage Grp, 47, 73, 92, 176, 476, 486
Derived AJCC-6 T, 47, 73, 92, 177, 178, 476, 486
Derived AJCC-6 T Descript, 47, 73, 92, 178, 476, 486
Derived AJCC-7 M, 47, 75, 94, 179, 477, 486
Derived AJCC-7 M Descript, 47, 75, 94, 179, 477, 486
Derived AJCC-7 N, 47, 75, 94, 179, 180, 477, 486
Derived AJCC-7 N Descript, 47, 75, 94, 180, 477, 486
Derived AJCC-7 Stage Grp, 47, 75, 94, 180, 486
Derived AJCC-7 T, 47, 75, 94, 179, 180, 181, 477, 486
Derived AJCC-7 T Descript, 47, 75, 94, 181, 477, 486
Derived AJCC--Flag, 48, 74, 93, 181, 476
Derived M, 173, 476
Derived M Descriptor, 173, 476
Derived N, 48, 75, 95, 174, 175, 476, 486
Derived N Descriptor, 175, 476
Derived Neoadjuv Rx Flag, 48, 75, 95, 182
Derived PostRx-7 M, 47, 75, 95, 183, 486
Derived PostRx-7 N, 47, 75, 95, 184, 486
Derived PostRx-7 Stge Grp, 48, 75, 95, 185, 486
Derived PostRx-7 T, 47, 75, 94, 186, 486
Derived PreRx-7 M, 47, 75, 94, 187, 188, 486
Derived PreRx-7 M Descrip, 47, 75, 94, 188, 486
Derived PreRx-7 N, 47, 75, 94, 189, 190, 486
Derived PreRx-7 N Descrip, 47, 75, 94, 190, 486
Derived PreRx-7 Stage Grp, 47, 75, 94, 191, 486
Derived PreRx-7 T, 47, 75, 94, 192, 193, 486
Derived PreRx-7 T Descrip, 47, 75, 94, 193, 486
Derived SEER Summary Stage 1977, 194, 476
Derived SEER Summary Stage 2000, 195, 476
Derived SS1977, 32, 48, 74, 92, 93, 194, 387, 476
Derived SS1977--Flag, 48, 74, 93, 194, 476
Derived SS2000, 32, 48, 74, 93, 195, 387, 388, 476
Derived SS2000--Flag, 48, 74, 93, 195, 476
Derived Stage Group, 176, 476
Derived T, 177, 178, 476
Derived T Descriptor, 178, 476
Diagnostic Confirmation, 43, 60, 82, 196, 253, 254, 255, 258, 260, 272, 409, 411, 415, 474, 483
Diagnostic Proc 73-87, 52, 70, 89, 196, 475
Diagnostic Procedures (1973-87 SEER), 196, 475
Disease Classifications, 37
EDITS Language, 27
Endocrine (Hormone/Steroid) Therapy (pre-96 SEER), 358, 473
EOD. *See* Extent of Disease
EOD--Extension, 45, 62, 83, 197, 200, 471, 481, 484
EOD--Extension Prost Path, 45, 62, 83, 197, 200, 481, 484
EOD--Lymph Node Involv, 45, 62, 83, 198, 200, 471, 481, 484
EOD--Old 13 Digit, 45, 62, 83, 198, 471
EOD--Old 2 Digit, 45, 62, 83, 198, 471
EOD--Old 4 Digit, 45, 62, 83, 199, 471
EOD--Tumor Size, 45, 62, 83, 199, 200, 471, 481, 484
Extension (pre-96 SEER/CoC), 197, 471
Extension (SEER EOD) (96 CoC), 197, 471
Extent of Disease, 36, 39, 125, 198, 467, 481
Extent of Disease 10-Dig, 45, 62, 83, 200, 481, 484
Facility Identification Number (CoC), 321, 470
Facility Oncology Registry Data Standards, 9, 35, 467
Facility Referred From, 217, 475
Facility Referred To, 218, 475
Family History of Cancer, 59, 81
Federal Information Processing Standards, 29, 467
FIN Coding System, 42, 58, 80, 201
FIPS. *See* Federal Information Processing Standards
First Course Calc Method, 34, 50, 65, 85, 201, 396, 397, 398, 399, 484
First Name (CoC), 229, 475
Florida Cancer Data System, vii, viii, 463, 489
Following Physician (CoC), 292, 475
Following Registry, 54, 71, 90, 201, 202, 232, 484
Follow-Up Contact--City, 53, 67, 87, 202, 484
Follow-Up Contact--Name, 54, 70, 90, 203, 484
Follow-Up Contact--No&St, 54, 70, 90, 203, 484
Follow-Up Contact--Postal, 53, 68, 87, 204, 484
Follow-Up Contact--State, 53, 68, 87, 204, 484
Follow-Up Contact--Suppl, 54, 70, 90, 205, 484
Follow-Up Method (pre-96 CoC), 205, 230, 473, 474
Follow-Up Physician (pre-96 CoC), 292, 475
Follow-Up Source, 53, 67, 87, 205, 206, 473, 474
Follow-up Source Central, 53, 67, 87, 206, 484
FORDS. *See* Facility Oncology Registry Data Standards
FTRO. *See* Fundamental Tumor Registry Operations Program
Fundamental Tumor Registry Operations Program, 467
Future Use Timeliness 1, 69, 89
Future Use Timeliness 2, 69, 89
General Summary Stage (SEER/CoC), 387, 471

Geographic Information System, 220, 221, 467
GIS, 43, 59, 81, 99, 102, 208, 467, 483, *See* Geographic Information System
GIS Coordinate Quality, 43, 59, 81, 208, 483
Grade, 43, 52, 60, 68, 82, 88, 209, 210, 223, 254, 409, 412, 418, 470, 481, 483, 494, 506
Grade (73-91) ICD-O-1, 52, 68, 88, 209, 223, 481
Grade Path System, 43, 60, 82, 210, 483
Grade Path Value, 43, 60, 82, 210
Grade/Differentiation (CoC), 209, 470
Grouped Data Items, 481
Guidelines for Reporting Occupation and Industry on Death Certificates, 37
Health Information Management, 222, 467
Hematologic Transplant and Endocrine Procedures, 372, 477
HIM. *See* Health Information Management
