

Florida Cancer Data System



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Data Acquisition Manual 2013



2013 Data Acquisition Manual

Table of Contents

Introduction:

| | |
|--------------------------------|-----------|
| Acknowledgements | i |
| Preface, Confidentiality | ii |
| Florida State Law | iii - xvi |

Section I: **Guidelines for Cancer Data Reporting**

| | |
|--|--------|
| A. Case Eligibility | 1 - 11 |
| 1. Reportable Patients | |
| 2. Not Reportable Patients | |
| 3. Reportable Neoplasms | |
| 4. Not Reportable Neoplasms | |
| 5. Multiple Primaries | |
| 6. Clarification of Reporting Requirements | |
| B. Casefinding | 12-13 |
| 1. HIM/Medical Record Disease Index/Unified Billing System Report | |
| 2. Pathology Reports | |
| 3. Radiation Therapy Department | |
| 4. Outpatient Departments | |
| 5. Radiology Department | |
| C. Abstracting | 14-22 |
| 1. Personnel Requirements | |
| 2. Case Abstracting Requirements | |
| 3. Not Reportable List | |
| 4. Abstracting Non-Analytic and Historical Cases | |
| 5. Abstracting Historical Cases Optional Minimal Dataset | |
| 6. Reporting Historical Cases in the State Specific fields | |
| 7. Required/Recommended Desk References | |
| D. Data Transmission | 22-23 |
| 1. Electronic Submissions | |
| 2. Receipt on Upload | |
| 3. Data Acceptance Policy | |
| E. Psychiatric, Military and Veterans Administration Facilities | 23 |
| F. Ambulatory Surgery Centers | 23-24 |
| G. Free-Standing Radiation Therapy Centers | 24 |
| H. Private Physician Offices | 24 |
| I. Clinical Laboratory Cancer Identification Program | 24-25 |
| J. FCDS Responsibilities | 25-35 |
| 1. Data Acquisition | |
| 2. Training and Education | |
| 3. Quality Control | |
| 4. Data Requests | |
| K. FCDS Management Reports | 35-36 |
| L. Awards | 36 |
| M. FCDS Correspondence | 36-37 |
| N. Calendar/Forms/Templates/Sample Reports | 37-47 |
| FCDS 2013 Annual Reporting Calendar | |
| 2013 FCDS Abstract Form | |
| FCDS Discrepancy Journal | |
| Not Reportable List Template | |
| FCDS Quarterly Cancer Case Reporting Status Report - Sample | |
| FCDS Data Quality Indicator Report - Sample | |

2013 Data Acquisition Manual

Table of Contents

| | |
|---|---------|
| Section II: General Abstracting Instructions | 49 - 50 |
| Registry Information | 51 - 56 |
| FCDS – Reporting Facility | |
| FCDS – Accession Number - Hospital | |
| Sequence Number – Hospital | |
| Date of 1 st Contact | |
| Date of 1 st Contact Flag | |
| Medical Record Number | |
| Date Case Complete/ Date Case Abstracted | |
| Abstracted By (Cancer Abstractor Code) | |
| Type of Reporting Source | |
| Patient Demographics | 57 - 76 |
| Name – Last | |
| Name – First | |
| Name – Middle | |
| Name – Alias | |
| Name - Maiden | |
| Social Security Number | |
| Birth Date | |
| Birth Date Flag | |
| Birthplace – State - NEW | |
| Birthplace – Country - NEW | |
| Sex | |
| Race 1 | |
| Race 2 | |
| Race 3 | |
| Race 4 | |
| Race 5 | |
| Spanish/Hispanic Origin | |
| Marital Status | |
| Height at Diagnosis (inches) | |
| Weight at Diagnosis (lbs) | |
| Tobacco Use – Cigarette | |
| Tobacco Use – OthSmoke | |
| Tobacco Use – SmokelessTob | |
| Tobacco Use – NOS | |
| Addr at DX - Supplemental | |
| Addr at DX – No & Street | |
| Addr at DX – City | |
| Addr at DX – State | |
| Addr at DX – Country - NEW | |
| Addr at DX – Postal Code | |
| County at DX | |
| Addr Current – No & Street | |
| Addr Current – City | |
| Addr Current – State | |
| Addr Current – Country - NEW | |
| Addr Current – Postal Code | |
| County – Current | |
| Telephone Current | |
| Primary Payer at DX | |
| Physician – Managing | |
| NPI – Managing Physician | |

2013 Data Acquisition Manual
Table of Contents

NPI – Following Physician
NPI - Primary Surgeon
NPI - Physician #3 (Radiation Oncologist)
NPI - Physician #4 (Medical Oncologist)
Text – Usual Occupation
Text – Usual Industry

Tumor Information..... 77-98

Date of Initial Diagnosis
Date of Diagnosis Flag
Text – Place of Diagnosis
Class of Case
Diagnostic Confirmation
Primary Site
Laterality
Histologic Type ICD-O-3
Behavior ICD-O-3
Grade
Lymph –Vascular Invasion
Text- Primary Site Title
Text- Histology Title

Collaborative Stage Data Collection System (CSv2) 99

CS Tumor Size
CS Extension
CS Tumor Size/Ext Eval
CS Lymph Nodes
CS Reg Lymph Nodes Eval
Regional Lymph Nodes Examined
Regional Lymph Nodes Positive
CS Mets at DX
CS Mets Eval
CS Site-Specific Factors 1-25

Treatment Information 99-138

Rx Summ – Surg Prim Site
Rx Date – Surgery Flag
Rx Summ – Scope Regional Lymph Node Surgery
Rx Summ – Surgery of Other Reg/Dis
Date of First Surgical Procedure
Reason for No Surgery
Rx Summ – Radiation
Rx Summ – Radiation Flag
Rx Summ – Surg/Rad Seq
Rad – Regional RX Modality
Rx Date – Radiation
Rx Summ – Systemic Surg Seq
Rx Summ – Chemo
Rx Date – Chemo
Rx Date – Chemo Flag
Rx Summ – Hormone

2013 Data Acquisition Manual

Table of Contents

Rx Date – Hormone
Rx Date – Hormone Flag
Rx Summ – BRM/Immunotherapy
Rx Date – BRM/Immunotherapy
Rx Date – BRM/Immunotherapy Flag
Rx Summ – Other
Rx Date – Other
Rx Date – Other Flag
Rx Summ – Transplant/Endocr
Rx Date – Transplant/Endocr
RX Text – Radiation (Beam)
RX Text – Radiation Other
RX Text – Chemo
RX Text – Hormone
RX Text – BRM
RX Text – Other

Text – Required..... 139-142

Text – DX Procedures – Physical Exam
Text – DX Procedures – X-Ray/Scans
Text – DX Procedures – Scopes
Text – DX Procedures – Lab Tests
Text – DX Procedures – Operative Report
Text – DX Procedures – Pathology Report
Text – Staging
RX Text – Surgery
RX Text – Radiation (Beam)
RX Text – Radiation Other
RX Text – Chemo
RX Text – Hormone
RX Text – BRM
RX Text – Other
Text – Remarks

Follow Up..... 144-145

Date of Last Contact
Date of Last Contact Flag
Vital Status
Cancer Status

Appendix A: Florida Healthcare Facilities Currently Reporting to FCDS

Hospitals A-1 - A-6
Free Standing Surgical Centers A-7 - A-15
Radiation Centers A-16 - A-18

Appendix B: Florida FIPS, USPS State Abbreviations and ISO Country Codes - NEW

International Organization for Standardization (ISO) Country Codes
United States Postal Service State Abbreviation Codes
Canadian Province Abbreviation Codes
United States Territory Abbreviation Codes

2013 Data Acquisition Manual

Table of Contents

Federal Information Standards Processing (FIPS) County Codes
Florida County Codes

Appendix C: **Glossary and Standard Abbreviations - Updated**

Breast Cancer Profile Explaining ER/PR/HER2 Prognostic Factors
Links to 2013 SEER Coding Guidelines for Specified Cancer Sites

Glossary of Common Terms C-3 - C-4
Standard Abbreviations C-5 - C-16

Appendix D: **Race Coding Instructions and Race and Nationality Descriptions**

Race Coding Instructions

Race and Nationality Descriptions from the 2000 Census and

Bureau of Vital Statistics..... D-5 - D-10

Other Race Descriptions D-11- D-18

Race and Nationality Descriptions Alphabetic Index..... D-19- D-33

Appendix E: **Census List of Spanish Surnames**

Spanish Surnames..... E-1 - E-70

Appendix F: **Site-Specific Surgery Codes**

Oral Cavity F-1

Parotid and Other Unspecified Glands..... F-2 - F-3

Pharynx F-4 - F-5

Esophagus..... F-6

Stomach F-7 - F-8

Colon F-9 - F-10

Rectosigmoid F-11 - F-12

Rectum F-13 - F-14

Anus F-15

Liver and Intrahepatic Bile Ducts F-16

Pancreas F-17

Larynx F-18

Lung F-19 - F-20

Hematopoietic/Reticuloendothelial/Immunoproliferative/
Myeloproliferative Disease..... F-21

Bones, Joints, and Articular Cartilage

Peripheral Nerves and Autonomic Nervous System

Connective Subcutaneous and Other Soft Tissues..... F-22

Spleen F-23

Skin F-24 - F-25

Breast F-26 - F-28

Cervix Uteri..... F-29 - F-30

Corpus Uteri..... F-31 - F-32

Ovary F-33 - F-34

Prostate F-35

Testis F-36

Kidney, Renal Pelvis, and Ureter F-37

Bladder F-38 - F-39

2013 Data Acquisition Manual

Table of Contents

| | |
|--|-------------|
| Brain | F-40 |
| Thyroid Gland..... | F-41 |
| Lymph Nodes..... | F-42 |
| All Other Sites | F-43 |
| Unknown and Ill-Defined Primary Site | F-44 – F-45 |

Appendix G: [FCDS 2013 Record Layout \(NAACCR Version 13\)](#)

| | |
|--|-------------|
| Record ID Section | G-1 |
| Demographic Section..... | G-1 - G-2 |
| Cancer Identification..... | G-2 |
| Hospital-Specific Section..... | G-2 – G-3 |
| Stage/ Prognostic Factors..... | G-3 - G-4 |
| Treatment – 1 st Course | G-4 - G-5 |
| Treatment – Subsequent & Other | G-5 - G-6 |
| Follow Up/ Recurrence/Death..... | G-6 - G-7 |
| Over-ride/Conversion/System Admin..... | G-7 - G-8 |
| Special Use..... | G-8 - G-9 |
| Patient – Confidential..... | G-9 |
| Hospital – Confidential..... | G-10 |
| Other – Confidential..... | G-10 |
| Text – Diagnosis | G-10 |
| Text – Treatment | G-10 |
| Text – Misc. | G-10 - G-12 |
| Derived/SEER/Path | G-12 –G -13 |

Appendix H: [2013 FCDS Required CSv02.04 Site Specific Factors \(SSFs\)](#)

Appendix I: [Free-Standing Radiation Therapy Centers Cancer Case Identification Program](#)

| | |
|---|-----------|
| Sending Radiation Therapy data to FCDS..... | I-1 |
| Tab separated file layout for uploads via FCDS IDEA | I-2 |
| Data Item Description | I-3 - I-4 |
| Casefinding List | I-5 |

Appendix J: [Height Conversion Tables - Converting Feet to Inches](#)

Appendix K: [Weight Conversion Tables - Converting Kilograms to Pounds](#)

Appendix L: [FCDS Text Documentation Requirements - Updated](#)

Appendix M: [Hematopoietic and Lymphoid Neoplasm Master Code Lists \(alpha/numeric\)](#)

Appendix N: [2013 FCDS Casefinding List for Reportable Tumors](#)

Appendix O: [2013 Resources for Registrars](#)

Appendix P: [FCDS Frequently Asked Questions \(FAQ\)](#)

[FCDS IDEA User Accounts](#)

[Facility Access Administrator \(FAA\) and Responsibilities](#)

[FCDS Abstractor Code](#)

(*Titles highlighted in blue are links)

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- 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 185,000 cancer cases each year. When these cases are unduplicated, there are approximately 110,000 newly diagnosed incidence cancer cases per year. Currently, the FCDS database contains approximately 3,500,000 cases.

The 2013 edition of the FCDS Data Acquisition Manual (DAM) is compatible with national standards. 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.

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."

- (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.

Title XXIX
PUBLIC HEALTH

Chapter 408
Health Care Administration

- (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.

Title XXIX
PUBLIC HEALTH

Chapter 408
Health Care Administration

(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;
- 25 of 53
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:

27 of 53

(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 facility 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):

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

Public Law 107-260

“(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.

The following document details cancer reporting guidelines and casefinding mechanisms for identifying cancers that must be reported to FCDS. In terms of casefinding, Part A and Part B of Section I are the most pertinent to hospitals but still apply to all other reporting facilities. Part C, Abstracting of Section I and all of Section II of the FCDS Data Acquisition Manual are pertinent to all healthcare facilities submitting abstracts to the Florida Cancer Data System.

The Florida Cancer Data System (FCDS) is charged with maintaining a high quality database of useable, timely, complete and accurate cancer data for every reportable case of cancer in the state of Florida. 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 both the reporting facility and the facility abstractor to be familiar with and understand the content 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 data, medical record and healthcare facility confidentiality continues to be a concern with regard to cancer and other disease reporting. Please, take care when faxing information or discussing cases over the phone.

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

A. CASE ELIGIBILITY

Florida facilities are legislatively mandated to report any case of cancer meeting the Florida definition, regardless of facility or network affiliation or Class of Case. FCDS requires complete abstracting of cancer cases that some programs including the Commission on Cancer/American College of Surgeons may not require.

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 additional 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. “Consult Only” cases *MAY* be an exception to reporting.

By definition, a “consult only” case is any case where the facility provides a second opinion **without additional testing**. A second opinion may include re-reading pathology slides or re-reading diagnostic imaging studies.

Exception 1: Patients undergoing planned first course or later course hormonal treatment for breast or prostate cancer that continue to demonstrate no active neoplasm should not be reported. Any 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 where no chemotherapeutic or anti-neoplastic agent(s) is injected into the port do not need to be reported. However, many Florida healthcare facilities including Commission on Cancer/American College of Surgeons approved cancer programs continue to report these cases as part of monitoring the full continuum of patient care.

SECTION I: GUIDELINES FOR CANCER DATA REPORTING

2

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 cases at their discretion.

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 following criteria must be reported:

- a) all patients with an active, malignant neoplasm (in-situ or invasive), whether being treated or not,
- 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
- c) all patients undergoing prophylactic or adjuvant therapy for malignancy,
- d) all patients diagnosed at autopsy,
- e) all historical cases that meet FCDS reportability guidelines.

2. Not Reportable Patients

- a) 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),
- b) patients in remission (NED) and not receiving prophylactic or adjuvant therapy,
- c) 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 the same primary malignant neoplasm,
- d) patients who receive transient care to avoid interrupting a course of therapy started elsewhere.

3. Reportable Neoplasms

Determination of whether or not a given primary neoplasm is reportable is made by reference to the morphology and behavior codes of the *International Classification of Diseases for Oncology*. Three newly reportable conditions have been introduced with the *2010 Hematopoietic and Lymphoid Neoplasm Case Reportability and Coding Manual*. Please refer to this manual for instructions.

- a) **In Situ and Invasive Cancers** - FCDS includes primary malignancies which are in situ or invasive. Therefore, any cancer with an ICD-O behavior code of /2 (in situ) or /3 (invasive/malignant) is reportable to FCDS (**except** carcinoma in situ of the cervix).

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.

Note 1: AJCC TNM Manual, 7th 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 is reportable as carcinoma in situ.

Note 2: AJCC TNM Manual, 7th 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 carcinoma in situ.

SECTION I: GUIDELINES FOR CANCER DATA REPORTING

- b) **Specified malignant neoplasms of the skin;** dermatofibrosarcoma protuberans, Kaposi sarcoma, malignant melanoma, merkel cell carcinoma, mycosis fungoides, sebaceous adenocarcinoma, and sweat gland adenocarcinoma **are reportable conditions.**

- c) **Basal and squamous skin cancers in genital sites are reportable.**

Include the following sites:

| | | |
|------------------------------|-------------------------|------------------------------|
| 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 | | |

- d) **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. If the diagnoses date of a benign or borderline brain and CNS tumor is unknown and the admission date is 01/01/2004 or later, the case is reportable.

Benign and borderline brain and CNS tumors diagnosed prior to 01/01/2004 are reportable as historical cases when accompanied by another reportable primary on or after 01/01/2004.

- e) **Pilocytic/Juvenile astrocytoma is reportable; code the histology and behavior code 9421/3.**
- f) **Table of Anatomic (Primary) Sites for Reportable Benign and Borderline Tumors of Intracranial 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 |
| | 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 |
| 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, 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. 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 | Neoplasms, malignant, NOS of the skin |
| M 8010 – M 8046 | Epithelial carcinoma, NOS of the skin |
| M 8050 – M 8084 | Papillary and squamous cell neoplasms of the skin |
| M 8090 – M 8110 | Basal cell carcinomas of the skin |

- b) Carcinoma in situ of the cervix (CIS) is not reportable to FCDS. This includes Cervical Intraepithelial Neoplasia (CIN), Grade I-III and in situ (adeno) carcinoma.**
- c) Prostate Intraepithelial Neoplasia (PIN), Grade I-III is not reportable to FCDS.**
- d) Vaginal Intraepithelial Neoplasia (VAIN III) and Vulvar Intraepithelial Neoplasia (VIN III) are reportable to FCDS and should be included in casefinding activities.**
- e) Pancreatic Intraepithelial Neoplasia (PAIN III) is reportable to FCDS (histology 8148/2) and should be included in casefinding activities.**
- f) New terminology may be used by your local pathologist to describe malignant or in situ neoplasms (i.e. well differentiated neuroendocrine neoplasm) with an assigned T1 value. When this occurs the neoplasm is to be entered as malignant and is reportable to FCDS.**

5) Multiple Tumors and 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.

Multiple Primary and Histology Coding Rules for Solid Tumors

The *Multiple Primary and Histology Coding Rules* 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. 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. The rules affect cancers diagnosed on or after January 1, 2007. Historical rules apply to cases diagnosed prior to January 1, 2007. Registrars must refer to the SEER *Multiple Primary and Histology Coding Rules* 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

The *Hematopoietic and Lymphoid Neoplasm Case Reportability and Coding Manual* and the accompanying Hematopoietic Database replaces the 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>. A desktop version is available for download at <http://seer.cancer.gov/tools/heme/>. Please be sure to use the most current version as these rules and codes replace all previous versions.

DO NOT USE ICD-O-3 to code any histology 9590-9992. Use the Heme Manual and Database.

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. 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.

b) Clinically Diagnosed Cases Are Reportable

In the absence of a histologic or cytologic 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). 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, accession 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

As part of the registry case-finding activities, all diagnostic reports should be reviewed to confirm whether a case is required. If the terminology is ambiguous, use the following guidelines to determine whether a particular case should be included. Words or phrases that appear to be synonyms of these terms do not constitute a diagnosis. For example, “likely” alone does not constitute a diagnosis.

In the absence of more definitive evidence, the following modifying terms, when applied to a neoplasm, should be interpreted as diagnostic of cancer:

| | | | |
|-----------------|---------------------|-------------|------------------|
| Apparent(lee) | 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 primary intracranial and central nervous systems, only (C70.0-C72.9, C75.1-C75.3).

“While “consistent with” can indicate involvement, “neoplasm” without specification of malignancy is not diagnostic except for non-malignant primary intracranial and central nervous system tumors.”

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.

Example 2: The mammogram report states *suspicious for malignancy*. *Suspicious for malignancy* 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 |

Genetic findings in the absence of pathologic or clinical evidence of reportable disease are indicative of risk only and do not constitute a diagnosis.

In Situ and Invasive (Behavior codes /2 and /3)

- If **ambiguous terms precede** a word that is **synonymous** with an in situ or invasive tumor (e.g.: cancer, carcinoma, malignant neoplasm, etc.) the case is reportable. Accession the case
Example: The pathology report says: Prostate biopsy with markedly abnormal cells that are typical of a adenocarcinoma.” Accession the case following the sequencing rules for insitu/malignant cases (sequence 00-59).
Negative Example: The final diagnosis on the outpatient report reads: Rule out leukemia. Do not accession 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, accession the reportable term and accession the case following the sequencing rules for insitu/malignant cases (sequence 00-59)..
Exception: Do not accession a case based on suspicious cytology, alone. The case is accessioned 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 accession 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, scans, mammograms 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 accession** the case.
Example: Mammogram shows calcifications suspicious for intraductal carcinoma. The biopsy of the area surrounding the calcifications is negative for malignancy. Do not accession the case.

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. Accession the case.
Example: The mass on the CT scan is consistent with pituitary tumor. Accession the case following sequencing rules for benign/borderline cases (sequence 60-87).
- **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 accession the case.
Exception: Do not accession a case based only on suspicious cytology. The case is accessioned 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 accession 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 accession** 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

Although the American College of Surgeons/Commission on Cancer does not require accredited facilities to abstract non-analytic cases, FCDS does require the collection and reporting of ALL cases that meet the FCDS reporting requirements, regardless of class of case.

f) Historical Cases

Although the American College of Surgeons/Commission on Cancer does not require accredited facilities to abstract historical cases, FCDS does require the collection and reporting of certain historical cancers.

DEFINITION: A historical case (Class of Case 33) refers to a primary reportable neoplasm (malignant or benign/borderline brain/CNS tumors).

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

If a patient has at least one primary reportable neoplasm which is 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 these previous (historical) primaries 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. See Section I-C Abstraction #6 Reporting Historical Cases in the State Specific Fields for guidelines regarding the abstracting of historical cases.

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. This is mandated in the Florida cancer reporting legislation.

h) Responsibility for Reporting

It is the responsibility of the custodian of the medical record, or the facility that is administering care to report the case to FCDS. FCDS reviews the Agency for Health Care Administration (AHCA) cancer patient data annually as a retrospective quality control completeness tool. The AHCA database provides an after-the-fact case finding mechanism, insuring cancer cases reported to AHCA are also in the FCDS database.

SECTION I: GUIDELINES FOR CANCER DATA REPORTING

Table A: NAACCR Layout Version 13: Comparison of Reportable Cancers: FCDS, CoC, and NPCR.

| | FCDS | CoC | NPCR |
|---|---|---|---|
| Reportable Diagnoses | 1. Behavior code of 2 or 3 in ICD-O-3 (includes VIN III, VAIN III, AIN III). 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 the Table: Primary Site Codes for Non-Malignant Primary Intracranial and Central Nervous System Tumors. | 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. | 1. Behavior code of 2 or 3 in ICD-O-3 (includes VIN III, VAIN III, AIN III). 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 the Table: Primary Site Codes for Non-Malignant Primary Intracranial and Central Nervous System Tumors. |
| Exceptions (not reportable) | 1. Skin cancers (C44.) with histologies 8000-8005, 8010-8046, 8050-8084, 8090-8110. 2. CIS of the cervix and CIN III 3. PIN III (after 1/1/2001). | 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 (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). | 1. Skin cancers (C44.) with histologies 8000-8005, 8010-8046, 8050-8084, 8090-8110. 2. CIS of the cervix and CIN III. 3. PIN III (after 1/1/2001). |
| Historical Neoplasm | If a patient has at least one primary reportable neoplasm which is 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 to FCDS. | Not included unless patient has evidence of this neoplasm (active disease). | Not included unless patient has evidence of this neoplasm (active disease). |
| Multiple Primary Rules | 2007 Multiple Primary and Histology Coding Rules | 2007 Multiple Primary and Histology Coding Rules. | 2007 Multiple Primary and Histology Coding Rules |
| Hematopoietic and Lymphoid Neoplasm Rules | 2010 Hematopoietic and Lymphoid Neoplasm Case Reportability and Coding Manual and the Hematopoietic Database | 2010 Hematopoietic and Lymphoid Neoplasm Case Reportability and Coding Manual and the Hematopoietic Database | 2010 Hematopoietic and Lymphoid Neoplasm Case Reportability and Coding Manual and the Hematopoietic Database |
| Ambiguous Terminology Considered as Diagnostic of Cancer | apparent(ly) appears comparable with compatible with consistent with favors malignant appearing most likely presumed probable suspect(ed) suspicious (for) typical of Exception: if the cytology is reported as “suspicious” and neither a positive biopsy nor a physician’s clinical impression supports the cytology findings, do not consider as diagnosis of cancer. | apparent(ly) appears comparable with compatible with consistent with favors malignant appearing most likely presumed probable suspect(ed) suspicious (for) typical of Exception: if the cytology is reported as “suspicious” and neither a positive biopsy nor a physician’s clinical impression supports the cytology findings, do not consider as diagnosis of cancer. | apparent(ly) appears comparable with compatible with consistent with favors malignant appearing most likely presumed probable suspect(ed) suspicious (for) typical of Exception: if the cytology is reported as “suspicious” and neither a positive biopsy nor a physician’s clinical impression supports the cytology findings, do not consider as diagnosis of cancer. |
| Ambiguous Terminology NOT Considered as Diagnostic of Cancer | cannot be ruled out equivocal possible potentially malignant questionable rule out suggests worrisome | cannot be ruled out equivocal possible potentially malignant questionable rule out suggests worrisome | cannot be ruled out equivocal possible potentially malignant questionable rule out suggests worrisome |

* Juvenile astrocytoma should be reported as 9421/3. ** Do not substitute synonyms such as “supposed” for “presumed” or “equal” for “comparable.” Do not substitute “likely” for “most likely.” Use only the exact words on the list.

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).

Reference Standards for Cancer Registries, Volume II: Data Standards and Data Dictionary, Sixteenth Edition Version 12.2 – Chapter III: Standards for Tumor Inclusion and Reportability

| 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 | Brain Cerebrum 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:

- HIM/Medical Record Disease Indices or Unified Billing System Report (Inpatient and outpatient, including inpatient hospice)
- Pathology (surgical pathology, bone marrow biopsy, needle biopsy, cytology, autopsy, etc.)
- Radiation Therapy Department (Radiation oncology logs)
- Outpatient Departments (including cancer specialty clinics, chemotherapy clinics, infusion centers, day surgery, emergency room, medical oncology logs, etc.)
- Radiology Department (MRI, CT scan, PET scan, x-ray, mammogram, etc.)

1. HIM/Medical Record Disease Index/Unified Billing System Report

Every patient record with a reportable ICD-9-CM code (see July 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. 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 "Not Reportable List" is useful when FCDS 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.

| 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 |

2. Pathology Reports

All pathology reports (including surgical path reports, bone marrow aspirations, needle biopsies and fine needle aspiration biopsies, diagnostic hematology, cytology and autopsy reports) for inpatients, outpatients and ambulatory care patients must be reviewed to determine whether or not a case is reportable. Since 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. Pathology reports must also be reviewed within each reporting facility at least annually to insure that no cases have been missed by the reporting facility.

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 usually 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, etc.), 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 usually can be used to identify these cases.

5. Radiology Department

New patient registration rosters for patients receiving diagnostic imaging services are an excellent source for identifying new cancer cases.

SECTION I: GUIDELINES FOR CANCER DATA REPORTING

FCDS CASEFINDING LIST FOR REPORTABLE TUMORS - JULY 2013

The following ICD-9-CM list is to be used to identify potentially reportable tumors. Some ICD-9-CM codes contain conditions that are not reportable. These records still need to be reviewed and assessed individually to verify whether or not they are reportable to FCDS.

| * = Required for review | + = Optional for review |
|-------------------------|--|
| + 042 | AIDS (review cases for AIDS-related malignancies) |
| * 140.0-209.36 | Malignant neoplasms (excluding skin 173.0-173.9 with morphology codes 8000-8110) |
| * 209.70-209.79 | Secondary neuroendocrine tumors |
| * 225.0-225.9 | Benign neoplasm of brain and spinal cord neoplasm |
| * 227.3-227.4 | Benign neoplasm of pituitary gland, pineal body, and other intracranial endocrine-related structures |
| * 227.9 | Benign neoplasm; endocrine gland, site unspecified |
| * 228.02 | Hemangioma; of intracranial structures |
| *228.1 | Lymphangioma, any site brain, other parts of CNS |
| * 230.0-234.9 | Carcinoma in situ (exclude: skin, cervix and prostate in situ – 232.0-232.9, 233.1, 233.4) |
| + 235.0-239.9 | Neoplasms of uncertain behavior |
| * 236.0 | Endometrial stroma, low grade (8931/3) |
| * 237.0-237.9 | Neoplasm of uncertain behavior (borderline) of endocrine glands and nervous system |
| * 238.4 | Polycythemia vera (9950/3) |
| * 238.6-238.79 | Other lymphatic and hematopoietic tissues |
| * 239.6-239.89 | Neoplasms of unspecified nature |
| + 258.02-258.03 | Multiple endocrine neoplasia (MEN) type IIA and IIB |
| * 273.2 | Other paraproteinemias |
| * 273.3 | Waldenstrom's macroglobulinemia (9761/3) |
| + 285.22 | Anemia in neoplastic disease |
| * 288.3 | Hypereosinophilic syndrome (9964/3) |
| *288.4 | Hemophagocytic syndromes (9751/3, 9754/3) |
| *289.6 | Familial Polycythemia |
| * 289.83 | Myelofibrosis NOS (9961/3) |
| + 338.3 | Neoplasm related pain (acute, chronic); Cancer associated pain |
| * 511.81 | Malignant pleural effusion (code first malignant neoplasm if known) |
| * 692.7 | Malignancy due to solar radiation (9725/3 hydroa vacciniforme-like lymphoma) |
| * 758.0 | Myeloid leukemia associated with Down Syndrome |
| * 789.51 | Malignant ascites (code the first malignant neoplasm if known) |
| + 795.81-795.89 | Abnormal tumor marker |
| * 795.06 | Papanicolaou smear of cervix with cytologic evidence of malignancy |
| * 795.16 | Papanicolaou smear of vagina with cytologic evidence of malignancy |
| * 796.76 | Papanicolaou smear of anus with cytologic evidence of malignancy |
| + 999.81 | Extravasation of vesicant chemotherapy |
| + V07.31-V07.39 | Other prophylactic chemotherapy |
| + V07.8 | Other specified prophylactic measure |
| + V10.0-V10.9 | Personal history of malignancy (review these for recurrences, subsequent primaries, and/or subsequent treatment) |
| + V42.81-V42.82 | Organ or tissue replaced by transplant, Bone marrow transplant |
| * V58.0 | Encounter for radiotherapy |
| * V58.1 | Encounter for chemotherapy and immunotherapy |
| *V58.11 | Antineoplastic Chemotherapy |
| *V58.12 | Antineoplastic Immunotherapy |
| + V66.1 | Convalescence following radiotherapy |
| + V66.2 | Convalescence following chemotherapy |
| + V67.1 | Radiation therapy follow-up |
| + V67.2 | Chemotherapy follow-up |
| + V71.1 | Observation for suspected malignant neoplasm |
| + V76.0-V76.9 | Special screening for malignant neoplasm |
| + V87.41 | Personal history of antineoplastic chemotherapy |

C. ABSTRACTING**1. Personnel Requirements**

Trained personnel must perform abstracting. FCDS provides basic incidence abstracting training via web-based modules. In addition, FCDS performs on-site regional workshops on an ad hoc basis.

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 Examination, 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 Exam.

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 Exam is a new tool introduced to help FCDS expedite FCDS Abstractor Code approvals, renewals, and monitoring. Exams are short (15-20 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 electronically selected at random from a pool of nearly 500 questions covering 6 major topic areas. No two exams will be alike.

The 6 topic areas include;

- General Abstracting Knowledge
- General Abstracting Rules and Florida-Specific Rules
- Primary Site/Histology/Grade
- Stage at Diagnosis (Collaborative Stage Data Collection System and Site Specific Factors)
- Latest Rule Changes
- Treatment and Survival

WHO NEEDS TO TAKE THE FCDS ABSTRACTOR CODE EXAM?

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

WHO NEEDS TO TAKE THE FCDS ABSTRACTOR CODE RENEWAL EXAM?

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

2. Case Abstracting Requirements

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.

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.

3. Not Reportable List

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 I. Any patient encounter that appears on a facility casefinding list that does not meet the reporting requirements outlined in Section I.A 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 facilitate your annual AHCA Follow-Back activities.

The list should include the patient’s name, social security number, medical record number, date of birth, ICD-9 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 periodically at every reporting facility as well as 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.

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.

SECTION I: GUIDELINES FOR CANCER DATA REPORTING

| 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 |

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.

FCDS realizes that much of the information about the original diagnosis, staging and treatment of non-analytic and historical cancers may be sketchy. The abstractor should attempt to complete each abstract with as much information as is available in the medical record.

- a. The following morphology terms are reportable as historical cases if they were diagnosed prior to 1/1/01 and the patient has another active reportable neoplasm. These neoplasms were historically reported with behavior /1 (borderline malignancy). They were changed to behavior /3 (malignant) when ICD-O-3 was released in 2001. This change in reporting rules is consistent with ICD-O-3.

| | | | |
|--------|--------|--------|--------|
| 8931/3 | 9960/3 | 9981/3 | 9989/3 |
| 9393/3 | 9961/3 | 9982/3 | |
| 9538/3 | 9962/3 | 9983/3 | |
| 9950/3 | 9980/3 | 9984/3 | |

If a patient diagnosed with any of the above hematopoietic disease morphology terms prior to 01/01/2001 undergoes transformation to another hematopoietic disease before 01/01/2010, enter the case into the registry using the histology and behavior (malignant) diagnosed on or after 01/01/2001 with the 2001 or later diagnosis date.

If the diagnosis date of a hematopoietic disease is unknown and the admission date is 01/01/2001 or later, the case is reportable using ICD-O-3 reporting criteria. Please refer to the FCDS Rules for Reporting Hematopoietic Diseases in Section II for specific instructions on reporting hematopoietic diseases.

- b. Benign and borderline brain and central nervous system tumors are reportable even if they were diagnosed prior to 1/1/04 and the patient has another active reportable neoplasm.
- c. Squamous Intraepithelial Neoplasia Grade III of vulva, vagina, and anus are reportable as historical cases, even if they were diagnosed prior to 01/01/2001, and the patient has another active reportable neoplasm.

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 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.

DEFINITION: A historical case refers to a primary reportable neoplasm (malignant or benign/borderline brain/CNS tumors)

There are two methods for reporting a Historical Case:

- FCDS will accept cases as full abstracts as it has in the past and/or
- The optional reporting of historical cases using a new minimal dataset.
 - 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. CS SSF 25 - Discriminator
 - 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. A complete, full abstract MUST be reported to FCDS for those cases with sufficient information in the patient's medical record.
 - d. 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.
 - e. 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.

SECTION I: GUIDELINES FOR CANCER DATA REPORTING

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: CS SSF25 Discriminator**

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.

- 7. Required/Recommended Desktop References – paper and/or electronic – current version

REQUIRED DESKTOP REFERENCES

| REQUIRED REFERENCE | ORDERING INFORMATION |
|---|--|
| Current <i>FCDS Data Acquisition Manual</i> | FCDS, Florida Cancer Data System PO Box 016960 (D4-11) Miami, FL 33101 http://fcds.med.miami.edu/inc/downloads.shtml |
| <i>International Classification of Diseases for Oncology</i> , 3 rd ed. Geneva, World Health Organization: 2000, including three published errata | The World Health Organization WHO Publications Center USA; 49 Sheridan Avenue; Albany, NY 12210 (518) 436-9686 (Voice) (518) 436-7433 (Fax) ISBN 9241545348 Order Number 11503350 http://www.who.int/classifications/icd/en/index.html |
| Current <i>Multiple Primary and Histology Coding Rules</i> | National Cancer Institute, SEER Program, Bethesda, MD Johnson CH, Peace S, Adamo P, et al. National Cancer Institute, Surveillance, Epidemiology and End Results Program. Bethesda, MD: 2007 http://seer.cancer.gov/registrars |
| Current <i>Hematopoietic and Lymphoid Neoplasm Case Reportability and Coding Manual</i> and Hematopoietic Database (desktop or web-based versions available) | Download latest version from the National Cancer Institute, SEER Program, Bethesda, MD http://seer.cancer.gov/tools/heme Note: DO NOT USE ICD-O-3 to code hematopoietic or lymphoid neoplasms with histology 9590-9992. Use the Master Code List found in Appendix N. And, follow the instructions for coding and abstracting found in the Heme/Lymph Coding Manual and Database. The Heme Manual and Database include histology codes not published in <i>ICD-O-3</i> . |

SECTION I: GUIDELINES FOR CANCER DATA REPORTING

| REQUIRED REFERENCE | ORDERING INFORMATION |
|---|--|
| <p>Current <i>Collaborative Staging Data Collection System Coding Instructions</i> <i>Part I – Section 1 – General Instructions</i> <i>Part I – Section 2 – Tumor Markers and SSFs</i> <i>Part II – Site Specific Schema, current edition</i></p> | <p>American Joint Committee on Cancer (AJCC) http://cancerstaging.org/cstage/manuals.html</p> |
| <p>Current <i>SEER*Rx – Interactive Drug Database</i></p> | <p>National Cancer Institute, Surveillance, Epidemiology and End Results Program, Bethesda MD. Available for download at http://seer.cancer.gov/registrars/</p> |

RECOMMENDED DESK REFERENCES

| RECOMMENDED BOOK | ORDERING INFORMATION |
|---|--|
| <p><i>Facility Oncology Registry Data Standards (FORDS)</i>, current edition</p> | <p>American College of Surgeons (ACS) 55 East Erie Street Chicago, IL 60611-2797 (312) 664-4050 http://www.facs.org/cancer/coc/fordsmanual.html</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>Cancer Principles and Practice of Oncology</i>, 9th edition</p> | <p>Lippincott Williams & Wilkins Publishers 227 East Washington Square Philadelphia, PA 19106-3780 ISBN-10: 1451105452</p> |
| <p><i>Cancer Registry Management Principles & Practice for Hospitals and Central Registries</i>, 3rd Edition, 2011</p> | <p>Kendall/Hunt Publishing Company 4050 Westmark Drive, PO Box 1840 Dubuque, IA 52004-1840 1-(800) 228-0810 www.kendallhunt.com/ncra ISBN 978-0-7575-6900-5</p> |
| <p><i>AJCC Cancer Staging Manual</i>, 7th ed. American Joint Committee on Cancer, Chicago IL. Springer: 2009</p> | <p>Edge, S.B.; Byrd, D.R.; Compton, C.C.; Fritz, A.G.; Greene, F.L.; Trotti, A. (Eds.) 7th ed. 2010, 2010, X, 646 p. 130 illus. With CD-ROM. Softcover, ISBN 978-0-387-88440-0 http://www.springer.com/medicine/surgery/book/978-0-387-88440-0</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 1-800-227-2345; 1-800-ACS-2345 http://www.cancer.org</p> |
| <p><i>Registry Plus Online Help</i></p> | <p>Download the free desktop reference, <i>Registry Plus Online Help</i> at http://www.cdc.gov/cancer/npcr Online Help is an interactive tool that incorporates many of the references above and is maintained by the CDC. The <i>Registry Plus Online Help</i> application includes fully indexed versions of the FORDS Manual, Collaborative Stage, and Multiple Primary and Histology Coding manuals as well as the NAACCR Data Dictionary, the SEER Coding Manual and the ICD-O-3.</p> |

SECTION I: GUIDELINES FOR CANCER DATA REPORTING

RECOMMENDED DESK REFERENCES(continued)

| RECOMMENDED BOOK | ORDERING INFORMATION |
|--|---|
| <i>Professional Review for Cancer Registrars</i> 5th Edition of the FCRA Professional Review for Cancer Registrars | Professional Review for Cancer Registrars: A Study Guide, 5th Edition may be used as a study aid for the Certification Examination offered by the Council on Certification by the National Cancer Registrars Association. http://www.ncra-usa.org/i4a/ams/amsstore/category.cfm?category_id=11 |
| NAACCR <i>Standards for Cancer Registries Volume II: Data Standards and Data Dictionary</i> , current edition | 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 http://www.naaccr.org/StandardsandRegistryOperations/VolumeII.aspx |
| SEER <i>Self Instructional Manuals 1-5, 7-8; Book 1 – Objectives and Functions of a Tumor Registry (1999)</i> <i>Book 2 – Cancer Characteristics and Selection of Cases(1991)</i> <i>Book 3 – Tumor Registrar Vocabulary: The Composition of Medical Terms (1992)</i> <i>Book 4 – Human Anatomy as Related to Tumor Formation (1995)</i> <i>Book 5 – Abstracting Medical Record: Patient Identification, History, and Examinations</i> <i>Book 6 – Out of print, substitute: SEER Summary Staging Guide (1977)</i> <i>Book 7 - Statistics/Epidemiology for Cancer Registries(19'94)</i> <i>Book 8-Antineoplastic Drugs,3rd edition (1993)</i> <i>SEER Summary Staging Manual 2000</i> | National Cancer Institute Publications Ordering Service P.O. Box 24128, Baltimore, MD 21227, 301-330-7968 To order by phone, contact 1-800-4-CANCER and select the option to order publications. You may use our online Publications Locator at http://www.cancer.gov/publications https://cissecure.nci.nih.gov/ncipubs/home.aspx?js=1 The <i>SEER Program Coding and Staging Manual</i> can be downloaded and they are available in both PDF and ZIP formats. http://seer.cancer.gov/tools/codingmanuals/index.html http://www.seer.cancer.gov/registrars/ / See order for SEER publications http://seer.cancer.gov/publications/ <i>SEER Program: Instructional Manuals on CD-ROM</i> <i>Historical Staging and Coding Manuals on CD-ROM</i> |
| SEER <i>Program Code Manual</i> , current edition Order SEER Publications Online-order form SEER publications available in hardcopy include reports and monographs, coding manuals, self-instructional manuals for tumor registrars, and ICD conversion materials | National Cancer Institute Publications Ordering Service P.O. Box 24128, Baltimore, MD 21227, 301-330-7968 To order by phone, contact 1-800-4-CANCER and select the option to order publications. You may use our online Publications Locator at http://www.cancer.gov/publications http://seer.cancer.gov/tools/codingmanuals/index.html |
| <i>CDC Data Collection of Primary Central Nervous System Tumors, National Program of Cancer Registries Training Materials</i> , 2004 | 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/npctr/training/btr/ |

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

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

FCDS REQUIRES THAT FACILITIES TRANSMIT DATA AT LEAST QUARTERLY.

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

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 record and healthcare facility confidentiality is a growing concern with cancer and other disease reporting. Please, take care when discussing cases over the phone. PLEASE, DO NOT E-MAIL, FAX or MAIL PATIENT INFORMATION TO FCDS. FCDS will not accept any patient confidential information in email, FAX or U.S. mail.

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

- Finer or voice prints
- Photographic images

1. Electronic Submissions

Record Layout

All data must be submitted in the current NAACCR Version transfer record layout. The FCDS field positions and field lengths are standardized using the NAACCR transfer record layout, data definitions and data exchange guidelines. All fields identified as Core ('C') must be filled using valid codes.

2. Receipt on Upload

An Upload Receipt is generated after the upload is successfully transmitted.

3. Data Acceptance Policy

Batch submissions will be edited immediately upon upload. Each record in the batch 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.

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, the reporting facility will have two weeks from the time of case transmission to send FCDS the appropriate information from the path report, discharge summary, or other source to support the code(s) assigned. The FCDS Quality Control Staff will use the documentation provided to validate the coding and set the 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

SECTION I: GUIDELINES FOR CANCER DATA REPORTING

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 - 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 |

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. Please see APPENDIX H for detailed reporting guidelines.

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.

I. CLINICAL LABORATORY CANCER

Every anatomic pathology laboratory that reads biopsy and surgical resection specimens collected from patient encounters within the state of Florida MUST electronically submit the specified data for every malignant cancer case.

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 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. All FCDS-originated training materials and web broadcasts are recorded and available on the FCDS website.
- d. 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 educational web broadcasts are organized up to 12 times a year or as needed.
- o The FCDS On-Line web based Abstractor Training Course consisting of 20 modules with voice-over recordings and testing are available on the FCDS website.
- o FCDS hosts 12 NAACCR Educational Webinars at 7 host sites around the state each year.
- o Additional resources are available and advertised through the FCDS Monthly Memo, FCDS Quarterly Newsletter “The Register,” 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. FCDS file completeness is assessed using:
 - i. Historical data from facilities
 - ii. On-Site Casefinding Audits
 - iii. Annual FCDS/Agency for Health Care Administration Casefinding Audits (AHCA Match)
 - iv. Annual FCDS/Bureau of Vital Statistics Casefinding Audits (Death Certificate Notifications)
- b. 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:
- c. Field-Item, Inter-Item and Intra-Item Data Edits
 - i. QC Visual Review Sampling of Every 25th Record
 - ii. On-Site Re-Abstracting Audits
 - iii. Mail-In Re-Abstracting Audits
 - iv. New Abstractor Case Review

- 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, 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

FCDS Quality Control Program Components

1. On-Site Casefinding Audits

The FCDS Quality Control staff will periodically perform on-site review of casefinding procedures by auditing the casefinding sources within each facility. Names identified will be compared to the FCDS Master File by the auditor. The registrar at the facility will be asked to review their “Not Reportable List” and identify the reason for any case(s) found by the auditor that were not abstracted. Medical records for cases not found in the FCDS Master File or on the “Not Reportable List” will have to be reviewed by the facility abstractor.

If any case is found to meet the cancer reporting requirements outlined in Section I, the case must be abstracted and reported to FCDS. For any case found that does not meet the cancer reporting requirements outlined in Section I, an explanation must be submitted to FCDS detailing the reason it will not be reported.

2. 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.

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

The Integrated AHCA and Vital Statistics Follow-Back Reports 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”.

SECTION I: GUIDELINES FOR CANCER DATA REPORTING

| 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 |

3. 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.

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

The Integrated Vital Statistics and AHCA Follow-Back Reports 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 - Insitu 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 |

4. 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, cross check 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.

5. QC Visual Review Sampling of Every 25th Record

FCDS Quality Control staff visually reviews 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 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 nearly 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.

6. On-Site Re-Abstracting Audits

The FCDS Quality Control staff and/or outside contract agents working on behalf of FCDS will perform on-site review of abstracting procedures by auditing the medical records of cases previously submitted to FCDS.

The facilities being audited will have to coordinate with the Health Information Management/Medical Records Department to make the medical records available for review, as well as arrange a workspace large enough to accommodate one or two persons.

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 Online Re-Abstracting Audits

FCDS may substitute On- Site Re-Abstracting Audits with Remote Online 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.

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 Examination, 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 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 Exam is a new tool introduced to help FCDS expedite FCDS Abstractor Code approvals, renewals, and monitoring. Exams are short (15-20 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 electronically selected at random from a pool of nearly 500 questions covering 6 major topic areas. No two exams will be alike.

The 6 topic areas include;

- General Abstracting Knowledge
- General Abstracting Rules and Florida-Specific Rules
- Primary Site/Histology/Grade
- Stage at Diagnosis (Collaborative Stage Data Collection System and Site Specific Factors)
- Latest Rule Changes
- Treatment and Survival

WHO NEEDS TO TAKE THE FCDS ABSTRACTOR CODE EXAM?

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

WHO NEEDS TO TAKE THE FCDS ABTRACTOR CODE RENEWAL EXAM?

- ✓ Individuals with an ACTIVE (not yet expired) FCDS Abstractor Code will be required to take and pass the FCDS Abstractor Code Renewal Exam once their code has expired.
- ✓ Individuals with an EXPIRED FCDS Abstractor Code will be required to take the FCDS Abstractor Code Renewal Exam each year in order to keep their FCDS Abstractor Code current and to renew their individual FCDS Abstractor Code, annually.
- Registrars will be required to navigate, use and apply standard cancer registry desk and electronic desktop or web-based references and resources to pass the examination.
- References used include but are not limited to: Current FCDS DAM, Current MPH Rules for both Solid Tumors and Hematopoietic and Lymphoid Neoplasms, Collaborative Stage Data Collection Rules and Schema including Site Specific Factors, SEER*Rx, the Hematopoietic Database. and SEER Self Instructional Manuals including Books 2, 3, 4.
- Examinations are timed with a maximum of 1 hour allowed to take the annual renewal exam (15 Q&A) and 2 hours allowed for initial exam (20 Q&A).
- The registrar will be given two opportunities to successfully pass the examination with a score of 80% or greater.
- If the registrar fails twice, s/he must wait at least one week to take the examination again. Registrars should not abstract cancer cases between failed exams.
- Abstractors who successfully pass the examination will be assigned a Florida Cancer Data System Abstractor Code. Codes are renewed annually.
- NEVER share your abstractor code or your code may be suspended or revoked.

Before taking the exam, please read through and become familiar with the FCDS DAM to ensure you understand all of the Florida abstracting and data collection requirements. The 2013 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 sequences for 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

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. For example, if a facility reports that 95% of their prostate cases are "unstaged" at the time of first contact with their facility there may be a problem with the abstractor's understanding how to correctly interpret the field 'FCDS Stage at First Contact' and/or how to code it correctly. Similar analyses will 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.

4. Data Requests

Filing the appropriate FCDS and DOH forms is required for data requests. The forms are available on the FCDS website (<http://fcds.med.miami.edu/inc/datarequest.shtml>)

Requests for special reports involving release of personal identifiers will be reviewed by a data use committee of DOH for cost effectiveness, research worthiness, and to ensure patient confidentiality.

In general, most requests for data fall into five categories: CD's with raw non-confidential data, statistical/tabular data, confidential data, data linkages, and data for investigation of potential cancer clusters. There are specific procedures for data release based on the category of request and associated fees. All data requests, regardless of the nature of the request, must be submitted to FCDS in writing.

Reporting facility data is considered confidential data. When requesting facility specific data (data other than that submitted from your facility), please mail the data request form along with original cover letters from all concerned facilities on their facility letterhead to FCDS. It is the requestors responsibility to obtain permission for data release from each of the medical facilities of interest prior to making the data request. Keep in mind that all applicable fees apply. The exception to the above rule is when requesting data submitted from the originating institution. Each reporting facility has an annual \$300 credit, which can be applied to data requests only with regard to data submitted from their institution. Requests should be submitted in writing on facility letterhead and signed by the supervisor or the administrator listed in the FCDS database. If the data is to be sent to a third party, this request should be specified in the letter.

Data are extracted from two main files: the master file and the commercial file. The master file is a data file containing all cancer records that have successfully passed the SEER (Surveillance Epidemiology and End Results, National Cancer Institute program) and FCDS standard edit checks. This file is continually updated as new records are received. The commercial file is a 'snapshot' of the master-file at the exact moment it is created; therefore it remains static while the master-file is dynamic. Depending on the nature of the request, FCDS will determine from which file to extract the data. Generally, the commercial file is used to fill requests for incidence data because the data are relatively static and menu rates are calculated from this file. For a complete list of data items available, please refer to FCDS data items list document. Data on the website uses the commercial file.

Availability of Data by Type, Media, Format, and Data Request Fees and Billing Procedures**1) Data CD's**

FCDS provides three raw data CD's: a Public Use CD and two versions of the Confidential CD. *Please note these are flat files in a fixed layout, (approximately 2 million records each year) therefore you will need some type of software to read in the data and analyze it (i.e. SAS, SPSS, SQL).*

FCDS will fill data requests for data CD's within 20 business days once the application has been approved and payment has been received by FCDS.

- a. The *Public Use CD* is available without charge to anyone requesting FCDS data. The Public Use CD 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. The application form along with the variable list for the Public Use CD are available under the "Data Request" link on the FCDS web site <http://fcds.med.miami.edu>. Please download the application and follow the submission instructions.
- b. The two versions of the *Confidential CD* are: 1) The Limited Confidential CD which contains no geocoded data, and 2) the Full Confidential CD containing geocoded data. Both Confidential CDs are void of any personal identifiers (name, address, date of birth, and social security number). The

SECTION I: GUIDELINES FOR CANCER DATA REPORTING

32

only difference between the CDs is that one contains geocodes, the other does not. FCDS approval is required for release of the Limited Confidential CD. The application process for the Full Confidential CD requires DOH IRB approval prior to release. Both Confidential CDs are available only to recognized academic, research, and governmental institutions. There is a charge for both versions of the Confidential CD. Please see the Fees and Billing Procedure section of this document for information on these charges. The application forms for the Confidential CDs are available online under the "Data Request" link on the FCDS web site <http://fcds.med.miami.edu>. If you would like to request one of the CDs please download this document and follow the submission instructions. In addition, if applying for the Full Confidential CD, please note as stated above you will need to fill out the DOH IRB form as well. This form is available within the "Procedure Guide for studies that utilize FCDS for patient identification and contact" document under the "Data Request" link of our website. Further information on the DOH IRB application process and timeline can be found at <http://www.doh.state.fl.us/execstaff/irb/index.html>.

For questions, please contact:

Florida Department of Health
Bureau of Epidemiology
Cancer Registry
Re: Confidential Data Request
4052 Bald Cypress Way, Bin A-12
Tallahassee, FL 32399-1720
Telephone: (850) 245-4401
Fax: (850) 922-9299

The data on the CDs are updated when necessary, with the most recent year being added as it becomes available. FCDS will **fill data requests** for data CDs **within 20 business days** once the application has been approved and payment has been received by FCDS.

2) Statistical/Tabular Data (All non-CD requests for Data)

All requests for non-confidential statistical/tabular data must be received in writing, please use the form titled "Data Request Form (for statistical and tabular data)" found under the Data Requests link on the FCDS web site <http://fcds.med.miami.edu>. This type of data request can be approved directly by FCDS.

The basic rule of thumb is that as long as the tabulation cannot either directly or indirectly identify any patient, the data may be released. In an effort to protect the indirect identification of the patient, the "rule of ten" is applied; this rule suppresses any cell 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 Department of Health.

Because each request is unique, FCDS staff will discuss the project with the requestor to verify the type of data required and determine if the system is capable of producing the required data and to determine approximately how long it will take to fill the request. Based on this information, an estimate of the cost is provided. Then the applicant will need to submit the request in writing. FCDS staff may contact the requestor as needed to discuss and clarify additional details of the request.

FCDS will fill data requests for statistical/tabular data within 20 business days once the request has been finalized and the cost has been approved.

3) Confidential Data

All requests for confidential data (any data that can directly identify a patient) must be sent to the Florida Department of Health (DOH) for approval using both the DOH Bureau of Epidemiology and

the DOH Institutional Review Board (IRB). Please refer to the *Procedure Guide for Studies that Utilize the Florida Cancer Data System Data for Patient Identification and Contact* for application materials and submission requirements. The Procedure Guide can be found at <http://fcds.med.miami.edu/inc/datarequest.shtm> . Further information on the DOH IRB application process and timeline can be found at <http://www.doh.state.fl.us/execstaff/irb/index.html>

For questions, please contact:

Florida Department of Health
Bureau of Epidemiology
Cancer Registry
Re: Confidential Data Request
4052 Bald Cypress Way, Bin A-12
Tallahassee, FL 32399-1720
Telephone: (850) 245-4401
Fax: (850) 922-9299

Once approval has been received from **both** the DOH Bureau of Epidemiology and DOH IRB, FCDS staff will then begin to work directly with the researcher. FCDS will not begin work on the project until we have received all of the necessary approval and paperwork directly from the DOH Bureau of Epidemiology. Only those data items (variables) specified in the *Application for Research Use of the Florida Cancer Data System* will be extracted. FCDS will fill confidential data requests within 6 weeks time once the request and cost have been approved.

Please note that approval for confidential data through Florida Department of Health can take anywhere from 8 weeks to 18 months, depending on complexity and thoroughness of the request of the application. Please plan accordingly.

4) Data Linkage

A data linkage project is a request that involves linking FCDS data to external or internal data sets. The preliminary steps involving linkages are identical to those of confidential data requests. (Please refer to the confidential data requests section above).

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 will require extra work and will be charged to the requestor according to the fee schedule. (Refer to Fees and Billing Procedure below).

FCDS will fill data linkage requests within 6 weeks following approval of the request and fees.

5) Cancer Cluster Data

Requests for information regarding potential cancer clusters should be directed to the County Health Department. If necessary, staff at the County Health Department will contact the appropriate division at the central office of the Florida Department of Health for assistance.

6) Fees and Billing Procedure

Each reporting facility has an annual \$200 credit, which can be applied to data requests only with regard to data submitted from their institution. Requests should be submitted in writing on company letterhead. If the data is to be sent to a third party, this request should be specified in the letter.

The billing procedure for the Confidential CDs is as follows: once payment and supporting documentation are received, the CD is mailed out. For all other data requests, an invoice will be mailed (via email or postal service) along with the results of the data request or linkage.

SECTION I: GUIDELINES FOR CANCER DATA REPORTING

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 applicant.

The fees are as follows:

- Public use CD - No Charge
- Minimum charge - \$150.00
- Statistical analysis/programming/data coordination - \$150.00 per hour
- Limited Confidential CD without geocodes - \$500.00
- Full Confidential CD with geocodes - \$1,000
- Data Linkage:

| | |
|------------------------|--|
| Sliding scale: <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: <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 |

Subsequent listing (without changes to format, layout, or variables) will be charged 50 percent of the sliding scale fee for the number of records extracted. For example, subsequent request for another 30,000 patient listing would be $2500 \times .50 = \$1,250$.

- Overnight mailing - actual cost

Data linkage fees are charged for those projects involving the matching of an outside data source to the Florida Cancer Data System database. Please contact FCDS directly to discuss fields and the associated record layout. A copy of the required record layout is available under the “Data Request” link on the FCDS web site <http://fcds.med.miami.edu>.

Data coordination fees apply to all data linkage projects; they involve manually reviewing possible matches and correcting for any deviations in field length or variable formats.

Please contact FCDS prior to submitting a written request to discuss the analysis/data extraction and to obtain an estimate of any fees.

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

If a data request does not fall into any of the above categories please contact us at 1-800-906-3034 or 305-243-4600.

All media requests should be directed to Irv Kokol 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.

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

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

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

The Integrated 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.

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

The Integrated 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**

Personal Certificates of Excellence in Cancer Reporting – “You Make The Difference” are awarded to individuals who contribute to a facility achieving the annual Jean Byers Memorial Award.

Criteria for receipt of the Jean Byers Award and Personal Certificates of Excellence 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 (PHI).

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.
 - 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 Annual Reporting Calendar
- FCDS 2013 Abstract Form - Sample
- FCDS Discrepancy Journal - Sample
- Not Reportable List - Template
- FCDS Quarterly Activity Status Report – Sample
- FCDS Data Quality Indicator Report - Sample

**FCDS 2013 Reporting Calendar
FCDS Recurring Deadlines**

| Patient Encounter for Cancer | Case Should Be Reported |
|-------------------------------------|--------------------------------|
| January 2013 | July 2013 |
| February 2013 | August 2013 |
| March 2013 | September 2013 |
| April 2013 | October 2013 |
| May 2013 | November 2013 |
| June 2013 | December 2013 |
| July 2013 | January 2014 |
| August 2013 | February 2014 |
| September 2013 | March 2014 |
| October 2013 | April 2014 |
| November 2013 | May 2014 |
| December 2013 | June 2014 |

| 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 |
| October 15 | Consolidated Follow-Back Deadline | All unmatched cases from the combined AHCA and Vital Records Death Match must be resolved 7/15-10/15 each year |
| Varies | FAPTP Follow-Back Deadline | All unmatched cases from FAPTP must be resolved each year |

REGISTRY INFORMATION

FCDS – Facility Number _____ Accession Number _____ Sequence Number _____

Date of Admission/First Contact _____ Date 1st Contact Flag: Blank _____

Medical Record Number _____

Date Abstracted _____ Abstracted By _____ Type of Reporting Source _____

PATIENT DEMOGRAPHICS

Name – Last _____ Spanish/Hispanic Origin _____

Name – First _____ Birth Date _____ Date of Birth Date Flag: Blank _____

Name – Middle _____ Birthplace Geocode _____ Sex _____ Marital Status at DX _____

Name – Maiden _____ Race 1 _____ Race 2 _____ Race 3 _____ Race 4 _____ Race 5 _____

Name- Alias _____ Social Security Number _____

Addr at DX – No & Street _____ County at DX _____

Addr at DX – City _____

Addr at DX – State _____ Addr at DX – Country _____ Addr at DX – Postal Code _____

Addr at DX – Supplemental _____

Addr Current – No & Street _____ Telephone Current _____

County Current _____

Addr Current – City _____ County Current _____

Addr Current – State _____ Addr Current – Country _____ Addr Current – Postal Code _____

FCDS-Primary Payer-DX _____ Text – Usual Occupation _____ Text – Usual Industry _____



TUMOR INFORMATION

Class of Case

- 00 10 11 12 13 14 20 21 22 30 31 32
- 33 34 35 36 37 38 40 41 42 43 49 99

Diagnostic Confirmation

- 1 Histology 2 Cytology 3 histo/Immuno and/or genetic studies
Only Hematopoietic or Lymphoid Tumors
- 4 Micro, Nos 5 Lab test/marker study
- 6 Dir. Visual 7 Radiography 8 Clinical 9 Unknown

Date of Initial DX - - Place of DX _____

Primary Site Text Title _____ Histology Text Title _____

Primary Site C ____ . ____ Histology Behavior Grade/Differentiation

Laterality 0 None 1 Right 2 Left 3 Unilat 4 Bilat 5 Paired site: Midline Tumor 9 Unk

Lymph Vascular Invasion 0 Absent/not identified 1 Present/Identified 8 N/A 9 Unk



Florida Cancer Data System

A Joint Project of the Sylvester Comprehensive Cancer Center and the Florida Department of Health

CONFIDENTIAL ABSTRACT REPORT

Height at DX (inches) |__|__|__|__|

Weight at DX (lbs) |__|__|__|__|

Tobacco Use Cigarette |__|

Tobacco Use Smokeless |__|

Tobacco Use Other Smoke |__|

Tobacco Use NOS |__|

COLLABORATIVE STAGE DATA ITEMS

CS Site Schema Used (Text) _____ CS Site-Specific Factor 25 |__|__|__|__|

CS Tumor Size |__|__|__|__| CS Extension |__|__|__|__| CS Tumor Size/Ext Eval |__|

CS Tumor Size/Ext Eval |__|

Regional Nodes Positive |__|__|__|

Regional Nodes Examined |__|__|__|

CS Lymph Nodes |__|__|__|__|

CS Reg Nodes Eval |__|

CS Mets at DX |__|__|

CS Mets Eval |__|

CS Site-Specific Factor 1 |__|__|__|__|

CS Site-Specific Factor 9 |__|__|__|__|

CS Site-Specific Factor 17 |__|__|__|__|

CS Site-Specific Factor 2 |__|__|__|__|

CS Site-Specific Factor 10 |__|__|__|__|

CS Site-Specific Factor 18 |__|__|__|__|

CS Site-Specific Factor 3 |__|__|__|__|

CS Site-Specific Factor 11 |__|__|__|__|

CS Site-Specific Factor 19 |__|__|__|__|

CS Site-Specific Factor 4 |__|__|__|__|

CS Site-Specific Factor 12 |__|__|__|__|

CS Site-Specific Factor 20 |__|__|__|__|

CS Site-Specific Factor 5 |__|__|__|__|

CS Site-Specific Factor 13 |__|__|__|__|

CS Site-Specific Factor 21 |__|__|__|__|

CS Site-Specific Factor 6 |__|__|__|__|

CS Site-Specific Factor 14 |__|__|__|__|

CS Site-Specific Factor 22 |__|__|__|__|

CS Site-Specific Factor 7 |__|__|__|__|

CS Site-Specific Factor 15 |__|__|__|__|

CS Site-Specific Factor 23 |__|__|__|__|



CS Site-Specific Factor 8

CS Site-Specific Factor 16

CS Site-Specific Factor 24

Text – Dx Procedures – Physical Exam

RX Text - Surgery

Text – Dx Procedures – X-ray/Scans

RX Text – Radiation (Beam)

Text – Dx Procedures – Scopes

RX Text – Radiation (Other)

Text – Dx Procedures – Lab Tests

RX Text - Chemotherapy

Text – Dx Procedures – Operative Report

RX Text - Hormone

Text – Dx Procedures – Pathology Report

RX Text - BRM

RX Text - Other

Text – Staging

REMARKS

CONFIDENTIAL ABSTRACT REPORT

1ST COURSE OF TREATMENT

RX Summ-Surg Primary Site --
 RX Summ-Scope Reg LN Sur
 RX Summ Surg Other Reg/Distant

Date of Surgery

RX - Date Surg Flag: Blank, 10, 11, 12

Reason for No Surgery

RX Summ - Radiation
 Rad - Regional RX Modality
 Reason for No Radiation

Reason for No Radiation

RX Date - Radiation

RX Date Rad Flag: Blank, 10, 11, 12, 15

RX Summ - Chemo
 RX Date - Chemo

RX Chemo Flag: Blank, 10, 11, 12, 15

RX Summ-Hormone
 RX Date-Hormone

RX Hormone Flag: Blank, 10, 11, 12, 15

RX Summ - BRM
 RX Date - BRM

RX BRM Flag: Blank, 10, 11, 12, 15

RX Summ - Tr/Endo
 RX Date

RX Date Flag: Blank, 10, 11, 12, 15

RX Summ - Other
 RX Date - Other

RX Date Other Flag: Blank, 10, 11, 12, 15

RX Summ - Surg/Rad Seq
 Rx Summ - Systemic Surg Seq

RX Summ- Treatment Status 0 No treatment given 1 Treatment given 2 Active surveillance (watchful waiting) 9 Unknown



FOLLOW-UP

Vital Status 0 Dead 1 Alive

Cancer Status 1 NED 2 Evidence of Disease 9 Unknown

Date of Last Contact | | | | | - | | | | - | | | |

Date of last Contact Flag: Blank 12 Event occurred but Date UNK

NPI Physician Managing

| | | | | | | | | | | |

NPI Physician Follow-Up

| | | | | | | | | | | |

NPI Physician – Primary Surgery

| | | | | | | | | | | |

NPI Physician 3 – Radiation Oncologist

| | | | | | | | | | | |

NPI Physician 4 – Medical Oncologist

| | | | | | | | | | | |



Discrepancy Journal

2/22/2013 11:36:16 AM

Page: 1 of 1

| | | | | | | | | | |
|-------------------|-----------|-----------|---------------|-------------------|-----------|------|---------|----------|-----|
| Medical Facility: | | Region: 2 | Option: 4 | | | | | | |
| Abs | Accession | Seq | Abstract Type | Patient Name | Recipient | Site | DX Date | Initials | N8G |
| | | | | | | | | | |
| | | | | Medical Record #: | | SSN: | | DOB: | |

Error:390 Force:N If Regional Nodes Positive = 01-97, then CS Lymph Nodes cannot = 000

Discrepant Data: Edit: CS Lymph Nodes, Regional Nodes Positive (CS)
 E:0390: If Regional Nodes Positive = 01-97, then CS Lymph Nodes cannot = 000

| | |
|----------------------------------|--------|
| Primary Site (540) | {C502} |
| Histologic Type ICD-0-3 (550) | {8500} |
| Behavior Code ICD-0-3 (554) | {3} |
| Regional Nodes Positive (914) | {12} |
| CS Lymph Nodes (992) | {000} |
| CS Site-Specific Factor25 (1075) | {988} |

Error:776 Force:N A discrepancy exist between the Regional Nodes Examined and Regional Nodes Positive data items.

Discrepant Data: Edit: CS Reg Nodes Ex, Pos, Site, Hist ICDO3, Rept (FCDS)
 E:0776: Conflict between Regional Nodes Examined {04} and Regional Nodes Positive {12}

M:Schema: Breast

| | |
|----------------------------------|--------------------|
| Primary Site (540) | {C502} |
| Histologic Type ICD-0-3 (550) | {8500} |
| Behavior Code ICD-0-3 (554) | {3} |
| Date of Diagnosis (530) | {Y:2011 M:05 D:20} |
| Type of Reporting Source (563) | {0} |
| Regional Nodes Examined (916) | {04} |
| Regional Nodes Positive (914) | {12} |
| CS Site-Specific Factor25 (1075) | {988} |
| CS Version Input Current (1161) | {020430} |
| CS Extension (988) | {100} |

Cases Reviewed but Not Reported - Not Reportable List

Facility Name _____
 Facility Number _____

| Patient Name | SSN | Med Rec No | Date of Birth | D/C ICD-9 | Admit Date | Disp Code | Reason N/R |
|--------------|-----|------------|---------------|-----------|------------|-----------|------------|
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| | | | | | | | |

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

Date

Florida Cancer Data System Quarterly Cancer Case Reporting Status Report

This Quarterly Cancer Case Reporting Status Report is divided in two sections: a Quarterly Activity Summary and an Annual Case Submission Summary. This report is used as a preliminary indication of the completeness, timeliness, and quality of your data.

