Department of Health

Ohio Cancer Incidence Surveillance System (OCISS)

Reporting Source Manual

June 2025

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Revision History

Version	Section	Change
June 2024	Face page	Date updated from October 2023 to June 2024.
June 2024	Revision History	Revision history table added.
June 2024	Chapter 3: Reporting Requirements Who is Required to Report?	Clarification added about clinic and outpatient centers (second bullet point).
June 2024	Chapter 3: Reporting Requirements Reportable Conditions: Inclusions and Exclusions	Paragraph added for clarification when standard setters conflict on reportability. Reportability corrections, specifically those reportable or not reportable to CoC (OCISS received clarification from NPCR and CoC). Specifically, PanIN III, PeIN III and early/evolving melanoma are reportable to CoC starting with specific diagnosis years and have been moved from the "Reportable to OCISS but NOT reportable to CoC" section to "Reportable to OCISS AND reportable to CoC". 2024 diagnosis year reportability changes added.
June 2024	Chapter 3: Reporting Requirements Class of Case: Inclusions and Exclusions	Class of Case definitions updated to match STORE to avoid confusion. OCISS does not define Class of Case definitions, CoC does in their STORE manual. Information added for facilities who may be just starting to report non-analytic Class of Case abstracts to OCISS.
June 2024	Chapter 3: Reporting Requirements Modified (M) Record Reporting	Information added about annual M record submission schedule. Additional note (second bullet point) added about utilizing M records and how to handle cases if facility software is unable to generate M records.
June 2024	Chapter 4: Education and Training	Education and Training Coordinator contact information updated.
June 2024	Various	Formatting and sentence restructuring throughout manual modified for clarity and flow and fixed broken or mis-directed hyperlinks.
June 2024	Appendix D	Updated to v24.
June 2024	Appendix E	Ethnicity added to text examples. Table of text fields received by the State added.
June 2024	Appendix F	Updated to v24.
June 2025	Chapter 3: Reporting Requirements Reportable Conditions: Inclusions and Exclusions	2025 diagnosis year reportability changes added.
June 2025	Chapter 3: Reporting Requirements Class of Case: Inclusions and Exclusions	Notes added for clarification.
June 2025	Chapter 3: Reporting Requirements When Must Cancers Be Reported	Table added to show when cases should be reported based on month of diagnosis or first contact. Added requirement that all hospitals, regardless of annual volume, report to OCISS monthly. Added information about the Registry Recognition Program.

June 2025	Appendix B	Added additional resources.
June 2025	Appendix D	Reduced years columns to 2006 and later and hid retired data items for ease of use. Full table available upon request.
June 2025	Appendix E	Updated requirements for physical exam text to include vital status of the patient if deceased.
June 2025	Appendix F	Update to v25.
June 2025	Appendix G	Updated list to include additional data items (i.e., NAACCR Item Numbers 1172, 1174, 1291, 1320, 1340, 1350, 3829, 3956, 3960, and 3964).

Chapter 1: Introduction

Ohio Cancer Incidence Surveillance System

The Ohio Cancer Incidence Surveillance System (OCISS) is the population-based central cancer registry for the State of Ohio. Cancer incidence is defined as newly-diagnosed cases of cancer.

The purpose of OCISS is to collect and analyze cancer incidence data to help determine the burden of cancer in Ohio's communities, raise awareness about factors that may increase cancer risk and the benefits of early detection, and improve the survival of persons diagnosed with cancer.

Ohio's cancer incidence data are widely used by public health professionals, medical researchers, and others to develop, implement, and promote cancer prevention and control activities in Ohio and to support cancer-related research.

Purpose of Manual

The purpose of this manual is to provide detailed information on Ohio's cancer reporting requirements. Information is included about who is required to make cancer reports, what cancers and what data must be reported, how the data should be reported, and the timeline for making these reports.

There are numerous manuals for the collection and coding of cancer data which are frequently updated. Rather than re-stating information that is in these manuals, links are provided to these electronic resources.

Chapter 2: Laws and Rules

Cancer Reporting Laws and Rules

OCISS was established in 1991 by the 119th Ohio General Assembly, which made cancer a reportable condition (HB 213).

Ohio Revised Code (ORC) 3701.261 established a population-based cancer registry in Ohio, to be known as the Ohio Cancer Incidence Surveillance System (OCISS).

ORC 3701.262 describes who is responsible for reporting cancer cases to OCISS.

Ohio Administrative Code (OAC) 3701-4-01 through 3701-4-03 outlines definitions, rules for reporting, the confidentiality of the data, and how the data can be made available for research.

ORC 3701.99 outlines penalties for violations of ORC 3701.262.

Health Insurance Portability and Accountability Act

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a federal law that required the creation of national standards to protect sensitive patient health information from being disclosed without the patient's consent or knowledge. While HIPAA has a significant impact on many aspects of health operations and practices, Congress exempted certain areas from any HIPAA impact.

Covered entities are permitted to disclose protected health information without the written authorization of the individual to a public health authority that is authorized by law to collect or receive such information for the purpose of public health surveillance.

See Appendix A for a bulletin issued by the Ohio Department of Health entitled *Health Insurance Portability and Accountability Act and Public Health: the "Public Health Exception."*

Chapter 3: Reporting Requirements

The Centers for Disease Control and Prevention (CDC) provides financial support to OCISS under Cooperative Agreement NU58DP007097. As such, OCISS adheres to all cancer reporting requirements as outlined by CDC's National Program of Cancer Registries (NPCR). OCISS collects all reportable diagnoses and related data items according to CDC's Program Standards and Data Submission Specifications.

The OCISS reference date is Jan. 1, 1996. OCISS requires reporting of cancer cases diagnosed on or after this date. Facilities that are accredited by the Commission on Cancer (CoC) may have a reference date which is different from OCISS's.

Who is Required to Report?

ORC 3701.262 and OAC 3701-4-01 outline who is required to report:

Each physician, dentist, hospital, or person providing diagnostic or treatment services to patients with cancer is required to report. This means a person who diagnoses a patient as having cancer or provides treatment services (with the exception of end of life care) to patients for a cancer diagnosis in a health care facility including, but not limited to, an ambulatory surgical treatment center, a freestanding cancer treatment center, a radiation therapy center, a chemotherapy treatment center, a nursing home, an oncology or dermatology clinic, a laboratory, or any other facility which provides diagnostic or treatment services to patients with cancer.

OAC 3701-4-02 indicates that:

Any person required to report pursuant to this paragraph may elect to report to OCISS through an existing cancer registry if the registry submits the information in accordance with the requirements of this rule.

Notes:

- A clinic or outpatient center owned by a reporting facility is considered part of the reporting facility. The reporting facility should be reporting cancer cases diagnosed and/or treated in these settings. Physicians who practice at facilities/affiliated clinics/outpatient centers that are not their own independently owned practice should confirm that their cancer cases are being reported by the facilities they work for.
- A clinic or outpatient center that is not owned by a reporting facility (even if a reporting facility has access to the clinic or outpatient center's records) is required to report.
- A physician who practices out of their independently owned facility and who suspects a patient has cancer and sends a specimen to a laboratory for testing is required to report that person's cancer if the laboratory result is diagnostic for cancer even if the physician is not providing any of the treatment; the laboratory must also report. Although laboratory information is important, information from the physician is required to make a complete cancer report.
- A physician who suspects a patient has cancer and refers the person to a doctor who has special training in diagnosing and treating the suspected cancer is NOT required to report. For example, a primary care provider suspects their patient has melanoma and refers them to a dermatologist. If the suspicion is confirmed, the dermatologist is responsible for reporting, NOT the primary care provider.
- A physician who treats a cancer patient (or someone with a history of cancer) for purposes other than their cancer is NOT required to report. For example, a primary care physician who sees a patient who has been diagnosed by another provider with breast cancer or colon cancer is NOT required to report; the physicians who diagnosed and/or are treating the person's cancer are responsible to report.

What Cancers Must Be Reported?

OAC 3701-4-01 defines the cancers that are reportable:

1) Any primary *in situ* or invasive malignant neoplasm (with the exception of basal cell and squamous cell carcinoma of the skin and carcinoma in situ of the cervix); and
2) Benign and borderline intracranial and central nervous system neoplasms.

OAC 3701-4-02 indicates that reports shall be made for all patients diagnosed or treated in Ohio, **regardless of the patient's state of residence**. OCISS has an interstate data sharing agreement with all other states. OCISS sends cancer reports on non-residents to the central cancer registry where the person resides. Other central cancer registries send cancer reports about Ohio residents to OCISS. Non-Ohio resident cancer reports are not included in OCISS statistics.

A note about determining patient's residency (address at diagnosis): This is the patient's address when the patient was diagnosed and does not change even if the patient subsequently moves. The address at diagnosis may be different if the patient has multiple reportable conditions. Per the United States Census Bureau and STORE (Standards for Oncology Registry Entry) and SEER (Surveillance, Epidemiology, and End Results) Program coding manuals, the patient's residency is: "The place where they live and sleep most of the time or the place the person says is their usual home." Legal status and citizenship do NOT affect residence. Follow STORE and SEER Program coding manual guidelines for people with more than one residence (e.g., snowbirds, sunbirds, etc.), persons experiencing homelessness, college students, exchange students, armed forces and military personnel, and institutionalized patients. For patients with an address at diagnosis that is foreign (i.e., outside of the United States), OCISS accepts abstracts on these patients if abstracted by your facility.

Reportable Conditions: Inclusions and Exclusions

OCISS follows the guidelines for tumor inclusion and reportability per CDC's National Program of Cancer Registries (NPCR) and as documented in the North American Association of Central Cancer Registries (NAACCR) Data Standards and Data Dictionary Comparison of Reportable Cancers. The NAACCR Data Standards and Data Dictionary also includes information on ambiguous terminology that is and IS NOT diagnostic of cancer. The standards for ambiguous terminology are currently identical across all cancer registries.

All who diagnose persons with cancer or provide treatment for their cancer diagnosis are required to follow the same requirements for reporting. OCISS makes no distinction on reporting requirements for facilities that are accredited by the Commission on Cancer (CoC) compared to those that are not. CoC-accredited facilities must adhere to OCISS requirements when reporting to OCISS. There may be differences in the cases and the data sent to OCISS compared to what CoC-accredited facilities report to the American College of Surgeons' National Cancer Database.

When there are conflicts among standard setters for reportability, priority order is: 1) NPCR, 2) CoC, 3) SEER. For example, LCIS 8520/2 is not reportable to CoC but is reportable to NPCR. Therefore, LCIS 8520/2 is also reportable to OCISS. For another example, PI-RADS alone is reportable to SEER but not to CoC; follow CoC guidelines when reporting to OCISS.

Since 2018, there are frequent updates to the ICD-O-3 which include not only new terms but changes in coding of behavior and, therefore, affect reportability. **The tables below of reportable and non-reportable conditions are NOT meant to be exhaustive**; please consul t the official ICD-O updates including the annotated histology lists for all changes in behavior that affect reportability, which are available on the NAACCR ICD-O website.

Reportability	Conditions
Reportable to OCISS; **AND** Reportable to CoC	**For all diagnosis years:** • Cancers with histologies with behavior **/2** or **/3** and per latest ICD-O 3.2 updates per WHO classifications of tumors and Hematopoietic and Lymphoid Tissues. (See **exceptions in the NOT Reportable table**.) • Histologies with default behavior of /0 or /1 but specifically stated by pathologist or managing physician as "malignant," report with behavior /3. • Skin (C44.0-C44.9) cancers with histology 8120 and higher behavior /2 or /3. • Invasive (behavior /3) cancers of cervix. • Pleomorphic lobular carcinoma *in situ* (8519/2) of breast (C50_). **For diagnosis year 2004 and later:** primary intracranial and central nervous system tumors behavior code of /0 or /1, including juvenile astrocytoma (9421/3 – see first bullet point under notes), of primary sites listed in the NAACCR Data Standards and Data Dictionary Primary Site Codes for Non-Malignant Primary Intracranial and Central Nervous System Tumors. **For diagnosis year 2015 and later:** carcinoid NOS of appendix C181 (due to behavior change to /3). Non-invasive follicular thyroid neoplasm with papillary-like nuclear features (NIFTP) & **non-invasive** encapsulated follicular variant of papillary thyroid carcinoma (EFVPTC) **only reportable 2017-2020** due to behavior /2. **No longer reportable 2021+** diagnosis year due to change in behavior coding to /1. **For diagnosis year 2016 and later:** • **Pancreatic** intraepithelial neoplasia (PanIN III) 8148/2. • **Penile** intraepithelial neoplasia III (PeIN III) 8077/2. **For diagnosis year 2021 and later:** GIST NOS, Pheochromocytoma NOS, Extra-adrenal paraganglioma NOS, and Thymoma NOS. UNLESS specifically stated to be benign. **For diagnosis year 2021 and later:** intestinal-type adenoma, high grade (8144/2) and serrated dysplasia, high grade (8213/2) of STOMACH and SMALL INTESTINE ONLY. Early or evolving melanoma *in situ* (behavior /2) or any other early or evolving melanoma (behavior /3). **For diagnosis year 2022 and later:** • Low or High grade appendiceal mucinous neoplasm (LAMN, HAMN) (C181) due to change in behavior coding to /2. • Chondrosarcoma, grade 1 (9222) due to behavior change to /3. **For diagnosis year 2023 and later:** Lymphangioleiomyomatosis (9174) due to behavior change to /3. **For diagnosis year 2024 and later:** Placental site trophoblastic tumor of testis (9104) due to behavior change from /1 to /3. Intratubular seminoma aka intratubular trophoblast (9061) due to new term and behavior /2. **For diagnosis year 2025 and later:** Post Transplant Lymphoproliferative Disorder (PTLD) was reportable as 9971/3 for diagnosis years 2010 through 2020. In 2021, it was non-reportable for most primary sites except for brain and CNS due to a change in behavior to /1. Beginning in 2025, PTLD as the only diagnosis will be considered a /3 behavior and will be reportable for all cases.

Reportability	Conditions
Reportable to OCISS; **but NOT** Reportable to CoC	**For diagnosis year 2016 and later:** • Lobular neoplasia grade III (LN III)/lobular intraepithelial neoplasia grade III (LIN III) of breast (8520/2). In 2023, the CoC retrospectively made LCIS, (8520/2) non-reportable to their organization effective for 2018+. Starting **2022+**, for STOMACH and SMALL INTESTINE ONLY: adenomatous polyp, high grade dysplasia (8210/2). Intraepithelial neoplasia (behavior /2) of vulva, vagina, and anus (VIN III, VAIN III, AIN III).* * NPCR continues to require the collection of VIN III, VAIN III, and AIN III by its central registries although these cases are not included in the annual NPCR/NAACCR Data Submission.
NOT Reportable to OCISS; **NOT** Reportable to CoC	8000-8005 – neoplasms of skin (C44.0-C44.9). 8010-8046 – epithelial carcinomas of skin (C44.0-C44.9). 8050-8084 – squamous cell carcinomas of skin (C44.0-C44.9). 8090-8110 – basal cell carcinomas of skin (C44.0-C44.9). ALL *in situ* (behavior /2) neoplasms of cervix (C53.0-C53.9). High grade prostatic intraepithelial neoplasia (PIN III). Primary intracranial and central nervous system tumors behavior code 0 or 1 (benign/ borderline) diagnosed **BEFORE 2004**. 8211/2 Tubular adenoma, high grade. 8261/2 Villous adenoma, high grade. 8263/2 Tubulovillous adenoma, high grade. Colon and rectum cancers of the following histologies: Serrated dysplasia, high grade; Adenomatous polyp, high grade dysplasia; Tubular adenoma, high grade; Villous adenoma, high grade; Tubulovillos adenoma, high grade. Thymoma with behavior /0 or /1: microscopic or benign thymoma (8580/0). As noted above, this list is not exhaustive. There are additional exceptions as determined by national standard setters. **For diagnosis year 2021 and later:** • Langerhans cell histiocytosis NOS, Primary cutaneous CD4-positive small/medium T-cell lymphoma NOT reportable due to change in behavior coding to /1. • Dermatofibrosarcoma protuberans NOS is NOT reportable due to change in behavior coding to /1. • Immature teratoma of lung, thymus, and thyroid NOT reportable due to change in behavior coding to /1. **Metastasis from non-reportable sites:** If the primary site histology combination is not reportable but the cancer has metastasized to other sites, the case remains not reportable (example: **cutaneous**/skin squamous cell carcinoma that has metastasized to parotid, lymph nodes, etc.).

Notes:

- Prior to 2018, pilocytic astrocytoma/juvenile pilocytic astrocytoma defaults to behavior /3 and is reportable in North America. Per solid tumor rules and ICD-O-3 updates, pilocytic astrocytoma/juvenile pilocytic astrocytoma is reportable as 9421/1 **when primary site is optic nerve** starting with diagnosis year 2018. Starting with diagnosis year 2023, ALL pilocytic astrocytoma/juvenile pilocytic astrocytoma and new related terminology of brain and CNS are reportable but with **behavior /1**. This is to allow 9421/3 to be reserved for coding of a newly identified neoplasm, high-grade astrocytoma with piloid features (HGAP).
- It is important that national standards for determining multiple primaries and histologies be adhered to when reporting to OCISS. See Appendix B for a list of cancer abstraction resources.
- Cases that are ONLY clinically-diagnosed (when a medical practitioner says a patient has disease or is treating them for disease, but which has not been histologically or otherwise confirmed through diagnostic testing) are required to be reported as long as there is no information to the contrary.
- Cases are required to be reported, even if the patient is not being treated. For example, a patient is diagnosed with advanced stage cancer and the physician and patient jointly decide not to pursue treatment; or a patient refuses the recommended treatment. These cases ARE reportable. Another example would be a patient found to have a reportable disease, such as a meningioma or prostate cancer, and the medical decision is for observation and/or active surveillance. These cases ARE reportable.
- See Appendix C for guidance on casefinding.
- A list of ICD-10-CM reportable codes and instructions for getting established with electronic pathology reporting is available on the CDC website.

Class of Case: Inclusions and Exclusions

Class of Case, as defined by CoC, reflects the facility's role in managing a person's cancer diagnosis and treatment. Class of Case distinguishes between analytic and non-analytic cases as it relates to reportability to CoC.

The categorization of cases as analytic/non-analytic may be used by facilities when creating internal reports. Researchers sometimes consider Class of Case when analyzing data.

Reportable to OCISS

OCISS requires the collection of both analytic (Class of Case 00-22) and selected non-analytic cases (Class of Case 32, 34, 36, 38, 43, and 49) that meet OCISS requirements for tumor inclusion and reportability.

Although facilities that are accredited by the Commission on Cancer (CoC) are not required to report non-analytic cases to the American College of Surgeons' National Cancer Database, CoC-accredited facilities must adhere to OCISS requirements when reporting to OCISS.

Class of Case 32: Diagnosis AND all first course treatment provided elsewhere AND patient presents at reporting facility with disease recurrence or persistence (active disease). These cases need to be reported ONLY if originally diagnosed within the past two **calendar years**.

