

Florida Cancer Data System



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Data Acquisition Manual 2023



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(*Titles highlighted in blue are links)

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(*Titles highlighted in blue are links)

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- Florida Department of Health (DOH)
- University of Miami/Sylvester Comprehensive Cancer Center (UM/SCCC)
- North American Association of Central Cancer Registries (NAACCR)
- National Cancer Institute/Surveillance, Epidemiology & End Results Program (NCI/SEER)
- Commission on Cancer/American College of Surgeons (COC/ACoS)

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FLORIDA CANCER DATA SYSTEM

PREFACE

In 1978, the Department of Health and Rehabilitative Services, now known as the Florida Department of Health, contracted with the Sylvester Comprehensive Cancer Center/University of Miami School of Medicine to implement and maintain the Florida Cancer Data System (FCDS). FCDS has been operational and collecting incidence data on cancer cases seen in Florida hospitals on or after January 1, 1981. Ambulatory diagnostic/treatment centers and pathology laboratories began cancer case reporting with patients seen on or after July 1, 1997. Dermatologists began actively reporting cases January 1, 2011. Urologists, Medical Oncologists, and Hematology/Oncologists began reporting patients seen on or after January 1, 2013. Additional specialty physician reporting is expected in the future.

Cancer reporting to FCDS is mandated by Florida statutes. All cancer cases seen in any health facility licensed under Florida Statute Section 395 or Section 408.07 must be reported to FCDS according to Florida Statutes Section 385.202. This includes all hospitals, ambulatory diagnostic and treatment centers, clinical laboratories and physicians' offices.

Currently, FCDS processes over 250,000 cancer case abstracts each year. When these cases are unduplicated, there are approximately 120,000 newly diagnosed incidence cancer cases per year. Currently, the FCDS database contains approximately 3,500,000 cases.

The 2022 edition of the FCDS Data Acquisition Manual (DAM) is compatible with 2022 national consensus standards as promulgated by the North American Association of Cancer Registries and the CDC National Program of Cancer Registries. These standards are created and endorsed by the Center for Disease Control and Prevention/National Program of Cancer Registries (CDC/NPCR), the North American Association of Central Cancer Registries (NAACCR), the National Cancer Institute/Surveillance Epidemiology & End Results Program (NCI/SEER), and the Commission on Cancer/American College of Surgeons (COC/ACoS).

CONFIDENTIALITY

According to Florida Statute 381, Public Health: General Provisions, "Information submitted in reports required by this section is confidential, exempt from the provisions of s.119.07 (1), and is to be made public only when necessary to public health. A report so submitted is not a violation of the confidential relationship between practitioner and patient."

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) became law April 14, 2001. While most organizations had two full years until April 14, 2003 to comply, questions regarding how this new law impacts cancer reporting continues to arise. The North American Association of Central Cancer Registries (NAACCR) has provided materials that address these questions. As you will see, HIPAA regulations only impact current state cancer reporting procedures. Specifically,

HIPAA allows for the reporting of identifiable cancer data to public health entities. Because the Florida Cancer Data System falls under the definition of a public health entity, HIPAA allows your facility to continue to report data to us in compliance with state law. Written informed consent from each cancer patient reported to public health entities is not required under HIPAA; rather hospitals must simply document that reporting has occurred.

FCDS continues to adhere to all Florida Statutes and Department of Health guidelines, and follow strict security measures to assure patient and institutional confidentiality.

IMMUNITY FROM LIABILITY

No institution or individual complying with Florida statutes 385.202, 405.01, 381.0031, and Florida State Administrative Code(may not have latest update) Rules 64D-3.004 and 64D3.034 shall be civilly or criminally liable for divulging information or providing materials to the statewide registry as required by the law.

Please see supporting Federal and State Laws and Administrative Rules.

- Florida State Law: Title XXIX, Chapters - 381.0031, 385.202, 405.01, 405.02, 405.03, 408.07 – Establishment of and Governance of FCDS
- Florida Public Health Rule 64D-3.003, 64D-3.031, 64D-3.034, 64D-3.006 – Specifics and Clarifications of Cancer Reporting in Florida
- Federal Public Law 107-260 – Oct 29, 2002 116 Stat.1743 of the Public Health Service Act – Establishment of CDC NPCR
- HIPAA Privacy Rule 45 CFR 164.512(b) - FCDS is HIPAA-EXEMPT under the HIPAA Privacy Rule 45 CFR 164.512(b) as a Public Health Authority – FCDS under DOH conducts Public Health Activities.

Title XXIX - Chapter 381 - Public Health: General Provisions

381.0031 Report of diseases of public health significance to department.

Title XXIX - Chapter 385 - Chronic Diseases

385.202 Statewide cancer registry

Title XXIX - Chapter 405 - Medical Information Available for Research

405.01 Release of medical information to certain study groups; exemption from liability

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Rule 64D-3.031 Notification by Laboratories

Rule 64D-3.034 Cancer Reporting

PUBLIC LAW 107-260-Oct 29, 2002 116 STAT.1743 - National Program of Cancer Registries

HIPAA Privacy Rule [45 CFR 164.512(b)] - DISCLOSURES FOR PUBLIC HEALTH ACTIVITIES

FLORIDA STATE LAW

Title XXIX

**PUBLIC
HEALTH**

Chapter 381

Public Health: General Provisions

381.0031 Report of diseases of public health significance to department.--

(1) Any practitioner licensed in this state to practice medicine, osteopathic medicine, chiropractic medicine, naturopathy, or veterinary medicine; any hospital licensed under part I of chapter 395; or any laboratory licensed under chapter 483 that diagnoses or suspects the existence of a disease of public health significance shall immediately report the fact to the Department of Health.

(2) Periodically the department shall issue a list of infectious or noninfectious diseases determined by it to be a threat to public health and therefore of significance to public health and shall furnish a copy of the list to the practitioners listed in subsection (1).

(3) Reports required by this section must be in accordance with methods specified by rule of the department.

(4) Information submitted in reports required by this section is confidential, exempt from the provisions of s. [119.07\(1\)](#), and is to be made public only when necessary to public health. A report so submitted is not a violation of the confidential relationship between practitioner and patient.

(5) The department may obtain and inspect copies of medical records, records of laboratory tests, and other medical-related information for reported cases of diseases of public health significance described in subsection (2). The department shall examine the records of a person who has a disease of public health significance only for purposes of preventing and eliminating outbreaks of disease and making epidemiological investigations of reported cases of diseases of public health significance, notwithstanding any other law to the contrary. Health care practitioners, licensed health care facilities, and laboratories shall allow the department to inspect and obtain copies of such medical records and medical-related information, notwithstanding any other law to the contrary. Release of medical records and medical-related information to the department by a health care practitioner, licensed health care facility, or laboratory, or by an authorized employee or agent thereof, does not constitute a violation of the confidentiality of patient records. A health care practitioner, health care facility, or laboratory, or any employee or agent thereof, may not be held liable in any manner for damages and is not subject to criminal penalties for providing patient records to the department as authorized by this section.

(6) The department may adopt rules related to reporting diseases of significance to public health, which must specify the information to be included in the report, who is required to report, the method and time period for reporting, requirements for enforcement, and required follow-up activities by the department which are necessary to protect public health.

This section does not affect s. [384.25](#).

History.--s. 2, ch. 29834, 1955; ss. 19, 35, ch. 69-106; s. 67, ch. 77-147; s. 4, ch. 89-311; s. 2, ch. 90-347; s. 15, ch. 91-297; s. 2, ch. 95-188; s. 184, ch. 96-406; s. 175, ch. 97-101; s. 4, ch. 98-151; s. 252, ch. 98-166; s. 8, ch. 2000-367.

Note.--Former s. 381.231.

385.202 Statewide cancer registry.--

(1) Each facility licensed under chapter 395 and each freestanding radiation therapy center as defined in s. [408.07](#) shall report to the Department of Health such information, specified by the department, by rule, which indicates diagnosis, stage of disease, medical history, laboratory data, tissue diagnosis, and radiation, surgical, or other methods of diagnosis or treatment for each cancer diagnosed or treated by the facility or center. Failure to comply with this requirement may be cause for registration or licensure suspension or revocation.

(2) The department shall establish, or cause to have established, by contract with a recognized medical organization in this state and its affiliated institutions, a statewide cancer registry program to ensure that cancer reports required under this section shall be maintained and available for use in the course of any study for the purpose of reducing morbidity or mortality; and no liability of any kind or character for damages or other relief shall arise or be enforced against any hospital by reason of having provided such information or material to the department.

(3) The department or a contractual designee operating the statewide cancer registry program required by this section shall use or publish said material only for the purpose of advancing medical research or medical education in the interest of reducing morbidity or mortality, except that a summary of such studies may be released for general publication. Information which discloses or could lead to the disclosure of the identity of any person whose condition or treatment has been reported and studied shall be confidential and exempt from the provisions of s. [119.07](#)(1), except that:

(a) Release may be made with the written consent of all persons to whom the information applies;

(b) The department or a contractual designee may contact individuals for the purpose of epidemiologic investigation and monitoring, provided information that is confidential under this section is not further disclosed; or

(c) The department may exchange personal data with any other governmental agency or a contractual designee for the purpose of medical or scientific research, provided such governmental agency or contractual designee shall not further disclose information that is confidential under this section.

(4) Funds appropriated for this section shall be used for establishing, administering, compiling, processing, and providing biometric and statistical analyses to the reporting facilities. Funds may also be used to ensure the quality and accuracy of the information reported and to provide management information to the reporting facilities.

(5) The department may, by rule, classify facilities for purposes of reports made to the cancer registry and specify the content and frequency of the reports. In classifying facilities, the department shall exempt certain facilities from reporting cancer information that was previously reported to the department or retrieved from existing state reports made to the department or the Agency for Health Care Administration. The provisions of this section shall not apply to any facility whose primary function is to provide psychiatric care to its patients.

History.--ss. 2, 3, 4, 9, ch. 78-171; s. 5, ch. 82-213; s. 2, ch. 83-234; s. 96, ch. 86-220; s. 1, ch. 90-6; s. 3, ch. 95-188; s. 201, ch. 96-406; s. 190, ch. 97-101; s. 31, ch. 97-237; s. 24, ch. 99-397.

Note.--Former s. 381.3812.

CONFIDENTIALITY

Title XXIX

Chapter 405

PUBLIC HEALTH

Medical Information Available For Research

405.01 Release of medical information to certain study groups; exemption from liability.—

Any person, hospital, assisted living facility, hospice, sanatorium, nursing or rest home or other organization may provide information, interviews, reports, statements, memoranda, or other data relating to the condition and treatment of any person to research groups, governmental health agencies, medical associations and societies, and in-hospital medical staff committees, to be used in the course of any study for the purpose of reducing morbidity or mortality. No liability of any kind or character for damages or other relief shall arise or be enforced against any person or organization by reason of having provided such information or material, or by reason of having released or published the findings and conclusions of such groups to advance medical research and medical education, or by reason of having released or published generally a summary of such studies.

History.--s. 1, ch. 65-533; s. 19, ch. 90-344; s. 27, ch. 95-210.

Title XXIX

Chapter 405

PUBLIC HEALTH

Medical Information Available For Research

405.02 Limitation on publication of released information.—

Research groups, governmental health agencies, organized medical associations and societies, and in-hospital medical staff committees shall use or publish said material only for the purpose of advancing medical research or medical education in the interest of reducing morbidity or mortality, except that a summary of such studies may be released by any such group for general publication.

History.--s. 2, ch. 65-533; s. 20, ch. 90-344; s. 244, ch. 96-406.

Title XXIX

Chapter 405

PUBLIC HEALTH

Medical Information Available For Research

405.03 Confidentiality.—

In all events, the identity of any person whose condition or treatment has been studied shall be confidential and exempt from the provisions of s. [119.07\(1\)](#).

History.--s. 3, ch. 65-533; s. 21, ch. 90-344; s. 245, ch. 96-406.

408.07 Definitions.—As used in this chapter, with exception of ss. 408.031-408.045, the term:

- (1) "Accepted" means that the agency has found that a report or data submitted by a health care facility or a health care provider contains all schedules and data required by the agency and has been prepared in the format specified by the agency, and otherwise conforms to applicable rule or Florida Hospital Uniform Reporting System manual requirements regarding reports in effect at the time such report was submitted, and the data are mathematical reasonable and accurate.
- (2) "Adjusted admission" means the sum of acute and intensive care admissions divided by the ratio of inpatient revenues generated from acute, intensive, ambulatory, and ancillary patient services to gross revenues. If a hospital reports only subacute admissions, then "adjusted admission" means the sum of subacute admissions divided by the ratio of total inpatient revenues to gross revenues.
- (3) "Agency" means the Agency for Health Care Administration.
- (4) "Alcohol or chemical dependency treatment center" means an organization licensed under chapter 397.
- (5) "Ambulatory care center" means an organization which employs or contracts with licensed health care professionals to provide diagnosis or treatment services predominantly on a walk-in basis and the organization holds itself out as providing care on a walk-in basis. Such an organization is not an ambulatory care center if it is wholly owned and operated by five or fewer health care providers.
- (6) "Ambulatory surgical center" means a facility licensed as an ambulatory surgical center under chapter 395.
- (7) "Audited actual data" means information contained within financial statements examined by an independent, Florida-licensed, certified public accountant in accordance with generally accepted auditing standards, but does not include data within a financial statement about which the certified public accountant does not express an opinion or issues a disclaimer.
- (8) "Birth center" means an organization licensed under s. 383.305.
- (9) "Cardiac catheterization laboratory" means a freestanding facility that employs or contracts with licensed health care professionals to provide diagnostic or therapeutic services for cardiac conditions such as cardiac catheterization or balloon angioplasty.
- (10) "Case mix" means a calculated index for each health care facility or health care provider, based on patient data, reflecting the relative costliness of the mix of cases to that facility or provider compared to a state or national mix of cases.
- (11) "Clinical laboratory" means a facility licensed under s. 483.091, excluding: any hospital laboratory defined under s. 483.041(6); any clinical laboratory operated by the state or a political subdivision of the state; any blood or tissue bank where the majority of revenues are received from the sale of blood or tissue and where blood, plasma, or tissue is procured from volunteer donors and donated, processed, stored, or distributed on a nonprofit basis; and any clinical laboratory which is wholly owned and operated by physicians who are licensed pursuant to chapter 458 or chapter 459 and who practice in the same group practice, and at which no clinical laboratory work is performed for patients referred by any health care provider who is not a member of that same group practice.
- (12) "Comprehensive rehabilitative hospital" or "rehabilitative hospital" means a hospital licensed by the agency as a specialty hospital as defined in s. 395.002; provided that the hospital provides a program of comprehensive medical rehabilitative services and is designed, equipped, organized, and operated solely to deliver comprehensive medical rehabilitative services, and further provided that all licensed beds in the hospital are classified as "comprehensive rehabilitative beds" pursuant to s. 395.003(4), and are not classified as "general beds."

Title XXIX
PUBLIC HEALTH

Chapter 408
Health Care Administration

- (13) "Consumer" means any person other than a person who administers health activities, is a member of the governing body of a health care facility, provides health services, has a fiduciary interest in a health facility or other health agency or its affiliated entities, or has a material financial interest in the rendering of health services.
- (14) "Continuing care facility" means a facility licensed under chapter 651.
- (15) "Critical access hospital" means a hospital that meets the definition of "critical access hospital" in s. 1861(mm)(1) of the Social Security Act and that is certified by the Secretary of Health and Human Services as a critical access hospital.
- (16) "Cross-subsidization" means that the revenues from one type of hospital service are sufficiently higher than the costs of providing such service as to offset some of the costs of providing another type of service in the hospital. Cross-subsidization results from the lack of a direct relationship between charges and the costs of providing a particular hospital service or type of service.
- (17) "Deductions from gross revenue" or "deductions from revenue" means reductions from gross revenue resulting from inability to collect payment of charges. For hospitals, such reductions include contractual adjustments; uncompensated care; administrative, courtesy, and policy discounts and adjustments; and other such revenue deductions, but also includes the offset of restricted donations and grants for indigent care.
- (18) "Diagnostic-imaging center" means a freestanding outpatient facility that provides specialized services for the diagnosis of a disease by examination and also provides radiological services. Such a facility is not a diagnostic-imaging center if it is wholly owned and operated by physicians who are licensed pursuant to chapter 458 or chapter 459 and who practice in the same group practice and no diagnostic-imaging work is performed at such facility for patients referred by any health care provider who is not a member of that same group practice.
- (19) "FHURS" means the Florida Hospital Uniform Reporting System developed by the agency.
- (20) "Freestanding" means that a health facility bills and receives revenue, which is not directly subject to the hospital assessment for the Public Medical Assistance Trust Fund as described in s. 395.701.
- (21) "Freestanding radiation therapy center" means a facility where treatment is provided through the use of radiation therapy machines that are registered under s. 404.22 and the provisions of the Florida Administrative Code implementing s. 404.22. Such a facility is not a freestanding radiation therapy center if it is wholly owned and operated by physicians licensed pursuant to chapter 458 or chapter 459 who practice within the specialty of diagnostic or therapeutic radiology.
- (22) "GRAA" means gross revenue per adjusted admission.
- (23) "Gross revenue" means the sum of daily hospital service charges, ambulatory service charges, ancillary service charges, and other operating revenue. Gross revenues do not include contributions, donations, legacies, or bequests made to a hospital without restriction by the donors.
- (24) "Health care facility" means an ambulatory surgical center, a hospice, a nursing home, a hospital, a diagnostic-imaging center, a freestanding or hospital-based therapy center, a clinical laboratory, a home health agency, a cardiac catheterization laboratory, a medical equipment supplier, an alcohol or chemical dependency treatment center, a physical rehabilitation center, a lithotripsy center, an ambulatory care center, a birth center, or a nursing home component licensed under chapter 400 within a continuing care facility licensed under chapter 651.
- (25) "Health care provider" means a health care professional licensed under chapter 458, chapter 459, chapter 460, chapter 461, chapter 463, chapter 464, chapter 465, chapter 466, part I, part III, part IV, part V, or part X of chapter 468, chapter 483, chapter 484, chapter 486, chapter 490, or chapter 491.
- (26) "Health care purchaser" means an employer in the state, other than a health care facility, health insurer, or health care provider, who provides health care coverage for her or his employees.

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- (27) "Health insurer" means any insurance company authorized to transact health insurance in the state, any insurance company authorized to transact health insurance or casualty insurance in the state that is offering a minimum premium plan or stop-loss coverage for any person or entity providing health care benefits, any self-insurance plan as defined in s. 624.031, any health maintenance organization authorized to transact business in the state pursuant to part I of chapter 641, any prepaid health clinic authorized to transact business in the state pursuant to part II of chapter 641, any multiple-employer welfare arrangement authorized to transact business in the state pursuant to ss. 624.436-624.45, or any fraternal benefit society providing health benefits to its members as authorized pursuant to chapter 632.
- (28) "Home health agency" means an organization licensed under part IV of chapter 400.
- (29) "Hospice" means an organization licensed under part VI of chapter 400.
- (30) "Hospital" means a health care institution licensed by the Agency for Health Care Administration as a hospital under chapter 395.
- (31) "Lithotripsy center" means a freestanding facility that employs or contracts with licensed health care professionals to provide diagnosis or treatment services using electro-hydraulic shock waves.
- (32) "Local health council" means the agency defined in s. 408.033.
- (33) "Market basket index" means the Florida hospital input price index (FHIPI), which is a statewide market basket index used to measure inflation in hospital input prices weighted for the Florida-specific experience which uses multistate regional and state-specific price measures, when available. The index shall be constructed in the same manner as the index employed by the Secretary of the United States Department of Health and Human Services for determining the inflation in hospital input prices for purposes of Medicare reimbursement.
- (34) "Medical equipment supplier" means an organization that provides medical equipment and supplies used by health care providers and health care facilities in the diagnosis or treatment of disease.
- (35) "Net revenue" means gross revenue minus deductions from revenue.
- (36) "New hospital" means a hospital in its initial year of operation as a licensed hospital and does not include any facility, which has been in existence as a licensed hospital, regardless of changes in ownership, for over 1 calendar year.
- (37) "Nursing home" means a facility licensed under s. 400.062 or, for resident level and financial data collection purposes only, any institution licensed under chapter 395 and which has a Medicare or Medicaid certified distinct part used for skilled nursing home care, but does not include a facility licensed under chapter 651.
- (38) "Operating expenses" means total expenses excluding income taxes.
- (39) "Other operating revenue" means all revenue generated from hospital operations other than revenue directly associated with patient care.
- (40) "Physical rehabilitation center" means an organization that employs or contracts with health care professionals licensed under part I or part III of chapter 468 or chapter 486 to provide speech, occupational, or physical therapy services on an outpatient or ambulatory basis.
- (41) "Prospective payment arrangement" means a financial agreement negotiated between a hospital and an insurer, health maintenance organization, preferred provider organization, or other third-party payor which contains, at a minimum, the elements provided for in s. 408.50.

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(42) "Rate of return" means the financial indicators used to determine or demonstrate reasonableness of the financial requirements of a hospital. Such indicators shall include, but not be limited to: return on assets, return on equity, total margin, and debt service coverage.

(43) "Rural hospital" means an acute care hospital licensed under chapter 395, having 100 or fewer licensed beds and an emergency room, and which is:

(a) The sole provider within a county with a population density of no greater than 100 persons per square mile;

(b) An acute care hospital, in a county with a population density of no greater than 100 persons per square mile, which is at least 30 minutes of travel time, on normally traveled roads under normal traffic conditions, from another acute care hospital within the same county;

(c) A hospital supported by a tax district or subdistrict whose boundaries encompass a population of 100 persons or fewer per square mile;

(d) A hospital with a service area that has a population of 100 persons or fewer per square mile. As used in this paragraph, the term "service area" means the fewest number of zip codes that account for 75 percent of the hospital's discharges for the most recent 5-year period, based on information available from the hospital inpatient discharge database in the State Center for Health Statistics at the Agency for Health Care Administration; or

(e) A hospital designated as a Critical Access Hospital by the Department of Health in accordance with federal regulations and state requirements.

Population densities used in this subsection must be based upon the most recently completed United States census.

(44) "Special study" means a nonrecurring data-gathering and analysis effort designed to aid the agency in meeting its responsibilities pursuant to this chapter.

(45) "Teaching hospital" means any Florida hospital officially affiliated with an accredited Florida medical school which exhibits activity in the area of graduate medical education as reflected by at least seven different graduate medical education programs accredited by the Accreditation Council for Graduate Medical Education or the Council on Postdoctoral Training of the American Osteopathic Association and the presence of 100 or more full-time equivalent resident physicians. The Director of the Agency for Health Care Administration shall be responsible for determining which hospitals meet this definition.

History.--s. 71, ch. 92-33; s. 75, ch. 92-289; s. 13, ch. 93-129; s. 39, ch. 93-217; s. 17, ch. 95-144; s. 38, ch. 97-103; s. 2, ch. 98-14; s. 2, ch. 98-21; s. 14, ch. 98-89; s. 44, ch. 2000-153; s. 28, ch. 2000-163; s. 2, ch. 2000-227. ch. 2003-258; s. 5, ch. 2005-81; s. 77, ch. 2006-197; s. 10, ch. 2006-261.

Rule 64D-3.003

64D-3.003 Notification by Laboratories.

(1) Each laboratory director or designee in charge of a laboratory shall report, or cause to be reported evidence suggestive of or diagnostic of diseases or conditions listed in subsection 64D-3.002(1), F.A.C., from any specimen derived from a human body, or from an animal in the case of rabies or plague testing, to the county health department director or administrator or the State Health Officer or to either of their designated representatives. Such reports shall be made within 72 hours of recognition by telephone, or other electronic means, or in writing, except for certain specified diseases as indicated by a (T), which shall be reported immediately by telephone and followed by a written report. Exceptions to laboratory reporting as defined by this rule are provided for sexually transmitted diseases including AIDS, as indicated in Rule 64D-3.017, F.A.C.

(2) All reports of cancer identified by laboratories licensed under Chapter 483, F.S., shall be submitted to the Florida Cancer Data System within six (6) months of diagnosis.

(3) The State Health Officer shall periodically, but no less than annually, issue a listing of laboratory test results that are to be reported. The July 1999 "Reportable Laboratory Findings," incorporated by reference in this rule, shall be updated to reflect changes in technology and practice and may be obtained from the Department of Health, Bureau of Epidemiology, 4052 Bald Cypress Way, Bin A-12, Tallahassee, Florida 32399-1720.

(4) To allow follow-up of laboratory findings by the local county health department director/administrator or their designee, all specimens submitted for laboratory tests or examinations related to a disease or condition listed in subsection 64D-3.002(1), F.A.C., shall be accompanied by certain identifying information. In addition to the name and date of birth of the person from whom the specimen was obtained; the name, address and telephone number of the processing clinical laboratory; and the diagnostic test(s) performed, specimen type and result, the following information shall be provided:

(a) Address, telephone number, race, sex, and ethnicity of the person from whom the specimen was obtained or, if this is not available,

(b) Name, address and telephone number of the submitting physician, health care provider or other authorized person who submitted the specimen.

(5) The practitioner who first authorizes, orders, requests or submits a specimen shall be responsible for obtaining and providing the information required in (4) above at the time the specimen is sent to or received by the laboratory.

(6) Notification of test results shall be submitted by telephone, or other electronic means, or in writing on a form furnished by the laboratory. Reports shall be made within 72 hours of a test result. Any preliminary telephone communication must be followed up by a written report.

(7) If the laboratory that makes the positive finding received the specimen from another laboratory, the laboratory making the positive finding shall be responsible for reporting such results as defined in subsection 64D-3.003(1), F.A.C.

(8) In addition to the reporting requirements pursuant to subsection 64D-3.003(1), F.A.C., each laboratory that obtains

a human isolate of *Escherichia coli* O157:H7, or *Neisseria meningitidis* or *Haemophilus influenzae* from a sterile site

or *Staphylococcus aureus* with a vancomycin minimum inhibitory concentration (MIC) = or > 8 micrograms per milliliter from any site shall retain a subculture of the isolate on suitable media for at least six months after receipt of the specimen in the laboratory. In lieu of retaining this subculture, the laboratory is permitted to send the subculture to the Florida Department of Health State Central Laboratory, which will maintain a record indicating the date that these subcultures were submitted to the Central Laboratory.

(9) In addition to the reporting requirements pursuant to subsection 64D-3.003(1), F.A.C., each laboratory that makes a finding, or suggestive finding, of malaria or cyclospora parasites in a specimen of a patient shall retain a stained permanent slide for at least six months after receipt of the specimen in the laboratory. In lieu of retaining the slide(s), the laboratory may send such slide(s) to the State of Florida Department of Health Central Laboratory, which will maintain a record indicating the date that these specimens were submitted to the Central Laboratory.

(10) Each laboratory licensed to perform tests for any reportable disease or condition shall make its records for such diseases or conditions available for on-site inspection by the department or its authorized representatives.

(11) Persons submitting specimens for reportable laboratory tests to the Florida Department of Health, pursuant to subsection 64D-3.003(4), F.A.C., are required to supply the laboratories with sufficient information to comply with the provisions of this section.

Specific Authority 381.0011(13), 381.003(2), 381.0031(6), 384.33 FS. Law Implemented 381.0011, 381.003, 381.0031, 384.25 FS. History—New 12-29-77, Amended 6-7-82, Formerly 10D-3.66, Amended 2-26-92, 7-21-96, Formerly 10D-3.066, Amended 11-2-98, 7-5-99, 6-4-00, 6-9-03. *Repealed* 11-20-06...

Editorial Note: See 64D-3.031

Rule 64D-3.031

64D-3.031 Notification by Laboratories.

(1) Each person or designee who is in charge of a public, federal, private, military or hospital laboratory responsible for receiving the initial order to perform serologic, immunologic, microscopic, biochemical, molecular or cultural tests on specimens derived from a human body or an animal or for collecting the specimen shall report or cause to be reported any laboratory test suggestive of or diagnostic of diseases or conditions listed in the Table of Notifiable Diseases or Conditions, Rule 64D-3.029, F.A.C. per this rule.

(2) Receipt of a laboratory test order requesting the identification of reportable agents shall be considered by the laboratory as an indication of suspected diagnosis. However, laboratories need only to report suspected cases if indicated in the “suspect immediately” column under laboratories in the Table of Notifiable Diseases or Conditions, Rule 64D-3.029, F.A.C.

(3) To allow follow-up of laboratory findings suggestive of or diagnostic of diseases or conditions in the Table of Notifiable Diseases or Conditions, the form upon which the information will be reported shall be furnished by the laboratory that includes the following information:

(a) The Patient's:

1. First and last name, including middle initial;
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2. Address including street city, state and zip code;
3. Phone number, including area code;
4. Date of birth;
5. Sex;
6. Race;
7. Ethnicity (specify if of Hispanic descent or not of Hispanic descent);
8. Pregnancy status if applicable;
9. Social Security number;

(b) The Laboratory

1. Name, address and telephone number of laboratory performing test;
2. Type of specimen (for example stool, urine, blood, mucus, etc.);
3. Date of specimen collection;
4. Site (for example cervix, eye, etc., if applicable);
5. Date of report;
6. Type of tests performed and results, including reference range, titer when quantitative procedures are performed, and including all available results on speciating, grouping or typing of organisms;
7. Submitting provider's name, address including street, city, zip code and telephone number, including area code.

(4) Laboratories located out of state, licensed under Part 1, Chapter 483, F.S., who collect specimens in Florida or who receive the initial order for testing from a practitioner, blood bank, plasmapheresis center or other health care provider located in Florida, shall report in the same way as if the findings had been made by a laboratory located in Florida.

(5) Upon the Department's implementation of its Electronic Laboratory Reporting System (ELR) for laboratory findings suggestive of or diagnostic of diseases or conditions, reports will be submitted electronically to the Department using Health Level Seven (HL7) 26 of 53

version 2.3.1 format. The CDC Implementation Guide for Transmission of Laboratory-Based Reporting of Public Health Information using version 2.3.1 of the Health Level Seven (HL7) Standard Protocol, incorporated by reference, is available at the Department of Health, ELR Project, 4052 Bald Cypress Way, Bin A-12, Tallahassee, Florida 32399-1715.

(a) The Department's ELR System shall include:

1. The initial contact with the reporting laboratory;
2. A content review and testing of the laboratories' HL7 transmissions; and

Rule 64D-3.031

64D-3.031 Notification by Laboratories.

3. The transition from testing to production for the HL7 laboratory transmissions.

(b) The Department and laboratory will agree on a date of implementation

(c) Laboratories reporting electronically through ELR and the Department shall agree to a date that the transmission of findings suggestive of or diagnostic of diseases or conditions listed in the Table of Notifiable Disease or Conditions, Rule 64D-3.029 F.A.C., electronically in HL7 version 2.3.1 format to the Department is acceptable and considered good faith reporting and the laboratory will no longer be required to submit paper forms pursuant to 64D-3.031(3) F.A.C.

(d) The Department shall ensure access to the laboratory findings suggestive of or diagnostic of disease or conditions listed in the Table of Notifiable Diseases or Conditions to authorized representatives of the department.

(6) This section does not prohibit a laboratory from making a report by telephone, in writing, or facsimile to the county health department having jurisdiction for the area in which the office of the submitting practitioner or the patient's residence is located.

(7) In order to study disease incidence, each laboratory licensed to perform tests for any notifiable disease or condition shall report the test volume for each related diagnostic test performed for the notifiable diseases listed in 64D-3.029, F.A.C.

(a) Reports are to be filed annually on or before April 1 of each year to the Department electronically in a format agreed upon by the department and the laboratory with the following information:

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(1) Type of diagnostic test;

(2) Patient's date of birth;

(3) Patient's sex;

(4) Race;

(5) Ethnicity (specify if of Hispanic descent or not of Hispanic descent).

(8) Each laboratory licensed to perform tests for any reportable disease or condition shall make its records for such diseases or conditions available for on-site inspection by the Department or its authorized representatives.

Specific Authority 381.0011(7), 381.0011(13), 381.003(2), 381.0031(5), 381.0031(6), 384.33, 392.66 FS. Law Implemented 381.0011, 381.003, 381.0031, 384.25(1), 392.53(1) FS.

History—New _____.

Editorial Note: History—New 12-29-77, Amended 6-7-82, Formerly 10D-3.66, Amended 2-26-92, 7-21-96, Formerly 10D-3.066, Amended 11-2-98, 7-5-99, 6-4-00, 6-9-03, 9-1-05, Formerly 64D3.003, 64D-3.017 & 64D-3.023

64D-3.034 Cancer Reporting.

64D-3.034 Cancer Reporting

(1) Reporting Requirements:

- a. Each facility and laboratory licensed under Chapters 395 and 483, and Section 408.07(20), F.S., respectively and practitioners licensed under Chapter 458, 459, 464, F.S., are required to report to the Florida Cancer Data System as required by Section 385.202, F.S., within six (6) months of each diagnosis and within six (6) months of the date of each treatment.
- b. Each facility shall submit each cancer case report electronically. Those facilities with fewer than 35 cancers annually requiring abstracting may submit paper copies or portions of the medical record, provided the copies contain all of the required information as per (1)(c).
- c. The data items, coding schemes, definitions, record layouts, and reporting procedures are to follow the guidance provided in the Florida Cancer Data System Data Acquisition Manual (2005, or current edition), incorporated by reference, available at <http://www.fcds.med.miami.edu/inc/downloads.shtml>.

(2) Notwithstanding (1), each facility, center, and laboratory that reports cancer cases to the Florida Cancer Data System shall make its records available for on-site review by the department or its authorized representatives.

Specific Authority 381.0011(13), 381.003(2), 381.0031(6), 384.33, 385.202(5), 392.66 FS. Law Implemented 381.0011, 381.003, 381.0031, 384.25, 385.202, 392.53 FS. History—New

Editorial Note: History—Formerly 10D-3.77, 10D-3.077, and 64D-3.006 (3) (5)...

64D-3.006

64D-3.006 Reports, Medical Facilities and Freestanding Radiation Therapy Centers.

(1) The chief administrative officer of each civilian facility licensed under Chapter 395, F.S., and freestanding radiation therapy centers, as defined in Section 408.07, F.S., shall (and the United States military and Veterans Administration hospitals are requested to) appoint an individual from the staff, hereinafter referred to as “reporting officer,” who shall be responsible for reporting cases or suspect cases of diseases on the notifiable disease list in persons admitted to, attended to, or residing in the facility (cf. Notification by Laboratories, Rule 64D-3.003, F.A.C.).

(2) Reporting of a case or suspected case of notifiable disease or condition by a facility or center fulfills the requirements of the licensed practitioner to report; however, it is the responsibility of the practitioner to ensure that the report is made as stipulated in Rule 64D-3.002, F.A.C. Reports shall be made within 72 hours of diagnosis. Special provisions for reporting sexually transmissible diseases, including HIV infection, are found in Rule 64D-3.016, F.A.C., and for cancer, in subsection 64D-3.006(3), F.A.C.

(3) Reporting of cancer cases by a licensed practitioner, a hospital facility licensed under Chapter 395, F.S., and freestanding radiation therapy centers, as defined in Section 408.07, F.S., to the Florida Cancer Data System as required by Section 385.202, F.S., shall be accomplished within six (6) months of the date of each diagnosis and within six (6) months of the date of each treatment.

(4) Florida Cancer Data System staff will provide each freestanding ambulatory surgical center with an annual list of cancer cases for which reports are required and allow three (3) months from the date of notification for submission of reports to the Florida Cancer Data System for each case on the list. This annual list will be generated by comparing the ambulatory patient data maintained by the Agency for Health Care Administration with the Florida Data System file for each calendar year. This comparison will be made each year after the Florida Cancer Data System file for each year is complete, including all hospital and pathology laboratory data expected for that year. The list sent to each freestanding ambulatory surgical center will contain only those records from the Agency for Health Care Administration ambulatory patient dataset or from cancer case data received from ambulatory centers that cannot be matched with any previously reported case.

(5) For reportable cancer cases, each family licensed under chapter 395, F.S., and each freestanding radiation therapy center as defined in Section 408.07, F.S., shall electronically submit to the Florida Cancer Data System all available data items as specified in the Data Acquisition Manual and Confidential Abstract Report. Those facilities and centers with fewer than thirty-five (35) cancer cases annually requiring abstracting may submit to FCDS paper copies of portions of the case record that include all available information that is needed for abstracting by FCDS staff. The coding schemes, record layouts, and definitions for these items are those issued by the Florida Cancer Data System in its Data Acquisition Manual and Confidential Abstract Report, DOH Form 2029, dated July 1997, incorporated herein by reference. These documents are available from the Florida Department of Health, Bureau of Epidemiology, 4052 Bald Cypress Way, Bin A-12, Tallahassee, Florida 32399-1720.

Specific Authority 381.0011(13), 381.003(2), 381.0031(6), 384.33, 385.202(5), 392.66 FS. Law Implemented 381.0011, 381.003, 381.0031, 384.25, 385.202, 392.53 FS. History—New 12-29-77, Amended 6-7-82, Formerly 10D-3.77, Amended 2-26-92, 7-21-96, Formerly 10D-3.077, Amended 11-2-98, 7-5-99, 6-4-00.

PUBLIC LAW 107-260—OCT. 29, 2002 116 STAT. 1743

Public Law 107-260

107th Congress

An Act to amend the Public Health Service Act to provide for the collection of data on benign brain-related tumor through the national program of cancer registries.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the “Benign Brain Tumor Cancer Registries Amendment Act”.

SEC. 2. NATIONAL PROGRAM OF CANCER REGISTRIES; BENIGN BRAIN-RELATED TUMORS AS ADDITIONAL CATEGORY OF DATA COLLECTED.

- (a) In GENERAL—Section 399B of the Public Health Service Act (42 U.S.C. 280e), as redesignated by section 502 (2) (A) of Public Law

106-310 (114 Stat. 1115), is amended in subsection (a)—

- (1) by redesignating paragraphs (1) through (5) as subparagraphs (A) through (3), respectively, and indenting appropriately;
- (2) by striking “(a) IN GENERAL—The Secretary” and inserting the following:

(a) IN GENERAL—

“(1) STATEWIDE CANCER REGISTRIES—The Secretary”;

- (3) in the matter preceding subparagraph (A) (as so redesignated). By striking “population-based” and all that follows through “data” and inserting the following: “population-based, statewide registries to collect, for each condition specified in paragraph (2)(A), data”; and

(4) by adding at the end the following:

“(2) CANCER; BENIGN BRAIN-RELATED TUMORS—

“(A) IN GENERAL—For purposes of paragraph (1), the conditions referred to in this paragraph are the following:

“(i) Each form of in-situ and invasive cancer with the exception of basal cell and squamous cell carcinoma of the skin), including malignant brain-related tumors.

“(ii) Benign brain-related tumors

“(B) BRAIN-RELATED TUMOR—For purposes of subparagraph (A):

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“(i) The term ‘brain-related tumor’ means a listed primary tumor (whether malignant or benign) occurring in any of the following sites:’

“(I) The brain, meninges, spinal cord, cauda equina, a cranial nerve or nerves or any other part of the central nervous system.

“(II) The pituitary gland, pineal gland, or craniopharyngeal duct.

“(ii) The term ‘listed’, with respect to a primary tumor, means a primary tumor that is listed in the International Classification of Diseases for Oncology (commonly referred to as the ICD-O).

“(iii) The term ‘International Classification of Diseases for Oncology’ means a classification system that includes topography (site) information and histology (cell type information) developed by the World Health Organization, in collaboration with international centers, to promote international comparability in the collection, classification, processing and presentation of cancer statistics. The ICDO system is a supplement to the International Statistical Classification of Diseases and Related Health Problems (commonly known as the ICD) and is the standard coding system used by cancer registries worldwide. Such term includes any modification made to such system for purposes of the United States. Such term further includes any published classification system that is internationally recognized as a successor to the classification system referred to in the first sentence of this clause.

“(C) STATEWIDE CANCER REGISTRY—References in this section to cancer registries shall be considered to be references to registries described in this subsection.”

- (b) APPLICABILITY—The amendments made by subsection (a) apply to grants under section 399B of the Public Health Service Act for fiscal year 2002 and subsequent fiscal years, except that, in the case of a State that received such a grant for fiscal year 2000, the Secretary of Health and Human Services may delay the applicability of such amendments to the State for not more than 12 months if the Secretary determines that compliance with such amendments requires the enactment of a statute by the State or the issuance of State regulations.

Approved October 29, 2002.

LEGISLATIVE HISTORY—s. 2558:
Congressional record, Vol. 148 (2002):
Aug. 1. considered and passed Senate.
Oct 10. considered and passed House.

DISCLOSURES FOR PUBLIC HEALTH ACTIVITIES
[45 CFR 164.512(b)]

Background

The HIPAA Privacy Rule recognizes the legitimate need for public health authorities and others responsible for ensuring public health and safety to have access to protected health information to carry out their public health mission. The Rule also recognizes that public health reports made by covered entities are an important means of identifying threats to the health and safety of the public at large, as well as individuals. Accordingly, the Rule permits covered entities to disclose protected health information without authorization for specified public health purposes.

How the Rule Works

General Public Health Activities. The Privacy Rule permits covered entities to disclose protected health information, without authorization, to public health authorities who are legally authorized to receive such reports for the purpose of preventing or controlling disease, injury, or disability. This would include, for example, the reporting of a disease or injury; reporting vital events, such as births or deaths; and conducting public health surveillance, investigations, or interventions. See 45 CFR 164.512(b)(1)(i). Also, covered entities may, at the direction of a public health authority, disclose protected health information to a foreign government agency that is acting in collaboration with a public health authority. See 45 CFR 164.512(b)(1)(i). Covered entities who are also a public health authority may use, as well as disclose, protected health information for these public health purposes. See 45 CFR 164.512(b)(2).

A “public health authority” is an agency or authority of the United States government, a State, a territory, a political subdivision of a State or territory, or Indian tribe that is responsible for public health matters as part of its official mandate, as well as a person or entity acting under a grant of authority from, or under a contract with, a public health agency. See 45 CFR 164.501. Examples of a public health authority include State and local health departments, the Food and Drug Administration (FDA), the Centers for Disease Control and Prevention, and the Occupational Safety and Health Administration (OSHA).

Generally, covered entities are required reasonably to limit the protected health information disclosed for public health purposes to the minimum amount necessary to accomplish the public health purpose. However, covered entities are not required to make a minimum necessary determination for public health disclosures that are made pursuant to an individual’s authorization, or for disclosures that are required by other law. See 45 CFR 164.502(b). For disclosures to a public health authority, covered entities may reasonably rely on a minimum necessary determination made by the public health authority in requesting the protected health information. See 45 CFR 164.514(d)(3)(iii)(A). For routine and recurring public health disclosures, covered entities may develop standard protocols, as part of their minimum necessary policies and procedures, that address the types and amount of protected health information that may be disclosed for such purposes. See 45 CFR 164.514(d)(3)(i).

Other Public Health Activities. The Privacy Rule recognizes the important role that persons or entities other than public health authorities play in certain essential public health activities. Accordingly, the Rule permits covered entities to disclose protected health information, without authorization, to such persons or entities for the public health activities discussed below.

- **Child abuse or neglect.** Covered entities may disclose protected health information to report known or suspected child abuse or neglect, if the report is made to a public health authority or other appropriate government authority that is authorized by law to receive such reports. For instance, the social services department of a local government might have legal authority to receive reports of child abuse or neglect, in which case, the Privacy Rule would permit a covered entity to report such cases to that authority without obtaining individual authorization. Likewise, a covered entity could report such cases to the police department when the police department is authorized by law to receive such reports. See 45 CFR 164.512(b)(1)(ii). See also 45 CFR 512(c) for information regarding disclosures about adult victims of abuse, neglect, or domestic violence.

- Quality, safety or effectiveness of a product or activity regulated by the FDA. Covered entities may disclose protected health information to a person subject to FDA jurisdiction, for public health purposes related to the quality, safety or effectiveness of an FDA-regulated product or activity for which that person has responsibility. Examples of purposes or activities for which such disclosures may be made include, but are not limited to:
 - Collecting or reporting adverse events (including similar reports regarding food and dietary supplements), product defects or problems (including problems regarding use or labeling), or biological product deviations;
 - Tracking FDA-regulated products;
 - Enabling product recalls, repairs, replacement or lookback (which includes locating and notifying individuals who received recalled or withdrawn products or products that are the subject of lookback); and
 - Conducting post-marketing surveillance.

See 45 CFR 164.512(b)(1)(iii). The “person” subject to the jurisdiction of the FDA does not have to be a specific individual. Rather, it can be an individual or an entity, such as a partnership, corporation, or association. Covered entities may identify the party or parties responsible for an FDA-regulated product from the product label, from written material that accompanies the product (known as labeling), or from sources of labeling, such as the Physician’s Desk Reference.

- Persons at risk of contracting or spreading a disease. A covered entity may disclose protected health information to a person who is at risk of contracting or spreading a disease or condition if other law authorizes the covered entity to notify such individuals as necessary to carry out public health interventions or investigations. For example, a covered health care provider may disclose protected health information as needed to notify a person that (s)he has been exposed to a communicable disease if the covered entity is legally authorized to do so to prevent or control the spread of the disease. See 45 CFR 164.512(b)(1)(iv).
- Workplace medical surveillance. A covered health care provider who provides a health care service to an individual at the request of the individual’s employer, or provides the service in the capacity of a member of the employer’s workforce, may disclose the individual’s protected health information to the employer for the purposes of workplace medical surveillance or the evaluation of work-related illness and injuries to the extent the employer needs that information to comply with OSHA, the Mine Safety and Health Administration (MSHA), or the requirements of State laws having a similar purpose. The information disclosed must be limited to the provider’s findings regarding such medical surveillance or work-related illness or injury. The covered health care provider must provide the individual with written notice that the information will be disclosed to his or her employer (or the notice may be posted at the worksite if that is where the service is provided). See 45 CFR 164.512(b)(1)(v).

SECTION I: GUIDELINES FOR CANCER DATA REPORTING

1

The Florida Cancer Data System (FCDS) is charged with maintaining a high-quality database of useable, timely, complete and accurate clinical data for every reportable case of cancer diagnosed or treated in the state of Florida. The FCDS Data Acquisition Manual (FCDS DAM) includes guidelines and instructions for case identification, case eligibility (which cases must be reported to FCDS), abstracting and coding, and multiple appendices that are referenced throughout the manual. The manual only addresses data items that are required by FCDS, the Florida Department of Health (DOH), and the Centers for Disease Control and Prevention (CDC) National Program of Cancer Registries (NPCR) to support Florida's statewide, population-based cancer registry. These guidelines have been established as a means to achieve and maintain this objective.

All reporting facilities, regardless of affiliation, **MUST** adhere to the following guidelines for cancer data reporting. The instructions and codes in this manual take precedence over all previous instructions/manuals.

It is the responsibility of the reporting facility and the facility abstractor (contractor) to be familiar with and understand the content of the most current version of the FCDS Data Acquisition Manual and to update it upon receipt of any changes from FCDS. This responsibility exists without regard to whether or not case abstracting and reporting is being performed by an employee of the reporting facility or through some contractual arrangement with an independent abstracting agency or individual within or outside the state of Florida.

CONFIDENTIALITY - Patient information, personal health information, medical records and healthcare facility data are all confidential and continue to be a concern with regard to cancer and other disease reporting. Please do not fax or email patient information to FCDS. Also, please take care when discussing cases over the phone with FCDS staff.

DO NOT E-MAIL, FAX OR MAIL PATIENT INFORMATION (PHI) TO FCDS UNDER ANY CIRCUMSTANCES unless you are provided specific instructions for using our Secure Fax Service.

Please see supporting Federal and State Laws and Administrative Rules.

- Florida State Law: Title XXIX, Chapters - 381.0031, 385.202, 405.01, 405.02, 405.03, 408.07 – Establishment of and Governance of FCDS
- Florida Public Health Rule 64D-3.003, 64D-3.031, 64D-3.034, 64D-3.006 – Specifics and Clarifications of Cancer Reporting in Florida
- Federal Public Law 1070260 – Oct 29, 2002 116 Stat.1743 of the Public Health Service Act – Establishment of CDC NPCR
- HIPAA Privacy Rule 45 CFR 164.512(b) - FCDS is HIPAA-EXEMPT under the HIPAA Privacy Rule 45 CFR 164.512(b) as a Public Health Authority – FCDS under DOH conducts Public Health Activities.

CASE ELIGIBILITY

Florida facilities are legislatively mandated to report any case of cancer meeting the Florida “cancer” definition, regardless of facility or network affiliation or Class of Case. FCDS requires complete abstracting of additional select neoplasms that the Commission on Cancer/American College of Surgeons does not require such as benign and borderline brain and central nervous system tumors and certain reproductive site cancers.

The 2023 Updates to National Standards incorporate several new histologic types, subtypes, and changes to tumor behavior making some cancers new to our state reportable list due to reclassification by WHO as “malignancy” or other reportable cancer criteria.

If your facility participates in the diagnosis, staging, treatment, or continuing care of a patient during the first course of treatment, progression of disease or disease recurrence the case must be reported to FCDS.

If any diagnostic, staging, or other evaluative studies are conducted at your facility (diagnostic imaging, re-biopsy, sentinel node biopsy, surgical resection or other staging or treatment, etc.) your facility must report the case regardless of the Class of Case. Please review all standard cancer diagnosis codes and procedures codes.

SECTION I: GUIDELINES FOR CANCER DATA REPORTING

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Patients whose “First Course of Therapy” is “Active Surveillance” or “Watchful Waiting” must be reported as their cancer has been diagnosed but will not be treated, until or unless the patient has clinical symptoms, imaging, or laboratory evidence of progression of disease. This treatment decision is usually for non-aggressive neoplasms and very early stage cancers that do not meet the standard threshold for active treatment.

“NO TREATMENT” is a different treatment decision than “Watchful Waiting” or “Active Surveillance” and should not be coded as ‘treatment given’ using Treatment Status = 2 (Active Surveillance/Watchful Wait).

Please be cautious when distinguishing the two very different types of cases – Active Surveillance/Watchful Waiting versus ‘No Treatment’. ‘No Treatment’ cases are usually patients with advanced or untreatable disease or when the patient has other comorbid factors that prohibit cancer treatment. Active Surveillance cases are often low grade, slow growing, early stage neoplasms that may not require intervention at this time.

“Consult-Only” and “Second Opinion” cases MAY be an exception to reporting depending upon what took place at the facility to confirm a diagnosis or establish or confirm the validity of a proposed treatment plan. Some second opinions/consultations include the ordering of new laboratory and/or imaging tests. Anytime a new test is ordered by your facility – the case is no longer a consult only...even if that is the only test done. Other second opinion/consults include only a review of tests already performed elsewhere.

A true “consult only” or “second opinion” case is any case where the facility provides a second opinion or expert panel review of earlier performed diagnostic or workup studies **without additional testing at your facility**. A second opinion may include re-reading pathology slides or re-reading diagnostic imaging studies.

If your facility does not perform any additional testing, the case *may not be reportable* to FCDS. However, **if you facility does perform any additional testing** for this or any other cancer and they have evidence of active disease or if they are undergoing treatment for cancer at any facility, **the case is reportable to FCDS**.

Exception 1: Patients undergoing planned first course or later course long-term hormonal treatment for breast or prostate cancer that continue to demonstrate no active neoplasm *should not be reported*. Any other type of cancer or patient with active malignancy (any evidence of disease) must be reported.

Exception 2: Patients seen in an ambulatory care setting for “port-a-cath” placement only where no chemotherapeutic or anti-neoplastic agent(s) is injected into the port *do not need to be reported*.

Many Florida healthcare facilities including Commission on Cancer/American College of Surgeons accredited cancer programs who wish to track ‘port-a-cath’ placement visits do continue to report these cases voluntarily as part of monitoring the full continuum of patient care available and monitored under the care of the facility.

Please note that many types of drugs may be administered through a “port-a-cath” delivery system. The medical record and medication flow sheets **MUST** be reviewed and cannot include administration of any anti-neoplastic agent(s) through the port-a-cath for the case to meet this exclusion criterion. If any anti-neoplastic agent is administered at the reporting facility, either as an outpatient or inpatient, the case must be reported.

Note: Facilities may opt to abstract and report “port-a-cath” placement only cases at their discretion. It is up to a formal decision by your Cancer Committee (if you have one) to include or not include these “port-a-cath” only cases. You must consult the Cancer Committee at your facility and document this decision in committee meeting minutes and in any facility procedures manuals. Please include the date that you stopped reporting.

1. Reportable Patients

All patients first seen at the reporting facility on or after January 1, 1981 (July 1, 1997 for free-standing/ambulatory surgery centers and freestanding radiation therapy centers), whether as an inpatient, outpatient or in an ambulatory care setting, who meet one or more of the below criteria must be reported to FCDS. Any patient with a coded diagnosis of cancer but not reported may be included in Casefinding Audits for review to ensure the case is truly not reportable. This may require a second complete review of the chart.

IMPORTANT NOTE: The start date for your registry for the state of Florida is 1/1/1981 or the day your facility opened. It is not the same start date that the Commission on Cancer assigns your facility. All reporting began in 1981. FCDS has cancer cases from your facility going back to 1981. If you submit a new cancer for a person already registered by your facility with FCDS, you must use the same Accession Number assigned to that person before your CoC Start Date. The older Accession Numbers can be found in the Alphabetical Listing Report of ALL Cases Every Reported to FCDS by your Facility. This ‘alpha list’ runs interactively and is the most up-to-date listing of all cases ever reported by your facility. It can be run in Accession Number Order or in Alphabetical Order in IDEA.

Reportable Patients

- a) all patients with an active, malignant neoplasm (in-situ or invasive), whether being treated or not (includes “active surveillance” cases) – with limited exceptions such as CIN III and PIN III (see Reportable Tumors)
- b) all patients with an active, benign or borderline brain or central nervous system (CNS) tumor, diagnosed on or after 01/01/2004, whether being treated or not (includes active surveillance and never treated)
- c) all patients undergoing prophylactic, neoadjuvant, or adjuvant therapy for malignancy,
- d) all patients undergoing ‘active surveillance’ or ‘watch and wait’ approach to therapy,
- e) patients seen as in-patient, out-patient, or in-clinic are reportable,
- f) all patients diagnosed at autopsy,
- g) all historical cases that meet FCDS reportable guidelines.

***Note: Patients with ‘chronic’ neoplastic conditions** such as chronic leukemia, myelodysplastic syndromes and myeloproliferative diseases, or other lymphoid/myeloid neoplasms designated as ‘chronic’ disease always have some level of active disease and must be reported. Treatment for these neoplasms may achieve a state of ‘clinical remission’. However, these conditions cannot be cured without aggressive therapy including high-dose chemotherapy plus bone marrow transplant or stem cell transplant. The chronic nature of their disease makes these cases always reportable, regardless of clinical status.*

2. Not Reportable Patients

- a) patients in complete remission with no evidence of cancer (NED) – **see Note regarding chronic neoplasms**
- b) patients with no evidence of cancer and not receiving prophylactic or adjuvant therapy,
- c) patients seen only in consultation to provide a second opinion to confirm a diagnosis or a treatment plan (no additional testing can be performed at your facility or the case is reportable),
- d) patients first seen at the reporting facility prior to January 1, 1981 (July 1, 1997 for free-standing centers) and returning after that date for treatment of the same primary malignant neoplasm,
- e) patients who receive transient care to avoid interrupting a course of therapy started elsewhere.

***Note: Patients with ‘chronic’ neoplastic conditions** such as chronic leukemia, myelodysplastic syndromes and myeloproliferative diseases, or other lymphoid/myeloid neoplasms designated as ‘chronic’ disease always have some level of active disease and must be reported. Treatment for these neoplasms may achieve a state of ‘clinical remission’. However, these conditions cannot be cured without aggressive therapy including high-dose chemotherapy plus bone marrow transplant or stem cell transplant. The chronic nature of their disease makes these cases always reportable, regardless of clinical status.*

3. Reportable Neoplasms

Determination of whether or not a given primary neoplasm is reportable is made by reference to the histology and behavior codes of the International Classification of Diseases for Oncology, 3rd ed. including approved updates and errata published by WHO and approved by NAACCR for ICD-O-3.

FCDS Requires that all neoplasms with behavior of /2 (in-situ) or /3 (malignant) be reported to FCDS with minor exclusions including; CIN III and PIN III or carcinoma in-situ of the cervix or prostate.

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Additionally, FCDS requires reporting of all benign, borderline, and malignant tumors of the Brain, Central Nervous System, Cranial Nerves, Intracranial Glands, Meninges and Peripheral Nerve Tumors.

Please see [NAACCR Version 23: Table of Comparison of Reportable Cancers: CoC, SEER, and NPCR](#) found at the end of FCDS DAM Section I for clarification of cancers required to be reported to NPCR and FCDS. This table can also be found in [NAACCR Standards Volume III, Version 23 – Data Standards and Data Dictionary, Chapter 3 – Standards for Tumor Inclusion and Reportability](#) at <https://www.naacr.org/data-standards-data-dictionary/>. Additional resources for clarification of FCDS reportable neoplasms include the (current) Solid Tumor Manual and the (current) SEER Hematopoietic Database.

FCDS adopted ICD-O-3.2 in 2018. This includes all of the 4th edition ‘Blue Books’ published as a series entitled; IACR/WHO Classification of Neoplasms. **Currently, the WHO is publishing electronic 5th edition WHO Classification of Neoplasms** for all neoplasms described. Use the ICD-O-3.2 Tables from IACR/WHO in addition to the (current) Solid Tumor Manual and (current) SEER Hematopoietic Database to determine whether a neoplasm is reportable to FCDS and the current correct ICD-O-3.2 histology and behavior code.

IACR/WHO began publishing 5th edition Classification of Neoplasm volumes in 2020. The 5th edition WHO Classification Series incorporates new histology codes, new behavior codes, and other changes that may change the reportability of some neoplasms over time. **Appendix R of this Manual includes the 2023 Updates to the IARC/WHO Classification of Neoplasms.**

The 2023 ICD-O-3.2 Update Guidelines includes comprehensive tables listing all changes to ICD-O-3.2 including new ICD-O codes, terminology and reportability changes effective for cases diagnosed 1/1/2023 forward. The 2023 update represents changes identified in recently published 5th Ed WHO Classification of Tumors books. Included in these guidelines are instructions for using the tables together with ICD-O-3.2.

The update includes important information on reportable versus non-reportable high-grade dysplasia in specified gastrointestinal sites.

The following WHO Classification of Tumor, 5th editions were released after the 2022 ICD-O-3.2 update:

- WHO Classification of Tumors of the Breast (2019)
 - WHO Classification of Tumors of Digestive System (2019)
 - WHO Classification of Tumors of the Female Genital Tumors (2019)
 - WHO Classification of Tumors of Soft Tissue and Bone (2020)
 - WHO Classification of Thoracic Tumors (2020)
 - WHO Classification of Central Nervous System Tumors (2021)
 - WHO Classification of Urinary and Male Genital Tumors (2022) – pending review
- The IARC/WHO ICD-O Committee has published two versions of additions, changes and revisions to the ICD-O-3 since the original publication (ICD-O-3.1 and ICD-O-3.2)
 - The IARC/WHO Version of ICD-O-3.2 (Histology & Behavior Codes) is accessible from IARC/WHO @ http://www.iacr.com.fr/index.php?option=com_content&view=category&layout=blog&id=100&Itemid=577. This links to the January 25, 2021 edition of the ICD-O-3.2...but, it is not 100% current.
 - **The 2023-compliant NAACCR Annotated Histology List including Preferred Histology Terms, Synonyms, and Changes is available from the NAACCR Website at <https://www.naacr.org/icdo3>.**
 - The NAACCR Annotated Histology List does not include the Topography or Primary Site Codes.
 - The 2023-specific ICD-O-3.2 Coding Guidelines and Implementation Documents including changes to Histology & Behavior Codes are available in Appendix R of this manual.
 - Complete 2023 ICD-O-3.2 Coding Guidelines and Implementation Documents are also available from NAACCR at <https://www.naacr.org/icdo3/>.
 - **Registrars MUST use the current version of the Solid Tumors Rules to supplement the ICD-O-3.2 Tables for all solid tumors diagnosed 2018 and later.** <https://seer.cancer.gov/tools/solidtumor/>
 - **Registrars MUST use the current online version of the Rules for Hematopoietic and Lymphoid Neoplasms and the Hematopoietic Database to identify and code any myeloid or lymphoid neoplasm** <https://seer.cancer.gov/seertools/hemelymph/>. An instructional manual is located under ‘downloads’.

- a) **In Situ and Invasive Cancers** - FCDS includes all primary malignancies - in situ and/or invasive. Therefore, any cancer with an ICD-O behavior code of /2 (in situ) or /3 (malignant) is reportable to FCDS (**except** carcinoma in situ of the cervix, carcinoma in situ of the prostate, CIN III, and PIN III). Cancers with benign or borderline behavior are discussed elsewhere in this section. If a tumor with an ICD-O behavior code of /0 or /1 is determined to be in-situ or invasive by the manner in which it is behaving (in malignant fashion), or by a pathologist, the case is reportable.
- i. **Anal Intraepithelial Neoplasia (AIN III)** is reportable to FCDS and should be included in casefinding activities. This non-invasive neoplasm of the anus or anal canal (C21.0-C21.1) is not the same as SCC of perianal skin (C44.5). It is important to distinguish between true anal cancers and skin of anus neoplasms. Neoplasms of the skin of anus (perianal skin) are not reportable, even if they extend into the anal canal. **AIN III** of the perianal skin is not reportable to FCDS.
 - ii. **Penile Intraepithelial Neoplasia Grade III (PeIN III)** is reportable to FCDS and should be included in casefinding activities.
 - iii. **Vulvar Intraepithelial Neoplasia Grade III (VIN III)** is reportable to FCDS and should be included in casefinding activities.
 - iv. **Vaginal Intraepithelial Neoplasia Grade III (VAIN III)** is reportable to FCDS and should be included in casefinding activities.
 - v. **Lobular Intraepithelial Neoplasia Grade III (LIN III)**
 - vi. The CoC does not require Lobular Carcinoma In-Situ (LCIS) be abstracted or reported to NCDB. **However, LCIS is reportable to FCDS and to all central cancer registries across the country.**
 - vii. **(Pancreatic Intraepithelial Neoplasia (PanIN III)** is reportable to FCDS (histology 8148/2) and should be included in casefinding activities.
 - viii. ***Glandular Intraepithelial Neoplasia, Grade III/High Grade Glandular Dysplasia** is reportable as adenocarcinoma in situ of the esophagus with histology code 8148/2.
 - ix. **Glandular Intraepithelial Neoplasia, Grade III/High Grade Glandular Dysplasia of other colorectal sites are not reportable unless the pathologist specifically states the tumor is ‘in-situ’ or ‘non-invasive’ or your Cancer Committee has agreed on this.**
 - x. **Specific Neoplasms with High Grade Dysplasia in Some Gastrointestinal Sites (C160-C166, C168-C169, C170-C173, C178-C179, C181)** are reportable as of 1/1/2022 (2022 List Below)
 - xi. **Non-invasive follicular thyroid neoplasm with papillary like nuclear features (NIFTP) is a low-grade tumor of the thyroid gland and is no longer reportable.**

2021/2022/2023 REPORTABLE NEOPLASMS OR RECLASSIFIED TUMORS
Please check individual year ICD-O-3 Update Guidelines for How to Use New Codes

2021 New Reportable Neoplasms/Reclassified Tumors

- a. Early or evolving melanoma, in situ and invasive – now reportable neoplasms
- b. ALL Gastro-Intestinal Stromal Tumors (GIST) – now classified ‘malignant’
- c. Thymoma Neoplasms – most now classified ‘malignant’ – see Histology/Behavior Codes
- d. **Pheochromocytoma and Medullary Paranglioma of Adrenal Gland**

2022 New Reportable Neoplasms/Reclassified Tumors

- a. LAMN – low grade appendiceal mucinous neoplasm (C18.1)
- b. HAMN – high grade appendiceal mucinous neoplasm (HAMN (C18.1)
- c. Serrated dysplasia, high grade (C160-C166, C168-C169, C170-C173, C178-C179)
- d. Adenomatous polyp, high grade dysplasia (C160-C166, C168-C169, C170-C173, C178-C179)
- e. Intestinal-type adenoma, high grade (C160-C166, C168-C169, C170-C173, C178-C179)
- f. Chondrosarcoma, grade 1
- g. 9 New Histology Codes with Associated New Histology Terms
 - o 8455/3 - Intraductal oncocytic papillary neoplasm with associated invasive carcinoma (C250-C254, C257-C259)
 - o 8483/3 - Adenocarcinoma, HPV-associated C530-C531, C538-C539)
 - o 8484/3 - Adenocarcinoma, HPV-independent, NOS C530-C531, C538-C539)
 - o 8859/3 - Myxoid pleomorphic liposarcoma
 - o 8976/3 - Gastroblastoma (C16.0 – C16.9)
 - o 9111/3 - Mesonephric-like adenocarcinoma
 - o 9366/3 - Round cell sarcoma with EWSR1-non-ETS fusions
 - o 9367/3 - CIC-rearranged sarcoma
 - o 9368/3 - Sarcoma with BCOR genetic alterations

2022 New Codes & New Terms – Do not Use for Cases Diagnosed Prior to 1/1/2022

ICD-O	Term
8033/3	Carcinoma with sarcomatoid component
8044/3	Small cell carcinoma, large cell variant (C56.9)
8085/3	Squamous cell carcinoma, HPV-associated
8086/3	Squamous cell carcinoma, HPV-independent
8086/3	Squamous cell carcinoma, HPV-independent
8144/2	Intestinal-type adenoma, high grade (C160 – C166, C168-C169, C170-C173, C178-C179)
8150/3	Oncocytic neuroendocrine tumor, non-functioning pancreatic
8150/3	Pleomorphic neuroendocrine tumor, non-functioning pancreatic
8150/3	Clear cell neuroendocrine tumor, non-functioning pancreatic
8163/2	Papillary neoplasm, pancreatobiliary type, with high grade intraepithelial neoplasia C241
8150/3	Cystic neuroendocrine tumor, non-functioning pancreatic
8174/3	Hepatocellular carcinoma, steatohepatic
8174/3	Hepatocellular carcinoma, macrotrabecular massive
8174/3	Hepatocellular carcinoma, chromophobe
8174/3	Hepatocellular carcinoma, neutrophil-rich
8174/3	Hepatocellular carcinoma, lymphocyte-rich

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8200/3	Solid-basaloid adenoid cystic carcinoma
8200/3	Adenoid cystic carcinoma with high-grade transformation
8210/2	Adenomatous polyp, high grade dysplasia (C160 – C166, C168-C169, C170-C173, C178-C179)
8211/2	Tubular adenoma, high grade
8213/2	Serrated dysplasia, high grade (C160 – C166, C168-C169, C170-C173, C178-C179)
8243/3	Goblet cell adenocarcinoma
8261/2	Villous adenoma, high grade
8262/3	Adenoma-like adenocarcinoma
8263/2	Tubulovillous adenoma, high grade
8310/3	Adenocarcinoma, HPV-independent, clear cell type
8455/2	Intraductal oncocytic papillary neoplasm, NOS (C250-C254, C257-C259)
8455/3	Intraductal oncocytic papillary neoplasm w/associated invasive carcinoma (C250-C259)
8480/2	Low grade appendiceal mucinous neoplasm (LAMN) (C181)
8480/2	High grade appendiceal mucinous neoplasm (HAMN) (C181)
8482/3	Adenocarcinoma, HPV-independent, gastric type (C530-C531, C538-C539)
8483/2	Adenocarcinoma in situ, HPV-associated (C530-C531, C538-C539)
8483/3	Adenocarcinoma, HPV-associated C530-C531, C538-C539)
8484/2	Adenocarcinoma in situ, HPV-independent, NOS C530-C531, C538-C539)
8484/3	Adenocarcinoma, HPV-independent, NOS C530-C531, C538-C539)
8500/2	DCIS of low nuclear grade
8500/2	DCIS of intermediate nuclear grade
8500/2	DCIS of high nuclear grade
8503/2	Ductal carcinoma in situ, papillary
8509/3	Tall cell carcinoma with reversed polarity
8520/2	Florid lobular carcinoma in situ
8576/3	Paneth cell carcinoma
8590/1	Uterine tumor resembling ovarian sex cord tumor
8804/3	Proximal or large cell epithelioid sarcoma
8804/3	Classic epithelioid sarcoma
8811/3	Epithelioid myxofibrosarcoma
8832/3	Myxoid dermatofibrosarcoma protuberans
8832/3	Dermatofibrosarcoma protuberans with myoid differentiation
8832/3	Plaque-like dermatofibrosarcoma protuberans
8859/3	Myxoid pleomorphic liposarcoma
8912/3	Congenital spindle cell rhabdomyosarcoma with VGLL2/NCOA2/CITED2 rearrangements
8912/3	MYOD1-mutant spindle cell/sclerosing rhabdomyosarcoma
8912/3	Intraosseous spindle cell rhabdomyosarcoma with TFCP2/NCOA2 rearrangements
8976/3	Gastroblastoma (C16.0 – C16.9)

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8990/3	NTRK-rearranged spindle cell neoplasm (emerging)
9110/3	Adenocarcinoma, HPV-independent, mesonephric type
9111/3	Mesonephric-like adenocarcinoma
9120/3	Post radiation angiosarcoma of the breast
9120/3	Epithelioid angiosarcoma
9133/3	Epithelioid hemangioendothelioma with WWTR1-CAMTA1 fusion
9133/3	Epithelioid hemangioendothelioma with YAP1-TFE3 fusion
9140/3	Classic indolent Kaposi sarcoma
9140/3	Endemic African Kaposi sarcoma
9140/3	AIDS-associated Kaposi sarcoma
9140/3	Iatrogenic Kaposi sarcoma
9200/1	Osteoblastoma
9222/3	Chondrosarcoma, grade 1
9261/1	Osteofibrous dysplasia-like adamantinoma
9366/3	Round cell sarcoma with EWSR1-non-ETS fusions
9367/3	CIC-rearranged sarcoma
9368/3	Sarcoma with BCOR genetic alterations
9687/3	Endemic Burkitt lymphoma
9687/3	Sporadic Burkitt lymphoma
9687/3	Immunodeficiency-associated Burkitt lymphoma

2023 New Reportable Neoplasms/Reclassified Tumors

- **IMPORTANT FOR CASES Diagnosed 2023 FORWARD:** Beginning 1/1/2023, all cases diagnosed with pilocytic astrocytoma/juvenile pilocytic astrocytoma and related terminology are to be reported with behavior /1. They will no longer be collected with malignant behavior (/3).
- Code 9421/3 will be valid for diagnoses of high-grade astrocytoma with piloid features (HFAP).
- Coding instructions are in the remarks section for 9421/1 and 9421/3 in the 2023 ICD-O Update
- 2023 ICD-O Updates include:
 - **5 new ICD-O histology codes/terms**
 - 1 histology changed behavior and is reportable
 - 41 new preferred or related terms

New terminology may be used by your local pathologist to describe malignant or in situ neoplasms (i.e. well differentiated neuroendocrine neoplasm). When this occurs, the neoplasm is reportable to FCDS.

PLEASE REFERENCE APPENDIX R for the Complete Set of Changes for 2023 New Reportable Histology Codes, Retired Codes, New/Changes to Behavior and Reportability of Neoplasms.

ICD-O	New Codes and Terms
8272/3	Pituitary adenoma/pituitary neuroendocrine tumor (PitNET) (C75.1)
8693/3	Cauda equina neuroendocrine tumor (cranial and paraspinal nerves)
9385/3	Diffuse hemispheric glioma, H3 G34-mutant
9385/3	Diffuse midline glioma, H3 K27-altered

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ICD-O	New Codes and Terms
9385/3	Diffuse pediatric-type glioma, H3-wildtype and IDH-wildtype
9385/3	Infant-type hemispheric glioma
9391/3	Posterior fossa ependymoma, NOS
9391/3	Spinal ependymoma, NOS (C72.0)
9391/3	Supratentorial ependymoma, NOS
9396/3	Posterior fossa group A (PFA) ependymoma
9396/3	Posterior fossa group B (PFB) ependymoma
9396/3	Spinal ependymoma, MYCN-amplified (C72.0)
9396/3	Supratentorial ependymoma, YAP1 fusion-positive
9396/3	Supratentorial ependymoma, ZFTA fusion-positive
9400/3	Astrocytoma, IDH-mutant, grade 2
9401/3	Astrocytoma, IDH-mutant, grade 3
9413/0	Polymorphous low-grade neuroepithelial tumor of the young
9421/1	Diffuse astrocytoma, MYB- or MYBL1-altered
9421/1	Diffuse low-grade glioma, MAPK pathway-altered†
9421/3	High-grade astrocytoma with piloid features (HGAP)
9430/3	Astroblastoma, MN1-altered
9445/3	Astrocytoma, IDH-mutant, grade 4
9450/3	Oligodendroglioma, IDH-mutant and 1p/19q-codeleted, grade 2
9451/3	Oligodendroglioma, IDH-mutant and 1p/19q-codeleted, grade 3
9470/3	Medulloblastoma, histologically defined (C71.6)
9473/3	CNS embryonal tumor, NEC/NOS
9480/3	Primary intracranial sarcoma, DICER1-mutant
9500/3	CNS tumor with BCCR internal tandem duplication
9500/3	CNS neuroblastoma, FOXR2-activated
9509/0	Multinodular and vacuolating neuronal tumor
9509/1	Myxoid glioneuronal tumor
9509/3	Diffuse leptomeningeal glioneuronal tumor
9540/3	Malignant melanotic nerve sheath tumor
9699/3	MALT lymphoma of the dura
9749/1	Juvenile xanthogranuloma (C71.5)
9749/3	Rosai-Dorfman disease

***Note 1:** AJCC TNM Manual, 8th edition states for Esophageal Cancers: “High grade dysplasia includes all non-invasive neoplastic epithelia that was formerly called carcinoma in situ, a diagnosis that is no longer used for columnar mucosae anywhere in the gastrointestinal tract.” Therefore, all high grade/severe dysplasia of esophagus are reportable as carcinoma in situ.

***Note 2:** AJCC TNM Manual, 8th edition states for Colon Cancers: “The terms ‘high grade dysplasia’ and

‘severe dysplasia’ may be used as synonymous for in situ adenocarcinoma and in situ carcinoma. These cases should be assigned a pTis.” It is necessary to contact your pathologist and/or cancer committee to determine if s/he applies this definition to all colon cancers. If so, high grade/severe dysplasia of any colon site is reportable as adenocarcinoma in situ (8140/2).

- a) **Specified malignant neoplasms of the skin are reportable conditions;** Kaposi sarcoma, malignant melanoma, in-situ melanoma, early melanoma, evolving melanoma, Merkel cell carcinoma, sebaceous adenocarcinoma, sweat gland adenocarcinoma, mycosis fungoides and T-cell or B-cell lymphoma of skin.
- b) **Dermatofibrosarcoma protuberans is no longer reportable to FCDS as of 1/1/2021.**
- c) **Patients with ‘chronic’ neoplastic conditions** such as chronic leukemia, myelodysplastic syndromes and myeloproliferative diseases, or other lymphoid/myeloid neoplasms designated as ‘chronic’ disease always have some level of active disease and must be reported. Treatment for these neoplasms may achieve a state of ‘clinical remission’. However, these conditions cannot be cured without aggressive therapy including high-dose chemotherapy plus bone marrow transplant or stem cell transplant. The chronic nature of their disease makes these cases always reportable, regardless of clinical status. See the SEER Hematopoietic and Lymphoid Neoplasm Manual for a complete listing of myeloproliferative diseases, myelodysplastic syndromes, chronic lymphoid leukemia, and chronic myeloid leukemia histology codes. **All of these are reportable neoplasms even when stated to be ‘in remission’.**
- d) **Carcinoid Tumor of Appendix Diagnosis Date 1/1/2015 forward is a Reportable Malignancy**
- e) **8323/3 – clear cell papillary renal cell carcinoma of kidney has been reclassified as a ISUP Grade 1 (low grade neoplasm) which is not malignant. However, this cancer is still reportable in the United States using the 8323/3 malignant clear cell papillary renal cell carcinoma of kidney code.**
- f) **In Utero Diagnosis and Treatment – beginning in 2009, diagnosis and treatment dates for a fetus prior to birth are to be assigned the actual date of the event. In the past, those dates were set by rule to the date the baby was born. The exact date may be used for cases diagnosed prior to 2009 and must be used for cases diagnosed 1/1/2009 and later.**
- g) **Basal and squamous skin cancers in genital sites (histology codes 8000-8110) are reportable.**

“Genital Sites” include the following anatomic locations:

C51.0 - C51.1 – Labia

C51.2 - Clitoris

C51.8 - C51.9 - Vulva

C52.9 - Vagina

C60.0 - Prepuce

C60.9 - Penis

C63.2 - Scrotum

- h) **Clarification for Reporting /2 and /3 Pancreatic Neoplasms** - The classification and reporting of tumors of the pancreas and of the pancreato-biliary system can be confusing in part due to the terminology associated with tumors arising within this body system, and complicated by the mixed nature of benign, borderline, in-situ and invasive neoplasms and various histologic subtypes associated with pancreato-biliary neoplasms. **ALL in-situ and invasive (malignant) neoplasms of the pancreas are reportable to FCDS.** However, some reportable neoplasms are associated with terminology registrars do not recognize as reportable malignancy. FCDS is making every effort to capture these pancreato-biliary primary tumors early in the disease process as endoscopic ultrasound (EUS) and new imaging is improving diagnosis.

Further Clarification has indicated any reportable tumor must include reference to one or more of the following terms; neoplasm with high grade dysplasia, noninvasive neoplasm, invasive neoplasm. Tumors, lesions, or abnormalities identified on endoscopic ultrasound associated only with adenoma, low grade dysplasia, moderate grade dysplasia, intermediate grade dysplasia or ‘not otherwise specified’ are classified by WHO as ‘benign’ and are not reportable. Pancreatic tumor

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(IPMN/IOPN/ITPN/CPEN) seen on endoscopic ultrasound without biopsy is not reportable unless clinically malignant due to metastasis. *Note: some of these patients still get a Whipple Procedure as if they had malignancy. So, treatment is not the defining characteristic of a malignancy in this case.* Please take care when reviewing these cases.

The IPMN Path Description must include at least one of the clarifying descriptive terms below;

- **IPMN, with high grade dysplasia**
- **IPMN, non-invasive**
- **IPMN, in-situ**
- **IPMN, associated with invasive carcinoma**
- **IPMN, invasive**

Reportable	ICD-O-3	Description
Yes	8150/3	Cystic Pancreatic Endocrine Neoplasm, invasive (CPEN)
Yes	8163/2	Papillary neoplasm, pancreatobiliary-type, with high grade intraepithelial neoplasia
Yes	8163/3	Pancreatobiliary-type carcinoma
Yes	8240/3	Neuroendocrine Tumor, Grade 1 (NET GR1) of the pancreas
Yes	8246/3	Neuroendocrine Carcinoma of the pancreas
Yes	8249/3	Neuroendocrine Tumor, Grade 2 (NET GR2) of the pancreas
Yes	8440/3	Cystadenocarcinoma of the pancreas
Yes	8452/3	Solid Pseudo-Papillary Neoplasm (SPN) of the pancreas
Yes	8453/2	Intraductal Papillary Mucinous Neoplasms (IPMN) of the pancreas with high grade dysplasia
Yes	8453/2	Intraductal Papillary Mucinous Neoplasm (IPMN) of the pancreas, non-invasive
Yes	8453/3	Intraductal Papillary Mucinous Neoplasm (IPMN) with an associated invasive carcinoma
Yes	8453/3	Intraductal Papillary Mucinous Carcinoma, invasive
Yes	8470/2	Mucinous Cystic Neoplasm (MCN) of the pancreas with high-grade dysplasia
Yes	8470/2	Non-invasive Mucinous Cystic Neoplasm (MCN) of the pancreas with high-grade dysplasia
Yes	8470/2	Mucinous Cystadenocarcinoma, non-invasive (MCN)
Yes	8470/3	Mucinous Cystadenocarcinoma of the pancreas
Yes	8470/3	Mucinous Cystic Neoplasm (MCN) of the pancreas with invasive carcinoma
Yes	8471/3	Papillary Mucinous Cystadenocarcinoma of the pancreas
Yes	8500/3	Infiltrating Duct Carcinoma of the pancreas
Yes	8503/2	Intraductal Oncocytic Papillary Neoplasm (IOPN) of the pancreas with high grade dysplasia
Yes	8503/2	Intraductal Oncocytic Papillary Neoplasm (IOPN) of the pancreas, noninvasive
Yes	8503/2	Intraductal Tubule-Papillary Neoplasm (ITPN) of the pancreas with high grade dysplasia
Yes	8503/2	Intraductal Tubule-Papillary Neoplasm (ITPN) of the pancreas, noninvasive
Yes	8503/3	Intraductal Tubule-Papillary Neoplasm (ITPN) with invasive carcinoma
Yes	8552/3	Mixed acinar-ductal carcinoma
No	n/a	Histologies with Behavior Code of /0 (benign)
No	n/a	Histologies with Behavior Code of /1 (borderline)
No	n/a	Serous cystadenomas, solid and cystic papillary (Hamoudi) tumors, lympho-epithelial cysts and simple cysts are all benign and not reportable

- i) **Benign and Borderline Cancers** - Benign and borderline primary **intracranial** and **central nervous system (CNS) tumors** with a **behavior code of /0 or /1 in ICD-O-3** are reportable as of 01/01/2004.

Benign/Borderline Cancers diagnosed and/or treated before 1/1/2004 are not reportable to FCDS.

FCDS requires reporting of all benign, borderline, and malignant tumors of the Brain, Central Nervous System, Cranial Nerves, Intracranial Glands, Meninges and Peripheral Nerve Tumors.

CDC published a reference manual in 2004 entitled, “Data Collection of Primary Central Nervous System Tumors.” The manual is available free of charge in PDF format on the CDC NPCR Website at <http://www.cdc.gov/npcr/pdf/btr/braintumorguide.pdf>. This document and ICD-O-3 are the primary references when determining case reportability for primary brain and CNS tumors.

SEER has also published new 2021 requirements for abstracting benign/borderline brain and CNS tumors. Please be sure to reference the current **Solid Tumor Rules chapter for Non-Malignant CNS Tumors** for a complete listing of new required brain and central nervous system neoplasms required for 2018 and later.

- **Sphenoid Wing Meningioma is a Reportable Neoplasm beginning with 1/1/2004 diagnoses.**
- **Glomus Jugulare Tumors, Paraganglioma and Carotid Body Tumors are Reportable beginning with 1/1/2019 diagnoses for primary sites C75.4 and C75.5. Malignant Paraganglioma of Other Sites (C47.9) are reportable for pre-2019 diagnoses – see Solid Tumor Rules for clarifications.**
- **Pilocytic Astrocytoma/Juvenile Pilocytic Astrocytoma – CHANGES TO BEHAVIOR**

From 1976 to 2000, WHO assigned code 9421/3 to pilocytic astrocytoma of the brain. Beginning with the release of ICD-O-3 in 2001, WHO changed the behavior for this neoplasm from /3 to /1 making it non-reportable. 9421/3 was removed from ICD-O-3, however, the standard setting organizations in North America opted to continue collecting these tumors as 9421/3 in CNS sites. The practice did not change once benign/borderline CNS tumors became reportable in 2004. The exception being pilocytic astrocytoma/optic glioma of the optic nerve which are coded 9421/1 effective 2018 and forward.

The 5th Ed Central Nervous System Tumors reinstated code 9421/3 for a newly identified neoplasm: High-grade astrocytoma with piloid features (HGAP).

- **IMPORTANT FOR CASES Diagnosed 2023 FORWARD: Beginning 1/1/2023, all cases diagnosed with pilocytic astrocytoma/juvenile pilocytic astrocytoma and related terminology are to be reported with behavior /1. They will no longer be collected with malignant behavior (/3). ICD-O code 9421/3 will be valid for the diagnosis of high-grade astrocytoma with piloid features or HGAP only. Coding instructions are included in the remarks section for 9421/1 and 9421/3 in the 2023 ICD-O Update Tables 1 and 2.**
- **The 2023 Solid Tumor Rules Update for Malignant CNS and Non-malignant CNS provides coding instructions based on diagnosis date for pilocytic astrocytoma occurring in the CNS.**

Table of Anatomic (Primary) Sites for Reportable Benign and Borderline Tumors of Intra-cranial and other central nervous system tumors.

Anatomic Intracranial and CNS Sites for Reportable Benign / Borderline Tumors		
General Term	Anatomic Site	ICD-O-3 Code
Meninges	Cerebral meninges	C700
	Spinal meninges	C701
	Meninges, NOS	C709
Brain	Cerebrum	C710
	Frontal lobe	C711

Anatomic Intracranial and CNS Sites for Reportable Benign / Borderline Tumors		
General Term	Anatomic Site	ICD-O-3 Code
	Temporal lobe	C712
	Parietal lobe	C713
	Occipital lobe	C714
	Ventricle, NOS	C715
	Cerebellum, NOS	C716
	Brain stem	C717
	Overlapping lesion of brain	C718
	Brain, NOS	C719
Spinal cord, cranial nerves, and other parts of the central nervous system	Spinal cord	C720
	Cauda equine	C721
	Olfactory nerve	C722
	Optic nerve	C723
	Acoustic nerve	C724
	Cranial nerve, NOS	C725
	Overlapping lesion of brain and central nervous system	C728
	Nervous system, NOS	C729
Pituitary gland, craniopharyngeal duct and pineal gland	Pituitary gland	C751
	Craniopharyngeal duct	C752
	Pineal gland	C753

4. Not Reportable Neoplasms

a) Primary skin tumors (C44._) with histology codes 8000-8110

Skin Cancers - Basal cell carcinoma and squamous cell carcinoma of non-genital skin sites are common malignancies. These tumors are not to be reported to FCDS, regardless of stage. All other malignant tumors of the skin must be reported including but not limited to malignant melanoma, Merkel cell carcinoma, lymphoma of skin, and other non-squamous and non-basal cell skin cancers. Only the following malignant neoplasms of the skin (C44.0-C44.9) are not reportable:

M 8000 – M 8005	Neoplasm, malignant, NOS of the skin
M 8010 – M 8046	Epithelial carcinoma, NOS of the skin
M 8050 – M 8084	Papillary and squamous cell neoplasm of the skin
M 8090 – M 8110	Basal cell carcinoma of the skin

b) AIN III (8077/2) of the Perianal Skin (C44.5) is not reportable.

c) AIN III of anus or anal canal (C21.0- C21.1) is reportable to FCDS.

d) BIRADS Category 4 and BIRADS Category 5 Diagnosis without biopsy is not reportable.

e) Using the Date of Mammography as Date of Initial Cancer Diagnosis for Imaging BIRADS Category 4 or 5 with positive biopsy:

A positive/suspicious mammogram alone should never be used to code the date of diagnosis.

A positive/suspicious mammogram date should be used as the date of diagnosis ONLY when the patient goes on to subsequently have a positive biopsy and/or resection that confirms the suspicious abnormality is in fact a malignancy.

BI-RADS is not the only American College of Radiology and Data Systems Assessment (RADS)

classification system. You may see other RADS Diagnostic Imaging Standards referenced in the evaluation of diagnostic imaging findings and image results classification including but not limited to;

- C-RADS – CT Colonography
- LI-RADS – Liver Imaging
- Lung-RADS – lung imaging
- NI-Rads – Head and Neck Imaging
- O-Rads – Ovarian/Adnexal Imaging
- PI-RADS – prostate imaging
- TI-RADS – Thyroid Imaging

Do not use the newer RADS standards as a date of diagnosis until/unless SEER publishes this in manuals.

Reporting Multiple Primary Tumors - Single versus Multiple Primaries

Operational rules are needed to ensure consistency in reporting multiple primary neoplasms. Basic factors include the anatomic site of origin of the neoplasm, the date of diagnosis, the histologic type of each neoplasm, the behavior of the neoplasm, and laterality. Please consult the attending physician if questions arise regarding the number of primary tumors.

In general, if there is a difference in the primary site where the neoplasm originates, it is fairly easy to determine whether it is a single or multiple primaries, regardless of dates of detection or differences in histology. Likewise, if there is a clear-cut difference in histology, other data such as the primary site and the date of detection are not essential to make this determination. Standardized rules have been developed and published to assist the registrar in making single versus multiple primary decisions.

2018 Solid Tumor Rules – current version – September 2023

The *2018 Solid Tumor Rules, September 2022* publication contain site-specific rules for lung, breast, colon, melanoma of the skin, head and neck, kidney, renal pelvis/ureter/bladder, and malignant and nonmalignant brain primaries. A separate set of rules addresses the specific and general rules for all other solid tumor sites. And, a special set of rules has been written for hematopoietic and lymphoid neoplasms. The multiple primary rules guide and standardize the process of determining the number of primary tumors or abstracts to be created. The histology rules contain detailed histology coding instructions. Registrars must refer to the *2018 Solid Tumor Rules, September 2021 update* for general and cancer site-specific instructions. More information on these rules can be found on the NCI SEER website at <http://seer.cancer.gov/tools/mphrules/index.html>

Hematopoietic and Lymphoid Neoplasm Case Reportability and Coding Rules and Heme DB – August 2021

The *Hematopoietic and Lymphoid Neoplasm Case Reportability and Coding Manual* and the accompanying Hematopoietic Database replaced the ICD-O-3 Book as the primary coding reference for Myeloid and Lymphoid Neoplasms. At the same time, the 2022 rules and DB have replaced earlier versions of the DB as well as the historical February 2001 Single Versus Subsequent Primaries of Lymphatic and Hematopoietic Disease rules and foldout table. An on-line version of the new rules and database is available at: <http://seer.cancer.gov/seertools/hemelymph>.

IMPORTANT: DO NOT USE the ICD-O-3 Manual to code any histology 9590-9993. Use the most current Hematopoietic and Lymphoid Neoplasm MPH Rules Manual and Database as your primary reference.

6) Clarification of Reporting Requirements

a) Malignant Neoplasms/Benign tumors

A patient is considered to have a benign, borderline, or malignant neoplasm when so indicated by a recognized medical practitioner. In determining a diagnosis of cancer, a positive pathology report takes precedence over all other reports or statements. Many benign and borderline neoplasms of the brain and central nervous system are diagnosed based upon diagnostic imaging, only (CT, PET, MRI, etc.). Other cancers may be diagnosed by alternate means such as direct visualization (without biopsy) or a diagnosis

may be based upon clinical evidence, alone. The data item “Diagnostic Confirmation” is used to identify the method of diagnosis for each case. The codes are to be used in a hierarchical order in most cases. In the absence of a positive pathology report, all information in the record must be assessed to determine whether or not the case is reportable and to identify the method used to establish (confirm) the diagnosis.

b) Clinically Diagnosed Cases Are Reportable

In the absence of a histologic or cytological confirmation of a reportable cancer, accession a case based on the **clinical diagnosis** (when a recognized medical practitioner says the patient has a cancer or carcinoma or when the patient is undergoing treatment for cancer that may not have been histologically or otherwise confirmed). A clinical diagnosis may be recorded as part of the final diagnosis on the face sheet or other parts of the medical record. See Note and Exceptions below.

Note: A pathology report normally takes precedence over a clinical diagnosis. If the patient has a negative biopsy, the case would not be reported.

Exception 1: If the physician treats a patient for cancer in spite of the negative biopsy, abstract and report the case.

Exception 2: If enough time has passed that it is reasonable to assume that the physician has seen the negative pathology, but the clinician continues to call this a reportable disease, accession the case. A reasonable amount of time would be equal to or greater than 6 months.

c) Ambiguous Terminology

Over the year’s registrars have grown more and more confused about the use of ‘ambiguous terminology’ on imaging and pathology reports. Training has focused more on clarifying when to use or not use ‘ambiguous terminology’ rather than reinforcing the use of ‘definitive terminology’ over ‘ambiguous terminology’ in diagnostic imaging reports. The result has been a grand misunderstanding of the preferred and priority use of ‘definitive terminology’ over ‘ambiguous terminology’ when determining when a case becomes reportable, the date of initial diagnosis, the primary site, histologic type, and the presence or absence of disease based on the terminology reflected in these reports.

Instruction and training have emphasized how to interpret ‘ambiguous’ terms to the detriment of how and when to apply ‘definitive’ terms as the preferred/priority terminology in decision-making. Unfortunately, many registrars look for the ‘ambiguous’ terms to confirm a diagnosis and often will ignore ‘definitive’ terms...or they expect the radiologist or pathologist who provides a ‘definitive’ statement to restate an abnormality as ‘suspicious for cancer’ when definitive terminology already says the abnormality is a cancer until or unless proven not to be a cancer – this is definitive terminology.

Registrars are looking for the terminology ‘suspicious for cancer’ particularly on imaging to confirm a cancer diagnosis when the ‘definitive terminology’ has already confirmed the presence or absence of cancer, date of initial diagnosis or histology type. The radiologist will not and does not need to restate that the tumor mass s/he has described is ‘suspicious for cancer’ because the definitive terminology that s/he has used already tells you it is a cancer or a specific type of cancer until/unless proven otherwise.

[The Following Guidelines should be used to differentiate between ‘Definitive Terminology’ and ‘Ambiguous Terminology’ and which terminology has priority over the other to establish the presence or absence of cancer or to delineate more clearly what a primary site, histology or other term should mean.](#)

- When ‘definitive terminology’ is used on a report, the radiologist/pathologist is already confident that a cancer is present – the diagnosis is not in question or ambiguous – it is cancer until or unless it is

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later proven not to be cancer. The physician has high confidence that a stated ‘definitive term’ is what they say it is – they do not have to repeat themselves and say that they are ‘suspicious’ about the presence or absence of disease – they are already confident it is what they say it is in the report.

- Registrars should always apply ‘definitive terminology’ over ‘ambiguous terminology.’ Reports do not have to restate ‘suspicious for cancer’ or ‘likely mucinous adenocarcinoma’ when a definitive assessment or terminology is used in the first confirmation of cancer or the to use the date of that report as the initial date of diagnosis or confirmed histology when a ‘definitive term’ is present.
- When a physician uses definitive terminology, they are stating that a mass, tumor, neoplasm or a specified histology is what they say it is unless or until it is otherwise proven not to be what they say it is based on some other test or if a subsequent test clarifies a more specific diagnosis.

For example; when an imaging report states, ‘mass in left lung,’ or they state measurements for a tumor or nodes or metastasis – the physician is telling you that they already think the abnormality is cancer until or unless it is later proven not to be a cancer or some other more definitive testing method rules out cancer. The use of a ‘definitive term’ is a statement made with confidence that it is what they say it is. Again, there is no need to restate ‘suspicious for cancer’ because the physician already thinks it is cancer – they are not even suspicious – it is cancer until/unless proven not to be.

- The report does not have to restate that the mass is ‘suspicious for cancer’...the definitive terminology has already made that statement and a cancer diagnosis is established at that time. Biopsy or resection may clarify the type of cancer – but the radiologist already believes with a high confidence that the mass is cancer. And, this report is used for the date of initial diagnosis of cancer – not the date of the biopsy or other test.
- Additionally, when ‘definitive terminology’ is used to describe a primary tumor, presence or absence of regional or distant lymph node(s) or the presence or absence of metastatic disease – the physician is stating with confidence that tumor, nodes or metastasis is present and is cancer unless otherwise proven not to be cancer by some other more definitive method or test.
- The ‘ambiguous terminology’ list of words and phrases for presence or absence of disease are applied only when ‘definitive terminology’ is NOT used to describe the presence or absence of tumor or a specific histologic type/subtype.
- There are some abnormalities that cannot be further described using a definitive term because they are too small or cannot be further characterized sufficient to state it is cancer such as ‘lung nodule’. Lung nodules are just too small to know if they are tumor nodules or nodules that are reactive such as reaction to an infectious process in the lungs. They cannot be characterized as tumor or mass.
- You use the ‘ambiguous terminology’ lists of words and phrases when only ‘ambiguous terminology’ is used and there is no ‘definitive terminology’ in the report. Not the other way around...

Another example would be a pathology report that states, ‘mucinous adenocarcinoma.’ This is a definitive diagnosis of ‘mucinous adenocarcinoma’ and you code the histology as ‘mucinous adenocarcinoma.’

- But, when a report states ‘suspicious for mucinous adenocarcinoma’ or ‘suggests mucinous adenocarcinoma,’ only then do you apply the ‘ambiguous terminology’ guidelines to determine whether or not you code the histology as ‘mucinous adenocarcinoma’ or ‘adenocarcinoma, NOS.’
- You only use the ‘ambiguous terminology’ guidelines when ‘definitive terminology’ is NOT present.
- ‘Ambiguous terminology’ does not have to be used on imaging to confirm the presence or absence of neoplasm, and, is never used instead of in place of ‘definitive terminology’.

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- Unfortunately, there is not and never has been a list of ‘definitive terminology’ – you must use your practical sense and the physician’s statement to decide if a term is ‘definitive’ not ‘ambiguous’.

As part of the registry case-finding activities, all diagnostic reports should be reviewed to confirm whether a case is reportable. This includes pathology reports, genetic testing reports, immunophenotype reports, bone marrow biopsy reports, autopsy reports, diagnostic imaging reports, and results from medical testing.

Definitive Diagnostic Terminology ALWAYS supersedes use of Ambiguous Terminology in any report.

If the terminology describing the diagnostic assessment is ambiguous, use the following guidelines to determine whether a case should be abstracted and reported to FCDS. Words or phrases that are synonyms of these terms do not constitute a diagnosis. For example, “likely” alone does not constitute a diagnosis.

In the absence of definitive evidence, the following terms should be interpreted as diagnostic of cancer:

Apparent(ly)	consistent with	neoplasm*	suspicious (for)
Appears	favor(s)	presumed	tumor *
comparable with	malignant appearing	probable	typical of
compatible with	most likely	suspect(ed)	

* use of the terms “neoplasm” and “tumor” begin with cases diagnosed 1/1/2004 and later and are to be used in conjunction with nonmalignant (benign or borderline ICD-O-3 behavior codes /0 or /1) primary intracranial and central nervous systems, only (C70.0-C72.9, C75.1-C75.3).

Exception: If cytology is reported as "suspicious," abstract the case only if a positive biopsy or a physician's clinical impression of cancer supports the cytology findings.

Examples of Diagnostic Terms:

Example 1: The inpatient discharge summary documents a chest x-ray *consistent with carcinoma* of the right upper lobe. The patient refused further work-up or treatment. *Consistent with carcinoma* is indicative of cancer.

Ambiguous Terms That Do Not Constitute a Diagnosis *without additional information*

The following modifying terms, when applied to a malignancy, should NOT be considered diagnostic of cancer without additional information such as treatment for cancer.

Cannot be ruled out	questionable	equivocal	rule out
possible	suggests	potentially malignant	worrisome

Positive molecular marker or cytogenetic testing in the absence of pathologic or clinical evidence of reportable disease are indicative of risk only and do not constitute a diagnosis.

Ambiguous Terms - In Situ and Invasive (Behavior codes /2 and /3)

- If an **ambiguous term(s) precede** a word that is **synonymous** with an in situ or invasive tumor (e.g.: cancer, carcinoma, malignant neoplasm, non-invasive cancer, etc.) the case is reportable. Abstract and report the case

Example: The pathology report says: Prostate biopsy with markedly abnormal cells that are typical of adenocarcinoma.” Abstract and report the case.

Negative Example: The final diagnosis on the outpatient report reads: Rule out leukemia. Do

not abstract or report the case. Do track that you reviewed the record and deemed the case not reportable. Be sure to include the reason the case is not reportable to FCDS so you do not have to re-review the case during the annual AHCA casefinding audit.

- **Discrepancies:** If one section of the medical record(s) uses a reportable term such as “apparently” and another section of the medical record(s) uses a term that is not on the reportable list, accept the reportable term and abstract the case.

Exception: Do not abstract a case based on *suspicious* cytology, alone. The case is to be abstracted only if proven by *positive* cytology or *other diagnostic method* including a physician’s clinical diagnosis. See the data item Diagnostic Confirmation for methods of diagnosis.

Note: If the **word or an equivalent term does not appear** on the reportable list or is not a form of a word on the reportable list, the term is not diagnostic of cancer. Do not report the case. Forms of the word are such as: “Favored” rather than Favor(s); “appeared to be” rather than appears. Do not substitute synonyms such as “supposed” for presumed or “equal” for comparable.

- Use these terms when **screening** diagnoses on pathology reports, operative reports, imaging/scans, and other diagnostic testing other than tumor markers.

Note: If the ambiguous diagnosis is **proven to be not reportable** by biopsy, cytology, or physician’s statement (cancer was ruled out as diagnosis), **do not report** the case.

Example: Mammogram shows calcifications suspicious for intraductal carcinoma. The biopsy of the area around the calcifications is negative for malignancy. Do not report the case.

Ambiguous Terms - Benign and borderline primary intracranial and CNS tumors

- Use the “Ambiguous Terms that are Reportable” list to identify benign and borderline primary intracranial and CNS tumors that are reportable.
- If any of the reportable **ambiguous terms precede** either the word “**tumor**” or the word “**neoplasm**,” the case is reportable. Abstract and report the case.

Example: The mass on the CT scan is consistent with pituitary tumor. Abstract and report the case.

- **Discrepancies:** If one section of the medical record(s) uses a reportable term such as “apparently” and another section of the medical record(s) uses a term that is not on the reportable list, accept the reportable term, abstract and report the case.

Exception: Do not abstract a case based only on suspicious cytology without additional confirmation of the presence of disease. The case is abstracted and reported if proven by positive cytology or other diagnostic methods including a physician’s clinical diagnosis. See the data item Diagnostic Confirmation for methods of diagnosis.

Note: If the **word or an equivalent term does not appear** on the reportable list or is not a form of a word on the reportable list, the term is not diagnostic of cancer. Do not abstract the case. Forms of the word are such as: “Favored” rather than Favor(s); “appeared to be” rather than appears. Do not substitute synonyms such as “supposed” for presumed or “equal” for comparable.

- Use these terms when **screening** diagnoses on pathology reports, scans, ultrasounds, and other diagnostic testing other than tumor markers.

Note: If the **ambiguous** diagnosis is proven to be **not reportable** by biopsy, cytology, or physician's statement, **do not abstract or report** the case.

d) Outpatient/Ambulatory Care Only Cases

There must be sufficient documentation in the medical chart (positive radiology report, positive pathology report, physician statement, etc.) that definitively establishes that the patient either has active malignancy and/or is currently undergoing therapy for malignancy. If insufficient documentation exists in the medical chart, do not abstract the case.

e) Non-Analytic Cases

The American College of Surgeons/Commission on Cancer does not require accredited facilities to abstract non-analytic cases. However, FCDS does require the collection and reporting of ALL cases that meet the FCDS reporting requirements, regardless of Class of Case. These are cases that were diagnosed months or years prior to the time they come to your facility with evidence of recurrent or progressive cancer. FCDS requires that these active cancers be reported even when your facility was not involved in the initial care of the patient's cancer. Many CoC Non-Analytic Cases are BOTH Reportable and Analytic to FCDS and NPCR. Please report as complete a case history as possible for these.

Non-Analytic Case Reporting - The Importance of These Case to Your Registry and to FCDS

- Analytic Cases (Class of Case 00-22) are the crux of the NCDB – a clinical research database with **voluntary** reporting that includes about 70-80% of hospitals in the United States – not 100% reporting.
- Analytic Cases are used in research and are important to understand how your facility performs on newly diagnosed cancers and adherence to new treatment regimens, 5-year survival, etc.
- State Cancer Reporting Laws in ALL States plus the CDC NPCR and NCI SEER require that ALL cases within a defined geographic region (state of Florida) be identified and reported for 100% of the United States.
- This is the definition of 'population-based reporting' and the crux of cancer incidence rates and cancer mortality rates...without all cases of cancer, the geographic area has 'holes' in it.
- While Hospital Analytic Cases are the crux of the NCDB and form a foundation for central registry data, they are not the only part of the central registry foundation. Non-analytic cases are equally important, particularly when the patient has evidence of cancer, recurrence of cancer, or progression of cancer.
- Furthermore, non-analytic cases of recurrent/progressive cancers bring in more revenue from workup/treatment than do your analytic cases. It is more expensive to treat metastatic cancers.
- These non-analytic reportable cancers have evidence of metastatic disease, recurrent disease, progressive disease, when they enter your facility. Their disease is active and needing treatment.
- Advanced, Recurrent and Progressive cancers require a greater level care, advanced diagnostic and treatment resources, clinical trials capabilities to offer multiple options for advanced disease, and repeat visits for continuity of care and eventually end of life care. These patients are more expensive to treat than patients with a new diagnosis, workup and initial course of therapy.

f) Historical Cases

The American College of Surgeons/Commission on Cancer does not require accredited facilities to abstract historical cases. However, FCDS does require the collection and reporting of certain historical cancers even when the patient has no evidence the historical cancer is "active" (Patient is without evidence of cancer).

Patients diagnosed with any cancer during their lifetime are many times more likely to develop new cancers. It is important for researchers to know the number and types of any and all cancers each patient has had during his/her lifetime in order to effectively research and evaluate cancer incidence.

If a patient has had at least one primary reportable neoplasm that is currently active or under treatment, all

other primary reportable neoplasms the patient has ever had (active or inactive), regardless of the date of diagnosis, must be reported. Each case of cancer must be abstracted and reported separately.

Information about the previous (historical) primary(s) may be sketchy. The abstractor should attempt to complete an abstract with as much information as is available in the medical record.

If the patient does not have any reportable neoplasms, active or under treatment, no other primary neoplasms the patient has ever had need to be reported.

NOTE: DO NOT USE OBSOLETE HISTOLOGY CODES of any kind when reporting historical cases regardless of method for reporting these cases (Minimal Historical Grid or Full Abstract). The case will fail edits. This includes obsolete histology codes (do not include), obsolete treatment codes (do not include), obsolete staging system or stage code(s), etc. Abstract these cases according to the most current standards.

g) Multi-Facility Reporting (shared cases)

FCDS requires that any cancer case that meets FCDS case reporting requirements must be submitted by every facility providing services to the patient. Therefore, facilities that are members of shared, combined or joint cancer registries and/or cancer programs must report each cancer case seen in each facility separately unless approved to do so by the Florida Department of Health and FCDS. When you send FCDS changes to one of the abstracts in your multi-facility shared cases, FCDS only changes the one abstract. It is up to the registry to identify every case effected by the change to a single case within a multi-facility reporting system.

FCDS does provide one option for multi-facility networked facilities. Some facilities may qualify to be classified as “**Umbrella Facilities**” using one umbrella facility number to report all cases within their network. There are pro’s and con’s to setting up (or taking apart) a set of umbrella facilities should any change of ownership occur within the network. It is fairly easy to set up an ‘umbrella’ group. However, it is much more difficult to take apart a set of ‘umbrella facilities’ and reassign each separate facility the cases seen only at that facility. Please contact the **Manager of Data Acquisition** with any inquiries regarding these options.

UPDATE/MODIFY Records: FCDS does not accept or receive Update or Modify Records from any Reporting Facility. FCDS only receives one initial report. FCDS makes any changes from that initial report if possible. There are times when FCDS cannot make all the necessary changes and must request that you resubmit the entire case for the case to be accepted into the FCDS Master File as a Completed Record. Please comply with these requests or the case will end up on your NOT REPORTED TO FCDS List and you will be asked to report a case that you think had already been reported...thank you.

h) Each Facility is Responsible for Reporting to FCDS/Use of Contract Abstracting Service Providers

It is the responsibility of the custodian of the medical record or the facility that is administering care to report the case to FCDS. If your facility employs a contracted abstracting service provider to meet Florida Cancer Reporting Requirements, the facility is still fully responsible for all cancer reporting activities, data quality activities, corrections, documentation, FCDS Audits, and special requests. FCDS does not contract directly with any individual, organization, company or service to perform abstracting services. These contracts are strictly between the reporting facility and the service provider. It is up to the facility to ensure that all data quality expectations are met, all deadlines are met, all requirements are met, and all activities are carried out to meet the facility responsibilities to the Florida Department of Health through the Florida Cancer Data System. FCDS is a state-mandated population-based statewide cancer surveillance system. Participation in FCDS is mandated under Florida Statute. FCDS is not a voluntary cancer reporting system like the CoC NCDB. Further, FCDS reviews the Agency for Health Care Administration (AHCA) cancer patient data annually as a retrospective quality control completeness audit. The AHCA database provides an after-the-fact case finding mechanism; ensuring cancer cases that have been reported to AHCA are also included in the FCDS database.

i) Annual Reporting Deadline – June 30th

The June 30th Deadline is an annual milestone for cancer reporting in Florida. Florida law requires that all

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cancer cases diagnosed/treated for cancer, having a cancer-related health visit while undergoing cancer treatment, or having any evidence of disease at the time of encounter must be abstracted and transmitted to FCDS within 6 months of the date of first encounter for cancer.

FCDS reinforces the 6-month reporting standard with a June 30th Deadline each year.

Reporting Compliance and Data Quality Reports are run following the annual June 30th Deadline.

Facilities not in compliance with the 6-month reporting rule will be notified by FCDS of the delinquency. Each facility will be asked to develop a remedial plan to bring the facility back into compliance with state statutes. The plan must also include a statement indicating how the facility plans to stay in compliance once the current reporting year has been completed and compliance has been reached for the year in question.

If no action is taken or delinquency continues, FCDS will notify the Florida Department of Health that the facility is non-compliant and further action will be taken. Any remediation or other action plan must be approved by the Florida Department of Health and FCDS. FCDS will monitor the plan.

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<p>Reportable Diagnoses</p>	<p>1. Behavior code of 2 or 3 in ICD-O-3; or, for 2010 and later diagnoses, behavior code 3 according to the <i>WHO Classification of Tumours of Haematopoietic and Lymphoid Tissues</i> (2008)³⁹. 2. Non-malignant (behavior codes 0 and 1) primary intracranial and central nervous system tumors, including juvenile astrocytoma (M9421/3)* for primary sites as defined in Table 3. 3. Carcinoid, NOS of the appendix C181 (as of 1/1/2015).</p>	<p>1. Behavior code of 2 or 3 in ICD-O-3.2 plus the ICD-O-3.2 updates posted on the NAACCR website or, for 2010 and later diagnoses, behavior code 3 according to the <i>WHO Classification of Tumours of Haematopoietic and Lymphoid Tissues</i> (2008)³⁹. 2. Non-malignant (behavior codes 0 and 1) primary intracranial and central nervous system tumors, including juvenile astrocytoma (M9421/3)* for primary sites as defined in Table 3. 3. As of 01/01/2021, early or evolving melanoma in situ, or any other early or evolving melanoma, is reportable. 4. Carcinoid, NOS of the appendix C181 (as of 1/1/2015). 5. All GIST are reportable as of 01/01/2021 except for those specifically stated to be benign. The behavior code for GIST is /3 in ICD-O-3.2. 6. Nearly all thymomas are reportable as of 01/01/2021. The behavior code is /3 in ICD-O-3.2. The exceptions are microscopic thymoma or thymoma benign (8580/0), micronodular thymoma with lymphoid stroma (8580/1), and ectopic hamartomatous thymoma (8587/0). 7. Lobular neoplasia grade III (LIN III)/lobular intraepithelial neoplasia grade III (LIN III) breast C500-C509 (as of 1/1/2016). 8. Pancreatic intraepithelial neoplasia (PanIN III) (as of 1/1/2016). 9. Penile intraepithelial neoplasia III (PeIN III) (as of 1/1/2016). 10. Clear cell papillary renal cell carcinoma 8323/3 is reportable. The 2016 WHO Classification of Tumors of the Urinary System and Male Genital Organs, 4th Edition, has reclassified this histology as a /1 because it is low nuclear grade and is now thought to be a neoplasia. This change has not yet been implemented and</p>	<p>1. Behavior code 2 or 3 in ICD-O-3.2; behavior code 3 in <i>WHO Classification of Tumours of Haematopoietic and Lymphoid Tissues</i> (2008)³⁹ (2010+); behavior code 2 or 3 in <i>WHO Classification of Tumours 5th Ed. (2022+)</i> (Refer to instructions provided by NPCR for detailed information.) 2. Primary intracranial and central nervous system tumors behavior code 0 or 1, including juvenile astrocytoma (M9421/3)* for primary sites defined in Table 3 (2004+). 3. Early or evolving melanoma in situ, or any other early or evolving melanoma (2021+). 4. Carcinoid, NOS of the appendix C181, behavior changed to 3 effective 2015 (2015+). 5. GIST tumors, all histologies changed to behavior 3 in ICD-O-3.2 (2021+). 6. Thymomas, most behaviors changed to 3 in ICD-O-3.2. (2021+) See exceptions listed below. 7. Lobular neoplasia grade III (LN III)/lobular intraepithelial neoplasia grade III (LIN III) breast C500-C509 (/2016+). 8. Pancreatic intraepithelial neoplasia (PanIN III) (2016+). 9. Penile intraepithelial neoplasia III (PeIN III) (2016+). 10. Low-grade appendiceal mucinous neoplasm (LAMN) behavior changed to 2 effective 2022 (2022+). 11. High-grade appendiceal mucinous neoplasm (HAMN) behavior changed to 3 effective 2022 (2022+).</p>
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		<p>it remains reportable. 11. Low-grade appendiceal mucinous neoplasm (LAMN) now has a behavior of /2 and /3 making it reportable. /2 = Tis(LAMN) confined by muscularis propria (T1-T2 are not used for LAMN), and such lesions are designated as Tis /3 = T3-T4 extending into subserosa or serosa. The ICD-O Committee and authors of the WHO Classification of Tumors of the Digestive System, 5th Edition agreed to issue corrigenda. Corrigenda – Appendiceal mucinous neoplasm 8480/2 Low-grade appendiceal mucinous neoplasm 8480/2 High-grade appendiceal mucinous neoplasm 8480/3 Appendiceal mucinous neoplasm with extra-appendiceal spread.</p>	
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<p>Exceptions (not reportable)</p>	<p>1. Skin cancers (C44._) with histology 8000-8110 (after 1/1/2003); prior to that date, AJCC stage groups 2-4 in this group were reportable. 2. CIS of the cervix and CIN III or SIN III (after 1/1/96). 3. PIN III (after 1/1/96). 4. VIN III (after 1/1/96). 5. VAIN III (after 1/1/96). 6. AIN (after 1/1/96). 7. 8210/2 Adenomatous polyp, high grade dysplasia (C160 – C166, C168-C169, C170-C173, C178-C179) 8. 8211/2 Tubular adenoma, high grade 9. 8261/2 Villous adenoma, high grade 10. 8263/2 Tubulovillous adenoma, high grade 11. 8483/2 Adenocarcinoma in situ, HPV-associated (C530-C531, C538-C539) 12. 8484/2 Adenocarcinoma in situ, HPV-independent, NOS (C530-C531, C538-C539) 13. 8509/1 Uterine tumor resembling ovarian sex cord tumor 14. 9200/1 Osteoblastoma 15. 9261/1 Osteofibrous dysplasia-like adamantinoma.</p>	<p>1. Skin cancers (C44._) with histologies 8000-8005, 8010-8046, 8050-8084, 8090-8110. 2. CIS of the cervix and CIN III or SIN III of cervix (after 1/1/96). 3. PIN III (after 1/1/2001). 4. High grade dysplasia of the colon is not reportable even though it has been designated in situ (/2) in the latest WHO classification. 5. There are two new histology codes for HPV-related adenocarcinoma in situ of the cervix. These are not reportable. 8483/2 Adenocarcinoma in situ, HPV-associated (C530-C531, C538-C539) 8484/2 Adenocarcinoma in situ, HPV-independent, NOS (C530-C531, C538-C539)</p>	<p>1. Skin cancers (C44._) with histologies 8000-8005, 8010-8046, 8050-8084, 8090-8110. 2. CIS of the cervix and CIN III or SIN III. 3. PIN III (2001+). 4. Colorectal tumors with the following morphologic description: Serrated dysplasia, high grade; Adenomatous polyp, high grade dysplasia; Tubular adenoma, high grade; Villous adenoma, high grade; Tubulovillos adenoma, high grade. 5. Microscopic thymoma or thymoma benign (8580/0), micronodular thymoma with lymphoid stroma (8580/1), and ectopic hamartomatous thymoma (8587/0).</p>
<p>Multiple Primary Rules</p>	<p>2007 Multiple Primary and Histology Coding Rules (most recent version). 2018 Solid Tumor Coding Rules</p>	<p>2007 Multiple Primary and Histology Coding Rules (most recent version). 2018 Solid Tumor Coding Rules</p>	<p>2007 Multiple Primary and Histology Coding Rules (most recent version). 2018 Solid Tumor Coding Rules</p>

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<p>Ambiguous Terminology Diagnostic of Cancer**</p>	<p>apparent(ly) appears comparable with compatible with consistent with favors malignant appearing most likely presumed probable suspect(ed) suspicious (for) typical of</p> <p>Exception: if the cytology is reported using any of these ambiguous terms and neither a positive biopsy nor a physician's clinical impression supports the cytology findings, do not consider as diagnostic of cancer.</p>	<p>apparent(ly) appears comparable with compatible with consistent with favors malignant appearing most likely presumed probable suspect(ed) suspicious (for) typical of</p> <p>Exception: if the cytology diagnosis is reported using any of these ambiguous terms and neither a positive biopsy nor a physician's clinical impression supports the cytology findings, do not report.</p>	<p>apparent(ly) appears comparable with compatible with consistent with favors malignant appearing most likely presumed probable suspect(ed) suspicious (for) typical of</p> <p>Exception: if the cytology is reported using any of these ambiguous terms and neither a positive biopsy nor a physician's clinical impression supports the cytology findings, do not consider as diagnostic of cancer.</p>
<p>Ambiguous Terminology NOT Diagnostic of Cancer**</p>	<p>cannot be ruled out equivocal possible potentially malignant questionable rule out suggests worrisome</p>	<p>Any ambiguous terms not on the reportable list are not reportable.</p>	<p>cannot be ruled out equivocal possible potentially malignant questionable rule out suggests worrisome</p>

Table 3. Primary Site Codes for Non-Malignant Primary Intracranial and Central Nervous System Tumors (non-malignant primary intracranial and central nervous system tumors with a behavior code of 0 or 1 [benign/borderline] are reportable regardless of histologic type for these topography codes).

Topography	
Codes	Description
C70.0 C70.1 C70.9	Meninges Cerebral Meninges Spinal meninges Meninges, NOS
C71.0 C71.1 C71.2 C71.3 C71.4 C71.5 C71.6 C71.7 C71.8 C71.9	BrainCerebrum Frontal lobe Temporal lobe Parietal lobe Occipital lobe Ventricle, NOS Cerebellum, NOS Brain stem Overlapping lesion of brain Brain, NOS
C72.0 C72.1 C72.2 C72.3 C72.4 C72.5 C72.8 C72.9	Spinal Cord, Cranial Nerves, and Other Parts of the Central Nervous System Spinal cord Cauda equina Olfactory nerve Optic nerve Acoustic nerve Cranial nerve, NOS Overlapping lesion of brain and central nervous system Nervous system, NOS
C75.1 C75.2 C75.3	Other Endocrine Glands and Related Structures Pituitary gland Craniopharyngeal duct Pineal gland

B. CASEFINDING

Casefinding is the method used to identify new cancer cases, inpatient or outpatient. All facilities are responsible for complete casefinding for all patients seen at your facility regardless of type of service. It is important that the following multiple sources in the hospital be searched to keep missed reportable cases to a minimum. The procedure outlined below should be adapted to each individual facility:

1. **Pathology Reports** (biopsy specimen, surgical specimen, bone marrow biopsy, FNA, core biopsy, molecular genetic testing, immunophenotyping, cytology, autopsy, addenda, consultation reports, etc.)
2. **HIM/Medical Record Disease Indices or Unified Billing System Report – All Services** (All Patient Services - Inpatient and Outpatient, Clinics, Inpatient Hospice, etc.)
3. **Radiation Therapy** Department (patient logs and/or billing reports)
4. **Infusion or Treatment Center** (patient logs and/or billing reports)
5. **Outpatient Departments** (including cancer specialty clinics, chemotherapy clinics, infusion centers, day surgery, emergency room, medical oncology logs, etc.)
6. **Diagnostic Imaging** (Radiology) Department (MRI, CT, PET, x-ray, mammogram, etc.)

1) Pathology Reports

ALL ANATOMIC (SURGICAL) PATHOLOGY REPORTS (including reports from biopsy specimen, surgical resection specimen, bone marrow biopsy, needle biopsy and fine needle aspiration biopsy, diagnostic

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hematology, cytology, immune-histo-cytochemistry, immunophenotype, genetic studies, and autopsy reports and all addenda) for inpatients, outpatients and ambulatory care patients MUST be reviewed to determine whether or not a cancer is reportable.

Pathology reports must also be reviewed at least annually to insure that no cases have been missed.

Pathology may be included in Casefinding Audits in addition to the Annual ReCasefinding Audit.

Most cancer patients have a biopsy or operative resection performed, nearly all of the reportable cases can be identified by pathology reports alone. Check with your pathology department to see if the department information system can be used to facilitate the review of these reports.

Electronic Copies of All Cancer-Related Pathology Reports MUST also be submitted electronically to FCDS under the FCDS E-Pathology Reporting Program. Please Contact Meg Herna at FCDS.


2) HIM/Medical Record Disease Index/Unified Billing System Report – All Services

Every patient record with a reportable ICD-10-CM code (see Current Casefinding List) must be reviewed to determine whether or not the case meets FCDS criteria for case reporting. It is essential that all patient service areas be included in these reports. The FCDS Casefinding Lists have been pared down to only include diagnoses of active disease. Therefore, most cases on your list will need to be abstracted and reported.

ICD-10-CM and ICD-10-PCS were adopted as the U.S. standard on 10/1/2015. ICD-10-CM Casefinding List is included in this and previous FCDS DAM documents. Please ensure your facility IT staff has been given a copy of the ICD-10-CM list to avoid interruption in casefinding for the last quarter of calendar year 2015.

Upon review, if a patient is found not to have a malignancy as coded by the HIM/Medical Record or Billing Department or does not meet FCDS criteria for case reporting, the name should be added to the facility's "Not Reportable List." The list may be substituted with the facility "suspense" file based on available vendor tools.

The "Not Reportable List" is useful when FCDS is conducts casefinding audits based on AHCA data. Some facilities will save a "Not Reportable List" as an electronic file embedded within their software such as a "suspense" case and should include comments that the registrar reviewed the medical record and determined that the case does not meet reportable criteria. The "suspense" case should include documentation as to why the facility will not report the case either in text and/or using the FCDS AHCA Disposition Codes below.

		AHCA Disposition Code List	4/4/2022 12:09:25 PM
Code	Description	Match Status	Page: 1 of 1
1	Reportable-Missed Case-Case to be Abstracted & Reported by Facility	M	
2	N/R - Tumor was Not Malignant - Behavior = 0 or 1	N	
3	N/R - NonReportable Skin Cancer - Site=C44.* and Morph = 8000 to 8110	N	
4	N/R - No Evidence of Cancer at This Time - NED	N	
5	N/R - Consultation Only	N	
6	N/R - Cancer Not Proven - Equivocal	N	
7	Case Previously Reported to FCDS by this Facility	M	
8	N/R - Outpatient Record with No Active Cancer Documented in Record	N	
9	N/R - Insitu Cancer of Cervix or CIN III	N	
10	N/R - Other	N	
11	Reportable-Case Abstracted BUT Not found in FCDS files - Abst Requested	R	
12	N/R - No Cancer Mentioned in Medical Record	N	
13	Skins we elected not to FB since most of them turn out N/R	N	
14	N/R - Hematopoietic Diseases Dx Prior to 2001	N	
15	N/R - Case DX Prior to FCDS Reference Date - Same Cancer/Same Facility	N	
16	N/R - Benign or Borderline Brain/CNS Tumor Dx Prior to 2004	N	
20	Unknown if Reportable - No Record of this Patient at this Facility	N	
21	Unknown if Reportable - Lost Medical Record	N	
30	Unknown if Reportable - No Follow-Back Ever Returned by this Facility	R	
40	N/R - Special Case - Other	N	
50	Hospice Case - Not A Hospital	U	
51	Transitional Care Center - Not A Hospital	U	
52	Not A Valid Facility Number	U	
60	This AHCA Record Matches a Vital Statistics Record (DCN-Identified)	U	
70	Closed Facility	U	
90	Not Cancer Related Cases	U	
998	Matching Algorithm Has Been Run	R	
999	Pending Match	R	

3. Radiation Therapy Department

New patient registration rosters and radiation therapy summaries are excellent casefinding sources for patients treated with radiation. Unified Billing System Reports also can be used to identify these cases.

4. Outpatient Departments

New patient registration rosters for single-day surgery departments, oncology-related service areas (specialty clinics, chemotherapy clinics, infusion centers, day surgery, and other ambulatory care), outpatient departments (including outpatient diagnostic radiology and laboratory service areas) and emergency rooms are additional casefinding sources for patients seen only in an ambulatory care setting. Unified Billing System Reports also can be used to identify these cases.

5. Diagnostic Imaging (Radiology) Department

New patient registration rosters for patients receiving diagnostic imaging services (x-ray, CT scan, PET scan, MRI, or other imaging) are an excellent source for identifying new cancer cases.

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ICD-10-CM CASEFINDING LIST FOR REPORTABLE TUMORS – Oct 1, 2022 and later encounters

The following ICD-10-CM list is to be used to identify potentially reportable tumors. Some ICD-10-CM codes contain conditions that are not reportable. These records should be reviewed and assessed individually to verify whether or not they are reportable to FCDS. ICD-10-CM implementation is expected nationwide October 1, 2022 for all hospitals. A complete listing of ALL Required ICD-10-CM Code is in Appendix O of this manual.

ICD-10-CM Code	Description
C00.0 – C43.9	Malignant neoplasms
C44.13.1 – C44.13.92	Sebaceous Cell Carcinoma of Skin of Eyelid, Including Canthus
C45.0 – C96.9	Malignant neoplasms
C4A.0 – C4A.9	Merkel cell carcinoma
C49.A0 – C49.A9	GI stromal tumor
C7A.0 – C7A.8	Malignant carcinoid tumors
C84.A0 – C84.A9	Cutaneous T-cell lymphoma
C84.Z0 – C84.Z9	Other Mature T/NK-cell lymphoma
C91.A0 – C91.A2	Mature B-cell leukemia Burkitt-type
C91.Z0 – C91.Z2	Other lymphoid leukemia
C92.A0 – C92.A2	Acute myeloid leukemia with multi-lineage dysplasia
C92.Z0 – C92.Z2	Other myeloid leukemia
C93.Z0 – C93.Z2	Other monocytic leukemia
C96.A	Histiocytic sarcoma
C96.Z	Other specified malignant neoplasm of lymphoid, hematopoietic and related tissue
D00.0 – D09.9	Carcinoma in situ (exclude: skin, cervix, prostate– D04. _, D06. _ and D07.5)
D18.2	Hemangioma of intracranial structures
D32.0 – D32.9	Benign neoplasm of meninges (cerebral, spinal and unspecified)
D33.0 – D33.9	Benign neoplasm of brain and other parts of central nervous system
D35.00-D35.02	Benign neoplasm of adrenal gland - pheochromocytoma, medullary paraganglioma, chromaffin paraganglioma, chromaffin tumor, chromaffinoma
D35.2 - D35.4	Benign neoplasm of pituitary gland, craniopharyngeal duct and pineal gland
D42._ - D43._	Neoplasm of uncertain or unknown behavior of meninges, brain, CNS
D44.3 – D44.5	Neoplasm of uncertain behavior of pituitary gland, craniopharyngeal duct and pineal gland
D45	Polycythemia vera (9950/3)
D46._	Myelodysplastic syndromes (9980, 9982, 9983, 9985, 9986, 9989, 9991, 9992)
D46.A – D46.Z	Other myelodysplastic syndromes
D47.02, D47.1-D47.9	Myeloproliferative diseases (9931, 9740, 9741, 9742, 9960, 9961, 9962, 9963, 9965, 9966, 9967, 9970, 9971, 9975, 9987)
D47.Z – D47.Z9	Post-transplant lymphoproliferative disorder (PTLD)
D49.6, D49.7	Neoplasm of unspecified behavior of brain, endocrine glands and other CNS
D72.110 – D72.1119	Hypereosinophilic Syndrome
R90.0	Intracranial space-occupying lesion found on diagnostic imaging of CNS

Note: Pilocytic astrocytoma are coded 9421/1 when diagnosed 1/1/2023 or later, Pilocytic astrocytoma are coded 9421/3 when diagnosed prior to 1/1/2023.

C. ABSTRACTING**1. Personnel Requirements – Abstractor Training and FCDS Abstractor Code**

Abstractor Training: Trained personnel must perform abstracting. FCDS provides references in Appendix P for numerous online training programs from basic programs to certificate and degree programs to obtain a CTR Certification. FCDS used to provide a basic abstracting course in our learning management system. However, due to the rapid nature of changes (annual changes) to manuals, instructions and references; FCDS can no longer maintain this basics course. Maintenance proved to be too intensive for the course to continue. An outline of the ABC Course Revision is still included in Appendix P for reference. The outline includes all the necessary components to complete a full basics course in cancer registration and abstracting. Professional registrars do not become professional abstractors or cancer registrars overnight. It takes 2 years or longer to become proficient in the profession. And, this is at the basics level. Simple abstracting to meet the minimum Florida Reporting Requirements does not require certification as a CTR. However, individuals must be attentive to details, task oriented, proficient in medical terminology related to cancer type/cancer treatment and must be willing to adhere to manuals that change instruction frequently – and stay current with all versions.

Further, every registrar/abstractor planning to work in the State of Florida is required to obtain an individual FCDS Abstractor Code. This code is assigned by FCDS to persons who successfully pass the FCDS Abstractor Code On-Line Test, regardless of certification by NCRA as a CTR, experience in the registry industry, or other factors. As of January 1, 2013, any individual planning to acquire a New FCDS Abstractor Code or planning to Renew an Existing FCDS Abstractor Code must take and pass the FCDS Abstractor Code Test. Registration for testing and on-line testing can be found on the FCDS website in FLccSC Learning Management System.

The FCDS Abstractor Code Requirement has been FCDS Policy for many years and applies to every cancer registrar working in the state of Florida (CTR or non-CTR, Florida resident or out-of-state contractor, regardless of number of years' experience). FCDS will not accept cases from individuals without an Active/Current FCDS Abstractor Code. Q&A will be updated to the 2022 Standards during Summer 2021.

While the FCDS Abstractor Code Requirement Policy remains unchanged, the FCDS Abstractor Code Exam is a tool introduced to help FCDS expedite FCDS Abstractor Code approvals, proficiency and data quality monitoring. Exams are short (20 multiple choice or T/F questions) with a variable mix of content questions.

Questions are updated annually to ensure the most current standards are familiar to the tester. Questions are selected at random from a pool of more than 350 questions covering 7 major topic areas. No two exams are alike. This is a skill set test, not a test of knowledge. Testers must know how to use all manuals to pass.

Appendix P: Other training is available through SEER*Training, SEER*Educate, the Commission on Cancer, the American Joint Committee on Cancer, the National Cancer Registrars Association (NCRA), the Florida Cancer Registrars Association (FCRA), and the North American Association of Central Cancer Registries (NAACCR). Please see the annually updated document “2022 References and Resources for Cancer Registrars” published annually on our website and included as Appendix P in this manual.

FCDS Fundamental Learning Collaborative for the Cancer Surveillance Community (FLccSC)

The FCDS Fundamental Learning Collaborative for the Cancer Surveillance Community (FLccSC) learning management system (LMS) was developed to provide cancer surveillance professionals in Florida a web-based educational platform. Courses are designed for students of all experience/skill levels. There are courses and modules for those that are new to the cancer surveillance field and continuing education courses for the seasoned professional. The FCDS Abstractor Code Test is one of the modules in FLccSC.

FLccSC is a cancer surveillance community educational collaboration. FLccSC is a web-based portal, which allows Central Cancer Registries (CCR) to customize a fully functioning state-specific Learning Management System (LMS). The Florida Cancer Data System and the South Carolina Central Cancer Registry developed

FLccSC collaboratively. The initial development was funded by the respective State Departments of Health and the CDC/NPCR.

- Students access FLccSC from a link on each states CCR web-site. Once registered, the student will only see the LMS pages and content from their respective CCR. Once the student successfully completes an educational module, they will receive a Certificate of Completion including CEU where applicable.
- FLccSC is a web-based educational collaborative LMS that is available 24/7. It is cost efficient in that the students do not have to travel to a central training site or purchase training materials.
- FLccSC support includes access to a Help Desk for technical support and tutorials as a menu item on both the student site (frontend) and the Administration site (backend).
- Step by step tutorials detail how to develop and maintain the CCR FLccSC site and educational content.
- FLccSC allows educational material to be shared between CCRs at the e-Administrator's discretion.
- There are many e-administrator tutorials and tutorials for students available on the FLccSC Site.

FCDS Abstractor Code: Every registrar/abstractor planning to work in the State of Florida is required to obtain an individual FCDS Abstractor Code. This code is assigned by FCDS to persons who successfully pass the FCDS Abstractor Code On-Line Test, regardless of certification by NCRA as a CTR, experience in the registry industry, or other factors. As of January 1, 2013, any individual planning to acquire a New FCDS Abstractor Code or planning to renew an Existing FCDS Abstractor Code must take and pass the FCDS Abstractor Code Test. Annual re-testing is also required to ensure all abstractors retain current level understanding of cancer registry reporting requirements, abstracting and coding standards and procedures.

The FCDS Abstractor Code Requirement has been FCDS Policy for many years and applies to every cancer registrar working in the state of Florida (CTR or non-CTR, Florida resident, local or out-of-state contractor, interim service provider, or other registry staff - regardless of number of years' experience or certification).

FCDS will not accept any cases from individuals without an Active/Current FCDS Abstractor Code.

Exams are short (20 multiple choice or T/F questions) with a variable mix of content questions.

Questions are updated annually to ensure current standards are familiar to the tester. Questions are selected at random from a pool of more than 350 questions covering 7 major topic areas. No two exams will be alike.

The 7 topic areas include:

- Florida Reporting Requirements
- General Abstracting Knowledge
- Anatomy and Physiology
- Primary Site/Histology/Grade
- Stage at Diagnosis (SS2018, SSDI, Grade Coding Instructions)
- Latest Rule Changes
- Treatment and Survival

Standard References Used for Testing (2023 Updates):

- FCDS DAM (current version)
- 2023 Casefinding List
- ICD-O-3.2 and all Updates
- Solid Tumor Rules (current – September 2022)
- Hematopoietic/Lymphoid Neoplasms and Database Use (<https://seer.cancer.gov/seertools/hemelymph/>)
- SEER Summary Staging Manual 2018, September 2022 version
- Site-Specific Data Items, v3.0
- Grade Coding Manual, v3.0
- SEER*Rx (<https://seer.cancer.gov/seertools/seerrx/>)
- Self-Instruction <http://training.seer.cancer.gov/> and <https://seer.cancer.gov/archive/training/manuals/>
- Basic anatomy/physiology/medical terminology related to cancer – SEER Archived Instruction Manuals
 - Cancer Characteristics, Medical Terminology, Human Anatomy as Related to Tumor Formation

WHO NEEDS TO TAKE THE FCDS ABTRACTOR CODE EXAM?

- ✓ Individuals hoping to acquire a NEW FCDS Abstractor Code will need to take the FCDS Abstractor Code Exam.
- ✓ Individuals with an ACTIVE (not yet expired) FCDS Abstractor Code can take the FCDS Abstractor Code Exam 30 days before expiration or once their code has expired.
- ✓ Individuals with an EXPIRED FCDS Abstractor Code will be required to take the FCDS Abstractor Code Exam each year in order to keep their FCDS Abstractor Code current and to renew their individual FCDS Abstractor Code, annually.
- ✓ If an individual's FCDS Abstractor Code has been expired for greater than 2 years, the individual must re-take and pass the FCDS Abstractor Code Exam.

2. Case Abstracting Requirements – Timeliness

Individual cases **must be abstracted no later than six months** after the date of first contact with the reporting facility. The only exceptions to this reporting timeline are the free-standing ambulatory surgical centers who are reporting under the Ambulatory Centers Cancer Reporting Program.

Cases may be abstracted earlier than six months after the date of first contact, but only if the required information regarding first course of therapy is available and complete.

DO NOT SEND INCOMPLETE RCRS (Rapid Case Reporting System) CASES TO FCDS.

All cases meeting the reporting requirements outlined in Section I.A must be abstracted following the guidelines set forth in Section II of this document. Questions regarding the interpretation of individual data items should be referred to the FCDS office.

Each Facility Must Sign Off Annually that they have completed the full year cycle of reporting each year. This Certification of Completeness is found in the FAA/HOSPADMIN Menu in FCDS IDEA Software.

FCDS monitors the number and percentage of total cases submitted after the FCDS Annual Reporting Deadline and the number and percentage of total cases submitted after the Facility has Certified Completeness in Reporting their annual cycle of cases. This is part of monitoring Timeliness at FCDS.

Note: The ACoS CoC changed CoC Cancer Program Standard 5.2 (abstracting timeliness) on 1/1/2014. This is a change for CoC Cancer Program Accreditation (only) and does not change the Florida 6-month reporting requirement or the FCDS June 30th Deadline.

Why? Florida Statute requires that cases be completely abstracted (all information must be included regarding the diagnosis, staging, first course of treatment, cancer progression or recurrence) within 6-months of first patient encounter for cancer at your facility.

Do not send FCDS partial abstracts for ACoS CoC Rapid Case Reporting System (RCRS).

Note: The CoC STORE Manual instructs registrars from CoC Programs that the data item "Date Case Completed" should not be filled in until the case has been completed and all data required have been abstracted/coded.

The case is "pending completion" until all first course treatment has been investigated and documented in the original abstract sent to FCDS and the final abstract that is sent to the NCDB.

Please do not submit incomplete Rapid Cancer Reporting System (RCRS) abstracts to FCDS. Please

wait until ALL first course therapy has been completed. FCDS continues to monitor patient/cancer to ensure first course therapy is consistent with stage of disease and specific biomolecular and genetic tumor markers for targeted therapies. Do not send cases too early. For cases not yet completed by the June 30th deadline, you may code the treatment as recommended, unknow if administered. All cases are required to be reported to FCDS by June 30th.

All abstracts are required to pass the FCDS EDITS metafile.

P. Maintain a ‘Medical Record Reviewed but Deemed Not Reportable to FCDS’ List of Cases

A list of cases reviewed but not reported to FCDS (**not reportable list**) should be maintained by each reporting facility either in electronic or other format. This can be as part of your abstracting software maintained in your “suspense” file or in a separate document with easy access. A sample form is included at the end of this Section. Any patient encounter that appears on a facility casefinding list that does not meet the reporting requirements outlined in Section I should be recorded on the “Not Reportable List” with an explanation as to why the case will not be reported. FCDS suggests you also include the FCDS Disposition Code associated with the reason not reported to help annual AHCA Follow-Back activities.

The list should include the patient’s name, social security number, medical record number, date of birth, ICD-10-CM Cancer Diagnosis Code, admission date, and disposition code or reason they were not reported. The list may be kept in a paper notebook, spreadsheet, vendor software suspense file, or in any other easily accessible format. You may use the FCDS form or you may create your own.

Casefinding audits are performed annually at every reporting facility through annual case matching with the Florida Agency for Health Care Administration (AHCA) data files to assure completeness of reporting. The not reportable list will expedite resolution of cases that show up as ‘missed cases’ during these casefinding audits. Missed Cases Are Late Reported Cases – always.

Failure to keep the list will result in FCDS requesting that the reporting facility pull each ‘missed case’ record again and review whether or not it should have been reported to FCDS. An explanation must then be submitted to FCDS detailing any reason any case will not be reported to FCDS or the case must be abstracted and reported to FCDS.

FCDS Disposition Codes may be included in the file as reference for reason the case is not reportable.

		4/4/2022 12:09:25 PM
AHCA Disposition Code List		Page: 1 of 1
Code	Description	Match Status
1	Reportable-Missed Case-Case to be Abstracted & Reported by Facility	M
2	N/R - Tumor was Not Malignant - Behavior = 0 or 1	N
3	N/R - NonReportable Skin Cancer - Site=C44.* and Morph = 8000 to 8110	N
4	N/R - No Evidence of Cancer at This Time - NED	N
5	N/R - Consultation Only	N
6	N/R - Cancer Not Proven - Equivocal	N
7	Case Previously Reported to FCDS by this Facility	M
8	N/R - Outpatient Record with No Active Cancer Documented in Record	N
9	N/R - Insitu Cancer of Cervix or CIN III	N
10	N/R - Other	N
11	Reportable-Case Abstracted BUT Not found in FCDS files - Abst Requested	R
12	N/R - No Cancer Mentioned in Medical Record	N
13	Skins we elected not to FB since most of them turn out N/R	N
14	N/R - Hematopoietic Diseases Dx Prior to 2001	N
15	N/R - Case DX Prior to FCDS Reference Date - Same Cancer/Same Facility	N
16	N/R - Benign or Borderline Brain/CNS Tumor Dx Prior to 2004	N
20	Unknown if Reportable - No Record of this Patient at this Facility	N
21	Unknown if Reportable - Lost Medical Record	N
30	Unknown if Reportable - No Follow-Back Ever Returned by this Facility	R
40	N/R - Special Case - Other	N
50	Hospice Case - Not A Hospital	U
51	Transitional Care Center - Not A Hospital	U
52	Not A Valid Facility Number	U
60	This AHCA Record Matches a Vital Statistics Record (DCN-Identified)	U
70	Closed Facility	U
90	Not Cancer Related Cases	U
998	Matching Algorithm Has Been Run	R
999	Pending Match	R

4. Abstracting Non-Analytic and Historical Cases

Although the Commission on Cancer/American College of Surgeons (COC/AcoS) does not require accredited facilities to abstract non-analytic or historical cases, a population-based cancer registry such as FCDS must record ALL cancers meeting the FCDS reporting requirements, regardless of class of case, place of diagnosis or date of diagnosis. These cases require the same attention to detail and text as with any CoC “analytic” type case (abstracted and quality reviewed with the same rigorous data quality and documentation expectation). Include chronologic information about the cancer as available.

FCDS realizes that much of the information about the original diagnosis, staging and treatment of non-analytic and historical cancers may be unavailable or incomplete. The abstractor should attempt to complete each abstract with as much information as is available in the medical record. Historical Cancers that currently exhibit active disease (recurrence or progression of cancer) must be reported as a full and complete FCDS Abstract. Enter as much information as is available in your medical record.

Duplicate Case Submissions (cases previously reported to FCDS) can be problematic when they are resent to FCDS as a new submission after having already been reported. Always reference and use the Facility Alpha Listing found in the FCDS Reports Menu with your facility reference date of 1/1/1981, regardless of CoC Changes to Your State of Florida Reference Date. This report is updated every time you submit cases to FCDS. It is a complete reference of all cases ever reported to FCDS from your facility since 1981. New cancers for cases with old Accession Numbers must include the old Accession Number. FCDS recognizes many registrars do not utilize this listing properly to determine which cancers need which sequences reported and which cancers have been reported prior to your CoC Reference Date. Always remember your FCDS Reference Date is 1981 or the day your facility opened.

5. Abstracting Historical Cases Optional Minimal Dataset

Historical case refers to a primary reportable neoplasm (malignant or benign/borderline brain/CNS tumors) that it is not active (no evidence of disease) and currently not receiving any treatment AND the patient is seen at the reporting facility for another cancer/benign reportable neoplasm that is active and/or undergoing treatment.

There are two methods for reporting a Historical Case: Do not report using obsolete histology codes.

FCDS will accept historical cases reported as full abstracts or reported using the minimal dataset.

DO NOT INCLUDE OBSOLETE CODES of any kind when reporting historical cases regardless of method for reporting these cases (Minimal Historical Grid or Full Abstract). This includes obsolete histology codes (do not include), obsolete treatment codes (do not include), obsolete staging system or stage code(s), etc. Abstract cases according to the current coding standard.

- a. For every abstract submitted, the record layout will allow for the entry of up to five (5) historical cases. The fields required for each of the five cases include:
 1. Sequence Number
 2. Diagnosis Date
 3. Primary Site (ICD-O-3)
 4. Histology (ICD-O-3)

5. Behavior (ICD-O-3)
 6. Laterality
 7. State of Residence at Diagnosis (State Abbreviation)
 8. County of Residence at Diagnosis (FIPS County Code)
 9. Schema Discriminator 1
 10. Schema Discriminator 2
- b. These fields will be edited at time of transmission and will include Sequence Number and Diagnosis Date edit checks as well as State and County edit checks.
 - c. **These fields should ONLY be used when abstracting a historical case with insufficient information.**
 - d. **A complete abstract MUST be reported to FCDS for cases with sufficient information in the patient’s medical record or when the patient has evidence of the historical cancer at the time of patient encounter (persistent disease, progression of disease or disease recurrence – patient with evidence of this cancer at the time of patient encounter).**
 - e. REMEMBER, the minimal dataset only applies to Class of Case 33 Historical Cases with insufficient information. All other Non-Analytical cases, including Class of Case 33 historical cases with sufficient information REQUIRE a full abstract be reported to FCDS.
 - f. **Historical Cases should not include Unknown Primary Cancers (C80.9 or C76.*).**
 - g. Quality Control for these cases will be increased and documentation supporting the minimal dataset may need to be provided.
6. Reporting Historical Cases in the State Specific fields

- a. Historical information must be completed starting with the eight fields in HISTORY1. Every additional historical case would use the next sequential group of eight fields (i.e. HISTORY2 through HISTORY5). No gaps in the groups can exist.

Examples:

One Historical Case – MUST use Historical #1 group of nine fields.

Two Historical Cases – MUST use Historical #1 and Historical #2 groups of nine fields.

In the example of Two Historical cases, if Historical #1 and Historical #3 groups of nine fields are populated, than abstract will not be accepted due to a gap in Historical #2 group.

- b. When a particular group is selected (Historical #1), all nine fields must be filled.

Historical date must be completed in accordance with the current standards. If any of these fields are left blank, then the abstract and possibly the entire batch will be rejected.

Examples:

Historical #1: Sequence Number,

Historical #1: Dx Date,

Historical #1: Primary Site,

Historical #1: Histology,

Historical #1: Behavior,

Historical #1: Laterality,

Historical #1: Dx State Abbreviation,

Historical #1: Dx County FIPS

Historical #1: Schema Discriminator 1

Historical #1: Schema Discriminator 2

Once these historical groupings pass structure check edits, a full abstract will be generated from the data provided. The derived Historical abstracts will be subject to our full set of edit checks. If any failures exist, the abstract and batch will be rejected.

DO NOT INCLUDE OBSOLETE CODES when reporting historical cases regardless of method for reporting these cases (Minimal Historical Grid or Full Abstract). This includes obsolete histology codes (do not include), obsolete treatment codes (do not include), obsolete staging system or stage code(s), etc. Abstract cases according to current coding standard.

7. Annual Reporting Deadline – June 30th

The June 30th Deadline is an annual milestone for cancer reporting in Florida. Florida law requires that all cancer cases diagnosed/treated for cancer, having a cancer-related health visit while undergoing cancer treatment, or having any evidence of disease at the time of encounter must be abstracted and transmitted to FCDS within 6 months of the date of first encounter for cancer. FCDS reinforces the 6-month reporting standard with a June 30th Deadline each year.

Compliance and Data Quality Reports are run following the annual June 30th Deadline.

Facilities not in compliance with the 6-month reporting rule will be notified by FCDS of the delinquency. Each facility will be asked to develop a remedial plan to bring the facility back into compliance with state statutes with a plan to remain in compliance. If no action is taken or delinquency continues, FCDS will notify the Florida Department of Health that the facility is non-compliant and further action will be taken. Any remediation or other action plan must be approved by the Florida Department of Health and FCDS. FCDS will monitor the plan.

8. Required/Recommended Desktop References – paper and/or electronic – current version
Please refer to the document ‘[2022 References and Resources for Cancer Registrars](#)’ found in Appendix P of this manual.

9. MAKING CHANGES TO EXISTING ABSTRACTS from Field Coordinator Inquiry (corrections) or from QC Review (Visual Editing). You must comply with the messaging requirements for the FCDS Systems in order for FCDS to be able to view and process corrections, inquiries, deletions, or visual editing updates to abstracts.

Your Facility has 1 month to complete any Field Coordinator Correction/Inquiry or any QC Review Correction Inquiry. This FCDS Policy is loosely enforced but important to good quality abstracting and timeliness of operations and practices. Do not wait months to answer inquiries, make corrections, or update text and messaging in your facility queue.

FCDS does not accept or allow Update or Modify Records from any Reporting Facility. FCDS only receives one initial report. FCDS makes any changes from that initial report if possible. There are times when FCDS cannot make all the necessary changes and must request that you resubmit the entire case for the case to be accepted into the FCDS Master File as a Completed Record. Please comply with these requests or the case will end up on your NOT REPORTED TO FCDS AHCA/MORTALITY List and you will be asked to report a case that you think had already been reported.

SECTION I: GUIDELINES FOR CANCER DATA REPORTING

REQUIRED DESKTOP REFERENCES

REQUIRED REFERENCE	ORDERING INFORMATION
Current FCDS Data Acquisition Manual, 2022	FCDS, Florida Cancer Data System PO Box 016960 (D4-11) Miami, FL 33101 http://fcds.med.miami.edu/inc/downloads.shtml
FCDS IDEA – FCDS Secure Web-Based Software to abstract cases, upload batched cases, access FLccSC, QC Review, Audits	https://fcds.med.miami.edu/inc/welcome.shtml
FLccSC Learning Management System FCDS Abstractor Code Test, FCDS Continuing Education Webcast Series, NAACCR Webinar Recordings, FCDS Annual Conference, etc.	https://fcds.med.miami.edu/inc/flccsc.shtml
FCDSv23 EDITS Metafile	https://fcds.med.miami.edu/inc/downloads.shtml
2023 Instructional Manuals/Guidelines	https://www.naacr.org/v23referencepage/
Current Solid Tumor Manual, September 2022	http://seer.cancer.gov/registrars
Current Grade Coding Manual, v3.0	https://apps.naacr.org/ssdi/list/
Current Site-Specific Data Items Manual, v3.0	https://apps.naacr.org/ssdi/list/
Current SEER Site/Histology Validation List	https://seer.cancer.gov/icd-o-3/
Current SEER Summary Stage Manual, 2021	https://seer.cancer.gov/tools/ssm/
Current SEER RSA – Registrar Staging Assistant – online staging assistant	https://staging.seer.cancer.gov/
Current SEER*Rx – Interactive Drug Database	https://seer.cancer.gov/seertools/seerrx/
Current Hematopoietic and Lymphoid Neoplasm Case Reportability and Coding Manual and Hematopoietic Database (desktop or web-based versions available), 2022	https://seer.cancer.gov/seertools/hemelymph/
Current NAACCR ICD-O-3 Coding Guidelines – Annotated Histology List	https://www.naacr.org/icdo3/
ICD-O-3.2 Excel Table downloaded from the IACR/WHO Website	Downloadable Excel File Version of ICD-O-3.2 http://www.iacr.com.fr/index.php?option=com_content&view=article&id=149:icd-o-3-2&catid=80&Itemid=545
International Classification of Diseases for Oncology, 3rd ed. Geneva, World Health Organization: 2000	The World Health Organization WHO Publications Center USA; 49 Sheridan Avenue; Albany, NY 12210 ISBN 9241545348 Order Number 11503350 http://www.who.int/classifications/icd/en/index.html

RECOMMENDED DESK REFERENCES

RECOMMENDED BOOK	ORDERING INFORMATION
<i>2023 CoC STORE Manual - CoC Standards for Oncology Registry Entry</i>	American College of Surgeons (ACS) 55 East Erie Street Chicago, IL 60611-2797 https://www.facs.org/quality-programs/cancer/ncdb/call-for-data/cocmanuals
<i>2023 SEER Program Code Manual</i>	National Cancer Institute Publications Ordering Service P.O. Box 24128, Baltimore, MD 21227, 301-330-7968 https://seer.cancer.gov/tools/codingmanuals/
<i>Cancer Registry Management Principles and Practice for Hospitals and Central Registries, 4th Edition, 2021</i>	National Cancer Registrars Association https://www.ncra-usa.org/About/Store/Store-Professional-Resources/BKct/ViewDetails/SKU/NCRCRMTXBK4ED ISBN 978-1-7329178-3-5
<i>NAACCR Standards for Cancer Registries Volume II: Data Standards and Data Dictionary, current edition (v23)</i>	North American Association of Central Cancer Registries, Inc. (NAACCR) 2121 West White Oaks Drive, Suite B Springfield, Illinois 62704-7412 Phone: (217) 698-0800 Fax: (217) 698-0188 http://www.naacr.org
EDITS Software – EditWriter 5 and GenEdits5 Install EditWRiter5 and the GenEdits5 Edit Engine to enable yourself and staff to read standard EDITS Logic used in your registry	https://www.cdc.gov/cancer/npcr/tools/edits/edits50.htm
NAACCR v23 EDITS Metafile	https://www.naacr.org/standard-data-edits/
FCDS v23 EDITS Metafile	https://fcds.med.miami.edu/inc/downloads.shtml
<i>Cancer Principles and Practice of Oncology, 10th edition</i>	Lippincott Williams & Wilkins Publishers 227 East Washington Square Philadelphia, PA 19106-3780 ISBN-10: 1451192940 ISBN-13: 9781451192940
<i>American Cancer Society Textbook of Clinical Oncology</i>	American Cancer Society Vermont Division, Inc. 13 Loomis Street Montpelier, VT 05602 http://www.cancer.org ISBN-13: 978-0944235072 ISBN-10: 0944235077
<i>CA: A Cancer Journal for Clinicians</i>	Lippincott Williams & Wilkins Publishers P.O. Box 1600 Hagerstown, MD 21741-9910 301-223-2300 (Voice) http://caonline.amcancersoc.org/
<i>CDC Data Collection of Primary Central Nervous System Tumors, National Program of Cancer Registries Training Materials, 2004</i>	Cancer for Disease Control and Prevention (CDC) National Program of Cancer Registries 4770 Buford Hwy, NE, Mail Stop K-53 Atlanta, GA 30042 -3717 Phone: 1(888) 842-6355 Fax: (770) 488-4760 http://www.cdc.gov/cancer/npcr/training/btr/

AJCC Cancer Staging System Products
 AJCC Cancer Staging Manual, 8th ed
 AJCC Cancer Staging, Version 9

<https://www.facs.org/quality-programs/cancer/ajcc/cancer-staging/manual>

D. DATA TRANSMISSION (Batched Records or Single Case Entry plus Edits/Corrections/QC)

ALL CASES MUST BE TRANSMITTED TO FCDS ELECTRONICALLY using the FCDS secure information and data sharing portal: the FCDS IDEA, and in accordance with all FCDS Data Submission Policies and Procedures and Transfer Protocols. Appendix Q for FAQs on FCDS IDEA.

