

**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, 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 nor does it discuss all of the edits. It describes only the format in which the collected data should be reported, and those quality control standards for the submitted data that a computer can be programmed to perform. Other quality control checks, computerized and manual, will be applied to submitted data in addition to the ones discussed here. 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.

Section I.1 Summary of Changes for 2005

The changes to the data set for 2005 are listed in the "California Cancer Registry: Additions Changes and Deletions for Data Items for 2005" document that accompanies Volume II.

All changes throughout this document are noted by italics, strikeouts, change bars, and underlining.

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 are two types of records that may be sent from the regional registry to the hospital. They are New Case Reply and Shared Follow-up, described in Section II.4. Acceptance of these record types by the hospital is optional (though we strongly recommend it). These record types are designed to provide the hospital with useful information from the regional registry.

Section II.3 discusses general requirements for data items, and Section II.5 gives specific rules for computer-generated items.

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 listed as being computer-generated are described in more detail in Section II.5 Allowable codes for all other items can be found in Appendix H of Standards, Volume I and in Data Standards for Regional Registries and California Cancer Registry, Volume III.

Section II.3 Transmission between Hospitals and Regions

II.3.1 Selection of Cases

Only cases which are reportable under California Cancer Registry 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 Correction Record

Every time a data item on the list below is changed, a Correction record must be sent to the regional registry.

Data Item Name	Data Item Name
Accession Number	CS Site Specific Factor 6
Address at Diagnosis – City	Date of Chemotherapy
Address at Diagnosis - No. & Street	Date of Diagnosis
Address at Diagnosis - Supplemental	Date of Diagnostic or Staging Procedures
Address At Diagnosis – State	Date of First Admission
Address At Diagnosis - Zip Code	Date of Hormone Therapy
Alias First Name	Date of Immunotherapy
Alias Last Name	Date of Inpatient Admission
Behavior Code ICD-O-3	Date of Inpatient Discharge
Birth Date	Date of Most Definitive Surgery
Birthplace	Date of Other Therapy
Casefinding Source	Date of Radiation Therapy
Chemotherapy at This Hospital	Date of Surgery
Chemotherapy Summary	Date of Systemic Therapy
Class of Case	Date of Transplant/Endocrine Procedure
Comorbidity/Complication 1	Derived AJCC T
Comorbidity/Complication 2	Derived AJCC N
Comorbidity/Complication 3	Derived AJCC M
Comorbidity/Complication 4	Derived AJCC Stage Group
Comorbidity/Complication 5	Derived SS2000
Comorbidity/Complication 6	Derived SS 1977
County of Residence at Diagnosis	Diagnostic Confirmation
CS Tumor Size	Diagnostic or Staging Procedures
CS Tumor Size/Extension Evaluation	Extent of Disease - Extension
CS Extension	Extent of Disease - Extension (Path)
CS Lymph Nodes	Extent of Disease - Lymph Node Involvement
CS Lymph Node Evaluation	First Name
CS Metastasis at Diagnosis	Histology - Behavior - (ICD-O-2)
CS Mets at Diagnosis Evaluation	Histologic Type ICD-O-3
CS Site Specific Factor 1	Histology - Grade/Differentiation
CS Site Specific Factor 2	Histology - Type - (ICD-O-2)
CS Site Specific Factor 3	Hormone Therapy at This
CS Site Specific Factor 4	
CS Site Specific Factor 5	

Hospital
Hormone Therapy Summary
Hospital Number (Reporting)
Hospital Referred From
Hospital Referred To
Immunotherapy at This Hospital
Immunotherapy Summary
Industry - Text
Last Name
Laterality
Maiden Name
Marital Status
Medical Record Number
Middle Name
Mother's First Name
Name Suffix
Number of Regional Lymph
Nodes Examined – Summary
Occupation - Text
Other Therapy at This Hospital
Other Therapy Summary
Pathology Report Number-
Biopsy/FNA
Pathology Report Number-
Surgery
Patient No Research Contact Flag
Payment Source (Primary &
Secondary)
Payment Source Text (Primary)
Pediatric Stage
Pediatric Stage Coder
Pediatric Stage System
Physicians
Protocol Participation
Race 1
Race 2
Race 3
Race 4
Race 5
Radiation Summary
Radiation-Regional Rx Modality
Radiation-Boost Treatment

Modality
Radiation/Surgery Sequence
Reason for No Radiation
Reason for No Surgery
Regional Data
Regional Nodes Examined
(Number)
Regional Nodes Positive
(Number)
Religion
Scope of Regional Lymph Node
Surgery At This Hospital
Scope of Regional Lymph Node
Surgery - Summary
Sequence Number - Hospital
Sex
Site - Primary (ICD-O-2)
Social Security Number
Social Security Number Suffix
Spanish/Hispanic Origin
Summary Stage
Summary Stage 2000
Surgical Procedure/Other Site –
At This Hospital
Surgical Procedure/Other Site -
Summary
Surgery of Primary Site – At This
Hospital
Surgery Primary Site - Summary
Surgery Summary –
Reconstructive
Text-Diagnostic Procedures-
Physical Examination
Text-Diagnostic Procedures-X-ray
Text-Diagnostic Procedures-
Scopes
Text-Diagnostic Procedures-Lab
Tests
Text-Diagnostic Procedures-
Operative
Text-Diagnostic Procedures-
Pathological
Text-Site

Text-Histology
Text Rx-Surgery
Text Rx-Radiation (Beam)
Text Rx-Radiation (Other)
Text Rx-Chemotherapy
Text Rx-Hormone Therapy
Text Rx-Immunotherapy
Text Rx-Other Therapy
Text-Remarks
Text-Final Diagnosis
TNM Coder (Clinical)
TNM Coder (Path)
TNM Edition
TNM M Code (Clinical)
TNM M Code (Path)
TNM N Code (Clinical)
TNM N Code (Path)
TNM Stage (Clinical)
TNM Stage (Path)
TNM T Code (Clinical)
TNM T Code (Path)
Transplant & Endocrine
Procedures – at This Hospital
Transplant & Endocrine
Procedures - Summary
Tumor Marker - 1
Tumor Marker - 2
Tumor Marker - 3
Tumor Marker-CA-1
Tumor Size
Type of Admission
Type of Reporting Source
Year First Seen

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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 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 correction records, the last correction on the transaction file is the one that prevails.

The 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 Correction record, with the new values in the Changed Item Value field.

The layout for the Correction record follows. (Key to symbols is in Section II.2.)

II.3.3A Correction Record Layout

<u>Item Name</u>	<u>Length</u>	<u>Begin</u>	<u>End</u>	<u>Req</u>
Sender ID Section				
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	
Registry ID	<u>10</u>	15	<u>24</u>	gen
<u>Reserved for Expansion</u>	<u>5</u>	<u>25</u>	<u>29</u>	res
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	
Record ID Section				
Region Patient Number-Receiver	8	60	67	yes*
Region Tumor Number-Receiver	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)	<u>10</u>	180	189	
Reserved for Expansion	<u>5</u>	<u>190</u>	<u>194</u>	
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
Abstractor=s Initials	3	229	231	yes
Reserved for Expansion	40	232	271	

Correction Section

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
Reserved	1	1201	1201	gen
End of Record [.]	1	1202	1202	gen

II.3.4 Follow-up Only and 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.

