NAACCR
2006 Implementation Guidelines and Recommendations

(For NAACCR Standards Volume II, Data Standards and Data Dictionary, Version 11 effective with cases diagnosed January 1, 2006)

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North American Association of
Central Cancer Registries, Inc.

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NAACCR 2006 IMPLEMENTATION WORK GROUP

Andrew Stewart, MA, Chair
American College of Surgeons
633 North Saint Clair Street
Chicago, IL 60611
Telephone: (312) 202-5285
Fax: (312) 202-5009
*E-mail: astewart@fa*cs.org

Lori A. Havener, CTR
NAACCR, Inc.
2121 West White Oaks Drive
Springfield, IL 62704
Telephone: (217) 698-0800 ext. 5
Fax: (217) 698-0188
E-mail: lhavener@naaccr.org

Susan Capron
1658 N. Milwaukee Ave., #166
Chicago, IL 60647
Telephone: (773) 278-6207
Fax: (773) 278-0116
E-mail: scapron@mindspring.com

Dianne Cleveland, RHIA, CTR
Onco, Inc.
317 Fairhaven Court
Hurst, TX 76054
Telephone: (817) 497-3209
Fax:
E-mail: dcleveland@oncolog.com

Elaine Hamlyn, HRT, CTR
Canadian Cancer Registry, Statistics Canada
86 Michener Avenue
Mt. Pearl, NL, A1N 3T8 Canada
Telephone: (709) 364-9229
Fax: (709) 364-9228
E-mail: hamlyn@nl.rogers.com

Annette Hurlbut, RHIT, CTR
IMPAC Medical Systems, Inc.
46 Leo-Mar Drive
Fulton, NY 13069-4330
Telephone: (315) 593-7130
Fax: (315) 598-4737
E-mail: ahurlbut@impac.com

Fran Michaud, CTR
CDC/NPCR
4770 Buford Hwy NE, MS K-53
Atlanta, GA 30341-3717
Telephone: (770) 488-4378
Fax: (770) 488-4759
E-mail: fhm2@cdc.gov

Lynn Ries, MS
National Cancer Institute
6116 Executive Boulevard, MSC 8315
Bethesda, MD 20892-8316
Telephone: (301) 402-5259
Fax: (301) 496-9949
E-mail: rieslynn@mail.nih.gov

Jan Snodgrass, CTR
Illinois State Cancer Registry
IL Department of Public Health
605 West Jefferson St.
Springfield, IL 62761
Telephone: (217) 785-7132
Fax: (217) 524-1770
E-mail: jsnodgra@idph.state.il.us

1 INTRODUCTION

The North American Association of Central Cancer Registries, Inc. (NAACCR) 2006 Implementation Work Group has been working with the American College of Surgeons' (ACoS) Commission on Cancer (CoC), the National Cancer Institute's (NCI) Surveillance Epidemiology and End Results (SEER) Program, the Centers for Disease Control and Prevention (CDC) National Program of Cancer Registries (NPCR), National Cancer Registrars Association (NCRA), central cancer registries, the Canadian Cancer Registry, and cancer registry software vendors to develop an implementation plan to assist cancer registries and facilitate the transition from Version 10.2 to Version 11 standards. NAACCR Standards for Cancer Registries, Volume II, Version 11, *Data Standards and Data Dictionary* was developed in response to requested revisions from a broad set of constituents. Data transmission standards should be consistently maintained among all hospital and central cancer registries and should be implemented in a planned and timely manner. The introduction of a new set of standards has potential consequences, and implementation must be evaluated by each national program, central cancer registry, software vendor, and reporting facility during the planning process. Delays in implementation may result in inconsistent data collection.

Revisions to data collection and data system design require close attention in order to transition to NAACCR Version 11 in an efficient and timely manner. Forward conversion of data items is limited to the CoC data item "Primary Payer at Diagnosis" (NAACCR item Primary Payer at DX [630]) and is described in appendix A. NAACCR Record Layout Version 11 and the data collection, data conversion and file maintenance issues must be addressed by hospital and central cancer registries in addition to software vendors who support these registries.

There is a delay in requirements for the new multiple primary rules and the associated data items (described in section 2). However, the delay in these requirements does not, in and of itself, delay the utilization of Version 11.

2 MULTIPLE PRIMARY AND HISTOLOGY RULES

The NCI SEER program and the CDC NPCR program have delayed the implementation of the new multiple primary and histology coding rules in order to allow more extensive testing and training on the new rules. The new multiple primary and histology rules and the associated data items (in Standards Volume II Version 11) will be implemented for cases diagnosed on or after January 1, 2007. Data items associated with the new multiple primary rules are left blank for cases diagnosed on or prior to December 31, 2006.

The following data items will not be implemented for cases diagnosed on or prior to December 31, 2006:

Ambiguous Terminology DX [442]
Date of Conclusive DX [443]
Mult Tum Rpt as One Prim [444]
Date of Multiple Tumors [445]
Multiplicity Counter [446]
Number of Tumors/Hist [447]

A large multi-registry/multi-facility field trial will be conducted in 2006 to test the multiple primary and histology coding rules.

The educational plan includes a Train the Trainer workshop held September 8 and 9, 2005. These trainers will in turn present educational sessions to registrars in their geographic regions. A second Train the Trainer workshop will be held in 2006. Web cast sessions and modules for the SEER training website (http://seer.cancer.gov/registrars/) will be developed and posted throughout 2005 and 2006.

Manuals for the new multiple primary rules and the associated data items will be published in electronic format by July 1, 2006.

3 NAACCR VERSION 11 REPORTING REQUIREMENTS

Refer to NAACCR Standards for Cancer Registries, Volume II Version 11, *Data Standards and Data Dictionary*, Chapter VIII: Required Status Table (revised table provided in appendix B of this document) for specific information regarding standard-setter data reporting requirements. Where necessary, refer to individual program or central cancer registry requirements for additional information.

3.1 CoC Reporting Requirements

3.1.1 New Data Items

Beginning with cases diagnosed on or after January 1, 2006, the CoC will require full implementation of the FORDS data collection standards for hospital cancer registries at CoC approved cancer programs. These requirements include the new data items listed in the following table:

CoC Requirements for New Data Items Standards Volume II Version 11			
NAACCR Item Name	**NAACCR Item #**	**COC Collect**	**COC Transmit**
RX Summ – Systemic/Sur Seq	1639	R	R
Comorbid/Complication 7	3161	R	R
Comorbid/Complication 8	3162	R	R
Comorbid/Complication 9	3163	R	R
Comorbid/Complication 10	3164	R	R
ICD Revision Comorbid	3165	R	R
R = Required			

Clarifications to coding instructions were made to a number of items in the FORDS manual. Of particular importance, note the revised instructions for the items Date of First Recurrence (Recurrence Date--1st [1860]), Type of First Recurrence (Recurrence Type-1st [1880]), and Cancer Status [1770]. All new items and clarifications made to existing items have been documented in FORDS Appendix C, which was updated and posted on the web (http://www.facs.org/cancer/coc/fordsmanual.html). New FORDS pages for these data items were made available September 30, 2005.

3.1.2 Data Item Conversion

Forward conversion rules for Primary Payer at DX [630] (see appendix A) were distributed to software vendors in May 2005 and posted on the web (*http://www.facs.org/cancer/ncdb/primarypayer.pdf*). The converted code values for Primary Payer at DX will be accepted for all delayed initial submissions or re-submissions received on or after January 1, 2006 for the 2005 NCDB Call for Data. Converted code values will be required for the 2006 NCDB Call for Data. Backward conversion of this item should only be performed for analytic purposes.

3.1.3 Coding Class of Case 0

Beginning with cases diagnosed January 1, 2006, CoC-approved cancer programs will abstract cases classified as Class of Case 0 but will not be required to perform annual follow-up on these patients or obtain physician AJCC staging in the medical record. This change does not affect the status of Class of Case 0, which continues to identify an analytic case for the purpose of determining annual case load, cases to be presented at cancer conferences, and category assignment, if appropriate. CoC-approved facilities are required to follow and obtain physician staging for Class of Case 0 patients diagnosed prior to January 1, 2006. See the July 2005 issue of the CoC Flash (http://www.facs.org/cancer/cocflash/july05.pdf).

Refer to Commission on Cancer statement on Software and Coding Implications of Class of Case 0 Requirements Taking Effect in 2006 (http://www.facs.org/cancer/ncdb/class0.pdf).

For additional information describing changes in the CoC's Approvals requirements refer to: http://www.facs.org/cancer/coc/standardsclarifications.html.

The CoC does not anticipate that the implementation of the 2006 diagnosis year changes will impact the quality and timeliness of cancer surveillance data in the United States.

3.2 NPCR Reporting Requirements

Beginning with cases diagnosed on or after January 1, 2006, NPCR will implement the data collection and submission requirements as published in the NAACCR Standards Volume II Version 11, Chapter VIII Required Status Table updated in this document (see appendix B).

NPCR registries should carefully review the revised required status table included in appendix B of this implementation guide. This version of the required status table supercedes previous versions published in October 2004 and the revision published in May 2005.

3.2.1 New Data Items

The NPCR requirements include the new data items listed in the following table:

NPCR Requirements for New Data Items
Standards Volume II Version 11

NAACCR Item Name	NAACCR Item #	NPCR Collect	NPCR Transmit
IHS Link	192	R*	R*
GIS Coordinate Quality	366	R*	R*
RX Summ--Systemic/Sur Seq	1639	R	R
Follow-up Source Central	1791	R	R

R=Required. R*=Required when available. . = No recommendations.

3.2.2 Changes in NPCR Requirements of Existing Data Items

The NPCR requirements for collection and transmission of existing data items listed in the table below have changed. Existing data items are those data items that were published in NAACCR Volume II prior to Version 11. Please refer to Appendix B: Chapter VIII, Required Status Table (Item # Order) for existing data items that had no change in NPCR requirements.