Histologic Type ICD-O-3, 43, 60, 82, 107, 108, 211, 212, 225, 412, 418, 470, 481, 483
Histology (73-91) ICD-O-1, 52, 68, 88, 211, 212, 223, 481, 484
Histology (92-00) ICD-O-2, 43, 60, 82, 107, 108, 211, 212, 225, 415, 417, 418, 470, 481
Histology (CoC), 212, 470
Histology/Behavior Interfield Review (Field Item Edit Morph), 253, 474
Hormone Therapy (SEER/CoC), 358, 473
Hormone Therapy at this Facility (CoC), 342, 471
Hosp--Chemo, 375, 471
IACR. *See* International Association of Cancer Registries
IARC. *See* International Agency for Research on Cancer
ICD. *See* International Classification of Diseases
ICD Code Revision Used for Cause of Death (SEER), 213, 474
ICD Revision Comorbid, 48, 74, 94, 212, 477
ICD Revision Comorbidities, 212, 477
ICD Revision Number, 53, 68, 88, 213, 474
ICD-10, 14, 37, 88, 110, 212, 213, 393
ICD-9, 13, 14, 37, 88, 110, 125, 126, 127, 128, 129, 130, 131, 132, 133, 134, 212, 213, 393
ICD-O, 11, 14, 15, 17, 18, 20, 23, 38, 107, 108, 209, 211, 212, 213, 214, 223, 224, 225, 242, 253, 254, 256, 257, 258, 259, 261, 262, 264, 267, 294, 390, 392, 393, 414, 415, 417, 467, 470, 474, *See* International Classification of Diseases for Oncology
ICD-O-1. *See* International Classification of Diseases for Oncology, First Edition
ICD-O-2. *See* International Classification of Diseases for Oncology, Second Edition
ICD-O-2 Conversion Flag, 52, 68, 88, 213, 474
ICD-O-3. *See* International Classification of Diseases for Oncology, Third Edition
ICD-O-3 Conversion Flag, 52, 69, 89, 214
IHS Link, 43, 58, 81, 214, 231, 469
Immunotherapy (SEER/CoC), 355, 473
Immunotherapy at this Facility (CoC), 339, 471
*In Situ*/Invasive, 20, 32
Indian Health Service Linkage, 214, 469
Industry Code--Census, 43, 59, 81, 215, 483
Industry Source, 43, 59, 81, 216
Inpatient Status, 44, 61, 82, 216, 483
Inpatient/Outpt Status, 61, 83
Institution ID Number (CoC), 321, 470
Institution Referred From, 54, 70, 90, 201, 217, 233, 419, 475, 484
Institution Referred To, 54, 71, 90, 201, 218, 233, 419, 475, 484
Instructional Manual Part 19 Industry and Occupation Coding for Death Certificates, 37, 215, 238
International Agency for Research on Cancer, 21, 38, 39, 467
International Association of Cancer Registries, 21, 38, 467
International Classification of Diseases, iii, 11, 13, 14, 20, 37, 467
International Classification of Diseases for Oncology, iii, 11, 14, 20, 37, 467
International Classification of Diseases for Oncology, First Edition, 37, 467
International Classification of Diseases for Oncology, Morphology, 37
International Classification of Diseases for Oncology, Second Edition, 20, 37, 467
International Classification of Diseases for Oncology, Third Edition, 20, 37, 467
International Statistical Classification of Diseases and Related Health Problems, 14, 37
Last Follow-Up Hospital, 71, 90, 201
Last Name (CoC), 229, 475
Laterality, 43, 59, 82, 219, 263, 264, 265, 412, 414, 415, 417, 420, 423, 470, 474, 475
Laterality at Diagnosis (SEER), 219, 470
Latitude, 54, 70, 89, 208, 220, 221, 484
Leukemia or Lymphoma/Diagnostic Confirmation Interfield Review (Interfield Edit 48), 258, 474
Loc/Reg/Distant Stage, 62, 83
Location of Radiation Treatment (CoC), 307, 473
Longitude, 54, 70, 89, 208, 220, 221, 484
Lymph Nodes (pre 96-SEER/CoC), 198, 471
Lymph Nodes (SEER EOD) (96 CoC), 198, 471
Lymph-vascular Invasion, 46, 63, 84, 221, 484
Maiden Name (CoC), 229, 475
Managing Physician (CoC), 292, 475
Manual of the International Statistical Classification of Diseases, Injuries, and Causes of Death, 37
Marital Status at Diagnosis (SEER/CoC), 222, 469
Marital Status at DX, xi, 42, 58, 80, 222, 469, 483
Marital Status at Initial Diagnosis (pre-96 CoC), 222, 469

Medical Record Number, 54, 70, 89, 222, 223, 475
Middle Initial (pre-96 CoC), 229, 475
Middle Name (CoC), 229, 475
Military Medical Record Number Suffix (CoC), 223, 475
Military Record No Suffix, 54, 70, 89, 223, 475
Morph (73-91) ICD-O-1, 52, 68, 88, 107, 209, 211, 223, 481
Morph Coding Sys--Current, 43, 60, 82, 224
Morph Coding Sys--Originl, 43, 60, 82, 224
Morph--Type&Behav ICD-O-2, 43, 60, 82, 214, 225, 481
Morph--Type&Behav ICD-O-3, 43, 60, 82, 214, 225, 481
Mult Tum Rpt as One Prim, 44, 60, 82, 226, 423, 470, 483
Multiple Primary Rules, 21, 23, 32
Multiple Tumors Reported as Single Primary, 226, 470
Multiplicity Counter, xi, 44, 60, 82, 227, 483
