CANCER REPORTING IN CALIFORNIA:

ABSTRACTING AND CODING PROCEDURES FOR HOSPITALS

CALIFORNIA CANCER REPORTING SYSTEM STANDARDS

VOLUME ONE

Seventh Edition, July 2003
Revised July 2004

PREPARED BY
California Cancer Registry
Data Standards and Quality Control Unit

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH SERVICES
Diane M. Bonta', Director

CANCER SURVEILLANCE SECTION
William E. Wright, Ph.D., Chief

It is sometimes difficult to identify a consultation-only case, especially at a large teaching hospital. As a guideline, the CCR recommends determination of who is ultimately responsible for treatment decisions and follow-up of the patient. If the reporting hospital is responsible, an abstract should be submitted. If the reporting hospital is confirming a diagnosis made elsewhere, rendering a second opinion, or recommending treatment to be delivered and managed elsewhere, an abstract is not required, although the regional registry should be notified of the case. When in doubt about whether or not to submit a report, either consult the regional registry or report the case.

II.1.8 NEWLY REPORTABLE HEMATOPOIETIC DISEASES (NRHD)

Newly Reportable Hematopoietic Diseases (NRHD) are defined as any of the myeloproliferative or myelodysplastic diseases that changed behavior from /1 borderline to /3 malignant in ICD-O-3. Abstract and report only NRHD cases diagnosed 1/1/2001 forward. If disease is known prior to 2001, do not report the case. NRHD cases diagnosed prior to 1/1/2001 undergoing active treatment at your facility are not reportable cases. NRHD include the following:

CHRONIC MYELOPROLIFERATIVE DISEASES	
Polycythemia vera	9950/3
Chronic myeloproliferative disease	9960/3
Myelosclerosis with myeloid metaplasia	9961/3
Essential thrombocythemia	9962/3
Chronic neutrophilic leukemia	9963/3
Hypereosinophilic syndrome	9964/3
MYELODYSPLASTIC SYNDROMES	
Refractory anemia	9980/3
Refractory anemia with sideroblasts	9982/3
Refractory anemia with excess blasts	9983/3
Refractory anemia with excess blasts in Transformation	9984/3
Refractory cytopenia with multilineage Dysplasia	9985/3
Myelodysplastic syndrome with 5q-syndrome	9986/3
Therapy related myelodysplastic syndrome	9987/3
OTHER NEW DIAGNOSES	
Langerhans cell histiocytosis, disseminated	9754/3
Acute biphenotypic leukemia	9805/3
Precursor lymphoblastic leukemia	983_/3
Aggressive NK cell leukemia	9948/3
Chronic neutrophilic leukemia	9963/3
Hypereosinophilic syndrome	9964/3

Leukemias with cytogenetic abnormalities
Dendritic cell sarcoma
Other new terms in the lymphomas and leukemias

Compare diagnoses to check for transition to another hematopoietic disease. Use the ICD-O-3 Hematopoietic Primaries Table.

For treatment information specific to NRHD, see Section VI.8.

II.1.9 INTRACRANIAL /CNS TUMORS

Although the CCR has required reporting of all intracranial and CNS benign and borderline tumors since 1/1/2001, the National Benign Brain Tumor Cancer Registries Amendment Act, signed into law in October 2002, created Public law 107-260, requiring the collection of benign and borderline intracranial and CNS tumors beginning with cases diagnosed 1/1/2004 forward. Due to this national implementation, several elements of reporting these entities have changed.

II.1.9.1 Reportability. *With the national implementation, any tumor diagnosed on January 1, 2004 or later with a behavior code of '0' or '1' will be collected for the following site codes based on ICD-O-3:*

Meninges (C70.0 – C70.9)
Brain (C71.0 – C71.9)
Spinal Cord, Cranial Nerves, and Other Parts of Central Nervous System (C72.0 – C72.9)
Pituitary gland (C75.1)
Craniopharyngeal duct (C75.2)
Pineal gland (C75.3)

The histology codes (also based on ICD-O-3) have been expanded and are listed in Appendix V for ICD-O-3 Primary Brain and CNS Site/Histology Listing. Juvenile astrocytomas/pilocytic astrocytomas should continue to be reported as 9421/3.

> ***Reportable Terminology.*** *For non-malignant brain and CNS primaries, the terms "tumor" and "neoplasm" are diagnostic and reportable. The terms "mass" and "lesion" are not reportable for non-malignant brain and CNS primaries, but may be used for initial casefinding purposes. The terms "hypodense mass" or "cystic neoplasm" are not reportable even for CNS tumors. In order to be reportable, there must be a corresponding ICD-0-3 histology code for any CNS tumor related diagnosis.*

II.1.9.2 Determining Multiple Primaries. *Determining the number of primaries for non-malignant CNS tumors requires a review of the following:*

> *Site(s)*
> *Histologies*
> *Timing*
> *Laterality*

> ***Site.*** *Non-malignant CNS tumors are different primaries at the subsite level.*

Examples

Meningioma of cervical spine dura (C70.1) and separate meningioma overlying the occipital lobe (C70.0, cerebral meninges). Count and abstract as 2 separate primary tumors.

The exception is when one of the primaries has an NOS site code (C__.9), and the other primary is a specific subsite within the same rubic. Meninges, NOS (C70.9) with spinal meninges (C70.1) or cerebral meninges (C70.0). Count as a single primary and code to the specific subsite.

Histology. *Refer to the Histology Groups Table below, using the rules in priority order:*

Histologic groupings to determine same histology for non-malignant brain tumors

Histologic Group	***ICD-O-3 Histology Code***
Choroid plexus neoplasms	*9390/0, 9390/1*
Ependymomas	*9383, 9394, 9444*
Neuronal and neuronal-glial neoplasms	*9384, 9412, 9413, 9442, 9505/1, 9506*
Neurofibromas	*9540/0, 9540/1, 9541, 9550, 9560/0*
Neurinomatosis	*9560/1*
Neurothekeoma	*9562*
Neuroma	*9570*
Perineuroma, NOS	*9571/0*

1) *If all histologies are in the same histologic grouping or row in the table, then the histology is the same. Histologies that are in the same groupings are a progression, differentiation or subtype of a single histologic category.*

Example

*A subependymal giant cell astrocytoma (9384/1) of the cerebrum (C71.0) and a gliofibroma (9442/1) of the Island of Reil (C71.0), count as a single primary.**

2) *If the first 3 digits are the same as the first 3 digits of any histology in a grouping or row in the table above, then the histology is the same.*

Example

*A ganglioglioma (9505/1) of the cerebellum (C71.6) and a neurocytoma (9506/1) of the cerebellopontine angle (C71.6), count as a single primary.**

**NOTE: If one histology is an NOS and the other is more specific, code the specific histology. If both histologies are NOS or both are specific, code the histology that was diagnosed first.*

3) *If the first 3 digits are the same but one or both histology codes are not found on the table above, then the histology is considered the same.*

Example

Clear cell meningioma (9538/1) of the cerebral meninges and a separate transitional meningioma (9537/0) in another part of the same hemisphere, count as a single primary.

4) *If the histologies are listed in different groupings in the table, they are different histologies.*
5) *If the first three digits of the histology code are different, the histology types are different.*

Timing. *If a non-malignant tumor of the same histology and same site as an earlier one is subsequently diagnosed at any time, it is considered to be the same primary.*

Laterality. *Beginning with benign and borderline CNS tumors diagnosed January 1, 2004 forward, the following sites require a laterality code of 1-4, or 9:*

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

Laterality is used to determine if multiple non-malignant CNS tumors are counted as multiple primary tumors.

If same site and same histology, and laterality is same side, one side unknown or not applicable, then single primary

If same site and same histology and laterality is both sides then separate primaries

Counting Non-Malignant Primaries

Same Histology								
Tumor		*Timing (months)*	*Same Site*			*Different Site*		
1st	*2nd*		*Same side*	*Other side*	*Unkn side*	*Same side*	*Other side*	*Unkn side*
B	*B*	*NA*	*1*	*2*	*1*	*2*	*2*	*2*
B	*M*	*< 2*	*2*	*2*	*2*	*2*	*2*	*2*
B	*M*	*2 +*	*2*	*2*	*2*	*2*	*2*	*2*
Different Histology								
Tumor		*Timing (months)*	*Same Site*			*Different Site*		
1st	*2nd*		*Same side*	*Other side*	*Unkn side*	*Same side*	*Other side*	*Unkn side*
B	*B*	*NA*	*2*	*2*	*2*	*2*	*2*	*2*
B	*M*	*< 2*	*2*	*2*	*2*	*2*	*2*	*2*
B	*M*	*2 +*	*2*	*2*	*2*	*2*	*2*	*2*

B = Benign/borderline tumor
M = Malignant tumor

Counting Malignant Primaries

Same Histology		**unless stated to be metastatic or recurrent*						
Tumor		*Timing*	*Same Site*			*Different Site*		
1st	*2nd*	*(months)*	*Same side*	*Other side*	*Unkn side*	*Same side*	*Other side*	*Unkn side*
M	*M*	*< 2*	*1*	*1*	*1*	*2**	*2**	*2**
M	*M*	*2 +*	*2**	*2**	*2**	*2**	*2**	*2**
M	*B*	*NA*	*2*	*2*	*2*	*2*	*2*	*2*
Different Histology		***unless one histology is a specific subtype of the other*						
Tumor		*Timing*	*Same Site*			*Different Site*		
1st	*2nd*	*(months)*	*Same side*	*Other side*	*Unkn side*	*Same side*	*Other side*	*Unkn side*
M	*M*	*<2*	*2***	*2***	*2***	*2*	*2*	*2*
M	*M*	*2 +*	*2*	*2*	*2*	*2*	*2*	*2*
M	*B*	*NA*	*2*	*2*	*2*	*2*	*2*	*2*

B = Benign/borderline tumor
M = Malignant tumor

II.1.9.3 Date of Diagnosis. *Record the date a recognized medical practitioner states the patient has a reportable tumor, whether that diagnosis was made clinically or pathologically. If a clinical diagnosis, do not change the date of diagnosis/when there is a subsequent tissue diagnosis.*

II.1.9.4 Sequence Number. *A primary non-malignant tumor of any of the sites specified on or after January 1, 2001 is reportable. The sequence number for the tumor is in the range 60-87. The sequencing of non-malignant tumors does not effect the sequencing of malignant tumors and vice versa. A malignancy (sequence 00) will remain 00 if followed by a non-malignant tumor (sequence 60-87).*

Example

First tumor, benign meningioma, sequence 60
Second tumor, astrocytoma, sequence 00

II.1.9.5 Malignant Transformation. *If a benign or borderline tumor transforms into a malignancy, abstract the malignancy as a new primary. If there is a change in WHO grade from a WHO I to a higher WHO grade, abstract as a new primary malignancy. If a malignant CNS tumor transforms into a higher grade tumor, do not change histology or grade and do not abstract as a new primary. This determination is made by the pathologist based on review of slides.*

Example

Non-malignant WHO grade I to malignant WHO grade III. Complete two abstracts, one for the non-malignant tumor and one for the malignant tumor.

Situation	*Create new abstract?*
Benign /0 to borderline /1	*No**
Benign /0 to malignant /3	*Yes*
Borderline /1 to malignant /3	*Yes*
Malignant /3 to malignant /3	*No**
WHO Grade I to Grade II, III, or IV	*Yes*
WHO Grade II to III or IV	*No**
WHO Grade III to IV	*No**

** Abstract as one primary using original histology and note progression in remarks.*

II.1.9.6 Tumor Grade. *Always assign code 9 for non-malignant tumors. Do not code WHO grade in the 6th digit histology data field.*

II.1.9.7 WHO Grade. *Code the WHO grade classification as documented in the medical record in Collaborative Staging Site Specific Factor 1 for Brain and other Central Nervous System sites.*

WHO grade I generally describes non-malignant or benign tumors; however, non-malignant tumors should not be coded as Grade I unless WHO grade is specifically stated in the source document.
WHO grade II generally describes a malignant tumor but it can describe a non-malignant tumor depending on histologic type.
WHO grade III and IV describe malignant tumors.
For certain types of CNS tumors, no WHO grade is assigned.

II.1.10 BORDERLINE OVARIAN TUMORS

Although borderline ovarian tumors changed behavior in ICD-O-3 from /3 (malignant) to /1 (borderline), the CCR will continue to require reporting them. They are to be coded with a behavior code of /1.

As listed in Appendix 6 of the ICD-O-3 Code Manual reportable borderline ovarian tumors include the following terms and morphology codes:

Serous cystadenoma, borderline malignancy	8442/1
Serous tumor, NOS, of low malignant potential	8442/1
Papillary cystadenoma, borderline malignancy	8451/1
Serous papillary cystic tumor of borderline malignancy	8462/1
Papillary serous cystadenoma, borderline malignancy	8462/1
Papillary serous tumor of low malignant potential	8462/1
Atypical proliferative papillary serous tumor	8462/1
Mucinous cystic tumor of borderline malignancy	8472/1
Mucinous cystadenoma, borderline malignancy	8472/1
Pseudomucinous cystadenoma, borderline malignancy	8472/1
Mucinous tumor, NOS, of low malignant potential	8472/1
Papillary mucinous cystadenoma, borderline malignancy	8473/1
Papillary pseudomucinous cystadenoma, borderline malignancy	8473/1
Papillary mucinous tumor of low malignant potential	8473/1

These cases are to be staged according to the ovary scheme in the EOD manual. Follow–up is required for these cases.

Section II.2
Abstracting: Preliminary Procedures

Each patient in a hospital's cancer registry is identified by a permanent nine-digit accession number, and each of the patient's primary tumors is identified by a different two-digit sequence number. The accession number remains the same in every abstract prepared by the hospital for the patient, but the sequence number is different. Before abstracting a case, use CNExT's Name Search function to ascertain whether the patient already has an accession number. If the patient does not, an accession number must be assigned. (NOTE: On some screens CNExT displays the accession and sequence numbers as an eleven-digit accession/sequence number, while on others the numbers appear in separate fields.)

II.2.1 YEAR FIRST SEEN

A request for the year first seen appears on the Abstract New Case screen. Enter the *four-digit year* during which the patient was first seen at the reporting hospital for diagnosis or treatment of the neoplasm reported in this abstract. For patients seen at the end of the year, use the year of diagnosis as the year first seen for this primary.

> Example: A patient is admitted to the reporting hospital in December 1992 and is diagnosed in January 1993. Assigned 1993 as the year first seen for this primary.

II.2.2 CNExT GENERATED NUMBERS

After the first year seen is entered, a nine-digit accession number and two-digit sequence number generated by CNExT appears on the screen. If needed, the numbers can be changed by entering numbers over the suggested values. CNExT will display an error message if you enter a duplicate number.

II.2.3 ACCESSION NUMBER

If a patient had another tumor that was recorded in the hospital's registry, enter the accession number assigned at that time. If this is the first report by the hospital for the patient, use the nine-digit accession number generated by CNExT. Or the hospital may assign its own accession number in place of CNExT's. The first four digits represent the year first seen for the patient (see Section II.2.1). The last five digits represent the approximate chronological order of the abstracts prepared for that year.

Examples

(1) If the patient was admitted or the tumor was diagnosed on February 11, 1985, the first two digits are 85. If the abstract for the reported tumor was the 285th prepared for 1985, the accession number is 198500285.

(2) Two abstracts are being prepared for a patient with one primary tumor diagnosed in 1987 and another in 1988. The first four digits of the accession number are 1987, and the next five represent the abstract's place in the chronological order of cases reported for 1987. The same accession number must be used for the second and subsequent abstracts. (However, the year first seen for the first tumor is 87, and for the second it is 88.)

II.2.4 SEQUENCE NUMBER

Sequence refers to the chronological position of a patient's primary tumor among all the reportable tumors occurring during the patient's lifetime, whether they exist at the same or at different times and whether or not they are entered in the reporting hospital's registry.

Sequence Codes for Tumors with Invasive and In Situ Behavior:

00 ONE PRIMARY MALIGNANCY
01 FIRST OF TWO OR MORE PRIMARIES
02 SECOND OF TWO OR MORE PRIMARIES
..
35 THIRTY-FIFTH OF THIRTY-FIVE PRIMARIES
99 UNSPECIFIED IN SITU/ INVASIVE SEQUENCE NUMBER OR UNKNOWN

Sequence Codes for Benign and Uncertain Behavior CNS Tumors, Borderline Ovarian Tumors and Cases Reportable by Agreement:

60 ONE TUMOR
61 FIRST OF TWO OR MORE TUMORS
62 SECOND OF TWO OR MORE TUMORS
..
87 TWENTY-SEVENTH OF TWENTY-SEVEN OR MORE TUMORS
88 UNSPECIFIED BENIGN, BORDERLINE, TUMOR OF UNCERTAIN BEHAVIOR AND REPORTABLE BY AGREEMENT SEQUENCE NUMBER

Effective with cases diagnosed 1/1/2003 forward, use numeric sequence codes in the range of 00-35 to indicate reportable neoplasms of malignant or in situ behavior. Cases of juvenile astrocytomas, diagnosed prior to 1/1/2001, but entered after 1/1/2003 also use a sequence code in the 00-35 range.

Effective with cases diagnosed 1/1/2003 forward, borderline ovarian tumors and benign and uncertain behavior CNS tumors and cases that are reportable by agreement will be sequenced using numeric codes (60-87). NOTE: Alphabetic sequence codes are no longer allowed.

III.2.9 RACE AND ETHNICITY

Race and ethnicity are two of the most important data items to epidemiologists who investigate cancer. Differences in incidence rates among different ethnic groups generate hypotheses for researchers to investigate. The National Cancer institute has recognized the need to better explain the cancer burden in racial/ethnic minorities and is concerned with research on the full diversity of the U.S. population. The CCR recognizes the importance of these data items and relies on quality data to assist researchers in identifying and reducing disparities due to race and ethnicity.

The CCR requires that race code documentation must be supported by text documentation for those cases where there is conflicting information. Outlined below are examples of when text documentation would be required.

NOTE: These examples are not intended to demonstrate all possible scenarios.

Scenarios Demonstrating Conflicting Race Information:

A. Name: June Hashimoto
Race: White
Birthplace: Unknown
Marital Status: Single

B. Name: Bob Nguyen
Race: White
Birthplace: Mexico

C. Name: Robert Jackson
Race: Mexican
Birthplace: California

D. Name: Moon Smith
Race: Japanese
Birthplace: California
Marital Status: Married

E. Name: Maria Tran
Race: White
Birthplace: Spain
Marital Status Separated

F. Name Carlos Johnson
Race: Black
Ethnicity: Hispanic
Birthplace: California

G. Name: Arlene Thompson
Race: Filipino
Birthplace: California
Marital Status: Divorced

A text statement indicating patient's race, i.e., "Pt is Japanese", is required for conflicting types of cases. This information must be entered in either the physical exam or remarks text fields.

Cases with conflicting information that lack supporting text documentation will be returned as queries and counted as discrepancies.

While race code documentation is only required when there is conflicting information, CCR recognizes the importance of race code documentation and strongly recommends that registrars continue to document race in the physical exam or remarks fields. Remember to search beyond the facesheet for the most definitive race and/or ethnicity information.

Race and ethnicity are defined by specific physical, heredity and cultural traditions, not by birthplace or place of residence. Beginning with cases diagnosed January 1, 2000, four race fields were added to the data set in addition to the existing race field. These fields have been added so that patients who belong to more than one racial category can be coded with multiple races, consistent with the 2000 Census. The codes for all five fields are identical with the exception of Code 88 - No further race documented. Code 88 is not to be used for coding the first race field. Code 99 is to be used for coding the second through fifth race field if the first race field is unknown. If information about the patient's race or races is not given on the face sheet of the medical record, the physical examination, history, or other sections may provide race information. For cases diagnosed prior to January 1, 2000, only the first race field is to be completed and patients of mixed parentage are to be classified according to the race or ethnicity of the mother. For cases diagnosed January 1, 2000 and later, this no longer applies. Enter each race given. *For cases diagnosed prior to January 1, 2004, n*o "primary" race is designated, and multiple races may be listed in any order, consistent with the 2000 Census. When any of the race fields are coded as Other Asian - Code 96, Pacific Islander, NOS - Code 97, or Other - Code 98" and a more specific race is given which is not included in the list of race codes, this more specific race must be entered in the Remarks field. (When a patient is described as Asian or Oriental and the birthplace is recorded as a specific Asian country, use the birthplace if possible to assign a more specific code.) If there is no information on race in the medical record, a statement documenting that there is no information must be entered in the Remarks Field.

Effective with cases diagnosed January 1, 2004 forward, apply the following SEER Race Coding Guideline:
Race (and ethnicity) are defined by specific physical, heredity and cultural traditions or origins, not necessarily by birthplace, place of residence, or citizenship. 'Origin' is defined by the Census Bureau as the heritage, nationality group, lineage, or in some cases, the country of birth of the person or the person's parents or ancestors before their arrival in the United States.

All resources in the facility, including the medical record, face sheet, physician and nursing notes, photographs, and any other sources, must be used to determine race. If a facility does not print race in the medical record but does maintain it in electronic form, the electronic data must also be reviewed.

1. *Record the primary race(s) of the patient in fields Race 1, Race 2, Race 3, Race 4, and Race 5. The five race fields allow for the coding of multiple races consistent with the Census 2000. Rules 2 - 8 further specify how to code Race 1, Race 2, Race 3, Race 4 and Race 5. See Editing Guidelines below for further instructions.*

2. *If a person's race is a combination of white and any other race(s), code to the appropriate other race(s) first and code white in the next race field.*

3. a. *If a person's race is a combination of Hawaiian and any other race(s), code Race 1 as 07 Hawaiian and code the other races in Race 2, Race 3, Race 4, and Race 5 as appropriate.*
   Example: Patient is described as Japanese and Hawaiian. Code Race 1 as 07 Hawaiian, Race 2 as 05 Japanese, and Race 3 through Race 5 as 88.

   b. *If the person is not Hawaiian, code Race 1 to the first stated non-white race (using race codes 02 - 98).*
   Example: Patient is stated to be Vietnamese and Black. Code Race 1 as 10 Vietnamese, Race 2 as 02 Black, and Race 3 through Race 5 as 88.

   Note: *in the following scenarios, only the race code referred to in the example is coded. For cases diagnosed after January 1, 2000, all race fields must be coded.*

4. *The fields Place of Birth, Race, Marital Status, Name, Maiden Name, and Hispanic Origin are inter-related. Use the following guidelines in order:*
   a. *Code the patient's stated race, if possible. Refer to Appendix W, "Race and Nationality Descriptions from the 2000 Census and Bureau of Vital Statistics" for guidance.*
   Examples: Patient is stated to be Japanese. Code as 05 Japanese.
   Patient is stated to be German-Irish. Code as 01 White.
   Patient is described as Arabian. Code as 01 White.
   Exception: *When the race is recorded as Oriental, Mongolian, or Asian (codable to 96 Other Asian) and the place of birth is recorded as China, Japan, the Philippines, or another Asian nation, code the race based on birthplace information.*
   Example The person's race is recorded as Asian and the place of birth is recorded as Japan. Code race as 05 Japanese because it is more specific than 96 Asian, NOS.
   The person describes himself as an Asian-American born in Laos. Code race as 11 Laotian because it is more specific than 96 Asian, NOS.

   b. *If the patient's race is determined on the basis of the races of relatives, there is no priority to coding race, other than to list the non-white race(s) first.*
   Example: The patient is described as Asian-American with Korean parents. Code race as 08 Korean because it is more specific than 96 Asian[-American].

   c. *If no race is stated in the medical record, or if the stated race cannot be coded, review the documentation for a statement of a race category.*

Examples: Patient described as a black female. Code as 02 Black.
Patient describes herself as multi-racial (nothing more specific) and nursing notes say "African-American." Code as 02 Black.
Patient states she has a Polynesian mother and Tahitian father. Code Race 1 as 25 Polynesian, Race 2 as 26 Tahitian and Race 3 through Race 5 as 88.

d. If race is unknown or not stated in the medical record and birth place is recorded, in some cases race may be inferred from the nationality. Refer to Appendix W "Race and Nationality Descriptions from the 2000 Census and Bureau of Vital Statistics" to identify nationalities from which race codes may be inferred.

Examples: Record states: "this native of Portugal..." Code race as 01 White per Appendix W.
Record states: "this patient was Nigerian..." Code race as 02 Black Appendix W.

Exception *If the patient's name is incongruous with the inferred race, code Race 1 through Race 5 as 99, Unknown.*

Examples: Patient's name is Siddhartha Rao and birthplace is listed as England. Code Race 1 through Race 5 as 99 Unknown.
Patient's name is Ping Chen and birthplace is Ethiopia. Code Race 1 through Race 5 as 99 Unknown.

e. Use of patient name in determining race

i. Do not code race from name alone, especially for females with no maiden name given.

ii. In general, a name may be an indicator of a racial group, but should not be taken as the only indicator of race.

iii. A patient name may be used to identify a more specific race code.

Examples: Race reported as Asian, name is Hatsu Mashimoto. Code race as 05 Japanese.

Birthplace is reported as Guatemala and name is Jose Chuicol [name is Mayan]. Code race as 03 Native American.

iv. A patient name may be used to infer Spanish ethnicity or place of birth, but a Spanish name alone (without a statement about race or place of birth) cannot be used to determine the race code.

Example: Alice Gomez is a native of Indiana (implied birthplace: United States). Code Race 1 through Race 5 as 99 Unknown, because we know nothing about her race.

5. Persons of Spanish or Hispanic origin may be of any race, although persons of Mexican, Central American, South American, Puerto Rican, or Cuban origin are

usually white. Do NOT code a patient stated to be Hispanic or Latino as 98 Other Race in Race 1 and 88 in Race 2 through Race 5.

Example: Miss Sabrina Fitzsimmons is a native of Brazil. Code race as 01 White per Appendix W.

Note: *Race and ethnicity are coded independently.*

6. *When the race is recorded as African-American, code race as 02.*

7. *Code 03 should be used for any person stated to be Native American or [western hemisphere] Indian, whether from North, Central, South, or Latin America.*

8. *Death certificate information may be used to supplement antemortem race information only when race is coded unknown in the patient record or when the death certificate information is more specific.*

   Examples: In the cancer record Race 1 through Race 5 are coded as 99 Unknown. The death certificate states race as black. Change cancer record for Race 1 to 02 Black and Race 2 through Race 5 to 88.

   Race 1 is coded in the cancer record as 96 Asian. Death certificate gives birthplace as China. Change Race 1 in the cancer record to 04 Chinese and code Race 2 through Race 5 as 88.

III.2.9.1 Codes For Race Fields. Enter the most appropriate code for a patient's race(s) or ethnicity:

01 WHITE
02 BLACK
03 AMERICAN INDIAN, ALEUTIAN, OR ESKIMO
04 CHINESE
05 JAPANESE
06 FILIPINO
07 HAWAIIAN
08 KOREAN
09 ASIAN INDIAN, PAKISTANI
10 VIETNAMESE
11 LAOTIAN
12 HMONG
13 KAMPUCHEAN (CAMBODIAN)
14 THAI
20 MICRONESIAN, NOS
21 CHAMORRO
22 GUAMANIAN, NOS
25 POLYNESIAN, NOS
26 TAHITIAN
27 SAMOAN
28 TONGAN
30 MELANESIAN, NOS
31 FIJI ISLANDER
32 NEW GUINEAN
88 NO FURTHER RACE DOCUMENTED (Do not use for coding the first race field.)
90 OTHER SOUTH ASIAN, INCLUDING BANGLADESHI, BHUTANESE, NEPALESE, SIKKIMESE, SRI LANKAN (CEYLONESE)*
96 OTHER ASIAN, INCLUDING BURMESE, INDONESIAN, ASIAN, NOS AND ORIENTAL, NOS
97 PACIFIC ISLANDER, NOS
98 OTHER
99 UNKNOWN

**Note: these races were previously coded 09 - Asian Indian. Per the 2004 SEER Race Coding Guideline, these cases are coded as 96 Other Asian. For consistency in these codes over time, the CCR created a new code, code 90 for Other South Asian. These cases will be converted from 90 to 96 for calls for data.*

Example

A person of Chinese ancestry born in Thailand and living in Hawaii at the time of diagnosis is to be reported as Chinese (code 04) instead of Thai (code 14) or Hawaiian (code 07).

Following are some of the ethnic groups included in the White category:

Afghan	Czechoslovakian	Lebanese	Spanish
Albanian	Dominican**	Mexican*	Syrian
Algerian	Egyptian	Moroccan	Tunisian
Arabian	Greek	Palestinian	Turkish
Armenian	Gypsy	Polish	Yugoslavian
Australian	Hungarian	Portuguese	
Austrian	Iranian	Puerto Rican**	
Bulgarian	Iraqi	Rumanian	
Caucasian	Israeli	Russian	
Central American*	Italian	Saudi Arabian	
Cuban**	Jordanian	Slavic	
Cypriot	Latino	South American*	

* Unless specified as Indian (code 03).
** Unless specified as Black (code 02).

III.2.9.2 Spanish/Hispanic* Origin. The Spanish/Hispanic Origin field is for identifying patients of Spanish or Hispanic origin or descent. The field corresponds to a question asked in the U.S. census of population. Included are people whose native tongue is Spanish, who are nationals of a Spanish-speaking Latin American country or Spain, and/or who identify with Spanish or Hispanic culture (such as Chicanos living in the American Southwest). Coding is independent of the Race field, since persons of Hispanic origin might be described as white, black, or some other race in the medical record. Spanish origin is not the same as birth in a Spanish-language country. Birthplace might provide guidance in determining the correct code, but do not rely on it exclusively. Information about birthplace is entered separately (see Section III.2.12). In the Spanish/Hispanic Origin field, enter one of the following codes:

0 NON-SPANISH, NON-HISPANIC
1 MEXICAN (including Chicano, NOS)
2 PUERTO RICAN
3 CUBAN
4 SOUTH OR CENTRAL AMERICAN (except Brazilian)
5 OTHER SPECIFIED SPANISH ORIGIN (includes European)
6 SPANISH, NOS; HISPANIC, NOS; LATINO, NOS (There is evidence other than surname or maiden name that the person is Hispanic, but he/she cannot be assigned to any category of 1-5.)
7 SPANISH SURNAME ONLY (only evidence of person's Hispanic origin is surname or maiden name, and there is no contrary evidence that the person is not Hispanic.)**
9 UNKNOWN WHETHER SPANISH OR NOT

The primary source for coding is an ethnic identifier stated in the medical record. If the record describes the patient as Mexican, Puerto Rican, or another specific ethnicity or origin included in codes 1 to 5, enter the appropriate code whether or not the patient's surname or maiden name is Spanish. If the patient has a Spanish surname, but the record contains information that he or she is not of Hispanic origin, use code 0, Non-Spanish. (American Indians and Filipinos frequently have Spanish surnames but are not considered to be of Spanish origin in the sense meant here.) Enter code 0 for Portuguese and Brazilians, because they are not Spanish. If the record does not state an origin that can be assigned to codes 1–5 and there is evidence other than surname that the person is Hispanic, use code 6, Spanish, NOS. If the record does not state an origin that can be assigned to codes 0-6, base the code on the patient's name, and use code 7, Spanish Surname Only. Use code 7, Spanish Surname Only, for a woman with a Spanish maiden name or a male patient with a Spanish Surname. If a woman's maiden name is not Spanish, use code 0, Non-Spanish, Non-Hispanic. But if her maiden name is not known or not applicable and she has a Spanish Surname, use code 7. If race is not known (Race code 99), use code 9, Unknown Whether Spanish or Not. Code 7, Spanish Surname Only (or code 6, Spanish, NOS, if diagnosed prior to January 1, 1994) may

III.3.8 CASEFINDING SOURCE

Determine where the case was first identified, and enter the appropriate code. However, if a hospital and a non-hospital source identified the case independently of each other, enter the code for the non-hospital source (i.e., codes 30-95 have priority over codes 10-29). If the case was first identified at a cancer-reporting facility (codes 10-29), code the earliest source of identifying information. The field is preset to code 10 when CNExT is installed at a cancer-reporting facility. To enter a different code, type over the 10. The codes are:

Case first identified at cancer-reporting facility—

10 REPORTING HOSPITAL, NOS
20 PATHOLOGY DEPARTMENT REVIEW (surgical pathology reports, autopsies, or cytology reports)
21 DAILY DISCHARGE REVIEW (daily screening of charts of discharged patients in the medical records department)
22 DISEASE INDEX REVIEW (review of disease index in the medical records department)
23 RADIATION THERAPY DEPARTMENT/CENTER
24 LABORATORY REPORTS (other than pathology reports, code 20)
25 OUTPATIENT CHEMOTHERAPY
26 DIAGNOSTIC IMAGING/RADIOLOGY (other than radiation therapy, code 23; includes nuclear medicine)
27 TUMOR BOARD
28 HOSPITAL REHABILITATION SERVICE OR CLINIC
29 OTHER HOSPITAL SOURCE (including clinic, NOS or outpatient department, NOS)

NOTE: Codes 10-29 can be used by cancer-reporting facilities whichever way will best serve them in their casefinding efforts. There is no "correct" code to use.

Case first identified by source other than a cancer-reporting facility—

30 PHYSICIAN-INITIATED CASE (e.g., CMR)
40 CONSULTATION-ONLY OR PATHOLOGY-ONLY REPORT (not abstracted by reporting hospital)
50 PRIVATE PATHOLOGY-LABORATORY REPORT
60 NURSING-HOME-INITIATED CASE
70 CORONER'S OFFICE RECORDS REVIEW
80 DEATH CERTIFICATE FOLLOW-BACK (case identified through death clearance)
85 OUT-OF-STATE CASE SHARING
90 OTHER NON-REPORTING HOSPITAL SOURCE
95 QUALITY CONTROL REVIEW (case initially identified through quality control activities of a regional registry or the CCR)
99 UNKNOWN

If a death certificate, private-pathology-laboratory report, consultation-only report from a hospital, or other report was used to identify a case that was then abstracted from a different source, enter the code for the source that first identified the case, not the source from which it was abstracted. If the regional registry or CCR identifies a case and asks a reporting facility to abstract it, enter the code specified by the regional registry or CCR.

III.3.9 PAYMENT SOURCE (PRIMARY AND SECONDARY) AND PAYMENT SOURCE TEXT

These data items have been added for hospital-based registrars to collect payment information on their cancer patients at the time of diagnosis. It consists of three fields, one for recording the primary source of payment, one for recording the secondary source of payment, and a 40 character alphanumeric field for collecting the specific name of the payment source, i.e., Foundation Health Plan, Blue Shield, etc. The primary payment source and text fields are required and may not be left blank. Enter the secondary payment source if it is available in the medical record. The CCR has adopted the codes and definitions used by the American College of Surgeons. The codes are the same for both fields and are as follows:

01	NOT INSURED
02	NOT INSURED, SELF-PAY
10	INSURANCE, NOS
20	MANAGED CARE
28	*HMO*
29	*PPO*
31	MEDICAID
35	MEDICAID ADMINISTERED THROUGH A MANAGED CARE PLAN
36	MEDICAID WITH MEDICARE SUPPLEMENT
50	MEDICARE
51	MEDICARE WITH SUPPLEMENT
52	MEDICARE WITH MEDICAID SUPPLEMENT
53	TRICARE
54	MILITARY
55	VETERANS AFFAIRS
56	INDIAN/PUBLIC HEALTH SERVICE
60	COUNTY FUNDED, NOS
99	INSURANCE STATUS UNKNOWN

NOTE: For further information regarding these codes, please refer to the table in the FORDS Manual under Primary Payer at Diagnosis.

III.3.10 HOSPITAL REFERRED FROM

If the diagnosis was made before admission (diagnosed PTA), enter the six-digit code number of the hospital or other facility at which the patient was previously seen for the disease. CNExT left fills this 10 character field with zeroes. (Appendices F1 and F2 contain the code numbers of all facilities in California and some out-of-state facilities.) If the patient was seen in more than one facility before admission, enter the one in which the patient was seen most recently. If the patient was diagnosed in the office of a physician who is on the reporting hospital's medical staff, and the case is Class 0 or 1, enter 999993, Staff Physician. But if the physician is not on the hospital's medical staff, and the case is Class 2 or 3, enter 999996, Physician Only. If the patient was not referred, enter zeroes. CNExT users may leave blank when first entering a case, and CNExT will prefill with zeroes. If it is not known where the patient was diagnosed or most recently seen, enter 999999, Unknown Hospital.

III.3.13 Comorbidity/Complications 1-6. *Enter the patient's preexisting medical conditions, factors influencing health status, and/or complications during the patient's hospital stay for the treatment of the cancer. These factors may affect treatment decisions and influence outcomes.*

Although data collection for these fields is not required by the CCR, Comorbidity/Complications 1-6 will be collected from CoC facilities. Refer to the FORDS Manual for instructions.