NPCR Requirements of Existing Data Items				
NAACCR Item #	NAACCR Item Name	Version 11 NPCR		Version 10.2 NPCR
		Collect	Transmit	
10	Record Type	.	R	.
35	FIN Coding System	.	.	S
40	Registry ID	.	R	S
60	Tumor Record Number	.	.	S
150	Marital Status at DX	.	.	S
200	Computed Ethnicity	R	R	S
210	Computed Ethnicity Source	R	R	S
270	Occupation Code--Census	R*	R*	S
280	Industry Code--Census	R*	R*	S
290	Occupation Source	R*	R*	S
300	Industry Source	R*	R*	S
330	Occup/Ind Coding System	R*	R*	S
450	Site Coding Sys--Current	R	R	S
470	Morph Coding Sys--Current	R	R	S
540	Reporting Hospital	R	.	S
550	Accession Number--Hosp	.	.	S
560	Sequence Number--Hospital	.	.	S
610	Class of Case	R	.	S
630	Primary Payer at DX	R	R	.
820	Regional Nodes Positive	.	.	S
830	Regional Nodes Examined	.	.	S
1200	RX Date--Surgery	.	.	S
1210	RX Date--Radiation	.	.	S
1250	RX Date--Other	.	.	S
1260	Date of Initial RX--SEER	R#	R#	#
1270	Date of 1st Crs RX--COC	R#	R#	#
1296	RX Summ -- Reg LN Examined	.	.	RH
1340	Reason for No Surgery	R	R	S
1380	RX Summ--Surg/Rad Seq	R	R	S
1390	RX Summ--Chemo	R	R	S
1400	RX Summ--Hormone	R	R	S
1410	RX Summ--BRM	R	R	S
1420	RX Summ--Other	R	R	S
1430	Reason for No Radiation	.	.	S
1570	Rad--Regional RX Modality	R	R	S
1646	RX Summ – Surg Site 98-02	.	.	RH
1647	Rx Summ – Scope Reg 98-02	.	.	RH
1648	RX Summ – Surg Oth 98-02	.	.	RH
1860	Recurrence Date--1st	.	.	S

NPCR Requirements of Existing Data Items				
NAACCR Item #	NAACCR Item Name	Version 11 NPCR		Version 10.2 NPCR
		Collect	Transmit	
1880	Recurrence Type--1st	.	.	S
1940	Place of Death	R	.	S
2010	Over-ride Site/Lat/SeqNo	R	R	S
2072	Over-ride Site/EOD/DX Dt	.	.	S
2073	Over-ride Site/Lat/EOD	.	.	S
2110	Date Case Report Exported	R	.	S
2112	Date Case Report Loaded	R	.	S
2113	Date Tumor Record Availbl	R	.	S
2120	SEER Coding Sys--Current	.	.	S
2130	SEER Coding Sys--Original	.	.	S
2140	COC Coding Sys--Current	.	.	S
2150	COC Coding Sys--Original	.	.	S
2280	Name--Alias	R	.	S
2300	Medical Record Number	R	.	S
2330	Addr at DX--No & Street	R	.	S
2335	Addr at DX--Supplementl	R	.	S
2352	Latitude	R*	R*	.
2354	Longitude	R*	R*	.
2380	DC State File Number	R	.	S
2390	Name--Maiden	R	.	S
2580	Text--Primary Site Title	R^	.	S
2590	Text--Histology Title	R^	.	S
2620	RX Text--Radiation (Beam)	R^	.	S
2630	RX Text--Radiation Other	R^	.	S
2640	RX Text--Chemo	R^	.	S
2650	RX Text--Hormone	R^	.	S
2660	RX Text--BRM	R^	.	S
2670	RX Text--Other	R^	.	S
2680	Text--Remarks	.	.	S
2690	Place of Diagnosis	.	.	S
2800	CS Tumor Size	.	.	S
2820	CS Tumor SizeExt Eval	.	.	S
2840	CS Reg Node Eval	.	.	S
2860	CS Mets Eval	.	.	S
2890	CS Site-Specific Factor 2	.	.	S
2910	CS Site-Specific Factor 4	.	.	S
2920	CS Site-Specific Factor 5	.	.	S
2930	CS Site-Specific Factor 6	.	.	S
2940	Derived AJCC T	.	.	D
2950	Derived AJCC T Descriptor	.	.	D
2960	Derived AJCC N	.	.	D
2970	Derived AJCC N Descriptor	.	.	D
2980	Derived AJCC M	.	.	D
2990	Derived AJCC M Descriptor	.	.	D
3000	Derived AJCC Stage Group	.	.	D

NPCR Requirements of Existing Data Items				
NAACCR Item #	NAACCR Item Name	Version 11 NPCR		Version 10.2 NPCR
		Collect	Transmit	
3010	Derived SS1977	.	.	D
3020	Derived SS2000	D	R	D
3030	Derived AJCC--Flag	.	.	D
3040	Derived SS1977-Flag	.	.	D
3050	Derived SS2000-Flag	D	R	D
3170	RX Date--Most Defin Surg	.	.	S
3230	RX Date--Systemic	.	.	S
3250	RX Summ--Transplnt/Endocr	R	R	S
R = Required. RH = Historically collected and currently transmitted. S = Supplementary/recommended. D = Derived. • = No recommendations. * = When available. # = Central registries may code available data using either the SEER or COC data item and associated rules. ^ = These text requirements may be met with one or several text block fields.				

3.3 SEER Reporting Requirements

Beginning with cases diagnosed on or after January 1, 2006, the SEER Program's requirements are listed in the NAACCR Standards Volume II, Chapter VIII Required Status Table updated in this document (see appendix B).

3.3.1 New Fields/Changes in Fields for 2006 Diagnoses

SEER will not be adding any new data items for cases diagnosed in 2006 that need to be coded by an abstractor/coder. SEER will require the IHS Link [192] for all years of diagnosis but the field will be blank unless an attempt was made to link the case with the records from the Indian Health Service. The results of the linkage will be used to populate this field. The Los Angeles and Northern California Cancer Center registries will continue to report their local patient ID numbers using Patient ID Number [20], and place the patient ID number assigned by the state of California in a state-specific field.

SEER will adopt the code changes to the following fields as documented in the NAACCR Standards Volume II, *Data Standards and Data Dictionary*, Version 11 codes:

- Census Tract 2000 [130] (The change is to allow suffix 00 for census tract 0001.)
- Census Tr Cert 1970/80/90 [364]
- Census Tr Certainty 2000 [365]
- RX Summ--Trnsplnt/Endocr [3250]
- SEER Coding Sys--Current [2120] (The change is to add a code '7' for cases diagnosed in 2004+ to indicate that they were coded according to the January 2004 SEER Coding Manual.)
- SEER Coding Sys--Original [2130] (The change is to add a code '7' for cases diagnosed in 2004+ to indicate that they were coded according to the January 2004 SEER Coding Manual.)
- Type of Reporting Source [500] (for cases diagnosed 2006+)

3.4 Canadian Cancer Registry Reporting Requirements

The Canadian Cancer Registry is currently undergoing a review and merger of the Canadian Cancer Registry Input Data Dictionary and the Tabulation Master File (TMF). The Canadian Cancer Registry Input Data Dictionary describes the valid content of patient and tumour records, and the TMF is the master file of the Canadian Cancer Registry that is used for analysis, production of publications and other output files, and as an input file into the Canadian Cancer Data Base (CCDB). The Canadian Cancer

Registry record layout is currently being compared to the NAACCR Required Status Table. After review the results will be submitted to the Uniform Data Standards Committee; potentially the Canadian Cancer Registry will have its own column in the Required Status Table. The reporting requirements for the Canadian Cancer Registry can be found by contacting Michel Cormier, Manager of the Canadian Cancer Registry at michel.cormier@statcan.ca or (613) 951-1775.

3.5 Summary for Central Cancer Registries

Cases diagnosed on or after January 1, 2006 must be collected and reported in the Version 11 record layout. Central cancer registry systems that have not implemented the Version 11 layout should develop a plan to accommodate files submitted by reporting facilities in the Version 11 layout. Central cancer registries should specify a date by which they will be able to accept records in the Version 11 layout and a date after which they will no longer accept earlier record versions. Large backlogs of records should be avoided, both at the level of the reporting facility (records abstracted, but not submitted at the request of the central cancer registry) as well as at the level of the central cancer registry (records received and put into a suspense file to be processed at a later date).

3.5.1 New Data Items

Central cancer registries should carefully review the new data items in Version 11 and identify the new data items that will be collected and/or stored in their registry, paying particular attention to those items required by the appropriate standard-setting organization (see Required Status Table in appendix B).

The data items associated with the new multiple primary rules, while included in Version 11, will be collected effective with January 1, 2007 diagnoses (see section 2). Central cancer registries should leave these fields blank.

3.5.2 Revised Items

Multiple data items have revisions to the data dictionary description, the data dictionary rationale, or the data descriptor note. Central cancer registries should review all revisions (see NAACCR Standards Volume II Data Standards and Data Dictionary Version 11, Appendix F) to update reporting manuals and documentation. The following table shows data items with code revisions.

NAACCR Standards Volume II, Version 11
Data Items with Revised Codes

NAACCR Item Name	NAACCR Item #	NAACCR Item Name	NAACCR Item #
NAACCR Record Version	50	Primary Payer at DX *	630
Census Tract 2000	130	SEER Coding Sys--Current	2120
Census Tr Certainty 1970/80/90	364	SEER Coding Sys --Original	2130
Census Tr Certainty 2000	365	Physician 3	2490
Type of Reporting Source	500	Physician 4	2500

* Primary Payer at DX: The allowable values for this field have been changed. EDITS will accept only the new values for all cases regardless of diagnosis year (see appendix A for conversion rules).

3.5.3 Central Registry-Specific Fields and Retired Items

Central cancer registries should clearly delineate any non-standard or central registry-specific data items that they will be collecting, and should generate detailed abstracting instructions for each item. This information must be circulated to software vendors/developers and reporting facilities. Data items required for collection/reporting by the central cancer registry, and not part of Version 11, should be collected/reported in the State/Requestor Items [2220].

Central cancer registries should not use column spaces of retired items for state-specific items nor should they continue to collect the retired items in these column spaces (see appendix C for additional information on retired items). If the central cancer registry chooses to collect information on retired data items, the information should be written to the State/Requestor Items [2220]. The central cancer registry should work closely with all software vendors who support registries in their state/province if the central cancer registry requires collection of any NAACCR data items that have been moved to retired status. If instruction is not provided to software vendors and hospital registries in a timely manner, the central cancer registry could possibly have disruption in data collection.

> Example: if the central cancer registry requires continued reporting of the retired data item, Loc/Reg/Distant Stage [770] (column 530), the value should be placed in the State/Requestor Items [2220] (columns 1447-1946).

3.5.4 Central Registry Edits

The central cancer registry should review the EDITS metafile for Version 11 (NACR110 can be downloaded from www.naaccr.org) to determine which edits should be implemented (see section 4).

Central cancer registries should note that edits in the NACR110A metafile may need to be revised to accommodate central cancer registry-specific reporting requirements, and that special edits may need to be developed to be applied to central registry-specific data items (e.g., edits for retired data items that are moved to the state-requestor section). Implementation, testing, and distribution of central registry-specific EDITS metafiles to reporting facilities and vendors should be considered as central cancer registries develop their Version 11 implementation plans. Central cancer registries that generate and distribute their own metafiles should have a plan to keep them updated.

