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

2026 Implementation Guidelines and Recommendations

For NAACCR Standards for Cancer Registries Data Standards and Data Dictionary, Version 26
(effective with cases diagnosed on or after January 1, 2026)

Version 1.3

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NAACCR
North American Association of Central Cancer Registries

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1 Introduction

The North American Association of Central Cancer Registries, Inc. (NAACCR), works with the American College of Surgeons (ACoS) Commission on Cancer (CoC), American Joint Committee on Cancer (AJCC), National Cancer Institute (NCI) Surveillance Epidemiology and End Results (SEER) Program, Centers for Disease Control and Prevention (CDC) National Program of Cancer Registries (NPCR), Canadian Council of Cancer Registries (CCCR), National Cancer Registrars Association (NCRA), central cancer registries, and cancer registry software vendors to develop an implementation plan for NAACCR Standards for Cancer Registries Data Standards and Data Dictionary, Version 26 (referred to as Data Standards and Data Dictionary, v26). The 2026 data standards are developed in response to requested revisions from a broad set of constituents.

This Implementation Guidelines document (IG) provides an overview regarding changes in cancer surveillance reporting standards which the various stakeholders need to consider for 2026 diagnoses. There are links to source documents that are referenced throughout this IG, each being maintained by either the relevant standard setter or NAACCR. The NAACCR website continues to be an essential destination for the latest version of this Implementation Guide and for standards documents, including the Data Standards and Data Dictionary, v26, and its log of changes.

This document is a collaborative effort, in the true NAACCR spirit, to inform the many stakeholders of the changes that are expected to be incorporated into training materials, software, and databases so that cancer data will continue to be defined, collected, and transmitted in a standardized manner. The standardized data collection facilitates the amazing sharing of data that has characterized cancer surveillance in North America since the inception of the American Association of Central Cancer Registries in 1987.

2 New Data Items

See Appendix A for the new data items table including the XML specifics. All new site-specific data item (SSDI) information is incorporated into the Staging APIs. See the SSDI Manual, Version 3.3.

2.1 Spread Through Air Spaces (STAS)

Spread Through Air Spaces (STAS) [1176] is added to Lung V9 (09360) to record micropapillary clusters, solid nests, or single cells of tumor extending beyond the edge of the tumor into the air spaces of the surrounding lung parenchyma. This SSDI applies to cases diagnosed on January 1, 2026, or later; cases diagnosed prior to that must be left blank. All new SSDI information is incorporated into the Staging APIs. See the SSDI Manual, Version 3.3.

2.2 Residual Cancer Burden and Residual Cancer Burden Class

Residual Cancer Burden [1178] and Residual Cancer Burden Class [1179] are added to Breast (00480) to record a score that measures the amount of cancer remaining in the breast and the regional lymph nodes after neoadjuvant therapy and surgical resection. This SSDI applies to cases diagnosed on January

1, 2026, or later; cases diagnosed prior to that must be left blank. All new SSDI information is incorporated into the Staging APIs. See the SSDI Manual, Version 3.3.

2.3 Geocoding Accuracy Score and Geocoding Accuracy Type

The following long-standing required data items remain active for Census tract certainty [364, 365, 367, 369] and GIS Quality Code [366]. Data items microMatchStatus \ geocodingQualityCode [86] and penaltyCode \ geocodingQualityCodeDetail [87] are still relevant. It is strongly recommended that any previously geocoded cases remain *as is* and *are NOT* reprocessed by Geocodio. Geocodio should only be used for new cases arriving to central cancer registries. For older cases geocoded to latest census boundaries (Census 2020), registries are *strongly encouraged* to *NOT* overwrite the geocoded information for the prior boundaries (Census 2010, 2000, or 1990).

Note: Geocodio does not support 1990 Census Boundaries.

From Geocodio, two ongoing NAACCR geocode variables are as follows:

- geocodingAccuracyScore - in v26 this will be renumbered to [331] to replace the earlier user-defined v24/v25 number 9597
- geocodingAccuracyType - in v26 this will be renumbered to [332] to replace the earlier user-defined v24/v25 number 9598

Quality Control Recommendations:
Most turn-key geocoding software packages operate as a black-box interface where a user provides the input with a minimum number of entries including street, city, zip, and state. In return, the user receives a collection of output variables such as latitude, longitude, and quality criteria information about the type of resources used to run the geocoding. In particular, geocoding packages typically have the capacity to return the output street, city, zip, and state from which the final results are calculated. An effective first-order check for this type of black-box processing is to check the input address information that does not match the output address content. The differences should be checked to see if there are:

- Input issues – are the responsibility of the input users to correct
- Software processing issues – should be reported to Recinda Sherman (rsherman@naaccr.org).

A *Fit-For-Use Criteria* is under development within the Geocode NAACCR Working Group with quality assurance measures and ongoing developments for this and other geocoding matters through the following link: https://www.naaccr.org/gis-resources/#1718042516172-895b9fd0-c634

2.4 RUCA 2020 and URIC 2020

As with previous decadal Census tracking, RUCA 2020 [342] and URIC 2020 [347] will follow the same conventions as earlier decades (RUCA 2010 and URIC 2010, etc).

2.5 Sex Assigned at Birth

Sex Assigned at Birth [225] replaces the existing data item Sex [220] for all cases regardless of diagnosis year. Data in Sex [220] will be converted to populate Sex Assigned at Birth [225], see section 14.1 for the conversion logic. Sex [220] is retired in v26, see section 4 for the list of retired data items.

3 Revised Data Items

3.1 Site-Specific Data Items

Some SSDI codes and code descriptions are changed to reflect changes in clinical management and/or staging and to improve clarity or to address questions that were raised in the various forums. Code changes for SSDIs are applicable to cases diagnosed January 1, 2018, and forward, but registrars will not be required to update previously coded information.

Microsatellite Instability (MSI) [3890], which is an existing SSDI for the Colon and Rectum (00200) schema, is added to the Corpus Carcinoma and Carcinosarcoma schema (00530). For Corpus Carcinoma and Carcinosarcoma cases diagnosed prior to January 1, 2026, Microsatellite Instability must be left blank.

Schema Discriminator 1 [3926] for Nasopharynx and Oropharynx schemas was revised to reflect the new names of the schemas (see section 5.4) and to limit the use of this discriminator with C11.1 to diagnosis years 2018-2024. This field was removed from Nasopharynx V9 (09090) which only includes cases diagnosed on January 1, 2025, or later.

Schema Discriminator 2 [3927] for Oropharynx schemas was revised to reflect the new names of the schemas (see section 5.4) and to include the Oropharynx HPV-Associated V9 schema in the validation table Schema ID column.

Percent Necrosis Post Neoadjuvant [3908] included in the Bone schemas (00381, 00382, 00382, 00383) will no longer be required by any standard setters as of January 1, 2026.

Oncotype DX Risk Level-Invasive [3906] and Oncotype Dx Risk Level – DCIS [3905] included in the Breast Schema (00480) will no longer be required by any standard setters as of January 1, 2026.

Finally, to streamline maintenance, several SSDIs in the Head and Neck related schemas were adjusted to share the same validation table and notes wherever they are included. These SSDIs include:

- Extranodal Extension Head and Neck Clinical [3831]
- Extranodal Extension Head and Neck Pathological [3832]
- LN Size [3883]
- LN Head and Neck Levels I-III [3876]
- LN Head and Neck Levels IV-V [3877]
- LN Head and Neck Levels VI-VII [3878]
- LN Head and Neck Other [3879]

New SSDIs and code changes are incorporated in the SEER Staging REST API/library. Other than updating the staging API that you use, there is no need for action for these types of changes. They are documented in the change log which can be accessed on https://apps.naaccr.org/ssdi/list/. Also, the SSDI Manual, Version 3.3 provides changes to existing notes, codes, and code descriptions.

3.2 RUCA 2010, URIC 2010, RUCA 2000 and URIC 2000

RUCA 2000 [339], RUCA 2010 [341], URIC 2000 [345] and URIC 2010 [346] are derived using either NAACCR*Prep for the Call for Data or File*Pro. The data dictionary was updated to include all possible derived flavors of null codes (added codes A through D).

