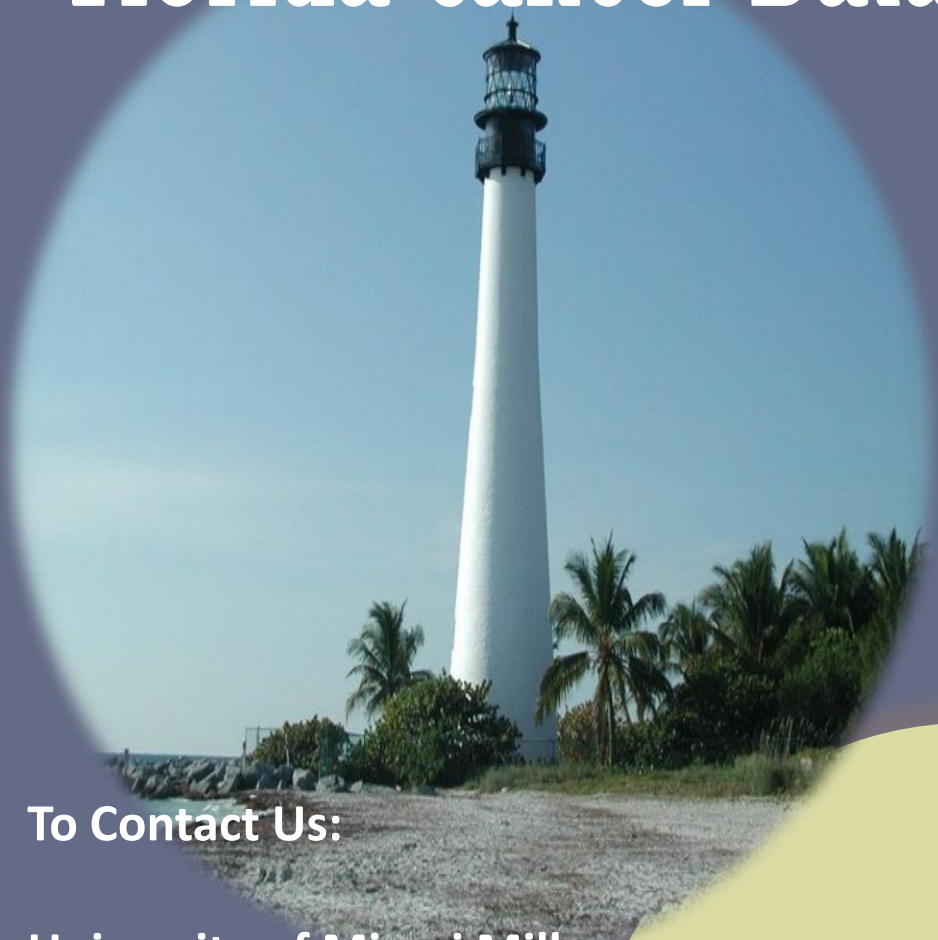
Florida Cancer Data System



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Data Acquisition Manual 2014

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(*Titles highlighted in blue are links)

ACKNOWLEDGEMENTS

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

FCDS would like to especially thank all of the dedicated registrars and abstractors who have worked with FCDS over the years for their hard work and countless contributions. Without their input the Florida Cancer Data System would not be positioned at the national forefront in statewide cancer registration.

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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 2014 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 Statues and Department of Health guidelines, and follow strict security measures to assure patient and institutional confidentially.

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.

(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.

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

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

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

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

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

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

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

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

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

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

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

Rule 64D-3.003

64D-3.003 Notification by Laboratories.

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

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

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

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

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

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

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

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

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

(8) In addition to the reporting requirements pursuant to subsection 64D-3.003(1), F.A.C., each laboratory that obtains a human isolate of *Escherichia coli* O157:H7, or *Neisseria meningitidis* or *Haemophilus influenzae* from a sterile site or *Staphylococcus aureus* with a vancomycin minimum inhibitory concentration (MIC) = or > 8 micrograms per milliliter from any site shall retain a subculture of the isolate on suitable media for at least six months after receipt of the specimen in the laboratory. In lieu of retaining this subculture, the laboratory is permitted to send the subculture to the Florida Department of Health State Central Laboratory, which will maintain a record indicating the date that these subcultures were submitted to the Central Laboratory.

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

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

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

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

Editorial Note: See 64D-3.031

Rule 64D-3.031

64D-3.031 Notification by Laboratories.

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

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

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

(a) The Patient's:

1. First and last name, including middle initial;

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

(b) The Laboratory

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

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

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

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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:

(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) Not withstanding (1), each facility, center, and laboratory that reports cancer cases to the Florida Cancer Data System shall make its records available for on-site review by the department or its authorized representatives.

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

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

64D-3.006

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

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

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

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

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

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

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

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

Public Law 107-260

107th Congress
An Act o 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 BRAINRELATED 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):

"(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 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 diagnosed or treated in the state of Florida. The FCDS Data Acquisition Manual (FCDS DAM) includes guidelines and instructions for case identification, case eligibility (which cases must be reported to FCDS), abstracting and coding, and multiple appendices that are referenced throughout the manual. The manual only addresses data items that are required by FCDS and the Florida Department of Health to support Florida's statewide, population-based cancer registry. These guidelines have been established as a means to achieve and maintain this objective.

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

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

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

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

A. CASE ELIGIBILITY

Florida facilities are legislatively mandated to report any case of cancer meeting the Florida "cancer" definition, regardless of facility or network affiliation or Class of Case. FCDS requires complete abstracting of cancer cases that 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 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.

A "consult only" case is any case where the facility provides a second opinion or review of earlier studies **without additional testing at your facility.** A second opinion may include re-reading pathology slides or re-reading diagnostic imaging studies. If your facility does not perform any additional testing, the case may not be reportable to FCDS. However, if you facility does any additional testing for this or any other cancer and they have evidence of disease or are undergoing treatment for cancer, the case is reportable.

> ***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 accredited cancer programs continue to report these cases as part of monitoring the full continuum of patient care.

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* including any approved updates or errata published by WHO and approved by NAACCR for ICD-O-3. Three newly reportable conditions were introduced with the *2010 Hematopoietic and Lymphoid Neoplasm Case Reportability and Coding Manual*. Please refer to the most current version of the Hematopoietic Database and Manual for complete reporting instructions.

a) **In Situ and Invasive Cancers** - FCDS includes primary malignancies which are in situ and/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, CIN III, or PIN III). Cancers with benign or borderline behavior are discussed elsewhere in this section.

   If a tumor with an ICD-O behavior code of /0 or /1 is determined to be in-situ or invasive by the manner in which it is behaving (in malignant fashion), or by a pathologist, the case is reportable.

   i. Vaginal Intraepithelial Neoplasia (VAIN III) and Vulvar Intraepithelial Neoplasia (VIN III) are reportable to FCDS and should be included in casefinding activities.

   ii. Pancreatic Intraepithelial Neoplasia (PAIN III) is reportable to FCDS (histology 8148/2) and should be included in casefinding activities.

iii. *Glandular Intraepithelial Neoplasia, Grade III/High Grade Glandular Dysplasia is reportable as adenocarcinoma in situ of the esophagus with histology code 8148/2.

iv. In Utero Diagnosis and Treatment – beginning in 2009, diagnosis and treatment dates for a fetus prior to birth are to be assigned the actual date of the event. In the past, those dates were set by rule to the date the baby was born. The exact date may be used for cases diagnosed prior to 2009 and must be used for cases diagnosed 1/1/2009 and later.

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

***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 are 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.

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) **Gastro-intestinal stromal tumors (GIST) and thymomas** are often non-malignant. However, they must be abstracted and assigned a Behavior Code of /3 if they are noted to have multiple foci, metastasis, or positive lymph nodes or there is other evidence of malignancy noted by surgeon, pathologist, or during clinical workup following initial diagnosis.

d) **Basal and squamous skin cancers in genital sites (histology codes 8000-8110) are reportable.**

"Genital Sites" include the following anatomic locations:

C51.0 - C51.1 – Labia	**C51.2 - Clitoris**	**C51.8 - C51.9 - Vulva**
C52.9 - Vagina	**C60.0 - Prepuce**	**C60.9 - Penis**
C63.2 - Scrotum		

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. This includes benign and borderline tumors of intracranial glands (pituitary gland, pineal gland, and tumors of the craniopharyngeal duct), meningioma, and tumors of cranial nerves.

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

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 Intra-cranial and other central nervous system tumors.**

Anatomic Intracranial and CNS Sites for Reportable Benign / Borderline Tumors		
General Term	**Anatomic Site**	**ICD-O-3 Code**
Meninges	Cerebral meninges	C700
	Spinal meninges	C701
	Meninges, NOS	C709
Brain	Cerebrum	C710
	Frontal lobe	C711
	Temporal lobe	C712
	Parietal lobe	C713
	Occipital lobe	C714
	Ventricle, NOS	C715
	Cerebellum, NOS	C716
	Brain stem	C717
	Overlapping lesion of brain	C718
	Brain, NOS	C719
Spinal cord, cranial nerves, and other parts of the central nervous system	Spinal cord	C720
	Cauda equine	C721
	Olfactory nerve	C722
	Optic nerve	C723
	Acoustic nerve	C724
	Cranial nerve, NOS	C725
	Overlapping lesion of brain and central nervous system	C728
	Nervous system, NOS	C729
Pituitary gland, craniopharyngeal duct and pineal gland	Pituitary gland	C751
	Craniopharyngeal duct	C752
	Pineal gland	C753

4. Not Reportable Neoplasms

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

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

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

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

5) Reporting Multiple Primary Tumors - Single versus Multiple Primaries

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

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

2007 Multiple Primary and Histology Coding Rules for Solid Tumors

The *2007 Multiple Primary and Histology Coding Rules* for solid tumors contain site-specific rules for lung, breast, colon, melanoma of the skin, head and neck, kidney, renal pelvis/ureter/bladder, and malignant and nonmalignant brain primaries. A separate set of rules addresses the specific and general rules for all other solid tumor sites. And, a special set of rules has been written for hematopoietic and lymphoid neoplasms. The multiple primary rules guide and standardize the process of determining the number of primary tumors or abstracts to be created. The histology rules contain detailed histology coding instructions. Registrars must refer to the *2007Multiple 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

2014 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 replaced 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. Many benign and borderline neoplasms of the brain and central nervous system are diagnosed based upon diagnostic imaging, only (CT, PET, MRI, etc.). Other cancers may be diagnosed by alternate means such as direct visualization (without biopsy) or a diagnosis may be based upon clinical evidence, alone. The data item "Diagnostic Confirmation" is used to identify the method of diagnosis for each case. The codes are to be used in a hierarchical order in most cases. In the absence of a positive pathology report, all information in the record must be assessed to determine whether or not the case is reportable and to identify the method used to establish (confirm) the diagnosis.

b) **Clinically Diagnosed Cases Are Reportable**

In the absence of a histologic or 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 or when the patient is undergoing treatment for cancer that may not have been histologically or otherwise confirmed). A clinical diagnosis may be recorded as part of the final diagnosis on the face sheet or other parts of the medical record. See Note and Exceptions below.

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

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

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

c) **Ambiguous Terminology**

As part of the registry case-finding activities, all diagnostic reports should be reviewed to confirm whether a case is reportable. This includes pathology reports, bone marrow biopsy reports, autopsy reports, diagnostic imaging reports, and results from medical testing. If the terminology describing the diagnostic assessment is ambiguous, use the following guidelines to determine whether a particular case should be abstracted and reported to FCDS. 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 (benign or borderline ICD-O-3 behavior codes /0 or /1) primary intracranial and central nervous systems, only (C70.0-C72.9, C75.1-C75.3).

"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

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

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

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

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

  Negative Example: The final diagnosis on the outpatient report reads: Rule out leukemia. Do not abstract or report the case. **D**o track that you reviewed the record and deemed the case not reportable. Be sure to include the reason the case is not reportable to FCDS so you do not have to re-review the case during the annual AHCA casefinding audit.

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

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

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

- Use these terms when **screening** diagnoses on pathology reports, operative reports, imaging/scans, 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 (cancer was ruled out as diagnosis), **do not report** the case.

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

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

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

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

  Note: If the **word or an equivalent term does not appear** on the reportable list or is not a form of a word on the reportable list, the term is not diagnostic of cancer. Do not abstract the case. Forms of the word are such as: "Favored" rather than Favor(s); "appeared to be" rather than appears. Do not substitute synonyms such as "supposed" for presumed or "equal" for comparable.
- Use these terms when **screening** diagnoses on pathology reports, scans, ultrasounds, and other diagnostic testing other than tumor markers.
  Note: If the **ambiguous** diagnosis is proven to be **not reportable** by biopsy, cytology, or physician's statement, **do not abstract or report** the case.

d) Outpatient/Ambulatory Care Only Cases

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

e) Non-Analytic Cases

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

f) Historical Cases

The American College of Surgeons/Commission on Cancer does not require accredited facilities to abstract historical cases. However, FCDS does require the collection and reporting of certain historical cancers even when the patient has no evidence the historical cancer is "active".

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

If a patient has had at least one primary reportable neoplasm that is currently active or under treatment, all other primary reportable neoplasms the patient has ever had (active or inactive), regardless of the date of diagnosis, must be reported. Each case of cancer must be abstracted and reported separately.

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

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

See Section I-C Abstracting Historical Cases Optional Minimal Dataset for guidelines regarding the abstracting of historical cases in an abbreviated format.

g) Multi-Facility Reporting (shared cases)

FCDS requires that any cancer case that meets FCDS case reporting requirements must be submitted by every facility providing services to the patient. Therefore, facilities that are members of shared, combined or joint cancer registries and/or cancer programs must report each cancer case seen in each facility separately unless approved to do so by the Florida Department of Health and FCDS.

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 audit. The AHCA database provides an after-the-fact case finding mechanism; ensuring cancer cases that have been reported to AHCA are also included in the FCDS database.

i) Annual Reporting Deadline – June 30th

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

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

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

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

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

Table A: NAACCR Layout Version 14: 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 *WHO Classification of Tumours of Haematopoietic and Lymphoid Tissues* (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 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 (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 8000-8110. 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	2014Hematopoietic and Lymphoid Neoplasm Case Reportability and Coding Manual and the 2014 Hematopoietic Database	2014 Hematopoietic and Lymphoid Neoplasm Case Reportability and Coding Manual and the 2014 Hematopoietic Database	2014 Hematopoietic and Lymphoid Neoplasm Case Reportability and Coding Manual and the 2014 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.

Table A: NAACCR Layout Version 14: Comparison of Reportable Cancers: FCDS, CoC, and NPCR.

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 is 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). The CDC Brain Tumor Guide entitled, "*Data Collection of Primary Central Nervous System Tumors*" is available for reference @ http://www.cdc.gov/**cancer**/npcr/pdf/btr/braintumorguide.pdf

Reference *Standards for Cancer Registries, Volume II: Data Standards and Data Dictionary, Sixteenth Edition Version 14 – 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.)
- Diagnostic Imaging (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 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.

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

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

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

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 Abstraced 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. Pathology Reports should also be submitted electronically to FCDS under the FCDS E-Pathology Reporting Program.

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 also can be used to identify these cases.

4. Outpatient Departments

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

5. Diagnostic Imaging (Radiology) Department

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

ICD-9-CM CASEFINDING LIST FOR REPORTABLE TUMORS - *JULY 2014*

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. ICD-10-CM will be implemented 10/1/2015 in the U.S.A.

* = 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

Note: Pilocytic/juvenile astrocytoma (M-9421) is reported with the behavior coded /3 (9421/3 not 9421/1).

ICD-10-CM CASEFINDING LIST FOR REPORTABLE TUMORS - *JULY 2014*

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. ICD-10-CM will be implemented on 10/1/2015 in the U.S.A.

*** = Required for review**	**+ = Optional for review (SEER publishes a complete list of optional codes)**
* C00._ - C43._	Malignant neoplasms (excluding skin C44.0-C44.9 with morphology codes 8000–8110)
* C45._ - C96._	Malignant neoplasms (excluding skin C44.0-C44.9 with morphology codes 8000–8110)
* D00._ - D09._	Carcinoma in situ (**exclude: skin, cervix and prostate in situ – D04._, D06._ and D07.5**)
* D18.02	Hemangioma; of intracranial structures
* D18.1	Lymphangioma, any site brain, other parts of CNS
* D32._	Benign neoplasm of meninges (cerebral, spinal and unspecified)
* D33._	Benign neopl;asm of brain and other parts of central nervous system
* D35.2, D35.4	Benign neoplasm of pituitary gland, craniopharyngeal duct and pineal gland
* D42._, D43._	Neoplasm of uncertain or unknown behavior of meninges, brain, CNS
* D44.3-D44.5	Neoplasm of uncertain or unknown behavior of pituitary gland, craniopharyngeal duct and pineal gland
* D45	Polycythemia vera (9950/3)
* D46._	Myelodysplastic syndromes (9980, 9982, 9983, 9985, 9986, 9989, 9991, 9992)
* D47.1	Chronic myeloproliferative disease (9960, 9963)
* D47.3	Essential (hemorrhagic) thrombocythemia (9962)
* D47.4	Osteomyelofibrosis (9961)
* D47.7	Other specified neoplasm of uncertain/unknown behavior of lymlphoid, hematopoietic (9965, 9966, 9967, 9971, 9975, 9987)
* D47.9	Neoplasm of uncertain behavior of lymphoid, hematopoietic and related tissue, unspecified (9960, 9970, 9931)
* D49.6, D49.7	Neoplasm of unspecified behavior of brain, endocrine glands and other CNS
* E34.0	Carcinoid Syndrome
* J91.0	Malignant Pleural Effusion
* K22.711	Barrett's esophagus with high grade dysplasia
* R18.0	Malignant ascites
* Z51.0	Encounter for antineoplastic radiation therapy
* Z51.1	Encounter for antineoplastic chemotherapy and immunotherapy
+ 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.
+ Z85._	Personal history of malignant neoplasm
+ Z86.0_, Z86.01_, Z86.03	Personal history of in situ and benign neoplasm and neoplasm of uncertain behavior
+ Z92.21, Z29.23, Z92.25, Z92.3	Personal history of antineoplastic chemotherapy, estrogen therapy, immunosuppression therapy or irradiation (radiation)

Note: Pilocytic/juvenile astrocytoma (M-9421) is reported with the behavior coded /3 (9421/3 not 9421/1).

C. ABSTRACTING

1. Personnel Requirements – Abstractor Training and FCDS Abstractor Code

Abstractor Training: Trained personnel must perform abstracting. FCDS provides basic incidence abstracting training via web-based modules. The 20 web-based modules constitute one "course" in the FCDS Learning Management System. The modules include 1000 slides with voice-overs, exercises, and quizzes to monitor progress. Modules are available at http://moodle.med.miami.edu/server/moodle/. In addition, FCDS performs on-site regional and statewide workshops on an ad hoc basis. Other training is available through SEER*Educate, the Commission on Cancer, National Cancer Registrars Association and NAACCR.

FCDS Abstractor Code: Every registrar/abstractor planning to work in the State of Florida is required to obtain an individual FCDS Abstractor Code. This code is assigned by FCDS to persons who successfully pass the FCDS Abstractor Code On-Line 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 300questions 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
- Latest Rule Changes
- Treatment and Survival

Standard References Used for Testing

- FCDS DAM (current version)
- ICD-O-3 (including errata and updates)
- MPH Rules for Solid Tumors (current)
- MPH Rules/Database for Hematopoietic/Lymphoid Neoplasms (current)
- Collaborative Stage Data Collection System – changes to TNM and SS2016 in 2015-2016
    - ◊ Part I – Section 1 – General Instructions
    - ◊ Part I – Section 2 – Lab Tests, Tumor Markers, SSF Notes
    - ◊ Part II – Site-Specific Schema
- SEER*Rx (current)
- SEER Self-Instruction Manuals (basics)
    - ◊ Book 2 – Cancer Characteristics
    - ◊ Book 3 – Tumor Registrar Vocabulary: Composition of Medical Terms
    - ◊ Book 4 – Human Anatomy as Related to Tumor Formation

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 – Timeliness

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

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

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

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

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

Do not send FCDS a partial abstract as part of ACoS CoC Rapid Quality Reporting System (RQRS).

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

The case is "pending completion" until all first course treatment has been investigated and documented in the original abstract sent to FCDS and the final abstract that is sent to the NCDB (not the initial RQRS report).

All abstracts are required to pass the FCDS EDITS metafile.

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. Any patient encounter that appears on a facility casefinding list that does not meet the reporting requirements outlined in Section I should be recorded on the "Not Reportable List" with an explanation as to why the case will not be reported. FCDS suggests you also include the FCDS Disposition Code associated with the reason not reported to 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-CM or ICD-10-CM 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.

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 Abstraced 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 unavailable or incomplete. The abstractor should attempt to complete each abstract with as much information as is available in the medical record.

a. The following morphology codes 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 codes 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 (no evidence of disease) and currently not receiving any treatment AND the patient is seen at the reporting facility for another cancer/benign reportable neoplasm that is active and/or undergoing treatment.

There are two methods for reporting a Historical Case:

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

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 or if the patient has evidence of the historical cancer at the time of patient encounter (persistent disease, progression of disease or disease recurrence – patient with evidence of this cancer at the time of patient encounter).

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.

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. Annual Reporting Deadline – June 30th

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

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

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

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

REQUIRED DESKTOP REFERENCES

REQUIRED REFERENCE	ORDERING INFORMATION
Current FCDS *Data Acquisition Manual*	FCDS, Florida Cancer Data System PO Box 016960 (D4-11) Miami, FL 33101 http://fcds.med.miami.edu/inc/downloads.shtml
International Classification of Diseases for Oncology, 3rd ed. Geneva, World Health Organization: 2000, including three published errata and the 2014 ICD-O-3 Update	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 *Multiple Primary and Histology Coding Rules for Solid Tumors*	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 *Hematopoietic and Lymphoid Neoplasm Case Reportability and Coding Manual* 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/registrars
Current *Collaborative Staging Data Collection System Coding Instructions* *Part I – Section 1 – General Instructions* *Part I – Section 2 – Tumor Markers and SSFs* *Part II – Site Specific Schema,* current edition	American Joint Committee on Cancer (AJCC) *http://cancerstaging.org/*
Current *SEER*Rx – Interactive Drug Database*	National Cancer Institute, Surveillance, Epidemiology and End Results Program, Bethesda MD. Available for download at http://seer.cancer.gov/registrars/

RECOMMENDED DESK REFERENCES

RECOMMENDED BOOK	ORDERING INFORMATION
Facility Oncology Registry Data Standards (FORDS), current edition	American College of Surgeons (ACS) 55 East Erie Street Chicago, IL 60611-2797 (312) 664-4050 http://www.facs.org/cancer/coc/
CA: A Cancer Journal for Clinicians	Lippincott Williams & Wilkins Publishers P.O. Box 1600 Hagerstown, MD 21741-9910 301-223-2300 (Voice) http://caonline.amcancersoc.org/
Cancer Principles and Practice of Oncology, 9th edition	Lippincott Williams & Wilkins Publishers 227 East Washington Square Philadelphia, PA 19106-3780 ISBN-10: 1451105452
Cancer Registry Management Principles & Practice for Hospitals and Central Registries, 3rd Edition, 2011	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
AJCC Cancer Staging Manual, 7th ed. American Joint Committee on Cancer, Chicago IL. Springer: 2009	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/
American Cancer Society Textbook of Clinical Oncology	American Cancer Society Vermont Division, Inc. 13 Loomis Street Montpelier, VT 05602 1-800-227-2345; 1-800-ACS-2345 http://www.cancer.org
Registry Plus Online Help	Download the free desktop reference, *Registry Plus Online Help* 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 *Registry Plus Online Help* 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.
NAACCR *Standards for Cancer Registries Volume II: Data Standards and Data Dictionary*, 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

SEER *Self Instructional Manuals 1-4, 7;* *Book 1 – Objectives and Functions of a Tumor Registry* **(***1999)* *Book 2 – Cancer Characteristics and Selection of Cases(1991)* *Book 3 – Tumor Registrar Vocabulary: The Composition of Medical Terms (1992)* *Book 4 – Human Anatomy as Related to Tumor Formation (1995)* *Book 7 - Statistics/Epidemiology for Cancer Registries(1994)*	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 The *SEER Program Coding and Staging Manual* can be downloaded and they are available in both PDF and ZIP formats. http://seer.cancer.gov/registrars http://www.seer.cancer.gov/registrars / See order for SEER publications *http://seer.cancer.gov/publications/* *SEER Program: Instructional Manuals on CD-ROM* Historical Staging and Coding Manuals on CD-ROM
SEER *Program Code Manual,* 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
CDC *Data Collection of Primary Central Nervous System Tumors, National Program of Cancer Registries Training Materials* , 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/npcr/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 Q for FAQs on the FCDS IDEA.

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

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

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

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

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

CONFIDENTIAL INFORMATION includes any HIPAA-defined Protected Health Information.

PHI information in the healthcare includes:

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

1. Quarterly Reporting

FCDS REQUIRES THAT FACILITIES TRANSMIT DATA AT LEAST QUARTERLY.

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

2. 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. Any field identified as Optional ('O') may be submitted to FCDS as optional.

3. Receipt on Upload

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

4. Data Acceptance Policy – FCDS EDITS

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

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

Records that require a NAACCR edit override (FORCE) will pass the edit check process and will be accepted. However, upon review at FCDS it may be determined the case does not meet the criteria for edit override (FORCE) and a Correction may be made to the case. Information about corrections to cases will be returned to the facility so you can correct your database as well.

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 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 Abstraced 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 I 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. FCDS currently requires physician office (claims) reporting from medical oncology, hematology, urology, and other physician practices. Dermatology practices report under the Dermatology Reporting Module (an abbreviated reporting mechanism designed to report skin cancers.

I. CLINICAL LABORATORY CANCER IDENTIFICATION PROGRAM

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 data collection and reporting requirements,
b. Provide a data collection tool(s) and user manual(s) for electronic/web-based data submission,
c. Train facility staff and interested parties in incidence data collection via FCDS sponsored training programs (NAACCR Webinars), FCDS web-based training modules, teleconferences, FCDS web broadcasts or recorded educational events and programs. All FCDS-originated training materials and web broadcasts are recorded and available free on the FCDS website.
d. Provide 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:

- FCDS educational web broadcasts are organized up to 6 times a year or as needed.
- The FCDS On-Line web based Abstractor Training Course consisting of 20 modules and 1000 informational slides with voice-over recordings and testing is available on the FCDS website.
- FCDS hosts 12 NAACCR Educational Webinars at 7 host sites around the state each year.
- Additional resources are available and advertised through the FCDS Memo and via blast e-mail.

3. Quality Control

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

a. Completeness is the extent to which all required cases have been reported to FCDS.

Completeness is assessed using:

i. Historical data from facilities
ii. On-Site or Remote Access Casefinding Audits
iii. Annual Linkage to Florida's Agency for Health Care Administration statewide patient encounter files – AHCA Casefinding Audits (AHCA Match)
iv. Annual Linkage to Florida's Bureau of Vital Statistics statewide death files - Mortality Casefinding Audits (Death Certificate Notifications)

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:

i. FCDS Abstractor Code Testing
ii. FCDS Abstractor Code Annual Renewal Testing
iii. Field-Item, Inter-Item and Intra-Item Data Edits
iv. QC Visual Review Sampling of Every 25th Record
v. On-Site Re-Abstracting Audits
vi. Remote Access Re-Abstracting Audits
vii. Mail-In Re-Abstracting Audits
viii. FCDS Management Reports

c. 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 Data Quality/Quality Control Program Components

1. On-Site and/or Remote Access Casefinding Audits

The FCDS Quality Control staff will periodically perform review of casefinding procedures by auditing the casefinding sources within each facility. This may be done in-person at the facility or may be completed remotely utilizing a variety of facility-generated data streams matched to the FCDS files. 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.

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

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

The facility abstractor then must compare the list of Unmatched AHCA Cases to the facility "Not Reportable List". Cases that appear on the Unmatched AHCA Cases listing but do not appear on the "Not Reportable List" will need to be reviewed by the facility abstractor. Upon review, if any case is found to meet the cancer reporting requirements outlined in Section I, the case must be abstracted and reported to FCDS. These cases are a priority reporting item and must be abstracted as soon as possible. Please reference the AHCA Disposition Codes List for "reason not reported to FCDS".

Code	Description
1	Reportable-Missed Case-Case to be Abstracted & Reported by Facility
2	N/R - Tumor was Not Malignant - Behavior = 0 or 1
3	N/R - NonReportable Skin Cancer - Site=C44.* and Morph = 8000 to 8110
4	N/R - No Evidence of Cancer at This Time - NED
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6	N/R - Cancer Not Proven - Equivocal
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10	N/R - Other
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12	N/R - No Cancer Mentioned in Medical Record
13	Skins we elected not to FB since most of them turn out N/R
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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.

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

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

The facility abstractor will need to research these cases to determine if the patient did expire at the facility and whether or not the case meets the cancer reporting requirements. If any case is found to meet the reporting requirements, the case must be abstracted and reported to FCDS. For each case that will not be reported to FCDS or did not expire at the reporting facility, FCDS requires a brief statement be submitted that sufficiently explains why the case will not be reported. Please reference the Death Clearance Disposition Codes Listing below for "reason not reported to FCDS".

Code	Description
0	Pending Follow Back
1	Missed Case - Case Abstracted & Reported by Facility
2	N/R - Tumor was Not Malignant - Behavior = 0 or 1
3	N/R - NonReportable Skin Cancer - Site=C44.* and Morph = 8000 to 8110
4	N/R - No Evidence of Cancer at This Time - NED
5	N/R - Consultation Only
6	N/R - Cancer Not Proven - Equivocal
7	Case Previously Reported to FCDS by this Facility
8	N/R - Outpatient Record with No Active Cancer Documented in Record
9	N/R - 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, crosscheck related data items and records and check for blank fields. The Florida specific data edits were created for all Florida only fields as well as for common abstracting errors identified through re-abstracting audits. Edits are reviewed as needed (monthly). New edits are added as needed.

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 experienced0 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 or Remote Access Re-Abstracting Audits

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

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

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

7. Remote Access Re-Abstracting Audits

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

8. FCDS Abstractor Code Policy

Every registrar/abstractor planning to work in the State of Florida is required to obtain an individual FCDS Abstractor Code. This code is assigned by FCDS to persons who successfully pass the FCDS Abstractor Code On-Line 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 300 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
- Latest Rule Changes
- Treatment and Survival

Standard References Used for Testing

- FCDS DAM (current version)
- ICD-O-3 (including errata and updates)
- MPH Rules for Solid Tumors (current)
- MPH Rules/Database for Hematopoietic/Lymphoid Neoplasms (current)
- Collaborative Stage Data Collection System – to be changed to TNM and SS2000
    - ◊ Part I – Section 1 – General Instructions
    - ◊ Part I – Section 2 – Lab Tests, Tumor Markers, SSF Notes
    - ◊ Part II – Site-Specific Schema
- SEER*Rx (current)

- SEER Self-Instruction Manuals (basics)
  - ◊ Book 2 – Cancer Characteristics
  - ◊ Book 3 – Tumor Registrar Vocabulary: Composition of Medical Terms
  - ◊ Book 4 – Human Anatomy as Related to Tumor Formation

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.

➢ 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 current version FCDS DAM can be found on our website, http://fcds.med.miami.edu. There are a few Florida-specific requirements critical to complete reporting in Florida that many out-of-state registrars miss – reporting of non-analytic cases and all 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
- Finer 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.

13. FCDS Data Quality Indicator Report (DQIR)

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

    The percent of "unknown" and "ill-defined" values is an indicator used in ranking Florida's overall data quality and completeness of case reporting and is used when comparing Florida data to other states for overall data validity and reliability. These data are also early indicators of problem areas and areas where FCDS and local registries can improve upon cancer reporting as data are available. The report includes the Florida state and National distribution of "unknown" value used for comparison. The report uses data from analytic cases only

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

4. Data Requests

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 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.shtml . 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 follow: 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.

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*.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

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

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

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

Annual Bureau of Vital Statistics Unmatched Report

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

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

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

FCDS EDITS Master List

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

L. AWARDS

Jean Byers Memorial Award for Excellence in Cancer Registration

Pat Strait Award for Excellence in Cancer Registry Abstracting (formerly known as Certificate of Excellence in Cancer Reporting – The Pat Strait Award for Excellence in Cancer Registry Abstracting is awarded to individuals who contribute to a facility achieving the annual Jean Byers Memorial Award.

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

M. FCDS GENERAL MAILING INSTRUCTIONS:

DO NOT MAIL ANY MATERIALS CONTAINING PERSONAL HEALTH INFORMATION (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 2014 Abstract Form - Sample
- FCDS Discrepancy Journal - Sample
- Not Reportable List - Template
- FCDS Quarterly Activity Status Report – Sample
- FCDS Data Quality Indicator Report - Sample

FCDS 2014 Reporting Calendar
FCDS Recurring Deadlines

Patient Encounter for Cancer	Case Should Be Reported
January 2014	July 2014
February 2014	August 2014
March 2014	September 2014
April 2014	October 2014
May 2014	November 2014
June 2014	December 2014
July 2014	January 2015
August 2014	February 2015
September 2014	March 2015
October 2014	April 2015
November 2014	May 2015
December 2014	June 2015

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 30th 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

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

2014 CONFIDENTIAL ABSTRACT REPORT

DO NOT MAIL THIS FORM TO FCDS

REGISTRY INFORMATION

FCDS – Facility Number |__|__|__|__| **Facility Accession Number** |__|__|__|__|__|__|__|__|__| **Sequence Number** |__|__|

Date of Admission/First Contact |__|__|-|__|__|-|__|__|__|__| **Date 1st Contact Flag:** Blank |__| 12

Medical Record Number |__|__|__|__|__|__|__|__|__|__|__|

Date Abstracted |__|__|__|__|-|__|__|-|__|__| **Abstracted By (FCDS Abstractor Code)** |__|__|__| **Type of Reporting Source** |__|

PATIENT DEMOGRAPHICS

Name – Last |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__| **Spanish/Hispanic Origin** |__|

Name – First |__|__|__|__|__|__|__|__|__|__|__|__|__|__| Date of Birth |__|__|-|__|__|-|__|__|__|__| Date of Birth Date Flag: Blank |__| 12

Name – Middle |__|__|__|__|__|__|__|__|__|__|__|__|__|__| **Birthplace State** |__|__| **Birthplace Country** |__|__|__|

Social Security Number |__|__|__|-|__|__|-|__|__|__|__| **Sex** |__| **Marital Status at DX** |__|

Name – Maiden |__|__|__|__|__|__|__|__|__|__|__|__|__|__| **Race 1**|__|__| **Race 2**|__|__| **Race 3**|__|__| **Race 4**|__|__| **Race 5**|__|__|

Name- Alias |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

Addr at DX – No & Street |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

Addr at DX – City |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__| Addr at DX – FIPS County |__|__|__|

Addr at DX – State |__|__| Addr at DX – Country |__|__|__| Addr at DX – Postal Code |__|__|__|__|__|

Addr at DX – Supplemental |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

Addr Current – No & Street Telephone Current |__|__|__|- |__|__|__|-|__|__|__|__|

|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|

Addr Current – City |__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__| Addr Current – FIPS County |__|__|__|

Addr Current – State |__|__| Addr Current – Country |__|__|__| Addr Current – Postal Code |__|__|__|__|__|

FCDS-Primary Payer-DX |__|__| **Text – Usual Occupation**__________________________ **Text – Usual Industry**______________________________

FCDS Florida Cancer Data System

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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 Gene Studies **Only for Hematopoietic or Lymphoid Neoplasms** 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/Immunophenotype** |__|

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**

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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 |__|**

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 |__|__|__|**

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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 - Chemotherapy

RX Text - Hormone

RX Text - BRM

RX Text - Other

REMARKS

FCDS Florida Cancer Data System

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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** |__|

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**

FCDS Florida Cancer Data System
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CONFIDENTIAL ABSTRACT REPORT

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

Medical Falcility: **Region: 2** **Option: 4**

Abs	Accession	Seq	Abstract Type	Patient Name	Reciept	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-O-3 (550)  [8500]
                  Behavior Code ICD-O-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-O-3 (550)  [8500]
                  Behavior Code ICD-O-3 (554)  [3]
                       Date of Diagnosis (530)  [Y:2011 M:05 D:20]
             Type of Reporting Source (563)  [8]
              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

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

Date

Florida Cancer Data System
Quarterly Cancer Case Reporting Status Report

This Quarterly Cancer Case Reporting Status Report 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 =	
2014		
2013	% Complete for	
2012	Reporting Year	
2011	Actual	Expected
2010		

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 2012

Analytic cases[1] (extracted 3/3/2014)

		2012		2011		2010		2009		2008	
Data Quality Indicator/Admission Year	Goals	Facility %	Florida Facilities %	Facility %	Florida Facilities %	Facility %	Florida Facilities %	Facility %	Florida Facilities %	Facility %	Florida Facilities %
Demographics											
Total Analytic Cases		1,028	107,567	956	111,182	1,009	111,552	1,055	114,918	998	113,878
Sex Unknown (9)	< 2%	0.000	0.033	0.000	0.037	0.099	0.021	0.095	0.029	0.000	0.047
Race not U.S., NOS (98)	< 3%	1.167	1.186	0.732	1.064	1.189	1.084	2.180	0.917	1.303	0.839
Race Unknown (99)	< 3%	0.389	0.692	0.418	0.724	1.189	0.844	0.284	1.235	0.301	1.128
Ethnicity Unknown (9)	< 1%	0.973	0.654	0.314	0.971	1.090	0.967	0.284	0.800	0.301	0.969
Birth Year Unknown	< 2%	0.000	0.001	0.000	0.004	0.000	0.002	0.000	0.002	0.000	0.002
Birth Month Unknown	< 2%	0.000	0.002	0.000	0.004	0.000	0.003	0.000	0.002	0.000	0.002
Birth Day Unknown	< 2%	0.000	0.003	0.000	0.004	0.000	0.003	0.000	0.002	0.000	0.002
Birthplace US NOS/Unknown (998,999)		93.385	75.347	94.561	75.995	87.909	75.152	89.289	73.028	87.174	73.155
Primary Payor Unknown (99)	< 3%	0.486	0.971	0.732	1.083	1.586	1.401	0.948	1.167	0.401	1.447
Marital Status Unknown (9)		0.875	2.112	1.046	2.095	1.288	2.503	1.232	2.338	1.904	1.963
Missing/Impossible SSN*[2]	< 3%	1.692	2.343	1.268	1.944	1.911	1.787	1.349	1.754	1.724	1.870
Ungeocodables (Certainty 9)[2]	< 2%	0.100	0.162	0.211	0.430	0.302	0.126	0.193	0.123	0.101	0.115
PO Boxes (Certainty 5)[2]	0%	0.100	0.208	0.317	1.652	0.000	2.076	0.289	2.432	0.203	2.247
Tumor Characteristics											
Diagnostic Confirmation											
Not Microscopically Confirmed (5-8)	< 2%	5.058	0.401	3.766	0.462	3.271	0.502	2.749	0.392	4.910	0.330
DX Method Unknown (9)	< 2%	0.292	0.172	0.000	0.179	0.198	0.100	0.000	0.046	0.000	0.032
Topography											
Other/Ill-Defined Sites (C76x)	< 1%	0.000	0.016	0.000	0.020	0.000	0.030	0.095	0.036	0.100	0.045
Unknown Primary Site (C809)	< 5%	3.113	1.847	4.812	1.962	3.072	1.954	2.370	1.989	3.106	1.898
Morphology Non-specific (8000-8005)	< 5%	4.669	2.010	5.021	1.941	3.469	1.992	1.422	2.121	2.305	1.989
Grade Unknown (excludes C80.9)		43.482	36.274	39.017	33.958	43.211	34.729	45.498	34.351	44.389	34.497
Derived/Summary Stage-2000 Unknown (9)	< 5%	10.895	5.763	11.925	6.144	9.911	6.212	6.256	6.778	5.711	7.029

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

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

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

*modified 3/3/14

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. Should you need training in cancer registry data collection, please visit the FCDS Learning Management System and consider taking the FCDS Abstracting Basics Course to gain a better understanding of the skills and training required to meet FCDS abstracting requirements and the national standards used when abstracting and coding cancer cases.

