

Oregon State Cancer Registry

Cancer Reporting Standards Volume I

REPORTING PROCEDURES FOR HOSPITALS AMBULATORY SURGERY CENTERS

Updated April 2009

CONTACT INFORMATION

Oregon State Cancer Registry
Department of Human Services
Public Health Services
800 NE Oregon Street, Suite 730
Portland, Oregon 97232-2162

Tel: (971) 673-0986
Fax: (971) 673-0996
TTY-Nonvoice: (971) 673-0372
Email: oscar.ohd@state.or.us
www.healthoregon.org/oscar



To receive this document in an alternate format, please contact us

OSCaR STAFF

Administration

Donald Shipley, MS Program Manager	(971) 673-0986	donald.k.shipley@state.or.us
Deborah Towell, CTR Program Coordinator	(971) 673-1021	deborah.j.towell@state.or.us
Jeffrey Soule Research Coordinator	(971) 673-0986	jeffrey.a.soule@state.or.us

Data Analysis

Cathy Riddell Senior Research Analyst	(971) 673-1113	catherine.a.riddell@state.or.us
Joan Pliska, RHIT, CTR Research Analyst Cancer Data Consultant	(971) 673-1040	joan.m.pliska@state.or.us
Alyssa Elting McGuire, MPA Research Analyst - Database Specialist	(971) 673-1077	alyssa.elting@state.or.us

Quality Assurance

Claudia Feight, RHIT, CTR Quality Assurance Specialist Education Training Coordinator	(971) 673-1119	claudia.f.feight@state.or.us
Nancy Henderson, CTR Cancer Data Consultant	(971) 673-1078	nancy.l.henderson@state.or.us
LeeLa Coleman, CTR Cancer Data Consultant	(971) 673-1056	leela.j.coleman@state.or.us
Rebecca Gould, CTR Cancer Data Consultant	(971) 673-1086	rebecca.s.gould@state.or.us

I. Introduction
 Mission Statement..... I-1
 Background..... I-1
 Oregon Demographics I-1
 Healthcare in Oregon I-2
 Cancer as a Public Health Issue I-2
 Cancer Registration..... I-2

II. Confidentiality and Data Security
 Confidential Data II-1
 OSCaR & HIPAA
 OSCaR Policy II-1
 Release of Data II-2
 Non-Confidential
 Confidential
 Patient Notification II-2

III. Reporting Requirements
 Reporting Sources III-1
 Cancer Registry Hospitals
 Non-Registry Hospitals
 Ambulatory Surgery Centers
 Out-of-State Cancer Registries
 Practitioners
 Pathology Laboratories
 Casefinding III-2
 Overview of Reporting Rules III-3
 MPH Rules Updated III-7
 Casefinding Codes for Reportable Conditions (Required) III-9
 Casefinding Codes for Reportable Conditions (Optional)..... III-10

IV. Data Transmission Procedures
 Data Submission Schedule..... IV-1
 Guidelines for Transmission IV-1
 File Format
 File Names
 Reporting Transmission Options IV-2
 Submitting Files via Web Plus
 Submitting Files via secure e-mail
 Feedback Reports..... IV-3

V. Quality Assurance
 Overview..... V-1
 Section 1: Quality Assurance Guide for Reporting Facilities..... V-2
 Section 2: Quality Assurance Guide for OSCaR V-6
 Figure A: NAACCR Data Reporting Flow Chart V-10

VI. Data Dictionary
 Data Dictionary Overview VI-1
 Data Dictionary Index..... VI-2
 Data Dictionary VI-3

APPENDICES

- Appendix A:** Oregon Revised Statutes
 Oregon Administrative Rules
- Appendix B:** Required Status Table
- Appendix C:** Definitions of Single and Subsequent Primaries for Hematologic Malignancies
- Appendix D:** Reporting Facility Numbers
 Ambulatory Surgery Center Numbers
- Appendix E:** Patient Notification Letter/Research Participation Reply Form
 Monthly Transmission Report Letter
 DHS Data Request Letter
- Appendix F:** County Codes
- Appendix G:** Selected Standard Abbreviations
- Appendix H:** NAACCR Record Layout Table, Version 11 (Column # order)
- Appendix I:** U.S. Census Bureau: 639 Most Frequently Occurring Heavily Hispanic Surnames
- Appendix J:** Cancer Reporting Resources
- Reference Guides:** Laterality Guide
 Breast Guide
 Grade Guide
 Text Guide

OREGON STATE CANCER REGISTRY MISSION STATEMENT

"The purpose of the registry shall be to provide information to design, target, monitor, facilitate, and evaluate efforts to determine the causes or sources of cancer among the residents of Oregon and to reduce the burden of cancer and benign tumors in Oregon."

BACKGROUND

Cancer registries play an important role in the effort to reduce the burden of cancer by identifying and quantifying the problem. In 1993, the Oregon Health Division began a cancer control program with the start of the Breast and Cervical Cancer Early Detection Program. As part of the state's cancer control efforts, the planning of an Oregon State Cancer Registry (OSCaR) began in 1994 with the hopes of developing and implementing a comprehensive statewide, population-based surveillance system.

The Oregon Legislature unanimously passed legislation in 1995 that made cancer a reportable disease. All cancer cases diagnosed on or after January 1, 1996, are reportable. The legislation authorized the Oregon Department of Human Services to establish a statewide cancer registry. Funding from the National Program of Cancer Registries (NPCR), Centers for Disease Control and Prevention (CDC), support the development and maintenance of the Oregon State Cancer Registry.

OREGON DEMOGRAPHICS

Population

Over 3.6 million people live in Oregon's 36 counties. The major population concentrations are in the Portland Metropolitan Area and the Interstate-5 corridor in the Willamette Valley. Forty-three percent of the population lives in three Portland Metropolitan Area counties: Multnomah, Washington, and Clackamas counties. Several smaller population clusters are found in the central Cascade Mountains, the Pendleton/LaGrande area in the northeastern region of the state, and along the Oregon coast.

Race and Ethnicity

According to Portland State University Population Research Center data, 87% of Oregon's population are White (non-Hispanic), 8% are of Hispanic origin, 3% are Asian or Pacific Islander, 2% are African American, and 1.4% are American Indian.

HEALTHCARE IN OREGON

There are 53 general acute care hospitals in Oregon with 23 operating cancer programs, 67 ambulatory surgery centers, numerous freestanding cancer treatment centers, and hundreds of private clinics and physician offices. Oregon hospitals are following the national trend of expanding into outpatient services. Other healthcare changes in Oregon include the establishment of contractual agreements with physicians, and the consolidation of hospitals into multi-hospital systems.

CANCER AS A PUBLIC HEALTH ISSUE

The primary purpose of cancer registry data is to support cancer control by targeting, monitoring, and evaluating programs that promote early detection, diagnosis and treatment of cancer. The central cancer registry provides summary statistics on the distribution of cancer cases by type and treatment, which supports efforts by community hospitals and health systems to evaluate their cancer patient care. The medical community is able to use central cancer registry data to evaluate cancer care and preventive health screening programs.

The central registry supports local health agencies in the following ways by:

- following cancer incidence and treatment trends in the state;
- allowing state or local health officials to assess suspected cancer clusters or suspected cancer hazards in local communities; and by
- providing accurate cancer data for cancer-related reports to legislative bodies.

The Oregon State Cancer Registry, as a statewide population-based registry, provides data for epidemiological research related to cancer control efforts in Oregon.

CANCER REGISTRATION

Twenty hospital cancer registries in Oregon are accredited by the American College of Surgeons Commission on Cancer (CoC). These accredited registries report over three-fourths of the cancer cases in the state. Other reporting sources include non-CoC accredited hospitals, ambulatory surgery centers, freestanding cancer treatment centers, outpatient clinics, physicians, and registries in bordering states.

OSCaR follows national reporting standards. These standards include completeness of reporting, accuracy of data, and timeliness in submitting cases to the central registry.

Cancer is a reportable disease under the Oregon Revised Statutes for all patients diagnosed on, or after, January 1, 1996 (see Appendix A). Oregon physicians, and other health care providers, are required to report patients newly diagnosed with cancer or a closely related condition to the Oregon State Cancer Registry on an ongoing basis in accordance with the reportable conditions list (see pages III-9 and III-10 for the list of required and optional reportable conditions).

REPORTING SOURCES

Completeness in cancer reporting requires the participation of many reporting sources. Reporting sources include cancer registry hospitals, non-registry hospitals, ambulatory surgery centers, out-of-state registries, practitioners, and pathology laboratories.

Cancer Registry Hospitals

This is any hospital with an active cancer registry, whether or not the registry is accredited by the American College of Surgeons (ACoS) Commission on Cancer (CoC) (see Appendix D for a list of reporting facilities). Hospitals with cancer registries are required to report all reportable cancer cases to the central registry. Additionally, cancer registry hospitals are required to report follow-up information to the central registry on an annual basis. All cancer cases diagnosed from the time of the reference date must be submitted to the central registry in electronic format.

Non-Registry Hospitals

This is any Oregon hospital not currently operating a cancer registry (see Appendix D). Such hospitals must report the cancer cases diagnosed and/or treated in their facility to the central registry. All cancer cases diagnosed from the time of the reference date must be submitted to the central registry in electronic format.

Non-registry hospitals have several options for meeting OSCaR's reporting requirements, including contracting with OSCaR to perform casefinding and abstracting at the hospital's expense. Hospitals designated as small rural hospitals (hospitals with 50 or fewer beds) may elect to perform their own casefinding and mail copies of the appropriate portions of the medical record for each case to the central registry. OSCaR staff will abstract and submit the cases at the hospital's expense. Hospitals may also hire an independent contractor to perform casefinding and abstracting activities at the hospital's expense.

Ambulatory Surgery Centers

This is any outpatient surgery center performing cancer diagnostic or treatment procedures (see Appendix D). Ambulatory surgery centers are considered cancer reporting facilities and are required to report all cancer cases diagnosed or treated in their facility to the central cancer registry. All cancer cases diagnosed from the time of the reference date must be submitted to the central registry in electronic format. Ambulatory surgery centers may elect to contract with a cancer registry hospital, OSCaR, or an independent contractor to meet their reporting requirements.

Out-of-State Cancer Registries

OSCaR has agreements with other state cancer registries to allow data sharing of resident cases. This allows the registry to obtain reports on Oregon resident cases diagnosed or treated in other states.

Practitioners

A practitioner is defined as a physician, an outpatient facility operating under the license of a physician, or any person whose professional license allows her/him to diagnose or treat cancer patients. Practitioners are required to report all cancer cases not reported by a cancer reporting facility (hospital or ambulatory surgery center). Practitioners do not need to report cases admitted to an Oregon reporting facility for a cancer diagnosis, or for all or any part of the first course of therapy for that case, within 180 days of diagnosis. Practitioners may meet their reporting requirements by submitting a Cancer Notification Form (CNF) to OSCaR. This form may be found at the following web site: <http://www.oregon.gov/DHS/ph/oscar/docs/cnf.pdf>.

Pathology Laboratories

Any clinical laboratory that diagnoses cancer cases and reportable conditions must report to the state cancer registry. Per ORS 432.520(4) OSCaR requires electronic reporting.

CASEFINDING

Casefinding is a method of identifying new cancer cases. All facilities are responsible for complete casefinding. In some facilities, all records may be housed in one location, such as the Health Information Management Department or medical records. In other facilities, records may be maintained by multiple patient services, including clinics and the radiation oncology department. Procedures for identifying new cases from multiple service areas may be necessary to ensure complete casefinding.

The following areas and departments should be reviewed and regularly monitored to identify new cancer cases.

- HIM/Medical Records Disease Index (inpatient and outpatient)
- Billing information
- Pathology (surgical pathology, bone marrow biopsy, needle biopsy, cytology, autopsy reports)
- Radiation Therapy Department
- Outpatient Departments (including cancer specialty clinics, chemotherapy clinics, day surgery, emergency room)

OVERVIEW OF REPORTING RULES

General Coding Requirements

The Oregon State Cancer Registry uses *the Facility Oncology Registry Data Standards Revised for 2009 manual (FORDS)* for complete coding instructions on all cases diagnosed January 1, 2009, and later. The complete FORDS manual and historical manuals can be downloaded at: www.facs.org/cancer/coc/fordsmanual.html.

In addition, the *SEER Program Coding and Staging Manual 2007*, for cases diagnosed January 1, 2007, or later, may be consulted for additional coding information. This manual, and historical manuals for cases diagnosed prior to January 1, 2007, can be downloaded at: <http://seer.cancer.gov/registrars/>.

Included in this overview of reporting rules are items that are of particular importance to the quality of submitted data. Refer to *FORDS* for complete coding instructions.

Reference Date

The reference date is defined as the date after which all eligible cases must be included in the registry. The reference date for the Oregon State Cancer Registry is January 1, 1996. All cases diagnosed on or after January 1, 1996, are reportable.

Reportable Cases

All cancer cases are reportable that meet the criteria of the reportable list: diagnosed on or after the reference date and diagnosed or treated in an Oregon resident or a non-Oregon resident who is diagnosed or treated in Oregon. Please note the following:

- High-grade dysplasia or severe dysplasia of the colon or esophagus is reportable as carcinoma in situ only when this terminology has been verified with the pathologist and/or cancer committee that these terms are considered synonymous. This information must be transmitted in text with the abstract. This information should also be documented in the hospital procedure manual.

Residency

For population-based cancer registries, data must include the occurrence of specific types of cancer by geographical location. The patient's residency at the time of diagnosis should be recorded as the patient's "usual" address. The U.S. Census Bureau defines "usual" address as the place where a person lives and sleeps most of the time. The *FORDS Manual* provides a list of residency rules as defined by the U.S. Census Bureau and includes the following classifications.

- Vacation or Business
- People without Housing
- People with Multiple Residences
- Students
- Military Personnel

- People in Hospitals, Prisons, or Other Institutions
- People in Non-Institutional Group Quarters
- Foreign Citizens

Date of Diagnosis

OSCaR and the American College of Surgeons, Commission on Cancer define date of diagnosis as the date of initial cancer diagnosis by a recognized medical practitioner, whether the cancer was diagnosed clinically, pathologically, or by imaging.

Diagnostic Confirmation

Diagnostic confirmation is the method of confirming that the patient has cancer. The most conclusive method for confirming cancer is by histology (microscopic analysis of tissue) followed by cytology (examination of cells rather than tissue), laboratory tests, radiography and other imaging technologies, direct visualization, and clinical diagnosis. Some cases are only confirmed clinically for a variety of reasons, including patients with advanced age or comorbid conditions.

Primary Site

Use instructions found in ICD-O-3 section “Coding Guidelines for Topography and Morphology” for coding all primary sites. Pay particular attention to the following:

- Use the following medical records in priority order to determine primary site:
 - Pathology report
 - Surgical reports
 - Imaging reports (X-ray, CT scans, etc.)
 - Physician statement in medical record
- Code the site in which the primary tumor originated not a metastatic site.
- Code the last digit of the primary site to ‘8’ when a single tumor overlaps an adjacent subsite of an organ and the point of origin cannot be determined.
- Code the last digit of the primary site to ‘9’ for single primaries, when multiple tumors arise in different subsites of the same anatomic site and the point of origin cannot be determined.
- Make every effort to determine and code the specific subsite.
- Code leukemia primaries to bone marrow (C421).
- The Breast Guide (See Reference Guide Section) may be used to code breast primary site.

Laterality

Laterality refers to the side of a paired organ or side of the body on which the reportable tumor originated. Determine laterality for each primary abstract. See *FORDS Manual, Cancer Identification Section* for codes and coding instructions. The Laterality Guide (See Reference Guide Section) may be used to code laterality.

Histology and Behavior

Histology, or morphology, refers to the cell type of tumor. Behavior refers to how a tumor acts within the body. ICD-O-3 is used for coding histology and behavior of all cancers and benign or borderline intracranial and CNS tumors.

- For cases diagnosed January 1, 2007, or later, use SEER 2007 Multiple Primary and Histology Coding Rules to code multiple or mixed histologies in one primary.
- For behavior, use code 3 if any invasion is present no matter how limited.
- For behavior, use code 3 if a pathology specimen is from a metastatic site.
- For behavior, code 6 is *not used* by cancer registries.

Grade

Grade, or differentiation refers to how much or little a tumor resembles the normal tissue of the primary site. ICD-O-3 Rule G is used for coding tumor grade.

- Use site-specific coding guidelines.
- Code the grade only from the primary site, not a metastatic site.
- Code the grade from the final pathology diagnosis. If there are multiple pathology reports, code the highest grade from any pathology report.
- Code grade from an unknown primary to 9 (unknown grade).
- The Grade Guide (See Reference Guide Section) to interpret scores and assign grade. Use the priority order to assign grade.
- The Breast Guide (See Reference Guide Section) may be used to code breast grade.
- Document in text the grading basis.

Ambiguous Terms

A pathologist or physician may use vague or ambiguous terms to describe a cancer that does not have a clear diagnosis. Some terms are more indicative of a cancer diagnosis than others. CoC and SEER have a list of ambiguous terms used by medical practitioners that are considered diagnostic of cancer and a list of terms that are not considered diagnostic of cancer. The tables below outline the most common ambiguous terms.

Ambiguous Terms Considered Diagnostic of Cancer
Apparent(ly)
Appears
Comparable with
Compatible with
Consistent with
Favors
Malignant appearing
Most likely
Neoplasm** (beginning with 2004 diagnosis and only for C70.0 – C72.9, C75.1 – 75.3)
Presumed
Probable
Suspect(ed)
Suspicious (for)
Tumor ** (beginning with 2004 diagnosis and only for C70.0 – C72.9, C75.1 – 75.3)
Typical of

** Additional terms for non-malignant primary intracranial and central nervous system tumors only

Ambiguous Terms NOT Considered Diagnostic of Cancer <i>without additional information</i>
Cannot be ruled out
Equivocal
Possible
Potentially malignant
Questionable
Rule out
Suggests
Worrisome

EXCEPTION: If a cytology is reported as *suspicious*, do not interpret it as a diagnosis of cancer. Abstract the case only if a positive biopsy or a physician's clinical impression of cancer supports the cytology findings.

Text Documentation

Text documentation of the cancer abstract is heavily used for quality control and to facilitate consolidation of records from multiple facilities. Text is used to validate coded values and provide supplemental information not included with coded values. Keep the following general principles in mind:

- Prioritize information included in the text fields; avoid extraneous information that does not support the coded values.
- Avoid “cutting and pasting” from the medical record.
- Use approved abbreviations in Appendix G.
- Use abbreviations in context.
- The Text Guide (See Reference Guide Section) may be used to document text.

Stage at Diagnosis

Stage refers to how far the cancer has spread from the organ of origin. For cases diagnosed on January 1, 2004, or later OSCaR utilizes the SEER Collaborative Staging (CS) Manual. The CS data items are used to derive Summary Stage 1977 and Summary Stage 2000 as well as derive AJCC T, N, M stage. See Appendix B for required CS data items and Appendix J for a link to download the Collaborative Staging Manual. Keep the following general principals in mind:

- CS records the greatest extent of disease based on combined clinical and operative/pathological assessment.
- Take care to read CS notes included with specific data items.
- CS permits registrars to code distant metastasis clinically as none, rather than unknown, based on clinical evaluation when the clinician proceeds with usual treatment to the primary site.
- Use all information available to code staging elements including imaging reports, dictated reports and radiation oncology reports.
- In the absence of additional information, a statement of “remainder of examination negative” is sufficient to code regional lymph nodes as clinically negative.

Sequence Number

Sequence number represents the number of primary malignancies, and non-malignant CNS tumors, a patient has during his or her lifetime.

- Codes 00-59 and 99 are used for in situ or malignant neoplasms (behavior code /2 or /3)
 - Use code 00 if the patient has a single neoplasm.
 - If a patient develops a subsequent neoplasm, change 00 to 01 and sequentially assign codes to subsequent neoplasms.
 - Any tumor in the patient’s past which is reportable or reportable-by-agreement must be taken into account when assigning sequence number.
- Codes 60-88 are used for non-malignant CNS tumors (behavior code /0 or /1)
 - Use code 60 if the patient has a single neoplasm.
 - If a patient develops a subsequent neoplasm, change 60 to 61 and sequentially assign codes to subsequent neoplasms.

Race

Race identifies the primary race of the patient and is important information used for research and cancer control activities. Every effort should be made to correctly assign an appropriate race code. Registrars are encouraged to review the entire medical record for race information including: registration face sheet, history and physical exam information, consult notes, nursing notes, imaging reports, photographs, and discharge summaries.