3.3 Coding System Data Items

- NAACCR Record Version [50]: Code 260 is added for 2026 version 26.
- Morph Coding Sys--Current [470] and Morph Coding Sys--Original [480]: There are no ICD-O-3 changes for 2026; no new codes have been added to the Morph Coding Sys fields.
- Schema ID Version Current [2117] and Schema ID Version Original [2118]: Code 3.3 is added. Schema ID Version Current should be updated to the new value for all cases in the database diagnosed January 1, 2018, or later when the system is updated to include the new EOD 2018 version. Schema ID Version Original should be set to the version in use when the case is collected. While this version is required for the 2026 diagnosis year, if a 2018-2025 case is collected after the system is updated, the Schema ID Version Original should be set to 3.3.
- AJCC Cancer Surveillance DLL Version Current [2158] and AJCC Cancer Surveillance DLL Version Original [2159]: Code 09.04.00.0001 is added. AJCC Cancer Surveillance DLL Version Current [2158] should be updated to the new value for all cases in the database diagnosed January 1, 2018, or later when the system is updated to NAACCR v26. AJCC Cancer Surveillance DLL Version Original [2159] should be set to the version in use when the case is collected. While this version is required for the 2026 diagnosis year, if a 2018-2025 case is collected after the system is updated, the AJCC Cancer Surveillance DLL Version Original [2159] should be set to 09.04.00.0001.
- AJCC API Version Current [2156] and AJCC API Version Original [2157]: Code 09.04.00 is added. AJCC API Version Current [2156] should be updated to the new value for all cases in the database diagnosed January 1, 2018, or later when the system is updated to NAACCR v26. AJCC API Version Original [2157] should be set to the version in use when the case is collected. While this version is required for the 2026 diagnosis year, if a 2018-2025 case is collected after the system is updated, the AJCC API Version Original [2157] should be set to 09.04.00.
- Pediatric ID Version Current [1133] and Pediatric ID Version Original [1134]: Code 1.3 is added. Pediatric ID Version Current should be updated to the new value for all cases containing PDCS values in the database, diagnosed January 1, 2018, or later, when the system is updated to include the new PDCS version. As collection of these fields was not required at any level until January 1, 2025, it is likely that cases diagnosed in 2018-2024 will not have these fields. Pediatric ID Version Original should be set to the version in use when the case is collected. While this version is required for the 2026 diagnosis year, if a 2018-2025 case is collected after the system is updated, the Pediatric ID Version Original should be set to 1.3.

  Note: The versioning of the AJCC API and DLL might be updated after the release of the 2026 Implementation Guidelines. See Cancer Staging System Products for the latest version number(s).

4 Retired Data Items

A data item that is retired remains in the NAACCR Data Dictionary as a retired data item and the data item number is not reused. Retired means that the data item is not maintained by a standard setting agency and is no longer in the data transmission layout; however, it does not impact the data previously collected and stored in a registry database. Registries that would like to continue collecting data of a retired data item can add the data item to their user-defined dictionary (For more information on

custom user dictionaries go to https://www.naaccr.org/xml-user-dictionary/). The retired data items for v26 are listed in the table below.

v26 Retired Data Items		
Item #	**Item Name**	**Source of Standard**
3110	Comorbid/Complications 1	CoC
3120	Comorbid/Complications 2	CoC
3130	Comorbid/Complications 3	CoC
3140	Comorbid/Complications 4	CoC
3150	Comorbid/Complications 5	CoC
3160	Comorbid/Complications 6	CoC
3161	Comorbid/Complications 7	CoC
3162	Comorbid/Complications 8	CoC
3163	Comorbid/Complications 9	CoC
3164	Comorbid/Complications 10	CoC
3645	NPCR Derived AJCC 8 TNM Clin Stg Grp	NPCR
3646	NPCR Derived AJCC 8 TNM Path Stg Grp	NPCR
3647	NPCR Derived AJCC 8 TNM Post Therapy Stg Grp	NPCR
1120	Pediatric Stage	CoC
1130	Pediatric Staging System	CoC
1140	Pediatric Staged By	CoC
220	Sex	SEER/CoC

5 Other Changes

5.1 Solid Tumor Rules

The Solid Tumor Rules Reformatting Work Group has implemented the following changes for the *2026 Solid Tumor Rules*.

- The *Specific Histologies, NOS/NST, and Subtypes/Variants* tables have been reformatted from 3 columns to 2. Table notes have been moved to footnotes. Relevant M and H rules that refer to these tables have been updated.
- General Instructions have been reformatted. Redundant instructions from each site group module have been removed and added to the General Instructions.
- Ambiguous terminology for determining histology has been revised by a joint physician and oncology data specialist (ODS) panel. The associated instructions have been updated.
- Rule M10 in the breast site group has been removed, and subsequent rule numbering has been adjusted.

A revision history will be posted along with the manual. New site-specific modules are *not* planned for 2026.

5.2 ICD-O-3 and Reportability

There are no code changes for ICD-O-3 or changes to Reportability for cases diagnosed in 2026. New and related terms for ICD-O-3 are posted on the NAACCR website.

5.3 AJCC Cancer Surveillance DLL Change

AJCC is developing a new AJCC Cancer Surveillance DLL (V26) that will provide AJCC data only, decoupled from SEER-specific dependencies. This new design will make the DLL simpler, easier to maintain, and more reliable, helping to streamline future releases and reduce the risk of bugs. Notable changes include: a SQLite database and error messages when developers attempt to retrieve SEER data. Documentation will be provided. Release is targeted for December 2025.

5.4 AJCC Version 9 Protocols

AJCC Cancer Staging System will release two Version 9 Protocols to go into effect with cases diagnosed January 1, 2026, and forward:

- Salivary Glands (9017)
- Oropharynx (HPV-Associated) (9018)

These Version 9 protocols replace the current AJCC 8th edition chapters for these disease sites.

Major Salivary Glands name changed to Salivary Glands. For 2026+ this will only include Major Salivary glands. Minor Salivary Glands will be added for 2027+.

The two original Oropharynx chapters were renamed to align with current terminology. The new names are Oropharynx HPV-Associated [8th: 2018-2025] (AJCC ID: 10) and Oropharynx (HPV-Independent) and Hypopharynx (AJCC ID: 11.1). In addition, C11.1 was removed and C10.1 was added for Oropharynx (HPV-Associated) [8th Edition] (AJCC ID: 10) and Oropharynx (HPV-Independent) (AJCC ID: 11.1). C10.1 was removed from the Larynx [8th Edition] (AJCC ID: 13.1).

5.5 Extent of Disease (EOD)

For cases diagnosed January 1, 2026, and forward, new schemas are added to align with changes in AJCC version 9 (V9):

- Oropharynx HPV-Associated [V9: 2026+] (09100)
- Major Salivary Glands [V9: 2026+] (09081)

The existing related schemas have "[8th: 2018-2025]" appended to the name (for example, [8th: Major Salivary Glands 2018-2025]) and their schema IDs remain unchanged. The schemas based on the 8th edition continue to be used for cases diagnosed from January 1, 2018, through December 31, 2025.

Major Salivary Glands Schema ID is 09081 in anticipation of a new schema for minor salivary glands, to be defined soon.

The two original Oropharynx schemas were renamed to align with current terminology. The new names are Oropharynx HPV-Associated [8th: 2018-2025] (00100) and Oropharynx HPV-Independent (00111). In addition, changes were made to Schema Discriminator 1 [3926] so that C11.1 is always assigned to Nasopharynx V9 (09090) for cases diagnosed on January 1, 2025, and later (see section 14.3 for the conversion logic). The relevant notes and schema selection logic for the Nasopharynx and Oropharynx schemas were adjusted accordingly.

Also, four schemas used Sex [220] as part of the schema selection. This field is being replaced with Sex Assigned at Birth [225] with the following final algorithm for the Schema selection.

- Primary Peritoneal Carcinoma (00552): Sex Assigned at Birth = 2 for site/histology combinations, which should have no impact on previously assigned cases.
- Retroperitoneum (00440): Sex Assigned at Birth = 1, 9 for site/histology combinations, which should have no impact on previously assigned cases.
- Soft Tissue Rare (00450): Sex Assigned at Birth = 1, 9 for site/histology combinations, which should have no impact on previously assigned cases.
- Soft Tissue Other (00459): With the new values of Sex Assigned at Birth no cases will be assigned to this schema. The site/histology combinations with Sex = 4 that had been assigned here are now part of Soft Tissue Rare. See section 14.2 for the conversion logic, extremely low case counts are expected.

For the Prostate Derived EOD 2018 Stage Group [818] it was determined that some combinations of data were incorrectly deriving a stage group. The table has been changed to assign 99 for these combinations. If Derived EOD 2018 Stage Group is in use, it must be recalculated. See section 14.5.

