



Alabama
Statewide
Cancer
Registry

ALABAMA DATA ACQUISITION MANUAL

Prepared by the

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Bureau of Family Health Services
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INTRODUCTION

Current estimates indicate that one out of every four Americans will develop a malignancy during their lifetime and approximately half will die from their malignancy. Alabama's cancer mortality rate exceeds the rate for the United States. In 2015, the American Cancer Society projected 26,200 new cancer cases would be diagnosed in Alabama. Although cancer takes a heavy toll in Alabama, no statewide data were systematically collected on the number of Alabamians affected by this disease until the implementation of the Alabama Statewide Cancer Registry (ASCR) in 1996. Through the great efforts from the ASCR and registrars statewide in the past twenty years, the data in the ASCR's central repository has consistently reached national standards in completeness, timeliness, and quality.

Cancer registration is an important and fundamental tool in assessing the true extent of cancer in Alabama. The data collected through the statewide cancer registry can be used for epidemiological studies, medical research, and cancer control planning. This central repository of information is a valuable and essential tool in the identification of populations at high risk for cancer, the monitoring of cancer incidence trends, the facilitation of studies related to cancer prevention, the evaluation of cancer control initiatives, and the development of educational awareness programs. In summary, the Alabama Statewide Cancer Registry is a critical program for understanding and controlling cancer in Alabama.

The ASCR is funded through the Centers for Disease Control and Prevention (CDC) National Program of Cancer Registries. CDC has established national standards to ensure the completeness, timeliness and quality of cancer registry data. In addition, CDC recommends that central registries incorporate standards for data quality and format as described by the North American Association of Central Cancer Registries (NAACCR). NAACCR annually reviews member registries' abilities to produce complete, accurate and timely data. Registries that meet the highest standards receive NAACCR certification. This achievement would not be possible without the prompt and accurate reporting from hospitals, healthcare providers and reporting facilities throughout Alabama.

ALABAMA LAW 95-275

The Alabama Statewide Cancer Registry (ASCR), with authorization from legislative Act 95-275, titled the "Alabama Statewide Cancer Registry Act," enacted in July 1995, began collecting required information effective January 1, 1996, on each cancer patient diagnosed or treated at a hospital, clinical laboratory, cancer treatment center, or physician's office within the state of Alabama. Act 95-275 was amended in 2004 to require the reporting of all confirmed cases of cancer and benign brain-related tumors. Each health care facility or provider is required to report cancer cases to the ASCR according to the conditions set forth in the Rules of the State Board of Health (Chapter 420-7-3). The Rules were also amended in 2004 to require the reporting of benign brain tumors. A copy of Act 95-275 and the Rules of the State Board of Health can be found on the ASCR website at www.adph.org/ASCR.

CONFIDENTIALITY

Data obtained under the Alabama Statewide Cancer Registry Act are for the confidential use of the Alabama Department of Public Health and the persons designated by the State Health Officer

to carry out the interests of the Act. The data are privileged and may not be divulged or made public in a manner that discloses the identity of the patient or the reporting facility or physician. Information revealing the caseload of a particular facility or health care professional is also confidential. All reporting entities that comply with the Alabama Statewide Cancer Registry Act in good faith are immune from liability for furnishing the required information to the ASCR.

EFFECTS OF HIPAA

HIPAA does not affect surveillance programs such as the ASCR or hospital-based cancer registries, and does not supersede existing state law. Section 512 part (b) of the HIPAA regulations state:

(b) Standard: uses and disclosures for public health activities.

(1) Permitted disclosures: A covered entity may disclose protected health information for the purpose of preventing or controlling disease, injury, or disability, including, but not limited to, the reporting of disease, injury, vital events such as birth or death, and the conduct of public health surveillance, public health investigations, and public health interventions; or, at the direction of a public health authority, to an official of a foreign government agency that is acting in collaboration with a public health authority;" Disclosure is permissible to a public health authority authorized by law to collect or receive such information for the purpose of preventing or controlling disease...including...reporting of disease...and the conduct of public health surveillance...". In other words, HIPAA provided for public health surveillance activities such as cancer registries. As cancer reporting to the ASCR is required by public health law and rules and this requirement is often fulfilled by the hospital-based cancer registry, they are also given access, by law, to all records. All reporting facilities and providers are acting as representatives of the ADPH in collecting and reporting cancer information. And, as a representative, they have full access to the medical records, as is defined in Alabama Act 95-275.

DISCLOSURE OF DATA

The Alabama Statewide Cancer Registry (ASCR) **may** exchange patient-specific information with the reporting facility or clinical facility for the purpose of obtaining information necessary to complete a case record, provided these facilities comply with all ASCR confidentiality policies.

To achieve complete case ascertainment, the ASCR **may** exchange patient-specific information with other state cancer registries if reciprocal data sharing agreements and confidentiality provisions are in place.

The ASCR **may** grant researchers access to confidential information concerning cancer patients, provided the research project has been approved by the Review Board of the Alabama Statewide Cancer Registry Advisory Council, the Internal Review Board of the Alabama Department of Public Health, and where pertinent, the research university's Internal Review Board **and** the researcher has complied with the provisions **and** confidentiality policies mandated by the Alabama Statewide Cancer Registry's requests for confidential data.

REPORTING REQUIREMENTS

All healthcare facilities and/or providers diagnosing or providing treatment to cancer patients shall report complete abstracts on each case of confirmed cancer on a monthly basis, **by the last date of each month**, in the prescribed format within 180 days of admission or diagnosis. (Example: January cases will be submitted on or before July 1st, February cases submitted on or before August 1st, etc.) This method allows the ASCR to receive continuous reporting in a timely manner.

Healthcare facilities with an established cancer registry must report each case of cancer in the NAACCR Record Layout utilizing the software program of their choice.

Facilities without an established cancer registry must report each case of cancer in the NAACCR Record Layout, and must establish a reporting mechanism through direct reporting, partnering with an established cancer registry, or contracting with a Certified Tumor Registrar. All cases are to be reported in the NAACCR Record Layout format utilizing the software program of their choice. The ASCR offers a cancer abstraction software program at no charge.

Healthcare providers (specifically physicians) diagnosing or providing treatment to cancer patients each year must report each confirmed case of cancer not previously reported by a healthcare facility.

REQUIRED DATA ELEMENTS

All machine-readable reports of confirmed cases of cancer submitted to the ASCR shall include but not be limited to the NAACCR data items. Any further demographic, diagnostic, treatment or follow-up information is to be provided upon request by the ASCR concerning any person now or formerly receiving services, diagnosed as having or having had a malignant neoplasm. Additionally, the ASCR shall be permitted access to all records, including death certificates, which would identify confirmed cases of cancer or would establish characteristics of the cancer, treatment of the cancer, or medical status of any identified cancer patient.

REPORTING FORMATS

Cancer cases may be reported using the following formats determined according to your caseload:

1) **Internet Data Transfer** (Required for use by all reporting facilities.)

The Alabama Statewide Cancer Registry (ASCR) offers Internet data submission designed to allow for more efficient data management and information retrieval. To maintain the strictest confidentiality, the ASCR has implemented a secure data transfer system – Web Plus, using 128-bit encryption, the highest security available. A facility is required to complete a Web Plus Account Request Form in order to receive access permission. A user ID and password will be issued from the ASCR before a facility can log onto the Web Plus.

Each month, your facility will log onto Web Plus via the secure server, to submit data files or retrieve data reports. Access is limited to authorized individuals only: your facility cancer registrar and ASCR staff. Once a file has been transferred, the secure server encrypts the file, completes the transfer, and notifies ASCR staff that a file is present on the secure server. The file remains encrypted while ASCR staff are transferring the file from the secure server to our departmental server for processing. This server is housed in the central office of the Alabama Department of Public Health. This step provides additional security to prohibit unauthorized access to this confidential information.

The ASCR offers all reporting sources two cancer abstraction software options at no charge: Abstract Plus and Web Plus. Both programs support ASCR state reporting requirements only.

1) Abstract Plus (Stand Alone Program for Local Computer)

Abstract Plus is an abstracting tool used to summarize the medical record into an electronic report of cancer diagnosis and treatment by abstractors and other individuals or groups who work with cancer data. Data is maintained on a local hard drive at the reporting facility until exported and submitted to the ASCR monthly.

2) Web Plus (Direct Internet Data Entry)

Web Plus is also used as a Web-based application to collect cancer data securely over the Internet. Data entry through Web Plus is most suited for physicians' offices and other low-volume reporting sources that do not have facility-based cancer registries. Records are saved in a database at the ASCR, and cases entered by one facility or office, are not visible to other facilities. Data entered is validated by the EDITS Engine running on a Web server. Users, display types, and edit configurations are managed by the ASCR. Web Plus is hosted on a secure Web server that has a digital certificate installed; the communication between the client and the server is encrypted with Secure Socket Layer (SSL) technology.

Both software options were developed at the CDC Division of Cancer Prevention and Control in support of CDC's National Program of Cancer Registries (NPCR).

DATA SUBMISSION SCHEDULE

All healthcare facilities and/or providers diagnosing or providing treatment to cancer patients shall report complete abstracts on each case of confirmed cancer on a monthly basis, **before the 10th of the following month**, in the prescribed format and within 180 days of admission or diagnosis. (Example: January cases will be reported by July 10th, February cases reported by August 10th, etc.) This method allows the ASCR to receive continuous reporting in a timely manner.

Data submission schedules are shown in the charts below. Facilities with more than 50 cases a year should follow the schedule chart below.

 REPORTING SCHEDULE		
Current (Due) Date	Level of Completeness	Dx Date of Cases (Timeliness)
Jan 2017	58%	Jul 2016
Feb 2017	67%	Aug 2016
Mar 2017	75%	Sep 2016
Apr 2017	83%	Oct 2016
May 2017	92%	Nov 2016
Jun 2017	100%	Dec 2016
Jul 2017	8%	Jan 2017
Aug 2017	17%	Feb 2017
Sep 2017	25%	Mar 2017
Oct 2017	33%	Apr 2017
Nov 2017	42%	May 2017
Dec 2017	50%	Jun 2017

Facilities with less than 50 cases a year and abstract via WebPlus should follow the schedule chart below.

DATE(S) OF DIAGNOSIS	*CASE FINDING INFORMATION DUE	ABSTRACT DUE
Jan, Feb, Mar 2017	April 30, 2017	July 31, 2017
Apr, May, Jun 2017	July 31, 2017	October 31, 2017
July, Aug, Sep 2017	October 31, 2017	January 31, 2018
Oct, Nov, Dec 2017	January 31, 2018	April 30, 2018

* Case finding information should include path reports, disease index, X-rays/Scans, etc.

After the ASCR case finding auditor reviews that information, a list of reportable cases will be sent back to facilities within one month. The reportable cases should be entered in Web Plus before abstract due date.

The reportable case list should be generated by the CF auditor and returned to the hospitals on or before the date due.

List of Reportable Cases SCHEDULE <i>(List to be Returned to Facility)</i>	
DATE(S) OF DIAGNOSIS	DATE DUE
Jan, Feb, Mar 2017	May 31, 2017
Apr, May, Jun 2017	August 31, 2017
July, Aug, Sep 2017	November 30, 2017
Oct, Nov, Dec 2017	February 28, 2018

DATA STANDARDS

The record layout adopted by the Alabama Statewide Cancer Registry (ASCR) was developed by the American College of Surgeons Commission on Cancer (COC) in consultation with physicians, nurses, cancer registrars, administrators, central and national registry organizations, software providers, and is maintained by the Uniform Data Standards Committee of the North American Association of Central Cancer Registries (NAACCR). The collaborative effort of these individuals and groups has encouraged accurate, uniform data collection.

Using the Data Standards Section (FORDS Manual)

The header that precedes each data item contains the following information:

Data Item Name	Appears at the left margin. The names of pre-existing data items may have been changed. The previous name for the item appears in parentheses.
Item Length	The total of the numbers and/or letters contained in a field (code) appears at the right margin.
Data Type	This refers to the nature of the field. Alpha= alphabetic only; alphanumeric = a combination of alphabetic and numeric; numeric = numbers only; alpha character = alphabetical or character, such as / or &; and free text = any alphabetic, numeric, or character value. Data type may also provide additional instructions on the use of upper or lower case, right and left justification, zero-fill requirements, etc.
Item Number	The NAACCR item number is recorded for each field.

Other

Each institution is assigned a unique identification number used to identify reporting and following institutions as well as “Institution referred from” or “Institution referred to.” A copy of institution identification numbers for Alabama can be found in Appendix A.

County at Dx is standard codes in FIPS publication “Counties and Equivalent Entities of the United States, Its Possessions, and Associated Areas.” This information is important for measuring cancer incidence in a particular geographic area. Alabama Counties and Codes are listed in Appendix B.

Starting 2013, changes are made to capture state and country level information for Dx address, current address, birth place and place of death. The codes are listed in Appendix C.

ALABAMA'S CANCER REPORTING PRINCIPLES

The Alabama Statewide Cancer Registry (ASCR) has adopted the Facility Oncology Registry Data Standards (FORDS) published by the Commission on Cancer, American College of Surgeons, along with additions and exceptions listed in this section. The FORDS document contains detailed specifications on all data items, coding rules, codes, and definitions. To meet ASCR reporting requirements, facilities must comply with the following standards for operation and must maintain their databases using the codes and coding rules as defined in this text.

GENERAL PRINCIPLES

The cancer registry is a system to monitor all types of reportable malignancies diagnosed or treated in Alabama. This central repository of information is a valuable tool in monitoring trends in cancer incidence, identifying populations at high risk for cancer, facilitating studies related to cancer prevention, and planning cancer control initiatives.

The database includes case identification and a description of the patient and the cancer.

Registry responsibilities may also include lifetime clinical follow-up of the cancer patient. Follow-up is necessary to evaluate treatment outcome.

REFERENCE DATE

The reference date is the start date after which all eligible cases must be included in the registry. This date is a reference point for many standards. A program must establish a reference date as of January 1 of a given year. For the purpose of data collection and reporting, the ASCR reference date is January 1, 1996.

REPORTABLE DIAGNOSES

After their reference date, facilities must include all reportable malignancies that meet the following criteria:

- < Patients diagnosed or receiving cancer-directed care in the institution's inpatient or outpatient department or ambulatory care center.¹ Patients diagnosed at a staff physician's office and receiving any part of their first course of treatment at the reporting institution.
- < Patients diagnosed with a behavior code of 2² or higher as defined in the *International Classification of Diseases for Oncology*, Third Edition (ICD-O-3).
- < Patients diagnosed with basal and squamous cell cancers originating in mucoepidermoid sites: lip (C00.0-C00.0); anus (C21.0); vulva (C51.0-C51.9); vagina (C52.9); penis (C60.0-C60.9); scrotum (C63.2).

¹ If the medical record is the property of the reporting institution, the case must be included in the database.

² Certain exceptions apply. See exclusion section.

