Delaware Cancer Registry (DCR)

Hospital Reporting Procedure Manual

February 2011

DELAWARE HEALTH AND SOCIAL SERVICES
Division of Public Health
Health Promotion and Disease Prevention

Delaware Cancer Registry
(302) 283-7200

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SECTION ONE

REGISTRY OPERATIONS

WHY REPORT TO THE DELAWARE CANCER REGISTRY?

The Delaware Cancer Registry is a population-based cancer incidence registry responsible for collecting demographic, diagnostic, treatment and follow-up information. The information is collected from hospitals, labs, physicians, and free standing health care facilities. Both Delaware law and Federal law require data collection and submission. The Delaware Cancer Control Act is found in Appendix A in this manual.

WHO IS RESPONSIBLE TO REPORT?

All Hospitals, Laboratories, Physicians and free-standing Health Care Facilities are required to report all malignant diseases and conditions covered in the reportable list of cases (Reference Appendix C - Tables 1 and 2.)

WHAT DISEASES ARE REPORTABLE?

Reportable diseases include 1) those with a disease/condition in the International Classification of Diseases for Oncology (ICD-O-3) with a behavior code of 2 or greater and 2) benign or borderline tumors of the brain and central nervous system. The DCR adheres to reportable neoplasm requirements of the National Program of Cancer Registries (NPCR). Refer to Appendix C – Tables 1 and 2 for DCR-required neoplasm codes and descriptions.

Appendix C - Tables 3 and 4 show supplementary ICD-9-CM code lists that may enhance case finding. For information on newly reportable (cases diagnosed on or after January 1, 2010) hematopoietic and lymphoid neoplasms, see Appendix C - Tables 5 and 6.

DEFINITION: REPORTABLE CASE

Reportable analytic cases: Report cases to DCR that meet the specifications of *FORDS: Revised for 2010* **class of case codes 00-22.** The American College of Surgeons Commission on Cancer defines these cases as analytic, and they are also reportable to the DCR.

Initial diagnosis at your facility (**class of case codes 00-14**):

Whenever a patient is diagnosed with cancer when presenting at your facility, the case is reportable. Also, patients who are diagnosed in a staff physician's office and present at your facility for all or part of first course treatment (includes decision not to treat) are reportable. See the FORDS manual for code-specific instructions.

Initial diagnosis elsewhere; treatment at your facility (**class of case codes 20-22**): Patients previously diagnosed, who present for all or part of first course treatment at your facility (includes decision not to treat) are required to be reported. See the FORDS manual for code-specific instructions.

Reportable non-analytic cases: Report cases meeting specifications of *FORDS Revised for 2010* **class of case codes 30, 32, 34, 36 and 38** to the DCR. See the FORDS manual for code-specific definitions. To verify whether a case has already been reported simply contact the DCR. If it is determined that the case has not been reported, please follow procedures for reporting a case as detailed under subsections *When and How to Report?* and *Reporting Methods*.

Example: A patient was diagnosed and treated several years prior to presenting at the accessioning facility for treatment of recurrent or progressive disease. (class of case 32)

Example: A patient for whom the accessioning facility developed a treatment plan or provided "second opinion" services, but the diagnosis and treatment were provided elsewhere. (class of case 30)

Example: A patient was treated at the accessioning facility for vaginal intraepithelial neoplasia, grade III (VIN III). (class of case 36)

Reporting these non-analytic cases helps to assure the completeness of the DCR database as a population based central cancer registry.

WHEN AND HOW TO REPORT?

WHEN: By law, cases are required to be reported within 180 days from the date of first contact at your facility either as an inpatient or an outpatient for the reportable disease.

HOW:

1. Your facility receives a data exchange package from the DCR. Complete the State Registry Processing Flow Sheet and follow the instructions therein (see Appendix B).
2. Process the follow-up data file from the DCR. This contains updates for your cases including follow-up information from other hospitals that also share these cases.

STOP! DO NOT continue to step 3 until it is time to submit your hospital's data to DCR. See Appendix B for the current Delaware Hospital Data Exchange Submission Cycle.

Note: Prior to processing the data exchange, review your suspense cases to be sure that cases have not been entered twice or that they have not been forgotten.

3. Create a data set consisting of New Cases. These cases should be pulled off your system starting with the last date you pulled cases for the previous data exchange. If you are unsure of the date, contact the DCR.
    - Run the current version of NAACCR GenEDITS on that data file. Correct all errors, pull the data set from your system and run the error report again, and include a copy of the final summary pages with your data exchange submission. Be sure to keep a copy for your files.
4. Create a Follow-Up data set of cases updated since your last data exchange. These case updates should be pulled off your system starting with the last date you pulled case updates for the previous data exchange.
5. Copy the Follow-up file and New Case file onto a CD or other secure previously agreed upon medium.
6. Print an index of the cases pulled off the database for the data exchange.
7. Submit the following to the DCR:
    - Data Exchange Forms (DEFs - see the Data Exchange Forms section in this chapter for further description) you have completed since your last data exchange
    - CD (or other secure agreed upon medium) containing Follow-up and New Case data files

- Index of new cases
- Completed processing flow sheet
- Copy of the GenEDITS error report

This entire process should be done with each data submission as scheduled for your facility per the Data Exchange Submission Cycle. DCR expects to receive your data submission as per this schedule. If you expect your submission to be delayed, contact the DCR at (302) 283-7200..

REPORTING METHODS

Paper abstracts do *not* need to be submitted as was required in the past.

Electronic Submissions are to be submitted on CD or other agreed upon secure medium using the current NAACCR format; note the NAACCR version used. Run the GenEDITS program on data prior to submission and correct all errors prior to putting the cases on CD.

If you cannot submit cases using the NAACCR format, contact the DCR for alternative means of submission.

DATA EXCHANGE FORMS

A data exchange form (DEF) is used to initiate changes or corrections by hospital registries. The DCR has developed an Excel DEF to assist in submitting changes in electronic format. A DEF entry is to be completed when you want to change a previously submitted case, specifically, when changing any of the data items listed in the following table. Submission of paper copies of reports, i.e. additional treatment information, is permissible in lieu of completing the DEFs.

Data Field Changes to Report on DEFs (1/2010)	
Patient identification: • Patient name • Accession # • Date of birth • SSN • Race • Sex • Sequence number **Cancer identification:** • Class of case • Diagnosis Date • Primary Site • Histology • Grade • Subsite • Laterality • Behavior	**Stage of disease:** • Collaborative stage extension • Collaborative stage lymph nodes • Collaborative stage metastasis **First course of treatment:** • Date of first course treatment • Surgery Date • Surgery of Primary Site • Regional Lymph Node Surgery • Surgery of Other Regional/Distant Site • Radiation therapy dates, treatment volume, modality, dose and number of treatments, boost radiation • Chemotherapy dates, agents/regimen • Hormone therapy dates and agents • RX Summ-Treatment Status (New 2010 data item)

- A DEF does not need to be completed when changing information in text fields. Exception: a DEF must be completed when changing patient name. A sample DEF is included in Appendix B to this manual.

Reminders…

- A DEF must be completed when changing Accession or Sequence Numbers.
- Submit DEFs with your data exchange.

REGISTRY OUTSOURCING

Any hospital wishing to outsource any of or its entire registry must notify the DCR of the selected outsourcing company. This is to protect the integrity of the state's data as a whole. The individual or company providing outsourcing will be required to comply with all standards and regulations set by the DCR. If done properly outsourcing can help facilities manage through times of resource shortage, human and fiscal, without sacrificing quality. The DCR recommends that facilities use outsourcing agencies with national accreditation. These can be found on the website of the American Health Information Management Association (ahima.org). See thehimmarketplace.com for agency listings.

REGISTRY REFERENCE DATE

Any hospital wishing to change its reference date must submit a written notification to the DCR prior to requesting Commission on Cancer approval. The notification shall include the reasons for the reference date change and verification of approval from the hospital's Cancer Committee.

ABSTRACTING & REPORTING TIMELINESS & COMPLETENESS

Abstracting must be completed within 180 days from the date of the initial contact for the reportable disease. This applies to reportable non-analytic cases as well as analytic cases. By law, cases are required to be reported to DCR within 180 days of the date of first contact to avoid a $100 fine per case.