MULTIPLE PRIMARY AND HISTOLOGY CODING RULES UPDATED

For cases diagnosed on or after January 1, 2007, OSCaR utilizes the SEER 2007 Multiple Primary and Histology Coding Rules to standardize the process of determining the number of primary tumors to be abstracted. The histology rules contain detailed histology coding instructions and guidance for identifying histologic lineages, differentiating between general (NOS) terms and specific histologic types and correctly assigning mixed and combination codes. The complete Multiple Primary and Histology Coding rules may be downloaded from the SEER Web site:

<http://seer.cancer.gov/registrars/>

Use the Multiple Primary rules to make a decision on the number of primary malignancies to be abstracted for reportable solid malignant tumors. Each module is an independent, complete, set of coding rules.

For cases diagnosed prior to January 1, 2007, OSCaR uses the SEER Program rules in effect at that time.

Site-specific Rules are available for the following primary site groups (excluding leukemia and lymphoma (M9590–9989) and Kaposi sarcoma (M9140) for any site):

- Intracranial and CNS, malignant (C70.0, C70.1, C70.9, C71.0–C71.9, C72.0–C72.5, C72.8, C72.9, C75.1–C75.3)
- Intracranial and CNS, benign and borderline (C70.0, C70.1, C70.9, C71.0–C71.9, C72.0–C72.5, C72.8, C72.9, C75.1–C75.3)
- Breast (C50.0–C50.9)
- Colon (C18.0–C18.9)
- Head and neck (C00.0–C14.8, C30.0–C32.9)
- Kidney (C64.9)
- Lung (C34.0–C34.9)
- Malignant melanoma of the skin (C44.0–C44.9 with Histology 8720–8780)
- Renal pelvis, ureter, bladder, and other urinary (C65.9, C66.9, C67.0–C67.9, C68.0–C68.9)

Use the Other Sites Rules for solid malignant tumors that occur in primary sites not covered by site-specific rules.

CASEFINDING CODES FOR REPORTABLE CONDITIONS (Required)

ICD-9-CM Diagnosis Code (with Preferred ICD-0-3 Terminology)**

Reportable cases (with diagnosis date 2004 or later) include specified benign neoplasms of the brain and CNS and all invasive and in situ* malignant neoplasms as listed below:

ICD-9-CM	Terminology (ICD-0-3)
140.0 – 208.9	Malignant neoplasms (primary and secondary diagnosis)
209.0 – 209.69 #	Neuroendocrine/carcinoid tumors
225.0 – 225.9	Benign neoplasm of brain and spinal cord neoplasm
227.3 – 227.4	Benign neoplasm of pituitary, craniopharyngeal duct, craniobuccal pouch, hypophysis, Rathke’s pouch, sella turcica, pineal gland, pineal body
230.0 – 234.9	Carcinoma <i>in situ</i> (includes vagina, vulva, anus) and (excludes 232-skin* and 233.1-cervix uteri*)
236.0 #	Endometrial stroma, low grade sarcoma, endolymphatic stromal myosis, endometrial stromatosis, stromal endometriosis, stromal myosis, NOS (8931/3)
237.0 –	Neoplasm of uncertain behavior (borderline) of pituitary gland/craniopharyngeal duct
237.1	Neoplasm of uncertain behavior of pineal gland
237.5	Neoplasm of uncertain behavior of brain and spinal cord
237.6	Neoplasm of uncertain behavior of meninges; NOS, cerebral, spinal
237.70	Neurofibromatosis, Unspecified von Recklinghausen’s Disease
237.71	Neurofibromatosis, Type 1 von Recklinghausen’s Disease
237.72	Neurofibromatosis, Type 2 von Recklinghausen’s Disease
237.9	Neoplasm of uncertain behavior of other and unspecified parts of the nervous system; cranial nerves
238.4	Polycythemia vera (9950/3)
238.6	Solitary plasmacytoma (9731/3) extramedullary plasmacytoma (9734/3)
238.71	Essential thrombocythemia (9962/3)
238.72	Low grade myelodysplastic syndrome lesions (includes 9980/3, 9982/3, 9985/3) includes: refractory anemia w/o sideroblasts, refractory anemia with ringed sideroblasts, refractory cytopenia with multilineage dysplasia, refractory cytopenia with multilineage dysplasia and ringed sideroblasts
238.73	High grade myelodysplastic syndrome lesions (includes 9983/3) : refractory anemia w/excess blasts-1, refractory anemia w/excess blasts-2
238.74	Myelodysplastic syndrome with 5q deletion (9986/3)
238.75	Myelodysplastic syndrome, unspecified (9989/3)
238.76	Myelofibrosis with myeloid metaplasia (9961/3)
238.79	Other lymphatic and hematopoietic tissues (incl. 9960/3, 9961/3, 9931/3)
273.2	Gamma Heavy chain disease, Franklin disease (9762/3)
273.3	Waldenstrom’s macroglobulinemia (9761/3)
288.3	Hypereosinophilic syndrome (9964/3) includes: chronic eosinophilic leukemia
289.83	Myelofibrosis (NOS) (9961/3)

Revised and/or added code with this revision-3/2009

* **Exclusions:** Basal / squamous cell carcinoma of skin, except of the genitalia, and *in situ* carcinoma of uteri and PIN III are not reportable

Note: VIN 3, VAIN 3, AIN 3 (squamous intraepithelial neoplasia Grade 3) and, juvenile astrocytoma, pilocytic astrocytoma, and piloid astrocytoma are reportable to the Oregon State Cancer Registry.

** International Classification of Diseases, Ninth Revision, Clinical Modification. U.S. Dept of Health and Human Services, Public Health Service- Health Care Finance Administration; DHHS Publication No. (PHS) 80-1260.

CASEFINDING CODES FOR REPORTABLE CONDITIONS (Optional*)

*ICD-9-CM** Diagnosis Code/Terminology*

***NOTE:** Cases with these codes should be screened only as registry time allows and to the discretion of the cancer registry. These are neoplasm-related secondary conditions for which there should also be a primary diagnosis of a reportable neoplasm.

ICD-9-CM	Terminology
042	AIDS (review for AIDS-related malignancies)
235.0 – 238.9	Neoplasms of uncertain behavior
239.0 – 239.9	Neoplasms of unspecified nature
259.2	Carcinoid Syndrome
338.3	Neoplasm related pain (acute)(chronic)- cancer associated pain, pain due to malignancy, tumor associated pain
528.01	Mucositis due to anti-neoplastic therapy
795.16	Pap Smear of vagina w/cytologic evidence of malignancy
796.76	Pap Smear of anus w/cytologic evidence of malignancy
V07.3	Other prophylactic chemotherapy (screen carefully for miscoded malignancies)
V10.0 – V10.9	Personal history of malignancy (review these for recurrences, subsequent/multiple primaries and/or subsequent treatment)
V58.0	Admission for radiotherapy
V58.11	Admission for antineoplastic chemotherapy
V58.12	Admission for antineoplastic immunotherapy
V66.1	Convalescence following radiotherapy and palliative care
V66.2	Convalescence following chemotherapy
V67.1	Follow-up exam following Radiation therapy
V67.2	Cancer Chemotherapy follow-up
V71.1	Observation for suspected malignant neoplasm
V76.0 – V76.9	Special screening for malignant neoplasms
V86.0	Estrogen receptor positive status [ER+]
V86.1	Estrogen receptor negative status [ER-]

*THE ABOVE CODES ARE **OPTIONAL** FOR USE IN CASEFINDING PRACTICES

** International Classification of Diseases, Ninth Revision, Clinical Modification. U.S. Dept of Health and Human Services, Public Health Service- Health Care Finance Administration; DHHS Publication No. (PHS) 80-1260.

V. Quality Assurance

OVERVIEW

The Oregon State Cancer Registry (OSCaR) is legislatively charged with the systematic and standardized collection of information of Oregon residents diagnosed with cancer or a closely related reportable condition. Success in achieving these goals is dependent upon the availability of timely, complete, and accurate data. In order to accomplish this, OSCaR has implemented quality control procedures. These procedures make up a large part of program operations and consist of clearly defined reporting expectations for health care facilities and central registry quality assurance procedures.

This chapter is divided into two sections. Section 1 focuses on the quality control responsibilities of cancer reporting facilities in Oregon, and Section 2 addresses procedures followed at the central registry to assure high quality, population-based cancer data. We are confident that all partners in cancer registration strive to provide timely, complete, and accurate data to maximize the usefulness of Oregon cancer information to cancer control programs, the medical community, researchers, and the citizens of Oregon.

An overview of this coordinated process between health care facilities and the central cancer registry is depicted in Figure A at the end of this chapter.

SECTION 1

QUALITY ASSURANCE GUIDE FOR REPORTING FACILITIES

This section provides a summary of the quality control responsibilities that OSCaR requires *before* data is transmitted to OSCaR. This section is a guide to achieving quality data that is required to be reported to OSCaR.

The Oregon legislature included mandatory control mechanisms in the cancer reporting statute to ensure high quality data. Following is an excerpt and interpretation of an Oregon Administrative Rule supporting the state statute:

Administrative Rule (excerpt): OAR 333-010-0040(4)-(6)
(see Appendix A for complete statute)

- A cancer reporting facility must report a minimum of 98% of the cases reportable by the facility for any calendar year in order to meet the requirements of these rules.
- The item-specific agreement of reported data from a reporting facility with the information in the facilities medical record shall not be less than 95% for those data items identified in the OSCaR Reportable Data Items listing as quality control items.
- A cancer reporting facility must submit 98% of reportable cases to the central registry within 180 days of either: a) the date of diagnosis; or b) the date of admission for receipt of any part of the first course of therapy provided in that facility, whichever is later.

Interpretation of OAR 333-010-0040(4)-(6)

Completeness – Data must be assessed for completeness and accuracy prior to being transmitted to OSCaR. The data must meet rigid data quality standards for acceptance by OSCaR into the central registry database. Numerous quality control mechanisms are available to the health care reporting facility to meet expectations for data quality prior to submission to the central registry.

The validity of reported statistics depends on the completeness of cancer reporting, i.e. the degree to which all required cases are reported to OSCaR. To achieve data completeness, data are assessed by various methods. It is ultimately OSCaR's responsibility to verify that all facilities are reporting all appropriate cases, and to take corrective action when problems are discovered.

Accuracy - The purpose of OSCaR is to provide accurate cancer data to cancer control programs, the medical community, researchers, and the citizens of Oregon. Data accuracy is the extent to which the submitted data have been appropriately coded and match with the information contained in the patient’s health record. Even the most experienced cancer registrar can make mistakes; random errors are expected in any large data collection system. With the implementation of effective quality assurance tools, OSCaR seeks to maximize accuracy in cancer data reporting. OSCaR encourages each staff member involved in cancer data collection to be a certified cancer registrar (CTR) through the National Cancer Registrars Association. (see Appendix J for contact information)

Timeliness - Timeliness of data depends upon timely reporting. Timeliness is determined by the time it takes each reporting facility to submit reportable cases to the registry. Oregon Administrative Rules address the need for timely reporting by requiring that each case be submitted to the central registry within 180 days of either the date of diagnosis, or the date of admission for receipt of any part of the first course of therapy provided in that facility, whichever is later. In order to ensure timely reporting, please consult the case submission schedule:

CASE SUBMISSION SCHEDULE

DATE OF DIAGNOSIS OR ADMISSION FOR TREATMENT	MONTH TO SUBMIT CASE BY
January	July
February	August
March	September
April	October
May	November
June	December
July	January
August	February
September	March
October	April
November	May
December	June

Quality Assurance Representative

Each reporting facility is assigned a Quality Assurance Representative from the OSCaR quality control team. This representative acts as a liaison between the reporting facility and central registry. The OSCaR representative is available to assist the cancer reporting facility with quality control issues through consultation, training, and problem resolution. This OSCaR representative also reviews all submitted data files from the assigned facility. The flow of data and the quality control process is detailed in **Figure A** at the end of this section.

Electronic Data Edits

Electronic data edits are valuable tools used to improve data quality by standardizing the way coded data are checked for validity. It is imperative to incorporate an electronic data-editing program into registry software in each facility. The edit programs should use current standard NAACCR edit metafiles. OSCaR maintains a customized edit set that detects errors, edits failures, and discrepancies. These edits identify many coding issues that must be corrected before data are incorporated into the central registry database. The “Oregon Edit Set” is available from software vendors for use with facility cancer reporting software systems.

Submitted data that do not pass required edits will be withheld from incorporation into the OSCaR database and may be returned to the reporting facility for corrections and re-submission.

Visual Review

Abstracted data should be visually reviewed by the reporting facility before data is submitted to the central registry. Visual review consists of comparing assigned codes with text documentation. Reporting facilities should review 10% or more of their total abstracts for accuracy on a continual basis. The following are examples of visual review comparisons: birth date to age; sex to first name; sex to gender-specific primary site; and primary site and histology to text documentation to verify the new primary. Dates of diagnosis, admission, and treatment should be compared to ensure the appropriate chronology. Text documentation should be compared to codes for site, histology, stage of disease, and treatment to ensure accuracy of codes.

Continuing Education

A necessary element of the quality assurance plan includes staying informed of requirements, regulations, and guidelines. Cancer data reporters must stay current with the requirements of four major standard setters; National Program of Cancer Registries (NPCR), American College of Surgeons (ACoS), North American Association of Central Cancer Registries (NAACCR), and Surveillance Epidemiology and End Results (SEER). The standards for data collection undergo changes over time. To ensure that data items are collected correctly, awareness of the official implementation dates for various coding references is needed. New requirements call for proper planning for implementation and evaluation. Instituting an internal and/or external mentoring program for new and

experienced registrars is good quality control practice. Other ways to stay current and plan for future changes include participating in state and national workshops and web-based educational programs, and accessing current professional publications. The central registry is always willing to assist, advise, and provide education to reporting facilities in appropriate quality assurance procedures.

Feedback Reports

Reporting facilities receive regular feedback reports that contain resolved edits and errors that have been identified and corrected. It is important for facilities to thoroughly review these reports on a regular basis. By reviewing these reports, reporting facilities can often avoid future data issues. Facilities can use feedback reports as peer review on abstracted data in their internal quality control program, and as a tool for ongoing staff education and training.

Each reporting health facility should design, document, and implement procedures to assure that high quality data is being submitted to the central registry. The central registry staff is always willing to assist and advise reporting facilities on appropriate quality assurance procedures and ongoing changes.

SECTION 2

QUALITY ASSURANCE GUIDE FOR OSCaR

This section provides a summary of the quality control measures OSCaR performs *after* the data is received at the central registry. This section will develop a further understanding of the processes utilized by the OSCaR quality control staff to assure quality data.

The Oregon legislature included mandatory control mechanisms in the cancer reporting statute to ensure high quality data. Following is an excerpt and interpretation of an Oregon Administrative Rule supporting the state statute:

***Administrative Rule (excerpt): OAR 333-010-0040
(see Appendix A for complete Rule)***

Quality Standards

- *The usefulness of central registry data is directly dependent upon the accuracy, completeness, and timeliness of the data available in its database. ORS 432.500 – 432.990 directs the Division to establish a quality control program for the data reported to the state registry. In order to assess these aspects of quality for cancer reporting, the central registry will institute a program of continuous quality improvement.*
- *(1) The continuous quality improvement system shall include, but is not limited to, coding edits, completeness audits or checks, reabstracting audits, and statistical mechanisms to estimate data accuracy, validity, and reliability.*

Section 2 of the quality assurance chapter explains the continuous quality improvement procedures for OSCaR. The OSCaR quality assurance system incorporates guidelines and recommendations from CoC, NAACCR and NPCR.

One way to organize this overview of the quality assurance system is to follow submitted data as they are processed in the central registry and to explain the quality assurance activities that take part at each step along the way.

DATA FLOW AND QUALITY ASSURANCE REVIEW

Initial File Receipt

In the first step of the process, OSCaR receives data files from reporting facilities via email or disk. After receiving the files, the Database Specialist downloads each file, checks for downloading errors or file corruption problems, and adds the cases to a facility-specific subsystem in Rocky Mountain Cancer Data System (RMCDs). RMCDs

is the central registry oncology database that houses OSCaR cancer data. Once a file is added to the appropriate subsystem, the Oregon Edit Set is run on the newly received cases to check for data errors and inconsistencies. All files in facility-specific subsystems are kept in those subsystems until the Database Specialist forwards the files to the Cancer Data Specialist assigned to that facility.

The Database Specialist provides immediate feedback on file transmission and downloads through regular email communication. The Oregon Hospital Edit Set is run on incoming files, and the edit report is sent to the submitting facility for correction. Additionally, each facility receives a monthly feedback letter from the Database Specialist stating what files were received and how many cases were added to the database.

QA PROCEDURES ON SUBMITTED DATA

Computer Edits

Computer data edits are logical rules that are applied to all records to check for item validity, internal consistency, and inter-record consistency. They are based on single-field and multifield data items. The “Oregon customized Edit Program” is a detailed computer edit set that is run on submitted files to detect errors and discrepancies. The error messages are important for those people correcting errors and interpreting data. Edits are based on the NAACCR Metafile and subsequent logic. When the error summary report has finished running, the summary is reviewed and assessed by the cancer data specialist. If the percentage of errors is outside of the acceptable error threshold, the file may be returned to the reporting facility for error resolution and re-submission. For detailed information on computer edits, see NAACCR Standards for Cancer Registries, Volume III, Section II.A4: Edits and Data Processing Capabilities for Data Quality; and Section II.B1.b (3): Standards for Data Edits.

Visual Review of Sample

The visual review process occurs on all cases submitted to OSCaR. The computer edits can identify the majority of coding discrepancies; however, a computer is unable to compare codes to text. The codes on the abstract for a specific data item may be one of the allowable choices, but the code must be visually compared with the accompanying text to verify the correctness of the submitted data. OSCaR performs either a random sample or 100% visual review of all cases in the file. The percentage of cases selected for visual review depends on various factors. These factors include, but are not limited to, reporter experience, previous reporting history, and rule and guideline changes. Cases are reviewed for adequate demographic information, site/histology validity, grade, and staging and treatment data. OSCaR also incorporates mechanisms to review documentary text with the coded data. The central registry QA team has implemented an ongoing plan that focuses on problem areas, and the registry may choose cases to review that have the greatest impact on data quality. New rule and guideline changes can also dictate percentage of cases chosen for visual review.

Feedback Reports

Cancer data specialists prepare “feedback reports” that consist of resolved edits, and errors that have been identified and corrected. These reports may also include the Oregon Edit Set Summary report inquiries to the facility, and requests for additional information needed to correct discrepancies.

Reconciliation and Editing Discrepancies

As noted in the feedback report summary, facilities may be requested to obtain additional data to resolve edits or errors. After files have been cleared of all errors and discrepancies, they are given to the OSCaR Program Coordinator who moves files out of the hospital subsystem and merges the data into the main OSCaR database. OSCaR cancer data specialists are available to all reporting facilities to answer and research questions related to the quality control process.

QA Procedures on Consolidated (Merged) Data

Many different reports are generated from the merged data files. All generated reports are fully reviewed. When a case is merged into the Main database, registry software checks for duplicate case submissions and/or new primaries that are being reported on a previously reported patient. Any patients that have previous primaries in the database or have cases that have merged with another hospital case will be printed on a report for the OSCaR CTR to review. Visual review of these cases helps to determine primary site differences, which may verify a second primary. When another primary is identified these cases need to meet the criteria of a new primary and not a progression of disease. This has an effect on the correct coding of sequence numbers, so that field will also need to be verified or changed if necessary on multiple reports. If the first case identifies the primary site as the left lung and the second case identifies the primary site as the prostate, visual review of the case reports may confirm two primary sites; however, review might reveal that a metastatic site was submitted as a second primary and should not be added to the central registry database.

When the central registry verifies treatment data from multiple reports, it is important to compare diagnosis dates and treatment dates. The differences in dates may indicate the treatment recorded was not first course treatment and should not be added to the consolidated file. But usually, we consolidate all treatment information into one case so that we have a full summary of the patient’s diagnosis, treatment, and most current follow-up information.

Visual editing of multiple case reports is a critical function and is performed when manual review consolidation is required. Caution is taken to prevent duplicate records, so if a case on the same patient is submitted from two different reporting facilities, the two cases will be merged into one consolidated record. The consolidated case will include all information from both reporting facilities. This enables OSCaR to obtain information on cases from multiple sources, which furthers our goal of having accurate and complete data.