ASCR-SPECIFIC REQUIREMENTS

The ASCR requires facilities to include reportable malignancies diagnosed and/or initially treated at the reporting institution, and which meets the criteria for analytic (class of case 00 - 22) and non-analytic cases (class of case 32** 34, 36, 38, 40, 41, 42 and 43). Inpatients, outpatients, and clinically diagnosed patients (not histologically confirmed) must be included.

Analytic Cases

00, 10, 11, 12, 13, 14, 20, 21, 22

Non- Analytic Cases

32**, 34, 36, 38, 40, 41, 42, 43,

Class of Case Codes 40 and 41:

These are used by hospitals that abstract cases that were diagnosed and treated only in a staff physician(s) office.

Class of Case Code 42:

It is optional for the hospital to abstract cases for a clinic or other facility such as chemotherapy or radiation that is not owned by the hospital. However, the ASCR encourages the hospitals to report those cases.

Class of Case codes not required to be abstracted (the ASCR's exclusion list): 30, 31, 33, 34*, 35, 36*, 37 and 99

*** Cases with Class of case code 34 and 36 are reportable to the ASCR, if they are**

- Vaginal intraepithelial neoplasia, Grade III or (VAIN III) (8077/2)
- Vulvar intraepithelial neoplasia, Grade III or (VIN III) (8077/2)
- Laryngeal intraepithelial neoplasia, Grade III (LINIII) (8077/2), (C320-C329)
- Squamous intraepithelial neoplasia, Grade III (SINIII) (8077/2), except Cervix and Skin

**Cases with class of case code 32 should be reportable to the ASCR if the diagnosis date of the tumor is known.

OTHER ALABAMA-SPECIFIC REQUIREMENTS

Text-Usual Occupation Text-Usual Industry	Type of Reporting Source NPI Numbers
Managing Physician	Primary Surgeon
Reason for No Surgery Reason for No Chemo	Reason for No Radiation Reason for No Hormones
Cause of Death ICD Revision Number	Place of Death Follow-Up Contact Phone

Required TEXT

- Diagnostic
 - PE
 - Xray/Scan
 - Scopes
 - Lab Tests
 - Operative Reports
 - Path Reports
 - Primary Site
 - Histology
 - Staging

Treatment

- Surgery

Supplemental TEXT

Treatment

- BRM
- Radiation
- Chemo
- Hormones
- Other

ASCR requires the Collaborative Staging data items to derive Summary Stage 2000, SEER EOD staging and AJCC TNM Staging beginning with 2004 cases.

Exclusions:

Facilities are not required to accession, abstract, or conduct follow-up for cases that meet the following criteria:

- < **Patients** seen in consultation only. A consult may be done to confirm a diagnosis or treatment plan. The reporting institution may provide services not available at the diagnosing or treating facility, such as Computerized Tomography (CT) scans, Magnetic Resonance Imaging (MRI) scans, or placement of venous access devices.
- < **Patients** receiving transient care at the reporting institution to prevent interruption of the first course of treatment. The patient may be vacationing or visiting in the area, or equipment failure at the primary treating institution may require the patient to temporarily receive treatment elsewhere.
- < **Patients** with active, previously diagnosed cancer who are admitted to the reporting institution for unrelated medical conditions.

- < **Patients** with precancerous conditions or benign tumors.³
- < **Patients** with carcinoma-in-situ of the cervix (CIS).
- < **Patients** with an intraepithelial neoplasia. Diagnoses include:
Cervical intraepithelial neoplasia
- < **Patients** with skin cancers, (C44.-) who do not meet the conditions specified in the reportable diagnosis list.
- < **Patients** with a history of malignancy who are clinically free of disease.
- < **Patients** admitted for terminal supportive care, including home care service.
- < **Patients** admitted to a designated hospice.
- < **Patients** who are diagnosed at a staff physician's office and treated in another facility.

³ These cases may be reportable -by-agreement.

Table 1

Registry Functions by Type of Case*

	Accession	Index	Abstract	Follow ⁴
Analytic (class of case 00 - 22)	X	X	X	X
Non-analytic (class of case 32, 34, 36, 38, 40, 41, 42 and 43)	X	X	X	
Carcinoma-in-situ of the cervix (CIS)				
Basal or squamous cell carcinoma of a mucoepidermoid site	X	X	X	X
Foreign residents	X	X	X	X

- X identifies required functions

⁴Follow-up is not required if the patient resides in a foreign country at the time of diagnosis or follow-up.

REPORTABLE LIST

The reportable list identifies all diagnoses and type of cases that must be included in the registry database. See Appendix D for ASCR reportable list.

CANCER REGISTRY RULES FOR OPERATION

CASEFINDING

Casefinding is a systematic method of locating all eligible cases. The method of casefinding must include all points of service from which a patient may enter the health care delivery system for diagnosis or therapeutic services for the management of cancer. Casefinding will identify both new cases and cases already entered into the registry. Readmissions may be a source of follow-up information.

Multiple sources must be used to identify the eligible cases. Casefinding sources include:

- Health Information Management Department (HIM). This department maintains the medical records and a disease index that identifies the patient, date of service, and the diagnosis.
- Pathology and Cytology Departments. The histology, cytology, bone marrow, and autopsy reports are source documents for identifying eligible cases.
- Oncology-related services. Radiation and medical oncology treatment areas are sources of casefinding.

SUSPENSE SYSTEM

Reporting sources should maintain a suspense system which identifies cases that have not been completely abstracted. The cases should be sorted and listed by date of diagnosis. Cases should be processed in chronological order for ensuring timely state reporting. Periodically, administrative reports should be produced to assess timeliness of the abstracting process. The abstracting currency must be six months or less from date of diagnosis. If a registry serves multiple institutions, the register must include an institution identifier.

A suspense list should contain the patient's name, patient identifier, date of diagnosis, and primary site.

ACCESSION REGISTER

An accession register is an annual, sequential listing of all reportable cancer included in a cancer registry. It may be presented either on-screen or in hard-copy and must be readily accessible. The register must include the accession and sequence numbers, patient name, primary site, and date of initial diagnosis. If a registry serves multiple institutions, the register must include an institution identifier. The accession register is used to audit other registry files, monitor casefinding, assess the workload, and verify patient identification. Detailed information on the assignment of accession and sequence numbers can be found in Section Two of the F.O.R.D.S Manual.

PATIENT INDEX

The patient index is an alphabetical list of each patient entered into the registry since the reference date. The list must contain the patient's name, sex, date of birth, primary site(s), laterality, histology(ies), date(s) of diagnosis, accession number, sequence number(s), medical record number, and date of death.

For patients with multiple primaries, the patient index must include the primary site, laterality, histologic type, date of diagnosis, and sequence number of each primary.

ABSTRACT

An abstract must be completed for all analytic cases that meet the criteria for inclusion in the registry. The abstract is a summary of pertinent information about the patient, the cancer, the treatment, and the outcome. Components include patient identification, cancer identification, stage of disease at initial diagnosis, first course of treatment, recurrence, treatment for recurrence or progression of disease, and follow-up. The abstract must contain the items in the NAACCR record layout. Patient gender, race, sex, primary site, histology, laterality of disease, first course of treatment, and patient status at last contact must be also recorded in natural language in corresponding text fields. (*Not coded*) See Appendix D for complete data item requirement by ASCR.

If a patient has multiple primary malignancies, an abstract must be prepared for each reportable primary diagnosed or treated at the reporting institution after the reference date. Abstracting must be completed within six months from date of initial diagnosis.

QUALITY CONTROL

One of the most important elements in the establishment and maintenance of a cancer registry is the quality of the data collected. To be most effective, quality control should deal with every aspect of production, from acquisition of raw material to distribution of the final product. The term "quality-control program" refers to the implementation and routine use of various quality-control methods in an organized, planned manner and implies a comprehensive approach to the maintenance of quality.

The ASCR will edit standard data fields using the appropriate national edit standards for that field. This allows, at the earliest states of data collection, the identification of errors, opportunities for improvement, and identification of topics for continuing education.

On-site casefinding and/or re-abstracting audits of all reporting sources will be performed by the ASCR at least once every five years. The data fields to be evaluated will be determined at the time of the audits. Outcomes will reveal evidence of completeness of casefinding, timeliness, and accuracy. Results of these audits with analysis of discrepancies and recommendations for improvement will be described in a report to be distributed to study participants.

FOLLOW-UP

Systematic annual follow-up of patients is an important cancer registry function. Follow-up is based on the date of last contact and is delinquent (lost) if no contact has been made within 15 months after the date of last follow-up-information. Cases that are lost (delinquent) should remain in the follow-up process until information is obtained. In order to monitor the success of the follow-up activity, it is useful to calculate a percentage of people who have been successfully followed. The observed follow-up rate is calculated using follow-up data on all patients, alive or dead, while the relative follow-up rate considers the differences in the risk of dying from causes other than the disease under study. Every effort should be made to have no losses to follow-up, however, losses are expected. Non-analytic cases, foreign residents, benign or borderline malignancies, carcinoma in situ of the cervix, and localized basal and squamous skin cancers are not included in follow-up calculations. Patients who are delinquent or lost to follow-up and whose age exceeds 100 years may be excluded from follow-up calculations. Follow-up data must include the date(s) and type(s) of treatment for cancer, the site(s) of distant metastasis, the site and histology(ies) of any subsequent primary(ies), the date of last contact, and the status of the patient and the cancer.

To obtain appropriate follow-up data, the registrar must make use of all available resources. Key resources include: telephone directories, physician (institution, local and national) directories, and listing of institutions, nursing homes, home-care agencies, and county health departments.

Recommended follow-up procedures are as follows:

- < Determine frequency of contact; annual is standard
- < Produce list of patients due for follow-up
- < Check in-house sources
- < Inpatient admissions
- < Outpatient surgery, chemotherapy, radiation therapy
- < Clinic or other type of outpatient department visit
- < Emergency department
- < Social services
- < Business office
- < Contact the physician
- < Determine hierarchy; e.g., managing physician, medical oncologist, radiation oncologist, surgeon, internist, other non-cancer specialist
- < Approved follow-up letter recommended
- < Telephone contact, especially with non-responders
- < Contact the patient
- < Approved follow-up letter recommended
- < Telephone
- < Contact a third party
- < Approved follow-up letter recommended
- < Relatives
- < Friends
- < Others
- < Contact other sources
- < Other institutions
- < Central registries (ASCR, other states)
- < Obituaries

- < National death index
- < Visiting nurses associations
- < Home health agencies

When contacting patients or a third party for follow-up data, the contact must be initiated in a sensitive but professional manner. Most registries make this contact through the use of form letters, but direct contact by telephone may be necessary. It is important to keep in mind, at all times, the sensitive nature of the work being performed. Follow-up should always operate within hospital policy since this work is conducted with the hospital's "public," and in actual fact serves as a public relations service for the hospital. If direct patient contact by telephone is used, be prepared with appropriate information and referral information, practice a prepared outline or script, select a good time to place the call, and remove distractions. Be sure to ask only for the needed information; "How are you since your hospital stay in...?", "Who are your present physicians?" Answer questions honestly and promptly and, if the patient or third party asks a question out of your expertise, be sure to refer them to the appropriate person.

If the patient becomes "lost to follow-up," and date of last contact is greater than 15 months, every effort should be made to locate the patient. Many times, a personal call to the physician's office, or a second letter, may elicit a very useful piece of information. Even if no other information is available, the call can alert the staff as to the need for additional follow-up information.

- Be organized; be able to produce an accurate list of patients due for follow-up
- Be consistent; develop routines. This is especially important for physician's offices that receive a large volume of follow-up requests.
- Be courteous; telephone manners are especially important when speaking with physician's offices, patients or other registries
- Be cooperative; helping someone else will bring rewards later
- Be inventive; try new ways of reaching your objective
- Be flexible; if someone seems unwilling to help, ask if you can call back at a more convenient time
- Give feedback; share your follow-up information with physicians, medical records, radiation therapy, administration, public relations, and other appropriate sources.

CONFIDENTIALITY AND RELEASE OF INFORMATION

The release of information involves accommodating general, case, and patient-specific data requests. Release of information must be closely supervised. Information may be requested by staff physicians, other cancer registries, or by national organizations. Some of the requests will be for general information that does not include patient identification. The facility may authorize the release of general information to specific groups. The registry staff could routinely respond to these requests for information and document releases in a request log: the request date, requestor's name or organization, information requested, intended use of the data, and the date the information was sent to the requestor should be included. Other requests may be for confidential information that would specifically identify the patient, the physician, or another individual. The registrar must comply with the hospital or reporting facility's established guidelines and procedures for release of confidential information. All requests must be processed according to those procedures and recorded in the request log. Each facility should coordinate with appropriate committees to develop and document policies and procedures that address the following:

- < Data release criteria
- < Patient rights
- < Informed consent
- < Authorization

REPORTING

Analysis and use of registry data are important end products of data collection. The ASCR encourages frequent use of the data and will provide facilities with appropriate reports for comparison with regional and national data. A critique of the data may identify trends and serve as the basis for quality management and planning.

RETENTION OF DOCUMENTS

Indefinite retention of registry data and files is required.

PROCEDURE MANUAL

The ASCR recommends that facilities maintain a complete, up-to-date procedure manual that documents each phase of its cancer reporting operations. A procedure manual is a valuable and necessary tool used to organize and maintain an effective, efficient program. A complete procedure manual details the overall structure of the reporting requirements and the day-to-day operations of the registry. When adhered to, this manual will ensure a smooth operation with consistent and accurate abstracting, systematic and continuous follow-up, and good reporting. The manual is also

invaluable for training new registry personnel. The procedure manual should contain the following: job descriptions and specifications of registry positions; case eligibility criteria; the reportable list; procedures for casefinding; maintaining and using the suspense file, and accessioning cases into the registry; a description of the registry filing systems; documentation of data collection methods, including principles of abstracting, detailed definitions for each data item, references used for coding systems, if applicable, and staging systems used in the registry; follow-up procedures, including institution and registry policies for contacting patients and samples of approved follow-up letters; documentation of quality control procedures; a description of reporting mechanisms; description of quality management and improvement system; policy statements about confidentiality and the release of information; and documentation of the date(s) of implementation or changes in policies or registry operations.

