

**CANCER REPORTING IN CALIFORNIA:  
STANDARDS FOR AUTOMATED REPORTING**

**CALIFORNIA CANCER REPORTING SYSTEM  
STANDARDS**

VOLUME II

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## TABLE OF CONTENTS

|                |   |    |
|----------------|---|----|
| PART I         | INTRODUCTION .....  | 3  |
| PART II        | DATA TRANSMISSION STANDARDS .....                                     | 4  |
| Section II.1   | Summary .....   | 4  |
| Section II.2   | Explanatory Notes.....  | 4  |
| Section II.3   | Transmission between Hospitals and Regions.....                       | 6  |
| II.3.1         | Selection of Cases .....  | 6  |
| II.3.2         | New Case Record.....  | 6  |
| Section II.3.3 | Correction Records .....  | 7  |
| II.3.5         | Deletion Record .....   | 9  |
| Section II.4   | Data Transmittal Format.....  | 10 |
| Section II.5   | Rules for Computer-Generated Data Items Required by California.....   | 12 |
| II.5.1         | Age at Diagnosis.....   | 12 |
|                | Coding Procedure.....   | 12 |
|                | Date Case First Entered .....   | 12 |
|                | Hospital Patient Number.....  | 12 |
|                | Date Case Transmitted.....  | 12 |
|                | Date Follow-up Last Changed .....                                     | 12 |
|                | Hospital Tumor Number .....   | 12 |
|                | Vendor Name .....   | 12 |
| II.5.2         | End of Record .....   | 12 |
| II.5.3         | Record Type.....  | 12 |
| II.5.4         | NAACCR Record Version.....  | 12 |
| Section II.6   | Rules to Computer Generate Data Items for Standard-Setting Orgs. .... | 14 |
| II.6.1         | Census Tract Coding System.....                                       | 14 |
|                | COC Coding Sys - Current .....  | 14 |
|                | COC Coding Sys - Original .....                                       | 14 |
|                | Computer-Derived Ethnicity.....                                       | 14 |
|                | Computer-Derived Ethnicity Src .....                                  | 14 |
|                | First Course Calc. Method .....                                       | 14 |
|                | ICD Revision Number .....   | 14 |
|                | Industry (Census).....  | 14 |
|                | Industry Source .....   | 14 |
|                | Follow up Source - Central .....                                      | 14 |
|                | Morph Coding Sys - Current.....                                       | 14 |
|                | Morph Coding Sys - Original .....                                     | 14 |
|                | Occup/Ind Coding System .....   | 14 |
|                | Occupation (Census).....  | 14 |
|                | Occupation Source .....   | 14 |
|                | Race Coding Sys - Current .....                                       | 14 |
|                | Race Coding Sys - Original .....                                      | 14 |
|                | Registry ID.....  | 14 |
|                | Registry Type.....  | 14 |
|                | RX Coding System - Current.....                                       | 14 |
|                | SEER Coding Sys - Current.....  | 14 |

|               |   |    |
|---------------|---|----|
|               | SEER Coding Sys - Original.....         | 14 |
|               | Site Coding Sys. - Current .....        | 14 |
|               | Site Coding Sys. - Original .....       | 14 |
| PART III      | QUALITY CONTROL STANDARDS .....         | 15 |
| Section III.1 | Summary .....                           | 15 |
| Section III.2 | Item Edits .....                        | 15 |
| Section III.3 | Interfield Edits .....                  | 15 |
| Section III.4 | Acceptance Procedure.....               | 16 |
| III.4.1       | Acceptance Standards for Software ..... | 16 |
| III.4.2       | Test Submission .....                   | 16 |
| INDEX.....    |   | 17 |

Under current provisions of California's Health and Safety Code, the reporting of cancer is mandatory. Cancer Reporting in California: Abstracting and Coding Procedures for Hospitals (California Cancer Reporting System Standards, Volume I) describes the procedures to be followed by abstractors for reporting cancer cases. This document, Cancer Reporting in California: Standards for Automated Reporting, (California Cancer Reporting System Standards, Volume II) is intended for those hospitals or vendors wishing to develop their own automated reporting systems to meet State requirements. The C/NExT software provided by the California Department of Health Services will meet the requirements discussed here.

The intended audience for this document is computer systems analysts or programmers. This document does not explain how to collect or code the data to be reported. It describes the format in which the collected data should be reported. Quality control checks, computerized and manual, will be applied to submitted data. This document comprises software standards, but not the complete standards for correctness of data. Detailed instructions for collecting and coding data can be found in 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).

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**Section I.1 Summary of Changes for 2007**

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The changes to the data set for 2007 are listed in the “California Cancer Registry: Additions Changes and Deletions for Data Items for 2007” document that accompanies Volume II.

All changes throughout this document are noted in purple and/or highlighted in yellow.

**Section II.1 Summary**

---

Communication between a hospital and a regional registry can be of two forms: some types of records are transmitted from the hospital to the regional registry, and other types of records are transmitted from the regional registry to the hospital.

There are four record types that must be transmitted from the hospital to the regional 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 hospital 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

There is one type of record that is sent from the regional registry to the hospital. This is Shared Follow-up, described in Section II.4. Acceptance of that record by the hospital is optional (though we strongly recommend it).

**Section II.2 Explanatory Notes**

---

Reporting requirements vary by item and record type. 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 symbols used in the "Required column" in the file layouts:

Key to Symbols

- <**blank**> Optional field. Not a data item used by California, but in the NAACCR data transmittal format. May be left blank or filled in with NAACCR-compatible data.
- no** Optional fields. Not required (may be left blank on any and all cases).
- may** Optional fields. Not required (may be left blank or may be entered for any and all cases).
- yes** Required on all cases (must not be blank, but may be coded unknown).
- yes\*** Required on all cases, but if information is not available or not applicable, may be left blank.

- sel** Required on selected identifiable cases, such as certain sites or years of diagnosis. Other cases may require a blank, code 0, code 9, or "unknown". (Refer to California Cancer Reporting System Standards, Vol. I, for selection criteria.)
- gen** Generated by the registry's computer system. See Section II.5 for definitions and required status.
- res** Reserved field. Leave blank.
- cen** Used for transmission by regional registries to the California Cancer Registry. Hospitals should leave these fields blank.
- cs** Used for transmission among regional registries and by regional registries to the California Cancer Registry. Hospitals should leave these fields blank.

All items that are computer-generated are listed in Section II.5 and described in more detail in Standards, Volume III. Allowable codes for all other items can be found in Appendix H of Standards, Volume I, and Standards, Volume III.

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**Section II.3      Transmission between Hospitals and Regions**

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**II.3.1      Selection of Cases**

---

Only cases which are reportable under California Cancer Registry requirements are to be included in transmissions to the regional registry. A hospital 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 regional registry.

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

8000-8004 Neoplasms, malignant, NOS of the skin

8010-8043 Epithelial carcinomas of the skin

8050-8082 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 hospital, a New Case Record must be sent to the regional registry. Timing considerations for reporting are discussed in Standards, Volume I, Section IX.1.1. If the non-confidential record is being sent anywhere outside of California, the entire special use area needs to be blanked out, as it contains confidential data.

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 regional registry every time a data item designated as “yes” in the column entitled, **Update** (Correction) Record Required, in Appendix A is changed. Please see Appendix A.

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

|                          |  |
|--------------------------|--|
| Changed Data Item Number | This is the C/N item number of the field being changed. The number should be three digits, right justified, with leading zeros.  |
| Changed Item Value       | This field holds the new contents of the changed item. The data should be left justified in a field of 350 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 regional registry, 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

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See Appendix B for the record layout for **Update** (Correction) records. (Key to symbols is in Section II.2.)

## **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 regional registry whenever the hospital 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 regional registry, DO NOT SEND a follow-up record.

### **II.3.4.2 Shared Follow-up**

---

Hospitals which agree in advance may be able to receive shared follow-up. Whenever the regional registry receives follow-up on a reporting hospital's patient (and, possibly, that patient's tumor) from a different source (another hospital, State death tapes, DMV, etc.), the regional registry may make available to the reporting hospital 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 hospitals reporting Follow-up to the regional registry.

## **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 the hospital decides to delete from its database a case that has previously been reported to the regional registry, a Deletion record must be sent to the regional registry, EXCEPT when the hospital 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 regional registry told the hospital to do so, the Text - Transaction Remarks field should contain only an "R" or "REGION" (all caps).

#### **II.3.5A Deletion Record Layout**

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

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## Section II.4 Data Transmittal Format

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Data transmitted between a hospital and a regional registry can be done via floppy disk or electronic data transfer. All electronic data that are mailed or transmitted in any form must be encrypted and password protected.

### Floppy Disk Specifications

#### Media

The following IBM-compatible floppy format is supported:

- 1.44M floppy disks - 3 1/2" (e.g. IBM PS/2)

#### File Format

All records should be written as ASCII lines, with trailing carriage return and line feed (CR/LF). (This is the normal word processing format.)

#### Floppy Disk Labels

Each floppy submitted should have a label affixed with the names of the files enclosed, along with the date the floppy was created, and a count of the cases included in each file.

#### File Names

File names must conform to the following schema:

- A 3-letter abbreviation assigned by the regional registry to the hospital (the case file suffix).
- Plus the 4-digit year (YYYY) showing the year the file was created.
- Plus the 3-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. However, if any New Cases, Updates (Corrections), Follow-up Only, or Deletions are being sent, then all four of those files must be on the floppy, even if they are empty.

| <u>Record Type</u> | <u>File Suffix</u> | <u>Record Length</u> |
|--------------------|--------------------|----------------------|
| New Cases          | .XAA               | 6694 plus CR/LF      |
| Update             | .XCO               | 1202 plus CR/LF      |

|                  |      |                |
|------------------|------|----------------|
| Follow-up Only   | .XFU | 544 plus CR/LF |
| Shared Follow-up | .XSH | 430 plus CR/LF |
| Deletions        | .XDL | 314 plus CR/LF |

### **Transmitted Data Files**

As noted above all electronic files must be encrypted and password protected. The same files and file names are used as described under Floppy Disk Specifications.

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

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Please refer to Standards, Volume III, for specifications for generating the data items listed in Section II.5.1 Rules for Computer-Generated Data Items Required by California.

### II.5.1 Data Items

---

Age at Diagnosis  
Coding Procedure  
Date Case Completed  
Date Case First Entered  
Date Case Last Changed - Hospital  
Date Case Report Exported (formerly Date Transmitted)  
Date Follow-up Last Changed - Hospital  
Hospital Patient Number  
Hospital Tumor Number  
Patient Identification Number  
Tumor Record Number (formerly Central Tumor Number)  
Vendor Name (formerly Vendor Version)

### 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 |
| Update (Correction) | U |
| Follow-up Only      | F |
| Deletion            | D |

The codes for the record types generated by the central registry are:

|                  |   |
|------------------|---|
| Shared Follow-up | S |
|------------------|---|

### II.5.4 NAACCR Record Version

---

This one-character field identifies the version type of the record layout. For New Case a "B" is required in this field. For Follow-up Only and Shared Follow-up a "J" is required in this field to show that the case follows the revisions to the standards for record layouts, as defined in this

volume. For Corrections an "A" is required in this field to show that the case follows the revisions to the standards for record layouts, as defined in this volume. A "G" is required in this field for Deletions to show that the case follows the revisions to the standards for record layout, as defined in this volume.

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

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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 Preventions 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  
Coding 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

---

**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.

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**Section III.2 Item Edits**

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All individual items will be checked for valid codes. Valid codes for specific items can be found either in Appendix H of *Standards, Volume I* or *Standards, Volume III*. Copies of these documents are available on the CCR website at [www.ccrca.org](http://www.ccrca.org)

Please note that for some data fields, the required codes for missing and unknown are not standard numeric (see Vol. I). Unknown dates must contain 9's not X's. Some numeric fields must be filled with spaces, not zeroes or nines.

---

**Section III.3 Interfield Edits**

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An interfield edit compares the contents of two or more fields for consistency. Only the New Case record will be edited. Other formats 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 to the regional registries. Although it is not necessary for every record to pass all of the interfield edits that will be run, it will be necessary to pass enough of them to indicate that the hospital software is testing for quality and consistency. All of the interfield edits that will be applied to every data record are documented in *Standards, Volume III*.