The format for the Follow-up Only record follows. (Key to symbols is in Section II.2.)

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

<u>Item Name</u>	<u>Length</u>	<u>Begin</u>	<u>End</u>	<u>Req.</u>
Record Area: Identifiers				
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
Region Patient Number	8	43	50	yes*
Region 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
Record Area: Follow-up				
Recurrence - Date	8	147	154	yes*
Recurrence - Type	2	155	156	yes*
Recurrence - Site	1*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	res
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

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

<u>Item Name</u>	<u>Length</u>	<u>Begin</u>	<u>End</u>	<u>Req.</u>
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

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 them to, the Text - Transaction Remarks field should contain only an "R" or "REGION" (all caps).

The layout for the deletion record follows. (Key to symbols is in Section II.2.)

II.3.5A Deletion Record Layout

<u>Item Name</u>	<u>Length</u>	<u>Begin</u>	<u>End</u>	<u>Req.</u>
Record Area: Identifiers				
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	sel
Region Patient Number	8	43	50	yes*
Region 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
Record Area: Deletion Fields				
Date of First Admission	8	147	154	yes
Text - Transaction Remarks	50*3	155	304	yes

II.3.5A Deletion Record Layout

<u>Item Name</u>	<u>Length</u>	<u>Begin</u>	<u>End</u>	<u>Req.</u>
Reserved	9	305	313	res
End of Record [.]	1	314	314	yes

II.3.6 New Case Reply

A New Case Reply record is created by the regional registry each time a New Case record from a hospital is fully accepted by the regional registry. The New Case Reply will contain the Region Patient Number and the Region Tumor Number, the identifiers assigned by the regional registry to the patient and tumor. When the hospital processes the New Case Reply records, it will have an indication of exactly which cases have been processed to completion by the regional registry and any Correction, Follow-up Only or Deletion records sent back to the regional registry should contain the Region Patient Number and Region Tumor Number assigned to that patient and tumor. (New tumors for that patient should contain the Region Patient Number.)

The record layout for the New Case Reply record appears below.

II.3.6A New Case Reply Record Layout

<u>Item Name</u>	<u>Length</u>	<u>Begin</u>	<u>End</u>	<u>Req.</u>
<u>Record Area: Identifiers</u>				
Record Type [R]	1	1	1	gen
Record Version [F]	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*
Region Patient Number	8	43	50	yes
Region 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 First Admission	8	134	141	yes
Histologic Type - ICD-O-3	4	142	145	yes
Behavior Code - ICD-O-3	1	146	146	yes
Reserved for Expansion	3	147	149	
End of Record [.]	1	150	150	yes

Section II.4 Data Transmittal Format

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, 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
Corrections	.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
New Case Reply	.XRP	150 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.

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

II.5.1 Age at Diagnosis

Age at diagnosis should be computed by finding the difference in completed years between birth date and diagnosis date. Age should be computed at the hospital for the purpose of determining whether the case passes the interfield edits related to age. The formula for calculating this value is as follows:

If either century of birth or century of diagnosis is unknown (99), then AGE-DX = 999.

CCYY DX - CCYY BIRTH = age.

If month of birth or diagnosis is unknown (99), assume unknown month (and day): MMDD = 0701, otherwise, if day of birth or diagnosis is unknown (99), assume unknown day: DD = 15.

If MMDD DX < MMDD BIRTH
then AGE-DX = age - 1
else AGE-DX = age.

If age > 120 move 120 to AGE-DX.

If age < 0, display an error message (DATE DX < DATE BIRTH).

II.5.2 Coding Procedure

All cases abstracted under coding rules after 2004 should have a 23 in this field. If changes are made in coding rules at a later date, the hospital may be instructed to change this number for new cases.

II.5.3 Date Case Completed

This field should be computer-generated at the time the case is completed, that is, at the time it is determined that the case is ready to be sent to the regional registry. It should not change once it has been generated.

II.5.4 Date Case First Entered

This field is used by the hospital to identify the date a case was first added to the hospital database. It represents the date that casefinding or initial data entry was done, not the date the case was completed. It should not change once it has been generated.

II.5.5 Date Case Last Changed - Hospital

This computer-generated field is to be used by the hospital to reflect when a record was last changed. It is required on Correction records.

II.5.6 Date Case Transmitted

This field contains the date the case was written to an external transmit file (not necessarily the date the file was sent). Re-transmits should update this date.

II.5.7 Date Follow-up Last Changed - Hospital

This computer-generated field is reported on Follow-up Only and Shared Follow-up records. It must be the most recent date that follow-up information was changed on the database record.

II.5.8 End of Record

Must be a period (.).

II.5.9 Hospital Patient Number

All hospital registries must assign a unique and unchanging Hospital Patient number for each patient. This number must be separate from the accession number, and the patient number should be identical for all tumors for that patient. (In the case of multiple tumors, this patient number should be reported for each case.) This number should never be changed or reused, even if the original patient to whom the number is assigned is subsequently deleted. Registry systems that service a cluster of hospitals must use a common Hospital Patient number that is unique within that cluster of hospitals as well as within each participating hospital. The number is to be reported in the Hospital Patient Number field, right justified, and zero-filled.

II.5.10 Hospital Tumor Number

This is a two-digit numeric field. This is a unique identifying number that should be assigned to each tumor record for a given patient as it is created in the hospital system. This number should never change, even if other tumor records are added or deleted for the same patient. It will be used by the regional registry to identify corrections, deletions, or follow-up to that particular tumor record, and it will be supplied to the hospital by the

regional registry in the New Case Reply and Shared Follow-up records for hospital use in applying these records.

II.5.11 Record Type

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

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

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

New Case Reply	R
Shared Follow-up	S

II.5.12 NAACCR Record Version

This one-character field identifies the version type of the record layout. For New Case an "A" 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 and New Case Reply requires a "F" in this field to show that the case follows the revisions to the standards for record layout, as defined in this volume.

II.5.13 Region Patient Number

When a New Case record for a new patient is sent to the regional registry, the regional registry will assign a Regional Patient Number to the patient. This number will be returned to the hospital as part of a New Case Reply record. Once this number is added to the hospital database, the number should appear on any Correction, Follow-up, and Deletion records for the patient and also on any New Case record representing a new tumor for that patient.

II.5.14 Region Tumor Number

This is the tumor number assigned to the case by the region, and reported back to hospitals by the New Case Reply. Once this number is added to the hospital database, the number should appear on any correction, deletion, and follow-up record for that tumor.

II.5.15 Special Study Participant

Designates whether a reporting facility is participating in the short-term study of the efficacy of collecting certain items for potential future inclusion in the standard data set. If the reporting facility is not participating, generate a >0= in this field. If the reporting facility will ever complete any of the items in the Special Study Block of the new case record generate a >1= in this field.

II.5.16 Vendor Version

Designates which software vendor generated this case report and what version of software was being used at the time. Each time a vendor produces a new version of registry software, this value should be changed.