RELEASE OF INFORMATION – FCDS will not release any patient information directly to any contractor due to liability and confidentiality issues regarding contractual agreements not involving FCDS. Furthermore, new guidelines set forth under HIPAA (Health Insurance Portability and Accountability Act) have introduced additional restrictions regarding releasing and re-releasing patient information under many circumstances. FCDS understands that this policy may present some challenges to some contractors. Any contract between a healthcare facility and a private contractor where FCDS is not a party to the contract cannot include allowances for FCDS to release patient information to anyone other than the reporting facility.

Contractors must make arrangements with their clients (facilities) to forward any FCDS correspondence that includes patient information to them (contractor). This includes, but is not limited to edit discrepancies, quality control inquiries, verification of patient information, death certificate notification, AHCA casefinding audits, etc. Any discrepancies or omissions that are discovered after an abstract has been transmitted and processed will be posted to FCDS IDEA for review and/or correction. A *SAMPLE* FCDS Discrepancy Journal is provided at the end of this Section.

As a courtesy, FCDS will make every attempt to inform contractors of outgoing edits, quality control inquiries, verification of patient information, death certificate notification, AHCA casefinding audits, etc. However, the contractor and the reporting facility are ultimately responsible for assuring these reports and inquiries reach the contractor through appropriate channels.

CONFIDENTIALITY - Patient information, personal health information, medical records and healthcare facility data are all confidential and continue to be a concern with regard to cancer and other disease reporting. Please do not fax or email patient information to FCDS. Also, please take care when discussing cases over the phone with FCDS staff.

DO NOT E-MAIL, FAX OR MAIL PATIENT INFORMATION (PHI) TO FCDS UNDER ANY CIRCUMSTANCES unless you are provided specific instructions for using our Secure Fax Service.

CONFIDENTIAL INFORMATION includes any HIPAA-defined Protected Health Information.

PHI information in the healthcare includes:

- Patient name, address including street, city, county, zip code and equivalent geo codes,
- Name of relatives,
- Name of employers,
- All elements of date pertaining to patient (ex-admission, discharge and birthdate)
- Telephone numbers
- Fax numbers
- Electronic email addresses
- Social Security number, medical record number,
- Health plan beneficiary number,
- Account number
- Certificate and license number,
- Any vehicle or other device serial number

- Web Universal Resource Locator (URL)
- Internet Protocol (IP) address number
- Finger or voice prints
- Photographic images

Quarterly Reporting

FCDS REQUIRES THAT FACILITIES TRANSMIT DATA AT LEAST QUARTERLY.

FCDS REQUIRES THAT QC REVIEW CASES, EDITS, CORRECTIONS, AND FIELD COORDINATOR INQUIRIES BE COMPLETED WITHIN 1 MONTH OF RECEIPT.

MONTHLY DATA SUBMISSION IS RECOMMENDED FOR LARGE FACILITIES (facilities reporting over 500 cases/year).

DO NOT SEND INCOMPLETE RCRS (Rapid Case Reporting System) CASES TO FCDS.

1. Electronic Submissions

Record Layout

All data must be submitted in the current NAACCR Version (currently v22).

ALL Cancer Registry Vendors and Cancer Registries transition to an XML Format for 2021 and later reporting.

This includes any electronic submission as well as utilization of the FCDS EDITS Metafile, v22.

The FCDS field positions and field lengths are standardized using the NAACCR transfer record layout, data definitions and data exchange guidelines. All fields identified in the FCDS Record Layout Appendix as Core ('C') must be completed. Historical cases may retain old standards.

2. Receipt on Upload

An Upload Receipt is generated after the upload is successfully transmitted. Please validate that the Upload Receipt and the expected upload are the same number of cases as a quick easy QC check.

3. Data Acceptance Policy – FCDS EDITS

Batch submissions will be edited immediately during the upload process using the standard FCDS EDITS metafile. This metafile is published on the FCDS website and is available for use by software vendors and other interested parties who wish to run edits prior to data submission.

Each record must pass ALL inter and intra-item edits before acceptance by FCDS.

Records that require a NAACCR edit override (FORCE) will pass the edit check process and will be accepted. However, upon review at FCDS it may be determined the case does not meet the criteria for edit override (FORCE) and a correction may be made to the case.

For the cases requiring an edit override or Force, FCDS staff will review submitted text to determine if sufficient information has been provided to override the edit in question.

If the information provided in text is insufficient, unclear, equivocal, incomplete or incorrect, the reporting facility will have two weeks from the time of case transmission to send FCDS the

SECTION I: GUIDELINES FOR CANCER DATA REPORTING

appropriate information from the patient's medical records to support the code(s) assigned. FCDS QC Staff will use documentation provided to validate coding and set relevant override flag(s).

E. PSYCHIATRIC, MILITARY AND VETERANS ADMINISTRATION FACILITIES

United States military and Veterans Administration healthcare facilities are requested to report cancer under Rule 64D-3.006 of the Florida Administrative Code. While these institutions are not mandated to report, FCDS encourages them to voluntarily report their cancer cases in order to provide complete cancer incidence in Florida.

F. AMBULATORY SURGERY CENTERS

In July 1997, the Florida legislature amended state cancer reporting legislation to include cancer case reporting by ambulatory patient care facilities. The Florida Department of Health and FCDS agreed that in order to ease the burden of reporting by ambulatory centers FCDS would take on the responsibility of cancer case identification, the critical first step in the reporting of cancer cases.

Administrative Options for Reporting for Ambulatory Surgical Centers:

1. Facilities with a History of Reporting – Several ambulatory surgical centers already voluntarily report complete cancer cases to FCDS. Reporting by these facilities will continue as in the past. The FCDS notification of cases for cancer reporting for these facilities will actually be a quality control exercise. Cases identified through the notification process will be considered 'Missed Cases' and will need to be reported in a timely manner.
2. Annual reporting through the FCDS Notification of Cases (Annual AHCA Audit) - The AHCA discharge data from the surgical centers is matched with the complete FCDS Master-file database regardless of the type of cancer or the date of discharge. Records are matched on Social Security Number, Date of Birth, Sex, Race and County of Residence. Each AHCA record that does not match with a case in the FCDS Master-file is identified on the AHCA Unmatched Cancer Records Request listing for reporting.
3. Unmatched Ambulatory Surgery Center Cases are posted to the FCDS IDEA. Cases must be reviewed for reportability and abstracted using FCDS IDEA Single Entry. If the case is "not reportable" the appropriate AHCA Disposition Code must be entered in FCDS IDEA to explain why the facility will not report the case.

Code	Description
1	Reportable-Missed Case-Case to be Abstracted & Reported by Facility
2	N/R - Tumor was Not Malignant - Behavior = 0 or 1
3	N/R - NonReportable Skin Cancer - Site=C44.* and Morph = 8000 to 8110
4	N/R - No Evidence of Cancer at This Time - NED
5	N/R - Consultation Only
6	N/R - Cancer Not Proven - Equivocal
7	Case Previously Reported to FCDS by this Facility
8	N/R - Outpatient Record with No Active Cancer Documented in Record
9	N/R - In situ Cancer of Cervix or CIN III
10	N/R - Other
11	Reportable-Case Abstracted BUT Not found in FCDS files - Abst Requested
12	N/R - No Cancer Mentioned in Medical Record
13	Skins we elected not to FB since most of them turn out N/R
14	N/R - Hematopoietic Diseases Dx Prior to 2001
15	N/R - Case DX Prior to FCDS Reference Date - Same Cancer/Same Facility
16	N/R - Benign or Borderline Brain/CNS Tumor Dx Prior to 2004
20	Unknown if Reportable - No Record of this Patient at this Facility
21	Unknown if Reportable - Lost Medical Record
30	Unknown if Reportable - No Follow-Back Ever Returned by this Facility
40	N/R - Special Case - Other
50	Hospice Case - Not A Hospital
51	Transitional Care Center - Not A Hospital

G. FREE-STANDING RADIATION THERAPY CENTERS

Those facilities that do not voluntarily report full cancer abstracts to FCDS will have to upload minimal data on all cancer patient encounters for casefinding using the FCDS IDEA. FCDS will match the cancer records identified by each facility against the FCDS Master file. Each record that does not match with a case in the FCDS Master file will be identified for reporting.

H. PRIVATE PHYSICIAN OFFICES

Practitioners licensed under Chapters 458, 459, 464, F.S., are required to report to the Florida Cancer Data System as required by Section 385.202, F.S., within six (6) months of each diagnosis and within six (6) months of the date of each treatment. Each physician office shall submit each cancer case report electronically. FCDS currently requires physician office (claims) reporting from medical oncology, hematology, urology, and other physician practices. Dermatology practices report under the Dermatology Reporting Module (abbreviated reporting mechanism designed to report skin cancers).

CAPIS: Electronic Reporting Options for Physicians delivering non-surgical treatment to cancer patients is an option that minimizes physician requirements to report cancers and streamlines the data submission process. This would include medical oncologists, hematologists, radiation therapy programs, and other non-surgical cancer treatment physician practices and centers. Electronic Reporting of Physician Claims is processed through the CAPIS System at FCDS. Please contact Meg Herna, FCDS Manager of Data Acquisition for more information on how to report claims from your physician office and help FCDS complete reporting of all therapies administered in physician offices.

I. CLINICAL LABORATORY CANCER IDENTIFICATION PROGRAM

Every anatomic pathology laboratory that reads biopsy specimens and/or surgical resection specimens collected from patient encounters within the state of Florida MUST electronically submit the specified data for every malignant cancer case. This includes ALL hospital labs and ALL non-hospital labs.

FCDS continues to bring on new labs every year. FCDS works with the larger labs on a consistent basis to improve reporting e-pathology reports to FCDS. Please contact Meg Herna, FCDS Manager for Data Acquisition, to learn about automated reporting of electronic pathology reports to FCDS.

Complete information, reporting specifications and pathology lab case report record layout can be found on the FCDS website at <http://fcds.med.miami.edu>. Each pathology laboratory has multiple submission choices; generating a tab delimited file from their existing database, using the web-based software provided by FCDS, generating an HL7 formatted file for download or generating an HL7 formatted file for transmission using PHINMS. Click on the PATH LAB icon then scroll down to the Path Labs File Layout. The document describes in detail the various formats that are acceptable to FCDS. The rest of the PATH LAB page includes important information for reference, including; the NAACCR/FCDS cancer terms, SNOMED codes and ICD-9 code files you should use to filter and select only the lab records that identify cancer as specified in these standard files.

J. FCDS RESPONSIBILITIES**1. Data Acquisition**

In order to support the data acquisition aspect of the statewide registry, FCDS will:

- a. Provide manuals, which specifically define data collection and reporting requirements,
- b. Provide a data collection tool(s) and user manual(s) for electronic/web-based data submission,
- c. **Train facility staff and interested parties in incidence data collection via FCDS sponsored training programs (NAACCR Webinars), FCDS web-based training modules, teleconferences,**

FCDS web broadcasts or recorded educational events and programs. All FCDS-originated training materials and web broadcasts are recorded and available free on the FCDS website.

- d. Provide Alternate Resources for Self-Instruction in Cancer Registration/Abstracting
- e. Provide Information to Candidate-CTRs regarding preparing for and writing the CTR Exam.
- f. Provide specific routine reports to verify data submission and resolve data discrepancies.

2. Training and Education

FCDS develops, teaches, and supports a full range of Education and Training Options including:

- o FCDS hosts a 2-day Annual Conference to Inform Registrars of New Initiatives and Standards
- o FCDS hosts a 6-part educational web broadcast series each year focusing on special topics
- o Appendix P provides multiple resources for beginner to advanced hospital and central cancer registry training: cancer surveillance, cancer registry, abstracting and coding cancers, etc.
- o FCDS hosts 12 NAACCR Educational Webinars at 7 host sites around the state each year.
- o ALL 12 NAACCR Educational Webinars are available in recorded session in FLccSC
- o Additional free resources are advertised through the FCDS Memo and via blast e-mail.

3. Quality Control

The primary objective of the Florida Cancer Data System (FCDS) is to maintain a high quality database of useable, timely, complete and accurate data for every case of cancer identified in the state of Florida.

- a. Completeness is the extent to which all required cases have been reported to FCDS.
- b. Completeness is also the extent to which each abstract includes all of the FCDS Required Data

Completeness is assessed using:

- i. Historical data from facilities
 - ii. On-Site or Remote Access Casefinding Audits
 - iii. Annual Linkage to Florida's Agency for Health Care Administration statewide patient encounter files – AHCA Casefinding Audits (AHCA Match)
 - iv. Annual Linkage to Florida's Bureau of Vital Statistics statewide death files - Mortality Casefinding Audits (Death Certificate Notifications)
 - v. FCDS Audits and Visual Editing (QC Review)
 - vi. NPCR Audits and Visual Editing Evaluations (DQE)
- c. Accuracy is the extent to which the data submitted have been correctly coded and match the information contained in the medical record. Accuracy encompasses correct interpretation and application of coding rules and guidelines, identifies data entry and data submission errors and evaluates case correctness.

Accuracy is assessed using:

- i. FCDS Abstractor Code Testing
 - ii. FCDS Abstractor Code Annual Renewal Testing
 - iii. Field-Item, Inter-Item and Intra-Item Data Edits
 - iv. QC Visual Review Sampling of Every 25th Record – Visual Editing
 - v. On-Site Re-Abstracting Audits
 - vi. Remote Access Re-Abstracting Audits – Visual Editing
 - vii. Mail-In Re-Abstracting Audits
 - viii. FCDS Management Reports
- d. Timeliness involves how quickly each reporting facility submits cases to FCDS once a patient enters the health care system. The standard set forth by NAACCR, CDC/NPCR, ACOS/COC and FCDS is 95% of all new reportable cancer cases seen at any facility must be abstracted,

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submitted and any corrections for edit failures be completed within 6 months from the date of service. 100% of cases must be submitted by June 30 of any given year.

Timeliness is assessed using:

- i. Admissions by Facility Report
- ii. Facility Timeliness Report
- iii. Monitoring the number of cases reported to FCDS after each annual deadline
- iv. Monitoring the number of cases reported to FCDS after Certification of Completeness
- v. AHCA Audits – All In-Patient and Ambulatory Care Facilities in Florida
- vi. FAPTP Audits – Most Pediatric Facilities in Florida

FCDS Data Quality/Quality Control Program Components

1. FCDS/Agency for Health Care Administration (AHCA) Casefinding Audits

FCDS staff will perform annual matching of the FCDS Master File to the Florida Agency for Health Care Administration (AHCA) files for both inpatient and outpatient/ambulatory patient encounters. FCDS will provide the reporting facility with an electronic list of Unmatched AHCA Cases (cases that appear in the AHCA files but have no matching record in the FCDS Master File) available on the FCDS website.

Consolidated AHCA and Vital Statistics Follow-Back (Casefinding Audits).

The Consolidated AHCA and Vital Statistics Follow-Back will be available via FCDS IDEA following the June 30 Reporting Deadline.

The facility abstractor then must compare the list of Unmatched AHCA Cases to the facility “Not Reportable List”. Cases that appear on the Unmatched AHCA Cases listing but do not appear on the “Not Reportable List” will need to be reviewed by the facility abstractor.

Upon review, if any case is found to meet the cancer reporting requirements outlined in Section I, the case must be abstracted and reported to FCDS. These cases are a priority reporting item and must be abstracted as soon as possible. Please reference the AHCA Disposition Codes List for “reason not reported to FCDS”.

Code	Description
1	Reportable-Missed Case-Case to be Abstracted & Reported by Facility
2	N/R - Tumor was Not Malignant - Behavior = 0 or 1
3	N/R - NonReportable Skin Cancer - Site=C44.* and Morph = 8000 to 8110
4	N/R - No Evidence of Cancer at This Time - NED
5	N/R - Consultation Only
6	N/R - Cancer Not Proven - Equivocal
7	Case Previously Reported to FCDS by this Facility
8	N/R - Outpatient Record with No Active Cancer Documented in Record
9	N/R - Insitu Cancer of Cervix or CIN III
10	N/R - Other
11	Reportable-Case Abstracted BUT Not found in FCDS files - Abst Requested
12	N/R - No Cancer Mentioned in Medical Record
13	Skins we elected not to FB since most of them turn out N/R
14	N/R - Hematopoietic Diseases Dx Prior to 2001
15	N/R - Case DX Prior to FCDS Reference Date - Same Cancer/Same Facility
16	N/R - Benign or Borderline Brain/CNS Tumor Dx Prior to 2004
20	Unknown if Reportable - No Record of this Patient at this Facility
21	Unknown if Reportable - Lost Medical Record
30	Unknown if Reportable - No Follow-Back Ever Returned by this Facility
40	N/R - Special Case - Other
50	Hospice Case - Not A Hospital
51	Transitional Care Center - Not A Hospital

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2. FCDS/Bureau of Vital Statistics Casefinding Audits (Death Clearance Audit)

FCDS staff will perform annual matching of the FCDS Master File to the Florida Bureau of Vital Statistics death files. FCDS will provide the reporting facility with a list of unmatched Vital Statistics cases (deaths) that show the place of death as the reporting facility.

Consolidated Vital Statistics and AHCA Follow-Back (Casefinding Audits).

The Integrated Vital Statistics and AHCA Follow-Back will be available via FCDS IDEA following the June 30 Reporting Deadline.

The facility abstractor will need to research these cases to determine if the patient did expire at the facility and whether or not the case meets the cancer reporting requirements. If any case is found to meet the reporting requirements, the case must be abstracted and reported to FCDS.

For each case that will not be reported to FCDS or did not expire at the reporting facility, FCDS requires a brief statement be submitted that sufficiently explains why the case will not be reported. Please reference the Death Clearance Disposition Codes Listing below for “reason not reported to FCDS”.

Code	Description
0	Pending Follow Back
1	Missed Case - Case Abstracted & Reported by Facility
2	N/R - Tumor was Not Malignant - Behavior = 0 or 1
3	N/R - NonReportable Skin Cancer - Site=C44.* and Morph = 8000 to 8110
4	N/R - No Evidence of Cancer at This Time - NED
5	N/R - Consultation Only
6	N/R - Cancer Not Proven - Equivocal
7	Case Previously Reported to FCDS by this Facility
8	N/R - Outpatient Record with No Active Cancer Documented in Record
9	N/R - In situ Cancer of Cervix or CIN III, VIN III, VAIN III, PIN III
10	N/R - Other
11	Case Abstracted by Facility but Not found in FCDS Masterfile
12	N/R - No Mention of Cancer in Medical Record
13	This follow-back code no longer valid
14	N/R - Non-Reportable Myeloproliferative Disease - Dx Prior to 2001
15	N/R - Case DX Prior to FCDS Reference Date - Same Cancer/Same Facility
16	N/R - Benign or Borderline Brain/CNS Tumor Dx Prior to 2004
20	Unknown if Reportable - No Record of this Patient at this Facility
21	Unknown if Reportable - Lost Medical Record
30	Unknown if Reportable - No Follow-Back Info ever Returned by Facility
40	N/R - Special Case - Other
41	This Vital Statistics Record Matches an AHCA Record- For FCDS Use Only
50	Hospice Case - Not A Hospital
51	Transitional Care Center - Not A Hospital
52	Not A Hospital, NOS
53	Closed Facility - No Records Available
54	Nursing Home Death or Residence Death, Not A Hospital Death
55	DCO Replaced by Non-DCO- For FCDS Use Only
56	Report Source 7 or 8 is corrected and does not link back to proper Pt.
57	Demographic information changed. Death Certificate linkage was lost.

3. FCDS EDITS Metafile includes Field-Item, Inter-Item and Intra-Item Data Edits

FCDS uses a standard EDITS Metafile that has been modified to meet Florida requirements. The FCDS EDITS Metafile can be found on the FCDS website as well as a master listing of changes by date. FCDS EDITS include data edits to validate codes, crosscheck related data items and records and check for blank fields. The Florida specific data edits were created for all Florida only fields as well as for common abstracting errors identified through re-abstracting audits. Edits are reviewed as needed (monthly). New edits are added as needed.

4. QC Visual Review Sampling of Every 25th Record – Visual Editing

FCDS Quality Control staff visually reviews at least one in every 25th record submitted by each reporting facility. The Quality Control Visual Review is designed to facilitate visual editing of abstracted data. It allows a trained eye to detect inconsistent coding that electronic

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edit checks cannot identify; it is a tool to identify deficiencies in abstractors' understanding of abstracting concepts, data definitions and coding selections that may require additional training.

The QC Abstract Review Case Selection Process is fully automated and randomly selects one of every 25th record processed, which accounts for 4% of cases being visually reviewed for accuracy. Each case selected is placed in a QC file ready for visual review by the FCDS QC staff. Records with discrepant data must be resolved by the reporting facilities through FCDS IDEA by making return comments on each case (agree/disagree/add documentation to support original coding/other rationale).

The case is then reviewed again by FCDS QC staff (different staff than the original FCDS Reviewer) and a final decision is made based on all information available.

This three-step process provides the registry every opportunity to rebut identified “errors” or “deficiencies” in the abstract by having three CTR or CTR-eligible staff review each case and provide documented input to what they interpret from the documentation provided in the original abstract.

This process also serves as an educational tool for new and experienced registrars regarding where they have deficiencies in their abstracting tool kit and what they should be doing when abstracting specific cases by providing comment on a case-by-case basis.

Registry Managers should always share results with staff member responsible for the original abstract. Otherwise, they will continue to make the same error without knowledge they are doing something incorrectly, inconsistently, or out of synch with national reporting standards and guidelines.

New QC Review Report Available in IDEA

FCDS is happy to announce the addition of a new QC Report for hospitals. The report can be found under the QC Tab in IDEA. It is called the ‘QC Review Report’ or ‘QC Facility Analysis’ and is accessible to users with HOSPADMIN or FAA User Roles. We hope this new report will help to meet CoC Requirement 6.1.

The user can select the time period for the report. And, the report will display every single case that FCDS Visually Edited (QC Review – Every 25th Case) and the Result of that Review (See Below).

This report has been designed specifically to address CoC Cancer Program Requirement 6.1 by giving you a total of cases QC'd by FCDS in any given time period, the accession number and sequence of each case reviewed, and the outcome from each review including the Turnaround Time in Days with totals at the bottom of the report. The report is exportable to Excel or you can print it in PDF format.

If your program manages multiple facilities, you will need to run a separate report for each facility. The Report is not set up for a multi-facility network of facilities to be combined.

FCDS has no plans to add the FCDS Abstractor Code to this report - ever. We want to keep this information at the facility level, not the individual abstractor level. Why? The QC Sample is not a large enough sample of any single person's work to be used in a performance evaluation. FCDS highly recommends that nobody tries to incorporate this report into any annual performance reviews. It would not be a fair assessment.

Accession	Receipt	Completed	Turnaround	Corrected	Forced	Deleted	No Changes
	04/16/2020	08/10/2020	116	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	12/30/2020	01/17/2021	18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	05/04/2020	07/01/2020	58	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	01/20/2020	03/02/2020	42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	12/22/2020	01/13/2021	22	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	12/14/2020	01/10/2021	27	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	07/30/2020	10/02/2020	64	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	08/27/2020	10/19/2020	53	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

5. FCDS Follow-Up Reports in IDEA

FCDS makes available updated/consolidated First Course of Treatment Data and Follow-Up Dates (including Dates of Death) via the FCDS Follow-Up Inquiry and Batch Reports Menu. This inquiry/report system has been available since 2014 in IDEA, but is often overlooked as a resource for patient follow-up for CoC Accredited Facilities; and, as a way to find and complete First Course of Therapy received in a physician office or other setting (not at your facility). This report is available to HOSPADMIN and FAA roles in FCDS IDEA.

All you need to do is provide the inquiry system with your 4-digit Facility Number, Accession Number and Sequence Number. The system will find your individual case to verify that you have reported the cancer to be matched. Then the system will pull down all of the First Course of Therapy Data (including start dates – but not the treatment text) from all facilities who have reported the cancer and have provided treatment data...this is via the ‘Consolidated Tumor Record’ a single-source FCDS Record that provides a summary of all of the data submitted to FCDS for this person for this cancer.

This report may provide you with more treatment data than you had access to while the patient was at your facility including; physician-office treatment, other facility treatment, radiation therapy, or other cancer-directed therapies. The system cannot provide you with any outpatient pharmacy data as these data are not part of the FCDS Cancer Reporting System at this time...but, it will give you a more complete course of Treatment Given for this cancer.

The report can be run one case at a time or in a batched mode. To batch cases you must create a file that includes the 4-digit facility number, 9-digit Accession Number and 2-digit Sequence Number. These data must be in a comma-delimited file with no spaces between items. You load the file and wait for the result. You will get individualized Treatment by Case for All Treatment that has been reported on this person/cancer to FCDS from any source. You will not know the source of the treatment, only that it was given and the date it started. And, you will also receive a date of last contact from AHCA and/or a State of Florida Death Certificate.

The report will also tell you which cases matched or did not match or if you have a problem with the format of the file...any of these inconsistencies will result in a ‘no-match’ for the case. And, you can either display the results on your screen, export them to a comma-delimited file, tab-delimited file, or export them to an Excel formatted file for review & entry.

6. On-Site or Remote Access Re-Abstracting Audits

The FCDS Quality Control staff and/or outside contract agents working on behalf of FCDS will perform on-site or remote access review of abstracting procedures by auditing individual reports and/or entire medical records of cases previously submitted to FCDS. The data validation or re-abstracting audit serves to verify that coded data submitted to FCDS can be validated when compared to original source documents at the hospital or central registry level. Discrepant data are followed back to the originating institution for clarification.

Reconciliation of the Re-abstracting Audit: Key data items will be evaluated and any discrepancy noted between the auditor's findings and the original abstract findings will be returned to the facility for reconciliation. If the auditor's findings are disputed, documentation must be submitted to clarify the originally abstracted codes.

These audits allow assessment with regard to standardized interpretation of data definitions, coding rules and guidelines, policies and procedures and serve to identify areas that may require further education and training.

7. Remote Access Re-Abstracting Audits

FCDS may substitute On-Site Re-Abstracting Audits with Remote Access Re-Abstracting Audits. Should FCDS decide to perform Remote Online audits, facilities will be asked to make available pertinent reports from medical records and/or other data sources to FCDS for review or FCDS will utilize existing source documents used in routine reporting.

8. FCDS Abstractor Code Policy

Every registrar/abstractor planning to work in the State of Florida is required to obtain an individual FCDS Abstractor Code. This code is assigned by FCDS to persons who successfully pass the FCDS Abstractor Code On-Line Test, regardless of certification by NCRA as a CTR, experience in the registry industry, or other factors. As of January 1, 2013, any individual planning to acquire a New FCDS Abstractor Code or to Renew an Existing FCDS Abstractor Code must take and pass the FCDS Abstractor Code Exam. Registration for testing and real-time on-line testing can be found on the FCDS website.

The FCDS Abstractor Code Requirement has been FCDS Policy for many years and applies to every cancer registrar working in the state of Florida (CTR or non-CTR, Florida resident or out-of-state contractor, regardless of number of years' experience). FCDS will not accept cases from individuals without an Active/Current FCDS Abstractor Code.

While the FCDS Abstractor Code Requirement Policy remains unchanged, the FCDS Abstractor Code Test is a tool introduced to help FCDS expedite FCDS Abstractor Code approvals, renewals, and monitoring. Tests are short (20 multiple choice or T/F questions) with a variable mix of content questions weighted differently depending on whether this is an exam for a New FCDS Abstractor Code or Renewal of an existing FCDS Abstractor Code.

Questions are updated annually to ensure the most current standards are familiar to the tester. Questions are selected at random from a pool of more than 350 questions covering 7 major topic areas. No two exams will be alike.

Before taking the test, please read through and become familiar with the FCDS DAM to ensure you understand all of the Florida abstracting and data collection requirements. The current version FCDS DAM can be found on our website, <http://fcds.med.miami.edu>. There are a few Florida-specific requirements critical to complete reporting in Florida that many out-of-state registrars miss – reporting of non-analytic cases and all historical cancers.

FCDS monitors use of individual codes and is alert to the practice of sharing abstractor codes for new staff, temporary staff, and even permanent staff.

Please be secure with your abstractor code, abstracted data, personal information, and all confidential materials.

A breach of confidentiality and/or of protected personal health information or PHI, also known as a HIPAA Violation, may result in substantial civil monetary penalties (up to \$1.5

million in a single calendar year) and/or criminal penalties of up to 10 years in federal prison.

Personal Health Information (PHI) includes:

- Patient name, address including street, city, county, zip code and equivalent geo codes,
- Name of relatives,
- Name of employers,
- All elements of date pertaining to patient (ex-admission, discharge and birthdate)
- Telephone numbers
- Fax numbers
- Electronic email addresses
- Social Security number, medical record number,
- Health plan beneficiary number,
- Account number
- Certificate and license number,
- Any vehicle or other device serial number
- Web Universal Resource Locator (URL)
- Internet Protocol (IP) address number
- Finger or voice prints
- Photographic images

FCDS Abstractor Code: Every registrar/abstractor planning to work in the State of Florida is required to obtain an individual FCDS Abstractor Code. This code is assigned by FCDS to persons who successfully pass the FCDS Abstractor Code On-Line Test, regardless of certification by NCRA as a CTR, experience in the registry industry, or other factors. As of January 1, 2013 any individual planning to acquire a New FCDS Abstractor Code or renew an Existing FCDS Abstractor Code must take and pass the FCDS Abstractor Code Test.

The FCDS Abstractor Code Requirement has been FCDS Policy for many years and applies to every cancer registrar working in the state of Florida (CTR or non-CTR, Florida resident, local or out-of-state contractor, interim service provider, or other registry staff - regardless of number of years' experience or certification).

FCDS will not accept any cases from individuals without an Active/Current FCDS Abstractor Code.

Tests are short (20 multiple choice or T/F questions) with a variable mix of content questions.

Questions are updated annually to ensure the most current standards are familiar to the tester.

Questions are selected at random from a pool of more than 350 questions covering 7 major topic areas. No two exams will be alike.

The 7 topic areas include:

- Florida Reporting Requirements
- General Abstracting Knowledge
- Anatomy and Physiology
- Primary Site/Histology/Grade
- Stage at Diagnosis (SS2018, SSDI, Grade Coding Instructions)
- Latest Rule Changes
- Treatment and Survival

Standard References Used for Testing (2022 Updates):

- **FCDS DAM (current version)**
- **2023 Casefinding List**

- ICD-O-3.2 and all Updates
- Solid Tumor Rules (current – September 2022)
- Hematopoietic/Lymphoid Neoplasms and Database Use (<https://seer.cancer.gov/seertools/hemelymph/>)
- SEER Summary Staging Manual 2018, September 2021 version
- Site-Specific Data Items, v3.0
- Grade Coding Manual, v3.0
- SEER*Rx (<https://seer.cancer.gov/seertools/seerrx/>)
- Self-Instruction <http://training.seer.cancer.gov/>
- Basic anatomy/physiology/medical terminology related to cancer – SEER Archived Instruction Manuals – 3 manuals - Cancer Characteristics, Medical Terminology, Anatomy as Related to Cancer <https://seer.cancer.gov/archive/training/manuals/>

WHO NEEDS TO TAKE THE FCDS ABTRACTOR CODE EXAM?

- ✓ Individuals hoping to acquire a NEW FCDS Abtractor Code will need to take the New FCDS Abtractor Code Exam.
- ✓ If an individual’s FCDS Abtractor Code has been expired for greater than 2 years, the individual must re-apply and take and pass the New FCDS Abtractor Code Exam.

WHO NEEDS TO TAKE THE FCDS ABTRACTOR CODE RENEWAL EXAM?

- ✓ Individuals with an ACTIVE (not yet expired) FCDS Abtractor Code will be required to take and pass the FCDS Abtractor Code Renewal Exam once their code has expired.
- ✓ Individuals with an EXPIRED FCDS Abtractor Code will be required to take the FCDS Abtractor Code Renewal Exam each year in order to keep their FCDS Abtractor Code current and to renew their individual FCDS Abtractor Code, annually.

3. Case Abstracting Requirements – Timeliness

Individual cases **must be abstracted no later than six months** after the date of first contact with the reporting facility. The only exceptions to this reporting timeline are the free-standing ambulatory surgical centers who are reporting under the Ambulatory Centers Cancer Reporting Program.

Cases may be abstracted earlier than six months after the date of first contact, but only if the required information regarding first course of therapy is available and complete.

DO NOT SEND INCOMPLETE RCRS (Rapid Case Reporting System) CASES TO FCDS.

All cases meeting the reporting requirements outlined in Section I.A must be abstracted following the guidelines set forth in Section II of this document. Questions regarding the interpretation of individual data items should be referred to the FCDS office.

Note: The ACoS CoC changed CoC Cancer Program Standard 5.2 (abstracting timeliness) on 1/1/2014. This is a change for CoC Cancer Program Accreditation (only) and does not change the Florida 6-month reporting requirement or the FCDS June 30th Deadline.

Why? Florida Statute requires that cases be completely abstracted (all information must be included regarding the diagnosis, staging, first course of treatment, cancer progression or recurrence) within 6-months of first patient encounter for cancer at your facility.

Note: The CoC FORDS Manual instructs registrars from CoC Programs that the data item “Date Case Completed” should not be filled in until the case has been completed and all data required have been abstracted/coded.

The case is “pending completion” until all first course treatment has been investigated and documented in the original abstract sent to FCDS and the final abstract that is sent to the NCDB.

All abstracts are required to pass the FCDS EDITS metafile.

9. Admissions by Facilities Report

FCDS Data Acquisition staff will review the Admissions by Facilities Report (an internal FCDS report) on a regular basis. This report makes a comparison of observed to expected numbers of cases reported by each facility for any time period requested.

The report is based on a five-year historical summary of cases reported to FCDS by each facility. The ratio of observed to expected is reported as a percent of completeness.

Either FCDS Staff or a representative of the Department of Health will notify facilities that have not reported the expected number of cases.

These same data are included in the Quarterly Activity Report.

10. Facility Timeliness Report

FCDS Data Acquisition staff will review the Facility Timeliness Report on a regular basis. This report shows the average amount of time (in days) that it takes the reporting facility to submit a case to FCDS.

It specifically; 1) calculates the difference between the date the reporting facility had the first contact with the patient and the date the case was abstracted, 2) calculates the difference between the date the case was abstracted and the date the case entered the FCDS Master File, and 3) calculates the difference between the date the reporting facility first had contact with the patient and the date the case entered the FCDS Master File.

The time between the date the reporting facility had contact with the patient and the date the case entered the FCDS Master File should be 180 days or less. These same data are included in the Quarterly Activity Report (see Section Forms).

11. Other Quality Control Studies and Audits

FCDS Quality Control staff will run quarterly reports to help identify areas of concern regarding reporting by individual facilities. These quarterly reports will be used to identify trends in case reporting that may need to be addressed at a facility or at the state level. Similar analyses may be conducted for individual abstractors within the facility. The FCDS Quality Control staff will perform ad-hoc inquiries to the FCDS Master File when data requests are made. Any unusual data will be reviewed, and facility-abstracting staff may be requested to review individual cases to confirm the reporting of certain data items.

12. Facility Evaluation Report

The report is a graphical and numerical representation of the performance of a reporting facility over a given time period, detailing the three principles of data appraisal: Timeliness,

Completeness and Accuracy.

13. FCDS Data Quality Indicator Report (DQIR)

The FCDS Data Quality Indicator Report is designed to provide feedback to registries on the completeness of case abstracts by examining the frequency of coding “unknown” or “ill-defined” values in key analytic data items. Data must meet rigorous national quality standards to be included in local, regional, state, and national cancer rates, reports to Congress, numerous surveillance-related publications and for registry certification.

The percent of “unknown” and “ill-defined” values is an indicator used in ranking Florida’s overall data quality and completeness of case reporting and is used when comparing Florida data to other states for overall data validity and reliability.

These data are also early indicators of problem areas and areas where FCDS and local registries can improve upon cancer reporting as data are available.

The report includes the Florida state and National distribution of “unknown” value used for comparison. The report uses data from analytic cases only

Note: This report is a scaled down model of a similar report the CDC National Program of Cancer Registries (NPCR) provides to Florida and each NPCR state as an assessment of our state-wide data.

4. Data Requests

Before submitting an application for data you are strongly advised to review the new Automated Data Request instructional videos on the FCDS Data Request Web page. The tutorials explain how to navigate the DREAMS system. FCDS will no longer accept paper applications.

Procedures for Data Release

All data requests, regardless of the nature of the request, must be submitted to FCDS via the FCDS Data Request Automated Management System (DREAMS) module on the FCDS Website. All requests require an FCDS IDEA account; if a researcher does not have an FCDS IDEA account, he or she must first establish one. Please refer to the video 'New IDEA User' instructions on the Data Requests page of the FCDS Website.

Requests for data fall into five broad categories: (1) stat data, (2) tabular, (3) ad hoc, (4) data linkage and (5) hospital specific requests. There are specific procedures and fees for each category. This document provides a description for each of the categories as well as the fee. It is recommended that you read this document prior to filling out a DREAMS application.

There are instructional videos for each category of request. Please refer to the respective video on the FCDS Data Request web page before you begin your automated data request.

There are four separate and distinct entities involved in the data release approval process.

The number of entities involved in processing your request depends on several factors. Please refer to the specific category to see which entities are involved.

- 1) **Florida Cancer Data System (FCDS)** maintains and collects the data. FCDS performs data extracts after approvals are obtained from Florida DOH Cancer Registry Program (CRP) and if required from Florida DOH IRB (IRB).
- 2) **Florida DOH Cancer Registry Program (CRP)** decides what variables will or will not be released based on scientific merit and if variables are available that will meet the research needs of proposed research. The CRP will also decide whether or not the application will require Florida DOH IRB approval. *It is essential that CRP approval is obtained prior to submitting for IRB approval.*
- 3) **Florida DOH IRB (IRB)** reviews data applications to ensure it is ethical, and that participants are protected. *The DOH IRB submission is outside of DREAMS.*
- 4) **Florida DOH Vital Statistics (VS)** requires requestor to submit an application for approval of data items derived from death certificates. This is also outside DREAMS.

Request Category	Approval Required by			
	FCDS	CRP	IRB	VS
Stat	X			
Tabular	X	X ¹		X ¹
Ad hoc	X ²	X	X ¹	X ¹
Linkage	X ²	X	X ¹	X ¹
Hospital Specific	X			

1 may or may not be required, dependent on cell size, geographic level, source, variable(s) requested, etc.

2 reviewed to make sure that application complete and all information has been submitted before forwarding to the CPR for approval; not reviewed for scientific merit.

DATA REQUEST CATEGORIES**(1) Stat Data Request**

Currently, FCDS provides one static dataset. ***This is a flat file. You will need some type of software to read in the data and analyze it (i.e. SAS, SPSS, SQL).*** For a complete list of variables contained in the dataset please refer to the “Variables available for request”. The list of variables in the Stat dataset file is fixed; it is strongly recommended that the requestor review the *STAT layout.pdf* prior to applying for a stat dataset.

The stat dataset is available free of charge; it contains county level case data for all sites, with many of the demographic variables collapsed into aggregate groups, i.e. age, race, marital status, etc. Refer to the Stat layout.pdf for the variables included in the dataset and to the aggregated demographic variables. Please log into DREAMS, select Stat Dataset and follow the submission instructions for this type of request.

Note: if your study requires record level data and the variables needed are not contained in the Stat dataset or the aggregated groups will not meet your research needs, you will need to apply for an Ad Hoc/ type request. Refer to the Ad hoc category for more information.

The Stat dataset is updated annually, with the most recent year being added as it becomes available.

FCDS will fill data requests for the Stat Dataset within 30 business days once the application is complete and approved.

Please view the Stat Data Request Video prior to filling out the DREAMS application for this type of request.

Entities involved in approving the Stat dataset: FCDS.

(2) Tabular Data

These types of requests concern requests that require output in the form of tables or some specific statistical output. An example of tabular data in a table could be a table such as

	Gender	
Cancer Site	Male	Female
Colon	A	B
Rectum	C	D

An example of tabular data could also be statistical output such as the mean age at diagnosis for brain cancer.

In an effort to protect the indirect identification of the patient, the "rule of ten" is applied; this rule suppresses any counts containing fewer than 10 cases. Tabulated data may be released at or above the county code level with a count of 10 or greater; for counts less than 10 or data below the county level approval will be required from the CRP.

If data with counts fewer than 10 or below the county are needed, be sure to specify why it is needed in your

application; this information will be needed by the CRP.

In addition, if you are requesting output in the form of tables, it is highly recommended that the requestor submit templates of how the data is to be displayed.

FCDS will fill most tabular data requests within 30 business days once the application has been completed and cost has been approved; tabular requests are invoiced by the hour. Refer to fee and billing procedure section for additional information.

Please watch the Tabular Request Video prior to making this type of request.

Entities involved in approving tabular requests: FCDS and possibly CRP and VS. VS approval is only required for those studies wanting to obtain variables derived from death certificates

(3) Ad hoc

In DREAMS this category is also referenced as Ad hoc/patient.

Research which requires record level data for secondary analysis or for patient contact will need to make this type of request. Please review the variables available for release to make sure that FCDS has the variables that will meet your research needs. Note: date of birth month and day are NOT releasable.

Note: approval for ad hoc/patient requests by Florida Department of Health (CRP & IRB) can take anywhere from 8 weeks to 18 months, depending on complexity of the request and thoroughness of the application. Please plan accordingly.

FCDS will fill most ad hoc/patient requests within 30 business days once the application has been completed and cost has been approved; ad hoc requests are invoiced by the hour; patient contact studies are invoiced according to the number of records extracted. Refer to fee and billing procedure section for additional information.

Please watch the Ad Hoc Request Video prior to making this type of request.

Entities involved in approving ad hoc/patient requests: CRP and possibly VS and IRB. The CRP will determine whether or not IRB approval is required. VS approval is only required for those studies wanting to obtain variables derived from death certificates.

(4) Data Linkage

A data linkage project is a request that involves linking internal FCDS data to an external data set.

Fields used in the linkage must be consistent in both data sets. The researcher should send FCDS the data in a fixed length ASCII file with the proper record layout and format. (Refer to Data Linkage Record Layout document). Any deviations from the record layout or format which require adjustment to the external data set will be charged to the requestor according to the fee schedule (Refer to Fees and Billing Procedure below).

At a minimum one of the following combinations are required to link records with FCDS:

- 1) First Name, Last Name, Sex, Date of Birth, Zip Code and Street Address*
- 2) First Name, Last Name, Sex, Date of Birth, and Social Security Number*

Additional information such as Middle Initial, Alias Name, Maiden Name, City, State, and Birthplace improve chances of successfully linking your records to FCDS and we strongly encourage you to submit these data items if available.

FCDS will fill data linkage requests within 8 weeks once the request and cost have been approved. Currently

FCDS uses a combination of R and Stata for data linkages. Requests using other software can be considered but likely will result in additional fees and time, in which case the 8 week time frame does not apply and the researcher may be charged additional fees. A copy of the required record layout “Data Linkage Record Layout” is available under the “Data Request” link on the FCDS web site <http://fcds.med.miami.edu> .

Please note that all linkages must occur at the office of the Florida Cancer Data System. No offsite linkages are permitted.

Please watch the Data Linkage Request Video prior to making this type of request.

Entities involved in approving linkage requests: CRP and possibly VS and IRB. The CRP will determine whether or not IRB approval is required. VS approval is only required for those studies wanting to obtain variables derived from death certificates

(5) Hospital Data Requests

Hospital data requests refer to requests for downloads for data which your facility has submitted.

You must be the Facility Access Administrator (FAA) in order to access this module.

You will be able to select the admission year(s) you would like to have extracted and the download will be available in the latest NAACCR version record layout.

Please watch the Hospital Specific Request Video prior to making this type of request.

Entities involved in approving hospital specific requests: FCDS

Fees and Billing Procedure

Most requests generate a fee. The FCDS does not receive additional funding to perform special, ad-hoc data analysis; therefore, actual costs are passed on to the research applicant. The fees are as follows:

- STAT Dataset - No Charge
- Minimum charge - \$150.00
- Ad Hoc: Statistical analysis/programming/data coordination - \$150.00 per hour

• Data Linkage:		
Sliding scale:	<i>Number of Records</i>	<i>Cost</i>
	<10,000	\$3,000
	10,000 – 24,999	\$2,500 fee plus .05 cents per record
	25,000 – 49,999	\$3,000 fee plus .03 cents per record
	50,000 – 99,999	\$3,500 fee plus .02 cents per record
	100,000 – 249,999	\$4,000 fee plus .015 cents per record
	250,000+	\$5,000 fee plus .011 cents per record

• Geocoded & Patient Contact lists		
Sliding scale:	<i>Number of Records</i>	<i>Cost</i>
	<10,000	\$1,500
	10,000 – 24,999	\$2,000
	25,000 – 49,999	\$2,500
	50,000 – 99,999	\$3,000
	100,000 – 249,999	\$3,500
	250,000+	\$4,000

Please note:

The billing procedure is as follows: once approval is granted and the data request is processed, the researcher will be notified in DREAMS when the dataset is available for download. An invoice will be downloaded along with the results of the data request or linkage from DREAMS. Payment may be made by check, purchase order or credit card.

Data linkage fees are charged for those projects involving the matching of an outside data source to the Florida Cancer Data System database.

Other Information:

Additional information such as published resources and statistics is available on the FCDS website: <http://fcds.med.miami.edu>.

All media requests should be directed to The Director of the FL DOH Office of Communications at 850-245-4111.

FCDS maintains a list of all published articles using FCDS Data. Please provide information on any scientific publications resulting from a data request. Thank you

K. FCDS MANAGEMENT REPORTS

FCDS Quarterly Activity Status Report

This report summarizes the FCDS file activity for each facility on a quarterly basis. Every facility should have some file activity during every quarter of the year. The report documents information about the number and quality of cases submitted during the previous quarter, timeliness of reporting, and also provides an annual incidence and completeness summary, which compares observed-to-expected numbers of cases reported for the year. (See Forms Section)

FCDS Data Quality Indicator Report

This report is a scaled down model of a similar report the CDC National Program of Cancer Registries (NPCR) provides to Florida and each NPCR state as an assessment of state-wide data. The report reflects 5 years of data and examines the frequency of assignment of “unknown” or “ill-defined” values to key analysis variables over the course of the five-year period with comparison to national.

The percent of “unknown” and “ill-defined” values in certain variables is a data quality indicator used to rank Florida’s overall data quality and completeness of the data for each case reported and is used when comparing Florida data to other states for overall data reliability. These data are also indicators of problem areas where FCDS and local registries can improve upon cancer reporting as data are available.

Annual AHCA Unmatched Report

The AHCA Unmatched Report and subsequent follow-back procedures are used to assess casefinding completeness at the facility level.

Consolidated AHCA and Vital Statistics Follow-Back Reports (Casefinding Audits).

Consolidated AHCA and Vital Statistics Follow-Back Reports will be available via FCDS IDEA following the June 30 Reporting Deadline.

Annual Bureau of Vital Statistics Unmatched Report

FCDS staff will perform annual matching of the FCDS Master File to the Florida Bureau of Vital Statistics death files. FCDS will provide the reporting facility with a list of unmatched Vital Statistics cases (deaths) that show the place of death as the reporting facility.

Consolidated Vital Statistics and AHCA Follow-Back Reports (Casefinding Audits).

Consolidated Reports Vital Statistics and AHCA Follow-Back Reports will be available via FCDS IDEA following the June 30 Reporting Deadline.

FCDS EDITS Master List

This is a listing of all FCDS edits included in the latest FCDS EDITS Metafile and includes the edit number, edit category, and edit message. The current list can be found under Downloads on the FCDS website. This list is updated regularly and can be found on the FCDS Website under Downloads.

L. AWARDS

Jean Byers Memorial Award for Excellence in Cancer Registration

Pat Strait Award for Excellence in Cancer Registry Abstracting – The Pat Strait Award for Excellence in Cancer Registry Abstracting is awarded to individuals who contribute to a facility achieving the annual Jean Byers Memorial Award.

Criteria for receipt of the Jean Byers Award and the Pat Strait Award are based on a standard set of criteria that meet or exceed the completeness, timeliness and accuracy requirements determined by FCDS and CDC. The criteria may change between years, depending on annual reporting conditions but generally are a factor of a combination of successful data quality metrics including; Reporting Deadline, percent of missed cases as determined using AHCA and Vital Statistics Matching and Follow-Back Results (missed cases cannot exceed 10% of the facility’s annual caseload), and other established data quality indicator metrics.

M. FCDS GENERAL MAILING INSTRUCTIONS:

DO NOT MAIL ANY MATERIALS CONTAINING PERSONAL HEALTH INFORMATION

In order to protect and properly handle all packages FCDS is making the following recommendations:

1. We ask that if you are mailing a package to FCDS use Federal Express, UPS, Airborne Express or any other type of courier service.

- a. The FCDS street address below must be used for courier packages:

FCDS
University of Miami School of Medicine
1550 NW 10 AVE
Room 410
Miami, FL 33136

Include the following text on a separate header page in the package.

- b. Always request a signature upon delivery.

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- c. Make sure that the addressee at FCDS knows that she/he is to expect a package.
 - d. Track the package to ensure that it has reached its destination. You may want to explore the e-mail tracking and notification features that the courier of choice offers.
2. **For non-confidential information**, if using US Postal Service, which may include Express mail, Priority mail, and Certified mail, you must use the FCDS PO Box address below:

FCDS
University of Miami School of Medicine
PO BOX 016960 (D4-11)
Miami, FL 33101

3. All shipments must adhere to the [FCDS Confidential Information Security Policy](#).

N. CALENDAR/FORMS/TEMPLATES/SAMPLE REPORTS

- FCDS Profile Modification Form - Sample
- FCDS Annual Reporting Calendar
- FCDS Discrepancy Journal - Sample
- Not Reportable List - Template
- FCDS Quarterly Activity Status Report – Sample
- FCDS Data Quality Indicator Report – Sample

FCDS 2022-2023 Calendar of Reporting Calendar and FCDS Recurring Deadlines

Dates Subject To Change

Patient Encounter for Cancer	Case Should Be Reported
ALL 2021 CASES WERE DUE 6/30/2022	ALL 2022 CASES WERE DUE 6/30/2023
January 2023	July 2023
February 2023	August 2023
March 2023	September 2023
April 2023	October 2023
May 2023	November 2023
June 2023	December 2023
July 2023	January 2024
August 2023	February 2024
September 2023	March 2024
October 2023	April 2024
November 2023	May 2024
December 2023	June 2024
ALL 2022 CASES ARE DUE 6/30/2023	ALL 2023 CASES ARE DUE 6/30/2024

RECURRING DEADLINES		
Monthly	FC Review/Inquiry	Cases with FC Review Inquiry or correction(s) must be reviewed and responded to monthly
Monthly	QC Review/Inquiry	Cases with QC Review Inquiry or correction(s) must be reviewed and responded to monthly
June 30	Annual Reporting Deadline	All cases from previous calendar year must be reported to FCDS on or before June 30 th each year
September 1	Consolidated Follow-Back Deadline	All unmatched cases from the combined AHCA and Vital Records Death Match must be resolved by September 1 st .
Varies	FAPTP Follow-Back Deadline	All unmatched cases from FAPTP must be resolved each year

FCDS PROFILE MODIFICATION FORM

The following sections of instruction are for the completion and processing of the FCDS Profile Modification Form.

The form is available in the following formats:

- Adobe Acrobat (.pdf) - online
- Word (.doc) - by request

The FCDS Profile Modification Form is required to add a facility/profile or make changes to an existing facility/profile.

To navigate through the form use the **Tab** key.

NOTE: In PDF, each field within the document is highlighted. Move the pointer over the field for quick instructions to display.

Complete each field using the guidelines as listed below.

Today's Date:

Enter the date in the **MM/DD/YYYY** format

Facility Name:

Enter the Name (Name of facility, individual, or type). This is a limited entry field, when necessary abbreviate (i.e., Center (CTR), Medical (MED), etc)

Process Request:

ADD – To add a facility or profile

UPDATE - To update an existing facility or profile.

- **In Adobe Acrobat Format:** Select the applicable button to **ADD or UPDATE** the facility (.pdf)
- **In Word Format:** Select from the drop down menu to **ADD or UPDATE** the facility profile (.doc)

Facility Type:

Select Facility type from the drop down menu

AHCA# (up to 10 digits)

The **Agency for Health Care Administration (AHCA) ID** is the Identification number assigned by AHCA to all facilities with the **exception of Radiation Therapy Centers**.

This number can be up to 10 digits .

CLIA# (10 digits: ex. 10D9999999)

(Required field for Laboratories)

The **Clinical Laboratory Improvement Amendment (CLIA) ID** is the Identification number assigned by **Centers for Disease Control and Prevention, Division of Laboratory Science and Standards** to all laboratory facilities nationally.

NPI# (10 digits)

National Provider Identifier (NPI): Please use the NPI associated with the facility/organization.

FCDS PROFILE MODIFICATION FORM

FCDS Facility # (4-digits)

If adding a facility leave field blank.

Once a **new** facility/profile is processed the facility will be assigned a FCDS facility number.
This information will be forwarded to the facility contact.

Option: (Required field)

Select appropriate option from the pull down list.

Reference the OPTION CODES Chart list below, to complete this section.

OPTION CODES

<u>Option Code</u>	<u>Facility Type</u>
0	Rural Hospital or Hospital with <35 cases per year
2	Incidence Only Hospital · Using Contract Services
3	Incidence Only Hospital · Using in House Personnel
4	Full Registry Hospital · Using in House Personnel
5	Full Registry Hospital · Using Contract Services
6	VA Hospital
7	Military Hospital
8	Psychiatric Hospital
A	Physician Offices with <35 cases per year
B	Dermatology BCC or SCC only
C	Closed Facility – (enter date of closure in the notes field)
D	Death Certificate Only
F	FCDS – Staff Members
H	County Health Department
L	Free - Standing Pathology Labs
M	Contractors
O	2 nd Opinion Labs
P	MOH's
R	Free - Standing Radiation Therapy Centers
S	Free - Standing Ambulatory Surgery Centers
T	Free - Standing Ambulatory Surgery Centers <35 cases per year
V	Vendors
W	Pathology Lab Vendors
X	Courtesy
Y	Out of State
Z	Physician Office Death Certificate Follow-Back Process

FCDS PROFILE MODIFICATION FORM

FCDS Profile Information:

- This section contains all of the contact information as it pertains to the facility.
- Please complete each section.
- The credentials field is a limited entry field, please abbreviate all credentials (i.e., Batchelors of Arts Degree (BA), Certified Tumor Registrar (CTR), etc.

Notes: Enter any additional information in reference to the profile.

Complete and Submit:

To complete the form type your complete name in field indicated, enter date in field indicated, save the document, and select the submit button to send the document to the FCDS for processing (via email).

Alternate submission option: The form may also be printed and faxed to FCDS for processing at 305-243-4871.

FCDS PROFILE MODIFICATION FORM

TO ADD: (NEW Facility) • Please complete each section of form to add a facility. • Select ADD in the Process Request Field. • AHCA#, CLIA#, or NPI# can be obtain from administrative or business office.		TO UPDATE: (EXISTING Facility) • Complete the Date, Profile Name and the section(s) that requires update. • Select UPDATE in the Process Request Field.	
Today's Date (MM/DD/YYYY):	Profile Name: (Facility Name)		
Process Request: <div style="display: flex; justify-content: space-around;"> ADD (New) UPDATE (Existing) </div>	Select Facility Type:		
AHCA ID#:	CLIA#: (PATH LABS ONLY)	NPI#:	
FCDS Facility #: (LEAVE BLANK IF ADDING FACILITY)	Option:	Date Facility Close (MM/DD/YYYY):	
<u>PROFILE INFORMATION</u>			
Facility Contact:			
Last Name:	First Name:	Credentials:	
Title:			
Mailing Address: (Address, City, ST and Zip Code)			
Phone Number:	Fax Number:	Contact Email Address:	
Administrator:			
Last Name:	First Name:	Credentials:	
Administrator Email Address:			
Title:			
Physical Address: (Address, City, ST, and Zip Code)	Phone Number:	Fax Number:	
NOTES: (Type additional information below)			
Completed By:			
		Date:	
FCDS ONLY:			
Processed By:		Date Processed:	

SUBMIT



Discrepancy Journal

4/10/2018 2:57:57 PM

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Medical Facility:			Region:				Option:	
Abs	Accession	Seq	Abstract Type	Patient Name	Receipt	Site	DX Date	Initials
*** Master contains 1 other Sequence(s) ***			Medical Record #:		SSN:		DOB:	
Error:938	Force:N	If a patient has a race code of 01 (white), it must be the last recorded race for that patient; that is, the last race code not coded to 88 or spaces.						
<i>Discrepant Data:</i>			<i>Edit: Race 1, Race 2, Race 3, Race 4, Race 5 (SEER IP93) [Tag:N0628] [Agency:FCDS]</i> <i>E: 0938: A race code of 01 (white) must be the last recorded race</i>					
			Race 1(177) [01] Race 2(179) [04] Race 3(181) [88] Race 4(183) [88] Race 5(185) [88]					
Error:1140	Force:N	If Rad--Regional RX Modality = 20-98 (radiation performed), Reason for No Radiation must = 0 (radiation performed) and vice versa						
<i>Discrepant Data:</i>			<i>Edit: Rad--Regional RX Modality, Reason for No Rad (COC) [Tag:N0574] [Agency:FCDS]</i> <i>E: 1140: If Rad--Regional RX Modality (26) = 20-98, Reason for No Radiation (1) must = 0 and vice versa</i>					
			Reason for No Radiation(1592) [1] Rad--Regional RX Modality(1607) [26]					
Error:1265	Force:N	If Reason for No Radiation = 1, 2, 5, or 6, then RX Summ--Radiation must = 0						
<i>Discrepant Data:</i>			<i>Edit: Reason for No Rad, RX Summ--Radiation (FCDS) [Tag:FL1728] [Agency:FCDS]</i> <i>E: 1265: If Reason for No Radiation = 1, RX Summ--Radiation must = 0</i>					
			Reason for No Radiation(1592) [1] RX Summ--Radiation(1580) [2]					
Error:537	Force:N	If RX Date--Radiation is blank, corresponding flag must = 10-12, or 15						
<i>Discrepant Data:</i>			<i>Edit: RX Date Radiation, Date Flag (COC) [Tag:FL1128] [Agency:FCDS]</i> <i>E: 0537: If RX Date Radiation is blank, corresponding flag must = 10-12, 15</i>					
			RX Date Radiation(1486) [Y: M: D:] RX Date Radiation Flag(1494) [<BLANK>]					
Error:1316	Force:N	If RX Summ--Surg Prim Site = 10-90 AND Rad--Regional RX Modality = 20-98, then RX Summ--Surg/Rad Seq must = 2-7, or 9						
<i>Discrepant Data:</i>			<i>Edit: Surgery, Radiation, Surg/Rad Seq (FCDS) [Tag:FL1431] [Agency:FCDS]</i> <i>E: 1316: If RX Summ--Surg Prim Site=50 and Rad--Regional RX Modality=26, RX Summ--Surg/Rad Seq cannot be 0</i>					
			RX Summ--Surg Prim Site(1567) [50] RX Summ--Scope Reg LN Sur(1569) [0] RX Summ--Surg Oth Reg/Dis(1570) [0] Rad--Regional RX Modality(1607) [26] RX Summ--Surg/Rad Seq(1582) [0] Date of Diagnosis(530) [Y:2013 M:01 D:29] Regional Nodes Examined(916) [98]					
Error:1319	Force:N	If RX Summ--Surg Prim Site = 10-90 AND RX Summ--Radiation = 1-6, then RX Summ--Surg/Rad Seq must = 2-7, or 9						
<i>Discrepant Data:</i>			<i>Edit: Surgery, Rad Summ, Surg/Rad Seq (FCDS) [Tag:FL1430] [Agency:FCDS]</i> <i>E: 1319: If RX Summ--Surg Prim Site=50 and RX Summ--Radiation=2, RX Summ--Surg/Rad Seq cannot be 0</i>					
			RX Summ--Surg/Rad Seq(1582) [0]					

Cases Reviewed but Not Reported - Not Reportable List

This is an example of a handwritten log of medical records that you would have reviewed but decided the cancer was N/R or Not Reportable for some reason. Please describe why you did not report a cancer on a casefinding list as Reason N/R

Most software vendors provide a mechanism to automatically capture and store this information.

Keeping a list of NOT REPORTED CANCERS and WHY YOU DID NOT REPORT THEM will help with audits.

Facility Name _____

Facility Number _____

Patient Name	SSN	Med Rec No	Date of Birth	ICD-10-CM D/C Diagnosis	Admit Date	Disp Code	Reason N/R

REASON NOT REPORTED CODES

02 – Benign	07 – Duplicate Case	12 – No Cancer Mentioned in Medical Record
03 – Not Reportable Skin	09 – In Situ Cancer of Cervix (CIS or CIN III) or Prostate (PIN III only)	13 – FCDS Use Only
04 – No Evidence of Disease (NED)	10 – Other	14 – Specific Lymphoid or Hematopoietic Neoplasm DX Prior to 1/1/2001
05 – Consult Only	11 – FCDS Use Only	16 – Benign/Borderline CNS Tumor DX Prior to 1/1/2004 - NED
06 – Cancer Not Proven		

Date

Florida Cancer Data System Quarterly Cancer Case Reporting Status Report

This Quarterly Cancer Case Reporting Status Report has two distinct sections: a Quarterly Activity Summary and an Annual Case Submission Summary. The report is an indication of the completeness, timeliness, and quality of the data that FCDS receives from each individual facility. It is not a report specific to any single abstractor or manager.

Quarterly Activity Summary

The Quarterly Activity Summary reflects the file activity and the cases submitted by your facility for the time period specified above.

New Data Submitted:

Total number of cases electronically submitted for this quarter

Total number of *good* cases: *(cases requiring no changes)*

Total number of *forced* cases: *(exceptional cases requiring overrides of standard data edits following validation of the data submitted)*

File Activity:

Total number of *deleted* cases: *(cases deleted due to duplicate record submission; cases that do not meet the FCDS reporting requirements; cases diagnosed prior to the FCDS 1981 reference date)*

Total number of cases in the *pending* file: *(cases that failed one or more standard data edits during this and any previous quarters and remain in the pending file awaiting data validation)*

Annual Case Submission Summary

The Annual Case Summary reflects all cases submitted by your facility for the past four years. The fifth year displayed is the current reporting year. A two-year average (excluding current year data) is the base from which the Expected Completeness Percentage is calculated.

Admission Year/Case Count	Average # Cases Reported =	
2023		
2022		<u>% Complete for</u>
2021		<u>Reporting Year</u>
2020	Actual	Expected
2019		

Please review this report in detail. If you have any questions, please contact your Field Coordinator at (305) 243-4600. Thank you for your cooperation in providing timely and quality data to the FCDS.

FCDS Data Quality Indicator Report

The Florida Cancer Data System (FCDS) is charged with providing the highest quality data available in annual cancer surveillance reporting to the Florida Department of Health and the CDC National Program of Cancer Registries (NPCR). Data must meet rigorous standards to be included in local, regional, state, and national cancer rates, reports to Congress, and various cancer surveillance-related publications. This report is a scaled down model of a similar report the CDC National Program of Cancer Registries (NPCR) provides to Florida and each NPCR state as an assessment of our state-wide data.

The FCDS Data Quality Indicator Report reflects 5 year comparison data as in sample below showing 2016-2020 Diagnosis Year data and examines the frequency of assignment of “unknown” or “ill-defined” values to key analysis variables over the course of the five-year period with comparison to national.

The percent of “unknown” and “ill-defined” values in certain variables is a data quality indicator used to rank Florida’s overall data quality and completeness of the data for each case reported and is used when comparing Florida data to other states for overall data reliability. These data are also indicators of problem areas where FCDS and local registries can improve upon cancer reporting as data are available. Goals have been established nationally by NPCR or by FCDS.

Florida Cancer Data System - Facility Data Quality Indicator Report (DQIR) for 2022

Analytic cases¹ (received by 5/5/2022)

	Goals		2020		2019		2018		2017		2016	
	Facility %	Facilities %	Facility %	Facilities %	Facility %	Facilities %	Facility %	Facilities %	Facility %	Facilities %	Facility %	Facilities %
Total Analytic Cases	1,525	118,702	1,775	138,961	1,764	134,050	1,715	128,361	1,874	126,770		
Demographics												
Sex												
Sex Unknown (9)	< 2%	0.000	0.013	0.000	0.012	0.000	0.013	0.000	0.018	0.000	0.009	0.009
Race												
Race Other, NOS (98)	< 3%	1.049	1.998	0.732	1.926	0.680	1.660	1.050	1.740	0.961	1.496	1.496
Race Unknown (99)	< 3%	0.656	1.147	0.169	0.950	0.794	0.300	0.292	0.795	0.427	0.954	0.954
Ethnicity												
Ethnicity Unknown (9)	< 3%	0.066	1.425	0.056	1.267	0.397	0.965	0.233	1.210	0.213	0.865	0.865
Primary Payor at DX												
Primary Payor Unknown (99)	< 3%	0.525	0.751	0.845	1.237	1.984	1.062	1.166	1.382	0.854	1.490	1.490
Tobacco Use												
Tobacco Use - Cigarette Unknown (9)		0.393	8.049	3.268	9.819	5.782	10.340	2.799	12.944	1.441	11.549	11.549
Tobacco Use - Other Unknown (9)		0.459	15.491	3.380	17.745	6.633	17.406	6.706	19.046	16.596	18.970	18.970
Tobacco Use - Smokeless Unknown (9)		0.262	15.112	2.592	17.237	5.159	16.903	6.239	18.710	17.129	18.661	18.661
Tobacco Use - NOS Unknown (9)		0.393	15.308	3.099	17.503	5.669	17.347	5.598	18.517	16.916	18.271	18.271
Marital Status at DX												
Marital Status Unknown (9)	< 3%	1.180	2.550	1.521	2.391	1.304	2.742	3.149	2.918	3.148	2.684	2.684
Social Security Number												
Missing/impossible SSN	< 3%	18.951	13.750	16.789	12.483	15.079	9.728	11.603	7.755	10.672	6.106	6.106
Address at DX												
Ungeocodables (Certainty 9) ²	< 2%	0.000	0.000	0.000	0.000	0.000	0.002	0.000	0.075	0.000	0.060	0.060
PO Boxes (Certainty 5) ³	< 2%	0.396	1.483	0.229	1.603	0.230	1.690	0.236	1.657	0.435	1.829	1.829
Tumor Characteristics												
Diagnostic Confirmation												
Not Microscopically Confirmed (5-8)	< 5%	4.459	0.156	3.155	0.207	3.965	0.316	4.023	0.426	5.069	0.387	0.387
DX Method Unknown (9)	< 5%	0.328	0.166	0.282	0.191	0.454	0.268	0.816	0.236	0.267	0.282	0.282
Topography												
Ill-Defined Sites ³	< 1%	1.049	1.346	0.563	1.323	2.098	1.436	1.924	1.641	1.441	1.643	1.643
Histology/Grade												
Morphology Non-specific (8000-8005)	< 5%	1.443	1.798	0.563	1.869	1.701	1.931	1.633	2.003	2.081	1.990	1.990
Grade Unknown (excludes C80.9)	< 35%							41.050	35.454	43.757	34.727	34.727
Stage												
Summary Stage ⁴	< 5%	3.148	5.186	2.648	5.558	4.932	6.140	5.714	6.809	5.496	6.756	6.756
SSDI												
Grade Clinical		46.230	45.698	45.070	45.658	52.098	46.900					
Grade Pathological		51.541	55.178	50.592	54.278	52.778	52.907					
Brain Molecular Markers		23.438	10.150	11.475	11.934	11.667	16.565					
Breastlow Thickness		36.364	26.998	34.146	29.830	36.364	30.553					
Estrogen Receptor Summary		5.541	4.217	2.954	3.818	2.810	4.189					
Fibrosis Score		85.294	75.050	71.429	76.872	85.714	82.577					
HER2 Overall Summary		24.538	20.164	18.565	19.884	19.204	20.420					
Microsatellite instability (MSI)		20.988	49.391	22.917	54.997	20.792	59.446					
Progesterone Receptor Summary		6.596	7.343	3.376	6.578	2.810	6.700					
PSA Lab Value		18.182	12.811	17.500	11.075	11.364	11.938					
LDH Pretreatment Lab Value		100.000	78.683	95.122	87.629	86.364	94.038					

¹ DQI now run by Diagnosis date

² Analytic according to FCDS (class of case: 0 - 22 or 34 - 42)

³ Percentages based on analytic cases of Florida residents at time of DX only.

⁴ Definition changed in 2018 and ill-defined and Unknown primary are now combined

⁵ Derived SS 2000 DX years 2014-2015, direct coded SS 2000 DX years 2016-2017, direct coded SS 2018 DX year 2018+

*modified 5/11/21

SECTION II: GENERAL ABSTRACTING INSTRUCTIONS

SECTION II: GENERAL ABSTRACTING INSTRUCTIONS

It is the responsibility of every abstractor working in the state of Florida (including contract abstractors) to know the full content of the latest *FCDS Data Acquisition Manual (FCDS DAM)* and to update it upon receipt of any change from FCDS. Should you need training in cancer registry data collection, please visit the FLccSC Learning Management System and consider taking the FCDS Abstracting Basics Course to gain a better understanding of the skills and training required to meet FCDS abstracting requirements and the national standards used when abstracting and coding cancer cases. Note: This course is being updated.

This manual is intended to explain in detail each data item required for Florida Cancer Data System (FCDS) case reporting. It should be used as the primary information resource for any data item that must be coded and documented in accordance with Florida cancer reporting rules and statutes. Descriptions are only intended to provide sufficient detail to achieve consensus in submitting the required data. In no way does this manual imply any restriction on the type or degree of detail information collected, classified or studied within any healthcare facility-based cancer registry. Special Use Fields are available as needed.

Basic Rules:

- 1) Always refer to the most current version of the *FCDS Data Acquisition Manual* when completing an abstract. The CoC STORE Manual may provide slightly different instructions for coding or abstracting of data items. However, the STORE Manual, the NAACCR Volume II Data Dictionary and the SEER Coding and Staging Manual should essentially be comparable in content, rules, instructions, and examples provided to ensure consistent coding across programs.
- 2) Always submit a separate abstract for each reportable primary neoplasm identified.
- 3) Text is required to adequately justify ALL coded values and to document supplemental information such as patient sex and family history of malignancy. Data items MUST be well documented in text field(s); specifically, Place of Diagnosis, Physical Exam, the Reason Why the Patient Came to Your Facility, Patient Sex, Imaging Studies including X-rays and Scans with Dates in Chronological Order, Diagnostic Endoscopy and Other Diagnostic Tools, Surgical Procedures and Operative Findings, Laboratory Tests and Pathology Reports (including: Dates of Specimen Collection, Primary Site, Histology, Behavior and Grade), Genetic Testing Results, Cancer Staging Information and Coding Rationale, and Site Specific Data Items as Required.

The Details of Treatment must also be documented in the Treatment Text fields, even if the treatment is non-standard or the case is non-analytic or historical. dates should be included within text in each section to provide a chronology of events, imaging, lab tests, surgeries, and other anti-neoplastic treatments. Dates may be estimated and should be documented as estimated dates when necessary. Specifics of all treatments delivered are required including chemotherapeutic and other anti-neoplastic agents, radiation therapy details, and treatment given outside your specific facility as noted in H&P, Consultation Reports, or other documentation.

Please refer to Appendix L of this manual for specific text documentation instructions/examples.

Basic Rules For Date Fields:

- 1) **FCDS no longer requires Date Flag Fields for any date flags beginning 1/1/2023.**
- 2) Dates are transmitted in a format widely accepted outside of the registry setting. The format is CCYYMMDD. However, this does not necessarily mean that the way dates are entered into your registry software has changed. Software providers are the primary resource for information about fields in their own systems. Only valid portions of any date are to be transmitted.
- 3) FCDS requires every case that you abstract (analytic, non-analytic and historical grid cases) to include at a minimum a valid year of diagnosis. The FCDS EDITS Metafile will reinforce these new requirements beginning 8/1/2019. All Treatment (surgery, radiation, chemo, etc.) also requires a valid date consistent with the Date of Diagnosis so the edits can validate the treatment is indeed within the parameters of the First Course of Therapy.

REGISTRY INFORMATION

The Registry Information section of the abstract includes the data items that identify the reporting facility, the case, the date of first contact or admission, the abstractor and the date abstracted.

Data Items Included In This Section

<u>NAACCR Item Number</u>	<u>Item Name</u>
540	Reporting Facility
550	Accession Number – Hospital
560	Sequence Number – Hospital
580	Date of First Contact
2300	Medical Record Number
2090	Date Case Completed/Date Abstracted
570	Abstracted By (FCDS Abstractor Code)
2152	CoC Accredited Flag
500	Type of Reporting Source

REPORTING FACILITY**NAACCR ITEM #540**

Identifies the facility reporting the case. This is a four-digit FCDS-assigned Facility Number. See Appendix A for hospital, surgery center, and free-standing radiation therapy center Facility Numbers.

The Reporting Facility (NAACCR Item #540), Accession Number (NAACCR Item #550), and Sequence Number (NAACCR Item #560) uniquely identify the facility, patient, and tumor(s). Each cancer patient in a facility is assigned a unique accession number, and each primary tumor diagnosed for that patient is assigned a sequence number to differentiate between primary cancers for the patient accessioned. See individual data item descriptions and coding instructions for more information on each data item noted.

Coding Instructions

1. Enter the four-digit FCDS-assigned Facility Number from Appendix A.
2. The FCDS Facility Number is not the same as the FORDS Facility ID Number (FIN).
3. Each facility participating in a shared or network cancer registry must use the unique respective facility number unless the registry has been approved/designated an umbrella organization by FCDS.
4. Cases must be abstracted and reported separately for each facility according to Florida statute unless otherwise designated.
5. The four-digit reporting facility number must be right justified.

ACCESSION NUMBER- HOSP**NAACCR ITEM #550**

Provides a unique identifier for the patient consisting of the year in which the patient was first seen at the reporting facility and the consecutive order in which the patient was abstracted.

The Reporting Facility (NAACCR Item #540), Accession Number (NAACCR Item #550), and Sequence Number (NAACCR Item #560) uniquely identify the facility, patient, and tumor(s). Each cancer patient in a facility is assigned a unique accession number, and each primary tumor diagnosed for that patient is assigned a sequence number to differentiate between primary cancers for the patient accessioned. See individual data item descriptions and coding instructions for more information on each data item noted.

Enter the nine-digit Accession Number as assigned by the reporting facility.

Format: The first four digits of the Accession Number specify the year in which the patient first had contact with the reporting facility in the format CCYY. The last five digits are the sequential/numeric order in which the registry entered the case into the database.

Each patient receives only one accession number from your facility for a lifetime, regardless of the facility “reference date,” number of primary cancers reported, or alternate numbering assignment.

Accession numbers are never reassigned, even if a patient is removed from your facility registry.

When a patient is deleted from the database, **do not re-use the accession number** for another patient.

Multiple primary reportable malignant neoplasms in one patient are designated by successive sequence numbers. Therefore, when submitting abstracts for multiple primary neoplasms for one patient at the same time, use the same FCDS accession number for every cancer reported.

SEQUENCE NUMBER-HOSPITAL**NAACCR ITEM #560**

Enter the two-digit sequence number that corresponds to this primary tumor. This data item records the chronological appearance of each reportable primary malignant and non-malignant neoplasm over the entire lifetime of the person, regardless of where they were diagnosed or treated.

The Reporting Facility (NAACCR Item #540), Accession Number (NAACCR Item #550), and Sequence Number (NAACCR Item #560) uniquely identify the facility, patient, and tumor(s). Each cancer patient in a facility is assigned a unique accession number, and each primary tumor diagnosed for that patient is assigned a sequence number to differentiate between primary cancers for the patient accessioned. See individual data item descriptions and coding instructions for more information on each data item noted.

Codes 00–35 indicate neoplasms of in situ or malignant behavior (behavior equals 2 or 3).

A solitary reportable malignant neoplasm is not part of a sequence; therefore, enter **00** to indicate the lack of sequence.

If a patient was previously reported as sequence 00 and has since developed a subsequent reportable malignant neoplasm, the sequence should be designated by the appropriate number, 02, 03, etc. The original 00 will be changed to 01 automatically in the FCDS files.

If two or more independent primary malignant neoplasms are diagnosed simultaneously, the lowest sequence number should be assigned to the malignancy with the worst prognosis.

Codes 60–88 indicate neoplasms of non-malignant behavior (behavior equals 0 or 1).

A solitary reportable non-malignant neoplasm is not part of a sequence; therefore, enter 60 to indicate the lack of sequence.

If a patient was previously reported as sequence 60 and has since developed a subsequent reportable non-malignant neoplasm, the sequence should be designated by the appropriate number, 62, 63, etc. The original 60 will be changed to 61 automatically in the FCDS files.

If two or more non-malignant neoplasms are diagnosed at the same time, assign the lowest sequence number to the diagnosis with the worst prognosis.

A re-evaluation of all related sequence numbers is required whenever an additional neoplasm is identified

Code	Description
00	One Malignant Primary Only (in-situ and malignant tumors)
01	First of two or more malignant primaries
02	Second of two or more malignant primaries
03	Third of three or more malignant primaries
60	One non-malignant primary (benign/borderline tumors)
61	First of two or more non-malignant primaries
62	Second of two or more non-malignant primaries

DATE OF FIRST CONTACT

NAACCR ITEM #580

Date of first patient contact, as inpatient or outpatient, with the reporting facility for the diagnosis and/or treatment of the tumor. The date may represent the date of an outpatient visit for a biopsy, x-ray, scan, or laboratory test. Enter the year, month, and day (CCYYMMDD) of the patient's first contact with the reporting facility for the diagnosis and/or treatment of the tumor, whether as an inpatient or an outpatient for diagnosis and/or first course treatment. The date may represent the date of an outpatient visit for a biopsy, x-ray, scan, or laboratory test, the date of admission to the facility, or the date of a pathology specimen that was collected as part of surgical resection or biopsy performed during a long-term in-

patient admission.

When a diagnosis of cancer is made during a patient's long-term stay for another condition, the date the patient was first examined for the cancer-related problem should be used as the Date of First Contact. If the case was initially diagnosed at autopsy, the Date of Death should be used as the Date of First Contact as well as for the Date of Diagnosis.

An error is issued if the Date of First Contact precedes the Date of Diagnosis by more than thirty days.

Date of 1st Contact is one of several data items that can be used to measure timeliness of reporting to central cancer registries by individual facilities. For tumors that are not diagnosed at the reporting facility following its Reference Date (Class of Case 20-22, 30-37), the Date of 1st Contact [580] can be used in conjunction with the Date Case Report Received [2111] to measure timeliness of reporting by individual facilities.

The CoC STORE Manual revised the definition of Date of First Contact to allow registries to revise the date to the date when the patient's case became 'analytic' for the facility. FCDS does not receive or allow Modify or Update Records – so, if this is the case and registrars change the Date of First Contact then FCDS would never know about it, nor would we know about the change in Class of Case. Please use your best judgement to try and resolve this inconsistency in instructions to fit reporting needs for Florida.

MEDICAL RECORD NUMBER

NAACCR ITEM #2300

Enter the patient's **15-character Medical Record Number** (it can be alpha/numeric) used by the facility to identify the patient. Do not use special characters in this field (i.e. *, -, /). If the patient has no Medical Record Number you may enter the casefinding source (i.e. XRT, xyz CLINIC) or you may enter any facility identification number or billing number that will be helpful in locating the record at a future date.

DATE CASE COMPLETED/DATE ABSTRACTED

NAACCR ITEM #2090

Enter the date the case is being abstracted. The format for all dates is numeric (CCYYMMDD). Unknown date is not acceptable in this field.

To CoC accredited facilities: Please do not submit incomplete Rapid Cancer Reporting System (RCRS) abstracts to FCDS. Please wait until ALL first course therapy has been completed. FCDS continues to monitor patient/cancer to ensure first course therapy is consistent with stage of disease and specific biomolecular and genetic tumor markers for targeted therapies. Do not send cases too early. For cases not yet completed by the June 30th deadline, you may code the treatment as recommended, unknown if administered. All cases are required to be reported to FCDS by June 30th. When treatment has not started but is a part of the treatment plan, and the FCDS Deadline to Report (June 30th) is upon you but you do not have the information that treatment started, enter the treatment as 'recommended' and submit.

ABSTRACTED BY (FCDS ABTRACTOR CODE)

NAACCR ITEM #570

Enter the three-digit FCDS Abstractor Code of the person abstracting this case. Each abstractor that submits cases to FCDS must have her/his own unique FCDS Abstractor Code. All abstracts submitted must have an approved and valid (current) FCDS Abstractor Code in this field. Validation of the FCDS Abstractor Code is part of the FCDS EDITS process, therefore, if any Abstractor Code is incorrect, invalid or expired, the batch will fail edits at the time of batch upload or record entry.

Your FCDS Abstractor Code should never be shared with any other abstractor.

Refer to Section I of this manual for more information on the FCDS Abstractor Code requirement.

COC ACCREDITED FLAG

NAACCR ITEM #2152

CoC Accredited Flag is assigned at the point and time of data abstraction to label an abstract being prepared for an analytic cancer case at a facility accredited by the Commission on Cancer (CoC). The flag may be assigned manually or can be defaulted by the registry's software.

CoC-accredited facilities are required to collect certain data items including TNM staging. The flag is a means of incorporating the accredited status into abstracts at the time of abstraction by someone who has knowledge of the status. The flag thus simplifies validating that required items have been abstracted by CoC-accredited facilities.

Codes

- 0 Abstract prepared at a facility WITHOUT CoC accreditation of its cancer program
- 1 ANALYTIC abstract prepared at facility WITH CoC accreditation of its cancer program (Includes Class of Case codes 10-22)
- 2 NON-ANALYTIC abstract prepared at facility WITH CoC accreditation of its cancer program (Includes Class of Case codes 30-43 and 99, plus code 00 which CoC considers analytic but does not require to be staged)
- Blank Not applicable; DCO

TYPE OF REPORTING SOURCE

NAACCR ITEM #500

Enter the Type of Reporting Source code that identifies the source of information used to abstract the case.

Code	Description
1	Hospital Inpatient; managed health plans with comprehensive, unified medical records
2	Radiation Treatment Centers or Medical Oncology Centers (hospital-affiliated or independent)
3	Laboratory only (hospital-affiliated or independent)
4	Physician's Office/Private Medical Practitioner (LMD)
5	Nursing/Convalescent Home/Hospice
6	Autopsy Only
7	Death Certificate Only (DCO) - FCDS Use Only
8	Other hospital outpatient units/surgery centers

When multiple source documents are used to abstract a case, use the following priority order to assign a code for Type of Reporting Source: Priority order of codes 1, 2, 8, 4, 3, 5, 6, 7.

Code	Label	Source Documents	Priority
1	Hospital inpatient; Managed health plans with comprehensive, unified medical records	<ul style="list-style-type: none"> • Hospital inpatient ; Includes outpatient services of HMOs and large multi-specialty physician group practices with unit record. <ul style="list-style-type: none"> • Offices/facilities with unit record • HMO physician office or group 	1

Code	Label	Source Documents	Priority
		<ul style="list-style-type: none"> HMO affiliated free-standing laboratory, surgery, radiation or oncology clinic 	
2	Radiation Treatment Centers or Medical Oncology Centers (hospital-affiliated or independent)	<ul style="list-style-type: none"> Facilities with serial record (not a unit record) Radiation treatment centers Medical oncology centers (hospital affiliated or independent) <p>There were no source documents from code 1.</p>	2
3	Laboratory Only (hospital-affiliated or independent)	<ul style="list-style-type: none"> Laboratory with serial record (not a unit record) <p>There were no source documents from codes 1, 2, 8, or 4.</p>	5
4	Physician's Office/Private Medical Practitioner	<ul style="list-style-type: none"> Physician's office that is NOT an HMO or large multi-specialty physician group practice. <p>There were no source documents from codes 1, 2 or 8</p>	4
5	Nursing/Convalescent Home/Hospice	<ul style="list-style-type: none"> Nursing or convalescent home or a hospice. <p>There were no source documents from codes 1, 2, 8, 4, or 3.</p>	6
6	Autopsy Only	<ul style="list-style-type: none"> Autopsy <p>The cancer was first diagnosed on autopsy.</p> <p>There are no source documents from codes 1, 2, 8, 4, 3 or 5.</p>	7
7	Death Certificate Only	<p>Death certificate is the only source of information; follow-back activities did not identify source documents from codes 1, 2, 8, 4, 3, 5 or 6. If another source document is subsequently identified, the Type of Reporting Source code must be changed to the appropriate code in the range of 1, 2, 8, 4, 3 or 6</p>	
8	Other hospital outpatient units/surgery centers	<ul style="list-style-type: none"> Other hospital outpatient units/surgery centers. Includes, but not limited to, outpatient surgery and nuclear medicine services. <p>There are no source documents from codes 1 or 2.</p>	3

PATIENT DEMOGRAPHICS

The Patient Demographics section of the abstract includes the set of data items used to describe personal information about an individual patient. When grouped, these data can be used to study how cancer rates differ by geographic location, as well as what groups are at a higher risk of certain types of cancer. **Much of the information in this section is confidential in nature and can be used to identify individual patients.**

Data Items Included in this Section (CONFIDENTIAL):

NAACCR Item Number	Item Name
2230	Name – Last
2240	Name – First
2250	Name – Middle
2280	Name – Alias
2232	Name – Birth Surname
2315	Medicare Beneficiary ID
2320	Social Security Number
240	Date of Birth
252	Birthplace State
254	Birthplace Country
220	Sex
160	Race 1
161	Race 2
162	Race 3
163	Race 4
164	Race 5
190	Spanish/Hispanic Origin
150	Marital Status
344	Tobacco Use Smoking Status
9960	Height at Diagnosis (inches)
9961	Weight at Diagnosis (lbs.)
2335	Addr at DX - Supplemental
2330	Addr at DX – No & Street
70	Addr at DX – City
80	Addr at DX – State
102	Addr at DX – Country
100	Addr at DX – Postal Code
90	County at DX
2350	Addr Current – No & Street
1810	Addr Current – City
1820	Addr Current – State
1832	Addr Current – Country
1830	Addr Current – Postal Code
1840	County--Current
2360	Telephone Current
630	Primary Payer at DX
2460	Physician – Managing
2465	NPI – Managing Physician
2475	NPI – Following Physician
2485	NPI – Primary Surgeon
2495	NPI – Physician #3 (Radiation Oncologist)
2505	NPI – Physician #4 (Medical Oncologist)
310	Text – Usual Occupation
320	Text – Usual Industry

NAME – LAST**NAACCR ITEM #2230**

Enter the patient’s full last name. Blanks, spaces, hyphens, and apostrophe marks are allowed. However, FCDS software will strip off these special characters during upload to the FCDS database.

*Example:*Mc Donald is entered McDonald. O’Hara is entered OHara.

NAME – FIRST**NAACCR ITEM #2240**

Enter the patient’s full first name with no special characters (e.g., no periods). Do not enter the patient’s middle name or initial in this field. If you encounter an EDIT failure that the Patient Name does not match from a previously submitted neoplasm, contact your Field Coordinator to correct any Demographic EDITS including Name EDITS prior to submission.

NAME – MIDDLE**NAACCR ITEM #2250**

Enter the patient’s middle name or middle initial with no special characters (e.g., no periods). If the patient does not have a middle name or if the middle name is unknown, leave this field blank.

NAME – ALIAS**NAACCR ITEM #2280**

Enter the patient’s alternate name or “AKA” (also known as), if known. You may also enter postscripts in this field such as “Junior”, “Senior”, etc. Note that the maiden name is entered in Name-Maiden field.

NAME – BIRTH SURNAME**NAACCR ITEM #2232**

This is a new data item similar to Maiden Name but not the same. Enter the patient’s last name (surname) of patient at birth, regardless of gender or marital status. Leave this field blank if the birth surname is not known or not applicable. Do not enter Mr, Mrs, Ms, Unknown, Unk or other non-surnames in this field.

MEDICARE BENEFICIARY ID (MBI)**NAACCR ITEM #2315**

The Centers for Medicare and Medicaid removed Social Security Number (SSN)-based Health Insurance Claim Numbers (HICNs) from Medicare cards in 2020; and are now using Medicare Beneficiary Identifiers (MBIs) for Medicare transactions like billing, eligibility status, and claim status.

Every person with Medicare has been assigned an MBI. The MBI is confidential like the SSN and should be protected as Personally Identifiable Information.

The Medicare Beneficiary Identifier (MBI) is randomly generated and has 11 characters, consisting of numbers and letters, entered without dashes. This number has replaced the Social Security Number for patients receiving Medicare/Medicaid and patients with Federal Medical Insurance. When available, enter the patient’s 11-digit Medical Beneficiary Identifier. You may leave this field blank if the Medical Beneficiary Identifier is not available, the patient is a non-Medicare patient, or the number is unknown.

SOCIAL SECURITY NUMBER (SSN)**NAACCR ITEM #2320**

SOCIAL SECURITY NUMBER IS STILL A FLORIDA REQUIREMENT ON ALL CASES.

Please Reference APPENDIX Q - FLORIDA DEPARTMENT OF HEALTH LETTER Regarding Patient Social Security Number – A Florida Mandated Data Item printed on Florida DOH Letterhead.

Enter the patient's complete nine-digit Social Security Number.

The Social Security Number is entered without dashes and without a letter suffix.

If the patient's Social Security Number is unknown, not applicable or incomplete, enter 999999999.

Do not use computer-generated hospital-specific billing numbers in this field.

Do not enter a partial Social Security Number with a valid last 4-digits. This is not a valid number.

Sequential numbers such as 123456789 and other contrived numbers will not be accepted as valid.

If you are unable to access the patient social security number through your electronic medical record you must work with your in-house IT security and records access contacts to ensure you have access to this item. It is required in the Florida Statute for Reporting Cancers to FCDS.

NOTE: The Centers for Medicare and Medicaid removed Social Security Number (SSN)-based Health Insurance Claim Numbers (HICNs) from Medicare cards in 2020; and are now using Medicare Beneficiary Identifiers (MBIs) for Medicare transactions like billing, eligibility status, and claim status.

Every person with Medicare has been assigned an MBI. The MBI is confidential like the SSN and should be protected as Personally Identifiable Information. See the MBI Data Item for more information on MBI

DATE OF BIRTH

NAACCR ITEM #240

Identifies the date of birth of the patient. **Coding Instructions**

1. Record the patient's date of birth as indicated in the patient record. For single-digit day or month, record with a lead 0 (for example, September is 09). Use the full four-digit year for year.
2. For *in utero* diagnosis and treatment, record the actual date of birth.
3. If only the patient age is available, calculate the year of birth from age and the year of diagnosis and leave day and month of birth unknown (for example, a 60 year old patient diagnosed in 2010 is calculated to have been born in 1950).
4. If month is unknown, the day is coded unknown. If the year cannot be determined, the day and month are both coded unknown.

BIRTHPLACE STATE

NAACCR ITEM #252

Enter the two-character United States Postal Service abbreviation (Appendix B) for the state, commonwealth, U.S. possession; or Canadian province/territory in which the patient was born.

Do not use State Code XX, YY, or ZZ for Canadian-born patients or patients born in a US Territory, US Possession, or while deployed out of the United States as part of the military or other federal service.

If the patient has multiple primaries, the state of birth is the same for each tumor.

This data item in combination with BIRTHPLACE COUNTRY is a modification of the historical data item Birthplace [250].

BIRTHPLACE COUNTRY**NAACCR ITEM #254**

Enter the three-character International Organization for Standardization (ISO) Country Code abbreviation (Appendix B) for the country in which the patient was born.

If the patient has multiple primaries, the country of birth must be the same for each tumor.

This data item in combination with BIRTHPLACE STATE is a modification of the historical data item Birthplace [250].

Please refer to Appendix B for specific ISO Country Codes.

SEX**NAACCR ITEM #220**

Enter the appropriate Sex code.

Code	Description
1	Male
2	Female
3	Other (intersex, disorders of sexual development/DSD)
4	Transsexual, NOS
5	Transsexual, natal male
6	Transsexual, natal female
9	Unknown/not stated

RACE 1, RACE 2- 5**NAACCR ITEMS 160, 161, 162, 163, 164**

Item Name	NAACCR Item #
Race 1	160
Race 2	161
Race 3	162
Race 4	163
Race 5	164

Refer to the **Race Coding Instructions** Supplement and to Appendix D (**Race and Nationality Descriptions from the 2000 Census and Bureau of Vital Statistics**) for guidance.

Code	Label	Code	Label
01	White	20	Micronesian, NOS
02	Black or African American	21	Chamorro
03	American Indian or Alaska Native	22	Guamanian, NOS
04	Chinese	25	Polynesian, NOS
05	Japanese	26	Tahitian
06	Filipino	27	Samoan
07	Native Hawaiian	28	Tongan
08	Korean	30	Melanesian, NOS
		31	Fiji Islanders
10	Vietnamese	32	Papua New Guinean
11	Laotian	96	Other Asian, including Asian, NOS

12	Hmong	97	Pacific Islander, NOS
13	Cambodian	98	Some other race
14	Thai	99	Unknown by patient
15	Asian Indian, NOS or Pakistani, NOS		
16	Asian Indian		
17	Pakistani		

SPANISH/ HISPANIC ORIGIN**NAACCR ITEM #190**

Enter the patient's designated Spanish or Hispanic origin. This term identifies persons of Spanish/ Hispanic surname or ethnicity. (See Appendix E for a list of Spanish surnames and for instructions for using the list to determine ethnicity) Accurate determination of Hispanic ethnicity is important for purposes for calculating cancer rates for Hispanics. All records for a patient must contain the same code.

Persons of Spanish or Hispanic origin may be of any race. Categories are not used for Native American, Filipinos, etc., who may have Spanish names. The use of code 9 is discouraged. If the medical record does not indicate Hispanic ethnicity and the name does not appear in Appendix E, code 0 non-Hispanic.

If a patient has a Hispanic name but there is reason to believe they are not Hispanic (e.g. the patient is Filipino, or the patient is a woman known to be non-Hispanic who has a Hispanic married name) the code in this field should be 0, Non-Spanish, Non- Hispanic.

Code	Label
0	Non-Spanish; non-Hispanic (including Portuguese and Brazilian)
1	Mexican (includes Chicano)
2	Puerto Rican
3	Cuban
4	South or Central American (except Brazil)
5	Other specified Spanish/Hispanic origin (includes European; excludes Dominican Republic)
6	Spanish, NOS; Hispanic, NOS; Latino, NOS (There is evidence other than surname or r maiden name that the person is Hispanic, but he/she cannot be assigned to any category of 1-5.)
7	Spanish surname only (The only evidence of the person's Hispanic origin is surname or maiden name and there is no contrary evidence that the person is not Hispanic.)
8	Dominican Republic
9	Unknown whether Spanish or not

MARITAL STATUS**NAACCR ITEM #150**

Enter the patient's Marital Status at the time of diagnosis of the primary being reported. If the patient has multiple primaries, marital status may be different for each primary. If a patient is younger than 15 years of age, assume he/she is single and code 1.

Code	Description
1	Single (never married)
2	Married (including common law)
3	Separated
4	Divorced
5	Widowed
6	Unmarried or Domestic Partner (same sex or opposite sex, registered or

	unregistered)
9	Unknown

HEIGHT AT DIAGNOSIS**NAACCR ITEM #9960**

Enter the patient's height at the time of diagnosis for all sites in inches. Historical cases may not have this information available. Different tumors for the same patient may have different values. Therefore, height at DX should be collected from source records once for each cancer. Height should be taken from the Nursing Interview Guide, Flow Chart, or Vital Stats section from the patient's hospital medical record or physician office record.

See Appendix J for converting feet to inches.

Coding Instructions

Code height as 2 digit numbers and measured in inches (note that 1 foot=12 inches).

Code "98" for 98 inches or greater.

Code "99" for unknown height.

Code "99" for historical cases.

All inches values should be rounded to the nearest whole number; values with decimal place x .5 and greater should be rounded up (e.g., 62.5 inches would be 63 inches).

The height entered should be that listed at or around the time of diagnosis. If no height was listed on the date of diagnosis, please use the height recorded on the date closest to the date of diagnosis and before treatment was started.

You can use the following on-line conversion calculator: http://manuelweb.com/in_cm.htm

If you have trouble opening this link from this file, copy and paste the address into your browser.

WEIGHT AT DIAGNOSIS**NAACCR ITEM #9961**

Enter the patient's weight at the time of diagnosis for all sites. Historical cases may not have this information available. Different tumors for the same patient may have different values. It should be collected from source records once for each cancer. Weight should be taken from the Nursing Interview Guide, Flow Chart, or Vital Stats section from the patient's hospital medical record or physician office record.

See Appendix -K for converting kilograms to pounds.

Coding Instructions

Code weight as 3 digit numbers and measured in pounds (note that 1 kg = 2.2 pounds).

Code "999" for unknown weight.

Code "999" for historical cases.

All pound values should be rounded to the nearest whole number; values with decimal place x.5 and greater should be rounded up (e.g., 155.5 pounds would be 156 pounds).

Patients with a weight of less than 100 pounds should be recorded with a leading 0.

TOBACCO USE SMOKING STATUS**NAACCR ITEM #344**

Record the patient's past or current use of tobacco (cigarette, cigar and/or pipe). Tobaccos smoking history can be obtained from sections such as the Nursing Interview Guide, Flow Chart, Vital Stats or Nursing Assessment section, or other available source from the patient's hospital medical record or physician office record.

Cigarette smoking is the leading preventable cause of death in the US and a major risk factor for cancer.

Reducing tobacco use is a focus of CDC's National Center for Chronic Disease Prevention and Health Promotion. Reliable registry-based tobacco use data will help public health planners and clinicians target populations of cancer survivors for tobacco cessation.

In addition, individual states have reported smoking data on patients are a useful covariate risk factor for cancer cluster investigations. Some state central cancer registries collect tobacco use data, but these variables are not standardized among registries.

This single data item replaces the 4 smoking data items previously collected from 2013-2021. FCDS has collected some form of smoking status since 1981. However, the definitions during 3 specific time periods (1981-2012, 2013-2021, and 2022>) do not allow any direct conversion from 1 field to 4 fields and then back to 1 field. Generalized conversions can be made on the self-reported smoking status data items. However, over the years FCDS has recognized that self-reported smoking status is not a reliable indicator for risk of development of smoking-related cancers primarily due to self-reported nature of the data from a medical record source. Furthermore, the new smoking status item does not capture e-cigs.

In addition to describing tobacco use patterns and trends in patients diagnosed with cancer, the collection of cigarette smoking history can enable researchers to better understand the association of cigarette smoking to cancer outcomes. Cigarette use data at diagnosis may help health professionals better understand how tobacco use impacts cancer prognosis, including how smoking is related to effectiveness of treatment and survival. In addition, this information is important to target and assess tobacco control efforts to cancer survivors and their families.

Code

0	Never smoker
1	Current Smoker
2	Former Smoker
3	Smoker, current status unknown
9	Unknown if ever smoked

ADDR AT DX – SUPPLEMENTAL**NAACCR ITEM #2335**

Enter the name of the place where the patient lived at the time of diagnosis, such as, a nursing home, or the name of an apartment complex.

The Supplemental address field is to be used to record the name of a place, not an address.

For example, “WEST WOOD RETIREMENT HOME” would be entered in the Supplemental Address field and it is not acceptable in the standard address fields.

This field may also be used to record if the patient is homeless, a transient patient, or a foreign resident.

ADDR at DX – NO & STREET**NAACCR ITEM #2330**

Enter the number and street or the rural mailing address of the patient's residence at the time of diagnosis, including apartment number. Leave blanks between numbers and words. If the patient has multiple primaries, the address may be different for subsequent primaries. Do not abbreviate street names.

If the patient is a resident of the United States, the address must be a properly formed USPS street address. Following is a list of acceptable spellings:

“RR” is acceptable—no RURAL ROUTE, STAR ROUTE or RURAL DELIVERY

“HCR” is acceptable—no HC or HIGHWAY CONTRACT

“PO BOX” is acceptable—no POB or POST OFFICE BOX

“HOMELESS” is not allowed

“GENERAL DELIVERY” is acceptable

Enter “UNKNOWN” if the patient's address at diagnosis is not known.

“UNKNOWN” is acceptable—no UNK or UK. The word “UNKNOWN” must be spelled out.

For analytic cases the address at diagnosis will usually be the patient's current address.

For non-analytic cases, the address at diagnosis may not be the patient's current address. Review of the patient's medical record may reveal information regarding the patient's residence at the time of diagnosis. This information may be limited to city or state, but may include the actual street address in some instances. Any information available should be entered in the appropriate address field.

Avoid the use of post office box number and rural routes whenever possible. Do not use a temporary address. The Census Bureau definition of residence is “the place where he or she lives and sleeps most of the time or the place the person considers to be his or her usual home.”

Persons with More than One Residence (summer and winter homes, “snowbirds”): Use the street address the patient specifies if a usual residence is not apparent.

Persons with No Usual Residence (transients, homeless): Use the street address of the place the patient was staying when the cancer was diagnosed. This could be a shelter or the diagnosing facility.

Persons Away at School: College students are residents of the school area. Boarding school children below college level are residents of their parents' home.

Persons in Custodial Care Facilities: The Census Bureau states “Persons under formally authorized, supervised care or custody” are residents of the facility.

Persons in the Armed Forces and on Maritime Ships: Members of the armed forces are residents of the installation area. Use the stated street address for military personnel and their family. Military personnel may use the installation street address or the surrounding community's address. The Census Bureau has detailed residency rules for Navy personnel, Coast Guard, and maritime ships. Refer to Census Bureau publications for detailed rules.

ADDR at DX – CITY**NAACCR ITEM #70**

Enter the name of the city or town in which the patient resides at the time of diagnosis. If the patient resides in a rural area, record the name of the city used in their mailing address. If the patient has multiple primaries, the city of residence may be different for each primary. If the name of the city or town

is not known at the time of diagnosis enter “UNKNOWN”. Do not abbreviate.

Persons with More than One Residence (summer and winter homes, “snowbirds”): Use the city address the patient specifies if a usual residence is not apparent.

Persons with No Usual Residence (transients, homeless): Use the city address of the place the patient was staying when the cancer was diagnosed. This could be a shelter or the diagnosing facility.

Person Away at School: College students are residents of the school area. Boarding school children below college level are residents of their parents’ home.

Persons in Custodial Care Facilities: The Census Bureau states “Persons under formally authorized, supervised care or custody” are residents of the facility.

Persons in the Armed Forces and or Maritime Ships: Members of the armed forces are residents of the installation area. Use the stated city address for military personnel and their family. Military personnel may use the installation address or the surrounding community’s address.

The Census Bureau has detailed residency rules for Navy personnel, Coast Guard, and maritime ships. Refer to Census Bureau publications for detailed rules.

ADDR at DX – STATE

NAACCR ITEM #80

USPS abbreviation for the state, territory, commonwealth, U.S. possession, or Canada Post abbreviation for the Canadian province/territory in which the patient resides at the time the reportable tumor is diagnosed.

If the patient has multiple primaries, the state of residence may be different for each tumor.

Codes (in addition to USPS abbreviations)

CD	Resident of Canada, NOS (province/territory unknown)
US	Resident of United States, NOS (state/commonwealth/territory/possession/unknown)
XX	Resident of country other than the United States (including its territories, commonwealths, or possessions) or Canada, and country is known
YY	Resident of country other than the United States (including its territories, commonwealths, or possessions) or Canada, and country is unknown
ZZ	Residence unknown

FCDS Address field requirements:

Address At Dx - State	Class of Case	Address Status	County	Zip Code
FL	00-30,34-43	Full Address Required	Valid FL	Valid FL
FL	31-33	Full Address allowed but Unknown is permitted	Valid FL,999	Valid FL,99999
Non-FL exclude XX,YY,ZZ, US Possessions and Canada	00- 14,34,35,38,40,41,42	Full Known Address Required	998	State Zip

Non-FL exclude XX,YY,ZZ, US Possessions and Canada	20-33,36-37,43	Full Address allowed but Unknown is permitted	998	State Zip, 99999
XX,YY	00-99	Unknown Permitted	998	88888
ZZ	00-99	Unknown Permitted	999	99999
US Possessions and Canada	00-99	Unknown Permitted	998	99999

ADDR at DX – COUNTRY**NAACCR ITEM #102**

Enter the three-character International Organization for Standardization (ISO) Country Code abbreviation (Appendix B) for the country in which the patient was living at the time of diagnosis.

If the patient has multiple primaries, the address at diagnosis may be different for each tumor/abstract.

Refer to Appendix B for specific ISO Country Codes.

ADDR at DX – POSTAL CODE**NAACCR ITEM #100**

For Canadian residents, use 999999999. If using the FCDS IDEA Upload program only, Canadian valid Zip codes (ANANAN format) will be replaced with 999999999 at time of upload. For Single Entry users, Canadian residents must have 999999999 in the Zip code.

Current Zip (Postal) Code and postal directories are available from the National Information Data Center, PO Box 96523, Washington, DC 200900-6523 or call (301) 287-2347. Most major cities have a telephone listing, which you may call for Zip (Postal) Code information. Many mailing address look-up services are also available on the Internet, including http://www.usps.com/ncsc/lookups/lookup_zip+4.html.

COUNTY at DX**NAACCR ITEM #90**

Code for the county of the patient's residence at the time the tumor was diagnosed. For U.S. residents, standard codes are those of the FIPS publication — *Counties and Equivalent Entities of the United States, Its Possessions, and Associated Areas*. If the patient has multiple tumors, the county codes may be different for each tumor.

FCDS only allows Florida County Codes. If a residence is NOT in Florida, the code must be 998 or 999.

Codes (in addition to FIPS)

998 Known town, city, state, or country of residence but county code not known AND a resident outside of the state of reporting institution (must meet all criteria). CANADIAN Residents.

999 COUNTY UNKNOWN

FCDS Address field requirements:

Address At Dx - State	Class of Case	Address Status	County	Zip Code
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FL	00-30,34-43	Full Address Required	Valid FL	Valid FL
FL	31-33	Full Address allowed but Unknown is permitted	Valid FL,999	Valid FL,99999
Non-FL exclude XX,YY,ZZ,US Possessions and Canada	00-14,34,35,38,40,41,42	Full Known Address Required	998	State Zip
Non-FL exclude XX,YY,ZZ,US Possessions and Canada	20-33,36-37,43	Full Address allowed but Unknown is permitted	998	State Zip, 99999
XX,YY	00-99	Unknown Permitted	998	88888
ZZ	00-99	Unknown Permitted	999	99999
Canada and US Possessions	00-99	Unknown Permitted	998	99999

ADDR CURRENT – NO & STREET**NAACCR ITEM #2350**

Enter the address number & street of the patient’s current and usual residence. Leave a blank between numbers and words.

The Census Bureau definition of residence is “the place where he or she lives and sleeps most of the time or the place the person considers to be his or her usual home.”

Do not abbreviate street names.

If the patient has multiple primaries, the address may be different for subsequent primaries. Avoid the use of post office box numbers and rural routes whenever possible. Do not use a temporary address.

Persons with More than One Residence (summer and winter homes, “snowbirds”): Use the city address the patient specifies if a usual residence is not apparent.

Persons with No Usual Residence (transients, homeless): Use the city address of the place the patient was staying when the cancer was diagnosed. This could be a shelter or the diagnosing facility.

Person Away at School: College students are residents of the school area. Boarding school children below college level are residents of their parents’ home.

Persons in Custodial Care Facilities: The Census Bureau states “Persons under formally authorized, supervised care or custody” are residents of the facility.

Persons in the Armed Forces and or Maritime Ships: Members of the armed forces are residents of the installation area. Use the stated city address for military personnel and their family. Military personnel may use the installation address or the surrounding community’s address.

The Census Bureau has detailed residency rules for Navy personnel, Coast Guard, and maritime ships. Refer to Census Bureau publications for detailed rules.

ADDR CURRENT – CITY**NAACCR ITEM #1810**

Enter the name of the city or town of the patient’s current and usual residence. If the patient resides in a

rural area, record the name of the city used in their mailing address.

Persons with More than One Residence (summer and winter homes, “snowbirds”): Use the city address the patient specifies if a usual residence is not apparent.

Persons with No Usual Residence (transients, homeless): Use the city address of the place the patient was staying when the cancer was diagnosed. This could be a shelter or the diagnosing facility.

Person Away at School: College students are residents of the school area. Boarding school children below college level are residents of their parents’ home.

Persons in Custodial Care Facilities: The Census Bureau states “Persons under formally authorized, supervised care or custody” are residents of the facility.

Persons in the Armed Forces and or Maritime Ships: Members of the armed forces are residents of the installation area. Use the stated city address for military personnel and their family. Military personnel may use the installation address or the surrounding community’s address.

The Census Bureau has detailed residency rules for Navy personnel, Coast Guard, and maritime ships. Refer to Census Bureau publications for detailed rules.

ADDR CURRENT – STATE

NAACCR ITEM #1820

USPS abbreviation for the state, territory, commonwealth, U.S. possession, or Canada Post abbreviation for the Canadian province/territory of the patient’s current usual residence. If the patient has multiple tumors, the current state of residence should be the same for all tumors.

Codes (in addition to the U.S. and Canadian postal service abbreviations)

CD	Resident of Canada, NOS (province/territory unknown)
US	Resident of United States, NOS (state/commonwealth/territory/possession unknown)
XX	Resident of country other than the United States (including its territories, commonwealths, or possessions) or Canada, and country is known
YY	Resident of country other than the United States (including its territories, commonwealths, or possessions) or Canada, and country is unknown
ZZ	Residence unknown

FCDS Address field requirements:

Address Current - State	Class of Case	Address Status	County	Zip Code
FL	00-99	Full Known Address Required	Valid FL	Valid FL
Non-FL exclude XX,YY,ZZ, US Possessions and Canada	00-99	Full Known Address Required	998	State Zip
XX,YY	00-99	Unknown Permitted	998	88888
ZZ (NOT ALLOWED)				
US Possessions and Canada	00-99	Unknown Permitted	998	99999

ADDR CURRENT – COUNTRY

NAACCR ITEM #1832

Enter the three-character International Organization for Standardization (ISO) Country Code abbreviation (Appendix B) for the country in which the patient was living at the time of last known contact.

If the patient has multiple primaries, the current address at diagnosis is the same for each tumor/abstract.

Refer to Appendix B for specific ISO Country Codes.

ADDR CURRENT – POSTAL CODE

NAACCR ITEM #1830

For United States residents, enter either the 5-digit or the extended 9-digit Zip code. When the 9-digit extended Zip code is not available, enter the 5-digit Zip code followed by zeros.

For residents of countries other than the United States, U.S. possessions or territories, or Canada enter 888888888.

For Canadian residents, enter 999999999. If using the FCDS IDEA Upload program only, Canadian valid Zip codes (ANANAN format) will be replaced with 999999999 at time of upload. For Single Entry users, Canadian residents must have 999999999 in the Zip code.

Current Zip (Postal) Code and postal directories are available from the National Information Data Center, PO Box 96523, Washington, DC 200900-6523 or call (301) 287-2347. Most major cities have a telephone listing, which you may call for Zip (Postal) Code information. Many mailing address look-up services are also available on the Internet, including http://www.usps.com/ncsc/lookups/lookup_zip+4.html.

COUNTY – CURRENT

NAACCR ITEM #1840

Code for county of patient's current residence. For U.S. residents, standard codes are those of the FIPS publication – *Counties and Equivalent Entities of the United States, Its Possessions, and Associated Areas*. Florida FIPS County Codes can be found in Appendix B.

FCDS only allows Florida FIPS County Codes. If any residence is out of Florida, the county code must be 998 or 999.

Codes (in addition to FIPS)

998 Known town, city, state, or country of residence but county code not known AND a resident outside of the state of reporting institution (must meet all criteria)

999 COUNTY UNKNOWN

Use code 998 for Canadian residents.

FCDS Address field requirements:

Address Current - State	Class of Case	Address Status	County	Zip Code
FL	00-99	Full Known Address Required	Valid FL	Valid FL
Non-FL exclude XX,YY,ZZ, US Possessions and Canada	00-99	Full Known Address Required	998	State Zip
XX,YY	00-99	Unknown Permitted	998	88888
ZZ (NOT ALLOWED)				

Canada and US Possessions	00-99	Unknown Permitted	998	99999
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TELEPHONE CURRENT**NAACCR ITEM #2360**

Enter the current telephone number with area code for the patient. Do not enter dashes or spaces.

000000000 Patient does not have a telephone

999999999 Telephone number unavailable or unknown

PRIMARY PAYER at DX**NAACCR ITEM #630**

Enter the Primary Payer code that corresponds to the patient's primary method of payment or medical insurance coverage at the time of initial diagnosis and/or treatment. If more than one payer or insurance carrier is listed on the patient's admission page record the first.

Code	Label	Description
01	Not Insured	Patient has no insurance and is declared a charity write-off
02	Not Insured, self-pay	Patient has no insurance and is declared responsible for charges.
10	Insurance, NOS	Type of insurance unknown or other than the type listed in codes 20, 21, 31, 35, 60-68 .
20	Private Insurance: Managed care, HMO, PPO	Patient has insurance with a managed care provider health maintenance organization [HMO] preferred provider organization [PPO]
21	Private Insurance: Fee-for-Service	An insurance plan that does not have negotiated fee structure with the participating hospital. Type of insurance plan not coded as 20.
31	Medicaid	State government-administered insurance for persons who are uninsured below the poverty level, or covered under entitlement programs. Medicaid other than described in code 35.
35	Medicaid administered through a Managed Care plan	State government-administered insurance through a managed care plan. State government insurance that is administered through a commercial managed care plan such as an HMO or PPO for persons who are uninsured, below the poverty level, or covered under entitlement programs
60	Medicare/Medicare, NOS	Federal government funded insurance for persons who are 62 years of age or older, or are chronically disabled (social security insurance eligible). Not described in codes 61, 62, or 63.
61	Medicare with supplement, NOS	Patient has Medicare and another type of unspecified insurance to pay costs not covered by Medicare. State government administered Medicaid insurance with Federal Medicare supplement.
62	Medicare administered through a Managed Care plan	Patient is enrolled in Medicare through a Managed Care plan (e.g. HMO or PPO). The Managed Care plan pays for all incurred costs. Federal government insurance for persons who are retired or disabled.

Code	Label	Description
63	Medicare with private supplement	Patient has Medicare and private insurance to pay costs not covered by Medicare. Medicare with supplement. Patient has Medicare and another insurance to pay costs not covered by Medicare
64	Medicare with Medicaid eligibility	Federal government Medicare insurance with State Medicaid administered supplement. Patient has Medicare and another insurance to pay costs not covered by Medicare
65	TRICARE	Department of Defense program providing supplementary civilian-sector hospital and medical services beyond a military treatment facility to military personnel, retirees, and their dependents. Formally CHAMPUS (Civilian Health and Medical Program of the Uniformed Services).
66	Military	Military personnel or their dependents who are treated in a military facility
67	Veterans Affairs	Veterans who are treated in Veterans Affairs facilities
68	Indian/Public Health Service	Patient who receives care at an Indian Health Service facility, a Public Health Service facility or at another facility, and the medical costs are reimbursed by the Indian Health Service or the Public Health Service.
99	Insurance status unknown	It is unknown from the patient's medical record whether or not the patient is insured.

PHYSICIAN – MANAGING**NAACCR ITEM #2460**

Enter the appropriate identifying code for the managing or attending physician who has responsibility for the patient at the reporting facility. Generally, each facility assigns their own coding scheme to physicians on staff. If the physician is no longer on staff, enter the FCDS facility number or enter the physician's last name. Use leading zeros when necessary to right justify.

NPI – MANAGING PHYSICIAN**NAACCR ITEM #2465**

Identifies the physician who is responsible for the overall management of the patient during diagnosis And/or treatment of this cancer. You may search for NPI standard provider ID numbers at <https://nppes.cms.hhs.gov/nppes/npiregistrysearch.do?subaction=reset&searchtype=ind>

Coding Instructions

- Record the 10-digit NPI for the physician responsible for managing the patient's care.
- Check with the billing or health information departments to determine the physician's NPI or search at <https://nppes.cms.hhs.gov/NPPES/NPIRegistrySearch.do?subAction=reset&searchType=ind>.
- NPI should be recorded as available.
- NPI may be left blank.

Blanks are allowed in this field when data are not available. FCDS encourages all registries and vendors to attempt to identify, capture and code all data items, including the “as available” and the 5 “NPI-Physician” data items. However, FCDS recognizes these items may not be available or may not be applicable to all cases.

Code	Definition
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(fill Spaces)	10-digit NPI number for the managing physician.
(leave blank)	NPI for the managing physician is unknown or not available.

NPI – FOLLOWING PHYSICIAN**NAACCR ITEM #2475**

Records the NPI for the physician currently responsible for the patient's medical care.

Coding Instructions

- Record the 10-digit NPI for the physician currently responsible for the patient's medical care.
- Check with the billing or health information departments to determine the physician's NPI or search at <https://nppes.cms.hhs.gov/NPPES/NPIRegistrySearch.do?subAction=reset&searchType=ind>.
- NPI should be recorded as available.
- NPI may be left blank.

Code	Definition
(fill Spaces)	10-digit NPI number for the following physician.
(leave blank)	NPI for the following physician is unknown or not available.

NPI – PRIMARY SURGEON**NAACCR ITEM #2485**

Identifies the physician who performed the most definitive surgical procedure.

Coding Instructions

- Record the 10-digit NPI for the physician who performed the most definitive surgical procedure.
- Check with the billing or health information departments to determine the physician's NPI or search at <https://nppes.cms.hhs.gov/NPPES/NPIRegistrySearch.do?subAction=reset&searchType=ind>.
- NPI should be recorded as available for all cases diagnosed January 1, 2008, and later.
- NPI may be left blank.

Code	Definition
(fill Spaces)	10-digit NPI number for the primary surgeon.
(leave blank)	The patient did not have surgery. NPI for the primary surgeon is unknown or not available. The physician who performed the surgical procedure was not a surgeon (for example, general practitioner).

NPI – PHYSICIAN #3 – (RADIATION ONCOLOGIST)**NAACCR ITEM #2495**

Records the NPI for a physician involved in the care of the patient. It is recommended that this item identify the physician who performed the most definitive radiation therapy.

Coding Instructions

- Record the 10-digit NPI for the physician.
- Check with the billing or health information departments to determine the physician's NPI or search at <https://nppes.cms.hhs.gov/NPPES/NPIRegistrySearch.do?subAction=reset&searchType=ind>.
- NPI should be recorded as available.
- NPI may be left blank.

Code	Definition
(fill Spaces)	10-digit NPI number for the primary radiation oncologist.

(leave blank)	NPI for the primary radiation oncologist is unknown or not available.
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NPI – PHYSICIAN #4 (MEDICAL ONCOLOGIST)**NAACCR ITEM #2505**

Records the NPI for a physician involved in the care of the patient. It is recommended that this data item identify the physician who gives the most definitive systemic therapy.

Coding Instructions

- Record the 10-digit NPI for the physician.
- Check with the billing or health information departments to determine the physician’s NPI or search at <https://nppes.cms.hhs.gov/NPPES/NPIRegistrySearch.do?subAction=reset&searchType=ind>.
- NPI should be recorded as available.
- NPI may be left blank.

Code	Definition
(fill Spaces)	10-digit NPI number for the primary medical oncologist.
(leave blank)	NPI for the primary medical oncologist is unknown or not available.

TEXT – USUAL OCCUPATION**NAACCR ITEM #310**

Enter sufficient text to document the patient’s usual occupation, also known as the type of job or kind of work performed during most of the patient’s working life before diagnosis of cancer. Occupation is the type of job the patient was engaged in for the longest time prior to a cancer diagnosis. It is not necessarily the highest paid job nor is it the job considered the most prestigious, but the one that accounted for the greatest number of working years. Example: Registered nurse

“Retired” is not an occupation. Do not enter “retired” when the only information available is that the patient is retired. When all the information available is “retired” enter “unknown” in this field.

Do enter “Unknown” when no information is available.

If the patient has never worked, record “never worked” as the Usual Occupation.

If the patient was a housewife/househusband and also worked outside the home during most of his/her adult life, record the Usual Occupation outside of the home.

If the patient was a housewife/househusband and did NOT work outside of the home for most of his/her adult life, record “housewife” or househusband.”

The reference guide, “A Cancer Registrar’s Guide to Collecting Industry and Occupation”, DHHS (NIOSH) Publication No. 2011-173, is available free of charge in PDF format from CDC and NIOSH at <http://www.cdc.gov/niosh/docs/2011-173/pdfs/2011-173.pdf> and includes Tips on capturing these data.

TEXT – USUAL INDUSTRY**NAACCR ITEM #320**

Industry is the type of business or industry where the patient worked in his or her usual occupation. Example: Healthcare. Industry is a broader term than occupation. It encompasses the environment in which the occupation took place. Enter sufficient text to document the patient’s usual occupation.

Be sure to distinguish among “manufacturing,” “wholesale,” “retail,” and “service” components of an industry, that performs more than one of these components. If the face sheet identifies the employer, and the chart does not specify the industry, enter the name of the employer instead of the industry.

The reference guide, “A Cancer Registrar’s Guide to Collecting Industry and Occupation”, DHHS (NIOSH) Publication No. 2011-173, is available free of charge in PDF format from CDC and NIOSH at <http://www.cdc.gov/niosh/docs/2011-173/pdfs/2011-173.pdf> and includes Tips on capturing these data.

TUMOR INFORMATION

The Tumor Information section includes the set of data items used to describe the cancer or tumor being reported. It includes when and where the cancer was first diagnosed, the anatomic location and type of cancer, staging and other descriptive information used to characterize the cancer at the time of diagnosis.

Data Items Included in This Chapter

<u>NAACCR Item Number</u>	<u>Item Name</u>
390	Date of Diagnosis
2690	Text – Place of Diagnosis
610	Class of Case
490	Diagnostic Confirmation
400	Primary Site
2580	Text- Primary Site Title
410	Laterality
522	Histologic Type ICD-O-3 – See Appendix R
2590	Text- Histology Title
523	Behavior ICD-O-3
3843	Grade Clinical
3844	Grade Pathological
1068	Grade Post Therapy Clin (yc)
3845	Grade Post Therapy Path (yp)
756	Tumor Size Summary
820	Regional Lymph Nodes Positive
830	Regional Lymph Nodes Examined
1182	Lymph-Vascular Invasion

Reference: 2023 SEER Coding and Staging Manual – Appendix C: Site Specific Coding Modules
<https://seer.cancer.gov/tools/codingmanuals/index.html>

DATE OF INITIAL DIAGNOSIS**NAACCR ITEM #390**

Records the first date of diagnosis of cancer as noted by any physician for the tumor reported whether clinically or microscopically confirmed. This includes radiologist diagnosis on imaging, pathologist diagnosis on review of biopsy, tissue or resection, or any other physician statement.

UNKNOWN DATE OF INITIAL DIAGNOSIS IS NO LONGER ACCEPTED BY FCDS.**DO NOT USE THE DATE OF ADMISSION AS A PROXY FOR DATE OF DIAGNOSIS.**

An error is issued when the Date of First Contact precedes the Date of Diagnosis by more than thirty days.

Positive Tumor Markers alone are NEVER diagnostic of cancer. Diagnostic Confirmation = 5 is not allowed.

Use the date of clinical diagnosis, positive imaging, or positive histologic/cytological confirmation as the date of diagnosis – never the date of a positive tumor marker. No tumor marker alone is specific enough to diagnose cancer.

FCDS Requirement for Unknown Date of Diagnosis for all cases

FCDS has long recognized that medical record history and physical exams often include mention of a ‘history of cancer’ but provide little if any information regarding when or where the diagnosis or initial treatment occurred. This is why for many years FCDS has allowed registrars to enter blanks, 9’s, or use the Date of Admission as a proxy for the Date of Initial Diagnosis when no information was available in the medical record. This generally applied to non-analytic cases seen at your facility with current evidence of cancer and historical-only cases with no evidence of cancer reported to FCDS in the historical grid when a new cancer has been diagnosed (multiple primaries diagnosed over patient’s lifetime).

FCDS requires every case that you abstract (analytic, non-analytic and historical grid cases) to include at a minimum a valid year of diagnosis. The FCDS EDITS Metafile will reinforce this new requirement.

Note: All Treatment (surgery, radiation, chemo, etc.) will also require a valid date consistent with the Date of Diagnosis so the edits can validate the treatment is indeed within the parameters of first course of therapy.

Without a valid year of diagnosis, FCDS EDITS cannot determine which set of diagnosis year specific standards to apply. This has led to complicated Florida-only rules for EDITS to point to which standards the EDITS must apply when trying to stage and grade cases (and the site-specific data items), and based on the Date of First Contact. Date of First Contact has proven not to be a very good proxy for Date of Diagnosis.

Below is a revised set of instructions and guidelines for estimating the Date of Diagnosis when no information or limited information is available in a medical record. See Instructions 22 & 23 below.

Estimating the Date of Diagnosis When No Information is Available in the Medical Record

Registrars must use every resource available at the reporting facility to determine the best date of diagnosis. In the absence of an exact date of initial diagnosis, you must estimate at least the year of diagnosis using your best approximation from the information available in the record. Documentation that the exact date of diagnosis was not available in the medical record must be included in a text field. When an exact date of diagnosis is identified after a case has been completed, contact FCDS.

DO NOT USE THE DATE OF ADMISSION AS A PROXY FOR DATE OF DIAGNOSIS.

Often, the History and Physical or a Consultation Report will provide clues to aid in estimating a date of diagnosis. Key words and phrases such as recently, a few months ago, or in the distant past can provide hints to when a patient was diagnosed without providing an exact year or date. However, registrars can use these key words and phrases to guide them when determining an estimated date of diagnosis. Some medical record histories provide no clues to when the patient was diagnosed with cancer. These can be the most difficult cases to estimate the date of diagnosis. Guidelines for estimating dates are provided below bearing in mind that the clues in the record should be used first and will always override the guidelines. These are guidelines. No specific rules are available.

The date of initial diagnosis is the earliest date this primary reportable neoplasm is recognized by a medical practitioner. It may be diagnosed clinically, by imaging or microscopically. The date is the FIRST DATE, regardless of whether the diagnosis was made at the reporting facility or elsewhere.

The initial diagnosis date may be from a clinical diagnosis or other acceptable diagnostic method; for example, when a radiologist reviews a CT Scan or chest x-ray and the diagnosis is lung cancer or suspicious for lung cancer. When a diagnosis is confirmed at a later date on biopsy/resection, the (clinical or other acceptable testing) date of diagnosis remains the date of the initial diagnosis.

Date of Diagnosis Coding Instructions:

1. Use the first date of diagnosis whether clinically or histologically established or when an acceptable imaging study, laboratory or genetic test is allowed to be used as a confirmation of a cancer diagnosis.
2. When diagnostic imaging or other test confirms a diagnosis (including when the diagnosis uses one of the “Ambiguous Terms” defined in Section I), the date of diagnosis is the date of the first diagnosis from positive imaging, allowable confirmatory diagnostic testing, or biopsy/resection.
3. **2019 Clarification for Use of Breast Imaging Dates:** Breast Imaging includes 2D/3D Mammography, MRI or other imaging technique with a diagnosis of BIRADS Category 4 (suspicious for cancer) or BIRADS Category 5 (positive for cancer). This is an “exception” to Instruction 4.
 - a. A positive/suspicious mammogram alone should never be used to code the date of diagnosis.
 - b. A positive/suspicious mammogram date should be used as the date of diagnosis ONLY when the patient goes on to subsequently have a positive biopsy and/or resection that confirms the suspicious abnormality is in fact a malignancy.
4. If the physician states that in retrospect the patient had cancer at an earlier date, use the earlier date as the date of diagnosis. When this occurs and the Date of Diagnosis is confirmed as earlier than previously reported, the registrar should contact FCDS to update the Date of Diagnosis.
5. **A “Definitive Term” always supercedes any “Ambiguous Term” when making coding decisions.**
6. Refer to the list of “Ambiguous Terms” in Section I for language that represents a diagnosis of cancer when only ambiguous terms are used to describe the abnormality or neoplasm.
7. The date of diagnosis based on a pathology report should be the date the specimen was taken, not the date the pathology report was read or created. Imaging often identifies a neoplasm prior to biopsy.
8. The date of death is the date of diagnosis for a *Class of Case* 38 (diagnosed at autopsy) - NAACCR Item #610. However, if the patient is suspected of having cancer prior to death/autopsy and the autopsy simply confirms the presence of malignancy, the date of the first diagnosis for the suspected malignancy should be used. These patients were not actually diagnosed at autopsy, but rather the suspected cancer was confirmed at the time of death when the autopsy was performed.
9. For patients diagnosed prior to the date of first contact with the reporting facility, record the date of diagnosis as given in the medical record. This can usually be found in the patient history or in a resection, laboratory, or consultation report. **DO NOT CODE the Date of First Admission as Dx Date**
10. **Suspicious Cytology** should never be used as a basis for diagnosis when ‘suspicious’ or other ambiguous terms are used. Ambiguous cytology is not diagnostic of cancer. Any suspicious cytology must be confirmed by biopsy, resection or a statement by the physician that the patient has cancer. Cytology is the examination of cells rather than tissue. This would include sputum smears, bronchial brushings, bronchial washings, prostatic secretions, breast secretions, gastric fluids, spinal fluid, peritoneal fluid, urinary sediment, and cervical and vaginal smears. This does not include FNA.

Use the date of clinical, histologic, or positive cytologic confirmation as the date of diagnosis.

11. **Positive tumor marker alone is never diagnostic of cancer.** There may be rare exceptions that may use a combination of clinical and laboratory tests to confirm a diagnosis – but not a lab test or tumor marker, alone. The combination of a positive digital rectal exam or DRE plus an elevated PSA can be used as a clinical diagnosis of prostate cancer. These are rare exceptions. In most cases, you will still use the date of imaging, histologic, or positive cytologic confirmation as the date of diagnosis.
12. If a date is not recorded and if the patient was seen at the reporting facility within one month of the diagnosis then the date of first contact may be used as the date of diagnosis.
13. If a date is not recorded and if the date of the first cancer-directed therapy or treatment is known then the date of the first cancer-directed therapy or treatment may be used as the date of diagnosis.
14. Treatment dates may not be coded to unknown.
15. When a diagnosis of cancer is made during the patient's long-term stay for another condition, adjust the date of first contact as outlined under Date of First Contact.
16. If the only information is "Spring of," "Middle of the year," "Fall," approximate these as April, July, and October, respectively. For "Winter of," it is important to determine whether the beginning of the year or the end of the year is meant before approximating the month.
17. If the only information is "recently," the date of diagnosis should be estimated as one month prior to month and year of admission. You may estimate the day as the 15th of the month.
18. If the only information is "several months ago," the date of diagnosis should be estimated as three months prior to the month and year of admission. You may estimate the day as the 15th of the month.
19. Use the actual date of diagnosis for an in utero diagnosis (For cases diagnosed before January 1, 2009, assign the date of birth).
20. **In the absence of a definitive diagnosis date for patient undergoing first course therapy at the reporting facility the date of first cancer-directed therapy may be recorded as the date of diagnosis.**
21. **If the year of diagnosis cannot be identified, the year of diagnosis must be approximated based on information from the H&P. Only the month and day of diagnosis can be left blank.**
22. If a registrar wants to estimate month and day – they can decide whichever dates best suit the case.
23. **FINAL RESORT FOR ESTIMATING DATE OF DIAGNOSIS:**
 - a. Always take into account the chronology of previous diagnosis of cancer and adjust the below recommendations to take the age of the patient and the chronology of diagnoses into account.
 - b. FCDS Cancer Site-Specific Estimates when no information available except 'history of xyz cancer'. The below estimates are suggestions for a date of diagnosis of last resort and must take the chronology of the other cancers, initial course of therapy, and other factors into account.
 - c. FCDS Cancer Site-Specific estimates are loosely based on the Solid Tumor Rules, estimated time to recurrence or progression, expected lifespan, and/or FCDS experience applying the Solid Tumor Rules over many years and as available. These estimates are far from perfect and must always be used with caution taking into account all other factors available in the patient's age and medical history.
 - i. Head and Neck Sites – at least 3 years prior to admission
 - ii. Colon/Rectosigmoid/Rectum Sites – at least 5 years prior to admission
 - iii. Lung – at least 3 years prior to admission
 - iv. Kidney – at least 5 years prior to admission
 - v. Cutaneous Melanoma – at least 1 year prior to admission
 - vi. Breast – at least 5 years prior to admission
 - vii. GYN Sites – at least 5 years prior to admission
 - viii. Urinary Sites – at least 3 years prior to admission
 - ix. Prostate – at least 5 years prior to admission
 - x. Malignant Lymphoma – at least 3 years prior to admission
 - xi. Chronic Leukemia – at least 5 years prior to admission
 - xii. Myeloproliferative/Myelodysplastic Neoplasms – at least 5 years prior to admission AND diagnosed after 2001 which is the year these cancers became reportable to FCDS
 - xiii. Benign Brain Tumors – at least 5 years prior to admission AND diagnosed after 2004 which is the year these cancers became reportable to FCDS.

- xiv. Malignant Brain Tumors – at least 1 year prior to admission
- xv. Other Sites – at least 5 years prior to admission

Date of Initial Diagnosis – Estimating a Best Date of Diagnosis	
Spring	Use April (04) for the month
Summer	Use July (07) for the month
Fall/Autumn	Use October (10) for the month
Winter	Determine if this means the beginning or the end of the year. Use December (12) or January (01) for the month as determined.
Early in Year	Use January (01) for the month
Middle of Year	Use July (07) for the month
Late in Year	Use December (12) for the month
Recently	Use the year and month of admission and leave the day blank. If patient was admitted during the first week of a month, use the previous month.
Several Months Ago	If the patient was not previously treated or if first course treatment started elsewhere was continued at the reporting facility, assume the case was first diagnosed three months before admission with day unknown (blank).
A Couple of Years	Code to two years earlier
A Few Years	Code to three years earlier

TEXT – PLACE OF DIAGNOSIS**NAACCR ITEM #2690**

Enter text information about the facility, city, state, or county where the diagnosis was made, even if at your facility. If the patient was diagnosed in a physician’s office, please enter the physician’s name and any other identifying information.

Text is needed to justify the codes selected for the related data item(s) and to allow for the recording of information that is not coded at all. Text is also used for quality control and for special studies.

Text information should be retrieved from the medical record and should not be generated electronically from coded values.

CLASS OF CASE**NAACCR ITEM #610**

The Class of Case reflects the facility’s role in managing the cancer, whether the cancer is required to be reported by CoC, and whether the case was diagnosed after the program’s Reference Date.

Enter the appropriate Class of Case. Use the code from the accompanying table which best describes the level of involvement by the reporting facility with the initial diagnosis and treatment of the reported cancer.

- Code 00 applies only when it is known the patient went elsewhere for treatment. If it is not known that the patient actually went somewhere else, code *Class of Case* 10.
- A staff physician (codes 10-12, 41) is a physician who is employed by the reporting facility, under contract with it, or a physician who has routine practice privileges there. Treatment provided in a staff physician’s office is provided “elsewhere”. That is because care given in a physician’s office is not within the hospital’s realm of responsibility.
- If the hospital has purchased a physician practice, it will be necessary to determine whether the practice is now legally considered part of the hospital (their activity is coded as the hospital’s) or

not. If the practice is not legally part of the hospital, it will be necessary to determine whether the physicians involved are staff physicians or not, as with any other physician.

- “In-transit” care is care given to a patient who is temporarily away from the patient’s usual practitioner for continuity of care. If these cases are abstracted, they are *Class of Case 31*. If a patient begins first course radiation or chemotherapy elsewhere and continues at the reporting facility, and the care is not in-transit, then the case is analytic (*Class of Case 21*).

Analytic Classes of Case	
<i>Initial diagnosis at reporting facility</i>	
00	Initial diagnosis at the reporting facility AND all treatment or a decision not to treat was done elsewhere
10	Initial diagnosis at the reporting facility or in a staff physician’s office AND part or all of first course Treatment or a decision not to treat was at the reporting facility, NOS. If it is not known that the patient actually went somewhere else , code <i>Class of Case 10</i>
11	Initial diagnosis in staff physician’s office AND part of first course treatment was done at the reporting facility
12	Initial diagnosis in staff physician’s office AND all first course treatment or a decision not to treat was done at the reporting facility
13	Initial diagnosis at the reporting facility AND part of first course treatment was done at the reporting facility; part of first course treatment was done elsewhere.
14	Initial diagnosis at the reporting facility AND all first course treatment or a decision not to treat was done at the reporting facility
<i>Initial diagnosis elsewhere</i>	
20	Initial diagnosis elsewhere AND all or part of first course treatment was done at the reporting facility, NOS
21	Initial diagnosis elsewhere AND part of first course treatment was done at the reporting facility
22	Initial diagnosis elsewhere AND all first course treatment or a decision not to treat was done at the reporting facility

Non-Analytic Classes of Case

<i>Patient appears in person at reporting facility</i>	
30	Initial diagnosis and all first course treatment elsewhere AND reporting facility participated in diagnostic workup (for example, consult only) NOTE: The 2010 FORDS Manual changed the definition Class of Case = 30 the CoC added a new component to what previously had been “consult only.” The addition is for cases where the facility is part of the “staging workup after initial diagnosis elsewhere.” These cases are “analytic” to FCDS and in Florida a “consult only” case only refers to a case where the facility provides a second opinion without additional testing.
31	Initial diagnosis and all first course treatment elsewhere AND reporting facility provided in-transit care
32	Diagnosis AND all first course treatment provided elsewhere AND patient presents at reporting facility with disease recurrence or persistence (active disease)
33	Diagnosis AND all first course treatment provided elsewhere AND patient presents at reporting facility with disease history only (disease not active)
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
35	Case diagnosed before program’s Reference Date AND initial diagnosis AND all or part of first course treatment by reporting facility

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
37	Case diagnosed before program's Reference Date AND initial diagnosis elsewhere AND all or part of first course treatment by facility
38	Initial diagnosis established by autopsy at the reporting facility, cancer not suspected before death
<i>Patient does not appear in person at reporting facility</i>	
40	Diagnosis AND all first course treatment given at the same staff physician's office
41	Diagnosis and all first course treatment given in two or more different staff physician offices
<i>Patient appears in person at reporting facility</i>	
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)
43	Pathology or other lab specimens only
49	Death certificate only
99	Non-analytic case of unknown relationship to facility (not for use by CoC accredited cancer programs for analytic cases).

DIAGNOSTIC CONFIRMATION**NAACCR ITEM #490**

Records the best method of diagnostic confirmation of the cancer being reported at any time in the patient's history.

Coding Instructions for Solid Tumors (all tumors *except* ICD-O-3 Histology Codes M9590-9992)

1. The codes are in **priority order**; code 1 has the highest priority. Always code the procedure with the lower numeric value when presence of cancer is confirmed with multiple diagnostic methods. This data item must be changed to the lower (higher priority) code if a more definitive method confirms the diagnosis *at any time during* the course of the disease.
2. **Code 1 when the microscopic diagnosis is based on tissue specimens from biopsy, frozen section, surgery, autopsy or D&C or from aspiration of biopsy of bone marrow specimens. Code 1 is the preferred coding for Fine Needle Aspiration (FNA).** Code 1 is also used for bone marrow biopsy, peripheral blood smears and other diagnostic methods for many leukemia cases (or Code 3). Leukemia can also be diagnosed with CBC or wbc PLUS OR MINUS Immunophenotyping, genetic testing, or JAK2 testing. Code 1 or Code 3 should be used depending on result of special testing.

NOTE: Pathologists may refer to FNA as 'FNA Cytology' – however, 'cytology' for cancer registry purposes indicates cells suspended in body fluids such as washings, spinal fluid, pleural fluid or peritoneal fluid. FNA does not meet this definition.

3. Code 2 when the microscopic diagnosis is based on cytologic examination of cells suspended in body fluids such as sputum smears, bronchial brushings, bronchial washings, prostatic secretions, breast secretions, gastric fluid, spinal fluid, peritoneal fluid, pleural fluid, urinary sediment, cervical smears and vaginal smears, or from paraffin block specimens from concentrated spinal, pleural, or peritoneal fluid. **FNA is not classified as 'cytology' in cancer registry. FNA is treated as a biopsy Code 1.**
4. **DO NOT USE Code 3 for ANY Solid Tumors.** Code 3 is only for Myeloid/Lymphoid Neoplasms. There are some solid tumors such as non-small cell lung cancer and several brain tumors can have genetic testing to identify histologic type and subtype. However, code 3 is not used in these cases.

5. DO NOT USE Code 5 (diagnosis based on laboratory tests or marker studies). **There is not a single laboratory test that can be used to confirm a diagnosis of any type of solid tumor or histology. Code 5 should never be used for solid tumors.**
6. Code 6 when the diagnosis is based only on the surgeon's operative report from a surgical exploration or endoscopy or from gross autopsy findings in the absence of tissue or cytological findings.
7. Code 7 is used when the diagnosis is based only on an imaging report finding of primary tumor and/or metastatic tumor on imaging study.
8. Code 8 when the case was diagnosed by any clinical method that cannot be coded as 6 or 7.
9. Code 9 should not be used unless there is absolutely no information or inference of confirmation method used to confirm the patient's cancer. Do not use this code.

Codes Solid Tumors (all tumors *except* ICD-O-3 Histology Codes M9590-9993)

Code	Description	Definition
1	Positive histology – INCLUDES FNA, bone marrow, peripheral blood smear, CBC, WBC, tissue, core biopsy	Histologic confirmation (tissue microscopically examined) (includes FNA) FNA is comparable to a bone marrow aspiration/bx. It is not an examination of body cavity fluid or a fluid suspension or washings or cells in urine.
2	Positive cytology – NOT FNA – body fluid	Cytologic confirmation (no tissue microscopically examined; fluid suspension with cells microscopically examined – urine, washings, body cavity fluids).
4	Positive microscopic confirmation, method not specified	Microscopic confirmation is all that is known. It is unknown if the cells were from histology or cytology.
5	Positive laboratory test/marker study <u>Note: DO NOT USE THIS CODE</u>	A clinical diagnosis of cancer is based on laboratory tests/marker studies which are clinically diagnostic for cancer. Examples include alpha-fetoprotein for liver cancer and abnormal electrophoretic spike for multiple myeloma. Elevated PSA is not diagnostic of cancer. If the physician uses the PSA as a basis for diagnosing prostate cancer with no other workup, record as code 5.
6	Direct visualization without microscopic confirmation	The tumor was visualized during a surgical or endoscopic procedure only with no tissue resected for microscopic examination.
7	Radiography and other imaging techniques without microscopic confirmation	The malignancy was reported by the physician from an imaging technique report only.
8	Clinical diagnosis only, other than 5, 6 or 7	The malignancy was reported by the physician in the medical record.
9	Unknown whether or not microscopically confirmed <u>Note: DO NOT USE THIS CODE</u>	A statement of malignancy was reported in the medical record, but there is no statement of how the cancer was diagnosed (usually nonanalytic).

Coding Instructions for Hematopoietic/Lymphoid Neoplasms (Histology Codes M9590-9993)

1. There is no priority hierarchy for coding *Diagnostic Confirmation* for hematopoietic and lymphoid tumors. Most commonly, the specific histologic type is diagnosed by immunophenotyping or genetic testing. See the online *Hematopoietic Database (DB)* for information on the definitive diagnostic confirmation for specific types of tumors.
2. Code 1 when the microscopic diagnosis is based on tissue specimens from biopsy, frozen section, surgery, autopsy or D&C or from aspiration of biopsy of bone marrow specimens. Code 1 is the preferred coding for Fine Needle Aspiration (FNA). Code 1 is also used for bone marrow biopsy, peripheral blood smears and other diagnostic methods for many leukemia cases (or Code 3). Leukemia can also be diagnosed with CBC or wbc PLUS OR MINUS Immunophenotyping, genetic testing, or JAK2 testing. Code 1 or Code 3 should be used depending on result of special testing.

NOTE: Pathologists may refer to FNA as ‘FNA Cytology’ – however, ‘cytology’ for cancer registry purposes indicates cells suspended in body fluids such as washings, spinal fluid, pleural fluid or peritoneal fluid. FNA does not meet this definition.

3. For leukemia only, code 1 when the diagnosis is based only on the complete blood count (CBC), white blood count (WBC) or peripheral blood smear. Use code 1 for FNA cytology, bone marrow, peripheral blood, or blood smear for leukemia. Do not use code 1 if the diagnosis was based on immunophenotyping or genetic testing using tissue, bone marrow, or blood.
4. Code 2 when the microscopic diagnosis is based on cytologic examination of *cells* (rather than tissue) including but not limited to spinal fluid, peritoneal fluid, pleural fluid, urinary sediment, cervical smears and vaginal smears, or from paraffin block specimens from concentrated spinal, pleural, or peritoneal fluid. These methods are rarely used for hematopoietic or lymphoid tumors.
5. Code 3 can be used for cases diagnosed 2010+ with histologic confirmation (see code 1) AND immunophenotyping, genetic testing, immunophenotype, flow cytometry, microarray, FISH, NGS genetic panel, multi-gene panel test, PCR testing, IHC testing, or JAK2 confirmation.

1. Did the patient have one or more molecular pathology tests performed on blood, lymph, bone marrow and/or tissue biopsy/resection (traditional anatomic microscopy/pathology)?

✓ **Immunophenotype**

- Flow cytometry for cluster of designation or CD marker analysis,
- IHC (immunohistochemistry) for CD marker analysis,
- PCR testing (polymerase chain reaction) for CD marker analysis,

✓ **Molecular pathology studies to analyze DNA or other genetic material** using;

- Single gene test,
- Genetic panel test,
- Multi-gene panel test,
- DNA Microarray,
- Biomolecular marker(s),
- FISH (fluorescent in-situ hybridization),
- Other Immunofluorescence testing,
- Next-generation sequencing (NGS) gene panel, or
- Other DNA/RNA/gene testing

2. Did the additional molecular pathology test(s) result in one or more of the following: a) confirm the diagnosis, b) clarify the type of neoplasm (clarify specific histologic type or subtype), or 3) identify a target drug or specific biological, molecular or immunotherapy (BRM)?

Cases with positive histology for the neoplasm being abstracted (including acceptable ambiguous terminology and provisional diagnosis) **AND** immunophenotyping, genetic testing, or JAK2 is listed in the Definitive Diagnosis in the Heme DB **AND** the testing:

- a. Confirms the neoplasm OR
- b. Identifies a more specific histology (not preceded by ambiguous terminology)

Note 1: Do not use code 3 for positive immunophenotyping or genetic testing identifying a more specific histology when preceded by ambiguous terminology.

Note 2: Do not use code 3 for positive immunophenotyping or genetic testing identifying a more specific histology when the test result is preceded by "patchy weak staining."
- c. Peripheral blood smear followed by flow cytometry (most commonly done with CLL/SLL, 9823/3)

Note: Flow cytometry studies are normally done based on an abnormal blood smear. If unable to find documentation that a peripheral blood smear was done first, assume that it was and code 3

Note 1: The following histologies are diagnosed based on immunophenotyping or genetics and therefore should only be diagnostic confirmation 3: 9806/3, 9807/3, 9808/3, 9809/3, 9812/3, 9813/3, 9814/3, 9815/3, 9816/3, 9817/3, 9818/3, 9819/3, 9865/3, 9866/3, 9869/3, 9871/3, 9877/3, 9878/3, 9879/3, 9896/3, 9897/3, 9911/3, 9912/3, 9965/3, 9966/3, 9967/3, 9968/3, 9986/3.

Note 2: The following histologies should never be assigned diagnostic confirmation 3 since they are non specific codes and neither genetic testing or immunophenotyping are listed as Definitive Diagnostic Methods for these histologies. If there is immunophenotyping or genetics available, then a more specific histology code may be able to be assigned: 9590/3, 9655/3, 9800/3, 9820/3, 9860/3, 9863/3, 9980/3, 9982/3, 9989/3, 9991/3.

6. **Code 5** when the diagnosis of cancer is based on laboratory tests or marker studies which are clinically diagnostic for that specific cancer. To date there is not a single laboratory test that can be used to confirm any patient has evidence of cancer without diagnostic imaging and/or biopsy to support the diagnosis. The Hematopoietic Manual suggests the test for Bence Jones Protein in Urine and possibly in Serum may be a lab test that fits the definition for use of Code 5. However, proteinemia can be cause by other than cancer and must be ruled out for other causes. Plasma Cell Neoplasms usually have a bone marrow or bone biopsy plus or minus imaging as better Dx Confirmation. Therefore, Code 5 should be used sparingly if at all...only for Plasma Cell Myeloma
7. Code 6 when the diagnosis is based only on the surgeon's report from a surgical exploration or endoscopy or from gross autopsy findings without tissue or cytological findings. Code 6 is used for direct visualization of a neoplasm either through an endoscope or viewed with physician eyes.
8. Code 7 is used rarely for hematopoietic neoplasms. However, some neoplasms (brain, lung) may be diagnosed on imaging without additional confirmation of the neoplasm. Use this code sparingly.
9. Code 8 when the case was diagnosed by any clinical method that cannot be coded as 6 or 7.
10. Code 9 should not be used unless there is absolutely no information or inference of confirmation method used to confirm the patient's cancer. **DO NOT USE THIS CODE EVEN ON HISTORICAL CASES**
11. Some hematopoietic neoplasms are 'diagnosis by exclusion' when tests for the disease are negative and the physician makes a diagnosis based on information from the clinical presentation and negative tests.

Codes Hematopoietic or Lymphoid Neoplasms (ICD-O-3.2 Histology Codes M9590-9993)

Code	Description	Definition
1	Positive histology – INCLUDES FNA, bone marrow biopsy, peripheral blood smear, CBC, WBC	Histologic confirmation (tissue microscopically examined). Includes FNA Cytology.
2	Positive cytology – NOT FNA	Cytologic confirmation – cells suspended in body fluids (no tissue microscopically examined; fluid cells microscopically examined).
3	Positive histology PLUS • Positive immunophenotyping AND/OR • Positive genetic studies SEE LIST OF POSSIBLE TESTS ABOVE TO RULE OUT CODE 3	Histology is positive for cancer, and there are also positive immunophenotyping and/or genetic test results to refine or confirm a specific diagnosis. For example, bone marrow examination is positive for acute myeloid leukemia. (9861/3) Genetic testing shows AML with inv(16)(p13.1q22) (9871/3).
4	Positive microscopic confirmation, method not specified	Microscopic confirmation is all that is known. It is unknown if the cells were from histology or cytology.
5	Positive laboratory test/marker study Note: DO NOT USE THIS CODE	A clinical diagnosis of cancer is based on laboratory tests/marker studies which are clinically diagnostic for cancer.
6	Direct visualization without microscopic confirmation	The tumor was visualized during a surgical or endoscopic procedure only with no tissue resected for microscopic examination.
7	Radiography and other imaging techniques without microscopic confirmation	The malignancy was reported by the physician from an imaging technique report only.
8	Clinical diagnosis only, other than 5, 6 or 7	The malignancy was reported by the physician in the medical record.
9	Unknown whether or not microscopically confirmed Note: DO NOT USE THIS CODE	A statement of malignancy was reported in the medical record, but there is no statement of how the cancer was diagnosed (usually nonanalytic).

PRIMARY SITE

NAACCR ITEM#400

Enter the topography code for the site of origin of the primary tumor from the *International Classification of Diseases for Oncology* (ICD-O-3). The terms primary site, site and topography are used synonymously.

Coding Instructions

- Record the ICD-O-3 topography code for the site of origin. You can still use the ICD-O-3 purple book for Topography (Primary Site) Coding. None of the Topography Codes have changed.
- Consult the physician advisor to identify the primary site or the most definitive site code if the medical record does not contain that information.
- The ONLY C76.* series code you should ever use is code C76.0 for node positive head and neck cancer without evidence of a primary site. This is the one code that FCDS allows in the C76.* series.

4. Topography codes are indicated by a “C” preceding the three-digit code number. Do not record the decimal point. You can still use the ICD-O-3 purple book for Topography (Primary Site) Coding...none of the Topography Codes have changed.
5. Follow the Coding Instructions in ICD-O-3 and in the most current version of the *SEER Solid Tumor Rulesto* assign primary site for solid tumors.
6. Try not to assign unknown/ill-defined site topography codes; they are general terms/vague anatomy. Unknown/Ill-Defined Sites Include:069,189, 260-269, 328-329, 390-399, 409, 419, 479, 499, 559, 579, 639, 760-769, 809
7. Follow the instructions in *Hematopoietic and Lymphoid Neoplasm Case Reportability and Coding Manual* and the Hematopoietic and Lymphoid Neoplasms Database (Hematopoietic DB) – most current version - for assigning site for lymphomas, leukemia and other hematopoietic neoplasms (M-9590-9993) and to determine whether multiple conditions represent one or more tumors to be abstracted for myeloid and lymphoid neoplasm cases diagnosed on or after January 1, 2010.
8. Use subcategory 8 for single tumors that overlap the boundaries of two or more sub-sites and the point of origin is not known.
9. Use subcategory 9 for multiple tumors that originate in different subsites of one organ.

Specific Tissues with Ill-Defined Sites

1. Use the alphabetic index in ICD-O-3 to assign the most specific site if only a general location is specified in the record.
2. DO NOT USE TOPOGRAPHY CODES IN THE C76.* SERIES for soft tissue neoplasms or neoplasms of unknown primary. Use the specific soft tissue/connective tissue primary site codes.
3. The ONLY C76.* series code you should ever use is C76.0 for node positive head and neck cancer without evidence of a primary site. This is the one code FCDS allows in the C76.* series.
4. Use the table below to assign primary site when the only information available is the histologic type of tumor and the patient has metastatic disease without an identifiable primary site. The primary site is presumed to be the NOS or “not otherwise specified” primary site code when the histology is known but for which no primary can be found. Do not code these cases to C80.9.

Histologic Type Codes	Histologic Types	Preferred Site Codes for Ill-Defined Primary Sites
8720-8790	Melanoma	C44. _, Skin
8800-8811, 8813-8830, 8840-8921, 9040-9044	Sarcoma except periosteal fibrosarcoma and dermatofibrosarcoma	C49. _, Connective, Subcutaneous and Other Soft Tissues
8990-8991	Mesenchymoma	C49. _, Connective Subcutaneous and Other Soft Tissues
8940-8941	Mixed tumor, salivary gland type	C07. _, for Parotid Gland; C08. _, for Other and Unspecified Major Salivary glands
9120-9170	Blood vessels tumors, Lymphatic vessel tumors	C49. _, Connective Subcutaneous and other Soft tissues

9240-9252	Mesenchymal chondrosarcoma and giant cell tumors	C40. _, C41. _ for bone and cartilage C49. _, Connective, Subcutaneous, and Other Soft tissues
9580-9582	Granular cell tumor and alveolar soft part sarcoma	C49. _, Connective, Subcutaneous and Other Soft Tissues

IMPOSSIBLE PRIMARY SITE/HISTOLOGY COMBINATIONS

Combinations of primary sites and histologies are designated as “impossible” because the combination of site/type is biologically impossible, i.e., the particular form of cancer does not arise in the specified site.