APPENDIX A: ALABAMA REPORTING SOURCES

Hospitals (95)

Organization Name	City	FIN
Andalusia Regional Hospital	Andalusia	6530050
Athens-Limestone Hospital	Athens	6530090
Atmore Community Hospital	Atmore	6530100
Baptist Medical Center - East	Montgomery	6530800
Baptist Medical Center - Shelby	Alabaster	6530010
Baptist Medical Center - South	Montgomery	20000190
Bibb Medical Center	Centreville	6530314
Brookwood Medical Center	Birmingham	6530175
Bryan W. Whitfield Memorial Hospital	Demopolis	6530345
Bullock County Hospital	Union Springs	6531013
Callahan Eye Foundation Hospital	Birmingham	6530187
Cherokee Baptist Medical Center	Centreville	6530313
Central Alabama Veterans Healthcare System (CAVHCS)	Montgomery	6530740
Childrens Hospital of Alabama	Birmingham	6530170
Choctaw General Hospital	Butler	6530311
Citizens Baptist Medical Center	Talladega	6530910
Clay County Hospital	Ashland	6530080
Community Hospital	Tallassee	6530380
Cooper Green Mercy Health Services	Birmingham	6530205
Coosa Valley Medical Center	Sylacauga	6530900
Crenshaw County Hospital	Luverne	6530585
Crestwood Medical Center	Huntsville	6530521
Cullman Regional Medical Center	Cullman	6530320
D.W. McMillan Memorial Hospital	Brewton	6530310
Dale Medical Center	Ozark	10000186
DCH Regional Medical Center	Tuscaloosa	6530960
Decatur Morgan Hospital - Decatur General Campus	Decatur	6530330
Decatur Morgan Hospital – Parkway Campus	Decatur	6530330
DeKalb Baptist Medical Center	Fort Payne	6530455
East Alabama Medical Center	Opelika	0020000145
Elba General Hospital	Elba	6530382
Elmore Community Hospital	Wetumpka	6531017
Evergreen Medical Center	Evergreen	6530415
Fayette Medical Center	Fayette	6530425
Flowers Hospital	Dothan	6530350
Gadsden Regional Medical Center	Gadsden	6530460
Georgiana Hospital	Georgiana	6530478
Grandview Medical Center	Birmingham	6530161
Greene County Hospital	Eutaw	6530401
Grove Hill Memorial Hospital	Grove Hill	6530505

Organization Name	City	FIN
Hale County Hospital	Greensboro	6530480
Helen Keller Memorial	Sheffield	6530880
Highlands Medical Center	Scottsboro	6530823
Hill Hospital of Sumter County	York	6531040
Huntsville Hospital	Huntsville	6530510
J. Paul Jones Hospital	Camden	6539030
Jack Hughston Memorial	Phenix City	10000628
Jackson Medical Center	Montgomery	6530530
Jackson Hospital & Clinics	Jackson	6530695
Jacksonville Medical Center	Jacksonville	6530535
L.V. Stabler Memorial Hospital	Greenville	6530500
Lake Martin Community Hospital	Dadeville	6530323
Lanier Memorial Hospital	Valley	0020000145
Lawrence Medical Center	Lawrence	6539110
Madison Hospital	Madison	6530510
Marshal Medical Center North	Madison	6530511
Marshall Medical Center South	Boaz	6530308
Medical Center Barbour	Eufaula	6530400
Medical Center Enterprise	Enterprise	6530390
Mizell Memorial Hospital	Opp	6530765
Mobile Infirmary	Mobile	6530620
Monroe County Hospital	Monroe	6530650
North Baldwin Infirmary	Bay Minette	6530116
North Mississippi Medical Center-Hamilton	Hamilton	6530516
Northport Medical Center – DCH	Northport	6538099
Northwest Medical Center	Winfield	6531027
Pickens County Medical Center	Carrollton	6539015
Prattville Baptist Hospital	Prattville	6530780
Princeton Baptist Medical Center	Birmingham	6530160
Providence Hospital	Mobile	6530630
Randolph Medical Center	Roanoke	6530802
Red Bay Hospital	Red Bay	6539120
Regional Medical Center - Anniston	M Anniston	6530070
Riverview Regional Medical Center	Gadsden	6530470
Russell Medical Center	Alexander City	6530030
Russellville Hospital	Russellville	6530810
Shoals Hospital	Muscle Shoals	6530901
South Baldwin Hospital	Foley	6530446
Southeast AI Medical Center	Dothan	6530373
Southwest AI Medical Center	Thomasville	6530920
Springhill Memorial	Mobile	6530640
St. Vincent's Birmingham	Birmingham	6530260
St. Vincent's Blount	Oneonta	6530755
St. Vincent's East	Birmingham	6530180
St. Vincent's St. Clair	Pell City	6530772

Organization Name	City	FIN
Stringfellow Memorial Hospital	Anniston	6530073
Thomas Hospital	Fairhope	6530417
Troy Regional Medical Center	Troy	6530950
UAB Medical West	Bessemer	6530142
University of Alabama Hospitals	Birmingham	6530304
University of South Alabama Medical Center	Mobile	6530600
VA Medical Center Birmingham	Birmingham	6530305
Vaughan Regional Medical Center	Selma	6530860
Walker Baptist	Jasper	6530540
Washington County Infirmary	Washington	6530317
Wedowee Hospital	Wedowee	6539160
Wiregrass Medical Center	Geneva	6530475

Cancer Center (31)

Organization Name	City	FID
21 st Century Oncology Andalusia	Andalusia	0010001195
21 st Century Oncology Dothan	Dothan	0010000668
Baldwin County Radiation Center	Fairhope	0370005301
Bethesda Regional Cancer Center - Florence	Florence	0370001112
Blood and Cancer Center - Florence	Florence	0370001101
Cancer Care Center – Jackson	Montgomery	0370001210
Cancer Care Center of Anniston	Anniston	0370001214
Cancer Care Center of Athens	Athens	0370001208
Cancer Care Center at Tuscaloosa	Tuscaloosa	0370001200
Cancer Care Center of Montgomery	Montgomery	0370001203
Cancer Care Center of Montgomery South	Montgomery	0370001200
Cancer Care Center in Demopolis	Demopolis	0370001207
Cancer Care Center of Providence	Mobile	0370001209
Clearview Cancer Center	Huntsville	0370001106
Coosa Valley Regional Cancer Center	Coosa Valley	0370001201
Cullman Radiation Therapy Services PC	Cullman	0370005306
Decatur Oncology	Decatur	0370001109
Dekalb Cancer Center	Dekalb	0370001103
Gulf Coast Cancer Center - Brewton	Brewton	0370001211
Gulf Coast Cancer Center - Daphne	Daphne	0370005307
Gulf Coast Cancer Center - Foley	Foley	0370005308
Gulf Coast Cancer Center - Gulf Shores	Gulf Shores	0370001216
Life First Oncology	Cullman	0370005306
Montgomery Cancer Center	Montgomery	0020000190
Northwest Alabama Cancer Center	Muscle Shoals	0370001104
Northwest Regional Cancer Center	Winfield	0370001105
Shelby Cancer Center	Alabaster	0370001202
Southeast Cancer Center – Mobile	Mobile	0370001206
Southwest Alabama Community Cancer Center	Monroeville	0370001217
Valley Regional Cancer Treatment Cancer	Sheffield	0370001107
Walker Cancer Center	Jasper	0370001108

Surgery Center (18)

Organization Name	City	FID
Advanced Surgical Care, P.C.	Muscle Shoals	0370007207
Birmingham Surgery Center	Birmingham	0370007219
Decatur Ambulatory Surgery Center	Decatur	0370007211
Dothan Surgery Center	Dothan	0370007216
Eufaula General Surgery	Eufaula	0370007218
Gadsden Surgery Center	Gadsden	0370007206
General & Vascular Surgery of Northwest AL	Winfield	0370007222
Huntsville Endoscopy Center	Huntsville	0370007217
Madison Surgery Center	Madison	0370007205
Medical West Surgery Center	Birmingham	0370007208
Montgomery Surgical Center	Montgomery	0370007204
Northwest Surgical Center	Winfield	0370007209
Outpatient Services East	Trussville	0370007201
Plastic Surgery Specialist	Birmingham	0370007212
Shoals Outpatient Surgery Center	Shoals	0370007701
Surgical Group, P. C. - Florence	Florence	0370003101
The Surgery Center at Oxford	Oxford	0370007210
The Surgery Center of Cullman	Cullman	0370007213

Physicians Office (50)

Organization Name	Specialty	City	FIN
A. Lynn Ridgeway, M.D.	Pulmonologist	Sheffield	0370003105
Affiliated Dermatology, P. C.	Dermatology	Dothan	0370003323
Alabama Skin Institute -B'ham	Dermatology	Hoover	0370003201
Ann Bennett, M.D.	Dermatology	Florence	0370003106
Anniston Dermatology	Dermatology	Oxford	0370015551
Baptist Health Centers	Dermatology	Hoover	0370003330
Bay Shore Dermatology, PC	Dermatology	Fairhope	0370003153
Brookwood Dermatology	Dermatology	Vestavia Hills	0370003202
Carlota Ob-Gyn, PC	Ob/Gyn	Athens	0370003315
Christopher B. Harmon	Dermatology	Birmingham	0370020579
Clinical Urology Associates	Urology	Gadsden	0370003324
Cullman Dermatology	Dermatology	Cullman	0370003109
David H Morgan, MD	Urology	Madison	0370018103
Decatur ENT Associates	ENT	Decatur	0370024976
Deep South Dermatology	Dermatology	Daphne	0370003306
Dermatology and Dermatologic Surgery	Dermatology	Daphne	0370003328
Dermatology and Laser of Alabama	Dermatology	Birmingham	0370003316
Dermatology Associates	Dermatology	Montgomery	0370003310
Dermatology Associates	Dermatology	Dothan	0370003151
Dermatology Plus	Dermatology	Birmingham	0370004114
Dothan Specialty Clinic - Dr.	Dermatology	Dothan	0370003305
Ginsburg Dermatology -B'ham	Dermatology	Birmingham	0370003150
Gulf Coast Derm and Skincare	Dermatology	Mobile	0370021520
Henderson and Walton	OBGYN	Birmingham	0370003325
Johnson, Carole L	Dermatology	Dothan	0370003156
Lane Medical Group	Dermatology	Monroeville	0370003303
Mallette Dermatology	Dermatology	Athens	0370003308
Martin Dermatology	Dermatology	Hoover	0370003214
Medical Specialists-North Alabama	Gastroenterology	Boaz	0370014641
Mobile Urology Group	Urology	Mobile	0370003302
Montclair Dermatology	Dermatology	Birmingham	0370003154
Northeast Alabama	Dermatology	Huntsville	0370003331
Northington Clinic – Florence	Cosmetic Surgery	Florence	0370003107
Primary Care Dermatology	Dermatology	Decatur	0370003311
Pynes, L Terry, MD	Dermatology	Dothan	0370003301
Sherrer W T, MD	Urology	Selma	0370016425

Organization Name	Specialty	City	FIN
Smith Dermatology PC	Dermatology	Cullman	0370003216
Southeastern Dermatology	Dermatology	Birmingham	0370003203
Tennessee River Dermatology	Dermatology	Florence	0370003110
Tennessee Valley ENT Clinic, PC	Otolaryngology	Sheffield	0370003309
Tennessee Valley Gynecologic, Oncology	Oncology	Huntsville	0370003307
The Center for Dermatology	Dermatology	Mobile	0370003155
The Dermatology Center	Dermatology	Mobile	0370003304
Total Skin and Beauty Lab	Dermatology	Birmingham	0370003205
Urologic Clinics of North	Urology	Huntsville	0370003322
Urology Centers of Alabama	Urology	Birmingham	0370003113
Urology Clinic of South	Urology	Andalusia	0370025839
Urology Specialists	Urology	Huntsville	0370003108
Yates, Ruth A, MD	Dermatology	Huntsville	0370013786
Yerubandi, MD	Surgery	Huntsville	0370011366

APPENDIX B: ALABAMA COUNTIES AND CODES

County	Code	County	Code	County	Code
Autauga	001	Dallas	047	Marion	093
Baldwin	003	DeKalb	049	Marshall	095
Barbour	005	Elmore	051	Mobile	097
Bibb	007	Escambia	053	Monroe	099
Blount	009	Etowah	055	Montgomery	101
Bullock	011	Fayette	057	Morgan	103
Butler	013	Franklin	059	Perry	105
Calhoun	015	Geneva	061	Pickens	107
Chambers	017	Greene	063	Pike	109
Cherokee	019	Hale	065	Randolph	111
Chilton	021	Henry	067	Russell	113
Choctaw	023	Houston	069	St.Clair	115
Clarke	025	Jackson	071	Shelby	117
Clay	027	Jefferson	073	Sumter	119
Cleburne	029	Lamar	075	Talledega	121
Coffee	031	Lauderdale	077	Tallapoosa	123
Colbert	033	Lawrence	079	Tuscaloosa	125
Conecuh	035	Lee	081	Walker	127
Coosa	037	Limestone	083	Washington	129
Covington	039	Lowndes	085	Wilcox	131
Crenshaw	041	Macon	087	Winston	133
Cullman	043	Madison	089	Unknown	999
Dale	045	Marengo	094	Out-of-state	998

APPENDIX C-1: GeoCode/Country/State Codes in USA

Rec#	GEOCODE	COUNTRY	STATE	LABEL
63	099	USA	AA	Armed Force
64	099	USA	AE	Armed Force
58	091	USA	AK	Alaska
25	037	USA	AL	Alabama
65	099	USA	AP	Armed Force
45	071	USA	AR	Arkansas
56	087	USA	AZ	Arizona
61	097	USA	CA	California
52	083	USA	CO	Colorado
8	007	USA	CT	Connecticut
16	022	USA	DC	District of Washington
13	017	USA	DE	Delaware
24	035	USA	FL	Florida
23	033	USA	GA	Georgia
62	099	USA	HI	Hawaii
35	053	USA	IA	Iowa
50	081	USA	ID	Idaho
40	061	USA	IL	Illinois
30	045	USA	IN	Indiana
42	065	USA	KS	Kansas
31	047	USA	KY	Kentucky
46	073	USA	LA	Louisiana
6	005	USA	MA	Massachusetts
15	021	USA	MD	Maryland
3	002	USA	ME	Maine
28	041	USA	MI	Michigan
34	052	USA	MN	Minnesota
41	063	USA	MO	Missouri
26	039	USA	MS	Mississippi
38	056	USA	MT	Montana
19	025	USA	NC	North Caro
36	054	USA	ND	North Dakota
43	067	USA	NE	Nebraska
4	003	USA	NH	New Hampshire
9	008	USA	NJ	New Jersey
55	086	USA	NM	New Mexico
2	001	USA	NN	New England
54	085	USA	NV	Nevada
11	011	USA	NY	New York

Rec#	GEOCODE	COUNTRY	STATE	LABEL
29	043	USA	OH	Ohio
47	075	USA	OK	Oklahoma
60	095	USA	OR	Oregon
12	014	USA	PA	Pennsylvania
7	006	USA	RI	Rhode Isla
20	026	USA	SC	South Caro
37	055	USA	SD	South Dakota
22	031	USA	TN	Tennessee
48	077	USA	TX	Texas
1	000	USA	US	United States
10	010	USA	US	North Mid-
14	020	USA	US	South Mid-
21	030	USA	US	Southeastern
27	040	USA	US	North Central
32	050	USA	US	Northern M
39	060	USA	US	Central Mi
44	070	USA	US	Southern M
49	080	USA	US	Mountain S
57	090	USA	US	Pacific Co
53	084	USA	UT	Utah
17	023	USA	VA	Virginia
5	004	USA	VT	Vermont
59	093	USA	WA	Washington
33	051	USA	WI	Wisconsin
18	024	USA	WV	West Virginia
51	082	USA	WY	Wyoming