Timeliness and completeness of reporting are tracked by the DCR through quarterly reports that are issued to facilities. These reports show expected and actual case numbers reported each quarter. Contact the DCR if there are factors preventing your registry from meeting timeliness requirements.

DCR QUALITY CONTROLS

Hospital Site Audits: Site audits will be conducted on a regular basis by the DCR staff or its delegates. Each hospital will be given notice prior to their audit to allow for date changes if there is a conflict. For casefinding audits, the hospital will be required to provide a Disease Index from its Medical Records Department one (1) month prior to the audit, and a pathology report listing at the time of the audit. For data quality audits, the hospital will be required to provide charts for review and reabstracting; these will be requested by the DCR prior to the audit. Following the site audit, the hospital registrar and department manager/supervisor will be provided with a report detailing results and suggestions.

Data Exchange Quality Evaluation: The DCR performs the following procedures for each hospital data submission:

- Electronic error checking using the latest version of NAACCR Genedits. With each data submission, 95% of the analytic cases must be error free.
- All new primary cancer cases are individually, visually reviewed.
- All cases requiring consolidation with abstracts already on the DCR database are individually, visually reviewed.

Your facility may be contacted for additional information and for possible edit/error resolution.

Quarterly Review: Patient name/gender, cancer site/gender checks and duplicate checks are performed on cases added to the DCR database during the previous quarter. Your facility may be contacted for additional information to assist in resolution of errors.

Annual Reports/Reviews:

- DCR provides annual listings of cases shared by your facility with other facilities. These listings show selected data items including treatment codes and dates, post-case consolidation at DCR. These listings may provide supplemental data for your facility. Please contact the DCR or other listed facilities for additional information/clarification on shared cases.
- Data Quality Indicator reports are issued to each facility annually. These reports show hospital-specific percentages of missing/unknown values for selected data items including laterality, race, diagnostic confirmation and month of diagnosis.

Other Reviews:

- Targeted Q/A: Selected site/data field case reviews are conducted periodically. Targeted reviews are based on results of DCR data quality audits and focus on the more challenging topics. Hospital registries are contacted for error resolution and to discuss results of these reviews.
- Registrar Q/A: A portion of each hospital registrars' work may periodically be reviewed for accuracy on 10 data fields, with feedback provided to the registrar and his/her supervisor. A sample Registrar Quality Evaluation form is included in Appendix B of this manual.

CONFIDENTIALITY & RELEASE OF INFORMATION

Follow your hospital's confidentiality guidelines and current HIPAA rules to protect patient data. Consult your facility release of information policy before releasing information in an abstract from another facility, as that facility's consent may be required.

PROCEDURE MANUAL

A facility's cancer registry procedure manual must include DCR requirements where they apply in addition to the criteria set by the FORDS Manual.

SECTION TWO

GENERAL PRINCIPLES: CODING

HOSPITAL REGISTRY OPERATIONS

Hospital registry operations are determined and defined by the current FORDS Manual and Commission on Cancer Program Standards. The items in Section 1 - General Procedures: Registry Operations and Section 2 – General Principles: Coding are the only additions or modifications to hospital registry operations.

STAGING

The DCR requires use of the staging standards that are applicable for the date of diagnosis of the case.

For cases diagnosed January 1, 2004 and later the DCR requires submission of selected Collaborative Stage data items (refer to Appendix C - Table 7) including Derived AJCC Stage and Derived SEER Summary Stage.

For cases diagnosed prior to January 1, 2004 the DCR requires submission of

- SEER Summary Stage 1977 or SEER Summary Stage 2000

DATA ITEM INSTRUCTIONS

The DCR does not impose any additional instructions and guidelines other than those in the FORDS Manual pertaining to those data sets.

DCR REQUIRED DATA SET

Analytic Cases - Refer to Table 7 - DCR Required Data Items located in Appendix C. The table contains a listing of data items required to be submitted for every reportable analytic case sent to the DCR. Please note that some of these DCR required items may not currently be required by the Commission on Cancer. If you are not currently collecting any of these items, contact your software vendor to have them included. Data items not listed in Table 7 may be transmitted to DCR.

Non-analytic cases – At a minimum, submit data items shown in the following table for all non-analytic cases.

DCR Required Data Items – Non-analytic Cases	
NAACCR Item #	**Data Item**
70	Address at DX - City
2330	Address at DX-No and Street
100	Address at DX - Postal code
80	Address at DX - State
70	Address at DX - City
523	Behavior Code ICD-0-3
610	Class of Case
90	County at Dx
240	Date of Birth
241	Date of Birth Flag
390	Date of Diagnosis
391	Date of Diagnosis Flag
1750	Date of Last Contact
1751	Date of Last Contact Flag
490	Diagnostic Confirmation
440	Grade
420	Histologic Type ICD-0-2
522	Histologic Type ICD-0-3
410	Laterality
2240	Name – First
2230	Name – Last
2390	Name – Maiden
2250	Name – Middle
400	Primary Site
160-164	Race 1-5
220	Sex
2320	Social Security Number
190	Spanish/Hispanic Origin
2520-2570; 2680; 2600	Text
1760	Vital Status

ADDITIONAL ITEMS REQUIRED

Text is one of the most important tools we have to get the "big picture" of a case. Text is required to be submitted to the extent that it describes the following.

- Diagnosis
- Site
- Pathology
- Staging
- Treatment
- Recurrence
- Cause of Death

Some of this information will come from the physician notes or actual reports, but recording this text information is essential. In some cases it may be necessary to contact the physician for this information.

COLLABORATIVE STAGE (CS) DATA COLLECTION SYSTEM – VERSION 2

There have been significant changes in this staging system since the first version was released for use with cases diagnosed January 1, 2004. The CSv2 changes are effective January 1, 2010 and are based on the AJCC Cancer Staging Manual 7th Edition. Once installed in cancer registry software, CSv2 will be used for all cases diagnosed 2004 and later**.**

MULTIPLE PRIMARY & HISTOLOGY RULES (MP/H RULES)

DCR requires that hospitals code cases diagnosed from January 1, 2007 to current using the most recent version of the Multiple Primary & Histology Rules. Updates to the MP/H Rules can be found at this site: http://seer.cancer.gov/tools/codingmanuals/index.html

HEMATOPOIETIC AND LYMPHOID NEOPLASMS

New 2010 rules for determining the number of primaries as well as revised data collection and reportability instructions for these neoplasms have been developed. (See Appendix C - Tables 5 and 6 for 2010 data collection changes) The DCR requires that hospitals use the new coding guidelines for cases diagnosed January 1, 2010 and later.

These tools/references are needed for coding hematopoietic and lymphoid neoplasms:

1) The Hematopoietic and Lymphoid Neoplasms Database (Hematopoietic DB)

2) The Hematopoietic and Lymphoid Neoplasm Case Reportability and Coding Manual (Manual)

The new coding and reportability guidelines are embedded in the Hematopoietic DB. The Manual comprises a section in the Hematopoietic DB. It is advised that registrars consult the Manual first for detailed instructions and guidelines. The Hematopoietic DB is used when the rules specifically instruct the abstractor to refer to the DB or when the abstractor has used all of the rules in the Manual.

The Hematopoietic DB is downloadable to PC desktop from the following site: http://seer.cancer.gov/tools/heme/. Educational presentations on how to use the new manual and database are available at this site.

NOTE: The Hematopoietic and Lymphoid Neoplasm Case Reportability and Coding Manual and the Hematopoietic DB replace the following resources:

a) Casefinding and reportable neoplasm lists (ICD-9-CM and ICD-10)

b) The February 2001 "Single Versus Subsequent Primaries of Lymphatic and Hematopoietic Diseases" table for cases diagnosed January 1, 2010 and later.

The following table provides a summary of the prevailing cancer registration standards. Please contact DCR for clarification if needed.

