APPENDIX C

The following is excerpted from the *Cancer Reporting in California Abstracting and Coding Procedures for Hospitals*, published by the Cancer Registry. It is the computerized data collection system used by hospitals.

Section I.3
Table of Data Items and Their Required Status

Reporting requirements are not uniform for all cancer reporting facilities. Consult the following table to determine which data items must be reported:

Key to Symbols

yes	REQUIRED ON ALL CASES (cannot be blank, but can be coded UNKNOWN)
yes*	REQUIRED ON ALL CASES, BUT IF INFORMATION IS NOT AVAILABLE OR NOT APPLICABLE CAN BE LEFT BLANK
sel	REQUIRED ON SELECTED IDENTIFIABLE CASES, SUCH AS CERTAIN SITES OR YEARS OF DIAGNOSIS (left blank or a specific entry is required on other cases, such as code 0, 9, or UNKNOWN)
no	NOT A PART OF THE DATA SET
may	PART OF THE DATA SET BUT NOT REQUIRED (may be left blank on any and all cases)
gen	GENERATED BY COMPUTER, BY THE REGIONAL REGISTRY, OR BY THE CALIFORNIA CANCER REGISTRY
res	RESERVED FIELD. LEAVE BLANK
SEER	DESIGNATES THE DATA SET OF THE NATIONAL CANCER INSTITUTE'S SEER PROGRAM (applies only to hospitals that report to the SEER Registry - Regions 1/8 and 9)
ACoS	DESIGNATES THE AMERICAN COLLEGE OF SURGEONS DATA SETS: R[equired], S[upplementary], and O[ptional].
C/N	DESIGNATES THE C/NET DATA SET
Region	DESIGNATES THE DATA SET REQUIRED FOR REPORTING BY HOSPITALS TO REGIONAL REGISTRIES IN CALIFORNIA
RX CTR	DESIGNATES THE DATA SET REQUIRED FOR REPORTING BY NON-HOSPITAL TREATMENT CENTERS TO REGIONAL REGISTRIES IN CALIFORNIA
Manual	INDICATES WHERE INSTRUCTIONS FOR THE ITEM ARE FOUND: SECTION NUMBER (indicates section of *Abstracting and Coding Procedures for Hospitals)*; VOL. 2 (California Cancer Reporting System Standards, Volume Two: *Standards for Automated Reporting)*; OR C/N USER *(C/NET² User Manual)*
CCR	DESIGNATES THE DATA SET REQUIRED FOR REPORTING BY REGIONAL REGISTRIES TO THE CALIFORNIA CANCER REGISTRY.