It is helpful to check medical references or discuss problem cases with the registry’s medical advisors. The suggestions below are a starting point for analyzing an impossible site/morphology combination, but are not a substitute for a medical decision. Reference to the original medical record is always required.

1. Retroperitoneum/Peritoneum and Melanomas: If melanoma is identified in peritoneal or retroperitoneal tissue, it is almost certainly metastatic to that site. Try to identify the primary site of the melanoma. If no primary can be determined, the standard convention in cancer registries is to code the primary site as skin, NOS, C44.9, which puts the case in the most likely site group for analysis. Most histologic type codes for melanomas in ICD-O-3 list skin, C44. _, as the appropriate primary site.
2. Nasal Cavity/Middle Ear/Accessory Sinuses and Osteosarcomas: Osteosarcomas arise in bone, and the specified site code in ICD-O-3 is C40. _ or C41. _ . Osteosarcomas arising in the areas of the nose, middle ear, and sinuses should be assumed to have arisen in the bone of the skull and their primary site coded C41.0.
3. Pleura/Mediastinum and Carcinomas or Melanomas: If a carcinoma or melanoma is identified in the pleura or mediastinum, it is almost certainly metastatic to that site. Try to identify the primary site of the carcinoma or melanoma. For a carcinoma, if no primary can be determined, code unknown primary site, C80.9. For a melanoma, if no primary can be determined, the standard convention in cancer registries is to code the primary site as skin, NOS, C44.9, which puts the case in the most likely site group for analysis. Most histologic type codes for melanomas in ICD-O-3 list skin, C44. _, as the appropriate primary site.
4. Peripheral Nerves/Connective Tissue and Carcinomas or Melanomas: If a carcinoma or melanoma is identified in peripheral nerves or connective tissue, it is almost certainly metastatic to that site. Try to identify the primary site of the carcinoma or melanoma. For a carcinoma, if no primary can be determined, code unknown primary site, C80.9. For a melanoma, if no primary can be determined, the standard convention in cancer registries is to code the primary site as skin, NOS, C44.9, which puts the case in the most likely site group for analysis. Most histologic type codes for melanomas in ICD-O-3 list skin, C44. _, as the appropriate primary site.
5. Meninges/Brain/Other CNS and Carcinomas: If a carcinoma is identified in the brain, meninges, or other central nervous system, it is metastatic to that site. Try to identify the true primary site of the carcinoma.
6. Bone and Carcinomas or Melanomas: If a carcinoma or melanoma is defined in the pleura or mediastinum, it is almost certainly metastatic to that site. Try to identify the primary site of the carcinoma or melanoma. For a carcinoma, if no primary can be determined, code unknown primary site, C80.9. For a melanoma, if no primary can be determined, the standard convention in cancer registries is to code the primary site as skin NOS, C44.9, which puts the case in the most likely site group for analysis. Most histologic type codes for melanomas in ICD-O-3 list skin, C44. _, as the appropriate primary site.

7. Ill-defined Sites and Various Histologies: Some histologic types are by convention more appropriately coded to a code representing the tissue in which such tumors arise rather than the ill-defined region of the body, which contains multiple tissues. The table below shows for the histologic types addressed in this edit which site should be used instead of an ill-defined site in the range C76.0-C76.8. (See 2007 Multiple Primary and Histology Coding Rules)

IMPOSSIBLE PRIMARY SITE/HISTOLOGY COMBINATIONS

SITE	HISTOLOGY
C480-C488 Retroperitoneum and peritoneum	8720-8790 Melanomas
C300 Nasal Cavity C301 Middle ear C310-C319 Accessory sinuses	9250-9342 Osteosarcoma (Giant cell Ewing's odontogenic)
C381-C388 Pleura and mediastinum	8010-8245 8247-8671 8940-8941 8720-8790 Melanomas
C470-C479 Peripheral nerves C490-C499 Connective tissue	8010-8671 Carcinomas 8940-8941 8720-8790 Melanomas
C700-C709 Meninges C710-C719 Brain C720-C729 Other central nervous system	8010-8671 Carcinomas 8940-8941
C400-C419 Bone	8010-8060 Carcinoma (except squamous cell) 8075-8671 8940-8941 8720-8790 Melanomas
C760-C768 Ill-defined Sites	8720-8790 Melanoma 8800-8811 Sarcoma except myeloid sarcoma 8813-8830 Fibromatous neoplasms 8840-8921 Fibrosarcoma 9040-9044 Dermatofibrosarcoma 8990-8991 mesenchymoma 8940-8941 Mixed tumor, salivary gland type 9120-9170 Blood vessel tumor lymphatic vessel tumor 9240-9252 Mesenchymal chondrosarcoma, and giant cell tumors 9540-9560 Nerve Sheath tumor 9580-9582 Granular cell tumor and alveolar soft part sarcoma

TEXT- PRIMARY SITE TITLE

NAACCR ITEM #2580

Enter the location of the primary site of the tumor being reported. Include available information on tumor laterality. Do not use vendor-driven auto-coding of primary site title in this field. Enter free text.

LATERALITY

NAACCR ITEM #410

Laterality identifies the side of a paired organ or the side of the body on which the reportable tumor originated. This applies to the primary site only. It must be recorded for the following paired organs as 1-5 or 9. Organs that are not paired, for which you have not recorded right or left laterality, are coded 0.

Midline origins are coded 5. "Midline" in this context refers to the point where the "right" and "left" sides of paired organs come into direct contact and a tumor forms at that point. Most paired sites cannot develop midline tumors. For example, skin of the trunk can have a midline tumor, but the breasts cannot.

Coding Instructions

1. Code laterality for all paired sites. (See Section One for additional information.)
2. For the sites C300, C340, C413, C414, the laterality can be coded 04, or 9.
3. Do not code metastatic sites as bilateral involvement.
4. Where the right and left sides of paired sites (for C441--C447, C700, C710-C714, and C722-C725 ONLY) are contiguous (come into contact) and the lesion is at the point of contact of the right and left sides, use code 5, midline. Most paired sites cannot develop midline tumors. For example, skin of the trunk can have a midline tumor, but the breasts can not.
5. Non-paired sites may be coded right or left, if appropriate. Otherwise, code non-paired sites 0.

Code	Description
0	Organ is not a paired site.
1	Origin of primary is right.
2	Origin of primary is left.
3	Only one side involved, right or left origin unspecified. For in situ cases, if laterality unknown use '3'
4	Bilateral involvement at time of diagnosis, lateral origin unknown for a single primary; or both ovaries involved simultaneously, single histology; bilateral retinoblastoma, bilateral Wilms tumor. A bilateral laterality (4) should be assigned when there are multiple nodules in both lungs
5	Paired site: midline tumor ONLY for C441-C447, C700, C710-C714, and C722-C725
9	Paired site, but no information concerning laterality.

PRIMARY SITES REQUIRING LATERALITY

ICD-O-3	SITES
C07.9	Parotid gland
C08.0	Submandibular gland
C08.1	Sublingual gland
C09.0	Tonsillar fossa
C09.1	Tonsillar pillar
C09.8	Overlapping lesion of tonsil
C09.9	Tonsil, NOS
C30.0	Nasal cavity (excluding nasal cartilage and nasal septum)
C30.1	Middle ear
C31.0	Maxillary sinus
C31.2	Frontal sinus
C34.0	Main bronchus (excluding carina)
C34.1 – C34.9	Lung
C38.4	Pleura

ICD-O-3	SITES
C40.0	Long bones of upper limb and scapula
C40.1	Short bones of upper limb
C40.2	Long bones of lower limb
C40.3	Short bones of lower limb
C41.3	Rib and clavicle (excluding sternum)
C41.4	Pelvic bones (“excluding” not in the sacrum, coccyx and symphysis pubis)
C44.1	Skin of eyelid
C44.2	Skin of external ear
C44.3	Skin of other and unspecified parts of face (midline code “9”)
C44.4	Skin of Scalp and Neck
C44.5	Skin or trunk (midline code “9”)
C44.6	Skin of upper limb and shoulder
C44.7	Skin of lower limb and hip
C47.1	Peripheral nerves and automatic nervous system of upper limb shoulder
C47.2	Peripheral nerves and autonomic nervous system of lower limb and hip
C49.1	Connective, subcutaneous and other soft tissues of upper limb and shoulder
C49.2	Connective, subcutaneous and other soft tissues of lower limb and hip
C50.0 – C 50.9	Breast
C56.9	Ovary
C57.0	Fallopian tube
C62.0 – C62.9	Testis
C63.0	Epididymis
C63.1	Spermatic cord
C64.9	Kidney, NOS
C65.9	Renal pelvis
C66.9	Ureter
C69.0 – C69.9	Eye and lacrimal gland
C70.0	Cerebral meninges, NOS (excluding diagnoses prior to 2004)
C71.0	Cerebrum (excluding diagnoses prior to 2004)
C71.1	Frontal lobe (excluding diagnoses prior to 2004)
C71.2	Temporal lobe (excluding diagnoses prior to 2004)
C71.3	Parietal lobe (excluding diagnoses prior to 2004)
C71.4	Occipital lobe (excluding diagnoses prior to 2004)
C72.2	Olfactory nerve (excluding diagnoses prior to 2004)
C72.3	Optic nerve (excluding diagnoses prior to 2004)
C72.4	Acoustic nerve (excluding diagnoses prior to 2004)
C72.5	Cranial nerve, NOS (excluding diagnoses prior to 2004)
C74.0 – C74.9	Adrenal gland
C75.4	Carotid body

HISTOLOGIC TYPE ICD-O-3**NAACCR ITEM #522****Numerous Resources Required - SEE APPENDIX R and all reference resources to code histology.**

International Classification of Diseases for Oncology, 3rd ed. Geneva, World Health Organization: 2000	The World Health Organization WHO Publications Center USA; 49 Sheridan Avenue; Albany, NY 12210 ISBN 9241545348 Order Number 11503350 http://www.who.int/classifications/icd/en/index.html
Current Hematopoietic and Lymphoid Neoplasm Case Reportability and Coding Manual and Hematopoietic Database (desktop or web-based versions available), 2022	https://seer.cancer.gov/seertools/hemelymph/
Current NAACCR ICD-O-3 Coding Guidelines – Annotated Histology List	https://www.naacr.org/icdo3/
<i>ICD-O-3.2 Excel Table</i> downloaded from the IACR/WHO Website	Downloadable Excel File Version of ICD-O-3.2 http://www.iacr.com.fr/index.php?option=com_content&view=article&id=149:icd-o-3-2&catid=80&Itemid=545

Histologic Type identifies the microscopic anatomy of cells, is a basis for staging and the determination of treatment options, and affects the patient's prognosis and course of disease.

Code the final pathologic diagnosis for solid tumors.

Use the Hematopoietic Rules and online Database for coding myeloid and lymphoid neoplasms (lymphoma, leukemia, myeloma, myelodysplastic syndromes or myeloproliferative diseases).

The printed versions of the ICD-O-3 Manual is no longer current and should be used as a last resort. However, the basic rules for using these codes are still valid and included in early chapters of the manual.

Use the most current version of the Solid Tumor Rules (<https://seer.cancer.gov/tools/solidtumor/>) when coding the histology for all reportable solid tumors. And, use the WHO official ICD-O-3.2 Tables for official ICD-O-3.2 histology codes. You may also use the NAACCR Annotated Histology List with care.

For lymphomas, leukemias and other hematopoietic tumors (any histology 9590 or greater), follow the instructions in Hematopoietic and Lymphoid Neoplasm Case Reportability and Coding Manual and the Hematopoietic and Lymphoid Neoplasms Database (Hematopoietic DB)

Site-Associated/Site-Related Codes: Some histology/behavior terms in ICD-O-3 have a related or associated primary site code in parenthesis next to the histology code; for example Hepatoma (C22.0). This indicates that this particular histology is usually associated with the primary site C22.0 (liver). Use specific histology codes associated with specific primary site topography codes. Use the site code suggested by ICD-O-3 when the primary site is the same as the site code suggested or when the primary site is unknown and the histology is known.

- Code the site documented in the record and ignore the suggested ICD-O-3 code when a primary site is specified in the medical record and there is no evidence of neoplasm in the suggested site.

2018 Site-Restricted Codes: New histology codes were introduced in 2018 that are restrictive to certain sites, particularly lung cancers, pancreato-hepat-biliary cancers, and HPV-associated cancers. These new site-restrictive codes can only be used under certain conditions and for certain primary sites. Exercise caution when determining the difference between site-associated, site-related, and site-restricted histology codes in the Excel File from IACR/WHO.

TEXT – HISTOLOGY TITLE**NAACCR ITEM #2590**

Enter the histologic type, behavior, and grade of the tumor being reported. Do not use vendor-drive auto-coding of the histologic type, behavior, or grade of the tumor in this field. Enter free text.

BEHAVIOR ICD-O-3**NAACCR ITEM #523**

Enter the behavior that best describes the tumor. The fifth digit of the morphology code listed in the *International Classification of Diseases for Oncology*, 2000, Third Edition (ICD-O-3), pages 27-28, 66 which appears after the slash (/) is the behavior code and ICD-O-3 Updates. If the only specimen was from a metastatic site, code the histologic type of the metastatic site and code **3** for the Behavior code.

NOTE: There have been many behavior code changes for many histology codes over the years. Please use the most current version of the ICD-O-3.2 Excel File and the Solid Tumor Manual or Hematopoietic Database to CONFIRM the current preferred behavior code for any given histologic type. Some Histology codes are compatible with more than 1 behavior code. Always check the biopsy/resection path.

Use behavior code 3 if any invasion is present, no matter how limited.

- Code 3 if any *malignant* invasion is present, no matter how limited.
- Code 3 if any *malignant* metastasis to nodes or tissue beyond the primary is present.

For example Intraductal carcinoma (8500/2) with focal areas of invasion code behavior of 3.

Please note that behavior codes for some neoplasms have changed over time. Some neoplasms have changed from non-malignant to malignant, from invasive to non-invasive, and from not reportable to reportable. Always use the most current version of ICD-O to ensure the histology and the behavior code are current. There are specific changes in this area for 2021 – see the ICD-O-3 Updates in Appendix R.

Use the most current version of the Solid Tumor Rules (<https://seer.cancer.gov/tools/solidtumor/>) when coding the histology for all reportable solid tumors.

Use the Hematopoietic and Lymphoid Neoplasm Case Reportability and Coding Manual and the Hematopoietic and Lymphoid Neoplasms Database (Hematopoietic DB) for histology 9590-9993.

Code	Label	Description
0	Benign	Benign (Reportable for intracranial and CNS sites only)
1	Borderline	Uncertain whether benign or malignant Borderline malignancy Low malignant potential Uncertain malignant potential (Reportable for intracranial and CNS sites only)
2	Insitu and/or carcinoma insitu	Carcinoma in situ; Intraepithelial; Noninfiltrating; Noninvasive
2	Synonymous with Insitu adopted from the SEER Program Coding and Staging Manual	AIN III (C211) Behavior code '2' Bowen disease (not reportable for C440-C449) Clark level I for melanoma (limited to epithelium) Confined to epithelium Hutchinson melanotic freckle, NOS (C44_) Intracystic, non-infiltrating Intraductal Intraepidermal, NOS Intraepithelial, NOS Involvement up to, but not including the basement membrane Lentigo maligna (C44_) Lobular, noninfiltrating (C50_) Noninfiltrating Noninvasive No stromal invasion/involvement Papillary, noninfiltrating or intraductal Precancerous melanosis (C44_) Queyrat erythroplasia (C60_) Stage 0 (except Paget's disease (8540/3) of breast and colon or rectal tumors confined to the lamina propria) VAIN III (C529) VIN III (C51_)
3	Invasive	Malignant, primary site (invasive) or Microinvasive

INTRODUCTION TO CODING GRADE

Solid tumors diagnosed 2018 and forward, grade will be collected in four data items, Grade Clinical, Grade Pathological, Grade PostTherapy Clin (yc) and Grade Post Therapy Path (yp). The codes and coding instructions will depend on the type of cancer.

Please use the Grade Coding Manual and the Grade Tables to ensure you are using the proper rules and instructions for coding grade for each specific neoplasm abstracted.

DO NOT RELY ON VENDOR PULL DOWN MENU SELECTIONS and GUESS.

Please use the manuals as designed to ensure the proper code is assigned for invasive and for non-invasive cancers. Some codes can only be used for in-situ cancers. Some only for malignant cancers. All must be histologically proven grade.

The revised grade codes are based on the recommended grading systems specified in the relevant chapters of the AJCC Cancer Staging Manual, 8th and 9th edition and/or the CAP cancer protocols.

Use the most current version of the **Grade Coding Manual, v3.0** and the Grade Tables at <https://apps.naaccr.org/ssdi/list/2.1> for coding instructions and site-specific coding rules for all grades.

- The codes for each cancer-specific grading system are to be used in hierarchy from top to bottom.
- The cancer-specific grading will always appear at the top of the grading hierarchy for that cancer site.
- The terms high/low grade are generally used only for non-invasive/in-situ cancers – but, can be used when this is the best information you have.
- The terms well differentiated, moderately differentiated, poorly differentiated and undifferentiated generally fall at the bottom of the selection list for all cancer-specific grading systems and are to be used when this is the only grade information provided on the pathology report.
- **Never convert terminology based on old grade tables – assign them literally from the text.**
- **Only code the grade from the primary site. Do not code grade from a metastatic site.**
- Grade from imaging reports is used to code Clinical Grade for brain tumors without biopsy/resection
- If the patient has a biopsy before the resection of the primary site -- then clinical grade = biopsy grade (first grade identified).
- If the patient has a biopsy and does not have a resection of the primary site -- then clinical grade = biopsy grade (first grade identified) and the pathological grade = 9.
- If the patient does not have a biopsy but does have a resection of the primary - then clinical grade = 9 and the pathological grade = resection of the primary site grade.
- If the patient does not have a biopsy but does have a resection of primary site – then the clinical grade = 9 and the pathologic grade = resection of primary site grade.
- If the patient has a biopsy assign the biopsy grade, and a resection assign the pathologic grade.

- If the biopsy/clinical grade is higher than the resection/pathological grade – assign the pathological grade to both the clinical and pathological grade. (IMPORTANT: BUT – don't do the reverse of this and recode the clinical grade to a higher code when the pathological grade is higher.)

Code	Grade Description
1	Site-specific grade system category
2	Site-specific grade system category
3	Site-specific grade system category
4	Site-specific grade system category
5	Site-specific grade system category
8	Not applicable (Hematopoietic neoplasms only)
9	Grade cannot be assessed, Unknown
A	Well differentiated
B	Moderately differentiated
C	Poorly differentiated
D	Undifferentiated and anaplastic
E	Site-specific grade system category
H	High grade
L	Low grade
M	Site-specific grade system category
s	Site-specific grade system category
Blank	(Post therapy only)

Codes 1-5, H, L, M, S, and 9 all represent AJCC recommended grading systems.

Categories L and H are applicable for the AJCC recommended grading systems of “low grade” and “high grade” for those cancers for which these are used (e.g. urinary cancers with urothelial histologies). It also includes **M for intermediate grade to be used with L and H for breast in situ cancers.**

S is utilized for sarcomatous overgrowth in corpus uteri adenocarcinoma, an AJCC registry data collection variable.

Codes A-E are the generic grade categories (definitions) that have been used by the cancer surveillance community for many years. Codes A-E are not available for all cancers since although many AJCC chapters continue to use the traditional grade terms, many of the chapters now use a three-grade system, instead of the four-grade system.

Your software will include mapping to the correct grade coding system based on your selection of primary site (topography) and histology/behavior and on occasion other factor(s). However, it is important to understand the concepts used to develop the 30+ Grade Coding Tables used in software.

GRADE CLINICAL**NAACCR ITEM 3843**

Record the grade of a solid primary tumor before any treatment (surgical resection, systemic therapy, radiation therapy, or neoadjuvant therapy). All surgical procedures are not treatment, e.g. TURB and endoscopic biopsies. Clinical Grade is coded from a biopsy specimen not a tumor resection. One exception to the biopsy rule is for brain and CNS tumors; you may code Clinical Grade from Imaging without biopsy.

For cases diagnosed January 1, 2018 and later, this data item, along with Grade Clinical and Grade Post-Neoadjuvant, replaces NAACCR Data Item Grade (#440) as well as SSF's for cancer sites with alternative grading systems (e.g., breast [Bloom-Richardson], prostate [Gleason]).

GRADE PATHOLOGICAL**NAACCR ITEM 3844**

Record the grade of a solid primary tumor that has been resected and for which no neoadjuvant therapy was administered. If AJCC pathological staging is being assigned, the tumor must have met the surgical resection requirements in the AJCC manual. This may include the grade from the clinical workup, as all information from diagnosis (clinical staging) through the surgical resection is used for pathological staging.

For cases diagnosed January 1, 2018 and later, this data item, along with Grade Clinical and Grade Post-Neoadjuvant, replaces NAACCR Data Item Grade (#440) as well as SSF's for cancer sites with alternative grading systems (e.g., breast [Bloom-Richardson], prostate [Gleason]).

Please reference the most current version of the Grade Coding Manual and Grade Tables at <https://apps.naacr.org/ssdi/list/3.0> for detailed coding instructions and site-specific coding rules..

GRADE POST THERAPY CLIN (YC) - NEW**NAACCR ITEM 1068**

Record the grade of a solid primary tumor that has been biopsied following neoadjuvant therapy. If AJCC pathological staging is being assigned. Record the highest grade documented from the surgical treatment resection specimen of the primary site following neoadjuvant therapy.

Please reference the most current version of the Grade Coding Manual and Grade Tables at <https://apps.naacr.org/ssdi/list/2.1> for detailed coding instructions and site-specific coding rules..

GRADE POST THERAPY PATH (YP)**NAACCR ITEM 3845**

Record the highest grade documented from the surgical treatment resection specimen of the primary site following neoadjuvant therapy. If AJCC post-therapy staging is being assigned, the tumor must have met the surgical resection requirements in the AJCC manual. Neoadjuvant therapy must meet guidelines or standards, and not be that given for variable or unconventional reasons as noted in the AJCC manual.

TUMOR SIZE SUMMARY**NAACCR ITEM #756**

Record the most accurate measurement in millimeters of a solid primary tumor, usually measured on the surgical resection specimen. Tumor Size Summary replaces CS Tumor Size.

Tumor size is one indication of the extent of disease the time of diagnosis. It is used frequently by both clinicians and researchers to assess cancer screening efforts and initial treatment options and variations. Tumor size that is independent of stage is also useful for quality assurance efforts.

CODING INSTRUCTIONS

1. All measurements should be in millimeters (mm).
2. Size measured on the surgical resection specimen, when surgery is administered as the first definitive treatment, i.e., no pre-surgical treatment administered.
3. If neoadjuvant (preoperative) therapy followed by surgery, do not record the size of the pathologic specimen. Code the largest size of tumor prior to neoadjuvant (preoperative) treatment; if unknown code size as 999.
4. If no surgical resection, then largest measurement of the tumor from physical exam, imaging, or other diagnostic procedures prior to any other form of treatment.
5. Priority of imaging/radiographic techniques: Information on size from imaging/radiographic techniques can be used to code size when there is no more specific size information from a pathology or operative report, but it should be taken as low priority, over a physical exam.
6. Tumor size discrepancies among imaging and radiographic reports: If there is a difference in reported tumor size among imaging and radiographic techniques, unless the physician specifies which imaging is most accurate, record the largest size in the record, regardless of which imaging technique reports.
7. Record the size of the invasive component, if given.
8. Record the largest dimension or diameter of tumor, whether it is from an excisional biopsy specimen or the complete resection of the primary tumor.
9. Record the size as stated for purely in situ lesions.
10. Disregard microscopic residual or positive surgical margins when coding tumor size.
11. Do not add the size of pieces or chips together to create a whole. NEW - The only exception to this instruction is when the pathologist aggregates the size and provides a definite aggregate size in the pathology report final diagnosis. The registrar should never add the size of the specimen, themselves.
12. Multifocal/multicentric tumors: If the tumor is multi-focal or if multiple tumors are reported as a single primary, code the size of the largest invasive tumor or if all of the tumors are in situ, code the size of the largest in situ tumor.
13. Document the information to support coded tumor size in the appropriate text field of the abstract.

Code	Description
000	No mass/tumor found
001	1 mm or described as less than 1 mm
002-988	Exact size in millimeters (2mm-988mm)
989	989 millimeters or larger
990	Microscopic focus or foci only and no size of focus is given
998	SITE-SPECIFIC CODES Alternate descriptions of tumor size for specific sites:

	Familial/multiple polyposis: Colon (C18.0, C18.2-C18.9) and/or Rectosigmoid and Rectum (C19.9, C20.9) If no size is documented: Circumferential: Esophagus (C15.0 C15.5, C15.8 C15.9) Diffuse; widespread: 3/4s or more; linitis plastica: Stomach and Esophagus GE Junction (C16.0 C16.6, C16.8 C16.9) Diffuse, entire lung or NOS: Lung and main stem bronchus (C34.0 C34.3, C34.8 C34.9) Diffuse: Breast (C50.0 C50.6, C50.8 C50.9)
999	Unknown; size not stated; Not documented in patient record; Size of tumor cannot be assessed; Not applicable

REGIONAL LYMPH NODES POSITIVE**NAACCR ITEM #820**

Record the exact number of regional nodes examined by the pathologist and found to contain metastases. This data item is necessary for pathologic staging, and it serves as a quality measure for pathology reports and the extent of the surgical evaluation and treatment of the patient. When only Isolated Tumor Cells are identified by immunohistochemistry test within lymph node the lymph node is not counted as positive. There are not enough cancer cells in the node to treat as positive node.

DO NOT AUTOMATICALLY CODE NODES POSITIVE = 99 and NODES EXAMINED = 99

The 99/99 combination is restricted to lymphoma, leukemia, brain tumors and unknown primary.

NEW: When an FNA or Core Biopsy of a Regional Lymph Node is performed – you must code Regional Lymph Nodes Examined = 95, regardless of whether the node biopsied was positive or negative. However, you may code Lymph Nodes Positive = 95 or 00 depending upon the result of the FNA/Core.

NEW: FNA/Core Biopsy of a Regional Lymph Node with Scope of Regional Lymph Node Surgery is no longer considered ‘treatment’ and is not to be used when considering whether or not treatment was given or in the sequence of surgery to radiation therapy or systemic therapy in the Treatment Status Fields.

Code	Description
00	All nodes examined are negative
01-89	1-89 nodes are positive (code exact number of nodes positive)
90	90 or more nodes are positive
95	Positive aspiration of lymph node(s) was performed
97	Positive nodes are documented, but the number is unspecified
98	No nodes were examined
99	It is unknown whether nodes are positive; not applicable; not stated in patient record

REGIONAL LYMPH NODES EXAMINED**NAACCR ITEM #830**

Record the total number of regional lymph nodes that were removed and examined by the pathologist. This data item serves as a quality measure of the pathologic and surgical evaluation and treatment of the patient.

DO NOT AUTOMATICALLY CODE NODES POSITIVE = 99 and NODES EXAMINED = 99.**The 99/99 combination is restricted to lymphoma, leukemia, brain tumors and unknown primary.**

When an FNA or Core Biopsy of a Regional Lymph Node is performed – you must code Regional Lymph Nodes Examined = 95, regardless of whether the node biopsied was positive or negative. However, you may code Lymph Nodes Positive = 95 or 00 depending upon the result of the FNA/Core.

FNA/Core Biopsy of a Regional Lymph Node with Scope of Regional Lymph Node Surgery is no longer considered ‘treatment’ and is not to be used when considering whether or not treatment was given or in the sequence of surgery to radiation therapy or systemic therapy in the Treatment Status Fields. You do not code FNA/Core Biopsy of a Regional Lymph Node or Sentinel Lymph Node Biopsy as a Diagnostic/Staging Procedure – it still must be coded under the TREATMENT Variable RX SUMM – Scope Reg LN Surgery = 1 or = 2. You may not have to enter the date, and it is no longer ‘counted’ as treatment for the patient – BUT YOU STILL MUST CODE THESE PROCEDURES in the right field.

Codes

Code	Description
00	No nodes were examined
01-89	1-89 nodes were examined (code the exact number of regional lymph nodes examined)
90	90 or more nodes were examined
95	No regional nodes were removed, but aspiration of regional nodes was performed
96	Regional lymph node removal was documented as a sampling, and the number of nodes is unknown/not stated
97	Regional lymph node removal was documented as a dissection, and the number of nodes is unknown/not stated
98	Regional lymph nodes were surgically removed, but the number of lymph nodes is unknown/not stated and not documented as a sampling or dissection; nodes were examined, but the number is unknown
99	It is unknown whether nodes were examined; not applicable or negative; not stated in patient record

LYMPH-VASCULAR INVASION - UPDATED**NAACCR ITEM #1182**

Lymph-vascular invasion (LVI) indicates the presence or absence of tumor cells in lymphatic channels (not lymph nodes) or blood vessels within the primary tumor as noted microscopically by the pathologist. LVI includes lymphatic invasion, vascular invasion, and lymphovascular invasion.

Presence or absence of cancer cells in the lymphatic ducts or blood vessels is useful for prognosis. CAP Protocols for some disease sites will be expanded to distinguish between lymphatic and small vessel invasion only, venous (large vessel) invasion only, and BOTH lymphatic and small vessel AND venous (large vessel) invasion. This data item is primarily used with the AJCC Cancer Staging Manual and CAP.

Code	Label
0	Lymphovascular Invasion stated as Not Present
1	Lymphovascular Invasion Present/Identified (NOT used for thyroid and adrenal)
2	Lymphatic and small vessel invasion only (L) OR Lymphatic invasion only (thyroid/adrenal only)

3	Venous (large vessel) invasion only (V) OR Angioinvasion (thyroid and adrenal only)
4	BOTH lymphatic and small vessel AND venous (large vessel) invasion OR BOTH lymphatic AND angioinvasion (thyroid and adrenal only)
8	Not Applicable
9	Unknown/Indeterminate/not mentioned in path report

Use of codes.

- A. Use code 0 when the pathology report indicates that there is no lymphovascular invasion. This includes cases of purely in situ carcinoma, which biologically have no access to lymphatic or vascular channels below the basement membrane.
- B. Use code 1 when the pathology report or a physician's statement indicates that lymphovascular invasion (or one of its synonyms) is present in the specimen.
- C. **Lymphovascular invasion must be coded 0, 1, 2, 3, 4, or 9 for the schema ids in the following list:**

00071	Lip
00072	Tongue anterior
00073	Gum
00074	Floor of mouth
00075	Palate hard
00076	Buccal mucosa
00077	Mouth other
00080	Major salivary glands
00100	Oropharynx (p16+)
00111	Oropharynx (p16-)
00112	Hypopharynx
00121	Maxillary sinus
00122	Nasal cavity and ethmoid sinus
00130	Larynx other
00131	Larynx supraglottic
00132	Larynx glottic
00133	Larynx subglottic
00161	Esophagus (incl ge junction) squamous
00169	Esophagus (incl ge junction) (excl squamous)
00170	Stomach
00180	Small intestine
00190	Appendix
00200	Colon and rectum
00230	Hepatic
00250	Bile ducts perihilar
00260	Bile ducts distal
00270	Ampulla vater
00280	Pancreas
00290	Net stomach
00301	Net duodenum
00302	Net ampulla of vater
00320	Net appendix
00330	Net colon and rectum
00340	Net pancreas
00350	Thymus
00360	Lung
00460	Merkel cell skin
00470	Melanoma skin

00500	Vulva
00510	Vagina
00520	Cervix
00530	Corpus carcinoma
00541	Corpus sarcoma
00542	Corpus adenosarcoma
00560	Placenta
00570	Penis
00590	Testis
00620	Bladder

D. Lymphovascular invasion must be coded 0, 2, 3, 4, or 9 for the schema ids in the following list:

00730	Thyroid
00740	Thyroid medullary
00760	Adrenal gland

E. Lymphovascular invasion may use any code (0, 1, 2, 3, 4, 8, or 9) for the remaining schema ids

00060	Cervical lymph nodes, occult head and neck
00090	Nasopharynx
00118	Pharynx other
00119	Middle ear
00128	Sinus other
00140	Melanoma head and neck
00150	Cutaneous carcinoma head and neck
00210	Anus
00220	Liver
00241	Gallbladder
00242	Cystic duct
00278	Biliary other
00288	Digestive other
00310	Net jejunum and ileum
00358	Trachea
00370	Pleural mesothelioma
00378	Respiratory other
00381	Bone appendicular skeleton
00382	Bone spine
00383	Bone pelvis
00400	Soft tissue head and neck
00410	Soft tissue trunk and extremities
00421	Soft tissue abdomen and thorax
00422	Heart, mediastinum, and pleura
00430	Gist (2018-2020)
00440	Retroperitoneum
00450	Soft tissue other
00458	Kaposi sarcoma
00478	Skin other
00480	Breast (invasive)
00551	Ovary

00552	Primary peritoneal carcinoma
00553	Fallopian tube
00558	Adnexa uterine other
00559	Genital female other
00580	Prostate
00598	Genital male other
00600	Kidney parenchyma
00610	Kidney renal pelvis
00631	Urethra
00633	Urethra-prostatic
00638	Urinary other
00640	Skin eyelid
00650	Conjunctiva
00660	Melanoma conjunctiva
00671	Melanoma iris
00672	Melanoma choroid and ciliary body
00680	Retinoblastoma
00690	Lacrimal gland
00698	Lacrimal sac
00700	Orbital sarcoma
00718	Eye other
00721	Brain
00722	Cns other
00723	Intracranial gland
00750	Parathyroid
00770	Net adrenal gland
00778	Endocrine other
99999	Ill-defined other

F. Lymphovascular invasion must be coded 8 (not applicable) for all other schema ids:

00430	Gist (2021+)
00710	Lymphoma ocular adnexa
00790	Lymphoma
00795	Lymphoma (cII/sII)
00811	Mycosis fungoides
00812	Primary cutaneous lymphoma non mf
00821	Plasma cell myeloma
00822	Plasma cell disorder
00830	Hemeretic

G. Use code 9 when:

- I. There is no microscopic examination of a primary tissue specimen
- II. The primary site specimen is cytology only or a fine needle aspiration
- III. The biopsy is only a very small tissue sample
- IV. It is not possible to determine whether lymphovascular invasion is present
- V. The pathologist indicates the specimen is insufficient to determine lymphovascular invasion
- VI. Lymphovascular invasion is not mentioned in the pathology report
- VII. Primary site is unknown

H. Clarification between codes 8 and 9:

- Code 8 should only be used when the standard-setter does not require this item.
- For cases with no information from the pathology report or other sources, code 9.

CANCER STAGING INFORMATION AND REQUIREMENTS BY DATE OF DIAGNOSIS

FCDS Cancer Staging Requirements follow the NPCR Stage Requirements by Year

State and National cancer staging requirements have changed over time. The focus of State and National cancer programs is monitoring cancer incidence over time. In order to support standardization and consistency in reporting stage of cancer at time of diagnosis, state and national cancer surveillance programs have often utilized a “summary staging” approach with stable anatomic staging criteria that includes both clinical data from imaging reports and medical procedures combined with pathological data gleaned from surgical resection of the primary tumor and regional lymph nodes. This is known as SEER Summary Stage. SEER Summary Stage has gone through 2 revisions since it was instituted back in the mid 1970s. The latest edition is Summary Stage 2018 or SS2018. Summary Stage is required for all cases since 1981.

Continuity of staging requirements is essential for longitudinal cancer studies, but our programs recognize that changes in anatomic staging criteria have and continue to be modified over time. Furthermore, biomolecular and genetic tests to help qualify stage subgroups are being used more frequently with tests offering greater details for staging than ever before. In order to begin capturing these new tumor markers and other cancer-specific testing or prognostic-related laboratory tests, the United States created the Collaborative Stage Data Collection System including Site-Specific Factors to house these cancer-specific tests results and other clinical care and research oriented data items to expand ‘staging’.

The Collaborative Stage Data Collection System was implemented for cases diagnosed 1/1/2004-12/31/2015 and provided algorithmic solutions to deriving standardized stage groupings based in multiple cancer staging systems including SS1977, SS2000, AJCC TNM 6th ed and AJCC TNM 7th ed.

The combined system of staging parameters was decommissioned and replaced by the originating staging systems being directly coded for SS2000 and AJCC TNM 7th ed. in 2016 and again updated in 2018 to provide updated anatomic and prognostic staging data items to meet current and future research needs.

SUMMARY STAGE 2018 (SS2018): Direct-Assignment of SEER Summary Stage using the SEER Summary Stage 2018 Manual is required for all cases diagnosed and reported to FCDS 1/1/2018 forward. **The most current version of Summary Stage 2018 is version 3 – found on SEER website.**

2018 Site-Specific Data Items (SSDI): An “SSDI” is a site-specific data item. “Site” in this instance is based on the primary site, the histologic type or histology of the tumor, the AJCC Chapter, Summary Stage Chapter and the EOD Schema. SSDIs were preceded by Collaborative Stage Data Collection System Site-Specific Factors or SSFs, which were first introduced in 2004 with CSv1, and went through major revisions in 2010 with Collaborative Stage v2 (CSv2). The CS SSFs were discontinued as of 12/31/2017. FCDS only requires a limited number of SSDI’s be reported. See the table further in this section for details. **The Site-Specific Data Items is currently in version 3 – found on the NAACCR Website.**

SEER*RSA (Registrar Staging Assistant) Website is a Tremendous Resource to assist Registrars in understanding, coding, testing and learning about Cancer Staging, Staging Schema Criteria, Site Specific Data Items, SEER Extent of Disease Coding (EOD), Collaborative Stage Data Collection System and the Collaborative Stage Site Specific Factors. This is a wonderful resource highly recommended by FCDS to assist registrars in understanding how to associate staging criteria and codes to specific cancer types, histologic types, staging and grading schema, and site-specific requirements.

SEER*RSA - GO TO: <https://seer.cancer.gov/tools/staging/rsa.html>

HISTORICAL STAGING SYSTEMS REFERENCE BY DIAGNOSIS YEAR

SEER SUMMARY STAGE 1977: Direct-Assignment of SEER Summary Stage using the SEER Summary Stage 1977 Manual was required for all cases abstracted and reported to FCDS before 1/1/2000.

SEER SUMMARY STAGE 2000: Direct-Assignment of SEER Summary Stage using the SEER Summary Stage 2000 Manual is required for all cases abstracted and reported to FCDS before 1/1/2018

SEER SUMMARY STAGE 2018: Direct Assignment of SEER Summary Stage using the SEER Summary Stage 2018 Manual (most current version September 2020) is required for all cases abstracted and reported to FCDS on or after 1/1/2018. [There have been multiple versions of SS2018 published.](#)

AJCC TNM CANCER STAGING - FCDS does not require AJCC TNM for any cases. Registrars may decide to include AJCC TNM staging in their section of the abstract used to document Staging Information to help support the Summary Stage assignment. However, text documentation for Summary Staging is also required.

COLLABORATIVE STAGE DATA COLLECTION SYSTEM (CSv2): Direct-Assignment of Core CS Data Items was required for all cases diagnosed 1/1/2004 and 12/31/2015 and seen at the facility for continuation of initial course of treatment or with evidence of recurrence or progression of cancer not previously reported to FCDS. This includes “non-analytic” cases with evidence of cancer. Some cases may still require the abstractor to use Collaborative Stage – please use the on-screen help to assign.

NOTE: Minimal Historical Cases (historical cancers with no evidence of the historical cancer – but having a new primary cancer diagnosis or undergoing treatment for a different primary cancer) are not required to have the Core CS Data Items coded. However, the minimal historical case will be required to have a SEER Summary Stage 2000 assigned and entered in the “historical grid” that is sent to FCDS.

Required Core CS Data Items (Cancers diagnosed 1/1/2004 thru 12/31/2015)

- *CS Tumor Size* (NAACCR Item #2800)
- *CS Extension* (NAACCR Item #2810)
- *CS Tumor Size/Ext Eval* (NAACCR Item #2820)
- *CS Lymph Nodes* (NAACCR Item #2830)
- *CS Reg Lymph Nodes Eval* (NAACCR Item #2840)
- *Regional Lymph Nodes Examined* (NAACCR Item #830)
- *Regional Lymph Nodes Positive* (NAACCR Item #820)
- *CS Mets at DX* (NAACCR Item #2850)
- *CS Mets Eval* (NAACCR Item #2860)

CS SITE-SPECIFIC FACTORS: CS Site-Specific Factors 1-25 were required for all cancers with an exception made for Minimal Historical Cases.

2018 Site-Specific Data Items (SSDI): An “SSDI” is a site-specific data item. “Site” in this instance is based on the primary site, the histologic type or histology of the tumor, the AJCC Chapter, Summary Stage Chapter and the EOD Schema. SSDIs were preceded by Collaborative Stage Data Collection System Site-Specific Factors or SSFs, which were first introduced in 2004 with CSv1, and went through major revisions in 2010 with Collaborative Stage v2 (CSv2). The CS SSFs were discontinued as of 12/31/2017.

SSDIs have their own data item name and number and can be collected for as many sites/chapters/schemas

as needed. Each Site-Specific Data Item (SSDI) applies only to selected schemas. SSDI fields should be blank for schemas where they do not apply. Please refer to the SSDI Manual for SSDI definitions, rationale, and coding instructions. Comparison of SSDI to SSF is not advised due to differences in coding over time.

The most current (2023 – version 3) SSDI and Grade Coding Manuals and Tools are available on the NAACCR Website @ <https://apps.naacr.org/ssdi/list/>

FCDS requires only a subset of the SSDIs documented in the SSDI Manual. FCDS requires all SSDIs that are ‘required for staging’ or ‘prognostically significant’ according to AJCC, NPCR, and SEER reviews. Commission on Cancer accredited cancer programs require all the SSDIs documented in the SSDI Manual. FCDS only requires those SSDIs required by the CDC/NPCR and listed in the table below – also listed in Appendix G. New additions to SSDI Required are highlighted in yellow with red printing. Please note that HER2 Overall Summary is now required for 2021> for esophagus and stomach in addition to breast cancers.

FCDS Requires the Following SSDIs for Cases Diagnosed/Treated 2018 and Forward

Core/Derived	Item #	Item Name	Length	Start Date
C	1068	Grade Post Therapy Clin (yc)	2	2021
D	3800	Schema ID	5	2018
C	3816	Brain Molecular Markers	2	2018
C	3817	Breslow Tumor Thickness	4	2018
C	3827	Estrogen Receptor Summary	1	2018
C	3829	Esophagus and EGJ Tumor Epicenter	1	2022
C	3835	Fibrosis Score	1	2018
C	3838	Gleason Patterns Clinical	2	2021
C	3839	Gleason Patterns Pathological	2	2021
C	3840	Gleason Score Clinical	2	2021
C	3841	Gleason Score Pathological	2	2021
C	3842	Gleason Tertiary Pattern	2	2021
C	3843	Grade Clinical	1	2018
C	3844	Grade Pathological	1	2018
C	3845	Grade Post Therapy Path (yp)	1	2018
C	3855	HER2 Overall Summary (breast)	1	2018
C	3890	Microsatellite Instability (MSI)	1	2018
C	3915	Progesterone Receptor Summary	1	2018
C	3920	PSA (Prostatic Specific Antigen) Lab Value	5	2018
C	3932	LDH Lab Value	7	2018
C	3956	P16 (cervix, anus)	1	2023
C	3960	Histologic Subtype (appendix)	1	2023

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SEER*RSA - GO TO: <https://seer.cancer.gov/tools/staging/rsa.html>

SEER SUMMARY STAGE 2018 General Coding Instructions – Required for ALL Cancers

Refer to the most current version of the *SEER Summary Summary Stage 2018 General Coding Instructions* for site-specific coding instructions. The most current version was published September 2020. **Always use the latest version.** This manual is online at <https://seer.cancer.gov/tools/ssm/>.

SEER Summary Stage is based on a combination of imaging, pathologic, operative and clinical assessments. Gross observations at surgery are particularly important when all malignant tissue is not removed. In the event of a discrepancy between pathology and operative reports concerning excised tissue, priority is given to the pathology report.

SEER Summary Stage 2018 is based on all information available through completion of surgery(ies) the first course of treatment or within four months of diagnosis in the absence of disease progression, whichever is longer. This includes clinical, imaging, diagnostic, pathological, operative, and other info.

Enter the SEER Summary Stage 2018 at the Time of Initial Diagnosis of the reportable tumor using the most current version of the *SEER Summary Staging Manual 2018 version 3* published October 2022.

CODES	DEFINITIONS
0	<i>in situ</i>
1	Local
2	Regional/Direct Extension
3	Regional/Nodes Only
4	Regional/Direct Extension & Nodes
7*	Distant/Systemic Disease
8**	Benign/Borderline Brain Tumor
9***	Unknown, Unstaged, Not Applicable, NED, Unknown Primary

*The following malignancies must have summary stage at diagnosis = 7.

- Leukemia
- Plasma Cell Myeloma
- Reticuloendotheliosis
- Letterer-Siwe Disease
- Myelodysplastic Syndrome

** all benign/borderline brain and central nervous system tumors stage = 8

***all unknown primaries (C80.9) must have summary stage at diagnosis = 9.

SEER*RSA (Registrar Staging Assistant) Website is a Tremendous Resource to assist Registrars in understanding, coding, testing and learning about Cancer Staging, Staging Schema Criteria, Site Specific Data Items, SEER Extent of Disease Coding (EOD), Collaborative Stage Data Collection System and the Collaborative Stage Site Specific Factors. This is a wonderful resource highly recommended by FCDS to assist registrars in understanding how to associate staging criteria and codes to specific cancer types, histologic types, staging and grading schema, and site-specific requirements.

GO TO: <https://seer.cancer.gov/tools/staging/rsa.html>

TREATMENT INFORMATION

The Treatment Information section includes the set of data items used to describe how the cancer or tumor was treated. FCDS only collects the “**First Course of Treatment.**” This concept is described and reinforced throughout the chapter. Treatment must be fully documented whether given at your facility or any other facility or per history. This provides FCDS with a more complete picture of the patient’s entire cancer treatment experience from the time of first diagnosis through recurrence/progression until death.

Cancers can be treated using many different means including surgery, radiation therapy, chemotherapy, hormones, biological response modifiers and even unconventional or unproven methods. Within each of these broad categories of treatments are many finer designations of specific treatment types. This section helps to categorize cancer directed therapies by type and specific method. Please document any and all treatment given throughout the patient’s course of disease. Only code the First Course of Treatment.

The SEER Site-Specific Coding Modules are an excellent resource for registrars. The 2023 SEER Coding and Staging Manual includes the Site-Specific Coding Modules as Appendix C of the manual. Download SEER Appendix C at <https://seer.cancer.gov/manuals/2021/appendixc.html>

This Appendix brings together the site-specific instructions needed to abstract a case, facilitating efficiency and accuracy. The site-specific coding modules include SEER coding guidelines; equivalent terms, definitions, tables, charts and illustrations; multiple primary rules; histology coding rules; stage coding instructions and surgery of primary site codes. .

Data Items Included In This Section:

<u>NAACCR Item Number</u>	<u>Item Name</u>
1290	Rx Summ – Surg Prim Site (03-22)
1291	Rx Summ – Surg Prim Site (2023) - NEW
1292	Rx Summ – Scope Regional Lymph Node Surgery
1294	Rx Summ – Surgery of Oth Reg/Dis
1200	Date of First Surgical Procedure
3170	Rx Date – Date of Most Definitive Surgical Procedure
1340	Reason for No Surgery
1380	Rx Summ – Surg/Rad Seq
1506	Phase I Radiation Treatment Modality
1210	Rx Date – Radiation
1430	Reason for No Radiation
2620	Rx Text – Radiation (Beam)
2630	Rx Text – Radiation Other
1639	Rx Summ – Systemic Surg Seq
1390	Rx Summ – Chemo
1220	Rx Date – Chemo
2640	Rx Text – Chemo
1400	Rx Summ – Hormone
1230	Rx Date – Hormone
2650	Rx Text – Hormone
1410	Rx Summ – BRM/Immunotherapy
1240	Rx Date – BRM/Immunotherapy
2660	Rx Text – BRM
1420	Rx Summ – Other
1250	Rx Date – Other
2670	Rx Text – Other
3250	Rx Summ – Transplnt/Endocr
1285	Rx Summ--Treatment Status

NO TREATMENT IS DIFFERENT THAN ACTIVE SURVEILLANCE
NO TREATMENT IS DIFFERENT THAN WATCH AND WAIT
ACTIVE SURVEILLANCE IS DIFFERENT THAN WATCH AND WAIT

Active Surveillance or Watchful Waiting

Is there a difference? YES

Cancer Registries started recording the data item “Treatment Status” back in 2010. This was the first time we were given an opportunity or a place to record ‘active surveillance/watchful waiting’ for prostate cancers. It had been nearly 20 years since the PSA became a ‘first-line screening test’ for prostate cancer. Population-Based Screening Guidelines were developed and promoted as the way to find prostate cancer early and to treat it definitively when found. These screening guidelines were adopted far and wide resulting in improved survival and mortality. PSA Screening was a huge success.

During the years 1990-2010 many thousands of men were screened for prostate cancer with the combination of PSA and DRE (digital rectal examination). And, many thousands of prostate cancers were identified and treated with prostatectomy and/or radiation therapy.

PSA Screening resulted in the identification of many cancers (early and late stage), treatment of many cancers (early and late stage), and these in turn helped to improve survival and mortality for prostate cancers across the board. But, at the same time we were improving survival and mortality from prostate cancer, we were also learning more about the risk versus benefit of finding and treating early cancers based on an elevated PSA.

By the early 2010s, population-based PSA screening was being called into question because of concerns that the benefits of screening may not justify the risks of overdiagnosis and overtreatment of potentially harmless prostate cancers. Were we really improving and extending the lives of all men diagnosed and treated for their prostate cancer? Or, were we finding and treating far more prostate cancers than needed treatment for their disease (overdiagnosis and overtreatment)? And, was that a negative risk?

So, our research began to focus on trying to find a balance between the benefits of treatment for early diagnosis and the potential harms of overtreatment (providing treatment when it would not truly benefit the patient by extending his life or improving his life – only treat the cancer). This was accomplished by identifying strategic ‘risk groups’ for treatment stratification. And then modifying screening guidelines based on the best treatment options available for these strategic risk groupings.

The current Prostate Cancer Risk Groups are based on a combination of the PSA prior to biopsy, the Gleason Score and Grade, and the expected lifetime of the patient. Treatment has become more individualized and ‘very early’ prostate cancer patients are now given the option of receiving treatment or not receiving treatment based on the overall profile of their cancer. This all depends on the risk group they fall into. Additionally, screening guidelines changed multiple times between 1990-2020.

So now we have a group of individuals who may be prescribed a ‘watch and wait’ approach or an ‘active surveillance’ approach to treatment. Both approaches delay treatment of the cancer. But the differences are somewhat nuanced. Unfortunately, cancer registrars only have 1 code under Treatment to document both ‘watch and wait’ and ‘active surveillance’ – but, the two approaches are different.

“Active Surveillance” involves actively monitoring the course of disease with the expectation to intervene with curative intent if the cancer progresses. Life expectancy is a key determinant when deciding on ‘active surveillance’ as the primary treatment plan. These would be younger patients with

life expectancy greater than 10 years and with very low risk disease. Some patients with intermediate risk disease and a life expectancy greater than 10 years may opt for 'active surveillance' as well. The intent is to begin treatment to cure the patient once the cancer begins to show signs of progression.

A patient in "Active Surveillance" will have frequent PSA (at least once every 6 months), DRE (at least once a year), repeat biopsy at least once a year, repeat imaging at least once a year, etc. There is a schedule to the activities used to surveil or keep an active eye on the cancer for signs of progression. This is a decision to delay curative treatment.

"Watch and Wait" on the other hand is just 'Observation'. Observation or 'NO TREATMENT' is the treatment of choice when a patient has a life expectancy less than 10 years and has low to very high risk of disease progression or already has regional or metastatic prostate cancer and a life expectancy less than 5 years. Treatment of any kind is postponed until the patient becomes symptomatic. Once the patient becomes symptomatic, he may qualify for definitive therapy or for palliative care depending on the progression and re-stage of disease and patient choice to treat or not to treat. But, the patient with a shorter life expectancy can avoid the possible side effects of unnecessary confirmatory testing and definitive therapy when he undergoes a true 'watch and wait' plan to treat only once symptoms occur.

"No therapy" is different than "active surveillance." "No therapy" or "No treatment" is a treatment option that occurs if the patient refuses treatment, the family or guardian refuses treatment, the patient dies before treatment starts, or the physician recommends no treatment be given. "No Treatment" may be the best option for very advanced and rapidly progressive neoplasms or patients with untreatable cancer. These patients are often referred directly to Hospice with no anti-neoplastic therapy recommended. If the patient refuses all treatment, code "patient refused" (Code 7 or 87) for all treatment modalities.

TREATMENT INFORMATION – DO NOT USE CODE 99 FOR ANY TREATMENT

TREATMENT – 99 or 00 -- Treatment was either performed, not performed, recommended or refused. You may not know recommended/refused. It should never be coded as 99 unknown if performed. Do not guess if treatment was performed or not. Do not presume treatment should have been recommended based on published Treatment Guidelines. Treatment Recommended or Refused **MUST** be documented in the medical record **AND** it must be coded in the required treatment data item. These instructions are for analytic or non-analytic cases. You can look on the H&P to identify surgery or other treatment performed for a patient with recurrence or progression of their disease – read the history – do not guess.

You code only First Course Treatment. You document Subsequent Treatment(s). If you do not know if a treatment was recommended, refused, performed or not performed – then you assign treatment code = 00 not done. In other words - Code any treatment performed, recommended and refused – regardless of where it was done or how complete your information is. Below is a bulleted list that should help anybody when coding treatment of any type.

- First Course Treatment Must Be Coded
- Subsequent Treatment Must Be Documented
- If you do not know if a treatment was performed, recommended or refused – code 00 (no treatment)
- Treatment ‘99’ is not a placeholder for treatment that ***might have been*** done, recommended or refused
- Do not guess if treatment was done, recommended or refused.
- Do not code treatment recommended based on registrar’s interpretation of treatment guidelines – registrar does not recommend treatment.
- Treatment performed, recommended or refused must be stated in the medical record by a physician or by evidence of treatment in the record.
- You should both document and code any treatment given/recommended/refused – and where it was done if you know.
- There are NOS codes for any type of treatment performed – but, you must have statement that treatment was actually performed.
- If a treatment was performed – per history at another facility or at your facility – you code it – even if you have to code xyz treatment, NOS.
- There are treatment recommended codes for all types of treatment...albeit in different fields in some cases such as Surgery and Radiation.
- There are treatment refused codes for all types of treatment...same as above – in different fields in some cases such as Surgery and Radiation.

DEFINITION OF FIRST COURSE OF TREATMENT

The first course of treatment includes all methods of treatment recorded in the treatment plan and administered to the patient before disease progression or recurrence.

“Active surveillance” is a form of planned treatment for some patients; its use is coded in the RX Summ – Treatment Status item. Active Surveillance is often used with low grade, slow growing, early stage cancers that may not need to be treated right away. The cases are monitored over time to see if they progress. If progression is noted, treatment is started. But, the first course of therapy is ‘surveillance’.

Note: “Active Surveillance” may also be called “Watchful Waiting”.

However, “Watchful Waiting” is actually different than “Active Surveillance”. In Watchful Waiting the patient is being followed for signs and symptoms of progression of disease or clinical progression. These are more often late stage cancers that may not be treated until they become symptomatic.

“Observation” can be either “Active Surveillance” or “Watchful Waiting” depending upon the intent.

“No therapy” is different than “active surveillance.” “No therapy” or “No treatment” is a treatment option that occurs if the patient refuses treatment, the family or guardian refuses treatment, the patient dies before treatment starts, or the physician recommends no treatment be given. “No Treatment” may be the best option for very advanced and rapidly progressive neoplasms or patients with untreatable cancer. These patients are often referred directly to Hospice with no anti-neoplastic therapy recommended. If the patient refuses all treatment, code “patient refused” (Code 7 or 87) for all treatment modalities.

Maintenance therapy given as part of the first course of planned therapy (example: maintenance chemo for leukemia) is part of the planned first course treatment. Patients receiveing maintenance therapy are analytic cases for the state and for facility and are reportable.

Question: Patient was initiated on FOLFOX and after 5 cycles was discontinued due to intolerance. The patient was then switched to FOLFIRI. Since this added a different drug, would this be considered a change from the initial treatment plan and considered subsequent treatment?

Answer: The reference you are looking for is in the SEER Program Coding and Staging Manual (SEER is the originator of SEER*Rx). You will not find a reference in the STORE or in any other reference manual – so hang on to this reference – we will try to remember to put it into the 2023 FCDS DAM so we have it in our documentation, also. See Section VII: First Course of Therapy on pages 210 and 211 of the 2022 SEER Program Coding and Staging Manual – and you also must reference SEER*Rx to identify the Subcategory of the Chemotherapy for Oxaliplatin and Irinotecan to confirm answer.

Oxaliplatin is Subcategory Platinum Analog and Irinotecan is Subcategory Topoisomerase Inhibitor. The change in the Subcategory of chemotherapy (found in SEER*Rx) indicates they do not belong in the same ‘group’ or ‘subcategory’. So, when they changed from FOLFOX to FOLFIRI – they swapped out 1 drug in 1 subcategory for a different drug in a different subcategory. Therefore, the First Course of Therapy ended when they started the FOLFIRI and the Irinotecan...even when the reason for the switch is because the patient cannot tolerate the original agent. It doesn’t matter how many cycles of FOLFOX the patient got. Once they switched to FOLFIRI – they changed the

TREATMENT PLAN

A treatment plan describes the type(s) of therapies intended to modify, control, remove, or destroy proliferating cancer cells. The documentation confirming a treatment plan may be found in several different sources; for example, medical or clinic records, consultation reports, and outpatient records.

- A discharge plan must be part of the patient record in a JCAHO-accredited hospital and may contain all or only part of the full treatment plan for any given patient.
- All therapies specified in the physician(s) treatment plan(s) are a part of the first course of treatment if they are actually administered to the patient.
- An established protocol or accepted treatment management guideline for the type of cancer an individual is receiving treatment may also be used as a treatment plan when available. These may also be referred to as treatment guidelines. Treatment guidelines may be local to your institution, protocol-specific, or may be published national guidelines such as the NCCN Treatment Guidelines.
- If there is no treatment plan, established treatment protocol, or treatment management guidelines (local or national), and a consultation with a physician advisor is not possible, use the principle: “initial treatment must begin within four months of the date of initial diagnosis.”

DEFINITION OF NON-CANCER DIRECTED THERAPY

Patients receiving treatment for supportive care (non-curative treatment) and/or palliative care ARE also required to be reported to FCDS. They still have active cancer – they are just not being treated for it. Patients receiving supportive/palliative care enter a facility with clear evidence of cancer (evidence of disease on admission). While the treatment given in hospice or for palliative care is not designed to cure the patient, the patient does have evidence of cancer and may be given cancer-directed treatment, but with the intent of alleviating symptoms and/or pain control, but there is no intent to cure the patient.

Anti-neoplastic therapy used to treat symptoms is still recorded in the abstract as ‘treatment’.

Pain control with narcotics or other methods can be recorded in the abstract. However, it is not coded.

These non-cancer directed therapies are designed to prolong a patient’s life, alleviate pain, or make the patient comfortable. They are not meant to cure the cancer, destroy the tumor, control the tumor, or delay the spread of disease. These treatments include diagnostic test, palliative care, and supportive care.

The term “palliative” may be used in different context: (a) as meaning non-curative and (b) as meaning the alleviation of symptoms. Thus, some treatments termed palliative fall within the definition of cancer directed treatment and some treat the patient but not the cancer. For example, radiation therapy to bony metastases is considered cancer directed treatment because in addition to alleviating pain, the radiation also kills cancer cells in the bone.

Palliative care description: This treatment qualifies the patient as analytic if it is given as part of the planned first course of treatment.

Time period for First Course of Treatment (in order of precedence)

1. If there is a documented, planned first course of treatment, first course ends at the completion of this treatment plan, regardless of the duration of the treatment plan.
2. If the patient is treated according to a facility or published national standard of practice, first course

ends at the completion of the treatment.

3. If there is no documentation of a planned first course of treatment or standard of practice, first course of treatment includes all treatment received before disease progression or treatment failure. If it is undocumented whether there is disease progression/treatment failure and the treatment in question begins more than one year after diagnosis, assume that the treatment is not part of first course.
4. If a patient refuses all treatment modalities and does not change his/her mind within a reasonable time frame, or if the physician opts not to treat the patient, record that there was no treatment in the first course.
5. When a patient only receives palliative care as first course of therapy – please code the palliative therapy as first course of therapy. Do not exclude palliative therapy as treatment. It is treatment.

TREATMENT DEFINITIONS – not in alphabetical order

Active Surveillance – See Watchful Waiting – It is different than a decision not to treat – No Treatment.

Surgery: First course surgery items describe the most definitive type of surgical treatment the patient received from any facility, when it was performed, and its efficacy. When no surgical treatment is given, the reason is recorded. Please be sure to attribute where each procedure was performed, whether it was at your facility or at another facility and if at another facility, note where if known. Multiple surgical treatment data items exist to describe the extent of surgical resection directed at the primary tumor, regional lymphatics, and/or other distant locations from the primary tumor. It is also important to record when no surgery is performed, when other treatments precede surgery (neoadjuvant) and what, where, and when each surgical procedure is performed – to the best of your ability.

Surgical Procedure: Any surgical procedure coded in the fields Surgery of Primary Site, Scope of Regional Lymph Node Surgery, or Surgery of Other Regional or Distant Sites.

Ablation of the primary tumor: Ablation is the treatment of and removal of a part of [biological tissue](#) (primary tumor), traditionally by [surgery](#) but more recently using a wide variety of techniques, the newest of which is to use a catheter to target the tumor for ablation which improves outcome and reduces effects on surrounding tissues. These techniques provide minimally invasive treatment to a primary tumor for early stage disease or can be used for local control of metastatic tumor that might bleed or cause other symptoms in patients with advanced disease and can be used for a wide variety of cancers in many locations.

Electrocautery was the first type of ablation used to vaporize tumors in the bladder for example when TURBT was performed – it is still used today. But, today they call it radiofrequency ablation rather than electrocautery when it is the technique used to destroy tumor.

Thermal techniques are generally classified as “ablative” and include radiofrequency, laser, microwave, cryotherapy, and high intensity focused ultrasound.

Ablative techniques do not effect a lot of the surrounding tissue and can be an alternative to surgery for more and more types of cancers. Typical tumors where ablation is a viable option include lung, bladder, kidney, liver, and skin cancers.

RFA or radiofrequency ablation is one of the ablative techniques that is coded under ‘surgery of primary site’ – as long as it is ablation of the primary tumor and not a metastatic tumor.

When any type of ablative technique is used to treat a metastatic tumor(s) - the procedure is often not coded for some reason – it should be but it is often missed.

Most tumors treated with ablation are small (<3cm) and accessible to the probes needed to reach the tumor – 2 major factors in deciding on this treatment type.

All forms of Thermal Tumor Ablation (cold and heat) are coded in the Surgery of Primary Site data item using Code Range 10-19.

Liver ablation is probably the most often ablation technique used and reported as ‘ablation’ alone – some cancers have cautery thermal ablation as part of another procedure such as TURBT, TURP.

But, we also do see tumor ablation for bladder, lung, skin, liver, pancreas, kidney, and even some sarcomas.

And, there is ‘no specimen is sent to pathology’ but there is ‘local tumor destruction’ – most use heat from some source...but the source varies.

There are other forms of thermal ablation that are a part of the ‘ablation’ group:

- Radiofrequency ablation (RFA) – high frequency electrical current ablation – can be monopolar or multipolar,
- Traditional electrocautery,
- Laser ablation,
- Microwave ablation,
- High-intensity focused ultrasound (HIFU) ablation,
- Cryoablation (cold not heat),
- Surface ablation (skin),
- Photodynamic therapy (lung and bladder),
- Percutaneous ethanol injection,
- Acetic acid injection,
- Irreversible electroporation (IRE) (electrical pulse but not considered thermal ablation)

Tumor Embolization (of primary tumor and/or metastasis)

The term *embolization* refers to the intentional blocking of an artery or vein. The mechanism and the reason for embolization determine how and whether it is to be recorded. “Embolization” is a procedure performed to create an embolus, a blocked or hardened blood vessel, and is used to shut down blood flow and blood supply to the primary tumor or to metastasis. Embolization can include injection of a chemical like alcohol or a chemo agent to sclerose or harden key blood vessel(s) and may even trap chemo behind the embolus; or can be performed by injecting a foreign material or substance like coils or radioactive beads to block the artery and prevent any blood flow to the tumor.

Embolization may follow tumor ablation using RFA or other techniques to further treat the tumor or metastases – code both if this is the case.

Types of Embolization Include:

- Chemo-Embolization – Uses Chemotherapy Agent(s) – TACE (transcatheter arterial chemoembolization) is an image-guided, minimally invasive procedure for the delivery of chemotherapeutic drugs directly to the tumor. Code as chemotherapy when the embolizing agent(s) is a chemotherapeutic drug(s). Use SEER*RX to determine whether the drugs used are classified as chemotherapeutic agents. Do Not Code the method of delivery.
- Alcohol-Embolization – Uses Alcohol
- Radioactive Beads/Spheres
- Artificial Embolus – plastic or metal coils, foam, other plugs
- Treatment Code Will Depend on Type of Embolization

Chemoembolization is a procedure in which the blood supply to the tumor is blocked surgically or mechanically and anticancer drugs are administered directly into the tumor. This permits a higher concentration of drug to be in contact with the tumor for a longer period of time.

Code chemoembolization as Chemotherapy when the embolizing agent(s) is a chemotherapeutic drug(s) or when the term chemoembolization is used with no reference to the agent.

Use SEER*Rx Interactive Drug Database (<http://seer.cancer.gov/>) to determine whether the drugs used are classified as chemotherapeutic agents.

Also code as Chemotherapy when the patient has primary or metastatic cancer in the liver and the only information about embolization is a statement that the patient had chemoembolization, tumor embolization or embolization of the tumor in the liver.

If alcohol is specified as the embolizing agent, even in the liver, code the treatment as Other Therapy.

Radioembolization is embolization combined with injection of small radioactive beads or coils into an organ or tumor.

Code Radiation Modality as radioisotope when tumor embolization is performed using a radioactive agent or radioactive seeds such as Yttrium 90. This is actually a low-dose or high-dose brachytherapy technique using a radioisotope modality to deliver the radiation dose. See STORE for more info.

Embolization is coded as Other Therapy (code 1) if the embolizing agent is alcohol, or if the embolized site is other than the liver and the only information in the record is that the patient was given “embolization” with no reference to the agent.

Do not code pre-surgical embolization of hypervascular tumors with particles, coils or alcohol. These presurgical embolizations are typically performed to make the resection of the primary tumor easier. Examples where pre-surgical embolization is used include meningiomas, hemangioblastomas, paragangliomas, and renal cell metastases in the brain.

Systemic Therapy: Systemic therapy encompasses the treatment modalities captured by the data items chemotherapy, hormone therapy, and immunotherapy. These may be given alone or in combination and may include bone marrow or stem cell transplant procedure following completion of systemic treatments. Systemic therapies are often delivered in treatment cycles, either alone or in combination with other agents. If a patient has an adverse reaction to one or more of the agents, the physician may decide to change one or more of the agents to better accommodate the clinical status of the patient. When this occurs and the replacement agent is in the same treatment category as the original agent, there is no change in the original treatment plan and all therapy should be coded. However, if the agent changes class of drugs or the entire protocol is changed, or if the patient exhibits progression of disease while being treated with the initial agent(s), any new agent(s) would not be included as part of the first course of treatment but should be documented in the abstract as subsequent therapy. Systemic agents may be administered via a variety of routes including IV administration, oral administration, intrathecal administration (directly into the cerebrospinal canal), intraperitoneal/intrapleural/intrapericardial agents are injected into the peritoneal space, pleural space, or pericardial space, and using other means.

Radiation Therapy: Radiation therapy uses high-energy radiation to shrink tumors and kill cancer cells. X-rays, gamma rays, and charged particles are types of radiation used for cancer treatment. The radiation may be delivered by a machine outside the body (external-beam radiation therapy), or it may come from radioactive material placed in the body near cancer cells (internal radiation therapy, also called brachytherapy). Systemic radiation therapy uses radioactive substances, such as radioactive iodine, that travel in the blood to kill cancer cells. Radiation therapy is sometimes given with curative intent (that is, with the hope that the treatment will cure a cancer, either by eliminating a tumor, preventing cancer recurrence, or both). In such cases, radiation therapy may be used alone or in combination with surgery, chemotherapy, or both. Radiation therapy may also be given with palliative intent. Palliative treatments are not intended to cure. Instead, they relieve symptoms and reduce the suffering caused by cancer.

Neoadjuvant Therapy: Neoadjuvant Therapy is Treatment given as a first step to shrink a tumor before the main treatment, which is usually surgery, is given. Examples of neoadjuvant therapy include radiation

therapy, and systemic therapies such as chemotherapy, biological therapies, and hormone therapy. It is a type of induction therapy. Neoadjuvant therapies have become a mainstay for a number of common cancer types and under certain pre-surgical conditions to improve patient outcomes. Cancer Sites often receiving neoadjuvant therapy include but are not limited to: breast, rectum, lung, brain, stomach, etc.

Adjuvant Therapy: Adjuvant therapies are therapies delivered after the primary treatment of a cancer, usually surgery, and may include radiation, chemotherapy, biological therapy, immunotherapy, hormonal therapy, targeted therapy or any combination of these treatments. Adjuvant therapy usually refers to surgery followed by chemo- or radiotherapy to help decrease the risk of the cancer recurrence/progression

Palliative Care: Palliative care is provided to prolong the patient's life by controlling symptoms, to alleviate persistent pain, or to make the patient comfortable. Palliative care provided to relieve symptoms may include surgery, radiation therapy, systemic therapy (chemotherapy, hormonal therapy, or other systemic agents), and/or other pain management therapy. Patients receiving palliative care are reportable to FCDS. This treatment may or may not be coded as part of first course of therapy.

Treatment Failure: The treatment modalities did not destroy or modify the cancer cells. The tumor either became larger (disease progression) or stayed the same size after treatment.

Recurrence: The patient must have had a disease-free interval or remission (the cancer was not clinically evident). Following a disease-free interval, there is documentation that the initial/original tumor gave rise to the later tumor.

Progression: Tumor Progression is characterised by increased growth speed and invasiveness of the tumor cells. As a result of the progression, phenotypical changes occur and the tumor becomes more aggressive and acquires greater malignant potential.

Watchful Waiting: A treatment option for patients with slow, indolent diseases, such as prostate cancer and chronic lymphocytic leukemia (CLL). The physician closely monitors the patient and delays treatment until the patient becomes symptomatic or there are other signs of disease progression, such as rising PSA. If treatment is given for symptoms/disease progression after a period of "watchful waiting," this treatment is not considered part of first course. For example, if a physician and patient choose a "wait and watch" approach to prostate cancer or chronic lymphocytic leukemia and the patient becomes symptomatic, consider the symptoms to be an indication that the disease has progressed and that any further treatment is not part of first course. This is different than a decision not to treat – No Treatment.

Coding Instructions

1. When physician decides to do watchful waiting for a patient who has prostate cancer, the first course of therapy is no treatment. Code all of the treatment fields to 00, not done. When the disease progresses and the patient is symptomatic; any prescribed treatment is second course.
2. When the patient refuses treatment the first course of therapy is no treatment. Code the treatment fields to refused. If the patient later changes his/her mind and decides to have the prescribed treatment code:
 - a. Code the treatment as first course of therapy if it has been less than one year since the cancer was diagnosed and there has been no documented disease progression.
 - b. Code the treatment as second course of therapy if it has been more than one year since the original cancer was diagnosed or if there has been documented disease progression.
 - c. Code all treatment that was started and administered.

Example: The patient completed only the first dose of a planned 30 day chemotherapy regimen. Code chemotherapy as administered.

3. If a patient has multiple primaries and the treatment given for one primary also affects/treats the other primary, code the treatment for both primary sites.

Example 1: The patient had prostate and bladder cancer. The bladder cancer was treated with a TURB. The prostate cancer was treated with radiation to the prostate and pelvis. The pelvic radiation includes the regional lymph nodes for the bladder. Code the radiation as treatment for both the bladder and prostate cases.

Example 2: The patient had a hysterectomy for ovarian cancer. The pathology report reveals a previously unsuspected microinvasive cancer of the cervix. Code the hysterectomy as surgical treatment for both the ovarian and cervix primaries.

4. If a patient has multiple primaries and the treatment given affects only one of the primaries, code the treatments only on the site that is affected.

Example: The patient has colon and tonsil primaries. The colon cancer is treated with a hemicolectomy and the tonsil primary is treated with radiation to the tonsil and regional nodes. Do not code the radiation for the colon. Do not code the hemicolectomy for the tonsil.

5. If a patient is diagnosed with an unknown primary, code the treatment given as first course even if the correct primary is identified later.

Example: The patient is diagnosed with metastatic carcinoma, unknown primary site. After a full course of chemotherapy, the primary site is identified as prostate. Hormonal treatment is started. Code the chemotherapy as first course of treatment. The hormone therapy is second course.

DEFINITIONS OF FIRST COURSE OF TREATMENT - Leukemia And Hematopoietic Diseases

LEUKEMIA

The first course of treatment includes all therapies planned and administered by the physician(s) during the first diagnosis of leukemia. Record all remission-inducing or remission-maintaining therapy as the first course of treatment. Treatment regimens often include multiple modes of therapy. The administration of these therapies can span up to a year or longer.

A patient may relapse after achieving a first remission. All therapy administered after a relapse is not counted as first course of treatment. It is referred to as secondary or subsequent therapy.

Leukemia is grouped or typed by how quickly the disease develops and gets worse. Chronic leukemia gets worse slowly. Acute leukemia gets worse quickly.

Leukemia is also grouped by the type of white blood cell that is affected. The groupings are: lymphoid leukemia and myeloid leukemia.

DEFINITIONS

Induction: Initial intensive course of chemotherapy.

Consolidation: Repetitive cycles of chemotherapy given immediately after the remission.

Maintenance: Chemotherapy given for a period of months or years to maintain remission.

“Maintenance treatment given as part of the first course of planned treatment (for example, for leukemia) is first course treatment, and cases receiving that treatment are analytic.”

Remission: The bone marrow is normocellular with less than 5% blasts, there are no signs or symptoms of the disease, no signs or symptoms of central nervous system leukemia or other extramedullary infiltration, and all of the following laboratory values are within normal limits: white blood cell count and differential, hematocrit/hemoglobin level, and platelet count.

Treatment for leukemia is divided into three phases:

1. Remission induction (chemotherapy and/or biologic response modifiers)
2. CNS prophylaxis or consolidation (irradiation to brain, chemotherapy)
3. Remission continuation or maintenance (chemotherapy or bone marrow transplants).

Coding First Course of Therapy for Leukemia and Hematopoietic Diseases:

When precise information permits, the first course of definitive treatment is to be related to the first “remission” as follows. If a patient has a partial or complete remission during the first course of therapy:

- Code all therapy that is “remission-inducing” as first course. All definitive therapy considered as “remission-inducing” for the first remission.
- Code all therapy that is “consolidation” as first course.
- Code all therapy that is “remission-maintaining” as first course.

All definitive therapy considered as “remission-maintaining” for the first remission, i.e., maintenance chemotherapy, or irradiation to the central nervous system.

Note: Do not record treatment given after the patient relapses (is no longer in remission).

Some patients do not have a remission.

A change in the treatment plan indicates a failure to induce remission. If the patient does not have a remission:

- Record the treatment given in an attempt to induce remission.
- Do not record treatment administered after the change in treatment plan.

OTHER HEMATOPOIETIC

Record all treatments as described above. The following treatments are coded as “other” in Other Treatment even though they do not "modify, control, remove, or destroy proliferating cancer tissue."

Aspirin (also known as ASA, acetylsalicylic acid, or by a brand name) is coded as a treatment for essential thrombocythemia - ONLY. **DO NOT CODE aspirin as “other treatment” for any site EXCEPT Essential Thrombocythemia.**

Only record aspirin therapy for essential thrombocythemia when it is given to thin the blood for symptomatic control. Use the following guidelines to determine whether aspirin is administered for thinning of blood for thrombocythemia rather than for pain control or cardiovascular protection:

- Aspirin treatment for essential thrombocythemia is low dose, approximately 70-100 mg/day
- The dosage for pain control is approximately 325-1000 mg every 3-4 hours.
- Cardiovascular protection starts at about 160 mg/day.

Phlebotomy (also known as blood removal, blood letting, or venesection) is coded as treatment for polycythemia vera - ONLY. **DO NOT CODE phlebotomy as “other treatment” for any condition EXCEPT Polycythemia Vera.**

Transfusions may include whole blood, RBCs, platelets, plateletpheresis, fresh frozen plasma (FFP), plasmapheresis, and cryoprecipitate. **DO NOT CODE transfusion as “other treatment” for any site.**

RX SUMM – SURG PRIM SITE (03-22)**NAACCR ITEM #1290**

Record surgery of the primary site for all cases using the Site-Specific Surgery Codes found in Appendix F. You must use the correct year-specific set of Surgery of Primary Site Codes based on the Date of Diagnosis (1981-2022 or 2023>).

Surgery to remove regional tissue or organs is coded in this field only if the tissue or organs are removed with the primary site in an en bloc resection. An en bloc resection is the removal of organs in one piece at one time. **DO NOT DOUBLE-CODE ANY SURGERY in more than one treatment field.** For example; do not code debulking under both Surgery of Primary Site and Surgery/Other/Reg/Distant. It is only one procedure – and the code under Surgery of Primary Site includes the other sites debulked.

Always code the most invasive surgical procedure for the primary site.

Code the most **invasive, extensive, or definitive** surgery if the patient has multiple surgical procedures of the primary site even if there is no tumor found in the pathologic specimen.

1. **FCDS will use Rx Summ – Surg of Primary Site (Item 1290) for all cases DX 1981-2022.**
2. **Item 1291 Rx Summ - Surg of Primary Site (2023) is for cases DX 2023 forward. The first character of the code is either an “A” or a “B” followed by 3 numbers. “B” indicates new codes. “A” indicates new format for the old code until it is reviewed – then the A’s become B’s with new codes and definitions. In 2023 only Skin Site Specific Surgery Codes have been revised.**
3. **BOTH Items (1290 and 1291) are included in the Appendix F - Site-Specific Surgery Codes.**
4. Once it is determined that cancer-directed surgery was performed, use the best information in the operative/pathology reports to determine the operative procedure. Do not depend on the name of the procedure since it may be incomplete.
5. If the operative report is unclear regarding what was excised or if there is a discrepancy between the operative and pathology reports, use the pathology report, unless there is a reason to doubt its accuracy.
6. If a surgical procedure removes the remaining portion of an organ, which had been partially resected previously for any condition, code as total removal of the organ.
7. A date field is also included to document the first date of any surgery performed.
8. If there is no indication anywhere in the patient’s medical record that surgery was either planned or performed enter **Surgery Rx Summary as 00 or A000/B000** – No Surgical Procedure.
9. There is no need to code any non-cancer-directed surgery performed (i.e., the patient had only a biopsy, exploratory or bypass surgery without resection of the primary or metastatic tumor).
10. If multiple primaries are excised at the same time, code the appropriate surgery for each site.

For example:

1. If a total abdominal hysterectomy was done for a patient with two primaries, one of the cervix and one of the endometrium, code each as having had a total abdominal hysterectomy.
2. If a total colectomy was done for a patient with multiple primaries in several segments of the colon, code total colectomy for each of the primary segments. Ignore the surgical approach when coding procedures. Ignore the surgical margins when coding procedures. Ignore the use of laser if used only for the initial incision.

3. Surgical procedures performed solely for the purpose of establishing a diagnosis/stage or for the relief of symptoms, and procedures such as brushings, washings, and aspiration of cells as well as hematologic findings (peripheral blood smears) are not considered cancer therapy.
4. Surgery for extranodal lymphomas should be coded using the schema for the extranodal site.

For example:

A lymphoma of the stomach is to be coded using the schema for stomach.

Record the most invasive, extensive surgical procedure performed during the first course of therapy (whether or not it was performed at your facility).

NOTE: Surgery for extranodal lymphomas should be coded using the schema for the extranodal site. Surgeries for all other primary cancers not listed above should be coded using the general surgery code schema for All Other Sites at the end of Appendix F.

RX SUMM – SURG PRIM SITE (2023)

NAACCR ITEM #1291

Codes starting with A indicate no significant change to the surgery code validation list. Codes starting with B indicates changes to the surgery code(s).

Rx Summ – Surg 2023 [1291] is a site-specific item that describes the most invasive extent of local tumor destruction or surgical resection of the primary site and of surrounding tissues or organs that are removed in continuity with the primary site.

The code ranges and corresponding descriptions for site-specific Surgical Procedure of Primary Site code are grouped according to the general nature of the procedure:

- Codes A100 through A190 are site-specific descriptions of tumor-destruction procedures that do not produce a pathologic specimen.
-
- Codes A200 through A800 are site-specific descriptions of resection procedures.
- The special code A980 applies to specific tumors that cannot be clearly defined in terms of primary/nonprimary site. Surgical Procedure of Primary Site should be coded A980 for any tumor characterized by the specific sites and/or morphologies identified in the site-specific code instructions for Unknown and Ill-Defined Primary Sites and Hematopoietic/ Reticuloendothelial/ Immunoproliferating/ Myeloproliferative Disease. The item Surgical Procedure/Other Site is used to indicate whether surgery was performed for these tumors.
- Response categories are defined in logical sequence. Within groups of codes, procedures are defined with increasing degrees of descriptive precision. Succeeding groups of codes define progressively more extensive forms of resection.

RX SUMM – SCOPE REG LN SUR

NAACCR ITEM #1292

This field describes the removal, biopsy, or aspiration of regional lymph node(s) at the time of surgery of the primary site or during a separate surgical event. Regional lymph node(s) are defined in numerous manuals. Please do not code distant lymph nodes removed in this data item. Also, please do not double-code lymph node surgery in both this field and the field Surgery Other Regional Distant Sites.

The following instructions should be applied to all surgically treated cases for all types of cancers. The treatment of breast and skin cancer is where the distinction between sentinel lymph node biopsies (SLNBx) and more extensive dissection of regional lymph nodes is most frequently encountered. For all other sites, non-sentinel regional node dissections are typical, and codes 2, 6 and 7 are infrequently used.

Assign Code = 1 when only an FNA or Core Biopsy of a Regional Lymph Node has been performed. This is not treated as ‘therapy’ any longer. So, when you code the Treatment Status Items, do not include Scope = 1 as ‘treatment given’ or consider Scope = 1 when determining sequence of Surgery with radiation therapy or systemic therapy (before or after surgery, etc). CoC finally recognized Scope = 1 is not a treatment, it is just an FNA or Core biopsy and has no anti-neoplastic effect on the cancer.

Code	Label	General Instructions Applying to ALL Sites	Additional Notes Specific for Breast (C50.x)
0	No regional lymph node surgery	No regional lymph node surgery.	
1	Biopsy or aspiration of regional lymph node(s)	Review the operative report of to confirm whether an excisional biopsy or aspiration of regional lymph nodes was actually performed. If additional procedures were performed on the lymph nodes, use the appropriate code 2-7.	Excisional biopsy or aspiration of regional lymph nodes for breast cancer is uncommon. Review the operative report of to confirm whether an excisional biopsy or aspiration of regional lymph nodes was actually performed; it is highly possible that the procedure is a SLNBx (code 2) instead. If additional procedures were performed on the lymph nodes, such as axillary lymph node dissection, use the appropriate code 2-7.
2	Sentinel Lymph Node Biopsy	<ul style="list-style-type: none"> The operative report states that a SLNBx was performed. Code 2 SLNBx when the operative report describes a procedure using injection of a dye, radio label, or combination to identify a lymph node (possibly more than one) for removal/examination. When a SLNBx is performed, additional non-sentinel nodes can be taken during the same operative procedure. These additional non-sentinel nodes may be discovered by the pathologist or selectively removed (or harvested) as part of the SLNBx procedure by the surgeon. Code this as a SLNBx (code 2). If review of the operative report confirms that a regional lymph node dissection followed the SLNBx, code these cases as 6. 	<ul style="list-style-type: none"> If a relatively large number of lymph nodes, more than 5, are pathologically examined, review the operative report to confirm the procedure was limited to a SLNBx and did not include an axillary lymph node dissection (ALND). Infrequently, a SLNBx is attempted and the patient fails to map (i.e. no sentinel lymph nodes are identified by the dye and/or radio label injection) and no sentinel nodes are removed. Review the operative report to confirm that an axillary incision was made and a node exploration was conducted. Patients undergoing SLNBx who fail to map will often undergo ALND. Code these cases as 2 if no ALND was performed, or 6 when ALND was performed during the same operative event Enter the appropriate number of nodes examined and positive in the data items <i>Regional Lymph Nodes Examined</i> (NAACCR Item #830) and

			<i>Regional Lymph Nodes Positive</i> (NAACCR Item #820).
3	Number of regional lymph nodes removed unknown or not stated; regional lymph nodes removed, NOS	<ul style="list-style-type: none"> The operative report states that a regional lymph node dissection was performed (a SLNBx was not done during this procedure or in a prior procedure). Code 3 (Number of regional lymph nodes removed unknown, not stated; regional lymph nodes removed, NOS). Check the operative report to ensure this procedure is not a SLNBx only (code 2), or a SLNBx with a regional lymph node dissection (code 6 or 7). 	Generally, ALND removes at least 7~9 nodes. However, it is possible for these procedures to remove or harvest fewer nodes. Review the operative report to confirm that there was not a SLNBx in addition to a more extensive regional lymph node dissection during the same procedure (code 6 or 7).
4	1-3 regional lymph nodes removed	<ul style="list-style-type: none"> Code 4 (1-3 regional lymph nodes removed) should be used infrequently. Review the operative report to ensure the procedure was not a SLNBx only. 	
5	4 or more regional lymph nodes removed	<ul style="list-style-type: none"> Code 5 (4 or more regional lymph nodes removed). If a relatively small number of nodes was examined pathologically, review the operative report to confirm the procedure was not a SLNBx only (code 2). If a relatively large number of nodes was examined pathologically, review the operative report to confirm that there was not a SLNBx in addition to a more extensive regional lymph node dissection during the same, or separate, procedure (code 6 or 7). Infrequently, a SNLBx is attempted and the patient 	
6	Sentinel node biopsy and code 3, 4, or 5 at same time, or timing not stated	<ul style="list-style-type: none"> SNLBx and regional lymph node dissection (code 3, 4, or 5) during the same surgical event, or timing not known Generally, SLNBx followed by a regional lymph node completion will yield a relatively large number of nodes. However it is possible for these procedures to harvest only a few nodes. If relatively few nodes are pathologically examined, review the operative report to confirm whether the procedure was limited to a SLNBx only. Infrequently, a SNLBx is attempted 	<ul style="list-style-type: none"> Generally, SLNBx followed by ALND will yield a minimum of 7-9 nodes. However it is possible for these procedures to harvest fewer (or more) nodes. If relatively few nodes are pathologically examined, review the operative report to confirm whether the procedure was limited to a SLNBx, or whether a SLNBx plus an ALND was performed.

		and the patient fails to map (i.e. no sentinel lymph nodes are identified by the dye and/or radio label injection.) When mapping fails, the surgeon usually performs a more extensive dissection of regional lymph nodes. Code these cases as 6.	
7	Sentinel node biopsy and code 3,4, or 5 at different times	<ul style="list-style-type: none"> •SNLBx and regional lymph node dissection (code 3, 4, or 5) in separate surgical events. • Generally, SLNBx followed by regional lymph node completion will yield a relatively large number of nodes. However, it is possible for these procedures to harvest only a few nodes. •If relatively few nodes are pathologically examined, review the operative report to confirm whether the procedure was limited to a SLNBx only. 	
9	9 Unknown or not	<ul style="list-style-type: none"> • The status of regional lymph node evaluation should be known for surgically-treated cases (i.e., cases coded 19-90 in the applicable data item <i>Surgery of Primary Site</i> [NAACCR Item #1290]). Review surgically treated cases coded 9 in <i>Scope of Regional/ Lymph Node Surgery</i> to confirm the code. 	

General Instructions

Use the operative report as the primary sources document to determine whether the operative procedure was a sentinel lymph node biopsy (SLNBx), or a more extensive dissection of regional lymph nodes, or a combination of both SNLBx and regional lymph node dissection. The operative report will designate the surgeon's planned procedure as well as a description of the procedure that was actually performed. The pathology report may be used to complement the information appearing in the operative report, but the operative report takes precedence when attempting to distinguish between SLNBx and regional lymph node dissection or a combination of these 2 procedures. Do not use the number of lymph nodes removed and pathologically examined as the sole means of distinguishing between a SLNBx and a regional lymph node dissection.

Coding Instructions

1. Do not double-code surgical procedures in more than one surgery field. This field is for regional lymph node procedures, only. Do not code surgical procedures on distant lymph nodes in this field.
2. Code 0 when regional lymph node removal procedure was not performed.
3. Code 0 if there is no indication anywhere in the patient's medical record that regional lymph node surgery was either planned or performed.
4. Codes 1-7 are hierarchical. Code the procedure that is numerically higher.
5. The regional lymph node surgical procedure(s) may be done to diagnose cancer, stage the disease, or as part of the initial treatment. Record all surgical procedures that remove, biopsy, or aspirate regional lymph node(s) whether or not there were any surgical procedures of the primary site.
Example: Patient has a sentinel node biopsy of a single lymph node. Assign code 2 (Sentinel lymph node biopsy [only]).

6. The Scope of Regional Lymph Node field is cumulative; add the number of all of the lymph nodes removed during each surgical procedure performed as part of the first course of treatment.

Example: Patient has a positive cervical node biopsy. The pathology report from a subsequent node dissection identifies three cervical nodes. Assign code 5 (4 or more regional lymph nodes removed).

7. If the operative report lists a lymph node dissection, but no nodes were found by the pathologist, code the Scope of Regional Lymph Node Surgery to 0 (No lymph nodes removed)

8. If the patient has two primaries with common regional lymph nodes, code the removal of regional nodes for both primaries.

Example: Patient has a cystoprostatectomy and pelvic lymph node dissection for bladder cancer. Pathology identifies prostate cancer as well as the bladder cancer and 4/21 nodes positive for metastatic adenocarcinoma. Code Scope of Regional Lymph Node Surgery to 5 (4 or more regional lymph nodes removed) for both primaries.

7. Code Scope 9 for:

a. Primary sites

- Brain (C700-C709) OR
- Spinal cord (C710-C719) OR
- Cranial nerves and other parts of the central nervous system (C720-C729)
- Endocrine glands and related structures (C751-C753)

b. Lymphoma with primary site in lymph nodes (C770-C779) AND histology:

Histologies: 9590-9726, 9728-9732, 9734-9740, 9750-9762, 9811-9831, 9940, 9948 and 9971

c. Hematopoietic, reticuloendothelial, immunoproliferative, or myeloproliferative disease

- Primary sites: C420, C421, C423, or C424 AND
- Histologies: 9727, 9733, 9741-9742, 9764-9809, 9832, 9840-9931, 9945-9946, 9950-9967, and 9975-9993
- Unknown or ill-defined sites (C760-C768, C809)

RX SUMM – SURG OTH REG/DIS

NAACCR ITEM #1294

Enter the surgical removal of distant lymph nodes or other tissue(s)/organ(s) beyond the primary site. This field is for all procedures that do not meet the definitions of Surgery of Primary Site. The removal of non-primary tissue documents the extent of surgical treatment and is useful in evaluating the extent of metastatic involvement.

Do not double-code surgical procedures in more than one surgery field. This field is for other than primary site resection procedures and/or regional lymph node procedures. Often adjacent regional structures and organs are removed incidentally or as part of a standard routine operative procedure. Do not include removal of these organs as Surgery Other/Regional/Distant Sites. The removal of the incidental organs are generally included in the Surgery of Primary Site Code or as a Debulking Procedure Code under Surgery of Primary Site. Do Not Double-Code Resected Tissues.

Code 0 if there is no indication anywhere in the patient's medical record that surgical resection of distant lymph node(s) and/or regional/distant tissue or organs was either planned or performed.

Code the highest numerical code that describes the surgical resection of distant lymph node(s) and/or regional/distant tissue or organs.

Example: A patient has an excisional biopsy of a hard palate lesion that is removed from the roof of the mouth and a resection of a metastatic lung nodule during the same surgical event. Code the resection of the lung nodule as **3** (distant site).

Code the removal of non-primary tissue that was removed because the surgeon suspected it was involved with the malignancy even if the pathology is negative.

Do not code the incidental removal of tissue. Incidental is defined as tissue removed for reason other than the malignancy.

Example: During a colon resection, the surgeon noted that the patient had cholelithiasis and removed the gall bladder. Do not code removal of the gall bladder.

Code	Label	Description
0	None	No surgical procedure of nonprimary site was performed. Diagnosed as autopsy.
1	Nonprimary surgical procedure performed	Nonprimary surgical resection to other site(s), unknown if whether the site(s) is regional or distant.
2	Nonprimary surgical procedure to other regional sites	Resection of regional site.
3	Nonprimary surgical procedure to distant lymph node(s)	Resection of <i>distant lymph node(s)</i>
4	Nonprimary surgical procedure to distant site	Resection of distant site.
5	Combination of codes 2, 3, or 4	Any combination of surgical procedures 2, 3, or 4.
9	Unknown	It is unknown whether any surgical procedure of a nonprimary site was performed. ONLY USE FOR DEATH CERTIFICATE CASES

RX DATE OF FIRST SURGICAL PROCEDURE

NAACCR ITEM #1200

Records the earliest date on which any first course surgical procedure was performed. This could be the date of first biopsy (FNA, core, incisional or excisional) or date of resection if not preceded by biopsy.

Coding Instructions

Record the date of the first surgical procedure of the types coded as *RX Summ—Surg Prim Site* (NAACCR Item #1290), *Scope of Regional Lymph Node Surgery* (NAACCR Item #1292) (excluding code 1) or *Surgical Procedure/Other Site* (NAACCR Item #1294) performed at this or any facility.

The date in this item may be the same as that in *Date of Most Definitive Surgical Resection of the Primary Site* (NAACCR Item #3170), if the patient received only one surgical procedure and it was a resection of the primary site.

DATE MOST DEFINITIVE SURG RESECTION

NAACCR ITEM # 3170

Records the date of the most definitive (most extensive) surgical procedure of the primary site that was

performed as part of the first course of treatment.

This item is used to measure the lag time between diagnosis and the most definitive surgery of the primary site and to evaluate treatment efficacy.

Coding Instructions

- Record the date on which the surgery described by surgical procedure of primary site (NAACCR Item #1290) was performed at this or any facility.

The date in this item may be the same as that in *Date of First Surgical Procedure* (NAACCR Item #1200), if the patient received only one surgical procedure and it was a resection of the primary site.

REASON FOR NO SURGERY

NAACCR ITEM #1340

Reason for No Surgery code refers to item Rx Summ-Surg Prim Site.

Code	Description
0	Surgery of the primary site was performed.
1	Surgery of the primary site was not performed because it was not part of the planned first-course treatment.
2	Surgery of the primary site was not recommended/performed because it was contraindicated due to patient risk factors (comorbid conditions, advanced age, etc.)
5	Surgery of the primary site was not performed because the patient died prior to planned or recommended surgery.
6	Surgery of the primary site was not performed; it was recommended by the patient's physician, but was not performed as part of the first-course of therapy. No reason was noted in patient record.
7	Surgery of the primary site was not performed; it was recommended by the patient's physician, but this treatment was refused by the patient, the patient's family member, or the patient's guardian. The refusal was noted in patient record.
8	Surgery of the primary site was recommended, but it is unknown if it was performed. Further follow-up is recommended.
9	It is unknown whether surgery of the primary site was performed. Diagnosed at autopsy or death certificate only. ONLY FOR DEATH CERTIFICATE CASES

Coding Instructions

- Assign **code 0** when Surgery of Primary Site is coded in the range of 10-90 (the patient did have surgery of primary site).
- Assign a code in the **range of 1-8** if Surgery of Primary Site is coded 00 or 98.
- Assign **code 1**
 - If RX Summ—Surg Prim Site (NAACCR Item #1290) is coded 98.
 - There is no information in the patient's medical record about surgery AND It is known that surgery is not usually performed for this type and/or stage of cancer OR There is no reason to suspect that the patient would have had surgery of primary site.
 - If the treatment plan offered multiple treatment options and the patient selected treatment that did not include surgery of the primary site Patient elects to pursue no treatment following the discussion of radiation treatment. Discussion does not equal a recommendation.
 - Only information available is that the patient was referred to a surgeon. Referral does not equal a

- recommendation.
- e. Active Surveillance or Watchful waiting (prostate)
 - f. Patient diagnosed at autopsy
4. Assign **code 6**
 - a. When it is known that surgery was recommended AND
 - b. It is known that surgery was not performed AND
 - c. There is no documentation explaining why surgery was not done.
 5. Assign **code 7** (refused) if the patient refused recommended surgery, or made a blanket statement that he/she refused all treatment.
 6. Assign **code 8** (unknown) if the treatment plan offered surgery, but it is unknown if the patient actually had the surgery.
 7. Assign **code 9**
 - a. When there is no documentation that surgery was recommended or performed
 - b. Death certificate only.
 - c. Autopsy only.

RX TEXT – SURGERY

NAACCR ITEM #2610

Enter information describing the surgical procedure(s) performed as part of first course of therapy. Include dates and chronology of care. See Appendix L

PHASE I RADIATION TREATMENT MODALITY

NAACCR Item 1506

Identifies the radiation modality administered during the first phase of radiation treatment delivered during the first course of treatment. Radiation modality reflects whether a treatment was external beam, brachytherapy, a radioisotope as well as their major subtypes, or a combination of modalities. This data item should be used to indicate the radiation modality administered during the first phase of radiation.

Historically, the Regional Treatment Modality data item [1570] utilized codes that were not mutually exclusive. Rather, it included codes describing a mix of modalities, treatment planning techniques, and delivery techniques that are commonly utilized by radiation oncologists. The goal of the 2018 implementation of separate phase-specific data items for the recording of radiation modality and radiation treatment planning techniques is to clarify this information and implement mutually exclusive categories.

Many new devices, methods and descriptions for some radiation therapy approaches are referenced by brand name, methodology name, or other descriptive terminology. Below are some helpful definitions and a website that is helpful in learning what these ‘new’ radiation therapy methods or devices or approaches do and how they should be understood. This is to help with terminology. It is up to the registrar to learn whether dosing is high-dose or low-dose based on the application device. When a device is removed after the administration of a dose of radiation, the dose is usually high-dose. When the application device or method remains in place when the patient goes home, the dose is usually low-dose.

EBRT – external beam radiation therapy
 IMRT – intensity modulated radiation therapy
 IGRT – image-guided radiation therapy
 Particle Therapy – proton therapy/carbon ion therapy
 SRS – stereotactic radiosurgery
 SBRT – stereotactic body radiation therapy
 SABR – stereotactic ablative radiation therapy

Brachytherapy LDR/HDR – low dose/high dose brachytherapy and devices used to deliver LDR/HDR

<https://www.targetingcancer.com.au/radiation-therapy/ebrt/>

Phase I Radiation Treatment Modality Codes

00	No radiation treatment
01	External beam, NOS
02	External beam, photons
03	External beam, protons
04	External beam, electrons
05	External beam, neutrons
06	External beam, carbon ions
07	Brachytherapy, NOS
08	Brachytherapy, intracavitary, LDR
09	Brachytherapy, intracavitary, HDR
10	Brachytherapy, Interstitial, LDR
11	Brachytherapy, Interstitial, HDR
12	Brachytherapy, electronic
13	Radioisotopes, NOS
14	Radioisotopes, Radium-232
15	Radioisotopes, Strontium-89
16	Radioisotopes, Strontium-90
98	Radiation treatment administered; modality unknown
99	Unknown if radiation treatment administered – ONLY FOR DEATH CERTIFICATE CASES

RX DATE RADIATION

NAACCR ITEM #1210

Records the date on which radiation therapy began at any facility that is part of the first course of treatment.

Coding Instructions

1. If you know that radiation therapy was performed as a part of the first course of therapy, but do not know the exact date the therapy was initiated, estimate the date therapy was initiated.
2. The date when treatment started will typically be found in the radiation oncologist's summary letter for the first course of treatment.

REASON FOR NO RADIATION

NAACCR ITEM #1430

Reason for No Radiation identifies why radiation therapy was not provided to the patient and distinguishes a physician's not recommending this therapy due to contraindicating conditions from a patient's refusal of a recommended treatment plan.

Coding Instructions

- If *Regional Treatment Modality* (NAACCR Item #1570) is coded 00, then record the reason based on
- documentation in patient record.

- Code 1 if the treatment plan offered multiple options and the patient selected treatment that did not include radiation therapy.
- Code 7 if the patient refused recommended radiation therapy, made a blanket refusal of all recommended treatment, or refused all treatment before any was recommended.
- Code 8 if it is known that a physician recommended radiation treatment, but no further documentation is available yet to confirm its administration.
- Code 8 to indicate referral to a radiation oncologist was made and the registry should follow to determine whether radiation was administered. If follow-up to the specialist or facility determines the patient was never there and no other documentation can be found, code 1.
- Cases coded 8 should be followed and updated to a more definitive code as appropriate.
- Code 9 if the treatment plan offered multiple options, but it is unknown which treatment, if any, was provided.

Code	Definition
0	Radiation therapy was administered.
1	Radiation therapy was not administered because it was not part of the planned first course treatment.
2	Radiation therapy was not recommended/administered because it was contraindicated due to other patient risk factors (comorbid conditions, advanced age, progression of tumor prior to planned radiation etc.).
5	Radiation therapy was not administered because the patient died prior to planned or recommended therapy.
6	Radiation therapy was not administered; it was recommended by the patient's physician, but was not administered as part of first course treatment. No reason was noted in patient record.
7	Radiation therapy was not administered; it was recommended by the patient's physician, but this treatment was refused by the patient, the patient's family member, or the patient's guardian. The refusal was noted in patient record.
8	Radiation therapy was recommended, but it is unknown whether it was administered.
9	It is unknown if radiation therapy was recommended or administered. Death certificate and autopsy cases only.

RX TEXT—RADIATION (BEAM)

NAACCR ITEM #2620

Enter the types of beam radiation administered to the patient as part of first course of therapy. Include dates and chronology of care. See Appendix L

Suggestion for text:

- Date when radiation treatment began
- Where treatment was given, e.g., at this facility, at another facility
- Other treatment information, e.g., patient discontinued after 5 treatments; unknown if radiation was given

RX TEXT--RADIATION OTHER

NAACCR ITEM #2630

Enter the types of non-beam radiation administered to the patient as part of first course of therapy. Include dates and chronology of care. See Appendix L

Suggestion for text:

- Date treatment was started
- Where treatment was given, e.g., at this facility, at another facility
- Other treatment information, e.g., unknown if radiation was given

RX SUMM--SURG/RAD SEQ**NAACCR ITEM #1380**

Codes for the sequencing of radiation and surgery given as part of the first course of treatment.

Coding Instructions

1. Surgical procedures include *RX Summ—Surg Prim Site* (NAACCR Item #1290); *Scope of Regional Lymph Node Surgery* (NAACCR Item #1292) (excluding code 1); *Surgical Procedure/Other Site* (NAACCR Item #1294). If all of these procedures are coded 0, then this item should be coded 0.
2. If the patient received both radiation therapy and any one or a combination of the following surgical procedures: *RX Summ—Surg Prim Site*, *Regional Lymph Node Surgery (excluding code 1)*, or *Surgical Procedure/Other Site*, then code this item 2-9, as appropriate.

Code	Label	Definition
0	No radiation therapy and/or surgical procedures	No radiation therapy given; and/or no surgery of the primary site; no scope of regional lymph node surgery; no surgery to other regional site(s), distant site(s), or distant lymph node(s); or no reconstructive surgery. Diagnosed at autopsy.
2	Radiation therapy before surgery	Radiation therapy given before surgery to primary site; scope of regional lymph node surgery (excluding code 1), surgery to other regional site(s), distant site(s), or distant lymph node(s).
3	Radiation therapy after surgery	Radiation therapy given after surgery to primary site; scope of regional lymph node surgery (excluding code 1), surgery to other regional site(s), distant site(s), or distant lymph node(s).
4	Radiation therapy both before and after surgery	Radiation therapy given before and after any surgery to primary site; scope of regional lymph node surgery (excluding code 1), surgery to other regional site(s), distant site(s), or distant lymph node(s).
5	Intraoperative radiation therapy	Intraoperative therapy given during surgery to primary site; scope of regional lymph node surgery (excluding code 1), surgery to other regional site(s), distant site(s), or distant lymph node(s).
6	Intraoperative radiation therapy with other therapy administered before or after surgery	Intraoperative radiation therapy given during surgery to primary site; scope of regional lymph node surgery (excluding code 1), surgery to other regional site(s), distant site(s), or distant lymph node(s) with other radiation therapy administered before or after surgery to primary site; scope of regional lymph node surgery, surgery to other regional site(s), distant site(s), or distant lymph node(s).
7	Surgery both before and after surgery	Radiation was administered between two separate surgical procedures to the primary site; regional lymph nodes (excluding code 1); surgery to other regional site(s), distant site(s), or distant lymph node(s).

Code	Label	Definition
9	Sequence unknown	Administration of radiation therapy and surgery to primary site, scope of regional lymph node surgery, surgery to other regional site(s), distant site(s), or distant lymph node(s) were performed and the sequence of the treatment is not stated in the patient record. It is unknown if radiation therapy was administered and/or it is unknown if surgery to primary site; scope of regional lymph node surgery, surgery to other regional site(s), distant site(s), or distant lymph node(s) were performed.

RX-SUMM-CHEMO**NAACCR ITEM #1390**

Records the type of chemotherapy administered as first course treatment at this and all other facilities. If chemotherapy was not administered, then this item records the reason it was not administered to the patient.

Always use the SEER*Rx Online Lookup to be sure you are coding the correct type of systemic therapy (chemotherapy, hormonal therapy, biological/targeted therapy, other therapy).

(<https://seer.cancer.gov/tools/seerrx/>).

Chemotherapy consists of a group of anticancer drugs that inhibit the reproduction of cancer cells by interfering with DNA synthesis and mitosis.

Enter the type of chemotherapy administered during the first course of therapy. Enter the name of each agent given to ensure the correct code of single, multiple agents or unknown number agents is correct.

Coding Instructions

- Code 00 if there is no indication anywhere in the patient's medical record that chemotherapy was either planned or administered.
- Code 00 if chemotherapy was not administered to the patient, and it is known that it is not usually administered for this type and stage of cancer.
- Code 00 if the treatment plan offered multiple options, and the patient selected treatment that did not include chemotherapy.
- Codes 82, 85, 86, 87 if it is known that chemotherapy is usually administered for this type and stage of cancer, but was not administered to the patient, use code 82, 85, 86, or 87 to record the reason why it was not administered.
- Code 87 if the patient refused recommended chemotherapy, made a blanket refusal of all recommended treatment, or refused all treatment before any was recommended.
- Code 88 if chemotherapy was planned, but not started at the time of the most recent follow-up.
- ONLY USE CODE 99 FOR DEATH CERTIFICATE ONLY CASES**
- Code chemoembolization as 01, 02, or 03 depending on the number of chemotherapeutic agents involved.

9. If the managing physician changes one of the agents in a combination regimen, and the replacement agent belongs to a different group (chemotherapeutic agents are grouped as alkylating agents, antimetabolites, natural products, or other miscellaneous) than the original agent, the new regimen represents the start of subsequent therapy, and *only the original agent or regimen is recorded as first course therapy*.
10. Only the agent, not the method of administration, is to be considered in coding.
11. Combination chemotherapy containing prednisone (a hormone) should be coded in this field by counting the number of chemotherapy agents in the combination (excluding prednisone).
12. If chemotherapy was provided as a radiosensitizer or radioprotectant DO NOT code as chemotherapy treatment. When chemotherapy is given for radiosensitization or radioprotection it is given in low doses that do not affect the cancer.
13. Refer to the online *SEER*Rx Interactive Drug Database* (<https://seer.cancer.gov/tools/seerrx/>) for a list of chemotherapeutic, hormonal and biological anti-neoplastic agents.

Code	Description
00	None, chemotherapy was not part of the first course of therapy; not customary therapy for this cancer
01	Chemotherapy, NOS
02	Chemotherapy, single agent
03	Chemotherapy, multiple agents (combination regimen)
82	Chemotherapy was not recommended/administered because it was contraindicated due to patient risk factors (comorbid conditions, advanced age, etc.).
85	Chemotherapy was not administered because the patient died prior to planned or recommended therapy.
86	Chemotherapy was not administered; it was recommended by the patient's physician, but was not administered as part of first-course therapy. No reason was noted in the patient record.
87	Chemotherapy was not administered; the patient's physician recommended it, but this treatment was refused by the patient, the patient's family member, or patient's guardian. The refusal was noted in the patient record.
88	Chemotherapy was recommended, but it is unknown if it was administered
99	Unknown if chemotherapy was recommended or administered because it is not stated in patient medical record; ONLY USE FOR DEATH CERTIFICATE CASES

RX DATE – CHEMO

NAACCR ITEM #1220

Records the date of initiation of chemotherapy that is part of the first course of treatment.

Coding Instructions

1. Enter the date chemotherapy was initiated that is part of the first course of treatment.

RX TEXT—CHEMO**NAACCR ITEM #2640**

Enter the documentation regarding chemotherapy treatment of the tumor being reported. Include dates and chronology of care. See Appendix L

Suggestion for text:

- Date when chemotherapy began
- Where treatment was given, e.g., at this facility, at another facility
- Type of chemotherapy, e.g., name of agent(s) or protocol – NAME EACH AGENT GIVEN
- Other treatment information, e.g., treatment cycle incomplete, unknown if chemotherapy was given

RX SUMM – HORMONE**NAACCR ITEM #1400**

Records the type of hormone therapy administered as first course treatment at this and all other facilities. If hormone therapy was not administered, then this item records the reason it was not administered to the patient. DO NOT USE CODE 99 FOR OTHER THAN DEATH CERTIFICATE ONLY CASE. USE 00

Always use the SEER*Rx Online Lookup to be sure you are coding the correct type of systemic therapy (chemotherapy, hormonal therapy, biological/targeted therapy, other therapy). (<https://seer.cancer.gov/tools/seerrx/>).

Hormone therapy consists of a group of drugs that may affect the long-term control of a cancer's growth.

It is not usually used as a curative measure. NAME EACH AGENT GIVEN.

Code	Description
00	None, hormone therapy was not part of the planned first course of therapy; not usually administered for this type and/or stage of cancer; diagnosed at autopsy only.
01	Hormone therapy administered as first course therapy.
82	Hormone therapy was not recommended/administered because it was contra indicated due to patient risk factors (comorbid conditions, advanced age, etc.).
85	Hormone therapy was not administered because the patient died prior to planned or recommended therapy.
86	Hormone therapy was not administered. It was recommended by the patient's physician, but was not administered as part of the first course of therapy. No reason was stated in the patient record.
87	Hormone therapy was not administered. It was recommended by the patient's physician, but this treatment was refused by the patient, a patient's family member, or the patient's guardian. The refusal was noted in the patient record.
88	Hormone therapy was recommended, but it is unknown if it was administered.
99	It is unknown whether a hormonal agent(s) was recommended or administered because it is not stated in patient record. ONLY USE FOR DEATH CERTIFICATE CASES

Coding Instructions

1. Assign code **00** when
 - a) There is no information in the patient's medical record that hormone therapy was either planned

or administered

- b) There is no reason to suspect that the patient would have had hormone therapy
- c) If the treatment plan offered multiple treatment options and the patient selected treatment that
- d) did not include hormone therapy
- e) Patient elects to pursue no treatment following the discussion of hormone therapy treatment.
- f) Only information available is that the patient was referred to an oncologist. Referral does not
- g) equal a recommendation.
- h) Watchful waiting (prostate)
- i) Patient diagnosed at autopsy

2. ONLY USE CODE 99 FOR DEATH CERTIFICATE CASES

- 2. Refer to the online *SEER*Rx Interactive Drug Database* (<https://seer.cancer.gov/tools/seerrx/>) for a list of chemotherapeutic, hormonal and biological anti-neoplastic agents.

RX DATE – HORMONE

NAACCR ITEM #1230

Records the date of initiation of hormone therapy that is part of the first course of treatment.

Coding Instructions

Record the first or earliest date on which hormone therapy was administered by any facility. This date corresponds to administration of the agents coded in *RX Summ Hormone* (NAACCR Item #1390).

RX TEXT—HORMONE

NAACCR ITEM #2650

Enter the documentation regarding the hormone treatment of the tumor being reported. Include dates and chronology of care. See Appendix L

Suggestion for text:

- Date treatment was started
- Where treatment was given, e.g., at this facility, at another facility
- Type of hormone or antihormone, e.g., Tamoxifen
- Type of endocrine surgery or radiation, e.g., orchiectomy
- Other treatment information, e.g., treatment cycle incomplete; unknown if hormones were given

RX SUMM – BRM/IMMUNOTHERAPY

NAACCR ITEM #1410

Records the date of initiation of immunotherapy or a biologic response modifier (BRM) that is part of the first course of treatment. Immunotherapy (biological response modifier) consists of biological or chemical agents that alter the immune system or change the host's response to the tumor cells.

Always use the SEER*Rx Online Lookup to be sure you are coding the correct type of systemic therapy (chemotherapy, hormonal therapy, biological/targeted therapy, other therapy).
(<https://seer.cancer.gov/tools/seerrx/>).

Types of immunotherapy

Interferons: Interferons belong to a group of proteins called cytokines. They are produced naturally by the white blood cells in the body. Interferon-alpha is able to slow tumor growth directly as well as activate the immune system. It is used for a number of cancers including multiple myeloma, chronic myelogenous leukemia (CML), hairy cell leukemia, and malignant melanoma.

Cancer Vaccines: Cancer vaccines are still in the experimental phase and are not coded in this data item. They may be coded in the field Other Therapy. Currently clinical trials use cancer vaccines for brain, breast, colon, kidney, lung, melanoma and ovary.

Interleukins (IL-2) are often used to treat kidney cancer and melanoma.

Monoclonal Antibodies: Monoclonal antibodies are produced in a laboratory. The artificial antibodies are injected into the patient to seek out and disrupt cancer cell activities and to enhance the immune response against the cancer. For example, Rituximab (Rituxan) may be used for non-Hodgkin lymphoma, and trastuzumab (Herceptin) may be used for certain breast cancers.

Coding Instructions

1. ONLY USE CODE 99 FOR DEATH CERTIFICATE CASES

2. Assign code 00
 - a. When there is no information in the patient's medical record that immunotherapy was either planned or administered
 - b. There is no reason to suspect that the patient would have had immunotherapy.
 - c. If the treatment plan offered multiple treatment options and the patient selected treatment that did not include immunotherapy.
 - d. Patient elects to pursue no treatment following the discussion of immunotherapy. Discussion does not equal a recommendation.
 - e. Only information available is that the patient was referred to an oncologist. Referral does not equal a recommendation.
 - f. Watchful waiting (prostate)
 - g. Patient diagnosed at autopsy
3. Assign code 87
 - a. If the patient refused recommended immunotherapy.
 - b. If the patient made a blanket refusal of all recommended treatment.
4. Refer to the online *SEER*Rx Interactive Drug Database* (<https://seer.cancer.gov/tools/seerrx/>) for a list of chemotherapeutic, hormonal and biological anti-neoplastic agents.

Code	Description
00	None, Immunotherapy was not part of the first course of therapy; not customary therapy for this cancer
01	Immunotherapy
82	Immunotherapy was not recommended/administered because it was contraindicated due to patient risk factors (comorbid conditions, advanced age, etc.)
85	Immunotherapy was not administered because the patient died prior to planned or recommended therapy.
86	Immunotherapy was not administered; it was recommended by the patient's physician, but was not administered as part of first-course therapy. No reason was noted in the patient record.
87	Immunotherapy was not administered; the patient's physician recommended it, but the patient, the patient's family member, or the patient's guardian refused this treatment. The refusal was noted in the patient's records
88	Immunotherapy was recommended, but it is unknown if it was administered
99	It is unknown if Immunotherapy was recommended or administered because it is not stated in patient record; death certificate-only cases. ONLY USED FOR DCO CASES

RX DATE – BRM/IMMUNOTHERAPY

NAACCR ITEM #1240

Records the date of initiation of immunotherapy or a biologic response modifier (BRM) that is part of the

first course of treatment.

Coding Instructions

1. Enter the date the biologic response modifier/immunotherapy was initiated that is part of the first course of treatment.

RX TEXT—BRM

NAACCR ITEM #2660

Enter the documentation regarding the biological response modifiers or immunotherapy treatments of the tumor being reported. Include dates and chronology of care. See Appendix L

Suggestion for text:

- When treatment was given, e.g., at this facility; at another facility
- Type of BRM agent, e.g., Interferon, BCG
- BRM procedures, e.g., bone marrow transplant, stem cell transplant
- Other treatment information, e.g., treatment cycle incomplete; unknown if BRM was given

RX SUMM—SYSTEMIC / SUR SEQ

NAACCR ITEM #1639

Records the sequencing of systemic therapy and surgical procedures given as part of the first course of treatment.

Coding Instructions

1. Enter the sequencing of systemic therapy (RX Summ-Chemo [1390], RX Summ-Hormone [1400], and RX Summ-Transplnt/Endocr [3250]) and surgical procedures given as part of the first course of treatment.
2. If none of the following surgical procedures was performed: RX Summ- SurgPrim Site(NAACCR Item #1290), RX Summ--Scope Reg LN Sur (NAACCR Item #1292) (excluding code 1), RX Summ--Surg Oth Reg/Dis (NAACCR Item #1294), then this item should be coded 0.
3. If the patient received both systemic therapy and any one or a combination of the following surgical procedures: RX Summ--Surg Prim Site (NAACCR Item #1290), RX Summ--Scope Reg LN Sur (NAACCR Item #1292) (excluding code 1), or RX Summ--Surg Oth Reg/Dis (NAACCR Item #1294), then code this item 2—9, as appropriate.

Code	Label	Description
0	No systemic therapy and/or surgical procedures	No systemic therapy was given; and/or no surgical procedure of primary site; no scope of regional lymph node surgery; no surgery to other regional site(s), distant site(s), or distant lymph node(s); or no reconstructive surgery was performed. Diagnosed at autopsy.
2	Systemic therapy before surgery	Systemic therapy was given before surgical procedure of primary site; scope of regional lymph node surgery (excluding code 1); surgery to other regional site(s), distant site(s), or distant lymph node(s) was performed.
3	Systemic therapy after surgery	Systemic therapy was given after surgical procedure of primary site; scope of regional lymph node surgery (excluding code 1); surgery to other regional site(s), distant site(s), or distant lymph node(s) was performed.
4	Systemic therapy both before and after surgery	Systemic therapy was given before and after any surgical procedure of primary site; scope of regional lymph node surgery (excluding code 1); surgery to other regional site(s), distant site(s), or distant

Code	Label	Description
		lymph node(s) was performed.
5	Intraoperative systemic therapy	Intraoperative systemic therapy was given during surgical procedure of primary site; scope of regional lymph node surgery (excluding code 1); surgery to other regional site(s), distant site(s), or distant lymph node(s).
6	Intraoperative systemic therapy with other systemic therapy administered before or after surgery	Intraoperative systemic therapy was given during surgical procedure of primary site; scope of regional lymph node surgery (excluding code 1); surgery to other regional site(s), distant site(s), or distant lymph node(s) with other systemic therapy administered before or after surgical procedure of primary site; scope of regional lymph node surgery; surgery to other regional site(s), distant site(s), or distant lymph node(s) was performed.
7	Surgery both before and after systemic therapy	Systemic therapy both before and after radiation”, defined as Systemic therapy was administered between two separate surgical procedures to the primary site; regional lymph nodes (excluding code 1); surgery to other regional site(s), distant site(s), or distant lymph node(s).
9	Sequence unknown	Administration of systemic therapy and surgical procedure of primary site; scope of regional lymph node surgery (excluding code 1); surgery to other regional site(s), distant site(s), or distant lymph node(s) were performed and the sequence of the treatment is not stated in the patient record. It is unknown if systemic therapy was administered and/or it is unknown if surgical procedure of primary site; scope of regional lymph node surgery; surgery to other regional site(s), distant site(s), or distant lymph node(s) were performed.

RX SUMM – TRANSPLNT/ENDOCR**NAACCR ITEM #3250**

Identifies systemic therapeutic *procedures* administered as part of the first course of treatment at this and all other facilities. If none of these *procedures* were administered, then this item records the reason they were not performed. These include bone marrow transplants, stem cell harvests, surgical and/or radiation endocrine therapy.

Definitions:

Bone marrow transplant (BMT): Procedure used to restore stem cells that were destroyed by chemotherapy and/or radiation. Replacing the stem cells allows the patient to undergo higher doses of chemotherapy.

BMT Allogeneic: Receives bone marrow or stem cells from a donor.

BMT Autologous: Uses the patient’s own bone marrow and/or stem cells. The tumor cells are filtered out and the purified blood and stem cells are returned to the patient.

Note: Used for breast cancer, lymphoma, leukemia, aplastic anemia, myeloma, germ cell tumors, ovarian cancer, and small cell lung cancer.

Conditioning: High-dose chemotherapy with or without radiation administered prior to transplants such as BMT and stem cell to kill cancer cells. This conditioning also destroys normal bone marrow cells so the normal cells need to be replaced (rescue). The high dose chemotherapy is coded in the Chemotherapy field.

Hematopoietic Growth Factors: A group of substances that support hematopoietic (blood cell) colony formation. The group includes erythropoietin, interleukin-3, and colony-stimulating factors (CSFs). The growth-stimulating substances are ancillary drugs and not coded.

Non-Myeloablative Therapy: Uses immunosuppressive drugs pre- and post-transplant to ablate the bone marrow. These are not recorded as therapeutic agents.

Peripheral Blood Stem Cell Transplantation (PBSCT): Rescue that replaces stem cells after conditioning.

Rescue: Rescue is the actual BMT or stem cell transplant done after conditioning.

Stem Cells: Immature cells found in bone marrow, blood stream and umbilical cords. The stem cells mature into blood cells.

Coding Instructions

1. Bone marrow transplants should be coded as either autologous (bone marrow originally taken from the patient) or allogeneic (bone marrow donated by a person other than the patient). For cases in which the bone marrow transplant was syngeneic (transplanted marrow from an identical twin), the item is coded as allogeneic.
2. Stem cell harvests involve the collection of immature blood cells from the patient and the reintroduction by transfusion of the harvested cells following chemotherapy or radiation therapy.
3. Endocrine irradiation and/or endocrine surgery are procedures which suppress the naturally occurring hormonal activity of the patient and thus alter or affect the long-term control of the cancer's growth. These procedures must be bilateral to qualify as endocrine surgery or endocrine radiation. If only one gland is intact at the start of treatment, surgery and/or radiation to that remaining gland qualifies as endocrine surgery or endocrine radiation.
4. Code 00 if a transplant or endocrine procedure was not administered to the patient
5. Code 00 if there is no indication anywhere in the patient's medical record that a transplant or endocrine procedure was either planned or administered.
6. Code 00 if the treatment plan offered multiple options, and the patient selected treatment that did not include a transplant or endocrine procedure.
7. If it is known that a transplant or endocrine procedure is usually administered for this type and stage of cancer, but was not administered to the patient, use code 82, 85, 86, or 87 to record the reason why it was not administered.
8. Code 87 if the patient refused a recommended transplant or endocrine procedure, made a blanket refusal of all recommended treatment, or refused all treatment before any was recommended.
9. Code 88 if it is known that a physician recommended a hematologic transplant or endocrine procedure, but no further documentation is available yet to confirm its administration.
10. Code 88 to indicate referral to a specialist for hematologic transplant or endocrine procedures and the registry should follow the case. If follow-up to the specified specialist or facility determines the patient was never there, code 00.
11. Cases coded 88 should be followed to determine whether they were given a hematologic transplant or endocrine procedure or why not.
12. Code 99 if it is unknown whether a hematologic transplant and/or endocrine surgery/radiation was administered or recommended .

Code	Description
00	None, transplant procedure or endocrine therapy was not part of the first course of therapy; not customary therapy for this cancer
10	Bone marrow transplant, NOS. A bone marrow transplant procedure was administered, but the type was not specified
11	Bone marrow transplant – autologous
12	Bone marrow transplant – allogeneic
20	Stem cell harvest
30	Endocrine surgery and/or endocrine radiation therapy. Code only to be used for Primary Sites Breast and/or Prostate

Code	Description
40	Combination of endocrine surgery and/or radiation with a transplant procedure (combination of codes 30 and 10, 11, 12 or 20).
82	Hematologic transplant and/or endocrine surgery/radiation was not recommended/administered because it was contraindicated due to patient risk factors (i.e., comorbid conditions, advanced age).
85	Hematologic transplant and/or endocrine surgery/radiation was not administered because the patient died prior to planned or recommended therapy.
86	Hematologic transplant and/or endocrine surgery/radiation was not administered. It was recommended by the patient's physician, but was not administered as part of first-course therapy. No reason was stated in the patient record.
87	Hematologic transplant and/or endocrine surgery/radiation was not administered. It was recommended by the patient's physician, but this treatment was refused by the patient, the patient's family member, or the patient's guardian. The refusal was noted in the patient record.
88	Hematologic transplant and/or endocrine surgery/radiation was recommended, but it is unknown if it was administered If a bone marrow or stem cell harvest was undertaken, but was not followed by a rescue or re-infusion as part of first course treatment
99	It is unknown whether hematologic transplant and/or endocrine surgery/radiation was recommended or administered because it is not stated in patient record. Autopsy only cases. ONLY USE FOR DEATH CERTIFICATE CASES

RX SUMM – OTHER**NAACCR ITEM #1420**

Enter any other cancer-directed therapy received by the patient as part of the first course of therapy. Record any other therapy administered at your facility and all other facilities.

Consult the most recent version of the *Hematopoietic and Lymphoid Neoplasm Case Reportability and Coding Manual* for instructions for coding care of specific hematopoietic neoplasms in this item.

Other Treatment is rare. This data item will always generate an EDIT WARNING when code = 1 or 2. Warnings do not require EDIT Override or FORCE. If the case has other errors in addition to the warning the errors will need to be corrected prior to submission. Again, WARNINGS cannot be FORCED.

The following explanations and definitions are quoted from the website for the National Center for Complementary and Alternative Medicine (NCCAM). Complementary and alternative medicine, as defined by NCCAM, is a group of diverse medical and health care systems, practices, and products that are not presently considered to be part of conventional medicine. While some scientific evidence exists regarding some CAM therapies, for most there are key questions that are yet to be answered through well-designed scientific studies--questions such as whether they are safe and whether they work for the diseases or medical conditions for which they are used.

Complementary medicine is used **together with** conventional medicine. An example of a complementary therapy is using aromatherapy to help lessen a patient's discomfort following surgery.

Alternative medicine is used **in place of** conventional medicine. An example of an alternative therapy is using a special diet to treat cancer instead of undergoing surgery, radiation, or chemotherapy that has been recommended by a conventional doctor.

Coding Instructions

1. Assign **Code 0** when
 - a. There is no indication anywhere in the patient's medical record that other therapy was either

- planned or administered.
- b. There is no reason to suspect that the patient would have had other therapy.
 - c. If the treatment plan offered multiple treatment options and the patient selected treatment that did not include other therapy.
 - d. Patient elects to pursue no treatment following the discussion of other therapy. Discussion does not equal a recommendation.
 - e. Only information available is that the patient was referred for consideration of other therapy. Referral does not equal a recommendation.
 - f. Patient diagnosed at autopsy
2. Assign **code 1**
 - a. Hematopoietic treatments such as: phlebotomy for polycythemia vera or aspirin for essential thrombocythemia.
 - b. Patient had cancer treatment that could not be assigned to the previous treatment fields (surgery, radiation, chemotherapy, immunotherapy, or systemic therapy).
 3. Assign **Code 2** for any experimental or newly developed treatment that differs greatly from proven types of cancer therapy such as a clinical trial. **Note:** Hyperbaric oxygen has been used to treat cancer in clinical trials, but it is also used to promote tissue healing following head and neck surgeries. Do not code the administration of hyperbaric oxygen to promote healing as an experimental treatment.
 4. Assign **code 3** when the patient is enrolled in a double blind clinical **trial**. When the trial is complete and the code is broken, review and recode the therapy.
 5. Assign **code 6** for **unconventional** methods whether they are the single therapy or given in combination with conventional therapy. See below for more details.
 6. Assign **code 8** When other therapy was recommended by the physician but there is no information that the treatment was given.
 7. **ONLY USE CODE 9 FOR DEATH CERTIFICATE CASES**

Code 6

Use code 6 for unconventional methods (for example, laetrile) when they are given alone or in combination with cancer-directed treatment. Use code 6 for alternative and complementary therapies **ONLY IF** the patient receives no other type of treatment (for example, do not code megavitamins if the patient also received cancer-directed surgery). Code 6 includes but is not limited to:

UNCONVENTIONAL METHODS	ALTERNATIVE AND COMPLEMENTARY THERAPIES
Cancell	<u>ALTERNATIVE SYSTEMS</u>
Carnivora	Acupuncture
Glyoxylide	Ayurveda
Iscador	Environmental Medicine
Koch Synthetic Antitoxins	Homeopathic Medicine
Krebiozen	Natural Products
Laetrile	Native American, Latin American, Or
Malonide	Traditional Oriental Medicine
Parabenzoquinone	Bioelectromagnetic Applications
ALTERNATIVE AND COMPLEMENTARY THERAPIES	Blue Light Treatment
<u>MANUAL HEALING</u>	Electroacupuncture
<u>Acupressure</u>	Magnetoresponse Spectroscopy
Biofield Therapeutics	Diet, Nutrition, Lifestyle

Massage Therapy	Changes In Lifestyle
Reflexology	Diet
Zone Therapy	Gerson Therapy
MIND/BODY CONTROL	Macrobiotics
Biofeedback	Megavitamins
Humor Therapy	Nutritional Supplements
Meditation	Herbal Medicine
Relaxation Techniques	Ginger
Yoga	Ginkgo Biloba Extract
PHARMACOLOGICAL AND BIOLOGICAL TREATMENTS	Ginseng Root
Anti-Oxidizing Agents	
Cell Treatment	

Code	Description
0	No other cancer directed therapy except as coded elsewhere. Patient received no other cancer-directed therapy.
1	Other cancer-directed therapy – Other, Cancer-directed therapy that cannot be appropriately assigned to other specific treatment modalities. <i>Examples:</i> hyperbaric oxygen (as adjunct to cancer-directed treatment), or hyperthermia, PUVA, arterial block for renal cell carcinoma, and radio-frequency thermal ablation (hyperthermia). Embolization using alcohol as an embolization agent. Embolization for a site other than the liver where the embolizing agent is unknown.
2	Other experimental cancer-directed therapy (not included elsewhere) Includes any experimental or newly developed method or treatment differing greatly from proven types of cancer therapy. It may be used for institution-based clinical trials.
3	Other-Double-blind clinical trial, code not yet broken Patient is involved in a double blind clinical trial. Code the treatment actually administered when the double blind clinical trial code is broken. Do not code ancillary drugs in this field.
6	Unproven therapy (including laetrile, krebiozen, etc.) Unconventional treatments given by non-medical personnel.
7	Refusal, the patient or patient's guardian refused treatment that would have been coded as 1, 2, or 3.
8	Recommended; Other cancer-directed therapy recommended, unknown if administered Physician recommended other cancer-directed therapy but there is no indication in the record that the patient received the treatment.
9	Unknown if other cancer-directed therapy administered – DEATH CERTIFICATE ONLY

RX DATE – OTHER**NAACCR ITEM #1250**

Records the date on which other treatment began at any facility.

Coding Instructions

Enter the date any “other” therapy was initiated that is part of the first course of treatment.

RX SUMM – TREATMENT STATUS**NAACCR ITEM #1285**

This data item summarizes whether the patient received any treatment or the tumor was under ‘active surveillance’ or ‘watchful waiting’.

Instructions for Coding

- This item may be left blank for cases diagnosed prior to 2010.
- Treatment given after a period of active surveillance is considered subsequent treatment and it not coded in this item.
- Assigncode 0 (No Treatment) when treatment is refused or the physician decides not to treat for any reason such as the presence of comorbidities.
 - Assign code 0 when the patient does not receive any treatment
 - Scope of Regional Lymph Node Surgery may be coded 0, 1-7, or 9
 - Assign code 1 when the patient receives treatment collected in any of the following data items
 - a. Surgery of Primary Site
 - b. Surgical Procedure of Other Site
 - c. Radiation Treatment Modality, Phase I, II, III
 - d. Chemotherapy
 - e. Hormone Therapy
 - f. Immunotherapy

Code	Description
0	No treatment given
1	Treatment given – this does not include the decision not to treat the patient
2	Active surveillance (watchful waiting)
9	Unknown if treatment was given – ONLY USE FOR DEATH CERTIFICATE CASES

TEXT- REQUIRED

The Text Required section includes the set of data items where documentation must be entered to verify complete and accurate coding. Please read the Introduction to Text Documentation which precedes this section to become familiar with FCDS text requirements. Text requirements are monitored by FCDS QC Review and through FCDS EDITS. See Additional References for Text Documentation on next page.

Please see Appendix L for specific text documentation requirements.

NOTE: ALL Stage Items including ALL Site-Specific Factors MUST have Text Documentation.

The use of standard abbreviations in documentation and diagnostic text is acceptable. However, FCDS must be able to understand use of standard abbreviations to clarify and validate coded data.

Refer to Appendix C for the latest list of standard abbreviations.

CAUTION: Use of Non-Standard Abbreviations

- **Non-Standard Abbreviations may have multiple interpretations and should not be used.**
- **Do not customize abbreviations or overuse abbreviations to the point where the information has no meaning or context.**

NOTE: Vendor insertion of auto text from coded data is NOT sufficient to meet the CDC/NPCR or FCDS requirements for text documentation. Registrars/Abstractors must know which text areas in their abstracting software will be submitted to FCDS. FCDS does not always know how or where vendors map your screen entry text to the FCDS required text fields.

Data Items Included In This Section

NAACCR Item Number	Item Name
2520	Text – DX Procedures – Physical Exam
2530	Text – DX Procedures – X-Ray/Scans
2540	Text – DX Procedures – Scopes
2550	Text – DX Procedures – Lab Tests
2560	Text – DX Procedures – Operative Report
2570	Text – DX Procedures – Pathology Report
2580	Text – Primary Site Title
2590	Text – Histology Title
2600	Text – Staging
2610	RX Text – Surgery
2620	RX Text – Radiation (Beam)
2630	RX Text – Radiation Other
2640	RX Text – Chemo
2650	RX Text – Hormone
2660	RX Text – BRM
2670	RX Text – Other
2680	Text – Remarks
2690	Text – Place of Diagnosis

Reference: 2022 SEER Coding and Staging Manual – Appendix C: Site Specific Coding Modules
<https://seer.cancer.gov/manuals/2021/appendixc.html>

ADDITIONAL REFERENCES FOR TEXT DOCUMENTATION:

NCRA Informational Abstracts - NCRA has published a series of Informational Abstracts FREE FOR DOWNLOAD - Providing cancer-site specific guidelines for text in Abstracts

The NCRA Informational Abstracts can be found at <http://www.cancerregistryeducation.org/rr>
(These References were Updated 11.2019 and Includes the Following Cancers/Cancer Sites)

- **Benign Brain**
- **Bladder**
- **Breast**
- **Cervix**
- **Colon**
- **Endometrial**
- **Kidney**
- **Larynx**
- **Lung**
- **Lymphoma**
- **Malignant Brain**
- **Melanoma**
- **Ovarian**
- **Pancreas**
- **Prostate**
- **Renal Pelvis**
- **Testis**
- **Thyroid**

TEXT – DX PROC – PE**NAACCR ITEM #2520**

Enter information from history and physical examinations. Information can include duration and type of symptoms, family history, location of tumor, etc. Include dates and chronology of care. THIS SECTION MUST INCLUDE THE REASON WHY THE PATIENT CAME TO YOUR FACILITY REGARDLESS OF CLASS OF CASE OR TREATMENT GIVEN. See Appendix L

TEXT – DX PROC – X-RAY/SCANS**NAACCR ITEM #2530**

Enter information from diagnostic imaging reports, including X-rays, MRI and PET scans, ultrasound and other imaging studies. Both positive and negative exams are important. YOU MUST INCLUDE DATES IN CHRONOLOGICAL ORDER FOR EACH IMAGING STUDY. See Appendix L

TEXT – DX PROC – SCOPES**NAACCR ITEM #2540**

Enter the text information from endoscopic examinations. Information can include visualization of tumor, location of tumor, etc. Include dates and chronology of care. See Appendix L

TEXT – DX PROC – LAB TESTS**NAACCR ITEM #2550**

Enter information from laboratory examination other than cytology or histopathology for the tumor being reported. Information can include tumor markers, serum and urine electrophoresis, special studies, etc. Include dates and chronology of care.

Tumor Markers can be obtained from serum, Immunostaining, tissue and other specimens. They may be cancer-specific or more general involving markers for numerous cancer types. Include dates and chronology of care to ensure tumor markers are consistent with timeline of care.

Some tumor marker examples include:

Breast Cancer:	Progesterone Receptors Assays (PRA), Estrogen Receptor Assays (ERA), Her2/neu*
Prostate Cancer:	Prostatic Specific Antigen (PSA)
Testicular Cancer:	Human Chorionic Gonadotropin (hCG), Alpha Feto Protein (AFP)
Liver Cancer:	Alpha Feto Protein (AFP)
Ovarian Cancer:	CA-125
Other Markers Include:	Carcinoembryonic antigen – CEA (Colorectal), CA-19-9, BRCA1 and others

Genetic Tests have become commonplace in cancer tissue evaluation. Please include genetic testing results in this text area to further classify the tumor, to be used as a genetic tumor marker to monitor response to treatment, and for additional clarification of tumor analysis conducted at the molecular level.

LIQUID BIOPSY and GENETIC TESTING PANELS: The Food and Drug Administration (FDA) has approved two blood tests, known as liquid biopsies, in August 2020 that can help guide treatment decisions for people with cancer. The tests, Guardant360 CDx and FoundationOne Liquid CDx. The tests are made by different companies and were approved separately. Below is some information about each.

Both tests can be used for two different purposes: as a companion diagnostic test and for general tumor profiling. A test is considered a companion diagnostic if it provides key information about the safe and effective use of a corresponding drug. In this case, the tests determine whether a patient's tumor has a genetic change that is targeted by a specific drug.

(NOTE: The tests are not currently used for lymphoma, leukemia, or plasma cell neoplasms, only for solid tumors. Hematopoietic neoplasms have many individual genetic markers, specific to blood and lymph, but they are quite different and more specialized than the solid tumor genetic mutations or combinations.)

(NOTE: Cancer Registries do not yet have a way to report results of these multi-gene panel tests in a standardized manner, yet. We do not yet understand what we should be including in data collection for clinical case reporting (ACOS) or for cancer surveillance reporting (SEER/NPCR/FCDS); nor do we have the capacity to capture all of the results. We are working with physicians and geneticists to better understand our role as cancer registrars and population-based cancer surveillance programs at the state and federal level for capturing this information and what is important for cancer reporting. It may take some time for us to figure this all out. In the meantime, when these tests are used in diagnostic workup and to identify treatment options for patients with solid tumors, registrars should use any physician notes describing testing and results from Summary Reports, Consultations, Lab Results, etc...and specific comments made for each case, as the resource from which tests and results are important for any particular case you are abstracting.)

“Doctors have traditionally based treatment decisions on features like the organ in which the cancer started growing, whether the cancer has spread, and whether the patient has other health conditions. Now they often use another feature to guide treatment: genetic changes in the tumor.”

“Certain therapies, called targeted therapies and immunotherapies, work best against tumors that have specific genetic changes. The newly approved tests identify genetic changes, including mutations, by scanning DNA that tumors have shed into the blood.”

Doctors can then use that information to determine if there is a targeted therapy or immunotherapy that is likely to work for the patient. Analyzing genetic changes in a patient’s cancer is called tumor profiling, genomic profiling, or tumor sequencing.

Both Guardant360 CDx and FoundationOne Liquid CDx are approved for people with any solid cancer (e.g., lung, prostate), but not for those with blood cancers. While FDA has approved other blood tests that check for the presence a single gene mutation in tumor DNA, these are the first approved blood tests that check for multiple cancer-related genetic changes.

Liquid biopsies can sometimes be an alternative to a traditional biopsy, in which a sample of a tumor is removed with a needle or during surgery. They are less invasive and quicker than a traditional tissue biopsy”

“Even though the tests have been around for a while, we don’t know how useful they’re really going to be in the clinical setting,” said Ben Ho Park, M.D., Ph.D., of Vanderbilt-Ingram Cancer Center. Many details about how the blood tests may be incorporated into everyday care for people with cancer, including who should get them and whether the cost is covered by private insurance companies, are still being ironed out.”

1. **FoundationOne CDx - FoundationOne CDx** is the first FDA-approved tissue-based broad companion diagnostic (CDx) that has been clinically and analytically validated for all solid tumors. Test results include microsatellite instability (MSI) and tumor mutational burden (TMB) to help inform immunotherapy decisions, and loss of heterozygosity (LOH) for ovarian cancer patients.

You can also order PD-L1 immunohistochemistry (IHC) testing* as an optional add-on test. The FoundationOne CDx test detects substitution, insertion and deletion genetic alterations, and genetic copy number alterations (CNAs) in 324 genes and select gene rearrangements, as well as genomic signatures including microsatellite instability (MSI) and tumor mutational burden (TMB) using DNA isolated from formalin-fixed paraffin embedded (FFPE) tumor tissue specimens.

- FoundationOne CDx (324 DNA genes interrogated from a tissue sample)
- FoundationOne Liquid CDx (324 DNA genes* interrogated from a simple blood draw)
- FoundationOne Heme (406 DNA and 265 RNA genes interrogated from a variety of sample options)

Current Gene List²

Genes with full coding exonic regions included in FoundationOne[®]CDx for the detection of substitutions, insertion-deletions (Indels), and copy-number alterations (CNAs).

<i>ABL1</i>	<i>ACVR1B</i>	<i>AKT1</i>	<i>AKT2</i>	<i>AKT3</i>	<i>ALK</i>	<i>ALOX12B</i>	<i>AMER1 (FAM23B)</i>	<i>APC</i>
<i>AR</i>	<i>ARAF</i>	<i>ARFRP1</i>	<i>ARID1A</i>	<i>ASXL1</i>	<i>ATM</i>	<i>ATR</i>	<i>ATRX</i>	<i>AURKA</i>
<i>AURKB</i>	<i>AXIN1</i>	<i>AXL</i>	<i>BAP1</i>	<i>BARD1</i>	<i>BCL2</i>	<i>BCL2L1</i>	<i>BCL2L2</i>	<i>BCL6</i>
<i>BCOR</i>	<i>BCORL1</i>	<i>BRAF</i>	<i>BRCA1</i>	<i>BRCA2</i>	<i>BRD4</i>	<i>BRIP1</i>	<i>BTG1</i>	<i>BTG2</i>
<i>BTK</i>	<i>CT1orf30 (EMSY)</i>	<i>CALR</i>	<i>CARD11</i>	<i>CASP8</i>	<i>CBFB</i>	<i>CBL</i>	<i>CCND1</i>	<i>CCND2</i>
<i>CCND3</i>	<i>CCNE1</i>	<i>CD22</i>	<i>CD274 (PD-L1)</i>	<i>CD70</i>	<i>CD79A</i>	<i>CD79B</i>	<i>CDC73</i>	<i>CDH1</i>
<i>CDK12</i>	<i>CDK4</i>	<i>CDK6</i>	<i>CDKB</i>	<i>CDKN1A</i>	<i>CDKN1B</i>	<i>CDKN2A</i>	<i>CDKN2B</i>	<i>CDKN2C</i>
<i>CEBPA</i>	<i>CHEK1</i>	<i>CHEK2</i>	<i>CIC</i>	<i>CREBBP</i>	<i>CRKL</i>	<i>CSF1R</i>	<i>CSF3R</i>	<i>CTCF</i>
<i>CTNNA1</i>	<i>CTNINB1</i>	<i>CUL3</i>	<i>CUL4A</i>	<i>CXCR4</i>	<i>CYP17A1</i>	<i>DAXX</i>	<i>DDR1</i>	<i>DDR2</i>
<i>DIS3</i>	<i>DNMT3A</i>	<i>DOT1L</i>	<i>EED</i>	<i>EGFR</i>	<i>EP300</i>	<i>EPHA3</i>	<i>EPHB1</i>	<i>EPHB4</i>
<i>ERBB2</i>	<i>ERBB3</i>	<i>ERBB4</i>	<i>ERCC4</i>	<i>ERG</i>	<i>ERRF1</i>	<i>ESR1</i>	<i>EZH2</i>	<i>FAM46C</i>
<i>FANCA</i>	<i>FANCC</i>	<i>FANCG</i>	<i>FANCL</i>	<i>FAS</i>	<i>FBXW7</i>	<i>FGF10</i>	<i>FGF12</i>	<i>FGF14</i>
<i>FGF19</i>	<i>FGF23</i>	<i>FGF3</i>	<i>FGF4</i>	<i>FGF6</i>	<i>FGFR1</i>	<i>FGFR2</i>	<i>FGFR3</i>	<i>FGFR4</i>
<i>FH</i>	<i>FLCN</i>	<i>FLT1</i>	<i>FLT3</i>	<i>FOXL2</i>	<i>FUBP1</i>	<i>GABRA6</i>	<i>GATA3</i>	<i>GATA4</i>
<i>GATA6</i>	<i>GID4 (CT7orf39)</i>	<i>GNAI1</i>	<i>GNAI3</i>	<i>GNAQ</i>	<i>GNA5</i>	<i>GRM3</i>	<i>GSK3B</i>	<i>H3F3A</i>
<i>HDAC1</i>	<i>HGF</i>	<i>HNF1A</i>	<i>HRAS</i>	<i>HSD3B1</i>	<i>ID3</i>	<i>IDH1</i>	<i>IDH2</i>	<i>IGF1R</i>
<i>IKBKE</i>	<i>IKZF1</i>	<i>INPP4B</i>	<i>IRF2</i>	<i>IRF4</i>	<i>IRS2</i>	<i>JAK1</i>	<i>JAK2</i>	<i>JAK3</i>
<i>JUN</i>	<i>KDM5A</i>	<i>KDM5C</i>	<i>KDM6A</i>	<i>KDR</i>	<i>KEAP1</i>	<i>KEL</i>	<i>KIT</i>	<i>KLHL6</i>
<i>KMT2A (MLL)</i>	<i>KMT2D (MLL2)</i>	<i>KRAS</i>	<i>LTK</i>	<i>LYN</i>	<i>MAF</i>	<i>MAP2K1 (MEK1)</i>	<i>MAP2K2 (MEK2)</i>	<i>MAP2K4</i>
<i>MAP3K1</i>	<i>MAP3K13</i>	<i>MAPK1</i>	<i>MCL1</i>	<i>MDM1</i>	<i>MDM4</i>	<i>MED12</i>	<i>MEF2B</i>	<i>MEN1</i>
<i>MERTK</i>	<i>MET</i>	<i>MITF</i>	<i>MKNK1</i>	<i>MLH1</i>	<i>MPL</i>	<i>MRE11A</i>	<i>MSH2</i>	<i>MSH3</i>
<i>MSH6</i>	<i>MST1R</i>	<i>MTAP</i>	<i>MTOR</i>	<i>MUTYH</i>	<i>MYC</i>	<i>MYCL (MYCL1)</i>	<i>MYCN</i>	<i>MYD88</i>
<i>NBN</i>	<i>NF1</i>	<i>NF2</i>	<i>NFE2L2</i>	<i>NFKB1A</i>	<i>NKX2-1</i>	<i>NOTCH1</i>	<i>NOTCH2</i>	<i>NOTCH3</i>
<i>NPM1</i>	<i>NRAS</i>	<i>NTSC2</i>	<i>NTRK1</i>	<i>NTRK2</i>	<i>NTRK3</i>	<i>P2RYB</i>	<i>PALB2</i>	<i>PARK2</i>
<i>PARP1</i>	<i>PARP2</i>	<i>PARP3</i>	<i>PAX5</i>	<i>PBRM1</i>	<i>PDCD1 (PD-1)</i>	<i>PDCD1LG2 (PD-L2)</i>		<i>PDGFRA</i>
<i>PDGFRB</i>	<i>PDK1</i>	<i>PIK3C2B</i>	<i>PIK3C2G</i>	<i>PIK3CA</i>	<i>PIK3CB</i>	<i>PIK3RI</i>	<i>PIM1</i>	<i>PMS2</i>
<i>POLD1</i>	<i>POLE</i>	<i>PPARG</i>	<i>PPP2R1A</i>	<i>PPP2R2A</i>	<i>PRDM1</i>	<i>PRKARIA</i>	<i>PRKCI</i>	<i>PTCH1</i>
<i>PTEN</i>	<i>PTPN11</i>	<i>PTPRO</i>	<i>QKI</i>	<i>RAC1</i>	<i>RAD21</i>	<i>RAD51</i>	<i>RAD51B</i>	<i>RAD51C</i>
<i>RAD51D</i>	<i>RAD52</i>	<i>RAD54L</i>	<i>RAF1</i>	<i>RARA</i>	<i>RBI</i>	<i>RBM10</i>	<i>REL</i>	<i>RET</i>
<i>RICTOR</i>	<i>RNF43</i>	<i>ROS1</i>	<i>RPTOR</i>	<i>SDHA</i>	<i>SDHB</i>	<i>SDHC</i>	<i>SDHD</i>	<i>SETD2</i>
<i>SF3B1</i>	<i>SGK1</i>	<i>SMAD2</i>	<i>SMAD4</i>	<i>SMARCA4</i>	<i>SMARCB1</i>	<i>SMO</i>	<i>SNCAIP</i>	<i>SOC1</i>
<i>SOX2</i>	<i>SOX9</i>	<i>SPEN</i>	<i>SPOP</i>	<i>SRC</i>	<i>STAG2</i>	<i>STAT3</i>	<i>STK11</i>	<i>SUFU</i>
<i>SYK</i>	<i>TBX3</i>	<i>TEK</i>	<i>TET2</i>	<i>TGFBR2</i>	<i>TIPARP</i>	<i>TNFAIP3</i>	<i>TNFRSF14</i>	<i>TP53</i>
<i>TSC1</i>	<i>TSC2</i>	<i>TYRO3</i>	<i>U2AF1</i>	<i>VEGFA</i>	<i>VHL</i>	<i>WHSC1 (MMSET)</i>	<i>WHSC1L1</i>	<i>WTT</i>
<i>XPO1</i>	<i>XRCC2</i>	<i>ZNF217</i>	<i>ZNF703</i>					

Select Rearrangements^{2,3}

Genes with select intronic regions for the detection of gene rearrangements, one gene with a promoter region and one non-coding RNA gene.

<i>ALK</i>	<i>BCL2</i>	<i>BCR</i>	<i>BRAF</i>	<i>BRCA1</i>	<i>BRCA2</i>	<i>CD74</i>	<i>EGFR</i>	<i>ETV4</i>
<i>ETV5</i>	<i>ETV6</i>	<i>EWSR1</i>	<i>EZR</i>	<i>FGFR1</i>	<i>FGFR2</i>	<i>FGFR3</i>	<i>KIT</i>	<i>KMT2A (MLL)</i>
<i>MSH2</i>	<i>MYB</i>	<i>MYC</i>	<i>NOTCH2</i>	<i>NTRK1</i>	<i>NTRK2</i>	<i>NUTM1</i>	<i>PDGFRA</i>	<i>RAF1</i>
<i>RARA</i>	<i>RET</i>	<i>ROS1</i>	<i>RSPO2</i>	<i>SDC4</i>	<i>SLC34A2</i>	<i>TERC*</i>	<i>TERT (promoter only)**</i>	
<i>TMPRSS2</i>								

**TERC* is non-coding RNA gene.

***TERT* is gene with promoter region.

Table 1: Companion diagnostic indications

INDICATIONS	BIOMARKER	FDA-APPROVED THERAPY
Non-Small Cell Lung Cancer (NSCLC)	<i>EGFR</i> exon 19 deletions and <i>EGFR</i> exon 21 L858R alterations	Gilotrif* (afatinib), Iressa* (gefitinib), Tagrisso* (osimertinib) or Tarceva* (erlotinib)
	<i>EGFR</i> exon 20 T790M alterations	Tagrisso* (osimertinib)
	<i>ALK</i> rearrangements	Alecensa* (alectinib), Xalkori* (crizotinib), or Zykadia* (ceritinib)
	<i>BRAF</i> V600E	Tafinlar* (dabrafenib) in combination with Mekinist* (trametinib)
	<i>MET</i> single nucleotide variants (SNVs) and indels that lead to <i>MET</i> exon 14 skipping	Tabrecta™ (capmatinib)
Melanoma	<i>BRAF</i> V600E	Tafinlar* (dabrafenib) or Zelboraf* (vemurafenib)
	<i>BRAF</i> V600E or V600K	Mekinist* (trametinib) or Cotelliv* (cobimetinib), in combination with Zelboraf* (vemurafenib)
Breast Cancer	<i>ERBB2</i> (HER2) amplification	Herceptin* (trastuzumab), Kadcyla* (ado-trastuzumab-emtansine), or Perjeta* (pertuzumab)
	<i>PIK3CA</i> alterations	Piqray* (alpelisib)
Colorectal Cancer	<i>KRAS</i> wild-type (absence of mutations in codons 12 and 13)	Erbixux* (cetuximab)
	<i>KRAS</i> wild-type (absence of mutations in exons 2, 3 and 4) and <i>NRAS</i> wild-type (absence of mutations in exons 2, 3 and 4)	Vectibix* (panitumumab)
Ovarian Cancer	<i>BRCA1/2</i> alterations	Lynparza* (olaparib) or Rubraca* (rucaparib)
Cholangiocarcinoma	<i>FGFR2</i> fusions and select rearrangements	Pemazyre™ (pemigatinib)
Prostate Cancer	Homologous Recombination Repair (<i>HRR</i>) gene (<i>BRCA1, BRCA2, ATM, BARD1, BRIP1, CDK12, CHEK1, CHEK2, FANCL, PALB2, RAD51B, RAD51C, RAD51D and RAD54L</i>) alterations	Lynparza* (olaparib)
Solid tumors	TMB ≥ 10 mutations per megabase	Keytruda* (pembrolizumab)

The test is also used for detection of genomic loss of heterozygosity (LOH) from formalin-fixed, paraffin-embedded (FFPE) ovarian tumor tissue. Positive homologous recombination deficiency (HRD) status (defined as tBRCA-positive and/or LOH high) in ovarian cancer patients is associated with improved progression-free survival (PFS) from Rubraca (rucaparib) maintenance therapy in accordance with the Rubraca product label.