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 = | |
|---------------------------|----------------------------|-----------------------|
| 2005 | | |
| 2004 | | <u>% Complete for</u> |
| 2003 | | <u>Reporting Year</u> |
| 2002 | Actual | Expected |
| 2001 | | |

Please review this report in detail. If you have any questions or would like additional information please you're 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 2006-2010 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 2010

Analytic cases² (extracted 3/13/2013)

| Goals | 2010 | | 2009 | | 2008 | | 2007 | | 2006 | |
|-------|------------|----------------------|------------|----------------------|------------|----------------------|------------|----------------------|------------|----------------------|
| | Facility % | Florida Facilities % | Facility % | Florida Facilities % | Facility % | Florida Facilities % | Facility % | Florida Facilities % | Facility % | Florida Facilities % |
| 0 % | 996 | 110.737 | 938 | 114.920 | 801 | 114.097 | 756 | 111.937 | 607 | 109.056 |
| < 1% | 0.000 | 0.022 | 0.000 | 0.030 | 0.250 | 0.046 | 0.000 | 0.046 | 0.000 | 0.061 |
| < 1% | 1.707 | 1.085 | 0.959 | 0.916 | 4.120 | 0.837 | 5.423 | 0.718 | 2.142 | 0.701 |
| < 1% | 0.301 | 0.839 | 1.493 | 1.236 | 0.125 | 1.129 | 0.661 | 1.244 | 0.824 | 1.251 |
| < 1% | 0.703 | 0.956 | 1.599 | 0.797 | 3.245 | 0.957 | 2.116 | 0.620 | 2.471 | 0.659 |
| 0 % | 0.000 | 0.002 | 0.000 | 0.002 | 0.000 | 0.002 | 0.000 | 0.001 | 0.000 | 0.003 |
| 0 % | 0.000 | 0.003 | 0.000 | 0.002 | 0.000 | 0.002 | 0.000 | 0.001 | 0.000 | 0.003 |
| 0 % | 0.000 | 0.003 | 0.000 | 0.002 | 0.000 | 0.002 | 0.000 | 0.001 | 0.000 | 0.003 |
| 0 % | 92.058 | 75.050 | 88.273 | 73.072 | 92.654 | 73.224 | 94.577 | 72.804 | 89.621 | 71.371 |
| 0 % | 3.012 | 1.383 | 11.620 | 1.164 | 46.067 | 1.441 | 10.714 | 1.156 | 10.708 | 1.344 |
| < 2% | 5.522 | 2.484 | 3.945 | 2.337 | 5.498 | 1.975 | 1.323 | 1.789 | 2.471 | 2.206 |
| < 1% | 12.442 | 1.901 | 7.986 | 1.840 | 8.093 | 1.959 | 7.296 | 1.725 | 2.022 | 1.593 |
| < 2% | 0.115 | 0.131 | 0.000 | 0.129 | 0.000 | 0.120 | 0.000 | 0.141 | 0.000 | 0.112 |
| 0% | 1.382 | 2.168 | 2.265 | 2.544 | 1.372 | 2.368 | 1.431 | 2.465 | 2.022 | 2.331 |
| < 2% | 3.213 | 0.501 | 3.858 | 0.391 | 1.748 | 0.332 | 2.381 | 0.339 | 1.647 | 0.344 |
| 0% | 0.000 | 0.097 | 0.213 | 0.046 | 0.125 | 0.032 | 0.132 | 0.085 | 0.165 | 0.039 |
| < 1% | 0.000 | 0.032 | 0.107 | 0.037 | 0.000 | 0.046 | 0.000 | 0.024 | 0.000 | 0.014 |
| < 1% | 1.104 | 1.964 | 1.173 | 1.994 | 0.375 | 1.902 | 0.794 | 1.991 | 0.988 | 2.148 |
| < 2% | 1.305 | 1.996 | 1.386 | 2.134 | 0.250 | 2.011 | 0.794 | 2.191 | 1.153 | 2.218 |
| < 2% | 29.618 | 34.672 | 32.836 | 34.356 | 27.840 | 34.564 | 24.339 | 34.337 | 26.359 | 34.364 |
| < 2% | 2.108 | 6.227 | 2.345 | 6.833 | 2.247 | 7.134 | 2.778 | 7.572 | 3.460 | 8.254 |

* 999999999, 123456789, 111111111, 222222222, 333333333, 444444444, 555555555, 666666666, 777777777, 888888888, 000000000, 773000000, 987654321

¹ Analytic according to FCDS (class of cases: 0 - 22 or 34 - 42)

² Percentages based on analytic cases of Florida residents at time of DX only.

SECTION II: GENERAL ABSTRACTING INSTRUCTIONS

SECTION II: GENERAL ABSTRACTING INSTRUCTIONS

It is the responsibility of every abstractor to know the content of the *FCDS Data Acquisition Manual (DAM)* and to update it upon receipt of any change from FCDS.

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.

Basic Rules:

- 1) Always refer to the *FCDS Data Acquisition Manual* when completing an abstract.
- 2) Always submit a separate abstract for each reportable primary neoplasm identified.
- 3) Use leading zeros when necessary to right justify.
- 4) Text is required to adequately justify ALL coded values and to document supplemental information such as patient and family history of malignancy. Data items MUST be well documented in text field(s); specifically, Place of Diagnosis, Physical Exam, X-rays and Scans, Scopes and Diagnostic Tools, Surgical Procedures and Findings, Laboratory and Pathology (including: Dates of Specimen Collection, Primary Site, Histology, Behavior and Grade), and the Collaborative Stage data items including both core items and site specific factors. Treatment information MUST also be documented in the text fields, particularly 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 treatments.

Basic Rules For Date Fields:

- 1) 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. For each date field, there is an associated date flag item. The date flag fields will be used to record the reason why a date is not known.
- 2) In the absence of a definitive Date of Diagnosis, the best approximation is acceptable and preferred to coding the month and/or year as unknown. If the only information available for the Date of Diagnosis is the year, it is suggested that you use June 15 for the month and day, plus the year indicated. Also, if the only information given is month and year for the Date of Diagnosis, approximate the day by using 15.
Example: Patient was diagnosed April 2000; use 2000/04/15 as the Date of Diagnosis.

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- Hosp |
| 560 | Sequence Number – Hospital |
| 580 | Date of First Contact |
| 581 | Date of First Contact Flag |
| 2300 | Medical Record Number |
| 2090 | Date Case Completed/Date Abstracted |
| 570 | Abstracted By (Cancer Abstractor Code) |
| 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.

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.
3. Each facility participating in a shared registry must use the unique respective facility number. Cases must be abstracted and reported separately for each facility according to Florida statute.
4. The four-digit 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.

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

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 |
| 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 |
| 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

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 FIRST CONTACT FLAG

NAACCR ITEM #581

This flag explains why there is no appropriate value in the corresponding date field, Date of 1st Contact.

Coding Instructions

1. Leave this item blank if *Date of First Contact* (NAACCR Item #580) has a full or partial date recorded.
2. Code 12 if the *Date of First Contact* cannot be determined at all.

| Code | Description |
|---------|---|
| 12 | A proper value is applicable but not known (that is, the date of first contact is unknown). |
| (blank) | A valid date value is provided in item <i>Date of First Contact</i> (NAACCR Item #580). |

MEDICAL RECORD NUMBER**NAACCR ITEM #2300**

Enter the patient's 11-digit Medical Record Number used by the facility to identify the patient. Use leading zeros when necessary to right justify. Do not use special characters in this field (i.e. *, -, /). If the patient has no Medical Record Number you may indicate the casefinding source as follows or you may enter any facility identification number that will be helpful in locating the record at any future date:

00000000OUT – Outpatient
 00000CLINIC – Clinic
 000000000NA – Unknown
 000000000SU – 1-day surgery clinic

00000000XRT – Radiation Therapy
 000000CHEMO – Chemotherapy
 000000000MD – Physician Office

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.

ABSTRACTED BY**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. And, all abstracts submitted must have an approved and valid (current) FCDS Abstractor Code in this field. Validation of the FCDS Abstractor Code will be 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.

This code may not be shared with other abstractors.

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

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 |

Definitions

Managed health plan: HMO or other health plan (e.g. Kaiser, Veterans Administration, military facilities) in which all diagnostic and treatment information is maintained centrally (in a unit record) and is available to the abstractor.

Physician office: Examinations, tests and limited surgical procedures may be performed in a physician office. If called a surgery center, but cannot perform surgical procedures under general anesthesia, code as a physician office.

Serial record: The office or facility stores information separately for each patient encounter.

Surgery center: Surgery centers are equipped and staffed to perform surgical procedures under general anesthesia. Patient does not stay overnight.

Unit record: The office or facility stores information for all of a patient's encounters in one record with one record number.

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 HMO affiliated free-standing laboratory, surgery, radiation or oncology clinic | 1 |
| 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) There were no source documents from code 1. | 2 |
| 3 | Laboratory Only (hospital-affiliated or independent) | <ul style="list-style-type: none"> Laboratory with serial record (not a unit record) There were no source documents from codes 1, 2, 8, or 4. | 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. There were no source documents from codes 1, 2 or 8 | 4 |
| 5 | Nursing/Convalescent Home/Hospice | <ul style="list-style-type: none"> Nursing or convalescent home or a hospice. There were no source documents from codes 1, 2, 8, 4, or 3. | 6 |
| 6 | Autopsy Only | <ul style="list-style-type: none"> Autopsy The cancer was first diagnosed on autopsy. There are no source documents from codes 1, 2, 8, 4, 3 or 5. | 7 |

| Code | Label | Source Documents | Priority |
|-------------|---|--|-----------------|
| 7 | Death Certificate Only | Death certificateDeath 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 | |
| 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. There are no source documents from codes 1 or 2. | 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. Care must be taken at all times to assure patient confidentiality when reporting cases.

Data Items Included in this section:

| <u>NAACCR Item Number</u> | <u>Item Name</u> |
|---------------------------|---|
| 2230 | Name – Last |
| 2240 | Name – First |
| 2250 | Name – Middle |
| 2280 | Name – Alias |
| 2390 | Name - Maiden |
| 2320 | Social Security Number |
| 240 | Date of Birth |
| 241 | Date of Birth Flag |
| 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 |
| <u>1300</u> | Height at Diagnosis (inches) |
| <u>1300</u> | Weight at Diagnosis (lbs.) |
| 1300 | Tobacco Use – Cigarette |
| 1300 | Tobacco Use – OthSmoke |
| 1300 | Tobacco Use – SmokelessTob |
| 1300 | Tobacco Use – NOS |
| 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 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. Note that the maiden name is entered in Name-Maiden field.

NAME – MAIDEN**NAACCR ITEM #2390**

For patients who are or have been married, enter the patient's maiden name with no special characters (e.g., no periods). If the patient does not have a maiden name, if no information is available, or if this field is not applicable (patient is a male), leave this field blank. If the patient has a hyphenated name, you may put the name that precedes the hyphen in this field. Example: Green-Moss; enter Green.

SOCIAL SECURITY NUMBER**NAACCR ITEM #2320**

Enter the patient's nine-digit Social Security Number. Social Security Numbers can be obtained from the patient's Medicare information. The Medicare number and the Social Security Number are the same.

Medicare numbers with an "A" suffix indicate the Social Security Number is the patients. Medicare numbers with a "B" or "D" suffix indicate the Social Security Number belongs to someone other than the patient (i.e., spouse) and should NOT be used. 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.

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
4. 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).
5. If month is unknown, the day is coded unknown. If the year cannot be determined, the day and month are both coded unknown.
6. If the date of birth cannot be determined at all, record the reason in *Date of Birth Flag* (NAACCR Item #241)

DATE OF BIRTH FLAG**NAACCR ITEM #241**

This flag explains why there is no appropriate value in the corresponding date field, *Date of Birth*.

Coding Instructions

1. Leave this item blank if *Date of Birth* (NAACCR Item #240) has a full or partial date recorded.
2. Code 12 if the *Date of Birth* cannot be determined at all.

| Code | Description |
|---------|---|
| 12 | A proper value is applicable but not known (that is, the date of first contact is unknown). |
| (blank) | A valid date value is provided in item <i>Date of Birth</i> (NAACCR Item #240). |

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.

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

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

Custom codes for both historic and future use

ZZN North America NOS

ZZC Central American NOS

ZZS South America NOS

ZZP Pacific NOS

ZZE Europe NOS

ZZF Africa NOS

ZZA Asia NOS

ZZX Non-US NOS

ZZU Unknown

Custom codes for historic use only

XNI North American Islands

XCB Other Caribbean Islands

XEN England, Channel Islands, Isle of Man

XSC Scandinavia

XGR Germanic Countries

XSL Slavic Countries

XCZ Czechoslovakia (former)

XYG Yugoslavia (former)

XUM Ukraine and Moldova

XNF North Africa

XSD Sudanese Countries

XWF West Africa

XSF South Africa

XEF East Africa

XIF African Islands

XET Ethiopia and Eritrea

XAP Arabian Peninsula

XIS Israel and Palestine

XCR Caucasian Republics of former USSR

XOR Other Asian Republics of former USSR

XSE Southeast Asia

XMS Malaysia, Singapore, Brunei

XCH China, NOS

XML Melanesian Islands

XMC Micronesian Islands

XPL Polynesian Islands

SEX**NAACCR ITEM #220**

Enter the appropriate Sex code.

| Code | Description |
|------|-----------------------|
| 1 | Male |
| 2 | Female |
| 3 | Other (Hermaphrodite) |
| 4 | Transsexual |
| 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 | 21 | Chamorro/Chamoru |
| 03 | American Indian, Aleutia, Alaskan Native or Eskimo (includes all indigenous populations of the Western hemisphere) | 22 | Guamanian, NOS |
| 04 | Chinese | 25 | Polynesian, NOS |
| 05 | Japanese | 26 | Tahitian |
| 06 | Filipino | 27 | Samoan |
| 07 | Hawaiian | 28 | Tongan |
| 08 | Korean | 30 | Melanesian, NOS |
| | | 31 | Fiji Islanders |
| 10 | Vietnamese | 32 | New Guinean |
| 11 | Laotian | 96 | Other Asian, including Asian, NOS and Oriental, NOS |
| 12 | Hmong | 97 | Pacific Islander, NOS |
| 13 | Kampuchean | 98 | Other |
| 14 | Thai | 99 | Unknown |
| 15 | Asian Indian 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 should contain the same code.

Persons of Spanish or Hispanic origin may be of any race, but these categories are generally 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 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 #1300**

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 I 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://manuelsweb.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 #1300

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.

See Appendix J 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

NAACCR ITEM #1300

Records the patient's past or current use of tobacco. Tobacco use should be recorded 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.

The collection of Tobacco Use will be divided into three types of tobacco products and when tobacco use is indicated, but type is not specified:

- **TobaccoUseCigarette** -Cigarette smoking
- **TobaccoUseOtherSmoke** - Smoking tobacco products other than cigarettes (e.g., pipes, cigars, kreteks)
- **TobaccoUseSmokeless** - Smokeless tobacco products (e.g, chewing tobacco, snuff, etc.)
- **TobaccoUseNOS** - Tobacco, NOS

| Codes | Description |
|--------------|---|
| 0 | Never used |
| 1 | Current user |
| 2 | Former user, quit within one year of the date of diagnosis |
| 3 | Former user, quit more than one year prior to the date of diagnosis |
| 4 | Former user, unknown when quit |
| 9 | Unknown/not stated/no smoking specifics provided |

If the medical record only indicates “No,” use code 9 (Unknown/not stated/no smoking specifics provided) rather than “Never used.” If the medical record indicates “None,” use 0 (“Never Used”).

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 coded in the Supplemental field and it is not acceptable in the 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 |

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.

Custom codes for both historic and future use

| | |
|-----|----------------------|
| ZZN | North America NOS |
| ZZC | Central American NOS |
| ZZS | South America NOS |
| ZZP | Pacific NOS |
| ZZE | Europe NOS |
| ZZF | Africa NOS |
| ZZA | Asia NOS |
| ZZX | Non-US NOS |
| ZZU | Unknown |

Custom codes for historic use only

| | |
|-----|---------------------------------------|
| XNI | North American Islands |
| XCB | Other Caribbean Islands |
| XEN | England, Channel Islands, Isle of Man |
| XSC | Scandinavia |
| XGR | Germanic Countries |
| XSL | Slavic Countries |
| XCZ | Czechoslovakia (former) |
| XYG | Yugoslavia (former) |
| XUM | Ukraine and Moldova |
| XNF | North Africa |
| XSD | Sudanese Countries |
| XWF | West Africa |
| XSF | South Africa |

XEF East Africa
 XIF African Islands
 XET Ethiopia and Eritrea
 XAP Arabian Peninsula
 XIS Israel and Palestine
 XCR Caucasian Republics of former USSR
 XOR Other Asian Republics of former USSR
 XSE Southeast Asia
 XMS Malaysia, Singapore, Brunei
 XCH China, NOS
 XML Melanesian Islands
 XMC Micronesian Islands
 XPL Polynesian Islands

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 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 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,AA, AP,AE and Canada | 00-14,34,35,38,40,41,42 | Full Known Address Required | 998 | State Zip |
| Non-FL exclude XX,YY,ZZ,AA, AP,AE 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,AA,AP,AE | 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 |

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.

Custom codes for both historic and future use

ZZN North America NOS

ZZC Central American NOS

ZZS South America NOS

ZZP Pacific NOS

ZZE Europe NOS

ZZF Africa NOS

ZZA Asia NOS

ZZX Non-US NOS

ZZU Unknown

Custom codes for historic use only

XNI North American Islands

XCB Other Caribbean Islands

XEN England, Channel Islands, Isle of Man

XSC Scandinavia

XGR Germanic Countries

XSL Slavic Countries

XCZ Czechoslovakia (former)

XYG Yugoslavia (former)

XUM Ukraine and Moldova

XNF North Africa

XSD Sudanese Countries

XWF West Africa

XSF South Africa

XEF East Africa

XIF African Islands

XET Ethiopia and Eritrea

XAP Arabian Peninsula

XIS Israel and Palestine

XCR Caucasian Republics of former USSR

XOR Other Asian Republics of former USSR

XSE Southeast Asia

XMS Malaysia, Singapore, Brunei

XCH China, NOS

XML Melanesian Islands

XMC Micronesian Islands

XPL Polynesian Islands

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 8888888888.

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,AA, AP,AE and Canada | 00-99 | Full Known Address Required | 998 | State Zip |
| XX,YY | 00-99 | Unknown Permitted | 998 | 88888 |
| ZZ (NOT ALLOWED) | | | | |
| Canada,AA,AP,AE | 00-99 | Unknown Permitted | 998 | 99999 |

TELEPHONE CURRENT

NAACCR ITEM #2360

Enter the current telephone number with area code for the patient. Do not enter dashes or spaces.

0000000000 Patient does not have a telephone
9999999999 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. |
| 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 |

| Code | Label | Description |
|------|------------------------------|---|
| 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 |
|---------------|---|
| (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.

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 |
|---------------|--|
| (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.

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 |
|---------------|--|
| (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.

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 |
|---------------|---|
| (fill Spaces) | 10-digit NPI number for the primary radiation oncologist. |
| (leave blank) | NPI for the primary radiation oncologist is unknown or not available. |

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.

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 |
|---------------|---|
| (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. Avoid recording retired.

Enter “Unknown” when no information is available.

Occupation is the kind of work performed (i.e., TV repairman, chemistry teacher, and bookkeeper). 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.” If the patient was not a student or housewife and has never worked, record “never worked” as the Usual Occupation.

TEXT – USUAL INDUSTRY**NAACCR ITEM #320**

Industry is a broader term than occupation. It encompasses the environment in which the occupation took place. 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.

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 |
| 391 | Date of Diagnosis Flag |
| 2690 | Text – Place of Diagnosis |
| 610 | Class of Case |
| 490 | Diagnostic Confirmation |
| 400 | Primary Site |
| 410 | Laterality |
| 522 | Histologic Type ICD-O-3 |
| 523 | Behavior ICD-O-3 |
| 440 | Grade |
| 1182 | Lymph-vascular Invasion |
| 2580 | Text- Primary Site Title |
| 2590 | Text- Histology Title |

DATE OF INITIAL DIAGNOSIS**NAACCR ITEM #390**

Records the date of initial diagnosis by a physician for the tumor being reported.

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

Coding Instructions

1. Use the first date of diagnosis whether clinically or histologically established.
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, whether on imaging, confirmatory test, or biopsy/resection.
3. If the physician states that in retrospect the patient had cancer at an earlier date, use the earlier date as the date of diagnosis.
4. Refer to the list of “Ambiguous Terms” in Section I for language that represents a diagnosis of cancer. This list should be used for both clinical and pathological first confirmation of cancer.
5. The date of death is the date of diagnosis for a *Class of Case* (NAACCR Item #610) 38 (diagnosed at autopsy). However, if the patient is suspected of having cancer prior to death and autopsy and the autopsy simply confirms the presence of malignancy, the date of the first diagnosis should be used and the patient would not have been diagnosed at autopsy, but rather by whatever other means the criteria for cancer might have been met prior to death.
6. 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 a consultation report. If a date is not recorded:
 - a. 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.
 - b. 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.
7. In the absence of a definitive diagnosis date for patient diagnosed at the reporting facility:
 - a. the date of first contact may be entered as the date of diagnosis, or
 - b. the date of first cancer-directed therapy may be recorded as the date of diagnosis.
8. 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.
9. 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.
10. 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.
11. 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.
12. If the year of diagnosis cannot be identified, it must be approximated. In that instance, the month and day are unknown.

13. Use the actual date of diagnosis for an in utero diagnosis (For cases diagnosed before January 1, 2009, assign the date of birth).

DATE OF DIAGNOSIS FLAG**NAACCR ITEM# 391**

This flag explains why there is no appropriate value in the corresponding date field, Date of Diagnosis [390].

| Code | Description |
|----------------|---|
| 12 | A proper value is applicable but not known (that is, the date of diagnosis is unknown). |
| (blank) | A valid date value is provided in item Date of Diagnosis (NAACCR Item #390) or the date was not expected to have been transmitted |

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>Clase 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. |
| Analytic Classes of Case | |
| <i>Initial diagnosis at reporting facility</i> | |
| 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 prior to 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 |
| Non-Analytic Classes of Case | |
| <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).
3. Code 2 when the microscopic diagnosis is based on cytologic examination of *cells* 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.
4. Code 5 when the diagnosis of cancer is based on laboratory tests or marker studies which are clinically diagnostic for that specific cancer.
5. 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.

Codes Solid Tumors (all tumors *except* ICD-O-3 Histology Codes M9590-9992)

| Code | Description | Definition |
|------|---|---|
| 1 | Positive histology | Histologic confirmation (tissue microscopically examined). |
| 2 | Positive cytology | Cytologic confirmation (no tissue microscopically examined; fluid cells microscopically examined). |
| 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 | 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 | 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 or Lymphoid Neoplasms (ICD-O-3 Histology Codes M9590-9992)

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 *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, or autopsy or bone marrow specimens from aspiration or biopsy.
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. 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 when there is a histology positive for cancer AND positive immunophenotyping and/or positive genetic testing results. Do not use code 3 for neoplasms diagnosed prior to January 1, 2010.
6. Code 5 when the diagnosis of cancer is based on laboratory tests or marker studies which are clinically diagnostic for that specific cancer, but no positive histologic confirmation.
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.
8. Code 8 when the case was diagnosed by any clinical method that cannot be coded as 6 or 7.
9. A number of hematopoietic and lymphoid neoplasms are diagnosed by tests of exclusion where the tests for the disease are equivocal and the physician makes a clinical diagnosis based on the information from the equivocal tests and the patient's clinical presentation.

Codes Hematopoietic or Lymphoid Neoplasms (ICD-O-3 Histology Codes M9590-9992)

| Code | Description | Definition |
|-------------|---|---|
| 1 | Positive histology | Histologic confirmation (tissue microscopically examined). |
| 2 | Positive cytology | Cytologic confirmation (no tissue microscopically examined; fluid cells microscopically examined). |
| 3 | Positive histology PLUS • Positive immunophenotyping AND/OR • Positive genetic studies | 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 | A clinical diagnosis of cancer is based on laboratory tests/marker studies which are clinically diagnostic for cancer. |

| Code | Description | Definition |
|------|---|--|
| 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 | 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.
- Consult the physician advisor to identify the primary site or the most definitive site code if the medical record does not contain that information.
- Topography codes are indicated by a “C” preceding the three-digit code number. Do not record the decimal point.
- Follow the Coding Instructions in ICD-O-3 and in the current *SEER Multiple Primary and Histology Coding Rules* to assign site for solid tumors.
- Follow the instructions in *Hematopoietic and Lymphoid Neoplasm Case Reportability and Coding Manual* and the Hematopoietic and Lymphoid Neoplasms Database (Hematopoietic DB) for assigning site for lymphomas, leukemia and other hematopoietic neoplasms (M-9590-9992) and to determine whether multiple conditions represent one or more tumors to be abstracted for cases diagnosed on or after January 1, 2010.
- Use subcategory 8 for single tumors that overlap the boundaries of two or more sub-sites and the point of origin is not known.
- Use subcategory 9 for multiple tumors that originate in different subsites of one organ.

Specific Tissues with Ill-Defined Sites

- If any of the following histologies appears only with an ill-defined site description (eg, “abdominal” or “arm”), code it to the tissue in which such tumors arise rather than the ill-defined region (C76._) of the body, which contains multiple tissues. Try to avoid use of C76._ codes)
- Use the alphabetic index in ICD-O-3 to assign the most specific site if only a general location is specified in the record.

| 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 some primary sites and histologies are designated as impossible because the combination is biologically impossible, i.e., the particular form of cancer does not arise in the specified site.

It will often be useful to check medical references or to discuss specific 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 will be 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 almost certainly metastatic to that site. Try to identify the primary site of the carcinoma. Check that the tumor is indeed a carcinoma and not “Cancer” or “Malignancy” which would be coded 8000/3. If it is a carcinoma and no primary can be determined, code “Unknown primary site”, C80.9.
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 |

| SITE | HISTOLOGY |
|-----------------------------|--|
| 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 |

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-C443, C445-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-C443, C445-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 |
| 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”) |
| C44.5 | 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 autonomic nervous system of upper limb and 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 |

| ICD-O-3 | SITES |
|---------------|--|
| 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**

Histologic Type identifies the microscopic anatomy of cells, is a basis for staging and the determination of treatment options, and affects the prognosis and course of the disease. Enter the histology code associated with the histologic type from the *International Classification of Diseases for Oncology* or *Hematopoietic and Lymphoid Neoplasm Case Reportability and Coding Manual*.

The standard references for histology coding is the [Multiple Primary and Histology Coding Rules](#), the [current Hematopoietic and Lymphoid Neoplasm Case Reportability and Coding Manual](#), the [Hematopoietic Database](#), and the *International Classification of Diseases for Oncology*, Third Edition (ICD-O-3). DO NOT USE ICD-O-3 to code any histology 9590 or greater (refer to the Hematopoietic Database).

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. If the only specimen was from a metastatic site, code the histologic type of the metastatic site and code **3** for the Behavior code.

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.
- If the specimen is from a metastatic site, code the histology of the metastatic site and code 3 for behavior.

| Code | Label | Description |
|------|--------|---|
| 0 | Benign | Benign (Reportable for intracranial and CNS sites only) |

| Code | Label | Description |
|------|--|--|
| 1 | Boderline | 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 2011, Page 72 | 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) of Microinvasive |

For example Intraductal carcinoma (8500/2) with focal areas of invasion code behavior of 3.

Note: The ICD-O-3 behavior code for juvenile astrocytoma (9421/1) is coded as 3 by agreement of North American registry standard-setters. Refer to “Case Eligibility” in Section One for information.

GRADE (FORDS PG. 103-104; SEER PGS. 73-76) NAACCR ITEM #440

Enter the Grade code or the degree of differentiation of the reportable tumor from the *International Classification of Diseases for Oncology*. The grade or differentiation of the tumor describes the resemblance of the tumor to normal tissue. Well differentiated (grade I) is the most normal tissue, and undifferentiated (Grade IV) is the least normal tissue. The terms “grade” and “differentiation” are used synonymously in most cases.

GRADE = 9 FOR IN-SITU TUMORS. Rule G in the ICD-O-3 reference states that only malignant neoplasms are to be assigned grade in this data item even though the Commission on Cancer FORDS Manual instructs registrars to code grade for in-situ tumors when available. Grade of tumor for malignant tumors is defined by pathologists quite differently than grade for in-situ tumors. They are not the same and should not be coded under grade for malignant tumors.

The Coding Instructions Grade and Differentiation are found in the “Morphology” section of the ICD-O-3 “Coding Guidelines for Topography and Morphology” (ICD-O-3 pp. 30–31, and 67).

Coding Rules for Hematopoietic and Lymphoid Neoplasms

Apply the Grade of Tumor Rules in the *Hematopoietic and Lymphoid Neoplasm Case Reportability and Coding Manual* and the *Hematopoietic Database*. All hematopoietic and lymphatic cancers must be coded 5-8 or 9 in accordance with the current

Hematopoietic and Lymphoid Neoplasm Case Reportability and Coding Manual.

Note: When coding the ICD-O-3 morphology code, do not code the 6th digit. This is coded in the data item *Grade of Tumor*.

The introductions to the ICD-O-3 both contain instructions for coding grade.

General Instructions For Coding Grade:

- Code grade/differentiation according to the rules in the ICD-O-3, pages 30-31, 67. Only malignant tumors are graded. For instructions to code grade for hematopoietic and lymphoid neoplasms refer to the *Hematopoietic and Lymphoid Neoplasm Case Reportability and Coding Manual*
- Code the grade from the primary tumor only, never from a metastatic site or a recurrence.
- Code the grade or differentiation as stated in the **final** pathologic diagnosis.
- If grade is not stated in the final pathologic diagnosis, use the information from the microscopic description, addendum or comments to code grade.
- Code the grade or differentiation from the pathologic examination of the primary tumor, not from **metastatic** sites.
- If the **primary site is unknown**, code *Grade/Differentiation* as 9 (Unknown) unless grade is explicit by histology, for example, anaplastic carcinoma (grade = 4).
- If the grade is not stated in the **final** pathology or cytology report **prior to neoadjuvant** treatment code the grade as given in the microscopic description or comments.
- Code the grade or differentiation from the pathology report prior to any neoadjuvant treatment. If there is no pathology report prior to neoadjuvant treatment, assign code 9.
- When the pathology report(s) lists more than one grade of tumor, code to the highest grade, even if the highest grade is only a focus (ICD-O-3 Rule G, ICD-O-3, p. 21). **Example:** Pathology

report reads: Grade II adenocarcinoma with a focus of undifferentiated adenocarcinoma. Code the tumor grade as grade 4.

- When there is no tissue diagnosis from a pathology or cytology report, it may be possible to establish grade through magnetic resonance imaging (MRI) or Positron Emission Tomography (PET). Code the grade of the tumor based upon the recorded findings from these imaging reports.
- If a diagnosis indicates two different grades (e.g., moderate to poorly differentiated, grade II-III), code to the higher grade code, grade 3. Always code the higher grade code, even if it does not represent the majority of the lesion.
- If a needle biopsy or incisional biopsy of primary site has a differentiation given and the excision or resection does not, code the information from the needle/incisional biopsy.
- Differentiation has priority over nuclear grade when both are specified. **Example:** Liver biopsy histology described as "well differentiated hepatocellular carcinoma, nuclear grade 2/4." Code the tumor grade as grade 1 (SEER).
- If the lesion is both invasive and in situ, only code the grade from the invasive component. If the invasive component grade is unknown, then code 9 (unknown).
- Occasionally a grade is written as "2/3" meaning this is grade 2 of a 3 grade system. To code in a three-grade system, refer to the terms "low grade", "medium grade", and "high grade".
- For sites other than breast, prostate and kidney, code the tumor grade using the following priority order: 1) terminology; 2) histologic grade; 3) nuclear grade.
- Grade astrocytomas (M-9383, 9484, 9400, 9401, 9410– 9412, 9420, 9421) according to ICD-O-3 rules, pg. 39: I (well differentiated), Code 1; II (intermediate differentiation), Code 2; III (poorly differentiated), Code 3; IV (anaplastic), Code 4.
- Do not automatically code glioblastoma multiforme as Grade IV.
- If no grade is given for Glioblastoma multiforme, code 9 (Unknown)
- If no grade is given for astrocytomas, then code 9 (Unknown).
- For primary tumors of the brain and spinal cord (C71.0–C72.9) do not record the WHO grade to code this data item. *Grade/Differentiation* (NAACCR Item #440); record the WHO grade in this data item *CS Site-Specific Factor 1* (NAACCR Item #2880), see ICD-O-3 pg. 40.
- For lymphomas and leukemias, this field is used to indicate T-, B-, Null, or NK-cell origin. **Do not code** low, intermediate or high grade for lymphomas. Use the [Hematopoietic and Lymphoid Neoplasm Case Reportability and Coding Manual](#).
- **For ALL in situ lesions, use code 9.** This is different than the FORDS Manual Instruction to code grade for in situ lesions when available.
- **Do not code** the grade assigned to dysplasia; Example: high grade dysplasia (adenocarcinoma insitu), code to 9 (unknown grade). Code the information from the consult if the specimen is sent to a specialty pathology department for a consult.

Codes are given below for a number of variations of statements indicating grade, but it is recognized that terminology can vary widely.

| Code | Equivalent Term |
|---|--|
| 1 | Grade I, 1, i Well differentiated Differentiated, NOS |
| 2 | Grade II, 2, ii Grade 1-2 Grade I/II Grade I of 3, category system Fairly well differentiated Generally well differentiated Histologic grade I/III, or 1/3 Intermediate differentiation Intermediate differentiation Low grade, histologic grade I-II Moderately differentiated Moderately well differentiated Partially well differentiated Relatively well differentiated |
| 3 | Grade III, 3, iii Grade II of 3 category system Grade II/III, or 2/3 Dedifferentiated Intermediate grade Poorly differentiated Medium grade, Moderately undifferentiated Relatively undifferentiated Relatively poorly differentiated Slightly Differentiated |
| 4 | Grade IV, 4, iv Grade III of 3 category system Grade III/III, or 3/3 Anaplastic High grade* Undifferentiated |
| For Leukemia and Lymphomas, 2010 Hematopoietic and Lymphoid Neoplasm | |
| 5 | T-cell; T-precursor |
| 6 | B-cell; Pre-B; B-precursor |
| 7 | Null cell; Non T-non B |
| 8 | NK cell (natural killer cell) |
| For Use in All Histologies | |
| 9 | Cell type not determined, not stated or not applicable; No grade/differentiation in the primary site even if a grade is given for a metastatic site. Behavior = in situ. High grade dysplasia (adenocarcinoma insitu) Unknown primary |

* Not to be confused with “high grade dysplasia”

Coding Grade for Prostate Cancers

Usually prostate cancers are graded using Gleason’s score or pattern. Prostate cancer generally shows two main histologic patterns. The primary pattern, the pattern occupying greater than 50% of the cancer, is usually indicated by the first number of the Gleason’s grade, and the secondary pattern is usually indicated by the second number. These two numbers are added together to create a score, ranging from 2 to 10.

If there is only one number and it is less than or equal to 5, assume a pattern. Double it to determine the score. If there is only one number and it is greater than 5, assume a score. If there are two numbers, assume two patterns (the first number being the primary and the second number being the secondary) and add them to obtain the score.

If expressed as a specific number out of a total of 10, the first number given is the score, e.g., Gleason’s 3/10 would be a score of 3.

Coding Grade for Prostate Adenocarcinoma Using Gleason Score or Gleason Pattern

1. The Commission on Cancer and the AJCC have instructed registrars to continue using the conversion table from the 2011 FORDS Manual to convert Gleason Score to Grade/Differentiation. The AJCC curator has specifically instructed registrars NOT to use the conversion table found in the AJCC Cancer Staging Manual, 7th ed. The actual Gleason Score is captured in the Prostate Site Specific Factors for Collaborative Stage Data Collection. Therefore, if Gleason’s score (2-10) is given, code as follows:

| Code | Gleason’s score | Terminology | Histologic Grade |
|------|-----------------|---------------------------|------------------|
| 1 | 2, 3, 4 | Well Differentiated | I |
| 2 | 5, 6, 7 | Moderately Differentiated | II |
| 3 | 8, 9, 10 | Poorly Differentiated | III |

Coding Grade for Renal Cell Carcinoma Using Fuhrman Nuclear Grading System

Fuhrman nuclear grade can be converted into the ICD-O grade/differentiation (6th digit) code using the table below.

| Fuhrman Grade | Grade Code | Differentiation |
|---------------|------------|------------------------------|
| 1 | 1 | I Well Differentiated |
| 2 | 2 | II Moderately Differentiated |
| 3 | 3 | III Poorly Differentiated |
| 4 | 4 | IV Undifferentiated |

Coding Grade for Breast Cancers Using the Scarff Bloom Richardson Grading System

When the terms “Low”, “Intermediate”, or “High” are used for breast cancer and the grading system is specified as Scarff Bloom Richardson, code the grade codes **1**, **2**, or **3**, respectively.

For breast cancers, code the tumor grade using the following priority order:

- 1) Bloom-Richardson (Nottingham) Scores 3-9 converted to grade (see conversion table above)
- 2) Bloom-Richardson Grade (low, intermediate, high)
- 3) Nuclear Grade only
- 4) Terminology
- 5) Differentiation(well, moderately, poorly, moderately-well, etc.; grade: I, II, III, etc.)
- 6) Histologic Grade as show in the table below
- 7) Grade I, grade ii, grade iii, grade iv
- 8) Bloom-Richardson (BR)

This grading schema is based on numerical scoring (similar to Gleason’s grading for prostate cancers). It can be used for any site, but is usually seen with breast cases.

Three histologic factors are evaluated and graded. These are glandular differentiation (tubule formation), nuclear pleomorphism, and mitotic rate. Each of these are given a number based on the presence or absence of the factor. These numbers correspond to the following: **1** = slight, **2** =moderate, **3** = marked. These factors are then added to obtain a “score.” The total reflects the grade.

BREAST CONVERSION TABLE FOR BLOOM RICHARDSON (BR) SCORE AND GRADE

| Nottingham Histologic Score | BR Grade | Nuclear Grade | Terminology | Histologic Grade | Grade code |
|-----------------------------|--------------|---------------|-----------------------------|-------------------|------------|
| 3,4,5 | Low | 1/3; 1/2 | Well-differentiated | I,I/III, 1/3 | 1 |
| 6,7 | Intermediate | 2/3 | Moderately differentiated | II, II/III, 2/3 | 2 |
| 8,9 | High | 2/2,3/3 | Poorly differentiated | III, III/III, 3/3 | 3 |
| -- | -- | 4/4 | Undifferentiated/anaplastic | IV, IV/IV, 4/4 | |

Terms In **ICD-O-3** That Carry An Implied Statement of Grade

| | | | |
|---------|---|---------|--|
| 8020/34 | Carcinoma, undifferentiated, NOS | 9083/32 | Malignant teratoma, intermediate |
| 8021/34 | Carcinoma, anaplastic, NOS | 9187/31 | Intraosseous osteosarcoma, well differentiated |
| 8331/31 | Follicularadenocarcinoma,well differentiated | | |
| 8585/31 | Thymic carcinoma, well differentiated | | |
| 8631/33 | Sertoli-Leydig cell tumor, poorly differentiated | | |
| 8634/33 | Sertoli-Leydig cell tumor, poorly differentiated with heterologous elements | | |
| 8805/34 | Sarcoma, undifferentiated | | |
| 8851/31 | Liposarcoma, NOS, well differentiated | | |
| 9062/34 | Seminoma, anaplastic | | |
| 9082/34 | Malignant teratoma, undifferentiated | 9511/31 | Retinoblastoma, differentiated |
| 9082/34 | Malignant teratoma, anaplastic | 9512/34 | Retinoblastoma, undifferentiated |

Coding “Grade” For Hematopoietic and Lymphoid Neoplasms

The data item “Grade” is used to code “immunophenotype” or cell line of origin for lymphomas and leukemias. Information on T-cell, B-cell, Null cell, or NK cell origin takes precedence over information on grading or differentiation. You MUST refer to the latest version of the *Hematopoietic and Lymphoid Neoplasm Case Reportability and Coding Manual* and/or the Hematopoietic Database to determine the appropriate immunophenotype to code for lymphoma, leukemia, and plasma cell tumors.

For lymphomas, do not code the descriptions “high grade”, “low grade”, or “intermediate grade” in the grade field. These terms refer to categories in the Working Formulation of lymphoma diagnoses and not to histologic grade.

Code any statement of T-cell, B-cell, Null cell, or NK cell involvement whether or not marker studies are documented in the patient record. Additional terms that should be coded are T-precursor, T-cell phenotype and gamma-delta T, code **5**; B-precursor, B-cell phenotype and Pre-B, code **6**; non-T-non-B and comma cell, code **7**; and natural killer, code **8**. In ICD-O-3, code 5-8 may only be used with morphologies in the range 9590-9948.

6th Digit Immunophenotype “grade” – FCDS EDITS

FCDS introduced a more robust series of 6th Digit Immunophenotype “grade” codes and corresponding FCDS EDITS to be checked against the traditional values entered in the 6th Digit “grade” field. These edits are checks against the 6th Digit Morphology Code which in these cases represent “Immunophenotype Designation for Lymphoma and Leukemia”. The histology codes have been matched code-for-code against the published immunophenotype designation listed in the *Hematopoietic and Lymphoid Neoplasm Grade Rules* which appear in the *Hematopoietic and Lymphoid Neoplasm Case Reportability and Coding Manual*.

Coding Two-grade Systems

Two grade systems apply to colon, rectosigmoid junction, rectum (C18.0–C20.9), and heart (C38.0). Code these sites using a two-grade system; Low Grade (2) or High Grade (4). If the grade is listed as 1/2 or as Low Grade, then code 2. If the grade is listed as 2/2 or as High Grade, then code 4.

| Code | Terminology | Histologic Grade |
|------|-------------|------------------|
| 2 | Low grade | 1/2 |
| 4 | High grade | 2/2 |

Coding Three-grade Systems

Three grade systems apply to peritoneum (C48.1, C48.2), breast (C50.0–C50.9), endometrium (C54.1), fallopian tube (C57.0), prostate (C61.9), kidney (C64.9), and brain and spinal cord (C71.0–C72.9).

For sites other than breast, prostate and kidney, code the tumor grade using the following priority order: 1) Terminology; 2) Histologic Grade; and 3) Nuclear Grade as shown in the table below.

| Code | Terminology | Histologic Grade | Nuclear Grade |
|------|--|------------------|---------------|
| 2 | Low grade, well to moderately differentiated | I/III or 1/3 | 1/3, 1/2 |
| 3 | Medium grade, moderately undifferentiated, relatively undifferentiated | II/III or 2/3 | 2/3 |
| 4 | High grade, poorly differentiated to undifferentiated | III/III or 3/3 | 2/2, 3/3 |

LYMPH-VASCULAR INVASION**NAACCR ITEM #1182**

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. lymph vascular invasion (lvi) is useful to identify tumor spread **for solid tumors only**. Lymph-vascular invasion is an indicator of prognosis. This field is used by the CS algorithm to map AJCC T for some primary sites.

Lymph-vascular Invasion records pathologic evidence of the presence or absence of cancer cells in the lymphatic ducts or blood vessels of the primary tumor (FORDS 2011).

Refer to the current *CS Manual* for coding instructions.

Coding Instructions

1. The primary source of this information is the College of American Pathologists (CAP) synoptic report or checklist. If that is not available, code from the pathology report or a physician's statement, in that order of priority.
2. Use code 1 if lymph-vascular is identified anywhere in a primary tumor specimen.
3. Use code 0 if the pathology report indicates no lymph-vascular invasion was found.
4. Use code 8 if no pathologic examination of primary site tissue was performed.
5. Use code 8 for histologies 9590-9992.
6. Use code 9 if primary site tissue was sent to pathology, but no report based on it is available (the report cannot be found or surgery was at a different facility and the information was not provided to the reporting facility).
7. Use code 9 if the pathology report indicates that the presence of lymph-vascular invasion could not be determined.

| Code | Description |
|------|---|
| 0 | Lymph-vascular invasion not present (absent)/not identified |
| 1 | Lymph-vascular Invasion Present/Identified |
| 8 | Not Applicable |
| 9 | Unknown or Indeterminate |

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.

TEXT – HISTOLOGY TITLE**NAACCR ITEM #2590**

Enter the histologic type, behavior, and grade of the tumor being reported.

COLLABORATIVE STAGE DATA COLLECTION SYSTEM (CSv2)

Collaborative Staging (CS) is to be used for all cases regardless of date of diagnosis. For Collaborative Staging, registrars code discrete pieces of information once and the CS computer algorithm derives the values for the 6th and 7th editions of the AJCC Cancer Staging Manual T, N, M, and Stage Group, and descriptors, as well as Summary Stage 1977 and Summary Stage 2000. The timing rule for CS coding was designed to make use of the most complete information possible to yield the “best stage” information for the tumor at the time of diagnosis– “use all information gathered through completion of surgery(ies) in first course of treatment or all information available within four months of the date of diagnosis in the absence of disease progression, whichever is longer.” Disease progression is defined as further direct extension or distant metastasis known to have developed after the diagnosis was established. Information about tumor extension, lymph node involvement, or distant metastasis obtained after disease progression is documented should be excluded from the CS coding.

FCDS will collect all the required CS fields in accordance with the latest version of CS, currently version 02.04, and necessary to derive AJCC TNM Staging 6th and 7th edition and SEER Summary Stage 2000. This includes CS data collection for all schemas and schema discriminator (SSF25) for applicable sites consistent with CDC NPCR and the Florida Department of Health requirements.

The following CS data items are to be coded for all schemas. Items with an asterisk (*) have site-specific variations for some codes.

*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 1-25 is required for collection based on the site specific schema selection. See Appendix H for a complete of site-specific SSF requirements for 2012 or go to <http://fcds.med.miami.edu/downloads> to see all site specific schemas and their required Site-Specific Factors. This spreadsheet is subject to change based on AJCC CSv2 revisions.

Coding CS Items

The complete instructions and site-histology defined codes are available in the current version of **Collaborative Stage Data Collection System** <http://www.cancerstaging.org/cstage/>

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.

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.

Three important sub-sections are included at the beginning of this section to help orient the abstractor with regard to concept and terminology used throughout this section.

- Definition of Cancer Directed Therapy
- Definition of “First Course of Treatment”
- General Coding Instructions Site Specific Surgery

Data Items Included In This Section:

| <u>NAACCR Item Number</u> | <u>Item Name</u> |
|---------------------------|---|
| 1290 | Rx Summ – Surg Prim Site |
| 1201 | Rx Date—Surgery Flag |
| 1292 | Rx Summ – Scope Regional Lymph Node Surgery |
| 1294 | Rx Summ – Surgery of Oth Reg/Dis |
| 1200 | Date of First Surgical Procedure |
| 1340 | Reason for No Surgery |
| 1360 | Rx Summ – Radiation |
| 1380 | Rx Summ – Surg/Rad Seq |
| 1570 | Rad – Regional RX Modality |
| 1210 | Rx Date – Radiation |
| 1211 | Rx Date—Radiation Flag |
| 1430 | Reason for No Radiation |
| 1639 | Rx Summ – Systemic Surg Seq |
| 1390 | Rx Summ – Chemo |
| 1220 | Rx Date – Chemo |
| 1221 | Rx Date—Chemo Flag |
| 1400 | Rx Summ – Hormone |
| 1230 | Rx Date – Hormone |
| 1231 | Rx Date—Hormone Flag |
| 1410 | Rx Summ – BRM/Immunotherapy |
| 1240 | Rx Date – BRM/Immunotherapy |
| 1241 | Rx Date—BRM Flag |
| 1420 | Rx Summ – Other |
| 1250 | Rx Date – Other |
| 1251 | Rx Date—Other Flag |
| 3250 | Rx Summ – Transplnt/Endocr |
| 1285 | RX Summ--Treatment Status |
| 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 |

DEFINITION OF CANCER-DIRECTED THERAPY

The concept of definitive treatment is limited to procedures directed toward cancer tissues whether of the primary site or metastases. If a specific therapy normally affects, controls, changes, removes, or destroys cancer tissue, it is classified as definitive treatment even if it cannot be considered curative for a particular patient in view of the extent of disease, incompleteness of treatment, lack of apparent response, size of dose, operative mortality, or other criteria.

Cancer treatment involves medical procedures to destroy, modify, control, or remove primary, regional, or metastatic cancer tissue. The goals of cancer treatment include eradicating known tumors entirely, preventing the recurrence or spread of the primary cancer, and relieving symptoms if all reasonable curative approaches have been exhausted. Decisions concerning how to treat a particular cancer are based on many factors. The primary goal is to choose an approach that will remove the tumor, rid the body of wandering cancer cells, and prevent a recurrence.

Any treatment that is given to modify, control, remove or destroy primary or metastatic cancer tissue is cancer directed treatment. The type of treatment is meant to remove a tumor or minimize the size of tumor or delay the spread of disease.

To ensure complete and accurate treatment data, terms such as “first course of treatment” and “treatment for recurrence or progression” should be defined. For cancer registrars, it is necessary to distinguish cancer-directed treatment from non-cancer directed treatment, which are recorded differently in cancer data fields.

First course of treatment includes all methods of treatment recorded in the treatment plan and administered to the patient before disease progression or recurrence. In cancer treatment data registration, the data of the first course treatment is the month, day, and year of the first cancer-directed treatment that is administered.

DEFINITION OF NON-CANCER DIRECTED THERAPY

Non-cancer directed treatment refers to any treatment designed to prepare the patient for cancer-directed treatment, prolong a patient’s life, alleviate pain, or make the patient comfortable. Non-cancer directed treatments are not meant to destroy the tumor, control the tumor, or delay the spread of disease. These treatments include diagnostic test and supportive care.

If a patient receives ONLY symptomatic or supportive therapy, this is classified as “non cancer directed therapy.”

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.

definition of first course of treatment - All Diseases (Including Benign And Borderline Intracranial & Cns Tumors)
Except Leukemias And Hematopoietic Diseases

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's 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.

DEFINITIONS

Cancer tissue: Proliferating malignant cells; an area of active production of malignant cells. Cancer tissue includes primary tumor and metastatic sites where cancer tissue grows. Cells in fluid such as pleural fluid or ascitic fluid are not "cancer tissue" because the cells do not grow and proliferate in the fluid.

Disease 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.

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.

Treatment: Procedures that destroy or modify primary (primary site) or secondary (metastatic).cancer tissue.

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.

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.

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.

EMBOLIZATION

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.

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. However, 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 brachytherapy when tumor embolization is performed using a radioactive agent or radioactive seeds.

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.

DEFINITIONS OF FIRST COURSE OF TREATMENT - Leukemias And Hematopoietic Diseases
Adopted from the SEER Program Coding and Staging Manual 2004 Edition

LEUKEMIA

Leukemia is grouped or typed by how quickly the disease develops and gets worse. Chronic leukemia gets worse slowly. Acute leukemia gets worse quickly.

Leukemias are also grouped by the type of white blood cell that is affected. The groupings are: lymphoid leukemia and myeloid leukemia.

DEFINITIONS

Consolidation: Repetitive cycles of chemotherapy given immediately after the remission.

Induction: Initial intensive course of chemotherapy.

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." Follow the guidelines in the *Abstracting and Coding Guide for the Hematopoietic Diseases* (<http://seer.cancer.gov/cgi-bin/pubs/order1.pl?BOOK,CODING,CONV,MONO,CSR,ABOUT>) to identify treatments.

Some examples of “other” treatment include:

Example 1: Phlebotomy may be called blood removal, blood letting, or venesection. Phlebotomy should only be coded as treatment for polycythemia vera.

Example 2: Transfusions should never be coded as treatment for any malignancy. Transfusions may include whole blood, RBCs, platelets, plateletpheresis, fresh frozen plasma (FFP), plasmapheresis, and cryoprecipitate.

Example 3: Aspirin (also known as ASA, acetylsalicylic acid, or by a brand name) is coded as a treatment for essential thrombocythemia - ONLY.

Only record aspirin therapy if it is given to thin the blood for symptomatic control of thrombocythemia. 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.

GENERAL CODING INSTRUCTIONS SITE-SPECIFIC SURGERY

1. Refer to Appendix F for site-specific surgery codes Facility Oncology Registry Data Standard (FORDS).
2. 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.
3. 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.
4. 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.
5. A date field is also included to document the first date of any surgery performed.
6. 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 – No Surgical Procedure.

7. 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).
8. 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).

RX SUMM – SURG PRIM SITE

NAACCR ITEM #1290

Record surgery of the primary site for all cases using the Site-Specific Surgery Codes found in Appendix F. 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.

Code the most invasive surgical procedure for the primary site.

| Code | Label | Description |
|--------------|--|---|
| 00 | None | No surgical procedure of primary site. Diagnosed at autopsy. |
| 10-19 | Site-specific codes; tumor destruction | Tumor destruction, no pathologic specimen produced. Refer to Appendix F for the correct site-specific code for the procedure. |
| 20-80 | Site-specific codes; resection | Refer to Appendix F for the correct site-specific code for the procedure. |
| 90 | Surgery, NOS | A surgical procedure to the primary site was done, but no information on the type of surgical procedure is provided. |
| 98 | Site-specific codes; special | Special code. Refer to Appendix F for the correct site-specific code for the procedure. |
| 99 | Unknown | Patient record does not state whether a surgical procedure of the primary site was performed and no information is available. Death certificate only. |

Coding Instructions

1. Code **00** if no surgery is performed on the primary site or if case was diagnosed at autopsy, and would not be otherwise coded to **98**.

2. Use the site-specific coding scheme corresponding to the coded primary site.
3. 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. The codes in the range of **00-80** are **listed** in hierarchical but not necessarily numerical order. When more than one surgical procedure is performed, code the procedure listed furthest down the list within the codes 10-80.

Example: Patient has a needle biopsy of prostate that is positive for adenocarcinoma. The patient chooses to have a radical prostatectomy. The pathologic examination of the prostatectomy specimen shows no residual tumor. Code the radical prostatectomy.

Example: Patient has a colonoscopy with removal of a polyp in the sigmoid colon. The pathology report identifies carcinoma extending into the stalk (“Surgery of Primary Site” code **27**). A week later, the patient has a hemicolectomy (“Surgery of Primary Site” code **40**). Code the hemicolectomy since it is the most invasive, definitive surgery and has the numerically higher code

4. Code an **excisional biopsy**, even when documented as **incisional**, when:
 - a. All disease is removed (**margins free**) OR
 - b. All gross disease is removed and there is only **microscopic residual at the margin**

Note: Do not code an excisional biopsy when there is *macroscopic residual* disease

5. Code **80** or **90** only when there is no specific information about the surgery.
6. Code **total removal of the primary site** when a previous procedure resected a portion of the site and the current surgery removed the rest of the organ. The previous procedure may have been cancer directed or non-cancer directed surgery.
7. Code the removal of regional or distant **tissue/organs** when they are resected in continuity with the primary site (**en bloc**). Specimens from an en bloc resection may be submitted to pathology separately.

Example: Code an en bloc removal when the patient has a hysterectomy and an omentectomy.

8. Code surgery for extra-lymphatic lymphoma using the site-specific surgery coding scheme (not lymph node scheme) for the primary site.
9. Code **98** takes precedence over code 00 and should be coded for any tumor characterized by the specific sites and/or histologies identified in the site-specific code instructions (Appendix F) for *Unknown and Ill-Defined Primary Sites and Hematopoietic/Reticuloendothelial/Immunoproliferative/Myeloproliferative Disease*. Code **98** for the following sites:

- a. Primary sites
 1. Brain (C700-C709) OR
 2. Spinal cord (C710-C719) OR
 3. Cranial nerves and other parts of the central nervous system (C720-C729)
- b. Lymphoma with primary site in lymph nodes (C770-C779) AND histology
 1. 9590-9596 OR
 2. 9650-9719 OR
 3. 9727-9729
- c. Hematopoietic, reticuloendothelial, immunoproliferative, or myeloproliferative disease
 1. Primary sites: C420, C421, C423, or C424 AND
 2. Histologies: 9750, 9760-9764, 9820-9822, 9826, 9831-9920, 9931-9964, 9980-9989
 3. Unknown or ill-defined sites (C760-C768, C809)

10. Assign **code 99** for death certificate only (DCO) cases

SITE-SPECIFIC CANCER-DIRECTED SURGERY CODES

Use the site-specific surgical procedure codes in Appendix F in this manual for the following primary sites. Use the “ALL OTHER SITES” general surgery codes in Appendix F for sites not listed in the table.

| Code | Site |
|---|---|
| C00.0-C06.9 | Lip and oral cavity |
| C07.9-C08.9 | Parotid and other unspecified salivary glands |
| C09.0-C14.0 | Pharynx |
| C15.0-C15.9 | Esophagus |
| C16.0-C16.9 | Stomach |
| C18.0-C18.9 | Colon |
| C19.9 | Rectosigmoid |
| C20.9 | Rectum |
| C21.0-C21.8 | Anus |
| C22.0-C22.1 | Liver and intrahepatic bile ducts |
| C25.0-C25.9 | Pancreas |
| C32.0-C32.9 | Larynx |
| C34.0-C34.9 | Lung |
| C42.0, C42.1, C42.3, C42.4 | Hematopoietic/Reticuloendothelial/Immunoproliferative/Myeloproliferative Disease |
| C40.0-C41.9 C47.0-C47.9 C49.0-C49.9 | Bones, joints & articular cartilage; peripheral nerves and autonomic nervous system; connective, subcutaneous and other soft tissue |
| C42.2 | Spleen |
| C44.0-C44.9 | Skin |
| C50.0-C50.9 | Breast |
| C53.0-C53.9 | Cervix uteri |
| C54.0-C55.9 | Corpus uteri |
| C56.9 | Ovary |
| C61.9 | Prostate |
| C62.0-C62.9 | Testis |
| C64.9-C66.9 | Kidney, Renal pelvis and Ureter |
| C67.0-C76.9 | Bladder |
| C70.0-C72.9 | Brain and Other Parts of Central Nervous System |
| C73.9 | Thyroid gland |
| C77.0-C77.9 | Lymph nodes |
| C76.0- C76.8, C80.9 | Ill Defined Primary Sites and Unknown Primary |

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 – 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.

Revised Coding Directives for Implementation January 1, 2012

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.

| 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 aspiratin 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 fuil 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 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. | <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. |

| | | | |
|---|--|---|--|
| 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 source 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. Code **0** when regional lymph node removal procedure was not performed.
2. Code **0** if there is no indication anywhere in the patient's medical record that regional lymph node surgery was either planned or performed.
3. Codes **1-7** are hierarchical. Code the procedure that is numerically higher.
4. 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]).
5. 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).
6. 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)

7. 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)

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 9975-9992
- 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.

Coding Instructions

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. Death certificate only. |

RX DATE—SURGERY**NAACCR ITEM #1200**

Records the earliest date on which any first course surgical procedure was performed.

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) or *Surgical Procedure/Other Site* (NAACCR Item #1294) performed at this or any facility.

RX DATE—SURGERY FLAG**NAACCR ITEM #1201**

This flag explains why there is no appropriate value in the corresponding date field, *RX Date --Surgery* (NAACCR Item #1200).

Coding Instructions

1. Leave this item blank if *RX Date-- Surgery* (NAACCR Item #1200) has a full or partial date recorded.
2. Code 12 if the *RX Date-- Surgery* cannot be determined, but the patient did receive first course surgery.
3. Code 10 if it is unknown whether any surgery was performed.
4. Code 11 if no surgical procedure was performed.
5. Registrars should enter this data item directly (when appropriate) even if the traditional form of date entry is used in the software.

| Code | Description |
|----------------|--|
| 10 | No information whatsoever can be inferred from this exceptional value (that is, unknown if any surgery performed) |
| 11 | No proper value is applicable in this context (for example, no surgery performed). |
| 12 | A proper value is applicable but not known. This event occurred, but the date is unknown (that is, surgery was performed but the date is unknown). |
| (blank) | A valid date value is provided in item RX <i>Date--Surgery of First Surgical Procedure</i> (NAACCR item #1200). |

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 recommended or performed. Diagnosed at autopsy or death certificate only. |

Coding Instructions

1. Assign **code 0** when Surgery of Primary Site is coded in the range of 10-90 (the patient did have surgery of primary site).
2. Assign a code in the **range of 1-8** if Surgery of Primary Site is coded 00 or 98.
3. Assign **code 1**
 - a. If RX Summ—Surg Prim Site (NAACCR Item #1290) is coded 98.
 - b. 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.
 - c. 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.

- d. Only information available is that the patient was referred to a surgeon. Referral does not equal a recommendation.
 - e. 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 SUMM – RADIATION**NAACCR ITEM #1360**

Enter the type of radiation therapy that the patient received, as part of the first course of treatment. This field records radiation administered to the primary site or any metastatic site. Record radiation delivered at your facility as well as radiation done in all other facilities regardless of source, field being treated, or intent of treatment (curative or palliative).

| Code | Description |
|-------------|--|
| 0 | <u>None</u> No radiation therapy was administered. |
| 1 | <u>Beam radiation</u> X-ray, cobalt, linear accelerator, neutron beam, betatron, spray radiation, intra-operative radiation and stereotactic radiosurgery (gamma knife and proton beam). |
| 2 | <u>Radioactive implants</u> Brachytherapy, interstitial implants, molds, seeds, needles, or intracavitary applicators of radioactive materials |
| 3 | <u>Radioisotopes</u> Internal use of radioactive isotopes (iodine-131 or phosphorus-32) Can be administered orally, intracavitary, or by intravenous injection. |
| 4 | Combinations of beam radiation, with radioactive implants, or radioisotopes (combination of 1 with 2 and/or 3) The patient was treated with a combination of beam radiation and at least one of the two methods described by codes 2 and 3 . |

| Code | Description |
|------|--|
| 5 | Radiation therapy, NOS (method or source not specified) Radiation was administered, but the method or source is not documented (radiation therapy, NOS) |
| 7 | Patient or patient's guardian refused |
| 8 | Radiation therapy recommended, unknown if administered A physician recommended radiation therapy or referred the patient for a radiation therapy consult, follow-up does not confirm that therapy was received |
| 9 | Unknown if radiation therapy administered No confirmation if radiation therapy was recommended or performed (frequently non-analytic cases). Unknown if radiation therapy administered. |

Coding Instructions

1. Assign **code 0**
 - a. There is no information in the patient's medical record about radiation AND It is known that radiation 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 radiation.
 - b. If there is no indication anywhere in the medical record that radiation was either planned or performed enter Rx Summ Radiation as 0 – None or No radiation therapy was administered..
 - c. If the treatment plan offered multiple treatment options and the patient selected treatment that did not include radiation.
 - d. Patient elects to pursue no treatment following the discussion of radiation treatment.
 - e. Discussion does not equal a recommendation.
 - f. Only information available is that the patient was referred to a radiation oncologist. Referral does not equal a recommendation.
 - g. Watchful waiting (prostate)
 - h. Patient diagnosed at autopsy
2. Assign **code 1** for beam radiation directed to cancer tissue. The source of the beam radiation is not used for coding purposes. Sources may include, but are not limited to: X-ray, Cobalt, linear accelerator, neutron beam, betatron, spray radiation, stereotactic radiosurgery such as gamma knife and proton beam.
3. Assign **code 2** when the radiation is delivered by interstitial implant, molds, seeds, needles or intracavitary applicators. The radioactive material used in implants includes, but is not limited to: cesium, radium, radon, radioactive gold, and iodine.
4. Assign **code 3** when radioactive isotopes are given orally, intracavitary or by intravenous injection. Radioactive isotopes include but are not limited to: I-131 or P-32.
5. If the patient has multiple radiation types, code the dominant type (the greatest dose of radiation).
6. Assign **code 9** when there is no documentation that radiation was recommended or performed Death certificate only.

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); *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*, 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, 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, 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, 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, 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, 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; surgery to other regional site(s), distant site(s), or distant lymph node(s). |
| 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. |

RAD--REGIONAL RX MODALITY**NAACCR ITEM #1570**

Records the dominant modality of radiation therapy used to deliver the clinically most significant regional dose to the primary volume of interest during the first course of treatment.

Coding Instructions

Radiation treatment modality will typically be found in the radiation oncologist's summary letter for the first course of treatment. Segregation of treatment components into regional and boost and determination of the respective treatment modality may require assistance from the radiation oncologist to ensure consistent coding.

In the event multiple radiation therapy modalities were employed in the treatment of the patient, record only the dominant modality.

Note that in some circumstances the boost treatment may precede the regional treatment.

- For purposes of this data item, photons and x-rays are equivalent.
- Code IMRT or conformal 3D whenever either is explicitly mentioned.
- Code radioembolization as brachytherapy.
- Code 00 A patient was treated for melanoma with PUVA (psoralen and long-wave ultraviolet radiation). Code this treatment as *Other Treatment* (NAACCR Item #1420, code 1).

| Code | Label | Definition |
|------|--------------------------|---|
| 00 | No radiation treatment | Radiation therapy was not administered to the patient. Diagnosed at autopsy. |
| 20 | External beam, NOS | The treatment is known to be by external beam, but there is insufficient information to determine the specific modality. |
| 21 | Orthovoltage | External beam therapy administered using equipment with a maximum energy of less than one (1) million volts (MV). Orthovoltage energies are typically expressed in units of kilovolts (kV). |
| 22 | Cobalt-60, Cesium-137 | External beam therapy using a machine containing either a Cobalt- 60 or Cesium-137 source. Intracavitary use of these sources is coded either 50 or 51. |
| 23 | Photons (2—5 MV) | External beam therapy using a photon producing machine with a beam energy in the range of 2—5 MV. |
| 24 | Photons (6—10 MV) | External beam therapy using a photon producing machine with a beam energy in the range of 6—10 MV. |
| 25 | Photons (11—19 MV) | External beam therapy using a photon producing machine with a beam energy in the range of 11—19 MV. |
| 26 | Photons (>19 MV) | External beam therapy using a photon producing machine with a beam energy of more than 19 MV. |
| 27 | Photons (mixed energies) | External beam therapy using more than one energy over the course of treatment. |
| 28 | Electrons | Treatment delivered by electron beam. |

| Code | Label | Definition |
|-------------|---|---|
| 29 | Photons and electrons mixed | Treatment delivered using a combination of photon and electron beams. |
| 30 | Neutrons, with or without photons/electrons | Treatment delivered using neutron beam. |
| 31 | IMRT | Intensity modulated radiation therapy, an external beam technique that should be clearly stated in patient record. |
| 32 | Conformal or 3-D therapy | An external beam technique using multiple, fixed portals shaped to conform to a defined target volume. Should be clearly described as conformal or 3-D therapy in patient record. |
| 40 | Protons | Treatment delivered using proton therapy. |
| 41 | Stereotactic radiosurgery, NOS | Treatment delivered using stereotactic radiosurgery, type not specified in patient record. |
| 42 | Linac radiosurgery | Treatment categorized as using stereotactic technique delivered with a linear accelerator. |
| 43 | Gamma Knife | Treatment categorized as using stereotactic technique delivered using a Gamma Knife machine. |
| 50 | Brachytherapy, NOS | Brachytherapy, interstitial implants, molds, seeds, needles (radioembolization), or intracavitary applicators of radioactive materials not otherwise specified. |
| 51 | Brachytherapy, Intracavitary, LDR | Intracavitary (no direct insertion into tissues) radio-isotope treatment using low dose rate applicators and isotopes (Cesium-137, Fletcher applicator). |
| 52 | Brachytherapy, Intracavitary, HDR | Intracavitary (no direct insertion into tissues) radioisotope treatment using high dose rate after-loading applicators and isotopes. |
| 53 | Brachytherapy, Interstitial, LDR | Interstitial (direct insertion into tissues) radioisotope treatment using low dose rate sources. |
| 54 | Brachytherapy, Interstitial, HDR | Interstitial (direct insertion into tissues) radioisotope treatment using high dose rate sources. |
| 55 | Radium | Infrequently used for low dose rate (LDR) interstitial and intracavitary therapy. |
| 60 | Radioisotopes, NOS | Iodine-131, Phosphorus-32, etc. |
| 61 | Strontium-89 | Treatment primarily by intravenous routes for bone metastases. |
| 62 | Strontium-90 | |
| 80* | Combination | Combination of external beam radiation and either radioactive |

| Code | Label | Definition |
|------|----------------------------|---|
| | modality, specified* | implants or radioisotopes* |
| 85* | Combination modality, NOS* | Combination of radiation treatment modalities not specified in code 80.* |
| 98 | Other, NOS | Radiation therapy administered, but the treatment modality is not specified or is unknown. |
| 99 | Unknown | Radiation therapy administered, treatment volume unknown or not stated in the patient record; it is unknown whether radiation therapy was administered. Death certificate only. |

*Note: For cases diagnosed prior to January 1, 2003, the codes reported in this data item describe any radiation administered to the patient as part or all of the first course of therapy. Codes 80 and 85 describe specific converted descriptions of radiation therapy coded according to *Vol. II, ROADS*, and *DAM* rules and **should not** be used to record regional radiation for cases diagnosed on or later than January 1, 2003.