Section II.6 Rules to Computer-generate data items for other standard setting organizations

Some facilities may be sending data to other entities using the NAACCR data transmittal format. Those entities may wish to fill in all of the NAACCR fields. Following is our attempt to help these entities decide what to put into some of the NAACCR-only computer generated fields. They are optional fields. No one needs to put anything into any of these fields for California.

II.6.1 Census Tract Coding System 1970/80/90

Generate a "3" in this field.

II.6.2 COC Coding Sys - Current

Generate 08 (FORDS Manual 2002).

II.6.3 COC Coding Sys - Original

If Date of Diagnosis < 1992, then generate 03 (1989 Data Acquisition Manual revisions); if Date of Diagnosis > 1991 and < 1994, generate 04; if Date of Diagnosis > 1994 and < 1996, generate 05; if Date of Diagnosis > 1995 and < 1998, generate 06; if Date of Diagnosis > 1998 and < 2002, generate 07 (1998 ROADS); otherwise, generate 08 (FORDS 2002).

II.6.4 Coding System for EOD

Generate a value of 4 in this field.

II.6.5 Computer-Derived Ethnicity

Generate the code depending on the value in the Spanish Surname field.

If 9, generate 0: No match yet done

If 0, generate 2: Non-Hispanic Last Name, no check on Maiden Name

If 6, generate 5: Hispanic Last Name, no check on Maiden Name

II.6.6 Computer-Derived Ethnicity Src

Generate a value of 6: 1990 Census plus local

II.6.8 First Course Calc. Method

Generate 2 (defined from treatment start date (SEER)).

II.6.9 ICD Revision Number

If Vital Status = 1, then generate 0 (patient alive at last follow-up); otherwise, generate 9 (ICD-9) or generate 1 (ICD-10) for 1999 deaths.

II.6.10 Industry (Census)

If Industry codes have been assigned according to the 1990 NIOSH coding standards, the 3-digit code may be entered here.

II.6.11 Industry Source

1 Reporting Facility

II.6.12 Last Type of Follow-up

Convert from Follow-up Last Type (Patient) using this conversion table:

<u>Follow-up Last Type (Patient)</u>	<u>NAACCR Follow Up Source</u>
00	0
01	1
02, 20, or 40	2
03 or 86	3
21 or 51	4
06, 22, or 52	5
25, 26, 27, 55, 56, 58, or 69	7
04, 05, 07-15, 23, 24, 29-39, 41, 50, 53, 54, 57, 59 -62, 65-73, 80-85, or 87	8
99 or not numeric	9

II.6.13 Morph Coding Sys - Current

Generate 7 (ICDO Third Edition (2000)).

II.6.14 Morph Coding Sys - Original

If Date of Diagnosis < 1992, then generate 3 (ICDO 1988 Field Trial); if Date of Diagnosis is > 1991 and < 2001 generate 4 (ICDO Second Edition (1990)); otherwise generate 7 (ICDO Third Edition (2000)).

II.6.15 Occup/Ind Coding System

- 1 1970 Census
- 2 1980 Census
- 3 1990 Census
- 4 2000 Census
- 7 Other
- 9 Unknown

II.6.16 Occupation (Census)

If Occupation codes have been assigned according to the 1990 NIOSH coding standards, the 3-digit code may be entered here.

II.6.17 Occupation Source

- 1 Reporting Facility

II.6.18 Race Coding Sys - Current

Generate a "6" in this field.

II.6.19 Race Coding Sys - Original

If Date of Diagnosis < 1988
generate 2 (SEER < 1988 (1-digit))

else
if Date of Diagnosis > 1987 and < 1991
generate 3 (1988+ SEER & COC (2-digit))

else
If Date of Diagnosis > 1990 and < 1994
generate 4 (1991_ SEER & COC (added codes 20-97,
additional Asian and Pacific Islander codes))

else
if Date of Diagnosis > 1993
generate 5 (1994+ SEER & COC (added code 14, Thai))else
if date of diagnosis > 1999
generate 6 (2000 + SEER & COC)

II.6.20 Registry ID

Generate a unique ID number for this specific registry from the official NAACCR Registry ID list, which is documented for central registries only in the NAACCR Volume II. For those facilities who would enter a 3 into the Registry Type field (hospital registries, primarily), the algorithm to be used for generating the hospital-based Registry IDs is to use the 6-digit American College of Surgeons hospital code (different from the California-assigned Hospital Numbers) preceded by nine zeroes (0).

II.6.21 Registry Type

For hospital registries and freestanding centers, computer-generate a 3 in this field. For regional or central (population-based) registries, generate a 1 in this field.

II.6.22 RX Coding System - Current

Generate 05 (Registry Operations and Data Standards (ROADS) Manual or (SEER Program Manual 3rd Edition) or 06 (2003 Facility Oncology Registry Data Standards FORDS) or SEER Program Code Manual 3rd Edition Revision 1.

II.6.23 SEER Coding Sys - Current

Generate 6.

II.6.24 SEER Coding Sys - Original

If Date of Diagnosis is known and
If Date of Diagnosis < 1987, generate 0 (No SEER Coding),
else
If Date of Diagnosis < May 1988, generate 1 (1987 SEER Coding Manual),
else
If Date of Diagnosis < January 1989, generate 2 (May 1988 SEER Coding Manual),
else
If Date of Diagnosis < 1992, generate 3 (January 1989 SEER Coding Manual),

If Date of Diagnosis < 1998, generate 4 (January 1992 SEER Coding Manual),
Otherwise, generate 5 (January 1998 SEER Coding Manual).
If Date of Diagnosis >2002, generate 6.

II.6.25 Site Coding Sys. - Current

Generate 5 (ICDO Third Edition (2000)).

II.6.26 Site Coding Sys. - Original

If Date of Diagnosis < 1992, then generate 3 (ICDO (1976)); if Date of Diagnosis is >1991 and <2001 generate 4; otherwise, generate 5 (ICDO Third Edition (2000)).

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. Item edits are described in Section III.2, and interfield edits are described in Section III.3. See Section III.4 for the acceptance standards.

Section III.2 Item Edits

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, Section II.5 of this document for computer-generated items or in Volume III

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

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 Volume III, as well as many more fields and edits (and other rules) that are not a part of the data transmissions between regional registries and hospitals. A copy of this document is available upon request.

Section III.4 Acceptance Procedure

III.4.1 Acceptance Standards for Software

Hospitals (and other reporting sources) wishing to develop their own systems for automated reporting to the regional registry, or vendors wishing to market software which meets California Cancer Registry requirements, will be required to demonstrate that they have procedures in place to assure the accuracy of the data being collected.

In order for another method of automated reporting to be accepted for reporting to the California Cancer Registry and its regional registries, the hospital or vendor must demonstrate the following:

1. Data must conform to the specifications previously described in this document.
2. Software must allow all valid values in data item fields, i.e., 99 for unknown portions of a date.
3. All records must pass the item edits (see Section III.2).
4. All records must pass the interfield edits (see Section III.3).
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 100 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 will be expected to submit additional test files to demonstrate that they meet the new requirements.