NAACCR. *See* North American Association of Central Cancer Registries
NAACCR Asian/Pacific Islander Identification Algorithm, 467
NAACCR Board of Directors, iii, vii, 16
NAACCR Hispanic Identification Algorithm, 30, 231, 467
NAACCR pre-98, 469
NAACCR Record Version, 42, 58, 80, 228, 483
NAACCR Standard Edits, 27
Name Prefix (CoC), 230, 475
Name Suffix (CoC), 230, 475
Name--Alias, 54, 70, 89, 228, 475, 484
Name--First, 54, 70, 89, 229, 475
Name--Last, 53, 70, 89, 135, 229, 231, 395, 475
Name--Maiden, 54, 70, 89, 135, 228, 229, 231, 395, 475, 484
Name--Middle, 54, 70, 89, 229, 475
Name--Prefix, 54, 70, 89, 230, 475, 484
Name--Spouse/Parent, 54, 70, 89, 230
Name--Suffix, 54, 70, 89, 230, 475, 484
NAPIIA. *See* NAACCR Asian/Pacific Islander Identification Algorithm
National Cancer Data Base, ix, 1, 463, 467
National Cancer Institute, i, iii, viii, x, 1, 10, 35, 36, 38, 463, 467
National Cancer Registrars Association, i, vii, x, 10, 467
National Center for Health Statistics, 37
National Coordinating Council for Cancer Surveillance, 11, 467
National Institutes of Health, iii, viii, 35, 36, 38
National Program of Cancer Registries, x, 11, 38, 39, 467
National Provider Identifier, 232, 233, 234, 235, 236, 237, 276, 277, 278, 467
NCCCS. *See* National Coordinating Council for Cancer Surveillance
NCDB. *See* National Cancer Data Base
NCI. *See* National Cancer Institute
NCRA, x, 10, 11, 172, 173, 174, 175, 176, 177, 178, 182, 183, 184, 185, 186, 187, 188, 189, 190, 191, 192, 193, 194, 195, 467, *See* National Cancer Registrars Association
Next Follow-Up Method (pre-96 CoC), 230, 474
Next Follow-Up Source, 53, 67, 87, 230, 474
NHIA. *See* NAACCR Hispanic Identification Algorithm
NHIA Derived Hisp Origin, 43, 58, 81, 231
Non Cancer-Directed Surgery (CoC), 357, 473
Non Cancer-Directed Surgery at this Facility (CoC), 341, 471
North American Association of Central Cancer Registries, iii, 2, 3, 4, 12, 35, 38, 467
NPCR. *See* National Program of Cancer Registries
NPI. *See* National Provider Identifier
NPI--Archive FIN, 44, 74, 93, 232
NPI--Following Registry, 54, 71, 90, 232
NPI--Inst Referred From, 54, 71, 90, 233
NPI--Inst Referred To, 54, 71, 90, 233
NPI--Physician 3, 54, 71, 90, 234, 476, 484
NPI--Physician 4, 55, 71, 90, 234, 476, 484
NPI--Physician--Follow-Up, 54, 71, 90, 235
NPI--Physician--Managing, 54, 71, 90, 235
NPI--Physician--Primary Surg, 54, 71, 90, 236
NPI--Registry ID, 42, 58, 80, 236, 320
NPI--Reporting Facility, 44, 60, 82, 237
Number and Street (pre-96 CoC), 98, 475
Number of Positive Regional Lymph Nodes (SEER), 320, 471
Number of Regional Lymph Nodes Examined (SEER), 319, 471
Number of Regional Lymph Nodes Examined (SEER/CoC), 364, 472
Number of Regional Lymph Nodes Removed (CoC), 364, 472
Number of Treatments to this Volume (CoC), 308, 473
Number of Tumors/Hist, 60, 82
Occup/Ind Coding System, 43, 59, 81, 237
Occupation and Industry, 30, 37
Occupation and Industry Classification and Coding, 37
Occupation Code--Census, 43, 59, 81, 238, 483
Occupation Source, 43, 59, 81, 239
Other Cancer-Directed Therapy (SEER/pre-96 CoC), 359, 473
Other Physician (pre-96 CoC), 291, 292, 475, 476
Other Staging System, 63, 84
Other Treatment (CoC), 359, 473
Other Treatment at this Facility (CoC), 343, 471
Over-ride Accession/Class of Case/Sequence, 240, 474
Over-ride Acsn/Class/Seq, 51, 68, 88, 240, 474
Over-ride Age/Site/Morph, 51, 69, 88, 241, 474
Over-ride CoC-Site/Type, 51, 68, 88, 242, 267

Over-ride CS 1, xi, 52, 53, 75, 76, 95, 243, 486, 487
Over-ride CS 10, 52, 76, 95, 247, 486
Over-ride CS 11, 52, 76, 95, 248, 486
Over-ride CS 12, 52, 76, 95, 248, 486
Over-ride CS 13, 53, 76, 95, 249, 486
Over-ride CS 14, 53, 76, 95, 249, 486
Over-ride CS 15, 53, 76, 95, 250, 487
Over-ride CS 16, 53, 76, 95, 250, 487
Over-ride CS 17, 53, 76, 95, 251, 487
Over-ride CS 18, 53, 76, 95, 251, 487
Over-ride CS 19, 53, 76, 95, 252, 487
Over-ride CS 2, 52, 53, 75, 76, 95, 243, 486, 487
Over-ride CS 20, 53, 76, 95, 252, 487
Over-ride CS 3, 52, 76, 95, 244, 486
Over-ride CS 4, 52, 76, 95, 244, 486
Over-ride CS 5, 52, 76, 95, 245, 486
Over-ride CS 6, 52, 76, 95, 245, 486
Over-ride CS 7, 52, 76, 95, 246, 486
Over-ride CS 8, 52, 76, 95, 246, 486
Over-ride CS 9, 52, 76, 95, 247, 486
Over-ride Flag for Site/Behavior (IF39), 261, 474
Over-ride Flag for Site/EOD/Diagnosis Date (IF40), 262, 475
Over-ride Flag for Site/Laterality/EOD (IF41), 263, 475