APPENDIX C-2: GeoCode/Country/State Codes in Other Countries

Rec#	GEOCODE	COUNTRY	STATE	LABEL
130	245	ABW	XX	Aruba
330	638	AFG	XX	Afghanistan
268	543	AGO	XX	Angola
114	245	AIA	XX	Anguilla
181	429	ALA	XX	Aland Islands
226	481	ALB	XX	Albania
194	443	AND	XX	Andorra
314	629	ARE	XX	United Arab
158	365	ARG	XX	Argentina
320	633	ARM	XX	Armenia
72	121	ASM	AS	American Samoa
385	750	ATA	XX	Antarctica
387	750	ATF	XX	French Southern Territories
115	245	ATG	XX	Antigua and Barbuda
363	711	AUS	XX	Australia
364	711	AUS	XX	Australia
188	436	AUT	XX	Austria
321	633	AZE	XX	Azerbaijan
286	579	BDI	XX	Burundi
185	433	BEL	XX	Belgium
251	539	BEN	XX	Benin
133	245	BES	XX	Bonaire, Saint Eustatius and Saba
240	520	BFA	XX	Burkina Faso
336	645	BGD	XX	Bangladesh
213	454	BGR	XX	Bulgaria
309	629	BHR	XX	Bahrain
135	247	BHS	XX	Bahamas
207	453	BIH	XX	Bosnia and Herzegovina
129	245	BLM	XX	St. Barthelemy
218	457	BLR	XX	Belarus
139	252	BLZ	XX	Belize
134	246	BMU	XX	Bermuda
348	671	BRN	XX	Brunei
156	355	BOL	XX	Bolivia
153	341	BRA	XX	Brazil
116	245	BRB	XX	Barbados
335	643	BTN	XX	Bhutan
386	750	BVT	XX	Bouvet Island
272	545	BWA	XX	Botswana
253	539	CAF	XX	Central African Republic

99	224	CAN	AB	Alberta
105	226	CAN	BC	British Columbia
90	220	CAN	CD	Canada
100	224	CAN	MB	Manitoba
91	221	CAN	MM	Maritime Provinces (New Brunswick, Newfound, Nova Scotia, PE)
92	221	CAN	NB	New Brunswick
93	221	CAN	NL	Newfoundland and Labrador
94	221	CAN	NS	Nova Scotia
103	225	CAN	NT	Northwest
106	227	CAN	NU	Nunavut
97	223	CAN	ON	Ontario
95	221	CAN	PE	Prince Edward Island
98	224	CAN	PP	Prairie Provinces (Alberta, Manitoba, Saskatchewan)
96	222	CAN	QC	Quebec
101	224	CAN	SK	Saskatchewan
102	225	CAN	YN	Northwest
104	225	CAN	YT	Yukon Territory
367	711	CCK	XX	Cocos (Keeling) Island
187	435	CHE	XX	Switzerland
157	361	CHL	XX	Chile
354	682	CHN	XX	China
357	685	CHN	XX	China
254	539	CIV	XX	Cote d'Ivoire
252	539	CMR	XX	Cameroon
267	541	COD	XX	Congo, Democratic Republic of
255	539	COG	XX	Congo
75	124	COK	XX	Cook Island
148	311	COL	XX	Colombia
288	580	COM	XX	Comoros
196	445	CPV	XX	Cape Verde
143	256	CRI	XX	Costa Rica
109	241	CUB	XX	Cuba
131	245	CUW	XX	Curacao
366	711	CXR	XX	Christmas
118	245	CYM	XX	Cayman Islands
230	495	CYP	XX	Cyprus
204	452	CZE	XX	Czech Republic
183	431	DEU	XX	Germany
296	583	DJI	XX	Djibouti
119	245	DMA	XX	Dominica
177	425	DNK	XX	Denmark
111	243	DOM	XX	Dominican

235	513	DZA	XX	Algeria
154	345	ECU	XX	Ecuador
238	519	EGY	XX	Egypt
165	401	ENG	XX	England
299	585	ERI	XX	Eritrea
247	520	ESH	XX	Western Sahara
193	443	ESP	XX	Spain
219	458	EST	XX	Estonia
298	585	ETH	XX	Ethiopia
180	429	FIN	XX	Finland
372	721	FJI	XX	Fiji
162	381	FLK	XX	Falkland Islands
191	441	FRA	XX	France
178	425	FRO	XX	Faroe Islands
74	123	FSM	FM	Micronesia
258	539	GAB	XX	Gabon
163	400	GBR	XX	United Kingdom
322	633	GEO	XX	Georgia
166	401	GGY	XX	Guernsey
259	539	GHA	XX	Ghana
227	485	GIB	XX	Gibraltar
260	539	GIN	XX	Guinea
121	245	GLP	XX	Guadeloupe
257	539	GMB	XX	Gambia
261	539	GNB	XX	Guinea Bissau
256	539	GNQ	XX	Equatorial
224	471	GRC	XX	Greece
120	245	GRD	XX	Grenada
89	210	GRL	XX	Greenland
138	251	GTM	XX	Guatemala
152	333	GUF	XX	French Guiana
77	126	GUM	GU	Guam
150	331	GUY	XX	Guyana
355	683	HKG	XX	Hong Kong
388	750	HMD	XX	Heard Island and McDonald Islands
140	253	HND	XX	Honduras
208	453	HRV	XX	Croatia
110	242	HTI	XX	Haiti
225	475	HUN	XX	Hungary
349	673	IDN	XX	Indonesia
168	401	IMN	XX	Isle of Man
333	641	IND	XX	India
294	580	IOT	XX	British Indian Ocean Territory

172	410	IRL	XX	Ireland
329	637	IRN	XX	Iran
307	627	IRQ	XX	Iraq
174	421	ISL	XX	Iceland
317	631	ISR	XX	Israel
197	447	ITA	XX	Italy
112	244	JAM	XX	Jamaica
167	401	JEY	XX	Jersey
306	625	JOR	XX	Jordan
82	133	JPN	XX	Japan
83	134	JPN	XX	Japan
360	693	JPN	XX	Japan
324	634	KAZ	XX	Kazakhstan
284	575	KEN	XX	Kenya
325	634	KGZ	XX	Kyrgyzstan
343	663	KHM	XX	Cambodia
73	122	KIR	XX	Kiribati
124	245	KNA	XX	St. Kitts and Nevis
361	695	KOR	XX	South Korean
310	629	KWT	XX	Kuwait
342	661	LAO	XX	Laos
305	623	LBN	XX	Lebanon
262	539	LBR	XX	Liberia
237	517	LBY	XX	Libya
125	245	LCA	XX	St. Lucia
189	437	LIE	XX	Liechtenstein
337	647	LKA	XX	Sri Lanka
273	545	LSO	XX	Lesotho
221	461	LTU	XX	Lithuania
186	434	LUX	XX	Luxembourg
220	459	LVA	XX	Latvia
358	686	MAC	XX	Macao
234	511	MAR	XX	Morocco
192	441	MCO	XX	Monaco
217	456	MDA	XX	Moldova
280	555	MDG	XX	Madagascar
332	640	MDV	XX	Maldives
107	230	MEX	XX	Mexico
80	131	MHL	MH	Marshall Islands
209	453	MKD	XX	Macedonia
242	520	MLI	XX	Mali
229	491	MLT	XX	Malta
338	649	MMR	XX	Myanmar

210	453	MNE	XX	Montenegro
359	691	MNG	XX	Mongolia
79	129	MNP	MP	Northern Mariana Islands
279	553	MOZ	XX	Mozambique
243	520	MRT	XX	Mauritania
123	245	MSR	XX	Montserrat
122	245	MTQ	XX	Martinique
289	580	MUS	XX	Mauritius
278	551	MWI	XX	Malawi
346	671	MYS	XX	Malaysia
290	580	MYT	XX	Mayotte
274	545	NAM	XX	Namibia
375	721	NCL	XX	New Caledonia
244	520	NER	XX	Niger
381	725	NFK	XX	Norfolk Island
249	531	NGA	XX	Nigeria
142	255	NIC	XX	Nicaragua
171	404	NIR	XX	Northern Ireland (Ulster)
369	715	NIU	XX	Niue
184	432	NLD	XX	Netherland
175	423	NOR	XX	Norway
334	643	NPL	XX	Nepal
378	723	NRU	XX	Nauru
368	715	NZL	XX	New Zealand
311	629	OMN	XX	Oman
331	639	PAK	XX	Pakistan
70	110	PAN	XX	Panama
144	257	PAN	XX	Panama
382	725	PCN	XX	Pitcairn Islands
155	351	PER	XX	Peru
351	675	PHL	XX	Philippine
87	139	PLW	PW	Palau (Trust Territory of Pacific Islands)
365	711	PNG	XX	Papua New
202	451	POL	XX	Poland
67	101	PRI	PR	Puerto Rico
362	695	PRK	XX	North Korean
195	445	PRT	XX	Portugal
159	371	PRY	XX	Paraguay
318	631	PSE	XX	Palestine
380	725	PYF	XX	French Polynesia
312	629	QAT	XX	Qatar
291	580	REU	XX	Mayotte
200	449	ROU	XX	Romania

214	455	RUS	XX	Russia
285	577	RWA	XX	Rwanda
313	629	SAU	XX	Saudi Arab
170	403	SCT	XX	Scotland
245	520	SDN	XX	Sudan
263	539	SEN	XX	Senegal
347	671	SGP	XX	Singapore
389	750	SGS	XX	South Georgia and the South Sandwich Islands
292	580	SHN	XX	St. Helena
176	423	SJM	XX	Svalbard and Jan Mayen
373	721	SLB	XX	Solomon Islands
264	539	SLE	XX	Sierra Leo
141	254	SLV	XX	El Salvador
198	447	SMR	XX	San Marino
295	581	SOM	XX	Somalia
136	249	SPM	XX	St Pierre
211	453	SRB	XX	Serbia
246	520	SSD	XX	South Sudan
269	543	STP	XX	Sao Tome & Principe
151	332	SUR	XX	Suriname
212	453	SVN	XX	Slovenia
179	427	SWE	XX	Sweden
205	452	SVK	XX	Slovakia
275	545	SWZ	XX	Swaziland
132	245	SXM	XX	Sint-Maarten
293	580	SYC	XX	Seychelles
304	621	SYR	XX	Syria
128	245	TCA	XX	Turks and Caicos
241	520	TCD	XX	Chad
265	539	TGO	XX	Togo
340	651	THA	XX	Thailand
326	634	TJK	XX	Tajikistan
85	136	TKL	XX	Tokelau Is
327	634	TKM	XX	Turkmenistan
350	673	TLS	XX	Timor-Leste
384	725	TON	XX	Tonga
127	245	TTO	XX	Trinidad and Tobago
236	515	TUN	XX	Tunisia
302	611	TUR	XX	Turkey
76	125	TUV	XX	Tuvalu
356	684	TWN	XX	Taiwan
282	571	TZA	XX	Tanzania
283	573	UGA	XX	Uganda

216	456	UKR	XX	Ukraine
78	127	UMI	UM	U.S. Minor
81	132	UMI	UM	U.S. Minor
84	135	UMI	UM	U.S. Minor
86	137	UMI	UM	U.S. Minor
160	375	URY	XX	Uruguay
328	634	UZB	XX	Uzbekistan
199	447	VAT	XX	Vatican City
126	245	VCT	XX	St. Vincent and the Grenadines
149	321	VEN	XX	Venezuela
117	245	VGB	XX	British Virgin Islands
68	102	VIR	VI	U.S. Virgin Islands
374	721	VUT	XX	Vanuatu
344	665	VNM	XX	Vietnam
376	721	WLF	XX	Wallis and Fotuna
169	402	WLS	XX	Wales
383	725	WSM	XX	Samoa
308	629	XAP	YY	Arabian Peninsula
113	245	XCB	YY	Other Caribbean Islands
353	681	XCH	YY	China, NOS
319	633	XCR	YY	Caucasian
203	452	CSK	YY	Czechoslov
281	570	XEF	YY	East Africa
164	401	XEN	XX	England, Channel Islands, Isle of Man
297	585	XET	YY	Ethiopia (Abyssinia), Eritrea
182	430	XGR	YY	Germanic Countries
287	580	XIF	YY	African Coastal Islands (previously in South Africa, NOS)
316	631	XIS	YY	Israel and former Jewish Palestine
377	723	XMC	YY	Micronesia
371	721	XML	YY	Melanesian
345	671	XMS	YY	Malaysia,
233	510	XNF	YY	North Africa
108	240	XNI	YY	North American Islands
323	634	XOR	YY	Other Asia
379	725	XPL	YY	Polynesian
173	420	XSC	YY	Scandinavia
239	520	XSD	YY	Sudanese Countries
339	650	XSE	YY	Southeast
341	660	XSE	YY	Indochina
266	540	XSF	YY	South Africa, NOS
201	450	XSL	XX	Slavic Countries
215	456	XUM	YY	Ukraine an
248	530	XWF	YY	West Africa

250	539	XWF	YY	Other West
206	453	YUG	YY	Yugoslavia
315	629	YEM	XX	Yemen
271	545	ZAF	XX	Republic of South Africa
277	549	ZMB	XX	Zambia
276	547	ZWE	XX	Zimbabwe
300	600	ZZA	YY	Asia, NOS
301	610	ZZA	YY	Asia, NOS
303	620	ZZA	YY	Asia, NOS
352	680	ZZA	YY	Asia, NOS
137	250	ZZC	XX	Central America, NOS
190	440	ZZE	YY	Europe, NOS
222	463	ZZE	YY	Europe, NOS
223	470	ZZE	YY	Europe, NOS
228	490	ZZE	YY	Europe, NOS
231	499	ZZE	YY	Europe, NOS
232	500	ZZF	YY	Africa, NOS
66	100	ZZN	YY	North America, NOS
69	109	ZZN	YY	North America
71	120	ZZP	YY	Pacific, NOS
147	300	ZZS	YY	South America
161	380	ZZS	YY	South America
146	265	ZZU	YY	Unknown
391	999	ZZU	ZZ	Unknown
390	998	ZZX	YY	Non-US/Canada, NOS

See http://seer.cancer.gov/manuals/2013/SPCSM_2013_AppendixB.pdf

APPENDIX D: ASCR REPORTABLE LIST (2017)

Casefinding Codes for ICD-O-3 Reportable Diseases

The following lists are intended to assist in identifying reportable neoplasms found through casefinding sources that use ICD-10-CM codes to classify the diagnoses. These codes are to be effective with newly diagnosed cases beginning with January 1, 2017.