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APPENDIX A

California Item Name	C/NEt #	Column #	Length	NAACCR Item #	NAACCR Item Name	CCR Required	NAACCR Note	CCR Note
Record area: Non-Confidential								
Record ID Section								
Record Type [A]		1-1	1	10	Record Type	gen		
Patient ID	F00004	2-9	8	20	Patient ID Number	yes*		
	F01001	10-10	1	30	Registry Type			
	F01995	11-11	1	35	FIN Coding System			
		12-18	7	37	Reserved 00			
NAACCR Record Version [A]	F00654	19-19	1	50	NAACCR Record Version	gen		
Registry ID	F01683	20-29	10	40	Registry ID			
Central Tumor Number	F00137	30-31	2	60	Tumor Record Number	yes*		
		32-51	20	370	Reserved 01			
Demographic Section								
Address at Diagnosis - City	F00013	52-71	20	70	Addr at DX--City	yes		
Address at Diagnosis - State	F00014	72-73	2	80	Addr at DX--State	yes		
Address at Diagnosis - Zip Code	F00015	74-82	9	100	Addr at DX--Postal Code	yes		
County of Residence at Diagnosis	F00017	83-85	3	90	County at DX	yes		
Census Tract at DX (1990)		86-91	6	110	Census Tract 1970/80/90	cs		
		92-92	1	120	Census Cod Sys 1970/80/90			
Census Tract 2000		93-98	6	130	Census Tract 2000	cen		
		99-99	1	362	Census Tract Block Group			
Census Certainty - 90		100-100	1	364	Census Tr Cert 1970/80/90			
Census Certainty 2000		101-101	1	365	Census Tr Certainty 2000	cen		
Marital Status	F00023	102-102	1	150	Marital Status at DX	yes		
Race 1	F00021	103-104	2	160	Race 1	yes		
Race 2	F03073	105-106	2	161	Race 2	yes		
Race 3	F03074	107-108	2	162	Race 3	yes		
Race 4	F03075	109-110	2	163	Race 4	yes		
Race 5	F03076	111-112	2	164	Race 5	yes		
	F00549	113-113	1	170	Race Coding Sys--Current			
	F00550	114-114	1	180	Race Coding Sys--Original			
Spanish/Hispanic Origin	F00138	115-115	1	190	Spanish/Hispanic Origin	yes		
Spanish Surname		116-116	1	200	Computed Ethnicity	cen		

California Item Name	C/NExT #	Column #	Length	NAACCR Item #	NAACCR Item Name	CCR Required	NAACCR Note	CCR Note
		117-117	1	210	Computed Ethnicity Source			
Sex	F00022	118-118	1	220	Sex	yes		
Age at Diagnosis	F00020	119-121	3	230	Age at Diagnosis	gen		
Birth Date	F00019	122-129	8	240	Birth Date	yes		
Birthplace	F00018	130-132	3	250	Birthplace	yes		
Religion	F00116	133-134	2	260	Religion	yes		
		135-137	3	270	Occupation Code--Census			
		138-140	3	280	Industry Code--Census			
		141-141	1	290	Occupation Source			
		142-142	1	300	Industry Source			
Occupation - Text	F00112	143-182	40	310	Text--Usual Occupation	yes		
Industry - Text	F00153	183-222	40	320	Text--Usual Industry	yes		
		223-223	1	330	Occup/Ind Coding System			
	F00508	224-224	1	340	Tobacco History			
	F00509	225-225	1	350	Alcohol History			
	F00521	226-226	1	360	Family History of Cancer			
		227-228	2	3300	RuralUrban Continuum 1993			
		229-230	2	3310	RuralUrban Continuum 2000			
NHIA Derived Hisp Origin		231-231	1	191	NHIA Derived Hisp Origin	gen	new	new
		232-280	49	530	Reserved 02			
Cancer Identification								
		281-282	2	380	Sequence Number--Central			
Date of Diagnosis	F00029	283-290	8	390	Date of Diagnosis	yes		
Site - Primary (ICD)	F00152	291-294	4	400	Primary Site	yes		
Laterality	F00032	295-295	1	410	Laterality	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	yes		
Histology - Behavior	F00164	300-300	1	430	Behavior (92-00) ICD-O-2	yes		
	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		
Behavior Code ICD-O-3	F02504	305-305	1	523	Behavior Code ICD-O-3	yes		
Histology - Grade/Differentiation	F00034	306-306	1	440	Grade	yes		
	F00658	307-307	1	450	Site Coding Sys--Current			

California Item Name	C/NEt #	Column #	Length	NAACCR Item #	NAACCR Item Name	CCR Required	NAACCR Note	CCR Note
	F00659	308-308	1	460	Site Coding Sys--Original			
	F00660	309-309	1	470	Morph Coding Sys--Current			
	F00661	310-310	1	480	Morph Coding Sys--Originl			
Diagnostic Confirmation	F00129	311-311	1	490	Diagnostic Confirmation	yes		
Type of Reporting Source	F00110	312-312	1	500	Type of Reporting Source	yes		
		313-320	8	510	Screening Date			
		321-321	1	520	Screening Result			
		322-371	50	680	Reserved 03			
Hospital-Specific Section								
Reporting Hospital FAN		372-381	10	538	Reporting Hospital FAN			
Hospital Number (Reporting)	F01683	382-391	10	540	Reporting Hospital	yes		
	F03452	392-401	10	3100	Archive FIN	yes		
Accession Number	F00016	402-410	9	550	Accession Number--Hosp	yes		
Sequence Number	F00005	411-412	2	560	Sequence Number--Hospital	yes		
Abstractor	F00081	413-415	3	570	Abstracted By	yes		
Date of First Admission	F00024	416-423	8	580	Date of 1st Contact	yes		
Date of Inpatient Admission	F00427	424-431	8	590	Date of Inpatient Adm	yes		
Date of Inpatient Discharge	F00128	432-439	8	600	Date of Inpatient Disch	yes		
Class of Case	F00026	440-440	1	610	Class of Case	yes		
Year First Seen	F00119	441-444	4	620	Year First Seen This CA	yes		
Payment Source - Primary	F03534	445-446	2	630	Primary Payer at DX	yes		
		447-447	1	640	Inpatient/Outpt Status			
	F00530	448-448	1	650	Presentation at CA Conf			
	F00531	449-456	8	660	Date of CA Conference			
Surgery of Primary Site at This Hospital	F03492	457-458	2	670	RX Hosp--Surg Prim Site	yes		
Scope of Reg LN Surgery at This Hospital	F03486	459-459	1	672	RX Hosp--Scope Reg LN Sur	yes		
Surgery Other/Distant Sites at This Hospital	F03497	460-460	1	674	RX Hosp--Surg Oth Reg/Dis	yes		
	F00504	461-462	2	676	RX Hosp--Reg LN Removed			
	F00049	463-463	1	690	RX Hosp--Radiation			
Chemotherapy at This Hospital	F03374	464-465	2	700	RX Hosp--Chemo	yes		
Hormone Therapy at This Hospital	F03378	466-467	2	710	RX Hosp--Hormone	yes		
Immunotherapy at This Hospital	F03376	468-469	2	720	RX Hosp--BRM	yes		
Other Therapy at This Hospital	F00058	470-470	1	730	RX Hosp--Other	yes		

