

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

2027 Implementation Guidelines and Recommendations

For NAACCR Standards for Cancer Registries Data Standards and Data
Dictionary, Version 27
(effective with cases diagnosed on or after January 1, 2027)

Version 1

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Table of Contents

1	Introduction	6
2	New Data Items.....	6
2.1	Cancer Status – Following First Course TX [1769].....	6
2.2	Date of Cancer Status – Following First Course TX [1768].....	6
2.3	Geo Addresses at DX – No Street, City, State & Postal Code [105-108]	7
2.4	Over-ride Sex Assigned at Birth [2079]	8
2.5	SSDIs	8
2.5.1	Rectal Tumor Location [3965].....	8
2.5.2	Minor Salivary Tumor Location [3966]	8
2.5.3	Thoracic Nodal Stations 1-14 R/L Examined [3967-4008]	8
2.5.4	Thoracic Nodal Stations 1-14 R/L Positive [3967-4008].....	9
3	Revised Data Items	9
3.1	Class of Case [610]	9
3.2	Diagnostic Confirmation [490]	9
3.3	Disease Follow-up or 1st Recurrence/Progression [1880].....	9
3.4	Date Disease Follow up/1st Recurrence/Progression [1860]	10
3.5	Secondary Diagnosis 1-10 [3780-3798]	10
3.6	AJCC TNM T Fields	10
3.7	Site-Specific Data Items	10
3.7.1	Neoadjuvant Therapy Data Items: Neoadjuvant Therapy [1632], Neoadjuvant Therapy – Clinical Response [1633], Neoadjuvant Therapy – Treatment Effect [1634].....	10
3.7.2	Response to Neoadjuvant Therapy [3922]	11
3.7.3	HER2 IHC Summary [3850] and HER2 ISH Summary [3854]	11
3.7.4	Lymph Nodes Positive Axillary [3882].....	11
3.7.5	Schema Discriminator 1 [3926].....	11
3.7.6	High Risk Cytogenetics [3857].....	11
3.7.7	Microsatellite Instability (MSI) [3890]	11
3.7.8	Macroscopic Evaluation of the Mesorectum [3950]	11
3.7.9	Mitotic Rate Melanoma [3893] and Ulceration [3936]	11
3.7.10	PD-L1 [1174].....	11
3.8	Soft tissue schema redefine	12
3.9	NAACCR Record Version [50]	12

3.10	Morph Coding Sys--Current [470] and Morph Coding Sys--Original [480]	12
3.11	Schema ID Version Current [2117] and Schema ID Version Original [2118]	12
3.12	AJCC DLL/API	12
3.12.1	AJCC Cancer Surveillance DLL Version Current [2158] and AJCC Cancer Surveillance DLL Version Original [2159]	12
3.12.2	AJCC API Version Current [2156] and AJCC API Version Original [2157]:	12
3.12.3	Pediatric ID Version Current [1133] and Pediatric ID Version Original [1134]:	13
4	Retired Data Items	13
5	Other Changes	13
5.1	Conversions and Recalculations.....	13
5.2	Solid Tumor Rules	14
5.3	ICD-O-3 and Reportability	14
5.4	AJCC Cancer Surveillance DLL Change	14
5.5	AJCC Version 9 Protocols	14
5.6	Extent of Disease (EOD)	15
5.7	Pediatric Data Collection System (PDCS)	16
5.8	Hematopoietic and Lymphoid Neoplasms Manual and Database.....	16
6	Cancer PathCHART	17
6.1	Cancer PathCHART Site/Morphology Validation List	19
6.2	CPC*Search	19
7	XML	20
7.1	Date Fields.....	20
7.2	XML Software Utilities.....	21
7.3	Other Considerations	21
8	EDITS	21
8.1	v27 NAACCR Edits Metafile	21
8.2	Pediatric Edits Metafile	22
8.3	Running Edits on XML Files.....	23
9	Standard Setters Reporting Requirements	23
9.1	CoC Reporting Requirements.....	23
9.2	CDC NPCR Reporting Requirements	24
9.3	NCI SEER Reporting Requirements	25
9.4	CCCR Reporting Requirements	26

10	Summary for Central Cancer Registries	27
10.1	Central Registry XML User Dictionary	27
10.2	Central Registry Edits	27
10.3	Software Implementation Plan	28
10.4	Communication with Reporting Facilities and Software Vendors	29
10.5	Education and Training	30
11	Summary for Software Developers and Vendors	30
11.1	Identify Software Changes	30
11.2	Tracking Versions	34
11.3	Data Conversion	34
11.4	XML Repository and Edits Clearinghouse	34
11.5	Staging	34
11.6	Programming, Testing, and Implementation	34
11.7	Help Files	35
11.8	Technical Support and Training	35
12	Summary for Hospital Cancer Registrars and Reporting Facilities	35
12.1	Case Abstracting Considerations	35
12.2	Communication with Central Cancer Registries and Software Vendors	35
12.3	Education and Training	36
13	Appendix A New and Revised Data Items	37
13.1	New Data Items	37
13.2	Revised Data items	39
14	Appendix B Conversions, Recalculations and Manual Review Logs	41
15	Appendix C Source References	42
16	Appendix D Revision Control	44

2027 Implementation Guidelines Task Force

Member	Organization
David Angelaszek, MS	Information Management Services, Inc.
Claudia Byrd, BS, RN, ODS-C	American College of Surgeons Cancer Programs
Ghenadie Ciornii, BSIT, CPBI	California Cancer Registry
Angela Costantini, BA, ODS-C	NCRA Representative
Sandra Gamber, BA, ODS-C, CCS-P	Elekta
Cathleen Geiger	New Hampshire State Cancer Registry (NHSCR)
Donna Gress, RHIT, ODS-C	American College of Surgeons Cancer Programs
Raelene Hobson, ODS-C	Saskatchewan Cancer Agency
Jim Hofferkamp, BA, ODS-C	North American Association of Central Cancer Registries
Samantha Holland, BHSc, ODS-C	Canadian Cancer Registry - Statistics Canada
Annette Hurlbut, RHIT, ODS-C	Elekta
Jenna Mazreku, ODS-C	California Cancer Registry
Meaghan O'Malley, BS	C/NET Solutions
Katerina Pugsley, ODS-C	NeuralFrame
Sandra Reay, BA, ODS-C	Utah Cancer Registry
Pamela Sanchez, MPH, ODS-C	National Cancer Institute-SEER
Nicola Schussler, BS	Information Management Services, Inc.
Moses Villa, BA	C/NET Solutions
Aleisha Williams, MBA, ODS-C	American College of Surgeons Cancer Programs
Reda Wilson, MPH, ODS-C	Tanaq Consultant, National Program of Cancer Registries (NPCR)
Carla Woodward, MSW, ODS-C	NeuralFrame

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 27 (referred to as Data Standards and Data Dictionary, v27). The 2027 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 2027 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, v27, 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 3.4.

2.1 Cancer Status Following First Course TX [1769]

Cancer Status-Following First Course Tx [1769] has been introduced to identify the cancer status of the patient following completion of first course treatment (not including long term maintenance therapy) for cases diagnosed 1/1/2027 forward. This data item does **not** change if the patient has a recurrence or relapse allowing for a set point for calculating a disease-free period.

2.2 Date of Cancer Status Following First Course TX [1768]

Date Cancer Status – Following First Course Tx [1768] has been introduced to document the date of cancer status of the patient’s disease after completion of the first course treatment. This date correlates to the status recorded in Cancer Status – Following First Course TX for cases diagnosed 1/1/2027 forward. This data item does **not** change if the patient has a recurrence or relapse allowing for a set point to calculate a disease-free period. Record in CCYYMMDD format.