WHEN DO WE USE THE NEW 2010 RULES – AND WHERE DO WE FIND THEM?	
Rules & References	**When to Use**
Hematopoietic and Lymphoid Neoplasm Rules – 2010 Reference: *Hematopoietic and Lymphoid Neoplasm Case Reportability and Coding Manual* and the Hematopoietic and Lymphoid Neoplasms Database available for download at: http://seer.cancer.gov/tools/heme/	• Use only for cases diagnosed on or after January 1, 2010. • To find multiple primaries and histology coding rules for cases diagnosed on or after January 1, 2010. • For cases diagnosed before 2010 use the rules effective at the time of diagnosis.

WHEN DO WE USE THE NEW 2010 RULES – AND WHERE DO WE FIND THEM?	
Rules & References	**When to Use**
CSv2 Reference: *Collaborative Stage Data Collection System*, CSv2. http://cancerstaging.org/cstage/manuals.html	• Once software has been converted to version 2, use for all cases diagnosed January 1, 2004 and later.
2007 Multiple Primary and Histology Rules (MP/H) http://seer.cancer.gov/tools/codingmanuals/index.html	For cases diagnosed January 1, 2007 and later: • Use existing MP/H rules for solid tumors. Solid tumor MP/H rule changes are deferred until 2011.
FORDS: Revised for 2010 http://www.facs.org/cancer/coc/fordsmanual.html	• Replaces previous versions; required for all cases diagnosed January 1, 2010 and later.
Cancer Program Standards 2009 Revised Edition http://www.facs.org/cancer/coc/programstandards.html	• Released March 2009; Replaces Cancer Program Standards 2004
AJCC Cancer Staging Manual, 7th Edition http://www.cancerstaging.net	• Effective for all cases diagnosed 1/1/2010 and later.
Registry Plus Online Help http://www.cdc.gov/cancer/npcr/tools/registryplus/rpoh_tech_info.htm	• Once this resource is updated to include 2010 changes, it will provide an electronic, searchable, cross- referenced database of standard cancer registry coding manuals.

APPENDIX A

TITLE 16

Health and Safety

Vital Statistics

CHAPTER 32. CANCER CONTROL ACT

§ 3201. Short title.

This chapter may be cited as the Delaware Cancer Control Act. (62 Del. Laws, c. 334, § 1; 70 Del. Laws, c. 391, § 1.)

§ 3202. Purpose.

The intent of the General Assembly is to require the establishment and maintenance of a cancer registry for the State. This responsibility is delegated to the Department of Health and Social Services, along with the authority to exercise certain powers to implement this requirement. To ensure an accurate and continuing source of data concerning cancer and certain specified tumors of a benign nature, the General Assembly by this chapter requires certain health care practitioners and all hospitals, clinical laboratories and cancer treatment centers within the State to make available to the Department of Health and Social Services information contained in the medical records of patients who have cancer or tumors of a benign nature. It is intended that the product of these efforts will be a central data bank of accurate, precise and current information regarding the subject diseases. (62 Del. Laws, c. 334, § 1; 70 Del. Laws, c. 391, § 1.)

§ 3203. Definitions.

The following words, terms and phrases, when used in this chapter, shall have the meanings ascribed to them in this section, except where the context clearly indicates a different meaning.

(1) "Benign tumor" means any nonmalignant neoplasm, regardless of the tissue of origin, that appears on the American College of Surgeons most recently published annual list of reportable cancers and benign tumors.

(2) "Cancer" means any malignant neoplasm, regardless of the tissue of origin, that appears on the American College of Surgeons most recently published annual list of reportable cancers and benign tumors.

(3) "Department" means the State of Delaware Department of Health and Social Services. (62 Del. Laws, c. 334, § 1; 70 Del. Laws, c. 391, § 1.)

§ 3204. Cancer registry.

The Department shall adopt, promulgate, amend and repeal any rules and regulations that are consistent with law relative to this chapter and necessary to achieve the purpose and requirements of this chapter. These rules and regulations shall include provisions for:

(1) The establishment and maintenance of an up-to-date registry that shall document every occurrence of cancer and of benign tumor in this State;

(2) The establishment of a procedure for reporting to the Department, within 180 days of initial diagnosis or treatment, every occurrence of cancer and of benign tumor in this State. Such procedure shall include the reporting of specified information that the Department deems necessary and appropriate for the recognition, prevention, control or cure of cancer and benign tumors, and shall minimally include the reporting requirements of the National Cancer Data Base established by the American College of Surgeons, along with information regarding the patient's length of residency in

Delaware, primary residential address in Delaware and the location and nature of the patient's primary past employment. Those required to report to the Department occurrences of cancer and benign tumors shall include:

a. Any physician, surgeon, dentist, podiatrist or other health care practitioner who diagnoses or provides treatment for cancer or benign tumors;

b. The designated representative of any hospital, dispensary, asylum or other similar public or private institution that diagnoses or provides treatment for cancer or benign tumors; and

c. The designated representative of any laboratory that examines tissue specimens which disclose the existence of cancer or benign tumor;

(3) The establishment of a procedure for the publication and distribution of forms, instructions and notices required by this chapter or necessary to accomplish the purpose of this chapter; and

(4) The establishment of a procedure to obtain follow-up information from those required to report occurrences of cancer and benign tumors pursuant to this chapter. Any follow-up information deemed necessary by the Department shall be submitted to the Department at least 1 time each year by those required to report occurrences of cancer and benign tumors.

This chapter and any rules or regulations issued pursuant to this chapter shall not apply to any person or private institution that, as an exercise of religious freedom, treats the sick or suffering by spiritual means through prayer alone. (62 Del. Laws, c. 334, § 1; 70 Del. Laws, c. 391, § 1; 73 Del. Laws, c. 431, §§ 1, 2.)

§ 3205. Confidentiality of reports.

(a) Any report of an occurrence of cancer or benign tumor made pursuant to this chapter shall not be divulged nor made public in any way that might tend to disclose the identity of the person to whom it relates. However, patient-identifying

information may be exchanged among cancer control agencies as authorized by the Department and upon receipt by the Department of satisfactory assurances by those agencies of the preservation of the confidentiality of such information.

(b) No individual or organization providing information to the Department in accordance with this chapter shall be deemed to be, or held liable for, divulging confidential information. (62 Del. Laws, c. 334, § 1; 63 Del. Laws, c. 288, § 1; 70 Del. Laws, c. 149, § 148; 70 Del. Laws, c. 391, § 1.)

§ 3206. Compulsion prohibited.

Nothing in this chapter shall be construed to compel any individual to submit to any medical or public health examination, treatment or supervision. (62 Del. Laws, c. 334, § 1; 70 Del. Laws, c. 391, § 1.)

§ 3207. Violations.

Any person or entity who violates any provision of this chapter shall be fined $100 for each violation. (62 Del. Laws, c. 334, § 1; 70 Del. Laws, c. 391, § 1; 73 Del. Laws, c. 431, § 3.)

§ 3208. Audit and Abstraction of records by department.

(a) Upon request of a person or organization required to report by § 3204 of this title, the Department may audit records and abstract information that is required to be reported.

(b) Any person or organization failing to report as required by this chapter shall permit the Department to audit records and abstract information that is required to be reported.

(c) The Department may charge a fee to be established by regulation to persons and organizations subjected to an audit pursuant to subsection (a) or (b) of this section. Said person or organization shall reimburse the Department. (73 Del. Laws, c. 431, § 3.)

§ 3209. [Reserved.]

APPENDIX B

STATE REGISTRY PROCESSING FLOW SHEET

Check off as you complete each item.

	DATE COMPLETED
Receive package from state office (follow-up data file on CD/other secure medium and this form).	
Load follow-up data file and process.	
Resolve all update errors on error reports generated from processing follow-up data file.	

WHEN IT IS TIME FOR YOU TO SUBMIT YOUR DATA EXCHANGE TO THE STATE, AND AFTER THE ABOVE HAS BEEN COMPLETED, CONTINUE TO THE NEXT STEP.

Create a dataset of cases added and updated since your last data exchange and then run the NAACCR (CDC) edits error report on that dataset. Correct all errors, run report again, and include a copy of the final summary pages with your next data exchange submission (be sure you keep a copy for your files.)	
Create "follow-up" and "new cases**"** data files for the state Registry. You will be prompted by the computer for the exact date that you last sent data to the state. If you do not know the date, contact the state office now!	
Include a current electronic copy of your Excel DEF and mail the forms, the data files on a CD or other secure agreed upon medium, an index of all new cases submitted, a copy of the GenEDITS summary, and this sheet to the Delaware Cancer Registry.	