Over-ride Flag for Site/Laterality/Morphology (IF42), 264, 475
Over-ride Histology, 51, 69, 88, 253, 474
Over-ride Hospital Sequence/Diagnostic Confirmation, 255, 474
Over-ride Hospital Sequence/Site, 256, 474
Over-ride HospSeq/DxConf, 51, 68, 88, 255, 474
Over-ride HospSeq/Site, 51, 68, 88, 256, 474
Over-ride Ill-define Site, 51, 69, 88, 257, 474, 484
Over-ride Leuk, Lymphoma, 51, 69, 88, 258, 474
Over-ride Report Source, 51, 69, 88, 259, 474
Over-ride SeqNo/DxConf, 51, 69, 88, 260, 474
Over-ride Site/Behavior, 51, 69, 88, 261, 474
Over-ride Site/EOD/DX Dt, 51, 69, 88, 262, 475
Over-ride Site/Lat/EOD, 51, 69, 88, 263, 475
Over-ride Site/Lat/Morph, 52, 69, 88, 264, 475
Over-ride Site/Lat/SeqNo, 51, 69, 88, 265, 474
Over-ride Site/TNM-StgGrp, 51, 68, 88, 266
Over-ride Site/Type, 51, 69, 88, 242, 267, 474
Over-ride SS/DisMet1, 68, 88
Over-ride SS/NodesPos, 51, 68, 88, 269, 474
Over-ride SS/TNM-M, 51, 68, 88, 270, 474
Over-ride SS/TNM-N, 51, 68, 88, 271, 474
Over-ride Summary Stage/Nodes Positive, 269, 474
Over-ride Summary Stage/TNM-M, 270, 474
Over-ride Summary Stage/TNM-N, 271, 474
Over-ride Surg/DxConf, 51, 69, 88, 272, 474
Pain Assessment, 74, 94
Palliative Care, 344, 360, 477
Palliative Care at this Facility, 344, 477
Palliative Procedure, 331, 344, 360, 472, 477
Palliative Procedure at this Facility, 344, 477
Path Date Spec Collect 1, 55, 77, 96, 273, 479
Path Date Spec Collect 2, 55, 77, 96, 273, 479
Path Date Spec Collect 3, 55, 77, 96, 273, 479
Path Date Spec Collect 4, 55, 77, 96, 274, 479
Path Date Spec Collect 5, 55, 77, 96, 274, 479
Path Order Phys Lic No 1, 55, 76, 95, 274, 478, 487
Path Order Phys Lic No 2, 55, 76, 95, 274, 275, 478, 487
Path Order Phys Lic No 3, 55, 76, 95, 275, 478, 487
Path Order Phys Lic No 4, 55, 77, 95, 275, 478, 487
Path Order Phys Lic No 5, 55, 77, 95, 274, 275, 276
Path Ordering Fac No 1, 55, 77, 95, 276, 479, 487
Path Ordering Fac No 2, 55, 77, 96, 276, 277, 479
Path Ordering Fac No 3, 55, 77, 96, 277, 479, 487
Path Ordering Fac No 4, 55, 77, 96, 277, 278, 479, 487
Path Ordering Fac No 5, 55, 77, 96, 276, 277, 278, 479
Path Report Number 1, 55, 76, 95, 279, 478
Path Report Number 2, 55, 76, 95, 279, 478
Path Report Number 3, 55, 76, 95, 280, 478
Path Report Number 4, 55, 76, 95, 280, 478
Path Report Number 5, 55, 76, 95, 280, 478
Path Report Type 1, 55, 77, 96, 281, 479
Path Report Type 2, 55, 77, 96, 281, 282, 479
Path Report Type 3, 55, 77, 96, 282, 283, 479
Path Report Type 4, 55, 77, 96, 283, 284, 479
Path Report Type 5, 55, 77, 96, 281, 282, 283, 284, 285, 479
Path Reporting Fac ID 1, 55, 76, 95, 286, 478, 487
Path Reporting Fac ID 2, 55, 76, 95, 286, 478, 487
Path Reporting Fac ID 3, 55, 76, 95, 286, 287, 478, 487
Path Reporting Fac ID 4, 55, 76, 95, 287, 478, 487
Path Reporting Fac ID 5, 55, 76, 95, 286, 287, 288, 478, 487
Pathologic M (CoC), 431, 471
Pathologic N (CoC), 431, 471
Pathologic Review of Regional Lymph Nodes (SEER), 319, 320, 471
Pathologic Stage (Prefix/Suffix) Descriptor (CoC), 430, 471
Pathologic Stage Group (CoC), 432, 471
Pathologic T (CoC), 433, 471
Patient Address (Number and Street) at Diagnosis (CoC), 98, 475
Patient Address (Number and Street) at Diagnosis--Supplemental (CoC), 101, 475
Patient Address (Number and Street) Current--Supplemental (CoC), 104, 475
Patient Address (Number and Street)-Current (CoC), 101, 475
Patient ID Number, 42, 58, 80, 288
Patient System ID-Hosp, 42, 58, 80, 289
Pediatric Stage, 45, 63, 84, 266, 289, 290, 291, 472
Pediatric Staged By, 45, 63, 84, 290, 472
Pediatric Staging System, 45, 63, 84, 291, 472
Physician #3 (CoC), 291, 475
Physician #4 (CoC), 292, 476

Physician 3, 54, 71, 90, 234, 291, 475, 476
Physician 4, 55, 71, 90, 234, 292, 476
Physician--Follow-Up, 54, 71, 90, 235, 292, 475
Physician--Managing, 54, 71, 90, 235, 292, 475
Physician--Primary Surg, 54, 71, 90, 236, 293, 475
Place of Birth (SEER/CoC), 108, 469
Place of Death, 53, 68, 88, 171, 172, 293
Place of Diagnosis, 382, 418, 476
Postal Code at Diagnosis (CoC), 100, 469
Postal Code--Current (CoC), 103, 474
Presentation at CA Conf, 61, 83
Primary Payer at Diagnosis (CoC), 294, 470
Primary Payer at DX, 44, 61, 82, 294, 470
Primary Site, 24, 25, 43, 59, 81, 241, 242, 255, 256, 257, 261, 262, 263, 264, 266, 267, 268, 294, 314, 333, 336, 353, 354, 368, 392, 398, 401, 404, 409, 411, 412, 414, 415, 417, 470, 471, 472, 473, 474, 477