For example, a patient presents to a facility or a provider in **2025** with recurrent disease that was initially diagnosed and treated (first course) elsewhere and is now being treated at your facility for subsequent (non-first course) therapy. This would be a Class of Case 32 for the facility/provider. If the original diagnosis was in **2023**, report the case to OCISS. If the original diagnosis year was **BEFORE 2023**, the case does not need to be reported to OCISS.

Note: The reporting facility would only need to report if they are providing subsequent treatment for the cancer. First course treatment should be reported as available. Subsequent treatment should not be coded as first course treatment; however, it may be documented in text.

If your facility has different requirements regarding Class of Case 32 cases irrespective of original diagnosis year, OCISS will still accept them if submitted.

Class of Case 34: Type of case not required by CoC to be accessioned (for example, a benign colon tumor) AND initial diagnosis AND part or all of first course treatment by reporting facility (see table of reportable and non-reportable conditions).

Note: Assign this Class of Case to patients diagnosed with conditions reportable to OCISS, but not reportable to CoC and facility is involved in diagnosis and/or first course of treatment (see table of reportable and non-reportable conditions above).

Class of Case 36: Type of case not required by CoC to be accessioned (for example, a benign colon tumor) AND initial diagnosis elsewhere AND all or part of first course treatment by reporting facility (see table of reportable and non-reportable conditions).

Note: Assign this Class of Case to patients diagnosed with conditions reportable to OCISS, but not reportable to CoC and facility is involved in first course of treatment (see table of reportable and non-reportable conditions above).

Class of Case 38: Initial diagnosis established by autopsy at the reporting facility, cancer not suspected prior to death.

Class of Case 43: Pathology or other lab specimens only. For these cases the patient does not appear in person at the reporting facility.

- For laboratories who report to OCISS directly – all cases would be class of case 43 and reportable to OCISS if it contains finding of any reportable conditions.
- For hospital facilities – path consult only cases are not required to be submitted to OCISS. For cases where hospital pathology lab is the sole diagnosing laboratory and patient does NOT appear in person at the hospital for any therapy (i.e., no other class of case applies), please see class of case 40, 41, and 42 in the next section. Report to OCISS if your facility abstracts class of case 40-42.

Class of Case 49: Death certificate only. This is reserved for when a reportable condition is only noted on the death certificate during the annual death clearance process. See “Death Clearance” in section V.3. This class of case may be used when no additional information is found to apply a different class of case.

If your facility has NOT reported non-analytic class of case abstracts to OCISS, please start with diagnosis year 2024. Your facility does NOT need to repeat its casefinding process for 2024 if already complete but please incorporate inclusion of these cases to suspense queues starting with diagnosis year 2024 for any outstanding 2024 casefinding and moving forward.

- **Example 1:** Your facility is currently working on October 2024 pathology reports and discharge messages for casefinding; please add these State-reportable-only cases to suspense queue to be abstracted. You are NOT required to go back and re-review previous reports and messages that have already been processed.
- **Example 2:** Your facility has already finished casefinding for 2024. While casefinding for January 2025, you came across a patient with colon cancer diagnosed in 2025, but chart review indicates the patient has a history of LCIS diagnosed in 2023 that was diagnosed and/or treated at your facility and the case was not abstracted. Please add the LCIS case for abstraction.

Not Required but Accepted by OCISS (please submit to OCISS if abstracted for your facility)

Class of Case 30: Initial diagnosis and all first course treatment elsewhere AND reporting facility participated in diagnostic workup (for example, consult only, treatment plan only, staging workup after initial diagnosis elsewhere).

Class of Case 31: Initial diagnosis and all first course treatment elsewhere AND reporting facility provided in-transit care; or hospital provided care that facilitated treatment elsewhere (for example, stent placement).

Class of Case 33: Diagnosis AND all first course treatment provided elsewhere AND patient presents at reporting facility with disease history only (disease not active).

The following only apply to CoC-accredited facilities:

Class of Case 35: Case diagnosed before the program's Reference Date AND initial diagnosis AND all or part of first course treatment by reporting facility.

Class of Case 37: Case diagnosed before the program's Reference Date AND initial diagnosis elsewhere AND all or part of first course treatment by facility.

Class of Case 40: Diagnosis AND all first course treatment given at the same staff physician's office.

Class of Case 41: Diagnosis and all first course treatment given in two or more different offices of physicians with admitting privileges.

Class of Case 42: Non-staff physician or non-CoC accredited clinic or other facility, not part of reporting facility, accessioned by reporting facility for diagnosis and/or treatment by that entity (for example, hospital abstracts cases from an independent radiation facility).

What Information Must Be Reported?

OAC 3701-4-02 outlines the data that must be reported. This includes patient demographics, information on the cancer and how it was diagnosed, and the patient's first course of treatment. Neither subsequent treatment nor cancer recurrence are required to be reported.

OCISS adheres to collection of specific data items as outlined by CDC's National Program of Cancer Registries (NPCR) and as documented in the NAACCR Data Standards and Data Dictionary Required Status Table. Note that these requirements include BOTH coded data AND text in support of the coded values. A table of CDC/NPCR Required Data by Year is in Appendix D.

When processing cancer reports, OCISS relies heavily on the text fields completed by cancer reporters. These text fields support the coded values of a report and are crucial for the success of several OCISS processes, including consolidation. For detailed text guidelines and examples, please see Appendix E.

OCISS collects several data fields not required by NPCR, as follows:

NAACCR Item #	Item Name	Rationale for OCISS Collecting
150	Marital Status at DX	Assists in record consolidation – determining same/ different people.
560	Sequence Number - Hospital	Used to calculate Sequence Number Central. Helpful with consolidation and internal quality control.
570	Abstracted By	Important for quality control and following up with reporters.
1280	RX Date DX/Stg Proc	Helpful for consolidation of cases for when biopsy is done (which is the case for MOST solid tumor cancers).
1320	RX Summ – Surgical Margins	Helpful in consolidation of diagnostic and treatment data as it is used for post-surgery treatment decisions and affects recurrence.
1350	RX Summ – DX/Stg Proc	Helpful for consolidation of cases for when biopsy is done (which is the case for MOST solid tumor cancers).
2270	Name – Suffix	Assists in record consolidation – determining same/ different people.
	OH Tobacco History*	OCISS implemented prior to re-establishment of a national data item for tobacco use; the OCISS field collects more detailed information than the national data item.
NA	Appendix D	Updated to v24.

The options for reporting OH Tobacco History are:

Value	Label
0	Never Used
1	Cigarette smoker, current*
2	Cigar / pipe smoker, current*
3	Snuff / chew / smokeless, current*
4	Combination use, current*
5	Previous use**
6	E-cigarette, current*
7	Other tobacco use, current (e.g., waterpipes, dissolvables)*
9	Unknown

*A **current user of tobacco** is defined as someone who smokes cigarettes or cigars or uses snuff, e-cigarettes, or any other tobacco product either every day or some days within 30 days prior to cancer diagnosis.

A **previous or former smoker is someone who smoked cigarettes or cigars or used snuff, e-cigarettes, or any other tobacco product in their lifetime but has quit 31 or more days prior to cancer diagnosis.

A complete listing of OCISS-required data fields is included in Appendix F.

How Must Cancers Be Reported?

OAC 3701-4-02 indicates that reports shall be made in a manner approved by the director of health. All reports must be made electronically. A paper cancer reporting form does not exist. Please contact OCISS if you are required to report but cannot report electronically.

OCISS accepts electronic cancer reports from all reporters via Web Plus, a secure internet portal. Electronic cancer reports can either be uploaded into Web Plus in a NAACCR-formatted file or directly entered into Web Plus. Manuals for reporting via Web Plus are available on the OCISS website.

Files which are uploaded into Web Plus must be edit free. Cancer reports which are directly entered into Web Plus cannot be released until all edit errors have been resolved. OCISS edits require that all coded data fields are supported by text documentation.

OCISS makes its edits metafile available on the OCISS website. OCISS also posts its edits metafile to the NAACCR Edits Metafile Clearinghouse.

OCISS accepts electronic pathology (ePath) reports from laboratories via secure file transfer protocol. OCISS can receive ePath reports in the NAACCR Volume V HL7 format (HL7 2.3.1 or 2.5.1). CDC-NPCR can assist with ePath reporting if your laboratory analyzes samples for residents of multiple states; additional information is available here: For questions about ePath reporting, please contact Kaitlin Kruger by email at Kaitlin.Kruger@odh.ohio.gov or by phone at 614-728-2304.

OCISS is not currently accepting cancer data from providers through electronic health record systems, previously known as Meaningful Use or Promoting Interoperability. We do not currently have a timeline for cancer reporting via electronic case reporting (eCR) as this is something that is still being developed at the national level. The current focus of eCR at the Ohio Department of Health (ODH) is on infectious diseases. Please see our website for more information.

Modified (M) Record Reporting

All Ohio hospitals that have their own cancer registry software are expected to send M (modified) record reports to OCISS for cases with a date of first contact within the past two calendar years. For instance, in 2025, M records would be required for cases with a date of first contact in 2023 and 2024. M records should be submitted annually during the month of July.

Hospital registry software should be modified to accommodate this requirement. The list of data item updates that require M record reporting is included in Appendix G. Contact your registry software vendor to understand the process for generating M record files. Contact OCISS's Data Administration Manager, Kaitlin Kruger, by email at Kaitlin.Kruger@odh.ohio.gov or by phone at 614-728-2304 for other questions on this process.

Notes:

- New cases are to be reported as type A records. DO NOT send new cases as M records.
- M records can be leveraged to improve timeliness in reporting. If treatment has not been completed within six months of date of diagnosis or first contact, type A records should be submitted with the information available. When first course treatment is completed, M records should be submitted with the updated treatment information. If your facility does not have the ability to send M records, abstracts should be held until treatment has completed .
- M records should only be submitted for updates to cases previously sent. An A record cancer report should always precede an M record report for the same patient.
- M records should only be created if an update has been made to one or more data fields listed in the appendix.
- M records should be submitted in separate files from type A records.
- M record files must follow all other OCISS requirements for file upload: be edit-free, limited to 250 abstracts per file, and follow filename labelling conventions that also indicate that the file contains modified records.

When Must Cancers Be Reported?

OAC 3701-4-02 outlines the timeline for reporting, as follows:

Each physician, dentist, hospital, and other person who diagnose patients as having cancer will report the patient's cancer within six months of the date of diagnosis. Facilities or persons providing treatment services to patients for a cancer diagnosis will report the patient's cancer within six months of the date of first contact with the patient. The table below shows when cases should be reported based on month of diagnosis or first contact.

Month of Diagnosis or First Contact:	Report No Later Than:
January	July
February	August
March	September
April	October
May	November
June	December
July	January following year
August	February following year
September	March following year
October	April following year
November	May following year
December	June following year

OCISS requires that all hospitals, regardless of annual volume, report to OCISS monthly.

Non-hospital facilities that report more than 250 cases annually are required to report monthly, at a minimum. Non-hospital facilities with a lower case volume (i.e., reporting 250 or fewer cases annually) are required to report quarterly, at a minimum. All facilities are permitted to report more frequently if they like.

Hospitals that have their own cancer registry software should submit M records annually during the month of July.

Registry Recognition Program

OCISS will recognize hospitals that are meeting timeliness goals using the following criteria:

- Gold Award: Awarded to hospital registries with "% expected records received" column >90% on year-end OCISS timeliness report including abstracts submitted by Sept. 1.
- Silver Award: Awarded to hospital registries with "% expected records received" column >80% and <90% on year-end OCISS timeliness report including abstracts submitted by Sept. 1
- Timeliness Improvement Award: Awarded to hospital registries that improve their timeliness based on criteria established by OCISS to be determined after reviewing year-end data.

Chapter 4: Education and Training

If you are a new reporter, are affiliated with a newly-opened facility, or are affiliated with a facility that should have been reporting but has not, please contact OCISS Education and Training Coordinator, Emily Stewart, by email at Emily.Stewart@odh.ohio.gov or by phone at 380-218-2242 to learn how to get started. OCISS will provide training in cancer reporting through Web Plus. OCISS also provides refresher training and training for new staff.

Additionally:

- OCISS publishes a quarterly newsletter with relevant information on cancer coding and reporting. The newsletter is emailed to reporters and is also posted to the OCISS website.
- Manuals on use of Web Plus for cancer reporting are on the OCISS website.
- OCISS provides links to national training resources on the OCISS website.
- OCISS posts NAACCR webinars in Web Plus and to FLccSC (Fundamental Learning Collaborative for the Cancer Surveillance Community). Please contact OCISS Education and Training Coordinator, Emily Stewart, by email at Emily.Stewart@odh.ohio.gov or by phone at 380-218-2242 to get access to FLccSC. You can also register for an account through the FLccSC website.
- OCISS coordinates with the Ohio Cancer Registrars Association to provide training by a nationally recognized trainer as part of their Annual Education Conference.

Chapter 5: Quality Control

Quality Control Reports

OCISS generates annual reports for hospital reporters to demonstrate completeness in reporting, timeliness in reporting, and quality of reporting.

Completeness is measured by comparing the number of current year cancer reports to the average number of cancer reports for the previous five calendar years.

Timeliness is measured by comparing the date of report of analytic cases to date of diagnosis and date of report of non-analytic cases to date of first contact.

Quality is measured by the frequency of selected data items with unknown or missing information.

The reports are intended to share positive feedback, to identify areas in need of improvement, and to be useful to hospital quality control efforts. OCISS uses the information to target reporter training and for prioritizing audits.

Audits

OCISS is required to perform audits of all hospital reporters at least once every five years. OCISS typically conducts hospital audits every two to three years. Audits may include: casefinding—to measure the completeness of case ascertainment, reabstraction—to measure the accuracy and quality of cancer reporting, or a review of reported cases to measure agreement between text and coded data. Auditing will not typically require visits to facilities but, rather, will be performed by having facilities send required information, such as a disease index, casefinding lists, or source records to OCISS electronically.

Death Clearance

Death Clearance is a procedure conducted annually for OCISS to 1) update vital status on reported cases and 2) identify missed cancer reports. OCISS links cancer reports in the OCISS database to Ohio's death files. Death information is added to existing cancer reports. Follow-back is conducted on death certificates for which a physician has indicated the underlying cause of death was cancer but for which OCISS has not received a report.

OCISS requests information from hospitals to confirm the cancer and date of cancer diagnosis when the person died in a hospital or emergency room. OCISS requests this information from the physician who signed the death certificate for those persons who died in a non-hospital setting.

Assistance of hospitals and physicians is critical in completing this central cancer registry operation. Analysis of the missed cases helps OCISS determine reasons the cases were not reported at the time of diagnosis and to implement processes to improve case reporting.

OCISS is not permitted to provide access to Vital Statistics death data to cancer reporters. Please contact Vital Statistics at vitaldata@odh.ohio.gov to request these data.

Appendix A

2003 Ohio Department of Health Bulletin: Health Insurance Portability and Accountability Act and Public Health: the “Public Health Exception”

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BOB TAFT
Governor

J. NICK BAIRD, M.D.
Director of Health

Bulletin

August 5, 2003

Health Insurance Portability and Accountability Act and Public Health: the "Public Health Exception"

Office of the General Counsel
Socrates H. Tuch
Assistant Counsel/Privacy Officer

With the Privacy Rule to the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") in effect, a number of questions and misunderstandings have arisen regarding the implementation of the regulations contained in 45 CFR Parts 160 and 164. Not least among these questions is the effect of HIPAA on state laws relating to public health. While HIPAA has a significant impact on many aspects of health operations and practices, Congress exempted certain areas from any HIPAA impact. Specifically, Congress enacted the following language:

> Nothing in this part [administrative simplification] shall be construed to invalidate or limit the authority, power, or procedures established under any law providing for the reporting of disease or injury, child abuse, birth, or death, public health surveillance, or public health investigation or intervention.

42 U.S.C. 1320d-7(b) [42 U.S.C. 1178(b)]. To this end, the US Department of Health and Human Services ("HHS") has promulgated the following regulatory language:

> A covered entity may use or disclose protected health information without the written authorization of the individual, as described in §164.508, or the opportunity for the individual to agree or object as described in §164.510, in the situations covered by this section, subject to the applicable requirements of this section. * * * (Emphasis added.)

45 C.F.R. 164.512. Additionally, the privacy regulations promulgated by HHS includes the pertinent part of the following provisions:

> (1) Permitted disclosures. A covered entity may disclose protected health information for the public health activities and purposes described in this paragraph to:
>
> (i) A public health authority that is authorized by law to collect or receive such information for the purpose of preventing or controlling

> disease, injury, or disability, including, but not limited to, the reporting of disease, injury, vital events such as birth or death, and the conduct of public health surveillance, public health investigations, and public health interventions; or, at the direction of a public health authority, to an official of a foreign government agency that is acting in collaboration with a public health authority;
> (ii) A public health authority or other appropriate government authority authorized by law to receive reports of child abuse or neglect;
> * * *
> (iv) A person who may have been exposed to a communicable disease or may otherwise be at risk of contracting or spreading a disease or condition, if the covered entity or public health authority is authorized by law to notify such person as necessary in the conduct of a public health intervention or investigation * * *. (Emphasis original and added.)

45 C.F.R. 164.512(b). Similarly,

> (1) Permitted disclosures. A covered entity may, consistent with applicable law and standards of ethical conduct, use or disclose protected health information, if the covered entity, in good faith, believes the use or disclosure:
> (i) (A) Is necessary to prevent or lessen a serious and imminent threat to the health or safety of a person or the public; and
> (B) Is to a person or persons reasonably able to prevent or lessen the threat, including the target of the threat * * *. (Emphasis original.)

45 C.F.R. 164.512(j).

Finally, when public health performs audits, inspections, etc., to ensure compliance, public health is acting as a health oversight agency as defined in 45 C.F.R. 164.501. Accordingly, a provider "may disclose protected health information to a health oversight agency for oversight activities authorized by law, including audits; civil, administrative, or criminal investigations; inspections; licensure or disciplinary actions; civil, administrative, or criminal proceedings or actions; or other activities necessary for appropriate oversight * * *." (Emphasis added.) 45 C.F.R. 164.512(d)(1).

The notion that HIPAA prevents a health care provider, or other covered entity, from complying with the reporting required by Ohio law, cooperating with a public health response to a public health emergency, or from cooperating with a legally authorized compliance audit, inspection, or other activities necessary for appropriate oversight has persisted despite Congress' and HHS' clear statements to the contrary. In short, a covered entity such as a health care provider has no HIPAA-based or HIPAA-supported argument for failing to report health information required by or cooperating with a public health response, a compliance audit, inspection, or other oversight activities authorized by Ohio law.