California Item Name	C/NExT #	Column #	Length	NAACCR Item #	NAACCR Item Name	CCR Required	NAACCR Note	CCR Note
Diagnostic or Staging Procedure	F00421	471-472	2	740	RX Hosp--DX/Stg Proc	yes*		
Palliative Procedures at This Hospital	F03459	473-473	1	3280	RX Hosp--Palliative Proc	sel	New	
	F00442	474-474	1	742	RX Hosp--Screen/BX Proc1			
	F00443	475-475	1	743	RX Hosp--Screen/BX Proc2			
	F00444	476-476	1	744	RX Hosp--Screen/BX Proc3			
	F00445	477-477	1	745	RX Hosp--Screen/BX Proc4			
	F00431	478-479	2	746	RX Hosp Surg Site 98-02			C/NExT only
	F00503	480-480	1	747	RX Hosp Scope Reg 98-02			C/NExT only
	F00507	481-481	1	748	RX Hosp Surg Oth 98-02			C/NExT only
		482-527	46	750	Reserved 04			
Stage - Prognostic Factors								
Summary Stage 2000	F02506	528-528	1	759	SEER Summary Stage 2000	sel		
Summary Stage 1977	F00041	529-529	1	760	SEER Summary Stage 1977	sel		
		530-530	1	770	Loc/Reg/Distant Stage			
		531-542	12	779	Extent of Disease 10-Dig			
Tumor Size*	F00035	531-533	3	780	EOD--Tumor Size	sel		Cases <2004
Extent of Disease - Extension*	F01908	534-535	2	790	EOD--Extension	sel		Cases <2004
Extent of Disease - Extension (Path)*	F01907	536-537	2	800	EOD--Extension Prost Path	sel		Cases <2004
Extent of Disease - LN Involvement*	F00039	538-538	1	810	EOD--Lymph Node Involv	sel		Cases <2004
Regional Nodes Positive (Number)*	F01982	539-540	2	820	Regional Nodes Positive	yes		
Regional Nodes Examined (Number)*	F01983	541-542	2	830	Regional Nodes Examined	yes		
		543-555	13	840	EOD--Old 13 Digit			
		556-557	2	850	EOD--Old 2 Digit			
		558-561	4	860	EOD--Old 4 Digit			
	F00553	562-562	1	870	Coding System for EOD			
TNM T Code (Path)	F02577	563-564	2	880	TNM Path T	yes*		
TNM N Code (Path)	F01924	565-566	2	890	TNM Path N	yes*		
TNM M Code (Path)	F01921	567-568	2	900	TNM Path M	yes*		
TNM Stage (Path)	F01927	569-570	2	910	TNM Path Stage Group	yes*		
	F01914	571-571	1	920	TNM Path Descriptor			
TNM Coder (Path)	F02573	572-572	1	930	TNM Path Staged By	yes*		
TNM T Code (Clinical)	F01928	573-574	2	940	TNM Clin T	yes*		
TNM N Code (Clinical)	F01922	575-576	2	950	TNM Clin N	yes*		

California Item Name	C/NeXt #	Column #	Length	NAACCR Item #	NAACCR Item Name	CCR Required	NAACCR Note	CCR Note
TNM M Code (Clinical)	F01919	577-578	2	960	TNM Clin M	yes*		
TNM Stage (Clinical)	F01925	579-580	2	970	TNM Clin Stage Group	yes*		
	F01912	581-581	1	980	TNM Clin Descriptor			
TNM Coder (Clinical)	F01915	582-582	1	990	TNM Clin Staged By	yes*		
	F01929	583-584	2	1000	TNM Other T			
	F01923	585-586	2	1010	TNM Other N			
	F01920	587-588	2	1020	TNM Other M			
	F01926	589-590	2	1030	TNM Other Stage Group			
	F01916	591-591	1	1040	TNM Other Staged By			
	F01913	592-592	1	1050	TNM Other Descriptor			
TNM Edition	F01918	593-594	2	1060	TNM Edition Number	yes*		
	F00289	595-609	15	1070	Other Staging System			
	F00533	610-617	8	1080	Date of 1st Positive BX			
	F01278	618-618	1	1090	Site of Distant Met 1			
	F01279	619-619	1	1100	Site of Distant Met 2			
	F01280	620-620	1	1110	Site of Distant Met 3			
Pediatric Stage	F00548	621-622	2	1120	Pediatric Stage	sel		
Pediatric Stage System	F00547	623-624	2	1130	Pediatric Staging System	sel		
Pediatric Stage Coder	F00417	625-625	1	1140	Pediatric Staged By	sel		
Tumor Marker - 1	F01204	626-626	1	1150	Tumor Marker 1	sel		
Tumor Marker - 2	F01205	627-627	1	1160	Tumor Marker 2	sel		
Tumor Marker - 3	F01206	628-628	1	1170	Tumor Marker 3	sel		
CS Tumor Size	F03577	629-631	3	2800	CS Tumor Size	yes		
CS Extension	F03578	632-633	2	2810	CS Extension	yes		
CS Tumor Size/Ext Eval	F03579	634-634	1	2820	CS Tumor Size/Ext Eval	yes*		
CS Lymph Nodes	F03580	635-636	2	2830	CS Lymph Nodes	yes		
CS Reg Nodes Eval	F03581	637-637	1	2840	CS Reg Nodes Eval	yes*		
CS Mets at DX	F03582	638-639	2	2850	CS Mets at DX	yes		
CS Mets Eval	F03583	640-640	1	2860	CS Mets Eval	yes*		
CS Site-Specific Factor 1	F03584	641-643	3	2880	CS Site-Specific Factor 1	yes		
CS Site-Specific Factor 2	F03585	644-646	3	2890	CS Site-Specific Factor 2	yes		
CS Site-Specific Factor 3	F03586	647-649	3	2900	CS Site-Specific Factor 3	yes		
CS Site-Specific Factor 4	F03587	650-652	3	2910	CS Site-Specific Factor 4	yes		

California Item Name	C/NEt #	Column #	Length	NAACCR Item #	NAACCR Item Name	CCR Required	NAACCR Note	CCR Note
CS Site-Specific Factor 5	F03588	653-655	3	2920	CS Site-Specific Factor 5	yes		
CS Site-Specific Factor 6	F03589	656-658	3	2930	CS Site-Specific Factor 6	yes		
Derived AJCC T	F03590	659-660	2	2940	Derived AJCC T	yes		
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		
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		
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		
Derived SS1977	F03597	670-670	1	3010	Derived SS1977	yes		
Derived SS2000	F03598	671-671	1	3020	Derived SS2000	yes		
Derived AJCC--Flag	F03599	672-672	1	3030	Derived AJCC--Flag	yes		
Derived SS1977--Flag	F03600	673-673	1	3040	Derived SS1977--Flag	yes		
Derived SS2000--Flag	F03601	674-674	1	3050	Derived SS2000--Flag	yes		
Comorbid/Complication 1	F03442	675-679	5	3110	Comorbid/Complication 1	yes*		
Comorbid/Complication 2	F03443	680-684	5	3120	Comorbid/Complication 2	yes*		
Comorbid/Complication 3	F03444	685-689	5	3130	Comorbid/Complication 3	yes*		
Comorbid/Complication 4	F03445	690-694	5	3140	Comorbid/Complication 4	yes*		
Comorbid/Complication 5	F03446	695-699	5	3150	Comorbid/Complication 5	yes*		
Comorbid/Complication 6	F03447	700-704	5	3160	Comorbid/Complication 6	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		
		717-754	38	1180	Reserved 05			
Treatment - 1st Course								
Date of Surgery	F00432	755-762	8	1200	RX Date--Surgery	yes*		
Date Most Definitive Surgery	F03448	763-770	8	3170	RX Date--Most Definitive Surg	yes*--gen		
	F03449	771-778	8	3180	RX Date--Surgical Disch	no		
Date of Radiation	F00470	779-786	8	1210	RX Date--Radiation	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		
Date of Chemotherapy	F00473	803-810	8	1220	RX Date--Chemo	yes*		
Date of Hormone Therapy	F00476	811-818	8	1230	RX Date--Hormone	yes*		
Date of Immunotherapy	F00479	819-826	8	1240	RX Date--BRM	yes*		