Primary Site (1973-91) (SEER), 392, 474
Primary Surgeon (CoC), 293, 475
Protocol Eligibility Stat, 65, 85
Protocol Participation, 65, 85
Public Law 102-515, 11
Quality of Survival, 53, 67, 87, 295
Race, 42, 43, 58, 80, 81, 231, 296, 297, 298, 299, 300, 301, 302, 303, 304, 395, 414, 469, 483
Race 1, 42, 58, 80, 231, 296, 298, 299, 301, 302, 303, 304, 395, 414, 469
Race 2, 42, 58, 80, 296, 297, 298, 299, 300, 301, 302, 303, 304
Race 3, 42, 58, 80, 298
Race 4, 42, 58, 81, 300
Race 5, 42, 58, 81, 296, 297, 298, 300, 301, 304
Race Coding Sys--Current, 42, 58, 81, 303, 483
Race Coding Sys--Original, 42, 58, 81, 303
Race--NAPIIA(derived API), 43, 58, 81, 304, 469
Rad--Boost Dose cGy, 50, 74, 94, 305, 477
Rad--Boost RX Modality, 50, 74, 94, 306, 477
Rad--Elapsed RX Days, 6, 65, 85
Radiation (SEER/CoC), 362, 473
Radiation at this Facility (CoC), 345, 470
Radiation Sequence with Surgery (pre-96 SEER/CoC), 369, 473
Radiation Therapy (pre-96 CoC), 362, 473
Radiation Therapy to CNS (CoC), 361, 473
Radiation to the Brain and/or Central Nervous System (SEER), 361, 473
Radiation Treatment Volume (CoC), 310, 473
Radiation/Surgery Sequence (CoC), 369, 473
Rad--Intent of Treatment, 65, 85
Rad--Local Control Status, 65, 85
Rad--Location of RX, 50, 65, 85, 307, 473
Rad--No of Treatment Vol, 6, 50, 65, 85, 308, 380, 473, 484
Rad--Regional Dose, 50, 65, 85, 380, 473
CGY, 50, 65, 85, 473
RAD--REGIONAL DOSE
CGY, 308
Rad--Regional Dose cGy, 380
Rad--Regional RX Modality, 33, 50, 65, 85, 306, 308, 309, 310, 473
Rad--RX Completion Status, 65, 85
Rad--Treatment Volume, 33, 50, 65, 85, 310, 473
Readm Same Hosp 30 Days, 50, 74, 94, 312, 477
Readmission to the Same Hospital Within 30 Days of Surgical Discharge, 312, 477
Reason for No CA Dir Surgery (CoC), 314, 473
Reason for No Cancer-Directed Surgery (SEER), 314, 473
Reason for No Chemo, 64, 85
Reason for No Hormone, 64, 85
Reason for No Radiation, 49, 64, 85, 313, 362, 473
Reason for No Regional Radiation Therapy, 313, 473
Reason for No Surgery, 49, 64, 85, 314, 382, 411, 412, 473
Reason for No Surgery to Primary Site, 314, 473
Recommendations for Occupation and Industry Data Items, 37
Reconstruction/Restoration--Delayed (CoC), 408, 473
Reconstruction/Restoration-First Course (CoC), 363, 473
Reconstruction--First Course (SEER), 363, 473
Record Number (SEER), 384, 475
Record Type, 42, 58, 80, 315, 483
Recurrence Date--1st, 53, 68, 88, 315, 316, 474, 484
Recurrence Date--1st Flag, 53, 68, 88, 316, 484
Recurrence Distant Site 1, 68, 88
Recurrence Distant Site 2, 68, 88
Recurrence Distant Site 3, 68, 88
Recurrence Distant Sites, 68, 88
Recurrence Type--1st, 53, 68, 88, 317, 318, 474
Recurrence Type--1st--Oth, 68, 88
References, 17, 35, 38, 97, 458
Referral to Support Serv, 65, 85
REGID.DBF, 80, 463
Regional Dose, 308, 379, 380, 473
Regional Lymph Nodes Examined, 319, 346, 364, 470, 471, 472
Regional Lymph Nodes Positive, 320, 471
Regional Nodes Examined, 45, 62, 83, 200, 319, 412, 423, 471, 481
Regional Nodes Positive, 45, 62, 83, 200, 269, 320, 412, 423, 471, 481
Regional Treatment Modality (CoC), 309, 473
Registry ID, 42, 58, 80, 201, 236, 288, 320
Registry Operations and Data Standards, 9, 467
Registry Type, 42, 58, 80, 201, 321
Religion, 59, 81
Reportability, 5, 19, 389
Reporting Facility, 44, 60, 82, 201, 237, 321, 419, 470, 483
Reporting Hospital, 60, 82, 110, 321, 470

Reporting Hospital FAN, 60, 82
Reserved 00, 42, 58, 80, 322
Reserved 01, 42, 59, 81, 322
Reserved 02, 43, 60, 82, 322, 483
Reserved 03, 44, 61, 83, 322
Reserved 04, 45, 62, 83, 322
Reserved 05, 48, 63, 84, 322
Reserved 06, 50, 63, 84, 322
Reserved 07, 51, 64, 85, 322
Reserved 08, 53, 65, 86, 323, 484
Reserved 09, 53, 67, 87, 323
Reserved 10, 54, 67, 87, 323
Reserved 11, 54, 68, 88, 323
Reserved 12, 55, 71, 90, 323
Reserved 13, 55, 69, 88, 323
Reserved 14, 56, 70, 89, 323
Reserved 15, 323
Reserved 16, 44, 70, 90, 323
Reserved 17, 44, 71, 90
Residency, 19
Residual Primary Tumor Following Cancer-Directed Surgery (pre-96 CoC), 370, 472
Review Flag for 1973-91 Cases (SEER), 213, 474
RuralUrban Continuum 1993, 43, 75, 94, 324, 477
RuralUrban Continuum 2000, 325, 477
RuralUrban Continuum 2003, 43, 75, 94, 325, 477
RX Coding System--Current, 33, 50, 65, 85, 326, 363
RX Date Mst Defn Srg Flag, 48, 74, 94
RX DATE MST DEFN SRG FLAG, 326
RX Date Rad Ended Flag, 49, 74, 94
RX DATE RAD ENDED FLAG, 327