Section IV.2
Diagnostic Confirmation

A gauge of the reliability of histologic and other data is the method of confirming that the patient has cancer. Coding for the confirmation field is in the order of the conclusiveness of the method, the lowest number taking precedence over other codes. The most conclusive method, microscopic analysis of tissue, is therefore coded as 1, while microscopic analysis of cells, the next most conclusive method, is coded as 2. Medical records should be studied to determine what methods were used to confirm the diagnosis of cancer, and the most conclusive method should be coded in the confirmation field. Since the confirmation field covers the patient's entire medical history in regard to the primary tumor, follow-up data (see Section VII.1) might change the coding. *Although there is a priority order based on the most conclusive method of diagnosis, the clinical source utilized by the clinician to establish the cancer diagnosis should be used to select the best diagnostic confirmation code.* The codes, in the order of their conclusiveness, are:

Microscopic Confirmation

1 POSITIVE HISTOLOGY
Use for microscopic confirmation based on biopsy, including punch biopsy, needle biopsy, bone-marrow aspiration, curettage, and conization. Code 1 also includes microscopic examination of frozen-section specimens and surgically removed tumor tissue, whether taken from the primary or a metastatic site. In addition, positive hematologic findings regarding leukemia are coded 1. Cancers first diagnosed as a result of an autopsy or previously suspected and confirmed in an autopsy are coded 1 if microscopic examination is performed on the autopsy specimens.

2 POSITIVE CYTOLOGY, NO POSITIVE HISTOLOGY
Cytologic diagnoses based on microscopic examination of cells, rather than tissue. (Do not use code 2 if cancer is ruled out by a histologic examination.) Included are sputum, cervical, and vaginal smears; fine needle aspiration from breast or other organs; bronchial brushings and washings; tracheal washings; prostatic secretions; gastric, spinal, or peritoneal fluid; and urinary sediment. Also include diagnoses based on paraffin block specimens from concentrated spinal, pleural, or peritoneal fluid.

4 POSITIVE MICROSCOPIC CONFIRMATION, METHOD NOT SPECIFIED
Cases with a history of microscopic confirmation, but with no information about whether based on examination of tissue or cells.

No Microscopic Confirmation

5 POSITIVE LABORATORY TEST OR MARKER STUDY
Clinical diagnosis of cancer based on certain laboratory tests or marker studies that are clinically diagnostic for cancer. Examples are the presence of alpha fetoprotein (AFP) for liver cancer and an abnormal electrophoretic spike for multiple myeloma or Waldenstrom's macroglobulinemia. Although an elevated PSA is nondiagnostic of cancer, if the physician uses the PSA as a basis for diagnosing prostate cancer with no other workup, record as code 5.

6 DIRECT VISUALIZATION WITHOUT MICROSCOPIC CONFIRMATION
Includes diagnoses by visualization and/or palpation during surgical or endoscopic exploration, or by gross autopsy. But do not use code 6 if visualization or palpation during surgery or endoscopy is confirmed by a positive histology or cytology report.

7 RADIOGRAPHY WITHOUT MICROSCOPIC CONFIRMATION
Includes all diagnostic radiology, scans, ultrasound, and other imaging technologies not confirmed by a positive histologic or cytologic report or by direct visualization.

8 CLINICAL DIAGNOSIS ONLY
Cases diagnosed by clinical methods other than direct visualization and/or palpation during surgery, endoscopy, or gross autopsy, if not confirmed microscopically.

9 UNKNOWN WHETHER OR NOT MICROSCOPICALLY CONFIRMED
(Death Certificate Only cases are included in code 9.)

Section V.2
Laterality

Because topographic codes do not distinguish between the right and left side of a paired site—such as the lung— the location (laterality) of a primary tumor must be recorded. The main purpose is to identify the origin of the tumor.

V.2.1 CODING

Code numbers for recording laterality are:

0 NOT A PAIRED SITE
1 RIGHT SIDE ORIGIN OF PRIMARY
2 LEFT SIDE ORIGIN OF PRIMARY
3 ONE SIDE ONLY INVOLVED, BUT RIGHT OR LEFT SIDE ORIGIN NOT SPECIFIED
4 BOTH SIDES INVOLVED, BUT ORIGIN UNKNOWN (including bilateral ovarian primaries of the same histologic type, diagnosed within two months of each other; bilateral retinoblastomas; and bilateral Wilms' tumors)
9 PAIRED SITE, BUT NO INFORMATION AVAILABLE CONCERNING LATERALITY

Never use code 4 for bilateral primaries for which separate abstracts are prepared, or when the side of origin is known and the tumor has spread to the other side.

Example

A left ovarian primary with metastases to the right ovary is code 2 (not code 4).

For malignant and benign/borderline brain and CNS tumors, effective with cases *diagnosed* January 1, 2004 forward, the following sites require a laterality code using *codes* 1- 4 or 9:

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

Midline tumors are coded Laterality = 9.

All other CNS/brain subsites of C70._ , C71._ and C72._ are coded Laterality = 0 (not a *paired* organ) regardless of the date of diagnosis. All pituitary and pineal gland and *craniopharyngeal* duct tumors (C75.1-3) are coded Laterality = 0 (not a paired site).

All primary brain and CNS tumors diagnosed prior to January 1, 2004, are coded *Laterality* = 0 (not a paired site).

V.2.2 PRINCIPAL PAIRED SITES

Laterality codes of 1, 2, 3, 4, or 9 must be entered for certain parts of the body. The requirement includes any subsite, except those specifically noted. Enter those exclusions as 0 (not a paired site). ICD-O-3 codes and sites for which laterality codes must be entered are:

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, 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, NOS
C40.0 Upper limb long bones, scapula
C40.1 Upper limb short bones
C40.2 Lower limb long bones
C40.3 Lower limb short bones
C41.3 Rib, clavicle—*excluding sternum*
C41.4 Pelvic bones—*excluding sacrum, coccyx, symphysis pubis*
C44.1 Eyelid skin
C44.2 External ear skin
C44.3 Skin of other and unspecified parts of face
C44.5 Trunk skin
C44.6 Upper limb and shoulder skin
C44.7 Lower limb and hip skin
C47.1 Peripheral nerves and autonomic nervous system of upper limb and shoulder
C47.2 Peripheral nerves and autonomic nervous system of lower limb and hip
C49.1 Connective, subcutaneous, and other soft tissues of upper limb and shoulder
C49.2 Connective, subcutaneous, and other soft tissues of lower limb and hip
C50.0-C50.9 Breast
C56.9 Ovary
C57.0 Fallopian tube
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 and adnexa
C74.0-C74.9 Adrenal gland
C75.4 Carotid body

V.2.3 SITE CODING RESTRICTIONS

Beginning with cases diagnosed 1/1/2004 forward, the Laterality field must only be coded for sites listed in Volume I, Section V.2.2 and for benign and malignant CNS tumors. Code all other non-paired sites to 0. Prior to 1/1/2004, completion of this field was optional for sites not listed in Section V.2.2.

V.3.5.3 Variation in Terms for Degree of Differentiation. Use the higher grade when different terms are used for the degree of differentiation as follows:

Term	Grade	Code
Low grade	I-II	2
Medium grade; intermediate grade	II-III	3
High grade	III-IV	4
Partially well differentiated	I-II	2
Moderately undifferentiated	III	3
Relatively undifferentiated	III	3

Occasionally a grade is written as "2/3" or "2/4" meaning this is grade 2 of a 3-grade system or grade 2 of a 4-grade system, respectively.

To code in a three grade system, refer to the following codes:

Histologic Grade	***Nuclear Grade***	***Description***	***Code***
1/3, or I/III	*1/2, 1/3*	*Low Grade*	*2*
2/3, or II/III	*2/3*	*Medium Grade*	*3*
3/3, or III/III	*2/2, 3/3*	*High Grade*	*4*

To code in a two-grade system, refer to the following codes:

Histologic Grade	***Description***	***Code***
1/2, or I/II	*Low Grade*	*2*
2/2, or II/II	*High Grade*	*4*

V.3.5.4 In Situ. Medical reports ordinarily do not contain statements about differentiation of in situ lesions. But if a statement is made, enter the code indicated.

V.3.5.5 Brain Tumors. Magnetic Resonance Imaging (MRI) or Positron Emission Tomography (PET) can sometimes establish the grade of a brain tumor. If there is no tissue diagnosis, but grade or differentiation is stated in a MRI or PET report, base the grade code on the report. If there is a tissue diagnosis, however, do not base the grade code on any other source.

V.3.5.6 Gleason's Score. A special descriptive method, Gleason's Score, is used for prostate cancer. It is obtained by adding two separate numbers to produce a score in the range of 2 to 10. First, a number is assigned to the predominant (primary) pattern (i.e., the pattern that comprises more than half the tumor). Then a number is assigned to the lesser (secondary) pattern, and the two numbers are added to obtain Gleason's Score.

If only one number is stated, and it is 5 or less, assume that it represents the primary pattern. If the number is higher than 5, assume that it is the score. If there are two numbers, add them to obtain the score.

Sometimes, the number 10 is written after Gleason's Score to show the relationship between the actual score and the highest possible score (e.g., Gleason's 3/10 indicates a score of 3).

If a number is not identified as Gleason's, assume that a different grading system was used and code appropriately.

When both grade and Gleason's Score are provided in the same specimen, code the grade. When they are in different specimens, code to the highest grade.

If only Gleason's Score (2-10) is available, convert it to grade according to the following table:

Gleason's Score	Grade	Code
2, 3, 4	I	1
5, 6,	II	2
*7**, 8, 9, 10	III	3

**For cases diagnosed prior to January 1, 2004, code Gleason's 7 to grade code 2.*
The exception, for cases diagnosed prior to January 1, 2004, is if the pathology report states that the tumor is moderately to poorly differentiated and Gleason's score is reported as 7, assign code 3. (SEER SINQ 20010117)
For cases diagnosed January 1, 2004 forward, code Gleason's 7 to grade 3.

If only the predominant pattern (1-5) is mentioned in the medical record, enter the code as follows:

Gleason's Pattern	Grade	Code
1, 2	I	1
3	II	2
4, 5	III	3

Effective with prostate cases diagnosed January 1, 2004 forward, the priority order for coding grade of tumor is:

1. *Gleason's grade*
2. *Terminology (well diff, mod diff…)*
3. *Histologic (grade I, grade II…)*
4. *Nuclear grade*

V.3.5.7 Lymphomas and Leukemias. In ICD-O-3, the WHO Classification of Hematopoietic and Lymphoid Neoplasms is followed. Under this classification, two groups are identified, lymphoid neoplasms and myeloid neoplasms.

Lymphoid neoplasms consist of:
B-cell, T-cell, NK-cell lymphomas
Hodgkin's lymphoma
Lymphocytic leukemias
Other lymphoid malignancies

Myeloid neoplasms consist of:
Myeloproliferative diseases
Myelodysplastic diseases and syndromes
Myeloid leukemias
Acute biphenotypic leukemias

Codes 5 (T-cell), 6 (B-cell), and 7 (Null-cell) for lymphomas and leukemias are based on immunological or biochemical test results (marker studies), or on a pathology report. Beginning with cases diagnosed January 1, 1995, T-precursor was added to code 5 and a new code was added - code 8 - NK cell (natural killer cell). Code any statement of T-cell, B-cell, or Null-cell involvement (non-T/non-B is a synonym for Null-cell), whether or not marker studies are documented in the medical record. These codes have precedence over those for grades I–IV. If information about T-, B-, or Null-cell codes is unavailable, but a grade (such as well differentiated or poorly differentiated) is given, use the code for the grade. For lymphomas, do not code the descriptions "high grade," "low grade," or "intermediate grade" in the Grade or Differentiation field. They refer to categories in the Working Formulation of lymphoma diagnoses and not to histologic grade.

Do not code grade 1, 2 or 3 for follicular lymphoma or Hodgkin's lymphoma in the 6th digit field. The grade refers to the type of cell, not the differentiation.

V.3.5.8 Bloom-Richardson Grade for Breast Cancer Beginning with breast cancer cases diagnosed January 1, 1996, the Bloom-Richardson grading system may be used.

Synonyms include: Modified Bloom-Richardson, Scarff-Bloom-Richardson, SBR Grading, BR Grading, Elston-Ellis modification of Bloom-Richardson grading system. This grading scheme is based on three morphologic features as follows:

1) degree of tumor tubule formation
2) tumor mitotic activity
3) nuclear pleomorphism of tumor cells (nuclear grade)

Seven possible scores are condensed into three Bloom-Richardson grades. The three grades then translate into well-differentiated (BR low grade), moderately differentiated (BR intermediate grade) and poorly differentiated (BR high grade).

- **Tumor tubule formation** **Score**
  >75% of tumor cells arranged in tubules 1
  >10% and <75% 2
  <10% 3

- **Number of mitoses** **Score**
  (low power scanning (X100), find most mitotically active tumor area, proceed to high power (x400)
  <10 mitoses in 10 high-power fields 1
  10 and <20 mitoses 2
  20 mitoses per 10 high power fields 3

- **Nuclear pleomorphism (nuclear grade)** **Score**

  Cell nuclei are uniform in size and shape, relatively small, have dispersed chromatin patterns, and are without prominent nucleoli 1

  Cell nuclei are somewhat pleomorphic, have nucleoli, and are intermediate size 2

  Cell nuclei are relatively large, have prominent nucleoli or multiple nucleoli, coarse chromatin patterns, and vary in size and shape 3

To obtain the final Bloom-Richardson score, add score from tubule formation plus number of mitoses score, plus score from nuclear pleomorphism. The combined score converts to the following BR grade:

Bloom-Richardson combined scores	**Differentiation/BR Grade**	**ICD-O-3 6th digit**
3, 4, 5	Well-differentiated (BR low grade)	1
6, 7	Moderately differentiated (BR intermediate grade)	2
8, 9	Poorly differentiated (BR high grade)	3

There are coding rules and conventions to be used to code breast cancer cases. Effective January 1, 2004 forward, use grade or differentiation information from the breast histology in the following order:

1. *Bloom-Richardson scores 3-9*
2. *Bloom-Richardson grade (low, intermediate, high)*
3. *Nuclear grade*
4. *Terminology (well diff, mod diff…)*
5. *Histologic grade (grade I, grade ii…)*

Caution : In this grading system, the terms low, intermediate, and high are codes 1, 2, and 3 respectively. This is an exception to the usual rule for all other grading systems which code "low", "intermediate", and "high" as 2, 3, and 4 respectively. In the Bloom-Richardson system, if grades 1, 2, and 3 are specified, these should be coded 1, 2, and 3 respectively.

Bloom-Richardson Scores	***Bloom Richardson Grade***	***Nuclear Grade***	***Terminology***	***Histologic Grade***	***Code***
3-5 points	*Low Grade*	*1/3, 1/2*	*Well Differentiated*	*I/III or 1/3*	*1*
6, 7 points	*Intermediate Grade*	*2/3*	*Moderately Differentiated*	*II/III or 2/3*	*2*
8, 9 points	*High Grade*	*2/2, 3/3*	*Poorly Differentiated*	*III/III or 3/3*	*3*

V.3.5.9 Grading Astrocytomas. ICD-O-3 rules are to be used for grading astrocytomas. The World Health Organization coding of aggressiveness is reserved for assignment of grade for staging. If there is no information on grade, code as follows:

Term	ICD-O-3 6th digit	Term	ICD-O-3 6th digit
Anaplastic astrocytoma	4	Astrocytoma Grade 1	1
Astrocytoma (low grade)	2	Astrocytoma Grade 2	2
Glioblastoma multiforme	9	Astrocytoma Grade 3	3
Pilocytic astrocytoma	9	Astrocytoma Grade 4	4

V.3.5.10 Fuhrman's Grade for Renal Cell Carcinoma

Effective with cases diagnosed January 1, 2004, the priority order for coding grade for renal cell carcinoma, (site code C64.9) is as follows:

1. *Fuhrman's grade*
2. *Nuclear grade*
3. *Terminology (well diff, moderately diff…)*
4. *Histologic grade (grade I, grade II…)*

Fuhrman's grade is based on 3 parameters:

- *Nuclear diameter: in microns*
- *Nuclear outline: regular or irregular*
- *Nucleoli (visibility): present or not and at what power (low or high power)*

Fuhrman's grade (I-IV) is the sum of the points for all 3 parameters.

These prioritization rules do not apply to Wilm's tumor (morphology code 8960).

V.3.6 EDITS OF PRIMARY SITE/HISTOLOGY CODES

Certain combinations of histology and primary site codes indicate errors in coding. Computers used by the CCR and regional registries to edit data submitted by hospitals reject these combinations, and the data must be corrected. Disallowed combinations are of two types—those involving the first four digits of the histology field (morphology code), and those involving the behavior code (fifth digit of the histology field).

V.3.6.1 Morphology/Site Codes. Some combinations of morphology and site codes are rejected because another site code more accurately reflects the tissue of origin. For example, a liposarcoma (8850/3) arising in the abdominal wall should be coded as site C49.4, soft tissues of abdomen, instead of C76.2, abdomen, NOS. The regional registry will provide coding assistance, if required. Following are combinations of morphology and site codes that are rejected:

	Morphology		Site Code	
1.	8090–8096	Basal cell carcinomas with	C00._	Lip
			C19.9	Rectosigmoid
			C20.9-C21.8	Rectum and anus
2.	8720–8790	Melanoma with	C48.0-C48.8	Retroperitoneum/ peritoneum
			C38.1-C38.8	Pleura and Mediastinum
			C40.0-C41.9	Bone
			C76._	Other and ill-defined sites
3.	8010–8671	Epithelial & specialized gonadal tumors with	C38.1-C38.8	Pleura and Mediastinum
			C40.0-C41.9*	Bone
			C47.0-C47.9	Peripheral Nerves
			C49.0-C49.9	Soft Tissues
			C70.0-C72.9	Brain and Other Nervous System
4.	8940–8941	Mixed tumors with	C38.1-C38.8	Pleura and Mediastinum
			C40.0-C41.9	Bone
			C47.0-C47.9	Peripheral Nerves
			C49.0-C49.9	Soft tissues
			C70.0-C71.9	Brain
			C72._	Other Nervous System
			C76._	Other and ill-defined sites
5.	9250-9340	Bone tumors with	C30.0-C31.9	Nasal cavity, sinuses
6.	8800-8811 8813-8831 8840-8920 8990-8991 9040-9044 9120-9170 9240-9251 9540-9560 9580-9581	Sarcomas and other soft-tissue tumors with	C76._	Other and ill-defined sites
7.	9500	Neuroblastoma, NOS with	C64.9	Kidney, NOS

*Site C40.0-C41.9 (bone) with histology 8070 (squamous cell carcinoma) is possible.

V.3.6.2 Behavior/Site Codes. Do not code in situ behavior with a primary site that is unknown or ill-defined. Therefore, if the behavior code is 2 (in situ), the following primary site codes are rejected as errors:

C26.9 Gastrointestinal tract, NOS
Alimentary tract, NOS
Digestive organs, NOS
C39.9 Ill-defined sites within respiratory system
Respiratory tract, NOS
C55.9 Uterus, NOS
Uterine, NOS
C57.9 Female genital tract, NOS
Female genital organs, NOS
Female genitourinary tract, NOS
Urethrovaginal septum
Vesicocervical tissue
Vesicovaginal septum
C63.9 Male genital organs, NOS
Male genital tract, NOS
Male genitourinary tract, NOS
C68.9 Urinary system, NOS
C72.9 Nervous system, NOS
Central nervous system
Epidural
Extradural
Parasellar
C75.9 Endocrine gland, NOS
C76._ Other and ill-defined sites
C80.9 Unknown primary site

Section V.4
Coding Systems

V.4.1 Extent of Disease

The ten-digit Extent of Disease (EOD) code has five components: (1) size of the tumor (three digits), (2) extent to which the primary tumor has spread (two digits), (3) lymph node involvement (one digit), (4) number of nodes found positive in a pathological examination of regional lymph nodes (two digits), and (5) number of regional nodes examined by the pathologist. In effect, the EOD is a coded descriptive summary of the tumor, including clinical as well as pathologic findings and observations made during surgery. Coding must be supported by textual information entered under Diagnostic Procedures (see Section IV.1).

Beginning with cases diagnosed January 1, 1994, Extent of Disease coding will be required for all California reporting facilities, and all EOD fields are to be coded. (Blanks will not be allowed.) Cases diagnosed prior to 1994, may be left blank. SEER area facilities have earlier dates for coding EOD. (Region 8 cases diagnosed January 1, 1988 or later must have EOD coding. Region 1 and Region 9 cases diagnosed January 1, 1992 or later must have EOD coding.)

Beginning with cases diagnosed January 1, 1995, there will be different rules for coding prostate cases. The two-month rule for assigning extent of disease codes has been changed to four months and a new extension field has been added for coding cases which undergo prostatectomy.

Tumor Size, [number of] Regional Nodes Positive, and [number of] Regional Nodes Examined are also required items for hospitals with ACoS-approved programs. Please refer to the ACoS FORDS Manual for codes and coding instructions.

Beginning with cases diagnosed January 1, 1998, new codes, new site-specific coding schemes and a new timeframe for assigning codes have been added. In addition, rules for coding have been revised. Please refer to the SEER Extent of Disease–1988: Codes and Coding Instructions, Third Edition (1998) for detailed codes and instructions.

Cases diagnosed prior to January 1, 1998 are to be coded using previous guidelines and coding schemes.

NOTE: The EOD Manual contains a new guideline - "Distinguishing Noninvasive and Invasive Bladder Cancer" which is to be implemented for cases diagnosed January 1, 1999 according to instructions from SEER. The CCR is implementing the use of this guideline as a pilot effective with cases diagnosed January 1, 1998.

For breast cancer cases, use the SEER revised breast cancer EOD codes. The revised codes were distributed via DSQC Memo #2002-05, June 12, 2002. These codes will be effective through December 31, 2003 diagnosis year.

Extent of Disease Coding is required on all cases diagnosed prior to January 1, 2004. With the implementation of Collaborative Staging, the Regional Nodes Positive and Examined fields are the same fields for CS and for EOD. However, effective with cases diagnosed January 1, 2004 forward, the codes for Regional Nodes Positive have changed. Cases diagnosed prior to January 1, 2004 will be converted.

NOTE: Any cases entered after the conversion process should apply the new codes regardless of date of diagnosis. The new codes are as follows:

Regional Nodes Positive Codes

Code	***Description***
00	*All nodes examined are negative.*
01-89	*1-89 nodes are positive. (Code exact number of nodes positive)*
90	*90 or more nodes are positive.*
95	*Positive aspiration of lymph node(s) was performed.*
97	*Positive nodes are documented, but the number is unspecified.*
98	*No nodes were examined.*
99	*It is unknown whether nodes are positive; not applicable; not stated in patient record.*

V.4.2 Collaborative Staging

Beginning with cases diagnosed January 1, 2004 forward and for cases with an unknown date of diagnosis first seen at your facility after January 1, 2004, the CCR requires the collection of Collaborative Staging (CS) data items necessary to derive AJCC T, N, M, Stage Group, Summary Stage 1977, and Summary Stage 2000 (Derived AJCC T, Derived AJCC N, Derived AJCC M, Derived AJCC Stage Group, Derived SS1977, and Derived SS2000) for all cases. These required data items include:

CS Tumor Size
CS Extension
CS Lymph Nodes
*Regional Nodes Positive**
Regional Nodes Examined
CS Mets at Diagnosis
CS Site Specific Factor 1
CS Site Specific Factor 2
CS Site Specific Factor 3
CS Site Specific Factor 4
CS Site Specific Factor 5
CS Site Specific Factor 6

**Definition changes were made to codes 90-97. See Section V.4.1 for the table of new codes for Regional Nodes Positive.*

The following Collaborative Staging data items are not required by the CCR, but are to be sent from CoC approved facilities:

CS Tumor Size/Extension Evaluation
CS Lymph Node Evaluation
CS Metastasis Evaluation
Derived AJCC T Descriptor
Derived AJCC N Descriptor
Derived AJCC M Descriptor

Please refer to the Collaborative Staging Manual for coding instructions.
Cases diagnosed prior to January 1, 2004 should continue to use the EOD fields with the exception of the Regional Nodes Positive field.

Section V.5
Stage at Diagnosis

While Extent of Disease is a detailed description of the spread of the disease from the site of origin, stage is a grouping of cases into broad categories—for example, localized, regional, and distant. In the Stage at Diagnosis field, enter the code that represents the farthest tumor involvement as indicated by all the evidence obtained from diagnostic and therapeutic procedures performed during the first course of treatment or within four months after the date of diagnosis, whichever is earlier. (See Section VI.1 for definitions of first course of treatment and definitive treatment.) Coding must be supported by textual information entered under Diagnostic Procedures (see Section IV.1).

Stage at Diagnosis is not required beginning with cases diagnosed January 1, 1994. Hospitals wishing to do so may continue its use. Cases diagnosed prior to January 1, 1994 must continue to be staged using SEER Summary Staging.

Although Summary Stage is not required by the CCR, it is required by NAACCR and NPCR. It is also used by some of the regional registries and a good many hospital registrars. A new Summary Staging Manual will be used with cases diagnosed on or after January 1, 2001. This document is available from SEER. The rules for using SEER Summary Stage 1977 and SEER Summary Stage 2000 are as follows:

- Cancer cases diagnosed before January 1, 2001 should be assigned a summary stage according to SEER Summary Stage Guide 1977.

- Cases diagnosed on or after January 1, 2001 should be assigned a stage according to SEER Summary Stage 2000.

V.5.1 CODES

Always base coding on the site-specific schemes presented in the *Summary Staging Manual for the Cancer Surveillance, Epidemiology and End Results Reporting (SEER) Program,* which is available as a separate publication or as Book 6 of the *Self Instructional Manual for Tumor Registrars* (see Section I.1.6.5). Instructions in sections V.5.8–V.5.12 are provided for guidance only. The codes are:

0 IN SITU
1 LOCALIZED
2 REGIONAL, DIRECT EXTENSION ONLY
3 REGIONAL, LYMPH NODES ONLY
4 REGIONAL, DIRECT EXTENSION AND LYMPH NODES
5 REGIONAL, NOS
7 DISTANT METASTASES OR SYSTEMIC DISEASE (REMOTE)
8 NOT APPLICABLE (for coding benign brain tumors, effective with cases diagnosed 1/1/2004 forward)
9 UNSTAGEABLE (stage cannot be determined from available information)
Blank NOT DONE

V.5.2 DEFINITIONS

Terms commonly used to describe stage include:

Invasion. Local spread of a neoplasm by infiltration into or destruction of adjacent tissue.

Microinvasive. The earliest invasive stage. Applied to cervical cancer, describes a small cancer that has invaded the stroma to a limited extent. The FIGO stage is IA. (See sec-tions V.3.4.3 and V.5.9.4.)

Direct Extension. A continuous infiltration or growth from the primary site into other tissue or organs (compare to metastasis).

Metastasis. Dissemination of tumor cells in a discontinuous fashion from the primary site to other parts of the body–for example, by way of the circulatory system or a lymphatic system.

Regional. Organs or tissues related to a site by physical proximity. Also applies to the first chain of lymph nodes draining the area of the site.

V.5.3 AMBIGUOUS TERMS

Physicians sometimes use ambiguous terms to indicate the involvement of tissue or an organ by a tumor. Refer to the SEER Extent of Disease Code Manual, 3rd Edition, for a list of ambiguous terms.

V.5.4 TIME PERIOD

Report the stage of each case at the time of diagnosis. Consider all diagnostic and therapeutic information obtained during the first course of treatment or within four months after the date of diagnosis, whichever is longer. This time limitation ensures that the stage recorded is based on the same information that was used to plan the patient's treatment. Exclude progression of the disease since the time of the original diagnosis. (See Section VI.1.1 for the analogous rule concerning first course of treatment.)

Example

A patient with lung cancer is staged "regional lymph nodes" by the physician on the basis of positive mediastinal lymph nodes, and radiation therapy is instituted. Four weeks into the treatment course the patient develops neurological symptoms, and further work—up reveals previously unsuspected brain metastases. The treatment plan is changed to take this new manifestation into account. Since the disease has progressed since the time of original diagnosis, the stage would not be changed to distant.

V.5.5 AUTOPSY REPORTS

Include pertinent findings from autopsy reports if the patient dies within four months of the diagnosis of the cancer. However, as with other types of information, exclude data about progression of the disease since the time of the original diagnosis.

V.5.6 STAGING BY PHYSICIAN

When a physician has assigned a stage using the TNM, FIGO, Dukes', or any other system, use the information as a guide for coding stage, especially when information in the medical record is ambiguous or incomplete regarding the extent to which the tumor has spread. (For a discussion of TNM, see Section V.7.) However, take certain precautions:

- Physicians might use different versions of a staging system at the same time, and a specific designation of stage might have different meanings. To determine the corresponding summary stage code, it is essential to know exactly which version a physician is using.

- Some staging systems (FIGO for example) use clinical information only, whereas CCR's Stage at Diagnosis includes all information—clinical, surgical, and pathological—that falls into the time period. Use the physician's clinical stage if no pathological information is available.

- A field for recording other staging systems, such as Duke's, is available in CNExT.

V.5.7 CONTRADICTORY REPORTS

Sometimes the stage is stated incorrectly in the medical record due to a typographical, transcription, or similar error. If the stage recorded in one report is clearly contradicted in another, query the physician or the registry's medical consultant. Do not code stage based on information that appears to be inaccurate.

V.5.8 IN SITU (CODE 0)

A diagnosis of in situ, which must be based on microscopic examination of tissue or cells, means that a tumor has all the characteristics of malignancy except invasion—that is, the basement membrane has not been penetrated. A tumor that displays any degree of invasion is not classified as in situ. For example, even if a report states "carcinoma in situ of the cervix showing microinvasion of one area," the tumor is not in situ and code 0 is incorrect. However, a primary tumor might involve more than one site (for example, cervix and vagina, labial mucosa and gingiva) and still be in situ, as long as it does not show any invasion.

V.5.8.1 Terms Indicating In Situ. Certain terms indicate an in situ stage (see also Section V.3.4.2):

AIN (anal intraepithelial neoplasia Grade II-III)**
Bowen's Disease
DCIS (ductal carcinoma in situ)
DIN 3 (ductal intraepithelial neoplasia 3)**
CIN III (cervical intraepithelial neoplasia, grade III)*
Clark's level 1 for melanoma (limited to epithelium)
Confined to epithelium
Hutchinson's melanotic freckle, nos
Intracystic, non-infiltrating
Intraductal
Intraepidermal
Intraepithelial
Intrasquamous
Involvement up to but not including the basement membrane
LCIS (lobular carcinoma in situ)
Lentigo maligna
LIN (laryngeal intraepithelial neoplasia)**
Lobular neoplasia, Grade III
No stromal invasion
Non-infiltrating
Non-invasive
*PanIN-III (pancreatic intraepithelial neoplasia III)****
Precancerous melanosis
Preinvasive
Queyrat's erythroplasia
Stage 0
Vaginal intraepithelial neoplasia, Grade III (VAIN III)*
Vulvar intraepithelial neoplasia, Grade III (VIN III)*

*Cases diagnosed January 1992 and later.
**Cases diagnosed January 2001 and later.
****Cases diagnosed January 2004 and later.*

V.5.8.2 Behavior Code. If a tumor is staged in situ, the behavior code (see Section V.3.4) is 2.

Section V.6
Tumor Markers

Three fields are available for collecting information about prognostic indicators referred to as tumor markers. Tumor-marker information is currently required on the status of estrogen and progesterone receptors for (ERA and PRA) breast cancers (sites C50.0-C50.9) diagnosed on or after January 1, 1990.

Beginning with January 1, 1996 cases, facilities which collect ACoS data items were allowed to use these fields for other sites. The codes are the same. Please refer to the ROADS Manual for further information.

Beginning with January 1, 1998 diagnoses, the CCR requires that tumor markers be collected for prostate - acid phosphatase (PAP) and prostate specific antigen (PSA) and for testicular cancers - alpha-feto protein (AFP), human chorionic gonadotropin (hCG), and lactate dehydro-genase (LDH). Ranges for testicular cancer tumor markers have been added in codes 4-6.

Beginning with January 1, 2000 diagnoses, Tumor Marker I may be used to record carcinoembryonic antigen (CEA) for colorectal cancers and CA-125 for ovarian cancers.

For cases diagnosed January 1, 2004 forward, Tumor Markers 1-3 will be collected in the Collaborative Staging Site Specific Factor fields. The California tumor marker – Tumor Marker –California 1(Her2/neu) is still a required data item for the CCR and will continue to be collected in its designated field.

V.6.1 TUMOR MARKER 1

Use the following codes for ERA for breast-cancer cases diagnosed on or after January 1, 1990, PAP for prostate cancer cases and AFP for testicular cancer cases diagnosed after January 1, 1998, and CEA for colorectal cancer cases and CA-125 for ovarian cancer cases diagnosed after January 1, 2000:

0 TEST NOT DONE (includes cases diagnosed at autopsy)

1 TEST DONE, RESULTS POSITIVE

2 TEST DONE, RESULTS NEGATIVE

3 TEST DONE, RESULTS BORDERLINE OR UNDETERMINED WHETHER POSITIVE OR NEGATIVE

4 RANGE 1: < 1,000 NG/ML (S1)

5 RANGE 2: 1,000 - 10,000 NG/ML (S2)

6 RANGE 3: > 10,000 NG/ML (S3)

8 TEST ORDERED, RESULTS NOT IN CHART

9 UNKNOWN IF TEST DONE OR ORDERED; NO INFORMATION (includes death-certificate-only cases)

For breast-cancer cases diagnosed before January 1, 1990, for prostate and testicular cancers before January 1, 1998 and for other sites not mentioned above, enter:

9 NOT APPLICABLE

Use codes 0, 1, 2, 3, 8, and 9 for breast and prostate.

Use codes 0, 2, 4, 5, 6, 8, and 9 for testicular cancer.

Record the lowest (nadir) value of AFP after orchiectomy if serial serum tumor makers are done during the first course of treatment.

Do not record the results of tumor-marker studies that are not performed on the primary tumor.

Breast tumors too small to evaluate with the conventional estrogen-receptor assays might be measured by immunostaining, which is a procedure for identifying antigens in body fluids, in aspirations of tumor masses, or in biopsy specimens. The procedure is based on an antigen-antibody reaction. If immunostaining results are available, use them to code Estrogen-Receptor Status.

V.6.2 TUMOR MARKER 2

Use the following codes for PRA for breast-cancer cases diagnosed on or after January 1, 1990, and for PSA for prostate cancer cases and hCG for testicular cancer cases diagnosed after January 1, 1998:

0 TEST NOT DONE (includes cases diagnosed at autopsy)

1 TEST DONE, RESULTS POSITIVE

2 TEST DONE, RESULTS NEGATIVE

3 TEST DONE, RESULTS BORDERLINE OR UNDETERMINED WHETHER POSITIVE OR NEGATIVE

4 RANGE 1: < 5,000 mIU/ml (S1)

5 RANGE 2: 5,000 - 50,000 mIU/ml (S2)

6 RANGE 3: > 50,000 mIU/ml (S3)

8 TEST ORDERED, RESULTS NOT IN CHART

9 UNKNOWN IF TEST DONE OR ORDERED; NO INFORMATION (includes death-certificate-only cases)

Section VI.2
First Course of Treatment:
Surgery Introduction

In abstracting surgical treatment, record the total or partial removal (except an incisional biopsy) of tumor tissue, whether from a primary or metastatic site. Also record procedures that remove normal tissue--for example, dissection of non-cancerous lymph nodes--if they are part of the first course of treatment. (Brushings, washings, aspiration of cells and peripheral blood smears are not considered surgical procedures, but they might have to be recorded as diagnostic procedures--see Section IV.1.)

Beginning with cases diagnosed January 1, 1996, the surgery field was separated into three fields: one for surgery of the primary site, one for diagnostic, staging or palliative procedures, and one for reconstructive surgery.

Beginning with cases diagnosed January 1, 1998, new surgery codes, definitions, and fields from the American College of Surgeons have been added. Even though they are effective with 1998 cases, they are to be used for cases diagnosed prior to 1998. CNExT converted surgery codes for cases prior to 1998 to the new codes.

