

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

**CALIFORNIA CANCER REPORTING SYSTEM  
STANDARDS**

**VOLUME II**

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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**

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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**

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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

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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**

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### **II.3.4.1 Follow-up Only**

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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**

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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**

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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**

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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

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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

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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
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### II.5.4 NAACCR Record Version

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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

## **PART III**

## **QUALITY CONTROL STANDARDS**

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### **Section III.1 Summary**

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

### **Section III.2 Item Edits**

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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**

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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.

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## 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	
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		

California Item Name	C/NexT #	Column #	Length	NAACCR Item #	NAACCR Item Name	CCR Required	Correction Record Required	CCR Note
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
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	

California Item Name	C/NexT #	Column #	Length	NAACCR Item #	NAACCR Item Name	CCR Required	Correction Record Required	CCR Note
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	
		441-444	4	615	Reserved 26	yes	yes	Moved to1846
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	

California Item Name	C/NExT #	Column #	Length	NAACCR Item #	NAACCR Item Name	CCR Required	Correction Record Required	CCR Note
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		
		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	

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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	
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	



California Item Name	C/NExT #	Column #	Length	NAACCR Item #	NAACCR Item Name	CCR Required	Correction Record Required	CCR Note
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	
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 Definit 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	

California Item Name	C/NExT #	Column #	Length	NAACCR Item #	NAACCR Item Name	CCR Required	Correction Record Required	CCR Note
	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 Approach	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		
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			

California Item Name	C/NExT #	Column #	Length	NAACCR Item #	NAACCR Item Name	CCR Required	Correction Record Required	CCR Note
RX Coding System--Current	F00554	888-889	2	1460	RX Coding System--Current	cen		
	F00585	890-890	1	1465	Reserved			
Protocol Participation	F00582	891-892	2	1480	Protocol Participation	sel	yes	
		893-894	2		Reserved			
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		
	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		

California Item Name	C/NEt #	Column #	Length	NAACCR Item #	NAACCR Item Name	CCR Required	Correction Record Required	CCR Note
		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		
	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		

California Item Name	C/NExT #	Column #	Length	NAACCR Item #	NAACCR Item Name	CCR Required	Correction Record Required	CCR Note
	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/Diagno Confirmation Conflict	F00639	1132-1132	1	2070	Over-ride Leuk, Lymphoma	yes*		
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		

California Item Name	C/NExT #	Column #	Length	NAACCR Item #	NAACCR Item Name	CCR Required	Correction Record Required	CCR Note
	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>								
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		

California Item Name	C/NeXT #	Column #	Length	NAACCR Item #	NAACCR Item Name	CCR Required	Correction Record Required	CCR Note
		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		
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 confi	F00641	1532-1532	1	2220	State/Requestor Items	yes*		

California Item Name	C/NexT #	Column #	Length	NAACCR Item #	NAACCR Item Name	CCR Required	Correction Record Required	CCR Note
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	
Date Case First Entered	F00082	1641-1648	8	2220	State/Requestor Items	yes		
Tumor Size*	<del>F00035</del>	1649-1651	3	2220	EOD - Tumor Size	cs		Cases <2004
Extent of Disease - Extension***	<del>F01908</del>	1652-1653	2	2220	EOD - Extension	cs		Cases <2004
Extent of Disease - Extension (Path)***	<del>F01907</del>	1654-1655	2	2220	EOD - Pathologic for Prostate	cs		Cases <2004
Extent of Disease - LN Involvement***	<del>F00039</del>	1656-1656	1	2220	EOD - Lymph Node Involvement	cs		Cases <2004
Regional Nodes Positive (Number)***	<del>F01982</del>	1657-1658	2	2220	Regional Nodes Positive	cs		
Regional Nodes Examined (Number)***	<del>F01983</del>	1659-1660	2	2220	Regional Nodes Examined	cs		
Stage - Alternate	F00289	1661-1664	4	2220	State/Requestor Items	may		
	<del>F00426</del>	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, Method)	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		



California Item Name	C/NEt #	Column #	Length	NAACCR Item #	NAACCR Item Name	CCR Required	Correction Record Required	CCR Note
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
		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	

California Item Name	C/NExT #	Column #	Length	NAACCR Item #	NAACCR Item Name	CCR Required	Correction Record Required	CCR Note
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 - Supp	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
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)	F00075	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>								

California Item Name	C/Next #	Column #	Length	NAACCR Item #	NAACCR Item Name	CCR Required	Correction Record Required	CCR Note
<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 - Pathological	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, F01352 & F01353	4475-4624	150	2610	RX Text--Surgery	sel	yes	
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	
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	

California Item Name	C/NExT #	Column #	Length	NAACCR Item #	NAACCR Item Name	CCR Required	Correction Record Required	CCR Note
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) or Distant LN - Procedure 1	F03493	5968-5968	1	2700	State/Requestor Items	yes	yes	
Surgery of Other Reg. & Distant Site(s) or Distant LN - Procedure 2	F03494	5969-5969	1	2700	State/Requestor Items	yes	yes	
Surgery of Other Reg. & Distant Site(s) or Distant LN - Procedure 3	F03495	5970-5970	1	2700	State/Requestor Items	yes	yes	
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		
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		

California Item Name	C/NEXT #	Column #	Length	NAACCR Item #	NAACCR Item Name	CCR Required	Correction Record Required	CCR Note
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 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