RX Date Surg Disch Flag, 49, 74, 94
RX DATE SURG DISCH FLAG, 328
RX Date Systemic Flag, 49, 74, 94
RX DATE SYSTEMIC FLAG, 329
RX Date--BRM, 49, 64, 84, 329, 330, 374, 472
RX Date--BRM Flag, 49, 64, 84, 330
RX Date--Chemo, 49, 63, 84, 330, 331, 375, 472
RX Date--Chemo Flag, 49, 63, 84
RX DATE--CHEMO FLAG, 331
RX Date--DX/Stg Proc, 49, 64, 85, 331, 332, 423, 472
RX Date--Dx/Stg Proc Flag, 49, 64, 85
RX DATE--DX/STG PROC FLAG, 332
RX Date--DX/Stg/Pall Proc, 331, 472
RX Date--Hormone, 49, 63, 84, 332, 333, 376, 472
RX Date--Hormone Flag, 49, 63, 84
RX DATE--HORMONE FLAG, 333
RX Date--Most Defin Surg, 48, 74, 94, 326, 333, 477
RX Date--Other, 49, 64, 85, 334, 377, 472
RX Date--Other Flag, 49, 64, 85
RX DATE--OTHER FLAG, 334
RX Date--Radiation, 49, 63, 74, 84, 94, 327, 335, 336, 472, 477
RX Date--Radiation Ended, 49, 74, 94, 327, 335, 477
RX Date--Radiation Flag, 49, 63, 84, 336
RX Date--Surgery, 48, 63, 84, 336, 337, 412, 415, 472, 484
RX Date--Surgery Flag, 48, 63, 84, 337, 484
RX Date--Surgical Disch, 48, 74, 94, 328, 337, 477, 486
RX Date--Systemic, 49, 74, 94, 329, 338, 375, 376, 477
RX Hosp--ASA Class, 61, 83, 338
RX Hosp--BRM, 44, 61, 83, 339, 374, 471, 483
RX Hosp--CA Dir Surgery (pre-96 NAACCR), 353, 354, 470, 471
RX Hosp--Chemo, 44, 61, 83, 340, 375, 471, 483
RX Hosp--DX/Stg Proc, 45, 61, 83, 341, 419, 471, 483
RX Hosp--DX/Stg/Pall Proc, 341, 471
RX Hosp--Hormone, 44, 61, 83, 342, 376, 471, 483
RX Hosp--Other, 45, 61, 83, 343, 377, 471, 483
RX Hosp--Palliative Proc, 45, 75, 94, 331, 341, 344, 382, 477, 486
RX Hosp--Radiation, 44, 61, 83, 345, 380, 470, 483
RX Hosp--Reg LN Examined, 346, 470
RX Hosp--Reg LN Removed, 44, 61, 83, 346, 470, 483
RX Hosp--Scope Reg 98-02, 45, 62, 83, 347, 471, 484
RX Hosp--Scope Reg LN Sur, 44, 61, 83, 348, 382, 412, 423, 470
RX Hosp--Scope Reg LN Sur, 483
RX Hosp--Screen/BX Proc1, 61, 83
RX Hosp--Screen/BX Proc2, 62, 83
RX Hosp--Screen/BX Proc3, 62, 83
RX Hosp--Screen/BX Proc4, 62, 83
RX Hosp--Surg App 2010, 44, 61, 83, 483
RX HOSP--SURG APP 2010, 350, 369
RX Hosp--Surg Oth 98-02, 45, 62, 83, 351, 471, 484
RX Hosp--Surg Oth Reg/Dis, 44, 61, 83, 352, 382, 423, 470, 483
RX Hosp--Surg Prim Site, 44, 61, 83, 353, 382, 412, 415, 419, 423, 470, 483
RX Hosp--Surg Site 98-02, 45, 62, 83, 354, 471, 483
RX Hosp--Surg Timing, 61, 83, 354
RX Summ--BRM, 49, 64, 85, 329, 355, 374, 473
RX Summ--Chemo, 49, 64, 85, 330, 356, 375, 473
RX Summ--DX/Stg Proc, 49, 64, 85, 357, 473
RX Summ--DX/Stg/Pall Proc, 357, 473
RX Summ--Hormone, 49, 64, 85, 332, 358, 376, 473
RX Summ--Other, 49, 64, 85, 334, 359, 377, 473
RX Summ--Palliative Proc, 49, 75, 94, 331, 357, 360, 382, 477
RX Summ--Rad to CNS, 34, 49, 64, 85, 361, 380, 473
RX Summ--Radiation, 33, 49, 64, 85, 307, 361, 362, 369, 379, 380, 473
RX Summ--Reconstruct 1st, 49, 64, 85, 357, 363, 408, 473
RX Summ--Reg LN Examined, 49, 64, 85, 364, 472
RX Summ--Scope Reg 98-02, 50, 65, 86, 365, 473
RX Summ--Scope Reg LN Sur, 49, 64, 85, 336, 364, 365, 382, 412, 423, 472
RX Summ--Screen/BX Proc1, 65, 86
RX Summ--Screen/BX Proc2, 65, 86
RX Summ--Screen/BX Proc3, 65, 86

RX Summ--Screen/BX Proc4, 65, 86
RX Summ--Surg Oth 98-02, 50, 65, 86, 367, 473
RX Summ--Surg Oth Reg/Dis, 49, 64, 85, 336, 367, 369, 371, 382, 412, 423, 472
RX Summ--Surg Prim Site, 49, 64, 85, 272, 336, 357, 368, 369, 370, 371, 382, 411, 412, 423, 472
RX Summ--Surg Site 98-02, 50, 65, 86, 272, 368, 473
RX Summ--Surg/Rad Seq, 49, 64, 85, 182, 369, 379, 380, 382, 412, 473
RX Summ--Surgery Type, 50, 65, 86, 272, 357, 363, 369, 408, 473
RX Summ--Surgical Approch, 49, 64, 85, 369, 472, 484
RX Summ--Surgical Margins, 49, 64, 85, 370, 382, 472
RX Summ--Systemic/Sur Seq, 50, 65, 85, 182, 371, 374, 375, 376, 382, 412, 473, 484
RX Summ--Transplnt/Endocr, 49, 74, 94, 358, 372, 477
RX Summ--Treatment Status, 49, 64, 85, 373
RX Text--BRM, 56, 72, 91, 373
RX Text--Chemo, 56, 71, 91, 375
RX Text--Hormone, 56, 72, 91, 376
RX Text--Other, 56, 72, 91, 377
RX Text--Radiation (Beam), 56, 71, 91, 378
RX Text--Radiation Other, 56, 71, 91, 379
RX Text--Surgery, 56, 71, 91, 381
Scope of Regional Lymph Node Surgery (SEER/CoC), 365, 472, 473
Scope of Regional Lymph Node Surgery at this Facility (CoC), 347, 348, 470, 471
Screening Date, 60, 82
Screening Result, 60, 82
Second Course of Therapy-Date Started (pre-96 CoC), 397, 473
Secondary Diagnoses, 125, 126, 127, 128, 129, 130, 131, 132, 133, 134, 476, 477