Some Extent of Disease fields changed to improve clarity or to address questions that were raised in the various forums. This includes, for Breast, EOD Primary Tumor [772], codes 450 and 700 becoming obsolete; the preferred code to use instead will be provided for each code but no conversion is needed at this time. All these changes are applicable to cases diagnosed January 1, 2018, and forward, but registrars are not required to update previously coded information. The new information is incorporated in the SEER Staging REST API/library. Other than updating the staging API that you use, there is no need for action for these types of changes. They are documented in the change log which can be accessed on https://seer.cancer.gov/tools/staging/eod/.

5.6 Pediatric Data Collection System (PDCS)

There are no major changes to the PDCS. Some Pediatric fields were modified slightly to improve clarity or to address questions that were raised. These changes are applicable to cases diagnosed January 1, 2018, and forward, as collected by your organization (no formal requirement for collection exists prior to January 1, 2025), but registrars are not required to update previously coded information. The new information is incorporated in the SEER Staging REST API/library. Other than updating the staging API that you use, there is no need for action for these types of changes. They are documented in the change log which can be accessed on https://seer.cancer.gov/tools/staging/eod/.

5.7 Hematopoietic and Lymphoid Neoplasms Manual and Database

The Hematopoietic Database was updated to reflect the new terms from the WHO 5th edition. A complete list of these terms can be found here: ICD O 3 Coding Updates for 2026. In addition, the same primaries for histologies 9811-9819 were changed to reflect that all ALL's are the same primary. This was confirmed with a hematopoietic expert.

The manual was also updated with new formatting, updated sections and additional information. See the Hematopoietic Manual for a complete listing of changes.

6 Cancer PathCHART

The Cancer Pathology Coding Histology and Registration Terminology (Cancer PathCHART) initiative is a ground-breaking collaboration of North American and global registrar, registry, pathology, and clinical organizations, including the following tumor and histology cancer data standard setters.

- National Cancer Institute, Surveillance Research Program
- Center for Disease Control and Prevention, National Program of Cancer Registries
- Statistics Canada
- National Cancer Registrars Association
- North American Association of Central Cancer Registries
- College of American Pathologists
- American College of Surgeons, Commission on Cancer
- American Joint Committee on Cancer
- International Association of Cancer Registries
- International Collaboration on Cancer Reporting
- World Health Organization/International Agency for Research on Cancer

Cancer PathCHART aims to improve cancer surveillance data quality by updating standards for tumor site, histology, and behavior code combinations and associated terminology.

This initiative involves a substantial, multifaceted review process of histology and behavior codes (and associated terminology) by tumor site that includes expert pathologists and tumor registrars. In these reviews, experts decided whether a given site, histology, and behavior code combination is valid, unlikely, or impossible (Table 1 below). The results of these in-depth reviews are incorporated into the Cancer PathCHART database and the NAACCR Edits Metafile and serve as all-new, single source of truth standards for tumor site, histology, and behavior coding across all standard setters.

Table 1: Cancer PathCHART validity statuses and registrar coding

Validity Status	Site-Type Edit Errors	Coding in Cancer Registry Database
Valid	Will not generate edit errors	Can be coded
Impossible	Will generate an edit error	Cannot be coded
Unlikely*	Will generate an edit error	Requires manual override or correction to site and/or morphology to be coded

* Unlikely tumor site-morphology combinations are included in CPC*Search but were not included in the 2024 Cancer PathCHART ICD-O-3 Site Morphology Validation List (CPC*SMVL).

Each calendar year, additional sites/organ systems will be reviewed and aligned with newly released 5th *World Health Organization Classification of Tumours* books (see Table 2 below).

Table 2: Organ sites reviewed by implementation year

Organ System	Sites Reviewed	Implementation Year
Bone & Soft Tissue	Bones & Joints; Connective, Subcutaneous & Other Soft Tissue	2024
Breast	Breast	
Digestive	Ampulla of Vater; Anus; Appendix; Biliary System; Colon & Rectum; Esophagus; Gallbladder; Liver; Pancreas; Small Intestine; Stomach	
Female Genital	Cervix; Endometrium; Fallopian Tube; Myometrium; Ovary; Vagina; Vulva; Adnexa & Other Female Genital; Placenta	
Male Genital	Penis; Prostate; Testis*	
Urinary	Kidney*	
CNS	Cerebral Hemispheres; Cerebellum; Brainstem; Ventricles; Meninges; Cranial Nerves; Spinal Cord	2025
Soft Tissue	Peripheral Nerves and Autonomic Nervous System; Retroperitoneum; Heart and Pericardium	
Male Genital	Epididymis, Paratesticular and Spermatic cord; Testis*	
Urinary	Urethra; Urothelial Sites; Paraurethral Gland; Kidney*	
Respiratory	Lung and Bronchus; Pleura	
Thorax	Thymus; Mediastinal Space	
Head and Neck	Lip; Gingiva; Oral Cavity and Mobile Tongue; Major Salivary Glands; Nasopharynx; Oropharynx; Branchial Cleft; Nasal Cavity and Paranasal Sinuses; Middle Ear; Larynx and Hypopharynx; Pharynx with Waldeyer Ring; Trachea and Upper Respiratory	2026

*For these primary sites, a subset of site-morphology combinations was reviewed for implementation in 2024, the remaining combinations were reviewed for implementation with cases diagnosed in 2025 calendar year.

6.1 Cancer PathCHART Site/Morphology Validation List

The Cancer PathCHART ICD-O-3 Site Morphology Validation Lists (CPC SMVL) are comprehensive tables that replace the ICD-O-3 SEER Site/Histology Validation List (the basis of the Primary Site, Morphology-Type, Beh ICDO3 (SEER IF25) (edit tag: N1254) edit) as well as the list of impossible site and morphology code combinations included in the Primary Site, Morphology-Imposs ICDO3 (SEER IF38) (edit tag: N0446) edit. Applicable for diagnosis years 2024, 2025, and 2026, respectively, the 2024, 2025, and 2026 Cancer PathCHART ICD-O-3 Site Morphology Validation Lists are freely available to cancer registration software vendors and any other end users in easily consumed, computer-readable formats (e.g., Excel, CSV, XML, JSON), along with associated release notes from the Cancer PathCHART website (Cancer PathCHART Product Downloads and Timelines).

Updated cancer site and morphology code combination validity standards will be implemented in a stepwise fashion by year of diagnosis as follows.

- For cases diagnosed in 2023 and earlier, the 2023 ICD-O-3 SEER Site/Histology Validation List (the basis for the Primary Site, Morphology-Type, Beh ICDO3 (SEER IF38) (edit tag: N0446) edit) will be used to check site and morphology code combinations.
- For cases diagnosed on January 1, 2024, and later
    - The CPC SMVLs will serve as the basis for the Primary Site, Morphology-Type, Beh ICDO3 2024 (N7040) edit, which checks for valid, unlikely, and impossible site, histology, and behavior code combinations based on diagnosis year.
    - For any sites/organ systems yet to be reviewed by CPC, the 2023 standards will continue to be applied.
- Version 2 of 2024 and 2025 CPC SMVLs was released in the 2025 calendar year.

The 2026 CPC SMVL will be released for implementation on January 1, 2026, for cases diagnosed beginning in 2026.

6.2 CPC*Search

CPC*Search is an interactive webtool that allows cancer registrars and other users to search the 2024 Cancer PathCHART ICD-O-3 Site Morphology Validation List (CPC*SMVL) by tumor site, histology, and behavior terms and associated codes. (https://seer.cancer.gov/cancerpathchart/search/). This tool should not be the primary resource for determining site, histology, and behavior code combinations. Before using CPC*Search, registrars should rereview the medical record to confirm primary site, histology, and behavior code combinations; consult the SEER Hematopoietic and Lymphoid Neoplasm Database (https://seer.cancer.gov/seertools/hemelymph/) for hematolymphoid morphologies and the Solid Tumor Rules (https://seer.cancer.gov/tools/solidtumor/) for all other tumors; and then use CPC*Search to confirm site, histology, and behavior code combinations. Registrars are encouraged to take remaining questions to the pathologist or oncologist/hematologist. If the registrar still has a question, they should submit it to Ask a SEER Registrar (https://seer.cancer.gov/registrars/contact.html). An additional use is to explore similar terms that are different entities in another organ system. For example, 8550/3 acinar cell carcinoma is impossible in the prostate, but 8140/3 acinar adenocarcinoma is valid in the prostate.

