

**California Cancer Registry Volume II**  
**Cancer Reporting in California**  
**Hospital Reporting Systems**

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# TABLE OF CONTENTS

<b>PART I INTRODUCTION</b> .....	<b>1</b>
SECTION I.1 SUMMARY OF CHANGES FOR 2010 .....	1
SECTION I.2 SUMMARY OF CHANGES FOR 2010 REVISION 2.0 .....	2
SECTION I.3 SUMMARY OF CHANGES FOR 2010 REVISION 3.0 .....	3
<b>PART II DATA TRANSMISSION STANDARDS</b> .....	<b>4</b>
SECTION II.1 SUMMARY .....	4
SECTION II.2 EXPLANATORY NOTES .....	4
<i>Key to Symbols</i> .....	4
SECTION II.3 TRANSMISSION BETWEEN HOSPITALS AND REGIONS .....	5
<i>II.3.1 Selection of Cases</i> .....	5
<i>II.3.2 New Case Record</i> .....	5
<i>II.3.3 Update (Correction) Record</i> .....	5
<i>II.3.3A Update (Correction) Record Layout</i> .....	6
<i>II.3.4 Follow-Up Only Shared Follow-Up Record</i> .....	6
<i>II.3.4A Follow-Up Only and Shared Follow-Up Record Layout</i> .....	6
<i>II.3.5 Deletion Record</i> .....	7
<i>II.3.5A Deletion Record Layout</i> .....	7
SECTION II.4 DATA TRANSMITTAL FORMAT .....	7
SECTION II.5 RULES FOR COMPUTER-GENERATED DATA ITEMS REQUIRED BY CALIFORNIA.....	8
<i>II.5.1 Data Items</i> .....	8
<i>II.5.2 End of Record</i> .....	8
<i>II.5.3 Record Type</i> .....	8
<i>II.5.4 (NAACCR or Central Registry Record Version)</i> .....	8
SECTION II.6 RULES TO COMPUTER GENERATE DATA ITEMS FOR STANDARD SETTING ORGANIZATIONS.....	8
<i>II. 6. 1 Data Items</i> .....	9
<b>PART III QUALITY CONTROL STANDARDS</b> .....	<b>9</b>
SECTION III.1 SUMMARY .....	9
SECTION III.2 ITEM EDITS .....	9
SECTION III.3 INTERFIELD EDITS .....	10
SECTION III.4 ACCEPTANCE PROCEDURE .....	10
<i>III.4.1 Acceptance Standards for Software</i> .....	10
<i>III.4.2 Test Submission</i> .....	10
<b>APPENDIX A: NEW CASE LAYOUT</b> .....	<b>11</b>
<b>APPENDIX B: CORRECTION RECORD REQUIRED WHEN CHANGED</b> .....	<b>45</b>
<b>APPENDIX C: FOLLOW-UP ONLY AND SHARED FOLLOW-UP RECORD LAYOUT</b> .....	<b>48</b>
<b>APPENDIX D: DELETION RECORD LAYOUT</b> .....	<b>51</b>

## PART I INTRODUCTION

The reporting of cancer is mandatory under provisions of California's Health and Safety Code.

Hospitals and other reporting facilities are required to report cancer information to the California Cancer Registry using computer reporting systems that meet State standards. This manual, *Cancer Reporting in California: Standards for Automated Reporting, California Cancer Reporting System Standards, Volume II (CCR Volume II)* is intended for hospitals and other reporting facilities or vendors wishing to update their own automated reporting systems or create new reporting systems that comply with State requirements.

The intended audience for this document is system analysts and software developers. It describes the format in which collected data must be reported.

Detailed instructions for collecting and coding data can be found in *Cancer Reporting in California: Data Standards and Data Dictionary, California Cancer Reporting System Standards, Volume I*.

Documentation for computer edits can be found in *Cancer Reporting in California: Data Standards for Regional Registries and California Cancer Registry, California Cancer Reporting System Standards, Volume III*.

### Section I.1 Summary of Changes for 2010, Version 1.0

The changes to the data set for 2010 are listed in the *California Cancer Registry: Additions Changes and Deletions for Data Items for 2010* document that accompanies *CCR Volume II*.

In *CCR Volume II*, new data items and changed data item lengths have been marked with red font to call your attention to the most significant changes. Not all changes are marked as the change color would lose its effectiveness and would be of little assistance to the reader. Changes to the data transmission record layouts are extensive for 2010; thus, please note the following comments:

- The item names in the "CCR Name/California Item Name" column in all four record layouts have been changed to the NAACCR names for all items except for California-specific/state requestor items.
- Most of start/end positions for items have been changed due to the addition of new items or changes in item lengths.
- The former "Required Column" has been split into two columns, one indicating which items are required from the submitting facility software, and one indicating items that will be generated at the CCR (and by what means).
- The last column of each appendix, "2010 Revisions Notes", contains specific additional information.

## Section I.2 Summary of Changes for 2010 Revision 2.0

Changes for Version 2.0 are marked with this green font.

### Revisions:

Changed the NAACCR number for *NAACCR Record Version [120]* in Appendix A, page 11.

For *Stage Alternate*, Appendix A, page 34, *CCR Required from Reporting Facility Software*, has been changed from "yes" to "yes\*" where the item is required from reporting sources, if available.

*Reserved 15* and *Reserved 16* added to Appendix A to replace *Phys Other1* and *Phys Other 2* which were moved. See Appendix A, page 34.

Added data items *NPI Physician Other 1* and *NPI Physician Other 2* to Appendix A. Moved *Physician Other 1* and *Physician Other 2* to new column positions. See Appendix A, page 36.

Added a C/NExT identifier for *Text, Radiation Other* in Appendix A, page 43.

Adjusted the end of record column start/end from 22285 to 22824 in Appendix A, page 42.

Changed C/NExT identifier for Medical Record Number CCR for Appendix B, page 45.

Added C/NExT identifier for Medical Record Number CCR for Appendix C, page 46.

Removed erroneous NAACCR number for Medical Record Number CCR, Appendix D, page 49.

Added Protocol Participation (F00582) to the State Requestor section, Appendix A, page 35.

### Section I.3 Summary of Changes for 2010 Revision 3.0

Changes for Version 3.0 are marked with this blue font.

For some records, C/NExT identifiers are used for processing records into the central database. There have been some processing issues with the 2010 data item change that are related to C/NExT identifiers.

As part of implementing resolutions to the issues, some C/NExT identifiers have been changed and some new ones have been added to Appendix A. Also, there are a couple changes in Appendix C. All changes are identified by this blue font and notes in the *2010 Revision Note* column. An example follows:

	<b>F00620</b>	159	164	6	110	Census Tract 1970/80/90	no	geocoding	no	<b>Version 3.0: Was C/Next F00551. Changed to F00620.</b>
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## PART II DATA TRANSMISSION STANDARDS

### Section II.1 Summary

Communication between a reporting facility and the California Cancer Registry (CCR) can be of two forms: some types of records are transmitted from the reporting facility to the CCR, and other types of records are transmitted from the CCR to the reporting facility.

There are four record types that must be transmitted from the reporting facility to the central registry. They are: New Case records, Correction records, Follow-Up Only records, and Deletion records. All four of these record types are described in Section II.3. A reporting facility cancer registry is required to submit all four types of records, following the procedures described below, to be in compliance with the California Cancer Reporting System Standards, Volume II.

There is one type of record that is sent from the central registry to the reporting facility. This is Shared Follow-Up, described in Section II.4. Acceptance of that record by the reporting facility is optional (although we strongly recommend it).

Cases should NOT be transmitted to the CCR using a format that is earlier than the year that the case is reportable. For example, 2010 cases, as defined by the CCR casefinding rules, cannot be submitted in the format required in 2009.

### Section II.2 Explanatory Notes

Reporting requirements vary by item and record type and are listed in the "CCR Required from Reporting Facility" column in the Appendices. Each record type is described in a table, which must be consulted to determine whether or not a particular item is required. The following key explains the terms used in the "CCR Required from Reporting Facility" column.

#### Key to Symbols

no	Not required. It is optional for the facility to submit this data item value to the central registry.
yes	Required. The facility must submit this data item value to the central registry.
yes*	Required if available. If the information can be obtained, the facility must submit it to the central registry. If not available or not applicable, may be left blank.
conditional	Required on selected cases dependent on one or more conditions being true, such as the case's diagnosis date being before or after a certain date.
yes, gen by facility	Required, but the facility's registry software must generate the data item value based on a standard algorithm, rather than a user manually entering the data item value.

Items that are facility-generated are described in more detail, including allowable values in Cancer Reporting in California, Data Standards for Regional Registries and California Cancer Registry (California Cancer Reporting System Standards, Volume III).

## Section II.3 Transmission between Hospitals and Regions

### II.3.1 Selection of Cases

Only cases which are reportable under California Cancer Registry (CCR) requirements are to be included in transmissions to the CCR. A reporting facility may elect to abstract certain benign conditions or skin cancers to meet local interest or ACoS requirements; however, these cases are not to be transmitted to the CCR.

Transmit all cases with a 2 or 3 (in situ or malignant) in Histology - Behavior, EXCEPT the following histology's occurring in the skin (site codes C44.0 -C44.9):

8000-8005 Neoplasms, malignant, NOS of the skin

8010-8046 Epithelial carcinomas of the skin

8050-8084 Papillary and squamous cell carcinomas of the skin

8090-8110 Basal cell carcinomas of the skin

In addition, for cases diagnosed after 1995, do not transmit any in situ (Histology - Behavior of 2) of the cervix (site codes C53.0 - C53.9). Beginning with cases diagnosed January 1, 2001, benign (behavior code 0) and uncertain behavior (behavior code 1) intracranial and central nervous system tumors are reportable. In addition, borderline ovarian tumors (behavior code 1) in ICD-O-3 are reportable.

### II.3.2 New Case Record

For every abstract of a reportable case that is completed at the reporting facility, a New Case Record must be sent to the CCR. Timing considerations for reporting are discussed in Standards, Volume I, Section IX.1.1.

The format for the New Case record is specified in Appendix A. (Key to symbols is in Section II.2.)

### II.3.3 Update (Correction) Record

An Update (Correction) record must be sent to the CCR every time a data item designated as "yes" in the column entitled, Update (Correction) Record Required, in Appendix A is changed.

The following special items are used in the record layout for corrections:

Changed Data Item Number	The changed data item number is the updated/corrected data item's C/NExT # from Appendix A (EXCLUDING the "F"), including any leading zero's.
Changed Item New Value	This field holds the new contents of the changed item. The data should be left-justified in a field of 1000 characters. The field may be blank if blanks are an allowable value for the item being changed.
Correction Comments	This is a 200-Character field (4 lines of 50 characters). It should contain a comment indicating the reasons for the changes. It should be left-justified beginning with the first of the 4 lines.
Old Item Value	This field holds the original contents of the changed item.

If a change is made solely because of information furnished by the CCR or one of the CCR's regional registries, the Update (Correction) Comments field should contain only an "R" or "REGION" (all caps).

If the same field is changed more than once in a series of update (correction) records, the last correction on the transaction file is the one that prevails.

The Update (Correction) record may be used to change any field. When a change is being made to any of the data items listed in the identifier fields, the old values should appear in the identifier fields of the Update (Correction) record, with the new values in the Changed Item Value field.

### **II.3.3A Update (Correction) Record Layout**

See Appendix B for the record layout for Update (Correction) records.

### **II.3.4 Follow-Up Only Shared Follow-Up Record**

#### II.3.4.1 Follow-Up Only

A Follow-Up Only record must be sent to the CCR whenever the reporting facility changes data in any of the fields on the following list:

#### **Item Name**

- Date of Last Patient Contact or
- Death
- Vital Status
- Tumor Status
- Date of Last Tumor Status

Although only these items should trigger a Follow-Up Only record, all data items in the record are to be sent.

PLEASE NOTE: Whenever these items change due to the receipt of shared follow-up from the CCR, DO NOT SEND a Follow-Up record.

#### II.3.4.2 Shared Follow-Up

Reporting facilities which agree in advance may be able to receive shared follow-up. Whenever the CCR receives follow-up on a reporting facility's patient (and, possibly, that patient's tumor) from a different source (another reporting facility, State death tapes, DMV, etc.), the CCR may make available to the reporting facility the most current follow-up data available on that patient and tumor. The fields Follow-Up Hospital (Last) and Follow-Up - Last Type (Patient) and Follow-Up - Last Type (Tumor) in the Shared Follow-Up record will indicate the sources of the follow-up information being provided. The record format for Shared Follow-Up is the same as the record format for reporting facilities reporting follow-up to the CCR.

### **II.3.4A Follow-Up Only and Shared Follow-Up Record Layout**

See Appendix C for the record layout for Follow-Up Only and Shared Follow-Up records. (Key to symbols is in Section II.2.)



### II.3.5 Deletion Record

Whenever a reporting facility decides to delete from its database a case that has previously been reported to the CCR, a Deletion record must be transmitted to the CCR, EXCEPT when the reporting facility is deleting a duplicate.

The following special item is used in the record layout for this record type:

Text - Transaction Remarks - This is a 150-character field (3 lines of 50). It must contain a comment indicating the reason for deleting the record.

If a deletion is made because the CCR's regional registry instructed the reporting facility to do so, the Text-Transaction Remarks field should contain only an "R" or "REGION" (all caps).

#### II.3.5A Deletion Record Layout

See Appendix D for layout of deletion records. (Key to symbols is in Section II.2.)

## Section II.4 Data Transmittal Format

### Transmitted Data Files

All electronic files must be encrypted and password protected. File names must conform to the following schema:

- A three-letter abbreviation assigned by the CCR regional registry to the hospital (the case file suffix).
- Plus the four-digit year (YYYY) showing the year the file was created.
- Plus the three -digit day of the year (001 through 366) showing the day the file was created.
- Plus a single letter (A-Z) showing the sequence within one day the file was created. (Different file types can have the same sequence letter.)
- Plus a standard suffix according to the record type (see below).

For example, the first file of new cases created on February 1 at hospital abbreviated STJ would be named STJ2003029A.XAA and the second file of new cases created that day would be STJ2003029B.XAA.

The following files may be included, in any order.

Record Type	File Suffix	Record Length
New Case	.XAA	22824 plus CR/LF
Correction	.XCO	2585 plus CR/LF
Follow-Up and Shared Follow-Up	.XFU	804 plus CR/LF
Shared Follow-Up	.XSH	804 plus CR/LF
Deletion	.XDL	368 plus CR/LF


## Section II.5 Rules for Computer-Generated Data Items Required by California

Please refer to Standards, Volume III, for specifications for generating the data items referred to in Section II.5.1.2-4.

### II.5.1 Data Items

To determine which items to generate in facility software, refer to the *CCR Required from Reporting Facility Software* column in Appendices A, B, C, or D.

CCR-Name#	C/Next#	Col-Start	Col-End	Length	NAACCR #	NAACCR-Item-Name#	CCR-Required-from-Reporting-Facility-Software
-----------	---------	-----------	---------	--------	----------	-------------------	---



### II.5.2 End of Record

Must be a period (.).

### II.5.3 Record Type

This is a one-character field used to identify the type of record being processed. The hospital computer system must supply the appropriate code letter at the time that the file is created. The appropriate code for each record type is listed below:

New Case	A
Correction	U
Follow-Up Only	F
Deletion	D

The code for the record type generated by the central registry is:

Shared Follow-Up	S
------------------	---

### II.5.4 (NAACCR or Central Registry Record Version)

This field must contain the version code that identifies which revision of a record layout was used to create a record for the recipient. Once your software system has been modified to transmit records using the latest record layouts in this volume, all records transmitted must include the latest record version code(s), shown parenthetically after the record version data item name in each record layout.

## Section II.6 Rules to Computer Generate Data Items for Standard Setting Organizations

The California Cancer Registry is required to submit data to standard-setting organizations. There are a number of data items that are generated for these submissions. These organizations include the North American Association of Central Cancer Registries (NAACCR), NCI's Surveillance, Epidemiology and End Results Program (SEER) and the Center for Disease Control and Prevention's National Program of Cancer Registries (NPCR). Please refer to Standards, Volume III, for specifications for the data items listed below.