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

Basic Rules:

1) Always refer to the *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.

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

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

NAACCR Item Number	Item Name
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.

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

Coding Instructions

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

ACCESSION NUMBER- HOSP NAACCR ITEM #550

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

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

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

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

Each patient receives only one accession number from your facility for a lifetime, regardless of the facility "reference date," number of primary cancers reported, or alternate numbering assignment. Accession numbers are never reassigned, even if a patient is removed from your facility registry.

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

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

SEQUENCE NUMBER-HOSPITAL NAACCR ITEM #560

Enter the two-digit sequence number that corresponds to this primary tumor. This data item records the

chronological appearance of each reportable primary malignant and non-malignant neoplasm over the entire lifetime of the person, regardless of where they were diagnosed or treated.

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

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

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

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

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

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

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

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

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

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

Code	Description
00	One Malignant Primary Only
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 *Date of First Contact* (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:

0000000OUT – 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.

PLEASE DO NOT SUBMIT INCOMPLETE CASES TO FCDS.

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 is part of the FCDS EDITS process, therefore, if any Abstractor Code is

incorrect, invalid or expired, the batch will fail edits at the time of batch upload or record entry.

The FCDS Abstractor Code should never 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	• Hospital inpatient ; Includes outpatient services of HMOs and large multi-specialty physician group practices with unit record. • Offices/facilities with unit record • HMO physician office or group • HMO affiliated free-standing laboratory,	1

Code	Label	Source Documents	Priority
		surgery, radiation or oncology clinic	
2	Radiation Treatment Centers or Medical Oncology Centers (hospital-affiliated or independent)	• 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	• 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	• 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	• Nursing or convalescent home or a hospice. There were no source documents from codes 1, 2, 8, 4, or 3.	6
6	Autopsy Only	• Autopsy The cancer was first diagnosed on autopsy. There are no source documents from codes 1, 2, 8, 4, 3 or 5.	7
7	Death Certificate Only	Death certificate is the only source of information; follow-back activities did not identify source documents from codes 1, 2, 8, 4, 3, 5 or 6. If another source document is subsequently identified, the Type of Reporting Source code must be changed to the appropriate code in the range of 1, 2, 8, 4, 3 or 6	
8	Other hospital outpatient units/surgery centers	• 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:

NAACCR Item Number	Item Name
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
1300	Height at Diagnosis (inches)
1300	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. You may also enter postscripts in this field such as "Junior", "Senior", etc. Note that the maiden name is entered in Name-Maiden field.

NAME – 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 complete nine-digit Social Security Number. Partial Social Security Numbers (last 4-digits or last 6-digits) and billing-system-generated proxy Social Security Numbers are not allowed. If you are unable to access the patient social security number through your electronic medical record (EMR) you must work with your in-house IT security and records access contacts to ensure you can see this item.

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.

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

Medicare numbers with an "A" suffix indicate the Social Security Number is the patient's number.

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.

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 *Date of Birth* (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.

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

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

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

BIRTHPLACE COUNTRY NAACCR ITEM #254

Enter the three-character International Organization for Standardization (ISO) Country Code abbreviation

(Appendix B) for the country in which the patient was born.

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

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

Please refer to Appendix B for specific Country Codes.

Note: The Custom Codes below should be used with caution as they are non-specific and may lead to edit errors. Only use these non-specific codes when more specific information is not available but you know the continent of origin.

Custom Codes – May be for historic or 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 r maiden name that the person is Hispanic, but he/she cannot be assigned to any category of 1-5.)
7	Spanish surname only (The only evidence of the person's Hispanic origin is surname or maiden name and there is no contrary evidence that the person is not Hispanic.)
8	Dominican Republic
9	Unknown whether Spanish or not

MARITAL STATUS NAACCR ITEM #150

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

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

HEIGHT AT DIAGNOSIS NAACCR ITEM #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 J for converting feet to inches.

Coding Instructions

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

Code "98" for 98 inches or greater.

Code "99" for unknown height.

Code "99" for historical cases.

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

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

You can use the following on-line conversion calculator: http://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 -KJ 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 entered in the Supplemental Address field and it is not acceptable in the standard address fields.

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

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

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

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

"RR" is acceptable—no RURAL ROUTE, STAR ROUTE or RURAL DELIVERY
"HCR" is acceptable—no HC or HIGHWAY CONTRACT
"PO BOX" is acceptable—no POB or POST OFFICE BOX
"HOMELESS" is not allowed
"GENERAL DELIVERY" is acceptable

Enter "UNKNOWN" if the patient's address at diagnosis is not known.
"UNKNOWN" is acceptable—no UNK or UK. The word "UNKNOWN" must be spelled out.

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

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

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

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

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

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

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

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

ADDR at DX – CITY NAACCR ITEM #70

Enter the name of the city or town in which the patient resides at the time of diagnosis. If the patient resides in a rural area, record the name of the city used in their mailing address. If the patient has multiple primaries, the city of residence may be different for each primary. If the name of the city or town is not known at the time of diagnosis enter "UNKNOWN". Do not abbreviate.

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

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

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

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

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

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

ADDR at DX – STATE NAACCR ITEM #80

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

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

Codes (in addition to USPS abbreviations)

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

FCDS Address field requirements:

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

US Possessions and Canada	00-99	Unknown Permitted	998	99999

ADDR at DX – COUNTRY NAACCR ITEM #102

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

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

Please refer to Appendix B for specific Country Codes.

Note: The Custom Codes below should be used with caution as they are non-specific and may lead to edit errors. Only use these non-specific codes when more specific information is not available but you know the continent of origin.

Custom Codes – May be for historic or future useZZN 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,US Possessions and Canada	00-14,34,35,38,40,41,42	Full Known Address Required	998	State Zip
Non-FL exclude XX,YY,ZZ,US Possessions and Canada	20-33,36-37,43	Full Address allowed but Unknown is permitted	998	State Zip, 99999

XX,YY	00-99	Unknown Permitted	998	88888
ZZ	00-99	Unknown Permitted	999	99999
Canada and US Possessions	00-99	Unknown Permitted	998	99999

ADDR CURRENT – NO & STREET NAACCR ITEM #2350

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

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

Do not abbreviate street names.

If the patient has multiple primaries, the address may be different for subsequent primaries.
Avoid the use of post office box numbers and rural routes whenever possible. Do not use a temporary address.

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

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

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

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

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

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

ADDR CURRENT – CITY NAACCR ITEM #1810

Enter the name of the city or town of the patient's current and usual residence. If the patient resides in a rural area, record the name of the city used in their mailing address.

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

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

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

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

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

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

ADDR CURRENT – STATE NAACCR ITEM #1820

USPS abbreviation for the state, territory, commonwealth, U.S. possession, or Canada Post abbreviation for the Canadian province/territory of the patient's current usual residence. If the patient has multiple tumors, the
current state of residence should be the same for all tumors.

Codes (in addition to the U.S. and Canadian postal service abbreviations)

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

FCDS Address field requirements:

Address Current - State	Class of Case	Address Status	County	Zip Code
FL	00-99	Full Known Address Required	Valid FL	Valid FL
Non-FL exclude XX,YY,ZZ, US Possessions and Canada	00-99	Full Known Address Required	998	State Zip
XX,YY	00-99	Unknown Permitted	998	88888
ZZ (NOT ALLOWED)				
US Possessions and Canada	00-99	Unknown Permitted	998	99999

ADDR CURRENT – COUNTRY NAACCR ITEM #1832

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

If the patient has multiple primaries, the current address at diagnosis is the same for each tumor/abstract.

Please refer to Appendix B for specific Country Codes.

Note: The Custom Codes below should be used with caution as they are non-specific and may lead to edit errors. Only use these non-specific codes when more specific information is not available but you know the continent of origin.

Custom Codes – May be for historic or 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

888888888.

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

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

COUNTY – CURRENT NAACCR ITEM #1840

Code for county of patient's current residence. For U.S. residents, standard codes are those of the FIPS publication – *Counties and Equivalent Entities of the United States, Its Possessions, and Associated Areas.* Florida FIPS County Codes can be found in Appendix B.

FCDS only allows Florida FIPS County Codes. If any residence is out of Florida, the county code must be 998 or 999.

Codes (in addition to FIPS)

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

999 COUNTY UNKNOWN

Use code 998 for Canadian residents.

FCDS Address field requirements:

Address Current - State	Class of Case	Address Status	County	Zip Code
FL	00-99	Full Known Address Required	Valid FL	Valid FL
Non-FL exclude XX,YY,ZZ, US Possessions and Canada	00-99	Full Known Address Required	998	State Zip
XX,YY	00-99	Unknown Permitted	998	88888
ZZ (NOT ALLOWED)				
Canada and US Possessions	00-99	Unknown Permitted	998	99999

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
65	TRICARE	Department of Defense program providing supplementary civilian-sector hospital and medical services beyond a

Code	Label	Description
		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. Occupation is the type of job the patient was engaged in for the longest time prior to a cancer diagnosis. It is not necessarily the highest paid job nor is it the job considered the most prestigious, but the one that accounted for the greatest number of working years. Example: Registered nurse

"Retired" is not an occupation. Do not enter "retired" when the only information available is that the patient is retired. When all the information available is "retired" enter "unknown" in this field.

Do enter "Unknown" when no information is available.

If the patient has never worked, record "never worked" as the Usual Occupation.

If the patient was a housewife/househusband and also worked outside the home during most of his/her adult life, record the Usual Occupation outside of the home.

If the patient was a housewife/househusband and did NOT work outside of the home for most of his/her adult life, record "housewife" or househusband."

The reference guide, "A Cancer Registrar's Guide to Collecting Industry and Occupation", DHHS (NIOSH) Publication No. 2011-173, is available free of charge in PDF format from CDC and NIOSH at http://www.cdc.gov/niosh/docs/2011-173/pdfs/2011-173.pdf and includes Tips on capturing these data.

TEXT – USUAL INDUSTRY NAACCR ITEM #320

Industry is the type of business or industry where the patient worked in his or her usual occupation. Example: Healthcare. Industry is a broader term than occupation. It encompasses the environment in which the occupation took place. Enter sufficient text to document the patient's usual occupation.

Be sure to distinguish among "manufacturing," "wholesale," "retail," and "service" components of an industry, that performs more than one of these components. If the face sheet identifies the employer, and the chart does not specify the industry, enter the name of the employer instead of the industry.

The reference guide, "A Cancer Registrar's Guide to Collecting Industry and Occupation", DHHS (NIOSH) Publication No. 2011-173, is available free of charge in PDF format from CDC and NIOSH at http://www.cdc.gov/niosh/docs/2011-173/pdfs/2011-173.pdf and includes Tips on capturing these data.

TUMOR INFORMATION

The Tumor Information section includes the set of data items used to describe the cancer or tumor being reported. It includes when and where the cancer was first diagnosed, the anatomic location and type of cancer, staging and other descriptive information used to characterize the cancer at the time of diagnosis.

Data Items Included in This Chapter

NAACCR Item Number	Item Name
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/Differentiation/Immunophenotype
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 of 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	
Initial diagnosis at reporting facility	
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 *Class of Case* 10
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	
Initial diagnosis at reporting facility	
14	Initial diagnosis at the reporting facility AND all first course treatment or a decision not to treat was done at the reporting facility
Initial diagnosis elsewhere	
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	
Patient appears in person at reporting facility	
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
Patient does not appear in person at reporting facility	
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	
Patient appears in person at reporting facility	
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 <u>Hematopoietic or Lymphoid Neoplasms</u> (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

1. Record the ICD-O-3 topography code for the site of origin.

2. Consult the physician advisor to identify the primary site or the most definitive site code if the medical record does not contain that information.

3. Topography codes are indicated by a "C" preceding the three-digit code number. Do not record the decimal point.

4. 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.

5. 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.

6. Use subcategory 8 for single tumors that overlap the boundaries of two or more sub-sites and the point of origin is not known.

7. Use subcategory 9 for multiple tumors that originate in different subsites of one organ.

Specific Tissues with Ill-Defined Sites

1. Avoid use of C76._ codes. If any of the following histologies appears only with an ill-defined site description (e.g., "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.)

2. Use the alphabetic index in ICD-O-3 to assign the most specific site if only a general location is specified in the record.

3. Head and Neck cancers can be challenging when it comes to identifying the primary site. The surgeon, pathologist, radiologist or clinician may generalize the topography to "head and neck" without stating an actual anatomic site for the primary tumor. And, it is not uncommon for the patient to present with positive cervical nodes (neck nodes) without evidence of a primary tumor.

The SEER Multiple Primary and Histology Coding Rules instruct abstractors to use ICD-O-3 topography codes C02.8, C08.8 or C14.8 when the primary site is stated to be "head and neck" but no primary tumor is identified or when the term "head and neck" is used to describe primary. These neoplasms are treated as head and neck primary cancers, not unknown primary cancers.

When the point of origin **cannot be determined**, use a topography code for overlapping sites:

- C02.8 Overlapping lesion of tongue
- C08.8 Overlapping lesion of major salivary glands
- C14.8 Overlapping lesion of lip, oral cavity, and pharynx.

4. Use the table below to assign primary site when the only information available is the histologic type of tumor and the patient has metastatic disease without an identifiable primary site. The primary site is presumed to be the NOS or "not otherwise specified" primary site code when the histology is known but for which no primary can be found. Do not code these cases to C80.9.

Histologic Type Codes	Histologic Types	Preferred Site Codes for Ill-Defined Primary Sites
8720-8790	Melanoma	C44._, Skin
8800-8811, 8813-8830, 8840-8921, 9040-9044	Sarcoma except periosteal fibrosarcoma and dermatofibrosarcoma	C49. _, Connective, Subcutaneous and Other Soft Tissues
8990-8991	Mesenchymoma	C49. _, Connective Subcutaneous and Other Soft Tissues
8940-8941	Mixed tumor, salivary gland type	C07. _, for Parotid Gland; C08. _, for Other and Unspecified Major Salivary glands
9120-9170	Blood vessels tumors, Lymphatic vessel tumors	C49. _, Connective Subcutaneous and other Soft tissues
9240-9252	Mesenchymal chondrosarcoma and giant cell tumors	C40. _, C41. _ for bone and cartilage C49. _, Connective, Subcutaneous, and Other Soft tissues
9580-9582	Granular cell tumor and alveolar soft part sarcoma	C49. _, Connective, Subcutaneous and Other Soft Tissues

IMPOSSIBLE PRIMARY SITE/HISTOLOGY COMBINATIONS

Combinations of 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 identifies 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
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

ICD-O-3	SITES
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 automatic nervous system of upper limb shoulder
C47.2	Peripheral nerves and autonomic nervous system of lower limb and hip
C49.1	Connective, subcutaneous and other soft tissues of upper limb and shoulder
C49.2	Connective, subcutaneous and other soft tissues of lower limb and hip
C50.0 – C 50.9	Breast
C56.9	Ovary
C57.0	Fallopian tube
C62.0 – C62.9	Testis
C63.0	Epididymis
C63.1	Spermatic cord
C64.9	Kidney, NOS
C65.9	Renal pelvis
C66.9	Ureter
C69.0 – C69.9	Eye and lacrimal gland
C70.0	Cerebral meninges, NOS (excluding diagnoses prior to 2004)
C71.0	Cerebrum (excluding diagnoses prior to 2004)
C71.1	Frontal lobe (excluding diagnoses prior to 2004)
C71.2	Temporal lobe (excluding diagnoses prior to 2004)
C71.3	Parietal lobe (excluding diagnoses prior to 2004)
C71.4	Occipital lobe (excluding diagnoses prior to 2004)
C72.2	Olfactory nerve (excluding diagnoses prior to 2004)
C72.3	Optic nerve (excluding diagnoses prior to 2004)
C72.4	Acoustic nerve (excluding diagnoses prior to 2004)
C72.5	Cranial nerve, NOS (excluding diagnoses prior to 2004)
C74.0 – C74.9	Adrenal gland
C75.4	Carotid body

HISTOLOGIC TYPE ICD-O-3 NAACCR ITEM #522

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 tie 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)
1	Borderline	Uncertain whether benign or malignant Borderline malignancy Low malignant potential Uncertain malignant potential (Reportable for intracranial and CNS sites only)
2	Insitu and/or carcinoma insitu	Carcinoma in situ; Intraepithelial; Noninfiltrating; Noninvasive

Code	Label	Description
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) or 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 NAACCR ITEM #440

New Grade Coding Instructions were published for cases diagnosed 1/1/2014 and forward. Below are excerpts from the Consensus Technical Working Group "Instructions for Coding Grade 2014+." The complete set of instructions is included in Appendix N of this manual.

Coding Grade/Cell Indicator for Hematopoietic and Lymphoid Neoplasms

Cell Indicator (Codes 5, 6, 7, 8, 9) - Cell Indicator (Codes 5, 6, 7, 8) describes the lineage or phenotype of the cell. Codes 5, 6, 7, and 8 are used only for hematopoietic and lymphoid neoplasms. Code 9 indicates cell type not determined, not stated, or not applicable.

Grade codes for hematopoietic and lymphoid neoplasms

1. Determine the histology based on the current Hematopoietic and Lymphoid Neoplasm Manual [http://seer.cancer.gov/tools/heme/Hematopoietic_Instructions_and_Rules/].

2. Determine the Cell Indicator by applying the "Grade of Tumor Rules" within the current Hematopoietic and Lymphoid Neoplasm Manual [http://seer.cancer.gov/tools/heme/Hematopoietic_Instructions_and_Rules/] to code the grade.

Terminology	Grade Code
T-cell; T-precursor	5
B-Cell; Pre-B; B-precursor	6
Null cell; Non T-non B	7
NK cell (natural killer cell)	8

Coding Grade/Differentiation for Solid Tumors

Grade, Differentiation (Codes 1, 2, 3, 4, 9) - Pathologic examination determines the grade, or degree of differentiation, of the tumor. For these cancers, the grade is a measurement of how closely the tumor cells resemble the parent tissue (organ of origin). Well-differentiated tumor cells closely resemble the tissue from the organ of origin. Poorly differentiated and undifferentiated tumor cells are disorganized and abnormal looking; they bear little (poorly differentiated) or no (undifferentiated) resemblance to the tissue from the organ of origin. These similarities/differences may be based on pattern (architecture), cytology, nuclear (or nuclear) features, or a combination of these elements, depending upon the grading system that is used. Some grading systems use only pattern, for example Gleason grading in prostate. Others use only a nuclear grade (usually size, amount of chromatin, degree of irregularity, and mitotic activity). Fuhrman's grade for kidney is based only on nuclear features. Most systems use a combination of pattern and cytologic and nuclear features; for example Nottingham's for breast combines numbers for pattern, nuclear size and shape, and mitotic activity. The information from this data item is useful for determining prognosis and treatment.

Pathologists describe the tumor grade using three systems or formats:
1. Two levels of similarity; also called a two-grade system
2. Three levels of similarity; also called a three-grade system (code according to "Coding for solid tumors."
    a. Grade I, well
    b. Grade II, moderately
    c. Grade III, poorly (undifferentiated carcinoma is usually separated from this system, since "poorly" bears some, albeit little, similarity to the host tissue, while "undifferentiated" has none, e.g. Undifferentiated carcinoma).
3. Four levels of similarity; also called a four-grade system. The four-grade system describes the tumor as a. Grade I; also called well-differentiated
    a. Grade II; also called moderately differentiated
    b. Grade III; also called poorly differentiated
    c. Grade IV; also called undifferentiated or anaplastic

Coding Grade/Differentiation for Solid Tumors

1. Systemic treatment and radiation can alter a tumor's grade. Therefore, it is important to code grade based on information prior to neoadjuvant therapy even if grade is unknown.

2. Code the grade from the primary tumor only.
    a. Do NOT code grade based on metastatic tumor or recurrence. In the rare instance that tumor tissue extends contiguously to an adjacent site and tissue from the primary site is not available, code grade from the contiguous site.
    b. If primary site is unknown, code grade to 9.

3. Code the grade shown below (6th digit) for specific histologic terms that implies a grade.

    Carcinoma, undifferentiated (8020/34)
    Carcinoma, anaplastic (8021/34)
    Follicular adenocarcinoma, well differentiated (8331/31)
    Thymic carcinoma, well differentiated (8585/31)
    Sertoli-Leydig cell tumor, poorly differentiated (8631/33)
    Sertoli-Leydig cell tumor, poorly differentiated with heterologous elements (8634/33)
    Undifferentiated sarcoma (8805/34)
    Liposarcoma, well differentiated (8851/31)
    Seminoma, anaplastic (9062/34)
    Malignant teratoma, undifferentiated (9082/34)
    Malignant teratoma, intermediate type (9083/32)
    Intraosseous osteosarcoma, well differentiated (9187/31)
    Astrocytoma, anaplastic (9401/34)
    Oligodendroglioma, anaplastic (9451/34)
    Retinoblastoma, differentiated (9511/31)
    Retinoblastoma, undifferentiated (9512/34)

4. In situ and/or combined in situ/invasive components:
    a. If a grade is given for an in situ tumor, code it. Do NOT code grade for dysplasia such as high grade dysplasia.
    b. If there are both in situ and invasive components, code only the grade for the invasive portion even if its grade is unknown.

5. If there is more than one grade, code the highest grade within the applicable system. Code the highest grade even if it is only a focus. Code grade in the following priority order using the first applicable system:
    a. special grade systems for the sites listed in Coding for Solid Tumors #6
    b. differentiation: use Coding for Solid Tumors #7: 2-, 3-, or 4- grade system
    c. nuclear grade: use Coding for Solid Tumors #7: 2-, 3-, or 4- grade system
    d. If it isn't clear whether it is a differentiation or nuclear grade and a 2-, 3-, or 4- grade system was used, code it.
    e. Terminology (use Coding for Solid Tumors #8)

6. Use the information from the special grade systems first. If no special grade can be coded, continue with Coding for Solid Tumors #7-9.

Special grade systems for solid tumors
Grade information based on CS Site-specific factors for breast, prostate, heart, mediastinum, peritoneum, retroperitoneum, soft tissue, and kidney parenchyma is used to code grade. See **Special Grade System Rules** section below for details on how to use this information to code grade.

Please see Appendix N for complete **2014 Grade System Rules** update.

LYMPH-VASCULAR INVASION NAACCR ITEM #1182

Lymph-vascular invasion or LVI indicates the presence or absence of tumor cells in small lymphatic channels (not lymph nodes) or small blood vessels within the primary tumor or in the surrounding tissues of the primary site as noted microscopically by the pathologist. When a neoplasm shows the presence of lymph-vascular invasion, tumor cells have broken free of the primary tumor and now have the ability to float throughout the body. Therefore, lymph-vascular invasion may be used an indicator of prognosis**.**

Benign, borderline and in-situ neoplasms cannot have lymphatic or vascular invasion by definition. When any invasion is present, the neoplasm is classified as malignant with behavior = 3.

Lymphoid and myeloid neoplasms (neoplasms that originate in the lymphatic system, bone marrow, or in circulating blood) cannot have lymphatic or vascular invasion. Only solid tumors may have LVI.

Lymphatic invasion is not the same as involvement of regional lymph nodes.

Lymph-vascular invasion does not include perineural invasion.

Coding Instructions
1. The primary source of this information is the pathology report or a physician's statement.
2. **Use code 0 when behavior = 0, 1, or 2 (ALL benign, borderline, and in-situ neoplasms)**
3. Use code 0 when the pathology report states that no lymph-vascular invasion was identified.
4. Use code 1 when lymph-vascular is identified anywhere in a primary tumor specimen.
5. **Use code 8 when histology = 9590-9992 (ALL lymphoid and myeloid neoplasms).**
6. Use code 9 if the pathology report indicates that the presence of lymph-vascular invasion could not be determined or when no information is available in the pathology report or medical record.
7. **Use code 9 when no tissue from the primary site was examined (invasive solid tumors only).**

Code	Description
0	Behavior = 0, 1, or 2 (benign, borderline or in-situ neoplasm)
0	Lymph-vascular invasion not present (absent)/not identified
1	LVI Present/Identified
8	Histology = 9590-9992 (lymphoid or myeloid neoplasm)
9	LVI Unknown, Indeterminate, Not Stated, or no tissue from primary site was examined

TEXT- PRIMARY SITE TITLE NAACCR ITEM #2580

Enter the location of the primary site of the tumor being reported. Include available information on tumor laterality. Do not use vendor-driven auto-coding of primary site title in this field. Enter free text.

TEXT – HISTOLOGY TITLE NAACCR ITEM #2590

Enter the histologic type, behavior, and grade of the tumor being reported. Do not use vendor-drive auto-coding of the histologic type, behavior, or grade of the tumor in this field. Enter free text.

COLLABORATIVE STAGE DATA COLLECTION SYSTEM (CSv2)

Collaborative Staging (CS) is to be used for all cases regardless of date of diagnosis until 12/31/2015. 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 02.05, 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/inc/downloads.shtml 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 Data 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/

AJCC TNM CANCER STAGING SYSTEM

2014-2015 Transition Years Requirement: The AJCC TNM Cancer Staging data itmes may be left blank or may be reported as "Optional" for cancers diagnosed, treated, or otherwise reported to FCDS 1/1/2014-12/31/2015. Only registries with CoC Accreditation can submit the "Optional" TNM fields. AJCC TNM staging requires use of the *AJCC Cancer Staging Manua*l, 7th edition for all TNM items.

2016 Requirement: AJCC TNM staging requires use of the *AJCC Cancer Staging Manua*l, 7th edition for all cancers diagnosed, treated, or otherwise reported to FCDS beginning 1/1/2016.

The AJCC TNM Cancer Staging System is based on the clinical, operative, and pathologic assessment of the anatomic extent of disease at the time of initial cancer diagnosis and is used to make appropriate treatment decisions, determine prognosis, and measure end results.

Rules for Staging and Definitions of T, N, M (clinical and pathologic) may vary across primary site. You MUST refer to the current *AJCC Cancer Staging Manual* to code AJCC TNM Stage data item.

Use the rules in the current *AJCC Cancer Staging Manual* to assign AJCC T, N, M and Stage Group values. The following general rules apply to AJCCTNM staging for all cancer sites.

- *Clinical Staging* includes any information obtained about the extent of cancer before initiation of definitive treatment (surgery, systemic or radiation therapy, active surveillance, or palliative care) or within four months after the date of diagnosis, whichever is ***shorter***, as long as the cancer has not clearly progressed during that time frame.

- *Pathologic Staging* includes any information obtained about the extent of cancer through completion of definitive surgery as part of first course treatment or identified within four months after the date of diagnosis, whichever is ***longer***, as long as there is no systemic or radiation therapy initiated or the cancer has not clearly progressed during that time frame.

Data Items Included in this Section:

NAACCR Item Number	Item Name
940	Clinical T
950	Clinical N
960	Clinical M
970	Clinical Stage Group
980	Clinical Stage (Prefix/Suffix) Descriptor
990	TNM Clinical – Staged By
880	Pathologic T
890	Pathologic N
900	Pathologic M
910	Pathologic Stage Group
920	Pathologic Stage (Prefix/Suffix) Descriptor
930	TNM Pathologic – Staged By
1060	TNM Edition Number

Coding AJCC TNM Cancer Staging Data Items
The complete coding instructions and site-histology defined criteria for assigning individual T, N, and M elements and the Stage Group (clinical and pathologic) are available in the current version of *AJCC Cancer Staging Manual*. Go to http://www.cancerstaging.org for ordering information.

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:

NAACCR Item Number	Item Name
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 Leukemia 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.

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 such as Ytrium 90. Do not code as radioisotope, code as brachytherapy. 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 - Leukemia 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.

Leukemia 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."

Aspirin (also known as ASA, acetylsalicylic acid, or by a brand name) is coded as a treatment for essential thrombocythemia - ONLY. **DO NOT CODE aspirin as "other treatment" for any site EXCEPT Essential Thrombocythemia.**

Only record aspirin therapy for essential thrombocythemia when it is given to thin the blood for symptomatic control. Use the following guidelines to determine whether aspirin is administered for thinning of blood for thrombocythemia rather than for pain control or cardiovascular protection:

- Aspirin treatment for essential thrombocythemia is low dose, approximately 70-100 mg/day
- The dosage for pain control is approximately 325-1000 mg every 3-4 hours.
- Cardiovascular protection starts at about 160 mg/day.

Phlebotomy (also known as blood removal, blood letting, or venesection) is coded as treatment for polycythemia vera - ONLY. **DO NOT CODE phlebotomy as "other treatment" for any condition EXCEPT Polycythemia Vera.**

Transfusions may include whole blood, RBCs, platelets, plateletphoresis, fresh frozen plasma (FFP), plasmaphoresis, and cryoprecipitate. **DO NOT CODE transfusion as "other treatment" for any site.**

GENERAL CODING INSTRUCTIONS SITE-SPECIFIC SURGERY

1. Refer to **Appendix F** for site-specific surgery codes.
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/Reticuloenthelial/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 sentinel1ymph 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 aspiration of regional lymph node(s)	Review the operative report of to confirm whether an excisional biopsy or aspiration of regional lymph nodes was actually performed. If additional procedures were performed on the lymph nodes, use the appropriate code 2-7.	Excisional biopsy or aspiration of regional lymph nodes for breast cancer is uncommon. Review the operative report of to confirm whether an excisional biopsy or aspiration of regional lymph nodes was actually performed; it is highly possible that the procedure is a SLNBx (code 2) instead. If additional procedures were performed on the lymph nodes, such as axillary lymph node dissection, use the appropriate code 2-7.
2	Sentinel Lymph Node Biopsy	• 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.	• If a relatively large number of lymph nodes, more than 5, are pathologically examined, review the operative report to confirm the procedure was limited to a SLNBx and did not include an axillary lymph node dissection (ALND). • Infrequently, a SLNBx is attempted and the patient fails to map (i.e. no sentinel lymph nodes are identified by the dye and/or radio label injection) and no sentinel nodes are removed. Review the operative report to confirm that an axillary incision was made and a node exploration was conducted. Patients undergoing SLNBx who fail to map will often undergo ALND. Code these cases as 2 if no ALND was performed, or 6 when ALND was performed during the same operative event Enter the appropriate number of nodes examined and positive in the data items *Regional Lymph Nodes Examined* (NAACCR Item #830) and *Regional Lymph Nodes Positive* (NAACCR Item

			#820).
3	Number of regional lymph nodes removed unknown or not stated; regional lymph nodes removed, NOS	• 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). • 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. • 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).	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		
5	4 or more regional lymph nodes removed		

		• 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	• 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.	• Generally, SLNBx followed by ALND will yield a minimum of7-9 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	•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 pathological1y examined, review the operative report to confirm whether the procedure was limited to a SLNBx only.	
9	9 Unknown or not	• 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 *Surgery of Primary Site* [NAACCR Item #1290]). Review surgically treated cases coded 9 in *Scope of Regional/ Lvmph Node Surgery* to confirm the code.	

General Instructions

Use the operative report as the primary sources document to determine whether the operative procedure was a sentinel lymph node biopsy (SLNBx), or a more extensive dissection of regional lymph nodes, or a combination of both SNLBx and regional lymph node dissection. The operative report will designate the surgeon's planned procedure as well as a description of the procedure that was actually performed. The pathology report may be used to complement the information appearing in the operative report, but the operative report takes precedence when attempting to distinguish between SLNBx and regional lymph node dissection or a combination of these 2 procedures. Do not use the number of lymph nodes removed

and pathologically examined as the sole means of distinguishing between a SLNBx and a regional lymph node dissection.

Coding Instructions

1. 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 *distant lymph node(s)*
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 *Date--Surgery of First Surgical Procedure* (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	None No radiation therapy was administered.
1	Beam radiation X-ray, cobalt, linear accelerator, neutron beam, betatron, spray radiation, intra-operative radiation and stereotactic radiosurgery (gamma knife and proton beam).
2	Radioactive implants Brachytherapy, interstitial implants, molds, seeds, needles, or intracavitary applicators of radioactive materials
3	Radioisotopes 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**.
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).

Code	Label	Definition
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 is 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 mycosis fungoides with PUVA (psoralen and long-wave ultraviolet radiation). Code this treatment as *Other Treatment* (NAACCR Item #1420, code 1.

Code	Label	Definition

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.
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.

Code	Label	Definition
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-l 31, Phosphorus-32, etc.
61	Strontium-89	Treatment primarily by intravenous routes for bone metastases.
62	Strontium-90	
80*	Combination modality, specified*	Combination of external beam radiation and either radioactive 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 *Date Radiation Ended* (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 *RX Date Chemotherapy* (NAACCR Item #1220). Case was diagnosed between 2003 and 2009 and the facility did not record *RX Date*

	Chemotherapy(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 **papillar**y 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 *RX Date Hormone* (NAACCR Item #1230). Case was diagnosed between 2003 and 2009 and the facility did not record *RX Date Hormone* (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 *RX Date BRM/Immunotherapy* (NAACCR Item #1240). Case was diagnosed between 2003 and 2009 and the facility did not record *RX Date BRM/Immunotherapy* (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

Code	Label	Description
		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

Code	Description
40	Combination of endocrine surgery and/or radiation with a transplant procedure (combination of codes **30** and **10**, **11**, **12** or **20**).
82	Hematologic transplant and/or endocrine surgery/radiation was not recommended/administered because it was contraindicated due to patient risk factors (i.e., comorbid conditions, advanced age).
85	Hematologic transplant and/or endocrine surgery/radiation was not administered because the patient died prior to planned or recommended therapy.
86	Hematologic transplant and/or endocrine surgery/radiation was not administered. It was recommended by the patient's physician, but was not administered as part of first-course therapy. No reason was stated in the patient record.
87	Hematologic transplant and/or endocrine surgery/radiation was not administered. It was recommended by the patient's physician, but this treatment was refused by the patient, the patient's family member, or the patient's guardian. The refusal was noted in the patient record.
88	Hematologic transplant and/or endocrine surgery/radiation was recommended, but it is unknown if it was administered If a bone marrow or stem cell harvest was undertaken, but was not followed by a rescue or re-infusion as part of first course treatment
99	It is unknown whether hematologic transplant and/or endocrine surgery/radiation was recommended or administered because it is not stated in patient record. Autopsy only cases.

RX SUMM – OTHER **NAACCR ITEM #1420**

Enter any other cancer-directed therapy received by the patient as part of the first course of therapy. Record any other therapy administered at your facility and all other facilities.

Consult the most recent version of the *Hematopoietic and Lymphoid Neoplasm Case Reportability and Coding Manual* for instructions for coding care of specific hematopoietic neoplasms in this item.

Other Treatment is rare. This data item will always generate an EDIT WARNING when code = 1 or 2. Warnings do not require EDIT Override or FORCE. If the case has other errors in addition to the warning the errors will need to be corrected prior to submission. Again, WARNINGS cannot be FORCEd.

The following explanations and definitions are quoted from the website for the National Center for Complementary and Alternative Medicine (NCCAM). Complementary and alternative medicine, as defined by NCCAM, is a group of diverse medical and health care systems, practices, and products that are not presently considered to be part of conventional medicine. While some scientific evidence exists regarding some CAM therapies, for most there are key questions that are yet to be answered through well-designed scientific studies--questions such as whether they are safe and whether they work for the diseases or medical conditions for which they are used.

Complementary medicine is used **together with** conventional medicine. An example of a complementary therapy is using aromatherapy to help lessen a patient's discomfort following surgery.

Alternative medicine is used **in place of** conventional medicine. An example of an alternative therapy is using a special diet to treat cancer instead of undergoing surgery, radiation, or chemotherapy that has been recommended by a conventional doctor.

Coding Instructions

1. Assign **Code 0** when
    a. There is no indication anywhere in the patient's medical record that other therapy was either planned or administered
    b.
    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 for polycythemia vera or aspirin for essential thrombocythemia.
    b. Patient had cancer treatment that could not be assigned to the previous treatment fields (surgery, radiation, chemotherapy, immunotherapy, or systemic therapy).

3. Assign **Code 2** for any experimental or newly developed treatment that differs greatly from proven types of cancer therapy such as a clinical trial. ***Note:*** Hyperbaric oxygen has been used to treat cancer in clinical trials, but it is also used to promote tissue healing following head and neck surgeries. Do not code the administration of hyperbaric oxygen to promote healing as an experimental treatment.

4. Assign **code 3** when the patient is enrolled in a double blind clinical **trial**. When the trial is complete and the code is broken, review and recode the therapy.

5. Assign **code 6** for **unconventional** methods whether they are the single therapy or given in combination with conventional therapy. See below for more details.

6. Assign **code 8** When other therapy was recommended by the physician but there is no information that the treatment was given.