Beginning with cases diagnosed January 1, 2003, the surgery codes, definitions, and fields have been reformulated again. Surgical Approach, Number of Regional Lymph Nodes Examined, and Reconstructive Surgery have been dropped, and all remaining fields except Surgery of the Primary Site now have a simplified coding scheme; Surgery of the Primary Site has been assigned new site-specific codes, and Reconstructive Surgery has been folded into the Surgery to the Primary Site codes. Again, CNExT converted the codes for older cases to match the new coding scheme. The fields are:

Surgery of the Primary Site

Scope of Regional Lymph Node Surgery

Surgery of Other Regional Site(s), Distant Site(s), or Distant Lymph Node(s)

Treatment Hospital

In addition to the new surgery codes from the ACoS, the CCR is requiring that hospitals record multiple surgical procedures performed on a patient. To this end, each of the surgery fields have space to code up to three procedures. There are also three date fields and three fields for entering the code for the treatment hospital.

Cases diagnosed prior to January 1, 2003, must be coded in three new fields. They are:

Surgical Procedure of Primary Site 98-02

Scope of Regional Lymph Node Surgery 98-02

Surgical Procedure/Other Sites 98-02

Note: These fields are to be left blank for cases diagnosed January 1, 2003 and later.

Effective with cases diagnosed January 1, 2004, the CCR requires completion of the surgical procedure at this hospital fields:

Surgery of the Primary Site At This Hospital

Scope of Regional Lymph Nodes At This Hospital

Surgery of Other/Distant Sites At This Hospital

These fields are computed by CNExT using the procedure and treatment hospital number fields. Facilities not using CNExT are to enter the code for each of these fields.

VI.2.1 SURGERY OF THE PRIMARY SITE

Generally, cancer-directed surgery includes most procedures that involve removal of a structure (those with the suffix "ectomy") and such procedures as:

- Biopsy, excisional (which has microscopic residual disease or no residual disease)
- Biopsy, NOS, that removes all tumor tissue
- Chemosurgery (Moh's technique)
- Conization
- Cryosurgery
- Dessication and Curettage for bladder and skin tumors
- Electrocautery
- Fulguration for bladder, skin, and rectal neoplasms
- Laser therapy
- Local excision with removal of cancer tissue (including excisional biopsy but excluding incisional biopsy)
- Photocoagulation
- Splenectomy for lymphoma
- Transurethral resection (TUR) with removal of tumor tissue of bladder or prostatic tumors

For codes 00 through 79, the response positions are hierarchical. Last-listed responses take precedence over responses written above. Code 98 takes precedence over code 00. Use codes 80 and 90 only if more precise information about the surgery is unavailable. Surgery to remove regional tissue or organs is coded in this item only if the tissue/organs are removed in continuity with the primary site, except where noted in Appendix Q.

Refer to Appendix Q-1 for cases diagnosed prior to January 1, 2003. Refer to Appendix Q-2 for cases diagnosed on or after January 1, 2003.

Surgery of the Primary Site consists of three two-character fields which are to be used to record surgeries of the primary site only. If an en bloc resection is performed which removes regional tissue or organs with the primary site as part of a specific code definition, it should be coded. An en bloc resection is the removal of organs in one piece at one time.

Example

Patient undergoes a modified radical mastectomy. The breast and axillary contents are removed in one piece (en bloc). Surgery would be coded 50 for modified radical mastectomy regardless of whether nodes were found by pathology in the specimen.

For non-en bloc resections, record the resection of a secondary or metastatic site in the Surgery of Other Regional Site(s), Distant Site(s) or Distant Lymph Node(s). Please refer to Appendix Q for the site-specific surgery codes.

Example

50 Gastrectomy, NOS WITH removal of a portion of esophagus
51 Partial or subtotal gastrectomy
52 Near total or total gastrectomy

NOTE: Codes 10-90 have priority over code 99.
Codes 10-84 have priority over codes 90 and 99.
Codes 10-79 have priority over codes 80, 90 and 99, where 80 is site-specific surgery, not otherwise specified.

NOTE: If surgery removes the remaining portion of an organ, code the total removal of the organ.

NOTE: Biopsies that remove all gross tumor or leave only microscopic margins should be coded to surgery of the primary site.

Examples

The patient had a resection of a stomach remnant and portion of the esophagus at the time of their second procedure. The first procedure was a partial gastrectomy, NOS - code 30. The second procedure would be code 52 for a total gastrectomy.

A patient had a lobectomy--code 31--for cancer in August 1998. The remainder of the lung was surgically removed in November 1998. The second procedure would be code 40--resection of whole lung.

Enter the procedures in chronological order. If more than three surgical procedures are performed on a patient, the earliest surgery and the most definitive surgery must be included. The Summary field will be computed automatically by CNExT and will contain the most definitive surgical procedure performed on a patient. If surgery is not performed, the fields may be left blank. They will be filled with 00 by CNExT.

VI.2.2 SCOPE OF REGIONAL LYMPH NODE SURGERY

These three one-character fields are to be used to record surgeries performed on regional lymph nodes. Record the farthest regional lymph node removed regardless of involvement with disease. There is no minimum number of nodes that must be removed. If a regional lymph node was aspirated or biopsied, code regional lymph node(s) removed, NOS (1).

Starting with cases diagnosed January 1, 2003 forward, RX Summ -- Scope of Reg LN Surg will not be coded according to site. It will be coded using a single scheme for all sites. The three procedure fields will continue to be coded for 2003 forward cases. The codes for Scope of Regional LN's are as follows:

0 NONE
No regional lymph node surgery. No lymph nodes found in the pathologic specimen. Diagnosed at autopsy.

1 BIOPSY OR ASPIRATION OF REGIONAL LYMPH NODE, NOS
Biopsy or aspiration of regional lymph node(s) regardless of the extent of involvement of disease.

2 SENTINEL LYMPH NODE BIOPSY
Biopsy of the first lymph node or nodes that drain a defined area of tissue within the body. Sentinel node(s) are identified by the injection of a dye or radio label at the site of the primary tumor.

3 NUMBER OF REGIONAL NODES REMOVED UNKNOWN OR NOT STATED; REGIONAL LYMPH NODE REMOVED, NOS
Sampling or dissection of regional lymph node(s) and the number of nodes is unknown or not stated. The procedure is not specified as sentinel node biopsy.

4 1-3 REGIONAL LYMPH NODES REMOVED
Sampling or dissection of regional lymph node(s) with fewer than four lymph nodes found in the specimen. The procedure is not specified as sentinel node biopsy.

5 4 OR MORE REGIONAL LYMPH NODES REMOVED
Sampling or dissection of regional lymph nodes with at least four lymph nodes found in the specimen. The procedure is not specified as sentinel node biopsy.

6 SENTINEL NODE BIOPSY AND CODE 3,4, OR 5 AT SAME TIME OR TIMING NOT STATED
Code 2 was performed in a single surgical event with code 3,4, or 5. Or, code 2 and 3, 4, or 5 was performed, but timing was not stated in patient record.

7 SENTINEL NODE BIOPSY AND CODE 3,4, OR 5 AT DIFFERENT TIMES
Code 2 was followed in a subsequent surgical event by procedures coded as 3, 4, or 5.

9 UNKNOWN OR NOT APPLICABLE
It is unknown whether regional lymph node surgery was performed; death certificate-only; for lymphomas with a lymph node primary site; an unknown or ill-defined primary; primaries of the brain and central nervous system; or for hematopoietic, reticuloendothelial, immunoproliferative, or myeloproliferative disease.

Cases diagnosed prior to January 1, 2003 are to be coded in a new field, Scope of Regional LN 98-02. Refer to Appendix Q-1 for these codes.

Each site contains a list of nodes which are regional. Any nodes not contained on these lists are distant and should be coded in Surgery of Other Regional Site(s), Distant Site(s), or Distant Lymph Node(s).

In Appendix Q-1 for head and neck primaries diagnosed prior to January 1, 2003, these fields are to be used for neck dissections. Codes 2-5 indicate only that a neck dissection procedure was done, they do not imply that nodes were found during the pathologic examination of the surgical specimen. Code the neck dissection even if no nodes were found in the specimen.

For Unknown Primary, Hematopoietic/Reticuloendothelial/Immunoproliferative/Myeloproliferative Disease Primaries, Lymphoma, Brain, and Primaries of Ill-Defined Sites, use code 9.

VI.2.3 NUMBER OF REGIONAL LYMPH NODES EXAMINED

Record the number of lymph nodes identified in the pathology report during each surgical procedure of the regional lymph nodes. The codes are the same for all sites. Please refer to Appendix Q-1 for these codes. These are to be entered in chronological order. If no regional lymph nodes were identified in the pathology report, leave the field blank even if the surgical procedure includes a lymph node dissection (i.e., modified radical mastectomy) or if the operative report documents removal of the nodes. CNEXT will fill the fields with 00. The Summary field will be computed automatically by CNEXT. It will contain the number of nodes associated with the highest coded regional lymph node surgery. If no nodes were identified in the specimen from this procedure, then the Summary field will contain 00. NOTE: This field is not cumulative. It does not replace or duplicate the "Regional Lymph Nodes Examined" field used in Extent of Disease coding.

Effective with cases diagnosed on or after January 1, 2003, the fields for Rx Summ-Reg LN Examined and Rx Hosp-Reg LN Examined are no longer required by the CCR and the CoC. Information regarding the number of lymph nodes has been incorporated into the scope fields. However, the summary field for cases diagnosed prior to January 1, 2003 must continue to be coded.

For Unknown Primary, Hematopoietic/Reticuloendothelial/Immunoproliferative/Myeloproliferative Disease Primaries, Lymphoma, Brain and Primaries of Ill-Defined Sites, use code 99.

VI.2.4 SURGERY OF OTHER REGIONAL SITE(S), DISTANT SITE(S), OR DISTANT LYMPH NODES

There are three one-character fields to be used to record removal of tissue other than the primary tumor or organ of origin. This would not be an en bloc resection. See example #1. Code the removal of non-primary site tissue which the surgeon may have suspected to be involved with malignancy even if the pathology was negative. Do not code the incidental removal of tissue for reasons other than malignancy. See example #2. These procedures are to be entered in chronological order. If no surgery was performed of other regional or distant sites or distant lymph nodes, leave the fields blank. They will be filled with 0 by CNExT. The Summary field will be computed automatically by CNExT.

Starting with cases diagnosed January 1, 2003 forward, RX Summ - Surg Oth Reg/Dis and its corresponding procedure fields will not be coded according to site. It will be coded using a single scheme for all sites. The new codes are as follows:

0 NONE
No surgical procedure of nonprimary site

1 NONPRIMARY SURGICAL PROCEDURE PERFORMED
Nonprimary surgical resection to other site(s), unknown if whether the site(s) is regional or distant.

2 NONPRIMARY SURGICAL PROCEDURE TO OTHER REGIONAL SITES
Resection of regional site.

3 NONPRIMARY SURGICAL PROCEDURE TO DISTANT LYMPH NODE(S)
Resection of distant lymph node(s).

4 NONPRIMARY SURGICAL PROCEDURE TO DISTANT SITE
Resection of distant site.

5 COMBINATION OF CODES
Any combination of surgical procedures 2, 3, or 4.

9 UNKNOWN
It is unknown whether any surgical procedure of a nonprimary site was performed. Death certificate only.

Cases diagnosed prior to January 1, 2003 are to be coded in a new field, Surgery Other 98-02. Refer to Appendix Q-1 for these codes.
This field is for all procedures that do not meet the definitions of Surgery of Primary Site or Scope of Regional Lymph Nodes.

Example #1

The patient has an excisional biopsy of a hard palate lesion removed from the roof of the mouth and a resection of a metastatic lung nodule during the same procedure. Code the resection of the lung nodule as 4 (resection of distant site).

Example #2

During a colon resection, the surgeon noted that the patient had cholelithiasis and removed the gallbladder. Do not code removal of the gallbladder.

VI.2.5 DATE OF SURGERY

Enter the date of surgery performed for each surgical procedure. There are three date fields available to be used in conjunction with each definitive procedure performed. Procedures for this date field include Surgery of the Primary Site, Scope of Regional Lymph Node Surgery or Surgery of Other Regional/Distant Sites. These must be entered in chronological order. They are to be left blank if no surgery is performed. They will be filled in with zeros by CNExT. The Summary field will be computed automatically by CNExT and will contain the earliest date of surgery.

Beginning with cases diagnosed 1/1/2003, a new data item, Rx Date-Most Definitive Surgery of the Primary Site, is required by the CCR. Since the CCR is already collecting multiple procedure fields, this data item will be generated. The generated data item will identify the date for the most definitive surgical procedure of the primary site from the three procedure fields.

VI.2.6 TREATMENT HOSPITAL NUMBER

These fields are to be used in conjunction with each definitive surgery performed. If the procedure was performed at the reporting facility, the hospital number can be filled in using a function key in CNExT. The hospital number for procedures performed at other facilities will have to be entered using autocoding. The fields are to be left blank if no cancer-directed surgery was performed. The Summary field will be computed by CNExT and will contain the treatment hospital number for the most definitive or highest code surgical procedure. The Summary field will be available in CNExT but will not be transmitted to the regions or CCR.

VI.2.7 SURGICAL MARGINS

This field is not required by the CCR effective with cases diagnosed January 1, 2000, but it is required by the ACoS. It describes the status of the surgical margins after each resection of the primary tumor. For cases diagnosed prior to January 1, 2003, please refer to Appendix Q-1 for the site-specific codes. For cases diagnosed after January 1, 2003, please refer to the FORDS Manual.

VI.2.8 RECONSTRUCTIVE SURGERY - IMMEDIATE

Record the procedure in both the Reconstructive Summary and At This Hospital fields and in the surgery text field if it was performed subsequent to surgery as part of the planned first course of therapy. This procedure improves the shape and appearance or function of body structures that are missing, defective, damaged, or misshapen by cancer or cancer-directed therapies. This field is no longer required by the CCR or the CoC beginning with cases diagnosed January 1, 2003. Information with regards to reconstruction has been incorporated into the Surgery of the Primary Site field. The old field has been retained and cases diagnosed prior to January 1, 2003 must continue to be coded. For these cases, refer to Appendix Q-1.

VI.2.9 REASON FOR NO SURGERY

Effective with cases diagnosed 1/1/2003, a new code, Code 5, surgery not performed because patient died has been added and the definitions for codes 1, 2, and 6 have been modified. If surgery of the primary site was performed, enter 0. Reason for No Surgery only applies to the Surgery of the Primary Site field, not Scope of Regional Lymph Node Surgery or Surgery Other Regional/Distant Sites.

For sites where "Surgery of the Primary Site" is coded to 00 or 98 (hematopoietic included) use code 1

0 SURGERY OF THE PRIMARY SITE PERFORMED

1 SURGERY OF THE PRIMARY SITE NOT PERFORMED BECAUSE IT WAS NOT PART OF THE PLANNED FIRST COURSE TREATMENT

2 SURGERY OF THE PRIMARY SITE NOT PERFORMED BECAUSE OF CONTRAINDICATIONS DUE TO PATIENT RISK FACTORS (COMORBID CONDITIONS, ADVANCED AGE, ETC.)

5 SURGERY OF THE PRIMARY SITE WAS NOT PERFORMED BECAUSE THE PATIENT DIED PRIOR TO PLANNED OR RECOMMENDED SURGERY

6 SURGERY OF THE PRIMARY SITE WAS RECOMMENDED BUT NOT PERFORMED. NO REASON WAS NOTED IN THE PATIENT'S RECORD

7 SURGERY OF THE PRIMARY SITE WAS RECOMMENDED BUT REFUSED BY THE PATIENT, FAMILY MEMBER OR GUARDIAN. THE REFUSAL IS NOTED IN THE PATIENT'S RECORD.

8 SURGERY OF THE PRIMARY SITE WAS RECOMMENDED BUT UNKNOWN IF PERFORMED

9 NOT KNOWN IF SURGERY OF THE PRIMARY SITE WAS RECOMMENDED OR PERFORMED; DEATH CERTIFICATE ONLY AND AUTOPSY ONLY CASES

VI.2.10 DIAGNOSTIC OR STAGING PROCEDURES

Record surgical procedures performed solely for establishing a diagnosis and or determining stage of disease. If there is more than one surgical diagnostic or staging procedure, record the first one performed. Some of the procedures should be recorded in the Operative Findings field (see Section IV.1.6).

Beginning with cases diagnosed January 1, 2003 forward, this field does not include palliative treatment/procedures. Palliative treatment/procedures are recorded in a separate field. The CCR does not require that palliative treatment/procedures be recorded but the CoC does require this field. Please consult the FORDS Manual for instructions regarding the palliative procedure field.

Surgical diagnostic or staging procedures include:

- Biopsy, incisional or NOS (if a specimen is less than or equal to 1 cm, assume the biopsy to have been incisional unless otherwise specified)
- Dilation and curettage for invasive cervical cancer
- Dilation and curettage for invasive or in situ cancers of the corpus uteri, including choriocarcinoma
- Surgery in which tumor tissue is not removed, for example
- Bypass surgery—colostomy, esophagostomy, gastrostomy, nephrostomy, tracheostomy, urethrostomy, stent placement
- Exploratory surgery—celiotomy, cystotomy, gastrotomy, laparotomy, nephrotomy, thoracotomy

NOTE: Removal of fluid (paracentesis or thoracentesis) even if cancer cells are present is not a surgical procedure. Do not code brushings, washings, or hematologic findings (peripheral blood smears). These are not considered surgical procedures.

NOTE: If both an incisional biopsy of the primary site and an incisional biopsy of a metastatic site are done, use code 02 (Incisional biopsy of primary site).

Do Not Code:

- Surgical procedures which aspirate, biopsy, or remove regional lymph nodes in effort to diagnose and/or stage disease in this data item. Use the data item Scope of Regional Lymph Node Surgery to code these procedures. Do not record the date of surgical procedures which aspirate, biopsy, or remove regional lymph nodes in the data item Date of Surgical Diagnostic and Staging Procedure.
- Excisional biopsies with clear or microscopic margins in this data item. Use the data item Surgical Procedure of Primary Site to code these procedures.
- Palliative surgical procedures in this data item.

VI.2.10.1 Diagnostic or Staging Procedure Codes

00 NO SURGICAL DIAGNOSTIC OR STAGING PROCEDURE WAS PERFORMED

01 INCISIONAL, NEEDLE, OR ASPIRATION BIOPSY OF OTHER THAN PRIMARY SITE (Code microscopic residual disease or no residual disease as Surgery of Other Regional Site[s], Distant Site[s], or Distant Lymph Nodes[s])

02 INCISIONAL, NEEDLE, OR ASPIRATION BIOPSY OF PRIMARY SITE (Code Microscopic residual disease or no residual disease as Surgery of Primary Site)

03 EXPLORATORY SURGERY ONLY (no biopsy)

04 BYPASS SURGERY OR OSTOMY ONLY (no biopsy)

05 COMBINATION OF 03 PLUS 01 OR 02

06 COMBINATION OF 04 PLUS 01 OR 02

07 DIAGNOSTIC OR STAGING PROCEDURE, NOS

09 UNKNOWN IF DIAGNOSTIC OR STAGING PROCEDURE DONE

NOTE: Give priority to:
Codes 01-07 over code 09.
Codes 01-06 over code 07.
The highest code in the range 01-06.

VI.2.11 DATE OF DIAGNOSTIC OR STAGING PROCEDURE

Enter the date of the earliest surgical diagnostic and/or staging procedure in this field.

Codes (in addition to valid dates)

00000000	No diagnostic procedure performed; autopsy only case
99999999	The date is unknown, or death certificate only case

VI.2.12 SOURCES FOR INFORMATION

To ascertain exactly what procedures were performed, read the operative and pathology reports thoroughly. Do not depend on the title of an operative report, because it might be incomplete. If the operative report is unclear about what tissue was excised, or the operative and pathology reports contain different information, use the pathology report unless there is reason to doubt its accuracy.

VI.2.13 SPECIAL RULES FOR CODING AMBIGUOUS CASES

There are specific rules for coding certain ambiguous situations:

Excision Of Multiple Primaries. If multiple primaries are excised at the same time, enter the appropriate code for each site.

Examples

(1) If a total abdominal hysterectomy was performed for a patient with two primaries, one of the cervix and one of the endometrium, code each site as having had a total abdominal hysterectomy.

(2) If a total colectomy was performed on a patient with multiple primaries in several segments of the colon, code total colectomy for each of the primary segments.

Excisional Biopsy. Record an excisional biopsy as first surgical treatment, whether followed by further definitive surgery or not and whether or not residual tumor was found in a later resection. If there is no statement that the initial biopsy was excisional, yet no residual tumor was found at a later resection, assume that the biopsy was excisional.

Extranodal Lymphomas. When coding surgery for extranodal lymphomas, use the appropriate code for the extranodal site. For example, use a code for the stomach to code a lymphoma of the stomach.

0 NONE
1 BEAM RADIATION
2 RADIOACTIVE IMPLANTS
3 RADIOISOTOPES
4 COMBINATION OF 1 WITH 2 OR 3
5 RADIATION, NOS (method or source not specified)
9 UNKNOWN IF RADIATION THERAPY RECOMMENDED OR GIVEN

NOTE: Code 6 may appear in old cases that were converted to the 1988 codes. SEER converted old code 2, Other Radiation, to code 6.

Beginning with cases diagnosed January 1, 1998, radiation to the brain and central nervous system for lung cancers and leukemias only is to be recorded in the Radiation Summary and Radiation At This Hospital fields. Include prophylactic treatment and treatment of known spread to the CNS.

Beginning with cases diagnosed on or after January 1, 2003 or cases entered after the software conversion, radiation to the brain and CNS for lung and leukemia cases are to be coded in the Radiation – Regional RX Modality and Radiation – Boost RX Modality fields. As stated previously, software conversion of these two fields will generate the Radiation Therapy Summary field.

VI.3.3 RADIATION - REGIONAL RX MODALITY

Record the dominant modality of radiation therapy used to deliver the most clinically significant regional dose to the primary volume of interest during the first course of treatment. The CCR requires the collection of this field. As noted above, this data item and Radiation - Boost RX Modality will be converted to generate the RX Summ - Radiation.

There is no corresponding "At this Hospital" field. The codes for Radiation - Regional RX Modality are as follows:

00 NO RADIATION TREATMENT
20 EXTERNAL BEAM, NOS
21 ORTHOVOLTAGE
22 COBALT-60, CESIUM-137
23 PHOTONS (2-5 MV)
24 PHOTONS (6-10 MV)
25 PHOTONS (11-19 MV)
26 PHOTONS (>19 MV)
27 PHOTONS (MIXED ENERGIES)
28 ELECTRONS
29 PHOTONS AND ELECTRONS MIXED
30 NEUTRONS, WITH OR WITHOUT PHOTONS/ELECTRONS
31 IMRT
32 CONFORMAL OR 3-D THERAPY
40 PROTONS
41 STEREOTACTIC RADIOSURGERY, NOS
42 LINAC RADIOSURGERY, NOS
43 GAMMA KNIFE
50 BRACHYTHERAPY, NOS

51 BRACHYTHERAPY, INTRACAVITARY, LDR
52 BRACHYTHERAPY, INTRACAVITARY, HDR
53 BRACHYTHERAPY, INTERSTITIAL, LDR
54 BRACHYTHERAPY, INTERSTITIAL, HDR
55 RADIUM
60 RADIOISOTOPES, NOS
61 STRONTIUM-89
62 STRONTIUM-90
80* COMBINATION MODALITY, SPECIFIED*
85* COMBINATION MODALITY, NOS*
98 OTHER, NOS
99 UNKNOWN

Clarification: Intracavitary use of Cobalt-60 or Cesium-137 should be coded as 50 or 51. (See FORDS Manual for code definitions).

There is no hierarchy for this data item. If multiple radiation therapy modalities are used to treat the patient, code the dominant modality. In the rare occasion where 2 modalities are combined in a single volume (IMRT photons with an electron "patch" for example), code the appropriate radiation modality item to the highest level of complexity, i.e. the IMRT.

*NOTE: For cases diagnosed prior to January 1, 2003, the codes reported in this data item describe any radiation administered to the patient as part or all of the first course of therapy. Codes 80 and 85 describe specific converted descriptions of radiation therapy coded according to *Vol. II, ROADS,* and *DAM* rules and **should not** be used to record regional radiation for cases diagnosed on or later than January 1, 2003.

VI.3.4 RADIATION – BOOST RX MODALITY

Record the dominant modality of radiation therapy used to deliver the most clinically significant boost dose to the primary volume of interest during the first course of treatment. This is accomplished with external beam fields of reduced size (relative to the regional treatment fields), implants, stereotactic radiosurgery, conformal therapy, or IMRT. External beam boosts may consist of two or more successive phases with progressively smaller fields generally coded as a single entity.

The CCR requires the collection of this field. As noted above, this data item and Radiation - Regional RX Modality will be converted to generate the RX Summ - Radiation. There is no corresponding "At this Hospital" field. The codes are as follows:

00 NO BOOST TREATMENT
20 EXTERNAL BEAM, NOS
21 ORTHOVOLTAGE
22 COBALT-60, CESIUM-137
23 PHOTONS (2-5 MV)
24 PHOTONS (6-10 MV)
25 PHOTONS (11-19 MV)
26 PHOTONS (>19 MV)
27 PHOTONS (MIXED ENERGIES)
28 ELECTRONS
29 PHOTONS AND ELECTRONS MIXED

30 NEUTRONS, WITH OR WITHOUT PHOTONS/ELECTRONS
31 IMRT
32 CONFORMAL OR 3-D THERAPY
40 PROTONS
41 STEREOTACTIC RADIOSURGERY, NOS
42 LINAC RADIOSURGERY, NOS
43 GAMMA KNIFE
50 BRACHYTHERAPY, NOS
51 BRACHYTHERAPY, INTRACAVITARY, LDR
52 BRACHYTHERAPY, INTRACAVITARY, HDR
53 BRACHYTHERAPY, INTERSTITIAL, LDR
54 BRACHYTHERAPY, INTERSTITIAL, HDR
55 RADIUM
60 RADIOISOTOPES, NOS
61 STRONTIUM-89
62 STRONTIUM-90
98 OTHER, NOS
99 UNKNOWN

Clarification: Intracavitary use of Cobalt-60 or Cesium-137 should be coded as 50 or 51. (See the FORDS Manual for code definitions).

There is no hierarchy for this data item. If multiple radiation therapy boost modalities are used to treat the patient, code the dominant modality.

VI.3.5 DATE OF RADIATION THERAPY

Record the date on which radiation therapy began at any facility as part of the first course treatment. If radiation therapy was not administered, enter 0's. If radiation therapy is known to have been given but the date is not known, enter 9's.

00000000 NO RADIATION THERAPY ADMINISTERED; AUTOPSY-ONLY CASE.

88888888 WHEN RADIATION THERAPY IS PLANNED AS PART OF THE FIRST COURSE OF TREATMENT, BUT HAD NOT BEEN STARTED AT THE TIME OF THE MOST RECENT FOLLOW-UP. THE DATE SHOULD BE REVISED AT THE NEXT FOLLOW-UP.

99999999 THE DATE IS UNKNOWN, OR THE CASE WAS IDENTIFIED BY DEATH CERTIFICATE ONLY.

VI.3.6 REASON FOR NO RADIATION

The following codes are to be used to record the reason the patient did not undergo radiation treatment:

0 RADIATION TREATMENT PERFORMED

1 RADIATION TREATMENT NOT PERFORMED BECAUSE IT WAS NOT A PART OF THE PLANNED FIRST COURSE TREATMENT

2 RADIATION CONTRAINDICATED BECAUSE OF OTHER CONDITIONS OR OTHER PATIENT RISK FACTORS (CO-MORBID CONDITIONS, ADVANCED AGE, ETC)

5 RADIATION TREATMENT NOT PERFORMED BECAUSE THE PATIENT DIED PRIOR TO PLANNED OR RECOMMENDED TREATMENT

6 RADIATION TREATMENT WAS RECOMMENDED BUT NOT PERFORMED. NO REASON WAS NOTED IN THE PATIENT'S RECORD.

7 RADIATION TREATMENT WAS RECOMMENDED BUT REFUSED BY THE PATIENT, FAMILY MEMBER OR GUARDIAN. THE REFUSAL IS NOTED IN THE PATIENT'S RECORD.

8 RADIATION RECOMMENDED, UNKNOWN IF DONE

9 UNKNOWN IF RADIATION RECOMMENDED OR PERFORMED; DEATH CERTIFICATE AND AUTOPSY ONLY CASES

NOTE: Include radiation to the brain and central nervous system when coding this field.

NOTE: Beginning with cases diagnosed 1/1/2003, a new code - Code 5 - radiation not performed because patient died was added. Definitions for codes 1, 2, and 6 were also modified.

VI.3.7 RADIATION SEQUENCE WITH SURGERY

Code the sequence in which radiation and surgical procedures were performed as part of the first course of treatment. Use the following codes:

0 NOT APPLICABLE (treatment did not include both surgery and radiation, or unknown whether both were administered)
2 RADIATION BEFORE SURGERY
3 RADIATION AFTER SURGERY
4 RADIATION BOTH BEFORE AND AFTER SURGERY
5 INTRAOPERATIVE RADIATION
6 INTRAOPERATIVE RADIATION WITH OTHER RADIATION GIVEN BEFORE OR AFTER SURGERY
9 SEQUENCE UNKNOWN, BUT BOTH SURGERY AND RADIATION WERE GIVEN

If first course of treatment includes (codes 10–90 in Surgery of the Primary Site fields, codes 1-7 in the Scope of Regional Lymph Node Surgery fields, and codes 1-8 in the Surgery of Other Regional Site(s), Distant Site(s), or Distant Lymph Node(s) fields) and radiation, use codes 2–9. For all other cases, use code 0.

Section VI.4
First Course of Treatment: Chemotherapy

Chemotherapy includes the use of any chemical to attack or treat cancer tissue, unless the chemical achieves its effect through change of the hormone balance or by affecting the patient's immune system. In coding consider only the agent, not the method of administering it, although the method of administration may be recorded. Chemotherapy typically is administered orally, intravenously, or intracavitarily, and sometimes topically or by isolated limb perfusion. The drugs are frequently given in combinations that are referred to by acronyms or protocols. Do not record the protocol numbers alone. Two or more single agents given at separate times during the first course of cancer directed therapy are considered to be a combination regimen.

VI.4.1 NAMES OF CHEMOTHERAPEUTIC AGENTS

In the text field, record the generic or trade names of the drugs used for chemotherapy. Include agents that are in the investigative or clinical trial phase. See the *SEER Self-Instructional Manual for Tumor Registrars: Book 8,* 3rd ed. (1994) for a comprehensive list of chemotherapeutic agents in use at the time of its publication.

VI.4.2 CHEMOTHERAPY CODES

Use the following codes for recording chemotherapy in the Summary field. Use codes *00*-87 for recording chemotherapy in the At This Hospital field.

00 NONE, CHEMOTHERAPY WAS NOT PART OF THE PLANNED FIRST COURSE OF THERAPY.

01 CHEMOTHERAPY, NOS.

02 SINGLE AGENT CHEMOTHERAPY

03 MULTIAGENT CHEMOTHERAPY ADMINISTERED AS FIRST COURSE THERAPY

82 CHEMOTHERAPY WAS NOT RECOMMENDED/ADMINISTED DUE TO CONTRAINDICATIONS.

85 CHEMOTHERAPY NOT ADMINISTERED BECAUSE THE PATIENT DIED.

86 CHEMOTHERAPY WAS NOT ADMINISTERED. IT WAS RECOMMENDED BY THE PATIENT'S PHYSICIAN, BUT WAS NOT ADMINISTERED AS PART OF THE FIRST COURSE OF THERAPY. NO REASON WAS STATED IN PATIENT RECORD.

87 CHEMOTHERAPY WAS NOT ADMINISTERED. IT WAS RECOMMENDED BY THE PATIENT'S PHYSICIAN, BUT THIS TREATMENT WAS REFUSED BY THE PATIENT, A PATIENT'S FAMILY MEMBER, OR THE PATIENT'S GUARDIAN. THE REFUSAL WAS NOTED IN PATIENT RECORD.

88 CHEMOTHERAPY WAS RECOMMENDED, BUT IT IS UNKNOWN IF IT WAS ADMINISTERED.

99 IT IS UNKNOWN WHETHER A CHEMOTHERAPEUTIC AGENT(S) WAS RECOMMENDED OR ADMINISTERED BECAUSE IT IS NOT STATED IN PATIENT RECORD. DEATH CERTIFICATE ONLY.

VI.4.3 DATE OF CHEMOTHERAPY

Record the date on which chemotherapy began at any facility as part of first course of treatment. If chemotherapy was not administered, leave the date field blank. If chemotherapy is known to have been given but the date is not known, enter 9's.

00000000	NO CHEMOTHERAPY ADMINISTERED; AUTOPSY ONLY CASE
88888888	WHEN CHEMOTHERAPY IS PLANNED AS PART OF THE FIRST COURSE OF TREATMENT, BUT HAD NOT BEEN STARTED AT THE TIME OF THE MOST RECENT FOLLOW-UP, THE DATE SHOULD BE REVISED AT THE NEXT FOLLOW UP.
99999999	THE DATE IS UNKNOWN, OR THE CASE WAS IDENTIFIED BY DEATH CERTIFICATE ONLY.

VI.5.3 HORMONE (ENDOCRINE) RADIATION

This data item is coded in the "Transplant/Endocrine Procedure" field (Section VI.7). Report any type of radiation directed toward an endocrine gland to affect hormonal balance if:

- The treatment is for cancers of the breast and prostate.
- Both paired glands (ovaries, testes, adrenals) or all of a remaining gland have been irradiated.

VI.5.4 HORMONE THERAPY CODES

Use the following codes for recording hormone therapy in the Summary field. Use codes *00*-87 for recording hormone therapy at this hospital. The codes for Reason No Hormone have been incorporated into this field.

00 NONE, HORMONE THERAPY WAS NOT PART OF THE PLANNED FIRST COURSE THERAPY.

01 HORMONE THERAPY ADMINISTERED AS FIRST COURSE THERAPY.

82 HORMONE THERAPY WAS NOT RECOMMENDED/ ADMINISTERED BECAUSE IT WAS CONTRAINDICATED DUE TO PATIENT RISK FACTORS (I.E., COMORBID CONDITIONS, ADVANCED AGE).

85 HORMONE THERAPY WAS NOT ADMINISTERED BECAUSE THE PATIENT DIED PRIOR TO PLANNED OR RECOMMENDED THERAPY.

86 HORMONE THERAPY WAS NOT ADMINISTERED. IT WAS RECOMMENDED BY THE PATIENT'S PHYSICIAN, BUT WAS NOT ADMINISTERED AS PART OF THE FIRST COURSE THERAPY. NO REASON WAS STATED IN PATIENT RECORD.

87 HORMONE THERAPY WAS NOT ADMINISTERED. IT WAS RECOMMENDED BY THE PATIENT'S PHYSICIAN, BUT THIS TREATMENT WAS REFUSED BY THE PATIENT, A PATIENT'S FAMILY MEMBER, OR THE PATIENT'S GUARDIAN. THE REFUSAL WAS NOTED IN THE PATIENT RECORD.

88 HORMONE THERAPY WAS RECOMMENDED, BUT IT IS UNKNOWN IF IT WAS ADMINISTERED.

99 IT IS UNKNOWN WHETHER A HORMONAL AGENT(S) WAS RECOMMENDED OR ADMINISTERED BECAUSE IT IS NOT STATED IN PATIENT RECORD. DEATH CERTIFICATE ONLY.

VI.5.5 DATE OF HORMONE THERAPY

Record the date on which hormone therapy began at any facility as part of first course of treatment. If hormone therapy was not administered, leave the date field blank. If hormone therapy is known to have been given but the date is not known, enter 9's.

00000000	NO HORMONE THERAPY ADMINISTERED; AUTOPSY ONLY CASE
88888888	WHEN HORMONE THERAPY IS PLANNED AS PART OF THE FIRST COURSE OF TREATMENT, BUT HAD NOT BEEN STARTED AT THE TIME OF THE MOST RECENT FOLLOW-UP, THE DATE SHOULD BE REVISED AT THE NEXT FOLLOW UP.
99999999	THE DATE IS UNKNOWN, OR THE CASE WAS IDENTIFIED BY DEATH CERTIFICATE ONLY.

Section VI.6
First Course of Treatment:
Immunotherapy
(Biological Response Modifier Therapy)

Immunotherapy/Biological response modifier therapy (BRM) is a generic term covering everything done to the immune system to alter it or change the host response to a cancer (defense mechanism).

VI.6.1 IMMUNOTHERAPY AGENTS

In addition to the agents listed in the *SEER Self-Instructional Manual for Tumor Registrars: Book 8,* 3rd ed. (1994), report the following as immunotherapy:

ASILI (active specific intralymphatic immunotherapy)
Blocking factors
Interferon
Monoclonal antibodies
Transfer factor (specific or non-specific)
Vaccine therapy
Virus therapy

VI.6.2 IMMUNOTHERAPY CODES

Effective with cases diagnosed 1/1/2003, this data item has been modified. Codes for transplants and endocrine procedures have been removed and are coded in a separate field called - RX Summ - Transplnt/Endocr. The length of this field has been changed from 1 to 2 characters. The codes for reason for no immunotherapy (BRM) given have been incorporated into this scheme. A conversion will be required.