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

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

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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, i.e., 99 for unknown portions of a date.
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 a test file to the California Cancer Registry for evaluation. The file should contain all cases for a one-month, three-month, or six-month period; whichever time period is closest to 50 cases (i.e., the file cannot contain only "easy" cases but must contain a sample that is representative of the normal caseload). After the file is evaluated by the California Cancer Registry, the hospital or vendor will receive notification of any problems detected and what changes, if any, need to be made before the hospital'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.

|   |  |    |
|---|--|----|
| A | Acceptance Standards .....                   | 16 |
|   | Age at Diagnosis .....                       | 12 |
|   | Acceptance Procedure .....                   | 16 |
| B | Benign Cases .....                           | 6  |
| C | C/NExT software .....                        | 3  |
|   | Coding Procedure .....                       | 12 |
|   | Communications, Floppy Disk .....            | 10 |
|   | Communications, Summary .....                | 4  |
|   | Communications, Timing .....                 | 4  |
|   | Correction Record .....                      | 7  |
| D | Data Transmittal Format .....                | 10 |
|   | Date Case Completed .....                    | 12 |
|   | Date Case First Entered .....                | 12 |
|   | Date Case Last Changed – Hospital .....      | 12 |
|   | Date <b>Case Report Exported</b> .....       | 12 |
|   | Date Follow-up Last Changed - Hospital ..... | 12 |
|   | Deletion Record .....                        | 9  |
| E | Edits, Acceptance Standards .....            | 16 |
|   | End of Record .....                          | 12 |
| F | Floppy Disk Specifications .....             | 10 |
|   | Follow-up .....                              | 8  |
| G | Gen (generated) definition .....             | 5  |
|   | Generated Items .....                        | 5  |
| H | Hospital Patient Number .....                | 12 |
|   | Hospital Tumor Number .....                  | 12 |
| M | Magnetic Tape Specifications .....           | 10 |
| N | New Case Record .....                        | 6  |
| Q | Quality Control, Acceptance Testing .....    | 16 |
|   | Quality Control, Standards .....             | 15 |

|   |                                      |    |
|---|--------------------------------------|----|
| R |                                      |    |
|   | Record Layout, Correction.....       | 7  |
|   | Record Layout, Deletion.....         | 9  |
|   | Record Layout, Follow-up Only.....   | 8  |
|   | Record Layout, Shared Follow-up..... | 8  |
|   | Record Type.....                     | 12 |
|   | Record Version.....                  | 12 |
|   | Record, Correction.....              | 7  |
|   | Record, Deletion.....                | 9  |
|   | Record, Follow-up.....               | 8  |
|   | Record, New Case.....                | 6  |
|   | Record, Shared Follow-up.....        | 8  |
|   | Reporting, Mandatory.....            | 3  |
|   | Reporting, Standards.....            | 3  |
|   | Required Items Definitions.....      | 4  |
|   | Res (reserved) Definition.....       | 5  |
| S |                                      |    |
|   | Sel (selected) definition.....       | 5  |
|   | Selection of Cases.....              | 6  |
|   | Shared Follow-up.....                | 8  |
|   | Skin Cancers.....                    | 6  |
| V |                                      |    |
|   | Vendor Name.....                     | 12 |

## APPENDIX A

| California Item Name                 | C/NeXT # | Column # | Length | NAACCR Item # | NAACCR Item Name          | CCR Required | Correction Record Required | CCR Note    |
|--------------------------------------|----------|----------|--------|---------------|---------------------------|--------------|----------------------------|-------------|
| <b>Record area: Non-Confidential</b> |          |          |        |               |                           |              |                            |             |
| <b>Record ID Section</b>             |          |          |        |               |                           |              |                            |             |
| Record Type [A]                      |          | 1-1      | 1      | 10            | Record Type               | gen          |                            |             |
| Patient ID Number                    |          | 2-9      | 8      | 20            | Patient ID Number         | yes*         |                            | Name Change |
|                                      | F01001   | 10-10    | 1      | 30            | Registry Type             | no           |                            |             |
|                                      | F01995   | 11-11    | 1      | 35            | FIN Coding System         | no           |                            |             |
|                                      |          | 12-18    | 7      | 37            | Reserved 00               |              |                            |             |
| NAACCR Record Version [B]            | F00654   | 19-19    | 1      | 50            | NAACCR Record Version     | gen          |                            |             |
| Registry ID                          | F01683   | 20-29    | 10     | 40            | Registry ID               | gen          |                            |             |
| Tumor Record Number                  |          | 30-31    | 2      | 60            | Tumor Record Number       | yes*         |                            | Name Change |
|                                      |          | 32-39    | 8      | 21            | Patient System ID-Hosp    | no           |                            |             |
| NPI--Registry ID                     | F03712   | 40-49    | 10     | 45            | NPI--Registry ID          | yes*         |                            | New         |
|                                      |          | 50-51    | 2      | 370           | Reserved 01               |              |                            |             |
| <b>Demographic Section</b>           |          |          |        |               |                           |              |                            |             |
| Address at Diagnosis - City          | F00013   | 52-71    | 20     | 70            | Addr at DX--City          | yes          | yes                        |             |
| Address at Diagnosis - State         | F00014   | 72-73    | 2      | 80            | Addr at DX--State         | yes          | yes                        |             |
| Address at Diagnosis - Zip Code      | F00015   | 74-82    | 9      | 100           | Addr at DX--Postal Code   | yes          | yes                        |             |
| County of Residence at Diagnosis     | F00017   | 83-85    | 3      | 90            | County at DX              | yes          | yes                        |             |
| Census Tract at DX (1990)            |          | 86-91    | 6      | 110           | Census Tract 1970/80/90   | cs           |                            |             |
| Census Cod Sys 1970/80/90            |          | 92-92    | 1      | 120           | Census Cod Sys 1970/80/90 | cen          |                            |             |
| Census Tract 2000                    |          | 93-98    | 6      | 130           | Census Tract 2000         | cen          |                            |             |
|                                      |          | 99-99    | 1      | 362           | Census Tract Block Group  | no           |                            |             |
| Census Certainty - 90                |          | 100-100  | 1      | 364           | Census Tr Cert 1970/80/90 | cen          |                            |             |
| Census Certainty 2000                |          | 101-101  | 1      | 365           | Census Tr Certainty 2000  | cen          |                            |             |
| Marital Status                       | F00023   | 102-102  | 1      | 150           | Marital Status at DX      | yes          | yes                        |             |
| Race 1                               | F00021   | 103-104  | 2      | 160           | Race 1                    | yes          | yes                        |             |
| Race 2                               | F03073   | 105-106  | 2      | 161           | Race 2                    | yes          | yes                        |             |
| Race 3                               | F03074   | 107-108  | 2      | 162           | Race 3                    | yes          | yes                        |             |
| Race 4                               | F03075   | 109-110  | 2      | 163           | Race 4                    | yes          | yes                        |             |
| Race 5                               | F03076   | 111-112  | 2      | 164           | Race 5                    | yes          | yes                        |             |

| California Item Name                 | C/NExT # | Column # | Length | NAACCR Item # | NAACCR Item Name          | CCR Required | Correction Record Required | CCR Note    |
|--------------------------------------|----------|----------|--------|---------------|---------------------------|--------------|----------------------------|-------------|
| Race Coding Sys--Current             | F00549   | 113-113  | 1      | 170           | Race Coding Sys--Current  | cen          |                            |             |
| Race Coding Sys--Original            | F00550   | 114-114  | 1      | 180           | Race Coding Sys--Original | cen          |                            |             |
| Spanish/Hispanic Origin              | F00138   | 115-115  | 1      | 190           | Spanish/Hispanic Origin   | yes          | yes                        |             |
| Computed Ethnicity (Spanish Surname) |          | 116-116  | 1      | 200           | Computed Ethnicity        | cen          |                            |             |
|                                      |          | 117-117  | 1      | 210           | Computed Ethnicity Source | cen          |                            |             |
| Sex                                  | F00022   | 118-118  | 1      | 220           | Sex                       | yes          | yes                        |             |
| Age at Diagnosis                     | F00020   | 119-121  | 3      | 230           | Age at Diagnosis          | gen          |                            |             |
| Birth Date                           | F00019   | 122-129  | 8      | 240           | Birth Date                | yes          | yes                        |             |
| Birthplace                           | F00018   | 130-132  | 3      | 250           | Birthplace                | yes          | yes                        |             |
| Religion                             | F00116   | 133-134  | 2      | 260           | Religion                  | yes          | yes                        |             |
|                                      |          | 135-137  | 3      | 270           | Occupation Code--Census   | cen          |                            |             |
|                                      |          | 138-140  | 3      | 280           | Industry Code--Census     | cen          |                            |             |
|                                      |          | 141-141  | 1      | 290           | Occupation Source         | cen          |                            |             |
|                                      |          | 142-142  | 1      | 300           | Industry Source           | cen          |                            |             |
| Occupation - Text                    | F00112   | 143-182  | 40     | 310           | Text--Usual Occupation    | yes          | yes                        |             |
| Industry - Text                      | F00153   | 183-222  | 40     | 320           | Text--Usual Industry      | yes          | yes                        |             |
|                                      |          | 223-223  | 1      | 330           | Occup/Ind Coding System   | cen          |                            |             |
|                                      | F00508   | 224-224  | 1      | 340           | Tobacco History           | no           |                            |             |
|                                      | F00509   | 225-225  | 1      | 350           | Alcohol History           | no           |                            |             |
|                                      | F00521   | 226-226  | 1      | 360           | Family History of Cancer  | no           |                            |             |
|                                      |          | 227-228  | 2      | 3300          | RuralUrban Continuum 1993 | no           |                            |             |
|                                      |          | 229-230  | 2      | 3310          | RuralUrban Continuum 2000 | no           |                            |             |
| NHIA Derived Hisp Origin             |          | 231-231  | 1      | 191           | NHIA Derived Hisp Origin  | cen          |                            |             |
| IHS Link                             |          | 232-232  | 1      | 192           | IHS Link                  | cen          |                            |             |
|                                      |          | 233-280  | 48     | 530           | Reserved 02               |              |                            |             |
| <b>Cancer Identification</b>         |          |          |        |               |                           |              |                            |             |
| Sequence Number--Central             |          | 281-282  | 2      | 380           | Sequence Number--Central  | gen          |                            |             |
| Date of Diagnosis                    | F00029   | 283-290  | 8      | 390           | Date of Diagnosis         | yes          | yes                        |             |
| Site - Primary (ICD)                 | F00152   | 291-294  | 4      | 400           | Primary Site              | yes          | yes                        |             |
| Laterality                           | F00032   | 295-295  | 1      | 410           | Laterality                | yes          | yes                        |             |
|                                      | F00033   | 296-300  | 5      | 419           | Morph--Type&Behav ICD-O-2 |              |                            |             |
| Histology - Type (ICD-O-2)           | F02501   | 296-299  | 4      | 420           | Histology (92-00) ICD-O-2 | sel          | sel                        | Cases <2001 |

| California Item Name              | C/NEt # | Column # | Length | NAACCR Item # | NAACCR Item Name          | CCR Required | Correction Record Required | CCR Note        |
|-----------------------------------|---------|----------|--------|---------------|---------------------------|--------------|----------------------------|-----------------|
| Histology - Behavior              | F00164  | 300-300  | 1      | 430           | Behavior (92-00) ICD-O-2  | sel          | sel                        | Cases <2001     |
|                                   | F02503  | 301-305  | 5      | 521           | Morph--Type&Behav ICD-O-3 |              |                            |                 |
| Histologic Type ICD-O-3           | F02502  | 301-304  | 4      | 522           | Histologic Type ICD-O-3   | yes          | yes                        |                 |
| Behavior Code ICD-O-3             | F02504  | 305-305  | 1      | 523           | Behavior Code ICD-O-3     | yes          | yes                        |                 |
| Histology - Grade/Differentiation | F00034  | 306-306  | 1      | 440           | Grade                     | yes          | yes                        |                 |
| Site Coding Sys--Current          | F00658  | 307-307  | 1      | 450           | Site Coding Sys--Current  | cen          |                            |                 |
| Site Coding Sys--Original         | F00659  | 308-308  | 1      | 460           | Site Coding Sys--Original | cen          |                            |                 |
| Morph Coding Sys--Current         | F00660  | 309-309  | 1      | 470           | Morph Coding Sys--Current | cen          |                            |                 |
| Morph Coding Sys--Originl         | F00661  | 310-310  | 1      | 480           | Morph Coding Sys--Originl | cen          |                            |                 |
| Diagnostic Confirmation           | F00129  | 311-311  | 1      | 490           | Diagnostic Confirmation   | yes          | yes                        |                 |
| Type of Reporting Source          | F00110  | 312-312  | 1      | 500           | Type of Reporting Source  | yes          | yes                        |                 |
|                                   |         | 313-320  | 8      | 510           | Screening Date            | no           |                            |                 |
|                                   |         | 321-321  | 1      | 520           | Screening Result          | no           |                            |                 |
| Casefinding Source                | F00150  | 322-323  | 2      | 501           | Casefinding Source        | yes          | yes                        | Moved from 1591 |
| Ambiguous Terminology DX          | F04254  | 324-324  | 1      | 442           | Ambiguous Terminology DX  | yes*         | yes                        | New             |
| Date of Conclusive DX             | F04255  | 325-332  | 8      | 443           | Date of Conclusive DX     | yes*         | yes                        | New             |
| Mult Tum Rpt as One Prim          | F04256  | 333-334  | 2      | 444           | Mult Tum Rpt as One Prim  | yes*         | yes                        | New             |
| Date of Multiple Tumors           | F04257  | 335-342  | 8      | 445           | Date of Multiple Tumors   | yes*         | yes                        | New             |
| Multiplicity Counter              | F04258  | 343-344  | 2      | 446           | Multiplicity Counter      | yes*         | yes                        |                 |
|                                   | F04259  | 345-346  | 2      | 447           | Number of Tumors/Hist     | no           | no                         | NAACCR Only     |
|                                   |         | 347-371  | 25     | 680           | Reserved 03               |              |                            |                 |
| <b>Hospital-Specific Section</b>  |         |          |        |               |                           |              |                            |                 |
| NPI--Reporting Facility           | F03711  | 372-381  | 10     | 545           | NPI--Reporting Facility   | yes*         | yes*                       | New             |
| Hospital Number (Reporting)       | F01683  | 382-391  | 10     | 540           | Reporting Facility        | yes          | yes                        | Name Change     |
|                                   | F03452  | 392-401  | 10     | 3100          | Archive FIN               | no           |                            |                 |
| Accession Number                  | F00016  | 402-410  | 9      | 550           | Accession Number--Hosp    | yes          | yes                        |                 |
| Sequence Number                   | F00005  | 411-412  | 2      | 560           | Sequence Number--Hospital | yes          | yes                        |                 |
| Abstractor                        | F00081  | 413-415  | 3      | 570           | Abstracted By             | yes          |                            |                 |
| Date of First Admission           | F00024  | 416-423  | 8      | 580           | Date of 1st Contact       | yes          | yes                        |                 |
| Date of Inpatient Admission       | F00427  | 424-431  | 8      | 590           | Date of Inpatient Adm     | yes          | yes                        |                 |
| Date of Inpatient Discharge       | F00128  | 432-439  | 8      | 600           | Date of Inpatient Disch   | yes          | yes                        |                 |
| Class of Case                     | F00026  | 440-440  | 1      | 610           | Class of Case             | yes          | yes                        |                 |