2.3 Geo Addresses at DX – No Street, City, State & Postal Code [105-108]

A *Fit-For-Use Task Force* under the NAACCR Geocoding Data Quality Working Group is evaluating the NAACCR recommended Geocoder – called Geocodio. This team is developing quality assurance measures which can be reviewed at <https://www.naacr.org/gis-resources/#1718042516172-895b9fd0-c634>.

The three major issues under review by this task force are:

- Address Quality
- Census Tract Quality
- County Quality

This year's effort focuses on address quality noting the following fundamental relationship between a user's database input into a geocoder and the output from that geocoder.

How Geocoders Work

Most turn-key geocoding software packages today 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 including latitude, longitude, quality criteria, and most importantly, output street, city, zip, and state. The output address is *an interpretation* of the input address relative to a reference database of addresses accessed by the software. Those output addresses are used to calculate the latitude, longitude, and other geocode quality criteria. A problem clearly arises when the input address from a user's database is significantly different from the output address in the geocoder. Essentially, a geocoder *should* return geocoded results that have high quality geographic information, but that quality is *only* with respect to the interpreted address by the software and not necessarily the input address from the user's database.

Updates to the NAACCR Standard Data Dictionary

This year, four new variables are introduced to store the output geocode addresses as NAACCR variables:

Table 1: New NAACCR Geocode Variables		
Data Item Number	Data Item Name	XML NAACCR ID
105	Geo Addr at DX--No Street	geoAddrAtDxNoStreet
106	Geo Addr at DX--City	geoAddrAtDxCity
107	Geo Addr at DXState an edit error	geoAddrAtDxState
108	Geo Addr at DX--Postal Code	geoAddrAtDxPostalCode

These new variables have the same length and edit requirements as their input non-geocoded complements [2330], [70], [80], and [100], respectively. These variables are updated exclusively at the central registry level.

As a guideline, an effective first-order check on a black-box geocoder is to identify those output addresses that deviate significantly from the input addresses. The differences should be checked to see if there are:

- Input issues, which are the responsibility of the input users to correct
- Software processing issues, which should be reported to [Recinda Sherman](#).

Ongoing work within the *Fit-For-Use Task Force* includes new analysis tools to identify significant differences between user input addresses and geocoded output addresses.

2.4 Over-ride Sex Assigned at Birth [2079]

This over-ride is used with the Sex Assigned at Birth, Primary Site (SEER) N7210 Edit to flag when a record has been reviewed and although the data recorded may be unusual, are correct.

If a patient is assigned a code 1 (male) or 9 (unknown) for Sex Assigned at Birth and a Primary Site of C510-C589 (female genital organs) or a patient assigned 2 (female) or 9 (unknown) with Primary Site of C600-C639 (male genital organs) it will trigger an edit. If the codes are confirmed correct, code 1 may be assigned in Over-ride Sex Assigned at Birth to allow the edit to pass. This over-ride may be used for all diagnosis years.

2.5 SSDIs

New SSDIs 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 3.4 provides changes to existing notes, codes, and code descriptions.

2.5.1 Rectal Tumor Location [3965]

Rectal tumor location has been added to the Rectum schema. This will identify the location of the tumor as above, below or straddling the peritoneal reflection based on the operative report or imaging. This SSDI applies to cases diagnosed on January 1, 2027, or later; cases diagnosed prior to that must be left blank.

2.5.2 Minor Salivary Tumor Location [3966]

There are no ICD-O-3 topography codes that can describe the anatomical location of a minor salivary gland. For Minor Salivary Glands, Primary Site [400] should be coded C069, and Schema Discriminator 1 [3926] is used to indicate Minor Salivary Glands. Length of this data item is 4 characters. Minor Salivary Tumor Location will determine the anatomical location of the minor salivary gland once the cancer has been assigned to the Minor Salivary Gland schema. This SSDI applies to cases diagnosed on January 1, 2027, or later; cases diagnosed prior to that must be left blank.

2.5.3 Thoracic Nodal Stations 1-14 R/L Examined [3967-4008]

Thoracic nodal stations examined are added to Lung V9 (09360). These will be evaluated independently for each station as well as laterality (right and left). This will record the station examined rather than the

number of lymph nodes removed. These SSDIs apply to cases diagnosed on January 1, 2027, or later; cases diagnosed prior to that must be left blank.

2.5.4 Thoracic Nodal Stations 1-14 R/L Positive [3967-4008]

Thoracic nodal stations positive are added to Lung V9 (09360). These will be evaluated independently for each station examined as well as laterality (right and left). These will record the positive lymph node stations rather than the number of lymph nodes positive. These SSDIs apply to cases diagnosed on January 1, 2027, or later; cases diagnosed prior to that must be left blank.

Based on volume of fields (42) and incidence of surgery for lung cases, CoC recommends that data items Thoracic Nodal Stations 1-14 R/L Examined and Thoracic Nodal Stations 1-14 R/L Positive [3967-4008] be defaulted to code 7 where Date of Initial Diagnosis is greater than 12/31/2026 and forward.

3 Revised Data Items

3.1 Class of Case [610]

Class of Case [610] was revised to remove codes 11 and 12. Cases diagnosed at the reporting facility will no longer need to be differentiated from hospital versus a physician's office. Beginning with cases diagnosed 1/1/2027 codes 11 and 12 may c be used only for cases diagnosed prior to diagnosis year 2027.

3.2 Diagnostic Confirmation [490]

Diagnostic Confirmation Code 3 (Positive histology PLUS: Positive immunophenotyping AND/OR Positive genetic studies) for Hematopoietic Neoplasms ONLY (9590-9993) is being discontinued. In addition, all Heme cases with a code of 3 with diagnostic confirmation will be converted to 1 for all years. Conversion specifications are available in separate spreadsheet at <https://www.naaccr.org/implementation-guidelines/>.

Applying this change will be limited until the registry software is updated, including the edits metafile. There are currently edits that enforce a code 3 for specific histologies. The edits are being adjusted.

After the registry implements their 2027 changes, including the edits metafile, code 3 will no longer be allowed.

3.3 Disease Follow-up or 1st Recurrence/Progression [1880]

Previously named Type of Recurrence--1st [1880]. This data item has been revised (including the data item name). The following revisions have been made:

- Data item name has changed.
- Identifies the patient's current disease status until first recurrence, progression, or death.
Previously only recorded the first recurrence.
- Codes have been condensed (33 codes -> 11)
 - Allowable Values for diagnosis year 2027 and later : 00, 04, 06, 10, 20, 40, 70, 80, 88, 98, and 99.
 - See STORE 2026 for list of allowable values for cases diagnosed prior to 2027.
- NEW codes 80 & 98

- 80 - Patient has never been disease-free and has documentation of progression of disease.
- 98 - Physician documented recurrence but collected as a new primary (Solid Tumor Rules).

3.4 Date Disease Follow up/1st Recurrence/Progression [1860]

Previously Date of First Recurrence--1st [1860]. This data item has been revised (including the data item name). The following revisions have been made:

- Data item name has changed.
- Records the most current date on which the patient's disease status was followed up and corresponds to the information identified in Disease Follow-up/First Recurrence/Progression data item [1880]. *Previously did not record follow up status in this data item.*

3.5 Secondary Diagnosis 1-10 [3780-3798]

Removed coding restrictions and allowed all valid ICD-10-CM codes for cases diagnosed 2027 and later. This change does not apply to cases diagnosed prior to 2027. A list of valid ICD-10-CM codes is available at <https://www.cdc.gov/nchs/icd/icd-10-cm/>.