Other Quality Assurance Activities

The OSCaR Quality Assurance Program encompasses many other areas in addition to case review. They include:

- Reabstracting Audits in the reporting facility to assess quality of submitted data;
- Casefinding Audits in the reporting facility to review source documents for evaluating completeness of reporting;
- Monthly linkage with Death Certificate Database;
- Other linkage, analysis, and research projects;
- Preparation for NAACCR and NPCR-CSS data submissions, including missing and unknown data;
- Protocol for identifying and resolving duplicate records;
- Evaluation of missing or unknown data;
- Training workshops, including new regulations and guidelines, and the most common discrepancies.

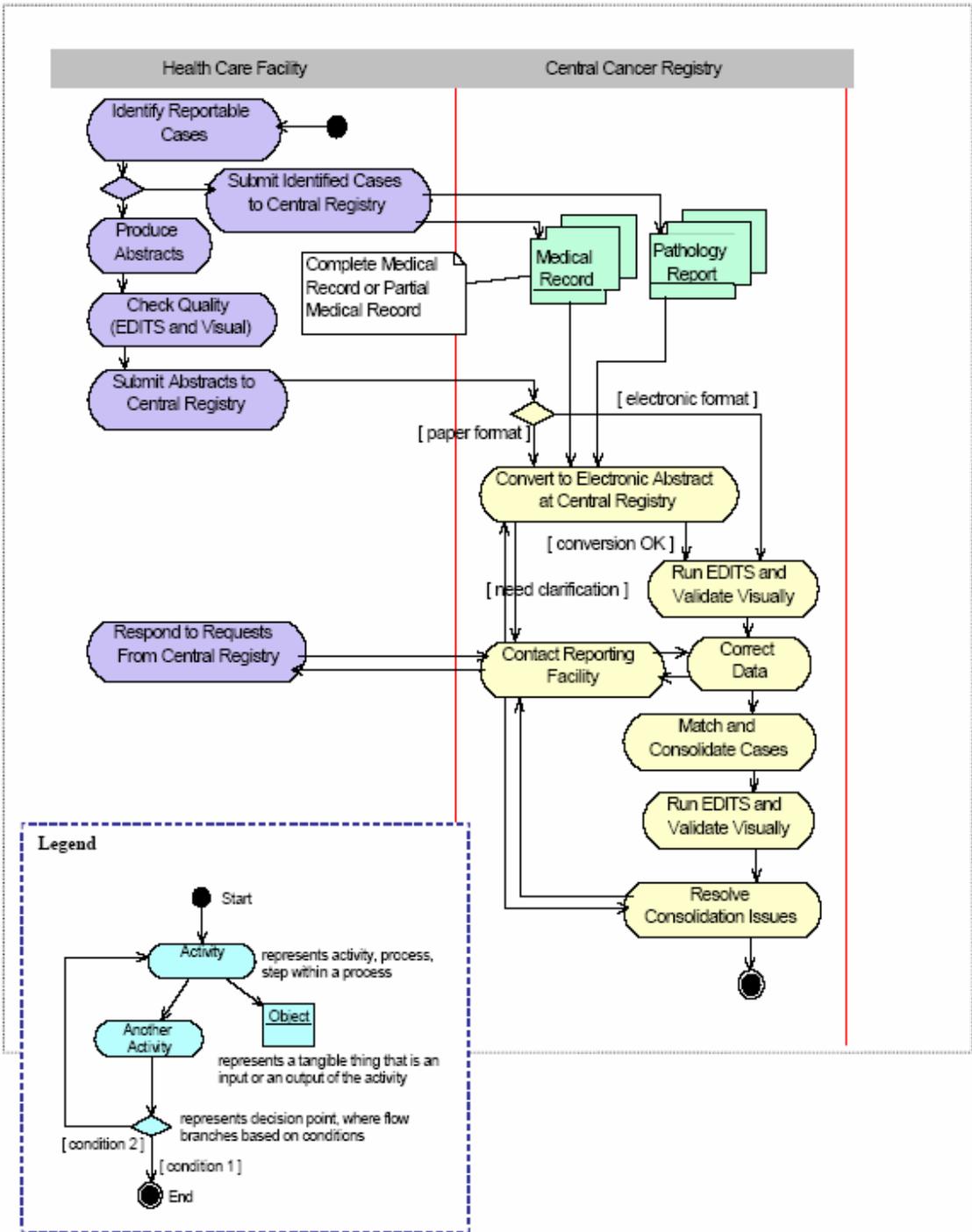
Continuing Education for OSCaR Staff

Regular training is an important component of cancer data collection. OSCaR participates in continuing education opportunities in order to remain current in the cancer registry field, and to enhance the skills of OSCaR staff.

OSCaR CTRs are required to complete 20 continuing education credits every 2 years to maintain their CTR certification, and they meet this requirement by attending trainings throughout the year. This continuing education includes NCRA trainings, CDC webinars, and any relevant trainings that are available. At least one OSCaR staff member attends the annual NCRA conference, and the entire staff attends the OCRA/OSCaR Fall Workshop. OSCaR staff has recently attended the CDC-NPCR Education and Training Sessions about collecting high quality cancer surveillance data.

Additionally, our Education Training Coordinator attends “Train the Trainer” sessions, which include updates and issues relevant to the field. The Coordinator then trains OSCaR staff members who in turn train hospital staff. OSCaR staff members meet weekly to discuss issues that are pertinent to our work in the registry.

Figure A: NAACCR Data Reporting Flow Chart



Required Status Table

Item #	Item Name	<u>NPCR/ OSCaR</u>	<u>CoC</u>		<u>SEER</u>		<u>Exchange Elements</u>		<u>CCCR</u>		Source of Standard	Status
		Collect	Collect	Transmit	Collect	Transmit	Hospital->Central	Central->Central	Collect	Transmit		
0												
10	Record Type	R	.	R	.	R	T	T		.	NAACCR	
20	Patient ID Number	R	.	.	R	R	.	T		.	Reporting Registry	
21	Patient System ID-Hosp	.	.	.	.	.	T	.	.	.	NAACCR	
30	Registry Type	.	.	.	.	.	.	T		.	NAACCR	
35	FIN Coding System	.	.	.	.	.	.	.		.	NAACCR	
37	Reserved 00	.	.	.	.	.	.	.		.
40	Registry ID	R	.	.	R	R	T	T		.	NAACCR	
45	NPI--Registry ID	.	.	.	R*	.	.	.		.	CMS	Revised
50	NAACCR Record Version	R	.	R	.	.	T	T		.	NAACCR	
60	Tumor Record Number	.	.	.	S	S	T	T		.	NAACCR	
70	Addr at DX--City	R	R	R	R	.	T	T		.	CoC	
80	Addr at DX--State	R	R	R	R	.	T	T		.	CoC	
90	County at DX	R	R	R	R	R	T	T		.	FIPS/SEER	
100	Addr at DX--Postal Code	R	R	R	R	.	T	T	R	R	CoC	
110	Census Tract 1970/80/90	RH*	.	.	RH	RH	.	T*		.	SEER	
120	Census Cod Sys 1970/80/90	RH*	.	.	RH	RH	.	T*		.	SEER	
130	Census Tract 2000	R	.	.	R	R	.	T*		.	NAACCR	
140	Census Tract Cod Sys--Alt									.		Retired
150	Marital Status at DX	.	.	.	R	R	.	.		.	SEER	
160	Race 1	R	R	R	R	R	T	T		.	SEER/CoC	
161	Race 2	R	R	R	R	R	T	T		.	SEER/CoC	
162	Race 3	R	R	R	R	R	T	T		.	SEER/CoC	
163	Race 4	R	R	R	R	R	T	T		.	SEER/CoC	
164	Race 5	R	R	R	R	R	T	T		.	SEER/CoC	
170	Race Coding Sys--Current	.	R	R	.	.	T	T		.	NAACCR	
180	Race Coding Sys--Original	.	R	R	.	.	T	T		.	NAACCR	
190	Spanish/Hispanic Origin	R	R	R	R	R	T	T		.	SEER/CoC	
191	NHIA Derived Hisp Origin	D	.	.	D	R	.	.		.	NAACCR	

Required Status Table

Item #	Item Name	<u>NPCR/ OSCaR</u>	<u>CoC</u>		<u>SEER</u>		<u>Exchange Elements</u>		<u>CCCR</u>		Source of Standard	Status
		Collect	Collect	Transmit	Collect	Transmit	Hospital->Central	Central->Central	Collect	Transmit		
192	IHS Link	R*	.	.	.	R	.	.	.	.	NPCR	
193	Race--NAPIIA	.	.	.	D	R	.	.	.	.	NAACCR	New
200	Computed Ethnicity	R	.	.	D	R	.	.	.	.	SEER	
210	Computed Ethnicity Source	R	.	.	R	R	.	.	.	.	SEER	
220	Sex	R	R	R	R	R	T	T	R	R	SEER/CoC	Revised
230	Age at Diagnosis	R	R	R	R	R	.	.	.	.	SEER/CoC	
240	Birth Date	R	R	R	R	R	T	T	R	R	SEER/CoC	
250	Birthplace	R*	R	R	R	R	T*	T	.	.	SEER/CoC	
260	Religion	.	.	.	.	.	.	.	.	.	Varies	
270	Occupation Code--Census	R*	.	.	.	.	.	.	.	.	Census/NPCR	
280	Industry Code--Census	R*	.	.	.	.	.	.	.	.	Census/NPCR	
290	Occupation Source	R*	.	.	.	.	.	.	.	.	NPCR	
300	Industry Source	R*	.	.	.	.	.	.	.	.	NPCR	
310	Text--Usual Occupation	R*	.	.	.	.	T*	T*	.	.	NPCR	
320	Text--Usual Industry	R*	.	.	.	.	T*	T*	.	.	NPCR	
330	Occup/Ind Coding System	R*	.	.	.	.	.	.	.	.	NPCR	
340	Tobacco History	.	.	.	.	.	.	.	.	.	Varies	
350	Alcohol History	.	.	.	.	.	.	.	.	.	Varies	
360	Family History of Cancer	.	.	.	.	.	.	.	.	.	Varies	
362	Census Block Group 2000	.	.	.	S	.	.	.	.	.	Census	
364	Census Tr Cert 1970/80/90	RH*	.	.	RH	RH	.	.	.	.	SEER	
365	Census Tr Certainty 2000	R	.	.	R	R	.	.	.	.	NAACCR	
366	GIS Coordinate Quality	R*	.	.	S	.	.	.	.	.	NAACCR	
368	CensusBlockGroup 70/80/90	.	.	.	S	.	.	.	.	.	Census	
370	Reserved 01	.	.	.	.	.	.	.	.	.
380	Sequence Number--Central	R	.	.	R	R	.	T	.	.	SEER	
390	Date of Diagnosis	R	R	R	R	R	T	T	.	.	SEER/CoC	
400	Primary Site	R	R	R	R	R	T	T	.	.	SEER/CoC	
410	Laterality	R	R	R	R	R	T	T	R	R	SEER/CoC	Revised
419	Morph--Type&Behav ICD-O-2									.		

Required Status Table

Item #	Item Name	<u>NPCR/ OSCaR</u>	<u>CoC</u>		<u>SEER</u>		<u>Exchange Elements</u>		<u>CCCR</u>		Source of Standard	Status
		Collect	Collect	Transmit	Collect	Transmit	Hospital->Central	Central->Central	Collect	Transmit		
420	Histology (92-00) ICD-O-2	RH	RH.	RH	RH	RH	TH	TH	RH	RH	SEER/CoC	
430	Behavior (92-00) ICD-O-2	RH	RH	RH	RH	RH	TH	TH	RH	RH	SEER/CoC	
440	Grade	R	R	R	R	R	T	T	R	R	SEER/CoC	
442	Ambiguous Terminology DX	.	R	R	R	R	.	.	S	S	SEER	Revised
443	Date of Conclusive DX	.	R	R	R	R	.	.	S	S	SEER	Revised
444	Mult Tum Rpt as One Prim	.	R	R	R	R	.	.	S	S	SEER	Revised
445	Date of Multiple Tumors	.	R	R	R	R	.	.	S	S	SEER	Revised
446	Multiplicity Counter	.	R	R	R	R	.	.	S	S	SEER	Revised
447	Number of Tumors/Hist	.	.	.	.	.	.	.	.	.	NAACCR	Retired
450	Site Coding Sys--Current	R	R	R	.	.	T	T	.	.	NAACCR	
460	Site Coding Sys--Original	.	R	R	.	.	T	T	.	.	NAACCR	
470	Morph Coding Sys--Current	R	R	R	.	.	T	T	.	.	NAACCR	
480	Morph Coding Sys--Originl	.	R	R	.	.	T	T	.	.	NAACCR	
490	Diagnostic Confirmation	R	R	R	R	R	T	T	.	.	SEER/CoC	
500	Type of Reporting Source	R	.	.	R	R	T	T	.	.	SEER	
501	Casefinding Source	.	.	.	.	.	T*	T*	.	.	NAACCR	Revised
510	Screening Date	.	.	.	.	.	.	.	.	.	NAACCR	
520	Screening Result	.	.	.	.	.	.	.	.	.	NAACCR	
521	Morph--Type&Behav ICD-O-3									.		
522	Histologic Type ICD-O-3	R	R	R	R	R	T	T	R	R	SEER/CoC	
523	Behavior Code ICD-O-3	R	R	R	R	R	T	T	R	R	SEER/CoC	
530	Reserved 02	.	.	.	.	.	.	.	.	.
535	Reserved 25	.	.	.	.	.	.	.	.	.		Retired
538	Reporting Hospital FAN									.		Retired
540	Reporting Facility	R	R	R	R	.	T	.	.	.	CoC	
545	NPI--Reporting Facility	R*	R	R	R*	.	.	.	.	.	CMS	Revised
550	Accession Number--Hosp	.	R	R	R	.	T*	.	.	.	CoC	
560	Sequence Number--Hospital	.	R	R	R	.	T	.	.	.	CoC	
570	Abstracted By	.	R	R	R	.	.	.	.	.	CoC	
580	Date of 1st Contact	R	R	R	.	.	T	.	.	.	CoC	
590	Date of Inpatient Adm	.	.	.	.	.	.	.	.	.	NAACCR	

Required Status Table

Item #	Item Name	<u>NPCR/ OSCaR</u>	<u>CoC</u>		<u>SEER</u>		<u>Exchange Elements</u>		<u>CCCR</u>		Source of Standard	Status
		Collect	Collect	Transmit	Collect	Transmit	Hospital->Central	Central->Central	Collect	Transmit		
600	Date of Inpatient Disch	.	.	.	.	.	.	.	.	.	NAACCR	
610	Class of Case	R	R	R	RC	.	T	.	.	.	CoC	
615	Reserved 26	.	.	.	.	.	.	.	.	.
620	Year First Seen This CA											Retired
630	Primary Payer at DX	R*	R	R	R	R	.	.	.	.	CoC	
635	Reserved 27	.	.	.	.	.	.	.	.	.		Retired
640	Inpatient/Outpt Status											Retired
650	Presentation at CA Conf								.			Retired
660	Date of CA Conference								.			Retired
670	RX Hosp--Surg Prim Site	.	R	R	R	.	T*	.	.	.	CoC	
672	RX Hosp--Scope Reg LN Sur	.	R	R	R	.	T*	.	.	.	CoC	
674	RX Hosp--Surg Oth Reg/Dis	.	R	R	R	.	T*	.	.	.	CoC	
676	RX Hosp--Reg LN Removed	.	.	RH	.	.	T*	.	.	.	CoC	
680	Reserved 03	.	.	.	.	.	.	.	.	.
690	RX Hosp--Radiation	.	.	.	RH	.	TH*	.	.	.	SEER/CoC	
700	RX Hosp--Chemo	.	R	R	R	.	T*	.	.	.	CoC	
710	RX Hosp--Hormone	.	R	R	R	.	T*	.	.	.	CoC	
720	RX Hosp--BRM	.	R	R	R	.	T*	.	.	.	CoC	
730	RX Hosp--Other	.	R	R	R	.	T*	.	.	.	CoC	
740	RX Hosp--DX/Stg Proc	.	R	R	.	.	.	.	.	.	CoC	
741	Reserved 28	.	.	.	.	.	.	.	.	.
742	RX Hosp--Screen/BX Proc1											Retired
743	RX Hosp--Screen/BX Proc2											Retired
744	RX Hosp--Screen/BX Proc3											Retired
745	RX Hosp--Screen/BX Proc4											Retired
746	RX Hosp--Surg Site 98-02	.	.	RH	RH	.	TH*	.	.	.	CoC	
747	RX Hosp--Scope Reg 98-02	.	.	RH	RH	.	TH*	.	.	.	CoC	
748	RX Hosp--Surg Oth 98-02	.	.	RH	RH	.	TH*	.	.	.	CoC	
750	Reserved 04	.	.	.	.	.	.	.	.	.
759	SEER Summary Stage 2000	RH	RH	RH	.	S	TH*	TH*	.	.	SEER	
760	SEER Summary Stage 1977	RH	RH	RH	.	S	TH*	TH*	.	.	SEER	
765	Reserved 29	.	.	.	.	.	.	.	.	.

Required Status Table

Item #	Item Name	<u>NPCR/ OSCaR</u>	<u>CoC</u>		<u>SEER</u>		<u>Exchange Elements</u>		<u>CCCR</u>		Source of Standard	Status
		Collect	Collect	Transmit	Collect	Transmit	Hospital->Central	Central->Central	Collect	Transmit		
770	Loc/Reg/Distant Stage									.		Retired
779	Extent of Disease 10-Dig									.		
780	EOD--Tumor Size	.	RH	RH	RH	RH	TH*	TH*		.	SEER/CoC	
790	EOD--Extension	.	.	.	RH	RH	TH*	TH*		.	SEER	
800	EOD--Extension Prost Path	.	.	.	RH	RH	TH*	TH*		.	SEER	
810	EOD--Lymph Node Involv	.	.	.	RH	RH	TH*	TH*		.	SEER	
820	Regional Nodes Positive	.	R	R	R	R	T*	T*	R*	R*	SEER/CoC	
830	Regional Nodes Examined	.	R	R	R	R	T*	T*	R*	R*	SEER/CoC	
840	EOD--Old 13 Digit	.	.	.	RH	RH	.	.		.	SEER	
850	EOD--Old 2 Digit	.	.	.	RH	RH	.	.		.	SEER	
860	EOD--Old 4 Digit	.	.	.	RH	RH	.	.		.	SEER	
870	Coding System for EOD	.	.	.	RH	RH	.	TH*		.	SEER	
880	TNM Path T	.	R*	R*	.	.	T*	T*	.	.	AJCC	
890	TNM Path N	.	R*	R*	.	.	T*	T*	.	.	AJCC	
900	TNM Path M	.	R*	R*	.	.	T*	T*	.	.	AJCC	
910	TNM Path Stage Group	.	R*	R*	.	.	T*	T*	.	.	AJCC	
920	TNM Path Descriptor	.	R*	R*	.	.	T*	T*	.	.	CoC	
930	TNM Path Staged By	.	R*	R*	.	.	T*	T*	.	.	CoC	
940	TNM Clin T	.	R	R	.	.	T*	T*	.	.	AJCC	
950	TNM Clin N	.	R	R	.	.	T*	T*	.	.	AJCC	
960	TNM Clin M	.	R	R	.	.	T*	T*	.	.	AJCC	
970	TNM Clin Stage Group	.	R	R	.	.	T*	T*	.	.	AJCC	
980	TNM Clin Descriptor	.	R	R	.	.	T*	T*	.	.	CoC	
990	TNM Clin Staged By	.	R	R	.	.	T*	T*	.	.	CoC	
995	Reserved 30	.	.	.	.	.	.	.		.
1000	TNM Other T											Retired
1010	TNM Other N											Retired
1020	TNM Other M											Retired
1030	TNM Other Stage Group											Retired
1040	TNM Other Staged By											Retired
1050	TNM Other Descriptor											Retired