| California Item Name                         | C/NExT # | Column # | Length | NAACCR Item # | NAACCR Item Name          | CCR Required | Correction Record Required | CCR Note      |
|--|----------|----------|--------|---------------|---------------------------|--------------|----------------------------|---------------|
|  |          | 441-444  | 4      | 615           | Reserved 26               | yes          | yes                        | Moved to 1846 |
| Payment Source - Primary                     | F03534   | 445-446  | 2      | 630           | Primary Payer at DX       | yes          | yes                        |               |
|  | F03713   | 447-456  | 10     | 3105          | NPI--Archive FIN          | no           | no                         | New           |
| Surgery of Primary Site at This Hospital     | F03492   | 457-458  | 2      | 670           | RX Hosp--Surg Prim Site   | yes          | yes                        |               |
| Scope of Reg LN Surgery at This Hospital     | F03486   | 459-459  | 1      | 672           | RX Hosp--Scope Reg LN Sur | yes          | yes                        |               |
| Surgery Other/Distant Sites at This Hospital | F03497   | 460-460  | 1      | 674           | RX Hosp--Surg Oth Reg/Dis | yes          | yes                        |               |
|  | F00504   | 461-462  | 2      | 676           | RX Hosp--Reg LN Removed   | no           |                            |               |
|  | F00049   | 463-463  | 1      | 690           | RX Hosp--Radiation        | no           |                            |               |
| Chemotherapy at This Hospital                | F03374   | 464-465  | 2      | 700           | RX Hosp--Chemo            | yes          | yes                        |               |
| Hormone Therapy at This Hospital             | F03378   | 466-467  | 2      | 710           | RX Hosp--Hormone          | yes          | yes                        |               |
| Immunotherapy at This Hospital               | F03376   | 468-469  | 2      | 720           | RX Hosp--BRM              | yes          | yes                        |               |
| Other Therapy at This Hospital               | F00058   | 470-470  | 1      | 730           | RX Hosp--Other            | yes          | yes                        |               |
| Diagnostic or Staging Procedure              | F00421   | 471-472  | 2      | 740           | RX Hosp--DX/Stg Proc      | yes*         | yes                        |               |
| Palliative Procedures at This Hospital       | F03459   | 473-473  | 1      | 3280          | RX Hosp--Palliative Proc  | sel          |                            |               |
|  |          | 474-477  | 4      | 741           | Reserved 28               |              |                            |               |
|  | F00431   | 478-479  | 2      | 746           | RX Hosp Surg Site 98-02   | no           |                            | C/NExT only   |
|  | F00503   | 480-480  | 1      | 747           | RX Hosp Scope Reg 98-02   | no           |                            | C/NExT only   |
|  | F00507   | 481-481  | 1      | 748           | RX Hosp Surg Oth 98-02    | no           |                            | C/NExT only   |
|  |          | 482-527  | 46     | 750           | Reserved 04               |              |                            |               |
| <b>Stage - Prognostic Factors</b>            |          |          |        |               |                           |              |                            |               |
| Summary Stage 2000                           | F02506   | 528-528  | 1      | 759           | SEER Summary Stage 2000   | sel          | yes                        |               |
| Summary Stage 1977                           | F00041   | 529-529  | 1      | 760           | SEER Summary Stage 1977   | sel          | yes                        |               |
|  |          | 530-530  | 1      | 765           | Reserved 29               |              |                            |               |
|  |          | 531-542  | 12     | 779           | Extent of Disease 10-Dig  |              |                            |               |
| Tumor Size*                                  | F00035   | 531-533  | 3      | 780           | EOD--Tumor Size           | sel          | yes                        | Cases <2004   |
| Extent of Disease - Extension*               | F01908   | 534-535  | 2      | 790           | EOD--Extension            | sel          | yes                        | Cases <2004   |
| Extent of Disease - Extension (Path)*        | F01907   | 536-537  | 2      | 800           | EOD--Extension Prost Path | sel          | yes                        | Cases <2004   |
| Extent of Disease - LN Involvement*          | F00039   | 538-538  | 1      | 810           | EOD--Lymph Node Involv    | sel          | yes                        | Cases <2004   |
| Regional Nodes Positive (Number)*            | F01982   | 539-540  | 2      | 820           | Regional Nodes Positive   | yes          | yes                        |               |
| Regional Nodes Examined (Number)*            | F01983   | 541-542  | 2      | 830           | Regional Nodes Examined   | yes          | yes                        |               |
|  |          | 543-555  | 13     | 840           | EOD--Old 13 Digit         | no           |                            |               |
|  |          | 556-557  | 2      | 850           | EOD--Old 2 Digit          | no           |                            |               |

| California Item Name   | C/NExT # | Column # | Length | NAACCR Item # | NAACCR Item Name         | CCR Required | Correction Record Required | CCR Note |
|------------------------|----------|----------|--------|---------------|--------------------------|--------------|----------------------------|----------|
|                        |          | 558-561  | 4      | 860           | EOD--Old 4 Digit         | no           |                            |          |
| Coding System for EOD  | F00553   | 562-562  | 1      | 870           | Coding System for EOD    | cen          |                            |          |
| TNM T Code (Path)      | F01930   | 563-564  | 2      | 880           | TNM Path T               | yes*         | yes                        |          |
| TNM N Code (Path)      | F01924   | 565-566  | 2      | 890           | TNM Path N               | yes*         | yes                        |          |
| TNM M Code (Path)      | F01921   | 567-568  | 2      | 900           | TNM Path M               | yes*         | yes                        |          |
| TNM Stage (Path)       | F01927   | 569-570  | 2      | 910           | TNM Path Stage Group     | yes*         | yes                        |          |
|                        | F01914   | 571-571  | 1      | 920           | TNM Path Descriptor      | no           |                            |          |
| TNM Coder (Path)       | F01917   | 572-572  | 1      | 930           | TNM Path Staged By       | yes*         | yes                        |          |
| TNM T Code (Clinical)  | F01928   | 573-574  | 2      | 940           | TNM Clin T               | yes*         | yes                        |          |
| TNM N Code (Clinical)  | F01922   | 575-576  | 2      | 950           | TNM Clin N               | yes*         | yes                        |          |
| TNM M Code (Clinical)  | F01919   | 577-578  | 2      | 960           | TNM Clin M               | yes*         | yes                        |          |
| TNM Stage (Clinical)   | F01925   | 579-580  | 2      | 970           | TNM Clin Stage Group     | yes*         | yes                        |          |
|                        | F01912   | 581-581  | 1      | 980           | TNM Clin Descriptor      | no           |                            |          |
| TNM Coder (Clinical)   | F01915   | 582-582  | 1      | 990           | TNM Clin Staged By       | yes*         | yes                        |          |
|                        |          | 583-592  | 10     | 995           | Reserved 30              |              |                            |          |
| TNM Edition            | F01918   | 593-594  | 2      | 1060          | TNM Edition Number       | yes*         | yes                        |          |
|                        |          | 595-609  | 15     | 1065          | Reserved 31              |              |                            |          |
|                        | F00533   | 610-617  | 8      | 1080          | Date of 1st Positive BX  | no           |                            |          |
|                        | F01278   | 618-618  | 1      | 1090          | Site of Distant Met 1    | no           |                            |          |
|                        | F01279   | 619-619  | 1      | 1100          | Site of Distant Met 2    | no           |                            |          |
|                        | F01280   | 620-620  | 1      | 1110          | Site of Distant Met 3    | no           |                            |          |
| Pediatric Stage        | F00548   | 621-622  | 2      | 1120          | Pediatric Stage          | sel          | yes                        |          |
| Pediatric Stage System | F00547   | 623-624  | 2      | 1130          | Pediatric Staging System | sel          | yes                        |          |
| Pediatric Stage Coder  | F00417   | 625-625  | 1      | 1140          | Pediatric Staged By      | sel          | yes                        |          |
| Tumor Marker - 1       | F01204   | 626-626  | 1      | 1150          | Tumor Marker 1           | sel          | yes                        |          |
| Tumor Marker - 2       | F01205   | 627-627  | 1      | 1160          | Tumor Marker 2           | sel          | yes                        |          |
| Tumor Marker - 3       | F01206   | 628-628  | 1      | 1170          | Tumor Marker 3           | sel          | yes                        |          |
| CS Tumor Size          | F03577   | 629-631  | 3      | 2800          | CS Tumor Size            | yes          | yes                        |          |
| CS Extension           | F03578   | 632-633  | 2      | 2810          | CS Extension             | yes          | yes                        |          |
| CS Tumor Size/Ext Eval | F03579   | 634-634  | 1      | 2820          | CS Tumor Size/Ext Eval   | yes*         | yes                        |          |
| CS Lymph Nodes         | F03580   | 635-636  | 2      | 2830          | CS Lymph Nodes           | yes          | yes                        |          |
| CS Reg Nodes Eval      | F03581   | 637-637  | 1      | 2840          | CS Reg Nodes Eval        | yes*         | yes                        |          |

| California Item Name      | C/NEt # | Column # | Length | NAACCR Item # | NAACCR Item Name          | CCR Required | Correction Record Required | CCR Note |
|---------------------------|---------|----------|--------|---------------|---------------------------|--------------|----------------------------|----------|
| CS Mets at DX             | F03582  | 638-639  | 2      | 2850          | CS Mets at DX             | yes          | yes                        |          |
| CS Mets Eval              | F03583  | 640-640  | 1      | 2860          | CS Mets Eval              | yes*         | yes                        |          |
| CS Site-Specific Factor 1 | F03584  | 641-643  | 3      | 2880          | CS Site-Specific Factor 1 | yes          | yes                        |          |
| CS Site-Specific Factor 2 | F03585  | 644-646  | 3      | 2890          | CS Site-Specific Factor 2 | yes          | yes                        |          |
| CS Site-Specific Factor 3 | F03586  | 647-649  | 3      | 2900          | CS Site-Specific Factor 3 | yes          | yes                        |          |
| CS Site-Specific Factor 4 | F03587  | 650-652  | 3      | 2910          | CS Site-Specific Factor 4 | yes          | yes                        |          |
| CS Site-Specific Factor 5 | F03588  | 653-655  | 3      | 2920          | CS Site-Specific Factor 5 | yes          | yes                        |          |
| CS Site-Specific Factor 6 | F03589  | 656-658  | 3      | 2930          | CS Site-Specific Factor 6 | yes          | yes                        |          |
| Derived AJCC T            | F03590  | 659-660  | 2      | 2940          | Derived AJCC T            | yes          | no                         |          |
| Derived AJCC T Descriptor | F03591  | 661-661  | 1      | 2950          | Derived AJCC T Descriptor | yes*         |                            |          |
| Derived AJCC N            | F03592  | 662-663  | 2      | 2960          | Derived AJCC N            | yes          | no                         |          |
| Derived AJCC N Descriptor | F03593  | 664-664  | 1      | 2970          | Derived AJCC N Descriptor | yes*         |                            |          |
| Derived AJCC M            | F03594  | 665-666  | 2      | 2980          | Derived AJCC M            | yes          | no                         |          |
| Derived AJCC M Descriptor | F03595  | 667-667  | 1      | 2990          | Derived AJCC M Descriptor | yes*         |                            |          |
| Derived AJCC Stage Group  | F03596  | 668-669  | 2      | 3000          | Derived AJCC Stage Group  | yes          | no                         |          |
| Derived SS1977            | F03597  | 670-670  | 1      | 3010          | Derived SS1977            | yes          | no                         |          |
| Derived SS2000            | F03598  | 671-671  | 1      | 3020          | Derived SS2000            | yes          | no                         |          |
| Derived AJCC--Flag        | F03599  | 672-672  | 1      | 3030          | Derived AJCC--Flag        | yes          |                            |          |
| Derived SS1977--Flag      | F03600  | 673-673  | 1      | 3040          | Derived SS1977--Flag      | yes          | no                         |          |
| Derived SS2000--Flag      | F03601  | 674-674  | 1      | 3050          | Derived SS2000--Flag      | yes          |                            |          |
| Comorbid/Complication 1   | F03442  | 675-679  | 5      | 3110          | Comorbid/Complication 1   | yes          | yes                        |          |
| Comorbid/Complication 2   | F03443  | 680-684  | 5      | 3120          | Comorbid/Complication 2   | yes*         | yes                        |          |
| Comorbid/Complication 3   | F03444  | 685-689  | 5      | 3130          | Comorbid/Complication 3   | yes*         | yes                        |          |
| Comorbid/Complication 4   | F03445  | 690-694  | 5      | 3140          | Comorbid/Complication 4   | yes*         | yes                        |          |
| Comorbid/Complication 5   | F03446  | 695-699  | 5      | 3150          | Comorbid/Complication 5   | yes*         | yes                        |          |
| Comorbid/Complication 6   | F03447  | 700-704  | 5      | 3160          | Comorbid/Complication 6   | yes*         | yes                        |          |
| CS Version 1st            | F03648  | 705-710  | 6      | 2935          | CS Version 1st            | yes          |                            |          |
| CS Version Latest         | F03649  | 711-716  | 6      | 2936          | CS Version Latest         | yes          |                            |          |
| Comorbid/Complication 7   | F04261  | 717-721  | 5      | 3161          | Comorbid/Complication 7   | yes*         | yes                        |          |
| Comorbid/Complication 8   | F04262  | 722-726  | 5      | 3162          | Comorbid/Complication 8   | yes*         | yes                        |          |
| Comorbid/Complication 9   | F04263  | 727-731  | 5      | 3163          | Comorbid/Complication 9   | yes*         | yes                        |          |
| Comorbid/Complication 10  | F04264  | 732-736  | 5      | 3164          | Comorbid/Complication 10  | yes*         | yes                        |          |