3.5.5 Conversion Consideration

Primary Payer at DX [630] (columns 445-446): See appendix A, which contains the technical guidelines for the conversion of the item Primary Payer at Diagnosis from FORDS 2003 format to the revised code list applicable for all tumors reported in Version 11. It is not recommended that Primary Payer at DX be converted more than one time; therefore, no central cancer registry should attempt to accommodate the concurrent receipt of multiple record versions by back-converting from Version 11 to an earlier coding system and then re-converting the records to Version 11 at a later date - information will be lost. Backward conversion of this item should only be performed for analytic purposes.

Type of Reporting Source [500] (column 312-312): The definitions for this field have been expanded. The new codes (2 and 8) now make it possible to identify outpatient sources that were previously grouped under code 1. Conversion of the old codes would be problematic and would require extensive and time-consuming review of original source documents. Because of the number of problems inherent in any effort to forward convert this field, it is recommended that no changes be made to the field for cases already existing in the central cancer registry database diagnosed prior to January 1, 2006.

3.5.6 Software Implementation Plan

Central cancer registries that receive submissions from facilities that use commercial software to generate their files should pay close attention to the release dates of these products and coordinate their overall central cancer registry Version 11 implementation plan accordingly. To insure transmission in the appropriate record layout version, every data submission should be reviewed before being merged into the central cancer registry database. There are multiple methods that can be used to test a data submission including the application of the edits metafile; line review in LIST or UltraEdit (http://www.idmcomp.com); the use of a software package that allows selection of specific variables and the development of individual edits that check for specific variables (for example, date of diagnosis) or variable combinations.

A reporting facility's first transmission in Version 11 should be tested as thoroughly as possible for layout and code problems before further Version 11 records are accepted from that facility. Some registries may find it useful to require a "test batch" from each software vendor or facility.

3.5.7 Communication with Reporting Facilities and Software Vendors

Central cancer registries will need to distribute their implementation plan and timeline to reporting facilities and software vendors as soon as possible. Changes to the implementation plan or the timeline should be forwarded immediately to all affected parties (no later than three months prior to expected implementation). Reporting facilities that are not CoC-approved cancer programs may be less aware of upcoming changes and may need more transition time.

Central cancer registries should ensure that abstractors at reporting facilities have been exposed to pertinent Multiple Primary and Histology Coding Rules, and state-specific training opportunities prior to 2007 implementation.

3.5.8 Education and Training

Central cancer registries should attend education and training workshops provided by national programs. See section 2 for education and training opportunities for the new multiple primary rules.

3.6 Summary for Software Developers and Vendors

3.6.1 Identify Software Changes

New data items and changes to codes/descriptions will modify the software's data dictionary applicable to NAACCR Version 11. Specifications supporting the upgrade are unique to each software vendor; one factor is based on whether the registry software is a hospital registry system or a central registry product; regardless, the instruction to development staff should address the following:

- Addition of new data items – screen display changes/field captions/field validation
    - The following new data items should be a valid code or blank (these fields must not contain vendor specified default codes) for cases diagnosed prior to January 1, 2006: Patient System ID-Hosp [21], IHS Link [192], GIS Coordinate Quality [366], Casefinding Source [501], RX Summ—Systemic/Sur Seq [1639], Follow-up Source Central [1791], Comorbid/Complication 7 [3161], Comorbid/Complication 8 [3162], Comorbid/Complication 9 [3163], Comorbid/Complication 10 [3164], and ICD Revision Comorbid [3165].
- Apply revisions to existing data items (See NAACCR Standards Volume II Version 11, Appendix F)
    - For SEER Coding Sys-Current [2120] and SEER Coding Sys-Original [2130], a change has been made to add a code '7' for cases diagnosed in 2004+ to indicate that they were coded according to the January 2004 SEER Coding Manual. If collected, set the code to '7' for cases diagnosed as of January 1, 2004 and later.
- Addition/modification of lookups (pick lists) of codes/descriptions for existing fields
- Determine that appropriate code values are recorded and stored, as well as validated within the system
- Conversion of the Primary Payer at Diagnosis code (local and national database consideration; see appendix A). Backward conversion of this item should only be performed for analytic purposes.
- Updates to on-line Help system identifying new/revised data items
- Incorporation of EDITS metafiles (NACR110), including modified state-specific metafiles

- Reports – addition of new data items to abstracts, other canned reports, as well as to ad-hoc report writing
- Class of Case 0: Changes required to follow-up processing and reports to be implemented (refer to section 3.1.3)
- State reporting programs: Add option for Version 11 layout with option intact for reporting in Version 10.2 (generic and state-specific versions)
- State reporting programs for Version 10.2 must back convert Primary Payer at Diagnosis and will not report new data items based on Version 11 instruction
- Determination on state-specific level as to handling of retired data items to be moved to state/requestor section
- Changes necessitated by posted updates to CS DLL (see section 5.1)

Along with an upgrade to software, vendors will also have to provide applicable user documentation to support the changes to the software for NAACCR Version 11. This includes an on-line Help system and training/tutorial guides.

Software vendors could update their software (database tables) with the data items associated with the new multiple primary rules as they upgrade software to accommodate implementation of Version 11. If this were done, these data items would need to be disabled and not visible for collection until the appropriate 2007 upgrade has been implemented. The data items related to multiple primary rules could potentially change.

3.6.2 Data Conversions

Primary Payer at DX [630] is the only field that requires a conversion as part of the upgrade. Refer to appendix A for details on this conversion. The central cancer registry is expected to perform the same conversion of the Primary Payer at DX [630] field locally within their own database. From the point of conversion forward, any new cases entered into the database should be using codes/descriptions post-conversion. The converted code values for Primary Payer at DX will be accepted for all delayed initial submissions or re-submissions received on or after January 1, 2006 for the 2005 NCDB Call for Data. Converted code values will be required for the 2006 NCDB Call for Data. Backward conversion of this item should only be performed for analytic purposes.

It is recommended that the software vendor provide a conversion log to assist clients in identifying the changes that have been made to the database (i.e., conversion of Primary Payer at DX), and identify any questionable data for review. Conversion logs should include a comprehensive list of code value changes indicating, for each record in the client's database, pre-converted and converted code values.

3.6.3 Programming, Testing, and Implementation

Software vendors should provide programming instructions to support the necessary changes for NAACCR Version 11, as well as testing (if time allowed, beta site testing), and implementation of the items in the above section.

Software vendors need to revise/develop, test, distribute, and install software prior to implementation dates set by standard setting organizations and central cancer registries. Central cancer registries may require test files to be submitted prior to approval in reporting in the Version 11 format. Any changes to this timeline should be immediately reported to all involved parties.

If there are delays to the standards or errata that have not been identified, the software vendor programs will be at risk of delay.

3.6.4 Technical Support and Education/Training

Software vendors will be expected to support their software changes and provide training on the software upgrades, which include reference to the source for information on year 2006 changes. Education and training for Version 11 and the new multiple primary rules and associated data items should be referred to the appropriate standard-setting organization.

3.6.5 Communication with Central Cancer Registries and Hospital Registries

Because of the minor changes involved in the implementation of the Version 11 layout, software vendors should not encounter undue problems with the transition.

Software vendors should take into consideration the central cancer registry requirements when it comes to central cancer registries' implementation of NAACCR Version 11 reporting - for example, state-specific metafiles, whether any data items still required by the state have been retired from the NAACCR record (and thus need be reported in the state/requestor section of the record), and any other state-specific change.

3.7 Summary for Hospital Cancer Registrars and Reporting Facilities

Implementation of NAACCR Version 11 reporting is required for cases diagnosed as of January 1, 2006. Once the registry database has been upgraded to software that includes NAACCR Version 11 reporting, earlier diagnoses are to be coded according to the new codes/descriptions of Primary Payer at DX [630]. Registrars of CoC approved programs should refer to section 3.1 of this document for CoC reporting requirements.

3.7.1 Prioritize Case Abstracting

Registrars should prioritize their abstracting. Ideally, abstracting of cases diagnosed prior to January 1, 2006 should be completed before software vendors convert registry data and/or begin to use NAACCR Version 11 reporting upgrades.

3.7.2 Communication with Central Cancer Registries and Software Vendors

Retired data items no longer required by the central cancer registry should be reviewed to determine if there is any value in continued data collection or abstracting (see appendix C for a list of retired data items).

Hospital registries should be in contact with their software vendor to determine when the necessary software upgrade may be delivered, and then make a tentative schedule within the facility to have someone available for the upgrade installation.

Registries that have an interest in being involved in implementation of changes early should consider being a beta test site. This will allow them to receive software, as well as software vendor support, early in the process.

3.7.3 Conversion Consideration

Primary Payer at DX [630] is the only field that requires a conversion as part of the upgrade to Version 11. Refer to appendix A for details on this conversion. The converted code values for Primary Payer at DX will be accepted for all delayed initial submissions or re-submissions received on or after January 1, 2006 for the 2005 NCDB Call for Data. Converted code values will be required for the 2006 NCDB Call for Data. Backward conversion of this item should only be performed for analytic purposes.

If the vendor made a conversion log available as part of the upgrade, it is recommended that a registry staff member review the log for satisfaction that the conversion was accomplished as well as identify the

changes that have been made to the database. Conversion logs should include a comprehensive list of code value changes, indicating for each record in the registry's database pre-converted and converted code values. Preparing a report on the values in the Primary Payer at DX field prior to and post the upgrade can also ensure conversion satisfaction.

3.7.4 Education and Training

Registrars and abstractors should attend education training provided by regional, state, or national programs. See section 2 for education and training opportunities for the new multiple primary rules.

4 EDITS

The NACR110A metafile includes edits that require the following data items to be blank:

Ambiguous Terminology DX [442]
Date of Conclusive DX [443]
Mult Tum Rpt as One Prim [444]
Date of Multiple Tumors [445]
Multiplicity Counter [446]
Number of Tumors/Hist [447]

Case Finding Source [501] and Follow-Up Source Central [1791] have different editing requirements for NPCR and SEER. NPCR requires the collection of these items as of January 1, 2006, and allows collection prior to 2006. SEER requires the data items to be blank for cases diagnosed prior to 2007. Consequently the metafile includes both NPCR and SEER versions of these edits.

RX Summ—Systemic/Sur Seq [1639] has different editing requirements for CoC, NPCR, and SEER. CoC and NPCR require the collection of this item as of January 1, 2006, and allow the item to be filled in for pre-2006 cases. SEER requires the data item to be blank for cases diagnosed prior to 2007. Consequently the metafile includes both CoC (NPCR uses the CoC version of the edit) and SEER versions of this edit.