California Item Name	C/NExT #	Column #	Length	NAACCR Item #	NAACCR Item Name	CCR Required	NAACCR Note	CCR Note
Date of Other Therapy	F00482	827-834	8	1250	RX Date--Other	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			
Date of Diagnostic or Staging Procedure	F00422	851-858	8	1280	RX Date--DX/Stg Proc	yes*		
Surgery of Primary Site - Summary	F03491	859-860	2	1290	RX Summ--Surg Prim Site	yes		
Scope of Regional Lymph Node Surgery - Summary	F03485	861-861	1	1292	RX Summ--Scope Reg LN Su	yes		
Surgery of Other Reg Site(s), Distant Site(s) or Distant LN(s) - Summary	F03496	862-862	1	1294	RX Summ--Surg Oth Reg/Dis	yes		
Number of Regional Lymph Nodes - Examined - Summary	F00526	863-864	2	1296	RX Summ--Reg LN Examined	sel		Cases <2003
	F00529	865-865	1	1310	RX Summ--Surgical Approch			
	F03498	866-866	1	1320	RX Summ--Surgical Margins	no		
Surgery Summary - Reconstructive	F00169	867-867	1	1330	RX Summ--Reconstruct 1st	sel		Cases <2003
Reason for No Surgery	F00118	868-868	1	1340	Reason for No Surgery	yes		
Diagnostic or Staging Procedure Summary	F00420	869-870	2	1350	RX Summ--DX/Stg Proc	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		
	F00139	874-874	1	1370	RX Summ--Rad to CNS			
Radiation/Surgery Sequence	F00051	875-875	1	1380	RX Summ--Surg/Rad Seq	yes		
Transplant & Endocrine Procedures	F03456	876-877	2	3250	RX Summ--Transplnt/Endocr	yes		
Chemotherapy Summary	F03373	878-879	2	1390	RX Summ--Chemo	yes		
Hormone Therapy Summary	F03377	880-881	2	1400	RX Summ--Hormone	yes		
Immunotherapy Summary	F03375	882-883	2	1410	RX Summ--BRM	yes		
Other Therapy Summary	F00059	884-884	1	1420	RX Summ--Other	yes		
Reason for No Radiation	F00567	885-885	1	1430	Reason for No Radiation	yes		
	F00577	886-886	1	1440	Reason for No Chemo			
	F00581	887-887	1	1450	Reason for No Hormone			
	F00554	888-889	2	1460	RX Coding System--Current			
	F00585	890-890	1	1470	Protocol Eligibility Stat			
Protocol Participation	F00582	891-892	2	1480	Protocol Participation	sel		
		893-893	1	1490	Referral to Support Serv			

California Item Name	C/NExT #	Column #	Length	NAACCR Item #	NAACCR Item Name	CCR Required	NAACCR Note	CCR Note
		894-894	1	1500	First Course Calc Method			
	F00568	895-899	5	1510	Rad--Regional Dose: cGy			
	F00569	900-901	2	1520	Rad--No of Treatment Vol			
	F00570	902-904	3	1530	Rad--Elapsed RX Days			
	F00571	905-906	2	1540	Rad--Treatment Volume			
	F00572	907-907	1	1550	Rad--Location of RX			
	F03346	908-908	1	1560	Rad--Intent of Treatment			
Radiation - Regional Rx Modality	F00574	909-910	2	1570	Rad--Regional RX Modality	yes		
Rad--Boost RX Modality	F03454	911-912	2	3200	Rad--Boost RX Modality	yes		
	F03455	913-917	5	3210	Rad--Boost Dose cGy			
	F00575	918-918	1	1580	Rad--RX Completion Status			
	F00576	919-919	1	1590	Rad--Local Control Status			
		920-922	3	1600	Chemotherapy Field 1			
		923-925	3	1610	Chemotherapy Field 2			
		926-928	3	1620	Chemotherapy Field 3			
		929-931	3	1630	Chemotherapy Field 4			
		932-933	2	1640	RX Summ--Surgery Type			
	F00442	934-934	1	1642	RX Summ--Screen/BX Proc1			
	F00443	935-935	1	1643	RX Summ--Screen/BX Proc2			
	F00444	936-936	1	1644	RX Summ--Screen/BX Proc3			
	F00445	937-937	1	1645	RX Summ--Screen/BX Proc4			
	F03453	938-938	1	3190	Readm Same Hosp 30 Days			
RX Summ Surg Site 98-02	F00430	939-940	2	1646	RX Summ Surg Site 98-02	<i>sel</i>		Cases <2003
RX Summ Scope Reg 98-02	F00525	941-941	1	1647	RX Summ Scope Reg 98-02	<i>sel</i>		Cases <2003
RX Summ Surg Oth 98-02	F00527	942-942	1	1648	RX Summ Surg Oth 98-02	<i>sel</i>		Cases <2003
		943-987	45	1190	Reserved 06			
Treatment-Subs and Other								
	F01500	988-995	8	1660	Subsq RX 2nd Course Date			
		996-1002	7	1670	Subsq RX 2nd Course Codes			
	F03505	996-997	2	1671	Subsq RX 2nd Course Surg			
	F01365	998-998	1	1672	Subsq RX 2nd Course Rad			
	F01369	999-999	1	1673	Subsq RX 2nd Course Chemo			
	F01373	1000-1000	1	1674	Subsq RX 2nd Course Horm			