## II. 6. 1 Data Items

- Census Tract Coding System 1970/80/90
- COC Coding Sys - Current
- COC Coding Sys - Original
- CCR RCoding System for EOD
- Computer-Derived Ethnicity (formerly Spanish Surname)
- Computer-Derived Ethnicity Source
- First Course Calc. Method
- ICD Revision Number
- Industry (Census)
- Industry Source
- Follow-Up Source- Central (Mapped from Last Type of Follow-Up (Patient))
- Morph Coding Sys - Current
- Morph Coding Sys – Original
- Occup/Ind Coding System
- Occupation (Census)
- Occupation Source
- Race Coding Sys - Current
- Race Coding Sys - Original
- Registry ID
- Registry Type
- RX Coding System - Current
- SEER Coding Sys - Current
- SEER Coding Sys - Original
- Site Coding Sys - Current
- Site Coding Sys - Original

## Part III Quality Control Standards

### Section III.1 Summary

One method used by the regional registry for insuring data quality is to pass submitted records through computer edits to assess whether coding rules have been properly followed. Two types of computer edits will be applied to submitted data: item edits and interfield edits. These edits are described in Cancer Reporting in California: Standards for Regional Registries and the California Cancer Registry, Volume III. See Section III.4 for the acceptance standards.

### Section III.2 Item Edits

Most individual items will be checked for valid codes or other types of allowable values. Valid values for specific items can be found in Standards, Volume III. This document is available on the CCR website at [www.ccrca.org](http://www.ccrca.org).

### **Section III.3 Interfield Edits**

An interfield edit compares the contents of two or more fields for consistency. Only the New Case record will be edited. Other types of records will be checked for consistency with the previously sent New Case record, as it would be modified by this newer information. A large number of interfield edits will be applied to any data records submitted. Interfield edits that will be applied are documented in Standards, Volume III.

### **Section III.4 Acceptance Procedure**

#### **III.4.1 Acceptance Standards for Software**

Hospitals (and other reporting sources) wishing to develop their own systems for automated reporting to the regional registry, or vendors wishing to market software which meets California Cancer Registry requirements, will be required to demonstrate that they have procedures in place to assure the accuracy of the data being collected. In order for another method of automated reporting to be accepted for reporting to the California Cancer Registry and its regional registries, the hospital or vendor must demonstrate the following:

1. Data must conform to the specifications previously described in this document.
2. Software must allow all valid values in data item fields.
3. All records must pass the item edits (see Standards, Volume III).
4. All records must pass the interfield edits (see Standards, Volume III).
5. A certain percentage of incoming records must contain data in those fields, which are required but may be left blank if the information is not available. This percentage will vary by item. These fields are indicated by yes\* on the record layouts.

A hospital or vendor must demonstrate its ability to meet these standards before its system is accepted, and it will be expected to continue to meet these standards. Each time a hospital or vendor changes the registry software it must again demonstrate its ability to meet these standards.

#### **III.4.2 Test Submission**

In order for the California Cancer Registry to determine whether a hospital or vendor meets the above requirements, the hospital or vendor must submit test records of each type for approximately 50 cases, covering one-month, three-months, or six-months; whichever time period is closest to 50 cases. A test file cannot contain only easy cases, but must contain a sample that is representative of the normal caseload. After the submission is evaluated by the California Cancer Registry, the reporting facility or vendor will receive notification of problems detected and what changes, if any, need to be made before the reporting facility's or vendor's software can be accepted for automated reporting.

Each time this volume is revised, vendors must submit additional test files to demonstrate that they meet the new requirements.

## Appendix A: New Case Layout

Appendix A: New Case Layout										
CCR Name	C/NEt #	Col Start	Col End	Length	NAACCR #	NAACCR Item Name	CCR Required from Reporting Facility Software	Supplied by CCR	Correction Record Required	2010 Revision Notes (NAACCR v12)
<b>Record Area Non-Confidential</b>										
Record Type [A]	none	1	1	1	10	Record Type	yes, gen by facility	gen for extract	no	
	F01001	2	2	1	30	Registry Type	no		no	
	F01995	3	3	1	35	FIN Coding System	no		no	
	none	4	16	13	37	Reserved 00				Length changed from 7 to 13.
<b>NAACCR Record Version [120]</b>	none	17	19	3	50	NAACCR Record Version	yes, gen by facility	gen for extract	no	Length changed from 1 to 3. <b>For Version 2.0, corrected the NAACCR number from 290 to 50.</b>
NPI--Registry ID	F03712	20	29	10	45	NPI--Registry ID	yes*		no	
Registry ID	F04388	30	39	10	40	Registry ID	yes, gen by facility	gen for extract	no	<b>On the CNET update sheet, there is a note that I don't completely understand.</b>
	none	40	41	2	60	Tumor Record Number	no	gen in db	no	CCR name was Central Tumor Number.
	none	42	49	8	20	Patient ID Number	no	gen in db	no	CCR Name was Patient Identification Number
	<b>F00003</b>	50	57	8	21	Patient System ID-Hosp	no		no	<b>Version 3.0: Was C/Next F00004. Changed to F00003.</b> <b>On the CNET update sheet, there is a note that I don't completely understand.</b>
	none	58	94	37	370	Reserved 01				Length changed from 2 to 37
<b>Demographic</b>										
Addr at DX--City	F00013	95	144	50	70	Addr at DX--City	yes		yes	CCR Name was Addr_DX_City. Length changed from 20 to 50.
Addr at DX--State	F00014	145	146	2	80	Addr at DX--State	yes		yes	CCR name was Addr_DX_State.
Addr at DX--Postal Code	F00015	147	155	9	100	Addr at DX--Postal Code	yes		yes	CCR name was Address at Diagnosis - Zip Code
County at DX	F00017	156	158	3	90	County at DX	yes		yes	CCR name was Country of

Cancer Reporting in California Volume II

Appendix A: New Case Layout										
CCR Name	C/NExT #	Col Start	Col End	Length	NAACCR #	NAACCR Item Name	CCR Required from Reporting Facility Software	Supplied by CCR	Correction Record Required	2010 Revision Notes (NAACCR v12)
										Residence at Diagnosis
	F00620	159	164	6	110	Census Tract 1970/80/90	no	geocoding	no	Version 3.0: Was C/Next F00551. Changed to F00620.
	F06066	165	165	1	368	CensusBlockGroup 70/80/90	no	geocoding	no	Version 3.0: Was C/Next F00552. Changed to F06066.
	F00622	166	166	1	120	Census Cod Sys 1970/80/90	no	gen for extract	no	
	F00154	167	167	1	364	Census Tr Cert 1970/80/90	no	geocoding	no	
	F00587	168	173	6	130	Census Tract 2000	no	geocoding	no	Version 3.0: Was C/Next none. Changed to F00587.
	F00621	174	174	1	362	Census Block Group 2000	no	geocoding	no	
	F06009	175	175	1	365	Census Tr Certainty 2000	no	geocoding	no	
Marital Status at DX	F00023	176	176	1	150	Marital Status at DX	yes		yes	
Race 1	F00021	177	178	2	160	Race 1	yes		yes	
Race 2	F03073	179	180	2	161	Race 2	yes		yes	
Race 3	F03074	181	182	2	162	Race 3	yes		yes	
Race 4	F03075	183	184	2	163	Race 4	yes		yes	
Race 5	F03076	185	186	2	164	Race 5	yes		yes	
	F00549	187	187	1	170	Race Coding Sys--Current	no	gen for extract	no	
	F00550	188	188	1	180	Race Coding Sys--Original	no	gen for extract	no	
Spanish/Hispanic Origin	F00138	189	189	1	190	Spanish/Hispanic Origin	yes		yes	
	F00551	190	190	1	200	Computed Ethnicity	no	gen for extract	no	
	F00552	191	191	1	210	Computed Ethnicity Source	no	gen for extract	no	
Sex	F00022	192	192	1	220	Sex	yes		yes	

Cancer Reporting in California Volume II

Appendix A: New Case Layout										
CCR Name	C/NExT #	Col Start	Col End	Length	NAACCR #	NAACCR Item Name	CCR Required from Reporting Facility Software	Supplied by CCR	Correction Record Required	2010 Revision Notes (NAACCR v12)
Age at Diagnosis	F00020	193	195	3	230	Age at Diagnosis	yes, gen by facility	gen on demand	no	
Date of Birth	F00019	196	203	8	240	Date of Birth	yes		yes	NAACCR name was Birth Date
Date of Birth Flag	F05497	204	205	2	241	Date of Birth Flag	yes		yes	New
Birthplace	F00018	206	208	3	250	Birthplace	yes		yes	CCR name was Birth_Place.
	F00113	209	211	3	270	Occupation Code--Census	no	gen for extract	no	
	F00114	212	214	3	280	Industry Code--Census	no	gen for extract	no	
	F00600	215	215	1	290	Occupation Source	no	gen for extract	no	
	F00601	216	216	1	300	Industry Source	no	gen for extract	no	
Text--Usual Occupation	F00112	217	316	100	310	Text--Usual Occupation	yes		yes	Length changed from 40 to 100. CCR name was Occupation_Text
Text--Usual Industry	F00153	317	416	100	320	Text--Usual Industry	yes		yes	Length changed from 40 to 100. CCR name was Industry_Text
	F00602	417	417	1	330	Occup/Ind Coding System	no	gen for extract	no	
	F06091	418	418	1	191	NHIA Derived Hisp Origin	no	gen in db	no	
	F06097	419	420	2	193	Race-NAPIIA (derived API)	no	gen in db	no	CCR name was Race-NAPIIA.
	F06090	421	421	1	192	IHS Link	no	link with IHS DB	no	
	F05424	422	423	2	366	GIS Coordinate Quality	no		no	
	F06093	424	425	2	3300	RuralUrban Continuum 1993	no		no	
	F06092	426	427	2	3310	RuralUrban Continuum 2003	no		no	
	none	428	527	100	530	Reserved 02	no			Length changed from 43 to 100
<b>Cancer Identification -- Record Area Non-Confidential</b>										
	F00605	528	529	2	380	Sequence Number--Central	no	gen in db	no	CCR Name was Sequence_no_Central.

Cancer Reporting in California Volume II

Appendix A: New Case Layout										
CCR Name	C/NEt #	Col Start	Col End	Length	NAACCR #	NAACCR Item Name	CCR Required from Reporting Facility Software	Supplied by CCR	Correction Record Required	2010 Revision Notes (NAACCR v12)
Date of Diagnosis	F00029	530	537	8	390	Date of Diagnosis	yes		yes	CCR name was Date DX
Date of Diagnosis Flag	F05499	538	539	2	391	Date of Diagnosis Flag	yes		yes	New
Primary Site	F00152	540	543	4	400	Primary Site	yes		yes	CCR name was Site-Primary ICD
Laterality	F00032	544	544	1	410	Laterality	yes		yes	
Morph--Type&Behav ICD-O-2	F00033	545	549	5	419	Morph--Type& Behav ICD-O-2				Item 419 is five digits. The following two items are subsets of this item.
Histology (92-00) ICD-O-2	F02501	545	548	4	420	Histology (92-00) ICD-O-2	conditional		conditional	Item # 420 is a subset of Item 419. CCR name was Histology Type ICD-O-2.
Behavior (92-00) ICD-O-2	F00164	549	549	1	430	Behavior (92-00) ICD-O-2	conditional		conditional	Item #430 is a subset of item 419. CCR name was Histology - Behavior
Morph--Type&Behav ICD-O-3	F02503	550	554	5	521	Morph--Type& Behav ICD-O-3				Item 521 is five digits. The following two items are subsets of this item.
Histologic Type ICD-O-3	F02502	550	553	4	522	Histologic Type ICD-O-3	yes		yes	Item 522 is a subset of item 521
Behavior Code ICD-O-3	F02504	554	554	1	523	Behavior Code ICD-O-3	yes		yes	Item 523 is a subset of item 521. CCR name was Hist_Behavior_3.
Grade	F00034	555	555	1	440	Grade	yes		yes	
Grade Path Value	F05521	556	556	1	441	Grade Path Value	yes		yes	New
Grade Path System	F05520	557	557	1	449	Grade Path System	yes		yes	New
	F00658	558	558	1	450	Site Coding Sys--Current	no	gen for extract	no	
	F00659	559	559	1	460	Site Coding Sys--Original	no	gen for extract	no	
	F00660	560	560	1	470	Morph Coding Sys--Current	no	gen for extract	no	
	F00661	561	561	1	480	Morph Coding Sys--Originl	no	gen for extract	no	
Diagnostic Confirmation	F00129	562	562	1	490	Diagnostic Confirmation	yes		yes	CCR name was DX_Conf



Cancer Reporting in California Volume II

<b>Appendix A: New Case Layout</b>										
CCR Name	C/NExT #	Col Start	Col End	Length	NAACCR #	NAACCR Item Name	CCR Required from Reporting Facility Software	Supplied by CCR	Correction Record Required	2010 Revision Notes (NAACCR v12)
Type of Reporting Source	F00110	563	563	1	500	Type of Reporting Source	yes		yes	
Casefinding Source	F00150	564	565	2	501	Casefinding Source	yes		yes	
Ambiguous Terminology DX	F04254	566	566	1	442	Ambiguous Terminology DX	yes*		yes	
Date of Conclusive DX	F04255	567	574	8	443	Date of Conclusive DX	yes*		yes	
<b>Date Conclusive DX Flag</b>	<b>F05494</b>	<b>575</b>	<b>576</b>	<b>2</b>	<b>448</b>	<b>Date Conclusive DX Flag</b>	<b>yes</b>		<b>yes</b>	<b>New</b>
Mult Tum Rpt as One Prim	F04256	577	578	2	444	Mult Tum Rpt as One Prim	yes*		yes	
Date of Multiple Tumors	F04257	579	586	8	445	Date of Multiple Tumors	yes*		yes	
<b>Date of Mult Tumors Flag</b>	<b>F05504</b>	<b>587</b>	<b>588</b>	<b>2</b>	<b>439</b>	<b>Date of Mult Tumors Flag</b>	<b>yes</b>		<b>yes</b>	<b>New</b>
Multiplicity Counter	F04258	589	590	2	446	Multiplicity Counter	yes*		yes	
	none	591	690	100	680	Reserved 03	no			Length changed from 25 to 100.
<b>Hospital Specific -- Non-Confidential</b>										
NPI--Reporting Facility	F03711	691	700	10	545	NPI--Reporting Facility	yes*		yes*	
Reporting Facility	F01683	701	710	10	540	Reporting Facility	yes		yes	CCR name was Hospital Number (Reporting)
	F03713	711	720	10	3105	NPI--Archive FIN	no		no	
	F03452	721	730	10	3100	Archive FIN	no		no	
Accession Number--Hosp	F00016	731	739	9	550	Accession Number--Hosp	yes		yes	CCR name was Accession Number.
Sequence Number--Hospital	F00005	740	741	2	560	Sequence Number--Hospital	yes		yes	
Abstracted By	F00081	742	744	3	570	Abstracted By	yes		no	CCR name was Abstractor
Date of 1st Contact	F00024	745	752	8	580	Date of 1st Contact	yes		yes	CCR name was Date of First Admission
<b>Date of 1st Contact Flag</b>	<b>F05495</b>	<b>753</b>	<b>754</b>	<b>2</b>	<b>581</b>	<b>Date of 1st Contact Flag</b>	<b>yes</b>		<b>yes</b>	<b>New</b>
Date of Inpatient Adm	F00427	755	762	8	590	Date of Inpatient Adm	yes		yes	
<b>Date of Inpt Adm Flag</b>	<b>F05501</b>	<b>763</b>	<b>764</b>	<b>2</b>	<b>591</b>	<b>Date of Inpt Adm Flag</b>	<b>yes</b>		<b>yes</b>	<b>New</b>
Date of Inpatient Disch	F00128	765	772	8	600	Date of Inpatient Disch	yes		yes	CCR name was Date of Inpatient Discharge
<b>Date of Inpatient Disch Flag</b>	<b>F05502</b>	<b>773</b>	<b>774</b>	<b>2</b>	<b>601</b>	<b>Date of Inpatient Disch Flag</b>	<b>yes</b>		<b>yes</b>	<b>New</b>