3.6 AJCC TNM T Fields

The AJCC TNM Clin T [1001], AJCC TNM Path T [1011], AJCC TNM Post Therapy Clin (yc) T [1062] and AJCC TNM Post Therapy Path (yp) T [1021] have expanded to a length of 18 in order to allow for new values in the Breast Version 9 Protocol (see Section 5.5). No conversion is necessary.

3.7 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.

Changes to SSDIs 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 3.4 provides changes to existing notes, codes, and code descriptions.

3.7.1 Neoadjuvant Therapy Data Items: Neoadjuvant Therapy [1632], Neoadjuvant Therapy – Clinical Response [1633], Neoadjuvant Therapy – Treatment Effect [1634]

SEER's Neoadjuvant data items, which were implemented in 2021 and have been in the SEER Manual, are being categorized as SSDIs. In addition, these data items will no longer be coded for the Hematopoietic Schemas and the Summary Stage schemas.

The codes for the SSDI Neoadjuvant Data Items will be changed to align with the general setup for the SSDIs. (Example: No neoadjuvant therapy will now be coded as 7). Neoadjuvant Therapy – Clinical Response [1633] had been changed to length 2. All data for 2021+ will need to be converted when the software is updated. The conversion specifications are included in an excel spreadsheet titled [NAACCR 2027 Conversion Specifications and Staging Schema Redefine](#) located on the NAACCR Implementation Guidelines page.

3.7.2 Response to Neoadjuvant Therapy [3922]

The Breast schema has been revised to align with the general Neoadjuvant Therapy data items (section 3.4). The data will need to be converted when the software is updated. The conversion specifications are included in an excel spreadsheet titled [NAACCR 2027 Conversion Specifications and Staging Schema Redefine](#) located on the NAACCR Implementation Guidelines page.

3.7.3 HER2 IHC Summary [3850] and HER2 ISH Summary [3854]

These two Breast schema SSDI's have not been required by standard setters since 2021. They will be collected again for cases diagnosed in 2027 and later. Coding instructions have been updated, but allowable values have not changed. For cases diagnosed in 2021-2026, these data items may be set to blank.

3.7.4 Lymph Nodes Positive Axillary [3882]

This Breast schema SSDI Lymph Nodes Positive Axillary Level I-II has been renamed Lymph Nodes Positive Axillary. It now includes breast regional node levels I, II and III axillary nodes.

3.7.5 Schema Discriminator 1 [3926]

This field has been added to the schemas for Mouth Other (00077) and Minor Salivary Glands (09083) in order to differentiate how Primary Site C069 (Mouth, NOS/Minor Salivary Gland) is being used.

3.7.6 High Risk Cytogenetics [3857]

This field for Plasma Cell Myeloma has had codes 2 and 3 added which can be used for all cases, but no review or conversion are recommended.

3.7.7 Microsatellite Instability (MSI) [3890]

This is an existing SSDI for the Colon (00201), Rectum 8th and V9 (00202, 09202) and Corpus Carcinoma and Carcinosarcoma (00530). It is now added to Kidney Renal Pelvis (00610). For Kidney Renal Pelvis and Ureter cases diagnosed prior to January 1, 2027, Microsatellite Instability must be left blank. Also, a new code (3) has been added to indicate an indeterminate or equivocal test result. The new code allows these results to be separated from previously coded (9) unknown value. This code change will be applied to all MSI schemas for cases diagnosed 2027 and later ONLY.

3.7.8 Macroscopic Evaluation of the Mesorectum [3950]

This field is categorized as an SSDI and will only apply to Rectum 8th and V9 (00202, 09202).

3.7.9 Mitotic Rate Melanoma [3893] and Ulceration [3936]

These fields have been added to Melanoma Conjunctiva V9 (09660) for 2027 and later.

3.7.10 PD-L1 [1174]

PD-L1 for Lung V9 has been revised, and the coding has been simplified. Laboratory values are no longer collected; only the interpretation/result is captured. The values were shortened from a length of 5 to a length of 1. All existing data will need to be converted. The conversion specifications are included in an excel spreadsheet titled [NAACCR 2027 Conversion Specifications and Staging Schema Redefine](#) located on the NAACCR Implementation Guidelines page.

3.8 Soft tissue schema redefine

The schema redefine is an effort which recategorizes certain site and histology combinations from one schema (i.e., Soft Tissue) to another (i.e., site based). Through the conversion program, applicable cases will be reassigned to the appropriate schema based on their histology codes. The number of conversions specifications is substantial, but the actual volume of records affected by the schema redefine is expected to be minimal and no manual review is required. While manual review is not anticipated, some minor edit errors may occur due to cases being reassigned to different schemas. Any data quality issues present prior to conversion will persist afterward. The conversion process does not correct pre-existing problems. The conversion specifications are included in an excel spreadsheet titled [NAACCR 2027 Conversion Specifications and Staging Schema Redefine](#) located on the NAACCR Implementation Guidelines page.

3.9 NAACCR Record Version [50]

Code 270 is added for 2027 version 27.

3.10 Morph Coding Sys--Current [470] and Morph Coding Sys--Original [480]

There are no ICD-O-3 changes for 2027; no new codes have been added to the Morph Coding Sys fields.

3.11 Schema ID Version Current [2117] and Schema ID Version Original [2118]

Code 3.4 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 2027 diagnosis year, if a 2018-2026 case is collected after the system is updated, the Schema ID Version Original should be set to 3.4.

3.12 AJCC DLL/API

Note: The versioning of the AJCC API and DLL may be updated after the release of the 2027 Implementation Guidelines. See [Cancer Staging System Products](#) for the most current information.

3.12.1 AJCC Cancer Surveillance DLL Version Current [2158] and AJCC Cancer Surveillance DLL Version Original [2159]

Code 09.05.00.0001 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 v27. 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 2027 diagnosis year, if a 2018-2026 case is collected after the system is updated, the AJCC Cancer Surveillance DLL Version Original [2159] should be set to 09.05.00.0001.

3.12.2 AJCC API Version Current [2156] and AJCC API Version Original [2157]:

Code 09.05.00 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 v27. 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 2027 diagnosis year, if a 2018-2026 case is collected after the system is updated, the AJCC API Version Original [2157] should be set to 09.05.00.

3.12.3 Pediatric ID Version Current [1133] and Pediatric ID Version Original [1134]:

Code 1.4 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, 2026, 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 2027 diagnosis year, if a 2018-2026 case is collected after the system is updated, the Pediatric ID Version Original should be set to 1.4.

4 Retired Data Items

No data items were retired with v27 NAACCR Data Dictionary.

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/>).

5 Other Changes

5.1 Conversions and Recalculations

The conversion specifications are included in an excel spreadsheet titled [NAACCR 2027 Conversion Specifications and Staging Schema Redefine](#) located on the NAACCR Implementation Guidelines page.