California Item Name	C/NEt #	Column #	Length	NAACCR Item #	NAACCR Item Name	CCR Required	NAACCR Note	CCR Note
	F01377	1001-1001	1	1675	Subsq RX 2nd Course BRM			
	F01389	1002-1002	1	1676	Subsq RX 2nd Course Oth			
	F01501	1003-1010	8	1680	Subsq RX 3rd Course Date			
		1011-1017	7	1690	Subsq RX 3rd Course Codes			
	F03506	1011-1012	2	1691	Subsq RX 3rd Course Surg			
	F01366	1013-1013	1	1692	Subsq RX 3rd Course Rad			
	F01370	1014-1014	1	1693	Subsq RX 3rd Course Chemo			
	F01374	1015-1015	1	1694	Subsq RX 3rd Course Horm			
	F01378	1016-1016	1	1695	Subsq RX 3rd Course BRM			
	F01390	1017-1017	1	1696	Subsq RX 3rd Course Oth			
	F01502	1018-1025	8	1700	Subsq RX 4th Course Date			
		1026-1032	7	1710	Subsq RX 4th Course Codes			
	F03507	1026-1027	2	1711	Subsq RX 4th Course Surg			
	F01367	1028-1028	1	1712	Subsq RX 4th Course Rad			
	F01371	1029-1029	1	1713	Subsq RX 4th Course Chemo			
	F01375	1030-1030	1	1714	Subsq RX 4th Course Horm			
	F01379	1031-1031	1	1715	Subsq RX 4th Course BRM			
	F01391	1032-1032	1	1716	Subsq RX 4th Course Oth			
	F01503	1033-1040	8	1720	Subsq RX 5th Course Date			
		1041-1047	7	1730	Subsq RX 5th Course Codes			
	F03508	1041-1042	2	1731	Subsq RX 5th Course Surg			
	F01368	1043-1043	1	1732	Subsq RX 5th Course Rad			
	F01372	1044-1044	1	1733	Subsq RX 5th Course Chemo			
	F01376	1045-1045	1	1734	Subsq RX 5th Course Horm			
	F01380	1046-1046	1	1735	Subsq RX 5th Course BRM			
	F01392	1047-1047	1	1736	Subsq RX 5th Course Oth			
	F01385	1048-1048	1	1677	Subsq RX 2nd--Scope LN SU			
	F01381	1049-1049	1	1678	Subsq RX 2nd--Surg Oth			
	F01393	1050-1051	2	1679	Subsq RX 2nd--Reg LN Rem			
	F01386	1052-1052	1	1697	Subsq RX 3rd--Scope LN Su			
	F01382	1053-1053	1	1698	Subsq RX 3rd--Surg Oth			
	F01394	1054-1055	2	1699	Subsq RX 3rd--Reg LN Rem			
	F01387	1056-1056	1	1717	Subsq RX 4th--Scope LN Su			

California Item Name	C/NEt #	Column #	Length	NAACCR Item #	NAACCR Item Name	CCR Required	NAACCR Note	CCR Note
	F01383	1057-1057	1	1718	Subsq RX 4th--Surg Oth			
	F01395	1058-1059	2	1719	Subsq RX 4th--Reg LN Rem			
	F01388	1060-1060	1	1737	Subsq RX 5th--Scope LN Su			
	F01384	1061-1061	1	1738	Subsq RX 5th--Surg Oth			
	F01396	1062-1063	2	1739	Subsq RX 5th--Reg LN Rem			
		1064-1064	1	1741	Subsq RX--Reconstruct Del			
		1065-1114	50	1300	Reserved 07			
Edits Overrides/Conversion								
	F02507	1115-1115	1	1981	Over-ride SS/NodesPos			
	F02508	1116-1116	1	1982	Over-ride SS/TNM-N			
	F02509	1117-1117	1	1983	Over-ride SS/TNM-M			
	F02510	1118-1118	1	1984	Over-ride SS/DisMet1			
	F02511	1119-1119	1	1985	Over-ride Acsn/Class/Seq			
	F02512	1120-1120	1	1986	Over-ride HospSeq/DxConf			
	F02513	1121-1121	1	1987	Over-ride COC-Site/Type			
	F02514	1122-1122	1	1988	Over-ride HospSeq/Site			
	F02515	1123-1123	1	1989	Over-ride Site/TNM-StgGrp			
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/Diagnostic 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*		
	F00672	1134-1134	1	2072	Over-ride Site/EOD/DX Dt			
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			
		1141-1146	6	1970	Morph (73-91) ICD-O-1			

California Item Name	C/NExT #	Column #	Length	NAACCR Item #	NAACCR Item Name	CCR Required	NAACCR Note	CCR Note
		1141-1144	4	1971	Histology (73-91) ICD-O-1			
		1145-1145	1	1972	Behavior (73-91) ICD-O-1			
		1146-1146	1	1973	Grade (73-91) ICD-O-1			
	F00623	1147-1147	1	1980	ICD-O-2 Conversion Flag			
		1148-1155	8	2114	Future Use Timeliness 1			
		1156-1163	8	2115	Future Use Timeliness 2			
		1164-1173	10	2081	CRC CHECKSUM			
System Administration								
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 Transmitted	F00146	1190-1197	8	2110	Date Case Report Exported	yes		
	F00558	1198-1198	1	2120	SEER Coding Sys--Current			
	F00559	1199-1199	1	2130	SEER Coding Sys--Original			
	F00663	1200-1201	2	2140	COC Coding Sys--Current			
	F00664	1202-1203	2	2150	COC Coding Sys--Original			
Vendor Version	F00297	1204-1213	10	2170	Vendor Name	gen		
		1214-1214	1	2180	SEER Type of Follow-Up			
		1215-1216	2	2190	SEER Record Number			
		1217-1218	2	2200	Diagnostic Proc 73-87			
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			
Follow-up/Recurrence								
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			
	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*		

California Item Name	C/NExT #	Column #	Length	NAACCR Item #	NAACCR Item Name	CCR Required	NAACCR Note	CCR Note
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			
		1341-1341	1	1850	Unusual Follow-Up Method			
	F00065	1342-1349	8	1860	Recurrence Date--1st			
	F01347	1350-1350	1	1871	Recurrence Distant Site 1			
	F01348	1351-1351	1	1872	Recurrence Distant Site 2			
	F01349	1352-1352	1	1873	Recurrence Distant Site 3			
	F03565	1353-1354	2	1880	Recurrence Type--1st			
	F00516	1355-1356	2	1890	Recurrence Type--1st--Oth			
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*		
Death Information								
Cause of Death	F00078	1388-1391	4	1910	Cause of Death	cen		
		1392-1392	1	1920	ICD Revision Number			
		1393-1393	1	1930	Autopsy			
Place of Death	F00080	1394-1396	3	1940	Place of Death	yes*		
		1397-1446	50	1740	Reserved 09			
Special Use								
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		1461-1468	8	2220	State/Requestor Items	cs		
Regional Tumor Number		1469-1470	2	2220	State/Requestor Items	cs		
Date Added		1471-1478	8	2220	State/Requestor Items	cen		
Date Changed - Correction Item**		1479-1486	8	2220	State/Requestor Items	cen		
Date Changed - Follow-up Item**		1487-1494	8	2220	State/Requestor Items	cen		
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*		
Over-ride - First name/Sex	F00640	1531-1531	1	2220	State/Requestor Items	yes*		

California Item Name	C/NEt #	Column #	Length	NAACCR Item #	NAACCR Item Name	CCR Required	NAACCR Note	CCR Note
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*		
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	F00003	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		
Patient No Research Contact Flag	F00429	1585-1585	1	2220	State/Requestor Items	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		
Casefinding Source	F00150	1591-1592	2	2220	State/Requestor Items	yes		
Payment Source Text (Primary)	F00418	1593-1632	40	2220	State/Requestor Items	yes		
Physician (Referring)	F01354	1633-1640	8	2220	State/Requestor Items	yes*		
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			
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*		