7. 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	ALTERNATIVE SYSTEMS
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
MANUAL HEALING	Magnetoresonance Spectroscopy
Acupressure	Diet, Nutrition, Lifestyle
Biofield Therapeutics	Changes In Lifestyle
Massage Therapy	Diet
Reflexology	Gerson Therapy
Zone Therapy	Macrobiotics
MIND/BODY CONTROL	Megavitimins
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. *Examples:* 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 no 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 *Date Other Treatment Started* (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 see Appendix L for specific text documentation 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

NAACCR Item Number	Item Name
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 *Date of Last Contact or Death* (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

APPENDIX A – HOSPITAL LISTING – ALPHABETICAL ORDER

Facility ID	Hospital Name	Option	City
1800	FAWCETT MEMORIAL HOSPITAL	2	PORT CHARLOTTE
5446	FISHERMENS HOSPITAL	2	MARATHON
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	OCOEE
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

APPENDIX A – HOSPITAL LISTING – ALPHABETICAL ORDER

Facility ID	Hospital Name	Option	City
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
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	LAKEWOOD 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

APPENDIX A – HOSPITAL LISTING – ALPHABETICAL ORDER

Facility ID	Hospital Name	Option	City
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
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

APPENDIX A – HOSPITAL LISTING – ALPHABETICAL ORDER

Facility ID	Hospital Name	Option	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
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

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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

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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

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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

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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	PROMENDADES 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 HABOR 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

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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

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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 OFVOLUSIA 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	PINELLLAS 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	OCOEE
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

Facility ID	Radiation Therapy Center	Option	City
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

APPENDIX A – FREE STANDING RADIATION THERAPY CENTERS – ALPHABETICAL ORDER

Facility ID	Radiation Therapy Center	Option	City
8607	RADIATION THERAPY CENTER OF BREVARD	R	ROCKLEDGE
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 Herzogovina
BIH	Herzogovina
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 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 Herzogovina

APPENDIX B

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

Code	Label
BWA	Botswana
BVT	Bouvet Island
BRA	Brazil
GUY	British Guiana
BLZ	British Honduras
IOT	British Indian Ocean Territory
VGB	British Virgin Islands
BND	Brunei
BND	Brunei Darussalam
BGR	Bulgaria
BFA	Burkina Faso
MMR	Burma
BDI	Burundi
BLR	Byelorus
BLR	Byelorussian S.S.R.
AGO	Cabinda
TCA	Caicos Islands
KHM	Cambodia
CMR	Cameroon
CAN	Canada
PAN	Canal Zone
ESP	Canary Islands
CPV	Cape Verde
XCR	Caucasian Republics of the USSR [Pre-2013 cases only]
CYM	Cayman Islands
CAF	Central African Republic
ZZC	Central America, NOS
LKA	Ceylon
TCD	Chad
CHL	Chile
CHN	China
XCH	China, NOS [Pre-2013 cases only]
CHN	China, Peoples Republic of
TWN	China, Republic of (Taiwan)
CXR	Christmas Island
CCK	Cocos (Keeling) Islands
COL	Colombia
COM	Comoros
COG	Congo
COD	Congo, Democratic Republic of

APPENDIX B

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

Code	Label
COK	Cook Islands
FRA	Corsica
CRI	Costa Rica
CIV	Cote d'Ivoire
HRV	Croatia
CUB	Cuba
CUW	Curacao
CYP	Cyprus
CZE	Czech Republic
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 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	Herzogovina
HND	Honduras
BLZ	Honduras, British
HKG	Hong Kong
HUN	Hungary
ISL	Iceland
IND	India
XSE	Indochina [Pre-2013 cases only]
IDN	Indonesia
IRN	Iran
IRQ	Iraq
IRL	Ireland
NIR	Ireland, Northern
IRL	Ireland, Republic of
IMN	Isle of Man
ISR	Israel

APPENDIX B

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

Code	Label
XIS	Israel and former Jewish Palestine [Pre-2013 cases only]
ITA	Italy
CIV	Ivory Coast
JAM	Jamaica
JPN	Japan
JEY	Jersey
UMI	Johnston Atoll
JOR	Jordan
KAZ	Kazakhstan
CCK	Keeling Islands
KEN	Kenya
KIR	Kiribati
PRK	Korea, North
KOR	Korea, 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 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 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 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 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 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, NOS	CD	CAN
Colorado	CO	USA
Connecticut	CT	USA
Delaware	DE	USA
District of Columbia	DC	USA
Florida	FL	USA
Georgia	GA	USA
Guam	GU	GUM
Hawaii	HI	USA
Idaho	ID	USA
Illinois	IL	USA
Indiana	IN	USA
Iowa	IA	USA
Johnston Atoll	UM	UMI
Kansas	KS	USA
Kentucky	KY	USA
Louisiana	LA	USA
Maine	ME	USA
Manitoba	MB	CAN
Mariana Islands (Trust Territory of Pacific Islands)	MP	MNP
Marshall Islands (Trust Territory Pacific Islands)	MH	MHL
Maryland	MD	USA
Massachusetts	MA	USA
Michigan	MI	USA
Micronesia (Fed States of) (Caroline, Trust Terr of Pacific)	FM	FSM
Midway Islands	UM	UMI
Minnesota	MN	USA
Mississippi	MS	USA
Missouri	MO	USA
Montana	MT	USA
Nebraska	NE	USA
Nevada	NV	USA
New Brunswick	NB	CAN

APPENDIX B
United States Postal Service State Abbreviation Codes
Canadian Province Abbreviation Codes
United States Territory Abbreviation Codes

NAME	STATE/PROVINCE CODE	COUNTRY CODE
New Hampshire	NH	USA
New Jersey	NJ	USA
New Mexico	NM	USA
New York	NY	USA
Newfoundland, Labrador	NL	CAN
North American Islands	ZZ	XNI
North Carolina	NC	USA
North Dakota	ND	USA
Northwest Territories	NT	CAN
Northwest Territories, Yukon Territory	YN	CAN
Nova Scotia	NS	CAN
Nunavut	NU	CAN
Ohio	OH	USA
Oklahoma	OK	USA
Ontario	ON	CAN
Oregon	OR	USA
Palau (Trust Territory of Pacific Islands)	PW	PLW
Pennsylvania	PA	USA
Prince Edward Island	PE	CAN
Puerto Rico	PR	PRI
Quebec	QC	CAN
Rhode Island	RI	USA
Saskatchewan	SK	CAN
South Carolina	SC	USA
South Dakota	SD	USA
Swan Islands	UM	UMI
Tennessee	TN	USA
Texas	TX	USA
U.S. Virgin Islands	VI	VIR
United States, NOS	US	USA
Unknown Residence	ZZ	ZZU
Utah	UT	USA
Vermont	VT	USA
Virginia	VA	USA
Wake Island	UM	UMI
Washington	WA	USA
West Virginia	WV	USA
Wisconsin	WI	USA
Wyoming	WY	USA
Yukon Territory	YT	CAN
Note 1: State Code XX should not be used if patient is from US or Canada		
Note 2: State Code YY should not be used if patient is from US or Canada		
Note 3: State Code ZZ should be known for residents of US or Canada with unknown address		

APPENDIX B
Federal Information Processing Standards (FIPS) County Codes for FLORIDA

County Name	FIPS Code
ALACHUA	001
BAKER	003
BAY	005
BRADFORD	007
BREVARD	009
BROWARD	011
CALHOUN	013
CHARLOTTE	015
CITRUS	017
CLAY	019
COLLIER	021
COLUMBIA	023
DESOTO	027
DIXIE	029
DUVAL	031
ESCAMBIA	033
FLAGLER	035
FRANKLIN	037
GADSDEN	039
GILCHRIST	041
GLADES	043
GULF	045
HAMILTON	047
HARDEE	049
HENDRY	051
HERNANDO	053
HIGHLANDS	055
HILLSBOROUGH	057
HOLMES	059
INDIAN RIVER	061
JACKSON	063
JEFFERSON	065
LAFAYETTE	067
LAKE	069
LEE	071
LEON	073
LEVY	075
LIBERTY	077
MADISON	079
MANATEE	081

County Name	FIPS Code
MARION	083
MARTIN	085
MIAMI-DADE	086
MONROE	087
NASSAU	089
OKALOOSA	091
OKEECHOBEE	093
ORANGE	095
OSCEOLA	097
PALM BEACH	099
PASCO	101
PINELLAS	103
POLK	105
PUTNAM	107
SANTA ROSA	113
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
UNKNOWN	999

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

APPENDIX C

ER/PR/HER2

What are estrogen receptors (ER)?

Estrogen receptors are a group of proteins found inside cells. These protein receptors are activated by the hormone estrogen. The hormone estrogen binds to the receptors inside the cells and may cause the cells to grow.

ER negative cancer cells do not need estrogen to grow, and usually do not stop growing when treated with hormones that block estrogen from binding.

ER positive cancer cells may need estrogen to grow, and may stop growing or die when treated with substances that block the binding and actions of estrogen such as hormones (Tamoxifen) or aromatase inhibitors (Arimidex, Aromasin, or Femara).

What is a progesterone receptor (PR)?

A progesterone receptor is another type of protein receptor found inside cells. This protein receptor is activated by the hormone progesterone. The hormone progesterone binds to the receptor inside the cells and may cause cells to grow.

PR negative cancer cells do not need progesterone to grow, and usually do not stop growing when treated with hormones that block progesterone from binding.

PR positive cancer cells need progesterone to grow and will usually stop growing when treated with hormones that block progesterone from binding such as hormones (Tamoxifen) or aromatase inhibitors (Arimidex, Aromasin, or Femara).

Pre-menopausal women with ER/PR positive cancers are usually treated with Tamoxifen for 5 years, regardless of nodal status or other prognostic factors such as HER2 status..

Post-menopausal women are usually treated with an aromatase inhibitor rather than Tamoxifen, regardless of nodal status or other prognostic factors such as HER2 status..

What is HER2/neu?

HER2/neu is a protein involved in normal cell growth and may be found in some types of cancer cells. These protein receptors may also be referred to as tyrosine kinase receptors or human epidermal growth factor receptors. HER2 postiive cancers have an abundance of the protein HER2/neu on their surface. When too much of this protein is present, cells may grow more quickly and are more likely to spread to other parts of the body. Herceptin is a drug that is used to treat HER2-positive cancers (breast, stomach, other) when there is an overexpression of HER2 on cancer cells surfaces.

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

APPENDIX C

- 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 for premenopausal women
  - Aromatase Inhibitor Therapy should be considered in 1st course treatment planning for post-menopausal women.
- ✓ Progesterone Receptor (PR) **positive** is a favorable prognostic factor.
  - Hormonal Therapy should be considered in 1st course treatment planning.
  - Aromatase Inhibitor Therapy should be considered in 1st course treatment planning for post-menopausal women.
- ✓ **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 or Aromatase Inhibitors
- ✓ 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/Aromatase Inhibitor Therapy usually NOT included as part of 1st course treatment plan
- Progesterone Receptor (PR) **negative** is an unfavorable prognostic factor.
  - Hormonal Therapy/Aromatase Inhibitor 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 or Aromatase Inhibitors
- 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 2014
LINK TO SEER MANUAL APPENDIX C: CODING GUIDELINES - SPECIFIED SITES

Link to All SEER Coding Guidelines http://seer.cancer.gov/manuals/2014/appendixc.html	
Esophagus	C150-C155, C158-C159
Colon	C180-C189
Rectosigmoid Juncction	C199
Lung	C340-C349
Bones, Joints, and Articular Cartilage	C400-C419
Peripheral Nerves and Autonomic Nervous System	C470-C479
Connective, Subcutaneous and Other Soft Tissues	C490-C499
Breast	C500-C509
Prostate Gland	C619
Kidney	C649
Renal Pelvis and Ureter	C659, C669
Bladder	C670-C679
Urethra	C680
Brain, CNS, Meninges, Cranial Nerves, Other CNS	C700-C709, C710-C719, C720-C729
Thyroid Gland	C739
Kaposi Sarcoma of All Sites	Histology M9140 – Any Site
Lymphoma	Histology M9590/3 – M9738/3

APPENDIX C

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.

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

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 *in situ*	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 *in situ*	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-Lymphotrophic 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

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

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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

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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*
Scandanavian*
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

Code	Definition
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

Code	Definition
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-lenca
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
Clackamus
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 -lenca
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 Coushatta
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 Ukranian*
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
ABADIA
ABADIANO
ABADIAS
ABADILLA
ABADIN
ABAIGAR
ABAJO
ABALLE
ABALO
ABALOS
ABAONZA
ABARCA
ABARCO
ABAROA
ABARQUEZ
ABARTA
ABARZUA
ABASCAL
ABASTA
ABASTAS
ABASTO
ABAUNZA
ABAURREA
ABAY
ABAYA
ABBADIE
ABDALA
ABEA
ABEITA
ABEJA
ABELAIRAS
ABELAR
ABELDANO
ABELEDO
ABELLA
ABELLAN
ABELLEIRA
ABELLERA
ABENDANO
ABERASTURI
ABERASTURIA
ABERGEL
ABESADA
ABETE
ABEYTA
ABEYTIA
ABIEGA
ABILA
ABILES
ABILEZ
ABIN
ABINA
ABIO
ABIOL
ABISLAIMAN
ABITIA
ABITU
ABITUA
ABLANEDO
ABOGADO
ABOITE
ABOITES
ABOLILA
ABONCE
ABORLLEILE
ABOY
ABOYTES
ABRAHANTE
ABRAHANTES
ABRAJAN
ABRANTE
ABREA
ABREGO
ABREO
ABREU
ABREUS
ABREUT
ABREV
ABREW
ABREYO
ABRICA
ABRIGO
ABRIL
ABRIOL
ABUIN
ABUNDES
ABUNDEZ
ABUNDIS
ABUNDIZ
ABUNDO
ABURTO
ABUTIN
ACABA
ACABEO
ACARON
ACASTA
ACCOSTA
ACCUAR
ACEBAL
ACEBEDO
ACEBO
ACED
ACEDO
ACEITUNO
ACENCIO
ACENEDO
ACERA
ACEREDO
ACERETO
ACERO
ACETY
ACEUEDO
ACEVDO
ACEVEDA
ACEVEDO
ACEVES
ACEVEZ
ACEVIDO
ACHA
ACHEZ
ACHON
ACIDO
ACIN
ACOBE
ACOSTA
ACOYA
ACUESTA
ACUNA
ACUSTA
ADAME
ADAMES
ADAMEZ
ADAN
ADANZA
ADARGO
ADAROS
ADAUTO
ADELO
ADONA
ADORNO
ADRIASOLA
ADROVER
ADROVET
ADUNA
ADVINCULA
AEDO
AFAN
AFANADOR
AFRE
AGADO
AGALA
AGANZA
AGAPITO
AGEITOS
AGIRRE
AGON
AGOSTO
AGRA
AGRAIT
AGRAMONTE
AGRAS
AGRAZ
AGREDA
AGREDANO
AGREGADO
AGRONT
AGUABELLA
AGUADO
AGUALLO
AGUANO
AGUARISTI
AGUAS
AGUASVIVAS
AGUAYA
AGUAYO
AGUDELO
AGUDO
AGUEDA
AGUELAR
AGUERA
AGUERO
AGUEROS
AGUERRE
AGUERREBERE

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AGUERRIA
AGUET
AGUIGUI
AGUILA
AGUILAR
AGUILER
AGUILERA
AGUILES
AGUILLAR
AGUILLEN
AGUILLERA
AGUILLON
AGUILO
AGUILON
AGUILOR
AGUILOS
AGUILU
AGUILUZ
AGUINAGA
AGUINIGA
AGUINO
AGUINS
AGUIRE
AGUIRRA
AGUIRRE
AGUIRRECHU
AGUIRREGAVIRIA
AGUIRRES
AGUIRREZABAL
AGULAR
AGULIAR
AGULLES
AGULLO
AGUNDES
AGUNDEZ
AGUNDIS
AGUNDIZ
AGUON
AGURRIES
AGURTO
AGUSTI
AGVILAR
AHEDO
AHIN
AHUERO
AHUMADA
AIBAR
AINSA
AINZ
AINZA
AIRA
AISA
AISO
AISPURO
AIZPURU
AJUNTAS
AJURIA
ALABADO
ALACAN
ALACAR
ALADRO
ALAEZ
ALAFA
ALAFFA
ALAGA
ALAGO
ALAMAN
ALAMANO
ALAMANZA
ALAMARES
ALAMBAR
ALAMEDA
ALAMIA
ALAMILLA
ALAMILLO
ALAMO
ALAMOS
ALANIS
ALANIZ
ALANSO
ALANZO
ALAQUINES
ALAQUINEZ
ALARCO
ALARCON
ALARD
ALARDE
ALARDIN
ALARI
ALARICO
ALARID
ALARY
ALAS
ALATORRE
ALATRISTE
ALAVA
ALAVARADO
ALAVARDO
ALAYA
ALAYETO
ALAYO
ALAYON
ALBA
ALBACETE
ALBALADEJO
ALBALATE
ALBALOS
ALBANA
ALBANDOZ
ALBANEZ
ALBAREDA
ALBARENGA
ALBAREZ
ALBARICO
ALBARRACIN
ALBARRAN
ALBEAR
ALBELO
ALBERCA
ALBERIO
ALBERRO
ALBERTORIO
ALBERU
ALBEZ
ALBIAR
ALBIDRES
ALBIDREZ
ALBILLAR
ALBINES
ALBIOL
ALBISO
ALBITRE
ALBIZO
ALBIZU
ALBO
ALBONIGA
ALBOR
ALBORNOZ
ALBORS
ALBUERNE
ALBUJAR
ALBURQUERQUE
ALCADE
ALCAIDA
ALCAIDE
ALCALA
ALCALAN
ALCALDE
ALCANIZ
ALCANTA
ALCANTAR
ALCANTARA
ALCANTARO
ALCANTOR
ALCARAS
ALCARAZ
ALCAREZ
ALCASAS
ALCAYDE
ALCAZAR
ALCE
ALCEDO
ALCERRECA
ALCIBAR
ALCIVAR
ALCOBER
ALCOCER
ALCOCES
ALCOLA
ALCOLEA
ALCON
ALCONTAR
ALCORTA
ALCOSER
ALCOSET
ALCOVER
ALCOZAR
ALCOZER
ALCUDIA
ALDABA

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ALDABE
ALDACO
ALDAHONDO
ALDAMA
ALDANA
ALDAPA
ALDAPE
ALDARONDO
ALDAS
ALDASORO
ALDAVA
ALDAVE
ALDAYA
ALDAZ
ALDAZABAL
ALDEBOT
ALDECOA
ALDECOCEA
ALDEIS
ALDEREGUIA
ALDERETE
ALDERETTE
ALDERTE
ALDRETE
ALDUEN
ALDUENDA
ALEANTAR
ALEBIS
ALEDO
ALEGADO
ALEGRE
ALEGRET
ALEGRIA
ALEJANDRE
ALEJANDRES
ALEJANDREZ
ALEJANDRO
ALEJO
ALEJOS
ALELUNAS
ALEMAN
ALEMANIA
ALEMANY
ALEMAR
ALEN
ALENCASTRO
ALEQUIN
ALERS
ALERTE
ALEVEDO
ALEXANDRINO
ALFALLA
ALFARA
ALFARD
ALFARO
ALFASSA
ALFAU
ALFEREZ
ALFONSECA
ALFONSO
ALFONZO
ALFRIDO
ALGARA
ALGARIN
ALGARRA
ALGAVA
ALGEA
ALGECIRAS
ALGORA
ALGORRI
ALGORTA
ALGUACIL
ALGUESEVA
ALIAGA
ALICANTE
ALICCA
ALICEA
ALICIA
ALIJA
ALINAYA
ALIPAZ
ALIRE
ALIRES
ALIREZ
ALLADICE
ALLADO
ALLALA
ALLANDE
ALLARID
ALLEGRANZA
ALLEGUE
ALLEGUEZ
ALLENDE
ALLENEGUI
ALLESANDRO
ALLONGO
ALLOZA
ALMA
ALMADA
ALMADO
ALMADOVA
ALMAGER
ALMAGNER
ALMAGRO
ALMAGUER
ALMANCE
ALMANDOZ
ALMANSA
ALMANZA
ALMANZAN
ALMANZAR
ALMANZO
ALMAQUER
ALMARAS
ALMARAZ
ALMARES
ALMAREZ
ALMARZA
ALMAZAN
ALMEDA
ALMEDINA
ALMEJO
ALMENA
ALMENAR
ALMENARA
ALMENARES
ALMENDARES
ALMENDAREZ
ALMENDARIZ
ALMENDRAL
ALMENDRAS
ALMENGER
ALMENGOR
ALMERA
ALMERAZ
ALMERIA
ALMESTICA
ALMEYDA
ALMEZQUITA
ALMIRALL
ALMIRUDIS
ALMODOBAR
ALMODOUAR
ALMODOVA
ALMODOVAR
ALMOGABAR
ALMOGUERA
ALMOINA
ALMONACID
ALMONDOVAR
ALMONTE
ALMONTES
ALMORA
ALMUINA
ALOMA
ALOMAR
ALONA
ALONSO
ALONZO
ALOY
ALOYO
ALPIZAR
ALPUCHE
ALPUIN
ALQUICIRA
ALSINA
ALTAGRACIA
ALTAMIRA
ALTAMIRANO
ALTARRIBA
ALTENES
ALTIMIRANO
ALTONAGA
ALTOSINO
ALTRECHE
ALTUBE
ALTUNA
ALTUR
ALTURET
ALTUZARRA
ALUAREZ
ALUIZO
ALUSTIZA
ALUYON
ALVA

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ALVANADO
ALVARA
ALVARADA
ALVARADO
ALVARAZ
ALVARDEZ
ALVARDO
ALVAREDO
ALVARENGA
ALVARES
ALVAREZ
ALVARIDO
ALVARINO
ALVARODO
ALVARRAN
ALVARY
ALVEAR
ALVELAIS
ALVELO
ALVERADO
ALVERANGA
ALVERES
ALVEREZ
ALVERIO
ALVERO
ALVEZ
ALVIAR
ALVIDRES
ALVIDREZ
ALVILLAR
ALVIRA
ALVIRDE
ALVIREZ
ALVISO
ALVITRE
ALVIZAR
ALVIZO
ALVIZU
ALVO
ALVORADO
ALZA
ALZAGA
ALZALDE
ALZATE
ALZINA
ALZOLA
ALZUGARAY
ALZURI
AMABISCA
AMADOR
AMAGO
AMALBERT
AMALLA
AMARGOS
AMARILLA
AMARILLAS
AMARO
AMAVISCA
AMAVIZCA
AMAYA
AMBE
AMBEGUIA
AMBERT
AMBIA
AMBRIS
AMBRIZ
AMEJORADO
AMELY
AMENABAR
AMENEDO
AMENGUAL
AMESCUA
AMESGUITA
AMESOLA
AMESQUA
AMESQUITA
AMESTI
AMESTOY
AMEZAGA
AMEZCUA
AMEZOLA
AMEZQUITA
AMEZUA
AMIAL
AMIEIRO
AMIEVA
AMIGO
AMILL
AMIRA
AMIRES
AMOR
AMORES
AMOROS
AMOROZ
AMOSTEGUI
AMOZURRUTIA
AMPARAN
AMPARANO
AMPARO
AMPUDIA
AMPUERO
ANADON
ANALCO
ANALLA
ANAMOSA
ANASAGASTI
ANAYA
ANAZAGASTY
ANCHANDO
ANCHIA
ANCHIETA
ANCHONDO
ANCHUNDIA
ANCIRA
ANCISO
ANDA
ANDABLO
ANDALON
ANDALUZ
ANDASOLA
ANDAVAZO
ANDAVERDE
ANDAZOLA
ANDEREZ
ANDIARENA
ANDINA
ANDINO
ANDOLLO
ANDRACA
ANDRADA
ANDRADE
ANDRADES
ANDRADO
ANDREOLAS
ANDREU
ANDREZ
ANDRIAL
ANDRINO
ANDUAGA
ANDUEZA
ANDUIZA
ANDUJA
ANDUJAL
ANDUJAR
ANDUJO
ANDUYO
ANDUZE
ANEIRO
ANEIROS
ANEL
ANERO
ANGELES
ANGLADA
ANGLADE
ANGLERO
ANGOCO
ANGON
ANGUEIRA
ANGUERA
ANGUIANO
ANGUINO
ANGUITA
ANGULO
ANIAS
ANIBARRO
ANILLO
ANIZ
ANORGA
ANQUIANO
ANSALDUA
ANSALMO
ANSISO
ANSOATEGUI
ANSOLABEHERE
ANSURES
ANTA
ANTABLIN
ANTELO
ANTEQUERA
ANTIGUA

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CENSUS LIST OF SPANISH SURNAMES

ANTILLON
ANTIMO
ANTOLIN
ANTOLINEZ
ANTOMARCHY
ANTONETTY
ANTOPIA
ANTRILLO
ANTU
ANTUNA
ANTUNANO
ANTUNEZ
ANZALDA
ANZALDO
ANZALDUA
ANZAR
ANZARA
ANZARDO
ANZELDE
ANZORENA
ANZUA
ANZUALDA
ANZUETO
ANZULES
ANZURES
APABLASA
APADACA
APAEZ
APALATEGUI
APALATEQUI
APARICIO
APELLANIZ
APEZTEGUIA
APODACA
APODACO
APODOCA
APOLINAR
APONTE
APORTELA
APRATO
APRICIO
APUAN
AQUAYO
AQUERO
AQUEVEQUE
AQUIAR
AQUILAR
AQUILERA
AQUILES
AQUILLAR
AQUIN
AQUINAGA
AQUINES
AQUIRRE
ARA
ARABALO
ARABI
ARABITG
ARACENA
ARACHE
ARADILLAS
ARAGO
ARAGON
ARAGONES
ARAGONEZ
ARAGUAS
ARAGUNDI
ARAGUS
ARAGUZ
ARAICA
ARAIN
ARAIZ
ARAIZA
ARAMAYO
ARAMBEL
ARAMBUL
ARAMBULA
ARAMBULO
ARAMBURO
ARAMBURU
ARAMENDIA
ARAN
ARANA
ARANALDE
ARANAS
ARANAZ
ARANCIBIA
ARANDA
ARANDIA
ARANDO
ARANDULES
ARANEGUI
ARANETA
ARANGO
ARANGUA
ARANGUIZ
ARANGURE
ARANGUREN
ARANIBAR
ARANJON
ARANO
ARANZA
ARANZAZU
ARANZUBIA
ARAOZ
ARAQUE
ARATER
ARAUGO
ARAUS
ARAUSA
ARAUX
ARAUZ
ARAUZA
ARAVENA
ARAVJO
ARAYA
ARAYATA
ARBALLO
ARBELAEZ
ARBELBIDE
ARBELLO
ARBELO
ARBESU
ARBIDE
ARBISO
ARBIZO
ARBIZU
ARBOLAEZ
ARBOLAY
ARBOLEDA
ARBOLEYA
ARBONA
ARBUCIAS
ARBURUA
ARCA
ARCACHA
ARCADIA
ARCARAZO
ARCAS
ARCAUTE
ARCAY
ARCAYA
ARCE
ARCEGA
ARCELAY
ARCELO
ARCELONA
ARCENTALES
ARCEO
ARCHE
ARCHIBEQUE
ARCHILA
ARCHILLA
ARCHULETA
ARCHULETO
ARCHULETTA
ARCHULTA
ARCHUNDE
ARCHUNDIA
ARCHUTETA
ARCHVLETA
ARCIA
ARCIAGA
ARCIBA
ARCIDES
ARCIGA
ARCILA
ARCINAS
ARCINIAGA
ARCINIEGA
ARCINO
ARCIZO
ARCOS
ARCOVERDE
ARCULETA
ARDAIZ
ARDANAZ
ARDANS
ARDANZ
ARDAVIN
ARDIGO
ARDILA
ARDILLA
ARDOIS
ARDON

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AREA
AREAN
AREAS
AREBALO
AREBALOS
ARECES
ARECHAGA
ARECHAVALETA
ARECHE
ARECHIGA
ARECO
AREDONDO
AREGON
AREGULLIN
AREIZAGA
AREJULA
ARELANO
ARELLANA
ARELLAND
ARELLANDO
ARELLANES
ARELLANEZ
ARELLANO
ARELLANOS
ARELLIN
ARENAL
ARENAS
ARENAZ
ARENAZA
ARENCIBIA
ARENDAIN
ARENIBAS
ARENIVAR
ARENIVAS
ARES
ARESTEGUI
AREU
AREVALO
AREVALOS
AREYAN
AREYANO
ARFE
ARGAEZ
ARGAIN
ARGAIS
ARGANDA
ARGANDONA
ARGANZA
ARGEANAS
ARGEL
ARGENAL
ARGENTIN
ARGIBAY
ARGIL
ARGILAGOS
ARGIZ
ARGOMANIZ
ARGOTE
ARGUDIN
ARGUDO
ARGUELIES
ARGUELL
ARGUELLES
ARGUELLEZ
ARGUELLO
ARGUERA
ARGUESO
ARGUETA
ARGUEZ
ARGUIJO
ARGUILEZ
ARGUILLES
ARGUILLIN
ARGUINDEGUI
ARGUINZONI
ARGULA
ARGULLIN
ARGUMANIZ
ARGUMEDO
ARGUMOSA
ARIA
ARIAS
ARIAZ
ARIAZA
ARIBAS
ARICHETA
ARIEY
ARIGA
ARIGULLIN
ARILES
ARINEZ
ARINO
ARISMENDEZ
ARISMENDI
ARISOLA
ARISPE
ARISSO
ARISTA
ARISTE
ARISTIZABAL
ARISTO
ARISTONDO
ARISTUD
ARISTY
ARIYASU
ARIZ
ARIZA
ARIZABAL
ARIZABALETA
ARIZAGA
ARIZALA
ARIZALETA
ARIZMENDEZ
ARIZMENDI
ARIZMENDIS
ARIZMENDIZ
ARIZOLA
ARIZON
ARIZPE
ARIZTIA
ARIZU
ARJON
ARJONA
ARMADA
ARMADILLO
ARMADO
ARMAIZ
ARMANDARIZ
ARMARIO
ARMAS
ARMENDA
ARMENDARES
ARMENDAREZ
ARMENDARIS
ARMENDARIZ
ARMENDEZ
ARMENDIA
ARMENGOL
ARMENTA
ARMENTERO
ARMENTEROS
ARMERO
ARMESTO
ARMIENTA
ARMIGO
ARMIJO
ARMIJOS
ARMINAN
ARMINANA
ARMITO
ARMO
ARMOLA
ARMORA
ARNADO
ARNAEZ
ARNAIZ
ARNALDO
ARNAVAT
ARNEDO
ARNERO
ARNIELLA
AROCENA
AROCHA
AROCHE
AROCHI
AROCHO
AROIZA
AROS
AROSEMENA
AROSTEGUI
AROYA
AROYO
AROZ
AROZENA
ARPON
ARQUELLES
ARQUELLO
ARQUER
ARQUERO
ARQUES

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CENSUS LIST OF SPANISH SURNAMES

ARQUETA
ARQUIMBAU
ARQUIZA
ARRABAL
ARRACHE
ARRAIGA
ARRAIZA
ARRAMBIDE
ARRANAGA
ARRASTIA
ARRATIA
ARRAYA
ARRAZCAETA
ARRAZOLA
ARREA
ARREAGA
ARREALA
ARREAZOLA
ARREBOLA
ARRECHE
ARRECHEA
ARREDENDO
ARREDONDA
ARREDONDO
ARREGUI
ARREGUIN
ARREGUY
ARRELLANO
ARRELLIN
ARRENDO
ARRENDONDO
ARRENQUIN
ARREOLA
ARREQUIBE
ARREQUIN
ARRESTOY
ARRETCHE
ARREY
ARREYGUE
ARREZOLA
ARRIAGA
ARRIAGO
ARRIARAN
ARRIASOLA
ARRIAZA
ARRIAZOLA
ARRIBA
ARRIBAS
ARRIERA
ARRIERO
ARRIETA
ARRIETE
ARRIETTA
ARRIGA
ARRILLAGA
ARRIOLA
ARRIQUIDEZ
ARRISOLA
ARRITOLA
ARRIVILLAGA
ARRIZOLA
ARRIZON
ARROCENA
ARROJAS
ARROJO
ARROLLADO
ARROLLO
ARRONA
ARRONDO
ARRONGE
ARRONIZ
ARRONTE
ARROYA
ARROYAS
ARROYAVE
ARROYO
ARROYOS
ARROZ
ARRUE
ARRUFAT
ARSATE
ARSOLA
ARSUAGA
ARTACHE
ARTALEJO
ARTAU
ARTAUD
ARTAVIA
ARTAZA
ARTEA
ARTEAGA
ARTEAGO
ARTECHE
ARTECONA
ARTEGA
ARTEGO
ARTELLAN
ARTERO
ARTESONA
ARTETA
ARTIAGA
ARTIDIELLO
ARTIEDA
ARTIGA
ARTIGAS
ARTIGO
ARTILES
ARTIME
ARTIZ
ARTOLA
ARTOLOZAGA
ARTURET
ARTUZ
ARUCA
ARUFE
ARUIZU
ARUJO
ARUS
ARUZ
ARVALLO
ARVAYO
ARVELO
ARVISU
ARVIZA
ARVIZO
ARVIZU
ARZA
ARZABAL
ARZABALA
ARZAGA
ARZAGOITIA
ARZAMENDI
ARZAPALO
ARZATE
ARZAVE
ARZENO
ARZOLA
ARZON
ARZU
ARZUAGA
ASAD
ASCANO
ASCAR
ASCARATE
ASCARRUNZ
ASCENCIO
ASCENCION
ASCENSIO
ASCUNCE
ASEBEDO
ASENCIO
ASENCION
ASENJO
ASENSIO
ASEO
ASEVEDO
ASEVES
ASIS
ASOMOZA
ASPEITIA
ASPERIN
ASPEYTIA
ASPIAZU
ASPILLAGA
ASPIRAS
ASPRA
ASPURIA
ASPURO
ASPURU
ASSEO
ASSIS
ASTACIO
ASTENCIO
ASTENGO
ASTIAZARAN
ASTIZ
ASTOL
ASTORGA
ASTRAN
ASTUDILLO
ASTURIAS
ASUA
ASUEGA
ASUNSOLO
ASURMENDI

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ASUSTA
ATALA
ATANACIO
ATANCIO
ATAYDE
ATECA
ATEHORTUA
ATENCIO
ATIENZA
ATIENZO
ATILANO
ATILES
ATONDO
ATRA
ATRIO
ATTENCIO
ATUCHA
AUCES
AUDELO
AUFFANT
AUGILAR
AUILA
AUILES
AULET
AUMADA
AURIOLES
AURRECOECHEA
AUZA
AVALA
AVALO
AVALOS
AVALOZ
AVARCA
AVECHUCO
AVECILLAS
AVELAR
AVELLAN
AVELLANAL
AVELLANEDA
AVELLANET
AVENDANO
AVIGAEL
AVILA
AVILAS
AVILES
AVILEZ
AVILLAN
AVILUCEA
AVINA
AVITA
AVITEA
AVITIA
AVITUA
AYABARRENO
AYALA
AYALLA
AYALO
AYAN
AYARZAGOITIA
AYBAR
AYCART
AYENDE
AYERBE
AYERDI
AYERZA
AYES
AYESTARAN
AYLLON
AYMAT
AYMERICH
AYOLA
AYON
AYORA
AYOROA
AYUSO
AZA
AZARES
AZCANO
AZCARATE
AZCARRAGA
AZCARRETA
AZCOITIA
AZCONA
AZCUE
AZCUI
AZCUY
AZIOS
AZNAR
AZNAREZ
AZOCA
AZOCAR
AZOFRA
AZOR
AZOY
AZPEITIA
AZPIAZU
AZPIRI
AZPIROZ
AZUA
AZUARA
AZUCENA
AZUELA
AZUETA
AZURDIA
BABARAN
BABIDA
BABILONIA
BABIO
BACA
BACALLAO
BACARDI
BACCA
BACELIS
BACERRA
BACHICHA
BACILIO
BACOS
BACOSA
BADA
BADAJOS
BADAJOSA
BADELLA
BADELLO
BADIA
BADIAL
BADIAS
BADILLA
BADILLO
BADIO
BADIOLA
BAELLA
BAELLO
BAENA
BAERGA
BAESA
BAEZ
BAEZA
BAEZCRUZ
BAGU
BAGUE
BAGUER
BAGUERO
BAGUES
BAGUEZ
BAHADUE
BAHAMON
BAHAMONDE
BAHAMONDES
BAHAMUNDI
BAHENA
BAIDA
BAIGEN
BAILEZ
BAILLERES
BAILON
BAIRES
BAISA
BAISDON
BAIZ
BAIZA
BAJADA
BAJANA
BAJANDAS
BAJE
BAJO
BALADES
BALADEZ
BALADO
BALADRON
BALAEZ
BALAGIA
BALAGOT
BALAGUE
BALAGUER
BALAGUERA
BALAIS
BALAJADIA
BALANDRA
BALANDRAN
BALANDRANO

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CENSUS LIST OF SPANISH SURNAMES

BALANGA
BALANON
BALANZA
BALAREZO
BALARIN
BALART
BALASQUIDE
BALBANEDA
BALBAS
BALBASTRO
BALBIN
BALBINA
BALBOA
BALBONA
BALBONTIN
BALBUENA
BALCACER
BALCARCEL
BALCAZAR
BALCELLS
BALCORTA
BALDARAMOS
BALDARRAMA
BALDARRAMOS
BALDAZO
BALDELOMAR
BALDENEGRO
BALDEON
BALDERA
BALDERAMA
BALDERAMOS
BALDERAS
BALDERAZ
BALDEROS
BALDERRAMA
BALDERS
BALDEVARONA
BALDEZ
BALDILLEZ
BALDIT
BALDIVIA
BALDIVIEZ
BALDIZAN
BALDIZON
BALDOMERO
BALDONADO
BALDOQUIN
BALDOR
BALDOVINO
BALDOVINOS
BALDOZ
BALDRICHE
BALEME
BALENCIA
BALERIO
BALERO
BALESTERRI
BALGOS
BALIA
BALIDO
BALINA
BALIZAN
BALLADARES
BALLADAREZ
BALLAGAS
BALLARDO
BALLATE
BALLEJO
BALLEJOS
BALLERAS
BALLESTA
BALLESTAS
BALLESTE
BALLESTER
BALLESTERAS
BALLESTERO
BALLESTEROS
BALLESTROS
BALLEZ
BALLEZA
BALLI
BALLINA
BALLINAS
BALLOTE
BALMACEDA
BALMANA
BALMASEDA
BALMORES
BALOSSO
BALSA
BALSECA
BALSEIRO
BALSERA
BALSINDE
BALTAR
BALTASAR
BALTAZAR
BALTIERRA
BALTIERREZ
BALTODANO
BALUJA
BALVANEDA
BALVERDE
BALZOLA
BAMUELOS
BANA
BANAGA
BANAGAS
BANALES
BANANDO
BANARER
BANARES
BANCES
BANCIELLA
BANDA
BANDERAS
BANDIN
BANDURRAGA
BANEGAS
BANEZ
BANIQUED
BANOS
BANREY
BANUELAS
BANUELOS
BANUET
BANVELOS
BAO
BAPTISTO
BAQUEDANO
BAQUERA
BAQUERIZO
BAQUERO
BAQUIRAN
BARAGAN
BARAGANA
BARAGAS
BARAHONA
BARAJAS
BARAJOS
BARALT
BARANDA
BARANDIARAN
BARASORDA
BARAY
BARAZ
BARBA
BARBACHANO
BARBARENA
BARBASA
BARBEITO
BARBERAN
BARBERENA
BARBOA
BARBOLA
BARBONTIN
BARBOSA
BARCALA
BARCELO
BARCELON
BARCENA
BARCENAS
BARCENES
BARCENEZ
BARCENILLA
BARCIA
BARCIGALUPIA
BARCIMO
BARCINAS
BARCON
BARCOS
BARDALES
BARDINAS
BARDISA
BAREA
BARED
BARELA
BARELAS
BARENCO
BARENO
BARETTO
BAREZ
BARGARA
BARGAS
BARGOS