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.
3. The *RX Date–Radiation Flag* (NAACCR ITEM #1211) is used to explain why *RX Date Radiation* is not known.

RX DATE—RADIATION FLAG

NAACCR ITEM #1211

This flag explains why there is no appropriate value in the corresponding date field, *RX Date-- Radiation* (NAACCR Item #1210).

Coding Instructions

1. Leave this item blank if *RX Date-- Radiation* (NAACCR Item #1210) has a full or partial date recorded.
2. Code 12 if the *RX Date-- Radiation* cannot be determined, but the patient did receive first course radiation.
3. Code 10 if it is unknown whether any radiation was given.
4. Code 11 if no radiation is planned or given.
5. Code 15 if radiation is planned, but has not yet started and the start date is not yet available.

| Code | Description |
|---------|--|
| 10 | No information whatsoever can be inferred from this exceptional value (that is, unknown if any radiation was given). |
| 11 | No proper value is applicable in this context (for example, no radiation was administered). |
| 12 | A proper value is applicable but not known. This event occurred, but the date is unknown (that is, radiation was given but the date is unknown). |
| 15 | Information is not available at this time, but it is expected that it will be available later (that is, radiation therapy had begun at the time of the most recent follow-up but was not yet completed). |
| (blank) | A valid date value is provided in item <i>Date Radiation Ended</i> (NAACCR Item #3200). |

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-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.

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.

Coding Instructions

1. Code 00 if there is no indication anywhere in the patient's medical record that chemotherapy was either planned or administered.
2. 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.
3. Code 00 if the treatment plan offered multiple options, and the patient selected treatment that did not include chemotherapy.
4. 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.
5. Code 87 if the patient refused recommended chemotherapy, made a blanket refusal of all recommended treatment, or refused all treatment before any was recommended.
6. Code 88 if chemotherapy was planned, but not started at the time of the most recent follow-up.
7. Code 99 if unknown if chemotherapy was recommended or administered.
8. 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. Refer to the *SEER*Rx Interactive Drug Database* (<http://seer.cancer.gov/>) for a list of chemotherapeutic 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; death certificate – only 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.
2. The *RX Date-Chemo Flag* (NAACCR Item #1221) is used to explain why *RX Date Chemotherapy* is not a known date.

RX DATE—CHEMO FLAG**NAACCR ITEM #1221**

This flag explains why there is no appropriate value in the corresponding date field, *RX Date Chemotherapy* (NAACCR Item #1220).

Coding Instructions

1. Leave this item blank if *RX Date Chemotherapy* (NAACCR Item #1220) has a full or partial date recorded.
2. Code 12 if the *RX Date Chemotherapy* cannot be determined, but the patient did receive first course chemotherapy.
3. Code 10 if it is unknown whether any chemotherapy was given.
4. Code 11 if no chemotherapy is planned or given.
5. Code 15 if chemotherapy is planned, but not yet started. Follow this patient for chemotherapy and update this item, *RX Date Chemotherapy*, and the relevant chemotherapy items.

| Code | Description |
|---------|--|
| 10 | No information whatsoever can be inferred from this exceptional value (that is, unknown if any chemotherapy was given).. |
| 11 | No proper value is applicable in this context (for example, no chemotherapy given). |
| 12 | A proper value is applicable but not known. This event occurred, but the date is unknown (that is, chemotherapy was given but the date is unknown). |
| 15 | Information is not available at this time, but it is expected that it will be available later (that is, chemotherapy is planned as part of first course treatment, but had not yet started at the time of the last follow-up). |
| (blank) | A valid date value is provided in item <i>RX Date Chemotherapy</i> (NAACCR Item #1220). Case was diagnosed between 2003 and 2009 and the facility did not record <i>RX Date Chemotherapy</i> (NAACCR Item #1220) at that time. |

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.

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.

Hormones are divided into 3 categories: 1. Hormones, 2. Antihormones, 3. Adrenocorticotrophic agents

| 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. Death certificate only. |

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. Assign **code 99**
 - a) Death certificate only.
 - b) Some types of cancer **thrive and proliferate because of hormones** (estrogen, progesterone and testosterone) that naturally occur in the body. These types of cancer may be treated by an **antihormone** or by the surgical removal/radiation of the organ(s) that produce the hormone, such as the testes and ovaries. **Surgical removal of organs** for hormone manipulation is not coded in this data item. Code these procedures in the data field Hematologic Transplant and Endocrine Procedures.
 - c) Other types of cancers are **slowed or suppressed by hormones**. These cancers are treated by administering hormones.

Example 1: Endometrial cancer may be treated with progesterone. Code all administration of progesterone to patients with endometrial cancer in this field. Even if the progesterone is given for menopausal symptoms, it has an effect on the growth or recurrence of endometrial cancer.

Example 2: **Follicular** and **papillary** cancers of the **thyroid** are often treated with thyroid hormone to suppress serum thyroid-stimulating hormone (TSH). If a patient with papillary and/or follicular cancer of the thyroid is given a thyroid hormone, code the treatment in this field.

Code the hormonal agent given as part of combination chemotherapy, e.g. MOPP, COPP whether it affects the cancer cells or not.

Refer to the *SEER*Rx Interactive Drug Database* (<http://seer.cancer.gov/>) for a list of hormonal 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 DATE—HORMONE FLAG**NAACCR ITEM #1231**

This flag explains why there is no appropriate value in the corresponding date field, *RX Date Hormone* (NAACCR Item #1230).

Coding Instructions

1. Leave this item blank if *RX Date Hormone* (NAACCR Item #1230) has a full or partial date recorded.
2. Code 12 if the *RX Date Hormone* cannot be determined, but the patient did receive first course hormone therapy.
3. Code 10 if it is unknown whether any hormone therapy was given.
4. Code 11 if no hormone therapy is planned or given.
5. Code 15 if hormone therapy is planned, but not yet started. Follow this patient for hormone therapy and update this item, *RX Date Hormone*, and the relevant hormone therapy items.

| Code | Description |
|---------|---|
| 10 | No information whatsoever can be inferred from this exceptional value (that is, unknown if any hormone therapy was given). |
| 11 | No proper value is applicable in this context (for example, no hormone therapy given). |
| 12 | A proper value is applicable but not known. This event occurred, but the date is unknown (that is, hormone therapy was given but the date is unknown). |
| 15 | Information is not available at this time, but it is expected that it will be available later (that is, hormone therapy is planned as part of first course treatment, but had not yet started at the time of the last follow-up). |
| (blank) | A valid date value is provided in item <i>RX Date Hormone</i> (NAACCR Item #1230). Case was diagnosed between 2003 and 2009 and the facility did not record <i>RX Date Hormone</i> (NAACCR Item #1230) at that time. |

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.

Types of immunotherapy

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.

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.

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. 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
2. Assign code 87
 - a. If the patient refused recommended immunotherapy.
 - b. If the patient made a blanket refusal of all recommended treatment.
3. Assign code 99 if the patient refused all treatment before any was recommended.
 - a. Death certificate only.

Refer to the *SEER*Rx Interactive Drug Database* (<http://seer.cancer.gov/>) for a list of immunotherapeutic 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. |

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.
2. The *RX Date–BRM Flag* (NAACCR Item #1241) is used to explain why *RX Date BRM/Immunotherapy* is not a known date

RX DATE- BRM FLAG**NAACCR ITEM #1241**

This flag explains why there is no appropriate value in the corresponding date field, *RX Date BRM/Immunotherapy* (NAACCR Item #1240).

Coding Instructions

1. Leave this item blank if *RX Date BRM/Immunotherapy* (NAACCR Item #1240) has a full or partial date recorded.
2. Code 12 if the *RX Date BRM/Immunotherapy* cannot be determined, but the patient did receive first course immunotherapy or a biologic response modifier.
3. Code 10 if it is unknown whether any immunotherapy or a biologic response modifier was given.
4. Code 11 if no immunotherapy or biologic response modifier is planned or given.
5. Code 15 if immunotherapy or a biologic response modifier is planned, but not yet started.

| Code | Description |
|---------|--|
| 10 | No information whatsoever can be inferred from this exceptional value (that is, unknown if any immunotherapy was given). |
| 11 | No proper value is applicable in this context (for example, no immunotherapy given). |
| 12 | A proper value is applicable but not known. This event occurred, but the date is unknown (that is, immunotherapy was given but the date is unknown). |
| 15 | Information is not available at this time, but it is expected that it will be available later (that is, immunotherapy is planned as part of first course treatment, but had not yet started at the time of the last follow-up). |
| (blank) | A valid date value is provided in item <i>RX Date BRM/Immunotherapy</i> (NAACCR Item #1240). Case was diagnosed between 2003 and 2009 and the facility did not record <i>RX Date BRM/Immunotherapy</i> (NAACCR Item #1240) at that time. |

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), 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), 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; 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; 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; surgery to other regional site(s), distant site(s), or distant 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; 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; 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; 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; 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 |
| 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. |

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.

NOTE: 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.

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.
 - c. There is no reason to suspect that the patient would have had other therapy.
 - d. If the treatment plan offered multiple treatment options and the patient selected treatment that did not include other therapy.
 - e. Patient elects to pursue no treatment following the discussion of other therapy. Discussion does not equal a recommendation.
 - f. Only information available is that the patient was referred for consideration of other therapy. Referral does not equal a recommendation.
 - g. Patient diagnosed at autopsy
2. Assign **code 1**
 - a. Hematopoietic treatments such as: phlebotomy, transfusions, or aspirin.
 - 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. Assign **code 9**
 - a. When there is no documentation that other therapy was recommended or performed
 - b. Death certificate only.

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 |
| | Blue Light Treatment |
| ALTERNATIVE AND COMPLEMENTARY THERAPIES | Electroacupuncture |
| <u>MANUAL HEALING</u> | Magneto-resonance Spectroscopy |
| Acupressure | Diet, Nutrition, Lifestyle |
| Biofield Therapeutics | Changes In Lifestyle |
| Massage Therapy | Diet |
| Reflexology | Gerson Therapy |
| Zone Therapy | Macrobiotics |
| MIND/BODY CONTROL | Megavitamins |
| Biofeedback | Nutritional Supplements |
| Humor Therapy | Herbal Medicine |
| Meditation | Ginger |
| Relaxation Techniques | Ginkgo Biloba Extract |
| Yoga | Ginseng Root |
| PHARMACOLOGICAL AND BIOLOGICAL TREATMENTS | |
| 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. Used for hematopoietic diseases (M9950-M9989) treated by aspirin, phlebotomy, or transfusions (see notes below). <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 |

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 DATE – OTHER FLAG**NAACCR ITEM #1251**

This flag explains why there is no appropriate value in the corresponding date field, *RX Date Other* (NAACCR Item #1250).

Coding Instructions

1. Leave this item blank if *RX Date Other* (NAACCR Item #1250) has a full or partial date recorded.
2. Code 12 if the *RX Date Other* cannot be determined, but the patient did receive first course other treatment.
3. Code 10 if it is unknown whether any other treatment was given (*Other Treatment* [NAACCR Item #1420] is 9).
4. Code 11 if no other treatment is planned or given (*Other Treatment* [NAACCR Item #1420] is 0, 7 or 8).

| Code | Description |
|-------------|--|
| 10 | No information whatsoever can be inferred from this exceptional value (that is, unknown if any Other Treatment was given). |
| 11 | No proper value is applicable in this context (for example, no Other Treatment given). |
| 12 | A proper value is applicable but not known. This event occurred, but the date is unknown (that is, Other Treatment was given but the date is unknown). |
| (blank) | A valid date value is provided in item <i>Date Other Treatment Started</i> (NAACCR Item #1250). |

RX SUMM – TREATMENT STATUS**NAACCR ITEM #1285**

This data item summarizes whether the patient received any treatment or the tumor was under active surveillance.

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.
- Use code 0 when treatment is refused or the physician decides not to treat for any reason such as the presence of comorbidities.

| Code | Description |
|-------------|--|
| 0 | No treatment given |
| 1 | Treatment given |
| 2 | Active surveillance (watchful waiting) |
| 9 | Unknown if treatment was given |

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. Please consult Appendix L for specific text requirements.

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.

The use of standard abbreviations in documentation and diagnostic text is acceptable. Refer to Appendix C for standard abbreviations.

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 |

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. 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. 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. 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.

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. 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 numerous others |

TEXT – DX PROC – OP**NAACCR ITEM #2560**

Enter information from operative reports. 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. 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. See Appendix L

TEXT – STAGING**NAACCR ITEM #2600**

Enter staging information not already entered in the Text – DX Proc areas. Information can include a summary of all staging tests with overall stage as stated by physician(s), special considerations for staging, etc. See Appendix L

RX TEXT – SURGERY**NAACCR ITEM #2610**

Enter information describing the surgical procedure(s) performed as part of first course of therapy. 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. 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. 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. 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. 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. 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. 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. 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 |
| 1751 | Date of Last Contact Flag |
| 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.

DATE OF LAST CONTACT FLAG**NAACCR ITEM #1751**

This flag explains why there is no appropriate value in the corresponding date field, *Date of Last Contact* (NAACCR Item #1750).

Coding Instructions

1. Leave this item blank if *Date of Last Contact* (NAACCR Item #1750) has a full or partial date recorded.
2. Code 12 if the *Date of Last Contact* cannot be determined.

| Code | Description |
|---------|--|
| 12 | A proper value is applicable but not known. This event occurred, but the date is unknown (that is, the date of last contact is unknown). |
| (blank) | A valid date value is provided in item <i>Date of Last Contact or Death</i> (NAACCR Item #1750). |

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:
HOSPITALS
FREE-STANDING SURGICAL CENTERS,
RADIATION THERAPY 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 – ALPHABETICAL ORDER

| Facility ID | Hospital Name | Option | City |
|-------------|-------------------------------------|--------|------------------------|
| 1521 | 45TH MEDICAL GROUP 45MDSS SGSACT | 7 | PATRICK AIR FORCE BASE |
| 5621 | 96 MEDICAL GROUP SGSAH | 7 | EGLIN AFB |
| 6000 | A G HOLLEY STATE HOSPITAL | 0 | LANTANA |
| 6246 | ALL CHILDRENS HOSPITAL | 2 | ST PETERSBURG |
| 2310 | ANNE BATES LEACH EYE HOSPITAL | 4 | MIAMI |
| 5891 | ARNOLD PALMER MEDICAL CENTER | 4 | ORLANDO |
| 2304 | AVENTURA HOSP AND COMP CANCER CTR | 4 | AVENTURA |
| 2336 | BAPTIST HOSPITAL OF MIAMI | 4 | MIAMI |
| 2736 | BAPTIST HOSPITAL OF PENSACOLA | 4 | PENSACOLA |
| 2605 | BAPTIST MEDICAL CENTER BEACHES | 4 | JACKSONVILLE BEACH |
| 5505 | BAPTIST MEDICAL CENTER NASSAU | 2 | FERNANDINA BEACH |
| 2640 | BAPTIST MEDICAL CENTER SOUTH | 4 | JACKSONVILLE |
| 2636 | BAPTIST REGIONAL CANCER CENTER-JAX | 4 | JACKSONVILLE |
| 6346 | BARTOW MEMORIAL HOSPITAL | 2 | BARTOW |
| 1306 | BAY MEDICAL CENTER | 4 | PANAMA CITY |
| 6226 | BAY PINES V A MEDICAL CENTER | 6 | BAY PINES |
| 6248 | BAYFRONT MEDICAL CENTER | 4 | ST PETERSBURG |
| 7405 | BERT FISH MEDICAL CENTER | 3 | NEW SMYRNA BEACH |
| 6005 | BETHESDA MEMORIAL HOSPITAL | 4 | BOYNTON BEACH |
| 5100 | BLAKE MEDICAL CENTER | 4 | BRADENTON |
| 6046 | BOCA RATON REGIONAL HOSPITAL | 4 | BOCA RATON |
| 3903 | BRANDON REGIONAL HOSPITAL | 4 | BRANDON |
| 3705 | BROOKSVILLE REGIONAL HOSPITAL | 2 | BROOKSVILLE |
| 1605 | BROWARD GENERAL MEDICAL CENTER | 4 | FORT LAUDERDALE |
| 1705 | CALHOUN LIBERTY HOSPITAL | 0 | BLOUNTSTOWN |
| 4205 | CAMPBELLTON GRACEVILLE HOSPITAL | 0 | GRACEVILLE |
| 1505 | CAPE CANAVERAL HOSPITAL | 4 | COCOA BEACH |
| 4601 | CAPE CORAL HOSPITAL | 4 | CAPE CORAL |
| 4770 | CAPITAL REGIONAL MEDICAL CENTER | 2 | TALLAHASSEE |
| 5969 | CELEBRATION HEALTH FL HOSPITAL | 4 | CELEBRATION |
| 6905 | CENTRAL FLORIDA REGIONAL HOSPITAL | 4 | SANFORD |
| 1846 | CHARLOTTE REGIONAL MEDICAL CENTER | 2 | PUNTA GORDA |
| 1905 | CITRUS MEMORIAL HOSPITAL | 2 | INVERNESS |
| 1647 | CLEVELAND CLINIC HOSPITAL | 4 | WESTON |
| 6001 | COLUMBIA HOSPITAL | 4 | WEST PALM BEACH |
| 6600 | COLUMBIA LAWNWOOD REGIONAL MED CTR | 2 | FORT PIERCE |
| 6170 | COMMUNITY HOSP OF NEW PORT RICHEY | 2 | NEW PORT RICHEY |
| 6815 | COMPLEXCARE AT RIDGELAKE | 0 | SARASOTA |
| 2378 | CORAL GABLES HOSPITAL | 2 | CORAL GABLES |
| 1645 | CORAL SPRINGS MEDICAL CENTER | 2 | CORAL SPRINGS |
| 6003 | DELRAY MEDICAL CENTER | 3 | DELRAY BEACH |
| 2405 | DESOTO MEMORIAL HOSPITAL | 2 | ARCADIA |
| 2348 | DOCTORS HOSPITAL | 2 | CORAL GABLES |
| 6870 | DOCTORS HOSPITAL | 3 | SARASOTA |
| 7205 | DOCTORS MEMORIAL HOSPITAL | 2 | PERRY |
| 4005 | DOCTORS MEMORIAL HOSPITAL - BONIFAY | 0 | BONIFAY |
| 5852 | DR P PHILLIPS HOSPITAL | 4 | ORLANDO |
| | ED FRASER MEMORIAL HOSPITAL | 0 | MACCLENNY |
| 6203 | EDWARD WHITE HOSPITAL | 2 | ST PETERSBURG |
| 6810 | ENGLEWOOD COMMUNITY HOSPITAL | 4 | ENGLEWOOD |
| 1800 | FAWCETT MEMORIAL HOSPITAL | 2 | PORT CHARLOTTE |
| 5446 | FISHERMENS HOSPITAL | 2 | MARATHON |

APPENDIX A – HOSPITAL LISTING – ALPHABETICAL ORDER

| Facility ID | Hospital Name | Option | City |
|-------------|-------------------------------------|--------|-------------------|
| 6570 | FLAGLER HOSPITAL | 3 | ST AUGUSTINE |
| 7448 | FLORIDA HOSPITAL - ORMOND MEMORIAL | 4 | DAYTONA BEACH |
| 2870 | FLORIDA HOSPITAL - FLAGLER | 4 | PALM COAST |
| 7447 | FLORIDA HOSPITAL - OCEANSIDE | 4 | ORMOND BEACH |
| 4547 | FLORIDA HOSPITAL WATERMAN | 4 | TAVARES |
| 6936 | FLORIDA HOSPITAL ALTAMONTE | 4 | ALTAMONTE SPRINGS |
| 5805 | FLORIDA HOSPITAL APOPKA | 4 | APOPK |
| 5836 | FLORIDA HOSPITAL CANCER INST SOUTH | 4 | ORLANDO |
| 3973 | FLORIDA HOSPITAL CARROLLWOOD | 4 | TAMPA |
| 7407 | FLORIDA HOSPITAL DELAND | 4 | DELAND |
| 5849 | FLORIDA HOSPITAL EAST ORLANDO | 4 | ORLANDO |
| 7446 | FLORIDA HOSPITAL FISH MEMORIAL | 2 | ORANGE CITY |
| 3836 | FLORIDA HOSPITAL HEARTLAND DIVISION | 2 | SEBRING |
| 5970 | FLORIDA HOSPITAL KISSIMMEE | 4 | KISSIMMEE |
| 3890 | FLORIDA HOSPITAL LAKE PLACID | 2 | LAKE PLACID |
| 3907 | FLORIDA HOSPITAL TAMPA | 4 | TAMPA |
| 3505 | FLORIDA HOSPITAL WAUCHULA | 2 | WAUCHULA |
| 6105 | FLORIDA HOSPITAL ZEPHYRHILLS | 2 | ZEPHYRHILLS |
| 1686 | FLORIDA MEDICAL CENTER | 2 | FORT LAUDERDALE |
| 3000 | FLORIDA STATE HOSPITAL | 8 | CHATTAHOOCHEE |
| 5670 | FORT WALTON BEACH MED CTR | 2 | FORT WALTON BEACH |
| 2905 | GEORGE E WEEMS MEMORIAL HOSPITAL | 0 | APALACHICOLA |
| 6047 | GOOD SAMARITAN MEDICAL CENTER | 4 | WEST PALM BEACH |
| 6704 | GULF BREEZE HOSPITAL | 4 | GULF BREEZE |
| 1300 | GULF COAST MEDICAL CENTER | 4 | PANAMA CITY |
| 3932 | H LEE MOFFITT CANCER CENTER | 4 | TAMPA |
| 7406 | HALIFAX HOSPITAL MEDICAL CENTER | 4 | DAYTONA BEACH |
| 9084 | HALIFAX MEDICAL CENTER-PORT ORANGE | 4 | PORT ORANGE |
| 5806 | HEALTH CENTRAL | 2 | OCOOE |
| 7605 | HEALTHMARK REGIONAL MEDICAL CENTER | 0 | DE FUNIAK SPRINGS |
| 6347 | HEART OF FLORIDA HOSPITAL | 2 | DAVENPORT |
| 6205 | HELEN ELLIS MEMORIAL HOSPITAL | 2 | TARPON SPRINGS |
| 3605 | HENDRY REGIONAL MEDICAL CENTER | 0 | CLEWISTON |
| 2349 | HIALEAH HOSPITAL | 2 | HIALEAH |
| 3805 | HIGHLANDS REGIONAL MEDICAL CENTER | 2 | SEBRING |
| 1690 | HOLLYWOOD PAVILION | 8 | HOLLYWOOD |
| 1546 | HOLMES REGIONAL MEDICAL CENTER | 4 | MELBOURNE |
| 1636 | HOLY CROSS HOSPITAL | 4 | FORT LAUDERDALE |
| 2306 | HOMESTEAD HOSPITAL | 4 | HOMESTEAD |
| 1609 | IMPERIAL POINT MEDICAL CENTER | 2 | FORT LAUDERDALE |
| 4105 | INDIAN RIVER MEMORIAL HOSPITAL | 4 | VERO BEACH |
| 4206 | JACKSON HOSPITAL | 2 | MARIANNA |
| 2374 | JACKSON NORTH MEDICAL CENTER | 2 | NORTH MIAMI BEACH |
| 2302 | JACKSON SOUTH COMMUNITY CENTER | 4 | MIAMI |
| 3901 | JAMES A HALEY VA MED CTR | 6 | TAMPA |
| 2305 | JAMES M JACKSON MEMORIAL HOSPITAL | 4 | MIAMI |
| 6705 | JAY HOSPITAL | 2 | JAY |
| 6048 | JFK MEDICAL CENTER | 4 | ATLANTIS |
| 6074 | JUPITER MEDICAL CENTER | 4 | JUPITER |
| 2358 | KENDALL MEDICAL CENTER | 2 | MIAMI |
| 1673 | KINDRED FT LAUDERDALE | 0 | FORT LAUDERDALE |
| 6290 | KINDRED HOSP BAY AREA ST PETERSBURG | 2 | ST PETERSBURG |

APPENDIX A – HOSPITAL LISTING – ALPHABETICAL ORDER

| Facility ID | Hospital Name | Option | City |
|-------------|-------------------------------------|--------|--------------------|
| 2346 | KINDRED HOSP S FL CORAL GABLES | 0 | CORAL GABLES |
| | KINDRED HOSP S FL HOLLYWOOD | 0 | HOLLYWOOD |
| 3974 | KINDRED HOSPITAL BAY AREA TAMPA | 2 | TAMPA |
| 3947 | KINDRED HOSPITAL CENTRAL TAMPA | 2 | TAMPA |
| 2090 | KINDRED HOSPITAL NORTH FLORIDA | 0 | GREEN COVE SPRINGS |
| 5207 | KINDRED HOSPITAL OCALA | 0 | OCALA |
| 7305 | LAKE BUTLER HOSPITAL HAND SURG. CTR | 0 | LAKE BUTLER |
| 2246 | LAKE CITY MEDICAL CENTER | 2 | LAKE CITY |
| 6348 | LAKE WALES HOSPITAL | 2 | LAKE WALES |
| 6305 | LAKELAND REGIONAL MEDICAL CENTER | 4 | LAKELAND |
| 6007 | LAKESIDE MEDICAL CENTER | 3 | BELLE GLADE |
| 5110 | LAKESIDE RANCH MEDICAL CENTER | 4 | BRADENTON |
| 6206 | LARGO MEDICAL CENTER | 4 | LARGO |
| 2379 | LARKIN COMMUNITY HOSPITAL | 2 | SOUTH MIAMI |
| 4605 | LEE MEMORIAL HEALTH SYSTEM | 4 | FT MYERS |
| 4690 | LEE MEMORIAL HOSPITAL HEALTHPARK | 4 | FT MYERS |
| 4516 | LEESBURG REGIONAL MEDICAL CENTER | 4 | LEESBURG |
| 4647 | LEHIGH REGIONAL MEDICAL CENTER | 2 | LEHIGH ACRES |
| 5406 | LOWER KEYS MEDICAL CENTER | 2 | KEY WEST |
| 5490 | LOWER KEYS MEDICAL CENTER | 8 | KEY WEST |
| 5005 | MADISON COUNTY MEMORIAL HOSPITAL | 0 | MADISON |
| 1103 | MALCOM RANDALL VA MEDICAL CENTER | 6 | GAINESVILLE |
| 5105 | MANATEE MEMORIAL HOSPITAL | 4 | BRADENTON |
| 5471 | MARINERS HOSPITAL | 2 | TAVERNIER |
| 5390 | MARTIN MEMORIAL HOSPITAL SOUTH | 4 | STUART |
| 5346 | MARTIN MEMORIAL MEDICAL CENTER | 4 | STUART |
| 2650 | MAYO CLINIC HOSPITAL | 4 | JACKSONVILLE |
| 5848 | MD ANDERSON CANCER CENTER ORLANDO | 4 | ORLANDO |
| 6278 | MEASE COUNTRYSIDE HOSPITAL | 4 | SAFETY HARBOR |
| 6249 | MEASE DUNEDIN HOSPITAL | 4 | DUNEDIN |
| 2648 | MEMORIAL HOSPITAL JACKSONVILLE | 4 | JACKSONVILLE |
| 1649 | MEMORIAL HOSPITAL MIRAMAR | 2 | MIRAMAR |
| 3977 | MEMORIAL HOSPITAL OF TAMPA | 2 | TAMPA |
| 1610 | MEMORIAL HOSPITAL PEMBROKE | 2 | PEMBROKE PINES |
| 1688 | MEMORIAL HOSPITAL WEST | 4 | PEMBROKE PINES |
| 1606 | MEMORIAL REGIONAL CANCER CENTER | 4 | HOLLYWOOD |
| 1602 | MEMORIAL REGIONAL HOSPITAL SOUTH | 2 | HOLLYWOOD |
| 2338 | MERCY HOSPITAL | 4 | MIAMI |
| 2357 | METROPOLITAN HOSPITAL | 2 | MIAMI |
| 2359 | MIAMI CHILDRENS HOSPITAL | 2 | MIAMI |
| 2326 | MIAMI V A MEDICAL CENTER | 6 | MIAMI |
| 6250 | MORTON PLANT HOSPITAL | 4 | CLEARWATER |
| 2351 | MOUNT SINAI MEDICAL CENTER | 4 | MIAMI BEACH |
| 5205 | MUNROE REGIONAL MEDICAL CENTER | 4 | OCALA |
| 7390 | N FLORIDA RECEPTION MED CTR HOSP | 2 | LAKE BUTLER |
| 1170 | N FLORIDA REGIONAL MEDICAL CENTER | 4 | GAINESVILLE |
| 4816 | NATURE COAST REGIONAL HOSPITAL | 0 | WILLISTON |
| 2621 | NAVAL HOSPITAL JAX TUMOR REGISTRY | 7 | JACKSONVILLE |
| 2721 | NAVAL HOSPITAL OF PENSACOLA | 7 | PENSACOLA |
| 2146 | NCH HEALTHCARE SYSTEM | 4 | NAPLES |
| 6106 | NORTH BAY HOSPITAL | 4 | NEW PORT RICHEY |
| 1607 | NORTH BROWARD MEDICAL CENTER | 4 | DEERFIELD BEACH |

APPENDIX A – HOSPITAL LISTING – ALPHABETICAL ORDER

| Facility ID | Hospital Name | Option | City |
|-------------|-------------------------------------|--------|--------------------|
| 2150 | NORTH COLLIER HOSPITAL | 4 | NAPLES |
| 5607 | NORTH OKALOOSA MEDICAL CENTER | 3 | CRESTVIEW |
| 2353 | NORTH SHORE MEDICAL CENTER | 4 | MIAMI |
| 6201 | NORTHSIDE HOSP HEART INSTITUTE | 2 | ST PETERSBURG |
| 1681 | NORTHWEST MEDICAL CENTER | 2 | MARGATE |
| 7705 | NW FLORIDA COMMUNITY HOSPITAL | 0 | CHIPLEY |
| 3701 | OAK HILL HOSPITAL | 4 | BROOKSVILLE |
| 5200 | OCALA REGIONAL MEDICAL CENTER | 4 | OCALA |
| 2000 | ORANGE PARK MEDICAL CENTER | 4 | ORANGE PARK |
| 5851 | ORLANDO REGIONAL MEDICAL CENTER | 4 | ORLANDO |
| 6910 | ORLANDO REGIONAL SOUTH SEMINOLE HOS | 4 | LONGWOOD |
| 5967 | OSCEOLA REGIONAL MEDICAL CENTER | 4 | KISSIMMEE |
| 1508 | PALM BAY HOSPITAL | 4 | PALM BAY |
| 6070 | PALM BEACH GARDENS MEDICAL CENTER | 2 | PALM BEACH GARDENS |
| 2356 | PALM SPRINGS GENERAL HOSPITAL | 2 | HIALEAH |
| 2383 | PALMETTO GENERAL HOSPITAL | 3 | HIALEAH |
| 6273 | PALMS OF PASADENA HOSPITAL | 2 | ST PETERSBURG |
| 6069 | PALMS WEST HOSPITAL | 2 | LOXAHATCHEE |
| 1506 | PARRISH MEDICAL CENTER | 4 | TITUSVILLE |
| 6171 | PASCO REG MED HOSPITAL | 2 | DADE CITY |
| 1836 | PEACE RIVER REGIONAL MEDICAL CENTER | 3 | PORT CHARLOTTE |
| 2130 | PHYSICIANS REG MED CTR-PINE RIDGE | 2 | NAPLES |
| 2140 | PHYSICIANS REG MEDICAL CTR COLLIER | 2 | NAPLES |
| 1676 | PLANTATION GENERAL HOSP | 4 | PLANTATION |
| 6446 | PUTNAM COMMUNITY MEDICAL CTR | 2 | PALATKA |
| 5705 | RAULERSON HOSPITAL | 2 | OKEECHOBEE |
| 4645 | REG CANCER CTR GULF COAST HOSPITAL | 2 | FT MYERS |
| 6172 | REGIONAL MED CENTER BAYONET POINT | 4 | HUDSON |
| 2738 | SACRED HEART CANCER CENTER | 4 | PENSACOLA |
| 5610 | SACRED HEART HOSP EMERALD COAST | 2 | MIRAMAR BEACH |
| 3300 | SACRED HEART HOSPITAL ON THE GULF | 3 | PORT SAINT JOE |
| 6707 | SANTA ROSA MEDICAL CENTER | 2 | MILTON |
| 6805 | SARASOTA MEMORIAL HOSPITAL | 4 | SARASOTA |
| 6690 | SAVANNAS HOSPITAL | 8 | PORT ST LUCIE |
| 4170 | SEBASTIAN RIVER MEDICAL CENTER | 2 | SEBASTIAN |
| 1900 | SEVEN RIVERS REGIONAL MEDICAL CTR | 2 | CRYSTAL RIVER |
| 2606 | SHANDS JACKSONVILLE MEDICAL CENTER | 4 | JACKSONVILLE |
| 2205 | SHANDS LAKE SHORE REGIONAL MED CTR | 4 | LAKE CITY |
| 7105 | SHANDS LIVE OAK REGIONAL MED CTR | 4 | LIVE OAK |
| 1405 | SHANDS STARKE REGIONAL MEDICAL CTR | 4 | STARKE |
| 1100 | SHANDS UNIVERSITY OF FLORIDA | 4 | GAINESVILLE |
| 3908 | SHRINERS HOSPITALS FOR CHILDREN | 3 | TAMPA |
| 3988 | SOUTH BAY HOSPITAL | 2 | SUN CITY CENTER |
| 3938 | SOUTH FLORIDA BAPTIST HOSPITAL | 2 | PLANT CITY |
| 4546 | SOUTH LAKE HOSPITAL | 3 | CLERMONT |
| 2376 | SOUTH MIAMI HOSPITAL | 4 | SOUTH MIAMI |
| 2651 | SPECIALTY HOSPITAL JACKSONVILLE | 0 | JACKSONVILLE |
| 3715 | SPRING HILL REGIONAL HOSPITAL | 2 | SPRING HILL |
| 6251 | ST ANTHONY HOSPITAL | 4 | ST PETERSBURG |
| 5936 | ST CLOUD REGIONAL MEDICAL CENTER | 4 | ST CLOUD |
| 3937 | ST JOSEPH HOSPITAL | 4 | TAMPA |
| 3936 | ST JOSEPHS HOSPITAL NORTH | 4 | LUTZ |

APPENDIX A – HOSPITAL LISTING – ALPHABETICAL ORDER

| Facility ID | Hospital Name | Option | City |
|-------------|-------------------------------------|--------|-----------------|
| 6647 | ST LUCIE MEDICAL CENTER | 3 | PORT ST LUCIE |
| 6036 | ST MARYS MEDICAL CENTER | 4 | WEST PALM BEACH |
| 6274 | ST PETERSBURG GENERAL HOSPITAL | 2 | ST PETERSBURG |
| 2638 | ST VINCENTS MEDICAL CENTER | 4 | JACKSONVILLE |
| 2660 | ST. LUKE-ST VINCENT'S HEALTHCARE | 4 | JACKSONVILLE |
| 6252 | SUN COAST HOSPITAL | 2 | LARGO |
| 4705 | TALLAHASSEE MEMORIAL HEALTHCARE | 4 | TALLAHASSEE |
| 3906 | TAMPA GENERAL HOSPITAL | 3 | TAMPA |
| 2190 | THE WILLOUGH AT NAPLES | 8 | NAPLES |
| 3978 | TOWN AND COUNTRY HOSPITAL | 2 | TAMPA |
| 5606 | TWIN CITIES HOSPITAL | 3 | NICEVILLE |
| 2372 | U OF MIAMI HOSPITAL CLINICS | 4 | MIAMI |
| 2321 | U S AIR FORCE HOSPITAL | 7 | HOMESTEAD |
| 3921 | U S AIR FORCE REGIONAL HOSPITAL | 7 | MACDILL AFB |
| 2705 | UNIVERSITY HOSPITAL AND CLINIC | 8 | PENSACOLA |
| 1687 | UNIVERSITY MEDICAL CENTER | 2 | TAMARAC |
| 2347 | UNIVERSITY OF MIAMI HOSPITAL | 4 | MIAMI |
| 2226 | V A MEDICAL CENTER- LAKE CITY | 6 | LAKE CITY |
| 6846 | VENICE REGIONAL MEDICAL CENTER | 4 | VENICE |
| 1510 | VIERA HOSPITAL | 4 | MELBOURNE |
| 7005 | VILLAGES REGIONAL HOSPITAL | 2 | THE VILLAGES |
| 6068 | WELLINGTON REGIONAL MEDICAL CENTER | 4 | WEST PALM BEACH |
| 6045 | WEST BOCA MEDICAL CENTER | 2 | BOCA RATON |
| 2700 | WEST FLORIDA HOSPITAL | 4 | PENSACOLA |
| 2307 | WEST KENDALL BAPTIST HOSPITAL | 3 | MIAMI |
| 5202 | WEST MARION COMMUNITY HOSPITAL | 4 | OCALA |
| 6026 | WEST PALM BEACH V A MED CTR | 6 | WEST PALM BEACH |
| 2377 | WESTCHESTER GENERAL HOSPITAL | 2 | COCONUT GROVE |
| 1601 | WESTSIDE REGIONAL MED CTR | 4 | PLANTATION |
| 6349 | WINTER HAVEN HOSPITAL | 4 | WINTER HAVEN |
| 6390 | WINTER HAVEN HOSPITAL REGENCY | 4 | WINTER HAVEN |
| 5850 | WINTER PARK MEMORIAL HOSPITAL | 4 | WINTER PARK |
| 5890 | WINTER PARK PAVILION | 8 | WINTER PARK |
| 2672 | WOLFSON CHILDRENS HOSP NCC | 4 | JACKSONVILLE |
| 1548 | WUESTHOFF MEDICAL CENTER MELBOURNE | 4 | MELBOURNE |
| 1547 | WUESTHOFF MEDICAL CENTER- ROCKLEDGE | 4 | ROCKLEDGE |

APPENDIX A – SURGICAL CENTERS – ALPHABETICAL ORDER

| Facility ID | Surgical Center Name | Option | City |
|-------------|-------------------------------------|--------|--------------------|
| 8324 | ADVANCED AMBULATORY SURGERY CENTER | S | ALTAMONTE SPRINGS |
| 8410 | ADVANCED EYE SURGERY CENTER | S | VERO BEACH |
| 8455 | ADVANCED SURGERY CENTER | S | LAKE WORTH |
| 8171 | AESTHETIC PLASTIC SURGERY CENTER | T | VENICE |
| 8064 | ALL SAINTS SURGERY CENTER | T | SPRING HILL |
| 8097 | ALPHA AMBULATORY SURGERY CENTER | S | TALLAHASSEE |
| 8115 | AMBULATORY ANKLE AND FOOT CTR OF FL | S | ORLANDO |
| 8187 | AMBULATORY SUR CTR OF CENTRAL FL | S | DELAND |
| 8421 | AMBULATORY SURG CTR OF BOCA RATON | S | BOCA RATON |
| 8069 | AMBULATORY SURGERY CENTER | S | TAMPA |
| 8007 | AMBULATORY SURGICAL CARE | T | MERRITT ISLAND |
| 8036 | AMBULATORY SURGICAL CTR | S | MIAMI |
| 8437 | AMELIA ISLAND SURGERY CENTER | S | FERNANDINA BEACH |
| 8426 | ANDREWS INSTITUTE ASC LLC | S | GULF BREEZE |
| 8282 | ARMENIA SURGERY CENTER | S | TAMPA |
| 8008 | ASC OF BREVARD | S | MELBOURNE |
| 8474 | ATLANTIC SURGERY AND LASER CENTER | S | MELBOURNE |
| 8188 | ATLANTIC SURGERY CENTER | S | DAYTONA |
| 8013 | ATLANTIC SURGICAL CENTER | S | POMPANO BEACH |
| 8360 | ATLANTIS OUTPATIENT CENTER LLC | S | LAKE WORTH |
| 8000 | AYERS SURGERY CENTER | S | GAINESVILLE |
| 8285 | BAPTIST MEDICAL PARK ASC LLC | S | PENSACOLA |
| 8084 | BARKLEY SURGICENTER INC | T | FT MYERS |
| 8416 | BASCOM PALMER SURGERY CENTER | S | PALM BEACH GARDENS |
| 8154 | BAY AREA ENDOSCOPY CENTER | S | ST PETERSBURG |
| 8423 | BAY AREA PHYSICIANS SURGERY CENTER | S | RIVERVIEW |
| 8155 | BAYFRONT MED PLAZA SAMEDAY SURGERY | S | ST PETERSBURG |
| 8357 | BAYSIDE AMBULATORY CENTER | S | MIAMI |
| 8292 | BAYVIEW ENDOSCOPY CENTER | S | SARASOTA |
| 8157 | BELLEAIR SURGERY CTR | T | CLEARWATER |
| 8219 | BERAJA CLIN LASER AND SURGER CTR | T | CORAL GABLES |
| 8209 | BETHESDA OUTPATIENT SURGERY CENTER | S | BOYNTON BEACH |
| 8236 | BEVERLY HILLS SURGERY CENTER, INC | S | BEVERLY HILLS |
| 8429 | BLUE SPRINGS SURGERY CENTER | S | ORANGE CITY |
| 8130 | BOCA RATON OUTPATIENT SURG & LASER | T | BOCA RATON |
| 8176 | BON SECOURS VENICE HEALTHPK SURGERY | S | VENICE |
| 8296 | BONITA COMMUNITY HEALTH CENTER | T | BONITA SPRINGS |
| 8142 | BOYNTON BEACH ASC LLC | T | BOYTON BEACH |
| 8201 | BRADENTON SURGERY CENTER | S | BRADENTON |
| 8396 | BRANDON AMBULATORY SURGERY CENTER | S | BRANDON |
| 8070 | BRANDON SURGERY CENTER | S | BRANDON |
| 8452 | BREVARD SPECIALTY SURGERY CTR, LLC | S | MELBOURNE |
| 8009 | BREVARD SURGERY CENTER | S | MELBOURNE |
| 8478 | BROWARD SPECIALTY SURGICAL CENTER | S | HOLLYWOOD |
| 8279 | C MED INC | S | CLEARWATER |
| 8390 | CAPE CORAL ENDOSCOPY AND SURGERY | S | CAPE CORAL |
| 8172 | CAPE SURGERY CENTER | T | SARASOTA |
| 8430 | CAPITAL CITY SURGICAL CENTER LLC | S | TALLAHASSEE |
| 8448 | CARILLON SURGERY CENTER | S | ST PETERSBURG |
| 8477 | CARILLON SURGERY CENTER | S | SAINT PETERSBURG |

APPENDIX A – SURGICAL CENTERS – ALPHABETICAL ORDER

| Facility ID | Surgical Center Name | Option | City |
|-------------|-------------------------------------|--------|-----------------|
| 8436 | CELEBRATION SURGERY CENTER, LLC. | S | KISSIMMEE |
| 8173 | CENTER FOR ADVANCED EYE SURGERY LP | S | SARASOTA |
| 8316 | CENTER FOR DIGESTIVE ENDOSCOPY | S | ORLANDO |
| 8096 | CENTER FOR DIGESTIVE HEALTH | T | FT MYERS |
| 8342 | CENTER FOR ENDOSCOPY | T | SARASOTA |
| 8299 | CENTER FOR GASTROINTESTINAL | T | WEST PALM BEACH |
| 8203 | CENTER FOR SPECIAL SURGERY | T | ST PETERSBURG |
| 8072 | CENTER FOR SPECIALIZED SURGERY | S | TAMPA |
| 8450 | CENTER ONE SURGERY CENTER | S | JACKSONVILLE |
| 8407 | CENTRAL FL ENDOSCOPY AND SURG INST | S | OCALA |
| 8108 | CENTRAL FLORIDA EYE INSTITUTE | S | OCALA |
| 8168 | CENTRAL FLORIDA SURGI CENTER | T | LAKELAND |
| 8169 | CENTRAL FLORIDA SURGICENTER | S | LAKELAND |
| 8307 | CHARLOTTE ENDOSCOPY SURGERY CENTER | T | PORT CHARLOTTE |
| 8026 | CITRUS ENDOSCOPY AND SURGERY CENTER | T | CRYSTAL RIVER |
| 8305 | CITRUS SURGICAL CENTER | S | ORLANDO |
| 8251 | CITRUS UROLOGY CENTER INC | S | LECANTO |
| 8371 | CLAY SURGERY CENTER | S | ORANGE PARK |
| 8156 | CLEARWATER ENDOSCOPY CENTER | S | CLEARWATER |
| 8393 | CLERMONT AMULATORY SURG CTR LLLP | S | CLERMONT |
| 8117 | CLEVELAND CLINIC NAPLES | S | NAPLES |
| 8014 | CLEVELAND CLINIC OF FLORIDA | S | WESTON |
| 8293 | COASTAL MEDICAL CENTER | S | SARASOTA |
| 8398 | COASTAL SURGERY CENTER LLC | S | JACKSONVILLE |
| 8308 | COLLIER ENDOSCOPY AND SURGERY CTR | S | NAPLES |
| 8029 | COLLIER SURGERY CTR | T | NAPLES |
| 8210 | COLUMBIA DOCTORS SAME DAY SURG | T | SARASOTA |
| 8044 | COLUMBIA N MIAMI BCH SURGERY CTR | S | NORTH MIAMI |
| 8019 | COLUMBIA OSS | S | PLANTATION |
| 8054 | COLUMBIA PARKSIDE SURG CTR JAX | T | JACKSONVILLE |
| 8454 | CORAL RIDGE OUTPATIENT CENTER | S | OAKLAND PARK |
| 8271 | CORAL SPRINGS SURGICAL CENTER | T | CORAL SPRINGS |
| 8038 | CORAL VIEW SURGERY CENTER | S | MIAMI |
| 8060 | CORDOVA AMBULATORY SURGICAL CENTER | S | PENSACOLA |
| 8104 | CORTEZ FOOT SURGERY CENTER | S | BRADENTON |
| 8158 | COUNTRYSIDE SURGERY CENTER | T | CLEARWATER |
| 8405 | COURTENAY SAME DAY SURGERY CENTER | T | MERRITT ISLAND |
| 8472 | CRANE CREEK SURGERY CENTER | S | MELBOURNE |
| 8419 | CTR OF SURGICAL EXCELLENCE VENICE | S | VENICE |
| 8397 | DAY SURGERY CENTER | S | WINTER HAVEN |
| 8185 | DAY SURGERY INC | S | PORT ST LUCIE |
| 8190 | DELAND SURGERY CENTER | T | DELAND |
| 8131 | DELRAY OUTPATIENT SURG AND LASER | S | DELRAY BEACH |
| 8087 | DERMATOLOGICAL AND COSMETIC SURGERY | S | FT MYERS |
| 8315 | DESTIN SURGERY CENTER | S | DESTIN |
| 8223 | DIGESTIVE DISEASE ASSOCIATES | S | CLEARWATER |
| 8291 | DIGESTIVE DISEASE ENDOSCOPY CENTER | T | TAMARAC |
| 8380 | DOCTORS OUTPATIENT SURGERY CTR | T | NAPLES |
| 8128 | DOCTORS SURGERY CTR/LEVIN EYE CTR | T | KISSIMMEE |
| 8459 | DOWNTOWN SURGERY CENTER | S | ORLANDO |

APPENDIX A – SURGICAL CENTERS – ALPHABETICAL ORDER

| Facility ID | Surgical Center Name | Option | City |
|-------------|-------------------------------------|--------|-------------------|
| 8114 | EMERALD COAST SURG CTR | T | FT WALTON BEACH |
| 8035 | ENDOSCOPY CENTER OF NAPLES | S | NAPLES |
| 8109 | ENDOSCOPY CENTER OF OCALA INC | T | OCALA |
| 8174 | ENDOSCOPY CENTER OF SARASOTA | T | SARASOTA |
| 8199 | ENDOSCOPY CTR OF PENSACOLA | S | PENSACOLA |
| 8297 | ENDOSCOPY SURGERY OUTPATIENT CTR | T | LADY LAKE |
| 8105 | EYE ASSOCIATES SURGERY CENTER | T | BRADENTON |
| 8015 | EYE CARE AND SURGERY CENTER | S | FT LAUDERDALE |
| 8175 | EYE CENTER OF FLORIDA | S | VENICE |
| 8395 | EYE INSTITUTE SURGERY CENTER LLC | S | MELBOURNE |
| 8379 | EYE SURGERY & LASER CTR OF SEBRING | S | SEBRING |
| 8088 | EYE SURGERY AND LASER CENTER | S | CAPE CORAL |
| 8170 | EYE SURGERY AND LASER CENTER OF MID | T | WINTER HAVEN |
| 8470 | EYE SURGERY CENTER OF NORTH FLORIDA | S | JACKSONVILLE |
| 8373 | EYE SURGERY CENTER OF ST AUGUSTINE | S | ST AUGUSTINE |
| 8001 | EYE SURGICENTER | S | GAINESVILLE |
| 8077 | FL EYE INSTITUTE SURGICENTER INC | S | VERO BEACH |
| 8303 | FL MEDICAL CLINIC PA AMB SUR CTR | T | TAMPA |
| 8310 | FL ORTHOPEDIC INSTITUTE SURGERY CTR | T | TEMPLE TERRACE |
| 8182 | FL SURGERY CTR ALTAMONTE | T | ALTAMONTE SPRINGS |
| 8424 | FLEMING ISLAND SURGERY CENTER | T | FLEMING ISLAND |
| 8252 | FLORIDA COASTAL SURGERY CENTER | S | NAPLES |
| 8275 | FLORIDA ENDOSCOPY SURGERY CENTER | S | BROOKSVILLE |
| 8181 | FLORIDA EYE CLINIC ASC | S | ALTAMONTE SPRINGS |
| 8145 | FLORIDA MEDICAL CLINIC PA | T | ZEPHYRHILLS |
| 8063 | FOREST OAKS AMB SURG CTR | S | SPRING HILL |
| 8016 | FOUNDATION FOR ADVANCED EYE CARE | S | SUNRISE |
| 8336 | GABLES SURGERY CENTER | T | MIAMI |
| 8030 | GASKINS EYE CARE AND SURGERY CENTER | S | NAPLES |
| 8330 | GLADIOLUS SURGERY CENTER | T | FT MYERS |
| 8387 | GRIFFIN ROAD CAMPUS OF LSDC LLP | S | LAKELAND |
| 8334 | GROVE PLACE SURGERY CENTER LLC | S | VERO BEACH |
| 8404 | GULF BREEZE ENDOSCOPY | S | GULF BREEZE |
| 8277 | GULF COAST ENDOSCOPY CENTER SOUTH | S | FORT MYERS |
| 8295 | GULF COAST ENDOSCOPY CTR OF VENICE | S | VENICE |
| 8106 | GULF COAST SURGERY CENTER | T | BRADENTON |
| 8457 | GULF COMPREHENSIVE SURGERY CENTER | S | ENGLEWOOD |
| 8400 | GULF POINTE SURGERY CENTER | T | PORT CHARLOTTE |
| 8370 | GULFCOAST SURGERY CENTER INC | S | SARASOTA |
| 8212 | GULFSHORE ENDOSCOPY CTR INC | S | NAPLES |
| 8409 | HALLANDALE OUTPATIENT SURGICAL CTR | S | HALLANDALE |
| 8418 | HALLANDALE OUTPATIENT SURGICAL CTR | S | ZEPHYRHILLS |
| 8023 | HARBORSIDE SURGERY CENTER | T | PUNTA GORDA |
| 8245 | HEALTH CENTRAL SURGERY CENTER | S | OCOEE |
| 8116 | HEALTHSOUTH CENTRAL FL OPD SURG CTR | T | OCOEE |
| 8025 | HEALTHSOUTH CITRUS SURGERY CENTER | T | LECANTO |
| 8231 | HEALTHSOUTH CRESTVIEW SURGERY CTR | S | CRESTVIEW |
| 8078 | HEALTHSOUTH INDIAN RIVER SURG CTR | S | VERO BEACH |
| 8213 | HEALTHSOUTH MELBOURNE SURG CTR | T | MELBOURNE |
| 8120 | HEALTHSOUTH ORLANDO CTR OPD SURG | T | ORLANDO |

APPENDIX A – SURGICAL CENTERS – ALPHABETICAL ORDER

| Facility ID | Surgical Center Name | Option | City |
|-------------|-------------------------------------|--------|--------------------|
| 8165 | HEALTHSOUTH ST PETERSBURG SURG CTR | S | ST PETERSBURG |
| 8335 | HEALTHSOUTH SURG CTR OF AVENTURA | T | AVENTURA |
| 8227 | HERNANDO ENDOSCOPY AND SURGERY CTR | S | BROOKSVILLE |
| 8040 | HIALEAH AMBULATORY CARE CENTER | S | HIALEAH |
| 8147 | HOLIDAY SURGERY CENTER | S | HOLIDAY |
| 8344 | INTERCOASTAL MED GRP AMB SURG CTR | S | SARASOTA |
| 8253 | INTERVENTIONAL THERAPEUTICS INC | S | PENSACOLA |
| 8132 | INTRACOASTAL OPD SURGICAL CTR | S | WEST PALM BEACH |
| 8298 | JACKSONVILLE BEACH SURGERY CENTER | T | JACKSONVILLE BEACH |
| 8272 | JACKSONVILLE CENTER FOR ENDOSCOPY | T | JACKSONVILLE |
| 8051 | JACKSONVILLE SURGERY CENTER | T | JACKSONVILLE |
| 8339 | JAX CTR FOR ENDOSCOPY SOUTHSIDE | T | JACKSONVILLE |
| 8141 | JUPITER EYE CENTER | S | JUPITER |
| 8318 | JUPITER OUTPATIENT SURGERY CTR | T | JUPITER |
| 8333 | KENDALL ENDOSCOPY AND SURGERY CTR | T | MIAMI |
| 8133 | KIMMEL OUTPATIENT SURGICAL CENTER | S | WEST PALM BEACH |
| 8317 | KISSIMMEE ENDOSCOPY CENTER | S | KISSIMMEE |
| 8127 | KISSIMMEE SURGERY CENTER | T | KISSIMMEE |
| 8438 | LAKE ENDOSCOPY CENTER | S | SUMMERFIELD |
| 8365 | LAKE MARY SURGERY CENTER | S | LAKE MARY |
| 8081 | LAKE SURGERY AND ENDOSCOPY CENTER | T | LEESBURG |
| 8264 | LAKE WORTH SURGICAL CENTER | S | LAKE WORTH |
| 8214 | LAKELAND SURG AND DIAGNOSTIC CTR | S | LAKELAND |
| 8246 | LAKESIDE SURGERY CENTER | T | ORLANDO |
| 8350 | LARGO AMBULATORY SURG CTR | S | LARGO |
| 8414 | LASER & OUTPATIENT SURGERY CENTER | S | GAINESVILLE |
| 8345 | LASER AND SURG CTR OF THE PALM BCH | T | WEST PALM BEACH |
| 8237 | LASER AND SURG CTR THE PALM BEACHES | S | PALM BEACH GARDENS |
| 8313 | LASER AND SURGERY CENTER | S | OCALA |
| 8289 | LASER AND SURGICAL SVCS | S | SARASOTA |
| 8228 | LEAGUE AGAINST CANCER INC | S | MIAMI |
| 8091 | LEE ISLAND COAST SURGERY CENTER | S | FT MYERS |
| 8082 | LEESBURG REG AMB SURG CTR | S | LEESBURG |
| 8089 | LIFELINE ENDOSCOPY CENTER | S | CAPE CORAL |
| 8348 | LIVE OAK ENDOSCOPY CTR LLC | T | VERO BEACH |
| 8107 | MANATEE ENDOSCOPY CENTER | S | BRADENTON |
| 8286 | MANATEE SURGICAL CENTER INC | S | BRADENTON |
| 8356 | MARION ENDOSCOPY AND SURG INST | S | OCALA |
| 8112 | MARTIN MEMORIAL SURGICENTER | S | STUART |
| 8258 | MAYO CLINIC JACKSONVILLE ASC FOR GI | S | JACKSONVILLE |
| 8052 | MAYO OUTPATIENT SURGERY CENTER | S | JACKSONVILLE |
| 8153 | MEADOW LANE SURGERY CENTER | S | NEW PORT RICHEY |
| 8381 | MEDICAL ARTS SURGERY CTR OF S MIAMI | S | MIAMI |
| 8216 | MEDICAL ARTS SURGICAL CENTER | S | MIAMI |
| 8061 | MEDICAL CTR CLINC AMB SURG CTR | T | PENSACOLA |
| 8148 | MEDICAL DEVELOP CORP OF PASCO CTY | S | HUDSON |
| 8217 | MEDICAL PARTNERS SURGERY CTR | S | JACKSONVILLE |
| 8311 | MEDICAL SPECIALTY PROCEDURES | T | VERO BEACH |
| 8306 | MELBOURNE GI CENTER | S | MELBOURNE |
| 8269 | MELBOURNE SAME DAY SURGERY | S | MELBOURNE |

APPENDIX A – SURGICAL CENTERS – ALPHABETICAL ORDER

| Facility ID | Surgical Center Name | Option | City |
|-------------|-------------------------------------|--------|-------------------|
| 8017 | MEMORIAL SAME DAY EAST | S | HOLLYWOOD |
| 8012 | MEMORIAL SAME DAY WEST | S | PEMBROKE PINES |
| 8010 | MERRITT ISLAND SURGERY CENTER | T | MERRITT ISLAND |
| 8042 | MIAMI EYE CENTER | S | MIAMI |
| 8262 | MIAMI HAND CENTER | S | MIAMI |
| 8415 | MIAMI LAKES SURGERY CENTER, LTD | T | MIAMI LAKES |
| 8439 | MICROSPINE SURG CTR DEFUNIAK SPRING | S | DEFUNIAK SPRINGS |
| 8083 | MID FLORIDA EYES SURGERY CENTER | T | MOUNT DORA |
| 8376 | MILLENIA SURGERY CENTER LLC | S | ORLANDO |
| 8255 | MNH SURGICAL CENTER INC | T | MAITLAND |
| 8031 | MONTGOMERY EYE CENTER | S | NAPLES |
| 8257 | MORTON PLANT BARDMOOR SURG CTR | S | LARGO |
| 8004 | MULLIS EYE INSTITUTE INC | S | PANAMA CITY |
| 8403 | MURDOCK AMBULATORY SURGERY CENTER | S | PT CHARLOTTE |
| 8135 | N COUNTY SURGICTR PLM BCH | S | PALM BEACH GARDEN |
| 8002 | N FLORIDA REGIONAL MEDICAL CENTER | T | GAINESVILLE |
| 8033 | NAPLES DAY SURGERY NORTH | S | NAPLES |
| 8032 | NAPLES DAY SURGERY SOUTH | S | NAPLES |
| 8408 | NAPLES EYE SURGERY CENTER, LLC | S | NAPLES |
| 8325 | NATURE COAST REG. SURGERY CENTER | S | PERRY |
| 8191 | NEW SMYRNA BCH AMBULATORY CARE CTR | S | NEW SMYRNA BEACH |
| 8420 | NEW TAMPA SURGERY CENTER | S | WESLEY CHAPEL |
| 8034 | NEWGATE SURGERY CENTER INC | S | NAPLES |
| 8144 | NEWPORT RICHEY SURGERY CENTER | S | NEW PORT RICHEY |
| 8053 | NORTH FL EYE CLINIC SURGICENTER | S | JACKSONVILLE |
| 8270 | NORTH FLORIDA ENDOSCOPY CENTER | S | GAINESVILLE |
| 8062 | NORTH FLORIDA SURGERY CENTER | S | PENSACOLA |
| 8234 | NORTH FLORIDA SURGERY CTR LAKE CITY | T | LAKE CITY |
| 8301 | NORTH MIAMI BEACH SURGICAL CENTER | S | MIAMI |
| 8322 | NORTH PINEALLAS SURGERY CENTER | S | DENEDIN |
| 8211 | NORTHPOINT SURGERY AND LASER CENTER | T | WEST PALM BEACH |
| 8005 | NORTHWEST FLORIDA GASTROENTEROLOGY | S | PANAMA CITY |
| 8006 | NORTHWEST FLORIDA SURGERY CENTER | T | PANAMA CITY |
| 8268 | OAKRIDGE AMBULATORY SURGERY CENTER | T | FT LAUDERDALE |
| 8119 | OAKWATER SURGICAL CENTER | S | ORLANDO |
| 8192 | OFFICE OF DR RICHARD JABLONSKI | S | ORMOND BEACH |
| 8327 | OLD MOULTRIE SURG CTR INC | T | ST AUGUSTINE |
| 8443 | ORANGE CITY SURGERY CENTER | S | ORANGE CITY |
| 8027 | ORANGE PARK SURGERY CENTER | T | ORANGE PARK |
| 8331 | ORLANDO OPHTHALMOLOGY SURG CTR LLC | T | ORLANDO |
| 8221 | ORLANDO SURGERY CTR LTD | S | ORLANDO |
| 8276 | ORTHOPAEDIC SURGERY CENTER | S | GAINESVILLE |
| 8391 | ORTHOPEDIC SURG CTR OF CLEARWATER | S | CLEARWATER |
| 8143 | OUTPATIENT CENTER OF BOYNTON BE | T | BOYTON BEACH |
| 8389 | OUTPATIENT CENTER OF DELRAY | T | DELRAY BEACH |
| 8254 | OUTPATIENT PLASTIC SURGERY CENTER | S | PALM SPRINGS |
| 8394 | OUTPATIENT SURG CTR OF ST AUGUSTINE | S | ST AUGUSTINE |
| 8261 | OUTPATIENT SURGERY CENTER OF BOCA | S | BOCA RATON |
| 8475 | PACAYA BAY SURGERY CENTER | S | FORT MYERS |
| 8428 | PACE AMBULATORY SURGERY CENTER | S | PACE |

APPENDIX A – SURGICAL CENTERS – ALPHABETICAL ORDER

| Facility ID | Surgical Center Name | Option | City |
|-------------|-------------------------------------|--------|-------------------|
| 8314 | PADDOCK PARK SURGERY CENTER | S | OCALA |
| 8137 | PALM BEACH EYE CLINIC | S | WEST PLAM BEACH |
| 8138 | PALM BEACH LAKES SURGERY CENTER | S | WEST PALM BEACH |
| 8134 | PALM BEACH OUTPATIENT SURGICAL CTR | S | LAKE WORTH |
| 8329 | PALM ENDOSCOPY CTR INC | S | ALTAMONTE SPRINGS |
| 8352 | PALM SURGERY CENTER LLC | S | W PALM BEACH |
| 8319 | PALMS WELLINGTON SURGICAL CENTER | T | ROYAL PALM BEACH |
| 8399 | PALMS WEST SURGICENTER | S | LOXAHATCHEE |
| 8347 | PANAMA CITY SURGERY CENTER | T | PANAMA CITY |
| 8453 | PARK CENTER FOR PROCEDURES | S | FORT MYERS |
| 8375 | PARK PLACE SURGERY CENTER LLC | S | MAITLAND |
| 8412 | PARKCREEK SURGERY CENTER | T | COCONUT CREEK |
| 8422 | PASADENA SURGERY CENTER | S | SAINT PETERSBURG |
| 8146 | PASCO SURGERY CENTER | S | ZEPHYRHILLS |
| 8377 | PEDIATRIC SURGERY CENTERS LLC | S | TAMPA |
| 8432 | PEDIATRIC SURGERY CTR - ODESSA LLC | S | ODESSA |
| 8194 | PHYSICIANS AMBULATORY SURGERY CTR | T | ORMOND BEACH |
| 8250 | PHYSICIANS DAY SURGERY CENTER INC | T | NAPLES |
| 8121 | PHYSICIANS SURGICAL CARE CENTER | S | WINTER PARK |
| 8240 | PLASTIC SURGERY CENTER OF LAKE CTY | S | TAVARES |
| 8198 | PLAZA SURGERY CENTER | T | JACKSONVILLE |
| 8434 | PLAZA SURGERY CENTER II | S | JACKSONVILLE |
| 8340 | PONTE VEDRA AMBULATORY SURG CTR | S | PONTE VEDRA BCH |
| 8449 | PONTE VEDRA BEACH SURGERY CENTER | S | PONTE VEDRA BEACH |
| 8358 | PONTE VEDRA SURGERY CENTER | S | PONTE VEDRA BCH |
| 8441 | PREMIER ENDOSCOPY CENTER | S | NAPLES |
| 8140 | PRESIDENTIAL EYE SURGICENTER | S | WEST PALM BEACH |
| 8328 | PROMENADES SURGERY CENTER LC | S | PORT CHARLOTTE |
| 8384 | PT ORANGE ENDOSCOPY & SURGERY CTR | T | PORT ORANGE |
| 8445 | PUTNAM AMBULATORY SURGERY CENTER | S | PALATKA |
| 8021 | RAND SURGICAL PAVILLION CORPORATION | S | POMPANO BEACH |
| 8049 | REED CENTER FOR AMB UROLOGICAL SURG | S | BAY HAVOR ISLAND |
| 8388 | RINEHART LAKE MARY SURGICAL | S | LAKE MARY |
| 8055 | RIVERSIDE PARK SURGICENTER | S | JACKSONVILLE |
| 8208 | RIVERSIDE SURGERY CENTER | S | SEBASTIAN |
| 8242 | RIVERWALK AMBULATORY SURGERY CENTER | S | FT MYERS |
| 8463 | RIVERWALK AMBULATORY SURGERY CENTER | S | BRADENTON |
| 8402 | RIVERWALK ENDOSCOPY CENTER LLC | S | FT MYERS |
| 8433 | RMG IVF SURGERY CENTER INC | S | TAMPA |
| 8256 | ROSATO PLASTIC SURGERY CENTER | S | VERO BEACH |
| 8374 | S FLORIDA AMBULATORY SURGICAL CTR | S | MIAMI |
| 8122 | SAME DAY SURGI CENTER OF ORLANDO | S | ORLANDO |
| 8056 | SAMUEL WELLS SURGI CENTER | S | JACKSONVILLE |
| 8447 | SANCTUARY SURGICAL CENTRE | S | BOCA RATON |
| 8431 | SAND LAKE SURGERY CENTER | S | ORLANDO |
| 8043 | SANTA LUCIA SURG CTR-MIAMI VISION | S | CORAL GABLES |
| 8392 | SARASOTA AMBULATORY SURG CTR LTD | S | SARASOTA |
| 8458 | SARASOTA PHYSICANS SURGICAL CENTER | S | SARASOTA |
| 8287 | SARASOTA PLASTIC SURGERY CENTER INC | S | SARASOTA |
| 8461 | SEASCAPE SURGERY CENTER | S | TAMPA |