Tarceva* is the registered trademark of OSI Pharmaceuticals, LLC. Zelboraf*, Herceptin*, Perjeta*, Kadcyla*, and Cotelliv* are registered trademarks of Genentech, Inc. Gilotrif* is a registered trademark of Boehringer Ingelheim International GmbH. Iressa*, Lynparza*, and Tagrisso* are registered trademarks of the AstraZeneca group of companies. Xalkori* is a registered trademark of Pfizer Inc. Zykadia*, Tafinlar*, Piqray*, Mekinist*, and Tabrecta™ are registered trademarks of Novartis AG Corporation Switzerland. Erbixux* is a registered trademark of ImClone LLC, a wholly owned subsidiary of Eli Lilly and Company. Alecensa* is a registered trademark of Chugai Seiyaku Kabushiki Kaisha. Vectibix* is a registered trademark of Immunex Corporation. Rubraca* is a registered trademark of Clovis Oncology, Inc., Pemazyre™ is a registered trademark of Incyte Corporation, Keytruda* is a registered trademark of Merck Sharp & Dohme Corp.

- Guardant360 CDx - Guardant360® CDx** is a qualitative next generation sequencing-based in vitro diagnostic test that uses targeted high throughput hybridization-based capture technology for detection of single nucleotide variants (SNVs), insertions and deletions (indels) in 55 genes, copy number amplifications (CNAs) in two (2) genes, and fusions in four (4) genes. Guardant360 CDx utilizes circulating cell-free DNA (cfDNA) from plasma of peripheral whole blood collected in Streck Cell-Free DNA Blood Collection Tubes (BCTs).

Table 3. Genes Containing Alterations Reported by Guardant360 CDx

Alteration Type	Genes
Single Nucleotide Variants (SNVs)	<i>AKT1, ALK, APC, AR, ARAF, ATM*, BRAF, BRCA1**, BRCA2**, CCND1, CDH1, CDK4, CDK6, CDK12*, CDKN2A, CTNNB1, EGFR, ERBB2, ESR1, FGFR1, FGFR2, FGFR3, GATA3, GNA11, GNAQ, HRAS, IDH1, IDH2, KIT, KRAS, MAP2K1, MAP2K2, MET, MLH1, MTOR, MYC, NF1, NFE2L2, NRAS, NTRK1, NTRK3, PDGFRA, PIK3CA, PTEN, RAF1, RET, RHEB, ROS1, SMAD4, SMO, STK11, TERT, TSC1, VHL</i>
Indels	<i>AKT1, ALK, APC, ATM*, BRAF, BRCA1**, BRCA2**, CDH1, CDK12*, CDKN2A, EGFR, ERBB2, ESR1, FGFR2, GATA3, HNF1A, HRAS, KIT, KRAS, MET, MLH1, NF1, PDGFRA, PIK3CA, PTEN, RET, ROS1, STK11, TSC1, VHL</i>
Copy Number Amplifications (CNAs)	<i>ERBB2, MET</i>
Fusions	<i>ALK, NTRK1, RET, ROS1</i>

*Reporting is enabled for pathogenic germline alterations only. Somatic alterations will not be reported.

** Reporting is enabled for both germline and somatic alterations.

TEXT – DX PROC – OP

NAACCR ITEM #2560

Enter information from operative reports. Do not just restate the procedure performed. Procedure performed is included under the Surgery Text Field in the Treatment Text Section. Information from operative reports can include observations at surgery, tumor size, extent of involvement of primary or metastatic sites not surgically excised or biopsied and other information that may not be documented elsewhere. Include dates and chronology of care. See Appendix L

TEXT – DX PROC – PATH**NAACCR ITEM #2570**

Enter information from cytology and histopathology reports. Information from these reports can include tissue type, tumor size, extent of tumor spread, involvement of resection margins, tumor type, grade, behavior, lymph node status, metastatic involvement, etc. **YOU MUST INCLUDE DATES AND CHRONOLOGY OF CARE – PLEASE INDICATE IF REPORTS ARE MISSING FROM THE MEDICAL RECORD. INCLUDE BIOPSIES, BONE MARROW REPORTS, RESECTIONS, AND GENETIC TESTING INCLUDED IN THE ANATOMIC PATHOLOGY REPORT.** See Appendix L

TEXT – STAGING**NAACCR ITEM #2600**

DO NOT JUST ENTER TNM – YOU MUST JUSTIFY THE RATIONALE FOR ASSIGNING SS2018. THERE IS NO CROSSWALK FROM TNM TO SS2018. REFER TO THE SS2018 MANUAL. Enter a summary of all staging information. Information can include a summary of all staging tests with overall stage as stated by physician(s), special considerations for staging, etc. You may include AJCC TNM clinical and/or pathological in this section. But, do not only include AJCC TNM information. You must include rationale for assignment of Summary Stage. Please always use the Summary Stage Manual to assign Summary Stage and to document rationale for the code assigned. Include dates and chronology of care. See Appendix L

RX TEXT – SURGERY**NAACCR ITEM #2610**

Enter information describing the surgical procedure(s) performed as part of first course of therapy. Include dates and chronology of care. These are not the findings from the surgical procedure. Include the actual name and date of the surgical procedure(s) performed in chronological order. See Appendix L

RX TEXT--RADIATION (BEAM)**NAACCR ITEM #2620**

Enter the types of beam radiation administered to the patient as part of first course of therapy. Include dates and chronology of care. See Appendix L

Suggestion for text:

- Date when radiation treatment began
- Where treatment was given, e.g., at this facility, at another facility
- Other treatment information, e.g., patient discontinued after 5 treatments; unknown if radiation was given

RX TEXT--RADIATION OTHER**NAACCR ITEM #2630**

Enter the types of non-beam radiation administered to the patient as part of first course of therapy. Include dates and chronology of care. See Appendix L

Suggestion for text:

- Date treatment was started
- Where treatment was given, e.g., at this facility, at another facility
- Other treatment information, e.g., unknown if radiation was given

RX TEXT—CHEMO**NAACCR ITEM #2640**

Enter the documentation regarding chemotherapy treatment of the tumor being reported. Include dates and chronology of care. See Appendix L

Suggestion for text:

- Date when chemotherapy began
- Where treatment was given, e.g., at this facility, at another facility
- Type of chemotherapy, e.g., name of agent(s) or protocol
- Other treatment information, e.g., treatment cycle incomplete, unknown if chemotherapy was given

RX TEXT—HORMONE**NAACCR ITEM #2650**

Enter the documentation regarding the hormone treatment of the tumor being reported. Include dates and chronology of care. See Appendix L

Suggestion for text:

- Date treatment was started
- Where treatment was given, e.g., at this facility, at another facility
- Type of hormone or antihormone, e.g., Tamoxifen
- Type of endocrine surgery or radiation, e.g., orchiectomy
- Other treatment information, e.g., treatment cycle incomplete; unknown if hormones were given

RX TEXT—BRM**NAACCR ITEM #2660**

Enter the documentation regarding the biological response modifiers or immunotherapy treatments of the tumor being reported. Include dates and chronology of care. See Appendix L

Suggestion for text:

- When treatment was given, e.g., at this facility; at another facility
- Type of BRM agent, e.g., Interferon, BCG
- BRM procedures, e.g., bone marrow transplant, stem cell transplant
- Other treatment information, e.g., treatment cycle incomplete; unknown if BRM was given

RX TEXT--OTHER**NAACCR ITEM #2670**

Enter the document documentation regarding the treatment of the tumor being reported with treatment that cannot be defined as surgery, radiation, or systemic therapy. This includes experimental treatments (when the mechanism of action for a drug is unknown), and blinded clinical trials. If the mechanism of action for the experimental drug is known, code to the appropriate treatment field. Include dates and chronology of care. See Appendix L

Suggestion for text:

- Date treatment was started
- Where treatment was given, e.g., at this facility, at another facility
- Type of other treatment, e.g., blinded clinical trial, hyperthermia
- Other treatment information, e.g., treatment cycle incomplete; unknown if other treatment was given

TEXT – REMARKS**NAACCR ITEM #2680**

Enter text information not elsewhere provided and for overflow from other text areas. Include dates and chronology of care. See Appendix L

FOLLOW UP

The Follow Up section includes the set of data items used by the FCDS to monitor a facility's last contact with the patient at the time that the abstract was completed. FCDS does not require the collection of most of the data items pertaining to follow up. The FCDS required follow up data items are limited in scope; they mainly assist in performing limited survival analyses.

Data Items Included In This Section

<u>NAACCR Item Number</u>	<u>Item Name</u>
1750	Date of Last Contact
1760	Vital Status
1770	Cancer Status

DATE OF LAST CONTACT**NAACCR ITEM #1750**

Records the date of last contact with the patient or the date of death.

Coding Instructions

1. Record the last date on which the patient was known to be alive or the date of death.
2. If a patient has multiple primaries, all records should have the same date of last contact.

VITAL STATUS**NAACCR ITEM # 1760**

Enter the patient's Vital Status as of the date entered in date of last contact.

Code	Description
0	Dead
1	Alive

CANCER STATUS**NAACCR ITEM #1770**

Enter the cancer status that corresponds to the date of last contact. Cancer status is the absence or presence of cancer. It is coded independently for each primary. If a patient has multiple primaries, each record could have a different cancer status. If a patient has had surgical removal of the primary cancer and all other involved tissue and is felt to be free of cancer, cancer status should be coded 1 – No evidence of this cancer.

Code	Description
1	No evidence of this cancer
2	Evidence of this cancer
9	Unknown, indeterminate whether this cancer present, not stated in patient record

APPENDIX A

**FLORIDA HEALTHCARE FACILITIES
CURRENTLY REPORTING TO FCDS**

Includes:

**ALL HOSPITALS
AMBULATORY SURGICAL CENTERS,
CANCER TREATMENT CENTERS,
RADIATION THERAPY TREATMENT CENTERS**

Does NOT Include:

**Dermatologist in Private Practice
Urologist in Private Practice
Hematologist in Private Practice
Medical Oncologist in Private Practice**

Appendix A
Hospital Listing by FCDS Facility ID Code and Reporting Option

FAC	FAC NAME	FAC CITY	OPTION
1100	SHANDS UNIVERSITY OF FLORIDA	GAINESVILLE	4
1103	NF/SG VETERAN HEALTHCARE SYSTEM	GAINESVILLE	6
1170	N FLORIDA REGIONAL MEDICAL CENTER	GAINESVILLE	4
1205	BAKER COUNTY MEDICAL SERVICE INC	MACCLENNY	0
1300	GULF COAST MEDICAL CENTER	PANAMA CITY	4
1306	BAY MEDICAL CENTER	PANAMA CITY	4
1405	SHANDS STARKE REGIONAL MEDICAL CTR	STARKE	4
1505	CAPE CANAVERAL HOSPITAL	COCOA BEACH	4
1506	PARRISH MEDICAL CENTER	TITUSVILLE	4
1508	PALM BAY HOSPITAL	PALM BAY	4
1510	VIERA HOSPITAL	VIERA	4
1521	45TH MEDICAL GROUP 45MDSS SGSACT	PATRICK AIR FORCE BASE	7
1546	HOLMES REGIONAL MEDICAL CENTER	MELBOURNE	4
1547	WUESTHOFF MEDICAL CENTER- ROCKLEDGE	ROCKLEDGE	4
1548	WUESTHOFF MEDICAL CENTER MELBOURNE	MELBOURNE	4
1601	WESTSIDE REGIONAL MED CTR	PLANTATION	4
1602	MEMORIAL REGIONAL HOSPITAL SOUTH	HOLLYWOOD	2
1605	BROWARD HEALTH MEDICAL CENTER	FORT LAUDERDALE	4
1606	MEMORIAL REGIONAL CANCER CENTER	HOLLYWOOD	4
1607	BROWARD HEALTH NORTH	DEERFIELD BEACH	4
1609	IMPERIAL POINT MEDICAL CENTER	FORT LAUDERDALE	2
1610	MEMORIAL HOSPITAL PEMBROKE	PEMBROKE PINES	2
1636	HOLY CROSS HOSPITAL	FORT LAUDERDALE	5
1645	CORAL SPRINGS MEDICAL CENTER	CORAL SPRINGS	2
1647	CLEVELAND CLINIC HOSPITAL	WESTON	4
1649	MEMORIAL HOSPITAL MIRAMAR	MIRAMAR	2
1671	KINDRED HOSP S FL HOLLYWOOD	HOLLYWOOD	2
1673	KINDRED FT LAUDERDALE	FORT LAUDERDALE	2
1676	PLANTATION GENERAL HOSP	PLANTATION	4
1681	NORTHWEST MEDICAL CENTER	MARGATE	2
1686	FLORIDA MEDICAL CENTER	FORT LAUDERDALE	2
1687	UNIVERSITY MEDICAL CENTER	TAMARAC	2
1688	MEMORIAL HOSPITAL WEST	PEMBROKE PINES	4
1690	HOLLYWOOD PAVILION	HOLLYWOOD	8
1705	CALHOUN LIBERTY HOSPITAL	BLOUNTSTOWN	0
1800	FAWCETT MEMORIAL HOSPITAL	PORT CHARLOTTE	2
1836	PEACE RIVER REGIONAL MEDICAL CENTER	PORT CHARLOTTE	3
1846	BAYFRONT HEALTH PUNTA GORDA	PUNTA GORDA	2
1900	SEVEN RIVERS REGIONAL MEDICAL CTR	CRYSTAL RIVER	2
1905	CITRUS MEMORIAL HOSPITAL	INVERNESS	2

Appendix A
Hospital Listing by FCDS Facility ID Code and Reporting Option

FAC	FAC NAME	FAC CITY	OPTION
2000	ORANGE PARK MEDICAL CENTER	ORANGE PARK	4
2090	KINDRED HOSPITAL NORTH FLORIDA	GREEN COVE SPRINGS	2
2130	PHYSICIANS REG MED CTR-PINE RIDGE	NAPLES	2
2140	PHYSICIANS REG MEDICAL CTR COLLIER	NAPLES	2
2146	NCH HEALTHCARE SYSTEM	NAPLES	4
2150	NORTH COLLIER HOSPITAL	NAPLES	4
2190	THE WILLOUGH AT NAPLES	NAPLES	8
2205	SHANDS LAKE SHORE REGIONAL MED CTR	LAKE CITY	4
2226	ORLANDO VA MEDICAL CENTER	LAKE CITY	6
2246	LAKE CITY MEDICAL CENTER	LAKE CITY	2
2302	JACKSON SOUTH COMMUNITY CENTER	MIAMI	4
2304	AVENTURA HOSP AND COMP CANCER CTR	AVENTURA	4
2305	JAMES M JACKSON MEMORIAL HOSPITAL	MIAMI	4
2306	HOMESTEAD HOSPITAL	HOMESTEAD	4
2307	WEST KENDALL BAPTIST HOSPITAL	MIAMI	3
2310	ANNE BATES LEACH EYE HOSPITAL	MIAMI	4
2321	U S AIR FORCE HOSPITAL	HOMESTEAD	7
2326	MIAMI V A MEDICAL CENTER	MIAMI	6
2336	BAPTIST HOSPITAL MIAMI	MIAMI	4
2338	MERCY HOSPITAL	MIAMI	2
2346	KINDRED HOSP S FL CORAL GABLES	CORAL GABLES	2
2347	UNIVERSITY OF MIAMI HOSPITAL	MIAMI	4
2348	DOCTORS HOSPITAL	CORAL GABLES	2
2349	HIALEAH HOSPITAL	HIALEAH	2
2351	MOUNT SINAI MEDICAL CENTER	MIAMI BEACH	4
2353	NORTH SHORE MEDICAL CENTER	MIAMI	4
2356	PALM SPRINGS GENERAL HOSPITAL	HIALEAH	2
2358	KENDALL MEDICAL CENTER	MIAMI	2
2359	MIAMI CHILDRENS HOSPITAL	MIAMI	5
2372	U OF MIAMI HOSPITAL CLINICS	MIAMI	4
2374	JACKSON NORTH MEDICAL CENTER	NORTH MIAMI BEACH	2
2376	SOUTH MIAMI HOSPITAL	SOUTH MIAMI	4
2377	WESTCHESTER GENERAL HOSPITAL	MIAMI	2
2378	CORAL GABLES HOSPITAL	CORAL GABLES	2
2379	LARKIN COMMUNITY HOSPITAL	SOUTH MIAMI	2
2383	PALMETTO GENERAL HOSPITAL	HIALEAH	3
2405	DESOTO MEMORIAL HOSPITAL	ARCADIA	2
2605	BAPTIST MEDICAL CENTER BEACHES	JACKSONVILLE BEACH	4
2606	SHANDS JACKSONVILLE MEDICAL CENTER	JACKSONVILLE	4
2621	NAVAL HOSPITAL JAX TUMOR REGISTRY	JACKSONVILLE	7

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FAC	FAC NAME	FAC CITY	OPTION
2636	BAPTIST REGIONAL CANCER CENTER-JAX	JACKSONVILLE	4
2638	ASCENSION ST. VINCENT'S RIVERSIDE	JACKSONVILLE	4
2640	BAPTIST MEDICAL CENTER SOUTH	JACKSONVILLE	4
2647	NEMOURS CHILDRENS HOSPITAL	ORLANDO	2
2648	MEMORIAL HOSPITAL JACKSONVILLE	JACKSONVILLE	4
2650	MAYO CLINIC HOSPITAL	JACKSONVILLE	4
2651	SPECIALTY HOSPITAL JACKSONVILLE	JACKSONVILLE	0
2660	ASCENSION ST. VINCENT'S SOUTHSIDE	JACKSONVILLE	4
2672	WOLFSON CHILDRENS HOSP NCC	JACKSONVILLE	4
2700	WEST FLORIDA HOSPITAL	PENSACOLA	4
2705	UNIVERSITY HOSPITAL AND CLINIC	PENSACOLA	8
2721	NAVAL HOSPITAL OF PENSACOLA	PENSACOLA	7
2736	BAPTIST HOSPITAL OF PENSACOLA	PENSACOLA	4
2738	ASCENSION SACRED HEART	PENSACOLA	4
2870	ADVENTHEALTH PALM COAST	PALM COAST	4
2905	GEORGE E WEEMS MEMORIAL HOSPITAL	APALACHICOLA	0
3000	FLORIDA STATE HOSPITAL	CHATTAHOOCHEE	8
3300	SACRED HEART HOSPITAL ON THE GULF	PORT SAINT JOE	3
3505	ADVENTHEALTH WAUCHULA	TAMPA	2
3605	HENDRY REGIONAL MEDICAL CENTER	CLEWISTON	0
3701	OAK HILL HOSPITAL	BROOKSVILLE	4
3705	BAYFRONT HEALTH BROOKSVILLE	BROOKSVILLE	2
3715	SPRING HILL REGIONAL HOSPITAL	SPRING HILL	2
3805	HIGHLANDS REGIONAL MEDICAL CENTER	SEBRING	2
3836	ADVENTHEALTH HEARTLAND (SEBRING)	TAMPA	2
3890	ADVENTHEALTH LAKE PLACID	TAMPA	2
3901	TAMPA VA HOSPITAL	TAMPA	6
3903	BRANDON REGIONAL HOSPITAL	BRANDON	4
3906	TAMPA GENERAL HOSPITAL	TAMPA	3
3907	ADVENTHEALTH TAMPA	TAMPA	4
3908	SHRINERS HOSPITALS FOR CHILDREN	TAMPA	3
3910	ST. JOSEPH'S HOSPITAL-SOUTH	RIVERVIEW	4
3921	U S AIR FORCE REGIONAL HOSPITAL	MACDILL AFB	7
3932	H LEE MOFFITT CANCER CENTER	TAMPA	4
3936	ST JOSEPHS HOSPITAL NORTH	LUTZ	4
3937	ST JOSEPH HOSPITAL	TAMPA	4
3938	SOUTH FLORIDA BAPTIST HOSPITAL	PLANT CITY	2
3947	KINDRED HOSPITAL CENTRAL TAMPA	TAMPA	2
3973	ADVENTHEALTH CARROLLWOOD	TAMPA	4
3974	KINDRED HOSPITAL BAY AREA TAMPA	TAMPA	2

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FAC	FAC NAME	FAC CITY	OPTION
3977	MEMORIAL HOSPITAL OF TAMPA	TAMPA	2
3978	TAMPA COMMUNITY HOSPITAL	TAMPA	2
3988	SOUTH BAY HOSPITAL	SUN CITY CENTER	2
4005	DOCTORS MEMORIAL HOSPITAL - BONIFAY	BONIFAY	0
4105	INDIAN RIVER MEMORIAL HOSPITAL	VERO BEACH	4
4170	SEBASTIAN RIVER MEDICAL CENTER	SEBASTIAN	2
4206	JACKSON HOSPITAL	MARIANNA	2
4516	LEESBURG REGIONAL MEDICAL CENTER	LEESBURG	4
4546	SOUTH LAKE HOSPITAL	CLERMONT	3
4547	FLORIDA HOSPITAL WATERMAN	TAVARES	4
4601	CAPE CORAL HOSPITAL	CAPE CORAL	4
4605	LEE MEMORIAL HEALTH SYSTEM	FT MYERS	4
4645	REG CANCER CTR GULF COAST HOSPITAL	FT MYERS	2
4647	LEHIGH REGIONAL MEDICAL CENTER	LEHIGH ACRES	2
4690	LEE MEMORIAL HOSPITAL HEALTHPARK	FT MYERS	4
4705	TALLAHASSEE MEMORIAL HEALTHCARE	TALLAHASSEE	4
4770	CAPITAL REGIONAL MEDICAL CENTER	TALLAHASSEE	2
4816	REGIONAL GENERAL HOSPITAL WILLISTON	WILLISTON	0
5005	MADISON COUNTY MEMORIAL HOSPITAL	MADISON	0
5100	BLAKE MEDICAL CENTER	BRADENTON	4
5105	MANATEE MEMORIAL HOSP	BRADENTON	4
5110	LAKESWOOD RANCH MEDICAL CENTER	BRADENTON	4
5200	OCALA REGIONAL MEDICAL CENTER	OCALA	4
5202	WEST MARION COMMUNITY HOSPITAL	OCALA	4
5203	ASCENSION ST. VINCENT'S CLAY COUNTY	JACKSONVILLE	3
5205	ADVENTHEALTH OCALA	OCALA	4
5207	KINDRED HOSPITAL OCALA	OCALA	2
5346	MARTIN MEMORIAL MEDICAL CENTER	STUART	4
5390	MARTIN MEMORIAL HOSPITAL SOUTH	STUART	4
5406	LOWER KEYS MEDICAL CENTER	KEY WEST	2
5446	FISHERMENS HOSPITAL	MARATHON	2
5471	MARINERS HOSPITAL	TAVERNIER	2
5490	LOWER KEYS MEDICAL CENTER	KEY WEST	8
5505	BAPTIST MEDICAL CENTER NASSAU	FERNANDINA BEACH	2
5606	TWIN CITIES HOSPITAL	NICEVILLE	3
5607	NORTH OKALOOSA MEDICAL CENTER	CRESTVIEW	3
5610	SACRED HEART HOSP EMERALD COAST	MIRAMAR BEACH	2
5621	96 MEDICAL GROUP SGSAH	EGLIN AFB	7
5670	FORT WALTON BEACH MED CTR	FORT WALTON BEACH	2
5705	RAULERSON HOSPITAL	OKEECHOBEE	2

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FAC	FAC NAME	FAC CITY	OPTION
5805	ADVENTHEALTH APOPKA	APOPKA	4
5806	HEALTH CENTRAL	OCOEE	2
5836	ADVENTHEALTH ORLANDO - SOUTH	ORLANDO	4
5848	UF HEALTH CANCER CENTER AT ORLANDO	ORLANDO	4
5849	ADVENTHEALTH EAST ORLANDO	ORLANDO	4
5850	ADVENTHEALTH WINTER PARK MEM HOSP	WINTER PARK	4
5851	ORLANDO REGIONAL MEDICAL CENTER	ORLANDO	4
5852	DR P PHILLIPS HOSPITAL	ORLANDO	4
5890	WINTER PARK PAVILION	WINTER PARK	8
5891	ARNOLD PALMER MEDICAL CENTER	ORLANDO	4
5900	POINCIANA MEDICAL CENTER	KISSIMMEE	4
5936	ST CLOUD REGIONAL MEDICAL CENTER	ST CLOUD	4
5967	OSCEOLA REGIONAL MEDICAL CENTER	KISSIMMEE	4
5969	ADVENTHEALTH CELEBRATION	CELEBRATION	4
5970	ADVENTHEALTH KISSIMMEE	KISSIMMEE	4
6001	JFK NORTH CAMPUS	WEST PALM BEACH	4
6003	DELRAY MEDICAL CENTER	DELRAY BEACH	3
6005	BETHESDA MEMORIAL HOSPITAL	BOYNTON BEACH	4
6007	LAKESIDE MEDICAL CENTER	BELLE GLADE	3
6008	BETHESDA HOSPITAL WEST	BOYNTON BEACH	4
6026	WEST PALM BEACH V A MED CTR	WEST PALM BEACH	6
6036	ST MARYS MEDICAL CENTER	WEST PALM BEACH	4
6045	WEST BOCA MEDICAL CENTER	BOCA RATON	2
6046	BOCA RATON REGIONAL HOSPITAL	BOCA RATON	4
6047	GOOD SAMARITAN MEDICAL CENTER	WEST PALM BEACH	4
6048	JFK MEDICAL CENTER	ATLANTIS	4
6068	WELLINGTON REGIONAL MEDICAL CENTER	WEST PALM BEACH	4
6069	PALMS WEST HOSPITAL	LOXAHATCHEE	2
6070	PALM BEACH GARDENS MEDICAL CENTER	PALM BEACH GARDENS	2
6074	JUPITER MEDICAL CENTER	JUPITER	4
6104	FLORIDA HOSPITAL WESLEY CHAPEL	WESLEY CHAPEL	5
6105	ADVENTHEALTH ZEPHYRHILLS	TAMPA	2
6106	MORTON PLANT NORTH BAY HOSPITAL	NEW PORT RICHEY	4
6170	MEDICAL CENTER OF TRINITY	NEW PORT RICHEY	2
6171	ADVENTHEALTH DADE CITY	DADE CITY	2
6172	REGIONAL MED CENTER BAYONET POINT	HUDSON	4
6201	NORTHSIDE HOSP HEART INSTITUTE	ST PETERSBURG	2
6205	ADVENTHEALTH NORTH PINELLAS	TAMPA	2
6206	LARGO MEDICAL CENTER	LARGO	4
6226	BAY PINES V A MEDICAL CENTER	BAY PINES	6

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FAC	FAC NAME	FAC CITY	OPTION
6246	JOHN HOPKINS ALL CHILDRENS HOSPITAL	ST PETERSBURG	3
6248	BAYFRONT MEDICAL CENTER	ST PETERSBURG	2
6249	MEASE DUNEDIN HOSPITAL	DUNEDIN	4
6250	MORTON PLANT HOSPITAL	CLEARWATER	4
6251	ST ANTHONY HOSPITAL	ST PETERSBURG	4
6252	LARGO MEDICAL CENTER OF INDIAN ROCK	LARGO	8
6273	PALMS OF PASADENA HOSPITAL	ST PETERSBURG	2
6274	ST PETERSBURG GENERAL HOSPITAL	ST PETERSBURG	2
6278	MEASE COUNTRYSIDE HOSPITAL	SAFETY HARBOR	4
6290	KINDRED HOSP BAY AREA ST PETERSBURG	ST PETERSBURG	2
6305	LAKELAND REGIONAL MEDICAL CENTER	LAKELAND	4
6346	BARTOW REGIONAL MEDICAL CENTER	BARTOW	2
6347	ADVENT HEALTH HEART OF FLORIDA	DAVENPORT	2
6348	LAKE WALES HOSPITAL	LAKE WALES	2
6349	WINTER HAVEN HOSPITAL	WINTER HAVEN	4
6446	PUTNAM COMMUNITY MEDICAL CTR	PALATKA	2
6570	FLAGLER HOSPITAL	ST AUGUSTINE	3
6600	LAWNWOOD REGIONAL MED CTR	FORT PIERCE	2
6646	TRADITION MEDICAL CENTER	PT ST LUCIE	4
6647	ST LUCIE MEDICAL CENTER	PORT ST LUCIE	3
6690	SAVANNAS HOSPITAL	PORT ST LUCIE	8
6704	GULF BREEZE HOSPITAL	PENSACOLA	4
6705	JAY HOSPITAL	JAY	2
6707	SANTA ROSA MEDICAL CENTER	MILTON	2
6805	SARASOTA MEMORIAL HOSPITAL	SARASOTA	4
6810	ENGLEWOOD COMMUNITY HOSPITAL	ENGLEWOOD	4
6815	COMPLEXCARE AT RIDGELAKE	SARASOTA	0
6846	VENICE REGIONAL BAYFRONT HEALTH	VENICE	4
6870	DOCTORS HOSPITAL	SARASOTA	3
6905	CENTRAL FLORIDA REGIONAL HOSPITAL	SANFORD	4
6910	ORLANDO REGIONAL SOUTH SEMINOLE HOS	LONGWOOD	4
6936	ADVENTHEALTH ALTAMONTE SPRINGS	ALTAMONTE SPRINGS	4
7005	VILLAGES REGIONAL HOSPITAL	THE VILLAGES	2
7105	SHANDS LIVE OAK REGIONAL MED CTR	LIVE OAK	4
7205	DOCTORS MEMORIAL HOSPITAL	PERRY	2
7305	LAKE BUTLER HOSPITAL HAND SURG. CTR	LAKE BUTLER	0
7405	ADVENTHEALTH NEW SMYRNA	NEW SMYRNA BEACH	3
7406	HALIFAX HOSPITAL MEDICAL CENTER	DAYTONA BEACH	4
7407	ADVENTHEALTH DELAND	DELAND	4
7446	ADVENTHEALTH FISH MEMORIAL	ORANGE CITY	2

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FAC	FAC NAME	FAC CITY	OPTION
7447	MEMORIAL HOSPITAL ORMOND BEACH	ORMOND BEACH	4
7448	ADVENTHEALTH DAYTONA BEACH	DAYTONA BEACH	4
7605	HEALTHMARK REGIONAL MEDICAL CENTER	DE FUNIAK SPRINGS	0
7705	NW FLORIDA COMMUNITY HOSPITAL	CHIPLEY	0
7706	KINDRED PALM BEACHES	RIVIERA BEACH	2
7708	KINDRED HOSPITAL MELBOURNE	MELBOURNE	2
7709	MEDICAL CTR OF TRINITY WEST PASCO	NEW PORT RICHEY	2
7710	ADVENTHEALTH WINTER GARDEN	WINTER GARDEN	4
7711	OVIEDO MEDICAL CENTER	OVIEDO	4
9084	HALIFAX MEDICAL CENTER-PORT ORANGE	PORT ORANGE	4

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Surgery Center Listing by FCDS Facility ID Code and Reporting Option

FAC	FAC NAME	FAC CITY	OPTION
5812	CORNERSTONE SURGICARE LLC	PENSACOLA	S
8000	AYERS SURGERY CENTER	GAINESVILLE	S
8001	EYE SURGICENTER	GAINESVILLE	S
8004	MULLIS EYE INSTITUTE INC	PANAMA CITY	S
8005	NORTHWEST FLORIDA GASTROENTEROLOGY	PANAMA CITY	S
8008	ASC OF BREVARD	MELBOURNE	S
8009	BREVARD SURGERY CENTER	MELBOURNE	S
8012	MEMORIAL SAME DAY WEST	PEMBROKE PINES	S
8013	ATLANTIC SURGICAL CENTER	POMPANO BEACH	S
8014	CLEVELAND CLINIC OF FLORIDA	WESTON	S
8015	EYE CARE AND SURGERY CENTER	FT LAUDERDALE	S
8016	FOUNDATION FOR ADVANCED EYE CARE	SUNRISE	S
8017	MEMORIAL SAME DAY EAST	HOLLYWOOD	S
8019	OUTPATIENT SURGICAL SERVICES	PLANTATION	S
8020	SURGERY CTR AT CORAL SPRING	CORAL SPRINGS	S
8021	RAND SURGICAL PAVILLION CORPORATION	POMPANO BEACH	S
8024	ST LUCIES OUTPATIENT SURGERY CENTER	PORT CHARLOTTE	S
8030	GASKINS EYE CARE AND SURGERY CENTER	NAPLES	S
8031	MONTGOMERY EYE CENTER	NAPLES	S
8033	NAPLES DAY SURGERY NORTH	NAPLES	S
8034	NEWGATE SURGERY CENTER INC	NAPLES	S
8035	ENDOSCOPY CENTER OF NAPLES	NAPLES	S
8036	AMBULATORY SURGICAL CTR	MIAMI	S
8037	THE SURGERY CENTER OF CORAL GABLES	MIAMI	S
8038	CORAL VIEW SURGERY CENTER	MIAMI	S
8040	HIALEAH AMBULATORY CARE CENTER	HIALEAH	S
8042	MIAMI EYE CENTER	MIAMI	S
8043	SANTA LUCIA SURG CTR-MIAMI VISION	CORAL GABLES	S
8044	COLUMBIA N MIAMI BCH SURGERY CTR	NORTH MIAMI	S
8047	SURGICAL PARK CENTER LTD	MIAMI	S
8049	REED CENTER FOR AMB UROLOGICAL SURG	BAY HAVOR ISLAND	S
8050	VENTURE AMBULATORY SURGICAL CENTER	N MIAMI BEACH	S
8052	MAYO OUTPATIENT SURGERY CENTER	JACKSONVILLE	S
8053	NORTH FL EYE CLINIC SURGICENTER	JACKSONVILLE	S
8055	RIVERSIDE PARK SURGICENTER	JACKSONVILLE	S
8056	SAMUEL WELLS SURGI CENTER	JACKSONVILLE	S
8059	UNIVERSITY OF FLORIDA FACULTY CLINI	JACKSONVILLE	S
8060	CORDOVA AMBULATORY SURGICAL CENTER	PENSACOLA	S
8062	NORTH FLORIDA SURGERY CENTER	PENSACOLA	S
8063	FOREST OAKS AMB SURG CTR	SPRING HILL	S

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FAC	FAC NAME	FAC CITY	OPTION
8064	ALL SAINTS SURGERY CENTER	BROOKSVILLE	S
8065	SUNCOAST SURGERY CTR OF HERNANDO	SPRING HILL	S
8068	SURGICAL CTR OF CENTRAL FL	SEBRING	S
8069	AMBULATORY SURGERY CENTER	TAMPA	S
8070	BRANDON SURGERY CENTER	BRANDON	S
8071	TAMPA BAY SURGERY CENTER	TAMPA	S
8072	CENTER FOR SPECIALIZED SURGERY	TAMPA	S
8073	ST JOSEPH'S SAME DAY SURGERY CTR	TAMPA	S
8074	TAMPA EYE & SPECIALTY SURGERY CTR	TAMPA	S
8075	TAMPA OUTPATIENT SURGICAL FACILITY	TAMPA	S
8076	USF ENDOSCOPY CTR TAMPA FL	TAMPA	S
8077	FL EYE INSTITUTE SURGICENTER INC	VERO BEACH	S
8079	VERO EYE CENTER	VERO BEACH	S
8082	LEESBURG REG AMB SURG CTR	LEESBURG	S
8087	DERMATOLOGICAL AND COSMETIC SURGERY	FT MYERS	S
8088	EYE SURGERY AND LASER CENTER	CAPE CORAL	S
8089	LIFELINE ENDOSCOPY CENTER	CAPE CORAL	S
8091	LEE ISLAND COAST SURGERY CENTER	FT MYERS	S
8092	SW FL INST OF AMBULATORY SURGICTR	FT MYERS	S
8093	SW FL ENDOSCOPY CENTER	FT MYERS	S
8094	SURGI AND LASER CTR OF SW FL	FT MYERS	S
8097	ALPHA AMBULATORY SURGERY CENTER	TALLAHASSEE	S
8100	TALLAHASSEE ENDOSCOPY CENTER	TALLAHASSEE	S
8101	TALLAHASSEE OUTPATIENT SURGERY CTR	TALLAHASSEE	S
8103	WEST FLORIDA SURGERY CTR	BRADENTON	S
8104	CORTEZ FOOT SURGERY CENTER	BRADENTON	S
8107	MANATEE ENDOSCOPY CENTER	BRADENTON	S
8108	CENTRAL FLORIDA EYE INSTITUTE	OCALA	S
8111	OCALA SPECIALTY SURGERY CENTER LLC	OCALA	S
8115	AMBULATORY ANKLE AND FOOT CTR OF FL	ORLANDO	S
8117	CLEVELAND CLINIC NAPLES	NAPLES	S
8119	OAKWATER SURGICAL CENTER	ORLANDO	S
8121	PHYSICIANS SURGICAL CARE CENTER	WINTER PARK	S
8122	SAME DAY SURGI CENTER OF ORLANDO	ORLANDO	S
8126	WINTER PARK AMBULATORY SURGERY CTR	WINTER PARK	S
8131	DELRAY OUTPATIENT SURG AND LASER	DELRAY BEACH	S
8132	INTRACOASTAL OPD SURGICAL CTR	WEST PALM BEACH	S
8133	KIMMEL OUTPATIENT SURGICAL CENTER	WEST PALM BEACH	S
8134	PALM BEACH OUTPATIENT SURGICAL CTR	LAKE WORTH	S

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FAC	FAC NAME	FAC CITY	OPTION
8135	N COUNTY SURGICTR PLM BCH	PALM BEACH GARDEN	S
8137	PALM BEACH EYE CLINIC	WEST PLAM BEACH	S
8138	PALM BEACH LAKES SURGERY CENTER	WEST PALM BEACH	S
8140	PRESIDENTIAL EYE SURGICENTER	WEST PALM BEACH	S
8141	JUPITER EYE CENTER	JUPITER	S
8144	NEW PORT RICHEY SURG CTR AT TRINITY	TRINITY	S
8146	PASCO SURGERY CENTER	ZEPHYRHILLS	S
8147	HOLIDAY SURGERY CENTER	HOLIDAY	S
8148	MEDICAL DEVELOP CORP OF PASCO CTY	HUDSON	S
8150	SEVEN SPRINGS SURGERY CENTER INC	NEW PORT RICHEY	S
8151	SUNCOAST EYE CENTER	HUDSON	S
8152	SUNCOAST SKIN SURGERY CLINIC	NEW PORT RICHEY	S
8153	MEADOW LANE SURGERY CENTER	NEW PORT RICHEY	S
8154	BAY AREA ENDOSCOPY CENTER	ST PETERSBURG	S
8155	BAYFRONT MED PLAZA SAMEDAY SURGERY	ST PETERSBURG	S
8156	CLEARWATER ENDOSCOPY CENTER	CLEARWATER	S
8163	ST LUKES CATARACT CENTER	TARPON SPRINGS	S
8164	SUNCOAST MEDICAL CLINIC, LLC	ST PETERSBURG	S
8165	HEALTHSOUTH ST PETERSBURG SURG CTR	ST PETERSBURG	S
8166	SUNCOAST MED CLINIC, LLC ENDOSCOPY	ST PETERSBURG	S
8169	CENTRAL FLORIDA SURGICENTER	LAKELAND	S
8173	CENTER FOR ADVANCED EYE SURGERY LP	SARASOTA	S
8175	EYE CENTER OF FLORIDA	VENICE	S
8176	BON SECOURS VENICE HEALTHPK SURGERY	VENICE	S
8178	SURGERY CENTER AT ST ANDREWS	VENICE	S
8179	SURGICARE CTR OF VENICE INC	VENICE	S
8181	FLORIDA EYE CLINIC ASC	ALTAMONTE SPRINGS	S
8185	DAY SURGERY INC	PORT ST LUCIE	S
8186	TREASURE COAST COSMETIC SURGERY CEN	PORT ST LUCIE	S
8187	AMBULATORY SUR CTR OF CENTRAL FL	DELAND	S
8188	ATLANTIC SURGERY CENTER	DAYTONA	S
8191	NEW SMYRNA BCH AMBULATORY CARE CTR	NEW SMYRNA BEACH	S
8192	OFFICE OF DR RICHARD JABLONSKI	ORMOND BEACH	S
8195	SUNRISE SURGICAL CENTER	DAYTONA BEACH	S
8199	ENDOSCOPY CTR OF PENSACOLA	PENSACOLA	S
8201	BRADENTON SURGERY CENTER	BRADENTON	S
8202	THE OCALA EYE SURGERY CENTER	OCALA	S
8206	TREASURE COAST CTR FOR SURGERY	STUART	S
8207	GALLOWAY SURGICAL CTR	MIAMI'	S
8208	RIVERSIDE SURGERY CENTER	SEBASTIAN	S

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FAC	FAC NAME	FAC CITY	OPTION
8209	BETHESDA OUTPATIENT SURGERY CENTER	BOYNTON BEACH	S
8212	GULFSHORE ENDOSCOPY CTR INC	NAPLES	S
8214	LAKELAND SURG AND DIAGNOSTIC CTR	LAKELAND	S
8215	THE FACIAL PLASTIC SURGERY CENTER	NAPLES	S
8216	MEDICAL ARTS SURGICAL CENTER	MIAMI	S
8217	MEDICAL PARTNERS SURGERY CTR	JACKSONVILLE	S
8220	WATERS EDGE SURGERY CENTER	STUART	S
8221	ORLANDO SURGERY CTR LTD	ORLANDO	S
8222	SEVEN RIVERS COMMUNITY HOSPITAL ASC	CRYSTAL RIVER	S
8223	DIGESTIVE DISEASE ASSOCIATES	CLEARWATER	S
8224	SURGERY CTR OF NORTH FL LLC	GAINESVILLE	S
8227	HERNANDO ENDOSCOPY AND SURGERY CTR	BROOKSVILLE	S
8228	LEAGUE AGAINST CANCER INC	MIAMI	S
8229	ST LUCIE SURGERY CENTER	PORT ST LUCIE	S
8230	SURGERY CENTER OF STUART	STUART	S
8231	HEALTHSOUTH CRESTVIEW SURGERY CTR	XX	S
8236	BEVERLY HILLS SURGERY CENTER, INC	BEVERLY HILLS	S
8237	LASER AND SURG CTR THE PALM BEACHES	PALM BEACH GARDENS	S
8239	SURGERY CENTER OF MELBOURNE	MELBOURNE	S
8240	PLASTIC SURGERY CENTER OF LAKE CTY	TAVARES	S
8241	SOUTHERN SURGERY CENTER	LAKE CITY	S
8242	RIVERWALK AMBULATORY SURGERY CENTER	FT MYERS	S
8243	SURGERY CENTER OF SARASOTA	SARASOTA	S
8244	THE PALMETTO SURGERY CENTER	HIALEAH	S
8245	HEALTH CENTRAL SURGERY CENTER	OCOE	S
8251	CITRUS UROLOGY CENTER INC	LECANTO	S
8252	FLORIDA COASTAL SURGERY CENTER	NAPLES	S
8253	INTERVENTIONAL THERAPEUTICS INC	PENSACOLA	S
8254	OUTPATIENT PLASTIC SURGERY CENTER	PALM SPRINGS	S
8256	ROSATO PLASTIC SURGERY CENTER	VERO BEACH	S
8257	BARDMOOR SURGERY CENTER	LARGO	S
8258	MAYO CLINIC JACKSONVILLE ASC FOR GI	JACKSONVILLE	S
8259	SURGERY CENTER OF CORAL GABLES LLC	CORAL GABLES	S
8260	SURGIKID OF FLORIDA INC	TAMPA	S
8261	OUTPATIENT SURGERY CENTER OF BOCA	BOCA RATON	S
8262	MIAMI HAND CENTER	MIAMI	S
8264	LAKE WORTH SURGICAL CENTER	LAKE WORTH	S
8265	UNIVERSITY EYE SURGERY CENTER	FORT MYERS	S
8269	MELBOURNE SAME DAY SURGERY	MELBOURNE	S

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FAC	FAC NAME	FAC CITY	OPTION
8270	NORTH FLORIDA ENDOSCOPY CENTER	GAINESVILLE	S
8274	WESTON OUTPATIENT SURGICAL CENTER	WESTON	S
8275	FLORIDA ENDOSCOPY SURGERY CENTER	BROOKSVILLE	S
8276	ORTHOPAEDIC SURGERY CENTER	GAINESVILLE	S
8277	GULF COAST ENDOSCOPY CENTER SOUTH	FORT MYERS	S
8278	SURGERY CENTER OF WESTON	WESTON	S
8279	C MED INC	CLEARWATER	S
8280	SURGERY CENTER OF FT LAUDERDALE	LAUDERDALE LAKES	S
8281	TOTAL EYE CARE SURGERY CENTER INC	LEESBURG	S
8282	ARMENIA SURGERY CENTER	TAMPA	S
8284	THE LASER AND SURGERY CENTER	PANAMA CITY	S
8285	BAPTIST MEDICAL PARK ASC LLC	PENSACOLA	S
8286	MANATEE SURGICAL CENTER INC	BRADENTON	S
8287	SARASOTA PLASTIC SURGERY CENTER INC	SARASOTA	S
8288	ST LUCIE SURGICAL CENTER	FORT PIERCE	S
8289	LASER AND SURGICAL SVCS	SARASOTA	S
8292	BAYVIEW SURGERY CENTER	SARASOTA	S
8293	COASTAL MEDICAL CENTER	SARASOTA	S
8295	GULF COAST ENDOSCOPY CTR OF VENICE	VENICE	S
8300	SURGERY CTR OF SW FLORIDA INC	FORT MYERS	S
8301	NORTH MIAMI BEACH SURGICAL CENTER	MIAMI	S
8304	SURGICAL CENTER FOR EXCELLENCE	PANAMA CITY	S
8305	CITRUS SURGICAL CENTER	ORLANDO	S
8306	MELBOURNE GI CENTER	MELBOURNE	S
8308	COLLIER ENDOSCOPY AND SURGERY CTR	NAPLES	S
8309	THE GABLES SURGICAL CENTER	MIAMI	S
8312	VERO BEACH SURGERY CTR, LLC	VERO BEACH	S
8313	LASER AND SURGERY CENTER	OCALA	S
8314	PADDOCK PARK SURGERY CENTER	OCALA	S
8315	DESTIN SURGERY CENTER	DESTIN	S
8316	CENTER FOR DIGESTIVE ENDOSCOPY	ORLANDO	S
8317	KISSIMMEE ENDOSCOPY CENTER	KISSIMMEE	S
8321	WEST COAST ENDOSCOPY CTR	CLEARWATER	S
8322	NORTH PINEALLAS SURGERY CENTER	DENEDIN	S
8323	ST MICHAEL'S SURGERY CTR	LARGO	S
8324	ADVANCED AMBULATORY SURGERY CENTER	ALTAMONTE SPRINGS	S
8325	NATURE COAST REG. SURGERY CENTER	PERRY	S
8326	SURGERY CTR AT POINT WEST	BRADENTON	S
8328	PROMENADES SURGERY CENTER LC	PORT CHARLOTTE	S
8329	PALM ENDOSCOPY CTR INC	ALTAMONTE SPRINGS	S

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FAC	FAC NAME	FAC CITY	OPTION
8332	SUNCOAST ENDOSCOPY OF SARASOTA LLC	SARASOTA	S
8334	GROVE PLACE SURGERY CENTER LLC	VERO BEACH	S
8340	PONTE VEDRA AMBULATORY SURG CTR	PONTE VEDRA BCH	S
8343	TAMPA BAY REGIONAL SURG CTR	LARGO	S
8344	INTERCOASTAL MED GRP AMB SURG CTR	SARASOTA	S
8346	SPECIALISTS IN UROLOGY SURG CTR LLC	NAPLES	S
8350	LARGO AMBULATORY SURG CTR	LARGO	S
8351	SOUTH TAMPA SURGERY CENTER	TAMPA	S
8352	PALM SURGERY CENTER LLC	W PALM BEACH	S
8354	SURGERY ENDOSCOPY CENTER LLC	SEBRING	S
8355	SURGERY CENTER SACRED HEART MED PK	DESTIN	S
8356	MARION ENDOSCOPY AND SURG INST	OCALA	S
8357	BAYSIDE AMBULATORY CENTER	MIAMI	S
8358	PONTE VEDRA SURGERY CENTER	PONTE VEDRA BCH	S
8360	ATLANTIS OUTPATIENT CENTER LLC	LAKE WORTH	S
8362	ST ANTHONY PHYSICIANS SURGERY CTR	ST PETERSBERG	S
8364	SURGERY CENTER AT WELLINGTON	W PALM BEACH	S
8365	LAKE MARY SURGERY CENTER	LAKE MARY	S
8366	VILLAGES ENDOSCOPY & SURGICAL CTR	SUMMERFIELD	S
8367	BAYONET POINT SURG AND ENDO CTR	HUDSON	S
8368	TAMPA BAY SURGERY CTR MIDTOWN	TAMPA	S
8369	WEBSTER SURGICAL CENTER	TALLAHASSEE	S
8370	GULFCOAST SURGERY CENTER INC	SARASOTA	S
8371	CLAY SURGERY CENTER	ORANGE PARK	S
8372	MIAMI REGIONAL SURGERY CENTER	MIAMI	S
8373	EYE SURGERY CENTER OF ST AUGUSTINE	ST AUGUSTINE	S
8374	S FLORIDA AMBULATORY SURGICAL CTR	MIAMI	S
8375	PARK PLACE SURGERY CENTER LLC	MAITLAND	S
8376	MILLENIA SURGERY CENTER LLC	ORLANDO	S
8377	PEDIATRIC SURGERY CENTERS LLC	TAMPA	S
8379	EYE SURGERY & LASER CTR OF SEBRING	SEBRING	S
8381	MEDICAL ARTS SURGERY CTR OF S MIAMI	MIAMI	S
8382	TAMPA BAY ENDOSCOPY CENTER	TAMPA	S
8383	SURGERY CTR OF LAKELAND HILLS BLVD	XXX	S
8386	SOUTH BROWARD ENDOSCOPY CENTER	HOLLYWOOD	S
8387	LAKELAND SURGICAL & DIAGNOSTIC CNTR	LAKELAND	S
8388	ALLIANCE SURGICAL CENTER	LAKE MARY	S
8390	CAPE CORAL AMBULATORY SURGERY CTR	CAPE CORAL	S
8391	ORTHOPEDIC SURG CTR OF CLEARWATER	CLEARWATER	S
8392	SARASOTA AMBULATORY SURG CTR LTD	SARASOTA	S

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FAC	FAC NAME	FAC CITY	OPTION
8393	CLERMONT AMULATORY SURG CTR LLLP	CLERMONT	S
8394	OUTPATIENT SURG CTR OF ST AUGUSTINE	ST AUGUSTINE	S
8395	EYE INSTITUTE SURGERY CENTER LLC	MELBOURNE	S
8396	BRANDON AMBULATORY SURGERY CENTER	BRANDON	S
8397	DAY SURGERY CENTER	WINTER HAVEN	S
8398	COASTAL SURGERY CENTER LLC	JACKSONVILLE	S
8399	PALMS WEST SURGICENTER	LOXAHATCHEE	S
8402	RIVERWALK ENDOSCOPY CENTER LLC	FT MYERS	S
8403	MURDOCK AMBULATORY SURGERY CENTER	PT CHARLOTTE	S
8404	GULF BREEZE ENDOSCOPY	GULF BREEZE	S
8406	ST PETERSBURG ENDOSCOPY CENTER LLC	ST PETERSBURG	S
8407	CENTRAL FL ENDOSCOPY AND SURG INST	OCALA	S
8408	NAPLES EYE SURGERY CENTER, LLC	NAPLES	S
8409	HALLANDALE OUTPATIENT SURGICAL CTR	HALLANDALE	S
8410	ADVANCED EYE SURGERY CENTER	VERO BEACH	S
8411	SOUTHPOINT SURGERY CENTER LLC	JACKSONVILLE	S
8413	TOMOKA SURGERY CENTER LLC	ORMOND BEACH	S
8414	LASER & OUTPATIENT SURGERY CENTER	GAINESVILLE	S
8416	BASCOM PALMER SURGERY CENTER	PALM BEACH GARDENS	S
8417	SOUTH COUNTY OUTPATIENT SURGERY CTR	DELRAY BEACH	S
8418	HALLANDALE OUTPATIENT SURGICAL CTR	ZEPHYRHILLS	S
8419	CTR OF SURGICAL EXCELLENCE VENICE	VENICE	S
8420	NEW TAMPA SURGERY CENTER	WESLEY CHAPEL	S
8421	AMBULATORY SURG CTR OF BOCA RATON	BOCA RATON	S
8422	PASADENA SURGERY CENTER	SAINT PETERSBURG	S
8423	BAY AREA PHYSICIANS SURGERY CENTER	RIVERVIEW	S
8425	ST MARK'S SURGICAL CENTER, LLC	FORT MYERS	S
8426	ANDREWS INSTITUTE ASC LLC	GULF BREEZE	S
8427	SPECIALISTS IN UROLOGY SURGERY CENT	BONITA SPRINGS	S
8428	PACE AMBULATORY SURGERY CENTER	PACE	S
8429	BLUE SPRINGS SURGERY CENTER	ORANGE CITY	S
8430	CAPITAL CITY SURGICAL CENTER LLC	TALLAHASSEE	S
8431	SAND LAKE SURGERY CENTER	ORLANDO	S
8432	PEDIATRIC SURGERY CTR - ODESSA LLC	ODESSA	S
8433	RMG IVF SURGERY CENTER INC	TAMPA	S
8434	PLAZA SURGERY CENTER II	JACKSONVILLE	S
8435	TLC OUTPATIENT SURG AND LASER CTR	LADY LAKE	S
8436	CELEBRATION SURGERY CENTER, LLC.	KISSIMMEE	S
8437	AMELIA ISLAND SURGERY CENTER	FERNANDINA BEACH	S

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FAC	FAC NAME	FAC CITY	OPTION
8438	LAKE ENDOSCOPY CENTER	SUMMERFIELD	S
8439	MICROSPINE SURG CTR DEFUNIAK SPRING	DEFUNIAK SPRINGS	S
8440	SURGICAL SPECIALISTS ASC	FORT WALTON BEACH	S
8441	PREMIER ENDOSCOPY CENTER	NAPLES	S
8442	SURGERY CENTER OF KEY WEST	KEY WEST	S
8443	ORANGE CITY SURGERY CENTER	ORANGE CITY	S
8444	TAKE SHAPE SURGERY CENTER, LLC	PLANTATION	S
8445	PUTNAM AMBULATORY SURGERY CENTER	PALATKA	S
8446	USF HEALTH ENDOSCOPY AND SURG CTR	TAMPA	S
8447	SANCTUARY SURGICAL CENTRE	BOCA RATON	S
8448	CARILLON SURGERY CENTER	ST PETERSBURG	S
8449	PONTE VEDRA BEACH SURGERY CENTER	PONTE VEDRA BEACH	S
8450	CENTER ONE SURGERY CENTER	JACKSONVILLE	S
8451	SURGICARE OF MIRAMAR	MIRAMAR	S
8452	BREVARD SPECIALTY SURGERY CTR, LLC	MELBOURNE	S
8453	PARK CENTER FOR PROCEDURES	FORT MYERS	S
8454	CORAL RIDGE OUTPATIENT CENTER	OAKLAND PARK	S
8455	ADVANCED SURGERY CENTER	LAKE WORTH	S
8456	UNIVERSITY INTERVENTIONAL CENTER	PENSACOLA	S
8457	GULF COMPREHENSIVE SURGERY CENTER	ENGLEWOOD	S
8458	SARASOTA PHYSICANS SURGICAL CENTER	SARASOTA	S
8459	DOWNTOWN SURGERY CENTER	ORLANDO	S
8460	SURGERY CENTER OF THE VILLAGES LLC	SUMMERFIELD	S
8461	SEASCAPE SURGERY CENTER	TAMPA	S
8462	SURGICAL CENTER AT SUN N LAKE LLC	SEBRING	S
8463	RIVERWALK AMBULATORY SURGERY CENTER	BRADENTON	S
8464	TREASURE COAST SURGICAL CENTER	FORT PIERCE	S
8465	SURGERY CTR AT POINTE WEST EAST CTR	BRADENTON	S
8466	SPACE COAST SURGERY CENTER LLLP	MERRITT ISLAND	S
8470	EYE SURGERY CENTER OF NORTH FLORIDA	JACKSONVILLE	S
8471	SURGERY CENTER AT DUVAL	DORAL	S
8472	CRANE CREEK SURGERY CENTER	MELBOURNE	S
8473	WESTCHASE SURGERY CENTER	TAMPA	S
8474	ATLANTIC SURGERY AND LASER CENTER	MELBOURNE	S
8475	PACAYA BAY SURGERY CENTER	FORT MYERS	S
8476	SURGERY CENTER OF MOUNT DORA	MOUNT DORA	S
8477	CARILLON SURGERY CENTER	SAINT PETERSBURG	S
8478	BROWARD SPECIALTY SURGICAL CENTER	HOLLYWOOD	S
8479	CAPE HEALTH SURGERY CENTER	CAPE CORAL	S
8481	KEY BISCAYNE SURGERY CENTER	KEY BISCAYNE	S

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FAC	FAC NAME	FAC CITY	OPTION
8483	SAFETY HARBOR SURGERY CENTER LLC	CLEARWATER	S
8484	SPEC IN UROLOGY SURG CTR FT MYERS	FT MYERS	S
8485	TITUSVILLE CTR SURGICAL EXCELLENCE	TITUSVILLE	S
8486	SPECIALISTS IN UROLOGY FT. MYERS	NAPLES	S
8487	CTR FOR SPECIALIZED SURG FT MYERS	FORT MYERS	S
8488	RIVERSIDE ENDOSCOPY CENTER LLC	JACKSONVILLE	S
8489	ENDO SURGICAL CENTER OF FLORIDA	ORLANDO	S
8490	GULFSTREAM AMBULATORY SURGERY CTR	CORAL SPRINGS	S
8491	AESTHETIC SURGERY CTR OF WINTER PK	WINTER PARK	S
8492	MAITLAND SURGERY CENTER	MAITLAND	S
8493	SURGERY CENTER OF MID FLORIDA	OCALA	S
8494	SURGICARE OF MIRAMAR	MIRAMAR	S
8495	BLUE WATER SURGERY CENTER	PORT SAINT LUCIE	S
8496	PREMIER SURGICAL CENTER LLC	TAVARES	S
8497	LASER SPINE SURGICAL CENTER	TAMPA	S
8498	APOLLO SURGERY CENTER LLC	WEST MELBOURNE	S
8499	ADVANCE SURGERY CENTER OF SARASOTA	SARASOTA	S
8501	BAPTIST ENDOSCOPY CTR CORAL SPRINGS	CORAL SPRINGS	S
8502	SURGCENTER PINELLAS	LARGO	S
8503	ENDO SURGICAL CTR OF FLORIDA	ORLANDO	S
8504	RED HILLS SURGICAL CENTER	TALLAHASSEE	S
8506	ORLANDO ORTHOPAEDIC OUTPT SURG CTR	ORLANDO	S
8507	EYE SPECIALISTS LASER AND SURG CTR	FORT MYERS	S
8508	ADVANCED SURGERY CENTER OF TAMPA	TAMPA	S
8509	MARION SURGERY CENTER	OCALA	S
8510	HENGHOLD SURGERY CENTER	PENSACOLA	S
8511	TAVARES SURGERY LLC	TAVARES	S
8513	SANTA FE SURGERY CENTER LLC	LADY LAKE	S
8514	TAMPA SURGERY CENTER	TAMPA	S
8515	DAVENPORT AMBULATORY SURGICAL CTR	DAVENPORT	S
8516	FHCP ASC ORANGE CITY	ORANGE CITY	S
8517	SURGCENTER NORTHEAST	ST. PETERSBURG	S
8518	FORT MYERS EYE SURGERY CENTER LLC	FORT MYERS	S
8519	TAMPA MINIMALLY INV SPINE SURG CTR	TAMPA	S
8520	SURGICAL CENTER OF PONTE VEDRA BCH	PONTE VEDRA BEACH	S
8521	TALLAHASSEE OUTPT SURG CTR MED COMM	TALLAHASSEE	S
8522	MIAMI CHILDREN'S HOSP AMB SURG CTR	MIAMI	S
8523	SELECT PHYSICIANS SURGERY CENTER	TAMPA	S
8524	MIAMI SURGICAL CENTER	MIAMI	S
8525	BASCOM PALMER SURGERY CENTER NAPLES	NAPLES	S

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FAC	FAC NAME	FAC CITY	OPTION
8526	TRADITION SURGERY CENTER	PORT SAINT LUCIE	S
8527	HABANA AMBULATORY SURGERY CENTER	TAMPA	S
8528	ORTHOPEDIC SURG CTR OF PALM BCH CTY	BOYNTON BCH	S
8529	SEASIDE SURGERY CENTER	NAPLES	S
8530	FL ORTHOPAEDIC INST SURG CTR CITRUS	TAMPA	S
8531	CTR FOR SPECIALIZED SURG FT MYERS	FORT MYERS	S
8532	NEW VISION SURGICAL CENTER	VERO BEACH	S
8533	NSCOA	WINTER PARK	S
8534	DEERFIELD BEACH OUTPATIENT SURG CTR	DEERFIELD BEACH	S
8535	HOLLYWOOD REGIONAL SURGERY CENTER	HOLLYWOOD	S
8836	ST MARKS SURGICAL CENTER	FORT MYERS	S
8853	HEART OF FLORIDA AMB SURG CTR	DAVENPORT	S
8002	N FLORIDA REGIONAL MEDICAL CENTER	GAINESVILLE	T
8006	NORTHWEST FLORIDA SURGERY CENTER	PANAMA CITY	T
8007	AMBULATORY SURGICAL CARE	MERRITT ISLAND	T
8010	MERRITT ISLAND SURGERY CENTER	MERRITT ISLAND	T
8025	HEALTHSOUTH CITRUS SURGERY CENTER	LECANTO	T
8026	CITRUS ENDOSCOPY AND SURGERY CENTER	CRYSTAL RIVER	T
8027	ORANGE PARK SURGERY CENTER	ORANGE PARK	T
8029	COLLIER SURGERY CTR	NAPLES	T
8048	THE MIAMI ASC, LP	MIAMI	T
8051	JACKSONVILLE SURGERY CENTER	JACKSONVILLE	T
8054	COLUMBIA PARKSIDE SURG CTR JAX	JACKSONVILLE	T
8061	MEDICAL CTR CLINC AMB SURG CTR	PENSACOLA	T
8081	LAKE SURGERY AND ENDOSCOPY CENTER	LEESBURG	T
8083	MID FLORIDA EYES SURGERY CENTER	MOUNT DORA	T
8084	BARKLEY SURGICENTER INC	FT MYERS	T
8095	SURGICARE CENTER	FT MYERS	T
8096	CENTER FOR DIGESTIVE HEALTH	FT MYERS	T
8102	TALLAHASSEE SINGLE DAY SURGERY CENT	TALLAHASSEE	T
8105	EYE ASSOCIATES SURGERY CENTER	BRADENTON	T
8106	GULF COAST SURGERY CENTER	BRADENTON	T
8109	ENDOSCOPY CENTER OF OCALA INC	OCALA	T
8110	SURGERY CENTER OF OCALA	OCALA	T
8113	SURGERY CENTER OF STUART	STUART	T
8114	EMERALD COAST SURG CTR	FT WALTON BEACH	T
8116	CENTRAL FL SURGICAL CENTER	OCOE	T
8120	HEALTHSOUTH ORLANDO CTR OPD SURG	ORLANDO	T
8123	SURGICAL LICENSED WARD	ORLANDO	T
8124	UNIVERSITY SURGICAL CENTER	WINTER PARK	T

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8125	UROLOGICAL AMBULATORY SURGERY CTR	ORLANDO	T
8127	KISSIMMEE SURGERY CENTER	KISSIMMEE	T
8128	DOCTORS SURGERY CTR/LEVIN EYE CTR	KISSIMMEE	T
8130	BOCA RATON OUTPATIENT SURG & LASER	BOCA RATON	T
8142	BOYNTON BEACH ASC LLC	BOYTON BEACH	T
8143	OUTPATIENT CENTER OF BOYNTON BCH	BOYTON BEACH	T
8145	FLORIDA MEDICAL CLINIC PA	ZEPHYRHILLS	T
8157	BELLEAIR SURGERY CTR	CLEARWATER	T
8158	COUNTRYSIDE SURGERY CENTER	CLEARWATER	T
8159	WEST BAY SURGERY CENTER	LARGO	T
8168	CENTRAL FLORIDA SURGI CENTER	LAKELAND	T
8170	EYE SURGERY AND LASER CENTER OF MID	WINTER HAVEN	T
8171	AESTHETIC PLASTIC SURGERY CENTER	VENICE	T
8172	CAPE SURGERY CENTER	SARASOTA	T
8182	FL SURGERY CTR ALTAMONTE	ALTAMONTE SPRINGS	T
8183	ST AUGUSTINE ENDOSCOPY CENTER	ST AUGUSTINE	T
8184	SURGERY CENTER OF FORT PIERCE	FORT PIERCE	T
8190	DELAND SURGERY CENTER	DELAND	T
8194	PHYSICIANS AMBULATORY SURGERY CTR	ORMOND BEACH	T
8196	VOLUSIA ENDOSCOPY CENTER	ORMOND BEACH	T
8197	TOTAL BACK CARE CENTER	NAPLES	T
8198	PLAZA SURGERY CENTER	JACKSONVILLE	T
8203	CENTER FOR SPECIAL SURGERY	ST PETERSBURG	T
8205	TRINITY SURGERY CENTER	NEW PORT RICHEY	T
8210	COLUMBIA DOCTORS SAME DAY SURG	SARASOTA	T
8211	NORTHPOINT SURGERY AND LASER CENTER	WEST PALM BEACH	T
8213	HEALTHSOUTH MELBOURNE SURG CTR	MELBOURNE	T
8219	BERAJA CLIN LASER AND SURGER CTR	CORAL GABLES	T
8234	NORTH FLORIDA SURGERY CTR LAKE CITY	LAKE CITY	T
8246	LAKESIDE SURGERY CENTER	ORLANDO	T
8247	ST AUGUSTINE SURGERY CENTER	SAINT AUGUSTINE	T
8249	WINTER HAVEN AMB SURGICAL CENTER	WINTER HAVEN	T
8250	PHYSICIANS DAY SURGERY CENTER INC	NAPLES	T
8255	CFAGI SURGERY CENTER	MAITLAND	T
8263	SOUTHEASTERN SURGERY CENTER	TALLAHASSEE	T
8268	PHYSICIANS OUTPATIENT SURGERY CTR	FT LAUDERDALE	T
8271	CORAL SPRINGS SURGICAL CENTER	CORAL SPRINGS	T
8272	JACKSONVILLE CENTER FOR ENDOSCOPY	JACKSONVILLE	T
8283	SUNCOAST SURGERY CENTER	FORT MYERS	T
8290	SUNCOAST ENDOSCOPY CENTER	IVERNESS	T

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FAC	FAC NAME	FAC CITY	OPTION
8291	DIGESTIVE DISEASE ENDOSCOPY CENTER	TAMARAC	T
8294	SUMMERLIN BEND SURGERY CENTER LLP	FORT MYERS	T
8296	BONITA COMMUNITY HEALTH CENTER	BONITA SPRINGS	T
8297	ENDOSCOPY SURGERY OUTPATIENT CTR	LADY LAKE	T
8298	JACKSONVILLE BEACH SURGERY CENTER	JACKSONVILLE BEACH	T
8299	CENTER FOR GASTROINTESTINAL	WEST PALM BEACH	T
8302	WATERSIDE AMB SURGICAL CTR INC	WEST PALM BEACH	T
8303	FL MEDICAL CLINIC PA AMB SUR CTR	TAMPA	T
8307	CHARLOTTE ENDOSCOPY SURGERY CENTER	PORT CHARLOTTE	T
8310	FL ORTHOPEDIC INSTITUTE SURGERY CTR	TEMPLE TERRACE	T
8311	MEDICAL SPECIALTY PROCEDURES	VERO BEACH	T
8318	JUPITER OUTPATIENT SURGERY CTR	JUPITER	T
8319	PALMS WELLINGTON SURGICAL CENTER	ROYAL PALM BEACH	T
8327	OLD MOULTRIE SURG CTR INC	ST AUGUSTINE	T
8330	GLADIOLUS SURGERY CENTER	FT MYERS	T
8331	ORLANDO OPHTHALMOLOGY SURG CTR LLC	ORLANDO	T
8333	KENDALL ENDOSCOPY AND SURGERY CTR	MIAMI	T
8335	HEALTHSOUTH SURG CTR OF AVENTURA	AVENTURA	T
8336	GABLES SURGERY CENTER	MIAMI	T
8337	SURGERY CENTER OF VOLUSIA LLC	PORT ORANGE	T
8338	SURGICAL CTR OF THE TREASURE COAST	PORT ST LUCIE	T
8339	JAX CTR FOR ENDOSCOPY SOUTHSIDE	JACKSONVILLE	T
8341	TAMPA BAY SPECIALITY SURGICAL CTR	PINELLAS PARK	T
8342	CENTER FOR ENDOSCOPY	SARASOTA	T
8345	LASER AND SURG CTR OF THE PALM BCH	WEST PALM BEACH	T
8347	PANAMA CITY SURGERY CENTER	PANAMA CITY	T
8348	LIVE OAK ENDOSCOPY CTR LLC	VERO BEACH	T
8359	SURGERY CENTER AT JENSEN BEACH LLC	JENSEN BEACH	T
8361	SOUTH LAKE HOSPITAL SURGERY CENTER	CLERMONT	T
8363	TWIN LAKES SURGERY CENTER	DAYTONA BCH	T
8378	SEVEN HILLS SURGERY CENTER	TALLAHASSEE	T
8380	DOCTORS OUTPATIENT SURGERY CTR	NAPLES	T
8384	PT ORANGE ENDOSCOPY & SURGERY CTR	PORT ORANGE	T
8385	SPACE COAST ENDOSCOPY CENTER	ROCKLEDGE	T
8389	OUTPATIENT CENTER OF DELRAY	DELRAY BEACH	T
8400	GULF POINTE SURGERY CENTER	PORT CHARLOTTE	T
8401	SOUTH PALM AMBULATORY SURGERY CTR	BOCA RATON	T
8405	COURTENAY SAME DAY SURGERY CENTER	MERRITT ISLAND	T
8412	PARKCREEK SURGERY CENTER	COCONUT CREEK	T
8415	MIAMI LAKES SURGERY CENTER, LTD	MIAMI LAKES	T

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FAC	FAC NAME	FAC CITY	OPTION
8424	FLEMING ISLAND SURGERY CENTER	FLEMING ISLAND	T

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Radiation Therapy Center Listing by FCDS Facility ID Code and Reporting Option

NUM	FAC NAME	FAC CITY	OPTION
7390	N FLORIDA RECEPTION AND MED CTR	LAKE BUTLER	R
8467	SOUTH FL RADIATION ONCO-BOCA RATON	BOCA RATON	R
8469	RADIOLOGICAL INST OF THE VILLAGES	THE VILLAGES	R
8602	FLORIDA CANCER AFFILIATES	PANAMA CITY	R
8604	CANCER CARE CENTERS OF BREVARD	MELBOURNE	R
8605	CANCER CARE CTRS OF MERRITT ISLAND	MERRITT ISLAND	R
8607	RADIATION THERAPY CENTER OF BREVARD	ROCKLEDGE	R
8609	CORAL SPRINGS RTX REGIONAL CENTER	CORAL SPRINGS	R
8610	SOUTH FLORIDA RADIOTHERAPY CTR	PLANTATION	R
8613	CHARLOTTE CO RADIATION THERAPY REG	PORT CHARLOTTE	R
8614	21ST CENTURY ONCOLOGY BEVERLY HILLS	BEVERLY HILLS	R
8616	ROBERT BOISSONEAULT LECANTO	LECANTO	R
8617	21ST CENTURY ONCOLOGY ORANGE PARK	ORANGE PARK	R
8626	FLORIDA CANCER SPECIALISTS	SPRING HILL	R
8629	21ST CENTURY ONCOLOGY SEBRING	SEBRING	R
8632	TAMPA BAY RADIATION ONCOLOGY	BRANDON	R
8633	TAMPA BAY RADIATION ONCOLOGY	SUN CITY CENTER	R
8637	CAPE CORAL RADIATION THERAPY CENTER	CAPE CORAL	R
8639	RADIATION THERAPY REGIONAL CENTER	FT MYERS	R
8640	21ST CENTURY ONC BRADENTON WEST	BRADENTON	R
8641	21ST CENTURY ONC BRADENTON EAST	BRADENTON	R
8642	ROBERT BOISSONEAULT ASSOC OCALA	OCALA	R
8643	21ST CENTRUY ONC. KEY WEST	KEY WEST	R
8655	FLORIDA CANCER SPECIALISTS	NEW PORT RICHEY	R
8656	FLORIDA CANCER SPECIALISTS	ZEPHYRHILLS	R
8657	FLORIDA CANCER SPECIALISTS	HUDSON	R
8658	PASCO PINELLAS CANCER CENTER	HOLIDAY	R
8663	TAMPA BAY ONCOLOGY CENTER	LARGO	R
8666	21ST CENTURY ONCOLOGY PALATKA	PALATKA	R
8668	PORTER RADIATION ONCOLOGY SARASOTA	SARASOTA	R
8669	PORTER RADIATION ONCOLOGY VENICE	VENICE	R
8671	21ST CENTURY ONC ST. AUGUSTINE	ST AUGUSTINE	R
8672	NORTH COLLIER REG RADATION CENTER	NAPLES	R
8675	PORTER RADIATION ONCOLOGY ENGLEWOOD	ENGLEWOOD	R
8676	ROBERTBOISSONEAULT ONC INST TIMER	OCALA	R
8680	SARASOTA RAD THERAPY REG CTR	SARASOTA	R
8682	CANCER CARE CENTER OF SEBASTIAN	SEBASTIAN	R
8683	RAD THER CTR OF BREVARD TITUSVILLE	ROCKLEDGE	R
8685	AMERICAN CANC TREATMENT TITUSVILLE	TITUSVILLE	R
8687	21ST CENTURY ONC JACKSONVILLE BEACH	JACKSONVILLE BEACH	R

Appendix A
Radiation Therapy Center Listing by FCDS Facility ID Code and Reporting Option

NUM	FAC NAME	FAC CITY	OPTION
8691	ACKERMAN CANCER CENTER-JACKSONVILLE	JACKSONVILLE	R
8694	PLANT CITY CANCER TREATMENT CTR	PLANT CITY	R
8696	CAPITAL CANCER CENTER	TALLAHASSEE	R
8698	BIG LAKE CANCER CENTER	OKEECHOBEE	R
8701	ACKERMAN CANCER CTR-AMELIA ISLAND	FERNANDINA BEACH	R
8702	WATSON CLINIC LLP	LAKELAND	R
8703	BARDMOOR CANCER CENTER	LARGO	R
8704	ROBERT BOISSONEAULT ONC INST	VILLAGES	R
8705	OSCEOLA CANCER CENTER	KISSIMMEE	R
8706	S FL RADIATION ONCOLOGY BOCA WEST	BOCA RATON	R
8707	21ST CENTURY ONCOLOGY OCALA	OCALA	R
8710	DATTOLI CANCER CENTER	SARASOTA	R
8711	CENTRAL FLORIDA CANCER INSTITUTE	DAVENPORT	R
8712	FORT WALTON BEACH RADIATION CTR	FORT WALTON BEACH	R
8715	21ST CENTURY ONC BONITA SPRINGS	BONITA SPRINGS	R
8718	21ST CENTURY ONC LEHIGH ACRES	LEHIGH ACRES	R
8719	21ST CENTURY ONCOLOGY JACKSONVILLE	JACKSONVILLE	R
8720	HEALTH FIRST CANCER INSTITUTE	MELBOURNE	R
8721	21ST CENTURY ONCOLOGY CRO	CRESTVIEW	R
8722	21ST CENTURY ONCOLOGY DESTIN	SANTA ROSA BEACH	R
8723	COUNTRYSIDE CANCER CENTER	CLEARWATER	R
8724	BAY REGIONAL CANCER CENTER	PANAMA CITY	R
8725	TAMPA BAY RADIATION ONCOLOGY	TAMPA	R
8726	DORAL ONCOLOGY CENTER	MIAMI	R
8727	WATSON CLINIC CANCER & RESEARCH CTR	LAKELAND	R
8730	CANCER CARE CTR OF BREVARD WUESTOFF	MELBOURNE	R
8733	LAKE CITY CANCER CARE, LLC	LAKE CITY	R
8736	BOYNTON BEACH RADIATION ONCOLOGY	BOYNTON BEACH	R
8738	CYBERKNIFE CENTER OF MIAMI	MIAMI	R
8739	SFRO AT HOLLYWOOD	HOLLYWOOD	R
8741	CENTRAL FLORIDA CANCER INSTITUTE	LAKE WALES	R
8747	SOUTH FLORIDA RADIATION ONCOLOGY	PALM BEACH GARDENS	R
8748	21ST CENTURY ONCOLOGY AVENTURA	AVENTURA	R
8750	21ST CENTURY ONCOLOGY	NAPLES	R
8752	21ST CENTURY ONCOLOGY JACKSONVILLE	JACKSONVILLE	R
8753	AVENTURA COMPREHENSIVE CANCER CTR	AVENTURA	R
8756	INTERCOMMUNITY CANCER CTR LADY LAKE	LADY LAKE	R
8757	21ST CENTURY ONC LAKEWOOD RANCH	BRADENTON	R
8758	SFRO AT FORT PIERCE	FT PIERCE	R

Appendix A
Radiation Therapy Center Listing by FCDS Facility ID Code and Reporting Option

NUM	FAC NAME	FAC CITY	OPTION
8759	NEW MILLENNIUM CYBERKNIFE	BRANDON	R
8760	CYBERKNIFE CENTER OF TAMPA BAY	TAMPA	R
8762	WEST FLORIDA RADIATION THERAPY, LLC	CLEARWATER	R
8763	21ST CENTURY ONC LEE CANCER CTR	FORT MYERS	R
8766	21ST CENTURY ONCOLOGY	NAPLES	R
8767	N FL CANCER CTR LAKE CITY LLC	LAKE CITY	R
8768	WELLSPRING ONCOLOGY	PINELLAS PARK	R
8769	SAND LAKE CANCER CENTER	ORLANDO	R
8770	SFRO AT COCONUT CREEK	COCONUT CREEK	R
8773	SFRO VERO BEACH	VERO BEACH	R
8775	TAMPA BAY RADIATION ONCOLOGY, PA	TAMPA	R
8776	21ST CENTURY ONC - PEMBROKE PINES	PEMBROKE PINES	R
8777	S FL RADIATION ONC AT PALOMINO PARK	WELLINGTON	R
8778	S FL RADIATION ONC AT STUART	STUART	R
8780	SOUTH FLORIDA RADIATION ONC JUPITER	JUPITER	R
8781	LAKEWOOD RANCH ONCOLOGY CENTER	BRADENTON	R
8782	21ST CENTURY ONC BROWARD GENERAL	FT. LAUDERDALE	R
8783	21ST CENTURY ONC NORTH BROWARD HOSP	DEERFIELD BEACH	R
8784	UNIV OF FL PROTON THERAPY INST	JACKSONVILLE	R
8785	FLORIDA CANCER AFFILIATES	TRINITY	R
8786	ADVANCE PROSTATE CANCER INSTITUTE	OXFORD	R
8789	21ST CENTURY ONCOLOGY	NAPLES	R
8790	WINTER PARK ONCOLOGY	WINTER PARK	R
8792	SFRO AT LITTLE HAVANA	MIAMI	R
8793	SFRO AT BETHESDA HEALTH CITY	BOYNTON BEACH	R
8794	SFRO AT FLORIDA MEDICAL CENTER	LAUDERDALE LAKES	R
8795	SFRO AT WELLINGTON MED. CTR	WELLINGTON	R
8796	HEALTH FIRST CANCER INSTITUTE	TITUSVILLE	R
8797	HEALTH FIRST CANCER INSTITUTE	VIERA	R
8798	INNOVATIVE CANCER INSTITUTE, LLC	MIAMI	R
8799	SFRO AT PALMETTO GENERAL	HIALEAH	R
8800	SFRO AT JACKSON SOUTH	MIAMI	R
8802	SFRO AT GOOD SAMARITAN WPB	WEST PALM BEACH	R
8803	21ST CENTURY ONCOLOGY	MIAMI	R
8804	FLORIDA CANCER SPECIALISTS	TAMPA	R
8805	FLORIDA CANCER SPECIALISTS	LARGO	R
8806	FLORIDA CANCER SPECIALISTS	THE VILLAGES	R
8807	ADVANCED CANCER TREATMENT CENTERS	BROOKSVILLE	R
8808	FLORIDA ONCOLOGY PARTNERS	MIAMI	R
8809	CB ONCOLOGY PARTNERS	CUTLER BAY	R

Appendix A
Radiation Therapy Center Listing by FCDS Facility ID Code and Reporting Option

NUM	FAC NAME	FAC CITY	OPTION
8810	NORTH FLORIDA CANCER CARE	MARIANNA	R
8811	S FL PROTON THERAPY INSTITUTE	DELRAY BEACH	R
8812	CARIBBEAN RADIATION ONCOLOGY CENTER	DORAL	R
9940	WOODLANDS MEDICAL SPECIALISTS	PENSACOLA	R

APPENDIX B

International Organization for Standardization (ISO) Country Codes

United States Postal Service (USPS) State Abbreviation Codes

United States Territory and Possessions Abbreviation Codes

Canadian Province and Territory Abbreviation Codes

Florida Federal Information Processing Standards (FIPS) County Codes

APPENDIX B**International Organization for Standardization (ISO) Country Codes – Country Order**

Code	Label
AFG	Afghanistan
ZZF	Africa, NOS
XIF	African Coastal Islands (prev. in South Africa, NOS) [Pre-2013 cases only]
ALA	Aland Islands
ALB	Albania
DZA	Algeria
ASM	American Samoa
AND	Andorra
AGO	Angola
AIA	Anguilla
ATA	Antarctica
ATG	Antigua and Barbuda
XAP	Arabian Peninsula [Pre-2013 cases only]
ARG	Argentina
USA	Armed Forces Americas
USA	Armed Forces Canada, Europe, Middle East, Africa
USA	Armed Forces Pacific
ARM	Armenia
ABW	Aruba
ZZA	Asia, NOS
AUS	Australia
AUS	Australian New Guinea
AUT	Austria
AZE	Azerbaijan
PRT	Azores
BHS	Bahamas
BHR	Bahrain
ESP	Balearic Islands
BGD	Bangladesh
BRB	Barbados
ATG	Barbuda
BLR	Belarus
BEL	Belgium
BLZ	Belize
BEN	Benin
BMU	Bermuda
BTN	Bhutan
BOL	Bolivia
BES	Bonaire, Saint Eustatius and Saba
BIH	Bosnia and Herzegovina

APPENDIX B
International Organization for Standardization (ISO) Country Codes – Country Order

Code	Label
BWA	Botswana
BVT	Bouvet Island
BRA	Brazil
GUY	British Guiana
BLZ	British Honduras
IOT	British Indian Ocean Territory
VGB	British Virgin Islands
BRN	Brunei
BND	Brunei Darussalam
BGR	Bulgaria
BFA	Burkina Faso
MMR	Burma
BDI	Burundi
BLR	Byelorussia
BLR	Byelorussian S.S.R.
AGO	Cabinda
TCA	Caicos Islands
KHM	Cambodia
CMR	Cameroon
CAN	Canada
PAN	Canal Zone
ESP	Canary Islands
CPV	Cape Verde
XCR	Caucasian Republics of the USSR [Pre-2013 cases only]
CYM	Cayman Islands
CAF	Central African Republic
ZZC	Central America, NOS
LKA	Ceylon
TCD	Chad
CHL	Chile
CHN	China
XCH	China, NOS [Pre-2013 cases only]
CHN	China, Peoples Republic of
TWN	China, Republic of (Taiwan)
CXR	Christmas Island
CCK	Cocos (Keeling) Islands
COL	Colombia
COM	Comoros
COG	Congo
COD	Congo, Democratic Republic of

APPENDIX B**International Organization for Standardization (ISO) Country Codes – Country Order**

Code	Label
COK	Cook Islands
FRA	Corsica
CRI	Costa Rica
CIV	Cote d'Ivoire
HRV	Croatia
CUB	Cuba
CUW	Curacao
CYP	Cyprus
CZE	Czech Republic
CSK	Czechoslovakia (former) [Pre-2013 cases only]
DNK	Denmark
DJI	Djibouti
DMA	Dominica
DOM	Dominican Republic
XEF	East Africa [Pre-2013 cases only]
BGD	East Pakistan
TLS	East Timor
ECU	Ecuador
EGY	Egypt
IRL	Eire
SLV	El Salvador
TUV	Ellice Islands
ENG	England
XEN	England, Channel Islands, Isle of Man [Pre-2013 cases only]
GNQ	Equatorial Guinea
ERI	Eritrea
EST	Estonia
ETH	Ethiopia
XET	Ethiopia (Abyssinia), Eritrea [Pre-2013 cases only]
ZZE	Europe, NOS
FLK	Falkland Islands
FRO	Faroe Islands
FSM	Federated States of Micronesia
FJI	Fiji
FIN	Finland
FRA	France
GUF	French Guiana
PYF	French Polynesia
ATF	French Southern Territories
GAB	Gabon

APPENDIX B
International Organization for Standardization (ISO) Country Codes – Country Order

Code	Label
GMB	Gambia
GEO	Georgia [country]
XGR	Germanic Countries [Pre-2013 cases only]
DEU	Germany
GHA	Ghana
GIB	Gibraltar
KIR	Gilbert Islands
GBR	Great Britain
GRC	Greece
GRL	Greenland
GRD	Grenada
VCT	Grenadines
GLP	Guadeloupe
GUM	Guam
GTM	Guatemala
GGY	Guernsey
GUY	Guiana, British
GUF	Guiana, French
GIN	Guinea
GNB	Guinea Bissau
GNQ	Guinea, Equatorial
GUY	Guyana
HTI	Haiti
HMD	Heard Island and McDonald Islands
BIH	Herzegovina
HND	Honduras
BLZ	Honduras, British
HKG	Hong Kong
HUN	Hungary
ISL	Iceland
IND	India
XSE	Indochina [Pre-2013 cases only]
IDN	Indonesia
IRN	Iran
IRQ	Iraq
IRL	Ireland
NIR	Ireland, Northern
IRL	Ireland, Republic of
IMN	Isle of Man
ISR	Israel

APPENDIX B**International Organization for Standardization (ISO) Country Codes – Country Order**

Code	Label
XIS	Israel and former Jewish Palestine [Pre-2013 cases only]
ITA	Italy
CIV	Ivory Coast
JAM	Jamaica
JPN	Japan
JEY	Jersey
UMI	Johnston Atoll
JOR	Jordan
KAZ	Kazakhstan
CCK	Keeling Islands
KEN	Kenya
KIR	Kiribati
PRK	Korea, North
KOR	Korea, NOS
KOR	Korea, South
KWT	Kuwait
KGZ	Kyrgyzstan
LAO	Laos
ZZU	Latin America, NOS
LVA	Latvia
LBN	Lebanon
LSO	Lesotho
LBR	Liberia
LBY	Libya
LIE	Liechtenstein
KIR	Line Islands, Southern
LTU	Lithuania
LUX	Luxembourg
MAC	Macao
MAC	Macau
MKD	Macedonia
MDG	Madagascar
PRT	Madeira Islands
MDG	Malagasy Republic
MWI	Malawi
MYS	Malaysia
XMS	Malaysia, Singapore, Brunei [Pre-2013 cases only]
MDV	Maldives
MLI	Mali
MLT	Malta

APPENDIX B
International Organization for Standardization (ISO) Country Codes – Country Order

Code	Label
FLK	Malvinas
MNP	Mariana Islands, Northern
MHL	Marshall Islands
MTQ	Martinique
MRT	Mauritania
MUS	Mauritius
MYT	Mayotte
XML	Melanesian Islands, Solomon Islands [Pre-2013 cases only]
MEX	Mexico
FSM	Micronesia, Federated States of
FSM	Micronesia, NOS
XMC	Micronesian Islands [Pre-2013 cases only]
UMI	Midway Islands
SPM	Miquelon
MDA	Moldova
MCO	Monaco
MNG	Mongolia
MNE	Montenegro
MSR	Montserrat
MAR	Morocco
MOZ	Mozambique
MMR	Myanmar
NAM	Namibia
JPN	Nampo-Shoto, Southern
NRU	Nauru
NPL	Nepal
NLD	Netherlands
NCL	New Caledonia
NZL	New Zealand
NIC	Nicaragua
NER	Niger
NGA	Nigeria
NIU	Niue
ZZX	Non-U.S./Canada, NOS
NFK	Norfolk Island
XNF	North Africa [Pre-2013 cases only]
ZZN	North America, NOS
XNI	North American Islands [Pre-2013 cases only]
PRK	North Korea
NIR	Northern Ireland

APPENDIX B
International Organization for Standardization (ISO) Country Codes – Country Order

Code	Label
MNP	Northern Mariana Islands
NOR	Norway
ZZX	Not U.S. or Canada, but no other information
MWI	Nyasaland
PSE	Occupied Palestine Territory
OMN	Oman
XOR	Other Asian Republics of the USSR [Pre-2013 cases only]
XCB	Other Caribbean Islands [Pre-2013 cases only]
XWF	Other West African Countries [Pre-2013 cases only]
ZZP	Pacific, NOS
PAK	Pakistan
PLW	Palau
PSE	Palestine Territory, Occupied
PAN	Panama
PNG	Papua New Guinea
PRY	Paraguay
CHN	Peoples Republic of China
PER	Peru
PHL	Philippines
PCN	Pitcairn Islands
POL	Poland
PYF	Polynesia, French
XPL	Polynesian Islands [Pre-2013 cases only]
PRT	Portugal
AGO	Principe
PRI	Puerto Rico
QAT	Qatar
XSF	Rep.of South Africa,Botswana Lesotho,Namibia,Swaziland[Pre-2013 cases only]
TWN	Republic of China (Taiwan)
ZAF	Republic of South Africa
REU	Réunion
ROU	Romania
RWA	Ruanda
RUS	Russia
BLR	Russia, White
RWA	Rwanda
JPN	Ryukyu Islands
BES	Saba
ESH	Sahara, Western
BES	Saint Eustatius

APPENDIX B
International Organization for Standardization (ISO) Country Codes – Country Order

Code	Label
WSM	Samoa
ASM	Samoa, American
WSM	Samoa, Western
SMR	San Marino
STP	Sao Tome and Principe
SAU	Saudi Arabia
XSC	Scandinavia [Pre-2013 cases only]
SCT	Scotland
SEN	Senegal
SRB	Serbia
SYC	Seychelles
SLE	Sierra Leone
IND	Sikkim
SGP	Singapore
SXM	Saint-Martin
XSL	Slavic Countries [Pre-2013 cases only]
SVK	Slovakia
SVN	Slovenia
SLB	Solomon Islands
SOM	Somalia
XSF	South Africa, NOS [Pre-2013 cases only]
ZAF	South Africa, Republic of
ZZS	South America, NOS
SGS	South Georgia and the South Sandwich Islands
KOR	South Korea
SSD	South Sudan
XSE	Southeast Asia [Pre-2013 cases only]
KIR	Southern Line Islands
ESP	Spain
LKA	Sri Lanka
BLM	St. Barthelemy
BES	St. Eustatius
SHN	St. Helena
KNA	St. Kitts and Nevis
LCA	St. Lucia
SXM	St. Martin
SPM	St. Pierre and Miquelon
VCT	St. Vincent and the Grenadines
SDN	Sudan
SSD	Sudan, South

APPENDIX B**International Organization for Standardization (ISO) Country Codes – Country Order**

Code	Label
XSD	Sudanese Countries [Pre-2013 cases only]
SUR	Suriname
SJM	Svalbard and Jan Mayen
UMI	Swan Islands
SWZ	Swaziland
SWE	Sweden
CHE	Switzerland
SYR	Syria
TWN	Taiwan
TJK	Tajikistan
TZA	Tanzania
THA	Thailand
CHN	Tibet
TLS	Timor, East
TLS	Timor-Leste
TTO	Tobago
TGO	Togo
TKL	Tokelau
TON	Tonga
TTO	Trinidad and Tobago
TUN	Tunisia
TUR	Turkey
TKM	Turkmenistan
TCA	Turks and Caicos
TCA	Turks Islands
TUV	Tuvalu
UMI	U.S. Minor Outlying Islands
VIR	U.S. Virgin Islands
UGA	Uganda
UKR	Ukraine
XUM	Ukraine and Moldavia [Pre-2013 cases only]
NIR	Ulster
ARE	United Arab Emirates
GBR	United Kingdom
USA	United States
ZZU	Unknown
URY	Uruguay
BDI	Urundi
UZB	Uzbekistan
VUT	Vanuatu

APPENDIX B**International Organization for Standardization (ISO) Country Codes – Country Order**

Code	Label
VAT	Vatican City
VEN	Venezuela
VNM	Vietnam
VGB	Virgin Islands, British
VIR	Virgin Islands, U.S.
UMI	Wake Island
WLS	Wales
WLF	Wallis and Futuna
XWF	West Africa, NOS (French Africa, NOS) [Pre-2013 cases only]
PAK	West Pakistan
ESH	Western Sahara
BLR	White Russia
YEM	Yemen
YUG	Yugoslavia (former) [Pre-2013 cases only]
COD	Zaire
ZMB	Zambia
ZWE	Zimbabwe

APPENDIX B
United States Postal Service State Abbreviation Codes
Canadian Province Abbreviation Codes
United States Territory Abbreviation Codes

NAME	STATE/PROVINCE CODE	COUNTRY CODE
Alabama	AL	USA
Alaska	AK	USA
Alberta	AB	CAN
American Samoa	AS	ASM
Arizona	AZ	USA
Arkansas	AR	USA
Armed Forces Americas	AA	USA
Armed Forces Canada, Europe, Middle East, Africa	AE	USA
Armed Forces Pacific	AP	USA
British Columbia	BC	CAN
California	CA	USA
Canada, NOS	CD	CAN
Colorado	CO	USA
Connecticut	CT	USA
Delaware	DE	USA
District of Columbia	DC	USA
Florida	FL	USA
Georgia	GA	USA
Guam	GU	GUM
Hawaii	HI	USA
Idaho	ID	USA
Illinois	IL	USA
Indiana	IN	USA
Iowa	IA	USA
Johnston Atoll	UM	UMI
Kansas	KS	USA
Kentucky	KY	USA
Louisiana	LA	USA
Maine	ME	USA
Manitoba	MB	CAN
Mariana Islands (Trust Territory of Pacific Islands)	MP	MNP
Marshall Islands (Trust Territory Pacific Islands)	MH	MHL
Maryland	MD	USA
Massachusetts	MA	USA
Michigan	MI	USA
Micronesia (Fed States of) (Caroline, Trust Terr of Pacific)	FM	FSM
Midway Islands	UM	UMI
Minnesota	MN	USA
Mississippi	MS	USA
Missouri	MO	USA
Montana	MT	USA
Nebraska	NE	USA
Nevada	NV	USA
New Brunswick	NB	CAN

APPENDIX B
United States Postal Service State Abbreviation Codes
Canadian Province Abbreviation Codes
United States Territory Abbreviation Codes

NAME	STATE/PROVINCE CODE	COUNTRY CODE
New Hampshire	NH	USA
New Jersey	NJ	USA
New Mexico	NM	USA
New York	NY	USA
Newfoundland, Labrador	NL	CAN
North American Islands	ZZ	XNI
North Carolina	NC	USA
North Dakota	ND	USA
Northwest Territories	NT	CAN
Northwest Territories, Yukon Territory	YN	CAN
Nova Scotia	NS	CAN
Nunavut	NU	CAN
Ohio	OH	USA
Oklahoma	OK	USA
Ontario	ON	CAN
Oregon	OR	USA
Palau (Trust Territory of Pacific Islands)	PW	PLW
Pennsylvania	PA	USA
Prince Edward Island	PE	CAN
Puerto Rico	PR	PRI
Quebec	QC	CAN
Rhode Island	RI	USA
Saskatchewan	SK	CAN
South Carolina	SC	USA
South Dakota	SD	USA
Swan Islands	UM	UMI
Tennessee	TN	USA
Texas	TX	USA
U.S. Virgin Islands	VI	VIR
United States, NOS	US	USA
Unknown Residence	ZZ	ZZU
Utah	UT	USA
Vermont	VT	USA
Virginia	VA	USA
Wake Island	UM	UMI
Washington	WA	USA
West Virginia	WV	USA
Wisconsin	WI	USA
Wyoming	WY	USA
Yukon Territory	YT	CAN

Note 1: State Code XX should not be used if patient is from US or Canada

Note 2: State Code YY should not be used if patient is from US or Canada

Note 3: State Code ZZ should be known for residents of US or Canada with unknown address

APPENDIX B
Federal Information Processing Standards (FIPS) County Codes for FLORIDA

County Name	FIPS Code
ALACHUA	001
BAKER	003
BAY	005
BRADFORD	007
BREVARD	009
BROWARD	011
CALHOUN	013
CHARLOTTE	015
CITRUS	017
CLAY	019
COLLIER	021
COLUMBIA	023
DESOTO	027
DIXIE	029
DUVAL	031
ESCAMBIA	033
FLAGLER	035
FRANKLIN	037
GADSDEN	039
GILCHRIST	041
GLADES	043
GULF	045
HAMILTON	047
HARDEE	049
HENDRY	051
HERNANDO	053
HIGHLANDS	055
HILLSBOROUGH	057
HOLMES	059
INDIAN RIVER	061
JACKSON	063
JEFFERSON	065
LAFAYETTE	067
LAKE	069
LEE	071
LEON	073
LEVY	075
LIBERTY	077
MADISON	079
MANATEE	081

County Name	FIPS Code
MARION	083
MARTIN	085
MIAMI-DADE	086
MONROE	087
NASSAU	089
OKALOOSA	091
OKEECHOBEE	093
ORANGE	095
OSCEOLA	097
PALM BEACH	099
PASCO	101
PINELLAS	103
POLK	105
PUTNAM	107
SANTA ROSA	113
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APPENDIX C

GLOSSARY OF COMMON TERMS

SEER ALSO MAINTAINS A GLOSSARY FOR REGISTRARS

<https://seer.cancer.gov/seertools/glossary/>

NAACCR RECOMMENDED ABBREVIATIONS FOR ABSTRACTORS

NAACCR Recommended Abbreviations consist of almost 500 terms with recommended abbreviations.

See NAACCR Volume II Data Standards and Data Dictionary – Appendix G

<HTTP://DATADictionary.NAACCR.ORG/DEFAULT.ASPX?C=17&VERSION=22>

ABBREVIATION/SYMBOL ORDERED BY TERM/WORD TERM/WORD ORDERED BY ABBREVIATION/SYMBOL CONTEXT SENSITIVE ABBREVIATIONS

Abbreviations often are used by cancer abstractors to shorten the written narratives entered into text fields. However, abbreviations can generate confusion, because abbreviations may vary among different institutions and even between different specialties within the same institution. To be useful, an abbreviation must be clearly understood by any individual who encounters it. Consequently, the use of abbreviations is a useful abstracting practice only if universally recognized abbreviations are used.

These lists are to be used as a primary reference by the cancer abstractor, to help abstract necessary information into a limited number of text fields for storage and transmission of cancer information. Terms included in the lists are limited to those that are commonly utilized when abstracting cancer information.

When abstracting into text fields, the use of abbreviations should be limited to those that appear on these lists whenever practical. Listings are not exhaustive, but the most commonly used terms were included.

Please note that although abbreviations are presented in uppercase, either upper- or lowercase may be utilized when entering abbreviations within abstraction software.

The listings were compiled from abbreviation lists from SEER Book 3, the NAACCR Pathology Committee, the Veterans Administration, Dr. Jay Piccirillo's comorbid conditions training materials, the Florida Cancer Data System, and the California Cancer Registry.

GLOSSARY OF COMMON TERMS

SEER ALSO MAINTAINS A GLOSSARY FOR REGISTRARS - <https://seer.cancer.gov/seertools/glossary>.

Note: The NCI SEER Website includes a more complete Glossary for Registrars and is available at <https://seer.cancer.gov/seertools/glossary/>. The glossary features definitions for terms used by cancer registrars. Each entry includes information on where the term is used, as well as any applicable alternate names, abstractor notes, histology, and primary sites. The SEER Glossary is updated on a regular basis.

Abstract - A succinct synopsis of pertinent information gleaned from the patient record. Every abstract should reflect the diagnosis and first course of therapy for each cancer diagnosis in any patient. In general, an abstract represents the first four to twelve months of the patient's cancer experience. Completeness, consistency and attention to detail are very important. Please take care when abstracting each cancer case.

Active Surveillance/Watchful Waiting - No therapy is also a first course of therapy treatment option. If a physician or patient elects to undergo simple observation (as is often the case with prostate cancer) and later receives a TURP or hormonal therapy, the first course of therapy is No Therapy. The abstract should reflect that no therapy was administered for the first course.

Adjuvant - Systemic therapy and/or radiation therapy that is given after other methods have destroyed the clinically detectable cancer cells. This therapy is given to destroy micrometastases (undetectable cancer cells). The intent is to prevent or delay a recurrence.

Analytic Case - Any case of cancer where the reporting facility is involved in the diagnosis and/or evaluation of the diagnosis and/or the evaluation of the extent of cancer spread at the time of diagnosis and/or the administration of all or any part of the first course of therapy.

Cancer Directed Therapy - Any treatment that is given to modify, control, remove or destroy primary or metastatic cancer tissue. The treatment is meant to remove or minimize the size of tumor or delay the spread of disease.

Clinical Stage or Clinical Classification – This is a point in time, not specific types of exams or procedures. The clinical (stage) classification encompasses all information from the diagnostic workup. This is from the moment of diagnosis until just before the first treatment.

Concurrent Therapy - Different types of therapies that are administered at the same time.

Consultation - Services rendered by a facility to confirm a diagnosis or treatment plan. Examples include: Pathology review of slides that have been previously read by another pathology physician or department; Radiation therapy planning without radiation therapy services administered; Specialty testing performed to confirm a diagnosis or extent of disease where the testing is not available elsewhere.

End-Results Registry - A cancer registry that performs all of the necessary functions required by the Commission on Cancer/American College of Surgeons for cancer program accreditation.

Federal Information Processing Standards (FIPS) – Standard codes for U.S. counties taken from the publication “Counties and Equivalent Entities of the United States, Its Possessions, and Associated Areas.”

First Course of Therapy or Treatment - All methods of therapy that are included in the original treatment plan, including neo-adjuvant, concurrent, prophylactic, palliative, and adjuvant therapies. Generally, the first course of therapy is completed during the first four months after a patient's diagnosis with cancer. The first course of therapy can extend beyond one year after initial diagnosis.

No therapy is also a first course of therapy treatment option. If a physician or patient elects to undergo simple observation (as is often the case with prostate cancer) and later receives a TURP or hormonal therapy, the first course of therapy is No Therapy. The abstract should reflect that no therapy was administered for the

first course.

Historical Case - A case of cancer that is not active or receiving therapy (NED, remission) that must be reported to accompany a case of cancer for the same patient that is active or receiving therapy.

III-Defined/Unknown Site - 069,189,260-269,328-329,390-399,409,419,479,499,559,579,639,760-769,809

Incidence Registry - A cancer registry that performs minimal cancer reporting as required in order to calculate cancer incidence rates for a defined geographic region and/or meet state reporting requirements.

NED - No Evidence of Disease

Neo-Adjuvant - Systemic therapy and/or radiation therapy that is given prior to surgical resection to reduce the bulk of a locally advanced primary cancer. Definitive surgery must be performed to complete the loop. Systemic therapy may consist of chemotherapy, immunotherapy, or hormone therapy.

Non-Analytic Case - Any case of cancer where the reporting facility is not involved with the diagnosis and/or the first course of therapy but, the patient is seen at the reporting facility with evidence of active cancer, and/or is actively receiving therapy for cancer, and/or is diagnosed with cancer at the time an autopsy is performed.

Non-Cancer Directed Therapy - Any treatment that is designed to prepare a patient for cancer-directed therapy, prolong a patient's life, alleviate pain or make the patient comfortable. Non-cancer directed therapies are not meant to destroy or control the tumor or delay the spread of disease. These therapies include diagnostic tests and supportive care.

Palliative - Treatment that is given primarily for the purpose of pain control. Palliative therapy is non-curative. Any benefits of the treatment are considered secondary contributions to the patient's quality of life.

Pathologic Stage or Pathologic Classification – This is a point in time, not specific types of procedures. The pathologic (stage) classification encompasses all information from the diagnostic workup, the surgical (operative) evaluation, and the pathologist's review of the resected specimen, from the moment of diagnosis THROUGH the surgical resection.

Prophylactic - Radiation therapy that is administered for the purpose of preventing the development of symptoms in a setting in which clinical evidence indicates that problems are likely to develop if treatment is not administered.

Remission - Cancer that is no longer detectable by any testing or evaluation means. This term is most often used for leukemia cases.

Reportable Case - Any cancer case that meets reporting requirements as outlined in Section I.

Treatment - See Treatment Section

Unknown/III-Defined Site - 069,189,260-269,328-329,390-399,409,419,479,499,559,579,639,760-769,809

Active Surveillance or Watchful Waiting
Is there a difference? YES

Cancer Registries started recording the data item “Treatment Status” back in 2010. This was the first time we were given an opportunity or a place to record ‘active surveillance/watchful waiting’ for prostate cancers. It had been nearly 20 years since the PSA became a ‘first-line screening test’ for prostate cancer. Population-Based Screening Guidelines were developed and promoted as the way to find prostate cancer early and to treat it definitively when found. These screening guidelines were adopted far and wide resulting in improved survival and mortality. PSA Screening was a huge success.

During the years 1990-2010 many thousands of men were screened for prostate cancer with the combination of PSA and DRE (digital rectal examination). And, many thousands of prostate cancers were identified and treated with prostatectomy and/or radiation therapy.

PSA Screening resulted in the identification of many cancers (early and late stage), treatment of many cancers (early and late stage), and these in turn helped to improve survival and mortality for prostate cancers across the board. But, at the same time we were improving survival and mortality from prostate cancer, we were also learning more about the risk versus benefit of finding and treating early cancers based on an elevated PSA.

By the early 2010s, population-based PSA screening was being called into question because of concerns that the benefits of screening may not justify the risks of overdiagnosis and overtreatment of potentially harmless prostate cancers. Were we really improving and extending the lives of all men diagnosed and treated for their prostate cancer? Or, were we finding and treating far more prostate cancers than needed treatment for their disease (overdiagnosis and overtreatment)? And, was that a negative risk?

So, our research began to focus on trying to find a balance between the benefits of treatment for early diagnosis and the potential harms of overtreatment (providing treatment when it would not truly benefit the patient by extending his life or improving his life – only treat the cancer). This was accomplished by identifying strategic ‘risk groups’ for treatment stratification. And then modifying screening guidelines based on the best treatment options available for these strategic risk groupings.

The current Prostate Cancer Risk Groups are based on a combination of the PSA prior to biopsy, the Gleason Score and Grade, and the expected lifetime of the patient. Treatment has become more individualized and ‘very early’ prostate cancer patients are now given the option of receiving treatment or not receiving treatment based on the overall profile of their cancer. This all depends on the risk group they fall into. Additionally, screening guidelines changed multiple times between 1990-2020.

So now we have a group of individuals who may be prescribed a ‘watch and wait’ approach or an ‘active surveillance’ approach to treatment. Both approaches delay treatment of the cancer. But the differences are somewhat nuanced. Unfortunately, cancer registrars only have 1 code under Treatment to document both ‘watch and wait’ and ‘active surveillance’ – but, the two approaches are different.

“Active Surveillance” involves actively monitoring the course of disease with the expectation to intervene with curative intent if the cancer progresses. Life expectancy is a key determinant when deciding on ‘active surveillance’ as the primary treatment plan. These would be younger patients with life expectancy greater than 10 years and with very low risk disease. Some patients with intermediate risk disease and a life expectancy greater than 10 years may opt for ‘active surveillance’ as well. The intent is to begin treatment to cure the patient once the cancer begins to show signs of progression.

A patient in “Active Surveillance” will have frequent PSA (at least once every 6 months), DRE (at least once a year), repeat biopsy at least once a year, repeat imaging at least once a year, etc. There is a schedule to the activities used to surveil or keep an active eye on the cancer for signs of progression. This is a decision to delay curative treatment.

“Watch and Wait” on the other hand is just ‘Observation’. Observation or ‘NO TREATMENT’ is the treatment of choice when a patient has a life expectancy less than 10 years and has low to very high risk of

disease progression or already has regional or metastatic prostate cancer and a life expectancy less than 5 years. Treatment of any kind is postponed until the patient becomes symptomatic. Once the patient becomes symptomatic, he may qualify for definitive therapy or for palliative care depending on the progression and re-stage of disease and patient choice to treat or not to treat. But, the patient with a shorter life expectancy can avoid the possible side effects of unnecessary confirmatory testing and definitive therapy when he undergoes a true ‘watch and wait’ plan to treat only once symptoms occur.

Below is a table from the NCCN Guidelines that further elucidates Risk Stratification and Staging Workup for Prostate Cancer. This may help registrars better understand the various risk groups and why certain decisions to delay treatment, only observe the patient, or immediately treat the patient is recommended.

TABLE. Risk Stratification and Staging Workup of Prostate Cancer¹

Risk Group	Clinical/Pathologic Features	Imaging	Molecular Testing of Tumor	Genetic Testing of Tumor
Very low	All of the following: <ul style="list-style-type: none"> • T1c • Gleason score ≤6/grade group 1 • PSA <10ng/mL • <3 prostate biopsy fragments/cores positive, ≤50% cancer in each fragment/core • PSA density <0.15 ng/mL/g 	Not indicated	Not indicated	Consider if there's a strong family history
Low	All of the following: <ul style="list-style-type: none"> • T1-T2a • Gleason score ≤6/grade group 1 • PSA <10ng/mL 	Not indicated	Consider if life expectancy is ≥10 years	Consider if there's a strong family history
Intermediate-favorable	Any of the following: <ul style="list-style-type: none"> • T2b-T2c • Gleason score 3+4=7/grade group 2 • PSA 10-20 ng/mL PLUS percentage of positive biopsy cores <50%	<ul style="list-style-type: none"> • Bone imaging: not recommended for staging • Pelvic ± abdominal imaging: recommended if nomogram predicts >10% probability of pelvic lymph node involvement 	Consider if life expectancy is ≥10 years	Consider if there's a strong family history
Intermediate-unfavorable	Any of the following: <ul style="list-style-type: none"> • T2b-T2c • Gleason score 3+4=7/grade group 2 or Gleason score 4+3=7/grade group 3 • PSA 10-20 ng/mL 	<ul style="list-style-type: none"> • Bone imaging: recommended if T2 and PSA >10 ng/mL • Pelvic ± abdominal imaging: recommended if nomogram predicts >10% probability of pelvic lymph node involvement 	Not routinely recommended	Consider if there's a strong family history
High	Any of the following: <ul style="list-style-type: none"> • T3a • Gleason score 8/grade group 4 or Gleason score 4+5=9/grade group 5 • PSA >20 ng/mL 	<ul style="list-style-type: none"> • Bone imaging: recommended • Pelvic ± abdominal imaging: recommended if nomogram predicts >10% probability of pelvic lymph node involvement 	Not routinely recommended	Consider
Very high	Any of the following: <ul style="list-style-type: none"> • T3b-T4 • Primary Gleason pattern 5 • >4 cores with Gleason core 8-10/grade group 4 or 5 	<ul style="list-style-type: none"> • Bone imaging: recommended • Pelvic ± abdominal imaging: recommended if nomogram predicts >10% probability of pelvic lymph node involvement 	Not routinely recommended	Consider
Regional	Any T, N1, M0	Already performed	Consider tumor testing for: <ul style="list-style-type: none"> • homologous recombination gene mutations • MSI/dMMR 	Consider
Metastatic	Any T, any N, M1	Already performed	Consider tumor testing for: <ul style="list-style-type: none"> • homologous recombination gene mutations • MSI/dMMR 	Consider

dMMR indicates mismatch repair deficiency; MSI, microsatellite instability; PSA, prostate-specific antigen.

APPENDIX C

C-5

**NAACCR RECOMMENDED ABBREVIATION LIST v22
CANCER SURVEILLANCE ORGANIZATIONS AND COMMON ABBREVIATIONS**<http://datadictionary.naaccr.org/default.aspx?c=17&Version=22>

ACRONYM	Acronym/Organization/Abbreviation Meaning
AACCR	American Association of Central Cancer Registries
ACoS	American College of Surgeons
ACS	American Cancer Society
AJCC	American Joint Committee on Cancer
BNA	Block Numbering Area
CCCR	Canadian Council of Cancer Registries
CDC	Centers for Disease Control and Prevention
CIN	Cervical intraepithelial neoplasia
CIS	Carcinoma in situ
CLIA	Clinical Laboratory Improvement Act
CoC	Commission on Cancer (of ACoS)
CPT	Current Procedural Terminology (codes)
CRC	Cyclic redundancy code
CS	Collaborative Staging
CTR	Certified Tumor Registrar
DAM	Data Acquisition Manual (of ACoS)
DCO	Death Certificate Only
EOD	Extent of Disease
FIPS	Federal Information Processing Standards
FORDS	Facility Oncology Registry Data Standards (manual of ACoS)
FTRO	Fundamental Tumor Registry Operations Program (of ACoS)
GenEDITS	Generic EDITS Drive Program
GIS	Geographic Information System
HCFA	Health Care Finance Administration
HIM	Health Information Management
IACR	International Association of Cancer Registrars
IARC	International Agency for Research on Cancer
ICD	International Classification of Diseases
ICD-O	International Classification of Diseases for Oncology
ICD-O-1	International Classification of Diseases for Oncology, First Edition
ICD-O-2	International Classification of Diseases for Oncology, Second Edition
ICD-O-3	International Classification of Diseases for Oncology, Third Edition
N.d.	No date (bibliographic term: no ascertainable place of publication)
NAACCR	North American Association of Central Cancer Registries

APPENDIX C

ACRONYM	Acronym/Organization/Abbreviation Meaning
NAPIIA	NAACCR Asian/Pacific Islander Identification Algorithm
NCCCS	National Coordinating Council for Cancer Surveillance
NCDB	National Cancer Data Base
NCI	National Cancer Institute
NCRA	National Cancer Registrars Association
NHIA	NAACCR Hispanic Identification Algorithm
NPCR	National Program of Cancer Registries
NPI	National Provider Identifier
PIN	Prostatic intraepithelial neoplasia
ROADS	Registry Operations and Data Standards (manual of ACoS)
RX	Treatment
SEER	Surveillance, Epidemiology, and End Results Program of NCI
SIL	Squamous intraepithelial lesion
SS	Summary Stage
SSF	Site Specific Factor
TNM	Tumor, Nodes and Metastasis: staging system of AJCC and UICC
UDSWG	Uniform Data Standards Work Group of NAACCR
UICC	Union Internationale Contre le Cancer (in English, International Union Against Cancer)
USPS	United States Postal Service
WHO	World Health Organization

**NAACCR RECOMMENDED MEDICAL ABBREVIATION LIST
ORDERED BY WORD/TERM(S)**

WORD/TERM(S)	ABBREVIATION/SYMBOL
Abdomen (abdominal)	ABD
Abdominal perineal	AP
Abnormal	ABN
Above	^
Above knee (amputation)	AK(A)
Absent/Absence	ABS
Abstract/Abstracted	ABST
Achilles tendon reflex	ATR
Acid phosphatase	ACID PHOS
Acquired Immune Deficiency Syndrome	AIDS
Activities of daily living	ADL
Acute granulocytic leukemia	AGL
Acute lymphocytic leukemia	ALL
Acute myelogenous leukemia	AML
Acute myocardial infarction	AMI
Acute Respiratory Distress (Disease) Syndrome	ARDS
Acute tubular necrosis	ATN
Acute renal failure	ARF
Adenocarcinoma	ADENOCA
Adenosine triphosphate	ATP
Adjacent	ADJ
Adult-onset Diabetes Mellitus	AODM
Admission/Admit	ADM
Adrenal cortical hormone	ACH
Adrenal cortex	AC
Adrenocorticotrophic hormone	ACTH
Affirmative	AFF
Against medical advice	AMA
AIDS-related condition (complex)	ARC
AIDS-related disease	ARD
Air contrast barium enema	ACBE
Albumin	ALB
Alcohol	ETOH
Alkaline phosphatase	ALK PHOS

APPENDIX C

WORD/TERM(S)	ABBREVIATION/SYMBOL
Alpha-fetoprotein	AFP
Also known as	AKA
Ambulatory	AMB
Amount	AMT
Amputation	AMP
Amyotrophic lateral sclerosis	ALS
Anal intraepithelial neoplasia, grade III	AIN III
Anaplastic	ANAP
And	&
Angiography/Angiogram	ANGIO
Anterior	ANT
Anteroposterior	AP
Antidiuretic hormone	ADH
Antigen	AG
Aortic stenosis	A-STEN
Appendix	APP
Apparently	APPL'Y
Approximately	APPROX
Arrhythmia	ARRHY
Arterial blood gases	ABG
Arteriosclerotic cardiovascular disease	ASCVD
Arteriosclerotic heart disease	ASHD
Arteriosclerotic Peripheral Vascular Disease	ASPVD
Arteriosclerosis/Arteriosclerotic	AS
Arteriovenous	AV
Arteriovenous malformation	AVM
Artery (ial)	ART
Ascending colon	A-COLON
Aspiration	ASP
Aspirin, Acetylsalicylic acid	ASA
As soon as possible	ASAP
At	@
Atrial fibrillation	A FIB
Atrial flutter	A FLUTTER
Atrial stenosis/insufficiency/incompetence	AI
Atrial premature complexes	APC

APPENDIX C

C-9

WORD/TERM(S)	ABBREVIATION/SYMBOL
Auscultation & percussion	A&P
Autonomic nervous system	ANS
Autopsy	AUT
Autoimmune hemolytic anemia	AIHA
Average	AVG
Axilla(ry)	AX
Bacillus Calmette-Guerin	BCG
Barium	BA
Barium enema	BE
Bartholin's, Urethral & Skene's	BUS
Basal cell carcinoma	BCC
Before noon	AM
Below knee (amputation)	BK(A)
Benign prostatic hypertrophy/hyperplasia	BPH
Bilateral	BIL
Bilateral salpingo-oophorectomy	BSO
Bile duct	BD
Biological response modifier	BRM
Biopsy	BX
Bipolar affective disorder	BAD
Black female	B/F
Black male	B/M
Bladder tumor	BT
Blood pressure	BP
Blood urea nitrogen	BUN
Blood volume	BV
Bone marrow	BM
Bone marrow transplant	BMT
Bowel movement	BM
Brother	BRO
Calcium	CA
Capsule (s)	CAP(S)
Carcinoembryonic antigen	CEA
Carcinoma	CA
Carcinoma in situ	CIS
Cardiovascular disease	CVD

APPENDIX C

WORD/TERM(S)	ABBREVIATION/SYMBOL
CAT/CT scan/Computerized axial tomography	CT
Centimeter	CM
Central nervous system	CNS
Cerebrospinal fluid	CSF
Cerebrovascular accident	CVA
Cervical intraepithelial neoplasia	CIN
Cervical intraepithelial neoplasia, grade III	CIN III
Cervical vertebrae	C1-C7
Cervical spine	C-SPINE
Change	CHG
Chemotherapy	CHEMO
Chest X-ray	CXR
Chronic	CHR
Chronic granulocytic leukemia	CGL
Chronic lymphocytic leukemia	CLL
Chronic myeloid (myelocytic) leukemia	CML
Chronic obstructive lung disease	COLD
Chronic obstructive pulmonary disease	COPD
Chronic renal failure	CRF
Chronic ulcerative colitis	CUC
Cigarettes	CIG
Clear	CLR
Cobalt 60	CO60
Collaborative stage	CS
Colon, Ascending	A-COLON
Colon, Descending	D-COLON
Colon, Sigmoid	SIG COLON
Colon, Transverse	TRANS-COLON
Colony-stimulating factor	C-SF
Complaint (-ning) of	C/O
Complete blood count	CBC
Congenital heart disease	CHD
Congestive heart failure	CHF
Consistent with	C/W
Continue/continuous	CONT
Contralateral	CONTRA

APPENDIX C

C-11

WORD/TERM(S)	ABBREVIATION/SYMBOL
Coronary artery bypass graft	CABG
Coronary artery disease	CAD
Coronary care unit	CCU
Cubic centimeter	CC
Cystoscopy	CYSTO
Cytology	CYTO
Cystic fibrosis	CF
Date of birth	DOB
Date of death	DOD
Dead on arrival	DOA
Decrease(d)	DECR
Deep tendon reflex	DTR
Deep vein thrombosis	DVT
Deoxyribonucleic acid	DNA
Descending colon	D-COLON
Dermatology	DERM
Diabetes mellitus	DM
Diagnosis	DX
Diameter	DIAM
Diethylstilbestrol	DES
Differentiated/differential	DIFF
Digital rectal examination	DRE
Dilatation and curettage	D&C
Discharge	DISCH
Discontinue(d)	DC
Disease	DZ
Disseminated intravascular coagulopathy	DIC
Ductal carcinoma in situ	DCIS
Dyspnea on exertion	DOE
Ears, nose, and throat	ENT
Electrocardiogram	ECG/EKG
Electroencephalogram	EEG
Electromyogram	EMG
Emergency room	ER
Endoscopic retrograde cholangiopancreatography	ERCP
End stage renal disease	ESRD
Enlarged	ENLGD

APPENDIX C

WORD/TERM(S)	ABBREVIATION/SYMBOL
Equal(s)	=
Esophagogastro-duodenoscopy	EGD
Estrogen receptor (assay)	ER, ERA
Evaluation	EVAL
Every	Q
Every day	QD
Examination	EXAM
Excision/excised	EXC(D)
Expired	EXP
Exploratory	EXPL
Exploratory laparotomy	EXPL LAP
Extend/extension	EXT
Fever of unknown origin	FUO
Fine needle aspiration	FNA
Fine needle aspiration biopsy	FNAB
Floor of mouth	FOM
Fluid	FL
Fluoroscopy	FLURO
Follow-up	FU
For example	E.G.
Fracture	FX
Frequent/Frequency	FREQ
Frozen section	FS
Full thickness skin graft	FTSG
Gallbladder	GB
Gastroesophageal	GE
Gastroesophageal reflux disease	GERD
Gastrointestinal	GI
General/Generalized	GEN
Genitourinary	GU
Grade	GR
Greater/Greater than	>
Gynecology	GYN
Hematocrit	HCT
Hemoglobin	HGB

APPENDIX C

C-13

WORD/TERM(S)	ABBREVIATION/SYMBOL
Hepatitis A (virus)	HAV
Hepatitis B (virus)	HBV
Hepatitis C (virus)	HCV
Hepatitis D (virus)	HDV
Hepatosplenomegaly	HSM
History	HX
History and physical	H&P
History of	H/O
Hormone	HORM
Hospital	HOSP
Hour/Hours	HR(S)
Human chorionic gonadotropin	HCG
Human Immunodeficiency Virus	HIV
Human Papilloma Virus	HPV
Human T-Lymphotropic Virus, (Type III)	HTLV
Hypertension	HTN
Hypertensive cardiovascular disease	HCVD
Hypertensive vascular disease	HVD
Hysterectomy	HYST
Idiopathic hypertrophic subaortic stenosis	IHSS
Idiopathic thrombocytopenia	ITP
Immunoglobulin	IG
Immunohistochemical	IHC
Impression	IMP
Incision & drainage	I&D
Includes/Including	INCL
Increase(d)	INCR
Inferior	INF
Inferior vena cava	IVC
Infiltrating	INFILT
Inflammatory bowel disease	IBD
Inpatient	IP
Insulin-dependent diabetes mellitus	IDDM
Intensive care unit	ICU
Intercostal margin	ICM
Intercostal space	ICS
Intermittent positive pressure breathing	IPPB

APPENDIX C

WORD/TERM(S)	ABBREVIATION/SYMBOL
Internal	INT
Interstitial lung disease	ILD
Intramuscular	IM
Intrathecal	IT
Intravenous	IV
Intravenous cholangiogram	IVCA
Intravenous pyelogram	IVP
Invade(s)/invading/invasion	INV
Involve(s)/involvement/involving	INVL
Ipsilateral	IPSI
Irregular	IRREG
Jugular venous distention	JVD
Juvenile rheumatic arthritis	JRA
Kaposi sarcoma	KS
Kidneys, ureters, bladder	KUB
Kilogram	KG
Kilovolt	KV
Laboratory	LAB
Lactic dehydrogenase	LDH
Laparotomy	LAP
Large	LRG
Last menstrual period	LMP
Lateral	LAT
Left	LT
Left bundle branch block	LBBB
Left costal margin	LCM
Left lower extremity	LLE
Left lower lobe	LLL
Left lower quadrant	LLQ
Left salpingo-oophorectomy	LSO
Left upper extremity	LUE
Left upper lobe	LUL
Left upper quadrant	LUQ
Left upper outer quadrant	LUOQ
Less/Less than	<

APPENDIX C

WORD/TERM(S)	ABBREVIATION/SYMBOL
Licensed practical nurse	LPN
Linear accelerator	LINAC
Liver/spleen scan	LS SCAN
Lower extremity	LE
Lower inner quadrant	LIQ
Lower outer quadrant	LOQ
Lumbar vertebra	L1-L5
Lumbar spine	L-SPINE
Lumbosacral	LS
Lymphadenopathy-associated virus	LAV
Lymph node(s)	LN(S)
Lymph node dissection	LND
Lupus erythematosus	LUP ERYTH
Lymph/vascular invasion	LVI
Macrophage colony-stimulating factor	M-CSF
Magnetic resonance imaging	MRI
Magnetic resonance cholangiopancreatography	MRCP
Main stem bronchus	MSB
Malignant	MALIG
Mandible/mandibular	MAND
Maximum	MAX
Medical center	MC
Medication	MED
Metastatic/Metastasis	METS
Methicillin Resistant Staphylococcus Aureus	MRSA
Microgram	MCG
Microscopic	MICRO
Middle lobe	ML
Millicurie (hours)	MC(H)
Milligram (hours)	MG(H)
Milliliter	ML
Millimeter	MM
Million electron volts	MEV
Minimum	MIN
Minus	-
Minute	MIN
Mitral valve prolapse	MVP

APPENDIX C

WORD/TERM(S)	ABBREVIATION/SYMBOL
Mixed combined immunodeficiency	MCID
Mixed connective tissue disease	MCTD
Moderate (ly)	MOD
Moderately differentiated	MD, MOD DIFF
Modified radical mastectomy	MRM
More/More than	>
Multifocal arterial tachycardia	MAT
Multifocal premature ventricular contraction	MPVC
Multiple	MULT
Multiple sclerosis	MS
Multiple myeloma	MM
Myasthenia gravis	MG
Myocardial infarction	MI
Neck vein distention	NVD
Negative	NEG
Negative	-
Neoplasm	NEOPL
Neurology	NEURO
No evidence of disease	NED
No significant findings	NSF
Non-Hodgkins lymphoma	NHL
Normal	NL
Non small cell carcinoma	NSCCA
Not applicable	NA
Not otherwise specified	NOS
Not recorded	NR
Number	#
Nursing home	NH
Obstetrics	OB
Obstructed (-ing, -ion)	OBST
Operating room	OR
Operative report	OP RPT
Organic brain syndrome	OBS
Orthopedics	ORTHO
Otology	OTO
Ounce	OZ

APPENDIX C

C-17

WORD/TERM(S)	ABBREVIATION/SYMBOL
Outpatient	OP
Packs per day	PPD
Palpated (-able)	PALP
Papanicolaou smear	PAP
Papillary	PAP
Past/personal (medical) history	PMH
Pathology	PATH
Patient	PT
Pediatrics	PEDS
Pelvic inflammatory disease	PID
Peptic ulcer disease	PUD
Percutaneous	PERC
Percutaneous transhepatic cholecystogram	PTC
Peripheral vascular disease	PVD
Prescription	RX
Primary medical physician	PMP
Phosphorus 32	P32
Physical examination	PE
Physiotherapy/Physical therapy	PT
Platelets	PLT
Plus	+
Poorly differentiated	PD, POOR DIFF
Positive	POS
Positive	+
Positron emission tomography	PET
Possible	POSS
Posterior	POST
Postoperative (-ly)	POST OP
Pound(s)	LB(S)
Pound(s)	#
Premature atrial contraction	PAC
Preoperative (-ly)	PRE OP
Previous	PREV
Prior to admission	PTA
Probable (-ly)	PROB
Proctoscopy	PROCTO
Progesterone receptor (assay)	PR, PRA

APPENDIX C

WORD/TERM(S)	ABBREVIATION/SYMBOL
Prostatic intraepithelial neoplasia, grade III	PIN III
Prostatic specific antigen	PSA
Pulmonary	PULM
Quadrant	QUAD
Radiation absorbed dose	RAD
Radiation therapy	RT
Radioimmunoassay	RIA
Received	REC'D
Red blood cells (count)	RBC
Regarding	RE
Regional medical center	RMC
Regular	REG
Regular sinus rhythm	RSR
Resection (ed)	RESEC
Review of outside films	ROF
Review of outside slides	ROS
Rheumatoid arthritis	RA
Rheumatic heart disease	RHD
Right	RT
Right bundle branch block	RBBB
Right costal margin	RCM
Right inner quadrant	RIQ
Right lower extremity	RLE
Right lower lobe	RLL
Right lower quadrant	RLQ
Right middle lobe	RML
Right outer quadrant	ROQ
Right salpingo-oophorectomy	RSO
Right upper extremity	RUE
Right upper lobe	RUL
Right upper quadrant	RUQ
Rule out	R/O
Sacral spine	S-SPINE
Sacral vertebra	S1-S5

APPENDIX C

C-19

WORD/TERM(S)	ABBREVIATION/SYMBOL
Salpingo-oophorectomy	SO
Satisfactory	SATIS
Serum glutamic oxaloacetic transaminase	SGOT
Serum glutamic pyruvic transaminase	SGPT
Severe combined immunodeficiency syndrome	SCID
Short(ness) of breath	SOB
Sick sinus syndrome	SSS
Sigmoid colon	SIG COLON
Small	SM
Small bowel	SB
Specimen	SPEC
Spine, Cervical	C-SPINE
Spine, Lumbar	L-SPINE
Spine, Sacral	S-SPINE
Spine, Thoracic	T-SPINE
Split thickness skin graft	STSG
Squamous	SQ
Squamous cell carcinoma	SCC
Status post	S/P
Subcutaneous	SUBCU
Summary stage	SS
Superior vena cava	SVC
Surgery/Surgical	SURG
Suspicious/suspected	SUSP
Symptoms	SX
Syndrome of inappropriate ADH	SIADH
Systemic lupus erythematosus	SLE
Thoracic spine	T-SPINE
Thromboticthrombocytopenia purpura	TTP
Times	X
Total abdominal hysterectomy	TAH
Total abdominal hysterectomy- bilateral salpingo-oophorectomy	TAH-BSO
Total vaginal hysterectomy	TVH
Transient ischemic attack	TIA
Transitional cell carcinoma	TCC
Transurethral resection	TUR

APPENDIX C

WORD/TERM(S)	ABBREVIATION/SYMBOL
Transurethral resection bladder	TURB
Transurethral resection prostate	TURP
Transverse colon	TRANS-COLON
Treatment	TX
True vocal cord	TVC
Tuberculosis	TB
Twice a day (daily)	BID
Ultrasound	US
Undifferentiated	UNDIFF
Unknown	UNK
Upper extremity	UE
Upper gastrointestinal (series)	UGI
Upper inner quadrant	UIQ
Upper outer quadrant	UOQ
Upper respiratory infection	URI
Urinary tract infection	UTI
Vagina/Vaginal	VAG
Vaginal hysterectomy	VAG HYST
Vaginal intraepithelial neoplasia (grade III)	VAIN III
Vulvar intraepithelial neoplasia (grade III)	VIN III
Well differentiated	WD, WELL DIFF
White blood cells (count)	WBC
White female	W/F
White male	W/M
With	W/
Within normal limits	WNL
Without	W/O
Wolff-Parkinson-White syndrome	WPW
Work-up	W/U
Xray	XR
Year	YR

**NAACCR RECOMMENDED MEDICAL ABBREVIATION LIST
ORDERED BY ABBREVIATION/SYMBOL**

ABBREVIATION/SYMBOL	WORD/TERM(S)
^	above
@	at
&	and
<	less, less than
=	equals
>	greater than, more, more than
-	negative, minus
#	number, pound(s)
+	plus, positive
X	times
A-COLON	Ascending colon
A FIB	Atrial fibrillation
A FLUTTER	Atrial flutter
A-STEN	Aortic stenosis
A&P	Auscultation & percussion
ABD	Abdomen (abdominal)
ABG	Arterial blood gases
ABN	Abnormal
ABS	Absent/Absence
ABST	Abstract/Abstracted
AC	Adrenal cortex
ACBE	Air contrast barium enema
ACH	Adrenal cortical hormone
ACID PHOS	Acid phosphatase
ACTH	Adrenocorticotrophic hormone
ADENOCA	Adenocarcinoma
ADH	Antidiuretic hormone
ADJ	Adjacent
ADL	Activities of daily living
ADM	Admission/Admit
AFF	Affirmative
AFP	Alpha-fetoprotein
AG	Antigen

APPENDIX C

ABBREVIATION/SYMBOL	WORD/TERM(S)
AGL	Acute granulocytic leukemia
AI	Atrial stenosis/insufficiency/incompetence
AIDS	Acquired Immune Deficiency Syndrome
AIHA	Autoimmune hemolytic anemia
AIN III	Anal intraepithelial neoplasia, grade III
AK(A)	Above knee (amputation)
AKA	Also known as
ALB	Albumin
ALK PHOS	Alkaline phosphatase
ALL	Acute lymphocytic leukemia
ALS	Amyotrophic lateral sclerosis
AM	Before noon
AMA	Against medical advice
AMB	Ambulatory
AMI	Acute myocardial infarction
AML	Acute myelogenous leukemia
AMP	Amputation
AMT	Amount
ANAP	Anaplastic
ANGIO	Angiography/Angiogram
ANS	Autonomic nervous system
ANT	Anterior
AODM	Adult-onset Diabetes Mellitus
AP	Abdominal perineal
AP	Anteroposterior
APC	Atrial premature complexes
APP	Appendix
APPL'Y	Apparently
APPROX	Approximately
ARC	AIDS-related condition (complex)
ARD	AIDS-related disease
ARDS	Acute Respiratory Distress (Disease) Syndrome
ARF	Acute renal failure
ARRHY	Arrhythmia
ART	Artery (ial)
AS	Arteriosclerosis/Arteriosclerotic
ASA	Aspirin, Acetylsalicylic acid

APPENDIX C

ABBREVIATION/SYMBOL	WORD/TERM(S)
ASAP	As soon as possible
ASCVD	Arteriosclerotic cardiovascular disease
ASHD	Arteriosclerotic heart disease
ASP	Aspiration
ASPVD	Arteriosclerotic Peripheral Vascular Disease
ATN	Acute tubular necrosis
ATP	Adenosine triphosphate
ATR	Achilles tendon reflex
AUT	Autopsy
AV	Arteriovenous
AVG	Average
AVM	Arteriovenous malformation
AX	Axilla(ry)
B/F	Black female
B/M	Black male
BA	Barium
BAD	Bipolar affective disorder
BCC	Basal cell carcinoma
BCG	Bacillus Calmette-Guerin
BD	Bile duct
BE	Barium enema
BID	Twice a day (daily)
BIL	Bilateral
BK(A)	Below knee (amputation)
BM	Bone marrow
BM	Bowel movement
BMT	Bone marrow transplant
BP	Blood pressure
BPH	Benign prostatic hypertrophy/hyperplasia
BRM	Biological response modifier
BRO	Brother
BSO	Bilateral salpingo-oophorectomy
BT	Bladder tumor
BUN	Blood urea nitrogen
BUS	Bartholin's, Urethral & Skene's
BV	Blood volume
BX	Biopsy

APPENDIX C

ABBREVIATION/SYMBOL	WORD/TERM(S)
C/O	Complaint (-ning) of
C/W	Consistent with
C1-C7	Cervical vertebrae
CA	Calcium
CA	Carcinoma
CABG	Coronary artery bypass graft
CAD	Coronary artery disease
CAP(S)	Capsule (s)
CBC	Complete blood count
CC	Cubic centimeter
CCU	Coronary care unit
CEA	Carcinoembryonic antigen
CF	Cystic fibrosis
CGL	Chronic granulocytic leukemia
CHD	Congenital heart disease
CHEMO	Chemotherapy
CHF	Congestive heart failure
CHG	Change
CHR	Chronic
CIG	Cigarettes
CIN	Cervical intraepithelial neoplasia
CIN III	Cervical intraepithelial neoplasia, grade III
CIS	Carcinomain situ
CLL	Chronic lymphocytic leukemia
CLR	Clear
CM	Centimeter
CML	Chronic myeloid (myelocytic) leukemia
CNS	Central nervous system
CO60	Cobalt 60
COLD	Chronic obstructive lung disease
CONT	Continue/continuous
CONTRA	Contralateral
COPD	Chronic obstructive pulmonary disease
CRF	Chronic renal failure
CS	Collaborative stage
CSF	Cerebrospinal fluid

APPENDIX C

ABBREVIATION/SYMBOL	WORD/TERM(S)
C-SF	Colony stimulating factor
C-SPINE	Cervical spine
CT	CAT/CT scan/Computerized axial tomography
CUC	Chronic ulcerative colitis
CVA	Cerebrovascular accident
CVD	Cardiovascular disease
CXR	Chest X-ray
CYSTO	Cystoscopy
CYTO	Cytology
D-COLON	Descending colon
D&C	Dilatation and curettage
DC	Discontinue(d)
DCIS	Ductal carcinomain situ
DECR	Decrease(d)
DERM	Dermatology
DES	Diethylstilbestrol
DIAM	Diameter
DIC	Disseminated intravascular coagulopathy
DIFF	Differentiated/differential
DISCH	Discharge
DM	Diabetes mellitus
DNA	Deoxyribonucleic acid
DOA	Dead on arrival
DOB	Date of birth
DOD	Date of death
DOE	Dyspnea on exertion
DRE	Digital rectal examination
DTR	Deep tendon reflex
DVT	Deep vein thrombosis
DX	Diagnosis
DZ	Disease
E.G.	For example
ECG/EKG	Electrocardiogram
EEG	Electroencephalogram
EGD	Esophagogastro-duodenoscopy
EMG	Electromyogram

APPENDIX C

ABBREVIATION/SYMBOL	WORD/TERM(S)
ENLGD	Enlarged
ENT	Ears, nose, and throat
ER	Emergency room
ER, ERA	Estrogen receptor (assay)
ERCP	Endoscopic retrograde cholangiopancreatography
ESRD	End stage renal disease
ETOH	Alcohol
EVAL	Evaluation
EXAM	Examination
EXC(D)	Excision/excised
EXP	Expired
EXPL	Exploratory
EXPL LAP	Exploratory laparotomy
EXT	Extend/extension
FL	Fluid
FLURO	Fluoroscopy
FNA	Fine needle aspiration
FNAB	Fine needle aspiration biopsy
FOM	Floor of mouth
FREQ	Frequent/Frequency
FS	Frozen section
FTSG	Full thickness skin graft
FU	Follow-up
FUO	Fever of unknown origin
FX	Fracture
GB	Gallbladder
GE	Gastroesophageal
GEN	General/Generalized
GERD	Gastroesophageal reflux disease
GI	Gastrointestinal
GR	Grade
GU	Genitourinary
GYN	Gynecology
H&P	History and physical

APPENDIX C

ABBREVIATION/SYMBOL	WORD/TERM(S)
H/O	History of
HAV	Hepatitis A (virus)
HBV	Hepatitis B (virus)
HCG	Human chorionic gonadotropin
HCT	Hematocrit
HCV	Hepatitis C (virus)
HCVD	Hypertensive cardiovascular disease
HDV	Hepatitis D (virus)
HGB	Hemoglobin
HIV	Human Immunodeficiency Virus
HORM	Hormone
HOSP	Hospital
HPV	Human Papilloma Virus
HR(S)	Hour/Hours
HSM	Hepatosplenomegaly
HTLV	Human T-Lymphotropic Virus, (Type III)
HTN	Hypertension
HVD	Hypertensive vascular disease
HX	History
HYST	Hysterectomy
I&D	Incision & drainage
IBD	Inflammatory bowel disease
ICM	Intercostal margin
ICS	Intercostal space
ICU	Intensive care unit
IDDM	Insulin-dependent diabetes mellitus
IG	Immunoglobulin
IHC	Immunohistochemical
IHSS	Idiopathic hypertrophic subaortic stenosis
ILD	Interstitial lung disease
IM	Intramuscular
IMP	Impression
INCL	Includes/Including
INCR	Increase(d)
INF	Inferior
INFILT	Infiltrating
INT	Internal

APPENDIX C

ABBREVIATION/SYMBOL	WORD/TERM(S)
INV	Invade(s)/invading/invasion
INVL	Involve(s)/involvement/involving
IP	Inpatient
IPPB	Intermittent positive pressure breathing
IPSI	Ipsilateral
IRREG	Irregular
IT	Intrathecal
ITP	Idiopathic thrombocytopenia
IV	Intravenous
IVC	Inferior vena cava
IVCA	Intravenous cholangiogram
IVP	Intravenous pyelogram
JRA	Juvenile rheumatic arthritis
JVD	Jugular venous distention
KG	Kilogram
KS	Kaposi sarcoma
KUB	Kidneys, ureters, bladder
KV	Kilovolt
L-SPINE	Lumbar spine
L1-L5	Lumbar vertebra
LAB	laboratory
LAP	Laparotomy
LAT	Lateral
LAV	Lymphadenopathy-associated virus
LB	Pound
LBBB	Left bundle branch block
LCM	Left costal margin
LDH	Lactic dehydrogenase
LE	Lower extremity
LINAC	Linear accelerator
LIQ	Lower inner quadrant
LLE	Left lower extremity
LLL	Left lower lobe
LLQ	Left lower quadrant

APPENDIX C

ABBREVIATION/SYMBOL	WORD/TERM(S)
LMP	Last menstrual period
LN(S)	Lymph node(s)
LND	Lymph node dissection
LOQ	Lower outer quadrant
LPN	Licensed practical nurse
LRG	Large
LS	Lumbosacral
LS SCAN	Liver/spleen scan
LSO	Left salpingo-oophorectomy
LT	Left
LUE	Left upper extremity
LUL	Left upper lobe
LUOQ	Left upper outer quadrant
LUP ERYTH	Lupus erythematosus
LUQ	Left upper quadrant
LVI	Lymph/vascular invasion
M-CSF	Macrophage colony-stimulating factor
MALIG	Malignant
MAND	Mandible/mandibular
MAT	Multifocal arterial tachycardia
MAX	Maximum
MC	Medical center
MC(H)	Millicurie (hours)
MCG	Microgram
MCID	Mixed combined immunodeficiency
MCTD	Mixed connective tissue disease
MD	Moderately differentiated
MED	Medication
METS	Metastatic/Metastasis
MEV	Million electron volts
MG	Myasthenia gravis
MG(H)	Milligram (hours)
MI	Myocardial infarction
MICRO	Microscopic
MIN	Minimum
MIN	Minute
ML	Middle lobe

APPENDIX C

ABBREVIATION/SYMBOL	WORD/TERM(S)
ML	Milliliter
MM	Millimeter
MM	Multiple myeloma
MOD	Moderate (ly)
MOD DIFF	Moderately differentiated
MPVC	Multifocal premature ventricular contraction
MRCP	Magnetic resonance cholangiopancreatography
MRI	Magnetic resonance imaging
MRM	Modified radical mastectomy
MRSA	Methicillin Resistant Staphylococcus Aureus
MS	Multiple sclerosis
MSB	Main stem bronchus
MULT	Multiple
MVP	Mitral valve prolapse
NA	Not applicable
NED	No evidence of disease
NEG	Negative
NEOPL	Neoplasm
NEURO	Neurology
NH	Nursing home
NHL	Non-Hodgkins lymphoma
NL	Normal
NOS	Not otherwise specified
NR	Not recorded
NSCCA	Non small cell carcinoma
NSF	No significant findings
NVD	Neck vein distention
OB	Obstetrics
OBS	Organic brain syndrome
OBST	Obstructed (-ing, -ion)
OP	Outpatient
OP RPT	Operative report
OR	Operating room
ORTHO	Orthopedics
OTO	Otology

APPENDIX C

ABBREVIATION/SYMBOL	WORD/TERM(S)
OZ	Ounce
P32	Phosphorus 32
PAC	Premature atrial contraction
PALP	Palpated (-able)
PAP	Papanicolaou smear
PAP	Papillary
PATH	Pathology
PD	Poorly differentiated
PE	Physical examination
PEDS	Pediatrics
PERC	Percutaneous
PET	Positron emission tomography
PID	Pelvic inflammatory disease
PIN III	Prostatic intraepithelial neoplasia, grade III
PLT	Platelets
PMH	Past/personal (medical) history
PMP	Primary medical physician
POOR DIFF	Poorly differentiated
POS	Positive
POSS	Possible
POST	Posterior
POST OP	Postoperative (-ly)
PPD	Packs per day
PR, PRA	Progesterone receptor (assay)
PRE OP	Preoperative (-ly)
PREV	Previous
PROB	Probable (-ly)
PROCTO	Proctoscopy
PSA	Prostatic specific antigen
PT	Patient
PT	Physiotherapy/Physical therapy
PTA	Prior to admission
PTC	Percutaneous transhepatic cholecystogram
PUD	Peptic ulcer disease
PULM	Pulmonary
PVD	Peripheral vascular disease

APPENDIX C

ABBREVIATION/SYMBOL	WORD/TERM(S)
Q	Every
QD	Every day
QUAD	Quadrant
R/O	Rule out
RA	Rheumatoid arthritis
RAD	Radiation absorbed dose
RBBB	Right bundle branch block
RBC	Red blood cells (count)
RCM	Right costal margin
RE	Regarding
REC'D	Received
REG	Regular
RESEC	Resection (ed)
RHD	Rheumatic heart disease
RIA	Radioimmunoassay
RIQ	Right inner quadrant
RLE	Right lower extremity
RLL	Right lower lobe
RLQ	Right lower quadrant
RMC	Regional medical center
RML	Right middle lobe
ROF	Review of outside films
ROQ	Right outer quadrant
ROS	Review of outside slides
RSO	Right salpingo-oophorectomy
RSR	Regular sinus rhythm
RT	Radiation therapy
RT	Right
RUE	Right upper extremity
RUL	Right upper lobe
RUQ	Right upper quadrant
RX	Prescription
S/P	Status post
S1-S5	Sacral vertebra
S-SPINE	Sacral spine

APPENDIX C

ABBREVIATION/SYMBOL	WORD/TERM(S)
SATIS	Satisfactory
SB	Small bowel
SCC	Squamous cell carcinoma
SCID	Severe combined immunodeficiency syndrome
SGOT	Serum glutamic oxaloacetic transaminase
SGPT	Serum glutamic pyruvic transaminase
SIADH	Syndrome of inappropriate ADH
SIG COLON	Sigmoid colon
SLE	Systemic lupus erythematosus
SM	Small
SO	Salpingo-oophorectomy
SOB	Short(ness) of breath
SPEC	Specimen
SQ	Squamous
SS	Summary stage
SSS	Sick sinus syndrome
STSG	Split thickness skin graft
SUBCU	Subcutaneous
SURG	Surgery/Surgical
SUSP	Suspicious/suspected
SVC	Superior vena cava
SX	Symptoms
T-SPINE	Thoracic spine
TAH	Total abdominal hysterectomy
TAH-BSO	Total abdominal hysterectomy- bilateral salpingo-oophorectomy
TB	Tuberculosis
TCC	Transitional cell carcinoma
TIA	Transient ischemic attack
TRANS-COLON	Transverse colon
TTP	Thromboticthrombocytopenia purpura
TUR	Transurethral resection
TURB	Transurethral resection bladder
TURP	Transurethral resection prostate
TVC	True vocal cord
TVH	Total vaginal hysterectomy
TX	Treatment

APPENDIX C

ABBREVIATION/SYMBOL	WORD/TERM(S)
UE	Upper extremity
UGI	Upper gastrointestinal (series)
UIQ	Upper inner quadrant
UNDIFF	Undifferentiated
UNK	Unknown
UOQ	Upper outer quadrant
URI	Upper respiratory infection
US	Ultrasound
UTI	Urinary tract infection
VAG	Vagina/Vaginal
VAG HYST	Vaginal hysterectomy
VAIN III	Vaginal intraepithelial neoplasia (grade III)
VIN III	Vulvar intraepithelial neoplasia (grade III)
W/	With
W/F	White female
W/M	White male
W/O	Without
W/U	Work-up
WBC	White blood cells (count)
WD	Well differentiated
WELL DIFF	Well differentiated
WNL	Within normal limits
WPW	Wolff-Parkinson-White syndrome
XR	Xray
YR	Year

**NAACCR RECOMMENDED MEDICAL ABBREVIATION LIST
CONTEXT-SENSITIVE ABBREVIATIONS**

ABBREVIATION/SYMBOL	WORD/TERM(S)
AP	Anteroposterior
AP	Abdominal perineal
BM	Bone marrow
BM	Bowel movement
CA	Calcium
CA	Carcinoma
MIN	Minimum
MIN	Minute
ML	Milliliter
ML	Middle lobe
MM	Millimeter
MM	Multiple myeloma
PAP	Papillary
PAP	Papanicolaou smear
PT	Patient
PT	Physiotherapy/Physical therapy
RT	Right
RT	Radiation therapy

APPENDIX D

RACE CODING INSTRUCTIONS

AND

**RACE AND NATIONALITY DESCRIPTIONS
FROM THE 2000 CENSUS AND BUREAU OF VITAL STATISTICS**

**RACE AND NATIONALITY DESCRIPTIONS
ALPHABETIC INDEX**

Race Coding Instructions
Adopted from SEER Coding and Staging Manual 2004

1. Code the primary race(s) of the patient in fields Race 1, Race 2, Race 3, Race 4, and Race 5. The five race fields allow for the coding of multiple races consistent with the Census 2000. Rules 2 - 8 further specify how to code Race 1, Race 2, Race 3, Race 4 and Race 5.
2. If a person's race is a combination of white and any other race(s), code the appropriate other race(s) first and code white in the next race field.
3. If a person's race is a combination of Hawaiian and any other race(s), code Race 1 as 07 Hawaiian and code the other races in Race 2, Race 3, Race 4, and Race 5 as appropriate.

Example: Patient is described as Japanese and Hawaiian. Code Race 1 as 07 Hawaiian, Race 2 as 05 Japanese, and Race 3 through Race 5 as 88.

4. If the person is not Hawaiian, code Race 1 to the first stated non-white race (02-98).

Example: Patient is stated to be Vietnamese and Black. Code Race 1 as 10 Vietnamese, Race 2 as 02 Black, and Race 3 through Race 5 as 88.

Note: in the following scenarios, only the race code referred to in the example is coded. For cases diagnosed after January 1, 2000, all race fields must be coded.

5. The fields Place of Birth, Race, Marital Status, Name, Maiden Name, and Hispanic Origin are inter-related. Use the following guidelines in priority order:
 - a. Code the patient's stated race, if possible. Refer to Appendix "Race and Nationality Descriptions from the 2000 Census and Bureau of Vital Statistics" for guidance.

Example 1: Patient is stated to be Japanese. Code as 05 Japanese.

Example 2: Patient is stated to be German-Irish. Code as 01 White.

Example 3: Patient is described as Arabian. Code as 01 White.

Exception: When the race is recorded as Oriental, Mongolian, or Asian (coded to 96 Other Asian) and the place of birth is recorded as China, Japan, the Philippines, or another Asian nation, code the race based on birthplace information.

Example 4: The person's race is recorded as Asian and the place of birth is recorded as Japan. Code race as 05 Japanese because it is more specific than 96 Asian, NOS.

Example 5: The person describes himself as an Asian-American born in Laos. Code race as 11 Laotian because it is more specific than 96 Asian, NOS.

6. If the patient's race is determined on the basis of the races of relatives, there is no priority to coding race, other than to list the non-white race(s) first.

Example: The patient is described as Asian-American with Korean parents. Code race as 08 Korean because it is more specific than 96 Asian [-American].

7. If no race is stated in the medical record, or if the stated race cannot be coded, review the documentation for a statement of a race category.

Example 1: Patient described as a black female. Code as 02 Black.

Example 2: Patient describes herself as multi-racial (nothing more specific) and nursing notes say "African-American." Code as 02 Black.

Example 3: Patient states she has a Polynesian mother and Tahitian father. Code Race 1 as 25 Polynesian, Race 2 as 26 Tahitian and Race 3 through Race 5 as 88.

8. If race is unknown or not stated in the medical record and birth place is recorded, in some cases race may be inferred from the nationality. Refer to the Appendix entitled "Race and Nationality Descriptions from the 2000 Census and Bureau of Vital Statistics" to identify nationalities from which race codes may be inferred.

Example 1: Record states: "this native of Portugal..." Code race as 01 White per the Appendix.

Example 2: Record states: "this patient was Nigerian..." Code race as 02 Black per the Appendix.

Exception: If the patient's name is incongruous with the race inferred on the basis of nationality, code Race 1 through Race 5 as 99, Unknown.

Example 1: Patient's name is Siddhartha Rao and birthplace is listed as England. Code Race 1 through Race 5 as 99 Unknown.

Example 2: Patient's name is Ping Chen and birthplace is Ethiopia. Code Race 1 through Race 5 as 99 Unknown.

9. Use of patient name in determining race:
 - a. Do not code race from name alone, especially for females with no maiden name given.
 - b. In general, a name may be an indicator of a racial group, but should not be taken as the only indicator of race.

- c. A patient name may be used to identify a more specific race code.

Example 1: Race reported as Asian, name is Hatsu Mashimoto. Code race as 05 Japanese.

Example 2: Birthplace is reported as Guatemala and name is Jose Chuicol [name is identified as Mayan]. Code race as 03 Native American

- d. A patient name may be used to infer Spanish ethnicity or place of birth, but a Spanish name alone (without a statement about race or place of birth) cannot be used to determine the race code. Refer to ethnicity guidelines for further information.

Example: Alice Gomez is a native of Indiana (implied birthplace: United States). Code Race 1 through Race 5 as 99 Unknown, because nothing is known about her race...

10. Persons of Spanish or Hispanic origin may be of any race, although persons of Mexican, Central American, South American, Puerto Rican, or Cuban origin are usually white. Do NOT code a patient stated to be Hispanic or Latino as 98 Other Race in Race 1 and 88 in Race 2 through Race 5.

Example: Sabrina Fitzsimmons is a native of Brazil. Code race as 01 White per Appendix.