Other changes to be aware of:
NPCR and SEER differ in the rules for collecting Type of Reporting Source [500]. NPCR allows the collection of the new codes 2 and 8 for any diagnosis year while SEER allows 2 and 8 only for cases diagnosed on or after January 1, 2006.

The edit for Primary Payer at DX [630] requires the conversion of historical data to match the current codes.

5 COLLABORATIVE STAGING

5.1 Collaborative Staging/Dynamic Link Library (DLL) Updates

As a result of inquiries and issues identified by the cancer registry community, the Collaborative Staging (CS) system is revised and updated periodically. Major releases were CS version 01.01.00 in August 2004 and Version 01.02.00 in April 2005. Updates are limited to one to two major releases per year. When a new version is released, the implementation should be as rapid as possible. Changes to CS may take many forms: 1) coding changes; 2) clarifications; 3) changes to the CS mapping; and/or, 4) changes to the

computer program. Information on CS and any updates can be found on: http://www.cancerstaging.org/cstage/index.html. This web site also contains information on when new releases occur and steps necessary to implement the new release. The steps to implement a new version may include:

1) Replace documentation including changes to Part I and/or Part II of the CS coding manual (available online or printed as replacement pages);

2) Replace the computer algorithm;

3) Review and recode certain codes;

4) Re-run the algorithm on previously entered CS elements to re-derive the CS fields.

Standard setters may differ in how or when the implementation of a new version should proceed. Each of the standard setters will be invited to post its CS implementation procedures on the CS web site, or otherwise to publicize its requirements.

The CoC, NPCR, and SEER program encourage the adoption of any new CS release in a timely manner. Registries will be notified of any conversion/review that the changes in the CS algorithm necessitate. After implementation of a new CS algorithm, all CS cases should be run through the new CS DLL and the CS Version Latest [2936] updated to the new version.

6 APPENDIX A: FORWARD CODE CONVERSION FOR PRIMARY PAYER AT DIAGNOSIS

The only data item requiring conversion with the implementation of NAACCR 2006 requirements is Primary Payer at DX [630]. This item was revised for consistency with Centers for Medicare and Medicaid Services (CMS) usage. The new codes should be available for registrar use beginning January 1, 2006, and historic cases should be converted from the current FORDS 2003-2005 structure according to the table below (http://www.facs.org/cancer/ncdb/roadstofords.html).

Backward conversion of this item should only be performed for analytic purposes.

Code Conversion for Primary Payer at Diagnosis		
	"Forward" Conversion	*"Backward" Conversion*
01	01	01
02	02	02
10	10	10
20	20	20
	21	10
31	31	31
35	35	35
36	64	52
50	60	50
51	61	51
	62	51
	63	51
52	64	52
53	65	53
54	66	54
55	67	55
56	68	56
99	99	99
blank	blank	blank
All other values	99	99

7 APPENDIX B: CHAPTER VIII, REQUIRED STATUS TABLE (ITEM # ORDER)

The following table presents Version 11 of the NAACCR required status summarizing the requirements and recommendations for collection of each item by standard-setting groups. This version of the table replaces all previous versions of the required status table (both the printed Version 11 document and the May 2005 posting on the NAACCR website). Rows with a change from Version 10.2 are marked "Revised," "New," or "Retired" in the "Note" column of the table. Since NPCR has begun specifying both a "Collect" and a "Transmit" requirement, all rows in the table were revised, compared to Version 10.2. Implementers should compare this table with the table in 10.2 to identify changes that have been made to other standard-setters' requirements. Revised and new items are summarized in appendix F.

NPCR Refers to requirements and recommendations of the NPCR regarding data items that should be collected or computed by NPCR state registries. Note: Personal identifying data items that are collected are not transmitted to CDC.

CoC Refers to requirements of CoC. Facilities should refer to the CoC *FORDS Manual* for further clarification of required fields.

SEER Refers to requirements of NCI's SEER Program. Facilities and central registries should refer to the *SEER Program Code Manual* for further clarification of required fields.

Exchange Elements for Hospital to Central and Central to Central

The target audience for this set of requirements is comprised of the various designers of registry software, at the hospital, central registry, and national levels. In the Exchange Elements columns data items marked are either required by key national organizations for cancer reporting or are of special importance in the unambiguous communication of reports and the proper linking of records. A clear distinction is made between items required for facilities reporting to central registries (labeled Hosp -> Central), and those items that central registries should use when sending cases to other central registries (labeled Central -> Central). 'T' is used when the data are vital to a complete exchange record. If a data item is unknown, it should have the proper code for unknown assigned. It is not specified how registries should handle records that have empty T fields. 'T*' means the vendor should convey the data if it is available for any of the cases, and otherwise they can leave the field empty. The receiving end (central registry) may, of course, ignore these items if they so choose. 'TH' means only certain cases diagnosed before 2004 may require these fields. Some central registries have additional required data fields. For these, vendors should contact the central registry directly.

Codes for Recommendations: R = Required. RH = Historically collected and currently transmitted. RC = Collected by SEER from COC-approved hospitals. RS = Required, site specific. S = Supplementary/recommended. D = Derived. • = No recommendations. * = When available. # = Central registries may code available data using either the SEER or COC data item and associated rules. ^ = These text requirements may be met with one or several text block fields. T = data is vital to complete exchange record. TH – cases diagnosed before 2004, transmit data if available in exchange record. T*- transmit data if available for any case in exchange record.

Item	Item Name	NPCR		COC		SEER		Exchange Elements		Source of Standard	Note
		Collect	Transmit	Collect	Transmit	Collect	Transmit	Hosp-> Central	Central-> Central		
10	Record Type	.	R	.	R	.	R	T	T	NAACCR	Revised
20	Patient ID Number	R	R	.	.	R	R	.	T	Reporting Registry	Revised
21	Patient System ID-Hosp	.	.	.	.	.	.	T	.	NAACCR	New
30	Registry Type	.	.	.	.	.	.	.	T	NAACCR	Revised
35	FIN Coding System	.	.	.	.	.	.	.	.	NAACCR	Revised
37	Reserved 00	.	.	.	.	.	.	.	.		Revised
40	Registry ID	.	R	.	.	R	R	T	T	NAACCR	Revised
50	NAACCR Record Version	.	R	.	R	.	.	T	T	NAACCR	Revised
60	Tumor Record Number	.	.	.	.	S	S	T	T	NAACCR	Revised
70	Addr at DX—City	R	.	R	R	R	.	T	T	COC	Revised
80	Addr at DX—State	R	R	R	R	R	.	T	T	COC	Revised
90	County at DX	R	R	R	R	R	R	T	T	FIPS/SEER	Revised
100	Addr at DX--Postal Code	R	R	R	R	R	.	T	T	COC	Revised
110	Census Tract 1970/80/90	RH*	RH*	.	.	RH	RH	.	T*	SEER	Revised
120	Census Cod Sys 1970/80/90	RH*	RH*	.	.	RH	RH	.	T*	SEER	Revised
130	Census Tract 2000	R	R	.	.	R	R	.	T*	NAACCR	Revised
140	Census Tract Cod Sys--Alt										Retired
150	Marital Status at DX	.	.	.	.	R	R	.	.	SEER	Revised
160	Race 1	R	R	R	R	R	R	T	T	SEER/COC	Revised
161	Race 2	R	R	R	R	R	R	T	T	SEER/COC	Revised
162	Race 3	R	R	R	R	R	R	T	T	SEER/COC	Revised
163	Race 4	R	R	R	R	R	R	T	T	SEER/COC	Revised
164	Race 5	R	R	R	R	R	R	T	T	SEER/COC	Revised
170	Race Coding Sys--Current	.	.	R	R	.	.	T	T	NAACCR	Revised
180	Race Coding Sys--Original	.	.	R	R	.	.	T	T	NAACCR	Revised
190	Spanish/Hispanic Origin	R	R	R	R	R	R	T	T	SEER/COC	Revised
191	NHIA Derived Hisp Origin	D	R	.	.	.	R	.	.	NAACCR	Revised
192	IHS Link	R*	R*	.	.	.	R	.	.	NPCR	New
200	Computed Ethnicity	R	R	.	.	R	R	.	.	SEER	Revised
210	Computed Ethnicity Source	R	R	.	.	R	R	.	.	SEER	Revised
220	Sex	R	R	R	R	R	R	T	T	SEER/COC	Revised
230	Age at Diagnosis	R	R	R	R	R	R	.	.	SEER/COC	Revised
240	Birth Date	R	R	R	R	R	R	T	T	SEER/COC	Revised
250	Birthplace	R*	R*	R	R	R	R	T*	T	SEER/COC	Revised
260	Religion	.	.	.	.	.	.	.	.	Varies	Revised
270	Occupation Code--Census	R*	R*	.	.	.	.	.	.	Census/NPCR	Revised
280	Industry Code--Census	R*	R*	.	.	.	.	.	.	Census/NPCR	Revised
290	Occupation Source	R*	R*	.	.	.	.	.	.	NPCR	Revised
300	Industry Source	R*	R*	.	.	.	.	.	.	NPCR	Revised
310	Text--Usual Occupation	R*	.	.	.	.	.	T*	T*	NPCR	Revised
320	Text--Usual Industry	R*	.	.	.	.	.	T*	T*	NPCR	Revised
330	Occup/Ind Coding System	R*	R*	.	.	.	.	.	.	NPCR	Revised
340	Tobacco History	.	.	.	.	.	.	.	.	Varies	Revised
350	Alcohol History	.	.	.	.	.	.	.	.	Varies	Revised
360	Family History of Cancer	.	.	.	.	.	.	.	.	Varies	Revised
362	Census Tract Block Group	.	.	.	.	.	.	.	.	Census	Revised
364	Census Tr Cert 1970/80/90	RH*	RH*	.	.	RH	RH	.	.	SEER	Revised
365	Census Tr Certainty 2000	R	R	.	.	R	R	.	.	NAACCR	Revised
366	GIS Coordinate Quality	R*	R*	.	.	.	.	.	.	NAACCR	New
370	Reserved 01	.	.	.	.	.	.	.	.		Revised
380	Sequence Number--Central	R	R	.	.	R	R	.	T	SEER	Revised
390	Date of Diagnosis	R	R	R	R	R	R	T	T	SEER/COC	Revised
400	Primary Site	R	R	R	R	R	R	T	T	SEER/COC	Revised
410	Laterality	R	R	R	R	R	R	T	T	SEER/COC	Revised
419	Morph--Type&Behav ICD-O-2										
420	Histology (92-00) ICD-O-2	RH	RH	RH.	RH	RH	RH	TH	TH	SEER/COC	Revised
430	Behavior (92-00) ICD-O-2	RH	RH	RH	RH	RH	RH	TH	TH	SEER/COC	Revised
440	Grade	R	R	R	R	R	R	T	T	SEER/COC	Revised
442	Ambiguous Terminology DX	.	.	.	.	.	.	.	.	SEER	New
443	Date of Conclusive DX	.	.	.	.	.	.	.	.	SEER	New
444	Mult Tum Rpt as One Prim	.	.	.	.	.	.	.	.	SEER	New

Codes for Recommendations: R = Required. RH = Historically collected and currently transmitted. RC = Collected by SEER from COC-approved hospitals. RS = Required, site specific. S = Supplementary/recommended. D = Derived. • = No recommendations. * = When available. # = Central registries may code available data using either the SEER or COC data item and associated rules. ^ = These text requirements may be met with one or several text block fields. T = data is vital to complete exchange record. TH – cases diagnosed before 2004, transmit data if available in exchange record. T*- transmit data if available for any case in exchange record.