APPENDIX A – SURGICAL CENTERS – ALPHABETICAL ORDER

| Facility ID | Surgical Center Name | Option | City |
|-------------|-------------------------------------|--------|------------------|
| 8378 | SEVEN HILLS SURGERY CENTER | T | TALLAHASSEE |
| 8222 | SEVEN RIVERS COMMUNITY HOSPITAL ASC | S | CRYSTAL RIVER |
| 8150 | SEVEN SPRINGS SURGERY CENTER INC | S | NEW PORT RICHEY |
| 8386 | SOUTH BROWARD ENDOSCOPY CENTER | S | HOLLYWOOD |
| 8417 | SOUTH COUNTY OUTPATIENT SURGERY CTR | S | DELRAY BEACH |
| 8361 | SOUTH LAKE HOSPITAL SURGERY CENTER | T | CLERMONT |
| 8401 | SOUTH PALM AMBULATORY SURGERY CTR | T | BOCA RATON |
| 8351 | SOUTH TAMPA SURGERY CENTER | S | TAMPA |
| 8263 | SOUTHEASTERN SURGERY CENTER | T | TALLAHASSEE |
| 8241 | SOUTHERN SURGERY CENTER | S | LAKE CITY |
| 8411 | SOUTHPOINT SURGERY CENTER LLC | S | JACKSONVILLE |
| 8385 | SPACE COAST ENDOSCOPY CENTER | T | ROCKLEDGE |
| 8466 | SPACE COAST SURGERY CENTER LLLP | S | MERRITT ISLAND |
| 8346 | SPECIALISTS IN UROLOGY SURG CTR LLC | S | NAPLES |
| 8427 | SPECIALISTS IN UROLOGY SURGERY CENT | S | BONITA SPRINGS |
| 8362 | ST ANTHONY PHYSICIANS SURGERY CTR | S | ST PETERSBERG |
| 8183 | ST AUGUSTINE ENDOSCOPY CENTER | T | ST AUGUSTINE |
| 8247 | ST AUGUSTINE SURGERY CENTER | T | SAINT AUGUSTINE |
| 8073 | ST JOSEPH'S SAME DAY SURGERY CTR | S | TAMPA |
| 8229 | ST LUCIE SURGERY CENTER | S | PORT ST LUCIE |
| 8288 | ST LUCIE SURGICAL CENTER | S | FORT PIERCE |
| 8024 | ST LUCIES OUTPATIENT SURGERY CENTER | S | PORT CHARLOTTE |
| 8163 | ST LUKES CATARACT CENTER | S | TARPON SPRINGS |
| 8425 | ST MARK'S SURGICAL CENTER, LLC | S | FORT MYERS |
| 8323 | ST MICHAEL'S SURGERY CTR | S | LARGO |
| 8406 | ST PETERSBURG ENDOSCOPY CENTER LLC | S | ST PETERSBURG |
| 8294 | SUMMERLIN BEND SURGERY CENTER LLP | T | FORT MYERS |
| 8290 | SUNCOAST ENDOSCOPY CENTER | T | IVERNESS |
| 8332 | SUNCOAST ENDOSCOPY OF SARASOTA LLC | S | SARASOTA |
| 8151 | SUNCOAST EYE CENTER | S | HUDSON |
| 8166 | SUNCOAST MED CLINIC, LLC ENDOSCOPY | S | ST PETERSBURG |
| 8164 | SUNCOAST MEDICAL CLINIC, LLC | S | ST PETERSBURG |
| 8152 | SUNCOAST SKIN SURGERY CLINIC | S | NEW PORT RICHEY |
| 8283 | SUNCOAST SURGERY CENTER | T | FORT MYERS |
| 8065 | SUNCOAST SURGERY CTR OF HERNANDO | S | SPRING HILL |
| 8195 | SUNRISE SURGICAL CENTER | S | DAYTONA BEACH |
| 8471 | SURGERY CENTER AT DUVAL | S | DORAL |
| 8359 | SURGERY CENTER AT JENSEN BEACH LLC | T | JENSEN BEACH |
| 8178 | SURGERY CENTER AT ST ANDREWS | S | VENICE |
| 8364 | SURGERY CENTER AT WELLINGTON | S | W PALM BEACH |
| 8259 | SURGERY CENTER OF CORAL GABLES LLC | S | CORAL GABLES |
| 8184 | SURGERY CENTER OF FORT PIERCE | T | FORT PIERCE |
| 8280 | SURGERY CENTER OF FT LAUDERDALE | S | LAUDERDALE LAKES |
| 8442 | SURGERY CENTER OF KEY WEST | S | KEY WEST |
| 8239 | SURGERY CENTER OF MELBOURNE | S | MELBOURNE |
| 8476 | SURGERY CENTER OF MOUNT DORA | S | MOUNT DORA |
| 8110 | SURGERY CENTER OF OCALA | T | OCALA |
| 8266 | SURGERY CENTER OF OKEECHOBEE INC | T | OKEECHOBEE |
| 8243 | SURGERY CENTER OF SARASOTA | S | SARASOTA |
| 8230 | SURGERY CENTER OF STUART | S | STUART |

APPENDIX A – SURGICAL CENTERS – ALPHABETICAL ORDER

| Facility ID | Surgical Center Name | Option | City |
|-------------|-------------------------------------|--------|-------------------|
| 8113 | SURGERY CENTER OF STUART | T | STUART |
| 8460 | SURGERY CENTER OF THE VILLAGES LLC | S | SUMMERFIELD |
| 8278 | SURGERY CENTER OF WESTON | S | WESTON |
| 8337 | SURGERY CENTER OF VOLUSIA LLC | T | PORT ORANGE |
| 8355 | SURGERY CENTER SACRED HEART MED PK | S | DESTIN |
| 8020 | SURGERY CTR AT CORAL SPRING | S | CORAL SPRINGS |
| 8326 | SURGERY CTR AT POINT WEST | S | BRADENTON |
| 8465 | SURGERY CTR AT POINTE WEST EAST CTR | S | BRADENTON |
| 8383 | SURGERY CTR OF LAKELAND HILLS BLVD | S | LAKELAND |
| 8224 | SURGERY CTR OF NORTH FL INC | S | GAINESVILLE |
| 8300 | SURGERY CTR OF SW FLORIDA INC | S | FORT MYERS |
| 8354 | SURGERY ENDOSCOPY CENTER LLC | S | SEBRING |
| 8094 | SURGI AND LASER CTR OF SW FL | S | FT MYERS |
| 8462 | SURGICAL CENTER AT SUN N LAKE LLC | S | SEBRING |
| 8304 | SURGICAL CENTER FOR EXCELLENCE | S | PANAMA CITY |
| 8068 | SURGICAL CTR OF CENTRAL FL | S | SEBRING |
| 8338 | SURGICAL CTR OF THE TREASURE COAST | T | PORT ST LUCIE |
| 8123 | SURGICAL LICENSED WARD | T | ORLANDO |
| 8047 | SURGICAL PARK CENTER LTD | S | MIAMI |
| 8440 | SURGICAL SPECIALISTS ASC | S | FORT WALTON BEACH |
| 8095 | SURGICARE CENTER | T | FT MYERS |
| 8179 | SURGICARE CTR OF VENICE INC | S | VENICE |
| 8451 | SURGICARE OF MIRAMAR | S | MIRAMAR |
| 8260 | SURGIKID OF FLORIDA INC | S | TAMPA |
| 8093 | SW FL ENDOSCOPY CENTER | S | FT MYERS |
| 8092 | SW FL INST OF AMBULATORY SURGICTR | S | FT MYERS |
| 8444 | TAKE SHAPE SURGERY CENTER, LLC | S | PLANTATION |
| 8100 | TALLAHASSEE ENDOSCOPY CENTER | S | TALLAHASSEE |
| 8101 | TALLAHASSEE OUTPATIENT SURGERY CENT | S | TALLAHASSEE |
| 8102 | TALLAHASSEE SINGLE DAY SURGERY CENT | T | TALLAHASSEE |
| 8382 | TAMPA BAY ENDOSCOPY CENTER | S | TAMPA |
| 8343 | TAMPA BAY REGIONAL SURG CTR | S | LARGO |
| 8341 | TAMPA BAY SPECIALITY SURGICAL CTR | T | PINELLAS PARK |
| 8071 | TAMPA BAY SURGERY CENTER | S | TAMPA |
| 8368 | TAMPA BAY SURGERY CTR MIDTOWN | S | TAMPA |
| 8074 | TAMPA EYE & SPECIALTY SURGERY CTR | S | TAMPA |
| 8075 | TAMPA OUTPATIENT SURGICAL FACILITY | S | TAMPA |
| 8215 | THE FACIAL PLASTIC SURGERY CENTER | S | NAPLES |
| 8309 | THE GABLES SURGICAL CENTER | S | MIAMI |
| 8284 | THE LASER AND SURGERY CENTER | S | PANAMA CITY |
| 8048 | THE MIAMI ASC, LP | T | MIAMI |
| 8202 | THE OCALA EYE SURGERY CENTER | S | OCALA |
| 8244 | THE PALMETTO SURGERY CENTER | S | HIALEAH |
| 8037 | THE SURGERY CENTER OF CORAL GABLES | S | MIAMI |
| 8435 | TLC OUTPATIENT SURG AND LASER CTR | S | LADY LAKE |
| 8413 | TOMOKA SURGERY CENTER LLC | S | ORMOND BEACH |
| 8197 | TOTAL BACK CARE CENTER | T | NAPLES |
| 8281 | TOTAL EYE CARE SURGERY CENTER INC | S | LEESBURG |
| 8186 | TREASURE COAST COSMETIC SURGERY CEN | S | PORT ST LUCIE |
| 8206 | TREASURE COAST CTR FOR SURGERY | S | STUART |

APPENDIX A – SURGICAL CENTERS – ALPHABETICAL ORDER

| Facility ID | Surgical Center Name | Option | City |
|-------------|-------------------------------------|--------|-----------------|
| 8464 | TREASURE COAST SURGICAL CENTER | S | FORT PIERCE |
| 8205 | TRINITY SURGERY CENTER | T | NEW PORT RICHEY |
| 8363 | TWIN LAKES SURGERY CENTER | T | DAYTONA BCH |
| 8265 | UNIVERSITY EYE SURGERY CENTER | S | FORT MYERS |
| 8456 | UNIVERSITY INTERVENTIONAL CENTER | S | PENSACOLA |
| 8059 | UNIVERSITY OF FLORIDA FACULTY CLINI | S | JACKSONVILLE |
| 8124 | UNIVERSITY SURGICAL CENTER | T | WINTER PARK |
| 8125 | UROLOGICAL AMBULATORY SURGERY CTR | T | ORLANDO |
| 8111 | UROLOGY CENTER OF FLORIDA | S | OCALA |
| 8076 | USF ENDOSCOPY CTR TAMPA FL | S | TAMPA |
| 8446 | USF HEALTH ENDOSCOPY AND SURG CTR | S | TAMPA |
| 8050 | VENTURE AMBULATORY SURGICAL CENTER | S | N MIAMI BEACH |
| 8312 | VERO BEACH SURGERY CTR, LLC | S | VERO BEACH |
| 8079 | VERO EYE CENTER | S | VERO BEACH |
| 8366 | VILLAGES ENDOSCOPY & SURGICAL CTR | S | SUMMERFIELD |
| 8196 | VOLUSIA ENDOSCOPY CENTER | T | ORMOND BEACH |
| 8220 | WATERS EDGE SURGERY CENTER | S | STUART |
| 8302 | WATERSIDE AMB SURGICAL CTR INC | T | WEST PALM BEACH |
| 8369 | WEBSTER SURGICAL CENTER | S | TALLAHASSEE |
| 8159 | WEST BAY SURGERY CENTER | T | LARGO |
| 8321 | WEST COAST ENDOSCOPY CTR | S | CLEARWATER |
| 8103 | WEST FLORIDA SURGERY CTR | S | BRADENTON |
| 8372 | WEST KENDALL SURGERY CENTER | S | MIAMI |
| 8473 | WESTCHASE SURGERY CENTER | S | TAMPA |
| 8274 | WESTON OUTPATIENT SURGICAL CENTER | S | WESTON |
| 8249 | WINTER HAVEN AMB SURGICAL CENTER | T | WINTER HAVEN |
| 8126 | WINTER PARK AMBULATORY SURGERY CTR | S | WINTER PARK |

APPENDIX A – FREE STANDING RADIATION THERAPY CENTERS – ALPHABETICAL ORDER

| Facility ID | Radiation Therapy Center | Option | City |
|-------------|-------------------------------------|--------|------------------|
| 8770 | 1ST LINE ONCOLOGY | R | COCONUT CREEK |
| 8643 | 21ST CENTRUY ONC. KEY WEST | R | KEY WEST |
| 8776 | 21ST CENTURY ONC - PEMBROKE PINES | R | PEMBROKE PINES |
| 8715 | 21ST CENTURY ONC BONITA SPRINGS | R | BONITA SPRINGS |
| 8716 | 21ST CENTURY ONC BRADENTON | R | BRADENTON |
| 8782 | 21ST CENTURY ONC BROWARD GENERAL | R | FT. LAUDERDALE |
| 8757 | 21ST CENTURY ONC LAKEWOOD RANCH | R | BRADENTON |
| 8763 | 21ST CENTURY ONC LEE CANCER CTR | R | FORT MYERS |
| 8718 | 21ST CENTURY ONC LEHIGH ACRES | R | LEHIGH ACRES |
| 8783 | 21ST CENTURY ONC NORTH BROWARD HOSP | R | DEERFIELD BEACH |
| 8750 | 21ST CENTURY ONCOLOGY | R | NAPLES |
| 8721 | 21ST CENTURY ONCOLOGY CRO | R | CRESTVIEW |
| 8722 | 21ST CENTURY ONCOLOGY DESTIN | R | SANTA ROSA BEACH |
| 8748 | 21ST CENTURY ONCOLOGY AVENTURA | R | AVENTURA |
| 8751 | 21ST CENTURY ONCOLOGY EAST NAPLES | R | NAPLES |
| 8752 | 21ST CENTURY ONCOLOGY JACKSONVILLE | R | JACKSONVILLE |
| 8685 | AMERICAN CANC TREATMENT TITUSVILLE | R | TITUSVILLE |
| 8603 | AMERICAN CANCER TREATMENT CENTER | R | ROCKLEDGE |
| 8753 | AVENTURA COMPREHENSIVE CANCER CTR | R | AVENTURA |
| 8703 | BARDMOOR CANCER CENTER | R | LARGO |
| 8724 | BAY REGIONAL CANCER CENTER | R | PANAMA CITY |
| 8698 | BIG LAKE CANCER CENTER | R | OKEECHOBEE |
| 8608 | BOCA RATON RADIATION TX REG CTR | R | DEERFIELD BEACH |
| 8736 | BOYNTON BEACH RADIATION ONCOLOGY | R | BOYNTON BEACH |
| 8682 | CANCER CARE CENTER OF SEBASTIAN | R | SEBASTIAN |
| 8604 | CANCER CARE CENTERS OF BREVARD | R | MELBOURNE |
| 8627 | CANCER CARE CENTERS OF FLORIDA | R | BROOKSVILLE |
| 8654 | CANCER CARE CENTERS OF FLORIDA | R | HUDSON |
| 8730 | CANCER CARE CTR OF BREVARD WUESTOFF | R | MELBOURNE |
| 8605 | CANCER CARE CTRS OF MERRITT ISLAND | R | MERRITT ISLAND |
| 8650 | CANCER CENTERS OF FLORIDA | R | ORLANDO |
| 8731 | CANCER CENTERS OF FLORIDA | R | OCOE |
| 8614 | CANCER TX CTR OF NATURE COAST | R | BEVERLY HILLS |
| 8637 | CAPE CORAL RADIATION THERAPY CENTER | R | CAPE CORAL |
| 8696 | CAPITAL CANCER CENTER | R | TALLAHASSEE |
| 8700 | CENTER FOR RAD ONC ZEPHYRHILLS | R | ZEPHYRHILLS |
| 8631 | CENTER FOR RAD ONCOLOGY BRANDON | R | BRANDON |
| 8695 | CENTER FOR RAD ONCOLOGY SUN CITY | R | SUN CITY |
| 8711 | CENTRAL FL CANCER INST | R | DAVENPORT |
| 8741 | CENTRAL FLORIDA CANCER INSTITUTE | R | LAKE WALES |
| 8761 | CENTRAL FLORIDA CANCER INSTITUTE | R | WINTER HAVEN |
| 8622 | CENTRAL RADIATION THERAPY INSTITUTE | R | ARCADIA |
| 8613 | CHARLOTTE CO RADIATION THERAPY REG | R | PORT CHARLOTTE |
| 8684 | CHARLOTTE COMMUNITY RAD ONC PA | R | PORT CHARLOTTE |
| 8773 | COASTAL RADIATION ONCOLOGY | R | VERO BEACH |
| 8733 | COMMUNITY CANCER CTR OF LAKE CITY | R | LAKE CITY |
| 8713 | COMMUNITY CANCER CTR OF NORTH FL | R | GAINESVILLE |
| 8609 | CORAL SPRINGS RTX REGIONAL CENTER | R | CORAL SPRINGS |
| 8723 | COUNTRYSIDE CANCER CENTER | R | CLEARWATER |
| 8727 | CTR FOR CANCER CARE AND RESEARCH | R | LAKELAND |

APPENDIX A – FREE STANDING RADIATION THERAPY CENTERS – ALPHABETICAL ORDER

| | | | |
|------|-------------------------------------|---|--------------------|
| 8630 | CTR FOR RAD ONCOLOGY OF TAMPA BAY | R | TAMPA |
| 8738 | CYBER KNIFE CENTER OF MIAMI | R | MIAMI |
| 8737 | CYBER KNIFE CENTER OF PALM BEACH | R | PALM BEACH GARDENS |
| 8760 | CYBERKNIFE CENTER OF TAMPA BAY | R | TAMPA |
| 8710 | DATTOLI CANCER CENTER | R | SARASOTA |
| 8726 | DORAL ONCOLOGY CENTER | R | MIAMI |
| 8667 | ENGLEWOOD RADIATION THERAPY REG CTR | R | ENGLEWOOD |
| 8691 | FIRST COAST ONCOLOGY | R | JACKSONVILLE |
| 8701 | FIRST COAST ONCOLOGY NASSAU | R | FERNANDINA BEACH |
| 8656 | FL CANCER INSTITUTE ZEPHYRHILLS | R | ZEPHYRHILLS |
| 8671 | FLAGLER CANCER CENTER | R | ST AUGUSTINE |
| 8687 | FLORIDA CANCER CENTER BEACHES | R | JACKSONVILLE BEACH |
| 8617 | FLORIDA CANCER CENTER ORANGE PARK | R | ORANGE PARK |
| 8666 | FLORIDA CANCER CENTER PALATKA | R | PALATKA |
| 8655 | FLORIDA CANCER INSTITUTE | R | NEW PORT RICHEY |
| 8740 | FLORIDA CANCER INSTITUTE | R | BOCA RATON |
| 8657 | FLORIDA CANCER INSTITUTE NEW HOPE | R | HUDSON |
| 8626 | FLORIDA CANCER INSTITUTE, PA | R | SPRING HILL |
| 8712 | FORT WALTON BEACH RADIATION CTR | R | FORT WALTON BEACH |
| 8602 | GULF COAST CANCER TREATMENT CENTER | R | PANAMA CITY |
| 8764 | GULF REGION RADIATION ONCOLOGY CTR | R | PENSACOLA |
| 8765 | GULF REGION RADIATION ONCOLOGY CTRS | R | PENSACOLA |
| 8739 | HOLLYWOOD RADIATION ONCOLOGY | R | HOLLYWOOD |
| 8693 | HYDE PARK CANCER CENTER TAMPA | R | TAMPA |
| 8635 | INTERCOMMUNITY CANCER CENTER | R | LEESBURG |
| 8756 | INTERCOMMUNITY CANCER CTR LADY LAKE | R | LADY LAKE |
| 8755 | INTERCOMMUNITY CANCER INSTITUTE | R | CLERMONT |
| 8709 | LAKELAND REGIONAL CANCER CENTER | R | LAKELAND |
| 8781 | LAKEWOOD RANCH ONCOLOGY CENTER | R | BRADENTON |
| 8719 | MEMORIAL SOUTHSIDE CANCER CENTER | R | JACKSONVILLE |
| 8699 | MID FLORIDA CANCER CENTER | R | FORT PIERCE |
| 8720 | MIMA CANCER CENTER | R | MELBOURNE |
| 8767 | N FL CANCER CTR LAKE CITY LLC | R | LAKE CITY |
| 8759 | NEW MILLENNIUM CYBERKNIFE | R | BRANDON |
| 8672 | NORTH COLLIER REG RADATION CENTER | R | NAPLES |
| 8707 | OCALA COMMUNITY CANCER CENTER | R | OCALA |
| 8705 | OSCEOLA CANCER CENTER | R | KISSIMMEE |
| 8746 | OSLER MEDICAL | R | MELBOURNE |
| 8745 | P BCH CANCER INST CTR RAD THERAPY | R | WEST PALM BEACH |
| 8714 | PALMS WEST REGIONAL CENTER | R | LOXAHATCHEE |
| 8658 | PASCO PINELLAS CANCER CENTER | R | HOLIDAY |
| 8694 | PLANT CITY CANCER TREATMENT CTR | R | PLANT CITY |
| 8675 | PORTER RADIATION ONCOLOGY | R | ENGLEWOOD |
| 8683 | RAD THER CTR OF BREVARD TITUSVILLE | R | ROCKLEDGE |
| 8692 | RADIATION ONC CTR OF PALM BEACH | R | WEST PALM BEACH |
| 8629 | RADIATION ONCOLOGY ASSOCIATES INC | R | SEBRING |
| 8640 | RADIATION ONCOLOGY CTR OF S.W. FL | R | BRADENTON |
| 8758 | RADIATION ONCOLOGY GROUP, LLC | R | FT PIERCE |
| 8742 | RADIATION ONCOLOGY INSTITUTE | R | PALM BEACH GARDENS |
| 8641 | RADIATION ONCOLOGY SVS OF MANATEE | R | BRADENTON |
| 8607 | RADIATION THERAPY CENTER OF BREVARD | R | ROCKLEDGE |

APPENDIX A – FREE STANDING RADIATION THERAPY CENTERS – ALPHABETICAL ORDER

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|------|-------------------------------------|---|--------------------|
| 8638 | RADIATION THERAPY REGIONAL CENTER | R | FT MYERS |
| 8639 | RADIATION THERAPY REGIONAL CENTER | R | FT MYERS |
| 8469 | RADIOLOGICAL INST OF THE VILLAGES | R | THE VILLAGES |
| 8774 | RIVERSIDE CANCER CENTER | R | JACKSONVILLE |
| 8642 | ROBERT BOISSONEAULT ASSOC OCALA | R | OCALA |
| 8616 | ROBERT BOISSONEAULT LECANTO | R | LECANTO |
| 8704 | ROBERT BOISSONEAULT ONC INST | R | VILLAGES |
| 8676 | ROBERTBOISSONEAULT ONC INST TIMER | R | OCALA |
| 8618 | S COLLIER RADIATION TX REGIONAL CTR | R | NAPLES |
| 8777 | S FL RADIATION ONC AT PALOMINO PARK | R | WELLINGTON |
| 8778 | S FL RADIATION ONC AT STUART | R | STUART |
| 8779 | S FL RADIATION ONC AT WEST PALM BCH | R | WEST PALM BEACH |
| 8769 | SAND LAKE CANCER CENTER | R | ORLANDO |
| 8668 | SARASOTA ONCOLOGY CTR AND PORTER PA | R | SARASOTA |
| 8680 | SARASOTA RAD THERAPY REG CTR | R | SARASOTA |
| 8468 | SFRO AT PORT ST LUCIE | R | PT. ST. LUCIE |
| 8467 | SOUTH FL RADIATION ONCO-BOCA RATON | R | BOCA RATON |
| 8780 | SOUTH FLORIDA RADIATION ONC JUPITER | R | JUPITER |
| 8747 | SOUTH FLORIDA RADIATION ONCOLOGY | R | PALM BEACH GARDENS |
| 8610 | SOUTH FLORIDA RADIOTHERAPY CTR | R | PLANTATION |
| 8766 | SPECIALISTS IN UROLOGY | R | NAPLES |
| 8772 | SPECIALISTS IN UROLOGY | R | BONITA SPRINGS |
| 8673 | TAMARAC CANCER CENTER | R | TAMARAC |
| 8663 | TAMPA BAY ONCOLOGY CENTER | R | LARGO |
| 8632 | TAMPA BAY RADIATION ONCOLOGY | R | BRANDON |
| 8633 | TAMPA BAY RADIATION ONCOLOGY | R | SUN CITY CENTER |
| 8725 | TAMPA BAY RADIATION ONCOLOGY | R | TAMPA |
| 8775 | TAMPA BAY RADIATION ONCOLOGY, PA | R | TAMPA |
| 8762 | UROLOGY SPECIALIST OF WEST FLORIDA | R | CLEARWATER |
| 8669 | VENICE ONCOLOGY CENTER | R | VENICE |
| 8681 | VENICE RAD THERAPY REG CTR | R | VENICE |
| 8702 | WATSON CLINIC LLP | R | LAKELAND |
| 8768 | WELLSPRING ONCOLOGY | R | PINELLAS PARK |
| 8611 | WEST BROWARD HOSPITAL RT CENTER | R | LAUDERDALE LAKES |
| 9940 | WOODLANDS MEDICAL SPECIALISTS | R | PENSACOLA |

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 – Code Order**

| Code | Label |
|-------------|-----------------------------------|
| ABW | Aruba |
| AFG | Afghanistan |
| AGO | Angola |
| AGO | Cabinda |
| AGO | Principe |
| AIA | Anguilla |
| ALA | Aland Islands |
| ALB | Albania |
| AND | Andorra |
| ARE | United Arab Emirates |
| ARG | Argentina |
| ARM | Armenia |
| ASM | American Samoa |
| ASM | Samoa, American |
| ATA | Antarctica |
| ATF | French Southern Territories |
| ATG | Antigua and Barbuda |
| ATG | Barbuda |
| AUS | Australia |
| AUS | Australian New Guinea |
| AUT | Austria |
| AZE | Azerbaijan |
| BDI | Burundi |
| BDI | Urundi |
| BEL | Belgium |
| BEN | Benin |
| BES | Bonaire, Saint Eustatius and Saba |
| BES | Saba |
| BES | Saint Eustatius |
| BES | St. Eustatius |
| BFA | Burkina Faso |
| BGD | Bangladesh |
| BGD | East Pakistan |
| BGR | Bulgaria |
| BHR | Bahrain |
| BHS | Bahamas |
| BIH | Bosnia and Herzegovina |
| BIH | Herzegovina |
| BLM | St. Barthelemy |
| BLR | Belarus |

APPENDIX B**International Organization for Standardization (ISO) Country Codes – Code Order**

| Code | Label |
|-------------|-------------------------------|
| BLR | Byelorus |
| BLR | Byelorussian S.S.R. |
| BLR | Russia, White |
| BLR | White Russia |
| BLZ | Belize |
| BLZ | British Honduras |
| BLZ | Honduras, British |
| BMU | Bermuda |
| BND | Brunei |
| BND | Brunei Darussalam |
| BOL | Bolivia |
| BRA | Brazil |
| BRB | Barbados |
| BTN | Bhutan |
| BVT | Bouvet Island |
| BWA | Botswana |
| CAF | Central African Republic |
| CAN | Canada |
| CCK | Cocos (Keeling) Islands |
| CCK | Keeling Islands |
| CHE | Switzerland |
| CHL | Chile |
| CHN | China |
| CHN | China, Peoples Republic of |
| CHN | Peoples Republic of China |
| CHN | Tibet |
| CIV | Cote d'Ivoire |
| CIV | Ivory Coast |
| CMR | Cameroon |
| COD | Congo, Democratic Republic of |
| COD | Zaire |
| COG | Congo |
| COK | Cook Islands |
| COL | Colombia |
| COM | Comoros |
| CPV | Cape Verde |
| CRI | Costa Rica |
| CUB | Cuba |
| CUW | Curacao |
| CXR | Christmas Island |

APPENDIX B
International Organization for Standardization (ISO) Country Codes – Code Order

| Code | Label |
|------|---------------------------------|
| CYM | Cayman Islands |
| CYP | Cyprus |
| CZE | Czech Republic |
| DEU | Germany |
| DJI | Djibouti |
| DMA | Dominica |
| DNK | Denmark |
| DOM | Dominican Republic |
| DZA | Algeria |
| ECU | Ecuador |
| EGY | Egypt |
| ENG | England |
| ERI | Eritrea |
| ESH | Western Sahara |
| ESH | Sahara, Western |
| ESP | Spain |
| ESP | Balearic Islands |
| ESP | Canary Islands |
| EST | Estonia |
| ETH | Ethiopia |
| FIN | Finland |
| FJI | Fiji |
| FLK | Falkland Islands |
| FLK | Malvinas |
| FRA | France |
| FRA | Corsica |
| FRO | Faroe Islands |
| FSM | Micronesia, Federated States of |
| FSM | Federated States of Micronesia |
| FSM | Micronesia, NOS |
| GAB | Gabon |
| GBR | United Kingdom |
| GBR | Great Britain |
| GEO | Georgia [country] |
| GGY | Guernsey |
| GHA | Ghana |
| GIB | Gibraltar |
| GIN | Guinea |
| GLP | Guadeloupe |
| GMB | Gambia |

APPENDIX B**International Organization for Standardization (ISO) Country Codes – Code Order**

| Code | Label |
|-------------|-----------------------------------|
| GNB | Guinea Bissau |
| GNQ | Equatorial Guinea |
| GNQ | Guinea, Equatorial |
| GRC | Greece |
| GRD | Grenada |
| GRL | Greenland |
| GTM | Guatemala |
| GUF | French Guiana |
| GUF | Guiana, French |
| GUM | Guam |
| GUY | Guyana |
| GUY | British Guiana |
| GUY | Guiana, British |
| HKG | Hong Kong |
| HMD | Heard Island and McDonald Islands |
| HND | Honduras |
| HRV | Croatia |
| HTI | Haiti |
| HUN | Hungary |
| IDN | Indonesia |
| IMN | Isle of Man |
| IND | India |
| IND | Sikkim |
| IOT | British Indian Ocean Territory |
| IRL | Ireland |
| IRL | Eire |
| IRL | Ireland, Republic of |
| IRN | Iran |
| IRQ | Iraq |
| ISL | Iceland |
| ISR | Israel |
| ITA | Italy |
| JAM | Jamaica |
| JEY | Jersey |
| JOR | Jordan |
| JPN | Japan |
| JPN | Nampo-Shoto, Southern |
| JPN | Ryukyu Islands |
| KAZ | Kazakhstan |
| KEN | Kenya |

APPENDIX B
International Organization for Standardization (ISO) Country Codes – Code Order

| Code | Label |
|------|--------------------------|
| KGZ | Kyrgyzstan |
| KHM | Cambodia |
| KIR | Kiribati |
| KIR | Gilbert Islands |
| KIR | Line Islands, Southern |
| KIR | Southern Line Islands |
| KNA | St. Kitts and Nevis |
| KOR | South Korea |
| KOR | Korea, South |
| KWT | Kuwait |
| LAO | Laos |
| LBN | Lebanon |
| LBR | Liberia |
| LBY | Libya |
| LCA | St. Lucia |
| LIE | Liechtenstein |
| LKA | Sri Lanka |
| LKA | Ceylon |
| LSO | Lesotho |
| LTU | Lithuania |
| LUX | Luxembourg |
| LVA | Latvia |
| MAC | Macao |
| MAC | Macau |
| MAR | Morocco |
| MCO | Monaco |
| MDA | Moldova |
| MDG | Madagascar |
| MDG | Malagasy Republic |
| MDV | Maldives |
| MEX | Mexico |
| MHL | Marshall Islands |
| MKD | Macedonia |
| MLI | Mali |
| MLT | Malta |
| MMR | Myanmar |
| MMR | Burma |
| MNE | Montenegro |
| MNG | Mongolia |
| MNP | Northern Mariana Islands |

APPENDIX B
International Organization for Standardization (ISO) Country Codes – Code Order

| Code | Label |
|------|---------------------------|
| MNP | Mariana Islands, Northern |
| MOZ | Mozambique |
| MRT | Mauritania |
| MSR | Montserrat |
| MTQ | Martinique |
| MUS | Mauritius |
| MWI | Malawi |
| MWI | Nyasaland |
| MYS | Malaysia |
| MYT | Mayotte |
| NAM | Namibia |
| NCL | New Caledonia |
| NER | Niger |
| NFK | Norfolk Island |
| NGA | Nigeria |
| NIC | Nicaragua |
| NIR | Northern Ireland |
| NIR | Ireland, Northern |
| NIR | Ulster |
| NIU | Niue |
| NLD | Netherlands |
| NOR | Norway |
| NPL | Nepal |
| NRU | Nauru |
| NZL | New Zealand |
| OMN | Oman |
| PAK | Pakistan |
| PAK | West Pakistan |
| PAN | Panama |
| PAN | Canal Zone |
| PCN | Pitcairn Islands |
| PER | Peru |
| PHL | Philippines |
| PLW | Palau |
| PNG | Papua New Guinea |
| POL | Poland |
| PRI | Puerto Rico |
| PRK | North Korea |
| PRK | Korea, North |
| PRT | Portugal |

APPENDIX B
International Organization for Standardization (ISO) Country Codes – Code Order

| Code | Label |
|------|--|
| PRT | Azores |
| PRT | Madeira Islands |
| PRY | Paraguay |
| PSE | Palestine Territory, Occupied |
| PSE | Occupied Palestine Territory |
| PYF | French Polynesia |
| PYF | Polynesia, French |
| QAT | Qatar |
| REU | Réunion |
| ROU | Romania |
| RUS | Russia |
| RWA | Rwanda |
| RWA | Ruanda |
| SAU | Saudi Arabia |
| SCT | Scotland |
| SDN | Sudan |
| SEN | Senegal |
| SGP | Singapore |
| SGS | South Georgia and the South Sandwich Islands |
| SHN | St. Helena |
| SJM | Svalbard and Jan Mayen |
| SLB | Solomon Islands |
| SLE | Sierra Leone |
| SLV | El Salvador |
| SMR | San Marino |
| SOM | Somalia |
| SPM | St. Pierre and Miquelon |
| SPM | Miquelon |
| SRB | Serbia |
| SSD | South Sudan |
| SSD | Sudan, South |
| STP | Sao Tome and Principe |
| SUR | Suriname |
| SVN | Slovenia |
| SWE | Sweden |
| SWK | Slovakia |
| SWZ | Swaziland |
| SXM | Sint-Maarten |
| SXM | St. Maarten |
| SYC | Seychelles |

APPENDIX B
International Organization for Standardization (ISO) Country Codes – Code Order

| Code | Label |
|------|--|
| SYR | Syria |
| TCA | Turks and Caicos |
| TCA | Caicos Islands |
| TCA | Turks Islands |
| TCD | Chad |
| TGO | Togo |
| THA | Thailand |
| TJK | Tajikistan |
| TKL | Tokelau |
| TKM | Turkmenistan |
| TLS | Timor-Leste |
| TLS | East Timor |
| TLS | Timor, East |
| TON | Tonga |
| TTO | Trinidad and Tobago |
| TTO | Tobago |
| TUN | Tunisia |
| TUR | Turkey |
| TUV | Tuvalu |
| TUV | Ellice Islands |
| TWN | Taiwan |
| TWN | China, Republic of (Taiwan) |
| TWN | Republic of China (Taiwan) |
| TZA | Tanzania |
| UGA | Uganda |
| UKR | Ukraine |
| UMI | U.S. Minor Outlying Islands |
| UMI | Johnston Atoll |
| UMI | Midway Islands |
| UMI | Swan Islands |
| UMI | Wake Island |
| URY | Uruguay |
| USA | United States |
| USA | Armed Forces Americas |
| USA | Armed Forces Canada, Europe, Middle East, Africa |
| USA | Armed Forces Pacific |
| UZB | Uzbekistan |
| VAT | Vatican City |
| VCT | St. Vincent and the Grenadines |
| VCT | Grenadines |

APPENDIX B
International Organization for Standardization (ISO) Country Codes – Code Order

| Code | Label |
|------|---|
| VEN | Venezuela |
| VGB | British Virgin Islands |
| VGB | Virgin Islands, British |
| VIR | U.S. Virgin Islands |
| VIR | Virgin Islands, U.S. |
| VLT | Vanuatu |
| VNM | Vietnam |
| WLF | Wallis and Futuna |
| WLS | Wales |
| WSM | Samoa |
| WSM | Samoa, Western |
| XAP | Arabian Peninsula [Pre-2013 cases only] |
| XCB | Other Caribbean Islands [Pre-2013 cases only] |
| XCH | China, NOS [Pre-2013 cases only] |
| XCR | Caucasian Republics of the USSR [Pre-2013 cases only] |
| XCZ | Czechoslovakia (former) [Pre-2013 cases only] |
| XEF | East Africa [Pre-2013 cases only] |
| XEN | England, Channel Islands, Isle of Man [Pre-2013 cases only] |
| XET | Ethiopia (Abyssinia), Eritrea [Pre-2013 cases only] |
| XGR | Germanic Countries [Pre-2013 cases only] |
| XIF | African Coastal Islands (prev. in South Africa, NOS) [Pre-2013 cases only] |
| XIS | Israel and former Jewish Palestine [Pre-2013 cases only] |
| XMC | Micronesian Islands [Pre-2013 cases only] |
| XML | Melanesian Islands, Solomon Islands [Pre-2013 cases only] |
| XMS | Malaysia, Singapore, Brunei [Pre-2013 cases only] |
| XNF | North Africa [Pre-2013 cases only] |
| XNI | North American Islands [Pre-2013 cases only] |
| XOR | Other Asian Republics of the USSR [Pre-2013 cases only] |
| XPL | Polynesian Islands [Pre-2013 cases only] |
| XSC | Scandinavia [Pre-2013 cases only] |
| XSD | Sudanese Countries [Pre-2013 cases only] |
| XSE | Southeast Asia [Pre-2013 cases only] |
| XSE | Indochina [Pre-2013 cases only] |
| XSF | South Africa, NOS [Pre-2013 cases only] |
| XSF | Rep.of South Africa,Botswana Lesotho,Namibia,Swaziland[Pre-2013 cases only] |
| XSL | Slavic Countries [Pre-2013 cases only] |
| XUM | Ukraine and Moldavia [Pre-2013 cases only] |
| XWF | West Africa, NOS (French Africa, NOS) [Pre-2013 cases only] |
| XWF | Other West African Countries [Pre-2013 cases only] |
| XYG | Yugoslavia (former) [Pre-2013 cases only] |

APPENDIX B

International Organization for Standardization (ISO) Country Codes – Code Order

| Code | Label |
|-------------|--|
| YEM | Yemen |
| ZAF | Republic of South Africa |
| ZAF | South Africa, Republic of |
| ZMB | Zambia |
| ZWE | Zimbabwe |
| ZZA | Asia, NOS |
| ZZC | Central America, NOS |
| ZZE | Europe, NOS |
| ZZF | Africa, NOS |
| ZZN | North America, NOS |
| ZZP | Pacific, NOS |
| ZZS | South America, NOS |
| ZZU | Unknown |
| ZZU | Latin America, NOS |
| ZZX | Not U.S. or Canada, but no other information |
| ZZX | Non-U.S./Canada, NOS |

APPENDIX B**International Organization for Standardization (ISO) Country Codes – Country Alpha 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 Alpha 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 |
| BND | 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 Alpha 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 |
| XCZ | 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 Alpha 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 Alpha 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, 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 |
| FLK | Malvinas |

APPENDIX B**International Organization for Standardization (ISO) Country Codes – Country Alpha Order**

| Code | Label |
|-------------|---|
| 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 |
| MNP | Northern Mariana Islands |

APPENDIX B**International Organization for Standardization (ISO) Country Codes – Country Alpha Order**

| Code | Label |
|-------------|---|
| 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 |
| WSM | Samoa |

APPENDIX B**International Organization for Standardization (ISO) Country Codes – Country Alpha Order**

| Code | Label |
|-------------|--|
| 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 | Sint-Maarten |
| XSL | Slavic Countries [Pre-2013 cases only] |
| SWK | 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. Maarten |
| SPM | St. Pierre and Miquelon |
| VCT | St. Vincent and the Grenadines |
| SDN | Sudan |
| SSD | Sudan, South |
| XSD | Sudanese Countries [Pre-2013 cases only] |

APPENDIX B**International Organization for Standardization (ISO) Country Codes – Country Alpha Order**

| Code | Label |
|-------------|--|
| 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 |
| VLT | Vanuatu |
| VAT | Vatican City |

APPENDIX B

International Organization for Standardization (ISO) Country Codes – Country Alpha Order

| Code | Label |
|------|---|
| 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 |
| XYG | 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 | 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 | US | USA |
| 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 |

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 |
| DADE | 025 |
| 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 |

| County Name | FIPS Code |
|--------------------|------------------|
| MANATEE | 081 |
| MARION | 083 |
| MARTIN | 085 |
| 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 |
| SARASOTA | 115 |
| SEMINOLE | 117 |
| ST. JOHNS | 109 |
| ST. LUCIE | 111 |
| SUMTER | 119 |
| SUWANNEE | 121 |
| TAYLOR | 123 |
| UNION | 125 |
| VOLUSIA | 127 |
| WAKULLA | 129 |
| WALTON | 131 |
| WASHINGTON | 133 |

APPENDIX C

BREAST CANCER PROFILE EXPLAINING ER/PR/HER2 PROGNOSTIC FACTORS

**SEER PROGRAM CODING AND STAGING MANUAL 2013
LINK TO CODING GUIDELINES FOR SPECIFIED SITES**

GLOSSARY OF COMMON TERMS

STANDARD ABBREVIATIONS

When and Why are ER/PR/HER2 Test(s) Performed as Part of Creating Individual Breast Cancer Profile?

- Estrogen Receptor (ER)
 - Test routinely performed on invasive cancers
 - Test may be performed on non-invasive (in-situ) cancers
 - Result used to determine whether or not Hormonal Therapy should be considered in 1st course treatment plan
- Progesterone Receptor (PR)
 - Test routinely performed on invasive cancers
 - Test may be performed on non-invasive (in-situ) cancers
 - Result used to determine whether or not Hormonal Therapy should be considered in 1st course treatment plan
- Human Epidermal growth factor Receptor 2 (HER2)
 - Test frequently but not always performed on invasive cancers
 - Test rarely performed on non-invasive (in-situ) cancers at this time
 - Test may be performed using one or more methods (IHC, FISH, CISH, Other)
 - An equivocal or borderline result from IHC HER2 Test may trigger additional testing using FISH or CISH
 - Some facilities bypass IHC HER2 Test and perform FISH HER2 Test as part of routine Breast Cancer Profile
 - Result used to determine whether or not Herceptin (trastuzumab) or Tykerb (lapatinib) should be included in 1st course treatment plan

Favorable Prognostic Factors ER/PR/HER2

- ✓ Estrogen Receptor (ER) **positive** is a favorable prognostic factor.
 - Hormonal Therapy should be considered in 1st course treatment planning.
- ✓ Progesterone Receptor (PR) **positive** is a favorable prognostic factor.
 - Hormonal Therapy should be considered in 1st course treatment planning.
- ✓ **Single Receptor positive** tumors (ER+ only or PR+ only) do exist but are rare with an unfavorable prognosis
 - These tumors are often large in size, are of high grade, are often HER2+, and are often lymph node +
 - Single Receptor positive tumors are usually not treated with Hormonal Therapy
- ✓ Human Epidermal growth factor Receptor 2 (HER2) **positive** is a favorable prognostic factor.
 - Herceptin (trastuzumab) or Tykerb (lapatinib) should be included as part of 1st course treatment plan

Unfavorable Prognostic Factors ER, PR, HER2

- Estrogen Receptor (ER) **negative** is an unfavorable prognostic factor.
 - Hormonal Therapy usually not included as part of 1st course treatment plan
- Progesterone Receptor (PR) **negative** is an unfavorable prognostic factor.
 - Hormonal Therapy usually not included as part of 1st course treatment plan
- **Single Receptor negative** tumors (ER- only or PR- only) do exist but are rare with an unfavorable prognosis
 - These tumors are often large in size, are of high grade, are often HER2+, and are often lymph node +
 - Single Receptor negative tumors are usually not treated with Hormonal Therapy
- Human Epidermal growth factor Receptor 2 (HER2) **negative** is an unfavorable prognostic factor.
 - Herceptin (trastuzumab) or Tykerb (lapatinib) usually not included as part of 1st course treatment plan
- **Triple Negative Breast Cancer** (ER neg/PR neg/HER2 neg) is a **very unfavorable** prognostic combination.

| Test | Value Range | Negative | Borderline | Positive |
|--|--------------------------------------|--------------|--------------|--------------|
| ER Proportion Score | 0%-100% | <5% | 5% - 19% | >=20% |
| ER Intensity Score | None, weak, intermediate, strong | None, weak | intermediate | Strong |
| PR Proportion Score | 0%-100% | <5% | 5% - 19% | >=20% |
| PR Intensity Score | None, weak, intermediate, strong | None, weak | intermediate | Strong |
| HER2 by IHC | 0, 1+, 2+, 3+ | 0, 1+ | 2+ | 3+ |
| HER2 by FISH | Ratio 1.00-9.79 (note decimal point) | <= 1.9 | 1.90-2.20 | >= 2.00 |
| HER2 by CISH | Ratio 1.00-9.79 (note decimal point) | <= 1.9 | 1.90-2.20 | >= 2.00 |
| HER2 by unknown | No value given | Stated by MD | Stated by MD | Stated by MD |
| Test Not Mentioned in Medical Record - Code as Not Done (998) or Unknown if Done (999) | | | | |

APPENDIX C**SEER PROGRAM CODING AND STAGING MANUAL 2013
LINK TO SEER MANUAL APPENDIX C: CODING GUIDELINES - SPECIFIED SITES**

| <u>Link to All SEER Coding Guidelines</u> <u>http://seer.cancer.gov/manuals/2013/appendixc.html</u> | |
|---|---|
| <u>Esophagus</u> | <u>C150-C155, C158-C159</u> |
| <u>Colon</u> | <u>C180-C189</u> |
| <u>Rectosigmoid Junction</u> | <u>C199</u> |
| <u>Lung</u> | <u>C340-C349</u> |
| <u>Bones, Joints, and Articular Cartilage</u> | <u>C400-C419</u> |
| <u>Peripheral Nerves and Autonomic Nervous System</u> | <u>C470-C479</u> |
| <u>Connective, Subcutaneous and Other Soft Tissues</u> | <u>C490-C499</u> |
| <u>Breast</u> | <u>C500-C509</u> |
| <u>Prostate Gland</u> | <u>C619</u> |
| <u>Kidney</u> | <u>C649</u> |
| <u>Renal Pelvis and Ureter</u> | <u>C659, C669</u> |
| <u>Bladder</u> | <u>C670-C679</u> |
| <u>Urethra</u> | <u>C680</u> |
| <u>Brain, CNS, Meninges, Cranial Nerves, Other CNS</u> | <u>C700-C709, C710-C719, C720-C729</u> |
| <u>Thyroid Gland</u> | <u>C739</u> |
| <u>Kaposi Sarcoma of All Sites</u> | <u>Histology M9140 – Any Site</u> |
| <u>Lymphoma</u> | <u>Histology M9590/3 – M9738/3</u> |

GLOSSARY OF COMMON TERMS

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.

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.

APPENDIX C

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

APPENDIX C

C-5

NAACCR RECOMMENDED 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 |
| Alpha-fetoprotein | AFP |
| Also known as | AKA |
| Ambulatory | AMB |
| Amount | AMT |
| Amputation | AMP |
| Amyotrophic lateral sclerosis | ALS |
| Anal intraepithelial neoplasia, grade III | AIN III |

APPENDIX C

| WORD/TERM(S) | ABBREVIATION/SYMBOL |
|--|----------------------------|
| 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 |
| 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 |

APPENDIX C

| WORD/TERM(S) | ABBREVIATION/SYMBOL |
|---|----------------------------|
| 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 <i>in situ</i> | CIS |
| Cardiovascular disease | CVD |
| 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 leukemia (myelocytic) | 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 |

APPENDIX C

| WORD/TERM(S) | ABBREVIATION/SYMBOL |
|---|----------------------------|
| 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 |
| 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 <i>in situ</i> | DCIS |
| Dyspnea on exertion | DOE |
| | |
| Ears, nose, and throat | ENT |

APPENDIX C

| WORD/TERM(S) | ABBREVIATION/SYMBOL |
|--|----------------------------|
| Electrocardiogram | ECG/EKG |
| Electroencephalogram | EEG |
| Electromyogram | EMG |
| Emergency room | ER |
| Endoscopic retrograde cholangiopancreatography | ERCP |
| End stage renal disease | ESRD |
| Enlarged | ENLGD |
| 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

| 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 |
| Internal | INT |
| Interstitial lung disease | ILD |
| Intramuscular | IM |
| Intrathecal | IT |
| Intravenous | IV |
| Intravenous cholangiogram | IVCA |
| Intravenous pyelogram | IVP |

APPENDIX C

| WORD/TERM(S) | ABBREVIATION/SYMBOL |
|----------------------------------|----------------------------|
| 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 | < |
| 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 |
| | |

APPENDIX C

| WORD/TERM(S) | ABBREVIATION/SYMBOL |
|--|----------------------------|
| 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 |
| 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 |

APPENDIX C

| WORD/TERM(S) | ABBREVIATION/SYMBOL |
|--|----------------------------|
| 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 |
| 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 |

APPENDIX C

| WORD/TERM(S) | ABBREVIATION/SYMBOL |
|--|----------------------------|
| 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 |
| 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 |

APPENDIX C

| WORD/TERM(S) | ABBREVIATION/SYMBOL |
|---|----------------------------|
| Sacral vertebra | S1-S5 |
| 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 |
| 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 |

APPENDIX C

| WORD/TERM(S) | ABBREVIATION/SYMBOL |
|---|----------------------------|
| 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 |

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 antemortem 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*
Ukranian*
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 Clackamus
 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 Quinaielt
 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
 Paiute

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

CENSUS LIST OF SPANISH SURNAMES

**APPENDIX E
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 | AGETOS |
| ABAJO | ABETE | ABRICA | ACEVIDO | AGRIRE |
| 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 | ACOBE | AGRAS |
| ABARCO | ABIN | ABUNDIS | ACOSTA | AGRAZ |
| ABAROA | ABINA | ABUNDIZ | ACOSTA | AGREDA |
| ABARQUEZ | ABARTE | ABUNDO | ACUESTA | AGREDANO |
| ABARZUA | ABARZUA | ABURTO | ACUNA | AGREGADO |
| ABASCAL | ABASCA | ABURTIN | ACUSTA | AGRONT |
| ABASTA | ABASTA | ACABA | ADAME | AGUABELLA |
| ABASTAS | ABITTA | ACABEA | ADAMES | AGUADO |
| ABASTO | ABITTU | ACABEO | ADAMEZ | AGUALLO |
| ABAUENZA | ABLANEDO | ACARON | ADAN | AGUANO |
| ABAURREA | ABOGADO | ACASTA | ADANZA | AGUARISTI |
| ABAY | ABOTTE | ACCOSTA | ADAROS | AGUAS |
| ABAYA | ABOLTES | ACCUAR | ADARGO | AGUASVIVAS |
| ABBADIE | ABOLLA | ACEBAL | ADAROS | AGUAYYA |
| ABDALA | ABONCE | ACEBEDO | ADAUTO | AGUAYO |
| ABEA | ABORLLELE | ACEBO | ADELO | AGUDELO |
| ABEITA | ABOY | ACED | ADONA | AGUDO |
| ABEJA | ABOYTES | ACEDO | ADORNO | AGUEDA |
| ABELAIRAS | ABRAHANTE | ACEITUNO | ADRIASOLA | AGUEDA |
| ABELAR | ABRAHANTES | ACENCIO | ADROVER | AGUELAR |
| ABELDANO | ABRAHANTES | ACENEDO | ADROVET | AGUERA |
| ABELEDO | ABRAJAN | ACERA | ADUNA | AGUERO |
| ABELLA | ABRANTE | ACEREDA | ADVINCULA | AGUEROS |
| ABELLAN | ABREGO | ACERETO | AEDO | AGUERRE |
| | | 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 | AGUILAR | ALANIS | ALBARICO | ALCANTA |
| AGUILERA | AHEDO | ALANIZ | ALBARRACIN | ALCANTAR |
| AGUILES | AHIN | ALANSO | ALBARRAN | ALCANTARA |
| AGUILLAR | AHUERO | ALANZO | ALBEAR | ALCANTARO |
| AGUILLEN | AHUMADA | ALAUQUINES | ALBELO | ALCANTOR |
| AGUILLERA | AIBAR | ALAUQUINEZ | ALBERCA | ALCARAS |
| AGUILLON | AINSA | ALARCO | ALBERIO | ALCARAZ |
| AGUILO | AINZ | ALARCON | ALBERRO | ALCARAZ |
| AGUILON | AINZA | ALARD | ALBERTORIO | ALCAREZ |
| AGUIOR | AIRA | ALARDE | ALBERU | ALCASAS |
| AGUILOS | AISA | ALARDIN | ALBEZ | ALCAYDE |
| AGUILU | AISO | ALARI | ALBIAR | ALCAZAR |
| AGUILUZ | AISPURO | ALARICO | ALBIDRES | ALCE |
| AGUINAGA | AIZPURU | ALARID | ALBIDREZ | ALCEDO |
| AGUINIGA | AJUNTAS | ALARY | ALBILLAR | ALCERRECA |
| AGUINO | AJURIA | ALAS | ALBINES | ALCIBAR |
| AGUINS | ALABADO | ALATORRE | ALBIOL | ALCIVAR |
| AGUIRE | ALACAN | ALATRISTE | ALBISO | ALCOBER |
| AGUIRRA | ALACAR | ALAVA | ALBITRE | ALCOCER |
| AGUIRRE | ALADRO | ALAVARADO | ALBIZO | ALCOCES |
| AGUIRRECHU | ALAEZ | ALAVARDO | ALBIZU | ALCOLA |
| AGUIRREGAVIRIA | ALAFA | ALAYA | ALBO | ALCOLEA |
| AGUIRRES | ALAFFA | ALAYETO | ALBONIGA | ALCON |
| AGUIRREZABAL | ALAGA | ALAYO | ALBOR | ALCONTAR |
| AGULAR | ALAGO | ALAYON | ALBORNOZ | ALCORTA |
| AGULIAR | ALAMAN | ALBA | ALBORS | ALCOSER |
| AGULLES | ALAMANO | ALBACETE | ALBUERNE | ALCOSET |
| AGULLO | ALAMANZA | ALBALADEJO | ALBUJAR | ALCOVER |
| AGUNDES | ALAMARES | ALBALATE | ALBURQUERQUE | ALCOZAR |
| AGUNDEZ | ALAMBAR | ALBALOS | ALCADE | ALCOZER |
| AGUNDIS | ALAMEDA | ALBANA | ALCAIDA | ALCUDIA |
| | | | | ALDABA |

**APPENDIX E
CENSUS LIST OF SPANISH SURNAMES**

| | | | | |
|------------|-------------|------------|------------|------------|
| ALDABE | ALEJO | ALCANTATE | ALMANZO | ALMONACID |
| ALDACO | ALEJOS | ALICCA | ALMAQUER | ALMONDOVAR |
| ALDAHONDO | ALELUNAS | ALICEA | ALMARAS | ALMONTE |
| ALDAMA | ALEMAN | ALICIA | ALMARAZ | ALMONTES |
| ALDANA | ALEMANIA | ALIJA | ALMARES | ALMORA |
| ALDAPA | ALEMANY | ALINAYYA | ALMAREZ | ALMUJINA |
| 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 | ALLEGRANZA | ALMENDARES | ALPUIN |
| ALDECOA | ALFARD | ALLEGUE | ALMENDAREZ | ALQUICIRA |
| ALDECOCEA | ALFARO | ALLEGUEZ | ALMENDARIZ | ALSINA |
| ALDEIS | ALPASSA | ALLENDE | ALMENDRAL | ALTAGRACIA |
| ALDEREGUIA | ALFAU | ALLENGUI | ALMENDRAS | ALTAMIRA |
| ALDERETE | ALPEREZ | ALLESANDRO | ALMENGOR | ALTAMIRANO |
| ALDERETTE | ALPONSECA | ALLONGO | ALMENGOR | ALTARRIBA |
| ALDERTE | ALPONSO | ALLOZA | ALMERA | ALTENES |
| ALDUEN | ALPONZO | ALMA | ALMERAZ | ALTIMIRANO |
| ALDUENDA | ALFRIDO | ALMADA | ALMERIA | ALTONAGA |
| ALEANTAR | ALGARA | ALMADO | ALMESTICA | ALTOSINO |
| ALEBIS | ALGARIN | ALMADDOVA | ALMEYDA | ALTRECHE |
| ALEDO | ALGARRA | ALMADGER | ALMEZQUITA | ALTUBE |
| ALEGADO | ALGAVYA | ALMAGNER | ALMIRALL | ALTUNA |
| ALEGRE | ALGAEA | ALMAGRO | ALMIRUDIS | ALTUR |
| ALEGRET | ALGECIRAS | ALMAGUER | ALMODOBAR | ALTURET |
| ALEGRIA | ALGORA | ALMANCE | ALMODOUAR | ALTUZARRA |
| ALEJANDRE | ALGORRI | ALMANDOZ | ALMODOVA | ALUAREZ |
| ALEJANDRES | ALGORTA | ALMANSA | ALMODOVAR | ALUIZO |
| ALEJANDREZ | ALGUACIL | ALMANZA | ALMOGABAR | ALUSTIZA |
| ALEJANDRO | ALGUESEVA | ALMANZAN | ALMOGUERA | ALUYON |
| | 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 | ANDAVEVERDE | ANGUEIRA |
| ALVARRAN | AMAGO | AMIGO | ANDAZOLA | ANGUERA |
| ALVARY | AMALBERT | AMILL | ANDERZ | ANGUIANO |
| ALVEAR | AMALLA | AMIRA | ANDIARENA | ANGUINO |
| ALVELAIS | AMARGOS | AMRES | 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 | AMOZURRUTIA | 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 |
| ALVRDE | 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
CENSUS LIST OF SPANISH SURNAMES**

| | | | |
|------------|-----------|------------|------------|
| ANTILLON | ARABEL | ARAUZ | ARCEO |
| ANTIMO | ARAMBUL | ARAUZA | ARCHE |
| ANTOLIN | ARAMBULA | ARAVENA | ARCHIBEQUE |
| ANTOLINEZ | ARAMBULO | ARAVJO | ARCHILA |
| ANTOMARCHY | ARAMBURO | ARAYA | ARCHILLA |
| ANTONETTY | ARAMBURU | ARAYATA | ARCHULETA |
| ANTOPIA | ARAMENDIA | ARBALLO | ARCHULETO |
| ANTRILLO | ARAN | ARBELAEZ | ARCHULETTA |
| ANTU | ARANA | ARBELBIDE | ARCHULTA |
| ANTUNA | ARANALDE | ARBELLO | ARCHUNDE |
| ANTUNANO | ARANAS | ARBELLO | ARCHUNDE |
| ANTUNEZ | ARANAS | ARBESU | ARCHUNDIA |
| ANZALDA | ARANAZ | ARBIDE | ARCHUTETA |
| ANZALDO | ARANCIBIA | ARBIDE | ARCHVLETA |
| ANZALDUA | ARANDA | ARBISO | ARCIA |
| ANZAR | ARANDIA | ARBIZO | ARCIAGA |
| ANZARA | ARANDO | ARBIZU | ARCIBA |
| ANZARDO | ARANDULES | ARBOLAEZ | ARCIDES |
| ANZELDE | ARANEGUI | ARBOLAY | ARCIGA |
| ANZORENA | ARANETA | ARBOLEDA | ARCILA |
| ANZUA | ARANGO | ARBOLEYA | ARCINAS |
| ANZUALDA | ARANGUIA | ARBONA | ARCINIAGA |
| ANZUETO | ARANGUIZ | ARBUCIAS | ARCINIEGA |
| ANZURES | ARANGURE | ARBURUA | ARCINO |
| APABLASA | ARANGUREN | ARCA | ARCIZO |
| APADACA | ARANIBAR | ARCACHA | ARCOS |
| APAEZ | ARANJON | ARCADIA | ARCOVERDE |
| APALATEGUI | ARANO | ARCARAZO | ARCULETA |
| APALATEGUI | ARANZA | ARCAS | ARDAIZ |
| APALATEGUI | ARANZAZU | ARCAUTE | ARDANAZ |
| APARICIO | ARANZUBIA | ARCAY | ARDANAS |
| APELLANIZ | ARAOZ | ARCAYA | ARDANZ |
| APEZTEGUIA | ARAQUE | ARCE | ARDAVIN |
| APODACA | ARATER | ARCEGA | ARDIGO |
| APODACO | ARAUGO | ARCELAY | ARDILA |
| APODOCA | ARAUS | ARCELAY | ARDILLA |
| APOLINAR | ARAUSA | ARCELONA | ARDOIS |
| | ARAMAYO | ARCENTALES | ARDON |

APPENDIX E
CENSUS LIST OF SPANISH SURNAMES

| | | | | |
|--------------|-----------|-------------|-------------|-----------|
| AREA | AREU | ARGUILLIN | ARIZABALETA | ARMIGO |
| AREAN | AREVALO | ARGUINDEGUI | ARIZAGA | ARMIO |
| 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 | ROCHE |
| ARELLANES | ARGOMANIZ | ARISMENDEZ | ARMARIO | ROCHI |
| ARELLANEZ | ARGOTE | ARISMENDI | ARMAS | ROCHO |
| 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 | AROS |
| ARENCIBIA | ARGUERA | ARISTONDO | ARMENGOL | AROSEMENA |
| ARENDAIN | ARGUESO | ARISTUD | ARMENTA | AROSTEGUI |
| ARENIBAS | ARGUETA | ARISTY | ARMENTERO | AROYA |
| ARENIVAR | ARGUEZ | ARIYASU | ARMENTEROS | AROYO |
| ARENIVAS | ARGUIJO | ARIZ | ARMERO | AROS |
| ARES | ARGUILEZ | ARIZA | ARMESTO | AROSEMENA |
| ARESTEGUI | ARGUILLES | ARIZABAL | ARMIENTA | AROSTEGUI |

**APPENDIX E
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 | ARUIO | 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 | ASPETIA |
| ARRAZCAETA | ARRIERO | ARTAUD | ARVIZA | ASPERIN |
| ARRAZOLA | ARRIETA | ARTAVIA | ARVIZO | ASPEYTTIA |
| 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 | ARZAGOTTIA | ASPURO |
| ARRECHEA | ARRISOLA | ARTEGA | ARZAMENDI | ASPURO |
| ARREDENDO | ARRITOLA | ARTEGO | ARZAPALO | ASPURU |
| ARREDONDA | ARRIVILLAGA | ARTELLAN | ARZATE | ASSEO |
| ARREDONDO | ARRIZOLA | ARTERO | ARZAVE | ASSIS |
| ARREGUI | ARRIZON | ARTESONA | ARZENO | ASTACIO |
| ARREGUIN | ARROCENA | ARTETA | ARZOLA | ASTENCIO |
| ARREGUY | ARROJAS | ARTIAGA | ARZON | ASTENGO |
| ARRELLANO | ARROJO | ARTIDIELLO | ARZU | ASTIAZARAN |
| ARRELLIN | ARROLLADO | ARTIEDA | ARZUAGA | ASTIZ |
| ARRENDO | ARROLLO | ARTIGA | ASAD | ASTOL |
| ARRENDONDO | ARRONA | ARTIGAS | ASCANO | ASTORGA |
| ARRENQUIN | ARRONDO | ARTIGO | ASCAR | ASTRAN |
| ARREOLA | ARRONGE | ARTILES | ASCARATE | ASTUDILLO |
| ARREQUIBE | ARRONIZ | ARTIME | ASCARRUNZ | ASTURIAS |
| ARREQUIN | ARRONTE | ARTIZ | ASCENCIO | ASUA |
| ARRESTOY | ARROYA | ARTOLA | ASCENCION | ASUEGA |
| ARRETICHE | ARROYAS | ARTOLOZAGA | ASCENSIO | ASUNSOLO |
| | | | | 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 |
| AURIOLAS | 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
CENSUS LIST OF SPANISH SURNAMES**

| | | | | |
|-------------|------------|-------------|-------------|--------------|
| BALANGA | BALDEZ | BALLESTERAS | BANARES | BARBARENA |
| BALANON | BALDILEZ | BALLESTERO | BANCES | BARBASA |
| BALANZA | BALDIT | BALLESTEROS | BANCIELLA | BARBITO |
| 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 |
| BALCAZAR | BALERIO | BALSEIRO | BAPTISTO | BARCIA |
| BALCELLS | BALERO | BALSERA | BAQUEDANO | BARCIGALUPIA |
| BALCORTA | BALESTERRI | BALSINDE | BAQUERA | BARCIMO |
| BALDARAMOS | BALGOS | BALTAR | BAQUERIZO | BARCINAS |
| BALDARRAMA | BALIA | BALTASAR | BAQUERO | BARCON |
| BALDARRAMOS | BALIDO | BALTAZAR | BAQUIRAN | BARCOS |
| BALDAZO | BALINA | BALTERRA | BARAGAN | BARDALES |
| BALDELOMAR | BALIZAN | BALTERRAZ | BARAGANA | BARDINAS |
| BALDENEGRO | BALLADARES | BALTODANNO | BARAGAS | BARDISA |
| BALDEON | BALLADAREZ | BALUJA | BARAHONA | BARA |
| BALDERA | BALLAGAS | BALVANEDA | BARAJAS | BARRED |
| BALDERAMA | BALLARDO | BALVERDE | BARAJOS | BARELA |
| BALDERAMOS | BALLATE | BALZOLA | BARALT | BARELAS |
| BALDERAS | BALLEJO | BAMUELOS | BARANDA | BARENCO |
| BALDERAZ | BALLEJOS | BANA | BARANDIARAN | BARENO |
| BALDEROS | BALLERAS | BANAGA | BARASORDA | BARETTO |
| BALDERRAMA | BALLESTA | BANAGAS | BARAY | BARAZ |
| BALDERS | BALLESTAS | BANALES | BARAZ | BARBARA |
| BALDEVARONA | BALLESTE | BANANDO | BARBA | BARBACHANO |
| | BALLESTER | BANARER | | |

APPENDIX E
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 | BECERA |
| BARRANTES | BARRIONUEVO | BASANTES | BATREZ | BECERRA |
| 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
CENSUS LIST OF SPANISH SURNAMES**

| | | | | |
|--------------|-------------|-------------|------------|-------------|
| BECUAR | BELIO | BENEGAS | BERDEIA | 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 |
| BEGURISTAIN | BELMAREZ | BENIGUEZ | BERGADO | BERROA |
| BEIRO | BELMONTES | BENINE | BERGARA | BERROCAL |
| BEISTEGUI | BELMONTTEZ | BENIQUEZ | BERGEZ | BERROCALES |
| BELTIA | BELMUDES | BENTES | BERGOLLA | BERRONES |
| BELTRA | BELMUDEZ | BENTTEZ | BERICOCHEA | BERROS |
| BEJAR | BELNAS | BENITO | BERJAN | BERROSPPE |
| BEJARAN | BELOZ | BENITOA | BERLANGA | BERROTERAN |
| BEJARANNO | BELTRA | BENOVIDEZ | BERLANGO | BERRU |
| BEJERANO | BELTRAN | BENTA | BERMEA | BERRUECO |
| BEJINES | BELTRANENA | BENTANCOUR | BERMEJILLO | BERRUECOS |
| BEJINEZ | BELTRE | BENTANCOURT | BERMEJO | BERSOSA |
| BELA | BELVADO | BENTANCUID | BERMEO | BERSOZA |
| BELANCOURT | BENABE | BENTANCUUR | BERMUDA | BERTAINA |
| BELANDRES | BENABIDES | BENTURA | BERMUDES | BERTOT |
| BELARDE | BENADO | BENUDIZ | BERMUDEZ | BERTRAN |
| BELARDES | BENALCAZAR | BENUN | BERMUNDEZ | BERUBEN |
| BELARDO | BENALLO | BENZAQUEN | BERNABE | BERUMEN |
| BELASQUEZ | BENAUDES | BEVIDES | BERNAL | BERUIDES |
| BELASQUIDA | BENAUVEDIZ | BEQUER | BERNALDEZ | BERZOZA |
| BELAUUNDE | BENAVENT | BERAIN | BERNALL | BESA |
| BELAUUNZARAN | BENAVENTE | BERASATEGUI | BERNARDEZ | BESADA |
| BELAUSTEGUI | BENAVIDAS | BERAZA | BERNDES | BESARES |
| BELAVAL | BENAVIDES | BERBAN | BERNELL | BESCOS |
| BELCHEZ | BENAVIDEZ | BERBENA | BERNEZ | BESERA |
| BELDEROL | BENAVIDOS | BERBER | BERNUDEZ | BESINAIZ |
| BELEN | BENCOMO | BERBERENA | BEROIZ | BESTARD |
| BELLENDEZ | BENCOSME | BERCEDONIS | BERONDA | BESTEIRO |
| BLELETTE | BENDALIN | BERDEAL | BERRAYARZA | BESU |
| BLEZ | BENDAMIO | BERDECIA | BERRELES | BETANCE |