ICD-10-CM Code	Explanation of Code
C00.-- C43.-, C4A.-, C45.-- C96.-	Malignant neoplasms (excluding category C44), stated or presumed to be primary (of specified site) and certain specified histologies
D00.-- D09.-	In-situ neoplasms <i>Note: Carcinoma in situ of the cervix (CIN111-8077/2) and Prostatic Intraepithelial Carcinoma {PIN111-8148/2} are not reportable</i>
D18.1	Lymphangioma, any site <i>Note: Includes Lymphangiomas of Brain, Other parts of nervous system and endocrine glands, which are reportable</i>
D18.02	Hemangioma of intracranial structures and any site
D32.-	Benign neoplasm of meninges (cerebral, spinal and unspecified)
D33.-	Benign neoplasm of brain and other parts of central nervous system (includes Olfactory, Optic, Acoustic and Cranial Nerves)
D35.2- D35.4	Benign neoplasm of pituitary gland, craniopharyngeal duct and pineal gland
D37._ - D41._	Neoplasms of uncertain or unknown behavior (see "must collect" list for reportable neoplasms of uncertain or unknown behavior) <i>Note: Screen for incorrectly coded malignancies or reportable by agreement</i>
D42.-, D43.-	Neoplasm of uncertain or unknown behavior of meninges, brain, CNS
D44.3 - D44.5	Neoplasm of uncertain or unknown behavior of pituitary gland, craniopharyngeal duct and pineal gland
D45	Polycythemia vera (9950/3)
D46.-	Myelodysplastic syndromes (9980, 9982, 9983, 9985, 9986, 9989, 9991, 9992)
D47.0	Histiocytic and mast cell tumors of uncertain behavior <i>ICD-10-CM Coding instruction note: Excludes: malignant mast cell tumor (C96.2), mastocytosis (congenital) (cutaneous) (0852.2)</i>
D47.1	Chronic myeloproliferative disease (9963/3, 9975/3) <i>ICD-10-CM Coding instruction note: Excludes the following: Atypical chronic myeloid leukemia BCR/ABL-negative (C92.2_) Chronic myeloid leukemia BCR/ABL-positive (C92.1_) Myelofibrosis & Secondary myelofibrosis {D75.81} Myelophthisic anemia & Myelophthisis {D61.82}</i>
D47.3	Essential (hemorrhagic) thrombocythemia (9962/3) <i>Includes: Essential thrombocytosis, idiopathic hemorrhagic thrombocythemia</i>
D47.4	Osteomyelofibrosis {9961/3} <i>Includes: Chronic idiopathic myelofibrosis Myelofibrosis (idiopathic) (with myeloid metaplasia) Myelosclerosis (megakaryocytic) with myeloid metaplasia) Secondary myelofibrosis in myeloproliferative disease</i>
D47.Z	Neoplasm of uncertain behavior of lymphoid, hematopoietic and related tissue, unspecified (9960/3, 9970/1, 9971/3, 9931/3)

D47.9	Neoplasm of uncertain behavior of lymphoid, hematopoietic and related tissue, unspecified (9970/1, 9931/3)
D49.6, D49.7	Neoplasm of unspecified behavior of brain, endocrine glands and other CNS
D63.0	Anemia in neoplastic disease
D64.81.23.23.23	Anemia due to antineoplastic chemotherapy
D72.1.23	Hypereosinophilic syndrome (9964/3)*
D76.1 – D76.3	Hemophagocytic syndromes. <i>Reportable inclusion terms: Histiocytic syndromes (9751/3)</i> <i>Note: Hemophagocytic lymphohistiocytosis (also known as hemophagocytic syndrome) can be caused by or associated with a number of conditions, one of which is EBV+ T- cell lymphoproliferative disease of childhood (9724/3)</i>
D81.6, D81.7, D81.89, D81.9, D84.9	Immunodeficiency, unspecified <i>Note: Associated with lymphoproliferative disorders</i>
D89.1	Gamma heavy chain disease; Franklin's disease
J91.0	Malignant pleural effusion <i>Note : Code first malignant neoplasm, if known</i>
R18.0	Malignant ascites <i>Note: Code first malignancy</i>
R85.614	Cytologic evidence of malignancy on smear of anus
R87.614	Cytologic evidence of malignancy on smear of cervix
R87.624	Cytologic evidence of malignancy on smear of vagina
Z03.89	Observation for suspected malignant neoplasm
Z12.31	Encounter for screening mammogram for malignant neoplasm of breast
Z51.0	Admission for radiotherapy
Z51.11	Encounter for antineoplastic chemotherapy
Z51.12	Encounter for antineoplastic immunotherapy
	Supplemental Codes
B20	Human immunodeficiency virus [HIV] disease with other diseases
B97.33, B97.34,	Papillomavirus as the cause of diseases classified elsewhere
B97.35, B97.7	Human T-cell lymphotropic virus, (type I [HTLV-1], type II [HTLV-11], type 2 [HIV 2]) as the cause of diseases classified elsewhere
Q85._	Neurofibromatosis (nonmalignant) (9540/1) <i>Note: Neurofibromatosis is not cancer. These tumors can be precursors to acoustic neuromas, which are reportable</i>

Please note:

- The central registry does **NOT** collect PIN III, CIN III, and CIS of the cervix.
- Borderline cystadenomas M-8442, 8451, 8462, 8472, 8473, of the ovaries which move from /3 to /1 will **NOT** be collected as of 1/1/2001, but cases diagnosed before 1/1/2001 will continue to be submitted to the central registry.
- Basal and Squamous cell carcinoma of the skin are not reportable but tumors that originate in the mucous membrane are reportable and include the following:

Lip	C00.0 – C00.9
Anus	C21.0
Labia	C51.0 – C51.1
Clitoris	C51.2
Vulva	C51.9
Vagina	C52.9
Prepuce	C60.0
Penis	C60.1 – C60.9
Scrotum	C63.2

- All melanomas are reportable.
- As of 1/1/2003 cases of in situ, localized, regional, or distant neoplasm of the skin (ICD-O Topography codes C44.0 – C44.9) with the following ICD-O Morphology codes are **NOT** reportable to ASCR.

M 8000 – 8004	Neoplasms, NOS
M 8010 – 8045	Epithelial neoplasms
M 8050 – 8082	Squamous cell neoplasms of the skin
M 8090 – 8110	Basal cell neoplasms of the skin

- The following terms are synonymous with in situ disease (Behavior code 2)
 - Adenocarcinoma in an adenomatous polyp with no invasion of stalk
 - Bowen's disease
 - Cervical intraepithelial neoplasia or CIN III (**not reportable**)
 - Clark's level I melanoma or limited to epithelium
 - Non-infiltrating comedocarcinoma, confined to epithelium
 - Hutchison's melanotic freckle NOS, intracystic non-infiltrating, intraductal, intraepithelium NOS, intraepidermal NOS (involvement up to but no including basement membrane.)
 - Lentigo maligna, lobular neoplasia, lobular non-infiltrating, noninvasive, no stromal involvement, Papillary non-infiltrating or intraductal
 - Precancerous melanosis
 - Prostatic intraepithelial neoplasia Grade III or PIN III (**not reportable**)
 - Queyrat's erthroplasia, stage 0
 - Vaginal intraepithelial neoplasia Grade III or VAIN III
 - Vulvar intraepithelial neoplasia Grade III or VIN III
 - **Laryngeal intraepithelial neoplasia, grade III (LINIII) (8077/2), C320-C329 is REPORTABLE.**
 - **Squamous intraepithelial neoplasia, grade III (SINI) (8077/2), except Cervix and Skin, is REPORTABLE.**
- If any invasion is present, no matter how limited – these cases must be coded to invasive behavior

Example: carcinoma in situ 8010/2 of vagina with microinvasion would be coded as invasive carcinoma 8010/3

- All cancer cases should be reported regardless of the patient's state of residency at the time of diagnosis. Cases from other states will be reported to that state but not included in Alabama statistics.
- All in situ cancer cases of the vagina, vulva, and anus are reportable to ASCR. VAIN III, VIN III, AIN III with morphology code of 8077/2
- One other NEW code of note with the October 1, 2007 revisions (but not necessarily for casefinding) is 789.51 (R18.0) malignant ascites...however; the primary site malignancy should be coded first rather than symptoms such as malignant ascites.
- 511.81(J91.0) - Malignant Pleural Effusion
- **Carcinoid tumor, NOS, of the appendix is now reportable and should be coded to 8240/3.**
- **Urine cytology positive for malignancy is reportable for diagnoses in 2013 and forward**
Code the primary site to 689 in the absence of any other information
Exception: When a subsequent biopsy of a urinary site is negative, do not report
Do not implement new/additional casefindings methods to capture these cases
Do not report cytology cases with ambiguous terminology
- Recode the following conditions as shown.
 - Recode all cases of enteroglucagonoma, NOS, as 8152/1. *Enteroglucagonoma is now a related term for glucagonoma.*
 - Then delete code 8157/1 Enteroglucagonoma, NOS
 - Recode all cases of enteroglucagonoma, malignant as 8152/3. *Enteroglucagonoma, malignant is now a related term for glucagonoma, malignant.*
 - Then delete code 8157/3 Enteroglucagonoma, malignant

NOTE: It is important to understand that cancer registry reportability rules based on behavior code still apply. With the exception of primary intracranial and central nervous system benign and borderline tumors, the addition of a /0 or /1 coded term to ICD-O-3 does not imply that it is now reportable.

Changes for ICD O-3 for 2016 Diagnosed Cases

ICD-O-3 IMPLEMENTATION AND REPORTABILITY

In 2014 and 2015 SEER added new reportable histology terms to their Program and Coding Manual. These terms had not been included in any ICD-O-3 errata or implementation guide and therefore were not addressed throughout the cancer surveillance community. **CDC has reviewed the terms (reportable according to SEER) and made the following decisions:**

1. Non-invasive mucinous cystic neoplasm of the pancreas with high-grade dysplasia replaces mucinous cystadenocarcinoma, non-invasive (8470/2) and is **REPORTABLE**.
2. Solid pseudopapillary neoplasm of pancreas (8452/3) is synonymous with solid pseudopapillary carcinoma (C25._) and is **REPORTABLE**.
3. Based on expert pathologist consultation, metastases have been reported in some cystic pancreatic endocrine neoplasm (CPEN) cases. With all other pancreatic endocrine tumors now considered malignant, CPEN will also be considered malignant, until proven otherwise. **Most CPEN cases are non-functioning and are REPORTABLE** using histology code 8150/3, unless the tumor is specified as a neuroendocrine tumor, grade 1 (assign code 8240/3) or neuroendocrine tumor, grade 2 (assign code 8249/3)
4. Laryngeal intraepithelial neoplasia, grade III (LINIII) (8077/2), C320-C329) is **REPORTABLE**.
5. Squamous intraepithelial neoplasia, grade III (SINIII) (8077/2), except Cervix and Skin, is **REPORTABLE**.

6. Mature teratoma of the testes in adults is malignant and REPORTABLE as 9080/3, but continues to be non-reportable in prepubescent children (9080/0). The following provides additional guidance:
- Adult is defined as post puberty
 - Pubescence can take place over a number of years
 - Do not rely solely on age to indicate pre or post puberty status. Review all information (physical history, etc.) for documentation of pubertal status. When testicular teratomas occur in adult males, pubescent status is likely to be stated in the medical record because it is an important factor of the diagnosis.
 - Do not report if unknown whether patient is pre or post pubescence. When testicular teratoma occurs in a male and there is no mention of pubescence, it is likely that the patient is a child, or pre-pubescent, and the tumor is benign.

While there has not been an official errata to address these histology terms, CDC recommends adding them to your ICD-O-3 Manuals.

APPENDIX E: ASCR REQUIRED DATA ELEMENTS (Version 16)

Below are the ASCR Data Items for v160. The Color Coding System is colored backgrounds for items in the table. The coloring of the items are indicated in the key at the start of the table. An expanded key is located at the end of the two tables explaining the NPCR recommendation for data collection.

Section 1	R = Required *	. = No recommendation		
	D = Derived	* = See NPCR Collection Key		
	Required When Available	New = New data item for 2016		
	Supplemental/Optional Fields			
Item #	Item Name	NPCR Collect	Status of Data Item	Suggested Default Value/Rational & Notes
<u>10</u>	Record Type	R		A
<u>20</u>	Patient ID Number	R		
<u>21</u>	Patient System ID-Hosp	.		
<u>30</u>	Registry Type	.		
35	FIN Coding System			
<u>37</u>	Reserved 00			
<u>40</u>	Registry ID	R		
<u>45</u>	NPI--Registry ID	.		
<u>50</u>	NAACCR Record Version	R		
<u>60</u>	Tumor Record Number	.		
<u>70</u>	Addr at DX--City	R		
<u>80</u>	Addr at DX--State	R		
<u>90</u>	County at DX	R		
<u>94</u>	County at DX Geocode1990	D	New	New
<u>95</u>	County at DX Geocode2000	D	New	New
<u>96</u>	County at DX Geocode2010	D	New	New
<u>97</u>	County at DX Geocode2020	.	New	New
<u>100</u>	Addr at DX--Postal Code	R		
<u>102</u>	Addr at DX--Country	.		USA
<u>110</u>	Census Tract 1970/80/90	RH*		
<u>120</u>	Census Cod Sys 1970/80/90	RH*		
<u>130</u>	Census Tract 2000	RH		
<u>135</u>	Census Tract 2010	R		
140	Census Tract Cod Sys--Alt			
<u>145</u>	Census Tr Poverty Indict	R		
<u>150</u>	Marital Status at DX	.		
<u>160</u>	Race 1	R		
<u>161</u>	Race 2	R		
<u>162</u>	Race 3	R		

Section 1	R = Required *	. = No recommendation * = See NPCR Collection Key		
	D = Derived			
	Required When Available	New = New data item for 2016		
	Supplemental/Optional Fields			
Item #	Item Name	NPCR Collect	Status of Data Item	Suggested Default Value/Rational & Notes
<u>163</u>	Race 4	R		
<u>164</u>	Race 5	R		
<u>170</u>	Race Coding Sys--Current	.		
<u>180</u>	Race Coding Sys--Original	.		
<u>190</u>	Spanish/Hispanic Origin	R		
<u>191</u>	NHIA Derived Hisp Origin	D		
<u>192</u>	IHS Link	R*		
<u>193</u>	Race--NAPIIA(derived API)	R		
<u>200</u>	Computed Ethnicity	R		
<u>210</u>	Computed Ethnicity Source	R		
<u>220</u>	Sex	R		
<u>230</u>	Age at Diagnosis	R		
<u>240</u>	Date of Birth	R		
<u>241</u>	Date of Birth Flag	R		
<u>250</u>	Birthplace	RH*		
<u>252</u>	Birthplace--State	R*		
<u>254</u>	Birthplace--Country	R*		
<u>260</u>	Religion			
<u>270</u>	Census Occ Code 1970-2000	R*		
<u>272</u>	Census Ind Code 2010 CDC	R*		
<u>280</u>	Census Ind Code 1970-2000	R*		
<u>282</u>	Census Occ Code 2010 CDC	R*		
<u>290</u>	Occupation Source	R*		
<u>300</u>	Industry Source	R*		
<u>310</u>	Text--Usual Occupation	R*		
<u>320</u>	Text--Usual Industry	R*		
<u>330</u>	Census Occ/Ind Sys 70-00	R*		
<u>340</u>	Tobacco History			See Section 2 for ASCR specific coding
<u>350</u>	Alcohol History			See Section 2 for ASCR specific coding
<u>360</u>	Family History of Cancer			See Section 2 for ASCR specific coding