Below is a listing of the v27 conversions. A brief description of each conversion can be found in the noted sections:

- [Hematopoietic/Diagnostic Confirmation](#)
- [Cervical Lymph Nodes and Unknown Primary of Head & Neck and Grade](#)
- [Breast and Derived Summary Grade](#)
- [Neoadjuvant data items](#)
- [Breast and Response to Neoadjuvant Therapy](#)
- [Lung and PD-L1](#)
- [NAACCR Record Version](#)
- [Schema ID Version Current and Original](#)
- [AJCC Cancer Surveillance DLL Version Current and Original](#)
- [AJCC API Version Current and Original](#)
- [Pediatric ID Version Current and Original](#)
- [Soft tissue schema redefine](#)
- [Colon and Rectum Schema split](#)
- [Pleural Mesothelioma and Primary Site and EOD Primary Tumor - see conversion specs](#)
- [Breast 8th and EOD Primary Tumor](#)
- [Melanoma Conjunctiva 8th and EOD Primary Tumor](#)
- [Conjunctiva and Derived SS2018](#)

- [Melanoma Conjunctiva and Derived SS2018](#)
- [Oropharynx HPV Associated V9 and Derived EOD 2018 Stage Group](#)
- [Thyroid and Derived EOD 2018 T and Derived EOD 2018 Stage Group](#)

5.2 Solid Tumor Rules

The Solid Tumor Rules are a comprehensive revision to the 2007 site specific Multiple Primary and Histology Rules (MP/H), which were developed to promote consistent and standardized coding for cancer surveillance. Beginning January 1, 2022, the 2018 Solid Tumor Rules are now called “Solid Tumor Rules” and no longer include year. The General Instructions and each site-specific module include instructions on which rules to use depending on diagnosis date. The content of the Solid Tumor Rules will be made consistent with the Cancer PathCHART tumor site and morphology standards annually. For 2027, the histology tables for the cutaneous melanoma site group will be updated to align with Cancer PathCHART standards. Also, for 2027, morphologies in the 5th edition World Health Organization Classification of Endocrine and Neuroendocrine Tumours book will be updated to be valid in Cancer PathCHART. Corresponding terms and codes will be updated in the Solid Tumor Rules histology tables for endocrine organ sites.

The addition of new terminology, clarifications to equal/equivalent terms, and clarifications to terms that are not equal/equivalent comprise most of the changes for 2027.

Modifications to the definition of recurrence and the application of the timing rules are being reviewed for implementation in 2027.

5.3 ICD-O-3 and Reportability

There are no code changes for ICD-O-3 cases diagnosed in 2027. New and related terms for ICD-O-3 are posted on the NAACCR [website](#).

5.4 AJCC Cancer Surveillance DLL Change

AJCC developed a new AJCC Cancer Surveillance DLL (V27) 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.

5.5 AJCC Version 9 Protocols

AJCC Cancer Staging System will release six Version 9 Protocols to go into effect with cases diagnosed January 1, 2027, and forward:

- Breast (9019)
- Colon (9020)
- Rectum (9021)
- Conjunctival Carcinoma (9022)
- Conjunctival Melanoma (9023)
- Lacrimal Gland Carcinoma (9024)

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

5.6 Extent of Disease (EOD)

For cases diagnosed January 1, 2027, and forward, new schemas are added to align with changes in AJCC version 9 (V9):

- Minor Salivary Glands [V9: 2027] (09082)
- Colon and Rectosigmoid Junction [V9: 2027] (09201)
- Rectum [V9: 2027] (09202)
- Breast [V9: 2027] (09480)
- Conjunctiva [V9: 2027] (09650)
- Melanoma Conjunctiva [V9: 2027] (09660)
- Lacrimal Gland [V9: 2027] (09690)

The existing related schemas have “[8th: 2018-2026]” appended to the name (for example, [8th: Breast 2018-2026]) 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, 2026.

Minor Salivary Glands (09082) is a brand new schema and Summary Stage 2018 chapter for 2027.

Schema Colon and Rectum was split into 2 schemas for 8th edition based schemas and existing cases must be updated. This change is to align with the AJCC version 9 protocol split of Colon and Rectum. There are now two schemas for 8th edition: Colon and Rectosigmoid Junction (2018-2026) (00201) and Rectum (2018-2026) (00202). The schema was split solely on primary site. Schema ID must be updated and for Colon and Rectosigmoid Junction, Macroscopic Evaluation of Mesorectum [3950] must be set to blank. No other changes or review is necessary.

Below is a brief description of other data conversions related to EOD, SSDIs, Grade, and Summary Stage.

- Cervical Lymph Node Head & Neck and Grade: Grade does not apply to this schema and the conversion will set all Grade fields that currently have a value to 8 for diagnosis years 2018 and later.
- Breast and Derived Summary Grade: the calculation table for Derived Summary Grade [1975] was modified so inappropriate grades for the behavior are no longer returned. Previously coded cases should be either recalculated or converted.
- Pleural Mesothelioma and Primary Site and EOD Primary Tumor: for Pleural Mesothelioma, the Primary Site [400] should not be C34_, and will be converted to C384. For such cases, if the EOD Primary Tumor [772] was set to 050, 100 or 200, it will be changed to 999.
 - *If AJCC Staging is collected, the change in primary site will make these cases eligible for AJCC staging. After conversion the TNM and stage group values should be reviewed and coded. If Surgery Primary Site was performed, surgery items should be reviewed and coded appropriately. EOD 2018, SS2018, SSDIs, and Grade do not need review as the schema has not changed.*
- Breast 8th and EOD Primary Tumor: the EOD Primary Tumor [772] for Breast 8th included 2 codes which have become obsolete. These codes will be converted and the obsolete codes will be removed from both Breast 8th and Breast V9.
- Melanoma Conjunctiva 8th and EOD Primary Tumor: the EOD Primary Tumor [772] for Melanoma Conjunctiva 8th included 650 which has become obsolete. This code will be converted and the obsolete code will be removed from Melanoma Conjunctiva 8th. This also impacts the Derived Summary Stage 2018 [762] result.

- Conjunctiva and Derived SS2018: for Conjunctive, the Derived Summary Stage 2018 [762] calculation depends on the EOD 2018 input fields. The EOD Primary Tumor [772] value of 650 was contributing 'RE' and should have been contributing 'D'. This conversion only needs to be applied in central registries that calculate the Derived Summary Stage 2018 [762].
- Melanoma Conjunctiva and Derived SS2018: for Melanoma Conjunctive, the Derived Summary Stage 2018 [762] calculation depends on the EOD 2018 input fields. The EOD Primary Tumor [772] value of 750 was contributing 'RE' and should have been contributing 'D'. This conversion only needs to be applied in central registries that calculate the Derived Summary Stage 2018 [762]
- Oropharynx HPV Associated V9 and Derived EOD 2018 Stage Group: the calculation table for Derived EOD 2018 Stage Group [818] was corrected to include calculations when Derived EOD 2018 Primary Tumor [785] = TX. This had been returning the error code 90 and such cases will need to be recalculated or converted. This conversion only needs to be applied in central registries that calculate the Derived EOD 2018 Stage Group.
- Thyroid and Derived EOD 2018 T and Derived EOD 2018 Stage Group: for Thyroid, the Derived EOD 2018 T [785] calculation depends on Tumor Size Summary [756]. The Tumor Size break point of 040 was incorrectly assigned to the higher value and has been corrected to be T2. This also affects the Derived EOD 2018 Stage Group [818]. This conversion only needs to be applied in central registries that calculate the Derived EOD 2018 fields.

Some Extent of Disease fields changed to improve clarity or to address questions that were raised in the various forums. These changes are documented in the change log which can be accessed on <https://seer.cancer.gov/tools/staging/eod/>.

5.7 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/>.

SEER requires the collection of the PDCS data items for all cases diagnosed 1/1/2025 and forward to ensure complete capture of pediatric cancers. Beginning 1/1/2027 forward applicable pediatric cases between the age of 0-39 are required. Previously, applicable pediatric cases between the age of 0-19 were required and 20-39 were optional.