Item	Item Name	NPCR		COC		SEER		Exchange Elements		Source of Standard	
		Collect	Transmit	Collect	Transmit	Collect	Transmit	Hosp-> Central	Central->		
445	Date of Multiple Tumors	.	.	.	.	.	.	.	.	SEER	New
446	Multiplicity Counter	.	.	.	.	.	.	.	.	SEER	New
447	Number of Tumors/Hist	.	.	.	.	.	.	.	.	NAACCR	New
450	Site Coding Sys--Current	R	R	R	R	.	.	T	T	NAACCR	Revised
460	Site Coding Sys--Original	.	.	R	R	.	.	T	T	NAACCR	Revised
470	Morph Coding Sys--Current	R	R	R	R	.	.	T	T	NAACCR	Revised
480	Morph Coding Sys--Originl	.	.	R	R	.	.	T	T	NAACCR	Revised
490	Diagnostic Confirmation	R	R	R	R	R	R	T	T	SEER/COC	Revised
500	Type of Reporting Source	R	R	.	.	R	R	T	T	SEER	Revised
501	Casefinding Source	.	.	.	.	.	.	T*	T*	NAACCR	New
510	Screening Date	.	.	.	.	.	.	.	.	NAACCR	Revised
520	Screening Result	.	.	.	.	.	.	.	.	NAACCR	Revised
521	Morph--Type&Behav ICD-O-3										
522	Histologic Type ICD-O-3	R	R	R	R	R	R	T	T	SEER/COC	Revised
523	Behavior Code ICD-O-3	R	R	R	R	R	R	T	T	SEER/COC	Revised
530	Reserved 02	.	.	.	.	.	.	.	.		Revised
535	Reserved 25	.	.	.	.	.	.	.	.		New
538	Reporting Hospital FAN										Retired
540	Reporting Hospital	R	.	R	R	R	.	T	.	COC	Revised
550	Accession Number--Hosp	.	.	R	R	R	.	T*	.	COC	Revised
560	Sequence Number--Hospital	.	.	R	R	R	.	T	.	COC	Revised
570	Abstracted By	.	.	R	R	R	.	.	.	COC	Revised
580	Date of 1st Contact	R	.	R	R	.	.	T	.	COC	Revised
590	Date of Inpatient Adm	.	.	.	.	.	.	.	.	NAACCR	Revised
600	Date of Inpatient Disch	.	.	.	.	.	.	.	.	NAACCR	Revised
610	Class of Case	R	.	R	R	RC	.	T	.	COC	Revised
615	Reserved 26	.	.	.	.	.	.	.	.		New
620	Year First Seen This CA										Retired
630	Primary Payer at DX	R	R	R	R	.	.	.	.	COC	Revised
635	Reserved 27	.	.	.	.	.	.	.	.		New
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	Revised
672	RX Hosp--Scope Reg LN Sur	.	.	R	R	R	.	T*	.	COC	Revised
674	RX Hosp--Surg Oth Reg/Dis	.	.	R	R	R	.	T*	.	COC	Revised
676	RX Hosp--Reg LN Removed	.	.	.	RH	.	.	T*	.	COC	Revised
680	Reserved 03	.	.	.	.	.	.	.	.		Revised
690	RX Hosp--Radiation	.	.	.	RH	RH	.	TH*	.	SEER/COC	Revised
700	RX Hosp--Chemo	.	.	R	R	R	.	T*	.	COC	Revised
710	RX Hosp--Hormone	.	.	R	R	R	.	T*	.	COC	Revised
720	RX Hosp--BRM	.	.	R	R	R	.	T*	.	COC	Revised
730	RX Hosp--Other	.	.	R	R	R	.	T*	.	COC	Revised
740	RX Hosp--DX/Stg Proc	.	.	R	R	.	.	.	.	COC	Revised
741	Reserved 28	.	.	.	.	.	.	.	.		New
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	Revised
747	RX Hosp--Scope Reg 98-02	.	.	.	RH	RH	.	TH*	.	COC	Revised
748	RX Hosp--Surg Oth 98-02	.	.	.	RH	RH	.	TH*	.	COC	Revised
750	Reserved 04	.	.	.	.	.	.	.	.		Revised
759	SEER Summary Stage 2000	RH	RH	RH	RH	.	S	TH*	TH*	SEER	Revised
760	SEER Summary Stage 1977	RH	RH	RH	RH	.	S	TH*	TH*	SEER	Revised
765	Reserved 29	.	.	.	.	.	.	.	.		New
770	Loc/Reg/Distant Stage										Retired
779	Extent of Disease 10-Dig										
780	EOD--Tumor Size	.	.	RH	RH	RH	RH	TH*	TH*	SEER/COC	Revised
790	EOD--Extension	.	.	.	.	RH	RH	TH*	TH*	SEER	Revised
800	EOD--Extension Prost Path	.	.	.	.	RH	RH	TH*	TH*	SEER	Revised
810	EOD--Lymph Node Involv	.	.	.	.	RH	RH	TH*	TH*	SEER	Revised

Codes for Recommendations: R = Required. RH = Historically collected and currently transmitted. RC = Collected by SEER from COC-approved hospitals. RS = Required, site specific. S = Supplementary/recommended. D = Derived. • = No recommendations. * = When available. # = Central registries may code available data using either the SEER or COC data item and associated rules. ^ = These text requirements may be met with one or several text block fields. T = data is vital to complete exchange record. TH – cases diagnosed before 2004, transmit data if available in exchange record. T*- transmit data if available for any case in exchange record.

Item	Item Name	NPCR		COC		SEER		Exchange Elements		Source of Standard	
		Collect	Transmit	Collect	Transmit	Collect	Transmit	Hosp-> Central	Central->		
820	Regional Nodes Positive	.	.	R	R	R	R	T*	T*	SEER/COC	Revised
830	Regional Nodes Examined	.	.	R	R	R	R	T*	T*	SEER/COC	Revised
840	EOD--Old 13 Digit	.	.	.	.	RH	RH	.	.	SEER	Revised
850	EOD--Old 2 Digit	.	.	.	.	RH	RH	.	.	SEER	Revised
860	EOD--Old 4 Digit	.	.	.	.	RH	RH	.	.	SEER	Revised
870	Coding System for EOD	.	.	.	.	RH	RH	.	TH*	SEER	Revised
880	TNM Path T	.	.	R	R	.	.	T*	T*	AJCC	Revised
890	TNM Path N	.	.	R	R	.	.	T*	T*	AJCC	Revised
900	TNM Path M	.	.	R	R	.	.	T*	T*	AJCC	Revised
910	TNM Path Stage Group	.	.	R	R	.	.	T*	T*	AJCC	Revised
920	TNM Path Descriptor	.	.	R	R	.	.	T*	T*	COC	Revised
930	TNM Path Staged By	.	.	R	R	.	.	T*	T*	COC	Revised
940	TNM Clin T	.	.	R	R	.	.	T*	T*	AJCC	Revised
950	TNM Clin N	.	.	R	R	.	.	T*	T*	AJCC	Revised
960	TNM Clin M	.	.	R	R	.	.	T*	T*	AJCC	Revised
970	TNM Clin Stage Group	.	.	R	R	.	.	T*	T*	AJCC	Revised
980	TNM Clin Descriptor	.	.	R	R	.	.	T*	T*	COC	Revised
990	TNM Clin Staged By	.	.	R	R	.	.	T*	T*	COC	Revised
995	Reserved 30	.	.	.	.	.	.	.	.		New
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
1060	TNM Edition Number	.	.	R	R	.	.	T*	T*	COC	Revised
1065	Reserved 31	.	.	.	.	.	.	.	.		New
1070	Other Staging System										Retired
1080	Date of 1st Positive BX	.	.	.	.	.	.	.	.	NAACCR	Revised
1090	Site of Distant Met 1	.	.	.	RH	.	.	.	.	COC	Revised
1100	Site of Distant Met 2	.	.	.	RH	.	.	.	.	COC	Revised
1110	Site of Distant Met 3	.	.	.	RH	.	.	.	.	COC	Revised
1120	Pediatric Stage	.	.	.	.	.	.	.	.	COC	Revised
1130	Pediatric Staging System	.	.	.	.	.	.	.	.	COC	Revised
1140	Pediatric Staged By	.	.	.	.	.	.	.	.	COC	Revised
1150	Tumor Marker 1	.	.	.	RH	RH	RH	TH*	TH*	SEER	Revised
1160	Tumor Marker 2	.	.	.	RH	RH	RH	TH*	TH*	SEER	Revised
1170	Tumor Marker 3	.	.	.	RH	RH	RH	TH*	TH*	SEER	Revised
1180	Reserved 05	.	.	.	.	.	.	.	.		Revised
1190	Reserved 06	.	.	.	.	.	.	.	.		Revised
1200	RX Date--Surgery	.	.	R	R	S	.	T*	T*	COC	Revised
1210	RX Date--Radiation	.	.	R	R	S	.	T*	T*	COC	Revised
1220	RX Date--Chemo	.	.	.	.	.	.	TH*	TH*	NAACCR	Revised
1230	RX Date--Hormone	.	.	.	.	.	.	TH*	TH*	NAACCR	Revised
1240	RX Date--BRM	.	.	.	.	S	.	TH*	TH*	NAACCR	Revised
1250	RX Date--Other	.	.	R	R	S	.	T*	T*	COC	Revised
1260	Date of Initial RX--SEER	R#	R#	.	.	R	R	T*	T*	SEER	Revised
1270	Date of 1st Crs RX--COC	R#	R#	R	R	.	.	T*	T*	COC	Revised
1280	RX Date--DX/Stg Proc	.	.	R	R	.	.	.	.	COC	Revised
1290	RX Summ--Surg Prim Site	R	R	R	R	R	R	T	T*	SEER/COC	Revised
1292	RX Summ--Scope Reg LN Sur	R	R	R	R	R	R	T	T*	SEER/COC	Revised
1294	RX Summ--Surg Oth Reg/Dis	R	R	R	R	R	R	T	T*	SEER/COC	Revised
1296	RX Summ--Reg LN Examined	.	.	.	RH	RH	RH	TH*	TH*	SEER/COC	Revised
1300	Reserved 07	.	.	.	.	.	.	.	.		Revised
1310	RX Summ--Surgical Approch	.	.	.	RH	.	.	.	.	COC	Revised
1320	RX Summ--Surgical Margins	.	.	R	R	.	.	.	.	COC	Revised
1330	RX Summ--Reconstruct 1st	.	.	.	.	RH	RH	.	.	SEER	Revised
1340	Reason for No Surgery	R	R	R	R	R	R	T	T*	SEER/COC	Revised
1350	RX Summ--DX/Stg Proc	.	.	R	R	.	.	.	.	COC	Revised
1355	Reserved 22	.	.	.	.	.	.	.	.		Revised
1360	RX Summ--Radiation	.	.	.	RH	R	R	TH*	TH*	SEER	Revised
1370	RX Summ--Rad to CNS	.	.	.	.	R	R	.	.	SEER/COC	Revised