Use the following codes for recording immunotherapy in the Summary field. Use codes 00-87 for recording immunotherapy in the At This Hospital field.

00 NONE, IMMUNOTHERAPY WAS NOT PART OF THE PLANNED FIRST COURSE OF THERAPY

01 IMMUNOTHERAPY ADMINISTERED AS FIRST COURSE THERAPY

82 IMMUNOTHERAPY WAS NOT RECOMMENDED/ADMINISTERED BECAUSE IT WAS CONTRAINDICATED DUE TO PATIENT RISK FACTORS (i.e. COMORBID CONDITIONS, ADVANCED AGE).

85 IMMUNOTHERAPY WAS NOT ADMINISTERED BECAUSE THE PATIENT DIED PRIOR TO PLANNED OR RECOMMENDED THERAPY.

86 IMMUNOTHERAPY WAS NOT ADMINISTERED. IT WAS RECOMMENDED BY THE PATIENT'S PHYSICIAN, BUT WAS NOT ADMINISTERED AS PART OF THE FIRST COURSE OF THERAPY. NO REASON WAS STATED IN PATIENT RECORD.

87 IMMUNOTHERAPY WAS NOT ADMINISTERED. IT WAS RECOMMENDED BY THE PATIENT'S PHYSICIAN, BUT THIS TREATMENT WAS REFUSED BY THE PATIENT, A PATIENT'S FAMILY MEMBER, OR THE PATIENT'S GUARDIAN. THE REFUSAL WAS NOTED IN THE PATIENT RECORD.

88 IMMUNOTHERAPY WAS RECOMMENDED, BUT IT IS UNKNOWN IF IT WAS ADMINISTERED.

99 IT IS UNKNOWN WHETHER AN IMMUNOTHERAPEUTIC AGENT(S) WAS RECOMMENDED OR ADMINISTERED BECAUSE IT IS NOT STATED IN PATIENT RECORD. DEATH CERTIFICATE ONLY.

VI.6.3 DATE OF IMMUNOTHERAPY

Record the date on which immunotherapy began at any facility as part of first course of treatment. If immunotherapy was not administered, leave the date field blank. If immunotherapy is known to have been given but the date in not known, enter 9's.

00000000 NO IMMUNOTHERAPY ADMINISTERED; AUTOPSY ONLY CASE

88888888 WHEN IMMUNOTHERAPY IS PLANNED AS PART OF THE FIRST COURSE OF TREATMENT, BUT HAD NOT BEEN STARTED AT THE TIME OF THE MOST RECENT FOLLOW-UP, THE DATE SHOULD BE REVISED AT TH NEXT FOLLOW UP.

99999999 THE DATE IS UNKNOWN, OR THE CASE WAS IDENTIFIED BY DEATH CERTIFICATE ONLY.

Section VI.7
First Course of Treatment:
Transplant/Endocrine Procedures

Record systemic therapeutic procedures administered as part of first course of treatment. These include bone marrow transplants, stem cell harvests, surgical and/or radiation endocrine therapy. Information on transplants and endocrine procedures was removed from the Rx Summ - BRM (Immunotherapy) field and moved to this field. Bone marrow and stem cell procedures are now coded in this field along with endocrine surgery or radiation. A conversion will be required for cases diagnosed prior to January 1, 2003 using both the Rx Summ - BRM (Immunotherapy) and Rx Summ - Hormone fields. Although the CoC did not add a corresponding "At this Hospital" field, the CCR will be requiring this field in order to provide consistency, i.e.; all of the other treatment fields except radiation have a hospital-level field.

There is no text field for bone marrow transplant and endocrine procedures. Record text information regarding bone marrow transplants and endocrine procedures in the immunotherapy text field.

VI.7.1 TRANSPLANT/ENDOCRINE CODES

Use the following codes for recording transplant/endocrine procedures in the Summary field. Use codes *00*-87 for recording transplant/endocrine procedures in the At This Hospital field.

00 NO TRANSPLANT PROCEDURE OR ENDOCRINE THERAPY WAS ADMINISTERED AS PART OF THE FIRST COURSE THERAPY

10 A BONE MARROW TRANSPLANT PROCEDURE WAS ADMINISTERED, BUT THE TYPE WAS NOT SPECIFIED

11 BONE MARROW TRANSPLANT - AUTOLOGOUS

12 BONE MARROW TRANSPLANT - ALLOGENEIC

20 STEM CELL HARVEST

30 ENDOCRINE SURGERY AND/OR ENDOCRINE RADIATION THERAPY

40 COMBINATION OF ENDOCRINE SURGERY AND/OR RADIATION WITH A TRANSPLANT PROCEDURE. (COMBINATION OF CODES 30 AND 10, 11, 12, OR 20.)

82 HEMATOLOGIC TRANSPLANT AND/OR ENDOCRINE SURGERY/RADIATION WERE NOT RECOMMENDED/ADMINISTERED BECAUSE IT WAS CONTRAINDICATED DUE TO PATIENT RISK FACTORS (i.e., COMORBID CONDITIONS, ADVANCED AGE).

85 HEMATOLOGIC TRANSPLANT AND/OR ENDORCRINE SURGERY/RADIATION WERE NOT ADMINISTERED BECAUSE THE PATIENT DIED PRIOR TO PLANNED OR RECOMMENDED THERAPY.

86 HEMATOLOGIC TRANSPLANT AND/OR ENDORCRINE SURGERY/RADIATION WERE NOT ADMINISTERED. IT WAS RECOMMENDED BY THE PATIENT'S PHYSICIAN, BUT WAS NOT ADMINISTERED AS PART OF THE FIRST COURSE THERAPY. NO REASON WAS STATED IN PATIENT RECORD.

87 HEMATOLOGIC TRANSPLANT AND/OR ENDORCRINE SURGERY/RADIATION WERE NOT ADMINISTERED. IT WAS RECOMMENDED BY THE PATIENT'S PHYSICIAN, BUT THIS TREATMENT WAS REFUSED BY THE PATIENT, A PATIENT'S FAMILY MEMBER, OR THE PATIENT'S GUARDIAN. THE REFUSAL WAS NOTED IN PATIENT RECORD.

88 HEMATOLOGIC TRANSPLANT AND/OR ENDOCRINE SURGERY/RADIATION WAS RECOMMENDED, BUT IT IS UNKNOWN IF IT WAS ADMINISTERED.

99 IT IS UNKNOWN WHETHER HEMATOLOGIC TRANSPLANT AND/OR ENDOCRINE SURGERY/RADIATION WAS RECOMMENDED OR ADMINISTERED BECAUSE IT IS NOT STATED IN PATIENT RECORD. DEATH CERTIFICATE ONLY.

VI.7.2 DATE OF TRANSPLANT/ENDOCRINE PROCEDURE

Record the date on which the transplant/endocrine procedure took place at any facility as part of the first course treatment. If transplant/endocrine procedures were not performed leave the date field blank. If a transplant/endocrine procedure is known to have been performed but the date is not known, enter 9's.

00000000 NO TRANSPLANT OR ENDOCRINE THERAPY ADMINISTERED; AUTOPSY ONLY CASE

88888888 WHEN TRANSPLANT OR ENDOCRINE THERAPY IS PLANNED AS PART OF THE FIRST COURSE OF TREATMENT, BUT HAD NOT BEEN STARTED AT THE TIME OF THE MOST RECENT FOLLOW-UP, THE DATE SHOULD BE REVISED AT THE NEXT FOLLOW UP.

99999999 THE DATE IS UNKNOWN, OR THE CASE WAS IDENTIFIED BY DEATH CERTIFICATE ONLY.

Follow-Up Data Items

Follow-up obtained by regional registry from:

20 LETTER TO A PHYSICIAN
21 COMPUTER MATCH WITH DEPARTMENT OF MOTOR VEHICLES
22 COMPUTER MATCH WITH MEDICARE OR MEDICAID FILE
23 COMPUTER MATCH WITH HMO FILE
24 COMPUTER MATCH WITH VOTER REGISTRATION FILE
25 NATIONAL DEATH INDEX
26 COMPUTER MATCH WITH STATE DEATH TAPE
27 SOCIAL SECURITY, DEATH MASTER FILE
29 COMPUTER MATCH, OTHER OR NOS
30 OTHER SOURCE
31 TELEPHONE CALL TO ANY SOURCE
32 SPECIAL STUDIES
33 EQUIFAX
34 ARS (AIDS REGISTRY SYSTEM)
35 COMPUTER MATCH WITH DISCHARGE DATA
36 OBITUARY
37 COMPUTER-MATCHING USING ADDRESS SERVICE
38 TRW CREDIT
39 REGIONAL REGISTRY FOLLOW-UP LISTING

Follow-up obtained by central (state) registry from:

40 LETTER TO A PHYSICIAN
41 TELEPHONE CALL TO ANY SOURCE
50 CMS (CENTER FOR MEDICARE AND MEDICAID SERVICES)
51 DEPARTMENT OF MOTOR VEHICLES
52 COMPUTER MATCH WITH MEDICARE OR MEDICAID FILE
53 COMPUTER MATCH WITH HMO FILE
54 CALVOTER REGISTRATION
55 NATIONAL DEATH INDEX
56 STATE DEATH TAPE-DEATH
57 MEDI-CAL ELIGIBILITY
58 SOCIAL SECURITY - DEATHS
59 COMPUTER MATCH, OTHER OR NOS
60 OTHER SOURCE
61 SOCIAL SECURITY - SSN
62 SPECIAL STUDIES
65 HOSPITAL DISCHARGE DATA - OSHPD
66 NATIONAL CHANGE OF ADDRESS (NCOA)
67 SOCIAL SECURITY ADMINISTRATION – EPIDEMIOLOGICAL VITAL STATUS
68 PROPERTY TAX LINKAGE
69 STATE DEATH TAPE – DEATH CLEARANCE (INCREMENTAL)

Follow-up obtained by hospitals or facilities usually done by the regional/central registry:

73 COMPUTER MATCH WITH HMO FILE
76 COMPUTER MATCH WITH STATE DEATH TAPE

Additional Codes:
80 SOCIAL SECURITY ADMINISTRATION
81 PROPERTY TAX LINKAGE
82 PROBE360
83 SSDI - INTERNET
84 E-PATH
85 PATH LABS
86 PATIENT
87 RELATIVE

99 SOURCE UNKNOWN

VII.2.6.2 Last Type of Patient Follow-Up

This field is to be used to enter the code representing the source of the most recent information about the patient being followed. Reporting hospitals ordinarily use codes from the first of the three following groups, i.e., 00-15.

Follow-up obtained by hospital from:
00 ADMISSION BEING REPORTED
01 READMISSION TO REPORTING HOSPITAL
02 FOLLOW-UP REPORT FROM PHYSICIAN
03 FOLLOW-UP REPORT FROM PATIENT
04 FOLLOW-UP REPORT FROM RELATIVE
05 OBITUARY
06 FOLLOW-UP REPORT FROM SOCIAL SECURITY ADMINISTRATION OR MEDICARE
07 FOLLOW-UP REPORT FROM HOSPICE
08 FOLLOW-UP REPORT FROM OTHER HOSPITAL
09 OTHER SOURCE
11 TELEPHONE CALL TO ANY SOURCE
12 SPECIAL STUDIES
13 EQUIFAX
14 ARS (AIDS REGISTRY SYSTEM)
15 COMPUTER MATCH WITH DISCHARGE DATA

Follow-up obtained by regional registry from:

20 LETTER TO A PHYSICIAN
21 COMPUTER MATCH WITH DEPARTMENT OF MOTOR VEHICLES FILE
22 COMPUTER MATCH WITH MEDICARE OR MEDICAID FILE
23 COMPUTER MATCH WITH HMO FILE
24 COMPUTER MATCH WITH VOTER REGISTRATION FILE
25 NATIONAL DEATH INDEX
26 COMPUTER MATCH WITH STATE DEATH TAPE
27 DEATH MASTER FILE (SOCIAL SECURITY)
29 COMPUTER MATCH, OTHER OR NOS
30 OTHER SOURCE
31 TELEPHONE CALL TO ANY SOURCE
32 SPECIAL STUDIES
33 EQUIFAX
34 ARS (AIDS REGISTRY SYSTEM)
35 COMPUTER MATCH WITH DISCHARGE DATA
36 OBITUARY
37 COMPUTER MATCH WITH CHANGE OF ADDRESS SERVICE
38 TRW
39 REGIONAL REGISTRY FOLLOW-UP LIST

Follow-up obtained by central (state) registry from:

40 LETTER TO A PHYSICIAN
41 TELEPHONE CALL TO ANY SOURCE
50 CMS (CENTER FOR MEDICARE AND MEDICAID SERVICES)
51 COMPUTER MATCH WITH DEPARTMENT OF MOTOR VEHICLES FILE
52 COMPUTER MATCH WITH MEDICARE OR MEDICAID FILE
53 COMPUTER MATCH WITH HMO FILE
54 COMPUTER MATCH WITH VOTER REGISTRATION FILE
55 NATIONAL DEATH INDEX
56 COMPUTER MATCH WITH STATE DEATH TAPE
57 COMPUTER MATCH WITH MEDI-CAL
58 COMPUTER MATCH WITH SOCIAL SECURITY DEATH FILE
59 COMPUTER MATCH, OTHER OR NOS
60 OTHER SOURCE
61 SOCIAL SECURITY - SSN
62 SPECIAL STUDIES
65 COMPUTER MATCH WITH OSHPD HOSPITAL DISCHARGE DATA BASE
66 COMPUTER MATCH WITH NATIONAL CHANGE OF ADDRESS FILE
67 SOCIAL SECURITY ADMINISTRATION – EPIDEMIOLOGICAL VITAL STATUS
68 PROPERTY TAX LINKAGE
69 STATE DEATH TAPE – DEATH CLEARANCE (INCREMENTAL)

Follow-up obtained by hospitals or facilities usually done by the regional/central registry:

73 COMPUTER MATCH WITH HMO FILE
76 COMPUTER MATCH WITH STATE DEATH TAPE
80 SOCIAL SECURITY ADMINISTRATION
81 PROPERTY TAX LINKAGE
82 PROBE360
83 SSDI - INTERNET
84 E-PATH
85 PATH LABS
86 PATIENT
87 RELATIVE

99 SOURCE UNKNOWN

55 DISTANT RECURRENCE OF AN INVASIVE TUMOR IN BONE ONLY. THIS INCLUDES BONES OTHER THAN THE PRIMARY SITE.
56 DISTANT RECURRENCE OF AN INVASIVE TUMOR IN THE CNS ONLY. THIS INCLUDES THE BRAIN AND SPINAL CORD, BUT NOT THE EXTERNAL EYE.
57 DISTANT RECURRENCE OF AN INVASIVE TUMOR IN THE SKIN ONLY. THIS INCLUDES SKIN OTHER THAN THE PRIMARY SITE.
58 DISTANT RECURRENCE OF AN INVASIVE TUMOR IN LYMPH NODE ONLY. REFER TO THE STAGING SCHEME FOR A DESCRIPTION OF LYMPH NODES THAT ARE DISTANT FOR A PARTICULAR SITE.
59 DISTANT SYSTEMIC RECURRENCE OF AN INVASIVE TUMOR ONLY. THIS INCLUDES LEUKEMIA, BONE MARROW METASTASIS, CARCINOMATOSIS, GENERALIZED DISEASE.
60 DISTANT RECURRENCE OF AN INVASIVE TUMOR IN A SINGLE DISTANT SITE (51-58) AND LOCAL, TROCAR AND/OR REGIONAL RECURRENCE (10-15, 20-25, OR 30).
62 DISTANT RECURRENCE OF AN INVASIVE TUMOR IN MULTIPLE SITES (RECURRENCES THAT CAN BE CODED TO MORE THAN ONE CATEGORY 51-59).
70 SINCE DIAGNOSIS, PATIENT HAS NEVER BEEN DISEASE–FREE. THIS INCLUDES CASES WITH DISTANT METASTASIS AT DIAGNOSIS, SYSTEMIC DISEASE, UNKNOWN PRIMARY, OR MINIMAL DISEASE THAT IS NOT TREATED.
88 DISEASE HAS RECURRED, BUT THE TYPE OF RECURRENCE IS UNKNOWN
99 IT IS UNKNOWN WHETHER THE DISEASE HAS RECURRED OR IF THE PATIENT WAS EVER DISEASE–FREE

NOTE: The Distant Recurrence Sites field has been removed and incorporated into the Type of First Recurrence field.

VII.2.13 DEATH INFORMATION

If the patient has died, enter the code for the state or country where the death occurred in the Place of Death field. (The code for California is 097. See Appendices C and D for other codes.) *If the patient is still alive, use code 997*. Hospitals are not required to complete the Cause of Death field or DC (Death Certificate) File No. field.

To report that a patient has died, make every attempt to find the month and year of death. Approximations are acceptable when all attempts to find the date of death have failed.

VII.2.14 FOLLOW-UP REMARKS

For the convenience of the hospital, CNExT provides three lines of text in the Follow–Up area of the abstract for recording information useful in following the patient. Information entered on the line labeled "FU Resource Remarks" can be printed on a follow-up letter. Use of the Follow-Up Remarks fields is optional, and information entered there is not sent to the regional registry.

PART IX
TRANSMITTAL OF CASE INFORMATION AND QUALITY CONTROL

Section IX.1
Transmittal of Case Information

The method of transmitting abstracted information to the regional registry varies with each reporting facility. Facilities can either mail diskettes, use a modem to send the information electronically or send hard copy abstracts to their regional registry. All electronic data that are mailed or transmitted in any form between cancer reporting facilities and regional registries must be encrypted and password protected. For facilities using CNExT software, there is an option allowing them to perform this function before transmitting a file to their regional registry.

Paper or hard copy abstracts should be placed in an envelope that is sealed, marked confidential, and accompanied by a statement on the outside alerting the recipient that the sealed envelope contains confidential information that is intended for the regional registry. The statement should request that if the person who receives the confidential package is not the intended recipient, they should return it to the sender. The sealed, marked envelope with attached statement should then be placed in another envelope and sent by a secure delivery service including U.S. Post Office (first class) or some form of traceable, delivery service.

This policy also pertains to abstracts returned to the facility from the regional registry for inquiries or corrections.

The frequency of transmittals must be arranged between the reporting hospital and the regional registry, but should be quarterly at least. For very large hospitals, monthly or even weekly transmittals might be appropriate to allow an even work flow at the regional registry.

IX.1.1 TIMELINESS

Submit all reports to the regional registry assigned to the reporting hospital. Unless the regional registry requests an immediate report on a patient or patients, do not submit an abstract until all the required information has been entered, but no later than six months after admission of the patient.

IX.1.2 CORRECTIONS

If errors or omissions are discovered after an abstract has been transmitted, the corrections and the reason they were entered must be sent to the regional registry if any of the following fields is changed.

Accession Number
Address at Diagnosis - City
Address at Diagnosis - No. & Street
Address at Diagnosis - Supplemental
Address At Diagnosis - State
Address At Diagnosis - Zip Code
Alias First Name
Alias Last Name
Behavior Code ICD-O-3
Birth Date
Birthplace
Casefinding Source
Chemotherapy at This Hospital
Chemotherapy Summary
Class of Case
Comorbidity/Complication 1
Comorbidity/Complication 2
Comorbidity/Complication 3
Comorbidity/Complication 4
Comorbidity/Complication 5
Comorbidity/Complication 6
County of Residence at Diagnosis
CS Tumor Size
CS Tumor Size/Extension Evaluation
CS Extension
CS Lymph Nodes
CS Lymph Node Evaluation
CS Metastasis at Diagnosis
CS Mets at Diagnosis Evaluation
CS Site Specific Factor 1
CS Site Specific Factor 2
CS Site Specific Factor 3
CS Site Specific Factor 4
CS Site Specific Factor 5
CS Site Specific Factor 6
Date of Chemotherapy
Date of Diagnosis
Date of Diagnostic or Staging Procedures
Date of First Admission
Date of Hormone Therapy
Date of Immunotherapy
Date of Inpatient Admission
Date of Inpatient Discharge
Date of Most Definitive Surgery
Date of Other Therapy
Date of Radiation Therapy
Date of Surgery
Date of Systemic Therapy
Date of Transplant/Endocrine Procedure
Derived AJCC T
Derived AJCC N
Derived AJCC M
Derived AJCC Stage Group
Derived SS2000
Derived SS1977
Diagnostic Confirmation
Diagnostic or Staging Procedures at This Hospital
Extent of Disease - Extension
Extent of Disease - Extension (Path)
Extent of Disease - Lymph Node Involvement
First Name
Histology - Behavior - (ICD-O-2)
Histologic Type ICD-O-3
Histology - Grade/Differentiation
Histology - Type - (ICD-O-2)
Hormone Therapy at This Hospital
Hormone Therapy Summary
Hospital Number (Reporting)
Hospital Referred From
Hospital Referred To
Immunotherapy at This Hospital
Immunotherapy Summary
Industry - Text
Last Name

Laterality
Maiden Name
Marital Status
Medical Record Number
Middle Name
Mother's First Name
Name Suffix
Number of Regional Lymph Nodes Examined – Summary
Occupation - Text
Other Therapy at This Hospital
Other Therapy Summary
Pathology Report Number-Biopsy/FNA
Pathology Report Number-Surgery
Patient No Research Contact Flag
Payment Source (Primary & Secondary)
Payment Source Text (Primary)
Pediatric Stage
Pediatric Stage Coder
Pediatric Stage System
Physicians
Protocol Participation
Race 1
Race 2
Race 3
Race 4
Race 5
Radiation Summary
Radiation-Regional Rx Modality
Radiation-Boost Treatment Modality
Radiation/Surgery Sequence
Reason No Radiation
Reason for No Surgery
Regional Data
Regional Nodes Examined (Number)
Regional Nodes Positive (Number)
Religion
Scope of Regional Lymph Node Surgery at This Hospital
Scope of Regional Lymph Node Surgery - Summary
Sequence Number - Hospital
Sex
Site - Primary (ICD-O-2)
Social Security Number
Social Security Number Suffix
Spanish/Hispanic Origin
Summary Stage
Summary Stage 2000
Surgical Procedure/Other Site at This Hospital
Surgical Procedure/Other Site - Summary
Surgery of Primary Site at This Hospital
Surgery Primary Site - Summary
Surgery Summary – Reconstructive
Text-Diagnostic Procedures-Physical Examination
Text-Diagnostic Procedures-X-ray
Text-Diagnostic Procedures-Scopes
Text-Diagnostic Procedures-Lab Tests
Text-Diagnostic Procedures-Operative
Text-Diagnostic Procedures-Pathological
Text-Site
Text-Histology
Text Rx-Surgery
Text Rx-Radiation (Beam)
Text Rx-Radiation (Other)
Text Rx-Chemotherapy
Text Rx-Hormone Therapy
Text Rx-Immunotherapy
Text Rx-Other Therapy
Text-Remarks
Text-Final Diagnosis
TNM Coder (Clinical)
TNM Coder (Path)
TNM Edition
TNM M Code (Clinical)
TNM M Code (Path)
TNM N Code (Clinical)
TNM N Code (Path)
TNM Stage (Clinical)
TNM Stage (Path)
TNM T Code (Clinical)

TNM T Code (Path)

Transplant & Endocrine Procedures at This Hospital

Transplant & Endocrine Procedures - Summary

Tumor Marker - 1

Tumor Marker - 2

Tumor Marker - 3

Tumor Marker-CA-1

Tumor Size

Type of Admission

Type of Reporting Source

Year First Seen

REYGADAS
REYNA
REYNADO
REYNAGA
REYNALDO
REYNALDOS
REYNERO
REYNEROS
REYNOS
REYNOSA
REYNOSO
REYNOZA
REYNOZO
REYO
REYOS
REZA
REZENDEZ
RIALI
RIANCHO
RIANDA
RIAVE
RIAZA
RIBADENEIRA
RIBAL
RIBALTA
RIBAS
RIBERA
RIBERAL
RIBERAS
RIBOT
RIBOTA
RICABAL
RICALDE
RICANO
RICARDEZ
RICARDO
RICART
RICARTE
RICHARTE
RICHIEZ
RICHINA
RICO
RICONDO
RIDRIGUEZ
RIEDO
RIEGA
RIEGO
RIEGOS
RIERA
RIERAS
RIESCO
RIESGO
RIESTRA
RIGAL
RIGALES
RIGAU
RIGUAL
RIGUERA
RIGUERO
RIJO
RIJOS
RIMBLAS
RINAURO
RINCHE
RINCON
RINCONENO
RINCONES
RINGLERO
RIOBO
RIOCABO
RIOFRIO
RIOJA
RIOJAS
RIOJAZ
RIOJOS
RIOLLANO
RIONDA
RIOPEDRE
RIOS
RIOSECO
RIOSESPINOZA
RIOSFLORES
RIOSMARTINE
Z
RIOSPEREZ
RIOZ
RIPALDA
RIPES
RIPOL
RIPOLL
RIPOLLES
RIQUELME
RIQUERO
RISQUET
RISUENO
RIUS
RIUSECH
RIVADA
RIVADENEIRA
RIVADENEYRA
RIVADULLA
RIVALE
RIVALI
RIVARES
RIVAROLA
RIVAS
RIVAZ
RIVEIRA
RIVEIRO
RIVERA
RIVERACOLON
RIVERACRUZ
RIVERADIAZ
RIVERALUGO
RIVERAPEREZ
RIVERARIVER
A
RIVERAS
RIVERIA
RIVERO
RIVEROL
RIVEROLL
RIVERON
RIVEROS
RIVERRA
RIVIERO
RIZO
ROA
ROACHO
ROANO
ROBAINA
ROBALI
ROBALIN
ROBALINO
ROBAU
ROBAYNA
ROBAYO
ROBEDA
ROBELDO
ROBELO
ROBLAS
ROBLEDA
ROBLEDO
ROBLEJO
ROBLERO
ROBLES
ROBLETO
ROBLEZ
ROBREDO
ROCA
ROCAFORT
ROCAFUERTE
ROCAMONTES
ROCAMONTEZ
ROCERO
ROCES
ROCHA
ROCHAS
ROCHES
ROCHIN
ROCHOA
ROCIO
RODADO
RODALLEGAS
RODARTE
RODAS
RODEA
RODELA
RODELAS
RODELO
RODENA
RODENAS
RODERO
RODEZ
RODGRIGUEZ
RODICIO
RODIGUEZ
RODIL
RODILES
RODIQUEZ
RODIRGUEZ
RODREGUEZ
RODRGUEZ
RODRIG
RODRIGEUZ
RODRIGEZ
RODRIGIEZ
RODRIGNEZ
RODRIGOEZ
RODRIGS
RODRIGU
RODRIGUEA
RODRIGUERA
RODRIGUEZ
RODRIGUEZM
ARTINEZ
RODRIGUEZS
RODRIGUIEZ
RODRIGUIZ
RODRIGUZ

RODRIQUEZ
RODRIQUIZ
RODRIUEZ
RODRIUGEZ
RODRIZUEZ
RODROGUEZ
RODRUGUEZ
RODRUQUEZ
RODUGUEZ
RODULFO
RODZ
ROEL
ROGANS
ROGERIO
ROGES
ROGRIGUEZ
ROGUE
ROHENA
ROIBAL
ROIDE
ROIG
ROIS
ROIZ
ROJA
ROJANO
ROJAS
ROJEL
ROJERO
ROJES
ROJO
ROJOS
ROLDAN
ROLDON
ROLDOS
ROLON
ROMAGOSA
ROMAGUERA
ROMANDIA
ROMANES
ROMANEZ
ROMANILLOS
ROMAY
ROMAYOR
ROMERA
ROMERO
ROMEROS
ROMEU
ROMEZ
ROMIREZ
ROMIRO
ROMO
ROMOS
ROMPAL
RON
RONCES
RONDA
RONDAN
RONDERO
RONDEZ
RONDON
RONGAVILLA
RONJE
RONQUILLO
ROQUE
ROQUENI
ROQUERO
ROQUETA
ROS
ROSA
ROSABAL
ROSADA
ROSADO
ROSAL
ROSALES
ROSALESDELRIO
ROSALEZ
ROSALY
ROSARIA
ROSARIO
ROSARIODIAZ
ROSARO
ROSAS
ROSELI
ROSELLO
ROSELLON
ROSENDO
ROSENEY
ROSERO
ROSES
ROSETE
ROSILES
ROSILEZ
ROSILLO
ROSITAS
ROSQUETE
ROSTRO
ROTEA
ROTELA
ROTGER
ROUCO
ROURA
ROURE
ROVAYO
ROVERA
ROVIRA
ROVIROSA
ROXAS
ROYBAL
ROYBALL
ROYBOL
ROYERO
ROYO
ROYOS
ROYVAL
ROZADA
ROZALES
ROZO
RUACHO
RUALES
RUALO
RUAN
RUANO
RUAS
RUBALACA
RUBALCABA
RUBALCADA
RUBALCADO
RUBALCAUA
RUBALCAVA
RUBERO
RUBERTE
RUBI
RUBIA
RUBIALES
RUBIANES
RUBIANO
RUBIDO
RUBIELLA
RUBIERA
RUBILDO
RUBINOS
RUBIO
RUBIOLA
RUCIO
RUCOBO
RUEDA
RUEDAFLORES
RUEDAS
RUELAS
RUELAZ
RUELOS
RUEMPEL
RUENES
RUESGA
RUEZGA
RUFAT
RUFFENO
RUFIN
RUGAMA
RUGARCIA
RUGERIO
RUIBAL
RUIDAS
RUIDIAZ
RUILOBA
RUISANCHEZ
RUISECO
RUIZ
RUIZCALDERON
RUIZCASTANEDA
RUIZDEESPARZA
RUIZDELVIZO
RUIZE
RUIZESPARZA
RUIZZ
RUL
RULLAN
RUMAYOR
RUMBAUT
RUTIAGA
RUTIZ
RUVALCABA
RUVALCAVA
RUVIRA
RUYBAL
RUYBALID
RUYBOL
RUZ

S

SAA
SAABEDRA
SAAUEDRA
SAAVEDRA
SABALA
SABALLOS
SABALZA
SABANDO
SABATER
SABATES
SABEDRA
SABI
SABICER
SABIDO
SABINES
SABLATURA
SABOGAL
SABORI

APPENDIX H
SUMMARY OF CODES

The codes used for reporting cancer data to the CCR are summarized below. For explanations of the codes and status of data item reportability to the CCR, refer to the sections indicated. Only coded items, not text fields, are listed here.

SECTION	ITEM	CODE
REGISTRY INFORMATION		
III.1.1	Abstractor	Three initials of abstractor; flush left, no spaces between initials XXX = unknown
II.2.3	Accession Number	Nine-digit number assigned to patient by hospital tumor registry
II.2.4	Sequence Number	00 ONE PRIMARY MALIGNANCY 01 FIRST OF TWO OR MORE PRIMARIES 02 SECOND OF TWO OR MORE PRIMARIES 10 TENTH OF TEN OR MORE PRIMARIES 11 ELEVENTH OF ELEVEN OR MORE PRIMARIES 99 SEQUENCE UNKNOWN
II.2.1	Year First Seen	*Four–digit* number assigned by the hospital tumor registry to each registered case
III.1.4	Reporting Hospital	Six-digit number assigned by CCR (see Appendix F); blank if none assigned
III.1.6	ACoS Approved Flag	1 CANCER PROGRAM APPROVED 2 CANCER PROGRAM NOT APPROVED Blank CASES DIAGNOSED BEFORE 1999
PATIENT IDENTIFICATION		
III.2.1	Patient's Name	Uppercase alpha, except single hyphen allowed within last name; maximum of 25 characters for last name, 14 letters for first name, and 14 letters for middle name/initial; no spaces within name; middle name may be blank

III.2.1.4	Maiden Name	Uppercase alpha, except hyphen; first 15 characters of maiden surname; no spaces within name; blank if not applicable
III.2.1.5	Alias Last Name	Uppercase alpha, except hyphen; first 15 characters of alias surname; no spaces within name; blank if not applicable
III.2.1.6	Alias First Name	Uppercase alpha, except hyphen, 15 characters, no spaces within name; blank if not applicable
III.2.1.8	Name Suffix	Alpha; 3 characters; may be left blank
III.2.1.9	Mother's First Name	Alpha; 14 characters; may be left blank
III.2.2	Medical Record No.	Maximum of 12 letters or numbers assigned to patient/admission by reporting hospital, flush left, without special characters or spaces within number; blank if none assigned
III.2.3	Social Security No. and Suffix	Nine-digit number; up to two-character suffix; flush left; blank if unknown; valid suffixes determined by Social Security Administration
III.2.5.2	Number & Street	Maximum of 40 letters, numbers, spaces, and the special characters (#), (/), (-), (,), and (.), flush left; if unknown enter "UNKNOWN"
III.2.5.2	City	Maximum of 20 letters and spaces only; if unknown enter "UNKNOWN"
III.2.5.2	State	Two–letter postal abbreviation (see Appendix B) XX = USA, NOS; CANADA, NOS; UNKNOWN YY = NOT APPLICABLE (i.e., non-USA, or non-Canadian)
III.2.5.2	Zip	Nine-character field for five- or nine-digit postal code, flush left 8's = NON-USA, NON-CANADIAN RESIDENT 9's = UNKNOWN
III.2.5.2	County of Residence	Three-digit code for county at DX in California (see Appendix L); for non-USA or non-Canadian residents, three-digit code for country (see Appendix D) 000 NON-CALIFORNIA RESIDENT; USA, NOS; CALIFORNIA RESIDENT, COUNTY UNKNOWN 999 COUNTRY UNKNOWN

III.2.4 & VII.3.2	Phone	Ten-digit telephone number, including area code; no hyphens; may be blank; enter 0's for no phone
III.2.6	Marital Status	1 SINGLE 2 MARRIED 3 SEPARATED 4 DIVORCED 5 WIDOWED 9 UNKNOWN
III.2.7	Sex	1 MALE 2 FEMALE 3 HERMAPHRODITE 4 TRANSSEXUAL 9 UNKNOWN
III.2.8	Religion	Two-digit code (see Appendix G)
III.2.9.1	Race 1	01 WHITE 02 BLACK 03 AMERICAN INDIAN, ALEUTIAN, OR ESKIMO 04 CHINESE 05 JAPANESE 06 FILIPINO 07 HAWAIIAN 08 KOREAN 09 ASIAN INDIAN, PAKISTANI 10 VIETNAMESE 11 LAOTIAN 12 HMONG 13 KAMPUCHEAN (CAMBODIAN) 14 THAI 20 MICRONESIAN, NOS 21 CHAMORRO 22 GUAMANIAN, NOS 25 POLYNESIAN, NOS 26 TAHITIAN 27 SAMOAN 28 TONGAN 30 MELANESIAN, NOS 31 FIJI ISLANDER 32 NEW GUINEAN *90 OTHER SOUTH ASIAN*, INCLUDING BANGLADESHI, BHUTANESE, NEPALESE, SIKKIMESE, SRI LANKAN (CEYLONESE)* 96 OTHER ASIAN, INCLUDING BURMESE, INDONESIAN, ASIAN, NOS AND ORIENTAL, NOS 97 PACIFIC ISLANDER, NOS 98 OTHER 99 UNKNOWN

III.2.9.1 Race 2-5

01	WHITE
02	BLACK
03	AMERICAN INDIAN, ALEUTIAN, OR ESKIMO
04	CHINESE
05	JAPANESE
06	FILIPINO
07	HAWAIIAN
08	KOREAN
09	ASIAN INDIAN, PAKISTANI
10	VIETNAMESE
11	LAOTIAN
12	HMONG
13	KAMPUCHEAN (CAMBODIAN)
14	THAI
20	MICRONESIAN, NOS
21	CHAMORRO
22	GUAMANIAN, NOS
25	POLYNESIAN, NOS
26	TAHITIAN
27	SAMOAN
28	TONGAN
30	MELANESIAN, NOS
31	FIJI ISLANDER
32	NEW GUINEAN
88	NO FURTHER RACE DOCUMENTED
90	*OTHER SOUTH ASIAN*, INCLUDING BANGLADESHI, BHUTANESE, NEPALESE, SIKKIMESE, SRI LANKAN (CEYLONESE)*
96	OTHER ASIAN, INCLUDING BURMESE, INDONESIAN, ASIAN, NOS AND ORIENTAL, NOS
97	PACIFIC ISLANDER, NOS
98	OTHER
99	UNKNOWN

**Note: these races were previously coded 09 - Asian Indian. Per the 2004 SEER Race Code Guideline, these cases are coded as 96 Other Asian. For consistency in these codes over time, the CCR created a new code, code 90 for Other South Asian. These cases will be converted from 90 to 96 for calls for data.*

III.2.9.2 Spanish Hispanic/Origin

0	NON-SPANISH, NON-HISPANIC
1	MEXICAN (including CHICANO, NOS)
2	PUERTO RICAN
3	CUBAN
4	SOUTH OR CENTRAL AMERICAN (except BRAZILIAN)
5	OTHER SPECIFIED SPANISH ORIGIN (includes EUROPEAN)
6	SPANISH, NOS; HISPANIC, NOS, LATINO, NOS (evidence that Hispanic cannot be assigned to codes 1-5)
7	SPANISH SURNAME ONLY (only evidence is surname or maiden name)*
9	UNKNOWN WHETHER SPANISH OR NOT

*Use Appendix O to code this field.