5.8 Hematopoietic and Lymphoid Neoplasms Manual and Database

Changes to Hematopoietic were minimal and mostly included typos. A few clarifications were added to the manual regarding first course of treatment. 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

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	2026
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	
Skin	Skin	2027
Hematolymphoid Morphologies	All Sites (Bone Marrow, Lymph Nodes, Extranodal Lymphomas, etc.)	
Endocrine**	Adrenal Cortex; Adrenal Medulla; Adrenal Gland, NOS; Aortic Body and Other Paraganglia; Carotid Body; Craniopharyngeal Duct; Parathyroid Gland; Pineal Gland; Pituitary Gland; Thyroid	2028
Endocrine (completion)**	Adrenal Cortex; Adrenal Medulla; Adrenal Gland, NOS; Aortic Body and Other Paraganglia; Carotid Body; Craniopharyngeal Duct; Parathyroid Gland; Pineal Gland; Pituitary Gland; Thyroid	
Eye and Orbit	Choroid; Ciliary Body; Conjunctiva; Cornea; Lacrimal Drainage System; Orbit; Retina	

*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.

**For endocrine organ primary sites, the site-morphology combinations in the 5th edition *World Health Organization Classification of Endocrine and Neuroendocrine Tumours* book were updated to valid for implementation in 2027. Validity statuses for all other morphologies at endocrine organ sites will be implemented in 2028.

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, 2026, and 2027, the fall 2026 release of the Cancer PathCHART ICD-O-3 Site Morphology Validation Lists will be 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.

The 2027 CPC SMVL will be released for implementation on January 1, 2027, for cases diagnosed beginning in 2027 and will incorporate updates to tumor site-morphology combination validity status.

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 between versions, and products.

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](#) and [Isaac Hands](#) are the work group co-chairs.

8 EDITS

8.1 v27 NAACCR Edits Metafile

The initial release of the v27 metafile is scheduled for August 29, 2026 at <https://www.naacccr.org/standard-data-edits/>.

The v27 metafile includes corrections to edits for cases diagnosed through 2026, updates to edits for 2027 changes to existing data items, and new edits for new and existing data items. The NAACCR v27 Change Spreadsheet includes:

- “Corrections” page listing corrected edits.
- “Updates 2027” page listing modifications to existing edits for 2027 changes.
 - Data Items with conversion, changes effective with implementation date of item:
 - Diagnostic Confirmation – code 3 retired
 - Schema ID
 - Histologies moved from soft tissue schemas to primary site schemas
 - Colon and Rectum separated into two Schemas for 2018-2026, Colon and Rectosigmoid (00201), and Rectum (00202)
 - Neoadjuvant Therapy, Neoadjuvant Therapy-Clinical Response, Neoadjuvant Therapy-Treatment Effect – new coding structures
 - PD-L1 – new coding structure

- Data items without conversion, changes effective with 2027
 - Class of Case – Codes 11 and 12 no longer valid
 - Secondary Diagnosis 1-10 – All ICD-10-CM codes are available
 - Sentinel Lymph Nodes Positive and Examined – collected for all schemas
 - Recurrence Type-1st – multiple codes retired, new codes 80 and 98
 - Macroscopic Evaluation of the Mesorectum [3950]-reclassified as an SSDI and will only apply to Rectum 8th and V9 (00202, 09202)
- New AJCC Version 9 protocols:
 - Minor Salivary Glands (AJCC ID 9017, Schema ID 09082)
 - Colon and Rectosigmoid (AJCC ID 9020, Schema ID 09201)
 - Rectum (AJCC ID 9021, Schema ID 09202)
 - Breast (AJCC ID 9019, Schema ID 09480)
 - Carcinoma Conjunctiva (AJCC ID 9022, Schema ID 09650)
 - Melanoma Conjunctiva (AJCC ID 9023, Schema ID 09660)
 - Lacrimal Gland (AJCC ID 9024, Schema ID 09690)
- SSDIs collected for new schemas
 - Microsatellite Instability (MSI) collected for Kidney Renal Pelvis
 - Mitotic Rate Melanoma, Ulceration collected for Melanoma Conjunctiva
- Other SSDI changes
 - HER2 IHC Summary, HER2 ISH Summary for Breast
 - LN Positive Axillary – Level III included for Breast
 - High Risk Cytogenetics – new codes 2 and 3 for Plasma Cell Myeloma
- “New Edits” page listing all new edits for both existing and new data items.
 - New SSDI data items
 - Schema Discriminator 1, Minor Salivary Location collected for Minor Salivary Glands
 - Rectal Tumor Location collected for Rectum
 - Thoracic Nodal Station Examined and Positive, Stations 1L, 1R, 2L, 2R, 3a, 3p, 4L, 4R, 5, 6, 7, 8L, 8R, 9L, 9R, 10L, 10R, 11L, 11R, 12L-14L, 12R-14R collected for Lung
 - Other new data items
 - Cancer Status—Following First Course TX
 - Date of Cancer Status—Following First Course TX
 - Over-ride Sex Assigned at Birth
 - Geo Addr at DX—City, No Street, Postal Code, State – derived items
- “Categories” page grouping new and changed edits by types of changes made.

The v27 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 Pediatric Edits Metafile

Edits developed for the pediatric data items are available on the [NAACCR Edits](#) page. Multiple metafiles are available and differ by the diagnosis year for which the pediatric data items are required.

8.3 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 especially 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, 2027, and forward, all CoC accredited programs should follow the rules and instructions in STORE 2027. A summary of the STORE 2027 changes is included in the STORE Manual chapter “Summary of Changes”.

CoC Accredited programs will collect these New data items effective for cases diagnosed 2027+

- Cancer Status - Following First Course Tx [1769]
- Date of Cancer Status - Following First Course Tx [1768]

CoC Accredited programs will collect these New SSDI items effective for cases diagnosed 2027+

- Thoracic Nodal Stations 1-14 R/L Examined & Thoracic Nodal Stations 1-14 R/L Positive [3967-4008]
- Rectal Tumor Location [3965]
- Salivary Gland Schema Discriminator [3926]
- Minor Salivary Gland Tumor Location [3966]
- Macroscopic Evaluation of the Mesorectum [3950] (existing data item moved to SSDI)

CoC will collect these Revised data items for cases diagnosed 2027+

- The AJCC TNM Post Therapy Clin (yc) staging for T, N, and M will be required for all cases regardless of a planned or cancelled surgery beginning for diagnosis 2027+.
- Disease Follow-up or 1st Recurrence/Progression [1880]
- Date Disease follow up/1st Recurrence/Progression [1860]
- Class of Case [610] codes 11&12 were removed
- Secondary Diagnosis (1-10) ICD-10-CM code restrictions lifted, include any valid ICD-10-CM code

CoC Accredited programs will collect these Revised SSDI for cases diagnosed 2027+

- Treatment Effect [1634], colon & rectum Only
 - Tumor Regression Score [1634] (alternate name)
- HER2 IHC [3850] was optional, now required
- HER2 ISH [3854] was optional, now required
- Microsatellite Instability (MSI) [3890] adding new primary kidney renal pelvis and ureter schema.

- MSI [3890] codes/code definitions changed
- PD-L1 [1174] codes/code definitions changed

CoC Accredited programs will continue collecting patient name fields as optional for cases diagnosed in 2026 and forward:

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

The STORE Manual 2027 will be 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, 2027, and forward, CDC-NPCR will adopt the new record format and data collection requirements as published in the Data Standards and Data Dictionary, v27. Refer to the CDC-NPCR requirements listed in the Data Standards and Data Dictionary, v27, Required Status Table. Share these requirements with your software vendors and key stakeholders.

CDC-NPCR will require the following new data items:

- Geo Addr at DX--No Street [105]*
- Geo Addr at DX--City [106]*
- Geo Addr at DX--State [107]*
- Geo Addr at DX--Postal Code [108]*
- Over-ride Sex Assigned at Birth [2079]
- Minor Salivary Tumor Location [3966]

**Derived at the central registry. Not collected by reporting facilities.*

Microsatellite Instability [3890] will not be required for Kidney Renal Pelvis. NPCR will continue to require Microsatellite Instability [3890] for Colon and Rectum (2018-2025) and Corpus Carcinoma and Carcinosarcoma (2026 forward).