Required Status Table

Item #	Item Name	<u>NPCR/ OSCaR</u>	<u>CoC</u>		<u>SEER</u>		<u>Exchange Elements</u>		<u>CCCR</u>		Source of Standard	Status
		Collect	Collect	Transmit	Collect	Transmit	Hospital->Central	Central->Central	Collect	Transmit		
1060	TNM Edition Number	.	R	R	.	.	T*	T*	.	.	CoC	
1065	Reserved 31	.	.	.	.	.	.	.	.	.
1070	Other Staging System									.		Retired
1080	Date of 1st Positive BX	.	.	.	.	.	.	.	.	.	NAACCR	
1090	Site of Distant Met 1	.	.	RH	.	.	.	.	.	.	CoC	
1100	Site of Distant Met 2	.	.	RH	.	.	.	.	.	.	CoC	
1110	Site of Distant Met 3	.	.	RH	.	.	.	.	.	.	CoC	
1120	Pediatric Stage	.	.	.	.	.	.	.	.	.	CoC	
1130	Pediatric Staging System	.	.	.	.	.	.	.	.	.	CoC	
1140	Pediatric Staged By	.	.	.	.	.	.	.	.	.	CoC	
1150	Tumor Marker 1	.	.	RH	RH	RH	TH*	TH*	.	.	SEER	
1160	Tumor Marker 2	.	.	RH	RH	RH	TH*	TH*	.	.	SEER	
1170	Tumor Marker 3	.	.	RH	RH	RH	TH*	TH*	.	.	SEER	
1180	Reserved 05	.	.	.	.	.	.	.	.	.
1190	Reserved 06	.	.	.	.	.	.	.	.	.
1200	RX Date--Surgery	.	R	R	S	.	T*	T*	.	.	CoC	
1210	RX Date--Radiation	.	R	R	S	.	T*	T*	.	.	CoC	
1220	RX Date--Chemo	.	.	R*	.	.	TH*	TH*	.	.	NAACCR	Revised
1230	RX Date--Hormone	.	.	R*	.	.	TH*	TH*	.	.	NAACCR	Revised
1240	RX Date--BRM	.	.	R*	S	.	TH*	TH*	.	.	NAACCR	Revised
1250	RX Date--Other	.	R	R	S	.	T*	T*	.	.	CoC	
1260	Date of Initial RX--SEER	R#	.	.	R	R	T*	T*			SEER	
1270	Date of 1st Crs RX--COC	R#	R	R	.	.	T*	T*			CoC	
1280	RX Date--DX/Stg Proc	.	R	R	.	.	.	.	.	.	CoC	
1290	RX Summ--Surg Prim Site	R	R	R	R	R	T	T*	.	.	SEER/CoC	
1292	RX Summ--Scope Reg LN Sur	R	R	R	R	R	T	T*	.	.	SEER/CoC	
1294	RX Summ--Surg Oth Reg/Dis	R	R	R	R	R	T	T*	.	.	SEER/CoC	
1296	RX Summ--Reg LN Examined	.	.	RH	RH	RH	TH*	TH*	.	.	SEER/CoC	
1300	Reserved 07	.	.	.	.	.	.	.	.	.
1310	RX Summ--Surgical Approch	.	.	RH	.	.	.	.	.	.	CoC	
1320	RX Summ--Surgical Margins	.	R	R	.	.	.	.	.	.	CoC	

Required Status Table

Item #	Item Name	<u>NPCR/ OSCaR</u>	<u>CoC</u>		<u>SEER</u>		<u>Exchange Elements</u>		<u>CCCR</u>		Source of Standard	Status
		Collect	Collect	Transmit	Collect	Transmit	Hospital->Central	Central->Central	Collect	Transmit		
1330	RX Summ--Reconstruct 1st	.	.	.	RH	RH	.	.	.	.	SEER	
1340	Reason for No Surgery	R	R	R	R	R	T	T*	.	.	SEER/CoC	
1350	RX Summ--DX/Stg Proc	.	R	R	.	.	.	.	.	.	CoC	
1355	Reserved 22	.	.	.	.	.	.	.	.	.
1360	RX Summ--Radiation	D	.	.	R	R	TH*	TH*	.	.	SEER	
1370	RX Summ--Rad to CNS	.	.	.	R	R	.	.	.	.	SEER/CoC	
1380	RX Summ--Surg/Rad Seq	R	R	R	R	R	T	T*	.	.	SEER/CoC	
1390	RX Summ--Chemo	R	R	R	R	R	T*	T*	.	.	SEER/CoC	
1400	RX Summ--Hormone	R	R	R	R	R	T*	T*	.	.	SEER/CoC	
1410	RX Summ--BRM	R	R	R	R	R	T*	T*	.	.	SEER/CoC	
1420	RX Summ--Other	R	R	R	R	R	T*	T*	.	.	SEER/CoC	
1430	Reason for No Radiation	.	R	R	.	.	.	.	.	.	CoC	
1435	Reserved 32	.	.	.	.	.	.	.	.	.
1440	Reason for No Chemo									.		Retired
1450	Reason for No Hormone									.		Retired
1460	RX Coding System--Current	R	R	R	.	RH	T*	T*	.	.	NAACCR	
1465	Reserved 33	.	.	.	.	.	.	.	.	.
1470	Protocol Eligibility Stat									.		Retired
1480	Protocol Participation									.		Retired
1490	Referral to Support Serv									.		Retired
1500	First Course Calc Method	.	.	.	.	.	.	.	.	.	NAACCR	
1510	Rad--Regional Dose: CGY	.	R	R	.	.	T	.	.	.	CoC	
1520	Rad--No of Treatment Vol	.	R	R	.	.	T	.	.	.	CoC	
1530	Rad--Elapsed RX Days									.		Retired
1535	Reserved 34	.	.	.	.	.	.	.	.	.
1540	Rad--Treatment Volume	.	R	R	.	.	T	.	.	.	CoC	
1550	Rad--Location of RX	.	R	R	.	.	T	.	.	.	CoC	
1555	Reserved 35	.	.	.	.	.	.	.	.	.
1560	Rad--Intent of Treatment									.		Retired
1570	Rad--Regional RX Modality	R	R	R	RC	.	T	T*	.	.	CoC	
1580	Rad--RX Completion Status									.		Retired
1590	Rad--Local Control Status									.		Retired

Required Status Table

Item #	Item Name	<u>NPCR/</u>	<u>CoC</u>		<u>SEER</u>		<u>Exchange Elements</u>		<u>CCCR</u>		Source of Standard	Status
		<u>OSCaR</u>	Collect	Transmit	Collect	Transmit	Hospital->Central	Central->Central	Collect	Transmit		
1600	Chemotherapy Field 1									.		Retired
1610	Chemotherapy Field 2									.		Retired
1620	Chemotherapy Field 3									.		Retired
1630	Chemotherapy Field 4									.		Retired
1635	Reserved 23	.	.	.	.	.	.	.	.	.	.
1639	RX Summ--Systemic/Sur Seq	R	R	R	R	R	T	T	.	.	CoC	
1640	RX Summ--Surgery Type	.	.	.	RH	RH	TH*	TH*	.	.	SEER	
1641	Reserved 36	.	.	.	.	.	.	.	.	.
1642	RX Summ--Screen/BX Proc1											Retired
1643	RX Summ--Screen/BX Proc2											Retired
1644	RX Summ--Screen/BX Proc3											Retired
1645	RX Summ--Screen/BX Proc4											Retired
1646	RX Summ--Surg Site 98-02	.	RH	RH	RH	RH	TH*	TH*	.	.	SEER/CoC	
1647	RX Summ--Scope Reg 98-02	.	RH	RH	RH	RH	TH*	TH*	.	.	SEER/CoC	
1648	RX Summ--Surg Oth 98-02	.	RH	RH	RH	RH	TH*	TH*	.	.	SEER/CoC	
1650	Reserved 08	.	.	.	.	.	.	.	.	.
1660	Subsq RX 2nd Course Date	.	.	.	.	.	.	.	.	.	CoC	
1670	Subsq RX 2nd Course Codes											
1671	Subsq RX 2nd Course Surg	.	.	.	.	.	.	.	.	.	CoC	
1672	Subsq RX 2nd Course Rad	.	.	.	.	.	.	.	.	.	CoC	
1673	Subsq RX 2nd Course Chemo	.	.	.	.	.	.	.	.	.	CoC	
1674	Subsq RX 2nd Course Horm	.	.	.	.	.	.	.	.	.	CoC	
1675	Subsq RX 2nd Course BRM	.	.	.	.	.	.	.	.	.	CoC	
1676	Subsq RX 2nd Course Oth	.	.	.	.	.	.	.	.	.	CoC	
1677	Subsq RX 2nd--Scope LN SU	.	.	.	.	.	.	.	.	.	CoC	
1678	Subsq RX 2nd--Surg Oth	.	.	.	.	.	.	.	.	.	CoC	
1679	Subsq RX 2nd--Reg LN Rem	.	.	.	.	.	.	.	.	.	CoC	
1680	Subsq RX 3rd Course Date	.	.	.	.	.	.	.	.	.	CoC	
1690	Subsq RX 3rd Course Codes											
1691	Subsq RX 3rd Course Surg	.	.	.	.	.	.	.	.	.	CoC	
1692	Subsq RX 3rd Course Rad	.	.	.	.	.	.	.	.	.	CoC	

Required Status Table

Item #	Item Name	<u>NPCR/ OSCaR</u>	<u>CoC</u>		<u>SEER</u>		<u>Exchange Elements</u>		<u>CCCR</u>		Source of Standard	Status
		Collect	Collect	Transmit	Collect	Transmit	Hospital->Central	Central->Central	Collect	Transmit		
1693	Subsq RX 3rd Course Chemo	.	.	.	.	.	.	.	.	.	CoC	
1694	Subsq RX 3rd Course Horm	.	.	.	.	.	.	.	.	.	CoC	
1695	Subsq RX 3rd Course BRM	.	.	.	.	.	.	.	.	.	CoC	
1696	Subsq RX 3rd Course Oth	.	.	.	.	.	.	.	.	.	CoC	
1697	Subsq RX 3rd--Scope LN Su	.	.	.	.	.	.	.	.	.	CoC	
1698	Subsq RX 3rd--Surg Oth	.	.	.	.	.	.	.	.	.	CoC	
1699	Subsq RX 3rd--Reg LN Rem	.	.	.	.	.	.	.	.	.	CoC	
1700	Subsq RX 4th Course Date	.	.	.	.	.	.	.	.	.	CoC	
1710	Subsq RX 4th Course Codes											
1711	Subsq RX 4th Course Surg	.	.	.	.	.	.	.	.	.	CoC	
1712	Subsq RX 4th Course Rad	.	.	.	.	.	.	.	.	.	CoC	
1713	Subsq RX 4th Course Chemo	.	.	.	.	.	.	.	.	.	CoC	
1714	Subsq RX 4th Course Horm	.	.	.	.	.	.	.	.	.	CoC	
1715	Subsq RX 4th Course BRM	.	.	.	.	.	.	.	.	.	CoC	
1716	Subsq RX 4th Course Oth	.	.	.	.	.	.	.	.	.	CoC	
1717	Subsq RX 4th--Scope LN Su	.	.	.	.	.	.	.	.	.	CoC	
1718	Subsq RX 4th--Surg Oth	.	.	.	.	.	.	.	.	.	CoC	
1719	Subsq RX 4th--Reg LN Rem	.	.	.	.	.	.	.	.	.	CoC	
1720	Subsq RX 5th Course Date											Retired
1725	Reserved 37	.	.	.	.	.	.	.	.	.
1726	Reserved 38	.	.	.	.	.	.	.	.	.
1730	Subsq RX 5th Course Codes											Retired
1731	Subsq RX 5th Course Surg											Retired
1732	Subsq RX 5th Course Rad											Retired
1733	Subsq RX 5th Course Chemo											Retired
1734	Subsq RX 5th Course Horm											Retired
1735	Subsq RX 5th Course BRM											Retired
1736	Subsq RX 5th Course Oth											Retired
1737	Subsq RX 5th--Scope LN Su											Retired
1738	Subsq RX 5th--Surg Oth											Retired
1739	Subsq RX 5th--Reg LN Rem											Retired
1740	Reserved 09	.	.	.	.	.	.	.	.	.

Required Status Table

Item #	Item Name	<u>NPCR/</u>	<u>CoC</u>		<u>SEER</u>		<u>Exchange Elements</u>		<u>CCCR</u>		Source of Standard	Status
		<u>OSCaR</u>	Collect	Transmit	Collect	Transmit	Hospital->Central	Central->Central	Collect	Transmit		
1741	Subsq RX--Reconstruct Del	.	.	.	.	.	.	.	.	.	CoC	
1750	Date of Last Contact	R	R	R	R	R	T	T			SEER/CoC	
1755	Date of Death--Canada	.	.	.	.	.	.	.	.	.	CCCR	New
1760	Vital Status	R	R	R	R	R	T	T	.	.	SEER/CoC	
1770	Cancer Status	.	R	R	.	.	.	.	.	.	CoC	
1780	Quality of Survival	.	.	.	.	.	.	.	.	.	CoC	
1790	Follow-Up Source	R*	R	.	.	.	T*	.	.	.	CoC	Revised
1791	Follow-up Source Central	R	.	.	.	.	.	T*	.	.	NAACCR	
1800	Next Follow-Up Source	.	R	.	.	.	.	.	.	.	CoC	
1810	Addr Current--City	.	R	.	R	.	T*	.	.	.	CoC	
1820	Addr Current--State	.	R	.	R	.	T*	.	.	.	CoC	
1830	Addr Current--Postal Code	.	R	.	R	.	T*	.	.	.	CoC	
1835	Reserved 10	.	.	.	.	.	.	.	.	.
1840	County--Current	.	.	.	.	.	.	.	.	.	NAACCR	
1842	Follow-Up Contact--City	.	.	.	R	.	T*	.	.	.	SEER	
1844	Follow-Up Contact--State	.	.	.	R	.	T*	.	.	.	SEER	
1846	Follow-Up Contact--Postal	.	.	.	R	.	T*	.	.	.	SEER	
1850	Unusual Follow-Up Method	.	.	.	.	.	.	.	.	.	CoC	
1860	Recurrence Date--1st	.	R	R	RC	.	T*	.	.	.	CoC	
1870	Recurrence Distant Sites									.		Retired
1871	Recurrence Distant Site 1	.	.	.	.	.	.	.	.	.	NAACCR	
1872	Recurrence Distant Site 2	.	.	.	.	.	.	.	.	.	NAACCR	
1873	Recurrence Distant Site 3	.	.	.	.	.	.	.	.	.	NAACCR	
1880	Recurrence Type--1st	.	R	R	RC	.	T*	.	.	.	CoC	
1890	Recurrence Type--1st--Oth									.		Retired
1895	Reserved 39	.	.	.	.	.	.	.	.	.
1900	Reserved 11	.	.	.	.	.	.	.	.	.
1910	Cause of Death	R	.	.	R	R	.	T	.	.	SEER	
1920	ICD Revision Number	R	.	.	R	R	.	T	.	.	SEER	
1930	Autopsy	.	.	.	.	.	.	.	.	.	NAACCR	
1940	Place of Death	R	.	.	.	.	T*	T*			NPCR	

Required Status Table

Item #	Item Name	<u>NPCR/ OSCaR</u>	<u>CoC</u>		<u>SEER</u>		<u>Exchange Elements</u>		<u>CCCR</u>		Source of Standard	Status
		Collect	Collect	Transmit	Collect	Transmit	Hospital->Central	Central->Central	Collect	Transmit		
1950	Reserved 12	.	.	.	.	.	.	.	.	.		Retired
1960	Site (73-91) ICD-O-1	.	.	.	RH	RH	.	.	.	.	SEER	
1970	Morph (73-91) ICD-O-1	.	.	.								
1971	Histology (73-91) ICD-O-1	.	.	.	RH	RH	.	.	.	.	SEER	
1972	Behavior (73-91) ICD-O-1	.	.	.	RH	RH	.	.	.	.	SEER	
1973	Grade (73-91) ICD-O-1	.	.	.	RH	RH	.	.	.	.	SEER	
1980	ICD-O-2 Conversion Flag	.	R	R	R	R	T*	T*			SEER	
1981	Over-ride SS/NodesPos	.	.	.	.	.	T*	T*			NAACCR	
1982	Over-ride SS/TNM-N	.	.	.	.	.	T*	T*		.	NAACCR	
1983	Over-ride SS/TNM-M	.	.	.	.	.	T*	T*		.	NAACCR	
1984	Over-ride SS/DisMet1	.	.	.	.	.	T*	T*		.	NAACCR	
1985	Over-ride Acsn/Class/Seq	.	R	R	.	.	T*	T*		.	CoC	
1986	Over-ride HospSeq/DxConf	.	R	R	.	.	T*	T*		.	CoC	
1987	Over-ride COC-Site/Type	.	R	R	.	.	T*	T*		.	CoC	
1988	Over-ride HospSeq/Site	.	R	R	.	.	T*	T*		.	CoC	
1989	Over-ride Site/TNM-StgGrp	.	R	R	.	.	T*	T*		.	CoC	
1990	Over-ride Age/Site/Morph	R	R	R	R	R	T*	T*		.	SEER	
2000	Over-ride SeqNo/DxConf	R	.	.	R	R	T*	T*		.	SEER	
2010	Over-ride Site/Lat/SeqNo	R	.	.	R	R	T*	T*		.	SEER	
2020	Over-ride Surg/DxConf	R	R	R	R	R	T*	T*		.	SEER	
2030	Over-ride Site/Type	R	R	R	R	R	T*	T*		.	SEER	
2040	Over-ride Histology	R	R	R	R	R	T*	T*		.	SEER	
2050	Over-ride Report Source	R	.	.	R	R	T*	T*		.	SEER	
2060	Over-ride Ill-define Site	R	.	.	R	R	T*	T*		.	SEER	
2070	Over-ride Leuk, Lymphoma	R	R	R	R	R	T*	T*		.	SEER	
2071	Over-ride Site/Behavior	R	R	R	R	R	T*	T*		.	SEER	
2072	Over-ride Site/EOD/DX Dt	.	.	.	R	R	T*	T*		.	SEER	
2073	Over-ride Site/Lat/EOD	.	.	.	R	R	T*	T*		.	SEER	
2074	Over-ride Site/Lat/Morph	R	R	R	R	R	T*	T*		.	SEER	
2080	Reserved 13									.		Retired
2081	CRC CHECKSUM	.	.	.	S	S	.	.		.	NAACCR	

Required Status Table

Item #	Item Name	<u>NPCR/ OSCaR</u>	<u>CoC</u>		<u>SEER</u>		<u>Exchange Elements</u>		<u>CCCR</u>		Source of Standard	Status
		Collect	Collect	Transmit	Collect	Transmit	Hospital->Central	Central->Central	Collect	Transmit		
2082	Reserved 24	.	.	.	.	.	.	.	.	.
2090	Date Case Completed	.	.	R*	.	.	.	.	.	.	NAACCR	Revised
2100	Date Case Last Changed	.	.	.	.	.	.	.	.	.	NAACCR	
2110	Date Case Report Exported	R	.	.	.	.	T	.	.	.	NPCR	Revised
2111	Date Case Report Received	R	.	.	.	.	.	.	.	.	NPCR	
2112	Date Case Report Loaded	R	.	.	.	.	.	.	.	.	NPCR	
2113	Date Tumor Record Availbl	R	.	.	.	.	.	.	.	.	NPCR	
2114	Future Use Timeliness 1									.		Retired
2115	Future Use Timeliness 2									.		Retired
2116	ICD-O-3 Conversion Flag	R	R	R	R	R	T	T		.	SEER/CoC	
2120	SEER Coding Sys--Current	.	.	.	.	R	T*	T*	.	.	NAACCR	
2130	SEER Coding Sys--Original	.	.	.	.	R	T*	T*	.	.	NAACCR	
2140	COC Coding Sys--Current	.	R	R	.	.	T*	T*		.	CoC	
2150	COC Coding Sys--Original	.	R	R	.	.	T*	T*		.	CoC	
2160	Subsq Report for Primary											Retired
2161	Reserved 20									.		Retired
2170	Vendor Name	.	.	R	.	.	T	T	.	.	NAACCR	
2180	SEER Type of Follow-Up	.	.	.	R	R	.	.	.	.	SEER	
2190	SEER Record Number	.	.	.	.	R	.	.	.	.	SEER	
2200	Diagnostic Proc 73-87	.	.	.	RH	RH	.	.		.	SEER	
2210	Reserved 14									.		Retired
2220	State/Requestor Items	.	.	.	.	.	.	.	.	.	Varies	
2230	Name--Last	R	R	.	R	.	T	T		.	NAACCR	
2240	Name--First	R	R	.	R	.	T	T		.	NAACCR	
2250	Name--Middle	R	R	.	R	.	T*	T*		.	CoC	
2260	Name--Prefix	.	.	.	.	.	.	.		.	SEER	
2270	Name--Suffix	.	.	.	R	.	T*	T*		.	SEER	
2280	Name--Alias	R	.	.	R	.	T*	T*		.	SEER	
2290	Name--Spouse/Parent	.	.	.	.	.	.	.		.	NAACCR	
2300	Medical Record Number	R	R	.	R	.	T	.		.	CoC	
2310	Military Record No Suffix	.	R	.	.	.	.	.		.	CoC	