| California Item Name                        | C/NExT # | Column # | Length | NAACCR Item # | NAACCR Item Name          | CCR Required | Correction Record Required | CCR Note    |
|---|----------|----------|--------|---------------|---------------------------|--------------|----------------------------|-------------|
| ICD Revision Comorbid                       | F04265   | 737-737  | 1      | 3165          | ICD Revision Comorbid     | yes*         | yes                        |             |
|   |          | 738-754  | 17     | 1180          | Reserved 05               |              |                            |             |
| <b>Treatment - 1st Course</b>               |          |          |        |               |                           |              |                            |             |
| Date of Surgery                             | F00432   | 755-762  | 8      | 1200          | RX Date--Surgery          | yes*         | yes                        |             |
| Date Most Definitive Surgery                | F03448   | 763-770  | 8      | 3170          | RX Date--Most Defin Surg  | yes*--gen    | yes                        |             |
|   | F03449   | 771-778  | 8      | 3180          | RX Date--Surgical Disch   | no           |                            |             |
| Date of Radiation                           | F00470   | 779-786  | 8      | 1210          | RX Date--Radiation        | yes*         | yes                        |             |
|   | F03450   | 787-794  | 8      | 3220          | RX Date--Radiation Ended  | no           |                            |             |
| Date of Systemic Therapy                    | F03451   | 795-802  | 8      | 3230          | RX Date--Systemic         | yes*--gen    | yes                        |             |
| Date of Chemotherapy                        | F00473   | 803-810  | 8      | 1220          | RX Date--Chemo            | yes*         | yes                        |             |
| Date of Hormone Therapy                     | F00476   | 811-818  | 8      | 1230          | RX Date--Hormone          | yes*         | yes                        |             |
| Date of Immunotherapy                       | F00479   | 819-826  | 8      | 1240          | RX Date--BRM              | yes*         | yes                        |             |
| Date of Other Therapy                       | F00482   | 827-834  | 8      | 1250          | RX Date--Other            | yes*         | yes                        |             |
| Date of Therapy                             | F01344   | 835-842  | 8      | 1260          | Date of Initial RX--SEER  | cen          |                            |             |
|   | F00560   | 843-850  | 8      | 1270          | Date of 1st Crs RX--COC   | no           |                            |             |
| Date of Diagnostic or Staging Procedure     | F00422   | 851-858  | 8      | 1280          | RX Date--DX/Stg Proc      | yes*         | yes                        |             |
| Surgery of Primary Site - Summary           | F03491   | 859-860  | 2      | 1290          | RX Summ--Surg Prim Site   | yes          | yes                        |             |
| Scope of Regional Lymph Node                | F03485   | 861-861  | 1      | 1292          | RX Summ--Scope Reg LN Sur | yes          | yes                        |             |
| Surgery - Summary                           |          |          |        |               |                           |              |                            |             |
| Surgery of Other Reg Site(s), Distant Site( | F03496   | 862-862  | 1      | 1294          | RX Summ--Surg Oth Reg/Dis | yes          | yes                        |             |
| or Distant LN(s) - Summary                  |          |          |        |               |                           |              |                            |             |
| Number of Regional Lymph Nodes -            | F00526   | 863-864  | 2      | 1296          | RX Summ--Reg LN Examined  | sel          | yes                        | Cases <2003 |
| Examined - Summary                          |          |          |        |               |                           |              |                            |             |
|   | F00529   | 865-865  | 1      | 1310          | RX Summ--Surgical Approch | no           |                            |             |
|   | F03498   | 866-866  | 1      | 1320          | RX Summ--Surgical Margins | no           |                            |             |
| Surgery Summary - Reconstructive            | F00169   | 867-867  | 1      | 1330          | RX Summ--Reconstruct 1st  | sel          | yes                        | Cases <2003 |
| Reason for No Surgery                       | F00118   | 868-868  | 1      | 1340          | Reason for No Surgery     | yes          | yes                        |             |
| Diagnostic or Staging Procedure Summary     | F00420   | 869-870  | 2      | 1350          | RX Summ--DX/Stg Proc      | yes*         | yes                        |             |
| Palliative Procedures - Summary             | F03458   | 871-871  | 1      | 3270          | RX Summ--Palliative Proc  | sel          |                            |             |
|   |          | 872-872  | 1      | 3260          | Reserved 22               |              |                            |             |
| Radiation Summary                           | F00050   | 873-873  | 1      | 1360          | RX Summ--Radiation        | gen          | yes                        |             |
|   | F00139   | 874-874  | 1      | 1370          | RX Summ--Rad to CNS       | no           |                            |             |

| California Item Name              | C/NExT # | Column # | Length | NAACCR Item # | NAACCR Item Name          | CCR Required | Correction Record Required | CCR Note    |
|-----------------------------------|----------|----------|--------|---------------|---------------------------|--------------|----------------------------|-------------|
| Radiation/Surgery Sequence        | F00051   | 875-875  | 1      | 1380          | RX Summ--Surg/Rad Seq     | yes          | yes                        |             |
| Transplant & Endocrine Procedures | F03456   | 876-877  | 2      | 3250          | RX Summ--Transplnt/Endocr | yes          | yes                        |             |
| Chemotherapy Summary              | F03373   | 878-879  | 2      | 1390          | RX Summ--Chemo            | yes          | yes                        |             |
| Hormone Therapy Summary           | F03377   | 880-881  | 2      | 1400          | RX Summ--Hormone          | yes          | yes                        |             |
| Immunotherapy Summary             | F03375   | 882-883  | 2      | 1410          | RX Summ--BRM              | yes          | yes                        |             |
| Other Therapy Summary             | F00059   | 884-884  | 1      | 1420          | RX Summ--Other            | yes          | yes                        |             |
| Reason for No Radiation           | F00567   | 885-885  | 1      | 1430          | Reason for No Radiation   | yes          | yes                        |             |
|                                   |          | 886-887  | 2      | 1435          | Reserved 32               |              |                            |             |
| RX Coding System--Current         | F00554   | 888-889  | 2      | 1460          | RX Coding System--Current | cen          |                            |             |
|                                   | F00585   | 890-890  | 1      | 1465          | Reserved 33               |              |                            |             |
| First Course Calc Method          |          | 894-894  | 1      | 1500          | First Course Calc Method  | cen          |                            |             |
|                                   | F00568   | 895-899  | 5      | 1510          | Rad--Regional Dose: cGy   | no           |                            |             |
|                                   | F00569   | 900-901  | 2      | 1520          | Rad--No of Treatment Vol  | no           |                            |             |
|                                   |          | 902-904  | 3      | 1535          | Reserved 34               |              |                            |             |
|                                   | F00571   | 905-906  | 2      | 1540          | Rad--Treatment Volume     | no           |                            |             |
|                                   | F00572   | 907-907  | 1      | 1550          | Rad--Location of RX       | no           |                            |             |
|                                   |          | 908-908  | 1      | 1555          | Reserved 35               |              |                            |             |
| Radiation - Regional Rx Modality  | F00574   | 909-910  | 2      | 1570          | Rad--Regional RX Modality | yes          | yes                        |             |
| Rad--Boost RX Modality            | F03454   | 911-912  | 2      | 3200          | Rad--Boost RX Modality    | yes          | yes                        |             |
|                                   | F03455   | 913-917  | 5      | 3210          | Rad--Boost Dose cGy       | no           |                            |             |
|                                   | F00575   | 918-930  | 1      | 1580          | Reserved 23               |              |                            |             |
| RX Summ-Systemic Sur Seq          | F04260   | 931-931  | 1      | 1639          | RX Summ-Systemic Sur Seq  | yes          | yes                        |             |
|                                   |          | 932-933  | 2      | 1640          | RX Summ--Surgery Type     | no           |                            |             |
|                                   |          | 934-937  | 4      | 1641          | Reserved 36               |              |                            |             |
|                                   | F03453   | 938-938  | 1      | 3190          | Readm Same Hosp 30 Days   | no           |                            |             |
| RX Summ Surg Site 98-02           | F00430   | 939-940  | 2      | 1646          | RX Summ Surg Site 98-02   | sel          | yes                        | Cases <2003 |
| RX Summ Scope Reg 98-02           | F00525   | 941-941  | 1      | 1647          | RX Summ Scope Reg 98-02   | sel          | yes                        | Cases <2003 |
| RX Summ Surg Oth 98-02            | F00527   | 942-942  | 1      | 1648          | RX Summ Surg Oth 98-02    | sel          | yes                        | Cases <2003 |
|                                   |          | 943-987  | 45     | 1190          | Reserved 06               |              |                            |             |
| <b>Treatment-Subs and Other</b>   |          |          |        |               |                           |              |                            |             |
|                                   | F01500   | 988-995  | 8      | 1660          | Subsq RX 2nd Course Date  | no           |                            |             |
|                                   |          | 996-1002 | 7      | 1670          | Subsq RX 2nd Course Codes | no           |                            |             |

