

TENNESSEE CANCER REGISTRY
 REQUIRED REPORTING STATUS
 NAACCR Record Version 26
 1/1/2026

NAACCR Item				
Number	Data Fields	Required	Comments/Special Codes	Note
570	Abstracted By	R		
550	Accession Number-Hosp	R		
70	Addr at DX--City	R		
102	Addr at Dx-Country	R		
2330	Addr at DX--No & Street	R		
100	Addr at DX--Postal Code	R		
80	Addr at DX--State	R		
2335	Addr at DX—Supplementl	R*	Required when applicable	
230	Age at Diagnosis	R		
2158	AJCC Cancer Surveillance DLL Version Current	D	Derived data item	
2159	AJCC Cancer Surveillance DLL Version Original	D	Derived data item	
995	AJCC ID	D	Derived data item	
442	Ambiguous Terminology Dx	RH	Required for cases diagnosed 1/1/2007- 12/31/2012	
430	Behavior (92-00) ICD-O-2	RH	Required for cases diagnosed prior to 01/01/2001	

TENNESSEE CANCER REGISTRY
 REQUIRED REPORTING STATUS
 NAACCR Record Version 26
 1/1/2026

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Number	Data Fields	Required	Comments/Special Codes	Note
523	Behavior Code ICD-O-3	R	Required for cases diagnosed on or after 01/01/2001	
254	Birthplace-Country	R*	Required when available	
252	Birthplace-State	R*	Required when available	
3816	Brain Molecular Markers	R	Primary site specific	
3964	Brain Primary Tumor Location	R	Primary site specific	
3817	Breslow Tumor Thickness	R	Primary site specific	
501	Casefinding Source	R*	Required when available	
1910	Cause of Death	R		
610	Class of Case	R		
2152	CoC Accredited Flag	R		
90	County at DX Reported	R	FIPS, 998 (non Tennessee resident)	
2810	CS Extension	RH	Required for cases diagnosed 1/1/2004 - 12/31/2015	
2830	CS Lymph Nodes	RH	Required for cases diagnosed 1/1/2004 - 12/31/2015	
2840	CS Lymph Node Eval	RH	Required for cases diagnosed 1/1/2004 - 12/31/2015	
2850	CS Mets at DX	RH	Required for cases diagnosed 1/1/2004 - 12/31/2015	

TENNESSEE CANCER REGISTRY
 REQUIRED REPORTING STATUS
 NAACCR Record Version 26
 1/1/2026

NAACCR Item				
Number	Data Fields	Required	Comments/Special Codes	Note
2851	CS Mets at DX-Bone	RH	Required for cases diagnosed 1/1/2010 - 12/31/2015	
2852	CS Mets at DX-Brain	RH	Required for cases diagnosed 1/1/2010 - 12/31/2015	
2853	CS Mets at DX-Liver	RH	Required for cases diagnosed 1/1/2010 - 12/31/2015	
2854	CS Mets at DX-Lung	RH	Required for cases diagnosed 1/1/2010 - 12/31/2015	
2860	CS Mets Eval	RH	Required for cases diagnosed 1/1/2004 - 12/31/2015	
2880	CS Site-Specific Factor 1	RH	Required for cases diagnosed 1/1/2004 - 12/31/2017	
2890	CS Site-Specific Factor 2	RH	Required for cases diagnosed 1/1/2004 - 12/31/2017	
2900	CS Site-Specific Factor 3	RH	Required for cases diagnosed 1/1/2004 - 12/31/2017	
2910	CS Site-Specific Factor 4	RH	Required for cases diagnosed 1/1/2004 - 12/31/2017	
2920	CS Site-Specific Factor 5	RH	Required for cases diagnosed 1/1/2004 - 12/31/2017	
2930	CS Site-Specific Factor 6	RH	Required for cases diagnosed 1/1/2004 - 12/31/2017	
2861	CS Site-Specific Factor 7	RH	Required for cases diagnosed 1/1/2010 - 12/31/2017	