Required Status Table

Item #	Item Name	<u>NPCR/ OSCaR</u>	<u>CoC</u>		<u>SEER</u>		<u>Exchange Elements</u>		<u>CCCR</u>		Source of Standard	Status
		Collect	Collect	Transmit	Collect	Transmit	Hospital->Central	Central->Central	Collect	Transmit		
2320	Social Security Number	R	R	.	R	.	T	T	.	.	CoC	
2330	Addr at DX--No & Street	R	R	.	R	.	T	T	.	.	CoC	
2335	Addr at DX--Supplementl	R	R	.	R	.	T*	T*	.	.	CoC	
2350	Addr Current--No & Street	.	R	.	R	.	T*	T*	.	.	CoC	
2352	Latitude	R*	.	.	S	.	.	.	.	.	NAACCR	
2354	Longitude	R*	.	.	S	.	.	.	.	.	NAACCR	
2355	Addr Current--Supplementl	.	R	.	R	.	T*	.	.	.	CoC	
2360	Telephone	.	R	.	R	.	T*	T*	.	.	CoC	
2370	DC State									.		Retired
2371	Reserved 21									.		Retired
2380	DC State File Number	R	.	.	R*	.	.	T*	.	.	State	
2390	Name--Maiden	R	.	.	R	.	T*	T*	.	.	SEER	
2392	Follow-Up Contact--No&St	.	.	.	R	.	.	.	.	.	SEER	
2393	Follow-Up Contact--Suppl	.	.	.	R	.	.	.	.	.	SEER	
2394	Follow-Up Contact--Name	.	.	.	R	.	.	.	.	.	SEER	
2400	Reserved 16									.		Retired
2410	Institution Referred From	.	R	.	.	.	T*	.	.	.	CoC	
2415	NPI--Inst Referred From	.	R	.	.	.	.	.	.	.	CMS	Revised
2420	Institution Referred To	.	R	.	.	.	T*	.	.	.	CoC	
2425	NPI--Inst Referred To	.	R	.	.	.	.	.	.	.	CMS	Revised
2430	Last Follow-Up Hospital											Retired
2435	Reserved 40	.	.	.	.	.	.	.	.	.
2440	Following Registry	.	R	.	R	.	.	.	.	.	CoC	
2445	NPI--Following Registry	.	.	.	R*	.	.	.	.	.	CMS	Revised
2450	Reserved 17									.		Retired
2460	Physician--Managing	.	.	.	.	.	.	.	.	.	NAACCR	
2465	NPI--Physician--Managing	.	R	R	.	.	.	.	.	.	CMS	Revised
2470	Physician--Follow-Up	.	R	.	R	.	T*	T*	.	.	CoC	
2475	NPI--Physician--Follow-Up	.	R	R	R*	.	.	.	.	.	CMS	Revised
2480	Physician--Primary Surg	.	R	.	.	.	.	.	.	.	CoC	
2485	NPI--Physician--Primary Surg	.	R	R	.	.	.	.	.	.	CMS	Revised

Required Status Table

Item #	Item Name	<u>NPCR/ OSCaR</u>	<u>CoC</u>		<u>SEER</u>		<u>Exchange Elements</u>		<u>CCCR</u>		Source of Standard	Status
		Collect	Collect	Transmit	Collect	Transmit	Hospital->Central	Central->Central	Collect	Transmit		
2490	Physician 3	.	R	.	.	.	.	.	.	.	CoC	
2495	NPI--Physician 3	.	R	R	.	.	.	.	.	.	CMS	Revised
2500	Physician 4	.	R	.	.	.	.	.	.	.	CoC	
2505	NPI--Physician 4	.	R	R	.	.	.	.	.	.	CMS	Revised
2520	Text--DX Proc--PE	R^	.	.	R	.	T*	T*	.	.	NPCR	
2530	Text--DX Proc--X-ray/Scan	R^	.	.	R	.	T*	T*	.	.	NPCR	
2540	Text--DX Proc--Scopes	R^	.	.	R	.	T*	T*	.	.	NPCR	
2550	Text--DX Proc--Lab Tests	R^	.	.	R	.	T*	T*	.	.	NPCR	
2560	Text--DX Proc--Op	R^	.	.	R	.	T*	T*	.	.	NPCR	
2570	Text--DX Proc--Path	R^	.	.	R	.	T*	T*	.	.	NPCR	
2580	Text--Primary Site Title	R^	.	.	R	.	T*	T*	.	.	NPCR	
2590	Text--Histology Title	R^	.	.	R	.	T*	T*	.	.	NPCR	
2600	Text--Staging	R^	.	.	R	.	T*	T*	.	.	NPCR	
2610	RX Text--Surgery	R^	.	.	R	.	T*	T*	.	.	NPCR	
2620	RX Text--Radiation (Beam)	R^	.	.	R	.	T*	T*	.	.	NPCR	
2630	RX Text--Radiation Other	R^	.	.	R	.	T*	T*	.	.	NPCR	
2640	RX Text--Chemo	R^	.	.	R	.	T*	T*	.	.	NPCR	
2650	RX Text--Hormone	R^	.	.	R	.	T*	T*	.	.	NPCR	
2660	RX Text--BRM	R^	.	.	R	.	T*	T*	.	.	NPCR	
2670	RX Text--Other	R^	.	.	R	.	T*	T*	.	.	NPCR	
2680	Text--Remarks	.	.	.	R	.	T*	T*	.	.	NPCR	
2690	Text--Place of Diagnosis	.	.	.	.	.	.	.	.	.	NPCR	
2700	Reserved 19	.	.	.	.	.	.	.	.	.
2800	CS Tumor Size	R	R	R	R	R	T	T	R*	R*	AJCC	
2810	CS Extension	R	R	R	R	R	T	T	R*	R*	AJCC	
2820	CS Tumor Size/Ext Eval	R	R	R	R	R	T*	T*	R*	R*	AJCC	Revised
2830	CS Lymph Nodes	R	R	R	R	R	T	T	R*	R*	AJCC	
2840	CS Reg Node Eval	.	R	R	R	R	T*	T*	R*	R*	AJCC	Revised
2850	CS Mets at DX	R	R	R	R	R	T	T	R*	R*	AJCC	
2860	CS Mets Eval	.	R	R	R	R	T*	T*	R*	R*	AJCC	Revised

Required Status Table

Item #	Item Name	<u>NPCR/ OSCaR</u>	<u>CoC</u>		<u>SEER</u>		<u>Exchange Elements</u>		<u>CCCR</u>		Source of Standard	Status
		Collect	Collect	Transmit	Collect	Transmit	Hospital->Central	Central->Central	Collect	Transmit		
2880	CS Site-Specific Factor 1	RS	R	R	R	R	T	T	R*	R*	AJCC	
2890	CS Site-Specific Factor 2	.	R	R	R	R	T	T	R*	R*	AJCC	
2900	CS Site-Specific Factor 3	RS	R	R	R	R	T	T	R*	R*	AJCC	
2910	CS Site-Specific Factor 4	.	R	R	R	R	T	T	R*	R*	AJCC	
2920	CS Site-Specific Factor 5	.	R	R	R	R	T	T	R*	R*	AJCC	
2930	CS Site-Specific Factor 6	.	R	R	R	R	T	T	R*	R*	AJCC	
2935	CS Version 1st	R	D	R	D	R	.	.	R*	R*	AJCC	Revised
2936	CS Version Latest	R	D	R	D	R	.	.	R*	R*	AJCC	Revised
2940	Derived AJCC T	.	D	R	D	R	T*	T*	R*	R*	AJCC	Revised
2950	Derived AJCC T Descriptor	.	D	R	D	R	T*	T*	R*	R*	AJCC	Revised
2960	Derived AJCC N	.	D	R	D	R	T*	T*	R*	R*	AJCC	Revised
2970	Derived AJCC N Descriptor	.	D	R	D	R	T*	T*	R*	R*	AJCC	Revised
2980	Derived AJCC M	.	D	R	D	R	T*	T*	R*	R*	AJCC	Revised
2990	Derived AJCC M Descriptor	.	D	R	D	R	T*	T*	R*	R*	AJCC	Revised
3000	Derived AJCC Stage Group	.	D	R	D	R	T*	T*	R*	R*	AJCC	Revised
3010	Derived SS1977	.	D	R	D	R	T*	T*	R*	R*	AJCC	Revised
3020	Derived SS2000	D	D	R	D	R	T*	T*	R*	R*	AJCC	Revised
3030	Derived AJCC--Flag	.	R	R	D	R	T*	T*	R*	R*	AJCC	Revised
3040	Derived SS1977--Flag	.	R	R	D	R	T*	T*	R*	R*	AJCC	Revised
3050	Derived SS2000--Flag	D	R	R	D	R	T*	T*	R*	R*	AJCC	Revised
3100	Archive FIN	.	R	R	.	.	.	.	.	.	CoC	
3105	NPI--Archive FIN	.	R	R	.	.	.	.	.	.	CMS	Revised
3110	Comorbid/Complication 1	.	R	R	.	.	T*	.	.	.	CoC	
3120	Comorbid/Complication 2	.	R	R	.	.	T*	.	.	.	CoC	
3130	Comorbid/Complication 3	.	R	R	.	.	T*	.	.	.	CoC	
3140	Comorbid/Complication 4	.	R	R	.	.	T*	.	.	.	CoC	
3150	Comorbid/Complication 5	.	R	R	.	.	T*	.	.	.	CoC	
3160	Comorbid/Complication 6	.	R	R	.	.	T*	.	.	.	CoC	
3161	Comorbid/Complication 7	.	R	R	.	.	T*	.	.	.	CoC	
3162	Comorbid/Complication 8	.	R	R	.	.	T*	.	.	.	CoC	

Required Status Table

Item #	Item Name	<u>NPCR/ OSCaR</u>	<u>CoC</u>		<u>SEER</u>		<u>Exchange Elements</u>		<u>CCCR</u>		Source of Standard	Status
		Collect	Collect	Transmit	Collect	Transmit	Hospital->Central	Central->Central	Collect	Transmit		
3163	Comorbid/Complication 9	.	R	R	.	.	T*	.	.	.	CoC	
3164	Comorbid/Complication 10	.	R	R	.	.	T*	.	.	.	CoC	
3165	ICD Revision Comorbid	.	R	R	.	.	T*	.	.	.	CoC	
3170	RX Date--Most Defin Surg	.	R	R	.	.	T*	.	.	.	CoC	
3180	RX Date--Surgical Disch	.	R	R	.	.	.	.	.	.	CoC	
3190	Readm Same Hosp 30 Days	.	R	R	.	.	.	.	.	.	CoC	
3200	Rad--Boost RX Modality	.	R	R	RC	.	T*	T*	.	.	CoC	
3210	Rad--Boost Dose cGy	.	R	R	.	.	.	.	.	.	CoC	
3220	RX Date--Radiation Ended	.	R	R	.	.	.	.	.	.	CoC	
3230	RX Date--Systemic	.	R	R	S	.	T*	T*	.	.	CoC	
3250	RX Summ--Transplnt/Endocr	R	R	R	R	R	T*	T*	.	.	CoC	
3260	Pain Assessment								.			Retired
3270	RX Summ--Palliative Proc	.	R	R	.	.	T*	.	.	.	CoC	
3280	RX Hosp--Palliative Proc	.	R	R	.	.	T*	.	.	.	CoC	
3300	RuralUrban Continuum 1993	D	.	.	.	.	.	.	.	.	NAACCR	
3310	RuralUrban Continuum 2003	D	.	.	.	.	.	.	.	.	NAACCR	

TH = cases diagnosed before 2004, transmit data if available in exchange record.

= Central registries may code available data using either SEER or CoC data items and associated rules.

RC = Collected by SEER from CoC approved hospitals.

T = data is vital to complete exchange record.

D = Derived.

RH = Historically collected and currently transmitted.

RH* = Historically collected and currently transmitted when available.

. = No recommendations.

R = Required.

RS = Required, site specific.

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

R* = Required, when available.

R\$ = Requirements differ by year.

S = Supplementary/recommended.

Reporting Facilities

<u>FacilityNumber</u>	<u>FacilityName</u>	<u>FacilityAbbreviation</u>
920510	Adventist Medical Center	AM
920010	Albany General Hospital	AG
920025	Ashland Community Hospital	AC
920327	Bay Area Hospital	BA
920195	Blue Mountain Hospital	BM
920015	Columbia Memorial Hospital	CM
920270	Columbia Willamette Valley Medical Ctr.	CW
920105	Coquille Valley Hospital	CV
920165	Curry General Hospital	CU
920175	Good Shepherd Medical Center	GO
920210	Grande Ronde Hospital	GR
920075	Harney District Hospital	HD
920340	Holy Rosary Medical Center	HR
920190	Hood River Memorial Hospital	HM
920445	Kaiser Sunnyside Medical Center	KS
920231	Lake District Hospital	LD
920241	Lebanon Community Hospital	LC
000034	Legacy Health System	LS
920614	Lower Umpqua Hospital	LU
920741	McKenzie-Willamette Hospital	MC
920620	Mercy Medical Center	MM
920770	Mid-Columbia Medical Center	MI
920242	Mountain View Hospital	MT
920570	OHSU--OP17A	OH
920163	Peace Harbor Hospital	PH
920610	Pioneer Memorial Hospital	PI
920590	Portland VA Medical Center	VA
920290	Providence Medford Med Center	PF
920296	Providence Milwaukie Hospital	PM
920315	Providence Newberg Hospital	PN
920520	Providence Portland Medical Center	PP
920725	Providence Seaside Hospital	PS
920540	Providence St. Vincent Medical Center	PV
920280	Rogue Valley Medical Center	RV
920630	Roseburg VA Medical Center	RS
920160	Sacred Heart Medical Center	SH
920708	Salem Hospital	SL
920110	Samaritan Regional	GS
920243	Samaritan North Lincoln Hospital	NL
920325	Samaritan Pac. Comm. Hospital	PC
920743	Santiam Memorial Hospital	SM

Reporting Facilities

920740	Silverton Hospital	SI
920207	Sky Lakes Medical Center	SK
920065	Southern Coos Hospital	SO
920380	St. Anthony Hospital	SA
920070	St. Charles Medical Center	SB
920612	St. Charles-Redmond	SR
920060	St. Elizabeth Hospital & Health Care Ctr.	SE
920171	Three Rivers -- Washington	TW
920780	Tillamook County General Hospital	TC
920180	Tuality Community Hospital	TU
920140	Wallowa Memorial Hospital	WM
920350	Willamette Falls Hospital	WF



Oregon
Ted Kulongoski, Governor

Department of Human Services
Health Services
Oregon State Cancer Registry
800 NE Oregon Street, Suite 730
Portland, OR 97232-2162
(971) 673-0986 Telephone
(971) 673-0996 Fax
(971) 673-0372 TTY-Nonvoice

Date

Patient Name
Patient Address

Dear Patient:

In 1995, the Oregon State Legislature established the Oregon State Cancer Registry (OSCaR). At the time, Oregon was one of only a few states without a statewide cancer registry. Today, every state has one. The purpose of the registry is to understand how cancer affects Oregonians and what can be done to fight it. Information from the registry is used to target early detection of cancer and prevention efforts, develop screening and treatment programs, and evaluate cancer clusters. Registry information is also used in academic research studying the causes and/or treatment of specific cancer types.

Sometime in the last couple of years, you had a medical evaluation that showed cancer or a closely related condition. This letter is to inform you that your case has been reported to OSCaR, in compliance with Oregon law (statute ORS 432.520). Information such as your name, address, age, sex, characteristics/type of cancer, and details of diagnosis/treatment are included in this highly confidential record. Information in the registry is granted legal protection under Oregon law and cannot be accessed even by court subpoena (statute ORS 432.530).

So that this information can help in future cancer research, we are enclosing a form on which you can indicate your willingness to participate in research studies. Before the release of any confidential data, all research studies must be reviewed for compliance with strict criteria as provided by law (statute 432.540). If you do not return the research participation form, researchers will consult with your physician if you qualify for a study. Regardless of how you are contacted, your participation in any research project is strictly voluntary and you may decline at any time.

Please visit OSCaR's website www.healthoregon.org/oscar for general information about the Registry and to view the latest annual report, *Cancer in Oregon*; a list of current research activities can be found there as well. Contact OSCaR's Program Manager at (971) 673-0986 or by email oscar.ohd@state.or.us with any questions.

Sincerely yours,

Katrina Hedberg, MD, MPH
Interim State Epidemiologist & Office Administrator

Research Participation Reply Form

Regarding participation in research, if you do not return this form, OSCaR's standard procedure will be to contact patients only after consulting with the patient's physician. However, you may choose to be contacted directly or to never be contacted for research. If you want to choose one of these options, please make your selection, sign and date, update any name and address changes, and return this form in the envelope provide.

For more information or questions, you may contact OSCaR.

Oregon State Cancer Registry
800 NE Oregon Street, Suite 730
Portland, OR 97232
Tel: (971) 673-0986 Fax (971) 673-0996
Email: OSCaR.ohd@state.or.us

Patient Name _____
Patient Address _____

- Be contacted directly by researchers if there is an opportunity to be a participant in a research project; there is no need to consult with my physician. The researchers can explain the project to me directly, and I will decide whether or not to participate.
- Never be contacted through OSCaR for any research purpose.
- Be contacted after consulting with my physician.

Patient Signature

Date

Have you had a name or address change? If any of your patient information is different than what we have listed above, please update any changes below so we can have accurate and up-to-date records. Thank you.

Please Print

First Name _____ Middle Name _____

Last Name _____ Tel No. _____

Address _____

City _____ State _____ Zip _____



Oregon

Theodore R. Kulongoski, Governor
Oregon State Cancer Registry

Department of Human
Services
Health Services
800 NE Oregon Street, Suite
730
Portland, OR 97232-2162
(971) 673-0986 Telephone
(971) 673-0996 Fax
(503) 731-4031 TTY Nonvoice

TO: (Name of CTR)
DATE: (Today's Date)
FROM Alyssa Elting McGuire
Research Analyst - Database Specialist
SUBJECT: File Transmission Status Report

Thank you for your recent cancer case submissions. This memo is your verification that OSCaR has received and downloaded the following files with the number of cancer cases listed below into the central registry database during the past month.

XY Hospital **MM/DD/YY**(Date entered in OSCaR Database), File **XYMMDDYY.xaa** (# of cases)
XZ Hospital **MM/DD/YY**(Date entered in OSCaR Database), File **XZMMDDYY.xaa** (# of cases)

Total cases received for the month: (total # of cases)

If your records do not agree with this number, please contact us.

Thank you.

CHAPTER VII

RECORD LAYOUT TABLE (COLUMN # ORDER)

The following table presents Version 11.3 of the NAACCR record layout. The table has column number, length, item number, item name, section, and note fields. Differences from Version 11.2 are marked "Revised" or "New" in the "Note" column of the table. Revised and new items are summarized in Appendix F. Please note that "Retired" items are not reflected in this table.