| California Item Name | C/NEt # | Column #  | Length | NAACCR Item # | NAACCR Item Name          | CCR Required | Correction Record Required | CCR Note |
|----------------------|---------|-----------|--------|---------------|---------------------------|--------------|----------------------------|----------|
|                      | F03505  | 996-997   | 2      | 1671          | Subsq RX 2nd Course Surg  | no           |                            |          |
|                      | F01365  | 998-998   | 1      | 1672          | Subsq RX 2nd Course Rad   | no           |                            |          |
|                      | F01369  | 999-999   | 1      | 1673          | Subsq RX 2nd Course Chem  | no           |                            |          |
|                      | F01373  | 1000-1000 | 1      | 1674          | Subsq RX 2nd Course Horm  | no           |                            |          |
|                      | F01377  | 1001-1001 | 1      | 1675          | Subsq RX 2nd Course BRM   | no           |                            |          |
|                      | F01389  | 1002-1002 | 1      | 1676          | Subsq RX 2nd Course Oth   | no           |                            |          |
|                      | F01501  | 1003-1010 | 8      | 1680          | Subsq RX 3rd Course Date  | no           |                            |          |
|                      |         | 1011-1017 | 7      | 1690          | Subsq RX 3rd Course Codes | no           |                            |          |
|                      | F03506  | 1011-1012 | 2      | 1691          | Subsq RX 3rd Course Surg  | no           |                            |          |
|                      | F01366  | 1013-1013 | 1      | 1692          | Subsq RX 3rd Course Rad   | no           |                            |          |
|                      | F01370  | 1014-1014 | 1      | 1693          | Subsq RX 3rd Course Chemo | no           |                            |          |
|                      | F01374  | 1015-1015 | 1      | 1694          | Subsq RX 3rd Course Horm  | no           |                            |          |
|                      | F01378  | 1016-1016 | 1      | 1695          | Subsq RX 3rd Course BRM   | no           |                            |          |
|                      | F01390  | 1017-1017 | 1      | 1696          | Subsq RX 3rd Course Oth   | no           |                            |          |
|                      | F01502  | 1018-1025 | 8      | 1700          | Subsq RX 4th Course Date  | no           |                            |          |
|                      |         | 1026-1032 | 7      | 1710          | Subsq RX 4th Course Codes | no           |                            |          |
|                      | F03507  | 1026-1027 | 2      | 1711          | Subsq RX 4th Course Surg  | no           |                            |          |
|                      | F01367  | 1028-1028 | 1      | 1712          | Subsq RX 4th Course Rad   | no           |                            |          |
|                      | F01371  | 1029-1029 | 1      | 1713          | Subsq RX 4th Course Chemo | no           |                            |          |
|                      | F01375  | 1030-1030 | 1      | 1714          | Subsq RX 4th Course Horm  | no           |                            |          |
|                      | F01379  | 1031-1031 | 1      | 1715          | Subsq RX 4th Course BRM   | no           |                            |          |
|                      | F01391  | 1032-1032 | 1      | 1716          | Subsq RX 4th Course Oth   | no           |                            |          |
|                      | F01503  | 1033-1040 | 8      | 1720          | Subsq RX 5th Course Date  | no           |                            |          |
|                      |         | 1041-1047 | 7      | 1730          | Subsq RX 5th Course Codes | no           |                            |          |
|                      | F03508  | 1041-1042 | 2      | 1731          | Subsq RX 5th Course Surg  | no           |                            |          |
|                      | F01368  | 1043-1043 | 1      | 1732          | Subsq RX 5th Course Rad   | no           |                            |          |
|                      | F01372  | 1044-1044 | 1      | 1733          | Subsq RX 5th Course Chemo | no           |                            |          |
|                      | F01376  | 1045-1045 | 1      | 1734          | Subsq RX 5th Course Horm  | no           |                            |          |
|                      | F01380  | 1046-1046 | 1      | 1735          | Subsq RX 5th Course BRM   | no           |                            |          |
|                      | F01392  | 1047-1047 | 1      | 1736          | Subsq RX 5th Course Oth   | no           |                            |          |
|                      | F01385  | 1048-1048 | 1      | 1677          | Subsq RX 2nd--Scope LN SU | no           |                            |          |
|                      | F01381  | 1049-1049 | 1      | 1678          | Subsq RX 2nd--Surg Oth    | no           |                            |          |

| California Item Name   | C/NeXT # | Column #  | Length | NAACCR Item # | NAACCR Item Name          | CCR Required | Correction Record Required | CCR Note |
|--|----------|-----------|--------|---------------|---------------------------|--------------|----------------------------|----------|
|  | F01393   | 1050-1051 | 2      | 1679          | Subsq RX 2nd--Reg LN Rem  | no           |                            |          |
|  | F01386   | 1052-1052 | 1      | 1697          | Subsq RX 3rd--Scope LN Su | no           |                            |          |
|  | F01382   | 1053-1053 | 1      | 1698          | Subsq RX 3rd--Surg Oth    | no           |                            |          |
|  | F01394   | 1054-1055 | 2      | 1699          | Subsq RX 3rd--Reg LN Rem  | no           |                            |          |
|  | F01387   | 1056-1056 | 1      | 1717          | Subsq RX 4th--Scope LN Su | no           |                            |          |
|  | F01383   | 1057-1057 | 1      | 1718          | Subsq RX 4th--Surg Oth    | no           |                            |          |
|  | F01395   | 1058-1059 | 2      | 1719          | Subsq RX 4th--Reg LN Rem  | no           |                            |          |
|  | F01388   | 1060-1060 | 1      | 1737          | Subsq RX 5th--Scope LN Su | no           |                            |          |
|  | F01384   | 1061-1061 | 1      | 1738          | Subsq RX 5th--Surg Oth    | no           |                            |          |
|  | F01396   | 1062-1063 | 2      | 1739          | Subsq RX 5th--Reg LN Rem  | no           |                            |          |
|  |          | 1064-1064 | 1      | 1741          | Subsq RX--Reconstruct Del | no           |                            |          |
|  |          | 1065-1114 | 50     | 1300          | Reserved 07               |              |                            |          |
| <b>Edits Overrides/Conversion</b>                              |          |           |        |               |                           |              |                            |          |
|  | F02507   | 1115-1115 | 1      | 1981          | Over-ride SS/NodesPos     | no           |                            |          |
|  | F02508   | 1116-1116 | 1      | 1982          | Over-ride SS/TNM-N        | no           |                            |          |
|  | F02509   | 1117-1117 | 1      | 1983          | Over-ride SS/TNM-M        | no           |                            |          |
|  | F02510   | 1118-1118 | 1      | 1984          | Over-ride SS/DisMet1      | no           |                            |          |
|  | F02511   | 1119-1119 | 1      | 1985          | Over-ride Acsn/Class/Seq  | no           |                            |          |
|  | F02512   | 1120-1120 | 1      | 1986          | Over-ride HospSeq/DxConf  | no           |                            |          |
|  | F02513   | 1121-1121 | 1      | 1987          | Over-ride COC-Site/Type   | no           |                            |          |
|  | F02514   | 1122-1122 | 1      | 1988          | Over-ride HospSeq/Site    | no           |                            |          |
|  | F02515   | 1123-1123 | 1      | 1989          | Over-ride Site/TNM-StgGrp | no           |                            |          |
| Over-ride Age/Site Conflict                                    | F00631   | 1124-1124 | 1      | 1990          | Over-ride Age/Site/Morph  | yes*         |                            |          |
| Over-ride Sequence/Diagnostic Conflict                         | F00632   | 1125-1125 | 1      | 2000          | Over-ride SeqNo/DxConf    | yes*         |                            |          |
| Over-ride Site/Lat/Seq   | F00633   | 1126-1126 | 1      | 2010          | Over-ride Site/Lat/SeqNo  | yes*         |                            |          |
| Over-ride Surgery/Diagnostic Conflict                          | F00634   | 1127-1127 | 1      | 2020          | Over-ride Surg/DxConf     | yes*         |                            |          |
| Over-ride Site/Type Conflict                                   | F00635   | 1128-1128 | 1      | 2030          | Over-ride Site/Type       | yes*         |                            |          |
| Over-ride Histology/Behavior Conflict                          | F00636   | 1129-1129 | 1      | 2040          | Over-ride Histology       | yes*         |                            |          |
| Over-ride Multiple Primaries/DC Only                           | F00637   | 1130-1130 | 1      | 2050          | Over-ride Report Source   | yes*         |                            |          |
| Over-ride Multiple Ill-defined Sites                           | F00638   | 1131-1131 | 1      | 2060          | Over-ride Ill-define Site | yes*         |                            |          |
| Over-ride Lymphoma or Leukemia/Diagnosis Confirmation Conflict | F00639   | 1132-1132 | 1      | 2070          | Over-ride Leuk, Lymphoma  | yes*         |                            |          |

| California Item Name                 | C/NExT # | Column #  | Length | NAACCR Item # | NAACCR Item Name          | CCR Required | Correction Record Required | CCR Note    |
|--------------------------------------|----------|-----------|--------|---------------|---------------------------|--------------|----------------------------|-------------|
| Over-ride Site/Behavior              | F00671   | 1133-1133 | 1      | 2071          | Over-ride Site/Behavior   | yes*         |                            |             |
| Over-ride Site/EOD/DX Dt             | F00672   | 1134-1134 | 1      | 2072          | Over-ride Site/EOD/DX Dt  | yes*         |                            |             |
| Over-ride Site/Laterality/EOD        | F00673   | 1135-1135 | 1      | 2073          | Over-ride Site/Lat/EOD    | yes*         |                            |             |
| Over-ride Site/Laterality/Histology  | F00674   | 1136-1136 | 1      | 2074          | Over-ride Site/Lat/Morph  | yes*         |                            |             |
|                                      | F00031   | 1137-1140 | 4      | 1960          | Site (73-91) ICD-O-1      | no           |                            |             |
|                                      |          | 1141-1146 | 6      | 1970          | Morph (73-91) ICD-O-1     | no           |                            |             |
|                                      |          | 1141-1144 | 4      | 1971          | Histology (73-91) ICD-O-1 | no           |                            |             |
|                                      |          | 1145-1145 | 1      | 1972          | Behavior (73-91) ICD-O-1  | no           |                            |             |
|                                      |          | 1146-1146 | 1      | 1973          | Grade (73-91) ICD-O-1     | no           |                            |             |
|                                      | F00623   | 1147-1147 | 1      | 1980          | ICD-O-2 Conversion Flag   | no           |                            |             |
|                                      |          | 1148-1155 | 16     | 2082          | Reserved 24               |              |                            |             |
|                                      |          | 1156-1163 | 8      | 2115          | Future Use Timeliness 2   | no           |                            |             |
|                                      |          | 1164-1173 | 10     | 2081          | CRC CHECKSUM              | no           |                            |             |
| <b>System Administration</b>         |          |           |        |               |                           |              |                            |             |
| Date Case Completed                  | F00083   | 1174-1181 | 8      | 2090          | Date Case Completed       | yes          |                            |             |
| Date Case Last Changed - Hospital    | F00084   | 1182-1189 | 8      | 2100          | Date Case Last Changed    | yes          |                            |             |
| Date Case Report Exported            | F00146   | 1190-1197 | 8      | 2110          | Date Case Report Exported | yes          |                            | Name Change |
| SEER Coding Sys--Current             | F00558   | 1198-1198 | 1      | 2120          | SEER Coding Sys--Current  | cen          |                            |             |
| SEER Coding Sys--Original            | F00559   | 1199-1199 | 1      | 2130          | SEER Coding Sys--Original | cen          |                            |             |
| COC Coding Sys--Current              | F00663   | 1200-1201 | 2      | 2140          | COC Coding Sys--Current   | cen          |                            |             |
| COC Coding Sys--Original             | F00664   | 1202-1203 | 2      | 2150          | COC Coding Sys--Original  | cen          |                            |             |
| Vendor Name                          | F00297   | 1204-1213 | 10     | 2170          | Vendor Name               | gen          |                            | Name Change |
| SEER Type of Follow-Up               |          | 1214-1214 | 1      | 2180          | SEER Type of Follow-Up    | cen          |                            |             |
| SEER Record Number                   |          | 1215-1216 | 2      | 2190          | SEER Record Number        | cen          |                            |             |
|                                      |          | 1217-1218 | 2      | 2200          | Diagnostic Proc 73-87     | no           |                            |             |
| Date Case Report Received            |          | 1219-1226 | 8      | 2111          | Date Case Report Received | cen          |                            |             |
| Date Case Loaded (Was Date Received) |          | 1227-1234 | 8      | 2112          | Date Case Report Loaded   | cen          |                            |             |
| Date Tumor Record Available          |          | 1235-1242 | 8      | 2113          | Date Tumor Record Availbl | cen          |                            |             |
| ICD-O-3 Conversion Flag              | F02505   | 1243-1243 | 1      | 2116          | ICD-O-3 Conversion Flag   | yes          |                            |             |
|                                      |          | 1244-1293 | 50     | 1650          | Reserved 08               |              |                            |             |
| <b>Follow-up/Recurrence</b>          |          |           |        |               |                           |              |                            |             |