Data Items and Their Required Status

Item Name	C/N Item No.	Manual	C/N	RX Ctr	Transmitted from Hospital to Region	Transmitted from Region to CCR	SEER	ACoS
Abstractor	81	III.1.1	yes	yes	yes	no	no	no
Accession Number (Hosp)	2	II.2.3	yes	yes	yes	yes	no	R
ACoS Approved Flag	91	III.1.6	yes	yes	yes	yes	no	no
Address at Diagnosis–City	13	III.2.5	yes	yes	yes	yes	no	R
Address at Diagnosis–No. & Street	12	III.2.5	yes	yes	yes	yes	no	R
Address at Diagnosis–State	14	III.2.5	yes	yes	yes	yes	no	R
Address at Diagnosis–Zip Code	15	III.2.5	yes	yes	yes	yes	no	R
Age at Diagnosis	20	III.2.11	gen	gen	gen	yes	yes	S
Alias First Name	510	III.2.1.6	yes*	yes*	yes*	yes*	no	no
Alias Last Name	11	III.2.1.5	yes*	yes*	yes*	yes*	no	S
Birth Date	19	III.2.10	yes	yes	yes	yes	yes	R
Birthplace	18	III.2.12	yes	yes	yes	yes	yes	O
Casefinding Source	150	III.3.8	yes	yes	yes	yes	no	no
Cause of Death	78	VII.2.14	may	no	no	yes	yes	O
Chemotherapy at This Hospital	52	VI.4	yes	yes	yes	yes	no	S
Chemotherapy Summary	53	VI.4	yes	yes	yes	yes	yes	R
Class of Case	26	III.3.5	yes	yes	yes	yes	no	R
Coding Procedure	115	III.1.5	gen	gen	yes	yes	no	no
Contact City	104	VII.3	yes*	yes*	yes*	yes*	no	no
Contact Country	284	VII.3	may	may	may	yes*	no	no
Contact Name	102	VII.3	yes*	yes*	yes*	yes*	no	no
Contact State	105	VII.3	yes*	yes*	yes*	yes*	no	no
Contact Street	103	VII.3	yes*	yes*	yes*	yes*	no	no
Contact Zip	106	VII.3	yes*	yes*	yes*	yes*	no	no
County of Residence at Diagnosis	17	III.2.5	yes	yes	yes	yes	yes	R
Date of Chemotherapy	473	VI.1.3.2	sel	sel	yes*	yes*	no	no
Date of Diagnosis	29	III.3.3	yes	yes	yes	yes	yes	R
Date of First Admission	24	III.3.1	yes	yes	yes	yes	no	no
Date of Inpatient Admission	427	III.3.2	yes*	no	yes*	yes*	no	S
Date of Inpatient Discharge	128	III.3.2	yes*	no	yes*	yes*	no	S
Date of Hormone Therapy	476	VI.1.3.2	sel	sel	yes*	yes*	no	no
Date of Immunotherapy	479	VI.1.3.2	sel	sel	yes*	yes*	no	no
Date of Last Patient Contact or Death	68	VII.2.1	yes	yes	yes	yes	yes	R
Date of Last Tumor Status	157	VII.2.3	yes	yes	yes	yes	no	no
Date of Other Therapy	482	VI.1.3.2	sel	sel	yes*	yes*	no	no
Date of Radiation	470	VI.1.3.2	sel	sel	yes*	yes*	no	no
Date of Surgery	432	VI.1.3.2	gen	gen	yes*	yes*	no	no

Data Items and Their Required Status

Item Name	C/N Item No.	Manual	C/N	RX Ctr	Transmitted from Hospital to Region	Transmitted from Region to CCR	SEER	ACoS
Date of Surgery–Non Cancer-Directed	422	VI.2.12	sel	sel	yes*	yes	no	R
Date of Surgery–Procedures 1-3	434		sel	sel	yes	yes	no	no
Date of Therapy	298	–	no	no	no	yes	yes	R
Death File Number	132	VII.2.14	may	no	no	yes	no	no
Diagnostic Confirmation	129	IV.2	yes	yes	yes	yes	yes	R
Diagnostic and Staging Procedures	442-5	ROADS	may	no	no	no	no	R
Extent of Disease–Extension (Path)	598	V.4	yes	yes	yes	yes	yes	no
Extent of Disease Lymph Node Involvement	39	V.4	yes	yes	yes	yes	yes	S
Extent of Disease–Extension	36	V.4	yes	yes	yes	yes	yes	S
First Name	9	III.2.1.2	yes	yes	yes	yes	no	R
Follow up Contact Address–Other		VII.2	yes*	yes*	yes	yes		
Follow up Contact City–Other		VII.2	yes*	yes*	yes	yes		
Follow up Contact Name–Other		VII.2	yes*	yes*	yes	yes		
Follow up Contact State–Other		VII.2	yes*	yes*	yes	yes		
Follow up Contact Zip–Other		VII.2	yes*	yes*	yes	yes		
Follow up–Last Type (Patient)	299	VII.2.6.2	yes	yes	yes	no	no	S
Follow up–Last Type (Tumor)	72	VII.2.6.1	yes	yes	yes	no	no	S
Follow up–Next Type	74	VII.2.8	yes*	yes*	yes*	no	no	S
Follow up Registry (Next)	73	VII.2.9	yes*	no	no	no	no	O
Follow up Hospital (Last)	71	VII.2.7	yes	yes	yes	no	no	no
Histology Text	90	IV.1	yes	yes	yes	yes	no	no
Histology–Behavior	164	V.3.4	yes	yes	yes	yes	yes	R
Histology–Grade/ Differentiation	34	V.3.5	yes	yes	yes	yes	yes	R
Histology–Type (ICD-O-2)	33	V.3	yes	yes	yes	yes	yes	R
Hormone Therapy at This Hospital	54	VI.5	yes	yes	yes	yes	no	S
Hormone Therapy Summary	55	VI.5	yes	yes	yes	yes	yes	R
Hospital Number (Reporting)	1	III.1.4	yes	yes	yes	yes	no	no
Hospital Patient Number	3	Vol. 2	gen	gen	yes	yes	no	no
Hospital Referred From	27	III.3.10	yes	yes	yes	yes	no	S
Hospital Referred To	28	III.3.11	yes	yes	yes	yes	no	S