Appendix B

Cancer Abstraction and Reporting Resources for Diagnosis Years 2018+

Cancer Abstraction and Reporting Resources for Diagnosis Years 2018+

- STORE (Standards for Oncology Registry Entry) Manual: https://www.facs.org/quality-programs/cancer-programs/national-cancer-database/ncdb-call-for-data/registry-manuals/.
- Solid Tumor Rules: https://seer.cancer.gov/tools/solidtumor/.
- ICD-O-3 Implementation Guidelines: https://www.naaccr.org/icdo3/ and https://seer.cancer.gov/icd-o-3/.
- Annotated Histology List: https://www.naaccr.org/icdo3/.
- Hematopoietic and Lymphoid Neoplasm Database: http://seer.cancer.gov/seertools/hemelymph/.
  Notes: 1) Use for ICD-O-3 histology codes 9590 and higher. 2) Click on 'Downloads' on upper right for Hematopoietic Coding Manual and User Guide.
- Grade Manual: https://apps.naaccr.org/ssdi/list/.
- SSDI (Site-Specific Data Item) Manual: https://apps.naaccr.org/ssdi/list/.
- Summary Stage 2018: https://seer.cancer.gov/tools/ssm/.
  Note: Also part of SEER*RSA (see link below).
- American Joint Committee on Cancer (AJCC) (8th Edition & Subsequent Versions): https://www.facs.org/quality-programs/cancer-programs/american-joint-committee-on-cancer/.
- SEER*Rx (Interactive Antineoplastic Drugs Database): https://seer.cancer.gov/seertools/seerrx/.
- SEER Registrar Staging Assistant (SEER*RSA): https://seer.cancer.gov/tools/staging/rsa.html.
- NAACCR Data Standards and Data Dictionary: https://apps.naaccr.org/data-dictionary/.
  Note: Use version that corresponds to your data abstraction software.
- NAACCR Implementation Guidelines and Recommendations: https://www.naaccr.org/implementation-guidelines/.
- NAACCR Edits Metafile: https://www.naaccr.org/standard-data-edits.
  Note: Ohio's editset metafile is available on this site under the Clearinghouse tab. OCISS also posts its metafile to the OCISS website: https://odh.ohio.gov/know-our-programs/ohio-cancer-incidence-surveillance-system/Reporting-Ohio-Cancer-Incidence-Data.
- SEER Program Coding and Staging Manual: http://seer.cancer.gov/tools/codingmanuals/.
  Notes: 1) Ohio is not a SEER state, but some NAACCR definitions refer to the SEER manual for coding clarifications. 2) Many find Appendix C "Site Specific Coding Modules" of this manual useful with coding guidelines, solid tumor rules, surgery codes and other information grouped by primary site.
- Cancer PathChart: https://seer.cancer.gov/cancerpathchart/.
  Note: Cancer Pathology Coding Histology And Registration Terminology (Cancer PathCHART) is a first-of-its-kind initiative in North America and around the world to update cancer surveillance standards for tumor site, histology, and behavior code combinations and associated terminology.
- NCCN (National Comprehensive Cancer Network) Guidelines (for Treatment by Cancer Type): https://www.nccn.org/guidelines/category_1.
  Note: Free registration.
- National Cancer Registrars Association Informational Abstract: A Guide to Determining What Text to Include: http://www.cancerregistryeducation.org/Files/Org/f3f3d382a7a242549a9999654105a63b/site/Final_Informational_Abstracts_Summer_2022.pdf. (Source: http://www.cancerregistryeducation.org/rr).
- NAACCR Recommended Abbreviation List: https://apps.naaccr.org/data-dictionary/data-dictionary/version=23/chapter-view/abbreviations-and-acronyms/.
- National Cancer Institute Glossary for Registrars: https://seer.cancer.gov/seertools/glossary/.

Authoritative Answer Forums:

- SEER Inquiry System (SINQ) (https://seer.cancer.gov/seer-inquiry/) – archived collection of authoritative answers to coding and abstracting questions that cancer registrars have had while abstracting cancer cases.
- Ask a SEER Registrar (https://seer.cancer.gov/registrars/contact.html) – for questions not found in SINQ and related to ICD-O-3 updates, hematopoietic manual and database, Solid Tumor Manual, Summary Stage, Collaborative Stage, SEER*RX and SEER program coding and staging manual.
- CAnswer Forum (http://cancerbulletin.facs.org/forums/help) – for questions related to American Joint Committee on Cancer staging, Grade and SSDI, STORE Manual, Commission on Cancer(CoC) Program Standards, National Accreditation Program for Breast Cancers (NAPBC), National Accreditation Program for Rectal Cancer (NAPRC), Rapid Cancer Reporting System (RCRS), and pathology; free registration (required).
  Note: although answers may be given by various forum members, it is recommended to use information provided by authoritative respondents from AJCC/NCDB (or from "Ruhlj" for the SSDI/Grade sub-forum), recognizable through their member name/logos.

Appendix C

Casefinding

Casefinding

Casefinding Lists

OCISS recommends that reporters utilize them to identify potentially reportable cancer cases.

- Casefinding Lists - SEER.
- Reportable ICD-10-CM Codes - NPCR.

Casefinding Source Documents

Documents to identify cancer cases will vary by reporting facility and will be dependent on the cancer services offered at the facility. Most reporting facilities will need to review multiple sources to identify all cases.

Casefinding must be done for all patients, whether **inpatient** or **outpatient**. Laboratory reports should be reviewed for inpatients, outpatients, and including specimens analyzed at your facility when your lab is used as a reference lab for physicians and other providers.

Examples of casefinding source documents include the following:

- Discharge Summaries.
- Disease Index.
- Billing.
- Laboratory Reports.
    - Pathology.
    - Cytology.
    - Hematology.
    - Bone Marrow.
- Autopsy Reports.
- Hematology Oncology Treatment Logs.
- Radiation Treatment Logs.
- Radiology Logs – including, but not limited to:
    - Computed radiography.
    - Digital radiography.
    - Fluoroscopy.
    - Angiography.
    - Computed Tomography (CT) scans.
    - Ultrasound.
    - Magnetic Resonance Imaging (MRI).
    - Nuclear medicine - including, but not limited to, positron emission tomography (PET) scans, single photon emission computerized tomography (SPECT) scans, bone scans and sentinel lymph node biopsies and for I-131/thyroid uptake/thyroid scan.
    - Beam radiation.
    - Teletherapy.
    - Brachytherapy.
- Other – records from any other area at the facility where cancer is either diagnosed or treated.

Appendix D

Centers for Disease Control and Prevention/National Program of Cancer Registries Table of Required Data by Year

NAACCR LAYOUT		11.0	11.1	11.2	11.3	12.0	12.1	12.2	13.0	14.0	15.0	16.0	16.0	18.0	21.0	22.0	23.0	24.0	25.0
DIAGNOSIS YEAR(S)		2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018-20	2021	2022	2023	2024	2025
Item #	Item Name																		
10	Record Type	.	.	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
20	Patient ID Number	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
21	Patient System ID-Hosp	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
30	Registry Type	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
40	Registry ID	.	.	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
45	NPI--Registry ID	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
50	NAACCR Record Version	.	.	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
60	Tumor Record Number	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	R	R
70	Addr at DX--City	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
80	Addr at DX--State	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
81	State at DX Geocode 1970/80/90													D	D	RH*	RH*	RH*	RH*
82	State at DX Geocode 2000													D	D	D	D	D	D
83	State at DX Geocode 2010													D	D	D	D	D	D
84	State at DX Geocode 2020													D	D	D	D	D	D
86	Geocoding Quality Code																	D*	D*
87	Geocoding Quality Code Detail																	D*	D*
89	County at DX Analysis													D	D	D	D	D	D
90	County at DX Reported	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
94	County at DX Geocode 1970/80/90	.	.	.	.	.	.	.	.	.	.	D	D	D	D	RH*	RH*	RH*	RH*
95	County at DX Geocode2000	.	.	.	.	.	.	.	.	.	.	D	D	D	D	D	D	D	D
96	County at DX Geocode2010	.	.	.	.	.	.	.	.	.	.	D	D	D	D	D	D	D	D
97	County at DX Geocode2020	.	.	.	.	.	.	.	.	.	.	.	.	D	D	D	D	D	D
100	Addr at DX--Postal Code	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
102	Addr at DX--Country	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
110	Census Tract 1970/80/90	RH*	RH*	RH*	RH*	RH*	RH*	RH*	RH*	RH*	RH*	RH*	RH*	RH*	RH*	RH*	RH*	RH*	RH*
120	Census Cod Sys 1970/80/90	RH*	RH*	RH*	RH*	RH*	RH*	RH*	RH*	RH*	RH*	RH*	RH*	RH*	RH*	RH*	RH*	RH*	RH*
125	Census Tract 2020													D	D	D	D	D	D
130	Census Tract 2000	R	R	R	R	R	R	R	R	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH
135	Census Tract 2010	.	.	.	.	.	R*	R*	R	R	R	R	R	R	R	R	R	R	R
145	Census Tr Poverty Indictr	.	.	.	.	.	.	.	.	R	R	R	R	R	D	D	D	D	D
150	Marital Status at DX	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
160	Race 1	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
161	Race 2	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
162	Race 3	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
163	Race 4	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
164	Race 5	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
190	Spanish/Hispanic Origin	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
191	NHIA Derived Hisp Origin	D	D	D	D	S	D	D	D	D	D	D	D	D	D	D	D	D	D
192	IHS Link	R*	R*	R*	R*	R*	R*	R*	R*	R*	R*	R*	R*	R*	R*	R*	R*	R*	R*

NAACCR LAYOUT		11.0	11.1	11.2	11.3	12.0	12.1	12.2	13.0	14.0	15.0	16.0	16.0	18.0	21.0	22.0	23.0	24.0	25.0
DIAGNOSIS YEAR(S)		2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018-20	2021	2022	2023	2024	2025
Item #	Item Name																		
193	Race--NAPIIA(derived API)	.	.	.	.	R	R	R	R	R	R	R	R	R	R	R	R	R	R
194	IHS Purchased/Referred Care Delivery Area															D	D	D	D
200	Computed Ethnicity	R	R	R	R	R	R	R	R	R	R	R	R	R	R	.	.	.	.
210	Computed Ethnicity Source	R	R	R	R	R	R	R	R	R	R	R	R	R	R	.	.	.	.
220	Sex	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
230	Age at Diagnosis	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
240	Date of Birth	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
252	Birthplace--State	.	.	.	.	.	.	.	R*	R*	R*	R*	R*	R*	R*	R*	R*	R*	R*
254	Birthplace--Country	.	.	.	.	.	.	.	R*	R*	R*	R*	R*	R*	R*	R*	R*	R*	R*
272	Census Ind Code ~~2010~~ CDC	.	.	.	.	.	.	.	R*	R*	R*	R*	R*	R*	R*	R*	R*	R*	R*
282	Census Occ Code ~~2010~~ CDC	.	.	.	.	.	.	.	R*	R*	R*	R*	R*	R*	R*	R*	R*	R*	R*
284	Urban Indian Organization (UIO)															D	D	D	D
285	Urban Indian Organization (UIO) Service Area															D	D	D	D
290	Occupation Source	R*	R*	R*	R*	R*	R*	R*	R*	R*	R*	R*	R*	R*	R*	R*	R*	R*	R*
300	Industry Source	R*	R*	R*	R*	R*	R*	R*	R*	R*	R*	R*	R*	R*	R*	R*	R*	R*	R*
310	Text--Usual Occupation	R*	R*	R*	R*	R*	R*	R*	R*	R*	R*	R*	R*	R*	R*	R*	R*	R*	R*
320	Text--Usual Industry	R*	R*	R*	R*	R*	R*	R*	R*	R*	R*	R*	R*	R*	R*	R*	R*	R*	R*
339	RUCA 2000													D	D	D	D	D	D
341	RUCA 2010													D	D	D	D	D	D
344	Tobacco Use Smoking Status															R*	R*	R*	R*
345	URIC 2000													D	D	D	D	D	D
346	URIC 2010													D	D	D	D	D	D
361	Census Block Group 2020													.	.	.	.	.	.
362	Census Block Group 2000	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
363	Census Block Group 2010	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
364	Census Tr Cert 1970/80/90	RH*	RH*	RH*	RH*	RH*	RH*	RH*	RH*	RH*	RH*	RH*	RH*	RH*	RH*	RH*	RH*	RH*	RH*
365	Census Tr Certainty 2000	R	R	R	R	R	R	R	R	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH
366	GIS Coordinate Quality	R*	R*	R*	R*	R*	R*	R*	R*	R*	R*	R*	R*	R*	R*	R*	R*	R*	R*
367	Census Tr Certainty 2010	.	.	.	.	.	R*	R*	R	R	R	R	R	R	R	R	R	R	R
368	Census Block Grp 1970/80/90	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
369	Census Tract Certainty 2020													D	D	D	D	D	D
380	Sequence Number--Central	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
390	Date of Diagnosis	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
400	Primary Site	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
410	Laterality	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
420	Histology (92-00) ICD-O-2	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH
430	Behavior (92-00) ICD-O-2	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH
440	Grade	R	R	R	R	R	R	R	R	R	R	R	R	RH	RH	RH	RH	RH	RH
441	Grade Path Value	.	.	.	.	.	R*	R*	R*	RH*	RH*	RH*	RH*	RH	RH*	RH*	RH*	RH*	RH*

NAACCR LAYOUT		11.0	11.1	11.2	11.3	12.0	12.1	12.2	13.0	14.0	15.0	16.0	16.0	18.0	21.0	22.0	23.0	24.0	25.0
DIAGNOSIS YEAR(S)		2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018-20	2021	2022	2023	2024	2025
Item #	Item Name																		
442	Ambiguous Terminology DX	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
443	Date Conclusive DX	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
444	Mult Tum Rpt as One Prim	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
445	Date of Mult Tumors	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
446	Multiplicity Counter	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
449	Grade Path System	.	.	.	.	.	R*	R*	R*	RH*	RH*	RH*	RH*	RH	RH*	RH*	RH*	RH*	RH*
450	Site Coding Sys--Current	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
460	Site Coding Sys--Original	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
470	Morph Coding Sys--Current	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
480	Morph Coding Sys--Originl	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
490	Diagnostic Confirmation	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
500	Type of Reporting Source	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
501	Casefinding Source	.	.	.	.	.	.	R*	R*	R*	R*	R*	R*	R*	R*	R*	R*	R*	R*
522	Histologic Type ICD-O-3	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
523	Behavior Code ICD-O-3	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
530	EDP MDE Link Date	.	.	.	.	.	.	.	.	.	.	.	.	.	.	RS	RS	RS	RS
531	EDP MDE Link															RS	RS	RS	RS
540	Reporting Facility	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
545	NPI--Reporting Facility	.	R*	R*	R*	R*	R*	R*	R*	R*	R*	R*	R*	R*	R*	R*	R*	R*	R*
550	Accession Number--Hosp	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
560	Sequence Number--Hospital	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
570	Abstracted By	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
580	Date of 1st Contact	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R*	R*	R*
590	Date of Inpt Adm	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
600	Date of Inpt Disch	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
610	Class of Case	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
630	Primary Payer at DX	R	.	R*	R*	R*	R*	R*	R*	R*	R*	R*	R*	R*	R*	R*	R*	R*	R*
668	RX Hosp--Surg App 2010	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
670	RX Hosp--Surg Prim Site 03-2022	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
671	RX Hosp--Surg Prim Site 2023																.	.	.
672	RX Hosp--Scope Reg LN Sur	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
674	RX Hosp--Surg Oth Reg/Dis	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
676	RX Hosp--Reg LN Removed	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
682	Date Regional Lymph Node Dissection													.	.	.	.	.	.
690	RX Hosp--Radiation	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
700	RX Hosp--Chemo	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
710	RX Hosp--Hormone	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
720	RX Hosp--BRM	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
730	RX Hosp--Other	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.

NAACCR LAYOUT		11.0	11.1	11.2	11.3	12.0	12.1	12.2	13.0	14.0	15.0	16.0	16.0	18.0	21.0	22.0	23.0	24.0	25.0
DIAGNOSIS YEAR(S)		2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018-20	2021	2022	2023	2024	2025
Item #	Item Name																		
740	RX Hosp--DX/Stg Proc	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
746	RX Hosp--Surg Site 98-02	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
747	RX Hosp--Scope Reg 98-02	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
748	RX Hosp--Surg Oth 98-02	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
751	RX Hosp Recon Breast																	.	.
752	Tumor Size Clinical	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
754	Tumor Size Pathologic	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
756	Tumor Size Summary	.	.	.	.	.	.	.	.	.	.	R	R	R	R	R	R	R	R
759	SEER Summary Stage 2000	RH	RH	RH	RH	RH	RH	R+	R+	R+	R	R	R	RH	RH	RH	RH	RH	RH
760	SEER Summary Stage 1977	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH
762	Derived Summary Stage 2018	.	.	.	.	.	.	.	.	.	.	.	RN	.	.	.	.	.	.
764	Summary Stage 2018	.	.	.	.	.	.	.	.	.	.	.	.	R	R	R	R	R	R
772	EOD Primary Tumor	.	.	.	.	.	.	.	.	.	.	.	RN	.	.	.	.	.	.
774	EOD Regional Nodes	.	.	.	.	.	.	.	.	.	.	.	RN	.	.	.	.	.	.
776	EOD Mets	.	.	.	.	.	.	.	.	.	.	.	RN	.	.	.	.	.	.
780	EOD--Tumor Size	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
785	Derived EOD 2018 T													.	.	.	.	.	.
790	EOD--Extension	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
795	Derived EOD 2018 M													.	.	.	.	.	.
800	EOD--Extension Prost Path	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
810	EOD--Lymph Node Involv	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
815	Derived EOD 2018 N													.	.	.	.	.	.
818	Derived EOD 2018 Stage Group													.	.	.	.	.	.
820	Regional Nodes Positive	.	.	.	.	.	R*	R	R	R	R	R	R	R	R	R	R	R	R
830	Regional Nodes Examined	.	.	.	.	.	R*	R	R	R	R	R	R	R	R	R	R	R	R
832	Date of Sentinel Lymph Node Biopsy													.	.	.	.	.	.
834	Sentinel Lymph Nodes Examined													.	.	.	.	.	.
835	Sentinel Lymph Nodes Positive													.	.	.	.	.	.
840	EOD--Old 13 Digit	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
850	EOD--Old 2 Digit	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
860	EOD--Old 4 Digit	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
870	Coding System for EOD	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
880	TNM Path T	.	.	.	.	.	.	.	.	R*	RN	R	R	RH	.	.	.	.	.
890	TNM Path N	.	.	.	.	.	.	.	.	R*	RN	R	R	RH	.	.	.	.	.
900	TNM Path M	.	.	.	.	.	.	.	.	R*	RN	R	R	RH	.	.	.	.	.
910	TNM Path Stage Group	.	.	.	.	.	.	.	.	R*	RN	R	R	RH	.	.	.	.	.
920	TNM Path Descriptor	.	.	.	.	.	.	.	.	R*	RN	R	R	RH	.	.	.	.	.
930	TNM Path Staged By	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
940	TNM Clin T	.	.	.	.	.	.	.	.	R*	RN	R	R	RH	.	.	.	.	.