| California Item Name                  | C/NEt # | Column #  | Length | NAACCR Item # | NAACCR Item Name          | CCR Required | Correction Record Required | CCR Note                |
|---------------------------------------|---------|-----------|--------|---------------|---------------------------|--------------|----------------------------|-------------------------|
| Date of Last Patient Contact or Death | F00068  | 1294-1301 | 8      | 1750          | Date of Last Contact      | yes          |                            |                         |
| Vital Status                          | F00069  | 1302-1302 | 1      | 1760          | Vital Status              | yes          |                            |                         |
| Tumor Status                          | F00070  | 1303-1303 | 1      | 1770          | Cancer Status             | yes          |                            |                         |
|                                       | F00131  | 1304-1304 | 1      | 1780          | Quality of Survival       | no           |                            |                         |
|                                       | F01059  | 1305-1305 | 1      | 1790          | Follow-Up Source          |              |                            |                         |
|                                       | F01060  | 1306-1306 | 1      | 1800          | Next Follow-Up Source     |              |                            |                         |
| Contact City                          | F01845  | 1307-1326 | 20     | 1810          | Addr Current--City        | yes*         |                            |                         |
| Contact State                         | F01846  | 1327-1328 | 2      | 1820          | Addr Current--State       | yes*         |                            |                         |
| Contact Zip                           | F01847  | 1329-1337 | 9      | 1830          | Addr Current--Postal Code | yes*         |                            |                         |
|                                       |         | 1338-1340 | 3      | 1840          | County--Current           | no           |                            |                         |
|                                       |         | 1341-1341 | 1      | 1850          | Unusual Follow-Up Method  | no           |                            |                         |
|                                       | F00065  | 1342-1349 | 8      | 1860          | Recurrence Date--1st      | no           |                            |                         |
|                                       | F01347  | 1350-1350 | 1      | 1871          | Recurrence Distant Site 1 | no           |                            |                         |
|                                       | F01348  | 1351-1351 | 1      | 1872          | Recurrence Distant Site 2 | no           |                            |                         |
|                                       | F01349  | 1352-1352 | 1      | 1873          | Recurrence Distant Site 3 | no           |                            |                         |
|                                       | F03565  | 1353-1354 | 2      | 1880          | Recurrence Type--1st      | no           |                            |                         |
|                                       | F00516  | 1355-1356 | 2      | 1890          | Recurrence Type--1st--Oth | no           |                            |                         |
| Follow up Contact City - Other        | F01238  | 1357-1376 | 20     | 1842          | Follow-Up Contact--City   | yes*         |                            |                         |
| Follow up Contact State - Other       | F01242  | 1377-1378 | 2      | 1844          | Follow-Up Contact--State  | yes*         |                            |                         |
| Follow-up Contact Zip - Other         | F01245  | 1379-1387 | 9      | 1846          | Follow-Up Contact--Postal | yes*         |                            |                         |
| <b>Death Information</b>              |         |           |        |               |                           |              |                            |                         |
| Cause of Death                        | F00078  | 1388-1391 | 4      | 1910          | Cause of Death            | cen          |                            |                         |
| ICD Revision Number                   |         | 1392-1392 | 1      | 1920          | ICD Revision Number       | cen          |                            |                         |
|                                       |         | 1393-1393 | 1      | 1930          | Autopsy                   | no           |                            |                         |
| Place of Death                        | F00080  | 1394-1396 | 3      | 1940          | Place of Death            | yes*         |                            |                         |
| Follow-up Source Central              |         | 1397-1398 | 2      | 1791          | Follow-up Source Central  | cen          |                            | Map for NPCR Submission |
|                                       |         | 1399-1446 | 48     | 1740          | Reserved 09               |              |                            |                         |
| <b>Special Use</b>                    |         |           |        |               |                           |              |                            |                         |
| Region ID                             | F03356  | 1447-1448 | 2      | 2220          | State/Requestor Items     | cen          |                            |                         |
| Other Region ID                       | F00151  | 1449-1450 | 2      | 2220          | State/Requestor Items     | cs           |                            |                         |

| California Item Name                        | C/NeXT #   | Column #  | Length | NAACCR Item # | NAACCR Item Name      | CCR Required | Correction Record Required | CCR Note     |
|---|------------|-----------|--------|---------------|-----------------------|--------------|----------------------------|--------------|
| Other Region Patient Number                 |            | 1451-1458 | 8      | 2220          | State/Requestor Items | cs           |                            |              |
| Other Region Tumor Number                   |            | 1459-1460 | 2      | 2220          | State/Requestor Items | cs           |                            |              |
| Regional Patient Number                     | F00004     | 1461-1468 | 8      | 2220          | State/Requestor Items | cs           |                            |              |
| Regional Tumor Number                       | F00137     | 1469-1470 | 2      | 2220          | State/Requestor Items | cs           |                            |              |
| Date Added                                  |            | 1471-1478 | 8      | 2220          | State/Requestor Items | cen          |                            |              |
|   |            | 1479-1486 | 8      | 2220          |                       |              |                            | Deleted Item |
|   |            | 1487-1494 | 8      | 2220          |                       |              |                            | Deleted Item |
| Date First Sent to Central Registry**       |            | 1495-1502 | 8      | 2220          | State/Requestor Items | cen          |                            |              |
| Date Last Sent to Central Registry**        |            | 1503-1510 | 8      | 2220          | State/Requestor Items | cen          |                            |              |
| Regional Data (10 2-character fields)       | F00171-180 | 1511-1530 | 20     | 2220          | State/Requestor Items | yes*         | yes                        |              |
| Over-ride - First name/Sex                  | F00640     | 1531-1531 | 1      | 2220          | State/Requestor Items | yes*         |                            |              |
| Over-ride - Date DX/Date Admission conflict | F00641     | 1532-1532 | 1      | 2220          | State/Requestor Items | yes*         |                            |              |
| Over-ride -Race/Spanish/Birthplace conflict | F00642     | 1533-1533 | 1      | 2220          | State/Requestor Items | yes*         |                            |              |
| Over-ride -Spanish/Birthplace conflict      | F00643     | 1534-1534 | 1      | 2220          | State/Requestor Items | yes*         |                            |              |
| Over-ride Site/Stage conflict               | F00644     | 1535-1535 | 1      | 2220          | State/Requestor Items | yes*         |                            |              |
| Alias First Name                            | F00510     | 1536-1550 | 15     | 2220          | State/Requestor Items | yes*         |                            |              |
| Social Security Number Suffix               | F00147     | 1551-1552 | 2      | 2220          | State/Requestor Items | yes*         | yes                        |              |
| Occupation (1980)                           |            | 1553-1556 | 4      | 2220          | State/Requestor Items | cs           |                            |              |
| Occupation (1990)                           | F00113     | 1557-1560 | 4      | 2220          | State/Requestor Items | cs           |                            |              |
| Industry (1980)                             |            | 1561-1564 | 4      | 2220          | State/Requestor Items | cs           |                            |              |
| Industry (1990)                             | F00114     | 1565-1568 | 4      | 2220          | State/Requestor Items | cs           |                            |              |
| Census Block Group (1990)                   |            | 1569-1569 | 1      | 2220          | State/Requestor Items | cs           |                            |              |
| Hospital Patient Number                     | F02516     | 1570-1581 | 12     | 2220          | State/Requestor Items | yes          |                            |              |
| Hospital Tumor Number                       | F00127     | 1582-1583 | 2      | 2220          | State/Requestor Items | yes          |                            |              |
| Type of Admission                           | F00133     | 1584-1584 | 1      | 2220          | State/Requestor Items | yes          | yes                        |              |
| Patient No Research Contact Flag            | F00429     | 1585-1585 | 1      | 2220          | State/Requestor Items | yes          | yes                        |              |
| DC Race                                     |            | 1586-1587 | 2      | 2220          | State/Requestor Items | cs           |                            |              |
| DC Spanish Origin                           |            | 1588-1588 | 1      | 2220          | State/Requestor Items | cs           |                            |              |
| Coding Procedure                            | F00115     | 1589-1590 | 2      | 2220          | State/Requestor Items | yes          |                            |              |
|   |            | 1591-1592 | 2      |               | Reserved              |              |                            |              |
| Payment Source Text (Primary)               | F00418     | 1593-1632 | 40     | 2220          | State/Requestor Items | yes          | yes                        |              |
| Physician (Referring)                       | F01354     | 1633-1640 | 8      | 2220          | State/Requestor Items | yes*         | yes                        |              |

| California Item Name                     | C/NExT # | Column #  | Length | NAACCR Item # | NAACCR Item Name              | CCR Required | Correction Record Required | CCR Note       |
|--|----------|-----------|--------|---------------|-------------------------------|--------------|----------------------------|----------------|
| Date Case First Entered                  | F00082   | 1641-1648 | 8      | 2220          | State/Requestor Items         | yes          |                            |                |
| Tumor Size*                              | F00035   | 1649-1651 | 3      | 2220          | EOD - Tumor Size              | cs           |                            | Cases <2004    |
| Extent of Disease - Extension***         | F01908   | 1652-1653 | 2      | 2220          | EOD - Extension               | cs           |                            | Cases <2004    |
| Extent of Disease - Extension (Path)***  | F01907   | 1654-1655 | 2      | 2220          | EOD - Pathologic for Prostate | cs           |                            | Cases <2004    |
| Extent of Disease - LN Involvement***    | F00039   | 1656-1656 | 1      | 2220          | EOD - Lymph Node Involvement  | cs           |                            | Cases <2004    |
| Regional Nodes Positive (Number)***      | F01982   | 1657-1658 | 2      | 2220          | Regional Nodes Positive       | cs           |                            |                |
| Regional Nodes Examined (Number)***      | F01983   | 1659-1660 | 2      | 2220          | Regional Nodes Examined       | cs           |                            |                |
| Stage - Alternate                        | F00289   | 1661-1664 | 4      | 2220          | State/Requestor Items         | may          |                            |                |
|  | F00426   | 1665-1665 | 1      | 2220          | State/Requestor Items         |              |                            | Deleted        |
| Follow-up Last Type (Patient)            | F00299   | 1666-1667 | 2      | 2220          | State/Requestor Items         | yes          |                            |                |
| Follow-up - Next Type (Resource 1, Metho | F01285   | 1668-1668 | 1      | 2220          | State/Requestor Items         | yes*         |                            |                |
| Date of Last Tumor Status                | F00157   | 1669-1676 | 8      | 2220          | State/Requestor Items         | yes          |                            |                |
| Follow-up Last Type (Tumor)              | F00072   | 1677-1678 | 2      | 2220          | State/Requestor Items         | yes          |                            |                |
| Contact Name                             | F01507   | 1679-1708 | 30     | 2220          | State/Requestor Items         | yes*         |                            |                |
| Medical Record #                         | F01049   | 1709-1720 | 12     | 2220          | State/Requestor Items         | yes*         | yes                        |                |
| Physician (Other)                        | F01508   | 1721-1728 | 8      | 2220          | State/Requestor Items         | yes*         | yes                        |                |
| Physician (Other)                        | F01509   | 1729-1736 | 8      | 2220          | State/Requestor Items         | yes*         | yes                        |                |
| Alias Flag                               |          | 1737-1737 | 1      | 2220          | State/Requestor Items         | cen          |                            |                |
| Alias Name                               |          | 1738-1752 | 15     | 2220          | State/Requestor Items         | cen          |                            |                |
| Alias Flag                               |          | 1753-1753 | 1      | 2220          | State/Requestor Items         | cen          |                            |                |
| Alias Name                               |          | 1754-1768 | 15     | 2220          | State/Requestor Items         | cen          |                            |                |
| Alias Flag                               |          | 1769-1769 | 1      | 2220          | State/Requestor Items         | cen          |                            |                |
| Alias Name                               |          | 1770-1784 | 15     | 2220          | State/Requestor Items         | cen          |                            |                |
| Alias Flag                               |          | 1785-1785 | 1      | 2220          | State/Requestor Items         | cen          |                            |                |
| Alias Name                               |          | 1786-1800 | 15     | 2220          | State/Requestor Items         | cen          |                            |                |
| Alias Flag                               |          | 1801-1801 | 1      | 2220          | State/Requestor Items         | cen          |                            |                |
| Alias Name                               |          | 1802-1816 | 15     | 2220          | State/Requestor Items         | cen          |                            |                |
| DC Social Security Number                |          | 1817-1825 | 9      | 2220          | State/Requestor Items         | cs           |                            |                |
| DC Birthplace                            |          | 1826-1827 | 2      | 2220          | State/Requestor Items         | cs           |                            |                |
| Central Admission Number                 |          | 1828-1835 | 8      | 2220          | State/Requestor Items         | cs           |                            |                |
| Doc ID                                   |          | 1836-1845 | 10     | 2220          | State/Requestor Items         | cen          |                            |                |
| Year First Seen                          | F00119   | 1846-1849 | 4      | 620           | State/Requestor Items         | yes          | yes                        | Moved from 441 |