TENNESSEE CANCER REGISTRY
 REQUIRED REPORTING STATUS
 NAACCR Record Version 26
 1/1/2026

NAACCR Item				
Number	Data Fields	Required	Comments/Special Codes	Note
2862	CS Site-Specific Factor 8	RH	Required for cases diagnosed 1/1/2010 - 12/31/2017	
2863	CS Site-Specific Factor 9	RH	Required for cases diagnosed 1/1/2010 - 12/31/2017	
2864	CS Site-Specific Factor 10	RH	Required for cases diagnosed 1/1/2010 - 12/31/2017	
2865	CS Site-Specific Factor 11	RH	Required for cases diagnosed 1/1/2010 - 12/31/2017	
2866	CS Site-Specific Factor 12	RH	Required for cases diagnosed 1/1/2010 - 12/31/2017	
2867	CS Site-Specific Factor 13	RH	Required for cases diagnosed 1/1/2010 - 12/31/2017	
2868	CS Site-Specific Factor 14	RH	Required for cases diagnosed 1/1/2010 - 12/31/2017	
2869	CS Site-Specific Factor 15	RH	Required for cases diagnosed 1/1/2010 - 12/31/2017	
2870	CS Site-Specific Factor 16	RH	Required for cases diagnosed 1/1/2010 - 12/31/2017	
2871	CS Site-Specific Factor 17	RH	Required for cases diagnosed 1/1/2010 - 12/31/2017	
2872	CS Site-Specific Factor 18	RH	Required for cases diagnosed 1/1/2010 - 12/31/2017	
2873	CS Site-Specific Factor 19	RH	Required for cases diagnosed 1/1/2010 - 12/31/2017	

TENNESSEE CANCER REGISTRY
 REQUIRED REPORTING STATUS
 NAACCR Record Version 26
 1/1/2026

NAACCR Item				
Number	Data Fields	Required	Comments/Special Codes	Note
2874	CS Site-Specific Factor 20	RH	Required for cases diagnosed 1/1/2010 - 12/31/2017	
2875	CS Site-Specific Factor 21	RH	Required for cases diagnosed 1/1/2010 - 12/31/2017	
2876	CS Site-Specific Factor 22	RH	Required for cases diagnosed 1/1/2010 - 12/31/2017	
2877	CS Site-Specific Factor 23	RH	Required for cases diagnosed 1/1/2010 - 12/31/2017	
2878	CS Site-Specific Factor 24	RH	Required for cases diagnosed 1/1/2010 - 12/31/2017	
2879	CS Site-Specific Factor 25	RH	Required for cases diagnosed 1/1/2010 - 12/31/2017	
2800	CS Tumor Size	RH	Required for cases diagnosed 1/1/2004 - 12/31/2015	
2820	CS Tumor Size/Ext Eval	RH	Required for cases diagnosed 1/1/2004 - 12/31/2015	
2936	CS Version Derived	RH		
2937	CS Version Input Current	R*	Required when available	
2935	CS Version Input Original	R*	Required when available	
2110	Date Case Report Exported	R		
580	Date of 1st Contact	R		

TENNESSEE CANCER REGISTRY
 REQUIRED REPORTING STATUS
 NAACCR Record Version 26
 1/1/2026

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Number	Data Fields	Required	Comments/Special Codes	Note
1270	Date of 1st Crs RX--COC	R		
240	Date of Birth	R		
443	Date of Conclusive Dx	RH	Required for cases diagnosed 1/1/2007 - 12/31/2012	
390	Date of Diagnosis	R		
1750	Date of Last Contact	R		
445	Date of Multiple Tumors	RH	Required for cases diagnosed 1/1/2007 - 12/31/2012	
2380	Death Certificate File Number	R*	Required when available	
3030	Derived AJCC--Flag	RH	Required for cases diagnosed 1/1/2004 - 12/31/2015	
2980	Derived AJCC-6 M	RH	Required for cases diagnosed 1/1/2004 - 12/31/2015	
2990	Derived AJCC-6 M Descriptor	RH	Required for cases diagnosed 1/1/2004 - 12/31/2015	
2960	Derived AJCC-6 N	RH	Required for cases diagnosed 1/1/2004 - 12/31/2015	
2970	Derived AJCC-6 N Descriptor	RH	Required for cases diagnosed 1/1/2004 - 12/31/2015	
3000	Derived AJCC-6 Stage Group	RH	Required for cases diagnosed 1/1/2004 - 12/31/2015	
2940	Derived AJCC-6 T	RH	Required for cases diagnosed 1/1/2004 - 12/31/2015	