Cancer Reporting in California Volume II

Appendix A: New Case Layout										
CCR Name	C/NExT #	Col Start	Col End	Length	NAACCR #	NAACCR Item Name	CCR Required from Reporting Facility Software	Supplied by CCR	Correction Record Required	2010 Revision Notes (NAACCR v12)
	F05522	775	775	1	605	Inpatient Status	no		no	New
Class of Case	F00026	776	777	2	610	Class of Case	yes		yes	Length changed from 1 to 2.
Primary Payer at DX	F03534	778	779	2	630	Primary Payer at DX	yes		yes	
	none	780	780	1	665	RX Hosp--ASA Class	no		no	Withdrawn by CoC. Currently reserved
	F05523	781	781	1	668	RX Hosp--Surg App 2010	no		no	New
RX Hosp--Surg Prim Site	F03492	782	783	2	670	RX Hosp--Surg Prim Site	yes		yes	CCR name was Surgery of Primary Site at This Hospital
RX Hosp--Scope Reg LN Sur	F03486	784	784	1	672	RX Hosp--Scope Reg LN Sur	yes		yes	CCR name was Scope of Reg LN Surgery at This Hospital
RX Hosp--Surg Oth Reg/Dis	F03497	785	785	1	674	RX Hosp--Surg Oth Reg/Dis	yes		yes	CCR name was Surgery Other/Distant Sites at This Hospital
	F00504	786	787	2	676	RX Hosp--Reg LN Removed	no		no	
	none	788	788	1	678	RX Hosp--Surg Timing	no		no	Was new, but since withdrawn by CoC.
	F00049	789	789	1	690	RX Hosp--Radiation	no		no	
RX Hosp--Chemo	F03374	790	791	2	700	RX Hosp--Chemo	yes		yes	CCR name was Chemotherapy at This Hospital
RX Hosp--Hormone	F03378	792	793	2	710	RX Hosp--Hormone	yes		yes	CCR name was Hormone Therapy at This Hospital
RX Hosp--BRM	F03376	794	795	2	720	RX Hosp--BRM	yes		yes	CCR name was Immunotherapy at This Hospital
RX Hosp--Other	F00058	796	796	1	730	RX Hosp--Other	yes		yes	CCR name was Other Therapy at This Hospital or Other_RX_Hosp
RX Hosp--DX/Stg Proc	F00421	797	798	2	740	RX Hosp--DX/Stg Proc or DX Stg Hosp	yes*		yes	CCR name was Diagnostic or Staging Procedure
	F03459	799	799	1	3280	RX Hosp--Palliative Proc	no		no	
	F00431	800	801	2	746	RX Hosp Surg Site 98-02	no		no	
	F00503	802	802	1	747	RX Hosp Scope Reg 98-02	no		no	
	F00507	803	803	1	748	RX Hosp Surg Oth 98-02	no		no	
	none	804	903	100	750	Reserved 04				Length changed from 46 to 100.

Cancer Reporting in California Volume II

Appendix A: New Case Layout										
CCR Name	C/NEt #	Col Start	Col End	Length	NAACCR #	NAACCR Item Name	CCR Required from Reporting Facility Software	Supplied by CCR	Correction Record Required	2010 Revision Notes (NAACCR v12)
<b>Stage/Prognostic Factors -- Record Area Non-Confidential</b>										
SEER Summary Stage 2000	F02506	904	904	1	759	SEER Summary Stage 2000	conditional		yes	CCR Name was Sum Stg 00
SEER Summary Stage 1977	F00041	905	905	1	760	SEER Summary Stage 1977	conditional		yes	CCR Name was Summary State 77
Extent of Disease 10-Dig	F06100	906	917	12	779	Extent of Disease 10-Dig				Entire group, Item 779 is 12 digits. The following 6 items are subsets of this item.
EOD--Tumor Size	F00035	906	908	3	780	EOD--Tumor Size	conditional		yes	Cases DX'ed <2004. Item 780 is a subset of item 779. CCR name was Tum_Size
EOD--Extension	F01908	909	910	2	790	EOD--Extension	conditional		yes	Cases DX'ed <2004. Item 790 is a subset of item 779. CCR name was Extent of Disease - Extension*
EOD--Extension Prost Path	F01907	911	912	2	800	EOD--Extension Prost Path	conditional		yes	Item 800 is a subset of item 779. CCR name was Extent of Disease-Extension Path)*
EOD--Lymph Node Involv	F00039	913	913	1	810	EOD--Lymph Node Involv	conditional		yes	Cases DX'ed <2004. Item 810 is a subset of item 779. CCR name was Extent of Disease - LN Involvement*
Regional Nodes Positive	F01982	914	915	2	820	Regional Nodes Positive	yes		yes	Item 820 is a subset of item 779. CCR name was Regional Nodes Positive (Number)*
Regional Nodes Examined	F01983	916	917	2	830	Regional Nodes Examined	yes		yes	Item 830 is a subset of item 779. CCR name was Nodes Exam
	F00578	918	930	13	840	EOD--Old 13 Digit	no		no	
	F00579	931	932	2	850	EOD--Old 2 Digit	no		no	
	F00580	933	936	4	860	EOD--Old 4 Digit	no		no	
	F00553	937	937	1	870	Coding System for EOD	no	gen for extract	no	
TNM Edition Number	F01918	938	939	2	1060	TNM Edition Number	yes*		yes	
TNM Path T	F01930	940	943	4	880	TNM Path T	yes*		yes	Length changed from 2 to 4.
TNM Path N	F01924	944	947	4	890	TNM Path N	yes*		yes	Length changed from 2 to 4.

Cancer Reporting in California Volume II

Appendix A: New Case Layout										
CCR Name	C/NEt #	Col Start	Col End	Length	NAACCR #	NAACCR Item Name	CCR Required from Reporting Facility Software	Supplied by CCR	Correction Record Required	2010 Revision Notes (NAACCR v12)
TNM Path M	F01921	948	951	4	900	TNM Path M	yes*		yes	Length changed from 2 to 4.
TNM Path Stage Group	F01927	952	955	4	910	TNM Path Stage Group	yes*		yes	Length changed from 2 to 4.
	F01914	956	956	1	920	TNM Path Descriptor	no		no	
TNM Path Staged By	F01917	957	957	1	930	TNM Path Staged By	yes*		yes	
TNM Clin T	F01928	958	961	4	940	TNM Clin T	yes*		yes	Length changed from 2 to 4.
TNM Clin N	F01922	962	965	4	950	TNM Clin N	yes*		yes	Length changed from 2 to 4.
TNM Clin M	F01919	966	969	4	960	TNM Clin M	yes*		yes	Length changed from 2 to 4.
TNM Clin Stage Group	F01925	970	973	4	970	TNM Clin Stage Group	yes*		yes	Length changed from 2 to 4.
	F01912	974	974	1	980	TNM Clin Descriptor	no		no	
TNM Clin Staged By	F01915	975	975	1	990	TNM Clin Staged By	yes*		yes	
Pediatric Stage	F00548	976	977	2	1120	Pediatric Stage	conditional		yes	
Pediatric Staging System	F00547	978	979	2	1130	Pediatric Staging System	conditional		yes	
Pediatric Staged By	F00417	980	980	1	1140	Pediatric Staged By	conditional		yes	CCR name was Pediatric_Stage_Coder
Tumor Marker 1	F01204	981	981	1	1150	Tumor Marker 1	conditional		yes	
Tumor Marker 2	F01205	982	982	1	1160	Tumor Marker 2	conditional		yes	
Tumor Marker 3	F01206	983	983	1	1170	Tumor Marker 3	conditional		yes	
Lymph-vascular Invasion	F05565	984	984	1	1182	Lymph-vascular Invasion	conditional		yes	New
CS Tumor Size	F03577	985	987	3	2800	CS Tumor Size	yes		yes	Cases 2004 forward. CCR name was CS_Tum_Size.
CS Extension	F03578	988	990	3	2810	CS Extension	yes		yes	Cases 2004 forward. Length changed from 2 to 3. CCR name was CS_Ext.
CS Tumor Size/Ext Eval	F03579	991	991	1	2820	CS Tumor Size/Ext Eval	yes		yes	Cases 2004 forward. CCR name was CS_TS
CS Lymph Nodes	F03580	992	994	3	2830	CS Lymph Nodes	yes		yes	Cases 2004 forward. Length changed from 2 to 3. CCR name was CCS_LN.
CS Lymph Nodes Eval	F03581	995	995	1	2840	CS Lymph Nodes Eval	yes		yes	Cases 2004 forward.
CS Mets at DX	F03582	996	997	2	2850	CS Mets at DX	yes		yes	Cases 2004 forward. CCR name was CS_Reg_LN_Eval.

Cancer Reporting in California Volume II

Appendix A: New Case Layout										
CCR Name	C/NExT #	Col Start	Col End	Length	NAACCR #	NAACCR Item Name	CCR Required from Reporting Facility Software	Supplied by CCR	Correction Record Required	2010 Revision Notes (NAACCR v12)
CS Mets Eval	F03583	998	998	1	2860	CS Mets Eval	yes		yes	Cases 2004 forward.
CS Mets at Dx-Bone	F05541	999	999	1	2851	CS Mets at Dx-Bone	yes		yes	New
CS Mets at Dx-Brain	F05542	1000	1000	1	2852	CS Mets at Dx-Brain	yes		yes	New
CS Mets at Dx-Liver	F05543	1001	1001	1	2853	CS Mets at Dx-Liver	yes		yes	New
CS Mets at Dx-Lung	F05544	1002	1002	1	2854	CS Mets at Dx-Lung	yes		yes	New
CS Site-Specific Factor 1	F03584	1003	1005	3	2880	CS Site-Specific Factor 1	conditional		yes	
CS Site-Specific Factor 2	F03585	1006	1008	3	2890	CS Site-Specific Factor 2	conditional		yes	
CS Site-Specific Factor 3	F03586	1009	1011	3	2900	CS Site-Specific Factor 3	conditional		yes	
CS Site-Specific Factor 4	F03587	1012	1014	3	2910	CS Site-Specific Factor 4	conditional		yes	
CS Site-Specific Factor 5	F03588	1015	1017	3	2920	CS Site-Specific Factor 5	conditional		yes	
CS Site-Specific Factor 6	F03589	1018	1020	3	2930	CS Site-Specific Factor 6	conditional		yes	
CS Site-Specific Factor 7	F05545	1021	1023	3	2861	CS Site-Specific Factor 7	conditional		yes	New
CS Site-Specific Factor 8	F05546	1024	1026	3	2862	CS Site-Specific Factor 8	conditional		yes	New
CS Site-Specific Factor 9	F05547	1027	1029	3	2863	CS Site-Specific Factor 9	conditional		yes	New
CS Site-Specific Factor 10	F05548	1030	1032	3	2864	CS Site-Specific Factor 10	conditional		yes	New
CS Site-Specific Factor 11	F05549	1033	1035	3	2865	CS Site-Specific Factor 11	conditional		yes	New
CS Site-Specific Factor 12	F05550	1036	1038	3	2866	CS Site-Specific Factor 12	conditional		yes	New
CS Site-Specific Factor 13	F05551	1039	1041	3	2867	CS Site-Specific Factor 13	conditional		yes	New
CS Site-Specific Factor 14	F05552	1042	1044	3	2868	CS Site-Specific Factor 14	conditional		yes	New
CS Site-Specific Factor 15	F05553	1045	1047	3	2869	CS Site-Specific Factor 15	conditional		yes	New
CS Site-Specific Factor 16	F05554	1048	1050	3	2870	CS Site-Specific Factor 16	conditional		yes	New

Cancer Reporting in California Volume II

Appendix A: New Case Layout										
CCR Name	C/NExT #	Col Start	Col End	Length	NAACCR #	NAACCR Item Name	CCR Required from Reporting Facility Software	Supplied by CCR	Correction Record Required	2010 Revision Notes (NAACCR v12)
CS Site-Specific Factor 17	F05555	1051	1053	3	2871	CS Site-Specific Factor 17	conditional		yes	New
CS Site-Specific Factor 18	F05556	1054	1056	3	2872	CS Site-Specific Factor 18	conditional		yes	New
CS Site-Specific Factor 19	F05557	1057	1059	3	2873	CS Site-Specific Factor 19	conditional		yes	New
CS Site-Specific Factor 20	F05558	1060	1062	3	2874	CS Site-Specific Factor 20	conditional		yes	New
CS Site-Specific Factor 21	F05559	1063	1065	3	2875	CS Site-Specific Factor 21	conditional		yes	New
CS Site-Specific Factor 22	F05560	1066	1068	3	2876	CS Site-Specific Factor 22	conditional		yes	New
CS Site-Specific Factor 23	F05561	1069	1071	3	2877	CS Site-Specific Factor 23	conditional		yes	New
CS Site-Specific Factor 24	F05562	1072	1074	3	2878	CS Site-Specific Factor 24	conditional		yes	New
CS Site-Specific Factor 25	F05563	1075	1077	3	2879	CS Site-Specific Factor 25	conditional		yes	New
	F05584	1078	1080	3	2730	CS PreRx Tumor Size	no		no	Deferred to 2012. Currently Reserved
	F05578	1081	1083	3	2735	CS PreRX Extension	no		no	Deferred to 2012. Currently Reserved
	F05583	1084	1084	1	2740	CS PreRX Tum Sz/Ext Eval	no		no	Deferred to 2012. Currently Reserved
	F05579	1085	1087	3	2750	CS PreRX Lymph Nodes	no		no	Deferred to 2012. Currently Reserved
	F05582	1088	1088	1	2755	CS PreRX Reg Nodes Eval	no		no	Deferred to 2012. Currently Reserved
	F05580	1089	1090	2	2760	CS PreRX Mets at DX	no		no	Deferred to 2012. Currently Reserved
	F05581	1091	1091	1	2765	CS PreRX Mets Eval	no		no	Deferred to 2012. Currently Reserved
	F05577	1092	1094	3	2770	CS PostRX Tumor Size	no		no	Deferred to 2012. Currently Reserved
	F05574	1095	1097	3	2775	CS PostRx Extension	no		no	Deferred to 2012. Currently Reserved
	F05575	1098	1100	3	2780	CS PostRx Lymph Nodes	no		no	Deferred to 2012. Currently Reserved
	F05576	1101	1102	2	2785	CS PostRx Mets at DX	no		no	Deferred to 2012. Currently Reserved

Cancer Reporting in California Volume II

Appendix A: New Case Layout										
CCR Name	C/NEt #	Col Start	Col End	Length	NAACCR #	NAACCR Item Name	CCR Required from Reporting Facility Software	Supplied by CCR	Correction Record Required	2010 Revision Notes (NAACCR v12)
										Reserved
Derived AJCC-6 T	F03590	1103	1104	2	2940	Derived AJCC-6 T	conditional		no	In NAACCR Item Name, AJCC changed to AJCC-6
Derived AJCC-6 T Descript	F03591	1105	1105	1	2950	Derived AJCC-6 T Descript	conditional		no	In NAACCR Item Name, AJCC changed to AJCC-6
Derived AJCC 6 N	F03592	1106	1107	2	2960	Derived AJCC 6 N	conditional		no	In NAACCR Item Name, AJCC changed to AJCC-6
Derived AJCC-6 N Descript	F03593	1108	1108	1	2970	Derived AJCC-6 N Descript	conditional		no	In NAACCR Item Name, AJCC changed to AJCC-6
Derived AJCC-6 M	F03594	1109	1110	2	2980	Derived AJCC-6 M	conditional		no	In NAACCR Item Name, AJCC changed to AJCC-6
Derived AJCC-6 M Descript	F03595	1111	1111	1	2990	Derived AJCC-6 M Descript	conditional		no	In NAACCR Item Name, AJCC changed to AJCC-6
Derived AJCC-6 Stage Group	F03596	1112	1113	2	3000	Derived AJCC-6 Stage Group	conditional		no	In NAACCR Item Name, AJCC changed to AJCC-6
Derived AJCC-7 T	F05570	1114	1116	3	3400	Derived AJCC-7 T	conditional		no	New
Derived AJCC-7 T Descript	F05571	1117	1117	1	3402	Derived AJCC-7 T Descript	conditional		no	New
Derived AJCC-7 N	F05568	1118	1120	3	3410	Derived AJCC-7 N	conditional		no	New
Derived AJCC-7 N Descript	F05569	1121	1121	1	3412	Derived AJCC-7 N Descript	conditional		no	New
Derived AJCC-7 M	F05566	1122	1124	3	3420	Derived AJCC-7 M	conditional		no	New
Derived AJCC-7 M Descript	F05567	1125	1125	1	3422	Derived AJCC-7 M Descript	conditional		no	New
Derived AJCC-7 Stage Grp	F05572	1126	1128	3	3430	Derived AJCC-7 Stage Grp	conditional		no	New
	F05594	1129	1131	3	3440	Derived PreRX-7 T	no		no	Deferred to 2012. Currently Reserved
	F05595	1132	1132	1	3442	Derived PreRX-7 T Descript	no		no	Deferred to 2012. Currently Reserved
	F05591	1133	1135	3	3450	Derived PreRX-7 N	no		no	Deferred to 2012. Currently Reserved
	F05592	1136	1136	1	3452	Derived PreRX-7N Descript	no		no	Deferred to 2012. Currently Reserved
	F05589	1137	1139	3	3460	Derived PreRX-7 M	no		no	Deferred to 2012. Currently Reserved
	F05590	1140	1140	1	3462	Derived PreRX-7 M	no		no	Deferred to 2012. Currently