| California Item Name                      | C/NExT # | Column #  | Length | NAACCR Item # | NAACCR Item Name          | CCR Required | Correction Record Required | CCR Note |
|---|----------|-----------|--------|---------------|---------------------------|--------------|----------------------------|----------|
|   |          | 1850-1946 | 97     | 2220          | State/Requestor Items     |              |                            |          |
| <b>Patient - Confidential</b>             |          |           |        |               |                           |              |                            |          |
| Last Name                                 | F00008   | 1947-1971 | 25     | 2230          | Name--Last                | yes          | yes                        |          |
| First Name                                | F00009   | 1972-1985 | 14     | 2240          | Name--First               | yes          | yes                        |          |
| Middle Name                               | F00010   | 1986-1999 | 14     | 2250          | Name--Middle              | yes          | yes                        |          |
|   | F01855   | 2000-2002 | 3      | 2260          | Name--Prefix              | no           |                            |          |
| Name Suffix                               | F00502   | 2003-2005 | 3      | 2270          | Name--Suffix              | yes*         | yes                        |          |
| Alias Last Name                           | F00011   | 2006-2020 | 15     | 2280          | Name--Alias               | yes*         | yes                        |          |
| Maiden Name                               | F00148   | 2021-2035 | 15     | 2390          | Name--Maiden              | yes*         | yes                        |          |
|   | F03344   | 2036-2085 | 50     | 2290          | Name--Spouse/Parent       | no           |                            |          |
| Medical Record Number                     | F01047   | 2086-2096 | 11     | 2300          | Medical Record Number     | yes*         | no                         |          |
|   | F00668   | 2097-2098 | 2      | 2310          | Military Record No Suffix | no           |                            |          |
| Social Security Number                    | F00007   | 2099-2107 | 9      | 2320          | Social Security Number    | yes          | yes                        |          |
| Address at Diagnosis - No & Street        | F00012   | 2108-2147 | 40     | 2330          | Addr at DX--No & Street   | yes          | yes                        |          |
| Address at Diagnosis - No & Street - Supp | F03460   | 2148-2187 | 40     | 2335          | Addr at DX--Supplementl   | yes*         | yes                        |          |
| Contact Street                            | F01860   | 2188-2227 | 40     | 2350          | Addr Current--No & Street | yes*         |                            |          |
| Contact Street - Supplemental             | F03461   | 2228-2267 | 40     | 2355          | Addr Current--Supplementl | yes*         |                            |          |
| Phone Number (Patient)                    | F01861   | 2268-2277 | 10     | 2360          | Telephone                 | yes*         |                            |          |
| Death File Number                         | F00132   | 2278-2283 | 6      | 2380          | DC State File Number      | cs           |                            |          |
| Follow up Contact Name - Other            | F01240   | 2284-2313 | 30     | 2394          | Follow-Up Contact--Name   | yes*         |                            |          |
| Follow up Contact Address - Other         | F01243   | 2314-2353 | 40     | 2392          | Follow-Up Contact--No&St  | yes*         |                            |          |
| Follow up Contact Address - Other - Suppl | F03462   | 2354-2393 | 40     | 2393          | Follow-Up Contact--Suppl  | yes*         |                            |          |
| Latitude                                  |          | 2394-2403 | 10     | 2352          | Latitude                  | cs           |                            |          |
| Longitude                                 |          | 2404-2414 | 11     | 2354          | Longitude                 | cs           |                            |          |
| Mother's First Name                       | F00428   | 2415-2428 | 14     |               |                           | yes*         | yes                        |          |
|   |          | 2429-2464 | 36     | 1835          | Reserved 10               |              |                            |          |
| <b>Hospital Confidential</b>              |          |           |        |               |                           |              |                            |          |
| Follow up Hospital (Last)                 | F01687   | 2465-2474 | 10     | 2430          | Last Follow-Up Hospital   | yes          |                            |          |
|   | F01686   | 2475-2484 | 10     | 2440          | Following Registry        |              |                            |          |
| Hospital Referred From                    | F01684   | 2485-2494 | 10     | 2410          | Institution Referred From | yes          | yes                        |          |
| Hospital Referred To                      | F01685   | 2495-2504 | 10     | 2420          | Institution Referred To   | yes          | yes                        |          |
| NPI--Inst Referred From                   | F03715   | 2505-2514 | 10     | 2415          | NPI--Inst Referred From   | yes*         | yes                        | New      |

| California Item Name                                | C/NExT # | Column #  | Length | NAACCR Item # | NAACCR Item Name             | CCR Required | Correction Record Required | CCR Note |
|---|----------|-----------|--------|---------------|------------------------------|--------------|----------------------------|----------|
| NPI--Inst Referred To                               | F03716   | 2515-2524 | 10     | 2425          | NPI--Inst Referred To        | yes*         | yes                        | New      |
| NPI--Following Registry                             | F03714   | 2525-2534 | 10     | 2445          | NPI--Following Registry      | no           | no                         |          |
|   |          | 2535-2554 | 20     | 1900          | Reserved 11                  |              |                            | Revised  |
| <b>Physician - Confidential</b>                     |          |           |        |               |                              |              |                            |          |
| Physician (Attending)                               | F00675   | 2555-2562 | 8      | 2460          | Physician--Managing          | yes          | yes                        |          |
| Physician (Following)                               | F01354   | 2563-2570 | 8      | 2470          | Physician--Follow-Up         | yes*         | yes                        |          |
| Physician (Surgeon)                                 | F00676   | 2571-2578 | 8      | 2480          | Physician--Primary Surg      | yes*         | yes                        |          |
| Physician (Radiation Oncologist)                    | F01356   | 2579-2586 | 8      | 2490          | Physician 3                  | yes*         | yes                        |          |
| Physician (Medical Oncologist)                      | F01355   | 2587-2594 | 8      | 2500          | Physician 4                  | yes*         | yes                        |          |
| NPI--Physician--Managing                            | F03717   | 2595-2604 | 10     | 2465          | NPI--Physician--Managing     | yes*         | yes                        | New      |
| NPI--Physician--Follow-Up                           | F03719   | 2605-2614 | 10     | 2475          | NPI--Physician--Follow-Up    | yes*         | yes                        | New      |
| NPI--Physician--Primary Surg                        | F03718   | 2615-2624 | 10     | 2485          | NPI--Physician--Primary Surg | yes*         | yes                        | New      |
| NPI--Physician 3                                    | F03720   | 2625-2634 | 10     | 2495          | NPI--Physician 3             | yes*         | yes                        | New      |
| NPI--Physician 4                                    | F03721   | 2635-2644 | 10     | 2505          | NPI--Physician 4             | yes*         | yes                        | New      |
| <b>Record Area: Text</b>                            |          |           |        |               |                              |              |                            |          |
| <b>Text - Diagnosis</b>                             |          |           |        |               |                              |              |                            |          |
| Text - Diagnostic Procedures - Physical Examination | F01211   | 2645-2844 | 200    | 2520          | Text--DX Proc--PE            | yes*         | yes                        |          |
| Text - Diagnostic Procedures - X-ray                | F01212   | 2845-3094 | 250    | 2530          | Text--DX Proc--X-ray/Scan    | yes*         | yes                        |          |
| Text - Diagnostic - Scopes                          | F01209   | 3095-3344 | 250    | 2540          | Text--DX Proc--Scopes        | yes*         | yes                        |          |
| Text - Diagnostic Lab Tests                         | F01210   | 3345-3594 | 250    | 2550          | Text--DX Proc--Lab Tests     | yes*         | yes                        |          |
| Text - Diagnostic Procedures - Operative            | F01214   | 3595-3844 | 250    | 2560          | Text--DX Proc--Op            | yes*         | yes                        |          |
| Text - Diagnostic Procedures - Pathologic           | F01213   | 3845-4094 | 250    | 2570          | Text--DX Proc--Path          | yes*         | yes                        |          |
| Site - Text   | F00089   | 4095-4134 | 40     | 2580          | Text--Primary Site Title     | yes          | yes                        |          |
| Histology - Text                                    | F00090   | 4135-4174 | 40     | 2590          | Text--Histology Title        | yes          | yes                        |          |
|   |          | 4175-4474 | 300    | 2600          | Text--Staging                |              |                            |          |
| <b>Text - Treatment</b>                             |          |           |        |               |                              |              |                            |          |
| Text RX - Surgery                                   | F01351,  | 4475-4624 | 150    | 2610          | RX Text--Surgery             | sel          | yes                        |          |
|   | F01352 & |           |        |               |                              |              |                            |          |
|   | F01353   |           |        |               |                              |              |                            |          |
| Text RX - Radiation (Beam)                          | F01215   | 4625-4774 | 150    | 2620          | RX Text--Radiation (Beam)    | sel          | yes                        |          |
| Text RX - Radiation (Other)                         | F01215   | 4775-4924 | 150    | 2630          | RX Text--Radiation Other     | sel          | yes                        |          |

| California Item Name                    | C/NExT # | Column #  | Length | NAACCR Item # | NAACCR Item Name      | CCR Required | Correction Record Required | CCR Note |
|---|----------|-----------|--------|---------------|-----------------------|--------------|----------------------------|----------|
| Text RX - Chemotherapy                  | F01216   | 4925-5124 | 200    | 2640          | RX Text--Chemo        | sel          | yes                        |          |
| Text RX - Hormone                       | F01217   | 5125-5324 | 200    | 2650          | RX Text--Hormone      | sel          | yes                        |          |
| Text RX - Immunotherapy                 | F01218   | 5325-5424 | 100    | 2660          | RX Text--BRM          | sel          | yes                        |          |
| Text RX - Other Therapy                 | F01219   | 5425-5524 | 100    | 2670          | RX Text--Other        | sel          | yes                        |          |
| <b>Text - Misc.</b>                     |          |           |        |               |                       |              |                            |          |
| Text - Remarks                          | F01221   | 5525-5774 | 250    | 2680          | Text--Remarks         | yes*         | yes                        |          |
| Text - Final Diagnosis                  | F00030   | 5775-5874 | 100    |               | Text--Remarks         |              | yes                        |          |
| Place of Diagnosis                      | F01350   | 5875-5924 | 50     | 2690          | Place of Diagnosis    | yes*         |                            |          |
| Surgery of Primary Site - Procedure 1   | F03488   | 5925-5926 | 2      | 2700          | State/Requestor Items | yes          | yes                        |          |
| Surgery of Primary Site - Procedure 2   | F03489   | 5927-5928 | 2      | 2700          | State/Requestor Items | yes          | yes                        |          |
| Surgery of Primary Site - Procedure 3   | F03490   | 5929-5930 | 2      | 2700          | State/Requestor Items | yes          | yes                        |          |
| Treatment Hospital Number -Procedure 1  | F01689   | 5931-5940 | 10     | 2700          | State/Requestor Items | yes          | yes                        |          |
| Date of Surgery - Procedure 1           | F00434   | 5941-5948 | 8      | 2700          | State/Requestor Items | yes*         | yes                        |          |
| Date of Surgery - Procedure 2           | F01399   | 5949-5956 | 8      | 2700          | State/Requestor Items | yes*         | yes                        |          |
| Date of Surgery - Procedure 3           | F01400   | 5957-5964 | 8      | 2700          | State/Requestor Items | yes*         | yes                        |          |
| Scope of Regional LN Surg- Procedure 1  | F03482   | 5965-5965 | 1      | 2700          | State/Requestor Items | yes          | yes                        |          |
| Scope of Regional LN Surg-Procedure 2   | F03483   | 5966-5966 | 1      | 2700          | State/Requestor Items | yes          | yes                        |          |
| Scope of Regional LN Surg-Procedure 3   | F03484   | 5967-5967 | 1      | 2700          | State/Requestor Items | yes          | yes                        |          |
| Surgery of Other Reg. & Distant Site(s) | F03493   | 5968-5968 | 1      | 2700          | State/Requestor Items | yes          | yes                        |          |
| or Distant LN - Procedure 1             |          |           |        |               |                       |              |                            |          |
| Surgery of Other Reg. & Distant Site(s) | F03494   | 5969-5969 | 1      | 2700          | State/Requestor Items | yes          | yes                        |          |
| or Distant LN - Procedure 2             |          |           |        |               |                       |              |                            |          |
| Surgery of Other Reg. & Distant Site(s) | F03495   | 5970-5970 | 1      | 2700          | State/Requestor Items | yes          | yes                        |          |
| or Distant LN - Procedure 3             |          |           |        |               |                       |              |                            |          |
| Treatment Hospital Number - Procedure 2 | F01691   | 5971-5980 | 10     | 2700          | State/Requestor Items | yes          | yes                        |          |
| Treatment Hospital Number - Procedure 3 | F01692   | 5981-5990 | 10     | 2700          | State/Requestor Items | yes          | yes                        |          |
| ACoS Approved Flag                      | F00091   | 5991-5991 | 1      | 2700          | State/Requestor Items | yes          | yes                        |          |
| Tumor Marker CA - 1                     | F00092   | 5992-5992 | 1      | 2700          | State/Requestor Items | sel          | yes                        |          |
| Census Source 2000                      |          | 5993-5994 | 2      | 2700          | State/Requestor Items | cen          |                            |          |
| Date Visually Edited                    |          | 5995-6002 | 8      | 2700          | State/Requestor Items | cen          |                            |          |
| Date Visual Editing Reported            |          | 6003-6010 | 8      | 2700          | State/Requestor Items | cen          |                            |          |
| Date Visually Editing Resolved          |          | 6011-6018 | 8      | 2700          | State/Requestor Items | cen          |                            |          |