11. When the race is recorded as Negro or African-American, code race as 02 Black.
12. Code 03 should be used for any person stated to be Native American or [western hemisphere] Indian, whether from North, Central, South, or Latin America. For Central, South, or Latin American Indians, see additional ethnicity coding guidelines under Spanish Surname or Origin.
13. Death certificate information may be used to supplement ante mortem race information only when race is coded unknown in the patient record or when the death certificate information is more specific.

Example 1: In the cancer record Race 1 through Race 5 are coded as 99 Unknown. The death certificate states race as black. Change cancer record for Race 1 to 02 Black and Race 2 through Race 5 to 88.

Example 2: Race 1 is coded in the cancer record as 96 Asian. Death certificate gives birthplace as China. Change Race 1 in the cancer record to 04 Chinese and code Race 2 through Race 5 as 88.

**RACE AND NATIONALITY DESCRIPTIONS
FROM THE 2000 CENSUS AND BUREAU OF VITAL STATISTICS**

Note: Use these lists only when race is not stated but other information is provided in the medical record.

References:

1. *"Race and Ethnicity Code Set, Version 1.0," Centers for Disease Control and Prevention, March 2000.*
2. *"Instruction manual, part 4: Classification And Coding Instructions For Death Records, 1999-2001," Division of Vital Statistics, National Center for Health Statistics, undated*

Key

- † Use this code unless patient is stated to be Native American (Indian)
- * Terms listed in reference 2, above.
- ‡ Description of religious affiliation rather than stated nationality or ethnicity; should be used with caution when determining appropriate race code.

CODE 01 WHITE

Afghan, Afghanistani
Afrikaner
Albanian
Algerian*
Amish*
Anglo-Saxon*
Arab, Arabian
Argentinian*†
Armenian
Assyrian
Australian*
Austrian*
Azores*
Basque*
Bavarian*
Bolivian*†
Bozniak/Bosnian
Brava/Bravo*
Brazilian†
Bulgarian
Cajun
Californio
Canadian*
Caucasian*
Central American†
Chechnyan
Chicano*
Chilean†
Colombian*†
Costa Rican*†
Creole*
Croat/Croatian
Crucian*
Cuban (unless specified as Black)*
Cypriot
Czechoslovakian*
Eastern European
Ebian*

Ecuadorian*†
Egyptian
English
English-French*
English-Irish*
European*
Finnish*
French
French Canadian*
Georgian*
German
Greek*
Guatemalan†
Gypsy*
Hebrew*‡
Herzegovenian
Hispanic*
Honduran†
Hungarian*
Iranian, Iran
Iraqi
Irish
Islamic*‡
Israeli
Italian
Jordanian*
Kurd/Kurdish
Kuwaitian*
Ladina/Ladino*
Latin American*†
Latino
Latvian*
Lebanese
Libyan*
Lithuanian*
Maltese*
Marshenese*
Mauritian*
Moroccan*
Mediterranean*
Mexican†
Middle Eastern
Moroccan*
Moslem*‡
Muslim*
Near Easterner
Nicaraguan†
Nordic*
North African
Norwegian*
Other Arab

Palestinian
Panamanian†
Paraguayan†
Parsi*
Persian*
Peruvian*†
Polish
Portuguese*
Puerto Rican (unless specified as Black)
Romanian*
Rumanian
Russian*
Salvadoran†
Saudi Arabian*
Scandinavian*
Scottish, Scotch
Semitic*‡
Serbian*
Servian*
Shi'ite‡
Sicilian*
Slavic, Slovakian*
South American†
Spanish*, Spaniard
Sunni*‡
Swedish*
Syrian
Tunisian*
Turkish, Turk*
Ukrainian*
United Arab Emirati
Uruguayan†
Venezuelan*†
Welsh*
White
Yemenite*
Yugoslavian*
Zoroastrian*

CODE 02 BLACK OR AFRICAN AMERICAN

African
African American
Afro-American
Bahamian
Barbadian
Bilalian*
Black
Botswana
Cape Verdean*
Dominica Islander (unless specified as White)
Dominican/Dominican Republic (unless specified as White)

Eritrean*
Ethiopian
Ghanian*
Haitian
Hamitic*
Jamaican
Kenyan*
Liberian
Malawian*
Mugandan*
Namibian
Nassau*
Negro
Nigerian
Nigritian
Nubian*
Other African
Santo Domingo*
Seychelloise*
Sudanese*
Tanzanian*
Tobagoan
Togolese*
Trinidadian
West Indian
Zairean

CODE 03 AMERICAN INDIAN AND ALASKA NATIVE

(see separate list of tribes)

Alaska Native
Aleut
American Indian
Central American Indian
Eskimo
Meso American Indian
Mexican American Indian
South American Indian
Spanish American Indian

ASIAN RACE CODES

<u>Code</u>	<u>Definition</u>
96	Amerasian
16	Asian Indian
15	Asian Indian or Pakistani, NOS (code 09 prior to Version 12)
96	Asian
96	Asiatic
96	Bangladeshi
96	Bhutanese
96	Bornean
96	Bruneian
96	Burmese
13	Cambodian
96	Celebesian
96	Ceram
96	Ceylonese
04	Chinese
96	Eurasian
06	Filipino
12	Hmong
96	Indo-Chinese
96	Indonesian
05	Iwo Jiman
05	Japanese
96	Javanese
13	Kampuchean
08	Korean
11	Laotian
96	Maldivian
96	Madagascar
96	Malaysian
96	Mongolian
96	Montagnard
96	Nepalese
05	Okinawan
96	Oriental
96	Other Asian
17	Pakistani
96	Sikkimese
96	Singaporean
96	Sri Lankan
96	Sumatran
04	Taiwanese
14	Thai
96	Tibetan
10	Vietnamese
96	Whello
96	Yello

NATIVE HAWAIIAN AND OTHER PACIFIC ISLANDER CODES

<u>Code</u>	<u>Definition</u>
20	Bikinian
20	Carolinian
21	Chamorro
20	Chuukese
25	Cook Islander
20	Eniwetok, Enewetak
31	Fijian
22	Guamanian
07	Hawaiian
20	Kirabati
20	Kosraean
20	Kwajalein
97	Maori
20	Mariana Islander
20	Marshallese
30	Melanesian
20	Micronesian, NOS
07	Native Hawaiian
97	Nauruan
30	New Caledonian
30	New Hebrides
97	Other Pacific Islander
97	Pacific Islander
20	Palauan
32	Papua New Guinean
07	Part Hawaiian
20	Pohnpeian
25	Polynesian
20	Ponapean
20	Saipanese
27	Samoan
30	Solomon Islander
26	Tahitian
20	Tarawan
20	Tinian
25	Tokelauan
28	Tongan
20	Trukese
25	Tuvaluan
30	Vanuatuan
20	Yapese

98 OTHER RACE, NOT ELSEWHERE CLASSIFIED

Do not use this code for Hispanic, Latino or Spanish, NOS.

OTHER RACE DESCRIPTIONS

Note 1: The following descriptions of ethnic origin cannot be coded to a specific race code. Look for other descriptions of race in the medical record. If no further information is available, code as 99 Unknown.

Aruba Islander
Azerbaijani
Belizean
Bermudan
Cayenne
Cayman Islander
Guyanese
Indian (not specified as Native American,
Eastern Indian, Northern, Central, or South
American Indian)
Mestizo
Morena
South African
Surinam
Tejano

Note 2: The following terms self-reported in the 2000 Census cannot be coded to a specific race code. Look for other descriptions of race in the medical record. If no further information is available, code as 99 Unknown.

Biracial
Interracial
Mixed
Multiethnic
Multinational
Multiracial

Indian Tribes of the United States, Canada and Mexico (Race Code 03)

Source: National Center for Health Statistics: Appendix C, Instruction Manual, part 4: Classification and Coding Instructions For Death Records, 1999-2001.

Abnaki
Absentee-Shawnee
Acoma
Ak Chin
Alabama-Coushatt Tribes of Texas
Alsea
Apache
Arapaho
Arikara
Assiniboin
Atacapa
Athapaskan
Atsina
Aztec
Bear River

Beaver
Bella Coola
Beothuk
Blackfoot
Boold Piegan
Blue Lake
Brotherton
Caddo
Cakchiquel-Ienca
Calapooya
Carrier
Catawba
Cattaraugus
Cayuga
Cayuse
Chasta Costa
Chehalis
Chemehuevi
Cherokee
Chetco
Cheyenne
Cheyenne River Sioux
Chickahominy
Chickasaw
Chinook
Chipewyan
Chippewa
Chippewa-Ojibwa
Chiricahua Apache
Chitimacha
Choctaw
Chol
Chontal
Chorti
Chuckchansi
Chumash
Clallam
Clatsop
Clackamas
Clear Lake
Coast Salish
Cochimi
Cochiti
Cocopa
Coeur D'Alene Tribe of Idaho
Cocopah
Columbia
Colville
Comox
Comanche
Concow

Conquille
Coushatta
Covelo
Cow Creek
Cowichan
Cowlitz
Coyotero Apache
Cree
Creek
Crow
Crow Creek Sioux
Dakota
Delaware
Diegueno
Digger
Dog Rib
Duckwater
Eskimo
Euchi
Eyak
Flathead
Fort Hall Res. Tribe of Idaho
French Indian
Gabrieleno
Galice Creek
Gay Head
Gosiute
Gros Ventre
Haida
Han
Hare
Hat Creek
Hawasupai
Hidatsa
Hoh
Hoopa
Hopi
Houma
Hualapai
Huastec
Humboldt Bay
Hupa
Huron
Illinois
Ingalik
Iowa
Iroquois
Isleta
Jemez
Joshua
Juaneno

Jicarilla Apache
Kaibah
Kalispel
Kanosh Band of Paiutes
Kansa
Karankawa
Karok
Kaska
Kaw
Kawai
Keresan Pueblos
Kern River
Kichai
Kickapoo
Kiowa
Kiowa Apache
Kitamat
Klamath
Klikitat
Koasati
Kootenai Tribe of Idaho
Kusa
Kutchin
Kutenai
Kwakiutl
Lac Courte Dreille
Laguna
Lakmuit
Lipan Apache
Lower Brule Sioux
Luiseno
Lummi
Maidu
Makah
Malecite
Mandan
Maricopa
Mary's River
Mashpee
Mattaponi
Maya
Mayo
Mdewakanton Sioux
Menominee
Menomini
Mequendodon
Mescalero Apache
Miami
Micmac
Mission Indians
Missouri

Miwok
Mixe
Mixtec
Modoc
Mohave
Mohawk
Mohegan
Molala
Monachi
Mono
Montagnais
Montauk
Muckleshoot
Munsee
Nambe
Namsemond
Nanticoke
Narragansett
Naskapi
Natchez
Navaho
Navajo
Nez Perce
Niantic
Nipmuck
Nisenan-Patwin
Nisqually
Nomelaki
Nooksak
Nootka
Northern Paiute
Oglala Sioux
Okanogan
Omaha
Oneida
Onondaga
Opata
Opato
Osage
Oto
Otoe
Otomi
Ottawa
Ozette
Paiute
Pamunkey
Panamint
Papago
Passamaquoddy
Patwin
Pawnee

Pen d'Oreille
Penobscot
Peoria
Pequot
Picuris
Pima
Pit River
Pojoaque
Pomo
Ponca
Poosepatuck
Potawatomi
Potomac
Powhatan
Pueblos
Puyallup
Quapaw
Quechan
Quileute
Quinaielt
Quinault
Rappahannock
Rogue River
Rosebud Sioux
Sac and Fox
Saginaw
Salish
Sandia
San Felipe
San Ildefonso
San Juan
San Lorenzo
San Luis Obispo
San Luiseno
Sanpoil
Sanpoil Nespelem
Sant'ana
Santa Barbara
Santa Clara
Santa Ynez
Santee
Santee Sioux
Santiam
Sauk and Fox
Scaticook
Sekane
Seminole
Seneca
Seri
Shasta
Shawnee

Shinnecock
Shivwits Band of Paiutes
Shoshone
Shoshone-Bannock
Shuswap
Siouans
Sioux
Sisseton
Sisseton-Wahpeton Sioux
Siuslaw
Skagit Suiattle
Skokomish
Slave
Smith River
Snake
Snohomish
Snoqualmi
Songish Southern Paiute
Squaxin
Stockbridge
Sumo-Mosquito
Suquamish
Swinomish
Taimskin
Tanana
Tanoan Pueblos
Taos
Tarahumare
Tarascan
Tawakoni
Tejon
Tenino or Warm Springs
Tesuque
Teton
Teton Sioux
Tillamook
Timucua
Thlinget
Tolowa
Tonawanda
Tonkawa
Tonto Apache
Topinish
Totonac
Tsimshian
Tulalip
Tule River Indians
Tunica
Tuscarora
Tututni
Umatilla

Umpqua
Upper Chinook
Ute
Waca
Waicuri-Pericue
Wailaki
Walapai
Walla Walla
Wampanoag
Wapato
Warm Springs
Wasco
Washo
Washoe
Western Apache
Western Shoshone
Whilkut
Wichita
Wikchamni
Wind River Shoshone
Winnebago
Wintu
Wintun
Wishram
Wyandotte
Xicaque
Yahooskin
Yakima
Yamel
Yana
Yankton
Yanktonnais Sioux
Yaqui
Yaquina
Yavapai
Yawilmani
Yellow Knife
Yerington Paiute
Yokuts
Yokuts-Mono
Yomba Shoshone
Yuchi
Yuki
Yuma
Yurok
Zacatec
Zapotec
Zia
Zoque
Zuni

**RACE AND NATIONALITY DESCRIPTIONS
ALPHABETIC INDEX**

A

03 Abnaki
03 Absentee -Shawnee
03 Acoma
01 Afghan, Afghanistani
02 African
02 African American
01 Afrikaner
02 Afro-American
03 Ak Chin
03 Alabama -Coushatt
Tribes of Texas
03 Alaska Native
01 Albanian
03 Aleut
01 Algerian*
03 Alsea
96 Amerasian
03 American Indian
01 Amish*
01 Anglo-Saxon*
03 Apache
01 Arab, Arabian
03 Arapaho
01 Argentinian*†
03 Arikara
01 Armenian
96 Asian
96 Asiatic
03 Assiniboin
01 Assyrian
03 Atacapa
03 Athapaskan
03 Atsina
01 Australian*
01 Austrian*
01 Azores*
03 Aztec

B

02 Bahamian
96 Bangladeshi
02 Barbadian
01 Basque*
01 Bavarian*
03 Bear River
03 Beaver
03 Bella Coola
03 Beothuk

96 Bhutanese
20 Bikinian
02 Bilalian*
02 Black
03 Blackfoot
03 Blue Lake
01 Bolivian*†
03 Boold Piegan
96 Bornean
02 Botswana
01 Bozniak/Bosnian
01 Brava/Bravo*
01 Brazilian
03 Brotherton
96 Bruneian
01 Bulgarian
96 Burmese

C

03 Caddo
01 Cajun
03 Cakchiquel -Ienca
03 Calapooya
01 Californio
13 Cambodian
01 Canadian*
02 Cape Verdean*
20 Carolinian
03 Carrier
03 Catawba
03 Cattaraugus
01 Caucasian*
03 Cayuga
03 Cayuse
96 Celebesian
01 Central American†
03 Central American
Indian
96 Ceram
96 Ceylonese
21 Chamorro
03 Chasta Costa
01 Chechnyan
03 Chehalis
03 Chemehuevi
03 Cherokee
03 Chetco
03 Cheyenne
03 Cheyenne River Sioux

01 Chicano*
03 Chickahominy
03 Chickasaw
01 Chilean†

04 Chinese
 03 Chinook
 03 Chipewyan
 03 Chippewa
 03 Chippewa -Ojibwa
 03 Chiricahua Apache
 03 Chitimacha
 03 Choctaw
 03 Chol
 03 Chontal
 03 Chorti
 03 Chuckchansi
 03 Chumash
 20 Chuukese
 03 Clackamas
 03 Clallam
 03 Clatsop
 03 Clear Lake
 03 Coast Salish
 03 Cochimi
 03 Cochiti
 03 Cocopa
 03 Cocopah
 03 Coeur D'Alene Tribe
 of Idaho
 01 Colombian*†
 03 Columbia
 03 Colville
 03 Comanche
 03 Comox
 03 Concow
 03 Conquille
 25 Cook Islander
 01 Costa Rican*†
 03 Coughatta
 03 Covelo
 03 Cow Creek
 03 Cowichan
 03 Cowlitz
 03 Coyotero Apache
 03 Cree
 03 Creek
 01 Creole*
 01 Croat/Croatian
 03 Crow
 03 Crow Creek Sioux
 01 Crucian*

- 01 Cuban (unless specified as Black)*
- 01 Cypriot
- 01 Czechoslovak -ian*

D

- 03 Dakota
- 03 Delaware
- 03 Diegueno
- 03 Digger
- 03 Dog Rib
- 02 Dominica Islander
(unless specified as White)
- 02 Dominican/Dominican Republic (unless specified as White)
- 03 Duckwater

E

- 01 Eastern European
- 01 Ebian*
- 01 Ecuadorian*†
- 01 Egyptian
- 01 English
- 01 English-French*
- 01 English-Irish*
- 20 Eniwetok, Enewetak
- 02 Eritrean*
- 03 Eskimo
- 02 Ethiopian
- 03 Euchi
- 96 Eurasian
- 01 European*
- 03 Eyak

F

- 31 Fijian
- 06 Filipino
- 01 Finnish*
- 03 Flathead
- 03 Fort Hall Res. Tribe
of Idaho
- 01 French
- 01 French Canadian*
- 03 French Indian

G

03 Gabrieleno
03 Galice Creek
03 Gay Head
01 Georgian*
01 German
02 Ghanian*
03 Gosiute
01 Greek*
03 Gros Ventre
22 Guamanian
01 Guatemalan†
01 Gypsy*

H

03 Haida
02 Haitian
02 Hamitic*
03 Han
03 Hare
03 Hat Creek
07 Hawaiian
03 Hawasupai
01 Hebrew*‡
01 Herzegovenian
03 Hidatsa
01 Hispanic*
12 Hmong
03 Hoh
01 Honduran†
03 Hoopa
03 Hopi
03 Houma
03 Hualapai
03 Huastec
03 Humboldt Bay
01 Hungarian*
03 Hupa
03 Huron

I

03 Illinois
96 Indo-Chinese
96 Indonesian
03 Ingalik
03 Iowa
01 Iranian, Iran
01 Iraqi
01 Irish
03 Iroquois
01 Islamic*‡
03 Isleta

01 Israeli
01 Italian
05 Iwo Jiman

J

02 Jamaican
05 Japanese
96 Javanese
03 Jemez
03 Jicarilla Apache
01 Jordanian*
03 Joshua
03 Juaneno

K

03 Kaibah
03 Kalispel
13 Kampuchean
03 Kanosh Band of
Paiutes
03 Kansa
03 Karankawa
03 Karok
03 Kaska
03 Kaw
03 Kawai
02 Kenyan*
03 Keresan Pueblos
03 Kern River
03 Kichai
03 Kickapoo
03 Kiowa
03 Kiowa Apache
20 Kirabati
03 Kitamat
03 Klamath
03 Klikitat
03 Koasati
03 Kootenai Tribe of
Idaho
08 Korean
20 Kosraean
01 Kurd/Kurdish
03 Kusa
03 Kutchin
03 Kutenai
01 Kuwaitian*
20 Kwajalein
03 Kwakiutl

L

03 Lac Courte Dreille
01 Ladina/Ladino*
03 Laguna
03 Lakmuit
11 Laotian
01 Latin American*†
01 Latino/Latina
01 Latvian*
01 Lebanese
02 Liberian
01 Libyan*
03 Lipan Apache
01 Lithuanian*
03 Lower Brule Sioux
03 Luiseno
03 Lummi

M

96 Madagascar
03 Maidu
03 Makah
02 Malawian*
96 Malaysian
96 Maldivian
03 Malecite
01 Maltese*
03 Mandan
97 Maori
20 Mariana Islander
03 Maricopa
20 Marshallese
01 Marshenese*
03 Mary's River
03 Mashpee
03 Mattaponi
01 Mauritian*
03 Maya
03 Mayo
03 Mdewakanton Sioux
01 Mediterranean*
30 Melanesian
03 Menominee
03 Menomini
03 Mequendodon
03 Mescalero Apache
03 Meso American Indian
01 Mexican†
03 Mexican American
 Indian
03 Miami
03 Micmac

20 Micronesian, NOS
 01 Middle Eastern
 03 Mission Indians
 03 Missouri
 03 Miwok
 03 Mixe
 03 Mixtec
 03 Modoc
 03 Mohave
 03 Mohawk
 03 Mohegan
 03 Molala
 03 Monachi
 96 Mongolian
 03 Mono
 03 Montagnais
 96 Montagnard
 03 Montauk
 01 Moroccan*
 01 Moroccan*
 01 Moslem*‡
 03 Muckleshoot
 02 Mugandan*
 03 Munsee
 01 Muslim*‡

N

03 Nambe
 02 Namibian
 03 Namsemond
 03 Nanticoke
 03 Narragansett
 03 Naskapi
 02 Nassau*
 03 Natchez
 07 Native Hawaiian
 97 Nauruan
 03 Navaho
 03 Navajo
 01 Near Easterner
 02 Negro
 96 Nepalese
 30 New Caledonian
 30 New Hebrides
 03 Nez Perce
 03 Niantic
 01 Nicaraguan†
 02 Nigerian
 02 Nigritian
 03 Nipmuck
 03 Nisenan-Patwin
 03 Nisqually

03 Nomelaki
03 Nooksak
03 Nootka
01 Nordic*
01 North African
03 Northern Paiute
01 Norwegian*
02 Nubian*

O

03 Oglala Sioux
03 Okanogan
05 Okinawan
03 Omaha
03 Oneida
03 Onondaga
03 Opata
03 Opato
96 Oriental
03 Osage
02 Other African
01 Other Arab
96 Other Asian
97 Other Pacific Islander
98 Other race, not
elsewhere classified
03 Oto
03 Otoe
03 Otomi
03 Ottawa
03 Ozette

P

97 Pacific Islander
03 Paiute
17 Pakistani
20 Palauan
01 Palestinian
03 Pamunkey
01 Panamanian†
03 Panamint
03 Papago
32 Papua New Guinean
01 Paraguayan†
01 Parsi*
07 Part Hawaiian
03 Passamaquoddy
03 Patwin
03 Pawnee
03 Pen d'Oreille
03 Penobscot
03 Peoria

03 Pequot
01 Persian*
01 Peruvian*†
03 Picuris
03 Pima
03 Pit River
20 Pohnpeian
03 Pojoaque
01 Polish
25 Polynesian
03 Pomo
20 Ponapean
03 Ponca
03 Poosepatuck
01 Portuguese*
03 Potawatomi
03 Potomac
03 Powhatan
03 Pueblos
01 Puerto Rican (unless
specified as Black)
03 Puyallup

Q

03 Quapaw
03 Quechan
03 Quileute
03 Quinaiekt
03 Quinault

R

03 Rappahannock
03 Rogue River
01 Romanian*
03 Rosebud Sioux
01 Rumanian
01 Russian*

S

03 Sac and Fox
03 Saginaw
20 Saipanese
03 Salish
01 Salvadoran†
27 Samoan
03 San Felipe
03 San Ildefonso
03 San Juan
03 San Lorenzo
03 San Luis Obispo
03 San Luiseno
03 Sandia

03 Sanpoil
 03 Sanpoil Nespelem
 03 Santa Barbara
 03 Santa Clara
 03 Santa Ynez
 03 Sant'ana
 03 Santee
 03 Santee Sioux
 03 Santiam
 02 Santo Domingo*
 01 Saudi Arabian*
 03 Sauk and Fox
 01 Scandanavian*
 03 Scaticook
 01 Scottish, Scotch
 03 Sekane
 03 Seminole
 01 Semitic*‡
 03 Seneca
 01 Serbian*
 03 Seri
 01 Servian*
 02 Seychelloise*
 03 Shasta
 03 Shawnee
 01 Shi'ite‡
 03 Shinnecock
 03 Shivwits Band of
 Paiutes
 03 Shoshone
 03 Shoshone-Bannock
 03 Shuswap
 01 Sicilian*
 96 Sikkimese
 96 Singaporean
 03 Siouans
 03 Sioux
 03 Sisseton
 03 Sisseton -Wahpeton
 Sioux
 03 Siuslaw
 03 Skagit Suiattle
 03 Skokomish
 03 Slave
 01 Slavic, Slovakian*
 03 Smith River
 03 Snake
 03 Snohomish
 03 Snoqualmi
 30 Solomon Islander
 03 Songish Southern
 Paute

01 South American
 03 South American Indian
 03 Spanish American
 Indian
 01 Spanish*, Spaniard
 03 Squaxin
 96 Sri Lankan
 03 Stockbridge
 02 Sudanese*
 96 Sumatran
 03 Sumo-Mosquito
 01 Sunni*‡
 03 Suquamish
 01 Swedish*
 03 Swinomish
 01 Syrian

T

26 Tahitian
 03 Taimskin
 04 Taiwanese
 03 Tanana
 03 Tanoan Pueblos
 02 Tanzanian*
 03 Taos
 03 Tarahumare
 03 Tarascan
 20 Tarawan
 03 Tawakoni
 03 Tejon
 03 Tenino or Warm
 Springs
 03 Tesuque
 03 Teton
 03 Teton Sioux
 14 Thai
 03 Thlinget
 96 Tibetan
 03 Tillamook
 03 Timucua
 20 Tinian
 02 Tobagoan
 02 Togolese*
 25 Tokelauan
 03 Tolowa
 03 Tonawanda
 28 Tongan
 03 Tonkawa
 03 Tonto Apache
 03 Topinish
 03 Totonac
 02 Trinidadian

20 Trukese
03 Tsimshian
03 Tulalip
03 Tule River Indians
03 Tunica
01 Tunisian*
01 Turkish, Turk*
03 Tuscarora
03 Tututni
25 Tuvaluan

U

01 Ukrainian*
03 Umatilla
03 Umpqua
01 United Arab Emirati
03 Upper Chinook
01 Uruguayan†
03 Ute

V

30 Vanuatuan
01 Venezuelan*†
10 Vietnamese

W

03 Waca
03 Waicuri-Pericue
03 Wailaki
03 Walapai
03 Walla Walla
03 Wampanoag
03 Wapato
03 Warm Springs
03 Wasco
03 Washo
03 Washoe
01 Welsh*
02 West Indian
03 Western Apache
03 Western Shoshone
96 Whello
03 Whilkut
01 White
03 Wichita
03 Wikchamni
03 Wind River Shoshone
03 Winnebago
03 Wintu
03 Wintun
03 Wishram
03 Wyandotte

X

03 Xicaque

Y

03 Yahooskin

03 Yakima

03 Yamel

03 Yana

03 Yankton

03 Yanktonnais Sioux

20 Yapese

03 Yaqui

03 Yaquina

03 Yavapai

03 Yawilmani

96 Yello

03 Yellow Knife

01 Yemenite*

03 Yerington Paiute

03 Yokuts

03 Yokuts-Mono

03 Yomba Shoshone

03 Yuchi

01 Yugoslavian*

03 Yuki

03 Yuma

03 Yurok

Z

03 Zacatec

02 Zairean

03 Zapotec

03 Zia

03 Zoque

01 Zoroastrian*‡

03 Zuni

Note: The following terms cannot be coded to a specific race code. Look for other descriptions of race in the medical record. If no further information is available, code as 99 Unknown.

Aruba Islander
Azerbaijani
Belizean
Bermudan
Biracial
Cayenne
Cayman Islander
Guyanese
Indian (not specified as
Native American, Eastern
Indian, Northern, Central, or
South American Indian)
Interracial
Mestizo
Mixed
Morena
Multiethnic
Multinational
Multiracial
South African
Surinam
Tejano

Appendix E

2020 CENSUS LIST OF SPANISH SURNAMES

APPENDIX E
2020 CENSUS LIST OF SPANISH SURNAMES

ABAD	ABELLEIRA	ABREO	ACETY	AFANADOR
ABADIA	ABELLERA	ABREU	ACEUEDO	AFRE
ABADIANO	ABENDANO	ABREUS	ACEVDO	AGADO
ABADIAS	ABERASTURI	ABREUT	ACEVEDA	AGALA
ABADILLA	ABERASTURIA	ABREV	ACEVEDO	AGANZA
ABADIN	ABERGEL	ABREW	ACEVES	AGAPITO
ABAIGAR	ABESADA	ABREYO	ACEVEZ	AGEITOS
ABAJO	ABETE	ABRICA	ACEVIDO	AGIRRE
ABALLE	ABEYTA	ABRIGO	ACHA	AGON
ABALO	ABEYTIA	ABRIL	ACHEZ	AGOSTO
ABALOS	ABIEGA	ABRIOL	ACHON	AGRA
ABAONZA	ABILA	ABUIN	ACIDO	AGRAIT
ABARCA	ABILES	ABUNDES	ACIN	AGRAMONTE
ABARCO	ABILEZ	ABUNDEZ	ACOBÉ	AGRAS
ABAROA	ABIN	ABUNDIS	ACOSTA	AGRAZ
ABARQUEZ	ABINA	ABUNDIZ	ACOYA	AGREDA
ABARTA	ABIO	ABUNDO	ACUESTA	AGREDANO
ABARZUA	ABIOL	ABURTO	ACUNA	AGREGADO
ABASCAL	ABISLAIMAN	ABUTIN	ACUSTA	AGRONT
ABASTA	ABITIA	ACABA	ADAME	AGUABELLA
ABASTAS	ABITU	ACABEO	ADAMES	AGUADO
ABASTO	ABITUA	ACARON	ADAMEZ	AGUALLO
ABAUNZA	ABLANEDO	ACASTA	ADAN	AGUANO
ABAURREA	ABOGADO	ACOSTA	ADANZA	AGUARISTI
ABAY	ABOITE	ACCUAR	ADARGO	AGUAS
ABAYA	ABOITES	ACEBAL	ADAROS	AGUASVIVAS
ABBADIE	ABOLILA	ACEBEDO	ADAUTO	AGUAYA
ABDALA	ABONCE	ACEBO	ADELO	AGUAYO
ABEA	ABORLLEILE	ACED	ADONA	AGUDELO
ABEITA	ABOY	ACEDO	ADORNO	AGUDO
ABEJA	ABOYTES	ACEITUNO	ADRIASOLA	AGUEDA
ABELAIRAS	ABRAHANTE	ACENCIO	ADROVER	AGUELAR
ABELAR	ABRAHANTES	ACENEDO	ADROVET	AGUERA
ABELDANO	ABRAJAN	ACERA	ADUNA	AGUERO
ABELEDÓ	ABRANTE	ACEREDO	ADVINCULA	AGUEROS
ABELLA	ABREA	ACERETO	AEDO	AGUERRE
ABELLAN	ABREGO	ACERO	AFAN	AGUERREBERE

APPENDIX E
CENSUS LIST OF SPANISH SURNAMES

AGUERRIA	AGUNDIZ	ALAMIA	ALBANDOZ	ALCAIDE
AGUET	AGUON	ALAMILLA	ALBANEZ	ALCALA
AGUIGUI	AGURRIES	ALAMILLO	ALBAREDA	ALCALAN
AGUILA	AGURTO	ALAMO	ALBARENGA	ALCALDE
AGUILAR	AGUSTI	ALAMOS	ALBAREZ	ALCANIZ
AGUILER	AGVILAR	ALANIS	ALBARICO	ALCANTA
AGUILERA	AHEDO	ALANIZ	ALBARRACIN	ALCANTAR
AGUILES	AHIN	ALANSO	ALBARRAN	ALCANTARA
AGUILLAR	AHUERO	ALANZO	ALBEAR	ALCANTARO
AGUILLEN	AHUMADA	ALQUINES	ALBELO	ALCANTOR
AGUILLERA	AIBAR	ALQUINEZ	ALBERCA	ALCARAS
AGUILLON	AINSA	ALARCO	ALBERIO	ALCARAZ
AGUILO	AINZ	ALARCON	ALBERRO	ALCAREZ
AGUILON	AINZA	ALARD	ALBERTORIO	ALCASAS
AGUILOR	AIRA	ALARDE	ALBERU	ALCAYDE
AGUILOS	AISA	ALARDIN	ALBEZ	ALCAZAR
AGUILU	AISO	ALARI	ALBIAR	ALCE
AGUILUZ	AISPURO	ALARICO	ALBIDRES	ALCEDO
AGUINAGA	AIZPURU	ALARID	ALBIDREZ	ALCERRECA
AGUINIGA	AJUNTAS	ALARY	ALBILLAR	ALCIBAR
AGUINO	AJURIA	ALAS	ALBINES	ALCIVAR
AGUINS	ALABADO	ALATORRE	ALBIOL	ALCOBER
AGUIRE	ALACAN	ALATRISTE	ALBISO	ALCOCER
AGUIRRA	ALACAR	ALAVA	ALBITRE	ALCOCES
AGUIRRE	ALADRO	ALAVARADO	ALBIZO	ALCOLA
AGUIRRECHU	ALAEZ	ALAVARDO	ALBIZU	ALCOLEA
AGUIRREGAVIRIA	ALAFA	ALAYA	ALBO	ALCON
AGUIRRES	ALAFFA	ALAYETO	ALBONIGA	ALCONTAR
AGUIRREZABAL	ALAGA	ALAYO	ALBOR	ALCORTA
AGULAR	ALAGO	ALAYON	ALBORNOZ	ALCOSER
AGULIAR	ALAMAN	ALBA	ALBORS	ALCOSET
AGULLES	ALAMANO	ALBACETE	ALBUERNE	ALCOVER
AGULLO	ALAMANZA	ALBALADEJO	ALBUJAR	ALCOZAR
AGUNDES	ALAMARES	ALBALATE	ALBURQUERQUE	ALCOZER
AGUNDEZ	ALAMBAR	ALBALOS	ALCADE	ALCUDIA
AGUNDIS	ALAMEDA	ALBANA	ALCAIDA	ALDABA

APPENDIX E
2020 CENSUS LIST OF SPANISH SURNAMES

ALDABE	ALEJO	ALICANTE	ALMANZO	ALMONACID
ALDACO	ALEJOS	ALICCA	ALMAQUER	ALMONDOVAR
ALDAHONDO	ALELUNAS	ALICEA	ALMARAS	ALMONTE
ALDAMA	ALEMAN	ALICIA	ALMARAZ	ALMONTES
ALDANA	ALEMANIA	ALIJA	ALMARES	ALMORA
ALDAPA	ALEMANY	ALINAYA	ALMAREZ	ALMUINA
ALDAPE	ALEMAR	ALIPAZ	ALMARZA	ALOMA
ALDARONDO	ALEN	ALIRE	ALMAZAN	ALOMAR
ALDAS	ALENCASTRO	ALIRES	ALMEDA	ALONA
ALDASORO	ALEQUIN	ALIREZ	ALMEDINA	ALONSO
ALDAVA	ALERS	ALLADICE	ALMEJO	ALONZO
ALDAVE	ALERTE	ALLADO	ALMENA	ALOY
ALDAYA	ALEVEDO	ALLALA	ALMENAR	ALOYO
ALDAZ	ALEXANDRINO	ALLANDE	ALMENARA	ALPIZAR
ALDAZABAL	ALFALLA	ALLARID	ALMENARES	ALPUCHE
ALDEBOT	ALFARA	ALLEGANZA	ALMENDARES	ALPUIN
ALDECOA	ALFARD	ALLEGUE	ALMENDAREZ	ALQUICIRA
ALDECOCEA	ALFARO	ALLEGUEZ	ALMENDARIZ	ALSINA
ALDEIS	ALFASSA	ALLENDE	ALMENDRAL	ALTAGRACIA
ALDEREGUIA	ALFAU	ALLENGUI	ALMENDRAS	ALTAMIRA
ALDERETE	ALFEREZ	ALLESANDRO	ALMENGER	ALTAMIRANO
ALDERETTE	ALFONSECA	ALLONGO	ALMENGOR	ALTARRIBA
ALDERTE	ALFONSO	ALLOZA	ALMERA	ALTENES
ALDRETE	ALFONZO	ALMA	ALMERAZ	ALTIMIRANO
ALDUEN	ALFRIDO	ALMADA	ALMERIA	ALTONAGA
ALDUENDA	ALGARA	ALMADO	ALMESTICA	ALTOSINO
ALEANTAR	ALGARIN	ALMADOVA	ALMEYDA	ALTRECHE
ALEBIS	ALGARRA	ALMAGER	ALMEZQUITA	ALTUBE
ALEDO	ALGAVA	ALMAGNER	ALMIRALL	ALTUNA
ALEGADO	ALGEA	ALMAGRO	ALMIRUDIS	ALTUR
ALEGRE	ALGECIRAS	ALMAGUER	ALMODOBAR	ALTURET
ALEGRET	ALGORA	ALMANCE	ALMODOUAR	ALTUZARRA
ALEGRIA	ALGORRI	ALMANDOZ	ALMODOVA	ALUAREZ
ALEJANDRE	ALGORTA	ALMANSA	ALMODOVAR	ALUIZO
ALEJANDRES	ALGUACIL	ALMANZA	ALMOGABAR	ALUSTIZA
ALEJANDREZ	ALGUESEVA	ALMANZAN	ALMOGUERA	ALUYON
ALEJANDRO	ALIAGA	ALMANZAR	ALMOINA	ALVA

APPENDIX E
CENSUS LIST OF SPANISH SURNAMES

ALVANADO	ALVIZO	AMESGUITA	ANCHANDO	ANDUJO
ALVARA	ALVIZU	AMESOLA	ANCHIA	ANDUYO
ALVARADA	ALVO	AMESQUA	ANCHIETA	ANDUZE
ALVARADO	ALVORADO	AMESQUITA	ANCHONDO	ANEIRO
ALVARAZ	ALZA	AMESTI	ANCHUNDIA	ANEIROS
ALVARDEZ	ALZAGA	AMESTOY	ANCIRA	ANEL
ALVARDO	ALZALDE	AMEZAGA	ANCISO	ANERO
ALVAREDO	ALZATE	AMEZCUA	ANDA	ANGELES
ALVARENGA	ALZINA	AMEZOLA	ANDABLO	ANGLADA
ALVARES	ALZOLA	AMEZQUITA	ANDALON	ANGLADE
ALVAREZ	ALZUGARAY	AMEZUA	ANDALUZ	ANGLERO
ALVARIDO	ALZURI	AMIAL	ANDASOLA	ANGOCO
ALVARINO	AMABISCA	AMIEIRO	ANDAVAZO	ANGON
ALVARODO	AMADOR	AMIEVA	ANDAVERDE	ANGUEIRA
ALVARRAN	AMAGO	AMIGO	ANDAZOLA	ANGUERA
ALVARY	AMALBERT	AMILL	ANDEREZ	ANGUIANO
ALVEAR	AMALLA	AMIRA	ANDIARENA	ANGUINO
ALVELAIS	AMARGOS	AMIRES	ANDINA	ANGUITA
ALVELO	AMARILLA	AMOR	ANDINO	ANGULO
ALVERADO	AMARILLAS	AMORES	ANDOLLO	ANIAS
ALVERANGA	AMARO	AMOROS	ANDRACA	ANIBARRO
ALVERES	AMAVISCA	AMOROZ	ANDRADA	ANILLO
ALVEREZ	AMAVIZCA	AMOSTEGUI	ANDRADE	ANIZ
ALVERIO	AMAYA	AMUZURRUTIA	ANDRADES	ANORGA
ALVERO	AMBE	AMPARAN	ANDRADO	ANQUIANO
ALVEZ	AMBEGUIA	AMPARANO	ANDREOLAS	ANSALDUA
ALVIAR	AMBERT	AMPARO	ANDREU	ANSALMO
ALVIDRES	AMBIA	AMPUDIA	ANDREZ	ANSISO
ALVIDREZ	AMBRIS	AMPUERO	ANDRIAL	ANSOATEGUI
ALVILLAR	AMBRIZ	ANADON	ANDRINO	ANSOLABEHERE
ALVIRA	AMEJORADO	ANALCO	ANDUAGA	ANSURES
ALVIRDE	AMELY	ANALLA	ANDUEZA	ANTA
ALVIREZ	AMENABAR	ANAMOSA	ANDUIZA	ANTABLIN
ALVISO	AMENEDO	ANASAGASTI	ANDUJA	ANTELO
ALVITRE	AMENGUAL	ANAYA	ANDUJAL	ANTEQUERA
ALVIZAR	AMESCUA	ANAZAGASTY	ANDUJAR	ANTIGUA

APPENDIX E
2020 CENSUS LIST OF SPANISH SURNAMES

ANTILLON	APONTE	ARAMBEL	ARAUZ	ARCEO
ANTIMO	APORTELA	ARAMBUL	ARAUZA	ARCHE
ANTOLIN	APRATO	ARAMBULA	ARAVENA	ARCHIBEQUE
ANTOLINEZ	APRICIO	ARAMBULO	ARAVJO	ARCHILA
ANTOMARCHY	APUAN	ARAMBURO	ARAYA	ARCHILLA
ANTONETTY	AQUAYO	ARAMBURU	ARAYATA	ARCHULETA
ANTOPIA	AQUERO	ARAMENDIA	ARBALLO	ARCHULETO
ANTRILLO	AQUEVEQUE	ARAN	ARBELAEZ	ARCHULETTA
ANTU	AQUIAR	ARANA	ARBELBIDE	ARCHULTA
ANTUNA	AQUILAR	ARANALDE	ARBELLO	ARCHUNDE
ANTUNANO	AQUILERA	ARANAS	ARBELO	ARCHUNDIA
ANTUNEZ	AQUILES	ARANAZ	ARBESU	ARCHUTETA
ANZALDA	AQUILLAR	ARANCIBIA	ARBIDE	ARCHVLETA
ANZALDO	AQUIN	ARANDA	ARBISO	ARCIA
ANZALDUA	AQUINAGA	ARANDIA	ARBIZO	ARCIAGA
ANZAR	AQUINES	ARANDO	ARBIZU	ARCIBA
ANZARA	AQUIRRE	ARANDULES	ARBOLAEZ	ARCIDES
ANZARDO	ARA	ARANEGUI	ARBOLAY	ARCIGA
ANZELDE	ARABALO	ARANETA	ARBOLEDA	ARCILA
ANZORENA	ARABI	ARANGO	ARBOLEYA	ARCINAS
ANZUA	ARABITG	ARANGUA	ARBONA	ARCINIAGA
ANZUALDA	ARACENA	ARANGUIZ	ARBUCIAS	ARCINIEGA
ANZUETO	ARACHE	ARANGURE	ARBURUA	ARCINO
ANZULES	ARADILLAS	ARANGUREN	ARCA	ARCIZO
ANZURES	ARAGO	ARANIBAR	ARCACHA	ARCOS
APABLASA	ARAGON	ARANJON	ARCADIA	ARCOVERDE
APADACA	ARAGONES	ARANO	ARCARAZO	ARCULETA
APAEZ	ARAGONEZ	ARANZA	ARCAS	ARDAIZ
APALATEGUI	ARAGUAS	ARANZAZU	ARCAUTE	ARDANAZ
APALATEQUI	ARAGUNDI	ARANZUBIA	ARCAY	ARDANS
APARICIO	ARAGUS	ARAOZ	ARCAYA	ARDANZ
APELLANIZ	ARAGUZ	ARAQUE	ARCE	ARDAVIN
APEZTEGUIA	ARAICA	ARATER	ARCEGA	ARDIGO
APODACA	ARAIN	ARAUGO	ARCELAY	ARDILA
APODACO	ARAIZ	ARAUS	ARCELO	ARDILLA
APODOCA	ARAIZA	ARAUSA	ARCELONA	ARDOIS
APOLINAR	ARAMAYO	ARAUX	ARCENTALES	ARDON

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AREA	AREU	ARGUILLIN	ARIZABAETA	ARMIGO
AREAN	AREVALO	ARGUINDEGUI	ARIZAGA	ARMIJO
AREAS	AREVALOS	ARGUINZONI	ARIZALA	ARMIJOS
AREBALO	AREYAN	ARGULA	ARIZALETA	ARMINAN
AREBALOS	AREYANO	ARGULLIN	ARIZMENDEZ	ARMINANA
ARECES	ARFE	ARGUMANIZ	ARIZMENDI	ARMITO
ARECHAGA	ARGAEZ	ARGUMEDO	ARIZMENDIS	ARMO
ARECHAVALETA	ARGAIN	ARGUMOSA	ARIZMENDIZ	ARMOLA
ARECHE	ARGAIS	ARIA	ARIZOLA	ARMORA
ARECHIGA	ARGANDA	ARIAS	ARIZON	ARNADO
ARECO	ARGANDONA	ARIAZ	ARIZPE	ARNAEZ
AREDONDO	ARGANZA	ARIAZA	ARIZTIA	ARNAIZ
AREGON	ARGEANAS	ARIBAS	ARIZU	ARNALDO
AREGULLIN	ARGEL	ARICHETA	ARJON	ARNAVAT
AREIZAGA	ARGENAL	ARIEY	ARJONA	ARNEDO
AREJULA	ARGENTIN	ARIGA	ARMADA	ARNERO
ARELANO	ARGIBAY	ARIGULLIN	ARMADILLO	ARNIELLA
ARELLANA	ARGIL	ARILES	ARMADO	AROCENA
ARELLAND	ARGILAGOS	ARINEZ	ARMAIZ	AROCHA
ARELLANDO	ARGIZ	ARINO	ARMANDARIZ	AROCHE
ARELLANES	ARGOMANIZ	ARISMENDEZ	ARMARIO	AROCHI
ARELLANEZ	ARGOTE	ARISMENDI	ARMAS	AROCHO
ARELLANO	ARGUDIN	ARISOLA	ARMENDA	AROIZA
ARELLANOS	ARGUDO	ARISPE	ARMENDARES	AROS
ARELLIN	ARGUELIES	ARISSO	ARMENDAREZ	AROSEMENA
ARENAL	ARGUELL	ARISTA	ARMENDARIS	AROSTEGUI
ARENAS	ARGUELLES	ARISTE	ARMENDARIZ	AROYA
ARENAZ	ARGUELLEZ	ARISTIZABAL	ARMENDEZ	AROYO
ARENAZA	ARGUELLO	ARISTO	ARMENDIA	ARoz
ARENCIBIA	ARGUERA	ARISTONDO	ARMENGOL	ARozENA
ARENDAIN	ARGUESO	ARISTUD	ARMENTA	ARPON
ARENIBAS	ARGUETA	ARISTY	ARMENTERO	ARQUELLES
ARENIVAR	ARGUEZ	ARIYASU	ARMENTEROS	ARQUELLO
ARENIVAS	ARGUIJO	ARIZ	ARMERO	ARQUER
ARES	ARGUILEZ	ARIZA	ARMESTO	ARQUERO
ARESTEGUI	ARGUILLES	ARIZABAL	ARMIENTA	ARQUES

APPENDIX E
2020 CENSUS LIST OF SPANISH SURNAMES

ARQUETA	ARREY	ARROYAVE	ARTURET	ASCUNCE
ARQUIMBAU	ARREYGUE	ARROYO	ARTUZ	ASEBEDO
ARQUIZA	ARREZOLA	ARROYOS	ARUCA	ASENCIO
ARRABAL	ARRIAGA	ARROZ	ARUFE	ASENCION
ARRACHE	ARRIAGO	ARRUE	ARUIZU	ASENJO
ARRAIGA	ARRIARAN	ARRUFAT	ARUJO	ASENSIO
ARRAIZA	ARRIASOLA	ARSATE	ARUS	ASEO
ARRAMBIDE	ARRIAZA	ARSOLA	ARUZ	ASEVEDO
ARRANAGA	ARRIAZOLA	ARSUAGA	ARVALLO	ASEVES
ARRASTIA	ARRIBA	ARTACHE	ARVAYO	ASIS
ARRATIA	ARRIBAS	ARTALEJO	ARVELO	ASOMOZA
ARRAYA	ARRIERA	ARTAU	ARVISU	ASPEITIA
ARRAZCAETA	ARRIERO	ARTAUD	ARVIZA	ASPERIN
ARRAZOLA	ARRIETA	ARTAVIA	ARVIZO	ASPEYTIA
ARREA	ARRIETE	ARTAZA	ARVIZU	ASPIAZU
ARREAGA	ARRIETTA	ARTEA	ARZA	ASPILLAGA
ARREALA	ARRIGA	ARTEAGA	ARZABAL	ASPIRAS
ARREAZOLA	ARRILLAGA	ARTEAGO	ARZABALA	ASPRA
ARREBOLA	ARRIOLA	ARTECHE	ARZAGA	ASPURIA
ARRECHE	ARRIQUIDEZ	ARTECONA	ARZAGOITIA	ASPURO
ARRECHEA	ARRISOLA	ARTEGA	ARZAMENDI	ASPURU
ARREDENDO	ARRITOLA	ARTEGO	ARZAPALO	ASSEO
ARREDONDA	ARRIVILLAGA	ARTELLAN	ARZATE	ASSIS
ARREDONDO	ARRIZOLA	ARTERO	ARZAVE	ASTACIO
ARREGUI	ARRIZON	ARTESONA	ARZENO	ASTENCIO
ARREGUIN	ARROCENA	ARTETA	ARZOLA	ASTENGO
ARREGUY	ARROJAS	ARTIAGA	ARZON	ASTIAZARAN
ARRELLANO	ARROJO	ARTIDIELLO	ARZU	ASTIZ
ARRELLIN	ARROLLADO	ARTIEDA	ARZUAGA	ASTOL
ARRENDO	ARROLLO	ARTIGA	ASAD	ASTORGA
ARRENDONDO	ARRONA	ARTIGAS	ASCANO	ASTRAN
ARRENQUIN	ARRONDO	ARTIGO	ASCAR	ASTUDILLO
ARREOLA	ARRONGE	ARTILES	ASCARATE	ASTURIAS
ARREQUIBE	ARRONIZ	ARTIME	ASCARRUNZ	ASUA
ARREQUIN	ARRONTE	ARTIZ	ASCENCIO	ASUEGA
ARRESTOY	ARROYA	ARTOLA	ASCENCION	ASUNSOLO
ARRETCHE	ARROYAS	ARTOLOZAGA	ASCENSIO	ASURMENDI

APPENDIX E
CENSUS LIST OF SPANISH SURNAMES

ASUSTA	AVELLAN	AYORA	BACA	BAHADUE
ATALA	AVELLANAL	AYOROA	BACALLAO	BAHAMON
ATANACIO	AVELLANEDA	AYUSO	BACARDI	BAHAMONDE
ATANCIO	AVELLANET	AZA	BACCA	BAHAMONDES
ATAYDE	AVENDANO	AZARES	BACELIS	BAHAMUNDI
ATECA	AVIGAEL	AZCANO	BACERRA	BAHENA
ATEHORTUA	AVILA	AZCARATE	BACHICHA	BAIDA
ATENCIO	AVILAS	AZCARRAGA	BACILIO	BAIGEN
ATIENZA	AVILES	AZCARRETA	BACOS	BAILEZ
ATIENZO	AVILEZ	AZCOITIA	BACOSA	BAILLERES
ATILANO	AVILLAN	AZCONA	BADA	BAILON
ATILES	AVILUCEA	AZCUE	BADAJOS	BAIRES
ATONDO	AVINA	AZCUI	BADAJOSA	BAISA
ATRA	AVITA	AZCUY	BADELLA	BAISDON
ATRIO	AVITEA	AZIOS	BADELLO	BAIZ
ATTENCIO	AVITIA	AZNAR	BADIA	BAIZA
ATUCHA	AVITUA	AZNAREZ	BADIAL	BAJADA
AUCES	AYABARRENO	AZOCA	BADIAS	BAJANA
AUDELO	AYALA	AZOCAR	BADILLA	BAJANDAS
AUFFANT	AYALLA	AZOFRA	BADILLO	BAJE
AUGILAR	AYALO	AZOR	BADIO	BAJO
AUILA	AYAN	AZOY	BADIOLA	BALADES
AUILES	AYARZAGOITIA	AZPEITIA	BAELLA	BALADEZ
AULET	AYBAR	AZPIAZU	BAELLO	BALADO
AUMADA	AYCART	AZPIRI	BAENA	BALADRON
AURIOLES	AYENDE	AZPIROZ	BAERGA	BALAEZ
AURRECOECHEA	AYERBE	AZUA	BAESA	BALAGIA
AUZA	AYERDI	AZUARA	BAEZ	BALAGOT
AVALA	AYERZA	AZUCENA	BAEZA	BALAGUE
AVALO	AYES	AZUELA	BAEZCRUZ	BALAGUER
AVALOS	AYESTARAN	AZUETA	BAGU	BALAGUERA
AVALOZ	AYLLON	AZURDIA	BAGUE	BALAIS
AVARCA	AYMAT	BABARAN	BAGUER	BALAJADIA
AVECHUCO	AYMERICH	BABIDA	BAGUERO	BALANDRA
AVECILLAS	AYOLA	BABILONIA	BAGUES	BALANDRAN
AVELAR	AYON	BABIO	BAGUEZ	BALANDRANO

APPENDIX E
2020 CENSUS LIST OF SPANISH SURNAMES

BALANGA	BALDEZ	BALLESTERAS	BANARES	BARBARENA
BALANON	BALDILLEZ	BALLESTERO	BANCES	BARBASA
BALANZA	BALDIT	BALLESTEROS	BANCIELLA	BARBEITO
BALAREZO	BALDIVIA	BALLESTROS	BANDA	BARBERAN
BALARIN	BALDIVIEZ	BALLEZ	BANDERAS	BARBERENA
BALART	BALDIZAN	BALLEZA	BANDIN	BARBOA
BALASQUIDE	BALDIZON	BALLI	BANDURRAGA	BARBOLA
BALBANEDA	BALDOMERO	BALLINA	BANEGAS	BARBONTIN
BALBAS	BALDONADO	BALLINAS	BANEZ	BARBOSA
BALBASTRO	BALDOQUIN	BALLOTE	BANIQUED	BARCALA
BALBIN	BALDOR	BALMACEDA	BANOS	BARCELO
BALBINA	BALDOVINO	BALMANA	BANREY	BARCELON
BALBOA	BALDOVINOS	BALMASEDA	BANUELAS	BARCENA
BALBONA	BALDOZ	BALMORES	BANUELOS	BARCENAS
BALBONTIN	BALDRICHE	BALOSSO	BANUET	BARCENES
BALBUENA	BALEME	BALSA	BANVELOS	BARCENEZ
BALCACER	BALENCIA	BALSECA	BAO	BARCENILLA
BALCARCEL	BALERIO	BALSEIRO	BAPTISTO	BARCIA
BALCAZAR	BALERO	BALSERA	BAQUEDANO	BARCIGALUPIA
BALCELLS	BALESTERRI	BALSINDE	BAQUERA	BARCIMO
BALCORTA	BALGOS	BALTAR	BAQUERIZO	BARCINAS
BALDARAMOS	BALIA	BALTASAR	BAQUERO	BARCON
BALDARRAMA	BALIDO	BALTAZAR	BAQUIRAN	BARCOS
BALDARRAMOS	BALINA	BALTIERRA	BARAGAN	BARDALES
BALDAZO	BALIZAN	BALTIERREZ	BARAGANA	BARDINAS
BALDELOMAR	BALLADARES	BALTODANO	BARAGAS	BARDISA
BALDENEGRO	BALLADAREZ	BALUJA	BARAHONA	BAREA
BALDEON	BALLAGAS	BALVANEDA	BARAJAS	BARED
BALDERA	BALLARDO	BALVERDE	BARAJOS	BARELA
BALDERAMA	BALLATE	BALZOLA	BARALT	BARELAS
BALDERAMOS	BALLEJO	BAMUELOS	BARANDA	BARENCO
BALDERAS	BALLEJOS	BANA	BARANDIARAN	BARENO
BALDERAZ	BALLERAS	BANAGA	BARASORDA	BARETTO
BALDEROS	BALLESTA	BANAGAS	BARAY	BARERA
BALDERRAMA	BALLESTAS	BANALES	BARAZ	BARGARA
BALDERS	BALLESTE	BANANDO	BARBA	BARGAS
BALDEVARONA	BALLESTER	BANARER	BARBACHANO	BARGOS

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CENSUS LIST OF SPANISH SURNAMES

BARGUIARENA	BARREGO	BARROZO	BASQUES	BAYANILLA
BARILLAS	BARREIRO	BARRUECO	BASQUEZ	BAYARDO
BARIN	BARRENA	BARRUETA	BASTANCHURY	BAYARENA
BARINAS	BARRENECHE	BARSENAS	BASTARDO	BAYAS
BARLOCO	BARRENECHEA	BARTOLOME	BASTERRECHEA	BAYCORA
BARNACHEA	BARRENO	BARTOLOMEY	BASTIDA	BAYDES
BARO	BARRERA	BARTUREN	BASTIDAS	BAYLINA
BAROCIO	BARRERAGARCIA	BARZA	BASTIDOS	BAYLON
BAROJAS	BARRERAS	BARZAGA	BASUA	BAYO
BAROS	BARRERAZ	BARZANA	BASUALDO	BAYON
BAROSELA	BARRERO	BARZILLA	BASULTO	BAYONA
BAROZ	BARRETA	BARZIZA	BASURA	BAYRON
BARQUERA	BARRETO	BARZOLA	BASURCO	BAYUGA
BARQUERO	BARREZUETA	BAS	BASURTO	BAZA
BARQUET	BARRIA	BASABE	BATALLA	BAZAIN
BARQUEZ	BARRIAGA	BASADRE	BATALLAN	BAZALDUA
BARQUIN	BARRIAL	BASAITES	BATAN	BAZAMAN
BARRAD	BARRIAS	BASALDO	BATANIDES	BAZAN
BARRAGAN	BARRIENTES	BASALDU	BATILLA	BAZAURE
BARRAGAR	BARRIENTEZ	BASALDUA	BATINE	BAZUA
BARRAGON	BARRIENTO	BASALDUE	BATIST	BAZURTO
BARRAJAS	BARRIENTOS	BASALLO	BATISTA	BEADA
BARRAL	BARRIERA	BASALO	BATIZ	BEANES
BARRALES	BARRIERO	BASALOVA	BATIZA	BEAS
BARRAMEDA	BARRIGA	BASANES	BATLLE	BEAZ
BARRANDEY	BARRILLAS	BASANEZ	BATLLIA	BECARIA
BARRANO	BARRIO	BASANO	BATRES	BECCERA
BARRANTES	BARRIONUEVO	BASANTES	BATREZ	BECCERRA
BARRAQUE	BARRIOS	BASCON	BATRIZ	BECEIRO
BARRARA	BARRO	BASCONCILLO	BATULE	BECENA
BARRASA	BARROCAS	BASCOY	BAUSA	BECERA
BARRATACHEA	BARRONA	BASCUAS	BAUSTISTA	BECERRA
BARRAZ	BARROSA	BASDEO	BAUTA	BECERRIL
BARRAZA	BARROSO	BASILLA	BAUTISTA	BECERRO
BARREDA	BARROTERAN	BASOCO	BAUZA	BECHARA
BARREDO	BARROZA	BASORA	BAUZO	BECHO

APPENDIX E
2020 CENSUS LIST OF SPANISH SURNAMES

BECUAR	BELIO	BENEGAS	BERDEJA	BERRELEZ
BEDIA	BELLAFLORES	BENEJAN	BERDEJO	BERRELLEZ
BEDOLLA	BELLEZ	BENERO	BERDUGO	BERRELLEZA
BEDOY	BELLIARD	BENESTANTE	BERDUSCO	BERRERA
BEDOYA	BELLIDO	BENETEZ	BEREA	BERREYESA
BEGA	BELLMAS	BENEVIDEZ	BEREAL	BERRIOS
BEGANO	BELLOSO	BENGOA	BERENGUER	BERRIOZABAL
BEGONA	BELMARES	BENGOCHEA	BERENY	BERRIZ
BEGUIRISTAIN	BELMAREZ	BENIGUEZ	BERGADO	BERROA
BEIRO	BELMONTES	BENINE	BERGARA	BERROCAL
BEISTEGUI	BELMONTEZ	BENIQUEZ	BERGEZ	BERROCALES
BEITIA	BELMUDES	BENITES	BERGOLLA	BERRONES
BEITRA	BELMUDEZ	BENITEZ	BERICOCHEA	BERROS
BEJAR	BELNAS	BENITO	BERJAN	BERROSPE
BEJARAN	BELOZ	BENITOA	BERLANGA	BERROTERAN
BEJARANO	BELTRA	BENOVIDEZ	BERLANGO	BERRU
BEJERANO	BELTRAN	BENTA	BERMEA	BERRUECO
BEJINES	BELTRANENA	BENTANCOUR	BERMEJILLO	BERRUECOS
BEJINEZ	BELTRE	BENTANCOURT	BERMEJO	BERSOSA
BELA	BELVADO	BENTANCUD	BERMEO	BERSOZA
BELANCOURT	BENABE	BENTANCUR	BERMUDA	BERTAINA
BELANDRES	BENABIDES	BENTURA	BERMUDES	BERTOT
BELARDE	BENADO	BENUDIZ	BERMUDEZ	BERTRAN
BELARDES	BENALCAZAR	BENUN	BERMUNDEZ	BERUBEN
BELARDO	BENALLO	BENZAQUEN	BERNABE	BERUMEN
BELASQUEZ	BENAUIDES	BEOVIDES	BERNAL	BERUVIDES
BELASQUIDA	BENAVEDIZ	BEQUER	BERNALDEZ	BERZOZA
BELAUNDE	BENAVENT	BERAIN	BERNALL	BESA
BELAUNZARAN	BENAVENTE	BERASATEGUI	BERNARDEZ	BESADA
BELAUSTEGUI	BENAVIDAS	BERAZA	BERNDES	BESARES
BELAVAL	BENAVIDES	BERBAN	BERNELL	BESCOS
BELCHEZ	BENAVIDEZ	BERBENA	BERNEZ	BESERRA
BELDEROL	BENAVIDOS	BERBER	BERNUDEZ	BESINAIZ
BELÉN	BENCOMO	BERBERENA	BEROIZ	BESTARD
BELÉNDEZ	BENCOSME	BERCEDONIS	BERONDA	BESTEIRO
BELETTE	BENDALIN	BERDEAL	BERRAYARZA	BESU
BELEZ	BENDAMIO	BERDECIA	BERRELES	BETANCE

APPENDIX E
CENSUS LIST OF SPANISH SURNAMES

BETANCES	BILBAO	BLAZQUEZ	BOLIVAR	BORONDA
BETANCIS	BILBRAUT	BLEA	BOLOIX	BORONDO
BETANCOURT	BILLAFRANCO	BLONDET	BOLTARES	BOROVAY
BETANCOURTH	BILLALBA	BOADA	BOLUFE	BORQUEZ
BETANCUR	BILLALOBOS	BOADO	BOMBALIER	BORRAJO
BETANCURT	BILLESCAS	BOBADILLA	BONACHEA	BORRAS
BETETA	BINAS	BOBADILLO	BONAFONT	BORRAYO
BETHENCOURT	BINELO	BOBE	BONAL	BORREGO
BETONCOURT	BINGOCHEA	BOBEA	BONALES	BORRER
BETRAN	BINIMELIS	BOBEDA	BONEFONT	BORRERO
BEXAR	BIRBA	BOBELE	BONET	BORRICO
BEZA	BIRONDO	BOBIAN	BONETA	BORRIOS
BEZANILLA	BIRRIEL	BOBILLO	BONICHE	BORROEL
BEZARES	BIRRUETA	BOCACHICA	BONILLA	BORROTO
BEZERRA	BISA	BOCANEGRA	BONILLAS	BORRUEL
BIANE	BISBAL	BOCARD0	BONILLO	BORUNDA
BIANES	BISCAILUZ	BOCHAS	BONUZ	BOSMENIER
BIANGEL	BISCAINO	BODERO	BORAD	BOSQUE
BIAR	BISCAYART	BODIROGA	BORBOA	BOSQUES
BIASCOECHEA	BISTRAIN	BOERAS	BORBOLLA	BOSQUEZ
BIBIAN	BISUANO	BOEZ	BORBON	BOTANA
BIBIANO	BITELA	BOFILL	BORDAGARAY	BOTARD
BIBILONI	BITHORN	BOGARIN	BORDALLO	BOTAS
BICHARA	BITOLAS	BOHORQUEZ	BORDANO	BOTELL
BIDABE	BLADUELL	BOILES	BORDAYO	BOTELLA
BIDAL	BLAJOS	BOITES	BORDEGARAY	BOTELLO
BIDART	BLANCARTE	BOJORGES	BORDENAVE	BOTERO
BIDET	BLANCAS	BOJORGUEZ	BORDOY	BOTILLER
BIDO	BLANCO	BOJORQUES	BOREGO	BOTILLO
BIDOT	BLANCOCERDA	BOJORQUEZ	BORELA	BOUCOURT
BIEDMA	BLANES	BOLADERES	BORERO	BOULLON
BIELMA	BLANQUET	BOLADO	BORGUEZ	BOUZA
BIENES	BLANQUEZ	BOLANO	BORJA	BOUZAS
BIERA	BLANQUIZ	BOLANOS	BORJAS	BOVADILLA
BIGON	BLASQUEZ	BOLEDA	BORJON	BOVEDA
BILANO	BLAYA	BOLET	BORNIA	BOVES

APPENDIX E
2020 CENSUS LIST OF SPANISH SURNAMES

BRACAMONTE	BRIGNONI	BUENCONSEJO	BURCET	BUSTAMONTE
BRACAMONTES	BRIJALBA	BUENDEL	BURCIAGA	BUSTANANTE
BRACAMONTEZ	BRIJIL	BUENDIA	BURCIAGO	BUSTAS
BRACERO	BRILLANTES	BUENFIL	BURCOS	BUSTED
BRACEROS	BRINGAS	BUENO	BURDEOS	BUSTELO
BRACHO	BRINGUEZ	BUENROSTRO	BURGADO	BUSTEMANTE
BRADOR	BRIO	BUENRROSTRO	BURGARA	BUSTILLO
BRAMASCO	BRIONES	BUENSUCESO	BURGENO	BUSTILLOS
BRAMBILA	BRIONEZ	BUENTELLO	BURGOA	BUSTINZA
BRAMBILL	BRISENO	BUENTEO	BURGOS	BUSTIO
BRAN	BRISITA	BUENTIEMPO	BURGUAN	BUSTO
BRANA	BRISO	BUENTILLO	BURGUENO	BUSTOS
BRANCACHO	BRISUELA	BUERAS	BURGUETE	BUSTOZ
BRANCACIO	BRITO	BUERES	BURIEL	BUSUTIL
BRANDARIZ	BRIZ	BUERGO	BURILLO	BUTANDA
BRANUELAS	BRIZAL	BUFANDA	BURITICA	BUTERO
BRASSELERO	BRIZENO	BUGALLO	BURNEO	BUTRON
BRASUEL	BRIZO	BUGARIN	BURNIAS	BUTTANDA
BRAULIO	BRIZUELA	BUGAS	BURQUEZ	BUXEDA
BRAVO	BROCAS	BUIGUES	BURRA	BUXO
BREA	BROCHE	BUILES	BURRIEL	BUYON
BRECEDA	BRONDO	BUILTRON	BURRIOLA	BUZANI
BREIJO	BROTONS	BUITRAGO	BURROLA	BUZNEGO
BREMA	BRUCELAS	BUITRON	BURRON	BUZO
BRENES	BRUCIAGA	BUITUREIDA	BURRUEL	CAAL
BRENLLA	BRUGUERA	BUITUREIRA	BURSIAGA	CAAMAL
BRETADO	BRUGUERAS	BUJAN	BURUATO	CAAMANO
BRETO	BRUSUELAS	BUJANDA	BUSIGO	CAAMPUED
BRETOS	BRUZOS	BUJANOS	BUSQUET	CABA
BRIALES	BUANTELLLO	BUJOSA	BUSQUETS	CABADA
BRIANO	BUBELA	BULERIN	BUSTABAD	CABAL
BRIAS	BUCETA	BULLAS	BUSTABADE	CABALEIRO
BRIBIESCA	BUCIO	BULNES	BUSTAMANTE	CABALLA
BRIBIESCAS	BUELNA	BULOS	BUSTAMANTES	CABALLER
BRICENO	BUENABAD	BULTRON	BUSTAMANTEZ	CABALLERO
BRIENO	BUENAFE	BURBANO	BUSTAMARTE	CABALLEROS
BRIEVA	BUENAVENTURA	BURBOA	BUSTAMENTE	CABALLES

APPENDIX E
CENSUS LIST OF SPANISH SURNAMES

CABALLO	CABRALES	CADAVAL	CAJUSTE	CALIX
CABAN	CABRALEZ	CADAVID	CALABAZA	CALIXTO
CABANAS	CABRANES	CADAVIECO	CALAFAT	CALIXTRO
CABANELAS	CABRE	CADEMA	CALAFELL	CALIZ
CABANERO	CABREJA	CADENA	CALAMA	CALLADO
CABANILLAS	CABREJAS	CADENAS	CALAMACO	CALLANTA
CABANZON	CABREJOS	CADENAZ	CALAMARS	CALLAVA
CABARCAS	CABRER	CADENGO	CALAMON	CALLAZO
CABARCOS	CABRERA	CADIerno	CALANA	CALLE
CABARGA	CABRERAS	CADILLA	CALANCHE	CALLEIRO
CABASA	CABRERIZO	CADILLO	CALANDRES	CALLEJAS
CABASIER	CABRERO	CADIS	CALAS	CALLEJO
CABASOS	CABRERRA	CADIZ	CALATAYUD	CALLEJON
CABASSA	CABRET	CADORNIGA	CALBILLO	CALLEJOS
CABASSO	CABREVA	CADRIEL	CALCADO	CALLELLA
CABAZA	CABRIALES	CAGIGA	CALCANE0	CALLEROS
CABAZOS	CABRIELES	CAGIGAL	CALCANO	CALLES
CABEIRO	CABRILES	CAGIGAS	CALCINES	CALLEYRO
CABEJE	CABRILLO	CAGUIAS	CALDA	CALLINICOS
CABELLERO	CABRILLOS	CAHUE	CALDARON	CALLISTRO
CABELLO	CABRISAS	CAICEDO	CALDAS	CALOCA
CABERA	CABRITO	CAIGOY	CALDELAS	CALOMARDE
CABERERA	CABRON	CAILLAU	CALDERA	CALONGA
CABERRA	CABUENA	CAINAS	CALDERAS	CALONGE
CABESUELA	CABUTO	CAINZOS	CALDERILLA	CALONJE
CABEZA	CACERAS	CAJAR	CALDERIN	CALSADA
CABEZADEBACA	CACERES	CAJAS	CALDERO	CALSADILLAS
CABEZAS	CACEREZ	CAJEN	CALDERON	CALVEIRO
CABEZUDO	CACHARRON	CAJERO	CALDEVILLA	CALVERA
CABEZUELA	CACHO	CAJIAO	CALEJO	CALVERO
CABIAS	CACHON	CAJIDE	CALENZANI	CALVES
CABIDO	CACHORA	CAJIGA	CALERA	CALVET
CABIEDES	CACHUA	CAJIGAL	CALERO	CALVILLO
CABIGAS	CACICEDO	CAJIGAS	CALEZ	CALVO
CABILLO	CADAHIA	CAJINA	CALIBO	CALZADA
CABLA	CADAVA	CAJO	CALIENES	CALZADIAS

APPENDIX E
2020 CENSUS LIST OF SPANISH SURNAMES

CALZADILLA	CAMEZ	CANABA	CANDIAS	CANTRES
CALZADILLAS	CAMILO	CANABAL	CANEDA	CANTU
CALZADO	CAMINA	CANABATE	CANEDO	CANTUA
CALZIA	CAMINAS	CANAHUATI	CANEGATA	CANTUTIJERINA
CALZONCIN	CAMINERO	CANALDA	CANEIRO	CANUELAS
CAMACH	CAMOCHO	CANALEJO	CANELA	CANZONA
CAMACHE	CAMORODA	CANALES	CANELLAS	CAPABLANCA
CAMACHO	CAMPA	CANALES	CANELLIS	CAPACETE
CAMAMA	CAMPACOS	CANALEZ	CANELO	CAPARRA
CAMANCHO	CAMPANERIA	CANALITA	CANERO	CAPARROS
CAMANEZ	CAMPANIONI	CANALS	CANES	CAPAS
CAMANO	CAMPAS	CANAMAR	CANET	CAPATA
CAMARAZA	CAMPAZ	CANAMERO	CANETE	CAPDEVILA
CAMARELLA	CAMPERO	CANAS	CANEZ	CAPELES
CAMARENA	CAMPILLO	CANAVA	CANGA	CAPELLAN
CAMARENO	CAMPINS	CANAVATI	CANGAS	CAPELO
CAMARERO	CAMPIRANO	CANAVERAL	CANION	CAPERON
CAMARGO	CAMPISTA	CANAVES	CANISALES	CAPESTANY
CAMARILLO	CAMPIZ	CANCEL	CANIZAL	CAPETILLO
CAMARO	CAMPOAMOR	CANCELA	CANIZALES	CAPIFALI
CAMARON	CAMPODONICA	CANCELO	CANIZALEZ	CAPILLA
CAMARRILLO	CAMPOLLA	CANCHE	CANIZARES	CAPIN
CAMAYA	CAMPOMANES	CANCHOLA	CANIZAREZ	CAPIRO
CAMAYD	CAMPORREDONDO	CANCINO	CANJURA	CAPISTRAN
CAMBA	CAMPOS	CANCINOS	CANLAS	CAPLANO
CAMBALIZA	CAMPOSAGRADO	CANCIO	CANO	CAPMANY
CAMBERO	CAMPOVERDE	CANDALES	CANOVAS	CAPOTE
CAMBEROS	CAMPOY	CANDANEDO	CANSECO	CAPRILES
CAMBIANICA	CAMPOZ	CANDANO	CANSINO	CAPRINE
CAMBIS	CAMPOZANO	CANDANOSA	CANTARERO	CAPUCHIN
CAMBLOR	CAMPUSANO	CANDANOZA	CANTERO	CAPUCHINA
CAMBO	CAMPUZANO	CANDELARI	CANTILLO	CAPUCHINO
CAMBON	CAMUEIRAS	CANDELARIA	CANTORAN	CAQUIAS
CAMCHO	CAMUNAS	CANDELARIE	CANTOS	CARABA
CAMEJO	CAMUNES	CANDELARIO	CANTOU	CARABAJAL
CAMERENA	CAMUNES	CANDELAS	CANTOYA	CARABAL
CAMERO	CAMUNEZ	CANDELERIA	CANTRE	CARABALLO
	CANA	CANDIA		

APPENDIX E
CENSUS LIST OF SPANISH SURNAMES

CARABALLOPEREZ	CARBAJAL	CARDIEL	CARPENA	CARRERAS
CARABANTES	CARBAJALES	CARDINAS	CARPINTERO	CARRERO
CARABAY	CARBAJO	CARDINEZ	CARPINTEYRO	CARRETE
CARABAZA	CARBALLAR	CARDONA	CARPIO	CARRETERO
CARABELLA	CARBALLEA	CARDONAS	CARPIZO	CARRETO
CARABEO	CARBALLEIRA	CARDOSA	CARRABALLO	CARRIAGA
CARABES	CARBALLIDO	CARDOVA	CARRACEDO	CARRIAZO
CARABEZ	CARBALLO	CAREAGA	CARRADA	CARRICA
CARACENA	CARBALLOSA	CARELA	CARRADERO	CARRICABURU
CARACHEO	CARBELLIDO	CARETA	CARRAL	CARRICARTE
CARACOSA	CARBIA	CARIAS	CARRALEJO	CARRIDO
CARACOZA	CARBONEL	CARIBE	CARRALERO	CARRIEDO
CARAJAL	CARBONELL	CARIDE	CARRALES	CARRIJO
CARALT	CARBOT	CARIDES	CARRALEZ	CARRIL
CARAMBOT	CARCACHE	CARIELO	CARRAMAN	CARRILES
CARAMEROS	CARCAMO	CARIGA	CARRANCA	CARRILLA
CARAMES	CARCANA	CARILLO	CARRANCO	CARRILLE
CARAMILLO	CARCANAQUES	CARINGAL	CARRANDI	CARRILLO
CARANTA	CARCANO	CARINHAS	CARRANSA	CARRILO
CARANZA	CARCAS	CARIRE	CARRANZA	CARRIO
CARAPIA	CARCELLERO	CARISALEZ	CARRASCO	CARRION
CARARA	CARDELLE	CARLA	CARRASCOSA	CARRIQUE
CARASA	CARDELLES	CARLETELLO	CARRASGUILLO	CARRISAL
CARASCO	CARDENA	CARLOS	CARRASO	CARRISALES
CARATACHEA	CARDENAL	CARMENATE	CARRASQUILLA	CARRISALEZ
CARATAN	CARDENALES	CARMENATES	CARRASQUILLO	CARRISOSA
CARATTINI	CARDENAS	CARMENATY	CARRATALA	CARRISOZA
CARAVACA	CARDENAZ	CARMOEGA	CARRAU	CARRIZAL
CARAVAJAL	CARDENES	CARMONA	CARRAZANA	CARRIZALES
CARAVANTES	CARDENEZ	CARNERA	CARRAZCO	CARRIZALEZ
CARAVAYO	CARDENO	CARNERO	CARREAGA	CARRIZO
CARAVEO	CARDENOS	CARNICER	CARREDO	CARRIZOSA
CARAVES	CARDENOSA	CARNICERO	CARREJO	CARRIZOZA
CARAZA	CARDENTY	CARO	CARRENO	CARRODEGUAS
CARAZO	CARDET	CARONADO	CARREON	CARROLA
CARBA	CARDEZA	CAROPINO	CARRERA	CARROSQUILLO

APPENDIX E
2020 CENSUS LIST OF SPANISH SURNAMES

CARRSCO	CASAVANTES	CASTAIGNE	CASTENADA	CATACALOS
CARRUESCO	CASCANTE	CASTAN	CASTENEDA	CATACHE
CARTAGEN	CASCON	CASTANA	CASTIBLANCO	CATALA
CARTAGENA	CASCOS	CASTANADA	CASTIEL	CATALAN
CARTAGO	CASCUDO	CASTANARES	CASTILIO	CATALENA
CARTANA	CASELAS	CASTANEADA	CASTILL	CATANACH
CARTAS	CASELLAS	CASTANED	CASTILLA	CATANO
CARTAYA	CASERAS	CASTANEDA	CASTILLANOS	CATAQUET
CARUAJAL	CASERES	CASTANEDO	CASTILLAS	CATASCA
CARVAJAL	CASERMA	CASTANER	CASTILLEJA	CATASUS
CARVAJALES	CASERO	CASTANIETO	CASTILLEJO	CATEORA
CARVAJALINO	CASERZA	CASTANO	CASTILLEJOS	CATETE
CASABLANCA	CASES	CASTANOLA	CASTILLERO	CATOLICO
CASABO	CASIA	CASTANON	CASTILLIO	CATZOELA
CASADAS	CASIAN	CASTANOS	CASTILLO	CAUAZOS
CASADES	CASIANO	CASTANUELA	CASTILLON	CAUCE
CASADO	CASIAS	CASTANY	CASTINEIRA	CAUDALES
CASADOS	CASICA	CASTEJON	CASTINEIRAS	CAUDILLO
CASAIS	CASIELLES	CASTELA	CASTINEYRA	CAULA
CASAL	CASILLA	CASTELAN	CASTORENA	CAUNDER
CASALES	CASILLAN	CASTELANO	CASTORENO	CAUSO
CASALS	CASILLAS	CASTELAO	CASTRA	CAVANAS
CASAMAYOR	CASILLOS	CASTELAR	CASTREJON	CAVASAS
CASANAS	CASINES	CASTELAZO	CASTRELLON	CAVASOS
CASANDRA	CASIQUE	CASTELBLANCO	CASTRESANA	CAVAZ
CASANOVA	CASIQUITO	CASTELDEORO	CASTRILLO	CAVAZAS
CASANOVAS	CASIS	CASTELEIRO	CASTRILLON	CAVAZOS
CASANUEVA	CASMERO	CASTELLANAS	CASTRIZ	CAVAZOS
CASARES	CASORLA	CASTELLANES	CASTRO	CAVEDA
CASAREZ	CASPARIS	CASTELLANOS	CASTRODAD	CAVERO
CASARIEGO	CASPILLO	CASTELLANOZ	CASTROMAN	CAVEZA
CASARRUBIAS	CASSARES	CASTELLAR	CASTRON	CAVIEDES
CASAS	CASSAS	CASTELLON	CASTROVERDE	CAVIEL
CASASNOVAS	CASSIAS	CASTELLS	CASTRUITA	CAVLA
CASASOLA	CASSILLAS	CASTELLVI	CASUL	CAVOS
CASASUS	CASSINERIO	CASTELNAU	CASUSO	CAVOZOS
CASAUS	CASSO	CASTELO	CATA	CAYADO

APPENDIX E
CENSUS LIST OF SPANISH SURNAMES

CAYANAN	CEJA	CERDA	CESTERO	CHAMORO
CAYCEDO	CEJAS	CERDEIRA	CEVALLO	CHAMORRO
CAYERE	CEJO	CERDEIRAS	CEVALLOS	CHANDARLIS
CAYEROS	CEJUDO	CERECEDA	CEVILLA	CHANES
CAYIAS	CELA	CERECEDES	CEYANES	CHANEZ
CAYON	CELADA	CERECEDO	CHABARRIA	CHANGALA
CAYUELA	CELADO	CERECERES	CHABERA	CHANO
CAYUSO	CELARDO	CERECEREZ	CHABEZ	CHANONA
CAZAMIAS	CELAYA	CERECERO	CHABOLLA	CHANTACA
CAZANAS	CELAYETA	CEREIJO	CHABOYA	CHANTALA
CAZARES	CELEDON	CEREZO	CHABRIER	CHANTRES
CAZAREZ	CELEIRO	CERIN	CHACA	CHAPA
CAZARIN	CELICEO	CERMENO	CHACANACA	CHAPARRO
CAZON	CELIS	CERNA	CHACON	CHAPELA
CDEBACA	CELIZ	CERNAS	CHADES	CHAPERO
CDEVACA	CELORIO	CERNO	CHADEZ	CHAPOY
CEBADA	CENA	CERNUDA	CHAFFINO	CHAPPARO
CEBALLES	CENDAN	CERON	CHAFINO	CHAPRALIS
CEBALLO	CENDEJAS	CERPA	CHAGAS	CHAPRON
CEBALLOS	CENDOYA	CERRILLO	CHAGOLLA	CHARAFA
CEBEY	CENICEROS	CERRILLOS	CHAGOLLAN	CHARANZA
CEBOLLERO	CENISEROS	CERRITOS	CHAGOY	CHARBA
CEBRERO	CENISEROZ	CERROS	CHAGOYA	CHARBULA
CEBREROS	CENOS	CERTEZA	CHAGOYAN	CHARCA
CEBRIAN	CENTELLAS	CERUANTES	CHAGOYEN	CHARCAS
CECENA	CENTENO	CERVANES	CHAGRA	CHARDON
CEDANO	CENTERO	CERVANTE	CHAGUACEDA	CHARFAUROS
CEDENO	CENTURION	CERVANTES	CHAIDES	CHARNECO
CEDILLO	CEPEDA	CERVANTEZ	CHAIDEZ	CHARO
CEDILLOS	CEPEDES	CERVENTES	CHAIRA	CHARRES
CEDINO	CEPERO	CERVERA	CHAIREZ	CHARRIA
CEDO	CERABELLA	CESANI	CHALA	CHARRIEZ
CEGARRA	CERALDE	CESENA	CHALAMBAGA	CHARRIN
CEGUEDA	CERBANTES	CESIN	CHALDU	CHARRIS
CEIDE	CERBANTEZ	CESPEDES	CHAMARTIN	CHARRO
CEIJAS	CERCADO	CESPEDEZ	CHAMIZO	CHARVEZ

APPENDIX E
2020 CENSUS LIST OF SPANISH SURNAMES

CHATON	CHEVANNES	CHONO	CINTAS	CLERO
CHAUARRIA	CHEVARRIA	CHOPERENA	CINTORA	CLIMENT
CHAVANA	CHEVAS	CHORNA	CINTRA	COBA
CHAVANNA	CHEVERES	CHOTO	CINTRON	COBALLES
CHAVARELA	CHEVEREZ	CHOUZA	CIONCO	COBAR
CHAVARIA	CHEVEZ	CHOZA	CIPRES	COBARRUBIA
CHAVARILLO	CHEVRES	CHUCA	CIREROL	COBARRUBIAS
CHAVARIN	CHIAGO	CHUDALLA	CIRES	COBARRUBIO
CHAVARRA	CHIAPA	CHUMACERO	CIRIA	COBARRUVIAS
CHAVARRI	CHICA	CHUMISO	CIRIECO	COBAS
CHAVARRIA	CHICAS	CHUPE	CIRILO	COBELO
CHAVARRIAGA	CHICO	CHURBE	CIRIZA	COBEO
CHAVARRO	CHICVARA	CHURRUCA	CIRLOS	COBIAN
CHAVECO	CHIDE	CIBERAY	CIRULI	COBIELLA
CHAVERA	CHIFALO	CIBRIAN	CISNER	COBIO
CHAVERO	CHIHUAHUA	CICERON	CISNERAS	COBO
CHAVEZ	CHILIMIDOS	CICILIA	CISNERNOS	COBOS
CHAVIANO	CHIMAL	CID	CISNERO	COBREIRO
CHAVIRA	CHINANA	CIDDIO	CISNEROS	COCA
CHAVIRO	CHINCHILLA	CIEGO	CISNEROZ	COCIO
CHAVOLLA	CHINEA	CIENA	CISTERNA	CODINA
CHAVOYA	CHINO	CIENEGA	CIVEROLO	CODON
CHAYRA	CHIONG	CIENEGAS	CLARA	CODORNIZ
CHAYRE	CHIONO	CIENFUEGOS	CLARIT	COELLO
CHAYREZ	CHIOVARE	CIERRA	CLARO	COFINO
CHAZARO	CHIPI	CIFRE	CLAROS	COFRESI
CHAZARRETA	CHIPRES	CIFREDO	CLAROT	COIRA
CHECA	CHIQUES	CIFUENTES	CLAUDIO	COLACION
CHECO	CHIQUETE	CIGAR	CLAUSTRO	COLACO
CHEDA	CHIQUITO	CIGARROA	CLAVEL	COLARTE
CHEMALI	CHIRIBOGA	CILLERO	CLAVELL	COLAS
CHENTE	CHIRINO	CIMADEVILLA	CLAVELO	COLATO
CHERENA	CHIRINOS	CIMARRON	CLAVERAN	COLCA
CHERENE	CHOA	CIMENTAL	CLAVERIA	COLCHADO
CHERINO	CHOLICO	CINDO	CLAVERO	COLDERON
CHERTA	CHOMAT	CINEUS	CLAVIJO	COLDIVAR
CHESSANI	CHOMORI	CINTA	CLEMENA	COLEGIO

APPENDIX E
CENSUS LIST OF SPANISH SURNAMES

COLET	COLORES	CONEJO	CORALES	CORMALIS
COLIMA	COLOROSO	CONESA	CORANADO	CORNEJO
COLINA	COLSA	CONFORME	CORAZON	CORNEJOS
COLINDRES	COLUDRO	CONRADO	CORBALA	CORNIDE
COLIO	COLUMBIE	CONRERAS	CORBEA	CORNIELL
COLLADA	COLUNGA	CONRIQUE	CORBELLA	CORNIER
COLLADO	COMACHO	CONRIQUEZ	CORBERA	CORODOVA
COLLANTES	COMADURAN	CONS	CORCES	COROMINAS
COLLASO	COMAS	CONSONERO	CORCHADO	CORONA
COLLAZO	COMBARRO	CONSTANCIO	CORCHERO	CORONADA
COLLOZO	COMELLAS	CONSTANTE	CORCHETE	CORONADO
COLLS	COMESANA	CONSUEGRA	CORCHO	CORONAS
COLMENAR	COMESANAS	CONSUELO	CORCINO	CORONEL
COLMENARES	COMON	CONTADOR	CORCOLES	CORPAS
COLMENERO	COMORRE	CONTEMPRATO	CORCOVELOS	CORPION
COLOCHO	COMPANIONI	CONTERAS	CORDENIZ	CORPORAN
COLOCIO	COMPARAN	CONTEREAS	CORDERO	CORPOS
COLODRO	COMPARY	CONTERO	CORDILLO	CORPUS
COLOM	COMPEAN	CONTIVAL	CORDOBA	CORRADA
COLOMA	COMPIAN	CONTRARAS	CORDOBES	CORRAL
COLOMAR	COMPITO	CONTREAS	CORDOLA	CORRALEJO
COLOMBANA	COMPOS	CONTRERA	CORDONA	CORRALES
COLOMBANI	COMPTIS	CONTRERAS	CORDOSO	CORRALEZ
COLOMBERO	CONCEPCION	CONTRERASS	CORDOVA	CORRALIZA
COLOME	CONCEPTION	CONTRERAZ	CORDOVER	CORRALLS
COLOMER	CONCHA	CONTRERES	CORDOVES	CORRCA
COLOMES	CONCHADO	CONTREROS	CORDOVEZ	CORREA
COLOMINAS	CONCHAS	CONTRERRAS	CORDOVI	CORREDERA
COLOMO	CONCHO	CONTRESAS	CORDOZA	CORREDOR
COLON	CONCHOLA	CONTRESTANO	COREANO	CORREO
COLONDRES	CONCHOS	CONTREVAS	CORELLA	CORRES
COLONNETTA	CONDADO	COPADO	CORENTE	CORRETJER
COLONTORRES	CONDARCO	COPETILLO	CORIA	CORREU
COLORADO	CONDE	COPRIVIZA	CORIANO	CORRILLO
COLORBIO	CONDENSA	COQUOZ	CORIAM	CORRIPIO
COLORE	CONEJERO	CORA	CORIZ	CORRIZ

APPENDIX E
2020 CENSUS LIST OF SPANISH SURNAMES

CORROS	COTELO	CREMATA	CUADRADO	CUERO
CORTADA	COTERA	CRESPIN	CUADRAS	CUERVO
CORTAZA	COTERILLO	CRESPO	CUADRAZ	CUESTA
CORTAZAR	COTERO	CRiado	CUADRO	CUESTAS
CORTES	COTILLA	CRIBEIRO	CUADROS	CUETO
CORTEZ	COTINOLA	CRIOLLO	CUAN	CUEVA
CORTIJO	COTITTA	CRIoyos	CUARA	CUEVAS
CORTINA	COTO	CRISANTES	CUARENTA	CUEVAZ
CORTINAS	COTRINA	CRISANTO	CUARON	CUEVOS
CORTINAZ	COTTES	CRISANTOS	CUARTAS	CUILAN
CORTINES	COTTO	CRISOSTO	CUASCUT	CUIN
CORTINEZ	COTULLA	CRISOSTOMO	CUATE	CUIZON
CORTIZO	COUARRUBIAS	CRISTALES	CUBANO	CULEBRO
CORUGEDO	COUCE	CRISTAN	CUBAS	CULTRERI
CORUJO	COUCEYRO	CRISTANCHO	CUBENAS	CUMBA
CORVAN	COUMPAROULES	CRISTERNA	CUBERO	CUMPIAN
CORVERA	COUSO	CRISTIA	CUBIAS	CUMPIANO
CORVISON	COUTIN	CRISTIAN	CUBILLAS	CUNANAN
CORZA	COUTINO	CRISTIN	CUBILLO	CUNES
CORZO	COUVERTIER	CRISTOBAL	CUBILLOS	CUNEZ
COS	COVARRUBIA	CRISTOFOL	CUBIO	CUNI
COSCULLUELA	COVARRUBIAS	CRIXELL	CUBRIEL	CUNILL
COSILLO	COVARRUBIAZ	CROSAS	CUCALON	CUNYUS
COSILLOS	COVARRUBIO	CROZ	CUCUTA	CUPELES
COSIO	COVARRUVIAS	CRUANES	CUEBA	CUPRILL
COSME	COVARRYBIAS	CRUANYAS	CUEBAS	CURA
COSSIO	COVARUBIAS	CRUCES	CUELIAR	CURBELLO
COSSO	COVAS	CRUCETA	CUELLA	CURBELO
COSTALES	COVIAN	CRUZ	CUELLAR	CURET
COSTELON	COVILLO	CRUZADO	CUELLER	CURIEL
COSTILLA	COVIO	CRUZAT	CUELLO	CURRAIS
COSTILLO	COVO	CRUZATA	CUEN	CURRAS
COSTOSO	COVOS	CRUZCOSA	CUENCA	CURREA
COSTRUBA	COYA	CRUZCRUZ	CUENCO	CURZ
COTA	COYAZO	CRUZON	CUENTAS	CUSCO
COTARELO	CREITOFF	CRUZRODRIGUEZ	CUENTO	CUSTODIA
COTAYO	CREMAR	CUADRA	CUERDO	CUSTODIO

APPENDIX E
CENSUS LIST OF SPANISH SURNAMES

CUTIE	DAVILLA	DEBARRA	DECORONA	DEGOMEZ
CUYA	DAVILO	DEBATISTA	DECORONADO	DEGONZALES
CUYAR	DAZA	DEBATO	DECORSE	DEGONZALEZ
CUZA	DCRUZ	DEBAYONA	DECORTEZ	DEGRACIA
DABALOS	DEAGEN	DEBESA	DECOS	DEGUARA
DABILA	DEAGUERO	DEBONILLA	DECRISTINO	DEGUARDIA
DACUMOS	DEAGUILAR	DEBRAS	DECRUZ	DEGUERRA
DAGNESSES	DEAGUIRRE	DEBRAVO	DECUEVA	DEGUERRERO
DAGO	DEALBA	DEBRUYAN	DECUEVAS	DEGUEVARA
DAGUERRE	DEALCALA	DEBUENO	DEDELGADO	DEGUIMERA
DAGUILAR	DEALEJANDRO	DECABRAL	DEDIAZ	DEGUTIERREZ
DALAMA	DEALVA	DECALDERON	DEDIEGO	DEGUZMAN
DALBOSCO	DEALVAREZ	DECALLE	DEDIOS	DEHARO
DALIPE	DEAMADOR	DECAMACHO	DEDOMINGUEZ	DEHERNANDEZ
DALMAU	DEANDA	DECANTU	DEDUARTE	DEHERRERA
DALMIDA	DEANDE	DECAPRILES	DEESPARZA	DEHESA
DANACHE	DEANDRES	DECARDENAS	DEESTRADA	DEHOMBRE
DANTUS	DEAQUERO	DECASAS	DEFALCON	DEHORTA
DAPENA	DEARAGON	DECASO	DEFALLA	DEHOSTOS
DARDANES	DEARCE	DECASTANEDA	DEFERIA	DEHOYAS
DARDIZ	DEARCO	DECASTILLO	DEFERNANDEZ	DEHOYOS
DARDON	DEARCOS	DECASTRO	DEFEX	DEIBARRA
DARIAS	DEARELLANO	DECENA	DEFIESTA	DEIDA
DARNAUD	DEARIAS	DECERDA	DEFIGUEROA	DEIMES
DARQUEA	DEARMAS	DECERVANTES	DEFILLO	DEIRO
DARRIBA	DEARO	DECESPEDES	DEFLORES	DEISLA
DARUNA	DEARRIBA	DECHAVEZ	DEFRESE	DEITA
DASTAS	DEARRILLAGA	DECHOUDENS	DEFRISCO	DEITURRONDO
DATIL	DEARROYO	DECIGA	DEFUENTES	DEJARA
DAUBAR	DEARTEAGA	DECLET	DEGANI	DEJAUREGUI
DAUILA	DEASES	DECOLLADO	DEGARAY	DEJESU
DAUSA	DEAVILA	DECOLON	DEGARCIA	DEJESUS
DAUZ	DEAYALA	DECONTRERAS	DEGARZA	DEJESUSGARCIA
DAVALOS	DEAZEVEDO	DECORDOBA	DEGELIA	DEJESUSORTIZ
DAVILA	DEBACA	DECORDOVA	DEGOES	DEJIMENEZ
DAVILAS	DEBARE	DECORO	DEGOLLADO	DEJORIA

APPENDIX E
2020 CENSUS LIST OF SPANISH SURNAMES

DEJUAN	DELAGUILA	DELAPEZA	DELAVINA	DELGADILL
DELAARENA	DELAHERA	DELAPIEDRA	DELAYA	DELGADILLO
DELABARCA	DELAHERRAN	DELAPLATA	DELAZERDA	DELGADO
DELABARCENA	DELAHOYA	DELAPORTILLA	DELBARRIO	DELGADODEORAMA
DELABARRERA	DELAHOZ	DELAPOZA	DELBLANCO	S
DELABARZA	DELAHUERTA	DELAPRIDA	DELBOSQUE	DELGIORGIO
DELABRA	DELAISLA	DELAPUENTE	DELBOSQUEZ	DELGODO
DELACABADA	DELAJARA	DELARA	DELBOZQUE	DELHARO
DELACAL	DELALASTRA	DELAREA	DELBREY	DELHIERRO
DELACALLE	DELALCAZAR	DELAREZA	DELBUSTO	DELHOYO
DELACAMARA	DELALLATA	DELARIOS	DELCADO	DELIGANIS
DELACAMPA	DELALLAVE	DELARIVA	DELCALVO	DELIRA
DELACANAL	DELALLERA	DELAROCA	DELCAMPILLO	DELISEO
DELACERDA	DELALOZA	DELAROCHA	DELCAMPO	DELIZ
DELACHICA	DELALTO	DELAROSA	DELCASTILLO	DELJUNCO
DELA CONCEPCION	DELALUZ	DELAROZA	DELCASTRO	DELLANO
DELA CONCHA	DELAMADRID	DELARRA	DELCERRO	DELLANO
DELA CORTE	DELAMANCHA	DELARROYO	DELCID	DELMARGO
DELA COTERA	DELAMATA	DELARUA	DELCOLLADO	DELMENDO
DELA CRUZ	DELAMAZA	DELASANTOS	DELCORRAL	DELMERCADO
DELA CUADRA	DELAMELLA	DELASCASAS	DELCORRO	DELMORAL
DELA CUESTA	DELAMERCED	DELASCUEVAS	DELCRISTO	DELMUNDO
DELA CUEVA	DELAMO	DELASERNA	DELCUETO	DELMURO
DELA CURZ	DELAMORA	DELASHERAS	DELCURTO	DELNODAL
DELAESPRIELLA	DELAMORENA	DELASIERRA	DELDAGO	DELOA
DELA FE	DELAMOTA	DELATEJA	DELEGANIS	DELOEN
DELA FUENTE	DELANDA	DELATEJERA	DELEIJA	DELOERA
DELA FUENTES	DELANGEL	DELATOBA	DELEON	DELOLMO
DELA FUNTE	DELANOVAL	DELATORRE	DELERIO	DELOPEZ
DELAGADILLO	DELANUEZ	DELATORRES	DELERME	DELORA
DELAGADO	DELAO	DELATORRIENTE	DELESCAILLE	DELORO
DELAGARRIGUE	DELAOSA	DELATRINIDAD	DELEZA	DELOSADA
DELAGARZA	DELAOSSA	DELAUZ	DELFANTE	DELOSANGELES
DELAGDO	DELA PARRA	DELAVARA	DELFIERRO	DELOSANTOS
DELAGRANA	DELA PASS	DELA VEGA	DELFIN	DELOSCOBOS
DELAGUARDIA	DELA PAZ	DELA VELLANO	DELFRANCIA	DELOSMONTEROS
DELAGUERRA	DELA PENA	DELA VICTORIA	DELGADA	DELOSPRADOS

APPENDIX E
CENSUS LIST OF SPANISH SURNAMES

DELOSREYES	DELUAO	DENA	DEPORTILLO	DESALES
DELOSRIOS	DELUJAN	DENAVA	DEPORTO	DESALINAS
DELOSSANT	DELUNA	DENAVARRO	DEPORTOLA	DESANCHEZ
DELOSSANTOS	DELVAL	DENAVAS	DEPOZO	DESANTIAGO
DELOYA	DELVALLE	DENAVEJAR	DEPRAD	DESANTIASGO
DELOYOLA	DELVILLAR	DENECOCHEA	DEPRADO	DESANTOS
DELOZA	DELVINO	DENIEVES	DEQUESADA	DESARACHO
DELOZADA	DEMACIAS	DENINA	DEQUEVEDO	DESCALZO
DELPALACIO	DEMALADE	DENOGEAN	DEQUINTANA	DESEVILLA
DELPARDO	DEMARCHENA	DENORIEGA	DEQUIROZ	DESIERRA
DELPILAR	DEMARIN	DENUNEZ	DERAMIREZ	DESIGA
DELPIN	DEMARQUEZ	DEOCA	DERAMOS	DESOCARRAS
DELPINAL	DEMARRERO	DEOCAMPO	DERAS	DESOCARRAZ
DELPINO	DEMARTINEZ	DEOCHOA	DERENIA	DESOLO
DELPORTELLO	DEMATA	DEOLEO	DEREYES	DESOSA
DELPOSO	DEMATAS	DEOLIVIERA	DERIOS	DESOTO
DELPOZO	DEMATEO	DEOLMO	DERIVAS	DESOTOMAYOR
DELPRADO	DEMEDINA	DEORO	DERIVERA	DESPANIA
DELPUESTO	DEMEIRE	DEORTA	DERMA	DESPLANTES
DELRAZO	DEMENA	DEORTEGA	DEROBLES	DESPUES
DELREAL	DEMELENDEZ	DEORTIZ	DEROCA	DESRAVINES
DELREY	DEMENDOZA	DEOSDADE	DERODRIGUEZ	DESSERO
DELRICO	DEMERCADO	DEOSORIO	DERODRIQUEZ	DESTRADA
DELRIEGO	DEMESA	DEOTERIS	DEROJAS	DESUACIDO
DELRIINCON	DEMIGUEL	DEOTERO	DEROMERO	DETAPIA
DELRIO	DEMIRANDA	DEPABLO	DEROSARIO	DETEJADA
DELRISCO	DEMOLINA	DEPACHECO	DEROZA	DETEVIS
DELRIVERO	DEMONTEBELLO	DEPACO	DERRERA	DETOLEDO
DELROSAL	DEMONTES	DEPADILLA	DERUBIO	DETORRES
DELROSARIO	DEMONTEVERDE	DEPARRA	DERUEDA	DETRANALTES
DELSALTO	DEMONTTOYA	DEPAZ	DERUISA	DETTRES
DELSOL	DEMORALES	DEPEDRO	DESABOTA	DETTINIDAD
DELTEJO	DEMORENO	DEPENNA	DESAENZ	DEULLOA
DELTIEMPO	DEMOYA	DEPEREZ	DESALAS	DEVACA
DELTORO	DEMUNOZ	DEPLATA	DESALAZAR	DEVALDEZ
DELUA	DEMURGA	DEPONCE	DESALERNOS	DEVALENCIA

APPENDIX E
2020 CENSUS LIST OF SPANISH SURNAMES

DEVALLE	DIAZCRUZ	DOMENGUEZ	DOVALINA	ECHARTEA
DEVALON	DIAZDEARCE	DOMENO	DOVO	ECHAUARRIA
DEVARA	DIAZDELCAMPO	DOMENZAIN	DOZAL	ECHAURI
DEVARGAS	DIAZDELCASTILLO	DOMIGUEZ	DSPAIN	ECHAVARIA
DEVARONA	DIAZDELEON	DOMINCO	DUARDO	ECHAVARRI
DEVASQUEZ	DIAZDEVILLEGAS	DOMINGEZ	DUARTE	ECHAVARRIA
DEVAZQUEZ	DIAZMEDINA	DOMINGNEZ	DUARTES	ECHAVARRY
DEVEGA	DIAZPIEDRA	DOMINGUEZ	DUBON	ECHAVE
DEVELASCO	DIAZRIVERA	DOMINGUIZ	DUCOS	ECHAVERIA
DEVELEZ	DIAZRODRIGUEZ	DOMINIGUEZ	DUEN	ECHAVES
DEVENCENTY	DIEGO	DOMINQUEZ	DUENAS	ECHAVESTE
DEVERA	DIEGUEZ	DOMIO	DUENES	ECHAVEZ
DEVIA	DIEPPA	DOMONDON	DUENEZ	ECHAZABAL
DEVIAN	DIEZ	DONADO	DUENO	ECHAZARRETA
DEVICENTE	DIMAS	DONATE	DUENOS	ECHEAGARAY
DEVICTORIA	DIODONET	DONEIS	DUHAGON	ECHEANDIA
DEVILA	DIODOSIO	DONES	DUHALDE	ECHEBARRIA
DEVILLA	DIONES	DONESTEVEZ	DULZAIDES	ECHEGARAY
DEVILLAR	DIOS	DONEZ	DUMAGUINDIN	ECHEGOYEN
DEVILLEGAS	DIOSDADO	DONIAS	DUMBRIGUE	ECHEGUREN
DEVOLIN	DIOSES	DONJUAN	DUME	ECHEMENDIA
DEYA	DIRECTO	DONLUCAS	DUMENG	ECHENIQUE
DEYCAZA	DISARUFINO	DONOSO	DUMENIGO	ECHERIVEL
DEYNES	DISLA	DOPAZO	DUQUE	ECHERRI
DEZA	DISTABILE	DOPICO	DURAN	ECHEVARIA
DEZAMORA	DOBAL	DOPORTO	DURANGO	ECHEVARRIA
DEZARA	DOBAO	DORADO	DURANONA	ECHEVARRIETA
DEZARRAGA	DOBARGANES	DORAME	DURANZA	ECHEVARRIO
DEZAYAS	DOBLADO	DORANTES	DURATE	ECHEVERIA
DEZUNIGA	DOCAL	DORREGO	DURAZO	ECHEVERRI
DIACOS	DOCAMPO	DORTA	DURON	ECHEVERRIA
DIAGO	DOCE	DORTICOS	ECHABARNE	ECHEVERRY
DIAMOS	DOJAQUEZ	DOSAL	ECHANDI	ECHEVESTY
DIASDELEON	DOLATRE	DOSAMANTES	ECHANDIA	ECHEZABAL
DIAZ	DOLMO	DOSELA	ECHANIZ	ECHEZARRETA
DIAZACEVEDO	DOMENA	DOVAL	ECHARREN	ECHIRIBEL
DIAZCOLON	DOMENECH	DOVALES	ECHARRI	ECHIVERRI

APPENDIX E
CENSUS LIST OF SPANISH SURNAMES

ECHIVESTER	ELEZONDO	ELOSUA	ENRIQUEZ	ESCALENTE
EDERRA	ELGARRESTA	ELUGARDO	ENRRIQUEZ	ESCALERA
EDESA	ELGO	ELVIRA	ENSENAT	ESCALET
EDEZA	ELGUEA	ELYCIO	EPIDENDIO	ESCALLE
EDILLO	ELGUERA	EMMANUELLI	EQUIA	ESCALLON
EDQUIVEL	ELGUESEBA	EMMITE	EQUIHUA	ESCALON
EDREIRA	ELGUEZABAL	EMPASIS	ERAS	ESCALONA
EDROSA	ELICIER	EMPERADOR	ERASO	ESCALONTE
EDROSOLAN	ELISALDA	EMPLEO	ERAUSQUIN	ESCAMILLA
EDROZO	ELISALDE	ENAMORADO	ERAZO	ESCAMILLAS
EGANA	ELISALDEZ	ENCALADA	ERCHED	ESCAMILLO
EGAS	ELISARRARAZ	ENCALLADO	ERCILLA	ESCANAME
EGEA	ELISERIO	ENCARNACION	ERCILLO	ESCANDELL
EGIPCIACO	ELISONDO	ENCERRADO	ERDOZAIN	ESCANDON
EGLESIAS	ELIXAVIDE	ENCHAUTEGUI	EREBIA	ESCANES
EGUED	ELIZADE	ENCHINTON	EREDIA	ESCANIO
EGUES	ELIZAGA	ENCINA	ERES	ESCANO
EGUEZ	ELIZALDA	ENCINAS	EREVIA	ESCANUELA
EGUIA	ELIZALDE	ENCINIA	ERIBES	ESCANUELAS
EGUIGUREN	ELIZALDI	ENCINIAS	ERIVES	ESCAPA
EGUILUZ	ELIZANDO	ENCINIOS	ERIVEZ	ESCAPITA
EGUINO	ELIZANDRO	ENCINO	EROLES	ESCAPULE
EGUIZABAL	ELIZARDE	ENCINOSA	EROSA	ESCAR
EGURE	ELIZARDI	ENCISCO	ERREA	ESCARCEGA
EGURROLA	ELIZARDO	ENCISO	ERRECA	ESCARCIDA
EGUSQUIZA	ELIZARRARAS	ENCIZO	ERRISURIZ	ESCARCIGA
EIRAS	ELIZARRARAZ	ENDARA	ERRO	ESCARDA
EIRIZ	ELIZARRAS	ENDAYA	ERROA	ESCARENIO
ELEBARIO	ELIZONDA	ENDEMANO	ESCABAR	ESCARENO
ELEGINO	ELIZONDO	ENDOSO	ESCABEDO	ESCARIZ
ELEJALDE	ELJAU	ENGRACIO	ESCABI	ESCARPIO
ELEMEN	ELORDUY	ENGUIDANOS	ESCABIA	ESCARRA
ELENA	ELORREAGA	ENJADY	ESCAJEDA	ESCARRAMAN
ELENES	ELORRIAGA	ENRIGUEZ	ESCALA	ESCARREGA
ELENEZ	ELORZA	ENRIQUE	ESCALADA	ESCARSEGA
ELEVARIO	ELOSEGUI	ENRIQUES	ESCALANTE	ESCARSIGA

APPENDIX E
2020 CENSUS LIST OF SPANISH SURNAMES

ESCARTIN	ESCRIBA	ESPIGUL	ESQUERRE	ESTERAS
ESCARZAGA	ESCRIBANO	ESPINA	ESQUEVEL	ESTERO
ESCARZEGA	ESCRICHE	ESPINAL	ESQUIBAL	ESTEUES
ESCASENA	ESCUADRA	ESPINALES	ESQUIBEL	ESTEVA
ESCATEL	ESCUADER	ESPINAR	ESQUIBIAS	ESTEVAN
ESCATELL	ESCUDERO	ESPINDOLA	ESQUIERDO	ESTEVANE
ESCATIOLA	ESCUETA	ESPINDULA	ESQUIJAROSA	ESTEVANES
ESCAURIZA	ESCUJURI	ESPINEIRA	ESQUIJARROSA	ESTEVANEZ
ESCOBADO	ESCUTIA	ESPINEL	ESQUILIANO	ESTEVES
ESCOBAL	ESGUERRA	ESPINELL	ESQUILIN	ESTEVEZ
ESCOBALES	ESPADA	ESPINET	ESQUINCA	ESTEVIS
ESCOBAR	ESPADAS	ESPINO	ESQUINEL	ESTEVIZ
ESCOBARETE	ESPAILLAT	ESPINOR	ESQUIVAL	ESTIEN
ESCOBEBO	ESPALIN	ESPINOSA	ESQUIVEL	ESTIMBO
ESCOBEDA	ESPANA	ESPINOZ	ESQUIVEZ	ESTOLANO
ESCOBEDO	ESPANO	ESPINOZA	ESQUIVIAS	ESTOLAS
ESCOBER	ESPANOL	ESPIRICUETA	ESTABA	ESTOPELLAN
ESCOBIDO	ESPANOLA	ESPIRITI	ESTABILLO	ESTOPINAN
ESCOBIO	ESPARAZA	ESPIRITU	ESTADA	ESTOQUE
ESCOBOSA	ESPARRA	ESPITALETA	ESTADES	ESTORGA
ESCOBOZA	ESPARSA	ESPITIA	ESTALA	ESTRACA
ESCOCHEA	ESPARSEN	ESPLANA	ESTAMPA	ESTRAD
ESCODEDO	ESPARZ	ESPONDA	ESTANOL	ESTRADA
ESCOJIDO	ESPARZA	ESPRIU	ESTAPE	ESTRADAS
ESCOLAR	ESPEJEL	ESPRONCEDA	ESTAVILLA	ESTRADE
ESCOMILLA	ESPEJO	ESPUDO	ESTAVILLO	ESTRADO
ESCONTRIAS	ESPELETA	ESPURVOA	ESTEBAN	ESTRALLA
ESCORCIA	ESPENDEZ	ESQUEA	ESTEBANE	ESTRANY
ESCORIAZA	ESPENOSA	ESQUEDA	ESTEBANEZ	ESTRELLA
ESCORPISO	ESPENOSA	ESQUEDO	ESTEBES	ESTRELLAS
ESCORZA	ESPERA	ESQUELL	ESTEBEZ	ESTRELLO
ESCOTA	ESPERANZA	ESQUENAZI	ESTEFAN	ESTREMERA
ESCOTO	ESPERAS	ESQUER	ESTEFANI	ESTREMO
ESCOVADO	ESPERICUETA	ESQUERA	ESTELA	ESTRINGEL
ESCOVAR	ESPERIQUETA	ESQUERDO	ESTENOZ	ESTRONZA
ESCOVEDO	ESPERO	ESQUERO	ESTEPA	ESTUDILLO
ESCOVER	ESPERON	ESQUERRA	ESTEPAN	ESTUPINAN

APPENDIX E
CENSUS LIST OF SPANISH SURNAMES

ETCHEBARREN	FABELO	FARIAS	FELICANO	FERRAEZ
ETCHEBEHERE	FABILA	FARILLAS	FELICIANO	FERRAIZ
ETCHECHURY	FABRA	FARINAS	FELICITAS	FERRALES
ETCHEGARAY	FABREGAS	FARINOS	FELICO	FERRALEZ
ETCHEPARE	FABREGAT	FARIOS	FELIPE	FERRANDES
ETCHEVERRIA	FABROS	FARPELLA	FELISCIAN	FERRANDIZ
ETCHEVERRY	FABRYGEL	FARRALES	FELIU	FERRAS
EUDAVE	FACIO	FARRAY	FELIX	FERRE
EUFRACIO	FACUNDO	FARRERA	FELIZ	FERREGUR
EULATE	FADRIQUE	FARRIAS	FELPETO	FERREIRAS
EURESTE	FAGET	FARROS	FELUMERO	FERREIRO
EURESTI	FAGOAGA	FARRULLA	FEMAT	FERRER
EURIOSTE	FAGUNDO	FAS	FEMATH	FERRERAS
EUSEBIO	FAILA	FAUDOA	FEMATT	FERRERIS
EUSTAQUIO	FAILDE	FAUELA	FENTANES	FERREYRA
EUZARRAGA	FAJARDO	FAUNI	FENTE	FERREYRO
EVANGEL	FALCHE	FAURA	FEO	FERREZ
EVANGELATOS	FALCON	FAURIA	FERAMISCO	FERRUA
EVARO	FALERO	FAUSTINOS	FERDIN	FERRUSCA
EVIA	FALLEJO	FAUSTO	FEREZ	FESTEJO
EXIGA	FALOMIR	FAVELA	FERIA	FEYJOO
EXINIA	FALQUEZ	FAVELLA	FERMANDEZ	FIALLO
EXPARZA	FALTO	FAVELO	FERMIN	FIALLOS
EXPOSITO	FALU	FAVILA	FERNADEZ	FIDEL
EYLICIO	FAMANIA	FAYA	FERNANDE	FIEROVA
EYZAGUIRRE	FAMILIA	FAZ	FERNANDEZ	FIERRO
EZCURRA	FANDINO	FEAL	FERNANDEZCUETO	FIERROS
EZETA	FANEGO	FEBLES	FERNANDEZDECAST	FIERROZ
EZQUEDA	FANGON	FEBRE	RO	FIESTAL
EZQUER	FANGONILO	FEBRES	FERNANDEZDELARA	FIGAL
EZQUERRA	FANJUL	FEIGA	FERNANDO	FIGAREDO
EZQUERRO	FARACH	FEIJOO	FERNENDEZ	FIGARELLA
EZRATTY	FARAGOZA	FEITO	FERNIZ	FIGAROLA
EZRRE	FARFAN	FELAN	FERNIZA	FIGEROA
FABAL	FARGA	FELANDO	FERRADAS	FIGIROVA
FABELA	FARGAS	FELIBERTY	FERRADAZ	FIGOROA

APPENDIX E
2020 CENSUS LIST OF SPANISH SURNAMES

FIGUEIRAS	FLEMATE	FORCEN	FRANCO	FRESQUEZ
FIGUERA	FLETE	FORDIS	FRANCOS	FREYRE
FIGUERAS	FLETES	FORERO	FRANGUI	FREYTA
FIGUERDA	FLOPES	FORMANO	FRANJUL	FREYTES
FIGUEREDO	FLORATOS	FORMENT	FRANQUERO	FRIAS
FIGUERO	FLORENCIA	FORMEZA	FRANQUEZ	FRIAZ
FIGUERIA	FLORENCIO	FORNARIS	FRANQUI	FRIETZE
FIGUERO	FLORES	FORNASERO	FRANQUIZ	FRIGOLA
FIGUEROA	FLORESDELGADO	FORNOS	FRANSUA	FRISAN
FIGUEROLA	FLOREZ	FORNS	FRANZOY	FROMETA
FIGUERON	FLORIDO	FORTANEL	FRAQUA	FRONDARINA
FIGUERORA	FLORIT	FORTEZ	FRASES	FRONTADO
FIGUEROSA	FLORITA	FORTEZA	FRASQUILLO	FRONTELLA
FIGUERRA	FLUXA	FORTIZ	FRATICELLI	FRONTERAS
FIGUROA	FOJO	FORTUNO	FRAU	FROSTO
FIGVEROA	FOLGAR	FOYO	FRAUSTO	FRUGIA
FILGUEIRAS	FOLGUEIRA	FRACISCO	FRAUSTRO	FRUTOS
FILIZOLA	FOLGUEIRAS	FRADEJAS	FRAXEDAS	FRUTOZ
FILLAS	FONALLEDAS	FRADERA	FRAYO	FUENMAYOR
FILOTEO	FONCERRADA	FRAGA	FRAYRE	FUENTAS
FIMBRES	FONNEGRA	FRAGINALS	FREDELUCES	FUENTE
FIMBREZ	FONSECA	FRAGO	FREGOSA	FUENTECILLA
FINALES	FONT	FRAGOMENO	FREGOSO	FUENTEFRIA
FIOL	FONTAN	FRAGOSA	FREGOZO	FUENTES
FIQUEROA	FONTANES	FRAGOSO	FREIJO	FUENTEZ
FIRA	FONTANET	FRAGOZO	FREIRE	FUENZALIDA
FIRPI	FONTANEY	FRAGUA	FREIRIA	FUERO
FIUZA	FONTANEZ	FRAGUADA	FREIXAS	FUERO
FLACO	FONTANILLS	FRAGUAS	FRENES	FUERTE
FLAMENCO	FONTANOZA	FRAGUELA	FRES	FUERTES
FLANDES	FONTEBOA	FRAGUIO	FRESCAS	FUERTEZ
FLANDEZ	FONTECHA	FRAIDE	FRESCAZ	FUEYO
FLAQUER	FONTELA	FRAIJO	FRESNEDA	FULGUEIRA
FLECHA	FONTENO	FRAIRE	FRESNEDO	FUMERO
FLECHES	FONTICIELLA	FRAMIL	FRESNILLO	FUNCIA
FLEITAS	FONTICOBA	FRANCA	FRESNO	FUNDORA
FLEITES	FORCELLEDO	FRANCISCA	FRESQUES	FUNES

APPENDIX E
CENSUS LIST OF SPANISH SURNAMES

FUNEZ	GALARRETA	GALLARD	GAMEROS	GARATE
FUNO	GALARSA	GALLARDE	GAMEROZ	GARATEIX
FUSANO	GALARTE	GALLARDO	GAMEY	GARAVITO
FUSTE	GALARZA	GALLARETO	GAMEZ	GARAY
FUSTER	GALARZE	GALLART	GAMINO	GARAYALDE
GABALDEN	GALAVEZ	GALLARZA	GAMIO	GARAYGORDOBIL
GABALDON	GALAVIS	GALLARZO	GAMIZ	GARAYUA
GABANCHO	GALAVIZ	GALLASTEGUI	GAMONEDA	GARAYZAR
GABASAN	GALAZ	GALLEG	GANADONEGRO	GARAZA
GABELA	GALBAN	GALLEGAS	GANAN	GARBANI
GABILONDO	GALCERAN	GALLEGO	GANCEDO	GARBAYO
GABINA	GALDAMES	GALLEGOES	GANCERES	GARBISO
GABINO	GALDAMEZ	GALLEGOS	GANDAR	GARBIZO
GABRILES	GALDEANO	GALLEGOZ	GANDARA	GARCA
GABRILLO	GALDOS	GALLEGUS	GANDARIA	GARCED
GACHARNA	GALDUROZ	GALLENO	GANDARILLA	GARCEL
GACHUPIN	GALEANA	GALLERAN	GANDARILLAS	GARCELL
GADAL	GALEANO	GALLERITO	GANDIA	GARCEO
GADEA	GALENDEZ	GALLINAL	GANDON	GARCERA
GADIA	GALERA	GALLINAR	GANDORA	GARCERAN
GAETAN	GALERIA	GALLOR	GANIVET	GARCES
GAFARE	GALGUERA	GALLOSA	GANUELAS	GARCEZ
GAGO	GALI	GALMES	GANUZA	GARCIA
GAHONA	GALIANA	GALOFRE	GANZALEZ	GARCIACARDENAS
GAINZA	GALICIA	GALORZA	GAONA	GARCIAGONZALEZ
GAITAN	GALINANES	GALVAN	GARABAY	GARCIAGUERRERO
GAITERO	GALIND	GALVE	GARABITO	GARCIAGUZMAN
GAIVAN	GALINDA	GALVES	GARACOCHEA	GARCIALOPEZ
GAJARDO	GALINDEZ	GALVEZ	GARAICOECHEA	GARCIAMARTINEZ
GAJATE	GALINDO	GAMA	GARALDE	GARCIAPENA
GALABEAS	GALINDRO	GAMALLO	GARAMENDI	GARCIARIOS
GALACHE	GALINZOGA	GAMARRA	GARAMILLO	GARCIAS
GALAGARZA	GALIZ	GAMAZA	GARANA	GARCIAV
GALAN	GALLAGA	GAMAZO	GARANSUAY	GARCIDUENAS
GALARCE	GALLAGOS	GAMBOA	GARANZUAY	GARCIGA
GALARRAGA	GALLANES	GAMERO	GARAT	GARCILASO

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2020 CENSUS LIST OF SPANISH SURNAMES

GARCILAZO	GARROTE	GAUDIER	GELABERT	GIMINEZ
GARCIO	GARSA	GAUNA	GELACIO	GINART
GARDEA	GARSES	GAUZENS	GELERA	GINARTE
GARDIA	GARTICA	GAVALDON	GELI	GINDRO
GARDUNIO	GARVISO	GAVALES	GELISTA	GINER
GARDUNO	GARZA	GAVAY	GELY	GINET
GARDUQUE	GARZACANTU	GAVIA	GENAO	GINEZ
GAREIA	GARZAGARCIA	GAVICA	GENDES	GINORI
GARFIAS	GARZAGONGORA	GAVIDIA	GENEL	GINORIO
GARFIO	GARZAMARTINEZ	GAVILA	GENER	GINORIS
GARGUENA	GARZAPENA	GAVILAN	GENERA	GINORY
GARI	GARZARO	GAVILANES	GENESTA	GIRADO
GARIA	GARZES	GAVILLA	GENINO	GIRALD
GARIB	GARZON	GAVILLAN	GENIZ	GIRALDES
GARIBALDO	GARZONA	GAVINA	GENOVES	GIRALDEZ
GARIBAY	GARZORIA	GAVINO	GERALDES	GIRALDO
GARIBY	GASCA	GAVIRA	GERALDINO	GIRALT
GARICA	GASCOT	GAVIRIA	GERALDO	GIRAU
GARIFE	GASERO	GAVITO	GERARDO	GIRAUDO
GARISPE	GASIO	GAXIOLA	GERENA	GIRELA
GARITA	GASPARDEALBA	GAYA	GEREZ	GIRION
GARITE	GASPORRA	GAYARRE	GERMENIS	GIRO
GARIVAY	GASTELLO	GAYO	GERMES	GIRON
GARMENDIA	GASTELLUM	GAYOL	GERMONO	GIRONA
GARMENDIZ	GASTELO	GAYOSO	GEROLAGA	GIRONELLA
GARMISA	GASTELUM	GAYOSSO	GERONES	GISBERT
GARNICA	GASU	GAYTAN	GERRO	GISPERT
GARRANDES	GATAN	GAZCA	GERUSA	GIZ
GARRASTAZU	GATELL	GAZIVODA	GHIgliotty	GLORIA
GARRIDO	GATICA	GAZOLAS	GIJON	GOBEA
GARRIGA	GATO	GAZTAMBIDE	GIL	GOCHEZ
GARRIGAS	GATSEOS	GAZTELU	GILAS	GOCHICOA
GARRIGO	GATTORNO	GEA	GILBES	GODINA
GARRIGOS	GAUBA	GEADA	GILBUENA	GODINES
GARRIO	GAUCHAS	GEAGA	GILDELAMADRID	GODINET
GARROBO	GAUCIN	GEBARA	GIMENEZ	GODINEZ
GARROCHO	GAUD	GEIGEL	GIMENO	GODOY

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GOENA	GONZALEZ	GORTAREZ	GRAJERA	GRISALES
GOENAGA	GONZALEZDIAZ	GORZELA	GRAJIOLA	GROLON
GOICOCHEA	GONZALEZHERNAN	GOSALVEZ	GRAMAJO	GRONA
GOICOURIA	DEZ	GOTANDA	GRANADA	GROSO
GOICURIA	GONZALEZLEON	GOTAY	GRANADAS	GROVAS
GOIRICELAYA	GONZALEZSOTO	GOTERA	GRANADINO	GRUESO
GOITIA	GONZALO	GOTIERREZ	GRANADO	GRULLON
GOLDEROS	GONZALVEZ	GOTOR	GRANADOS	GRUSMAN
GOMAR	GONZALVO	GOVANTES	GRANADOZ	GUABA
GOME	GONZALZ	GOVEA	GRANAS	GUADA
GOMEZ	GONZAQUE	GOVELLA	GRANDA	GUADAGNIN
GOMEZDEMOLINA	GONZELEZ	GOYANES	GRANDEZ	GUADALAJARA
GOMEZTORRES	GONZELL	GOYCO	GRANDIO	GUADALUPE
GOMEZTREJO	GONZLAES	GOYCOCHEA	GRANDOS	GUADAMUZ
GOMZALEZ	GONZLAEZ	GOYCOECHEA	GRANELA	GUADARAMA
GONALEZ	GONZLES	GOYCOOLEA	GRANERO	GUADARRAMA
GONAZLEZ	GONZLEZ	GOYENECHÉ	GRANIELA	GUADERRAMA
GONDAR	GONZOLES	GOYOS	GRANILLO	GUADIAN
GONDREZ	GONZOLEZ	GOYTIA	GRANIS	GUADIANA
GONEZ	GORBEA	GOYZUETA	GRANIZO	GUADIANO
GONGALES	GORDIANY	GOZMAN	GRANJA	GUADRON
GONGALEZ	GORDILLO	GRACIA	GRATACOS	GUAIDA
GONGORA	GORDILS	GRACIAN	GRAULAU	GUAJACA
GONI	GORDO	GRACIANI	GRAUPERA	GUAJARDO
GONSALE	GORDOA	GRACIANO	GRAVERAN	GUAL
GONSALES	GORENA	GRACIDA	GRAZA	GUALDARRAMA
GONSALEZ	GOROSAVE	GRADIAS	GREIGO	GUAMAN
GONZABA	GOROSTIETA	GRADILLA	GRES	GUANA
GONZAES	GOROSTIZA	GRADILLAS	GRIEGO	GUANAJUATO
GONZAGUE	GOROZA	GRADISAR	GRIHALVA	GUANCHE
GONZAL	GORRAIZ	GRADO	GRIJALBA	GUANGORENA
GONZALAS	GORRICO	GRAFALS	GRIJALUA	GUANILL
GONZALE	GORRINDO	GRAGEDA	GRIJALVA	GUANTE
GONZALEA	GORRITA	GRAIBE	GRILLASCA	GUANTES
GONZALES	GORRITZ	GRAJALES	GRILLIAS	GUANTEZ
GONZALEX	GORRIZ	GRAJEDA	GRIMALDO	GUAPO

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GUARA	GUEMEZ	GUILLERMETY	GURRIA	HARISPURU
GUARACHA	GUERA	GUILLERMO	GURRIES	HARO
GUARCH	GUERARA	GUINA	GURROLA	HAROS
GUARDADO	GUERCA	GUIRADO	GURRUCHAGA	HARVIER
GUARDAMONDO	GUERENA	GUIRALES	GURULE	HAYOS
GUARDARRAMA	GUERENO	GUIREMAND	GURVLE	HECHANOVA
GUARDARRAMOS	GUEREQUE	GUIROLA	GURZI	HECHAVARRIA
GUARDERAS	GUERERO	GUISA	GUSMAN	HECHEVARRIA
GUARDIAN	GUERERRO	GUISADO	GUSME	HEGUY
GUARDIAS	GUERNICA	GUISAO	GUSTAMANTE	HELGUERA
GUARDIOLA	GUERRA	GUISAR	GUSTAMENTE	HELGUERO
GUARENO	GUERREO	GUITANO	GUSTO	HELGUEROS
GUARIS	GUERRER	GUITERREZ	GUTERREZ	HENANDEZ
GUARJARDO	GUERRERO	GUITIAN	GUTIERES	HENAO
GUARNERO	GUERRIDO	GUITIERREZ	GUTIEREZ	HENARES
GUARNEROS	GUERRIOS	GUITRON	GUTIERIEZ	HENOJOSA
GUARTUCHE	GUERRO	GUITTEREZ	GUTIERR	HENRIGUEZ
GUAS	GUERRRA	GUITTERREZ	GUTIERRE	HENRIQUEZ
GUASCH	GUEVARA	GUITY	GUTIERREA	HERALDEZ
GUASH	GUEVAREZ	GUIU	GUTIERRER	HERANDEZ
GUASP	GUEVARRA	GUIVAS	GUTIERRES	HERAS
GUAYANTE	GUEVERA	GUIZA	GUTIERREZ	HERAZ
GUAYDACAN	GUEVERRA	GUIZADO	GUTIERREZGARCIA	HERBELLO
GUDIEL	GUEZ	GUIZAR	GUTIERREZRIOS	HEREBIA
GUDINO	GUIA	GUJARDO	GUTIERRZ	HEREDERO
GUEBARA	GUIBOA	GULARTE	GUTIRREZ	HEREDIA
GUECHO	GUICHO	GULBAS	GUTTEREZ	HEREIDA
GUEDE	GUIDERO	GULDRIS	GUTTERREZ	HERENA
GUEDEA	GUIJARRO	GULDRIZ	GUTTIEREZ	HERERA
GUEDES	GUIJOSA	GULIERREZ	GUTTIERREZ	HERERRA
GUEDIN	GUILARTE	GUMA	GUZMAN	HERETER
GUEIMUNDE	GUILBE	GUNDIN	GUZMELI	HERIA
GUEITS	GUILEZ	GURARO	GUZMON	HERIDIA
GUEL	GUILLAMA	GURELL	HACES	HERMANDEZ
GUEL BENZU	GUILLEMARD	GURIDES	HAEDO	HERMIDA
GUELMES	GUILLEN	GUROLA	HANONO	HERMIDAS
GUEMES	GUILLENA	GURRERO	HARGITA	HERMIS

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HERMOCILLO	HERRERIAS	HINOJOSE	HORTA	HUITRON
HERMOGENO	HERRERO	HINOJOSO	HOSTAS	HUIZAR
HERMOSA	HERREROS	HINOJOZA	HOSTOS	HUMADA
HERMOSILLO	HERRERRA	HINOSTRO	HOYO	HUMILDAD
HERMOSO	HERROZ	HINOSTROSA	HOYOS	HURADO
HERNADEZ	HERVAS	HINOSTROZA	HOYUELA	HURBINA
HERNAEZ	HERVELLA	HINZO	HUACUJA	HURIEGA
HERNAIZ	HERVIS	HIPOLITO	HUALDE	HURON
HERNAND	HEVIA	HIRALDO	HUAMAN	HURRIEGA
HERNANDE	HEYSQUIERDO	HIRALES	HUANTE	HURTADA
HERNANDEL	HIBARRA	HIRALEZ	HUANES	HURTADO
HERNANDER	HIDALGA	HIRIGOYEN	HUAPE	HURTARTE
HERNANDES	HIDALGO	HIRTADO	HUARACHA	HYSQUIERDO
HERNANDEZ	HIDALGOGATO	HISQUIERDO	HUARTE	IANEZ
HERNANDEZCANTU	HIDAS	HITA	HUEDA	IANOS
HERNANDEZORTIZ	HIDROGO	HOGEDA	HUERECA	IBANES
HERNANDO	HIERREZUELO	HOJAS	HUERENA	IBANEZ
HERNANDORENA	HIERRO	HOLGIN	HUEREQUE	IBAR
HERNANDZ	HIGADERA	HOLGUIN	HUERGAS	IBARBO
HERNANEZ	HIGAREDA	HOLQUIN	HUERGO	IBARGUENGOITIA
HERNDEZ	HIGARES	HOMAR	HUERTA	IBARLUCEA
HERNENDEZ	HIGNOJOS	HOMS	HUERTAS	IBARRA
HERONEMA	HIGNOJOZ	HONESTO	HUERTAZ	IBARRIA
HERRADA	HIGUERA	HONGOLA	HUERTERO	IBARRONDO
HERRADOR	HIGUERAS	HONORIO	HUERTO	IBAVE
HERRAN	HIGUERO	HONRADA	HUERTOS	IBAVEN
HERRANZ	HIGUEROS	HORABUENA	HUESCA	IBERRA
HERRARA	HIJAR	HORACIO	HUESO	IBERRI
HERRARTE	HILARIO	HORCASITAS	HUETE	IBINARRIAGA
HERREA	HILERIO	HORELICA	HUEZO	IBOS
HERREJON	HINAJOSA	HORMACHEA	HUGUEZ	IBUADO
HERRENA	HINESTROSA	HORMAZA	HUICI	ICAMEN
HERRER	HINOJAS	HORMAZABAL	HUICOCHEA	ICARDO
HERRERA	HINOJO	HORMILLA	HUIDOR	ICASIANO
HERRERAS	HINOJOS	HORNEDO	HUIPE	ICAZA
HERRERIA	HINOJOSA	HORRUITINER	HUISAR	ICEDO

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ICHINAGA	INFANZON	IRIART	ISIAS	JACOBO
IDARRAGA	INFIESTA	IRIARTE	ISIDRON	JACOME
IDIAQUEZ	INGELMO	IRIBARREN	ISLA	JACOMINO
IDIGORAS	INGRANDE	IRIBE	ISLAS	JACOVO
IDOY	INGUANZO	IRIGARAY	ISLAVA	JACQUEZ
IDROGO	INGUITO	IRIGONEGARAY	ISONA	JACUINDE
IDROVO	INIGO	IRIGOYEN	ISORDIA	JAIDAR
IGARAVIDEZ	INIGUES	IRIMIA	ISQUIERDO	JAILE
IGARTUA	INIGUEZ	IRINEO	ISUNZA	JAIME
IGLECIAS	INIQUEZ	IRIONDO	ITHIER	JAIMERENA
IGLESIA	INOA	IRIQUI	ITUARTE	JAIMES
IGLESIAS	INOCENCIO	IRISARRI	ITULE	JAIMEZ
IGNACIO	INOSTROS	IRIYE	ITURBE	JAIRALA
IGOA	INOSTROSA	IRIZAR	ITURBI	JALAMO
IGUALADA	INOSTROZA	IRIZARRI	ITURBIDE	JALLEO
IGUINA	INSAUSTI	IRIZARRY	ITURMENDI	JALOMA
ILARRAZA	INSERNI	IRIZARY	ITURRALDE	JALOMO
ILDEFONSO	INSIGNARES	IRIZZARY	ITURRASPE	JALTECO
ILHARREGUY	INSUA	IRLAS	ITURREGUI	JANER
ILIZALITURRI	INSULAR	IROZ	ITURRI	JANERO
ILLAN	INSUNZA	IRRIBARREN	ITURRIA	JAQUEZ
ILLANES	INSURRIAGA	IRRIZARRI	ITURRIAGA	JAQUIAS
ILLAS	INTERIAN	IRRIZARRY	ITURRINO	JARA
ILLERA	INTRIAGO	IRRIZARY	ITURRIOZ	JARABA
ILLESCAS	INURRIGARRO	IRROBALI	IVANEZ	JARAMILIO
IMAS	INZUNZA	IRUEGAS	IVARRA	JARAMILLA
IMAZ	IPARRAGUIRRE	IRUNGARAY	IXTA	JARAMILLO
INCHAUREGUI	IPINA	IRURETAGOYENA	IZA	JARDINES
INCHAUSTEGUI	IQUINA	IRVEGAS	IZABAL	JARDINEZ
INCHAUSTI	IRACHETA	ISAGUIRRE	IZAGUIRRE	JARERO
INCLAN	IRAGUI	ISAIS	IZAQUIRRE	JARMILLO
INDART	IRAHETA	ISAIZ	IZAR	JAROMILLO
INETA	IRALA	ISALES	IZNAGA	JARQUEZ
INESTROZA	IRAOLA	ISARRARAS	IZQUIERDO	JARQUIN
INEZ	IRASTORZA	ISAS	IZURIETA	JARRIN
INFANTE	IRAZABAL	ISASSI	JACAS	JARRO
INFANTES	IRAZOQUI	ISERN	JACINTO	JASO

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JASSO	JINETE	JUARES	LABARTA	LADAGA
JATIVA	JINEZ	JUAREZ	LABASTIDA	LAFARGA
JAUMA	JINZO	JUARISTI	LABASTILLA	LAFEBRE
JAUME	JIRAU	JUARRERO	LABIO	LAFFONT
JAUNARENA	JIRON	JUARROS	LABIOSA	LAFORTEZA
JAUNES	JOFRE	JUBELA	LABISTE	LAFUENTE
JAURE	JOJOLA	JUELLE	LABOCA	LAFUENTES
JAUREGUI	JOMARRON	JUEZ	LABORDA	LAGAR
JAUREGUIBERRY	JORAMILLO	JUFIAR	LABORI	LAGARDA
JAUREGUY	JORDANA	JULBE	LABORICO	LAGARES
JAURENA	JORGANES	JULIA	LABORIN	LAGEYRE
JAUREQUI	JORGE	JUNCADELLA	LABOY	LAGO
JAUREZ	JORNACION	JUNCAL	LABRA	LAGOA
JAURGUI	JORQUERA	JUNCO	LABRADA	LAGOMASINO
JAURIGI	JORQUEZ	JUNCOSA	LABRADO	LAGRANA
JAURIGUE	JORRIN	JUNEZ	LABRADOR	LAGUER
JAURIGUI	JOVE	JUNGUERA	LABUZAN	LAGUERUELA
JAURIQUE	JOVELLANOS	JUNQUERA	LACA	LAGUILLO
JAURIQUI	JOVER	JURADO	LACALLE	LAGUNA
JAURQUI	JOVET	JURAEZ	LACARRA	LAGUNAS
JAURRIETA	JOYA	JURAHUI	LACASA	LAGUNES
JAVIER	JUACHON	JURDI	LACASELLA	LAHOZ
JAVIERRE	JUAN	JURE	LACAYO	LAJA
JEMENTE	JUANCHO	JURI	LACEBAL	LAIJAS
JEREZ	JUANERO	JURREZ	LACEDONIA	LAILES
JESUS	JUANES	JUSAINO	LACERA	LAINEZ
JIMAREZ	JUANEZ	JUSINO	LACHAPPA	LAISECA
JIMEMEZ	JUANEZA	JUSTINIANI	LACHICA	LAIZ
JIMENA	JUANICO	JUSTINIANO	LACHICO	LAJARA
JIMENE	JUANITAS	JUSTIZ	LACOMBA	LAJES
JIMENES	JUANO	JUVER	LACOME	LALLAVE
JIMENEZ	JUARA	JUVERA	LACONCHA	LALOMA
JIMENIZ	JUARBE	LABADOR	LACRET	LALUEZA
JIMENO	JUARDO	LABADY	LACRUE	LALUZ
JIMENZ	JUARE	LABANDEIRA	LACRUZ	LAMADRID
JIMINEZ	JUAREGUI	LABARGA	LACSAMANA	LAMADRIZ

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LAMAS	LANDIVAR	LAREZ	LARRUBIA	LAUZARDO
LAMASA	LANDOL	LARIOS	LARTUNDO	LAUZURIQUE
LAMATA	LANDRAU	LARIVA	LARZABAL	LAVANDEIRA
LAMAZARES	LANDRIAN	LARIZ	LASA	LAVANDERA
LAMBARDIA	LANDRON	LARRA	LASAGA	LAVANDERO
LAMBAREN	LANET	LARRACHE	LASALDE	LAVARS
LAMBARENA	LANFRANCO	LARRAGA	LASANTA	LAVASTIDA
LAMBARIA	LANGARA	LARRAGOITE	LASAS	LAVAYEN
LAMBARRI	LANGARCIA	LARRAGOITY	LASAVIO	LAVEA
LAMBOY	LANGARICA	LARRAINZAR	LASCANO	LAVEAGA
LAMEIRA	LANTIGUA	LARRALDE	LASCOR	LAVEGA
LAMELA	LANUEZ	LARRAMENDI	LASCURAIN	LAVENDERA
LAMELAS	LANUZA	LARRAN	LASERNA	LAVERGATA
LAMIGUEIRO	LANZISERO	LARRANAGA	LASES	LAVERNIA
LAMORENA	LANZOT	LARRANGA	LASHERAS	LAVIADA
LAMOSA	LAO	LARRASQUITO	LASO	LAVILLA
LAMOSO	LAOS	LARRASQUITU	LASOS	LAVIOS
LAMOURT	LAOSA	LARRAURI	LASSOS	LAVORICO
LAMOUTTE	LAPADURA	LARRAYA	LASTRA	LAVORIN
LAMPARELLO	LAPARRA	LARRAZ	LASTRE	LAYANA
LAMPEDUSA	LAPAZ	LARRAZABAL	LASTRES	LAYNA
LAMPON	LAPENA	LARRAZOLA	LATASA	LAZA
LANAS	LAPICA	LARRAZOLO	LATIGO	LAZAGA
LANCARA	LAPIZ	LARREA	LATONI	LAZALA
LANCHA	LAPUERTA	LARREGUI	LATORRES	LAZALDE
LANDA	LAPUZ	LARRETA	LAUGIER	LAZANO
LANDAVASO	LARA	LARREYNAGA	LAUREAN	LAZARIN
LANDAVAZO	LARACUENTA	LARRIBA	LAUREANO	LAZARINE
LANDAVERDE	LARACUENTE	LARRIBAS	LAUREDO	LAZARO
LANDAZURI	LARALDE	LARRINAGA	LAUREIRO	LAZARTE
LANDEIRA	LARAN	LARRINUA	LAUREL	LAZCANO
LANDERO	LARAS	LARRIVA	LAURELES	LAZCOS
LANDEROS	LARDIZABAL	LARRONDE	LAURIANO	LAZES
LANDESTOY	LAREDO	LARRONDO	LAURIAS	LAZO
LANDETA	LARENA	LARROSA	LAURIDO	LAZODELAVEGA
LANDEZ	LARENAS	LARROY	LAUSELL	LAZOS
LANDIN	LARES	LARRUA	LAUTERIO	LAZRINE

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LAZU	LEISA	LESPRON	LIERAS	LISBOA
LAZURTEGUI	LEISECA	LETAMENDI	LIERRA	LISCANO
LEAL	LEITA	LETONA	LIEVANO	LISEA
LEANOS	LEITES	LETRIZ	LIEVANOS	LISERA
LEBARIO	LEIVA	LEURA	LIGUES	LISERIO
LEBRIJA	LEIVAS	LEVALDO	LIGUEZ	LISOJO
LEBRON	LEIZAN	LEVARIO	LIMARDO	LIZA
LECARO	LEJARZA	LEYBA	LIMAS	LIZALDA
LECAROS	LEJARZAR	LEYBAS	LIMIA	LIZALDE
LECEA	LELEVIER	LEYJA	LIMON	LIZAMA
LECHON	LEMES	LEYRA	LIMONES	LIZAN
LECHUGA	LEMUS	LEYRO	LIMONEZ	LIZANO
LECTORA	LEMUZ	LEYUA	LIMONTA	LIZAOLA
LECUMBERRI	LENERO	LEYVA	LIMONTORRES	LIZARAGA
LECUSAY	LENTE	LEYVAS	LIMOSNERO	LIZARDE
LEDESMA	LEODORO	LEZA	LIMUEL	LIZARDI
LEDEZMA	LEON	LEZAJA	LINAJE	LIZARDO
LEDO	LEONES	LEZAMA	LINAN	LIZARRAGA
LEDON	LEONGUERRERO	LEZANA	LINARES	LIZARRAGO
LEGARDA	LEONIS	LEZCANO	LINAREZ	LIZARRALDE
LEGARRA	LEONOR	LIANO	LINEIRO	LIZARRARAS
LEGARRETA	LEOS	LIANOZ	LINERA	LIZARZABURU
LEGARRETTA	LEOZ	LIANZA	LINERO	LIZASO
LEGASPE	LEPE	LIBOY	LINEROS	LIZASUAIN
LEGASPI	LERA	LIBRAN	LIQUET	LIZCANO
LEGORRETA	LERDO	LIBREROS	LIQUEZ	LLABRES
LEGOZA	LERENA	LICANO	LIRA	LLACA
LEGRA	LERET	LICEA	LIRAALVARADO	LLACER
LEGUINA	LERMA	LICEAGA	LIRANZO	LLADO
LEIBA	LERMO	LICERIO	LIRES	LLAGOSTERA
LEIBAS	LERNO	LICON	LIRIANO	LLAGUNO
LEIGON	LERO	LICONA	LIRIO	LLAMA
LEIJA	LESA	LICOR	LISALDA	LLAMAS
LEIMON	LESCANO	LICUDINE	LISALDE	LLAMAZARES
LEIRA	LESMES	LIENDO	LISAMA	LLAMBES
LEIRO	LESPIER	LIERA	LISARDO	LLAMEDO

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2020 CENSUS LIST OF SPANISH SURNAMES

LLAMES	LLITERAS	LOERA	LOPEZSANCHEZ	LOVILLE
LLAMOSA	LLIZO	LOEZA	LOPEZVEGA	LOVIO
LLANA	LLOBERA	LOGOLUSO	LOPOZ	LOYA
LLANAS	LLOBET	LOGRONO	LOQUET	LOYNAZ
LLANERA	LLOMPART	LOINAZ	LORA	LOYO
LLANERAS	LLONA	LOIRA	LORANCA	LOYOLA
LLANES	LLOPIS	LOJA	LORCA	LOZA
LLANEZ	LLOPIZ	LOJERO	LOREDO	LOZADA
LLANIO	LLOORCA	LOJO	LORENCES	LOZADO
LLANO	LLOREDA	LOMANA	LORENTE	LOZANA
LLANOS	LLORENS	LOMAYESVA	LORENZANA	LOZANO
LLANTADA	LLORENTE	LOMBANA	LORERA	LOZEZ
LLANTIN	LLORET	LOMBARDIA	LORETDEMOLA	LOZOLLA
LLANUSA	LLORIN	LOMBERA	LOREZ	LOZOYA
LLAPUR	LLOSA	LOMBRANA	LORIDO	LUA
LLARENA	LLOVERA	LOMBRANO	LORIEGA	LUACES
LLATA	LLOVERAS	LOMELI	LORIGA	LUAN
LLAUGER	LLOVET	LOMELIN	LORIGO	LUAS
LLAURADO	LLOVIO	LOMELLIN	LORONA	LUBE
LLAURADOR	LLUBERES	LOMELY	LORONO	LUBERTA
LLAUSAS	LLUCH	LONA	LORTA	LUBIAN
LLAVE	LLUIS	LONDONO	LORZA	LUCARIO
LLAVERIAS	LLURIA	LONGORIA	LOSA	LUCATERO
LLAVET	LLUVERAS	LONGORIO	LOSADA	LUCATORTA
LLAVONA	LOA	LONGOVIA	LOSADO	LUCENA
LLENIN	LOAIZA	LONGUEVAN	LOSANA	LUCER
LLENZA	LOARTE	LONVELIN	LOSOYA	LUCERO
LLEO	LOAYZA	LOPATEGUI	LOSTAUNAU	LUCIO
LLEONART	LOBAINA	LOPE	LOUATO	LUCO
LLERA	LOBATO	LOPENA	LOUBRIEL	LUCOS
LLERANDI	LOBATOS	LOPERA	LOURIDO	LUCRET
LLERAS	LOBATOZ	LOPERENA	LOUSTAUNAU	LUEBANO
LLERENA	LOBERA	LOPETEGUI	LOVATO	LUENGAS
LLERENAS	LODEIRO	LOPEZ	LOVATON	LUENGO
LLEVERINO	LODEVICO	LOPEZCASTRO	LOVEIRA	LUERA
LLIBRE	LODOS	LOPEZMENDOZA	LOVERA	LUERAS
LLINAS	LODOZA	LOPEZRODRIGUEZ	LOVERAS	LUEVANO

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LUEVANOS	LUZANO	MADIEDO	MAGALLANEZ	MAJENO
LUEZA	LUZARDO	MADOZ	MAGALLON	MAJIA
LUGARDO	LUZARRAGA	MADRAZO	MAGALONA	MAJUL
LUGARO	LUZBET	MADRIA	MAGANA	MAJUTA
LUGO	LUZUNARIS	MADRID	MAGANTE	MALABANAN
LUGON	LUZURIAGA	MADRIGAL	MAGARINO	MALABE
LUGONES	MACARAIG	MADRIGALES	MAGAZ	MALABEHAR
LUINA	MACARDICAN	MADRIGUAL	MAGDAEL	MALACARA
LUIS	MACARENO	MADRIL	MAGDALANO	MALAGON
LUITIN	MACARON	MADRILES	MAGDALENA	MALANA
LUJAN	MACAVINTA	MADRILL	MAGDALENO	MALANCHE
LUJANO	MACAYA	MADRIZ	MAGDIRILA	MALANDRIS
LUJARDO	MACAYAN	MADRONA	MAGENO	MALARIN
LUJO	MACDONADO	MADRUENO	MAGLICA	MALAUE
LUJON	MACEDA	MADRUGA	MAGLUTA	MALAVE
LUMBRERA	MACEIRA	MADUANO	MAGPAYO	MALAVES
LUMBRERAS	MACEN	MADUELL	MAGPURI	MALAVET
LUNA	MACENA	MADUENA	MAGRINA	MALAVEZ
LUNARES	MACEO	MADUENO	MAGSOMBOL	MALBAEZ
LUPERCIO	MACEYRA	MADURO	MAGUREGUI	MALBAS
LUPEZ	MACHICHE	MAELIA	MAIMES	MALDANADO
LUPIAN	MACHIN	MAES	MAIMO	MALDENADO
LUPIANEZ	MACHORRO	MAESE	MAINEGRA	MALDOMADO
LUPIBA	MACHUCA	MAESO	MAINERO	MALDONA
LUPIO	MACIA	MAESTAS	MAINEZ	MALDONADA
LUQUE	MACIAL	MAESTAZ	MAIQUEZ	MALDONADO
LUQUEZ	MACIAS	MAESTES	MAIRENA	MALDONALDO
LUQUIN	MACIAZ	MAESTOS	MAISONAVE	MALDONDO
LUQUIS	MACIEL	MAESTRE	MAISONET	MALDONODO
LURAS	MACOTELA	MAESTREY	MAISTERRA	MALENDEZ
LUVIANO	MADA	MAESTU	MAITIA	MALFAVON
LUYANDA	MADALA	MAEVA	MAITO	MALIAROS
LUYANDO	MADARIAGA	MAEZ	MAIZ	MALIBRAN
LUZA	MADERA	MAGALDE	MAJALCA	MALICAY
LUZANIA	MADERIS	MAGALLAN	MAJANO	MALLANO
LUZANILLA	MADERO	MAGALLANES	MAJARUCON	MALLEA

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MALLOQUE	MANJAREZ	MANZANO	MARCOS	MARONES
MALLORCA	MANJARRES	MANZUR	MARDOMINGO	MARQUEZ
MALONADO	MANJARREZ	MAPALO	MARDUENO	MARQUINA
MALONCON	MANOSA	MAPULA	MAREINA	MARQUIZ
MALOVE	MANQUERO	MAQUEDA	MARENCO	MARRASQUIN
MALPICA	MANQUEROS	MAQUEIRA	MARENTES	MARRENO
MALTES	MANRESA	MAQUINALEZ	MARENTEZ	MARRERO
MALTOS	MANRIGUEZ	MAQUIVAR	MAREQUE	MARRIAGA
MALUIA	MANRIQUE	MARABOTTO	MARERO	MARRIETTA
MALVAEZ	MANRIQUES	MARADIAGA	MARES	MARRODAN
MALVAREZ	MANRIQUEZ	MARALES	MARESMA	MARROGUIN
MALVIDO	MANRRIQUE	MARANAN	MAREZ	MARROQUIN
MAMARADLO	MANRRIQUEZ	MARANON	MARFIL	MARRORO
MANCEBO	MANSANALES	MARANTE	MARFILENO	MARROZOS
MANCERA	MANSANALEZ	MARANTOS	MARGAILLAN	MARRUFFO
MANCERO	MANSANARES	MARASCOLA	MARGARITO	MARRUFO
MANCHA	MANSANAREZ	MARATAS	MARGUEZ	MARRUGO
MANCHACA	MANSILLA	MARAVEZ	MARIANES	MARRUJO
MANCHAN	MANSILLAS	MARAVILLA	MARIANS	MARSACH
MANCHEGO	MANSITO	MARAVILLAS	MARICHAL	MARSALIA
MANCIAS	MANSO	MARAVILLO	MARICHALAR	MARSELLOS
MANCILLA	MANTECA	MARBAN	MARIDUENA	MARTE
MANCILLAS	MANTECON	MARCADIS	MARIN	MARTELON
MANCINAS	MANTEROLA	MARCANO	MARINAS	MARTENEZ
MANCITO	MANTILLA	MARCELENO	MARINELARENA	MARTES
MANDADO	MANTINEZ	MARCELIN	MARINERO	MARTEZ
MANDONADO	MANUZ	MARCHA	MARINES	MARTIARENA
MANDUGARO	MANZANA	MARCHAN	MARINEZ	MARTICORENA
MANDUJAN	MANZANAL	MARCHANTE	MARIONA	MARTINDELCAMPO
MANDUJANO	MANZANARES	MARCHANY	MARISCAL	MARTINES
MANGOME	MANZANAREZ	MARCHECO	MARISTANY	MARTINETS
MANGUAL	MANZANEDO	MARCHENA	MARISY	MARTINEX
MANGUIA	MANZANERA	MARCHIONDO	MARITNEZ	MARTINEZ
MANICOM	MANZANERES	MARCIAL	MARLANO	MARTINEZDECASTR
MANIQUIS	MANZANERO	MARCILLA	MARMOL	O
MANITO	MANZANET	MARCILLO	MARMOLEJO	MARTINEZGARCIA
MANJARES	MANZANILLA	MARCOR	MARMOLEJOS	