Schema Discriminator 1 [3926] will be required for Salivary Gland and all other schemas indicated in the Site Specific Data Item (SSDI) Manual version 3.4. RX Coding System-Current [1460] and ICD-O-3 Conversion Flag [2116] are no longer required.

Changes in NPCR Data Item Requirement Status			
Item Number	Item Name	V26 Requirement	V27 Requirement
82	State at DX Geocode 2000	D	RH*
95	County at DX Geocode 2000	D	RH*

339	RUCA 2000	D	RH*
345	URIC 2000	D	RH*
1460	RX Coding System--Current	R	.
2116	ICD-O-3 Conversion Flag	R	.
2935	CS Version Input Original	R*	RH*
2937	CS Version Input Current	R*	RH*

Staging Requirements for 2027 Diagnosis

CDC-NPCR requirements for directly assigned Summary Stage 2018 [764], Summary Stage 1977 [760], Summary Stage 2000 [759], and CS Derived Summary Stage 2000 [3020] have not changed. If voluntarily capturing AJCC TNM, SEER EOD, and/or Pediatric Data Collection System (PDCS) 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.

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, 2027, SEER registries will follow the instructions in the 2027 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.

Data Items Required for v27 or Later, Not Previously Required	
Item #	Item Name
105	Geo Addr at DX--No Street*
106	Geo Addr at DX--City*
107	Geo Addr at DX--State*
108	Geo Addr at DX-- Postal Code*
3966	Minor Salivary Tumor Location
1768	Date of Cancer Status – Following First Course TX
1769	Cancer Status – Following First Course TX
2079	Over-ride Sex Assigned at Birth
3850	HER2 IHC Summary
3854	HER2 ISH Summary

*Derived at the central registry level. Not collected by reporting facilities.

Schema Discriminator 1 [3926] has been added to schemas for Mouth Other (Schema ID = 00077) and Minor Salivary Glands (Schema ID = 09083) in order to differentiate how C069 is being used.

Microsatellite instability [3890] which was required for all Colon and Rectum and Corpus Carcinoma and Carcinosarcoma cases, will also be required for all Kidney Renal Pelvis (Schema ID = 00610) cases diagnosed January 1, 2027. Cases diagnosed prior to 1/1/2027 must be left blank. Additionally, a new code 3 has been introduced to represent an indeterminate or equivocal result (previously grouped with unknown). Code 3 will only be available for cases diagnosed 2027+.

Reportability instructions for coding prostate and liver cases have changed. These changes were implemented immediately in 2026 to all incoming prostate and liver cases. Cases with a PI-RADS or LI-RADS report with scores 4 or 5 are no longer reportable alone. PI-RADS and/or LI-RADS confirmed with a biopsy or physician statement are reportable to SEER. The date of the biopsy or definitive physician statement is the date of diagnosis. Please note that there is no recommendation to review older cases. Apply this rule on the next prostate or liver case you abstract.

SEER is collecting all eligible cases for the Pediatric Data Collection System between the age 0-39 diagnosed 1/1/2027+. Previously (2025-2026), they were required when available for ages 0-19 with 20-39 being optional.

See the Required Status Table in NAACCR Data Standards and Data Dictionary, v27 for more information.

Submit questions about SEER requirements to [Ask A SEER Registrar](#).

9.4 CCCR Reporting Requirements

For cases diagnosed on or after January 1, 2027, the Canadian Council of Cancer Registries (CCCR) will adopt the data collection and submission requirements outlined in the *NAACCR Data Standards and Data Dictionary*, Version 27 Required Status Table.

For diagnoses from January 1, 2027, onward, Canada will continue collecting TNM stage data using the *AJCC Cancer Staging Manual*, 8th Edition and Version 9. In 2027, AJCC Version 9 staging will apply to the following schemas: Minor Salivary Glands, Colon and Rectosigmoid Junction, Rectum, Breast, Conjunctiva, Melanoma Conjunctiva, and Lacrimal Gland. Details on new and revised SSDIs are available in the *NAACCR SSDI Manual*. Additional requirements can be found in the *2027 Canadian SSDI spreadsheet* and the *2027 Canadian Cancer Registry Variable Specifications*.

Canada will implement updates to ICD-O-3.2 in accordance with the *NAACCR ICD-O-3 Implementation Guidelines* for cases diagnosed on or after January 1, 2027. Further details are provided in the *2027 Canadian Cancer Registry Reference Tables*. Canada will also adopt any updates to the *NAACCR Grade Manual* and the *Solid Tumor Rules* applicable to cases diagnosed from January 1, 2027, onward.

Cases will be submitted to the Canadian Cancer Registry as part of Statistics Canada's Call for Data process. Provincial and territorial cancer registries should refer to the *2027 Canadian Cancer Registry*

Record Layout and accompanying data provider documentation for a complete set of reporting requirements.

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 v27 edits metafile. Also, the updated SEER*Edits will be released after the NAACCR v27 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 6.1](#) 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.

Central registry metafiles and associated documentation, including instructions for use and change logs, 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 may 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 v27 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. 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 by October 1, 2026.

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 2027 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 v27 format, and subsequent announcement when the v27 format is being accepted.
- The EDITS Metafile and Edit Set must be run on v27 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 v27 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 v26 records for diagnosis years 2026 and earlier until all reporting facilities are converted to v27.

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 v27 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

Each registry software vendor should review this entire document to determine how revisions will affect their operations.

Until a state registry is fully converted to [Data Standards and Data Dictionary](#) v27 software vendors will need to provide continued support for reporting and processing of records for 2026 and earlier diagnoses except where a facility's database has been converted to version 27 software structure.

Regarding 2027 data changes, software vendors will be responsible for identifying required software changes; accommodating new, retired 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: • Rectal Tumor Location [3965] • Minor Salivary Tumor Location [3966]

Section #	Section Contents
	• Thoracic Nodal Station 1L Examined [3967] • Thoracic Nodal Station 1R Examined [3968] • Thoracic Nodal Station 2L Examined [3969] • Thoracic Nodal Station 2R Examined [3970] • Thoracic Nodal Station 3a Examined [3971] • Thoracic Nodal Station 3p Examined [3972] • Thoracic Nodal Station 4L Examined [3973] • Thoracic Nodal Station 4R Examined [3974] • Thoracic Nodal Station 5 Examined [3975] • Thoracic Nodal Station 6 Examined [3976] • Thoracic Nodal Station 7 Examined [3977] • Thoracic Nodal Station 8L Examined [3978] • Thoracic Nodal Station 8R Examined [3979] • Thoracic Nodal Station 9L Examined [3980] • Thoracic Nodal Station 9R Examined [3981] • Thoracic Nodal Station 10L Examined [3982] • Thoracic Nodal Station 10R Examined [3983] • Thoracic Nodal Station 11L Examined [3984] • Thoracic Nodal Station 11R Examined [3985] • Thoracic Nodal Station 12L-14L Examined [3986] • Thoracic Nodal Station 12R-14R Examined [3987] • Thoracic Nodal Station 1L Positive [3988] • Thoracic Nodal Station 1R Positive [3989] • Thoracic Nodal Station 2L Positive [3990] • Thoracic Nodal Station 2R Positive [3991] • Thoracic Nodal Station 3a Positive [3992] • Thoracic Nodal Station 3p Positive [3993] • Thoracic Nodal Station 4L Positive [3994] • Thoracic Nodal Station 4R Positive [3995] • Thoracic Nodal Station 5 Positive [3996] • Thoracic Nodal Station 6 Positive [3997] • Thoracic Nodal Station 7 Positive [3998] • Thoracic Nodal Station 8L Positive [3999] • Thoracic Nodal Station 8R Positive [4000] • Thoracic Nodal Station 9L Positive [4001] • Thoracic Nodal Station 9R Positive [4002] • Thoracic Nodal Station 10L Positive [4003] • Thoracic Nodal Station 10R Positive [4004] • Thoracic Nodal Station 11L Positive [4005] • Thoracic Nodal Station 11R Positive [4006] • Thoracic Nodal Station 12L-14L Positive [4007] • Thoracic Nodal Station 12R-14R Positive [4008] New Tumor level Demographic data items: • Geo Addr at DX--No Street [105]