NAACCR LAYOUT		11.0	11.1	11.2	11.3	12.0	12.1	12.2	13.0	14.0	15.0	16.0	16.0	18.0	21.0	22.0	23.0	24.0	25.0
DIAGNOSIS YEAR(S)		2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018-20	2021	2022	2023	2024	2025
Item #	Item Name																		
950	TNM Clin N	.	.	.	.	.	.	.	.	R*	RN	R	R	RH	.	.	.	.	.
960	TNM Clin M	.	.	.	.	.	.	.	.	R*	RN	R	R	RH	.	.	.	.	.
970	TNM Clin Stage Group	.	.	.	.	.	.	.	.	R*	RN	R	R	RH	.	.	.	.	.
980	TNM Clin Descriptor	.	.	.	.	.	.	.	.	R*	RN	R	R	RH	.	.	.	.	.
990	TNM Clin Staged By	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
995	AJCC ID	.	.	.	.	.	.	.	.	.	.	.	.	D	D	D	D	D	D
1001	AJCC TNM Clin T													.	.	.	.	.	.
1002	AJCC TNM Clin N													.	.	.	.	.	.
1003	AJCC TNM Clin M													.	.	.	.	.	.
1004	AJCC TNM Clin Stage Group													.	.	.	.	.	.
1011	AJCC TNM Path T													.	.	.	.	.	.
1012	AJCC TNM Path N													.	.	.	.	.	.
1013	AJCC TNM Path M													.	.	.	.	.	.
1014	AJCC TNM Path Stage Group													.	.	.	.	.	.
1021	AJCC TNM Post Therapy Path (yp) T													.	.	.	.	.	.
1022	AJCC TNM Post Therapy Path (yp) N													.	.	.	.	.	.
1023	AJCC TNM Post Therapy Path (yp) M													.	.	.	.	.	.
1024	AJCC TNM Post Therapy Path (yp) Stage Group													.	.	.	.	.	.
1031	AJCC TNM Clin T Suffix													.	.	.	.	.	.
1032	AJCC TNM Path T Suffix													.	.	.	.	.	.
1033	AJCC TNM Post Therapy Path (yp) T Suffix													.	.	.	.	.	.
1034	AJCC TNM Clin N Suffix													.	.	.	.	.	.
1035	AJCC TNM Path N Suffix													.	.	.	.	.	.
1036	AJCC TNM Post Therapy Path (yp) N Suffix													.	.	.	.	.	.
1060	TNM Edition Number	.	.	.	.	.	.	.	.	R*	RN	R	R	RH	.	.	.	.	.
1062	AJCC TNM Post Therapy Clin (yc) T														.	.	.	.	.
1063	AJCC TNM Post Therapy Clin (yc) T Suffix														.	.	.	.	.
1064	AJCC TNM Post Therapy Clin (yc) N														.	.	.	.	.
1065	AJCC TNM Post Therapy Clin (yc) N Suffix														.	.	.	.	.
1066	AJCC TNM Post Therapy Clin (yc) M														.	.	.	.	.
1067	AJCC TNM Post Therapy Clin (yc) Stage Group														.	.	.	.	.
1068	Grade Post Therapy Clin (yc)														R*	R*	R*	R*	R*
1112	Mets at DX-Bone	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1113	Mets at DX-Brain	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1114	Mets at Dx-Distant LN	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1115	Mets at DX-Liver	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1116	Mets at DX-Lung	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1117	Mets at DX-Other	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1120	Pediatric Stage	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.

NAACCR LAYOUT		11.0	11.1	11.2	11.3	12.0	12.1	12.2	13.0	14.0	15.0	16.0	16.0	18.0	21.0	22.0	23.0	24.0	25.0
DIAGNOSIS YEAR(S)		2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018-20	2021	2022	2023	2024	2025
Item #	Item Name																		
1130	Pediatric Staging System	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1132	Pediatric ID																		.
1133	Pediatric ID Version Current																		.
1134	Pediatric ID Version Original																		.
1135	Toronto Version Number																		.
1136	Pediatric Primary Tumor																		.
1137	Pediatric Regional Nodes																		.
1138	Pediatric Mets																		.
1140	Pediatric Staged By	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1142	Derived Pediatric T																		.
1143	Derived Pediatric N																		.
1144	Derived Pediatric M																		.
1145	Derived Peiatric Stage Group																		.
1146	Toronto T																		.
1147	Toronto N																		.
1148	Toronto M																		.
1149	Toronto Stage Group																		.
1150	Tumor Marker 1	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1160	Tumor Marker 2	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1170	Tumor Marker 3	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1172	Post Transplant Lymphoproliferative Disorder-PTLD																		RS*
1174	PD-L1																		RS*
1182	Lymphovascular Invasion	.	.	.	.	.	.	RS*	RS*	RS*	RS*	R*	R*	R*	R*	R*	R*	R*	R*
1184	White Blood Cell Count																		.
1185	Intl Neuroblastoma Risk Grp Stage Sys (INRGSS)																		.
1186	n-MYC Amplification																		.
1187	Intl Neuroblastoma Path Prog Class (INPC)																		.
1188	IRSS Stage for Eye-2																		.
1189	Chromosome 16q: Loss of Heterozygosity																		.
1191	EWSR1-FLI1 fusion																		.
1192	Pretext Clinical Staging																		.
1193	FOXO1 Gene Rearrangements																		.
1200	RX Date Surgery	.	.	.	.	R*	R	R	R	R	R	R	R	R	R	R	R*	R*	R*
1210	RX Date Radiation	.	.	.	.	R*	R	RS	RS	RS	R	R	R	R	R	R	R*	R*	R*
1220	RX Date Chemo	.	.	.	.	R*	R	RS	RS	RS	R	R	R	R	R	R	R*	R*	R*
1230	RX Date Hormone	.	.	.	.	R*	R	RS	RS	RS	R	R	R	R	R	R	R*	R*	R*
1240	RX Date BRM	.	.	.	.	R*	R	RS	RS	RS	R	R	R	R	R	R	R*	R*	R*
1250	RX Date Other	.	.	.	.	R*	R	RS	RS	RS	R	R	R	R	R	R	R*	R*	R*
1260	Date Initial RX SEER	R#	R#	R#	R#	R#	R#	R#	R#	R#	R#	R#	R#	R#	R#	R#	R#*	R#*	R#*

NAACCR LAYOUT		11.0	11.1	11.2	11.3	12.0	12.1	12.2	13.0	14.0	15.0	16.0	16.0	18.0	21.0	22.0	23.0	24.0	25.0
DIAGNOSIS YEAR(S)		2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018-20	2021	2022	2023	2024	2025
Item #	Item Name																		
1270	Date 1st Crs RX CoC	R#	R#	R#	R#	R#	R#	R#	R#	R#	R#	R#	R#	R#	R#	R#	R#*	R#*	R#*
1280	RX Date DX/Stg Proc	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1285	RX Summ--Treatment Status	.	.	.	.	R#	R#	RS#	RS#	RS#	R#	R#	R#	R#	R#	R#	R#	R#	R#
1290	RX Summ--Surg Prim Site 03-2022	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	RH	RH
1291	RX Summ--Surg Prim Site 2023																RS	R	R
1292	RX Summ--Scope Reg LN Sur	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
1294	RX Summ--Surg Oth Reg/Dis	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
1296	RX Summ--Reg LN Examined	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1310	RX Summ--Surgical Approch	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1320	RX Summ--Surgical Margins	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1330	RX Summ--Reconstruct 1st	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1335	RX Summ Recon Breast																	.	.
1340	Reason for No Surgery	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
1350	RX Summ--DX/Stg Proc	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1360	RX Summ--Radiation	.	.	D	D	D	D	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH	RH
1370	RX Summ--Rad to CNS	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1380	RX Summ--Surg/Rad Seq	R	R	R	R	R	R	RS	RS	RS	R	R	R	R	R	R	R	R	R
1390	RX Summ--Chemo	R	R	R	R	R	R	RS	RS	RS	R	R	R	R	R	R	R	R	R
1400	RX Summ--Hormone	R	R	R	R	R	R	RS	RS	RS	R	R	R	R	R	R	R	R	R
1410	RX Summ--BRM	R	R	R	R	R	R	RS	RS	RS	R	R	R	R	R	R	R	R	R
1420	RX Summ--Other	R	R	R	R	R	R	RS	RS	RS	R	R	R	R	R	R	R	R	R
1430	Reason for No Radiation	.	.	.	.	.	R	RS	RS	RS	R	R	R	R	R	R	R	R	R
1460	RX Coding System--Current	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
1501	Phase I Dose per Fraction													.	.	.	.	.	.
1502	Phase I Radiation External Beam Planning Tech													.	.	.	.	.	.
1503	Phase I Number of Fractions													.	.	.	.	.	.
1504	Phase I Radiation Primary Treatment Volume													.	.	.	.	.	.
1505	Phase I Radiation to Draining Lymph Nodes													.	.	.	.	.	.
1506	Phase I Radiation Treatment Modality													R	R	R	R	R	R
1507	Phase I Total Dose													.	.	.	.	.	.
1511	Phase II Dose per Fraction													.	.	.	.	.	.
1512	Phase II Radiation External Beam Planning Tech													.	.	.	.	.	.
1513	Phase II Number of Fractions													.	.	.	.	.	.
1514	Phase II Radiation Primary Treatment Volume													.	.	.	.	.	.
1515	Phase II Radiation to Draining Lymph Nodes													.	.	.	.	.	.
1516	Phase II Radiation Treatment Modality													.	.	.	.	.	.
1517	Phase II Total Dose													.	.	.	.	.	.
1521	Phase III Dose per Fraction													.	.	.	.	.	.
1522	Phase III Radiation External Beam Planning Tech													.	.	.	.	.	.

NAACCR LAYOUT		11.0	11.1	11.2	11.3	12.0	12.1	12.2	13.0	14.0	15.0	16.0	16.0	18.0	21.0	22.0	23.0	24.0	25.0
DIAGNOSIS YEAR(S)		2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018-20	2021	2022	2023	2024	2025
Item #	Item Name																		
1523	Phase III Number of Fractions													.	.	.	.	.	.
1524	Phase III Radiation Primary Treatment Volume													.	.	.	.	.	.
1525	Phase III Radiation to Draining Lymph Nodes													.	.	.	.	.	.
1526	Phase III Radiation Treatment Modality													.	.	.	.	.	.
1527	Phase III Total Dose													.	.	.	.	.	.
1531	Radiation Treatment Discontinued Early													.	.	.	.	.	.
1532	Number of Phases of Rad Treatment to this Volume													.	.	.	.	.	.
1533	Total Dose													.	.	.	.	.	.
1550	Rad--Location of RX	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1570	Rad--Regional RX Modality	R	R	R	R	R	R	RS	RS	RS	R	R	R	RH	RH	RH	RH	RH	RH
1632	Neoadjuvant Therapy														.	.	.	.	.
1633	Neoadjuvant Therapy-Clinical Response														.	.	.	.	.
1634	Neoadjuvant Therapy-Treatment Effect														.	.	.	.	.
1639	RX Summ--Systemic/Sur Seq	R	R	R	R	R	R	RS	RS	RS	RN	R	R	R	R	R	R	R	R
1640	RX Summ--Surgery Type	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1646	RX Summ--Surg Site 98-02	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1647	RX Summ--Scope Reg 98-02	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1648	RX Summ--Surg Oth 98-02	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1660	Subsq RX 2nd Course Date	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1671	Subsq RX 2nd Course Surg	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1672	Subsq RX 2nd Course Rad	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1673	Subsq RX 2nd Course Chemo	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1674	Subsq RX 2nd Course Horm	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1675	Subsq RX 2nd Course BRM	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1676	Subsq RX 2nd Course Oth	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1677	Subsq RX 2nd--Scope LN SU	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1678	Subsq RX 2nd--Surg Oth	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1679	Subsq RX 2nd--Reg LN Rem	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1680	Subsq RX 3rd Course Date	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1691	Subsq RX 3rd Course Surg	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1692	Subsq RX 3rd Course Rad	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1693	Subsq RX 3rd Course Chemo	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1694	Subsq RX 3rd Course Horm	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1695	Subsq RX 3rd Course BRM	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1696	Subsq RX 3rd Course Oth	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1697	Subsq RX 3rd--Scope LN Su	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1698	Subsq RX 3rd--Surg Oth	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1699	Subsq RX 3rd--Reg LN Rem	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.

NAACCR LAYOUT		11.0	11.1	11.2	11.3	12.0	12.1	12.2	13.0	14.0	15.0	16.0	16.0	18.0	21.0	22.0	23.0	24.0	25.0
DIAGNOSIS YEAR(S)		2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018-20	2021	2022	2023	2024	2025
Item #	Item Name																		
1700	Subsq RX 4th Course Date	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1711	Subsq RX 4th Course Surg	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1712	Subsq RX 4th Course Rad	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1713	Subsq RX 4th Course Chemo	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1714	Subsq RX 4th Course Horm	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1715	Subsq RX 4th Course BRM	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1716	Subsq RX 4th Course Oth	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1717	Subsq RX 4th--Scope LN Su	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1718	Subsq RX 4th--Surg Oth	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1719	Subsq RX 4th--Reg LN Rem	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1750	Date of Last Contact	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
1755	Date of Death--Canada	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1760	Vital Status	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
1762	Vital Status Recode													D	D	D	D	D	D
1770	Cancer Status	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1772	Date of Last Cancer (tumor) Status													.	.	.	.	.	.
1775	Record Number Recode													.	D	D	D	D	D
1782	Surv-Date Active Followup	.	.	.	.	.	.	.	.	.	.	.	.	.	D	D	D	D	D
1783	Surv-Flag Active Followup	.	.	.	.	.	.	.	.	.	.	.	.	.	D	D	D	D	D
1784	Surv-Mos Active Followup	.	.	.	.	.	.	.	.	.	.	.	.	.	D	D	D	D	D
1785	Surv-Date Presumed Alive	.	.	.	.	.	.	.	.	.	.	.	.	D	D	D	D	D	D
1786	Surv-Flag Presumed Alive	.	.	.	.	.	.	.	.	.	.	.	.	D	D	D	D	D	D
1787	Surv-Mos Presumed Alive	.	.	.	.	.	.	.	.	.	.	.	.	D	D	D	D	D	D
1788	Surv-Date DX Recode	.	.	.	.	.	.	.	.	.	.	.	.	D	D	D	D	D	D
1790	Follow-Up Source	.	.	.	R*	R*	R*	R*	R*	R*	R*	R*	R*	R*	R*	R*	R*	R*	R*
1791	Follow-up Source Central	R	R	R*	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
1800	Next Follow-Up Source	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1810	Addr Current--City	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1820	Addr Current--State	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1830	Addr Current--Postal Code	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1832	Addr Current--Country	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1840	County--Current	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1842	Follow-Up Contact--City	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1844	Follow-Up Contact--State	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1846	Follow-Up Contact--Postal	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1847	FollowUp Contact--Country	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1850	Unusual Follow-Up Method	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1854	No Patient Contact Flag																.	.	.
1856	Reporting Facility Restriction Flag																.	.	.

NAACCR LAYOUT		11.0	11.1	11.2	11.3	12.0	12.1	12.2	13.0	14.0	15.0	16.0	16.0	18.0	21.0	22.0	23.0	24.0	25.0
DIAGNOSIS YEAR(S)		2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018-20	2021	2022	2023	2024	2025
Item #	Item Name																		
1860	Recurrence Date--1st	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1880	Recurrence Type--1st	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1910	Cause of Death	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
1914	SEER Cause Specific COD													D	D	D	D	D	D
1915	SEER Other COD													D	D	D	D	D	D
1920	ICD Revision Number	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
1930	Autopsy	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1942	Place of Death--State	.	.	.	.		.	.	R	R	R	R	R	R	R	R	R	R	R
1944	Place of Death--Country	.	.	.	.		.	.	R*	R*	R*	R*	R*	R*	R*	R*	R*	R*	R*
1960	Site (73-91) ICD-O-1	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1971	Histology (73-91) ICD-O-1	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1972	Behavior (73-91) ICD-O-1	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1973	Grade (73-91) ICD-O-1	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1975	Derived Summary Grade																	D	D
1981	Over-ride SS/NodesPos	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1982	Over-ride SS/TNM-N	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1983	Over-ride SS/TNM-M	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1985	Over-ride Acsn/Class/Seq	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1986	Over-ride HospSeq/DxConf	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1987	Over-ride CoC-Site/Type	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1988	Over-ride HospSeq/Site	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
1989	Over-ride Site/TNM-StgGrp	.	.	.	.	.	.	.	.	.	R	R	R	R	.	.	.	.	.
1990	Over-ride Age/Site/Morph	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
1992	Over-ride TNM Stage													R	.	.	.	.	.
1993	Over-ride TNM Tis													R	.	.	.	.	.
1994	Over-ride TNM 3													.	.	.	.	.	.
2000	Over-ride SeqNo/DxConf	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
2010	Over-ride Site/Lat/SeqNo	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
2020	Over-ride Surg/DxConf	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
2030	Over-ride Site/Type	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
2040	Over-ride Histology	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
2050	Over-ride Report Source	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
2060	Over-ride Ill-define Site	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
2070	Over-ride Leuk, Lymphoma	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
2071	Over-ride Site/Behavior	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
2072	Over-ride Site/EOD/DX Dt	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
2073	Over-ride Site/Lat/EOD	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
2074	Over-ride Site/Lat/Morph	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
2078	Over-ride Name/Sex													R	R	R	R	R	R

NAACCR LAYOUT		11.0	11.1	11.2	11.3	12.0	12.1	12.2	13.0	14.0	15.0	16.0	16.0	18.0	21.0	22.0	23.0	24.0	25.0
DIAGNOSIS YEAR(S)		2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018-20	2021	2022	2023	2024	2025
Item #	Item Name																		
2085	Date Case Initiated	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
2090	Date Case Completed	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
2092	Date Case Completed--CoC	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
2100	Date Case Last Changed	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
2110	Date Case Report Exported	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
2111	Date Case Report Received	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
2112	Date Case Report Loaded	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
2113	Date Tumor Record Availbl	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
2116	ICD-O-3 Conversion Flag	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
2117	Schema ID Version Current														D	D	D	D	D
2118	Schema ID Version Original														D	D	D	D	D
2140	CoC Coding Sys--Current	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
2150	CoC Coding Sys--Original	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
2152	CoC Accredited Flag													R	R	R	R	R	R
2156	AJCC API Version Current														.	.	.	.	.
2157	AJCC API Version Original														.	.	.	.	.
2158	AJCC Cancer Surveillance API Version Current														D	D	D	D	D
2159	AJCC Cancer Surveillance API Version Original														D	D	D	D	D
2170	Vendor Name	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
2230	Name--Last	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
2232	Name--Birth Surname														R	R	R	R	R
2240	Name--First	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
2250	Name--Middle	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
2260	Name--Prefix	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
2270	Name--Suffix	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
2280	Name--Alias	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
2290	Name--Spouse/Parent	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
2300	Medical Record Number	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
2315	Medicare Beneficiary Identifier													.	R*	R*	R*	R*	R*
2320	Social Security Number	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
2330	Addr at DX--No & Street	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
2335	Addr at DX--Supplementl	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
2350	Addr Current--No & Street	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
2352	Latitude	R*	R*	R*	R*	R*	R*	R*	R*	R*	R*	R*	R*	R*	R*	R*	R*	R*	R*
2354	Longitude	R*	R*	R*	R*	R*	R*	R*	R*	R*	R*	R*	R*	R*	R*	R*	R*	R*	R*
2355	Addr Current--Supplementl	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
2360	Telephone	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
2380	DC State File Number	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
2392	Follow-Up Contact--No&St	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.