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MARTINEZGONZALE	MASERO	MAUNA	MAZUCA	MEJORADA
Z	MASFERRER	MAUPOME	MAZUELOS	MEJORADO
MARTINEZORTIZ	MASIAS	MAURAS	MEASTAS	MELANDEZ
MARTINEZRODRIGU	MASIEL	MAUREL	MEAVE	MELANO
EZ	MASJUAN	MAURICIO	MECADO	MELCHOR
MARTINIZ	MASPERO	MAURIES	MECARTEA	MELCON
MARTIR	MASPONS	MAURIZ	MECENAS	MELECIO
MARTIRENA	MASQUIDA	MAUROS	MECHOSO	MELENA
MARTIZ	MASSANA	MAUROZA	MEDEL	MELENCIANO
MARTLARO	MASSANET	MAYA	MEDELES	MELENDE
MARTNEZ	MASSAS	MAYAGOITIA	MEDELEZ	MELENDES
MARTORELL	MASSIATTE	MAYANS	MEDELLIN	MELENDEZ
MARTOS	MASTACHE	MAYAS	MEDERO	MELENDRES
MARUFFO	MASTRAPA	MAYATE	MEDEROS	MELENDREZ
MARUFO	MASVIDAL	MAYDON	MEDIANO	MELENEDEZ
MARULANDA	MATA	MAYEN	MEDIAVILLA	MELENEZ
MARUNO	MATAIYA	MAYMI	MEDINA	MELENUDO
MARURI	MATALLANA	MAYNEZ	MEDINAS	MELERO
MARVEZ	MATALOBOS	MAYOL	MEDINILLA	MELGAR
MARXUACH	MATAMOROS	MAYORA	MEDIO	MELGAREJO
MARZAN	MATANZO	MAYORAL	MEDIZ	MELGARES
MARZOA	MATEAS	MAYORCA	MEDOLA	MELGOSA
MARZOL	MATEO	MAYORDOMO	MEDRAN	MELGOZA
MARZOVILLA	MATEOS	MAYORGA	MEDRANO	MELIAN
MAS	MATEU	MAYORQUIN	MEGARIZ	MELIAS
MASCARDO	MATIAS	MAYSONET	MEGUI	MELINDEZ
MASCARENA	MATIENZO	MAYTIN	MEIJA	MELIOTA
MASCARENAS	MATILLA	MAYTORENA	MEIRELES	MELLADO
MASCARENAZ	MATOS	MAZA	MEIZOSO	MELOCOTON
MASCARENO	MATOSO	MAZARA	MEJA	MEMBRENO
MASCARINAS	MATOZA	MAZARIEGO	MEJIA	MEMBRILA
MASCARRO	MATTILLO	MAZARIEGOS	MEJIAS	MENA
MASCORRO	MATURANA	MAZON	MEJICO	MENACHE
MASDEO	MATURINO	MAZORRA	MEJIDO	MENACHO
MASDEU	MATUTE	MAZPULE	MEJILLA	MENCHACA
MASEDA	MAULEON	MAZQUIARAN	MEJILLAS	MENCHAEA

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2020 CENSUS LIST OF SPANISH SURNAMES

MENCHAVEZ	MENEZ	MERMELLA	MIERA	MINDIETA
MENCHEGO	MENJARES	MERODIO	MIERES	MINDIOLA
MENCIA	MENJIVAR	MERONO	MIEREZ	MINERA
MENCIO	MENJUGA	MERU	MIESES	MINERO
MENCOS	MENOCAL	MERUELO	MIGNARDOT	MINGUELA
MENDANA	MENOSCAL	MESA	MIGOYA	MINGURA
MENDAROS	MENOUD	MESEGUER	MIGUEL	MINIAREZ
MENDEOLA	MENOYO	MESIA	MIGUELES	MINICA
MENDEZ	MERA	MESIAS	MIGUELEZ	MINITREZ
MENDIA	MERANCIO	MESILLAS	MIGUELIZ	MINJARES
MENDIAS	MERAS	MESINAS	MIGURA	MINJAREZ
MENDIAZ	MERAZ	MESONERO	MIJANGOS	MINOBE
MENDIBLES	MERCAD	MESORANA	MIJARES	MINONDO
MENDIBURO	MERCADA	MESQUIAS	MIJAREZ	MINOSO
MENDIBURU	MERCADAL	MESQUIT	MIJENES	MINSAL
MENDIETA	MERCADE	MESQUITA	MILA	MIQUEO
MENDIETTA	MERCADER	MESQUITE	MILANES	MIR
MENDIGUTIA	MERCADO	MESQUITI	MILANEZ	MIRABAL
MENDINE	MERCARDO	MESSARRA	MILARA	MIRABEL
MENDIOLA	MERCED	MESSEGUER	MILERA	MIRABENT
MENDIOLEA	MERCEDES	MESTA	MILIAN	MIRADA
MENDIONDO	MERCHAIN	MESTAS	MILINA	MIRAFLORES
MENDITA	MERCHAN	MESTAZ	MILLAN	MIRALES
MENDIVEL	MERCODO	MESTRE	MILLAND	MIRALLA
MENDIVIL	MERCOLA	MESTRES	MILLANES	MIRALLES
MENDIZ	MERCONCHINI	MESTRIL	MILLANEZ	MIRAMON
MENDIZABAL	MERELES	MEXIA	MILLANPONCE	MIRAMONTES
MENDOSA	MERENDON	MEXICANO	MILLARES	MIRAMONTEZ
MENDOZ	MEREZ	MEZA	MILLAYES	MIRANA
MENDOZA	MERGIL	MEZQUITA	MIMIAGA	MIRANDA
MENDOZO	MERINO	MICAN	MINABE	MIRANO
MENDRE	MERIZALDE	MICHACA	MINAGA	MIRASOL
MENDRIN	MERJIL	MICHELENA	MINAGORRI	MIRAVAL
MENEDEZ	MERLA	MICHELTORENA	MINAMIDE	MIRAYA
MENENDEZ	MERLOS	MIEDES	MINATRE	MIRAZ
MENES	MERMEA	MIELES	MINAYA	MIRAZO
MENESES	MERMEJO	MIELGO	MINCHACA	MIRDITA

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MIRELES	MOLERES	MONDELO	MONSIBAIS	MONTERA
MIRELEZ	MOLERIO	MONDONA	MONSIBAIZ	MONTERDE
MIRET	MOLGADO	MONDOZA	MONSISVAIS	MONTEREY
MIRILES	MOLINA	MONDRAGON	MONSIVAIS	MONTERO
MIRO	MOLINAR	MONEDA	MONSIVAIZ	MONTEROLA
MIROLLA	MOLINARES	MONEDERO	MONTAIVO	MONTEROS
MISAS	MOLINARY	MONEGRO	MONTALBAN	MONTERREY
MISLA	MOLINAS	MONEO	MONTALBO	MONTERROSA
MISQUEZ	MOLINER	MONGE	MONTALUO	MONTERROSO
MIYAR	MOLINEROS	MONGES	MONTALVAN	MONTERROZA
MIYARES	MOLINET	MONGUIA	MONTALVO	MONTERRUBIO
MOCEGA	MOLLEDA	MONITA	MONTAN	MONTES
MOCETE	MOLLES	MONJARAS	MONTANE	MONTESDEOCA
MOCHO	MOLLINDO	MONJARAZ	MONTANER	MONTESINO
MOCTEZUMA	MOLLINEDO	MONJARDIN	MONTANES	MONTESINOS
MODERO	MONAGAS	MONJE	MONTANEZ	MONTEVERDE
MODIA	MONARCO	MONJES	MONTANIO	MONTEZ
MODRONO	MONARES	MONLEON	MONTANO	MONTEZUMA
MOGAS	MONAREZ	MONLLOR	MONTANTES	MONTIEL
MOGOLLON	MONARQUE	MONNAR	MONTAYA	MONTIJO
MOGRO	MONARRES	MONOZ	MONTAZ	MONTILLA
MOGUEL	MONARREZ	MONRAZ	MONTEAGUDO	MONTION
MOHEDANO	MONCADA	MONREAL	MONTEALEGRE	MONTMAYOR
MOIZA	MONCADO	MONRIAL	MONTEAVARO	MONTOLLA
MOJADO	MONCAYO	MONROIG	MONTECELO	MONTONO
MOJARRO	MONCEVAIS	MONROY	MONTECINO	MONTOTO
MOJEDA	MONCEVAIZ	MONRREAL	MONTEDEOCA	MONTOVA
MOJENA	MONCEVIAS	MONRRIAL	MONTEFALCON	MONTOY
MOJICA	MONCIBAIS	MONSALVE	MONTEJANO	MONTOYA
MOLANO	MONCIBAIZ	MONSALVO	MONTEJO	MONTOYO
MOLDES	MONCIVAIS	MONSEBAIS	MONTELLANO	MONTUFAR
MOLDONADO	MONCIVAIZ	MONSEGUR	MONTELONGO	MONTUYA
MOLEDO	MONCIVALLES	MONSERRAT	MONTEMAJOR	MONZON
MOLENA	MONCLOVA	MONSERRATE	MONTEMAYOR	MOQUETE
MOLENDEZ	MONDACA	MONSEVAIS	MONTENEGRO	MOQUINO
MOLERA	MONDEJAR	MONSEVALLES	MONTEON	MORA

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MORADO	MORENTIN	MORRERO	MUGICA	MUNOZCANO
MORAGA	MORERA	MORRINA	MUGUERCIA	MUNQUIA
MORAGO	MORERO	MORTEO	MUGUERZA	MUNTANER
MORAGUEZ	MORETA	MORTERA	MUGUIRO	MURADAS
MORAILA	MOREYRA	MORUA	MUIL	MURADAZ
MORAILA	MORFA	MORVA	MUINA	MURADO
MORAL	MORFFI	MOSCOSO	MUINAS	MURAJDA
MORALE	MORFI	MOSINO	MUINO	MURAIRA
MORALEJO	MORFIN	MOSQUEA	MUINOS	MURALLES
MORALES	MORGA	MOSQUEDA	MUIRRAGUI	MURANE
MORALES	MORGALO	MOSQUEDO	MUIS	MURATALLA
MORALES	MORGAS	MOSQUERA	MUJICA	MURAVEZ
MORALES	MORHAR	MOTA	MULERO	MURCIA
MORALE	MORIEL	MOTAL	MULET	MURCIANO
MORALEZ	MORILLA	MOTILLA	MULGADO	MURCIO
MORANDA	MORILLAS	MOURE	MUNA	MURGA
MORANTES	MORILLO	MOUREN	MUNANA	MURGADO
MORATA	MORILLON	MOURINO	MUNARRIZ	MURGUIA
MORATALLA	MORILLOS	MOURIZ	MUNDO	MURIAS
MORATAYA	MORIONES	MOYA	MUNECAS	MURIEDAS
MORATO	MORIYON	MOYADO	MUNERA	MURIEL
MORAZA	MORLA	MOYANO	MUNERO	MURIENTE
MORCATE	MORLES	MOYEDA	MUNET	MURIETTA
MORCIEGO	MORLET	MOYENO	MUNETON	MURILLO
MORCIGLIO	MORLOTE	MOYET	MUNEZ	MURO
MORCOS	MOROCHO	MOYRON	MUNGARAY	MUROLAS
MOREDA	MORODO	MOZAS	MUNGARRO	MUROS
MOREDO	MOROLES	MOZQUEDA	MUNGIA	MUROYA
MOREIDA	MOROLEZ	MUCALA	MUNGUIA	MURRIETA
MOREIRAS	MORON	MUCINO	MUNILLA	MURRIETTA
MOREJON	MORONES	MUDAFORT	MUNIVE	MURRILLO
MORELES	MORONEZ	MUELA	MUNIVEZ	MURSULI
MORELION	MOROYOQUI	MUELAS	MUNIZ	MURUA
MORELLON	MORQUECHO	MUENTES	MUNNE	MURUAGA
MORELO	MORQUEZ	MUGA	MUNOA	MURUATO
MORELOS	MORRAS	MUGARTEGUI	MUNOS	MUSQUEZ
MORENO	MORRAZ	MUGERZA	MUNOZ	MUSQUIZ

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CENSUS LIST OF SPANISH SURNAMES

MUSTELIER	NAREZO	NAVEIRA	NEJAR	NINO
MUTIO	NARINO	NAVEIRAS	NERADA	NIRA
MUXART	NARIO	NAVEJA	NEREY	NISPEROS
MUXO	NARONJO	NAVEJAR	NERIA	NISTAL
MUZAURIETA	NARRANJO	NAVEJAS	NERIO	NIVAL
MUZQUIZ	NARRO	NAVERAN	NERIOS	NIVAR
NABA	NARVAES	NAVIA	NERIS	NIVES
NABARRETE	NARVAEZ	NAVIDAD	NERVAIS	NIZ
NABARRETTE	NARVAIS	NAVO	NEVARES	NOA
NABAYAN	NARVAIZ	NAVODA	NEVAREZ	NOBARA
NABETA	NARVAREZ	NAYA	NEVARREZ	NOBIDA
NACER	NARVARTE	NAYARES	NEYRA	NOBOA
NACHON	NATAL	NAZABAL	NIALS	NOBREGAS
NACIANCENO	NATERA	NAZARIO	NIAVE	NOCAS
NADAL	NATERAS	NAZCO	NIAVES	NOCEDA
NAFARRATE	NATIVIDAD	NAZUR	NIAVEZ	NOCEDAL
NAFARRETE	NAVA	NEBLINA	NICACIO	NOCHE
NAGORE	NAVAIRA	NEBREDIA	NICASIO	NOCHERA
NAJAR	NAVAJAR	NEBRIDA	NICOT	NODAL
NAJARA	NAVAL	NECO	NIDEZ	NODAR
NAJARES	NAVALES	NECOCHEA	NIDO	NODARSE
NAJARRO	NAVALLO	NECOECHEA	NIEBLA	NOGALES
NAJERA	NAVANJO	NECUZE	NIEBLAS	NOGARE
NALDA	NAVAR	NEGRE	NIEGO	NOGUE
NANDIN	NAVARETE	NEGREIRA	NIELES	NOGUEDA
NANDINO	NAVARETTE	NEGRET	NIETO	NOGUEIRAS
NANEZ	NAVAREZ	NEGRETE	NIEVA	NOGUELLES
NAPOLES	NAVARIA	NEGRETTE	NIEVE	NOGUER
NARANJO	NAVARIJO	NEGRIN	NIEVES	NOGUERA
NARAVEZ	NAVARR	NEGRON	NIEVEZ	NOGUERAS
NARBAIZ	NAVARRETE	NEGRONCOLON	NIEZ	NOGUES
NARCHO	NAVARRETTE	NEGRONI	NIGAGLIONI	NOGUEZ
NARCIA	NAVARRO	NEGUERUELA	NIGOS	NOLASCO
NAREDO	NAVAS	NEIRA	NILA	NOLINE
NARES	NAVEDA	NEITO	NIN	NOLLA
NAREZ	NAVEDO	NEIVES	NINA	NOMBRANA

APPENDIX E
2020 CENSUS LIST OF SPANISH SURNAMES

NOMBRANO	NUMEZ	OCEGUERA	OLAGUEZ	OLIVAR
NOPERI	NUNCIO	OCEJO	OLAGUIBEL	OLIVARE
NORALES	NUNEZ	OCEQUEDA	OLAIS	OLIVARES
NORALEZ	NUNGARAY	OCHEA	OLAIZ	OLIVAREZ
NORAT	NUNO	OCHINERO	OLALDE	OLIVAROS
NORDA	NUNTEZ	OCHIPA	OLALLA	OLIVARRI
NORDELLA	OAXACA	OCHOA	OLAQUE	OLIVARRIA
NORDELO	OBALLE	OCHOS	OLAQUEZ	OLIVAS
NOREIGA	OBALLES	OCHOTERENA	OLARTE	OLIVENCIA
NORENA	OBANDO	OCHOTORENA	OLASCOAGA	OLIVERA
NORERO	OBARRIO	OCON	OLASCUAGA	OLIVERAS
NORIA	OBAS	ODAMA	OLAVARRI	OLIVERAZ
NORIEGA	OBAYA	ODIO	OLAVARRIA	OLIVERES
NORIEGO	OBERA	ODRIOZOLA	OLAVARRIETA	OLIVEREZ
NORIZ	OBESO	OFARRILL	OLAVE	OLIVERO
NORMANDIA	OBESO	OFERRAL	OLAYA	OLIVEROS
NORONA	OBIEDO	OGALDEZ	OLAYO	OLIVES
NORTE	OBISPO	OGANDO	OLAZABA	OLIVIAS
NORZAGARAY	OBLEA	OGARRIO	OLAZABAL	OLIVIS
NOVALES	OBLEDO	OGARRO	OLAZAGASTI	OLIVO
NOVAS	OBLIGACION	OGAS	OLAZARAN	OLIVOS
NOVELA	OBRADOR	OGAZ	OLBA	OLLACA
NOVELO	OBREGON	OGUENDO	OLBERA	OLLERBIDEZ
NOVEMBRE	OCA	OGUETE	OLBES	OLLERVIDES
NOVIAN	OCACIO	OHIGGINS	OLDRATE	OLLERVIDEZ
NOVILLO	OCADIZ	OJEDA	OLEA	OLLIVARES
NOVO	OCAMPO	OJINAGA	OLEAS	OLLOQUE
NOVOA	OCAMPOS	OJITO	OLETA	OLLOQUI
NOYA	OCANA	OLABARRIA	OLGIN	OLME
NOYAS	OCANAS	OLABARRIETA	OLGUIN	OLMEDA
NOYOLA	OCANO	OLACHEA	OLIBARES	OLMEDO
NUANES	OCANTO	OLAECHEA	OLIBAREZ	OLMO
NUANEZ	OCARANZA	OLAETA	OLIBARRIA	OLMOS
NUCHE	OCARIZ	OLAEZ	OLIDE	OLMOZ
NUEVO	OCARIZA	OLAGE	OLIU	OLONA
NUEZ	OCASIO	OLAGUE	OLIVA	OLONIA
NUIN	OCEGUEDA	OLAGUES	OLIVAN	OLONO

APPENDIX E
CENSUS LIST OF SPANISH SURNAMES

OLORTEGUI	ORANA	ORFILA	ORRADRE	OSCOS
OLQUIN	ORANDAY	ORGANISTA	ORRANTE	OSCOY
OLTIVERO	ORANTE	ORGE	ORRANTIA	OSEDA
OLVEDA	ORANTES	ORIA	ORREGO	OSEGUEDA
OLVEDO	ORANTEZ	ORIBA	ORRIOLA	OSEGUERA
OLVEIRA	ORATE	ORIBE	ORRIOLS	OSEJO
OLVERA	ORBAY	ORIGEL	ORSABA	OSELIO
OLVEZ	ORBEA	ORIGINALES	ORSUA	OSEQUERA
OMAECHEVARRIA	ORBEGOZO	ORIHUELA	ORTA	OSES
OMANA	ORCA	ORIJEL	ORTAL	OSETE
OMS	ORCASITAS	ORIQUE	ORTAS	OSIO
ONATE	ORDAZ	ORISIO	ORTEG	OSLE
ONDARO	ORDENANA	ORITIZ	ORTEGA	OSNAYA
ONDARZA	ORDENER	ORITZ	ORTEGAS	OSO
ONDOY	ORDENES	ORIVE	ORTEGON	OSOLLO
ONDREAS	ORDENEZ	ORIZAGA	ORTES	OSONA
ONDRIAS	ORDIALES	ORJALES	ORTEZ	OSORIA
ONGANIA	ORDINARIO	ORJUELA	ORTIGAS	OSORIO
ONGAY	ORDONES	ORNELAS	ORTIGOSA	OSORNIA
ONOFRE	ORDONEZ	ORNELAZ	ORTIGOZA	OSORNIO
ONUZ	ORDONO	ORNELES	ORTIVEZ	OSORNO
ONSUREZ	ORDOQUI	OROBIO	ORTIVIZ	OSPINA
ONTANEDA	ORDORICA	OROL	ORTIZ	OSPINO
ONTIBEROZ	ORDOVER	ORONA	ORTIZYPINO	OSPITAL
ONTIVERAS	ORDUNA	ORONUZ	ORTOLAZA	OSSA
ONTIVERO	ORDUNEZ	OROPESA	ORTUNIO	OSSORGIN
ONTIVEROS	ORDUNO	OROPEZA	ORTUNO	OSSORIO
ONTIVEROZ	OREGEL	OROSA	ORTUZAR	OSTEGUIN
OPIO	OREJEL	OROSCO	ORUE	OSTIGUIN
OPORTO	ORELLANA	OROZ	ORUNA	OSTIQUIN
OQUENDO	ORELLANO	OROZCO	ORVANANOS	OSTOLAZA
OQUITA	ORENDAIN	OROZEO	ORZA	OSTOS
ORABUENA	ORENGO	ORPILLA	ORZABAL	OSUNA
ORACION	ORENSE	ORPINEL	ORZO	OTANEZ
ORAMA	ORETEGA	ORQUIZ	OSA	OTANO
ORAMAS	ORETGA	ORRACA	OSANO	OTAZO

APPENDIX E
2020 CENSUS LIST OF SPANISH SURNAMES

OTEGUI	PABEY	PADRO	PALITOS	PAMPLONA
OTEIZA	PABLICO	PADRON	PALIZO	PANALES
OTEO	PABLO	PADUA	PALLAIS	PANALEZ
OTERA	PABLOS	PAEZ	PALLAN	PANAMA
OTERO	PABON	PAGAN	PALLANES	PANAMENO
OTHON	PABROS	PAGANRIVERA	PALLANEZ	PANARISO
OTI	PACHARZINA	PAGES	PALLARES	PANCEGRAN
OTONDO	PACHEC	PAGOLA	PALLAREZ	PANCHANA
OVADIA	PACHECANO	PAGON	PALLEJA	PANCHO
OVALLE	PACHECO	PAGUAGA	PALLENS	PANCORBO
OVALLES	PACHELO	PAGUIO	PALLOT	PANDAL
OVALLEZ	PACHEO	PAHISSA	PALMARES	PANDAS
OVANDO	PACHERO	PAIACIOS	PALMAREZ	PANDES
OVARES	PACHICANO	PAIRADA	PALMARIN	PANDO
OVIDEA	PACHO	PAIRIS	PALMAS	PANDURO
OVIDEO	PACHON	PAIZ	PALMEIRO	PANELO
OXIOS	PACHUCA	PAJARITO	PALMERIN	PANENO
OYACA	PACIAS	PAJARO	PALMEROS	PANEQUE
OYAGUE	PACIFICAR	PAJUELO	PALOMA	PANERO
OYANGUREN	PACILLAS	PALACIES	PALOMAR	PANETO
OYARBIDE	PACIN	PALACIO	PALOMARES	PANIAQUA
OYARZABAL	PACINA	PALACIOS	PALOMAREZ	PANIAQUA
OYARZUN	PACO	PALADINES	PALOMEQUE	PANIZ
OYAS	PADDILLA	PALAFOS	PALOMERA	PANOPIO
OYERBIDES	PADER	PALAFOS	PALOMIN	PANTA
OYERVIDES	PADIA	PALAGANAS	PALOMINO	PANTAJA
OYERVIDEZ	PADIAL	PALAMO	PALOMINOS	PANTALEON
OYOLA	PADIAS	PALASOTA	PALOMO	PANTIGA
OYOQUE	PADIERNA	PALATO	PALOP	PANTIN
OYUELA	PADILL	PALAU	PALOS	PANTLEO
OZAETA	PADILLA	PALAZON	PALOU	PANTOJA
OZETA	PADILLIA	PALAZUELOS	PAMANES	PANTOJAS
OZORES	PADILLO	PALENCIA	PAMARAN	PANTOYA
OZORIA	PADIN	PALENZUELA	PAMBLANCO	PANTUSA
OZORNIA	PADOR	PALEO	PAMIAS	PANUCO
OZUNA	PADRES	PALGON	PAMINTUAN	PANZARDI
OZUNIGA	PADRINO	PALICIO	PAMPIN	PANZIERA

APPENDIX E
CENSUS LIST OF SPANISH SURNAMES

PARACHE	PARRAGA	PAUDA	PEDRIANES	PENALO
PARADA	PARRAL	PAULA	PEDRINO	PENALOSA
PARADEDADA	PARRALES	PAULLADA	PEDROCHE	PENALOZA
PARADELA	PARRAS	PAVEDES	PEDROGO	PENALVER
PARADELO	PARRAZ	PAVILA	PEDROLA	PENALVERT
PARADES	PARRENO	PAVON	PEDROSA	PENANO
PARADEZ	PARRIERA	PAYAN	PEDROSO	PENARANDA
PARAMO	PARRILLA	PAYANO	PEDROZA	PENATE
PARAPAR	PARRONDO	PAYARES	PEGO	PENDAS
PARAYNO	PARTAGAS	PAYAS	PEGODA	PENEZ
PARAYUELOS	PARTIDA	PAYEN	PEGUERO	PENICHE
PARAZO	PARTIDO	PAYERO	PEGUEROS	PENICHER
PARCES	PASADA	PAZ	PEINADO	PENILLA
PARDAVE	PASAMONTE	PAZMINO	PEIRO	PENON
PARDILLO	PASANTES	PAZOS	PELACHE	PENSADO
PARDINAS	PASARELL	PECARO	PELAEZ	PENUELA
PARDO	PASARET	PECELUNAS	PELAIZ	PENUELAS
PARDOS	PASARIN	PECERO	PELALLO	PENUELAZ
PARDUCHO	PASCACIO	PECHERO	PELATA	PENUNURI
PAREDES	PASCUAL	PECINA	PELAYO	PEON
PAREDEZ	PASCUALI	PECOS	PELEGRINA	PEPERAS
PAREIRA	PASENA	PEDEVILLA	PELLECER	PEPITO
PAREJA	PASILLAS	PEDRAJA	PELLERANO	PEQUENO
PARELLADA	PASOLS	PEDRAS	PELLICIER	PEQUERO
PARERA	PASOS	PEDRAYES	PELOT	PERAL
PARES	PASSAPERA	PEDRAZ	PELUFFO	PERALES
PARETS	PASTORA	PEDRAZA	PENA	PERALEZ
PAREYA	PASTORIZA	PEDRE	PENABAD	PERALTA
PAREZ	PASTRAN	PEDREGAL	PENADO	PERALTO
PARGA	PASTRANA	PEDREGO	PENAFIEL	PERATIS
PARGAS	PASTRANO	PEDREGON	PENAFLOR	PERAZA
PARIZ	PATINA	PEDREGUERA	PENAFLOIDA	PERCHES
PAROCUA	PATINO	PEDREIRA	PENAGARZA	PERCHEZ
PARQUE	PATLAN	PEDREIRO	PENAHERRERA	PERDICES
PARRA	PATRANELLA	PEDRERA	PENALBA	PERDIDO
PARRADO	PATRON	PEDRERO	PENALES	PERDIGON

APPENDIX E
2020 CENSUS LIST OF SPANISH SURNAMES

PERDOMO	PERRES	PICON	PINILLA	PLACENSIA
PEREA	PERRIRAZ	PICOS	PINILLO	PLACENTIA
PEREDA	PERTIERRA	PIEDAD	PINILLOS	PLACERES
PEREDIA	PERU	PIEDRA	PINO	PLAJA
PEREDO	PERUMEAN	PIEDRAHITA	PINOL	PLANA
PEREGRINA	PERUSINA	PIEDRAS	PINON	PLANAS
PEREGRINO	PERUSQUIA	PIELAGO	PINONES	PLANCARTE
PEREIDA	PERUYERA	PIERAS	PINTADO	PLANCENCIA
PEREIRO	PERUYERO	PIJUAN	PINTOR	PLANELL
PERELES	PERVEZ	PILA	PINTOS	PLANELLAS
PERERA	PERYATEL	PILAR	PINUELA	PLANES
PERES	PESANTE	PILARTE	PINUELAS	PLANOS
PEREYDA	PESANTES	PILLADO	PINZON	PLANTILLAS
PEREYO	PESANTEZ	PILOTO	PIOQUINTO	PLANTO
PEREYRA	PESCADO	PIMIENTA	PIQUERO	PLASCENCIA
PEREZ	PESCADOR	PIMIENTO	PIREZ	PLASENCIA
PEREZA	PESINA	PIMINTEL	PIRINEA	PLASENCIO
PEREZCANO	PESQUEDA	PINA	PIRIS	PLATA
PEREZCHICA	PESQUEIRA	PINADEARCOS	PIRIZ	PLATAMONE
PEREZCOLON	PESQUERA	PINAL	PIS	PLATAS
PEREZDEALEJO	PESQUIERA	PINALES	PISANA	PLATERO
PEREZDELRIO	PEYDRO	PINALEZ	PISENO	PLAZA
PEREZDIAZ	PEYNADO	PINARES	PISONERO	PLAZAS
PEREZGONZALEZ	PEYRO	PINCA Y	PITA	PLAZOLA
PEREZJIMENEZ	PEZA	PINEDA	PITALUGA	PLIEGO
PEREZLOPEZ	PEZEZ	PINEDO	PITARCH	PLUMA
PEREZMENDEZ	PEZINA	PINEIRA	PITONES	PLUMAS
PEREZMONTES	PIARD	PINEIRO	PITRONES	PLUMEDA
PEREZRAMOS	PICALLO	PINELA	PIZANA	PLUMEY
PERFECTO	PICAR	PINELO	PIZANO	POBAR
PERFINO	PICART	PINERA	PIZARO	POBLANO
PERICAS	PICASCIA	PINERO	PIZARRA	POBLETE
PERLAS	PICASO	PINEROS	PIZARRO	POBRE
PERMUY	PICAZO	PINEY	PIZULA	PODILLA
PERNAS	PICENO	PINEYRO	PLA	POEY
PEROLDO	PICHARDO	PINGARRON	PLACENCIA	POGAN
PEROZO	PICO	PINIELLA	PLACENCIO	POLA

APPENDIX E
CENSUS LIST OF SPANISH SURNAMES

POLACO	PORROS	POZO	PROHIAS	PUMARADA
POLANCO	PORTAL	POZOS	PROO	PUMAREJO
POLENDO	PORTALATIN	POZUELOS	PROVENCIO	PUMARES
POLIDURA	PORTALES	PRADAS	PROVEYER	PUMARIEGA
POLINA	PORTALEZ	PRADERE	PRUDENCIO	PUMAROL
POLITRON	PORTELA	PRADIA	PRUNA	PUNALES
POLLERANA	PORTELLES	PRADO	PRUNEDA	PUNNARA
POLLORENO	PORTES	PRAT	PRUNES	PUNO
POLVADO	PORTIELES	PRATS	PUBILL	PUNTA
POMALE	PORTILLA	PRATTS	PUBILLONES	PUNTIEL
POMALES	PORTILLO	PRECIADO	PUCHADES	PUPO
POMARES	PORTILLOS	PRELLEZO	PUEBLA	PURA
POMAREZ	PORTOCARRERO	PRENDES	PUELLA	PURCELLA
POMBROL	PORTOLAN	PRENDEZ	PUELLO	PURISIMA
POMELEO	PORTORREAL	PRENDIZ	PUENTE	PUYADA
POMPA	PORTUGAL	PRESA	PUENTES	PUYOL
PONCABARE	PORTUGUES	PRESAS	PUENTEZ	QUADRENY
PONCE	PORTUGUEZ	PRESIADO	PUERTA	QUALIA
PONCEDELEON	PORTUONDO	PRESNO	PUERTAS	QUASADA
PONCHO	POSADA	PRESTAMO	PUERTO	QUECLAS
PONCIANO	POSADAS	PREZAS	PUERTOS	QUEIPO
PONCIO	POSAS	PRIDA	PUEYO	QUEIRO
PONSDOMENECH	POSO	PRIEDE	PUGA	QUEIRUGA
PONZOA	POSOS	PRIEGO	PUGEDA	QUELLAR
PORATA	POSTIGO	PRIEGUEZ	PUIG	QUEMADA
PORCAYO	POSTIL	PRIETO	PUJADAS	QUERALT
PORCHAS	POTESTAD	PRIMELLES	PUJAL	QUERDO
PORCHO	POUGES	PRIMERA	PUJALS	QUERIDO
PORDIA	POUSA	PRIMERO	PUJOL	QUERO
PORFIL	POVEDA	PRIO	PUJOLS	QUERT
PORLAS	POVENTUD	PROA	PULGAR	QUESADA
PORRAS	POVIONES	PROANO	PULGARIN	QUESADO
PORRATA	POYORENA	PROCEL	PULIDA	QUETEL
PORRAZ	POZA	PROCELA	PULIDO	QUETGLAS
PORRERO	POZAS	PROCSAL	PULOMENA	QUEVEDO
PORRES	POZERO	PROENZA	PUMAR	QUEZADA

APPENDIX E
2020 CENSUS LIST OF SPANISH SURNAMES

QUIALA	QUINTANAR	RABAJA	RAMEREZ	RAQUENO
QUIAN	QUINTANILLA	RABANO	RAMERIZ	RAQUEPO
QUIBUYEN	QUINTANS	RABASA	RAMERO	RASALES
QUICENO	QUINTARO	RABASSA	RAMERY	RASCOM
QUICHOCHO	QUINTAS	RABAZA	RAMIEREZ	RASCON
QUIDERA	QUINTEIRO	RABEIRO	RAMIERZ	RASPALDO
QUIHUIS	QUINTELA	RABELL	RAMIEZ	RASURA
QUIHUIZ	QUINTENILLA	RABELO	RAMIL	RATON
QUIJADA	QUINTERA	RABIA	RAMINEZ	RAUDA
QUIJALVO	QUINTERO	RABIELA	RAMIR	RAVAGO
QUIJANO	QUINTEROS	RABINA	RAMIRE	RAVARD
QUIJAS	QUINTINO	RABINO	RAMIRES	RAVELO
QUILALA	QUINTONA	RABOS	RAMIREZ	RAVENTOS
QUILANTAN	QUINTONES	RADAVERO	RAMIRIZ	RAXACH
QUILENDERINO	QUINTONEZ	RADILLA	RAMIRO	RAYA
QUILES	QUINTOS	RADILLO	RAMIS	RAYAS
QUILEZ	QUIONES	RADRIGUEZ	RAMON	RAYGOSA
QUILIMACO	QUIRARTE	RAEL	RAMONEDA	RAYGOZA
QUIMBAR	QUIRCH	RAEZ	RAMONES	RAYMOS
QUIMIRO	QUIRENO	RAFAEL	RAMOS	RAYMUNDO
QUINAL	QUIRINDONGO	RAFALIN	RAMOSGONZALEZ	RAYNA
QUINCOCES	QUIRINO	RAFULS	RAMOSMEDINA	RAYONEZ
QUINDE	QUIRO	RAICES	RAMOSRIVERA	RAYOR
QUINDNEZ	QUIROA	RAIGOSA	RAMOSRODRIGUEZ	RAYOS
QUINENES	QUIROBA	RAIGOZA	RAMOZ	RAZATOS
QUINES	QUIROGA	RAIMUNDEZ	RAMUDO	RAZO
QUINI	QUIROL	RAIMUNDI	RAMUZ	REALES
QUINIONES	QUIROLA	RAISOLA	RANCANO	REALIVASQUEZ
QUINOA	QUIROS	RAJOY	RANDEZ	REALME
QUINONE	QUIROZ	RALDIRIS	RANERO	REALYVASQUEZ
QUINONES	QUITA	RAMALLO	RANESES	REANO
QUINONEZ	QUITANIA	RAMARIZ	RANGEL	REATEGUI
QUINONOS	QUITOS	RAMAS	RANGELL	REAZA
QUINORES	QUITUGUA	RAMBES	RANGELLOPEZ	REAZOLA
QUINTAMA	QUIZ	RAMBLAS	RANJEL	REBELES
QUINTANA	RABADE	RAMBONGA	RANSOLA	REBELEZ
QUINTANAL	RABAGO	RAMENTOL	RAQUENIO	REBELLON

APPENDIX E
CENSUS LIST OF SPANISH SURNAMES

REBETERANO	REGINO	RENDON	RETA	REYNADO
REBOLLAR	REGOJO	RENEDO	RETAMAL	REYNAGA
REBOLLEDO	REGOS	RENGE	RETAMALES	REYNALDO
REBOLLO	REGRUTTO	RENOBATO	RETAMAR	REYNALDOS
REBOLLOSO	REGUA	RENOVA	RETAMOSA	REYNERO
REBOREDO	REGUEIRA	RENOVALES	RETAMOZA	REYNEROS
REBOSO	REGUEIRO	RENOVATO	RETANA	REYNOS
REBOYRAS	REGUERA	RENTA	RETANO	REYNOSA
REBOZO	REGUERO	RENTAS	RETES	REYNOSO
REBUSTILLO	REGULES	RENTERIA	RETEZ	REYNOZA
RECALDE	REGUSA	RENTERIAS	RETIZ	REYNOZO
RECAREY	REICEN	REORDA	RETTA	REYO
RECARTE	REICES	REOYO	RETURETA	REYOS
RECENDES	REIGOSA	REPOLLET	REVADA	REZA
RECENDEZ	REINA	REPREZA	REVADO	REZENDEZ
RECHANI	REINAGA	REQUEJO	REVELES	RIALI
RECHANY	REINALDO	REQUENA	REVELEZ	RIANCHO
RECHY	REINAT	REQUENES	REVELLES	RIANDA
RECILLAS	REINERO	REQUENEZ	REVERON	RIAVE
RECINOS	REINOSA	REQUENO	REVILLA	RIAZA
RECIO	REINOSO	REQUIRO	REVILLAS	RIBADENEIRA
RECLUSADO	REINUS	RESCHMAN	REVOLLAR	RIBAL
RECOVO	REJAS	RESENDEZ	REVOLLEDO	RIBALTA
RECUSET	REJINO	RESENDIS	REVOREDO	RIBAS
REDE	REJO	RESENDIZ	REVUELTA	RIBERA
REDERO	REJON	RESERVA	REVUELTAS	RIBERAL
REDONA	REL	RESINA	REXACH	RIBERAS
REDONDO	RELLES	RESMA	REY	RIBOT
REDRUELLO	RELLEZ	RESON	REYEROS	RIBOTA
REFUERZO	RELUCIO	RESPETO	REYERS	RICABAL
REGALADO	REMACHE	RESSY	REYES	RICALDE
REGALDO	REMEDIOS	RESTO	REYESPEREZ	RICANO
REGALES	REMIGIO	RESTOY	REYESRODRIGUEZ	RICARDEZ
REGALO	REMIJO	RESTREDO	REYEZ	RICARDO
REGALOS	REMOS	RESTREPO	REYGADAS	RICART
REGATO	RENDEROS	RESUREZ	REYNA	RICARTE

APPENDIX E
2020 CENSUS LIST OF SPANISH SURNAMES

RICHARTE	RIOLLANO	RIVERALUGO	ROCAFUERTE	RODRIGOEZ
RICHIEZ	RIONDA	RIVERAPEREZ	ROCAMONTES	RODRIGS
RICHINA	RIOPEDRE	RIVERARIVERA	ROCAMONTEZ	RODRIGU
RICO	RIOS	RIVERAS	ROCERO	RODRIGUEA
RICONDO	RIOSECO	RIVERIA	ROCES	RODRIGUERA
RIDRIGUEZ	RIOSESPINOZA	RIVERO	ROCHA	RODRIGUEZ
RIEDO	RIOSFLORES	RIVEROL	ROCHAS	RODRIGUEZMARTIN
RIEGA	RIOSMARTINEZ	RIVEROLL	ROCHES	EZ
RIEGO	RIOSPEREZ	RIVERON	ROCHIN	RODRIGUEZS
RIEGOS	RIOZ	RIVEROS	ROCHOA	RODRIGUIEZ
RIERA	RIPALDA	RIVERRA	ROCIO	RODRIGUIZ
RIERAS	RIPES	RIVIERO	RODADO	RODRIGUZ
RIESCO	RIPOL	RIZO	RODALLEGAS	RODRIQUEZ
RIESGO	RIPOLL	ROA	RODARTE	RODRIQUIZ
RIESTRA	RIPOLLES	ROACHO	RODAS	RODRIUEZ
RIGAL	RIQUELME	ROANO	RODEA	RODRIUGEZ
RIGALES	RIQUERO	ROBAINA	RODELA	RODRIZUEZ
RIGAU	RISQUET	ROBALI	RODELAS	RODROGUEZ
RIGUAL	RISUENO	ROBALIN	RODELO	RODRUGUEZ
RIGUERA	RIUS	ROBALINO	RODENA	RODRUQUEZ
RIGUERO	RIUSECH	ROBAU	RODENAS	RODUGUEZ
RIJO	RIVADA	ROBAYNA	RODERO	RODULFO
RIJOS	RIVADENEIRA	ROBAYO	RODEZ	RODZ
RIMBLAS	RIVADENEYRA	ROBEDA	RODGRIGUEZ	ROEL
RINAURO	RIVADULLA	ROBELDO	RODICIO	ROGANS
RINCHE	RIVALE	ROBELO	RODIGUEZ	ROGERIO
RINCON	RIVALI	ROBLAS	RODIL	ROGES
RINCONENO	RIVARES	ROBLEDA	RODILES	ROGRIGUEZ
RINCONES	RIVAROLA	ROBLEDO	RODIQUEZ	ROGUE
RINGLERO	RIVAS	ROBLEJO	RODIRGUEZ	ROHENA
RIOBO	RIVAZ	ROBLERO	RODRGUEZ	ROIBAL
RIOCABO	RIVEIRA	ROBLES	RODRGUEZ	ROIDE
RIOFRIO	RIVEIRO	ROBLETO	RODRIG	ROIG
RIOJA	RIVERA	ROBLEZ	RODRIGEUZ	ROIS
RIOJAS	RIVERACOLON	ROBREDO	RODRIGEZ	ROIZ
RIOJAZ	RIVERACRUZ	ROCA	RODRIGIEZ	ROJA
RIOJOS	RIVERADIAZ	ROCAFORT	RODRIGNEZ	ROJANO

APPENDIX E
CENSUS LIST OF SPANISH SURNAMES

ROJAS	RONJE	ROTELA	RUBIALES	RUIZCASTANEDA
ROJEL	RONQUILLO	ROTGER	RUBIANES	RUIZDEESPARZA
ROJERO	ROQUE	ROUCO	RUBIANO	RUIZDELVIZO
ROJES	ROQUENI	ROURA	RUBIDO	RUIZE
ROJO	ROQUERO	ROURE	RUBIELLA	RUIZESPARZA
ROJOS	ROQUETA	ROVAYO	RUBIERA	RUIZZ
ROLDAN	ROS	ROVERA	RUBILDO	RUL
ROLDON	ROSA	ROVIRA	RUBINOS	RULLAN
ROLDOS	ROSABAL	ROVIROSA	RUBIO	RUMAYOR
ROLON	ROSADA	ROXAS	RUBIOLA	RUMBAUT
ROMAGOSA	ROSADO	ROYBAL	RUCIO	RUTIAGA
ROMAGUERA	ROSAL	ROYBALL	RUCOBO	RUTIZ
ROMANDIA	ROSALES	ROYBOL	RUEDA	RUVALCABA
ROMANES	ROSALESDELRIO	ROYERO	RUEDAFLORES	RUVALCAVA
ROMANEZ	ROSALEZ	ROYO	RUEDAS	RUVIRA
ROMANILLOS	ROSALY	ROYOS	RUELAS	RUYBAL
ROMAY	ROSARIA	ROYVAL	RUELAZ	RUYBALID
ROMAYOR	ROSARIO	ROZADA	RUELOS	RUYBOL
ROMERA	ROSARIODIAZ	ROZALES	RUEMPL	RUZ
ROMERO	ROSARO	ROZO	RUENES	SAA
ROMEROS	ROSAS	RUACHO	RUESGA	SAABEDRA
ROMEU	ROSELI	RUALES	RUEZGA	SAAUEDRA
ROMEZ	ROSELLO	RUALO	RUFAT	SAAVEDRA
ROMIREZ	ROSELLON	RUAN	RUFFENO	SABALA
ROMIRO	ROSENDON	RUANO	RUFIN	SABALLOS
ROMO	ROSENEY	RUAS	RUGAMA	SABALZA
ROMOS	ROSERO	RUBALACA	RUGARCIA	SABANDO
ROMPAL	ROSES	RUBALCABA	RUGERIO	SABATER
RON	ROSETE	RUBALCADA	RUIBAL	SABATES
RONCES	ROSILES	RUBALCADO	RUIDAS	SABEDRA
RONDA	ROSILEZ	RUBALCAUA	RUIDIAZ	SABI
RONDAN	ROSILLO	RUBALCAVA	RUILOBA	SABICER
RONDERO	ROSITAS	RUBERO	RUISANCHEZ	SABIDO
RONDEZ	ROSQUETE	RUBERTE	RUISECO	SABINES
RONDON	ROSTRO	RUBI	RUIZ	SABLATURA
RONGAVILLA	ROTEA	RUBIA	RUIZCALDERON	SABOGAL

APPENDIX E
2020 CENSUS LIST OF SPANISH SURNAMES

SABORI	SAGREDO	SALBATO	SALMINA	SAMILPA
SABORIDO	SAGRERO	SALCEDA	SALMONES	SAMONIEGO
SABORIO	SAGUN	SALCEDO	SALORT	SAMORA
SABORIT	SAHAGUN	SALCIDA	SALOS	SAMORANO
SABOYA	SAIJO	SALCIDO	SALSA	SAMOT
SABRES	SAILAS	SALCINES	SALSAMEDA	SAMPAYAN
SABROSO	SAINA	SALDAMA	SALSEDO	SAMPAYO
SABUGO	SAINEZ	SALDAMANDO	SALSIDO	SAMPEDRO
SACA	SAINZ	SALDANA	SALTARES	SAMPERA
SACARELLO	SAIS	SALDANO	SALTERO	SAMPERIO
SACASAS	SAIZ	SALDARRIAGA	SALTOS	SAMTOS
SACERIO	SAIZA	SALDATE	SALUDES	SAMUDIA
SACOS	SALABARRIA	SALDEZ	SALUMBIDES	SAMUDIO
SACRISTAN	SALABERRIOS	SALDIERNA	SALVACION	SANABIA
SADA	SALACAN	SALDIVAR	SALVARIA	SANABRIA
SADES	SALADO	SALDONA	SALVARREY	SANAGUSTIN
SADULE	SALAETS	SALDUA	SALVAT	SANAME
SAEDA	SALAICES	SALEGUI	SALVATIERRA	SANANDRES
SAENS	SALAIS	SALGADO	SALVIDE	SANBARTOLOME
SAENZ	SALAISES	SALGADOLUNA	SAMADA	SANBRANO
SAETA	SALAIZ	SALGUEIRO	SAMALA	SANCEDO
SAEZ	SALAMANCA	SALGUERA	SAMALOT	SANCEN
SAFADY	SALANAS	SALGUERO	SAMANEGO	SANCHA
SAFILLE	SALANO	SALHUANA	SAMANIEGO	SANCHE
SAFONT	SALARS	SALIAS	SAMANO	SANCHEN
SAGARA	SALAS	SALIDO	SAMARIO	SANCHES
SAGARDIA	SALASAR	SALINAS	SAMARIPA	SANCHEZ
SAGARDOY	SALAVARIA	SALINASGARCIA	SAMARO	SANCHEZDETAGLE
SAGARIBAY	SALAVARRIA	SALINASRAMIREZ	SAMARRIPA	SANCHEZPEREZ
SAGARNAGA	SALAVARRIETA	SALINAZ	SAMARRIPAS	SANCHIDRIAN
SAGARO	SALAVERRIA	SALINOS	SAMARRON	SANCHIZ
SAGARRA	SALAYA	SALIVA	SAMAYOA	SANCHO
SAGAS	SALAYANDIA	SALIVAS	SAMBADO	SANCHOYERTO
SAGASTA	SALAZ	SALIZ	SAMBOLIN	SANCHOZ
SAGASTEGUI	SALAZA	SALIZAR	SAMBRANO	SANCIPRIAN
SAGASTUME	SALAZAN	SALLES	SAMBUESO	SANDATE
SAGRADO	SALAZAR	SALMERON	SAMBULA	SANDAVAL

APPENDIX E
CENSUS LIST OF SPANISH SURNAMES

SANDAVOL	SANNICOLAS	SANTIAGO	SARABIA	SARRIERA
SANDEZ	SANOQUET	SANTIANA	SARACHAGA	SARTUCHE
SANDIA	SANORA	SANTIBANES	SARACHO	SARZO
SANDIEGO	SANPEDRO	SANTIBANEZ	SARAGOSA	SARZOZA
SANDIGO	SANQUICHE	SANTIESTEBAN	SARAGOZA	SASPE
SANDOBAL	SANROMAN	SANTIESTEVAN	SARAGUETA	SASTRE
SANDOMINGO	SANSERINO	SANTILLAN	SARALEGUI	SASTURAIN
SANDOUAL	SANSORES	SANTILLANA	SARANTE	SATARAIN
SANDOVA	SANTAANA	SANTILLANES	SARATE	SATARAY
SANDOVAL	SANTAANNA	SANTILLANEZ	SARAVIA	SATURNINO
SANDOZ	SANTACOLOMA	SANTILLANO	SARCEDA	SAUCEDA
SANEMETERIO	SANTACRUZ	SANTILLIAN	SARDANETA	SAUCEDO
SANETO	SANTAELLA	SANTISTEBAN	SARDINAS	SAUCIDO
SANEZ	SANTAGO	SANTISTEVAN	SARDUY	SAUCILLO
SANFELIPE	SANTALIZ	SANTISTEVEN	SARELLANO	SAUDIA
SANFELIX	SANTALLA	SANTIVANEZ	SARENANA	SAUEDRA
SANFELIZ	SANTALO	SANTIZO	SARIA	SAULEDA
SANFIEL	SANTAMARINA	SANTODOMINGO	SARIEGO	SAUMA
SANFIORENZO	SANTAMATO	SANTORINIOS	SARINA	SAUMELL
SANGABRIEL	SANTANA	SANTOS	SARINANA	SAURA
SANGRE	SANTANDER	SANTOSCOY	SARINAS	SAUREZ
SANGUESA	SANTANDREU	SANTOVENA	SARIOL	SAURI
SANGUILY	SANTANO	SANTOVENIA	SARMENTERO	SAUSAMEDA
SANGUINO	SANTAPAU	SANTOY	SARMIENTA	SAUSEDA
SANIN	SANTAROSA	SANTOYA	SARMIENTO	SAUSEDO
SANINOCENCIO	SANTARRIAGA	SANTOYO	SARMIENTOFLORES	SAUZA
SANJENIS	SANTEIRO	SANTURIO	SARMIENTOS	SAVALA
SANJORGE	SANTELICES	SANUDO	SAROZA	SAVALZA
SANJORJO	SANTELISES	SANVICENTE	SARQUIS	SAVEDRA
SANJOSE	SANTELLAN	SANZ	SARQUIZ	SAVELLANO
SANJUAN	SANTELLANA	SAPATA	SARRACINO	SAVINON
SANJURJO	SANTELLANES	SAPEDA	SARRAGA	SAVORILLO
SANLUCAS	SANTELLANO	SAPENA	SARRARAZ	SAYAGO
SANMARTIN	SANTESTEBAN	SAPIEN	SARRATEA	SAYAVEDRA
SANMIGUEL	SANTEYAN	SAPIENS	SARREAL	SAYGIDIA
SANMILLAN	SANTIAG	SAPINOSO	SARRIA	SEANEZ

APPENDIX E
2020 CENSUS LIST OF SPANISH SURNAMES

SEARA	SELAYA	SEPIAN	SERRATA	SIBERIO
SEAVELLO	SELAYANDIA	SEPTIEN	SERRATE	SIBERON
SEBALLOS	SELEM	SEPULBEDA	SERRATO	SIBRIAN
SEBEO	SELESTINO	SEPULUEDA	SERRATOS	SICAIROS
SECA	SELGADO	SEPULVEDA	SERRAVILLO	SICARDO
SECADA	SELGAS	SEPULVEDO	SERRAVO	SICRE
SECADES	SELLES	SEPULVIDA	SERRET	SIDA
SECATERO	SELVERA	SEQUEIDA	SERRITOS	SIEDO
SECO	SEMAYA	SEQUEIRO	SERRONO	SIERRA
SEDA	SEMBERA	SEQUERA	SERROS	SIERRAS
SEDANO	SEMBRANO	SEQUERRA	SERTUCHE	SIERRO
SEDENO	SEMEXANT	SEQURA	SERVANTES	SIERZE
SEDILLA	SEMEY	SERABALLS	SERVANTEZ	SIFONTE
SEDILLIO	SEMIDAY	SERABIA	SERVERA	SIFONTES
SEDILLO	SEMIDEI	SERALENA	SERVILLA	SIFRE
SEDILLOS	SEMIDEY	SERANTES	SERVILLO	SIFUENTES
SEGANA	SEMINARIO	SERASIO	SERVIN	SIFUENTEZ
SEGARRA	SEMPERTEGUI	SERAYDAR	SESANTO	SIFVENTES
SEGOBIA	SEMPRE	SERBANTES	SESATE	SIGALA
SEGONIA	SENA	SERBANTEZ	SESE	SIGALES
SEGORIA	SENCION	SERDA	SESMA	SIGARAN
SEGOVIA	SENDEJAR	SERDAS	SESMAS	SIGARROA
SEGOVIANO	SENDEJAS	SERENIL	SESTEAGA	SIGUA
SEGRERA	SENDEJO	SERMENO	SESTIAGA	SIGUEIROS
SEGUERA	SENDIS	SERMINO	SEVA	SIGUENZA
SEGUI	SENDON	SERNA	SEVALLOS	SILBAS
SEGUNDO	SENDRAL	SERNAS	SEVILLA	SILERIO
SEGURA	SENERIZ	SERRACINO	SEVILLANO	SILGERO
SEGUIRE	SENJUDO	SERRADELL	SEVILLO	SILGUERO
SEGUROLA	SENOSIAIN	SERRADO	SEXTO	SILIEZAR
SEGUY	SENQUIZ	SERRALLES	SEZATE	SILLANO
SEIJAS	SENTENA	SERRALTA	SEZUMAGA	SILLART
SEIJO	SENTENO	SERRAND	SIACA	SILLAS
SEIN	SENTMANAT	SERRANIA	SIADOR	SILLEN
SEISDEDOS	SEOANE	SERRANO	SIANEZ	SILLER
SEJA	SEOANES	SERRANTES	SIAZ	SILLERO
SEJAS	SEPEDA	SERRAT	SIBAJA	SILOS

APPENDIX E
CENSUS LIST OF SPANISH SURNAMES

SILOT	SIXTOS	SOLER	SORBA	SOUCHET
SILQUERO	SOBA	SOLERA	SORDIA	SOUFFRONT
SILVARREY	SOBALVARRO	SOLERO	SORDO	SOURINA
SILVAS	SOBERAL	SOLIS	SORIA	SOVERANEZ
SILVERIO	SOBERANES	SOLISGARZA	SORIANO	SOZA
SILVESTRE	SOBERANEZ	SOLIVA	SORIANO	SPINDOLA
SILVESTRY	SOBERANIS	SOLIVAN	SORIO	SUARE
SILVEYRA	SOBERON	SOLIZ	SORNOSO	SUARES
SIMENTAL	SOBRADO	SOLONO	SOROA	SUAREZ
SIMENTEL	SOBREMONTA	SOLORIO	SOROLA	SUASTE
SIMIANO	SOBRERO	SOLORSANO	SORONDO	SUASTEGUI
SINTAS	SOBREVILLA	SOLORZA	SORRANO	SUAVEZ
SIORDIA	SOBRIN	SOLORZANO	SORROCHE	SUAZO
SIPRIAN	SOBRINO	SOLOZABAL	SORTILLON	SUBALDEA
SIPULA	SOCA	SOLSONA	SORZANO	SUBEDAR
SIQUEIDO	SOCARRAS	SOLTERO	SOSA	SUBEGA
SIQUEIRO	SOCAS	SOMANO	SOSAPAVON	SUBELDIA
SIQUEIROS	SOCIAS	SOMARRIBA	SOSAYA	SUBES
SIQUEROS	SOCORRO	SOMAVIA	SOSIAS	SUBIA
SIQUIEROS	SODOY	SOMBRA	SOSTRE	SUBIAS
SIRA	SOEGAARD	SOMOANO	SOTA	SUBIDO
SIRET	SOJO	SOMODEVILLA	SOTELLO	SUBIRANA
SIRIAS	SOL	SOMOHANO	SOTELO	SUBIRIAS
SIRIO	SOLACHE	SOMONTE	SOTERAS	SUCO
SIROS	SOLANILLA	SOMOZA	SOTERO	SUDARIA
SISNERO	SOLANO	SONABRIA	SOTILLO	SUEIRAS
SISNEROS	SOLARES	SONCHAR	SOTO	SUEIRO
SISNEROZ	SOLAREZ	SONCHEZ	SOTOLONGO	SUELA
SISNIEGAS	SOLARIO	SONERA	SOTOMAYER	SUELTO
SISTOS	SOLARZANO	SONICO	SOTOMAYOR	SUENGAS
SITAL	SOLAUN	SONOQUI	SOTORRIO	SUERA
SITJAR	SOLDEVILA	SONORA	SOTRO	SUEREZ
SIURANO	SOLDEVILLA	SOPENA	SOTTO	SUERO
SIVA	SOLED	SOQUI	SOTTOSANTO	SUESCUN
SIVERIO	SOLEDAD	SOR	SOTURA	SUEYRAS
SIXTO	SOLENO	SORATOS	SOTUYO	SUGRANES

APPENDIX E
2020 CENSUS LIST OF SPANISH SURNAMES

SUINA	TABBADA	TALAMENTE	TAPICERIA	TAYABAS
SULAICA	TABERA	TALAMENTES	TAPIZ	TEBA
SULIVERES	TABERAS	TALAMENTEZ	TAPORCO	TEBAQUI
SULLANO	TABERNERO	TALANA	TARABINO	TEBAR
SULPACIO	TABIO	TALANCON	TARACENA	TEHAS
SULSONA	TABIZON	TALAVERA	TARAFÁ	TEIJEIRO
SUMALLA	TABLADA	TALLABAS	TARAGON	TEIJIZ
SUMAYA	TABLADO	TALLAVAS	TARAILO	TEIJO
SUMBERA	TABOADA	TALLEDA	TARAJANO	TEISSONNIERE
SUMBERAZ	TABOAS	TALLEDO	TARAMASCO	TEIXIDOR
SUNE	TABORA	TALLERINO	TARANCO	TEJADA
SUNER	TABORDA	TAMAME	TARANGO	TEJAS
SUNICA	TABRAUE	TAMARES	TARAZON	TEJEDA
SUNIGA	TABUENA	TAMAREZ	TARAZONA	TEJEDAS
SUQUET	TABUENCA	TAMARGO	TARBES	TEJEDO
SUREDA	TABULLO	TAMARIT	TARGA	TEJEDOR
SURIA	TACHIAS	TAMARIZ	TARIN	TEJEIRO
SURILLO	TACHIQUIN	TAMAYA	TARNAVA	TEJERA
SURINACH	TACORDA	TAMAYO	TARRAGO	TEJERAS
SURIS	TACORONTE	TAMBARA	TARRANGO	TEJERINA
SURITA	TADEO	TAMBUNGA	TARRATS	TEJERO
SURO	TAFFOLLA	TAMERON	TARRAU	TEJIDOR
SUROS	TAFOLA	TAMEZ	TARRAZA	TEJO
SUSANA	TAFOLLA	TAMGUMA	TARRIDE	TELAS
SUSTACHE	TAFORO	TANCHEZ	TARULA	TELAVERA
SUSTAETA	TAFOYA	TANCO	TASABIA	TELLADO
SUSTAITA	TAGABAN	TANDA	TATIS	TELLAECHE
SUSTAYTA	TAGANAS	TANFORAN	TAVALES	TELLECHEA
SUSURAS	TAGLE	TANGUMA	TAVAR	TELLERIA
SWAZO	TAGUDAR	TANON	TAVAREZ	TELLES
TABADA	TAJES	TANORI	TAVERA	TELLEZ
TABALDO	TALABERA	TANTAO	TAVERAS	TELLO
TABALES	TALACHE	TANUZ	TAVIRA	TELLOS
TABANA	TALAMANTE	TAPANES	TAVISON	TELON
TABANICO	TALAMANTES	TAPETILLO	TAVITAS	TEMBLADOR
TABARES	TALAMANTEZ	TAPIA	TAVIZON	TEMBRAS
TABAREZ	TALAMAS	TAPIAS	TAVORA	TEMER

APPENDIX E
CENSUS LIST OF SPANISH SURNAMES

TEMORES	TERRONES	TIRSE	TORAL	TORRESRODRIGUEZ
TEMPO	TERSERO	TISCARENO	TORALBA	TORRESS
TEMPRANA	TERUEL	TISINO	TORALES	TORREZ
TENA	TERUSA	TISNADO	TORANO	TORRICELLA
TENARIO	TERVINO	TIXIER	TORANS	TORRIENTE
TENAS	TERZADO	TIZNADO	TORANZO	TORRIJOS
TENERIAS	TESILLO	TIZOL	TORDESILLAS	TORRIO
TENERIO	TEVERE	TOBAL	TORENO	TORROELLA
TENES	TEXCAHUA	TOBAR	TORIBIO	TORRON
TENEYUCA	TEXIDOR	TOBARES	TORICES	TORROS
TENEYUQUE	TEYECHEA	TOBAS	TORIJANO	TORRUELLA
TENIENTE	TEZCUCANO	TOBILLA	TORIZ	TORRUELLAS
TENORIA	TEZINO	TOBON	TORMES	TORTALITA
TENORIO	THILLET	TOCA	TORMOS	TORTES
TEPERA	TIA	TOFOYA	TORNEL	TORTILLA
TEPEZANO	TIBALDEO	TOGAR	TORNERO	TORUGA
TEPOSTE	TIBLJAS	TOGORES	TORO	TORUNO
TEQUIDA	TIBON	TOIMIL	TORQUEMADA	TOSA
TERAN	TIBURCIO	TOJEIRA	TORRADO	TOSADO
TERCERO	TICO	TOJEIRO	TORRALBA	TOSAR
TERCEROS	TIENDA	TOLANO	TORRALBAS	TOSSAS
TERCILLA	TIJERINA	TOLEDANO	TORRALES	TOSTA
TERMINEL	TIJERINO	TOLEDO	TORRALVA	TOSTADO
TERON	TIJERO	TOLENTINO	TORRANO	TOVA
TERRADO	TINAJERO	TOLLARDO	TORREBLANCA	TOVALIN
TERRASA	TINAZA	TOLOSA	TORRECH	TOVANCHE
TERRASAS	TINEO	TOLOZA	TORRECILLA	TOVAR
TERRASAZ	TINERELLA	TOLSA	TORRECILLAS	TOVARES
TERRAZA	TINOCO	TOMADA	TORREGROSA	TOVAREZ
TERRAZAS	TIO	TOMAYO	TORRELLAS	TOVIAS
TERRERO	TIRADO	TOMELLOSO	TORRENTERA	TOYA
TERREROS	TIRADOR	TOMEU	TORRES	TOYENS
TERRIGUEZ	TIRAN	TOMINES	TORRESCANO	TOYMIL
TERRIQUEZ	TIRRE	TOPETE	TORRESDIAZ	TOYOS
TERROBA	TIRRES	TOPIA	TORRESMARTINEZ	TRABA
TERRON	TIRREZ	TOQUERO	TORRESOLA	TRABAL

APPENDIX E
2020 CENSUS LIST OF SPANISH SURNAMES

TRABANCO	TRIGOS	TRUJEQUE	UBALLE	ULLIVARRI
TRABAZO	TRIGOURA	TRUJILLA	UBALLEZ	ULLOA
TRACONIS	TRIGUERO	TRUJILLIO	UBALS	ULTRERAS
TRANCOSA	TRIGUEROS	TRUJILLO	UBANDO	UMANA
TRANQUADA	TRIJILLO	TRUYOL	UBARRI	UMANZOR
TRAPAGA	TRILLA	TUALLA	UBAY	UMARAN
TRASLAVINA	TRILLANES	TUANDO	UBEDA	UMPIERRE
TRASOBARES	TRILLAS	TUASON	UBIAS	UNALE
TRASPENA	TRILLAYES	TUAZON	UBIDES	UNAMUNO
TRASVINA	TRILLES	TUBENS	UBIERA	UNANUE
TRAVAL	TRILLO	TUBON	UBIETA	UNATE
TRAVASO	TRILLOS	TUDELA	UBILES	UNEDA
TRAVERZO	TRIMINO	TUDON	UBILLA	UNGO
TRAVIESO	TRINCADO	TUEME	UBINA	UNZALU
TREBIZO	TRINCHET	TUERO	UBINAS	UNZUETA
TREFILIO	TRINIDAD	TUFARES	UCEDA	URAGA
TREGARO	TRIPIS	TULIER	UCETA	URAINÉ
TREJO	TRISTAN	TUNCHES	UCHA	URANDAY
TREJOS	TRISTE	TUNCHEZ	UCHITA	URANGA
TRELLES	TRIUNFO	TUNDIDOR	UCHIZONO	URANGO
TREMILLO	TRIVISO	TUNON	UDABE	URBAEZ
TRENZADO	TRIVIZ	TUR	UDAETA	URBALEJO
TRES	TRIVIZO	TURBAY	UDAVE	URBAY
TRESPALACIOS	TROCHE	TURBE	UDERO	URBIETA
TRETO	TROCHEZ	TURCIOS	UFRACIO	URBINA
TREVILLA	TROJILLO	TURIACE	UFRET	URBINO
TREVINA	TRONCOSA	TURINCIO	UGALDE	URBISTONDO
TREVINIO	TRONCOSO	TURIZO	UGARRIZA	URBIZU
TREVINO	TRONCOZA	TURREY	UGARTE	URCADEZ
TREVISO	TRONCOZO	TURRIETA	UGARTECHEA	URCELAY
TREVIZO	TROYA	TURRIETTA	UGUES	URCIEL
TREVIZU	TROZERA	TURRUBIARTES	UJUETA	URDANETA
TRIANA	TRUCIOS	TURRUBIATE	ULACIA	URDANIVIA
TRIAS	TRUEBA	TURRUBIATES	ULATE	URDAZ
TRIAY	TRUIJILLO	TURULL	ULIBARI	URDIALES
TRICOCHE	TRUILLO	TUYA	ULIBARRI	URDIALEZ
TRIGO	TRUJANO	UBALDE	ULIVARRI	URENA

APPENDIX E
CENSUS LIST OF SPANISH SURNAMES

URENDA	URQUIDEZ	URVANEJO	VALARDE	VALDRIZ
URENIA	URQUIDI	URVINA	VALAREZO	VALEA
URENO	URQUIETA	URZO	VALASQUEZ	VALEDON
URESTE	URQUIJO	URZUA	VALAZQUEZ	VALENCIA
URESTI	URQUILLA	USALLAN	VALBUENA	VALENCIANA
URETA	URQUIOLA	USATORRES	VALCARCE	VALENCIANO
URGELL	URQUIZA	USCANGA	VALCARCEL	VALENEUELA
URGELLES	URQUIZO	USEDA	VALCAZAR	VALENQUELA
URGILES	URQUIZU	USON	VALDASO	VALENSUELA
URGUIDI	URRA	UTRIA	VALDEMAR	VALENTIN
URIA	URRABAS	UTRILLA	VALDENEGRO	VALENZUELA
URIARTE	URRABAZ	UTSET	VALDEPENA	VALENZULA
URIAS	URRABAZO	UVALLE	VALDERAMA	VALENZVELA
URIAZ	URRACA	UVALLES	VALDERAS	VALERA
URIBARRI	URREA	UVIEDO	VALDERAZ	VALERIOS
URIBE	URRECHAGA	UZETA	VALDEREZ	VALERO
URIBES	URREGO	UZUETA	VALDERRAIN	VALESQUEZ
URIBURU	URRETA	VACA	VALDERRAMA	VALEZ
URIEGA	URRIETA	VACIO	VALDES	VALGAS
URIEGAS	URRIZA	VADELL	VALDESPINO	VALHUERDI
URIEL	URROZ	VADI	VALDESRODRIGUEZ	VALIDO
URIETA	URRUCHUA	VADIA	VALDESUSO	VALIENTE
URIOLA	URRUTIA	VADILLO	VALDEZ	VALIGURA
URIONAGUENA	URSUA	VADIZ	VALDEZATE	VALINA
URIOSTE	URSULO	VAELL	VALDILLES	VALINAS
URIOSTEGUI	URTADO	VAELLO	VALDILLEZ	VALINO
URISTA	URTASUN	VAEZ	VALDIVA	VALLADARES
URITA	URTEAGA	VAEZA	VALDIVIA	VALLADAREZ
URIVE	URTEZ	VAIO	VALDIVIESO	VALLADO
URIZ	URTIAGA	VAISA	VALDIVIEZ	VALLADOLID
URIZA	URTUSUASTEGUI	VAIZ	VALDIVIEZO	VALLARTA
URIZAR	URTUZUASTEGUI	VAIZA	VALDO	VALLDEPERAS
UROZA	URUBURU	VAL	VALDONADO	VALLE
URQUIA	URUCHURTU	VALADEZ	VALDOVIN	VALLECILLA
URQUIAGA	URUENA	VALADON	VALDOVINO	VALLECILLO
URQUIDES	URUETA	VALAGUE	VALDOVINOS	VALLECILLOS

APPENDIX E
2020 CENSUS LIST OF SPANISH SURNAMES

VALLEDOR	VARELAS	VEGAZO	VELES	VERASTEQUI
VALLEGOS	VARGAS	VEGERANO	VELESQUEZ	VERASTIGUI
VALLEJA	VARGAZ	VEGES	VELEZ	VERASTIQUE
VALLEJO	VARGUEZ	VEGO	VELEZPEREZ	VERASTIQUI
VALLEJOS	VARIA	VEGOS	VELEZROMAN	VERAY
VALLELLANES	VARONA	VEGUE	VELILLA	VERAZ
VALLENS	VARONIN	VEGUEZ	VELIS	VERAZA
VALLERINO	VAROS	VEGUILLA	VELIZ	VERBERA
VALLES	VAROZ	VEIGUELA	VELLAS	VERCELES
VALLEZ	VARQUEZ	VEINTIDOS	VELLIDO	VERDAGUER
VALLIN	VASALDUA	VEITIA	VELLON	VERDECANNA
VALLS	VASALLO	VEJAR	VELO	VERDECIA
VALMANA	VASCONES	VEJARA	VELOS	VERDEGUEZ
VALMORES	VASCONEZ	VEJARANO	VELOSO	VERDEJA
VALQUEZ	VASCOS	VEJIL	VELOZ	VERDEJO
VALTERZA	VASGUEZ	VEJO	VELOZQUEZ	VERDERA
VALTIER	VASQUE	VELA	VELUNZA	VERDESCA
VALTIERRA	VASQUES	VELAARCE	VELUZ	VERDESE
VALTIERREZ	VASQUEZ	VELACUELLAR	VENCES	VERDESOTO
VALVERDE	VASSQUEZ	VELADO	VENDRELL	VERDIA
VANDO	VASTI	VELADOR	VENECIA	VERDOZA
VANEGAS	VAZGUEZ	VELAQUEZ	VENEGAS	VERDUGA
VANGA	VAZQUE	VELAR	VENERACION	VERDUGO
VANUELOS	VAZQUEL	VELARDE	VENEREO	VERDUSCO
VANZURA	VAZQUES	VELARDES	VENEZUELA	VERDUZCO
VAQUE	VAZQUETELLES	VELARDEZ	VENSOR	VERDUZEO
VAQUER	VAZQUEZ	VELASCO	VENTA	VEREA
VAQUERA	VAZQUEZRIVERA	VELASGUEZ	VENTOSO	VERELA
VAQUERO	VEALSQUEZ	VELASQUES	VENZAL	VEREZ
VAQUILAR	VEAS	VELASQUEZ	VENZOR	VERGARA
VARA	VECIN	VELASTEGUI	VENZUELA	VERGARO
VARADA	VECINO	VELAZCO	VERA	VERGEL
VARAJAS	VEDARTE	VELAZGUEZ	VERACRUZ	VERGUIZAS
VARAS	VEDIA	VELAZQUES	VERAMENDI	VERINO
VARCARCEL	VEGA	VELAZQUEZ	VERANDAS	VERJIL
VARCOS	VEGARA	VELDERRAIN	VERAS	VERNENGO
VARELA	VEGATORRES	VELENZUELA	VERASTEGUI	VERONIN

APPENDIX E
CENSUS LIST OF SPANISH SURNAMES

VERQUER	VICIOSO	VIETTY	VILLACANA	VILLALONA
VERTIZ	VICTORERO	VIEYRA	VILLACARLOS	VILLALONGA
VERVER	VICTORES	VIEZCAS	VILLACIS	VILLALONGIN
VETA	VICUNA	VIGIL	VILLACORTA	VILLALONGO
VEVE	VIDACA	VIGILIA	VILLACORTE	VILLALOVAS
VEYNA	VIDAL	VIGNAU	VILLACRES	VILLALOVOS
VEYTIA	VIDALES	VIGO	VILLACRESES	VILLALOVOZ
VIACAVA	VIDALEZ	VIGOA	VILLADA	VILLALPANDO
VIACOBO	VIDANA	VIGON	VILLADO	VILLALTA
VIADA	VIDANO	VIGUERA	VILLADONIGA	VILLALUA
VIADAS	VIDAURE	VIGUERAS	VILLAERREAL	VILLALUNA
VIADÉ	VIDAURI	VIGUERIA	VILLAESCUSA	VILLALUZ
VIADERO	VIDAURRAZAGA	VIGUES	VILLAFAN	VILLALVA
VIADÉS	VIDAURRE	VIJARRO	VILLAFANA	VILLALVASO
VIADO	VIDAURRETA	VIJIL	VILLAFANE	VILLALVAZO
VIAGRAN	VIDAURRI	VILA	VILLAFLORES	VILLAMAN
VIALES	VIDAURRY	VILABOY	VILLAFRANCA	VILLAMAR
VIALIZ	VIDENA	VILADROSA	VILLAFRANCO	VILLAMARIN
VIALPANDO	VIDES	VILANO	VILLAFUERTE	VILLAMAYOR
VIAMONTE	VIDOT	VILANOVA	VILLAGAS	VILLAMIA
VIANA	VIDRIALES	VILAR	VILLAGOMES	VILLAMIL
VIANES	VIDRIO	VILARCHAO	VILLAGOMEZ	VILLAMOR
VIAPANDO	VIDRIOS	VILARDELL	VILLAGRAMA	VILLAN
VIARREAL	VIDUYA	VILARINO	VILLAGRAN	VILLANEDA
VIARRIAL	VIEGO	VILARO	VILLAGRANA	VILLANES
VIAYRA	VIEITES	VILAS	VILLAHERMOSA	VILLANEUVA
VICARIA	VIEJO	VILASQUEZ	VILLALABOS	VILLANEVA
VICEDO	VIELMA	VILATO	VILLALBA	VILLANEZ
VICENCIO	VIELMAN	VILAUBI	VILLALBAZO	VILLANNEVA
VICENS	VIELMAS	VILCHES	VILLALBOS	VILLANUEBA
VICENT	VIENTOS	VILCHEZ	VILLALOBAS	VILLANUERA
VICENTE	VIERA	VILCHIS	VILLALOBO	VILLANUEVA
VICENTY	VIERAS	VILDOSOLA	VILLALOBOS	VILLANUEVO
VICHOT	VIESCA	VILLA	VILLALOBOZ	VILLANVEVA
VICIEDO	VIESCAS	VILLABLANCA	VILLALOHOS	VILLAO
VICINAIZ	VIETA	VILLACAMPA	VILLALON	VILLAPADIERNA

APPENDIX E
2020 CENSUS LIST OF SPANISH SURNAMES

VILLAPANDO	VILLASIS	VILLOTA	VIROLA	VIZOSO
VILLAPLANA	VILLASTRIGO	VILORIO	VIRREY	VIZUET
VILLAPOL	VILLASUSO	VILTRE	VIRRUETA	VIZUETA
VILLAPONDO	VILLATE	VINA	VIRUEGAS	VOLBEDA
VILLAPUDUA	VILLATORO	VINAGERAS	VIRUET	VOSQUEZ
VILLAQUIRAN	VILLAVA	VINAIXA	VIRUETE	VOZQUEZ
VILLAR	VILLAVERDE	VINAJA	VIRUZO	VUELTA
VILLARAN	VILLAVICENCIO	VINAJERAS	VISARRAGA	XIMENES
VILLARAOS	VILLAVISENCIO	VINALES	VISARRIAGAS	XIMENEZ
VILLARAUS	VILLAZANA	VINALS	VISCAINA	XIMINEZ
VILLAREAL	VILLAZON	VINAS	VISCAINO	XIQUES
VILLAREJO	VILLEDA	VINAT	VISCARRA	XOCHICALE
VILLARES	VILLEGA	VINCENTY	VISCASILLAS	XUAREZ
VILLARICO	VILLEGAS	VINCIONI	VISCAYA	YABUT
VILLARINO	VILLEGES	VINDIOLA	VISERTO	YANAS
VILLARINY	VILLEGOS	VINEGRA	VISOSO	YANES
VILLARIZA	VILLEJO	VINENT	VISPERAS	YANEZ
VILLAROEL	VILLELA	VINFRIDO	VISSEPO	YANEZA
VILLARONGA	VILLENA	VINGOCHEA	VISTRO	YANIZ
VILLAROS	VILLERREAL	VINIEGRA	VITAL	YANOSO
VILLARRE	VILLERREAL	VINUELA	VITAR	YAQUES
VILLARREAL	VILLESCA	VINUELAS	VITELA	YARA
VILLARRIAL	VILLESCAS	VINZON	VITIER	YARRITO
VILLARROEL	VILLESCAZ	VIOLETA	VIVANCO	YARRITU
VILLARRUBIA	VILLETE	VIORATO	VIVANCOS	YARTE
VILLARRUEL	VILLEZCAS	VIOTA	VIVAR	YBABEN
VILLARRUZ	VILLICANA	VIQUEZ	VIVAS	YBANEZ
VILLARTA	VILLICANO	VIRADIA	VIVERO	YBARA
VILLARUBIA	VILLIEGAS	VIRAMONTE	VIVEROS	YBARBO
VILLARUZ	VILLIS	VIRAMONTES	VIVES	YBARRA
VILLAS	VILLOCH	VIRAMONTEZ	VIVO	YBARROLA
VILLASAIZ	VILLODAS	VIRATA	VIZCAINO	YBARRONDO
VILLASANA	VILLOLDO	VIRAY	VIZCARRA	YBERA
VILLASANO	VILLORIA	VIRCHIS	VIZCARRO	YBERRA
VILLASANTE	VILLORIN	VIRELLA	VIZCARRONDO	YCAZA
VILLASECA	VILLORO	VIRGEN	VIZCAYA	YCEDO
VILLASENOR	VILLOT	VIRJAN	VIZCON	YCIANO

APPENDIX E
CENSUS LIST OF SPANISH SURNAMES

YDROGO	YNIGO	YSASAGA	ZABALZA	ZAMBADA
YEBARA	YNIGUEZ	YSASI	ZACARIAS	ZAMBRANA
YEBRA	YNIQUEZ	YSASSI	ZACUTO	ZAMBRANO
YEDO	YNOA	YSER	ZADRIMA	ZAMILPA
YEDOR	YNOCENCIO	YSERN	ZAERA	ZAMORA
YEDRA	YNOSENCIO	YSET	ZAFEREO	ZAMORANO
YEPA	YNOSTROSA	YSLA	ZAFRA	ZAMORES
YEPES	YNOSTROZA	YSLAS	ZAGALA	ZAMOREZ
YEPEZ	YNZUNZA	YSLAVA	ZAGALES	ZAMOT
YEPIS	YOGUEZ	YSQUIERDO	ZAGONA	ZAMUDIO
YEPIZ	YORBA	YTUARTE	ZALACAIN	ZANABRIA
YERA	YORDAN	YTURBE	ZALACE	ZANDATE
YERAS	YPARRAGUIRRE	YTURRALDE	ZALAMEA	ZANDONA
YERENA	YPARREA	YTURRI	ZALAPA	ZANGRONIZ
YERO	YPINA	YTURRIA	ZALAZAR	ZANUDO
YESCAS	YRACEBURU	YTURRIAGA	ZALDANA	ZAPARA
YSEETA	YRACHETA	YUBETA	ZALDIVAR	ZAPATA
YESTE	YRASTORZA	YUCUPICIO	ZALDUA	ZAPATER
YEVERINO	YRIARTE	YUDESIS	ZALDUMBIDE	ZAPATERO
YGLECIAS	YRIBARREN	YUDICE	ZALDUONDO	ZAPEDA
YGLESIAS	YRIBE	YUDICO	ZALVIDEA	ZAPIAIN
YGNACIO	YRIGOLLA	YULAN	ZAMACONA	ZAPIEN
YGUADO	YRIGOLLEN	YULFO	ZAMAGO	ZARABOZO
YGUERABIDE	YRIGOYEN	YURIAR	ZAMANIEGO	ZARAGOSA
YLARREGUI	YRINEO	YUSTE	ZAMANILLO	ZARAGOZ
YLIZALITURRI	YRIQUE	YVANEZ	ZAMANO	ZARAGOZA
YLLA	YRIQUI	YVARRA	ZAMAR	ZARAGOZI
YLLADA	YRISARRI	YZABAL	ZAMARIPA	ZARATE
YLLANES	YRIZARRY	YZAGUIRRE	ZAMARIPPA	ZARAZUA
YLLESCAS	YROZ	YZNAGA	ZAMARO	ZARCO
YNCERA	YRUEGAS	YZQUIERDO	ZAMARRI	ZARCOS
YNCLAN	YRUNGARAY	ZABAL	ZAMARRIPA	ZARDENETA
YNDA	YRURETAGOYENA	ZABALA	ZAMARRIPAS	ZARDENETTA
YNEGAS	YSAGUIRRE	ZABALETA	ZAMARRON	ZARDO
YNEGES	YSAIS	ZABALLA	ZAMAYOA	ZARDON
YNFANTE	YSAQUIRRE	ZABALO	ZAMAZAL	ZARDOYA

APPENDIX E
2020 CENSUS LIST OF SPANISH SURNAMES

ZAROGOZA	ZEMEN	ZUBIRIA
ZARRAGA	ZENDEJAS	ZUBIZARRETA
ZARRAGOITIA	ZENGOTITA	ZUGASTI
ZARRAGOZA	ZENIZO	ZULAICA
ZARRIA	ZENOS	ZULETA
ZARUBICA	ZENTELLA	ZULOAGA
ZARZANA	ZENTENO	ZULUAGA
ZARZOSA	ZEPADA	ZULUETA
ZARZOZA	ZEPEDA	ZUMARRAGA
ZARZUELA	ZEQUEIRA	ZUMAYA
ZASUETA	ZERDA	ZUNIGA
ZATARAIN	ZERIN	ZUNIZA
ZATARAY	ZERMENO	ZUNO
ZATARIAN	ZERPA	ZUNZUNEGUI
ZATOREN	ZERQUERA	ZURBANO
ZAUALA	ZERTUCHE	ZURBARAN
ZAUL	ZERVIGON	ZURITA
ZAUZA	ZETINA	ZURRICA
ZAVALA	ZETINO	ZUVIA
ZAVALETA	ZEVALLOS	ZUVIETA
ZAVALETTA	ZILBAR	ZUZUARREGUI
ZAVALLA	ZILLAS	
ZAVALZA	ZOLETA	
ZAVAT	ZOMORA	
ZAYAS	ZOROLA	
ZAYASBAZAN	ZORRILLA	
ZAYAZ	ZOZAYA	
ZAZUETA	ZUAZNABAR	
ZAZUETTA	ZUAZO	
ZEAS	ZUAZUA	
ZEBALLOS	ZUBELDIA	
ZEDENO	ZUBIA	
ZEDILLO	ZUBIATE	
ZEGARRA	ZUBIETA	
ZELADA	ZUBILLAGA	
ZELAYA	ZUBIRAN	
ZELEDON	ZUBIRI	

APPENDIX F
Site-Specific Surgery Codes for 2023+

Adopted from the 2023 CoC STORE Manual
Complete with Any Notes

Coding of Data Item 1290 Rx Summ – Surg (18-22) and Data Item 1291 Rx Summ- Surg 2023

NOTE: Data item 1290 (RX Summ – Surg Prim Site 03-22) is used for cases diagnosed 1981-2022. The historical codes are in FCDS DAM Appendix F – they are only 2-digits.

NOTE: Data item 1291 (Rx Summ –2023) is a new data item used for cases diagnosed 2023+.

- A-Codes: Most 2023 site-specific surgery codes begin with the letter ‘A’ followed by 3 numbers.
- B-Codes: SKIN codes start with the letter ‘B’ to indicate a major change to this set of codes.
- Future Updates: Future updates to site-specific surgery code sections will be indicated by B-codes

IMPORTANT: Do not reassign codes previously coded for diagnosis years 2022 and prior.

Code the most **invasive, extensive, or definitive** surgery if the patient has multiple surgical procedures of the primary site even if there is no tumor found in the pathologic specimen.

1. **The 2-digit numerical data item Surgery of Primary Site, (Item 1290) is gradually being decommissioned. This item is now called Rx Summ – Surg of Primary Site (03-22).**
2. **FCDS will use Rx Summ – Surg of Primary Site (Item 1290) for all cases DX 1981-2022.**
3. **The Data Item 1290 Surgery of Primary Site is being replaced by a 4-digit alpha-numeric code and a new data item (Item 1291 – Surgery of Primary Site (2023)). The first character of the code is either an “A” or a “B” followed by 3 numbers. “B” indicates new codes. “A” indicates new format for the old code until it is reviewed – then the A’s become B’s with new codes and definitions. In 2023 only Skin Site Specific Surgery Codes have been revised.**
4. Once it is determined that cancer-directed surgery was performed, use the best information in the operative/pathology reports to determine the operative procedure. Do not depend on the name of the procedure since it may be incomplete.
5. If the operative report is unclear regarding what was excised or if there is a discrepancy between the operative and pathology reports, use the pathology report, unless there is a reason to doubt its accuracy.
6. If a surgical procedure removes the remaining portion of an organ, which had been partially resected previously for any condition, code as total removal of the organ.
7. A date field is also included to document the first date of any surgery performed.
8. If there is no indication anywhere in the patient’s medical record that surgery was either planned or performed enter **Surgery Rx Summary as 00 or A000/B000 – No Surgical Procedure.**
9. There is no need to code any non-cancer-directed surgery performed (i.e., the patient had only a biopsy, exploratory or bypass surgery without resection of the primary or metastatic tumor).
10. If multiple primaries are excised at the same time, code the appropriate surgery for each site.

1981-2022 Site-Specific Surgery Codes for Rx Summ (03-22)

ORAL CAVITY

**Lip C00.0–C00.9, Base of Tongue C01.9, Other Parts of Tongue C02.0–C02.9,
Gum C03.0–C03.9, Floor of Mouth C04.0–C04.9, Palate C05.0–C05.9,
Other Parts of Mouth C06.0–C06.9**

Codes

00 None; no surgery of primary site; autopsy ONLY

10 Local tumor destruction, NOS

11 Photodynamic therapy (PDT)

12 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)

13 Cryosurgery

14 Laser

No specimen sent to pathology from surgical events 10–14.

20 Local tumor excision, NOS

26 Polypectomy

27 Excisional biopsy

Any combination of 20 or 26–27 WITH

21 Photodynamic therapy (PDT)

22 Electrocautery

23 Cryosurgery

24 Laser ablation

25 Laser excision

30 Wide excision, NOS

Code 30 includes:

Hemiglossectomy

Partial glossectomy

40 Radical excision of tumor, NOS

41 Radical excision of tumor ONLY

42 Combination of 41 WITH resection in continuity with mandible (marginal, segmental, hemi-, or

total resection)

43 Combination of 41 WITH resection in continuity with maxilla (partial, subtotal, or total resection)

Codes 40–43 include:

Total glossectomy

Radical glossectomy

Specimen sent to pathology from surgical events 20–43.

90 Surgery, NOS

99 Unknown if surgery performed; death certificate ONLY

1981-2022 Site-Specific Surgery Codes for Rx Summ (03-22)

PAROTID AND OTHER UNSPECIFIED GLANDS
Parotid Gland C07.9, Major Salivary Glands C08.0–C08.9

Codes

00 None; no surgery of primary site; autopsy ONLY

10 Local tumor destruction, NOS

11 Photodynamic therapy (PDT)

12 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)

13 Cryosurgery

14 Laser

No specimen sent to pathology from surgical events 10–14.

20 Local tumor excision, NOS

26 Polypectomy

27 Excisional biopsy

Any combination of 20 or 26–27 WITH

21 Photodynamic therapy (PDT)

22 Electrocautery

23 Cryosurgery

24 Laser ablation

25 Laser excision

30 Less than total parotidectomy, NOS; less than total removal of major salivary gland, NOS

31 Facial nerve spared

32 Facial nerve sacrificed

33 Superficial lobe ONLY

34 Facial nerve spared

35 Facial nerve sacrificed

36 Deep lobe (Total)

37 Facial nerve spared

38 Facial nerve sacrificed

40 Total parotidectomy, NOS; total removal of major salivary gland, NOS

41 Facial nerve spared

42 Facial nerve sacrificed

50 Radical parotidectomy, NOS; radical removal of major salivary gland, NOS

51 WITHOUT removal of temporal bone

52 WITH removal of temporal bone

53 WITH removal of overlying skin (requires graft or flap coverage)

80 Parotidectomy, NOS

Specimen sent to pathology from surgical events 20–80.

90 Surgery, NOS

99 Unknown if surgery performed; death certificate ONLY

1981-2022 Site-Specific Surgery Codes for Rx Summ (03-22)

PHARYNX

**Tonsil C09.0–C09.9, Oropharynx C10.0–C10.9, Nasopharynx C11.0–C11.9
Pyriform Sinus C12.9, Hypopharynx C13.0–C13.9, Pharynx C14.0**

Codes

00 None; no surgery of primary site; autopsy ONLY

10 Local tumor destruction, NOS

11 Photodynamic therapy (PDT)

12 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)

13 Cryosurgery

14 Laser

15 Stripping

No specimen sent to pathology from surgical events 10–15.

20 Local tumor excision, NOS

26 Polypectomy

27 Excisional biopsy

Any combination of 20 or 26–27 WITH

21 Photodynamic therapy (PDT)

22 Electrocautery

23 Cryosurgery

24 Laser ablation

25 Laser excision

28 Stripping

30 Pharyngectomy, NOS

31 Limited/partial pharyngectomy; tonsillectomy, bilateral tonsillectomy

32 Total pharyngectomy

40 Pharyngectomy WITH laryngectomy OR removal of contiguous bone tissue, NOS (does NOT include total mandibular resection)

41 WITH Laryngectomy (laryngopharyngectomy)

42 WITH bone

43 WITH both 41 and 42

50 Radical pharyngectomy (includes total mandibular resection), NOS

51 WITHOUT laryngectomy

52 WITH laryngectomy

Specimen sent to pathology from surgical events 20–52.

90 Surgery, NOS

99 Unknown if surgery performed; death certificate ONLY

1981-2022 Site-Specific Surgery Codes for Rx Summ (03-22)

**ESOPHAGUS
C15.0–C15.9**

Codes

00 None; no surgery of primary site; autopsy ONLY

10 Local tumor destruction, NOS

11 Photodynamic therapy (PDT)

12 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)

13 Cryosurgery

14 Laser

No specimen sent to pathology from surgical events 10–14.

20 Local tumor excision, NOS

26 Polypectomy

27 Excisional biopsy

Any combination of 20 or 26–27 WITH

21 Photodynamic therapy (PDT)

22 Electrocautery

23 Cryosurgery

24 Laser ablation

25 Laser excision

30 Partial esophagectomy

40 Total esophagectomy, NOS

50 Esophagectomy, NOS WITH laryngectomy and/or gastrectomy, NOS

51 WITH laryngectomy

52 WITH gastrectomy, NOS

53 Partial gastrectomy

54 Total gastrectomy

55 Combination of 51 WITH any of 52–54

80 Esophagectomy, NOS

Specimen sent to pathology from surgical events 20–80.

90 Surgery, NOS

99 Unknown if surgery performed; death certificate ONLY

1981-2022 Site-Specific Surgery Codes for Rx Summ (03-22)

**STOMACH
C16.0–C16.9**

Codes

00 None; no surgery of primary site; autopsy ONLY

10 Local tumor destruction, NOS

11 Photodynamic therapy (PDT)

12 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)

13 Cryosurgery

14 Laser

No specimen sent to pathology from surgical events 10–14.

20 Local tumor excision, NOS

26 Polypectomy

27 Excisional biopsy

Any combination of 20 or 26–27 WITH

21 Photodynamic therapy (PDT)

22 Electrocautery

23 Cryosurgery

24 Laser ablation

25 Laser excision

30 Gastrectomy, NOS (partial, subtotal, hemi-)

31 Antrectomy, lower (distal-less than 40% of stomach)***

32 Lower (distal) gastrectomy (partial, subtotal, hemi-)

33 Upper (proximal) gastrectomy (partial, subtotal, hemi-)

Code 30 includes:

Partial gastrectomy, including a sleeve resection of the stomach

Billroth I: anastomosis to duodenum (duodenostomy)

Billroth II: anastomosis to jejunum (jejunostomy)

40 Near-total or total gastrectomy, NOS

41 Near-total gastrectomy

42 Total gastrectomy

A total gastrectomy may follow a previous partial resection of the stomach.

50 Gastrectomy, NOS WITH removal of a portion of esophagus

51 Partial or subtotal gastrectomy

52 Near total or total gastrectomy

Codes 50–52 are used for gastrectomy resection when only portions of esophagus are included in procedure.

60 Gastrectomy with a resection in continuity with the resection of other organs, NOS***

61 Partial or subtotal gastrectomy, in continuity with the resection of other organs***

62 Near total or total gastrectomy, in continuity with the resection of other organs***

63 Radical gastrectomy, in continuity with the resection of other organs***

1981-2022 Site-Specific Surgery Codes for Rx Summ (03-22)

**Codes 60–63 are used for gastrectomy resections with organs other than esophagus.
Portions of esophagus may or may not be included in the resection.**

80 Gastrectomy, NOS

Specimen sent to pathology from surgical events 20–80.

90 Surgery, NOS

99 Unknown if surgery performed; death certificate ONLY

*** Incidental splenectomy NOT included

1981-2022 Site-Specific Surgery Codes for Rx Summ (03-22)

COLON C18.0–C18.9

Code removal/surgical ablation of single or multiple liver metastases under the data item *Surgical Procedure/Other Site* (NAACCR Item #1294).

Codes

00 None; no surgery of primary site; autopsy ONLY

10 Local tumor destruction, NOS

12 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)

No specimen sent to pathology from surgical events 10–12.

20 Local tumor excision, NOS

26 Polypectomy, NOS

27 Excisional biopsy

28 Polypectomy-endoscopic

29 Polypectomy-surgical excision

Any combination of 20 or 26–29 WITH

22 Electrocautery

30 Partial colectomy, segmental resection

32 Plus resection of contiguous organ; example: small bowel, bladder

40 Subtotal colectomy/hemicolectomy (total right or left colon and a portion of transverse colon)

41 Plus resection of contiguous organ; example: small bowel, bladder

50 Total colectomy (removal of colon from cecum to the rectosigmoid junction; may include a portion of the rectum)

51 Plus resection of contiguous organ; example: small bowel, bladder

60 Total proctocolectomy (removal of colon from cecum to the rectosigmoid junction, including the entire rectum)

61 Plus resection of contiguous organ; example: small bowel, bladder

70 Colectomy or coloproctectomy with resection of contiguous organ(s), NOS (where there is not enough information to code 32, 41, 51, or 61)

Code 70 includes: Any colectomy (partial, hemicolectomy, or total) WITH a resection of any other organs in continuity with the primary site. Other organs may be partially or totally removed. Other organs may include, but are not limited to, oophorectomy, partial proctectomy, rectal mucosectomy, or pelvic exenteration.

80 Colectomy, NOS

Specimen sent to pathology from surgical events 20–80.

90 Surgery, NOS

1981-2022 Site-Specific Surgery Codes for Rx Summ (03-22)

99 Unknown if surgery performed; death certificate ONLY

1981-2022 Site-Specific Surgery Codes for Rx Summ (03-22)

**RECTOSIGMOID
C19.9**

Code removal/surgical ablation of single or multiple liver metastases under the data item *Surgical Procedure/Other Site* (NAACCR Item #1294).

Codes

00 None; no surgery of primary site; autopsy ONLY

10 Local tumor destruction, NOS

12 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)

No specimen sent to pathology from surgical events 10–12.

20 Local tumor excision, NOS

26 Polypectomy

27 Excisional biopsy

Combination of 20 or 26–27 WITH

22 Electrocautery

30 Segmental resection; partial proctosigmoidectomy, NOS

31 Plus resection of contiguous organs; example: small bowel, bladder

Procedures coded 30 include, but are not limited to:

Anterior resection

Hartmann's operation

Low anterior resection (LAR) Partial colectomy, NOS Rectosigmoidectomy, NOS Sigmoidectomy

40 Pull through WITH sphincter preservation (colo-anal anastomosis)

50 Total proctectomy

51 Total colectomy

55 Total colectomy WITH ileostomy, NOS

56 Ileorectal reconstruction

57 Total colectomy WITH other pouch; example: Koch pouch

60 Total proctocolectomy, NOS

65 Total proctocolectomy WITH ileostomy, NOS

66 Total proctocolectomy WITH ileostomy and pouch

Removal of the colon from cecum to the rectosigmoid or a portion of the rectum.

70 Colectomy or proctocolectomy resection in continuity with other organs; pelvic exenteration

1981-2022 Site-Specific Surgery Codes for Rx Summ (03-22)

80 Colectomy, NOS; Proctectomy, NOS

Specimen sent to pathology from surgical events 20–80.

90 Surgery, NOS

99 Unknown if surgery performed; death certificate ONLY

1981-2022 Site-Specific Surgery Codes for Rx Summ (03-22)

RECTUM C20.9

Code removal/surgical ablation of single or multiple liver metastases under the data item *Surgical Procedure/Other Site* (NAACCR Item #1294).

Codes

00 None; no surgery of primary site; autopsy ONLY

10 Local tumor destruction, NOS

12 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)

No specimen sent to pathology from surgical events 10-12

20 Local tumor excision, NOS

26 Polypectomy

27 Excisional biopsy

Any combination of 20 or 26–27 WITH

22 Electrocautery

28 Curette and fulguration

30 Segmental resection; partial proctectomy, NOS

Procedures coded 30 include, but are not limited to:

Anterior resection

Hartmann's operation

Low anterior resection (LAR) Transsacral rectosigmoidectomy

40 Pull through WITH sphincter preservation (coloanal anastomosis)

50 Total proctectomy

Procedure coded 50 includes, but is not limited to:

Abdominoperineal resection

60 Total proctocolectomy, NOS

70 Proctectomy or proctocolectomy with resection in continuity with other organs; pelvic exenteration

80 Proctectomy, NOS

Specimen sent to pathology from surgical events 20–80.

90 Surgery, NOS

99 Unknown if surgery performed; death certificate ONLY

1981-2022 Site-Specific Surgery Codes for Rx Summ (03-22)

**ANUS
C21.0–C21.8**

Codes

00 None; no surgery of primary site; autopsy ONLY

10 Local tumor destruction, NOS

12 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)

15 Thermal Ablation

No specimen sent to pathology from surgical events 10, 12 and 15.

20 Local tumor excision, NOS

26 Polypectomy

27 Excisional biopsy

Any combination of 20 or 26–27 WITH

22 Electrocautery

60 Abdominal perineal resection, NOS (APR)

61 APR and sentinel node excision

62 APR and unilateral inguinal lymph node dissection

63 APR and bilateral inguinal lymph node dissection

The lymph node dissection should also be coded under *Scope of Regional Lymph Node Surgery* (NAACCR Item #1292) or *Scope of Regional Lymph Node Surgery at This Facility* (NAACCR Item #672).

Specimen sent to pathology from surgical events 20–63.

90 Surgery, NOS

99 Unknown if surgery performed; death certificate ONLY

1981-2022 Site-Specific Surgery Codes for Rx Summ (03-22)

**LIVER AND INTRAHEPATIC BILE DUCTS
C22.0–C22.1**

Codes

00 None; no surgery of primary site; autopsy ONLY

10 Local tumor destruction, NOS

11 Photodynamic therapy (PDT)

12 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)

13 Cryosurgery

14 Laser

15 Alcohol (Percutaneous Ethanol Injection-PEI)

16 Heat-Radio-frequency ablation (RFA)

17 Other (ultrasound, acetic acid)

No specimen sent to pathology from surgical events 10–17.

20 Wedge or segmental resection, NOS

21 Wedge resection

22 Segmental resection, NOS

23 One

24 Two

25 Three

26 Segmental resection AND local tumor destruction

30 Lobectomy, NOS

36 Right lobectomy

37 Left lobectomy

38 Lobectomy AND local tumor destruction

50 Extended lobectomy, NOS (extended: resection of a single lobe plus a segment of another lobe)

51 Right lobectomy

52 Left lobectomy

59 Extended lobectomy AND local tumor destruction

60 Hepatectomy, NOS

61 Total hepatectomy and transplant

65 Excision of a bile duct (for an intra-hepatic bile duct primary only)

66 Excision of an intrahepatic bile duct PLUS partial hepatectomy

75 Extrahepatic bile duct and hepatectomy WITH transplant

Specimen sent to pathology from surgical events 20–75.

90 Surgery, NOS

99 Unknown if surgery performed; death certificate ONLY

1981-2022 Site-Specific Surgery Codes for Rx Summ (03-22)

**PANCREAS
C25.0–C25.9**

Codes

- 00 None; no surgery of primary site; autopsy ONLY
- 25 Local excision of tumor, NOS
- 30 Partial pancreatectomy, NOS; example: distal
- 35 Local or partial pancreatectomy and duodenectomy
 - 36 WITHOUT distal/partial gastrectomy
 - 37 WITH partial gastrectomy (Whipple)
- 40 Total pancreatectomy
- 60 Total pancreatectomy and subtotal gastrectomy or duodenectomy
- 70 Extended pancreatoduodenectomy
- 80 Pancreatectomy, NOS
- 90 Surgery, NOS
- 99 Unknown if surgery performed; death certificate ONLY

1981-2022 Site-Specific Surgery Codes for Rx Summ (03-22)

**LARYNX
C32.0–C32.9**

Codes

00 None; no surgery of primary site; autopsy ONLY

10 Local tumor destruction, NOS

11 Photodynamic therapy (PDT)

12 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)

13 Cryosurgery

14 Laser

15 Stripping

No specimen sent to pathology from surgical events 10–15.

20 Local tumor excision, NOS

26 Polypectomy

27 Excisional biopsy

Any combination of 20 or 26–27 WITH

21 Photodynamic therapy (PDT)

22 Electrocautery

23 Cryosurgery

24 Laser ablation

25 Laser excision

28 Stripping

30 Partial excision of the primary site, NOS; subtotal/partial laryngectomy NOS; hemilaryngectomy NOS

31 Vertical laryngectomy

32 Anterior commissure laryngectomy

33 Supraglottic laryngectomy

40 Total or radical laryngectomy, NOS

41 Total laryngectomy ONLY

42 Radical laryngectomy ONLY

50 Pharyngolaryngectomy

80 Laryngectomy, NOS

Specimen sent to pathology from surgical events 20–80.

90 Surgery, NOS

99 Unknown if surgery performed; death certificate ONLY

1981-2022 Site-Specific Surgery Codes for Rx Summ (03-22)

**LUNG
C34.0–C34.9**

Codes

00 None; no surgery of primary site; autopsy ONLY

19 Local tumor destruction or excision, NOS

Unknown whether a specimen was sent to pathology for surgical events coded 19 (principally for cases diagnosed prior to January 1, 2003).

15 Local tumor destruction, NOS

12 Laser ablation or cryosurgery

13 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)

No specimen sent to pathology from surgical events 12–13 and 15.

20 Excision or resection of less than one lobe, NOS

23 Excision, NOS

24 Laser excision

25 Bronchial sleeve resection ONLY

21 Wedge resection

22 Segmental resection, including lingulectomy

30 Resection of lobe or bilobectomy, but less than the whole lung (partial pneumonectomy, NOS)

33 Lobectomy WITH mediastinal lymph node dissection

The lymph node dissection should also be coded under *Scope of Regional Lymph Node Surgery* (NAACCR Item #1292) or *Scope of Regional Lymph Node Surgery at This Facility* (NAACCR Item #672).

45 Lobe or bilobectomy extended, NOS

46 WITH chest wall

47 WITH pericardium

48 WITH diaphragm

55 Pneumonectomy, NOS

56 WITH mediastinal lymph node dissection (radical pneumonectomy)

The lymph node dissection should also be coded under *Scope of Regional Lymph Node Surgery* (NAACCR Item #1292) or *Scope of Regional Lymph Node Surgery at This Facility* (NAACCR Item #672).

65 Extended pneumonectomy

66 Extended pneumonectomy plus pleura or diaphragm

70 Extended radical pneumonectomy

The lymph node dissection should also be coded under *Scope of Regional Lymph Node Surgery* (NAACCR Item #1292) or *Scope of Regional Lymph Node Surgery at This Facility* (NAACCR Item #672).

1981-2022 Site-Specific Surgery Codes for Rx Summ (03-22)

80 Resection of lung, NOS

Specimen sent to pathology from surgical events 20–80.

90 Surgery, NOS

99 Unknown if surgery performed; death certificate ONLY

1981-2022 Site-Specific Surgery Codes for Rx Summ (03-22)

**HEMATOPOIETIC/RETICULOENDOTHELIAL/
IMMUNOPROLIFERATIVE/MYELOPROLIFERATIVE DISEASE**

C42.0, C42.1, C42.3, C42.4 (with any histology)

Code

98 All hematopoietic/reticuloendothelial/immunoproliferative/myeloproliferative disease sites and/or histologies, WITH or WITHOUT surgical treatment.

Surgical procedures for hematopoietic/reticuloendothelial/immunoproliferative/ myeloproliferative primaries are to be recorded using the data item *Surgical Procedure/Other Site* (NAACCR Item #1294) or *Surgical Procedure/Other Site at This Facility* (NAACCR Item #674).

1981-2022 Site-Specific Surgery Codes for Rx Summ (03-22)

**BONES, JOINTS, AND ARTICULAR CARTILAGE
C40.0–C41.9
PERIPHERAL NERVES AND AUTONOMIC NERVOUS SYSTEM
C47.0–C47.9
CONNECTIVE, SUBCUTANEOUS, AND OTHER SOFT TISSUES
C49.0–C49.9**

Codes

00 None; no surgery of primary site; autopsy ONLY

19 Local tumor destruction or excision, NOS

Unknown whether a specimen was sent to pathology for surgical events coded 19 (principally for cases diagnosed prior to January 1, 2003).

15 Local tumor destruction

No specimen sent to pathology from surgical event 15.

25 Local excision

26 Partial resection

30 Radical excision or resection of lesion WITH limb salvage

40 Amputation of limb

41 Partial amputation of limb

42 Total amputation of limb

50 Major amputation, NOS

51 Forequarter, including scapula

52 Hindquarter, including ilium/hip bone

53 Hemipelvectomy, NOS

54 Internal hemipelvectomy

Specimen sent to pathology from surgical events 25–54.

90 Surgery, NOS

99 Unknown if surgery performed; death certificate ONLY

1981-2022 Site-Specific Surgery Codes for Rx Summ (03-22)

**SPLEEN
C42.2**

Codes

00 None; no surgery of primary site; autopsy ONLY

19 Local tumor destruction or excision, NOS

Unknown whether a specimen was sent to pathology for surgical events coded 19 (principally for cases diagnosed prior to January 1, 2003).

21 Partial splenectomy

22 Total splenectomy

80 Splenectomy, NOS

Specimen sent to pathology for surgical events 21-80.

90 Surgery, NOS

99 Unknown if surgery performed; death certificate ONLY

1981-2022 Site-Specific Surgery Codes for Rx Summ (03-22)

**SKIN
C44.0–C44.9**

Codes

00 None; no surgery of primary site; autopsy ONLY

10 Local tumor destruction, NOS

11 Photodynamic therapy (PDT)

12 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)

13 Cryosurgery

14 Laser ablation

No specimen sent to pathology from surgical events 10–14.

20 Local tumor excision, NOS

26 Polypectomy

27 Excisional biopsy

Any combination of 20 or 26–27 WITH

21 Photodynamic therapy (PDT)

22 Electrocautery

23 Cryosurgery

24 Laser ablation

25 Laser excision

30 Biopsy of primary tumor followed by a gross excision of the lesion (does not have to be done under the same anesthesia)

31 Shave biopsy followed by a gross excision of the lesion

32 Punch biopsy followed by a gross excision of the lesion

33 Incisional biopsy followed by a gross excision of the lesion

34 Mohs surgery, NOS

35 Mohs with 1-cm margin or less

36 Mohs with more than 1-cm margin

45 Wide excision or reexcision of lesion or minor (local) amputation with margins more than 1 cm, NOS.

Margins MUST be microscopically negative.

46 WITH margins more than 1 cm and less than or equal to 2 cm

47 WITH margins greater than 2 cm

If the excision or reexcision has microscopically confirmed negative margins < than 1 cm OR margins are 1cm or > but are not microscopically confirmed; use the appropriate code, 20–36.

60 Major amputation

Specimen sent to pathology from surgical events 20–60.

90 Surgery, NOS

99 Unknown if surgery performed; death certificate ONLY

1981-2022 Site-Specific Surgery Codes for Rx Summ (03-22)

**BREAST
C50.0–C50.9**

Codes

00 None; no surgery of primary site; autopsy ONLY

19 Local tumor destruction, NOS

No specimen was sent to pathology for surgical events coded 19 (principally for cases diagnosed prior to January 1, 2003).

20 Partial mastectomy, NOS; less than total mastectomy, NOS

21 Partial mastectomy WITH nipple resection

22 Lumpectomy or excisional biopsy

23 Reexcision of the biopsy site for gross or microscopic residual disease

24 Segmental mastectomy (including wedge resection, quadrantectomy, tylectomy)

Procedures coded 20–24 remove the gross primary tumor and some of the breast tissue (breast conserving or preserving). There may be microscopic residual tumor.

30 Subcutaneous mastectomy

A subcutaneous mastectomy, also called a nipple sparing mastectomy, is the removal of breast tissue without the nipple and areolar complex or overlying skin. It is performed to facilitate immediate breast reconstruction. Cases coded 30 may be considered to have undergone breast reconstruction.

40 Total (simple) mastectomy

41 WITHOUT removal of uninvolved contralateral breast

43 With reconstruction NOS

44 Tissue

45 Implant

46 Combined (Tissue and Implant)

42 WITH removal of uninvolved contralateral breast

47 With reconstruction NOS

48 Tissue

49 Implant

75 Combined (Tissue and Implant)

A total (simple) mastectomy removes all breast tissue, the nipple, and areolar complex. An axillary dissection is not done, but sentinel lymph nodes may be removed.

For single primaries, involving both breasts use code 76.

If the contralateral breast reveals a second primary, each breast is abstracted separately. The surgical procedure is coded 41 for the first primary. The surgical code for the contralateral breast is coded to the procedure performed on that site.

Reconstruction that is planned as part of first course treatment is coded 43-49 or 75, whether it is done at the time of mastectomy or later.

1981-2022 Site-Specific Surgery Codes for Rx Summ (03-22)

76 Bilateral mastectomy for a single tumor involving both breasts, as for bilateral inflammatory carcinoma.

50 Modified radical mastectomy

51 WITHOUT removal of uninvolved contralateral breast

53 Reconstruction, NOS

54 Tissue

55 Implant

56 Combined (Tissue and Implant)

52 WITH removal of uninvolved contralateral breast

57 Reconstruction, NOS

58 Tissue

59 Implant

63 Combined (Tissue and Implant)

Removal of all breast tissue, the nipple, the areolar complex, and variable amounts of breast skin in continuity with the axilla. The specimen may or may not include a portion of the pectoralis major muscle

If contralateral breast reveals a second primary, it is abstracted separately. The surgical procedure is coded 51 for the first primary. The surgical code for the contralateral breast is coded to the procedure performed on that site.

For single primaries only, code removal of contralateral breast under the data item *Surgical Procedure/Other Site* (NAACCR Item #1294) or *Surgical Procedure/Other Site at This Facility* (NAACCR Item #674).

60 Radical mastectomy, NOS

61 WITHOUT removal of uninvolved contralateral breast

64 Reconstruction, NOS

65 Tissue

66 Implant

67 Combined (Tissue and Implant)

62 WITH removal of uninvolved contralateral breast

68 Reconstruction, NOS

69 Tissue

73 Implant

74 Combined (Tissue and Implant)

70 Extended radical mastectomy

71 WITHOUT removal of uninvolved contralateral breast

72 WITH removal of uninvolved contralateral breast

80 Mastectomy, NOS

Specimen sent to pathology for surgical events coded 20-80.

90 Surgery, NOS

99 Unknown if surgery performed; death certificate ONLY

1981-2022 Site-Specific Surgery Codes for Rx Summ (03-22)

**CERVIX UTERI
C53.0–C53.9**

For invasive cancers, dilation and curettage is coded as an incisional biopsy (02) under the data item *Surgical Diagnostic and Staging Procedure* (NAACCR Item #1350).

Codes

00 None; no surgery of primary site; autopsy ONLY

10 Local tumor destruction, NOS

11 Photodynamic therapy (PDT)

12 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)

13 Cryosurgery

14 Laser

15 Loop Electrocautery Excision Procedure (LEEP)

16 Laser ablation

17 Thermal ablation

No specimen sent to pathology from surgical events 10–17.

20 Local tumor excision, NOS

26 Excisional biopsy, NOS

27 Cone biopsy

24 Cone biopsy WITH gross excision of lesion

29 Trachelectomy; removal of cervical stump; cervicectomy

Any combination of 20, 24, 26, 27 or 29 WITH

21 Electrocautery

22 Cryosurgery

23 Laser ablation or excision

25 Dilatation and curettage; endocervical curettage (for in situ only)

28 Loop electrocautery excision procedure (LEEP)

30 Total hysterectomy (simple, pan-) WITHOUT removal of tubes and ovaries

Total hysterectomy removes both the corpus and cervix uteri and may also include a portion of vaginal cuff.

40 Total hysterectomy (simple, pan-) WITH removal of tubes and/or ovary

Total hysterectomy removes both the corpus and cervix uteri and may also include a portion of vaginal cuff.

50 Modified radical or extended hysterectomy; radical hysterectomy; extended radical hysterectomy

51 Modified radical hysterectomy

52 Extended hysterectomy

53 Radical hysterectomy; Wertheim procedure

54 Extended radical hysterectomy

60 Hysterectomy, NOS, WITH or WITHOUT removal of tubes and ovaries

61 WITHOUT removal of tubes and ovaries

62 WITH removal of tubes and ovaries

1981-2022 Site-Specific Surgery Codes for Rx Summ (03-22)

70 Pelvic exenteration

71 Anterior exenteration

Includes bladder, distal ureters, and genital organs WITH their ligamentous attachments and pelvic lymph nodes.

72 Posterior exenteration

Includes rectum and rectosigmoid WITH ligamentous attachments and pelvic lymph nodes.

73 Total exenteration

Includes removal of all pelvic contents and pelvic lymph nodes.

74 Extended exenteration

Includes pelvic blood vessels or bony pelvis.

Specimen sent to pathology from surgical events 20–74.

90 Surgery, NOS

99 Unknown if surgery performed; death certificate ONLY

1981-2022 Site-Specific Surgery Codes for Rx Summ (03-22)

**CORPUS UTERI
C54.0–C55.9**

For invasive cancers, dilation and curettage is coded as an incisional biopsy (02) under the data item *Surgical Diagnostic and Staging Procedure* (NAACCR Item #1350).

Codes

00 None; no surgery of primary site; autopsy ONLY

19 Local tumor destruction or excision, NOS

Unknown whether a specimen was sent to pathology for surgical events coded 19 (principally for cases diagnosed prior to January 1, 2003).

10 Local tumor destruction, NOS

11 Photodynamic therapy (PDT)

12 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)

13 Cryosurgery

14 Laser

15 Loop Electocautery Excision Procedure (LEEP)

16 Thermal ablation

No specimen sent to pathology from surgical events 10–16.

20 Local tumor excision, NOS; simple excision, NOS

24 Excisional biopsy

25 Polypectomy

26 Myomectomy

Any combination of 20 or 24–26 WITH

21 Electrocautery

22 Cryosurgery

23 Laser ablation or excision

30 Subtotal hysterectomy/supracervical hysterectomy/fundectomy WITH or WITHOUT removal of tube(s) and ovary(ies).

31 WITHOUT tube(s) and ovary(ies)

32 WITH tube(s) and ovary(ies)

40 Total hysterectomy (simple, pan-) WITHOUT removal of tube(s) and ovary(ies)

Removes both the corpus and cervix uteri. It may also include a portion of the vaginal cuff.

50 Total hysterectomy (simple, pan-) WITH removal of tube(s) and/or ovary(ies)

Removes both the corpus and cervix uteri. It may also include a portion of the vaginal cuff.

60 Modified radical or extended hysterectomy; radical hysterectomy; extended radical hysterectomy

61 Modified radical hysterectomy

62 Extended hysterectomy

63 Radical hysterectomy; Wertheim procedure

64 Extended radical hysterectomy

65 Hysterectomy, NOS, WITH or WITHOUT removal of tube(s) and ovary(ies)

1981-2022 Site-Specific Surgery Codes for Rx Summ (03-22)

66 WITHOUT removal of tube(s) and ovary(ies)

67 WITH removal of tube(s) and ovary(ies)

75 Pelvic exenteration

76 Anterior exenteration

Includes bladder, distal ureters, and genital organs WITH their ligamentous attachments and pelvic lymph nodes.

77 Posterior exenteration

Includes rectum and rectosigmoid WITH ligamentous attachments and pelvic lymph nodes.

78 Total exenteration

Includes removal of all pelvic contents and pelvic lymph nodes.

79 Extended exenteration

Includes pelvic blood vessels or bony pelvis.

Specimen sent to pathology from surgical events 20–79.

90 Surgery, NOS

99 Unknown if surgery performed; death certificate ONLY

1981-2022 Site-Specific Surgery Codes for Rx Summ (03-22)

**OVARY
C56.9**

Codes

00 None; no surgery of primary site; autopsy ONLY

17 Local tumor destruction, NOS

No specimen sent to pathology from surgical event 17.

25 Total removal of tumor or (single) ovary, NOS

26 Resection of ovary (wedge, subtotal, or partial) ONLY, NOS; unknown if hysterectomy done

27 WITHOUT hysterectomy

28 WITH hysterectomy

35 Unilateral (salpingo-)oophorectomy; unknown if hysterectomy done

36 WITHOUT hysterectomy

37 WITH hysterectomy

50 Bilateral (salpingo-)oophorectomy; unknown if hysterectomy done

51 WITHOUT hysterectomy

52 WITH hysterectomy

55 Unilateral or bilateral (salpingo-)oophorectomy WITH OMENTECTOMY, NOS; partial or total; unknown if hysterectomy done

56 WITHOUT hysterectomy

57 WITH hysterectomy

60 Debulking; cytoreductive surgery, NOS

61 WITH colon (including appendix) and/or small intestine resection (not incidental)

62 WITH partial resection of urinary tract (not incidental)

63 Combination of 61 and 62

Debulking is a partial or total removal of the tumor mass and can involve the removal of multiple organ sites. It may include removal of ovaries and/or the uterus (a hysterectomy).

The pathology report may or may not identify ovarian tissue. A debulking is usually followed by another treatment modality such as chemotherapy.

70 Pelvic exenteration, NOS

71 Anterior exenteration

Includes bladder, distal ureters, and genital organs WITH their ligamentous attachments and pelvic lymph nodes.

72 Posterior exenteration

Specimen sent to pathology from surgical events 25–80.

90 Surgery, NOS

99 Unknown if surgery performed; death certificate ONLY

PROSTATE

C61.9

1981-2022 Site-Specific Surgery Codes for Rx Summ (03-22)

(Except for 9727, 9732, 9741-9742, 9749, 9762-9809, 9832, 9840-9931, 9945-9946, 9950-9968, 9975-9993)

Do not code an orchiectomy in this field. For prostate primaries, orchiectomies are coded in the data item *Hematologic Transplant and Endocrine Procedures* (NAACCR Item #3250).

Codes

00 None; no surgery of primary site; autopsy ONLY

18 Local tumor destruction or excision, NOS

19 Transurethral resection (TURP), NOS, and no specimen sent to pathology or unknown if sent

Unknown whether a specimen was sent to pathology for surgical events coded 18 or 19 (principally for cases diagnosed prior to January 1, 2003).

10 Local tumor destruction, NOS

14 Cryoprostatectomy

15 Laser ablation

16 Hyperthermia

17 Other method of local tumor destruction

No specimen sent to pathology from surgical events 10–17.

20 Local tumor excision, NOS

21 Transurethral resection (TURP), NOS, with specimen sent to pathology

22 TURP—cancer is incidental finding during surgery for benign disease

23 TURP—patient has suspected/known cancer

Any combination of 20–23 WITH

24 Cryosurgery

25 Laser

26 Hyperthermia

30 Subtotal, segmental, or simple prostatectomy, which may leave all or part of the capsule intact

50 Radical prostatectomy, NOS; total prostatectomy, NOS

Excised prostate, prostatic capsule, ejaculatory ducts, seminal vesicle(s) and may include a narrow cuff of bladder neck.

70 Prostatectomy WITH resection in continuity with other organs; pelvic exenteration

Surgeries coded 70 are any prostatectomy WITH resection in continuity with any other organs. The other organs may be partially or totally removed. Procedures may include, but are not limited to, cystoprostatectomy, radical cystectomy, and prostatectomy.

80 Prostatectomy, NOS

Specimen sent to pathology from surgical events 20–80.

90 Surgery, NOS

99 Unknown if surgery performed; death certificate ONLY

1981-2022 Site-Specific Surgery Codes for Rx Summ (03-22)

**TESTIS
C62.0–C62.9**

Codes

00 None; no surgery of primary site; autopsy ONLY

12 Local tumor destruction, NOS

No specimen sent to pathology from surgical event 12.

20 Local or partial excision of testicle

30 Excision of testicle WITHOUT cord

40 Excision of testicle WITH cord or cord not mentioned (radical orchiectomy)

80 Orchiectomy, NOS (unspecified whether partial or total testicle removed)

Specimen sent to pathology from surgical events 20–80.

90 Surgery, NOS

99 Unknown if surgery performed; death certificate ONLY

1981-2022 Site-Specific Surgery Codes for Rx Summ (03-22)

KIDNEY, RENAL PELVIS, AND URETER
Kidney C64.9, Renal Pelvis C65.9, Ureter C66.9

Codes

00 None; no surgery of primary site; autopsy ONLY

10 Local tumor destruction, NOS

11 Photodynamic therapy (PDT)

12 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)

13 Cryosurgery

14 Laser

15 Thermal ablation

No specimen sent to pathology from this surgical event 10–15.

20 Local tumor excision, NOS

26 Polypectomy

27 Excisional biopsy

Any combination of 20 or 26–27 WITH

21 Photodynamic therapy (PDT)

22 Electrocautery

23 Cryosurgery

24 Laser ablation

25 Laser excision

30 Partial or subtotal nephrectomy (kidney or renal pelvis) or partial ureterectomy (ureter)

Procedures coded 30 include, but are not limited to:

Segmental resection

Wedge resection

40 Complete/total/simple nephrectomy—for kidney parenchyma

Nephroureterectomy

Includes bladder cuff for renal pelvis or ureter.

50 Radical nephrectomy

May include removal of a portion of vena cava, adrenal gland(s), Gerota's fascia, perinephric fat, or partial/total ureter.

70 Any nephrectomy (simple, subtotal, complete, partial, simple, total, radical) in continuity with the resection of other organ(s) (colon, bladder)

The other organs, such as colon or bladder, may be partially or totally removed.

80 Nephrectomy, NOS

Specimen sent to pathology from surgical events 20–80.

90 Surgery, NOS

99 Unknown if surgery performed; death certificate ONLY

1981-2022 Site-Specific Surgery Codes for Rx Summ (03-22)

**BLADDER
C67.0–C67.9**

Codes

00 None; no surgery of primary site; autopsy ONLY

10 Local tumor destruction, NOS

11 Photodynamic therapy (PDT)

12 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)

13 Cryosurgery

14 Laser

15 Intravesical therapy

16 Bacillus Calmette-Guerin (BCG) or other immunotherapy

Also code the introduction of immunotherapy in the immunotherapy items. If immunotherapy is followed by surgery of the type coded 20-80 code that surgery instead and code the immunotherapy only as immunotherapy.

No specimen sent to pathology from surgical events 10–16.

20 Local tumor excision, NOS

26 Polypectomy

27 Excisional biopsy

Combination of 20 or 26–27 WITH

21 Photodynamic therapy (PDT)

22 Electrocautery

23 Cryosurgery

24 Laser ablation

25 Laser excision

30 Partial cystectomy

50 Simple/total/complete cystectomy

60 Complete cystectomy with reconstruction

61 Radical cystectomy PLUS ileal conduit

62 Radical cystectomy PLUS continent reservoir or pouch, NOS

63 Radical cystectomy PLUS abdominal pouch (cutaneous)

64 Radical cystectomy PLUS in situ pouch (orthotopic)

When the procedure is described as a pelvic exenteration for males, but the prostate is not removed, the surgery should be coded as a cystectomy (code 60-64).

70 Pelvic exenteration, NOS

71 Radical cystectomy including anterior exenteration

For females, includes removal of bladder, uterus, ovaries, entire vaginal wall, and entire urethra. For males, includes removal of the prostate. When a procedure is described as a pelvic exenteration for males, but the prostate is not removed, the surgery should be coded as a cystectomy (code 60-64).

72 Posterior exenteration

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For females, also includes removal of vagina, rectum and anus. For males, also includes prostate, rectum and anus.

73 Total exenteration

Includes all tissue and organs removed for an anterior and posterior exenteration.

74 Extended exenteration

Includes pelvic blood vessels or bony pelvis.

80 Cystectomy, NOS

Specimen sent to pathology from surgical events 20–80.

90 Surgery, NOS

99 Unknown if surgery performed; death certificate ONLY

1981-2022 Site-Specific Surgery Codes for Rx Summ (03-22)

BRAIN

**Meninges C70.0–C70.9, Brain C71.0–C71.9,
Spinal Cord, Cranial Nerves and Other Parts of Central Nervous System C72.0–C72.9**

Do not code laminectomies for spinal cord primaries.

Codes

00 None; no surgery of primary site; autopsy ONLY

10 Tumor destruction, NOS

No specimen sent to pathology from surgical event 10.

Do not record stereotactic radiosurgery (SRS), Gamma knife, Cyber knife, or Linac radiosurgery as surgical tumor destruction. All of these modalities are recorded in the radiation treatment fields.

20 Local excision of tumor, lesion or mass; excisional biopsy

21 Subtotal resection of tumor, lesion or mass in brain

22 Resection of tumor of spinal cord or nerve

30 Radical, total, gross resection of tumor, lesion or mass in brain

40 Partial resection of lobe of brain, when the surgery cannot be coded as 20-30.

55 Gross total resection of lobe of brain (lobectomy)

Codes 30 - 55 are not applicable for spinal cord or spinal nerve primary sites.

Specimen sent to pathology from surgical events 20–55.

90 Surgery, NOS

99 Unknown if surgery performed; death certificate ONLY

1981-2022 Site-Specific Surgery Codes for Rx Summ (03-22)

**THYROID GLAND
C73.9**

Codes

00 None; no surgery of primary site; autopsy ONLY

13 Local tumor destruction, NOS

No specimen sent to pathology from surgical event 13.

25 Removal of less than a lobe, NOS

 26 Local surgical excision

 27 Removal of a partial lobe ONLY

20 Lobectomy and/or isthmectomy

 21 Lobectomy ONLY

 22 Isthmectomy ONLY

 23 Lobectomy WITH isthmus

30 Removal of a lobe and partial removal of the contralateral lobe

40 Subtotal or near total thyroidectomy

50 Total thyroidectomy

80 Thyroidectomy, NOS

Specimen sent to pathology from surgical events 20–80.

90 Surgery, NOS

99 Unknown if surgery performed; death certificate ONLY

1981-2022 Site-Specific Surgery Codes for Rx Summ (03-22)

**LYMPH NODES
C77.0–C77.9**

Codes

00 None; no surgery of primary site; autopsy ONLY

19 Local tumor destruction or excision, NOS

Unknown whether a specimen was sent to pathology for surgical events coded to 19 (principally for cases diagnosed prior to January 1, 2003).

15 Local tumor destruction, NOS

No specimen sent to pathology from surgical event 15.

25 Local tumor excision, NOS

Less than a full chain, includes an excisional biopsy of a single lymph node.

Additional Note: Code 25 local tumor excision should only be used when the node removed is the only node involved with lymphoma. If there is only one node involved and this can be confirmed – then you can code the removal as surgical treatment. Otherwise, the lymph node removal is just a biopsy removed to confirm the diagnosis, classify the lymphoma, and/or stage the lymphoma. STORE Manual – Item 1350.

30 Lymph node dissection, NOS

31 One chain

32 Two or more chains

40 Lymph node dissection, NOS PLUS splenectomy

41 One chain

42 Two or more chains

50 Lymph node dissection, NOS and partial/total removal of adjacent organ(s)

51 One chain

52 Two or more chains

60 Lymph node dissection, NOS and partial/total removal of adjacent organ(s) PLUS splenectomy (Includes staging laparotomy for lymphoma.)

61 One chain

62 Two or more chains

Specimen sent to pathology for surgical events 25-62.

90 Surgery, NOS

99 Unknown if surgery performed; death certificate ONLY

1981-2022 Site-Specific Surgery Codes for Rx Summ (03-22)

ALL OTHER SITES

**C14.2–C14.8, C17.0–C17.9, C23.9, C24.0–C24.9, C26.0–C26.9, C30.0–C 30.1, C31.0–C31.9, C33.9,
C37.9,
C38.0–C38.8, C39.0–C39.9, C48.0–C48.8, C51.0–C51.9, C52.9, C57.0–C57.9, C58.9,
C60.0–C60.9, C63.0–C63.9, C68.0–C68.9, C69.0–C69.9, C74.0–C74.9, C75.0–C75.9**

Codes

00 None; no surgery of primary site; autopsy ONLY

10 Local tumor destruction, NOS

11 Photodynamic therapy (PDT)

12 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)

13 Cryosurgery

14 Laser

No specimen sent to pathology from surgical events 10–14.

20 Local tumor excision, NOS

26 Polypectomy

27 Excisional biopsy

Any combination of 20 or 26–27 WITH

21 Photodynamic therapy (PDT)

22 Electrocautery

23 Cryosurgery

24 Laser ablation

25 Laser excision

30 Simple/partial surgical removal of primary site

40 Total surgical removal of primary site; enucleation

41 Total enucleation (for eye surgery only)

50 Surgery stated to be “debulking”

60 Radical surgery

Partial or total removal of the primary site WITH a resection in continuity (partial or total removal) with other organs.

Specimen sent to pathology from surgical events 20–60.

90 Surgery, NOS

99 Unknown if surgery performed; death certificate ONLY

1981-2022 Site-Specific Surgery Codes for Rx Summ (03-22)

**UNKNOWN AND ILL-DEFINED PRIMARY SITES
C76.0–C76.8, C80.9**

Code

98 All unknown and ill-defined disease sites, WITH or WITHOUT surgical treatment.

Surgical procedures for unknown and ill-defined primaries are to be recorded using the data item *Surgical Procedure/Other Site* (NAACCR Item #1294) or *Surgical Procedure/Other Site at This Facility* (NAACCR Item #674).

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ORAL CAVITY

Lip C00.0–C00.9, Base of Tongue C01.9, Other Parts of Tongue C02.0–C02.9, Gum C03.0–C03.9, Floor of Mouth C04.0–C04.9, Palate C05.0–C05.9, Other Parts of Mouth C06.0–C06.9

Codes

A000 None; no surgery of primary site; autopsy ONLY

A100 Local tumor destruction, NOS

A110 Photodynamic therapy (PDT)

A120 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)

A130 Cryosurgery

A140 Laser

No specimen sent to pathology from surgical events A100–A140.

A200 Local tumor excision, NOS

A260 Polypectomy

A270 Excisional biopsy

Any combination of A200 or A260–A270 WITH

A210 Photodynamic therapy (PDT)

A220 Electrocautery A230 Cryosurgery A240 Laser ablation

A250 Laser excision

A300 Wide excision, NOS

Code A300 includes:

Hemiglossectomy

Partial glossectomy

A400 Radical excision of tumor, NOS

A410 Radical excision of tumor ONLY

A420 Combination of A410 WITH resection in continuity with mandible (marginal, segmental, hemi-, or total resection)

A430 Combination of A410 WITH resection in continuity with maxilla (partial, subtotal, or total resection)

Codes A400–A430 include:

Total glossectomy Radical glossectomy

Specimen sent to pathology from surgical events A200–A430.

A900 Surgery, NOS

A990 Unknown if surgery performed; death certificate ONLY

2023 Site-Specific Surgery Codes for Rx Summ –2023

PAROTID AND OTHER UNSPECIFIED GLANDS

Parotid Gland C07.9, Major Salivary Glands C08.0–C08.9

Codes

A000 None; no surgery of primary site; autopsy ONLY

A100 Local tumor destruction, NOS

A110 Photodynamic therapy (PDT)

A120 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)

A130 Cryosurgery

A140 Laser

No specimen sent to pathology from surgical events A100–A140.

A200 Local tumor excision, NOS

A260 Polypectomy

A270 Excisional biopsy

Any combination of A200 or A260–A270 WITH

A210 Photodynamic therapy (PDT)

A220 Electrocautery

A230 Cryosurgery

A240 Laser ablation

A250 Laser excision

A300 Less than total parotidectomy, NOS; less than total removal of major salivary gland, NOS

A310 Facial nerve spared

A320 Facial nerve sacrificed

A330 Superficial lobe ONLY

A340 Facial nerve spared

A350 Facial nerve sacrificed

A360 Deep lobe (Total)

A370 Facial nerve spared

A380 Facial nerve sacrificed

A400 Total parotidectomy, NOS; total removal of major salivary gland, NOS

A410 Facial nerve spared

A420 Facial nerve sacrificed

A500 Radical parotidectomy, NOS; radical removal of major salivary gland, NOS

A510 WITHOUT removal of temporal bone

A520 WITH removal of temporal bone

A530 WITH removal of overlying skin (requires graft or flap coverage)

A800 Parotidectomy, NOS

Specimen sent to pathology from surgical events A200–A800.

A900 Surgery, NOS

A990 Unknown if surgery performed; death certificate ONLY

2023 Site-Specific Surgery Codes for Rx Summ –2023

PHARYNX

Tonsil C09.0–C09.9, Oropharynx C10.0–C10.9, Nasopharynx C11.0–C11.9 Pyriform Sinus C12.9, Hypopharynx C13.0–C13.9, Pharynx C14.0

Codes

A000 None; no surgery of primary site; autopsy ONLY

A100 Local tumor destruction, NOS

A110 Photodynamic therapy (PDT)

A120 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)

A130 Cryosurgery

A140 Laser

A150 Stripping

No specimen sent to pathology from surgical events A100–A150.

A200 Local tumor excision, NOS

A260 Polypectomy

A270 Excisional biopsy

Any combination of A200 or A260–A270 WITH

A210 Photodynamic therapy (PDT)

A220 Electrocautery

A230 Cryosurgery

A240 Laser ablation

A250 Laser excision

A280 Stripping

A300 Pharyngectomy, NOS

A310 Limited/partial pharyngectomy; tonsillectomy, bilateral tonsillectomy

A320 Total pharyngectomy

A400 Pharyngectomy WITH laryngectomy OR removal of contiguous bone tissue, NOS (does NOT include total mandibular resection)

A410 WITH Laryngectomy (laryngopharyngectomy)

A420 WITH bone

A430 WITH both A410 and A420

A500 Radical pharyngectomy (includes total mandibular resection), NOS

A510 WITHOUT laryngectomy

A520 WITH laryngectomy

Specimen sent to pathology from surgical events A200–A520.

A900 Surgery, NOS

A990 Unknown if surgery performed; death certificate ONLY

2023 Site-Specific Surgery Codes for Rx Summ –2023

ESOPHAGUS C15.0–C15.9

Codes

A000 None; no surgery of primary site; autopsy ONLY

A100 Local tumor destruction, NOS

A110 Photodynamic therapy (PDT)

A120 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)

A130 Cryosurgery

A140 Laser

No specimen sent to pathology from surgical events A100–A140.

A200 Local tumor excision,

NOS A260 Polypectomy

A270 Excisional biopsy

Any combination of A200 or A260–A270 WITH

A210 Photodynamic therapy (PDT)

A220 Electrocautery

A230 Cryosurgery

A240 Laser ablation

A250 Laser excision

A300 Partial esophagectomy

A400 Total esophagectomy, NOS

A500 Esophagectomy, NOS WITH laryngectomy and/or gastrectomy, NOS

A510 WITH laryngectomy

A520 WITH gastrectomy, NOS

A530 Partial gastrectomy

A540 Total gastrectomy

A550 Combination of A510 WITH any of A520–A540

A800 Esophagectomy, NOS

Specimen sent to pathology from surgical events A200–A800.

A900 Surgery, NOS

A990 Unknown if surgery performed; death certificate ONLY

2023 Site-Specific Surgery Codes for Rx Summ –2023

STOMACH C16.0–C16.9

Codes

A000 None; no surgery of primary site; autopsy ONLY

A100 Local tumor destruction, NOS

A110 Photodynamic therapy (PDT)

A120 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)

A130 Cryosurgery

A140 Laser

No specimen sent to pathology from surgical events A100–A140.

A200 Local tumor excision, NOS

A260 Polypectomy

A270 Excisional biopsy

Any combination of A200 or A260–A270 WITH

A210 Photodynamic therapy (PDT)

A220 Electrocautery

A230 Cryosurgery

A240 Laser ablation

A250 Laser excision

A300 Gastrectomy, NOS (partial, subtotal, hemi-)

A310 Antrectomy, lower (distal-less than 40% of stomach)***

A320 Lower (distal) gastrectomy (partial, subtotal, hemi-)

A330 Upper (proximal) gastrectomy (partial, subtotal, hemi-)

Code A300 includes:

Partial gastrectomy, including a sleeve resection of the stomach

Billroth I: anastomosis to duodenum (duodenostomy)

Billroth II: anastomosis to jejunum (jejunostomy)

A400 Near-total or total gastrectomy, NOS

A410 Near-total gastrectomy

A420 Total gastrectomy

A total gastrectomy may follow a previous partial resection of the stomach.

A500 Gastrectomy, NOS WITH removal of a portion of esophagus

A510 Partial or subtotal gastrectomy

A520 Near total or total gastrectomy

Codes A500–A520 are used for gastrectomy resection when only portions of esophagus are included in procedure.

A600 Gastrectomy with a resection in continuity with the resection of other organs, NOS***

A610 Partial or subtotal gastrectomy, in continuity with the resection of other organs***

A620 Near total or total gastrectomy, in continuity with the resection of other organs***

A630 Radical gastrectomy, in continuity with the resection of other organs***

2023 Site-Specific Surgery Codes for Rx Summ –2023

Codes A600–A630 are used for gastrectomy resections with organs other than esophagus. Portions of esophagus may or may not be included in the resection.

A800 Gastrectomy, NOS

Specimen sent to pathology from surgical events A200–A800.

A900 Surgery, NOS

A990 Unknown if surgery performed; death certificate ONLY

*** Incidental splenectomy NOT included

2023 Site-Specific Surgery Codes for Rx Summ –2023

COLON C18.0–C18.9

Code removal/surgical ablation of single or multiple liver metastases under the data item *Surgical Procedure/Other Site* (NAACCR Item #1294).

Codes

A000 None; no surgery of primary site; autopsy ONLY

A100 Local tumor destruction, NOS

A120 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)

No specimen sent to pathology from surgical events A100–A120.

A200 Local tumor excision, NOS

A260 Polypectomy, NOS

A270 Excisional biopsy

A280 Polypectomy-endoscopic

A290 Polypectomy-surgical excision

Any combination of A200 or A260-A290 WITH
A220 Electrocautery

A300 Partial colectomy, segmental resection

A320 Plus resection of contiguous organ; example: small bowel, bladder

A400 Subtotal colectomy/hemicolectomy (total right or left colon and a portion of transverse colon)

A410 Plus resection of contiguous organ; example: small bowel, bladder

A500 Total colectomy (removal of colon from cecum to the rectosigmoid junction; may include a portion of the rectum)

A510 Plus resection of contiguous organ; example: small bowel, bladder

A600 Total proctocolectomy (removal of colon from cecum to the rectosigmoid junction, including the entire rectum)

A610 Plus resection of contiguous organ; example: small bowel, bladder

A700 Colectomy or coloproctectomy with resection of contiguous organ(s), NOS (when there is not enough information to code A320, A410, A510, or A610)

Code A700 includes: Any colectomy (partial, hemicolectomy, or total) WITH a resection of any other organs in continuity with the primary site. Other organs may be partially or totally removed. Other organs may include, but are not limited to, oophorectomy, partial proctectomy, rectal mucosectomy, or pelvic exenteration.

A800 Colectomy, NOS

Specimen sent to pathology from surgical events A200–A800.

A900 Surgery, NOS

A990 Unknown if surgery performed; death certificate ONLY

2023 Site-Specific Surgery Codes for Rx Summ –2023

RECTOSIGMOID

C19.9

Code removal/surgical ablation of single or multiple liver metastases under the data item *Surgical Procedure/Other Site* (NAACCR Item #1294).

Codes

A000 None; no surgery of primary site; autopsy ONLY

A100 Local tumor destruction, NOS

A120 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)

No specimen sent to pathology from surgical events A100–A120.

A200 Local tumor excision, NOS

A260 Polypectomy, NOS

A270 Excisional biopsy

Any combination of A200 or A260-A270 WITH

A220 Electrocautery

A300 Segmental resection; partial proctosigmoidectomy, NOS

A310 Plus resection of contiguous organs; example: small bowel, bladder

Procedures coded A300 include, but are not limited to:

Anterior resection

Hartmann's operation

Low anterior resection (LAR)

Partial colectomy, NOS

Rectosigmoidectomy, NOS

Sigmoidectomy

A400 Pull through WITH sphincter preservation (colo-anal anastomosis)

A500 Total proctectomy

A510 Total colectomy

A550 Total colectomy WITH ileostomy, NOS

A560 Ileorectal reconstruction

A570 Total colectomy WITH other pouch; example: Koch pouch

A600 Total proctocolectomy, NOS

A650 Total proctocolectomy WITH ileostomy, NOS

A660 Total proctocolectomy WITH ileostomy and pouch

Removal of the colon from cecum to the rectosigmoid or a portion of the rectum.

A700 Colectomy or proctocolectomy resection in continuity with other organs; pelvic exenteration

A800 Colectomy, NOS; Proctectomy, NOS

Specimen sent to pathology from surgical events A200–A800.

2023 Site-Specific Surgery Codes for Rx Summ –2023

A900 Surgery, NOS

A990 Unknown if surgery performed; death certificate ONLY

2023 Site-Specific Surgery Codes for Rx Summ –2023

RECTUM

C20.9

Code removal/surgical ablation of single or multiple liver metastases under the data item *Surgical Procedure/Other Site* (NAACCR Item #1294).

Codes

A000 None; no surgery of primary site; autopsy ONLY

A100 Local tumor destruction, NOS

A120 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)

No specimen sent to pathology from surgical events A100-A120

A200 Local tumor excision, NOS

A260 Polypectomy

A270 Excisional biopsy

Any combination of A200 or A260–A270 WITH

A220 Electrocautery

A280 Curette and fulguration

A300 Segmental resection; partial proctectomy, NOS

Procedures coded A300 include, but are not limited to:

Anterior resection

Hartmann's operation

Low anterior resection (LAR)

Transsacral rectosigmoidectomy

A400 Pull through WITH sphincter preservation (coloanal anastomosis)

A500 Total proctectomy

Procedure coded A500 includes, but is not limited to:

Abdominoperineal resection

A600 Total proctocolectomy, NOS

A700 Proctectomy or proctocolectomy with resection in continuity with other organs; pelvic exenteration

A800 Proctectomy, NOS

Specimen sent to pathology from surgical events A200–A800.

A900 Surgery, NOS

A990 Unknown if surgery performed; death certificate ONLY

2023 Site-Specific Surgery Codes for Rx Summ –2023

ANUS C21.0–C21.8

Codes

A000 None; no surgery of primary site; autopsy ONLY

A100 Local tumor destruction, NOS

A120 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)

A150 Thermal Ablation

No specimen sent to pathology from surgical events A100, A120 and A150.

A200 Local tumor excision, NOS

A260 Polypectomy

A270 Excisional biopsy

Any combination of A200 or A260–A270 WITH

A220 Electrocautery

A600 Abdominal perineal resection, NOS (APR)

A610 APR and sentinel node excision

A620 APR and unilateral inguinal lymph node dissection

A630 APR and bilateral inguinal lymph node dissection

The lymph node dissection should also be coded under *Scope of Regional Lymph Node Surgery* (NAACCR Item #1292) or *Scope of Regional Lymph Node Surgery at This Facility* (NAACCR Item #672).

Specimen sent to pathology from surgical events A200–A630.

A900 Surgery, NOS

A990 Unknown if surgery performed; death certificate ONLY

2023 Site-Specific Surgery Codes for Rx Summ –2023

LIVER AND INTRAHEPATIC BILE DUCTS

C22.0–C22.1

Codes

A000 None; no surgery of primary site; autopsy ONLY

A100 Local tumor destruction, NOS

A110 Photodynamic therapy (PDT)

A120 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)

A130 Cryosurgery

A140 Laser

A150 Alcohol (Percutaneous Ethanol Injection-PEI)

A160 Heat-Radio-frequency ablation (RFA)

A170 Other (ultrasound, acetic acid)

No specimen sent to pathology from surgical events A100–A170.

A200 Wedge or segmental resection, NOS

A210 Wedge resection

A220 Segmental resection, NOS

A230 One

A240 Two

A250 Three

A260 Segmental resection AND local tumor destruction

A300 Lobectomy, NOS

A360 Right lobectomy

A370 Left lobectomy

A380 Lobectomy AND local tumor destruction

A500 Extended lobectomy, NOS (extended: resection of a single lobe plus a segment of another lobe)

A510 Right lobectomy

A520 Left lobectomy

A590 Extended lobectomy AND local tumor destruction

A600 Hepatectomy, NOS

A610 Total hepatectomy and transplant

A650 Excision of a bile duct (for an intra-hepatic bile duct primary only)

A660 Excision of an intrahepatic bile duct PLUS partial hepatectomy

A750 Extrahepatic bile duct and hepatectomy WITH transplant

Specimen sent to pathology from surgical events A200–A750.

A900 Surgery, NOS

A990 Unknown if surgery performed; death certificate ONLY

2023 Site-Specific Surgery Codes for Rx Summ –2023

PANCREAS C25.0–C25.9

Codes

A000 None; no surgery of primary site; autopsy ONLY

A250 Local excision of tumor, NOS

A300 Partial pancreatectomy, NOS; example: distal

A350 Local or partial pancreatectomy and duodenectomy

A360 WITHOUT distal/partial gastrectomy

A370 WITH partial gastrectomy (Whipple)

A400 Total pancreatectomy

A600 Total pancreatectomy and subtotal gastrectomy or duodenectomy

A700 Extended pancreatoduodenectomy

A800 Pancreatectomy, NOS

A900 Surgery, NOS

A990 Unknown if surgery performed; death certificate ONLY

2023 Site-Specific Surgery Codes for Rx Summ –2023

LARYNX C32.0–C32.9

Codes

A000 None; no surgery of primary site; autopsy ONLY

A100 Local tumor destruction, NOS

A110 Photodynamic therapy (PDT)

A120 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)

A130 Cryosurgery

A140 Laser

A150 Stripping

No specimen sent to pathology from surgical events A100–A150.

A200 Local tumor excision, NOS

A260 Polypectomy

A270 Excisional biopsy

Any combination of A200 or A260–A270 WITH

A210 Photodynamic therapy (PDT)

A220 Electrocautery

A230 Cryosurgery

A240 Laser ablation

A250 Laser excision

A280 Stripping

A300 Partial excision of the primary site, NOS; subtotal/partial laryngectomy NOS; hemilaryngectomy NOS

A310 Vertical laryngectomy

A320 Anterior commissure laryngectomy

A330 Supraglottic laryngectomy

A400 Total or radical laryngectomy, NOS

A410 Total laryngectomy ONLY

A420 Radical laryngectomy ONLY

A500 Pharyngolaryngectomy

A800 Laryngectomy, NOS

Specimen sent to pathology from surgical events A200–A800.

A900 Surgery, NOS

A990 Unknown if surgery performed; death certificate ONLY

2023 Site-Specific Surgery Codes for Rx Summ –2023

LUNG C34.0–C34.9

Codes

A000 None; no surgery of primary site; autopsy ONLY

A190 Local tumor destruction or excision, NOS

Unknown whether a specimen was sent to pathology for surgical events coded A190 (principally for cases diagnosed prior to January 1, 2003).

A150 Local tumor destruction, NOS

A120 Laser ablation or cryosurgery

A130 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)

No specimen sent to pathology from surgical events A120–A130 and A150.

A200 Excision or resection of less than one lobe, NOS

A210 Wedge resection

A220 Segmental resection, including lingulectomy

A230 Excision, NOS

A240 Laser excision

A250 Bronchial sleeve resection ONLY

A300 Resection of lobe or bilobectomy, but less than the whole lung (partial pneumonectomy, NOS)

A330 Lobectomy WITH mediastinal lymph node dissection

The lymph node dissection should also be coded under *Scope of Regional Lymph Node Surgery* (NAACCR Item #1292) or *Scope of Regional Lymph Node Surgery at This Facility* (NAACCR Item #672).

A450 Lobe or bilobectomy extended, NOS

A460 WITH chest wall

A470 WITH pericardium

A480 WITH diaphragm

A550 Pneumonectomy, NOS

A560 WITH mediastinal lymph node dissection (radical pneumonectomy)

The lymph node dissection should also be coded under *Scope of Regional Lymph Node Surgery* (NAACCR Item #1292) or *Scope of Regional Lymph Node Surgery at This Facility* (NAACCR Item #672).

A650 Extended pneumonectomy

A660 Extended pneumonectomy plus pleura or diaphragm

A700 Extended radical pneumonectomy

The lymph node dissection should also be coded under *Scope of Regional Lymph Node Surgery* (NAACCR Item #1292) or *Scope of Regional Lymph Node Surgery at This Facility* (NAACCR Item #672).

A800 Resection of lung, NOS

Specimen sent to pathology from surgical events A200–A800.

2023 Site-Specific Surgery Codes for Rx Summ –2023

A900 Surgery, NOS

A990 Unknown if surgery performed; death certificate ONLY

2023 Site-Specific Surgery Codes for Rx Summ –2023

HEMATOPOIETIC/RETICULOENDOTHELIAL/IMMUNOPROLIFERATIVE/ MYELO- PROLIFERATIVE DISEASE

C42.0, C42.1, C42.3, C42.4 (with any histology)

Code

A980 All hematopoietic/reticuloendothelial/immunoproliferative/myeloproliferative disease sites and/or histologies, WITH or WITHOUT surgical treatment.

Surgical procedures for hematopoietic/reticuloendothelial/immunoproliferative/ myeloproliferative primaries are to be recorded using the data item *Surgical Procedure/Other Site* (NAACCR Item #1294) or *Surgical Procedure/Other Site at This Facility* (NAACCR Item #674).

2023 Site-Specific Surgery Codes for Rx Summ –2023

BONES, JOINTS, AND ARTICULAR CARTILAGE C40.0–C41.9

PERIPHERAL NERVES AND AUTONOMIC NERVOUS SYSTEM C47.0–C47.9

CONNECTIVE, SUBCUTANEOUS, AND OTHER SOFT TISSUES C49.0–C49.9

Codes

A000 None; no surgery of primary site; autopsy ONLY

A190 Local tumor destruction or excision, NOS

Unknown whether a specimen was sent to pathology for surgical events coded A190 (principally for cases diagnosed prior to January 1, 2003).

A150 Local tumor destruction

No specimen sent to pathology from surgical event A150.

A250 Local excision

A260 Partial resection

A300 Radical excision or resection of lesion WITH limb salvage

A400 Amputation of limb

A410 Partial amputation of limb A420 Total amputation of limb

A500 Major amputation, NOS

A510 Forequarter, including scapula

A520 Hindquarter, including ilium/hip bone

A530 Hemipelvectomy, NOS

A540 Internal hemipelvectomy

Specimen sent to pathology from surgical events A250–A540.

A900 Surgery, NOS

A990 Unknown if surgery performed; death certificate ONLY

2023 Site-Specific Surgery Codes for Rx Summ –2023

SPLEEN

C42.2

Codes

A000 None; no surgery of primary site; autopsy ONLY

A190 Local tumor destruction or excision, NOS

Unknown whether a specimen was sent to pathology for surgical events coded A190 (principally for cases diagnosed prior to January 1, 2003).

A210 Partial splenectomy

A220 Total splenectomy

A800 Splenectomy, NOS

Specimen sent to pathology for surgical events A210-A800.

A900 Surgery, NOS

A990 Unknown if surgery performed; death certificate ONLY

2023 Site-Specific Surgery Codes for Rx Summ –2023

SKIN

C44.0–C44.9

All 2023 site specific surgery codes begin with a letter A except for skin which start with a letter B to indicate a significant change in coding.

The priority order for sources used to assign surgery codes is: Operative report, statement from a physician, description of the surgical procedure on a pathology report, results of the pathology report. Code based on the description of the procedure.

Do not code based on margin status documented in the pathology report.

B000 None; no surgery of primary site; autopsy ONLY

B100 Local tumor destruction, NOS

B110 Photodynamic therapy (PDT)

B120 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)

B130 Cryosurgery

B140 Laser

B200 Local tumor excision, NOS; Excisional biopsy, NOS

B220-Shave Biopsy, NOS

B230-Punch Biopsy, NOS

B240-Elliptical Biopsy (aka fusiform)

B300 Mohs Surgery NOS

B310 Mohs surgery performed on the same day (all Mohs procedures performed during the same day).

B320 Mohs surgery performed on different days (slow Mohs)(each Mohs procedure performed on different day)

B500 Biopsy (NOS) of primary tumor followed wide excision of the lesion; Wide Excision NOS, Re-excision

B510-Incisional Biopsy followed by wide excision

B520-Shave Biopsy followed by wide excision

B530-Punch Biopsy followed by wide excision

B540-Elliptical Biopsy (aka fusiform) followed by wide excision

Note: An incisional biopsy would be a needle or core biopsy of the primary tumor. An incisional biopsy would be coded as a Diagnostic Staging Procedure (NAACCR Item 1350).