Cancer Reporting in California Volume II

Appendix A: New Case Layout										
CCR Name	C/NExT #	Col Start	Col End	Length	NAACCR #	NAACCR Item Name	CCR Required from Reporting Facility Software	Supplied by CCR	Correction Record Required	2010 Revision Notes (NAACCR v12)
						Descript				Reserved
	F05593	1141	1143	3	3470	Derived PreRX-7 Stage Grp	no		no	Deferred to 2012. Currently Reserved
	F05588	1144	1146	3	3480	Derived Post RX-7 T	no		no	Deferred to 2012. Currently Reserved
	F05586	1147	1149	3	3482	Derived Post RX-7 N	no		no	Deferred to 2012. Currently Reserved
	F05585	1150	1151	2	3490	Derived Post RX-7 M	no		no	Deferred to 2012. Currently Reserved
	F05587	1152	1154	3	3492	Derived Post RX-7 Stge Grp	no		no	Deferred to 2012. Currently Reserved
Derived SS1977	F03597	1155	1155	1	3010	Derived SS1977	yes		no	
Derived SS2000	F03598	1156	1156	1	3020	Derived SS2000	yes		no	
	F05573	1157	1157	1	3600	Derived Neoadjuv Rx Flag	no		no	Deferred to 2012. Currently Reserved
Derived AJCC--Flag	F03599	1158	1158	1	3030	Derived AJCC--Flag	yes		no	
Derived SS1977--Flag	F03600	1159	1159	1	3040	Derived SS1977--Flag	yes		no	
Derived SS2000--Flag	F03601	1160	1160	1	3050	Derived SS2000--Flag	yes		no	
CS Version Input Current	F05564	1161	1166	6	2937	CS Version Input Current	yes		no	New
CS Version Input Original	F03648	1167	1172	6	2935	CS Version Input Original	yes		no	NAACCR name was CS Version 1st
CS Version Derived	F03649	1173	1178	6	2936	CS Version Derived	yes		no	NAACCR name was CS Version Latest
	F05525	1179	1179	1	3700	SEER Site-Specific Fact 1	no		no	New
	F05526	1180	1180	1	3702	SEER Site-Specific Fact 2	no		no	New
	F05527	1181	1181	1	3704	SEER Site-Specific Fact 3	no		no	New
	F05528	1182	1182	1	3706	SEER Site-Specific Fact 4	no		no	New
	F05529	1183	1183	1	3708	SEER Site-Specific Fact 5	no		no	New
	F05530	1184	1184	1	3710	SEER Site-Specific Fact 6	no		no	New
ICD Revision Comorbid	F04265	1185	1185	1	3165	ICD Revision Comorbid	yes*		yes	
Comorbid/Complication 1	F03442	1186	1190	5	3110	Comorbid/ Complication 1	yes		yes	
Comorbid/Complication 2	F03443	1191	1195	5	3120	Comorbid/ Complication 2	yes*		yes	



Cancer Reporting in California Volume II

<b>Appendix A: New Case Layout</b>										
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Comorbid/Complication 3	F03444	1196	1200	5	3130	Comorbid/ Complication 3	yes*		yes	
Comorbid/Complication 4	F03445	1201	1205	5	3140	Comorbid/ Complication 4	yes*		yes	
Comorbid/Complication 5	F03446	1206	1210	5	3150	Comorbid/ Complication 5	yes*		yes	
Comorbid/Complication 6	F03447	1211	1215	5	3160	Comorbid/ Complication 6	yes*		yes	
Comorbid/Complication 7	F04261	1216	1220	5	3161	Comorbid/ Complication 7	yes*		yes	
Comorbid/Complication 8	F04262	1221	1225	5	3162	Comorbid/ Complication 8	yes*		yes	
Comorbid/Complication 9	F04263	1226	1230	5	3163	Comorbid/ Complication 9	yes*		yes	
Comorbid/Complication 10	F04264	1231	1235	5	3164	Comorbid/ Complication 10	yes*		yes	
Reserved 05	none	1236	1435	200	1180	Reserved 05				
<b>Treatment -- 1st Course Record Area Non-Confidential</b>										
Date of Initial RX--SEER	F01344	1436	1443	8	1260	Date of Initial RX--SEER	yes, gen by facility	gen in db	Yes	CCR Name was Date_RX.
Date of Initial RX Flag	F05500	1444	1445	2	1261	Date of Initial RX Flag	yes	gen in db	yes	New
	F00560	1446	1453	8	1270	Date of 1st Crs RX--COC	no		no	
	F05496	1454	1455	2	1271	Date of 1st Crs Rx Flag	no		no	New
RX Date--Surgery	F00432	1456	1463	8	1200	RX Date--Surgery	yes*		yes	CCR name was Date Surg
RX Date-- Surgery Flag	F05516	1464	1465	2	1201	RX Date-- Surgery Flag	yes*		yes	New
RX Date Mst Defn Srg	F03448	1466	1473	8	3170	RX Date Mst Defn Srg	yes*		yes	CCR name was Date_Def_Surg.
RX Date Mst Defn Srg Flag	F05506	1474	1475	2	3171	RX Date Mst Defn Srg Flag	yes		yes	New
	F03449	1476	1483	8	3180	RX Date--Surgical Disch	no		no	
	F05508	1484	1485	2	3181	RX Date Surg Disch Flag	no		no	New
RX Date--Radiation	F00470	1486	1493	8	1210	RX Date--Radiation	yes*		yes	CCR name was Date of Radiation or Date_Rad
RX Date--Radiation Flag	F05515	1494	1495	2	1211	RX Date--Radiation Flag	yes*		yes	New
	F03450	1496	1503	8	3220	RX Date--Radiation Ended	no		no	
	F05507	1504	1505	2	3221	RX Date Rad Ended Flag	no		no	New

Cancer Reporting in California Volume II

Appendix A: New Case Layout										
CCR Name	C/NEt #	Col Start	Col End	Length	NAACCR #	NAACCR Item Name	CCR Required from Reporting Facility Software	Supplied by CCR	Correction Record Required	2010 Revision Notes (NAACCR v12)
RX Date--Systemic	F03451	1506	1513	8	3230	RX Date--Systemic	yes, gen by facility	gen in db	yes	CCR name was Date of Systemic Therapy or Date_Systemic
RX Date--Systemic Flag	F05509	1514	1515	2	3231	RX Date--Systemic Flag	yes*	gen in db	yes	New
RX Date--Chemo	F00473	1516	1523	8	1220	RX Date--Chemo	yes*		yes	CCR name was Date of Chemotherapy or Date_Chemo
RX Date--Chemo Flag	F05511	1524	1525	2	1221	RX Date--Chemo Flag	yes*		yes	New
RX Date--Hormone	F00476	1526	1533	8	1230	RX Date--Hormone	yes*		yes	CCR name was Date of Hormone Therapy
RX Date--Hormone Flag	F05513	1534	1535	2	1231	RX Date--Hormone Flag	yes*		yes	New
RX Date--BRM	F00479	1536	1543	8	1240	RX Date--BRM	yes*		yes	CCR name was Date_Immuno
RX Date--BRM Flag	F05510	1544	1545	2	1241	RX Date--BRM Flag	yes*		yes	New
RX Date--Other	F00482	1546	1553	8	1250	RX Date--Other	yes*		yes	CCR name was Date_Other_RX
RX Date--Other Flag	F05514	1554	1555	2	1251	RX Date--Other Flag	yes*		yes	New
RX Date--DX/Stg Proc	F00422	1556	1563	8	1280	RX Date--DX/Stg Proc	yes*		yes	CCR name was Date DX Stg
RX Date--DX/Stg Proc Flag	F05512	1564	1565	2	1281	RX Date--DX/Stg Proc Flag	yes*		yes	New
RX Summ--Treatment Status	F05524	1566	1566	1	1285	RX Summ--Treatment Status	yes		yes	New
RX Summ--Surg Prim Site	F03491	1567	1568	2	1290	RX Summ--Surg Prim Site	yes		yes	CCR name was Surgery of Primary Site - Summary or Surg_Prim_Sum
RX Summ--Scope Reg LN Sur	F03485	1569	1569	1	1292	RX Summ--Scope Reg LN Sur	yes		yes	CCR name was Scope LN Sum
RX Summ--Surg Oth Reg/Dis	F03496	1570	1570	1	1294	RX Summ--Surg Oth Reg/Dis	yes		yes	CCR name was Surgery of Other Reg Site(s), Distant Site(s)
RX Summ--Reg LN Examined	F00526	1571	1572	2	1296	RX Summ--Reg LN Examined	conditional		yes	CCR name was Number of Regional Lymph Nodes or Surg_LN_EX_sum.
	F00529	1573	1573	1	1310	RX Summ--Surgical Approch	no		no	
	F03498	1574	1574	1	1320	RX Summ--Surgical Margins	no		no	

Cancer Reporting in California Volume II

Appendix A: New Case Layout										
CCR Name	C/NEt #	Col Start	Col End	Length	NAACCR #	NAACCR Item Name	CCR Required from Reporting Facility Software	Supplied by CCR	Correction Record Required	2010 Revision Notes (NAACCR v12)
RX Summ--Reconstruct 1st	F00169	1575	1575	1	1330	RX Summ--Reconstruct 1st	conditional		yes	CCR name was Surgery Summary - Reconstructive
Reason for No Surgery	F00118	1576	1576	1	1340	Reason for No Surgery	yes		yes	CCR name was Reason for No Surgery
RX Summ--DX/Stg Proc	F00420	1577	1578	2	1350	RX Summ--DX/Stg Proc	yes*		yes	CCR name was Diagnostic or Staging Procedure Summary
	F03458	1579	1579	1	3270	RX Summ--Palliative Proc	no		no	
RX Summ--Radiation	F00050	1580	1580	1	1360	RX Summ--Radiation	yes, gen by facility	gen in db	yes	CCR name was Radiation Summary or Rad_Sum.
	F00139	1581	1581	1	1370	RX Summ--Rad to CNS	no		no	
RX Summ--Surg/Rad Seq	F00051	1582	1582	1	1380	RX Summ--Surg/Rad Seq	yes		yes	CCR name was Radiation/Surgery Sequence or Rad_Seq.
RX Summ--Transplnt/Endocr	F03456	1583	1584	2	3250	RX Summ--Transplnt/Endocr	yes		yes	CCR name was Transplant & Endocrine Procedures
RX Summ--Chemo	F03373	1585	1586	2	1390	RX Summ--Chemo	yes		yes	CCR name was Chemotherapy Summary
RX Summ--Hormone	F03377	1587	1588	2	1400	RX Summ--Hormone	yes		yes	CCR name was Hormone Therapy Summary
RX Summ--BRM	F03375	1589	1590	2	1410	RX Summ--BRM	yes		yes	CCR name was Immunotherapy Summary or Immuno_Sum
RX Summ--Other	F00059	1591	1591	1	1420	RX Summ--Other	yes		yes	CCR name was Other Therapy Summary
Reason for No Radiation	F00567	1592	1592	1	1430	Reason for No Radiation	yes		yes	
	F00554	1593	1594	2	1460	RX Coding System--Current	no	gen for extract	no	
	F01054	1595	1595	1	1500	First Course Calc Method	no	gen for extract	no	
	F00568	1596	1600	5	1510	Rad--Regional Dose: CGY	no		no	
	F00569	1601	1603	3	1520	Rad--No of Treatment Vol	no		no	Length changed from 2 to 3.
	F00571	1604	1605	2	1540	Rad--Treatment Volume	no		no	
Rad--Location of RX	F00572	1606	1606	1	1550	Rad--Location of RX	yes		yes	
Rad--Regional RX	F00574	1607	1608	2	1570	Rad--Regional RX	yes		yes	Was named

Cancer Reporting in California Volume II

Appendix A: New Case Layout										
CCR Name	C/NEt #	Col Start	Col End	Length	NAACCR #	NAACCR Item Name	CCR Required from Reporting Facility Software	Supplied by CCR	Correction Record Required	2010 Revision Notes (NAACCR v12)
Modality						Modality				Rad_Reg_RX_Mod.
Rad--Boost RX Modality	F03454	1609	1610	2	3200	Rad--Boost RX Modality	yes		yes	
	F03455	1611	1615	5	3210	Rad--Boost Dose cGy	no		no	
RX Summ-Systemic Sur Seq	F04260	1616	1616	1	1639	RX Summ-Systemic Sur Seq	yes		yes	
	F00046	1617	1618	2	1640	RX Summ--Surgery Type	no		no	
	F03453	1619	1619	1	3190	Readm Same Hosp 30 Days	no		no	
RX Summ Surg Site 98-02	F00430	1620	1621	2	1646	RX Summ Surg Site 98-02	conditional		yes	Cases < 2003. CCR name wasSurg_Prim_Sum_98_02
RX Summ Scope Reg 98-02	F00525	1622	1622	1	1647	RX Summ Scope Reg 98-02	conditional		yes	Cases < 2003. CCR name was Scope LN Sum 98 02
RX Summ Surg Oth 98-02	F00527	1623	1623	1	1648	RX Summ Surg Oth 98-02	conditional		yes	Cases < 2003. CCR name was Surg_Other_Sum_98_02
	none	1624	1723	100	1190	Reserved 06				Length changed from 45 to 100.
Treatment -- Subsequent & Other Record Area Non-Confidential										
	F01500	1724	1731	8	1660	Subsq RX 2nd Course Date	no		no	
	F05517	1732	1733	2	1661	Subsq RX 2ndCrS Date Flag	no		no	New
	F06101	1734	1744	11	1670	Subsq RX 2nd Course Codes	no			Length changed from 7 to 11.
	F01357	1734	1735	2	1671	Subsq RX 2nd Course Surg	no		no	Item 1671 is a subset of item 1670. <b>Version 3.0: Was C/Next F03505. Changed to F01357.</b>
	F01385	1736	1736	1	1677	Subsq RX 2nd--Scope LN SU	no		no	Item 1672 is a subset of item 1670.
	F01381	1737	1737	1	1678	Subsq RX 2nd--Surg Oth	no		no	Item 1673 is a subset of item 1670.
	F01393	1738	1739	2	1679	Subsq RX 2nd--Reg LN Rem	no		no	Item 1674 is a subset of item 1670.
	F01365	1740	1740	1	1672	Subsq RX 2nd Course Rad	no		no	Item 1675 is a subset of item 1670.
	F01369	1741	1741	1	1673	Subsq RX 2nd Course Chemo	no		no	Item 1676 is a subset of item 1670.