III.2.10	Birth Date Month	01-12 for January - December 99 = UNKNOWN
	Day	01-31 99 = UNKNOWN
	Year	Four-digit year of birth 9999 = UNKNOWN
III.2.11	Age at Diagnosis	Three-digit age at diagnosis 000 LESS THAN ONE YEAR OLD 999 UNKNOWN AGE
III.2.12	Birthplace	Three-digit code (see Appendix D)
III.2.13	Occupation	Four-digit code, U.S. Bureau of the Census 1990 occupation and industry classification; leave blank because entered by regional or central registry
III.2.13	Industry	Four-digit code (see Occupation, above); leave blank
III.2.14	Patient No Research Contact Flag	0 NO FLAG 1 HOSPITAL FIRST NOTIFIED 2 REGION FIRST NOTIFIED 3 CCR FIRST NOTIFIED 4 OUT OF STATE CASE, NOT FOR RESEARCH

CASE IDENTIFICATION

III.3.1	Date of Admission	MMDDYYYY (unknown = 99 or 9999 for unknown year)
III.3.2	Dates of Inpatient Admission and Inpatient Discharge	MMDDYYYY (unknown = 99 or 9999 for unknown year); may be blank
III.3.3	Date of Diagnosis	MMDDYYYY (unknown = 99 or 9999 for unknown year)

III.3.5 Class of Case

ANALYTIC–CODES 0, 1, and 2

0 FIRST DIAGNOSED AT REPORTING HOSPITAL SINCE ITS REFERENCE DATE, BUT ENTIRE FIRST COURSE OF THERAPY GIVEN ELSEWHERE
1 FIRST DIAGNOSED AT REPORTING HOSPITAL SINCE ITS REFERENCE DATE, AND EITHER (a) RECEIVED ALL OR PART OF FIRST COURSE OF THERAPY AT THE HOSPITAL, OR (b) WAS NEVER TREATED
2 FIRST DIAGNOSED AT ANOTHER HOSPITAL AND EITHER (a) RECEIVED ALL OR PART OF THE FIRST COURSE OF THERAPY AT THE REPORTING HOSPITAL AFTER ITS REFERENCE DATE, OR (b) PLANNING OF THE FIRST COURSE OF THERAPY WAS DONE PRIMARILY AT THE REPORTING HOSPITAL

NON-ANALYTIC Codes 3–9

3 FIRST DIAGNOSED AT ANOTHER HOSPITAL AND EITHER (a) ENTIRE FIRST COURSE OF THERAPY* WAS GIVEN ELSEWHERE, (b) WAS NEVER TREATED, or (c) UNKNOWN IF TREATED
4 FIRST DIAGNOSED AT REPORTING HOSPITAL BEFORE ITS REFERENCE DATE
5 FIRST DIAGNOSED AT AUTOPSY
6 DIAGNOSED AND RECEIVED ALL OF THE FIRST COURSE OF TREATMENT IN A STAFF PHYSICIAN'S OFFICE. (PER THE AMERICAN COLLEGE OF SURGEONS, THESE CASES ARE NON-ANALYTIC AND REPORTABILITY IS OPTIONAL.)
7 PATHOLOGY REPORT ONLY. PATIENT DOES NOT ENTER THE REPORTING FACILITY AT ANY TIME FOR DIAGNOSIS OR TREATMENT. THIS CATEGORY EXCLUDES CASES DIAGNOSED AT AUTOPSY
8 DIAGNOSIS WAS ESTABLISHED BY DEATH CERTIFICATE ONLY. USED BY CENTRAL REGISTRIES ONLY.
9 PATIENT TREATED AT REPORTING HOSPITAL BUT DATE OF DIAGNOSIS IS UNKNOWN AND CANNOT BE REASONABLY ESTIMATED

III.3.6 Type of Reporting Source

1 HOSPITAL INPATIENT/OUTPATIENT OR CLINIC
3 LABORATORY
*4 PRIVATE MEDICAL PRACTITIONER
*5 NURSING HOME, CONVALESCENT HOSPITAL, OR HOSPICE
6 AUTOPSY ONLY
*7 DEATH CERTIFICATE ONLY

NOTE: Code 2 (Clinic) will still be accepted.
*Codes 4, 5, and 7 are not used by hospitals.

III.3.7 Type of Admission

1 INPATIENT ONLY

2 OUTPATIENT ONLY
3 TUMOR BOARD ONLY
4 PATHOLOGY SPECIMEN ONLY
5 INPATIENT AND OUTPATIENT
6 INPATIENT AND TUMOR BOARD
7 OUTPATIENT AND TUMOR BOARD
8 INPATIENT, OUTPATIENT, AND TUMOR BOARD
9 UNKNOWN (may appear in archival files but is not entered by hospitals)

III.3.8 Casefinding Source

Case first identified in cancer-reporting facility:

10 REPORTING HOSPITAL, NOS
20 PATHOLOGY DEPARTMENT REVIEWS
21 DAILY DISCHARGE REVIEW
22 DISEASE INDEX REVIEW
23 RADIATION THERAPY DEPARTMENT/CENTER
24 LABORATORY REPORTS
25 OUTPATIENT CHEMOTHERAPY
26 DIAGNOSTIC IMAGING/RADIOLOGY
27 TUMOR BOARD
28 HOSPITAL REHABILITATION SERVICE OR CLINIC
29 OTHER HOSPITAL SOURCE, INCL. CLINIC, NOS OR OPD, NOS

Case first identified by source other than a cancer-reporting facility:

30 PHYSICIAN-INITIATED CASE
40 CONSULTATION-ONLY OR PATHOLOGY-ONLY REPORT
50 PRIVATE PATHOLOGY LABORATORY REPORT
60 NURSING-HOME-INITIATED CASE
70 CORONER'S-OFFICE RECORDS REVIEW
80 DEATH CERTIFICATE FOLLOW-BACK
85 OUT OF STATE CASE SHARING
90 OTHER NON-REPORTING HOSPITAL SOURCE
95 QUALITY CONTROL REVIEW
99 UNKNOWN

III.3.9 Payment Source Primary and Secondary

01 NOT INSURED
02 NOT INSURED, SELF-PAY
10 INSURANCE, NOS
20 MANAGED CAR*E*
28 HMO
29 PPO
31 MEDICAID
35 MEDICAID ADMINISTERED THROUGH A MANAGED CARE PLAN
36 MEDICAID WITH MEDICARE SUPPLEMENT
50 MEDICARE
51 MEDICARE WITH SUPPLEMENT
52 MEDICARE WITH MEDICAID SUPPLEMENT
53 TRICARE
54 MILITARY
55 VETERANS AFFAIRS
56 INDIAN/PUBLIC HEALTH SERVICE
60 COUNTY FUNDED, NOS
99 INSURANCE STATUS UNKNOWN

III.3.10	Hospital Referred From	Six-digit number assigned by CCR (see Appendix F); 0's if not referred
III.3.11	Hospital Referred To	Six-digit number assigned by CCR (see Appendix F); 0's if not referred
III.3.12	Physicians	Eight-digit code based on physician's state license number (7 fields); may enter dentist's and osteopath's license number; may enter out-of-state license but first character must be an X; blank if not applicable; Attending Physician may not be blank. If there is no attending physician, or if it cannot be determined who the attending physician is, the code for unknown physician or license number not assigned (99999999) must be entered.

TUMOR DATA

IV.1.7.1	Pathology Report Number-Biopsy/FNA	Ten-digit, alpha numeric, left justified. Special characters allowed. May be left blank.
IV.1.7.2	Pathology Report Number-Surgery	Ten-digit, alpha numeric, left justified. Special characters allowed. May be left blank.

IV.2	Diagnostic Confirmation	1	POSITIVE HISTOLOGY
		2	POSITIVE CYTOLOGY, NO POSITIVE HISTOLOGY
		4	POSITIVE MICROSCOPIC CONFIRMATION, METHOD NOT SPECIFIED
		5	POSITIVE LABORATORY TEST OR MARKER STUDY
		6	DIRECT VISUALIZATION WITHOUT MICROSCOPIC CONFIRMATION
		7	RADIOGRAPHY WITHOUT MICROSCOPIC CONFIRMATION
		8	CLINICAL DIAGNOSIS ONLY
		9	UNKNOWN WHETHER OR NOT MICROSCOPICALLY CONFIRMED
V.1	Primary Site	Four-digit ICD-O-3 code	
V.2	Laterality	0	NOT A PAIRED SITE
		1	RIGHT SIDE ORIGIN OF PRIMARY
		2	LEFT SIDE ORIGIN OF PRIMARY
		3	ONE SIDE ONLY INVOLVED, BUT RIGHT OR LEFT SIDE ORIGIN NOT SPECIFIED
		4	BOTH SIDES INVOLVED, BUT ORIGIN UNKNOWN
		9	PAIRED SITE, BUT NO INFORMATION AVAILABLE CONCERNING LATERALITY
V.3	Histology–Type and Behavior	Five-digit ICD-O-3 code	
V.3.5	Histology– Grade/Diff.	One-digit ICD-O-3 code	

V.4.1 Extent of Disease

EOD items may be blank if not abstracted prior to January 1, 1994. For cases diagnosed 1/1/94 and after, these fields must be coded. For SEER regions, the date is earlier (1/1/88 for Region 8, and 1/1/92 for Region 1 and Region 9). Please refer to SEER Extent of Disease - 1988 Codes and Coding Instructions - for codes. *With the implementation of Collaborative Staging the Regional Nodes Positive and Examined fields are the same fields for CS and for EOD. However, effective with cases diagnosed January 1, 2004 forward, the codes for Regional Nodes Positive have changed. Cases diagnosed prior to January 1, 2004 will be converted.*

NOTE: Any cases entered after the conversion process should apply the new codes regardless of date of diagnosis. The new codes are as follows:

00	*ALL NODES EXAMINED ARE NEGATIVE.*
01-89	*1-89 NODES ARE POSITIVE. (CODE EXACT NUMBER OF NODES POSITIVE)*
90	*90 OR MORE NODES ARE POSITIVE*
95	*POSITIVE ASPIRATION OF LYMPH NODE(S) WAS PERFORMED*
97	*POSITIVE NODES ARE DOCUMENTED, BUT THE NUMBER IS UNSPECIFIED*
98	*NO NODES EXAMINED*
99	*IT IS UNKNOWN WHETHER NODES ARE POSITIVE; NOT APPLICABLE; NOT STATED IN PATIENT RECORD*

V.4.2 Collaborative Staging

Beginning with cases diagnosed January 1, 2004 forward and for cases with an unknown date of diagnosis first seen at your facility after January 1, 2004, the CCR requires the collection of Collaborative Staging (CS) data items necessary to derive AJCC T, N, M, Stage Group, Summary Stage 1977, and Summary Stage 2000 (Derived AJCC T, Derived AJCC N, Derived AJCC M, Derived AJCC Stage Group, Derived SS1977, and Derived SS2000) for all cases. These required data items include:

CS Tumor Size
CS Extension
CS Lymph Nodes
*Regional Nodes Positive**
Regional Nodes Examined
CS Mets at Diagnosis
CS Site Specific Factor 1
CS Site Specific Factor 2
CS Site Specific Factor 3
CS Site Specific Factor 4
CS Site Specific Factor 5
CS Site Specific Factor 6

**Definition changes were made to codes 90-97. See Section V.4.1 for the table of new codes for Regional Nodes Positive.*

The following Collaborative Staging data items are not required by the CCR, but are to be sent from CoC approved facilities:

CS Tumor Size/Extension Evaluation
CS Lymph Node Evaluation
CS Metastasis Evaluation
Derived AJCC T Descriptor
Derived AJCC N Descriptor
Derived AJCC M Descriptor

Please refer to the Collaborative Staging Manual for coding instructions. Cases diagnosed prior to January 1, 2004 should continue to use the EOD fields with the exception of the Regional Nodes Positive field.

V.5.1 Stage at Diagnosis

Stage at Diagnosis is not required with cases diagnosed on or after January 1, 1994. Hospitals wishing to do so may continue its use. Cases diagnosed prior to January 1, 1994 must continue to be staged using SEER Summary Staging.

0 IN SITU
1 LOCALIZED
2 REGIONAL, DIRECT EXTENSIONS ONLY
3 REGIONAL, NODES ONLY
4 REGIONAL, DIRECT EXTENSION AND NODES

		5 REGIONAL, NOS 7 DISTANT METASTASES OR SYSTEMIC DISEASE (REMOTE) *8 NOT APPLICABLE (for coding benign brain tumors, effective with cases diagnosed 1/1/2004 forward)* 9 UNSTAGEABLE; UNKNOWN *Blank NOT DONE*
V.6.1	Tumor Marker 1	For breast cancer cases (C50.0-C50.9) diagnosed on or after 1/1/90 and prostate (C61.9) and testicular (C62.0-C62.9) cancer cases diagnosed on or after 1/1/98. For colorectal cancer cases - Carcinoembryonic Antigen (CEA). For ovarian cancer cases - Carbohydrate Antigen 125 (CA-125). Refer to Section V.6.1 for codes.
V.6.2	Tumor Marker 2	For breast cancer cases (C50.0-C50.9) diagnosed on or after 1/1/90 and prostate (C61.9) and testicular (62.0-62.9) cancer cases diagnosed on or after 1/1/98. Refer to Section V.6.2 for codes.
V.6.3	Tumor Marker 3	For testicular cancer cases diagnosed on or after 1/1/98. Refer to Section V.6.3 for codes.
V.6.4	Tumor Marker-CA-1	Her 2/neu tumor marker for breast cancer. Refer to Section V.6.4 for codes.

ACoS Items

V.7.4	TNM-T Code Clinical	Site-specific code, one, two, or three characters (ACoS), flush left
V.7.4	TNM-N Code Clinical	Site-specific code, one, two, or three characters (ACoS), flush left
V.7.4	TNM-M Code Clinical	Site-specific code, two characters (ACoS)
V.7.4	TNM-T Code Pathological	Site-specific code, one, two, or three characters (ACoS), flush left
V.7.4	TNM-N Code Pathological	Site-specific code, one, two, or three characters (ACoS), flush left
V.7.4	TNM-M Code Pathological	Site specific code, two characters (ACoS)
V.7.5	TNM Stage-(Clinical & Pathological)	Site-specific code, one or two characters (ACoS), entered as Arabic (not Roman) numerals; flush left

V.7.6	TNM Coder (Clinical) (Pathological), and (Other) (ACoS)	0	NOT STAGED
		1	MANAGING PHYSICIAN
		2	PATHOLOGIST
		3	OTHER PHYSICIAN
		4	ANY COMBINATION OF 1, 2 OR 3
		5	REGISTRAR
		6	ANY COMBINATION OF 5 WITH 1, 2 OR 3
		7	OTHER
		8	STAGED, INDIVIDUAL NOT SPECIFIED
		9	UNKNOWN IF STAGED
V.7.7	TNM Edition (ACoS)	00	NOT STAGED
		01	FIRST EDITION
		02	SECOND EDITION
		03	THIRD EDITION
		04	FOURTH EDITION
		05	FIFTH EDITION
		06	SIXTH EDITION
		88	NOT APPLICABLE (cases that do not have an AJCC staging scheme and staging was not done)
		99	UNKNOWN
		May be left blank	

V.7.8	Pediatric Stage	1	STAGE I
		1A	STAGE IA (RHABDOMYOSARCOMAS & RELATED SARCOMAS)
		1B	STAGE IB (RHABDOMYOSARCOMAS & RELATED SARCOMAS)
		2	STAGE II
		2A	STAGE IIA (RHABDOMYOSARCOMAS & RELATED SARCOMAS)
		2B	STAGE IIB (RHABDOMYOSARCOMAS & RELATED SARCOMAS)
		2C	STAGE IIC (RHABDOMYOSARCOMAS & RELATED SARCOMAS)
		3	STAGE III
		3A	STAGE IIIA (LIVER, RHABDO. & RELATED SARCOMAS, WILMS')
		3B	STAGE IIIB (LIVER, RHABDO. & RELATED SARCOMAS, WILMS')
		3C	STAGE IIIC (WILMS' TUMOR)
		3D	STAGE IIID (WILMS' TUMOR)
		3E	STAGE IIIE (WILMS' TUMOR)
		4	STAGE IV
		4A	STAGE IVA (BONE)
		4B	STAGE IVB (BONE)
		4S	STAGE IVS (NEUROBLASTOMA)
		5	STAGE V (WILMS' TUMOR/RETINOBLASTOMA)
		A	STAGE A (NEUROBLASTOMA)
		B	STAGE B (NEUROBLASTOMA)
		C	STAGE C (NEUROBLASTOMA)
		D	STAGE D (NEUROBLASTOMA)
		DS	STAGE DS (NEUROBLASTOMA)
		88	NOT APPLICABLE (NOT A PEDIATRIC CASE)
		99	UNSTAGED, UNKNOWN
V.7.9	Pediatric Stage System	00	NONE
		01	AMERICAN JOINT COMMITTEE ON CANCER
		02	ANN ARBOR
		03	CHILDREN'S CANCER GROUP
		04	EVANS
		05	GENERAL SUMMARY
		06	INTERGROUP EWINGS
		07	INTERGROUP HEPATOBLASTOMA
		08	INTERGROUP RHABDOMYSARCOMA
		09	INTERNATIONAL SYSTEM
		10	MURPHY
		11	NATIONAL CANCER INSTITUTE
		12	NATIONAL WILM'S TUMOR SURGERY
		13	PEDIATRIC ONCOLOGY GROUP (POG)
		14	REESE-ELLSWORTH
		15	SEER EXTENT OF DISEASE
		16	CHILDREN'S ONCOLOGY GROUP
		88	NOT APPLICABLE
		97	OTHER
		99	UNKNOWN

V.7.10	Pediatric Stage Coder	0	NOT STAGED
		1	MANAGING PHYSICIAN
		2	PATHOLOGIST
		3	OTHER PHYSICIAN
		4	ANY COMBINATION OF 1, 2 OR 3
		5	REGISTRAR
		6	ANY COMBINATION OF 5 WITH 1, 2 OR 3
		7	OTHER
		8	STAGED, INDIVIDUAL NOT SPECIFIED
		9	UNKNOWN IF STAGED

FIRST COURSE OF TREATMENT--SUMMARY

VI.1.3.2	RX Date (start date for each of six treatment types)	MMDDYYYY (blank if none; unknown = 99 or 9999 for unknown year) for each of seven types: surgery, radiation, chemotherapy, hormone/steroid, immunotherapy, transplant/endocrine procedure, and other
VI.2.1	Surgery of the Primary Site–Procedures 1-3	See Appendix Q-1 for site-specific codes for cases diagnosed prior to January 1, 2003. For cases diagnosed on or after January 1, 2003, see Appendix Q-2.
VI.2.2	Scope of Regional Lymph Node Surgery–Procedures 1-3	Cases diagnosed prior to January 1, 2003 are to be coded in a new field, Scope of Regional LN 98-02. Refer to Appendix Q-1 for these codes. For cases diagnosed on or after January 1, 2003, use the following codes:

0	None
1	Biopsy or aspiration of regional lymph node, NOS
2	Sentinel lymph node biopsy
3	Number of regional nodes removed unknown or not stated; regional lymph node removed, NOS
4	1-3 regional lymph nodes removed
5	4 or more regional lymph nodes removed
6	Sentinel node biopsy and code 3,4, or 5 at same time, or timing out not stated
7	Sentinel node biopsy and code 3,4, or 5 at different times
9	Unknown or not applicable

VI.2.3	Number of Regional Lymph Nodes Examined–Procedures 1-3	See Appendix Q-1 for site-specific codes
VI.2 .4	Surgery of Other Regional Site(s), Distant to Site(s), or Distant Lymph Nodes–Procedures 1-3	Cases diagnosed prior to January 1, 2003 are to be coded in a new field, Surgery Other 98-02. Refer Appendix Q-1 for these codes. For cases diagnosed on or after January 1, 2003, use the following codes: 0 None 1 Nonprimary surgical procedure performed 2 Nonprimary surgical procedure to other regional sites 3 Nonprimary surgical procedure to distant lymph node(s) 4 Nonprimary surgical procedure to distant site 5 Combination of codes 9 Unknown This field is for all procedures that do not meet the definitions of Surgery of Primary Site or Scope of Regional Lymph Nodes.
VI.2.5	Date of Surgery–Procedures 1-3	MMDDYYYY (blank if none; unknown = 99 or 9999 for unknown year)
VI.2.6	Treatment Hospital Number–Procedures 1-3	Six-digit number assigned by CCR (See Appendix F; blank if none assigned)
VI.2.7	Surgical Margins	See Appendix Q-1 for site-specific codes for cases diagnosed prior to January 1, 2003. For cases diagnosed on or after January 1, 2003, refer to the FORDS Manual
VI.2.8	Reconstructive Surgery–Immediate	See Appendix Q-1 for site-specific codes for cases diagnosed prior to January 1, 2003. This field is no longer required by the CCR or the CoC beginning with cases diagnosed January 1, 2003. Information with regards to reconstruction has been incorporated into the Surgery of the Primary Site field. The old field has been retained and cases diagnosed prior to January 1, 2003 must continue to be coded. For these older cases, refer to Appendix Q-1.

VI.2.9 Reason for No Surgery Of The Primary Site

For sites where "Surgery of the Primary Site" is coded to 00 or 98 (hematopoietic included) use code 1.

0 SURGERY OF THE PRIMARY SITE PERFORMED
1 SURGERY OF THE PRIMARY SITE NOT PERFORMED BECAUSE IT WAS NOT PART OF THE PLANNED FIRST COURSE TREATMENT
2 SURGERY OF THE PRIMARY SITE NOT PERFORMED BECAUSE OF CONTRAINDICATIONS DUE TO PATIENT RISK FACTORS (COMORBID CONDITIONS, ADVANCED AGE, ETC.)
5 SURGERY OF THE PRIMARY SITE WAS NOT PERFORMED BECAUSE THE PATIENT DIED PRIOR TO PLANNED OR RECOMMENDED SURGERY
6 SURGERY OF THE PRIMARY SITE WAS RECOMMENDED BUT NOT PERFORMED. NO REASON WAS NOTED IN THE PATIENT'S RECORD
7 SURGERY OF THE PRIMARY SITE WAS RECOMMENDED BUT REFUSED BY THE PATIENT, FAMILY MEMBER OR GUARDIAN. THE REFUSAL IS NOTED IN THE PATIENT'S RECORD.
8 SURGERY OF THE PRIMARY SITE WAS RECOMMENDED BUT UNKNOWN IF PERFORMED
9 NOT KNOWN IF SURGERY OF THE PRIMARY SITE WAS RECOMMENDED OR PERFORMED; DEATH CERTIFICATE ONLY AND AUTOPSY ONLY CASES

VI.2.10.1 Diagnostic or Staging Procedure Codes

00 NO SURGICAL DIAGNOSTIC OR STAGING PROCEDURE
01 INCISIONAL, NEEDLE, OR ASPIRATION BIOPSY OF OTHER THAN PRIMARY SITE
02 INCISIONAL, NEEDLE, OR ASPIRATION BIOPSY OF PRIMARY SITE
03 EXPLORATORY SURGERY ONLY (no biopsy)
04 BYPASS SURGERY OR OSTOMY ONLY (no biopsy)
05 COMBINATION OF 03 PLUS 01 OR 02
06 COMBINATION OF 04 PLUS 01 OR 02
07 DIAGNOSTIC OR STAGING PROCEDURE, NOS
09 UNKNOWN IF DIAGNOSTIC OR STAGING PROCEDURE DONE

VI.2.10 Date Diagnostic and/or Staging Procedure

MMDDYYYY (blank if none; unknown = 99 or 9999 for unknown year)

VI.3.2	Radiation (Generated field for cases diagnosed on or after January 1, 2003)	0	NONE
		1	BEAM RADIATION
		2	RADIOACTIVE IMPLANTS
		3	RADIOISOTOPES
		4	COMBINATION OF 1 WITH 2 OR 3
		5	RADIATION, NOS-METHOD OR SOURCE NOT SPECIFIED
		9	UNKNOWN IF RADIATION THERAPY RECOMMENDED OR GIVEN
			NOTE: Code 6 may appear in converted cases.
VI.3.3	Radiation- Regional RX Modality	00	NO RADIATION TREATMENT
		20	EXTERNAL BEAM, NOS
		21	ORTHOVOLTAGE
		22	COBALT-60, CESIUM-137
		23	PHOTONS (2-5 MV)
		24	PHOTONS (6-10 MV)
		25	PHOTONS (11-19 MV)
		26	PHOTONS (>19 MV)
		27	PHOTONS (MIXED ENERGIES)
		28	ELECTRONS
		29	PHOTONS AND ELECTRONS MIXED
		30	NEUTRONS, WITH OR WITHOUT PHOTONS/ELECTRONS
		31	IMRT
		32	CONFORMAL OR 3-D THERAPY
		40	PROTONS
		41	STEREOTACTIC RADIOSURGERY, NOS
		42	LINAC RADIOSURGERY, NOS
		43	GAMMA KNIFE
		50	BRACHYTHERAPY, NOS
		51	BRACHYTHERAPY, INTRACAVIATARY, LDR
		52	BRACHYTHERAPY, INTRACAVIATARY, HDR
		53	BRACHYTHERAPY, INTERSTITIAL, LDR
		54	BRACHYTHERAPY, INTERSTITIAL, HDR
		55	RADIUM
		60	RADIOISOTOPES, NOS
		61	STRONTIUM-89
		62	STRONTIUM-90
		80	COMBINATION MODALITY, SPECIFIED*
		85	COMBINATION MODALITY, NOS
		98	OTHER, NOS
		99	UNKNOWN
VI.3.4	Radiation- Boost RX Modality	00	NO BOOST TREATMENT
		20	EXTERNAL BEAM, NOS
		21	ORTHOVOLTAGE
		22	COBALT-60, CESIUM-137
		23	PHOTONS (2-5 MV)
		24	PHOTONS (6-10 MV)
		25	PHOTONS (11-19 MV)
		26	PHOTONS (>19 MV)
		27	PHOTONS (MIXED ENERGIES)
		28	ELECTRONS

		29	PHOTONS AND ELECTRONS MIXED
		30	NEUTRONS, WITH OR WITHOUT PHOTONS/ELECTRONS
		31	MRT
		32	CONFORMAL OR 3-D THERAPY
		40	PROTONS
		41	STEREOTACTIC RADIOSURGERY, NOS
		42	LINAC RADIOSURGERY, NOS
		43	GAMMA KNIFE
		50	BRACHYTHERAPY, NOS
		51	BRACHYTHERAPY, INTRACAVIATARY, LDR
		52	BRACHYTHERAPY, INTRACAVIATARY, HDR
		53	BRACHYTHERAPY, INTERSTITIAL, LDR
		54	BRACHYTHERAPY, INTERSTITIAL, HDR
		55	RADIUM
		60	RADIOISOTOPES, NOS
		61	STONTIUM-89
		62	STONTIUM-90
		98	OTHER, NOS
		99	UNKNOWN
VI. 3.5	Date of Radiation Therapy	00000000	NO RADIATION THERAPY ADMINISTERED; AUTOPSY-ONLY CASE
		88888888	WHEN RADIATION THERAPY IS PLANNED AS PART OF THE FIRST COURSE OF TREATMENT, BUT HAD NOT BEEN STARTED AT THE TIME OF THE MOST RECENT FOLLOW-UP. THE DATE SHOULD BE REVISED AT THE NEXT FOLLOW-UP.
		99999999	THE DATE IS UNKNOWN, OR THE CASE WAS IDENTIFIED BY DEATH CERTIFICATE ONLY.
VI.3.6	Reason for No Radiation		
		0	RADIATION TREATMENT PERFORMED
		1	RADIATION TREATMENT NOT PERFORMED BECAUSE IT WAS NOT A PART OF THE PLANNED FIRST COURSE TREATMENT
		2	RADIATION CONTRAINDICATED BECAUSE OF OTHER CONDITIONS OR OTHER PATIENT RISK FACTORS (CO-MORBID CONDITIONS, ADVANCED AGE, ETC)
		5	RADIATION TREATMENT NOT PERFORMED BECAUSE THE PATIENT DIED PRIOR TO PLANNED OR RECOMMENDED TREATMENT

6	RADIATION TREATMENT WAS RECOMMENDED BUT NOT PERFORMED. NO REASON WAS NOTED IN THE PATIENT'S RECORD.
7	RADIATION TREATMENT WAS RECOMMENDED BUT REFUSED BY THE PATIENT, FAMILY MEMBER OR GUARDIAN. THE REFUSAL IS NOTED IN THE PATIENT'S RECORD.
8	RADIATION RECOMMENDED, UNKNOWN IF DONE
9	UNKNOWN IF RADIATION RECOMMENDED OR PERFORMED; DEATH CERTIFICATE AND AUTOPSY ONLY CASES

VI.3.7 Radiation Sequence With Surgery

0	NOT APPLICABLE
2	RADIATION BEFORE SURGERY
3	RADIATION AFTER SURGERY
4	RADIATION BOTH BEFORE AND AFTER SURGERY
5	INTRAOPERATIVE RADIATION
6	INTRAOPERATIVE RADIATION WITH OTHER RADIATION GIVEN BEFORE OR AFTER SURGERY
9	SEQUENCE UNKNOWN, BUT BOTH SURGERY AND RADIATION WERE GIVEN

VI.4 Chemotherapy

00	NONE, CHEMOTHERAPY WAS NOT PART OF THE PLANNED FIRST COURSE OF THERAPY.
01	CHEMOTHERAPY, NOS.
02	SINGLE AGENT CHEMOTHERAPY
03	MULTIAGENT CHEMOTHERAPY ADMINISTERED AS FIRST COURSE THERAPY
82	CHEMOTHERAPY WAS NOT RECOMMENDED/ ADMINISTERED DUE TO CONTRAINDICATIONS.
85	CHEMOTHERAPY NOT ADMINISTERED BECAUSE THE PATIENT DIED.
86	CHEMOTHERAPY WAS NOT ADMINISTERED. IT WAS RECOMMENDED BY THE PATIENT'S PHYSICIAN, BUT WAS NOT ADMINISTERED AS PART OF THE FIRST COURSE OF THERAPY. NO REASON WAS STATED IN PATIENT RECORD.
87	CHEMOTHERAPY WAS NOT ADMINISTERED. IT WAS RECOMMENDED BY THE PATIENT'S PHYSICIAN, BUT THIS TREATMENT WAS REFUSED BY THE PATIENT, A PATIENT'S FAMILY MEMBER, OR THE PATIENT'S GUARDIAN. THE REFUSAL WS NOTED IN PATIENT RECORD.

	88	CHEMOTHERAPY WAS RECOMMENDED, BUT IT IS UNKNOWN IF IT WAS ADMINISTERED.
	99	IT IS UNKNOWN WHETHER A CHEMOTHERAPEUTIC AGENT(S) WAS RECOMMENDED OR ADMINISTERED BECASUE IT IS NOT STATED IN PATIENT RECORD. DEATH CERTIFICATE ONLY.
VI.4.3 Date of Chemotherapy	00000000	NO CHEMOTHERAPY ADMINISTERED; AUTOPSY ONLY CASE
	88888888	WHEN CHEMOTHERAPY IS PLANNED AS PART OF THE FIRST COURSE OF TREATMENT, BUT HAD NOT BEEN STARTED AT THE TIME OF THE MOST RECENT FOLLOW-UP, THE DATE SHOULD BE REVISED AT THE NEXT FOLLOW UP.
	99999999	THE DATE IS UNKNOWN, OR THE CASE WAS IDENTIFIED BY DEATH CERTIFICATE ONLY.

VI.5.4 Hormone Therapy

00	NONE, HORMONE THERAPY WAS NOT PART OF THE PLANNED FIRST COURSE THERAPY.
01	HORMONE THERAPY ADMINISTERED AS FIRST COURSE THERAPY.
82	HORMONE THERAPY WAS NOT RECOMMENDED/ ADMINISTERED BECAUSE IT WAS CONTRAINDICATED DUE TO PATIENT RISK FACTORS (IE, COMORBID CONDITIONS, ADVANCED AGE).
85	HORMONE THERAPY WAS NOT ADMINISTERED BECAUSE THE PATIENT DIED PRIOR TO PLANNED OR RECOMMENDED THERAPY.
86	HORMONE THERAPY WAS NOT ADMINISTERED. IT WAS RECOMMENDED BY THE PATIENT'S PHYSICIAN, BUT WAS NOT ADMINISTERED AS PART OF THE FIRST COURSE THERAPY. NO REASON WAS STATED IN PATIENT RECORD.
87	HORMONE THERAPY WAS NOT ADMINISTERED. IT WAS RECOMMENDED BY THE PATIENT'S PHYSICIAN, BUT THIS TREATMENT WAS REFUSED BY THE PATIENT, A PATIENT'S FAMILY MEMBER, OR THE PATIENT'S GUARDIAN. THE REFUSAL WAS NOTED IN THE PATIENT RECORD. HORMONE THERAPY WAS RECOMMENDED, BUT IT IS UNKNOWN IF IT WAS ADMINISTERED.
99	IT IS UNKNOWN WHETHER A HORMONAL AGENT(S) WAS RECOMMENDED OR ADMINISTERED BECAUSE IT IS NOT STATED IN PATIENT RECORD. DEATH CERTIFICATE ONLY.

VI.5.5 Date Of Hormone Therapy

00000000	NO HORMONE THERAPY ADMINISTERED; AUTOPSY-ONLY
88888888	WHEN HORMONE THERAPY IS PLANNED AS PART OF THE FIRST COURSE OF TREATMENT, BUT HAD NOT BEEN STARTED AT THE TIME OF THE MOST RECENT FOLLOW-UP, THE DATE SHOULD BE REVISED AT THE NEXT FOLLOW UP.
99999999	THE DATE IS UNKNOWN, OR THE CASE WAS IDENTIFIED BY DEATH CERTIFICATE ONLY.

VI.6 Immunotherapy (Biological Response Modifier)

00	NONE, IMMUNOTHERAPY WAS NOT PART OF PART OF THE PLANNED FIRST COURSE OF THERAPY
01	IMMUNOTHERAPY ADMINISTERED AS FIRST COURSE THERAPY
82	IMMUNOTHERAPY WAS NOT RECOMMENDED/ADMINISTERED BECAUSE IT WAS CONTRAINDICATED DUE TO PATIENT RISK FACTORS (i.e. COMORBID CONDITIONS, ADVANCED AGE).
85	IMMUNOTHERAPY WAS NOT ADMINISTERED BECAUSE THE PATIENT DIED PRIOR TO PLANNED OR RECOMMENDED THERAPY.
86	IMMUNOTHERAPY WAS NOT ADMINISTERED. IT WAS RECOMMENDED BY THE PATIENT'S PHYSICIAN, BUT WAS NOT ADMINISTERED AS PART OF THE FIRST COURSE OF THERAPY. NO REASON WAS STATED IN PATIENT RECORD.
87	IMMUNOTHERAPY WAS NOT ADMINISTERED. IT WAS RECOMMENDED BY THE PATIENT'S PHYSICIAN, BUT THIS TREATMENT WAS REFUSED BY THE PATIENT, A PATIENT'S FAMILY MEMBER, OR THE PATIENT'S GUARDIAN. THE REFUSAL WAS NOTED IN THE PATIENT RECORD.
88	IMMUNOTHERAPY WAS RECOMMENDED, BUT IT IS UNKNOWN IF IT WAS ADMINISTERED.
99	IT IS UNKNOWN WHETHER AN IMMUNOTHERAPEUTIC AGENT(S) WAS RECOMMENDED OR ADMINISTERED BECAUSE IT IS NOT STATED IN PATIENT RECORD. DEATH CERTIFICATE ONLY.