√ BE SURE THAT YOUR SUBMISSION TO THE STATE REGISTRY INCLUDES:

{ } DEFs
{ } CDs/OTHER SECURE AGREED UPON MEDIUM
{ } INDEX OF NEW CASES
{ } A COPY OF FINAL GENEDITS SUMMARY PAGES
{ } THIS COMPLETED FORM

DELAWARE HOSPITAL

DATA EXCHANGE SUBMISSION CYCLE

Data Exchanges from	are due week	of
Christiana Care (410)	1	every month
Milford Memorial (480)	2	odd months
Kent General (485)	2	odd months
St. Francis (470)	3	even months
Nanticoke Memorial (490)	4	odd months
Beebe Medical Center (460)	4	even months
AI Dupont Hospital for Children	3	even months
VA Hospital (450)	1	quarterly (Jan, Apr, Jul, Oct)

Odd months: JAN, MAR, MAY, JUL, SEP, NOV

Even months: FEB, APR, JUN, AUG, OCT, DEC

Please direct questions to

DELAWARE CANCER REGISTRY
256 Chapman Road
Oxford Building, Suite 100
Newark, Delaware 19702
Telephone: (302) 283-7200
Fax: (302) 283-7201

EXCEL DATA EXCHANGE FORM (DEF) – INSTRUCTIONS and EXAMPLES

If submitting paper documentation for case updates, there is no need to enter this information on the electronic DEF.---
Select your hospital from the pull down list by clicking on the red box.------
If entering multiple data item changes for a patient, enter each data item on a separate line.-----
Provide the reason for the change in the **Reason for DEF** column (e.g., correct a typo, or received -----
new information on the case). --------
Select the data item to be changed from the drop down box in the **Data Element to Change** column.-----
Record any new data in the **Change To** (yellow) column.-------
Record the old value in the **Previously Submitted Information** column------
If information for more than one patient is included, select the next consecutive entry number and enter next patient's information.---
If the data element you are changing is not in the drop down list, enter it in the miscellaneous column at the end of the form.----
Key in all dates as you would on an abstract (mmddyyyy)-------

405 Blue Hen Memorial										
Entry #	**REGISTRAR'S INITIALS**	**REASON FOR DEF**	**ACC#**	**SEQ #**	**PT NAME (last, first MI)**	**DOB**	**DATA ELEMENT TO CHANGE**	**CHANGE TO**	**PREVIOUSLY SUBMITTED INFORMATION**	**MISC**
1	PLA	revised DOB confirmed by birth certificate	20091111	00	duck, donald T.	01/01/ 1920	DOB	01/01/1920	01/01/1910	
2	BRS	change or correction	20097777	01	mouse, mickey	02/03/ 1945	Behavior	3	2	
3	CLE	Info. from a newly obtained report	20092222	02	bunny, bugs	04/05/ 1957	Date First Course Tx (include whereTX was administered)	01/02/2009 CCHS	None	
4	BRS	Info. from a newly obtained report	20097777	01	mouse, mickey	02/03/ 1945	Chemo Drugs/ Regimens	Taxol & Carboplatin	None	
5	BRS	new information	"	01	mouse, mickey	02/03/ 1945	Chemo Tx Code	03	None	

Delaware Cancer Registry Registrar Quality Evaluation - EXAMPLE		
Facility	***Blue Hen Memorial***	
Abstractor	***ZGY***	
# cases	***20***	
Time period	***10/1/09-12/31/09***	
Data Items Reviewed	***Errors***	***Error Description***
Date of Dx	1	200900110 - 8/8/09 miscoded as 8/8/08
Site		
Histology	1	200900200 - 80103 to 82603 - papillary carcinoma of the thyroid gland
Grade		
Laterality		
CS fields		
Date 1st course tx		
Sx codes	1	200900201 - Surgery code 40 to 41
Scope LN surgery		
Sx other site		
Total Errors	***3***	
Total Fields	***200***	
Error Percent	***1.5%***	

APPENDIX C

Table 1. WHAT TO REPORT TO THE DELAWARE CANCER REGISTRY[1]

	Cancer Site/Type Terms	ICD-O 3rd Edition Codes
NEOPLASMS THAT <u>ARE</u> REPORTABLE TO THE DELAWARE CANCER REGISTRY	Malignancies *(see exclusions in non-reportable section below)* Malignant neoplasms Cancers	All Neoplasms with Behavior Code "3" *(see exclusions below)*
	"Carcinoma In Situ" *(see exclusions in non-reportable section below)* "Stage 0" "Noninvasive" "Intraepithelial" "Noninfiltrating" *Per NPCR guidelines* include: Vaginal Intraepithelial Neoplasia, grade III (VAIN III) Vulvar Intraepithelial Neoplasia, grade III (VIN III) Anal Intraepithelial Neoplasia, grade III (AIN III)	All Neoplasms with Behavior Code "2" *(see exclusions below)* Site Code; Morphology Code C52.__ ; M-8077/2 C51.__; M-8077/2 C21.1 ; M-8077/2
	Non-malignant (benign or borderline) primary brain and central nervous system tumors,* in any of the following sites: Brain…… Meninges…… Spinal cord, cranial nerves, and other parts of the central nervous system……..... Pituitary gland…… Craniopharyngeal duct…….. Pineal gland……	Behavior Codes: "0" (Benign) *or* "1" (Borderline) Site Codes: C71.0 - 71.9 C70.0 - 70.0 C72.0 - 72.9 C75.1 C75.2 C75.3
NON-REPORTABLE NEOPLASMS	The following skin cancers (in non-genital skin sites) are ***NOT*** reportable:** Basal cell carcinomas of the skin Epithelial carcinomas of the skin Papillary carcinomas of the skin Squamous cell carcinomas of the skin	Site code C44.__ with histology codes 8000-8110
	The following in situ neoplasms are ***NOT*** reportable: Carcinoma in situ of the cervix (CIS)…….. Cervical Intraepithelial Neoplasia grade III (CIN III)…… Cervical Intraepithelial Neoplasia with severe dysplasia (CIN III). Prostatic Intraepithelial Neoplasia grade III (PIN III)……	 Site Code; Morphology Code C53.____; M-8077/2 C53.____; M-8077/2 C53.____; M-8077/2 C61.9; M-8148/2

* *including* juvenile astrocytoma, pilocytic astrocytoma and piloid astrocytoma; code behavior as /3

** Note: Skin cancers in the genital sites (vagina, clitoris, labium, vulva, prepuce, penis and scrotum) ***are reportable.***

[1] References: International Classification of Diseases for Oncology, 3rd Edition; NAACCR Standards for Cancer Registries, Vol II, Fourteenth Edition; 2010 Facility Oncology Registry Data Standards (FORDS) Manual.

Table 2. ICD-9-CM Case Finding List for Reportable Tumors *(Effective 1/1/2010)*

Cases reportable to the Delaware Cancer Registry include **all invasive and in situ malignant neoplasms** and **specified benign and borderline neoplasms of the brain and CNS.**

The following 2010 Comprehensive ICD-9-CM Case Finding Code list ^ is intended to assist reporting facilities in casefinding of reportable neoplasms.