7 XML

The NAACCR XML Data Exchange Work Group continues to develop the *NAACCR Data Exchange Standard, XML Specifications for Cancer Registry Records*. The latest standard base dictionary, sample data, and software tools are available to registries and software vendors. The XML website provides links to these documents, changes been versions, and products. There are no changes to the XML data exchange standard for v26.

7.1 Date Fields

In the original NAACCR fixed-width file format, column position and field length for each data item was explicitly defined to ensure that information from one item did not encroach into another. To maintain this structure, a strict set of rules were established with empty spaces used as placeholders to ensure correct positioning within a fixed-width record. The migration to eXtensible Markup Language (XML)

removes the necessity for these strict column requirements. Instead, the XML format only restricts the maximum length of a variable.

NAACCR XML data items are populated with non-space characters from left to right, up to, but not exceeding the maximum length. NAACCR XML formatted variables are organized into left-to-right storage of data, without spaces, except those involving free-form text or in rare cases where standard-setter requirements impose alternative rules to conform with edits.

As example, the structure for all date fields in NAACCR XML is:

1. a maximum of eight (8) numeric characters/digits
2. left justified
3. formatted from left to right as YYYYMMDD

This format is defined for transmission of cancer registry data using the NAACCR XML data exchange standard, it is not meant to inform how data should be stored in a registry database or viewed on a screen. The order of components - year, then month, then day - follows a left-to-right transmission priority which ensures that the minimum allowable information is listed first and to the left. With this structure, only valid portions of the date are transmitted while missing/unknown portions of dates are not transmitted. Below are transmission examples for dates when only certain components are known:

- YYYYMMDD – when a date is complete, known, and valid, then all eight (8) numeric characters are transmitted from left-to-right as a 4-digit year, then 2-digit month, then 2-digit day.
- YYYYMM – when the year and month are known and valid, but the day is unknown, then the first 6 digits are transmitted.
- YYYY – when the year is known and valid, but the month and day are unknown, then the first 4 digits are transmitted.
- If the date is fully unknown, then the date field should not be filled with anything – this includes the space character (i.e., any whitespace such as the space bar entry). Such date fields are not included in a transmitted NAACCR XML file.

7.2 XML Software Utilities

This section highlights several XML software tools. Software vendors should use a standard software tool or NAACCR XML library to validate XML files. Additional tools developed by NAACCR/NPCR/NCI include the following excellent resources.

GenEDITS Plus software provides NAACCR-prescribed logic edits to target and troubleshoot data quality to standards meeting current NAACCR data quality requirements.

Registry Plus Exchange Plus software by NPCR is an aid for central registries that want to collect their own data items. It produces a valid user dictionary that can be distributed to cancer registry software vendors. Exchange Plus can be used for: 1) dictionary maintenance; 2) produce flat and delimited files; 3) run EDITS, producing edit reports similar to GenEDITS Plus; 4) import, view, update, export NAACCR data; 5) XML record validator to find bad character strings in critical variables such as Patient ID or date fields, and 6) includes a data file mapping feature to convert delimited or fixed column position files to current NAACCR XML.

File*Pro by SEER provides a variety of useful functions for central registries. It can be used to view, edit, and manage data in text files. The NAACCR XML Dictionary Editor creates and validates XML dictionaries.

7.3 Other Considerations

Users are strongly encouraged to migrate away from flat files as these will not be supported indefinitely, though no end date is yet established.

Contact the NAACCR XML Data Exchange WG with any questions. Roger Chui (roger@kcr.uky.edu) and Isaac Hands (isaac.hands@uky.edu) are the work group co-chairs.

8 EDITS

8.1 v26 NAACCR Edits Metafile

The initial release of the v26 metafile is scheduled for August 29, 2025, at https://www.naaccr.org/standard-data-edits/.

The v26 metafile includes any corrections to edits for cases diagnosed through 2025, updates to edits for 2026 changes to existing data items, and new edits for new and existing data items. The NAACCR v26 Change Spreadsheet includes:

- "Corrections" page listing corrected edits.
- "Updates" page listing modifications to existing edits unrelated to 2026 changes.
- "Updates 2026" page listing modifications to existing edits for 2026 changes.
    - Retired edits for retired data items.
    - NAACCR data item 220, Sex, replaced with NAACCR data item 225, Sex Assigned at Birth.
    - AJCC and Schema ID names for Oropharynx p16+ and Oropharynx p16- changed to Oropharynx (HPV-Associated) and Oropharynx (HPV-Independent).
    - Schema Discriminator 1 removed for C11.1 (Posterior Wall of Nasopharynx), all cases with C11.1 included in Nasopharynx (AJCC ID 9016, Schema ID 09090) retroactive to 2025.
    - New AJCC Version 9 protocols: Salivary Glands (AJCC ID 09017, Schema ID 09080), and Oropharynx HPV-Associated (AJCC ID 09018, Schema ID 09100).
    - SSDI Microsatellite Instability (MSI) collected for Corpus Uteri Carcinoma.
- "New Edits" page listing all new edits for both existing and new data items.
    - New SSDI data items: RCB: Residual Cancer Burden; RCB: Residual Cancer Burden Class; Spread Through Air Spaces (STAS).
    - Other new data items: RUCA 2020; URIC 2020; Sex Assigned at Birth.
    - New codes and instructions for EOD Regional Nodes for Salivary Glands and Oropharynx (HPV-Associated).
- "Categories" page grouping new and changed edits by types of changes made.

The v26 edits metafile was developed in EditWriter v6 (EW6) and will only be available in a .smf format.

Contact Jim Hofferkamp at jhofferkamp@naaccr.org with any questions or concerns about the NAACCR edits metafile. For NPCR EDITS technical support via email contact cancerinformatics@cdc.gov.

8.2 Running Edits on XML Files

Registries with defined local data items are instructed to add the local items to the user-defined data dictionary. To run edits on local data items, these same registry-specific data items must also be added to the Fields object when creating a customized edit metafile in EditWriter. It is very important that the same NAACCR item numbers are assigned in the user-defined dictionary and in a customized edits metafile. NAACCR item numbers are used to identify the data items for editing.

9 Standard Setters Reporting Requirements

Each standard setting agency provided their respective information for this section.

9.1 CoC Reporting Requirements

Beginning with cases diagnosed January 1, 2026, and forward, all CoC accredited programs should follow the rules and instructions in STORE 2026. A summary of the STORE 2026 changes is included in the STORE Manual chapter "Summary of Changes".

Sex [220] is replaced by Sex Assigned at Birth [225]. Existing data in Sex [220] will be converted and used to populate Sex Assigned at Birth [225]. Comorbidities and Complications #1 – 10 (Secondary Diagnoses) are being retired as these ICD 9 code fields are outdated. There is one new CoC user defined field for collection of Method of Detection for Breast [10110] cases.

The following data items will be optional for CoC Accredited programs for cases diagnosed in 2026 and forward:

:

- Name—Last [2230]
- Name- -Birth Surname [2232]
- Name—First [2240]
- Name—Middle [2250]
- Name—Alias [2280]

CoC Accredited programs will also collect the following SSDI effective with cases diagnosed January 1, 2026, and forward.

- Spread Through Air Spaces (STAS) [1176] new for Lung
- Residual Cancer Burden (RBC) [1178] new for Breast
- Residual Cancer Burden (RBC) Class [1179] new for Breast
- New primary site for Microsatellite Instability (MSI) [3890] adding Corpus Carcinoma and Carcinosarcoma (currently required for colon and rectum)

CoC Accredited programs will continue to collect the following SSDIs for cases diagnosed in 2026.

- Fibrosis Score [3835] - Liver
- Multigene Signature Method [3894] - Breast
- Multigene Signature Results [3895] – Breast

The following SSDIs will no longer be required for cases diagnosed January 1, 2026, or later.

- Oncotype DX Risk Level DCIS [3905]
- Oncotype DX Risk Level Invasive [3906]

- Percent Necrosis Post Neoadjuvant [3908]

The STORE Manual 2026 is posted to the NCDB Data Submission website at the top of the page under the current registry manuals of the Registrars section. Questions related to STORE can be submitted to NCDB@FACS.org.

9.2 CDC NPCR Reporting Requirements

Beginning with cases diagnosed January 1, 2026, and forward, CDC-NPCR will adopt the new record format and data collection requirements as published in the Data Standards and Data Dictionary, v26. Refer to the CDC-NPCR requirements listed in the Data Standards and Data Dictionary, v26, Required Status Table. Share these requirements with your software vendors and key stakeholders.

CDC-NPCR will require new data item Sex Assigned at Birth [225] to replace existing data item Sex [220] for all cases regardless of diagnosis year. Existing data in Sex [220] will be converted and used to populate the new data item.