TENNESSEE CANCER REGISTRY
 REQUIRED REPORTING STATUS
 NAACCR Record Version 26
 1/1/2026

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Number	Data Fields	Required	Comments/Special Codes	Note
2950	Derived AJCC-6 T Descriptor	RH	Required for cases diagnosed 1/1/2004 - 12/31/2015	
3420	Derived AJCC-7 M	RH	Required for cases diagnosed 1/1/2004 - 12/31/2015	
3422	Derived AJCC-7 M Descriptor	RH	Required for cases diagnosed 1/1/2004 - 12/31/2015	
3410	Derived AJCC-7 N	RH	Required for cases diagnosed 1/1/2004 - 12/31/2015	
3412	Derived AJCC-7 N Descriptor	RH	Required for cases diagnosed 1/1/2004 - 12/31/2015	
3430	Derived AJCC-7 Stage Group	RH	Required for cases diagnosed 1/1/2004 - 12/31/2015	
3400	Derived AJCC-7 T	RH	Required for cases diagnosed 1/1/2004 - 12/31/2015	
3402	Derived AJCC-7 T Descriptor	RH	Required for cases diagnosed 1/1/2004 - 12/31/2015	
3010	Derived SS1977	RH	Required for cases diagnosed 1/1/2004 - 12/31/2015	
3040	Derived SS1977--Flag	RH	Required for cases diagnosed 1/1/2004 - 12/31/2015	
3020	Derived SS2000	RH	Required for cases diagnosed 1/1/2004 - 12/31/2015	
3050	Derived SS2000--Flag	RH	Required for cases diagnosed 1/1/2004 - 12/31/2015	
490	Diagnostic Confirmation	R		

TENNESSEE CANCER REGISTRY
 REQUIRED REPORTING STATUS
 NAACCR Record Version 26
 1/1/2026

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Number	Data Fields	Required	Comments/Special Codes	Note
3829	Esophagus and EDJ Tumor Epicenter	R	Primary site specific	
3827	Estrogen Receptor Summary	R	Primary site specific	
3835	Fibrosis Score	R	Primary site specific	
1790	Follow-Up Source	R*	Required when available	
366	GIS Coordinate Quality		Coded by Central Registry Staff ONLY	
3838	Gleason Patterns Clinical	R	Primary site specific	
3839	Gleason Patterns Pathological	R	Primary site specific	
3840	Gleason Score Clinical	R	Primary site specific	
3841	Gleason Score Pathological	R	Primary site specific	
3842	Gleason Tertiary Pattern	R*	Primary site specific. Required when available	
440	Grade	RH	Required for cases diagnosed prior to 1/1/2018	
3843	Grade Clinical	R		
449	Grade Path System	RH	Required, when available, for cases diagnosed 1/1/2010 - 12/31/2013	
441	Grade Path Value	RH	Required, when available, for cases diagnosed 1/1/2010 - 12/31/2013	

TENNESSEE CANCER REGISTRY
 REQUIRED REPORTING STATUS
 NAACCR Record Version 26
 1/1/2026

NAACCR Item				
Number	Data Fields	Required	Comments/Special Codes	Note
3844	Grade Pathological	R		
1068	Grade Post Therapy Clin (yc)	R*	Required when available	
3845	Grade Post Therapy Path (yp)	R*	Required when available	
3855	HER2 Overall Summary	R	Primary site-specific	
420	Histology (92-00) ICD-O-2	RH	Required for cases diagnosed prior to 01/01/2001	
3960	Histologic Subtype	R*	Required site-specifically when available	
522	Histologic Type ICD-O-3	R	Required for cases diagnosed on or after 01/01/2001	
1920	ICD Revision Number	R	Must be code 1 if death occurred on or after 01/01/1999	
2116	ICD-O-3 Conversion Flag	R		
2410	Institution Referred From	R		
2420	Institution Referred To	R		
410	Laterality	R		
3932	LDH Lab Value	R	Primary site specific	
1182	Lymphovascular Invasion	R*	Required when available	

TENNESSEE CANCER REGISTRY
 REQUIRED REPORTING STATUS
 NAACCR Record Version 26
 1/1/2026

NAACCR Item				
Number	Data Fields	Required	Comments/Special Codes	Note
2300	Medical Record Number	R		
2315	Medicare Beneficiary Identifier	R*	Required when available	
1112	Mets at Dx-Bone	R		
1113	Mets at Dx-Brain	R		
1114	Mets at Dx-Distant LN	R		
1115	Mets at Dx-Liver	R		
1116	Mets at Dx-Lung	R		
1117	Mets at Dx-Other	R		
3890	Microsatellite Instability (MSI)	R*	Required site-specifically when available	Reportable for Corpus Carcinoma and Carcinosarcoma schema (00530) eff. 1/1/2026
470	Morphology Coding Sys--Current	R		
444	Multiple Tumors Reported As One Primary	RH	Required for cases diagnosed 1/1/2007 - 12/31/2012	
446	Multiplicity Counter	RH	Required for cases diagnosed 1/1/2007 - 12/31/2012	
50	NAACCR Record Version	R		