SEER. *See* Surveillance, Epidemiology, and End Results
SEER Coding Sys--Current, 52, 69, 89, 383, 484
SEER Coding Sys--Original, 52, 69, 89, 383, 484
SEER Edit Documentation, 38
SEER EEOD (SEER), 198, 471
SEER Extent of Disease, 13, 18, 31, 32, 36, 83, 197, 198, 199, 291
SEER Historic Stage, 31, 32
SEER pre-98, 469
SEER Program Code Manual, 14, 17, 18, 19, 35, 57, 108, 110, 196, 209, 347, 351, 354, 355, 358, 365, 367, 368, 390, 434, 435, 436, 469
SEER Record Number, 52, 70, 89, 384, 475
SEER Site-Specific Fact 1, 48, 75, 95, 384
SEER Site-Specific Fact 2, 48, 75, 95, 385, 486
SEER Site-Specific Fact 3, 48, 75, 95, 385
SEER Site-Specific Fact 4, 48, 75, 95, 386
SEER Site-Specific Fact 5, 48, 75, 95, 386
SEER Site-Specific Fact 6, 48, 75, 95, 386
SEER Summary Stage 1977, 32, 33, 45, 62, 83, 172, 173, 174, 175, 176, 177, 178, 182, 183, 184, 185, 186, 187, 188, 189, 190, 191, 192, 193, 194, 195, 269, 270, 271, 387, 388, 411, 412, 414, 415, 417, 423, 471, 476
SEER Summary Stage 2000, 20, 32, 33, 45, 62, 83, 172, 173, 174, 175, 176, 177, 178, 182, 183, 184, 185, 186, 187, 188, 189, 190, 191, 192, 193, 194, 195, 269, 270, 271, 387, 388, 411, 412, 414, 415, 417, 423, 476
SEER Summary Stage Guide 1977, 387, 388
SEER Summary Staging Manual 2000, 13, 20, 36, 387, 388
SEER Type of Follow-Up, 52, 70, 89, 389, 475
Self-Instructional Manual for Cancer Registrars, 38
Sequence Number (CoC), 391, 470
Sequence Number (pre-96 SEER), 389, 470
Sequence Number/Diagnostic Confirmation Interfield Review (Interfield Edit 23), 260, 474
Sequence Number/Ill-defined Site Interfield Review (Interfield Edit 22), 257, 474
Sequence Number--Central, 6, 31, 43, 59, 81, 260, 389, 390, 391, 470
Sequence Number--Hospital, 6, 31, 44, 61, 82, 240, 255, 256, 391, 414, 470, 483
Sex, 5, 6, 7, 25, 42, 59, 81, 231, 392, 414
Single-field edits, 25
Site (73-91) ICD-O-1, 52, 68, 88, 294, 392, 474
Site Coding Sys--Current, 43, 60, 82, 393
Site Coding Sys--Original, 43, 60, 82, 393
Site of Distant Met 1, 63, 84
Site of Distant Met 2, 63, 84
Site of Distant Met 3, 63, 84
Site of Distant Metastasis #2 (CoC), 393
Site/Histology/Laterality/Sequence Number Interrecord Review (Interrecord Edit 09), 265, 474
Site/Type Interfield Review (Interfield Edit 25), 267, 474
Site--Specific Surgery (pre-98 SEER), 369, 473
Size of Primary Tumor (SEER), 199, 471
Size of Tumor (CoC), 199, 471
Social Security Number, 54, 70, 89, 394
Spanish Origin--All Sources (96 CoC), 394, 469
Spanish Surname or Origin (SEER), 394, 469
Spanish/Hispanic Origin, 30, 42, 58, 81, 135, 231, 296, 297, 298, 300, 301, 394, 469
SS1977 Conversion Flag, 194, 476
SS2000 Conversion Flag, 195, 476
Stage and Extent of Disease Manuals, 36
Staged By (Clinical Stage) (CoC), 427, 472
Staged By (Pathologic Stage) (CoC), 432, 471
Staged By (Pediatric Stage) (CoC), 290, 472
Standard Data Edits, iii, 4, 28, 38
Standards for Completeness, Quality, Analysis, and Management of Data, 4
Standards Implementation Guidelines, 16
State (pre-96 CoC), 100, 469
State at Diagnosis (CoC), 100, 469

STATE.DBF, 80, 87, 465
State/Requestor Items, 53, 70, 89, 395, 484
State--Current (CoC), 103, 474
Statistics Canada, viii, x, 10, 15, 35
Subsq Report for Primary, 69, 89
Subsq RX 2nd Course BRM, 50, 66, 86, 396, 481
Subsq RX 2nd Course Chemo, 50, 66, 86, 396, 481
Subsq RX 2nd Course Codes, 50, 65, 86, 396, 481
Subsq RX 2nd Course Date, 50, 65, 86, 397, 398, 473
Subsq RX 2nd Course Horm, 50, 66, 86, 396, 397, 481
Subsq RX 2nd Course Oth, 50, 66, 86, 396, 397, 481
Subsq RX 2nd Course Rad, 50, 66, 86, 396, 397, 481
Subsq RX 2nd Course Surg, 50, 66, 86, 396, 398, 481
Subsq RX 2ndCrs Date Flag, 50, 65, 86, 398
Subsq RX 2nd--Reg LN Rem, 50, 66, 86, 398, 481
Subsq RX 2nd--Scope LN SU, 50, 66, 86, 399, 481
Subsq RX 2nd--Surg Oth, 50, 66, 86, 399, 481
Subsq RX 3rd Course BRM, 51, 66, 86, 399, 400, 482
Subsq RX 3rd Course Chemo, 50, 66, 86, 399, 400, 482
Subsq RX 3rd Course Codes, 50, 66, 86, 400, 482
Subsq RX 3rd Course Date, 50, 66, 86, 400, 401
Subsq RX 3rd Course Horm, 51, 66, 86, 400, 482
Subsq RX 3rd Course Oth, 51, 66, 86, 400, 482
Subsq RX 3rd Course Rad, 50, 66, 86, 400, 401, 482
Subsq RX 3rd Course Surg, 50, 66, 86, 400, 401, 482
Subsq RX 3rdCrs Date Flag, 50, 66, 86, 401
Subsq RX 3rd--Reg LN Rem, 50, 66, 86, 402, 482
Subsq RX 3rd--Scope LN Su, 50, 66, 86, 402
Subsq RX 3rd--Surg Oth, 50, 66, 86, 402, 482