Section 1	R = Required *	. = No recommendation *= See NPCR Collection Key		
	D = Derived			
	Required When Available	New = New data item for 2016		
	Supplemental/Optional Fields			
Item #	Item Name	NPCR Collect	Status of Data Item	Suggested Default Value/Rational & Notes
<u>362</u>	Census Block Group 2000	.		
<u>363</u>	Census Block Group 2010	.		
<u>364</u>	Census Tr Cert 1970/80/90	RH*		
<u>365</u>	Census Tr Certainty 2000	RH		
<u>366</u>	GIS Coordinate Quality	R*		
<u>367</u>	Census Tr Certainty 2010	R		
<u>368</u>	Census Block Grp 1970-90	.		
<u>370</u>	Reserved 01			
<u>380</u>	Sequence Number--Central	R		
<u>390</u>	Date of Diagnosis	R		
<u>391</u>	Date of Diagnosis Flag	R		
<u>400</u>	Primary Site	R		
<u>410</u>	Laterality	R		
<u>419</u>	Morph--Type&Behav ICD-O-2	.		
<u>420</u>	Histology (92-00) ICD-O-2	RH		
<u>430</u>	Behavior (92-00) ICD-O-2	RH		
<u>439</u>	Date of Mult Tumors Flag	.		
<u>440</u>	Grade	R		
<u>441</u>	Grade Path Value	RH*		
<u>442</u>	Ambiguous Terminology DX	.		
<u>443</u>	Date Conclusive DX	.		
<u>444</u>	Mult Tum Rpt as One Prim	.		
<u>445</u>	Date of Mult Tumors	.		
<u>446</u>	Multiplicity Counter	.		
<u>447</u>	Number of Tumors/Hist			
<u>448</u>	Date Conclusive DX Flag	.		
<u>449</u>	Grade Path System	RH*		
<u>450</u>	Site Coding Sys--Current	R		5 (ICD-O, third edition)
<u>460</u>	Site Coding Sys--Original	.		
<u>470</u>	Morph Coding Sys--Current	R		8
<u>480</u>	Morph Coding Sys--Originl	.		
<u>490</u>	Diagnostic Confirmation	R		
<u>500</u>	Type of Reporting Source	R		

Section 1	R = Required *	. = No recommendation * = See NPCR Collection Key		
	D = Derived			
	Required When Available	New = New data item for 2016		
	Supplemental/Optional Fields			
Item #	Item Name	NPCR Collect	Status of Data Item	Suggested Default Value/Rational & Notes
<u>501</u>	Casefinding Source	R*		
510	Screening Date			
520	Screening Result			
<u>521</u>	Morph--Type&Behav ICD-O-3	.		
<u>522</u>	Histologic Type ICD-O-3	R		
<u>523</u>	Behavior Code ICD-O-3	R		
<u>530</u>	Reserved 02			
538	Reporting Hospital FAN			
<u>540</u>	Reporting Facility	R		
<u>545</u>	NPI--Reporting Facility	R*		
<u>550</u>	Accession Number--Hosp	.		
<u>560</u>	Sequence Number--Hospital	.		
<u>570</u>	Abstracted By	.		
<u>580</u>	Date of 1st Contact	R		
<u>581</u>	Date of 1st Contact Flag	R		
<u>590</u>	Date of Inpt Adm	.		
<u>591</u>	Date of Inpt Adm Flag	.		
<u>600</u>	Date of Inpt Disch	.		
<u>601</u>	Date of Inpt Disch Flag	.		
<u>605</u>	Inpatient Status	.		
<u>610</u>	Class of Case	R		
<u>620</u>	Year First Seen This CA			
<u>630</u>	Primary Payer at DX	R*		
<u>640</u>	Inpatient/Outpt Status			
<u>650</u>	Presentation at CA Conf			
<u>660</u>	Date of CA Conference			
<u>665</u>	RX Hosp--ASA Class	.		
<u>668</u>	RX Hosp--Surg App 2010	.		
<u>670</u>	RX Hosp--Surg Prim Site	.		
<u>672</u>	RX Hosp--Scope Reg LN Sur	.		
<u>674</u>	RX Hosp--Surg Oth Reg/Dis	.		
<u>676</u>	RX Hosp--Reg LN Removed	.		
678	RX Hosp--Surg Timing	.		

Section 1	R = Required *	. = No recommendation * = See NPCR Collection Key		
	D = Derived			
	Required When Available	New = New data item for 2016		
	Supplemental/Optional Fields			
Item #	Item Name	NPCR Collect	Status of Data Item	Suggested Default Value/Rational & Notes
<u>680</u>	Reserved 03			
<u>690</u>	RX Hosp--Radiation	.		
<u>700</u>	RX Hosp--Chemo	.		
<u>710</u>	RX Hosp--Hormone	.		
<u>720</u>	RX Hosp--BRM	.		
<u>730</u>	RX Hosp--Other	.		
<u>740</u>	RX Hosp--DX/Stg Proc	.		
<u>742</u>	RX Hosp--Screen/BX Proc 1			
<u>743</u>	RX Hosp--Screen/BX Proc 2			
<u>744</u>	RX Hosp--Screen/BX Proc 3			
<u>745</u>	RX Hosp--Screen/BX Proc 4			
<u>746</u>	RX Hosp--Surg Site 98-02	.		
<u>747</u>	RX Hosp--Scope Reg 98-02	.		
<u>748</u>	RX Hosp--Surg Oth 98-02	.		
<u>750</u>	Reserved 04			
<u>752</u>	Tumor Size Clinical	.	New	New
<u>754</u>	Tumor Size Pathologic	.	New	New
<u>756</u>	Tumor Size Summary	R	New	New
<u>759</u>	SEER Summary Stage 2000	R	Revised	Directly assigned and required from all facility
<u>760</u>	SEER Summary Stage 1977	RH		
<u>762</u>	Derived SS2017	.	New	New
<u>764</u>	Directly Assigned SS2017	.	New	New
<u>770</u>	Loc/Reg/Distant Stage			
<u>772</u>	SEER Primary Tumor	.	New	New
<u>774</u>	SEER Regional Nodes	.	New	New
<u>776</u>	SEER Mets	.	New	New
<u>779</u>	Extent of Disease 10-Dig	.		
<u>780</u>	EOD--Tumor Size	.		
<u>790</u>	EOD--Extension	.		
<u>800</u>	EOD--Extension Prost Path	.		
<u>810</u>	EOD--Lymph Node Involv	.		
<u>820</u>	Regional Nodes Positive	R		

Section 1	R = Required *	. = No recommendation *= See NPCR Collection Key		
	D = Derived			
	Required When Available	New = New data item for 2016		
	Supplemental/Optional Fields			
Item #	Item Name	NPCR Collect	Status of Data Item	Suggested Default Value/Rational & Notes
<u>830</u>	Regional Nodes Examined	R		
<u>840</u>	EOD--Old 13 Digit	.		
<u>850</u>	EOD--Old 2 Digit	.		
<u>860</u>	EOD--Old 4 Digit	.		
<u>870</u>	Coding System for EOD	.		
<u>880</u>	TNM Path T	R		Directly assigned and required from all facilities.
<u>890</u>	TNM Path N	R		
<u>900</u>	TNM Path M	R		
<u>910</u>	TNM Path Stage Group	R		
<u>920</u>	TNM Path Descriptor	R		
<u>930</u>	TNM Path Staged By	.		
<u>940</u>	TNM Clin T	R		Directly assigned and required from all facilities.
<u>950</u>	TNM Clin N	R		
<u>960</u>	TNM Clin M	R		
<u>970</u>	TNM Clin Stage Group	R		
<u>980</u>	TNM Clin Descriptor	R		
<u>990</u>	TNM Clin Staged By	.		
<u>1000</u>	TNM Other T			
<u>1010</u>	TNM Other N			
<u>1020</u>	TNM Other M			
<u>1030</u>	TNM Other Stage Group			
<u>1040</u>	TNM Other Staged By			
<u>1050</u>	TNM Other Descriptor			
<u>1060</u>	TNM Edition Number	R		
<u>1070</u>	Other Staging System			
<u>1080</u>	Date of 1st Positive BX			
<u>1090</u>	Site of Distant Met 1			
<u>1100</u>	Site of Distant Met 2			
<u>1110</u>	Site of Distant Met 3			
<u>1112</u>	Mets at DX-Bone	.	New	New
<u>1113</u>	Mets at DX-Brain	.	New	New
<u>1114</u>	Mets at Dx-Distant LN	.	New	New
<u>1115</u>	Mets at DX-Liver	.	New	New

Section 1	R = Required *	. = No recommendation * = See NPCR Collection Key		
	D = Derived			
	Required When Available	New = New data item for 2016		
	Supplemental/Optional Fields			
Item #	Item Name	NPCR Collect	Status of Data Item	Suggested Default Value/Rational & Notes
1116	Mets at DX-Lung	.	New	New
1117	Mets at DX-Other	.	New	New
<u>1120</u>	Pediatric Stage	.		
<u>1130</u>	Pediatric Staging System	.		
<u>1140</u>	Pediatric Staged By	.		
<u>1150</u>	Tumor Marker 1	.		
<u>1160</u>	Tumor Marker 2	.		
<u>1170</u>	Tumor Marker 3	.		
<u>1180</u>	Reserved 05			
1182	Lymph-vascular Invasion	R*		
<u>1190</u>	Reserved 06			
1200	RX Date Surgery	R		
1201	RX Date Surgery Flag	R		
<u>1210</u>	RX Date Radiation	R		Evaluate Clinical vs. pathological stage
<u>1211</u>	RX Date Radiation Flag	R		
<u>1220</u>	RX Date Chemo	R		
<u>1221</u>	RX Date Chemo Flag	R		
<u>1230</u>	RX Date Hormone	R		
<u>1231</u>	RX Date Hormone Flag	R		
<u>1240</u>	RX Date BRM	R		
<u>1241</u>	RX Date BRM Flag	R		
<u>1250</u>	RX Date Other	R		
<u>1251</u>	RX Date Other Flag	R		
<u>1260</u>	Date Initial RX SEER	R#		
<u>1261</u>	Date Initial RX SEER Flag	R#		
1270	Date 1st Crs RX CoC	R#		
1271	Date 1st Crs RX CoC Flag	R#		
<u>1280</u>	RX Date DX/Stg Proc	.		
<u>1281</u>	RX Date DX/Stg Proc Flag	.		
1285	RX Summ--Treatment Status	R#		Identifies whether any treatment was given
<u>1290</u>	RX Summ--Surg Prim Site	R		
<u>1292</u>	RX Summ--Scope Reg LN Sur	R		
<u>1294</u>	RX Summ--Surg Oth Reg/Dis	R		

Section 1	R = Required *	. = No recommendation *= See NPCR Collection Key		
	D = Derived			
	Required When Available	New = New data item for 2016		
	Supplemental/Optional Fields			
Item #	Item Name	NPCR Collect	Status of Data Item	Suggested Default Value/Rational & Notes
<u>1296</u>	RX Summ--Reg LN Examined	.		
<u>1300</u>	Reserved 07			
<u>1310</u>	RX Summ--Surgical Approach	.		
<u>1320</u>	RX Summ--Surgical Margins	.		
<u>1330</u>	RX Summ--Reconstruct 1st	.		
<u>1340</u>	Reason for No Surgery	R		
<u>1350</u>	RX Summ--DX/Stg Proc	.		
<u>1360</u>	RX Summ--Radiation	RH		
<u>1370</u>	RX Summ--Rad to CNS	.		
<u>1380</u>	RX Summ--Surg/Rad Seq	R		Directly assigned and required from all facilities.
<u>1390</u>	RX Summ--Chemo	R		Treatment associated with dates
<u>1400</u>	RX Summ--Hormone	R		
<u>1410</u>	RX Summ--BRM	R		
<u>1420</u>	RX Summ--Other	R		
<u>1430</u>	Reason for No Radiation	R		
<u>1440</u>	Reason for No Chemo			
<u>1450</u>	Reason for No Hormone			
<u>1460</u>	RX Coding System--Current	R		06 (FORDS)
<u>1470</u>	Protocol Eligibility Stat			
<u>1480</u>	Protocol Participation			
<u>1490</u>	Referral to Support Serv			
<u>1500</u>	First Course Calc Method			
<u>1510</u>	Rad--Regional Dose: cGy	.		
<u>1520</u>	Rad--No of Treatment Vol	.		
<u>1530</u>	Rad--Elapsed RX Days			
<u>1540</u>	Rad--Treatment Volume	.		
<u>1550</u>	Rad--Location of RX	.		
<u>1560</u>	Rad--Intent of Treatment			
<u>1570</u>	Rad--Regional RX Modality	R		Treatment associated with dates
<u>1580</u>	Rad--RX Completion Status			
<u>1590</u>	Rad--Local Control Status			
<u>1600</u>	Chemotherapy Field 1			

Section 1	R = Required *	. = No recommendation		
	D = Derived	*= See NPCR Collection Key		
	Required When Available	New = New data item for 2016		
	Supplemental/Optional Fields			
Item #	Item Name	NPCR Collect	Status of Data Item	Suggested Default Value/Rational & Notes
<u>1610</u>	Chemotherapy Field 2			
<u>1620</u>	Chemotherapy Field 3			
<u>1630</u>	Chemotherapy Field 4			
<u>1639</u>	RX Summ--Systemic/Sur Seq	R		Directly assigned and required from all facilities.
<u>1640</u>	RX Summ--Surgery Type	.		
<u>1642</u>	RX Summ--Screen/BX Proc1			
<u>1643</u>	RX Summ--Screen/BX Proc2			
<u>1644</u>	RX Summ--Screen/BX Proc3			
<u>1645</u>	RX Summ--Screen/BX Proc4			
<u>1646</u>	RX Summ--Surg Site 98-02	.		
<u>1647</u>	RX Summ--Scope Reg 98-02	.		
<u>1648</u>	RX Summ--Surg Oth 98-02	.		
<u>1650</u>	Reserved 08			
<u>1660</u>	Subsq RX 2nd Course Date	.		
<u>1661</u>	Subsq RX 2ndCrs Date Flag	.		
<u>1670</u>	Subsq RX 2nd Course Codes	.		
<u>1671</u>	Subsq RX 2nd Course Surg	.		
<u>1672</u>	Subsq RX 2nd Course Rad	.		
<u>1673</u>	Subsq RX 2nd Course Chemo	.		
<u>1674</u>	Subsq RX 2nd Course Horm	.		
<u>1675</u>	Subsq RX 2nd Course BRM	.		
<u>1676</u>	Subsq RX 2nd Course Oth	.		
<u>1677</u>	Subsq RX 2nd--Scope LN SU	.		
<u>1678</u>	Subsq RX 2nd--Surg Oth	.		
<u>1679</u>	Subsq RX 2nd--Reg LN Rem	.		
<u>1680</u>	Subsq RX 3rd Course Date	.		
<u>1681</u>	Subsq RX 3rdCrs Date Flag	.		
<u>1690</u>	Subsq RX 3rd Course Codes	.		
<u>1691</u>	Subsq RX 3rd Course Surg	.		
<u>1692</u>	Subsq RX 3rd Course Rad	.		