Section #	Section Contents
	• Geo Addr at DX--City [106] • Geo Addr at DX--State [107] • Geo Addr at DX--Postal Code [108] <i>Items 105-108 are derived at the central registry level. They are not collected by reporting facilities.</i> New Demographic level Overrides: • Over-ride Sex Assigned at Birth [2079] New Follow-up/Recurrence data items: • Date of Cancer Status Following First Course Tx [1768] • Cancer Status Following First Course Tx [1769]
3	Revised items: (ordered by NAACCR ID #) • Diagnostic Confirmation [490] – code 3 discontinued for Hematopoietic Neoplasms ONLY (9590-9993) • Class of Case [610] – removing codes 11 and 12 • PD-L1 [1174] – coding format revised • Date Disease follow up/1st Recurrence/Progression [1860] (previously named “Date First Recurrence”) • Disease Follow-up or 1st Recurrence/Progression [1880] (previously named “Type of First Recurrence”) • HER2 IHC Summary [3850] – codes and descriptions revised • HER2 ISH Summary [3854] – codes and descriptions revised • High Risk Cytogenetics [3857] – codes and descriptions added • LN Positive Axillary Nodes [3882] – field name change • Microsatellite Instability (MSI) [3890] – added to schema 00610 • Mitotic Rate Melanoma [3893] – added to schema 09660 • Schema Discriminator 1 [3926]-added to schemas 00077 and 09083 • Ulceration [3936] – added to schema 09660 • Macroscopic Evaluation of the Mesorectum [3950] – added to schema 09202 • Secondary Diagnosis Codes Expanded to Allow All Valid ICD-10-CM codes: ○ Secondary Diagnosis 1 [3780] ○ Secondary Diagnosis 2 [3782] ○ Secondary Diagnosis 3 [3784] ○ Secondary Diagnosis 4 [3786] ○ Secondary Diagnosis 5 [3788] ○ Secondary Diagnosis 6 [3790] ○ Secondary Diagnosis 7 [3792] ○ Secondary Diagnosis 8 [3794] ○ Secondary Diagnosis 9 [3796] ○ Secondary Diagnosis 10 [3798] • Existing Fields Becoming SSDIs: ○ Neoadjuvant Therapy [1632] ○ Neoadjuvant Therapy-Clinical Response [1633] ○ Neoadjuvant Therapy-Treatment Effect [1634] • Coding System Data Item Updates for: ○ Schema ID Version Current [2117] and Original [2118]

Section #	Section Contents
	○ 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]
5.1	Conversions and Recalculations
5.2	Solid Tumor Rules
5.3	Reportability
5.5	AJCC Protocols
5.6	EOD 2018 changes
5.8	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
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 '270' meaning '2027 Version 27'.

11.3 Data Conversion

The CDC will provide a [NorthCon 270](#) Registry Plus Utility Program conversion utility for the conversions provided in [Appendix B](#) and for the changes going from v26 to v27. NorthCon27.exe is a freestanding program for Microsoft Windows that converts files of cancer registry records from NAACCR 26 to NAACCR 27. NorthCon 27 will include the latest nconv27.dll, which can be used by software vendors to perform conversion in their applications.

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. Pediatric edit metafiles have been posted. They are available on the [NAACCR Edits](#) page.

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 2027 cases. Software vendors should provide programming instructions to their developers to support the necessary changes for the Data Standards and Data Dictionary, v27, 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 27 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, v27 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, v27 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, 2027, 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 2027 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 v27 NAACCR Edits Metafile. Use the v27 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 2027 and the implementation of these new fields will likely enhance the education and training opportunities for registrars. Registrars should register for standard setter ListServes 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 and Revised Data Items

13.1 New Data Items

Data Item Number	Data Item Name	XML NAACCR ID	Parent XML Element	Section Name
105	Geo Addr at DX--No Street	geoAddrAtDxNoStreet	Tumor	Demographic
106	Geo Addr at DX--City	geoAddrAtDxCity	Tumor	Demographic
107	Geo Addr at DX--State	geoAddrAtDxState	Tumor	Demographic
108	Geo Addr at DX--Postal Code	geoAddrAtDxPostalCode	Tumor	Demographic
1768	Date of Cancer Status Following First Course of TX	dateOfCaStatusFollowing1stCrTx	Tumor	Follow-up/Recurrence/Death
1769	Cancer Status Following First Course of TX	cancerStatusFollowing1stCrTx	Tumor	Follow-up/Recurrence/Death
2079	Over-ride Sex Assigned at Birth	overRideSexAssignedAtBirth	Patient	Edit Overrides/Conversion History/System Admin
3965	Rectal Tumor Location	rectalTumorLocation	Tumor	Stage/Prognostic Factors
3966	Minor Salivary Tumor Location	minorSalivaryTumorLocation	Tumor	Stage/Prognostic Factors
3967	Thoracic Nodal Station 1L Examined	thoracicNodalStation1LEx	Tumor	Stage/Prognostic Factors
3968	Thoracic Nodal Station 1L Positive	thoracicNodalStation1LPos	Tumor	Stage/Prognostic Factors
3969	Thoracic Nodal Station 1R Examined	thoracicNodalStation1REx	Tumor	Stage/Prognostic Factors
3970	Thoracic Nodal Station 1R Positive	thoracicNodalStation1RPos	Tumor	Stage/Prognostic Factors
3971	Thoracic Nodal Station 2L Examined	thoracicNodalStation2LEx	Tumor	Stage/Prognostic Factors
3972	Thoracic Nodal Station 2L Positive	thoracicNodalStation2LPos	Tumor	Stage/Prognostic Factors
3973	Thoracic Nodal Station 2R Examined	thoracicNodalStation2REx	Tumor	Stage/Prognostic Factors
3974	Thoracic Nodal Station 2R Positive	thoracicNodalStation2RPos	Tumor	Stage/Prognostic Factors
3975	Thoracic Nodal Station 3a Examined	thoracicNodalStation3aEx	Tumor	Stage/Prognostic Factors
3976	Thoracic Nodal Station 3a Positive	thoracicNodalStation3aPos	Tumor	Stage/Prognostic Factors
3977	Thoracic Nodal Station 3p Examined	thoracicNodalStation3pEx	Tumor	Stage/Prognostic Factors