Column #	Length	Item #	Item Name	Section	Note
1-1	1	10	Record Type	Record ID	
2-9	8	20	Patient ID Number	Record ID	
10-10	1	30	Registry Type	Record ID	
11-11	1	35	FIN Coding System	Record ID	
12-18	7	37	Reserved 00	Record ID	
19-19	1	50	NAACCR Record Version	Record ID	
20-29	10	40	Registry ID	Record ID	
30-31	2	60	Tumor Record Number	Record ID	
32-39	8	21	Patient System ID-Hosp	Record ID	
40-49	10	45	NPI--Registry ID	Record ID	
50-51	2	370	Reserved 01	Record ID	
52-71	20	70	Addr at DX--City	Demographic	
72-73	2	80	Addr at DX--State	Demographic	
74-82	9	100	Addr at DX--Postal Code	Demographic	
83-85	3	90	Country at DX	Demographic	
86-91	6	110	Census Tract 1970/80/90	Demographic	
92-92	1	120	Census Cod Sys 1970/80/90	Demographic	
93-98	6	130	Census Tract 2000	Demographic	
99-99	1	362	Census Block Group 2000	Demographic	
100-100	1	364	Census Tr Cert 1970/80/90	Demographic	
101-101	1	365	Census Tr Certainty 2000	Demographic	
102-102	1	150	Marital Status at DX	Demographic	
103-104	2	160	Race 1	Demographic	
105-106	2	161	Race 2	Demographic	
107-108	2	162	Race 3	Demographic	
109-110	2	163	Race 4	Demographic	
111-112	2	164	Race 5	Demographic	
113-113	1	170	Race Coding Sys--Current	Demographic	
114-114	1	180	Race Coding Sys--Original	Demographic	
115-115	1	190	Spanish/Hispanic Origin	Demographic	
116-116	1	200	Computed Ethnicity	Demographic	
117-117	1	210	Computed Ethnicity Source	Demographic	
118-118	1	220	Sex	Demographic	
119-121	3	230	Age at Diagnosis	Demographic	
122-129	8	240	Birth Date	Demographic	
130-132	3	250	Birthplace	Demographic	

Column #	Length	Item #	Item Name	Section	Note
133-134	2	260	Religion	Demographic	
135-137	3	270	Occupation Code--Census	Demographic	
138-140	3	280	Industry Code--Census	Demographic	
141-141	1	290	Occupation Source	Demographic	
142-142	1	300	Industry Source	Demographic	
143-182	40	310	Text--Usual Occupation	Demographic	
183-222	40	320	Text--Usual Industry	Demographic	
223-223	1	330	Occup/Ind Coding System	Demographic	
224-224	1	340	Tobacco History	Demographic	
225-225	1	350	Alcohol History	Demographic	
226-226	1	360	Family History of Cancer	Demographic	
227-228	2	3300	RuralUrban Continuum 1993	Demographic	
229-230	2	3310	RuralUrban Continuum 2003	Demographic	
231-231	1	191	NHIA Derived Hisp Origin	Demographic	
232-232	1	192	IHS Link	Demographic	
233-234	2	366	GIS Coordinate Quality	Demographic	
235-235	1	368	CensusBlockGroup 70/80/90	Demographic	
236-237	2	193	Race--NAPILA	Demographic	New
238-280	43	530	Reserved 02	Demographic	Revised
281-282	2	380	Sequence Number--Central	Cancer Identification	
283-290	8	390	Date of Diagnosis	Cancer Identification	
291-294	4	400	Primary Site	Cancer Identification	
295-295	1	410	Laterality	Cancer Identification	
296-300	5	419	Morph--Type&Behav ICD-O-2	Cancer Identification	Group
296-299	4	420	Histology (92-00) ICD-O-2	Cancer Identification	Subfield
300-300	1	430	Behavior (92-00) ICD-O-2	Cancer Identification	Subfield
301-305	5	521	Morph--Type&Behav ICD-O-3	Cancer Identification	Group
301-304	4	522	Histologic Type ICD-O-3	Cancer Identification	Subfield
305-305	1	523	Behavior Code ICD-O-3	Cancer Identification	Subfield
306-306	1	440	Grade	Cancer Identification	
307-307	1	450	Site Coding Sys--Current	Cancer Identification	
308-308	1	460	Site Coding Sys--Original	Cancer Identification	
309-309	1	470	Morph Coding Sys--Current	Cancer Identification	
310-310	1	480	Morph Coding Sys--Original	Cancer Identification	
311-311	1	490	Diagnostic Confirmation	Cancer Identification	
312-312	1	500	Type of Reporting Source	Cancer Identification	

Column #	Length	Item #	Item Name	Section	Note
313-320	8	510	Screening Date	Cancer Identification	
321-321	1	520	Screening Result	Cancer Identification	
322-323	2	501	Casefinding Source	Cancer Identification	
324-324	1	442	Ambiguous Terminology DX	Cancer Identification	
325-332	8	443	Date of Conclusive DX	Cancer Identification	
333-334	2	444	Mult Tum Rpt as One Prim	Cancer Identification	
335-342	8	445	Date of Multiple Tumors	Cancer Identification	
343-344	2	446	Multiplicity Counter	Cancer Identification	
345-371	27	680	Reserved 03	Cancer Identification	
372-381	10	545	NPI--Reporting Facility	Hospital-Specific	
382-391	10	540	Reporting Facility	Hospital-Specific	
392-401	10	3100	Archive FIN	Hospital-Specific	
402-410	9	550	Accession Number--Hosp	Hospital-Specific	
411-412	2	560	Sequence Number--Hospital	Hospital-Specific	
413-415	3	570	Abstracted By	Hospital-Specific	
416-423	8	580	Date of 1st Contact	Hospital-Specific	
424-431	8	590	Date of Inpatient Adm	Hospital-Specific	
432-439	8	600	Date of Inpatient Disch	Hospital-Specific	
440-440	1	610	Class of Case	Hospital-Specific	
441-444	4	615	Reserved 26	Hospital-Specific	
445-446	2	630	Primary Payer at DX	Hospital-Specific	
447-456	10	3105	NPI--Archive FIN	Hospital-Specific	
457-458	2	670	RX Hosp--Surg Prim Site	Hospital-Specific	
459-459	1	672	RX Hosp--Scope Reg LN Sur	Hospital-Specific	
460-460	1	674	RX Hosp--Surg Oth Reg/Dis	Hospital-Specific	
461-462	2	676	RX Hosp--Reg LN Removed	Hospital-Specific	
463-463	1	690	RX Hosp--Radiation	Hospital-Specific	
464-465	2	700	RX Hosp--Chemo	Hospital-Specific	
466-467	2	710	RX Hosp--Hormone	Hospital-Specific	
468-469	2	720	RX Hosp--BRM	Hospital-Specific	
470-470	1	730	RX Hosp--Other	Hospital-Specific	
471-472	2	740	RX Hosp--DX/Stg Proc	Hospital-Specific	
473-473	1	3280	RX Hosp--Palliative Proc	Hospital-Specific	
474-477	4	741	Reserved 28	Hospital-Specific	
478-479	2	746	RX Hosp--Surg Site 98-02	Hospital-Specific	
480-480	1	747	RX Hosp--Scope Reg 98-02	Hospital-Specific	

Column #	Length	Item #	Item Name	Section	Note
481-481	1	748	RX Hosp--Surg Oth 98-02	Hospital-Specific	
482-527	46	750	Reserved 04	Hospital-Specific	
528-528	1	759	SEER Summary Stage 2000	Stage/Prognostic Factors	
529-529	1	760	SEER Summary Stage 1977	Stage/Prognostic Factors	
530-530	1	765	Reserved 29	Stage/Prognostic Factors	
531-542	12	779	Extent of Disease 10-Dig	Stage/Prognostic Factors	Group
531-533	3	780	EOD--Tumor Size	Stage/Prognostic Factors	Subfield
534-535	2	790	EOD--Extension	Stage/Prognostic Factors	Subfield
536-537	2	800	EOD--Extension Prost Path	Stage/Prognostic Factors	Subfield
538-538	1	810	EOD--Lymph Node Involv	Stage/Prognostic Factors	Subfield
539-540	2	820	Regional Nodes Positive	Stage/Prognostic Factors	Subfield
541-542	2	830	Regional Nodes Examined	Stage/Prognostic Factors	Subfield
543-555	13	840	EOD--Old 13 Digit	Stage/Prognostic Factors	
556-557	2	850	EOD--Old 2 Digit	Stage/Prognostic Factors	
558-561	4	860	EOD--Old 4 Digit	Stage/Prognostic Factors	
562-562	1	870	Coding System for EOD	Stage/Prognostic Factors	
563-564	2	880	TNM Path T	Stage/Prognostic Factors	
565-566	2	890	TNM Path N	Stage/Prognostic Factors	
567-568	2	900	TNM Path M	Stage/Prognostic Factors	
569-570	2	910	TNM Path Stage Group	Stage/Prognostic Factors	
571-571	1	920	TNM Path Descriptor	Stage/Prognostic Factors	
572-572	1	930	TNM Path Staged By	Stage/Prognostic Factors	
573-574	2	940	TNM Clin T	Stage/Prognostic Factors	
575-576	2	950	TNM Clin N	Stage/Prognostic Factors	
577-578	2	960	TNM Clin M	Stage/Prognostic Factors	
579-580	2	970	TNM Clin Stage Group	Stage/Prognostic Factors	
581-581	1	980	TNM Clin Descriptor	Stage/Prognostic Factors	
582-582	1	990	TNM Clin Staged By	Stage/Prognostic Factors	
583-592	10	995	Reserved 30	Stage/Prognostic Factors	
593-594	2	1060	TNM Edition Number	Stage/Prognostic Factors	
595-609	15	1065	Reserved 31	Stage/Prognostic Factors	
610-617	8	1080	Date of 1st Positive BX	Stage/Prognostic Factors	
618-618	1	1090	Site of Distant Met 1	Stage/Prognostic Factors	
619-619	1	1100	Site of Distant Met 2	Stage/Prognostic Factors	
620-620	1	1110	Site of Distant Met 3	Stage/Prognostic Factors	
621-622	2	1120	Pediatric Stage	Stage/Prognostic Factors	

Column #	Length	Item #	Item Name	Section	Note
623-624	2	1130	Pediatric Staging System	Stage/Prognostic Factors	
625-625	1	1140	Pediatric Staged By	Stage/Prognostic Factors	
626-626	1	1150	Tumor Marker 1	Stage/Prognostic Factors	
627-627	1	1160	Tumor Marker 2	Stage/Prognostic Factors	
628-628	1	1170	Tumor Marker 3	Stage/Prognostic Factors	
629-631	3	2800	CS Tumor Size	Stage/Prognostic Factors	
632-633	2	2810	CS Extension	Stage/Prognostic Factors	
634-634	1	2820	CS Tumor Size/Ext Eval	Stage/Prognostic Factors	
635-636	2	2830	CS Lymph Nodes	Stage/Prognostic Factors	
637-637	1	2840	CS Reg Node Eval	Stage/Prognostic Factors	
638-639	2	2850	CS Mets at DX	Stage/Prognostic Factors	
640-640	1	2860	CS Mets Eval	Stage/Prognostic Factors	
641-643	3	2880	CS Site-Specific Factor 1	Stage/Prognostic Factors	
644-646	3	2890	CS Site-Specific Factor 2	Stage/Prognostic Factors	
647-649	3	2900	CS Site-Specific Factor 3	Stage/Prognostic Factors	
650-652	3	2910	CS Site-Specific Factor 4	Stage/Prognostic Factors	
653-655	3	2920	CS Site-Specific Factor 5	Stage/Prognostic Factors	
656-658	3	2930	CS Site-Specific Factor 6	Stage/Prognostic Factors	
659-660	2	2940	Derived AJCC T	Stage/Prognostic Factors	
661-661	1	2950	Derived AJCC T Descriptor	Stage/Prognostic Factors	
662-663	2	2960	Derived AJCC N	Stage/Prognostic Factors	
664-664	1	2970	Derived AJCC N Descriptor	Stage/Prognostic Factors	
665-666	2	2980	Derived AJCC M	Stage/Prognostic Factors	
667-667	1	2990	Derived AJCC M Descriptor	Stage/Prognostic Factors	
668-669	2	3000	Derived AJCC Stage Group	Stage/Prognostic Factors	
670-670	1	3010	Derived SS1977	Stage/Prognostic Factors	
671-671	1	3020	Derived SS2000	Stage/Prognostic Factors	
672-672	1	3030	Derived AJCC--Flag	Stage/Prognostic Factors	
673-673	1	3040	Derived SS1977--Flag	Stage/Prognostic Factors	
674-674	1	3050	Derived SS2000--Flag	Stage/Prognostic Factors	
675-679	5	3110	Comorbid/Complication 1	Stage/Prognostic Factors	
680-684	5	3120	Comorbid/Complication 2	Stage/Prognostic Factors	
685-689	5	3130	Comorbid/Complication 3	Stage/Prognostic Factors	
690-694	5	3140	Comorbid/Complication 4	Stage/Prognostic Factors	
695-699	5	3150	Comorbid/Complication 5	Stage/Prognostic Factors	
700-704	5	3160	Comorbid/Complication 6	Stage/Prognostic Factors	

Column #	Length	Item #	Item Name	Section	Note
705-710	6	2935	CS Version 1st	Stage/Prognostic Factors	
711-716	6	2936	CS Version Latest	Stage/Prognostic Factors	
717-721	5	3161	Comorbid/Complication 7	Stage/Prognostic Factors	
722-726	5	3162	Comorbid/Complication 8	Stage/Prognostic Factors	
727-731	5	3163	Comorbid/Complication 9	Stage/Prognostic Factors	
732-736	5	3164	Comorbid/Complication 10	Stage/Prognostic Factors	
737-737	1	3165	ICD Revision Comorbid	Stage/Prognostic Factors	
738-754	17	1180	Reserved 05	Stage/Prognostic Factors	
755-762	8	1200	RX Date--Surgery	Treatment-1st Course	
763-770	8	3170	RX Date--Most Defin Surg	Treatment-1st Course	
771-778	8	3180	RX Date--Surgical Disch	Treatment-1st Course	
779-786	8	1210	RX Date--Radiation	Treatment-1st Course	
787-794	8	3220	RX Date--Radiation Ended	Treatment-1st Course	
795-802	8	3230	RX Date--Systemic	Treatment-1st Course	
803-810	8	1220	RX Date--Chemo	Treatment-1st Course	
811-818	8	1230	RX Date--Hormone	Treatment-1st Course	
819-826	8	1240	RX Date--BRM	Treatment-1st Course	
827-834	8	1250	RX Date--Other	Treatment-1st Course	
835-842	8	1260	Date of Initial RX--SEER	Treatment-1st Course	
843-850	8	1270	Date of 1st Crs RX--CoC	Treatment-1st Course	
851-858	8	1280	RX Date--DX/Stg Proc	Treatment-1st Course	
859-860	2	1290	RX Summ--Surg Prim Site	Treatment-1st Course	
861-861	1	1292	RX Summ--Scope Reg LN Sur	Treatment-1st Course	
862-862	1	1294	RX Summ--Surg Oth Reg/Dis	Treatment-1st Course	
863-864	2	1296	RX Summ--Reg LN Examined	Treatment-1st Course	
865-865	1	1310	RX Summ--Surgical Approach	Treatment-1st Course	
866-866	1	1320	RX Summ--Surgical Margins	Treatment-1st Course	
867-867	1	1330	RX Summ--Reconstruct 1st	Treatment-1st Course	
868-868	1	1340	Reason for No Surgery	Treatment-1st Course	
869-870	2	1350	RX Summ--DX/Stg Proc	Treatment-1st Course	
871-871	1	3270	RX Summ--Palliative Proc	Treatment-1st Course	
872-872	1	1355	Reserved 22	Treatment-1st Course	
873-873	1	1360	RX Summ--Radiation	Treatment-1st Course	
874-874	1	1370	RX Summ--Rad to CNS	Treatment-1st Course	
875-875	1	1380	RX Summ--Surg/Rad Seq	Treatment-1st Course	
876-877	2	3250	RX Summ--Transplnt/Endocr	Treatment-1st Course	

Column #	Length	Item #	Item Name	Section	Note
878-879	2	1390	RX Summ--Chemo	Treatment-1st Course	
880-881	2	1400	RX Summ--Hormone	Treatment-1st Course	
882-883	2	1410	RX Summ--BRM	Treatment-1st Course	
884-884	1	1420	RX Summ--Other	Treatment-1st Course	
885-885	1	1430	Reason for No Radiation	Treatment-1st Course	
886-887	2	1435	Reserved 32	Treatment-1st Course	
888-889	2	1460	RX Coding System--Current	Treatment-1st Course	
890-893	4	1465	Reserved 33	Treatment-1st Course	
894-894	1	1500	First Course Calc Method	Treatment-1st Course	
895-899	5	1510	Rad--Regional Dose: CGY	Treatment-1st Course	
900-901	2	1520	Rad--No of Treatment Vol	Treatment-1st Course	
902-904	3	1535	Reserved 34	Treatment-1st Course	
905-906	2	1540	Rad--Treatment Volume	Treatment-1st Course	
907-907	1	1550	Rad--Location of RX	Treatment-1st Course	
908-908	1	1555	Reserved 35	Treatment-1st Course	
909-910	2	1570	Rad--Regional RX Modality	Treatment-1st Course	
911-912	2	3200	Rad--Boost RX Modality	Treatment-1st Course	
913-917	5	3210	Rad--Boost Dose cGy	Treatment-1st Course	
918-930	13	1635	Reserved 23	Treatment-1st Course	
931-931	1	1639	RX Summ--Systemic/Sur Seq	Treatment-1st Course	
932-933	2	1640	RX Summ--Surgery Type	Treatment-1st Course	
934-937	4	1641	Reserved 36	Treatment-1st Course	
938-938	1	3190	Readm Same Hosp 30 Days	Treatment-1st Course	
939-940	2	1646	RX Summ--Surg Site 98-02	Treatment-1st Course	
941-941	1	1647	RX Summ--Scope Reg 98-02	Treatment-1st Course	
942-942	1	1648	RX Summ--Surg Oth 98-02	Treatment-1st Course	
943-987	45	1190	Reserved 06	Treatment-1st Course	
988-995	8	1660	Subsq RX 2nd Course Date	Treatment-Subsequent & Other	
996-1002	7	1670	Subsq RX 2nd Course Codes	Treatment-Subsequent & Other	Group
996-997	2	1671	Subsq RX 2nd Course Surg	Treatment-Subsequent & Other	Subfield
998-998	1	1672	Subsq RX 2nd Course Rad	Treatment-Subsequent & Other	Subfield
999-999	1	1673	Subsq RX 2nd Course Chemo	Treatment-Subsequent & Other	Subfield
1000-1000	1	1674	Subsq RX 2nd Course Horm	Treatment-Subsequent & Other	Subfield
1001-1001	1	1675	Subsq RX 2nd Course BRM	Treatment-Subsequent & Other	Subfield
1002-1002	1	1676	Subsq RX 2nd Course Oth	Treatment-Subsequent & Other	Subfield
1003-1010	8	1680	Subsq RX 3rd Course Date	Treatment-Subsequent & Other	

Column #	Length	Item #	Item Name	Section	Note
1011-1017	7	1690	Subsq RX 3rd Course Codes	Treatment-Subsequent & Other	Group
1011-1012	2	1691	Subsq RX 3rd Course Surg	Treatment-Subsequent & Other	Subfield
1013-1013	1	1692	Subsq RX 3rd Course Rad	Treatment-Subsequent & Other	Subfield
1014-1014	1	1693	Subsq RX 3rd Course Chemo	Treatment-Subsequent & Other	Subfield
1015-1015	1	1694	Subsq RX 3rd Course Horm	Treatment-Subsequent & Other	Subfield
1016-1016	1	1695	Subsq RX 3rd Course BRM	Treatment-Subsequent & Other	Subfield
1017-1017	1	1696	Subsq RX 3rd Course Orth	Treatment-Subsequent & Other	Subfield
1018-1025	8	1700	Subsq RX 4th Course Date	Treatment-Subsequent & Other	
1026-1032	7	1710	Subsq RX 4th Course Codes	Treatment-Subsequent & Other	Group
1026-1027	2	1711	Subsq RX 4th Course Surg	Treatment-Subsequent & Other	Subfield
1028-1028	1	1712	Subsq RX 4th Course Rad	Treatment-Subsequent & Other	Subfield
1029-1029	1	1713	Subsq RX 4th Course Chemo	Treatment-Subsequent & Other	Subfield
1030-1030	1	1714	Subsq RX 4th Course Horm	Treatment-Subsequent & Other	Subfield
1031-1031	1	1715	Subsq RX 4th Course BRM	Treatment-Subsequent & Other	Subfield
1032-1032	1	1716	Subsq RX 4th Course Orth	Treatment-Subsequent & Other	Subfield
1033-1047	15	1725	Reserved 37	Treatment-Subsequent & Other	
1048-1048	1	1677	Subsq RX 2nd--Scope LN SU	Treatment-Subsequent & Other	
1049-1049	1	1678	Subsq RX 2nd--Surg Orth	Treatment-Subsequent & Other	
1050-1051	2	1679	Subsq RX 2nd--Reg LN Rem	Treatment-Subsequent & Other	
1052-1052	1	1697	Subsq RX 3rd--Scope LN Su	Treatment-Subsequent & Other	
1053-1053	1	1698	Subsq RX 3rd--Surg Orth	Treatment-Subsequent & Other	
1054-1055	2	1699	Subsq RX 3rd--Reg LN Rem	Treatment-Subsequent & Other	
1056-1056	1	1717	Subsq RX 4th--Scope LN Su	Treatment-Subsequent & Other	
1057-1057	1	1718	Subsq RX 4th--Surg Orth	Treatment-Subsequent & Other	
1058-1059	2	1719	Subsq RX 4th--Reg LN Rem	Treatment-Subsequent & Other	
1060-1063	4	1726	Reserved 38	Treatment-Subsequent & Other	
1064-1064	1	1741	Subsq RX--Reconstruct Del	Treatment-Subsequent & Other	
1065-1114	50	1300	Reserved 07	Treatment-Subsequent & Other	
1115-1115	1	1981	Over-ride SS/NodesPos	Edit Overrides/Conversion History/System Admin	
1116-1116	1	1982	Over-ride SS/TNM-N	Edit Overrides/Conversion History/System Admin	
1117-1117	1	1983	Over-ride SS/TNM-M	Edit Overrides/Conversion History/System Admin	
1118-1118	1	1984	Over-ride SS/DisMet1	Edit Overrides/Conversion History/System Admin	
1119-1119	1	1985	Over-ride Acscn/Class/Seq	Edit Overrides/Conversion History/System Admin	
1120-1120	1	1986	Over-ride HospSeq/DxConf	Edit Overrides/Conversion History/System Admin	