APPENDIX E
CENSUS LIST OF SPANISH SURNAMES

BARGUIARENA
BARILLAS
BARIN
BARINAS
BARLOCO
BARNACHEA
BARO
BAROCIO
BAROJAS
BAROS
BAROSELA
BAROZ
BARQUERA
BARQUERO
BARQUET
BARQUEZ
BARQUIN
BARRAD
BARRAGAN
BARRAGAR
BARRAGON
BARRAJAS
BARRAL
BARRALES
BARRAMEDA
BARRANDEY
BARRANO
BARRANTES
BARRAQUE
BARRARA
BARRASA
BARRATACHEA
BARRAZ
BARRAZA
BARREDA
BARREDO
BARREGO
BARREIRO
BARRENA
BARRENECHE
BARRENECHEA
BARRENO
BARRERA
BARRERAGARCIA
BARRERAS
BARRERAZ
BARRERO
BARRETA
BARRETO
BARREZUETA
BARRIA
BARRIAGA
BARRIAL
BARRIAS
BARRIENTES
BARRIENTEZ
BARRIENTO
BARRIENTOS
BARRIERA
BARRIERO
BARRIGA
BARRILLAS
BARRIO
BARRIONUEVO
BARRIOS
BARRO
BARROCAS
BARRONA
BARROSA
BARROSO
BARROTERAN
BARROZA
BARROZO
BARRUECO
BARRUETA
BARSENAS
BARTOLOME
BARTOLOMEY
BARTUREN
BARZA
BARZAGA
BARZANA
BARZILLA
BARZIZA
BARZOLA
BAS
BASABE
BASADRE
BASAITES
BASALDO
BASALDU
BASALDUA
BASALDUE
BASALLO
BASALO
BASALOVA
BASANES
BASANEZ
BASANO
BASANTES
BASCON
BASCONCILLO
BASCOY
BASCUAS
BASDEO
BASILLA
BASOCO
BASORA
BASQUES
BASQUEZ
BASTANCHURY
BASTARDO
BASTERRECHEA
BASTIDA
BASTIDAS
BASTIDOS
BASUA
BASUALDO
BASULTO
BASURA
BASURCO
BASURTO
BATALLA
BATALLAN
BATAN
BATANIDES
BATILLA
BATINE
BATIST
BATISTA
BATIZ
BATIZA
BATLLE
BATLLIA
BATRES
BATREZ
BATRIZ
BATULE
BAUSA
BAUSTISTA
BAUTA
BAUTISTA
BAUZA
BAUZO
BAYANILLA
BAYARDO
BAYARENA
BAYAS
BAYCORA
BAYDES
BAYLINA
BAYLON
BAYO
BAYON
BAYONA
BAYRON
BAYUGA
BAZA
BAZAIN
BAZALDUA
BAZAMAN
BAZAN
BAZAURE
BAZUA
BAZURTO
BEADA
BEANES
BEAS
BEAZ
BECARIA
BECCERA
BECCERRA
BECEIRO
BECENA
BECERA
BECERRA
BECERRIL
BECERRO
BECHARA
BECHO

APPENDIX E
CENSUS LIST OF SPANISH SURNAMES

BECUAR
BEDIA
BEDOLLA
BEDOY
BEDOYA
BEGA
BEGANO
BEGONA
BEGUIRISTAIN
BEIRO
BEISTEGUI
BEITIA
BEITRA
BEJAR
BEJARAN
BEJARANO
BEJERANO
BEJINES
BEJINEZ
BELA
BELANCOURT
BELANDRES
BELARDE
BELARDES
BELARDO
BELASQUEZ
BELASQUIDA
BELAUNDE
BELAUNZARAN
BELAUSTEGUI
BELAVAL
BELCHEZ
BELDEROL
BELEN
BELENDEZ
BELETTE
BELEZ
BELIO
BELLAFLORES
BELLEZ
BELLIARD
BELLIDO
BELLMAS
BELLOSO
BELMARES
BELMAREZ
BELMONTES
BELMONTEZ
BELMUDES
BELMUDEZ
BELNAS
BELOZ
BELTRA
BELTRAN
BELTRANENA
BELTRE
BELVADO
BENABE
BENABIDES
BENADO
BENALCAZAR
BENALLO
BENAUIDES
BENAVEDIZ
BENAVENT
BENAVENTE
BENAVIDAS
BENAVIDES
BENAVIDEZ
BENAVIDOS
BENCOMO
BENCOSME
BENDALIN
BENDAMIO
BENEGAS
BENEJAN
BENERO
BENESTANTE
BENETEZ
BENEVIDEZ
BENGOA
BENGOCHEA
BENIGUEZ
BENINE
BENIQUEZ
BENITES
BENITEZ
BENITO
BENITOA
BENOVIDEZ
BENTA
BENTANCOUR
BENTANCOURT
BENTANCUD
BENTANCUR
BENTURA
BENUDIZ
BENUN
BENZAQUEN
BEOVIDES
BEQUER
BERAIN
BERASATEGUI
BERAZA
BERBAN
BERBENA
BERBER
BERBERENA
BERCEDONIS
BERDEAL
BERDECIA
BERDEJA
BERDEJO
BERDUGO
BERDUSCO
BEREA
BEREAL
BERENGUER
BERENY
BERGADO
BERGARA
BERGEZ
BERGOLLA
BERICOCHEA
BERJAN
BERLANGA
BERLANGO
BERMEA
BERMEJILLO
BERMEJO
BERMEO
BERMUDA
BERMUDES
BERMUDEZ
BERMUNDEZ
BERNABE
BERNAL
BERNALDEZ
BERNALL
BERNARDEZ
BERNDES
BERNELL
BERNEZ
BERNUDEZ
BEROIZ
BERONDA
BERRAYARZA
BERRELES
BERRELEZ
BERRELLEZ
BERRELLEZA
BERRERA
BERREYESA
BERRIOS
BERRIOZABAL
BERRIZ
BERROA
BERROCAL
BERROCALES
BERRONES
BERROS
BERROSPE
BERROTERAN
BERRU
BERRUECO
BERRUECOS
BERSOSA
BERSOZA
BERTAINA
BERTOT
BERTRAN
BERUBEN
BERUMEN
BERUVIDES
BERZOZA
BESA
BESADA
BESARES
BESCOS
BESERRA
BESINAIZ
BESTARD
BESTEIRO
BESU
BETANCE

APPENDIX E
CENSUS LIST OF SPANISH SURNAMES

BETANCES
BETANCIS
BETANCOURT
BETANCOURTH
BETANCUR
BETANCURT
BETETA
BETHENCOURT
BETONCOURT
BETRAN
BEXAR
BEZA
BEZANILLA
BEZARES
BEZERRA
BIANE
BIANES
BIANGEL
BIAR
BIASCOECHEA
BIBIAN
BIBIANO
BIBILONI
BICHARA
BIDABE
BIDAL
BIDART
BIDET
BIDO
BIDOT
BIEDMA
BIELMA
BIENES
BIERA
BIGON
BILANO
BILBAO
BILBRAUT
BILLAFRANCO
BILLALBA
BILLALOBOS
BILLESCAS
BINAS
BINELO
BINGOCHEA
BINIMELIS
BIRBA
BIRONDO
BIRRIEL
BIRRUETA
BISA
BISBAL
BISCAILUZ
BISCAINO
BISCAYART
BISTRAIN
BISUANO
BITELA
BITHORN
BITOLAS
BLADUELL
BLAJOS
BLANCARTE
BLANCAS
BLANCO
BLANCOCERDA
BLANES
BLANQUET
BLANQUEZ
BLANQUIZ
BLASQUEZ
BLAYA
BLAZQUEZ
BLEA
BLONDET
BOADA
BOADO
BOBADILLA
BOBADILLO
BOBE
BOBEA
BOBEDA
BOBELE
BOBIAN
BOBILLO
BOCACHICA
BOCANEGRA
BOCARDO
BOCHAS
BODERO
BODIROGA
BOERAS
BOEZ
BOFILL
BOGARIN
BOHORQUEZ
BOILES
BOITES
BOJORGES
BOJORGUEZ
BOJORQUES
BOJORQUEZ
BOLADERES
BOLADO
BOLANO
BOLANOS
BOLEDA
BOLET
BOLIVAR
BOLOIX
BOLTARES
BOLUFE
BOMBALIER
BONACHEA
BONAFONT
BONAL
BONALES
BONEFONT
BONET
BONETA
BONICHE
BONILLA
BONILLAS
BONILLO
BONUZ
BORAD
BORBOA
BORBOLLA
BORBON
BORDAGARAY
BORDALLO
BORDANO
BORDAYO
BORDEGARAY
BORDENAVE
BORDOY
BOREGO
BORELA
BORERO
BORGUEZ
BORJA
BORJAS
BORJON
BORNIA
BORONDA
BORONDO
BOROVAY
BORQUEZ
BORRAJO
BORRAS
BORRAYO
BORREGO
BORRER
BORRERO
BORRICO
BORRIOS
BORROEL
BORROTO
BORRUEL
BORUNDA
BOSMENIER
BOSQUE
BOSQUES
BOSQUEZ
BOTANA
BOTARD
BOTAS
BOTELL
BOTELLA
BOTELLO
BOTERO
BOTILLER
BOTILLO
BOUCOURT
BOULLON
BOUZA
BOUZAS
BOVADILLA
BOVEDA
BOVES

APPENDIX E
CENSUS LIST OF SPANISH SURNAMES

BRACAMONTE
BRACAMONTES
BRACAMONTEZ
BRACERO
BRACEROS
BRACHO
BRADOR
BRAMASCO
BRAMBILA
BRAMBILL
BRAN
BRANA
BRANCACHO
BRANCACIO
BRANDARIZ
BRANUELAS
BRASSELERO
BRASUEL
BRAULIO
BRAVO
BREA
BRECEDA
BREIJO
BREMA
BRENES
BRENLLA
BRETADO
BRETO
BRETOS
BRIALES
BRIANO
BRIAS
BRIBIESCA
BRIBIESCAS
BRICENO
BRIENO
BRIEVA
BRIGNONI
BRIJALBA
BRIJIL
BRILLANTES
BRINGAS
BRINGUEZ
BRIO
BRIONES
BRIONEZ
BRISENO
BRISITA
BRISO
BRISUELA
BRITO
BRIZ
BRIZAL
BRIZENO
BRIZO
BRIZUELA
BROCAS
BROCHE
BRONDO
BROTONS
BRUCELAS
BRUCIAGA
BRUGUERA
BRUGUERAS
BRUSUELAS
BRUZOS
BUANTELLO
BUBELA
BUCETA
BUCIO
BUELNA
BUENABAD
BUENAFE
BUENAVENTURA
BUENCONSEJO
BUENDEL
BUENDIA
BUENFIL
BUENO
BUENROSTRO
BUENRROSTRO
BUENSUCESO
BUENTELLO
BUENTEO
BUENTIEMPO
BUENTILLO
BUERAS
BUERES
BUERGO
BUFANDA
BUGALLO
BUGARIN
BUIGAS
BUIGUES
BUILES
BUILTRON
BUITRAGO
BUITRON
BUITUREIDA
BUITUREIRA
BUJAN
BUJANDA
BUJANOS
BUJOSA
BULERIN
BULLAS
BULNES
BULOS
BULTRON
BURBANO
BURBOA
BURCET
BURCIAGA
BURCIAGO
BURCOS
BURDEOS
BURGADO
BURGARA
BURGENO
BURGOA
BURGOS
BURGUAN
BURGUENO
BURGUETE
BURIEL
BURILLO
BURITICA
BURNEO
BURNIAS
BURQUEZ
BURRA
BURRIEL
BURRIOLA
BURROLA
BURRON
BURRUEL
BURSIAGA
BURUATO
BUSIGO
BUSQUET
BUSQUETS
BUSTABAD
BUSTABADE
BUSTAMANTE
BUSTAMANTES
BUSTAMANTEZ
BUSTAMARTE
BUSTAMENTE
BUSTAMONTE
BUSTANANTE
BUSTAS
BUSTED
BUSTELO
BUSTEMANTE
BUSTILLO
BUSTILLOS
BUSTINZA
BUSTIO
BUSTO
BUSTOS
BUSTOZ
BUSUTIL
BUTANDA
BUTERO
BUTRON
BUTTANDA
BUXEDA
BUXO
BUYON
BUZANI
BUZNEGO
BUZO
CAAL
CAAMAL
CAAMANO
CAAMPUED
CABA
CABADA
CABAL
CABALEIRO
CABALLA
CABALLER
CABALLERO
CABALLEROS
CABALLES

APPENDIX E
CENSUS LIST OF SPANISH SURNAMES

CABALLO
CABAN
CABANAS
CABANELAS
CABANERO
CABANILLAS
CABANZON
CABARCAS
CABARCOS
CABARGA
CABASA
CABASIER
CABASOS
CABASSA
CABASSO
CABAZA
CABAZOS
CABEIRO
CABEJE
CABELLERO
CABELLO
CABERA
CABERERA
CABERRA
CABESUELA
CABEZA
CABEZADEBACA
CABEZAS
CABEZUDO
CABEZUELA
CABIAS
CABIDO
CABIEDES
CABIGAS
CABILLO
CABLA
CABRALES
CABRALEZ
CABRANES
CABRE
CABREJA
CABREJAS
CABREJOS
CABRER
CABRERA
CABRERAS
CABRERIZO
CABRERO
CABRERRA
CABRET
CABREVA
CABRIALES
CABRIELES
CABRILES
CABRILLO
CABRILLOS
CABRISAS
CABRITO
CABRON
CABUENA
CABUTO
CACERAS
CACERES
CACEREZ
CACHARRON
CACHO
CACHON
CACHORA
CACHUA
CACICEDO
CADAHIA
CADAVA
CADAVAL
CADAVID
CADAVIECO
CADEMA
CADENA
CADENAS
CADENAZ
CADENGO
CADIERNO
CADILLA
CADILLO
CADIS
CADIZ
CADORNIGA
CADRIEL
CAGIGA
CAGIGAL
CAGIGAS
CAGUIAS
CAHUE
CAICEDO
CAIGOY
CAILLAU
CAINAS
CAINZOS
CAJAR
CAJAS
CAJEN
CAJERO
CAJIAO
CAJIDE
CAJIGA
CAJIGAL
CAJIGAS
CAJINA
CAJO
CAJUSTE
CALABAZA
CALAFAT
CALAFELL
CALAMA
CALAMACO
CALAMARS
CALAMON
CALANA
CALANCHE
CALANDRES
CALAS
CALATAYUD
CALBILLO
CALCADO
CALCANEO
CALCANO
CALCINES
CALDA
CALDARON
CALDAS
CALDELAS
CALDERA
CALDERAS
CALDERILLA
CALDERIN
CALDERO
CALDERON
CALDEVILLA
CALEJO
CALENZANI
CALERA
CALERO
CALEZ
CALIBO
CALIENES
CALIX
CALIXTO
CALIXTRO
CALIZ
CALLADO
CALLANTA
CALLAVA
CALLAZO
CALLE
CALLEIRO
CALLEJAS
CALLEJO
CALLEJON
CALLEJOS
CALLELLA
CALLEROS
CALLES
CALLEYRO
CALLINICOS
CALLISTRO
CALOCA
CALOMARDE
CALONGA
CALONGE
CALONJE
CALSADA
CALSADILLAS
CALVEIRO
CALVERA
CALVERO
CALVES
CALVET
CALVILLO
CALVO
CALZADA
CALZADIAS

APPENDIX E
CENSUS LIST OF SPANISH SURNAMES

CALZADILLA
CALZADILLAS
CALZADO
CALZIA
CALZONCIN
CAMACH
CAMACHE
CAMACHO
CAMAMA
CAMANCHO
CAMANEZ
CAMANO
CAMARAZA
CAMARELLA
CAMARENA
CAMARENO
CAMARERO
CAMARGO
CAMARILLO
CAMARO
CAMARON
CAMARRILLO
CAMAYA
CAMAYD
CAMBA
CAMBALIZA
CAMBERO
CAMBEROS
CAMBIANICA
CAMBIS
CAMBLOR
CAMBO
CAMBON
CAMCHO
CAMEJO
CAMERENA
CAMERO
CAMEZ
CAMILO
CAMINA
CAMINAS
CAMINERO
CAMOCHO
CAMORODA
CAMPA
CAMPACOS
CAMPANERIA
CAMPANIONI
CAMPAS
CAMPAZ
CAMPERO
CAMPILLO
CAMPINS
CAMPIRANO
CAMPISTA
CAMPIZ
CAMPOAMOR
CAMPODONICA
CAMPOLLA
CAMPOMANES
CAMPORREDONDO
CAMPOS
CAMPOSAGRADO
CAMPOVERDE
CAMPOY
CAMPOZ
CAMPOZANO
CAMPUSANO
CAMPUZANO
CAMUEIRAS
CAMUNAS
CAMUNES
CAMUNEZ
CANA
CANABA
CANABAL
CANABATE
CANAHUATI
CANALDA
CANALEJO
CANALES
CANALEZ
CANALITA
CANALS
CANAMAR
CANAMERO
CANAS
CANAVA
CANAVATI
CANAVERAL
CANAVES
CANCEL
CANCELA
CANCELO
CANCHE
CANCHOLA
CANCINO
CANCINOS
CANCIO
CANDALES
CANDANEDO
CANDANO
CANDANOSA
CANDANOZA
CANDELARI
CANDELARIA
CANDELARIE
CANDELARIO
CANDELAS
CANDELERIA
CANDIA
CANDIAS
CANEDA
CANEDO
CANEGATA
CANEIRO
CANELA
CANELLAS
CANELLIS
CANELO
CANERO
CANES
CANET
CANETE
CANEZ
CANGA
CANGAS
CANION
CANISALES
CANIZAL
CANIZALES
CANIZALEZ
CANIZARES
CANIZAREZ
CANJURA
CANLAS
CANO
CANOVAS
CANSECO
CANSINO
CANTARERO
CANTERO
CANTILLO
CANTORAN
CANTOS
CANTOU
CANTOYA
CANTRE
CANTRES
CANTU
CANTUA
CANTUTIJERINA
CANUELAS
CANZONA
CAPABLANCA
CAPACETE
CAPARRA
CAPARROS
CAPAS
CAPATA
CAPDEVILA
CAPELES
CAPELLAN
CAPELO
CAPERON
CAPESTANY
CAPETILLO
CAPIFALI
CAPILLA
CAPIN
CAPIRO
CAPISTRAN
CAPLANO
CAPMANY
CAPOTE
CAPRILES
CAPRINE
CAPUCHIN
CAPUCHINA
CAPUCHINO
CAQUIAS
CARABA
CARABAJAL
CARABAL
CARABALLO

APPENDIX E
CENSUS LIST OF SPANISH SURNAMES

CARABALLOPEREZ
CARABANTES
CARABAY
CARABAZA
CARABELLA
CARABEO
CARABES
CARABEZ
CARACENA
CARACHEO
CARACOSA
CARACOZA
CARAJAL
CARALT
CARAMBOT
CARAMEROS
CARAMES
CARAMILLO
CARANTA
CARANZA
CARAPIA
CARARA
CARASA
CARASCO
CARATACHEA
CARATAN
CARATTINI
CARAVACA
CARAVAJAL
CARAVANTES
CARAVAYO
CARAVEO
CARAVES
CARAZA
CARAZO
CARBA
CARBAJAL
CARBAJALES
CARBAJO
CARBALLAR
CARBALLEA
CARBALLEIRA
CARBALLIDO
CARBALLO
CARBALLOSA
CARBELLIDO
CARBIA
CARBONEL
CARBONELL
CARBOT
CARCACHE
CARCAMO
CARCANA
CARCANAQUES
CARCANO
CARCAS
CARCELLERO
CARDELLE
CARDELLES
CARDENA
CARDENAL
CARDENALES
CARDENAS
CARDENAZ
CARDENES
CARDENEZ
CARDENO
CARDENOS
CARDENOSA
CARDENTEY
CARDET
CARDEZA
CARDIEL
CARDINAS
CARDINEZ
CARDONA
CARDONAS
CARDOSA
CARDOVA
CAREAGA
CARELA
CARETA
CARIAS
CARIBE
CARIDE
CARIDES
CARIELO
CARIGA
CARILLO
CARINGAL
CARINHAS
CARIRE
CARISALEZ
CARLA
CARLETELLO
CARLOS
CARMENATE
CARMENATES
CARMENATY
CARMOEGA
CARMONA
CARNERA
CARNERO
CARNICER
CARNICERO
CARO
CARONADO
CAROPINO
CARPENA
CARPINTERO
CARPINTEYRO
CARPIO
CARPIZO
CARRABALLO
CARRACEDO
CARRADA
CARRADERO
CARRAL
CARRALEJO
CARRALERO
CARRALES
CARRALEZ
CARRAMAN
CARRANCA
CARRANCO
CARRANDI
CARRANSA
CARRANZA
CARRASCO
CARRASCOSA
CARRASGUILLO
CARRASO
CARRASQUILLA
CARRASQUILLO
CARRATALA
CARRAU
CARRAZANA
CARRAZCO
CARREAGA
CARREDO
CARREJO
CARRENO
CARREON
CARRERA
CARRERAS
CARRERO
CARRETE
CARRETERO
CARRETO
CARRIAGA
CARRIAZO
CARRICA
CARRICABURU
CARRICARTE
CARRIDO
CARRIEDO
CARRIJO
CARRIL
CARRILES
CARRILLA
CARRILLE
CARRILLO
CARRILO
CARRIO
CARRION
CARRIQUE
CARRISAL
CARRISALES
CARRISALEZ
CARRISOSA
CARRISOZA
CARRIZAL
CARRIZALES
CARRIZALEZ
CARRIZO
CARRIZOSA
CARRIZOZA
CARRODEGUAS
CARROLA
CARROSQUILLO

APPENDIX E
CENSUS LIST OF SPANISH SURNAMES

CARRSCO
CARRUESCO
CARTAGEN
CARTAGENA
CARTAGO
CARTANA
CARTAS
CARTAYA
CARUAJAL
CARVAJAL
CARVAJALES
CARVAJALINO
CASABLANCA
CASABO
CASADAS
CASADES
CASADO
CASADOS
CASAIS
CASAL
CASALES
CASALS
CASAMAYOR
CASANAS
CASANDRA
CASANOVA
CASANOVAS
CASANUEVA
CASARES
CASAREZ
CASARIEGO
CASARRUBIAS
CASAS
CASASNOVAS
CASASOLA
CASASUS
CASAUS
CASAVANTES
CASCANTE
CASCON
CASCOS
CASCUDO
CASELAS
CASELLAS
CASERAS
CASERES
CASERMA
CASERO
CASERZA
CASES
CASIA
CASIAN
CASIANO
CASIAS
CASICA
CASIELLES
CASILLA
CASILLAN
CASILLAS
CASILLOS
CASINES
CASIQUE
CASIQUITO
CASIS
CASMERO
CASORLA
CASPARIS
CASPILLO
CASSARES
CASSAS
CASSIAS
CASSILLAS
CASSINERIO
CASSO
CASTAIGNE
CASTAN
CASTANA
CASTANADA
CASTANARES
CASTANEADA
CASTANED
CASTANEDA
CASTANEDO
CASTANER
CASTANIETO
CASTANO
CASTANOLA
CASTANON
CASTANOS
CASTANUELA
CASTANY
CASTEJON
CASTELA
CASTELAN
CASTELANO
CASTELAO
CASTELAR
CASTELAZO
CASTELBLANCO
CASTELDEORO
CASTELEIRO
CASTELLANAS
CASTELLANES
CASTELLANOS
CASTELLANOZ
CASTELLAR
CASTELLON
CASTELLS
CASTELLVI
CASTELNAU
CASTELO
CASTENADA
CASTENEDA
CASTIBLANCO
CASTIEL
CASTILIO
CASTILL
CASTILLA
CASTILLANOS
CASTILLAS
CASTILLEJA
CASTILLEJO
CASTILLEJOS
CASTILLERO
CASTILLIO
CASTILLO
CASTILLON
CASTINEIRA
CASTINEIRAS
CASTINEYRA
CASTORENA
CASTORENO
CASTRA
CASTREJON
CASTRELLON
CASTRESANA
CASTRILLO
CASTRILLON
CASTRIZ
CASTRO
CASTRODAD
CASTROMAN
CASTRON
CASTROVERDE
CASTRUITA
CASUL
CASUSO
CATA
CATACALOS
CATACHE
CATALA
CATALAN
CATALENA
CATANACH
CATANO
CATAQUET
CATASCA
CATASUS
CATEORA
CATETE
CATOLICO
CATZOELA
CAUAZOS
CAUCE
CAUDALES
CAUDILLO
CAULA
CAUNDER
CAUSO
CAVANAS
CAVASAS
CAVASOS
CAVAZ
CAVAZAS
CAVAZOS
CAVAZOZ
CAVEDA
CAVERO
CAVEZA
CAVIEDES
CAVIEL
CAVLA
CAVOS
CAVOZOS
CAYADO

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CAYANAN
CAYCEDO
CAYERE
CAYEROS
CAYIAS
CAYON
CAYUELA
CAYUSO
CAZAMIAS
CAZANAS
CAZARES
CAZAREZ
CAZARIN
CAZON
CDEBACA
CDEVACA
CEBADA
CEBALLES
CEBALLO
CEBALLOS
CEBEY
CEBOLLERO
CEBRERO
CEBREROS
CEBRIAN
CECENA
CEDANO
CEDENO
CEDILLO
CEDILLOS
CEDINO
CEDO
CEGARRA
CEGUEDA
CEIDE
CEIJAS
CEJA
CEJAS
CEJO
CEJUDO
CELA
CELADA
CELADO
CELARDO
CELAYA
CELAYETA
CELEDON
CELEIRO
CELICEO
CELIS
CELIZ
CELORIO
CENA
CENDAN
CENDEJAS
CENDOYA
CENICEROS
CENISEROS
CENISEROZ
CENOZ
CENTELLAS
CENTENO
CENTERO
CENTURION
CEPEDA
CEPEDES
CEPERO
CERABELLA
CERALDE
CERBANTES
CERBANTEZ
CERCADO
CERDA
CERDEIRA
CERDEIRAS
CERECEDA
CERECEDES
CERECEDO
CERECERES
CERECEREZ
CERECERO
CEREIJO
CEREZO
CERIN
CERMENO
CERNA
CERNAS
CERNO
CERNUDA
CERON
CERPA
CERRILLO
CERRILLOS
CERRITOS
CERROS
CERTEZA
CERUANTES
CERVANES
CERVANTE
CERVANTES
CERVANTEZ
CERVENTES
CERVERA
CESANI
CESENA
CESIN
CESPEDES
CESPEDEZ
CESTERO
CEVALLO
CEVALLOS
CEVILLA
CEYANES
CHABARRIA
CHABERA
CHABEZ
CHABOLLA
CHABOYA
CHABRIER
CHACA
CHACANACA
CHACON
CHADES
CHADEZ
CHAFFINO
CHAFINO
CHAGAS
CHAGOLLA
CHAGOLLAN
CHAGOY
CHAGOYA
CHAGOYAN
CHAGOYEN
CHAGRA
CHAGUACEDA
CHAIDES
CHAIDEZ
CHAIRA
CHAIREZ
CHALA
CHALAMBAGA
CHALDU
CHAMARTIN
CHAMIZO
CHAMORO
CHAMORRO
CHANDARLIS
CHANES
CHANEZ
CHANGALA
CHANO
CHANONA
CHANTACA
CHANTALA
CHANTRES
CHAPA
CHAPARRO
CHAPELA
CHAPERO
CHAPOY
CHAPPARO
CHAPRALIS
CHAPRON
CHARAFA
CHARANZA
CHARBA
CHARBULA
CHARCA
CHARCAS
CHARDON
CHARFAUROS
CHARNECO
CHARO
CHARRES
CHARRIA
CHARRIEZ
CHARRIN
CHARRIS
CHARRO
CHARVEZ

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CHATON
CHAUARRIA
CHAVANA
CHAVANNA
CHAVARELA
CHAVARIA
CHAVARILLO
CHAVARIN
CHAVARRA
CHAVARRI
CHAVARRIA
CHAVARRIAGA
CHAVARRO
CHAVECO
CHAVERA
CHAVERO
CHAVEZ
CHAVIANO
CHAVIRA
CHAVIRO
CHAVOLLA
CHAVOYA
CHAYRA
CHAYRE
CHAYREZ
CHAZARO
CHAZARRETA
CHECA
CHECO
CHEDA
CHEMALI
CHENTE
CHERENA
CHERENE
CHERINO
CHERTA
CHESSANI
CHEVANNES
CHEVARRIA
CHEVAS
CHEVERES
CHEVEREZ
CHEVEZ
CHEVRES
CHIAGO
CHIAPA
CHICA
CHICAS
CHICO
CHICVARA
CHIDE
CHIFALO
CHIHUAHUA
CHILIMIDOS
CHIMAL
CHINANA
CHINCHILLA
CHINEA
CHINO
CHIONG
CHIONO
CHIOVARE
CHIPI
CHIPRES
CHIQUES
CHIQUETE
CHIQUITO
CHIRIBOGA
CHIRINO
CHIRINOS
CHOA
CHOLICO
CHOMAT
CHOMORI
CHONO
CHOPERENA
CHORNA
CHOTO
CHOUZA
CHOZA
CHUCA
CHUDALLA
CHUMACERO
CHUMISO
CHUPE
CHURBE
CHURRUCA
CIBERAY
CIBRIAN
CICERON
CICILIA
CID
CIDDIO
CIEGO
CIENA
CIENEGA
CIENEGAS
CIENFUEGOS
CIERRA
CIFRE
CIFREDO
CIFUENTES
CIGAR
CIGARROA
CILLERO
CIMADEVILLA
CIMARRON
CIMENTAL
CINDO
CINEUS
CINTA
CINTAS
CINTORA
CINTRA
CINTRON
CIONCO
CIPRES
CIREROL
CIRES
CIRIA
CIRIECO
CIRILO
CIRIZA
CIRLOS
CIRULI
CISNER
CISNERAS
CISNERNOS
CISNERO
CISNEROS
CISNEROZ
CISTERNA
CIVEROLO
CLARA
CLARIT
CLARO
CLAROS
CLAROT
CLAUDIO
CLAUSTRO
CLAVEL
CLAVELL
CLAVELO
CLAVERAN
CLAVERIA
CLAVERO
CLAVIJO
CLEMENA
CLERO
CLIMENT
COBA
COBALLES
COBAR
COBARRUBIA
COBARRUBIAS
COBARRUBIO
COBARRUVIAS
COBAS
COBELO
COBEO
COBIAN
COBIELLA
COBIO
COBO
COBOS
COBREIRO
COCA
COCIO
CODINA
CODON
CODORNIZ
COELLO
COFINO
COFRESI
COIRA
COLACION
COLACO
COLARTE
COLAS
COLATO
COLCA
COLCHADO
COLDERON
COLDIVAR
COLEGIO

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COLET
COLIMA
COLINA
COLINDRES
COLIO
COLLADA
COLLADO
COLLANTES
COLLASO
COLLAZO
COLLOZO
COLLS
COLMENAR
COLMENARES
COLMENERO
COLOCHO
COLOCIO
COLODRO
COLOM
COLOMA
COLOMAR
COLOMBANA
COLOMBANI
COLOMBERO
COLOME
COLOMER
COLOMES
COLOMINAS
COLOMO
COLON
COLONDRES
COLONNETTA
COLONTORRES
COLORADO
COLORBIO
COLORE
COLORES
COLOROSO
COLSA
COLUDRO
COLUMBIE
COLUNGA
COMACHO
COMADURAN
COMAS
COMBARRO
COMELLAS
COMESANA
COMESANAS
COMON
COMORRE
COMPANIONI
COMPARAN
COMPARY
COMPEAN
COMPIAN
COMPITO
COMPOS
COMPTIS
CONCEPCION
CONCEPTION
CONCHA
CONCHADO
CONCHAS
CONCHO
CONCHOLA
CONCHOS
CONDADO
CONDARCO
CONDE
CONDENSA
CONEJERO
CONEJO
CONESA
CONFORME
CONRADO
CONRERAS
CONRIQUE
CONRIQUEZ
CONS
CONSONERO
CONSTANCIO
CONSTANTE
CONSUEGRA
CONSUELO
CONTADOR
CONTEMPRATO
CONTERAS
CONTEREAS
CONTERO
CONTIVAL
CONTRARAS
CONTREAS
CONTRERA
CONTRERAS
CONTRERASS
CONTRERAZ
CONTRERES
CONTREROS
CONTRERRAS
CONTRESAS
CONTRESTANO
CONTREVAS
COPADO
COPETILLO
COPRIVIZA
COQUOZ
CORA
CORALES
CORANADO
CORAZON
CORBALA
CORBEA
CORBELLA
CORBERA
CORCES
CORCHADO
CORCHERO
CORCHETE
CORCHO
CORCINO
CORCOLES
CORCOVELOS
CORDENIZ
CORDERO
CORDILLO
CORDOBA
CORDOBES
CORDOLA
CORDONA
CORDOSO
CORDOVA
CORDOVER
CORDOVES
CORDOVEZ
CORDOVI
CORDOZA
COREANO
CORELLA
CORENTE
CORIA
CORIANO
CORIAT
CORIZ
CORMALIS
CORNEJO
CORNEJOS
CORNIDE
CORNIELL
CORNIER
CORODOVA
COROMINAS
CORONA
CORONADA
CORONADO
CORONAS
CORONEL
CORPAS
CORPION
CORPORAN
CORPOS
CORPUS
CORRADA
CORRAL
CORRALEJO
CORRALES
CORRALEZ
CORRALIZA
CORRALLS
CORRCA
CORREA
CORREDERA
CORREDOR
CORREO
CORRES
CORRETJER
CORREU
CORRILLO
CORRIPIO
CORRIZ

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CORROS
CORTADA
CORTAZA
CORTAZAR
CORTES
CORTEZ
CORTIJO
CORTINA
CORTINAS
CORTINAZ
CORTINES
CORTINEZ
CORTIZO
CORUGEDO
CORUJO
CORVAN
CORVERA
CORVISON
CORZA
CORZO
COS
COSCULLUELA
COSILLO
COSILLOS
COSIO
COSME
COSSIO
COSSO
COSTALES
COSTELON
COSTILLA
COSTILLO
COSTOSO
COSTRUBA
COTA
COTARELO
COTAYO
COTELO
COTERA
COTERILLO
COTERO
COTILLA
COTINOLA
COTITTA
COTO
COTRINA
COTTES
COTTO
COTULLA
COUARRUBIAS
COUCE
COUCEYRO
COUMPAROULES
COUSO
COUTIN
COUTINO
COUVERTIER
COVARRUBIA
COVARRUBIAS
COVARRUBIAZ
COVARRUBIO
COVARRUVIAS
COVARRYBIAS
COVARUBIAS
COVAS
COVIAN
COVILLO
COVIO
COVO
COVOS
COYA
COYAZO
CREITOFF
CREMAR
CREMATA
CRESPIN
CRESPO
CRIADO
CRIBEIRO
CRIOLLO
CRIOYOS
CRISANTES
CRISANTO
CRISANTOS
CRISOSTO
CRISOSTOMO
CRISTALES
CRISTAN
CRISTANCHO
CRISTERNA
CRISTIA
CRISTIAN
CRISTIN
CRISTOBAL
CRISTOFOL
CRIXELL
CROSAS
CROZ
CRUANES
CRUANYAS
CRUCES
CRUCETA
CRUZ
CRUZADO
CRUZAT
CRUZATA
CRUZCOSA
CRUZCRUZ
CRUZON
CRUZRODRIGUEZ
CUADRA
CUADRADO
CUADRAS
CUADRAZ
CUADRO
CUADROS
CUAN
CUARA
CUARENTA
CUARON
CUARTAS
CUASCUT
CUATE
CUBANO
CUBAS
CUBENAS
CUBERO
CUBIAS
CUBILLAS
CUBILLO
CUBILLOS
CUBIO
CUBRIEL
CUCALON
CUCUTA
CUEBA
CUEBAS
CUELIAR
CUELLA
CUELLAR
CUELLER
CUELLO
CUEN
CUENCA
CUENCO
CUENTAS
CUENTO
CUERDO
CUERO
CUERVO
CUESTA
CUESTAS
CUETO
CUEVA
CUEVAS
CUEVAZ
CUEVOS
CUILAN
CUIN
CUIZON
CULEBRO
CULTRERI
CUMBA
CUMPIAN
CUMPIANO
CUNANAN
CUNES
CUNEZ
CUNI
CUNILL
CUNYUS
CUPELES
CUPRILL
CURA
CURBELLO
CURBELO
CURET
CURIEL
CURRAIS
CURRAS
CURREA
CURZ
CUSCO
CUSTODIA
CUSTODIO