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Item	Item Name	NPCR		COC		SEER		Exchange Elements		Source of Standard	
		Collect	Transmit	Collect	Transmit	Collect	Transmit	Hosp-> Central	Central->		
1380	RX Summ--Surg/Rad Seq	R	R	R	R	R	R	T	T*	SEER/COC	Revised
1390	RX Summ--Chemo	R	R	R	R	R	R	T*	T*	SEER/COC	Revised
1400	RX Summ--Hormone	R	R	R	R	R	R	T*	T*	SEER/COC	Revised
1410	RX Summ--BRM	R	R	R	R	R	R	T*	T*	SEER/COC	Revised
1420	RX Summ--Other	R	R	R	R	R	R	T*	T*	SEER/COC	Revised
1430	Reason for No Radiation	.	.	R	R	.	.	.	.	COC	Revised
1435	Reserved 32	.	.	.	.	.	.	.	.		New
1440	Reason for No Chemo										Retired
1450	Reason for No Hormone										Retired
1460	RX Coding System--Current	R	R	R	R	.	RH	T*	T*	NAACCR	Revised
1465	Reserved 33	.	.	.	.	.	.	.	.		New
1470	Protocol Eligibility Stat										Retired
1480	Protocol Participation										Retired
1490	Referral to Support Serv										Retired
1500	First Course Calc Method	.	.	.	.	.	.	.	.	NAACCR	Revised
1510	Rad--Regional Dose: CGY	.	.	R	R	.	.	T	.	COC	Revised
1520	Rad--No of Treatment Vol	.	.	R	R	.	.	T	.	COC	Revised
1530	Rad--Elapsed RX Days										Retired
1535	Reserved 34	.	.	.	.	.	.	.	.		New
1540	Rad--Treatment Volume	.	.	R	R	.	.	T	.	COC	Revised
1550	Rad--Location of RX	.	.	R	R	.	.	T	.	COC	Revised
1555	Reserved 35	.	.	.	.	.	.	.	.		New
1560	Rad--Intent of Treatment										Retired
1570	Rad--Regional RX Modality	R	R	R	R	RC	.	T	T*	COC	Revised
1580	Rad--RX Completion Status										Retired
1590	Rad--Local Control Status										Retired
1600	Chemotherapy Field 1										Retired
1610	Chemotherapy Field 2										Retired
1620	Chemotherapy Field 3										Retired
1630	Chemotherapy Field 4										Retired
1635	Reserved 23	.	.	.	.	.	.	.	.		Revised
1639	RX Summ—Systemic/Sur Seq	R	R	R	R	.	.	T	T	COC	New
1640	RX Summ--Surgery Type	.	.	.	.	RH	RH	TH*	TH*	SEER	Revised
1641	Reserved 36	.	.	.	.	.	.	.	.		New
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	Revised
1647	RX Summ--Scope Reg 98-02	.	.	RH	RH	RH	RH	TH*	TH*	SEER/COC	Revised
1648	RX Summ--Surg Oth 98-02	.	.	RH	RH	RH	RH	TH*	TH*	SEER/COC	Revised
1650	Reserved 08	.	.	.	.	.	.	.	.		Revised
1660	Subsq RX 2nd Course Date	.	.	.	.	.	.	.	.	COC	Revised
1670	Subsq RX 2nd Course Codes										Revised
1671	Subsq RX 2nd Course Surg	.	.	.	.	.	.	.	.	COC	Revised
1672	Subsq RX 2nd Course Rad	.	.	.	.	.	.	.	.	COC	Revised
1673	Subsq RX 2nd Course Chemo	.	.	.	.	.	.	.	.	COC	Revised
1674	Subsq RX 2nd Course Horm	.	.	.	.	.	.	.	.	COC	Revised
1675	Subsq RX 2nd Course BRM	.	.	.	.	.	.	.	.	COC	Revised
1676	Subsq RX 2nd Course Oth	.	.	.	.	.	.	.	.	COC	Revised
1677	Subsq RX 2nd--Scope LN SU	.	.	.	.	.	.	.	.	COC	Revised
1678	Subsq RX 2nd--Surg Oth	.	.	.	.	.	.	.	.	COC	Revised
1679	Subsq RX 2nd--Reg LN Rem	.	.	.	.	.	.	.	.	COC	Revised
1680	Subsq RX 3rd Course Date	.	.	.	.	.	.	.	.	COC	Revised
1690	Subsq RX 3rd Course Codes										Revised
1691	Subsq RX 3rd Course Surg	.	.	.	.	.	.	.	.	COC	Revised
1692	Subsq RX 3rd Course Rad	.	.	.	.	.	.	.	.	COC	Revised
1693	Subsq RX 3rd Course Chemo	.	.	.	.	.	.	.	.	COC	Revised
1694	Subsq RX 3rd Course Horm	.	.	.	.	.	.	.	.	COC	Revised
1695	Subsq RX 3rd Course BRM	.	.	.	.	.	.	.	.	COC	Revised
1696	Subsq RX 3rd Course Oth	.	.	.	.	.	.	.	.	COC	Revised
1697	Subsq RX 3rd--Scope LN Su	.	.	.	.	.	.	.	.	COC	Revised

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Item	Item Name	NPCR		COC		SEER				Source of Standard	Note
		Collect	Transmit	Collect	Transmit	Collect		Hosp-> Central	Central-> Central		
1698	Subsq RX 3rd--Surg Oth	.	.	.	.	.	.	.	.	COC	Revised
1699	Subsq RX 3rd--Reg LN Rem	.	.	.	.	.	.	.	.	COC	Revised
1700	Subsq RX 4th Course Date	.	.	.	.	.	.	.	.	COC	Revised
1710	Subsq RX 4th Course Codes										Revised
1711	Subsq RX 4th Course Surg	.	.	.	.	.	.	.	.	COC	Revised
1712	Subsq RX 4th Course Rad	.	.	.	.	.	.	.	.	COC	Revised
1713	Subsq RX 4th Course Chemo	.	.	.	.	.	.	.	.	COC	Revised
1714	Subsq RX 4th Course Horm	.	.	.	.	.	.	.	.	COC	Revised
1715	Subsq RX 4th Course BRM	.	.	.	.	.	.	.	.	COC	Revised
1716	Subsq RX 4th Course Oth	.	.	.	.	.	.	.	.	COC	Revised
1717	Subsq RX 4th--Scope LN Su	.	.	.	.	.	.	.	.	COC	Revised
1718	Subsq RX 4th--Surg Oth	.	.	.	.	.	.	.	.	COC	Revised
1719	Subsq RX 4th--Reg LN Rem	.	.	.	.	.	.	.	.	COC	Revised
1720	Subsq RX 5th Course Date										Retired
1725	Reserved 37	.	.	.	.	.	.	.	.		New
1726	Reserved 38	.	.	.	.	.	.	.	.		New
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	.	.	.	.	.	.	.	.		Revised
1741	Subsq RX--Reconstruct Del	.	.	.	.	.	.	.	.	COC	Revised
1750	Date of Last Contact	R	R	R	R	R	R	T	T	SEER/COC	Revised
1760	Vital Status	R	R	R	R	R	R	T	T	SEER/COC	Revised
1770	Cancer Status	.	.	R	R	.	.	.	.	COC	Revised
1780	Quality of Survival	.	.	.	.	.	.	.	.	COC	Revised
1790	Follow-Up Source	.	.	R	R	.	.	T*	.	COC	Revised
1791	Follow-up Source Central	R	R	.	.	.	.	.	T*	NAACCR	New
1800	Next Follow-Up Source	.	.	R	.	.	.	.	.	COC	Revised
1810	Addr Current--City	.	.	R	.	R	.	T*	.	COC	Revised
1820	Addr Current--State	.	.	R	.	R	.	T*	.	COC	Revised
1830	Addr Current--Postal Code	.	.	R	.	R	.	T*	.	COC	Revised
1835	Reserved 10	.	.	.	.	.	.	.	.		Revised
1840	County--Current	.	.	.	.	.	.	.	.	NAACCR	Revised
1842	Follow-Up Contact--City	.	.	.	.	R	.	T*	.	SEER	Revised
1844	Follow-Up Contact--State	.	.	.	.	R	.	T*	.	SEER	Revised
1846	Follow-Up Contact--Postal	.	.	.	.	R	.	T*	.	SEER	Revised
1850	Unusual Follow-Up Method	.	.	.	.	.	.	.	.	COC	Revised
1860	Recurrence Date--1st	.	.	R	R	RC	.	T*	.	COC	Revised
1870	Recurrence Distant Sites										Retired
1871	Recurrence Distant Site 1	.	.	.	.	.	.	.	.	NAACCR	Revised
1872	Recurrence Distant Site 2	.	.	.	.	.	.	.	.	NAACCR	Revised
1873	Recurrence Distant Site 3	.	.	.	.	.	.	.	.	NAACCR	Revised
1880	Recurrence Type--1st	.	.	R	R	RC	.	T*	.	COC	Revised
1890	Recurrence Type--1st-Oth										Retired
1895	Reserved 39	.	.	.	.	.	.	.	.		New
1900	Reserved 11	.	.	.	.	.	.	.	.		Revised
1910	Cause of Death	R	R	.	.	R	R	.	T	SEER	Revised
1920	ICD Revision Number	R	R	.	.	R	R	.	T	SEER	Revised
1930	Autopsy	.	.	.	.	.	.	.	.	NAACCR	Revised
1940	Place of Death	R	.	.	.	.	.	T*	T*	NPCR	Revised
1950	Reserved 12	.	.	.	.	.	.	.	.		Revised
1960	Site (73-91) ICD-O-1	.	.	.	.	RH	RH	.	.	SEER	Revised
1970	Morph (73-91) ICD-O-1										
1971	Histology (73-91) ICD-O-1	.	.	.	.	RH	RH	.	.	SEER	Revised
1972	Behavior (73-91) ICD-O-1	.	.	.	.	RH	RH	.	.	SEER	Revised