NAACCR LAYOUT		11.0	11.1	11.2	11.3	12.0	12.1	12.2	13.0	14.0	15.0	16.0	16.0	18.0	21.0	22.0	23.0	24.0	25.0
DIAGNOSIS YEAR(S)		2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018-20	2021	2022	2023	2024	2025
Item #	Item Name																		
2393	Follow-Up Contact--Suppl	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
2394	Follow-Up Contact--Name	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
2410	Institution Referred From	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
2415	NPI--Inst Referred From	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
2420	Institution Referred To	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
2425	NPI--Inst Referred To	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
2440	Following Registry	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
2445	NPI--Following Registry	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
2460	Physician--Managing	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
2465	NPI--Physician--Managing	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
2470	Physician--Follow-Up	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
2475	NPI--Physician--Follow-Up	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
2480	Physician--Primary Surg	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
2485	NPI--Physician--Primary Surg	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
2490	Physician 3	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
2495	NPI--Physician 3	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
2500	Physician 4	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
2505	NPI--Physician 4	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
2508	EHR Reporting													.	.	.	.	.	.
2520	Text--DX Proc--PE	R^	R^	R^	R^	R^	R^	R^	R^	R^	R^	R^	R^	R^	R^	R^	R^	R^	R^
2530	Text--DX Proc--X-ray/Scan	R^	R^	R^	R^	R^	R^	R^	R^	R^	R^	R^	R^	R^	R^	R^	R^	R^	R^
2540	Text--DX Proc--Scopes	R^	R^	R^	R^	R^	R^	R^	R^	R^	R^	R^	R^	R^	R^	R^	R^	R^	R^
2550	Text--DX Proc--Lab Tests	R^	R^	R^	R^	R^	R^	R^	R^	R^	R^	R^	R^	R^	R^	R^	R^	R^	R^
2560	Text--DX Proc--Op	R^	R^	R^	R^	R^	R^	R^	R^	R^	R^	R^	R^	R^	R^	R^	R^	R^	R^
2570	Text--DX Proc--Path	R^	R^	R^	R^	R^	R^	R^	R^	R^	R^	R^	R^	R^	R^	R^	R^	R^	R^
2580	Text--Primary Site Title	R^	R^	R^	R^	R^	R^	R^	R^	R^	R^	R^	R^	R^	R^	R^	R^	R^	R^
2590	Text--Histology Title	R^	R^	R^	R^	R^	R^	R^	R^	R^	R^	R^	R^	R^	R^	R^	R^	R^	R^
2600	Text--Staging	R^	R^	R^	R^	R^	R^	R^	R^	R^	R^	R^	R^	R^	R^	R^	R^	R^	R^
2610	RX Text--Surgery	R^	R^	R^	R^	R^	R^	R^	R^	R^	R^	R^	R^	R^	R^	R^	R^	R^	R^
2620	RX Text--Radiation (Beam)	R^	R^	R^	R^	R^	R^	R^	R^	R^	R^	R^	R^	R^	R^	R^	R^	R^	R^
2630	RX Text--Radiation Other	R^	R^	R^	R^	R^	R^	R^	R^	R^	R^	R^	R^	R^	R^	R^	R^	R^	R^
2640	RX Text--Chemo	R^	R^	R^	R^	R^	R^	R^	R^	R^	R^	R^	R^	R^	R^	R^	R^	R^	R^
2650	RX Text--Hormone	R^	R^	R^	R^	R^	R^	R^	R^	R^	R^	R^	R^	R^	R^	R^	R^	R^	R^
2660	RX Text--BRM	R^	R^	R^	R^	R^	R^	R^	R^	R^	R^	R^	R^	R^	R^	R^	R^	R^	R^
2670	RX Text--Other	R^	R^	R^	R^	R^	R^	R^	R^	R^	R^	R^	R^	R^	R^	R^	R^	R^	R^
2680	Text--Remarks	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
2690	Text--Place of Diagnosis	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
2800	CS Tumor Size	.	.	R	R	R	R	R	R	R	R	RH	RH	RH*	RH*	RH*	RH*	RH*	RH*
2810	CS Extension	R	R	R	R	R	R	R+	R+	R+	R+	RH	RH	RH*	RH*	RH*	RH*	RH*	RH*

NAACCR LAYOUT		11.0	11.1	11.2	11.3	12.0	12.1	12.2	13.0	14.0	15.0	16.0	16.0	18.0	21.0	22.0	23.0	24.0	25.0
DIAGNOSIS YEAR(S)		2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018-20	2021	2022	2023	2024	2025
Item #	Item Name																		
2820	CS Tumor Size/Ext Eval	.	.	R	R	R	R	R+	R+	R+	R+	RH	RH	RH*	RH*	RH*	RH*	RH*	RH*
2830	CS Lymph Nodes	R	R	R	R	R	R	R+	R+	R+	R+	RH	RH	RH*	RH*	RH*	RH*	RH*	RH*
2840	CS Lymph Nodes Eval	.	.	.	.	.	R*	R*	R*	R*	R*	RH*	RH*	RH*	RH*	RH*	RH*	RH*	RH*
2850	CS Mets at DX	R	R	R	R	R	R	R+	R+	R+	R+	RH	RH	RH*	RH*	RH*	RH*	RH*	RH*
2851	CS Mets at Dx-Bone	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
2852	CS Mets at Dx-Brain	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
2853	CS Mets at Dx-Liver	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
2854	CS Mets at Dx-Lung	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
2860	CS Mets Eval	.	.	.	.	.	R*	R*	R*	R*	R*	RH*	RH*	RH*	RH*	RH*	RH*	RH*	RH*
2861	CS Site-Specific Factor 7	.	.	.	.	.	RS*	RS*	RS*	RS*	RS*	RH	RH	RH*	RH*	RH*	RH*	RH*	RH*
2862	CS Site-Specific Factor 8	.	.	.	.	RS	RS	RS	RS	RS	RS	RS	RS	RH*	RH*	RH*	RH*	RH*	RH*
2863	CS Site-Specific Factor 9	.	.	.	.	RS	RS	RS	RS	RS	RS	RS	RS	RH*	RH*	RH*	RH*	RH*	RH*
2864	CS Site-Specific Factor10	.	.	.	.	RS	RS	RS	RS	RS*	RS*	RS	RS	RH*	RH*	RH*	RH*	RH*	RH*
2865	CS Site-Specific Factor11	.	.	.	.	RS	RS	RS	RS	RS	RS	RS	RS	RH*	RH*	RH*	RH*	RH*	RH*
2866	CS Site-Specific Factor12	.	.	.	.	RS	RS	RS	RS	RS*	RS*	RH	RH	RH*	RH*	RH*	RH*	RH*	RH*
2867	CS Site-Specific Factor13	.	.	.	.	RS	RS	RS	RS	RS	RS	RS	RS	RH*	RH*	RH*	RH*	RH*	RH*
2868	CS Site-Specific Factor14	.	.	.	.	RS	RS	RS	RS	RS	RS	RS	RS	RH*	RH*	RH*	RH*	RH*	RH*
2869	CS Site-Specific Factor15	.	.	.	.	.	RS	RS	RS	RS	RS	RS	RS	RH*	RH*	RH*	RH*	RH*	RH*
2870	CS Site-Specific Factor16	.	.	.	.	.	RS	RS	RS	RS	RS	RS	RS	RH*	RH*	RH*	RH*	RH*	RH*
2871	CS Site-Specific Factor17	.	.	.	.	.	RS*	RS*	RS*	RS*	RS*	RH	RH	RH*	RH*	RH*	RH*	RH*	RH*
2872	CS Site-Specific Factor18	.	.	.	.	.	RS*	RS*	RS*	RS*	RS*	.	.	.	.	.	.	.	.
2873	CS Site-Specific Factor19	.	.	.	.	.	RS*	RS*	RS*	RS*	RS*	.	.	.	.	.	.	.	.
2874	CS Site-Specific Factor20	.	.	.	.	.	RS*	RS*	RS*	RS*	RS*	.	.	.	.	.	.	.	.
2875	CS Site-Specific Factor21	.	.	.	.	.	RS*	RS*	RS*	RS*	RS*	.	.	.	.	.	.	.	.
2876	CS Site-Specific Factor22	.	.	.	.	.	RS*	RS*	RS*	RS*	RS*	.	.	.	.	.	.	.	.
2877	CS Site-Specific Factor23	.	.	.	.	.	RS*	RS*	RS*	RS*	RS*	.	.	.	.	.	.	.	.
2878	CS Site-Specific Factor24	.	.	.	.	.	RS*	RS*	RS*	RS*	RS*	.	.	.	.	.	.	.	.
2879	CS Site-Specific Factor25	.	.	.	.	RS	RS	RS	RS	RS	RS	RS	RS	RH*	RH*	RH*	RH*	RH*	RH*
2880	CS Site-Specific Factor 1	RS	RS	RS	RS	RS	RS	RS	RS	RS	RS	RS	RS	RH*	RH*	RH*	RH*	RH*	RH*
2890	CS Site-Specific Factor 2	.	.	.	.	RS	RS	RS	RS	RS	RS	RS	RS	RH*	RH*	RH*	RH*	RH*	RH*
2900	CS Site-Specific Factor 3	RS	RS	RS	RS	RS	RS	RS	RS	RS	RS	RH	RH	RH*	RH*	RH*	RH*	RH*	RH*
2910	CS Site-Specific Factor 4	.	.	.	.	.	RS*	RS*	RS*	RS*	RS*	RH	RH	RH*	RH*	RH*	RH*	RH*	RH*
2920	CS Site-Specific Factor 5	.	.	.	.	.	RS*	RS*	RS*	RS*	RS*	RS	RS	RH*	RH*	RH*	RH*	RH*	RH*
2930	CS Site-Specific Factor 6	.	.	.	.	.	RS*	RS*	RS*	RS*	RS*	RS	RS	RH*	RH*	RH*	RH*	RH*	RH*
2935	CS Version Input Original	R	R	R	R	R	R	R	R	R	R	R	R	R*	R*	R*	R*	R*	R*
2936	CS Version Derived	R	R	R	R	R	R	R+	R+	R+	R+	RH	RH	RH*	RH*	RH*	RH*	RH*	RH*
2937	CS Version Input Current	.	.	.	.	R	R	R	R	R	R	R	R	R*	R*	R*	R*	R*	R*
2940	Derived AJCC-6 T	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
2950	Derived AJCC-6 T Descript	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.

NAACCR LAYOUT		11.0	11.1	11.2	11.3	12.0	12.1	12.2	13.0	14.0	15.0	16.0	16.0	18.0	21.0	22.0	23.0	24.0	25.0
DIAGNOSIS YEAR(S)		2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018-20	2021	2022	2023	2024	2025
Item #	Item Name																		
2960	Derived AJCC-6 N	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
2970	Derived AJCC-6 N Descript	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
2980	Derived AJCC-6 M	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
2990	Derived AJCC-6 M Descript	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
3000	Derived AJCC-6 Stage Grp	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
3010	Derived SS1977	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
3020	Derived SS2000	D	D	D	D	D	D	D+	D+	D+	D+	RH	RH	RH*	RH*	RH*	RH*	RH*	RH*
3030	Derived AJCC--Flag	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
3040	Derived SS1977--Flag	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
3050	Derived SS2000--Flag	D	D	D	D	D	D	D+	D+	D+	D+	RH	RH	RH*	RH*	RH*	RH*	RH*	RH*
3100	Archive FIN	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
3105	NPI--Archive FIN	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
3110	Comorbid/Complication 1	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
3120	Comorbid/Complication 2	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
3130	Comorbid/Complication 3	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
3140	Comorbid/Complication 4	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
3150	Comorbid/Complication 5	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
3160	Comorbid/Complication 6	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
3161	Comorbid/Complication 7	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
3162	Comorbid/Complication 8	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
3163	Comorbid/Complication 9	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
3164	Comorbid/Complication 10	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
3165	ICD Revision Comorbid	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
3170	RX Date Mst Defn Srg	.	.	.	.	.	.	.	.	.	R	R	R	R	R	R	R*	R*	R*
3180	RX Date Surg Disch	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
3190	Readm Same Hosp 30 Days	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
3220	RX Date Rad Ended	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
3230	RX Date Systemic	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
3250	RX Summ--TransplntEndocr	R	R	R	R	R	R	RS	RS	RS	R	R	R	R	R	R	R	R	R
3270	RX Summ--Palliative Proc	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
3280	RX Hosp--Palliative Proc	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
3300	RuralUrban Continuum 1993	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D
3310	RuralUrban Continuum 2003	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D	D
3312	RuralUrban Continuum 2013	.	.	.	.	.	.	.	.	.	.	D	D	D	D	D	D	D	D
3400	Derived AJCC-7 T	.	.	.	.	.	D*	D*	D*	D*	D*	RH*	RH*	RH*	RH*	RH*	RH*	RH*	RH*
3402	Derived AJCC-7 T Descript	.	.	.	.	.	D*	D*	D*	D*	D*	RH*	RH*	RH*	RH*	RH*	RH*	RH*	RH*
3410	Derived AJCC-7 N	.	.	.	.	.	D*	D*	D*	D*	D*	RH*	RH*	RH*	RH*	RH*	RH*	RH*	RH*
3412	Derived AJCC-7 N Descript	.	.	.	.	.	D*	D*	D*	D*	D*	RH*	RH*	RH*	RH*	RH*	RH*	RH*	RH*
3420	Derived AJCC-7 M	.	.	.	.	.	D*	D*	D*	D*	D*	RH*	RH*	RH*	RH*	RH*	RH*	RH*	RH*

NAACCR LAYOUT		11.0	11.1	11.2	11.3	12.0	12.1	12.2	13.0	14.0	15.0	16.0	16.0	18.0	21.0	22.0	23.0	24.0	25.0
DIAGNOSIS YEAR(S)		2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018-20	2021	2022	2023	2024	2025
Item #	Item Name																		
3422	Derived AJCC-7 M Descript	.	.	.	.	.	D*	D*	D*	D*	D*	RH*	RH*	RH*	RH*	RH*	RH*	RH*	RH*
3430	Derived AJCC-7 Stage Grp	.	.	.	.	.	D*	D*	D*	D*	D*	RH*	RH*	RH*	RH*	RH*	RH*	RH*	RH*
3605	Derived SEER Path Stg Grp	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
3610	Derived SEER Clin Stg Grp	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
3614	Derived SEER Cmb Stg Grp	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
3616	Derived SEER Combined T	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
3618	Derived SEER Combined N	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
3620	Derived SEER Combined M	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
3622	Derived SEER Cmb T Src	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
3624	Derived SEER Cmb N Src	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
3626	Derived SEER Cmb M Src	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
3645	NPCR Derived AJCC 8 TNM Clin Stg Grp													.	.	.	.	.	.
3646	NPCR Derived AJCC 8 TNM Path Stg Grp													.	.	.	.	.	.
3647	NPCR Derived AJCC 8 TNM Post Therapy Stg Grp													.	.	.	.	.	.
3700	SEER Site-Specific Fact 1	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
3702	SEER Site-Specific Fact 2	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
3704	SEER Site-Specific Fact 3	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
3706	SEER Site-Specific Fact 4	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
3708	SEER Site-Specific Fact 5	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
3710	SEER Site-Specific Fact 6	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
3750	Over-ride CS 1	.	.	.	.	.	.	R	R	R	R	.	.	.	.	.	.	.	.
3751	Over-ride CS 2	.	.	.	.	.	.	R	R	R	R	.	.	.	.	.	.	.	.
3752	Over-ride CS 3	.	.	.	.	.	.	R	R	R	R	.	.	.	.	.	.	.	.
3753	Over-ride CS 4	.	.	.	.	.	.	R	R	R	R	.	.	.	.	.	.	.	.
3754	Over-ride CS 5	.	.	.	.	.	.	R	R	R	R	.	.	.	.	.	.	.	.
3755	Over-ride CS 6	.	.	.	.	.	.	R	R	R	R	.	.	.	.	.	.	.	.
3756	Over-ride CS 7	.	.	.	.	.	.	R	R	R	R	.	.	.	.	.	.	.	.
3757	Over-ride CS 8	.	.	.	.	.	.	R	R	R	R	.	.	.	.	.	.	.	.
3758	Over-ride CS 9	.	.	.	.	.	.	R	R	R	R	.	.	.	.	.	.	.	.
3759	Over-ride CS 10	.	.	.	.	.	.	R	R	R	R	.	.	.	.	.	.	.	.
3760	Over-ride CS 11	.	.	.	.	.	.	R	R	R	R	.	.	.	.	.	.	.	.
3761	Over-ride CS 12	.	.	.	.	.	.	R	R	R	R	.	.	.	.	.	.	.	.
3762	Over-ride CS 13	.	.	.	.	.	.	R	R	R	R	.	.	.	.	.	.	.	.
3763	Over-ride CS 14	.	.	.	.	.	.	R	R	R	R	.	.	.	.	.	.	.	.
3764	Over-ride CS 15	.	.	.	.	.	.	R	R	R	R	.	.	.	.	.	.	.	.
3765	Over-ride CS 16	.	.	.	.	.	.	R	R	R	R	.	.	.	.	.	.	.	.
3766	Over-ride CS 17	.	.	.	.	.	.	R	R	R	R	.	.	.	.	.	.	.	.
3767	Over-ride CS 18	.	.	.	.	.	.	R	R	R	R	.	.	.	.	.	.	.	.
3768	Over-ride CS 19	.	.	.	.	.	.	R	R	R	R	.	.	.	.	.	.	.	.