Section 1	R = Required *	. = No recommendation		
	D = Derived	*= See NPCR Collection Key		
	Required When Available	New = New data item for 2016		
	Supplemental/Optional Fields			
Item #	Item Name	NPCR Collect	Status of Data Item	Suggested Default Value/Rational & Notes
<u>1693</u>	Subsq RX 3rd Course Chemo	.		
<u>1694</u>	Subsq RX 3rd Course Horm	.		
<u>1695</u>	Subsq RX 3rd Course BRM	.		
<u>1696</u>	Subsq RX 3rd Course Oth	.		
<u>1697</u>	Subsq RX 3rd--Scope LN Su	.		
<u>1698</u>	Subsq RX 3rd--Surg Oth	.		
<u>1699</u>	Subsq RX 3rd--Reg LN Rem	.		
<u>1700</u>	Subsq RX 4th Course Date	.		
<u>1701</u>	Subsq RX 4thCrS Date Flag	.		
<u>1710</u>	Subsq RX 4th Course Codes	.		
<u>1711</u>	Subsq RX 4th Course Surg	.		
<u>1712</u>	Subsq RX 4th Course Rad	.		
<u>1713</u>	Subsq RX 4th Course Chemo	.		
<u>1714</u>	Subsq RX 4th Course Horm	.		
<u>1715</u>	Subsq RX 4th Course BRM	.		
<u>1716</u>	Subsq RX 4th Course Oth	.		
<u>1717</u>	Subsq RX 4th--Scope LN Su	.		
<u>1718</u>	Subsq RX 4th--Surg Oth	.		
<u>1719</u>	Subsq RX 4th--Reg LN Rem	.		
<u>1719</u>	Subsq RX 4th--Reg LN Rem	.		
1720	Subsq RX 5th Course Date			
1730	Subsq RX 5th Course Codes			
1731	Subsq RX 5th Course Surg			
1732	Subsq RX 5th Course Rad			
1733	Subsq RX 5th Course Chemo			
1734	Subsq RX 5th Course Horm			
1735	Subsq RX 5th Course BRM			
1736	Subsq RX 5th Course Oth			
1737	Subsq RX 5th--Scope LN Su			
1738	Subsq RX 5th--Surg Oth			
1739	Subsq RX 5th--Reg LN Rem			
<u>1740</u>	Reserved 09			
<u>1741</u>	Subsq RX--Reconstruct Del	.		

Section 1	R = Required *	. = No recommendation * = See NPCR Collection Key		
	D = Derived			
	Required When Available	New = New data item for 2016		
	Supplemental/Optional Fields			
Item #	Item Name	NPCR Collect	Status of Data Item	Suggested Default Value/Rational & Notes
<u>1750</u>	Date of Last Contact	R		
<u>1751</u>	Date of Last Contact Flag	R		
<u>1755</u>	Date of Death--Canada	.		
<u>1756</u>	Date of Death--CanadaFlag	.		
<u>1760</u>	Vital Status	R		
<u>1770</u>	Cancer Status	.		
<u>1780</u>	Quality of Survival	.		
<u>1782</u>	Surv-Date Active Followup	.		
<u>1783</u>	Surv-Flag Active Followup	.		
<u>1784</u>	Surv-Mos Active Followup	.		
<u>1785</u>	Surv-Date Presumed Alive	.		
<u>1786</u>	Surv-Flag Presumed Alive	.		
<u>1787</u>	Surv-Mos Presumed Alive	.		
<u>1788</u>	Surv-Date DX Recode	.		
<u>1790</u>	Follow-Up Source	R*		
<u>1791</u>	Follow-up Source Central	R		
<u>1800</u>	Next Follow-Up Source	.		
<u>1810</u>	Addr Current--City	.		
<u>1820</u>	Addr Current--State	.		
<u>1830</u>	Addr Current--Postal Code	.		
<u>1832</u>	Addr Current--Country	.		
<u>1835</u>	Reserved 10			
<u>1840</u>	County--Current	.		
<u>1842</u>	Follow-Up Contact--City	.		
<u>1844</u>	Follow-Up Contact--State	.		
<u>1846</u>	Follow-Up Contact--Postal	.		
<u>1847</u>	FollowUp Contact--Country	.		
<u>1850</u>	Unusual Follow-Up Method	.		
<u>1860</u>	Recurrence Date--1st	.		
<u>1861</u>	Recurrence Date--1st Flag	.		
<u>1870</u>	Recurrence Distant Sites			
<u>1871</u>	Recurrence Distant Site 1			
<u>1872</u>	Recurrence Distant Site 2			

Section 1	R = Required *	. = No recommendation *= See NPCR Collection Key		
	D = Derived			
	Required When Available	New = New data item for 2016		
	Supplemental/Optional Fields			
Item #	Item Name	NPCR Collect	Status of Data Item	Suggested Default Value/Rational & Notes
<u>1873</u>	Recurrence Distant Site 3			
<u>1880</u>	Recurrence Type--1st	.		
<u>1890</u>	Recurrence Type--1st--Oth			
<u>1900</u>	Reserved 11			
<u>1910</u>	Cause of Death	R		0000 (alive) Suggested Default Value/Rational
<u>1920</u>	ICD Revision Number	R		0 (alive) Suggested Default Value/Rational
<u>1930</u>	Autopsy	.		0 (alive) Suggested Default Value/Rational
<u>1940</u>	Place of Death	RH		
<u>1942</u>	Place of Death--State	R		
<u>1944</u>	Place of Death--Country	R*		
<u>1960</u>	Site (73-91) ICD-O-1	.		
<u>1970</u>	Morph (73-91) ICD-O-1	.		
<u>1971</u>	Histology (73-91) ICD-O-1	.		
<u>1972</u>	Behavior (73-91) ICD-O-1	.		
<u>1973</u>	Grade (73-91) ICD-O-1	.		
<u>1980</u>	ICD-O-2 Conversion Flag	.		
<u>1981</u>	Over-ride SS/NodesPos	.		
<u>1982</u>	Over-ride SS/TNM-N	.		
<u>1983</u>	Over-ride SS/TNM-M	.		
<u>1984</u>	Over-ride SS/DisMet1			
<u>1985</u>	Over-ride Acsn/Class/Seq	.		
<u>1986</u>	Over-ride HospSeq/DxConf	.		
<u>1987</u>	Over-ride CoC-Site/Type	.		
<u>1988</u>	Over-ride HospSeq/Site	.		
<u>1989</u>	Over-ride Site/TNM-StgGrp	R		This will allow central registries to receive edit overrides that may be set in the hospital and help resolve edits
<u>1990</u>	Over-ride Age/Site/Morph	R		
<u>2000</u>	Over-ride SeqNo/DxConf	R		
<u>2010</u>	Over-ride Site/Lat/SeqNo	R		

Section 1	R = Required *	. = No recommendation *= See NPCR Collection Key		
	D = Derived			
	Required When Available	New = New data item for 2016		
	Supplemental/Optional Fields			
Item #	Item Name	NPCR Collect	Status of Data Item	Suggested Default Value/Rational & Notes
<u>2020</u>	Over-ride Surg/DxConf	R		
<u>2030</u>	Over-ride Site/Type	R		
<u>2040</u>	Over-ride Histology	R		
<u>2050</u>	Over-ride Report Source	R		
<u>2060</u>	Over-ride Ill-define Site	R		
<u>2070</u>	Over-ride Leuk, Lymphoma	R		
<u>2071</u>	Over-ride Site/Behavior	R		
<u>2072</u>	Over-ride Site/EOD/DX Dt	.		
<u>2073</u>	Over-ride Site/Lat/EOD	.		
<u>2074</u>	Over-ride Site/Lat/Morph	R		
<u>2080</u>	Reserved 13			
<u>2081</u>	CRC CHECKSUM	.		
<u>2085</u>	Date Case Initiated	.		
<u>2090</u>	Date Case Completed	.		
<u>2092</u>	Date Case Completed--CoC	.		
<u>2100</u>	Date Case Last Changed	.		
<u>2110</u>	Date Case Report Exported	R		
<u>2111</u>	Date Case Report Received	R		
<u>2112</u>	Date Case Report Loaded	R		
<u>2113</u>	Date Tumor Record Availble	R		
<u>2114</u>	Future Use Timeliness 1			
<u>2115</u>	Future Use Timeliness 2			
<u>2116</u>	ICD-O-3 Conversion Flag	R		
<u>2120</u>	SEER Coding Sys--Current	.		Use D - 2013 Coding Manual
<u>2130</u>	SEER Coding Sys--Original	.		
<u>2140</u>	CoC Coding Sys--Current	.		08
<u>2150</u>	CoC Coding Sys--Original	.		08
<u>2160</u>	Subsq Report for Primary			
<u>2161</u>	Reserved 18			
<u>2162</u>	Reserved 19		New	New
<u>2163</u>	Reserved 20		New	New
<u>2170</u>	Vendor Name	.		
<u>2180</u>	SEER Type of Follow-Up	.		

Section 1	R = Required *	. = No recommendation *= See NPCR Collection Key		
	D = Derived			
	Required When Available	New = New data item for 2016		
	Supplemental/Optional Fields			
Item #	Item Name	NPCR Collect	Status of Data Item	Suggested Default Value/Rational & Notes
<u>2190</u>	SEER Record Number	.		
<u>2200</u>	Diagnostic Proc 73-87	.		
<u>2210</u>	Reserved 14			
<u>2220</u>	State/Requestor Items	.		
<u>2230</u>	Name--Last	R		
<u>2240</u>	Name--First	R		
<u>2250</u>	Name--Middle	R		
<u>2260</u>	Name--Prefix	.		
<u>2270</u>	Name--Suffix	.		
<u>2280</u>	Name--Alias	R		
<u>2290</u>	Name--Spouse/Parent	.		
<u>2300</u>	Medical Record Number	R		
<u>2310</u>	Military Record No Suffix	.		
<u>2320</u>	Social Security Number	R		
<u>2330</u>	Addr at DX--No & Street	R		
<u>2335</u>	Addr at DX--Supplementl	R		
<u>2350</u>	Addr Current--No & Street	.		
<u>2352</u>	Latitude	R*		
<u>2354</u>	Longitude	R*		
<u>2355</u>	Addr Current--Supplementl	.		
<u>2360</u>	Telephone	.		
<u>2370</u>	DC State			
<u>2380</u>	DC State File Number	R		
<u>2390</u>	Name--Maiden	R		
<u>2392</u>	Follow-Up Contact--No&St	.		
<u>2393</u>	Follow-Up Contact--Suppl	.		
<u>2394</u>	Follow-Up Contact--Name	.		
<u>2400</u>	Reserved 16			
<u>2410</u>	Institution Referred From	.		
<u>2415</u>	NPI--Inst Referred From	.		
<u>2420</u>	Institution Referred To	.		
<u>2425</u>	NPI--Inst Referred To	.		
<u>2430</u>	Last Follow-Up Hospital			

Section 1	R = Required *	. = No recommendation *= See NPCR Collection Key		
	D = Derived			
	Required When Available	New = New data item for 2016		
	Supplemental/Optional Fields			
Item #	Item Name	NPCR Collect	Status of Data Item	Suggested Default Value/Rational & Notes
<u>2440</u>	Following Registry	.		
<u>2445</u>	NPI--Following Registry	.		
<u>2450</u>	Reserved 17			
<u>2460</u>	Physician--Managing	.		
<u>2465</u>	NPI--Physician--Managing	.		
<u>2470</u>	Physician--Follow-Up	.		
<u>2475</u>	NPI--Physician--Follow-Up	.		
<u>2480</u>	Physician--Primary Surg	.		
<u>2485</u>	NPI--Physician--Primary Surg	.		
<u>2490</u>	Physician 3	.		
<u>2495</u>	NPI--Physician 3	.		
<u>2500</u>	Physician 4	.		
<u>2505</u>	NPI--Physician 4	.		
<u>2510</u>	Reserved 12			
<u>2520</u>	Text--DX Proc--PE	R^		
<u>2530</u>	Text--DX Proc--X-ray/Scan	R^		
<u>2540</u>	Text--DX Proc--Scopes	R^		
<u>2550</u>	Text--DX Proc--Lab Tests	R^		
<u>2560</u>	Text--DX Proc--Op	R^		
<u>2570</u>	Text--DX Proc--Path	R^		
<u>2580</u>	Text--Primary Site Title	R^		
<u>2590</u>	Text--Histology Title	R^		
<u>2600</u>	Text--Staging	R^		
<u>2610</u>	RX Text--Surgery	R^		
<u>2620</u>	RX Text--Radiation (Beam)	R^		
<u>2630</u>	RX Text--Radiation Other	R^		
<u>2640</u>	RX Text--Chemo	R^		
<u>2650</u>	RX Text--Hormone	R^		
<u>2660</u>	RX Text--BRM	R^		
<u>2670</u>	RX Text--Other	R^		
<u>2680</u>	Text--Remarks	.		
<u>2690</u>	Text--Place of Diagnosis	.		
<u>2700</u>	Reserved 17			

Section 1	R = Required *	. = No recommendation *= See NPCR Collection Key		
	D = Derived			
	Required When Available	New = New data item for 2016		
	Supplemental/Optional Fields			
Item #	Item Name	NPCR Collect	Status of Data Item	Suggested Default Value/Rational & Notes
<u>2730</u>	CS PreRx Tumor Size	.		
<u>2735</u>	CS PreRx Extension	.		
<u>2740</u>	CS PreRx Tum Sz/Ext Eval	.		
<u>2750</u>	CS PreRx Lymph Nodes	.		
<u>2755</u>	CS PreRx Reg Nodes Eval	.		
<u>2760</u>	CS PreRx Mets at DX	.		
<u>2765</u>	CS PreRx Mets Eval	.		
<u>2770</u>	CS PostRx Tumor Size	.		
<u>2775</u>	CS PostRx Extension	.		
<u>2780</u>	CS PostRx Lymph Nodes	.		
<u>2785</u>	CS PostRx Mets at DX	.		
<u>2800</u>	CS Tumor Size	RH		
<u>2810</u>	CS Extension	RH		
<u>2820</u>	CS Tumor Size/Ext Eval	RH		
<u>2830</u>	CS Lymph Nodes	RH		
<u>2840</u>	CS Lymph Nodes Eval	RH*		
<u>2850</u>	CS Mets at DX	RH		
<u>2851</u>	CS Mets at Dx-Bone	.		
<u>2852</u>	CS Mets at Dx-Brain	.		
<u>2853</u>	CS Mets at Dx-Liver	.		
<u>2854</u>	CS Mets at Dx-Lung	.		
<u>2860</u>	CS Mets Eval	RH*		
<u>2861</u>	CS Site-Specific Factor 7	RH		
<u>2862</u>	CS Site-Specific Factor 8	RS		
<u>2863</u>	CS Site-Specific Factor 9	RS		
<u>2864</u>	CS Site-Specific Factor10	RS		
<u>2865</u>	CS Site-Specific Factor11	RS		
<u>2866</u>	CS Site-Specific Factor12	RH		
<u>2867</u>	CS Site-Specific Factor13	RS		
<u>2868</u>	CS Site-Specific Factor14	RS		
<u>2869</u>	CS Site-Specific Factor15	RS		
<u>2870</u>	CS Site-Specific Factor16	RS		
<u>2871</u>	CS Site-Specific Factor17	RH		