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Item	Item Name	NPCR		COC		SEER				Source of Standard	Note
		Collect	Transmit	Collect	Transmit	Collect		Hosp-> Central	Central-> Central		
1973	Grade (73-91) ICD-O-1	.	.	.	.	RH	RH	.	.	SEER	Revised
1980	ICD-O-2 Conversion Flag	.	.	R	R	R	R	T*	T*	SEER	Revised
1981	Over-ride SS/NodesPos	.	.	.	.	.	.	T*	T*	NAACCR	Revised
1982	Over-ride SS/TNM-N	.	.	.	.	.	.	T*	T*	NAACCR	Revised
1983	Over-ride SS/TNM-M	.	.	.	.	.	.	T*	T*	NAACCR	Revised
1984	Over-ride SS/DisMet1	.	.	.	.	.	.	T*	T*	NAACCR	Revised
1985	Over-ride Acsn/Class/Seq	.	.	R	R	.	.	T*	T*	COC	Revised
1986	Over-ride HospSeq/DxConf	.	.	R	R	.	.	T*	T*	COC	Revised
1987	Over-ride COC-Site/Type	.	.	R	R	.	.	T*	T*	COC	Revised
1988	Over-ride HospSeq/Site	.	.	R	R	.	.	T*	T*	COC	Revised
1989	Over-ride Site/TNM-StgGrp	.	.	R	R	.	.	T*	T*	COC	Revised
1990	Over-ride Age/Site/Morph	R	R	R	R	R	R	T*	T*	SEER	Revised
2000	Over-ride SeqNo/DxConf	R	R	.	.	R	R	T*	T*	SEER	Revised
2010	Over-ride Site/Lat/SeqNo	R	R	.	.	R	R	T*	T*	SEER	Revised
2020	Over-ride Surg/DxConf	R	R	R	R	R	R	T*	T*	SEER	Revised
2030	Over-ride Site/Type	R	R	R	R	R	R	T*	T*	SEER	Revised
2040	Over-ride Histology	R	R	R	R	R	R	T*	T*	SEER	Revised
2050	Over-ride Report Source	R	R	.	.	R	R	T*	T*	SEER	Revised
2060	Over-ride Ill-define Site	R	R	.	.	R	R	T*	T*	SEER	Revised
2070	Over-ride Leuk, Lymphoma	R	R	R	R	R	R	T*	T*	SEER	Revised
2071	Over-ride Site/Behavior	R	R	R	R	R	R	T*	T*	SEER	Revised
2072	Over-ride Site/EOD/DX Dt	.	.	.	.	R	R	T*	T*	SEER	Revised
2073	Over-ride Site/Lat/EOD	.	.	.	.	R	R	T*	T*	SEER	Revised
2074	Over-ride Site/Lat/Morph	R	R	R	R	R	R	T*	T*	SEER	Revised
2080	Reserved 13										Retired
2081	CRC CHECKSUM	.	.	.	.	S	S	.	.	NAACCR	Revised
2082	Reserved 24	.	.	.	.	.	.	.	.		Revised
2090	Date Case Completed	.	.	.	.	.	.	.	.	NAACCR	Revised
2100	Date Case Last Changed	.	.	.	.	.	.	.	.	NAACCR	Revised
2110	Date Case Report Exported	R	.	.	R	.	.	T	.	NPCR	Revised
2111	Date Case Report Received	R	.	.	.	.	.	.	.	NPCR	Revised
2112	Date Case Report Loaded	R	.	.	.	.	.	.	.	NPCR	Revised
2113	Date Tumor Record Availbl	R	.	.	.	.	.	.	.	NPCR	Revised
2114	Future Use Timeliness 1										Retired
2115	Future Use Timeliness 2										Retired
2116	ICD-O-3 Conversion Flag	R	R	R	R	R	R	T	T	SEER/COC	Revised
2120	SEER Coding Sys--Current	.	.	.	.	.	R	T*	T*	NAACCR	Revised
2130	SEER Coding Sys--Original	.	.	.	.	.	R	T*	T*	NAACCR	Revised
2140	COC Coding Sys--Current	.	.	R	R	.	.	T*	T*	COC	Revised
2150	COC Coding Sys--Original	.	.	R	R	.	.	T*	T*	COC	Revised
2160	Subsq Report for Primary										Retired
2161	Reserved 20										Retired
2170	Vendor Name	.	.	.	R	.	.	T	T	NAACCR	Revised
2180	SEER Type of Follow-Up	.	.	.	.	R	R	.	.	SEER	Revised
2190	SEER Record Number	.	.	.	.	.	R	.	.	SEER	Revised
2200	Diagnostic Proc 73-87	.	.	.	.	RH	RH	.	.	SEER	Revised
2210	Reserved 14										Retired
2220	State/Requestor Items	.	.	.	.	.	.	.	.	Varies	Revised
2230	Name--Last	R	.	R	.	R	.	T	T	NAACCR	Revised
2240	Name--First	R	.	R	.	R	.	T	T	NAACCR	Revised
2250	Name--Middle	R	.	R	.	R	.	T*	T*	COC	Revised
2260	Name--Prefix	.	.	.	.	.	.	.	.	SEER	Revised
2270	Name--Suffix	.	.	.	.	R	.	T*	T*	SEER	Revised
2280	Name--Alias	R	.	.	.	R	.	T*	T*	SEER	Revised
2290	Name--Spouse/Parent	.	.	.	.	.	.	.	.	NAACCR	Revised
2300	Medical Record Number	R	.	R	.	R	.	T	.	COC	Revised
2310	Military Record No Suffix	.	.	R	.	.	.	.	.	COC	Revised
2320	Social Security Number	R	.	R	.	R	.	T	T	COC	Revised
2330	Addr at DX--No & Street	R	.	R	.	R	.	T	T	COC	Revised
2335	Addr at DX--Supplementl	R	.	R	.	.	R	T*	T*	COC	Revised
2350	Addr Current--No & Street	.	.	R	.	R	.	T*	T*	COC	Revised
2352	Latitude	R*	R*	.	.	S	.	.	.	NAACCR	Revised

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Item	Item Name	NPCR		COC		SEER				Source of Standard	Note
		Collect	Transmit	Collect	Transmit	Collect		Hosp-> Central	Central-> Central		
2354	Longitude	R*	R*	.	.	S	.	.	.	NAACCR	Revised
2355	Addr Current--Supplementl	.	.	R	.	R	.	T*	.	COC	Revised
2360	Telephone	.	.	R	.	R	.	T*	T*	COC	Revised
2370	DC State										Retired
2371	Reserved 21										Retired
2380	DC State File Number	R	.	.	.	.	.	.	T*	State	Revised
2390	Name--Maiden	R	.	.	.	R	.	T*	T*	SEER	Revised
2392	Follow-Up Contact--No&St	.	.	.	.	R	.	.	.	SEER	Revised
2393	Follow-Up Contact--Suppl	.	.	.	.	R	.	.	.	SEER	Revised
2394	Follow-Up Contact--Name	.	.	.	.	R	.	.	.	SEER	Revised
2400	Reserved 16										Retired
2410	Institution Referred From	.	.	R	.	.	.	T*	.	COC	Revised
2420	Institution Referred To	.	.	R	.	.	.	T*	.	COC	Revised
2430	Last Follow-Up Hospital										Retired
2435	Reserved 40	.	.	.	.	.	.	.	.		New
2440	Following Registry	.	.	R	.	R	.	.	.	COC	Revised
2450	Reserved 17										Retired
2460	Physician--Managing	.	.	.	.	.	.	.	.	NAACCR	Revised
2470	Physician--Follow-Up	.	.	R	.	R	.	T*	T*	COC	Revised
2480	Physician--Primary Surg	.	.	R	.	.	.	.	.	COC	Revised
2490	Physician 3	.	.	R	.	.	.	.	.	COC	Revised
2500	Physician 4	.	.	R	.	.	.	.	.	COC	Revised
2520	Text--DX Proc--PE	R^	.	.	.	R	.	T*	T*	NPCR	Revised
2530	Text--DX Proc--X-ray/Scan	R^	.	.	.	R	.	T*	T*	NPCR	Revised
2540	Text--DX Proc--Scopes	R^	.	.	.	R	.	T*	T*	NPCR	Revised
2550	Text--DX Proc--Lab Tests	R^	.	.	.	R	.	T*	T*	NPCR	Revised
2560	Text--DX Proc--Op	R^	.	.	.	R	.	T*	T*	NPCR	Revised
2570	Text--DX Proc--Path	R^	.	.	.	R	.	T*	T*	NPCR	Revised
2580	Text--Primary Site Title	R^	.	.	.	R	.	T*	T*	NPCR	Revised
2590	Text--Histology Title	R^	.	.	.	R	.	T*	T*	NPCR	Revised
2600	Text--Staging	R^	.	.	.	R	.	T*	T*	NPCR	Revised
2610	RX Text--Surgery	R^	.	.	.	R	.	T*	T*	NPCR	Revised
2620	RX Text--Radiation (Beam)	R^	.	.	.	R	.	T*	T*	NPCR	Revised
2630	RX Text--Radiation Other	R^	.	.	.	R	.	T*	T*	NPCR	Revised
2640	RX Text--Chemo	R^	.	.	.	R	.	T*	T*	NPCR	Revised
2650	RX Text--Hormone	R^	.	.	.	R	.	T*	T*	NPCR	Revised
2660	RX Text--BRM	R^	.	.	.	R	.	T*	T*	NPCR	Revised
2670	RX Text--Other	R^	.	.	.	R	.	T*	T*	NPCR	Revised
2680	Text--Remarks	.	.	.	.	R	.	T*	T*	NPCR	Revised
2690	Place of Diagnosis	.	.	.	.	.	.	.	.	NPCR	Revised
2700	Reserved 19	.	.	.	.	.	.	.	.		Revised
2800	CS Tumor Size	.	.	R	R	R	R	T	T	AJCC	Revised
2810	CS Extension	R	.	R	R	R	R	T	T	AJCC	Revised
2820	CS Tumor SizeExt Eval	.	.	R	R	.	.	T*	T*	AJCC	Revised
2830	CS Lymph Nodes	R	.	R	R	R	R	T	T	AJCC	Revised
2840	CS Reg Node Eval	.	.	R	R	.	.	T*	T*	AJCC	Revised
2850	CS Mets at DX	R	.	R	R	R	R	T	T	AJCC	Revised
2860	CS Mets Eval	.	.	R	R	.	.	T*	T*	AJCC	Revised
2880	CS Site-Specific Factor 1	RS	.	R	R	R	R	T	T	AJCC	Revised
2890	CS Site-Specific Factor 2	.	.	R	R	R	R	T	T	AJCC	Revised
2900	CS Site-Specific Factor 3	RS	.	R	R	R	R	T	T	AJCC	Revised
2910	CS Site-Specific Factor 4	.	.	R	R	R	R	T	T	AJCC	Revised
2920	CS Site-Specific Factor 5	.	.	R	R	R	R	T	T	AJCC	Revised
2930	CS Site-Specific Factor 6	.	.	R	R	R	R	T	T	AJCC	Revised
2935	CS Version 1st	R	.	R	R	R	R	.	.	AJCC	Revised
2936	CS Version Latest	R	.	R	R	R	R	.	.	AJCC	Revised
2940	Derived AJCC T	.	.	D	D	D	D	T*	T*	AJCC	Revised
2950	Derived AJCC T Descriptor	.	.	D	D	.	.	T*	T*	AJCC	Revised
2960	Derived AJCC N	.	.	D	D	D	D	T*	T*	AJCC	Revised
2970	Derived AJCC N Descriptor	.	.	D	D	.	.	T*	T*	AJCC	Revised
2980	Derived AJCC M	.	.	D	D	D	D	T*	T*	AJCC	Revised
2990	Derived AJCC M Descriptor	.	.	D	D	.	.	T*	T*	AJCC	Revised