APPENDIX E
CENSUS LIST OF SPANISH SURNAMES

| | | | | |
|-------------|-------------|-----------|------------|-----------|
| BETANCES | BILBAO | BLAZQUEZ | BOLIVAR | BORONDA |
| BETANCIS | BILBRAUT | BLEA | BOLOIX | BORONDO |
| BETANCOURT | BILAFRANCO | 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 | BOCARDO | 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
CENSUS LIST OF SPANISH SURNAMES**

| | | | | |
|-------------|--------------|-------------|-------------|------------|
| BRACAMONTE | BRIGNONI | BUENCONSEJO | BURCET | BUSTAMONTE |
| BRACAMONTES | BRJALBA | BUENDEL | BURCIAGA | BUSTANANTE |
| BRACAMONTEZ | BRJILL | BUENDIA | BURCIAGO | BUSTAS |
| BRACERO | BRILLANTES | BUENFIL | BURCOS | BUSTED |
| BRACEROS | BRINGAS | BUENO | BURDEOS | BUSTELO |
| BRACHO | BRINGUEZ | BUENROSTRO | BURGADO | BUSTEMANTE |
| BRADOR | BRIO | BUENROSTRO | BURGARA | BUSTILLO |
| BRAMASCO | BRIONES | BUENSUCESO | BURGENO | BUSTILLOS |
| BRAMBILA | BRIONEZ | BUENTELLO | BURGOA | BUSTINZA |
| BRAMBILL | BRISENO | BUENTEO | BURGOS | BUSTIO |
| BRAN | BRISTA | BUENTIEMPO | BURGUAN | BUSTO |
| BRANA | BRISO | BUENTILLO | BURGUENO | BUSTOS |
| BRANCACHO | BRISUELA | BUERAS | BURGUETE | BUSTOZ |
| BRANCACIO | BRITO | BUERES | BURIEL | BUSTTIL |
| BRANDARIZ | BRIZ | BUERGO | BURILLO | BUTANDA |
| BRANUELAS | BRIZAL | BUFANDA | BURITICA | BUTERO |
| BRASSELERO | BRIZENO | BUGALLO | BURNEO | BUTRON |
| BRASUEL | BRIZO | BUGARIN | BURNIAS | BUTTANDA |
| BRAVILLO | BRIZUELA | BUGAS | BURQUEZ | BUXEDA |
| BRAVO | BROCAS | BUGUES | BURRA | BUYO |
| BREA | BROCHE | BUILES | BURRIEL | BUYON |
| BRECEDA | BRONDO | BULTRON | BURRIOLA | BUZANI |
| BREJIO | BROTONS | BUTRAGO | BURROLA | BUZNEGO |
| BREMA | BRUGELAS | BUTTRON | BURRON | BUZO |
| BRENES | BRUCIAGA | BUTTUREIDA | BURRUEL | CAAL |
| BRENILLA | BRUGUERA | BUTTUREIRA | BURSIAGA | CAAMAL |
| BRETADO | BRUGUERAS | BUAN | BURUATO | CAAMANO |
| BRETO | BRUSUELAS | BUANDA | BUSGO | CAAMPUED |
| BRETOS | BRUZOS | BUANOS | BUSQUET | CABA |
| BRIALES | BUANTELO | 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 | CALCANEO | 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
CENSUS LIST OF SPANISH SURNAMES**

E-15

| | | | | |
|-------------|---------------|------------|------------|--------------|
| CALZADILLA | CAMEZ | CANABA | CANDIAS | CANTRES |
| CALZADILLAS | CAMILO | CANABAL | CANEDA | CANTU |
| CALZADO | CAMINA | CANABATE | CANEDO | CANTUA |
| CALZIA | CAMINAS | CANAHUATI | CANEGATA | CANTUTJERINA |
| CALZONCIN | CAMINERO | CANALDA | CANEIRO | CANUELAS |
| CAMACH | CAMOCCHO | CANALEJO | CANELA | CANZONA |
| CAMACHE | CAMORODA | CANALES | CANELLAS | CAPABLANCA |
| CAMACHO | CAMPA | CANALEDZ | CANELLIS | CAPACETE |
| CAMAMA | CAMPACOS | CANALITA | CANELO | CAPARRA |
| CAMANCHO | CAMPANERIA | CANALS | CANERO | CAPARROS |
| CAMANEZ | CAMPANIONI | CANAMAR | CANES | CAPAS |
| CAMANO | CAMPAS | CANAMERO | CANET | CAPATA |
| CAMARAZA | CAMPAS | CANAS | CANETE | CAPDEVILA |
| CAMARELLA | CAMPAS | CANAVVA | CANEZ | CAPELES |
| CAMARENA | CAMPERO | CANAVVATI | CANGA | CAPELLAN |
| CAMARENO | CAMPILLO | CANAVERAL | CANGAS | CAPELO |
| CAMARERO | CAMPINS | CANAVES | CANGAS | CAPERON |
| CAMARGO | CAMPIRANO | CANAVES | CANION | CAPESTANY |
| CAMARILLO | CAMPISTA | CANCEL | CANCEL | CAPETILLO |
| CAMARO | CAMPIZ | CANCELA | CANCELA | CAPIFALI |
| CAMARON | CAMPOAMOR | CANCELO | CANCHE | CAPILLA |
| CAMARRILLO | CAMPODONICA | CANCHE | CANGHOLA | CAPIN |
| CAMAYA | CAMPOLLA | CANCINO | CANCINO | CAPIRO |
| CAMAYD | CAMPOMANES | CANCIO | CANCINOS | CAPISTRAN |
| CAMBA | CAMPORREDONDO | CANCIO | CANCIO | CAPLANO |
| CAMBALIZA | CAMPPOS | CANDALES | CANDALES | CAPMANY |
| CAMBERO | CAMPPOSAGRADO | CANDANEDO | CANDANEDO | CAPOTE |
| CAMBEROS | CAMPOVERDE | CANDANO | CANDANO | CAPRILES |
| CAMBIANICA | CAMPOY | CANDANOSA | CANDANOSA | CAPRINE |
| CAMBIS | CAMPOZ | CANDANOZA | CANDANOZA | CAPUCHIN |
| CAMBLO | CAMPOZANO | CANDELARI | CANDELARIA | CAPUCHINA |
| CAMBON | CAMPUSANO | CANDELARIA | CANDELARIE | CAPUCHINO |
| CAMCHO | CAMPUZANO | CANDELARIE | CANDELARIO | CAQUIAS |
| CAMEJO | CAMUEIRAS | CANDELARIO | CANDELARIS | CARABA |
| CAMERENA | CAMUNES | CANDELARIS | CANDELAS | CARABAJAL |
| CAMERENA | CAMUNEZ | CANDELERIA | CANDELERIA | CARABAL |
| CAMERO | CANA | CANDIA | CANDIA | CARABALLO |

APPENDIX E
CENSUS LIST OF SPANISH SURNAMAMES

| | | | |
|----------------|------------|--------------|-------------|
| CARABALLOPEREZ | CARDIEL | CARPENA | CARRERAS |
| CARABANTES | CARDINAS | CARPINTERO | CARRERO |
| CARABAY | CARDINEZ | CARPINTEYRO | CARRETE |
| CARABAZA | CARDONA | CARPIO | CARRETERO |
| CARABELLA | CARDONAS | CARPIZO | CARRETO |
| CARABEO | CARDOSA | CARRABALLO | CARRIAGA |
| CARABES | CARDOVA | CARRACEDO | CARRIAZO |
| CARABEZ | CAREAGA | CARRADA | CARRICA |
| CARACENA | CARELA | CARRADERO | CARRICABURU |
| CARACHEO | CARETA | CARRAL | CARRICARTE |
| CARACOSA | CARIAS | CARRALEJO | CARRIDO |
| CARACOZA | CARIBE | CARRALERO | CARRIEDO |
| CARAJAL | CARIDE | CARRALES | CARRIJO |
| CARALT | CARIDES | CARRALEZ | CARRIL |
| CARAMBOT | CARIELO | CARRAMAN | CARRILES |
| CARAMEROS | CARIGA | CARRANCA | CARRILLA |
| CARAMES | CARILLO | CARRANCO | CARRILLE |
| CARAMILLO | CARINGAL | CARRANDI | CARRILLO |
| CARANTA | CARINHAS | CARRANSA | CARRILO |
| CARANZA | CARIRE | CARRANZA | CARRIO |
| CARAPIA | CARISALEZ | CARRASCO | CARRION |
| CARARA | CARLA | CARRASCOSA | CARRIQUE |
| CARASA | CARLETELLO | CARRASGUILLO | CARRISAL |
| CARASCO | CARLOS | CARRASO | CARRISALES |
| CARATACHEA | CARMENATE | CARRASQUILLA | CARRISALEZ |
| CARATAN | CARMENATES | CARRASQUILLO | CARRISOSA |
| CARATTINI | CARMENATY | CARRATALA | CARRISOZA |
| CARAVACA | CARMOEGA | CARRAU | CARRIZAL |
| CARAVAJAL | CARMONA | CARRAZANA | CARRIZALES |
| CARAVANTES | CARNERA | CARRAZCO | CARRIZALEZ |
| CARAVAYO | CARNERO | CARREAGA | CARRIZO |
| CARAVEO | CARNICER | CARREDO | CARRIZOSA |
| CARAVES | CARNICERO | CARREJO | CARRIZOZA |
| CARAZA | CARO | CARRENO | CARRODEGUAS |
| CARAZO | CARONADO | CARREON | CARROLA |
| CARBA | CAROPINO | CARRERA | CARROQUILLO |

**APPENDIX E
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 | CASTILJO | CATALENA |
| CARTANA | CASELAS | CASTANEADA | CASTILL | CATANACH |
| CARTAS | CASELLAS | CASTANED | CASTILLA | CATANO |
| CARTAYA | CASERAS | CASTANEDA | CASTILLANOS | CATAQUET |
| CARUAIAL | CASERES | CASTANEDO | CASTILLAS | CATASCA |
| CARVAIAL | CASERMA | CASTANER | CASTILLEJA | CATASUS |
| CARVAIALES | CASERO | CASTANIEFO | CASTILLEJO | CATEORA |
| CARVAIALINO | CASERZA | CASTANO | CASTILLEJOS | CATEFE |
| CASABLANCA | CASES | CASTANOOLA | CASTILLERO | CATOLICO |
| CASABO | CASIA | CASTANON | CASTILLO | CATZOELA |
| CASADAS | CASIAN | CASTANOS | CASTILLO | CAVAZOS |
| CASADES | CASIANO | CASTANUELA | CASTILLON | CAUCE |
| CASADO | CASIAS | CASTANY | CASTINEIRA | CAUDALES |
| CASADOS | CASICA | CASTEJON | CASTINEIRAS | CAUDILLO |
| CASAIS | CASIELLES | CASTELA | CASTINEYRA | GAULA |
| CASAL | CASILLA | CASTELAN | CASTORENA | GAUNDER |
| CASALES | CASILLAN | CASTELANO | CASTORENO | GAUSO |
| CASALS | CASILLAS | CASTELAO | CASTRA | GAVANAS |
| CASAMAYOR | CASILLOS | CASTELAR | CASTREJON | GAVASAS |
| CASANAS | CASINES | CASTELAZO | CASTRELLON | GAVASOS |
| CASANDRA | CASIQUE | CASTELBLANCO | CASTRESANA | CAVAZ |
| CASANOVA | CASQUITO | CASTELDEORO | CASTRILLO | CAVAZAS |
| CASANOVAS | CASIS | CASTELEIRO | CASTRILLON | CAVAZOS |
| CASANTUEVA | CASMERO | CASTELLANAS | CASTRIZ | CAVAZOS |
| CASARES | CASORLA | CASTELLANES | CASTRO | CAVEDA |
| CASAREZ | CASPARIS | CASTELLANOS | CASTRODAD | CAVERO |
| CASARIEGO | CASPILLO | CASTELLANOS | CASTROMAN | CAVEZA |
| CASARRUBIAS | CASSARES | CASTELLAR | CASTRON | CAVIEDES |
| CASAS | CASSAS | CASTELLON | CASTROVERDE | CAVIEL |
| CASASNOVAS | CASSIAS | CASTELLS | CASTRUITA | CAVILA |
| CASASOLA | CASSILLAS | CASTELLVI | CASTROVI | CAVOS |
| CASASUS | CASSINERIO | CASTELNAU | CASUSO | CAVOZOS |
| CASAUS | CASSO | CASTELO | CATA | CAVADO |

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 |
| CEBALLEZ | 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 | CENOZ | 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 | CERVANTES | 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
CENSUS LIST OF SPANISH SURNAMES**

| | | | | |
|-------------|------------|-------------|----------|-------------|
| CHATON | CHEVANNES | CHONO | CINTAS | CLERO |
| CHAUARRIA | CHEVARRIA | CHOPERENA | CINTORA | CLIMENT |
| CHAVANA | CHEVAS | CHORNA | CINTRA | COBA |
| CHAVANNA | CHEVERES | CHOTO | CINTRON | COBALLE |
| 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 | CRIECO | COBAS |
| CHAVARRIA | CHICAS | CHUPE | CRILO | COBELLO |
| CHAVARRIAGA | CHICO | CHURBE | CIRIZA | COBEO |
| CHAVARRO | CHICVARA | CHURRUCIA | CIRLOS | COBIAN |
| CHAVECO | CHIDE | CIBERAY | CIRULI | COBIELLA |
| CHAVERA | CHIFALO | CIBRIAN | CISNER | COBIO |
| CHAVERO | CHIHUAHUA | CICERON | CISNERAS | COBO |
| CHAVEZ | CHILMIDOS | CICILIA | CISNEROS | COBOS |
| CHAVIANO | CHIMAL | CID | CISNERO | COBREIRO |
| CHAVIRA | CHINANA | CIDDIO | CISNEROS | COCA |
| CHAVIRO | CHINCHILLA | CIEGO | CISNEROZ | COCIO |
| CHAVOLLA | CHINEA | CIENA | CISTERNA | GODINA |
| CHAVOYA | CHINO | CIENEGA | CIVEROLO | GODON |
| CHAYRA | CHIONG | CIENEGAS | CLARA | GODORNIZ |
| CHAYRE | CHIONO | CIENFUEGOS | CLARIT | GOELLO |
| CHAYREZ | CHIOVARE | CIERRA | CLARO | COFINO |
| CHAZARO | CHIPI | CIPRE | CLAROS | COFRESI |
| CHAZARRETA | CHIPRES | CIPREDO | 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 | CLAVELLO | COLATO |
| CHERENA | CHIRINOS | CIMARRON | CLAVERAN | COLCA |
| CHERENE | CHOA | CIMENTAL | CLAVERIA | COLCHADO |
| CHERINO | CHOLICO | CINDO | CLAVERO | COLDERON |
| CHERTA | CHOMAT | CINEUS | CLAVIRO | COLDIVAR |
| CHESSANI | CHOMORI | CINTA | CLEMENA | COLEGIO |

APPENDIX E
CENSUS LIST OF SPANISH SURNAMMES

| | | | | |
|-------------|------------|-------------|------------|-----------|
| 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 | CONTRERAS | CORDOZA | CORREDOR |
| COLON | CONCHOLA | CONTESTANO | COREANO | CORREO |
| COLONDRES | CONCHOS | CONTRERAS | CORELLA | CORRES |
| COLONNETTA | CONDADO | COPADO | CORENTE | CORRETIER |
| COLONTORRES | CONDARCO | COPELLO | CORIA | CORREU |
| COLORADO | CONDE | COPRIVIZA | CORIANO | CORRILLO |
| COLORBIO | CONDENSA | COQUOZ | CORIAT | CORRIPIO |
| COLORE | CONEJERO | CORA | CORIZ | CORRIZ |

**APPENDIX E
CENSUS LIST OF SPANISH SURNAMES**

| | | | | |
|-------------|--------------|---------------|----------|----------|
| CORROS | COTELO | CREMATA | CUADRADO | CUERO |
| CORTADA | COTERA | CRESPIN | CUADRAS | CUERVO |
| CORTAZA | COTERILLO | CREPO | CUADRAZ | CUESTA |
| CORTAZAR | COTERO | CRADO | CUADRO | CUESTAS |
| CORTES | COTILLA | CRIBEIRO | CUADROS | CUETO |
| CORTEZ | COTINOLA | CRIOLO | CUAN | CUEVA |
| CORTIJO | COTTITA | CRIOYOS | CUARA | CUEVAS |
| CORTINA | COTO | CRISANTES | CUARENTA | CUEVAZ |
| CORTINAS | COTRINA | CRISANTO | CUARON | CUEVOS |
| CORTINAZ | COTTES | CRISANTOS | CUARTAS | CUILAN |
| CORTINES | COTTO | CRISOSTO | CUASCUT | CUINI |
| CORTINEZ | COTULLA | CRISOSTOMO | CUATE | CUIZON |
| CORTIZO | COUARRUBIAS | CRISTALES | CUBANO | CULEBRO |
| CORUGEDO | COUCE | CRISTAN | CUBAS | CULTRERI |
| CORUIJO | 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 | COVERTIER | CRISTOBAL | CUBILLOS | CUNEZ |
| COS | COVARRUBIA | CRISTOFOL | CUBIO | CUNI |
| COSCULLUELA | COVARRUBIA | CRIXELL | CUBRIEL | CUNILL |
| COSILLO | COVARRUBIAS | CROSAS | CUCALON | CUNYUS |
| COSILLOS | COVARRUBIO | CROZ | CUCUTA | CUPELES |
| COSIO | COVARRUVIAS | CRUANES | CUEBA | CUPRILL |
| COSME | COVARRYBIAS | CRUANYAS | CUEBAS | CURA |
| COSSIO | COVARUBIAS | CRUCES | CUELLAR | CURBELLO |
| COSSO | COVAS | CRUCETA | CUELLA | CURBELO |
| COSTALES | COVIAN | CRUZ | CUELLAR | CURET |
| COSTELON | COVILLO | CRUZADO | CUELLER | CUREL |
| 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
CENSUS LIST OF SPANISH SURNAMES

E-23

| | | | | |
|----------------|------------|----------------|-------------|----------------|
| DEJUAN | DELAGUILA | DELAPEZA | DELAVINA | DELGADILL |
| DELAARENA | DELAHERA | DELAPIEDRA | DELAYA | DELGADILLO |
| DELABARCA | DELAHERRAN | DELA PLATA | DELAZERDA | DELGADO |
| DELABARCENA | DELAHOYA | DELA PORTILLA | DELBARRIO | DELGADODEORAMA |
| DELABARRERA | DELAHOZ | DELAPOZA | DELBLANCO | S |
| DELABARZA | DELAHUERTA | DELA PRIDA | DELBOSQUE | DELGIORGIO |
| DELABRA | DELAISLA | DELA PUENTE | DELBOSQUEZ | DELGODO |
| DELACABADA | DELAJARA | DELA RA | DELBOZQUE | DELHARO |
| DELACAL | DELAJARA | DELA REA | DELBREY | DELHIERRO |
| DELACALLE | DELALASTRA | DELA REA | DELBUSTO | DELHOYO |
| DELACAMALLE | DELALCAZAR | DELA REZA | DELCADO | DELIGANIS |
| DELACAMARA | DELALLATA | DELA RIOS | DELCADO | DELIRA |
| DELACAMPA | DELALLAVE | DELA RIVA | DELCALVO | DELISEO |
| DELACANAL | DELALLERA | DELA ROCA | DELCAMPILLO | DELIZ |
| DELACERDA | DELALOZA | DELA ROCHA | DELCAMPO | DELJUNCO |
| DELACHICA | DELALTO | DELA ROSA | DELCASTILLO | DELLANO |
| DELACONCEPCION | DELALUZ | DELA ROZA | DELCASTRO | DELLUNCO |
| DELACONTE | DELAMADRID | DELA ROZA | DELCASTRO | DELLANO |
| DELACORTE | DELAMANCHA | DELA RRA | DELCASTRO | DELMARGO |
| DELACOTERA | DELAMATA | DELA RROYO | DELCID | DELMENDO |
| DELACRUZ | DELAMAZA | DELA RUA | DELCOLLADO | DELMERCADO |
| DELACUADRA | DELAMAZA | DELA SANTOS | DELCORRAL | DELMORAL |
| DELACUESTA | DELAMAZA | DELA SASANTOS | DELCORRO | DELMUNDO |
| DELACUEVA | DELAMAZA | DELA SCASAS | DELCORRO | DELMURO |
| DELACURZ | DELAMAZA | DELA SCUEVAS | DELCRISTO | DELNODAL |
| DELAESPRIELLA | DELAMAZA | DELA SHERNA | DELCUETO | DELOA |
| DELAPE | DELAMAZA | DELA SHERAS | DELCURTO | DELOEN |
| DELAFUENTE | DELAMAZA | DELA SIERRA | DELDAGO | DELOERA |
| DELAFUENTES | DELAMAZA | DELA TEJA | DELEGANIS | DELOLMO |
| DELAFUENTE | DELANGEL | DELA TEJERA | DELEJA | DELOPEZ |
| DELAGADILLO | DELANGEL | DELA TOBA | DELEON | DELORA |
| DELAGADO | DELANOVAl | DELA TORRE | DELERIO | DELORO |
| DELAGARRIGUE | DELANOVEZ | DELA TORRES | DELERME | DELOSADA |
| DELAGARZA | DELAO | DELA TORRIENTE | DELESCAILLE | DELOSANGELES |
| DELAGARZA | DELAOSA | DELA TRINIDAD | DELEZA | DELOSANTOS |
| DELAGARZA | DELAOSSA | DELA UZ | DELFA NTE | DELOSANTOS |
| DELAGRANA | DELA PARRA | DELA VAVARA | DELFIERRO | DELOSCOBOS |
| DELAGUARDIA | DELA PASS | DELA VEGA | DELFIN | DELOSMONTEROS |
| DELAGUERRA | DELA PAZ | DELA VELLANO | DELFRANCIA | DELOSPRADOS |
| | DELA PENA | DELA VICTORIA | DELGADA | |

APPENDIX E
CENSUS LIST OF SPANISH SURNAMMES

| | | | | |
|-------------|--------------|------------|-------------|-------------|
| DELOSREYES | DELUAO | DENA | DEPORTILLO | DESALES |
| DELOSRIOS | DELUJAN | DENAVA | DEPORTO | DESALINAS |
| DELOSSANT | DELUNA | DENAVARRO | DEPORTOLA | DESANCHEZ |
| DELOSSANTOS | DELVAL | DENAVAS | DEPOZO | DESANTIAGO |
| DELOYA | DELVALLE | DENAVEJAR | DEPRAD | DESANTIAGO |
| 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 | DESCARRAS |
| DELPINAL | DEMARRERO | DEOCAMPO | DERAS | DESCARRAZ |
| DELPINO | DEMARTINEZ | DEOCHOA | DERENIA | DESOLO |
| DELPORRILLO | DEMATA | DEOLEO | DEREYES | DESOSA |
| DELPOSO | DEMATAS | DEOLIVIERA | DERIOS | DESOTO |
| DELPOZO | DEMATEO | DEOLMO | DERIVAS | DESOTOMAYOR |
| DELPRADO | DEMEDINA | DEORO | DERIVERA | DESPANIA |
| DELPUERTO | DEMEIRE | DEORTA | DERMA | DESPANTES |
| DELRAZO | DEMENA | DEORTEGA | DEROBLES | DESPUES |
| DELREAL | DEMENZEZ | DEORTIZ | DEROCA | DESRAVINES |
| DELREY | DEMENDOZA | DEOSDADE | DERODRIGUEZ | DESSERO |
| DELRIKO | DEMERCADO | DEOSORIO | DERODRIQUEZ | DESTRADA |
| DELRIEGO | DEMESA | DEOTERIS | DEROJAS | DESUACIDO |
| DELRIÑCON | DEMIGUEL | DEOTERO | DEROMERO | DETAPIA |
| DELRIO | DEMIRANDA | DEPABLO | DEROSARIO | DETEJADA |
| DELRISCO | DEMOLINA | DEPACHECO | DEROZA | DETEVIS |
| DELRIVERO | DEMONTABELLO | DEPACO | DERRERA | DETOLEDO |
| DELROSSAL | DEMONTES | DEPADILLA | DERUBIO | DETORRES |
| DELROSSARIO | DEMONTEVERDE | DEPARRA | DERUEDA | DETRANALTES |
| DELSALTO | DEMONTOYA | DEPAZ | DERUISA | DETRIS |
| DELSOL | DEMORALES | DEPEDRO | DESABOTA | DETRINIDAD |
| DELTEJO | DEMORENO | DEPENA | DESAENZ | DEULLOA |
| DELTIEMPO | DEMOYA | DEPEREZ | DESALAS | DEVACA |
| DELTORO | DEMUNOZ | DEPLATA | DESALAZAR | DEVALDEZ |
| DELUA | DEMURGA | DEPONCE | DESALERNOS | DEVALENCIA |

APPENDIX E
CENSUS LIST OF SPANISH SURNAMES

| | | | | |
|-------------|-----------------|------------|-------------|-------------|
| DEVALLE | DIAZCRUZ | DOMENGUENZ | DOVALLINA | ECHARTEA |
| DEVALON | DIAZDEARCE | DOMENO | DOVO | ECHAUARRIA |
| DEVARA | DIAZDEL CAMPO | 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 | ECHAVERIA |
| DEVENCENTY | DIEGO | DOMINQUEZ | DUENAS | ECHAVES |
| DEVERA | DIEGUEZ | DOMIO | DUENES | ECHAVESTE |
| DEVIA | DIEPPA | DOMONDON | DUENEZ | ECHAVEZ |
| DEVIAN | DIEZ | DONADO | DUENO | ECHAZABAL |
| DEVICENTE | DIMAS | DONATE | DUENOS | ECHAZARRETA |
| DEVICTORIA | DIODONET | DONEIS | DUHAGON | ECHAGARAY |
| DEVILA | DIODOSIO | DONES | DUHALDE | ECHAEANDIA |
| DEVILLA | DIONES | DONESTEVEZ | DULZAIDES | ECHEBARRIA |
| DEVILLAR | DIOS | DONEZ | DUMAGUINDIN | ECHEGARAY |
| DEVILLEGAS | DIOSDADO | DONIAS | DUMBRIGUE | ECHEGOYEN |
| DEVOLIN | DIOSES | DONJUAN | DUME | ECHEGUREN |
| DEYA | DIRECTO | DONLUCAS | DUMENG | ECHEMENDIA |
| DEYCAZA | DISARUFINO | DONOSO | DUMENIGO | ECHENIQUE |
| DEYNES | DISLA | DOPAZO | DUQUE | ECHERIVEL |
| DEZA | DISTABLE | DOPICO | DURAN | ECHERRI |
| DEZAMORA | DOBAL | DOPORTO | DURANGO | ECHEVERIA |
| DEZARA | DOBAO | DORADO | DURANON | ECHEVERRIA |
| DEZARRAGA | DOBARGANES | DORAME | DURANZA | ECHEVERRITA |
| DEZAYAS | DOBLADO | DORANTES | DURATE | ECHEVERIA |
| DEZUNIGA | DOCAL | DORREGO | DURAZO | ECHEVERRI |
| DIACOS | DOCAMPO | DORTA | DURON | ECHEVERRIA |
| DIAGO | DOCE | DORTICOS | ECHABARNE | ECHEVERRY |
| DIAMOS | DOJAQUEZ | DOSAL | ECHANDI | ECHEVERSTE |
| 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 | ENRIQUEZ | ESCALA | ESCARREGA |
| ELENEZ | ELORZA | ENRIQUE | ESCALADA | ESCARSEGA |
| ELEVARIO | ELOSEGUI | ENRIQUES | ESCALANTE | ESCARSIGA |

**APPENDIX E
CENSUS LIST OF SPANISH SURNAMES**

| | | | | |
|------------|-------------|------------|-------------|------------|
| ESCARTIN | ESCRIBA | ESPIGUL | ESQUERRE | ESTERAS |
| ESCARZAGA | ESCRIBANO | ESPINA | ESQUEVEL | ESTERO |
| ESCARZEGA | ESCRICHE | ESPINAL | ESQUIBAL | ESTEUDES |
| ESCASENA | ESCUADRA | ESPINALES | ESQUIBEL | ESTEVA |
| ESCATTEL | ESCUDEB | ESPINAR | ESQUIBIAS | ESTEVAN |
| ESCATTELL | ESCUDERO | ESPINDOLA | ESQUIERDO | ESTEVANE |
| ESCATIOLA | ESCUETA | ESPINDULA | ESQUIJAROSA | ESTEVANES |
| ESCAURIZA | ESCUJURI | ESPINEIRA | ESQUIJAROSA | ESTEVANEZ |
| ESCOBADO | ESCUZIA | ESPINEL | ESQUILLANO | ESTEVEES |
| ESCOBAL | ESGUERRA | ESPINELL | ESQUILLIN | ESTEVEEZ |
| ESCOBALES | ESPADA | ESPINET | ESQUINCA | ESTEVEIS |
| ESCOBAR | ESPADA | ESPINET | ESQUINEL | ESTEVEIZ |
| ESCOBARETE | ESPADAS | ESPINO | ESQUINEL | ESTIEN |
| ESCOBEBO | ESPALLAT | ESPINOR | ESQUIVAL | ESTIEN |
| ESCOBEBO | ESPALIN | ESPINOSA | ESQUIVEL | ESTIMBO |
| ESCOBEDA | ESPANA | ESPINOZ | ESQUIVEZ | ESTOLANO |
| ESCOBEDO | ESPANO | ESPINOZA | ESQUIVIAS | ESTOLAS |
| ESCOBER | ESPANO | ESPRICUETA | ESTABA | ESTOPELLAN |
| ESCOBIDO | ESPANOL | ESPRICUETA | ESTABLA | ESTOPINAN |
| ESCOBIO | ESPANOLA | ESPRITI | ESTADDA | ESTOQUE |
| ESCOBOSA | ESPARAZA | ESPIRITU | ESTADES | ESTORGA |
| ESCOBOZA | ESPARA | ESPITALETA | ESTALA | ESTRAGA |
| ESCOCHEMA | ESPARSA | ESPIA | ESTAMPA | ESTRAD |
| ESCOCHEMA | ESPARSEN | ESPLANA | ESTANPA | ESTRADA |
| ESCODEDO | ESPARZ | ESPONDA | ESTANOL | ESTRADAS |
| ESCOJIDO | ESPARZA | ESPRU | ESTAPE | ESTRADO |
| ESCOLAR | ESPEJEL | ESPRONCEDA | ESTAVILLA | ESTRADE |
| ESCOMILLA | ESPEJO | ESPUDO | ESTAVILLA | ESTRADO |
| ESCONTRIAS | ESPELETA | ESPURVOA | ESTEBAN | ESTRALLA |
| ESCORCIA | ESPENDEZ | ESQUEA | ESTEBAN | ESTRANY |
| ESCORIAZA | ESPENOSA | ESQUEDA | ESTEBANE | ESTRELLA |
| ESCORPISO | ESPEÑOZA | ESQUEDO | ESTEBANEZ | ESTRELLAS |
| ESCORZA | ESPERA | ESQUELLO | ESTEBES | ESTRELLAS |
| ESCOTA | ESPERANZA | ESQUELL | ESTEBEZ | ESTRELLAS |
| ESCOTO | ESPERANZA | ESQUENAZI | ESTEFAN | ESTRELLAS |
| ESCOVADO | ESPERAS | ESQUER | ESTEFANI | ESTREMO |
| ESCOVAR | ESPERICUETA | ESQUERA | ESTELA | ESTRINGEL |
| ESCOVEDO | ESPERIQUETA | ESQUERDO | ESTENOZ | ESTRONZA |
| ESCOVER | ESPERO | ESQUERO | ESTEPA | ESTUDILLO |
| | 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 | FELJU | 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 | FANGONILLO | 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
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 | FRANZUA | 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 | PREGOSA | FUENTECILLA |
| FINALES | FONT | FRAGOMENO | PREGOSO | FUENTEFRIA |
| FIOL | FONTAN | FRAGOSA | PREGOZO | FUENTES |
| FIQUEROA | FONTANES | FRAGOSO | PREJO | FUENTEZ |
| FIRA | FONTANET | FRAGOZO | PREIRE | FUENZALIDA |
| FIRPI | FONTANEY | FRAGUA | PREIRA | FUERO |
| FIUZA | FONTANEZ | FRAGUADA | PREIXAS | FUERTE |
| FLACO | FONTANILLS | FRAGUAS | PRENES | FUERTE |
| FLAMENCO | FONTANOZA | FRAGUELA | FRES | FUERTEZ |
| FLANDES | FONTATEBOA | FRAGUIO | FRESCAS | FUEYO |
| FLANDEZ | FONTTECHA | FRAUDE | FRESCAZ | FULGENCIO |
| FLAQUER | FONTELA | FRAJIO | FRESNEDA | FULGUEIRA |
| FLECHA | FONTENO | FRAIRE | FRESNEDO | FUMERO |
| FLECHES | FONTICIELLA | FRAMIL | FRESNILLO | FUNCIA |
| FLEITAS | FONTICOBIA | FRANCA | FRESNO | FUNDORA |
| FLEITES | FORCELLEDO | FRANCISCA | FRESQUES | FUNES |

APPENDIX E
CENSUS LIST OF SPANISH SURNAMMES

| | | | | |
|-----------|-----------|-------------|--------------|----------------|
| 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 | GARCACARDENAS |
| GAINZA | GALICIA | GALORZA | GAONA | GARCIAGONZALEZ |
| GAITAN | GALINANES | GALVAN | GARABAY | GARCIAGUERRERO |
| GAITERO | GALIND | GALVE | GARABITO | GARCIAGUZMAN |
| GAIVAN | GALINDA | GALVES | GARACOCHEA | GARCIALOPEZ |
| GAJARDO | GALINDEZ | GALVEZ | GARAJCOECHEA | GARCIAMARTINEZ |
| GAJATE | GALINDO | GAMA | GARALDE | GARCIAPEÑA |
| 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 |

APPENDIX E
CENSUS LIST OF SPANISH SURNAMES

| | | | | |
|------------|---------------|------------|--------------|-----------|
| GARCLAZO | GARROTE | GAUDIER | GELABERT | GIMINEZ |
| GARCIO | GARSA | GAUNA | GELACIO | GINART |
| GARDEA | GARSEZ | GAUZENS | GELERA | GINARTE |
| GARDIA | GARTICA | GAVALLDON | 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 | GIRALDES |
| GARIBAY | GARZORIA | GAVINO | GERALDES | GIRALDEZ |
| 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 | GILORIA |
| GARRIDO | GATICA | GAZOLAS | GJON | GOBEA |
| GARRIGA | GATO | GAZTAMBIDE | GIL | GOCHEZ |
| GARRIGAS | GATSEOS | GAZTELU | GILAS | GOCHICOA |
| GARRIGO | GATTORNO | GEA | GILBES | GODINA |
| GARRIGOS | GAUBA | GEADA | GILBUENA | GODINES |
| GARRIO | GAUCHAS | GEAGA | GLDELAMADRID | GODINET |
| GARROBO | GAUCIN | GEBARA | GIMENEZ | GODINEZ |
| GARROCHO | GAUD | GEIGEL | GIMENO | GODOY |

APPENDIX E
CENSUS LIST OF SPANISH SURNAMES

| | | | | |
|---------------|-------------------|-----------|-----------|-------------|
| GOENA | GONZALEZ | GORTAREZ | GRAJERA | GRISALES |
| GOENAGA | GONZALEZDIAZ | GORZELA | GRAJOLA | GROLOM |
| GOICOCHEA | GONZALEZHERNANDEZ | GOSALVEZ | GRAMAJO | GRONA |
| GOICOURIA | | 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 | GOYCOEHEA | GRANELA | GUADARAMA |
| GONALEZ | GONZLES | GOYCOOLEA | GRANERO | GUADARRAMA |
| GONAZLEZ | GONZLEZ | GOYENECHÉ | GRANIÉLA | GUADERRAMA |
| GONDAR | GONZOLES | GOYOS | GRANILLO | GUADIAN |
| GONDREZ | GONZOLEZ | GOYTIA | GRANIS | GUADIANA |
| GONEZ | GORBEA | GOYUETA | GRANIZO | GUADIANO |
| GONGALES | GORDIANY | GOZMAN | GRANJA | GUADRON |
| GONGALEZ | GORDILLO | GRACIA | GRATACOS | GUADA |
| 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 |

**APPENDIX E
CENSUS LIST OF SPANISH SURNAMES**

| | | | | |
|---------------|------------|-----------|------------|-------------|
| GUARA | GUERREZ | GUILLEMET | GURRIA | HARISPURU |
| GUARACHA | GUERA | GUILLEMO | GURRIES | HARO |
| GUARCH | GUERARA | GUINA | GURROLA | HAROS |
| GUARDADO | GUERECIA | GUIRADO | GURRUCHAGA | HARVIER |
| GUARDAMONDO | GUERENA | GUIRALES | GURULE | HAYOS |
| GUARDARARAMA | GUERENO | GUIREMAND | GURVLE | HECHANOVA |
| GUARDARARAMOS | 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 | GUTTEREZ | GUTERREZ | HENANDEZ |
| GUARJARDO | GUERRERO | GUITIAN | GUTTERES | HENAO |
| GUARNERO | GUERRIDO | GUTIERREZ | GUTIERREZ | HENARES |
| GUARNEROS | GUERRIOS | GUITRON | GUTIERREZ | HENOJOSA |
| GUARTUCHE | GUERRO | GUTTEREZ | GUTTIERR | HENRIQUEZ |
| GUAS | GUERRA | GUTTEREZ | GUTTIERR | HENRIQUEZ |
| GUASCH | QUEVARA | GUTTY | GUTTIERR | HERALDEZ |
| GUASH | QUEVAREZ | GUIU | GUTTIERR | HERANDEZ |
| GUASP | QUEVARRA | GUIVAS | GUTTIERR | HERAS |
| GUAYANTE | QUEVERA | GUIZA | GUTTIERR | HERAZ |
| GUAYDACAN | QUEVERRERA | GUIZADO | GUTTIERR | HERBELL |
| GUDIEL | QUEZ | GUIZAR | GUTTIERR | HEREBIA |
| GUDINO | QUIA | GUJARDO | GUTTIERR | HEREDERO |
| GUEBARA | QUIBOA | GULARTE | GUTTIERR | HEREDIA |
| GUECHO | QUICHO | GULBAS | GUTTIERR | HEREDIA |
| GUEDE | GUIDERO | GULDRIS | GUTTIERR | HERENA |
| GUEDEA | GUJARRO | GULDRIZ | GUTTIERR | HERENA |
| GUEDES | GUJOSA | GULIERREZ | GUTTIERR | HERERA |
| GUEDIN | GUILARTE | GUMA | GUTTIERR | HERETER |
| GUEIMUNDE | GUILBE | GUNDIN | GUZMAN | HERERA |
| GUEITS | GUILLEZ | GURARIN | GUZMELI | HERERIA |
| GUEL | GUILLEMA | GURELL | GUZMON | HERIDIA |
| GUELBENZU | GUILLEMARD | GURIDES | HACES | HERMANDEZ |
| GUELMES | GUILLEN | GUROLA | HAEDO | HERMIDA |
| GUEMES | GUILLENA | GURRERO | HANONO | HERMIDAS |
| | | | HARGITA | HERMIS |

APPENDIX E
CENSUS LIST OF SPANISH SURNAMMES

| | | | | |
|----------------|-------------|------------|-----------|----------------|
| 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 | HUANTES | 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 | HORRUTTNER | HUISAR | ICEDO |

**APPENDIX E
CENSUS LIST OF SPANISH SURNAMES**

E-35

| | | | | |
|--------------|--------------|---------------|-----------|-----------|
| ICHINAGA | INFANZON | IRIART | ISIAS | JACOBO |
| IDARRAGA | INFESTA | IRIARTE | ISIDRON | JACOME |
| IDIAQUEZ | INGELMO | IRIBARREN | ISLA | JACOMINO |
| IDIGORAS | INGRANDE | IRIBE | ISLAS | JACOVO |
| IDOY | INGUANZO | IRIGARAY | ISLAVA | JACQUEZ |
| IDROGO | INGUITO | IRIGONEGARAY | ISONA | JACUNDE |
| IDROVO | INIGO | IRIGOYEN | ISORDIA | JAIDAR |
| IGARAVIDEZ | INIGUES | IRIMIA | ISQUIERDO | JAILE |
| IGARTUA | INIGUEZ | IRINEO | ISUNZA | JAI ME |
| 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 | IRIBARREN | ITURRIA | JAQUEZ |
| ILLANES | INSURRIAGA | IRIZARRI | ITURRIAGA | JAQUIAS |
| ILLAS | INTERIAN | IRIZARRY | ITURRINO | JARA |
| ILLERA | INTRIAGO | IRIZARY | ITURRIOZ | JARABA |
| ILLESCAS | INURRIGARRO | IRROBALI | IVANEZ | JARAMILLO |
| IMAS | INZUNZA | IRUEGAS | IVARRA | JARAMILLA |
| IMAZ | IPARRAGUIRRE | IRUNGARAY | IXTA | JARAMILLO |
| INCHAURREGUI | IPINA | IRURETAGOYENA | IZA | JARDINES |
| INCHAUSTEGUI | IQUNA | IRVEGAS | IZABAL | JARDINEZ |
| INCHAUSTI | IRACHETA | ISAGUIRRE | IZAGUIRRE | JARERO |
| INCLAN | IRAGUI | ISAIS | IZAQUIRRE | JARMILLO |
| INDART | IRAHETA | ISAIZ | IZAR | JAROMILLO |
| INESTA | IRALA | ISALES | IZNAGA | JARQUEZ |
| INESTROZA | IRAOLA | ISARRARAS | IZQUIERDO | JARQUIN |
| INEZ | IRASTORZA | ISAS | IZURIETA | JARRIN |
| INFANTE | IRAZABAL | ISASSI | JACAS | JARRO |
| INFANTES | IRAZOQUI | ISERN | JACINTO | JASO |

APPENDIX E
CENSUS LIST OF SPANISH SURNAMES

| | | | | |
|---------------|------------|------------|------------|------------|
| JASSO | JINETE | JUARES | LABARTA | LADAGA |
| JATIVA | JINEZ | JUAREZ | LABASTIDA | LAFARGA |
| JAUMA | JINZO | JUARISTI | LABASTILLA | LAPEBRE |
| 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 |
| JARGUI | JORQUERA | JUNCO | LABRADA | LAGOMASINO |
| JAIRIGI | JORQUEZ | JUNCOSA | LABRADO | LAGRANA |
| JAIRIGUE | JORRIN | JUNEZ | LABRADOR | LAGUER |
| JAIRIGUI | JOVE | JUNGUERA | LABUZAN | LAGUERUELA |
| JAIRIQUE | JOVELLANOS | JUNQUERA | LACA | LAGUILLO |
| JAIRIQUI | JOVER | JURADO | LACALLE | LAGUNA |
| JAIRQUI | JOVET | JURAEZ | LACARRA | LAGUNAS |
| JARRIETA | JOYA | JURAHUI | LACASA | LAGUNES |
| JAVIER | JUACHON | JURDI | LACASELLA | LAHOZ |
| JAVIERRE | JUAN | JURE | LACAYO | LAIJA |
| 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 |

**APPENDIX E
CENSUS LIST OF SPANISH SURNAMES**

| | | | | |
|------------|------------|-------------|-----------|--------------|
| LAMAS | LANDIVAR | LAREZ | LARRUBIA | LAUZARDO |
| LAMASA | LANDOL | LARIOS | LARTUNDO | LAUZURIQUE |
| LAMATA | LANDRAU | LARIYA | 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 | LASSOS | LAVIOS |
| LAMOURT | LAOSA | LARRAURI | LASSRA | LAVORICO |
| LAMOUTTE | LAPADURA | LARRAYA | LASTRE | LAVORIN |
| LAMPARELLO | LAPARRA | LARRAZ | LASTRES | LAYANA |
| LAMPEDUSA | LAPAZ | LARRAZABAL | LATASA | LAZA |
| LAMPON | LAPENA | LARRAZOLA | LATIGO | LAZAGA |
| LANAS | LAPICA | LARRAZOLO | LATON | LAZALA |
| LANCARA | LAPIZ | LARREA | LATORRES | LAZALDE |
| LANCHA | LAPUERTA | LARREGUI | LAUGIER | LAZANO |
| LANDA | LAPUZ | LARREYNAGA | LAUREAN | LAZARIN |
| LANDAVVASO | LARA | LARRIBA | LAUREANO | LAZARINE |
| LANDAVVAZO | LARACUENTA | LARRIBAS | LAUREDO | LAZARRO |
| LANDAVERDE | LARACUENTE | LARRINAGA | LAUREIRO | LAZARTE |
| LANDAZURI | LARALDE | LARRINUA | LAUREL | LAZCANO |
| LANDEIRA | LARAN | LARRINUA | LAURELES | LAZCOS |
| LANDERO | LARAS | LARRIVA | LAURIANO | LAZES |
| LANDEROS | LARDIZABAL | LARRONDE | LAURIAS | LAZO |
| LANDESTOY | LAREDO | LARRONDO | LARRONDO | LAZODELAVEGA |
| LANDETA | LARENA | LARROSA | LARROSA | LAZOS |
| LANDEZ | LARENAS | LARROY | LARROY | LAZRINE |
| LANDIN | LARES | LARRUA | LARRUA | |

APPENDIX E
CENSUS LIST OF SPANISH SURNAMES

| | | | | |
|------------|--------------|-----------|--------------|-------------|
| LAZU | LEISA | LESPRON | LIERAS | LISBOA |
| LAZURTEGUI | LEISECA | LETAMENDI | LJERRA | LISCANO |
| LEAL | LEITA | LETONA | LJEVANO | LISEA |
| LEANOS | LEITES | LETRIZ | LJEVANOS | 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 |

**APPENDIX E
CENSUS LIST OF SPANISH SURNAMES**

| | | | | |
|-----------|----------|----------------|--------------|-----------|
| LLAMES | LLITERAS | LOERA | LOPEZSANCHEZ | LOVILLE |
| LLAMOSA | LLIZO | LOEZA | LOPEZVEGA | LOVIO |
| LLANA | LOBERA | LOGOLUSO | LOPOZ | LOYA |
| LLANAS | LOBET | LOGRONO | LOQUET | LOYNAZ |
| LLANERA | LLOMPART | LOINAZ | LORA | LOYO |
| LLANERAS | LLONA | LOIRA | LORANCA | LOYOLA |
| LLANES | LLOPIS | LOJA | LORCA | LOZA |
| LLANEZ | LLOPIZ | LOJERO | LOREDO | LOZADA |
| LLANIO | LLORCA | LOJO | LORENCES | LOZADO |
| LLANO | LLOREDA | LOMANA | LORENTE | LOZANA |
| LLANOS | LLORENS | LOMAYESVA | LORENZANA | LOZANO |
| LLANTADA | LLORENTE | LOMBANA | LORETA | 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 | LUCARRO |
| LLAVET | LLUVERAS | LONGORIO | LOSADA | LUCATERO |
| LLAVONA | LOA | LONGOVIA | LOSADO | LUCATORTA |
| LLENIN | LOAIZA | LONGUEVAN | LOSANA | LUCENA |
| LLENZA | LOARTE | LONVELIN | LOSANA | LUCER |
| LLIBRE | LOAYZA | LOPATEGUI | LOSOYA | LUCERO |
| LLIBRE | LOBAINA | LOPE | LOSTAUUNAU | LUCIO |
| LLIBRE | LOBATO | LOPE | LOUATO | LUCO |
| LLIBRE | LOBATO | LOPENA | LOUBRIEL | LUCOS |
| LLIBRE | LOBATOS | LOPERA | LOURIDO | LUCRET |
| LLIBRE | LOBATOS | LOPERENA | LOUSTAUNAU | LUEBANO |
| LLIBRE | LOBERA | LOPETEGUI | LOVATO | LUENGAS |
| LLIBRE | LODEIRO | LOPEZ | LOVATON | LUENGO |
| LLIBRE | LODEVICO | LOPEZCASTRO | LOVEIRA | LUERA |
| LLIBRE | LADOS | LOPEZMENDOZA | LOVERA | LUERAS |
| LLIBRE | LADOZA | LOPEZRODRIGUEZ | LOVERAS | LUEVANO |

APPENDIX E
CENSUS LIST OF SPANISH SURNAMES

| | | | | |
|-----------|------------|------------|------------|------------|
| 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 | MACOTELE | 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 |

**APPENDIX E
CENSUS LIST OF SPANISH SURNAMES**

E-41

| | | | | |
|-----------|------------|------------|--------------|-----------------|
| MALLOQUE | MANJAREZ | MANZANO | MARCOS | MARONES |
| MALORCA | MANJARRES | MANZUR | MARDOMINGO | MARQUEZ |
| MALONADO | MANJARREZ | MAPALO | MARDUENO | MARQUINA |
| MALONCON | MANOSA | MAPULA | MAREINA | MARQUIZ |
| MALOVE | MANQUERO | MAQUEDA | MARENCO | MARRASQUIN |
| MALPICA | MANQUEROS | MAQUEIRA | MARENTES | MARENNO |
| MALTES | MANRESA | MAQUINALEZ | MARENTEZ | MARRERO |
| MALTOS | MANRIGUEZ | MAQUIVAR | MAREQUE | MARRIAGA |
| MALUIA | MANRIQUE | MARABOTTO | MARERO | MARRIETTA |
| MALVAAEZ | MANRIQUES | MARADIAGA | MARES | MARRODAN |
| MALVAREZ | MANRIQUEZ | MARALES | MARESMÁ | MARROGUIN |
| MALVIDO | MANRRIQUE | MARANAN | MAREZ | MARROQUIN |
| MAMARADLO | MANRRIQUEZ | MARANON | MARFIL | MARRORO |
| MANCEBO | MANSANALEZ | MARANTE | MARFILENO | MARROZOS |
| MANCERA | MANSANALEZ | MARANTOS | MARGALLAN | MARRUFO |
| MANCERO | MANSANARES | MARASCOLA | MARGARITO | MARRUFO |
| MANCHA | MANSANAREZ | MARATAS | MARGUEZ | MARRUGO |
| MANCHAGA | MANSILLA | MARAVEZ | MARIANES | MARRUJO |
| MANCHAN | MANSILLAS | MARAVILLA | MARIANES | MARSACH |
| MANCHEGO | MANSITO | MARAVILLAS | MARICHAL | MARSALLIA |
| MANCIAS | MANSO | MARAVILLO | MARICHALAR | MARSELLLOS |
| 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 |
| MANGUAM | MANZANEDO | MARCHENA | MARISY | MARTINEX |
| MANGUIA | MANZANERA | MARCHIONDO | MARTINEZ | MARTINEZ |
| MANICOM | MANZANERES | MARCIAL | MARLANO | MARTINEZDECASTR |
| MANIQUIS | MANZANERO | MARCILLA | MARMOL | O |
| MANITO | MANZANET | MARCILLO | MARMOLEJO | MARTINEZGARCIA |
| MANJARES | MANZANILLA | MARCOR | MARMOLEJOS | |

APPENDIX E
CENSUS LIST OF SPANISH SURNAMES

| | | | | |
|-----------------|-----------|------------|------------|------------|
| 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 | MAUROSA | 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 | MEJIA | MELIOTA |
| MASCARENAS | MATILLA | MAYTORENA | MEIRELES | MELLADO |
| MASCARENNAZ | 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 |

**APPENDIX E
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 | MENOUND | MESEGUER | MIGUEL | MINIAREZ |
| MENDEOLA | MENOYO | MESIA | MIGUELEZ | MINICA |
| MENDEZ | MERA | MESIAS | MIGUELEZ | MINITREZ |
| MENDIA | MERANCIO | MESILLAS | MIGUELEZ | MINJAREZ |
| MENDIAS | MERAS | MESINAS | MIGURIZ | MINJAREZ |
| MENDIAZ | MERAZ | MESONERO | MIGURA | MINOBE |
| MENDIBLES | MERCAD | MESORANA | MIJANGOS | MINONDO |
| MENDIBURO | MERCADA | MESQUIAS | MJAREZ | MINOSO |
| MENDIBURU | MERCADAL | MESQUIT | MJENES | MINSAL |
| MENDIETA | MERCADE | MESQUITA | MILA | MIQUEO |
| MENDIETTA | MERCADER | MESQUITE | MILANES | MIR |
| MENDIGUTTA | MERCADO | MESQUITTI | MILANEZ | MIRABAL |
| MENDINE | MERCARDO | MESSARRA | MILARA | MIRABEL |
| MENDIOLEA | MERCEDE | MESSEGUER | MILERA | MIRABENT |
| MENDIONDO | MERCEDES | MESTA | MILLAN | MIRADA |
| MENDITA | MERCHAIN | MESTAS | MILLANA | MIRAFLORES |
| MENDIVEL | MERCHAN | MESTAZ | MILLAN | MIRALES |
| MENDIVIL | MERCODO | MESTRE | MILLAND | MIRALLA |
| MENDIZ | MERCOLA | MESTRES | MILLANES | MIRALLES |
| MENDIZABAL | MERCONCHINI | MESTRIL | MILLANEZ | MIRAMON |
| MENDOSA | MERELES | MEXIA | MILLANPONCE | MIRAMONTES |
| MENDOZ | MERENDON | MEXICANO | MILLARES | MIRAMONTEZ |
| MENDOZA | MEREZ | MEZA | MILLARES | MIRANA |
| MENDOZO | MERGIL | MEZQUITA | MILLAYES | MIRANDA |
| MENDRE | MERINO | MICAN | MIMIAGA | MIRANO |
| MENDRIN | MERIZALDE | MICHACA | MINABE | MIRASOL |
| MENEDEZ | MERJIL | MICHELENA | MINAGA | MIRASOL |
| MENENDEZ | MERLA | MICHELTORENA | MINAGORRI | MIRAYAL |
| MENES | MERLOS | MIEDES | MINAMIDE | MIRAYA |
| MENESES | MERMEA | MIELES | MINATRE | MIRAZ |
| MENESES | MERMENJO | MIELGO | MINAYA | MIRAZO |
| | | | MINCHACA | MIRDITA |

APPENDIX E
CENSUS LIST OF SPANISH SURNAMES

| | | | | |
|-----------|-------------|-------------|-------------|-------------|
| MIRELES | MOLERES | MONDELO | MONSIBAIS | MONTERA |
| MIRELEZ | MOLERIO | MONDONA | MONSIBAIZ | MONTERDE |
| MIRET | MOLGADO | MONDOZA | MONSIVAIS | 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 | MONTOLO |
| MOJARRO | MONCEVAIS | MONROY | MONTECINO | MONTOTO |
| MOJEDA | MONCEVAIZ | MONRRREAL | 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 |

**APPENDIX E
CENSUS LIST OF SPANISH SURNAMES**

| | | | | |
|-----------------|-----------|------------|-----------|-----------|
| MORADO | MORENTIN | MORRERO | MUGICA | MUNOZCANO |
| MORAGA | MORERA | MORRINA | MUGUERCIA | MUNQUIA |
| MORAGO | MORERO | MORTEO | MUGUERZA | MUNTANER |
| MORAGUEZ | MORETA | MORTERA | MUGUIRO | MURADAS |
| MORADA | MOREYRA | MORUA | MULL | MURADAZ |
| MORAILLA | MORFA | MORVA | MUNIA | MURADO |
| MORAL | MORFFI | MOSCOSO | MUNAS | MURANDA |
| MORALE | MORFI | MOSINO | MUNO | MURAIRA |
| MORALEJO | MORFIN | MOSQUEA | MUNOS | MURALLES |
| MORALES | MORGA | MOSQUEDA | MUIRRAGUI | MURANE |
| MORALESGONZALEZ | MORGALO | MOSQUEDO | MUIS | MURATALLA |
| MORALESLOPEZ | MORGAS | MOSQUERA | MUJICA | MURAVEZ |
| MORALESRAMOS | MORHAR | MOTA | MULERO | MURCIA |
| MORALESTORRES | 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 | MORLYON | 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 | MORON | MUDAFORT | MUNIVE | MURRILLO |
| MORELES | MORONES | MUELA | MUNIVEZ | MURSULI |
| MORELION | MORONEZ | MUELAS | MUNIZ | MURUA |
| MORELLON | MOROYOQUI | MUENTES | MUNNE | MURUAGA |
| MORELO | MORQUECHO | MUGA | MUNOA | MURUATO |
| MORELOS | MORQUEZ | MUGARTEGUI | MUNOS | MUSQUEZ |
| MORENO | MORRAZ | MUGERZA | MUNOZ | MUSQUIZ |

APPENDIX E
CENSUS LIST OF SPANISH SURNAMES

| | | | | |
|------------|------------|-------------|------------|-----------|
| MUSTELIER | NAREZO | NAVEIRA | NEJAR | NINO |
| MUTIO | NARINO | NAVEIRAS | NERADA | NIRA |
| MUXART | NARJO | 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 | NAVAIIRA | NEBREDA | 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 |
| NAPOLIS | 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 | NAVARRRO | NEGUERUELA | NIGOS | NOLASCO |
| NAREDO | NAVAS | NEIRA | NILA | NOLINE |
| NARES | NAVEDA | NEITO | NIN | NOLLA |
| NAREZ | NAVEDO | NEIVES | NINA | NOMBRANA |

**APPENDIX E
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 | OBEZO | 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 | OBRAGON | OGUENDO | OLBERA | OLLERBIDEZ |
| NOVEMBRE | OCA | OGUETE | OLBES | OLLERYDEZ |
| NOVIAN | OCACIO | OHIGGINS | OLDRATE | OLLERYDEZ |
| 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 | OLACHEA | OLIBAREZ | OLMO |
| NUANEZ | OCARANZA | OLAETHA | OLIBARRIA | OLMOS |
| NUCHE | OCARIZ | OLAEZ | OLIDE | OLMOZ |
| NUEVO | OCARIZA | OLAGE | OLIU | OLONA |
| NUEZ | OCCASIO | OLAGUE | OLIVA | OLONIA |
| NUIN | OCEGUEDA | OLAGUES | OLIVAN | OLONO |

APPENDIX E
CENSUS LIST OF SPANISH SURNAMES

| | | | | |
|---------------|-----------|------------|------------|----------|
| OLORTEGUI | ORANA | ORFILA | ORRADRE | OSCO |
| 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 |
| ONoz | ORDONO | ORNELES | ORTIVEZ | OSORNO |
| ONSUREZ | ORDOQUI | OROBIO | ORTIVIZ | OSPINA |
| ONTANEDA | ORDORICA | OROL | ORTIZ | OSPINO |
| ONTIBEROZ | ORDOVER | ORONA | ORTIZYPINO | OSPITAL |
| ONTIVERAS | ORDUNA | ORONoz | 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
CENSUS LIST OF SPANISH SURNAMES**

| | | | | |
|------------|------------|-------------|-----------|-----------|
| OTEGUI | PABEY | PADRO | PALITOS | PAMPLONA |
| OTEIZA | PABLICO | PADRON | PALIZO | PANALES |
| OTEO | PABLO | PADUA | PALLAIS | PANALES |
| 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 | PALLEIA | PANCHO |
| OVALLE | PACHECO | PAGUAGA | PALLENS | PANCORBO |
| OVALLE | PACHELO | PAGUIO | PALLENS | PANDAL |
| OVALLEZ | PACHEO | PAHISSA | PALLOT | PANDAL |
| OVANDO | PACHERO | PALACIOS | PALMARES | PANDAS |
| OVARES | PACHICANO | PAIRADA | PALMAREZ | PANDES |
| OVIEDA | PACHO | PAIRIS | PALMARIN | PANDO |
| OVIEDO | PACHON | PAIZ | PALMAS | PANDURO |
| OXIOS | PACHUCA | PAJARITO | PALMEIRO | PANELO |
| OYACA | PACIAS | PAJARO | PALMERIN | PANENO |
| OYAGUE | PACIFICAR | PAJUELO | PALMEROS | PANEQUE |
| OYANGUREN | PACILLAS | PALACIOS | PALOMA | PANERO |
| OYARBIDE | PACIN | PALACIOS | PALOMAR | PANETTO |
| OYARZABAL | PACINA | PALACIOS | PALOMARES | PANIAGUA |
| OYARZUN | PACO | PALACIOS | PALOMAREZ | PANIAQUA |
| OYAS | PADDILLA | PALADINES | PALOMEQUE | PANIZ |
| OYERBIDES | PADER | PALAFOS | PALOMERA | PANOPIO |
| OYERYIDES | PADIA | PALAFOS | PALOMIN | PANTA |
| OYERYVIDEZ | PADIAL | PALAGANAS | PALOMINO | PANTAJA |
| OYOLA | PADIAS | PALAMO | PALOMINOS | PANTALEON |
| OYOQUE | PADIERNA | PALASOTA | PALOMO | PANTIGA |
| OYUELA | PADILLA | PALATO | PALOP | PANTIN |
| OZAETA | PADILLA | PALAU | PALOS | PANTLEO |
| OZETA | PADILLA | PALAZON | PALOU | PANTOJA |
| OZORES | PADILLO | PALAZUELOS | PAMANES | PANTOIAS |
| OZORIA | PADIN | PALENCIA | PAMARAN | PANTOYA |
| OZORNIA | PADOR | PALENZUELA | PAMBLANCO | PANTUSA |
| OZUNA | PADRES | PALEO | PAMIAS | PANUNCO |
| OZUNIGA | PADRINO | PALGON | PAMINTUAN | PANZARDI |
| | | PALICIO | PAMPIN | PANZIERA |

APPENDIX E
CENSUS LIST OF SPANISH SURNAMES

| | | | | |
|------------|------------|------------|-----------|-----------|
| PARACHE | PARRAGA | PAUDA | PEDRIANES | PENALO |
| PARADA | PARRAL | PAULA | PEDRINO | PENALOSA |
| PARADEDA | 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 | PENICHET |
| 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 |
| PARDES | PASCUAL | PECINA | PELAYO | PEON |
| PARDEZ | PASCUALI | PECOS | PELEGRINA | PEPERAS |
| PAREIRA | PASENA | PEDEVILLA | PELECCER | PEPITO |
| PAREJA | PASILLAS | PEDRAJA | PELLERANO | PEQUENO |
| PAPELLADA | PASOLS | PEDRAS | PELLICIER | PEQUERO |
| PAMERA | PASOS | PEDRAYES | PELLOT | PERAL |
| PARES | PASSAPERA | PEDRAZ | PELUFFO | PERALES |
| PARETS | PASTORA | PEDRAZA | PENA | PERALEZ |
| PAREYA | PASTORIZA | PEDRE | PENABAD | PERALTA |
| PAEZ | PASTRAN | PEDREGAL | PENADO | PERALTO |
| PARGA | PASTRANA | PEDREGO | PENAFIEL | PERATIS |
| PARGAS | PASTRANO | PEDREGON | PENAFLO | PERAZA |
| PARIZ | PATINA | PEDREGUERA | PENAFLO | PERCHES |
| PAROCUA | PATINO | PEDREIRA | PENAFLO | PERCHEZ |
| PARQUE | PATLAN | PEDREIRO | PENAFLO | PERDICES |
| PARRA | PATRANELLA | PEDRERA | PENAFLO | PERDIDO |
| PARRADO | PATRON | PEDRERO | PENAFLO | PERDIGON |

**APPENDIX E
CENSUS LIST OF SPANISH SURNAMES**

E-51

| | | | | |
|---------------|-----------|-------------|-----------|------------|
| PERDOMO | PERRES | PICON | PINILLA | PLACENSIA |
| PEREA | PERRIRAZ | PICOS | PINILLO | PLACENTIA |
| PEREDA | PERTERRA | 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 | PLAR | PINUELA | PLANES |
| PERES | PESANTE | PLARTE | PINUELAS | PLANOS |
| PEREYDA | PESANTES | PLLADO | PINZON | PLANTILLAS |
| PEREYO | PESANTEZ | PLOTO | 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 | PINCAY | PTA | PLAZOLA |
| PEREZJIMENEZ | PEZA | PINEDA | PTALUGA | PLIEGO |
| PEREZLOPEZ | PEZEZ | PINEDO | PTARCH | PLUMA |
| PEREZMONTEZ | PEZINA | PINEIRA | PTONES | PLUMAS |
| PEREZMONTES | PIARD | PINEIRO | PTRONES | PLUMEDA |
| PEREZRAMOS | PICALLO | PINELA | PIZANA | PLUMEY |
| PERFECTO | PICAR | PINELLO | PIZANO | POBAR |
| PERFINO | PICART | PINERA | PIZARO | POBLANO |
| PERICAS | PICASCIA | PINERO | PIZARRA | POBLETE |
| PERLAS | PICASO | PINEROS | PIZARRO | POBRE |
| PERMIUY | 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 SURNAMMES

| | | | | |
|--------------|--------------|-----------|------------|-----------|
| POLACO | PORROS | POZO | PROHIAS | PUMARADA |
| POLANCO | POTAL | 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 | PRELEZO | PUEBLA | PURA |
| POMAREZ | PORTOCARRERO | PRENDES | PUELLA | PURCELLA |
| POMBROL | PORTOLAN | PRENDEZ | PUELO | PURISIMA |
| POMELEO | PORTORREAL | PRENDIZ | PUENTE | PUYADA |
| POMPA | PORTUGAL | PRESA | PUNTES | PUYOL |
| PONCABARE | PORTUGUES | PRESAS | PUNTEZ | 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
CENSUS LIST OF SPANISH SURNAMES**

| | | | | |
|--------------|-------------|-----------|----------------|--------------|
| QUIALA | QUINTANAR | RABAJA | RAMEREZ | RAQUENO |
| QUIAN | QUINTANILLA | RABANO | RAMERIZ | RAQUEPO |
| QUIBUYEN | QUINTANS | RABASA | RAMERO | RASALES |
| QUICENO | QUINTARO | RABASSA | RAMERY | RASCOMI |
| QUICHOCHO | QUINTAS | RABAZA | RAMIEREZ | RASCON |
| QUIDERA | QUINTEIRO | RABEIRO | RAMIERZ | RASPALDO |
| QUIHUIS | QUINTELA | RABELL | RAMIEZ | RASURA |
| QUIHUIZ | QUINTENILLA | RABELO | RAMIL | RATON |
| QUIADA | QUINTERA | RABIA | RAMINEZ | RAUDA |
| QUIALVO | QUINTERO | RABIELA | RAMIR | RAVAGO |
| QUIANO | QUINTEROS | RABINA | RAMIRE | RAVARD |
| QUIAS | 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 | RAYNEZ |
| 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 | RANIEL | 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 | REMIIJO | RESTREDO | REYEZ | RICARDO |
| REGALOS | REMOS | RESTREPO | REYGADAS | RICART |
| REGATO | RENDEROS | RESUREZ | REYNA | RICARTE |

**APPENDIX E
CENSUS LIST OF SPANISH SURNAMES**

E-55

| | | | | |
|------------|--------------|--------------|------------|-----------------|
| 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 | RIOSPEREZ | RIVEROS | ROCHOA | RODRIGUEZ |
| RIERA | RIOSPALDA | RIVERRA | ROCIO | RODRIGUEZ |
| RIERAS | RIPESES | RIVIERO | RODADO | RODRIGUEZ |
| RIESCO | RIPOL | RIZO | RODALLEGAS | RODRIGUEZ |
| RIESGO | RIPOLL | ROA | RODARTE | RODRIQUEZ |
| RIESTRA | RIPOLLES | ROACHO | RODAS | RODRUIEZ |
| RIGAL | RIQUELME | ROANO | RODEA | RODRUIGEZ |
| RIGALES | RIQUERO | ROAINA | RODELA | RODRUIGEZ |
| RIGAU | RISQUET | ROBALI | RODELAS | RODRUGUEZ |
| RIGUAL | RISUENO | ROBALIN | RODELO | RODRUGUEZ |
| RIGUERA | RIUS | ROBALINO | RODENA | RODRUQUEZ |
| RIGUERO | RIUSECH | ROBAU | RODENAS | RODUGUEZ |
| RJIO | RIVADA | ROBAYNA | RODERO | RODULFO |
| RJIOS | RIVADENEIRA | ROBAYO | RODEZ | RODZ |
| RIMBLAS | RIVADENEYRA | ROBEDA | RODGRIGUEZ | ROEL |
| RINAURO | RIVADULLA | ROBELDO | RODICIO | ROGANS |
| RINCHE | RIVALE | ROBELO | RODIGUEZ | ROGERIO |
| RINCON | RIVALI | ROBLAS | RODIL | ROGES |
| RINCONENON | RIVARES | ROBLEDA | RODILES | ROGRIGUEZ |
| RINCONES | RIVAROLA | ROBLEDO | RODIQUEZ | ROGUE |
| RINGLERO | RIVAS | ROBLEJO | RODIRGUEZ | ROHENA |
| RIOBO | RIVAZ | ROBLERO | RODRREGUEZ | ROIBAL |
| RIOCABO | RIVEIRA | ROBLES | RODRGUEZ | ROIDE |
| RIOFRIO | RIVEIRO | ROBLETO | RODRIG | ROIIG |
| RIOIA | RIVERA | ROBLEZ | RODRIGEUZ | ROIS |
| RIOIAS | RIVERACOLON | ROBREDO | RODRIGEZ | ROIZ |
| RIOIAZ | RIVERACRUZ | ROCA | RODRIGIEZ | ROIJA |
| RIOIOS | RIVERADIAZ | ROCAFORT | RODRIGNEZ | ROIANO |