Section 1	R = Required *	. = No recommendation *= See NPCR Collection Key		
	D = Derived			
	Required When Available	New = New data item for 2016		
	Supplemental/Optional Fields			
Item #	Item Name	NPCR Collect	Status of Data Item	Suggested Default Value/Rational & Notes
<u>2872</u>	CS Site-Specific Factor18	.		
<u>2873</u>	CS Site-Specific Factor19	.		
<u>2874</u>	CS Site-Specific Factor20	.		
<u>2875</u>	CS Site-Specific Factor21	.		
<u>2876</u>	CS Site-Specific Factor22	.		
<u>2877</u>	CS Site-Specific Factor23	.		
<u>2878</u>	CS Site-Specific Factor24	.		
<u>2879</u>	CS Site-Specific Factor25	RS		
<u>2880</u>	CS Site-Specific Factor 1	RS		
<u>2890</u>	CS Site-Specific Factor 2	RS		
<u>2900</u>	CS Site-Specific Factor 3	RH		
<u>2910</u>	CS Site-Specific Factor 4	RH		
<u>2920</u>	CS Site-Specific Factor 5	RS		
<u>2930</u>	CS Site-Specific Factor 6	RS		
<u>2935</u>	CS Version Input Original	R		
<u>2936</u>	CS Version Derived	RH		
<u>2937</u>	CS Version Input Current	R		
<u>2940</u>	Derived AJCC-6 T	.		
<u>2950</u>	Derived AJCC-6 T Descript	.		
<u>2960</u>	Derived AJCC-6 N	.		
<u>2970</u>	Derived AJCC-6 N Descript	.		
<u>2980</u>	Derived AJCC-6 M	.		
<u>2990</u>	Derived AJCC-6 M Descript	.		
<u>3000</u>	Derived AJCC-6 Stage Grp	.		
<u>3010</u>	Derived SS1977	.		
<u>3020</u>	Derived SS2000	RH		
<u>3030</u>	Derived AJCC--Flag	.		
<u>3040</u>	Derived SS1977--Flag	.		
<u>3050</u>	Derived SS2000--Flag	RH		
<u>3100</u>	Archive FIN	.		
<u>3105</u>	NPI--Archive FIN	.		
<u>3110</u>	Comorbid/Complication 1	.		
<u>3120</u>	Comorbid/Complication 2	.		

Section 1	R = Required *	. = No recommendation *= See NPCR Collection Key		
	D = Derived			
	Required When Available	New = New data item for 2016		
	Supplemental/Optional Fields			
Item #	Item Name	NPCR Collect	Status of Data Item	Suggested Default Value/Rational & Notes
<u>3130</u>	Comorbid/Complication 3	.		
<u>3140</u>	Comorbid/Complication 4	.		
<u>3150</u>	Comorbid/Complication 5	.		
<u>3160</u>	Comorbid/Complication 6	.		
<u>3161</u>	Comorbid/Complication 7	.		
<u>3162</u>	Comorbid/Complication 8	.		
<u>3163</u>	Comorbid/Complication 9	.		
<u>3164</u>	Comorbid/Complication 10	.		
<u>3165</u>	ICD Revision Comorbid	.		
<u>3170</u>	RX Date Mst Defn Srg	R		Evaluate clinical vs. pathologic stage
<u>3171</u>	RX Date Mst Defn Srg Flag	R		Evaluate clinical vs. pathologic stage
<u>3180</u>	RX Date Surg Disch	.		
<u>3181</u>	RX Date Surg Disch Flag	.		
<u>3190</u>	Readm Same Hosp 30 Days	.		
<u>3200</u>	Rad--Boost RX Modality	.		
<u>3210</u>	Rad--Boost Dose cGy	.		
<u>3220</u>	RX Date Rad Ended	.		
<u>3221</u>	RX Date Rad Ended Flag	.		
<u>3230</u>	RX Date Systemic	.		
<u>3231</u>	RX Date Systemic Flag	.		
<u>3250</u>	RX Summ--Transplnt/Endocr	R		Treatment associated with dates
<u>3260</u>	Pain Assessment			
<u>3270</u>	RX Summ--Palliative Proc	.		
<u>3280</u>	RX Hosp--Palliative Proc	.		
<u>3300</u>	RuralUrban Continuum 1993	D		
<u>3310</u>	RuralUrban Continuum 2003	D		
<u>3312</u>	RuralUrban Continuum 2013	D		New
<u>3400</u>	Derived AJCC-7 T	RH*		
<u>3402</u>	Derived AJCC-7 T Descript	RH*		
<u>3410</u>	Derived AJCC-7 N	RH*		
<u>3412</u>	Derived AJCC-7 N Descript	RH*		
<u>3420</u>	Derived AJCC-7 M	RH*		
<u>3422</u>	Derived AJCC-7 M Descript	RH*		

Section 1	R = Required *	. = No recommendation * = See NPCR Collection Key		
	D = Derived			
	Required When Available	New = New data item for 2016		
	Supplemental/Optional Fields			
Item #	Item Name	NPCR Collect	Status of Data Item	Suggested Default Value/Rational & Notes
<u>3430</u>	Derived AJCC-7 Stage Grp	RH*		
<u>3440</u>	Derived PreRx-7 T	.		
<u>3442</u>	Derived PreRx-7 T Descrip	.		
<u>3450</u>	Derived PreRx-7 N	.		
<u>3452</u>	Derived PreRx-7 N Descrip	.		
<u>3460</u>	Derived PreRx-7 M	.		
<u>3462</u>	Derived PreRx-7 M Descrip	.		
<u>3470</u>	Derived PreRx-7 Stage Grp	.		
<u>3480</u>	Derived PostRx-7 T	.		
<u>3482</u>	Derived PostRx-7 N	.		
<u>3490</u>	Derived PostRx-7 M	.		
<u>3492</u>	Derived PostRx-7 Stge Grp	.		
<u>3600</u>	Derived Neoadjuv Rx Flag	.		
<u>3605</u>	Derived SEER Path Stg Grp	.	New	New
<u>3610</u>	Derived SEER Clin Stg Grp	.	New	New
<u>3614</u>	Derived SEER Cmb Stg Grp	.	New	New
<u>3616</u>	Derived SEER Combined T	.	New	New
<u>3618</u>	Derived SEER Combined N	.	New	New
<u>3620</u>	Derived SEER Combined M	.	New	New
<u>3622</u>	Derived SEER Cmb T Src	.	New	New
<u>3624</u>	Derived SEER Cmb N Src	.	New	New
<u>3626</u>	Derived SEER Cmb M Src	.	New	New
<u>3650</u>	NPCR Derived Clin Stg Grp	R	New	New
<u>3655</u>	NPCR Derived Path Stg Grp	R	New	New
<u>3700</u>	SEER Site-Specific Fact 1	.		
<u>3702</u>	SEER Site-Specific Fact 2	.		
<u>3704</u>	SEER Site-Specific Fact 3	.		
<u>3706</u>	SEER Site-Specific Fact 4	.		
<u>3708</u>	SEER Site-Specific Fact 5	.		
<u>3710</u>	SEER Site-Specific Fact 6	.		
<u>3720</u>	NPCR Specific Field	R		
<u>3750</u>	Over-ride CS 1	.		
<u>3751</u>	Over-ride CS 2	.		

Section 1	R = Required *	. = No recommendation * = See NPCR Collection Key		
	D = Derived			
	Required When Available	New = New data item for 2016		
	Supplemental/Optional Fields			
Item #	Item Name	NPCR Collect	Status of Data Item	Suggested Default Value/Rational & Notes
<u>3752</u>	Over-ride CS 3	.		
<u>3753</u>	Over-ride CS 4	.		
<u>3754</u>	Over-ride CS 5	.		
<u>3755</u>	Over-ride CS 6	.		
<u>3756</u>	Over-ride CS 7	.		
<u>3757</u>	Over-ride CS 8	.		
<u>3758</u>	Over-ride CS 9	.		
<u>3759</u>	Over-ride CS 10	.		
<u>3760</u>	Over-ride CS 11	.		
<u>3761</u>	Over-ride CS 12	.		
<u>3762</u>	Over-ride CS 13	.		
<u>3763</u>	Over-ride CS 14	.		
<u>3764</u>	Over-ride CS 15	.		
<u>3765</u>	Over-ride CS 16	.		
<u>3766</u>	Over-ride CS 17	.		
<u>3767</u>	Over-ride CS 18	.		
<u>3768</u>	Over-ride CS 19	.		
<u>3769</u>	Over-ride CS 20	RH		
<u>3780</u>	Secondary Diagnosis 1	.		
<u>3782</u>	Secondary Diagnosis 2	.		
<u>3784</u>	Secondary Diagnosis 3	.		
<u>3786</u>	Secondary Diagnosis 4	.		
<u>3788</u>	Secondary Diagnosis 5	.		
<u>3790</u>	Secondary Diagnosis 6	.		
<u>3792</u>	Secondary Diagnosis 7	.		
<u>3794</u>	Secondary Diagnosis 8	.		
<u>3796</u>	Secondary Diagnosis 9	.		
<u>3798</u>	Secondary Diagnosis 10	.		
<u>7010</u>	Path Reporting Fac ID 1	.		
<u>7011</u>	Path Reporting Fac ID 2	.		
<u>7012</u>	Path Reporting Fac ID 3	.		
<u>7013</u>	Path Reporting Fac ID 4	.		
<u>7014</u>	Path Reporting Fac ID 5	.		

Section 1	R = Required *	. = No recommendation * = See NPCR Collection Key		
	D = Derived			
	Required When Available	New = New data item for 2016		
	Supplemental/Optional Fields			
Item #	Item Name	NPCR Collect	Status of Data Item	Suggested Default Value/Rational & Notes
<u>7090</u>	Path Report Number 1	.		
<u>7091</u>	Path Report Number 2	.		
<u>7092</u>	Path Report Number 3	.		
<u>7093</u>	Path Report Number 4	.		
<u>7094</u>	Path Report Number 5	.		
<u>7100</u>	Path Order Phys Lic No 1	.		
<u>7101</u>	Path Order Phys Lic No 2	.		
<u>7102</u>	Path Order Phys Lic No 3	.		
<u>7103</u>	Path Order Phys Lic No 4	.		
<u>7104</u>	Path Order Phys Lic No 5	.		
<u>7190</u>	Path Ordering Fac No 1	.		
<u>7191</u>	Path Ordering Fac No 2	.		
<u>7192</u>	Path Ordering Fac No 3	.		
<u>7193</u>	Path Ordering Fac No 4	.		
<u>7194</u>	Path Ordering Fac No 5	.		
<u>7320</u>	Path Date Spec Collect 1	.		
<u>7321</u>	Path Date Spec Collect 2	.		
<u>7322</u>	Path Date Spec Collect 3	.		
<u>7323</u>	Path Date Spec Collect 4	.		
<u>7324</u>	Path Date Spec Collect 5	.		
<u>7480</u>	Path Report Type 1	.		
<u>7481</u>	Path Report Type 2	.		
<u>7482</u>	Path Report Type 3	.		
<u>7483</u>	Path Report Type 4	.		
<u>7484</u>	Path Report Type 5	.		
<u>9020</u>	Follow-up Contact--Phone			ASCR continue collecting these retired data items or AL specific item. See table on last page
<u>9030</u>	Tobacco History			
<u>9040</u>	Tobacco History			
<u>9050</u>	Alcohol History			
<u>9060</u>	Family History of Cancer			
<u>9070</u>	Religion			

Section 1	R = Required *	. = No recommendation		
	D = Derived	*= See NPCR Collection Key		
	Required When Available	New = New data item for 2016		
	Supplemental/Optional Fields			
Item #	Item Name	NPCR Collect	Status of Data Item	Suggested Default Value/Rational & Notes
<u>9080</u>	Site of Distant Site 1			ASCR continue collecting these retired data items or AL specific item. See table on last page
<u>9090</u>	Site of Distant Site 2			
<u>9100</u>	Site of Distant Site 3			
<u>9110</u>	Recurrence Distant Site 1			
<u>9120</u>	Recurrence Distant Site 2			
<u>9130</u>	OvrDSSDisMet1			
<u>9140</u>	Date1stPosBX			
<u>9150</u>	Date1stPosBXFlg			
<u>9980</u>	MDELink			
<u>9981</u>	MDEDate			
<u>9999</u>	State/Requestor Items			

Section 2			
ASCR Retired Data Items or AL Specific Items Codes and Retention Information			
Item Number	Name	Position Item Number	Length
9020	Follow-up Contact-- Phone	Column 2343-2352	8

Code	Fam Hist of CA	Tobacco History	Alcohol History
0	No	Never Used	No history of alcohol use
1	Yes	Cigarette smoker, current	Current use of alcohol
2		Cigar/pipe smoker, current	Past history of alcohol use, does not currently use
3		Snuff /Chew/smokeless, current	
4		Combination use, current	
5		Previous Use	
9	Unknown	Unknown	Unknown

NPCR Collection Key

R = Required , RH = Historically collected and currently transmitted, RS = Required, site specific, S = Supplementary/recommended

R# = Required; central registries may code available data using either SEER or CoC data items and associated rules

R#* = Required, when available; central registries may code available data using either SEER or CoC data items and associated rules

R* = Required, when available

R^ = Required, these text requirements may be met with one or several text block fields

RH* = Historically collected and currently transmitted when available

RN = Collect according to NPCR stage transition schedule

RS# = Required, site specific; central registries may code available data using either SEER or CoC data items and associated rules

RS* = Required, site specific; when available

FupUnusual - Unusual F-up Methods - use to indicate whether patients want the medical record to be released for other purpose

00 - OK to release

01 - Not release - Out of State

02 - Do not release (HIPAA) (Example: For use when a patient request that their medical record information not be released.)

03 - Do not release (Interstate Data Exchange Cases + HIPAA)

04 - Do not release (VA)

05 - Do not release (Interstate Data Exchange Cases + VA)

06 - Do not release (VA + HIPAA)

07 - Do not release (Interstate Data Exchange Cases + HIPAA+VA)