Codes for Recommendations: R = Required. RH = Historically collected and currently transmitted. RC = Collected by SEER from COC-approved hospitals. RS = Required, site specific. S = Supplementary/recommended. D = Derived. • = No recommendations. * = When available. # = Central registries may code available data using either the SEER or COC data item and associated rules. ^ = These text requirements may be met with one or several text block fields. T = data is vital to complete exchange record. TH – cases diagnosed before 2004, transmit data if available in exchange record. T*- transmit data if available for any case in exchange record.

Item	Item Name	NPCR		COC		SEER				Source of Standard	Note
		Collect	Transmit	Collect	Transmit	Collect		Hosp-> Central	Central-> Central		
3000	Derived AJCC Stage Group	.	.	D	D	D	D	T*	T*	AJCC	Revised
3010	Derived SS1977	.	.	D	D	D	D	T*	T*	AJCC	Revised
3020	Derived SS2000	D	R	D	D	D	D	T*	T*	AJCC	Revised
3030	Derived AJCC--Flag	.	.	R	R	D	D	T*	T*	AJCC	Revised
3040	Derived SS1977-Flag	.	.	R	R	D	D	T*	T*	AJCC	Revised
3050	Derived SS2000-Flag	D	R	R	R	D	D	T*	T*	AJCC	Revised
3100	Archive FIN	.	.	R	R	.	.	.	.	COC	Revised
3110	Comorbid/Complication 1	.	.	R	R	.	.	T*	.	COC	Revised
3120	Comorbid/Complication 2	.	.	R	R	.	.	T*	.	COC	Revised
3130	Comorbid/Complication 3	.	.	R	R	.	.	T*	.	COC	Revised
3140	Comorbid/Complication 4	.	.	R	R	.	.	T*	.	COC	Revised
3150	Comorbid/Complication 5	.	.	R	R	.	.	T*	.	COC	Revised
3160	Comorbid/Complication 6	.	.	R	R	.	.	T*	.	COC	Revised
3161	Comorbid/Complication 7	.	.	R	R	.	.	T*	.	COC	New
3162	Comorbid/Complication 8	.	.	R	R	.	.	T*	.	COC	New
3163	Comorbid/Complication 9	.	.	R	R	.	.	T*	.	COC	New
3164	Comorbid/Complication 10	.	.	R	R	.	.	T*	.	COC	New
3165	ICD Revision Comorbid	.	.	R	R	.	.	T*	.	COC	New
3170	RX Date--Most Defin Surg	.	.	R	R	.	.	T*	.	COC	Revised
3180	RX Date--Surgical Disch	.	.	R	R	.	.	.	.	COC	Revised
3190	Readm Same Hosp 30 Days	.	.	R	R	.	.	.	.	COC	Revised
3200	Rad--Boost RX Modality	.	.	R	R	RC	.	T*	T*	COC	Revised
3210	Rad--Boost Dose cGy	.	.	R	R	.	.	.	.	COC	Revised
3220	RX Date--Radiation Ended	.	.	R	R	.	.	.	.	COC	Revised
3230	RX Date--Systemic	.	.	R	R	.	.	T*	T*	COC	Revised
3250	RX Summ--Transplnt/Endocr	R	R	R	R	R	R	T*	T*	COC	Revised
3260	Pain Assessment										Retired
3270	RX Summ--Palliative Proc	.	.	R	R	.	.	T*	.	COC	Revised
3280	RX Hosp--Palliative Proc	.	.	R	R	.	.	T*	.	COC	Revised
3300	RuralUrban Continuum 1993	D	.	.	.	.	.	.	.	NAACCR	Revised
3310	RuralUrban Continuum 2000	D	.	.	.	.	.	.	.	NAACCR	Revised

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8 APPENDIX C: NEW AND RETIRED ITEMS

8.1 New items

The table below is a list of the new data items in NAACCR Standards for Cancer Registries, Volume II Version 11, *Data Standards and Data Dictionary*. Description, rationale, code(s), and allowable values are included in the Standards Volume II Version 11. However, for new data items with a source of standard other than NAACCR refer to the appropriate source documentation (i.e., source of standard is CoC refer to FORDS Manual or source of standard is SEER refer to SEER Program Manual).

NAACCR Standards Volume II Version 11 New Data Items			
Item Name	Item #	Item Name	Item #
Patient System ID-Hosp	21	Casefinding Source	501
IHS Link	192	RX Summ—Systemic/Sur Seq	1639
GIS Coordinate Quality	366	Follow-up Source Central	1791
Ambiguous Terminology DX*	442	Comorbid/Complication 7	3161
Date of Conclusive DX*	443	Comorbid/Complication 8	3162
Mult Tum Rpt as One Prim*	444	Comorbid/Complication 9	3163
Date of Multiple Tumors*	445	Comorbid/Complication 10	3164
Multiplicity Counter*	446	ICD Revision Comorbid	3165
Number of Tumors/Hist*	447		
*These data items will be implemented with the new Multiple Primary and Histology Coding rules effective with cases diagnosed January 1, 2007; however, they will be used in the 2006 field trial (see section 2 for more information).			

Patient System ID-Hosp [21] is a facility-specific item assigned by hospital tumor registry software. For the central registry this item can be used for electronic links in follow-up activities.

Two of the new items are central registry specific and will need to be coded/derived internally. These include IHS Link [192] and GIS Coordinate Quality [366].

Casefinding Source [501] is central registry specific and provides the central registry with a way to determine where a patient's tumor was first identified. The consolidation of this item from multiple submissions for the same patient may be problematic without good text documentation. Coding instructions will probably need to be used in conjunction with Date of Diagnosis, Date of First Contact and/or any other date field that is collected by the central registry.

Follow-up Source Central [1791] is central registry specific and provides the central registry with the source of the consolidated follow up information.

Five new items collect additional information on Comorbid/Complications [3161-3164]. Description, rationale and codes are the same as for previously collected Comorbid/Complications, with the addition of ICD Revision Comorbid [3165], which indicates the version of ICD used to code the Comorbid/Complication fields.

8.2 Retired Items

On behalf of the NAACCR Board, the Uniform Data Standards Committee charged the Orphaned Data Item Work Group to review "orphaned" data items and make recommendations on how to handle them. In March 2004 data items considered as candidates for retirement, identified from the Orphaned Data Item Work Group review, were distributed to the NAACCR Main Contact email group in a survey to allow central registries to "vote" on whether the proposed data items should be retired. The data items listed in the below table were retired in Standards Volume II Version 11 as a result of the survey. Once a data item is retired, its item number is retained indefinitely, but columns will not be allocated to it in subsequent layout versions of the NAACCR record layout. Therefore, column spacing of retired items may be reallocated to new data items in subsequent versions of the Standards Volume II document. Central registries collecting retired data items should place them in the data item, State/Requestor Items [2220].

NAACCR Standards Volume II Version 11 Retired Data Items			
Item Name	Item #	Item Name	Item #
Date of CA Conference	660	RX Summ--Screen/BX Proc2	1643
Inpatient/Outpt Status	640	RX Summ--Screen/BX Proc3	1644
Last Follow-up Hospital	2430	RX Summ--Screen/BX Proc4	1645
Loc/Reg/Distant Stage	770	Subsq RX 5th Course BRM	1735
Other Staging System	1070	Subsq RX 5th Course Chemo	1733
Presentation at CA Conf	650	Subsq RX 5th Course Codes	1730
Protocol Eligibility Stat	1470	Subsq RX 5th Course Date	1720
Protocol Participation	1480	Subsq RX 5th Course Horm	1734
Rad--Elapsed RX Days	1530	Subsq RX 5th Course Oth	1736
Rad--Intent of Treatment	1560	Subsq RX 5th Course Rad	1732
Rad--Local Control Status	1590	Subsq RX 5th Course Surg	1731
Rad--RX Completion Status	1580	Subsq RX 5th--Reg LN Rem	1739
Reason for No Chemo	1440	Subsq RX 5th--Scope LN Su	1737
Reason for No Hormone	1450	Subsq RX 5th--Surg Oth	1738
Recurrence Type-1st-Oth	1890	TNM Other Descriptor	1050
Referral to Support Serv	1490	TNM Other M	1020
Reporting Hospital FAN	538	TNM Other N	1010
RX Hosp--Screen/BX Proc1	742	TNM Other Stage Group	1030
RX Hosp--Screen/BX Proc2	743	TNM Other Staged By	1040
RX Hosp--Screen/BX Proc3	744	TNM Other T	1000
RX Hosp--Screen/BX Proc4	745	Year First Seen This CA	620
RX Summ--Screen/BX Proc1	1642		