NAACCR LAYOUT		11.0	11.1	11.2	11.3	12.0	12.1	12.2	13.0	14.0	15.0	16.0	16.0	18.0	21.0	22.0	23.0	24.0	25.0
DIAGNOSIS YEAR(S)		2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018-20	2021	2022	2023	2024	2025
Item #	Item Name																		
3769	Over-ride CS 20	.	.	.	.	.	.	R	R	R	R	RH	RH	RH	.	RH	RH	RH	RH
3780	Secondary Diagnosis 1	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
3782	Secondary Diagnosis 2	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
3784	Secondary Diagnosis 3	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
3786	Secondary Diagnosis 4	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
3788	Secondary Diagnosis 5	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
3790	Secondary Diagnosis 6	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
3792	Secondary Diagnosis 7	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
3794	Secondary Diagnosis 8	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
3796	Secondary Diagnosis 9	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
3798	Secondary Diagnosis 10	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
3800	Schema ID													D	D	D	D	D	D
3801	Chromosome 1p: Loss of Heterozygosity (LOH)													.	.	.	.	.	.
3802	Chromosome 19q: Loss of Heterozygosity (LOH)													.	.	.	.	.	.
3803	Adenoid Cystic Basaloid Pattern													.	.	.	.	.	.
3804	Adenopathy													.	.	.	.	.	.
3805	AFP Post-Orchiectomy Lab Value													.	.	.	.	.	.
3806	AFP Post-Orchiectomy Range													.	.	.	.	.	.
3807	AFP Pre-Orchiectomy Lab Value													.	.	.	.	.	.
3808	AFP Pre-Orchiectomy Range													.	.	.	.	.	.
3809	AFP Pretreatment Interpretation													.	.	.	.	.	.
3810	AFP Pretreatment Lab Value													.	.	.	.	.	.
3811	Anemia													.	.	.	.	.	.
3812	B symptoms													.	.	.	.	.	.
3813	Bilirubin Pretreatment Total Lab Value													.	.	.	.	.	.
3814	Bilirubin Pretreatment Unit of Measure													.	.	.	.	.	.
3815	Bone Invasion													.	.	.	.	.	.
3816	Brain Molecular Markers													R	R	RS	RS	RS	RS
3817	Breslow Tumor Thickness													R	R	RS	RS	RS	RS
3818	CA-125 Pretreatment Interpretation													.	.	.	.	.	.
3819	CEA Pretreatment Interpretation													.	.	.	.	.	.
3820	CEA Pretreatment Lab Value													.	.	.	.	.	.
3821	Chromosome 3 Status													.	.	.	.	.	.
3822	Chromosome 8q Status													.	.	.	.	.	.
3823	Circumferential Resection Margin (CRM)													.	.	.	.	.	.
3824	Creatinine Pretreatment Lab Value													.	.	.	.	.	.
3825	Creatinine Pretreatment Unit of Measure													.	.	.	.	.	.
3826	Estrogen Receptor Percent Positive or Range													.	.	.	.	.	.
3827	Estrogen Receptor Summary													R	R	RS	RS	RS	RS

NAACCR LAYOUT		11.0	11.1	11.2	11.3	12.0	12.1	12.2	13.0	14.0	15.0	16.0	16.0	18.0	21.0	22.0	23.0	24.0	25.0
DIAGNOSIS YEAR(S)		2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018-20	2021	2022	2023	2024	2025
Item #	Item Name																		
3828	Estrogen Receptor Total Allred Score													.	.	.	.	.	.
3829	Esophagus and EGJ Tumor Epicenter													.	.	RS	RS	RS	RS
3830	Extranodal Extension Clin (non-Head and Neck)													.	.	.	.	.	.
3831	Extranodal Extension Head and Neck Clinical													.	.	.	.	.	.
3832	Extranodal Extension Head and Neck Pathological													.	.	.	.	.	.
3833	Extranodal Extension Path (non-Head and Neck)													.	.	.	.	.	.
3834	Extravascular Matrix Patterns													.	.	.	.	.	.
3835	Fibrosis Score													R	R	RS	RS	RS	RS
3836	FIGO Stage													.	.	.	.	.	.
3837	Gestational Trophoblastic Prognostic Scoring Index													.	.	.	.	.	.
3838	Gleason Patterns Clinical													.	R	RS	RS	RS	RS
3839	Gleason Patterns Pathological													.	R	RS	RS	RS	RS
3840	Gleason Score Clinical													.	R	RS	RS	RS	RS
3841	Gleason Score Pathological													.	R	RS	RS	RS	RS
3842	Gleason Tertiary Pattern													.	R*	RS*	RS*	RS*	RS*
3843	Grade Clinical													R	R	R	R	R	R
3844	Grade Pathological													RN	R	R	R	R	R
3845	Grade Post Therapy Path (yp)													RN	R*	R*	R*	R*	R*
3846	hCG Post-Orchiectomy Lab Value													.	.	.	.	.	.
3847	hCG Post-orchiectomy Range													.	.	.	.	.	.
3848	hCG Pre-Orchiectomy Lab Value													.	.	.	.	.	.
3849	hCG Pre-orchiectomy Range													.	.	.	.	.	.
3850	HER2 IHC Summary													.	.	.	.	.	.
3851	HER2 ISH Dual Probe Copy Number													.	.	.	.	.	.
3852	HER2 ISH Dual Probe Ratio													.	.	.	.	.	.
3853	HER2 ISH Single Probe Copy Number													.	.	.	.	.	.
3854	HER2 ISH Summary													.	.	.	.	.	.
3855	HER2 Overall Summary													R	RS	RS	RS	RS	RS
3856	Heritable Trait													.	.	.	.	.	.
3857	High Risk Cytogenetics													.	.	.	.	.	.
3858	High Risk Histologic Features													.	.	.	.	.	.
3859	HIV Status													.	.	.	.	.	.
3860	International Normalized Ratio Prothrombin Time													.	.	.	.	.	.
3861	Ipsilateral Adrenal Gland Involvement													.	.	.	.	.	.
3862	JAK2													.	.	.	.	.	.
3863	Ki-67													.	.	.	.	.	.

NAACCR LAYOUT		11.0	11.1	11.2	11.3	12.0	12.1	12.2	13.0	14.0	15.0	16.0	16.0	18.0	21.0	22.0	23.0	24.0	25.0
DIAGNOSIS YEAR(S)		2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018-20	2021	2022	2023	2024	2025
Item #	Item Name																		
3864	Invasion Beyond Capsule													.	.	.	.	.	.
3865	KIT Gene Immunohistochemistry													.	.	.	.	.	.
3866	KRAS													.	.	.	.	.	.
3867	LDH Post-Orchiectomy Range													.	.	.	.	.	.
3868	LDH Pre-Orchiectomy Range													.	.	.	.	.	.
3869	LDH Level													.	.	.	.	.	.
3870	LDH Upper Limits of Normal													.	.	.	.	.	.
3871	LN Assessment Method Femoral-Inguinal													.	.	.	.	.	.
3872	LN Assessment Method Para-Aortic													.	.	.	.	.	.
3873	LN Assessment Method Pelvic													.	.	.	.	.	.
3874	LN Distant Assessment Method													.	.	.	.	.	.
3875	LN Distant: Mediastinal, Scalene													.	.	.	.	.	.
3876	LN Head and Neck Levels I-III													.	.	.	.	.	.
3877	LN Head and Neck Levels IV-V													.	.	.	.	.	.
3878	LN Head and Neck Levels VI-VII													.	.	.	.	.	.
3879	LN Head and Neck Other													.	.	.	.	.	.
3880	LN Isolated Tumor Cells (ITC)													.	.	.	.	.	.
3881	LN Laterality													.	.	.	.	.	.
3882	LN Positive Axillary Level I-II													.	.	.	.	.	.
3883	LN Size													.	.	.	.	.	.
3885	Lymphocytosis													.	.	.	.	.	.
3886	Major Vein Involvement													.	.	.	.	.	.
3887	Measured Basal Diameter													.	.	.	.	.	.
3888	Measured Thickness													.	.	.	.	.	.
3889	Methylation of O6-Methylguanine-Methyltransferase													.	.	.	.	.	.
3890	Microsatellite Instability (MSI)													RS*	RS*	RS*	RS*	RS*	RS*
3891	Microvascular Density													.	.	.	.	.	.
3892	Mitotic Count Uveal Melanoma													.	.	.	.	.	.
3893	Mitotic Rate Melanoma													.	.	.	.	.	.
3894	Multigene Signature Method													.	.	.	.	.	.
3895	Multigene Signature Results													.	.		.	.	.
3896	NCCN International Prognostic Index (IPI)													.	.	.	.	.	.
3897	Number of Cores Examined													.	.	.	.	.	.
3898	Number of Cores Positive													.	.	.	.	.	.
3899	Number of Examined Para-Aortic Nodes													.	.	.	.	.	.
3900	Number of Examined Pelvic Nodes													.	.	.	.	.	.
3901	Number of Positive Para-Aortic Nodes													.	.	.	.	.	.
3902	Number of Positive Pelvic Nodes													.	.	.	.	.	.
3903	Oncotype Dx Recurrence Score-DCIS													.	.	.	.	.	.

NAACCR LAYOUT		11.0	11.1	11.2	11.3	12.0	12.1	12.2	13.0	14.0	15.0	16.0	16.0	18.0	21.0	22.0	23.0	24.0	25.0
DIAGNOSIS YEAR(S)		2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018-20	2021	2022	2023	2024	2025
Item #	Item Name																		
3904	Oncotype Dx Recurrence Score-Invasive													.	.	.	.	.	.
3905	Oncotype Dx Risk Level-DCIS													.	.	.	.	.	.
3906	Oncotype Dx Risk Level-Invasive													.	.	.	.	.	.
3907	Organomegaly													.	.	.	.	.	.
3908	Percent Necrosis Post Neoadjuvant													.	.	.	.	.	.
3909	Perineural Invasion													.	.	.	.	.	.
3910	Peripheral Blood Involvement													.	.	.	.	.	.
3911	Peritoneal Cytology													.	.	.	.	.	.
3913	Pleural Effusion													.	.	.	.	.	.
3914	Progesterone Receptor Percent Positive or Range													.	.	.	.	.	.
3915	Progesterone Receptor Summary													R	R	RS	RS	RS	RS
3916	Progesterone Receptor Total Allred Score													.	.	.	.	.	.
3917	Primary Sclerosing Cholangitis													.	.	.	.	.	.
3918	Profound Immune Suppression													.	.	.	.	.	.
3919	EOD Prostate Pathologic Extension													.	.	.	.	.	.
3920	PSA (Prostatic Specific Antigen) Lab Value													R	R	RS	RS	RS	RS
3921	Residual Tumor Volume Post Cytoreduction													.	.	.	.	.	.
3922	Response to Neoadjuvant Therapy													.	.	.	.	.	.
3923	S Category Clinical													.	.	.	.	.	.
3924	S Category Pathological													.	.	.	.	.	.
3925	Sarcomatoid Features													.	.	.	.	.	.
3926	Schema Discriminator 1													R	R	RS	RS	RS	RS
3927	Schema Discriminator 2													R	R	RS	RS	RS	RS
3928	Schema Discriminator 3													.	.	.	.	.	.
3929	Separate Tumor Nodules													.	.	.	.	.	.
3930	Serum Albumin Pretreatment Level													.	.	.	.	.	.
3931	Serum Beta-2 Microglobulin Pretreatment Level													.	.	.	.	.	.
3932	LDH Lab Value													R	R	RS	RS	RS	RS
3933	Thrombocytopenia													.	.	.	.	.	.
3934	Tumor Deposits													.	.	.	.	.	.
3935	Tumor Growth Pattern													.	.	.	.	.	.
3936	Ulceration													.	.	.	.	.	.
3937	Visceral and Parietal Pleural Invasion													.	.	.	.	.	.
3938	ALK Rearrangement														.	.	.	.	.
3939	EGFR Mutational Analysis														.	.	.	.	.
3940	BRAF Mutational Analysis														.	.	.	.	.
3941	NRAS Mutational Analysis														.	.	.	.	.
3942	CA 19-9 PreTX Lab Value														.	.	.	.	.
3943	NCDB--SARSCoV2--Test														.	.	.	.	.

NAACCR LAYOUT		11.0	11.1	11.2	11.3	12.0	12.1	12.2	13.0	14.0	15.0	16.0	16.0	18.0	21.0	22.0	23.0	24.0	25.0
DIAGNOSIS YEAR(S)		2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018-20	2021	2022	2023	2024	2025
Item #	Item Name																		
3944	NCDB--SARSCoV2--Pos														.	.	.	.	.
3945	NCDB--SARSCoV2--Pos Date														.	.	.	.	.
3946	NCDB--COVID19--Tx Impact														.	.	.	.	.
3950	Macroscopic Evaluation of Mesorectum															.	.	.	.
3955	Derived Rai Stage															.	.	.	.
3956	p16															RS	RS	RS	RS
3957	LN Status Pelvic															.	.	.	.
3958	LN Status Para-Aortic															.	.	.	.
3959	LN Status Femoral-Inguinal															.	.	.	.
3960	Histologic Subtype																RS*	RS*	RS*
3961	Clinical Margin Width																.	.	.
3964	Brain Primary Tumor Location																	RS	RS
7010	Path Reporting Fac ID 1	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
7011	Path Reporting Fac ID 2	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
7012	Path Reporting Fac ID 3	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
7013	Path Reporting Fac ID 4	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
7014	Path Reporting Fac ID 5	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
7090	Path Report Number 1	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
7091	Path Report Number 2	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
7092	Path Report Number 3	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
7093	Path Report Number 4	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
7094	Path Report Number 5	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
7100	Path Order Phys Lic No 1	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
7101	Path Order Phys Lic No 2	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
7102	Path Order Phys Lic No 3	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
7103	Path Order Phys Lic No 4	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
7104	Path Order Phys Lic No 5	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
7190	Path Ordering Fac No 1	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
7191	Path Ordering Fac No 2	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
7192	Path Ordering Fac No 3	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
7193	Path Ordering Fac No 4	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
7194	Path Ordering Fac No 5	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
7320	Path Date Spec Collect 1	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
7321	Path Date Spec Collect 2	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
7322	Path Date Spec Collect 3	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
7323	Path Date Spec Collect 4	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
7324	Path Date Spec Collect 5	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
7480	Path Report Type 1	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
7481	Path Report Type 2	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.

NAACCR LAYOUT		11.0	11.1	11.2	11.3	12.0	12.1	12.2	13.0	14.0	15.0	16.0	16.0	18.0	21.0	22.0	23.0	24.0	25.0
DIAGNOSIS YEAR(S)		2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018-20	2021	2022	2023	2024	2025
Item #	Item Name																		
7482	Path Report Type 3	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
7483	Path Report Type 4	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.
7484	Path Report Type 5	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.	.

Codes for Recommendations:

.	No recommendation
D	Derived
D*	Derived, when available
D+	Derived; central registries may collect either SEER Summary Stage 2000 or Collaborative Stage
DH	Historically derived and currently transmitted
R	Required
R#	Required; central registries may code available data using either SEER or CoC data items and associated rules
R#*	Required, when available; central registries may code available data using either SEER or CoC data items and associated rules
R$	Requirements differ by year
R*	Required, when available
R^	Required, these text requirements may be met with one or several text block fields
R+	Required, central registries may collect either SEER Summary Stage 2000 or Collaborative Stage
RC	Collected by SEER from CoC-accredited hospitals
RH	Historically collected and currently transmitted
RH*	Historically collected and currently transmitted when available
RN	Collect according to NPCR stage transition schedule
RS	Required, site specific
RS#	Required, site specific; central registries may code available data using either SEER or CoC data items and associated rules
RS*	Required, site specific; when available
S	Supplementary/recommended
T	Data is vital to complete exchange record
T*	Transmit data if available for any case in exchange record
TH	Only certain historical cases may require these fields
TH*	Only certain historical cases may require these fields; transmit data if available for any case in exchange record

Appendix E

OCISS Text Requirements

OCISS Text Requirements

Information captured in the text fields of abstracts is vitally important to OCISS. The text fields should support coded values, especially when coded fields are unclear. Often, text documentation is the only resource available to OCISS for verifying the coded fields. The following are general instructions for text fields. For detailed, site-specific text instructions, please see NCRA's Informational Abstracts at the end of this section.

1. **Physical exam text** should describe the age, sex, race, ethnicity, marital status if known, reason patient seeks care, the cancer history, tobacco history of the patient, and vital status of the patient if deceased. Please double check the Physical Exam text to ensure it matches the coded demographic fields. For example:
    a. "Patient is a 45 YO divorced Non-Hispanic W/M presenting w/abnormal appearing lesion on RT forearm . No cancer hx, no tobacco hx. Deceased mm/dd/yyyy."
    b. "Pt is a 35 YO married Non-Hisp B/F presenting w/suspicious mass in LT breast. Hx of lung cancer, previous smoker."
2. Use clear and concise language; simple statements can verify many fields. For example, the sentence below verifies race, sex, ethnicity, age, primary site, laterality, and tumor sequence: "72 YO non-Hispanic, w/m with previous history of prostate cancer diagnosed and treated in 2005, presented 7/10/2023 for exam of enlarging 6mm round dark lesion on lt forearm."
3. **Staging text** should describe the SEER Summary Stage that is recorded on the abstract. For example, if the SEER Summary Stage is coded as "1", text should state "localized."
4. **Surgery text** should describe the surgical procedure(s) performed, including date, location, and procedure. For example: "9/8/2023 ABC Hosp wide excision with 1cm margins."
5. A well-coded abstract contains sufficient text to verify all numerically coded data. In fact, one should be able to accurately recode the entire record using ONLY the text submitted.
6. Like quality journalism, it is crucial that abstract text answers the questions: who, what, when, where, why, and how. Record text that describes who the patient is, why the patient was first seen, what type of cancer was diagnosed and when, where, and how it was treated or why it was not treated.
7. It is not necessary to repeat the same information in multiple fields.
8. Prioritize and record the most essential information first.
9. Do not copy and paste large sections of text from the electronic health record (EHR). Summarize and edit information from the EHR. so that the abstract only includes pertinent information.
10. Use complete dates that include year: mm/dd/yy. For example, record the dates of X-rays, biopsies, and surgeries and the dates treatment started with chemotherapy, radiation therapy, hormone therapy, etc.
11. Include the name of the facility that performed the procedure, imaging, scope, etc.
12. If you have coded an estimated date, be sure to record in the text that the date is an estimate. Guidance on estimating date of diagnosis can be found in the SEER Program Coding and Staging Manual.
13. Refer to NAACCR's "Appendix G: Recommended Abbreviations for Abstractors" to avoid potentially confusing abbreviations.
14. Record supplemental information that cannot be coded numerically but that may be useful to OCISS. For example:
    a. Patient was referred to another physician or facility for additional treatment, but reporter does not have more details on type of therapy administered.
    b. Patient moved to live with family and will receive additional treatment in another city or state.
    c. Patient delayed planned treatment for several months to care for an ill spouse.

NCRA's Informational Abstracts, site-specific

The National Cancer Registry Association (NCRA) provides **site-specific Informational Abstracts** demonstrating how to complete text fields. The list includes the following sites: benign brain, bladder, breast, cervix, colon, endometrial, kidney, larynx, lung, lymphoma, malignant brain, melanoma, ovarian, pancreas, prostate, renal pelvis, testis, and thyroid.

The Informational Abstracts are found on the NCRA's website.

Listed below are all the text fields received by OCISS from registry software vendors. They are all standard NAACCR text fields. If your software vendor has additional text fields those are not received by OCISS.