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CUTIE
CUYA
CUYAR
CUZA
DABALOS
DABILA
DACUMOS
DAGNESSES
DAGO
DAGUERRE
DAGUILAR
DALAMA
DALBOSCO
DALIPE
DALMAU
DALMIDA
DANACHE
DANTUS
DAPENA
DARDANES
DARDIZ
DARDON
DARIAS
DARNAUD
DARQUEA
DARRIBA
DARUNA
DASTAS
DATIL
DAUBAR
DAUILA
DAUSA
DAUZ
DAVALOS
DAVILA
DAVILAS
DAVILLA
DAVILO
DAZA
DCRUZ
DEAGEN
DEAGUERO
DEAGUILAR
DEAGUIRRE
DEALBA
DEALCALA
DEALEJANDRO
DEALVA
DEALVAREZ
DEAMADOR
DEANDA
DEANDE
DEANDRES
DEAQUERO
DEARAGON
DEARCE
DEARCO
DEARCOS
DEARELLANO
DEARIAS
DEARMAS
DEARO
DEARRIBA
DEARRILLAGA
DEARROYO
DEARTEAGA
DEASES
DEAVILA
DEAYALA
DEAZEVEDO
DEBACA
DEBARE
DEBARRA
DEBATISTA
DEBATO
DEBAYONA
DEBESA
DEBONILLA
DEBRAS
DEBRAVO
DEBRUYAN
DEBUENO
DECABRAL
DECALDERON
DECALLE
DECAMACHO
DECANTU
DECAPRILES
DECARDENAS
DECASAS
DECASO
DECASTANEDA
DECASTILLO
DECASTRO
DECENA
DECERDA
DECERVANTES
DECESPEDES
DECHAVEZ
DECHOUDENS
DECIGA
DECLET
DECOLLADO
DECOLON
DECONTRERAS
DECORDOBA
DECORDOVA
DECORO
DECORONA
DECORONADO
DECORSE
DECORTEZ
DECOS
DECRISTINO
DECRUZ
DECUEVA
DECUEVAS
DEDELGADO
DEDIAZ
DEDIEGO
DEDIOS
DEDOMINGUEZ
DEDUARTE
DEESPARZA
DEESTRADA
DEFALCON
DEFALLA
DEFERIA
DEFERNANDEZ
DEFEX
DEFIESTA
DEFIGUEROA
DEFILLO
DEFLORES
DEFRESE
DEFRISCO
DEFUENTES
DEGANI
DEGARAY
DEGARCIA
DEGARZA
DEGELIA
DEGOES
DEGOLLADO
DEGOMEZ
DEGONZALES
DEGONZALEZ
DEGRACIA
DEGUARA
DEGUARDIA
DEGUERRA
DEGUERRERO
DEGUEVARA
DEGUIMERA
DEGUTIERREZ
DEGUZMAN
DEHARO
DEHERNANDEZ
DEHERRERA
DEHESA
DEHOMBRE
DEHORTA
DEHOSTOS
DEHOYAS
DEHOYOS
DEIBARRA
DEIDA
DEIMES
DEIRO
DEISLA
DEITA
DEITURRONDO
DEJARA
DEJAUREGUI
DEJESU
DEJESUS
DEJESUSGARCIA
DEJESUSORTIZ
DEJIMENEZ
DEJORIA

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DEJUAN
DELAARENA
DELABARCA
DELABARCENA
DELABARRERA
DELABARZA
DELABRA
DELACABADA
DELACAL
DELACALLE
DELACAMARA
DELACAMPA
DELACANAL
DELACERDA
DELACHICA
DELACONCEPCION
DELACONCHA
DELACORTE
DELACOTERA
DELACRUZ
DELACUADRA
DELACUESTA
DELACUEVA
DELACURZ
DELAESPRIELLA
DELAFE
DELAFUENTE
DELAFUENTES
DELAFUNTE
DELAGADILLO
DELAGADO
DELAGARRIGUE
DELAGARZA
DELAGDO
DELAGRANA
DELAGUARDIA
DELAGUERRA
DELAGUILA
DELAHERA
DELAHERRAN
DELAHOYA
DELAHOZ
DELAHUERTA
DELAISLA
DELAJARA
DELALASTRA
DELALCAZAR
DELALLATA
DELALLAVE
DELALLERA
DELALOZA
DELALTO
DELALUZ
DELAMADRID
DELAMANCHA
DELAMATA
DELAMAZA
DELAMELLA
DELAMERCED
DELAMO
DELAMORA
DELAMORENA
DELAMOTA
DELANDA
DELANGEL
DELANOVAL
DELANUEZ
DELAO
DELAOSA
DELAOSSA
DELAPARRA
DELAPASS
DELAPAZ
DELAPENA
DELAPEZA
DELAPIEDRA
DELAPLATA
DELAPORTILLA
DELAPOZA
DELAPRIDA
DELAPUENTE
DELARA
DELAREA
DELAREZA
DELARIOS
DELARIVA
DELAROCA
DELAROCHA
DELAROSA
DELAROZA
DELARRA
DELARROYO
DELARUA
DELASANTOS
DELASCASAS
DELASCUEVAS
DELASERNA
DELASHERAS
DELASIERRA
DELATEJA
DELATEJERA
DELATOBA
DELATORRE
DELATORRES
DELATORRIENTE
DELATRINIDAD
DELAUZ
DELAVARA
DELAVEGA
DELAVELLANO
DELAVICTORIA
DELAVINA
DELAYA
DELAZERDA
DELBARRIO
DELBLANCO
DELBOSQUE
DELBOSQUEZ
DELBOZQUE
DELBREY
DELBUSTO
DELCADO
DELCALVO
DELCAMPILLO
DELCAMPO
DELCASTILLO
DELCASTRO
DELCERRO
DELCID
DELCOLLADO
DELCORRAL
DELCORRO
DELCRISTO
DELCUETO
DELCURTO
DELDAGO
DELEGANIS
DELEIJA
DELEON
DELERIO
DELERME
DELESCAILLE
DELEZA
DELFANTE
DELFIERRO
DELFIN
DELFRANCIA
DELGADA
DELGADILL
DELGADILLO
DELGADO
DELGADODEORAMAS
DELGIORGIO
DELGODO
DELHARO
DELHIERRO
DELHOYO
DELIGANIS
DELIRA
DELISEO
DELIZ
DELJUNCO
DELLANO
DELLLANO
DELMARGO
DELMENDO
DELMERCADO
DELMORAL
DELMUNDO
DELMURO
DELNODAL
DELOA
DELOEN
DELOERA
DELOLMO
DELOPEZ
DELORA
DELORO
DELOSADA
DELOSANGELES
DELOSANTOS
DELOSCOBOS
DELOSMONTEROS
DELOSPRADOS

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DELOSREYES
DELOSRIOS
DELOSSANT
DELOSSANTOS
DELOYA
DELOYOLA
DELOZA
DELOZADA
DELPALACIO
DELPARDO
DELPILAR
DELPIN
DELPINAL
DELPINO
DELPORTILLO
DELPOSO
DELPOZO
DELPRADO
DELPUERTO
DELRAZO
DELREAL
DELREY
DELRICO
DELRIEGO
DELRINCON
DELRIO
DELRISCO
DELRIVERO
DELROSAL
DELROSARIO
DELSALTO
DELSOL
DELTEJO
DELTIEMPO
DELTORO
DELUA
DELUAO
DELUJAN
DELUNA
DELVAL
DELVALLE
DELVILLAR
DELVINO
DEMACIAS
DEMALADE
DEMARCHENA
DEMARIN
DEMARQUEZ
DEMARRERO
DEMARTINEZ
DEMATA
DEMATAS
DEMATEO
DEMEDINA
DEMEIRE
DEMENA
DEMENDEZ
DEMENDOZA
DEMERCADO
DEMESA
DEMIGUEL
DEMIRANDA
DEMOLINA
DEMONTEBELLO
DEMONTES
DEMONTEVERDE
DEMONTOYA
DEMORALES
DEMORENO
DEMOYA
DEMUNOZ
DEMURGA
DENA
DENAVA
DENAVARRO
DENAVAS
DENAVEJAR
DENECOCHEA
DENIEVES
DENINA
DENOGEAN
DENORIEGA
DENUNEZ
DEOCA
DEOCAMPO
DEOCHOA
DEOLEO
DEOLIVIERA
DEOLMO
DEORO
DEORTA
DEORTEGA
DEORTIZ
DEOSDADE
DEOSORIO
DEOTERIS
DEOTERO
DEPABLO
DEPACHECO
DEPACO
DEPADILLA
DEPARRA
DEPAZ
DEPEDRO
DEPENA
DEPEREZ
DEPLATA
DEPONCE
DEPORTILLO
DEPORTO
DEPORTOLA
DEPOZO
DEPRAD
DEPRADO
DEQUESADA
DEQUEVEDO
DEQUINTANA
DEQUIROZ
DERAMIREZ
DERAMOS
DERAS
DERENIA
DEREYES
DERIOS
DERIVAS
DERIVERA
DERMA
DEROBLES
DEROCA
DERODRIGUEZ
DERODRIQUEZ
DEROJAS
DEROMERO
DEROSARIO
DEROZA
DERRERA
DERUBIO
DERUEDA
DERUISA
DESABOTA
DESAENZ
DESALAS
DESALAZAR
DESALERNOS
DESALES
DESALINAS
DESANCHEZ
DESANTIAGO
DESANTIASGO
DESANTOS
DESARACHO
DESCALZO
DESEVILLA
DESIERRA
DESIGA
DESOCARRAS
DESOCARRAZ
DESOLO
DESOSA
DESOTO
DESOTOMAYOR
DESPANIA
DESPLANTES
DESPUES
DESRAVINES
DESSERO
DESTRADA
DESUACIDO
DETAPIA
DETEJADA
DETEVIS
DETOLEDO
DETORRES
DETRANALTES
DETRES
DETRINIDAD
DEULLOA
DEVACA
DEVALDEZ
DEVALENCIA

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DEVALLE
DEVALON
DEVARA
DEVARGAS
DEVARONA
DEVASQUEZ
DEVAZQUEZ
DEVEGA
DEVELASCO
DEVELEZ
DEVENCENTY
DEVERA
DEVIA
DEVIAN
DEVICENTE
DEVICTORIA
DEVILA
DEVILLA
DEVILLAR
DEVILLEGAS
DEVOLIN
DEYA
DEYCAZA
DEYNES
DEZA
DEZAMORA
DEZARA
DEZARRAGA
DEZAYAS
DEZUNIGA
DIACOS
DIAGO
DIAMOS
DIASDELEON
DIAZ
DIAZACEVEDO
DIAZCOLON
DIAZCRUZ
DIAZDEARCE
DIAZDELCAMPO
DIAZDELCASTILLO
DIAZDELEON
DIAZDEVILLEGAS
DIAZMEDINA
DIAZPIEDRA
DIAZRIVERA
DIAZRODRIGUEZ
DIEGO
DIEGUEZ
DIEPPA
DIEZ
DIMAS
DIODONET
DIODOSIO
DIONES
DIOS
DIOSDADO
DIOSES
DIRECTO
DISARUFINO
DISLA
DISTABILE
DOBAL
DOBAO
DOBARGANES
DOBLADO
DOCAL
DOCAMPO
DOCE
DOJAQUEZ
DOLATRE
DOLMO
DOMENA
DOMENECH
DOMENGUEZ
DOMENO
DOMENZAIN
DOMIGUEZ
DOMINCO
DOMINGEZ
DOMINGNEZ
DOMINGUEZ
DOMINGUIZ
DOMINIGUEZ
DOMINQUEZ
DOMIO
DOMONDON
DONADO
DONATE
DONEIS
DONES
DONESTEVEZ
DONEZ
DONIAS
DONJUAN
DONLUCAS
DONOSO
DOPAZO
DOPICO
DOPORTO
DORADO
DORAME
DORANTES
DORREGO
DORTA
DORTICOS
DOSAL
DOSAMANTES
DOSELA
DOVAL
DOVALES
DOVALINA
DOVO
DOZAL
DSPAIN
DUARDO
DUARTE
DUARTES
DUBON
DUCOS
DUEN
DUENAS
DUENES
DUENEZ
DUENO
DUENOS
DUHAGON
DUHALDE
DULZAIDES
DUMAGUINDIN
DUMBRIGUE
DUME
DUMENG
DUMENIGO
DUQUE
DURAN
DURANGO
DURANONA
DURANZA
DURATE
DURAZO
DURON
ECHABARNE
ECHANDI
ECHANDIA
ECHANIZ
ECHARREN
ECHARRI
ECHARTEA
ECHAUARRIA
ECHAURI
ECHAVARIA
ECHAVARRI
ECHAVARRIA
ECHAVARRY
ECHAVE
ECHAVERIA
ECHAVES
ECHAVESTE
ECHAVEZ
ECHAZABAL
ECHAZARRETA
ECHEAGARAY
ECHEANDIA
ECHEBARRIA
ECHEGARAY
ECHEGOYEN
ECHEGUREN
ECHEMENDIA
ECHENIQUE
ECHERIVEL
ECHERRI
ECHEVARIA
ECHEVARRIA
ECHEVARRIETA
ECHEVARRIO
ECHEVERIA
ECHEVERRI
ECHEVERRIA
ECHEVERRY
ECHEVESTE
ECHEZABAL
ECHEZARRETA
ECHIRIBEL
ECHIVERRI

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ECHIVESTER
EDERRA
EDESA
EDEZA
EDILLO
EDQUIVEL
EDREIRA
EDROSA
EDROSOLAN
EDROZO
EGANA
EGAS
EGEA
EGIPCIACO
EGLESIAS
EGUED
EGUES
EGUEZ
EGUIA
EGUIGUREN
EGUILUZ
EGUINO
EGUIZABAL
EGURE
EGURROLA
EGUSQUIZA
EIRAS
EIRIZ
ELEBARIO
ELEGINO
ELEJALDE
ELEMEN
ELENA
ELENES
ELENEZ
ELEVARIO
ELEZONDO
ELGARRESTA
ELGO
ELGUEA
ELGUERA
ELGUESEBA
ELGUEZABAL
ELICIER
ELISALDA
ELISALDE
ELISALDEZ
ELISARRARAZ
ELISERIO
ELISONDO
ELIXAVIDE
ELIZADE
ELIZAGA
ELIZALDA
ELIZALDE
ELIZALDI
ELIZANDO
ELIZANDRO
ELIZARDE
ELIZARDI
ELIZARDO
ELIZARRARAS
ELIZARRARAZ
ELIZARRAS
ELIZONDA
ELIZONDO
ELJAUA
ELORDUY
ELORREAGA
ELORRIAGA
ELORZA
ELOSEGUI
ELOSUA
ELUGARDO
ELVIRA
ELYCIO
EMMANUELLI
EMMITE
EMPASIS
EMPERADOR
EMPLEO
ENAMORADO
ENCALADA
ENCALLADO
ENCARNACION
ENCERRADO
ENCHAUTEGUI
ENCHINTON
ENCINA
ENCINAS
ENCINIA
ENCINIAS
ENCINIOS
ENCINO
ENCINOSA
ENCISCO
ENCISO
ENCIZO
ENDARA
ENDAYA
ENDEMANO
ENDOSO
ENGRACIO
ENGUIDANOS
ENJADY
ENRIGUEZ
ENRIQUE
ENRIQUES
ENRIQUEZ
ENRRIQUEZ
ENSENAT
EPIDENDIO
EQUIA
EQUIHUA
ERAS
ERASO
ERAUSQUIN
ERAZO
ERCHED
ERCILLA
ERCILLO
ERDOZAIN
EREBIA
EREDIA
ERES
EREVIA
ERIBES
ERIVES
ERIVEZ
EROLES
EROSA
ERREA
ERRECA
ERRISURIZ
ERRO
ERROA
ESCABAR
ESCABEDO
ESCABI
ESCABIA
ESCAJEDA
ESCALA
ESCALADA
ESCALANTE
ESCALENTE
ESCALERA
ESCALET
ESCALLE
ESCALLON
ESCALON
ESCALONA
ESCALONTE
ESCAMILLA
ESCAMILLAS
ESCAMILLO
ESCANAME
ESCANDELL
ESCANDON
ESCANES
ESCANIO
ESCANO
ESCANUELA
ESCANUELAS
ESCAPA
ESCAPITA
ESCAPULE
ESCAR
ESCARCEGA
ESCARCIDA
ESCARCIGA
ESCARDA
ESCARENIO
ESCARENO
ESCARIZ
ESCARPIO
ESCARRA
ESCARRAMAN
ESCARREGA
ESCARSEGA
ESCARSIGA

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ESCARTIN
ESCARZAGA
ESCARZEGA
ESCASENA
ESCATEL
ESCATELL
ESCATIOLA
ESCAURIZA
ESCOBADO
ESCOBAL
ESCOBALES
ESCOBAR
ESCOBARETE
ESCOBEBO
ESCOBEDA
ESCOBEDO
ESCOBER
ESCOBIDO
ESCOBIO
ESCOBOSA
ESCOBOZA
ESCOCHEA
ESCODEDO
ESCOJIDO
ESCOLAR
ESCOMILLA
ESCONTRIAS
ESCORCIA
ESCORIAZA
ESCORPISO
ESCORZA
ESCOTA
ESCOTO
ESCOVADO
ESCOVAR
ESCOVEDO
ESCOVER
ESCRIBA
ESCRIBANO
ESCRICHE
ESCUADRA
ESCUDER
ESCUDERO
ESCUETA
ESCUJURI
ESCUTIA
ESGUERRA
ESPADA
ESPADAS
ESPAILLAT
ESPALIN
ESPANA
ESPANO
ESPANOL
ESPANOLA
ESPARAZA
ESPARRA
ESPARSA
ESPARSEN
ESPARZ
ESPARZA
ESPEJEL
ESPEJO
ESPELETA
ESPENDEZ
ESPENOSA
ESPENOZA
ESPERA
ESPERANZA
ESPERAS
ESPERICUETA
ESPERIQUETA
ESPERO
ESPERON
ESPIGUL
ESPINA
ESPINAL
ESPINALES
ESPINAR
ESPINDOLA
ESPINDULA
ESPINEIRA
ESPINEL
ESPINELL
ESPINET
ESPINO
ESPINOR
ESPINOSA
ESPINOZ
ESPINOZA
ESPIRICUETA
ESPIRITI
ESPIRITU
ESPITALETA
ESPITIA
ESPLANA
ESPONDA
ESPRIU
ESPRONCEDA
ESPUDO
ESPURVOA
ESQUEA
ESQUEDA
ESQUEDO
ESQUELL
ESQUENAZI
ESQUER
ESQUERA
ESQUERDO
ESQUERO
ESQUERRA
ESQUERRE
ESQUEVEL
ESQUIBAL
ESQUIBEL
ESQUIBIAS
ESQUIERDO
ESQUIJAROSA
ESQUIJARROSA
ESQUILIANO
ESQUILIN
ESQUINCA
ESQUINEL
ESQUIVAL
ESQUIVEL
ESQUIVEZ
ESQUIVIAS
ESTABA
ESTABILLO
ESTADA
ESTADES
ESTALA
ESTAMPA
ESTANOL
ESTAPE
ESTAVILLA
ESTAVILLO
ESTEBAN
ESTEBANE
ESTEBANEZ
ESTEBES
ESTEBEZ
ESTEFAN
ESTEFANI
ESTELA
ESTENOZ
ESTEPA
ESTEPAN
ESTERAS
ESTERO
ESTEUES
ESTEVA
ESTEVAN
ESTEVANE
ESTEVANES
ESTEVANEZ
ESTEVES
ESTEVEZ
ESTEVIS
ESTEVIZ
ESTIEN
ESTIMBO
ESTOLANO
ESTOLAS
ESTOPELLAN
ESTOPINAN
ESTOQUE
ESTORGA
ESTRACA
ESTRAD
ESTRADA
ESTRADAS
ESTRADE
ESTRADO
ESTRALLA
ESTRANY
ESTRELLA
ESTRELLAS
ESTRELLO
ESTREMERA
ESTREMO
ESTRINGEL
ESTRONZA
ESTUDILLO
ESTUPINAN

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ETCHEBARREN
ETCHEBEHERE
ETCHECHURY
ETCHEGARAY
ETCHEPARE
ETCHEVERRIA
ETCHEVERRY
EUDAVE
EUFRACIO
EULATE
EURESTE
EURESTI
EURIOSTE
EUSEBIO
EUSTAQUIO
EUZARRAGA
EVANGEL
EVANGELATOS
EVARO
EVIA
EXIGA
EXINIA
EXPARZA
EXPOSITO
EYLICIO
EYZAGUIRRE
EZCURRA
EZETA
EZQUEDA
EZQUER
EZQUERRA
EZQUERRO
EZRATTY
EZRRE
FABAL
FABELA
FABELO
FABILA
FABRA
FABREGAS
FABREGAT
FABROS
FABRYGEL
FACIO
FACUNDO
FADRIQUE
FAGET
FAGOAGA
FAGUNDO
FAILA
FAILDE
FAJARDO
FALCHE
FALCON
FALERO
FALLEJO
FALOMIR
FALQUEZ
FALTO
FALU
FAMANIA
FAMILIA
FANDINO
FANEGO
FANGON
FANGONILO
FANJUL
FARACH
FARAGOZA
FARFAN
FARGA
FARGAS
FARIAS
FARILLAS
FARINAS
FARINOS
FARIOS
FARPELLA
FARRALES
FARRAY
FARRERA
FARRIAS
FARROS
FARRULLA
FAS
FAUDOA
FAUELA
FAUNI
FAURA
FAURIA
FAUSTINOS
FAUSTO
FAVELA
FAVELLA
FAVELO
FAVILA
FAYA
FAZ
FEAL
FEBLES
FEBRE
FEBRES
FEIGA
FEIJOO
FEITO
FELAN
FELANDO
FELIBERTY
FELICANO
FELICIANO
FELICITAS
FELICO
FELIPE
FELISCIAN
FELIU
FELIX
FELIZ
FELPETO
FELUMERO
FEMAT
FEMATH
FEMATT
FENTANES
FENTE
FEO
FERAMISCO
FERDIN
FEREZ
FERIA
FERMANDEZ
FERMIN
FERNADEZ
FERNANDE
FERNANDEZ
FERNANDEZCUETO
FERNANDEZDECASTRO
FERNANDEZDELARA
FERNANDO
FERNENDEZ
FERNIZ
FERNIZA
FERRADAS
FERRADAZ
FERRAEZ
FERRAIZ
FERRALES
FERRALEZ
FERRANDES
FERRANDIZ
FERRAS
FERRE
FERREGUR
FERREIRAS
FERREIRO
FERRER
FERRERAS
FERRERIS
FERREYRA
FERREYRO
FERREZ
FERRUA
FERRUSCA
FESTEJO
FEYJOO
FIALLO
FIALLOS
FIDEL
FIEROVA
FIERRO
FIERROS
FIERROZ
FIESTAL
FIGAL
FIGAREDO
FIGARELLA
FIGAROLA
FIGEROA
FIGIROVA
FIGOROA

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FIGUEIRAS
FIGUERA
FIGUERAS
FIGUERDA
FIGUEREDO
FIGUEREO
FIGUERIA
FIGUERO
FIGUEROA
FIGUEROLA
FIGUERON
FIGUERORA
FIGUEROSA
FIGUERRA
FIGUROA
FIGVEROA
FILGUEIRAS
FILIZOLA
FILLAS
FILOTEO
FIMBRES
FIMBREZ
FINALES
FIOL
FIQUEROA
FIRA
FIRPI
FIUZA
FLACO
FLAMENCO
FLANDES
FLANDEZ
FLAQUER
FLECHA
FLECHES
FLEITAS
FLEITES
FLEMATE
FLETE
FLETES
FLOPES
FLORATOS
FLORENCIA
FLORENCIO
FLORES
FLORESDELGADO
FLOREZ
FLORIDO
FLORIT
FLORITA
FLUXA
FOJO
FOLGAR
FOLGUEIRA
FOLGUEIRAS
FONALLEDAS
FONCERRADA
FONNEGRA
FONSECA
FONT
FONTAN
FONTANES
FONTANET
FONTANEY
FONTANEZ
FONTANILLS
FONTANOZA
FONTEBOA
FONTECHA
FONTELA
FONTENO
FONTICIELLA
FONTICOBA
FORCELLEDO
FORCEN
FORDIS
FORERO
FORMANO
FORMENT
FORMEZA
FORNARIS
FORNASERO
FORNOS
FORNS
FORTANEL
FORTEZ
FORTEZA
FORTIZ
FORTUNO
FOYO
FRACISCO
FRADEJAS
FRADERA
FRAGA
FRAGINALS
FRAGO
FRAGOMENO
FRAGOSA
FRAGOSO
FRAGOZO
FRAGUA
FRAGUADA
FRAGUAS
FRAGUELA
FRAGUIO
FRAIDE
FRAIJO
FRAIRE
FRAMIL
FRANCA
FRANCISCA
FRANCO
FRANCOS
FRANGUI
FRANJUL
FRANQUERO
FRANQUEZ
FRANQUI
FRANQUIZ
FRANSUA
FRANZOY
FRAQUA
FRASES
FRASQUILLO
FRATICELLI
FRAU
FRAUSTO
FRAUSTRO
FRAXEDAS
FRAYO
FRAYRE
FREDELUCES
FREGOSA
FREGOSO
FREGOZO
FREIJO
FREIRE
FREIRIA
FREIXAS
FRENES
FRES
FRESCAS
FRESCAZ
FRESNEDA
FRESNEDO
FRESNILLO
FRESNO
FRESQUES
FRESQUEZ
FREYRE
FREYTA
FREYTES
FRIAS
FRIAZ
FRIETZE
FRIGOLA
FRISAN
FROMETA
FRONDARINA
FRONTADO
FRONTELLA
FRONTERAS
FROSTO
FRUGIA
FRUTOS
FRUTOZ
FUENMAYOR
FUENTAS
FUENTE
FUENTECILLA
FUENTEFRIA
FUENTES
FUENTEZ
FUENZALIDA
FUERO
FUERTE
FUERTES
FUERTEZ
FUEYO
FULGENCIO
FULGUEIRA
FUMERO
FUNCIA
FUNDORA
FUNES

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FUNEZ
FUNO
FUSANO
FUSTE
FUSTER
GABALDEN
GABALDON
GABANCHO
GABASAN
GABELA
GABILONDO
GABINA
GABINO
GABRILES
GABRILLO
GACHARNA
GACHUPIN
GADAL
GADEA
GADIA
GAETAN
GAFARE
GAGO
GAHONA
GAINZA
GAITAN
GAITERO
GAIVAN
GAJARDO
GAJATE
GALABEAS
GALACHE
GALAGARZA
GALAN
GALARCE
GALARRAGA
GALARRETA
GALARSA
GALARTE
GALARZA
GALARZE
GALAVEZ
GALAVIS
GALAVIZ
GALAZ
GALBAN
GALCERAN
GALDAMES
GALDAMEZ
GALDEANO
GALDOS
GALDUROZ
GALEANA
GALEANO
GALENDEZ
GALERA
GALERIA
GALGUERA
GALI
GALIANA
GALICIA
GALINANES
GALIND
GALINDA
GALINDEZ
GALINDO
GALINDRO
GALINZOGA
GALIZ
GALLAGA
GALLAGOS
GALLANES
GALLARD
GALLARDE
GALLARDO
GALLARETO
GALLART
GALLARZA
GALLARZO
GALLASTEGUI
GALLEG
GALLEGAS
GALLEGO
GALLEGOES
GALLEGOS
GALLEGOZ
GALLEGUS
GALLENO
GALLERAN
GALLERITO
GALLINAL
GALLINAR
GALLOR
GALLOSA
GALMES
GALOFRE
GALORZA
GALVAN
GALVE
GALVES
GALVEZ
GAMA
GAMALLO
GAMARRA
GAMAZA
GAMAZO
GAMBOA
GAMERO
GAMEROS
GAMEROZ
GAMEY
GAMEZ
GAMINO
GAMIO
GAMIZ
GAMONEDA
GANADONEGRO
GANAN
GANCEDO
GANCERES
GANDAR
GANDARA
GANDARIA
GANDARILLA
GANDARILLAS
GANDIA
GANDON
GANDORA
GANIVET
GANUELAS
GANUZA
GANZALEZ
GAONA
GARABAY
GARABITO
GARACOCHEA
GARAICOECHEA
GARALDE
GARAMENDI
GARAMILLO
GARANA
GARANSUAY
GARANZUAY
GARAT
GARATE
GARATEIX
GARAVITO
GARAY
GARAYALDE
GARAYGORDOBIL
GARAYUA
GARAYZAR
GARAZA
GARBANI
GARBAYO
GARBISO
GARBIZO
GARCA
GARCED
GARCEL
GARCELL
GARCEO
GARCERA
GARCERAN
GARCES
GARCEZ
GARCIA
GARCIACARDENAS
GARCIAGONZALEZ
GARCIAGUERRERO
GARCIAGUZMAN
GARCIALOPEZ
GARCIAMARTINEZ
GARCIAPENA
GARCIARIOS
GARCIAS
GARCIAV
GARCIDUENAS
GARCIGA
GARCILASO

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GARCILAZO
GARCIO
GARDEA
GARDIA
GARDUNIO
GARDUNO
GARDUQUE
GAREIA
GARFIAS
GARFIO
GARGUENA
GARI
GARIA
GARIB
GARIBALDO
GARIBAY
GARIBY
GARICA
GARIFE
GARISPE
GARITA
GARITE
GARIVAY
GARMENDIA
GARMENDIZ
GARMISA
GARNICA
GARRANDES
GARRASTAZU
GARRIDO
GARRIGA
GARRIGAS
GARRIGO
GARRIGOS
GARRIO
GARROBO
GARROCHO
GARROTE
GARSA
GARSES
GARTICA
GARVISO
GARZA
GARZACANTU
GARZAGARCIA
GARZAGONGORA
GARZAMARTINEZ
GARZAPENA
GARZARO
GARZES
GARZON
GARZONA
GARZORIA
GASCA
GASCOT
GASERO
GASIO
GASPARDEALBA
GASPORRA
GASTELLO
GASTELLUM
GASTELO
GASTELUM
GASU
GATAN
GATELL
GATICA
GATO
GATSEOS
GATTORNO
GAUBA
GAUCHAS
GAUCIN
GAUD
GAUDIER
GAUNA
GAUZENS
GAVALDON
GAVALES
GAVAY
GAVIA
GAVICA
GAVIDIA
GAVILA
GAVILAN
GAVILANES
GAVILLA
GAVILLAN
GAVINA
GAVINO
GAVIRA
GAVIRIA
GAVITO
GAXIOLA
GAYA
GAYARRE
GAYO
GAYOL
GAYOSO
GAYOSSO
GAYTAN
GAZCA
GAZIVODA
GAZOLAS
GAZTAMBIDE
GAZTELU
GEA
GEADA
GEAGA
GEBARA
GEIGEL
GELABERT
GELACIO
GELERA
GELI
GELISTA
GELY
GENAO
GENDES
GENEL
GENER
GENERA
GENESTA
GENINO
GENIZ
GENOVES
GERALDES
GERALDINO
GERALDO
GERARDO
GERENA
GEREZ
GERMENIS
GERMES
GERMONO
GEROLAGA
GERONES
GERRO
GERUSA
GHIGLIOTTY
GIJON
GIL
GILAS
GILBES
GILBUENA
GILDELAMADRID
GIMENEZ
GIMENO
GIMINEZ
GINART
GINARTE
GINDRO
GINER
GINET
GINEZ
GINORI
GINORIO
GINORIS
GINORY
GIRADO
GIRALD
GIRALDES
GIRALDEZ
GIRALDO
GIRALT
GIRAU
GIRAUDO
GIRELA
GIRION
GIRO
GIRON
GIRONA
GIRONELLA
GISBERT
GISPERT
GIZ
GLORIA
GOBEA
GOCHEZ
GOCHICOA
GODINA
GODINES
GODINET
GODINEZ
GODOY

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GOENA
GOENAGA
GOICOCHEA
GOICOURIA
GOICURIA
GOIRICELAYA
GOITIA
GOLDEROS
GOMAR
GOME
GOMEZ
GOMEZDEMOLINA
GOMEZTORRES
GOMEZTREJO
GOMZALEZ
GONALEZ
GONAZLEZ
GONDAR
GONDREZ
GONEZ
GONGALES
GONGALEZ
GONGORA
GONI
GONSALE
GONSALES
GONSALEZ
GONZABA
GONZAES
GONZAGUE
GONZAL
GONZALAS
GONZALE
GONZALEA
GONZALES
GONZALEX
GONZALEZ
GONZALEZDIAZ
GONZALEZHERNAN
DEZ
GONZALEZLEON
GONZALEZSOTO
GONZALO
GONZALVEZ
GONZALVO
GONZALZ
GONZAQUE
GONZELEZ
GONZELL
GONZLAES
GONZLAEZ
GONZLES
GONZLEZ
GONZOLES
GONZOLEZ
GORBEA
GORDIANY
GORDILLO
GORDILS
GORDO
GORDOA
GORENA
GOROSAVE
GOROSTIETA
GOROSTIZA
GOROZA
GORRAIZ
GORRICHO
GORRINDO
GORRITA
GORRITZ
GORRIZ
GORTAREZ
GORZELA
GOSALVEZ
GOTANDA
GOTAY
GOTERA
GOTIERREZ
GOTOR
GOVANTES
GOVEA
GOVELLA
GOYANES
GOYCO
GOYCOCHEA
GOYCOECHEA
GOYCOOLEA
GOYENECHE
GOYOS
GOYTIA
GOYZUETA
GOZMAN
GRACIA
GRACIAN
GRACIANI
GRACIANO
GRACIDA
GRADIAS
GRADILLA
GRADILLAS
GRADISAR
GRADO
GRAFALS
GRAGEDA
GRAIBE
GRAJALES
GRAJEDA
GRAJERA
GRAJIOLA
GRAMAJO
GRANADA
GRANADAS
GRANADINO
GRANADO
GRANADOS
GRANADOZ
GRANAS
GRANDA
GRANDEZ
GRANDIO
GRANDOS
GRANELA
GRANERO
GRANIELA
GRANILLO
GRANIS
GRANIZO
GRANJA
GRATACOS
GRAULAU
GRAUPERA
GRAVERAN
GRAZA
GREIGO
GRES
GRIEGO
GRIHALVA
GRIJALBA
GRIJALUA
GRIJALVA
GRILLASCA
GRILLIAS
GRIMALDO
GRISALES
GROLON
GRONA
GROSO
GROVAS
GRUESO
GRULLON
GRUSMAN
GUABA
GUADA
GUADAGNIN
GUADALAJARA
GUADALUPE
GUADAMUZ
GUADARAMA
GUADARRAMA
GUADERRAMA
GUADIAN
GUADIANA
GUADIANO
GUADRON
GUAIDA
GUAJACA
GUAJARDO
GUAL
GUALDARRAMA
GUAMAN
GUANA
GUANAJUATO
GUANCHE
GUANGORENA
GUANILL
GUANTE
GUANTES
GUANTEZ
GUAPO

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GUARA
GUARACHA
GUARCH
GUARDADO
GUARDAMONDO
GUARDARRAMA
GUARDARRAMOS
GUARDERAS
GUARDIAN
GUARDIAS
GUARDIOLA
GUARENO
GUARIS
GUARJARDO
GUARNERO
GUARNEROS
GUARTUCHE
GUAS
GUASCH
GUASH
GUASP
GUAYANTE
GUAYDACAN
GUDIEL
GUDINO
GUEBARA
GUECHO
GUEDE
GUEDEA
GUEDES
GUEDIN
GUEIMUNDE
GUEITS
GUEL
GUELBENZU
GUELMES
GUEMES
GUEMEZ
GUERA
GUERARA
GUERECA
GUERENA
GUERENO
GUEREQUE
GUERERO
GUERERRO
GUERNICA
GUERRA
GUERREO
GUERRER
GUERRERO
GUERRIDO
GUERRIOS
GUERRO
GUERRRA
GUEVARA
GUEVAREZ
GUEVARRA
GUEVERA
GUEVERRA
GUEZ
GUIA
GUIBOA
GUICHO
GUIDERO
GUIJARRO
GUIJOSA
GUILARTE
GUILBE
GUILEZ
GUILLAMA
GUILLEMARD
GUILLEN
GUILLENA
GUILLERMETY
GUILLERMO
GUINA
GUIRADO
GUIRALES
GUIREMAND
GUIROLA
GUISA
GUISADO
GUISAO
GUISAR
GUITANO
GUITERREZ
GUITIAN
GUITIERREZ
GUITRON
GUITTEREZ
GUITTERREZ
GUITY
GUIU
GUIVAS
GUIZA
GUIZADO
GUIZAR
GUJARDO
GULARTE
GULBAS
GULDRIS
GULDRIZ
GULIERREZ
GUMA
GUNDIN
GURARO
GURELL
GURIDES
GUROLA
GURRERO
GURRIA
GURRIES
GURROLA
GURRUCHAGA
GURULE
GURVLE
GURZI
GUSMAN
GUSME
GUSTAMANTE
GUSTAMENTE
GUSTO
GUTERREZ
GUTIERES
GUTIEREZ
GUTIERIEZ
GUTIERR
GUTIERRE
GUTIERREA
GUTIERRER
GUTIERRES
GUTIERREZ
GUTIERREZGARCIA
GUTIERREZRIOS
GUTIERRZ
GUTIRREZ
GUTTEREZ
GUTTERREZ
GUTTIEREZ
GUTTIERREZ
GUZMAN
GUZMELI
GUZMON
HACES
HAEDO
HANONO
HARGITA
HARISPURU
HARO
HAROS
HARVIER
HAYOS
HECHANOVA
HECHAVARRIA
HECHEVARRIA
HEGUY
HELGUERA
HELGUERO
HELGUEROS
HENANDEZ
HENAO
HENARES
HENOJOSA
HENRIGUEZ
HENRIQUEZ
HERALDEZ
HERANDEZ
HERAS
HERAZ
HERBELLO
HEREBIA
HEREDERO
HEREDIA
HEREIDA
HERENA
HERERA
HERERRA
HERETER
HERIA
HERIDIA
HERMANDEZ
HERMIDA
HERMIDAS
HERMIS