Column #	Length	Item #	Item Name	Section	Note
1121-1121	1	1987	Over-ride CoC-Site/Type	Edit Overrides/Conversion History/System Admin	
1122-1122	1	1988	Over-ride HospSeq/Site	Edit Overrides/Conversion History/System Admin	
1123-1123	1	1989	Over-ride Site/TNM-StgGrp	Edit Overrides/Conversion History/System Admin	
1124-1124	1	1990	Over-ride Age/Site/Morph	Edit Overrides/Conversion History/System Admin	
1125-1125	1	2000	Over-ride SeqNo/DxConf	Edit Overrides/Conversion History/System Admin	
1126-1126	1	2010	Over-ride Site/Lat/SeqNo	Edit Overrides/Conversion History/System Admin	
1127-1127	1	2020	Over-ride Surg/DxConf	Edit Overrides/Conversion History/System Admin	
1128-1128	1	2030	Over-ride Site/Type	Edit Overrides/Conversion History/System Admin	
1129-1129	1	2040	Over-ride Histology	Edit Overrides/Conversion History/System Admin	
1130-1130	1	2050	Over-ride Report Source	Edit Overrides/Conversion History/System Admin	
1131-1131	1	2060	Over-ride Ill-define Site	Edit Overrides/Conversion History/System Admin	
1132-1132	1	2070	Over-ride Leuk- Lymphoma	Edit Overrides/Conversion History/System Admin	
1133-1133	1	2071	Over-ride Site/Behavior	Edit Overrides/Conversion History/System Admin	
1134-1134	1	2072	Over-ride Site/EOD/DX Dt	Edit Overrides/Conversion History/System Admin	
1135-1135	1	2073	Over-ride Site/Lat/EOD	Edit Overrides/Conversion History/System Admin	
1136-1136	1	2074	Over-ride Site/Lat/Morph	Edit Overrides/Conversion History/System Admin	
1137-1140	4	1960	Site (73-91) ICD-O-1	Edit Overrides/Conversion History/System Admin	
1141-1146	6	1970	Morph (73-91) ICD-O-1	Edit Overrides/Conversion History/System Admin	Group
1141-1144	4	1971	Histology (73-91) ICD-O-1	Edit Overrides/Conversion History/System Admin	Subfield
1145-1145	1	1972	Behavior (73-91) ICD-O-1	Edit Overrides/Conversion History/System Admin	Subfield
1146-1146	1	1973	Grade (73-91) ICD-O-1	Edit Overrides/Conversion History/System Admin	Subfield
1147-1147	1	1980	ICD-O-2 Conversion Flag	Edit Overrides/Conversion History/System Admin	
1148-1163	16	2082	Reserved 24	Edit Overrides/Conversion History/System Admin	
1164-1173	10	2081	CRC CHECKSUM	Edit Overrides/Conversion History/System Admin	
1174-1181	8	2090	Date Case Completed	Edit Overrides/Conversion History/System Admin	
1182-1189	8	2100	Date Case Last Changed	Edit Overrides/Conversion History/System Admin	

Column #	Length	Item #	Item Name	Section	Note
1190-1197	8	2110	Date Case Report Exported	Edit Overrides/Conversion History/System Admin	
1198-1198	1	2120	SEER Coding Sys--Current	Edit Overrides/Conversion History/System Admin	
1199-1199	1	2130	SEER Coding Sys--Original	Edit Overrides/Conversion History/System Admin	
1200-1201	2	2140	CoC Coding Sys--Current	Edit Overrides/Conversion History/System Admin	
1202-1203	2	2150	CoC Coding Sys--Original	Edit Overrides/Conversion History/System Admin	
1204-1213	10	2170	Vendor Name	Edit Overrides/Conversion History/System Admin	
1214-1214	1	2180	SEER Type of Follow-Up	Edit Overrides/Conversion History/System Admin	
1215-1216	2	2190	SEER Record Number	Edit Overrides/Conversion History/System Admin	
1217-1218	2	2200	Diagnostic Proc 73-87	Edit Overrides/Conversion History/System Admin	
1219-1226	8	2111	Date Case Report Received	Edit Overrides/Conversion History/System Admin	
1227-1234	8	2112	Date Case Report Loaded	Edit Overrides/Conversion History/System Admin	
1235-1242	8	2113	Date Tumor Record Availbl	Edit Overrides/Conversion History/System Admin	
1243-1243	1	2116	ICD-O-3 Conversion Flag	Edit Overrides/Conversion History/System Admin	
1244-1293	50	1650	Reserved 08	Edit Overrides/Conversion History/System Admin	
1294-1301	8	1750	Date of Last Contact	Follow-up/Recurrence/Death	
1302-1302	1	1760	Vital Status	Follow-up/Recurrence/Death	
1303-1303	1	1770	Cancer Status	Follow-up/Recurrence/Death	
1304-1304	1	1780	Quality of Survival	Follow-up/Recurrence/Death	
1305-1305	1	1790	Follow-Up Source	Follow-up/Recurrence/Death	
1306-1306	1	1800	Next Follow-Up Source	Follow-up/Recurrence/Death	
1307-1326	20	1810	Addr Current--City	Follow-up/Recurrence/Death	
1327-1328	2	1820	Addr Current--State	Follow-up/Recurrence/Death	
1329-1337	9	1830	Addr Current--Postal Code	Follow-up/Recurrence/Death	
1338-1340	3	1840	Country--Current	Follow-up/Recurrence/Death	
1341-1341	1	1850	Unusual Follow-Up Method	Follow-up/Recurrence/Death	
1342-1349	8	1860	Recurrence Date--1st	Follow-up/Recurrence/Death	
1350-1350	1	1871	Recurrence Distant Site 1	Follow-up/Recurrence/Death	
1351-1351	1	1872	Recurrence Distant Site 2	Follow-up/Recurrence/Death	
1352-1352	1	1873	Recurrence Distant Site 3	Follow-up/Recurrence/Death	
1353-1354	2	1880	Recurrence Type--1st	Follow-up/Recurrence/Death	
1355-1356	2	1895	Reserved 39	Follow-up/Recurrence/Death	

Column #	Length	Item #	Item Name	Section	Note
1357-1376	20	1842	Follow-Up Contact--City	Follow-up/Recurrence/Death	
1377-1378	2	1844	Follow-Up Contact--State	Follow-up/Recurrence/Death	
1379-1387	9	1846	Follow-Up Contact--Postal	Follow-up/Recurrence/Death	
1388-1391	4	1910	Cause of Death	Follow-up/Recurrence/Death	
1392-1392	1	1920	ICD Revision Number	Follow-up/Recurrence/Death	
1393-1393	1	1930	Autopsy	Follow-up/Recurrence/Death	
1394-1396	3	1940	Place of Death	Follow-up/Recurrence/Death	
1397-1398	2	1791	Follow-up Source Central	Follow-up/Recurrence/Death	
1399-1406	8	1755	Date of Death--Canada	Follow-up/Recurrence/Death	New
1407-1446	40	1740	Reserved 09	Follow-up/Recurrence/Death	Revised
1447-1946	500	2220	State/Requestor Items	Special Use	
1947-1971	25	2230	Name--Last	Patient-Confidential	
1972-1985	14	2240	Name--First	Patient-Confidential	
1986-1999	14	2250	Name--Middle	Patient-Confidential	
2000-2002	3	2260	Name--Prefix	Patient-Confidential	
2003-2005	3	2270	Name--Suffix	Patient-Confidential	
2006-2020	15	2280	Name--Alias	Patient-Confidential	
2021-2035	15	2390	Name--Maiden	Patient-Confidential	
2036-2085	50	2290	Name--Spouse/Parent	Patient-Confidential	
2086-2096	11	2300	Medical Record Number	Patient-Confidential	
2097-2098	2	2310	Military Record No Suffix	Patient-Confidential	
2099-2107	9	2320	Social Security Number	Patient-Confidential	
2108-2147	40	2330	Addr at DX--No & Street	Patient-Confidential	
2148-2187	40	2335	Addr at DX--Supplementl	Patient-Confidential	
2188-2227	40	2350	Addr Current--No & Street	Patient-Confidential	
2228-2267	40	2355	Addr Current--Supplementl	Patient-Confidential	
2268-2277	10	2360	Telephone	Patient-Confidential	
2278-2283	6	2380	DC State File Number	Patient-Confidential	
2284-2313	30	2394	Follow-Up Contact--Name	Patient-Confidential	
2314-2353	40	2392	Follow-Up Contact--No&St	Patient-Confidential	
2354-2393	40	2393	Follow-Up Contact--Suppl	Patient-Confidential	
2394-2403	10	2352	Latitude	Patient-Confidential	
2404-2414	11	2354	Longitude	Patient-Confidential	
2415-2464	50	1835	Reserved 10	Patient-Confidential	
2465-2474	10	2435	Reserved 40	Hospital-Confidential	
2475-2484	10	2440	Following Registry	Hospital-Confidential	

Column #	Length	Item #	Item Name	Section	Note
2485-2494	10	2410	Institution Referred From	Hospital-Confidential	
2495-2504	10	2420	Institution Referred To	Hospital-Confidential	
2505-2514	10	2415	NPI--Inst Referred From	Hospital-Confidential	
2515-2524	10	2425	NPI--Inst Referred To	Hospital-Confidential	
2525-2534	10	2445	NPI--Following Registry	Hospital-Confidential	
2535-2554	20	1900	Reserved 11	Hospital-Confidential	
2555-2562	8	2460	Physician--Managing	Other-Confidential	
2563-2570	8	2470	Physician--Follow-Up	Other-Confidential	
2571-2578	8	2480	Physician--Primary Surg	Other-Confidential	
2579-2586	8	2490	Physician 3	Other-Confidential	
2587-2594	8	2500	Physician 4	Other-Confidential	
2595-2604	10	2465	NPI--Physician--Managing	Other-Confidential	
2605-2614	10	2475	NPI--Physician--Follow-Up	Other-Confidential	
2615-2624	10	2485	NPI--Physician--Primary Surg	Other-Confidential	
2625-2634	10	2495	NPI--Physician 3	Other-Confidential	
2635-2644	10	2505	NPI--Physician 4	Other-Confidential	
2645-2844	200	2520	Text--DX Proc--PE	Text-Diagnosis	
2845-3094	250	2530	Text--DX Proc--X-ray/Scan	Text-Diagnosis	
3095-3344	250	2540	Text--DX Proc--Scopes	Text-Diagnosis	
3345-3594	250	2550	Text--DX Proc--Lab Tests	Text-Diagnosis	
3595-3844	250	2560	Text--DX Proc--Op	Text-Diagnosis	
3845-4094	250	2570	Text--DX Proc--Path	Text-Diagnosis	
4095-4134	40	2580	Text--Primary Site Title	Text-Diagnosis	
4135-4174	40	2590	Text--Histology Title	Text-Diagnosis	
4175-4474	300	2600	Text--Staging	Text-Diagnosis	
4475-4624	150	2610	RX Text--Surgery	Text-Treatment	
4625-4774	150	2620	RX Text--Radiation (Beam)	Text-Treatment	
4775-4924	150	2630	RX Text--Radiation Other	Text-Treatment	
4925-5124	200	2640	RX Text--Chemo	Text-Treatment	
5125-5324	200	2650	RX Text--Hormone	Text-Treatment	
5325-5424	100	2660	RX Text--BRM	Text-Treatment	
5425-5524	100	2670	RX Text--Other	Text-Treatment	
5525-5874	350	2680	Text--Remarks	Text-Miscellaneous	
5875-5924	50	2690	Text--Place of Diagnosis	Text-Miscellaneous	
5925-6694	770	2700	Reserved 19	Text-Miscellaneous	

Cancer Reporting Resources

Standard-setting organizations

North American Association of Central Cancer Registries (NAACCR)

2121 W. White Oaks Drive, Suite C
Springfield, IL 62704
Tel: (217) 698-0800 Fax: (217) 698-0188
Email: info@naaccr.org
www.naaccr.org

Centers for Disease Control and Prevention (CDC)

Division of Cancer Prevention and Control
Mail stop K-64, 4770 Buford Hwy. NE
Atlanta, GA 30341-3717
CDC Public Inquiries: (800) 232-4636 Fax: (770) 488-4760
Email: cdcinfo@dcd.gov
www.cdc.gov

American College of Surgeons (ACoS)

Commission on Cancer
633 North Saint Clair Street
Chicago, IL 60611-3211
Tel: (312) 202-5085 Fax (312) 202-5009
Email: coc@facs.org
www.facs.org

National Cancer Institute (NCI)

SEER Program (SEER)
6116 Executive Blvd.-MSC 8316, Suite 504
Bethesda, MD 20892
Tel: (301) 496-8510 Fax: (301) 496-9949
Email: cancer.gov_staff@mail.nih.gov
www.seer.cancer.gov

National Cancer Registrars Association (NCRA)

1340 Braddock Place, Suite 203
Alexandria, VA 22314
Tel: (703) 299-6640 Fax: (703) 299-6620
Email: info@ncra-usa.org
www.ncra-usa.org

American Cancer Society (ACS), Oregon Division

0330 SW Curry Street
Portland, OR 97239
Tel: (503) 795-3911 or Toll Free 1-800-227-2345
www.cancer.org

Cancer Reporting Resources

Basic OSCaR Registrar References

Manual or Reference	Used for:
FORDS (<i>Commission on Cancer</i>)	Field definitions & detailed coding instructions for: <ul style="list-style-type: none"> • Reportability (also see state specific reportability list) • Patient demographics • Cancer diagnosis • First course of treatment • Outcomes Download @ http://www.facs.org/cancer/coc/fordsmanual.html Note: updated manual available in 2009
Multiple Primary & Histology Coding Manual (<i>SEER</i>)	Site specific rules to: <ul style="list-style-type: none"> • Determine number of primaries • Promote consistent coding of histology (<i>especially complex or mixed histologies</i>) Used in conjunction with ICDO-3 Download @ http://seer.cancer.gov/tools/mphrules/
SEER Program Coding Manual (<i>SEER</i>)	Field definitions & detailed coding instructions for: <ul style="list-style-type: none"> • Similar to FORDS but more detailed and comprehensive • Integrates site-specific information such as surgery codes and staging information Download @ http://seer.cancer.gov/tools/codingmanuals/index.html
Collaborative Staging & Coding Manual (<i>AJCC</i>)	Combines clinical and pathological data to derive a best stage. <ul style="list-style-type: none"> • Part I – General instructions and principles. Read before reading Part II. • Part II – contains site specific coding instructions for all primary sites. Download @ http://www.cancerstaging.org/cstage/manuals.html
ICDO-3 (<i>World Health Organization</i>)	Universal coding system used throughout the world for: <ul style="list-style-type: none"> • Primary site • Histology Electronic version not available but purchase info can be found @ http://www.who.int/classifications/icd/adaptations/oncology/en/ Updates and Errata can be downloaded @ http://seer.cancer.gov/icd-o-3/index.html
Cancer Program and Data Standards	http://www.facs.org/cancer/coc/programstandards.html
NCHS ICD-9-CM	Assure codes on reportable list and codes accessed fro hospital disease index are up-to-date http://www.cdc.gov/nchs/datawh/ftpser/ftpicd9/ftpicd9.htm#guidelines
SEER *Rx	Interactive Antineoplastic Drugs Database <ul style="list-style-type: none"> • One-step lookup for coding oncology drugs and regimens Download free @ http://seer.cancer.gov/tools/seerrx/index.html

Cancer Reporting Resources

Recommended Reference	Ordering/Download Information
<i>Abstracting and Coding Guide for the Hematopoietic Diseases</i>	National Cancer Institute SEER Program 6166 Executive Blvd., Suite 504 Bethesda, MD 20892-0001 1-800-4-CANCER www.seer.cancer.gov
AJCC Cancer Staging Manual, Sixth Edition	American College of Surgeons, AJCC Executive Office 633 N. Saint Clair Chicago, IL 60611 312-202-5420 www.cancerstaging.org
<i>Clinical Oncology</i> , second edition	American Cancer Society Oregon Division 0330 SW Curry Street Portland, OR 97239 503-795-3911 www.cancer.org
<i>Facility Oncology Registry Data Standards (FORDS)</i> , 2004	American College of Surgeons, Commission on Cancer 633 N. Saint Clair Chicago, IL 60611 1-800-621-4111 www.facs.org
<i>International Classification of Diseases for Oncology</i> , third edition, 2000	WHO Publications Center, USA 49 Sheridan Ave Albany, NY 12210 518-436-9686 Email: bookorders@who.int www.who.int/bookorders
<i>NAACCR Data Exchange Standards and Record Descriptions Volume I</i> , 2004	National Association of Central Cancer Registries Cancer Surveillance and Control Program 2121 West White Oaks Drive, Suite C Springfield, IL 62704 217-698-0800 www.naacr.org
<i>NAACCR Standards for Cancer Registries Volume II: Data Standards and Data Dictionary</i> , 2004	National Association of Central Cancer Registries Cancer Surveillance and Control Program 2121 West White Oaks Drive, Suite C Springfield, IL 62704 217-698-0800 www.naacr.org

Cancer Reporting Resources

<p><i>SEER Comparative Staging Guide for Cancer</i></p>	<p>National Institutes of Health National Cancer Institute SEER Program Bethesda, MD 20893-0001 1-800-4-CANCER www.seer.cancer.gov</p>
<p><i>SEER Program Code Manual 2007</i></p>	<p>National Institutes of Health National Cancer Institute SEER Program Bethesda, MD 20893-0001 1-800-4-CANCER www.seer.cancer.gov/manuals/codeman/pdf</p>
<p><i>SEER Self Instructional Manuals, 1-5, 7, 8</i></p>	<p>National Institutes of Health National Cancer Institute SEER Program Bethesda, MD 20893-0001 1-800-4-CANCER www.seer.cancer.gov/training/manuals</p>
<p><i>SEER Summary Staging Manual 2000: Codes and Coding Instructions</i></p>	<p>National Institutes of Health National Cancer Institute SEER Program Bethesda, MD 20893-0001 1-800-4-CANCER www.seer.cancer.gov/tools/ssm</p>
<p><i>Collaborative Staging Manual and Coding Instructions</i> NIH Pub. No. 04-5496</p>	<p>Jointly published by: American Joint Committee on Cancer Chicago IL and U.S. Department of Health and Human Services Bethesda MD www.cancerstaging.org/cstage/index.html</p>
<p>Seer*Rx Interactive Drug Database</p>	<p>http://seer.cancer.gov/tools/seerrx/index.html</p>
<p><i>Postal Addressing Standards</i> U.S.P.S. Pub 28, November 2000</p>	<p>http://pe.usps.gov/cpim/ftp/pubs/Pub28/pub28.pdf</p>

Reference Guides:

Laterality Guide

Breast Guide

Grade Guide

Text Guide

Laterality Coding Guide

Paired Organ Sites	
ICDO-3	Site
C07.9	Parotid gland
C08.0	Submandibular gland
C08.1	Sublingual gland
C09.0	Tonsillar fossa
C09.1	Tonsillar pillar
C09.8	Overlapping lesion of tonsil
C09.9	Tonsil, NOS
C30.0	Nasal cavity (excluding nasal cartilage and nasal septum)
C30.1	Middle ear
C31.0	Maxillary sinus
C31.2	Frontal sinus
C34.0	Main bronchus (excluding carina)
C34.1 – C34.9	Lung
C38.4	Pleura
C40.0	Long bones of upper limb and scapula
C40.1	Short bones of upper limb
C40.2	Long bones of upper limb
C40.3	Short bones of lower limb
C41.3	Rib and clavicle (excluding sternum)
C41.4	Pelvic bones (excluding sacrum, coccyx and symphysis pubis)
C44.1	Skin of eyelid
C44.2	Skin of external ear
C44.3	Skin of other and unspecified parts of face
C44.5	Skin of trunk
C44.6	Skin of upper limb and shoulder
C44.7	Skin of lower limb and hip
C47.1	Peripheral nerves & autonomic nervous system of upper limb and shoulder
C47.2	Peripheral nerves & autonomic nervous system of lower limb and hip
C49.1	Connective, subcutaneous and other soft tissues of upper limb & shoulder
C49.2	Connective, subcutaneous and other soft tissues of lower limb & hip
C50.0 – C50.9	Breast
C56.9	Ovary
C57.0	Fallopian tube

Paired Organ Sites, continued	
ICDO-3	Site
C62.0 – C62.9	Testis
C63.0	Epididymis
C63.1	Spermatic cord
C64.9	Kidney, NOS
C65.9	Renal pelvis
C66.9	Ureter
C69.0 – C69.9	Eye & Lacrimal gland
C74.0 – C74.9	Adrenal gland
C75.4	Carotid body

Central Nervous System	
ICDO-3	Site
C70.0	Cerebral Meninges, NOS **
C71.0	Cerebrum
C71.1	Frontal lobe **
C71.2	Temporal lobe **
C71.3	Parietal lobe **
C71.4	Occipital lobe **
C72.2	Olfactory nerve **
C72.3	Optic nerve **
C72.4	Acoustic nerve **
C72.5	Cranial nerve, NOS **

** Effective with cases diagnosed 1/1/2004

Note: A laterality code of 1-4 or 9 **must** be assigned for the above sites except as noted. If the site is not listed on the table, assign code 0 for laterality.