Data Items and Their Required Status

Item Name	C/N Item No.	Manual	C/N	RX Ctr	Transmitted from Hospital to Region	Transmitted from Region to CCR	SEER	ACoS
Hospital Tumor Number	127	Vol. 2	gen	gen	yes	yes	no	no
Immunotherapy at This Hospital	56	VI.6	yes	yes	yes	yes	no	S
Immunotherapy Summary	57	VI.6	yes	yes	yes	yes	yes	R
Industry-Text	153	III.2.13	yes	no	yes	yes	no	O
Last Name	8	III.2.1.1	yes	yes	yes	yes	no	R
Laterality	32	V.2	yes	yes	yes	yes	yes	R
Maiden Name	148	III.2.1.4	yes*	yes*	yes*	yes*	no	S
Marital Status	23	III.2.6	yes	yes	yes	yes	yes	O
Medical Record Number	6	III.2.2	yes*	yes*	yes*	yes*	no	R
Middle Name	10	III.2.1.3	yes*	yes*	yes*	yes*	no	R
Mother's First Name	428	III.2.1.9	yes*	yes*	yes*	yes*	no	no
Name Suffix	502		yes*	yes*	yes*	yes*		S
Number of Regional Lymph Nodes Examined-Surgery Summary	526	VI.2	gen	gen	yes	yes	yes	R
Number of Regional Lymph Nodes Examined-Procedures 1-3	440 (1-3)	VI.2	yes	yes	yes	yes	no	no
Occupation-Text	112	III.2.13	yes	no	yes	yes	no	O
Other Region ID	151	-	res	res	res	yes*	no	no
Other Region Patient	-	-	res	res	res	yes*	no	no
Other Region Tumor	-	-	res	res	res	yes*	no	no
Other Therapy at This Hospital	58	VI.7	yes	yes	yes	yes	no	S
Other Therapy Summary	59	VI.7	yes	yes	yes	yes	yes	R
Override Flags	88	-	res	res	res	no	no	no
Pathology Report Number- Biopsy/FNA	589	IV.1.7.1	yes*	yes*	yes*	yes*	no	no
Pathology Report Number-Surgery	590	IV.1.7.2	yes*	yes*	yes*	yes*	no	no
Patient No Research Contact Flag	429	III.2.14	yes	yes	yes	yes	no	no
Payment Source (Primary)	160	III.3.9	yes	yes	yes	yes	no	no
Payment Source (Secondary)	293	III.3.9	may	no	no	no	no	no
Payment Source Text	418	III.3.9	yes	yes	yes	yes	no	no
Pediatric Stage	548	V.7.8	sel	sel	sel	yes	no	R
Pediatric Stage Coder	417	V.7.10	sel	sel	sel	yes	no	R
Pediatric Stage System	547	V.7.9	sel	sel	sel	yes	no	R
Phone Number (Patient)	107	III.2.4	yes*	yes*	yes*	yes*	no	R
Physician (Attending)	25	III.3.12	yes*	yes*	yes*	yes*	no	S
Physician (Following)	75	VII.2.10	yes*	yes*	yes*	yes*	no	R
Physician (Medical Oncologist)	25	III.3.12	yes*	yes*	yes*	yes*	no	S
Physician (Other)	25	III.3.12	yes*	yes*	yes*	yes*	no	S