NAACCR# 310 Text--Usual Occupation

NAACCR# 320 Text--Usual Industry

NAACCR# 2520 Text--DX Proc--PE

NAACCR# 2530 Text--DX Proc--X-ray/Scan

NAACCR# 2540 Text--DX Proc--Scopes

NAACCR# 2550 Text--DX Proc--Lab Tests

NAACCR# 2560 Text--DX Proc--Op

NAACCR# 2570 Text--DX Proc--Path

NAACCR# 2580 Text--Primary Site Title

NAACCR# 2590 Text--Histology Title

NAACCR# 2600 Text--Staging

NAACCR# 2610 RX Text--Surgery

NAACCR# 2620 RX Text--Radiation (Beam)

NAACCR# 2630 RX Text--Radiation Other

NAACCR# 2640 RX Text--Chemo

NAACCR# 2650 RX Text--Hormone

NAACCR# 2660 RX Text--BRM

NAACCR# 2670 RX Text--Other

NAACCR# 2680 Text--Remarks

NAACCR# 2690 Text--Place of Diagnosis

Appendix F

OCISS Required Data by Year

OCISS Required Data by Year		12.2*	12.2**	13.0***	14.0	15.0	16.0	18.0	21.0	22.0	23.0	24.0	25.0	Notes
Web Plus Data Collection		First Release	Second Release											
Item #	Item Name		CDC/NPCR requirements for staging data changed.	OCISS began Web Plus reporting for non-hospital reporters.				SSDIs Introduced	NAACCR XML Data Format Standard Implemented	Begin Modified Record Reporting	New Data Items Date Flags removed	New derived fields	New derived fields	
10	Record Type	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted to 'A'
20	Patient ID Number	Not in display	Not in display	Not in display	Not in display	Not in display	Not in display	Not in display	Not in display	Not in display	Not in display	Not in display	Not in display	
50	NAACCR Record Version	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted to NAACCR version of form
60	Tumor Record Number	Not in display	Not in display	Not in display	Not in display	Not in display	Not in display	Not in display	Not in display	Not in display	Not in display	Not in display	Not in display	
70	Addr at DX--City	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
80	Addr at DX--State	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Defaulted to OH.
86	Geocoding Quality Code											Not in display	Not in display	New derived fields added in v24 - only for NAACCR Geocoder registries
87	Geocoding Quality Code Detail											Not in display	Not in display	New derived fields added in v24 - only for NAACCR Geocoder registries
90	County at DX Reported	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
100	Addr at DX--Postal Code	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
150	Marital Status at DX	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
160	Race 1	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
161	Race 2	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Collected on hospital display
162	Race 3	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Collected on hospital display
163	Race 4	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Collected on hospital display
164	Race 5	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Collected on hospital display
170	Race Coding Sys--Current	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted & invisible to user	N	Retired in v25. Previously defaulted to '7'
180	Race Coding Sys--Original	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted & invisible to user	N	Retired in v25. Previously defaulted to '7'
190	Spanish/Hispanic Origin	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
220	Sex	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
230	Age at Diagnosis	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Calculates based on entries for date of birth and date of diagnosis.
240	Date of Birth	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
241	Date of Birth Flag	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	N	N	**Removed** by standard setters starting w/ v23
250	Birthplace	Y	Y	N	N	N	N	N	N	N	N	N	N	Replaced with Birthplace--State and Birthplace--Country in NAACCR v13; data from Birthplace transferred into Birthplace--State and Birthplace--Country during conversion.
252	Birthplace--State			Y	Y	Y	Y	Y	Y	Y	Y	Y		Defaulted to 'US'
254	Birthplace--Country			Y	Y	Y	Y	Y	Y	Y	Y	Y		Defaulted to 'USA'
290	Occupation Source	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted to '1'; only on hospital display.
300	Industry Source	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted to '1'; only on hospital display.
310	Text--Usual Occupation	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
320	Text--Usual Industry	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
330	Cen Occ/Ind Sys 70-00	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted & invisible to user	N	Retired in v25. Previously defaulted to '4'
344	Tobacco Use Smoking Status									Y	Y	Y	Y	New field in NAACCR v22. OCISS continues to collect OH Tobacco History, which collects more detail. Facilities with their own registry software must report both this field and OH Tobacco History to OCISS.
390	Date of Diagnosis	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
391	Date of Diagnosis Flag	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	N	N	**Removed** by standard setters starting w/ v23
400	Primary Site	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
410	Laterality	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
440	Grade	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
441	Grade Path Value	Y	Y	Y	Y	N	N	N	N	N	N	N	N	Only on hospital display.
449	Grade Path System	Y	Y	Y	Y	N	N	N	N	N	N	N	N	Only on hospital display.
450	Site Coding Sys--Current	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted to '5'
460	Site Coding Sys--Original	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted to '5'
470	Morph Coding Sys--Current	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted to 'E' starting w/ v24

OCISS Required Data by Year		12.2*	12.2**	13.0***	14.0	15.0	16.0	18.0	21.0	22.0	23.0	24.0	25.0	Notes
Web Plus Data Collection		First Release	Second Release											
Item #	Item Name		CDC/NPCR requirements for staging data changed.	OCISS began Web Plus reporting for non-hospital reporters.				SSDIs Introduced	NAACCR XML Data Format Standard Implemented	Begin Modified Record Reporting	New Data Items Date Flags removed	New derived fields	New derived fields	
480	Morph Coding Sys--Original	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted to 'E' starting w/ v24
490	Diagnostic Confirmation	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
500	Type of Reporting Source	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
501	Casefinding Source	N	N	N	N	Y	Y	Y	Y	Y	Y	Y	Y	
522	Histologic Type ICD-O-3	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
523	Behavior Code ICD-O-3	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
540	Reporting Facility	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Auto-populated based on user logon.
560	Sequence Number--Hospital	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
570	Abstracted By	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Auto-populated based on user logon.
580	Date of 1st Contact	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
581	Date of 1st Contact Flag	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	N	N	**Removed** by standard setters starting w/ v23
610	Class of Case	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
630	Primary Payer at DX	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
756	Tumor Size Summary						Y	Y	Y	Y	Y	Y	Y	
759	SEER Summary Stage 2000	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Diagnosis years 2001-2017. CDC/NPCR allowed directly coded SEER Summary Stage 2000 to be collected from reporters (both hospitals and non-hospitals) unable to report TNM staging data. Only on hospital display v23+
760	SEER Summary Stage 1977	Y	Y	Y	Y	N	N	N	N	N	N	N	N	Diagnosis years prior to 2001
764	Summary Stage 2018							Y	Y	Y	Y	Y	Y	Diagnosis years 2018+.
780	EOD--Tumor Size	Y	Y	Y	Y	N	N	N	N	N	N	N	N	Collected for diagnosis years prior to 2004.
820	Regional Nodes Positive	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
830	Regional Nodes Examined	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
880	TNM Path T	Y	Y	Y	Y	Y	Y	Y	N	N	N	N	N	Collected for diagnosis years prior to 2004 and diagnosis years 2015-2017.
890	TNM Path N	Y	Y	Y	Y	Y	Y	Y	N	N	N	N	N	Collected for diagnosis years prior to 2004 and diagnosis years 2015-2017.
900	TNM Path M	Y	Y	Y	Y	Y	Y	Y	N	N	N	N	N	Collected for diagnosis years prior to 2004 and diagnosis years 2015-2017.
910	TNM Path Stage Group	Y	Y	Y	Y	Y	Y	Y	N	N	N	N	N	Collected for diagnosis years prior to 2004 and diagnosis years 2015-2017.
920	TNM Path Descriptor	Y	Y	Y	Y	Y	Y	Y	N	N	N	N	N	Collected for diagnosis years prior to 2004 and diagnosis years 2015-2017.
930	TNM Path Staged By	Y	Y	Y	Y	Y	Y	Y	N	N	N	N	N	Collected for diagnosis years prior to 2004 and diagnosis years 2015-2017. Not required by CDC/NPCR. OCISS made a decision to include in case it might be useful to researchers accessing and using TNM data.
940	TNM Clin T	Y	Y	Y	Y	Y	Y	Y	N	N	N	N	N	Collected for diagnosis years prior to 2004 and diagnosis years 2015-2017.
950	TNM Clin N	Y	Y	Y	Y	Y	Y	Y	N	N	N	N	N	Collected for diagnosis years prior to 2004 and diagnosis years 2015-2017.
960	TNM Clin M	Y	Y	Y	Y	Y	Y	Y	N	N	N	N	N	Collected for diagnosis years prior to 2004 and diagnosis years 2015-2017.
970	TNM Clin Stage Group	Y	Y	Y	Y	Y	Y	Y	N	N	N	N	N	Collected for diagnosis years prior to 2004 and diagnosis years 2015-2017.
980	TNM Clin Descriptor	Y	Y	Y	Y	Y	Y	Y	N	N	N	N	N	Collected for diagnosis years prior to 2004 and diagnosis years 2015-2017.
990	TNM Clin Staged By	Y	Y	Y	Y	Y	Y	Y	N	N	N	N	N	Collected for diagnosis years prior to 2004 and diagnosis years 2015-2017. Not required by CDC/NPCR. OCISS made a decision to include in case it might be useful to researchers accessing and using TNM data.
1060	TNM Edition Number	N	N	N	N	Y	Y	Y	N	N	N	N	N	
1068	Grade Post Therapy Clin (yc)								Y	Y	Y	Y	Y	
1182	Lymph-vascular Invasion	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
1200	RX Date Surgery	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
1201	RX Date Surgery Flag	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	N	N	**Removed** by standard setters starting w/ v23
1210	RX Date Radiation	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
1211	RX Date Radiation Flag	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	N	N	**Removed** by standard setters starting w/ v23
1220	RX Date Chemo	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
1221	RX Date Chemo Flag	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	N	N	**Removed** by standard setters starting w/ v23
1230	RX Date Hormone	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
1231	RX Date Hormone Flag	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	N	N	**Removed** by standard setters starting w/ v23
1240	RX Date BRM	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
1241	RX Date BRM Flag	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	N	N	**Removed** by standard setters starting w/ v23
1250	RX Date Other	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
1251	RX Date Other Flag	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	N	N	**Removed** by standard setters starting w/ v23
1270	Date 1st Crs RX CoC	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	OCISS collects CoC, not SEER.

OCISS Required Data by Year		12.2*	12.2**	13.0***	14.0	15.0	16.0	18.0	21.0	22.0	23.0	24.0	25.0	Notes
Web Plus Data Collection		First Release	Second Release											
Item #	Item Name		CDC/NPCR requirements for staging data changed.	OCISS began Web Plus reporting for non-hospital reporters.				SSDIs Introduced	NAACCR XML Data Format Standard Implemented	Begin Modified Record Reporting	New Data Items Date Flags removed	New derived fields	New derived fields	
1271	Date 1st Crs RX CoC Flag	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	N	N	OCISS collects CoC, not SEER. Removed by standard setters starting w/ v23
1280	RX Date DX/Stg Proc	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
1281	RX Date DX/Stg Proc Flag	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	N	N	**Removed** by standard setters starting w/ v23
1285	RX Summ--Treatment Status	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
1290	RX Summ--Surg Prim Site	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	renamed to "RX Summ--Surg Prim Site 03-2022" in v23
1291	RX Summ--Surg Prim Site 2023										Y	Y	Y	for dx years 2023+
1292	RX Summ--Scope Reg LN Sur	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
1294	RX Summ--Surg Oth Reg/Dis	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
1320	RX Summ--Surgical Margins	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
1340	Reason for No Surgery	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
1350	RX Summ--DX/Stg Proc	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
1360	RX Summ--Radiation	N	N	N	N	N	N	N	N	N	N	N	N	
1380	RX Summ--Surg/Rad Seq	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
1390	RX Summ--Chemo	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
1400	RX Summ--Hormone	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
1410	RX Summ--BRM	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
1420	RX Summ--Other	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
1430	Reason for No Radiation	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
1460	RX Coding System--Current	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted to '08' v18+
1500	First Course Cal Method	Defaulted & invisible to user	Defaulted & invisible to user											
1506	Phase I Radiation Treatment Modality							Y	Y	Y	Y	Y	Y	
1570	Rad--Regional RX Modality	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	On hospital display only v23+
1639	RX Summ--Systemic/Sur Seq	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
1750	Date of Last Contact	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
1751	Date of Last Contact Flag	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	N	N	**Removed** by standard setters starting w/ v23
1760	Vital Status	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
1856	Reporting Facility Restriction Flag										Defaulted & protected	Defaulted & protected	Defaulted & protected	Defaulted to "0"
1910	Cause of Death	N	N	N	N	Defaulted & invisible to user	Y	Y	Y	Y	Y	Y	Y	Defaulted as appropriate for VS = alive '1'
1920	ICD Revision Number	N	N	N	N	Defaulted & invisible to user	Y	Y	Y	Y	Y	Y	Y	Defaulted as appropriate for VS = alive '1'
1940	Place of Death	N	N	N	N	Defaulted & invisible to user	N	N	N	N	N	N	N	Defaulted as appropriate for VS = alive '1'. Replaced with Place of Death--State and Place of Death--Country in NAACCRv13; data from Place of Death transferred to Place of Death--State and Place of Death--Country during conversion.
1942	Place of Death--State					Defaulted & invisible to user	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted & invisible to user	Invisible	Invisible	Invisible	Defaulted as appropriate for VS = alive '1'
1944	Place of Death--Country					Defaulted & invisible to user	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted & invisible to user	Invisible	Invisible	Invisible	Defaulted as appropriate for VS = alive '1'
1975	Derived Summary Grade 2018											Not in display	Not in display	New derived fields added in v24, may be calculated by NAACCR*Prep alone
1986	Over-ride HospSeq/DxConf	N	N	N	N	N	Y	Y	Y	Y	Y	Y	Y	
1987	Over-ride CoC-Site/Type	N	N	Invisible to user	Invisible to user	Invisible to user	Invisible to user	Invisible to user	Invisible to user	Invisible to user	Invisible to user	Invisible to user	Invisible to user	
1988	Over-ride HospSeq/Site	N	N	N	N	N	Y	Y	Y	Y	Y	Y	Y	
1989	Over-ride Site/TNM-StgGrp	N	N	N	N	Y	Y	Y	Y	Y	N	N	N	
1990	Over-ride Age/Site/Morph	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
1992	Over-ride TNM Stage	N	N	N	N	N	N	Y	Y	Y	N	N	N	
1993	Over-ride TNM Tis							Y	Y	Y	N	N	N	
2000	Over-ride SeqNo/DxConf	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Only on hospital display.
2010	Over-ride Site/Lat/SeqNo	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Only on hospital display.
2020	Over-ride Surg/DxConf	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Only on hospital display.
2030	Over-ride Site/Type	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
2040	Over-ride Histology	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Only on hospital display.
2050	Over-ride Report Source	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Only on hospital display.
2060	Over-ride Ill-define Site	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Only on hospital display.
2070	Over-ride Leuk, Lymphoma	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Only on hospital display.
2071	Over-ride Site/Behavior	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Only on hospital display.
2072	Over-ride Site/EOD/DX Dt	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	N	N	
2073	Over-ride Site/Lat/EOD	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	N	N	
2074	Over-ride Site/Lat/Morph	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Only on hospital display.
2078	Over-ride Name/Sex							Y	Y	Y	Y	Y	Y	

OCISS Required Data by Year		12.2*	12.2**	13.0***	14.0	15.0	16.0	18.0	21.0	22.0	23.0	24.0	25.0	Notes
Web Plus Data Collection		First Release	Second Release											
Item #	Item Name		CDC/NPCR requirements for staging data changed.	OCISS began Web Plus reporting for non-hospital reporters.				SSDIs Introduced	NAACCR XML Data Format Standard Implemented	Begin Modified Record Reporting	New Data Items Date Flags removed	New derived fields	New derived fields	
2090	Date Case Completed	Invisible to user	Invisible to user	Invisible to user	Invisible to user	Invisible to user	Invisible to user	Invisible to user	Invisible to user	Invisible to user	Invisible to user	Invisible to user	N	Removed from display.
2100	Date Case Last Changed	Invisible to user	Invisible to user	Invisible to user	Invisible to user	Invisible to user	Invisible to user	Invisible to user	Invisible to user	Invisible to user	Invisible to user	Invisible to user	Invisible to user	
2110	Date Case Report Exported	Invisible to user	Invisible to user	Invisible to user	Invisible to user	Invisible to user	Invisible to user	Invisible to user	Invisible to user	Invisible to user	Invisible to user	Invisible to user	Invisible to user	
2111	Date Case Report Received	Not in display	Not in display	Not in display	Not in display	Not in display	Not in display	Not in display	Not in display	Not in display	Not in display	Not in display	Not in display	
2112	Date Case Report Loaded	Not in display	Not in display	Not in display	Not in display	Not in display	Not in display	Not in display	Not in display	Not in display	Not in display	Not in display	Not in display	
2113	Date Tumor Record Available	Not in display	Not in display	Not in display	Not in display	Not in display	Not in display	Not in display	Not in display	Not in display	Not in display	Not in display	Not in display	
2116	ICD-O-3 Conversion Flag	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted to '0' (zero)
2152	CoC Accredited Flag							Y	Y	Y	Y	Y	Y	Defaulted to '0' (non-CoC)
2170	Vendor Name	Invisible to user	Invisible to user	Invisible to user	Invisible to user	Invisible to user	Invisible to user	Invisible to user	Invisible to user	Invisible to user	Invisible to user	Invisible to user	Invisible to user	
2230	Name--Last	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
2232	Name--Birth Surname								Y	Y	Y	Y	Y	Replaced Name--Maiden in NAACCRv21
2240	Name--First	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
2250	Name--Middle	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
2270	Name--Suffix	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
2280	Name--Alias	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Only on hospital display.
2300	Medical Record Number	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
2315	Medicare Beneficiary Identifier							N	Y	Y	Y	Y	Y	
2320	Social Security Number	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
2330	Addr at DX--No & Street	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
2335	Addr at DX--Supplemental	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
2390	Name--Maiden	Y	Y	Y	Y	Y	Y	Y	N	N	N	N	N	Replaced with Name--Birth Surname in NAACCRv21
2460	Physician--Managing	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
2465	NPI--Physician--Managing	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
2470	Physician--Follow-Up	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Only on hospital display.
2475	NPI--Physician--Follow-Up	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Only on hospital display.
2480	Physician--Primary Surg	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Only on hospital display.
2485	NPI--Physician--Primary Surg	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Only on hospital display.
2520	Text--DX Proc--PE	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
2530	Text--DX Proc--X-ray/Scan	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
2540	Text--DX Proc--Scopes	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
2550	Text--DX Proc--Lab Tests	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
2570	Text--DX Proc--Path	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
2580	Text--Primary Site Title	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
2590	Text--Histology Title	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
2600	Text--Staging	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
2610	RX Text--Surgery	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
2620	RX Text--Radiation (Beam)	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
2640	RX Text--Chemo	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
2650	RX Text--Hormone	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
2660	RX Text--BRM	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
2670	RX Text--Other	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
2800	CS Tumor Size	Y	Y	Y	Y	Y	Y	Y	N	N	N	N	N	Collected for diagnosis years 2004-2015 but NOT from physicians -- only hospitals and ambulatory providers.
2810	CS Extension	Y	Y	Y	Y	Y	Y	Y	N	N	N	N	N	Collected for diagnosis years 2004-2015 but NOT from physicians -- only hospitals and ambulatory providers.
2820	CS Tumor Size/Ext Eval	Y	Y	Y	Y	Y	Y	Y	N	N	N	N	N	Collected for diagnosis years 2004-2015 and only from hospitals.
2830	CS Lymph Nodes	Y	Y	Y	Y	Y	Y	Y	N	N	N	N	N	Collected for diagnosis years 2004-2015 and only from hospitals.
2840	CS Lymph Nodes Eval	Y	Y	Y	Y	Y	Y	Y	N	N	N	N	N	Collected for diagnosis years 2004-2015 and only from hospitals.
2850	CS Mets at DX	Y	Y	Y	Y	Y	Y	Y	N	N	N	N	N	Collected for diagnosis years 2004-2015 and only from hospitals.
2860	CS Mets Eval	Y	Y	Y	Y	Y	Y	Y	N	N	N	N	N	Collected for diagnosis years 2004-2015 and only from hospitals.
2861	CS Site-Specific Factor 7	Y	Y	Y	Y	Y	Y	Y	N	N	N	N	N	Collected for diagnosis years 2004-2017.
2862	CS Site-Specific Factor 8	Y	Y	Y	Y	Y	Y	Y	N	N	N	N	N	Collected for diagnosis years 2004-2017.
2863	CS Site-Specific Factor 9	Y	Y	Y	Y	Y	Y	Y	N	N	N	N	N	Collected for diagnosis years 2004-2017.
2864	CS Site-Specific Factor10	Y	Y	Y	Y	Y	Y	Y	N	N	N	N	N	Collected for diagnosis years 2004-2017.
2865	CS Site-Specific Factor11	Y	Y	Y	Y	Y	Y	Y	N	N	N	N	N	Collected for diagnosis years 2004-2017.
2866	CS Site-Specific Factor12	Y	Y	Y	Y	Y	Y	Y	N	N	N	N	N	Collected for diagnosis years 2004-2017.
2867	CS Site-Specific Factor13	Y	Y	Y	Y	Y	Y	Y	N	N	N	N	N	Collected for diagnosis years 2004-2017.
2868	CS Site-Specific Factor14	Y	Y	Y	Y	Y	Y	Y	N	N	N	N	N	Collected for diagnosis years 2004-2017.
2869	CS Site-Specific Factor15	Y	Y	Y	Y	Y	Y	Y	N	N	N	N	N	Collected for diagnosis years 2004-2017.
2870	CS Site-Specific Factor16	Y	Y	Y	Y	Y	Y	Y	N	N	N	N	N	Collected for diagnosis years 2004-2017.
2871	CS Site-Specific Factor17	Y	Y	Y	Y	Y	Y	Y	N	N	N	N	N	Collected for diagnosis years 2004-2017.
2872	CS Site-Specific Factor18	Y	Y	Y	Y	Y	Y	Y	N	N	N	N	N	Collected for diagnosis years 2004-2017.