Laterality Guide NAACCR Item # 410

Laterality describes the side of a paired organ or side of the body on which the reportable tumor originated. For each primary you need to determine whether laterality should be coded.

Starting with cases diagnosed January 1, 2004 and later, laterality is coded for select invasive, benign, and borderline primary intracranial and CNS tumors.

Codes

- 0 Not a paired site
- 1 Right: origin of primary
- 2 Left: origin of primary
- 3 Only one side involved, right or left origin unspecified
- 4 Bilateral involvement, lateral origin unknown; stated to be single primary
- 9 Paired site, but no information concerning laterality; midline tumor

Coding Instructions

1. Code laterality using codes 1-9 for all of the sites listed in the *Paired Organ Sites* table.
2. Code the side where the primary tumor originated
 - a. Assign **code 3** if the laterality is not known but the tumor is confined to a single side of the paired organ.

Example: Pathology report: Patient has a 2 cm carcinoma in the upper pole of the kidney. Code laterality as 3 because there is documentation that the disease exists in only one kidney, but it is unknown if the disease originated in the right or left kidney.

- b. **Code 4** is seldom used EXCEPT for the following diseases:
 - i. Both ovaries involved simultaneously, single histology
 - ii. Bilateral retinoblastomas
 - iii. Bilateral Wilms tumors
 - iv.

Note: Laterality **may** be coded for sites other than those required above.

3. Assign **code 9** when there is a midline tumor or when the disease originated in a paired site, but the laterality is unknown.

Example 1: Admitting history says patient was diagnosed with lung cancer based on positive sputum cytology. Patient is treated for painful bony metastases. There is no information about laterality in the diagnosis of this lung cancer.

Example 2: Patient has an excision of a melanoma located just above the umbilicus. Assign code 9 for a midline tumor.

BREAST- Primary Site & Grade

Primary Site

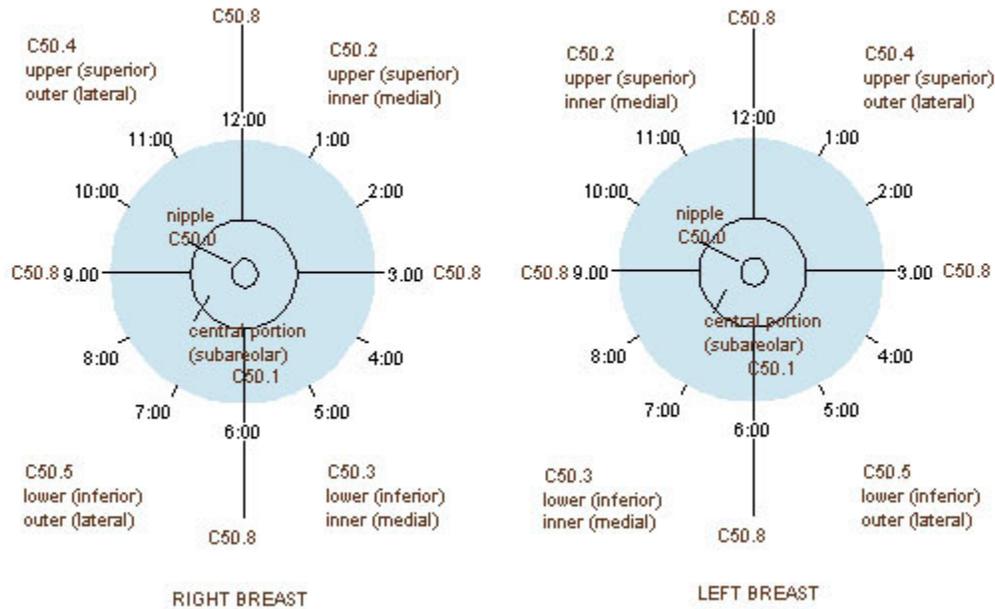
- | | |
|---|--|
| <p>C500</p> <ul style="list-style-type: none">• Nipple (areolar)• Paget disease without underlying tumor <p>C501</p> <ul style="list-style-type: none">• Central portion of breast (subareolar) area extending 1 cm around areolar complex• Retroareolar• Infraareolar• Next to areola, NOS• Behind, beneath, under, underneath, next to, above, cephalad to, or below nipple• Paget disease with underlying tumor <p>C502</p> <ul style="list-style-type: none">• Upper inner quadrant (UIQ) of breast• Superior medial• Upper medial• Superior inner <p>C503</p> <ul style="list-style-type: none">• Lower inner quadrant (LIQ) of breast• Inferior medial• Lower medial• Inferior inner <p>C504</p> <ul style="list-style-type: none">• Upper outer quadrant (UOQ) of breast• Superior lateral• Superior outer• Upper lateral | <p>C505</p> <ul style="list-style-type: none">• Lower outer quadrant (LOQ) of breast• Inferior lateral• Inferior outer• Lower lateral <p>C506</p> <ul style="list-style-type: none">• Axillary tail of breast• Tail of breast, NOS• Tail of Spence <p>C508</p> <ul style="list-style-type: none">• Overlapping lesion of breast• Inferior breast, NOS• Inner breast, NOS• Lateral breast, NOS• Lower breast, NOS• Medial breast, NOS• Midline breast NOS• Outer breast NOS• Superior breast, NOS• Upper breast, NOS• 3:00, 6:00, 9:00, 12:00 o'clock <p>C509</p> <ul style="list-style-type: none">• Breast, NOS• Entire breast• Multiple tumors in different subsites within breast• Inflammatory without palpable mass• $\frac{3}{4}$ or more of breast involved with tumor• Diffuse (tumor size 998) |
|---|--|

When to Use Subsites 8 and 9

1. Code the primary site to C508 when there is a single tumor that overlaps two or more subsites, and the subsite in which the tumor originated is unknown
2. Code the primary site to C508 when there is a single tumor located at the 12, 3, 6, or 9 o'clock position on the breast
3. Code the primary site to C509 when there are multiple tumors (two or more) in at least two quadrants of the breast

BREAST- Primary Site & Grade

"Clock" Positions, Quadrants and ICD-O Codes of the Breast



Grade

Code grade in the following priority order:

1 st BR Score	2 nd BR Grade	3 rd Nuclear Grade	4 th Terminology or differentiation	5 th Histologic Grade	6 th Grade	CODE
3, 4, 5 points	Low grade	1/2 or 1/3	Well Differentiated	I/III or 1/3	Grade i	1
6, 7 points	Medium grade	2/3	Moderately differentiated	II/III or 2/3	Grade ii	2
8, 9 points	High grade	2/2 or 3/3	Poorly differentiated	III/III or 3/3	Grade iii	3

Bloom Richardson (BR) may also be called:

- Modified Bloom-Richardson (MBR)
- Scarff-Bloom-Richardson (SBR), SBR grading
- BR grading
- Elston-Ellis modification of Bloom Richardson score
- Nottingham modification of Bloom Richardson score, Nottingham-Tenovus
- Nottingham grade

Grading basis must be documented in text field.

REFERENCE: SEER Program Coding and Staging Manual 2007

Grade Coding Guide

Terminology Conversion Table*		
Description	Grade	Code
Differentiated, NOS	I	1
Well differentiated	I	1
Fairly well differentiated	II	2
Intermediate differentiation	II	2
Low grade	I-II	2
Mid differentiated	II	2
Moderately differentiated	II	2
Moderately well differentiated	II	2
Partially differentiated	II	2
Partially well differentiated	I-II	2
Relatively or generally well differentiated	II	2
Medium grade, intermediate grade	II-III	3
Moderately poorly differentiated	III	3
Moderately undifferentiated	III	3
Poorly differentiated	III	3
Relatively poorly differentiated	III	3
Relatively undifferentiated	III	3
Slightly differentiated	III	3
Dedifferentiated	III	3
High grade	III-IV	4
Undifferentiated, anaplastic, not differentiated	IV	4
Non-high grade		9

**From SEER Program Code Manual 2007*

TWO GRADE Systems		
Terminology	Histologic grade	Code
Low grade	1/2 or I/II	2
High grade	2/2 or II/III	4

Adapted from SEER Program Coding and Staging Manual 2007 and FORDS

Oregon State Cancer Registry April 2009

Grade Coding Guide

THREE GRADE Systems Code in following priority order:			
1 st	2 nd	3 rd	
Terminology	Histologic grade	Nuclear grade	Code
Low grade, well to moderately differentiated	1/3 or I/III	1/3, 1/2	2
Medium grade, moderately undifferentiated, relatively undifferentiated	2/3 or II/III	2/3	3
High grade, poorly differentiated to undifferentiated	3/3 or III/III	3/3	4

BREAST cancer Code in following order:					
1 st	2 nd	3 rd	4 th	5 th	
Bloom-Richardson (Nottingham) scores	Bloom-Richardson grade	Nuclear grade	Terminology	Histologic grade	Code
3 – 5 points	Low grade	1/3 or 1/2	Well differentiated	I/III or 1/3	1
3, 7 points	Intermediate grade	2/3	Moderately differentiated	II/III or 2/3	2
8,9 points	High grade	2/2 or 3/3	Poorly differentiated	III/III or 3/3	3
Note: Bloom-Richardson must be documented in pathology report for conversion to be applied when coding grade.					

PROSTATE grade Code in following priority order:			
1 st	2 nd	3 rd	
Gleason's Score (sum of primary and secondary patterns)	Terminology	Histologic grade	Code
2, 3, 4	Well differentiated	I	1
5, 6	Moderately differentiated	II	2
7, 8, 9, 10	Poorly differentiated	III	3

KIDNEY (renal) grade (does not apply to Wilm's tumor) Code in following priority order:				
1 st	2 nd	3 rd	4 th	
Fuhrman's grade	Nuclear grade	Terminology	Histologic grade	Code
I	1/3,1/2	Well differentiated, differentiated NOS	I	1
II	2/3	Moderately differentiated, intermediate differentiation, moderately well differentiated	II	2
III	2/2, 3/3	Poorly differentiated, dedifferentiated	III	3
IV	4/4	Undifferentiated, anaplastic	IV	4

Adapted from SEER Program Coding and Staging Manual 2007 and FORDS

Oregon State Cancer Registry April 2009

OSCaR Text Fields Guide

From: *NAACCR Standards for Cancer Registries, Volume II: Data Standards and Data Dictionary, Thirteenth Edition Version 11.3 – Chapter III: Standards for Tumor Inclusion and Reportability.*

NAACCR Text Field	Suggestions for text	Data Item(s) verified/validated with text* Item name / Item number
TEXT--PRIMARY SITE TITLE #2580	<ul style="list-style-type: none"> • Include information on the location of the primary site of the tumor • Include available information on tumor laterality 	Primary site #400 Laterality #410
TEXT--DX PROC--PATH #2570	<ul style="list-style-type: none"> • Date(s) of procedure(s) • Type of tissue specimen(s) • Tumor histologic type (include all modifying adjectives, i.e., predominantly, with features of, with foci of, elements of, etc.) • Information on differentiation from scoring systems such as Gleason's Score, Bloom-Richardson Grade, etc. • Gross tumor size • Extent of tumor spread • Involvement of resection margins • Number of lymph nodes involved and examined • Record both positive and negative findings. <i>Record positive test results first</i> • Note if pathology report is a slide review or a second opinion from an outside source, i.e., AFIP, Mayo, etc. • Record any additional comments from the pathologist, including differential diagnoses considered and any ruled out or favored 	Date of Diagnosis #390 Primary Site #400 Laterality #410 Histologic Type ICD-O-3 #522 Grade #440 Collaborative Stage variables #2800-2930 Diagnostic confirmation #490
TEXT--STAGING #2600	<ul style="list-style-type: none"> • Date(s) of procedure(s), including clinical procedures, that provided information for assigning stage • Organs involved by direct extension • Size of tumor • Status of margins • Number and sites of positive lymph nodes • Site(s) of distant metastasis • Physician's specialty and comments 	RX Date--DX/Stg Proc #1280 Collaborative Stage variables #2800-2930 Regional Nodes Positive #820 Regional Nodes Examined #830 Behavior Code ICD-O-3 #523 Site of Distant Met 1-3 #1090-1110

*Ensure that text entered both agrees with the coded values and clearly justifies the selected codes.

OSCaR Text Fields Guide

NAACCR Text Field	Suggestions for text	Data Item(s) verified/validated with text*
		Item name / Item number
TEXT--DX PROC--LAB TESTS #2550	<ul style="list-style-type: none"> • Type of lab test/tissue specimen(s) • Record both positive and negative findings. <i>Record positive test results first</i> • Information can include tumor markers, serum and urine electrophoresis, special studies, etc. • Date(s) of lab test(s) • Tumor markers included, but are not limited to: <ul style="list-style-type: none"> • Breast Cancer – Estrogen Receptor Assay (ERA), Progesterone Receptor Assay (PRA), Her2/neu • Prostate Cancer – Prostatic Specific Antigen (PSA) • Testicular Cancer – Human Chorionic Gonadotropin (hCG), Alpha Fetoprotein (AFP), Lactate Dehydrogenase (LDH) 	Primary Site #400 Grade #440 Diagnostic Confirmation #490 Laterality #410 Collaborative Stage variables #2800-2930 Date of Diagnosis #390
TEXT--DX PROC--OP #2560	<ul style="list-style-type: none"> • Dates and descriptions of biopsies and all other surgical procedures from which staging information was derived • Number of lymph nodes removed • Size of tumor removed • Documentation of residual tumor • Evidence of invasion of surrounding areas 	Date of 1st Positive Bx #1080 Date of Diagnosis #390 RX Summ--Dx/Stg Proc #1350 Diagnostic Confirmation #490 Primary Site #400 RX Hosp--Dx/Stg Proc #740 RX Summ--Surg Prim Site #1290 Collaborative Stage variables #2800-2930
TEXT--DX PROC--PE #2520	<ul style="list-style-type: none"> • Date of physical exam • Age, sex, race/ethnicity • History that relates to cancer diagnosis. • Primary site • Histology (if diagnosis prior to this admission) • Tumor location • Tumor size • Palpable lymph nodes • Record positive and negative clinical findings. <i>Record positive results first</i> • Impression (when stated and pertains to cancer diagnosis) • Treatment plan 	Date of 1st Contact #580 Date of Diagnosis #390 Age at Diagnosis #230 Race 1 - 5 #160-164 Spanish Hispanic Origin #190 Sex #220 Primary Site #400 Laterality #410 Histology ICD-O-3 #522 Sequence Number-Central #380 Collaborative Stage variables #2800-2930
TEXT--DX PROC--SCOPES #2540	<ul style="list-style-type: none"> • Date(s) of endoscopic exam(s) • Primary site • Histology (if given) • Tumor location • Tumor size • Lymph nodes • Record positive and negative clinical findings. <i>Record positive results first</i> 	Date of Diagnosis #390 Date of 1st Positive Bx #1080 RX Summ-Dx/Stg Proc #1350 Diagnostic Confirmation #490 Primary Site #400 Laterality #410 Histology ICD-O-3 #522 Collaborative Stage variables #2800-2930

*Ensure that text entered both agrees with the coded values and clearly justifies the selected codes.

OSCaR Text Fields Guide

NAACCR Text Field	Suggestions for text	Data Item(s) verified/validated with text*
		Item name / Item number
TEXT--DX PROC--X-RAY/SCAN #2530	<ul style="list-style-type: none"> • Date(s) of X-ray/Scan(s) • Age, sex, race/ethnicity (when given) • Primary site • Histology (if given) • Tumor location • Tumor size • Lymph nodes • Record positive and negative clinical findings. <i>Record positive results first</i> • Distant disease or metastasis 	Date of Diagnosis #390 Sex #220 Birth Date #240 RxSumm-Dx/Stg Proc #1350 Primary Site #400 Laterality #410 Histology ICD-O-3 #522 Collaborative Stage variables #2800-2930
RX TEXT – SURGERY #2610	<ul style="list-style-type: none"> • Date of each procedure • Type(s) of surgical procedure(s), including excisional biopsies and surgery to other and distant sites • Lymph nodes removed • Regional tissues removed • Metastatic sites • Facility where each procedure was performed • Record positive and negative findings. <i>Record positive findings first</i> 	RX Date Surgery #1200 RX Summ-Surg Prim Site #1290 RX Hosp-Surg Prim Site #670 RX Summ-Scope Reg LN Sur #1292 RX Hosp-Scope Reg LN Sur #672 RX Summ-Surg Oth Reg/Dis #1294 RX Hosp-Surg Oth Reg/Dis #674 Date of Initial RX--SEER #1260 Date of 1st Crs RX__CoC #1270 Reason for No Surgery #1340 RX Summ-Surgical Margins #1320 RX Hosp-Palliative Proc #3280 RX Summ-Palliative Proc #3270 Text-Place of Diagnosis #2690
RX Text – RADIATION (BEAM) #2620	<ul style="list-style-type: none"> • Date when radiation treatment began • Where treatment was given, e.g., at this facility, at another facility • Type(s) of beam radiation, e.g., Orthovoltage, Cobalt 60, MV X-rays, Electrons, Mixed modalities • Other treatment information, e.g., patient discontinued after 5 treatments; unknown if radiation was given 	Date of Initial RX-SEER #1260 Date of 1st Crs RX-CoC #1270 RX Summ-Radiation #1360 RX Summ-Surg/Rad Seq #1380 Reason For No Radiation #1430 RX Date-Radiation #1210 Rad Regional RX Modality #1570 RX Hosp-Radiation #690 RX Date Radiation Ended #3220 RX Summ-Rad to CNS #1370 Rad-No of Treatment Vol #1520 Rad-Regional Dose cGy #1510 Rad Treatment Volume #1540 Rad Location of RX #1550 Rad Boost RX Modality #3200 Rad Boost Dose cGy #3210

*Ensure that text entered both agrees with the coded values and clearly justifies the selected codes.

OSCaR Text Fields Guide

NAACCR Text Field	Suggestions for text	Data Item(s) verified/validated with text*
		Item name / Item number
RX Text – CHEMO #2640	<ul style="list-style-type: none"> • Date when chemotherapy began • Where treatment was given, e.g., at this facility, at another facility • Type of chemotherapy, e.g., name of agent(s) or protocol • Other treatment information, e.g., treatment cycle incomplete, unknown if chemotherapy was given 	Date of Initial RX-SEER #1260 Date of 1st Crs RX-CoC #1270 RX Summ-Chemo #1390 RX Hosp-Chemo #700 RX Date-Systemic #3230 RX Date-Chemo #1220
RX Text – Hormone #2650	<ul style="list-style-type: none"> • Date treatment was started • Where treatment was given, e.g., at this facility, at another facility • Type of hormone or antihormone, e.g., Tamoxifen • Type of endocrine surgery or radiation, e.g., orchiectomy • Other treatment information, e.g., treatment cycle incomplete; unknown if hormones were given 	Date of Initial RX-SEER #1260 Date of 1st Crs RX-CoC #1270 RX Summ-Hormone #1400 RX Hosp-Hormone #710 RX Date-Systemic #3230 RX Date-Hormone #1230
TEXT--REMARKS #2680	<ul style="list-style-type: none"> • Smoking history • Family and personal history of cancer • Comorbidities • Information on sequence numbers if a person was diagnosed with another cancer out-of-state or before the registry's reference date • Place of birth • Justification of over-ride flags 	

*Ensure that text entered both agrees with the coded values and clearly justifies the selected codes.