VI.6.3 Date of Immunotherapy

00000000	NO IMMUNOTHERAPY ADMINISTERED; AUTOPSY-ONLY CASE
88888888	WHEN IMMUNOTHERAPY ISPLANNED AS PART OF THE FIRST COURSE OF TREATMENT, BUT HAD NOT BEEN STARTED AT THE TIME OF THE MOST RECENT FOLLOW-UP, THE DATE SHOULD BE REVISED AT THE NEXT FOLLOW UP.
99999999	THE DATE IS UNKNOWN, OR THE CASE WAS IDENTIFIED BY DEATH CERTIFICATE ONLY.

VI.7 Transplant/ Endocrine Procedures

00	NO TRANSPLANT PROCEDURE OR ENDOCRINE THERAPY WAS ADMINISTERED AS PART OF THE FIRST COURSE THERAPY
10	A BONE MARROW TRANSPLANT PROCEDURE WAS ADMINISTERED, BUT THE TYPE WAS NOT SPECIFIED
11	BONE MARROW TRANSPLANT - AUTOLOGOUS
12	BONE MARROW TRANSPLANT - ALLOGENEIC
20	STEM CELL HARVEST
30	ENDOCRINE SURGERY AND/OR ENDOCRINE RADIATION THERAPY
40	COMBINATION OF ENDOCRINE SURGERY AND/OR RADIATION WITH A TRANSPLANT PROCEDURE. (COMBINATION OF CODES 30 AND 10, 11, 12, OR 20.)
82	HEMATOLOGIC TRANSPLANT AND/OR ENDOCRINE SURGERY/RADIATION WERE NOT RECOMMENDED/ADMINISTERED BECAUSE IT WAS CONTRAINDICATED DUE TO PATIENT RISK FACTORS (i.e., COMORBID CONDITIONS, ADVANCED AGE).
85	HEMATOLOGIC TRANSPLANT AND/OR ENDOCRINE SURGERY/RADIATION WERE NOT ADMINISTERED BECAUSE THE PATIENT DIED PRIOR TO PLANNED OR RECOMMENDED THERAPY.
86	HEMATOLOGIC TRANSPLANT AND/OR ENDOCRINE SURGERY/RADIATION WERE NOT ADMINISTERED. IT WAS RECOMMENDED BY THE PATIENT'S PHYSICIAN, BUT WAS NOT ADMINISTERED AS PART OF THE FIRST COURSE THERAPY. NO REASON WAS STATED IN PATIENT RECORD.
87	HEMATOLOGIC TRANSPLANT AND/OR ENDOCRINE SURGERY/RADIATION WERE NOT ADMINISTERED. IT WAS RECOMMENDED BY THE PATIENT'S PHYSICIAN, BUT THIS TREATMENT WAS REFUSED BY THE PATIENT, A PATIENT'S FAMILY MEMBER, OR THE PATIENT'S GUARDIAN. THE REFUSAL WAS NOTED IN PATIENT RECORD.
88	HEMATOLOGIC TRANSPLANT AND/OR ENDOCRINE SURGERY/RADIATION WAS

	RECOMMENDED, BUT IT IS UNKNOWN IF IT WAS ADMINISTERED.
99	IT IS UNKNOWN WHETHER HEMATOLOGIC TRANSPLANT AND/OR ENDOCRINE SURGERY/ RADIATION WAS RECOMMENDED OR ADMINISTERED BECAUSE IT IS NOT STATED IN PATIENT RECORD. DEATH CERTIFICATE ONLY.

VI.7.2 Date of Transplant/Endocrine Procedure

00000000	NO TRANSPLANT OR ENDOCRINE THERAPY WAS PERFORMED; AUTOPSY-ONLY CASE
88888888	WHEN TRANSPLANT/ENDOCRINE THERAPY IS PLANNED AS PART OF THE FIRST COURSE OF TREATMENT, BUT HAD NOT BEEN STARTED AT THE TIME OF THE MOST RECENT FOLLOW-UP, THE DATE SHOULD BE REVISED AT THE NEXT FOLLOW UP.
99999999	THE DATE IS UNKNOWN, OR THE CASE WAS IDENTIFIED BY DEATH CERTIFICATE ONLY.

VI.8 Other Therapy

0	NO OTHER CANCER DIRECTED THERAPY EXCEPT AS CODED ELSEWHERE
1	OTHER CANCER DIRECTED THERAPY
2	OTHER EXPERIMENTAL CANCER DIRECTED THERAPY (not included elsewhere)
3	DOUBLE BLIND CLINICAL TRIAL, CODE NOT YET BROKEN
6	UNPROVEN THERAPY
7	PATIENT OR PATIENT'S GUARDIAN REFUSED THERAPY WHICH WOULD HAVE BEEN CODED 1–3 ABOVE
8	OTHER CANCER DIRECTED THERAPY RECOMMENDED, UNKNOWN IF ADMINISTERED
9	UNKNOWN IF OTHER THERAPY RECOMMENDED OR ADMINISTERED

VI.8.2 Date of Other Therapy

00000000	NO OTHER THERAPY ADMINISTERED; AUTOPSY ONLY CASE
99999999	THE DATE IS UNKNOWN, OR THE CASE WAS IDENTIFIED BY DEATH CERTIFICATE ONLY.

VI.9 Protocol Participation.

00	Not Applicable
National Protocols	
01	NSABP
02	GOG
03	RTOG
04	SWOG
05	ECOG
06	POG
07	CCG
08	CALGB
09	NCI
10	ACS
11	National Protocol, NOS
12	ACOS-OG
13	VA [Veterans Administration]
14	COG [Children's Oncology Group]
15	CTSU [Clinical Trials Support Unit]
16-50	National Trials
51-79	Locally Defined
80	Pharmaceutical
81-84	Locally Defined
85	In-House Trial
86-88	Locally Defined
89	Other
90-98	Locally Defined
99	Unknown

FIRST COURSE OF TREATMENT GIVEN AT REPORTING HOSPITAL
Fields and codes are the same as for First Course of Treatment–Summary.

FOLLOW-UP

VII.2.1	Date of Last Contact	MMDDYYYY (do not leave blank or code year as unknown)
VII.2.2	Vital Status	0 DEAD 1 ALIVE
VII.2.3	Date of Last Tumor Status	MMDDYYYY (do not leave blank if patient alive; do not code year as unknown)
VII.2.4	Tumor Status	1 FREE-NO EVIDENCE OF THIS PRIMARY CANCER 2 NOT FREE-THIS PRIMARY CANCER STILL EXISTS 9 UNKNOWN

VII.2.5 Quality of Survival

0 NORMAL ACTIVITY
1 SYMPTOMATIC AND AMBULATORY
2 AMBULATORY MORE THAN 50%, OCCASIONALLY NEEDS ASSISTANCE
3 AMBULATORY LESS THAN 50%, NURSING CARE NEEDED
4 BEDRIDDEN, MAY REQUIRE HOSPITALIZATION
8 NOT APPLICABLE; DEAD
9 UNKNOWN/UNSPECIFIED

VII.2.6.1 Last Type of Tumor Follow-Up

Follow-up obtained by hospital from:

00 ADMISSION BEING REPORTED
01 READMISSION TO REPORTING HOSPITAL
02 FOLLOW-UP REPORT FROM PHYSICIAN
03 FOLLOW-UP REPORT FROM PATIENT
04 FOLLOW-UP REPORT FROM RELATIVE
05 OBITUARY
07 FOLLOW-UP REPORT FROM HOSPICE
08 FOLLOW-UP REPORT FROM OTHER HOSPITAL
09 OTHER SOURCE
11 TELEPHONE CALL TO ANY SOURCE
12 SPECIAL STUDIES
14 ARS (AIDS REGISTRY SYSTEM)
15 COMPUTER MATCH WITH DISCHARGE DATA

Follow-up obtained by regional registry from:

20 LETTER TO A PHYSICIAN
21 COMPUTER MATCH WITH DEPARTMENT OF MOTOR VEHICLES
22 COMPUTER MATCH WITH MEDICARE OR MEDICAID FILE
23 COMPUTER MATCH WITH HMO FILE
24 COMPUTER MATCH WITH VOTER REGISTRATION FILE
25 NATIONAL DEATH INDEX
26 COMPUTER MATCH WITH STATE DEATH TAPE
27 SOCIAL SECURITY, DEATH MASTER FILE
29 COMPUTER MATCH, OTHER OR NOS
30 OTHER SOURCE
31 TELEPHONE CALL TO ANY SOURCE
32 SPECIAL STUDIES
33 EQUIFAX
34 ARS (AIDS REGISTRY SYSTEM)
35 COMPUTER MATCH WITH DISCHARGE DATA
36 OBITUARY
37 COMPUTER-MATCHING USING ADDRESS SERVICE
38 TRW CREDIT
39 REGIONAL REGISTRY FOLLOW-UP LISTING

Follow-up obtained by central (state) registry from:

40 LETTER TO A PHYSICIAN
41 TELEPHONE CALL TO ANY SOURCE

50 CMS (CENTER FOR MEDICARE AND MEDICAID SERVICES)
51 DEPARTMENT OF MOTOR VEHICLES
52 COMPUTER MATCH WITH MEDICARE OR MEDICAID FILE
53 COMPUTER MATCH WITH HMO FILE
54 CALVOTER REGISTRATION
55 NATIONAL DEATH INDEX
56 STATE DEATH TAPE-DEATH
57 MEDI-CAL ELIGIBILITY
58 SOCIAL SECURITY - DEATHS
59 COMPUTER MATCH, OTHER OR NOS
60 OTHER SOURCE
61 SOCIAL SECURITY - SSN
62 SPECIAL STUDIES
65 HOSPITAL DISCHARGE DATA - OSHPD
66 NATIONAL CHANGE OF ADDRESS (NCOA)
67 SOCIAL SECURITY ADMINISTRATION – EPIDEMIOLOGICAL VITAL STATUS
68 PROPERTY TAX LINKAGE
69 STATE DEATH TAPE – DEATH CLEARANCE (INCREMENTAL)

Follow-up obtained by hospitals or facilities usually done by the regional/central registry:
73 COMPUTER MATCH WITH HMO FILE
76 COMPUTER MATCH WITH STATE DEATH TAPE

Additional Codes:
80 SOCIAL SECURITY ADMINISTRATION
81 PROPERTY TAX LINKAGE
82 PROBE360
83 SSDI - INTERNET
84 E-PATH
85 PATH LABS
86 PATIENT
87 RELATIVE

99 SOURCE UNKNOWN

VII.2.6.2 Last Type of Patient Follow-Up

Follow-up obtained by hospital from:
00 ADMISSION BEING REPORTED
01 READMISSION TO REPORTING HOSPITAL
02 FOLLOW-UP REPORT FROM PHYSICIAN
03 FOLLOW-UP REPORT FROM PATIENT
04 FOLLOW-UP REPORT FROM RELATIVE
05 OBITUARY
06 FOLLOW-UP REPORT FROM SOCIAL SECURITY ADMINISTRATION OR MEDICARE
07 FOLLOW-UP REPORT FROM HOSPICE
08 FOLLOW-UP REPORT FROM OTHER HOSPITAL
09 OTHER SOURCE
11 TELEPHONE CALL TO ANY SOURCE
12 SPECIAL STUDIES
13 EQUIFAX
14 ARS (AIDS REGISTRY SYSTEM)

Follow-Up Data Items

15 COMPUTER MATCH WITH DISCHARGE DATA

Follow-up obtained by regional registry from:

20 LETTER TO A PHYSICIAN
21 COMPUTER MATCH WITH DEPARTMENT OF MOTOR VEHICLES FILE
22 COMPUTER MATCH WITH MEDICARE OR MEDICAID FILE
23 COMPUTER MATCH WITH HMO FILE
24 COMPUTER MATCH WITH VOTER REGISTRATION FILE
25 NATIONAL DEATH INDEX
26 COMPUTER MATCH WITH STATE DEATH TAPE
27 DEATH MASTER FILE (SOCIAL SECURITY)
29 COMPUTER MATCH, OTHER OR NOS
30 OTHER SOURCE
31 TELEPHONE CALL TO ANY SOURCE
32 SPECIAL STUDIES
33 EQUIFAX
34 ARS (AIDS REGISTRY SYSTEM)
35 COMPUTER MATCH WITH DISCHARGE DATA
36 OBITUARY
37 COMPUTER MATCH WITH CHANGE OF ADDRESS SERVICE
38 TRW
39 REGIONAL REGISTRY FOLLOW-UP LIST

Follow-up obtained by central (state) registry from:

40 LETTER TO A PHYSICIAN
41 TELEPHONE CALL TO ANY SOURCE
50 CMS (CENTER FOR MEDICARE AND MEDICAID SERVICES)
51 COMPUTER MATCH WITH DEPARTMENT OF MOTOR VEHICLES FILE
52 COMPUTER MATCH WITH MEDICARE OR MEDICAID FILE
53 COMPUTER MATCH WITH HMO FILE
54 COMPUTER MATCH WITH VOTER REGISTRATION FILE
55 NATIONAL DEATH INDEX
56 COMPUTER MATCH WITH STATE DEATH TAPE
57 COMPUTER MATCH WITH MEDI-CAL
58 COMPUTER MATCH WITH SOCIAL SECURITY DEATH FILE
59 COMPUTER MATCH, OTHER OR NOS
60 OTHER SOURCE
61 SOCIAL SECURITY - SSN
62 SPECIAL STUDIES
65 COMPUTER MATCH WITH OSHPD HOSPITAL DISCHARGE DATABASE
66 COMPUTER MATCH WITH NATIONAL CHANGE OF ADDRESS FILE
67 SOCIAL SECURITY ADMINISTRATION – EPIDEMIOLOGICAL VITAL STATUS
68 PROPERTY TAX LINKAGE

69 STATE DEATH TAPE – DEATH CLEARANCE (INCREMENTAL)

Follow-up obtained by hospitals or facilities usually done by the regional/central registry:
73 COMPUTER MATCH WITH HMO FILE
76 COMPUTER MATCH WITH STATE DEATH TAPE

Additional Codes:
80 SOCIAL SECURITY ADMINISTRATION
81 PROPERTY TAX LINKAGE
82 PROBE360
83 SSDI - INTERNET
84 E-PATH
85 PATH LABS
86 PATIENT
87 RELATIVE

99 SOURCE UNKNOWN

VII.2.7 Last Follow-Up Hospital — A six-digit number assigned by CCR (see Appendix F); blank if unknown

VII.2.8 Next Type of Follow-Up

0 SUBMIT A REQUEST FOR THE PATIENT'S CHART TO THE REPORTING HOSPITAL'S MEDICAL RECORDS DEPARTMENT
1 SEND A FOLLOW-UP LETTER TO THE PATIENT'S PHYSICIAN
2 SEND A FOLLOW-UP LETTER TO THE PERSON DESIGNATED AS THE CONTACT FOR THE PATIENT
3 CONTACT THE PATIENT OR DESIGNATED CONTACT BY TELEPHONE
4 REQUEST FOLLOW-UP INFORMATION FROM ANOTHER HOSPITAL
5 FOLLOW-UP BY A METHOD NOT DESCRIBED ABOVE
6 SEND A FOLLOW-UP LETTER TO THE PATIENT

May be blank

VII.2.9 Next Follow-Up Hosp. — A six-digit number assigned by CCR (see Appendix F); blank if unknown

Recurrence Information

The fields may be blank if recurrence information is not collected.

VII.2.12.1 Recurrence Date — MMDDYY (99 = unknown 9999 for unknown year); leave blank if no recurrence or patient never free

VII.2.12.2 Recurrence Type

00 NONE, DISEASE FREE
01 IN SITU
06 RECURRENCE FOLLOWING DIAGNOSIS OF AN IN SITU LESION OF THE SAME SITE
10 LOCAL
11 TROCAR SITE
15 COMBINATION OF 10 AND 11
16 LOCAL RECURRENCE FOLLOWING AN IN SITU LESION OF THE SAME SITE
17 COMBINATION OF 16 WITH 10, 11 AND/OR 15
20 REGIONAL, NOS
21 REGIONAL TISSUE
22 REGIONAL LYMPH NODES
25 COMBINATION OF 21 AND 22
26 REGIONAL RECURRENCE FOLLOWING AN IN SITU LESION OF THE SAME SITE
27 COMBINATION OF 26 WITH 21, 22, AND/OR 25
30 ANY COMBINATION OF 10, 11, AND 20, 21 OR 22
36 ANY COMBINATION OF RECURRENCE FOLLOWING AN IN SITU LESION OF THE SAME SITE WITH 10, 11, 20, 21 OR 22
40 DISTANT RECURRENCE, AND THERE IS INSUFFICIENT INFORMATION AVAILABLE TO CODE TO 46-62
46 DISTANT RECURRENCE OF AN IN SITU TUMOR
51 DISTANT RECURRENCE OF INVASIVE TUMOR IN THE PERITONEUM ONLY. PERITONEUM INCLUDES PERITONEAL SURFACES OF ALL STRUCTURES WITHIN THE ABDOMINAL CAVITY AND/OR POSITIVE ASCITIC FLUID.
52 DISTANT RECURRENCE OF AN INVASIVE TUMOR IN THE LUNG ONLY. LUNG INCLUDES THE VISCERAL PLEURA.
53 DISTANT RECURRENCE OF AN INVASIVE TUMOR IN THE PLEURA ONLY. PLEURA INCLUDES THE PLEURAL SURFACE OF ALL STRUCTURES WITHIN THE THORACIC CAVITY AND/OR POSITIVE PLEURAL FLUID.
54 DISTANT RECURRENCE OF AN INVASIVE TUMOR IN THE LIVER ONLY.
55 DISTANT RECURRENCE OF AN INVASIVE TUMOR IN BONE ONLY. THIS INCLUDES BONES OTHER THAN THE PRIMARY SITE.
56 DISTANT RECURRENCE OF AN INVASIVE TUMOR IN THE CNS ONLY. THIS INCLUDES THE BRAIN AND SPINAL CORD, BUT NOT THE EXTERNAL EYE.

57 DISTANT RECURRENCE OF AN INVASIVE TUMOR IN THE SKIN ONLY. THIS INCLUDES SKIN OTHER THAN THE PRIMARY SITE.
58 DISTANT RECURRENCE OF AN INVASIVE TUMOR IN LYMPH NODE ONLY. REFER TO THE STAGING SCHEME FOR A DESCRIPTION OF LYMPH NODES THAT ARE DISTANT FOR A PARTICULAR SITE.
59 DISTANT SYSTEMIC RECURRENCE OF AN INVASIVE TUMOR ONLY. THIS INCLUDES LEUKEMIA, BONE MARROW METASTASIS, CARCINOMATOSIS, GENERALIZED DISEASE.
60 DISTANT RECURRENCE OF AN INVASIVE TUMOR IN A SINGLE DISTANT SITE (51-58) AND LOCAL, TROCAR AND/OR REGIONAL RECURRENCE (10-15, 20-25, OR 30).
62 DISTANT RECURRENCE OF AN INVASIVE TUMOR IN MULTIPLE SITES (RECURRENCES THAT CAN BE CODED TO MORE THAN ONE CATEGORY 51-59).
70 SINCE DIAGNOSIS, PATIENT HAS NEVER BEEN DISEASE–FREE. THIS INCLUDES CASES WITH DISTANT METASTASIS AT DIAGNOSIS, SYSTEMIC DISEASE, UNKNOWN PRIMARY, OR MINIMAL DISEASE THAT IS NOT TREATED.
88 DISEASE HAS RECURRED, BUT THE TYPE OF RECURRENCE IS UNKNOWN
99 IT IS UNKNOWN WHETHER THE DISEASE HAS RECURRED OR IF THE PATIENT WAS EVER DISEASE–FREE

NOTE: The Distant Recurrence Sites field has been removed and incorporated into the Type of First Recurrence field.

Death Information

VII.2.13	Place of Death	If the patient has died, enter the code for the state or country where the death occurred in the Place of Death field. (The code for California is 097. See Appendices C and D for other codes.) *If the patient is still alive, use code 997.*
VII.2.13	Cause of Death	Four-digit ICD code; not coded by hospitals
VII.2.13	DC State File Number	Six-digit number; not entered by hospital

APPENDIX U
TABLE OF DATA ITEMS AND THEIR REQUIRED STATUS

Reporting requirements are not uniform for all cancer reporting facilities. Consult the following table to determine which data items must be reported:

Key to Symbols

yes	REQUIRED ON ALL CASES (cannot be blank, but can be coded UNKNOWN)
yes*	REQUIRED ON ALL CASES, BUT IF INFORMATION IS NOT AVAILABLE OR NOT APPLICABLE CAN BE LEFT BLANK
sel	REQUIRED ON SELECTED IDENTIFIABLE CASES, SUCH AS CERTAIN SITES OR YEARS OF DIAGNOSIS (left blank or a specific entry is required on other cases, such as code 0, 9, or UNKNOWN)
no	NOT A PART OF THE DATA SET
may	PART OF THE DATA SET BUT NOT REQUIRED (may be left blank on any and all cases)
gen	GENERATED BY COMPUTER, BY THE REGIONAL REGISTRY, OR BY THE CALIFORNIA CANCER REGISTRY
res	RESERVED FIELD. LEAVE BLANK
SEER	DESIGNATES THE DATA SET OF THE NATIONAL CANCER INSTITUTE'S SEER PROGRAM
ACoS	DESIGNATES THE AMERICAN COLLEGE OF SURGEONS DATA SET
C/N	DESIGNATES THE CNExT DATA SET
Region	DESIGNATES THE DATA SET REQUIRED FOR REPORTING BY HOSPITALS TO REGIONAL REGISTRIES IN CALIFORNIA
RX CTR	DESIGNATES THE DATA SET REQUIRED FOR REPORTING BY NON-HOSPITAL TREATMENT CENTERS TO REGIONAL REGISTRIES IN CALIFORNIA
Manual	INDICATES WHERE INSTRUCTIONS FOR THE ITEM ARE FOUND: SECTION NUMBER (indicates section of *Abstracting and Coding Procedures for Hospitals)*; VOL. 2 (California Cancer Reporting System Standards, Volume Two: *Standards for Automated Reporting)*; OR C/N USER *(CNExT^2 User Manual)*
CCR	DESIGNATES THE DATA SET REQUIRED FOR REPORTING BY REGIONAL REGISTRIES TO THE CALIFORNIA CANCER REGISTRY.

Data Items and Their Required Status

Item Name	Manual	C/N	RX Ctr	Transmitted from Hospital to Region	SEER Collect	ACoS
Abstractor	III.1.1	yes	yes	yes	yes	yes
Accession Number (Hosp)	II.2.3	yes	yes	yes	yes	yes
ACoS Approved Flag	III.1.6	yes	yes	yes	no	no
Address at Diagnosis–City	III.2.5	yes	yes	yes	yes	yes
Address at Diagnosis –No. & Street	III.2.5	yes	yes	yes	yes	yes
Address at Diagnosis –No. & Street - Supplemental	III.2.5	yes*	yes*	yes*	yes	yes
Address at Diagnosis–State	III.2.5	yes	yes	yes	yes	yes
Address at Diagnosis–Zip Code	III.2.5	yes	yes	yes	yes	yes
Age at Diagnosis	III.2.11	gen	gen	gen	yes	yes
Alias First Name	III.2.1.6	yes*	yes*	yes*	no	no
Alias Last Name	III.2.1.5	yes*	yes*	yes*	no	no
Birth Date	III.2.10	yes	yes	yes	yes	yes
Birthplace	III.2.12	yes	yes	yes	yes	yes
Casefinding Source	III.3.8	yes	yes	yes	no	no
Cause of Death	VII.2.14	may	no	no	yes	no
Chemotherapy at This Hospital	VI.4	yes	yes	yes	yes	yes
Chemotherapy Summary	VI.4	yes	yes	yes	yes	yes
Class of Case	III.3.5	yes	yes	yes	no	no
Coding Procedure	III.1.5	gen	gen	yes	no	no
Contact City	VII.3	yes*	yes*	yes*	yes	no
Comorbidity/Complications 1	*III.3.13*	*yes**	*yes**	*yes**	*no*	*yes*
Comorbidity/Complications 2	*III.3.13*	*yes**	*yes**	*yes**	*no*	*yes*
Comorbidity/Complications 3	*III.3.13*	*yes**	*yes**	*yes**	*no*	*yes*
Comorbidity/Complications 4	*III.3.13*	*yes**	*yes**	*yes**	*no*	*yes*
Comorbidity/Complications 5	*III.3.13*	*yes**	*yes**	*yes**	*no*	*yes*
Comorbidity/Complications 6	*III.3.13*	*yes**	*yes**	*yes**	*no*	*yes*
Contact Country	VII.3	may	may	may	no	no
Contact Name	VII.3	yes*	yes*	yes*	yes	no
Contact State	VII.3	yes*	yes*	yes*	yes	no
Contact Street	VII.3	yes*	yes*	yes*	yes	no
Contact Street - Supplemental	VII.3	yes*	yes*	yes*	no	yes
Contact Zip	VII.3	yes*	yes*	yes*	yes	no
County of Residence at Diagnosis	III.2.5	yes	yes	yes	yes	no
CS Tumor Size	*V.4.2*	*yes*	*yes*	*yes*	*yes*	*yes*
CS Extension	*V.4.2*	*yes*	*yes*	*yes*	*yes*	*yes*
CS Tumor Size/Extension Evaluation	*V.4.2*	*yes**	*yes**	*yes**	*no*	*yes*
CS Lymph Nodes	*V.4.2*	*yes*	*yes*	*yes*	*yes*	*yes*
CS Lymph Nodes Evaluation	*V.4.2*	*yes**	*yes**	*yes**	*no*	*yes*

Data Items and Their Required Status

Item Name	Manual	C/N	RX Ctr	Transmitted from Hospital to Region	SEER Collect	ACoS
CS Metastasis at Diagnosis	*V.4.2*	*yes*	*yes*	*yes*	*yes*	*yes*
CS Metastasis Evaluation	*V.4.2*	*yes**	*yes**	*yes**	*no*	*yes*
CS Site Specific Factor 1	*V.4.2*	*yes*	*yes*	*yes*	*yes*	*yes*
CS Site Specific Factor 2	*V.4.2*	*yes*	*yes*	*yes*	*yes*	*yes*
CS Site Specific Factor 3	*V.4.2*	*yes*	*yes*	*yes*	*yes*	*yes*
CS Site Specific Factor 4	*V.4.2*	*yes*	*yes*	*yes*	*yes*	*yes*
CS Site Specific Factor 5	*V.4.2*	*yes*	*yes*	*yes*	*yes*	*yes*
CS Site Specific Factor 6	*V.4.2*	*yes*	*yes*	*yes*	*yes*	*yes*
CS Version 1st	*V.4.2*	*yes*	*yes*	*yes*	*yes*	*yes*
CS Version Latest	*V.4.2*	*yes*	*yes*	*yes*	*yes*	*yes*
Date of Chemotherapy	VI.1.3.2	sel	sel	yes*	no	no
Date of Diagnosis	III.3.3	yes	yes	yes	yes	yes
Date of First Admission	III.3.1	yes	yes	yes	no	yes
Date of Inpatient Admission	III.3.2	yes*	no	yes*	no	no
Date of Inpatient Discharge	III.3.2	yes*	no	yes*	no	no
Date of Hormone Therapy	VI.1.3.2	sel	sel	yes*	no	no
Date of Immunotherapy	VI.1.3.2	sel	sel	yes*	no	no
Date of Last Patient Contact or Death	VII.2.1	yes	yes	yes	yes	yes
Date of Last Tumor Status	VII.2.3	yes	yes	yes	no	no
Derived AJCC T	*V.4.2*	*yes*	*yes*	*yes*	*yes*	*yes*
Derived AJCC T Descriptor	*V.4.2*	*yes**	*yes**	*yes**	*no*	*yes*
Derived AJCC N	*V.4.2*	*yes*	*yes*	*yes*	*yes*	*yes*
Derived AJCC N Descriptor	*V.4.2*	*yes**	*yes**	*yes**	*no*	*yes*
Derived AJCC M	*V.4.2*	*yes*	*yes*	*yes*	*yes*	*yes*
Derived AJCC M	*V.4.2*	*yes**	*yes**	*yes**	*no*	*yes*
Derived AJCC Stage Group	*V.4.2*	*yes*	*yes*	*yes*	*yes*	*yes*
Derived SS2000	*V.4.2*	*yes*	*yes*	*yes*	*yes*	*yes*
Derived SS1977	*V.4.2*	*yes*	*yes*	*yes*	*yes*	*yes*
Derived AJCC - Flag	*V.4.2*	*yes*	*yes*	*yes*	*yes*	*yes*
Derived SS2000 - Flag	*V.4.2*	*yes*	*yes*	*yes*	*yes*	*yes*
Derived SS1977 - Flag	*V.4.2*	*yes*	*yes*	*yes*	*yes*	*yes*

Data Items and Their Required Status

Item Name	Manual	C/N	RX Ctr	Transmitted from Hospital to Region	SEER Collect	ACoS
Date of Most Definitive Surgery of the Primary Site	VI.2.5	gen	gen	yes*	no	yes
Date of Other Therapy	VI.1.3.2	sel	sel	yes*	no	yes
Date of Radiation	VI.1.3.2	sel	sel	yes*	no	yes
Date of Systemic Therapy	VI.1.3.2	gen	gen	yes*	no	yes
Date of Surgery	VI.1.3.2	gen	gen	yes*	no	yes
Date of Surgery– Diagnostic or Staging Procedures	VI.2.12	sel	sel	yes*	no	yes
Date of Surgery– Procedures 1-3	VI.2.5	sel	sel	yes	no	no
Date of Therapy	Vol III	no	no	no	yes	yes
Date of Transplant/Endocrine Procedures	VI.7.2	sel	sel	yes*	no	no
Death File Number	VII.2.14	may	no	no	no	no
Diagnostic Confirmation	IV.2	yes	yes	yes	yes	yes
EOD – Extension	V.4	yes	yes	yes	yes	no
EOD – Extension (Path)	V.4	yes	yes	yes	yes	no
EOD –- Lymph Node Involvement	V.4	yes	yes	yes	yes	no
First Name	III.2.1.2	yes	yes	yes	yes	yes
Follow up Contact Address–Other	VII.3	yes*	yes*	yes	yes	no
Follow up Contact Address–Other - Supplemental	VII.3	yes*	yes*	yes*	no	no
Follow up Contact City–Other	VII.3	yes*	yes*	yes	yes	no
Follow up Contact Name–Other	VII.3	yes*	yes*	yes	yes	no
Follow up Contact State–Other	VII.3	yes*	yes*	yes	yes	no
Follow up Contact Zip–Other	VII.3	yes*	yes*	yes	yes	no
Follow up–Last Type (Patient)	VII.2.6.2	yes	yes	yes	no	no
Follow up–Last Type (Tumor)	VII.2.6.1	yes	yes	yes	no	no
Follow up–Next Type	VII.2.8	yes*	yes*	yes*	no	no
Follow up Hospital (Next)	VII.2.9	yes*	no	no	no	yes
Follow up Hospital (Last)	VII.2.7	yes	yes	yes	no	no
Histology Text	IV.1.7	yes	yes	yes	yes	no
Histology–Behavior (ICD-O-2)	V.3.4	yes	yes	yes	yes	no
Histology–-Behavior (ICD-O-3)	V.3.4	yes	yes	yes	yes	yes
Histology–Grade/ Differentiation	V.3.5	yes	yes	yes	yes	yes
Histology–Type (ICD-O-2)	V.3	yes	yes	yes	yes	no
Histology–-Type (ICD-O-3)	V.3	yes	yes	yes	yes	yes
Hormone Therapy at This Hospital	VI.5	yes	yes	yes	yes	yes
Hormone Therapy Summary	VI.5	yes	yes	yes	yes	yes

Data Items and Their Required Status

Item Name	Manual	C/N	RX Ctr	Transmitted from Hospital to Region	SEER Collect	ACoS
Hospital Number (Reporting)	III.1.4	yes	yes	yes	yes	yes
Hospital Patient Number	Vol. 2	gen	gen	yes	no	no
Hospital Referred From	III.3.10	yes	yes	yes	no	yes
Hospital Referred To	III.3.11	yes	yes	yes	no	no
ICD-O-3 Conversion Flag	Vol. 2	gen	gen	yes	yes	yes
Immunotherapy at This Hospital	VI.6	yes	yes	yes	yes	yes
Immunotherapy Summary	VI.6	yes	yes	yes	yes	yes
Industry–Text	III.2.13.2	yes	no	yes	no	no
Last Name	III.2.1.1	yes	yes	yes	yes	yes
Laterality	V.2	yes	yes	yes	yes	yes
Maiden Name	III.2.1.4	yes*	yes*	yes*	yes	no
Marital Status	III.2.6	yes	yes	yes	yes	no
Medical Record Number	III.2.2	yes*	yes*	yes*	yes	yes
Middle Name	III.2.1.3	yes*	yes*	yes*	yes	yes
Mother's First Name	III.2.1.9	yes*	yes*	yes*	no	no
Name Suffix	III.2.1.8	yes*	yes*	yes*	yes	no
Number of Regional Lymph Nodes Examined–Surgery Summary	VI.2.2	gen	gen	*sel*	no	no
Number of Regional Lymph Nodes Examined–Procedures 1-3	VI.2.3	yes	yes	no	no	no
Occupation–Text	III.2.13.1	yes	no	yes	no	no
Other Therapy at This Hospital	VI.7	yes	yes	yes	yes	yes
Other Therapy Summary	VI.7	yes	yes	yes	yes	yes
Over-ride Flags	Appendix T	yes	yes	yes	yes	yes
Pathology Report Number– Biopsy/FNA	IV.1.7.1	yes*	yes*	yes*	no	no
Pathology Report Number- Surgery	IV.1.7.2	yes*	yes*	yes*	no	no
Patient No Research Contact Flag	III.2.14	yes	yes	yes	no	no
Payment Source (Primary)	III.3.9	yes	yes	yes	no	yes
Payment Source (Secondary)	III.3.9	yes*	yes*	yes*	no	no
Payment Source Text	III.3.9	yes	yes	yes	no	no
Pediatric Stage	V.7.8	sel	sel	sel	no	no
Pediatric Stage Coder	V.7.10	sel	sel	sel	no	no
Pediatric Stage System	V.7.9	sel	sel	sel	no	no
Phone Number (Patient)	III.2.4	yes*	yes*	yes*	yes	yes
Physician (Attending)	III.3.12	yes	yes	yes	no	no
Physician (Following)	VII.2.10	yes*	yes*	yes*	yes	yes
Physician (Medical Oncologist)	III.3.12	yes*	yes*	yes*	no	yes
Physician (Other)	III.3.12	yes*	yes*	yes*	no	no
Physician (Other)	III.3.12	yes*	yes*	yes*	no	no

Data Items and Their Required Status

Item Name	Manual	C/N	RX Ctr	Transmitted from Hospital to Region	SEER Collect	ACoS
Physician (Radiation Oncologist)	III.3.12	yes*	yes*	yes*	no	yes
Physician (Referring)	III.3.12	yes*	yes*	yes*	no	no
Physician (Surgeon)	III.3.12	yes*	yes*	yes*	no	yes
Place of Death	VII.2.14	sel	yes*	yes*	no	no
Place of Diagnosis	III.3.4	may	may	yes*	no	no
Protocol Participation	VI.9	sel	sel	sel	no	no
Quality of Survival	VII.2.5	may	no	no	no	no
Race 1	III.2.9	yes	yes	yes	yes	yes
Race 2	III.2.9	yes	yes	yes	yes	yes
Race 3	III.2.9	yes	yes	yes	yes	yes
Race 4	III.2.9	yes	yes	yes	yes	yes
Race 5	III.2.9	yes	yes	yes	yes	yes
Radiation at This Hospital	VI.3	yes	no	no	yes	no
Radiation - Boost RX Modality	VI.3.4	yes	yes	yes	no	yes
Radiation - Regional RX Modality	VI.3.3	yes	yes	yes	no	yes
Radiation Summary	VI.3	yes	yes	yes	yes	no
Radiation/Surgery Sequence	VI.3.4	yes	yes	yes	yes	yes
Reason for No Radiation	VI.3.3	yes	yes	yes	no	yes
Reason for No Surgery	VI.2.10	yes	yes	yes	yes	yes
Recurrence Date	VII.2.13.1	may	may	may	no	yes
Recurrence Sites	VII.2.13.3	may	may	may	no	no
Recurrence Type	VII.2.12.2	may	may	may	no	yes
Regional Data	-	may	may	yes*	no	no
EOD- Regional Nodes Examined	V.4	yes	yes	yes	yes	yes
EOD- Regional Nodes Positive	V.4	yes	yes	yes	yes	yes
Religion	III.2.8	yes	yes	yes	no	no
Scope of Regional Lymph Node Surgery 98–02 Summary	VI.2.2	gen	gen	*sel*	no	no
Scope of Regional Lymph Node Surgery–Summary	VI.2.2	gen	gen	yes	yes	yes
Scope of Regional Lymph Node Surgery–Procedures 1-3	V.7.12	yes	yes	yes	no	no
Sequence Number	II.2.4	yes	yes	yes	yes	yes
Sex	III.2.7	yes	yes	yes	yes	yes
Site Text	IV.1	yes	yes	yes	yes	no
Site–Primary	V.1.1	yes	yes	yes	yes	R
Social Security Number	III.2.3	yes*	yes*	yes*	yes	yes
Social Security Number Suffix	III.2.3	yes*	yes*	yes*	no	no
Spanish/Hispanic Origin	III.2.9.2	yes	yes	yes	yes	yes