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 | RUEMPEL | 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 | ROSENDO | 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
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 | SAJIO | SALCIDO | SALSA | SAMOT |
| SABRES | SAILLAS | 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 | SANTOS |
| 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 | SALAEETS | SALDUA | SALVAT | SANAME |
| SAEDA | SALAIRES | SALEGUI | SALVATIERRA | SANANDRES |
| SAENS | SALAIS | SALGADO | SALVIDE | SANBAROLOME |
| 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 | SANCHZ |
| SAGASTEGUI | SALAZA | SALIZAR | SAMBRANO | SANCPRIAN |
| 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 | SANTIESEBAN | SARAGOZA | SASPE |
| SANDBAL | 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 | SANTABELLA | 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
CENSUS LIST OF SPANISH SURNAMES

E-59

| | | | | |
|-----------|-------------|-----------|------------|------------|
| SEARA | SELAYA | SEPIAN | SERRATA | SIBERIO |
| SEAVELLO | SELAYANDIA | SEPTIEN | SERRATE | SIBERON |
| SEBALLOS | SELEM | SEPULBEDA | SERRATO | SIBRIAN |
| SEBEO | SELESTINO | SEPULVEDA | 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 |
| SEDILLO | SEMIDAY | SERABIA | SERVERA | SIFONTES |
| SEDILLO | SEMIDEI | SERALENA | SERVILLA | SIFRE |
| SEDILLOS | SEMIDEY | SERANTES | SERVILLO | SIFUENTES |
| SEGANA | SEMINARIO | SERASIO | SERVIN | SIFUENTESZ |
| 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 |
| SEGERA | SENDEJO | SERMENO | SESTIAGA | SIGUEIROS |
| SEGUERA | SENDIS | SERMINO | SEVA | SIGUENZA |
| SEGUI | SENDON | SERNA | SEVALLOS | SILBAS |
| SEGUNDO | SENDERAL | SERNAS | SEVILLAS | SILBERIO |
| SEGURA | SENERIZ | SERRACINO | SEVILLA | SILBERIO |
| SEGURE | SENJUDO | SERRADELL | SEVILLANO | SILGERO |
| SEGUROLA | SENOSIAIN | SERRADO | SEVILLO | SILGUERO |
| SEGUY | SENQUIZ | SERRALLES | SEXTO | SILIEZAR |
| SEJAS | SENTENA | SERRALTA | SEZATE | SILLANO |
| SEJO | SENTENO | SERRAND | SEZUMAGA | SILLART |
| SEIN | SENTMANAT | SERRANIA | SIACA | SILLAS |
| SEISDEDOS | SEOANE | SERRANO | SIADOR | SILLEN |
| SEJA | SEOANES | SERRANTES | SIANEZ | SILLER |
| SEJAS | SEPEDA | SERRAT | SIAZ | SILLERO |
| | | | SIBAJA | SILLOS |

APPENDIX E
CENSUS LIST OF SPANISH SURNAMES

| | | | | |
|-----------|------------|-------------|------------|-----------|
| SILLOT | 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 | SOBREMUNTE | SOLORIO | SOROLA | SUASTE |
| SIMIANO | SOBRERO | SOLORSANO | SORONDO | SUASTEGUI |
| SINTAS | SOBREVILLA | SOLORZA | SORRANO | SUA VEZ |
| SIORDIA | SOBRIN | SOLORZANO | SORROCHE | SUAZO |
| SIPRIAN | SOBRINO | SOLOZABAL | SORTILLON | SUBEALDEA |
| 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 | SOTOMAYOR | SUELTO |
| SISTOS | SOLARZANO | SONICO | SOTOMAYOR | SUENGAS |
| SITAL | SOLAUN | SONOQUI | SOTORRIO | SUERA |
| SITJAR | SOLDEVILA | SONORA | SOTRO | SUEREZ |
| SIURANO | SOLDEVILLA | SOPENA | SOTTO | SUERO |
| SIVA | SOLEDA | SOQUI | SOTTOSANTO | SUESCUN |
| SIVARIO | SOLEIDAD | SOR | SOTURA | SUEYRAS |
| SIXTO | SOLENO | SORATOS | SOTUYO | SUGRANES |

**APPENDIX E
CENSUS LIST OF SPANISH SURNAMES**

| | | | | |
|-----------|------------|------------|-----------|--------------|
| SUNINA | 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 | TEIHEIRO |
| SUMALLA | TABLADA | TALLABAS | TARAGON | TEIIZ |
| SUMAYA | TABLADO | TALLAVAS | TARAUO | TEIO |
| SUMBERA | TABOADA | TALLEDA | TARAJANO | TEISSONNIERE |
| SUMBERAZ | TABOAS | TALLEDO | TARAMASCO | TEIXIDOR |
| SUNE | TABORA | TALLERINO | TARANCO | TEJADA |
| SUNER | TABORDA | TALLERIN | TARANGO | TEJAS |
| SUNICA | TABRADE | TAMAME | TARAZON | TEJEDA |
| SUNIGA | TABUENA | TAMARES | TARAZON | TEJEDAS |
| SUQUET | TABUENCA | TAMAREZ | TARAZONA | TEJEDO |
| SUREDA | TABULLO | TAMARGO | TARBES | TEJEDOR |
| SURIA | TACHIAS | TAMARIT | TARGA | TEJEIRO |
| SURILLO | TACHIUIN | TAMARIZ | TARIN | TEJERA |
| SURINACH | TACORDA | TAMAYA | TARNAVVA | TEJERAS |
| SURIS | TACORONTE | TAMAYO | TARRAGO | TEJERINA |
| SURITA | TADEO | TAMBARA | TARRANGO | TEJERO |
| SURO | TAFOLLA | TAMBUNGA | TARRATS | TEJIDOR |
| SUROS | TAFOLA | TAMERON | TARRAU | TEJO |
| SUSANA | TAFOLLA | TAMEZ | TARRAZA | TELAS |
| SUSTACHE | TAFORO | TAMGUMA | TARRIDE | TELAVERA |
| SUSTAETA | TAFOYA | TANCHEZ | TARULA | TELLADO |
| SUSTAYTA | TAGABAN | TANCO | TASABIA | TELLAECHE |
| SUSURAS | TAGLE | TANDA | TATIS | TELLAECHEA |
| SWAZO | TAGUDAR | TANFORAN | TAVALES | TELLERIA |
| TABADA | TAJES | TANGUMA | TAVAR | TELLES |
| TABALDO | TALABERA | TANON | TAVAREZ | TELLEZ |
| TABALES | TALACHE | TANORI | TAVERA | TELLO |
| TABANA | TALAMANTE | TANTAO | TAVERAS | TELOS |
| TABANICO | TALAMANTES | TANUZ | TAVIRA | TELON |
| TABARES | TALAMANTEZ | TAPANES | TAVISON | TEMLADOR |
| TABAREZ | TALAMANTEZ | TAPETILLO | TAVITAS | TEMBRAS |
| | TALAMAS | TAPIA | TAVIZON | TEMER |
| | | TAPIAS | TAVORA | |

APPENDIX E
CENSUS LIST OF SPANISH SURNAMES

| | | | | |
|-----------|-----------|-----------|----------------|-----------------|
| TEMORES | TERRONES | TIRSE | TORAL | TORRESRODRIGUEZ |
| TEMPO | TERSERO | TISCARENO | TORALBA | TORRESS |
| TEMPRANA | TERUEL | TISINO | TORALE | 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 |
| TERRROBA | TIRRES | TOPIA | TORRESMARTINEZ | TRABA |
| TERRON | TIRREZ | TOQUERO | TORRESOLA | TRABAL |

APPENDIX E
CENSUS LIST OF SPANISH SURNAMES

| | | | | |
|--------------|-----------|-------------|------------|------------|
| TRABANCO | TRIGOS | TRUJEUQUE | UBALLE | ULLIVARRI |
| TRABAZO | TRIGOURA | TRUJILLA | UBALLEZ | ULLOA |
| TRACONIS | TRIGUERO | TRUJILLO | 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 | URAINNE |
| TREJO | TRISTAN | TUNCHES | UCHA | URANDAY |
| TREJOS | TRISTE | TUNCHEZ | UCHITA | URANGA |
| TRELLES | TRUINFO | 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 | UFRACTION | 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 | URCEL |
| TREVIZU | TROZERA | TURRUBIARTE | UJETA | URDANETA |
| TRIANA | TRUCIOS | TURRUBIARTE | ULACIA | URDANIVIA |
| TRIAS | TRUEBA | TURRUBIATES | ULATE | URDAZ |
| TRIAY | TRUJILLO | TURULL | ULIBARI | URDIALES |
| TRICOCHE | TRUJILLO | TUYA | ULIBARRI | URDIALEZ |
| TRIGO | TRUJANO | UBALDE | ULIVARRI | URENA |

APPENDIX E
CENSUS LIST OF SPANISH SURNAMAMES

| | | | | |
|-------------|---------------|-----------|-----------------|-------------|
| 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 | VALDEPENNA | 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 | VAJO | 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
CENSUS LIST OF SPANISH SURNAMES**

| | | | | |
|-------------|---------------|-------------|------------|------------|
| VALLEDOR | VARELAS | VEGAZO | VELES | VERASTEQUI |
| VALLEGOS | VARGAS | VEGERANO | VELESQUEZ | VERASTIGUI |
| VALLEJA | VARGAZ | VEGES | VELEZ | VERASTIQUE |
| VALLEJO | VARGUEZ | VEGO | VELEZPEREZ | VERASTIGUI |
| VALLEJOS | VARIA | VEGOS | VELEZROMAN | VERAY |
| VALLELLANES | VARONA | VEGUE | VELILLA | VERAZ |
| VALLENS | VARONIN | VEGUEZ | VELIS | VERAZA |
| VALLERINO | VAROS | VEGUILLA | VELIZ | VERBERA |
| VALLÉS | 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 | VENDBELL | 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 | VELASQUEZ | VENTOSO | VERELA |
| VAQUERO | VEALSQUEZ | VELASQUES | VENZAL | VEREZ |
| VAQUILLAR | VEAS | VELASQUEZ | VENZOR | VERGARA |
| VARA | VEGIN | VELASTEGUI | VENZUELA | VERGARO |
| VARADA | VEGINO | VELAZCO | VERA | VERGEL |
| VARAIAS | VEDARTE | VELAZGUEZ | VERACRUZ | VERGUZAS |
| 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 |
| VIACAVAL | VIDALEZ | VIGOA | VILLADA | VILLALPANDO |
| VIACOB0 | VIDANA | VIGON | VILLADO | VILLALTA |
| VIADA | VIDANO | VIGUERA | VILLADONIGA | VILLALUA |
| VIADAS | VIDAURE | VIGUERAS | VILLAEERREAL | VILLALUNA |
| VIADÉ | VIDAURI | VIGUERIA | VILLAESCUA | 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 | VILLANUEVA |
| VICIEDO | VIESCAS | VILLABLANCA | VILLALOHOS | VILLANUEVA |
| VICINAIZ | VIETA | VILLACAMPA | VILLALON | VILLAO |
| | | | | VILLAPADIERNA |

**APPENDIX E
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 | VILLEDADA | VINAT | VISCARRA | XOCHICALE |
| VILLARES | VILLEGA | VINCENTY | VISCASILLAS | XUAREZ |
| VILLARICO | VILLEGAS | VINCIONI | VISCAYA | YABUT |
| VILLARINO | VILLEGES | VINDIOLA | VISERTO | YANAS |
| VILLARINY | VILLEGOS | VINEGRA | VISO | YANES |
| VILLARIZA | VILLEJO | VINENT | VISPERAS | YANEZ |
| VILLAROEI | VILLELA | VINFRIDO | VISSEPO | YANEZA |
| VILLARONGA | VILLENA | VINGOCHEA | VISTRO | YANIZ |
| VILLAROS | VILLEREA | VINEGRA | VITAL | YANOSO |
| VILLARRE | VILLERREAL | VINUELA | VITAR | YAQUES |
| VILLARREAL | VILLESCA | VINUELAS | VITELA | YARA |
| VILLARRIAL | VILLESACA | VINZON | VITIER | YARRITO |
| VILLARROEL | VILLESACAZ | VIOLETA | VIVANCO | YARRITU |
| VILLARRUBIA | VILLETE | VIORATO | VIVANCOS | YARTE |
| VILLARRUEL | VILLEZCAS | VIOTA | VIVAR | YBABEN |
| VILLARRUZ | VILLEGANA | VIQUEZ | VIVAS | YBANEZ |
| VILLARTA | VILLEGANO | 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

| | | | | |
|--------------|---------------|-----------|------------|------------|
| YDRAGO | 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 |
| YESETA | 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
CENSUS LIST OF SPANISH SURNAMES**

| | | |
|-------------|-----------|-------------|
| ZAROGOZA | ZEMEN | ZUBIRIA |
| ZARRAGA | ZENDEJAS | ZUBIZARRETA |
| ZARRAGOITIA | ZENGOTTTA | ZUGASTI |
| ZARRAGOZA | ZENIZO | ZULAICA |
| ZARRIA | ZENOZ | ZULETA |
| ZARUBICA | ZENTELLA | ZULOAGA |
| ZARZANA | ZENTENO | ZULUAGA |
| ZARZOSA | ZEPADA | ZUIUETA |
| ZARZOZA | ZEPEDA | ZUMARRAGA |
| ZARZUELA | ZEQUEIRA | ZUMAYYA |
| ZASUETA | ZERDA | ZUNIGA |
| ZATARAIN | ZERIN | ZUNIZA |
| ZATARAY | ZERMENO | ZUNO |
| ZATARIAN | ZERPA | ZUNZUNEGUI |
| ZATOREN | ZERQUEIRA | ZURBANO |
| ZAUALA | ZERTUCHE | ZURBARAN |
| ZAUL | ZERVIGON | ZURTTA |
| ZAUZA | ZETINA | ZURRICA |
| ZAVALA | ZETINO | ZUVIA |
| ZAVALETA | ZEVALLLOS | ZUVIETA |
| ZAVALETTA | ZILBAR | ZUZUARREGUI |
| ZAVALLA | ZILLAS | |
| ZAVALLZA | ZOLETA | |
| ZAVAT | ZOMORA | |
| ZAYAS | ZOROLA | |
| ZAYASBAZAN | ZORRILLA | |
| ZAYYAZ | ZOZAYA | |
| ZAZUETA | ZUAZNABAR | |
| ZAZUETTA | ZUAZO | |
| ZEAS | ZUAZUA | |
| ZEBALLOS | ZUBELDIA | |
| ZEDENO | ZUBIA | |
| ZEDILLO | ZUBIATE | |
| ZEGARRA | ZUBIETA | |
| ZELADA | ZUBILLAGA | |
| ZELAYA | ZUBIRAN | |
| ZELDON | ZUBIRI | |

Appendix F

Site Specific Surgery Codes

APPENDIX F
SITE SPECIFIC SURGERY CODES

FORDS APPENDIX B: Site-Specific Surgery Code (01/01/2012)

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**

(Except for M-9727, 9733, 9741-9742, 9764-9809, 9832, 9840-9931, 9945-9946, 9950-9967, and 9975-9992)

SURGERY OF PRIMARY SITE

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

[**NOTE:** Codes 21 to 25 above combine 20 Local tumor excision, 26 Polypectomy or 27 Excisional biopsy with 21 PDT, 22 Electrocautery, 23 Cryosurgery, 24 Laser ablation]

25 Laser excision

Specimen sent to pathology from surgical events 20-27.

[**NOTE:** Codes 20-27 include shave and wedge resection]

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)

[**NOTE:** In continuity with or “en bloc” means that all of the tissues were removed during the same procedure, but not necessarily in a single specimen]

Codes 40-43 include:

Total glossectomy

Radical glossectomy

90 Surgery, NOS

99 Unknown if surgery performed; death certificate **ONLY**

APPENDIX F**SITE SPECIFIC SURGERY CODES**

FORDS APPENDIX B: Site-Specific Surgery Code (01/01/2012)

PAROTID AND OTHER UNSPECIFIED GLANDS**Parotid Gland C07.9, Major Salivary Glands C08.0-C08.9**

(Except for M-9727, 9733, 9741-9742, 9764-9809, 9832, 9840-9931, 9945-9946, 9950-9967, and 9975-9992)

SURGERY OF PRIMARY SITE**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
- [**NOTE:** Codes 21 to 24 above combine 20 Local tumor excision, 26 Polypectomy or 27 Excisional biopsy with 21 PDT, 22 Electrocautery, 23 Cryosurgery, 24 Laser ablation]
- 25 Laser excision

Specimen sent to pathology from surgical events 20-27.[**NOTE:** Codes 30-80 include major salivary gland, NOS]

- 30 Less than total parotidectomy, NOS; less than total removal of major salivary gland, NOS
- [**NOTE:** Includes less than total removal of other major salivary gland when the operative report specifies nerve monitoring it means that a nerve sparing surgery is being done]
- 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
- [**NOTE:** With or without superficial lobe]

[**NOTE:** Codes 40-80 include submandibulectomy; submaxillectomy]

- 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)

APPENDIX F

SITE SPECIFIC SURGERY CODES

FORDS APPENDIX B: Site-Specific Surgery Code (01/01/2012)

PAROTID AND OTHER UNSPECIFIED GLANDS

Parotid Gland C07.9, Major Salivary Glands C08.0-C08.9

(Except for M-9727, 9733, 9741-9742, 9764-9809, 9832, 9840-9931, 9945-9946, 9950-9967, and 9975-9992)

80 Parotidectomy, NOS

Specimen sent to pathology from surgical events 20–80

90 Surgery, NOS

99 Unknown if surgery performed; death certificate ONLY

APPENDIX F
SITE SPECIFIC SURGERY CODES
 FORDS APPENDIX B: Site-Specific Surgery Code (01/01/2012)
PHARYNX

Tonsil C09.0-C09.9, Oropharynx C10.0-C10.9, Nasopharynx C11.0-C11.9
Pyriiform Sinus C12.9, Hypopharynx C13.0-C13.9, Pharynx C14.0

(Except for M-9727, 9733, 9741-9742, 9764-9809, 9832, 9840-9931, 9945-9946, 9950-9967, and 9975-9992)

SURGERY OF PRIMARY SITE

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

[**NOTE:** Codes 21 to 24 and 28 above combine 20 Local tumor excision, 26 Polypectomy or 27 Excisional biopsy with 21 PDT, 22 Electrocautery, 23 Cryosurgery, or 24 Laser ablation]

25 Laser excision

28 Stripping

Specimens sent to pathology from surgical events 20-28.

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)

[**NOTE:** Code 40 includes mandibulectomy (marginal, segmental, hemi-, and/or laryngectomy) NOS Contiguous bone tissue refers to the mandible]

41 WITH Laryngectomy (laryngopharyngectomy)

42 WITH bone [mandibulectomy]

43 WITH both 41 and 42

[**NOTE:** Use code 40 when the patient had a pharyngectomy and maybe some sort of mandibulectomy and/or maybe a laryngectomy, but the exact procedures are not clear

Use code 41 when the patient had pharyngectomy and laryngectomy but no mandibulectomy

Use code 42 when the patient had pharyngectomy and mandibulectomy but no laryngectomy

Use code 43 when it is certain that the patient had both a mandibulectomy and laryngectomy in addition to the pharyngectomy]

APPENDIX F
SITE SPECIFIC SURGERY CODES
FORDS APPENDIX B: Site-Specific Surgery Code (01/01/2012)
PHARYNX

Tonsil C09.0-C09.9, Oropharynx C10.0-C10.9, Nasopharynx C11.0-C11.9
Pyriiform Sinus C12.9, Hypopharynx C13.0-C13.9, Pharynx C14.0

(Except for M-9727, 9733, 9741-9742, 9764-9809, 9832, 9840-9931, 9945-9946, 9950-9967, and 9975-9992)

- 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

APPENDIX F
SITE SPECIFIC SURGERY CODES
 FORDS APPENDIX B: Site-Specific Surgery Code (01/01/2012)
ESOPHAGUS
C15.0-15.9

(Except for M-9727, 9733, 9741-9742, 9764-9809, 9832, 9840-9931, 9945-9946, 9950-9967, and 9975-9992)

SURGERY OF PRIMARY SITE

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

[**NOTE:** Codes 21 to 24 above combine 20 Local tumor excision, 26 Polypectomy or 27 Excisional biopsy with 21 PDT, 22 Electrocautery, 23 Cryosurgery, 24 Laser ablation]

25 Laser excision

Specimen sent to pathology from surgical events 20-27.

30 Partial esophagectomy

40 Total esophagectomy, NOS

50 **Esophagectomy, NOS WITH laryngectomy and/or gastrectomy, NOS**

[**NOTE:** Esophagectomy WITH other procedures may be partial, total, or 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

APPENDIX F
SITE SPECIFIC SURGERY CODES
 FORDS APPENDIX B: Site-Specific Surgery Code (01/01/2012)
STOMACH
C16.0-C16.9

(Except for M-9727, 9733, 9741-9742, 9764-9809, 9832, 9840-9931, 9945-9946, 9950-9967, and 9975-9992)

SURGERY OF PRIMARY SITE

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

[**NOTE:** Codes 21 to 25 above combine 20 Local tumor excision, 26 Polypectomy or 27 Excisional biopsy with 21 PDT, 22 Electrocautery, 23 Cryosurgery, 24 Laser ablation]

25 Laser excision

Specimen sent to pathology from surgical events 20-27.

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.

APPENDIX F
SITE SPECIFIC SURGERY CODES
 FORDS APPENDIX B: Site-Specific Surgery Code (01/01/2012)
STOMACH
C16.0-C16.9

(Except for M-9727, 9733, 9741-9742, 9764-9809, 9832, 9840-9931, 9945-9946, 9950-9967, and 9975-9992)

SURGERY OF PRIMARY SITE

Codes

- 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***

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.

[**NOTE:** A portion of the duodenum may be removed during this procedure; assign codes 60-63 unless the entire duodenum was removed and a gastrojejunostomy was performed. Codes 60-63 may include omentectomy among the organs/tissues removed. In continuity with or “en bloc” means that all of the tissues were removed during the same procedure, but not necessarily in a single specimen]

- 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

APPENDIX F
SITE SPECIFIC SURGERY CODES
 FORDS APPENDIX B: Site-Specific Surgery Code (01/01/2012)
COLON
C18.0-C18.9

(Except for M-9727, 9733, 9741-9742, 9764-9809, 9832, 9840-9931, 9945-9946, 9950-9967, and 9975-9992)

Code removal/surgical ablation of single or multiple liver metastases under the data item *Surgical Procedure/Other Site*.

SURGERY OF PRIMARY SITE

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

27 Excisional biopsy

26 Polypectomy, NOS

28 Polypectomy-endoscopic

29 Polypectomy-surgical excision

Any **combination** of **20** or **26-29** WITH

21 Photodynamic therapy (PDT)

22 Electrocautery

23 Cryosurgery

24 Laser ablation

[**NOTE:** Codes 21 to 25 above combine 20 Local tumor excision, 27 Excisional biopsy, 26 Polypectomy, NOS, 28 Polypectomy-endoscopic or 29 Polypectomy-surgical excision WITH 21 PDT, 22 Electrocautery, 23 Cryosurgery, 24 Laser ablation]

25 Laser excision

30 Partial colectomy, segmental resection

32 Plus resection of contiguous organ; example: small bowel, bladder

[**NOTE:** Codes 30 and 32 include but are not limited to: Appendectomy (for an appendix primary only), enterocolectomy, ileocolectomy, partial colectomy, NOS, partial resection of transverse colon and flexures, and segmental resection, such as cecectomy or sigmoidectomy. Removal of a short portion of the distal ileum is not coded as removal of a contiguous organ.]

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

[**NOTE:** Code 40 includes extended (but less than total) right or left colectomy

Removal of a short portion of the distal ileum is not coded as removal of a contiguous organ]

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

[**NOTE:** Removal of a short portion of the distal ileum is not coded as removal of a contiguous organ]

APPENDIX F
SITE SPECIFIC SURGERY CODES
 FORDS APPENDIX B: Site-Specific Surgery Code (01/01/2012)
COLON
C18.0-C18.9

(Except for M-9727, 9733, 9741-9742, 9764-9809, 9832, 9840-9931, 9945-9946, 9950-9967, and 9975-9992)

Code removal/surgical ablation of single or multiple liver metastases under the data item *Surgical Procedure/Other Site*.

60 Total proctocolectomy (removal of colon from cecum to the rectosigmoid junction, including the entire rectum)

[**NOTE:** Commonly used for familial polyposis or polyposis coli]

61 Plus resection of contiguous organ; example: small bowel, bladder

[**NOTE:** Removal of a short portion of the distal ileum is not coded as removal of a contiguous organ]

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.

[**NOTE:** In continuity with or “en bloc” means that all of the tissues were removed during the same procedure, but not necessarily in a single specimen]

80 Colectomy, NOS

Specimen sent to pathology from surgical events 20–80.

90 Surgery, NOS

99 Unknown if surgery performed; death certificate ONLY

APPENDIX F
SITE SPECIFIC SURGERY CODES
 FORDS APPENDIX B: Site-Specific Surgery Code (01/01/2012)
RECTOSIGMOID
C19.9

Code removal/surgical ablation of single or multiple liver metastases under the data item *Surgical Procedure/Other Site (NAACCR Item #1294)*.

SURGERY OF PRIMARY SITE

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
- Combination of 20 or 26-27 WITH
- 21 Photodynamic therapy (PDT)
- 22 Electrocautery
- 23 Cryosurgery
- 24 Laser ablation
- 25 Laser excision
- [**NOTE:** Codes 21 to 25 above combine 20 Local tumor excision, 26 Polypectomy or 27 Excisional biopsy with 21 PDT, 22 Electrocautery, 23 Cryosurgery, 24 Laser ablation, or 25 Laser excision]
- Specimen sent to pathology from surgical events 20-27.**
- 30 Wedge or 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 operation
- Low anterior resection (LAR)
- Partial colectomy, NOS
- Rectosigmoidectomy, NOS
- Sigmoidectomy
- 40 Pull through WITH sphincter preservation (colo-anal anastomosis)
- [**NOTE:** Procedures coded 40 include but are not limited to: Altemeier's operation, Duhamel's operation, Soave's submucosal resection, Swenson's operation, Turnbull's operation]
- 50 Total proctectomy
- [**NOTE:** Procedures coded 50 include but are not limited to: Abdominoperineal resection (A & P resection), anterior/posterior resection (A/P resection)/Miles' operation, Rankin's operation]
- 51 Total colectomy
- [**NOTE:** Removal of the colon from cecum to rectosigmoid or portion of rectum]
- 55 Total colectomy WITH ileostomy, NOS
- 56 Ileorectal reconstruction
- 57 Total colectomy WITH other pouch; example: Koch pouch

APPENDIX F
SITE SPECIFIC SURGERY CODES
 FORDS APPENDIX B: Site-Specific Surgery Code (01/01/2012)
RECTOSIGMOID
C19.9

(Except for M-9727, 9733, 9741-9742, 9764-9809, 9832, 9840-9931, 9945-9946, 9950-9967, and 9975-9992)

Code removal/surgical ablation of single or multiple liver metastases under the data item *Surgical Procedure/Other Site*

SURGERY OF PRIMARY SITE

Codes

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

[**NOTE:** Removal of the colon from cecum to the rectosigmoid junction including the entire rectum.]

70 Colectomy or proctocolectomy resection in continuity with other organs; pelvic exenteration

[**NOTE:** Procedures that may be part of an en bloc resection include, but are not limited to: an oophorectomy and a rectal mucosectomy. Code 70 includes any colectomy (partial, hemicolectomy or total) with an en bloc resection of any other organs. There may be partial or total removal of other organs in continuity with the primary. In continuity with or “en bloc” means that all of the tissues were removed during the same procedure, but not necessarily in a single specimen]

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

APPENDIX F
SITE SPECIFIC SURGERY CODES
 FORDS APPENDIX B: Site-Specific Surgery Code (01/01/2012)
RECTUM
C20.9

(Except for M-9727, 9733, 9741-9742, 9764-9809, 9832, 9840-9931, 9945-9946, 9950-9967, and 9975-9992)

Code removal/surgical ablation of single or multiple liver metastases under the data item *Surgical Procedure/Other Site* (NAACCR Item #1294)

SURGERY OF PRIMARY SITE

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**

27 Excisional biopsy

26 Polypectomy

Any combination of 20 or 26-27 WITH

21 Photodynamic therapy (PDT)

22 Electrocautery

23 Cryosurgery

24 Laser ablation

[**NOTE:** Codes 21 to 25 and 28 above combine 20 Local tumor excision, 26 Polypectomy or 27 Excisional biopsy with 21 PDT, 22 Electrocautery, 23 Cryosurgery, 24 Laser ablation]

25 Laser excision

28 Curette and fulguration

Specimen sent to pathology from surgical events 20-28.

30 Wedge or 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

Total mesorectal excision (TME)

40 Pull through WITH sphincter preservation (coloanal anastomosis)

[**NOTE:** Procedures coded 40 include but are not limited to: Altemeier's operation, Duhamel's operation, Soave's submucosal resection, Swenson's operation, Turnbull's operation]

50 Total proctectomy

Procedure coded 50 includes, but is not limited to:

[**NOTE:** Also called Abdominoperineal resection A & P resection, anterior/posterior (A/P) resection/Miles' operation, Rankin's operation]

60 Total proctocolectomy, NOS

APPENDIX F
SITE SPECIFIC SURGERY CODES
FORDS APPENDIX B: Site-Specific Surgery Code (01/01/2012)
RECTUM
C20.9

(Except for M-9727, 9733, 9741-9742, 9764-9809, 9832, 9840-9931, 9945-9946, 9950-9967, and 9975-9992)

Code removal/surgical ablation of single or multiple liver metastases under the data item *Surgical Procedure/Other Site Site* (NAACCR Item #1294)

SURGERY OF PRIMARY SITE

Codes

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

APPENDIX F
SITE SPECIFIC SURGERY CODES
 FORDS APPENDIX B: Site-Specific Surgery Code (01/01/2012)
ANUS
C21.0-C21.8

(Except for M-9727, 9733, 9741-9742, 9764-9809, 9832, 9840-9931, 9945-9946, 9950-9967, and 9975-9992)

SURGERY OF PRIMARY SITE

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 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

[**NOTE:** Codes 21 to 25 above combine 20 Local tumor excision, 26 Polypectomy or 27 Excisional biopsy with 21 PDT, 22 Electrocautery, 23 Cryosurgery, 24 Laser ablation]

25 Laser excision

Specimen sent to pathology from surgical events 20-27

[**NOTE:** Margins of resection may have microscopic involvement]

60 Abdominal perineal resection, NOS (APR; Miles procedure)

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**

APPENDIX F
SITE SPECIFIC SURGERY CODES
 FORDS APPENDIX B: Site-Specific Surgery Code (01/01/2012)
LIVER AND INTRAHEPATIC BILE DUCTS
C22.0-C22.1

(Except for M-9727, 9733, 9741-9742, 9764-9809, 9832, 9840-9931, 9945-9946, 9950-9967, and 9975-9992)

SURGERY OF PRIMARY SITE

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)
 [NOTE: Code 15 Alcohol (Percutaneous Ethanol Injection-PEI) can also be described as an
 “intratumoral injection of alcohol” or “alcohol ablation”]
- 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

[NOTE: Code 30 also referred to as simple lobectomy]

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 a bile duct PLUS partial hepatectomy

75 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**

APPENDIX F
SITE SPECIFIC SURGERY CODES
FORDS APPENDIX B: Site-Specific Surgery Code (01/01/2012)
PANCREAS
C25.0-C25.9

(Except for M-9727, 9733, 9741-9742, 9764-9809, 9832, 9840-9931, 9945-9946, 9950-9967, and 9975-9992)

SURGERY OF PRIMARY SITE

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**

APPENDIX F
SITE SPECIFIC SURGERY CODES
 FORDS APPENDIX B: Site-Specific Surgery Code (01/01/2012)

LARYNX
C32.0-C32.9

(Except for M-9727, 9733, 9741-9742, 9764-9809, 9832, 9840-9931, 9945-9946, 9950-9967, and 9975-9992)

SURGERY OF PRIMARY SITE

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
- [**NOTE:** Codes 21 to 25 and 28 above combine 20 Local tumor excision, 26 Polypectomy or 27 Excisional biopsy with 21 PDT, 22 Electrocautery, 23 Cryosurgery, 24 Laser ablation]
- 25 Laser excision
- 28 Stripping
- Specimen sent to pathology** from surgical events 20-28
- 30 Partial excision of the primary site, NOS; subtotal/partial laryngectomy NOS; hemilaryngectomy NOS
- 31 Vertical laryngectomy
- 32 Anterior commissure laryngectomy
- 33 Supraglottic laryngectomy
- [**NOTE: Vertical laryngectomy:** Removal of involved true vocal cord, ipsilateral false vocal cord, intervening ventricle, ipsilateral thyroid and may include removal of the arytenoids.
Supraglottic laryngectomy: Conservative surgery intended to preserve the laryngeal function. Standard procedure involves removal of epiglottis, false vocal cords, aryepiglottic folds, arytenoid cartilages, ventricle, upper one third of thyroid cartilage, thyroid membrane. The true vocal cords and arytenoids remain in place to allow vocalization and deglutition.]
- 40 Total or radical laryngectomy, NOS
- 41 Total laryngectomy ONLY
- 42 Radical laryngectomy ONLY
- [**NOTE:** Radical laryngectomy: Includes removal of adjacent sites. Do not code the removal of adjacent sites in Surgical Procedure of Other Site.]
- 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**

APPENDIX F
SITE SPECIFIC SURGERY CODES
 FORDS APPENDIX B: Site-Specific Surgery Code (01/01/2012)
LUNG
C34.0-C34.9

(Except for M-9727, 9733, 9741-9742, 9764-9809, 9832, 9840-9931, 9945-9946, 9950-9967, and 9975-9992)

SURGERY OF PRIMARY SITE

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
- 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 [at least one] **lobe** or **bilobectomy**, but less than the whole lung (partial pneumonectomy, NOS)
The lymph node dissection should also be coded under Scope of Regional Lymph Node Surgery
 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
 [NOTE: Code 55 includes complete pneumonectomy, Sleeve pneumonectomy, Standard pneumonectomy, Total pneumonectomy, Resection of whole lung]
 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).
 [NOTE: An extended radical pneumonectomy is a radical pneumonectomy (including removal of mediastinal nodes) and the removal of other tissues or nodes]

APPENDIX F
SITE SPECIFIC SURGERY CODES
FORDS APPENDIX B: Site-Specific Surgery Code (01/01/2012)

LUNG
C34.0-C34.9

(Except for M-9727, 9733, 9741-9742, 9764-9809, 9832, 9840-9931, 9945-9946, 9950-9967, and 9975-9992)

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**

APPENDIX F
SITE SPECIFIC SURGERY CODES
FORDS APPENDIX B: Site-Specific Surgery Code (01/01/2012)
**HEMATOPOIETIC/RETICULOENDOTHELIAL/
IMMUNOPROLIFERATIVE/MYELOPROLIFERATIVE DISEASE**
C42.0, C42.1, C42.3, C42.4 (with any histology)

or

M-9727, 9733, 9741-9742, 9764-9809, 9832, 9840-9931, 9945-9946, 9950-9967, and 9975-9992 (with any site)

SURGERY OF PRIMARY SITE

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).

APPENDIX F
SITE SPECIFIC SURGERY CODES

FORDS APPENDIX B: Site-Specific Surgery Code (01/01/2012)

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

(Except for M-9727, 9733, 9741-9742, 9764-9809, 9832, 9840-9931, 9945-9946, 9950-9967, and 9975-9992)

SURGERY OF PRIMARY SITE

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
- 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**

APPENDIX F
SITE SPECIFIC SURGERY CODES
FORDS APPENDIX B: Site-Specific Surgery Code (01/01/2012)
SPLEEN
Spleen C42.2

(Except for M-9727, 9733, 9741-9742, 9764-9809, 9832, 9840-9931, 9945-9946, 9950-9967, and 9975-9992)

SURGERY OF PRIMARY SITE

Codes

- 00 None; no surgery of primary site; autopsy ONLY
- 19 Local tumor destruction, NOS

Unknown whether a specimen was sent to pathology for surgical events coded 19

- 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

APPENDIX F
SITE SPECIFIC SURGERY CODES
 FORDS APPENDIX B: Site-Specific Surgery Code (01/01/2012)

SKIN
C44.0-C44.9

(Except for M-9727, 9733, 9741-9742, 9764-9809, 9832, 9840-9931, 9945-9946, 9950-9967, and 9975-9992)

SURGERY OF PRIMARY SITE

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

[**NOTE:** Codes 21 to 25 above combine 20 Local tumor excision, 26 Polypectomy or 27 Excisional biopsy with 21 PDT, 22 Electrocautery, 23 Cryosurgery, 24 Laser ablation]

25 Laser excision

Specimen sent to pathology from surgical events 20-27.

[**NOTE:** Code UVB phototherapy for mycosis fungoides primaries under Surgery of Primary Site for skin. Assign code 11 if there is no pathology specimen. Assign code 21 if there is a pathology specimen.

Codes 20-27 include shave and wedge resection]

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

[**NOTE:** Codes 30 to 33 include less than a wide excision, less than 1 cm margin or margins are unknown. If it is stated to be a **wide excision** or **reexcision**, but the **margins are unknown**, code to 30. Code 45 represents a wide excision in which it is known that the margins of excision are greater than 1 cm.]

45 **Wide excision** or **re-excision** 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 2 cm

47 WITH margins greater than 2 cm

If the **excision does not have microscopically negative margins** greater than 1cm, use the appropriate code, **20-36**.

APPENDIX F
SITE SPECIFIC SURGERY CODES
FORDS APPENDIX B: Site-Specific Surgery Code (01/01/2012)

SKIN
C44.0-C44.9

(Except for M-9727, 9733, 9741-9742, 9764-9809, 9832, 9840-9931, 9945-9946, 9950-9967, and 9975-9992)

SURGERY OF PRIMARY SITE

Codes

60 Major amputation

Specimen sent to pathology from surgical events 20–60.

90 Surgery, NOS

99 **Unknown** if surgery performed; **death certificate** ONLY

APPENDIX F
SITE SPECIFIC SURGERY CODES
 FORDS APPENDIX B: Site-Specific Surgery Code (01/01/2012)
BREAST
C50.0-C50.9

(Except for M-9727, 9733, 9741-9742, 9764-9809, 9832, 9840-9931, 9945-9946, 9950-9967, and 9975-9992)

SURGERY OF PRIMARY SITE

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
- 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 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.**
 [NOTE: This procedure is rarely used to treat malignancies]
- 40 **Total** (simple) **mastectomy**, NOS
- 41 WITHOUT removal of uninvolved contralateral breast
- 43 Reconstruction NOS
- 44 Tissue
- 45 Implant
- 46 Combined (Tissue and Implant)
- 42 WITH removal of uninvolved contralateral breast
- 47 Reconstruction NOS
- 48 Tissue
- 49 Implant
- 75 Combined (Tissue and Implant)

[NOTE: If axillary lymph nodes are present in the specimen, code the Surgery of Primary Site field to 51. If there are no axillary lymph nodes present in the specimen, code the Surgery of Primary Site field to 41. Placement of a tissue expander at the time of original surgery means that reconstruction is planned as part of the first course of treatment.]

A total (simple) mastectomy removes all breast tissue, the nipple, and areolar complex. An axillary dissection is not done.

For **single** primaries only, code removal of uninvolved contralateral breast under the data item **Surgical Procedure/Other Site** (NAACCR Item # 1294).

If **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.

APPENDIX F
SITE SPECIFIC SURGERY CODES
 FORDS APPENDIX B: Site-Specific Surgery Code (01/01/2012)

BREAST
C50.0-C50.9

(Except for M-9727, 9733, 9741-9742, 9764-9809, 9832, 9840-9931, 9945-9946, 9950-9967, and 9975-9992)

SURGERY OF PRIMARY SITE

Codes

- 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 involved contralateral breast under the data item *Surgical Procedure/Other Site* (NAACCR Item #1294) or *Surgical Procedure/Other Site at This Facility* (NAACCR Item #674).

[**NOTE:** In continuity with or “en bloc” means that all of the tissues were removed during the same procedure, but not necessarily in a single specimen. “Tissue” for reconstruction is defined as human tissue such as muscle (latissimus dorsi or rectus abdominis) or skin in contrast to artificial prostheses (implants). Placement of a tissue expander at the time of original surgery indicates that reconstruction is planned as part of the first course of treatment. Assign code 51 or 52 if a patient has an excisional biopsy and axillary dissection followed by a simple mastectomy during the first course of therapy.]

- 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)

APPENDIX F
SITE SPECIFIC SURGERY CODES
 FORDS APPENDIX B: Site-Specific Surgery Code (01/01/2012)

BREAST
C50.0-C50.9

(Except for M-9727, 9733, 9741-9742, 9764-9809, 9832, 9840-9931, 9945-9946, 9950-9967, and 9975-9992)

SURGERY OF PRIMARY SITE

[**NOTE:** Removal of breast tissue, nipple, areolar complex, variable amount of skin, pectoralis minor, pectoralis major. Includes en bloc axillary dissection. Placement of a tissue expander at the time of original surgery indicates that reconstruction is planned as part of the first course of treatment.]

Codes

- 70 Extended radical mastectomy
 - 71 WITHOUT removal of uninvolved contralateral breast
 - 72 WITH removal of uninvolved contralateral breast
- [**NOTE:** Removal of breast tissue, nipple, areolar complex, variable amount of skin, pectoralis minor, pectoralis major. Includes removal of internal mammary nodes and en bloc axillary dissection.]
- 76 Bilateral mastectomy for a single tumor involving both breasts, as for bilateral inflammatory carcinoma.
 - 80 Mastectomy, NOS

Specimen sent to pathology for surgical events coded 20-80.

- 90 Surgery, NOS
- 99 **Unknown** if surgery performed; **death certificate ONLY**

APPENDIX F
SITE SPECIFIC SURGERY CODES
 FORDS APPENDIX B: Site-Specific Surgery Code (01/01/2012)
CERVIX UTERI
C53.0-C53.9

(Except for M-9727, 9733, 9741-9742, 9764-9809, 9832, 9840-9931, 9945-9946, 9950-9967, and 9975-9992)

SURGERY OF PRIMARY SITE

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

[**NOTE:** Codes 21 to 23 above combine 20 Local tumor excision, 24 Cone biopsy WITH gross excision of lesion, 26 Excisional biopsy, NOS, 27 Cone biopsy or 29 Trachelectomy, removal of cervical stump; cervicectomy 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)

[**NOTE:** Margins of resection may have microscopic involvement.

Procedures in code 20 include but are not limited to: cryosurgery, electrocautery, excisional biopsy, laser ablation, thermal ablation.]

Specimen sent to pathology from surgical events 20-29

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

APPENDIX F
SITE SPECIFIC SURGERY CODES
 FORDS APPENDIX B: Site-Specific Surgery Code (01/01/2012)
CERVIX UTERI
C53.0-C53.9

(Except for M-9727, 9733, 9741-9742, 9764-9809, 9832, 9840-9931, 9945-9946, 9950-9967, and 9975-9992)

SURGERY OF PRIMARY SITE

Codes

- 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

70 Pelvic exenteration

- 71 Anterior exenteration

Includes bladder, distal ureters, and genital organs WITH their ligamentous attachments and pelvic lymph nodes. The removal of pelvic lymph nodes is also coded under the data item *Surgical Procedure/Other Site*.

[**NOTE:** Do not code removal of pelvic lymph nodes under Surgical Procedure/Other Site]

- 72 Posterior exenteration

Includes rectum and rectosigmoid WITH ligamentous attachments and pelvic lymph nodes.

[**NOTE:** Do not code removal of pelvic lymph nodes under Surgical Procedure/Other Site].

- 73 Total exenteration

Includes removal of all pelvic contents and pelvic lymph nodes.

[**NOTE:** Do not code removal of pelvic lymph nodes under Surgical Procedure/Other Site].

- 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**

APPENDIX F
SITE SPECIFIC SURGERY CODES
 FORDS APPENDIX B: Site-Specific Surgery Code (01/01/2012)
CORPUS UTERI
C54.0-C55.9

(Except for M-9727, 9733, 9741-9742, 9764-9809, 9832, 9840-9931, 9945-9946, 9950-9967, and 9975-9992)

SURGERY OF PRIMARY SITE

[**NOTE: For invasive cancers**, dilation and curettage is NOT coded as Surgery of Primary Site]

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

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

[**NOTE:** Codes 21 to 23 above combine 20 Local tumor excision, 24 Excisional biopsy, 25 Polypectomy, or 26 Myomectomy with 21 Electrocautery, 22 Cryosurgery or 23 Laser ablation or excision]

Specimen sent to pathology from surgical events 20-26

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)

[**NOTE:** For these procedures, the cervix is left in place]

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

APPENDIX F
SITE SPECIFIC SURGERY CODES
 FORDS APPENDIX B: Site-Specific Surgery Code (01/01/2012)
CORPUS UTERI
C54.0-C55.9

(Except for M-9727, 9733, 9741-9742, 9764-9809, 9832, 9840-9931, 9945-9946, 9950-9967, and 9975-9992)

SURGERY OF PRIMARY SITE

Codes

- 63 Radical hysterectomy; Wertheim procedure
 [NOTE: Use code 63 for "Type III" hysterectomy]
 64 Extended radical hysterectomy

- 65 Hysterectomy, NOS, WITH or WITHOUT removal of tube(s) and ovary (ies)
 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.

[NOTE: Do not code removal of pelvic lymph nodes under Surgical Procedure/Other Site]

- 77 Posterior exenteration
Includes rectum and rectosigmoid WITH ligamentous attachments and pelvic lymph nodes.

[NOTE: Do not code removal of pelvic lymph nodes under Surgical Procedure/Other Site]

- 78 Total exenteration
Includes removal of all pelvic contents and pelvic lymph nodes.

[NOTE: Do not code removal of pelvic lymph nodes under Surgical Procedure/Other Site]

- 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**

APPENDIX F
SITE SPECIFIC SURGERY CODES
 FORDS APPENDIX B: Site-Specific Surgery Code (01/01/2012)

OVARY

C56.9

(Except for M-9727, 9733, 9741-9742, 9764-9809, 9832, 9840-9931, 9945-9946, 9950-9967, and 9975-9992)

SURGERY OF PRIMARY SITE

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
Specimen sent to pathology from surgical events 25.28.
- 35 Unilateral (salpingo-) oophorectomy; unknown if hysterectomy done
 36 WITHOUT hysterectomy
 37 WITH hysterectomy
 [NOTE: Use code 37 for current unilateral (salpingo-) oophorectomy with previous history of hysterectomy]
- 50 Bilateral (salpingo-) oophorectomy; unknown if hysterectomy done
 51 WITHOUT hysterectomy
 52 WITH hysterectomy
 [NOTE: Use code 52 for current bilateral (salpingo-) oophorectomy with previous history of 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.
 [NOTE: Debulking or cytoreductive surgery is implied by the following phrases (This is not intended to be a complete list. Other phrases may also imply debulking).
 Adjuvant treatment pending surgical reduction of tumor
 Ovaries, tubes buried in tumor
 Tumor burden
 Tumor cakes
 Very large tumor mass

Do not code multiple biopsies alone as debulking or cytoreductive surgery. Do not code debulking or cytoreductive surgery based only on the mention of “multiple tissue fragments” or “removal of multiple implants.” Multiple biopsies and multiple specimens confirm the presence or absence of metastasis].

APPENDIX F
SITE SPECIFIC SURGERY CODES
 FORDS APPENDIX B: Site-Specific Surgery Code (01/01/2012)
OVARY
C56.9

(Except for M-9727, 9733, 9741-9742, 9764-9809, 9832, 9840-9931, 9945-9946, 9950-9967, and 9975-9992)

SURGERY OF PRIMARY SITE

Codes

70 Pelvic exenteration, NOS

71 Anterior

Includes bladder, distal ureters, and genital organs WITH their ligamentous attachments and pelvic lymph nodes.

[NOTE: Do not code removal of pelvic lymph nodes under Surgical Procedure/Other Site]

72 Posterior

Includes rectum and rectosigmoid WITH ligamentous attachments and pelvic lymph nodes.

[NOTE: Do not code removal of pelvic lymph nodes under Surgical Procedure/Other Site]

73 Total exenteration

Includes removal of all pelvic contents and pelvic lymph nodes.

74 Extended

Includes pelvic blood vessels or bony pelvis.

80 (Salpingo-) oophorectomy, NOS

Specimen sent to pathology from surgical events 25–80.

90 Surgery, NOS

99 **Unknown** if surgery performed; **death certificate ONLY**

APPENDIX F
SITE SPECIFIC SURGERY CODES
 FORDS APPENDIX B: Site-Specific Surgery Code (01/01/2012)
PROSTATE
C61.9

(Except for M-9727, 9733, 9741-9742, 9764-9809, 9832, 9840-9931, 9945-9946, 9950-9967, and 9975-9992)

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).

SURGERY OF PRIMARY SITE

Codes

- 00 None; **no surgery** of primary site; **autopsy ONLY**
- 18 Local tumor destruction or excision, NOS
- 19 Transurethral resection (TURP), NOS
Unknown whether a specimen was sent to pathology for surgical events coded 18 or 19
- 10 **Local tumor destruction**, NOS
 14 Cryoprostatectomy (**Cryoablation**)
 15 Laser ablation
 16 Hyperthermia
 17 Other method of local tumor destruction
No specimen sent to pathology from surgical events 10-17
 [NOTE: Code Transurethral Microwave Thermotherapy (TUMT) as 16
 Code High Intensity Focused Ultrasonography (HIFU) as 17
 Code Transurethral Needle Ablation (TUNA) as 17]
- 20 **Local tumor excision**, NOS
 21 Transurethral resection (**TURP**), NOS
 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
 [NOTE: Codes 24 to 26 above combine 20 Local tumor excision, NOS, 21 TURP, NOS, 22 TURP incidental or 23 TURP suspected/known cancer with 24 Cryosurgery, 25 Laser or 26 Hyperthermia]
Specimen sent to pathology from surgical events 20-26
- 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.
 [NOTE: In continuity with or “en bloc” means that all of the tissues were removed during the same procedure, but not necessarily in a single specimen] *Da Vinci* prostatectomy would be coded as any other prostatectomy depending on the extent of the procedure codes 50 -80 per FORDS.
- 80 Prostatectomy, NOS
Specimen sent to pathology from surgical events 20–80.
- 90 Surgery, NOS
- 99 Unknown if surgery performed; death certificate ONLY

APPENDIX F
SITE SPECIFIC SURGERY CODES
 FORDS APPENDIX B: Site-Specific Surgery Code (01/01/2012)

TESTIS
C62.0.C62.9

(Except for M-9727, 9733, 9741-9742, 9764-9809, 9832, 9840-9931, 9945-9946, 9950-9967, and 9975-9992)

SURGERY OF PRIMARY SITE

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**
Specimen sent to pathology from surgical event 20

30 Excision of testicle WITHOUT cord
 [**NOTE:** Orchiectomy not including spermatic cord]

40 Excision of testicle WITH cord/or cord not mentioned (radical orchiectomy)
 [**NOTE:** Orchiectomy with or without spermatic cord]

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**

APPENDIX F
SITE SPECIFIC SURGERY CODES
 FORDS APPENDIX B: Site-Specific Surgery Code (01/01/2012)
KIDNEY, RENAL PELVIS, AND URETER
Kidney C64.9, Renal Pelvis C65.9, Ureter C66.9

(Except for M-9727, 9733, 9741-9742, 9764-9809, 9832, 9840-9931, 9945-9946, 9950-9967, and 9975-9992)

SURGERY OF PRIMARY SITE

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
- [**NOTE:** Codes 21 to 25 above combine 20 Local tumor excision, 26 Polypectomy or 27 Excisional biopsy with 21 PDT, 22 Electrocautery, 23 Cryosurgery, 24 Laser ablation]
- 25 Laser excision

Specimen sent to pathology from surgical events 20-27

- 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.
 [**NOTE:** In continuity with or “en bloc” means that all of the tissues were removed during the same procedure, but not necessarily in a single specimen]
- 80 Nephrectomy, NOS
 Ureterectomy, NOS

Specimen sent to pathology from surgical events 20–80.

- 90 Surgery, NOS
- 99 **Unknown** if surgery performed; **death certificate ONLY**

APPENDIX F
SITE SPECIFIC SURGERY CODES
 FORDS APPENDIX B: Site-Specific Surgery Code (01/01/2012)

BLADDER

C67.0–C67.9

(Except for M-9727, 9733, 9741-9742, 9764-9809, 9832, 9840-9931, 9945-9946, 9950-9967, and 9975-9992)

SURGERY OF PRIMARY SITE

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
 [NOTE: Code BCG as both surgery and 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 items.

No specimen sent to pathology from surgical events 10–16

- 20 Local tumor excision, NOS
- 26 Polypectomy
- 27 Excisional biopsy
 [NOTE: Code TURB as 27]
- Combination of 20 or 26–27 WITH
- 21 Photodynamic therapy (PDT)
- 22 Electrocautery
- 23 Cryosurgery
- 24 Laser ablation
 [NOTE: Codes 21 to 25 above combine 20 Local tumor excision, 26 Polypectomy or 27 Excisional biopsy with 21 PDT, 22 Electrocautery, 23 Cryosurgery, 24 Laser ablation]
- 25 Laser excision

Specimen sent to pathology from surgical events 20–27.

- 30 Partial cystectomy
- 50 Simple/total/complete cystectomy
- 60 Radical cystectomy (male only)
 [NOTE: This code is used only for men. It involves removal of bladder and prostate, with or without urethrectomy. The procedure is also called cystoprostatectomy. If a radical cystectomy is the procedure for a woman, use code 71.]
- 61 Radical cystectomy PLUS ileal conduit
- 62 Radical cystectomy PLUS continent reservoir or pouch, NOS
- 63 Radical cystectomy PLUS abdominal pouch (cutaneous)

APPENDIX F
SITE SPECIFIC SURGERY CODES
 FORDS APPENDIX B: Site-Specific Surgery Code (01/01/2012)
BLADDER
C67.0–C67.9

(Except for M-9727, 9733, 9741-9742, 9764-9809, 9832, 9840-9931, 9945-9946, 9950-9967, and 9975-9992)

- 64 Radical cystectomy PLUS in situ pouch (orthotopic)
- 70 Pelvic exenteration, NOS
- 71 Radical cystectomy (**female** only); anterior exenteration
A radical cystectomy in a female 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
For females, also includes removal of vagina, rectum and anus. For males, also includes prostate, rectum and anus.
- 73 Total exenteration
Includes removal of all pelvic contents and pelvic lymph nodes.
- 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).
- 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**

APPENDIX F
SITE SPECIFIC SURGERY CODES
 FORDS APPENDIX B: Site-Specific Surgery Code (01/01/2012)
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
 (Except for M-9727, 9733, 9741-9742, 9764-9809, 9832, 9840-9931, 9945-9946, 9950-9967, and 9975-9992)

Do not code laminectomy for spinal cord primaries.

SURGERY OF PRIMARY SITE

Codes

00 None; **no surgery** of primary site; **autopsy ONLY**

10 Tumor **destruction**, NOS
 [Note: Local 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. Modalities are recorded in radiation treatment fields.

20 Local excision of tumor, lesion, or mass; excisional biopsy
USE THESE CODES TO DESCRIBE LOCAL EXCISION (excisional biopsy) OF THE BRAIN.

21 Subtotal resection of tumor, lesion or mass in brain

22 Resection of tumor of **spinal cord** or **spinal nerve**, **applicable only for spinal cord or spinal nerve primary sites**

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
USE THIS CODE TO DESCRIBE PARTIAL RESECTION OF A LOBE OF THE BRAIN.

55 Gross total resection of lobe of brain (**Lobectomy**)
USE THIS CODE TO DESCRIBE GROSS TOTAL RESECTION OF A LOBE (LOBECTOMY).
THIS IS A LESS COMMON FORM OF SURGICAL TREATMENT.

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**

NOTE: CoC added new brain surgery codes for cases diagnosed in 2010

APPENDIX F
SITE SPECIFIC SURGERY CODES
 FORDS APPENDIX B: Site-Specific Surgery Code (01/01/2012)
THYROID GLAND
C73.9

(Except for M-9727, 9733, 9741-9742, 9764-9809, 9832, 9840-9931, 9945-9946, 9950-9967, and 9975-9992)

SURGERY OF PRIMARY SITE

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 25–80.

- 90 Surgery, NOS
- 99 **Unknown** if surgery performed; **death certificate ONLY**

APPENDIX F
SITE SPECIFIC SURGERY CODES
 FORDS APPENDIX B: Site-Specific Surgery Code (01/01/2012)
LYMPH NODES
C77.0.C77.9

(Except for M-9727, 9733, 9741-9742, 9764-9809, 9832, 9840-9931, 9945-9946, 9950-9967, and 9975-9992)

SURGERY OF PRIMARY SITE

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

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.

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

[**NOTE:** Lymph node chains are subsites of lymph node regions. Use information pertaining to lymph node **chains** to code lymph node surgery; use lymph node **region** information to code stage.]

APPENDIX F
SITE SPECIFIC SURGERY CODES
 FORDS APPENDIX B: Site-Specific Surgery Code (01/01/2012)

ALL OTHER SITES

C14.2-C14.8, C17.0-C17.9, C23.9, C24.0-C24.9, C26.0-C26.9, C30.0-C30.1, 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
 (Except for M-9727, 9733, 9741-9742, 9764-9809, 9832, 9840-9931, 9945-9946, 9950-9967, and 9975-9992)

SURGERY OF PRIMARY SITE

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

[**NOTE:** Codes 21 to 25 above combine 20 local tumor excision, 26 Polypectomy or 27 Excisional biopsy with 21 PDT, 22 Electrocautery, 23 Cryosurgery, 24 Laser ablation, or 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.

[**NOTE:** In continuity with or “en bloc” means that all of the tissues were removed during the same procedure, but not necessarily in a single specimen]

Specimen sent to pathology from surgical events 20–60.

90 Surgery, NOS

99 **Unknown** if surgery performed; **death certificate ONLY**

APPENDIX F
SITE SPECIFIC SURGERY CODES
FORDS APPENDIX B: Site-Specific Surgery Code (01/01/2012)
UNKNOWN AND ILL-DEFINED PRIMARY SITES
C76.0.C76.8, C80.9

(Except for M-9727, 9733, 9741-9742, 9764-9809, 9832, 9840-9931, 9945-9946, 9950-9967, and 9975-9992)

SURGERY OF PRIMARY SITE

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).