Cancer Reporting in California Volume II

Appendix A: New Case Layout										
CCR Name	C/NEt #	Col Start	Col End	Length	NAACCR #	NAACCR Item Name	CCR Required from Reporting Facility Software	Supplied by CCR	Correction Record Required	2010 Revision Notes (NAACCR v12)
	F01373	1742	1742	1	1674	Subsq RX 2nd Course Horm	no		no	Item 1677 is a subset of item 1670.
	F01377	1743	1743	1	1675	Subsq RX 2nd Course BRM	no		no	Item 1678 is a subset of item 1670.
	F01389	1744	1744	1	1676	Subsq RX 2nd Course Oth	no		no	
	F01501	1745	1752	8	1680	Subsq RX 3rd Course Date	no		no	
	F05518	1753	1754	2	1681	Subsq RX 3rdCrs Date Flag	no		no	New
	F06102	1755	1765	11	1690	Subsq RX 3rd Course Codes	no			Length changed from 7 to 11.
	F01358	1755	1756	2	1691	Subsq RX 3rd Course Surg	no		no	Item 1691 is a subset of 1690. <b>Version 3.0: Was C/Next F03506. Changed to F01358.</b>
	F01386	1757	1757	1	1697	Subsq RX 3rd--Scope LNSu	no		no	Item 1697 is a subset of 1690
	F01382	1758	1758	1	1698	Subsq RX 3rd--Surg Oth	no		no	Item 1698 is a subset of 1690
	F01394	1759	1760	2	1699	Subsq RX 3rd--Reg LN Rem	no		no	Item 1699 is a subset of 1690
	F01366	1761	1761	1	1692	Subsq RX 3rd Course Rad	no		no	Item 1692 is a subset of 1690
	F01370	1762	1762	1	1693	Subsq RX 3rd Course Chemo	no		no	Item 1693 is a subset of 1690
	F01374	1763	1763	1	1694	Subsq RX 3rd Course Horm	no		no	Item 1694 is a subset of 1690
	F01378	1764	1764	1	1695	Subsq RX 3rd Course BRM	no		no	Item 1695 is a subset of 1690
	F01390	1765	1765	1	1696	Subsq RX 3rd Course Oth	no		no	Item 1691 is a subset of 1696
	F01502	1766	1773	8	1700	Subsq RX 4th Course Date	no		no	
	F05519	1774	1775	2	1701	Subsq RX 4th Crs Date Flag	no		no	New.
	F06103	1776	1786	11	1710	Subsq RX 4th Course Codes				Length changed from 7 to 11
	F01359	1776	1777	2	1711	Subsq RX 4th CourseSurg	no		no	Item 1711 is a subset of item 1710. <b>Version 3.0: Was</b>

Cancer Reporting in California Volume II

Appendix A: New Case Layout										
CCR Name	C/NEt #	Col Start	Col End	Length	NAACCR #	NAACCR Item Name	CCR Required from Reporting Facility Software	Supplied by CCR	Correction Record Required	2010 Revision Notes (NAACCR v12)
										C/Next F03507. Changed to F01359.
	F01387	1778	1778	1	1717	Subsq RX 4th--Scope LNSu	no		no	Item 1717 is a subset of item 1710.
	F01383	1779	1779	1	1718	Subsq RX 4th--Surg Oth	no		no	Item 1718 is a subset of item 1710.
	F01395	1780	1781	2	1719	Subsq RX 4th--Reg LN Rem	no		no	Item 1719 is a subset of item 1710.
	F01367	1782	1782	1	1712	Subsq RX 4th Course Rad	no		no	Item 1712 is a subset of item 1710.
	F01371	1783	1783	1	1713	Subsq RX 4th Course Chemo	no		no	Item 1713 is a subset of item 1710.
	F01375	1784	1784	1	1714	Subsq RX 4th Course Horm	no		no	Item 1714 is a subset of item 1710.
	F01379	1785	1785	1	1715	Subsq RX 4th Course BRM	no		no	Item 1715 is a subset of item 1710.
	F01391	1786	1786	1	1716	Subsq RX 4th Course Oth	no		no	Item 1716 is a subset of item 1710.
	F00437	1787	1787	1	1741	Subsq RX--Reconstruct Del	no		no	
	none	1788	1887	100	1300	Reserved 07				
Edit Over-rides/Conv History, Sys Admin Record Area Non-Confidential										
	F02507	1888	1888	1	1981	Over-ride SS/NodesPos	no		no	
	F02508	1889	1889	1	1982	Over-ride SS/ TNM-N	no		no	
	F02509	1890	1890	1	1983	Over-ride SS/ TNM-M	no		no	
	F02511	1891	1891	1	1985	Over-ride Acsn/Class/Seq	no		no	
	F00632	1892	1892	1	1986	Over-ride HospSeq/DxConf	no		no	Version 3.0: Was C/Next F02512. Changed to F00632.
	F02513	1893	1893	1	1987	Over-ride COC-Site/Type	no		no	
Over-ride HospSeq/Site	F02514	1894	1894	1	1988	Over-ride HospSeq/Site	yes*		yes	CCR name was OR_HospSeq/Site
	F02515	1895	1895	1	1989	Over-ride Site/TNM-StgGrp	no		no	
Over-ride Age/Site/Morph	F00631	1896	1896	1	1990	Over-ride Age/Site/Morph	yes*		yes	CCR name was Over-ride Age/Site Conflict
Over-ride SeqNo/DxConf	F02512	1897	1897	1	2000	Over-ride SeqNo/DxConf	yes*		yes	CCR name was Over-ride

Cancer Reporting in California Volume II

Appendix A: New Case Layout										
CCR Name	C/NEt #	Col Start	Col End	Length	NAACCR #	NAACCR Item Name	CCR Required from Reporting Facility Software	Supplied by CCR	Correction Record Required	2010 Revision Notes (NAACCR v12)
										Sequence/Diagnostic Conflict. <b>Version 3.0: Was C/Next F00632. Changed to F02512.</b>
Over-ride Site/Lat/SeqNo	F00633	1898	1898	1	2010	Over-ride Site/Lat/SeqNo	yes*		yes	CCR name was Over-ride Site/Lat/Seq
Over-ride Surg/DxConf	F00634	1899	1899	1	2020	Over-ride Surg/DxConf	yes*		yes	CCR name was Over-ride Surgery/Diagnostic Conflict
Over-ride Site/Type	F00635	1900	1900	1	2030	Over-ride Site/Type	yes*		yes	CCR name was Over-ride Site/Type Conflict
Over-ride Histology	F00636	1901	1901	1	2040	Over-ride Histology	yes*		yes	CCR name was Over-ride History/Behavior Conflict or OR Hist Behavior
Over-ride Report Source	F00637	1902	1902	1	2050	Over-ride Report Source	yes*		yes	CCR name was Over-ride Multiple Primaries/DC Only or OR DC Seq
Over-ride Ill-define Site	F00638	1903	1903	1	2060	Over-ride Ill-define Site	yes*		yes	CCR name was Over-ride Multiple Ill-defined Sites
Over-ride Leuk, Lymphoma	F00639	1904	1904	1	2070	Over-ride Leuk, Lymphoma	yes*		yes	CCR name was Over-ride Lymphoma or Leukemia/Diagnostic Confirmation Conflict
Over-ride Site/Behavior	F00671	1905	1905	1	2071	Over-ride Site/Behavior	yes*		yes	CCR name was OR Site Behavior
Over-ride Site/EOD/DX Dt	F00672	1906	1906	1	2072	Over-ride Site/EOD/DX Dt	yes*		yes	CCR name was OR Site EOD DX DT
Over-ride Site/Lat/EOD	F00673	1907	1907	1	2073	Over-ride Site/Lat/EOD	yes*		yes	CCR name was OR Site Lat EOD
Over-ride Site/Lat/Morph	F00674	1908	1908	1	2074	Over-ride Site/Lat/Morph	yes*		yes	CCR name was OR Site Lat Hist.
	F00031	1909	1912	4	1960	Site (73-91) ICD-O-1	no		no	
	F00557	1913	1918	6	1970	Morph (73-91) ICD-O-1	no		no	
	F06104	1913	1916	4	1971	Histology (73-91) ICD-O-1	no		no	Item 1971 is a subset of item 1970
	F06105	1917	1917	1	1972	Behavior (73-91) ICD-O-1	no		no	Item 1972 is a subset of item 1970
	F06106	1918	1918	1	1973	Grade (73-91) ICD-O-1	no		no	Item 1973 is a subset of item 1970

Cancer Reporting in California Volume II

Appendix A: New Case Layout										
CCR Name	C/NEXT #	Col Start	Col End	Length	NAACCR #	NAACCR Item Name	CCR Required from Reporting Facility Software	Supplied by CCR	Correction Record Required	2010 Revision Notes (NAACCR v12)
	F00623	1919	1919	1	1980	ICD-O-2 Conversion Flag	no		no	
	F00686	1920	1929	10	2081	CRC CHECKSUM	no		no	
	F00558	1930	1930	1	2120	SEER Coding Sys--Current	no	gen for extract	no	
	F00559	1931	1931	1	2130	SEER Coding Sys--Original	no	gen for extract	no	
	F00663	1932	1933	2	2140	COC Coding Sys--Current	no	gen for extract	no	
	F00664	1934	1935	2	2150	COC Coding Sys--Original	no	gen for extract	no	
Vendor Name	F00297	1936	1945	10	2170	Vendor Name	yes, gen by facility	gen for extract	no	
	<b>F00665</b>	1946	1946	1	2180	SEER Type of Follow-Up	no	gen for extract	no	<b>Version 3.0: Was C/Next F00399. Changed to F00665.</b>
	<b>F00399</b>	1947	1948	2	2190	SEER Record Number	no	gen for extract	no	<b>Version 3.0: Was C/Next F00699. Changed to F00399.</b>
	F00667	1949	1950	2	2200	Diagnostic Proc 73-87	no		no	
Date Case Initiated	<b>F00082</b>	<b>1951</b>	<b>1958</b>	<b>8</b>	<b>2085</b>	<b>Date Case Initiated</b>	<b>yes, gen by facility</b>		<b>no</b>	<b>New NAACCR item. However, this field replaces CCR Data Item Date First Entered.</b>
Date Case Completed	F00083	1959	1966	8	2090	Date Case Completed	yes, gen by facility		no	
	<b>F05492</b>	<b>1967</b>	<b>1974</b>	<b>8</b>	<b>2092</b>	<b>Date Case Completed--CoC</b>	<b>no</b>		<b>no</b>	<b>New</b>
Date Case Last Changed	F00084	1975	1982	8	2100	Date Case Last Changed	yes, gen by facility		no	CCR name was Date Case Last Changed - Hospital
Date Case Report Exported	F00146	1983	1990	8	2110	Date Case Report Exported	yes, gen by facility		no	
	F00613	1991	1998	8	2111	Date Case Report Received	no	gen in db	no	
	F00684	1999	2006	8	2112	Date Case Report Loaded	no	gen in db	no	
	<b>F06095</b>	2007	2014	8	2113	Date Tumor Record Availbl	no	gen in db	no	<b>Version 3.0: Was C/Next F01095. Changed to F06095.</b>



Cancer Reporting in California Volume II

Appendix A: New Case Layout										
CCR Name	C/NEt #	Col Start	Col End	Length	NAACCR #	NAACCR Item Name	CCR Required from Reporting Facility Software	Supplied by CCR	Correction Record Required	2010 Revision Notes (NAACCR v12)
ICD-O-3 Conversion Flag	F02505	2015	2015	1	2116	ICD-O-3 Conversion Flag	yes		no	
	none	2016	2115	100	1650	Reserved 08				Length changed from 50 to 100
Follow-Up/Recurrence/Death Record Area Non-Confidential										
Date of Last Contact	F00068	2116	2123	8	1750	Date of Last Contact	yes		no	CCR name was Date_Last_Pat_FU
Date of Last Contact Flag	F05503	2124	2125	2	1751	Date of Last Contact Flag	yes		no	New
Vital Status	F00069	2126	2126	1	1760	Vital Status	yes		no	
Cancer Status	F00070	2127	2127	1	1770	Cancer Status	yes		no	CCR name was Tumor Status
	F05245	2128	2128	1	1780	Quality of Survival	no		no	Version 3.0: Was C/Next F00131. Changed to F05345.
	F01059	2129	2129	1	1790	Follow-Up Source	no		no	
	F01060	2130	2130	1	1800	Next Follow-Up Source	no		no	
Addr Current--City	F05269	2131	2180	50	1810	Addr Current--City	yes*		no	Length changed from 20 to 50. CCR name was Contact City. Version 3.0: Was C/Next F01845. Changed to F05269.
Addr Current--State	F05270	2181	2182	2	1820	Addr Current--State	yes*		no	CCR name was Contact State. Version 3.0: Was C/Next F01846. Changed to F05270.
Addr Current--Postal Code	F05271	2183	2191	9	1830	Addr Current--Postal Code	yes*		no	CCR name was Contact Zip. Version 3.0: Was C/Next F01847. Changed to F05271.
	F05272	2192	2194	3	1840	County--Current	no		no	Version 3.0: Was C/Next F03566. Changed to F05272.
	F03753	2195	2195	1	1850	Unusual Follow-Up Method	no		no	
	F00065	2196	2203	8	1860	Recurrence Date--1st	no		no	
	F05505	2204	2205	2	1861	Recurrence Date--1st Flag	no		no	New
	F05275	2206	2207	2	1880	Recurrence Type--1st	no		no	Version 3.0: Was C/Next F03565. Changed to F05275.
Follow-Up Contact--City	F05276	2208	2257	50	1842	Follow-Up Contact--City	yes*		no	Length changed from 20 to 50. CCR name was Follow-Up Contact City – Other. Was Version 3.0: C/Next F01238.

Cancer Reporting in California Volume II

Appendix A: New Case Layout										
CCR Name	C/NEt #	Col Start	Col End	Length	NAACCR #	NAACCR Item Name	CCR Required from Reporting Facility Software	Supplied by CCR	Correction Record Required	2010 Revision Notes (NAACCR v12)
										Changed to F F05276.
Follow-Up Contact--State	F05277	2258	2259	2	1844	Follow-Up Contact--State	yes*		no	CCR name was Contact Follow-Up Contact State- Other or FU-Con_ State_Oth. Version 3.0: Was C/Next F01242. Changed to F05277.
Follow-Up Contact--Postal	F05278	2260	2268	9	1846	Follow-Up Contact--Postal	yes*		no	CCR name was Follow-Up Contact Zip - Other. Version 3.0: Was C/Next F01245. Changed to F05278.
	F00078	2269	2272	4	1910	Cause of Death	no	death clearance	no	
	F00079	2273	2273	1	1920	ICD Revision Number	no	gen for extract	no	
	F00586	2274	2274	1	1930	Autopsy	no		no	
Place of Death	F00080	2275	2277	3	1940	Place of Death	yes*		no	
	F06096	2278	2279	2	1791	Follow-Up Source Central	no	gen for extract	no	
	F05493	2280	2287	8	1755	Date of Death Canada	no		no	New
	F05498	2288	2289	2	1756	Date of Death Canada Flag	no		no	New
	none	2290	2339	50	1740	Reserved 09				Length changed from 48 to 50
State Requestor Items 2200										
Region ID	F03356	2340	2341	2	2220	State/Requestor Item	yes, gen by facility		no	
Other Reg ID	F00151	2342	2343	2	2220	State/Requestor Item	no	gen in db	no	Historical for CA cases, generated from NAACCR Registry ID for out of state cases.
Other Reg Pat No	F06021	2344	2351	8	2220	State/Requestor Item	no	gen in db	no	Historical for CA cases, generated from NAACCR Registry ID for out of state cases.