B600 Major Amputation

B900 Surgery, NOS

B990 Unknown if surgery performed; Death certificate ONLY

2023 Site-Specific Surgery Codes for Rx Summ –2023

BREAST C50.0–C50.9

Codes

A000 None; no surgery of primary site; autopsy ONLY

A190 Local tumor destruction, NOS

No specimen was sent to pathology for surgical events coded A190 (principally for cases diagnosed prior to January 1, 2003).

A200 Partial mastectomy, NOS; less than total mastectomy, NOS

A210 Partial mastectomy WITH nipple resection

A220 Lumpectomy or excisional biopsy

A230 Reexcision of the biopsy site for gross or microscopic residual disease

A240 Segmental mastectomy (including wedge resection, quadrantectomy, tylectomy)

Procedures coded A200–A240 remove the gross primary tumor and some of the breast tissue (breast-conserving or preserving). There may be microscopic residual tumor.

A300 Subcutaneous mastectomy

A subcutaneous mastectomy, also called a nipple sparing mastectomy, is the removal of breast tissue without the nipple and areolar complex or overlying skin. It is performed to facilitate immediate breast reconstruction. Cases coded 30 may be considered to have undergone breast reconstruction.

A400 Total (simple) mastectomy

A410 WITHOUT removal of uninvolved contralateral breast

A430 With reconstruction NOS

A440 Tissue

A450 Implant

A460 Combined (Tissue and Implant)

A420 WITH removal of uninvolved contralateral breast

A470 With reconstruction NOS

A480 Tissue

A490 Implant

A750 Combined (Tissue and Implant)

A total (simple) mastectomy removes all breast tissue, the nipple, and areolar complex. An axillary dissection is not done, but sentinel lymph nodes may be removed.

For single primaries, involving both breasts use code A760.

If the contralateral breast reveals a second primary, each breast is abstracted separately. The surgical procedure is coded 41 for the first primary. The surgical code for the contralateral breast is coded to the procedure performed on that site.

Reconstruction that is planned as part of first course treatment is coded A430-A490 or A750, whether it is done at the time of mastectomy or later.

A760 Bilateral mastectomy for a single tumor involving both breasts, as for bilateral inflammatory carcinoma.

2023 Site-Specific Surgery Codes for Rx Summ –2023

A500 Modified radical mastectomy

A510 WITHOUT removal of uninvolved contralateral breast

A530 Reconstruction, NOS

A540 Tissue

A550 Implant

A560 Combined (Tissue and Implant)

A520 WITH removal of uninvolved contralateral breast

A570 Reconstruction, NOS

A580 Tissue

A590 Implant

A630 Combined (Tissue and Implant)

Removal of all breast tissue, the nipple, the areolar complex, and variable amounts of breast skin in continuity with the axilla. The specimen may or may not include a portion of the pectoralis major muscle

If contralateral breast reveals a second primary, it is abstracted separately. The surgical procedure is coded A510 for the first primary. The surgical code for the contralateral breast is coded to the procedure performed on that site.

A600 Radical mastectomy, NOS

A610 WITHOUT removal of uninvolved contralateral breast

A640 Reconstruction, NOS

A650 Tissue

A660 Implant

A670 Combined (Tissue and Implant)

A620 WITH removal of uninvolved contralateral breast

A680 Reconstruction, NOS

A690 Tissue

A730 Implant

A740 Combined (Tissue and Implant)

A700 Extended radical mastectomy

A710 WITHOUT removal of uninvolved contralateral breast

A720 WITH removal of uninvolved contralateral breast

A800 Mastectomy, NOS

Specimen sent to pathology for surgical events coded A200-A800.

A900 Surgery, NOS

A990 Unknown if surgery performed; death certificate ONLY

2023 Site-Specific Surgery Codes for Rx Summ –2023

CERVIX UTERI C53.0–C53.9

For invasive cancers, dilation and curettage is coded as an incisional biopsy (02) under the data item *Surgical Diagnostic and Staging Procedure* (NAACCR Item #1350).

Codes

A000 None; no surgery of primary site; autopsy **ONLY**

A100 Local tumor destruction, NOS

A110 Photodynamic therapy (PDT)

A120 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)

A130 Cryosurgery

A140 Laser

A150 Loop Electrocautery Excision Procedure (LEEP)

A160 Laser ablation

A170 Thermal ablation

No specimen sent to pathology from surgical events A100–A170.

A200 Local tumor excision, NOS

A260 Excisional biopsy, NOS

A270 Cone biopsy

A240 Cone biopsy **WITH** gross excision of lesion

A290 Trachelectomy; removal of cervical stump; cervicectomy

Any combination of A200, A240, A260, A270 or A290 **WITH**

A210 Electrocautery

A220 Cryosurgery

A230 Laser ablation or excision

A250 Dilatation and curettage; endocervical curettage (for in situ only)

A280 Loop electrocautery excision procedure (LEEP)

A300 Total hysterectomy (simple, pan-) **WITHOUT** removal of tubes and ovaries

Total hysterectomy removes both the corpus and cervix uteri and may also include a portion of vaginal cuff.

A400 Total hysterectomy (simple, pan-) **WITH** removal of tubes and/or ovary

Total hysterectomy removes both the corpus and cervix uteri and may also include a portion of vaginal cuff.

A500 Modified radical or extended hysterectomy; radical hysterectomy; extended radical hysterectomy

A510 Modified radical hysterectomy

A520 Extended hysterectomy

A530 Radical hysterectomy; Wertheim procedure

A540 Extended radical hysterectomy

A600 Hysterectomy, NOS, **WITH** or **WITHOUT** removal of tubes and ovaries

A610 **WITHOUT** removal of tubes and ovaries

A620 **WITH** removal of tubes and ovaries

2023 Site-Specific Surgery Codes for Rx Summ –2023

A700 Pelvic exenteration

A710 Anterior exenteration

Includes bladder, distal ureters, and genital organs WITH their ligamentous attachments and pelvic lymph nodes.

A720 Posterior exenteration

Includes rectum and rectosigmoid WITH ligamentous attachments and pelvic lymph nodes.

A730 Total exenteration

Includes removal of all pelvic contents and pelvic lymph nodes.

A740 Extended exenteration

Includes pelvic blood vessels or bony pelvis.

Specimen sent to pathology from surgical events A200–A740.

A900 Surgery, NOS

A990 Unknown if surgery performed; death certificate ONLY

2023 Site-Specific Surgery Codes for Rx Summ –2023

CORPUS UTERI C54.0–C55.9

For invasive cancers, dilation and curettage is coded as an incisional biopsy (02) under the data item *Surgical Diagnostic and Staging Procedure* (NAACCR Item #1350).

Codes

A000 None; no surgery of primary site; autopsy ONLY

A190 Local tumor destruction or excision, NOS

Unknown whether a specimen was sent to pathology for surgical events coded A190 (principally for cases diagnosed prior to January 1, 2003).

A100 Local tumor destruction, NOS

A110 Photodynamic therapy (PDT)

A120 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)

A130 Cryosurgery

A140 Laser

A150 Loop Electrocautery Excision Procedure (LEEP)

A160 Thermal ablation

No specimen sent to pathology from surgical events A100–A160.

A200 Local tumor excision, NOS; simple excision, NOS

A240 Excisional biopsy

A250 Polypectomy

A260 Myomectomy

Any combination of A200 or A240–A260 WITH

A210 Electrocautery

No specimen sent to pathology from surgical events A100–A160.

A200 Local tumor excision, NOS; simple excision, NOS

A240 Excisional biopsy

A250 Polypectomy A260 Myomectomy

Any combination of A200 or A240–A260 WITH

A210 Electrocautery

A220 Cryosurgery

A230 Laser ablation or excision

A300 Subtotal hysterectomy/supracervical hysterectomy/fundectomy WITH or WITHOUT removal of tube(s) and ovary(ies).

A310 WITHOUT tube(s) and ovary(ies)

A320 WITH tube(s) and ovary(ies)

A400 Total hysterectomy (simple, pan-) WITHOUT removal of tube(s) and ovary(ies)

Removes both the corpus and cervix uteri. It may also include a portion of the vaginal cuff.

A500 Total hysterectomy (simple, pan-) WITH removal of tube(s) and/or ovary(ies)

Removes both the corpus and cervix uteri. It may also include a portion of the vaginal cuff.

2023 Site-Specific Surgery Codes for Rx Summ –2023

A600 Modified radical or extended hysterectomy; radical hysterectomy; extended radical hysterectomy

A610 Modified radical hysterectomy

A620 Extended hysterectomy

A630 Radical hysterectomy; Wertheim procedure

A640 Extended radical hysterectomy

A650 Hysterectomy, NOS, WITH or WITHOUT removal of tube(s) and ovary(ies)

A660 WITHOUT removal of tube(s) and ovary(ies)

A670 WITH removal of tube(s) and ovary(ies)

A750 Pelvic exenteration

A760 Anterior exenteration

Includes bladder, distal ureters, and genital organs WITH their ligamentous attachments and pelvic lymph nodes.

A770 Posterior exenteration

Includes rectum and rectosigmoid WITH ligamentous attachments and pelvic lymph nodes.

A780 Total exenteration

Includes removal of all pelvic contents and pelvic lymph nodes.

A790 Extended exenteration

Includes pelvic blood vessels or bony pelvis.

Specimen sent to pathology from surgical events A200–A790.

A900 Surgery, NOS

A990 Unknown if surgery performed; death certificate ONLY

2023 Site-Specific Surgery Codes for Rx Summ –2023

OVARY

C56.9

Codes

A000 None; no surgery of primary site; autopsy ONLY

A170 Local tumor destruction, NOS

No specimen sent to pathology from surgical event A170.

A250 Total removal of tumor or (single) ovary, NOS

A260 Resection of ovary (wedge, subtotal, or partial) ONLY, NOS; unknown if hysterectomy done

A270 WITHOUT hysterectomy

A280 WITH hysterectomy

A350 Unilateral (salpingo-)oophorectomy; unknown if hysterectomy done

A360 WITHOUT hysterectomy

A370 WITH hysterectomy

A500 Bilateral (salpingo-)oophorectomy; unknown if hysterectomy done

A510 WITHOUT hysterectomy

A520 WITH hysterectomy

A550 Unilateral or bilateral (salpingo-)oophorectomy WITH OMENTECTOMY, NOS; partial or total; unknown if hysterectomy done

A560 WITHOUT hysterectomy

A570 WITH hysterectomy

A600 Debulking; cytoreductive surgery, NOS

A610 WITH colon (including appendix) and/or small intestine resection (not incidental)

A620 WITH partial resection of urinary tract (not incidental)

A630 Combination of A610 and A620

Debulking is a partial or total removal of the tumor mass and can involve the removal of multiple organ sites. It may include removal of ovaries and/or the uterus (a hysterectomy). The pathology report may or may not identify ovarian tissue. A debulking is usually followed by another treatment modality such as chemotherapy.

A700 Pelvic exenteration, NOS

A710 Anterior exenteration

Includes bladder, distal ureters, and genital organs WITH their ligamentous attachments and pelvic lymph nodes.

A720 Posterior exenteration

Includes rectum and rectosigmoid WITH ligamentous attachments and pelvic lymph nodes.

A730 Total exenteration

Includes removal of all pelvic contents and pelvic lymph nodes.

A740 Extended exenteration

Includes pelvic blood vessels or bony pelvis.

A800 (Salpingo-)oophorectomy, NOS

2023 Site-Specific Surgery Codes for Rx Summ –2023

Specimen sent to pathology from surgical events A250–A800.

A900 Surgery, NOS

A990 Unknown if surgery performed; death certificate ONLY

2023 Site-Specific Surgery Codes for Rx Summ –2023

PROSTATE C61.9

Do not code an orchiectomy in this field. For prostate primaries, orchiectomies are coded in the data item *Hematologic Transplant and Endocrine Procedures* (NAACCR Item #3250).

Codes

A000 None; no surgery of primary site; autopsy ONLY

A180 Local tumor destruction or excision, NOS

A190 Transurethral resection (TURP), NOS, and no specimen sent to pathology or unknown if sent

Unknown whether a specimen was sent to pathology for surgical events coded A180 or A190 (principally for cases diagnosed prior to January 1, 2003).

A100 Local tumor destruction, NOS

A140 Cryoprostatectomy

A150 Laser ablation

A160 Hyperthermia

A170 Other method of local tumor destruction

No specimen sent to pathology from surgical events A100–A170.

A200 Local tumor excision, NOS

A210 Transurethral resection (TURP), NOS, with specimen sent to pathology

A220 TURP–cancer is incidental finding during surgery for benign disease

A230 TURP–patient has suspected/known cancer

Any combination of A200–A230 WITH

A240 Cryosurgery

A250 Laser

A260 Hyperthermia

A300 Subtotal, segmental, or simple prostatectomy, which may leave all or part of the capsule intact

A500 Radical prostatectomy, NOS; total prostatectomy, NOS

Excised prostate, prostatic capsule, ejaculatory ducts, seminal vesicle(s) and may include a narrow cuff of bladder neck.

A700 Prostatectomy WITH resection in continuity with other organs; pelvic exenteration

Surgeries coded A700 are any prostatectomy WITH resection in continuity with any other organs. The other organs may be partially or totally removed. Procedures may include, but are not limited to, cystoprostatectomy, radical cystectomy, and prostatectomy.

A800 Prostatectomy, NOS

Specimen sent to pathology from surgical events 20–80.

A900 Surgery, NOS

A990 Unknown if surgery performed; death certificate ONLY

2023 Site-Specific Surgery Codes for Rx Summ –2023

TESTIS C62.0–C62.9

Codes

A000 None; no surgery of primary site; autopsy ONLY

A120 Local tumor destruction, NOS

No specimen sent to pathology from surgical event A120.

A200 Local or partial excision of testicle

A300 Excision of testicle WITHOUT cord

A400 Excision of testicle WITH cord or cord not mentioned (radical orchiectomy)

A800 Orchiectomy, NOS (unspecified whether partial or total testicle removed)

Specimen sent to pathology from surgical events A200–A800.

A900 Surgery, NOS

A990 Unknown if surgery performed; death certificate ONLY

2023 Site-Specific Surgery Codes for Rx Summ –2023

KIDNEY, RENAL PELVIS, AND URETER **Kidney C64.9, Renal Pelvis C65.9, Ureter C66.9**

Codes

A000 None; no surgery of primary site; autopsy ONLY

A100 Local tumor destruction, NOS

A110 Photodynamic therapy (PDT)

A120 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)

A130 Cryosurgery

A140 Laser

A150 Thermal ablation

No specimen sent to pathology from this surgical event A100–A150.

A200 Local tumor excision, NOS A

A260 Polypectomy

A270 Excisional biopsy

Any combination of A200 or A260–A270 WITH

A210 Photodynamic therapy (PDT)

A220 Electrocautery

A230 Cryosurgery

A240 Laser ablation

A250 Laser excision

A300 Partial or subtotal nephrectomy (kidney or renal pelvis) or partial ureterectomy (ureter)

Procedures coded A300 include, but are not limited to:

Segmental resection

Wedge resection

A400 Complete/total/simple nephrectomy–for kidney parenchyma Nephroureterectomy

Includes bladder cuff for renal pelvis or ureter.

A500 Radical nephrectomy

May include removal of a portion of vena cava, adrenal gland(s), Gerota’s fascia, perinephric fat, or partial/total ureter.

A700 Any nephrectomy (simple, subtotal, complete, partial, simple, total, radical) in continuity with the resection of other organ(s) (colon, bladder)

The other organs, such as colon or bladder, may be partially or totally removed.

A800 Nephrectomy, NOS

Ureterectomy, NOS

Specimen sent to pathology from surgical events A200–A800.

A900 Surgery, NOS

A990 Unknown if surgery performed; death certificate ONLY

2023 Site-Specific Surgery Codes for Rx Summ –2023

BLADDER C67.0–C67.9

Codes

A000 None; no surgery of primary site; autopsy ONLY

A100 Local tumor destruction, NOS

A111 Photodynamic therapy (PDT)

A120 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)

A130 Cryosurgery

A140 Laser

A150 Intravesical therapy

A160 Bacillus Calmette-Guerin (BCG) or other immunotherapy

Also code the introduction of immunotherapy in the immunotherapy items.

If immunotherapy is followed by surgery of the type coded A200-A800 code that surgery instead and code the immunotherapy only as immunotherapy.

No specimen sent to pathology from surgical events A100–A160.

A200 Local tumor excision, NOS

A260 Polypectomy

A270 Excisional biopsy

Combination of A200 or A260-A270 WITH

A210 Photodynamic therapy (PDT)

A220 Electrocautery

A230 Cryosurgery

A240 Laser ablation

A250 Laser excision

A300 Partial cystectomy

A500 Simple/total/complete cystectomy

A600 Complete cystectomy with reconstruction

A610 Radical cystectomy PLUS ileal conduit

A620 Radical cystectomy PLUS continent reservoir or pouch, NOS

A630 Radical cystectomy PLUS abdominal pouch (cutaneous)

A640 Radical cystectomy PLUS in situ pouch (orthotopic)

When the procedure is described as a pelvic exenteration for males, but the prostate is not removed, the surgery should be coded as a cystectomy (code A600-A640).

A700 Pelvic exenteration, NOS

A710 Radical cystectomy including anterior exenteration

For females, includes removal of bladder, uterus, ovaries, entire vaginal wall, and entire urethra.

For males, includes removal of the prostate. When a procedure is described as a pelvic exenteration for males, but the prostate is not removed, the surgery should be coded as a cystectomy (code A600-A640).

A720 Posterior exenteration

2023 Site-Specific Surgery Codes for Rx Summ –2023

For females, also includes removal of vagina, rectum and anus. For males, also includes prostate, rectum and anus.

A730 Total exenteration

Includes all tissue and organs removed for an anterior and posterior exenteration.

A740 Extended exenteration

Includes pelvic blood vessels or bony pelvis.

A800 Cystectomy, NOS

Specimen sent to pathology from surgical events A200–A800.

A900 Surgery, NOS

A990 Unknown if surgery performed; death certificate ONLY

2023 Site-Specific Surgery Codes for Rx Summ –2023

BRAIN

Meninges C70.0–C70.9, Brain C71.0–C71.9,

Spinal Cord, Cranial Nerves and Other Parts of Central Nervous System C72.0–C72.9

Do not code laminectomies for spinal cord primaries.

Codes

A000 None; no surgery of primary site; autopsy ONLY

A100 Tumor destruction, NOS

No specimen sent to pathology from surgical event A100.

Do not record stereotactic radiosurgery (SRS), Gamma knife, Cyber knife, or Linac radiosurgery as surgical tumor destruction. All of these modalities are recorded in the radiation treatment fields.

A200 Local excision of tumor, lesion or mass; excisional biopsy

A210 Subtotal resection of tumor, lesion or mass in brain

A220 Resection of tumor of spinal cord or nerve

A300 Radical, total, gross resection of tumor, lesion or mass in brain

A400 Partial resection of lobe of brain, when the surgery cannot be coded as A200-A300.

A550 Gross total resection of lobe of brain (lobectomy)

Codes A300-A550 are not applicable for spinal cord or spinal nerve primary sites.

Specimen sent to pathology from surgical events A200–A550.

A900 Surgery, NOS

A990 Unknown if surgery performed; death certificate ONLY

2023 Site-Specific Surgery Codes for Rx Summ –2023

THYROID GLAND

C73.9

Codes

A000 None; no surgery of primary site; autopsy ONLY

A130 Local tumor destruction, NOS

No specimen sent to pathology from surgical event A130.

A250 Removal of less than a lobe, NOS

A260 Local surgical excision

A270 Removal of a partial lobe ONLY

A200 Lobectomy and/or isthmectomy

A210 Lobectomy ONLY

A220 Isthmectomy ONLY

A230 Lobectomy WITH isthmus

A300 Removal of a lobe and partial removal of the contralateral lobe

A400 Subtotal or near total thyroidectomy

A500 Total thyroidectomy

A800 Thyroidectomy, NOS

Specimen sent to pathology from surgical events A200–A800.

A900 Surgery, NOS

A990 Unknown if surgery performed; death certificate ONLY

2023 Site-Specific Surgery Codes for Rx Summ –2023

LYMPH NODES

C77.0–C77.9

Codes

A000 None; no surgery of primary site; autopsy ONLY

A190 Local tumor destruction or excision, NOS

Unknown whether a specimen was sent to pathology for surgical events coded to A190 (principally for cases diagnosed prior to January 1, 2003).

A150 Local tumor destruction, NOS

No specimen sent to pathology from surgical event A150.

A250 Local tumor excision, NOS

Less than a full chain, includes an excisional biopsy of a single lymph node.

Additional Note: Code A250 local tumor excision should only be used when the node removed is the only node involved with lymphoma. If there is only one node involved and this can be confirmed – then you can code the removal as surgical treatment. Otherwise, the lymph node removal is just a biopsy removed to confirm the diagnosis, classify the lymphoma, and/or stage the lymphoma. STORE Manual – Item 1350.

A300 Lymph node dissection, NOS

A310 One chain

A320 Two or more chains

A400 Lymph node dissection, NOS PLUS splenectomy

A410 One chain

A420 Two or more chains

A500 Lymph node dissection, NOS and partial/total removal of adjacent organ(s)

A510 One chain

A520 Two or more chains

A600 Lymph node dissection, NOS and partial/total removal of adjacent organ(s) PLUS splenectomy (Includes staging laparotomy for lymphoma.)

A610 One chain

A620 Two or more chains

Specimen sent to pathology for surgical events A250-A620.

A900 Surgery, NOS

A990 Unknown if surgery performed; death certificate ONLY

2023 Site-Specific Surgery Codes for Rx Summ –2023

ALL OTHER SITES

C14.2–C14.8, C17.0–C17.9, C23.9, C24.0–C24.9, C26.0–C26.9, C30.0–C 30.1, C31.0–C31.9, C33.9, C37.9, C38.0–C38.8, C39.0–C39.9, C48.0–C48.8, C51.0–C51.9, C52.9, C57.0–C57.9, C58.9, C60.0–C60.9, C63.0–C63.9, C68.0–C68.9, C69.0–C69.9, C74.0–C74.9, C75.0–C75.9

Codes

A000 None; no surgery of primary site; autopsy ONLY

A100 Local tumor destruction, NOS

A110 Photodynamic therapy (PDT)

A120 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)

A130 Cryosurgery

A140 Laser

No specimen sent to pathology from surgical events A100–A140.

A200 Local tumor excision, NOS

A260 Polypectomy

A270 Excisional biopsy

Any combination of A200 or A260–A270 WITH

A210 Photodynamic therapy (PDT)

A220 Electrocautery

A230 Cryosurgery

A240 Laser ablation

A250 Laser excision

A300 Simple/partial surgical removal of primary site

A400 Total surgical removal of primary site; enucleation

A410 Total enucleation (for eye surgery only)

A500 Surgery stated to be “debulking”

A600 Radical surgery

Partial or total removal of the primary site WITH a resection in continuity (partial or total removal) with other organs.

Specimen sent to pathology from surgical events A200–A600.

A900 Surgery, NOS

A990 Unknown if surgery performed; death certificate ONLY

2023 Site-Specific Surgery Codes for Rx Summ –2023

UNKNOWN AND ILL-DEFINED PRIMARY SITES C76.0–C76.8, C80.9

Code

A980 All unknown and ill-defined disease sites, WITH or WITHOUT surgical treatment.

Surgical procedures for unknown and ill-defined primaries are to be recorded using the data item *Surgical Procedure/Other Site* (NAACCR Item #1294) or *Surgical Procedure/Other Site at This Facility* (NAACCR Item #674).

Appendix G

2023 FCDS Record Layout Version 23

Appendix G – FCDSv23 Record Layout in Flat File Format – C (Core Data Items)

Section	Data Opt	Item #	FCDS / NAACCR Item Name	Length	Year Start-End	NEW for 2023
Record ID	D	10	Record Type	1		
Record ID	D	20	Patient ID Number	8		
Record ID		21	Patient System ID-Hosp	8		
Record ID		30	Registry Type	1		
Record ID		37	Reserved 00	14		
Record ID	D	40	Registry ID	10		
Record ID		45	NPI--Registry ID	10		
Record ID	D	50	NAACCR Record Version	3		
Record ID		60	Tumor Record Number	2		
Demographic	C	70	Addr at DX--City	50	2001	
Demographic	C	80	Addr at DX--State	2	2010	
Demographic	D	81	State at DX Geocode 1970/80/90	2		
Demographic	D	82	State at DX Geocode 2000	2		
Demographic	D	83	State at DX Geocode 2010	2		
Demographic	D	84	State at DX Geocode 2020	2		
Demographic	D	89	County at DX Analysis	3		
Demographic	C	90	County at DX Reported	3	2010	
Demographic	D	94	County at DX Geocode 1970/80/90	3		
Demographic	D	95	County at DX Geocode2000	3		
Demographic	D	96	County at DX Geocode2010	3		
Demographic	D	97	County at DX Geocode2020	3		
Demographic	C	100	Addr at DX--Postal Code	9	2001	
Demographic	C	102	Addr at DX--Country	3	2013	
Demographic	D	110	Census Tract 1970/80/90	6		
Demographic	D	120	Census Cod Sys 1970/80/90	1		
Demographic	D	125	Census Tract 2020	6		
Demographic	D	130	Census Tract 2000	6		
Demographic	D	135	Census Tract 2010	6		

Section	Data Opt	Item #	FCDS / NAACCR Item Name	Length	Year Start-End	NEW for 2023
Demographic	D	145	Census Tr Poverty Indictr	1		
Demographic	C	150	Marital Status at DX	1	1981	
Demographic	C	160	Race 1	2	1981	
Demographic	C	161	Race 2	2	2001	
Demographic	C	162	Race 3	2	2001	
Demographic	C	163	Race 4	2	2001	
Demographic	C	164	Race 5	2	2001	
Demographic	D	170	Race Coding Sys--Current	1		
Demographic	D	180	Race Coding Sys--Original	1		
Demographic	C	190	Spanish/Hispanic Origin	1	1981	
Demographic	D	191	NHIA Derived Hisp Origin	1		
Demographic	D	192	IHS Link	1		
Demographic	D	193	Race--NAPIIA(derived API)	2		
Demographic	D	194	HIS PRCD A	1	2022	
Demographic		200	Computed Ethnicity	1		
Demographic		210	Computed Ethnicity Source	1		
Demographic	C	220	Sex	1	1981	
Demographic	D	230	Age at Diagnosis	3	1981	
Demographic	C	240	Date of Birth	8	1981	
Demographic	D	250	Birthplace	3	1981-2012	
Demographic	C	252	Birthplace--State	2	2013	
Demographic	C	254	Birthplace--Country	3	2013	
Demographic	D	270	Census Occ Code 1970-2000	3		
Demographic	D	272	Census Ind Code 2010 CDC	4		
Demographic	D	280	Census Ind Code 1970-2000	3		
Demographic	D	282	Census Occ Code 2010 CDC	4		
Demographic	D	284	Urban Indian Health Organization (UIHO)	1	2022	

Section	Data Opt	Item #	FCDS / NAACCR Item Name	Length	Year Start-End	NEW for 2023
Demographic	D	285	UIHO City	2	2022	
Demographic	D	290	Occupation Source	1		
Demographic	D	300	Industry Source	1		
Demographic	C	310	Text--Usual Occupation	100	1995	
Demographic	C	320	Text--Usual Industry	100	2001	
Demographic	D	330	Census Occ/Ind Sys 70-00	1		
Demographic	D	339	RUCA 2000	1		
Demographic	D	341	RUCA 2010	1		
Demographic	C	344	Tobacco Use Smoking Status	1	2022	
Demographic	D	345	URIC 2000	1		
Demographic	D	346	URIC 2010	1		
Demographic	D	351	GeoLocationID - 1970/80/90	12		
Demographic	D	352	GeoLocationID - 2000	12		
Demographic	D	353	GeoLocationID - 2010	12		
Demographic	D	354	GeoLocationID - 2020	12		
Demographic	D	361	Census Block Group 2020	1		
Demographic	D	362	Census Block Group 2000	1		
Demographic	D	363	Census Block Group 2010	1		
Demographic	D	364	Census Tr Cert 1970/80/90	1		
Demographic	D	365	Census Tr Certainty 2000	1		
Demographic	D	366	GIS Coordinate Quality	2		
Demographic	D	367	Census Tr Certainty 2010	1		
Demographic	D	368	Census Block Grp 1970/80/90	1		
Demographic	D	369	Census Tract Certainty 2020	1	2018	
Record ID		370	Reserved 01	16		
Cancer Identification	D	380	Sequence Number--Central	2		
Cancer Identification	C	390	Date of Diagnosis	8	1981	
Cancer Identification	C	400	Primary Site	4	1981	
Cancer Identification	C	410	Laterality	1	1995	

Section	Data Opt	Item #	FCDS / NAACCR Item Name	Length	Year Start-End	NEW for 2023
Cancer Identification		419	Morph--Type&Behav ICD-O-2	5		
Cancer Identification		420	Histology (92-00) ICD-O-2	4	1981-2009	
Cancer Identification		430	Behavior (92-00) ICD-O-2	1	1981-2009	
Cancer Identification		439	Date of Mult Tumors Flag	2		
Cancer Identification	RH	440	Grade	1	1981-2017	
Cancer Identification		441	Grade Path Value	1		
Cancer Identification		442	Ambiguous Terminology DX	1		
Cancer Identification		443	Date Conclusive DX	8		
Cancer Identification		444	Mult Tum Rpt as One Prim	2		
Cancer Identification		445	Date of Mult Tumors	8		
Cancer Identification		446	Multiplicity Counter	2		
Cancer Identification		448	Date Conclusive DX Flag	2		
Cancer Identification		449	Grade Path System	1		
Cancer Identification	D	450	Site Coding Sys--Current	1		
Cancer Identification	D	460	Site Coding Sys--Original	1		
Cancer Identification	D	470	Morph Coding Sys--Current	1		
Cancer Identification	D	480	Morph Coding Sys--Originl	1		
Cancer Identification	C	490	Diagnostic Confirmation	1	1981	
Cancer Identification	C	500	Type of Reporting Source	1	1995	
Cancer Identification		501	Casefinding Source	2		
Cancer Identification		521	Morph--Type&Behav ICD-O-3	5		
Cancer Identification	C	522	Histologic Type ICD-O-3	4	2001	
Cancer Identification	C	523	Behavior Code ICD-O-3	1	2001	
Demographic	D	530	EDP MDE Link Date	8	2022	
Demographic	D	531	EDP MDE Link	1	2022	
Hospital-Specific	C	540	Reporting Facility	10	2010	
Hospital-Specific		545	NPI--Reporting Facility	10		

Section	Data Opt	Item #	FCDS / NAACCR Item Name	Length	Year Start-End	NEW for 2023
Hospital-Specific	C	550	Accession Number--Hosp	9	2010	
Hospital-Specific	C	560	Sequence Number--Hospital	2	1981	
Hospital-Specific	C	570	Abstracted By	3	1981	
Hospital-Specific	C	580	Date of 1st Contact	8	1981	
Hospital-Specific		590	Date of Inpt Adm	8		
Hospital-Specific		591	Date of Inpt Adm Flag	2		
Hospital-Specific		600	Date of Inpt Disch	8		
Hospital-Specific		601	Date of Inpt Disch Flag	2		
Hospital-Specific		605	Inpatient Status	1		
Hospital-Specific	C	610	Class of Case	2	1995	
Hospital-Specific	C	630	Primary Payer at DX	2	2003	
Hospital-Specific		668	RX Hosp--Surg App 2010	1		
Hospital-Specific		670	RX Hosp--Surg Prim Site	2		
Hospital-Specific		672	RX Hosp--Scope Reg LN Sur	1		
Hospital-Specific		674	RX Hosp--Surg Oth Reg/Dis	1		
Hospital-Specific		676	RX Hosp--Reg LN Removed	2		
Cancer Identification		680	Reserved 03	100		
Stage/Prognostic Factors		682	Date Regional Lymph Node Dissection	8		
Stage/Prognostic Factors		683	Date Regional Lymph Node Dissection Flag	2		
Hospital-Specific		690	RX Hosp--Radiation	1		
Hospital-Specific		700	RX Hosp--Chemo	2		
Hospital-Specific		710	RX Hosp--Hormone	2		
Hospital-Specific		720	RX Hosp--BRM	2		
Hospital-Specific		730	RX Hosp--Other	1		
Hospital-Specific		740	RX Hosp--DX/Stg Proc	2		
Hospital-Specific		746	RX Hosp--Surg Site 98-02	2		
Hospital-Specific		747	RX Hosp--Scope Reg 98-02	1		

Section	Data Opt	Item #	FCDS / NAACCR Item Name	Length	Year Start-End	NEW for 2023
Hospital-Specific		748	RX Hosp--Surg Oth 98-02	1		
Hospital-Specific		750	Reserved 04	50		
Stage/Prognostic Factors		752	Tumor Size Clinical	3		
Stage/Prognostic Factors		754	Tumor Size Pathologic	3		
Stage/Prognostic Factors	C	756	Tumor Size Summary	3	2016	
Stage/Prognostic Factors	RH	759	SEER Summary Stage 2000	1	2001-2003 and 2015-2017	
Stage/Prognostic Factors	RH	760	SEER Summary Stage 1977	1	1981-2003	
Stage/Prognostic Factors		762	Derived SS2018	1		
Stage/Prognostic Factors	C	764	Directly Assigned SS2018	1	2018	
Stage/Prognostic Factors		772	EOD--Primary Tumor	3		
Stage/Prognostic Factors		774	EOD--Regional Nodes	3		
Stage/Prognostic Factors		776	EOD--Mets	2		
Stage/Prognostic Factors		779	Extent of Disease 10-Dig	12		
Stage/Prognostic Factors		780	EOD--Tumor Size	3	1995-2003	
Stage/Prognostic Factors		785	Derived EOD 2018 T	15		
Stage/Prognostic Factors		790	EOD--Extension	2		
Stage/Prognostic Factors		795	Derived EOD 2018 M	15		
Stage/Prognostic Factors		800	EOD--Extension Prost Path	2		
Stage/Prognostic Factors		810	EOD--Lymph Node Involv	1		
Stage/Prognostic Factors		815	Derived EOD 2018 N	15		
Stage/Prognostic Factors		818	Derived EOD 2018 Stage Group	15		
Stage/Prognostic Factors	C	820	Regional Nodes Positive	2	1995	
Stage/Prognostic Factors	C	830	Regional Nodes Examined	2	1995	
Stage/Prognostic Factors		832	Date of Sentinel Lymph Node Biopsy	8		

Section	Data Opt	Item #	FCDS / NAACCR Item Name	Length	Year Start-End	NEW for 2023
Stage/Prognostic Factors		833	Date Sentinel Lymph Node Biopsy Flag	2		
Stage/Prognostic Factors		834	Sentinel Lymph Nodes Examined	2		
Stage/Prognostic Factors		835	Sentinel Lymph Nodes Positive	2		
Stage/Prognostic Factors		840	EOD--Old 13 Digit	13		
Stage/Prognostic Factors		850	EOD--Old 2 Digit	2		
Stage/Prognostic Factors		860	EOD--Old 4 Digit	4		
Stage/Prognostic Factors		870	Coding System for EOD	1		
Stage/Prognostic Factors		995	AJCC ID	4		
Stage/Prognostic Factors		1001	AJCC TNM Clin T	15		
Stage/Prognostic Factors		1002	AJCC TNM Clin N	15		
Stage/Prognostic Factors		1003	AJCC TNM Clin M	15		
Stage/Prognostic Factors		1004	AJCC TNM Clin Stage Group	15		
Stage/Prognostic Factors		1011	AJCC TNM Path T	15		
Stage/Prognostic Factors		1012	AJCC TNM Path N	15		
Stage/Prognostic Factors		1013	AJCC TNM Path M	15		
Stage/Prognostic Factors		1014	AJCC TNM Path Stage Group	15		
Stage/Prognostic Factors		1021	AJCC TNM Post Therapy T	15		
Stage/Prognostic Factors		1022	AJCC TNM Post Therapy N	15		
Stage/Prognostic Factors		1023	AJCC TNM Post Therapy M	15		
Stage/Prognostic Factors		1024	AJCC TNM Post Therapy Stage Group	15		
Stage/Prognostic Factors		1031	AJCC TNM Clin T Suffix	4		
Stage/Prognostic Factors		1032	AJCC TNM Path T Suffix	4		
Stage/Prognostic Factors		1033	AJCC TNM Post Therapy T Suffix	4		
Stage/Prognostic Factors		1034	AJCC TNM Clin N Suffix	4		
Stage/Prognostic Factors		1035	AJCC TNM Path N Suffix	4		
Stage/Prognostic Factors		1036	AJCC TNM Post Therapy N Suffix	4		
Stage/Prognostic Factors	RH	1060	TNM Edition Number	2	2016-2017	

Section	Data Opt	Item #	FCDS / NAACCR Item Name	Length	Year Start-End	NEW for 2023
Stage/Prognostic Factors	C	1068	Grade Post Therapy Clin (yc)	2	2021	
Stage/Prognostic Factors		1112	Mets at DX-Bone	1		
Stage/Prognostic Factors		1113	Mets at DX-Brain	1		
Stage/Prognostic Factors		1114	Mets at Dx-Distant LN	1		
Stage/Prognostic Factors		1115	Mets at DX-Liver	1		
Stage/Prognostic Factors		1116	Mets at DX-Lung	1		
Stage/Prognostic Factors		1117	Mets at DX-Other	1		
Stage/Prognostic Factors		1120	Pediatric Stage	2		
Stage/Prognostic Factors		1130	Pediatric Staging System	2		
Stage/Prognostic Factors		1140	Pediatric Staged By	1		
Stage/Prognostic Factors		1150	Tumor Marker 1	1		
Stage/Prognostic Factors		1160	Tumor Marker 2	1		
Stage/Prognostic Factors		1170	Tumor Marker 3	1		
Stage/Prognostic Factors		1180	Reserved 05	98		
Stage/Prognostic Factors	C	1182	Lymph-vascular Invasion	1	2010	
Treatment-1st Course		1190	Reserved 06	100		
Treatment-1st Course	C	1200	RX Date Surgery	8	1995	
Treatment-1st Course	C	1210	RX Date Radiation	8	1995	
Treatment-1st Course	C	1220	RX Date Chemo	8	1995	
Treatment-1st Course	C	1230	RX Date Hormone	8	1995	
Treatment-1st Course	C	1240	RX Date BRM	8	1995	
Treatment-1st Course	C	1250	RX Date Other	8	1995	
Treatment-1st Course	D	1260	Date Initial RX SEER	8		
Treatment-1st Course		1270	Date 1st Crs RX CoC	8		
Treatment-1st Course		1280	RX Date DX/Stg Proc	8		
Treatment-1st Course		1281	RX Date DX/Stg Proc Flag	2		
Treatment-1st Course	C	1285	RX Summ--Treatment Status	1	2010	
Treatment-1st Course	C	1290	RX Summ--Surg Prim Site (81-23)	2	1981-2022	2022

Section	Data Opt	Item #	FCDS / NAACCR Item Name	Length	Year Start-End	NEW for 2023
Treatment-1 st Course	C	1291	RX Summ- Surg Prim Site (2023)	2	2023	2023
Treatment-1st Course	C	1292	RX Summ--Scope Reg LN Sur	1	2001	
Treatment-1st Course	C	1294	RX Summ--Surg Oth Reg/Dis	1	2001	
Treatment-1st Course		1296	RX Summ--Reg LN Examined	2		
Treatment-1st Course		1300	Reserved 07	50		
Treatment-1st Course		1310	RX Summ--Surgical Approch	1		
Treatment-1st Course		1320	RX Summ--Surgical Margins	1		
Treatment-1st Course		1330	RX Summ--Reconstruct 1st	1		
Treatment-1st Course	C	1340	Reason for No Surgery	1	2001	
Treatment-1st Course		1350	RX Summ--DX/Stg Proc	2		
Treatment-1st Course	RH	1360	RX Summ--Radiation	1	1981-2017	
Treatment-1st Course		1370	RX Summ--Rad to CNS	1		
Treatment-1st Course	C	1380	RX Summ--Surg/Rad Seq	1	2006	
Treatment-1st Course	C	1390	RX Summ--Chemo	2	1981	
Treatment-1st Course	C	1400	RX Summ--Hormone	2	1981	
Treatment-1st Course	C	1410	RX Summ--BRM	2	1981	
Treatment-1st Course	C	1420	RX Summ--Other	1	1981	
Treatment-1st Course	C	1430	Reason for No Radiation	1	2011	
Treatment-1st Course	D	1460	RX Coding System--Current	2		
Treatment-1st Course		1501	Phase I Dose per Fraction	5		
Treatment-1st Course		1502	Phase I Radiation External Beam Planning Tech	2		
Treatment-1st Course		1503	Phase I Number of Fractions	3		
Treatment-1st Course		1504	Phase I Radiation Primary Treatment Volume	2		
Treatment-1st Course		1505	Phase I Radiation to Draining Lymph Nodes	2		
Treatment-1st Course	C	1506	Phase I Radiation Treatment Modality	2	2018	
Treatment-1st Course		1507	Phase I Total Dose	6		

Section	Data Opt	Item #	FCDS / NAACCR Item Name	Length	Year Start-End	NEW for 2023
Treatment-1st Course		1510	Rad--Regional Dose: cGy	5		
Treatment-1st Course		1511	Phase II Dose per Fraction	5		
Treatment-1st Course		1512	Phase II Radiation External Beam Planning Tech	2		
Treatment-1st Course		1513	Phase II Number of Fractions	3		
Treatment-1st Course		1514	Phase II Radiation Primary Treatment Volume	2		
Treatment-1st Course		1515	Phase II Radiation to Draining Lymph Nodes	2		
Treatment-1st Course		1516	Phase II Radiation Treatment Modality	2		
Treatment-1st Course		1517	Phase II Total Dose	6		
Treatment-1st Course		1520	Rad--No of Treatment Vol	3		
Treatment-1st Course		1521	Phase III Dose per Fraction	5		
Treatment-1st Course		1522	Phase III Radiation External Beam Planning Tech	2		
Treatment-1st Course		1523	Phase III Number of Fractions	3		
Treatment-1st Course		1524	Phase III Radiation Primary Treatment Volume	2		
Treatment-1st Course		1525	Phase III Radiation to Draining Lymph Nodes	2		
Treatment-1st Course		1526	Phase III Radiation Treatment Modality	2		
Treatment-1st Course		1527	Phase III Total Dose	6		
Treatment-1st Course		1531	Radiation Treatment Discontinued Early	2		
Treatment-1st Course		1532	Number of Phases of Rad Treatment to this Volume	2		
Treatment-1st Course		1533	Total Dose	6		
Treatment-1st Course		1540	Rad--Treatment Volume	2		
Treatment-1st Course		1550	Rad--Location of RX	1		
Treatment-1st Course	RH	1570	Rad--Regional RX Modality	2	2006-2017	

Section	Data Opt	Item #	FCDS / NAACCR Item Name	Length	Year Start-End	NEW for 2023
Treatment-1st Course	C	1639	RX Summ--Systemic/Sur Seq	1	2006	
Treatment-1st Course		1640	RX Summ--Surgery Type	2		
Treatment-1st Course		1646	RX Summ--Surg Site 98-02	2		
Treatment-1st Course		1647	RX Summ--Scope Reg 98-02	1		
Treatment-1st Course		1648	RX Summ--Surg Oth 98-02	1		
Edit Overrides/Conversion History/System Admin		1650	Reserved 08	50		
Treatment-Subsequent & Other		1660	Subsq RX 2nd Course Date	8		
Treatment-Subsequent & Other		1661	Subsq RX 2ndCrS Date Flag	2		
Treatment-Subsequent & Other		1670	Subsq RX 2nd Course Codes	11		
Treatment-Subsequent & Other		1671	Subsq RX 2nd Course Surg	2		
Treatment-Subsequent & Other		1672	Subsq RX 2nd Course Rad	1		
Treatment-Subsequent & Other		1673	Subsq RX 2nd Course Chemo	1		
Treatment-Subsequent & Other		1674	Subsq RX 2nd Course Horm	1		
Treatment-Subsequent & Other		1675	Subsq RX 2nd Course BRM	1		
Treatment-Subsequent & Other		1676	Subsq RX 2nd Course Oth	1		
Treatment-Subsequent & Other		1677	Subsq RX 2nd--Scope LN SU	1		
Treatment-Subsequent & Other		1678	Subsq RX 2nd--Surg Oth	1		
Treatment-Subsequent & Other		1679	Subsq RX 2nd--Reg LN Rem	2		
Treatment-Subsequent & Other		1680	Subsq RX 3rd Course Date	8		
Treatment-Subsequent & Other		1681	Subsq RX 3rdCrS Date Flag	2		
Treatment-Subsequent & Other		1690	Subsq RX 3rd Course Codes	11		
Treatment-Subsequent & Other		1691	Subsq RX 3rd Course Surg	2		
Treatment-Subsequent & Other		1692	Subsq RX 3rd Course Rad	1		
Treatment-Subsequent & Other		1693	Subsq RX 3rd Course Chemo	1		
Treatment-Subsequent & Other		1694	Subsq RX 3rd Course Horm	1		
Treatment-Subsequent & Other		1695	Subsq RX 3rd Course BRM	1		
Treatment-Subsequent & Other		1696	Subsq RX 3rd Course Oth	1		
Treatment-Subsequent & Other		1697	Subsq RX 3rd--Scope LN Su	1		

Section	Data Opt	Item #	FCDS / NAACCR Item Name	Length	Year Start-End	NEW for 2023
Treatment-Subsequent & Other		1698	Subsq RX 3rd--Surg Oth	1		
Treatment-Subsequent & Other		1699	Subsq RX 3rd--Reg LN Rem	2		
Treatment-Subsequent & Other		1700	Subsq RX 4th Course Date	8		
Treatment-Subsequent & Other		1701	Subsq RX 4thCrs Date Flag	2		
Treatment-Subsequent & Other		1710	Subsq RX 4th Course Codes	11		
Treatment-Subsequent & Other		1711	Subsq RX 4th Course Surg	2		
Treatment-Subsequent & Other		1712	Subsq RX 4th Course Rad	1		
Treatment-Subsequent & Other		1713	Subsq RX 4th Course Chemo	1		
Treatment-Subsequent & Other		1714	Subsq RX 4th Course Horm	1		
Treatment-Subsequent & Other		1715	Subsq RX 4th Course BRM	1		
Treatment-Subsequent & Other		1716	Subsq RX 4th Course Oth	1		
Treatment-Subsequent & Other		1717	Subsq RX 4th--Scope LN Su	1		
Treatment-Subsequent & Other		1718	Subsq RX 4th--Surg Oth	1		
Treatment-Subsequent & Other		1719	Subsq RX 4th--Reg LN Rem	2		
Follow-up/Recurrence/Death		1740	Reserved 09	50		
Treatment-Subsequent & Other		1741	Subsq RX--Reconstruct Del	1		
Follow-up/Recurrence/Death	C	1750	Date of Last Contact	8	1981	
Follow-up/Recurrence/Death	C	1751	Date of Last Contact Flag	2	2010	
Follow-up/Recurrence/Death		1755	Date of Death--Canada	8		
Follow-up/Recurrence/Death		1756	Date of Death--CanadaFlag	2		
Follow-up/Recurrence/Death	C	1760	Vital Status	1	1995	
Follow-up/Recurrence/Death	D	1762	Vital Status Recode	1		
Follow-up/Recurrence/Death	C	1770	Cancer Status	1	1995	
Follow-up/Recurrence/Death		1772	Date of Last Cancer (tumor) Status	8		
Follow-up/Recurrence/Death		1773	Date of Last Cancer (tumor) Status Flag	2		
Follow-up/Recurrence/Death	D	1775	Record Number Recode	2	end 2021	
Follow-up/Recurrence/Death		1780	Quality of Survival	1		

Section	Data Opt	Item #	FCDS / NAACCR Item Name	Length	Year Start-End	NEW for 2023
Follow-up/Recurrence/Death		1782	Surv-Date Active Followup	8		
Follow-up/Recurrence/Death		1783	Surv-Flag Active Followup	1		
Follow-up/Recurrence/Death		1784	Surv-Mos Active Followup	4		
Follow-up/Recurrence/Death	D	1785	Surv-Date Presumed Alive	8		
Follow-up/Recurrence/Death	D	1786	Surv-Flag Presumed Alive	1		
Follow-up/Recurrence/Death	D	1787	Surv-Mos Presumed Alive	4		
Follow-up/Recurrence/Death	D	1788	Surv-Date DX Recode	8		
Follow-up/Recurrence/Death		1790	Follow-Up Source	1		
Follow-up/Recurrence/Death	D	1791	Follow-up Source Central	2		
Follow-up/Recurrence/Death		1800	Next Follow-Up Source	1		
Follow-up/Recurrence/Death	C	1810	Addr Current--City	50	1981	
Follow-up/Recurrence/Death	C	1820	Addr Current--State	2	2010	
Follow-up/Recurrence/Death	C	1830	Addr Current--Postal Code	9	1981	
Demographic	C	1832	Addr Current--Country	3	2013	
Patient-Confidential		1835	Reserved 10	100		
Follow-up/Recurrence/Death	C	1840	County--Current	3	2010	
Follow-up/Recurrence/Death		1842	Follow-Up Contact--City	50		
Follow-up/Recurrence/Death		1844	Follow-Up Contact--State	2		
Follow-up/Recurrence/Death		1846	Follow-Up Contact--Postal	9		
Demographic		1847	FollowUp Contact--Country	3		
Follow-up/Recurrence/Death		1850	Unusual Follow-Up Method	2		
Follow-up/Recurrence/Death		1860	Recurrence Date--1st	8		
Follow-up/Recurrence/Death		1861	Recurrence Date--1st Flag	2		
Follow-up/Recurrence/Death		1880	Recurrence Type--1st	2		
Hospital-Confidential		1900	Reserved 11	50		
Follow-up/Recurrence/Death	D	1910	Cause of Death	4		
Follow-up/Recurrence/Death	D	1914	SEER Cause Specific COD	1		
Follow-up/Recurrence/Death	D	1915	SEER Other COD	1		
Follow-up/Recurrence/Death	D	1920	ICD Revision Number	1		

Section	Data Opt	Item #	FCDS / NAACCR Item Name	Length	Year Start-End	NEW for 2023
Follow-up/Recurrence/Death		1930	Autopsy	1		
Follow-up/Recurrence/Death	D	1940	Place of Death	3		
Demographic	D	1942	Place of Death--State	2		
Demographic	D	1944	Place of Death--Country	3		
Edit Overrides/Conversion History/System Admin		1960	Site (73-91) ICD-O-1	4		
Edit Overrides/Conversion History/System Admin		1970	Morph (73-91) ICD-O-1	6		
Edit Overrides/Conversion History/System Admin		1971	Histology (73-91) ICD-O-1	4		
Edit Overrides/Conversion History/System Admin		1972	Behavior (73-91) ICD-O-1	1		
Edit Overrides/Conversion History/System Admin		1973	Grade (73-91) ICD-O-1	1		
Edit Overrides/Conversion History/System Admin		1980	ICD-O-2 Conversion Flag	1		
Edit Overrides/Conversion History/System Admin		1981	Over-ride SS/NodesPos	1		
Edit Overrides/Conversion History/System Admin		1982	Over-ride SS/TNM-N	1		
Edit Overrides/Conversion History/System Admin		1983	Over-ride SS/TNM-M	1		
Edit Overrides/Conversion History/System Admin		1985	Over-ride Acsn/Class/Seq	1		
Edit Overrides/Conversion History/System Admin		1986	Over-ride HospSeq/DxConf	1		
Edit Overrides/Conversion History/System Admin		1987	Over-ride CoC-Site/Type	1		
Edit Overrides/Conversion History/System Admin		1988	Over-ride HospSeq/Site	1		
Edit Overrides/Conversion History/System Admin	R	1989	Over-ride Site/TNM-StgGrp	1		
Edit Overrides/Conversion History/System Admin	R	1990	Over-ride Age/Site/Morph	1		

Section	Data Opt	Item #	FCDS / NAACCR Item Name	Length	Year Start-End	NEW for 2023
Edit Overrides/Conversion History/System Admin		1992	Over-ride TNM Stage	1		
Edit Overrides/Conversion History/System Admin		1993	Over-ride TNM Tis	1		
Edit Overrides/Conversion History/System Admin		1994	Over-ride TNM 3	1		
Edit Overrides/Conversion History/System Admin	R	2000	Over-ride SeqNo/DxConf	1		
Edit Overrides/Conversion History/System Admin	R	2010	Over-ride Site/Lat/SeqNo	1		
Edit Overrides/Conversion History/System Admin	R	2020	Over-ride Surg/DxConf	1		
Edit Overrides/Conversion History/System Admin	R	2030	Over-ride Site/Type	1		
Edit Overrides/Conversion History/System Admin	R	2040	Over-ride Histology	1		
Edit Overrides/Conversion History/System Admin	R	2050	Over-ride Report Source	1		
Edit Overrides/Conversion History/System Admin	R	2060	Over-ride Ill-define Site	1		
Edit Overrides/Conversion History/System Admin	R	2070	Over-ride Leuk Lymphoma	1		
Edit Overrides/Conversion History/System Admin	R	2071	Over-ride Site/Behavior	1		
Edit Overrides/Conversion History/System Admin		2072	Over-ride Site/EOD/DX Dt	1		
Edit Overrides/Conversion History/System Admin		2073	Over-ride Site/Lat/EOD	1		
Edit Overrides/Conversion History/System Admin	R	2074	Over-ride Site/Lat/Morph	1		
Edit Overrides/Conversion History/System Admin	R	2078	Over-ride Name/Sex	1	2018	
Pathology		2080	Reserved 13	250		
Edit Overrides/Conversion History/System Admin		2081	CRC CHECKSUM	10		

Section	Data Opt	Item #	FCDS / NAACCR Item Name	Length	Year Start-End	NEW for 2023
Edit Overrides/Conversion History/System Admin		2085	Date Case Initiated	8		
Edit Overrides/Conversion History/System Admin	C	2090	Date Case Completed	8	1981	
Edit Overrides/Conversion History/System Admin		2092	Date Case Completed--CoC	8		
Edit Overrides/Conversion History/System Admin		2100	Date Case Last Changed	8		
Edit Overrides/Conversion History/System Admin		2110	Date Case Report Exported	8		
Edit Overrides/Conversion History/System Admin	D	2111	Date Case Report Received	8		
Edit Overrides/Conversion History/System Admin	D	2112	Date Case Report Loaded	8		
Edit Overrides/Conversion History/System Admin	D	2113	Date Tumor Record Availbl	8		
Edit Overrides/Conversion History/System Admin	D	2116	ICD-O-3 Conversion Flag	1		
Edit Overrides/Conversion History/System Admin	D	2117	Schema ID Version Current	5	2018	
Edit Overrides/Conversion History/System Admin	D	2118	Schema ID Version Original	5	2018	
Edit Overrides/Conversion History/System Admin		2120	SEER Coding Sys--Current	1		
Edit Overrides/Conversion History/System Admin		2130	SEER Coding Sys--Original	1		
Edit Overrides/Conversion History/System Admin		2140	CoC Coding Sys--Current	2		
Edit Overrides/Conversion History/System Admin		2150	CoC Coding Sys--Original	2		
Edit Overrides/Conversion History/System Admin	C	2152	CoC Accredited Flag	1	2018	
Edit Overrides/Conversion History/System Admin		2155	RQRS NCDB Submission Flag	1		

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Edit Overrides/Conversion History/System Admin	D	2158	AJCC Cancer Surveillance API Version Current	13	2018	
Edit Overrides/Conversion History/System Admin	D	2159	AJCC Cancer Surveillance API Version Original	13	2018	
Edit Overrides/Conversion History/System Admin	C	2170	Vendor Name	10	2001	
Edit Overrides/Conversion History/System Admin		2180	SEER Type of Follow-Up	1		
Edit Overrides/Conversion History/System Admin		2190	SEER Record Number	2		
Edit Overrides/Conversion History/System Admin		2200	Diagnostic Proc 73-87	2		
Text-Miscellaneous		2210	Reserved 14	2000		
Patient-Confidential	C	2230	Name--Last	40	1981	
Patient-Confidential	C	2232	Name - Birth Surname	40	2021	
Patient-Confidential	C	2240	Name--First	40	1981	
Patient-Confidential	C	2250	Name--Middle	40	1981	
Patient-Confidential		2260	Name--Prefix	3		
Patient-Confidential		2270	Name--Suffix	3		
Patient-Confidential	C	2280	Name--Alias	40	2006	
Patient-Confidential		2290	Name--Spouse/Parent	60		
Patient-Confidential	C	2300	Medical Record Number	11	1981	
Patient-Confidential		2310	Military Record No Suffix	2		
Patient-Confidential	C	2315	Medicare Beneficiary Identifier	11	2021	
Patient-Confidential	C	2320	Social Security Number	9	1981	
Patient-Confidential	C	2330	Addr at DX--No & Street	60	2001	
Patient-Confidential	C	2335	Addr at DX--Supplementl	60	2006	
Patient-Confidential	C	2350	Addr Current--No & Street	60	1981	
Patient-Confidential	D	2352	Latitude	10		
Patient-Confidential	D	2354	Longitude	11		
Patient-Confidential		2355	Addr Current--Supplementl	60		

Section	Data Opt	Item #	FCDS / NAACCR Item Name	Length	Year Start-End	NEW for 2023
Patient-Confidential	C	2360	Telephone	10	2003	
Patient-Confidential	D	2380	DC State File Number	6		
Patient-Confidential		2392	Follow-Up Contact--No&St	60		
Patient-Confidential		2393	Follow-Up Contact--Suppl	60		
Patient-Confidential		2394	Follow-Up Contact--Name	60		
Stage/Prognostic Factors		2400	Reserved 15	1		
Hospital-Confidential		2410	Institution Referred From	10		
Hospital-Confidential		2415	NPI--Inst Referred From	10		
Hospital-Confidential		2420	Institution Referred To	10		
Hospital-Confidential		2425	NPI--Inst Referred To	10		
Hospital-Confidential		2440	Following Registry	10		
Hospital-Confidential		2445	NPI--Following Registry	10		
Demographic		2450	Reserved 16	12		
Other-Confidential	C	2460	Physician--Managing	8	1981	
Other-Confidential	C	2465	NPI--Physician--Managing	10	2011	
Other-Confidential		2470	Physician--Follow-Up	8		
Other-Confidential	C	2475	NPI--Physician--Follow-Up	10	2011	
Other-Confidential		2480	Physician--Primary Surg	8		
Other-Confidential	C	2485	NPI--Physician--Primary Surg	10	2011	
Other-Confidential		2490	Physician 3	8		
Other-Confidential	C	2495	NPI--Physician 3	10	2011	
Other-Confidential		2500	Physician 4	8		
Other-Confidential	C	2505	NPI--Physician 4	10	2011	
Other-Confidential		2508	EHR Reporting	1000		
Other-Confidential		2510	Reserved 12	50		
Text-Diagnosis	C	2520	Text--DX Proc--PE	1000	2001	
Text-Diagnosis	C	2530	Text--DX Proc--X-ray/Scan	1000	1997	
Text-Diagnosis	C	2540	Text--DX Proc--Scopes	1000	2001	
Text-Diagnosis	C	2550	Text--DX Proc--Lab Tests	1000	1997	

Section	Data Opt	Item #	FCDS / NAACCR Item Name	Length	Year Start-End	NEW for 2023
Text-Diagnosis	C	2560	Text--DX Proc--Op	1000	1997	
Text-Diagnosis	C	2570	Text--DX Proc--Path	1000	1997	
Text-Diagnosis	C	2580	Text--Primary Site Title	100	2006	
Text-Diagnosis	C	2590	Text--Histology Title	100	2006	
Text-Diagnosis	C	2600	Text--Staging	1000	1997	
Text-Treatment	C	2610	RX Text--Surgery	1000	2001	
Text-Treatment	C	2620	RX Text--Radiation (Beam)	1000	2006	
Text-Treatment	C	2630	RX Text--Radiation Other	1000	2006	
Text-Treatment	C	2640	RX Text--Chemo	1000	2006	
Text-Treatment	C	2650	RX Text--Hormone	1000	2006	
Text-Treatment	C	2660	RX Text--BRM	1000	2006	
Text-Treatment	C	2670	RX Text--Other	1000	2006	
Text-Miscellaneous	C	2680	Text--Remarks	1000	1995	
Text-Miscellaneous	C	2690	Text--Place of Diagnosis	60	2001	
Stage/Prognostic Factors	RH	2800	CS Tumor Size	3	2004-2015	
Stage/Prognostic Factors	RH	2810	CS Extension	3	2004-2015	
Stage/Prognostic Factors	RH	2820	CS Tumor Size/Ext Eval	1	2004-2015	
Stage/Prognostic Factors	RH	2830	CS Lymph Nodes	3	2004-2015	
Stage/Prognostic Factors	RH	2840	CS Lymph Nodes Eval	1	2004-2015	
Stage/Prognostic Factors	RH	2850	CS Mets at DX	2	2004-2015	
Stage/Prognostic Factors		2851	CS Mets at Dx-Bone	1		
Stage/Prognostic Factors		2852	CS Mets at Dx-Brain	1		
Stage/Prognostic Factors		2853	CS Mets at Dx-Liver	1		
Stage/Prognostic Factors		2854	CS Mets at Dx-Lung	1		

Section	Data Opt	Item #	FCDS / NAACCR Item Name	Length	Year Start-End	NEW for 2023
Stage/Prognostic Factors	RH	2860	CS Mets Eval	1	2004-2015	
Stage/Prognostic Factors	RH	2861	CS Site-Specific Factor 7	3	2010-2017	
Stage/Prognostic Factors	RH	2862	CS Site-Specific Factor 8	3	2010-2017	
Stage/Prognostic Factors	RH	2863	CS Site-Specific Factor 9	3	2010-2017	
Stage/Prognostic Factors	RH	2864	CS Site-Specific Factor10	3	2010-2017	
Stage/Prognostic Factors	RH	2865	CS Site-Specific Factor11	3	2010-2017	
Stage/Prognostic Factors	RH	2866	CS Site-Specific Factor12	3	2010-2017	
Stage/Prognostic Factors	RH	2867	CS Site-Specific Factor13	3	2010-2017	
Stage/Prognostic Factors	RH	2868	CS Site-Specific Factor14	3	2010-2017	
Stage/Prognostic Factors	RH	2869	CS Site-Specific Factor15	3	2010-2017	
Stage/Prognostic Factors	RH	2870	CS Site-Specific Factor16	3	2010-2017	
Stage/Prognostic Factors	RH	2871	CS Site-Specific Factor17	3	2010-2017	
Stage/Prognostic Factors	RH	2872	CS Site-Specific Factor18	3	2010-2017	
Stage/Prognostic Factors	RH	2873	CS Site-Specific Factor19	3	2010-2017	
Stage/Prognostic Factors	RH	2874	CS Site-Specific Factor20	3	2010-2017	
Stage/Prognostic Factors	RH	2875	CS Site-Specific Factor21	3	2010-2017	
Stage/Prognostic Factors	RH	2876	CS Site-Specific Factor22	3	2010-2017	

Section	Data Opt	Item #	FCDS / NAACCR Item Name	Length	Year Start-End	NEW for 2023
Stage/Prognostic Factors	RH	2877	CS Site-Specific Factor23	3	2010-2017	
Stage/Prognostic Factors	RH	2878	CS Site-Specific Factor24	3	2010-2017	
Stage/Prognostic Factors	RH	2879	CS Site-Specific Factor25	3	2010-2017	
Stage/Prognostic Factors	RH	2880	CS Site-Specific Factor 1	3	2004-2017	
Stage/Prognostic Factors	RH	2890	CS Site-Specific Factor 2	3	2004-2017	
Stage/Prognostic Factors	RH	2900	CS Site-Specific Factor 3	3	2004-2017	
Stage/Prognostic Factors	RH	2910	CS Site-Specific Factor 4	3	2004-2017	
Stage/Prognostic Factors	RH	2920	CS Site-Specific Factor 5	3	2004-2017	
Stage/Prognostic Factors	RH	2930	CS Site-Specific Factor 6	3	2004-2017	
Stage/Prognostic Factors	D	2935	CS Version Input Original	6	2004-2017	
Stage/Prognostic Factors	D	2936	CS Version Derived	6	2004-2017	
Stage/Prognostic Factors	D	2937	CS Version Input Current	6	2004-2017	
Stage/Prognostic Factors	D	2940	Derived AJCC-6 T	2	2004-2017	
Stage/Prognostic Factors	D	2950	Derived AJCC-6 T Descript	1	2004-2017	
Stage/Prognostic Factors	D	2960	Derived AJCC-6 N	2	2004-2017	
Stage/Prognostic Factors	D	2970	Derived AJCC-6 N Descript	1	2004-2017	
Stage/Prognostic Factors	D	2980	Derived AJCC-6 M	2	2004-2017	

Section	Data Opt	Item #	FCDS / NAACCR Item Name	Length	Year Start-End	NEW for 2023
Stage/Prognostic Factors	D	2990	Derived AJCC-6 M Descript	1	2004-2017	
Stage/Prognostic Factors	D	3000	Derived AJCC-6 Stage Grp	2	2004-2017	
Stage/Prognostic Factors	D	3010	Derived SS1977	1	2004-2017	
Stage/Prognostic Factors	D	3020	Derived SS2000	1	2004-2017	
Stage/Prognostic Factors	D	3030	Derived AJCC--Flag	1	2004-2017	
Stage/Prognostic Factors	D	3040	Derived SS1977--Flag	1	2004-2017	
Stage/Prognostic Factors	D	3050	Derived SS2000--Flag	1	2004-2017	
Hospital-Specific		3100	Archive FIN	10		
Hospital-Specific		3105	NPI--Archive FIN	10		
Stage/Prognostic Factors		3110	Comorbid/Complication 1	5		
Stage/Prognostic Factors		3120	Comorbid/Complication 2	5		
Stage/Prognostic Factors		3130	Comorbid/Complication 3	5		
Stage/Prognostic Factors		3140	Comorbid/Complication 4	5		
Stage/Prognostic Factors		3150	Comorbid/Complication 5	5		
Stage/Prognostic Factors		3160	Comorbid/Complication 6	5		
Stage/Prognostic Factors		3161	Comorbid/Complication 7	5		
Stage/Prognostic Factors		3162	Comorbid/Complication 8	5		
Stage/Prognostic Factors		3163	Comorbid/Complication 9	5		
Stage/Prognostic Factors		3164	Comorbid/Complication 10	5		
Stage/Prognostic Factors		3165	ICD Revision Comorbid	1		
Treatment-1st Course	C	3170	RX Date Mst Defn Srg	8	2015	
Treatment-1st Course	C	3171	RX Date Mst Defn Srg Flag	2	2015	
Treatment-1st Course		3180	RX Date Surg Disch	8		
Treatment-1st Course		3181	RX Date Surg Disch Flag	2		

Section	Data Opt	Item #	FCDS / NAACCR Item Name	Length	Year Start-End	NEW for 2023
Treatment-1st Course		3190	Readm Same Hosp 30 Days	1		
Treatment-1st Course		3200	Rad--Boost RX Modality	2		
Treatment-1st Course		3210	Rad--Boost Dose cGy	5		
Treatment-1st Course		3220	RX Date Rad Ended	8		
Treatment-1st Course		3221	RX Date Rad Ended Flag	2		
Treatment-1st Course		3230	RX Date Systemic	8		
Treatment-1st Course		3231	RX Date Systemic Flag	2		
Treatment-1st Course	C	3250	RX Summ--Transplnt/Endocr	2	2003	
Treatment-1st Course		3270	RX Summ--Palliative Proc	1		
Hospital-Specific		3280	RX Hosp--Palliative Proc	1		
Demographic	D	3300	RuralUrban Continuum 1993	2		
Demographic	D	3310	RuralUrban Continuum 2003	2		
Demographic	D	3312	RuralUrban Continuum 2013	2		
Stage/Prognostic Factors	D	3400	Derived AJCC-7 T	3	2004-2017	
Stage/Prognostic Factors	D	3402	Derived AJCC-7 T Descript	1	2004-2017	
Stage/Prognostic Factors	D	3410	Derived AJCC-7 N	3	2004-2017	
Stage/Prognostic Factors	D	3412	Derived AJCC-7 N Descript	1	2004-2017	
Stage/Prognostic Factors	D	3420	Derived AJCC-7 M	3	2004-2017	
Stage/Prognostic Factors	D	3422	Derived AJCC-7 M Descript	1	2004-2017	
Stage/Prognostic Factors	D	3430	Derived AJCC-7 Stage Grp	3	2004-2017	
Stage/Prognostic Factors		3440	Derived PreRx-7 T	3		
Stage/Prognostic Factors		3442	Derived PreRx-7 T Descrip	1		
Stage/Prognostic Factors		3450	Derived PreRx-7 N	3		
Stage/Prognostic Factors		3452	Derived PreRx-7 N Descrip	1		

Section	Data Opt	Item #	FCDS / NAACCR Item Name	Length	Year Start-End	NEW for 2023
Stage/Prognostic Factors		3460	Derived PreRx-7 M	3		
Stage/Prognostic Factors		3462	Derived PreRx-7 M Descrip	1		
Stage/Prognostic Factors		3470	Derived PreRx-7 Stage Grp	3		
Stage/Prognostic Factors		3480	Derived PostRx-7 T	3		
Stage/Prognostic Factors		3482	Derived PostRx-7 N	3		
Stage/Prognostic Factors		3490	Derived PostRx-7 M	2		
Stage/Prognostic Factors		3492	Derived PostRx-7 Stge Grp	3		
Stage/Prognostic Factors		3600	Derived Neoadjuv Rx Flag	1		
Stage/Prognostic Factors		3605	Derived SEER Path Stg Grp	5		
Stage/Prognostic Factors		3610	Derived SEER Clin Stg Grp	5		
Stage/Prognostic Factors		3614	Derived SEER Cmb Stg Grp	5		
Stage/Prognostic Factors		3616	Derived SEER Combined T	5		
Stage/Prognostic Factors		3618	Derived SEER Combined N	5		
Stage/Prognostic Factors		3620	Derived SEER Combined M	5		
Stage/Prognostic Factors		3622	Derived SEER Cmb T Src	1		
Stage/Prognostic Factors		3624	Derived SEER Cmb N Src	1		
Stage/Prognostic Factors		3626	Derived SEER Cmb M Src	1		
Stage/Prognostic Factors		3645	NPCR Derived AJCC 8 TNM Clin Stg Grp	15		
Stage/Prognostic Factors		3646	NPCR Derived AJCC 8 TNM Path Stg Grp	15		
Stage/Prognostic Factors		3647	NPCR Derived AJCC 8 TNM Post Therapy Stg Grp	15		
Stage/Prognostic Factors	D	3650	NPCR Derived Clin Stg Grp	4	2016	
Stage/Prognostic Factors	D	3655	NPCR Derived Path Stg Grp	4	2016	
Stage/Prognostic Factors		3700	SEER Site-Specific Fact 1	1		
Stage/Prognostic Factors		3702	SEER Site-Specific Fact 2	1		
Stage/Prognostic Factors		3704	SEER Site-Specific Fact 3	1		
Stage/Prognostic Factors		3706	SEER Site-Specific Fact 4	1		
Stage/Prognostic Factors		3708	SEER Site-Specific Fact 5	1		

Section	Data Opt	Item #	FCDS / NAACCR Item Name	Length	Year Start-End	NEW for 2023
Stage/Prognostic Factors		3710	SEER Site-Specific Fact 6	1		
Stage/Prognostic Factors		3720	NPCR Specific Field	75		
Edit Overrides/Conversion History/System Admin		3750	Over-ride CS 1	1		
Edit Overrides/Conversion History/System Admin		3751	Over-ride CS 2	1		
Edit Overrides/Conversion History/System Admin		3752	Over-ride CS 3	1		
Edit Overrides/Conversion History/System Admin		3753	Over-ride CS 4	1		
Edit Overrides/Conversion History/System Admin		3754	Over-ride CS 5	1		
Edit Overrides/Conversion History/System Admin		3755	Over-ride CS 6	1		
Edit Overrides/Conversion History/System Admin		3756	Over-ride CS 7	1		
Edit Overrides/Conversion History/System Admin		3757	Over-ride CS 8	1		
Edit Overrides/Conversion History/System Admin		3758	Over-ride CS 9	1		
Edit Overrides/Conversion History/System Admin		3759	Over-ride CS 10	1		
Edit Overrides/Conversion History/System Admin		3760	Over-ride CS 11	1		
Edit Overrides/Conversion History/System Admin		3761	Over-ride CS 12	1		
Edit Overrides/Conversion History/System Admin		3762	Over-ride CS 13	1		
Edit Overrides/Conversion History/System Admin		3763	Over-ride CS 14	1		
Edit Overrides/Conversion History/System Admin		3764	Over-ride CS 15	1		
Edit Overrides/Conversion History/System Admin		3765	Over-ride CS 16	1		

Section	Data Opt	Item #	FCDS / NAACCR Item Name	Length	Year Start-End	NEW for 2023
Edit Overrides/Conversion History/System Admin		3766	Over-ride CS 17	1		
Edit Overrides/Conversion History/System Admin		3767	Over-ride CS 18	1		
Edit Overrides/Conversion History/System Admin		3768	Over-ride CS 19	1		
Edit Overrides/Conversion History/System Admin		3769	Over-ride CS 20	1		
Stage/Prognostic Factors		3780	Secondary Diagnosis 1	7		
Stage/Prognostic Factors		3782	Secondary Diagnosis 2	7		
Stage/Prognostic Factors		3784	Secondary Diagnosis 3	7		
Stage/Prognostic Factors		3786	Secondary Diagnosis 4	7		
Stage/Prognostic Factors		3788	Secondary Diagnosis 5	7		
Stage/Prognostic Factors		3790	Secondary Diagnosis 6	7		
Stage/Prognostic Factors		3792	Secondary Diagnosis 7	7		
Stage/Prognostic Factors		3794	Secondary Diagnosis 8	7		
Stage/Prognostic Factors		3796	Secondary Diagnosis 9	7		
Stage/Prognostic Factors		3798	Secondary Diagnosis 10	7		
Stage/Prognostic Factors	D	3800	Schema ID	5	2018	
Stage/Prognostic Factors		3801	Chromosome 1p: Loss of Heterozygosity (LOH)	1		
Stage/Prognostic Factors		3802	Chromosome 19q: Loss of Heterozygosity (LOH)	1		
Stage/Prognostic Factors		3803	Adenoid Cystic Basaloid Pattern	5		
Stage/Prognostic Factors		3804	Adenopathy	1		
Stage/Prognostic Factors		3805	AFP Post-Orchiectomy Lab Value	7		
Stage/Prognostic Factors		3806	AFP Post-Orchiectomy Range	1		
Stage/Prognostic Factors		3807	AFP Pre-Orchiectomy Lab Value	7		
Stage/Prognostic Factors		3808	AFP Pre-Orchiectomy Range	1		
Stage/Prognostic Factors		3809	AFP Pretreatment Interpretation	1		
Stage/Prognostic Factors		3810	AFP Pretreatment Lab Value	6		

Section	Data Opt	Item #	FCDS / NAACCR Item Name	Length	Year Start-End	NEW for 2023
Stage/Prognostic Factors		3811	Anemia	1		
Stage/Prognostic Factors		3812	B symptoms	1		
Stage/Prognostic Factors		3813	Bilirubin Pretreatment Total Lab Value	5		
Stage/Prognostic Factors		3814	Bilirubin Pretreatment Unit of Measure	1		
Stage/Prognostic Factors		3815	Bone Invasion	1		
Stage/Prognostic Factors	C	3816	Brain Molecular Markers	2	2018	
Stage/Prognostic Factors	C	3817	Breslow Tumor Thickness	4	2018	
Stage/Prognostic Factors		3818	CA-125 Pretreatment Interpretation	1		
Stage/Prognostic Factors		3819	CEA Pretreatment Interpretation	1		
Stage/Prognostic Factors		3820	CEA Pretreatment Lab Value	6		
Stage/Prognostic Factors		3821	Chromosome 3 Status	1		
Stage/Prognostic Factors		3822	Chromosome 8q Status	1		
Stage/Prognostic Factors		3823	Circumferential Resection Margin (CRM)	4		
Stage/Prognostic Factors		3824	Creatinine Pretreatment Lab Value	4		
Stage/Prognostic Factors		3825	Creatinine Pretreatment Unit of Measure	1		
Stage/Prognostic Factors		3826	Estrogen Receptor Percent Positive or Range	3		
Stage/Prognostic Factors	C	3827	Estrogen Receptor Summary	1	2018	
Stage/Prognostic Factors		3828	Estrogen Receptor Total Allred Score	2		
Stage/Prognostic Factors	C	3829	Esophagus and EGJ Tumor Epicenter	1	2022	
Stage/Prognostic Factors		3830	Extranodal Extension Clin (non-Head and Neck)	1		
Stage/Prognostic Factors		3831	Extranodal Extension Head and Neck Clinical	1		
Stage/Prognostic Factors		3832	Extranodal Extension Head and Neck Pathological	3		
Stage/Prognostic Factors		3833	Extranodal Extension Path (non-Head and Neck)	1		

Section	Data Opt	Item #	FCDS / NAACCR Item Name	Length	Year Start-End	NEW for 2023
Stage/Prognostic Factors		3834	Extravascular Matrix Patterns	1		
Stage/Prognostic Factors	C	3835	Fibrosis Score	1	2018	
Stage/Prognostic Factors		3836	FIGO Stage	2		
Stage/Prognostic Factors		3837	Gestational Trophoblastic Prognostic Scoring Index	2		
Stage/Prognostic Factors	C	3838	Gleason Patterns Clinical	2	2021	
Stage/Prognostic Factors	C	3839	Gleason Patterns Pathological	2	2021	
Stage/Prognostic Factors	C	3840	Gleason Score Clinical	2	2021	
Stage/Prognostic Factors	C	3841	Gleason Score Pathological	2	2021	
Stage/Prognostic Factors		3842	hCG Post-orchietomy Range	1		
Stage/Prognostic Factors	C	3842	Gleason Tertiary Pattern	2	2021	
Stage/Prognostic Factors	C	3843	Grade Clinical	1	2018	
Stage/Prognostic Factors	C	3844	Grade Pathological	1	2018	
Stage/Prognostic Factors	C	3845	Grade Post Therapy	1	2018	
Stage/Prognostic Factors		3846	hCG Post-orchietomy Lab Value	7		
Stage/Prognostic Factors		3848	hCG Pre-orchietomy Lab Value	7		
Stage/Prognostic Factors		3849	hCG Pre-orchietomy Range	1		
Stage/Prognostic Factors		3850	HER2 IHC Summary	1		
Stage/Prognostic Factors		3851	HER2 ISH Dual Probe Copy Number	4		
Stage/Prognostic Factors		3852	HER2 ISH Dual Probe Ratio	4		
Stage/Prognostic Factors		3853	HER2 ISH Single Copy Number	4		
Stage/Prognostic Factors		3854	HER2 ISH Summary	1		
Stage/Prognostic Factors	C	3855	HER2 Overall Summary	1	2018	
Stage/Prognostic Factors		3856	Heritable Trait	1		
Stage/Prognostic Factors		3857	High Risk Cytogenetics	1		
Stage/Prognostic Factors		3858	High Risk Histologic Features	1		
Stage/Prognostic Factors		3859	HIV Status	1		
Stage/Prognostic Factors		3860	International Normalized Ratio Prothrombin Time	3		

Section	Data Opt	Item #	FCDS / NAACCR Item Name	Length	Year Start-End	NEW for 2023
Stage/Prognostic Factors		3861	Ipsilateral Adrenal Gland Involvement	1		
Stage/Prognostic Factors		3862	JAK2	1		
Stage/Prognostic Factors		3863	Ki-67	5		
Stage/Prognostic Factors		3864	Invasion Beyond Capsule	1		
Stage/Prognostic Factors		3865	KIT Gene Immunohistochemistry	1		
Stage/Prognostic Factors		3866	KRAS	1		
Stage/Prognostic Factors		3867	LDH Post-Orchiectomy Range	1		
Stage/Prognostic Factors		3868	LDH Pre-Orchiectomy Range	1		
Stage/Prognostic Factors		3869	LDH Pretreatment Level	1		
Stage/Prognostic Factors		3870	LDH Upper Limits of Normal	3		
Stage/Prognostic Factors		3871	LN Assessment Method Femoral-Inguinal	1		
Stage/Prognostic Factors		3872	LN Assessment Method Para-aortic	1		
Stage/Prognostic Factors		3873	LN Assessment Method Pelvic	1		
Stage/Prognostic Factors		3874	LN Distant Assessment Method	1		
Stage/Prognostic Factors		3875	LN Distant: Mediastinal, Scalene	1		
Stage/Prognostic Factors		3876	LN Head and Neck Levels I-III	1		
Stage/Prognostic Factors		3877	LN Head and Neck Levels IV-V	1		
Stage/Prognostic Factors		3878	LN Head and Neck Levels VI-VII	1		
Stage/Prognostic Factors		3879	LN Head and Neck Other	1		
Stage/Prognostic Factors		3880	LN Isolated Tumor Cells (ITC)	1		
Stage/Prognostic Factors		3881	LN Laterality	1		
Stage/Prognostic Factors		3882	LN Positive Axillary Level I-II	2		
Stage/Prognostic Factors		3883	LN Size	4		
Stage/Prognostic Factors		3884	LN Status Femoral-Inguinal, Para-aortic, Pelvic	1		
Stage/Prognostic Factors		3885	Lymphocytosis	1		
Stage/Prognostic Factors		3886	Major Vein Involvement	1		
Stage/Prognostic Factors		3887	Measured Basal Diameter	4		

Section	Data Opt	Item #	FCDS / NAACCR Item Name	Length	Year Start-End	NEW for 2023
Stage/Prognostic Factors		3888	Measured Thickness	4		
Stage/Prognostic Factors		3889	Methylation of O6-Methylguanine-Methyltransferase	1		
Stage/Prognostic Factors	C	3890	Microsatellite Instability (MSI)	1	2018	
Stage/Prognostic Factors		3891	Microvascular Density	2		
Stage/Prognostic Factors		3892	Mitotic Count Uveal Melanoma	4		
Stage/Prognostic Factors		3893	Mitotic Rate Melanoma	2		
Stage/Prognostic Factors		3894	Multigene Signature Method	1		
Stage/Prognostic Factors		3895	Multigene Signature Results	2		
Stage/Prognostic Factors		3896	NCCN International Prognostic Index (IPI)	2		
Stage/Prognostic Factors		3897	Number of Cores Examined	2		
Stage/Prognostic Factors		3898	Number of Cores Positive	2		
Stage/Prognostic Factors		3899	Number of Examined Para-Aortic Nodes	2		
Stage/Prognostic Factors		3900	Number of Examined Pelvic Nodes	2		
Stage/Prognostic Factors		3901	Number of Positive Para-Aortic Nodes	2		
Stage/Prognostic Factors		3902	Number of Positive Pelvic Nodes	2		
Stage/Prognostic Factors		3903	Oncotype Dx Recurrence Score-DCIS	3		
Stage/Prognostic Factors		3904	Oncotype Dx Recurrence Score-Invasive	3		
Stage/Prognostic Factors		3905	Oncotype Dx Risk Level-DCIS	1		
Stage/Prognostic Factors		3906	Oncotype Dx Risk Level-Invasive	1		
Stage/Prognostic Factors		3907	Organomegaly	1		
Stage/Prognostic Factors		3908	Percent Necrosis Post Neoadjuvant	5		
Stage/Prognostic Factors		3909	Perineural Invasion	1		
Stage/Prognostic Factors		3910	Peripheral Blood Involvement	1		
Stage/Prognostic Factors		3911	Peritoneal Cytology	1		
Stage/Prognostic Factors		3913	Pleural Effusion	1		

Section	Data Opt	Item #	FCDS / NAACCR Item Name	Length	Year Start-End	NEW for 2023
Stage/Prognostic Factors		3914	Progesterone Receptor Percent Positive or Range	3		
Stage/Prognostic Factors	C	3915	Progesterone Receptor Summary	1	2018	
Stage/Prognostic Factors		3916	Progesterone Receptor Total Allred Score	2		
Stage/Prognostic Factors		3917	Primary Sclerosing Cholangitis	1		
Stage/Prognostic Factors		3918	Profound Immune Suppression	1		
Stage/Prognostic Factors		3919	Prostate Pathological Extension	3		
Stage/Prognostic Factors	C	3920	PSA (Prostatic Specific Antigen) Lab Value	5	2018	
Stage/Prognostic Factors		3921	Residual Tumor Volume Post Cytoreduction	2		
Stage/Prognostic Factors		3922	Response to Neoadjuvant Therapy	1		
Stage/Prognostic Factors		3923	S Category Clinical	1		
Stage/Prognostic Factors		3924	S Category Pathological	1		
Stage/Prognostic Factors		3925	Sarcomatoid Features	3		
Stage/Prognostic Factors	C	3926	Schema Discriminator 1	1	2018	
Stage/Prognostic Factors	C	3927	Schema Discriminator 2	1	2018	
Stage/Prognostic Factors	C	3928	Schema Discriminator 3	1	2018	
Stage/Prognostic Factors		3929	Separate Tumor Nodules	1		
Stage/Prognostic Factors		3930	Serum Albumin Pretreatment Level	1		
Stage/Prognostic Factors		3931	Serum Beta-2 Microglobulin Pretreatment Level	1		
Stage/Prognostic Factors	C	3932	LDH Pretreatment Lab Value	7	2018	
Stage/Prognostic Factors		3933	Thrombocytopenia	1		
Stage/Prognostic Factors		3934	Tumor Deposits	2		
Stage/Prognostic Factors		3935	Tumor Growth Pattern	1		
Stage/Prognostic Factors		3936	Ulceration	1		
Stage/Prognostic Factors		3937	Visceral and Parietal Pleural Invasion	1		
Stage/Prognostic Factors	C	3956	p16 (cervix, oropharynx, anus)	1	2022	2023

Section	Data Opt	Item #	FCDS / NAACCR Item Name	Length	Year Start-End	NEW for 2023
Stage/Prognostic Factors	C	3960	Histologic Subtype (appendix)	1	2023	2023
State/Requestor Items	C	9500	Historical #1: Sequence Number	2	2007	
State/Requestor Items	C	9501	Historical #1: DX Date	8	2007	
State/Requestor Items	C	9502	Historical #1: Primary Site	4	2007	
State/Requestor Items	C	9503	Historical #1: Morphology	4	2007	
State/Requestor Items	C	9504	Historical #1: Behavior	1	2007	
State/Requestor Items	C	9505	Historical #1: Laterality	1	2007	
State/Requestor Items	C	9506	Historical #1: Dx State <i>Abbreviation</i>	2	2007	
State/Requestor Items	C	9507	Historical #1: Dx County <i>FIPS</i>	3	2007	
State/Requestor Items	C	9508	Historical #1: CS SSF25 Discriminator	3	2010-2017	
State/Requestor Items	C	9509	Historical #1: Schema Discriminator 1	1	2018	
State/Requestor Items	C	9510	Historical #1: Schema Discriminator 2	1	2018	
State/Requestor Items	C	9511	Historical #1: Schema Discriminator 3	1	2018	
State/Requestor Items	C	9512	Historical #2: Sequence Number	2	2007	
State/Requestor Items	C	9513	Historical #2: DX Date	8	2007	
State/Requestor Items	C	9514	Historical #2: Primary Site	4	2007	
State/Requestor Items	C	9515	Historical #2: Morphology	4	2007	
State/Requestor Items	C	9516	Historical #2: Behavior	1	2007	
State/Requestor Items	C	9517	Historical #2: Laterality	1	2007	
State/Requestor Items	C	9518	Historical #2: Dx State <i>Abbreviation</i>	2	2007	
State/Requestor Items	C	9519	Historical #2: Dx County <i>FIPS</i>	3	2007	
State/Requestor Items	C	9520	Historical #2: CS SSF25 Discriminator	3	2010-2017	
State/Requestor Items	C	9521	Historical #2: Schema Discriminator 1	1	2018	
State/Requestor Items	C	9522	Historical #2: Schema Discriminator 2	1	2018	
State/Requestor Items	C	9523	Historical #2: Schema Discriminator 3	1	2018	
State/Requestor Items	C	9524	Historical #3: Sequence Number	2	2007	
State/Requestor Items	C	9525	Historical #3: DX Date	8	2007	

Section	Data Opt	Item #	FCDS / NAACCR Item Name	Length	Year Start-End	NEW for 2023
State/Requestor Items	C	9526	Historical #3: Primary Site	4	2007	
State/Requestor Items	C	9527	Historical #3: Morphology	4	2007	
State/Requestor Items	C	9528	Historical #3: Behavior	1	2007	
State/Requestor Items	C	9529	Historical #3: Laterality	1	2007	
State/Requestor Items	C	9530	Historical #3: Dx State <i>Abbreviation</i>	2	2007	
State/Requestor Items	C	9531	Historical #3: Dx County <i>FIPS</i>	3	2007	
State/Requestor Items	C	9532	Historical #3: CS SSF25 Discriminator	3	2010-2017	
State/Requestor Items	C	9533	Historical #3: Schema Discriminator 1	1	2018	
State/Requestor Items	C	9534	Historical #3: Schema Discriminator 2	1	2018	
State/Requestor Items	C	9535	Historical #3: Schema Discriminator 3	1	2018	
State/Requestor Items	C	9536	Historical #4: Sequence Number	2	2007	
State/Requestor Items	C	9537	Historical #4: DX Date	8	2007	
State/Requestor Items	C	9538	Historical #4: Primary Site	4	2007	
State/Requestor Items	C	9539	Historical #4: Morphology	4	2007	
State/Requestor Items	C	9540	Historical #4: Behavior	1	2007	
State/Requestor Items	C	9541	Historical #4: Laterality	1	2007	
State/Requestor Items	C	9542	Historical #4: Dx State <i>Abbreviation</i>	2	2007	
State/Requestor Items	C	9543	Historical #4: Dx County <i>FIPS</i>	3	2007	
State/Requestor Items	C	9544	Historical #4: CS SSF25 Discriminator	3	2010-2017	
State/Requestor Items	C	9545	Historical #4: Schema Discriminator 1	1	2018	
State/Requestor Items	C	9546	Historical #4: Schema Discriminator 2	1	2018	
State/Requestor Items	C	9547	Historical #4: Schema Discriminator 3	1	2018	
State/Requestor Items	C	9548	Historical #5: Sequence Number	2	2007	
State/Requestor Items	C	9549	Historical #5: DX Date	8	2007	
State/Requestor Items	C	9550	Historical #5: Primary Site	4	2007	
State/Requestor Items	C	9551	Historical #5: Morphology	4	2007	
State/Requestor Items	C	9552	Historical #5: Behavior	1	2007	

Section	Data Opt	Item #	FCDS / NAACCR Item Name	Length	Year Start-End	NEW for 2023
State/Requestor Items	C	9553	Historical #5: Laterality	1	2007	
State/Requestor Items	C	9554	Historical #5: Dx State <i>Abbreviation</i>	2	2007	
State/Requestor Items	C	9555	Historical #5: Dx County <i>FIPS</i>	3	2007	
State/Requestor Items	C	9556	Historical #5: CS SSF25 Discriminator	3	2010-2017	
State/Requestor Items	C	9557	Historical #5: Schema Discriminator 1	1	2018	
State/Requestor Items	C	9558	Historical #5: Schema Discriminator 2	1	2018	
State/Requestor Items	C	9559	Historical #5: Schema Discriminator 3	1	2018	
NPCR CER	C	9960	Height	2	2011	
NPCR CER	C	9961	Weight	3	2011	
NPCR CER		9965	Tobacco Use - Cigarette	1	2011-2021	
NPCR CER		9966	Tobacco Use - OthSmoke	1	2011-2021	
NPCR CER		9967	Tobacco Use - Smokeless Tob	1	2011-2021	
NPCR CER		9968	Tobacco Use - NOS	1	2011-2021	

Appendix H

2023 Site-Specific Data Items – Required by FCDS

<https://apps.naaccr.org/ssdi/list/>

Below is the short list of Site-Specific Data Items (SSDI) Required by FCDS for 2023.

FCDS requires only a small subset of the more than 150 SSDIs available to be reported as compared to the Commission on Cancer Requirements.

FCDS will accept and monitor data from these new data items for missing data and unknown values for any 'analytic' case reported.

SSDI data should be available for every 'analytic' case meeting AJCC Schema Criteria.

Please refer to the *Site Specific Data Items Manual* for more information and specific coding instructions for each item. <https://apps.naaccr.org/ssdi/list/>

Appendix H – 2023 FCDS Required Site Specific Data Items (SSDIs)

Below is the short list of Site-Specific Data Items (SSDI) Required by FCDS for 2023. FCDS requires only a small subset of the more than 150 SSDIs available for reporting compared to the Commission on Cancer Requirements of 150+ items. FCDS will accept and monitor data from these new data items for missing data and unknown values for any ‘analytic’ case reported. SSDI data should be available for every ‘analytic’ case meeting AJCC Schema Criteria. Please refer to the *Site-Specific Data Items Manual* for specific coding instructions for each item. <https://apps.naaccr.org/ssdi/list/>

FCDS Requires the Following SSDIs for Cases Diagnosed/Treated 2018 and Forward

Core/Derived	Item #	Item Name	Length	Start Date
C	1068	Grade Post Therapy Clin (yc)	2	2021
D	3800	Schema ID	5	2018
C	3816	Brain Molecular Markers	2	2018
C	3817	Breslow Tumor Thickness	4	2018
C	3827	Estrogen Receptor Summary	1	2018
C	3829	Esophagus and EGJ Tumor Epicenter	1	2022
C	3835	Fibrosis Score	1	2018
C	3838	Gleason Patterns Clinical	2	2021
C	3839	Gleason Patterns Pathological	2	2021
C	3840	Gleason Score Clinical	2	2021
C	3841	Gleason Score Pathological	2	2021
C	3842	Gleason Tertiary Pattern	2	2021
C	3843	Grade Clinical	1	2018
C	3844	Grade Pathological	1	2018
C	3845	Grade Post Therapy Path (yp)	1	2018
C	3855	HER2 Overall Summary (breast)	1	2018
C	3890	Microsatellite Instability (MSI)	1	2018
C	3915	Progesterone Receptor Summary	1	2018
C	3920	PSA (Prostatic Specific Antigen) Lab Value	5	2018
C	3932	LDH Pretreatment Lab Value	7	2018
C	3956	P16 (cervix, anus)	1	2023
C	3960	Histologic Subtype (appendix)	1	2023

Appendix I

Free-Standing Radiation Therapy Centers Cancer Case Identification Program

Sending Radiation Therapy data to FCDS

Beginning January 1, 2003, all Florida Radiation Therapy Centers must send a list of patient identifiers to the Florida Cancer Data System. There are two methods of submitting these data items: file upload or single web entry. With the file upload method, you must send a file in a specific format and layout. With the single web entry method, you must enter and save each record on the web data entry screen.

NOTE: Casefinding Lists for both ICD-9-CM and ICD-10-CM have been updated/added.

NOTE: The 2016 update includes expanded field size for existing ICD Code Entry to support ICD-10-CM Diagnosis Codes. This is the same data item as before, it is now is a 7-character data item. ICD-10-CM Diagnosis Codes to be used beginning with 10/1/2015 patient encounters. The updated field will support either ICD-9-CM or ICD-10-CM Codes. Codes should be left-justified to ensure proper placement of the Chapter Marker.

Tab separated file layout for uploads via FCDS IDEA

Field #	Item Name	Maximum Field Length
1.	FCDS Facility Number	4
2.	Patient ID / Medical Record	12
3.	Facility Name	4
4.	Patient Last Name	25
5.	Patient First Name	14
6.	Patient Social Security Number	9
7.	Patient Date of Birth (YYYYMMDD)	8
8.	Patient Sex	1
9.	Patient Race	2
10.	Patient State	2
11.	Patient Zip Code	5
12.	Patient Encounter Date (YYYYMMDD)	8
13.	ICD-9-CM or ICD-10-CM Diagnosis Code	7

File structure notes:

- Files must be in ASCII, with one CR/LF sequence at end of each record.
- Fields are separated by 1 tab character, beginning after field 1 and no tab after field 12. Since there are 12 fields, each record must have exactly 11 separating tabs. Files with extra/missing tabs - in any record - will be rejected.
- No embedded CR/LF, TABS other than as field separators, or other control characters in text fields.
- No quotes "" around fields, just data.
- Dates are in YYYYMMDD format – do not add “/” or “-“. Dates will be validated (don’t submit 99999999 or 20030229).
- No "Header" records with variable names, just data.
- All fields are required. Do not use blanks for missing information. Required fields that are missing/unknown, such as Sex, have codes for missing.
- Field lengths are the maximum allowed length for that field. Don’t add extra trailing spaces to field.
- Files may be compressed before upload using the DOS/Windows ZIP compression standard. PKZIP or WINZIP are examples of programs that produce the correct compressed format.

DATA ITEM DESCRIPTIONS

Field#	Item Name	Maximum Field Length
1	FCDS Facility Number	4

This is a required data item containing the FCDS Facility number for your Radiation Center. Appendix A has a list of FCDS Facility numbers. Contact FCDS if your facility is not on this list.

Field#	Item Name	Maximum Field Length
2	Patient ID or Medical Record Number	12

This is a required data item containing your facility's patient ID number or medical record number that will uniquely identify a patient in your records. If no medical record number or patient ID is available use 999999999.

Field#	Item Name	Maximum Field Length
3	Facility Name	4

This is a required data field that uniquely identifies each facility by name.

Field#	Item Name	Maximum Field Length
4	Patient Last Name	25

This is a required data item containing the patient's last name.

Field#	Item Name	Maximum Field Length
5	Patient First Name	14

This is a required data item containing the patient's first name.

Field#	Item Name	Maximum Field Length
6	Patient Social Security Number	9

This is a required data item containing the patient's Social Security Number. Enter 9s in this field if the SSN is unknown or missing.

Field#	Item Name	Maximum Field Length
7	Patient Date of Birth	8

This is a required data item containing the patient's date of birth in (YYYYMMDD) format. The date will be validated so 9s or other invalid dates will cause the file upload to be rejected.

Field#	Item Name	Maximum Field Length
8	Patient Sex	1

This is a required data item containing the patient's sex. Use the following codes:
1=Male, 2=Female, 3=Hermaphrodite, 4=Transsexual, 9=Unknown/not stated

Field#	Item Name	Maximum Field Length
9	Patient Race	2

This is a required data item containing the patient's race. Use the following codes:
1=White, 2=Black, 3=American Indian, 98=Other, 99=Unknown

Field#	Item Name	Maximum Field Length
10	Patient State	2

This is a required data item containing the USPS 2 character Postal abbreviation for the patient's address state. Appendix B has a list of valid state abbreviations.

Field#	Item Name	Maximum Field Length
11	Patient Zip code	5

This is a required data item containing the USPS 5 digit Postal code for the patient's address.

Field#	Item Name	Maximum Field Length
12	Date of Encounter	8

This is a required data item containing the date of encounter at your facility in (YYYYMMDD) format. The date will be validated so 9s or other invalid dates will cause the file upload to be rejected.

Field#	Item Name	Maximum Field Length
13	ICD-9-CM or ICD-10-CM Diagnosis Code	7

This is a required data item containing the ICD-9-CM or ICD-10-CM Diagnosis Code associated with the patient encounter at your facility. The field will support either an ICD-9-CM Diagnosis Code (used through 9/30/2015 patient encounters) or an ICD-10-CM Diagnosis Code (used starting with 10/1/2015 patient encounters).

ICD-10-CM CASEFINDING LIST FOR REPORTABLE TUMORS – Oct 1, 2020 and later encounters

The following ICD-10-CM list is to be used to identify potentially reportable tumors. Some ICD-10-CM codes contain conditions that are not reportable. These records should be reviewed and assessed individually to verify whether or not they are reportable to FCDS. ICD-10-CM implementation is expected nationwide October 1, 2020 for all hospitals.

ICD-10-CM	Description
C00._ - C43._	Malignant neoplasms
C4A._	Merkel cell carcinoma
C44.13__	Sebaceous Cell Carcinoma of Skin of Eyelid (upper, lower, left, right)
C45._ - C96._	Malignant neoplasms
C49.A_	GI stromal tumor
C7A._	Malignant carcinoid tumors
C84.A_	Cutaneous T-cell lymphoma
C84.Z_	Other mature T/NK-cell lymphoma
C91.A_	Mature B-cell leukemia Burkitt-type
C91.Z_	Other lymphoid leukemia
C92.A_	Acute myeloid leukemia with multi-lineage dysplasia
C92.Z_	Other myeloid leukemia
C93.Z_	Other monocytic leukemia
C96.2_	Malignant mast cell neoplasms
C96.A_	Histiocytic sarcoma
C96.Z_	Other specified malignant neoplasm of lymphoid, hematopoietic and related tissue
D00._ - D09._	Carcinoma in situ (exclude: skin, cervix and prostate– D04._, D06._ and D07.5)
D32._	Benign neoplasm of meninges (cerebral, spinal and unspecified)
D33._	Benign neoplasm of brain and other parts of central nervous system
D35.2, D35.4	Benign neoplasm of pituitary gland, craniopharyngeal duct and pineal gland
D42._, D43._	Neoplasm of uncertain or unknown behavior of meninges, brain, CNS
D44.3-D44.5	Neoplasm of uncertain behavior of pituitary gland, craniopharyngeal duct and pineal gland
D45	Polycythemia vera (9950/3)
D46.0-D46.9, D46.A-D46.Z	Myelodysplastic syndromes (9980, 9982, 9983, 9985, 9986, 9989, 9991, 9992)
D47.1, D47.3, D47.4, D47.9	Myeloproliferative diseases (9931, 9740, 9741, 9742, 9960, 9961, 9962, 9963, 9965, 9966, 9967, 9970, 9971, 9975, 9987)
D47.Z, D47.Z1, D47.Z9	Post-transplant lymphoproliferative disorder (PTLD)
D49.6, D49.7	Neoplasm of unspecified behavior of brain, endocrine glands and other CNS
D72.110-D72.119	Hypereosinophilic Syndrome [HES] – idiopathic, lymphocytic, other, unspecified

Note: Pilocytic/juvenile astrocytoma (M-9421) is reported with the behavior coded /3 (9421/3 not 9421/1).

FOR A DETAILED LIST OF EVERY REPORTABLE ICD-10-CM CANCER CODE – SEE APPENDIX O

Appendix J

Height Conversion Table Feet (ft), Inches (in) / Centimeters (cm)

Appendix J
Height Conversion Table
Feet (ft), Inches (in) / Centimeters (cm)

Feet/Inches	Total Inches	Centimeters
1' 6"	18"	46
1' 7"	19"	48
1' 8"	20"	51
1' 9"	21"	53
1' 10"	22"	56
1' 11"	23"	58
2'	24"	61
2' 1"	25"	64
2' 2"	26"	66
2' 3"	27"	69
2' 4"	28"	71
2' 5"	29"	74
2' 6"	30"	76
2' 7"	31"	79
2' 8"	32"	81
2' 9"	33"	84
2' 10"	34"	86
2' 11"	35"	89
3'	36"	91
3' 1"	37"	94
3' 2"	38"	97

Feet/Inches	Total Inches	Centimeters
3' 3"	39"	99
3' 4"	40"	102
3' 5"	41"	104
3' 6"	42"	107
3' 7"	43"	109
3' 8"	44"	112
3' 9"	45"	114
3' 10"	46"	117
3' 11"	47"	119
4'	48"	122
4' 1"	49"	124
4' 2"	50"	127
4' 3"	51"	130
4' 4"	52"	132
4' 5"	53"	135
4' 6"	54"	137
4' 7"	55"	140
4' 8"	56"	142
4' 9"	57"	145
4' 10"	58"	147
4' 11"	59"	150

Feet/Inches	Total Inches	Centimeters
5'	60"	152
5' 1"	61"	155
5' 2"	62"	157
5' 3"	63"	160
5' 4"	64"	163
5' 5"	65"	165
5' 6"	66"	168
5' 7"	67"	170
5' 8"	68"	173
5' 9"	69"	175
5' 10"	70"	178
5' 11"	71"	180
6'	72"	183
6' 1"	73"	185
6' 2"	74"	188
6' 3"	75"	191
6' 4"	76"	193
6' 5"	77"	195
6' 6"	78"	198
6' 7"	79"	201
6' 8"	80"	203

Appendix K

Weight Conversion Table Pounds (lb) / Kilograms (kg)

Appendix K

Weight Conversion Table = Pounds (lb) / Kilograms (kg)

Pounds	Kilograms
2	1
4	2
7	3
9	4
11	5
13	6
15	7
18	8
20	9
22	10
24	11
26	12
29	13
31	14
33	15
35	16
37	17
40	18
42	19
44	20
46	21
49	22
51	23
53	24
55	25
57	26
60	27
62	28
64	29
66	30
68	31
71	32
73	33
75	34
77	35
79	36
82	37
84	38
86	39
88	40
90	41
93	42

Pounds	Kilograms
95	43
97	44
99	45
101	46
104	47
106	48
108	49
110	50
112	51
115	52
117	53
119	54
121	55
123	56
126	57
128	58
130	59
132	60
134	61
137	62
139	63
141	64
143	65
146	66
148	67
150	68
152	69
154	70
157	71
159	72
161	73
163	74
165	75
168	76
170	77
172	78
174	79
176	80
179	81
181	82
183	83
185	84

Pounds	Kilograms
187	85
190	86
192	87
194	88
196	89
198	90
201	91
203	92
205	93
207	94
209	95
212	96
214	97
216	98
218	99
220	100
223	101
225	102
227	103
229	104
231	105
234	106
236	107
238	108
240	109
243	110
245	111
247	112
249	113
251	114
254	115
256	116
258	117
260	118
262	119
265	120
267	121
269	122
271	123
273	124
276	125
278	126

Pounds	Kilograms
280	127
282	128
284	129
287	130
289	131
291	132
293	133
295	134
298	135
300	136
302	137
304	138
306	139
309	140
311	141
313	142
315	143
317	144
320	145
322	146
324	147
326	148
328	149
331	150
333	151
335	152
337	153
340	154
342	155
344	156
346	157
348	158
351	159
353	160
355	161
357	162
359	163
362	164
364	165
366	166
368	167
370	168

Appendix L

FCDS TEXT DOCUMENTATION REQUIREMENTS – REVISED FOR 2023

ALL REGISTRARS MUST FULLY DOCUMENT ALL CASES REGARDLESS OF CLASS OF CASE OR INFORMATION AVAILABLE IN THE MEDICAL RECORD

WHEN INFORMATION IS NOT AVAILABLE OR DATES ESTIMATED, PLEASE DOCUMENT THAT THE INFORMATION IS MISSING AND DATES ARE ESTIMATED SO WE DO NOT HAVE TO ASK YOU WHY THEY ARE MISSING.

ADDITIONAL REFERENCES FOR DOCUMENTATION:

NCRA Informational Abstracts

**NCRA has published a series of Informational Abstracts
FREE FOR DOWNLOAD**

Providing cancer-site specific guidelines for text to be included in Abstracts

The National Cancer Registrars Association (NCRA) is also a source for tools and resources for registrars. NCRA's Education Committee created a series of "informational abstracts" for common cancers and a presentation entitled Using the Informational Abstracts in Your Registry that shows registrars how to use the informational abstracts as an abstracting resources. These are available as a set of cancer site-specific abstracts provide an outline to follow when determining what text to include.

The NCRA Informational Abstracts can be found at
<http://www.cancerregistryeducation.org/rr> and include;

(Updated 2022)

**Benign Brain
Bladder
Breast
Cervix
Colon
Endometrial
Kidney
Larynx
Lung
Lymphoma
Malignant Brain
Melanoma
Ovarian
Pancreas
Prostate
Renal Pelvis
Testis
Thyroid**

APPENDIX L – 2023 FCDS TEXT DOCUMENTATION REQUIREMENTS

Text Documentation Requirements have increased every year since they were first required back in 1995. Complete and Accurate Documentation is an essential component of a complete electronic abstract and is utilized heavily in quality control, to validate data at time of FCDS and NPCR Audits, and for special studies by researchers. Text **documentation is required to justify coded values** and to supplement information not transmitted with coded values. **FCDS recommends that abstractors print and post this document for easy reference.** Adequate text is a data quality indicator and is a major component of QC.

Below is a list of FCDS Required Data Items that carry an additional requirement of complete and accurate text documentation. See Table on Following Page for Specific Examples for each Text Area.

DATA ITEMS REQUIRING COMPLETE TEXT DOCUMENTATION	
Date of DX	
Seq No	ALL Req'd Site Specific Data Items (SSDI)
Sex	
Primary Site – MUST INCLUDE SUBSITE	MUST INCLUDE ANY AND ALL TREATMENT GIVEN AT ANY TX FACILITY
Laterality	RX Summ – Surg Prim Site (1981-2022) (2023>)
Histologic Type	RX Summ – Scope Reg LN Surgery
Behavior Code	RX Summ – Surg Oth Reg/Distant
Grade – Clinical	RX Date – Surgery
Grade – Pathological	Phase I Radiation Treatment Modality
Grade – Post Treatment – Clinical	RX Date – Radiation
Grade – Post Treatment – Pathological	RX Summ – Chemo – List All Agents
	RX Date – Chemo
COMPLETE WORKUP INCLUDING DATES	RX Summ – Hormone – List All Agents
Imaging, Endoscopies, Labs, Genetics, Path, etc.	RX Date – Hormone
	RX Summ – BRM/Immunotherapy - Agents
Summary Stage 2018, Sept 2023version	RX Date – BRM/Immunotherapy
<i>You may also include AJCC TNM stage</i>	RX Summ – Transplant/Endocrine - details
<i>However, you still must document the</i>	RX Date – Transplant/Endocrine
<i>Rationale for why you assigned SS2018.</i>	RX Summ – Other – include all details
<i>There is no crosswalk from TNM to SS2018.</i>	RX Date - Other
<i>Therefore, it is important BOTH references are included – DO NOT JUST USE TNM IN TEXT.</i>	Use the Grade Manual v2.1 for 2023 Cases Use the SSDI Manual v2.1 for 2023 Cases
ALWAYS DOCUMENT WHY THE PATIENT	<i>Include Patient History and Reason for Visit</i>
CAME TO THE FACILITY IN THE FIRST PLACE	<i>Unique or Unusual Characteristics</i>
AND WHY CLASS 32 CASES ARE REPORTED	<i>Specific Statements by Physicians</i>

Text documentation should always include the following components:

- Date(s) – include date(s) references – this allows the reviewer to determine event chronology
- Date(s) – note when date(s) are estimated [i.e. Date of DX 3/15/2023 (est.)]
- Location – include facility/physician/other location where the event occurred (test/study/treatment/other)
- Description – include description of the event (test/study/treatment/other) – include positive/negative results

APPENDIX L – 2023 FCDS TEXT DOCUMENTATION REQUIREMENTS

- Details – include as much detail as possible – document treatment plan even if treatment is not initiated as originally planned – include any treatment interruptions, delays, cancellations, etc.
- Include “relevant-to-this-person/cancer” information only – edit your text documentation
- DO NOT REPEAT INFORMATION from section to section
- DO USE NAACCR Standard Abbreviations (Appendix C)
- DO NOT USE non-standard or stylistic shorthand
- Enter “N/A” or “not available” when no information is available related to any specific text area.

The National Cancer Registrars Association (NCRA) is also a source for tools and resources for registrars. NCRA’s Education Committee created a series of “**informational abstracts**” for common cancers and a presentation entitled *Using the Informational Abstracts in Your Registry* that shows registrars how to use the informational abstracts as an abstracting resources. These are available as a set of cancer site-specific abstracts provide an outline to follow when determining what text to include. The NCRA Informational Abstracts can be found at <http://www.cancerregistryeducation.org/rr>. **They are free and include;**

Examples of FCDS and CDC/NPCR and NCI/SEER Expectations for Text Documentation - ALL Cases.

(NCRA - Updated 2022)

- INFORMATIONAL ABSTRACTS - DOCUMENTING TEXT FOR: **Benign Brain**
- INFORMATIONAL ABSTRACTS - DOCUMENTING TEXT FOR: **Bladder**
- INFORMATIONAL ABSTRACTS - DOCUMENTING TEXT FOR: **Breast**
- INFORMATIONAL ABSTRACTS - DOCUMENTING TEXT FOR: **Cervix**
- INFORMATIONAL ABSTRACTS - DOCUMENTING TEXT FOR: **Colon**
- INFORMATIONAL ABSTRACTS - DOCUMENTING TEXT FOR: **Endometrial**
- INFORMATIONAL ABSTRACTS - DOCUMENTING TEXT FOR: **Kidney**
- INFORMATIONAL ABSTRACTS - DOCUMENTING TEXT FOR: **Larynx**
- INFORMATIONAL ABSTRACTS - DOCUMENTING TEXT FOR: **Lung**
- INFORMATIONAL ABSTRACTS - DOCUMENTING TEXT FOR: **Lymphoma**
- INFORMATIONAL ABSTRACTS - DOCUMENTING TEXT FOR: **Malignant Brain**
- INFORMATIONAL ABSTRACTS - DOCUMENTING TEXT FOR: **Melanoma**
- INFORMATIONAL ABSTRACTS - DOCUMENTING TEXT FOR: **Ovarian**
- INFORMATIONAL ABSTRACTS - DOCUMENTING TEXT FOR: **Pancreas**
- INFORMATIONAL ABSTRACTS - DOCUMENTING TEXT FOR: **Prostate**
- INFORMATIONAL ABSTRACTS - DOCUMENTING TEXT FOR: **Renal Pelvis**
- INFORMATIONAL ABSTRACTS - DOCUMENTING TEXT FOR: **Testis**
- INFORMATIONAL ABSTRACTS - DOCUMENTING TEXT FOR: **Thyroid**

APPENDIX L – 2023 FCDS TEXT DOCUMENTATION REQUIREMENTS

Text Data Item Name NAACCR Item # Field Length	Text Documentation Source and Item Description <i>FCDS Required Text Documentation – description of the minimum text required for this text field</i> Example:
Text - Physical Exam H&P NAACCR Item #2520 Field Length = 1000	Enter dates and text information from history and physical exams. <i>History and physical examination findings that relate to family history or personal history of cancer diagnosis, physical findings on examination, type and duration of symptoms, <u>reason for admission</u>. Every abstract should include a statement as to the reason for the patient encounter at your facility.</i> Example: Hx RCC Rt Kidney – Dx 9/2023 in Georgia. Adm to this facility on 2/1/2023 c/o fever and night sweats. Physical Exam noted enlarged bilateral axillary lymph nodes which on biopsy revealed diffuse large cell B-cell lymphoma (DLBCL).
Text - X-rays/Scans NAACCR Item #2530 Field Length = 1000	Enter dates and text information from diagnostic imaging reports, including x-rays, CT, MRI, and PET scans, ultrasound and other imaging studies. <i>Please try to list imaging in chronological order. Date, facility where procedure was performed, type of procedure, detailed findings (primary site, size of tumor, location of tumor, nodes, metastatic sites), clinical assessment, positive/negative results</i> Example: 4/12/23 (Breast Center) 3-D Mammo – Rt Breast mass central at 12:00 o'clock 1.5cm size
Text - Scopes NAACCR Item #2540 Field Length = 1000	Enter dates and text information from diagnostic endoscopic examinations. <i>Date of Procedure, facility where procedure was performed, type of procedure, detailed findings (primary site, extent of tumor spread, satellite lesions), clinical assessment, positive/ negative results</i> Example: 4/12/23 (Endoscopy Ctr xyz) EGD: gastric mucosa w/ evidence of large tumor occupying half of the stomach. Numerous satellite tumors seen on opposite wall of the stomach
Text - Lab Tests NAACCR Item #2550 Field Length = 1000	Enter dates and text information from diagnostic/prognostic laboratory tests (not cytology or histopathology). Include all relevant laboratory tests whether indicated as an SSDI or as other lab. Include Documentation, Dates and Text for Site Specific Date Items (SSDIs). <i>Date(s) of Test(s), facility where test was performed, type of test(s), test results (value and assessment)</i> Example: 4/12/23 (Hosp xyz) ER +, PR -, HER2 neg by IHC method, PSA 5.3 (elevated)
Text - Operative Report NAACCR Item #2560 Field Length = 1000	Enter dates and text information from surgical operative reports (not diagnostic needle or incisional biopsy). Include observations at surgery such as tumor size and extent of direct involvement of primary with regional organs or other structures or observed at surgery metastatic sites. <i>Date of procedure, facility where procedure was performed, type of surgical procedure, detailed surgical findings, documentation of residual tumor, evidence of invasion of surrounding areas</i> Example: 4/12/23 (Hosp xyz) right colon resection - Pt was found to have extensive disease in the pelvis (carcinomatosis) and resection was aborted, no biopsies were taken, no specimen obtained.
DX Text - Pathology NAACCR Item #2570 Field Length = 1000	Enter dates and detailed text information from final diagnosis on cytology and histopathology reports. <i>Date of specimen/resection, facility where specimen examined, pathology accession #, type of specimen, final diagnosis, comments, addenda, supplemental information, histology, behavior, size of tumor, tumor extension, lymph nodes (removed/biopsied), margins, molecular pathology, genetics.</i> Example: 2/5/23 (Hosp xyz) – Path Acc # - Rectum: Final Dx: adenoca, 2.5cm, ext. to pericolic fat. 1/22 lymph nodes +, margins neg, S100 stain is positive (melanoma, sarcoma), pT3a pN1b cM0
DX Text - Staging NAACCR Item #2600 Field Length = 1000	Enter rationale and details for all cancer staging (TNM and SS2023). Please document stage clearly. <i>Organs involved by direct extension, size of tumor, status of margins, sites of distant metastasis, special consideration for staging, overall stage, etc. Text for SSDI documentation if not under Labs.</i> Example: 2/15/23 - T2aN1a per path, distant mets in lungs, ER/PR neg, HER2 neg by IHC method

APPENDIX L – 2023 FCDS TEXT DOCUMENTATION REQUIREMENTS

Text Data Item Name NAACCR Item # Field Length	Text Documentation Source and Item Description <i>FCDS Required Text Documentation – description of the minimum text required for this text field</i> Example:
RX Text - Surgery NAACCR Item #2610 Field Length = 1000	Enter dates and text describing each surgical procedure(s) performed as part of 1 st course treatment. <i>Treatment plan, date surgery performed, type of procedure, facility where surgery was performed</i> Example: 2/15/23 (Hosp xyz) - rt breast mrm w/ax ln dissection
RX Text Radiation (Modality) NAACCR Item #2620 Field Length = 1000	Enter dates and detailed information regarding radiation treatment for the tumor being reported. <i>Treatment Plan (if no treatment given), date treatment initiated/completed, facility where treatment administered, type of radiation, dose (if known)</i> Example: 2/15/23-3/15/23 (Hosp xyz) – 45 Gy orthovoltage with 20 Gy boost to tumor bed
RX Text - Chemo NAACCR Item #2640 Field Length = 1000	Enter dates and agents given as chemotherapy for the treatment of the tumor being reported. Refer to SEER*Rx for agents, type of chemotherapy and information on each agent. Do not enter protocol acronym, only. Please spell out each chemotherapy agent so it can be verified in SEER*Rx. <i>Date treatment initiated, facility/physician office where administered/prescribed, name of agent(s)/protocol, dose/cycle (if known), treatment plan(if known)</i> Example: 2/15/23 (Dr Smith) – Start 6 cycles R-CHOP – standard dose at 2-week intervals (note that R-CHOP includes multi-agent chemo, hormone (prednisone) and BRM (rituximab) – not just chemo.
RX Text - Hormone NAACCR Item #2650 Field Length = 1000	Enter dates and agents given as hormone therapy for the treatment of the tumor being reported. Refer to SEER*Rx for agents, type of hormone therapy and information on each agent. Do not enter protocol acronym, only. Please spell out each hormone agent so it can be verified in SEER*Rx. <i>Date treatment initiated, facility/physician office where administered/prescribed, name of hormone/anti-hormone agent or procedure, dose (if known), Treatment Plan</i> Example: 2/15/23 (Dr Jones) - tamoxifen (dose/duration not stated)
RX Text - BRM NAACCR Item #2660 Field Length = 1000	Enter dates and agents given as BRM or immunotherapy for the treatment of the tumor reported. Refer to SEER*Rx for agents, type of BRM/Immunotherapy and information on each agent. Do not enter protocol acronym, only. Please spell out each immuno/BRM agent to be verified in SEER*Rx. <i>Date treatment initiated, facility/physician office where administered/prescribed, name of BRM or immunotherapy agent or procedure, dose (if known), Treatment Plan,</i> Example: 2/15/23 (Hosp xyz) - interferon or BCG (dose/duration not stated), rituximab is BRM
RX Text - Other NAACCR Item #2670 Field Length = 1000	Enter information regarding treatment that cannot be defined as surgery, radiation, or systemic therapy. <u>Do not code pain medication for palliation in this data item contrary to CoC instructions.</u> <i>Date treatment planned/initiated, name of other therapy, agent or procedure, dose (if known), facility where performed</i> Example: 2/15/23 (Hosp xyz) - blinded clinical trial or hyperthermia (may include study number)
Text - Remarks NAACCR Item #2680 Field Length = 1000	Document information not provided in any other text field or overflow from text fields. Document personal history of carcinogenic exposure (arsenic, drinking water, uranium, asbestos), other Example: 40 year h/o of working in ship building and construction w/ lots of asbestos exposure

Appendix M

Hematopoietic and Lymphoid Neoplasm Master Code Lists (alpha/numeric)

The ICD-O-3 printed Manual should not be used to code these neoplasms.

Always Reference the Online Hematopoietic Database Rules & Instructions

<https://seer.cancer.gov/seertools/hemelymph/>

The Hematopoietic Database is the Only Complete Source of Information for Lymphoid and Myeloid Neoplasms including but not limited to; lymphoma, leukemia, plasma cell neoplasms, myelodysplastic syndromes, and myeloproliferative diseases.

Appendix N

Grade Coding Instructions and Tables

Effective with Cases Diagnosed 1/1/2018 and Forward

<https://apps.naaccr.org/ssdi/list/>

Use the link above to access the most current version of the NAACCR SSDI/Grade computer application and SSDI/Grade webpage. On this website you can download the complete Grade Coding Instructions and Tables (Grade Manual), the SSDI Manual, and the two Appendices that are to be used with the SSDI Manual. While the codes and code definitions will be available in drop-down format within your registry software, these manuals serve as the primary resource for coding instructions and rationale for use of the SSDI items and the Grade Coding Instructions. The Grade Manual must be used to identify the **FOUR** grade code fields, coding instructions, and code lists as well as any of the required SSDIs by Schema.

The Grade Coding Instructions and Tables (Grade Manual) is the primary resource for documentation and coding instructions for Grade for cases diagnosed on or after January 1, 2018. **The current version is v2.1.** Before using the Grade Manual as a coding reference, it is important to review the introductory materials and general instructions of the manual carefully. These reflect several important changes in the collection of Grade data items, including use of AJCC-recommended grade tables where applicable and the introduction of Clinical, Pathological and Post-Therapy Grade data items (yc and yp).

In order to understand how the Grade Tables are organized in the Grade Manual, you must be familiar with the concept of Schema ID's which is described in the SSDI Manual. A particular Grade Table defines the set of applicable codes for a set of schemas and AJCC Chapters. For example, "Grade ID 01 – Clinical Grade Instructions" defines a single set of codes that apply to clinical grade for **31 Schemas**/AJCC Chapters. Similar to the SSDI's, registry software will populate the grade field pick lists for each case with the appropriate grade codes based on the Schema ID, such that once the software is available, the registrar will not have to use the manual to determine which grade codes apply for a particular case.

The Grade Manual provides **Grade Table Indexes** to assist the registrar in identifying the correct code Tables. These indexes are located at the beginning of the Grade Manual, immediately after the Table of Contents. The first Index provides information sorted **in Schema ID # order**, which approximates the order of AJCC Chapters, and contains Schema number and name, AJCC Chapter number and name and the Summary Stage Chapter name along with a hyperlink to the appropriate Grade Table. A hyperlink is also provided to return to the Grade Table (Schema ID order) at the end of the coding instructions for each schema. A second index with similar information and functionality, sorted in alphabetical order by schema name, is also provided.

In addition to understanding the concept and structure of the Grade Tables, it is critically important to review all of the general information included in the Manual. Particular attention should be paid to understanding coding instructions for grade tables where both an AJCC-preferred grade system and the generic grade system are allowable codes, coding guidelines for Clinical, Pathological and Post-Therapy grade data items and coding instructions for generic grade categories. Thorough understanding of this material will be necessary in order to code the new Grade Data Items accurately.

Appendix O

2023 FCDS Casefinding List of Reportable Tumors

ICD-10-CM Code List

Appendix O – 2023 Case Finding List – General – 10/1/2022 Forward
See Section I for Details on Required Reportable Neoplasms

ICD-10-CM CASE FINDING LIST FOR REPORTABLE TUMORS – Oct 1, 2022 and later encounters

The following ICD-10-CM list is to be used to identify potentially reportable tumors. Some ICD-10-CM codes contain conditions that are not reportable. These records should be reviewed and assessed individually to verify whether they are reportable to FCDS. ICD-10-CM implementation is expected nationwide October 1, 2022 for all hospitals. [A listing of ALL Individual ICD-10-CM Codes Required is also provided in Appendix O of this manual.](#)

ICD-10-CM Code	Description
C00.0 – C43.9	Malignant neoplasms
C44.13.1 – C44.13.92	Sebaceous Cell Carcinoma of Skin of Eyelid, Including Canthus
C45.0 – C96.9	Malignant neoplasms
C4A.0 – C4A.9	Merkel cell carcinoma
C49.A0 – C49.A9	GI stromal tumor
C7A.0 – C7A.8	Malignant carcinoid tumors
C84.A0 – C84.A9	Cutaneous T-cell lymphoma
C84.Z0 – C84.Z9	Other Mature T/NK-cell lymphoma
C91.A0 – C91.A2	Mature B-cell leukemia Burkitt-type
C91.Z0 – C91.Z2	Other lymphoid leukemia
C92.A0 – C92.A2	Acute myeloid leukemia with multi-lineage dysplasia
C92.Z0 – C92.Z2	Other myeloid leukemia
C93.Z0 – C93.Z2	Other monocytic leukemia
C96.A	Histiocytic sarcoma
C96.Z	Other malignant neoplasm of lymphoid, hematopoietic and related tissue
D00.0 – D09.9	Carcinoma in situ (exclude: skin, cervix, prostate – D04., D06., and D07.5)
D18.2	Hemangioma of intracranial structures
D32.0 – D32.9	Benign neoplasm of meninges (cerebral, spinal and unspecified)
D33.0 – D33.9	Benign neoplasm of brain and other parts of central nervous system
D35.00-D35.02	Benign neoplasm of adrenal gland - pheochromocytoma, medullary paraganglioma, chromaffin paraganglioma, chromaffin tumor,
D35.2 - D35.4	Benign neoplasm of pituitary gland, craniopharyngeal duct and pineal gland
D42._ - D43._	Neoplasm of uncertain or unknown behavior of meninges, brain, CNS
D44.3 – D44.5	Neoplasm of uncertain behavior of pituitary gland, craniopharyngeal duct and pineal gland
D45	Polycythemia vera (9950/3)
D46._	Myelodysplastic syndromes (9980,9982,9983,9985,9986,9989,9991,9992)
D46.A – D46.Z	Other myelodysplastic syndromes
D47.02, D47.1-D47.9	Myeloproliferative diseases (9931, 9740, 9741, 9742, 9960, 9961, 9962, 9963, 9965, 9966, 9967, 9970, 9971, 9975, 9987)
D47.Z – D47.Z9	Post-transplant lymphoproliferative disorder (PTLD)
D49.6, D49.7	Neoplasm of unspecified behavior of brain, endocrine glands and other CNS
D72.110 – D72.1119	Hypereosinophilic Syndrome
R90.0	Intracranial space-occupying lesion found on diagnostic imaging of CNS

Note: Pilocytic astrocytoma are coded 9421/1 when diagnosed 1/1/2023 or later.
Pilocytic astrocytoma are coded 9421/3 when diagnosed prior to 1/1/2023.

Appendix O – Detailed ICD-10-CM CaseFinding List – 10/1/2021 forward
See Section I for Details on Required Reportable Neoplasms

CODE	NAME
C00	MALIGNANT NEOPLASM OF LIP
C00.0	Malignant neoplasm of external upper lip
C00.1	Malignant neoplasm of external lower lip
C00.2	Malignant neoplasm of external lip, unspecified
C00.3	Malignant neoplasm of upper lip, inner aspect
C00.4	Malignant neoplasm of lower lip, inner aspect
C00.5	Malignant neoplasm of lip, unspecified, inner aspect
C00.6	Malignant neoplasm of commissure of lip, unspecified
C00.8	Malignant neoplasm of overlapping sites of lip
C00.9	Malignant neoplasm of lip, unspecified
C01	MALIGNANT NEOPLASM OF BASE OF TONGUE
C02	MALIGNANT NEOPLASM OF OTHER AND UNSPECIFIED PARTS OF TONGUE
C02.0	Malignant neoplasm of dorsal surface of tongue
C02.1	Malignant neoplasm of border of tongue
C02.2	Malignant neoplasm of ventral surface of tongue
C02.3	Malignant neoplasm of anterior two-thirds of tongue, part unspecified
C02.4	Malignant neoplasm of lingual tonsil
C02.8	Malignant neoplasm of overlapping sites of tongue
C02.9	Malignant neoplasm of tongue, unspecified
C03	MALIGNANT NEOPLASM OF GUM
C03.0	Malignant neoplasm of upper gum
C03.1	Malignant neoplasm of lower gum
C03.9	Malignant neoplasm of gum, unspecified
C04	MALIGNANT NEOPLASM OF FLOOR OF MOUTH
C04.0	Malignant neoplasm of anterior floor of mouth
C04.1	Malignant neoplasm of lateral floor of mouth
C04.8	Malignant neoplasm of overlapping sites of floor of mouth
C04.9	Malignant neoplasm of floor of mouth, unspecified
C05	MALIGNANT NEOPLASM OF PALATE
C05.0	Malignant neoplasm of hard palate
C05.1	Malignant neoplasm of soft palate
C05.2	Malignant neoplasm of uvula
C05.8	Malignant neoplasm of overlapping sites of palate
C05.9	Malignant neoplasm of palate, unspecified
C06	MALIGNANT NEOPLASM OF OTHER AND UNSPECIFIED PARTS OF MOUTH
C06.0	Malignant neoplasm of cheek mucosa
C06.1	Malignant neoplasm of vestibule of mouth
C06.2	Malignant neoplasm of retromolar area
C06.8	Malignant neoplasm of overlapping sites of other and unspecified parts of mouth
C06.80	Malignant neoplasm of overlapping sites of unspecified parts of mouth
C06.89	Malignant neoplasm of overlapping sites of other parts of mouth
C06.9	Malignant neoplasm of mouth, unspecified
C07	MALIGNANT NEOPLASM OF PAROTID GLAND
C08	MALIGNANT NEOPLASM OF OTHER AND UNSPECIFIED MAJOR SALIVARY GLANDS

**Appendix O – Detailed ICD-10-CM CaseFinding List – 10/1/2021 forward
See Section I for Details on Required Reportable Neoplasms**

CODE	NAME
C08.0	Malignant neoplasm of submandibular gland
C08.1	Malignant neoplasm of sublingual gland
C08.9	Malignant neoplasm of major salivary gland, unspecified
C09	MALIGNANT NEOPLASM OF TONSIL
C09.0	Malignant neoplasm of tonsillar fossa
C09.1	Malignant neoplasm of tonsillar pillar (anterior) (posterior)
C09.8	Malignant neoplasm of overlapping sites of tonsil
C09.9	Malignant neoplasm of tonsil, unspecified
C10	MALIGNANT NEOPLASM OF OROPHARYNX
C10.0	Malignant neoplasm of vallecula
C10.1	Malignant neoplasm of anterior surface of epiglottis
C10.2	Malignant neoplasm of lateral wall of oropharynx
C10.3	Malignant neoplasm of posterior wall of oropharynx
C10.4	Malignant neoplasm of branchial cleft
C10.8	Malignant neoplasm of overlapping sites of oropharynx
C10.9	Malignant neoplasm of oropharynx, unspecified
C11	MALIGNANT NEOPLASM OF NASOPHARYNX
C11.0	Malignant neoplasm of superior wall of nasopharynx
C11.1	Malignant neoplasm of posterior wall of nasopharynx
C11.2	Malignant neoplasm of lateral wall of nasopharynx
C11.3	Malignant neoplasm of anterior wall of nasopharynx
C11.8	Malignant neoplasm of overlapping sites of nasopharynx
C11.9	Malignant neoplasm of nasopharynx, unspecified
C12	MALIGNANT NEOPLASM OF PYRIFORM SINUS
C13	MALIGNANT NEOPLASM OF HYPOPHARYNX
C13.0	Malignant neoplasm of postcricoid region
C13.1	Malignant neoplasm aryepiglottic fold, hypopharyngeal aspect
C13.2	Malignant neoplasm of posterior wall of hypopharynx
C13.8	Malignant neoplasm of overlapping sites of hypopharynx
C13.9	Malignant neoplasm of hypopharynx, unspecified
C14	MALIGNANT NEOPLASM OF OTHER AND ILL-DEFINED SITES IN THE LIP, ORAL CAVITY AND PHARYNX
C14.0	Malignant neoplasm of pharynx, unspecified
C14.2	Malignant neoplasm of Waldeyer's ring
C14.8	Malignant neoplasm of overlapping sites of lip, oral cavity and pharynx
C15	MALIGNANT NEOPLASM OF ESOPHAGUS
C15.3	Malignant neoplasm of upper third of esophagus
C15.4	Malignant neoplasm of middle third of esophagus
C15.5	Malignant neoplasm of lower third of esophagus
C15.8	Malignant neoplasm of overlapping sites esophagus
C15.9	Malignant neoplasm of esophagus, unspecified
C16	MALIGNANT NEOPLASM OF STOMACH
C16.0	Malignant neoplasm of cardia
C16.1	Malignant neoplasm of fundus of stomach
C16.2	Malignant neoplasm of body of stomach

Appendix O – Detailed ICD-10-CM CaseFinding List – 10/1/2021 forward
See Section I for Details on Required Reportable Neoplasms

CODE	NAME
C16.3	Malignant neoplasm of pyloric antrum
C16.4	Malignant neoplasm of pylorus
C16.5	Malignant neoplasm of lesser curvature of stomach, unspecified
C16.6	Malignant neoplasm of greater curvature of stomach, unspecified
C16.8	Malignant neoplasm of overlapping sites of stomach
C16.9	Malignant neoplasm of stomach, unspecified
C17	MALIGNANT NEOPLASM OF SMALL INTESTINE
C17.0	Malignant neoplasm of duodenum
C17.1	Malignant neoplasm of jejunum
C17.2	Malignant neoplasm of ileum
C17.3	Meckel's diverticulum, malignant
C17.8	Malignant neoplasm of overlapping sites of small intestine
C17.9	Malignant neoplasm of small intestine, unspecified
C18	MALIGNANT NEOPLASM OF COLON
C18.0	Malignant neoplasm of cecum
C18.1	Malignant neoplasm of appendix
C18.2	Malignant neoplasm of ascending colon
C18.3	Malignant neoplasm of hepatic flexure
C18.4	Malignant neoplasm of transverse colon
C18.5	Malignant neoplasm of splenic flexure
C18.6	Malignant neoplasm of descending colon
C18.7	Malignant neoplasm of sigmoid colon
C18.8	Malignant neoplasm of overlapping sites of colon
C18.9	Malignant neoplasm of colon, unspecified
C19	MALIGNANT NEOPLASM OF RECTOSIGMOID JUNCTION
C20	MALIGNANT NEOPLASM OF RECTUM
C21	MALIGNANT NEOPLASM OF ANUS AND ANAL CANAL
C21.0	Malignant neoplasm of anus, unspecified
C21.1	Malignant neoplasm of anal canal
C21.2	Malignant neoplasm of cloacogenic zone
C21.8	Malignant neoplasm of overlapping sites of rectum, anus and anal canal
C22	MALIGNANT NEOPLASM OF LIVER AND INTRAHEPATIC BILE DUCTS
C22.0	Liver cell carcinoma
C22.1	Intrahepatic bile duct carcinoma
C22.2	Hepatoblastoma
C22.3	Angiosarcoma of liver
C22.4	Other sarcomas of liver
C22.7	Other specified carcinomas of liver
C22.8	Malignant neoplasm of liver, primary, unspecified as to type
C22.9	Malignant neoplasm of liver, not specified as primary or secondary
C23	MALIGNANT NEOPLASM OF GALLBLADDER
C24	MALIGNANT NEOPLASM OF OTHER AND UNSPECIFIED PARTS OF BILIARY TRACT
C24.0	Malignant neoplasm of extrahepatic bile duct
C24.1	Malignant neoplasm of Ampulla of Vater

Appendix O – Detailed ICD-10-CM CaseFinding List – 10/1/2021 forward
See Section I for Details on Required Reportable Neoplasms

CODE	NAME
C24.8	Malignant neoplasm of overlapping sites of biliary tract
C24.9	Malignant neoplasm of biliary tract, unspecified
C25	MALIGNANT NEOPLASM OF PANCREAS
C25.0	Malignant neoplasm of head of pancreas
C25.1	Malignant neoplasm of body of pancreas
C25.2	Malignant neoplasm of tail of pancreas
C25.3	Malignant neoplasm of pancreatic duct
C25.4	Malignant neoplasm of endocrine pancreas
C25.7	Malignant neoplasm of other parts of pancreas
C25.8	Malignant neoplasm of overlapping sites of pancreas
C25.9	Malignant neoplasm of pancreas, unspecified
C26	MALIGNANT NEOPLASM OF OTHER AND ILL-DEFINED DIGESTIVE ORGANS
C26.0	Malignant neoplasm of intestinal tract, part unspecified
C26.1	Malignant neoplasm of spleen
C26.9	Malignant neoplasm of ill-defined sites within the digestive system
C30	MALIGNANT NEOPLASM OF NASAL CAVITY AND MIDDLE EAR
C30.0	Malignant neoplasm of nasal cavity
C30.1	Malignant neoplasm of middle ear
C31	MALIGNANT NEOPLASM OF ACCESSORY SINUSES
C31.0	Malignant neoplasm of maxillary sinus
C31.1	Malignant neoplasm of ethmoidal sinus
C31.2	Malignant neoplasm of frontal sinus
C31.3	Malignant neoplasm of sphenoid sinus
C31.8	Malignant neoplasm of overlapping sites of accessory sinuses
C31.9	Malignant neoplasm of accessory sinus, unspecified
C32	MALIGNANT NEOPLASM OF LARYNX
C32.0	Malignant neoplasm of glottis
C32.1	Malignant neoplasm of supraglottis
C32.2	Malignant neoplasm of subglottis
C32.3	Malignant neoplasm of laryngeal cartilage
C32.8	Malignant neoplasm of overlapping sites of larynx
C32.9	Malignant neoplasm of larynx, unspecified
C33	MALIGNANT NEOPLASM OF TRACHEA
C34	MALIGNANT NEOPLASM OF BRONCHUS AND LUNG
C34.0	Malignant neoplasm of main bronchus
C34.00	Malignant neoplasm of unspecified main bronchus
C34.01	Malignant neoplasm of right main bronchus
C34.02	Malignant neoplasm of left main bronchus
C34.1	Malignant neoplasm of upper lobe, bronchus or lung
C34.10	Malignant neoplasm of upper lobe, unspecified bronchus or lung
C34.11	Malignant neoplasm of upper lobe, right bronchus or lung
C34.12	Malignant neoplasm of upper lobe, left bronchus or lung
C34.2	Malignant neoplasm of middle lobe, bronchus or lung
C34.3	Malignant neoplasm of lower lobe, bronchus or lung

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CODE	NAME
C34.30	Malignant neoplasm of lower lobe, unspecified bronchus or lung
C34.31	Malignant neoplasm of lower lobe, right bronchus or lung
C34.32	Malignant neoplasm of lower lobe, left bronchus or lung
C34.8	Malignant neoplasm of overlapping sites of bronchus and lung
C34.80	Malignant neoplasm of overlapping sites of unspecified bronchus and lung
C34.81	Malignant neoplasm of overlapping sites of right bronchus and lung
C34.82	Malignant neoplasm of overlapping sites of left bronchus and lung
C34.9	Malignant neoplasm of unspecified part of bronchus or lung
C34.90	Malignant neoplasm of unspecified part of unspecified bronchus or lung
C34.91	Malignant neoplasm of unspecified part of right bronchus or lung
C34.92	Malignant neoplasm of unspecified part of left bronchus or lung
C37	MALIGNANT NEOPLASM OF THYMUS
C38	MALIGNANT NEOPLASM OF HEART, MEDIASTINUM AND PLEURA
C38.0	Malignant neoplasm of heart
C38.1	Malignant neoplasm of anterior mediastinum
C38.2	Malignant neoplasm of posterior mediastinum
C38.3	Malignant neoplasm of mediastinum, part unspecified
C38.4	Malignant neoplasm of pleura
C38.8	Malignant neoplasm of overlapping sites of heart, mediastinum and pleura
C39	MALIGNANT NEOPLASM OF OTHER AND ILL-DEFINED SITES IN THE RESPIRATORY SYSTEM AND INTRATHORACIC ORGANS
C39.0	Malignant neoplasm of upper respiratory tract, part unspecified
C39.9	Malignant neoplasm of lower respiratory tract, part unspecified
C40	MALIGNANT NEOPLASM OF BONE AND ARTICULAR CARTILAGE OF LIMBS
C40.0	Malignant neoplasm of scapula and long bones of upper limb
C40.00	Malignant neoplasm of scapula and long bones of unspecified upper limb
C40.01	Malignant neoplasm of scapula and long bones of right upper limb
C40.02	Malignant neoplasm of scapula and long bones of left upper limb
C40.1	Malignant neoplasm of short bones of upper limb
C40.10	Malignant neoplasm of short bones of unspecified upper limb
C40.11	Malignant neoplasm of short bones of right upper limb
C40.12	Malignant neoplasm of short bones of left upper limb
C40.2	Malignant neoplasm of long bones of lower limb
C40.20	Malignant neoplasm of long bones of unspecified lower limb
C40.21	Malignant neoplasm of long bones of right lower limb
C40.22	Malignant neoplasm of long bones of left lower limb
C40.3	Malignant neoplasm of short bones of lower limb
C40.30	Malignant neoplasm of short bones of unspecified lower limb
C40.31	Malignant neoplasm of short bones of right lower limb
C40.32	Malignant neoplasm of short bones of left lower limb
C40.8	Malignant neoplasm of overlapping sites of bone and articular cartilage of limb
C40.80	Malignant neoplasm of overlapping sites of bone and articular cartilage of unspecified limb
C40.81	Malignant neoplasm of overlapping sites of bone and articular cartilage of right limb
C40.82	Malignant neoplasm of overlapping sites of bone and articular cartilage of left limb

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CODE	NAME
C40.9	Malignant neoplasm of unspecified bones and articular cartilage of limb
C40.90	Malignant neoplasm of unspecified bones and articular cartilage of unspecified limb
C40.91	Malignant neoplasm of unspecified bones and articular cartilage of right limb
C40.92	Malignant neoplasm of unspecified bones and articular cartilage of left limb
C41	MALIGNANT NEOPLASM OF BONE AND ARTICULAR CARTILAGE OF OTHER AND UNSPECIFIED SITES
C41.0	Malignant neoplasm of bones of skull and face
C41.1	Malignant neoplasm of mandible
C41.2	Malignant neoplasm of vertebral column
C41.3	Malignant neoplasm of ribs, sternum and clavicle
C41.4	Malignant neoplasm of pelvic bones, sacrum and coccyx
C41.9	Malignant neoplasm of unspecified bones and articular cartilage of limb
C43	MALIGNANT MELANOMA OF SKIN
C43.0	Malignant melanoma of lip
C43.1	Malignant melanoma of eyelid, including canthus
C43.10	Malignant melanoma of unspecified eyelid, including canthus
C43.11	Malignant melanoma of right eyelid, including canthus
C43.111	Malignant melanoma of right upper eyelid, including canthus
C43.112	Malignant melanoma of right lower eyelid, including canthus
C43.12	Malignant melanoma of left eyelid, including canthus
C43.121	Malignant melanoma of left upper eyelid, including canthus
C43.122	Malignant melanoma of left lower eyelid, including canthus
C43.2	Malignant melanoma of ear and external auricular canal
C43.20	Malignant melanoma of unspecified ear and external auricular canal
C43.21	Malignant melanoma of right ear and external auricular canal
C43.22	Malignant melanoma of left ear and external auricular canal
C43.3	Malignant melanoma of other and unspecified part of face
C43.30	Malignant melanoma of unspecified part of face
C43.31	Malignant melanoma of nose
C43.39	Malignant melanoma of other parts of face
C43.4	Malignant melanoma of scalp and neck
C43.5	Malignant melanoma of trunk
C43.51	Malignant melanoma of anal skin
C43.52	Malignant melanoma of skin of breast
C43.59	Malignant melanoma of other part of trunk
C43.6	Malignant melanoma of upper limb, including shoulder
C43.60	Malignant melanoma of unspecified upper limb, including shoulder
C43.61	Malignant melanoma of right upper limb, including shoulder
C43.62	Malignant melanoma of left upper limb, including shoulder
C43.7	Malignant melanoma of lower limb, including hip
C43.70	Malignant melanoma of unspecified lower limb, including hip
C43.71	Malignant melanoma of right lower limb, including hip
C43.72	Malignant melanoma of left lower limb, including hip
C43.8	Malignant melanoma of overlapping sites of skin
C43.9	Malignant melanoma of skin, unspecified

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CODE	NAME
C44.13	Sebaceous cell carcinoma of skin of eyelid, including canthus
C44.131	Sebaceous cell carcinoma of skin of unspecified eyelid, including canthus
C44.132	Sebaceous cell carcinoma of skin of right eyelid, including canthus
C44.1321	Sebaceous cell carcinoma of skin of right upper eyelid, including canthus
C44.1322	Sebaceous cell carcinoma of skin of right lower eyelid, including canthus
C44.139	Sebaceous cell carcinoma of skin of left eyelid, including canthus
C44.1391	Sebaceous cell carcinoma of skin of left upper eyelid, including canthus
C44.1392	Sebaceous cell carcinoma of skin of left lower eyelid, including canthus
C45	MESOTHELIOMA
C45.0	Mesothelioma of pleura
C45.1	Mesothelioma of peritoneum
C45.2	Mesothelioma of pericardium
C45.7	Mesothelioma of other sites
C45.9	Mesothelioma, unspecified
C46	KAPOSI'S SARCOMA
C46.0	Kaposi's sarcoma of skin
C46.1	Kaposi's sarcoma of soft tissue
C46.2	Kaposi's sarcoma of palate
C46.3	Kaposi's sarcoma of lymph nodes
C46.4	Kaposi's sarcoma of gastrointestinal sites
C46.5	Kaposi's sarcoma of lung
C46.50	Kaposi's sarcoma of unspecified lung
C46.51	Kaposi's sarcoma of right lung
C46.52	Kaposi's sarcoma of left lung
C46.7	Kaposi's sarcoma of other sites
C46.9	Kaposi's sarcoma, unspecified
C47	MALIGNANT NEOPLASM OF PERIPHERAL NERVES AND AUTONOMIC NERVOUS SYSTEM
C47.0	Malignant neoplasm of peripheral nerves of head, face and neck
C47.1	Malignant neoplasm of peripheral nerves of upper limb, including shoulder
C47.10	Malignant neoplasm of peripheral nerves of unspecified upper limb, including shoulder
C47.11	Malignant neoplasm of peripheral nerves of right upper limb, including shoulder
C47.12	Malignant neoplasm of peripheral nerves of left upper limb, including shoulder
C47.2	Malignant neoplasm of peripheral nerves of lower limb, including hip
C47.20	Malignant neoplasm of peripheral nerves of unspecified lower limb, including hip
C47.21	Malignant neoplasm of peripheral nerves of right lower limb, including hip
C47.22	Malignant neoplasm of peripheral nerves of left lower limb, including hip
C47.3	Malignant neoplasm of peripheral nerves of thorax
C47.4	Malignant neoplasm of peripheral nerves of abdomen
C47.5	Malignant neoplasm of peripheral nerves of pelvis
C47.6	Malignant neoplasm of peripheral nerves of trunk, unspecified
C47.8	Malignant neoplasm of overlapping sites of peripheral nerves and autonomic nervous system
C47.9	Malignant neoplasm of peripheral nerves and autonomic nervous system, unspecified
C48	MALIGNANT NEOPLASM OF RETROPERITONEUM AND PERITONEUM
C48.0	Malignant neoplasm of retroperitoneum

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CODE	NAME
C48.1	Malignant neoplasm of specified parts of peritoneum
C48.2	Malignant neoplasm of peritoneum, unspecified
C48.8	Malignant neoplasm of overlapping sites of retroperitoneum and peritoneum
C49	MALIGNANT NEOPLASM OF OTHER CONNECTIVE AND SOFT TISSUE
C49.0	Malignant neoplasm of connective and soft tissue of head, face and neck
C49.1	Malignant neoplasm of connective and soft tissue of upper limb, including shoulder
C49.10	Malignant neoplasm of connective and soft tissue of unspecified upper limb, including shoulder
C49.11	Malignant neoplasm of connective and soft tissue of right upper limb, including shoulder
C49.12	Malignant neoplasm of connective and soft tissue of left upper limb, including shoulder
C49.2	Malignant neoplasm of connective and soft tissue of lower limb, including hip
C49.20	Malignant neoplasm of connective and soft tissue of unspecified lower limb, including hip
C49.21	Malignant neoplasm of connective and soft tissue of right lower limb, including hip
C49.22	Malignant neoplasm of connective and soft tissue of left lower limb, including hip
C49.3	Malignant neoplasm of connective and soft tissue of thorax
C49.4	Malignant neoplasm of connective and soft tissue of abdomen
C49.5	Malignant neoplasm of connective and soft tissue of pelvis
C49.6	Malignant neoplasm of connective and soft tissue of trunk, unspecified
C49.8	Malignant neoplasm of overlapping sites of connective and soft tissue
C49.9	Malignant neoplasm of connective and soft tissue, unspecified
C49.A	Gastrointestinal stromal tumor
C49.A0	Gastrointestinal stromal tumor, unspecified site
C49.A1	Gastrointestinal stromal tumor of esophagus
C49.A2	Gastrointestinal stromal tumor of stomach
C49.A3	Gastrointestinal stromal tumor of small intestine
C49.A4	Gastrointestinal stromal tumor of large intestine
C49.A5	Gastrointestinal stromal tumor of rectum
C49.A9	Gastrointestinal stromal tumor of other site
C4A	MERKEL CELL CARCINOMA
C4A.0	Merkel cell carcinoma of lip
C4A.1	Merkel cell carcinoma of eyelid, including canthus
C4A.10	Merkel cell carcinoma of unspecified eyelid, including canthus
C4A.11	Merkel cell carcinoma of right eyelid, including canthus
C4A.111	Merkel cell carcinoma of right upper eyelid, including canthus
C4A.112	Merkel cell carcinoma of right lower eyelid, including canthus
C4A.12	Merkel cell carcinoma of left eyelid, including canthus
C4A.121	Merkel cell carcinoma of left upper eyelid, including canthus
C4A.122	Merkel cell carcinoma of left lower eyelid, including canthus
C4A.2	Merkel cell carcinoma of ear and external auricular canal
C4A.20	Merkel cell carcinoma of unspecified ear and external auricular canal
C4A.21	Merkel cell carcinoma of right ear and external auricular canal
C4A.22	Merkel cell carcinoma of left ear and external auricular canal
C4A.3	Merkel cell carcinoma of other and unspecified parts of face
C4A.30	Merkel cell carcinoma of unspecified part of face
C4A.31	Merkel cell carcinoma of nose

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CODE	NAME
C4A.39	Merkel cell carcinoma of other parts of face
C4A.4	Merkel cell carcinoma of scalp and neck
C4A.5	Merkel cell carcinoma of trunk
C4A.51	Merkel cell carcinoma of anal skin
C4A.52	Merkel cell carcinoma of skin of breast
C4A.59	Merkel cell carcinoma of other part of trunk
C4A.6	Merkel cell carcinoma of upper limb, including shoulder
C4A.60	Merkel cell carcinoma of unspecified upper limb, including shoulder
C4A.61	Merkel cell carcinoma of right upper limb, including shoulder
C4A.62	Merkel cell carcinoma of left upper limb, including shoulder
C4A.7	Merkel cell carcinoma of skin of lower limb, including hip
C4A.70	Merkel cell carcinoma of unspecified lower limb, including hip
C4A.71	Merkel cell carcinoma of right lower limb, including hip
C4A.72	Merkel cell carcinoma of left lower limb, including hip
C4A.8	Merkel cell carcinoma of overlapping sites
C4A.9	Merkel cell carcinoma, unspecified
C50	MALIGNANT NEOPLASM OF BREAST
C50.0	Malignant neoplasm of nipple and areola
C50.01	Malignant neoplasm of nipple and areola of breast, female
C50.011	Malignant neoplasm of nipple and areola, right female breast
C50.012	Malignant neoplasm of nipple and areola, left female breast
C50.019	Malignant neoplasm of nipple and areola, unspecified female breast
C50.02	Malignant neoplasm of nipple and areola of breast, male
C50.021	Malignant neoplasm of nipple and areola, right male breast
C50.022	Malignant neoplasm of nipple and areola, left male breast
C50.029	Malignant neoplasm of nipple and areola, unspecified male breast
C50.1	Malignant neoplasm of central portion of breast
C50.11	Malignant neoplasm of central portion of breast, female
C50.111	Malignant neoplasm of central portion of right female breast
C50.112	Malignant neoplasm of central portion of left female breast
C50.119	Malignant neoplasm of central portion of unspecified female breast
C50.12	Malignant neoplasm of central portion of breast, male
C50.121	Malignant neoplasm of central portion of right male breast
C50.122	Malignant neoplasm of central portion of left male breast
C50.129	Malignant neoplasm of central portion of unspecified male breast
C50.2	Malignant neoplasm of upper-inner quadrant of breast
C50.21	Malignant neoplasm of upper-inner quadrant of breast, female
C50.211	Malignant neoplasm of upper-inner quadrant of right female breast
C50.212	Malignant neoplasm of upper-inner quadrant of left female breast
C50.219	Malignant neoplasm of upper-inner quadrant of unspecified female breast
C50.22	Malignant neoplasm of upper-inner quadrant of breast, male
C50.221	Malignant neoplasm of upper-inner quadrant of right male breast
C50.222	Malignant neoplasm of upper-inner quadrant of left male breast
C50.229	Malignant neoplasm of upper-inner quadrant of unspecified male breast