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HERMOCILLO
HERMOGENO
HERMOSA
HERMOSILLO
HERMOSO
HERNADEZ
HERNAEZ
HERNAIZ
HERNAND
HERNANDE
HERNANDEL
HERNANDER
HERNANDES
HERNANDEZ
HERNANDEZCANTU
HERNANDEZORTIZ
HERNANDO
HERNANDORENA
HERNANDZ
HERNANEZ
HERNDEZ
HERNENDEZ
HERONEMA
HERRADA
HERRADOR
HERRAN
HERRANZ
HERRARA
HERRARTE
HERREA
HERREJON
HERRENA
HERRER
HERRERA
HERRERAS
HERRERIA
HERRERIAS
HERRERO
HERREROS
HERRERRA
HERROZ
HERVAS
HERVELLA
HERVIS
HEVIA
HEYSQUIERDO
HIBARRA
HIDALGA
HIDALGO
HIDALGOGATO
HIDAS
HIDROGO
HIERREZUELO
HIERRO
HIGADERA
HIGAREDA
HIGARES
HIGNOJOS
HIGNOJOZ
HIGUERA
HIGUERAS
HIGUERO
HIGUEROS
HIJAR
HILARIO
HILERIO
HINAJOSA
HINESTROSA
HINOJAS
HINOJO
HINOJOS
HINOJOSA
HINOJOSE
HINOJOSO
HINOJOZA
HINOSTRO
HINOSTROSA
HINOSTROZA
HINZO
HIPOLITO
HIRALDO
HIRALES
HIRALEZ
HIRIGOYEN
HIRTADO
HISQUIERDO
HITA
HOGEDA
HOJAS
HOLGIN
HOLGUIN
HOLQUIN
HOMAR
HOMS
HONESTO
HONGOLA
HONORIO
HONRADA
HORABUENA
HORACIO
HORCASITAS
HORELICA
HORMACHEA
HORMAZA
HORMAZABAL
HORMILLA
HORNEDO
HORRUITINER
HORTA
HOSTAS
HOSTOS
HOYO
HOYOS
HOYUELA
HUACUJA
HUALDE
HUAMAN
HUANTE
HUANTES
HUAPE
HUARACHA
HUARTE
HUEDA
HUERECA
HUERENA
HUEREQUE
HUERGAS
HUERGO
HUERTA
HUERTAS
HUERTAZ
HUERTERO
HUERTO
HUERTOS
HUESCA
HUESO
HUETE
HUEZO
HUGUEZ
HUICI
HUICOCHEA
HUIDOR
HUIPE
HUISAR
HUITRON
HUIZAR
HUMADA
HUMILDAD
HURADO
HURBINA
HURIEGA
HURON
HURRIEGA
HURTADA
HURTADO
HURTARTE
HYSQUIERDO
IANEZ
IANOS
IBANES
IBANEZ
IBAR
IBARBO
IBARGUENGOITIA
IBARLUCEA
IBARRA
IBARRIA
IBARRONDO
IBAVE
IBAVEN
IBERRA
IBERRI
IBINARRIAGA
IBOS
IBUADO
ICAMEN
ICARDO
ICASIANO
ICAZA
ICEDO

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ICHINAGA
IDARRAGA
IDIAQUEZ
IDIGORAS
IDOY
IDROGO
IDROVO
IGARAVIDEZ
IGARTUA
IGLECIAS
IGLESIA
IGLESIAS
IGNACIO
IGOA
IGUALADA
IGUINA
ILARRAZA
ILDEFONSO
ILHARREGUY
ILIZALITURRI
ILLAN
ILLANES
ILLAS
ILLERA
ILLESCAS
IMAS
IMAZ
INCHAURREGUI
INCHAUSTEGUI
INCHAUSTI
INCLAN
INDART
INESTA
INESTROZA
INEZ
INFANTE
INFANTES
INFANZON
INFIESTA
INGELMO
INGRANDE
INGUANZO
INGUITO
INIGO
INIGUES
INIGUEZ
INIQUEZ
INOA
INOCENCIO
INOSTROS
INOSTROSA
INOSTROZA
INSAUSTI
INSERNI
INSIGNARES
INSUA
INSULAR
INSUNZA
INSURRIAGA
INTERIAN
INTRIAGO
INURRIGARRO
INZUNZA
IPARRAGUIRRE
IPINA
IQUINA
IRACHETA
IRAGUI
IRAHETA
IRALA
IRAOLA
IRASTORZA
IRAZABAL
IRAZOQUI
IRIART
IRIARTE
IRIBARREN
IRIBE
IRIGARAY
IRIGONEGARAY
IRIGOYEN
IRIMIA
IRINEO
IRIONDO
IRIQUI
IRISARRI
IRIYE
IRIZAR
IRIZARRI
IRIZARRY
IRIZARY
IRIZZARY
IRLAS
IROZ
IRRIBARREN
IRRIZARRI
IRRIZARRY
IRRIZARY
IRROBALI
IRUEGAS
IRUNGARAY
IRURETAGOYENA
IRVEGAS
ISAGUIRRE
ISAIS
ISAIZ
ISALES
ISARRARAS
ISAS
ISASSI
ISERN
ISIAS
ISIDRON
ISLA
ISLAS
ISLAVA
ISONA
ISORDIA
ISQUIERDO
ISUNZA
ITHIER
ITUARTE
ITULE
ITURBE
ITURBI
ITURBIDE
ITURMENDI
ITURRALDE
ITURRASPE
ITURREGUI
ITURRI
ITURRIA
ITURRIAGA
ITURRINO
ITURRIOZ
IVANEZ
IVARRA
IXTA
IZA
IZABAL
IZAGUIRRE
IZAQUIRRE
IZAR
IZNAGA
IZQUIERDO
IZURIETA
JACAS
JACINTO
JACOBO
JACOME
JACOMINO
JACOVO
JACQUEZ
JACUINDE
JAIDAR
JAILE
JAIME
JAIMERENA
JAIMES
JAIMEZ
JAIRALA
JALAMO
JALLEO
JALOMA
JALOMO
JALTECO
JANER
JANERO
JAQUEZ
JAQUIAS
JARA
JARABA
JARAMILIO
JARAMILLA
JARAMILLO
JARDINES
JARDINEZ
JARERO
JARMILLO
JAROMILLO
JARQUEZ
JARQUIN
JARRIN
JARRO
JASO

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JASSO
JATIVA
JAUMA
JAUME
JAUNARENA
JAUNES
JAURE
JAUREGUI
JAUREGUIBERRY
JAUREGUY
JAURENA
JAUREQUI
JAUREZ
JAURGUI
JAURIGI
JAURIGUE
JAURIGUI
JAURIQUE
JAURIQUI
JAURQUI
JAURRIETA
JAVIER
JAVIERRE
JEMENTE
JEREZ
JESUS
JIMAREZ
JIMEMEZ
JIMENA
JIMENE
JIMENES
JIMENEZ
JIMENIZ
JIMENO
JIMENZ
JIMINEZ
JINETE
JINEZ
JINZO
JIRAU
JIRON
JOFRE
JOJOLA
JOMARRON
JORAMILLO
JORDANA
JORGANES
JORGE
JORNACION
JORQUERA
JORQUEZ
JORRIN
JOVE
JOVELLANOS
JOVER
JOVET
JOYA
JUACHON
JUAN
JUANCHO
JUANERO
JUANES
JUANEZ
JUANEZA
JUANICO
JUANITAS
JUANO
JUARA
JUARBE
JUARDO
JUARE
JUAREGUI
JUARES
JUAREZ
JUARISTI
JUARRERO
JUARROS
JUBELA
JUELLE
JUEZ
JUFIAR
JULBE
JULIA
JUNCADELLA
JUNCAL
JUNCO
JUNCOSA
JUNEZ
JUNGUERA
JUNQUERA
JURADO
JURAEZ
JURAHUI
JURDI
JURE
JURI
JURREZ
JUSAINO
JUSINO
JUSTINIANI
JUSTINIANO
JUSTIZ
JUVER
JUVERA
LABADOR
LABADY
LABANDEIRA
LABARGA
LABARTA
LABASTIDA
LABASTILLA
LABIO
LABIOSA
LABISTE
LABOCA
LABORDA
LABORI
LABORICO
LABORIN
LABOY
LABRA
LABRADA
LABRADO
LABRADOR
LABUZAN
LACA
LACALLE
LACARRA
LACASA
LACASELLA
LACAYO
LACEBAL
LACEDONIA
LACERA
LACHAPPA
LACHICA
LACHICO
LACOMBA
LACOME
LACONCHA
LACRET
LACRUE
LACRUZ
LACSAMANA
LADAGA
LAFARGA
LAFEBRE
LAFFONT
LAFORTEZA
LAFUENTE
LAFUENTES
LAGAR
LAGARDA
LAGARES
LAGEYRE
LAGO
LAGOA
LAGOMASINO
LAGRANA
LAGUER
LAGUERUELA
LAGUILLO
LAGUNA
LAGUNAS
LAGUNES
LAHOZ
LAIJA
LAIJAS
LAILES
LAINEZ
LAISECA
LAIZ
LAJARA
LAJES
LALLAVE
LALOMA
LALUEZA
LALUZ
LAMADRID
LAMADRIZ

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LAMAS
LAMASA
LAMATA
LAMAZARES
LAMBARDIA
LAMBAREN
LAMBARENA
LAMBARIA
LAMBARRI
LAMBOY
LAMEIRA
LAMELA
LAMELAS
LAMIGUEIRO
LAMORENA
LAMOSA
LAMOSO
LAMOURT
LAMOUTTE
LAMPARELLO
LAMPEDUSA
LAMPON
LANAS
LANCARA
LANCHA
LANDA
LANDAVASO
LANDAVAZO
LANDAVERDE
LANDAZURI
LANDEIRA
LANDERO
LANDEROS
LANDESTOY
LANDETA
LANDEZ
LANDIN
LANDIVAR
LANDOL
LANDRAU
LANDRIAN
LANDRON
LANET
LANFRANCO
LANGARA
LANGARCIA
LANGARICA
LANTIGUA
LANUEZ
LANUZA
LANZISERO
LANZOT
LAO
LAOS
LAOSA
LAPADURA
LAPARRA
LAPAZ
LAPENA
LAPICA
LAPIZ
LAPUERTA
LAPUZ
LARA
LARACUENTA
LARACUENTE
LARALDE
LARAN
LARAS
LARDIZABAL
LAREDO
LARENA
LARENAS
LARES
LAREZ
LARIOS
LARIVA
LARIZ
LARRA
LARRACHE
LARRAGA
LARRAGOITE
LARRAGOITY
LARRAINZAR
LARRALDE
LARRAMENDI
LARRAN
LARRANAGA
LARRANGA
LARRASQUITO
LARRASQUITU
LARRAURI
LARRAYA
LARRAZ
LARRAZABAL
LARRAZOLA
LARRAZOLO
LARREA
LARREGUI
LARRETA
LARREYNAGA
LARRIBA
LARRIBAS
LARRINAGA
LARRINUA
LARRIVA
LARRONDE
LARRONDO
LARROSA
LARROY
LARRUA
LARRUBIA
LARTUNDO
LARZABAL
LASA
LASAGA
LASALDE
LASANTA
LASAS
LASAVIO
LASCANO
LASCOR
LASCURAIN
LASERNA
LASES
LASHERAS
LASO
LASOS
LASSOS
LASTRA
LASTRE
LASTRES
LATASA
LATIGO
LATONI
LATORRES
LAUGIER
LAUREAN
LAUREANO
LAUREDO
LAUREIRO
LAUREL
LAURELES
LAURIANO
LAURIAS
LAURIDO
LAUSELL
LAUTERIO
LAUZARDO
LAUZURIQUE
LAVANDEIRA
LAVANDERA
LAVANDERO
LAVARS
LAVASTIDA
LAVAYEN
LAVEA
LAVEAGA
LAVEGA
LAVENDERA
LAVERGATA
LAVERNIA
LAVIADA
LAVILLA
LAVIOS
LAVORICO
LAVORIN
LAYANA
LAYNA
LAZA
LAZAGA
LAZALA
LAZALDE
LAZANO
LAZARIN
LAZARINE
LAZARO
LAZARTE
LAZCANO
LAZCOS
LAZES
LAZO
LAZODELAVEGA
LAZOS
LAZRINE

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LAZU
LAZURTEGUI
LEAL
LEANOS
LEBARIO
LEBRIJA
LEBRON
LECARO
LECAROS
LECEA
LECHON
LECHUGA
LECTORA
LECUMBERRI
LECUSAY
LEDESMA
LEDEZMA
LEDO
LEDON
LEGARDA
LEGARRA
LEGARRETA
LEGARRETTA
LEGASPE
LEGASPI
LEGORRETA
LEGOZA
LEGRA
LEGUINA
LEIBA
LEIBAS
LEIGON
LEIJA
LEIMON
LEIRA
LEIRO
LEISA
LEISECA
LEITA
LEITES
LEIVA
LEIVAS
LEIZAN
LEJARZA
LEJARZAR
LELEVIER
LEMES
LEMUS
LEMUZ
LENERO
LENTE
LEODORO
LEON
LEONES
LEONGUERRERO
LEONIS
LEONOR
LEOS
LEOZ
LEPE
LERA
LERDO
LERENA
LERET
LERMA
LERMO
LERNO
LERO
LESA
LESCANO
LESMES
LESPIER
LESPRON
LETAMENDI
LETONA
LETRIZ
LEURA
LEVALDO
LEVARIO
LEYBA
LEYBAS
LEYJA
LEYRA
LEYRO
LEYUA
LEYVA
LEYVAS
LEZA
LEZAJA
LEZAMA
LEZANA
LEZCANO
LIANO
LIANOZ
LIANZA
LIBOY
LIBRAN
LIBREROS
LICANO
LICEA
LICEAGA
LICERIO
LICON
LICONA
LICOR
LICUDINE
LIENDO
LIERA
LIERAS
LIERRA
LIEVANO
LIEVANOS
LIGUES
LIGUEZ
LIMARDO
LIMAS
LIMIA
LIMON
LIMONES
LIMONEZ
LIMONTA
LIMONTORRES
LIMOSNERO
LIMUEL
LINAJE
LINAN
LINARES
LINAREZ
LINEIRO
LINERA
LINERO
LINEROS
LIQUET
LIQUEZ
LIRA
LIRAALVARADO
LIRANZO
LIRES
LIRIANO
LIRIO
LISALDA
LISALDE
LISAMA
LISARDO
LISBOA
LISCANO
LISEA
LISERA
LISERIO
LISOJO
LIZA
LIZALDA
LIZALDE
LIZAMA
LIZAN
LIZANO
LIZAOLA
LIZARAGA
LIZARDE
LIZARDI
LIZARDO
LIZARRAGA
LIZARRAGO
LIZARRALDE
LIZARRARAS
LIZARZABURU
LIZASO
LIZASUAIN
LIZCANO
LLABRES
LLACA
LLACER
LLADO
LLAGOSTERA
LLAGUNO
LLAMA
LLAMAS
LLAMAZARES
LLAMBES
LLAMEDO

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CENSUS LIST OF SPANISH SURNAMES

LLAMES
LLAMOSA
LLANA
LLANAS
LLANERA
LLANERAS
LLANES
LLANEZ
LLANIO
LLANO
LLANOS
LLANTADA
LLANTIN
LLANUSA
LLAPUR
LLARENA
LLATA
LLAUGER
LLAURADO
LLAURADOR
LLAUSAS
LLAVE
LLAVERIAS
LLAVET
LLAVONA
LLENIN
LLENZA
LLEO
LLEONART
LLERA
LLERANDI
LLERAS
LLERENA
LLERENAS
LLEVERINO
LLIBRE
LLINAS
LLITERAS
LLIZO
LLOBERA
LLOBET
LLOMPART
LLONA
LLOPIS
LLOPIZ
LLORCA
LLOREDA
LLORENS
LLORENTE
LLORET
LLORIN
LLOSA
LLOVERA
LLOVERAS
LLOVET
LLOVIO
LLUBERES
LLUCH
LLUIS
LLURIA
LLUVERAS
LOA
LOAIZA
LOARTE
LOAYZA
LOBAINA
LOBATO
LOBATOS
LOBATOZ
LOBERA
LODEIRO
LODEVICO
LODOS
LODOZA
LOERA
LOEZA
LOGOLUSO
LOGRONO
LOINAZ
LOIRA
LOJA
LOJERO
LOJO
LOMANA
LOMAYESVA
LOMBANA
LOMBARDIA
LOMBERA
LOMBRANA
LOMBRANO
LOMELI
LOMELIN
LOMELLIN
LOMELY
LONA
LONDONO
LONGORIA
LONGORIO
LONGOVIA
LONGUEVAN
LONVELIN
LOPATEGUI
LOPE
LOPENA
LOPERA
LOPERENA
LOPETEGUI
LOPEZ
LOPEZCASTRO
LOPEZMENDOZA
LOPEZRODRIGUEZ
LOPEZSANCHEZ
LOPEZVEGA
LOPOZ
LOQUET
LORA
LORANCA
LORCA
LOREDO
LORENCES
LORENTE
LORENZANA
LORERA
LORETDEMOLA
LOREZ
LORIDO
LORIEGA
LORIGA
LORIGO
LORONA
LORONO
LORTA
LORZA
LOSA
LOSADA
LOSADO
LOSANA
LOSOYA
LOSTAUNAU
LOUATO
LOUBRIEL
LOURIDO
LOUSTAUNAU
LOVATO
LOVATON
LOVEIRA
LOVERA
LOVERAS
LOVILLE
LOVIO
LOYA
LOYNAZ
LOYO
LOYOLA
LOZA
LOZADA
LOZADO
LOZANA
LOZANO
LOZEZ
LOZOLLA
LOZOYA
LUA
LUACES
LUAN
LUAS
LUBE
LUBERTA
LUBIAN
LUCARIO
LUCATERO
LUCATORTA
LUCENA
LUCER
LUCERO
LUCIO
LUCO
LUCOS
LUCRET
LUEBANO
LUENGAS
LUENGO
LUERA
LUERAS
LUEVANO

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CENSUS LIST OF SPANISH SURNAMES

LUEVANOS
LUEZA
LUGARDO
LUGARO
LUGO
LUGON
LUGONES
LUINA
LUIS
LUITIN
LUJAN
LUJANO
LUJARDO
LUJO
LUJON
LUMBRERA
LUMBRERAS
LUNA
LUNARES
LUPERCIO
LUPEZ
LUPIAN
LUPIANEZ
LUPIBA
LUPIO
LUQUE
LUQUEZ
LUQUIN
LUQUIS
LURAS
LUVIANO
LUYANDA
LUYANDO
LUZA
LUZANIA
LUZANILLA
LUZANO
LUZARDO
LUZARRAGA
LUZBET
LUZUNARIS
LUZURIAGA
MACARAIG
MACARDICAN
MACARENO
MACARON
MACAVINTA
MACAYA
MACAYAN
MACDONADO
MACEDA
MACEIRA
MACEN
MACENA
MACEO
MACEYRA
MACHICHE
MACHIN
MACHORRO
MACHUCA
MACIA
MACIAL
MACIAS
MACIAZ
MACIEL
MACOTELA
MADA
MADALA
MADARIAGA
MADERA
MADERIS
MADERO
MADIEDO
MADOZ
MADRAZO
MADRIA
MADRID
MADRIGAL
MADRIGALES
MADRIGUAL
MADRIL
MADRILES
MADRILL
MADRIZ
MADRONA
MADRUENO
MADRUGA
MADUANO
MADUELL
MADUENA
MADUENO
MADURO
MAELIA
MAES
MAESE
MAESO
MAESTAS
MAESTAZ
MAESTES
MAESTOS
MAESTRE
MAESTREY
MAESTU
MAEVA
MAEZ
MAGALDE
MAGALLAN
MAGALLANES
MAGALLANEZ
MAGALLON
MAGALONA
MAGANA
MAGANTE
MAGARINO
MAGAZ
MAGDAEL
MAGDALANO
MAGDALENA
MAGDALENO
MAGDIRILA
MAGENO
MAGLICA
MAGLUTA
MAGPAYO
MAGPURI
MAGRINA
MAGSOMBOL
MAGUREGUI
MAIMES
MAIMO
MAINEGRA
MAINERO
MAINEZ
MAIQUEZ
MAIRENA
MAISONAVE
MAISONET
MAISTERRA
MAITIA
MAITO
MAIZ
MAJALCA
MAJANO
MAJARUCON
MAJENO
MAJIA
MAJUL
MAJUTA
MALABANAN
MALABE
MALABEHAR
MALACARA
MALAGON
MALANA
MALANCHE
MALANDRIS
MALARIN
MALAUE
MALAVE
MALAVES
MALAVET
MALAVEZ
MALBAEZ
MALBAS
MALDANADO
MALDENADO
MALDOMADO
MALDONA
MALDONADA
MALDONADO
MALDONALDO
MALDONDO
MALDONODO
MALENDEZ
MALFAVON
MALIAROS
MALIBRAN
MALICAY
MALLANO
MALLEA

APPENDIX E
CENSUS LIST OF SPANISH SURNAMES

MALLOQUE
MALLORCA
MALONADO
MALONCON
MALOVE
MALPICA
MALTES
MALTOS
MALUIA
MALVAEZ
MALVAREZ
MALVIDO
MAMARADLO
MANCEBO
MANCERA
MANCERO
MANCHA
MANCHACA
MANCHAN
MANCHEGO
MANCIAS
MANCILLA
MANCILLAS
MANCINAS
MANCITO
MANDADO
MANDONADO
MANDUGARO
MANDUJAN
MANDUJANO
MANGOME
MANGUAL
MANGUIA
MANICOM
MANIQUIS
MANITO
MANJARES
MANJAREZ
MANJARRES
MANJARREZ
MANOSA
MANQUERO
MANQUEROS
MANRESA
MANRIGUEZ
MANRIQUE
MANRIQUES
MANRIQUEZ
MANRRIQUE
MANRRIQUEZ
MANSANALES
MANSANALEZ
MANSANARES
MANSANAREZ
MANSILLA
MANSILLAS
MANSITO
MANSO
MANTECA
MANTECON
MANTEROLA
MANTILLA
MANTINEZ
MANUZ
MANZANA
MANZANAL
MANZANARES
MANZANAREZ
MANZANEDO
MANZANERA
MANZANERES
MANZANERO
MANZANET
MANZANILLA
MANZANO
MANZUR
MAPALO
MAPULA
MAQUEDA
MAQUEIRA
MAQUINALEZ
MAQUIVAR
MARABOTTO
MARADIAGA
MARALES
MARANAN
MARANON
MARANTE
MARANTOS
MARASCOLA
MARATAS
MARAVEZ
MARAVILLA
MARAVILLAS
MARAVILLO
MARBAN
MARCADIS
MARCANO
MARCELENO
MARCELIN
MARCHA
MARCHAN
MARCHANTE
MARCHANY
MARCHECO
MARCHENA
MARCHIONDO
MARCIAL
MARCILLA
MARCILLO
MARCOR
MARCOS
MARDOMINGO
MARDUENO
MAREINA
MARENCO
MARENTES
MARENTEZ
MAREQUE
MARERO
MARES
MARESMA
MAREZ
MARFIL
MARFILENO
MARGAILLAN
MARGARITO
MARGUEZ
MARIANES
MARIANS
MARICHAL
MARICHALAR
MARIDUENA
MARIN
MARINAS
MARINELARENA
MARINERO
MARINES
MARINEZ
MARIONA
MARISCAL
MARISTANY
MARISY
MARITNEZ
MARLANO
MARMOL
MARMOLEJO
MARMOLEJOS
MARONES
MARQUEZ
MARQUINA
MARQUIZ
MARRASQUIN
MARRENO
MARRERO
MARRIAGA
MARRIETTA
MARRODAN
MARROGUIN
MARROQUIN
MARRORO
MARROZOS
MARRUFFO
MARRUFO
MARRUGO
MARRUJO
MARSACH
MARSALIA
MARSELLOS
MARTE
MARTELON
MARTENEZ
MARTES
MARTEZ
MARTIARENA
MARTICORENA
MARTINDELCAMPO
MARTINES
MARTINETS
MARTINEX
MARTINEZ
MARTINEZDECASTR
O
MARTINEZGARCIA

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MARTINEZGONZALEZ
MARTINEZORTIZ
MARTINEZRODRIGUEZ
MARTINIZ
MARTIR
MARTIRENA
MARTIZ
MARTLARO
MARTNEZ
MARTORELL
MARTOS
MARUFFO
MARUFO
MARULANDA
MARUNO
MARURI
MARVEZ
MARXUACH
MARZAN
MARZOA
MARZOL
MARZOVILLA
MAS
MASCARDO
MASCARENA
MASCARENAS
MASCARENAZ
MASCARENO
MASCARINAS
MASCARRO
MASCORRO
MASDEO
MASDEU
MASEDA
MASERO
MASFERRER
MASIAS
MASIEL
MASJUAN
MASPERO
MASPONS
MASQUIDA
MASSANA
MASSANET
MASSAS
MASSIATTE
MASTACHE
MASTRAPA
MASVIDAL
MATA
MATAIYA
MATALLANA
MATALOBOS
MATAMOROS
MATANZO
MATEAS
MATEO
MATEOS
MATEU
MATIAS
MATIENZO
MATILLA
MATOS
MATOSO
MATOZA
MATTILLO
MATURANA
MATURINO
MATUTE
MAULEON
MAUNA
MAUPOME
MAURAS
MAUREL
MAURICIO
MAURIES
MAURIZ
MAUROSA
MAUROZA
MAYA
MAYAGOITIA
MAYANS
MAYAS
MAYATE
MAYDON
MAYEN
MAYMI
MAYNEZ
MAYOL
MAYORA
MAYORAL
MAYORCA
MAYORDOMO
MAYORGA
MAYORQUIN
MAYSONET
MAYTIN
MAYTORENA
MAZA
MAZARA
MAZARIEGO
MAZARIEGOS
MAZON
MAZORRA
MAZPULE
MAZQUIARAN
MAZUCA
MAZUELOS
MEASTAS
MEAVE
MECADO
MECARTEA
MECENAS
MECHOSO
MEDEL
MEDELES
MEDELEZ
MEDELLIN
MEDERO
MEDEROS
MEDIANO
MEDIAVILLA
MEDINA
MEDINAS
MEDINILLA
MEDIO
MEDIZ
MEDOLA
MEDRAN
MEDRANO
MEGARIZ
MEGUI
MEIJA
MEIRELES
MEIZOSO
MEJA
MEJIA
MEJIAS
MEJICO
MEJIDO
MEJILLA
MEJILLAS
MEJORADA
MEJORADO
MELANDEZ
MELANO
MELCHOR
MELCON
MELECIO
MELENA
MELENCIANO
MELENDE
MELENDES
MELENDEZ
MELENDRES
MELENDREZ
MELENEDEZ
MELENEZ
MELENUDO
MELERO
MELGAR
MELGAREJO
MELGARES
MELGOSA
MELGOZA
MELIAN
MELIAS
MELINDEZ
MELIOTA
MELLADO
MELOCOTON
MEMBRENO
MEMBRILA
MENA
MENACHE
MENACHO
MENCHACA
MENCHAEA

APPENDIX E
CENSUS LIST OF SPANISH SURNAMES

MENCHAVEZ
MENCHEGO
MENCIA
MENCIO
MENCOS
MENDANA
MENDAROS
MENDEOLA
MENDEZ
MENDIA
MENDIAS
MENDIAZ
MENDIBLES
MENDIBURO
MENDIBURU
MENDIETA
MENDIETTA
MENDIGUTIA
MENDINE
MENDIOLA
MENDIOLEA
MENDIONDO
MENDITA
MENDIVEL
MENDIVIL
MENDIZ
MENDIZABAL
MENDOSA
MENDOZ
MENDOZA
MENDOZO
MENDRE
MENDRIN
MENEDEZ
MENENDEZ
MENES
MENESES
MENEZ
MENJARES
MENJIVAR
MENJUGA
MENOCAL
MENOSCAL
MENOUD
MENOYO
MERA
MERANCIO
MERAS
MERAZ
MERCAD
MERCADA
MERCADAL
MERCADE
MERCADER
MERCADO
MERCARDO
MERCED
MERCEDES
MERCHAIN
MERCHAN
MERCODO
MERCOLA
MERCONCHINI
MERELES
MERENDON
MEREZ
MERGIL
MERINO
MERIZALDE
MERJIL
MERLA
MERLOS
MERMEA
MERMEJO
MERMELLA
MERODIO
MERONO
MERU
MERUELO
MESA
MESEGUER
MESIA
MESIAS
MESILLAS
MESINAS
MESONERO
MESORANA
MESQUIAS
MESQUIT
MESQUITA
MESQUITE
MESQUITI
MESSARRA
MESSEGUER
MESTA
MESTAS
MESTAZ
MESTRE
MESTRES
MESTRIL
MEXIA
MEXICANO
MEZA
MEZQUITA
MICAN
MICHACA
MICHELENA
MICHELTORENA
MIEDES
MIELES
MIELGO
MIERA
MIERES
MIEREZ
MIESES
MIGNARDOT
MIGOYA
MIGUEL
MIGUELES
MIGUELEZ
MIGUELIZ
MIGURA
MIJANGOS
MIJARES
MIJAREZ
MIJENES
MILA
MILANES
MILANEZ
MILARA
MILERA
MILIAN
MILINA
MILLAN
MILLAND
MILLANES
MILLANEZ
MILLANPONCE
MILLARES
MILLAYES
MIMIAGA
MINABE
MINAGA
MINAGORRI
MINAMIDE
MINATRE
MINAYA
MINCHACA
MINDIETA
MINDIOLA
MINERA
MINERO
MINGUELA
MINGURA
MINIAREZ
MINICA
MINITREZ
MINJARES
MINJAREZ
MINOBE
MINONDO
MINOSO
MINSAL
MIQUEO
MIR
MIRABAL
MIRABEL
MIRABENT
MIRADA
MIRAFLORES
MIRALES
MIRALLA
MIRALLES
MIRAMON
MIRAMONTES
MIRAMONTEZ
MIRANA
MIRANDA
MIRANO
MIRASOL
MIRAVAL
MIRAYA
MIRAZ
MIRAZO
MIRDITA

APPENDIX E
CENSUS LIST OF SPANISH SURNAMES

MIRELES
MIRELEZ
MIRET
MIRILES
MIRO
MIROLLA
MISAS
MISLA
MISQUEZ
MIYAR
MIYARES
MOCEGA
MOCETE
MOCHO
MOCTEZUMA
MODERO
MODIA
MODRONO
MOGAS
MOGOLLON
MOGRO
MOGUEL
MOHEDANO
MOIZA
MOJADO
MOJARRO
MOJEDA
MOJENA
MOJICA
MOLANO
MOLDES
MOLDONADO
MOLEDO
MOLENA
MOLENDEZ
MOLERA
MOLERES
MOLERIO
MOLGADO
MOLINA
MOLINAR
MOLINARES
MOLINARY
MOLINAS
MOLINER
MOLINEROS
MOLINET
MOLLEDA
MOLLES
MOLLINDO
MOLLINEDO
MONAGAS
MONARCO
MONARES
MONAREZ
MONARQUE
MONARRES
MONARREZ
MONCADA
MONCADO
MONCAYO
MONCEVAIS
MONCEVAIZ
MONCEVIAS
MONCIBAIS
MONCIBAIZ
MONCIVAIS
MONCIVAIZ
MONCIVALLES
MONCLOVA
MONDACA
MONDEJAR
MONDELO
MONDONA
MONDOZA
MONDRAGON
MONEDA
MONEDERO
MONEGRO
MONEO
MONGE
MONGES
MONGUIA
MONITA
MONJARAS
MONJARAZ
MONJARDIN
MONJE
MONJES
MONLEON
MONLLOR
MONNAR
MONOZ
MONRAZ
MONREAL
MONRIAL
MONROIG
MONROY
MONRREAL
MONRRIAL
MONSALVE
MONSALVO
MONSEBAIS
MONSEGUR
MONSERRAT
MONSERRATE
MONSEVAIS
MONSEVALLES
MONSIBAIS
MONSIBAIZ
MONSISVAIS
MONSIVAIS
MONSIVAIZ
MONTAIVO
MONTALBAN
MONTALBO
MONTALUO
MONTALVAN
MONTALVO
MONTAN
MONTANE
MONTANER
MONTANES
MONTANEZ
MONTANIO
MONTANO
MONTANTES
MONTAYA
MONTAZ
MONTEAGUDO
MONTEALEGRE
MONTEAVARO
MONTECELO
MONTECINO
MONTEDEOCA
MONTEFALCON
MONTEJANO
MONTEJO
MONTELLANO
MONTELONGO
MONTEMAJOR
MONTEMAYOR
MONTENEGRO
MONTEON
MONTERA
MONTERDE
MONTEREY
MONTERO
MONTEROLA
MONTEROS
MONTERREY
MONTERROSA
MONTERROSO
MONTERROZA
MONTERRUBIO
MONTES
MONTESDEOCA
MONTESINO
MONTESINOS
MONTEVERDE
MONTEZ
MONTEZUMA
MONTIEL
MONTIJO
MONTILLA
MONTION
MONTMAYOR
MONTOLLA
MONTONO
MONTOTO
MONTOVA
MONTOY
MONTOYA
MONTOYO
MONTUFAR
MONTUYA
MONZON
MOQUETE
MOQUINO
MORA

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CENSUS LIST OF SPANISH SURNAMES

MORADO
MORAGA
MORAGO
MORAGUEZ
MORAIDA
MORAILA
MORAL
MORALE
MORALEJO
MORALES
MORALESGONZALEZ
MORALESLOPEZ
MORALESRAMOS
MORALESTORRES
MORALEZ
MORANDA
MORANTES
MORATA
MORATALLA
MORATAYA
MORATO
MORAZA
MORCATE
MORCIEGO
MORCIGLIO
MORCOS
MOREDA
MOREDO
MOREIDA
MOREIRAS
MOREJON
MORELES
MORELION
MORELLON
MORELO
MORELOS
MORENO
MORENTIN
MORERA
MORERO
MORETA
MOREYRA
MORFA
MORFFI
MORFI
MORFIN
MORGA
MORGALO
MORGAS
MORHAR
MORIEL
MORILLA
MORILLAS
MORILLO
MORILLON
MORILLOS
MORIONES
MORIYON
MORLA
MORLES
MORLET
MORLOTE
MOROCHO
MORODO
MOROLES
MOROLEZ
MORON
MORONES
MORONEZ
MOROYOQUI
MORQUECHO
MORQUEZ
MORRAS
MORRAZ
MORRERO
MORRINA
MORTEO
MORTERA
MORUA
MORVA
MOSCOSO
MOSINO
MOSQUEA
MOSQUEDA
MOSQUEDO
MOSQUERA
MOTA
MOTAL
MOTILLA
MOURE
MOUREN
MOURINO
MOURIZ
MOYA
MOYADO
MOYANO
MOYEDA
MOYENO
MOYET
MOYRON
MOZAS
MOZQUEDA
MUCALA
MUCINO
MUDAFORT
MUELA
MUELAS
MUENTES
MUGA
MUGARTEGUI
MUGERZA
MUGICA
MUGUERCIA
MUGUERZA
MUGUIRO
MUIL
MUINA
MUINAS
MUINO
MUINOS
MUIRRAGUI
MUIS
MUJICA
MULERO
MULET
MULGADO
MUNA
MUNANA
MUNARRIZ
MUNDO
MUNECAS
MUNERA
MUNERO
MUNET
MUNETON
MUNEZ
MUNGARAY
MUNGARRO
MUNGIA
MUNGUIA
MUNILLA
MUNIVE
MUNIVEZ
MUNIZ
MUNNE
MUNOA
MUNOS
MUNOZ
MUNOZCANO
MUNQUIA
MUNTANER
MURADAS
MURADAZ
MURADO
MURAIDA
MURAIRA
MURALLES
MURANE
MURATALLA
MURAVEZ
MURCIA
MURCIANO
MURCIO
MURGA
MURGADO
MURGUIA
MURIAS
MURIEDAS
MURIEL
MURIENTE
MURIETTA
MURILLO
MURO
MUROLAS
MUROS
MUROYA
MURRIETA
MURRIETTA
MURRILLO
MURSULI
MURUA
MURUAGA
MURUATO
MUSQUEZ
MUSQUIZ

APPENDIX E
CENSUS LIST OF SPANISH SURNAMES

MUSTELIER
MUTIO
MUXART
MUXO
MUZAURIETA
MUZQUIZ
NABA
NABARRETE
NABARRETTE
NABAYAN
NABETA
NACER
NACHON
NACIANCENO
NADAL
NAFARRATE
NAFARRETE
NAGORE
NAJAR
NAJARA
NAJARES
NAJARRO
NAJERA
NALDA
NANDIN
NANDINO
NANEZ
NAPOLES
NARANJO
NARAVEZ
NARBAIZ
NARCHO
NARCIA
NAREDO
NARES
NAREZ
NAREZO
NARINO
NARIO
NARONJO
NARRANJO
NARRO
NARVAES
NARVAEZ
NARVAIS
NARVAIZ
NARVAREZ
NARVARTE
NATAL
NATERA
NATERAS
NATIVIDAD
NAVA
NAVAIRA
NAVAJAR
NAVAL
NAVALES
NAVALLO
NAVANJO
NAVAR
NAVARETE
NAVARETTE
NAVAREZ
NAVARIA
NAVARIJO
NAVARR
NAVARRETE
NAVARRETTE
NAVARRO
NAVAS
NAVEDA
NAVEDO
NAVEIRA
NAVEIRAS
NAVEJA
NAVEJAR
NAVEJAS
NAVERAN
NAVIA
NAVIDAD
NAVO
NAVODA
NAYA
NAYARES
NAZABAL
NAZARIO
NAZCO
NAZUR
NEBLINA
NEBREDA
NEBRIDA
NECO
NECOCHEA
NECOECHEA
NECUZE
NEGRE
NEGREIRA
NEGRET
NEGRETE
NEGRETTE
NEGRIN
NEGRON
NEGRONCOLON
NEGRONI
NEGUERUELA
NEIRA
NEITO
NEIVES
NEJAR
NERADA
NEREY
NERIA
NERIO
NERIOS
NERIS
NERVAIS
NEVARES
NEVAREZ
NEVARREZ
NEYRA
NIALS
NIAVE
NIAVES
NIAVEZ
NICACIO
NICASIO
NICOT
NIDEZ
NIDO
NIEBLA
NIEBLAS
NIEGO
NIELES
NIETO
NIEVA
NIEVE
NIEVES
NIEVEZ
NIEZ
NIGAGLIONI
NIGOS
NILA
NIN
NINA
NINO
NIRA
NISPEROS
NISTAL
NIVAL
NIVAR
NIVES
NIZ
NOA
NOBARA
NOBIDA
NOBOA
NOBREGAS
NOCAS
NOCEDA
NOCEDAL
NOCHE
NOCHERA
NODAL
NODAR
NODARSE
NOGALES
NOGARE
NOGUE
NOGUEDA
NOGUEIRAS
NOGUELLES
NOGUER
NOGUERA
NOGUERAS
NOGUES
NOGUEZ
NOLASCO
NOLINE
NOLLA
NOMBRANA

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CENSUS LIST OF SPANISH SURNAMES