Data Items and Their Required Status

Item Name	Manual	C/N	RX Ctr	Transmitted from Hospital to Region	SEER Collect	ACoS
Stage-Alternate	V.5.6	may	may	may	no	no
Summary Stage 1977	V.5	sel	sel	sel	no	no
Summary Stage 2000	V.5	sel	sel	sel	no	yes
Surgery at This Hospital– Diagnostic or Staging Procedure	VI.2.11	yes	yes	yes	no	yes
Surgery at This Hospital–Reconstructive	VI.2.8	yes	no	no	no	no
Surgery at This Hospital	VI.2.1	gen	gen	no	no	yes
Surgery of Primary Site 98–02 Summary	VI.2.1	gen	gen	*sel*	no	no
Surgery of Primary Site–Summary	VI.2.1	gen	gen	yes	yes	yes
Surgery of Primary Site–Procedures 1-3	VI.2.1	yes	yes	yes	no	no
Surgery of Other Site – Summary – 98-02	VI.2.4	gen	gen	*sel*	no	no
Surgery of Other Regional Site(s), Distant Site(s), or Distant Lymph Node(s)–Summary	VI.2.4	gen	gen	yes	yes	yes
Surgery of Other Regional Site(s), Distant Site(s), or Distant Lymph Node(s)–Procedures 1-3	VI.2.4	yes	yes	yes	no	no
Surgery Summary– Diagnostic or Staging Procedure	VI.2.11	yes	yes	yes	no	yes
Surgery Summary– Reconstructive	VI.2.8	yes	yes	yes	no	no
Surgical Margins– Procedures 1-3	VI.2.7	yes	*no*	no	no	no
Surgical Margins– Summary	VI.2.7	gen	gen	no	no	yes
Text RX–Chemotherapy	VI.4	sel	sel	sel	no	no
Text RX –Hormone Therapy	VI.5	sel	sel	sel	no	no
Text RX–Immunotherapy	VI.6	sel	sel	sel	no	no
Text RX–Other Therapy	VI.7	sel	sel	sel	no	no
Text RX–Radiation (Beam)	VI.3	sel	sel	sel	no	no
Text RX –Radiation (Other)	VI.3	sel	sel	sel	no	no
Text RX- Radiation Boost RX Modality	VI.3	sel	sel	sel	no	no
Text RX- Radiation Regional RX Modality	VI.3	sel	sel	sel	no	no
Text RX–Surgery	VI.2	sel	sel	sel	no	no
Text–DxProc–Lab Tests	IV.1.5	yes*	yes*	yes*	no	no
Text–DxProc–Operative	IV.1.6	yes*	yes*	yes*	no	no
Text–DxProc– Pathological	IV.1.7	yes*	yes*	yes*	no	no
Text–DxProc–PE	IV.1.2	yes*	yes*	yes*	no	no
Text–DxProc–Scopes	IV.1.4	yes*	yes*	yes*	no	no
Text–DxProc–X–ray	IV.1.3	yes*	yes*	yes*	no	no
Text–Remarks	VIII.1	yes*	yes*	yes*	no	no

Data Items and Their Required Status

Item Name	Manual	C/N	RX Ctr	Transmitted from Hospital to Region	SEER Collect	ACoS
TNM Coder (Clinical)	V.7.6	yes*	yes*	yes*	no	yes
TNM Coder (Path)	V.7.6	yes*	yes*	yes*	no	yes
TNM Edition	V.7.7	yes*	yes*	yes*	no	yes
TNM Stage (Clinical)	V.7.5	yes*	yes*	yes*	no	yes
TNM Stage (Path)	V.7.5	yes*	yes*	yes*	no	yes
TNM–M Code (Clinical)	V.7.4	yes*	yes*	yes*	no	yes
TNM–M Code (Path)	V.7.4	yes*	yes*	yes*	no	yes
TNM–N Code (Clinical)	V.7.4	yes*	yes*	yes*	no	yes
TNM–N Code (Path)	V.7.4	yes*	yes*	yes*	no	yes
TNM–T Code (Clinical)	V.7.4	yes*	yes*	yes*	no	yes
TNM–T Code (Path)	V.7.4	yes*	yes*	yes*	no	yes
Transplant/Endocrine Procedures At This Hospital	VI.7.1	yes	yes	yes	no	no
Transplant/Endocrine Procedures Summary	VI.7.1	yes	yes	yes	yes	yes
Treatment Hospital Number-Procedure 1-3	VI.2.6	yes	yes	yes	no	no
Tumor Markers 1-3	V.6	sel	sel	sel	yes	no
Tumor Marker-CA-1	V.6.4	sel	sel	sel	no	no
Tumor Size	V.4	yes	yes	yes	yes	yes
Tumor Status	VII.2.4	yes	yes	yes	no	yes
Type of Admission	III.3.7	yes	yes	yes	no	no
Type of Reporting Source	III.3.6	yes	yes	yes	yes	no
Vendor Version	–	gen	yes	gen	no	no
Vital Status	VII.2.2	yes	yes	yes	yes	yes
Year First Seen	II.2.1	yes	no	yes	no	no

Appendix V

ICD-O-3 Primary Brain and CNS Site/Histology Listing

Based on ICD-O-3 SEER Site/Histology Validation list

Reviewed by Neuropathologists: Drs. Roger McLendon, Janet Bruner, Steven Moore
SEER: Lynn Ries
CBTRUS: Dr. Bridget McCarthy, Carol Kruchko

Underlined bold type indicates histology codes with a benign or uncertain behavior code that have been added by CBTRUS and not contained in the ICD-O-3 SEER Site/Histology Validation List.
Bold type indicates histology codes with a malignant behavior code that have been added by CBTRUS and not contained in the ICD-O-3 SEER Site/Histology Validation List.
Red color indicates histology codes new to the ICD-O-3 SEER Site/Histology Validation List.

MENINGES (CEREBRAL,SPINAL) C700-C709

NEOPLASM	800	**8000/0 Neoplasm, benign**
		8000/1 Neoplasm, uncertain whether benign or malignant
		8000/3 Neoplasm, malignant
		8001/0 Tumor cells, benign
		8001/1 Tumor cells, uncertain whether benign or malignant
		8001/3 Tumor cells, malignant
		8005/3 Malignant tumor, clear cell type
NEVI & MELANOMAS	872	**8720/3 Malignant melanoma, NOS**
		8728/0 Diffuse melanocytosis
		8728/1 Meningeal melanocytoma
		8728/3 Meningeal melanomatosis
SARCOMA, NOS	880	**8800/0 Soft tissue tumor, benign**
		8800/3 Sarcoma, NOS
		8801/3 Spindle cell sarcoma
		8805/3 Undifferentiated sarcoma
		8806/3 Desmoplastic small round cell tumor

FIBROMATOUS NEOPLASMS	881	**8810/0 Fibroma, NOS** **8810/3 Fibrosarcoma, NOS** **8815/0 Solitary fibrous tumor**
LIPOMATOUS NEOPLASMS	885	**8850/0 Lipoma, NOS** **8851/0 Fibrolipoma**
ANGIOLIPOMA	886	**8861/0 Angiolipoma, NOS**
MYOMATOUS NEOPLASMS	889	**8890/3 Leiomyosarcoma, NOS**
EMBRYONAL RHABDOMYOSARCOMA	891	**8910/3 Embryonal rhabdomyosarcoma, NOS**
TERATOMA	908	**9080/0 Teratoma, benign** **9080/1 Teratoma, NOS** **9080/3 Teratoma, malignant, NOS** **9084/0 Dermoid cyst, NOS** **9084/3 Teratoma with malig. transformation**
BLOOD VESSEL TUMORS	912	**9120/0 Hemangioma, NOS** **9121/0 Cavernous hemangioma**
HEMANGIOPERICYTOMA	915	**9150/0 Hemangiopericytoma, benign** **9150/1 Hemangiopericytoma, NOS** 9150/3 Hemangiopericytoma, malignant
HEMANGIOBLASTOMA	916	**9161/1 Hemangioblastoma**
OSSEOUS & CHONDROMATOUS NEOPLASMS	924	9240/3 Mesenchymal chondrosarcoma

MENINGIOMA	953	**9530/0 Meningioma, NOS** **9530/1 Meningiomatosis, NOS** 9530/3 Meningioma, malignant **9531/0 Meningothelial meningioma** **9532/0 Fibrous meningioma** **9533/0 Psammomatous meningioma** **9534/0 Angiomatous meningioma** **9537/0 Transitional meningioma** **9538/1 Clear cell meningioma** 9538/3 Papillary meningioma **9539/1 Atypical meningioma** 9539/3 Meningeal sarcomatosis
MALIGNANT LYMPHOMA, NOS	959	9590/3 Malignant lymphoma, NOS 9591/3 Malignant lymphoma, non-Hodgkin 9596/3 Composite Hodgkin and non-Hodgkin lymphoma
HODGKIN LYMPHOMA	965	9650/3 Hodgkin lymphoma, NOS 9651/3 Hodgkin lymphoma, lymphocyte-rich 9652/3 Hodgkin lymphoma, mixed cellularity, NOS 9653/3 Hodgkin lymphoma, lymphocytic deplet., NOS 9654/3 Hodgkin lymphoma, lymphocyt. deplet., diffuse fibrosis 9655/3 Hodgkin lymphoma, lymphocyt. deplet., reticular 9659/3 Hodgkin lymphoma, nodular lymphocyte predom.
HODGKIN LYMPHOMA, NOD. SCLER.	966	9661/3 Hodgkin granuloma 9662/3 Hodgkin sarcoma 9663/3 Hodgkin lymphoma, nodular sclerosis, NOS 9664/3 Hodgkin lymphoma, nod. scler., cellular phase 9665/3 Hodgkin lymphoma, nod. scler., grade 1 9667/3 Hodgkin lymphoma, nod. scler., grade 2
ML, SMALL B-CELL LYMPHOCYTIC	967	9670/3 ML, small B lymphocytic, NOS

		9671/3 ML, lymphoplasmacytic 9673/3 Mantle cell lymphoma 9675/3 ML, mixed sm. and lg. cell, diffuse
ML, LARGE B-CELL, DIFFUSE	968	9680/3 ML, large B-cell, diffuse 9684/3 ML, large B-cell, diffuse, immunoblastic, NOS 9687/3 Burkitt lymphoma, NOS
FOLLIC. & MARGINAL LYMPH, NOS	969	9690/3 Follicular lymphoma, NOS 9691/3 Follicular lymphoma, grade 2 9695/3 Follicular lymphoma, grade 1 9698/3 Follicular lymphoma, grade 3 9699/3 Marginal zone B-cell lymphoma, NOS
T-CELL LYMPHOMAS	970	9701/3 Sezary syndrome 9702/3 Mature T-cell lymphoma, NOS 9705/3 Angioimmunoblastic T-cell lymphoma
OTHER SPEC. NON-HODGKIN LYMPHOMA	971	9714/3 Anaplastic large cell lymphoma, T-cell and Null cell type 9719/3 NK/T-cell lymphoma, nasal and nasal-type
PRECURS. CELL LYMPHOBLASTIC LYMPH.	972	9727/3 Precursor cell lymphoblastic lymphoma, NOS 9728/3 Precursor B-cell lymphoblastic lymphoma 9729/3 Precursor T-cell lymphoblastic lymphoma
PLASMA CELL TUMORS	973	9731/3 Plasmacytoma, NOS 9734/3 Plasmacytoma, extramedullary
MAST CELL TUMORS	974	9740/3 Mast cell sarcoma 9741/3 Malignant mastocytosis

NEOPLASMS OF HISTIOCYTES AND ACCESSORY LYMPHOID CELLS	975	9750/3 Malignant histiocytosis 9754/3 Langerhans cell histiocytosis, disseminated 9755/3 Histiocytic sarcoma 9756/3 Langerhans cell sarcoma 9757/3 Interdigitating dendritic cell sarcoma 9758/3 Follicular dendritic cell sarcoma

BRAIN, C710-C714 & C717-C719, (EXCL. VENTRICLE, CEREBELLUM)
SPINAL CORD C720 , CAUDA EQUINA C721 & CRANIAL NERVES, C722-C725

NEOPLASM	800	**8000/0 Neoplasm, benign** **8000/1 Neoplasm, uncertain whether benign or malignant** 8000/3 Neoplasm, malignant **8001/0 Tumor cells, benign** **8001/1 Tumor cells, uncertain whether benign or malignant** 8001/3 Tumor cells, malignant 8002/3 Malignant tumor, small cell type 8003/3 Malignant tumor, giant cell type 8004/3 Malignant tumor, spindle cell type 8005/3 Malignant tumor, clear cell type
PARAGANGLIOMA	868	**8680/1 Paraganglioma, NOS**
NEVI & MELANOMAS	872	**8720/3 Malignant melanoma**
SARCOMA, NOS	880	**8800/0 Soft tissue tumor, benign** 8800/3 Sarcoma, NOS 8801/3 Spindle cell sarcoma 8805/3 Undifferentiated sarcoma 8806/3 Desmoplastic small round cell tumor
LIPOMATOUS NEOPLASMS	885	**8850/0 Lipoma, NOS** **8851/0 Fibrolipoma** **8851/3 Liposarcoma**
GERM CELL TUMORS	906	**9060/3 Dysgerminoma** **9064/3 Germinoma**

EMBRYONAL CARCINOMA	907	**9070/3 Embryonal carcinoma, NOS** **9071/3 Yolk Sac Tumor**
TERATOMA	908	**9080/0 Teratoma, benign** **9080/1 Teratoma, NOS** **9080/3 Teratoma, malignant, NOS** **9081/3 Teratocarcinoma** **9085/3 Mixed germ cell tumor**
TROPHOBLASTIC NEOPLASMS	910	**9100/3 Choriocarcinoma, NOS**
BLOOD VESSEL TUMORS	912	**9120/0 Hemangioma, NOS** **9121/0 Cavernous hemangioma** **9122/0 Venous hemangioma**
HEMANGIOENDOTHELIOMA	913	**9131/0 Capillary hemangioma**
HEMANGIOPERICYTOMA	915	**9150/1 Hemangiopericytoma, NOS**
HEMANGIOBLASTOMA	916	**9161/1 Hemangioblastoma**
CHORDOMA	937	9370/3 Chordoma, 9371/3 Chondroid chordoma 9372/3 Dedifferentiated chordoma
GLIOMA	938	9380/3 Glioma, malignant 9381/3 Gliomatosis cerebri 9382/3 Mixed glioma **9383/1 Subependymoma** **9384/1 Subependymal giant cell astroctyoma**

EPENDYMOMA, NOS	939	9391/3 Ependymoma, NOS 9392/3 Ependymoma, anaplastic 9393/3 Papillary Ependymoma **9394/1 Myxopapillary ependymoma**
ASTROCYTOMA, NOS	940	9400/3 Astrocytoma, NOS 9401/3 Astrocytoma, anaplastic
PROTOPLASMIC ASTROCYTOMA	941	9410/3 Protoplasmic astrocytoma 9411/3 Gemistocytic astrocytoma **9412/1 Desmoplastic infantile astrocytoma** **9413/0 Dysembryoplastic neuroepithelial tumor**
FIBRILLARY ASTROCYTOMA	942	9420/3 Fibrillary astrocytoma **9421/1 Pilocytic astrocytoma** 9423/3 Polar spongioblastoma 9424/3 Pleomorphic xanthoastrocytoma
ASTROBLASTOMA	943	9430/3 Astroblastoma
GLIOBLASTOMA, NOS	944	9440/3 Glioblastoma, NOS 9441/3 Giant cell glioblastoma **9442/1 Gliofibroma** 9442/3 Gliosarcoma **9444/1 Chordoid glioma**
OLIGODENDROGLIOMA, NOS	945	9450/3 Oligodendroglioma, NOS 9451/3 Oligodendroglioma, anaplastic
OLIGODENDROBLASTOMA	946	9460/3 Oligodendroblastoma

PRIMITIVE NEUROECTODERMAL	947	9473/3 Primitive neuroectodermal tumor, NOS
GANGLIONEUROBLASTOMA	949	**9490/0 Ganglioneuroma** 9490/3 Ganglioneuroblastoma **9492/0 Gangliocytoma**
NEUROBLASTOMA, NOS	950	9500/3 Neuroblastoma, NOS 9501/3 Medulloepithelioma, NOS 9502/3 Teratoid medulloepithelioma 9503/3 Neuroepithelioma, NOS **9505/1 Ganglioglioma, NOS** 9505/3 Ganglioglioma, anaplastic 9508/3 Atypical teratoid/rhabdoid tumor
MENINGIOMA	953	**9530/0 Meningioma, NOS** **9530/1 Mengiomatosis, NOS** 9530/3 Meningioma, malignant **9531/0 Meningotheliomatous meningioma** **9532/0 Fibrous meningioma** **9533/0 Psammomatous meningioma** **9534/0 Angiomatous meningioma** **9537/0 Transitional meningioma** **9538/1 Clear cell meningioma** **9538/3 Papillary meningioma** **9539/1 Atypical meningioma** **9539/3 Meningeal sarcomatosis**
NEUROFIBROSARCOMA	954	**9540/0 Neurofibroma, NOS** **9540/1 Neurofibromatosis, NOS** 9540/3 Malignant peripheral nerve sheath tumor **9541/0 Melanotic neurofibroma**
PLEXIFORM NEUROFIBROMA	955	**9550/0 Plexiform neurofibroma**

NEURILEMOMA	956	**9560/0 Neurilemoma, NOS** **9560/1 Neurinomatosis** 9560/3 Neurilemoma, malignant 9561/3 Triton tumor, malignant **9562/0 Neurothekeoma**
NEUROMA	957	**9570/0 Neuroma, NOS** **9571/0 Perineurioma, NOS** 9571/3 Perineurioma, malignant
MALIGNANT LYMPHOMA, NOS	959	9590/3 Malignant lymphoma, NOS 9591/3 Malignant lymphoma, non-Hodgkin 9596/3 Composite Hodgkin and non-Hodgkin lymphoma
ML, SMALL B-CELL LYMPHOCYTIC	967	9670/3 ML, small B lymphocytic, NOS 9671/3 ML, lymphoplasmacytic 9673/3 Mantle cell lymphoma 9675/3 ML, mixed sm. and lg. cell, diffuse
ML, LARGE B-CELL, DIFFUSE	968	9680/3 ML, large B-cell, diffuse 9684/3 ML, large B-cell, diffuse, immunoblastic, NOS 9687/3 Burkitt lymphoma, NOS
FOLLIC. & MARGINAL LYMPH, NOS	969	9690/3 Follicular lymphoma, NOS 9691/3 Follicular lymphoma, grade 2 9695/3 Follicular lymphoma, grade 1 9698/3 Follicular lymphoma, grade 3 9699/3 Marginal zone B-cell lymphoma, NOS
T-CELL LYMPHOMAS	970	9701/3 Sezary syndrome 9702/3 Mature T-cell lymphoma, NOS

		9705/3 Angioimmunoblastic T-cell lymphoma
OTHER SPEC. NON-HODGKIN LYMPHOMA	971	9714/3 Large cell lymphoma 9719/3 NK/T-cell lymphoma, nasal and nasal-type
PRECURS. CELL LYMPHOBLASTIC LYMPH.	972	9727/3 Precursor cell lymphoblastic lymphoma, NOS 9728/3 Precursor B-cell lymphoblastic lymphoma 9729/3 Precursor T-cell lymphoblastic lymphoma
PLASMA CELL TUMORS	973	9731/3 Plasmacytoma, NOS 9734/3 Plasmacytoma, extramedullary
NEOPLASMS OF HISTIOCYTES AND ACCESSORY LYMPHOID CELLS	975	9750/3 Malignant histiocytosis 9754/3 Langerhans cell histiocytosis, disseminated 9755/3 Histiocytic sarcoma 9756/3 Langerhans cell sarcoma 9757/3 Interdigitating dendritic cell sarcoma 9758/3 Follicular dendritic cell sarcoma
LEUKEMIA	993	**9930/3 Myeloid sarcoma**

VENTRICLE C715

NEOPLASM	800	**8000/0 Neoplasm, benign** **8000/1 Neoplasm, uncertain whether benign or malignant** 8000/3 Neoplasm, malignant **8001/0 Tumor cells, benign** **8001/1 Tumor cells, uncertain whether benign or malignant** 8001/3 Tumor cells, malignant 8005/3 Malignant tumor, clear cell type
TERATOMA	908	**9085/3 Mixed germ cell tumor**
MISCELLANEOUS TUMORS	937	9370/3 Chordoma, NOS 9371/3 Chondroid chordoma 9372/3 Dedifferentiated chordoma
GLIOMA	938	9380/3 Glioma, malignant 9381/3 Gliomatosis cerebri 9382/3 Mixed glioma **9383/1 Gliomatosis cerebri** **9384/1 Subependymal giant cell astrocytoma**
EPENDYMOMA, NOS	939	**9390/0 Choroid plexus papilloma, NOS** **9390/1 Atypical choroid pl exus papilloma** 9390/3 Choroid plexus papilloma, malignant 9391/3 Ependymoma, NOS 9392/3 Ependymoma, anaplastic 9393/3 Papillary ependymoma
ASTROCYTOMA, NOS	940	9400/3 Astrocytoma, NOS 9401/3 Astrocytoma, anaplastic

PROTOPLASMIC ASTROCYTOMA	941	9410/3 Protoplasmic astrocytoma 9411/3 Gemistocytic astrocytoma
FIBRILLARY ASTROCYTOMA	942	9420/3 Fibrillary astrocytoma **9421/1 Pilocytic astrocytoma** 9423/3 Polar spongioblastoma 9424/3 Pleomorphic xanthoastrocytoma
ASTROBLASTOMA	943	9430/3 Astroblastoma
GLIOBLASTOMA, NOS	944	9440/3 Glioblastoma, NOS 9441/3 Giant cell glioblastoma 9442/3 Gliosarcoma **9444/1 Chordoid glioma**
OLIGODENDROGLIOMA, NOS	945	9450/3 Oligodendroglioma, NOS 9451/3 Oligodendroglioma, anaplastic
PRIMITIVE NEUROECTODERMAL	947	9473/3 Primitive neuroectodermal tumor (PNET)
GANGLIONEUROBLASTOMA	949	**9490/0 Ganglioneuroma** 9490/3 Ganglioneuroblastoma **9492/0 Gangliocytoma**
NEUROBLASTOMA, NOS	950	9500/3 Neuroblastoma, NOS 9501/3 Medulloepithelioma, NOS 9502/3 Teratoid medulloepithelioma 9503/3 Neuroepithelioma, NOS **9505/1 Ganglioglioma, NOS** 9505/3 Ganglioglioma, anaplastic **9506/1 Central neurocytoma**

		9508/3 Atypical teratoid/rhabdoid tumor
MENINGIOMAS	953	**9530/0 Meningioma, NOS** **9530/1 Meningiomatosis, NOS** **9530/3 Meningioma, malignant** **9531/0 Meningotheliomatous meningioma** **9532/0 Fibrous meningioma** **9533/0 Psammomatosis meningioma** **9534/0 Angiomatous meningioma** **9537/0 Transitional meningioma** **9538/1 Clear cell meningioma** **9538/3 Papillary meningioma**
MALIGNANT LYMPHOMA, NOS	959	9590/3 Malignant lymphoma, NOS 9591/3 Malignant lymphoma, non-Hodgkin 9596/3 Composite Hodgkin and non-Hodgkin lymphoma
ML, SMALL B-CELL LYMPHOCYTIC	967	9670/3 ML, small B lymphocytic, NOS 9671/3 ML, lymphoplasmacytic 9673/3 Mantle cell lymphoma 9675/3 ML, mixed sm. and lg. cell, diffuse
ML, LARGE B-CELL, DIFFUSE	968	9680/3 ML, large B-cell, diffuse 9684/3 ML, large B-cell, diffuse, immunoblastic, NOS 9687/3 Burkitt lymphoma, NOS
FOLLIC. & MARGINAL LYMPH, NOS	969	9690/3 Follicular lymphoma, NOS 9691/3 Follicular lymphoma, grade 2 9695/3 Follicular lymphoma, grade 1 9698/3 Follicular lymphoma, grade 3 9699/3 Marginal zone B-cell lymphoma, NOS
T-CELL LYMPHOMAS	970	9701/3 Sezary syndrome

		9702/3 Mature T-cell lymphoma, NOS 9705/3 Angioimmunoblastic T-cell lymphoma
OTHER SPEC. NON-HODGKIN LYMPHOMA	971	9714/3 Anaplastic large cell lymphoma, T-cell and Null cell type 9719/3 NK/T-cell lymphoma, nasal and nasal-type
PRECURS. CELL LYMPHOBLASTIC LYMPH.	972	9727/3 Precursor cell lymphoblastic lymphoma, NOS 9728/3 Precursor B-cell lymphoblastic lymphoma 9729/3 Precursor T-cell lymphoblastic lymphoma
PLASMA CELL TUMORS	973	9731/3 Plasmacytoma, NOS 9734/3 Plasmacytoma, extramedullary
NEOPLASMS OF HISTIOCYTES AND ACCESSORY LYMPHOID CELLS	975	9750/3 Malignant histiocytosis 9754/3 Langerhans cell histiocytosis, disseminated 9755/3 Histiocytic sarcoma 9756/3 Langerhans cell sarcoma 9757/3 Interdigitating dendritic cell sarcoma 9758/3 Follicular dendritic cell sarcoma

CEREBELLUM C716

NEOPLASM	800	**8000/0 Neoplasm, benign** **8000/1 Neoplasm, uncertain whether benign or malignant** 8000/3 Neoplasm, malignant **8001/0 Tumor cells, benign** **8001/1 Tumor cells, uncertain whether benign or malignant** 8001/3 Tumor cells, malignant 8005/3 Malignant tumor, clear cell type
SARCOMA, NOS	880	**8800/0 Soft tissue tumor, benign** 8800/3 Sarcoma, NOS 8805/3 Undifferentiated sarcoma 8806/3 Desmoplastic small round cell tumor
FIBROMATOUS NEOPLASMS	881	**8810/3 Fibrosarcoma, NOS** **8815/0 Solitary fibrous tumor**
LIPOMATOUS NEOPLASMS	885	**8850/0 Lipoma, NOS**
GERM CELL NOEPLASMS	908	**9080/0 Teratoma, benign** **9080/1 Teratoma, NOS** **9080/3 Teratoma, malignant, NOS** **9084/0 Dermoid cyst, NOS**
BLOOD VESSEL TUMORS	912	**9120/0 Hemangioma, NOS**
HEMANGIOENDOTHELIOMA	913	**9131/0 Capillary hemangioma**

HEMANGIOPERICYTOMA	915	**9150/1 Hemangiopericytoma, NOS**
HEMANGIOBLASTOMA	916	**9161/1 Hemangioblastoma**
CHORDOMA	937	9370/3 Chordoma, NOS 9371/3 Chondroid chordoma 9372/3 Dedifferentiated chordoma
GLIOMA	938	9380/3 Glioma, malignant 9381/3 Gliomatosis cerebri 9382/3 Mixed glioma **9383/1 Subependymoma**
EPENDYMOMA, NOS	939	9391/3 Ependymoma, NOS 9392/3 Ependymoma, anaplastic 9393/3 Papillary ependymoma
ASTROCYTOMA, NOS	940	9400/3 Astrocytoma, NOS 9401/3 Astrocytoma, anaplastic
PROTOPLASMIC ASTROCYTOMA	941	9410/3 Protoplasmic astrocytoma 9411/3 Gemistocytic astrocytoma
FIBRILLARY ASTROCYTOMA	942	9420/3 Fibrillary astrocytoma **9421/1 Pilocytic astrocytoma** 9424/3 Pleomorphic xanthoastrocytoma
ASTROBLASTOMA	943	9430/3 Astroblastoma

GLIOBLASTOMA, NOS	944	9440/3 Glioblastoma, NOS 9441/3 Giant cell glioblastoma 9442/3 Gliosarcoma
OLIGODENDROGLIOMA, NOS	945	9450/3 Oligodendroglioma, NOS 9451/3 Oligodendroglioma, anaplastic
MEDULLOBLASTOMA, NOS	947	9470/3 Medulloblastoma, NOS 9471/3 Desmoplastic medulloblastoma 9472/3 Medullomyoblastoma 9473/3 Primitive neuroectodermal tumor 9474/3 Large cell medulloblastoma
CEREBELLAR SARCOMA, NOS	948	9480/3 Cerebellar sarcoma, NOS
GANGLIONEUROBLASTOMA	949	**9490/0 Ganglioneuroma** 9490/3 Ganglioneuroblastoma **9492/0 Gangliocytoma** **9493/0 Dysplastic gangliocytoma of cerebellum (Lhermitte-Duclos)**
NEUROBLASTOMA, NOS	950	9500/3 Neuroblastoma, NOS 9501/3 Medulloepithelioma, NOS 9502/3 Teratoid medulloepithelioma 9503/3 Neuroepithelioma, NOS **9505/1 Ganglioglioma, NOS** **9506/1 Central neurocytoma** 9508/3 Atypical teratoid/rhabdoid tumor
MENINGIOMAS	953	**9530/0 Meningioma, NOS** **9530/1 Meningiomatosis, NOS** **9530/3 Meningioma, malignant** **9531/0 Meningotheliomatous meningioma**

		9532/0 Fibrous meningioma
		9533/0 Psammomatous meningioma
		9534/0 Angiomatous meningioma
		9537/0 Transitional meningioma
		9538/1 Clear cell meningioma
		9538/3 Papillary meningioma
MALIGNANT LYMPHOMA, NOS	959	
		9590/3 Malignant lymphoma, NOS
		9591/3 Malignant lymphoma, non-Hodgkin
		9596/3 Composite Hodgkin and non-Hodgkin lymphoma
ML, SMALL B-CELL LYMPHOCYTIC	967	
		9670/3 ML, small B lymphocytic, NOS
		9671/3 ML, lymphoplasmacytic
		9673/3 Mantle cell lymphoma
		9675/3 ML, mixed sm. and lg. cell, diffuse
ML, LARGE B-CELL, DIFFUSE	968	
		9680/3 ML, large B-cell, diffuse
		9684/3 ML, large B-cell, diffuse, immunoblastic, NOS
		9687/3 Burkitt lymphoma, NOS
FOLLIC. & MARGINAL LYMPH, NOS	969	
		9690/3 Follicular lymphoma, NOS
		9691/3 Follicular lymphoma, grade 2
		9695/3 Follicular lymphoma, grade 1
		9698/3 Follicular lymphoma, grade 3
		9699/3 Marginal zone B-cell lymphoma, NOS
T-CELL LYMPHOMAS	970	
		9701/3 Sezary syndrome
		9702/3 Peripheral T-cell lymphoma, NOS
		9705/3 Angioimmunoblastic T-cell lymphoma
OTHER SPEC. NON-HODGKIN LYMPHOMA	971	
		9714/3 Anaplastic large cell lymphoma, T-cell and Null cell type
		9719/3 NK/T-cell lymphoma, nasal and nasal-type

PRECURS. CELL LYMPHOBLASTIC LYMPH.	972	
		9727/3 Precursor cell lymphoblastic lymphoma, NOS
		9728/3 Precursor B-cell lymphoblastic lymphoma
		9729/3 Precursor T-cell lymphoblastic lymphoma
PLASMA CELL TUMORS	973	
		9731/3 Plasmacytoma, NOS
		9734/3 Plasmacytoma, extramedullary
NEOPLASMS OF HISTIOCYTES AND ACCESSORY LYMPHOID CELLS	975	
		9750/3 Malignant histiocytosis
		9754/3 Langerhans cell histiocytosis, disseminated
		9755/3 Histiocytic sarcoma
		9756/3 Langerhans cell sarcoma
		9757/3 Interdigitating dendritic cell sarcoma
		9758/3 Follicular dendritic cell sarcoma

OTHER NERVOUS SYSTEM C728-C729

NEOPLASM	800	**8000/0 Neoplasm, benign** **8000/1 Neoplasm, uncertain whether benign or malignant** 8000/3 Neoplasm, malignant **8001/0 Tumor cells, benign** **8001/1 Tumor cells, uncertain whether benign or malignant** 8001/3 Tumor cells, malignant 8002/3 Malignant tumor, small cell type 8003/3 Malignant tumor, giant cell type 8004/3 Malignant tumor, spindle cell type 8005/3 Malignant tumor, clear cell type
SARCOMA, NOS	880	**8800/0 Soft tissue tumor, benign** 8800/3 Sarcoma, NOS 8801/3 Spindle cell sarcoma 8802/3 Giant cell sarcoma 8803/3 Small cell sarcoma 8804/3 Epithelioid sarcoma 8805/3 Undifferentiated sarcoma 8806/3 Desmoplastic small round cell tumor
LIPOMATOUS NEOPLASMS	885	**8850/0 Lipoma, NOS** **8850/1 Atypical lipoma** **8850/3 Liposarcoma, NOS**
ANGIOLIPOMA	886	**8861/0 Angiolipoma**
MYOMATOUS NEOPLASMS	889	**8890/0 Leiomyoma, NOS** **8890/1 Leiomyomatosis, NOS** **8890/3 Leiomyosarcoma, NOS** **8897/1 Smooth muscle tumor, NOS**

RHABDOMYOSARCOMA	890	**8900/0 Rhabdomyoma, NOS** **8900/3 Rhabdomyosarcoma, NOS**
EMBRYONAL RHABDOMYOSARCOMA	891	**8910/3 Embryonal rhabdomyosarcoma, NOS**
ALVEOLAR RHABDOMYOSARCOMA	892	**8920/3 Alveolar rhabdomyosarcoma**
GERM CELL TUMORS	906	**9064/3 Germinoma**
TERATOMA	908	**9080/1 Teratoma, NOS** **9080/3 Teratoma, malignant, NOS** **9082/3 Malignant teratoma, undiff.** **9084/0 Dermoid cyst, NOS** **9084/3 Teratoma with malig. transformation**
BLOOD VESSEL TUMORS	912	**9120/0 Hemangioma, NOS** **9120/3 Hemangiosarcoma** **9121/0 Cavernous hemangioma**
HEMANGIOENDOTHELIOMA	913	**9130/0 Hemangioendothelioma, benign** **9130/1 Hemangioendothelioma, NOS** **9130/3 Hemangioendothelioma, malignant**
KAPOSI SARCOMA	914	**9140/3 Kaposi sarcoma**
HEMANGIOPERICYTOMA	915	**9150/0 Hemangiopericytoma, benign**

		9150/1 Hemangiopericytoma, NOS **9150/3 Hemangiopericytoma, malignant**
HEMANGIOBLASTOMA	916	**9161/1 Hemangioblastoma**
MISCELLANEOUS BONE TUMORS	926	**9260/3 Ewing sarcoma**
CHORDOMA	937	9370/3 Chordoma, NOS 9371/3 Chondroid chordoma 9372/3 Dedifferentiated chordoma
NEUROBLASTOMA, NOS	950	9500/3 Neuroblastoma, NOS 9501/3 Medulloepithelioma, NOS 9502/3 Teratoid medulloepithelioma 9503/3 Neuroepithelioma, NOS 9508/3 Atypical teratoid/rhabdoid tumor
MENINGIOMA	953	**9530/0 Meningioma, NOS** **9530/1 Meningiomatosis, NOS** **9530/3 Meningioma, malignant** **9531/0 Meningotheliomatous meningioma** **9532/0 Fibrous meningioma** **9533/0 Psammomatous meningioma** **9534/0 Angiomatous meningioma** **9537/0 Transitional meningioma** **9538/1 Clear cell meningioma** **9538/3 Papillary meningioma**
NEUROFIBROSARCOMA	954	**9540/0 Neurofibroma, NOS** **9540/1 Neurofibromatosis, NOS** 9540/3 Malignant peripheral nerve sheath tumor **9541/0 Melanotic neurofibroma**