Microsatellite Instability [3890], which was required for Colon and Rectum for 2018-2025, will be required for all Colon and Rectum and Corpus Carcinoma and Carcinosarcoma cases diagnosed January 1, 2026, forward.

9.2.1 Staging Requirements for 2026 Diagnosis

CDC-NPCR continues to require directly assigned Summary Stage 2018 [764] (most current version). NPCR requirements for Summary Stage 1977 [760], Summary Stage 2000 [759], and CS Derived Summary Stage 2000 [3020] have not changed. If voluntarily capturing AJCC TNM and/or SEER EOD stage data items, rules and requirements provided by those sources should be followed.

NPCR will not require the Pediatric Data Collection System; however, if NPCR-funded central cancer registries elect to capture these data items, rules and requirements provided by those sources should be followed. **NOTE:** Registry Plus will make these data items available in software applications; however, the content of the data items including definitions may not be available. NPCR is unable to provide IT support for PDCS data items.

Beginning with cases diagnosed 2026, NPCR will retire NPCR Derived AJCC 8 TNM Clin Stage Grp [3645], NPCR Derived AJCC 8 TNM Path Stg Grp [3646], and NPCR Derived AJCC 8 TNM Post Therapy Stg Grp [3647].

Central registries will inform state reporters of their individual state requirements.

Questions related to CDC-NPCR Stage requirements can be submitted to**: cancerstaging@cdc.gov**

9.3 NCI SEER Reporting Requirements

Beginning with cases diagnosed January 1, 2026, SEER registries will follow the instructions in the 2026 SEER Manual and the most recent Solid Tumor Rules, Hematopoietic Manual, Grade Manual, SSDI Manual, SEER*RSA, EOD, Summary Stage, and ICD-O-3.2 updates.

Sex [220] is replaced by Sex Assigned at Birth [225]. Existing data in Sex [220] will be converted and used to populate Sex Assigned at Birth [225].

Data Items Required for v26 or Later, Not Previously Required	
Item #	**Item Name**
60	Tumor Record Number
331	Geocoding Accuracy Score
332	Geocoding Accuracy Type
342	RUCA 2020
347	URIC 2020
362	Census Block Group 2000
366	GIS Coordinate Quality
368	Census Block Grp 1970/80/90
1176	STAS
1178	Residual Cancer Burden (RCB)
1179	Residual Cancer Burden Class
2352	Latitude
2354	Longitude

Microsatellite Instability [3890], which was required for Colon and Rectum for 2018-2025, will be required for all Colon and Rectum and Corpus Carcinoma and Carcinosarcoma cases diagnosed January 1, 2026, forward.

The following data items are no longer required for cases diagnosed January 1, 2026, or later:

- Chromosome 3 Status [3821]
- Chromosome 8q Status [3822]
- Extravascular Matrix Patterns [3834]
- Fibrosis Score [3835]
- HIV Status [3859]
- LN Laterality [3881]
- Microvascular Density [3891]
- Multigene Signature Method [3894]
- Multigene Signature Results [3895]
- Oncotype DCIS Recurrence Score [3903]
- Oncotype DX Risk Level DCIS [3905]
- Oncotype DX Risk Level Invasive [3906]
- Percent Necrosis Post Neoadjuvant [3908]

See the Required Status Table in NAACCR Data Standards and Data Dictionary, v26 for more information.

Submit questions about SEER requirements to Ask A SEER Registrar.

9.4 CCCR Reporting Requirements

Beginning with cases diagnosed on or after January 1, 2026, the Canadian Council of Cancer Registries (CCCR) will implement the data collection and submission requirements as published in the NAACCR Data Standards and Data Dictionary, v26, Required Status Table.

For cases diagnosed January 1, 2026, and forward, Canada will continue to collect TNM stage data using the AJCC Cancer Staging Manual 8th Edition and Version 9. For 2026, stage data will be collected using

AJCC V9 for the following schemas: Salivary glands and Oropharynx (HPV-associated). Information regarding new and updated SSDIs is available in the NAACCR SSDI Manual. Refer to the Canadian SSDI spreadsheet and the 2026 Canadian Cancer Registry Variable Specifications for specific requirements.

Canada will follow the NAACCR ICD-O-3 Implementation Guidelines to adopt updates to ICD-O-3.2 for cases diagnosed January 1, 2026, onward. Refer to the 2026 Canadian Cancer Registry Reference Tables for more information. Canada will follow any updates to the NAACCR Grade Manual and the Solid Tumor Rules for cases diagnosed January 1, 2026, onward.

Cases will be submitted to the Canadian Cancer Registry during Statistics Canada's Call for Data. Provincial/Territorial cancer registries can reference the 2026 Canadian Cancer Registry Record Layout and supporting data provider documentation for a more comprehensive listing.

10 Summary for Central Cancer Registries

Each central cancer registry should review this entire document to determine which revisions will affect their operations. Central registries must consider the revisions that will be necessary to meet the different requirements of national standard setters. These determinations should be communicated to reporting facilities and registry software vendors as soon as possible.

10.1 Central Registry XML User Dictionary

NAACCR established the User Dictionary Clearinghouse website to share examples of XML User Dictionaries from central registries. Central registries with state-specific data items are encouraged to upload their XML User Dictionary along with the MS Excel data items workbook describing their user dictionary by the October 1st deadline. Software vendors can acquire the documents, and all registries benefit from learning from each other's state-specific data field requirements.

With each new NAACCR version, central registries should review their XML User Dictionary and MS Excel data items workbook, or their decision not to create one, and update their entry accordingly on the Clearinghouse. XML User Dictionaries may include a NAACCR version attribute that must be updated with each new NAACCR version. In addition, making note of new or changed data items via communication with software vendors or clear notations within the MS Excel workbook is recommended. When developing a new user dictionary, or updating an existing one to a new version, use of XML Software utilities as described in section 7.2 is recommended.

10.2 Central Registry Edits

Central registries should carefully review section 8 for information regarding the NAACCR v26 edits metafile. Also, the updated SEER*Edits will be released after the NAACCR v26 edits metafile. It is expected that all SEER registries will run all the SEER edits. If central registries wish to write their own edits, create new edit sets, or develop customized metafiles, EditWriter 6 should be utilized. It is important to remember that state-specific data items need to be defined in an XML User Dictionary so that edits can be incorporated in metafiles.

With each major metafile release, NAACCR hosts Edit Metafile Workshops for central registries. In these virtual sessions, changes to the metafile are discussed and instructions for creating new and updating

existing custom metafiles are provided. At a minimum, Metafile administrators and central registry staff managing the central registry metafile are encouraged to attend. In addition to these Workshops, changelogs and instructional documents are provided for all minor releases. Recordings of past workshops, along with metafile documentation and how-to guides can be found on the NAACCR Edits Webpage.

Central registries should review the new NAACCR edits metafile, associated documentation, and the data items required by their standard setters in the Required Status Table of the Data Standards and Data Dictionary when developing edit sets for incoming abstracts and consolidated records in their metafile. Edits in the metafile may need to be revised to accommodate central registry-specific or state-specific reporting requirements, and custom edits may need to be developed for any non-standard or custom data items. Implementation, testing, and distribution of metafiles to reporting facilities and registry software vendors should be considered as central registries develop their requirements for reporting.

Metafiles and associated documentation, including instructions for use and changelogs, should be uploaded to the NAACCR Edits Clearinghouse by the September 15th deadline. The Clearinghouse allows central registries to easily share their metafiles with other registries, software vendors, and users of their metafile. Any MyNAACCR user may download metafiles but only designated central registry users are authorized to upload. Central registries that choose not to upload or utilize standard edit sets and have no custom edits or edit sets, are still encouraged to upload an instructional document which makes note of that fact.

Central registries should evaluate the time required to correct errors in previous years' data that appear retrospectively when applying new standard edits, particularly when there are no guidelines that limit diagnosis years to which the new edits are applied. This can be done by running the new edit metafile on the central registry database and reviewing edit summary reports and subsequently reviewing detailed edit errors for edits with a high number of error records. When reviewing edit errors, the relative importance of the affected data items and the amount of time required to fix the error records should be considered. Keep in mind that the backdating of edits is largely avoided by the NAACCR Edits Work Group and standard setters. When an older edit is added to the central registry edit set specifications are often included to accommodate newer cases, such as date ranges or edit override functionality. For large edit impacts, global data fixes can be developed to automatically correct data as applicable and decrease manual work efforts. Global fixes may be provided by standard setting organizations, central registry software vendors, or developed in-house. It is recommended that central registries communicate and work in conjunction with their standard setters and/or software vendor prior to implementing a fix.