NOMBRANO
NOPERI
NORALES
NORALEZ
NORAT
NORDA
NORDELLA
NORDELO
NOREIGA
NORENA
NORERO
NORIA
NORIEGA
NORIEGO
NORIZ
NORMANDIA
NORONA
NORTE
NORZAGARAY
NOVALES
NOVAS
NOVELA
NOVELO
NOVEMBRE
NOVIAN
NOVILLO
NOVO
NOVOA
NOYA
NOYAS
NOYOLA
NUANES
NUANEZ
NUCHE
NUEVO
NUEZ
NUIN
NUMEZ
NUNCIO
NUNEZ
NUNGARAY
NUNO
NUNTEZ
OAXACA
OBALLE
OBALLES
OBANDO
OBARRIO
OBAS
OBAYA
OBERA
OBESO
OBEZO
OBIEDO
OBISPO
OBLEA
OBLEDO
OBLIGACION
OBRADOR
OBREGON
OCA
OCACIO
OCADIZ
OCAMPO
OCAMPOS
OCANA
OCANAS
OCANO
OCANTO
OCARANZA
OCARIZ
OCARIZA
OCASIO
OCEGUEDA
OCEGUERA
OCEJO
OCEQUEDA
OCHEA
OCHINERO
OCHIPA
OCHOA
OCHOS
OCHOTERENA
OCHOTORENA
OCON
ODAMA
ODIO
ODRIOZOLA
OFARRILL
OFERRAL
OGALDEZ
OGANDO
OGARRIO
OGARRO
OGAS
OGAZ
OGUENDO
OGUETE
OHIGGINS
OJEDA
OJINAGA
OJITO
OLABARRIA
OLABARRIETA
OLACHEA
OLAECHEA
OLAETA
OLAEZ
OLAGE
OLAGUE
OLAGUES
OLAGUEZ
OLAGUIBEL
OLAIS
OLAIZ
OLALDE
OLALLA
OLAQUE
OLAQUEZ
OLARTE
OLASCOAGA
OLASCUAGA
OLAVARRI
OLAVARRIA
OLAVARRIETA
OLAVE
OLAYA
OLAYO
OLAZABA
OLAZABAL
OLAZAGASTI
OLAZARAN
OLBA
OLBERA
OLBES
OLDRATE
OLEA
OLEAS
OLETA
OLGIN
OLGUIN
OLIBARES
OLIBAREZ
OLIBARRIA
OLIDE
OLIU
OLIVA
OLIVAN
OLIVAR
OLIVARE
OLIVARES
OLIVAREZ
OLIVAROS
OLIVARRI
OLIVARRIA
OLIVAS
OLIVENCIA
OLIVERA
OLIVERAS
OLIVERAZ
OLIVERES
OLIVEREZ
OLIVERO
OLIVEROS
OLIVES
OLIVIAS
OLIVIS
OLIVO
OLIVOS
OLLACA
OLLERBIDEZ
OLLERVIDES
OLLERVIDEZ
OLLIVARES
OLLOQUE
OLLOQUI
OLME
OLMEDA
OLMEDO
OLMO
OLMOS
OLMOZ
OLONA
OLONIA
OLONO

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CENSUS LIST OF SPANISH SURNAMES

OLORTEGUI
OLQUIN
OLTIVERO
OLVEDA
OLVEDO
OLVEIRA
OLVERA
OLVEZ
OMAECHEVARRIA
OMANA
OMS
ONATE
ONDARO
ONDARZA
ONDOY
ONDREAS
ONDRIAS
ONGANIA
ONGAY
ONOFRE
ONOZ
ONSUREZ
ONTANEDA
ONTIBEROZ
ONTIVERAS
ONTIVERO
ONTIVEROS
ONTIVEROZ
OPIO
OPORTO
OQUENDO
OQUITA
ORABUENA
ORACION
ORAMA
ORAMAS
ORANA
ORANDAY
ORANTE
ORANTES
ORANTEZ
ORATE
ORBAY
ORBEA
ORBEGOZO
ORCA
ORCASITAS
ORDAZ
ORDENANA
ORDENER
ORDENES
ORDENEZ
ORDIALES
ORDINARIO
ORDONES
ORDONEZ
ORDONO
ORDOQUI
ORDORICA
ORDOVER
ORDUNA
ORDUNEZ
ORDUNO
OREGEL
OREJEL
ORELLANA
ORELLANO
ORENDAIN
ORENGO
ORENSE
ORETEGA
ORETGA
ORFILA
ORGANISTA
ORGE
ORIA
ORIBA
ORIBE
ORIGEL
ORIGINALES
ORIHUELA
ORIJEL
ORIQUE
ORISIO
ORITIZ
ORITZ
ORIVE
ORIZAGA
ORJALES
ORJUELA
ORNELAS
ORNELAZ
ORNELES
OROBIO
OROL
ORONA
ORONOZ
OROPESA
OROPEZA
OROSA
OROSCO
OROZ
OROZCO
OROZEO
ORPILLA
ORPINEL
ORQUIZ
ORRACA
ORRADRE
ORRANTE
ORRANTIA
ORREGO
ORRIOLA
ORRIOLS
ORSABA
ORSUA
ORTA
ORTAL
ORTAS
ORTEG
ORTEGA
ORTEGAS
ORTEGON
ORTES
ORTEZ
ORTIGAS
ORTIGOSA
ORTIGOZA
ORTIVEZ
ORTIVIZ
ORTIZ
ORTIZYPINO
ORTOLAZA
ORTUNIO
ORTUNO
ORTUZAR
ORUE
ORUNA
ORVANANOS
ORZA
ORZABAL
ORZO
OSA
OSANO
OSCOS
OSCOY
OSEDA
OSEGUEDA
OSEGUERA
OSEJO
OSELIO
OSEQUERA
OSES
OSETE
OSIO
OSLE
OSNAYA
OSO
OSOLLO
OSONA
OSORIA
OSORIO
OSORNIA
OSORNIO
OSORNO
OSPINA
OSPINO
OSPITAL
OSSA
OSSORGIN
OSSORIO
OSTEGUIN
OSTIGUIN
OSTIQUIN
OSTOLAZA
OSTOS
OSUNA
OTANEZ
OTANO
OTAZO

APPENDIX E
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OTEGUI
OTEIZA
OTEO
OTERA
OTERO
OTHON
OTI
OTONDO
OVADIA
OVALLE
OVALLES
OVALLEZ
OVANDO
OVARES
OVIEDA
OVIEDO
OXIOS
OYACA
OYAGUE
OYANGUREN
OYARBIDE
OYARZABAL
OYARZUN
OYAS
OYERBIDES
OYERVIDES
OYERVIDEZ
OYOLA
OYOQUE
OYUELA
OZAETA
OZETA
OZORES
OZORIA
OZORNIA
OZUNA
OZUNIGA
PABEY
PABLICO
PABLO
PABLOS
PABON
PABROS
PACHARZINA
PACHEC
PACHECANO
PACHECO
PACHELO
PACHEO
PACHERO
PACHICANO
PACHO
PACHON
PACHUCA
PACIAS
PACIFICAR
PACILLAS
PACIN
PACINA
PACO
PADDILLA
PADER
PADIA
PADIAL
PADIAS
PADIERNA
PADILL
PADILLA
PADILLIA
PADILLO
PADIN
PADOR
PADRES
PADRINO
PADRO
PADRON
PADUA
PAEZ
PAGAN
PAGANRIVERA
PAGES
PAGOLA
PAGON
PAGUAGA
PAGUIO
PAHISSA
PAIACIOS
PAIRADA
PAIRIS
PAIZ
PAJARITO
PAJARO
PAJUELO
PALACIES
PALACIO
PALACIOS
PALADINES
PALAFOS
PALAFOX
PALAGANAS
PALAMO
PALASOTA
PALATO
PALAU
PALAZON
PALAZUELOS
PALENCIA
PALENZUELA
PALEO
PALGON
PALICIO
PALITOS
PALIZO
PALLAIS
PALLAN
PALLANES
PALLANEZ
PALLARES
PALLAREZ
PALLEJA
PALLENS
PALLOT
PALMARES
PALMAREZ
PALMARIN
PALMAS
PALMEIRO
PALMERIN
PALMEROS
PALOMA
PALOMAR
PALOMARES
PALOMAREZ
PALOMEQUE
PALOMERA
PALOMIN
PALOMINO
PALOMINOS
PALOMO
PALOP
PALOS
PALOU
PAMANES
PAMARAN
PAMBLANCO
PAMIAS
PAMINTUAN
PAMPIN
PAMPLONA
PANALES
PANALEZ
PANAMA
PANAMENO
PANARISO
PANCEGRAN
PANCHANA
PANCHO
PANCORBO
PANDAL
PANDAS
PANDES
PANDO
PANDURO
PANELO
PANENO
PANEQUE
PANERO
PANETO
PANIAGUA
PANIAQUA
PANIZ
PANOPIO
PANTA
PANTAJA
PANTALEON
PANTIGA
PANTIN
PANTLEO
PANTOJA
PANTOJAS
PANTOYA
PANTUSA
PANUCO
PANZARDI
PANZIERA

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PARACHE
PARADA
PARADEDA
PARADELA
PARADELO
PARADES
PARADEZ
PARAMO
PARAPAR
PARAYNO
PARAYUELOS
PARAZO
PARCES
PARDAVE
PARDILLO
PARDINAS
PARDO
PARDOS
PARDUCHO
PAREDES
PAREDEZ
PAREIRA
PAREJA
PARELLADA
PARERA
PARES
PARETS
PAREYA
PAREZ
PARGA
PARGAS
PARIZ
PAROCUA
PARQUE
PARRA
PARRADO
PARRAGA
PARRAL
PARRALES
PARRAS
PARRAZ
PARRENO
PARRIERA
PARRILLA
PARRONDO
PARTAGAS
PARTIDA
PARTIDO
PASADA
PASAMONTE
PASANTES
PASARELL
PASARET
PASARIN
PASCACIO
PASCUAL
PASCUALI
PASENA
PASILLAS
PASOLS
PASOS
PASSAPERA
PASTORA
PASTORIZA
PASTRAN
PASTRANA
PASTRANO
PATINA
PATINO
PATLAN
PATRANELLA
PATRON
PAUDA
PAULA
PAULLADA
PAVEDES
PAVILA
PAVON
PAYAN
PAYANO
PAYARES
PAYAS
PAYEN
PAYERO
PAZ
PAZMINO
PAZOS
PECARO
PECELUNAS
PECERO
PECHERO
PECINA
PECOS
PEDEVILLA
PEDRAJA
PEDRAS
PEDRAYES
PEDRAZ
PEDRAZA
PEDRE
PEDREGAL
PEDREGO
PEDREGON
PEDREGUERA
PEDREIRA
PEDREIRO
PEDRERA
PEDRERO
PEDRIANES
PEDRINO
PEDROCHE
PEDROGO
PEDROLA
PEDROSA
PEDROSO
PEDROZA
PEGO
PEGODA
PEGUERO
PEGUEROS
PEINADO
PEIRO
PELACHE
PELAEZ
PELAIZ
PELALLO
PELATA
PELAYO
PELEGRINA
PELLECER
PELLERANO
PELLICIER
PELLOT
PELUFFO
PENA
PENABAD
PENADO
PENAFIEL
PENAFLOR
PENAFLORIDA
PENAGARZA
PENAHERRERA
PENALBA
PENALES
PENALO
PENALOSA
PENALOZA
PENALVER
PENALVERT
PENANO
PENARANDA
PENATE
PENDAS
PENEZ
PENICHE
PENICHET
PENILLA
PENON
PENSADO
PENUELA
PENUELAS
PENUELAZ
PENUNURI
PEON
PEPERAS
PEPITO
PEQUENO
PEQUERO
PERAL
PERALES
PERALEZ
PERALTA
PERALTO
PERATIS
PERAZA
PERCHES
PERCHEZ
PERDICES
PERDIDO
PERDIGON

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PERDOMO
PEREA
PEREDA
PEREDIA
PEREDO
PEREGRINA
PEREGRINO
PEREIDA
PEREIRO
PERELES
PERERA
PERES
PEREYDA
PEREYO
PEREYRA
PEREZ
PEREZA
PEREZCANO
PEREZCHICA
PEREZCOLON
PEREZDEALEJO
PEREZDELRIO
PEREZDIAZ
PEREZGONZALEZ
PEREZJIMENEZ
PEREZLOPEZ
PEREZMENDEZ
PEREZMONTES
PEREZRAMOS
PERFECTO
PERFINO
PERICAS
PERLAS
PERMUY
PERNAS
PEROLDO
PEROZO
PERRES
PERRIRAZ
PERTIERRA
PERU
PERUMEAN
PERUSINA
PERUSQUIA
PERUYERA
PERUYERO
PERVEZ
PERYATEL
PESANTE
PESANTES
PESANTEZ
PESCADO
PESCADOR
PESINA
PESQUEDA
PESQUEIRA
PESQUERA
PESQUIERA
PEYDRO
PEYNADO
PEYRO
PEZA
PEZEZ
PEZINA
PIARD
PICALLO
PICAR
PICART
PICASCIA
PICASO
PICAZO
PICENO
PICHARDO
PICO
PICON
PICOS
PIEDAD
PIEDRA
PIEDRAHITA
PIEDRAS
PIELAGO
PIERAS
PIJUAN
PILA
PILAR
PILARTE
PILLADO
PILOTO
PIMIENTA
PIMIENTO
PIMINTEL
PINA
PINADEARCOS
PINAL
PINALES
PINALEZ
PINARES
PINCAY
PINEDA
PINEDO
PINEIRA
PINEIRO
PINELA
PINELO
PINERA
PINERO
PINEROS
PINEY
PINEYRO
PINGARRON
PINIELLA
PINILLA
PINILLO
PINILLOS
PINO
PINOL
PINON
PINONES
PINTADO
PINTOR
PINTOS
PINUELA
PINUELAS
PINZON
PIOQUINTO
PIQUERO
PIREZ
PIRINEA
PIRIS
PIRIZ
PIS
PISANA
PISENO
PISONERO
PITA
PITALUGA
PITARCH
PITONES
PITRONES
PIZANA
PIZANO
PIZARO
PIZARRA
PIZARRO
PIZULA
PLA
PLACENCIA
PLACENCIO
PLACENSIA
PLACENTIA
PLACERES
PLAJA
PLANA
PLANAS
PLANCARTE
PLANCENCIA
PLANELL
PLANELLAS
PLANES
PLANOS
PLANTILLAS
PLANTO
PLASCENCIA
PLASENCIA
PLASENCIO
PLATA
PLATAMONE
PLATAS
PLATERO
PLAZA
PLAZAS
PLAZOLA
PLIEGO
PLUMA
PLUMAS
PLUMEDA
PLUMEY
POBAR
POBLANO
POBLETE
POBRE
PODILLA
POEY
POGAN
POLA

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POLACO
POLANCO
POLENDO
POLIDURA
POLINA
POLITRON
POLLERANA
POLLORENO
POLVADO
POMALE
POMALES
POMARES
POMAREZ
POMBROL
POMELEO
POMPA
PONCABARE
PONCE
PONCEDELEON
PONCHO
PONCIANO
PONCIO
PONSDOMENECH
PONZOA
PORATA
PORCAYO
PORCHAS
PORCHO
PORDIA
PORFIL
PORLAS
PORRAS
PORRATA
PORRAZ
PORRERO
PORRES
PORROS
PORTAL
PORTALATIN
PORTALES
PORTALEZ
PORTELA
PORTELLES
PORTES
PORTIELES
PORTILLA
PORTILLO
PORTILLOS
PORTOCARRERO
PORTOLAN
PORTORREAL
PORTUGAL
PORTUGUES
PORTUGUEZ
PORTUONDO
POSADA
POSADAS
POSAS
POSO
POSOS
POSTIGO
POSTIL
POTESTAD
POUGES
POUSA
POVEDA
POVENTUD
POVIONES
POYORENA
POZA
POZAS
POZERO
POZO
POZOS
POZUELOS
PRADAS
PRADERE
PRADIA
PRADO
PRAT
PRATS
PRATTS
PRECIADO
PRELLEZO
PRENDES
PRENDEZ
PRENDIZ
PRESA
PRESAS
PRESIADO
PRESNO
PRESTAMO
PREZAS
PRIDA
PRIEDE
PRIEGO
PRIEGUEZ
PRIETO
PRIMELLES
PRIMERA
PRIMERO
PRIO
PROA
PROANO
PROCEL
PROCELA
PROCSAL
PROENZA
PROHIAS
PROO
PROVENCIO
PROVEYER
PRUDENCIO
PRUNA
PRUNEDA
PRUNES
PUBILL
PUBILLONES
PUCHADES
PUEBLA
PUELLA
PUELLO
PUENTE
PUENTES
PUENTEZ
PUERTA
PUERTAS
PUERTO
PUERTOS
PUEYO
PUGA
PUGEDA
PUIG
PUJADAS
PUJAL
PUJALS
PUJOL
PUJOLS
PULGAR
PULGARIN
PULIDA
PULIDO
PULOMENA
PUMAR
PUMARADA
PUMAREJO
PUMARES
PUMARIEGA
PUMAROL
PUNALES
PUNNARA
PUNO
PUNTA
PUNTIEL
PUPO
PURA
PURCELLA
PURISIMA
PUYADA
PUYOL
QUADRENY
QUALIA
QUASADA
QUECLAS
QUEIPO
QUEIRO
QUEIRUGA
QUELLAR
QUEMADA
QUERALT
QUERDO
QUERIDO
QUERO
QUERT
QUESADA
QUESADO
QUETEL
QUETGLAS
QUEVEDO
QUEZADA

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QUIALA
QUIAN
QUIBUYEN
QUICENO
QUICHOCHO
QUIDERA
QUIHUIS
QUIHUIZ
QUIJADA
QUIJALVO
QUIJANO
QUIJAS
QUILALA
QUILANTAN
QUILENDERINO
QUILES
QUILEZ
QUILIMACO
QUIMBAR
QUIMIRO
QUINAL
QUINCOCES
QUINDE
QUINDNEZ
QUINENES
QUINES
QUINI
QUINIONES
QUINOA
QUINONE
QUINONES
QUINONEZ
QUINONOS
QUINORES
QUINTAMA
QUINTANA
QUINTANAL
QUINTANAR
QUINTANILLA
QUINTANS
QUINTARO
QUINTAS
QUINTEIRO
QUINTELA
QUINTENILLA
QUINTERA
QUINTERO
QUINTEROS
QUINTINO
QUINTONA
QUINTONES
QUINTONEZ
QUINTOS
QUIONES
QUIRARTE
QUIRCH
QUIRENO
QUIRINDONGO
QUIRINO
QUIRO
QUIROA
QUIROBA
QUIROGA
QUIROL
QUIROLA
QUIROS
QUIROZ
QUITA
QUITANIA
QUITOS
QUITUGUA
QUIZ
RABADE
RABAGO
RABAJA
RABANO
RABASA
RABASSA
RABAZA
RABEIRO
RABELL
RABELO
RABIA
RABIELA
RABINA
RABINO
RABOS
RADAVERO
RADILLA
RADILLO
RADRIGUEZ
RAEL
RAEZ
RAFAEL
RAFALIN
RAFULS
RAICES
RAIGOSA
RAIGOZA
RAIMUNDEZ
RAIMUNDI
RAISOLA
RAJOY
RALDIRIS
RAMALLO
RAMARIZ
RAMAS
RAMBES
RAMBLAS
RAMBONGA
RAMENTOL
RAMEREZ
RAMERIZ
RAMERO
RAMERY
RAMIEREZ
RAMIERZ
RAMIEZ
RAMIL
RAMINEZ
RAMIR
RAMIRE
RAMIRES
RAMIREZ
RAMIRIZ
RAMIRO
RAMIS
RAMON
RAMONEDA
RAMONES
RAMOS
RAMOSGONZALEZ
RAMOSMEDINA
RAMOSRIVERA
RAMOSRODRIGUEZ
RAMOZ
RAMUDO
RAMUZ
RANCANO
RANDEZ
RANERO
RANESES
RANGEL
RANGELL
RANGELLOPEZ
RANJEL
RANSOLA
RAQUENIO
RAQUENO
RAQUEPO
RASALES
RASCOM
RASCON
RASPALDO
RASURA
RATON
RAUDA
RAVAGO
RAVARD
RAVELO
RAVENTOS
RAXACH
RAYA
RAYAS
RAYGOSA
RAYGOZA
RAYMOS
RAYMUNDO
RAYNA
RAYONEZ
RAYOR
RAYOS
RAZATOS
RAZO
REALES
REALIVASQUEZ
REALME
REALYVASQUEZ
REANO
REATEGUI
REAZA
REAZOLA
REBELES
REBELEZ
REBELLON

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REBETERANO
REBOLLAR
REBOLLEDO
REBOLLO
REBOLLOSO
REBOREDO
REBOSO
REBOYRAS
REBOZO
REBUSTILLO
RECALDE
RECAREY
RECARTE
RECENDES
RECENDEZ
RECHANI
RECHANY
RECHY
RECILLAS
RECINOS
RECIO
RECLUSADO
RECOVO
RECUSET
REDE
REDERO
REDONA
REDONDO
REDRUELLO
REFUERZO
REGALADO
REGALDO
REGALES
REGALO
REGALOS
REGATO
REGINO
REGOJO
REGOS
REGRUTTO
REGUA
REGUEIRA
REGUEIRO
REGUERA
REGUERO
REGULES
REGUSA
REICEN
REICES
REIGOSA
REINA
REINAGA
REINALDO
REINAT
REINERO
REINOSA
REINOSO
REINUS
REJAS
REJINO
REJO
REJON
REL
RELLES
RELLEZ
RELUCIO
REMACHE
REMEDIOS
REMIGIO
REMIJIO
REMOS
RENDEROS
RENDON
RENEDO
RENGE
RENOBATO
RENOVA
RENOVALES
RENOVATO
RENTA
RENTAS
RENTERIA
RENTERIAS
REORDA
REOYO
REPOLLET
REPREZA
REQUEJO
REQUENA
REQUENES
REQUENEZ
REQUENO
REQUIRO
RESCHMAN
RESENDEZ
RESENDIS
RESENDIZ
RESERVA
RESINA
RESMA
RESON
RESPETO
RESSY
RESTO
RESTOY
RESTREDO
RESTREPO
RESUREZ
RETA
RETAMAL
RETAMALES
RETAMAR
RETAMOSA
RETAMOZA
RETANA
RETANO
RETES
RETEZ
RETIZ
RETTA
RETURETA
REVADA
REVADO
REVELES
REVELEZ
REVELLES
REVERON
REVILLA
REVILLAS
REVOLLAR
REVOLLEDO
REVOREDO
REVUELTA
REVUELTAS
REXACH
REY
REYEROS
REYERS
REYES
REYESPEREZ
REYESRODRIGUEZ
REYEZ
REYGADAS
REYNA
REYNADO
REYNAGA
REYNALDO
REYNALDOS
REYNERO
REYNEROS
REYNOS
REYNOSA
REYNOSO
REYNOZA
REYNOZO
REYO
REYOS
REZA
REZENDEZ
RIALI
RIANCHO
RIANDA
RIAVE
RIAZA
RIBADENEIRA
RIBAL
RIBALTA
RIBAS
RIBERA
RIBERAL
RIBERAS
RIBOT
RIBOTA
RICABAL
RICALDE
RICANO
RICARDEZ
RICARDO
RICART
RICARTE

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RICHARTE
RICHIEZ
RICHINA
RICO
RICONDO
RIDRIGUEZ
RIEDO
RIEGA
RIEGO
RIEGOS
RIERA
RIERAS
RIESCO
RIESGO
RIESTRA
RIGAL
RIGALES
RIGAU
RIGUAL
RIGUERA
RIGUERO
RIJO
RIJOS
RIMBLAS
RINAURO
RINCHE
RINCON
RINCONENO
RINCONES
RINGLERO
RIOBO
RIOCABO
RIOFRIO
RIOJA
RIOJAS
RIOJAZ
RIOJOS
RIOLLANO
RIONDA
RIOPEDRE
RIOS
RIOSECO
RIOSESPINOZA
RIOSFLORES
RIOSMARTINEZ
RIOSPEREZ
RIOZ
RIPALDA
RIPES
RIPOL
RIPOLL
RIPOLLES
RIQUELME
RIQUERO
RISQUET
RISUENO
RIUS
RIUSECH
RIVADA
RIVADENEIRA
RIVADENEYRA
RIVADULLA
RIVALE
RIVALI
RIVARES
RIVAROLA
RIVAS
RIVAZ
RIVEIRA
RIVEIRO
RIVERA
RIVERACOLON
RIVERACRUZ
RIVERADIAZ
RIVERALUGO
RIVERAPEREZ
RIVERARIVERA
RIVERAS
RIVERIA
RIVERO
RIVEROL
RIVEROLL
RIVERON
RIVEROS
RIVERRA
RIVIERO
RIZO
ROA
ROACHO
ROANO
ROBAINA
ROBALI
ROBALIN
ROBALINO
ROBAU
ROBAYNA
ROBAYO
ROBEDA
ROBELDO
ROBELO
ROBLAS
ROBLEDA
ROBLEDO
ROBLEJO
ROBLERO
ROBLES
ROBLETO
ROBLEZ
ROBREDO
ROCA
ROCAFORT
ROCAFUERTE
ROCAMONTES
ROCAMONTEZ
ROCERO
ROCES
ROCHA
ROCHAS
ROCHES
ROCHIN
ROCHOA
ROCIO
RODADO
RODALLEGAS
RODARTE
RODAS
RODEA
RODELA
RODELAS
RODELO
RODENA
RODENAS
RODERO
RODEZ
RODGRIGUEZ
RODICIO
RODIGUEZ
RODIL
RODILES
RODIQUEZ
RODIRGUEZ
RODREGUEZ
RODRGUEZ
RODRIG
RODRIGEUZ
RODRIGEZ
RODRIGIEZ
RODRIGNEZ
RODRIGOEZ
RODRIGS
RODRIGU
RODRIGUEA
RODRIGUERA
RODRIGUEZ
RODRIGUEZMARTIN
EZ
RODRIGUEZS
RODRIGUIEZ
RODRIGUIZ
RODRIGUZ
RODRIQUEZ
RODRIQUIZ
RODRIUEZ
RODRIUGEZ
RODRIZUEZ
RODROGUEZ
RODRUGUEZ
RODRUQUEZ
RODUGUEZ
RODULFO
RODZ
ROEL
ROGANS
ROGERIO
ROGES
ROGRIGUEZ
ROGUE
ROHENA
ROIBAL
ROIDE
ROIG
ROIS
ROIZ
ROJA
ROJANO

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ROJAS
ROJEL
ROJERO
ROJES
ROJO
ROJOS
ROLDAN
ROLDON
ROLDOS
ROLON
ROMAGOSA
ROMAGUERA
ROMANDIA
ROMANES
ROMANEZ
ROMANILLOS
ROMAY
ROMAYOR
ROMERA
ROMERO
ROMEROS
ROMEU
ROMEZ
ROMIREZ
ROMIRO
ROMO
ROMOS
ROMPAL
RON
RONCES
RONDA
RONDAN
RONDERO
RONDEZ
RONDON
RONGAVILLA
RONJE
RONQUILLO
ROQUE
ROQUENI
ROQUERO
ROQUETA
ROS
ROSA
ROSABAL
ROSADA
ROSADO
ROSAL
ROSALES
ROSALESDELRIO
ROSALEZ
ROSALY
ROSARIA
ROSARIO
ROSARIODIAZ
ROSARO
ROSAS
ROSELI
ROSELLO
ROSELLON
ROSENDO
ROSENEY
ROSERO
ROSES
ROSETE
ROSILES
ROSILEZ
ROSILLO
ROSITAS
ROSQUETE
ROSTRO
ROTEA
ROTELA
ROTGER
ROUCO
ROURA
ROURE
ROVAYO
ROVERA
ROVIRA
ROVIROSA
ROXAS
ROYBAL
ROYBALL
ROYBOL
ROYERO
ROYO
ROYOS
ROYVAL
ROZADA
ROZALES
ROZO
RUACHO
RUALES
RUALO
RUAN
RUANO
RUAS
RUBALACA
RUBALCABA
RUBALCADA
RUBALCADO
RUBALCAUA
RUBALCAVA
RUBERO
RUBERTE
RUBI
RUBIA
RUBIALES
RUBIANES
RUBIANO
RUBIDO
RUBIELLA
RUBIERA
RUBILDO
RUBINOS
RUBIO
RUBIOLA
RUCIO
RUCOBO
RUEDA
RUEDAFLORES
RUEDAS
RUELAS
RUELAZ
RUELOS
RUEMPEL
RUENES
RUESGA
RUEZGA
RUFAT
RUFFENO
RUFIN
RUGAMA
RUGARCIA
RUGERIO
RUIBAL
RUIDAS
RUIDIAZ
RUILOBA
RUISANCHEZ
RUISECO
RUIZ
RUIZCALDERON
RUIZCASTANEDA
RUIZDEESPARZA
RUIZDELVIZO
RUIZE
RUIZESPARZA
RUIZZ
RUL
RULLAN
RUMAYOR
RUMBAUT
RUTIAGA
RUTIZ
RUVALCABA
RUVALCAVA
RUVIRA
RUYBAL
RUYBALID
RUYBOL
RUZ
SAA
SAABEDRA
SAAUEDRA
SAAVEDRA
SABALA
SABALLOS
SABALZA
SABANDO
SABATER
SABATES
SABEDRA
SABI
SABICER
SABIDO
SABINES
SABLATURA
SABOGAL

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SABORI
SABORIDO
SABORIO
SABORIT
SABOYA
SABRES
SABROSO
SABUGO
SACA
SACARELLO
SACASAS
SACERIO
SACOS
SACRISTAN
SADA
SADES
SADULE
SAEDA
SAENS
SAENZ
SAETA
SAEZ
SAFADY
SAFILLE
SAFONT
SAGARA
SAGARDIA
SAGARDOY
SAGARIBAY
SAGARNAGA
SAGARO
SAGARRA
SAGAS
SAGASTA
SAGASTEGUI
SAGASTUME
SAGRADO
SAGREDO
SAGRERO
SAGUN
SAHAGUN
SAIJO
SAILAS
SAINA
SAINEZ
SAINZ
SAIS
SAIZ
SAIZA
SALABARRIA
SALABERRIOS
SALACAN
SALADO
SALAETS
SALAICES
SALAIS
SALAISES
SALAIZ
SALAMANCA
SALANAS
SALANO
SALARS
SALAS
SALASAR
SALAVARIA
SALAVARRIA
SALAVARRIETA
SALAVERRIA
SALAYA
SALAYANDIA
SALAZ
SALAZA
SALAZAN
SALAZAR
SALBATO
SALCEDA
SALCEDO
SALCIDA
SALCIDO
SALCINES
SALDAMA
SALDAMANDO
SALDANA
SALDANO
SALDARRIAGA
SALDATE
SALDEZ
SALDIERNA
SALDIVAR
SALDONA
SALDUA
SALEGUI
SALGADO
SALGADOLUNA
SALGUEIRO
SALGUERA
SALGUERO
SALHUANA
SALIAS
SALIDO
SALINAS
SALINASGARCIA
SALINASRAMIREZ
SALINAZ
SALINOS
SALIVA
SALIVAS
SALIZ
SALIZAR
SALLES
SALMERON
SALMINA
SALMONES
SALORT
SALOS
SALSA
SALSAMEDA
SALSEDO
SALSIDO
SALTARES
SALTERO
SALTOS
SALUDES
SALUMBIDES
SALVACION
SALVARIA
SALVARREY
SALVAT
SALVATIERRA
SALVIDE
SAMADA
SAMALA
SAMALOT
SAMANEGO
SAMANIEGO
SAMANO
SAMARIO
SAMARIPA
SAMARO
SAMARRIPA
SAMARRIPAS
SAMARRON
SAMAYOA
SAMBADO
SAMBOLIN
SAMBRANO
SAMBUESO
SAMBULA
SAMILPA
SAMONIEGO
SAMORA
SAMORANO
SAMOT
SAMPAYAN
SAMPAYO
SAMPEDRO
SAMPERA
SAMPERIO
SAMTOS
SAMUDIA
SAMUDIO
SANABIA
SANABRIA
SANAGUSTIN
SANAME
SANANDRES
SANBARTOLOME
SANBRANO
SANCEDO
SANCEN
SANCHA
SANCHE
SANCHEN
SANCHES
SANCHEZ
SANCHEZDETAGLE
SANCHEZPEREZ
SANCHIDRIAN
SANCHIZ
SANCHO
SANCHOYERTO
SANCHZ
SANCIPRIAN
SANDATE
SANDAVAL

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SANDAVOL
SANDEZ
SANDIA
SANDIEGO
SANDIGO
SANDOBAL
SANDOMINGO
SANDOUAL
SANDOVA
SANDOVAL
SANDOZ
SANEMETERIO
SANETO
SANEZ
SANFELIPE
SANFELIX
SANFELIZ
SANFIEL
SANFIORENZO
SANGABRIEL
SANGRE
SANGUESA
SANGUILY
SANGUINO
SANIN
SANINOCENCIO
SANJENIS
SANJORGE
SANJORJO
SANJOSE
SANJUAN
SANJURJO
SANLUCAS
SANMARTIN
SANMIGUEL
SANMILLAN
SANNICOLAS
SANOGUET
SANORA
SANPEDRO
SANQUICHE
SANROMAN
SANSERINO
SANSORES
SANTAANA
SANTAANNA
SANTACOLOMA
SANTACRUZ
SANTAELLA
SANTAGO
SANTALIZ
SANTALLA
SANTALO
SANTAMARINA
SANTAMATO
SANTANA
SANTANDER
SANTANDREU
SANTANO
SANTAPAU
SANTAROSA
SANTARRIAGA
SANTEIRO
SANTELICES
SANTELISES
SANTELLAN
SANTELLANA
SANTELLANES
SANTELLANO
SANTESTEBAN
SANTEYAN
SANTIAG
SANTIAGO
SANTIANA
SANTIBANES
SANTIBANEZ
SANTIESTEBAN
SANTIESTEVAN
SANTILLAN
SANTILLANA
SANTILLANES
SANTILLANEZ
SANTILLANO
SANTILLIAN
SANTISTEBAN
SANTISTEVAN
SANTISTEVEN
SANTIVANEZ
SANTIZO
SANTODOMINGO
SANTORINIOS
SANTOS
SANTOSCOY
SANTOVENA
SANTOVENIA
SANTOY
SANTOYA
SANTOYO
SANTURIO
SANUDO
SANVICENTE
SANZ
SAPATA
SAPEDA
SAPENA
SAPIEN
SAPIENS
SAPINOSO
SARABIA
SARACHAGA
SARACHO
SARAGOSA
SARAGOZA
SARAGUETA
SARALEGUI
SARANTE
SARATE
SARAVIA
SARCEDA
SARDANETA
SARDINAS
SARDUY
SARELLANO
SARENANA
SARIA
SARIEGO
SARINA
SARINANA
SARINAS
SARIOL
SARMENTERO
SARMIENTA
SARMIENTO
SARMIENTOFLORES
SARMIENTOS
SAROZA
SARQUIS
SARQUIZ
SARRACINO
SARRAGA
SARRARAZ
SARRATEA
SARREAL
SARRIA
SARRIERA
SARTUCHE
SARZO
SARZOZA
SASPE
SASTRE
SASTURAIN
SATARAIN
SATARAY
SATURNINO
SAUCEDA
SAUCEDO
SAUCIDO
SAUCILLO
SAUDIA
SAUEDRA
SAULEDA
SAUMA
SAUMELL
SAURA
SAUREZ
SAURI
SAUSAMEDA
SAUSEDA
SAUSEDO
SAUZA
SAVALA
SAVALZA
SAVEDRA
SAVELLANO
SAVINON
SAVORILLO
SAYAGO
SAYAVEDRA
SAYGIDIA
SEANEZ

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SEARA
SEAVELLO
SEBALLOS
SEBEO
SECA
SECADA
SECADES
SECATERO
SECO
SEDA
SEDANO
SEDENO
SEDILLA
SEDILLIO
SEDILLO
SEDILLOS
SEGANA
SEGARRA
SEGOBIA
SEGONIA
SEGORIA
SEGOVIA
SEGOVIANO
SEGRERA
SEGUERA
SEGUI
SEGUNDO
SEGURA
SEGURE
SEGUROLA
SEGUY
SEIJAS
SEIJO
SEIN
SEISDEDOS
SEJA
SEJAS
SELAYA
SELAYANDIA
SELEM
SELESTINO
SELGADO
SELGAS
SELLES
SELVERA
SEMAYA
SEMBERA
SEMBRANO
SEMEXANT
SEMEY
SEMIDAY
SEMIDEI
SEMIDEY
SEMINARIO
SEMPERTEGUI
SEMPRE
SENA
SENCION
SENDEJAR
SENDEJAS
SENDEJO
SENDIS
SENDON
SENDRAL
SENERIZ
SENJUDO
SENOSIAIN
SENQUIZ
SENTENA
SENTENO
SENTMANAT
SEOANE
SEOANES
SEPEDA
SEPIAN
SEPTIEN
SEPULBEDA
SEPULUEDA
SEPULVEDA
SEPULVEDO
SEPULVIDA
SEQUEIDA
SEQUEIRO
SEQUERA
SEQUERRA
SEQURA
SERABALLS
SERABIA
SERALENA
SERANTES
SERASIO
SERAYDAR
SERBANTES
SERBANTEZ
SERDA
SERDAS
SERENIL
SERMENO
SERMINO
SERNA
SERNAS
SERRACINO
SERRADELL
SERRADO
SERRALLES
SERRALTA
SERRAND
SERRANIA
SERRANO
SERRANTES
SERRAT
SERRATA
SERRATE
SERRATO
SERRATOS
SERRAVILLO
SERRAVO
SERRET
SERRITOS
SERRONO
SERROS
SERTUCHE
SERVANTES
SERVANTEZ
SERVERA
SERVILLA
SERVILLO
SERVIN
SESANTO
SESATE
SESE
SESMA
SESMAS
SESTEAGA
SESTIAGA
SEVA
SEVALLOS
SEVILLA
SEVILLANO
SEVILLO
SEXTO
SEZATE
SEZUMAGA
SIACA
SIADOR
SIANEZ
SIAZ
SIBAJA
SIBERIO
SIBERON
SIBRIAN
SICAIROS
SICARDO
SICRE
SIDA
SIEDO
SIERRA
SIERRAS
SIERRO
SIERZE
SIFONTE
SIFONTES
SIFRE
SIFUENTES
SIFUENTEZ
SIFVENTES
SIGALA
SIGALES
SIGARAN
SIGARROA
SIGUA
SIGUEIROS
SIGUENZA
SILBAS
SILERIO
SILGERO
SILGUERO
SILIEZAR
SILLANO
SILLART
SILLAS
SILLEN
SILLER
SILLERO
SILOS