TENNESSEE CANCER REGISTRY
 REQUIRED REPORTING STATUS
 NAACCR Record Version 26
 1/1/2026

NAACCR Item				
Number	Data Fields	Required	Comments/Special Codes	Note
2280	Name--Alias	R		
2232	Name--Birth Surname	R	Use this data item to document the last name of the patient at birth regardless of gender or marital status.	
2240	Name--First	R		
2230	Name--Last	R		
2250	Name--Middle	R		
2260	Name--Suffix	R*	Required when applicable	
2465	NPI--Managing Physician	R	If the managing physician NPI number is not available, use the NPI number for any physician involved in the patient's cancer care. This field cannot be blank.	
545	NPI--Reporting Facility	R*	Required when available	
1985	Over-ride Acsn/Class/Seq	O	When coded, text must support code	
1990	Over-ride Age/Site/Morph	O	When coded, text must support code	
3750	Over-ride CS 1	O	When coded, text must support code	
3751	Over-ride CS 2	O	When coded, text must support code	
3752	Over-ride CS 3	O	When coded, text must support code	
3753	Over-ride CS 4	O	When coded, text must support code	

TENNESSEE CANCER REGISTRY
 REQUIRED REPORTING STATUS
 NAACCR Record Version 26
 1/1/2026

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Number	Data Fields	Required	Comments/Special Codes	Note
3754	Over-ride CS 5	O	When coded, text must support code	
3755	Over-ride CS 6	O	When coded, text must support code	
3756	Over-ride CS 7	O	When coded, text must support code	
3757	Over-ride CS 8	O	When coded, text must support code	
3758	Over-ride CS 9	O	When coded, text must support code	
3759	Over-ride CS 10	O	When coded, text must support code	
3760	Over-ride CS 11	O	When coded, text must support code	
3761	Over-ride CS 12	O	When coded, text must support code	
3762	Over-ride CS 13	O	When coded, text must support code	
3763	Over-ride CS 14	O	When coded, text must support code	
3764	Over-ride CS 15	O	When coded, text must support code	
3765	Over-ride CS 16	O	When coded, text must support code	
3766	Over-ride CS 17	O	When coded, text must support code	
3767	Over-ride CS 18	O	When coded, text must support code	
3768	Over-ride CS 19	O	When coded, text must support code	
3769	Over-ride CS 20	O	When coded, text must support code	
2040	Over-ride Histology	O	When coded, text must support code	

TENNESSEE CANCER REGISTRY
 REQUIRED REPORTING STATUS
 NAACCR Record Version 26
 1/1/2026

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Number	Data Fields	Required	Comments/Special Codes	Note
1986	Over-ride HospSeq/DxConf	O	When coded, text must support code	
1988	Over-ride HospSeq/Site	O	When coded, text must support code	
2060	Over-ride III define Site	O	When coded, text must support code	
2070	Over-ride Leuk, Lymphoma	O	When coded, text must support code	
2078	Over-ride Name/Sex	O	When coded, text must support code	
2050	Over-ride Report Source	O	When coded, text must support code	
2000	Over-ride SeqNo/DXConf	O	When coded, text must support code	
2071	Over-ride Site/Behavior	O	When coded, text must support code	
2074	Over-ride Site/Lat/Morph	O	When coded, text must support code	
2010	Over-ride Site/Lat/SeqNo	O	When coded, text must support code	
2030	Over-ride Site/Type	O	When coded, text must support code	
1981	Over-ride SS/Nodes Pos	O	When coded, text must support code	
1983	Over-ride SS/TNM_M	O	When coded, text must support code	
1982	Over-ride SS/TNM_N	O	When coded, text must support code	
2020	Over-ride Surg/DXConf	O	When coded, text must support code	
3956	p16	R	Primary site specific	
1174	PD-L1	R	Primary site specific	

TENNESSEE CANCER REGISTRY
 REQUIRED REPORTING STATUS
 NAACCR Record Version 26
 1/1/2026

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Number	Data Fields	Required	Comments/Special Codes	Note
1506	Phase I Radiation Treatment Modality	R		
1944	Place of Death-Country	R		
1942	Place of Death-State	R		
2690	Text--Place of Diagnosis	R*	Required when applicable and available	
1172	Post Transplant Lymphoproliferative Disorder-PTLD	R	Primary site specific	
630	Primary Payer at DX	R*	Required when available	
400	Primary Site	R		
3915	Progesterone Receptor Summary	R	Primary site specific	
3920	PSA (Prostatic Specific Antigen) Lab Value	R	Primary site specific	
160	Race 1	R		
161	Race 2	R		
162	Race 3	R		
163	Race 4	R		
164	Race 5	R		