Keep in mind that not all reporting facilities are able to implement the newest NAACCR metafile at the same time as the central registry throughout the year. Cases received from reporting facilities using the previous NAACCR metafile may fail edits upon receipt at the central registry. Central registry staff processing submissions should be made aware of this fact and given information about any new and changed edits so that they may better determine when a file is failing edits simply because the reporting facility is using a prior version. Registries should proactively communicate metafile expectations for facilities as new versions are released.

10.3 Software Implementation Plan

Central registries that receive submissions from facilities using commercial vendor software to generate their files should pay close attention to the new releases of these products and coordinate their own v26 implementation plan accordingly. Every new vendor software version should be reviewed to ensure compliance with the NAACCR XML data transmission format and with registry requirements. This review should be completed before files are added to the central registry's database. Various methods can be used to test a submission for compliance with standards, such as running edits and performing visual reviews of abstracts. The use of a test environment into which submissions can be loaded and reviewed is recommended.

When implementing a new version of the NAACCR base dictionary or user dictionary, some central registries may require a "test file" from each software vendor and/or reporting facility. Regardless of whether a registry requires an initial test file, a reporting facility's first transmission file following the change should be tested as thoroughly as possible to identify format or code problems before additional records are accepted from that facility.

The central registry should be alert to directives from their software vendor about any conversion logs. Only minimal manual review is anticipated to be needed, see Appendix B.

10.4 Communication with Reporting Facilities and Software Vendors

Central registries will need to distribute their implementation plan and timeline to reporting facilities and software vendors as early as possible, including metafile and data transmission expectations.

Communication is especially critical when it comes to transmission of cases in the new NAACCR format. There may be times when the central registry is unable to process the newest NAACCR format but facilities using vendor software are ready to upgrade or vice versa. The central registry must use discretion when deciding when they will begin accepting cases in the newest NAACCR version, particularly if they are unable to process or run appropriate edits on received files. Once the timeline or criteria for transmission has been established, it should be communicated to reporting facilities and software vendors. Note that each central registry, software vendor, and reporting facility may have different implementation timelines. Being clear and concise about when the central registry will begin accepting cases in the new format, and what edit metafile and edit set must be run, is imperative.

Central registries should send out communications on a regular basis and be sure to provide materials and information relating to the 2026 implementation as it relates to their current timeline. Note that the way these items are provided may change based on the intended audience. Separate communications which are specific to software vendors and reporting facilities may be beneficial for communication purposes, but software vendors should typically be copied on any communications involving the above information sent to reporting facilities. Reporting facilities that are not CoC-accredited may be less aware of upcoming changes and may need more transition time. Facilities that do not use a commercial vendor for their reporting software or utilize local, non-cloud environments will need extra attention.

The following information should be provided, and any updates should be promptly communicated to both reporting facilities and software vendors:

- Updated list of reportable tumors, particularly if they are specific for the state/province/territory.

- Updated list of required data items with explicit instructions for state/province/territory-specific data items.
- Updated Reporting Manual which may include coding instructions, list of reportable tumors, resources, and other materials.
- Estimate of when the central registry anticipates accepting files v26 format, and subsequent announcement when the v26 format is being accepted.
- The EDITS Metafile and Edit Set must be run on v26 files prior to transmission, along with information on where it can be retrieved, such as on the EDITS Clearinghouse.
- Specifications for File Naming conventions for submission files, including any special requirements for modified records.
- Note on whether test files are required prior to acceptance of v26 records, or other rules based on the central registry implementation plan.

Central registries relying on vendor software for their own systems or for their reporting facilities should be aware that delays in the communication of this information or customizations to software vendors may result in a delay in receiving and processing cases in the new format.

Central registries must continue to support the reporting and processing of v25 records for diagnosis years 2025 and earlier until all reporting facilities are converted to v26.

10.5 Education and Training

Central registries will need to facilitate training to their reporting facilities on changes identified in this document. Training should focus on new required data items and new or revised coding manuals.

It is anticipated that education and training opportunities will be offered by AJCC, NCRA, and all national standard setters, which should be utilized by central registries as appropriate. Information on education and training resources will be available on the v26 Reference Page under the Central Registry Standards tab on the NAACCR website. Organizations may also be open to suggestions for training and education needs.

11 Summary for Software Developers and Vendors

Until a state registry is fully converted to Data Standards and Data Dictionary v26 software vendors will need to provide continued support for reporting and processing of records for 2025 and earlier diagnoses except where a facility's database has been converted to version 26 software structure.

Regarding 2026 data changes, software vendors will be responsible for identifying required software changes; accommodating new and changed data items; providing support for the implementation of revised staging systems; performing data conversions; and providing access to updated supplementary coding resources such as updated and new manuals. Vendors will also need to address testing and implementation issues, as well as technical support and training. Instructions to development staff should address the additions/updates needed to registry software.

11.1 Identify Software Changes

Each vendor will need to review published documentation of changes and generate appropriate specifications for their software, based on their user base (hospital or central registries; U.S. or Canadian

registries), their software capabilities, and standard-setter requirements. Specifically, vendors will need to accommodate the following changes and additions documented in this guide:

Section #	Section Contents
2	**New data items with lookups provided via DLL API for SSDI:** • Spread Through Air Spaces (STAS) [1176] • Residual Cancer Burden (RCB) [1178] • Residual Cancer Burden Class [1179] **New Demographic level data items:** • Sex Assigned at Birth [225] • Geocoding Accuracy Score [331] • Geocoding Accuracy Type [332] • RUCA 2020 [342] • URIC 2020 [347]

3	**Revised items: (ordered by NAACCR ID #)**
	• RUCA 2000 [339] – description clarification
	• RUCA 2010 [341] – description clarification
	• URIC 2000 [345] – description clarification
	• URIC 2010 [346] – description clarification
	• Microsatellite Instability (MSI) [3890] – new schema for Corpus Carcinoma and Carcinosarcoma (00530)
	• Coding System Data Item Updates for:
	  ○ Schema ID Version Current [2117] and Original [2118]
	  ○ AJCC API Version Current [2156] and Original [2157]
	  ○ AJCC Cancer Surveillance DLL Version Current [2158] and Original [2159]
	  ○ Pediatric ID Version Current [1133] and Pediatric ID Version Original [1134]

4	**Seventeen data items are being retired: (ordered by NAACCR ID #)** • Sex [220] • Pediatric Stage [1120] • Pediatric Staging System [1130] • Pediatric Staged By [1140] • Comorbidities and Complications #1 [3110] • Comorbidities and Complications #2 [3120] • Comorbidities and Complications #3 [3130] • Comorbidities and Complications #4 [3140] • Comorbidities and Complications #5 [3150] • Comorbidities and Complications #6 [3160] • Comorbidities and Complications #7 [3161] • Comorbidities and Complications #8 [3162] • Comorbidities and Complications #9 [3163] • Comorbidities and Complications #10 [3164] • NPCR Derived AJCC 8 TNM Clin Stg Grp [3645] • NPCR Derived AJCC 8 TNM Path Stg Grp [3646] • NPCR Derived AJCC 8 TNM Post Therapy Stg Grp [3647]
5.1	Solid Tumor Rules

Section #	Section Contents
5.2	Reportability
5.4	AJCC Protocols
5.5	EOD 2018 changes
5.7	Hematopoietic and Lymphoid Neoplasms Manual and Database
6	Cancer PathCHART
7	XML Standard
8	EDITS
9	Standard Setters Reporting Requirements • CoC • NPCR • SEER • CCCR
13	Appendix A New Data Items
14	Appendix B Conversions, Recalculations and Manual Review Logs Sex Assigned at Birth – reference changes for reports provided within software and point to new data item not Sex [220].
15	Appendix C Source References

11.2 Tracking Versions

Vendor software should store the Original and Current versions for any included components such as APIs or DLLs as system-generated fields (vendor-specific).

The SEER Staging APIs TNM and EOD versions are listed on the SEER*RSA website and can be acquired from the API. The AJCC Cancer Surveillance Staging DLL includes version fields for the DLL as well as for TNM. The AJCC API has a version field to designate whether the disease site is using 8th or V9. All three Original staging API/DLL version fields should be set when the case is initially collected and **not changed thereafter**. All three Current staging API version fields should be set to the current version of the **API/DLL in use**.