Table 2 Comprehensive ICD-9-CM Case Finding Code List for Reportable Tumors ^ (Effective Date: 1/1/2010)	
ICD-9-CM	**Explanation of Code**
140.0 – 208.92	Malignant neoplasms **(see exceptions in notes below)**
209.00 - 209.30	Neuroendocrine tumors **(effective date: 1/1/2009)**
209.31 – 209.36	Merkel cell carcinoma **(effective date: 10/1/09)**
209.70 – 209.79	Secondary neuroendocrine tumors **(effective date: 10/1/09)**
225.0 – 225.9	Benign neoplasm of brain and spinal cord neoplasm
227.3 – 227.4	Benign neoplasm of pituitary gland, pineal body and other intracranial endocrine-related structures
227.9	Benign neoplasm; endocrine gland, site unspecified
228.02	Hemangioma; of intracranial structures
228.1	Lymphangioma, any site
230.0-234.9	Carcinoma in situ (exclude 233.1, cervix)
236.0	Endometrial stroma, low grade (8931/1)
237.0 – 237.9	Neoplasm of uncertain behavior (borderline) of endocrine glands and nervous system
238.4	Polycythemia vera (9950/3)
238.6	Solitary plasmacytoma (9731/3), extramedullary plasmacytoma (9734/3)
238.7	Other lymphatic and hematopoietic tissues **Note: This code was discontinued as of 10/2006 but should be included in extract programs for quality control purposes**
238.71	Essential thrombocythemia (9962/3)
238.72	Low grade myelodysplastic syndrome lesions (includes 9980/3, 9982/3, 9983/3, 9985/3)
238.73	High grade myelodysplastic syndrome lesions (includes 9983/3)
238.74	Myelodysplastic syndrome with 5q deletion (9986/3)
238.75	Myelodysplastic syndrome, unspecified (9985/3, 9987/3)
238.76	Myelofibrosis with myeloid metaplasia (9961/3)
238.77	Post transplant lymphoproliferative disorder (9987/3)
238.79	Other lymphatic and hematopoietic tissues (includes 9960/3, 9961/3, 9970/3, 0031/3)
239.6	Neoplasms of uncertain nature, brain
239.7	Neoplasms of uncertain nature; endocrine glands and other parts of nervous system
239.81-239.89	Neoplasms of unspecified nature; other specified sites **(effective date: 10/1/09)**
273.2	Other paraproteinemias; Franklin's disease (9762/3); Gamma heavy chain disease (9762/3); Mu-chain disease (9762/3)
273.3	Macroglobulinemia; Waldenstrom's macroglobulinemia (9761/3)
288.3	Eosinophilia **Note: This code is for eosinophilia, which is not reportable. Do not abstract unless diagnosis is "hypereosinophilic syndrome" (9964/3)**

Table 2 Comprehensive ICD-9-CM Case Finding Code List for Reportable Tumors ^ (Effective Date: 1/1/2010)	
ICD-9-CM	**Explanation of Code**
795.06	Papanicolaou smear of cervix with cytologic evidence of malignancy
795.16	Papanicolaou smear of vagina with cytologic evidence of malignancy
796.76	Papanicolaou smear of anus with cytologic evidence of malignancy
V10.0-V10.89	Personal history of malignancy (screen for recurrences, subsequent primaries, and/or subsequent treatment)
V10.90	Personal history of unspecified malignant neoplasm **(effective date: 10/1/09)** (screen for recurrences, subsequent primaries, and/or subsequent treatment)
V10.91	Personal history of malignant neuroendocrine tumor, carcinoid tumor, Merkel cell carcinoma **(effective date: 10/1/09)** (screen for recurrences, subsequent primaries, and/or subsequent treatment)
V12.41	Personal history of benign neoplasm of the brain

Notes

- **Reportable** diagnoses include juvenile astrocytoma, pilocytic astrocytoma and piloid astrocytoma; behavior is coded as /3 (malignant).
- **Reportable skin cancers include:**
    - Cancers occurring in the skin of genital sites (any histology) -- including vagina, clitoris, vulva, prepuce, penis, and scrotum.
    - Adnexal carcinomas, adenocarcinomas, lymphomas, melanomas, sarcomas and Merkel cell tumor **are reportable**
- **Non-reportable skin cancers** (primary site C44.__ ; histology codes 8000-8110) include basal cell carcinoma and squamous cell carcinoma occurring in non-genital sites.
- In situ carcinoma of the cervix uteri is **not reportable.**
- Prostatic intraepithelial neoplasia (PIN III) **is not reportable**.

^ This code list incorporates the latest revisions and additions to the International Classification of Diseases, Ninth Revision (ICD-9-CM). It is available on the SEER website at the following address:
http://seer.cancer.gov/tools/casefinding/fy2010_casefindinglist_long.pdf

Table 3: Supplementary Case Finding Code List A: The following code list ^ is intended to assist reporting facilities in case finding of reportable neoplasms. These codes do not represent reportable neoplasms, but they should alert registrars to look for the first malignant neoplasm associated with these codes.

ICD-9-CM Codes That Should Be Followed By or Associated With a Neoplasm Code (Effective date: 1/1/2010)	
ICD-9-CM Code	**Explanation of Code**
258.02-258.03	Multiple endocrine neoplasia (MEN) type IIA and IIB (rare familial cancer syndrome) **Note: Use additional codes to identify any malignancies and other conditions associated with the syndrome**
285.22	Anemia in neoplastic disease **Note: Assign also a code for the neoplasm causing the anemia.**
289.83	Myelofibrosis (NOS) (9961/3) **Note: Not every case of myelofibrosis is associated with a malignancy. Review terms included in ICD-0-3 to determine if case is reportable.**
338.3	Neoplasm related pain (acute, chronic); cancer associated pain; pain due to malignancy (primary/secondary); tumor associated pain.
511.81	Malignant pleural effusion **Note: code first malignant neoplasm if known. If the primary site is not known, code 199.0, disseminated carcinomatosis, or code 199.1, malignancy NOS, should be assigned.**
789.51	Malignant ascites **Note: code first malignant neoplasm if known. If the primary site is not known, code 199.0, disseminated carcinomatosis, or code 199.1, malignancy NOS, should be assigned.**

Table 4: Supplementary Case Finding Code List B: The following code list ^ is intended to assist reporting facilities in case finding of reportable neoplasms. Cases with these codes should be screened only as registry time allows. Some of these conditions are neoplasm-related secondary conditions for which there may also be a primary diagnosis of a reportable neoplasm evidenced in the patients' records. (Experience in the SEER registries has shown that using the supplementary list increases casefinding for benign brain and CNS, hematopoietic neoplasms, and other reportable diseases.)

Table 4 ICD- 9-CM Code List to Screen for Cancer Cases Not Identified by Other Codes (Effective date: 1/1/2010)	
ICD-9-CM Code	**Explanation of Code**
042	Acquired Immunodeficiency Syndrome (AIDS) **Note: This is not a malignancy. Medical coders are instructed to add codes for AIDS-associated malignancies. Screen 042 for history of cancers that might not be coded**.
079.4	Human papillomavirus
079.50-079.59	Retrovirus (HTLV, types I, II, and 2)
209.40-209.69	Benign carcinoid tumors
210.0-229.0	Benign neoplasms (except for 225.0-225.9, 227.3, 227.4, 227.9, 228.02 and 228.1, which are listed in the reportable list). **Note: Screen for incorrectly coded malignancies or reportable by agreement tumors.**
235.0-236.6	Neoplasms of uncertain behavior (except for 236.0 which is listed in the reportable list). **Note: Screen for incorrectly coded malignancies or reportable by agreement tumors.**
238.0-239.9	Neoplasms of uncertain behavior (except for 238.4, 238.6, 238.71-238.79, 239.6, 239.7, 239.81 and 239.89, which are listed in the reportable list)). **Note: Screen for incorrectly coded malignancies or reportable by agreement tumors.**
253.6	Syndrome of inappropriate secretion of antidiuretic hormone *
259.2	Carcinoid Syndrome
259.8	Other specified endocrine disorders
273.0	Polyclonal hypergammaglobulinemia (Waldenstrom) **Note: review for miscodes**
273.1	Monoclonal gammopathy of undetermined significance (9765/1) **Note: screen for incorrectly coded Waldenstrom macroglobulinemia or progression**
273.9	Unspecified disorder of plasma protein metabolism **Note: screen for incorrectly coded Waldenstrom macroglobulinemia**
275.42	Hypercalcemia *
277.88	Tumor lysis syndrome/Tumor lysis syndrome following antineoplastic drug therapy **Note: Effective date 10/1/09**
279.00	Hypogammaglobulinemia **Note: predisposed to lymphoma or stomach cancer**
279.02-279.06	Selective IgM immunodeficiency **Note: Associated with lymphoproliferative disorders**
279.10	Immunodeficiency with predominant T-cell defect, NOS
279.12	Wiskott-Aldrich Syndrome
279.13	Nezelof's Syndrome
279.2-279.9	Combined immunity deficiency – Unspecified disorder of immune mechanism
284.81	Red cell aplasia (acquired, adult, with thymoma)
284.89	Other specified aplastic anemias due to drugs (chemotherapy or immunotherapy), infection, radiation
284.9	Aplastic anemia, unspecified **Note: review for miscodes**
285.0	Sideroblastic anemia
285.3	Antineoplastic chemotherapy induced anemia (anemia due to antineoplastic chemotherapy) **Note: Effective date 10/1/09**
288.03	Drug induced neutropenia
289.89	Other specified diseases of blood and blood-forming organs **Note: review for**