TENNESSEE CANCER REGISTRY
 REQUIRED REPORTING STATUS
 NAACCR Record Version 26
 1/1/2026

NAACCR Item				
Number	Data Fields	Required	Comments/Special Codes	Note
1570	Rad—Regional RX Modality	RH	Required for cases 1/1/2006 - 12/31/2017	
1430	Reason for No Radiation	R		
1340	Reason for No Surgery	R		
10	Record Type	R	Must be A- Full case Abstract record type (incidence and confidential data plus text summaries; used for reporting to central registries).	
830	Regional Nodes Examined	R	Regional lymph nodes as defined by AJCC	
820	Regional Nodes Positive	R	Regional lymph nodes as defined by AJCC	
540	Reporting Facility	R	Must use Tennessee assigned facility ID code	
1460	RX Coding Sys--Current	R		
1240	RX Date- BRM	R		
1220	RX Date-Chemo	R		
1230	RX Date-Hormone	R		
3170	RX Date—Most Defin Surg	R		

TENNESSEE CANCER REGISTRY
 REQUIRED REPORTING STATUS
 NAACCR Record Version 26
 1/1/2026

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1250	RX Date--Other	R		
1210	RX Date--Radiation	R		
1200	RX Date--Surgery	R		
3230	Rx Date--Systemic	RH	Required for cases diagnosed 1/1/2009 - 12/31/2015	
720	RX Hosp—BRM	R-ACoS	Required from ACoS accredited facilities only	
700	RX Hosp—Chemo	R-ACoS	Required from ACoS accredited facilities only	
740	RX Hosp—DX/Stg Proc	R-ACoS	Required from ACoS accredited facilities only	
710	RX Hosp—Hormone	R-ACoS	Required from ACoS accredited facilities only	
730	RX Hosp—Other	R-ACoS	Required from ACoS accredited facilities only	
3280	Rx Hosp--Palliative Proc	R-ACoS	Required from ACoS accredited facilities only	
672	Rx Hosp—Scope Reg Ln Sur	R-ACoS	Required from ACoS accredited facilities only	
674	RX Hosp—Surg Oth Reg/Dis	R-ACoS	Required from ACoS accredited facilities only	

TENNESSEE CANCER REGISTRY
 REQUIRED REPORTING STATUS
 NAACCR Record Version 26
 1/1/2026

NAACCR Item				
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670	RX Hosp—Surg Prim Site 03-2022	RH	Required from ACoS accredited facilities only for cases diagnosed prior to 2023.	
671	RX Hosp—Surg Prim Site 2023	R-ACoS	Required from ACoS accredited facilities only	
1410	RX Summ--BRM	R		
1390	RX Summ--Chemo	R		
1400	RX Summ--Hormone	R		
1420	RX Summ--Other	R		
3270	RX Summ—Palliative Proc	R-ACoS	Required from ACoS accredited facilities only	
1360	RX Summ--Radiation	RH	Derived for cases 1/1/2008 - 12/31/2011	
1292	RX Summ--Scope Reg LN Surg	R		
1294	RX Summ--Surg Other Reg/Dis	R		
1290	RX Summ--Surg Primary Site 03-2022	RH	Required for cases diagnosed prior to 2023.	
1291	RX Summ--Surg Primary Site 2023	R		
1380	RX Summ--Surg/Rad Seq	R		

TENNESSEE CANCER REGISTRY
 REQUIRED REPORTING STATUS
 NAACCR Record Version 26
 1/1/2026

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Number	Data Fields	Required	Comments/Special Codes	Note
1639	Rx Summ--Systemic/Sur Seq	R		
3250	RX Summ—Transplnt/ Endocr	R		
1285	RX Summ--Treatment Status	R		
2660	RX Text--BRM	R	Required when corresponding treatment fields are coded	
2640	RX Text--Chemo	R	Required when corresponding treatment fields are coded	
2650	RX Text--Hormone	R	Required when corresponding treatment fields are coded	
2670	RX Text--Other	R	Required when corresponding treatment fields are coded	
2620	RX Text--Radiation (Beam)	R	Required when corresponding treatment fields are coded	
2630	RX Text--Radiation Other	R	Required when corresponding treatment fields are coded	
2610	RX Text--Surgery	R	Required when corresponding treatment fields are coded	
3926	Schema Discriminator 1	R	Primary site specific	
3927	Schema Discriminator 2	R	Primary site specific	
3800	Schema ID	D	Derived data item	