NAACCR Record Version [50] will have a new value of '260' meaning '2026 Version 26'.

11.3 Data Conversion

The CDC will provide a NorthCon 260 Registry Plus Utility Program conversion utility for the conversions provided in Appendix B and for the changes going from v25 to v26.

11.4 XML Repository and Edits Clearinghouse

Refer to section 7 for XML updates. The NAACCR User Dictionary Clearinghouse allows central registries to upload their XML User Dictionary along with the MS Excel data items workbook describing their dictionary, or their decision not to create one.

Refer to section 8 for general EDITS information. The NAACCR Standards for Cancer Registries, Standard Data Edits, Volume IV (naaccr.org) Clearinghouse will be maintained to allow central registries to post their registry specific metafile and supporting documentation, or their decision not to create one. Individuals will be able to register to get notifications from specific registries each time a new file is posted.

11.5 Staging

CoC (section 9.1), NPCR (section 9.2), and SEER (section 9.3) specified that hospital facilities are not required to submit derived stage groups. CoC requires physician AJCC staging.

11.6 Programming, Testing, and Implementation

Clear communication with standard setters, central cancer registries, and reporting facility customers is critical to avoid delays in delivering software that can meet the requirements for 2026 cases. Software vendors should provide programming instructions to their developers to support the necessary changes for the Data Standards and Data Dictionary, v26, as well as testing (if time allows beta site testing) and implementing the items listed elsewhere in this document. Software vendors, to the best of their ability, need to revise/develop, test, distribute, and install software prior to implementation dates set by standard setting organizations and central cancer registries.

Central cancer registries may require software vendors to submit test files prior to reporting in the Version 26 format. Testing should determine that appropriate values are validated within the software. Testing should also accommodate verification of revisions for data import and export, revisions to the software interface, addition of lookups for new and changed data items where applicable, data entry verifications internal to the software (if available within the software), data item consolidation where applicable, data item conversion where applicable, and standard as well as ad hoc report writing. Any changes to the implementation timeline should be immediately reported to all parties involved. If there are delays to the standards or errata that have not yet been identified, the software vendor programs will be at risk of delay. States must communicate individual changes to state-specific data items, as well as correction record triggering fields, early in the coding and implementation period to accommodate the software release. State-specific edit metafiles which address the state-specific data items must be provided in a timely manner.

11.7 Help Files

Changes to any software's online help system (if available) will need to be made in conjunction with Data Standards and Data Dictionary, v26-related changes made to the software.

11.8 Technical Support and Training

Software vendors are expected to support the data changes in the Data Standards and Data Dictionary, v26 in the software and provide their clients with training and documentation appropriate to use the updated software. For reporting-facility-level applications, this will include instruction regarding export of records for transmission to their respective central registries in the correct format with correctly coded and error-free data, as well as import from their previously supported casefinding interface. Documentation to support the updated software may include information presented via the software's online help system and/or training or tutorial guides. Training and support on new coding rules should be referred to the appropriate standard setting organization.

12 Summary for Hospital Cancer Registrars and Reporting Facilities

12.1 Case Abstracting Considerations

Registrars should pay particular attention to the requirements of national standard setters, the state central registry to which they submit cases, and the Commission on Cancer (if applicable) for cases diagnosed January 1, 2026, and forward. Often these requirements will be similar, but occasionally data fields may be required by only one entity. Registrars should consult their reporting manuals and state central registry for instructions and updates on reportable and reportable-by-agreement cases. Hospital registries should also be aware of any completeness and timeliness guidelines established by their state central registry. Finally, registrars should be aware of the special interests of the hospitals for which they abstract cases. Hospitals can create their own reportable-by-agreement cases for data capture for internal reporting.

12.2 Communication with Central Cancer Registries and Software Vendors

Several new developments for 2026 will affect cancer reporting software requirements. New edits have been developed and updates to existing edits were necessitated by changes to data item names, changes in code structure in existing data items, and changes to coding instructions for the v26 NAACCR Edits Metafile. Use the v26 Edits Detail Report and the Changes Spreadsheet located on the NAACCR Volume IV (Standard Data Edits) webpage as a resource to resolve edits.

Registrars should maintain open communications with their software vendor and state central registry to ensure their registry software is up to date with current edit files and guidelines. Dates and timelines should be communicated to all parties. Registrars should include their IT departments in communications if needed.

12.3 Education and Training

Continuing education is necessary to maintain a high level of knowledge and skills in cancer registry practice. New data field requirements for 2026 and the implementation of these new fields will likely enhance the education and training opportunities for registrars. Registrars should register for standard setter ListServs including NAACCR, CoC, and NCI SEER. In addition to state and regional professional organizations, NAACCR, CoC, AJCC and NCRA, regularly post educational opportunities on their websites and notify members of upcoming events. Consider following these organizations on social media to be aware of current training opportunities. Registrars should also check with their state central registry for additional opportunities or make suggestions for needed subjects. Many organizations offer a great deal of online training.

13 Appendix A New Data Items

New Data Items for 2026					
Length	**Item #**	**Item Name**	**XML NAACCR ID**	**PARENT XML ELEMENT**	**Section**
1	225	Sex Assigned at Birth	sexAssignedAtBirth	Patient	Demographic
4	331	Geocoding Accuracy Score	geocodingAccuracyScore	Tumor	Demographic
21	332	Geocoding Accuracy Type	geocodingAccuracyType	Tumor	Demographic
1	342	RUCA 2020	ruca2020	Tumor	Demographic
1	347	URIC 2020	uric2020	Tumor	Demographic
1	1176	Spread Through Air Spaces (STAS)	spreadThroughAirSpacesStas	Tumor	Stage/Prognostic Factors
5	1178	Residual Cancer Burden (RCB)	residualCancerBurdenRCB	Tumor	Stage/Prognostic Factors
1	1179	Residual Cancer Burden Class	residualCancerBurdenClass	Tumor	Stage/Prognostic Factors

14 Appendix B Conversions, Recalculations and Manual Review Logs

14.1 Sex [220] to Sex Assigned at Birth [225]

Sex [220] is being replaced by Sex Assigned at Birth [225]. The new field will be populated based on the value in the existing field as shown in the table below.

Sex [220]	Sex Assigned at Birth [225]
1 Male	1 Male
2 Female	2 Female
3 Other (intersex, disorders of sexual development/DSD)	9 Not stated/Unknown
4 Transsexual, NOS	9 Not stated/Unknown
5 Transexual, natal male	1 Male
6 Transexual, natal female	2 Female
9 Not stated/Unknown	9 Not stated/Unknown

No other changes are necessary. No manual review is necessary.

14.2 Schema ID [3800] and AJCC ID [995] update based on Sex Assigned at Birth [225]

If your registry collects Schema ID [3800] or AJCC ID [995], the following changes are also necessary due to the conversion from Sex [220] to Sex Assigned at Birth [225]

For Date of Diagnosis on January 1, 2018, or after

- If Schema ID [3800] = 00459 (Soft Tissue Other) and Primary Site [400] is C481, C482, C488 and Histology ICDO3 [522] = 8806, 8930, 8931
    - Set Schema ID [3800] = 00450
    - Set AJCC ID [995] = 45
    - If TNM Edition Number [1060] is blank or 00 (indicating that TNM is NOT coded in the record), no additional changes are necessary.
    - If TNM Edition Number [1060] is any value other than 00 or blank, set TNM Edition Number [1060] = 08

No other changes are necessary. No manual review is necessary.

14.3 Primary Site C11.1 to Nasopharynx V9

Cases diagnosed on January 1, 2018, and later with Primary Site [400] = C11.1 and Histology ICD-O-3 [522] = 8000-8700 have been associated with Schema Discriminator 1 [3926]. This discriminator classified the case as either Nasopharynx or Oropharynx. These cases will now all be assigned to Nasopharynx for cases diagnosed on January 1, **2025,** or later so that for Nasopharynx V9 (Schema ID [3800] = 09090), Schema Discriminator 1 will not be needed. Cases diagnosed on January 1, 2025, or later where Schema Discriminator 1 = 2, which were assigned to Schema ID = 00100 or 00111, will be converted to Schema ID 09090 and will have to be manually reviewed.