| California Item Name   | C/NEt # | Column #  | Length | NAACCR Item # | NAACCR Item Name      | CCR Required | Correction Record Required | CCR Note         |
|--|---------|-----------|--------|---------------|-----------------------|--------------|----------------------------|------------------|
| Payment Source - Secondary   | F03535  | 6019-6020 | 2      | 2700          | State/Requestor Items | yes*         | yes                        |                  |
| Death File Number State  |         | 6021-6022 | 2      | 2700          | State/Requestor Items | cen          |                            |                  |
| Census Block 2000  |         | 6023-6026 | 4      | 2700          | State/Requestor Items | cen          |                            |                  |
| Census Place 2000  |         | 6027-6031 | 5      | 2700          | State/Requestor Items | cen          |                            |                  |
| Pathology Report Number Biopsy/FNA   | F00589  | 6032-6041 | 10     | 2700          | State/Requestor Items | yes*         | yes                        |                  |
| Pathology Report Number - Surgery  | F00590  | 6042-6051 | 10     | 2700          | State/Requestor Items | yes*         | yes                        |                  |
|  |         | 6052-6052 | 1      | 2700          | State/Requestor Items |              |                            | Deleted          |
| Discovered by Screening  | F00592  | 6053-6053 | 1      | 2700          | State/Requestor Items | may          | yes                        | Stored in Eureka |
|  |         | 6054-6171 | 118    | 2700          | State/Requestor Items |              |                            | Deleted          |
| Comments   |         | 6172-6371 | 200    | 2700          | State/Requestor Items | cen          |                            |                  |
| Date of Transplant/Endocrine Procedure   | F03562  | 6372-6379 | 8      | 2700          | State/Requestor Items | yes          | yes                        |                  |
| Transplant/Endocrine at This Hospital  | F03564  | 6380-6381 | 2      | 2700          | State/Requestor Items | yes*         | yes                        |                  |
| DC Father's Surname  |         | 6382-6396 | 15     | 2700          | State/Requestor Items | cs           |                            |                  |
| Hosp Surg Prim First   |         | 6397-6406 | 10     | 2700          | State/Requestor Items | cen          |                            |                  |
| Hosp Surg Prim Sum   |         | 6407-6416 | 10     | 2700          | State/Requestor Items | cen          |                            |                  |
| Surg Prim First  |         | 6417-6418 | 2      | 2700          | State/Requestor Items | cen          |                            |                  |
| Date Surg Prim First   |         | 6419-6426 | 8      | 2700          | State/Requestor Items | cen          |                            |                  |
|  |         | 6627-6693 | 257    | 2700          | Reserved 19           |              |                            |                  |
| End of Record [.]  |         | 6694-6694 | 1      |               |                       |              |                            |                  |
|  |         |           |        |               |                       |              |                            |                  |
| *Hospital-specific values (Admission level) go in these fields   |         |           |        |               |                       |              |                            |                  |
| **Put the date into these fields from the the Patient, Tumor, Admission or Alias file.   |         |           |        |               |                       |              |                            |                  |
| ***The consolidated values (Tumor level) go in these fields.   |         |           |        |               |                       |              |                            |                  |
| ****Descriptions are in a supplement to Volume I.  |         |           |        |               |                       |              |                            |                  |
| <i>Dropped fields that are generated in Eureka: Race Recode, Age Group, Site Recode (SEER), Survival Time and Follow-up Eligibility.</i> |         |           |        |               |                       |              |                            |                  |

**APPENDIX B - II.3.3A Correction Record Layout**

| Item Name                              | Length | Begin | End  | Required |  |
|--|--------|-------|------|----------|--|
| <b>Sender ID Section</b>               |        |       |      |          |  |
| Record Type [U]                        | 1      | 1     | 1    | gen      |  |
| Update/Correction Record Version [A]   | 1      | 2     | 2    | gen      |  |
| Vendor Name                            | 10     | 3     | 12   | gen      |  |
| Registry Type                          | 1      | 13    | 13   | gen      |  |
| Reserved for Expansion                 | 1      | 14    | 14   |          |  |
| RegistryID                             | 10     | 15    | 24   | gen      |  |
| Reserved for Expansion                 | 5      | 25    | 29   |          |  |
| Patient ID Number (NAACCR)             | 8      | 30    | 37   |          |  |
| Hospital Tumor Number                  | 2      | 38    | 39   | gen      |  |
| Hospital Patient Number                | 12     | 40    | 51   | gen      |  |
| Reserved for Expansion                 | 8      | 52    | 59   |          |  |
| <b>Record ID Section</b>               |        |       |      |          |  |
| Patient Identification Number Received | 8      | 60    | 67   | yes*     |  |
| Central Tumor Number Received          | 2      | 68    | 69   | yes*     |  |
| Name-Last                              | 25     | 70    | 94   | yes      |  |
| Name-First                             | 14     | 95    | 108  | yes      |  |
| Name-Middle                            | 14     | 109   | 122  | yes*     |  |
| Medical Record Number (NAACCR)         | 11     | 123   | 133  |          |  |
| Military Record No Suffix              | 2      | 134   | 135  |          |  |
| Medical Record Number                  | 12     | 136   | 147  | yes*     |  |
| Reserved for Expansion                 | 13     | 148   | 160  |          |  |
| Social Security Number                 | 9      | 161   | 169  | yes*     |  |
| Sex                                    | 1      | 170   | 170  | yes      |  |
| Birth Date                             | 8      | 171   | 178  | yes      |  |
| Reserved for Expansion                 | 1      | 179   | 179  |          |  |
| Reporting Hospital (NAACCR)            | 10     | 180   | 189  |          |  |
| Reserved for Expansion                 | 5      | 190   | 194  |          |  |
| Accession Number-Hosp (NAACCR)         | 9      | 195   | 203  | yes      |  |
| Date of Diagnosis                      | 8      | 204   | 211  | yes      |  |
| Sequence Number-Hospital               | 2      | 212   | 213  | yes      |  |
| Primary Site                           | 4      | 214   | 217  | yes      |  |
| Laterality                             | 1      | 218   | 218  | yes      |  |
| Histologic Type -ICD-O-2               | 4      | 219   | 222  | yes      |  |
| Behavior Code - ICD-O-2                | 1      | 223   | 223  | yes      |  |
| Histologic Type - ICD-O-3              | 4      | 224   | 227  | yes      |  |
| Behavior Code - ICD-O-3                | 1      | 228   | 228  | yes      |  |
| Abstractors Initials                   | 3      | 229   | 231  | yes      |  |
| Reserved for Expansion                 | 40     | 232   | 271  |          |  |
| <b>Correction Section</b>              |        |       |      |          |  |
| Date of This Change                    | 8      | 272   | 279  | gen      |  |
| Time of This Change                    | 6      | 280   | 285  | gen      |  |
| CRC CHECKSUM                           | 10     | 286   | 295  |          |  |
| Correction Comments                    | 200    | 296   | 495  | yes      |  |
| Changed Item Number                    | 5      | 496   | 500  | gen      |  |
| Changed Item New Value                 | 350    | 501   | 850  | yes      |  |
| Old Item Value                         | 350    | 851   | 1200 | gen      |  |
| Reseved                                | 1      | 1201  | 1201 | gen      |  |
| End of Record[.]                       | 1      | 1202  | 1202 | gen      |  |

**APPENDIX C - II.3.4A Follow-up Only and Shared Follow-up Record Layout**

| Item Name                                 | Length | Begin | End | Required |
|---|--------|-------|-----|----------|
| <b>Record Area: Identifiers</b>           |        |       |     |          |
| Record Type [F/S]                         | 1      | 1     | 1   | gen      |
| Record Version [J]                        | 1      | 2     | 2   | gen      |
| Hospital Number (Reporting)               | 10     | 3     | 12  | yes      |
| Reserved for Expansion                    | 5      | 13    | 17  | res      |
| Accession Number                          | 9      | 18    | 26  | yes      |
| Sequence Number Hospital                  | 2      | 27    | 28  | yes      |
| Hospital Tumor Number                     | 2      | 29    | 30  | gen      |
| Hospital Patient Number                   | 12     | 31    | 42  | yes      |
| Patient Identification Number             | 8      | 43    | 50  | yes*     |
| Central Tumor Number                      | 2      | 51    | 52  | yes*     |
| Medical Record Number                     | 12     | 53    | 64  | yes*     |
| Social Security Number                    | 9      | 65    | 73  | yes*     |
| Social Security Number Suffix             | 2      | 74    | 75  | yes*     |
| Last Name                                 | 25     | 76    | 100 | yes      |
| First Name                                | 14     | 101   | 114 | yes      |
| Birth Date                                | 8      | 115   | 122 | yes      |
| Sex                                       | 1      | 123   | 123 | yes      |
| Site-Primary (ICD-O-2)                    | 4      | 124   | 127 | yes      |
| Laterality                                | 1      | 128   | 128 | yes      |
| Histology Type (ICD-O-2)                  | 4      | 129   | 132 | yes      |
| Histology Behavior                        | 1      | 133   | 133 | yes      |
| Date of Diagnosis                         | 8      | 134   | 141 | yes      |
| Histologic Type - ICD-O-3                 | 4      | 142   | 145 | yes      |
| Behavior Code - ICD-O-3                   | 1      | 146   | 146 | yes      |
| <b>Record Area: Follow-up</b>             |        |       |     |          |
| Recurrence - Date                         | 8      | 147   | 154 | yes*     |
| Recurrence - Type                         | 2      | 155   | 156 | yes*     |
| Recurrence - Site                         | 3      | 157   | 159 | yes*     |
| Date of Last Patient Contact or Death     | 8      | 160   | 167 | yes      |
| Vital Status                              | 1      | 168   | 168 | yes      |
| Date of Last Tumor Status                 | 8      | 169   | 176 | yes      |
| Tumor Status                              | 1      | 177   | 177 | yes      |
| Follow-up Hospital - Last                 | 10     | 178   | 187 | yes      |
| Reserved for Expansion                    | 5      | 188   | 192 | yes      |
| Follow-up Last Type (Patient)             | 2      | 193   | 194 | yes      |
| Follow-up Last Type (Tumor)               | 2      | 195   | 196 | yes      |
| Follow-up Registry - Next                 | 10     | 197   | 206 | yes*     |
| Reserved for Expansion                    | 5      | 207   | 211 | res      |
| Follow-up - Next Type                     | 1      | 212   | 212 | yes*     |
| Physician (Following)                     | 8      | 213   | 220 | yes*     |
| Cause of Death                            | 4      | 221   | 224 | may      |
| Place of Death                            | 3      | 225   | 227 | yes*     |
| Date Follow-up Last Changed - Hospital    | 8      | 228   | 235 | gen      |
| Death File Number                         | 6      | 236   | 241 | may      |
| Contact Name                              | 30     | 242   | 271 | yes*     |
| Contact Street                            | 40     | 272   | 311 | yes*     |
| Contact Street Supplemental               | 40     | 312   | 351 | yes*     |
| Contact City                              | 20     | 352   | 371 | yes*     |
| Contact State                             | 2      | 372   | 373 | yes*     |
| Contact Zip                               | 9      | 374   | 382 | yes*     |
| Phone Number (Patient)                    | 10     | 383   | 392 | yes*     |
| Patient No Research Contact Flag          | 1      | 393   | 393 | yes*     |
| Follow-up Contact Name - Other            | 30     | 394   | 423 | yes*     |
| Follow-up Contact Address - Other         | 40     | 424   | 463 | yes*     |
| Follow-up Contact Address - Other - Suppl | 40     | 464   | 503 | yes*     |
| Follow-up Contact City - Other            | 20     | 504   | 523 | yes*     |
| Follow-up Contact State - Other           | 2      | 524   | 525 | yes*     |
| Follow-up Contact Zip - Other             | 9      | 526   | 534 | yes*     |
| Reserved                                  | 9      | 535   | 543 | res      |
| End of Record[.]                          | 1      | 544   | 544 | gen      |

| APPENDIX D - II.3.5A Deletion Record Layout |        |       |     |          |
|---|--------|-------|-----|----------|
| Item Name                                   | Length | Begin | End | Required |
| <b>Record Area: Identifiers</b>             |        |       |     |          |
| Record Type [D]                             | 1      | 1     | 1   | gen      |
| Record Version [G]                          | 1      | 2     | 2   | gen      |
| Hospital Number (Reporting)                 | 10     | 3     | 12  | yes      |
| Reserved for Expansion                      | 5      | 13    | 17  | res      |
| Accession Number                            | 9      | 18    | 26  | yes      |
| Sequence Number Hospital                    | 2      | 27    | 28  | yes      |
| Hospital Tumor Number                       | 2      | 29    | 30  | gen      |
| Hospital Patient Number                     | 12     | 31    | 42  | yes      |
| Patient Identification Number               | 8      | 43    | 50  | yes*     |
| Central Tumor Number                        | 2      | 51    | 52  | yes*     |
| Medical Record Number                       | 12     | 53    | 64  | yes*     |
| Social Security Number                      | 9      | 65    | 73  | yes*     |
| Social Security Number Suffix               | 2      | 74    | 75  | yes*     |
| Last Name                                   | 25     | 76    | 100 | yes      |
| First Name                                  | 14     | 101   | 114 | yes      |
| Birth Date                                  | 8      | 115   | 122 | yes      |
| Sex   | 1      | 123   | 123 | yes      |
| Site-Primary (ICD-O-2)                      | 4      | 124   | 127 | yes      |
| Laterality                                  | 1      | 128   | 128 | yes      |
| Histology Type (ICD-O-2)                    | 4      | 129   | 132 | yes      |
| Histology Behavior                          | 1      | 133   | 133 | yes      |
| Date of Diagnosis                           | 8      | 134   | 141 | yes      |
| Histologic Type - ICD-O-3                   | 4      | 142   | 145 | yes      |
| Behavior Code - ICD-O-3                     | 1      | 146   | 146 | yes      |
| <b>Record Area: Deletion Fields</b>         |        |       |     |          |
| Date of First Admission                     | 8      | 147   | 154 | yes      |
| Text - Transaction Remarks                  | 150    | 155   | 304 | yes      |
| Reserved                                    | 9      | 305   | 313 | res      |
| End of Record [.]                           | 1      | 314   | 314 | yes      |