TENNESSEE CANCER REGISTRY
 REQUIRED REPORTING STATUS
 NAACCR Record Version 26
 1/1/2026

NAACCR Item				
Number	Data Fields	Required	Comments/Special Codes	Note
2117	Schema ID Version Current	D	Derived data item	
2118	Schema ID Version Original	D	Derived data item	
760	SEER Summary Stage 1977	RH	Required for cases diagnosed before 01/01/2001	
759	SEER Summary Stage 2000	RH	Required for cases diagnosed 1/1/2001 - 12/31/2003 and 1/1/2015 - 12/31/2017	
560	Sequence Number-Hospital	R		
225	Sex Assigned at Birth	R	This data item replaces NAACCR item 220 (Sex)	Newly required data item
450	Site Coding Sys--Current	R		
2320	Social Security Number	R		
190	Spanish/Hispanic Origin	R		
764	Summary Stage 2018	R	Required for cases diagnosed 1/1/2018 onward	
2550	Text--Dx Proc--Lab Tests	R	Required to support coding	
2560	Text--DX Proc--Op	R	Required to support coding	
2570	Text--DX Proc--Path	R	Required to support coding	

TENNESSEE CANCER REGISTRY
 REQUIRED REPORTING STATUS
 NAACCR Record Version 26
 1/1/2026

NAACCR Item				
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2520	Text--DX Proc--PE	R	Required to support coding	
2540	Text--Dx Proc--Scopes	R	Required to support coding	
2530	Text--Dx Proc--X-ray/scan	R	Required to support coding	
2590	Text--Histology Title	R	Required to support coding	
2580	Text--Primary Site Title	R	Required to support coding	
2600	Text--Staging	R	Required to support coding	
320	Text--Usual Industry	R*	Required when available	
310	Text--Usual Occupation	R*	Required when available	
980	TNM Clinical Descriptor	RH	See Staging System Requirements For 2015-2018 below for details	
960	TNM Clinical M	RH	See Staging System Requirements For 2015-2018 below for details	
950	TNM Clinical N	RH	See Staging System Requirements For 2015-2018 below for details	
970	TNM Clinical Stage Group	RH	See Staging System Requirements For 2015-2018 below for details	

TENNESSEE CANCER REGISTRY
 REQUIRED REPORTING STATUS
 NAACCR Record Version 26
 1/1/2026

NAACCR Item				
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990	TNM Clinical Staged By	RH	See Staging System Requirements For 2015-2018 below for details	
940	TNM Clinical T	RH	See Staging System Requirements For 2015-2018 below for details	
1060	TNM Edition Number	RH	See Staging System Requirements For 2015-2018 below for details	
920	TNM Path Descriptor	RH	See Staging System Requirements For 2015-2018 below for details	
900	TNM Path M	RH	See Staging System Requirements For 2015-2018 below for details	
890	TNM Path N	RH	See Staging System Requirements For 2015-2018 below for details	
910	TNM Path Stage Group	RH	See Staging System Requirements For 2015-2018 below for details	
930	TNM Path Staged By	RH	See Staging System Requirements For 2015-2018 below for details	
880	TNM Path T	RH	See Staging System Requirements For 2015-2018 below for details	
344	Tobacco Use Smoking Status	R*	Required when available	
756	Tumor Size Summary	R		
500	Type of Reporting Source	R		

TENNESSEE CANCER REGISTRY
 REQUIRED REPORTING STATUS
 NAACCR Record Version 26
 1/1/2026

NAACCR Item				
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2170	Vendor Name	R		
1760	Vital Status	R		
Staging System Requirements For 2015 - 2018				
Dx Year 2015-	Collaborative Staging (CS) System and SEER Summary 2000 Staging System required from all facilities. TNM required from ACoS facilities. (AJCC TNM required when available for non-ACoS facilities.)			
Dx Year 2016-	SEER Summary 2000 Staging System and TNM required from all facilities.			
Dx Year 2017-	SEER Summary 2000 Staging System and TNM required from all facilities.			
Dx Year 2018-	SEER Summary 2018 Staging System required from all facilities.			
	Codes			
	RH- Required Historically			
	R- Required			
	R*- Required when available			
	R-ACoS- Required from ACoS accredited facilities			
	O- Over-ride field			
	D- Derived			