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CODE	NAME
C50.3	Malignant neoplasm of lower-inner quadrant of breast
C50.31	Malignant neoplasm of lower-inner quadrant of breast, female
C50.311	Malignant neoplasm of lower-inner quadrant of right female breast
C50.312	Malignant neoplasm of lower-inner quadrant of left female breast
C50.319	Malignant neoplasm of lower-inner quadrant of unspecified female breast
C50.32	Malignant neoplasm of lower-inner quadrant of breast, male
C50.321	Malignant neoplasm of lower-inner quadrant of right male breast
C50.322	Malignant neoplasm of lower-inner quadrant of left male breast
C50.329	Malignant neoplasm of lower-inner quadrant of unspecified male breast
C50.4	Malignant neoplasm of upper-outer quadrant of breast
C50.41	Malignant neoplasm of upper-outer quadrant of breast, female
C50.411	Malignant neoplasm of upper-outer quadrant of right female breast
C50.412	Malignant neoplasm of upper-outer quadrant of left female breast
C50.419	Malignant neoplasm of upper-outer quadrant of unspecified female breast
C50.42	Malignant neoplasm of upper-outer quadrant of breast, male
C50.421	Malignant neoplasm of upper-outer quadrant of right male breast
C50.422	Malignant neoplasm of upper-outer quadrant of left male breast
C50.429	Malignant neoplasm of upper-outer quadrant of unspecified male breast
C50.5	Malignant neoplasm of lower-outer quadrant of breast
C50.51	Malignant neoplasm of lower-outer quadrant of breast, female
C50.511	Malignant neoplasm of lower-outer quadrant of right female breast
C50.512	Malignant neoplasm of lower-outer quadrant of left female breast
C50.519	Malignant neoplasm of lower-outer quadrant of unspecified female breast
C50.52	Malignant neoplasm of lower-outer quadrant of breast, male
C50.521	Malignant neoplasm of lower-outer quadrant of right male breast
C50.522	Malignant neoplasm of lower-outer quadrant of left male breast
C50.529	Malignant neoplasm of lower-outer quadrant of unspecified male breast
C50.6	Malignant neoplasm of axillary tail of breast
C50.61	Malignant neoplasm of axillary tail of breast, female
C50.611	Malignant neoplasm of axillary tail of right female breast
C50.612	Malignant neoplasm of axillary tail of left female breast
C50.619	Malignant neoplasm of axillary tail of unspecified female breast
C50.62	Malignant neoplasm of axillary tail of breast, male
C50.621	Malignant neoplasm of axillary tail of right male breast
C50.622	Malignant neoplasm of axillary tail of left male breast
C50.629	Malignant neoplasm of axillary tail of unspecified male breast
C50.8	Malignant neoplasm of overlapping sites of breast
C50.81	Malignant neoplasm of overlapping sites of breast, female
C50.811	Malignant neoplasm of overlapping sites of right female breast
C50.812	Malignant neoplasm of overlapping sites of left female breast
C50.819	Malignant neoplasm of overlapping sites of unspecified female breast
C50.82	Malignant neoplasm of overlapping sites of breast, male
C50.821	Malignant neoplasm of overlapping sites of right male breast
C50.822	Malignant neoplasm of overlapping sites of left male breast

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CODE	NAME
C50.829	Malignant neoplasm of overlapping sites of unspecified male breast
C50.9	Malignant neoplasm of breast of unspecified site
C50.91	Malignant neoplasm of breast of unspecified site of breast, female
C50.911	Malignant neoplasm of unspecified site of right female breast
C50.912	Malignant neoplasm of unspecified site of left female breast
C50.919	Malignant neoplasm of unspecified site of unspecified female breast
C50.92	Malignant neoplasm of breast of unspecified site of breast, male
C50.921	Malignant neoplasm of unspecified site of right male breast
C50.922	Malignant neoplasm of unspecified site of left male breast
C50.929	Malignant neoplasm of unspecified site of unspecified male breast
C51	MALIGNANT NEOPLASM OF VULVA
C51.0	Malignant neoplasm of labium majus
C51.1	Malignant neoplasm of labium minus
C51.2	Malignant neoplasm of clitoris
C51.8	Malignant neoplasm of other specified female genital organs
C51.9	Malignant neoplasm of vulva, unspecified
C52	MALIGNANT NEOPLASM OF VAGINA
C53	MALIGNANT NEOPLASM OF CERVIX UTERI
C53.0	Malignant neoplasm of endocervix
C53.1	Malignant neoplasm of exocervix
C53.8	Malignant neoplasm of overlapping sites of cervix uteri
C53.9	Malignant neoplasm of cervix uteri, unspecified
C54	MALIGNANT NEOPLASM OF CORPUS UTERI
C54.0	Malignant neoplasm of isthmus uteri
C54.1	Malignant neoplasm of endometrium
C54.2	Malignant neoplasm of myometrium
C54.3	Malignant neoplasm of fundus uteri
C54.8	Malignant neoplasm of overlapping sites of corpus uteri
C54.9	Malignant neoplasm of corpus uteri, unspecified
C55	MALIGNANT NEOPLASM OF UTERUS, PART UNSPECIFIED
C56	MALIGNANT NEOPLASM OF OVARY
C56.1	Malignant neoplasm of right ovary
C56.2	Malignant neoplasm of left ovary
C56.9	Malignant neoplasm of unspecified ovary
C57	MALIGNANT NEOPLASM OF OTHER AND UNSPECIFIED FEMALE GENITAL ORGANS
C57.0	Malignant neoplasm of fallopian tube
C57.00	Malignant neoplasm of unspecified fallopian tube
C57.01	Malignant neoplasm of right fallopian tube
C57.02	Malignant neoplasm of left fallopian tube
C57.1	Malignant neoplasm of broad ligament
C57.10	Malignant neoplasm of unspecified broad ligament
C57.11	Malignant neoplasm of right broad ligament
C57.12	Malignant neoplasm of left broad ligament
C57.2	Malignant neoplasm of round ligament

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CODE	NAME
C57.20	Malignant neoplasm of unspecified round ligament
C57.21	Malignant neoplasm of right round ligament
C57.22	Malignant neoplasm of left round ligament
C57.3	Malignant neoplasm of parametrium
C57.4	Malignant neoplasm of uterine adnexa, unspecified
C57.7	Malignant neoplasm of overlapping sites of vulva
C57.8	Malignant neoplasm of overlapping sites of female genital organs
C57.9	Malignant neoplasm of female genital organ, unspecified
C58	MALIGNANT NEOPLASM OF PLACENTA
C60	MALIGNANT NEOPLASM OF PENIS
C60.0	Malignant neoplasm of prepuce
C60.1	Malignant neoplasm of glans penis
C60.2	Malignant neoplasm of body of penis
C60.8	Malignant neoplasm of overlapping sites of penis
C60.9	Malignant neoplasm of penis, unspecified
C61	MALIGNANT NEOPLASM OF PROSTATE
C62	MALIGNANT NEOPLASM OF TESTIS
C62.0	Malignant neoplasm of undescended testis
C62.00	Malignant neoplasm of unspecified undescended testis
C62.01	Malignant neoplasm of undescended right testis
C62.02	Malignant neoplasm of undescended left testis
C62.1	Malignant neoplasm of descended testis
C62.10	Malignant neoplasm of unspecified descended testis
C62.11	Malignant neoplasm of descended right testis
C62.12	Malignant neoplasm of descended left testis
C62.9	Malignant neoplasm of testis, unspecified whether descended or undescended
C62.90	Malignant neoplasm of unspecified testis, unspecified whether descended or undescended
C62.91	Malignant neoplasm of right testis, unspecified whether descended or undescended
C62.92	Malignant neoplasm of left testis, unspecified whether descended or undescended
C63	MALIGNANT NEOPLASM OF OTHER AND UNSPECIFIED MALE GENITAL ORGANS
C63.0	Malignant neoplasm of epididymis
C63.00	Malignant neoplasm of unspecified epididymis
C63.01	Malignant neoplasm of right epididymis
C63.02	Malignant neoplasm of left epididymis
C63.1	Malignant neoplasm of spermatic cord
C63.10	Malignant neoplasm of unspecified spermatic cord
C63.11	Malignant neoplasm of right spermatic cord
C63.12	Malignant neoplasm of left spermatic cord
C63.2	Malignant neoplasm of scrotum
C63.7	Malignant neoplasm of other specified male genital organs
C63.8	Malignant neoplasm of overlapping sites of male genital organs
C63.9	Malignant neoplasm of male genital organ, unspecified
C64	MALIGNANT NEOPLASM OF KIDNEY, EXCEPT RENAL PELVIS
C64.1	Malignant neoplasm of right kidney, except renal pelvis

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CODE	NAME
C64.2	Malignant neoplasm of left kidney, except renal pelvis
C64.9	Malignant neoplasm of unspecified kidney, except renal pelvis
C65	MALIGNANT NEOPLASM OF RENAL PELVIS
C65.1	Malignant neoplasm of right renal pelvis
C65.2	Malignant neoplasm of left renal pelvis
C65.9	Malignant neoplasm of unspecified renal pelvis
C66	MALIGNANT NEOPLASM OF URETER
C66.1	Malignant neoplasm of right ureter
C66.2	Malignant neoplasm of left ureter
C66.9	Malignant neoplasm of unspecified ureter
C67	MALIGNANT NEOPLASM OF BLADDER
C67.0	Malignant neoplasm of trigone of bladder
C67.1	Malignant neoplasm of dome of bladder
C67.2	Malignant neoplasm of lateral wall of bladder
C67.3	Malignant neoplasm of anterior wall of bladder
C67.4	Malignant neoplasm of posterior wall of bladder
C67.5	Malignant neoplasm of bladder neck
C67.6	Malignant neoplasm of ureteric orifice
C67.7	Malignant neoplasm of urachus
C67.8	Malignant neoplasm of overlapping sites of bladder
C67.9	Malignant neoplasm of bladder, unspecified
C68	MALIGNANT NEOPLASM OF OTHER AND UNSPECIFIED URINARY ORGANS
C68.0	Malignant neoplasm of urethra
C68.1	Malignant neoplasm of paraurethral glands
C68.8	Malignant neoplasm of overlapping sites of urinary organs
C68.9	Malignant neoplasm of urinary organ, unspecified
C69	MALIGNANT NEOPLASM OF EYE AND ADNEXA
C69.0	Malignant neoplasm of conjunctiva
C69.00	Malignant neoplasm of unspecified conjunctiva
C69.01	Malignant neoplasm of right conjunctiva
C69.02	Malignant neoplasm of left conjunctiva
C69.1	Malignant neoplasm of cornea
C69.10	Malignant neoplasm of unspecified cornea
C69.11	Malignant neoplasm of right cornea
C69.12	Malignant neoplasm of left cornea
C69.2	Malignant neoplasm of retina
C69.20	Malignant neoplasm of unspecified retina
C69.21	Malignant neoplasm of right retina
C69.22	Malignant neoplasm of left retina
C69.3	Malignant neoplasm of choroid
C69.30	Malignant neoplasm of unspecified choroid
C69.31	Malignant neoplasm of right choroid
C69.32	Malignant neoplasm of left choroid
C69.4	Malignant neoplasm of ciliary body

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CODE	NAME
C69.40	Malignant neoplasm of unspecified ciliary body
C69.41	Malignant neoplasm of right ciliary body
C69.42	Malignant neoplasm of left ciliary body
C69.5	Malignant neoplasm of lacrimal gland and duct
C69.50	Malignant neoplasm of unspecified lacrimal gland and duct
C69.51	Malignant neoplasm of right lacrimal gland and duct
C69.52	Malignant neoplasm of left lacrimal gland and duct
C69.6	Malignant neoplasm of orbit
C69.60	Malignant neoplasm of unspecified orbit
C69.61	Malignant neoplasm of right orbit
C69.62	Malignant neoplasm of left orbit
C69.8	Malignant neoplasm of overlapping sites of eye and adnexa
C69.80	Malignant neoplasm of overlapping sites of unspecified eye and adnexa
C69.81	Malignant neoplasm of overlapping sites of right eye and adnexa
C69.82	Malignant neoplasm of overlapping sites of left eye and adnexa
C69.9	Malignant neoplasm of unspecified site of eye
C69.90	Malignant neoplasm of unspecified site of unspecified eye
C69.91	Malignant neoplasm of unspecified site of right eye
C69.92	Malignant neoplasm of unspecified site of left eye
C70	MALIGNANT NEOPLASM OF MENINGES
C70.0	Malignant neoplasm of cerebral meninges
C70.1	Malignant neoplasm of spinal meninges
C70.9	Malignant neoplasm of meninges, unspecified
C71	MALIGNANT NEOPLASM OF BRAIN
C71.0	Malignant neoplasm of cerebrum, except lobes and ventricles
C71.1	Malignant neoplasm of frontal lobe
C71.2	Malignant neoplasm of temporal lobe
C71.3	Malignant neoplasm of parietal lobe
C71.4	Malignant neoplasm of occipital lobe
C71.5	Malignant neoplasm of cerebral ventricle
C71.6	Malignant neoplasm of cerebellum
C71.7	Malignant neoplasm of brain stem
C71.8	Malignant neoplasm of overlapping sites of brain
C71.9	Malignant neoplasm of brain, unspecified
C72	MALIGNANT NEOPLASM OF SPINAL CORD, CRANIAL NERVES AND OTHER PARTS OF CENTRAL NERVOUS SYSTEM
C72.0	Malignant neoplasm of spinal cord
C72.1	Malignant neoplasm of cauda equina
C72.2	Malignant neoplasm of olfactory nerve
C72.20	Malignant neoplasm of unspecified olfactory nerve
C72.21	Malignant neoplasm of right olfactory nerve
C72.22	Malignant neoplasm of left olfactory nerve
C72.3	Malignant neoplasm of optic nerve
C72.30	Malignant neoplasm of unspecified optic nerve
C72.31	Malignant neoplasm of right optic nerve

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CODE	NAME
C72.32	Malignant neoplasm of left optic nerve
C72.4	Malignant neoplasm of acoustic nerve
C72.40	Malignant neoplasm of unspecified acoustic nerve
C72.41	Malignant neoplasm of right acoustic nerve
C72.42	Malignant neoplasm of left acoustic nerve
C72.5	Malignant neoplasm of other and unspecified cranial nerves
C72.50	Malignant neoplasm of unspecified cranial nerve
C72.59	Malignant neoplasm of other cranial nerves
C72.9	Malignant neoplasm of central nervous system, unspecified
C73	MALIGNANT NEOPLASM OF THYROID GLAND
C74	MALIGNANT NEOPLASM OF ADRENAL GLAND
C74.0	Malignant neoplasm of cortex of adrenal gland
C74.00	Malignant neoplasm of cortex of unspecified adrenal gland
C74.01	Malignant neoplasm of cortex of right adrenal gland
C74.02	Malignant neoplasm of cortex of left adrenal gland
C74.1	Malignant neoplasm of medulla of adrenal gland
C74.10	Malignant neoplasm of medulla of unspecified adrenal gland
C74.11	Malignant neoplasm of medulla of right adrenal gland
C74.12	Malignant neoplasm of medulla of left adrenal gland
C74.9	Malignant neoplasm of unspecified part of adrenal gland
C74.90	Malignant neoplasm of unspecified part of unspecified adrenal gland
C74.91	Malignant neoplasm of unspecified part of right adrenal gland
C74.92	Malignant neoplasm of unspecified part of left adrenal gland
C75	MALIGNANT NEOPLASM OF OTHER ENDOCRINE AND RELATED STRUCTURES
C75.0	Malignant neoplasm of parathyroid gland
C75.1	Malignant neoplasm of pituitary gland
C75.2	Malignant neoplasm of craniopharyngeal duct
C75.3	Malignant neoplasm of pineal gland
C75.4	Malignant neoplasm of carotid body
C75.5	Malignant neoplasm of aortic body and other paraganglia
C75.8	Malignant neoplasm with pluriglandular involvement, unspecified
C75.9	Malignant neoplasm of endocrine gland, unspecified
C76	MALIGNANT NEOPLASM OF OTHER AND ILL-DEFINED SITES
C76.0	Malignant neoplasm of head, face and neck
C76.1	Malignant neoplasm of thorax
C76.2	Malignant neoplasm of abdomen
C76.3	Malignant neoplasm pelvis
C76.4	Malignant neoplasm of upper limb
C76.40	Malignant neoplasm of unspecified upper limb
C76.41	Malignant neoplasm of right upper limb
C76.42	Malignant neoplasm of left upper limb
C76.5	Malignant neoplasm of lower limb
C76.50	Malignant neoplasm of unspecified lower limb
C76.51	Malignant neoplasm of right lower limb

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CODE	NAME
C76.52	Malignant neoplasm of left lower limb
C76.8	Malignant neoplasm of overlapping sites of other and ill-defined sites
C7A	MALIGNANT NEUROENDOCRINE TUMORS
C7A.0	Malignant carcinoid tumors
C7A.00	Malignant carcinoid tumor of unspecified site
C7A.01	Malignant carcinoid tumors of the small intestine
C7A.010	Malignant carcinoid tumor of the duodenum
C7A.011	Malignant carcinoid tumor of the jejunum
C7A.012	Malignant carcinoid tumor of the ileum
C7A.019	Malignant carcinoid tumor of the small intestine, unspecified portion
C7A.02	Malignant carcinoid tumors of the appendix, large intestine, and rectum
C7A.020	Malignant carcinoid tumor of the appendix
C7A.021	Malignant carcinoid tumor of the cecum
C7A.022	Malignant carcinoid tumor of the ascending colon
C7A.023	Malignant carcinoid tumor of the transverse colon
C7A.024	Malignant carcinoid tumor of the descending colon
C7A.025	Malignant carcinoid tumor of the sigmoid colon
C7A.026	Malignant carcinoid tumor of the rectum
C7A.029	Malignant carcinoid tumor of the large intestine, unspecified portion
C7A.09	Malignant carcinoid tumors of others site
C7A.090	Malignant carcinoid tumor of the bronchus and lung
C7A.091	Malignant carcinoid tumor of thymus
C7A.092	Malignant carcinoid tumor of the stomach
C7A.093	Malignant carcinoid tumor of the kidney
C7A.094	Malignant carcinoid tumors of the foregut NOS
C7A.095	Malignant carcinoid tumors of the midgut NOS
C7A.096	Malignant carcinoid tumors of the hindgut NOS
C7A.098	Malignant carcinoid tumors of other sites
C7A.1	Malignant poorly differentiated neuroendocrine tumors
C7A.8	Other malignant neuroendocrine tumors
C80	MALIGNANT NEOPLASM WITHOUT SPECIFICATION OF SITE
C80.0	Disseminated malignant neoplasm, unspecified
C80.1	Malignant (primary) neoplasm, unspecified
C80.2	Malignant neoplasm associated with transplanted organ
C81	HODGKIN LYMPHOMA
C81.0	Nodular lymphocyte predominant Hodgkin lymphoma
C81.00	Nodular lymphocyte predominant Hodgkin lymphoma, unspecified site
C81.01	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.02	Nodular lymphocyte predominant Hodgkin lymphoma, intrathoracic lymph nodes
C81.03	Nodular lymphocyte predominant Hodgkin lymphoma, intra-abdominal lymph nodes
C81.04	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.05	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.06	Nodular lymphocyte predominant Hodgkin lymphoma, intrapelvic lymph nodes
C81.07	Nodular lymphocyte predominant Hodgkin lymphoma, spleen

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CODE	NAME
C81.08	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of multiple sites
C81.09	Nodular lymphocyte predominant Hodgkin lymphoma, extranodal and solid organ sites
C81.1	Nodular sclerosis classical Hodgkin lymphoma
C81.10	Nodular sclerosis classical Hodgkin lymphoma, unspecified site
C81.11	Nodular sclerosis classical Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.12	Nodular sclerosis classical Hodgkin lymphoma, intrathoracic lymph nodes
C81.13	Nodular sclerosis classical Hodgkin lymphoma, intra-abdominal lymph nodes
C81.14	Nodular sclerosis classical Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.15	Nodular sclerosis classical Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.16	Nodular sclerosis classical Hodgkin lymphoma, intrapelvic lymph nodes
C81.17	Nodular sclerosis classical Hodgkin lymphoma, spleen
C81.18	Nodular sclerosis classical Hodgkin lymphoma, lymph nodes of multiple sites
C81.19	Nodular sclerosis classical Hodgkin lymphoma, extranodal and solid organ sites
C81.2	Mixed cellularity classical Hodgkin lymphoma
C81.20	Mixed cellularity classical Hodgkin lymphoma, unspecified site
C81.21	Mixed cellularity classical Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.22	Mixed cellularity classical Hodgkin lymphoma, intrathoracic lymph nodes
C81.23	Mixed cellularity classical Hodgkin lymphoma, intra-abdominal lymph nodes
C81.24	Mixed cellularity classical Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.25	Mixed cellularity classical Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.26	Mixed cellularity classical Hodgkin lymphoma, intrapelvic lymph nodes
C81.27	Mixed cellularity classical Hodgkin lymphoma, spleen
C81.28	Mixed cellularity classical Hodgkin lymphoma, lymph nodes of multiple sites
C81.29	Mixed cellularity classical Hodgkin lymphoma, extranodal and solid organ sites
C81.3	Lymphocyte depleted classical Hodgkin lymphoma
C81.30	Lymphocyte depleted classical Hodgkin lymphoma, unspecified site
C81.31	Lymphocyte depleted classical Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.32	Lymphocyte depleted classical Hodgkin lymphoma, intrathoracic lymph nodes
C81.33	Lymphocyte depleted classical Hodgkin lymphoma, intra-abdominal lymph nodes
C81.34	Lymphocyte depleted classical Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.35	Lymphocyte depleted classical Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.36	Lymphocyte depleted classical Hodgkin lymphoma, intrapelvic lymph nodes
C81.37	Lymphocyte depleted classical Hodgkin lymphoma, spleen
C81.38	Lymphocyte depleted classical Hodgkin lymphoma, lymph nodes of multiple sites
C81.39	Lymphocyte depleted classical Hodgkin lymphoma, extranodal and solid organ sites
C81.4	Lymphocyte-rich classical Hodgkin lymphoma
C81.40	Lymphocyte-rich classical Hodgkin lymphoma, unspecified site
C81.41	Lymphocyte-rich classical Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.42	Lymphocyte-rich classical Hodgkin lymphoma, intrathoracic lymph nodes
C81.43	Lymphocyte-rich classical Hodgkin lymphoma, intra-abdominal lymph nodes
C81.44	Lymphocyte-rich classical Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.45	Lymphocyte-rich classical Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.46	Lymphocyte-rich classical Hodgkin lymphoma, intrapelvic lymph nodes
C81.47	Lymphocyte-rich classical Hodgkin lymphoma, spleen

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CODE	NAME
C81.48	Lymphocyte-rich classical Hodgkin lymphoma, lymph nodes of multiple sites
C81.49	Lymphocyte-rich classical Hodgkin lymphoma, extranodal and solid organ sites
C81.7	Other classical Hodgkin lymphoma
C81.70	Other classical Hodgkin lymphoma, unspecified site
C81.71	Other classical Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.72	Other classical Hodgkin lymphoma, intrathoracic lymph nodes
C81.73	Other classical Hodgkin lymphoma, intra-abdominal lymph nodes
C81.74	Other classical Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.75	Other classical Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.76	Other classical Hodgkin lymphoma, intrapelvic lymph nodes
C81.77	Other classical Hodgkin lymphoma, spleen
C81.78	Other classical Hodgkin lymphoma, lymph nodes of multiple sites
C81.79	Other classical Hodgkin lymphoma, extranodal and solid organ sites
C81.9	Hodgkin lymphoma, unspecified
C81.90	Hodgkin lymphoma, unspecified, unspecified site
C81.91	Hodgkin lymphoma, unspecified, lymph nodes of head, face, and neck
C81.92	Hodgkin lymphoma, unspecified, intrathoracic lymph nodes
C81.93	Hodgkin lymphoma, unspecified, intra-abdominal lymph nodes
C81.94	Hodgkin lymphoma, unspecified, lymph nodes of axilla and upper limb
C81.95	Hodgkin lymphoma, unspecified, lymph nodes of inguinal region and lower limb
C81.96	Hodgkin lymphoma, unspecified, intrapelvic lymph nodes
C81.97	Hodgkin lymphoma, unspecified, spleen
C81.98	Hodgkin lymphoma, unspecified, lymph nodes of multiple sites
C81.99	Hodgkin lymphoma, unspecified, extranodal and solid organ sites
C82	FOLLICULAR LYMPHOMA
C82.0	Follicular lymphoma grade I
C82.00	Follicular lymphoma grade I, unspecified site
C82.01	Follicular lymphoma grade I, lymph nodes of head, face, and neck
C82.02	Follicular lymphoma grade I, intrathoracic lymph nodes
C82.03	Follicular lymphoma grade I, intra-abdominal lymph nodes
C82.04	Follicular lymphoma grade I, lymph nodes of axilla and upper limb
C82.05	Follicular lymphoma grade I, lymph nodes of inguinal region and lower limb
C82.06	Follicular lymphoma grade I, intrapelvic lymph nodes
C82.07	Follicular lymphoma grade I, spleen
C82.08	Follicular lymphoma grade I, lymph nodes of multiple sites
C82.09	Follicular lymphoma grade I, extranodal and solid organ sites
C82.1	Follicular lymphoma grade II
C82.10	Follicular lymphoma grade II, unspecified site
C82.11	Follicular lymphoma grade II, lymph nodes of head, face, and neck
C82.12	Follicular lymphoma grade II, intrathoracic lymph nodes
C82.13	Follicular lymphoma grade II, intra-abdominal lymph nodes
C82.14	Follicular lymphoma grade II, lymph nodes of axilla and upper limb
C82.15	Follicular lymphoma grade II, lymph nodes of inguinal region and lower limb
C82.16	Follicular lymphoma grade II, intrapelvic lymph nodes

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CODE	NAME
C82.17	Follicular lymphoma grade II, spleen
C82.18	Follicular lymphoma grade II, lymph nodes of multiple sites
C82.19	Follicular lymphoma grade II, extranodal and solid organ sites
C82.2	Follicular lymphoma grade III, unspecified
C82.20	Follicular lymphoma grade III, unspecified, unspecified site
C82.21	Follicular lymphoma grade III, unspecified, lymph nodes of head, face, and neck
C82.22	Follicular lymphoma grade III, unspecified, intrathoracic lymph nodes
C82.23	Follicular lymphoma grade III, unspecified, intra-abdominal lymph nodes
C82.24	Follicular lymphoma grade III, unspecified, lymph nodes of axilla and upper limb
C82.25	Follicular lymphoma grade III, unspecified, lymph nodes of inguinal region and lower limb
C82.26	Follicular lymphoma grade III, unspecified, intrapelvic lymph nodes
C82.27	Follicular lymphoma grade III, unspecified, spleen
C82.28	Follicular lymphoma grade III, unspecified, lymph nodes of multiple sites
C82.29	Follicular lymphoma grade III, unspecified, extranodal and solid organ sites
C82.3	Follicular lymphoma grade IIIa
C82.30	Follicular lymphoma grade IIIa, unspecified site
C82.31	Follicular lymphoma grade IIIa, lymph nodes of head, face, and neck
C82.32	Follicular lymphoma grade IIIa, intrathoracic lymph nodes
C82.33	Follicular lymphoma grade IIIa, intra-abdominal lymph nodes
C82.34	Follicular lymphoma grade IIIa, lymph nodes of axilla and upper limb
C82.35	Follicular lymphoma grade IIIa, lymph nodes of inguinal region and lower limb
C82.36	Follicular lymphoma grade IIIa, intrapelvic lymph nodes
C82.37	Follicular lymphoma grade IIIa, spleen
C82.38	Follicular lymphoma grade IIIa, lymph nodes of multiple sites
C82.39	Follicular lymphoma grade IIIa, extranodal and solid organ sites
C82.4	Follicular lymphoma grade IIIb
C82.40	Follicular lymphoma grade IIIb, unspecified site
C82.41	Follicular lymphoma grade IIIb, lymph nodes of head, face, and neck
C82.42	Follicular lymphoma grade IIIb, intrathoracic lymph nodes
C82.43	Follicular lymphoma grade IIIb, intra-abdominal lymph nodes
C82.44	Follicular lymphoma grade IIIb, lymph nodes of axilla and upper limb
C82.45	Follicular lymphoma grade IIIb, lymph nodes of inguinal region and lower limb
C82.46	Follicular lymphoma grade IIIb, intrapelvic lymph nodes
C82.47	Follicular lymphoma grade IIIb, spleen
C82.48	Follicular lymphoma grade IIIb, lymph nodes of multiple sites
C82.49	Follicular lymphoma grade IIIb, extranodal and solid organ sites
C82.5	Diffuse follicle center lymphoma
C82.50	Diffuse follicle center lymphoma, unspecified site
C82.51	Diffuse follicle center lymphoma, lymph nodes of head, face, and neck
C82.52	Diffuse follicle center lymphoma, intrathoracic lymph nodes
C82.53	Diffuse follicle center lymphoma, intra-abdominal lymph nodes
C82.54	Diffuse follicle center lymphoma, lymph nodes of axilla and upper limb
C82.55	Diffuse follicle center lymphoma, lymph nodes of inguinal region and lower limb
C82.56	Diffuse follicle center lymphoma, intrapelvic lymph nodes

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CODE	NAME
C82.57	Diffuse follicle center lymphoma, spleen
C82.58	Diffuse follicle center lymphoma, lymph nodes of multiple sites
C82.59	Diffuse follicle center lymphoma, extranodal and solid organ sites
C82.6	Cutaneous follicle center lymphoma
C82.60	Cutaneous follicle center lymphoma, unspecified site
C82.61	Cutaneous follicle center lymphoma, lymph nodes of head, face, and neck
C82.62	Cutaneous follicle center lymphoma, intrathoracic lymph nodes
C82.63	Cutaneous follicle center lymphoma, intra-abdominal lymph nodes
C82.64	Cutaneous follicle center lymphoma, lymph nodes of axilla and upper limb
C82.65	Cutaneous follicle center lymphoma, lymph nodes of inguinal region and lower limb
C82.66	Cutaneous follicle center lymphoma, intrapelvic lymph nodes
C82.67	Cutaneous follicle center lymphoma, spleen
C82.68	Cutaneous follicle center lymphoma, lymph nodes of multiple sites
C82.69	Cutaneous follicle center lymphoma, extranodal and solid organ sites
C82.8	Other types of follicular lymphoma
C82.80	Other types of follicular lymphoma, unspecified site
C82.81	Other types of follicular lymphoma, lymph nodes of head, face, and neck
C82.82	Other types of follicular lymphoma, intrathoracic lymph nodes
C82.83	Other types of follicular lymphoma, intra-abdominal lymph nodes
C82.84	Other types of follicular lymphoma, lymph nodes of axilla and upper limb
C82.85	Other types of follicular lymphoma, lymph nodes of inguinal region and lower limb
C82.86	Other types of follicular lymphoma, intrapelvic lymph nodes
C82.87	Other types of follicular lymphoma, spleen
C82.88	Other types of follicular lymphoma, lymph nodes of multiple sites
C82.89	Other types of follicular lymphoma, extranodal and solid organ sites
C82.9	Follicular lymphoma, unspecified
C82.90	Follicular lymphoma, unspecified, unspecified site
C82.91	Follicular lymphoma, unspecified, lymph nodes of head, face, and neck
C82.92	Follicular lymphoma, unspecified, intrathoracic lymph nodes
C82.93	Follicular lymphoma, unspecified, intra-abdominal lymph nodes
C82.94	Follicular lymphoma, unspecified, lymph nodes of axilla and upper limb
C82.95	Follicular lymphoma, unspecified, lymph nodes of inguinal region and lower limb
C82.96	Follicular lymphoma, unspecified, intrapelvic lymph nodes
C82.97	Follicular lymphoma, unspecified, spleen
C82.98	Follicular lymphoma, unspecified, lymph nodes of multiple sites
C82.99	Follicular lymphoma, unspecified, extranodal and solid organ sites
C83	NON-FOLLICULAR LYMPHOMA
C83.0	Small cell B-cell lymphoma
C83.00	Small cell B-cell lymphoma, unspecified site
C83.01	Small cell B-cell lymphoma, lymph nodes of head, face, and neck
C83.02	Small cell B-cell lymphoma, intrathoracic lymph nodes
C83.03	Small cell B-cell lymphoma, intra-abdominal lymph nodes
C83.04	Small cell B-cell lymphoma, lymph nodes of axilla and upper limb
C83.05	Small cell B-cell lymphoma, lymph nodes of inguinal region and lower limb

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CODE	NAME
C83.06	Small cell B-cell lymphoma, intrapelvic lymph nodes
C83.07	Small cell B-cell lymphoma, spleen
C83.08	Small cell B-cell lymphoma, lymph nodes of multiple sites
C83.09	Small cell B-cell lymphoma, extranodal and solid organ sites
C83.1	Mantle cell lymphoma
C83.10	Mantle cell lymphoma, unspecified site
C83.11	Mantle cell lymphoma, lymph nodes of head, face, and neck
C83.12	Mantle cell lymphoma, intrathoracic lymph nodes
C83.13	Mantle cell lymphoma, intra-abdominal lymph nodes
C83.14	Mantle cell lymphoma, lymph nodes of axilla and upper limb
C83.15	Mantle cell lymphoma, lymph nodes of inguinal region and lower limb
C83.16	Mantle cell lymphoma, intrapelvic lymph nodes
C83.17	Mantle cell lymphoma, spleen
C83.18	Mantle cell lymphoma, lymph nodes of multiple sites
C83.19	Mantle cell lymphoma, extranodal and solid organ sites
C83.3	Diffuse large B-cell lymphoma
C83.30	Diffuse large B-cell lymphoma, unspecified site
C83.31	Diffuse large B-cell lymphoma, lymph nodes of head, face, and neck
C83.32	Diffuse large B-cell lymphoma, intrathoracic lymph nodes
C83.33	Diffuse large B-cell lymphoma, intra-abdominal lymph nodes
C83.34	Diffuse large B-cell lymphoma, lymph nodes of axilla and upper limb
C83.35	Diffuse large B-cell lymphoma, lymph nodes of inguinal region and lower limb
C83.36	Diffuse large B-cell lymphoma, intrapelvic lymph nodes
C83.37	Diffuse large B-cell lymphoma, spleen
C83.38	Diffuse large B-cell lymphoma, lymph nodes of multiple sites
C83.39	Diffuse large B-cell lymphoma, extranodal and solid organ sites
C83.5	Lymphoblastic (diffuse) lymphoma
C83.50	Lymphoblastic (diffuse) lymphoma, unspecified site
C83.51	Lymphoblastic (diffuse) lymphoma, lymph nodes of head, face, and neck
C83.52	Lymphoblastic (diffuse) lymphoma, intrathoracic lymph nodes
C83.53	Lymphoblastic (diffuse) lymphoma, intra-abdominal lymph nodes
C83.54	Lymphoblastic (diffuse) lymphoma, lymph nodes of axilla and upper limb
C83.55	Lymphoblastic (diffuse) lymphoma, lymph nodes of inguinal region and lower limb
C83.56	Lymphoblastic (diffuse) lymphoma, intrapelvic lymph nodes
C83.57	Lymphoblastic (diffuse) lymphoma, spleen
C83.58	Lymphoblastic (diffuse) lymphoma, lymph nodes of multiple sites
C83.59	Lymphoblastic (diffuse) lymphoma, extranodal and solid organ sites
C83.7	Burkitt lymphoma
C83.70	Burkitt lymphoma, unspecified site
C83.71	Burkitt lymphoma, lymph nodes of head, face, and neck
C83.72	Burkitt lymphoma, intrathoracic lymph nodes
C83.73	Burkitt lymphoma, intra-abdominal lymph nodes
C83.74	Burkitt lymphoma, lymph nodes of axilla and upper limb
C83.75	Burkitt lymphoma, lymph nodes of inguinal region and lower limb

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CODE	NAME
C83.76	Burkitt lymphoma, intrapelvic lymph nodes
C83.77	Burkitt lymphoma, spleen
C83.78	Burkitt lymphoma, lymph nodes of multiple sites
C83.79	Burkitt lymphoma, extranodal and solid organ sites
C83.8	Other non-follicular lymphoma
C83.80	Other non-follicular lymphoma, unspecified site
C83.81	Other non-follicular lymphoma, lymph nodes of head, face, and neck
C83.82	Other non-follicular lymphoma, intrathoracic lymph nodes
C83.83	Other non-follicular lymphoma, intra-abdominal lymph nodes
C83.84	Other non-follicular lymphoma, lymph nodes of axilla and upper limb
C83.85	Other non-follicular lymphoma, lymph nodes of inguinal region and lower limb
C83.86	Other non-follicular lymphoma, intrapelvic lymph nodes
C83.87	Other non-follicular lymphoma, spleen
C83.88	Other non-follicular lymphoma, lymph nodes of multiple sites
C83.89	Other non-follicular lymphoma, extranodal and solid organ sites
C83.9	Non-follicular (diffuse) lymphoma, unspecified
C83.90	Non-follicular (diffuse) lymphoma, unspecified, unspecified site
C83.91	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of head, face, and neck
C83.92	Non-follicular (diffuse) lymphoma, unspecified, intrathoracic lymph nodes
C83.93	Non-follicular (diffuse) lymphoma, unspecified, intra-abdominal lymph nodes
C83.94	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of axilla and upper limb
C83.95	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of inguinal region and lower limb
C83.96	Non-follicular (diffuse) lymphoma, unspecified, intrapelvic lymph nodes
C83.97	Non-follicular (diffuse) lymphoma, unspecified, spleen
C83.98	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of multiple sites
C83.99	Non-follicular (diffuse) lymphoma, unspecified, extranodal and solid organ sites
C84	MATURE T/NK-CELL LYMPHOMAS
C84.0	Mycosis fungoides
C84.00	Mycosis fungoides, unspecified site
C84.01	Mycosis fungoides, lymph nodes of head, face, and neck
C84.02	Mycosis fungoides, intrathoracic lymph nodes
C84.03	Mycosis fungoides, intra-abdominal lymph nodes
C84.04	Mycosis fungoides, lymph nodes of axilla and upper limb
C84.05	Mycosis fungoides, lymph nodes of inguinal region and lower limb
C84.06	Mycosis fungoides, intrapelvic lymph nodes
C84.07	Mycosis fungoides, spleen
C84.08	Mycosis fungoides, lymph nodes of multiple sites
C84.09	Mycosis fungoides, extranodal and solid organ sites
C84.1	Sezary's disease
C84.10	Sezary disease, unspecified site
C84.11	Sezary disease, lymph nodes of head, face, and neck
C84.12	Sezary disease, intrathoracic lymph nodes
C84.13	Sezary disease, intra-abdominal lymph nodes
C84.14	Sezary disease, lymph nodes of axilla and upper limb

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CODE	NAME
C84.15	Sezary disease, lymph nodes of inguinal region and lower limb
C84.16	Sezary disease, intrapelvic lymph nodes
C84.17	Sezary disease, spleen
C84.18	Sezary disease, lymph nodes of multiple sites
C84.19	Sezary disease, extranodal and solid organ sites
C84.4	Peripheral T-cell lymphoma, not classified
C84.40	Peripheral T-cell lymphoma, not classified, unspecified site
C84.41	Peripheral T-cell lymphoma, not classified, lymph nodes of head, face, and neck
C84.42	Peripheral T-cell lymphoma, not classified, intrathoracic lymph nodes
C84.43	Peripheral T-cell lymphoma, not classified, intra-abdominal lymph nodes
C84.44	Peripheral T-cell lymphoma, not classified, lymph nodes of axilla and upper limb
C84.45	Peripheral T-cell lymphoma, not classified, lymph nodes of inguinal region and lower limb
C84.46	Peripheral T-cell lymphoma, not classified, intrapelvic lymph nodes
C84.47	Peripheral T-cell lymphoma, not classified, spleen
C84.48	Peripheral T-cell lymphoma, not classified, lymph nodes of multiple sites
C84.49	Peripheral T-cell lymphoma, not classified, extranodal and solid organ sites
C84.6	Anaplastic large cell lymphoma, ALK-positive
C84.60	Anaplastic large cell lymphoma, ALK-positive, unspecified site
C84.61	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of head, face, and neck
C84.62	Anaplastic large cell lymphoma, ALK-positive, intrathoracic lymph nodes
C84.63	Anaplastic large cell lymphoma, ALK-positive, intra-abdominal lymph nodes
C84.64	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of axilla and upper limb
C84.65	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of inguinal region and lower limb
C84.66	Anaplastic large cell lymphoma, ALK-positive, intrapelvic lymph nodes
C84.67	Anaplastic large cell lymphoma, ALK-positive, spleen
C84.68	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of multiple sites
C84.69	Anaplastic large cell lymphoma, ALK-positive, extranodal and solid organ sites
C84.7	Anaplastic large cell lymphoma, ALK-negative
C84.70	Anaplastic large cell lymphoma, ALK-negative, unspecified site
C84.71	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of head, face, and neck
C84.72	Anaplastic large cell lymphoma, ALK-negative, intrathoracic lymph nodes
C84.73	Anaplastic large cell lymphoma, ALK-negative, intra-abdominal lymph nodes
C84.74	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of axilla and upper limb
C84.75	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of inguinal region and lower limb
C84.76	Anaplastic large cell lymphoma, ALK-negative, intrapelvic lymph nodes
C84.77	Anaplastic large cell lymphoma, ALK-negative, spleen
C84.78	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of multiple sites
C84.79	Anaplastic large cell lymphoma, ALK-negative, extranodal and solid organ sites
C84.9	Mature T/NK-cell lymphomas, unspecified
C84.90	Mature T/NK-cell lymphomas, unspecified, unspecified site
C84.91	Mature T/NK-cell lymphomas, unspecified, lymph nodes of head, face, and neck
C84.92	Mature T/NK-cell lymphomas, unspecified, intrathoracic lymph nodes
C84.93	Mature T/NK-cell lymphomas, unspecified, intra-abdominal lymph nodes
C84.94	Mature T/NK-cell lymphomas, unspecified, lymph nodes of axilla and upper limb

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CODE	NAME
C84.95	Mature T/NK-cell lymphomas, unspecified, lymph nodes of inguinal region and lower limb
C84.96	Mature T/NK-cell lymphomas, unspecified, intrapelvic lymph nodes
C84.97	Mature T/NK-cell lymphomas, unspecified, spleen
C84.98	Mature T/NK-cell lymphomas, unspecified, lymph nodes of multiple sites
C84.99	Mature T/NK-cell lymphomas, unspecified, extranodal and solid organ sites
C84.A	Cutaneous T-cell lymphoma, unspecified
C84.A0	Cutaneous T-cell lymphoma, unspecified, unspecified site
C84.A1	Cutaneous T-cell lymphoma, unspecified lymph nodes of head, face, and neck
C84.A2	Cutaneous T-cell lymphoma, unspecified, intrathoracic lymph nodes
C84.A3	Cutaneous T-cell lymphoma, unspecified, intra-abdominal lymph nodes
C84.A4	Cutaneous T-cell lymphoma, unspecified, lymph nodes of axilla and upper limb
C84.A5	Cutaneous T-cell lymphoma, unspecified, lymph nodes of inguinal region and lower limb
C84.A6	Cutaneous T-cell lymphoma, unspecified, intrapelvic lymph nodes
C84.A7	Cutaneous T-cell lymphoma, unspecified, spleen
C84.A8	Cutaneous T-cell lymphoma, unspecified, lymph nodes of multiple sites
C84.A9	Cutaneous T-cell lymphoma, unspecified, extranodal and solid organ sites
C84.Z	Other mature T/NK-cell lymphomas
C84.Z0	Other mature T/NK-cell lymphomas, unspecified site
C84.Z1	Other mature T/NK-cell lymphomas, lymph nodes of head, face, and neck
C84.Z2	Other mature T/NK-cell lymphomas, intrathoracic lymph nodes
C84.Z3	Other mature T/NK-cell lymphomas, intra-abdominal lymph nodes
C84.Z4	Other mature T/NK-cell lymphomas, lymph nodes of axilla and upper limb
C84.Z5	Other mature T/NK-cell lymphomas, lymph nodes of inguinal region and lower limb
C84.Z6	Other mature T/NK-cell lymphomas, intrapelvic lymph nodes
C84.Z7	Other mature T/NK-cell lymphomas, spleen
C84.Z8	Other mature T/NK-cell lymphomas, lymph nodes of multiple sites
C84.Z9	Other mature T/NK-cell lymphomas, extranodal and solid organ sites
C85	OTHER SPECIFIED AND UNSPECIFIED TYPES OF NON- HODGKIN LYMPHOMA
C85.1	B-cell lymphoma, unspecified
C85.10	Unspecified B-cell lymphoma, unspecified site
C85.11	Unspecified B-cell lymphoma, lymph nodes of head, face, and neck
C85.12	Unspecified B-cell lymphoma, intrathoracic lymph nodes
C85.13	Unspecified B-cell lymphoma, intra-abdominal lymph nodes
C85.14	Unspecified B-cell lymphoma, lymph nodes of axilla and upper limb
C85.15	Unspecified B-cell lymphoma, lymph nodes of inguinal region and lower limb
C85.16	Unspecified B-cell lymphoma, intrapelvic lymph nodes
C85.17	Unspecified B-cell lymphoma, spleen
C85.18	Unspecified B-cell lymphoma, lymph nodes of multiple sites
C85.19	Unspecified B-cell lymphoma, extranodal and solid organ sites
C85.2	Mediastinal (thymic) large B-cell lymphoma
C85.20	Mediastinal (thymic) large B-cell lymphoma, unspecified site
C85.21	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of head, face, and neck
C85.22	Mediastinal (thymic) large B-cell lymphoma, intrathoracic lymph nodes
C85.23	Mediastinal (thymic) large B-cell lymphoma, intra-abdominal lymph nodes

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CODE	NAME
C85.24	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of axilla and upper limb
C85.25	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of inguinal region and lower limb
C85.26	Mediastinal (thymic) large B-cell lymphoma, intrapelvic lymph nodes
C85.27	Mediastinal (thymic) large B-cell lymphoma, spleen
C85.28	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of multiple sites
C85.29	Mediastinal (thymic) large B-cell lymphoma, extranodal and solid organ sites
C85.8	Other specified types of non-Hodgkin lymphoma
C85.80	Other specified types of non-Hodgkin lymphoma, unspecified site
C85.81	Other specified types of non-Hodgkin lymphoma, lymph nodes of head, face, and neck
C85.82	Other specified types of non-Hodgkin lymphoma, intrathoracic lymph nodes
C85.83	Other specified types of non-Hodgkin lymphoma, intra-abdominal lymph nodes
C85.84	Other specified types of non-Hodgkin lymphoma, lymph nodes of axilla and upper limb
C85.85	Other specified types of non-Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C85.86	Other specified types of non-Hodgkin lymphoma, intrapelvic lymph nodes
C85.87	Other specified types of non-Hodgkin lymphoma, spleen
C85.88	Other specified types of non-Hodgkin lymphoma, lymph nodes of multiple sites
C85.89	Other specified types of non-Hodgkin lymphoma, extranodal and solid organ sites
C85.9	Non-Hodgkin lymphoma, unspecified
C85.90	Non-Hodgkin lymphoma, unspecified site
C85.91	Non-Hodgkin lymphoma, lymph nodes of head, face, and neck
C85.92	Non-Hodgkin lymphoma, intrathoracic lymph nodes
C85.93	Non-Hodgkin lymphoma, intra-abdominal lymph nodes
C85.94	Non-Hodgkin lymphoma, lymph nodes of axilla and upper limb
C85.95	Non-Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C85.96	Non-Hodgkin lymphoma, intrapelvic lymph nodes
C85.97	Non-Hodgkin lymphoma, spleen
C85.98	Non-Hodgkin lymphoma, lymph nodes of multiple sites
C85.99	Non-Hodgkin lymphoma, extranodal and solid organ sites
C86	OTHER SPECIFIED TYPES OF T/NK-CELL LYMPHOMA
C86.0	Extranodal NK/T-cell lymphoma, nasal type
C86.1	Hepatosplenic T-cell lymphoma
C86.2	Enteropathy-type (intestinal) T-cell lymphoma
C86.3	Subcutaneous panniculitis-like T-cell lymphoma
C86.4	Blastic NK-cell lymphoma
C86.5	Angioimmunoblastic T-cell lymphoma
C86.6	Primary cutaneous CD30-positive T-cell proliferation
C88	MALIGNANT IMMUNOPROLIFERATIVE DISEASES AND CERTAIN OTHER B-CELL LYMPHOMAS
C88.0	Waldenstrom's macroglobulinemia
C88.2	Heavy chain disease
C88.3	Immunoproliferative small intestinal diseases
C88.4	Extranodal marginal zone B-cell lymphoma of mucosa-associated lymphoid tissue [MALT-lymphoma]
C88.8	Other malignant immunoproliferative diseases
C88.9	Malignant immunoproliferative disease, unspecified
C90	MULTIPLE MYELOMA AND MALIGNANT PLASMA CELL NEOPLASMS

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CODE	NAME
C90.0	Multiple myeloma
C90.00	Multiple myeloma not having achieved remission
C90.01	Multiple myeloma in remission
C90.02	Multiple myeloma in relapse
C90.1	Plasma cell leukemia
C90.10	Plasma cell leukemia not having achieved remission
C90.11	Plasma cell leukemia in remission
C90.12	Plasma cell leukemia in relapse
C90.2	Extramedullary plasmacytoma
C90.20	Extramedullary plasmacytoma not having achieved remission
C90.21	Extramedullary plasmacytoma in remission
C90.22	Extramedullary plasmacytoma in relapse
C90.3	Solitary plasmacytoma
C90.30	Solitary plasmacytoma not having achieved remission
C90.31	Solitary plasmacytoma in remission
C90.32	Solitary plasmacytoma in relapse
C91	LYMPHOID LEUKEMIA
C91.0	Acute lymphoblastic leukemia [ALL]
C91.00	Acute lymphoblastic leukemia not having achieved remission
C91.01	Acute lymphoblastic leukemia, in remission
C91.02	Acute lymphoblastic leukemia, in relapse
C91.1	Chronic lymphocytic leukemia of B-cell type
C91.10	Chronic lymphocytic leukemia of B-cell type not having achieved remission
C91.11	Chronic lymphocytic leukemia of B-cell type in remission
C91.12	Chronic lymphocytic leukemia of B-cell type in relapse
C91.3	Prolymphocytic leukemia of B-cell type
C91.30	Prolymphocytic leukemia of B-cell type not having achieved remission
C91.31	Prolymphocytic leukemia of B-cell type, in remission
C91.32	Prolymphocytic leukemia of B –cell type, in relapse
C91.4	Hairy cell leukemia
C91.40	Hairy cell leukemia not having achieved remission
C91.41	Hairy cell leukemia, in remission
C91.42	Hairy cell leukemia, in relapse
C91.5	Adult T-cell lymphoma/leukemia (HTLV-1 associated) Prolymphocytic leukemia of T-cell type
C91.50	Adult T-cell lymphoma/leukemia (HTLV-1-associated) not having achieved remission
C91.51	Adult T-cell lymphoma/leukemia (HTLV-1-associated) in remission
C91.52	Adult T-cell lymphoma/leukemia (HTLV-1-associated) in relapse
C91.6	Prolymphocytic leukemia of T-cell type
C91.60	Prolymphocytic leukemia of T-cell type not having achieved remission
C91.61	Prolymphocytic leukemia of T-cell type, in remission
C91.62	Prolymphocytic leukemia of T –cell type, in relapse
C91.9	Lymphoid leukemia, unspecified
C91.90	Lymphoid leukemia, unspecified not having achieved remission
C91.91	Lymphoid leukemia, unspecified, in remission

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CODE	NAME
C91.92	Lymphoid leukemia, unspecified, in relapse
C91.A	Mature B-cell leukemia Burkitt-type
C91.A0	Mature B-cell leukemia Burkitt-type not having achieved remission
C91.A1	Mature B-cell leukemia Burkitt-type, in remission
C91.A2	Mature B-cell leukemia Burkitt-type, in relapse
C91.Z	Other lymphoid leukemia
C91.Z0	Other lymphoid leukemia not having achieved remission
C91.Z1	Other lymphoid leukemia, in remission
C91.Z2	Other lymphoid leukemia, in relapse
C92	MYELOID LEUKEMIA
C92.0	Acute myeloblastic leukemia
C92.00	Acute myeloblastic leukemia, not having achieved remission
C92.01	Acute myeloblastic leukemia, in remission
C92.02	Acute myeloblastic leukemia, in relapse
C92.1	Chronic myeloid leukemia, BCR/ABL-positive
C92.10	Chronic myeloid leukemia, BCR/ABL-positive, not having achieved remission
C92.11	Chronic myeloid leukemia, BCR/ABL-positive, in remission
C92.12	Chronic myeloid leukemia, BCR/ABL-positive, in relapse
C92.2	Atypical chronic myeloid leukemia, BCR/ABL-negative
C92.20	Atypical chronic myeloid leukemia, BCR/ABL-negative not having achieved remission
C92.21	Atypical chronic myeloid leukemia, BCR/ABL-negative, in remission
C92.22	Atypical chronic myeloid leukemia, BCR/ABL-negative, in relapse
C92.3	Myeloid sarcoma
C92.30	Myeloid sarcoma, not having achieved remission
C92.31	Myeloid sarcoma, in remission
C92.32	Myeloid sarcoma, in relapse
C92.4	Acute promyelocytic leukemia
C92.40	Acute promyelocytic leukemia, not having achieved remission
C92.41	Acute promyelocytic leukemia, in remission
C92.42	Acute promyelocytic leukemia, in relapse
C92.5	Acute myelomonocytic leukemia
C92.50	Acute myelomonocytic leukemia, not having achieved remission
C92.51	Acute myelomonocytic in remission
C92.52	Acute myelomonocytic in relapse
C92.6	Acute myeloid leukemia with 11q23 abnormality
C92.60	Acute myeloid leukemia with 11q23 abnormality not having achieved remission
C92.61	Acute myeloid leukemia with 11q23 abnormality in remission
C92.62	Acute myeloid leukemia with 11q23 abnormality in relapse
C92.9	Myeloid leukemia, unspecified
C92.90	Myeloid leukemia, unspecified, not having achieved remission
C92.91	Myeloid leukemia, unspecified in remission
C92.92	Myeloid leukemia, unspecified in relapse
C92.A	Acute myeloid leukemia with multilineage dysplasia
C92.A0	Acute myeloid leukemia with multilineage dysplasia not having achieved remission

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CODE	NAME
C92.A1	Acute myeloid leukemia with multilineage dysplasia, in remission
C92.A2	Acute myeloid leukemia with multilineage dysplasia, in relapse
C92.Z	Other myeloid leukemia
C92.Z0	Other myeloid leukemia not having achieved remission
C92.Z1	Other myeloid leukemia, in remission
C92.Z2	Other myeloid leukemia, in relapse
C93	MONOCYTIC LEUKEMIA
C93.0	Acute monoblastic/monocytic leukemia
C93.00	Acute monoblastic/monocytic leukemia, not having achieved remission
C93.01	Acute monoblastic/monocytic leukemia, in remission
C93.02	Acute monoblastic/monocytic leukemia, in relapse
C93.1	Chronic myelomonocytic leukemia
C93.10	Chronic myelomonocytic leukemia not having achieved remission
C93.11	Chronic myelomonocytic leukemia, in remission
C93.12	Chronic myelomonocytic leukemia, in relapse
C93.3	Juvenile myelomonocytic leukemia
C93.30	Juvenile myelomonocytic leukemia not having achieved remission
C93.31	Juvenile myelomonocytic leukemia, in remission
C93.32	Juvenile myelomonocytic leukemia, in relapse
C93.9	Monocytic leukemia, unspecified
C93.90	Monocytic leukemia, unspecified, not having achieved remission
C93.91	Monocytic leukemia, unspecified in remission
C93.92	Monocytic leukemia, unspecified in relapse
C93.Z	Other monocytic leukemia
C93.Z0	Other monocytic leukemia, not having achieved remission
C93.Z1	Other monocytic leukemia in remission
C93.Z2	Other monocytic leukemia in relapse
C94	OTHER LEUKEMIAS OF SPECIFIED CELL TYPE
C94.0	Acute erythroid leukemia
C94.00	Acute erythroid leukemia, not having achieved remission
C94.01	Acute erythroid leukemia, in remission
C94.02	Acute erythroid leukemia, in relapse
C94.2	Acute megakaryoblastic leukemia
C94.20	Acute megakaryoblastic leukemia not having achieved remission
C94.21	Acute megakaryoblastic leukemia, in remission
C94.22	Acute megakaryoblastic leukemia, in relapse
C94.3	Mast cell leukemia
C94.30	Mast cell leukemia not having achieved remission
C94.31	Mast cell leukemia, in remission
C94.32	Mast cell leukemia, in relapse
C94.4	Acute panmyelosis with myelofibrosis
C94.40	Acute panmyelosis with myelofibrosis not having achieved remission
C94.41	Acute panmyelosis with myelofibrosis, in remission
C94.42	Acute panmyelosis with myelofibrosis, in relapse

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CODE	NAME
C94.6	Myelodysplastic disease, not classified
C94.8	Other specified leukemias
C94.80	Other specified leukemias not having achieved remission
C94.81	Other specified leukemias, in remission
C94.82	Other specified leukemias, in relapse
C95	LEUKEMIA OF UNSPECIFIED CELL TYPE
C95.0	Acute leukemia of unspecified cell type
C95.00	Acute leukemia of unspecified cell type not having achieved remission
C95.01	Acute leukemia of unspecified cell type, in remission
C95.02	Acute leukemia of unspecified cell type, in relapse
C95.1	Chronic leukemia of unspecified cell type
C95.10	Chronic leukemia of unspecified cell type not having achieved remission
C95.11	Chronic leukemia of unspecified cell type, in remission
C95.12	Chronic leukemia of unspecified cell type, in relapse
C95.9	Leukemia, unspecified
C95.90	Leukemia, unspecified not having achieved remission
C95.91	Leukemia, unspecified, in remission
C95.92	Leukemia, unspecified, in relapse
C96	OTHER AND UNSPECIFIED MALIGNANT NEOPLASMS OF LYMPHOID, HEMATOPOIETIC AND RELATED TISSUE
C96.0	Multifocal and multisystemic (disseminated) Langerhans-cell histiocytosis
C96.2	Malignant mast cell neoplasm
C96.20	Malignant mast cell neoplasm, unspecified
C96.21	Aggressive systemic mastocytosis
C96.22	Mast cell sarcoma
C96.29	Other malignant cell neoplasm
C96.4	Sarcoma of dendritic cells (accessory cells) Malignant neoplasm of lymphoid, hematopoietic and related tissue, unspecified
C96.5	Multifocal and unisystemic Langerhans-cell histiocytosis
C96.6	Unifocal Langerhans-cell histiocytosis
C96.9	Malignant neoplasm of lymphoid, hematopoietic and related tissue, unspecified
C96.A	Histiocytic sarcoma
C96.Z	Other specified malignant neoplasms of lymphoid, hematopoietic and related tissue
D00	CARCINOMA IN SITU OF ORAL CAVITY, ESOPHAGUS AND STOMACH
D00.0	Carcinoma in situ of lip, oral cavity and pharynx
D00.00	Carcinoma in situ of oral cavity, unspecified site
D00.01	Carcinoma in situ of labial mucosa and vermilion border
D00.02	Carcinoma in situ of buccal mucosa
D00.03	Carcinoma in situ of gingiva and edentulous alveolar ridge
D00.04	Carcinoma in situ of soft palate
D00.05	Carcinoma in situ of hard palate
D00.06	Carcinoma in situ of floor of mouth
D00.07	Carcinoma in situ of tongue
D00.08	Carcinoma in situ of pharynx
D00.1	Carcinoma in situ of esophagus

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CODE	NAME
D00.2	Carcinoma in situ of stomach
D01	CARCINOMA IN SITU OF OTHER AND UNSPECIFIED DIGESTIVE ORGANS
D01.0	Carcinoma in situ of colon
D01.1	Carcinoma in situ of rectosigmoid junction
D01.2	Carcinoma in situ of rectum
D01.3	Carcinoma in situ of anus and anal canal
D01.4	Carcinoma in situ of other and unspecified parts of intestine
D01.40	Carcinoma in situ of unspecified part of intestine
D01.49	Carcinoma in situ of other parts of intestine
D01.5	Carcinoma in situ of liver, gallbladder and bile ducts
D01.7	Carcinoma in situ of other specified digestive organs
D01.9	Carcinoma in situ of digestive organ, unspecified
D02	CARCINOMA IN SITU OF MIDDLE EAR AND RESPIRATORY SYSTEM
D02.0	Carcinoma in situ of larynx
D02.1	Carcinoma in situ of trachea
D02.2	Carcinoma in situ of bronchus and lung
D02.20	Carcinoma in situ of unspecified bronchus and lung
D02.21	Carcinoma in situ of right bronchus and lung
D02.22	Carcinoma in situ of left bronchus and lung
D02.3	Carcinoma in situ of other parts of respiratory system
D02.4	Carcinoma in situ of respiratory system, unspecified
D03	MELANOMA IN SITU
D03.0	Melanoma in situ of lip
D03.1	Melanoma in situ of eyelid, including canthus
D03.10	Melanoma in situ of unspecified eyelid, including canthus
D03.11	Melanoma in situ of right eyelid, including canthus
D03.111	Melanoma in situ of right upper eyelid, including canthus
D03.112	Melanoma in situ of right lower eyelid, including canthus
D03.12	Melanoma in situ of left eyelid, including canthus
D03.121	Melanoma in situ of left upper eyelid, including canthus
D03.122	Melanoma in situ of left lower eyelid, including canthus
D03.2	Melanoma in situ of ear and external auricular canal
D03.20	Melanoma in situ of unspecified ear and external auricular canal
D03.21	Melanoma in situ of right ear and external auricular canal
D03.22	Melanoma in situ of left ear and external auricular canal
D03.3	Melanoma in situ of other and unspecified parts of face
D03.30	Melanoma in situ of unspecified part of face
D03.39	Melanoma in situ of other parts of face
D03.4	Melanoma in situ of scalp and neck
D03.5	Melanoma in situ of trunk
D03.51	Melanoma in situ of anal skin
D03.52	Melanoma in situ of breast (skin) (soft tissue)
D03.59	Melanoma in situ of other part of trunk
D03.6	Melanoma in situ of upper limb, including shoulder

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CODE	NAME
D03.60	Melanoma in situ of unspecified upper limb, including shoulder
D03.61	Melanoma in situ of right upper limb, including shoulder
D03.62	Melanoma in situ of left upper limb, including shoulder
D03.7	Melanoma in situ of lower limb, including hip
D03.70	Melanoma in situ of unspecified lower limb, including hip
D03.71	Melanoma in situ of right lower limb, including hip
D03.72	Melanoma in situ of left lower limb, including hip
D03.8	Melanoma in situ of other sites
D03.9	Melanoma in situ, unspecified
D05	CARCINOMA IN SITU OF BREAST
D05.0	Lobular carcinoma in situ of breast
D05.00	Lobular carcinoma in situ of unspecified breast
D05.01	Lobular carcinoma in situ of right breast
D05.02	Lobular carcinoma in situ of left breast
D05.1	Intraductal carcinoma in situ of breast
D05.10	Intraductal carcinoma in situ of unspecified breast
D05.11	Intraductal carcinoma in situ of right breast
D05.12	Intraductal carcinoma in situ of left breast
D05.8	Other specified type of carcinoma in situ of breast
D05.80	Other specified type of carcinoma in situ of unspecified breast
D05.81	Other specified type of carcinoma in situ of right breast
D05.82	Other specified type of carcinoma in situ of left breast
D05.9	Unspecified type of carcinoma in situ of breast
D05.90	Unspecified type of carcinoma in situ of unspecified breast
D05.91	Unspecified type of carcinoma in situ of right breast
D05.92	Unspecified type of carcinoma in situ of left breast
D07	CARCINOMA IN SITU OF OTHER AND UNSPECIFIED GENITAL ORGANS
D07.0	Carcinoma in situ of endometrium
D07.1	Carcinoma in situ of vulva
D07.2	Carcinoma in situ of vagina
D07.3	Carcinoma in situ of other and unspecified female genital organs
D07.30	Carcinoma in situ of unspecified female genital organs
D07.39	Carcinoma in situ of other female genital organs
D07.4	Carcinoma in situ of penis
D07.6	Carcinoma in situ of other and unspecified male genital organs
D07.60	Carcinoma in situ of unspecified male genital organs
D07.61	Carcinoma in situ of scrotum
D07.69	Carcinoma in situ of other male genital organs
D09	CARCINOMA IN SITU OF OTHER AND UNSPECIFIED SITES
D09.0	Carcinoma in situ of bladder
D09.1	Carcinoma in situ of other and unspecified urinary organs
D09.10	Carcinoma in situ of unspecified urinary organ
D09.19	Carcinoma in situ of other urinary organs
D09.2	Carcinoma in situ of eye

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CODE	NAME
D09.20	Carcinoma in situ of unspecified eye
D09.21	Carcinoma in situ of right eye
D09.22	Carcinoma in situ of left eye
D09.3	Carcinoma in situ of thyroid and other endocrine glands
D09.8	Carcinoma in situ of other specified sites
D09.9	Carcinoma in situ, unspecified
D18.02	Hemangioma of intracranial structures
D32	BENIGN NEOPLASM OF MENINGES
D32.0	Benign neoplasm of cerebral meninges
D32.1	Benign neoplasm of spinal meninges
D32.9	Benign neoplasm of meninges, unspecified
D33	BENIGN NEOPLASM OF BRAIN AND OTHER PARTS OF CENTRAL NERVOUS SYSTEM
D33.0	Benign neoplasm of brain, supratentorial
D33.1	Benign neoplasm of brain, infratentorial
D33.2	Benign neoplasm of brain, unspecified
D33.3	Benign neoplasm of cranial nerves
D33.4	Benign neoplasm of spinal cord
D33.7	Benign neoplasm of other specified parts of central nervous system
D33.9	Benign neoplasm of central nervous system, unspecified
D35.00	Benign neoplasm of adrenal gland – pheochromocytoma, medullary paraganglioma, chromaffin tumor/paraganglioma
D35.01	Benign neoplasm of adrenal gland – pheochromocytoma, medullary paraganglioma, chromaffin tumor/paraganglioma
D35.02	Benign neoplasm of adrenal gland – pheochromocytoma, medullary paraganglioma, chromaffin tumor/paraganglioma
D35.2	Benign neoplasm of pituitary gland
D35.3	Benign neoplasm of craniopharyngeal duct
D35.4	Benign neoplasm of pineal gland
D42	NEOPLASM OF UNCERTAIN BEHAVIOR OF MENINGES
D42.0	Neoplasm of uncertain behavior of cerebral meninges
D42.1	Neoplasm of uncertain behavior of spinal meninges
D42.9	Neoplasm of uncertain behavior of meninges, unspecified
D43	NEOPLASM OF UNCERTAIN BEHAVIOR OF BRAIN AND CENTRAL NERVOUS SYSTEM
D43.0	Neoplasm of uncertain behavior of brain, supratentorial
D43.1	Neoplasm of uncertain behavior of brain, infratentorial
D43.2	Neoplasm of uncertain behavior of brain, unspecified
D43.3	Neoplasm of uncertain behavior of cranial nerves
D43.4	Neoplasm of uncertain behavior of spinal cord
D43.8	Neoplasm of uncertain behavior of other specified parts of central nervous system
D43.9	Neoplasm of uncertain behavior of central nervous system, unspecified
D44.3	Neoplasm of uncertain behavior of pituitary gland
D44.4	Neoplasm of uncertain behavior of craniopharyngeal duct
D44.5	Neoplasm of uncertain behavior of pineal gland
D45	POLYCYTHEMIA VERA
D46	MYELODYSPLASTIC SYNDROMES
D46.0	Refractory anemia without ring sideroblasts, so stated
D46.1	Refractory anemia with ring sideroblasts

Appendix O – Detailed ICD-10-CM CaseFinding List – 10/1/2021 forward
See Section I for Details on Required Reportable Neoplasms

CODE	NAME
D46.2	Refractory anemia with excess blasts
D46.20	Refractory anemia with excess of blasts, unspecified
D46.21	Refractory anemia with excess of blasts 1
D46.22	Refractory anemia with excess of blasts 2
D46.4	Refractory anemia, unspecified
D46.9	Myelodysplastic syndrome, unspecified
D46.A	Refractory cytopenia with multilineage dysplasia
D46.B	Refractory cytopenia with multilineage dysplasia and ring sideroblasts
D46.C	Myelodysplastic syndrome with isolated del (5q) chromosomal abnormality
D46.Z	Other myelodysplastic syndromes
D47.02	Systemic mastocytosis
D47.1	Chronic myeloproliferative disease
D47.3	Essential (hemorrhagic) thrombocythemia
D47.4	Osteomyelofibrosis
D47.9	Neoplasm of uncertain behavior of lymphoid, hematopoietic and related tissue, unspecified
D47.Z	Other specified neoplasm of uncertain behavior of lymphoid, hematopoietic and related tissue
D47.Z1	Post-transplant lymphoproliferative disorder (PTLD)
D47.Z9	Other specified neoplasms of uncertain behavior of lymphoid, hematopoietic and related tissue
D49.6	Neoplasm of unspecified behavior of brain
D49.7	Neoplasm of unspecified behavior of endocrine glands and other parts of nervous system
D72.110	Idiopathic hypereosinophilic syndrome [HES]
D72.111	Lymphocytic Variant Hypereosinophilic Syndrome [LHES]
D72.118	Other hypereosinophilic syndrome
D72.119	Hypereosinophilic syndrome [HES], unspecified
R90.0	Intracranial space-occupying lesion found on diagnostic imaging of CNS

Appendix P

2023 Resources for Registrars

APPENDIX P – REFERENCES AND RESOURCES FOR REGISTRARS – updated March 1, 2023

2023 References and Resources for Cancer Registrar		
<u>2023 REQUIRED References</u>	Web Address For Source	Notes
2023 FCDS Data Acquisition Manual (DAM)	http://www.fcds.med.miami.edu/inc/DAM.shtml	Details cancer data reporting guidelines and casefinding mechanisms for identifying reportable cancers.
2023 Casefinding List of ICD-10-CM Required Codes	http://www.fcds.med.miami.edu/inc/DAM.shtml	ICD-10-CM for 2023 Casefinding - General Range and Individual Code Lists are available in the FCDS DAM
2018 Solid Tumors MPH Rules, 2023 Update	https://seer.cancer.gov/tools/solidtumor/	On the home page click on “Information for Cancer Registrars”, Solid Tumor Rules
2021 Heme/Lymph Neoplasm MPH Rules PLUS Interactive Online Heme/Lymph Database for Coding	http://seer.cancer.gov/seertools/hemelymph/	On the home page click on “Information for Cancer Registrars”, Hematopoietic & Lymphoid Neoplasm Project
ICD-O-3.2 2023 Updates and Coding Materials Also See 2023 FCDS DAM for ICD-O-3 2023 Updates	https://seer.cancer.gov/icd-o-3/	On the home page click “Data Collection Tools”, Errata and Clarifications”.
IACR/WHO Master Histology/Behavior – ICD-O-3.2	http://www.iacr.com.fr/index.php?option=com_content&view=article&id=149:icd-o-3-2&catid=80&Itemid=545	Histology Code/Behavior Master List, 2023
Site-Specific Data Items Manual (SSDI Manual), SSDI Coding Instructions, and SSDI Coding Application, v3	https://apps.naaccr.org/ssdi/list/	SSDI Manual, v3
2018 Grade Manual, Grade Coding Instructions and Tables, and Grade Coding Application, v3.0	https://apps.naaccr.org/ssdi/list/	Grade Coding Manual, v2.1
SEER Summary Staging Manual 2018 v3.0	http://seer.cancer.gov/tools/ssm/	SEER Summary Staging Manual, v3.0
SEER *Rx – Online Interactive Drug Database	http://seer.cancer.gov/seertools/seerrx/	A one-step lookup for coding oncology drug and regimen treatment categories in cancer registries
Collaborative Stage Data Collection System – v02.05 Part I Reference for Site-Specific Factor Coding ONLY.	http://www.cancerstaging.org/cstage	Collaborative Stage Data Collection System is no longer supported or in use in the United States beginning 1/1/2016. Used for Cases Dx 2004-2015
SEER*RSA (Registry Staging Assistant)	https://seer.cancer.gov/tools/staging/rsa.html	Assistance and Testing for Cancer Staging; Collaborative Stage Data Collection Summary Stage 2018 SEER EOD – Extent of Disease ALL SSDIs – ALL Grade Items
Brain & CNS Tumor Reporting	http://www.cdc.gov/cancer/npcr/training	Brain Tumor Registry Reporting Materials
TEXT DOCUMENTATION	http://www.cancerregistryeducation.org/rr	Free Download – NCRA Informational Abstracts – Guidelines for Text Documentation by Cancer Site

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Online Help For Abstracting Questions		
Ask a SEER Registrar/SEER Inquiry System	FCDS will not accept answers from SING or Ask SEER. Answers must be in published format from a standard manual such as the SEER Coding & Staging Manual	Only Published Manuals are used to validate answers per FCDS Policy. FCDS does not allow interim answers from any bulletin board sites (SEER or CoC).
CAnswer Forum (Interactive Q&A Bulletin Board)	FCDS will not accept answers from CAnswer Forum. Answers must be in published format from a standard manual such as the CoC STORE Manual	Only Published Manuals are used to validate answers per FCDS Policy. FCDS does not allow interim answers from any bulletin board sites (SEER or CoC).

Newsletters	Web Address	Notes
FCDS Memo	http://www.fcds.med.miami.edu/inc/publications.shtml	Florida Cancer Data System Memo written for registrars
FCRA Sun Times Newsletter	http://www.fcra.org/	Florida Cancer Registrars Association quarterly newsletter
COC Source	https://www.facs.org/publications/newsletters/coc-source	Commission on Cancer's newsletter.
CAnswer Forum	FCDS will not accept answers from CAnswer Forum	Only Published Manuals have valid answers per FCDS Policy
Ask a SEER Registrar and SING	FCDS will not accept answers from SING or Ask SEER	Only Published Manuals have valid answers per FCDS Policy
The CoC Brief	http://www.multibriefs.com/briefs/acsorg/	Multi-Briefs for American College of Surgeons/CoC
The NAACCR Narrative	http://www.naacr.org/AboutNAACCR/Newsletter.aspx	Newsletter for Central Cancer Registries in North America
NCRA News NCRA Connection The Journal of Registry Management	http://www.ncra-usa.org	NCRA Newsletter and Peer-Review Journal

APPENDIX P – REFERENCES AND RESOURCES FOR REGISTRARS – updated March 1, 2023

2023 References and Resources for Cancer Registrars		
Education and Training Resources		
FLccSC	Florida’s Online Learning Management System – Fundamental Learning Collaborative for the Cancer Surveillance Community (FLccSC)	https://fcds.med.miami.edu/inc/flccsc.shtml
FCDS Continuing Education Webcast Series, NAACCR Series, FCDS Annual Conference	Recorded Webcasts, Webinars, Conferences and any associated background materials, exercises, quizzes	https://fcds.med.miami.edu/inc/flccsc.shtml
SEER Self-Instruction Training Website	SEER’s Self-Paced Instruction and Training Website	http://training.seer.cancer.gov/
SEER*Educate	Online Training Platform for Cancer Registrars	https://educate.fherc.org/LandingPage.aspx
SEER Self-Instructional Training Resources	Solid Tumor Rules Training Glossary for Registrars Hematopoietic and Lymphoid Neoplasms Training SEER Self-Instructional Manuals for Tumor Registrars	http://seer.cancer.gov/training/
NCRA Education and Training	NCRA Annual Conference, CTR Exam Preparation materials, Recorded Webinars, Continuing Education including NCRA Center for Cancer Registry Education	http://www.ncra-usa.org http://www.cancerregistryeducation.org
CTR Examination Resources	NCRA Council on Certification	http://www.ctrexam.org and http://www.ctrexam.org/resources/
NAACCR Registrar Training Guide (2020)	51-week guide for training new registrars	https://www.naacr.org/wp-content/uploads/2020/05/Registry-Training-Guide-1.pdf
Understanding Central Cancer Registries	Self-paced self-instruction for central registries	https://education.naacr.org/products/understanding-central-cancer-registries
AJCC TNM Education and Training	Self-Instruction Modules for AJCC TNM Training Recorded Resources for AJCC TNM Training	https://cancerstaging.org/CSE/Registrar/Pages/8thEditionWebinars.aspx https://cancerstaging.org/CSE/Registrar/Pages/default.aspx
NAACCR Education and Training	NAACCR Annual Conference, Monthly NAACCR Cancer Surveillance Webinar Series, CTR Exam Preparation Webinar Series, Continuing Education	http://www.naacr.org
American Cancer Society	Learn About Cancer and Various Cancer Topics	http://www.cancer.org/cancer/index
National Cancer Institute	Understanding Cancer Series (also in Spanish)	http://www.cancer.gov/ http://www.cancer.gov/about-cancer/what-is-cancer http://www.cancer.gov/espanol/cancer/que-es
National Comprehensive Cancer Network (NCCN)	Treatment Guidelines by Cancer Site	http://www.nccn.org/

APPENDIX P – REFERENCES AND RESOURCES FOR REGISTRARS – updated March 1, 2023

2023 References and Resources for Cancer Registrars	
2023 Casefinding/Reportable List	<ul style="list-style-type: none"> ➤ 2023 FCDS Data Acquisition Manual (FCDS DAM) is the Primary Reference for Florida Requirements ➤ SEER Website – Resources for Registrars – Casefinding – FCDS Does Not Use Supplemental List
2023 Coding Manual and Instructions	<ul style="list-style-type: none"> ➤ 2023 FCDS Data Acquisition Manual (FCDS DAM) is the Primary Reference for Florida Requirements ➤ 2023 CoC Standards for Oncology Registry Entry (CoC STORE) - https://www.facs.org/quality-programs/cancer/ncdb/registrymanuals/cocmanuals ➤ 2023 SEER Coding and Staging Manual - http://seer.cancer.gov/tools/codingmanuals/
2018 Solid Tumor Rules, 2023 Update	➤ MPH Rules and Database – Solid Tumors https://seer.cancer.gov/tools/solidtumor/
2018 Hematopoietic Database, current online version	➤ MPH Rules and Database – Heme/Lymph Neoplasms http://seer.cancer.gov/seertools/hemelymph/
ICD-O-3.2 Primary Site/Histology Codes – IACR/WHO	<ul style="list-style-type: none"> ➤ https://seer.cancer.gov/icd-o-3/ ➤ ICD-O-3.2 Updates (2023 WHO) – Histology Master List and Synonyms – All Histology Codes ➤ Download the Master ICD-O-3.2 Histology Code and Behavior List from IACR/WHO at http://www.iacr.com.fr/index.php?option=com_content&view=article&id=149:icd-o-3-2&catid=80&Itemid=545 ➤ Hematopoietic Database for all codes 9590-9993 – includes rules and instructions for use
2018 Grade Manual and Coding Instructions, v3	➤ https://apps.naaccr.org/ssdi/list/
Site-Specific Data Items Manual (SSDI Manual), v3	➤ https://apps.naaccr.org/ssdi/list/
AJCC Cancer Staging Manual 8 th Edition – not required	➤ http://www.springer.com/medicine
SS2018 Manual – v3	➤ http://seer.cancer.gov/tools/ssm/
SEER *Rx – Online Interactive Drug Database, current	➤ http://seer.cancer.gov/seertools/seerrx/
Internet Access to Online Resources	<ul style="list-style-type: none"> ▪ http://fcds.med.miami.edu/inc/whatsnew.shtml ▪ http://www.facs.org/cancer ▪ http://www.cancerstaging.org/ ▪ http://seer.cancer.gov/tools/mphrules ▪ http://seer.cancer.gov/tools/seerrx ▪ http://seer.cancer.gov/tools/heme ▪ http://www.ncra-usa.org ▪ http://www.naaccr.org ▪ http://who.int/classifications/icd/adaptations/oncology/en
TEXTBOOK: Cancer Registry Management – Principles and Practice for Hospitals and Central Registries, 4 th edition	➤ ISBN 978-0-7575-6900-5 (order your copy at http://ncra-usa.org/ or http://www.kendallhunt.com)
National Cancer Institute	➤ http://www.cancer.gov
Centers for Disease Control and Prevention	➤ http://www.cdc.gov/cancer
American Cancer Society	➤ http://www.cancer.org
Cancer Staging	➤ http://www.cancerstaging.org
NCCN	➤ http://nccn.org/
ASCO	➤ http://asco.org/

APPENDIX P – REFERENCES AND RESOURCES FOR REGISTRARS – updated March 1, 2023

Recommended Training Resources for New Registrars

FCDS has put together a listing of available Training Resources for New Registrars while we continue to work on updating our Abstracting Basics Course for the 2023 Standards. We hope this will help new registrars with reliable training resources and help along with the FCDS ABC Course Outline to cover the primary topics necessary to learn how to abstract and to understand the basics of what it takes to become a Cancer Registrar.

FCDS has never been in the business of training registrars to become CTRs. We primarily focus on training abstractors how to abstract cases from medical record source data and to code the abstracted data according to national data standards. It is normal to become confused and overwhelmed by the manuals, instructions, websites, and basic cancer information available.

Moreover, becoming a CTR requires additional training including but not limited to a thorough knowledge of the contents of the TEXTBOOK: *Cancer Registry Management – Principles and Practice for Hospitals and Central Registries, 4th edition*. ISBN 978-1-7329178-3-5 (order at <https://www.ncra-usa.org/About/Store/Store-Professional-Resources/BKctl/ViewDetails/SKU/NCRCRMtXbK4ED>)

We hope this listing of available training resources will be of help in getting new registrars started. This is a complicated field and requires knowledge of many resources and manuals.

NAACCR also offers a FREE Cancer Registrar Training Guide on their Website that provides a 51-week guide to learning all things Cancer Registry Related including a Progress Tracking Form. Becoming a Cancer Registrar and becoming a Certified Tumor Registrar (CTR) is a lengthy process. You must be patient and thorough in your training and learning. Take your time. Most registrars recognize that it takes a good 2 years before you even know what you don't know. Then another 3 years to become proficient in the tools and resources required to work.

The NAACCR Cancer Registrar Training Guide, v4 was published in 2020 and is available at <https://www.naaccr.org/wp-content/uploads/2020/05/Registry-Training-Guide-1.pdf>

Recommended Resources for New Abstractor Training:

- **NCRA Accredited Cancer Certificate and/or Degree Programs** - <https://www.ncra-usa.org/About/Become-a-Cancer-Registrar>
- See FCDS DAM Section I – Required and Recommended Desktop References
- See Appendix P – Registry Resources
- See FLccSC Learning Management System and FCDS IDEA for Access to Recordings
- NEED ACCESS TO ALL 2023 Manuals, Tools and Guidelines/Instructions – Appendix P and <https://www.naaccr.org/v22referencepage/>
- SEER Site-Specific Modules and Self-Instructional Training - <https://seer.cancer.gov/training/>
- NPCR NETS Modules – available on FLccSC
- NAACCR Cancer Registrar Training Guide - <https://www.naaccr.org/wp-content/uploads/2020/05/Registry-Training-Guide-1.pdf>
- Outline of FCDS Abstracting Basics Course – Appendix P
- NCRA offers basic courses, webinars, and CTR Exam Prep – <http://www.ncra-usa.org>
- NCRA also hosts ways to become a cancer registrar and becoming a CTR – <http://www.cancerregistryeducation.org/become-a-cancer-registrar/>
- 2023 SEER Tools – SEER*Rx, SEER*Heme Rules and Database, SEER*RSA, SEER Solid Tumor Rules, Casefinding Lists and much more available on the SEER Website @ <http://seer.cancer.gov>.

APPENDIX P – REFERENCES AND RESOURCES FOR REGISTRARS – updated March 1, 2023

- SEER*Educate - <https://educate.fredhutch.org/LandingPage.aspx>
- 2023 FCDS Data Acquisition Manual - <https://fcds.med.miami.edu/inc/downloads.shtml>
- 2023 FCDS Webcast Series - <https://fcds.med.miami.edu/inc/educationtraining.shtml>
- FCDS Learning Management System – FLccSC - <https://fcds.med.miami.edu/inc/flccsc.shtml>
- 2023 NAACCR Webinar Series - https://fcds.med.miami.edu/scripts/naaccr_webinar.pl
- 2023 NAACCR CTR Exam Prep and Review Webinar Series - <https://education.naaccr.org/ctr>
- American Cancer Society has cancer-specific educational materials in their Cancer A-Z Series - <https://www.cancer.org/cancer.html>
- National Cancer Institute has a TON of information – start here with the About Cancer Series – then go to specific cancer types to reinforce topics and concepts - <https://www.cancer.gov/about-cancer>
- AJCC has basic AJCC TNM Training – we won't teach this, anyway – <https://cancerstaging.org/>
- Registry Software Vendors also provide training on their products and sometimes on cancer registration
- Finding a Mentor thru NCRA or FCRA may be another avenue – but, all of the above are useful resources for education/training

REQUIRED DESKTOP REFERENCES

REQUIRED REFERENCE	ORDERING INFORMATION
Current FCDS <i>Data Acquisition Manual, 2023</i>	FCDS, Florida Cancer Data System PO Box 016960 (D4-11) Miami, FL 33101 http://fcds.med.miami.edu/inc/downloads.shtml
FCDS IDEA – FCDS Secure Web-Based Software to abstract cases, upload batched cases, access FLccSC, QC Review, Audits	https://fcds.med.miami.edu/inc/welcome.shtml
FLccSC Learning Management System FCDS Abstractor Code Test, FCDS Continuing Education Webcast Series, NAACCR Webinar Recordings, FCDS Annual Conference, etc.	https://fcds.med.miami.edu/inc/flccsc.shtml
FCDSv23 EDITS Metafile	https://fcds.med.miami.edu/inc/downloads.shtml
2023 Instructional Manuals/Guidelines	https://www.naaccr.org/v22referencepage/
Current <i>Solid Tumor Manual, 2023 Update</i>	http://seer.cancer.gov/registrars
Current <i>Grade Coding Manual, v3</i>	https://apps.naaccr.org/ssdi/list/
Current <i>Site-Specific Data Items Manual, v3</i>	https://apps.naaccr.org/ssdi/list/
Current SEER Site/Histology Validation List	https://seer.cancer.gov/icd-o-3/

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Current SEER Summary Stage Manual, v3.0	https://seer.cancer.gov/tools/ssm/
Current SEER RSA – Registrar Staging Assistant – online staging assistant	https://staging.seer.cancer.gov/
Current SEER*Rx – Interactive Drug Database	https://seer.cancer.gov/seertools/seerrx/
Current Hematopoietic and Lymphoid Neoplasm Case Reportability and Coding Manual and Hematopoietic Database (desktop or web-based versions available), 2023	https://seer.cancer.gov/seertools/hemelymph/
Current NAACCR ICD-O-3 Coding Guidelines – Annotated Histology List	https://www.naaccr.org/icdo3/
<i>ICD-O-3.2 Excel Table</i> downloaded from the IACR/WHO Website	Downloadable Excel File Version of ICD-O-3.2 http://www.iacr.com.fr/index.php?option=com_content&view=article&id=149:icd-o-3-2&catid=80&Itemid=545
<i>International Classification of Diseases for Oncology, 3rd ed. Geneva, World Health Organization: 2000</i>	The World Health Organization WHO Publications Center USA; 49 Sheridan Avenue; Albany, NY 12210 ISBN 9241545348 Order Number 11503350 http://www.who.int/classifications/icd/en/index.html

RECOMMENDED DESK REFERENCES

RECOMMENDED BOOK	ORDERING INFORMATION
<i>2023 CoC STORE Manual - CoC Standards for Oncology Registry Entry</i>	American College of Surgeons (ACS) 55 East Erie Street Chicago, IL 60611-2797 https://www.facs.org/quality-programs/cancer/ncdb/call-for-data/cocmanuals
<i>2023 SEER Program Code Manual</i>	National Cancer Institute Publications Ordering Service P.O. Box 24128, Baltimore, MD 21227, 301-330-7968 https://seer.cancer.gov/tools/codingmanuals/
<i>Cancer Registry Management Principles and Practice for Hospitals and Central Registries, 4th Edition, 2021</i>	National Cancer Registrars Association https://www.ncra-usa.org/About/Store/Store-Professional-Resources/BKctl/ViewDetails/SKU/NCRCRMTXBK4ED ISBN 978-1-7329178-3-5

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<p>NAACCR <i>Standards for Cancer Registries Volume II: Data Standards and Data Dictionary</i>, current edition (v23)</p>	<p>North American Association of Central Cancer Registries, Inc. (NAACCR) 2121 West White Oaks Drive, Suite B Springfield, Illinois 62704-7412 Phone: (217) 698-0800 Fax: (217) 698-0188 http://www.naaccr.org</p>
<p>EDITS Software – EditWriter 5 and GenEdits5 Install EditWRiter5 and the GenEdits5 Edit Engine to enable yourself and staff to read standard EDITS Logic used in your registry</p>	<p>https://www.cdc.gov/cancer/npcr/tools/edits/edits50.htm</p>
<p>NAACCR v23 EDITS Metafile</p>	<p>https://www.naaccr.org/standard-data-edits/</p>
<p>FCDS v23 EDITS Metafile</p>	<p>https://fcds.med.miami.edu/inc/downloads.shtml</p>
<p><i>Cancer Principles and Practice of Oncology</i>, 10th edition</p>	<p>Lippincott Williams & Wilkins Publishers 227 East Washington Square Philadelphia, PA 19106-3780 ISBN-10: 1451192940 ISBN-13: 9781451192940</p>
<p><i>American Cancer Society Textbook of Clinical Oncology</i></p>	<p>American Cancer Society Vermont Division, Inc. 13 Loomis Street Montpelier, VT 05602 http://www.cancer.org ISBN-13: 978-0944235072 ISBN-10: 0944235077</p>
<p><i>CA: A Cancer Journal for Clinicians</i></p>	<p>Lippincott Williams & Wilkins Publishers P.O. Box 1600 Hagerstown, MD 21741-9910 301-223-2300 (Voice) http://caonline.amcancersoc.org/</p>
<p><i>CDC Data Collection of Primary Central Nervous System Tumors, National Program of Cancer Registries Training Materials</i>, 2004</p>	<p>Cancer for Disease Control and Prevention (CDC) National Program of Cancer Registries 4770 Buford Hwy, NE, Mail Stop K-53 Atlanta, GA 30042 -3717 Phone: 1(888) 842-6355 Fax: (770) 488-4760 http://www.cdc.gov/cancer/npcr/training/btr/</p>
<p>AJCC Cancer Staging System Products AJCC Cancer Staging Manual, 8th ed AJCC Cancer Staging, Version 9</p>	<p>https://www.facs.org/quality-programs/cancer/ajcc/cancer-staging/manual</p>

ABC Course Revision Outline

1. Course Prerequisites – Medical Terminology, Anatomy and Physiology as Related to Cancer
2. Course Description - Goals, Expectations and Content
3. Introduction to FCDS and Overview of Cancer Reporting in Florida
4. Florida Statutes Related to Cancer Reporting Mandate
5. Cancer Registry Standards (include changes to Registry Standards)
6. Registry References Required (include staying current with References & Resources)
7. Issues of Confidentiality, Privacy and Security – HIPAA
8. FCDS Data Acquisition Manual – Every Data Item Counts
9. FCDS Policies and Procedures
10. FCDS Abstractor Code – A State Requirement for ALL Abstractors
11. FCDS Annual Reporting Deadline – June 30th Each Year
12. Types of Patients and Types of Cancers Required to be Reported
13. Types of Cancer Reporting Sources
14. Access to Patient Information and Medical Records
15. Case Identification (Casefinding) and Review for Reportability
16. Keeping a Journal of “Cases Reviewed and Found to Not Be Reportable – Reason Not Reported”
17. General Abstracting Guidelines – Active Neoplasms
18. General Abstracting Guidelines – Inactive and Historical Neoplasms
19. Florida Text Documentation Requirements
20. Date of Diagnosis – Estimating Methodology
21. Solid Tumor Rules – Single Versus Multiple Primary Cancers
22. Solid Tumor Rules – Histology Coding Rules
23. Myeloid and Lymphoid Neoplasms – Multiple Primary and Histology Coding Rules and Database
24. Benign, Borderline and Malignant Neoplasms of the Brain and Central Nervous System
25. Pediatric Cancers

ABC Course Revision Outline

26. Histology Coding Using ICD-O Historical and Current Versions
27. Tumor Marker, Immunophenotype and Molecular Genetic Testing for Histologic Classification
28. Site-Specific/Histology-Specific/Schema-Specific - The Schema ID Concept - How to Use Schema ID
29. Cancer Staging & Prognosis – Summary Stage, EOD, Collaborative Stage, and AJCC TNM Staging
30. Cancer Staging & Prognosis – Site Specific Data Items
31. Tumor Marker Testing for Cancer Treatment Planning and Follow-Up
32. Cancer Treatment – Part I – Surgery
33. Cancer Treatment – Part II – Radiation Therapy
34. Cancer Treatment – Part III – Systemic Therapy
35. Patient Tracking and Cancer Status Follow-Up
36. FCDS IDEA Secure Reporting Portal - Introduction and Features – FAA and Other User Roles
37. FCDS Data Submission/Data Transmission Instructions
38. FCDS Data Quality EDITS and Case Acceptance Policy
39. FCDS Data Processing – EDITS, Corrections, Forces (Overrides) and Deletions
40. Resubmission of Data Previously Submitted to FCDS
41. QC Review / Visual Editing of Sample of Cases
42. Data Quality Improvement Program – Edits, Audits, Visual Review
43. Annual Reporting Completeness Audits – AHCA, Vital Statistics and FAPTP
44. Annual Data Quality Audits
45. External Audits
46. FCDS Main Website
47. FCDS Education and Training Program
48. FLccSC Learning Management System
49. Data Requests and DREAMS
50. Becoming a CTR – NCRA and the CTR Examination

Appendix Q

Florida DOH Letter Outlining Florida SSN Data Collection Requirement

FCDS Frequently Asked Questions

Facility Access Administrator (FAA) and FAA Responsibilities

FCDS Profile Modification Form

FCDS Abstractor Code

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Rick Scott
Governor

John H. Armstrong, MD, FACS
State Surgeon General & Secretary

Vision: To be the Healthiest State in the Nation

To: Florida Reporting Facilities and Abstractors**RE: Patient Social Security Number – A Florida Mandated Data Item**

The Florida Department of Health would like to remind all reporting entities that a complete and accurately transcribed Social Security Number (SSN) is a required data item that **MUST** be reported to the state cancer registry, the Florida Cancer Data System (FCDS). Per Rule 64D-3, *Florida Administrative Code (F.A.C.)*, diseases or conditions of public health significance identified by the Florida Department of Health must be reported by the practitioner, hospital, laboratory, or other entity or individual, and this report must include at a minimum the patient's first and last name, including middle initial; address, including city, state, and zip code; telephone number, including area code; date of birth; sex; race; ethnicity; **social security number**; diagnosis; type of diagnostic tests; and treatment given. Cancer is a reportable disease in the state of Florida and all reportable cancers submitted to the FCDS must have a social security number (SSN).

Within the reporting entity, the appropriate assigned staff (e.g. registrar and abstractor) **MUST** have access to a complete and valid SSN for every case reported to the FCDS, regardless of cancer program affiliation, health care network policy, corporate policy or local institutional policy restricting access to these data. Reportable cancers **MUST** be submitted to the FCDS with full SSN. There are no exceptions to this reporting rule.

The number of unknown SSNs submitted to the FCDS must be kept to an absolute minimum. Partial SSN (last 4-digits or last 6-digits) and IT or billing system generated proxy SSN are not acceptable and will be rejected if uploaded to the FCDS. Operationally, the FCDS is required to match and consolidate cancer cases to accurately determine the cancer burden in the state. Cancer burden statistics disseminated from the FCDS are integral to local, state, and national cancer prevention and intervention plans.

For more information on current reporting requirements to the FCDS and specific coding instructions, please reference the Florida Cancer Data System Data Acquisition Manual (FCDS DAM). Specifically, within the 2014 FCDS DAM, Section II pages 69-70, the collection and coding of Social Security Number (SSN) is outlined.

Thank you for your continued support of Florida's statewide cancer surveillance and registry. If you should have any further questions please contact Steve Peace at 305-243-4601 or speace@med.miami.edu.

Sincerely,

A handwritten signature in black ink, appearing to read "Dongming Cui".

Dongming Cui, MD, DrPH
Cancer Registry Project Director
Bureau of Epidemiology
Division of Disease Control and Health Protection
Florida Department of Health

Florida Department of Health

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FCDS IDEA Frequently Asked Questions (FAQs)

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Frequently Asked Questions (FAQs)

FCDS IDEA User Accounts

1.) Do I need an FCDS IDEA User Account?

Yes, anyone accessing IDEA will need an FCDS IDEA User Account.

2.) How do I create an FCDS IDEA user account?

Please follow the instructions as listed below:

- a. If you have not already installed the FCDS IDEA application. Please go the FCDS website at <https://fcds.med.miami.edu/inc/tutorials.shtml> to download and install the application.
- b. Open the FCDS IDEA application
- c. Click **'Create New User/Register'** button
- d. The 'User Type Identification Screen' appears
- e. Select user role appropriate for your user account
- f. Click Continue
- g. The 'Create FCDS User Account' screen appears (**all fields with an * are required**)
 - a. Create a password
 - b. Re-enter the password to verify
 - c. Enter your email address
 - i. **Email address cannot be used with any other IDEA User Account**
 - ii. **Email address is required to receive your user information**
 - d. Re-enter your email address to verify
 - e. Select security question and answer
 - f. Complete demographic information
 - i. Name
 - ii. Complete mailing address
 - iii. Phone number/ Fax/ Alternate number
 - g. Verify your entries before clicking submit.
 - i. Once you click **Submit** an e-mail is generated and sent to your e-mail address.
 - ii. This email includes your assigned **User ID** and activation information.
 - iii. **You MUST respond to activate the user account.**
- h. Click on the link within the email to activate your account
- i. The IDEA log-in screen will appear
 - a. Input the username provided in email
 - b. Input the password you created during your account setup
- j. The 'Abstractor Attestation Details' dialog box appears if you chose 'Abstractor' as your role.
 - a. **Read the Abstractor Attestation dialog box carefully before checking the I Certify box.**
 - b. Click **Save** to complete attestation.
- k. An "abstractor" will have limited access until an FAA assigns them to a facility.

Frequently Asked Questions (FAQs)

3.) What is the procedure for lost or forgotten user id and/or password?

Access the FCDS IDEA page at <http://fcds.med.miami.edu/inc/idea.shtml#>

Click on the **User/Password Reset** button located bottom center of the login window.

The Forgot My Password dialog window will appear

Select correct button

The system will request specific information

If the information provided is correct an email will be sent for reset.

4.) Are multiple user accounts required for each facility that I am employed with?

No, a user may work for multiple facilities from one user account, by supplying specific information to the facility's Facility Access Administrator (FAA).

5.) How do I renew my FCDS User Account?

1. Log into **FCDS IDEA**
 2. Go to the **'IDEA User'** menu
 3. Select **Account Manager**
 4. You can update information as needed (**exception:** User Type)
 5. Double click in the box titled **'PASSWORD'** hit backspace and change password.
 - Select the **(?)** icon for the password requirements
 - The password must be changed to renew the user account.
 - Cannot reuse a previous password
 - The Renewal is valid for one year from the password change date.
 6. Retype the password in the box titled **'VERIFY PASSWORD'**
 7. Click on the **'SUBMIT'** button.
 8. The system will give message of successful update to user account.
- Note: System prompts for renewal beginning 30 days prior to expiration.

Frequently Asked Questions (FAQs)

Facility Access Administrator

1. Which facilities are required to establish a Facility Access Administrator (FAA)?

Every Hospital, Ambulatory Care, and Radiation Therapy facility must have an FAA.
Physicians' offices and Pathology Labs do not require an FAA.

2. Who can be a Facility Access Administrator (FAA)?

The FAA must be an employee of the facility. *Facility personnel such as the Director of Medical Records, Quality Assurance, Office Manager, etc ., can be designated as the FAA.*

A CONTRACTOR CANNOT BE THE FAA.

3. How do I apply for the FAA role?

Before registering as a FAA, an FCDS IDEA user account must be established.

Log into **FCDS IDEA**

Go to the '**IDEA User**' menu

Select '**Add Additional Role**'

Select '**Facility Access Administrator**'

Click '**add role**'

Confirm request

Select the '**File**' menu

Click '**Close All**'

The Facility Administrator Application will appear

Double click on greyed out **Facility** within the Facility table

Enter the 4-digit FCDS facility number

Select the TAB key (the table will populate with facility's information)

You will do this for each facility (if they share the same administration)

Now you will provide the Authoring Medical Facility Individual Information

This information is the person who is approving your designation as the facility's FAA.

Your information cannot substitute for the authorizing individual credentials.

Click the process button.

A PDF copy of the Facility Access Administration letter is generated.

Frequently Asked Questions (FAQs)

Print the letter

Close only the window containing the letter.

Verify all documentation has printed

Click **OK**

A notification message will display.

Copy the letter onto letterhead.

You will sign and date where indicated (your name will appear beneath the signature line)

Provide letter to the authorizing personnel to sign where indicated.

Fax the letter to FCDS at 305-243-4871.

*When the user adds the FAA role, the “**FAA User Role Assignments**” menu appears under the **IDEA User Menu**; however, it will not be active for use until the user’s FAA request has been approved.

4. How do I manage the user role assignments:

- To assign or renew users’ access you will need the individuals’ user-id and the email address associated with their user account.
- If the abstractor is currently associated with the facility, the FAA will only need to renew their access using the ‘Revoke/Renew’ tab (*see FAA User Role Assignments Instructions Renew Access, below*).

FAA User Role Assignments Instructions

Log into **FCDS IDEA**

Go to the IDEA User menu: **IDEA User**

Select FAA User Role Assignments menu (3rd Option listed)



Frequently Asked Questions (FAQs)

The Facility Assignment dialog box will appear with the Assign New User Tab view by default.

Facility Assignment FacilityAssignmentModule

Assign New User Remove / Renew Facility Users

User ID: *

Email Addr: *

Facilities: ▼

Role	Description	Assign

* Indicates a required item.

To Add User:

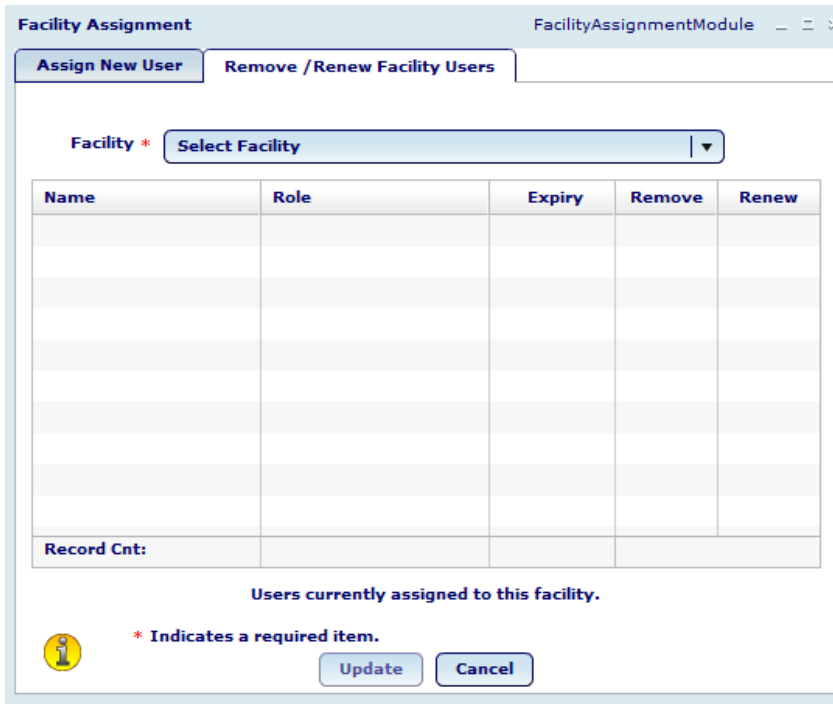
1. Select the **Assign New User Tab** (default view)
2. Provide the following information in the indicated fields:
 - User ID
 - Email Address
 - Select the facility you are adding the personnel
3. The available *assignable roles* for the user will display within the table
4. Select the **Assign** button of the role for user.
5. Select the Save button.
6. The user is now setup to begin working.

You may review the user's access status by selecting the Remove/Renew Facility Users Tab and selecting the facility.

Frequently Asked Questions (FAQs)

To **Renew** User Access :

1. Select the **Remove/ Renew User Tab**
2. The Facility Assignment dialog box will display the Remove/Renew Facility User view:



The screenshot shows a window titled "Facility Assignment" with a sub-header "FacilityAssignmentModule". It has two tabs: "Assign New User" and "Remove / Renew Facility Users". The "Remove / Renew Facility Users" tab is active. Below the tabs is a "Facility *" dropdown menu with "Select Facility" selected. Below this is a table with the following columns: "Name", "Role", "Expiry", "Remove", and "Renew". The table is currently empty. Below the table is a "Record Cnt:" label. At the bottom of the dialog, there is a message "Users currently assigned to this facility.", a help icon, and a note "* Indicates a required item." followed by "Update" and "Cancel" buttons.

3. Select the facility you are adding the personnel by clicking on the down arrow



A close-up of the "Facility *" dropdown menu, showing "Select Facility" and a downward arrow.

4. You will see all names for abstractors who currently have access to your facility including yourself.
 - You will select renew for your current users.or
 - Revoke for those no longer with your facility.
5. Select the Update button.

Your facility user role assignments are complete.

The FAA will receive an email twice a year (every six months) for verification of the facility personnel access.

FCDS FACILITY ACCESS ADMINISTRATOR (FAA)

As of January 2013, **EVERY HOSPITAL, AMBULATORY CARE FACILITY AND RADIATION THERAPY FACILITY MUST HAVE A FACILITY ACCESS ADMINISTRATOR (FAA).**

Under the new system, each facility designates one individual to be the Facility Access Administrator (FAA). This is usually the individual in charge of the cancer registry or Department of Health cancer reporting functions. The FAA will then assign facility personnel responsible for the cancer reporting (employees or contractors). The FAA will have complete oversight regarding assigning and/or un-assigning reporting personnel from the respective facility. Based on the FAA's assignment, facility reporting personnel will have limited or full access to the reporting facility(s) Protected Health Information (PHI).

The FAA must be an employee of the facility. The FAA CANNOT BE A CONTRACTOR

This process eliminates the annual requirement of mailed documentation for each facility employee. Once the FAA role is established for the facility, the FAA role remains active until FCDS is notified of a change in FAA. However, to ensure data security, the FAA must go in every 6 months to click a box verifying the existing facility personnel are still active. *It is incumbent on the FAA to keep their list of facility personnel active and current.* If an employee is no longer employed by the facility, the FAA **MUST** remove this individual immediately. If the FAA does not keep the facility access list active and current, a former employee will continue to have access to the facility data.

- **Establishing the Facility Access Administrator**
- **Management of FAA User Role Assignments**

FACILITY ACCESS ADMINISTRATOR (FAA)

ESTABLISHING THE FAA ROLE:

****Before registering as a FAA, an FCDS IDEA user account MUST be established. ****

If you have installed the FCDS IDEA app and have an FCDS IDEA User Account begin at step #10

1. All users will need to have an FCDS IDEA User Account.
2. If you have not already installed the FCDS IDEA application. Please go the FCDS website at <https://fcds.med.miami.edu/inc/tutorials.shtml> to download and install the application.
3. Open the FCDS IDEA application (*If you already have an FCDS IDEA User Account, proceed to step 10*)
4. Click 'Create New User/Register' button
5. The 'User Type Identification Screen' appears
6. Select the appropriate user role for your user account
 - a. Administrators establishing a FCDS IDEA User Account, when selecting the initial User Type Identification select the General User Role. (*If you will be abstracting cases select the Abstractor role*).
7. Click Continue
8. The 'Create FCDS User Account' screen appears (all fields with an * are required)
9. Verify your entries before clicking submit.
 - i. Once you click Submit an e-mail is generated and sent to your e-mail address.
 - ii. **This email includes your assigned User ID and activation information.**
 - iii. **You MUST respond to activate the user account.**
10. Sign into FCDS IDEA
11. Go to the 'IDEA User' menu
12. Select 'Add Additional Role'
13. Select 'Facility Access Administrator'
14. Click 'add role'
 - a. Confirm the role
15. Select the 'File' menu
16. Click 'Close All'
17. The Facility Administrator Application will appear
18. Double click on the greyed out *Facility* located under the Facility heading *within* the table
19. Enter the 4-digit FCDS facility number ([contact FCDS if you do not have this information](#))
 - a. Select the TAB key (the table will populate with facility's information)
 - b. Do this for each facility (if they share the same administration)
20. Provide the Authoring Medical Facility Individual Information:
 - a. This individual is your superior and cannot be anyone who reports to you
 - b. **CANNOT BE A CONTRACTOR**
 - c. **This information is in reference to the person who is approving your designation as the facility's FAA.**
 - d. **Your information cannot substitute for the authorizing individual credentials.**
21. Click the **process** button
22. A PDF copy of the Facility Access Administration letter is generated. (**Save copy**)
23. **Print the letter**
24. Close only the window containing the letter.
25. Verify all documentation has printed (**do not log out or close IDEA**)
 - a. A notification message will display.
 - b. Click **OK** to close the process
 - c. Copy letter onto letterhead
 - d. Sign and date where indicated (your name will appear beneath the signature line)
 - e. Provide letter to the authorizing personnel to sign where indicated.
 - f. Email signed letter, on letterhead to melissa_williams@miami.edu.

NOTE:

The documentation goes through verification; the process is completed within 24 hours (one business day).

Once the verification process is completed; the user will receive an email notification of the FAA application status.

**When the user adds the FAA role, the "FAA User Role Assignments" module appears under the IDEA User Menu; however, the module will not be active until the user has completed the FAA process.*

FACILITY ACCESS ADMINISTRATOR (FAA)

MANAGEMENT OF FAA USER ROLE ASSIGNMENTS

Management of User Role Assignments (Initial Set-up)

- Sign into FCDS IDEA
- Go to the **IDEA User** menu
- Select **FAA User Role Assignments** menu.
- Select the **Renew/Revoke Facility** Tab
- Clicking on the **down arrow**, select facility.
- Personnel with access to the facility's data including yourself will be displayed.
- Select **Renew** button to renew facility access for each abstractor listed.
- Select **Revoke** button to remove users no longer associated with the facility.
- Select the **Update** button and the process is completed.

** To review updated status, click the down arrow and select facility.*

To Assign NEW Users

Select the **Assign New User** Tab

Provide the following in the indicated fields:

- **User ID**
- **Email Address** (*on the user account*)
- Clicking on the **down arrow**, select facility
- Select the **Assign button** for the access (*Hosp Entry¹ or Hosp Admin²*) you would like to assign the user.

¹*Hosp Entry* access allows case-finding and abstracting.

²*Hosp Admin* access includes the Hosp Entry access and access to reports.

Renewal of User Role Assignments

- Select the **Renew/Revoke Facility Tab** to renew facility access for abstractor.
- Clicking on the down arrow, select facility.
- The user's access is now reset for 6 months from date of renewal.
- Select the Update button and the process is completed.

FCDS PROFILE MODIFICATION FORM

The following sections of instruction are for the completion and processing of the FCDS Profile Modification Form.

The form is available in the following formats:

- Adobe Acrobat (.pdf) - online
- Word (.doc) - by request

The FCDS Profile Modification Form is required to add a facility/profile or make changes to an existing facility/profile.

To navigate through the form use the **Tab** key.

NOTE: In PDF, each field within the document is highlighted. Move the pointer over the field for quick instructions to display.

Complete each field using the guidelines as listed below.

Today's Date:

Enter the date in the **MM/DD/YYYY** format

Facility Name:

Enter the Name (Name of facility, individual, or type). This is a limited entry field, when necessary abbreviate (i.e., Center (CTR), Medical (MED), etc)

Process Request:

ADD – To add a facility or profile

UPDATE - To update an existing facility or profile.

- **In Adobe Acrobat Format:** Select the applicable button to **ADD or UPDATE** the facility (.pdf)
- **In Word Format:** Select from the drop down menu to **ADD or UPDATE** the facility profile (.doc)

Facility Type:

Select Facility type from the drop down menu

AHCA# (up to 10 digits)

The **Agency for Health Care Administration (AHCA) ID** is the Identification number assigned by AHCA to all facilities with the **exception of Radiation Therapy Centers**.

This number can be up to 10 digits .

CLIA# (10 digits: ex. 10D9999999)

(Required field for Laboratories)

The **Clinical Laboratory Improvement Amendment (CLIA) ID** is the Identification number assigned by **Centers for Disease Control and Prevention, Division of Laboratory Science and Standards** to all laboratory facilities nationally.

NPI# (10 digits)

National Provider Identifier (NPI): Please use the NPI associated with the facility/organization.

FCDS PROFILE MODIFICATION FORM

FCDS Facility # (4-digits)

If adding a facility leave field blank.

Once a **new** facility/profile is processed the facility will be assigned a FCDS facility number.
This information will be forwarded to the facility contact.

Option: (Required field)

Select appropriate option from the pull down list.

Reference the OPTION CODES Chart list below, to complete this section.

OPTION CODES

<u>Option Code</u>	<u>Facility Type</u>
0	Rural Hospital or Hospital with <35 cases per year
2	Incidence Only Hospital · Using Contract Services
3	Incidence Only Hospital · Using in House Personnel
4	Full Registry Hospital · Using in House Personnel
5	Full Registry Hospital · Using Contract Services
6	VA Hospital
7	Military Hospital
8	Psychiatric Hospital
A	Physician Offices with <35 cases per year
B	Dermatology BCC or SCC only
C	Closed Facility – (enter date of closure in the notes field)
D	Death Certificate Only
F	FCDS – Staff Members
H	County Health Department
L	Free - Standing Pathology Labs
M	Contractors
O	2 nd Opinion Labs
P	MOH's
R	Free - Standing Radiation Therapy Centers
S	Free - Standing Ambulatory Surgery Centers
T	Free - Standing Ambulatory Surgery Centers <35 cases per year
V	Vendors
W	Pathology Lab Vendors
X	Courtesy
Y	Out of State
Z	Physician Office Death Certificate Follow-Back Process

FCDS PROFILE MODIFICATION FORM

FCDS Profile Information:

- This section contains all of the contact information as it pertains to the facility.
- Please complete each section.
- The credentials field is a limited entry field, please abbreviate all credentials (i.e., Batchelors of Arts Degree (BA), Certified Tumor Registrar (CTR), etc.

Notes: Enter any additional information in reference to the profile.

Complete and Submit:

To complete the form type your complete name in field indicated, enter date in field indicated, save the document, and select the submit button to send the document to the FCDS for processing (via email).

Alternate submission option: The form may also be printed and faxed to FCDS for processing at 305-243-4871.

FCDS PROFILE MODIFICATION FORM

TO ADD: (NEW Facility) • Please complete each section of form to add a facility. • Select ADD in the Process Request Field. • AHCA#, CLIA#, or NPI# can be obtain from administrative or business office.		TO UPDATE: (EXISTING Facility) • Complete the Date, Profile Name and the section(s) that requires update. • Select UPDATE in the Process Request Field.	
Today's Date (MM/DD/YYYY):	Profile Name: (Facility Name)		
Process Request: <div style="display: flex; justify-content: space-around;"> ADD (New) UPDATE (Existing) </div>	Select Facility Type:		
AHCA ID#:	CLIA#: (PATH LABS ONLY)	NPI#:	
FCDS Facility #: (LEAVE BLANK IF ADDING FACILITY)	Option:	Date Facility Close (MM/DD/YYYY):	
<u>PROFILE INFORMATION</u>			
Facility Contact:			
Last Name:	First Name:	Credentials:	
Title:			
Mailing Address: (Address, City, ST and Zip Code)			
Phone Number:	Fax Number:	Contact Email Address:	
Administrator:			
Last Name:	First Name:	Credentials:	
Administrator Email Address:			
Title:			
Physical Address: (Address, City, ST, and Zip Code)	Phone Number:	Fax Number:	
NOTES: (Type additional information below)			
Completed By:			
		Date:	
FCDS ONLY:			
Processed By:		Date Processed:	

SUBMIT

Appendix R

FCDS ADOPTED ICD-O-3.2 in 2018 NAACCR ADOPTED ICD-O-3.2 in 2020

Included in this Appendix are the Histology Code Updates for 2023
2023 Updates must be used with the 2021 & 2022 Updates from the 2021 & 2022 FCDS DAM.

The WHO is the organization responsible for the structure, format, coding rules and guidelines as well as the anatomical topography (primary site), histology, and behavior codes as published in the *International Classification of Diseases for Oncology*.

The printed ICD-O-3 purple book is very much out of date. However, the Introduction and Basic Instructions as well as all Topography Codes are Still Valid and Can Be Used.

Please use the ICD-O-3.2 Master Histology List and the Solid Tumor Rules (current edition) and the Hematopoietic Database from SEER (online interactive) to correctly assign histology and behavior codes for all cancers – **DO NOT RELY ON THE PRINTED ICD-O-3 Manual.**

IACR/WHO do provide printed copies of the most recent IACR/WHO Classification of Neoplasms Series
These are available in both printed and subscription (online) format @
<https://tumourclassification.iarc.who.int/welcome/>

IACR/WHO began to publish the 5th edition “Blue Books” in 2020. The 2020-2023 Histology Code Updates from NAACCR and FCDS appear in the FCDS DAM and the ICD-O-3 Updates for each year. There is not a single source for these annual updates.

The NAACCR ICD-O Work Group will incorporate new histology codes from the 5th edition WHO Classification of Neoplasms on an annual basis as they are published.
You may use the unofficial NAACCR ICD-O-3 Annotated Histology Code List for Reference
<https://www.naacr.org/icdo3/>

International Classification of Diseases for Oncology, 3rd ed. Geneva, World Health Organization: 2000	The World Health Organization WHO Publications Center USA; 49 Sheridan Avenue; Albany, NY 12210 ISBN 9241545348 Order Number 11503350 http://www.who.int/classifications/icd/en/index.html
Current Hematopoietic and Lymphoid Neoplasm Case Reportability and Coding Manual and Hematopoietic Database (desktop or web-based versions available), 2022	https://seer.cancer.gov/seertools/hemelymph/
Current NAACCR ICD-O-3 Coding Guidelines – Annotated Histology List	https://www.naacr.org/icdo3/
<i>ICD-O-3.2 Excel Table</i> downloaded from the IACR/WHO Website	Downloadable Excel File Version of ICD-O-3.2 http://www.iacr.com.fr/index.php?option=com_content&view=article&id=149:icd-o-3-2&catid=80&Itemid=545
<i>Current Solid Tumor Manual, October 2023</i>	http://seer.cancer.gov/registrars

North American Association of Central Registries, Inc

GUIDELINES FOR 2023 ICD-O-3.2 HISTOLOGY CODE AND BEHAVIOR UPDATE

Effective January 1, 2023

Prepared by:

NAACCR ICD-O-3 Update
Implementation Work Group

2023 ICD-O-3 Update to be used jointly with ICD-O-3.2, Solid Tumor Rules, and
Hematopoietic and Lymphoid Neoplasm Database

December 1, 2022

Summary of changes covered in the 2023 ICD-O-3 Update:

The 2023 ICD-O-3.2 Update Guidelines includes comprehensive tables listing changes to ICD-O-3.2 including new ICD-O codes, terminology and reportability changes effective for cases diagnosed 1/1/2023 forward. The 2023 update represents changes identified in recently published 5th Ed WHO Classification of Tumors books. Included in these guidelines are instructions for using the tables together with ICD-O-3.2. ***This update includes important behavior information on pilocytic astrocytoma in Central Nervous System (CNS) sites. Please see section 2.5 for information.***

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INTRODUCTION

These implementation guidelines, developed by the North American Association of Central Cancer Registries, Inc (NAACCR) ICD-O-3 Implementation Work Group and approved by the High-Level Strategic Group (HLSG), address implementation of updated histology terms and new codes for cases diagnosed on or after January 1, 2023. Members of the work group represent standard setting organizations, central registries, hospital registries, and cancer registry software vendors.

The 2023 ICD-O-3.2 update includes changes identified during review of recently published World Health Organization's *International Histological Classification of Tumors* 5th Edition books (WHO "Blue Books"). This series covers all principal sites of cancer and includes ICD-O morphology codes for each neoplasm. Each new edition underwent thorough review to identify new histologies and ICD-O codes, behavior changes to existing ICD-O codes, and new terminology. The ICD-O-3 Implementation Work Group recommended adopting the changes for 2023 and implementation of the changes were approved by the standard setting agencies.

The 2023 ICD-O-3.2 histology code and behavior update includes comprehensive tables listing all changes made after the 2022 update and is effective for cases diagnosed 1/1/2023 forward. The 2023 update tables include columns for each standard setter which indicates if each code and/or term is required for data collection and submission.

The ICD-O-3 Implementation Work Group created this guide for users which provides important information on the background and issues for this update along with how to use the tables. The 2023 guidelines are modified to include only two tables, numeric and alpha, listing new ICD-O codes, terminology, behavior changes, and required status. The Work Group strongly recommends users read the guidelines to efficiently use ICD-O-3.2 and the 2023 Update tables.

Note: Use of these guidelines is required for determining reportability and accurate coding.

Following the release of the 2022 Guidelines for ICD-O-3.2 Histology Code and Behavior Update, the ICD-O-3 Implementation Work Group reviewed the recent 5th Ed WHO Blue Books published after the creation of ICD-O-3.2. The Work Group submitted their implementation recommendations to the NAACCR Mid-level Technical Group (MLTG) and High-level Strategic Group (HLSG) in March 2022. The MLTG and HLSG reviewed and accepted the recommendations for implementation in 2023.

The ICD-O-3 Implementation Work Group was charged with developing the implementation documents and to also act as the clearinghouse for the review and resolution of new histology code implementation questions. If there are any questions, they are to be submitted through Ask A SEER Registrar at the following link: <https://seer.cancer.gov/registrars/contact.html>. Implementation guidelines and updates are posted on NAACCR's web site (www.naacr.org). The Work Group also communicates updates via email using the NAACCR listserv and mailing lists of all organizations.

2 BACKGROUND AND IMPLEMENTATION ISSUES

Implementation of new standards is never 100 percent issue or error-free. In anticipation of questions that may arise in this update, the Work Group has developed the following explanations.

2.1 Why is there an update to ICD-O-3.2 at this time?

In developing the previous editions and the present edition of ICD-O, a particular effort was made to use the nomenclature appearing in the World Health Organization's *International Histological Classification of Tumors* series (WHO "Blue Books"). This series covers all the principal sites of cancer and includes morphology codes of ICD-O for each neoplasm.

Since the International Agency for Research on Cancer (IARC) and WHO released ICD-O-3.2 in April 2019, they continued publishing new editions of the WHO Classification of Tumors (Blue Book) series. As part of each new edition, subject matter experts review current literature pertaining to the organ or body system covered in the WHO Classification and make recommendations regarding revised histologic terminology. These revisions are reviewed pre-publication by the WHO/IARC Committee on ICD-O-3 to ensure recommended code changes and additions are appropriate. When each new Blue Book edition is published, the terminology and codes are introduced into contemporary pathology terminology to be used in pathology reports. ICD-O-3.2 remains the standard reference for reportable conditions, yet malignant diagnoses from the Blue Books are being used by pathologists and specialists and may not be listed in the current ICD-O-3 edition. This is because not all the WHO Blue Book updates have been adopted by the standard setters in the U.S. and Canada. This becomes an issue if there is no histology code available to properly register a case.

The following fifth editions were released after the 2022 ICD-O-3.2 update:

WHO Classification of Thoracic Tumors (2020)

WHO Classification of Central Nervous System Tumors (2021)

2.2 Is the 2023 ICD-O-3.2 update to be used beginning January 1, 2023?

Yes. Effective for cases diagnosed January 1, 2023, forward, the 2023 Update should be used jointly with ICD-O-3.2, Hematopoietic and Lymphoid Neoplasm Database, and Solid Tumor rules.

2.3 Is ICD-O-3.2 now available in print or downloadable .pdf format?

The .pdf version of ICD-O-3.2 continues to be delayed and the IARC/WHO ICD-O Committee do not have an estimated release date at this time. Continue using the ICD-O-3.2 excel document until such time the .pdf version is released.

2.4 How extensive are the changes for 2023?

For 2023, the major changes apply to behavior code changes to a CNS neoplasm and reportable terminology. The 2023 update includes: 5 new ICD-O codes/terms, one histology changed behavior and is reportable, and 41 new preferred or related terms.

While all standard setters approved implementation of these changes, the work group recommends you refer to the appropriate program manual for further guidance on reportable neoplasms. It is important to understand that cancer registry reportability rules based on behavior code still apply. With

the exception of primary intracranial and central nervous system benign and borderline tumors, the addition of a /0 or /1 coded term to ICD-O-3 does not imply that it is now reportable. Some /2 behaviors may not be reportable or are reportable for a select site or sites. Again, please refer to your standard setter reporting requirements if you have questions.

2.5 Information concerning this update

IMPORTANT: Changes to Pilocytic Astrocytoma behavior

Background:

From 1976 to 2000, WHO assigned code 9421/3 to pilocytic astrocytoma of the brain. Beginning with the release of ICD-O-3 in 2001, WHO changed the behavior for this neoplasm from /3 to /1 making it non-reportable. 9421/3 was removed from ICD-O-3, however, the standard setting organizations in North America opted to continue collecting these tumors as 9421/3 in CNS sites. The practice did not change once benign/borderline CNS tumors became reportable in 2004. The exception being pilocytic astrocytoma/optic glioma of the optic nerve which are coded 9421/1 effective 2018 and forward.

The 5th Ed Central Nervous System Tumors reinstated code 9421/3 for a newly identified neoplasm: High-grade astrocytoma with piloid features (HGAP).

IMPORTANT FOR CASES Diagnosed 2023 FORWARD: Beginning 1/1/2023, all cases diagnosed with pilocytic astrocytoma/juvenile pilocytic astrocytoma and related terminology are to be reported with behavior /1. They will no longer be collected with malignant behavior (/3). ICD-O code 9421/3 will be valid for the diagnosis of high-grade astrocytoma with piloid features or HGAP *only*. Coding instructions are included in the remarks section for 9421/1 and 9421/3 in the 2023 ICD-O Update Tables 1 and 2.

The 2023 Solid Tumor Rules Update for Malignant CNS and Non-malignant CNS provides coding instructions based on diagnosis date for pilocytic astrocytoma occurring in the CNS.

****IMPORTANT REMINDERS:***

Please check the 2023 ICD-O-3 Update Table 1 or 2 to determine if the histology is listed. If the histology is not included in the update, then review ICD-O-3.2 and/or Hematopoietic and Lymphoid Database and/or Solid Tumor Rules (MP/H).

ICD-O-3.2 included changes from all 4th Ed WHO Classification of Tumors books. New editions released following the publication of 4th editions are not included in 3.2. A new ICD-O version will be released once all 5th Ed Blue Books are published.

Currently in ICD-O-3, a topography (C code) listed in parentheses next to the morphology term indicates the morphology is most common to that site. The morphology may occur in other sites as well. Many of the new codes, terms, and behaviors listed in this update are site-specific and may not apply to all sites. Applicable C codes are noted next to the term in **bold** font. These site- and histology-specific combinations are not added to the “Impossible combination” edit (Primary Site, Morphology-Type, Beh ICDO3 (SEER IF25)). However, if a site other than the one listed with the morphology code is assigned, the case does not pass the edit, must be reviewed, and the Over-ride-Site/Type flag set if appropriate.

2.6 What about training for data collectors?

Educational materials/presentations are planned at both the national and state level. Additional education will be available through CTR education sites.

2.7 Are there any conversions with this update?

There are no data conversions with this update.

2.8 Will documents be available to registry software vendors?

The new histology codes/terms, new behavior codes/terms, new associated terms, and coding instructions if applicable, are combined into a single excel spreadsheet file for use in abstracting software. Vendors should use the 2023 Annotated Histology List.

2.9 Where can the 2023 ICD-O-3 update tables be found?

These documents will be posted to the NAACCR web site. Blast emails from the standard setting organizations will also include the link to the updated tables. The documents can then be saved to your desktop or printed. A link to the tables will also be posted on SEER.cancer.gov (<https://seer.cancer.gov/registrars/index.html>)

3 2023 ICD-O-3.2 UPDATE TABLES

Each table in section 3 provides the list of new ICD-O codes and associated terms, codes which have changed behavior, and new preferred or related terminology. The guidelines include two tables, one in alphabetic order and one in numerical order.

3.1 TABLE 1: 2023 ICD-O-3.2 UPDATE (NUMERICAL ORDER)

Table 1 lists all changes for 2023 including five new ICD-O codes and terms, one code with changes to behavior, and 41 new preferred or related terms, in numerical order by ICD-O number.

3.2 TABLE 2: 2023 ICD-O-3.2 UPDATE (ALPHABETIC ORDER)

Table 2 lists all changes for 2023 including five new ICD-O codes and terms, one code with changes to behavior, and 41 new preferred or related terms, in alpha order by histology term.

3.3 HOW TO USE TABLES 1 AND 2

Table 1 and 2 each have seven columns:

- **ICD-O-3 Morphology Code:** lists code number and behavior
- **Term:** Histology name per WHO. Preferred terms are indicated in **BOLD** font
- **Required SEER (Y/N):** indicates if the histology is reportable or non-reportable to SEER
- **Required NPCR (Y/N):** indicates if the histology is reportable or non-reportable to NPCR
- **Required CoC (Y/N):** indicates if the histology is reportable or non-reportable to CoC
- **Required CCCR (Y/N):** indicates if the histology is reportable or non-reportable to CCCR
- **Remarks:** This column provides information related to the ICD-O code and identifies it as a new ICD-O code, new term, or change to behavior. Coding instructions, if applicable, are also noted in this column.

4 CONTINUING ISSUES:

While the WHO “Blue Books” reflect current thinking and current terminology among the international community of pathologists and specialists, population-based cancer registries may not share the same principles in terms of reportability rules. Previously, questionable terminology related to gastrointestinal neoplasms were under review prior to implementation. The recent 5th Ed Thoracic Blue Book includes moderate/severe dysplasia of the lung and assigns the terms to ICD-O code 8077/2. WHO indicates these neoplasms are precursors to squamous cell in situ, are incidental findings on bronchoscopy, and unstageable. NAACCR will continue to review problematic lung terminology and coding changes to identify the potential challenges in implementing them as reportable neoplasms in the United States. The implications of accepting new terms as reportable will be carefully studied as

they may impact not only reporting legislation, but also workload in case ascertainment (casefinding), abstracting, follow-up (as applicable) and incidence reporting. The ICD-O-3 Work Group will continue working with NAACCR work groups, committees, and the College of American Pathologists (CAP) (among others) to make recommendations on the adoption of proposed changes by WHO and IARC as indicated in new Blue Book editions.

The North American standard setting organizations provide guidance on how to handle new codes, obsolete codes, other changes, and timing of implementation. In conjunction with the assessments of the impact of additions and changes on incidence, there should be assessments of the impact on the Solid Tumor Rules and Hematopoietic & Lymphoid Neoplasms Database.

5 ADDENDUM TO 2022 ICD-O-3.2 UPDATE

The addendum lists eight (8) histologies which were approved by the Mid-Level Tactical Group for use with primaries of the cervix (C53._) for diagnosis year 2021. Previously, registrars had been instructed to use these histologies for cervical primaries for cases diagnosed January 1, 2022, and forward. For additional information for data collection of these neoplasms, please see the NAACCR 2023 Implementation Guidelines, **13.4 AJCC Version 9 Cervix Uteri Adenocarcinoma**.

Note: Manual review of cases currently in registry databases and recoding of cases is not required by the standard setters. Registries may elect to review and recode cases.

ICD-O-3.2 Update
Effective January 1, 2023

Table 2: 2023 ICD-O-3.2 Update (Alphabetic)

- Codes/terms listed alphabetically by term
- Only new terminology to existing ICD-O-3.2 codes are included in the 2023 ICD-O Implementation Guidelines and documentation. Terms are those listed in WHO Blue Books
- Update based on the following 5th Ed Classification of Tumors books: Thoracic and CNS

ICD-O Code	Term	Required SEER	Required NPCR	Required CoC	Required CCCR	Remarks
9430/3	Astroblastoma, MN1-altered	Y	Y	Y	Y	New term
9400/3	Astrocytoma, IDH-mutant, grade 2	Y	Y	Y	Y	New term
9401/3	Astrocytoma, IDH-mutant, grade 3	Y	Y	Y	Y	New term
9445/3	Astrocytoma, IDH-mutant, grade 4	Y	Y	Y	Y	New term
8140/0	Bronchiolar adenoma/ciliated muconodular papillary tumor	N	N	N	N	New terms/Not reportable
8693/3	Cauda equina neuroendocrine tumor (cranial and paraspinal nerves)	Y	Y	Y	Y	New related term
9473/3	CNS embryonal tumor, NEC/NOS	Y	Y	Y	Y	New term
9500/3	CNS tumor with BCCR internal tandem duplication	Y	Y	Y	Y	New term
9500/3	CNS neuroblastoma, FOXR2-activated	Y	Y	Y	Y	New term
8821/1	Desmoid fibromatosis	N	N	N	N	New term/not reportable
9421/1	Diffuse astrocytoma, MYB- or MYBL1-altered	Y	Y	Y	Y	New preferred term for “pilocytic astrocytoma” Beginning with cases diagnosed 1/1/2023, pilocytic astrocytoma are coded 9421/1. Cases diagnosed prior to 1/1/2023 are coded 9421/3.
9385/3	Diffuse hemispheric glioma, H3 G34-mutant	Y	Y	Y	Y	New term
9421/1	Diffuse low-grade glioma, MAPK pathway-altered †	Y	Y	Y	Y	Related term for “pilocytic astrocytoma”

						Beginning with cases diagnosed 1/1/2023, pilocytic astrocytoma are coded 9421/1. Cases diagnosed prior to 1/1/2023 are coded 9421/3.
9680/3	Diffuse large B-cell lymphoma associated with chronic inflammation of the pleura (C38.4)	Y	Y	Y	Y	New term
9509/3	Diffuse leptomeningeal glioneuronal tumor	Y	Y	Y	Y	New code/new term/new behavior
9385/3	Diffuse midline glioma, H3 K27-altered	Y	Y	Y	Y	New term
9385/3	Diffuse pediatric-type glioma, H3-wildtype and IDH-wildtype	Y	Y	Y	Y	New term
9050/3	Diffuse pleural mesothelioma (C38.4)	Y	Y	Y	Y	New term
9170/3	Diffuse pulmonary lymphangiomatosis (C34._)	Y	Y	Y	Y	New term
9680/3	Fibrin-associated diffuse B-cell lymphoma (C38.0)	Y	Y	Y	Y	New term
9421/3	High-grade astrocytoma with piloid features (HGAP)	Y	Y	Y	Y	New code/new term. Beginning 1/1/2023, cases diagnosed as high-grade astrocytoma with piloid features (HGAP) are coded 9421/3. Beginning 1/1/2023, cases diagnosed as Pilocytic astrocytoma in the C71._ are to be coded 9421/1
8310/3	Hyalinizing clear cell carcinoma	Y	Y	Y	Y	New term
9385/3	Infant-type hemispheric glioma	Y	Y	Y	Y	New term
9749/1	Juvenile xanthogranuloma (C71.5)	Y	Y	Y	Y	New code/new term/new behavior
9050/3	Localized pleural mesothelioma (C38.4)	Y	Y	Y	Y	New term
8260/3	Low-grade papillary adenocarcinoma (C34._)	Y	Y	Y	Y	New term
9174/3	Lymphangiomyomatosis	Y	Y	Y	Y	Behavior code change from /1 to /3. Reportable for cases diagnosed 1/1/2023 forward.
9540/3	Malignant melanotic nerve sheath tumor	Y	Y	Y	Y	New term
9699/3	MALT lymphoma of the dura	Y	Y	Y	Y	New term

9470/3	Medulloblastoma, histologically defined (C71.6)	Y	Y	Y	Y	New term
9050/2	Mesothelioma in situ (C38.4)	Y	Y	Y	Y	New code/behavior. Reportable 1/1/2023
8077/2	Moderate squamous dysplasia (C34._)	N See remarks*	N See remarks*	N See remarks*	N See remarks*	New term. *Note: moderate and severe squamous dysplasia are incidental findings on bronchoscopy. Considered precursor to squamous carcinoma in situ (SCIS). Reportability has not yet been determined.
9509/0	Multinodular and vacuolating neuronal tumor	Y	Y	Y	Y	New code/new term/new behavior. Cases diagnoses prior to 1/1/2023 use code 9505/0. Cases diagnosed 1/1/2023 forward use code 9509/0.
9509/1	Myxoid glioneuronal tumor	Y	Y	Y	Y	New term
9450/3	Oligodendroglioma, IDH-mutant and 1p/19q-codeleted, grade 2	Y	Y	Y	Y	New term
9451/3	Oligodendroglioma, IDH-mutant and 1p/19q-codeleted, grade 3	Y	Y	Y	Y	New term
8820/0	Papillary fibroelastoma	N	N	N	N	New term/not reportable
8272/3	Pituitary adenoma/pituitary neuroendocrine tumor (PitNET) (C75.1)	Y	Y	Y	Y	New term. Per WHO, both terms may be used in the diagnosis or pituitary neuroendocrine tumor, or PitNET. All are coded 8272/3. Pituitary adenoma, NOS is coded 8272/0
9413/0	Polymorphous low-grade neuroepithelial tumor of the young	Y	Y	Y	Y	New term
9391/3	Posterior fossa ependymoma, NOS	Y	Y	Y	Y	New term
9396/3	Posterior fossa group A (PFA) ependymoma	Y	Y	Y	Y	New term
9396/3	Posterior fossa group B (PFB) ependymoma	Y	Y	Y	Y	New term

9480/3	Primary intracranial sarcoma, DICER1-mutant	Y	Y	Y	Y	New term
9749/3	Rosai-Dorfman disease	Y	Y	Y	Y	New term
8077/2	Severe squamous dysplasia (C34._)	N See Remarks*	N See remarks*	N See remarks*	N See remarks*	New term. Note: moderate and severe squamous dysplasia are incidental findings on bronchoscopy. Considered precursor to squamous carcinoma in situ (SCIS). Reportability has not yet been determined
9391/3	Spinal ependymoma, NOS (C72.0)	Y	Y	Y	Y	New term
9396/3	Spinal ependymoma, MYCN-amplified (C72.0)	Y	Y	Y	Y	New term
9391/3	Supratentorial ependymoma, NOS	Y	Y	Y	Y	New term
9396/3	Supratentorial ependymoma, YAP1 fusion-positive	Y	Y	Y	Y	New term
9396/3	Supratentorial ependymoma, ZFTA fusion-positive	Y	Y	Y	Y	New term
8044/3	Thoracic SMARCA4-deficient undifferentiated tumor (C34._)	Y	Y	Y	Y	New term

Table 1: 2023 ICD-O-3.2 Update (Numerical)

- Codes/terms listed numerically
- Only new terminology to existing ICD-O-3.2 codes are included in the 2023 ICD-O Implementation guidelines and documentation. Terms are those listed in WHO Blue Books
- Update based on the following 5th Ed Classification of Tumors books: Thoracic and CNS

ICD-O Code	Term	Required SEER	Required NPCR	Required CoC	Required CCCR	Remarks
8044/3	Thoracic SMARCA4-deficient undifferentiated tumor (C34._)	Y	Y	Y	Y	New term
8077/2	Moderate squamous dysplasia Severe squamous dysplasia	N See remarks*	N See remarks*	N See remarks*	N See remarks*	New term. *Note: moderate and severe squamous dysplasia are incidental findings on bronchoscopy. Considered precursor to squamous carcinoma in situ (SCIS). Reportability has not yet been determined.
8140/0	Bronchiolar adenoma/ciliated muconodular papillary tumor	N	N	N	N	New terms/Not reportable
8260/3	Low-grade papillary adenocarcinoma	Y	Y	Y	Y	New term
8272/3	Pituitary adenoma/pituitary neuroendocrine tumor (PitNET) (C75.1)	Y	Y	Y	Y	New term. Per WHO, both terms may be used in the diagnosis or pituitary neuroendocrine tumor, or PitNET. All are coded 8272/3. Pituitary adenoma, NOS is coded 8272/0
8310/3	Hyalinizing clear cell carcinoma	Y	Y	Y	Y	New term
8693/3	Cauda equina neuroendocrine tumor (cranial and paraspinal nerves)	Y	Y	Y	Y	New related term
8820/0	Papillary fibroelastoma	N	N	N	N	New term/not reportable
8821/1	Desmoid fibromatosis	N	N	N	N	New term/not reportable
9050/2	Mesothelioma in situ	Y	Y	Y	Y	New code/behavior. Reportable 1/1/2023
9050/3	Localized pleural mesothelioma (C38.4) Diffuse pleural mesothelioma (C38.4)	Y Y	Y Y	Y Y	Y Y	New term New term

9170/3	Diffuse pulmonary lymphangiomatosis (C34.)	Y	Y	Y	Y	New term
9174/3	Lymphangi leiomyomatosis	Y	Y	Y	Y	Behavior code change from /1 to /3. Reportable for cases diagnosed 1/1/2023 forward.
9385/3	Diffuse midline glioma, H3 K27-altered	Y	Y	Y	Y	New term
	Diffuse hemispheric glioma, H3 G34-mutant	Y	Y	Y	Y	New term
	Diffuse pediatric-type glioma, H3-wildtype and IDH-wildtype	Y	Y	Y	Y	New term
	Infant-type hemispheric glioma	Y	Y	Y	Y	New term
9391/3	Supratentorial ependymoma, NOS (C71.)	Y	Y	Y	Y	New term
	Posterior fossa ependymoma, NOS (C71.)	Y	Y	Y	Y	New term
	Spinal ependymoma, NOS (C72.0)	Y	Y	Y	Y	New term
9396/3	Supratentorial ependymoma, ZFTA fusion-positive	Y	Y	Y	Y	New term
	Supratentorial ependymoma, YAP1 fusion-positive	Y	Y	Y	Y	New term
	Posterior fossa group A (PFA) ependymoma	Y	Y	Y	Y	New term
	Posterior fossa group B (PFB) ependymoma	Y	Y	Y	Y	New term
	Spinal ependymoma, MYCN-amplified (C72.0)	Y	Y	Y	Y	New term
9400/3	Astrocytoma, IDH-mutant, grade 2	Y	Y	Y	Y	New term
9401/3	Astrocytoma, IDH-mutant, grade 3	Y	Y	Y	Y	New term
9413/0	Polymorphous low-grade neuroepithelial tumor of the young	Y	Y	Y	Y	New term
9421/1	Diffuse astrocytoma, MYB- or MYBL1-altered	Y	Y	Y	Y	Replaces the term “pilocytic astrocytoma” Beginning with cases diagnosed 1/1/2023, pilocytic astrocytoma are coded 9421/1.

	Diffuse low-grade glioma, MAPK pathway-altered †					Cases diagnosed prior to 1/1/2023 are coded 9421/3.
9421/3	High-grade astrocytoma with piloid features (HGAP)	Y	Y	Y	Y	New code/new term. Beginning 1/1/2023, cases diagnosed as <i>high-grade astrocytoma with piloid features (HGAP)</i> are coded 9421/3. Beginning 1/1/2023, cases diagnosed as Pilocytic astrocytoma in the C71._ are to be coded 9421/1
9430/3	Astroblastoma, MN1-altered	Y	Y	Y	Y	New term
9445/3	Astrocytoma, IDH-mutant, grade 4	Y	Y	Y	Y	New term
9450/3	Oligodendroglioma, IDH-mutant and 1p/19q-codeleted, grade 2	Y	Y	Y	Y	New term
9451/3	Oligodendroglioma, IDH-mutant and 1p/19q-codeleted, grade 3	Y	Y	Y	Y	New term
9470/3	Medulloblastoma, histologically defined (C71.6)	Y	Y	Y	Y	New term
9473/3	CNS embryonal tumor, NEC/NOS	Y	Y	Y	Y	New term
9480/3	Primary intracranial sarcoma, DICER1-mutant (C71.6)	Y	Y	Y	Y	New term
9500/3	CNS neuroblastoma, FOXR2-activated CNS tumor with BCCR internal tandem duplication	Y Y	Y Y	Y Y	Y Y	New term New term
9509/0	Multinodular and vacuolating neuronal tumor	Y	Y	Y	Y	New code/new term/new behavior Cases diagnoses prior to 1/1/2023 use code 9505/0. Cases diagnosed 1/1/2023 forward use code 9509/0.
9509/1	Myxoid glioneuronal tumor	Y	Y	Y	Y	New term
9509/3	Diffuse leptomeningeal glioneuronal tumor	Y	Y	Y	Y	New code/new term/new behavior
9540/3	Malignant melanotic nerve sheath tumor	Y	Y	Y	Y	New term
9680/3	Diffuse large B-cell lymphoma associated with chronic inflammation of the pleura (C38.4)	Y	Y	Y	Y	New term

	Fibrin-associated diffuse B-cell lymphoma (C38.0)	Y	Y	Y	Y	New term
9699/3	MALT lymphoma of the dura	Y	Y	Y	Y	New term
9749/1	Juvenile xanthogranuloma (C71.5)	Y	Y	Y	Y	New code/new term/new behavior
9749/3	Rosai-Dorfman disease	Y	Y	Y	Y	New term

Addendum to 2022 ICD-O-3.2 Update, Tables 1 and 2

The table lists eight (8) histologies which were approved by the Mid-Level Tactical Group for use with primaries of the cervix (C53. _) for cases diagnosed 1/1/2021 forward. Previously, registrars had been instructed to use these histologies for cervical primaries for cases diagnosed January 1, 2022, forward. For additional information see the NAACCR 2023 Implementation Guidelines, **13.4 AJCC Version 9 Cervix Uteri Adenocarcinoma**.

Manual review of cases currently in registry databases and recoding of cases is not required by the standard setters. Registries may elect to review and recode cases.

ICD-O Code	Term	Required SEER	Required NPCR	Required CoC	Required CCCR	Remarks
8085/3	Squamous cell carcinoma, HPV-associated	See remarks	See remarks	See remarks	See remarks	Valid for uterine cervix 1/1/2021 forward
8086/3	Squamous cell carcinoma, HPV-independent	See remarks	See remarks	See remarks	See remarks	Valid for uterine cervix 1/1/2021 forward
8310/3	Adenocarcinoma, HPV-independent, clear cell type	See remarks	See remarks	See remarks	See remarks	Valid for uterine cervix 1/1/2021 forward
8380/3	Adenocarcinoma, HPV-independent, endometrioid type Note: This term is AJCC specific and is not included in WHO 5th Ed GYN book or CAP protocol	See remarks	See remarks	See remarks	See remarks	Valid for uterine cervix 1/1/2021 forward
8482/3	Adenocarcinoma, HPV-independent, gastric type	See remarks	See remarks	See remarks	See remarks	Valid for uterine cervix 1/1/2021 forward
8483/3	Adenocarcinoma, HPV-associated	See remarks	See remarks	See remarks	See remarks	Valid for uterine cervix 1/1/2021 forward
8484/3	Adenocarcinoma, HPV-independent, NOS	See remarks	See remarks	See remarks	See remarks	Valid for uterine cervix 1/1/2021 forward
9110/3	Adenocarcinoma, HPV-independent, mesonephric type	See remarks	See remarks	See remarks	See remarks	New related term for 9110/3 and is not site specific. The term may be coded for cervix cases diagnosed prior to 1/1/2022.

Appendix S

Summary of 2023 Changes

2023 FCDS DAM

2023 National Standards

Appendix S

Summary of Changes

(most changes appear in red throughout the manual)

Some sections in red are not new – Intentionally left red to bring attention to important items.

Acknowledgements and Legal Section

- 1) Updated FCDS Staff Changes and Florida Department of Health Staff Changes

Section I – Guidelines for Cancer Data Reporting

- 1) Retained highlighted clarification on ‘Patients with chronic neoplastic conditions’ to Reportable and Not Reportable Patients
- 2) Added Clarification on NAACCR Version 23 Table of Comparison of Reportable Cancers for Section I
- 3) Updated Details for the IACR/WHO Classification of Neoplasms, 5th edition to Section I discussion of ICD-O-3.2 Updates, Guidelines and Instructions for assigning Histology and Behavior to tumors.**
- 4) Added links to the ‘unofficial’ NAACCR Annotated ICD-O Histology List for Registrars to Use
- 5) Clarified Numerous Reportable/Non-Reportable Cancers**
 - a) Adrenal Gland Tumors – Pheochromocytoma and Medullary Paraganglioma added to 2021 list
 - b) Clarification that 8323/3 clear cell papillary renal cell carcinoma of kidney is still reportable
 - c) Added Clarification for Glomus Jugulare Tumor, Paraganglioma and Carotid Body Tumors are Reportable as of 1/1/2j019
 - d) Added details of the 2023 changes to behavior for Pilocytic/Juvenile Astrocytoma – now 9421/1
- 6) Added new histology codes and terms for 2022 and 2023 for ease of reference
- 7) Added Clarifications for 2021, 2022 and 2023 New Reportable Neoplasms/Reclassified Tumors**
 - o **There are 2-3 pages of details that we hope will make lookups a little easier for registrars**
- 7) Clarified Reportable Skin Cancers – removed dermatofibrosarcoma protuberans and added others
- 8) Retained the clarifications for BI-RADS 4 and BI-RADS 5 use when a positive/suspicious mammogram can be used as the Date of Diagnosis when followed in a reasonable time period with positive biopsy
- 9) Added Dates to the current version of 2018 Solid Tumor Rules
- 10) Added Dates to the current version of the Hematopoietic and Lymphoid Neoplasm Case Reportability and Coding Rules and Heme DB
- 11) Revised Ambiguous Terminology Section to clarify use of Definitive Terminology as priority over Ambiguous Terminology – what makes a ‘definitive diagnosis’ – please read this section thoroughly
- 12) FCDS DOES NOT ACCEPT NAACCR UPDATE OR MODIFY RECORDS and how this effects the reporting of cancers, correction of cases, edit overrides, historical grid cases, etc.
- 13) Added 2023 NAACCRv23 Table of CoC, NPCR, FCDS Reportable Cancers, Non-Reportable Cancers, Multiple Primary Rules and Ambiguous Terminology from the NAACCR Volume II Data Standards and Data Dictionary 2022 document to clarify who is required to report which cases under which program and why these are not in synch – no every program requires the same data.
- 14) Clarified in Casefinding that Anatomic Surgical Pathology Reports now encompass many different types of reports not just anatomic surgical pathology. Other reports now include; biopsy specimen, surgical resection specimen, bone marrow biopsy, needle biopsy and fine needle aspiration biopsy, diagnostic hematology, cytology, immune-histo-cytochemistry, immunophenotype, genetic studies, and autopsy reports and addenda. These are all used to determine ‘histology’ not just microscopy.
- 15) Added Clarification - EVERY Facility should be reporting e-pathology reports to FCDS – ALL Facilities
- 16) **Added New Codes to the 2023 Case Finding List** as Required to Review and Report
- 17) **Added ICD-10-CM Casefinding List for Reportable Tumors Table** – October 1, 2022 and later Table – please note this table has been reorganized and updated for ease of use – share with your IT Dept
- 18) Note: The General ICD-10-CM Casefinding List and the Detailed ICD-10-CM Casefinding List are both in Appendix O. Appendix O includes every single ICD-10-CM Code Required for Casefinding Florida.

- 19) Updated Abstractor Training Section since FCDS can no longer support an Abstracting Basics Course
- 20) Updated Section on FCDS FLccSC (Fundamental Learning Collaborative for the Cancer Surveillance Community)
- 21) Updated Section on FCDS Abstractor Code Test Standard References Used for Testing
- 22) Added Section on Making Changes to Existing Abstracts – Repeats some of Update/Modify Records
- 23) Revised the Required and Recommended Desktop References Section Completely
- 24) Updated FCDS Responsibilities for Data Acquisition and Training and Education to current
- 25) Updated REQUIRED DESK REFERENCES LIST**
- 26) Updated Recommended Desk References List**

Section II – General Abstracting Instructions

- 1) ALL DATE FLAGS HAVE BEEN RETIRED – Data Items REMOVED from DAM and Record Layout
- 2) Appendix C – Write-Up on Active Surveillance versus Watchful Waiting – what’s the difference**
- 3) APPENDIX F REVISED – now includes TWO Sets of Site-Specific Surgery Codes – one set for 1981-2022. The other is for 2023 forward. Follow the instructions to ensure you code surgery correctly.**
- 4) Appendix G – FCDS Record Layout – Updated
- 5) Appendix H – FCDS SSDIs Required – Updated
- 6) Appendix O – Casefinding List (short and detailed) – Updated with New Codes**
- 7) Appendix P – Resources for Registrars – Updated for 2023**
- 8) Appendix R – New Introduction & New 2023 ICD-O Histology Codes and Terms**
- 9) Clarified Florida Text Requirements and Rationale
- 10) Clarified use of Date of First Contact - the FCDS definition is different that the CoC STORE Manual because **FCDS does not receive or allow Update or Modify Records and cannot change this date**
- 11) Revised DIAGNOSTIC CONFIRMATION section – many errors are being made here – please read
- 12) Histologic Type ICD-O-3 – Added Appendix R and Table of Required References to Code Histology
- 13) Clarified correct coding for Regional Lymph Nodes Positive and Regional Lymph Nodes Examined
- 14) Clarified use of RX Summ – Scope of Regional Lymph Node Surgery – CODE = 1 still used under TX
- 15) Retained Updated Lymph Vascular Invasion Section– you must use the new tables or fail edits
- 16) Added new Site-Specific Data Items Required by FCDS for 2023 forward**
 - Histology Subtype (appendix)
 - P16 (Oropharynx, Cervix and Anus ONLY)
- 17) Retained New Section on Treatment NOT = 99 and FCDS EDIT3038 to reinforce this instruction

APPENDICES

Appendix A – Updated Facilities

Appendix B – No Change

Appendix C – New Description of Difference Between ‘Active Surveillance’ and ‘Watchful Waiting’

Appendix D – No Change

Appendix E – No Change

Appendix F – MAJOR UPDATE - added the 2023 Surgery of Primary Site (Site-Specific Surgery Codes)

Appendix G – updated FCDSv23 Record Layout

Appendix H – Updated FCDSv23 Required Site Specific Data Items

Appendix I – No Change

Appendix J – No Change

Appendix K – No Change

Appendix L – Updated

Appendix M – No Change

Appendix N – No Change

Appendix O – ICD-10-CM Casefinding Codes - Completely Revised Short and Detailed List

Appendix P – Completely Revised Resources for Registrars for 2023 and Reorganized

Appendix Q – No Change

Appendix R – Completely Updated ICD-O-3.2 Updates for 2023 from NAACCR & New Introduction

Appendix S – Summary of Changes – Completely Revised