Subsq RX 4th Course BRM, 51, 66, 86, 402, 403, 482
Subsq RX 4th Course Chemo, 51, 66, 86, 403, 482
Subsq RX 4th Course Codes, 51, 66, 86, 403, 482
Subsq RX 4th Course Date, 51, 66, 86, 403, 405
Subsq RX 4th Course Horm, 51, 66, 86, 403, 482
Subsq RX 4th Course Oth, 51, 66, 86, 403, 404, 482
Subsq RX 4th Course Rad, 51, 66, 86, 403, 404, 482
Subsq RX 4th Course Surg, 51, 66, 86, 403, 404, 482
Subsq RX 4thCrs Date Flag, 51, 66, 86, 405
Subsq RX 4th--Reg LN Rem, 51, 67, 86, 405, 482
Subsq RX 4th--Scope LN Su, 51, 66, 86, 405, 482
Subsq RX 4th--Surg Oth, 51, 67, 86, 406, 482
Subsq RX 5th Course BRM, 67, 87
Subsq RX 5th Course Chemo, 67, 87
Subsq RX 5th Course Codes, 67, 86
Subsq RX 5th Course Date, 67, 86
Subsq RX 5th Course Horm, 67, 87
Subsq RX 5th Course Oth, 67, 87
Subsq RX 5th Course Rad, 67, 86
Subsq RX 5th Course Surg, 67, 86
Subsq RX 5th--Reg LN Rem, 67, 87
Subsq RX 5th--Scope LN Su, 67, 87
Subsq RX 5th--Surg Oth, 67, 87
Subsq RX--Reconstruct Del, 51, 67, 87, 408, 473
Supplement on the Tumor Registry, 14
Surgery of Other Regional Site(s), Distant Site(s) or Distant Lymph Nodes (SEER/CoC), 367, 472, 473
Surgery of Other Regional Site(s), Distant Site(s), or Distant Lymph Node(s) at this Facility (CoC), 351, 352, 470, 471
Surgery of Primary Site (SEER/CoC), 368, 472, 473
Surgery/Diagnostic Confirmation Interfield Review (Interfield Edit 46), 272, 474
Surgical Approach (CoC), 369, 472
Surgical Diagnostic & Staging Procedure at this Facility (1996-2002), 341, 471
Surgical Diagnostic and Staging Procedure (1996-2002), 357, 473
Surgical Margins (CoC), 370, 472
Surgical Procedure of Primary Site, 353, 354, 470, 471
Surgical Procedure/Other Site, 351, 352, 367, 470, 471, 472, 473
Surgical Procedure/Other Site at this Facility, 351, 352, 470, 471
Surveillance, Epidemiology and End Results, 11, 13, 39
Systemic/Surgery Sequence, 371, 473
Telephone, vii, viii, ix, x, 54, 70, 89, 408
Text--DX Proc--Lab Tests, 56, 71, 90, 408
Text--DX Proc--Op, 56, 71, 90, 410
Text--DX Proc--Path, 56, 71, 91, 411
Text--DX Proc--PE, 55, 71, 90, 413
Text--DX Proc--Scopes, 55, 71, 90, 414
Text--DX Proc--X-ray/Scan, 55, 71, 90, 416
Text--Histology Title, 56, 71, 91, 417
Text--Place of Diagnosis, 56, 72, 91, 418, 476
Text--Primary Site Title, 56, 71, 91, 420
Text--Remarks, 56, 72, 91, 421
Text--Staging, 56, 71, 91, 422
Text--Usual Industry, 43, 59, 81, 423, 424
Text--Usual Occupation, 43, 59, 81, 423, 424
TNM Clin Descriptor, 45, 63, 84, 425, 472, 484
TNM Clin M, 45, 62, 84, 270, 425, 472
TNM Clin N, 45, 62, 84, 271, 426, 472
TNM Clin Stage Group, 45, 62, 84, 266, 426, 472
TNM Clin Staged By, 45, 63, 84, 427, 472
TNM Clin T, 45, 62, 84, 427, 471
TNM Edition Number, 45, 63, 84, 428
TNM Other Descriptor, 63, 84
TNM Other M, 63, 84
TNM Other N, 63, 84
TNM Other Stage Group, 63, 84
TNM Other Staged By, 63, 84
TNM Other T, 63, 84
TNM Path Descriptor, 45, 62, 84, 430, 471
TNM Path M, 45, 62, 84, 270, 431, 471
TNM Path N, 45, 62, 83, 271, 431, 471
TNM Path Stage Group, 45, 62, 84, 266, 432, 471
TNM Path Staged By, 45, 62, 84, 432, 471
TNM Path T, 45, 62, 83, 433, 471
Tobacco History, 59, 81
Tumor Marker 1, 45, 63, 84, 434, 472
Tumor Marker 2, 46, 63, 84, 435, 472
Tumor Marker 3, 46, 63, 84, 436, 472

Tumor Marker One (CoC), 434, 472
Tumor Marker Three (CoC), 436, 472
Tumor Marker Two (CoC), 435, 472
Tumor Record Number, 42, 58, 80, 384, 436
Type of First Recurrence (CoC), 317, 474
Type of Follow-Up (SEER), 389, 475
Type of Reporting Source, 44, 60, 82, 109, 122, 123, 161, 259, 419, 437, 474
Type of Reporting Source/Sequence Number Interfield Review (Interfield Edit 04), 259, 474
Type of Staging System (Pediatric) (CoC), 291, 472
UDSC. *See* Uniform Data Standards Committee
UICC. *See* Union Internationale Contre le Cancer
Underlying Cause of Death (ICD Code) (pre-96 CoC), 110, 474
Underlying Cause of Death (SEER), 110, 474
Uniform Data Standards Committee, iii, viii, xi, 1, 15, 16, 29, 37, 468
Union Internationale Contre le Cancer, 468
Unresolved Issues, 29, 137, 163, 167, 199, 320, 353, 354, 361, 362, 369
Unusual Follow-Up Method, 53, 68, 87, 438
Vendor Name, 52, 70, 89, 438
Vital Status, 34, 53, 67, 87, 206, 438
WHO. *See* World Health Organization
Working Group on Pre-Invasive Cervical Neoplasia and Population-Based Cancer Registries, 38
World Health Organization, 13, 37, 38, 468
Year First Seen This CA, 61, 82
Zip Code (pre-CoC), 100, 469