Data Items and Their Required Status

Item Name	C/N Item No.	Manual	C/N	RX Ctr	Transmitted from Hospital to Region	Transmitted from Region to CCR	SEER	ACoS
Physician (Other)	25	III.3.12	yes*	yes*	yes*	yes*	no	S
Physician (Radiation Oncologist)	25	III.3.12	yes*	yes*	yes*	yes*	no	S
Physician (Referring)	25	III.3.12	yes*	yes*	yes*	yes*	no	no
Physician (Surgeon)	25	III.3.12	yes*	yes*	yes*	yes*	no	R
Place of Death	80	VII.2.14	sel	yes*	yes*	yes*	no	no
Place of Diagnosis	120	III.3.4	may	may	yes*	yes*	no	no
Quality of Survival	131	VII.2.5	may	no	no		no	O
Race	21	III.2.9	yes	yes	yes	yes	yes	R
Radiation at This Hospital	49	VI.3	yes	yes	yes	yes	no	S
Radiation Summary	50	VI.3	yes	yes	yes	yes	yes	R
Radiation/Surgery Sequence	51	VI.3.4	yes	yes	yes	yes	yes	O
Radiation CNS at This Hospital	296		no	no	no	no	no	O
Radiation to CNS Summary	139		no	no	no	no	no	O
Reason for No Chemotherapy	577	VI.5.3	yes	yes	yes	yes	no	S
Reason for No Hormone Therapy	581	VI.5.5	yes	yes	yes	yes	no	S
Reason for No Radiation	567	VI.3.3	yes	yes	yes	yes	no	S
Reason for No Surgery	118	VI.2.6	yes	yes	yes	yes	yes	S
Reconstruction-Delayed	437	ROADS	may	no	no	no	no	R
Recurrence Date	65	VII.2.13.1	may	may	may	no	no	R
Recurrence Sites	67	VII.2.13.3	may	may	may	no	no	O
Recurrence Type	66	VII.2.13.2	may	may	may	no	no	R
Regional Data	124	-	may	may	yes*	no	no	no
Regional Nodes Examined (EOD)	38	V.4.5.2	yes	yes	yes	yes	yes	R
Regional Nodes Positive (EOD)	37	V.4.5.1	yes	yes	yes	yes	yes	R
Religion	116	III.2.8	yes	yes	yes	yes	no	no
Scope of Regional Lymph Node Surgery-Summary	525		gen	gen	yes	yes	yes	R
Scope of Regional Lymph Node Surgery-Procedures 1-3	439 (1-3)		yes	yes	yes	yes	no	no
Sequence Number	5	II.2.4	yes	yes	yes	yes	yes	R
Sex	22	III.2.7	yes	yes	yes	yes	yes	R
Site (ICD-O-1)	31	V.1	may	may	no	no	no	no
Site of Distant Metastasis	40	V.7.11	no	no	no	no	no	S
Site Text	89	IV.1	yes	yes	yes	yes	no	no
Site-Primary (ICD-O-2)	152	V.1.1	yes	yes	yes	yes	yes	R
Social Security Number	7	III.2.3	yes*	yes*	yes*	yes*	no	R

Data Items and Their Required Status

Item Name	C/N Item No.	Manual	C/N	RX Ctr	Transmitted from Hospital to Region	Transmitted from Region to CCR	SEER	ACoS
Social Security Number Suffix	147	III.2.3	yes*	yes*	yes*	yes*	no	no
Spanish/Hispanic Origin	138	III.2.9.2	yes	yes	yes	yes	yes	R
Stage-Alternate	289	V.5.6	may	may	may	yes*	no	no
Subsq Rx	varies	ROADS	may	no	no	no	no	no
Summary Stage	41	V.5	sel	sel	sel	sel	no	R
Summary Treatment-1st	166	C/N User	gen	-	-	-	-	-
Surgery at This Hospital-Non Cancer-Directed	421	VI.2.11	yes	yes	yes	yes	no	S
Surgery at This Hospital-Reconstructive	426	VI.2.8	yes	yes	yes	yes	Breast	no
Surgery at This Hospital	47		gen	gen	no	no	no	S
Surgery of Primary Site-Summary	430	VI.2.1	gen	gen	yes	yes	yes	R
Surgery of Primary Site-Procedures 1-3	433 (1-3)	VI.2.1	yes	yes	yes	yes	no	no
Surgery of Other Regional Site(s), Distant Site(s), or Distant Lymph Node(s)-Summary	527	VI.2.4	gen	gen	yes	yes	yes	R
Surgery of Other Regional Site(s), Distant Site(s), or Distant Lymph Node(s)-Procedures 1-3	441 (1-3)	VI.2.4	yes	yes	yes	yes	no	no
Surgery Summary-Non Cancer-Directed	420	VI.2.11	yes	yes	yes	yes	no	R
Surgery Summary-Reconstructive	169	VI.2.8	yes	yes	yes	yes	Breast	R
Surgical Approach	566	VI.2.9	no	no	no	no	no	R
Surgical Margins-Procedures 1-3	436	VI.2.7	yes	yes	yes	yes	no	no
Surgical Margins-Summary	471	VI.2.7	gen	gen	sel	sel	no	R
Text RX-Radiation (Beam)	97	VI.3	sel	sel	sel	no	no	no
Text RX -Hormone Therapy	99	VI.5	sel	sel	sel	no	no	no
Text RX -Radiation (Other)	98	VI.3	sel	sel	sel	no	no	no
Text RX-Chemotherapy	99	VI.4	sel	sel	sel	no	no	no
Text RX-Immunotherapy	99	VI.6	sel	sel	sel	no	no	no
Text RX-Other Therapy	100	VI.7	sel	sel	sel	no	no	no
Text RX-Surgery	96	VI.2	sel	sel	sel	no	no	no
Text-DxProc-Lab Tests	94	IV.1.5	yes*	yes*	yes*	yes*	no	no
Text-DxProc-Operative	91	IV.1.6	yes*	yes*	yes*	yes*	no	no