Cancer Reporting in California Volume II

Appendix A: New Case Layout										
CCR Name	C/NEt #	Col Start	Col End	Length	NAACCR #	NAACCR Item Name	CCR Required from Reporting Facility Software	Supplied by CCR	Correction Record Required	2010 Revision Notes (NAACCR v12)
Other Reg Tum No	F06022	2352	2353	2	2220	State/Requestor Item	no	gen in db	no	Historical for CA cases, generated from NAACCR Registry ID for out of state cases.
Reg Pat No	F06061	2354	2361	8	2220	State/Requestor Item	no	historical	no	Historical for CA cases, generated from NAACCR Registry ID for out of state cases.
Reg Tum No	F00137	2362	2363	2	2220	State/Requestor Item	no	historical	no	
Date-Added	F06031	2364	2371	8	2220	State/Requestor Item	no	gen in db	no	
Date First Sent	F06032	2372	2379	8	2220	State/Requestor Item	no	historical	no	
Date Last Sent	F06033	2380	2387	8	2220	State/Requestor Item	no	historical	no	
Reg-Data	F00171 to F00180	2388	2407	20	2220	State/Requestor Item	yes*		yes	
Over-ride Name Sex	F00640	2408	2408	1	2220	State/Requestor Item	yes*		yes	Name changed from OR Name Sex
Over-ride Admis DX	F00641	2409	2409	1	2220	State/Requestor Item	yes*		yes	Name changed from OR Admis DX
Over-ride Race BPL	F00642	2410	2410	1	2220	State/Requestor Item	yes*		yes	Name changed from OR Race BPL
Over-ride Spanish BPL	F00643	2411	2411	1	2220	State/Requestor Item	yes*		yes	Name changed from OR Spanish BPL
Over-ride Site Stage	F00644	2412	2412	1	2220	State/Requestor Item	yes*		yes	Name changed from OR Site Stage
SSN Suffix	F00147	2413	2414	2	2220	State/Requestor Item	yes*		yes	
Occupation 80	F06019	2415	2418	4	2220	State/Requestor Item	no	gen in db	no	
Occupation 90	F00113	2419	2422	4	2220	State/Requestor Item	no	gen in db	no	
Industry 80	F06018	2423	2426	4	2220	State/Requestor Item	no	gen in db	no	
Industry 90	F00114	2427	2430	4	2220	State/Requestor Item	no	gen in db	no	
Census Block 90	F06066	2431	2431	1	2220	State/Requestor Item	no	geocoding	no	
Hospital Tumor Number	F00127	2432	2433	2	2220	State/Requestor Item	yes		yes	

Cancer Reporting in California Volume II

Appendix A: New Case Layout										
CCR Name	C/NEt #	Col Start	Col End	Length	NAACCR #	NAACCR Item Name	CCR Required from Reporting Facility Software	Supplied by CCR	Correction Record Required	2010 Revision Notes (NAACCR v12)
CCR										
Type Admis	F00133	2434	2434	1	2220	State/Requestor Item	yes		yes	
Pat No Contact	F00429	2435	2435	1	2220	State/Requestor Item	yes		yes	
DC Race	F06063	2436	2437	2	2220	State/Requestor Item	no	death clearance	no	
DCSpanish Origin	F06064	2438	2438	1	2220	State/Requestor Item	no	death clearance	no	
Coding Proc	F00115	2439	2440	2	2220	State/Requestor Item	yes, gen by facility		yes	
Payment Source Text	F00418	2441	2480	40	2220	State/Requestor Item	yes		yes	
Physician Referring	F01354	2481	2488	8	2220	State/Requestor Item	yes*		yes	Name changed from Phys Ref
<b>Stage Alternate</b>	F00289	2489	2492	4	2220	State/Requestor Item	<b>yes*</b>		yes	<b>For Version 2.0, this item is required from reporting sources, if available.</b>
Follow-Up Last Type (Patient)	F00299	2493	2494	2	2220	State/Requestor Item	yes		no	
FU Next Type	F01285	2495	2495	1	2220	State/Requestor Item	yes*		no	
Date Cancer Status	F00157	2496	2503	8	2220	State/Requestor Item	yes		no	Name changed from Date Tum Status
<b>Date Cancer Status Flag</b>	<b>F05879</b>	<b>2504</b>	<b>2505</b>	<b>2</b>	<b>2220</b>	<b>State/Requestor Item</b>	<b>yes</b>		<b>no</b>	<b>New</b>
FU Last Type Tum	F00072	2506	2507	2	2220	State/Requestor Item	yes		no	
<b>Reserved 15</b>	<b>none</b>	2508	2515	8	2220	<b>Reserved State/Requestor Item</b>				<b>For Version 2.0, the former Phys Other 1 moved to columns 2739-2746 and the name changed to Physician Other 1.</b>
<b>Reserved 16</b>	<b>none</b>	2516	2523	8	2220	<b>Reserved State/Requestor Item</b>				<b>For Version 2.0, the former Phys Other 2 moved to columns 2757-2764 and the name changed to Physician Other 2.</b>
Central Admission Number	F06905	2524	2531	8	2220	State/Requestor Item	no	gen in db	no	
Doc ID	F00117	2532	2541	10	2220	State/Requestor Item	no	historical	no	

Cancer Reporting in California Volume II

Appendix A: New Case Layout										
CCR Name	C/NEt #	Col Start	Col End	Length	NAACCR #	NAACCR Item Name	CCR Required from Reporting Facility Software	Supplied by CCR	Correction Record Required	2010 Revision Notes (NAACCR v12)
DC Birth Place	F06016	2542	2544	3	2220	State/Requestor Item	no	death clearance	no	
Vendor License Number	F05439	2545	2554	10	2220	State/Requestor Item	yes, gen by facility		yes	
Transmit Vendor Version	F05438	2555	2564	10	2220	State/Requestor Item	yes, gen by facility	gen on demand	yes	
Surg Prim Proc (1)	<b>F05907</b>	2565	2566	2	2220	State/Requestor Item	yes		yes	<b>Version 3.0: Was C/Next F03488. Changed to F05907.</b>
Date Surg Proc (1)	F05908	2567	2574	8	2220	State/Requestor Item	yes*		yes	
<b>Date Surg Proc (1) Flag</b>	<b>F05654</b>	<b>2575</b>	<b>2576</b>	<b>2</b>	<b>2220</b>	<b>State/Requestor Item</b>	<b>yes</b>		<b>yes</b>	<b>New</b>
Scope LN Proc (1)	<b>F05909</b>	2577	2577	1	2220	State/Requestor Item	yes		yes	<b>Version 3.0: Was C/Next F03482. Changed to F05909.</b>
Surg Other Proc (1)	F05910	2578	2578	1	2220	State/Requestor Item	yes		yes	
Surg Prim Proc (2)	F03489	2579	2580	2	2220	State/Requestor Item	yes		yes	
Date Surg Proc (2)	F01399	2581	2588	8	2220	State/Requestor Item	yes*		yes	
<b>Date Surg Proc (2) Flag</b>	<b>F05655</b>	<b>2589</b>	<b>2590</b>	<b>2</b>	<b>2220</b>	<b>State/Requestor Item</b>	<b>yes</b>		<b>yes</b>	<b>New</b>
Scope LN Proc (2)	F03483	2591	2591	1	2220	State/Requestor Item	yes		yes	
Surg Other Proc (2)	F03494	2592	2592	1	2220	State/Requestor Item	yes		yes	
Surg Prim Proc (3)	F03490	2593	2594	2	2220	State/Requestor Item	yes		yes	
Date Surg Proc (3)	F01400	2595	2602	8	2220	State/Requestor Item	yes*		yes	
<b>Date Surg Proc (3) Flag</b>	<b>F05656</b>	<b>2603</b>	<b>2604</b>	<b>2</b>	<b>2220</b>	<b>State/Requestor Item</b>	<b>yes</b>		<b>yes</b>	<b>New</b>
Scope LN Proc (3)	F03484	2605	2605	1	2220	State/Requestor Item	yes		yes	
Surg Other Proc (3)	F03495	2606	2606	1	2220	State/Requestor Item	yes		yes	
Treatment Hospital Number Procedure 1	<b>F05919</b>	2607	2616	10	2220	State/Requestor Item	yes		yes	<b>Version 3.0: Was C/Next F01689. Changed to F05909.</b>
Treatment Hospital Number Procedure 2	F01691	2617	2626	10	2220	State/Requestor Item	yes		yes	
Treatment Hospital Number Procedure 3	F01692	2627	2636	10	2220	State/Requestor Item	yes		yes	
ACOS Approved	F00091	2637	2637	1	2220	State/Requestor Item	yes		yes	
Tumor Marker CA 1	F00092	2638	2638	1	2220	State/Requestor Item	conditional		yes	

Cancer Reporting in California Volume II

Appendix A: New Case Layout										
CCR Name	C/NExT #	Col Start	Col End	Length	NAACCR #	NAACCR Item Name	CCR Required from Reporting Facility Software	Supplied by CCR	Correction Record Required	2010 Revision Notes (NAACCR v12)
Census Source 2000	F06008	2639	2640	2	2220	State/Requestor Item	no	geocoding	no	Name changed from Census Source
Date VE	F06084	2641	2648	8	2220	State/Requestor Item	no	gen in db	no	
Date VE Reported	F06085	2649	2656	8	2220	State/Requestor Item	no	gen in db	no	
Date VE Resolved	F06086	2657	2664	8	2220	State/Requestor Item	no	gen in db	no	
Pay Source 2	F03535	2665	2666	2	2220	State/Requestor Item	yes*		yes	
Death File No St	F00669	2667	2668	2	2220	State/Requestor Item	no	death clearance	no	
Census Block 2000	F06006	2669	2672	4	2220	State/Requestor Item	no	geocoding	no	Name changed from Census Block 00
Census Place 2000	F06007	2673	2677	5	2220	State/Requestor Item	no	geocoding	no	Name changed from Census Place 00
Discovered by Screening	F00592	2678	2678	1	2220	State/Requestor Item	yes		yes	
Date Transp Endo	F03562	2679	2686	8	2220	State/Requestor Item	yes		yes	
<b>Date Transp Endo Flag</b>	<b>F05606</b>	<b>2687</b>	<b>2688</b>	<b>2</b>	<b>2220</b>	<b>State/Requestor Item</b>	<b>yes</b>		<b>yes</b>	<b>New</b>
Transp Endo Hosp	F03564	2689	2690	2	2220	State/Requestor Item	yes*		yes	
Hosp Surg Prim First	F03671	2691	2700	10	2220	State/Requestor Item	no	gen in db	no	
Hosp Surg Prim Sum	F06370	2701	2710	10	2220	State/Requestor Item	no	gen in db	no	
Surg Prim First	F03672	2711	2712	2	2220	State/Requestor Item	no	gen in db	no	
Date Surg Prim First	F03673	2713	2720	8	2220	State/Requestor Item	no	gen in db	no	
<b>Date Surg Prim First Flag</b>	<b>F06099</b>	<b>2721</b>	<b>2722</b>	<b>2</b>	<b>2220</b>	<b>State/Requestor Item</b>	<b>no</b>	<b>gen in db</b>	<b>no</b>	<b>New</b>
Religion	F00116	2723	2724	2	2220	State/Requestor Item	yes		yes	Retired by NAACCRv12, 2010. Retained as a State Requestor Item.
FU Hosp Last	F01686	2725	2734	10	2220	State/Requestor Item	yes		yes	
Year First Seen	F00119	2735	2738	4	2220	State/Requestor Item	yes		yes	Retired by NAACCRv12, 2010. Retained as a State Requestor Item.
<b>Physician Other 1</b>	F01508	<b>2739</b>	<b>2746</b>	<b>8</b>	<b>2220</b>	State/Requestor Item	yes*		yes	<b>For Version 2.0, moved this item from its former position at column 2508 to 2515 and changed the name from Phys</b>

Cancer Reporting in California Volume II

Appendix A: New Case Layout										
CCR Name	C/NEt #	Col Start	Col End	Length	NAACCR #	NAACCR Item Name	CCR Required from Reporting Facility Software	Supplied by CCR	Correction Record Required	2010 Revision Notes (NAACCR v12)
										<i>Other 1 to Physician Other 1.</i>
<b>NPI Physician Other 1</b>	<b>F03722</b>	<b>2747</b>	<b>2756</b>	<b>10</b>	<b>2220</b>	<b>State/Requestor Item</b>	<b>yes*</b>		yes	<b>For Version 2.0, added this data item.</b>
<b>Physician Other 2</b>	F01509	<b>2757</b>	<b>2764</b>	<b>8</b>	<b>2220</b>	State/Requestor Item	yes*		yes	<b>For Version 2.0, moved this item from its former position at column 2516 to 2523 and changed the name from <i>Phys Other 2</i> to <i>Physician Other 2</i>.</b>
<b>NPI Physician Other 2</b>	<b>F03723</b>	<b>2765</b>	<b>2774</b>	<b>10</b>	<b>2220</b>	<b>State/Requestor Item</b>	<b>yes*</b>		yes	<b>For Version 2.0, added this data item.</b>
<b>Protocol Participation</b>	<b>F05267</b>	<b>2775</b>	<b>2776</b>	<b>2</b>	<b>2220</b>	<b>State/Requestor Item</b>	<b>no</b>		<b>no</b>	<b>For version 2.1, added this item to the State Requestor area. Was retired by NAACCR, but retained as a State Requestor Item. Version 3.0: Was C/Next F00582. Changed to F05267.</b>
	<b>none</b>	<b>2777</b>	<b>3339</b>	<b>565</b>		<b>Reserved - State/Requestor Item</b>				<b>For Version 2.0, changed the length of this reserved area.</b>
Patient Section -- Confidential										
Name--Last	F00008	3340	3379	<b>40</b>	2230	Name--Last	yes		yes	Length changed from 25 to 40. CCR name was Last Name
Name--First	F00009	3380	3419	<b>40</b>	2240	Name--First	yes		yes	Length changed from 14 to 40. CCR name was First Name
Name--Middle	F00010	3420	3459	<b>40</b>	2250	Name--Middle	yes		yes	Length changed from 14 to 40. CCR name was Middle Name
	F01855	3460	3462	3	2260	Name--Prefix	no		no	
Name--Suffix	F00502	3463	3465	3	2270	Name--Suffix	yes*		yes	
Name--Alias	F00011	3466	3505	<b>40</b>	2280	Name--Alias	yes*		yes	Length changed from 15 to 40. CCR name was Alias Last Name.
Name--Maiden	F00148	3506	3545	<b>40</b>	2390	Name--Maiden	yes*		yes	Length changed from 15 to 40. Was named Maiden Name
	F03344	3546	3605	<b>60</b>	2290	Name--Spouse/Parent	no		no	Length changed from 50 to 60.
Medical Record Number	F01047	3606	3616	11	2300	Medical Record Number	yes*		no	

Cancer Reporting in California Volume II

Appendix A: New Case Layout										
CCR Name	C/NEt #	Col Start	Col End	Length	NAACCR #	NAACCR Item Name	CCR Required from Reporting Facility Software	Supplied by CCR	Correction Record Required	2010 Revision Notes (NAACCR v12)
NAACCR										
	F00668	3617	3618	2	2310	Military Record No Suffix	no		no	
Social Security Number	F00007	3619	3627	9	2320	Social Security Number	yes		yes	CCR Name was SSN.
Addr at DX--No & Street	F00012	3628	3687	60	2330	Addr at DX--No & Street	yes		yes	Length changed from 40 to 60. CCR name was Address at Diagnosis - No & Street
Addr at DX--Supplementl	F03460	3688	3747	60	2335	Addr at DX--Supplementl	yes*		yes	Length changed from 40 to 60. CCR name was Contact Street Supplemental.
Addr Current--No & Street	<b>F05296</b>	3748	3807	60	2350	Addr Current-- No & Street	yes*		no	Length changed from 40 to 60. CCR name was Contact Street. <b>Version 3.0: Was C/Next F01860. Changed to F05296.</b>
Addr Current--Supplementl	<b>F05297</b>	3808	3867	60	2355	Addr Current--Supplementl	yes*		no	Length changed from 40 to 60. CCR name was Address at Diagnosis - No & Street – Suppl. <b>Version 3.0: Was C/Next F03461. Changed to F05297.</b>
Telephone	F01861	3868	3877	10	2360	Telephone	yes*		no	CCR name was Phone Number (Patient)
DC State File Number	F00132	3878	3883	6	2380	DC State File Number	no	death clearance	no	CCR name was Death File Number
Follow-Up Contact--Name	<b>F05298</b>	3884	3943	60	2394	Follow-Up Contact--Name	yes*		no	Length changed from 30 to 60. CCR name was Followup Contact Name Other. <b>Version 3.0: Was C/Next F01240. Changed to F05298.</b>
Follow-Up Contact--No&St	<b>F05299</b>	3944	4003	60	2392	Follow-Up Contact--No&St	yes*		no	Length changed from 40 to 60. CCR name was Follow-Up Contact Address – Other. <b>Version 3.0: Was C/Next F01243. Changed to F05299.</b>
Follow-Up Contact--Suppl	<b>F05300</b>	4004	4063	60	2393	Follow-Up Contact--Suppl	yes*		no	Length changed from 40 to 60. CCR name was Follow-Up Contact Address - Other – Suppl. <b>Version 3.0: Was C/Next F03462. Changed to</b>