California Item Name	C/NExT #	Column #	Length	NAACCR Item #	NAACCR Item Name	CCR Required	NAACCR Note	CCR Note
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*		
Physician (Other)	F01508	1721-1728	8	2220	State/Requestor Items	yes*		
Physician (Other)	F01508	1729-1736	8	2220	State/Requestor Items	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		
		1846-1946	101	2220	State/Requestor Items			
Patient - Confidential								
Last Name	F00008	1947-1971	25	2230	Name--Last	yes		
First Name	F00009	1972-1985	14	2240	Name--First	yes		
Middle Name	F00010	1986-1999	14	2250	Name--Middle	yes		
	F01855	2000-2002	3	2260	Name--Prefix			
Name Suffix	F00502	2003-2005	3	2270	Name--Suffix	yes*		
Alias Last Name	F00011	2006-2020	15	2280	Name--Alias	yes*		
Maiden Name	F00148	2021-2035	15	2390	Name--Maiden	yes*		
	F03344	2036-2085	50	2290	Name--Spouse/Parent			
Medical Record Number	F01047	2086-2096	11	2300	Medical Record Number	yes*		
	F00668	2097-2098	2	2310	Military Record No Suffix			
Social Security Number	F00007	2099-2107	9	2320	Social Security Number	yes		

California Item Name	C/NEt #	Column #	Length	NAACCR Item #	NAACCR Item Name	CCR Required	NAACCR Note	CCR Note
Address at Diagnosis - No & Street	F00012	2108-2147	40	2330	Addr at DX--No & Street	yes		
Address at Diagnosis - No & Street - Suppl	F03460	2148-2187	40	2335	Addr at DX--Supplementl	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*		
		2429-2464	36	1835	Reserved 10			
Hospital Confidential								
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		
Hospital Referred To	F01685	2495-2504	10	2420	Institution Referred To	yes		
		2505-2554	50	1900	Reserved 11			
Physician - Confidential								
Physician (Attending)	F00675	2555-2562	8	2460	Physician--Managing	yes		
Physician (Following)	F00075	2563-2570	8	2470	Physician--Follow-Up	yes*		
Physician (Surgeon)	F00676	2571-2578	8	2480	Physician--Primary Surg	yes*		
Physician (Radiation Oncologist)	F01356	2579-2586	8	2490	Physician 3	yes*		
Physician (Medical Oncologist)	F01355	2587-2594	8	2500	Physician 4	yes*		
		2595-2644	50	1950	Reserved 12			
Record Area: Text								
Text - Diagnosis								
Text - Diagnostic Procedures - Physical Examination	F01211	2645-2844	200	2520	Text--DX Proc--PE	yes*		
Text - Diagnostic Procedures - X-ray	F01212	2845-3094	250	2530	Text--DX Proc--X-ray/Scan	yes*		
Text - Diagnostic - Scopes	F01209	3095-3344	250	2540	Text--DX Proc--Scopes	yes*		
Text - Diagnostic Lab Tests	F01210	3345-3594	250	2550	Text--DX Proc--Lab Tests	yes*		

California Item Name	C/NExT #	Column #	Length	NAACCR Item #	NAACCR Item Name	CCR Required	NAACCR Note	CCR Note
Text - Diagnostic Procedures - Operative	F01214	3595-3844	250	2560	Text--DX Proc--Op	yes*		
Text - Diagnostic Procedures - Pathological	F01213	3845-4094	250	2570	Text--DX Proc--Path	yes*		
Site - Text	F00089	4095-4134	40	2580	Text--Primary Site Title	yes		
Histology - Text	F00090	4135-4174	40	2590	Text--Histology Title	yes		
		4175-4474	300	2600	Text--Staging			
Text - Treatment								
Text RX - Surgery	F01351, F01352 & F01353	4475-4624	150	2610	RX Text--Surgery	sel		
Text RX - Radiation (Beam)	F01215	4625-4774	150	2620	RX Text--Radiation (Beam)	sel		
Text RX - Radiation (Other)	F01215	4775-4924	150	2630	RX Text--Radiation Other	sel		
Text RX - Chemotherapy	F01216	4925-5124	200	2640	RX Text--Chemo	sel		
Text RX - Hormone	F01217	5125-5324	200	2650	RX Text--Hormone	sel		
Text RX - Immunotherapy	F01218	5325-5424	100	2660	RX Text--BRM	sel		
Text RX - Other Therapy	F01219	5425-5524	100	2670	RX Text--Other	sel		
Text - Misc.								
Text - Remarks	F01221	5525-5774	250	2680	Text--Remarks	yes*		
Text - Final Diagnosis	F00030	5775-5874	100		Text--Remarks			
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		
Surgery of Primary Site - Procedure 2	F03489	5927-5928	2	2700	State/Requestor Items	yes		
Surgery of Primary Site - Procedure 3	F03490	5929-5930	2	2700	State/Requestor Items	yes		
Treatment Hospital Number -Procedure 1	F01689	5931-5940	10	2700	State/Requestor Items	yes		
Date of Surgery - Procedure 1	F00434	5941-5948	8	2700	State/Requestor Items	yes*		
Date of Surgery - Procedure 2	F01399	5949-5956	8	2700	State/Requestor Items	yes*		
Date of Surgery - Procedure 3	F01400	5957-5964	8	2700	State/Requestor Items	yes*		
Scope of Regional LN Surg- Procedure 1	F03482	5965-5965	1	2700	State/Requestor Items	yes		
Scope of Regional LN Surg-Procedure 2	F03483	5966-5966	1	2700	State/Requestor Items	yes		
Scope of Regional LN Surg-Procedure 3	F03484	5967-5967	1	2700	State/Requestor Items	yes		
Surgery of Other Reg. & Distant Site(s)	F03493	5968-5968	1	2700	State/Requestor Items	yes		

California Item Name	C/NExT #	Column #	Length	NAACCR Item #	NAACCR Item Name	CCR Required	NAACCR Note	CCR Note
or Distant LN - Procedure 1								
Surgery of Other Reg. & Distant Site(s)	F03494	5969-5969	1	2700	State/Requestor Items	yes		
or Distant LN - Procedure 2								
Surgery of Other Reg. & Distant Site(s)	F03495	5970-5970	1	2700	State/Requestor Items	yes		
or Distant LN - Procedure 3								
Treatment Hospital Number - Procedure 2	F01691	5971-5980	10	2700	State/Requestor Items	yes		
Treatment Hospital Number - Procedure 3	F01692	5981-5990	10	2700	State/Requestor Items	yes		
ACoS Approved Flag	F00091	5991-5991	1	2700	State/Requestor Items	yes		
Tumor Marker CA - 1	F00092	5992-5992	1	2700	State/Requestor Items	sel		
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*		
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*		
Pathology Report Number - Surgery	F00590	6042-6051	10	2700	State/Requestor Items	yes*		
Special Study Participant [0/1]	F00517	6052-6052	1	2700	State/Requestor Items	yes		
Special Study Block****		6053-6171	119	2700	State/Requestor Items	may		
Comments		6172-6371	200	2700	State/Requestor Items	cen		
Date of Transplant/Endocrine Procedure	F03562	6372-6379	8	2700	State/Requestor Items			
Transplant/Endocrine at This Hospital	F03564	6380-6381	2	2700	State/Requestor Items			
DC Father's Surname		6382-6396	15	2700	State/Requestor Items	cs		New
		6397-6694	298	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								

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