Table 4 ICD- 9-CM Code List to Screen for Cancer Cases Not Identified by Other Codes (Effective date: 1/1/2010)	
ICD-9-CM Code	**Explanation of Code**
	miscodes
323.81	Encephalomyelitis; specified cause NEC *
379.59	Opsoclonia *
528.01	Mucositis due to antineoplastic therapy
630	Hydatidiform mole (9100/0) **Note: this is a benign tumor that can become malignant. If malignant, it should be reported as choriocarcinoma (9100/3) and will have a malignancy code in the 140-209 range**.
686.01	Pyoderma gangrenosum *
695.89	Sweet's syndrome *
701.2	Acanthosis nigricans *
710.3	Dermatomyositis *
710.4	Polymyositis *
785.6	Enlargement of lymph nodes
790.93	Elevated prostate specific antigen (PSA)
795.8	Abnormal tumor markers; elevated tumor associated antigens (TAA); Elevated tumor specific antigens (TSA); Excludes: elevated prostate specific antigen (PSA) (790.93)
795.81	Elevated carcinoembryonic antigen (CEA)
795.82	Elevated cancer antigen 125 (CA 125)
795.89	Other abnormal tumor markers
999.31	Infection due to central venous catheter (porta-cath)
999.81	Extravasation of vesicant chemotherapy
E879.2	Adverse effect of radiation therapy
E930.7	Adverse effect of antineoplastic therapy
E933.1	Adverse effect of immunosuppressive drugs
V07.31, V07.39	Other prophylactic chemotherapy
V07.8	Other specified prophylactic measure
V12.72	Colonic polyps (history of)
V15.3	Irradiation: previous exposure to therapeutic or ionizing radiation
V42.81	Organ or tissue replaced by transplant, bone marrow transplant
V42.82	Transplant; peripheral stem cells
V51.0	Encounter for breast reconstruction following mastectomy
V52.4	Breast prosthesis and implant
V54.2	Aftercare for healing pathologic fracture
V58.0	Encounter for radiation therapy
V58.1	Encounter for antineoplastic chemotherapy and immunotherapy **Note: This code was discontinued as of 10/2006 but should be included in extract programs for quality control purposes**
V58.11	Encounter for antineoplastic chemotherapy
V58.12	Encounter for antineoplastic immunotherapy
V58.42	Aftercare following surgery for neoplasm
V66.1	Convalescence following radiotherapy
V66.2	Convalescence following chemotherapy
V67.1	Radiation therapy follow-up
V67.2	Chemotherapy follow-up
V71.1	Observation for suspected malignant neoplasm
V76.0-V76.0	Special screening for malignant neoplasm
V78.0-V78.9	Special screening for disorder of blood and blood-forming organs
V82.71	Screening for genetic disease carrier status
V82.79	Other genetic screening
V82.89	Genetic screening for other specified conditions
V82.9	Genetic screening for unspecified condition
V84.01-V84.09	Genetic susceptibility to malignant neoplasm

Table 4 ICD- 9-CM Code List to Screen for Cancer Cases Not Identified by Other Codes (Effective date: 1/1/2010)	
ICD-9-CM Code	**Explanation of Code**
V84.81	Genetic susceptibility to multiple endocrine neoplasia (MEN)
V86.0	Estrogen receptor positive status (ER+)
V86.1	Estrogen receptor negative status (ER-)
V87.41	Personal history of antineoplastic chemotherapy

*These diseases are part of the paraneoplastic syndrome. Although not cancer, paraneoplastic syndrome is a disease or symptom that is the consequence of cancer. A paraneoplastic syndrome may be the first sign of cancer.

^ This code list incorporates the latest revisions and additions to the International Classification of Diseases, Ninth Revision (ICD-9-CM). It is available on the SEER website at the following address: http://seer.cancer.gov/tools/casefinding/fy2010_casefindinglist_long.pdf

Table 5 **2008 WHO Classification of Tumors of Hematopoietic and Lymphoid Tissues - Newly Reportable Terms and Codes – Cases Diagnosed January 1, 2010 or later**	**ICD-0 Code**
Primary cutaneous follicle centre lymphoma	9597/3
T-cell/histiocyte rich large B-cell lymphoma	9688/3
Intravascular large B-cell lymphoma	9712/3
Systemic EBV positive T-cell lymphoproliferative disease of childhood	9724/3
Hydroa vaccinoforme-like lymphoma	9725/3
Primary cutaneous gamma-delta T-cell lymphoma	9726/3
Plasmablastic lymphoma	9735/3
ALK positive large B-cell lymphoma	9737/3
Large B-cell lymphoma arising in HHV8-associated multicentric Castleman disease	9738/3
Fibroblastic reticular cell tumor	9759/3
Mixed phenotype acute leukemia with t(9;22)(q34;q11.2);BCR-ABL1	9806/3
Mixed phenotype acute leukemia with t(v;11q23);MLL rearranged	9807/3
Mixed phenotype acute leukemia, B/myeloid, NOS	9808/3
Mixed phenotype acute leukemia, T/myeloid, NOS	9809/3
B lymphoblastic leukemia/lymphoma, NOS	9811/3
B lymphoblastic leukemia/lymphoma with t(9;22)(q34;q11.2); BCR-ABL1	9812/3
B lymphoblastic leukemia/lymphoma with t(v;11q23); MLL rearranged	9813/3
B lymphoblastic leukemia/lymphoma with t(12;21)(p13;q22); TEL-AML1 (ETV6-RUNX1)	9814/3
B lymphoblastic leukemia/lymphoma with hyperdiploidy	9815/3
B lymphoblastic leukemia/lymphoma with hypodiploidy (hypodiploid ALL)	9816/3
B lymphoblastic leukemia/lymphoma with t(5;14)(q31;q32); IL3-IGH	9817/3
B lymphoblastic leukemia/lymphoma with t(1;19)(q23;p13.3); E2A PBX1 (TCF3 PBX1)	9818/3
T lymphoblastic leukemia/lymphoma	9837/3
Acute myeloid leukemia with t(6;9)(p23;q34) DEK-NUP214	9865/3
Acute myeloid leukemia with inv(3)(q21q26.2) or t(3;3)(q21;q26.2); RPN1EV11	9869/3
Myeloid leukemia associated with Down Syndrome	9898/3
Acute myeloid leukemia (megakaryoblastic) with t(1;22)(p13;q13); RBM15-MKL1	9911/3
Myeloid and lymphoid neoplasms with PDGFRB rearrangement	9965/3
Myeloid and lymphoid neoplasms with PDGFRB arrangement	9966/3
Myeloid and lymphoid neoplasm with FGFR1 abnormalities	9967/3
Polymorphic PTLD	9971/3
Refractory neutropenia	9991/3
Refractory thrombocytopenia	9992/3

Reference: NAACCR 2010 Implementation Guidelines, August 2009. www.naaccr.org

Table 6

Histologic Terms and Codes with Changes in Case Reportability *
(Newly Reportable Conditions – Cases Diagnosed January 1, 2010 or later)

Name	Proposed ICD-0-3 Code
Chronic lymphoproliferative disorder of NK-cells	9831/1
T-cell large granular lymphocytic leukemia	9831/3
Langerhans cell histiocytosis, NOS (9751/1)	9751/3
Langerhans cell histiocytosis, unifocal (9752/1)	9751/3
Langerhans cell histiocytosis, multifocal (9753/1)	9751/3
Myelodysplastic/Myeloproliferative neoplasm, unclassifiable	9975/3
Myeloproliferative neoplasm, unclassifiable	9975/3

*Prior to 2010, the above neoplasms were reported only when a physician stated that they were malignant.