Cancer Reporting in California Volume II

<b>Appendix A: New Case Layout</b>										
CCR Name	C/NExT #	Col Start	Col End	Length	NAACCR #	NAACCR Item Name	CCR Required from Reporting Facility Software	Supplied by CCR	Correction Record Required	2010 Revision Notes (NAACCR v12)
										F05300.
Latitude	F06034	4064	4073	10	2352	Latitude	no	geocoding	no	
Longitude	F06035	4074	4084	11	2354	Longitude	no	geocoding	no	
	none	4085	4284	200	1835	Reserved 10				
<b>Hospital Section -- Confidential</b>										
	F03714	4285	4294	10	2445	NPI--Following Registry	no		no	
	F01687	4295	4304	10	2440	Following Registry	no		no	Version 3.0: Was C/Next F01686. Changed to F01687.
NPI--Inst Referred From	F03715	4305	4314	10	2415	NPI--Inst Referred From	yes*		yes	
Institution Referred From	F01684	4315	4324	10	2410	Institution Referred From	yes		yes	CCR name was Hospital Referred From
NPI--Inst Referred To	F03716	4325	4334	10	2425	NPI--Inst Referred To	yes*		yes	
Institution Referred To	F01685	4335	4344	10	2420	Institution Referred To	yes		yes	CCR name was Hospital Referred To
	none	4345	4394	50	1900	Reserved 11				
<b>Other -- Confidential</b>										
NPI--Physician--Managing	F03717	4395	4404	10	2465	NPI--Physician--Managing	yes*		yes	
Physician--Managing	F00675	4405	4412	8	2460	Physician--Managing	yes		yes	CCR name was Physician (Attending)
NPI--Physician--Follow-Up	F03719	4413	4422	10	2475	NPI--Physician--Follow-Up	yes*		yes	
Physician--Follow-Up	F00075	4423	4430	8	2470	Physician--Follow-Up	yes*		yes	CCR name was Physician (Following)
NPI--Physician--Primary Surg	F03718	4431	4440	10	2485	NPI--Physician--Primary Surg	yes*		yes	
Physician--Primary Surg	F00676	4441	4448	8	2480	Physician--Primary Surg	yes*		yes	CCR name was Physician (Surgeon)
NPI--Physician 3	F03720	4449	4458	10	2495	NPI--Physician 3	yes*		yes	
Physician 3	F01356	4459	4466	8	2490	Physician 3	yes*		yes	CCR name was Physician (Radiation Oncologist)
NPI--Physician 4	F03721	4467	4476	10	2505	NPI--Physician 4	yes*		yes	

Cancer Reporting in California Volume II

<b>Appendix A: New Case Layout</b>										
CCR Name	C/NExT #	Col Start	Col End	Length	NAACCR #	NAACCR Item Name	CCR Required from Reporting Facility Software	Supplied by CCR	Correction Record Required	2010 Revision Notes (NAACCR v12)
Physician 4	F01355	4477	4484	8	2500	Physician 4	yes*		yes	CCR name was Physician (Medical Oncologist)
	none	4485	4534	50	2510	Reserved 12				
<b>Pathology Record Area Non-Confidential</b>										
Path Reporting Fac ID 1	F05406	4535	4559	25	7010	Path Reporting Fac ID 1	yes*		yes	New for NAACCRv12. Moved from CCR required Item DxRX Report Facility ID (1)
Path Report Number 1	F05411	4560	4579	20	7090	Path Report Number 1	yes*		yes	New for NAACCRv12. Moved from CCR required Item DxRX Report Number (1)
Path Date Spec Collect 1	F05873	4580	4593	14	7320	Path Date Spec Collect 1	yes*		yes	New for NAACCRv12. Moved from CCR required Item DxRX Report Date (1)
Path Report Type 1	F05441	4594	4595	2	7480	Path Report Type 1	yes*		yes	New for NAACCRv12. Moved from CCR required Item DxRX Report Type (1)
	F05946	4596	4620	25	7190	Path Ordering Fac No 1	no		no	New for NAACCRv12, but not required to be reported to Cal.
	F05947	4621	4640	20	7100	Path Order Phys Lic No 1	no		no	New for NAACCRv12
Path Reporting Fac ID 2	F05407	4641	4665	25	7011	Path Reporting Fac ID 2	yes*		yes	New for NAACCRv12. Moved from CCR required Item DxRX Report Facility ID (2)
Path Report Number 2	F05412	4666	4685	20	7091	Path Report Number 2	yes*		yes	New for NAACCRv12. Moved from CCR required Item DxRX Report Number (2)
Path Date Spec Collect 2	F05874	4686	4699	14	7321	Path Date Spec Collect 2	yes*		yes	New for NAACCRv12. Moved from CCR required Item DxRX Report Date (2)
Path Report Type 2	F05442	4700	4701	2	7481	Path Report Type 2	yes*		yes	New for NAACCRv12. Moved from CCR required Item DxRX Report Type (2)
	F05532	4702	4726	25	7191	Path Ordering Fac No 2	no		no	New for NAACCRv12
	F05537	4727	4746	20	7101	Path Order Phys Lic No 2	no		no	New for NAACCRv12
Path Reporting Fac ID 3	F05408	4747	4771	25	7012	Path Reporting Fac ID 3	yes*		yes	New for NAACCRv12. Moved from CCR required Item DxRX Report Facility ID (3)
Path Report Number 3	F05413	4772	4791	20	7092	Path Report Number 3	yes*		yes	New for NAACCRv12. Moved

Cancer Reporting in California Volume II

Appendix A: New Case Layout										
CCR Name	C/NExT #	Col Start	Col End	Length	NAACCR #	NAACCR Item Name	CCR Required from Reporting Facility Software	Supplied by CCR	Correction Record Required	2010 Revision Notes (NAACCR v12)
										from CCR required Item DxRX Report Number (3)
Path Date Spec Collect 3	F05875	4792	4805	14	7322	Path Date Spec Collect 3	yes*		yes	New for NAACCRv12. Moved from CCR required Item DxRX Report Date (3)
Path Report Type 3	F05443	4806	4807	2	7482	Path Report Type 3	yes*		yes	New for NAACCRv12. Moved from CCR required Item DxRX Report Type (3)
	F05533	4808	4832	25	7192	Path Ordering Fac No 3	no		no	New for NAACCRv12, but not CCR required.
	F05538	4833	4852	20	7102	Path Order Phys Lic No 3	no		no	New for NAACCRv12, but not CCR required.
Path Reporting Fac ID 4	F05409	4853	4877	25	7013	Path Reporting Fac ID 4	yes*		yes	New for NAACCRv12. Moved from CCR required Item DxRX Report Facility ID (4)
Path Report Number 4	F05414	4878	4897	20	7093	Path Report Number 4	yes*		yes	New for NAACCRv12. Moved from CCR required Item DxRX Report Number (4)
Path Date Spec Collect 4	F05876	4898	4911	14	7323	Path Date Spec Collect 4	yes*		yes	New for NAACCRv12. Moved from CCR required Item DxRX Report Date (4)
Path Report Type 4	F05444	4912	4913	2	7483	Path Report Type 4	yes*		yes	New for NAACCRv12. Moved from CCR required Item DxRX Report Type (4)
	F05534	4914	4938	25	7193	Path Ordering Fac No 4	no		no	New for NAACCRv12
	F05539	4939	4958	20	7103	Path Order Phys Lic No 4	no		no	New for NAACCRv12
Path Reporting Fac ID 5	F05410	4959	4983	25	7014	Path Reporting Fac ID 5	yes*		yes	New for NAACCRv12. Moved from CCR required Item DxRX Report Facility ID (5)
Path Report Number 5	F05415	4984	5003	20	7094	Path Report Number 5	yes*		yes	New for NAACCRv12. Moved from CCR required Item DxRX Report Number (5)
Path Date Spec Collect 5	F05877	5004	5017	14	7324	Path Date Spec Collect 5	yes*		yes	New for NAACCRv12. Moved from CCR required Item DxRX Report Date (5)
Path Report Type 5	F05445	5018	5019	2	7484	Path Report Type 5	yes*		yes	New for NAACCRv12. Moved from CCR required Item DxRX Report Type (5) (F05445)

Cancer Reporting in California Volume II

Appendix A: New Case Layout										
CCR Name	C/NEt #	Col Start	Col End	Length	NAACCR #	NAACCR Item Name	CCR Required from Reporting Facility Software	Supplied by CCR	Correction Record Required	2010 Revision Notes (NAACCR v12)
	F05535	5020	5044	25	7194	Path Ordering Fac No 5	no		no	New for NAACCRv12
	F05540	5045	5064	20	7104	Path order Phys Lic No 5	no		no	New for NAACCRv12
	none	5065	5564	500	2080	Reserved 13				
Text Diagnosis Record Area Non-Confidential										
Text--DX Proc--PE	F01211	5565	6564	1000	2520	Text--DX Proc--PE	yes*		yes	Length was 200, is now 1000. CCR name was Text-Diagnostic Procedures-Physical
Text--DX Proc--X-ray/Scan	F01212	6565	7564	1000	2530	Text--DX Proc-- X-ray/Scan	yes*		yes	Length was 250, is now 1000. CCR name was Text-Diagnostic Procedures- X-ray
Text--DX Proc--Scopes	F01209	7565	8564	1000	2540	Text--DX Proc--Scopes	yes*		yes	Length was 250, is now 1000. CCR name was Text - Diagnostic - Scopes
Text--DX Proc--Lab Tests	F01210	8565	9564	1000	2550	Text--DX Proc--Lab Tests	yes*		yes	Length was 250, is now 1000. CCR name was Text - Diagnostic Lab Tests
Text--DX Proc--Op	F01214	9565	10564	1000	2560	Text--DX Proc--Op	yes*		yes	Length was 250, is now 1000. CCR name was Text - Diagnostic Procedures - Operative
Text--DX Proc--Path	F01213	10565	11564	1000	2570	Text--DX Proc--Path	yes*		yes	Length was 250, is now 1000. CCR name was Text - Diagnostic Procedures - Pathological
Text--Primary Site Title	F00089	11565	11664	100	2580	Text--Primary Site Title	yes		yes	Length was 40, is now 100. CCR name was Site - Text
Text--Histology Title	F00090	11665	11764	100	2590	Text--Histology Title	yes		yes	Length was 40, is now 100. CCR name was Histology - Text
Text--Staging	F01223	11765	12764	1000	2600	Text--Staging	yes*		yes	Length was 300, is now 1000.
Text Treatment Record Area Non-Confidential										
RX Text-- Surgery	F05878	12765	13764	1000	2610	RX Text-- Surgery	yes*		yes	Length was 150, is now 1000.
RX Text-- Surgery (1)	F00701	12765	13097	333	2610	RX Text-- Surgery (1)	yes*		yes	This item is a subset of item 2610, RX—Surgery. <b>Version 3.0: Was C/Next F01351. Changed to F00701.</b>

Cancer Reporting in California Volume II

Appendix A: New Case Layout										
CCR Name	C/NExT #	Col Start	Col End	Length	NAACCR #	NAACCR Item Name	CCR Required from Reporting Facility Software	Supplied by CCR	Correction Record Required	2010 Revision Notes (NAACCR v12)
RX Text-- Surgery (2)	F00702	13098	13430	333	2610	RX Text-- Surgery (2)	yes*		yes	This item is a subset of item 2610, RX—Surgery <b>Version 3.0: Was C/Next F01352. Changed to F00702.</b>
RX Text-- Surgery (3)	F00703	13431	13763	333	2610	RX Text-- Surgery (3)	yes*		yes	This item is a subset of item 2610, RX—Surgery <b>Version 3.0: Was C/Next F01353. Changed to F00703.</b>
RX Text--Surgery (Reserved)	F06107	13764	13764	1	2610	RX Text--Surgery (Reserved)				This item is a subset of item 2610, RX--Surgery. Transmit a space character to complete the 1000 characters required in RX--Text Surgery.
RX Text--Radiation (Beam)	F01215	13765	14764	1000	2620	RX Text--Radiation (Beam)	yes*		yes	Length was 150, is now 1000.
<b>RX Text--Radiation Other</b>	<b>F05952</b>	14765	15764	1000	2630	RX Text--Radiation Other	yes*		yes	Length was 150, is now 1000. <b>For Version 2.0, added the C/NExT #.</b>
RX Text--Chemo	F01216	15765	16764	1000	2640	RX Text--Chemo	yes*		yes	Length was 200, is now 1000. CCR name was Text RX - Chemotherapy
RX Text--Hormone	F01217	16765	17764	1000	2650	RX Text--Hormone	yes*		yes	Length was 200, is now 1000. CCR name was Text RX - Hormone
RX Text--BRM	F01218	17765	18764	1000	2660	RX Text--BRM	yes*		yes	Length was 100, is now 1000. CCR name was Text RX - Immunotherapy
RX Text--Other	F01219	18765	19764	1000	2670	RX Text--Other	yes*		yes	Length was 100, is now 1000. CCR name was Text RX - Other Therapy
<b>Text Miscellaneous Record Area Non-Confidential</b>										
Text--Remarks	F01221	19765	20764	1000	2680	Text--Remarks	yes*		yes	Length was 250, is now 1000.
Text--Place of Diagnosis	F01350	20765	20824	60	2690	Text--Place of Diagnosis	yes*		yes	Length was 50, is now 60. CCR name was Place of Diagnosis
<b>State/Requestor Items 2700</b>										
Text Final DX	F00030	20825	20924	100	2700	State/Requestor Item	yes		yes	<b>New State Requestor Item. Before 2010 was NAACCR required item.</b>

Cancer Reporting in California Volume II

Appendix A: New Case Layout										
CCR Name	C/NEt #	Col Start	Col End	Length	NAACCR #	NAACCR Item Name	CCR Required from Reporting Facility Software	Supplied by CCR	Correction Record Required	2010 Revision Notes (NAACCR v12)
DC Father's Surname	F06089	20925	20964	40	2700	State/Requestor Item	no	death clearance	no	Length changed from 15 to 40
Mother First Name	F00428	20965	21004	40	2700	State/Requestor Item	yes*		yes	Length changed from 14 to 40
Alias Name (AKANAME 1)	F06036	21005	21044	40	2700	State/Requestor Item	no	gen in db	no	Length changed from 15 to 40.
Alias-Flag (AKAFLAG 1)	F06045	21045	21045	1	2700	State/Requestor Item	no	gen in db	no	
Alias Name (AKANAME 2)	F06037	21046	21085	40	2700	State/Requestor Item	no	gen in db	no	Length changed from 15 to 40.
Alias Flag (AKAFLAG 2)	F06046	21086	21086	1	2700	State/Requestor Item	no	gen in db	no	
Alias Name (AKANAME 3)	F06038	21087	21126	40	2700	State/Requestor Item	no	gen in db	no	Length changed from 15 to 40.
Alias Flag (AKAFLAG 3)	F06047	21127	21127	1	2700	State/Requestor Item	no	gen in db	no	
Alias-Name (AKANAME 4)	F06039	21128	21167	40	2700	State/Requestor Item	no	gen in db	no	Length changed from 15 to 40.
Alias Flag (AKAFLAG 4)	F06048	21168	21168	1	2700	State/Requestor Item	no	gen in db	no	
Alias Name (AKANAME 5)	F06040	21169	21208	40	2700	State/Requestor Item	no	gen in db	no	Length changed from 15 to 40.
Alias Flag (AKAFLAG 5)	F06049	21209	21209	1	2700	State/Requestor Item	no	gen in db	no	
Contact Name	F01507	21210	21269	60	2700	State/Requestor Item	yes*		no	Length changed from 30 to 60.
Name Alias First	F00510	21270	21309	40	2700	State/Requestor Item	yes*		yes	Length changed from 15 to 40. CCR Name was Alias First Name.
DCSSN	F06012	21310	21318	9	2700	State/Requestor Item	no	death clearance	no	
Hosp Pat No	F02516	21319	21330	12	2700	State/Requestor Item	yes		yes	
Medical Record Number CCR	F01049	21331	21342	12	2700	State/Requestor Item	yes*		yes	
		21343	22823	1481	2700	Reserved 14				Adjusted length of reserved area.
End of Record [.]		22824	22824	1						Adjusted the end of record column start/end from 22285 to 22824.