OCISS Required Data by Year		12.2*	12.2**	13.0***	14.0	15.0	16.0	18.0	21.0	22.0	23.0	24.0	25.0	Notes
Web Plus Data Collection		First Release	Second Release											
Item #	Item Name		CDC/NPCR requirements for staging data changed.	OCISS began Web Plus reporting for non-hospital reporters.				SSDIs Introduced	NAACCR XML Data Format Standard Implemented	Begin Modified Record Reporting	New Data Items Date Flags removed	New derived fields	New derived fields	
2873	CS Site-Specific Factor19	Y	Y	Y	Y	Y	Y	Y	N	N	N	N	N	Collected for diagnosis years 2004-2017.
2874	CS Site-Specific Factor20	Y	Y	Y	Y	Y	Y	Y	N	N	N	N	N	Collected for diagnosis years 2004-2017.
2875	CS Site-Specific Factor21	Y	Y	Y	Y	Y	Y	Y	N	N	N	N	N	Collected for diagnosis years 2004-2017.
2876	CS Site-Specific Factor22	Y	Y	Y	Y	Y	Y	Y	N	N	N	N	N	Collected for diagnosis years 2004-2017.
2877	CS Site-Specific Factor23	Y	Y	Y	Y	Y	Y	Y	N	N	N	N	N	Collected for diagnosis years 2004-2017.
2878	CS Site-Specific Factor24	Y	Y	Y	Y	Y	Y	Y	N	N	N	N	N	Collected for diagnosis years 2004-2017.
2879	CS Site-Specific Factor25	Y	Y	Y	Y	Y	Y	Y	N	N	N	N	N	Collected for diagnosis years 2004-2017.
2880	CS Site-Specific Factor 1	Y	Y	Y	Y	Y	Y	Y	N	N	N	N	N	Collected for diagnosis years 2004-2017.
2890	CS Site-Specific Factor 2	Y	Y	Y	Y	Y	Y	Y	N	N	N	N	N	Collected for diagnosis years 2004-2017.
2900	CS Site-Specific Factor 3	Y	Y	Y	Y	Y	Y	Y	N	N	N	N	N	Collected for diagnosis years 2004-2017.
2910	CS Site-Specific Factor 4	Y	Y	Y	Y	Y	Y	Y	N	N	N	N	N	Collected for diagnosis years 2004-2017.
2920	CS Site-Specific Factor 5	Y	Y	Y	Y	Y	Y	Y	N	N	N	N	N	Collected for diagnosis years 2004-2017.
2930	CS Site-Specific Factor 6	Y	Y	Y	Y	Y	Y	Y	N	N	N	N	N	Collected for diagnosis years 2004-2017.
2935	CS Version Input Original	Y	Y	Y	Y	Y	Y	Y	Invisible to user	Invisible to user	Invisible to user	Invisible to user	Invisible to user	Collected for diagnosis years 2004-2015.
2936	CS Version Derived	Y	Y	Y	Y	Y	Y	Y	N	N	N	N	N	Collected for diagnosis years 2004-2015 and only from hospitals.
2937	CS Version Input Current	Y	Y	Y	Y	Y	Y	Y	Invisible to user	Invisible to user	Invisible to user	Invisible to user	Invisible to user	Collected for diagnosis years 2004-2015.
2940	Derived AJCC-6 T	Y	N	N	N	N	N	N	N	N	N	N	N	CDC/NPCR stage requirements changed.
2950	Derived AJCC-6 T Descript	Y	N	N	N	N	N	N	N	N	N	N	N	CDC/NPCR stage requirements changed.
2960	Derived AJCC-6 N	Y	N	N	N	N	N	N	N	N	N	N	N	CDC/NPCR stage requirements changed.
2970	Derived AJCC-6 N Descript	Y	N	N	N	N	N	N	N	N	N	N	N	CDC/NPCR stage requirements changed.
2980	Derived AJCC-6 M	Y	N	N	N	N	N	N	N	N	N	N	N	CDC/NPCR stage requirements changed.
2990	Derived AJCC-6 M Descript	Y	N	N	N	N	N	N	N	N	N	N	N	CDC/NPCR stage requirements changed.
3000	Derived AJCC-6 Stage Grp	Y	N	N	N	N	N	N	N	N	N	N	N	CDC/NPCR stage requirements changed.
3020	Derived SS2000	Y	Y	Y	Y	Y	Y	Y	N	N	N	N	N	Collected for diagnosis years 2004-2015 and only from hospitals.
3030	Derived AJCC Flag	Y	N	N	N	Y	N	N	N	N	N	N	N	
3050	Derived SS2000--Flag	Y	Y	Y	Y	Y	Y	Y	N	N	N	N	N	Collected for diagnosis years 2004-2015 and only from hospitals.
3170	RX Date Most Defn Srg	N	N	N	N	Y	Y	Y	Y	Y	Y	Y	Y	
3171	RX Date Most Defn Srg Flag	N	N	N	N	Y	Y	Y	Y	Y	N	N	N	**Removed** by standard setters starting w/ v23
3200	Rad--Boost RX Modality	Y	Y	Y	Y	N	N	N	N	N	N	N	N	CDC/NPCR never required
3250	RX Summ--TranspInt/Endocr	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
3400	Derived AJCC-7 T	Y	N	N	N	Y	Y	Y	N	N	N	N	N	Collected for diagnosis years 2004-2015 and only from hospitals.
3402	Derived AJCC-7 T Descript	Y	N	N	N	Y	Y	Y	N	N	N	N	N	Collected for diagnosis years 2004-2015 and only from hospitals.
3410	Derived AJCC-7 N	Y	N	N	N	Y	Y	Y	N	N	N	N	N	Collected for diagnosis years 2004-2015 and only from hospitals.
3412	Derived AJCC-7 N Descript	Y	N	N	N	Y	Y	Y	N	N	N	N	N	Collected for diagnosis years 2004-2015 and only from hospitals.
3420	Derived AJCC-7 M	Y	N	N	N	Y	Y	Y	N	N	N	N	N	Collected for diagnosis years 2004-2015 and only from hospitals.
3422	Derived AJCC-7 M Descript	Y	N	N	N	Y	Y	Y	N	N	N	N	N	Collected for diagnosis years 2004-2015 and only from hospitals.
3430	Derived AJCC-7 Stage Grp	Y	N	N	N	Y	Y	Y	N	N	N	N	N	Collected for diagnosis years 2004-2015 and only from hospitals.
3769	Over-ride CS 20	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted & invisible to user	Defaulted & invisible to user	Y	Y	Y	Defaulted to blank on hospital and ambulatory provider displays to require completion of CS data items; defaulted to '1 'on physician display to allow physicians to not have to report CS data items. This was in accordance with CDC/NPCR reporting requirements. Only hospital display only v23+
3800	Schema ID							Y	Y	Y	Y	Y	Y	
3816	Brain Molecular Markers							Y	Y	Y	Y	Y	Y	
3817	Breslow Tumor Thickness							Y	Y	Y	Y	Y	Y	
3827	Estrogen Receptor Summary							Y	Y	Y	Y	Y	Y	
3828	Estrogen Receptor Total Allred Score							Y	N	N	N	N	N	CDC/NPCR requirements changed between v18 and v21.
3829	Esophagus and EGJ Tumor Epicenter									Y	Y	Y	Y	
3835	Fibrosis Score							Y	Y	Y	Y	Y	Y	
3838	Gleason Patterns Clinical								Y	Y	Y	Y	Y	
3839	Gleason Patterns Pathological								Y	Y	Y	Y	Y	
3840	Gleason Score Clinical								Y	Y	Y	Y	Y	
3841	Gleason Score Pathological								Y	Y	Y	Y	Y	
3842	Gleason Tertiary Pattern								Y	Y	Y	Y	Y	
3843	Grade Clinical							Y	Y	Y	Y	Y	Y	
3844	Grade Pathological							Y	Y	Y	Y	Y	Y	
3845	Grade Post Therapy Path (yp)							Y	Y	Y	Y	Y	Y	

OCISS Required Data by Year		12.2*	12.2**	13.0***	14.0	15.0	16.0	18.0	21.0	22.0	23.0	24.0	25.0	Notes
Web Plus Data Collection		First Release	Second Release											
Item #	Item Name		CDC/NPCR requirements for staging data changed.	OCISS began Web Plus reporting for non-hospital reporters.				SSDIs Introduced	NAACCR XML Data Format Standard Implemented	Begin Modified Record Reporting	New Data Items Date Flags removed	New derived fields	New derived fields	
3855	HER2 Overall Summary							Y	Y	Y	Y	Y	Y	
3890	Microsatellite Instability (MSI)							Y	Y	Y	Y	Y	Y	
3915	Progesterone Receptor Summary							Y	Y	Y	Y	Y	Y	
3916	Progesterone Receptor Total Allred Score							Y	N	N	N	N	N	CDC/NPCR requirements changed between v18 and v21.
3920	PSA (Prostatic Specific Antigen) Lab Value							Y	Y	Y	Y	Y	Y	
3926	Schema Discriminator 1							Y	Y	Y	Y	Y	Y	
3927	Schema Discriminator 2							Y	Y	Y	Y	Y	Y	
3932	LDH Pretreatment Lab Value							Y	Y	Y	Y	Y	Y	Item name changed.
3956	p16									Y	Y	Y	Y	added to cervix cases starting w/ dx year 2022 added to anus cases starting w/ dx year 2023 added to vulva cases starting w/ dx year 2024
3960	Histologic Subtype										Y	Y	Y	new field in NAACCR v23 for appendix only
3964	Brain Primary Tumor Location											Y	Y	new field in NAACCR v24 for brain only
1174	PD-L1												Y	new field in NAACCR v25 for lung only
1174	PTLD (Post Transplant Lymphoproliferative Disorder)												Y	new field in NAACCR v25 for heme only
9520	OH Tobacco History	Y	Y	N	N	N	Y	Y	Y	Y	Y	Y	Y	OCISS requires for diagnosis years 2016+.

Grey shading is to denote that Data Item did not exist.

Yellow shading is to highlight changes in reporting over time.

Tan shading is to denote data that was at one point collected, but no longer collected.

Blue shading indicates data that is system generated

*OCISS first used Web Plus with NAACCR v12.2 for hospital users only; other reporters continued to report on the paper OCISS Reporting Form.

**There were 2 releases of Web Plus v12.2 due to changes in CDC/NPCR requirements for collection of AJCC staging data.

***Non-hospital reporters began using Web Plus with NAACCR v13. There were 2 displays -- 1 for physicians and 1 for ambulatory providers. Both adhered to CDC/NPCR data collection requirements for non-hospitals, which were less stringent than what was required from hospitals. OCISS has since combined reporting for physicians and ambulatory providers into the same display.

CDC/NPCR requirements for reporting treatment data were limited to selected sites. See documentation in Web Plus User Manuals.

Appendix G

Modified (M) Record Triggers

Modified (M) Record Triggers

Update/change to any of these data items requires an M Record submission.

NAACCR Item #	NAACCR Item Name	Field Name (OCISS Label)
70	Addr at DX—City	City
80	Addr at DX—State	State
100	Addr at DX--Postal Code	Zip Code
160	Race 1	Race 1
161	Race 2	Race 2
162	Race 3	Race 3
163	Race 4	Race 4
164	Race 5	Race 5
190	Spanish/Hispanic Origin	Hispanic Ethnicity
220	Sex	Sex
240	Date of Birth	Date of Birth
390	Date of Diagnosis	Date of Diagnosis
400	Primary Site	Primary Site Code
410	Laterality	Laterality
490	Diagnostic Confirmation	Diagnostic Confirmation
522	Histologic Type ICD-O-3	Histology Code
523	Behavior Code ICD-O-3	Behavior Code
610	Class of Case	Class of Case
630	Primary Payer at DX	Primary Payer
756	Tumor Size Summary	Tumor Size Summary
764	Summary Stage 2018	Summary Stage 2018
820	Regional Nodes Positive	Regional Nodes Positive
1068	Grad Post Therapy Clin (yc)	Grad Post Therapy Clin (yc)
1172	Post Transplant Lymphoproliferative Disorder-PTLD	Post Transplant Lymphoproliferative Disorder-PTLD
1174	PD-L1	PD-L1
1182	Lymphovascular Invasion	Lymph Vascular Invasion
1200	RX Date Surgery	Date of Surgery
1210	RX Date Radiation	Radiation Start Date
1220	RX Date Chemo	Chemotherapy Start Date
1230	RX Date Hormone	Hormone Therapy Start Date
1240	RX Date BRM	BRM Therapy Start Date
1250	RX Date Other	Other Treatment Start Date
1270	Date 1st Crs RX CoC	Date of First Course of Treatment
1280	RX Date DX/Stg Proc	Date of Diagnostic Procedure
1285	RX Summ--Treatment Status	Treatment Status
1290	RX Summ--Surg Prim Site	Surgery Code
1291	RX Summ--Surg Prim Site 2023	Surgery Code (2023 and later)
1292	RX Summ--Scope Reg LN Sur	Scope of Regional Lymph Node Surgery
1294	RX Summ--Surg Oth Reg/Dis	Other Non-Primary Site Surgery
1320	RX Summ--Surgical Margins	Surgical Margins
1340	Reason for No Surgery	Reason No Surgery

NAACCR Item #	NAACCR Item Name	Field Name (OCISS Label)
1350	RX Summ--DX/Stg Proc	Diagnostic Procedure Code
1380	RX Summ--Surg/Rad Seq	Radiation/Surgery Sequence
1390	RX Summ—Chemo	Chemotherapy Code
1400	RX Summ—Hormone	Hormone Therapy Code
1410	RX Summ—BRM	BRM Therapy Code
1420	RX Summ—Other	Other Treatment Code
1430	Reason for No Radiation	Reason No Radiation
1506	Phase I Radiation Treatment Modality	Phase I Radiation Treatment
1639	RX Summ--Systemic/Sur Seq	Systemic/Surgery Sequence
2230	Name—Last	Last Name
2232	Name--Birth Surname	Birth Surname
2240	Name—First	First Name
2250	Name—Middle	Middle Name
2315	Medicare Beneficiary Identifier	Medicare Beneficiary Identifier
2320	Social Security Number	Social Security Number
2330	Addr at DX--No & Street	Address
2335	Addr at DX—Supplement	Address Supplemental
3170	RX Date Mst Defn Srg	Date of Most Definitive Surgery
3250	RX Summ--Transplnt/Endocr	Transplant/Endocrine Treatment Code
3816	Brain Molecular Markers	Brain Molecular Markers
3817	Breslow Tumor Thickness	Breslow Tumor Thickness
3827	Estrogen Receptor Summary	Estrogen Receptor Summary
3829	Esophagus and EGJ Tumor Epicenter	Esophagus and EGJ Tumor Epicenter
3835	Fibrosis Score	Fibrosis Score
3838	Gleason Patterns Clinical	Gleason Patterns Clinical
3839	Gleason Patterns Pathological	Gleason Patterns Pathological
3840	Gleason Score Clinical	Gleason Score Clinical
3841	Gleason Score Pathological	Gleason Score Pathological
3842	Gleason Tertiary Pattern	Gleason Tertiary Pattern
3843	Grade Clinical	Grade Clinical
3844	Grade Pathological	Grade Pathological
3845	Grade Post Therapy Path (yp)	Grade Post Therapy Path (yp)
3855	HER2 Overall Summary	HER2 Overall Summary
3890	Microsatellite Instability (MSI)	Microsatellite Instability (MSI)
3915	Progesterone Receptor Summary	Progesterone Receptor Summary
3920	PSA (Prostatic Specific Antigen) Lab Value	PSA (Prostatic Specific Antigen) Value
3926	Schema Discriminator 1	Schema Discriminator 1
3927	Schema Discriminator 2	Schema Discriminator 2
3932	LDH Lab Value	LDH Lab Value
3956	p16	p16
3960	Histologic Subtype	Histologic Subtype
3964	Brain Primary Tumor Location	Brain Primary Tumor Location