If any Surgical procedure for unknown and ill defined primaries are done then use the data item
Surgical Procedure/Other Site = 1

APPENDIX F
SITE SPECIFIC SURGERY CODES
FORDS APPENDIX B: Site-Specific Surgery Code (01/01/2012)

Kaposi Sarcoma

Note: For Surgery Codes: see site-specific codes

Appendix G

FCDS Record Layout Version 13

FCDSv13 Record Layout

| Section | Data Opt. | Item # | FCDS / NAACCR V13 Item Name | Start | End | Length | Year Start-End |
|---------------------|------------|---------------------------|-----------------------------|------------|------------|-------------|------------------|
| Record ID Section | | 10 | Record Type | 1 | 1 | 1 | |
| | | 20 | Patient ID Number | 42 | 49 | 8 | |
| | | 21 | Patient System ID-Hosp | 50 | 57 | 8 | |
| | | 30 | Registry Type | 2 | 2 | 1 | |
| | | 35 | FIN Coding System | 3 | 3 | 1 | |
| | | 37 | Reserved 00 | 4 | 16 | 13 | |
| | | 40 | Registry ID | 30 | 39 | 10 | |
| | | 45 | NPI--Registry ID | 20 | 29 | 10 | |
| | | 50 | NAACCR Record Version | 17 | 19 | 3 | |
| | | 60 | Tumor Record Number | 40 | 41 | 2 | |
| Demographic Section | C | 70 | Addr at DX--City | 95 | 144 | 50 | 2001 |
| | C | 80 | Addr at DX--State | 145 | 146 | 2 | 2010 |
| | C | 90 | County at DX | 156 | 158 | 3 | 2010 |
| | C | 100 | Addr at DX--Postal Code | 147 | 155 | 9 | 2001 |
| | C | 102 | Addr at DX – Country | 436 | 438 | 3 | 2013 |
| | | 110 | Census Tract 1970/80/90 | 159 | 164 | 6 | |
| | | 120 | Census Cod Sys 1970/80/90 | 166 | 166 | 1 | |
| | | 130 | Census Tract 2000 | 168 | 173 | 6 | |
| | | 140 | Census Tract Cod Sys--Alt | | | | |
| | C | 150 | Marital Status at DX | 176 | 176 | 1 | 1981 |
| | C | 160 | Race 1 | 177 | 178 | 2 | 1981 |
| | C | 161 | Race 2 | 179 | 180 | 2 | 2001 |
| | C | 162 | Race 3 | 181 | 182 | 2 | 2001 |
| | C | 163 | Race 4 | 183 | 184 | 2 | 2001 |
| | C | 164 | Race 5 | 185 | 186 | 2 | 2001 |
| | | 170 | Race Coding Sys--Current | 187 | 187 | 1 | |
| | | 180 | Race Coding Sys--Original | 188 | 188 | 1 | |
| | C | 190 | Spanish/Hispanic Origin | 189 | 189 | 1 | 1981 |
| | | 191 | NHIA Derived Hisp Origin | 418 | 418 | 1 | |
| | | 192 | IHS Link | 421 | 421 | 1 | |
| | | 193 | Race--NAPIIA (derived API) | 419 | 420 | 2 | |
| | | 200 | Computed Ethnicity | 190 | 190 | 1 | |
| | | 210 | Computed Ethnicity Source | 191 | 191 | 1 | |
| | C | 220 | Sex | 192 | 192 | 1 | 1981 |
| | | 230 | Age at Diagnosis | 193 | 195 | 3 | 1981 |
| | C | 240 | Date of Birth | 196 | 203 | 8 | 1981 |
| | C | 241 | Date of Birth Flag | 204 | 205 | 2 | 2010 |
| | | 250 | Birthplace | 206 | 208 | 3 | 1981-2012 |
| C | 252 | Birthplace State | 442 | 443 | 2 | 2013 | |
| C | 254 | Birthplace Country | 444 | 446 | 3 | 2013 | |

FCDSv13 Record Layout

| Section | Data | Item # | FCDS / NAACCR V13 Item Name | Start | End | Length | Year |
|-----------------------|------|---------------------------|--|-------|-----|--------|-----------|
| | | 260 | Religion | | | | |
| | | 270 | Census Occ Code 1970-2000 | 209 | 211 | 3 | |
| | | 280 | Census Ind Code 1970-2000 | 212 | 214 | 3 | |
| | | 290 | Occupation Source | 215 | 215 | 1 | |
| | | 300 | Industry Source | 216 | 216 | 1 | |
| | C | 310 | Text--Usual Occupation | 217 | 316 | 100 | 1995 |
| | C | 320 | Text--Usual Industry | 317 | 416 | 100 | 2001 |
| | | 330 | Census Occ/Ind Sys 70-00 | 417 | 417 | 1 | |
| | | 340 | Tobacco History | | | | |
| | | 350 | Alcohol History | | | | |
| | | 360 | Family History of Cancer | | | | |
| | | 362 | Census Block Group 2000 | 174 | 174 | 1 | |
| | | 364 | Census Tr Cert 1970/80/90 | 167 | 167 | 1 | |
| | | 365 | Census Tr Certainty 2000 | 175 | 175 | 1 | |
| | | 366 | GIS Coordinate Quality | 422 | 423 | 2 | |
| | | 368 | Census Block Grp 1970-90 | 165 | 165 | 1 | |
| | | 370 | Reserved 01 | 58 | 94 | 37 | |
| Cancer Identification | | 380 | Sequence Number--Central | 528 | 529 | 2 | |
| | C | 390 | Date of Diagnosis | 530 | 537 | 8 | 1981 |
| | C | 391 | Date of Diagnosis Flag | 538 | 539 | 2 | 2010 |
| | C | 400 | Primary Site | 540 | 543 | 4 | 1981 |
| | C | 410 | Laterality | 544 | 544 | 1 | 1995 |
| | | 419 | Morph--Type&Behav ICD-O-2 | 545 | 549 | 5 | |
| | | 420 | Histology (92-00) ICD-O-2 (all cases must be coded in ICD-O-3; see item 522) | 545 | 548 | 4 | 1981-2009 |
| | | 430 | Behavior (92-00) ICD-O-2 (all cases must be coded in ICD-O-3; see item 523) | 549 | 549 | 1 | 1981-2009 |
| | | 439 | Date of Mult Tumors Flag | 587 | 588 | 2 | |
| | C | 440 | Grade | 555 | 555 | 1 | 1981 |
| | | 441 | Grade Path Value | 556 | 556 | 1 | |
| | | 442 | Ambiguous Terminology DX | 566 | 566 | 1 | |
| | | 443 | Date Conclusive DX | 567 | 574 | 8 | |
| | | 444 | Mult Tum Rpt as One Prim | 577 | 578 | 2 | |
| | | 445 | Date of Mult Tumors | 579 | 586 | 8 | |
| | | 446 | Multiplicity Counter | 589 | 590 | 2 | |
| | | 447 | Number of Tumors/Hist | | | | |
| | | 448 | Date Conclusive DX Flag | 575 | 576 | 2 | |
| | | 449 | Grade Path System | 557 | 557 | 1 | |
| | | 450 | Site Coding Sys--Current | 558 | 558 | 1 | |
| | 460 | Site Coding Sys--Original | 559 | 559 | 1 | | |
| | 470 | Morph Coding Sys--Current | 560 | 560 | 1 | | |

FCDSv13 Record Layout

| Section | Data | Item # | FCDS / NAACCR V13 Item Name | Start | End | Length | Year |
|---------|---------------------------|----------------|-----------------------------|------------------------|-----|--------|------|
| | | 480 | Morph Coding Sys--Originl | 561 | 561 | 1 | |
| | C | 490 | Diagnostic Confirmation | 562 | 562 | 1 | 1981 |
| | C | 500 | Type of Reporting Source | 563 | 563 | 1 | 1995 |
| | | 501 | Casefinding Source | 564 | 565 | 2 | |
| | | 510 | Screening Date | | | | |
| | | 520 | Screening Result | | | | |
| | | 521 | Morph--Type&Behav ICD-O-3 | 550 | 554 | 5 | |
| | C | 522 | Histologic Type ICD-O-3 | 550 | 553 | 4 | 2001 |
| | C | 523 | Behavior Code ICD-O-3 | 554 | 554 | 1 | 2001 |
| | | 530 | Reserved 02 | 428 | 527 | 100 | |
| | | 535 | Reserved 25 | | | | |
| | Hospital-Specific Section | | 538 | Reporting Hospital FAN | | | |
| C | | 540 | Reporting Facility | 701 | 710 | 10 | 2010 |
| | | 545 | NPI--Reporting Facility | 691 | 700 | 10 | |
| C | | 550 | Accession Number--Hosp | 731 | 739 | 9 | 2010 |
| C | | 560 | Sequence Number--Hospital | 740 | 741 | 2 | 1981 |
| C | | 570 | Abstracted By | 742 | 744 | 3 | 1981 |
| C | | 580 | Date of 1st Contact | 745 | 752 | 8 | 1981 |
| C | | 581 | Date of 1st Contact Flag | 753 | 754 | 2 | 2010 |
| | | 590 | Date of Inpt Adm | 755 | 762 | 8 | |
| | | 591 | Date of Inpt Adm Flag | 763 | 764 | 2 | |
| | | 600 | Date of Inpt Disch | 765 | 772 | 8 | |
| | | 601 | Date of Inpt Disch Flag | 773 | 774 | 2 | |
| | | 605 | Inpatient Status | 775 | 775 | 1 | |
| C | | 610 | Class of Case | 776 | 777 | 2 | 1995 |
| | | 615 | Reserved 26 | | | | |
| | | 620 | Year First Seen This CA | | | | |
| C | | 630 | Primary Payer at DX | 778 | 779 | 2 | 2003 |
| | | 635 | Reserved 27 | | | | |
| | | 640 | Inpatient/Outpt Status | | | | |
| | | 650 | Presentation at CA Conf | | | | |
| | | 660 | Date of CA Conference | | | | |
| | | 665 | RX Hosp--ASA Class | 780 | 780 | 1 | |
| | | 668 | RX Hosp--Surg App 2010 | 781 | 781 | 1 | |
| | | 670 | RX Hosp--Surg Prim Site | 782 | 783 | 2 | |
| | | 672 | RX Hosp--Scope Reg LN Sur | 784 | 784 | 1 | |
| | | 674 | RX Hosp--Surg Oth Reg/Dis | 785 | 785 | 1 | |
| | | 676 | RX Hosp--Reg LN Removed | 786 | 787 | 2 | |
| | | 678 | RX Hosp--Surg Timing | 788 | 788 | 1 | |
| | | 680 | Reserved 03 | 591 | 690 | 100 | |
| | | 690 | RX Hosp--Radiation | 789 | 789 | 1 | |
| | 700 | RX Hosp--Chemo | 790 | 791 | 2 | | |

FCDSv13 Record Layout

| Section | Data | Item # | FCDS / NAACCR V13 Item Name | Start | End | Length | Year |
|--------------------------|------|----------------------|---|-------|-----|-----------|-----------|
| | | 710 | RX Hosp--Hormone | 792 | 793 | 2 | |
| | | 720 | RX Hosp--BRM | 794 | 795 | 2 | |
| | | 730 | RX Hosp--Other | 796 | 796 | 1 | |
| | | 740 | RX Hosp--DX/Stg Proc | 797 | 798 | 2 | |
| | | 741 | Reserved 28 | | | | |
| | | 742 | RX Hosp--Screen/BX Proc1 | | | | |
| | | 743 | RX Hosp--Screen/BX Proc2 | | | | |
| | | 744 | RX Hosp--Screen/BX Proc3 | | | | |
| | | 745 | RX Hosp--Screen/BX Proc4 | | | | |
| | | 746 | RX Hosp--Surg Site 98-02 | 800 | 801 | 2 | |
| | | 747 | RX Hosp--Scope Reg 98-02 | 802 | 802 | 1 | |
| | | 748 | RX Hosp--Surg Oth 98-02 | 803 | 803 | 1 | |
| | | 750 | Reserved 04 | 804 | 903 | 100 | |
| Stage/Prognostic Factors | | 759 | SEER Summary Stage 2000 (FCDS will derive from CS, see item 3020) | 904 | 904 | 1 | 2001-2003 |
| | | 760 | SEER Summary Stage 1977 (FCDS will derive from CS, see item 3010) | 905 | 905 | 1 | 1995-2003 |
| | | 765 | Reserved 29 | | | | |
| | | 770 | Loc/Reg/Distant Stage | | | | |
| | | 779 | Extent of Disease 10-Dig | 906 | 917 | 12 | |
| | | 780 | EOD--Tumor Size (FCDS will derive from CS, see item 2800) | 906 | 908 | 3 | 1995-2003 |
| | | 790 | EOD--Extension | 909 | 910 | 2 | |
| | | 800 | EOD--Extension Prost Path | 911 | 912 | 2 | |
| | | 810 | EOD--Lymph Node Involv | 913 | 913 | 1 | |
| | C | 820 | Regional Nodes Positive | 914 | 915 | 2 | 1995 |
| | C | 830 | Regional Nodes Examined | 916 | 917 | 2 | 1995 |
| | | 840 | EOD--Old 13 Digit | 918 | 930 | 13 | |
| | | 850 | EOD--Old 2 Digit | 931 | 932 | 2 | |
| | | 860 | EOD--Old 4 Digit | 933 | 936 | 4 | |
| | | 870 | Coding System for EOD | 937 | 937 | 1 | |
| | | 880 | TNM Path T | 940 | 943 | 4 | |
| | | 890 | TNM Path N | 944 | 947 | 4 | |
| | | 900 | TNM Path M | 948 | 951 | 4 | |
| | | 910 | TNM Path Stage Group | 952 | 955 | 4 | |
| | | 920 | TNM Path Descriptor | 956 | 956 | 1 | |
| | | 930 | TNM Path Staged By | 957 | 957 | 1 | |
| | | 940 | TNM Clin T | 958 | 961 | 4 | 2011 only |
| | 950 | TNM Clin N | 962 | 965 | 4 | 2011 only | |
| | 960 | TNM Clin M | 966 | 969 | 4 | 2011 only | |
| | 970 | TNM Clin Stage Group | 970 | 973 | 4 | 2011 only | |
| | 980 | TNM Clin Descriptor | 974 | 974 | 1 | 2011 only | |
| | 990 | TNM Clin Staged By | 975 | 975 | 1 | 2011 only | |

FCDSv13 Record Layout

| Section | Data | Item # | FCDS / NAACCR V13 Item Name | Start | End | Length | Year | |
|------------------------|------|--------|-----------------------------|---------------------------|------|--------|-----------|--|
| | | 995 | Reserved 30 | | | | | |
| | | 1000 | TNM Other T | | | | | |
| | | 1010 | TNM Other N | | | | | |
| | | 1020 | TNM Other M | | | | | |
| | | 1030 | TNM Other Stage Group | | | | | |
| | | 1040 | TNM Other Staged By | | | | | |
| | | 1050 | TNM Other Descriptor | | | | | |
| | | 1060 | TNM Edition Number | 938 | 939 | 2 | 2011 only | |
| | | 1065 | Reserved 31 | | | | | |
| | | 1070 | Other Staging System | | | | | |
| | | 1080 | Date of 1st Positive BX | | | | | |
| | | 1090 | Site of Distant Met 1 | | | | | |
| | | 1100 | Site of Distant Met 2 | | | | | |
| | | 1110 | Site of Distant Met 3 | | | | | |
| | | 1120 | Pediatric Stage | 976 | 977 | 2 | | |
| | | 1130 | Pediatric Staging System | 978 | 979 | 2 | | |
| | | 1140 | Pediatric Staged By | 980 | 980 | 1 | | |
| | | 1150 | Tumor Marker 1 | 981 | 981 | 1 | | |
| | | 1160 | Tumor Marker 2 | 982 | 982 | 1 | | |
| | | 1170 | Tumor Marker 3 | 983 | 983 | 1 | | |
| | | 1180 | Reserved 05 | 1236 | 1435 | 200 | | |
| | C | 1182 | Lymph-vascular Invasion | 984 | 984 | 1 | 2010 | |
| | | 1190 | Reserved 06 | 1624 | 1723 | 100 | | |
| Treatment - 1st Course | C | 1200 | RX Date Surgery | 1456 | 1463 | 8 | 1995 | |
| | C | 1201 | RX Date Surgery Flag | 1464 | 1465 | 2 | 2010 | |
| | C | 1210 | RX Date Radiation | 1486 | 1493 | 8 | 1995 | |
| | C | 1211 | RX Date Radiation Flag | 1494 | 1495 | 2 | 2010 | |
| | C | 1220 | RX Date Chemo | 1516 | 1523 | 8 | 1995 | |
| | C | 1221 | RX Date Chemo Flag | 1524 | 1525 | 2 | 2010 | |
| | C | 1230 | RX Date Hormone | 1526 | 1533 | 8 | 1995 | |
| | C | 1231 | RX Date Hormone Flag | 1534 | 1535 | 2 | 2010 | |
| | C | 1240 | RX Date BRM | 1536 | 1543 | 8 | 1995 | |
| | C | 1241 | RX Date BRM Flag | 1544 | 1545 | 2 | 2010 | |
| | C | 1250 | RX Date Other | 1546 | 1553 | 8 | 1995 | |
| | C | 1251 | RX Date Other Flag | 1554 | 1555 | 2 | 2010 | |
| | | | 1260 | Date Initial RX SEER | 1436 | 1443 | 8 | |
| | | | 1261 | Date Initial RX SEER Flag | 1444 | 1445 | 2 | |
| | | | 1270 | Date 1st Crs RX COC | 1446 | 1453 | 8 | |
| | | | 1271 | Date 1st Crs RX COC Flag | 1454 | 1455 | 2 | |
| | | | 1280 | RX Date DX/Stg Proc | 1556 | 1563 | 8 | |
| | | 1281 | RX Date Dx/Stg Proc Flag | 1564 | 1565 | 2 | | |
| | C | 1285 | RX Summ--Treatment Status | 1566 | 1566 | 1 | 2010 | |

FCDSv13 Record Layout

| Section | Data | Item # | FCDS / NAACCR V13 Item Name | Start | End | Length | Year |
|---------|------|--------|-----------------------------|-------|------|--------|-----------|
| | C | 1290 | RX Summ--Surg Prim Site | 1567 | 1568 | 2 | 1981 |
| | C | 1292 | RX Summ--Scope Reg LN Sur | 1569 | 1569 | 1 | 2001 |
| | C | 1294 | RX Summ--Surg Oth Reg/Dis | 1570 | 1570 | 1 | 2001 |
| | | 1296 | RX Summ--Reg LN Examined | 1571 | 1572 | 2 | 2001-2003 |
| | C | 3720 | Height | 1315 | 1316 | 2 | 2011 |
| | C | 3720 | Weight | 1317 | 1319 | 3 | 2011 |
| | C | 3720 | Tobacco Use - Cigarette | 1320 | 1320 | 1 | 2011 |
| | C | 3720 | Tobacco Use - OthSmoke | 1321 | 1321 | 1 | 2011 |
| | C | 3720 | Tobacco Use - Smokeless Tob | 1322 | 1322 | 1 | 2011 |
| | C | 3720 | Tobacco Use - NOS | 1323 | 1323 | 1 | 2011 |
| | | 1310 | RX Summ--Surgical Approch | 1573 | 1573 | 1 | |
| | | 1320 | RX Summ--Surgical Margins | 1574 | 1574 | 1 | |
| | | 1330 | RX Summ--Reconstruct 1st | 1575 | 1575 | 1 | |
| | C | 1340 | Reason for No Surgery | 1576 | 1576 | 1 | 2001 |
| | | 1350 | RX Summ--DX/Stg Proc | 1577 | 1578 | 2 | |
| | | 1355 | Reserved 22 | | | | |
| | C | 1360 | RX Summ--Radiation | 1580 | 1580 | 1 | 1981 |
| | | 1370 | RX Summ--Rad to CNS | 1581 | 1581 | 1 | |
| | C | 1380 | RX Summ--Surg/Rad Seq | 1582 | 1582 | 1 | 2006 |
| | C | 1390 | RX Summ--Chemo | 1585 | 1586 | 2 | 1981 |
| | C | 1400 | RX Summ--Hormone | 1587 | 1588 | 2 | 1981 |
| | C | 1410 | RX Summ--BRM | 1589 | 1590 | 2 | 1981 |
| | C | 1420 | RX Summ--Other | 1591 | 1591 | 1 | 1981 |
| | C | 1430 | Reason for No Radiation | 1592 | 1592 | 1 | 2011 |
| | | 1435 | Reserved 32 | | | | |
| | | 1440 | Reason for No Chemo | | | | |
| | | 1450 | Reason for No Hormone | | | | |
| | | 1460 | RX Coding System--Current | 1593 | 1594 | 2 | |
| | | 1465 | Reserved 33 | | | | |
| | | 1470 | Protocol Eligibility Stat | | | | |
| | | 1480 | Protocol Participation | | | | |
| | | 1490 | Referral to Support Serv | | | | |
| | | 1500 | First Course Calc Method | 1595 | 1595 | 1 | |
| | | 1510 | Rad--Regional Dose: cGy | 1596 | 1600 | 5 | |
| | | 1520 | Rad--No of Treatment Vol | 1601 | 1603 | 3 | |
| | | 1530 | Rad--Elapsed RX Days | | | | |
| | | 1535 | Reserved 34 | | | | |
| | | 1540 | Rad--Treatment Volume | 1604 | 1605 | 2 | |
| | | 1550 | Rad--Location of RX | 1606 | 1606 | 1 | |
| | | 1555 | Reserved 35 | | | | |
| | | 1560 | Rad--Intent of Treatment | | | | |
| | C | 1570 | Rad--Regional RX Modality | 1607 | 1608 | 2 | 2006 |

FCDSv13 Record Layout

| Section | Data | Item # | FCDS / NAACCR V13 Item Name | Start | End | Length | Year |
|--------------------------------------|------|---------------------------|-----------------------------|-------|------|--------|-----------|
| | | 1580 | Rad--RX Completion Status | | | | |
| | | 1590 | Rad--Local Control Status | | | | |
| | | 1600 | Chemotherapy Field 1 | | | | |
| | | 1610 | Chemotherapy Field 2 | | | | |
| | | 1620 | Chemotherapy Field 3 | | | | |
| | | 1630 | Chemotherapy Field 4 | | | | |
| | | 1635 | Reserved 23 | | | | |
| C | | 1639 | RX Summ--Systemic/Sur Seq | 1616 | 1616 | 1 | 2006 |
| | | 1640 | RX Summ--Surgery Type | 1617 | 1618 | 2 | |
| | | 1641 | Reserved 36 | | | | |
| | | 1642 | RX Summ--Screen/BX Proc1 | | | | |
| | | 1643 | RX Summ--Screen/BX Proc2 | | | | |
| | | 1644 | RX Summ--Screen/BX Proc3 | | | | |
| | | 1645 | RX Summ--Screen/BX Proc4 | | | | |
| | | 1646 | RX Summ--Surg Site 98-02 | 1620 | 1621 | 2 | 2003-2003 |
| | | 1647 | RX Summ--Scope Reg 98-02 | 1622 | 1622 | 1 | 2003-2003 |
| | | 1648 | RX Summ--Surg Oth 98-02 | 1623 | 1623 | 1 | 2003-2003 |
| | | 1650 | Reserved 08 | 2016 | 2115 | 100 | |
| Treatment - Subsq & Other | | 1660 | Subsq RX 2nd Course Date | 1724 | 1731 | 8 | |
| | | 1661 | Subsq RX 2ndCrs Date Flag | 1732 | 1733 | 2 | |
| | | 1670 | Subsq RX 2nd Course Codes | 1734 | 1744 | 11 | |
| | | 1671 | Subsq RX 2nd Course Surg | 1734 | 1735 | 2 | |
| | | 1672 | Subsq RX 2nd Course Rad | 1740 | 1740 | 1 | |
| | | 1673 | Subsq RX 2nd Course Chemo | 1741 | 1741 | 1 | |
| | | 1674 | Subsq RX 2nd Course Horm | 1742 | 1742 | 1 | |
| | | 1675 | Subsq RX 2nd Course BRM | 1743 | 1743 | 1 | |
| | | 1676 | Subsq RX 2nd Course Oth | 1744 | 1744 | 1 | |
| | | 1677 | Subsq RX 2nd--Scope LN SU | 1736 | 1736 | 1 | |
| | | 1678 | Subsq RX 2nd--Surg Oth | 1737 | 1737 | 1 | |
| | | 1679 | Subsq RX 2nd--Reg LN Rem | 1738 | 1739 | 2 | |
| | | 1680 | Subsq RX 3rd Course Date | 1745 | 1752 | 8 | |
| | | 1681 | Subsq RX 3rdCrs Date Flag | 1753 | 1754 | 2 | |
| | | 1690 | Subsq RX 3rd Course Codes | 1755 | 1765 | 11 | |
| | | 1691 | Subsq RX 3rd Course Surg | 1755 | 1756 | 2 | |
| | | 1692 | Subsq RX 3rd Course Rad | 1761 | 1761 | 1 | |
| | | 1693 | Subsq RX 3rd Course Chemo | 1762 | 1762 | 1 | |
| | | 1694 | Subsq RX 3rd Course Horm | 1763 | 1763 | 1 | |
| | | 1695 | Subsq RX 3rd Course BRM | 1764 | 1764 | 1 | |
| | 1696 | Subsq RX 3rd Course Oth | 1765 | 1765 | 1 | | |
| | 1697 | Subsq RX 3rd--Scope LN Su | 1757 | 1757 | 1 | | |
| | 1698 | Subsq RX 3rd--Surg Oth | 1758 | 1758 | 1 | | |
| | 1699 | Subsq RX 3rd--Reg LN Rem | 1759 | 1760 | 2 | | |

FCDSv13 Record Layout

| Section | Data | Item # | FCDS / NAACCR V13 Item Name | Start | End | Length | Year |
|-----------------------|------|--------|-----------------------------|-------------|------|--------|------|
| | | 1700 | Subsq RX 4th Course Date | 1766 | 1773 | 8 | |
| | | 1701 | Subsq RX 4thCrS Date Flag | 1774 | 1775 | 2 | |
| | | 1710 | Subsq RX 4th Course Codes | 1776 | 1786 | 11 | |
| | | 1711 | Subsq RX 4th Course Surg | 1776 | 1777 | 2 | |
| | | 1712 | Subsq RX 4th Course Rad | 1782 | 1782 | 1 | |
| | | 1713 | Subsq RX 4th Course Chemo | 1783 | 1783 | 1 | |
| | | 1714 | Subsq RX 4th Course Horm | 1784 | 1784 | 1 | |
| | | 1715 | Subsq RX 4th Course BRM | 1785 | 1785 | 1 | |
| | | 1716 | Subsq RX 4th Course Oth | 1786 | 1786 | 1 | |
| | | 1717 | Subsq RX 4th--Scope LN Su | 1778 | 1778 | 1 | |
| | | 1718 | Subsq RX 4th--Surg Oth | 1779 | 1779 | 1 | |
| | | 1719 | Subsq RX 4th--Reg LN Rem | 1780 | 1781 | 2 | |
| | | 1720 | Subsq RX 5th Course Date | | | | |
| | | 1725 | Reserved 37 | | | | |
| | | 1726 | Reserved 38 | | | | |
| | | 1730 | Subsq RX 5th Course Codes | | | | |
| | | 1731 | Subsq RX 5th Course Surg | | | | |
| | | 1732 | Subsq RX 5th Course Rad | | | | |
| | | 1733 | Subsq RX 5th Course Chemo | | | | |
| | | 1734 | Subsq RX 5th Course Horm | | | | |
| | | 1735 | Subsq RX 5th Course BRM | | | | |
| | | 1736 | Subsq RX 5th Course Oth | | | | |
| | | 1737 | Subsq RX 5th--Scope LN Su | | | | |
| | | 1738 | Subsq RX 5th--Surg Oth | | | | |
| | | 1739 | Subsq RX 5th--Reg LN Rem | | | | |
| | | 1740 | Reserved 09 | 2290 | 2339 | 50 | |
| | | 1741 | Subsq RX--Reconstruct Del | 1787 | 1787 | 1 | |
| F-Up/Recurrence/Death | C | 1750 | Date of Last Contact | 2116 | 2123 | 8 | 1981 |
| | C | 1751 | Date of Last Contact Flag | 2124 | 2125 | 2 | 2010 |
| | | 1755 | Date of Death--Canada | 2280 | 2287 | 8 | |
| | | 1756 | Date of Death--CanadaFlag | 2288 | 2289 | 2 | |
| | C | 1760 | Vital Status | 2126 | 2126 | 1 | 1995 |
| | C | 1770 | Cancer Status | 2127 | 2127 | 1 | 1995 |
| | | 1780 | Quality of Survival | 2128 | 2128 | 1 | |
| | | 1790 | Follow-Up Source | 2129 | 2129 | 1 | |
| | | 1791 | Follow-up Source Central | 2278 | 2279 | 2 | |
| | | 1800 | Next Follow-Up Source | 2130 | 2130 | 1 | |
| | C | 1810 | Addr Current--City | 2131 | 2180 | 50 | 1981 |
| | C | 1820 | Addr Current--State | 2181 | 2182 | 2 | 2010 |
| | C | 1830 | Addr Current--Postal Code | 2183 | 2191 | 9 | 1981 |
| | C | 1832 | Addr Current - Country | 439 | 441 | 3 | 2013 |
| | | | 1835 | Reserved 10 | 4085 | 4284 | 200 |

FCDSv13 Record Layout

| Section | Data | Item # | FCDS / NAACCR V13 Item Name | Start | End | Length | Year |
|-------------------------------------|------|--------------------------|-----------------------------|-------|------|--------|-----------|
| | C | 1840 | County--Current | 2192 | 2194 | 3 | 2010 |
| | | 1842 | Follow-Up Contact--City | 2208 | 2257 | 50 | |
| | | 1844 | Follow-Up Contact--State | 2258 | 2259 | 2 | |
| | | 1846 | Follow-Up Contact--Postal | 2260 | 2268 | 9 | |
| | | 1850 | Unusual Follow-Up Method | 2195 | 2195 | 1 | |
| | | 1860 | Recurrence Date--1st | 2196 | 2203 | 8 | |
| | | 1861 | Recurrence Date--1st Flag | 2204 | 2205 | 2 | |
| | | 1870 | Recurrence Distant Sites | | | | |
| | | 1871 | Recurrence Distant Site 1 | | | | |
| | | 1872 | Recurrence Distant Site 2 | | | | |
| | | 1873 | Recurrence Distant Site 3 | | | | |
| | | 1880 | Recurrence Type--1st | 2206 | 2207 | 2 | |
| | | 1890 | Recurrence Type--1st--Oth | | | | |
| | | 1895 | Reserved 39 | | | | |
| | | 1900 | Reserved 11 | 4345 | 4394 | 50 | |
| | | 1910 | Cause of Death | 2269 | 2272 | 4 | |
| | | 1920 | ICD Revision Number | 2273 | 2273 | 1 | |
| | | 1930 | Autopsy | 2274 | 2274 | 1 | |
| | | 1940 | Place of Death | 2275 | 2277 | 3 | 1981-2012 |
| | | 1942 | Place of Death – State | 450 | 451 | 2 | 2013 |
| | 1944 | Place of Death – Country | 452 | 454 | 3 | 2013 | |
| | 1950 | Reserved 12 | | | | | |
| Over-rides/Conversion/System Admin. | | 1960 | Site (73-91) ICD-O-1 | 1909 | 1912 | 4 | |
| | | 1970 | Morph (73-91) ICD-O-1 | 1913 | 1918 | 6 | |
| | | 1971 | Histology (73-91) ICD-O-1 | 1913 | 1916 | 4 | |
| | | 1972 | Behavior (73-91) ICD-O-1 | 1917 | 1917 | 1 | |
| | | 1973 | Grade (73-91) ICD-O-1 | 1918 | 1918 | 1 | |
| | | 1980 | ICD-O-2 Conversion Flag | 1919 | 1919 | 1 | |
| | | 1981 | Over-ride SS/NodesPos | 1888 | 1888 | 1 | |
| | | 1982 | Over-ride SS/TNM-N | 1889 | 1889 | 1 | |
| | | 1983 | Over-ride SS/TNM-M | 1890 | 1890 | 1 | |
| | | 1984 | Over-ride SS/DisMet1 | | | | |
| | | 1985 | Over-ride Acsn/Class/Seq | 1891 | 1891 | 1 | |
| | | 1986 | Over-ride HospSeq/DxConf | 1892 | 1892 | 1 | |
| | | 1987 | Over-ride COC-Site/Type | 1893 | 1893 | 1 | |
| | | 1988 | Over-ride HospSeq/Site | 1894 | 1894 | 1 | |
| | | 1989 | Over-ride Site/TNM-StgGrp | 1895 | 1895 | 1 | |
| | | 1990 | Over-ride Age/Site/Morph | 1896 | 1896 | 1 | |
| | | 2000 | Over-ride SeqNo/DxConf | 1897 | 1897 | 1 | |
| | 2010 | Over-ride Site/Lat/SeqNo | 1898 | 1898 | 1 | | |
| | 2020 | Over-ride Surg/DxConf | 1899 | 1899 | 1 | | |
| | 2030 | Over-ride Site/Type | 1900 | 1900 | 1 | | |

FCDSv13 Record Layout

| Section | Data | Item # | FCDS / NAACCR V13 Item Name | Start | End | Length | Year |
|-------------|------|----------|---|-------|-------|--------|-----------|
| | | 2040 | Over-ride Histology | 1901 | 1901 | 1 | |
| | | 2050 | Over-ride Report Source | 1902 | 1902 | 1 | |
| | | 2060 | Over-ride Ill-define Site | 1903 | 1903 | 1 | |
| | | 2070 | Over-ride Leuk, Lymphoma | 1904 | 1904 | 1 | |
| | | 2071 | Over-ride Site/Behavior | 1905 | 1905 | 1 | |
| | | 2072 | Over-ride Site/EOD/DX Dt | 1906 | 1906 | 1 | |
| | | 2073 | Over-ride Site/Lat/EOD | 1907 | 1907 | 1 | |
| | | 2074 | Over-ride Site/Lat/Morph | 1908 | 1908 | 1 | |
| | | 2080 | Reserved 13 (Retired item) | 5065 | 5564 | 500 | |
| | | 2081 | CRC CHECKSUM | 1920 | 1929 | 10 | |
| | | 2082 | Reserved 24 | | | | |
| | | 2085 | Date Case Initiated | 1951 | 1958 | 8 | |
| | C | 2090 | Date Case Completed | 1959 | 1966 | 8 | 1981 |
| | | 2092 | Date Case Completed--CoC | 1967 | 1974 | 8 | |
| | | 2100 | Date Case Last Changed | 1975 | 1982 | 8 | |
| | | 2110 | Date Case Report Exported | 1983 | 1990 | 8 | |
| | | 2111 | Date Case Report Received | 1991 | 1998 | 8 | |
| | | 2112 | Date Case Report Loaded | 1999 | 2006 | 8 | |
| | | 2113 | Date Tumor Record Available | 2007 | 2014 | 8 | |
| | | 2114 | Future Use Timeliness 1 | | | | |
| | | 2115 | Future Use Timeliness 2 | | | | |
| | | 2116 | ICD-O-3 Conversion Flag | 2015 | 2015 | 1 | |
| | | 2120 | SEER Coding Sys--Current | 1930 | 1930 | 1 | |
| | | 2130 | SEER Coding Sys--Original | 1931 | 1931 | 1 | |
| | | 2140 | COC Coding Sys--Current | 1932 | 1933 | 2 | |
| | | 2150 | COC Coding Sys--Original | 1934 | 1935 | 2 | |
| | | 2160 | Subsq Report for Primary | | | | |
| | | 2161 | Reserved for Expansion | | | | |
| | C | 2170 | Vendor Name | 1936 | 1945 | 10 | 2001 |
| | | 2180 | SEER Type of Follow-Up | 1946 | 1946 | 1 | |
| | | 2190 | SEER Record Number | 1947 | 1948 | 2 | |
| | | 2200 | Diagnostic Proc 73-87 | 1949 | 1950 | 2 | |
| | | 2210 | Reserved 14 | 20825 | 22824 | 2000 | |
| Special Use | | 2220.001 | FCDS Addr Current - County (data will be derived from new location starting July 1, 2010; see item 1840) | 2340 | 2341 | 2 | 1981-2009 |
| | | 2220.002 | FCDS Addr Current - State (data will be derived from new location starting July 1, 2010; see item 1820) | 2342 | 2344 | 3 | 1981-2009 |
| | | 2220.003 | FCDS County of Dx (facility) (data will be derived from facility # at new location starting July 1, 2010; see item 540) | 2345 | 2346 | 2 | 1981-2009 |

FCDSv13 Record Layout

| Section | Data | Item # | FCDS / NAACCR V13 Item Name | Start | End | Length | Year |
|---------|------|----------|---|-------|------|--------|-----------|
| | | 2220.004 | FCDS Stage @ 1st Contact 1977-2000 | 2347 | 2347 | 1 | 1981-2003 |
| | | 2220.005 | FCDS Tobacco Use (retired July 1, 2010) | 2348 | 2348 | 1 | 1981-2009 |
| | | 2220.006 | FCDS Facility Number (data will be derived from new location starting July 1, 2010; see item 540) | 2349 | 2352 | 4 | 1981-2009 |
| | | 2220.007 | FCDS Primary Payor - Current (see item 630) | 2353 | 2354 | 2 | 1995-2002 |
| | | 2220.008 | FCDS Accession # (data will be derived from new location starting July 1, 2010; see item 550) | 2355 | 2363 | 9 | 1981-2009 |
| | | 2220.090 | FCDS Stage @ 1st Contact 2000 | 2364 | 2364 | 1 | 2001-2003 |
| | | 2220.010 | Addr at DX - State (data will be derived from new location starting July 1, 2010; see item 80) | 2365 | 2367 | 3 | 2001-2009 |
| | | 2220.011 | Addr at DX - County (data will be derived from new location starting July 1, 2010; see item 90) | 2368 | 2369 | 2 | 2001-2009 |
| | | 2220.012 | RX Summ Date --Transplnt/Endocr (retired July 1, 2010) | 2370 | 2377 | 8 | 2003-2009 |
| C | | 2220.013 | Historical #1: Sequence Number | 2378 | 2379 | 2 | 2007 |
| C | | 2220.014 | Historical #1: DX Date | 2380 | 2387 | 8 | 2007 |
| C | | 2220.015 | Historical #1: Primary Site | 2388 | 2391 | 4 | 2007 |
| C | | 2220.016 | Historical #1: Morphology | 2392 | 2395 | 4 | 2007 |
| C | | 2220.017 | Historical #1: Behavior | 2396 | 2396 | 1 | 2007 |
| C | | 2220.018 | Historical #1: Laterality | 2397 | 2397 | 1 | 2007 |
| C | | 2220.019 | Historical #1: Dx State <i>Abbreviation</i> | 2398 | 2399 | 2 | 2007 |
| C | | 2220.020 | Historical #1: Dx County <i>FIPS</i> | 2400 | 2402 | 3 | 2007 |
| C | | 2220.021 | Historical #1: CS SSF25 Discriminator | 2403 | 2405 | 3 | 2010 |
| C | | 2220.022 | Historical #2: Sequence Number | 2406 | 2407 | 2 | 2007 |
| C | | 2220.023 | Historical #2: DX Date | 2408 | 2415 | 8 | 2007 |
| C | | 2220.024 | Historical #2: Primary Site | 2416 | 2419 | 4 | 2007 |
| C | | 2220.025 | Historical #2: Morphology | 2420 | 2423 | 4 | 2007 |
| C | | 2220.026 | Historical #2: Behavior | 2424 | 2424 | 1 | 2007 |
| C | | 2220.027 | Historical #2: Laterality | 2425 | 2425 | 1 | 2007 |
| C | | 2220.028 | Historical #2: Dx State <i>Abbreviation</i> | 2426 | 2427 | 2 | 2007 |
| C | | 2220.029 | Historical #2: Dx County <i>FIPS</i> | 2428 | 2430 | 3 | 2007 |
| C | | 2220.030 | Historical #2: CS SSF25 Discriminator | 2431 | 2433 | 3 | 2010 |
| C | | 2220.031 | Historical #3: Sequence Number | 2434 | 2435 | 2 | 2007 |
| C | | 2220.032 | Historical #3: DX Date | 2436 | 2443 | 8 | 2007 |
| C | | 2220.033 | Historical #3: Primary Site | 2444 | 2447 | 4 | 2007 |
| C | | 2220.034 | Historical #3: Morphology | 2448 | 2451 | 4 | 2007 |
| C | | 2220.035 | Historical #3: Behavior | 2452 | 2452 | 1 | 2007 |
| C | | 2220.036 | Historical #3: Laterality | 2453 | 2453 | 1 | 2007 |
| C | | 2220.037 | Historical #3: Dx State <i>Abbreviation</i> | 2454 | 2455 | 2 | 2007 |
| C | | 2220.038 | Historical #3: Dx County <i>FIPS</i> | 2456 | 2458 | 3 | 2007 |
| C | | 2220.039 | Historical #3: CS SSF25 Discriminator | 2459 | 2461 | 3 | 2010 |
| C | | 2220.040 | Historical #4: Sequence Number | 2462 | 2463 | 2 | 2007 |
| C | | 2220.041 | Historical #4: DX Date | 2464 | 2471 | 8 | 2007 |

FCDSv13 Record Layout

| Section | Data | Item # | FCDS / NAACCR V13 Item Name | Start | End | Length | Year |
|------------------------|------|----------|--|-------|------|--------|---------------|
| | C | 2220.042 | Historical #4: Primary Site | 2472 | 2475 | 4 | 2007 |
| | C | 2220.043 | Historical #4: Morphology | 2476 | 2479 | 4 | 2007 |
| | C | 2220.044 | Historical #4: Behavior | 2480 | 2480 | 1 | 2007 |
| | C | 2220.045 | Historical #4: Laterality | 2481 | 2481 | 1 | 2007 |
| | C | 2220.046 | Historical #4: Dx State <i>Abbreviation</i> | 2482 | 2483 | 2 | 2007 |
| | C | 2220.047 | Historical #4: Dx County <i>FIPS</i> | 2484 | 2486 | 3 | 2007 |
| | C | 2220.048 | Historical #4: CS SSF25 Discriminator | 2487 | 2489 | 3 | 2010 |
| | C | 2220.049 | Historical #5: Sequence Number | 2490 | 2491 | 2 | 2007 |
| | C | 2220.050 | Historical #5: DX Date | 2492 | 2499 | 8 | 2007 |
| | C | 2220.051 | Historical #5: Primary Site | 2500 | 2503 | 4 | 2007 |
| | C | 2220.052 | Historical #5: Morphology | 2504 | 2507 | 4 | 2007 |
| | C | 2220.053 | Historical #5: Behavior | 2508 | 2508 | 1 | 2007 |
| | C | 2220.054 | Historical #5: Laterality | 2509 | 2509 | 1 | 2007 |
| | C | 2220.055 | Historical #5: Dx State <i>Abbreviation</i> | 2510 | 2511 | 2 | 2007 |
| | C | 2220.056 | Historical #5: Dx County <i>FIPS</i> | 2512 | 2514 | 3 | 2007 |
| | C | 2220.057 | Historical #5: CS SSF25 Discriminator | 2515 | 2517 | 3 | 2010 |
| | | 2220.058 | RX Date--Transplnt/Endocr Flag (retired starting July 1, 2010 but never collected by FCDS) | 2518 | 2519 | 2 | |
| | | 2200.059 | Height | 2520 | 2521 | 2 | Moved to 1300 |
| | | 2200.060 | Weight | 2522 | 2524 | 3 | Moved to 1300 |
| | | 2200.061 | Tobacco Use - Cigarette | 2525 | 2525 | 1 | Moved to 1300 |
| | | 2200.062 | Tobacco Use - OthSmoke | 2526 | 2526 | 1 | Moved to 1300 |
| | | 2200.063 | Tobacco Use - Smokeless Tob | 2527 | 2527 | 1 | Moved to 1300 |
| | | 2200.064 | Tobacco Use - NOS | 2528 | 2528 | 1 | Moved to 1300 |
| | | 2220 | Reserved for State Items | 2529 | 3339 | 811 | |
| Patient - Confidential | C | 2230 | Name--Last | 3340 | 3379 | 40 | 1981 |
| | C | 2240 | Name--First | 3380 | 3419 | 40 | 1981 |
| | C | 2250 | Name--Middle | 3420 | 3459 | 40 | 1981 |
| | | 2260 | Name--Prefix | 3460 | 3462 | 3 | |
| | | 2270 | Name--Suffix | 3463 | 3465 | 3 | |
| | C | 2280 | Name--Alias | 3466 | 3505 | 40 | 2006 |
| | | 2290 | Name--Spouse/Parent | 3546 | 3605 | 60 | |
| | C | 2300 | Medical Record Number | 3606 | 3616 | 11 | 1981 |
| | | 2310 | Military Record No Suffix | 3617 | 3618 | 2 | |
| | C | 2320 | Social Security Number | 3619 | 3627 | 9 | 1981 |
| | C | 2330 | Addr at DX--No & Street | 3628 | 3687 | 60 | 2001 |
| | C | 2335 | Addr at DX--Supplementl | 3688 | 3747 | 60 | 2006 |

FCDSv13 Record Layout

| Section | Data | Item # | FCDS / NAACCR V13 Item Name | Start | End | Length | Year |
|----------------------|-------------------------|-------------|---------------------------------------|---------------------------|-------|--------|------|
| | C | 2350 | Addr Current--No & Street | 3748 | 3807 | 60 | 1981 |
| | | 2352 | Latitude | 4064 | 4073 | 10 | |
| | | 2354 | Longitude | 4074 | 4084 | 11 | |
| | | 2355 | Addr Current--Supplementl | 3808 | 3867 | 60 | |
| | C | 2360 | Telephone | 3868 | 3877 | 10 | 2003 |
| | | 2370 | DC State | | | | |
| | | 2371 | Reserved for Expansion (Retired item) | | | | |
| | | 2380 | DC State File Number | 3878 | 3883 | 6 | |
| | C | 2390 | Name--Maiden | 3506 | 3545 | 40 | 1995 |
| | | 2392 | Follow-Up Contact--No&St | 3944 | 4003 | 60 | |
| | | 2393 | Follow-Up Contact--Suppl | 4004 | 4063 | 60 | |
| | | 2394 | Follow-Up Contact--Name | 3884 | 3943 | 60 | |
| | | 2400 | Reserved for Expansion (Retired item) | | | | |
| | Hospital - Confidential | | 2410 | Institution Referred From | 4315 | 4324 | 10 |
| | | 2415 | NPI--Inst Referred From | 4305 | 4314 | 10 | |
| | | 2420 | Institution Referred To | 4335 | 4344 | 10 | |
| | | 2425 | NPI--Inst Referred To | 4325 | 4334 | 10 | |
| | | 2430 | Last Follow-Up Hospital | | | | |
| | | 2435 | Reserved 40 | | | | |
| | | 2440 | Following Registry | 4295 | 4304 | 10 | |
| | | 2445 | NPI--Following Registry | 4285 | 4294 | 10 | |
| | | 2450 | Reserved for Expansion (Retired item) | | | | |
| Other - Confidential | C | 2460 | Physician--Managing | 4405 | 4412 | 8 | 1981 |
| | C | 2465 | NPI--Physician--Managing | 4395 | 4404 | 10 | 2011 |
| | | 2470 | Physician--Follow-Up | 4423 | 4430 | 8 | |
| | C | 2475 | NPI--Physician--Follow-Up | 4413 | 4422 | 10 | 2011 |
| | | 2480 | Physician--Primary Surg | 4441 | 4448 | 8 | |
| | C | 2485 | NPI--Physician--Primary Surg | 4431 | 4440 | 10 | 2011 |
| | | 2490 | Physician 3 | 4459 | 4466 | 8 | |
| | C | 2495 | NPI--Physician 3 | 4449 | 4458 | 10 | 2011 |
| | | 2500 | Physician 4 | 4477 | 4484 | 8 | |
| | C | 2505 | NPI--Physician 4 | 4467 | 4476 | 10 | 2011 |
| | 2510 | Reserved 12 | 4485 | 4534 | 50 | | |
| Text - Diagnosis | C | 2520 | Text--DX Proc--PE | 5565 | 6564 | 1000 | 2001 |
| | C | 2530 | Text--DX Proc--X-ray/scan | 6565 | 7564 | 1000 | 1997 |
| | C | 2540 | Text--DX Proc--Scopes | 7565 | 8564 | 1000 | 2001 |
| | C | 2550 | Text--DX Proc--Lab Tests | 8565 | 9564 | 1000 | 1997 |
| | C | 2560 | Text--DX Proc--Op | 9565 | 10564 | 1000 | 1997 |
| | C | 2570 | Text--DX Proc--Path | 10565 | 11564 | 1000 | 1997 |
| | C | 2580 | Text--Primary Site Title | 11565 | 11664 | 100 | 2006 |
| | C | 2590 | Text--Histology Title | 11665 | 11764 | 100 | 2006 |
| | C | 2600 | Text--Staging | 11765 | 12764 | 1000 | 1997 |

FCDSv13 Record Layout

| Section | Data | Item # | FCDS / NAACCR V13 Item Name | Start | End | Length | Year |
|-------------------------|------|---------------------------|-----------------------------|-------|-------|--------|------|
| Text - Treatment | C | 2610 | RX Text--Surgery | 12765 | 13764 | 1000 | 2001 |
| | C | 2620 | RX Text--Radiation (Beam) | 13765 | 14764 | 1000 | 2006 |
| | C | 2630 | RX Text--Radiation Other | 14765 | 15764 | 1000 | 2006 |
| | C | 2640 | RX Text--Chemo | 15765 | 16764 | 1000 | 2006 |
| | C | 2650 | RX Text--Hormone | 16765 | 17764 | 1000 | 2006 |
| | C | 2660 | RX Text--BRM | 17765 | 18764 | 1000 | 2006 |
| | C | 2670 | RX Text--Other | 18765 | 19764 | 1000 | 2006 |
| Text - Misc. | C | 2680 | Text--Remarks | 19765 | 20764 | 1000 | 1995 |
| | C | 2690 | Text--Place of Diagnosis | 20765 | 20824 | 60 | 2001 |
| | | 2700 | Reserved 19 | | | | |
| | | 2730 | CS PreRx Tumor Size | 1078 | 1080 | 3 | |
| | | 2735 | CS PreRx Extension | 1081 | 1083 | 3 | |
| | | 2740 | CS PreRx Tum Sz/Ext Eval | 1084 | 1084 | 1 | |
| | | 2750 | CS PreRx Lymph Nodes | 1085 | 1087 | 3 | |
| | | 2755 | CS PreRx Reg Nodes Eval | 1088 | 1088 | 1 | |
| | | 2760 | CS PreRx Mets at DX | 1089 | 1090 | 2 | |
| | | 2765 | CS PreRx Mets Eval | 1091 | 1091 | 1 | |
| | | 2770 | CS PostRx Tumor Size | 1092 | 1094 | 3 | |
| | | 2775 | CS PostRx Extension | 1095 | 1097 | 3 | |
| | | 2780 | CS PostRx Lymph Nodes | 1098 | 1100 | 3 | |
| | | 2785 | CS PostRx Mets at DX | 1101 | 1102 | 2 | |
| | C | 2800 | CS Tumor Size | 985 | 987 | 3 | 2004 |
| | C | 2810 | CS Extension | 988 | 990 | 3 | 2004 |
| | C | 2820 | CS Tumor Size/Ext Eval | 991 | 991 | 1 | 2004 |
| | C | 2830 | CS Lymph Nodes | 992 | 994 | 3 | 2004 |
| | C | 2840 | CS Lymph Nodes Eval | 995 | 995 | 1 | 2004 |
| | C | 2850 | CS Mets at DX | 996 | 997 | 2 | 2004 |
| | | 2851 | CS Mets at Dx-Bone | 999 | 999 | 1 | |
| | | 2852 | CS Mets at Dx-Brain | 1000 | 1000 | 1 | |
| | | 2853 | CS Mets at Dx-Liver | 1001 | 1001 | 1 | |
| | | 2854 | CS Mets at Dx-Lung | 1002 | 1002 | 1 | |
| | C | 2860 | CS Mets Eval | 998 | 998 | 1 | 2004 |
| | C | 2861 | CS Site-Specific Factor 7 | 1021 | 1023 | 3 | 2010 |
| | C | 2862 | CS Site-Specific Factor 8 | 1024 | 1026 | 3 | 2010 |
| | C | 2863 | CS Site-Specific Factor 9 | 1027 | 1029 | 3 | 2010 |
| | C | 2864 | CS Site-Specific Factor10 | 1030 | 1032 | 3 | 2010 |
| | C | 2865 | CS Site-Specific Factor11 | 1033 | 1035 | 3 | 2010 |
| C | 2866 | CS Site-Specific Factor12 | 1036 | 1038 | 3 | 2010 | |
| C | 2867 | CS Site-Specific Factor13 | 1039 | 1041 | 3 | 2010 | |
| C | 2868 | CS Site-Specific Factor14 | 1042 | 1044 | 3 | 2010 | |
| C | 2869 | CS Site-Specific Factor15 | 1045 | 1047 | 3 | 2010 | |
| C | 2870 | CS Site-Specific Factor16 | 1048 | 1050 | 3 | 2010 | |

FCDSv13 Record Layout

| Section | Data | Item # | FCDS / NAACCR V13 Item Name | Start | End | Length | Year |
|---------|------|--------|-----------------------------|-------|------|--------|------|
| | C | 2871 | CS Site-Specific Factor17 | 1051 | 1053 | 3 | 2010 |
| | C | 2872 | CS Site-Specific Factor18 | 1054 | 1056 | 3 | 2010 |
| | C | 2873 | CS Site-Specific Factor19 | 1057 | 1059 | 3 | 2010 |
| | C | 2874 | CS Site-Specific Factor20 | 1060 | 1062 | 3 | 2010 |
| | C | 2875 | CS Site-Specific Factor21 | 1063 | 1065 | 3 | 2010 |
| | C | 2876 | CS Site-Specific Factor22 | 1066 | 1068 | 3 | 2010 |
| | C | 2877 | CS Site-Specific Factor23 | 1069 | 1071 | 3 | 2010 |
| | C | 2878 | CS Site-Specific Factor24 | 1072 | 1074 | 3 | 2010 |
| | C | 2879 | CS Site-Specific Factor25 | 1075 | 1077 | 3 | 2010 |
| | C | 2880 | CS Site-Specific Factor 1 | 1003 | 1005 | 3 | 2004 |
| | C | 2890 | CS Site-Specific Factor 2 | 1006 | 1008 | 3 | 2004 |
| | C | 2900 | CS Site-Specific Factor 3 | 1009 | 1011 | 3 | 2004 |
| | C | 2910 | CS Site-Specific Factor 4 | 1012 | 1014 | 3 | 2004 |
| | C | 2920 | CS Site-Specific Factor 5 | 1015 | 1017 | 3 | 2004 |
| | C | 2930 | CS Site-Specific Factor 6 | 1018 | 1020 | 3 | 2004 |
| | | 2935 | CS Version Input Original | 1167 | 1172 | 6 | |
| | | 2936 | CS Version Derived | 1173 | 1178 | 6 | |
| | | 2937 | CS Version Input Current | 1161 | 1166 | 6 | |
| | | 2940 | Derived AJCC-6 T | 1103 | 1104 | 2 | |
| | | 2950 | Derived AJCC-6 T Descript | 1105 | 1105 | 1 | |
| | | 2960 | Derived AJCC-6 N | 1106 | 1107 | 2 | |
| | | 2970 | Derived AJCC-6 N Descript | 1108 | 1108 | 1 | |
| | | 2980 | Derived AJCC-6 M | 1109 | 1110 | 2 | |
| | | 2990 | Derived AJCC-6 M Descript | 1111 | 1111 | 1 | |
| | | 3000 | Derived AJCC-6 Stage Grp | 1112 | 1113 | 2 | |
| | | 3010 | Derived SS1977 | 1155 | 1155 | 1 | |
| | | 3020 | Derived SS2000 | 1156 | 1156 | 1 | |
| | | 3030 | Derived AJCC--Flag | 1158 | 1158 | 1 | |
| | | 3040 | Derived SS1977--Flag | 1159 | 1159 | 1 | |
| | | 3050 | Derived SS2000--Flag | 1160 | 1160 | 1 | |
| | | 3100 | Archive FIN | 721 | 730 | 10 | |
| | | 3105 | NPI--Archive FIN | 711 | 720 | 10 | |
| | | 3110 | Comorbid/Complication 1 | 1186 | 1190 | 5 | |
| | | 3120 | Comorbid/Complication 2 | 1191 | 1195 | 5 | |
| | | 3130 | Comorbid/Complication 3 | 1196 | 1200 | 5 | |
| | | 3140 | Comorbid/Complication 4 | 1201 | 1205 | 5 | |
| | | 3150 | Comorbid/Complication 5 | 1206 | 1210 | 5 | |
| | | 3160 | Comorbid/Complication 6 | 1211 | 1215 | 5 | |
| | | 3161 | Comorbid/Complication 7 | 1216 | 1220 | 5 | |
| | | 3162 | Comorbid/Complication 8 | 1221 | 1225 | 5 | |
| | | 3163 | Comorbid/Complication 9 | 1226 | 1230 | 5 | |
| | | 3164 | Comorbid/Complication 10 | 1231 | 1235 | 5 | |

FCDSv13 Record Layout

| Section | Data | Item # | FCDS / NAACCR V13 Item Name | Start | End | Length | Year | |
|--------------------------|----------|---------------------------|-----------------------------|---------------------------|------|--------|------|------|
| | | 3165 | ICD Revision Comorbid | 1185 | 1185 | 1 | | |
| | | 3170 | RX Date Mst Defn Srg | 1466 | 1473 | 8 | | |
| | | 3171 | RX Date Mst Defn Srg Flag | 1474 | 1475 | 2 | | |
| | | 3180 | RX Date Surg Disch | 1476 | 1483 | 8 | | |
| | | 3181 | RX Date Surg Disch Flag | 1484 | 1485 | 2 | | |
| | | 3190 | Readm Same Hosp 30 Days | 1619 | 1619 | 1 | | |
| | | 3200 | Rad--Boost RX Modality | 1609 | 1610 | 2 | | |
| | | 3210 | Rad--Boost Dose cGy | 1611 | 1615 | 5 | | |
| | | 3220 | RX Date Rad Ended | 1496 | 1503 | 8 | | |
| | | 3221 | RX Date Rad Ended Flag | 1504 | 1505 | 2 | | |
| | | 3230 | RX Date Systemic | 1506 | 1513 | 8 | | |
| | | 3231 | RX Date Systemic Flag | 1514 | 1515 | 2 | | |
| | C | | 3250 | RX Summ--Transplnt/Endocr | 1583 | 1584 | 2 | 2003 |
| | | | 3270 | RX Summ--Palliative Proc | 1579 | 1579 | 1 | |
| | | | 3280 | RX Hosp--Palliative Proc | 799 | 799 | 1 | |
| | | | 3300 | RuralUrban Continuum 1993 | 424 | 425 | 2 | |
| | | | 3310 | RuralUrban Continuum 2003 | 426 | 427 | 2 | |
| Derived/SEER/Path | | 3400 | Derived AJCC-7 T | 1114 | 1116 | 3 | | |
| | | 3402 | Derived AJCC-7 T Descript | 1117 | 1117 | 1 | | |
| | | 3410 | Derived AJCC-7 N | 1118 | 1120 | 3 | | |
| | | 3412 | Derived AJCC-7 N Descript | 1121 | 1121 | 1 | | |
| | | 3420 | Derived AJCC-7 M | 1122 | 1124 | 3 | | |
| | | 3422 | Derived AJCC-7 M Descript | 1125 | 1125 | 1 | | |
| | | 3430 | Derived AJCC-7 Stage Grp | 1126 | 1128 | 3 | | |
| | | 3440 | Derived PreRx-7 T | 1129 | 1131 | 3 | | |
| | | 3442 | Derived PreRx-7 T Descrip | 1132 | 1132 | 1 | | |
| | | 3450 | Derived PreRx-7 N | 1133 | 1135 | 3 | | |
| | | 3452 | Derived PreRx-7 N Descrip | 1136 | 1136 | 1 | | |
| | | 3460 | Derived PreRx-7 M | 1137 | 1139 | 3 | | |
| | | 3462 | Derived PreRx-7 M Descrip | 1140 | 1140 | 1 | | |
| | | 3470 | Derived PreRx-7 Stage Grp | 1141 | 1143 | 3 | | |
| | | 3480 | Derived PostRx-7 T | 1144 | 1146 | 3 | | |
| | | 3482 | Derived PostRx-7 N | 1147 | 1149 | 3 | | |
| | | 3490 | Derived PostRx-7 M | 1150 | 1151 | 2 | | |
| | | 3492 | Derived PostRx-7 Stge Grp | 1152 | 1154 | 3 | | |
| | | 3600 | Derived Neoadjuv Rx Flag | 1157 | 1157 | 1 | | |
| | | 3700 | SEER Site-Specific Fact 1 | 1179 | 1179 | 1 | | |
| | | 3702 | SEER Site-Specific Fact 2 | 1180 | 1180 | 1 | | |
| | | 3704 | SEER Site-Specific Fact 3 | 1181 | 1181 | 1 | | |
| | 3706 | SEER Site-Specific Fact 4 | 1182 | 1182 | 1 | | | |
| | 3708 | SEER Site-Specific Fact 5 | 1183 | 1183 | 1 | | | |
| | 3710 | SEER Site-Specific Fact 6 | 1184 | 1184 | 1 | | | |

FCDSv13 Record Layout

| Section | Data | Item # | FCDS / NAACCR V13 Item Name | Start | End | Length | Year |
|---------|------|--------|-----------------------------|-------|------|--------|------|
| | | 7010 | Path Reporting Fac ID 1 | 4535 | 4559 | 25 | |
| | | 7011 | Path Reporting Fac ID 2 | 4641 | 4665 | 25 | |
| | | 7012 | Path Reporting Fac ID 3 | 4747 | 4771 | 25 | |
| | | 7013 | Path Reporting Fac ID 4 | 4853 | 4877 | 25 | |
| | | 7014 | Path Reporting Fac ID 5 | 4959 | 4983 | 25 | |
| | | 7090 | Path Report Number 1 | 4560 | 4579 | 20 | |
| | | 7091 | Path Report Number 2 | 4666 | 4685 | 20 | |
| | | 7092 | Path Report Number 3 | 4772 | 4791 | 20 | |
| | | 7093 | Path Report Number 4 | 4878 | 4897 | 20 | |
| | | 7094 | Path Report Number 5 | 4984 | 5003 | 20 | |
| | | 7100 | Path Order Phys Lic No 1 | 4621 | 4640 | 20 | |
| | | 7101 | Path Order Phys Lic No 2 | 4727 | 4746 | 20 | |
| | | 7102 | Path Order Phys Lic No 3 | 4833 | 4852 | 20 | |
| | | 7103 | Path Order Phys Lic No 4 | 4939 | 4958 | 20 | |
| | | 7104 | Path Order Phys Lic No 5 | 5045 | 5064 | 20 | |
| | | 7190 | Path Ordering Fac No 1 | 4596 | 4620 | 25 | |
| | | 7191 | Path Ordering Fac No 2 | 4702 | 4726 | 25 | |
| | | 7192 | Path Ordering Fac No 3 | 4808 | 4832 | 25 | |
| | | 7193 | Path Ordering Fac No 4 | 4914 | 4938 | 25 | |
| | | 7194 | Path Ordering Fac No 5 | 5020 | 5044 | 25 | |
| | | 7320 | Path Date Spec Collect 1 | 4580 | 4593 | 14 | |
| | | 7321 | Path Date Spec Collect 2 | 4686 | 4699 | 14 | |
| | | 7322 | Path Date Spec Collect 3 | 4792 | 4805 | 14 | |
| | | 7323 | Path Date Spec Collect 4 | 4898 | 4911 | 14 | |
| | | 7324 | Path Date Spec Collect 5 | 5004 | 5017 | 14 | |
| | | 7480 | Path Report Type 1 | 4594 | 4595 | 2 | |
| | | 7481 | Path Report Type 2 | 4700 | 4701 | 2 | |
| | | 7482 | Path Report Type 3 | 4806 | 4807 | 2 | |
| | | 7483 | Path Report Type 4 | 4912 | 4913 | 2 | |
| | | 7484 | Path Report Type 5 | 5018 | 5019 | 2 | |

Appendix H

2013 FCDS Required CSv02.04 Site Specific Factors (SSFs)

Appendix H - 2013 FCDS Required CSv02.04 Site Specific Factors (SSFs)

| Schema Number | Schema Name | TNM/SS Required | 2013 FCDS Required | Additional CoC Required |
|---------------|---------------------|-----------------|------------------------------------|-------------------------|
| 116 | AdnexaUterineOther | None | None | None |
| 147 | AdrenalGland | None | None | None |
| 66 | AmpullaVater | None | None | None |
| 59 | Anus | None | None | None |
| 50 | Appendix | 2,11 | 2,11 | 1,3 |
| 65 | BileDuctsDistal | 25 | 25 | None |
| 61 | BileDuctsIntraHepat | 10 | 10 | 1,2,11 |
| 63 | BileDuctsPerihilar | 25 | 25 | 11 |
| 68 | BiliaryOther | None | None | None |
| 128 | Bladder | 2 | 2 | 1,3 |
| 95 | Bone | None | None | 3 |
| 143 | Brain | None | 1 | 4,5,6 |
| 106 | Breast | 3,4,5 | 1,2,3,4,5,8,9,10,11,12,13,14,15,16 | 6,7,21,22,23 |
| 25 | BuccalMucosa | 1 | 1 | 3,4,5,6,9,11 |
| 51 | CarcinoidAppendix | 2 | 2 | None |
| 110 | Cervix | None | None | 1 |
| 144 | CNSOther | None | 1 | 4,5,6 |
| 53 | Colon | 2 | 2 | 1,3,4,6,8,9 |
| 131 | Conjunctiva | 1 | 1 | None |
| 112 | CorpusAdenosarcoma | 2 | 2 | 1,3,4,5,6 |
| 111 | CorpusCarcinoma | 2 | 2 | 1,3,4,5,6 |
| 113 | CorpusSarcoma | 2 | 2 | 1,3,4,5,6 |
| 64 | CysticDuct | 25 | 25 | None |
| 72 | DigestiveOther | None | None | None |
| 148 | EndocrineOther | None | None | None |
| 32 | EpiglottisAnterior | 1 | 1 | 3,4,5,6,9 |
| 41 | Esophagus | 1 | 1 | None |
| 43 | EsophagusGEJunction | 1,25 | 1,25 | None |
| 133 | EyeOther | None | None | None |
| 115 | FallopianTube | None | None | 1,4,5,6,7 |
| 17 | FloorMouth | 1 | 1 | 3,4,5,6,9,11 |
| 62 | Gallbladder | None | None | None |
| 117 | GenitalFemaleOther | None | None | None |
| 123 | GenitalMaleOther | None | None | None |
| 52 | GISTAppendix | 11 | 11 | 12 |
| 54 | GISTColon | 11 | 11 | 12 |
| 42 | GISTEsophagus | 6 | 6 | 7 |
| 104 | GISTPeritoneum | 5,10 | 5,10 | 6 |
| 57 | GISTRectum | 11 | 11 | 12 |
| 48 | GISTSmallIntestine | 6 | 6 | 7 |
| 45 | GISTStomach | 6 | 6 | 7 |
| 13 | GumLower | 1 | 1 | 3,4,5,6,9,11 |
| 15 | GumOther | 1 | 1 | 3,4,5,6,9,11 |
| 11 | GumUpper | 1 | 1 | 3,4,5,6,9,11 |

Appendix H - 2013 FCDS Required CSv02.04 Site Specific Factors (SSFs)

| | | | | |
|------------|----------------------------|-------------|----------|-----------------------|
| 92 | HeartMediastinum | 1 | 1 | 3 |
| 151 | HemeRetic | None | | 1 |
| 37 | Hypopharynx | 1 | 1 | 3,4,5,6,9,10 |
| 153 | IllDefinedOther | None | None | None |
| 145 | IntracranialGland | None | 1 | None |
| 149 | KaposiSarcoma | None | None | 1 |
| 126 | KidneyParenchyma | None | None | 1,2,3,4,6,8 |
| 127 | KidneyRenalPelvis | None | None | 1,2 |
| 138 | LacrimalGland | 25 | 25 | 4,6,8 |
| 139 | LacrimalSac | 25 | 25 | None |
| 82 | LarynxGlottic | 1 | 1 | 3,4,5,6,9 |
| 88 | LarynxOther | 1 | 1 | 3,4,5,6,9 |
| 86 | LarynxSubglottic | 1 | 1 | 3,4,5,6,9 |
| 84 | LarynxSupraglottic | 1 | 1 | 3,4,5,6,9 |
| 3 | LipLower | 1 | 1 | 3,4,5,6,9,11 |
| 5 | LipOther | 1 | 1 | 3,4,5,6,9,11 |
| 1 | LipUpper | 1 | 1 | 3,4,5,6,9,11 |
| 60 | Liver | None | None | 1,2,3,4,5,6,7,8 |
| 91 | Lung | 1 | 1 | 2 |
| 150 | Lymphoma | 2 | 2 | 1,3 |
| 142 | LymphomaOcularAdnexa | 2 | 2 | 1,3,6 |
| 26 | MelanomaBuccalMucosa | None | None | 1,3,4,5,6,9,11 |
| 136 | MelanomaChoroid | 2,3,4 | 2,3,4 | 5,6,7,9,10,11,12,13 |
| 135 | MelanomaCiliaryBody | 2,3,4,25 | 2,3,4,25 | 5,6,7,9,10,11,12,13 |
| 132 | MelanomaConjunctiva | 1,2 | 1,2 | None |
| 33 | MelanomaEpiglottisAnterior | None | None | 1,3,4,5,6,9,11 |
| 137 | MelanomaEyeOther | None | None | None |
| 18 | MelanomaFloorMouth | None | None | 1,3,4,5,6,9,11 |
| 14 | MelanomaGumLower | None | None | 1,3,4,5,6,9,11 |
| 16 | MelanomaGumOther | None | None | 1,3,4,5,6,9,11 |
| 12 | MelanomaGumUpper | None | None | 1,3,4,5,6,9,11 |
| 38 | MelanomaHypopharynx | None | None | 1,3,4,5,6,9,11 |
| 134 | MelanomaIris | 4,25 | 4,25 | 3,5,6,7,9,10,11,12,13 |
| 83 | MelanomaLarynxGlottic | None | None | 1,3,4,5,6,9,11 |
| 89 | MelanomaLarynxOther | None | None | 1,3,4,5,6,9,11 |
| 87 | MelanomaLarynxSubglottic | None | None | 1,3,4,5,6,9,11 |
| 85 | MelanomaLarynxSupraglottic | None | None | 1,3,4,5,6,9,11 |
| 4 | MelanomaLipLower | None | None | 1,3,4,5,6,9,11 |
| 6 | MelanomaLipOther | None | None | 1,3,4,5,6,9,11 |
| 2 | MelanomaLipUpper | None | None | 1,3,4,5,6,9,11 |
| 24 | MelanomaMouthOther | None | None | 1,3,4,5,6,9,11 |
| 74 | MelanomaNasalCavity | None | None | 1,3,4,5,6,9,11 |
| 35 | MelanomaNasopharynx | None | None | 1,3,4,5,6,9,11 |
| 31 | MelanomaOropharynx | None | None | 1,3,4,5,6,9,11 |
| 20 | MelanomaPalateHard | None | None | 1,3,4,5,6,9,11 |
| 22 | MelanomaPalateSoft | None | None | 1,3,4,5,6,9,11 |

Appendix H - 2013 FCDS Required CSv02.04 Site Specific Factors (SSFs)

| | | | | |
|-----|---------------------------|-----------|-----------|----------------|
| 40 | MelanomaPharynxOther | None | None | 1,3,4,5,6,9,11 |
| 79 | MelanomaSinusEthmoid | None | None | 1,3,4,5,6,9,11 |
| 77 | MelanomaSinusMaxillary | None | None | 1,3,4,5,6,9,11 |
| 81 | MelanomaSinusOther | None | None | 1,3,4,5,6,9,11 |
| 99 | MelanomaSkin | 1,2,3,4,7 | 1,2,3,4,7 | 5,6 |
| 10 | MelanomaTongueAnterior | None | None | 1,3,4,5,6,9,11 |
| 8 | MelanomaTongueBase | None | None | 1,3,4,5,6,9,11 |
| 120 | MerkelCellPenis | 3 | 3 | 1,16,17,18,22 |
| 125 | MerkelCellScrotum | 3 | 3 | 1,16,17,18,22 |
| 98 | MerkelCellSkin | 3 | 3 | 1,16,17,18,22 |
| 108 | MerkelCellVulva | 3,11 | 3,11 | 1,16,17,18,22 |
| 75 | MiddleEar | None | None | 1,3,4,5,6,9 |
| 23 | MouthOther | 1 | 1 | 3,4,5,6,9,11 |
| 100 | MycosisFungoides | 1 | 1 | None |
| 152 | MyelomaPlasmaCellDisorder | None | None | 2,3 |
| 73 | NasalCavity | 1 | 1 | 3,4,5,6,9,11 |
| 34 | Nasopharynx | 1,25 | 1,25 | 3,4,5,6,9,10 |
| 67 | NETAmpulla | None | None | 5,6 |
| 55 | NETColon | 2 | 2 | 16,17 |
| 58 | NETRectum | 2 | 2 | 16,17 |
| 49 | NETSmallIntestine | None | None | 11,12 |
| 46 | NETStomach | 1 | 1 | 11,12 |
| 140 | Orbit | None | None | None |
| 30 | Oropharynx | 1 | 1 | 3,4,5,6,9,10 |
| 114 | Ovary | None | None | 1,2,3 |
| 19 | PalateHard | 1 | 1 | 3,4,5,6,9,11 |
| 21 | PalateSoft | 1 | 1 | 3,4,5,6,9,10 |
| 70 | PancreasBodyTail | None | None | None |
| 69 | PancreasHead | None | None | None |
| 71 | PancreasOther | None | None | None |
| 27 | ParotidGland | 1 | 1 | 3,4,5,6,9 |
| 119 | Penis | 17 | 17 | 10 |
| 102 | Peritoneum | 1,25 | 1,25 | None |
| 105 | PeritoneumFemaleGen | 25 | 25 | 1,2,3 |
| 36 | PharyngealTonsil | 1,25 | 1,25 | 3,4,5,6,9,10 |
| 39 | PharynxOther | None | None | 3,4,5,6,9,10 |
| 118 | Placenta | 1 | 1 | 2 |
| 93 | Pleura | 1 | 1 | 2 |
| 121 | Prostate | 1,3,8,10 | 1,3,8,10 | 2,7,9,11,12,13 |
| 56 | Rectum | 2 | 2 | 1,3,4,6,8,9 |
| 94 | RespiratoryOther | None | None | None |
| 141 | Retinoblastoma | 1 | 1 | None |
| 103 | Retroperitoneum | 1 | 1 | None |
| 29 | SalivaryGlandOther | 1 | 1 | 3,4,5,6,9 |
| 124 | Scrotum | 12,16 | 12,16 | 1 |
| 78 | SinusEthmoid | 1 | 1 | 3,4,5,6,9,11 |

Appendix H - 2013 FCDS Required CSv02.04 Site Specific Factors (SSFs)

| | | | | |
|-----|--------------------|--------------|--------------|---------------|
| 76 | SinusMaxillary | 1 | 1 | 3,4,5,6,9,11 |
| 80 | SinusOther | None | None | 3,4,5,6,9,11 |
| 96 | Skin | 12,16 | 12,16 | 1,11 |
| 97 | SkinEyelid | 6 | 6 | 3,8,10 |
| 47 | SmallIntestine | 2 | 2 | 1,3 |
| 101 | SoftTissue | 1 | 1 | 3 |
| 44 | Stomach | 1,25 | 1,25 | None |
| 28 | SubmandibularGland | 1 | 1 | 3,4,5,6,9 |
| 122 | Testis | 4,5,13,15,16 | 4,5,13,15,16 | 6,7,8,9,10 |
| 146 | Thyroid | None | None | 1 |
| 9 | TongueAnterior | 1 | 1 | 3,4,5,6,9,11 |
| 7 | TongueBase | 1 | 1 | 3,4,5,6,9,10 |
| 90 | Trachea | None | None | None |
| 129 | Urethra | None | None | 1 |
| 130 | UrinaryOther | None | None | None |
| 109 | Vagina | None | None | 1,2,3,4,5,6,7 |
| 107 | Vulva | 11 | 11 | 10 |