Reference: NAACCR 2010 Implementation Guidelines, August 2009. www.naaccr.org

TABLE 7 – DCR REQUIRED DATA ITEMS FOR ANALYTIC CASES ^ – REVISED FOR 2010			
New data items are shaded green			
NAACCR Item #	**Data Item**	**DCR Required Status**	**COC Required Status**
570	Abstracted by	R	R
550	Accession Number - Hosp	R	R
70	Address at DX - City	R	R
2330	Address at DX-No and Street	R	R
100	Address at DX - Postal code	R	R
80	Address at DX - State	R	R
2335	Address at DX - Supplemental	R	R
1810	Addr Current – City	R*	R
2350	Addr Current – No and Street	R*	R
1830	Addr Current – Postal Code	R*	R
2355	Addr Current - Supplemental	R*	R*
1820	Addr Current – State	R*	R
230	Age at Dx	R	R
442	Ambiguous Terminology DX	R*	R
3100	Archive FIN	R*	R
430	Behavior Code ICD-0-2	RH	RH
523	Behavior Code ICD-0-3	R	R
250	Birth Place	R	R
1770	Cancer Status	R*	R
610	Class of Case	R	R
2140	CoC Coding Sys-Current	NR	R-Autofilled
2150	CoC Coding Sys-Original	NR	R-Autofilled
3110	Comorbid/Complication 1	R*	R
3120	Comorbid/Complication 2	R*	R
3130	Comorbid/Complication 3	R*	R
3140	Comorbid/Complication 4	R*	R
3150	Comorbid/Complication 5	R*	R
3160	Comorbid/Complication 6	R*	R
3161	Comorbid/Complication 7	R*	R
3162	Comorbid/Complication 8	R*	R
3163	Comorbid/Complication 9	R*	R
3164	Comorbid/Complication 10	R*	R
90	County at Dx	R	R
2810	CS Extension	R	R
2830	CS Lymph Nodes	R	R
2850	CS Mets at Dx	R	R
2851	CS Mets at DX - Bone	R*	R
2852	CS Mets at DX - Brain	R*	R

R = Required
* = When available
R-Autofilled = Required/ coded by software
RS = Required, site-specific
D = Derived
NR = Not required
RH = Historically collected and currently transmitted

^ Only data items that are required by either the DCR or CoC are listed

TABLE 7 – DCR REQUIRED DATA ITEMS FOR ANALYTIC CASES ^ – REVISED FOR 2010			
New data items are shaded green			
NAACCR Item #	**Data Item**	**DCR Required Status**	**COC Required Status**
2853	CS Mets at DX - Liver	R*	R
2854	CS Mets at DX - Lung	R*	R
2860	CS Mets Eval	R	R
2840	CS Lymph Nodes Eval	R	R
2880	CS Site-specific Factor 1	RS	RS
2890	CS Site-specific Factor 2	RS	RS
2900	CS Site-specific Factor 3	RS	RS
2910	CS Site-specific Factor 4	R*	R
2920	CS Site-specific Factor 5	R*	R
2930	CS Site-specific Factor 6	R*	R
2861	CS Site-specific Factor 7	RS*	RS
2862	CS Site-specific Factor 8	RS	RS
2863	CS Site-specific Factor 9	RS	RS
2864	CS Site-specific Factor 10	RS	RS
2865	CS Site-specific Factor 11	RS	RS
2866	CS Site-specific Factor 12	RS	RS
2867	CS Site-specific Factor 13	RS	RS
2868	CS Site-specific Factor 14	RS	RS
2869	CS Site-specific Factor 15	RS*	RS
2870	CS Site-specific Factor 16	RS*	RS
2871	CS Site-specific Factor 17	RS*	RS
2872	CS Site-specific Factor 18	RS*	RS
2873	CS Site-specific Factor 19	RS*	RS
2874	CS Site-specific Factor 20	RS*	RS
2875	CS Site-specific Factor 21	RS*	RS
2876	CS Site-specific Factor 22	RS*	RS
2877	CS Site-specific Factor 23	RS*	RS
2878	CS Site-specific Factor 24	RS*	RS
2879	CS Site-specific Factor 25	RS	RS
2800	CS Tumor Size	R	R
2820	CS Tumor Size/Ext Eval	R	R
2936	CS Version Derived	R-Autofilled	R-Autofilled
2935	CS Version Input Original	R-Autofilled	R-Autofilled
2937	CS Version Input Current	R-Autofilled	R-Autofilled
240	Date of Birth	R	R
241	Date of Birth Flag	R	R
2092	Date Case Completed - CoC	R*	R
443	Date of Conclusive Dx	R*	R

R = Required
* = When available
R-Autofilled = Required/ coded by software
RS = Required, site-specific
D = Derived
NR = Not required
RH = Historically collected and currently transmitted

^ Only data items that are required by either the DCR or CoC are listed

TABLE 7 – DCR REQUIRED DATA ITEMS FOR ANALYTIC CASES ^ – REVISED FOR 2010			
New data items are shaded green			
NAACCR Item #	**Data Item**	**DCR Required Status**	**COC Required Status**
448	Date of Conclusive Dx Flag	R*	R
390	Date of Dx	R	R
391	Date of Dx Flag	R	R
580	Date of First Contact	R	R
581	Date of First Contact Flag	R	R
1270	Date of First Course Treatment-COC	R	R
1271	Date of First Course Treatment Flag	R	R
1750	Date of Last Contact	R	R
1751	Date of Last Contact Flag	R	R
445	Date of Multiple Tumors	R*	R
2980	Derived AJCC-6 M	D	D
2990	Derived AJCC-6 M Descriptor	D	D
3420	Derived AJCC-7 M	D	D
3422	Derived AJCC-7 M Descriptor	D	D
2960	Derived AJCC-6 N	D	D
2970	Derived AJCC-6 N Descriptor	D	D
3410	Derived AJCC-7 N	D	D
3412	Derived AJCC-7 N Descriptor	D	D
3000	Derived AJCC-6 Stage Group	D	D
3430	Derived AJCC-7 Stage Group	D	D
2940	Derived AJCC-6 T	D	D
2950	Derived AJCC-6 T Descriptor	D	D
3400	Derived AJCC-7 T	D	D
3402	Dervied AJCC-7 Descriptor	D	D
3030	Derived AJCC-Flag	D	D
3010	Derived SS1977	D	D
3040	Derived SS1977-flag	D	D
3020	Derived SS2000	D	D
3050	Derived SS2000-flag	D	D
490	Diagnostic Confirmation	R	R
1790	Follow-up Source	R*	R
440	Grade	R	R
441	Grade path value	R*	R
449	Grade path system	R*	R
420	Histologic Type ICD-0-2	RH	RH
522	Histologic Type ICD-0-3	R	R
2410	Institution Referred From	R*	R
2420	Institution Referred To	R*	R

R = Required
* = When available
R-Autofilled = Required/ coded by software
RS = Required, site-specific
D = Derived
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^ Only data items that are required by either the DCR or CoC are listed