PLEXIFORM NEUROFIBROMA	955	**9550/0 Plexiform neurofibroma**
NEURILEMOMA	956	**9560/0 Neurilemmoma, NOS** 9560/3 Neurilemmoma, malignant 9561/3 Triton tumor, malignant **9562/0 Neurothekeoma**
NEUROMA	957	**9570/0 Neuroma, NOS** **9571/0 Perineurioma, NOS** 9571/3 Perineurioma, malignant
MALIGNANT LYMPHOMA, NOS	959	9590/3 Malignant lymphoma, NOS 9591/3 Malignant lymphoma, non-Hodgkin 9596/3 Composite Hodgkin and non-Hodgkin lymphoma
HODGKIN LYMPHOMA	965	9650/3 Hodgkin lymphoma, NOS 9651/3 Hodgkin lymphoma, lymphocyte-rich 9652/3 Hodgkin lymphoma, mixed cellularity, NOS 9653/3 Hodgkin lymphoma, lymphocytic deplet., NOS 9654/3 Hodgkin lymphoma, lymphocyt. deplet., diffuse fibrosis 9655/3 Hodgkin lymphoma, lymphocyt. deplet., reticular 9659/3 Hodgkin lymphoma, nodular lymphocyte predom.
HODGKIN LYMPHOMA, NOD. SCLER.	966	9661/3 Hodgkin granuloma 9662/3 Hodgkin sarcoma 9663/3 Hodgkin lymphoma, nodular sclerosis, NOS 9664/3 Hodgkin lymphoma, nod. scler., cellular phase 9665/3 Hodgkin lymphoma, nod. scler., grade 1 9667/3 Hodgkin lymphoma, nod. scler., grade 2
ML, SMALL B-CELL LYMPHOCYTIC	967	9670/3 ML, small B lymphocytic, NOS 9671/3 ML, lymphoplasmacytic

		9673/3 Mantle cell lymphoma 9675/3 ML, mixed sm. and lg. cell, diffuse
ML, LARGE B-CELL, DIFFUSE	968	9680/3 ML, large B-cell, diffuse 9684/3 ML, large B-cell, diffuse, immunoblastic, NOS 9687/3 Burkitt lymphoma, NOS
FOLLIC. & MARGINAL LYMPH, NOS	969	9690/3 Follicular lymphoma, NOS 9691/3 Follicular lymphoma, grade 2 9695/3 Follicular lymphoma, grade 1 9698/3 Follicular lymphoma, grade 3 9699/3 Marginal zone B-cell lymphoma, NOS
T-CELL LYMPHOMAS	970	9701/3 Sezary syndrome 9702/3 Mature T-cell lymphoma, NOS 9705/3 Angioimmunoblastic T-cell lymphoma
OTHER SPEC. NON-HODGKIN LYMPHOMA	971	9714/3 Anaplastic large cell lymphoma, T-cell and Null cell type 9719/3 NK/T-cell lymphoma, nasal and nasal-type
PRECURS. CELL LYMPHOBLASTIC LYMPH.	972	9727/3 Precursor cell lymphoblastic lymphoma, NOS 9728/3 Precursor B-cell lymphoblastic lymphoma 9729/3 Precursor T-cell lymphoblastic lymphoma
PLASMA CELL TUMORS	973	9731/3 Plasmacytoma, NOS 9734/3 Plasmacytoma, extramedullary
MAST CELL TUMORS	974	9740/3 Mast cell sarcoma 9741/3 Malignant mastocytosis

NEOPLASMS OF HISTIOCYTES AND ACCESSORY LYMPHOID CELLS	975	9750/3 Malignant histiocytosis 9754/3 Langerhans cell histiocytosis, disseminated 9755/3 Histiocytic sarcoma 9756/3 Langerhans cell sarcoma 9757/3 Interdigitating dendritic cell sarcoma 9758/3 Follicular dendritic cell sarcoma
LYMPHOID LEUKEMIAS	982	**9827/3 Adult T-cell leukemia/lymphoma (HTLV-1 positive)**
MYELOID LEUKEMIAS	986	**9861/3 Acute myeloid leukemia, NOS**
OTHER LEUKEMIAS	993	**9930/3 Myeloid sarcoma**

PITUITARY GLAND and CRANIOPHARYNGEAL DUCT C751-C752

NEOPLASM	800	**8000/0 Neoplasm, benign** **8000/1 Neoplasm, uncertain whether benign or malignant** 8000/3 Neoplasm, malignant **8001/0 Tumor cells, benign** **8001/1 Tumor cells, uncertain whether benign or malignant** 8001/3 Tumor cells, malignant **8005/0 Clear cell tumor, NOS** 8005/3 Malignant tumor, clear cell type
CARCINOMA, NOS	801	**8010/0 Epithelial tumor, benign** 8010/2 Carcinoma in situ, NOS 8010/3 Carcinoma, NOS
ADENOCARCINOMA, NOS	814	**8140/0 Adenoma, NOS** 8140/2 Adenocarcinoma in situ 8140/3 Adenocarcinoma, NOS **8146/0 Monomorphic adenoma**
PAPILLARY ADENOMA, NOS	826	**8260/0 Papillary adenoma, NOS**
CHROMOPHOBE CARCINOMA	827	**8270/0 Chromophobe adenoma** 8270/3 Chromophobe carcinoma **8271/0 Prolactinoma** **8272/0 Pituitary adenoma, NOS** 8272/3 Pituitary carcinoma, NOS
ACIDOPHIL CARCINOMA	828	**8280/0 Acidophil adenoma** 8280/3 Acidophil carcinoma **8281/0 Mixed acidophil-basophil adenoma** 8281/3 Mixed acidophil-basophil carcinoma

OXYPHILIC ADENOCARCINOMA	829	**8290/0 Oxyphilic adenoma** 8290/3 Oxyphilic adenocarcinoma
BASOPHIL CARCINOMA	830	**8300/0 Basophil adenoma** 8300/3 Basophil carcinoma
CLEAR CELL ADENOCA., NOS	831	**8310/0 Clear cell adenoma**
GRANULAR CELL CARCINOMA	832	8320/3 Granular cell carcinoma
		8323/0 Mixed cell adenoma 8323/3 Mixed cell adenocarcinoma
SOFT TISSUE TUMORS	880	**8800/0 Soft tissue tumor, benign** **8800/3 Sarcoma, NOS**
LIPOMATOUS NEOPLASMS	885	**8850/0 Lipoma, NOS**
DYSGERMINOMA	906	9060/3 Dysgerminoma 9064/3 Germinoma 9065/3 Germ cell tumor, nonseminomatous
EMBRYONAL CARCINOMA, NOS	907	9070/3 Embryonal carcinoma, NOS 9071/3 Yolk sac tumor 9072/3 Polyembryoma
TERATOMA, NOS	908	**9080/0 Teratoma, benign** **9080/1 Teratoma, NOS** 9080/3 Teratoma, malignant, NOS 9081/3 Teratocarcinoma 9082/3 Malignant teratoma, undiff.

		9083/3 Malignant teratoma, intermediate 9084/3 Teratoma with malig. transformation 9085/3 Mixed germ cell tumor
CRANIOPHARYNGIOMA	935	**9350/1 Craniopharyngioma** **9351/1 Adamantinomatous craniopharyngioma** **9352/1 Papillary craniopharyngioma**
CHORDOMA	937	9370/3 Chordoma 9371/3 Chondroid chordoma 9372/3 Dedifferentiated chordoma
NEUROBLASTOMA, NOS	950	9500/3 Neuroblastoma, NOS 9501/3 Medulloepithelioma, NOS 9502/3 Teratoid medulloepithelioma 9503/3 Neuroepithelioma, NOS 9505/3 Ganglioglioma, anaplastic
GRANULAR CELL TUMORS	958	**9580/0 Granular cell tumor, NOS**
FOLLIC. & MARGINAL LYMPH, NOS	969	9699/3 Marginal zone B-cell lymphoma, NOS

PINEAL GLAND C753

NEOPLASM	800	**8000/0 Neoplasm, benign** **8000/1 Neoplasm, uncertain whether benign or malignant** 8000/3 Neoplasm, malignant **8001/0 Tumor cells, benign** **8001/1 Tumor cells, uncertain whether benign or malignant** 8001/3 Tumor cells, malignant
CARCINOMA, NOS	801	**8010/0 Epithelial tumor, benign**
DYSGERMINOMA	906	9060/3 Dysgerminoma 9064/3 Germinoma 9065/3 Germ cell tumor, nonseminomatous
EMBRYONAL CARCINOMA, NOS	907	9070/3 Embryonal carcinoma, NOS 9071/3 Yolk sac tumor 9072/3 Polyembryoma
TERATOMA, NOS	908	**9080/0 Teratoma, NOS** 9080/3 Teratoma, malignant, NOS 9081/3 Teratocarcinoma 9082/3 Malignant teratoma, undiff. 9083/3 Malignant teratoma, intermediate **9084/0 Dermoid cyst, NOS** 9084/3 Teratoma with malig. transformation 9085/3 Mixed germ cell tumor
PINEALOMA, MALIGNANT	936	**9360/1 Pinealoma, NOS** **9361/1 Pineocytoma** 9362/3 Pineoblastoma

CHORDOMA	937	9370/3 Chordoma, NOS 9371/3 Chondroid chordoma 9372/3 Dedifferentiated chordoma
PRIMITIVE NEUROECTODERMAL	947	**9473/3 Primitive neuroectodermal tumor, NOS**
GANGLIONEUROBLASTOMA	949	9490/3 Ganglioneuroblastoma **9492/0 Gangliocytoma**
NEUROBLASTOMA, NOS	950	9500/3 Neuroblastoma, NOS 9501/3 Medulloepithelioma, NOS 9502/3 Teratoid medulloepithelioma 9503/3 Neuroepithelioma, NOS **9505/1 Ganglioglioma, NOS** 9505/3 Ganglioglioma, anaplastic
ML, LARGE B-CELL, DIFFUSE	968	**9680/3 ML, large B-cell, diffuse**
FOLLIC. & MARGINAL LYMPH, NOS	969	9699/3 Marginal zone B-cell lymphoma, NOS

Appendix W

Appendix W consists of the Race and Nationality Descriptions from the 2000 Census and Bureau of Vital Statistics. This listing is an appendix to the 2004 SEER Race Coding Guidelines.

As a reminder, **the CCR has added a new code, code 90 for Other South Asian. Please note that code 90 is not included in Appendix W because it is a code added by the CCR.** Please refer Volume I, Section III.2.9 Race and Ethnicity for more detailed race coding information.

Races to be coded as 90 include:

Bangladeshi
Bhutanese
Nepalese
Sikkimese
Sri Lankan

Do not use code 96 as Appendix W indicates for the races listed above.

APPENDIX W
RACE AND NATIONALITY DESCRIPTIONS FROM THE 2000 CENSUS AND BUREAU OF VITAL STATISTICS

Note: Use these lists only when race is not stated but other information is provided in the medical record.

References:

1. *"Race and Ethnicity Code Set, Version 1.0," Centers for Disease Control and Prevention, March 2000.*
2. *"Instruction manual, part 4: Classification And Coding Instructions For Death Records, 1999-2001," Division of Vital Statistics, National Center for Health Statistics, undated*

Key

† *Use this code unless patient is stated to be Native American (Indian) or other race*

* *Terms listed in reference 2, above.*

‡ *Description of religious affiliation rather than stated nationality or ethnicity; should be used with caution when determining appropriate race code.*

CODE 01 WHITE

Afghan, Afghanistani
Afrikaner
Albanian
Algerian*
Amish*
Anglo-Saxon*
Arab, Arabian
Argentinian*†
Armenian
Assyrian
Australian*
Austrian*
Azores*
Basque*
Bavarian*
Bolivian*†
Bozniak/Bosnian
Brava/Bravo*
Brazilian†
Bulgarian
Cajun
Californio
Canadian*
Caucasian*
Central American†
Chechnyan

Code 01 White, continued

Chicano*
Chilean†
Colombian*†
Costa Rican*†
Croat/Croatian
Crucian*
Cuban (unless specified as Black)*
Cypriot
Czechoslovakian*
Eastern European
Ebian*
Ecuadorian*†
Egyptian
English
English-French*
English-Irish*
European*
Finnish*
French
French Canadian*
Georgian*
German
Greek*
Guatemalan†
Gypsy*
Hebrew*‡
Herzegovenian
Hispanic*
Honduran†
Hungarian*
Iranian, Iran
Iraqi
Irish
Islamic*‡
Israeli
Italian
Jordanian*
Kurd/Kurdish
Kuwaitian*
Ladina/Ladino*
Latin American*†
Latino
Latvian*
Lebanese

Code 01 White, continued

Libyan*
Lithuanian*
Maltese*
Marshenese*
Mauritian*
Moroccan*
Mediterranean*
Mexican†
Middle Eastern
Moroccan*
Moslem*‡
Muslim*
Near Easterner
Nicaraguan†
Nordic*
North African
Norwegian*
Other Arab
Palestinian
Panamanian†
Paraguayan†
Parsi*
Persian*
Peruvian*†
Polish
Portuguese*
Puerto Rican (unless specified as Black)
Romanian*
Rumanian
Russian*
Salvadoran†
Saudi Arabian*
Scandanavian*
Scottish, Scotch
Semitic*‡
Serbian*
Servian*
Shi'ite‡
Sicilian*
Slavic, Slovakian*
South American†
Spanish*, Spaniard
Sunni*‡
Swedish*
Syrian
Tunisian*
Turkish, Turk*
Ukranian*
United Arab Emirati
Uruguayan†
Venezuelan*†

01 White, continued

Welsh*
White
Yemenite*
Yugoslavian*
Zoroastrian*

CODE 02 BLACK OR AFRICAN AMERICAN

African
African American
Afro-American
Bahamian
Barbadian
Bilalian*
Black
Botswana
Cape Verdean*
Dominica Islander (unless specified as White)
Dominican/Dominican Republic (unless specified as White)
Eritrean*
Ethiopian
Ghanian*
Haitian
Hamitic*
Jamaican
Kenyan*
Liberian
Malawian*
Mugandan*
Namibian
Nassau*
Negro
Nigerian
Nigritian
Nubian*
Other African
Santo Domingo*
Seychelloise*
Sudanese*
Tanzanian*
Tobagoan
Togolese*
Trinidadian
West Indian
Zairean

CODE 03 AMERICAN INDIAN AND ALASKA NATIVE

(see separate list of tribes)

Alaska Native
Aleut
American Indian
Central American Indian
Eskimo
Meso American Indian
Mexican American Indian
Native American
South American Indian
Spanish American Indian

ASIAN RACE CODES

Code	Definition
96	Amerasian
09	Asian Indian
96	Asian
96	Asiatic
96	Bangladeshi
96	Bhutanese
96	Bornean
96	Bruneian
96	Burmese
13	Cambodian
96	Celebesian
96	Ceram
96	Ceylonese
04	Chinese
96	Eurasian
06	Filipino
12	Hmong
09	Indian (from India)
96	Indo-Chinese
96	Indonesian
05	Iwo Jiman
05	Japanese
96	Javanese
13	Kampuchean
08	Korean
11	Laotian
96	Maldivian
96	Madagascar
96	Malaysian
96	Mongolian
96	Montagnard
96	Nepalese
05	Okinawan
96	Oriental
96	Other Asian
09	Pakistani
96	Sikkimese
96	Singaporean
96	Sri Lankan
96	Sumatran
04	Taiwanese
14	Thai
96	Tibetan
10	Vietnamese
96	Whello
96	Yello

NATIVE HAWAIIAN AND OTHER PACIFIC ISLANDER CODES

Code	Definition
20	Bikinian
20	Carolinian
21	Chamorro
20	Chuukese
25	Cook Islander
20	Eniwetok, Enewetak
31	Fijian
22	Guamanian
07	Hawaiian
20	Kirabati
20	Kosraean
20	Kwajalein
97	Maori
20	Mariana Islander
20	Marshallese
30	Melanesian
20	Micronesian, NOS
07	Native Hawaiian
97	Nauruan
30	New Caledonian
30	New Hebrides
97	Other Pacific Islander
97	Pacific Islander
20	Palauan
32	Papua New Guinean
07	Part Hawaiian
20	Pohnpeian
25	Polynesian
20	Ponapean
20	Saipanese
27	Samoan
30	Solomon Islander
26	Tahitian
20	Tarawan
20	Tinian
25	Tokelauan
28	Tongan
20	Trukese
25	Tuvaluan
30	Vanuatuan
20	Yapese

98 OTHER RACE, NOT ELSEWHERE CLASSIFIED

Do not use this code for Hispanic, Latino or Spanish, NOS.

OTHER RACE DESCRIPTIONS

Note 1: The following descriptions of ethnic origin cannot be coded to a specific race code. Look for other descriptions of race in the medical record. If no further information is available, code as 99 Unknown.

Aruba Islander
Azerbaijani
Belizean
Bermudan
Cayenne
Cayman Islander
Creole
Guyanese
Indian (not specified as Native American, Eastern Indian, Northern, Central, or South American Indian)
Mestizo
Morena
South African
Surinam
Tejano

Note 2: The following terms self-reported in the 2000 Census cannot be coded to a specific race code. Look for other descriptions of race in the medical record. If no further information is available, code as 99 Unknown.

Biracial
Interracial
Mixed
Multiethnic
Multinational
Multiracial

Indian Tribes of the United States, Canada and Mexico (Race Code 03)

Source: National Center for Health Statistics: Appendix C, Instruction Manual, part 4: Classification and Coding Instructions For Death Records, 1999-2001.

Abnaki
Absentee-Shawnee
Acoma
Ak Chin
Alabama-Coushatt Tribes of Texas
Alsea
Apache
Arapaho
Arikara
Assiniboin
Atacapa
Athapaskan
Atsina
Aztec
Bear River
Beaver
Bella Coola
Beothuk
Blackfoot
Boold Piegan
Blue Lake
Brotherton
Caddo
Cakchiquel-lenca
Calapooya
Carrier
Catawba
Cattaraugus
Cayuga
Cayuse
Chasta Costa
Chehalis
Chemehuevi
Cherokee
Chetco
Cheyenne
Cheyenne River Sioux
Chickahominy
Chickasaw
Chinook
Chipewyan
Chippewa
Chippewa-Ojibwa
Chiricahua Apache
Chitimacha
Choctaw
Chol
Chontal
Chorti
Chuckchansi
Chumash
Clallam
Clatsop
Clackamus
Clear Lake
Coast Salish
Cochimi
Cochiti
Cocopa
Coeur D'Alene Tribe of Idaho
Cocopah
Columbia
Colville
Comox
Comanche
Concow
Conquille
Coushatta
Covelo
Cow Creek
Cowichan
Cowlitz
Coyotero Apache
Cree
Creek
Crow
Crow Creek Sioux
Dakota
Delaware
Diegueno
Digger
Dog Rib
Duckwater
Eskimo
Euchi
Eyak
Flathead
Fort Hall Res. Tribe of Idaho
French Indian
Gabrieleno
Galice Creek
Gay Head
Gosiute
Gros Ventre
Haida
Han
Hare
Hat Creek
Hawasupai
Hidatsa
Hoh
Hoopa
Hopi
Houma
Hualapai
Huastec
Humboldt Bay
Hupa
Huron
Illinois
Ingalik
Iowa
Iroquois
Isleta
Jemez
Joshua
Juaneno
Jicarilla Apache
Kaibah
Kalispel
Kanosh Band of Paiutes
Kansa
Karankawa
Karok
Kaska
Kaw
Kawai
Keresan Pueblos
Kern River
Kichai
Kickapoo
Kiowa
Kiowa Apache
Kitamat
Klamath
Klikitat
Koasati
Kootenai Tribe of Idaho
Kusa

Kutchin
Kutenai
Kwakiutl
Lac Courte Dreille
Laguna
Lakmuit
Lipan Apache
Lower Brule Sioux
Luiseno
Lummi
Maidu
Makah
Malecite
Mandan
Maricopa
Mary's River
Mashpee
Mattaponi
Maya
Mayo
Mdewakanton Sioux
Menominee
Menomini
Mequendodon
Mescalero Apache
Miami
Micmac
Mission Indians
Missouri
Miwok
Mixe
Mixtec
Modoc
Mohave
Mohawk
Mohegan
Molala
Monachi
Mono
Montagnais
Montauk
Muckleshoot
Munsee
Nambe
Namsemond
Nanticoke
Narragansett
Naskapi
Natchez
Navaho
Navajo
Nez Perce
Niantic
Nipmuck
Nisenan-Patwin
Nisqually
Nomelaki
Nooksak
Nootka
Northern Paiute
Oglala Sioux
Okanogan
Omaha
Oneida
Onondaga
Opata
Opato
Osage
Oto
Otoe
Otomi
Ottawa
Ozette
Paiute
Pamunkey
Panamint
Papago
Passamaquoddy
Patwin
Pawnee
Pen d'Oreille
Penobscot
Peoria
Pequot
Picuris
Pima
Pit River
Pojoaque
Pomo
Ponca
Poosepatuck
Potawatomi
Potomac
Powhatan
Pueblos
Puyallup
Quapaw
Quechan
Quileute
Quinaielt
Quinault
Rappahannock
Rogue River
Rosebud Sioux
Sac and Fox
Saginaw
Salish
Sandia
San Felipe
San Ildefonso
San Juan
San Lorenzo
San Luis Obispo
San Luiseno
Sanpoil
Sanpoil Nespelem
Sant'ana
Santa Barbara
Santa Clara
Santa Ynez
Santee
Santee Sioux
Santiam
Sauk and Fox
Scaticook
Sekane
Seminole
Seneca
Seri
Shasta
Shawnee
Shinnecock
Shivwits Band of Paiutes
Shoshone
Shoshone-Bannock
Shuswap
Siouans
Sioux
Sisseton
Sisseton-Wahpeton Sioux
Siuslaw
Skagit Suiattle
Skokomish
Slave
Smith River
Snake
Snohomish
Snoqualmi
Songish Southern Paiute
Squaxin
Stockbridge
Sumo-Mosquito
Suquamish
Swinomish
Taimskin
Tanana

Tanoan Pueblos
Taos
Tarahumare
Tarascan
Tawakoni
Tejon
Tenino or Warm Springs
Tesuque
Teton
Teton Sioux
Tillamook
Timucua
Thlinget
Tolowa
Tonawanda
Tonkawa
Tonto Apache
Topinish
Totonac
Tsimshian
Tulalip
Tule River Indians
Tunica
Tuscarora
Tututni
Umatilla
Umpqua
Upper Chinook
Ute
Waca
Waicuri-Pericue
Wailaki
Walapai
Walla Walla
Wampanoag
Wapato
Warm Springs
Wasco
Washo
Washoe
Western Apache
Western Shoshone
Whilkut
Wichita
Wikchamni
Wind River Shoshone
Winnebago
Wintu
Wintun
Wishram
Wyandotte
Xicaque
Yahooskin
Yakima
Yamel
Yana
Yankton
Yanktonnais Sioux
Yaqui
Yaquina
Yavapai
Yawilmani
Yellow Knife
Yerington Paiute
Yokuts
Yokuts-Mono
Yomba Shoshone
Yuchi
Yuki
Yuma
Yurok
Zacatec
Zapotec
Zia
Zoque
Zuni

ALPHABETIC INDEX TO
RACE AND NATIONALITY DESCRIPTIONS
FROM THE 2000 CENSUS AND BUREAU OF VITAL STATISTICS

A

03 Abnaki
03 Absentee-Shawnee
03 Acoma
01 Afghan, Afghanistani
02 African
02 African American
01 Afrikaner
02 Afro-American
03 Ak Chin
03 Alabama-Coushatt Tribes of Texas
03 Alaska Native
01 Albanian
03 Aleut
01 Algerian*
03 Alsea
96 Amerasian
03 American Indian
01 Amish*
01 Anglo-Saxon*
03 Apache
01 Arab, Arabian
03 Arapaho
01 Argentinian*†
03 Arikara
01 Armenian
96 Asian
09 Asian Indian
96 Asiatic
03 Assiniboin
01 Assyrian
03 Atacapa
03 Athapaskan
03 Atsina
01 Australian*
01 Austrian*
01 Azores*
03 Aztec

B

02 Bahamian
96 Bangladeshi
02 Barbadian
01 Basque*
01 Bavarian*
03 Bear River
03 Beaver
03 Bella Coola
03 Beothuk
96 Bhutanese
20 Bikinian
02 Bilalian*
02 Black
03 Blackfoot
03 Blue Lake
01 Bolivian*†
03 Boold Piegan
96 Bornean
02 Botswana
01 Bozniak/Bosnian
01 Brava/Bravo*
01 Brazilian
03 Brotherton
96 Bruneian
01 Bulgarian
96 Burmese

C

03 Caddo
01 Cajun
03 Cakchiquel-lenca
03 Calapooya
01 Californio
13 Cambodian
01 Canadian*
02 Cape Verdean*
20 Carolinian
03 Carrier
03 Catawba
03 Cattaraugus
01 Caucasian*
03 Cayuga
03 Cayuse
96 Celebesian
01 Central American†
03 Central American Indian
96 Ceram
96 Ceylonese
21 Chamorro
03 Chasta Costa
01 Chechnyan
03 Chehalis
03 Chemehuevi
03 Cherokee
03 Chetco
03 Cheyenne
03 Cheyenne River Sioux
01 Chicano*
03 Chickahominy
03 Chickasaw
01 Chilean†
04 Chinese
03 Chinook
03 Chipewyan
03 Chippewa
03 Chippewa-Ojibwa
03 Chiricahua Apache
03 Chitimacha
03 Choctaw
03 Chol
03 Chontal
03 Chorti
03 Chuckchansi
03 Chumash
20 Chuukese
03 Clackamus
03 Clallam
03 Clatsop
03 Clear Lake
03 Coast Salish
03 Cochimi
03 Cochiti
03 Cocopa
03 Cocopah
03 Coeur D'Alene Tribe of Idaho
01 Colombian*†
03 Columbia
03 Colville
03 Comanche
03 Comox
03 Concow
03 Conquille
25 Cook Islander
01 Costa Rican*†
03 Coushatta
03 Covelo
03 Cow Creek
03 Cowichan

03 Cowlitz
03 Coyotero Apache
03 Cree
03 Creek
01 Croat/Croatian
03 Crow
03 Crow Creek Sioux
01 Crucian*
01 Cuban (unless specified as Black)*
01 Cypriot
01 Czechoslovakian*

D

03 Dakota
03 Delaware
03 Diegueno
03 Digger
03 Dog Rib
02 Dominica Islander (unless specified as White)
02 Dominican/Dominican Republic (unless specified as White)
03 Duckwater

E

01 Eastern European
01 Ebian*
01 Ecuadorian*†
01 Egyptian
01 English
01 English-French*
01 English-Irish*
20 Eniwetok, Enewetak
02 Eritrean*
03 Eskimo
02 Ethiopian
03 Euchi
96 Eurasian
01 European*
03 Eyak

F

31 Fijian
06 Filipino
01 Finnish*
03 Flathead
03 Fort Hall Res. Tribe of Idaho
01 French
01 French Canadian*
03 French Indian

G

03 Gabrieleno
03 Galice Creek
03 Gay Head
01 Georgian*
01 German
02 Ghanian*
03 Gosiute
01 Greek*
03 Gros Ventre
22 Guamanian
01 Guatemalan†
01 Gypsy*

H

03 Haida
02 Haitian
02 Hamitic*
03 Han
03 Hare
03 Hat Creek
07 Hawaiian
03 Hawasupai
01 Hebrew*‡
01 Herzegovenian
03 Hidatsa
01 Hispanic*
12 Hmong
03 Hoh
01 Honduran†
03 Hoopa
03 Hopi
03 Houma
03 Hualapai
03 Huastec
03 Humboldt Bay
01 Hungarian*
03 Hupa
03 Huron

I

03 Illinois
09 Indian (from India)
96 Indo-Chinese
96 Indonesian
03 Ingalik
03 Iowa
01 Iranian, Iran
01 Iraqi
01 Irish
03 Iroquois
01 Islamic*‡
03 Isleta
01 Israeli
01 Italian
05 Iwo Jiman

J

02 Jamaican
05 Japanese
96 Javanese
03 Jemez
03 Jicarilla Apache
01 Jordanian*
03 Joshua
03 Juaneno

K

03 Kaibah
03 Kalispel
13 Kampuchean
03 Kanosh Band of Paiutes
03 Kansa
03 Karankawa
03 Karok
03 Kaska
03 Kaw
03 Kawai
02 Kenyan*
03 Keresan Pueblos
03 Kern River
03 Kichai
03 Kickapoo
03 Kiowa
03 Kiowa Apache
20 Kirabati
03 Kitamat
03 Klamath
03 Klikitat
03 Koasati
03 Kootenai Tribe of Idaho
08 Korean
20 Kosraean
01 Kurd/Kurdish
03 Kusa
03 Kutchin
03 Kutenai

01 Kuwaitian*
20 Kwajalein
03 Kwakiutl

L

03 Lac Courte Dreille
01 Ladina/Ladino*
03 Laguna
03 Lakmuit
11 Laotian
01 Latin American*†
01 Latino/Latina
01 Latvian*
01 Lebanese
02 Liberian
01 Libyan*
03 Lipan Apache
01 Lithuanian*
03 Lower Brule Sioux
03 Luiseno
03 Lummi

M

96 Madagascar
03 Maidu
03 Makah
02 Malawian*
96 Malaysian
96 Maldivian
03 Malecite
01 Maltese*
03 Mandan
97 Maori
20 Mariana Islander
03 Maricopa
20 Marshallese
01 Marshenese*
03 Mary's River
03 Mashpee
03 Mattaponi
01 Mauritian*
03 Maya
03 Mayo
03 Mdewakanton Sioux
01 Mediterranean*
30 Melanesian
03 Menominee
03 Menomini
03 Mequendodon
03 Mescalero Apache
03 Meso American Indian
01 Mexican†
03 Mexican American Indian
03 Miami
03 Micmac
20 Micronesian, NOS
01 Middle Eastern
03 Mission Indians
03 Missouri
03 Miwok
03 Mixe
03 Mixtec
03 Modoc
03 Mohave
03 Mohawk
03 Mohegan
03 Molala
03 Monachi
96 Mongolian
03 Mono
03 Montagnais
96 Montagnard
03 Montauk
01 Moroccan*
01 Moroccan*
01 Moslem*‡
03 Muckleshoot
02 Mugandan*
03 Munsee
01 Muslim*‡

N

03 Nambe
02 Namibian
03 Namsemond
03 Nanticoke
03 Narragansett
03 Naskapi
02 Nassau*
03 Natchez
07 Native Hawaiian
97 Nauruan
03 Navaho
03 Navajo
01 Near Easterner
02 Negro
96 Nepalese
30 New Caledonian
30 New Hebrides
03 Nez Perce
03 Niantic
01 Nicaraguan†
02 Nigerian
02 Nigritian
03 Nipmuck
03 Nisenan-Patwin
03 Nisqually
03 Nomelaki
03 Nooksak
03 Nootka
01 Nordic*
01 North African
03 Northern Paiute
01 Norwegian*
02 Nubian*

O

03 Oglala Sioux
03 Okanogan
05 Okinawan
03 Omaha
03 Oneida
03 Onondaga
03 Opata
03 Opato
96 Oriental
03 Osage
02 Other African
01 Other Arab
96 Other Asian
97 Other Pacific Islander
98 Other race, not elsewhere classified
03 Oto
03 Otoe
03 Otomi
03 Ottawa
03 Ozette

P

97 Pacific Islander
03 Paiute
09 Pakistani
20 Palauan
01 Palestinian
03 Pamunkey
01 Panamanian†
03 Panamint
03 Papago
32 Papua New Guinean
01 Paraguayan†
01 Parsi*
07 Part Hawaiian
03 Passamaquoddy
03 Patwin

03 Pawnee
03 Pen d'Oreille
03 Penobscot
03 Peoria
03 Pequot
01 Persian*
01 Peruvian*†
03 Picuris
03 Pima
03 Pit River
20 Pohnpeian
03 Pojoaque
01 Polish
25 Polynesian
03 Pomo
20 Ponapean
03 Ponca
03 Poosepatuck
01 Portuguese*
03 Potawatomi
03 Potomac
03 Powhatan
03 Pueblos
01 Puerto Rican (unless specified as Black)
03 Puyallup

Q

03 Quapaw
03 Quechan
03 Quileute
03 Quinaielt
03 Quinault

R

03 Rappahannock
03 Rogue River
01 Romanian*
03 Rosebud Sioux
01 Rumanian
01 Russian*

S

03 Sac and Fox
03 Saginaw
20 Saipanese
03 Salish
01 Salvadoran†
27 Samoan
03 San Felipe
03 San Ildefonso
03 San Juan
03 San Lorenzo
03 San Luis Obispo
03 San Luiseno
03 Sandia
03 Sanpoil
03 Sanpoil Nespelem
03 Santa Barbara
03 Santa Clara
03 Santa Ynez
03 Sant'ana
03 Santee
03 Santee Sioux
03 Santiam
02 Santo Domingo*
01 Saudi Arabian*
03 Sauk and Fox
01 Scandanavian*
03 Scaticook
01 Scottish, Scotch
03 Sekane
03 Seminole
01 Semitic*‡
03 Seneca
01 Serbian*
03 Seri
01 Servian*
02 Seychelloise*
03 Shasta
03 Shawnee
01 Shi'ite‡
03 Shinnecock
03 Shivwits Band of Paiutes
03 Shoshone
03 Shoshone-Bannock
03 Shuswap
01 Sicilian*
96 Sikkimese
96 Singaporean
03 Siouans
03 Sioux
03 Sisseton
03 Sisseton-Wahpeton Sioux
03 Siuslaw
03 Skagit Suiattle
03 Skokomish
03 Slave
01 Slavic, Slovakian*
03 Smith River
03 Snake
03 Snohomish
03 Snoqualmi
30 Solomon Islander
03 Songish Southern Paiute
01 South American
03 South American Indian
03 Spanish American Indian
01 Spanish*, Spaniard
03 Squaxin
96 Sri Lankan
03 Stockbridge
02 Sudanese*
96 Sumatran
03 Sumo-Mosquito
01 Sunni*‡
03 Suquamish
01 Swedish*
03 Swinomish
01 Syrian

T

26 Tahitian
03 Taimskin
04 Taiwanese
03 Tanana
03 Tanoan Pueblos
02 Tanzanian*
03 Taos
03 Tarahumare
03 Tarascan
20 Tarawan
03 Tawakoni
03 Tejon
03 Tenino or Warm Springs
03 Tesuque
03 Teton
03 Teton Sioux
14 Thai
03 Thlinget
96 Tibetan
03 Tillamook
03 Timucua
20 Tinian
02 Tobagoan
02 Togolese*
25 Tokelauan
03 Tolowa
03 Tonawanda

28 Tongan
03 Tonkawa
03 Tonto Apache
03 Topinish
03 Totonac
02 Trinidadian
20 Trukese
03 Tsimshian
03 Tulalip
03 Tule River Indians
03 Tunica
01 Tunisian*
01 Turkish, Turk*
03 Tuscarora
03 Tututni
25 Tuvaluan

U

01 Ukranian*
03 Umatilla
03 Umpqua
01 United Arab Emirati
03 Upper Chinook
01 Uruguayan†
03 Ute

V

30 Vanuatuan
01 Venezuelan*†
10 Vietnamese

W

03 Waca
03 Waicuri-Pericue
03 Wailaki
03 Walapai
03 Walla Walla
03 Wampanoag
03 Wapato
03 Warm Springs
03 Wasco
03 Washo
03 Washoe
01 Welsh*
02 West Indian
03 Western Apache
03 Western Shoshone
96 Whello
03 Whilkut
01 White
03 Wichita
03 Wikchamni
03 Wind River Shoshone
03 Winnebago
03 Wintu
03 Wintun
03 Wishram
03 Wyandotte

X

03 Xicaque

Y

03 Yahooskin
03 Yakima
03 Yamel
03 Yana
03 Yankton
03 Yanktonnais Sioux
20 Yapese
03 Yaqui
03 Yaquina
03 Yavapai
03 Yawilmani
96 Yello
03 Yellow Knife
01 Yemenite*
03 Yerington Paiute
03 Yokuts
03 Yokuts-Mono
03 Yomba Shoshone
03 Yuchi
01 Yugoslavian*
03 Yuki
03 Yuma
03 Yurok

Z

03 Zacatec
02 Zairean
03 Zapotec
03 Zia
03 Zoque
01 Zoroastrian*‡
03 Zuni

Note: The following terms cannot be coded to a specific race code. Look for other descriptions of race in the medical record. If no further information is available, code as 99 Unknown.

Aruba Islander
Azerbaijani
Belizean
Bermudan
Biracial
Cayenne
Cayman Islander
Creole
Guyanese
Indian (not specified as Native American, Eastern Indian, Northern, Central, or South American Indian)
Interracial
Mestizo
Mixed
Morena
Multiethnic
Multinational
Multiracial
South African
Surinam
Tejano