3978	Thoracic Nodal Station 3p Positive	thoracicNodalStation3pPos	Tumor	Stage/Prognostic Factors
3979	Thoracic Nodal Station 4L Examined	thoracicNodalStation4lEx	Tumor	Stage/Prognostic Factors
3980	Thoracic Nodal Station 4L Positive	thoracicNodalStation4lPos	Tumor	Stage/Prognostic Factors
3981	Thoracic Nodal Station 4R Examined	thoracicNodalStation4rEx	Tumor	Stage/Prognostic Factors
3982	Thoracic Nodal Station 4R Positive	thoracicNodalStation4rPos	Tumor	Stage/Prognostic Factors
3983	Thoracic Nodal Station 5 Examined	thoracicNodalStation5Ex	Tumor	Stage/Prognostic Factors
3984	Thoracic Nodal Station 5 Positive	thoracicNodalStation5Pos	Tumor	Stage/Prognostic Factors
3985	Thoracic Nodal Station 6 Examined	thoracicNodalStation6Ex	Tumor	Stage/Prognostic Factors
3986	Thoracic Nodal Station 6 Positive	thoracicNodalStation6Pos	Tumor	Stage/Prognostic Factors
3987	Thoracic Nodal Station 7 Examined	thoracicNodalStation7Ex	Tumor	Stage/Prognostic Factors
3988	Thoracic Nodal Station 7 Positive	thoracicNodalStation7Pos	Tumor	Stage/Prognostic Factors
3989	Thoracic Nodal Station 8L Examined	thoracicNodalStation8lEx	Tumor	Stage/Prognostic Factors
3990	Thoracic Nodal Station 8L Positive	thoracicNodalStation8lPos	Tumor	Stage/Prognostic Factors
3991	Thoracic Nodal Station 8R Examined	thoracicNodalStation8rEx	Tumor	Stage/Prognostic Factors
3992	Thoracic Nodal Station 8R Positive	thoracicNodalStation8rPos	Tumor	Stage/Prognostic Factors
3993	Thoracic Nodal Station 9L Examined	thoracicNodalStation9lEx	Tumor	Stage/Prognostic Factors
3994	Thoracic Nodal Station 9L Positive	thoracicNodalStation9lPos	Tumor	Stage/Prognostic Factors
3995	Thoracic Nodal Station 9R Examined	thoracicNodalStation9rEx	Tumor	Stage/Prognostic Factors
3996	Thoracic Nodal Station 9R Positive	thoracicNodalStation9rPos	Tumor	Stage/Prognostic Factors
3997	Thoracic Nodal Station 10L Examined	thoracicNodalStation10lEx	Tumor	Stage/Prognostic Factors
3998	Thoracic Nodal Station 10L Positive	thoracicNodalStation10lPos	Tumor	Stage/Prognostic Factors
3999	Thoracic Nodal Station 10R Examined	thoracicNodalStation10rEx	Tumor	Stage/Prognostic Factors
4000	Thoracic Nodal Station 10R Positive	thoracicNodalStation10rPos	Tumor	Stage/Prognostic Factors

4001	Thoracic Nodal Station 11L Examined	thoracicNodalStation11lEx	Tumor	Stage/Prognostic Factors
4002	Thoracic Nodal Station 11L Positive	thoracicNodalStation11lPos	Tumor	Stage/Prognostic Factors
4003	Thoracic Nodal Station 11R Examined	thoracicNodalStation11rEx	Tumor	Stage/Prognostic Factors
4004	Thoracic Nodal Station 11R Positive	thoracicNodalStation11rPos	Tumor	Stage/Prognostic Factors
4005	Thoracic Nodal Station 12L-14L Examined	thoracicNodalStation12l14lEx	Tumor	Stage/Prognostic Factors
4006	Thoracic Nodal Station 12L-14L Positive	thoracicNodalStation12l14lPos	Tumor	Stage/Prognostic Factors
4007	Thoracic Nodal Station 12R-14R Examined	thoracicNodalStation12r14rEx	Tumor	Stage/Prognostic Factors
4008	Thoracic Nodal Station 12R-14R Positive	thoracicNodalStation12r14rPos	Tumor	Stage/Prognostic Factors

13.2 Revised Data items

Data Item Number	Data Item Name	XML NAACCR ID	Parent XML Element	Section Name
			NaaccrData	
50	NAACCR Record Version	naaccrRecordVersion	ata	Record ID
490	Diagnostic Confirmation	diagnosticConfirmation	Tumor	Cancer Identification
610	Class of Case	classOfCase	Tumor	Hospital-Specific
1133	Pediatric ID Version Current	pediatricIdVersionCurrent	Tumor	Stage/Prognostic Factors
1135	Toronto Version Number	torontoVersionNumber	Tumor	Stage/Prognostic Factors
1174	PD-L1	pdl1	Tumor	Stage/Prognostic Factors
1632	Neoadjuvant Therapy	neoadjuvantTherapy	Tumor	Treatment-1st Course
1633	Neoadjuvant Therapy-Clinical Response	neoadjuvTherapyClinicalResponse	Tumor	Treatment-1st Course
1634	Neoadjuvant Therapy-Treatment Effect	neoadjuvTherapyTreatmentEffect	Tumor	Treatment-1st Course
1860	Date Disease follow up/ 1st Recurrence/Progression	recurrenceDate1st	Tumor	Follow-up/Recurrence/Death
1880	Disease Follow-up or 1st Recurrence/Progression	recurrenceType1st	Tumor	Follow-up/Recurrence/Death
2117	Schema ID Version Current	schemaldVersionCurrent	Tumor	Edit Overrides/Conversion History/System Admin
2118	Schema ID Version Original	schemaldVersionOriginal	Tumor	Edit Overrides/Conversion History/System Admin
3780	Secondary Diagnosis 1	secondaryDiagnosis1	Tumor	Stage/Prognostic Factors
3782	Secondary Diagnosis 2	secondaryDiagnosis2	Tumor	Stage/Prognostic Factors
3784	Secondary Diagnosis 3	secondaryDiagnosis3	Tumor	Stage/Prognostic Factors

3786	Secondary Diagnosis 4	secondaryDiagnosis4	Tumor	Stage/Prognostic Factors
3788	Secondary Diagnosis 5	secondaryDiagnosis5	Tumor	Stage/Prognostic Factors
3790	Secondary Diagnosis 6	secondaryDiagnosis6	Tumor	Stage/Prognostic Factors
3792	Secondary Diagnosis 7	secondaryDiagnosis7	Tumor	Stage/Prognostic Factors
3794	Secondary Diagnosis 8	secondaryDiagnosis8	Tumor	Stage/Prognostic Factors
3796	Secondary Diagnosis 9	secondaryDiagnosis9	Tumor	Stage/Prognostic Factors
3798	Secondary Diagnosis 10	secondaryDiagnosis10	Tumor	Stage/Prognostic Factors
3850	HER2 IHC Summary	her2IhcSummary	Tumor	Stage/Prognostic Factors
3854	HER2 ISH Summary	her2IshSummary	Tumor	Stage/Prognostic Factors
3857	High Risk Cytogenetics	highRiskCytogenetics	Tumor	Stage/Prognostic Factors
3882	LN Positive Axillary Level I-II	lnPositiveAxillaryLevel1To2	Tumor	Stage/Prognostic Factors
3890	Microsatellite Instability (MSI)	microsatelliteInstability	Tumor	Stage/Prognostic Factors
3893	Mitotic Rate Melanoma	mitoticRateMelanoma	Tumor	Stage/Prognostic Factors
3926	Schema Discriminator 1	schemaDiscriminator1	Tumor	Stage/Prognostic Factors
3936	Ulceration	ulceration	Tumor	Stage/Prognostic Factors

14 Appendix B Conversions, Recalculations and Manual Review Logs

The conversion specifications are included in an excel spreadsheet titled [NAACCR 2027 Conversion Specifications and Staging Schema Redefine](#) located on the NAACCR Implementation Guidelines page.

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. Please contact ajcc@facs.org.

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/>

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/>

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 Implementation Guidelines: <https://www.naaccr.org/icdo3/>

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/>

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

2027 Implementation Guidelines Revision Control			
Version Number	Revision Date	Section	Revision Notes