Data Items and Their Required Status

Item Name	C/N Item No.	Manual	C/N	RX Ctr	Transmitted from Hospital to Region	Transmitted from Region to CCR	SEER	ACoS
Text-DxProc-Pathological	95	IV.1.7	yes*	yes*	yes*	yes*	no	no
Text-DxProc-PE	92	IV.1.2	yes*	yes*	yes*	yes*	no	no
Text-DxProc-Scopes	94	IV.1.4	yes*	yes*	yes*	yes*	no	no
Text-DxProc-X-ray	93	IV.1.3	yes*	yes*	yes*	yes*	no	no
Text-Remarks	101	VIII.1	yes*	yes*	yes*	no	no	no
TNM Basis	42	V.7.3	yes*	yes*	no	no	no	no
TNM Coder (Clinical)	419	V.7.6	yes*	yes*	yes*	yes*	no	R
TNM Coder (Other)	425	V.7.6	no	no	no	no	no	R
TNM Coder (Path)	288	V.7.6	yes*	yes*	yes*	yes*	no	R
TNM Edition	287	V.7.7	yes*	yes*	yes*	yes*	no	R
TNM Stage (Clinical)	44	V.7.5	yes*	yes*	yes*	yes*	no	R
TNM Stage (Other)	544	V.7	no	no	no	no	no	S
TNM Stage (Path)	540	V.7.5	yes*	yes*	yes*	yes*	no	R
TNM-M Code (Other)	543	V.7	no	no	no	no	no	S
TNM-N Code (Other)	542	V.7	no	no	no	no	no	S
TNM-T Code (Other)	541	V.7	no	no	no	no	no	S
TNM-M Code (Clinical)	122	V.7.4	yes*	yes*	yes*	yes*	no	R
TNM-M Code (Path)	539	V.7.4	yes*	yes*	yes*	yes*	no	R
TNM-N Code (Clinical)	121	V.7.4	yes*	yes*	yes*	yes*	no	R
TNM-N Code (Path)	538	V.7.4	yes*	yes*	yes*	yes*	no	R
TNM-T Code (Clinical)	43	V.7.4	yes*	yes*	yes*	yes*	no	R
TNM-T Code (Path)	537	V.7.4	yes*	yes*	yes*	yes*	no	R
Treatment Hospital Number-Procedure 1-3	435 (1-3)	VI.2.6	yes	yes	yes	yes	no	no
Tumor Markers 1-3	149	V.6	sel	sel	sel	sel	yes	no
Tumor Marker-CA-1	92	V.6.4	sel	sel	sel	sel	no	no
Tumor Size	35	V.4	yes	yes	yes	yes	yes	R
Tumor Status	70	VII.2.4	yes	yes	yes	yes	no	R
Type of Admission	133	III.3.7	yes	yes	yes	yes	no	no
Type of Reporting Source	110	III.3.6	yes	yes	yes	yes	yes	O
User Data	123	-	may	no	no	no	no	no
Vendor Version	297	-	gen	yes	gen	yes	no	no
Vital Status	69	VII.2.2	yes	yes	yes	yes	yes	R
Year First Seen	119	II.2.1	yes	no	yes	no	no	R