## Appendix B: Correction Record Required when Changed

Appendix B: Correction Record							
CCR Name	C/NExT #	Col Start	Col End	Length	NAACCR #	CCR Required from Reporting Facility Software	Comments for 2010 and NAACCR v12
<b>Sender ID Section</b>							
Record Type [U]	none	1	1	1	10	yes, gen by facility	
Update/Correction Record Version [120]	none	2	4	3	9000	yes, gen by facility	Length changed from 1 to 3
Vendor Name	F00297	5	14	10	2170	yes, gen by facility	
Registry Type	none	15	15	1	30	yes, gen by facility	
Registry ID	F04388	16	25	10	40	yes, gen by facility	
Patient System ID-Hosp	F00003	26	33	8	21	no	
Tumor Record Number	F00127	34	35	2	60	no	CCR name was Central Tumor Number.
Reserved for Expansion	none	36	55	20	9002		Length changed from 6 to 20
<b>Hospital Tumor Number CCR</b>							
Patient Identification Number Received	F00004	56	63	8	9010	no	
Central Tumor Number Received	F00137	64	65	2	9011	no	
Name-Last	F00008	66	105	40	2230	yes	Length changed from 25 to 40
Name-First	F00009	106	145	40	2240	yes	Length changed from 14 to 40
Name-Middle	F00010	146	185	40	2250	yes	Length changed from 14 to 40
Medical Record Number NAACCR	F01047	186	196	11	2300	no	
Military Record No Suffix	F00668	197	198	2	2310	no	
Social Security Number	F00007	199	207	9	2320	yes	
Sex	F00022	208	208	1	220	yes	
Date of Birth	F00019	209	216	8	240	yes	
Date of Birth Flag	F05497	217	218	2	241	yes	New

Cancer Reporting in California Volume II

<b>Appendix B: Correction Record</b>							
CCR Name	C/NExT #	Col Start	Col End	Length	NAACCR #	CCR Required from Reporting Facility Software	Comments for 2010 and NAACCR v12
Reporting Facility	F01683	219	228	10	540	yes	Name was Hospital Number (Reporting.)
NPI--Reporting Facility	F03711	229	238	10	545	yes*	
Accession Number--Hosp	F00016	239	247	9	550	yes	Name was Accession Number
Date of Diagnosis	F00029	248	255	8	390	yes	CCR name was Date DX
<b>Date of Diagnosis Flag</b>	<b>F05499</b>	<b>256</b>	<b>257</b>	<b>2</b>	<b>391</b>	<b>yes</b>	<b>New</b>
Sequence Number-Hospital	F00005	258	259	2	560	yes	
Primary Site	F00152	260	263	4	400	yes	
Laterality	F00032	264	264	1	410	yes	
Histology (92-00) ICD-O-2	F02501	265	268	4	420	conditional	Name was Histology ICD-O-2.
Behavior (92-00) ICD-O-2	F00164	269	269	1	430	conditional	Name was Behavior Code ICD-O-2.
Histologic Type - ICD-O-3	F02502	270	273	4	522	yes	
Behavior Code - ICD-O-3	F02504	274	274	1	523	yes	
Reserved for Expansion	none	275	314	40	9050		Length changed from 30 to 40
<b>Record Section</b>							
Date of This Change	none	315	322	8	9005	yes, gen by facility	
Time of This Change	none	323	328	6	9006	yes, gen by facility	
CRC CHECKSUM	F00686	329	338	10	2081	no	
Correction Comments	none	339	538	200	9020	yes	
Changed Item Number	none	539	543	5	9030	yes, gen by facility	
Changed Item New Value	none	544	1543	1000	9040	yes	Length changed from 350 to 1000.
<b>California Requestor Items</b>							
Hospital Tumor Number CCR	F00127	1544	1545	2	none	yes, gen by facility	
Hospital Patient Number CCR	none	1546	1557	12	none	yes, gen by facility	
Coding Proc	F00115	1558	1559	2	none	yes	Name was Coding Procedure



Cancer Reporting in California Volume II

Appendix B: Correction Record							
CCR Name	C/NExT #	Col Start	Col End	Length	NAACCR #	CCR Required from Reporting Facility Software	Comments for 2010 and NAACCR v12
Medical Record Number CCR	F01049	1560	1571	12	none	yes	For Version 2.0, C/NExT # corrected from F01047 to F01049.
Abstractors Initials CCR	none	1572	1574	3	none	yes	
Transmit Vendor Version	F05438	1575	1584	10	none	yes, gen by facility	
Old Item Value	none	1585	2584	1000	none	yes	Length changed from 350 to 1000
End of Record[.]	none	2585	2585	1	none		

## Appendix C: Follow-Up Only and Shared Follow-Up Record Layout

Appendix C: Follow-up Only and Shared follow-Up Record Layout							
CCR Name	C/NExT #	Col Start	Col End	Length	NAACCR #	CCR Required from Reporting Facility Software	Comments for 2010 and NAACCR v12
<b>Record Area: Identifiers</b>							
Record Type [F/S]		1	1	1	10	yes, gen by facility	
Record Version [L]	F00654	2	2	1	50	yes, gen by facility	Record version changed from K to L.
Reporting Facility	F01683	3	12	10	540	yes	Name was Hospital Number Reporting
Coding Proc	none	13	14	2	none	yes, gen by facility	Name was Coding Procedure
Accession Number--Hosp	F00016	15	23	9	550	yes	Name was Accession Number
Sequence Number--Hospital	F00005	24	25	2	560	yes	
Hospital Tumor Number CCR	F00127	26	27	2	none	yes, gen by facility	
Hospital Patient Number CCR	none	28	39	12	none	yes, gen by facility	
Patient ID Number	none	40	47	8	20	yes*	Name was Patient Identification Number
Tumor Record Number	none	48	49	2	60	yes*	CCR name was Central Tumor Number.
<b>Medical Record Number CCR</b>	<b>F01049</b>	50	61	12	<b>none</b>	yes*	<b>For Version 2.0, added C/NExT # F01049.</b>
Social Security Number	none	62	70	9	none	yes*	
SSN Suffix	none	71	72	2	none	yes*	Name was Social Security Number Suffix
Name--Last	F00008	73	112	40	2230	yes	Length increased from 25 to 40. Name was Last Name.
Name--First	F00009	113	152	40	2240	yes	Length increased from 14 to 40. Name was First Name.
Date of Birth	F00019	153	160	8	240	yes	Name was Birth Date
<b>Date of Birth Flag</b>	<b>F05497</b>	<b>161</b>	<b>162</b>	<b>2</b>	<b>241</b>	<b>Yes</b>	<b>New</b>
Sex	F00022	163	163	1	220	yes	
Primary Site		164	167	4	400	yes	Name was Site-Primary (ICD)
Laterality	F00032	168	168	1	410	yes	
Histology (92-00) ICD-O-2	F02501	169	172	4	420	yes	Name was Histology Type (ICD-O-2)

Cancer Reporting in California Volume II

<b>Appendix C: Follow-up Only and Shared follow-Up Record Layout</b>							
<b>CCR Name</b>	<b>C/NExT #</b>	<b>Col Start</b>	<b>Col End</b>	<b>Length</b>	<b>NAACCR #</b>	<b>CCR Required from Reporting Facility Software</b>	<b>Comments for 2010 and NAACCR v12</b>
Behavior (92-00) ICD-O-2	F00164	173	173	1	430	yes	Name was Behavior Code - ICD-O-3
Date of Diagnosis	F00029	174	181	8	390	yes	CCR name was Date DX
<b>Date of Diagnosis Flag</b>	<b>F05499</b>	<b>182</b>	<b>183</b>	<b>2</b>	<b>391</b>	<b>yes</b>	<b>New</b>
Histologic Type - ICD-O-3	F02502	184	187	4	522	yes	
Behavior Code - ICD-O-3	F02504	188	188	1	523	yes	
Transmit Vendor Version	none	189	198	10	none	yes, gen by facility	
<b>Record Area: Follow-Up</b>							
Recurrence Date--1st	F00065	199	206	8	1860	yes*	
<b>Recurrence Date--1st Flag</b>	<b>F05505</b>	<b>207</b>	<b>208</b>	<b>2</b>	<b>1861</b>	<b>yes</b>	<b>New</b>
Recurrence Type--1st	F03565	209	210	2	1880	yes*	
Recurrence - Site	none	211	213	3	none	yes*	
Date of Last Contact	F00068	214	221	8	1750	yes	Name was Date of Last Contact or Death
<b>Date of Last Contact Flag</b>	<b>F05503</b>	<b>222</b>	<b>223</b>	<b>2</b>	<b>1751</b>	<b>yes</b>	<b>New</b>
Vital Status	F00069	224	224	1	1760	yes	
Date Cancer Status	F00157	225	232	8	none	yes	Date Tumor Status
<b>Date Cancer Status Flag</b>	<b>F07859</b>	<b>233</b>	<b>234</b>	<b>2</b>	<b>none</b>	<b>yes</b>	<b>New</b>
Cancer Status	F00070	235	235	1	1770	yes	Name was Tumor Status
FU Hosp Last	F01686	236	245	10	none	yes	Name was Follow-Up Hospital
Reserved for Expansion	none	246	250	5	none	yes	
Follow-Up Last Type (Patient)	F00299	251	252	2	2220	yes	
Follow-Up Last Type (Tumor)	F00072	253	254	2	2220	yes	
Follow-Up Registry - Next	none	255	264	10	2220	yes*	
Reserved for Expansion	none	265	269	5	none	res	
FU Next Type	F01285	270	270	1	2220	yes*	
Physician--Follow-Up	F00075	271	278	8	2470	yes*	Name was Physician (Following)
Cause of Death	F00078	279	282	4	1910	may	

Cancer Reporting in California Volume II

<b>Appendix C: Foll-up Only and Shared follow-Up Record Layout</b>							
<b>CCR Name</b>	<b>C/NExT #</b>	<b>Col Start</b>	<b>Col End</b>	<b>Length</b>	<b>NAACCR #</b>	<b>CCR Required from Reporting Facility Software</b>	<b>Comments for 2010 and NAACCR v12</b>
Place of Death	F00080	283	285	3	1940	yes*	
Date Case Last Change	F00084	286	293	8	2100	yes, gen by facility	Name was Date Case Last Changed - Hospital
DC State File Number	F00132	294	299	6	2380	may	Name was Death File Number
Contact Name	F01507	300	359	60	none	yes*	Length increased from 30 to 60.
Addr Current--No & Street	F01860	360	419	60	2350	yes*	Name was Contact Street. Length change from 40 to 60
Addr Current--Supplementl	F03461	420	479	60	2355	yes*	Length change from 40 to 60. Name was Contact Street Supplemental.
Addr Current--City	F01845	480	529	50	1810	yes*	Length change from 20-50. Name was Contact City.
Addr Current--State	F01846	530	531	2	1820	yes*	Name was Contact State
Addr Current--Postal Code	F01847	532	540	9	1830	yes*	Name was Contact Zip
Telephone	F01861	541	550	10	2360	yes*	Phone Number (Patient)
Pat No Contact	F00429	551	551	1	none	yes*	
Follow-Up Contact--Name	F01240	552	611	60	2394	yes*	Length increased from 30 to 60. Name was Follow-Up Contact Name - Other.
Follow-Up Contact--No&St	F01243	612	671	60	none	yes*	Name change. Follow-Up Contact Address - Other. Length changed from 40 to 60
Follow-Up Contact--Suppl	F03462	672	731	60	none	yes*	Name was Follow-Up Contact Address - Other - Suppl. Length changed from 40 to 60
Follow-Up Contact--City	F01238	732	781	50	1842	yes*	Name was Follow-Up Contact City - Other. Length changed from 20 to 50.
Follow-Up Contact--State	F01242	782	783	2	1844	yes*	Name was Follow-Up Contact State - Other
Follow-Up Contact--Postal	F01245	784	792	9	1846	yes*	Name was Follow-Up Contact Zip - Other
Reserved	none	793	803	11	none	res	
End of Record[.]	none	804	804	1	none	yes, gen by facility	

## Appendix D: Deletion Record Layout

Appendix D: Deletion Record Layout							
CCR Name	C/NExT #	Col Start	Col End	Length	NAACCR #	CCR Required from Reporting Facility Software	Comments for 2010 and NAACCR v12
<b>Record Area: Identifiers</b>							
Record Type [D]		1	1	1	none	yes, gen by facility	
Record Version [I]	none	2	2	1	none	yes, gen by facility	Record version changed from H to I.
Reporting Facility	F01683	3	12	10	540	yes	Name was Hospital Number Reporting
Coding Proc	F00115	13	14	2	none	yes, gen by facility	Name was Coding Procedure
Accession Number--Hosp	F00016	15	23	9	550	yes	Name was Accession Number
Sequence Number Hospital	F00005	24	25	2	560	yes	
Hospital Tumor Number CCR	F00127	26	27	2	none	yes, gen by facility	
Hospital Patient Number CCR	F02516	28	39	12	none	yes, gen by facility	
Patient ID Number	none	40	47	8	20	yes*	Name was Patient Identification Number
Tumor Record Number	none	48	49	2	60	yes*	Name was Central Tumor Number
<b>Medical Record Number CCR</b>	F01049	50	61	12	<b>none</b>	yes*	<b>For Version 2.0, removed erroneous NAACCR #.</b>
Social Security Number	F00007	62	70	9	none	yes*	
SSN Suffix	F00147	71	72	2	none	yes*	Name was Social Security Number Suffix
Name--Last	F00008	73	112	40	2230	yes	Length increased from 25 to 40. Name was Last Name.
Name--First	F00009	113	152	40	2240	yes	Length increased from 14 to 40. Name was First Name.
Date of Birth	F00019	153	160	8	240	yes	Name was Birth Date
<b>Date of Birth Flag</b>	<b>F05497</b>	<b>161</b>	<b>162</b>	<b>2</b>	<b>241</b>	<b>yes</b>	<b>New</b>

Cancer Reporting in California Volume II

Appendix D: Deletion Record Layout							
CCR Name	C/NExT #	Col Start	Col End	Length	NAACCR #	CCR Required from Reporting Facility Software	Comments for 2010 and NAACCR v12
Sex	F00022	163	163	1	220	yes	
Primary Site		164	167	4	400	yes	Name was Site-Primary (ICD-O-2)
Laterality	F00032	168	168	1	410	yes	
Histology (92-00) ICD-O-2	F02501	169	172	4	420	yes	Name was Histology Type (ICD-O-2)
Behavior (92-00) ICD-O-2	F00164	173	173	1	430	yes	
Date of Diagnosis	F00029	174	181	8	390	yes	
<b>Date of Diagnosis Flag</b>	<b>F05499</b>	<b>182</b>	<b>183</b>	<b>2</b>	<b>391</b>	<b>yes</b>	<b>New</b>
Histologic Type - ICD-O-3	F02502	184	187	4	522	yes	
Behavior Code - ICD-O-3	F02504	188	188	1	523	yes	
Transmit Vendor Version	F05438	189	198	10	none	yes, gen by facility	
Record Area: Deletion Fields							
Date of 1st Contact	F00024	199	206	8	none	yes	Name was Date First Admission
<b>Date of 1st Contact Flag</b>	<b>F05495</b>	<b>207</b>	<b>208</b>	<b>2</b>	<b>none</b>	<b>yes</b>	<b>New</b>
Text - Transaction Remarks	none	209	358	150	none	yes	
Reserved	none	359	367	9	none	res	
End of Record [.]	none	368	368	1	none	yes	