TABLE 7 – DCR REQUIRED DATA ITEMS FOR ANALYTIC CASES ^ – REVISED FOR 2010			
New data items are shaded green			
NAACCR Item #	**Data Item**	**DCR Required Status**	**COC Required Status**
410	Laterality	R	R
1182	Lymph-vascular invasion	R*	R
2300	Medical Record Number	R	R
2310	Military Record No Suffix	NR	R
470	Morph Coding Sys-Current	R-Autofilled	R-Autofilled
480	Morph Coding Sys-Original	R-Autofilled	R-Autofilled
446	Multiplicity Counter	R*	R
444	Mult Tum Rpt as One Prim	R*	R
50	NAACCR Record Version	R-Autofilled	R-Autofilled
2280	Name - Alias	R	NR
2240	Name-First	R	R
2230	Name-Last	R	R
2390	Name-Maiden	R	NR
2250	Name-Middle	R	R
1800	Next Follow-up Source	NR	R
3105	NPI-Archive FIN	R*	R
2415	NPI-Inst Referred From	R*	R
2425	NPI-Inst Referred To	R*	R
2475	NPI-Physician-Follow-Up	R*	R
2465	NPI-Physician-Managing	R*	R
2485	NPI-Physician-Primary Sur	R*	R
2495	NPI-Physician 3	R*	R
545	NPI-Reporting Facility	R	R
1985	Over-ride Acsn/Class/Seq	R*	R
1990	Over-ride Age/Site/Morph	R	R
1987	Over-ride COC-Site/Type	R*	R
2040	Over-ride Histology	R	R
1986	Over-ride HospSeq/DxConf	R*	R
1988	Over-Ride HospSeq/Site	R*	R
2060	Over-Ride Ill-defined Site	NR	NR
2070	Over-Ride Leuk, Lymphoma	R	R
2050	Over-Ride Report Source	NR	NR
2000	Over-Ride SeqNo/DxConf	NR	NR
2071	Over-Ride Site/Behavior	R	R
2074	Over-Ride Site/Lat/Morph	R	R
2010	Over-Ride Site/Lat/Seqno	NR	NR
1989	Over-Ride Site/TNM-StgGrp	R*	R
2030	Over-Ride Site/Type	R	R

R = Required
* = When available
R-Autofilled = Required/ coded by software
RS = Required, site-specific
D = Derived
NR = Not required
RH = Historically collected and currently transmitted

^ Only data items that are required by either the DCR or CoC are listed

TABLE 7 – DCR REQUIRED DATA ITEMS FOR ANALYTIC CASES ^ – REVISED FOR 2010			
New data items are shaded green			
NAACCR Item #	**Data Item**	**DCR Required Status**	**COC Required Status**
2020	Over-Ride Surg/DxConf	R	R
2470	Physician-Follow-up	R*	R
2460	Physician-Managing	R*	NR
2480	Physician-Primary Surg	R*	R
2490	Physician 3	R*	R
2500	Physician 4	R*	R
1940	Place of Death *(provide both code and text)*	R	NR
630	Primary Payer at Dx	R	R
400	Primary Site	R	R
160-164	Race 1-5	R	R
170	Race Coding Sys-Current	R-Autofilled	R-Autofilled
3210	Rad-Boost Dose cGy	R*	R
3200	Rad-Boost RX Modality	R*	R
1550	Rad-Location of Rx	R*	R
1520	Rad-No of Treatments Vol	R*	R
1510	Rad-Regional Dose cGy	R*	R
1570	Rad-Regional RX Modality	R	R
1540	Rad-Treatment Volume	R*	R
3190	Readm Same Hosp 30 Days	NR	R
1430	Reason for No radiation	R*	R
1340	Reason for No Surgery	R	R
10	Record Type	R-Autofilled	R-Autofilled
1860	Recurrence Date – first	R*	R
1861	Recurrence Date - first flag	R*	R
1880	Recurrence Type- First	R*	R
820	Regional Nodes Positive	NR	R
830	Regional Nodes Examined	NR	R
540	Reporting Facility	R	R
1460	Rx Coding System-Current	R-Autofilled	R-Autofilled
1240	RX Date – BRM	R	R
1241	RX Date - BRM Flag	R	R
1220	RX Date – Chemo	R	R
1221	RX Date - Chemo Flag	R	R
1280	RX Date – Dx/Stg Proc	R*	R
1281	RX Date = DX/Stg Proc Flag	R*	R
1230	RX Date – Hormone	R	R
1231	RX Date - Hormone Flag	R	R
3170	RX Date - Most Defn Srg	R*	R

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TABLE 7 – DCR REQUIRED DATA ITEMS FOR ANALYTIC CASES ^ – REVISED FOR 2010			
New data items are shaded green			
NAACCR Item #	**Data Item**	**DCR Required Status**	**COC Required Status**
3171	RX Date - Mst Defn Srg Flag	R*	R
1250	RX Date – Other	R	R
1251	RX Date - Other Flag	R	R
1210	RX Date - Radiation	R	R
1211	RX Date - Radiation Flag	R	R
3221	RX Date - Radiation Ended	R*	R
3220	RX Date - Radiation Ended Flag	R*	R
1200	RX Date – Surg	R	R
1201	RX Date -Surgery Flag	R	R
3180	RX Date - Surgical Disch	R*	R
3181	RX Date - Surgical Disch Flag	R*	R
3230	RX Date - Systemic	R*	R
3231	RX Date - Systemic Flag	R*	R
720	RX Hosp-BRM	R*	R
700	RX Hosp-Chemo	R*	R
740	RX Hosp-DX/Stg Proc	R*	R
710	RX Hosp-Hormone	R*	R
730	RX Hosp-Other	R*	R
3280	RX Hosp - Palliative Proc	R*	R
676	RX Hosp-Reg LN Removed	R*	RH
672	RX Hosp-Scope Reg LN Sur	R*	R
747	RX Hosp-Scope Reg 98-02	R*	RH
668	RX Hosp-Surg App 2010	R*	R
748	RX Hosp-Surg Oth 98-02	NR	RH
674	RX Hosp-Surg Oth Reg/Dis	R*	R
670	RX Hosp-Surg Prim Site	R*	R
746	RX Hosp-Surg Site 98-02	NR	RH
1410	RX Summ – BRM	R	R
1390	RX Summ – Chemo	R	R
1350	RX Summ – DX/Stg Proc	R*	R
1400	RX Summ – Hormone	R	R
1420	RX Summ – Other	R	R
3270	RX Summ - Palliative Proc	R*	R
1360	RX Summ – Rad	D	NR
1330	RX Summ - Reconstruct 1st	NR	RH
1296	RX Summ - Reg LN Examined	NR	RH
1292	RX Summ – Scope Reg LN Surg	R	R
1647	RX Summ - Scope Reg 98-02	NR	RH

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1310	RX Summ - Surgical Approach	NR	RH
1320	RX Summ - Surgical Margins	R*	R
1294	RX Summ – Surg Oth Reg/Dis	R	R
1648	RX Summ - Surg Oth 98-02	NR	RH
1290	RX Summ – Surg Prim Site	R	R
1380	RX Summ – Surg/Rad Sequence	R	R
1646	RX Summ - Surg Site 98-02	NR	RH
3250	RX Summ – Transplnt/Endocr	R	R
1285	RX Summ - Treatment Status	R	R
1639	RX Summ—Systemic/Sur Seq	R	R
2610-2670	RX Text (BRM, Chemo, Hormone, Oth, Rad, Rad Other, Surgery	R	NR
760	SEER Summary Stage 1977	RH	RH
759	SEER Summary Stage 2000	RH	RH
560	Sequence Number - Hospital	R	R
220	Sex	R	R
450	Site Coding System-Current	R-Autofilled	R-Autofilled
460	Site Coding System-Original	R-Autofilled	R-Autofilled
2320	Social Security Number	R	R
190	Spanish/Hispanic origin	R	R
2360	Telephone	R*	R
2520-2570	Text – Dx Procedure (PE, x-ray, scopes, lab tests, Op, path)	R	NR
2680	Text- Remarks	R	NR
2600	Text – Staging	R	NR
320	Text-Usual Industry	R*	NR
980	TNM Clin Descriptor	R*	R
960	TNM Clin M	R*	R
950	TNM Clin N	R*	R
970	TNM Clin Stage Group	R*	R
990	TNM Clin Staged By	R*	R
940	TNM Clin T	R*	R
1060	TNM Edition Number	R*	R
920	TNM Path Descriptor	R*	R*
900	TNM Path M	R*	R*
890	TNM Path N	R*	R*
910	TNM Path Stage Group	R*	R*
930	TNM Path Staged By	R*	R*
880	TNM Path T	R*	R*

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NAACCR Item #	**Data Item**	**DCR Required Status**	**COC Required Status**
1150	Tumor Marker 1	NR	RH
1160	Tumor Marker 2	NR	RH
1170	Tumor Marker 3	NR	RH
500	Type Reporting Source	R	NR
2170	Vendor Name	NR	R
1760	Vital Status	R	R

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