For Date of Diagnosis on or after January 1, 2025, and Primary Site [400] = C11.1 and Schema ID [3800] = 00100 or 00111

- Set Schema ID [3800] = 09090 (Nasopharynx V9)
- Set Schema Discriminator 1 [3926] to blank (not needed, all cases are Nasopharynx V9)
- Set Schema Discriminator 2 [3927] to blank (only defined for Oropharynx schemas)
- Set SEER_SSF1: SEER Site-Specific Fact 1 [3700] to blank (not defined for Nasopharynx)
- If Histology ICD-O-3 [522] = 8071-8072, 8083, 8260
    - Set AJCC ID [995] = 9016
    - If TNM Edition Number [1060] is blank or 00 (indicating that TNM is NOT coded in the record), no additional changes are necessary.
    - If TNM Edition Number [1060] is any value other than 00 or blank, set TNM Edition Number [1060] = 09
- For all other histologies
    - Set AJCC ID = XX
    - Set TNM Edition Number = 88
- Flag case for manual review, the following fields, if collected, will have to be reviewed.
    - EOD 2018 Primary Tumor [772], EOD 2018 Regional Nodes [774], EOD 2018 Mets [776]
    - Grade Clinical [3843], Grade Pathological [3844], Grade Post Therapy Clin [1068], Grade Post Therapy Path [3845]
    - Summary Stage 2018 [764]
    - AJCC TNM Clin T, N, M and Stage Group [1001, 1002, 1003, 1004]
    - AJCC TNM Path T, N, M and Stage Group [1011, 1012, 1013, 1014]
    - AJCC TNM Post Therapy Clin T, N, M and Stage Group [1062, 1064, 1066, 1067]
    - AJCC TNM Post Therapy Path T, N, M and Stage Group [1021, 1022, 1023, 1024]

14.4 Staging API/DLL Version Current fields

The Version Current for the staging API/DLLs in use must be updated to the latest version as part of the NAACCR v26 updates. No manual review is necessary.

For Date of Diagnosis on or after January 1, 2018

- If Schema ID Version Current [2117] is not blank, set to 3.3
- If AJCC API Version Current [2156] is not blank, set to 09.04.00
- If AJCC Cancer Surveillance DLL Version Current [2158] is not blank, set to 09.04.00.0001
- If Pediatric ID Version Current [1133] is not blank, set to 1.3

14.5 Prostate Derived EOD 2018 Stage Group [818]

If your registry calculates Derived EOD 2018 Stage Group [818], the derivation table has been updated, and the field must be rederived. It is not problematic to recalculate all the Derived EOD 2018 fields, but only the Stage Group value is expected to change.

For Date of Diagnosis on or after January 1, 2018, and Schema ID [3800] = 00580

- Recalculate the Derived EOD 2018 Stage Group

Alternatively, if you cannot run the calculation across your database:

For Date of Diagnosis on or after January 1, 2018, and Schema ID [3800] = 00580 and Derived EOD 2018 Stage Group [818] = 1, 2A, 3A

- If Derived Summary Grade [1975] = 9, A, B, C, D, E or is blank,

    - Set Derived EOD 2018 Stage Group = 99
- Else if PSA Lab Value [3920] = XXX.2, XXX.3, XXX.7, XXX.9
    - Set Derived EOD 2018 Stage Group = 99

No other changes are necessary. No manual review is necessary.

15 Appendix C Source References

AJCC 8th Edition and Version 9 Updates and Histologies: https://www.facs.org/quality-programs/cancer-programs/american-joint-committee-on-cancer/

> Questions regarding AJCC Cancer Staging should be directed to the CAnswer Forum at: http://cancerbulletin.facs.org/forums/

AJCC API: https://www.facs.org/quality-programs/cancer-programs/american-joint-committee-on-cancer/cancer-staging-systems/application-programming-interface-api/

Cancer PathCHART ICD-O-3 Site Morphology Validation List: Cancer PathCHART ICD-O-3 Site Morphology Validation List.

Cancer Surveillance DLL: AJCC licensees can request the licensed version of the library from Martin Madera, mmadera@facs.org. The version for unlicensed users will be available from the AJCC website, please contact Martin Madera (mmadera@facs.org) for access.

CAnswer Forum: http://cancerbulletin.facs.org/forums/help

Commission on Cancer STORE Manual: https://www.facs.org/quality-programs/cancer-programs/national-cancer-database/ncdb-data-submission/

Data Exchange Standard, XML Specifications for Cancer Registry Records: https://www.naaccr.org/xml-data-exchange-standard/

Data Standards and Data Dictionary: https://apps.naaccr.org/data-dictionary/

EDITS: https://www.naaccr.org/standard-data-edits/

> Questions regarding the NAACCR edits metafile should be directed to Jim Hofferkamp at jhofferkamp@naaccr.org.

EOD 2018: https://seer.cancer.gov/tools/staging/rsa.html

> Questions regarding EOD 2018 should be directed to Ask a SEER Registrar at: https://seer.cancer.gov/registrars/contact.html

Grade Manual:
https://apps.naaccr.org/ssdi/list/?_gl=1*1le7hp5*_ga*MjEwMDgwOTYwOC4xNjcxMDQxMTc3*_ga_V7J8GWYK5P*MTY4ODc0MDAzMi4zNC4xLjE2ODg3NDEzMTguNjAuMC4w

> Questions regarding the Grade Manual should be directed to the CAnswer Forum at: http://cancerbulletin.facs.org/forums/

Hematopoietic and Lymphoid Neoplasm Database: https://seer.cancer.gov/tools/heme/

> Questions regarding the SEER Hematopoietic and Lymphoid Neoplasm Database should be directed to Ask a SEER Registrar at: https://seer.cancer.gov/registrars/contact.html

ICD-O-3.2: http://www.iacr.com.fr/index.php?option=com_content&view=article&id=149:icd-o-3-2&catid=80:newsflashes&Itemid=545

Questions regarding ICD-O-3 Histology changes should be directed to Ask a SEER Registrar at: https://seer.cancer.gov/registrars/contact.html

NPCR NorthCon Registry Plus Utility Program:

https://www.cdc.gov/national-program-cancer-registries/registry-plus/utility-programs.html?CDC_AAref_Val=https://www.cdc.gov/cancer/npcr/tools/registryplus/up.htm

NPCR Registry Plus Software: https://www.cdc.gov/national-program-cancer-registries/registry-plus/?CDC_AAref_Val=https://www.cdc.gov/cancer/npcr/tools/registryplus/index.htm

SEER API: https://api.seer.cancer.gov/

SEER Program Manual: https://seer.cancer.gov/tools/codingmanuals/

Questions regarding the SEER Program Coding and Staging Manual should be directed to Ask a SEER Registrar at: https://seer.cancer.gov/registrars/contact.html

SEER Registrar Staging Assistant (SEER*RSA): https://seer.cancer.gov/tools/staging/rsa.html

Questions regarding SEER*RSA should be directed to Ask a SEER Registrar at: https://seer.cancer.gov/registrars/contact.html

SEER*Rx: https://seer.cancer.gov/tools/seerrx/

Questions regarding SEER*Rx should be directed to Ask a SEER Registrar at: https://seer.cancer.gov/registrars/contact.html

Site-Specific Data Items Manual:
https://apps.naaccr.org/ssdi/list/?_gl=1*1le7hp5*_ga*MjEwMDgwOTYwOC4xNjcxMDQxMTc3*_ga_V7J8GWYK5P*MTY4ODc0MDAzMi4zNC4xLjE2ODg3NDEzMTguNjAuMC4w

Questions regarding SSDIs should be directed to the CAnswer Forum at: http://cancerbulletin.facs.org/forums/

Solid Tumor Rules: https://seer.cancer.gov/tools/solidtumor/

Questions regarding the Solid Tumor Rules should be directed to Ask a SEER Registrar at: https://seer.cancer.gov/registrars/contact.html

Summary Stage 2018: https://seer.cancer.gov/tools/ssm/

Questions regarding Summary Stage 2018 should be directed to Ask a SEER Registrar at: https://seer.cancer.gov/registrars/contact.html

16 Appendix D Revision Control

2026 Implementation Guidelines Revision Control			
Version Number	**Revision Date**	**Section**	**Revision Notes**
1.1	7/2025	9.1	The data item number for collection of Method of Detection for Breast changed from 101010 to 10110.
1.2	8/2025	5.5	Last bullet “For the Prostate Derived EOD…” change from bullet to paragraph.
1.2	8/2025	13	Change length of Geocoding Accuracy Type to 21.
1.3	10/2025	5.1	Solid Tumor Rules section replaced with current content.
1.3	10/2025	5.4	Last paragraph was updated to note that C10.1 was added for Oropharynx.
1.3	10/2025	9.3	Revised list of data items no longer required for 2026 or later.
1.3	10/2025	9.1	Updated statement to indicate submission of name fields is optional.