Appendix H - 2013 FCDS Required CSv02.04 Site Specific Factors (SSFs)

| Schema Number | Schema Name | TNM/SS Required | 2013 FCDS Required | Additional CoC Required |
|---------------|---------------------|-----------------|------------------------------------|-------------------------|
| 116 | AdnexaUterineOther | None | None | None |
| 147 | AdrenalGland | None | None | None |
| 66 | AmpullaVater | None | None | None |
| 59 | Anus | None | None | None |
| 50 | Appendix | 2,11 | 2,11 | 1,3 |
| 65 | BileDuctsDistal | 25 | 25 | None |
| 61 | BileDuctsIntraHepat | 10 | 10 | 1,2,11 |
| 63 | BileDuctsPerihilar | 25 | 25 | 11 |
| 68 | BiliaryOther | None | None | None |
| 128 | Bladder | 2 | 2 | 1,3 |
| 95 | Bone | None | None | 3 |
| 143 | Brain | None | 1 | 4,5,6 |
| 106 | Breast | 3,4,5 | 1,2,3,4,5,8,9,10,11,12,13,14,15,16 | 6,7,21,22,23 |
| 25 | BuccalMucosa | 1 | 1 | 3,4,5,6,9,11 |
| 51 | CarcinoidAppendix | 2 | 2 | None |
| 110 | Cervix | None | None | 1 |
| 144 | CNSOther | None | 1 | 4,5,6 |
| 53 | Colon | 2 | 2 | 1,3,4,6,8,9 |
| 131 | Conjunctiva | 1 | 1 | None |
| 112 | CorpusAdenosarcoma | 2 | 2 | 1,3,4,5,6 |
| 111 | CorpusCarcinoma | 2 | 2 | 1,3,4,5,6 |
| 113 | CorpusSarcoma | 2 | 2 | 1,3,4,5,6 |
| 64 | CysticDuct | 25 | 25 | None |
| 72 | DigestiveOther | None | None | None |
| 148 | EndocrineOther | None | None | None |
| 32 | EpiglottisAnterior | 1 | 1 | 3,4,5,6,9 |
| 41 | Esophagus | 1 | 1 | None |
| 43 | EsophagusGEJunction | 1,25 | 1,25 | None |
| 133 | EyeOther | None | None | None |
| 115 | FallopianTube | None | None | 1,4,5,6,7 |
| 17 | FloorMouth | 1 | 1 | 3,4,5,6,9,11 |
| 62 | Gallbladder | None | None | None |
| 117 | GenitalFemaleOther | None | None | None |
| 123 | GenitalMaleOther | None | None | None |
| 52 | GISTAppendix | 11 | 11 | 12 |
| 54 | GISTColon | 11 | 11 | 12 |
| 42 | GISTEsophagus | 6 | 6 | 7 |
| 104 | GISTPeritoneum | 5,10 | 5,10 | 6 |
| 57 | GISTRectum | 11 | 11 | 12 |
| 48 | GISTSmallIntestine | 6 | 6 | 7 |
| 45 | GISTStomach | 6 | 6 | 7 |
| 13 | GumLower | 1 | 1 | 3,4,5,6,9,11 |
| 15 | GumOther | 1 | 1 | 3,4,5,6,9,11 |

Appendix H - 2013 FCDS Required CSv02.04 Site Specific Factors (SSFs)

| | | | | |
|------------|----------------------------|-------------|----------|-----------------------|
| 11 | GumUpper | 1 | 1 | 3,4,5,6,9,11 |
| 92 | HeartMediastinum | 1 | 1 | 3 |
| 151 | HemeRetic | None | | 1 |
| 37 | Hypopharynx | 1 | 1 | 3,4,5,6,9,10 |
| 153 | IllDefinedOther | None | None | None |
| 145 | IntracranialGland | None | 1 | None |
| 149 | KaposiSarcoma | None | None | 1 |
| 126 | KidneyParenchyma | None | None | 1,2,3,4,6,8 |
| 127 | KidneyRenalPelvis | None | None | 1,2 |
| 138 | LacrimalGland | 25 | 25 | 4,6,8 |
| 139 | LacrimalSac | 25 | 25 | None |
| 82 | LarynxGlottic | 1 | 1 | 3,4,5,6,9 |
| 88 | LarynxOther | 1 | 1 | 3,4,5,6,9 |
| 86 | LarynxSubglottic | 1 | 1 | 3,4,5,6,9 |
| 84 | LarynxSupraglottic | 1 | 1 | 3,4,5,6,9 |
| 3 | LipLower | 1 | 1 | 3,4,5,6,9,11 |
| 5 | LipOther | 1 | 1 | 3,4,5,6,9,11 |
| 1 | LipUpper | 1 | 1 | 3,4,5,6,9,11 |
| 60 | Liver | None | None | 1,2,3,4,5,6,7,8 |
| 91 | Lung | 1 | 1 | 2 |
| 150 | Lymphoma | 2 | 2 | 1,3 |
| 142 | LymphomaOcularAdnexa | 2 | 2 | 1,3,6 |
| 26 | MelanomaBuccalMucosa | None | None | 1,3,4,5,6,9,11 |
| 136 | MelanomaChoroid | 2,3,4 | 2,3,4 | 5,6,7,9,10,11,12,13 |
| 135 | MelanomaCiliaryBody | 2,3,4,25 | 2,3,4,25 | 5,6,7,9,10,11,12,13 |
| 132 | MelanomaConjunctiva | 1,2 | 1,2 | None |
| 33 | MelanomaEpiglottisAnterior | None | None | 1,3,4,5,6,9,11 |
| 137 | MelanomaEyeOther | None | None | None |
| 18 | MelanomaFloorMouth | None | None | 1,3,4,5,6,9,11 |
| 14 | MelanomaGumLower | None | None | 1,3,4,5,6,9,11 |
| 16 | MelanomaGumOther | None | None | 1,3,4,5,6,9,11 |
| 12 | MelanomaGumUpper | None | None | 1,3,4,5,6,9,11 |
| 38 | MelanomaHypopharynx | None | None | 1,3,4,5,6,9,11 |
| 134 | MelanomaIris | 4,25 | 4,25 | 3,5,6,7,9,10,11,12,13 |
| 83 | MelanomaLarynxGlottic | None | None | 1,3,4,5,6,9,11 |
| 89 | MelanomaLarynxOther | None | None | 1,3,4,5,6,9,11 |
| 87 | MelanomaLarynxSubglottic | None | None | 1,3,4,5,6,9,11 |
| 85 | MelanomaLarynxSupraglottic | None | None | 1,3,4,5,6,9,11 |
| 4 | MelanomaLipLower | None | None | 1,3,4,5,6,9,11 |
| 6 | MelanomaLipOther | None | None | 1,3,4,5,6,9,11 |
| 2 | MelanomaLipUpper | None | None | 1,3,4,5,6,9,11 |
| 24 | MelanomaMouthOther | None | None | 1,3,4,5,6,9,11 |
| 74 | MelanomaNasalCavity | None | None | 1,3,4,5,6,9,11 |
| 35 | MelanomaNasopharynx | None | None | 1,3,4,5,6,9,11 |
| 31 | MelanomaOropharynx | None | None | 1,3,4,5,6,9,11 |

Appendix H - 2013 FCDS Required CSv02.04 Site Specific Factors (SSFs)

| | | | | |
|-----|---------------------------|-----------|-----------|----------------|
| 20 | MelanomaPalateHard | None | None | 1,3,4,5,6,9,11 |
| 22 | MelanomaPalateSoft | None | None | 1,3,4,5,6,9,11 |
| 40 | MelanomaPharynxOther | None | None | 1,3,4,5,6,9,11 |
| 79 | MelanomaSinusEthmoid | None | None | 1,3,4,5,6,9,11 |
| 77 | MelanomaSinusMaxillary | None | None | 1,3,4,5,6,9,11 |
| 81 | MelanomaSinusOther | None | None | 1,3,4,5,6,9,11 |
| 99 | MelanomaSkin | 1,2,3,4,7 | 1,2,3,4,7 | 5,6 |
| 10 | MelanomaTongueAnterior | None | None | 1,3,4,5,6,9,11 |
| 8 | MelanomaTongueBase | None | None | 1,3,4,5,6,9,11 |
| 120 | MerkelCellPenis | 3 | 3 | 1,16,17,18,22 |
| 125 | MerkelCellScrotum | 3 | 3 | 1,16,17,18,22 |
| 98 | MerkelCellSkin | 3 | 3 | 1,16,17,18,22 |
| 108 | MerkelCellVulva | 3,11 | 3,11 | 1,16,17,18,22 |
| 75 | MiddleEar | None | None | 1,3,4,5,6,9 |
| 23 | MouthOther | 1 | 1 | 3,4,5,6,9,11 |
| 100 | MycosisFungoides | 1 | 1 | None |
| 152 | MyelomaPlasmaCellDisorder | None | None | 2,3 |
| 73 | NasalCavity | 1 | 1 | 3,4,5,6,9,11 |
| 34 | Nasopharynx | 1,25 | 1,25 | 3,4,5,6,9,10 |
| 67 | NETAmpulla | None | None | 5,6 |
| 55 | NETColon | 2 | 2 | 16,17 |
| 58 | NETRectum | 2 | 2 | 16,17 |
| 49 | NETSmallIntestine | None | None | 11,12 |
| 46 | NETStomach | 1 | 1 | 11,12 |
| 140 | Orbit | None | None | None |
| 30 | Oropharynx | 1 | 1 | 3,4,5,6,9,10 |
| 114 | Ovary | None | None | 1,2,3 |
| 19 | PalateHard | 1 | 1 | 3,4,5,6,9,11 |
| 21 | PalateSoft | 1 | 1 | 3,4,5,6,9,10 |
| 70 | PancreasBodyTail | None | None | None |
| 69 | PancreasHead | None | None | None |
| 71 | PancreasOther | None | None | None |
| 27 | ParotidGland | 1 | 1 | 3,4,5,6,9 |
| 119 | Penis | 17 | 17 | 10 |
| 102 | Peritoneum | 1,25 | 1,25 | None |
| 105 | PeritoneumFemaleGen | 25 | 25 | 1,2,3 |
| 36 | PharyngealTonsil | 1,25 | 1,25 | 3,4,5,6,9,10 |
| 39 | PharynxOther | None | None | 3,4,5,6,9,10 |
| 118 | Placenta | 1 | 1 | 2 |
| 93 | Pleura | 1 | 1 | 2 |
| 121 | Prostate | 1,3,8,10 | 1,3,8,10 | 2,7,9,11,12,13 |
| 56 | Rectum | 2 | 2 | 1,3,4,6,8,9 |
| 94 | RespiratoryOther | None | None | None |
| 141 | Retinoblastoma | 1 | 1 | None |
| 103 | Retroperitoneum | 1 | 1 | None |

Appendix H - 2013 FCDS Required CSv02.04 Site Specific Factors (SSFs)

| | | | | |
|-----|--------------------|--------------|--------------|---------------|
| 29 | SalivaryGlandOther | 1 | 1 | 3,4,5,6,9 |
| 124 | Scrotum | 12,16 | 12,16 | 1 |
| 78 | SinusEthmoid | 1 | 1 | 3,4,5,6,9,11 |
| 76 | SinusMaxillary | 1 | 1 | 3,4,5,6,9,11 |
| 80 | SinusOther | None | None | 3,4,5,6,9,11 |
| 96 | Skin | 12,16 | 12,16 | 1,11 |
| 97 | SkinEyelid | 6 | 6 | 3,8,10 |
| 47 | SmallIntestine | 2 | 2 | 1,3 |
| 101 | SoftTissue | 1 | 1 | 3 |
| 44 | Stomach | 1,25 | 1,25 | None |
| 28 | SubmandibularGland | 1 | 1 | 3,4,5,6,9 |
| 122 | Testis | 4,5,13,15,16 | 4,5,13,15,16 | 6,7,8,9,10 |
| 146 | Thyroid | None | None | 1 |
| 9 | TongueAnterior | 1 | 1 | 3,4,5,6,9,11 |
| 7 | TongueBase | 1 | 1 | 3,4,5,6,9,10 |
| 90 | Trachea | None | None | None |
| 129 | Urethra | None | None | 1 |
| 130 | UrinaryOther | None | None | None |
| 109 | Vagina | None | None | 1,2,3,4,5,6,7 |
| 107 | Vulva | 11 | 11 | 10 |

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.

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 Diagnosis Code | 5 |

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 form at – 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 FC DS 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 patients 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 Diagnosis Code | 5 |

FCDS CASEFINDING LIST FOR REPORTABLE TUMORS - JULY 2010

The following ICD-9-CM list is to be used to identify potentially reportable tumors. Some ICD-9-CM codes contain conditions that are not reportable. These records still need to be reviewed and assessed individually to verify whether or not they are reportable to FCDS.

* = Required for review

+ = Optional for review

| | |
|-----------------|--|
| + 042 | AIDS (review cases for AIDS-related malignancies) |
| * 140.0-209.36 | Malignant neoplasms (excluding skin 173.0-173.9 with morphology codes 8000-8110) |
| * 209.70-209.79 | Secondary neuroendocrine tumors |
| * 225.0-225.9 | Benign neoplasm of brain and spinal cord neoplasm |
| * 227.3-227.4 | Benign neoplasm of pituitary gland, pineal body, and other intracranial endocrine-related structures |
| * 227.9 | Benign neoplasm; endocrine gland, site unspecified |
| * 228.02 | Hemangioma; of intracranial structures |
| * 230.0-234.9 | Carcinoma in situ (excluding cervix – 233.1) |
| + 235.0-239.9 | Neoplasms of uncertain behavior |
| * 236.0 | Endometrial stroma, low grade (8931/3) |
| * 237.0-237.9 | Neoplasm of uncertain behavior (borderline) of endocrine glands and nervous system |
| * 238.4 | Polycythemia vera (9950/3) |
| * 238.6-238.79 | Other lymphatic and hematopoietic tissues |
| * 239.6-239.89 | Neoplasms of unspecified nature |
| + 258.02-258.03 | Multiple endocrine neoplasia (MEN) type IIA and IIB |
| * 273.2 | Other paraproteinemias |
| * 273.3 | Waldenstrom's macroglobulinemia (9761/3) |
| + 285.22 | Anemia in neoplastic disease |
| * 288.3 | Hypereosinophilic syndrome (9964/3) |
| * 288.4 | Hemophagocytic syndromes (9751/3, 9754/3) |
| * 289.83 | Myelofibrosis NOS (9961/3) |
| + 338.3 | Neoplasm related pain (acute, chronic); Cancer associated pain |
| * 511.81 | Malignant pleural effusion (code first malignant neoplasm if known) |
| * 692.7 | Malignancy due to solar radiation (9725/3 hydroa vacciniforme-like lymphoma) |
| * 758.0 | Myeloid leukemia associated with Down Syndrome |
| * 789.51 | Malignant ascites (code the first malignant neoplasm if known) |
| + 795.81-795.89 | Abnormal tumor marker |
| * 795.06 | Papanicolaou smear of cervix with cytologic evidence of malignancy |
| * 795.16 | Papanicolaou smear of vagina with cytologic evidence of malignancy |
| * 796.76 | Papanicolaou smear of anus with cytologic evidence of malignancy |
| + 999.81 | Extravasation of vesicant chemotherapy |
| + V07.31-V07.39 | Other prophylactic chemotherapy |
| + V07.8 | Other specified prophylactic measure |
| + V10.0-V10.9 | Personal history of malignancy (review these for recurrences, subsequent primaries, and/or subsequent treatment) |
| + V42.81-V42.82 | Organ or tissue replaced by transplant, Bone marrow transplant |
| * V58.0 | Encounter for radiotherapy |
| * V58.1 | Encounter for chemotherapy and immunotherapy |
| + V66.1 | Convalescence following radiotherapy |
| + V66.2 | Convalescence following chemotherapy |
| + V67.1 | Radiation therapy follow-up |
| + V67.2 | Chemotherapy follow-up |
| + V71.1 | Observation for suspected malignant neoplasm |
| + V76.0-V76.9 | Special screening for malignant neoplasm |
| + V87.41 | Personal history of antineoplastic chemotherapy |

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

APPENDIX L FCDS TEXT DOCUMENTATION REQUIREMENTS

Text documentation is an essential component of a complete electronic abstract and is heavily utilized in quality control, to validate data at time of FCDS and NPCR Audits, and for special studies. 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 will be major part 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 | RX Summ – Surg Prim Site |
| Seq No | RX Summ – Scope Reg LN Surgery |
| Sex | RX Summ – Surg Oth Reg/Distant |
| Primary Site | RX Date – Surgery |
| Subsite | RX Summ – Radiation |
| Laterality | Rad Rx Modality |
| Histologic Type | RX Date – Radiation |
| Behavior Code | RX Summ – Chemo |
| Grade | RX Date – Chemo |
| | RX Summ – Hormone |
| CS Tumor Size | RX Date – Hormone |
| CS Ext | RX Summ – BRM/Immunotherapy |
| CS Tumor Ext/Eval | RX Date – BRM/Immunotherapy |
| Regional Nodes Positive | RX Summ – Transplant/Endocrine |
| Regional Nodes Examined | RX Date – Transplant/Endocrine |
| CS LN | RX Summ – Other |
| CS LN Eval | RX Date - Other |
| CS Mets | |
| CS Mets Eval | Any Unusual Case Characteristics |
| All FCDS Req'd SSFs | Any Pertinent Patient/Family History |

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 3/15/2011 (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
- Details – include as much detail as possible – document treatment plan even if treatment is initiated as planned
- Include “relevant-to-this-person/cancer” information only – edit your text documentation
- DO NOT REPEAT INFORMATION from section to section
- DO USE Standard Abbreviations (Appendix B)
- 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.

APPENDIX L FCDS TEXT DOCUMENTATION REQUIREMENTS

| Text Data Item Name | Text Documentation Source and Item Description |
|---|--|
| NAACCR Item # Field Length | <i>FCDS Required Text Documentation</i> Example: |
| Text - Physical Exam H&P NAACCR Item #2520 Field Length = 1000 | Enter 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, reason for admission.</i> Example: Hx RCC Rt Kidney – Dx 9/2007 in Georgia. Adm c/o fever and night sweats. Adm for w/u. |
| Text - X-rays/Scans NAACCR Item #2530 Field Length = 1000 | Enter text information from diagnostic imaging reports, including x-rays, CT, MRI, and PET scans, ultrasound and other imaging studies. <i>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: 4/12/13 (Breast Center xyz) Mammo - Rt Breast w/1.5cm mass at 12:00 o'clock |
| Text - Scopes NAACCR Item #2540 Field Length = 1000 | Enter 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: 4/12/13 (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 text information from diagnostic/prognostic laboratory tests (not cytology or histopathology). Text for Collaborative Stage Site Specific Factor or SSF documentation. <i>Date(s) of Test(s), facility where test was performed, type of test(s), test results (value and assessment)</i> Example: 4/12/13 (Hosp xyz) ER +, PR -, HER2 neg by IHC method, PSA 5.3 (elevated) |
| Text - Operative Report NAACCR Item #2560 Field Length = 1000 | Enter text information from surgical operative reports (not diagnostic needle, incisional biopsy). Include observations at surgery, tumor size, and extent of involvement of primary or 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: 4/12/13 (Hosp xyz) right colon resection - Pt was found to have extensive disease in the pelvis (carcinomatosis) and resection was aborted |
| DX Text - Pathology NAACCR Item #2570 Field Length = 1000 | Enter text information from 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, some special histo studies</i> Example: 2/5/13 (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) |
| DX Text - Staging NAACCR Item #2600 Field Length = 1000 | Enter Details of Collaborative Stage and other stage information not already entered in other text areas. Include specific information on Tumor Size, Extension of Primary Tumor, Metastatic Sites, etc. <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 SSF documentation if not under Labs.</i> Example: 2/15/13 - T2aN1a per path, distant mets in lungs, ER/PR neg, HER2 neg by IHC method |

APPENDIX L FCDS TEXT DOCUMENTATION REQUIREMENTS

| Text Data Item Name NAACCR Item # Field Length | Text Documentation Source and Item Description <i>FCDS Required Text Documentation</i> Example: |
|--|--|
| RX Text - Surgery NAACCR Item #2610 Field Length = 1000 | Enter text describing the 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: 2/15/13 (Hosp xyz) - rt breast mrm w/ax ln dissection |
| RX Text Radiation (Beam) NAACCR Item #2620 Field Length = 1000 | Enter information regarding the treatment of the tumor being reported with radiation. <i>Treatment Plan (if no treatment given), date treatment initiated/completed, facility where treatment administered, type of radiation, dose (if known)</i> Example: 2/15/13-3/15/13 (Hosp xyz) – 4500 rads orthovoltage with 2000 rads boost to tumor bed |
| RX Text Radiation (Other) NAACCR Item #2630 Field Length = 1000 | Enter information regarding the treatment of the tumor being reported with radiation. <i>Treatment Plan (if no treatment given), date treatment initiated/completed, facility where treatment was administered, type of radiation, dose (if known),</i> Example: 2/15/13 (Hosp xyz) - seed implant, radioisotopes (I-131) |
| RX Text - Chemo NAACCR Item #2640 Field Length = 1000 | Enter information regarding the treatment of the tumor being reported with chemotherapy. <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: 2/15/13 (Dr Smith) – Start 6 cycles R-CHOP14 – standard dose at 2-week intervals |
| RX Text - Hormone NAACCR Item #2650 Field Length = 1000 | Enter information regarding the treatment of the tumor being reported with hormone. <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: 2/15/13 (Dr Jones) - tamoxifen (dose/duration not stated) or bilateral orchiectomy |
| RX Text - BRM NAACCR Item #2660 Field Length = 1000 | Enter information regarding the treatment of the tumor being reported with biological response modifiers or immunotherapy. <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: 2/15/13 (Hosp xyz) - interferon or BCG (dose/duration not stated) |
| RX Text - Other NAACCR Item #2670 Field Length = 1000 | Enter information regarding treatment that cannot be defined as surgery, radiation, or systemic therapy. <i>Date treatment planned/initiated, name of other therapy, agent or procedure, dose (if known), facility where performed</i> Example: 2/15/13 (Hosp xyz) - blinded clinical trial or hyperthermia |
| 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 Updated for 2012 Heme/Lymph

Master Code List – Alphabetical
Master Code List – Numeric

IMPORTANT INFORMATION – PLEASE READ

The Hematopoietic and Lymphoid Neoplasm Master Lists Replace the ICD-O-3 for All Neoplasms in the ICD-O-3 Code Range 9590-9992 as of 2010 Reporting

ONLY Use Codes Found in This List When Abstracting These Cases

DO NOT USE [OBS] or (obs) Codes from This List

**For the most complete and up-to-date Master List please go to:
<http://seer.cancer.gov/seertools/hemelymph>**

2012 Hematopoietic and Lymphoid ICD-O Codes - Alphabetical List
THIS TABLE REPLACES ALL ICD-O-3 Codes 9590-9989

Preferred Histologic Term - updated for 2012 Heme/Lymph

| | Histology |
|---|----------------|
| Acute basophilic leukemia | 9870/3 |
| Acute biphenotypic leukemia [OBS] | 9805/3- |
| Acute erythroid leukemia | 9840/3 |
| Acute megakaryoblastic leukemia | 9910/3 |
| Acute monoblastic and monocytic leukemia | 9891/3 |
| Acute myeloid leukemia (megakaryoblastic) with t(1;22)(p13;q13);RBM15-MKL1 | 9911/3 |
| Acute myeloid leukemia with inv(16)(p13.1q22) or t(16;16)(p13.1;q22),CBFB/MYH11 | 9871/3 |
| Acute myeloid leukemia with inv(3)(q21;q26.2) or t(3;3)(q21;q26.2); RPN1-EV11 | 9869/3 |
| Acute myeloid leukemia with maturation | 9874/3 |
| Acute myeloid leukemia with minimal differentiation | 9872/3 |
| Acute myeloid leukemia with myelodysplasia-related changes | 9895/3 |
| Acute myeloid leukemia with t(6;9)(p23;q34); DEK-NUP214 | 9865/3 |
| Acute myeloid leukemia with t(8;21)(q22;q22); RUNX1-RUNX1T1 | 9896/3 |
| Acute myeloid leukemia with t(9;11)(p22;q23); MLLT3-MLL | 9897/3 |
| Acute myeloid leukemia without maturation | 9873/3 |
| Acute myeloid leukemia, NOS | 9861/3 |
| Acute myelomonocytic leukemia | 9867/3 |
| Acute panmyelosis with myelofibrosis | 9931/3 |
| Acute promyelocytic leukemia (AML with t(15;17)(q22;q12), PML/RARA | 9866/3 |
| Acute undifferentiated leukemia | 9801/3 |
| Adult T-cell leukemia/lymphoma | 9837/3 |
| Adult T-cell leukemia/lymphoma (HTLV-1 positive) | 9827/3 |
| Aggressive NK-cell leukemia | 9948/3 |
| ALK positive large B-cell lymphoma | 9737/3 |
| Anaplastic large cell lymphoma, ALK positive | 9714/3 |
| Angioimmunoblastic T-cell lymphoma | 9705/3 |
| Atypical chronic myeloid leukemia, BCR-ABL1 negative | 9876/3 |
| B lymphoblastic leukemia/lymphoma with hyperdiploidy | 9815/3 |
| B lymphoblastic leukemia/lymphoma with hypodiploidy (hypodiploid ALL) | 9816/3 |
| B lymphoblastic leukemia/lymphoma with t(1;19)(q23;p13.3);E2A-PBX1 (TCF3-PBX1) | 9818/3 |
| B lymphoblastic leukemia/lymphoma with t(12;21)(p13;q22);TEL-AML1 (ETV6-RUNX1) | 9814/3 |
| B lymphoblastic leukemia/lymphoma with t(5;14)(q31;q32);iL3-IGH | 9817/3 |

2012 Hematopoietic and Lymphoid ICD-O Codes - Alphabetical List
THIS TABLE REPLACES ALL ICD-O-3 Codes 9590-9989

| Preferred Histologic Term - updated for 2012 Heme/Lymph | | Histology |
|--|---|----------------|
| | NOTE: DO NOT USE [OBS] Codes Beginning 1/1/2010 - [OBS] Codes are OBSOLETE | |
| B lymphoblastic leukemia/lymphoma with t(9;22)(q34;q11.2);BCR-ABL1 | | 9812/3 |
| B lymphoblastic leukemia/lymphoma with t(v;11q23);MILL rearranged | | 9813/3 |
| B lymphoblastic leukemia/lymphoma, NOS | | 9811/3 |
| B-cell lymphoma, unclassifiable, with features intermediate between diffuse large B-cell lymphoma and classical Hodgkin lymphoma | | 9596/3 |
| B-cell prolymphocytic leukemia | | 9833/3 |
| Blastic plasmacytoid dendritic cell neoplasm | | 9727/3 |
| Burkitt cell leukemia | | 9826/3 |
| Burkitt lymphoma | | 9687/3 |
| Chronic eosinophilic leukemia, NOS | | 9964/3 |
| Chronic lymphocytic leukemia/small lymphocytic lymphoma | | 9823/3 |
| Chronic myelogenous leukemia, BCR-ABL1 positive | | 9875/3 |
| Chronic myeloid leukemia, NOS | | 9863/3 |
| Chronic myelomonocytic leukemia | | 9945/3 |
| Chronic myeloproliferative disease, NOS [OBS] See 9975/3 | | 9960/3- |
| Chronic neutrophilic leukemia | | 9963/3 |
| Classical Hodgkin lymphoma | | 9650/3 |
| Diffuse large B-cell lymphoma (DLBCL) | | 9680/3 |
| Enteropathy-associated T-cell lymphoma | | 9717/3 |
| Essential thrombocythemia | | 9962/3 |
| Extranodal marginal zone lymphoma of mucosa-associated lymphoid tissue (MALT lymphoma) | | 9699/3 |
| Extranodal NK/T cell lymphoma, nasal type | | 9719/3 |
| Extraosseous plasmacytoma | | 9734/3 |
| Fibroblastic reticular cell tumor | | 9759/3 |
| Follicular dendritic cell sarcoma | | 9758/3 |
| Follicular lymphoma | | 9690/3 |
| Follicular lymphoma, grade 1 | | 9695/3 |
| Follicular lymphoma, grade 2 | | 9691/3 |
| Follicular lymphoma, grade 3 | | 9698/3 |
| Hairy cell leukemia | | 9940/3 |
| Heavy chain disease | | 9762/3 |
| Hepatosplenic T-cell lymphoma | | 9716/3 |
| Histiocytic sarcoma | | 9755/3 |

2012 Hematopoietic and Lymphoid ICD-O Codes - Alphabetical List
THIS TABLE REPLACES ALL ICD-O-3 Codes 9590-9989

Preferred Histologic Term - updated for 2012 Heme/Lymph

| | Histology |
|---|---|
| | NOTE: DO NOT USE [OBS] Codes Beginning 1/1/2010 - [OBS] Codes are OBSOLETE |
| Hodgkin-disease, lymphocytic-predominance, diffuse [OBS] See 9651/3 | 9658/3 |
| Hodgkin-disease, lymphocytic-predominance, NOS [OBS] See 9651/3 | 9657/3 |
| Hodgkin-granuloma [OBS] | 9661/3 |
| Hodgkin-lymphoma, lymphocyte-depletion, diffuse-fibrosis [OBS] | 9654/3 |
| Hodgkin-lymphoma, lymphocyte-depletion, reticular | 9655/3 |
| Hodgkin-lymphoma, nodular-sclerosis, cellular-phase [OBS] See 9663/3 | 9664/3 |
| Hodgkin-lymphoma, nodular-sclerosis, grade-1 [OBS] See 9663/3 | 9665/3 |
| Hodgkin-lymphoma, nodular-sclerosis, grade-2 [OBS] See 9663/3 | 9667/3 |
| Hodgkin-sarcoma [OBS] | 9662/3 |
| Hydroa vacciniforme-like lymphoma | 9725/3 |
| Immunoproliferative-disease, NOS [OBS] | 9760/3 |
| Immunoproliferative-small-intestinal-disease [OBS] See 9762/3 | 9764/3 |
| Interdigitating-dendritic-cell-sarcoma | 9757/3 |
| Intravascular-large-B-cell-lymphoma | 9712/3 |
| Juvenile-myelomonocytic-leukemia | 9946/3 |
| Langerhans-cell-histiocytosis | 9751/3 |
| Langerhans-cell-histiocytosis, disseminated [OBS] See 9751/3 | 9754/3 |
| Langerhans-cell-histiocytosis, multifocal [OBS] See 9751/3 | 9753/3 |
| Langerhans-cell-histiocytosis, unifocal [OBS] See 9751/3 | 9752/3 |
| Langerhans-cell-sarcoma | 9756/3 |
| Large-B-cell-lymphoma-arising-in-HHV8-associated-multicentric-Castleman-disease | 9738/3 |
| Leukemia, NOS | 9800/3 |
| Lymphocyte-depleted-classical-Hodgkin-lymphoma | 9653/3 |
| Lymphocyte-rich-classical-Hodgkin-lymphoma | 9651/3 |
| Lymphoid-leukemia, NOS | 9820/3 |
| Lymphoplasmacytic-lymphoma | 9671/3 |
| Lymphoproliferative-disorder, NOS | 9970/1 |
| Malignant-histiocytosis [OBS] See 9751/3 | 9750/3 |
| Malignant-lymphoma, large-B-cell, diffuse, immunoblastic, NOS [OBS] See 9680/3 | 9684/3 |
| Malignant-lymphoma, mixed-small-and-large-cell, diffuse [OBS] See 9690/3 | 9675/3 |
| Malignant-lymphoma, NOS | 9590/3 |
| Malignant-lymphoma, small-B-lymphocytic, NOS [OBS] See 9823/3 | 9670/3 |

2012 Hematopoietic and Lymphoid ICD-O Codes - Alphabetical List
THIS TABLE REPLACES ALL ICD-O-3 Codes 9590-9989

| Preferred Histologic Term - updated for 2012 Heme/Lymph | | Histology |
|---|---|-----------|
| | NOTE: DO NOT USE [OBS] Codes Beginning 1/1/2010 - [OBS] Codes are OBSOLETE | |
| Mantle cell lymphoma | | 9673/3 |
| Mast cell leukemia | | 9742/3 |
| Mast cell sarcoma | | 9740/3 |
| Mixed cellularity classical Hodgkin lymphoma | | 9652/3 |
| Mixed phenotype acute leukemia with t(9;22)(q34;q11.2);BCR-ABL1 | | 9806/3 |
| Mixed phenotype acute leukemia with t(v;11q23);MLL, rearranged | | 9807/3 |
| Mixed phenotype acute leukemia, B/myeloid, NOS | | 9808/3 |
| Mixed phenotype acute leukemia, T/myeloid, NOS | | 9809/3 |
| Monoclonal gammopathy, unknown significance (MGUS) | | 9765/1 |
| Mycosis fungoides | | 9700/3 |
| Myelodysplastic syndrome associated with isolated del(5q) | | 9986/3 |
| Myelodysplastic syndrome, unclassifiable | | 9989/3 |
| Myelodysplastic/myeloproliferative neoplasm, unclassifiable | | 9975/3 |
| Myeloid and lymphoid neoplasm with FGFR1 abnormalities | | 9967/3 |
| Myeloid and lymphoid neoplasm with PDGFRA rearrangement | | 9965/3 |
| Myeloid leukemia associated with Down syndrome | | 9898/3 |
| Myeloid leukemia, NOS | | 9860/3 |
| Myeloid neoplasm with PDGFRB arrangement | | 9966/3 |
| Myeloid sarcoma | | 9930/3 |
| Nodular lymphocyte predominant Hodgkin lymphoma | | 9659/3 |
| Nodular sclerosis classical Hodgkin lymphoma | | 9663/3 |
| Non-Hodgkin lymphoma, NOS | | 9591/3 |
| Peripheral T-cell lymphoma, NOS | | 9702/3 |
| Plasma-cell-leukemia [OBS] See 9732/3 | | 9733/3- |
| Plasma cell myeloma | | 9732/3 |
| Plasmablastic lymphoma | | 9735/3 |
| Polycythemia vera | | 9950/3 |
| Post Transplant Lymphoproliferative Disorder (PTLD) | | 9971/3 |
| Precursor B-cell lymphoblastic-leukemia [OBS] See 9811/3 | | 9836/3- |
| Precursor B-cell lymphoblastic-lymphoma [OBS] See 9811/3 | | 9728/3- |
| Precursor cell lymphoblastic-leukemia, NOS [OBS] See 9811/3 | | 9835/3- |
| Precursor T-cell lymphoblastic-lymphoma [OBS] See 9837/3 | | 9729/3- |

2012 Hematopoietic and Lymphoid ICD-O Codes - Alphabetical List
THIS TABLE REPLACES ALL ICD-O-3 Codes 9590-9989

| Preferred Histologic Term - updated for 2012 Heme/Lymph | | Histology |
|--|---|----------------|
| | NOTE: DO NOT USE [OBS] Codes Beginning 1/1/2010 - [OBS] Codes are OBSOLETE | |
| Primary cutaneous CD30-positive T-cell lymphoproliferative disorders | | 9718/3 |
| Primary cutaneous follicle centre lymphoma | | 9597/3 |
| Primary cutaneous gamma-delta T-cell lymphoma | | 9726/3 |
| Primary cutaneous T-cell lymphoma | | 9709/3 |
| Primary effusion lymphoma | | 9678/3 |
| Primary mediastinal (thymic) large B-cell lymphoma | | 9679/3 |
| Primary myelofibrosis | | 9961/3 |
| Prolymphocytic leukemia, NOS | | 9832/3 |
| Refractory anemia | | 9980/3 |
| Refractory anemia with excess blasts | | 9983/3 |
| Refractory anemia with excess blasts in transformation [OBS] See 9983/3 | | 9984/3- |
| Refractory anemia with ring sideroblasts | | 9982/3 |
| Refractory cytopenia with multilineage dysplasia | | 9985/3 |
| Refractory neutropenia | | 9991/3 |
| Refractory thrombocytopenia | | 9992/3 |
| Sezary syndrome | | 9701/3 |
| Solitary plasmacytoma of bone | | 9731/3 |
| Splenic marginal zone lymphoma | | 9689/3 |
| Subcutaneous panniculitis-like T-cell lymphoma | | 9708/3 |
| Systemic EBV positive T-cell lymphoproliferative disease of childhood | | 9724/3 |
| Systemic mastocytosis | | 9741/3 |
| T-cell large granular lymphocytic leukemia | | 9831/3 |
| T-cell prolymphocytic leukemia | | 9834/3 |
| T-cell/histiocyte rich large B-cell lymphoma | | 9688/3 |
| Therapy-related myelodysplastic syndrome, NOS [OBS] See 9920/3 | | 9987/3- |
| Therapy-related myeloid neoplasm | | 9920/3 |
| Waldenstrom macroglobulinemia | | 9761/3 |

2012 Hematopoietic and Lymphoid ICD-O Codes - Numerical List
THIS TABLE REPLACES ALL ICD-O-3 Codes 9590-9989

| Preferred Histologic Term - updated for 2012 Heme/Lymph | | Histology |
|--|---|-----------|
| Malignant lymphoma, NOS | NOTE: DO NOT USE [OBS] Codes Beginning 1/1/2010 - [OBS] Codes are OBSOLETE | |
| Non-Hodgkin lymphoma, NOS | | 9590/3 |
| B-cell lymphoma, unclassifiable, with features intermediate between diffuse large B-cell lymphoma and classical Hodgkin lymphoma | | 9591/3 |
| Primary cutaneous follicle centre lymphoma | | 9596/3 |
| Classical Hodgkin lymphoma | | 9597/3 |
| Lymphocyte-rich classical Hodgkin lymphoma | | 9650/3 |
| Mixed cellularity classical Hodgkin lymphoma | | 9651/3 |
| Lymphocyte-depleted classical Hodgkin lymphoma | | 9652/3 |
| Hodgkin-lymphoma, lymphocyte-depletion, diffuse fibrosis [OBS] | | 9653/3 |
| Hodgkin lymphoma, lymphocyte depletion, reticular | | 9654/3 |
| Hodgkin-disease, lymphocytic-predominance, NOS [OBS] See 9651/3 | | 9655/3 |
| Hodgkin-disease, lymphocytic-predominance, NOS [OBS] See 9651/3 | | 9657/3 |
| Hodgkin-disease, lymphocytic-predominance, diffuse [OBS] See 9651/3 | | 9658/3 |
| Nodular lymphocyte predominant Hodgkin lymphoma | | 9659/3 |
| Hodgkin-granuloma [OBS] | | 9661/3 |
| Hodgkin-sarcoma [OBS] | | 9662/3 |
| Nodular sclerosis classical Hodgkin lymphoma | | 9663/3 |
| Hodgkin-lymphoma, nodular-sclerosis, cellular-phase [OBS] See 9663/3 | | 9664/3 |
| Hodgkin-lymphoma, nodular-sclerosis, grade-1 [OBS] See 9663/3 | | 9665/3 |
| Hodgkin-lymphoma, nodular-sclerosis, grade-2 [OBS] See 9663/3 | | 9666/3 |
| Malignant lymphoma, small B-lymphocytic, NOS [OBS] See 9823/3 | | 9667/3 |
| Lymphoplasmacytic lymphoma | | 9670/3 |
| Mantle cell lymphoma | | 9671/3 |
| Malignant lymphoma, mixed-small-and-large-cell, diffuse [OBS] See 9690/3 | | 9673/3 |
| Primary effusion lymphoma | | 9675/3 |
| Primary mediastinal (thymic) large B-cell lymphoma | | 9678/3 |
| Diffuse large B-cell lymphoma (DLBCl) | | 9679/3 |
| Malignant lymphoma, large B-cell, diffuse, immunoblastic, NOS [OBS] See 9680/3 | | 9680/3 |
| Malignant lymphoma, large B-cell, diffuse, immunoblastic, NOS [OBS] See 9680/3 | | 9684/3 |
| Burkitt lymphoma | | 9687/3 |
| T-cell/histiocyte rich large B-cell lymphoma | | 9688/3 |
| Splenic marginal zone lymphoma | | 9689/3 |
| Follicular lymphoma | | 9690/3 |
| Follicular lymphoma, grade 2 | | 9691/3 |

2012 Hematopoietic and Lymphoid ICD-O Codes - Numerical List
THIS TABLE REPLACES ALL ICD-O-3 Codes 9590-9989

| Preferred Histologic Term - updated for 2012 Heme/Lymph | | Histology |
|--|---|-----------|
| | NOTE: DO NOT USE [OBS] Codes Beginning 1/1/2010 - [OBS] Codes are OBSOLETE | |
| Follicular lymphoma, grade 1 | | 9695/3 |
| Follicular lymphoma, grade 3 | | 9698/3 |
| Extranodal marginal zone lymphoma of mucosa-associated lymphoid tissue (MALT lymphoma) | | 9699/3 |
| Mycosis fungoides | | 9700/3 |
| Sezary syndrome | | 9701/3 |
| Peripheral T-cell lymphoma, NOS | | 9702/3 |
| Angioimmunoblastic T-cell lymphoma | | 9705/3 |
| Subcutaneous panniculitis-like T-cell lymphoma | | 9708/3 |
| Primary cutaneous T-cell lymphoma | | 9709/3 |
| Intravascular large B-cell lymphoma | | 9712/3 |
| Anaplastic large cell lymphoma, ALK positive | | 9714/3 |
| Hepatosplenic T-cell lymphoma | | 9716/3 |
| Enteropathy-associated T-cell lymphoma | | 9717/3 |
| Primary cutaneous CD30-positive T-cell lymphoproliferative disorders | | 9718/3 |
| Extranodal NK/T cell lymphoma, nasal type | | 9719/3 |
| Systemic EBV positive T-cell lymphoproliferative disease of childhood | | 9724/3 |
| Hydroa vacciniforme-like lymphoma | | 9725/3 |
| Primary cutaneous gamma-delta T-cell lymphoma | | 9726/3 |
| Blastic plasmacytoid dendritic cell neoplasm | | 9727/3 |
| Precursor B-cell lymphoblastic lymphoma [OBS] See 9811/3 | | 9728/3- |
| Precursor T-cell lymphoblastic lymphoma [OBS] See 9837/3 | | 9729/3- |
| Solitary plasmacytoma of bone | | 9731/3 |
| Plasma cell myeloma | | 9732/3 |
| Plasma-cell-leukemia [OBS] See 9732/3 | | 9733/3- |
| Extraosseous plasmacytoma | | 9734/3 |
| Plasmablastic lymphoma | | 9735/3 |
| ALK positive large B-cell lymphoma | | 9737/3 |
| Large B-cell lymphoma arising in HHV8-associated multicentric Castlemans disease | | 9738/3 |
| Mast cell sarcoma | | 9740/3 |
| Systemic mastocytosis | | 9741/3 |
| Mast cell leukemia | | 9742/3 |
| Malignant histiocytosis [OBS] See 9751/3 | | 9750/3- |

2012 Hematopoietic and Lymphoid ICD-O Codes - Numerical List
THIS TABLE REPLACES ALL ICD-O-3 Codes 9590-9989

Preferred Histologic Term - updated for 2012 Heme/Lymph

| | Histology |
|---|-------------------|
| Langerhans cell histiocytes | 9751/3 |
| NOTE: DO NOT USE [OBS] Codes Beginning 1/1/2010 - [OBS] Codes are OBSOLETE | |
| Langerhans cell histiocytosis, unifocal [OBS] See 9751/3 | 9752/3 |
| Langerhans cell histiocytosis, multifocal [OBS] See 9751/3 | 9753/3 |
| Langerhans cell histiocytosis, disseminated [OBS] See 9751/3 | 9754/3 |
| Histiocytic sarcoma | 9755/3 |
| Langerhans cell sarcoma | 9756/3 |
| Interdigitating dendritic cell sarcoma | 9757/3 |
| Follicular dendritic cell sarcoma | 9758/3 |
| Fibroblastic reticular cell tumor | 9759/3 |
| Immunoproliferative disease, NOS [OBS] | 9760/3 |
| Waldenström macroglobulinemia | 9761/3 |
| Heavy chain disease | 9762/3 |
| Immunoproliferative small intestinal disease [OBS] See 9762/3 | 9764/3 |
| Monoclonal gammopathy, unknown significance (MGUS) | 9765/1 |
| Leukemia, NOS | 9800/3 |
| Acute undifferentiated leukemia | 9801/3 |
| Acute biphenotypic leukemia [OBS] | 9805/3 |
| Mixed phenotype acute leukemia with t(9;22)(q34;q11.2);BCR-ABL1 | 9806/3 |
| Mixed phenotype acute leukemia with t(v:11q23);MLL, rearranged | 9807/3 |
| Mixed phenotype acute leukemia, B/myeloid, NOS | 9808/3 |
| Mixed phenotype acute leukemia, T/myeloid, NOS | 9809/3 |
| B lymphoblastic leukemia/lymphoma, NOS | 9811/3 |
| B lymphoblastic leukemia/lymphoma with t(9;22)(q34;q11.2);BCR-ABL1 | 9812/3 |
| B lymphoblastic leukemia/lymphoma with t(v:11q23);MLL rearranged | 9813/3 |
| B lymphoblastic leukemia/lymphoma with t(12;21)(p13;q22);TEL-AML1 (ETV6-RUNX1) | 9814/3 |
| B lymphoblastic leukemia/lymphoma with hyperdiploidy | 9815/3 |
| B lymphoblastic leukemia/lymphoma with hypodiploidy (hypodiploid ALL) | 9816/3 |
| B lymphoblastic leukemia/lymphoma with t(5;14)(q31;q32);IL3-IGH | 9817/3 |
| B lymphoblastic leukemia/lymphoma with t(1;19)(q23;p13.3);E2A-PBX1 (TCF3-PBX1) | 9818/3 |
| Lymphoid leukemia, NOS | 9820/3 |
| Chronic lymphocytic leukemia/small lymphocytic lymphoma | 9823/3 |
| Burkitt cell leukemia | 9826/3 |

2012 Hematopoietic and Lymphoid ICD-O Codes - Numerical List
THIS TABLE REPLACES ALL ICD-O-3 Codes 9590-9989

| Preferred Histologic Term - updated for 2012 Heme/Lymph | | Histology |
|--|---|-----------|
| | NOTE: DO NOT USE [OBS] Codes Beginning 1/1/2010 - [OBS] Codes are OBSOLETE | |
| Adult T-cell leukemia/lymphoma (HTLV-1 positive) | | 9827/3 |
| T-cell large granular lymphocytic leukemia | | 9831/3 |
| Prolymphocytic leukemia, NOS | | 9832/3 |
| B-cell prolymphocytic leukemia | | 9833/3 |
| T-cell prolymphocytic leukemia | | 9834/3 |
| Precursor-cell lymphoblastic-leukemia, NOS [OBS] See 9811/3 | | 9835/3- |
| Precursor B-cell lymphoblastic-leukemia [OBS] See 9811/3 | | 9836/3- |
| Adult T-cell leukemia/lymphoma | | 9837/3 |
| Acute erythroid leukemia | | 9840/3 |
| Myeloid leukemia, NOS | | 9860/3 |
| Acute myeloid leukemia, NOS | | 9861/3 |
| Chronic myeloid leukemia, NOS | | 9863/3 |
| Acute myeloid leukemia with t(6;9)(p23;q34); DEK-NUP214 | | 9865/3 |
| Acute promyelocytic leukemia (AML with t(15;17)(q22;q12), PML/RARA | | 9866/3 |
| Acute myelomonocytic leukemia | | 9867/3 |
| Acute myeloid leukemia with inv(3)(q21;q26.2) or t(3;3)(q21;q26;2); RPN1-EV11 | | 9869/3 |
| Acute basophilic leukemia | | 9870/3 |
| Acute myeloid leukemia with inv(16)(p13.1q22) or t(16;16)(p13.1;q22), CBFB/MYH11 | | 9871/3 |
| Acute myeloid leukemia with minimal differentiation | | 9872/3 |
| Acute myeloid leukemia without maturation | | 9873/3 |
| Acute myeloid leukemia with maturation | | 9874/3 |
| Chronic myelogenous leukemia, BCR-ABL1 positive | | 9875/3 |
| Atypical chronic myeloid leukemia, BCR-ABL1 negative | | 9876/3 |
| Acute monoblastic and monocytic leukemia | | 9891/3 |
| Acute myeloid leukemia with myelodysplasia-related changes | | 9895/3 |
| Acute myeloid leukemia with t(8;21)(q22;q22); RUNX1-RUNX1T1 | | 9896/3 |
| Acute myeloid leukemia with t(9;11)(p22;q23); MLLT3-MLL | | 9897/3 |
| Myeloid leukemia associated with Down syndrome | | 9898/3 |
| Acute megakaryoblastic leukemia | | 9910/3 |
| Acute myeloid leukemia (megakaryoblastic) with t(1;22)(p13;q13);RBM15-MKL1 | | 9911/3 |
| Therapy-related myeloid neoplasm | | 9920/3 |
| Myeloid sarcoma | | 9930/3 |

2012 Hematopoietic and Lymphoid ICD-O Codes - Numerical List
THIS TABLE REPLACES ALL ICD-O-3 Codes 9590-9989

Preferred Histologic Term - updated for 2012 Heme/Lymph

| | Histology |
|--|----------------|
| Acute panmyelosis with myelofibrosis | 9931/3 |
| Hairy cell leukemia | 9940/3 |
| Chronic myelomonocytic leukemia | 9945/3 |
| Juvenile myelomonocytic leukemia | 9946/3 |
| Aggressive NK-cell leukemia | 9948/3 |
| Polycythemia vera | 9950/3 |
| Chronic myeloproliferative disease, NOS [OBS] See 9975/3 | 9960/3- |
| Primary myelofibrosis | 9961/3 |
| Essential thrombocythemia | 9962/3 |
| Chronic neutrophilic leukemia | 9963/3 |
| Chronic eosinophilic leukemia, NOS | 9964/3 |
| Myeloid and lymphoid neoplasm with PDGFRA rearrangement | 9965/3 |
| Myeloid neoplasm with PDGFRB arrangement | 9966/3 |
| Myeloid and lymphoid neoplasm with FGFR1 abnormalities | 9967/3 |
| Lymphoproliferative disorder, NOS | 9970/1 |
| Post Transplant Lymphoproliferative Disorder (PTLD) | 9971/3 |
| Myelodysplastic/myeloproliferative neoplasm, unclassifiable | 9975/3 |
| Refractory anemia | 9980/3 |
| Refractory anemia with ring sideroblasts | 9982/3 |
| Refractory anemia with excess blasts | 9983/3 |
| Refractory anemia with excess blasts in transformation [OBS] See 9983/3 | 9984/3- |
| Refractory cytopenia with multilineage dysplasia | 9985/3 |
| Myelodysplastic syndrome associated with isolated del(5q) | 9986/3 |
| Therapy-related myelodysplastic syndrome, NOS [OBS] See 9920/3 | 9987/3- |
| Myelodysplastic syndrome, unclassifiable | 9989/3 |
| Refractory neutropenia | 9991/3 |
| Refractory thrombocytopenia | 9992/3 |

Appendix N

2013 FCDS Casefinding List of Reportable Tumors

FCDS CASEFINDING LIST FOR REPORTABLE TUMORS - JULY 2013

The following ICD-9-CM list is to be used to identify potentially reportable tumors. Some ICD-9-CM codes contain conditions that are not reportable. These records still need to be reviewed and assessed individually to verify whether or not they are reportable to FCDS.

| * = Required for review | + = Optional for review |
|-------------------------|--|
| + 042 | AIDS (review cases for AIDS-related malignancies) |
| * 140.0-209.36 | Malignant neoplasms (excluding skin 173.0-173.9 with morphology codes 8000-8110) |
| * 209.70-209.79 | Secondary neuroendocrine tumors |
| * 225.0-225.9 | Benign neoplasm of brain and spinal cord neoplasm |
| * 227.3-227.4 | Benign neoplasm of pituitary gland, pineal body, and other intracranial endocrine-related structures |
| * 227.9 | Benign neoplasm; endocrine gland, site unspecified |
| * 228.02 | Hemangioma; of intracranial structures |
| *228.1 | Lymphangioma, any site brain, other parts of CNS |
| * 230.0-234.9 | Carcinoma in situ (exclude: skin, cervix and prostate in situ – 232.0-232.9, 233.1, 233.4) |
| + 235.0-239.9 | Neoplasms of uncertain behavior |
| * 236.0 | Endometrial stroma, low grade (8931/3) |
| * 237.0-237.9 | Neoplasm of uncertain behavior (borderline) of endocrine glands and nervous system |
| * 238.4 | Polycythemia vera (9950/3) |
| * 238.6-238.79 | Other lymphatic and hematopoietic tissues |
| * 239.6-239.89 | Neoplasms of unspecified nature |
| + 258.02-258.03 | Multiple endocrine neoplasia (MEN) type IIA and IIB |
| * 273.2 | Other paraproteinemias |
| * 273.3 | Waldenstrom's macroglobulinemia (9761/3) |
| + 285.22 | Anemia in neoplastic disease |
| * 288.3 | Hypereosinophilic syndrome (9964/3) |
| *288.4 | Hemophagocytic syndromes (9751/3, 9754/3) |
| *289.6 | Familial Polycythemia |
| * 289.83 | Myelofibrosis NOS (9961/3) |
| + 338.3 | Neoplasm related pain (acute, chronic); Cancer associated pain |
| * 511.81 | Malignant pleural effusion (code first malignant neoplasm if known) |
| * 692.7 | Malignancy due to solar radiation (9725/3 hydroa vacciniforme-like lymphoma) |
| * 758.0 | Myeloid leukemia associated with Down Syndrome |
| * 789.51 | Malignant ascites (code the first malignant neoplasm if known) |
| + 795.81-795.89 | Abnormal tumor marker |
| * 795.06 | Papanicolaou smear of cervix with cytologic evidence of malignancy |
| * 795.16 | Papanicolaou smear of vagina with cytologic evidence of malignancy |
| * 796.76 | Papanicolaou smear of anus with cytologic evidence of malignancy |
| + 999.81 | Extravasation of vesicant chemotherapy |
| + V07.31-V07.39 | Other prophylactic chemotherapy |
| + V07.8 | Other specified prophylactic measure |
| + V10.0-V10.9 | Personal history of malignancy (review these for recurrences, subsequent primaries, and/or subsequent treatment) |
| + V42.81-V42.82 | Organ or tissue replaced by transplant, Bone marrow transplant |
| * V58.0 | Encounter for radiotherapy |
| * V58.1 | Encounter for chemotherapy and immunotherapy |
| *V58.11 | Antineoplastic Chemotherapy |
| *V58.12 | Antineoplastic Immunotherapy |
| + V66.1 | Convalescence following radiotherapy |
| + V66.2 | Convalescence following chemotherapy |
| + V67.1 | Radiation therapy follow-up |
| + V67.2 | Chemotherapy follow-up |
| + V71.1 | Observation for suspected malignant neoplasm |
| + V76.0-V76.9 | Special screening for malignant neoplasm |
| + V87.41 | Personal history of antineoplastic chemotherapy |

FCDS CASEFINDING LIST FOR REPORTABLE TUMORS - JULY 2013

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 still need to be reviewed and assessed individually to verify whether or not they are reportable to FCDS.

| * = Required for review | + = Optional for review |
|--------------------------------------|--|
| B20 | AIDS Note: Medical coders are instructed to add codes for AIDS-associated malignancies. Screen 042 for history of cancers that might not be coded elsewhere. |
| * C00._ - C43._ and C45._ - C96._ | Malignant neoplasms (excluding skin C44.0-C44.9 with morphology codes 8000–8110) |
| * 209.70-209.79 | Secondary neuroendocrine tumors |
| * D32._-D33._ | Benign neoplasm of brain and spinal cord neoplasm |
| * D35.2, D35.3 | Benign neoplasm of pituitary gland, pineal body, and other intracranial endocrine-related structures |
| * D18.02 | Hemangioma; of intracranial structures |
| * D18.1 | Lymphangioma, any site brain, other parts of CNS |
| * D00._ - D09._ | Carcinoma in situ (exclude: skin, cervix and prostate in situ – D04._, D06._ and D07.5) |
| + 235.0-239.9 | Neoplasms of uncertain behavior |
| * 236.0 | Endometrial stroma, low grade (8931/3) |
| * 237.0-237.9 | Neoplasm of uncertain behavior (borderline) of endocrine glands and nervous system |
| * D45 | Polycythemia vera (9950/3) |
| * D46._, D47._ | Other lymphatic and hematopoietic tissues |
| * D49.6 | Neoplasms of unspecified nature, brain, endocrine glands and other parts of nervous system |
| + 258.02-258.03 | Multiple endocrine neoplasia (MEN) type IIA and IIB |
| * 273.2 | Other paraproteinemias |
| * C88.0 | Waldenstrom's macroglobulinemia (9761/3) |
| + 285.22 | Anemia in neoplastic disease |
| * D72.1 | Hypereosinophilic syndrome (9964/3) |
| * D76.1-D76.3 | Hemophagocytic syndromes (9751/3, 9754/3) |
| * D45 | Familial Polycythemia |
| * 289.83 | Myelofibrosis NOS (9961/3) |
| + 338.3 | Neoplasm related pain (acute, chronic); Cancer associated pain |
| * 511.81 | Malignant pleural effusion (code first malignant neoplasm if known) |
| * 692.7 | Malignancy due to solar radiation (9725/3 hydroa vacciniforme-like lymphoma) |
| * 758.0 | Myeloid leukemia associated with Down Syndrome |
| * 789.51 | Malignant ascites (code the first malignant neoplasm if known) |
| + 795.81-795.89 | Abnormal tumor marker |
| * 795.06 | Papanicolaou smear of cervix with cytologic evidence of malignancy |
| * 795.16 | Papanicolaou smear of vagina with cytologic evidence of malignancy |
| * 796.76 | Papanicolaou smear of anus with cytologic evidence of malignancy |
| + 999.81 | Extravasation of vesicant chemotherapy |
| + V07.31-V07.39 | Other prophylactic chemotherapy |
| + V07.8 | Other specified prophylactic measure |
| + Z85.0_-Z85.8_ | Personal history of malignancy (Screen for recurrence, subsequent primary, and/or subsequent treatment) |
| + Z94.81, Z94.84 | Organ or tissue replaced by transplant, Bone marrow transplant |
| * Z51.0 | Encounter for radiotherapy |
| * Z52.0 | Encounter for chemotherapy and immunotherapy |
| + V66.1 | Convalescence following radiotherapy |
| + V66.2 | Convalescence following chemotherapy |
| + V67.1 | Radiation therapy follow-up |
| + V67.2 | Chemotherapy follow-up |
| + V71.1 | Observation for suspected malignant neoplasm |
| + V76.0-V76.9 | Special screening for malignant neoplasm |
| + V87.41 | Personal history of antineoplastic chemotherapy |

Appendix O

2013 Resources for Registrars

APPENDIX O - RESOURCES FOR REGISTRARS – updated May 2013

| Reference Book/Manual for Abstracting Web Address For Source Notes | | |
|---|--|---|
| 2013 FCDS (Florida Cancer Data System) Data Acquisition Manual | http://www.fcds.med.miami.edu/inc/DAM.shtml | Details cancer data reporting guidelines and casefinding mechanisms for identifying reportable cancers. |
| 2013 CoC FORDS Manual (Facility Oncology Data Standards) | http://www.facs.org/cancer/coc/standards.html | FORDS errata is issued quarterly and posted on the website. |
| SEER Program Coding and Staging Manual 2012 | http://seer.cancer.gov/tools/codingmanuals/ | The 2012 Surveillance, Epidemiology and End Results (SEER) Program Coding and Staging Manual is effective for cases diagnosed January 1, 2012, and forward. Previous editions of this manual are available on the SEER website. |
| MPH Rules - Solid Tumors, rev Aug 24, 2012 | http://www.seer.cancer.gov/tools/mprules/index.html | On the home page click on "Information for Cancer Registrars", MP/H Rules |
| MPH Rules - Heme/Lymph Neoplasms and Interactive Heme/Lymph Database | http://seer.cancer.gov/seertools/hemelymph/ | On the home page click on "Information for Cancer Registrars", Hematopoietic & Lymphoid Neoplasm Project |
| ICD-O-3 Coding Materials | http://www.seer.cancer.gov/icd-o-3/index.html | On the home page click "Data Collection Tools", Errata and Clarifications". |
| Collaborative Stage Data Collection System | http://www.cancerstaging.org/cstage | On the home page click the link "news" to see if there are updates. |
| SEER *Rx - Interactive Drug Database | http://seer.cancer.gov/seertools/seer_rx/ | A one-step lookup for coding oncology drug and regimen treatment categories in cancer registries |
| Cancer Registry Management – Principles and Practice for Hospitals and Central Registries, 3 rd ed | http://ncra-usa.org/ or http://www.kendallhunt.com | Kendall/Hunt (publisher) ISBN 978-0-7575-6900-5 |
| AJCC Staging Manual 7 th Edition (plus errata) | http://www.springer.com/medicine | Springer (publisher) ISBN: 978-0-387-88440-0 |
| Education and Training Materials Web Address For Training Materials Notes | | |
| FCDS Education & Training, FCDS Learning Management System, Recorded Webcasts - PLUS Registration Portal to access FCDS-sponsored Educational Events and FCDS-hosted Events | http://www.fcds.med.miami.edu/inc/training.shtml , http://www.fcds.med.miami.edu/inc/teleconferences.shtml , and http://moodle.med.miami.edu | FCDS Abstractor Basics Course, Recorded FCDS Educational Webcasts, Annual Meeting Presentations, Special Announcements, and more |
| SEER Cancer Registrar Training Modules | http://www.seer.cancer.gov/training/index.html | Self Instruction Modules on many abstracting topics including Collaborative Staging and Multiple Primary and Histology Coding Rules . |
| CoC/AJCC Online Education | http://www.eo2.commpartners.com/users/facs | On-Demand Webinars, CLP Education |
| NAACCR Webinars | http://www.naacrcrinc.webex.com/mw0306lb/mywebex/ | FCDS sponsors 6 host locations across Florida for the monthly educational webinars |
| Brain Tumor Registry Reporting Training Materials | http://www.cdc.gov/cancer/nprctraining | This includes a Power Point presentation on Benign Brain and CNS Tumors along with speaker notes. It also has exercises with answers provided. |
| Newsletters Web Address Notes | | |
| FCDS Monthly Memo | http://www.fcds.med.miami.edu/inc/newsletters.shtml | Florida Cancer Data System's monthly memo written especially for registrars. (used as a source for updates/replacement pages to manuals) |
| FCDS Register (Quarterly Newsletter) | http://www.fcds.med.miami.edu/inc/newsletters.shtml | Florida Cancer Data System's newsletter |
| COC Flash | http://www.facs.org/cancer/coflash.html | Commission on Cancer's newsletter. |

APPENDIX O - RESOURCES FOR REGISTRARS – updated May 2013

| Online Help For Abstracting Questions | |
|---|--|
| Ask a SEER Registrar/SEER Inquiry System | http://www.seer.cancer.gov/seerinqury/index.php |
| CAnswer Forum (Inquiry and Response System) | http://cancerbulletin.facs.org/forums/ |
| | Type in a topic, search, and it will show you similar questions that other registrars have submitted along with the answers. Type in a topic, search, and it will show you similar questions that other registrars have submitted along with the answers. |

| 2013 Resources and References for Registrars | |
|--|---|
| 2013 Casefinding/Reportable List | <ul style="list-style-type: none"> ▪ 2013 FCDS Data Acquisition Manual (FCDS DAM) |
| 2013 Coding Manual and Instructions | <ul style="list-style-type: none"> ▪ 2013 FCDS Data Acquisition Manual (FCDS DAM) ▪ 2013 CoC Facility Oncology Data Standards (CoC FORDS) |
| MPH Rules - Solid Tumors | <ul style="list-style-type: none"> ▪ MPH Rules – Solid Tumors |
| MPH Rules - Heme/Lymph Neoplasms | <ul style="list-style-type: none"> ▪ MPH Rules and Database – Heme/Lymph Neoplasms |
| ICD-O-3 Primary Site/Histology Codes | <ul style="list-style-type: none"> ▪ ICD-O-3 (except for Heme/Lymph Neoplasms – codes 9590-9989) ▪ MPH Rules - Heme/Lymph Neoplasms for all codes 9590-9992 |
| Collaborative Stage Data Collection System, v2 | <ul style="list-style-type: none"> ▪ Part I – Section 1 – General Instructions ▪ Part I – Section 2 – Lab Tests, Tumor Markers, and SSF Notes ▪ Part II – Site Specific Coding Schema <ul style="list-style-type: none"> ○ Natural Order ○ Alphabetical Order ○ Schema Groups |
| Free-Standing Software Applications | <ul style="list-style-type: none"> ▪ Heme/Lymph Rules and Database ▪ SEER*Rx |
| Internet Access to Online Resources | <ul style="list-style-type: none"> ▪ http://fcds.med.miami.edu/inc/whatsnew ▪ http://www.facs.org/cancer ▪ http://www.cancerstaging.org/cstage ▪ http://seer.cancer.gov/tools/mphrules ▪ http://seer.cancer.gov/tools/seerx ▪ http://seer.cancer.gov/tools/heme ▪ http://www.ncra-usa.org ▪ http://www.naacrr.org ▪ http://who.int/classifications/icd/adaptations/oncology/en |

Appendix P

FCDS Frequently Asked Questions

FCDS IDEA User Accounts
Facility Access Administrator (FAA) and FAA Responsibilities
FCDS Abstractor Code

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. Access the FCDS homepage at <http://fcds.med.miami.edu>
- b. Click on the **FCDS IDEA** tab
- c. Click 'Create new FCDS IDEA account'
- 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
 - a. Create a password
 - b. Re-enter the password to verify
 - c. Enter your email address
 - i. **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).

EXCEPTION:

This is not required for users submitting cases for Physicians' offices and Pathology Labs.

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. Double click in the box titled '**PASSWORD**' hit backspace and change password.
5. Repeat in the box titled '**VERIFY PASSWORD**'
6. Review your account information and correct/edit information as needed.
7. Click on the 'SUBMIT' button.

YOUR RENEWAL WILL BE COMPLETE.

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 **IDEA** as usual

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.

Frequently Asked Questions (FAQs)

Click the process button

A PDF copy of the Facility Access Administration letter is generated.

Print letter

Close only the window containing the letter.

Verify all documentation has printed

Click ok

A notification message will display.

Copy 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:

- If the abstractor is currently associated with the facility, the FAA will only need to renew their access using the ‘Revoke/Renew’ tab.
- To assign users you will request the individuals’ user-id and the email address associated with their user account.
- Select the desired role for user within your facility.
- The user is now setup to begin working.

The FAA will receive an email every six months for verification of the facility personnel access.

Frequently Asked Questions (FAQs)

FCDS Abstractor Code

1.) What is an FCDS Abstractor Code?

The FCDS Abstractor Code is an alpha/numeric code (**2A3**) which certifies the abstractor is an approved State of Florida abstractor.

Every registrar/abstractor planning to work in the State of Florida is required to obtain an Individual FCDS Abstractor Code.

2.) Do I need an FCDS Abstractor Code?

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 years as an abstractor).

Physician office personnel are **not required** to have an abstractor code.

Individuals hoping to acquire a NEW FCDS Abstractor Code will need to take the New FCDS Abstractor Code Exam.

Individuals with an ACTIVE (not yet expired) FCDS Abstractor Code will be required to take and pass the FCDS Abstractor Code Renewal Exam once their code has expired.

Individuals with an EXPIRED FCDS Abstractor Code will be required to take the FCDS Abstractor Code Renewal 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 365 days, the individual must re-apply and take and pass the New FCDS Abstractor Code Exam.

Frequently Asked Questions (FAQs)

3.) How do I obtain an FCDS Abstractor Code?

As of January 8th 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 Exam or FCDS Abstractor Code Renewal Exam.

New FCDS Abstractor Code: [**COURSE 2 - FCDS Abstractor Code Exam**](#)
(20 Multiple Choice and True/False questions)

Renewal of an existing Abstractor Code: [**COURSE 3 - FCDS Abstractor Code Annual Renewal Exam**](#)
(15 Multiple Choice and True/False questions)

Registration on the FCDS Learning Management System (LMS) is required to take exams.

When creating your account for the LMS please use the same email address associated with your FCDS IDEA user account.

If you do have an FCDS IDEA User Account:

Please create an FCDS IDEA account *see page one (1), question two (2).*

FCDS Abstractor Codes are processed one business day after successful completion of the exam.

Overview of the FCDS LEARNING MANAGEMENT SYSTEM can be found on the FCDS website at:
<http://fcds.med.miami.edu/downloads/Teleconferences/2013/LMS%20overview%20FCDS.pdf>

4.) What is the content within the FCDS Abstractor Code Exam?

The content of The FCDS Abstractor Code Exam and The FCDS Abstractor Code Renewal Exam are:

- General Abstracting Knowledge
- General Abstracting Rules and Florida-Specific Rules
- Primary Site/Histology/Grade
- Stage at Diagnosis (Collaborative Stage Data Collection System and Site Specific Factors)
- Latest Rule Changes
- Treatment and Survival