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SILOT
SILQUERO
SILVARREY
SILVAS
SILVERIO
SILVESTRE
SILVESTRY
SILVEYRA
SIMENTAL
SIMENTEL
SIMIANO
SINTAS
SIORDIA
SIPRIAN
SIPULA
SIQUEIDO
SIQUEIRO
SIQUEIROS
SIQUEROS
SIQUIEROS
SIRA
SIRET
SIRIAS
SIRIO
SIROS
SISNERO
SISNEROS
SISNEROZ
SISNIEGAS
SISTOS
SITAL
SITJAR
SIURANO
SIVA
SIVERIO
SIXTO
SIXTOS
SOBA
SOBALVARRO
SOBERAL
SOBERANES
SOBERANEZ
SOBERANIS
SOBERON
SOBRADO
SOBREMONTE
SOBRERO
SOBREVILLA
SOBRIN
SOBRINO
SOCA
SOCARRAS
SOCAS
SOCIAS
SOCORRO
SODOY
SOEGAARD
SOJO
SOL
SOLACHE
SOLANILLA
SOLANO
SOLARES
SOLAREZ
SOLARIO
SOLARZANO
SOLAUN
SOLDEVILA
SOLDEVILLA
SOLED
SOLEDAD
SOLENO
SOLER
SOLERA
SOLERO
SOLIS
SOLISGARZA
SOLIVA
SOLIVAN
SOLIZ
SOLONO
SOLORIO
SOLORSANO
SOLORZA
SOLORZANO
SOLOZABAL
SOLSONA
SOLTERO
SOMANO
SOMARRIBA
SOMAVIA
SOMBRA
SOMOANO
SOMODEVILLA
SOMOHANO
SOMONTE
SOMOZA
SONABRIA
SONCHAR
SONCHEZ
SONERA
SONICO
SONOQUI
SONORA
SOPENA
SOQUI
SOR
SORATOS
SORBA
SORDIA
SORDO
SORIA
SORIANO
SORIENO
SORIO
SORNOSO
SOROA
SOROLA
SORONDO
SORRANO
SORROCHE
SORTILLON
SORZANO
SOSA
SOSAPAVON
SOSAYA
SOSIAS
SOSTRE
SOTA
SOTELLO
SOTELO
SOTERAS
SOTERO
SOTILLO
SOTO
SOTOLONGO
SOTOMAYER
SOTOMAYOR
SOTORRIO
SOTRO
SOTTO
SOTTOSANTO
SOTURA
SOTUYO
SOUCHET
SOUFFRONT
SOURINA
SOVERANEZ
SOZA
SPINDOLA
SUARE
SUARES
SUAREZ
SUASTE
SUASTEGUI
SUAVEZ
SUAZO
SUBEALDEA
SUBEDAR
SUBEGA
SUBELDIA
SUBES
SUBIA
SUBIAS
SUBIDO
SUBIRANA
SUBIRIAS
SUCO
SUDARIA
SUEIRAS
SUEIRO
SUELA
SUELTO
SUENGAS
SUERA
SUEREZ
SUERO
SUESCUN
SUEYRAS
SUGRANES

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CENSUS LIST OF SPANISH SURNAMES

SUINA
SULAICA
SULIVERES
SULLANO
SULPACIO
SULSONA
SUMALLA
SUMAYA
SUMBERA
SUMBERAZ
SUNE
SUNER
SUNICA
SUNIGA
SUQUET
SUREDA
SURIA
SURILLO
SURINACH
SURIS
SURITA
SURO
SUROS
SUSANA
SUSTACHE
SUSTAETA
SUSTAITA
SUSTAYTA
SUSURAS
SWAZO
TABADA
TABALDO
TABALES
TABANA
TABANICO
TABARES
TABAREZ
TABBADA
TABERA
TABERAS
TABERNERO
TABIO
TABIZON
TABLADA
TABLADO
TABOADA
TABOAS
TABORA
TABORDA
TABRAUE
TABUENA
TABUENCA
TABULLO
TACHIAS
TACHIQUIN
TACORDA
TACORONTE
TADEO
TAFFOLLA
TAFOLA
TAFOLLA
TAFORO
TAFOYA
TAGABAN
TAGANAS
TAGLE
TAGUDAR
TAJES
TALABERA
TALACHE
TALAMANTE
TALAMANTES
TALAMANTEZ
TALAMAS
TALAMENTE
TALAMENTES
TALAMENTEZ
TALANA
TALANCON
TALAVERA
TALLABAS
TALLAVAS
TALLEDA
TALLEDO
TALLERINO
TAMAME
TAMARES
TAMAREZ
TAMARGO
TAMARIT
TAMARIZ
TAMAYA
TAMAYO
TAMBARA
TAMBUNGA
TAMERON
TAMEZ
TAMGUMA
TANCHEZ
TANCO
TANDA
TANFORAN
TANGUMA
TANON
TANORI
TANTAO
TANUZ
TAPANES
TAPETILLO
TAPIA
TAPIAS
TAPICERIA
TAPIZ
TAPORCO
TARABINO
TARACENA
TARAFA
TARAGON
TARAILO
TARAJANO
TARAMASCO
TARANCO
TARANGO
TARAZON
TARAZONA
TARBES
TARGA
TARIN
TARNAVA
TARRAGO
TARRANGO
TARRATS
TARRAU
TARRAZA
TARRIDE
TARULA
TASABIA
TATIS
TAVALES
TAVAR
TAVAREZ
TAVERA
TAVERAS
TAVIRA
TAVISON
TAVITAS
TAVIZON
TAVORA
TAYABAS
TEBA
TEBAQUI
TEBAR
TEHAS
TEIJEIRO
TEIJIZ
TEIJO
TEISSONNIERE
TEIXIDOR
TEJADA
TEJAS
TEJEDA
TEJEDAS
TEJEDO
TEJEDOR
TEJEIRO
TEJERA
TEJERAS
TEJERINA
TEJERO
TEJIDOR
TEJO
TELAS
TELAVERA
TELLADO
TELLAECHE
TELLECHEA
TELLERIA
TELLES
TELLEZ
TELLO
TELLOS
TELON
TEMBLADOR
TEMBRAS
TEMER

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CENSUS LIST OF SPANISH SURNAMES

TEMORES
TEMPO
TEMPRANA
TENA
TENARIO
TENAS
TENERIAS
TENERIO
TENES
TENEYUCA
TENEYUQUE
TENIENTE
TENORIA
TENORIO
TEPERA
TEPEZANO
TEPOSTE
TEQUIDA
TERAN
TERCERO
TERCEROS
TERCILLA
TERMINEL
TERON
TERRADO
TERRASA
TERRASAS
TERRASAZ
TERRAZA
TERRAZAS
TERRERO
TERREROS
TERRIGUEZ
TERRIQUEZ
TERROBA
TERRON
TERRONES
TERSERO
TERUEL
TERUSA
TERVINO
TERZADO
TESILLO
TEVERE
TEXCAHUA
TEXIDOR
TEYECHEA
TEZCUCANO
TEZINO
THILLET
TIA
TIBALDEO
TIBLJAS
TIBON
TIBURCIO
TICO
TIENDA
TIJERINA
TIJERINO
TIJERO
TINAJERO
TINAZA
TINEO
TINERELLA
TINOCO
TIO
TIRADO
TIRADOR
TIRAN
TIRRE
TIRRES
TIRREZ
TIRSE
TISCARENO
TISINO
TISNADO
TIXIER
TIZNADO
TIZOL
TOBAL
TOBAR
TOBARES
TOBAS
TOBILLA
TOBON
TOCA
TOFOYA
TOGAR
TOGORES
TOIMIL
TOJEIRA
TOJEIRO
TOLANO
TOLEDANO
TOLEDO
TOLENTINO
TOLLARDO
TOLOSA
TOLOZA
TOLSA
TOMADA
TOMAYO
TOMELLOSO
TOMEU
TOMINES
TOPETE
TOPIA
TOQUERO
TORAL
TORALBA
TORALES
TORANO
TORANS
TORANZO
TORDESILLAS
TORENO
TORIBIO
TORICES
TORIJANO
TORIZ
TORMES
TORMOS
TORNEL
TORNERO
TORO
TORQUEMADA
TORRADO
TORRALBA
TORRALBAS
TORRALES
TORRALVA
TORRANO
TORREBLANCA
TORRECH
TORRECILLA
TORRECILLAS
TORREGROSA
TORRELLAS
TORRENTERA
TORRES
TORRESCANO
TORRESDIAZ
TORRESMARTINEZ
TORRESOLA
TORRESRODRIGUEZ
TORRESS
TORREZ
TORRICELLA
TORRIENTE
TORRIJOS
TORRIO
TORROELLA
TORRON
TORROS
TORRUELLA
TORRUELLAS
TORTALITA
TORTES
TORTILLA
TORUGA
TORUNO
TOSA
TOSADO
TOSAR
TOSSAS
TOSTA
TOSTADO
TOVA
TOVALIN
TOVANCHE
TOVAR
TOVARES
TOVAREZ
TOVIAS
TOYA
TOYENS
TOYMIL
TOYOS
TRABA
TRABAL

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TRABANCO
TRABAZO
TRACONIS
TRANCOSA
TRANQUADA
TRAPAGA
TRASLAVINA
TRASOBARES
TRASPENA
TRASVINA
TRAVAL
TRAVASO
TRAVERZO
TRAVIESO
TREBIZO
TREFILIO
TREGARO
TREJO
TREJOS
TRELLES
TREMILLO
TRENZADO
TRES
TRESPALACIOS
TRETO
TREVILLA
TREVINA
TREVINIO
TREVINO
TREVISO
TREVIZO
TREVIZU
TRIANA
TRIAS
TRIAY
TRICOCHE
TRIGO
TRIGOS
TRIGOURA
TRIGUERO
TRIGUEROS
TRIJILLO
TRILLA
TRILLANES
TRILLAS
TRILLAYES
TRILLES
TRILLO
TRILLOS
TRIMINO
TRINCADO
TRINCHET
TRINIDAD
TRIPIS
TRISTAN
TRISTE
TRIUNFO
TRIVISO
TRIVIZ
TRIVIZO
TROCHE
TROCHEZ
TROJILLO
TRONCOSA
TRONCOSO
TRONCOZA
TRONCOZO
TROYA
TROZERA
TRUCIOS
TRUEBA
TRUIJILLO
TRUILLO
TRUJANO
TRUJEQUE
TRUJILLA
TRUJILLIO
TRUJILLO
TRUYOL
TUALLA
TUANDO
TUASON
TUAZON
TUBENS
TUBON
TUDELA
TUDON
TUEME
TUERO
TUFARES
TULIER
TUNCHES
TUNCHEZ
TUNDIDOR
TUNON
TUR
TURBAY
TURBE
TURCIOS
TURIACE
TURINCIO
TURIZO
TURREY
TURRIETA
TURRIETTA
TURRUBIARTES
TURRUBIATE
TURRUBIATES
TURULL
TUYA
UBALDE
UBALLE
UBALLEZ
UBALS
UBANDO
UBARRI
UBAY
UBEDA
UBIAS
UBIDES
UBIERA
UBIETA
UBILES
UBILLA
UBINA
UBINAS
UCEDA
UCETA
UCHA
UCHITA
UCHIZONO
UDABE
UDAETA
UDAVE
UDERO
UFRACIO
UFRET
UGALDE
UGARRIZA
UGARTE
UGARTECHEA
UGUES
UJUETA
ULACIA
ULATE
ULIBARI
ULIBARRI
ULIVARRI
ULLIVARRI
ULLOA
ULTRERAS
UMANA
UMANZOR
UMARAN
UMPIERRE
UNALE
UNAMUNO
UNANUE
UNATE
UNEDA
UNGO
UNZALU
UNZUETA
URAGA
URAINE
URANDAY
URANGA
URANGO
URBAEZ
URBALEJO
URBAY
URBIETA
URBINA
URBINO
URBISTONDO
URBIZU
URCADEZ
URCELAY
URCIEL
URDANETA
URDANIVIA
URDAZ
URDIALES
URDIALEZ
URENA

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CENSUS LIST OF SPANISH SURNAMES

URENDA
URENIA
URENO
URESTE
URESTI
URETA
URGELL
URGELLES
URGILES
URGUIDI
URIA
URIARTE
URIAS
URIAZ
URIBARRI
URIBE
URIBES
URIBURU
URIEGA
URIEGAS
URIEL
URIETA
URIOLA
URIONAGUENA
URIOSTE
URIOSTEGUI
URISTA
URITA
URIVE
URIZ
URIZA
URIZAR
UROZA
URQUIA
URQUIAGA
URQUIDES
URQUIDEZ
URQUIDI
URQUIETA
URQUIJO
URQUILLA
URQUIOLA
URQUIZA
URQUIZO
URQUIZU
URRA
URRABAS
URRABAZ
URRABAZO
URRACA
URREA
URRECHAGA
URREGO
URRETA
URRIETA
URRIZA
URROZ
URRUCHUA
URRUTIA
URSUA
URSULO
URTADO
URTASUN
URTEAGA
URTEZ
URTIAGA
URTUSUASTEGUI
URTUZUASTEGUI
URUBURU
URUCHURTU
URUENA
URUETA
URVANEJO
URVINA
URZO
URZUA
USALLAN
USATORRES
USCANGA
USEDA
USON
UTRIA
UTRILLA
UTSET
UVALLE
UVALLES
UVIEDO
UZETA
UZUETA
VACA
VACIO
VADELL
VADI
VADIA
VADILLO
VADIZ
VAELL
VAELLO
VAEZ
VAEZA
VAIO
VAISA
VAIZ
VAIZA
VAL
VALADEZ
VALADON
VALAGUE
VALARDE
VALAREZO
VALASQUEZ
VALAZQUEZ
VALBUENA
VALCARCE
VALCARCEL
VALCAZAR
VALDASO
VALDEMAR
VALDENEGRO
VALDEPENA
VALDERAMA
VALDERAS
VALDERAZ
VALDEREZ
VALDERRAIN
VALDERRAMA
VALDES
VALDESPINO
VALDESRODRIGUEZ
VALDESUSO
VALDEZ
VALDEZATE
VALDILLES
VALDILLEZ
VALDIVA
VALDIVIA
VALDIVIESO
VALDIVIEZ
VALDIVIEZO
VALDO
VALDONADO
VALDOVIN
VALDOVINO
VALDOVINOS
VALDRIZ
VALEA
VALEDON
VALENCIA
VALENCIANA
VALENCIANO
VALENEUELA
VALENQUELA
VALENSUELA
VALENTIN
VALENZUELA
VALENZULA
VALENZVELA
VALERA
VALERIOS
VALERO
VALESQUEZ
VALEZ
VALGAS
VALHUERDI
VALIDO
VALIENTE
VALIGURA
VALINA
VALINAS
VALINO
VALLADARES
VALLADAREZ
VALLADO
VALLADOLID
VALLARTA
VALLDEPERAS
VALLE
VALLECILLA
VALLECILLO
VALLECILLOS

APPENDIX E
CENSUS LIST OF SPANISH SURNAMES

VALLEDOR
VALLEGOS
VALLEJA
VALLEJO
VALLEJOS
VALLELLANES
VALLENS
VALLERINO
VALLES
VALLEZ
VALLIN
VALLS
VALMANA
VALMORES
VALQUEZ
VALTERZA
VALTIER
VALTIERRA
VALTIERREZ
VALVERDE
VANDO
VANEGAS
VANGA
VANUELOS
VANZURA
VAQUE
VAQUER
VAQUERA
VAQUERO
VAQUILAR
VARA
VARADA
VARAJAS
VARAS
VARCARCEL
VARCOS
VARELA
VARELAS
VARGAS
VARGAZ
VARGUEZ
VARIA
VARONA
VARONIN
VAROS
VAROZ
VARQUEZ
VASALDUA
VASALLO
VASCONES
VASCONEZ
VASCOS
VASGUEZ
VASQUE
VASQUES
VASQUEZ
VASSQUEZ
VASTI
VAZGUEZ
VAZQUE
VAZQUEL
VAZQUES
VAZQUETELLES
VAZQUEZ
VAZQUEZRIVERA
VEALSQUEZ
VEAS
VECIN
VECINO
VEDARTE
VEDIA
VEGA
VEGARA
VEGATORRES
VEGAZO
VEGERANO
VEGES
VEGO
VEGOS
VEGUE
VEGUEZ
VEGUILLA
VEIGUELA
VEINTIDOS
VEITIA
VEJAR
VEJARA
VEJARANO
VEJIL
VEJO
VELA
VELAARCE
VELACUELLAR
VELADO
VELADOR
VELAQUEZ
VELAR
VELARDE
VELARDES
VELARDEZ
VELASCO
VELASGUEZ
VELASQUES
VELASQUEZ
VELASTEGUI
VELAZCO
VELAZGUEZ
VELAZQUES
VELAZQUEZ
VELDERRAIN
VELENZUELA
VELES
VELESQUEZ
VELEZ
VELEZPEREZ
VELEZROMAN
VELILLA
VELIS
VELIZ
VELLAS
VELLIDO
VELLON
VELO
VELOS
VELOSO
VELOZ
VELOZQUEZ
VELUNZA
VELUZ
VENCES
VENDRELL
VENECIA
VENEGAS
VENERACION
VENEREO
VENEZUELA
VENSOR
VENTA
VENTOSO
VENZAL
VENZOR
VENZUELA
VERA
VERACRUZ
VERAMENDI
VERANDAS
VERAS
VERASTEGUI
VERASTEQUI
VERASTIGUI
VERASTIQUE
VERASTIQUI
VERAY
VERAZ
VERAZA
VERBERA
VERCELES
VERDAGUER
VERDECANNA
VERDECIA
VERDEGUEZ
VERDEJA
VERDEJO
VERDERA
VERDESCA
VERDESE
VERDESOTO
VERDIA
VERDOZA
VERDUGA
VERDUGO
VERDUSCO
VERDUZCO
VERDUZEO
VEREA
VERELA
VEREZ
VERGARA
VERGARO
VERGEL
VERGUIZAS
VERINO
VERJIL
VERNENGO
VERONIN

APPENDIX E
CENSUS LIST OF SPANISH SURNAMES

VERQUER
VERTIZ
VERVER
VETA
VEVE
VEYNA
VEYTIA
VIACAVA
VIACOBO
VIADA
VIADAS
VIADE
VIADERO
VIADES
VIADO
VIAGRAN
VIALES
VIALIZ
VIALPANDO
VIAMONTE
VIANA
VIANES
VIAPANDO
VIARREAL
VIARRIAL
VIAYRA
VICARIA
VICEDO
VICENCIO
VICENS
VICENT
VICENTE
VICENTY
VICHOT
VICIEDO
VICINAIZ
VICIOSO
VICTORERO
VICTORES
VICUNA
VIDACA
VIDAL
VIDALES
VIDALEZ
VIDANA
VIDANO
VIDAURE
VIDAURI
VIDAURRAZAGA
VIDAURRE
VIDAURRETA
VIDAURRI
VIDAURRY
VIDENA
VIDES
VIDOT
VIDRIALES
VIDRIO
VIDRIOS
VIDUYA
VIEGO
VIEITES
VIEJO
VIELMA
VIELMAN
VIELMAS
VIENTOS
VIERA
VIERAS
VIESCA
VIESCAS
VIETA
VIETTY
VIEYRA
VIEZCAS
VIGIL
VIGILIA
VIGNAU
VIGO
VIGOA
VIGON
VIGUERA
VIGUERAS
VIGUERIA
VIGUES
VIJARRO
VIJIL
VILA
VILABOY
VILADROSA
VILANO
VILANOVA
VILAR
VILARCHAO
VILARDELL
VILARINO
VILARO
VILAS
VILASQUEZ
VILATO
VILAUBI
VILCHES
VILCHEZ
VILCHIS
VILDOSOLA
VILLA
VILLABLANCA
VILLACAMPA
VILLACANA
VILLACARLOS
VILLACIS
VILLACORTA
VILLACORTE
VILLACRES
VILLACRESES
VILLADA
VILLADO
VILLADONIGA
VILLAERREAL
VILLAESCUSA
VILLAFAN
VILLAFANA
VILLAFANE
VILLAFLORES
VILLAFRANCA
VILLAFRANCO
VILLAFUERTE
VILLAGAS
VILLAGOMES
VILLAGOMEZ
VILLAGRAMA
VILLAGRAN
VILLAGRANA
VILLAHERMOSA
VILLALABOS
VILLALBA
VILLALBAZO
VILLALBOS
VILLALOBAS
VILLALOBO
VILLALOBOS
VILLALOBOZ
VILLALOHOS
VILLALON
VILLALONA
VILLALONGA
VILLALONGIN
VILLALONGO
VILLALOVAS
VILLALOVOS
VILLALOVOZ
VILLALPANDO
VILLALTA
VILLALUA
VILLALUNA
VILLALUZ
VILLALVA
VILLALVASO
VILLALVAZO
VILLAMAN
VILLAMAR
VILLAMARIN
VILLAMAYOR
VILLAMIA
VILLAMIL
VILLAMOR
VILLAN
VILLANEDA
VILLANES
VILLANEUVA
VILLANEVA
VILLANEZ
VILLANNEVA
VILLANUEBA
VILLANUERA
VILLANUEVA
VILLANUEVO
VILLANVEVA
VILLAO
VILLAPADIERNA

APPENDIX E
CENSUS LIST OF SPANISH SURNAMES

VILLAPANDO
VILLAPLANA
VILLAPOL
VILLAPONDO
VILLAPUDUA
VILLAQUIRAN
VILLAR
VILLARAN
VILLARAOS
VILLARAUS
VILLAREAL
VILLAREJO
VILLARES
VILLARICO
VILLARINO
VILLARINY
VILLARIZA
VILLAROEL
VILLARONGA
VILLAROS
VILLARRE
VILLARREAL
VILLARRIAL
VILLARROEL
VILLARRUBIA
VILLARRUEL
VILLARRUZ
VILLARTA
VILLARUBIA
VILLARUZ
VILLAS
VILLASAIZ
VILLASANA
VILLASANO
VILLASANTE
VILLASECA
VILLASENOR
VILLASIS
VILLASTRIGO
VILLASUSO
VILLATE
VILLATORO
VILLAVA
VILLAVERDE
VILLAVICENCIO
VILLAVISENCIO
VILLAZANA
VILLAZON
VILLEDA
VILLEGA
VILLEGAS
VILLEGES
VILLEGOS
VILLEJO
VILLELA
VILLENA
VILLEREAL
VILLERREAL
VILLESCA
VILLESCAS
VILLESCAZ
VILLETE
VILLEZCAS
VILLICANA
VILLICANO
VILLIEGAS
VILLIS
VILLOCH
VILLODAS
VILLOLDO
VILLORIA
VILLORIN
VILLORO
VILLOT
VILLOTA
VILORIO
VILTRE
VINA
VINAGERAS
VINAIXA
VINAJA
VINAJERAS
VINALES
VINALS
VINAS
VINAT
VINCENTY
VINCIONI
VINDIOLA
VINEGRA
VINENT
VINFRIDO
VINGOCHEA
VINIEGRA
VINUELA
VINUELAS
VINZON
VIOLETA
VIORATO
VIOTA
VIQUEZ
VIRADIA
VIRAMONTE
VIRAMONTES
VIRAMONTEZ
VIRATA
VIRAY
VIRCHIS
VIRELLA
VIRGEN
VIRJAN
VIROLA
VIRREY
VIRRUETA
VIRUEGAS
VIRUET
VIRUETE
VIRUZO
VISARRAGA
VISARRIAGAS
VISCAINA
VISCAINO
VISCARRA
VISCASILLAS
VISCAYA
VISERTO
VISOSO
VISPERAS
VISSEPO
VISTRO
VITAL
VITAR
VITELA
VITIER
VIVANCO
VIVANCOS
VIVAR
VIVAS
VIVERO
VIVEROS
VIVES
VIVO
VIZCAINO
VIZCARRA
VIZCARRO
VIZCARRONDO
VIZCAYA
VIZCON
VIZOSO
VIZUET
VIZUETA
VOLBEDA
VOSQUEZ
VOZQUEZ
VUELTA
XIMENES
XIMENEZ
XIMINEZ
XIQUES
XOCHICALE
XUAREZ
YABUT
YANAS
YANES
YANEZ
YANEZA
YANIZ
YANOSO
YAQUES
YARA
YARRITO
YARRITU
YARTE
YBABEN
YBANEZ
YBARA
YBARBO
YBARRA
YBARROLA
YBARRONDO
YBERA
YBERRA
YCAZA
YCEDO
YCIANO

APPENDIX E
CENSUS LIST OF SPANISH SURNAMES

YDROGO
YEBARA
YEBRA
YEDO
YEDOR
YEDRA
YEPA
YEPES
YEPEZ
YEPIS
YEPIZ
YERA
YERAS
YERENA
YERO
YESCAS
YESETA
YESTE
YEVERINO
YGLECIAS
YGLESIAS
YGNACIO
YGUADO
YGUERABIDE
YLARREGUI
YLIZALITURRI
YLLA
YLLADA
YLLANES
YLLESCAS
YNCERA
YNCLAN
YNDA
YNEGAS
YNEGES
YNFANTE
YNIGO
YNIGUEZ
YNIQUEZ
YNOA
YNOCENCIO
YNOSENCIO
YNOSTROSA
YNOSTROZA
YNZUNZA
YOGUEZ
YORBA
YORDAN
YPARRAGUIRRE
YPARREA
YPINA
YRACEBURU
YRACHETA
YRASTORZA
YRIARTE
YRIBARREN
YRIBE
YRIGOLLA
YRIGOLLEN
YRIGOYEN
YRINEO
YRIQUE
YRIQUI
YRISARRI
YRIZARRY
YROZ
YRUEGAS
YRUNGARAY
YRURETAGOYENA
YSAGUIRRE
YSAIS
YSAQUIRRE
YSASAGA
YSASI
YSASSI
YSER
YSERN
YSET
YSLA
YSLAS
YSLAVA
YSQUIERDO
YTUARTE
YTURBE
YTURRALDE
YTURRI
YTURRIA
YTURRIAGA
YUBETA
YUCUPICIO
YUDESIS
YUDICE
YUDICO
YULAN
YULFO
YURIAR
YUSTE
YVANEZ
YVARRA
YZABAL
YZAGUIRRE
YZNAGA
YZQUIERDO
ZABAL
ZABALA
ZABALETA
ZABALLA
ZABALO
ZABALZA
ZACARIAS
ZACUTO
ZADRIMA
ZAERA
ZAFEREO
ZAFRA
ZAGALA
ZAGALES
ZAGONA
ZALACAIN
ZALACE
ZALAMEA
ZALAPA
ZALAZAR
ZALDANA
ZALDIVAR
ZALDUA
ZALDUMBIDE
ZALDUONDO
ZALVIDEA
ZAMACONA
ZAMAGO
ZAMANIEGO
ZAMANILLO
ZAMANO
ZAMAR
ZAMARIPA
ZAMARIPPA
ZAMARO
ZAMARRI
ZAMARRIPA
ZAMARRIPAS
ZAMARRON
ZAMAYOA
ZAMAZAL
ZAMBADA
ZAMBRANA
ZAMBRANO
ZAMILPA
ZAMORA
ZAMORANO
ZAMORES
ZAMOREZ
ZAMOT
ZAMUDIO
ZANABRIA
ZANDATE
ZANDONA
ZANGRONIZ
ZANUDO
ZAPARA
ZAPATA
ZAPATER
ZAPATERO
ZAPEDA
ZAPIAIN
ZAPIEN
ZARABOZO
ZARAGOSA
ZARAGOZ
ZARAGOZA
ZARAGOZI
ZARATE
ZARAZUA
ZARCO
ZARCOS
ZARDENETA
ZARDENETTA
ZARDO
ZARDON
ZARDOYA

APPENDIX E
CENSUS LIST OF SPANISH SURNAMES

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

Appendix F

Site Specific Surgery Codes

APPENDIX F

SITE SPECIFIC SURGERY CODES

FORDS APPENDIX B: Site-Specific Surgery Code (01/01/2013)

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.

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

Specimen sent to pathology from surgical events 20-43.

90 Surgery, NOS

APPENDIX F
SITE SPECIFIC SURGERY CODES

FORDS APPENDIX B: Site-Specific Surgery Code (01/01/2013)

99 Unknown if surgery performed; death certificate ONLY

APPENDIX F
SITE SPECIFIC SURGERY CODES
FORDS APPENDIX B: Site-Specific Surgery Code (01/01/2013)
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 (01/01/2013)
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 (01/01/2013)
PHARYNX
Tonsil C09.0.C09.9, Oropharynx C10.0-C10.9, Nasopharynx C11.0-C11.9
Pyriform Sinus C12.9, Hypopharynx C13.0-C13.9, Pharynx C14.0
(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

Specimen 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 (01/01/2013)
PHARYNX
Tonsil C09.0.C09.9, Oropharynx C10.0-C10.9, Nasopharynx C11.0-C11.9 Pyriform Sinus C12.9, Hypopharynx C13.0-C13.9, Pharynx C14.0
(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 (01/01/2013)
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 (01/01/2013)
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 (01/01/2013)
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 (01/01/2013)
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* (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, 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

Specimen sent to pathology from surgical events 20-25.

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 (01/01/2013)
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* (NAACCR Item #1294).

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 coloproctotectomy 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 (01/01/2013)
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 (01/01/2013)
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 (NAACCR Item #1294)*.

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 (01/01/2013)
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 (01/01/2013)
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 (01/01/2013)

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

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

Specimen sent to pathology from surgical events 20-27

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 (01/01/2013)
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 (01/01/2013)
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 (01/01/2013)
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 (01/01/2013)
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 (01/01/2013)

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 (01/01/2013)

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 (01/01/2013)

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 (01/01/2013)

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 (01/01/2013)
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.]

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 (01/01/2013)
(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 (01/01/2013)
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.

40 **Total** (simple) **mastectomy**, NOS
- 41 WITHOUT removal of uninvolved contralateral breast
- 43 Reconstructiontion 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 involved 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 (01/01/2013)
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 (01/01/2013)

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 <u>single tumor involving both breasts</u>(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 (01/01/2013)
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
[NOTE: For invasive cancers, dilation and curettage (D&C) is not to be coded as surgery of primary site. D&C for invasive cancers is "biopsy-only" to confirm disease and is not "surgical treatment" of the cancer.
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 (01/01/2013)
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.
- 72 Posterior exenteration
  Includes rectum and rectosigmoid WITH ligamentous attachments and pelvic lymph nodes.
- 73 Total exenteration
  Includes removal of all pelvic contents and pelvic lymph nodes.
- 74 Extended exenteration
  Includes pelvic blood vessels or bony pelvis.

Specimen sent to pathology from surgical events 20–74.

90 Surgery, NOS

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

APPENDIX F
SITE SPECIFIC SURGERY CODES
FORDS APPENDIX B: Site-Specific Surgery Code (01/01/2013)
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 (D&C) is not to be coded as surgery of primary site. D&C for invasive cancers is "biopsy-only" to confirm disease and is not "surgical treatment" of the cancer.

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 (01/01/2013)
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.

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

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

79 Extended exenteration
Includes pelvic blood vessels or bony pelvis.

Specimen sent to pathology from surgical events 20–79.

90 Surgery, NOS

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

APPENDIX F
SITE SPECIFIC SURGERY CODES
FORDS APPENDIX B: Site-Specific Surgery Code (01/01/2013)
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 (01/01/2013)
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.

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

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

74 Extended
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 (01/01/2013)

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 20-23WITH
- 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 (01/01/2013)
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 (01/01/2013)
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 (01/01/2013)

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 Complete cystectomy with reconstruction
- 61 Radical cystectomy PLUS ileal conduit
- 62 Radical cystectomy PLUS continent reservoir or pouch, NOS
- 63 Radical cystectomy PLUS abdominal pouch (cutaneous)

APPENDIX F
SITE SPECIFIC SURGERY CODES
FORDS APPENDIX B: Site-Specific Surgery Code (01/01/2013)
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)
When the procedure is described as a pelvic exenteration for males, but the prostate is not removed, the surgery should be coded as a cystectomy (code 60-64)

70 Pelvic exenteration, NOS

71 Radical cystectomy (**female** only); anterior exenteration
For females, includes removal of bladder, uterus, ovaries, entire vaginal wall, and entire urethra. For males, includes removal of the prostate. When a procedure is described as a pelvic exenteration for males, but the prostate is not removed, the surgery should be coded as a cystectomy (code 60-64).

72 Posterior exenteration
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.

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 (01/01/2013)

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 (01/01/2013)
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

Specimen sent to pathology from surgical events 20–27.

30 Removal of a **lobe** and **partia**l removal of the **contralateral lobe**

40 **Subtotal** or **near total** thyroidectomy

50 Total thyroidectomy

80 Thyroidectomy, NOS

Specimen sent to pathology from surgical events 20–80.

90 Surgery, NOS

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

APPENDIX F
SITE SPECIFIC SURGERY CODES
FORDS APPENDIX B: Site-Specific Surgery Code (01/01/2013)
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

[***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.]

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

Less than a full chain includes an excisional biopsy of a single lymph node.

- 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

APPENDIX F
SITE SPECIFIC SURGERY CODES
FORDS APPENDIX B: Site-Specific Surgery Code (01/01/2013)
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

Specimen sent to pathology from surgical events 20–27.

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 (01/01/2013)
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 (01/01/2013)

Appendix G

2014 FCDS Record Layout Version 14

FCDSv14 Record Layout

Section	Data Opt.	Item #	FCDSv14 / NAACCRv14 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

FCDSv14 Record Layout

Section	Data	Item #	FCDSv14 / NAACCRv14 Item Name	Start	End	Length	Year Start-End
		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	

FCDSv14 Record Layout

Section	Data	Item #	FCDSv14 / NAACCRv14 Item Name	Start	End	Length	Year Start-End
		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	

FCDSv14 Record Layout

Section	Data	Item #	FCDSv14 / NAACCRv14 Item Name	Start	End	Length	Year Start-End
		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	
	O	**880**	**TNM Path T**	**940**	**943**	**4**	**2014 Optional**
	O	**890**	**TNM Path N**	**944**	**947**	**4**	**2014 Optional**
	O	**900**	**TNM Path M**	**948**	**951**	**4**	**2014 Optional**
	O	**910**	**TNM Path Stage Group**	**952**	**955**	**4**	**2014 Optional**
	O	**920**	**TNM Path Descriptor**	**956**	**956**	**1**	**2014 Optional**
	O	**930**	**TNM Path Staged By**	**957**	**957**	**1**	**2014 Optional**
	O	**940**	**TNM Clin T**	**958**	**961**	**4**	**2011 CER 2014 Optional**
	O	**950**	**TNM Clin N**	**962**	**965**	**4**	**2011 CER 2014 Optional**
	O	**960**	**TNM Clin M**	**966**	**969**	**4**	**2011 CER 2014 Optional**
	O	**970**	**TNM Clin Stage Group**	**970**	**973**	**4**	**2011 CER 2014 Optional**

FCDSv14 Record Layout

Section	Data	Item #	FCDSv14 / NAACCRv14 Item Name	Start	End	Length	Year Start-End
	O	980	TNM Clin Descriptor	974	974	1	2011 CER 2014 Optional
	O	990	TNM Clin Staged By	975	975	1	2011 CER 2014 Optional
		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				
	O	1060	TNM Edition Number	938	939	2	2011 CER 2014 Optional
		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 - 1rst 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	

FCDSv14 Record Layout

Section	Data	Item #	FCDSv14 / NAACCRv14 Item Name	Start	End	Length	Year Start-End
		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
	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	1300	Height	1315	1316	2	2011
	C	1300	Weight	1317	1319	3	2011
	C	1300	Tobacco Use - Cigarette	1320	1320	1	2011
	C	1300	Tobacco Use - OthSmoke	1321	1321	1	2011
	C	1300	Tobacco Use - Smokeless Tob	1322	1322	1	2011
	C	1300	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	

FCDSv14 Record Layout

Section	Data	Item #	FCDSv14 / NAACCRv14 Item Name	Start	End	Length	Year Start-End
		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
		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	

FCDSv14 Record Layout

Section	Data	Item #	FCDSv14 / NAACCRv14 Item Name	Start	End	Length	Year Start-End
		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	
		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

FCDSv14 Record Layout

Section	Data	Item #	FCDSv14 / NAACCRv14 Item Name	Start	End	Length	Year Start-End
	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	
	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	

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Section	Data	Item #	FCDSv14 / NAACCRv14 Item Name	Start	End	Length	Year Start-End
		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	
		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

Section	Data	Item #	FCDSv14 / NAACCRv14 Item Name	Start	End	Length	Year Start-End
		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
		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 *Abbreviation*	2398	2399	2	2007
	C	2220.020	Historical #1: Dx County *FIPS*	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 *Abbreviation*	2426	2427	2	2007
	C	2220.029	Historical #2: Dx County *FIPS*	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 *Abbreviation*	2454	2455	2	2007
	C	2220.038	Historical #3: Dx County *FIPS*	2456	2458	3	2007

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Section	Data	Item #	FCDSv14 / NAACCRv14 Item Name	Start	End	Length	Year Start-End
	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
	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 *Abbreviation*	2482	2483	2	2007
	C	2220.047	Historical #4: Dx County *FIPS*	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 *Abbreviation*	2510	2511	2	2007
	C	2220.056	Historical #5: Dx County *FIPS*	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

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Section	Data	Item #	FCDSv14 / NAACCRv14 Item Name	Start	End	Length	Year	Start-End
	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

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Section	Data	Item #	FCDSv14 / NAACCRv14 Item Name	Start	End	Length	Year	Start-End
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

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Section	Data	Item #	FCDSv14 / NAACCRv14 Item Name	Start	End	Length	Year	Start-End
	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		

FCDSv14 Record Layout

Section	Data	Item #	FCDSv14 / NAACCRv14 Item Name	Start	End	Length	Year Start-End
		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	

FCDSv14 Record Layout

Section	Data	Item #	FCDSv14 / NAACCRv14 Item Name	Start	End	Length	Year	Start-End
		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

2014 FCDS Required CSv02.05 Site Specific Factors (SSFs)

Appendix H - 2014 FCDS Required CSv02.05 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	1,2,3,4,5,8,9,11,13,14,15,16	6,7,10,12,21,22,23
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
92	HeartMediastinum	1	1	3
151	HemeRetic	None	1	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
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
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 format – do not add “/” or “-“. Dates will be validated (don’t submit 99999999 or 20030229)..
- No "Header" records with variable names, just data.
- All fields are required. Do not use blanks for missing information. Required fields that are missing/unknown, such as Sex, have codes for missing.
- Field lengths are the maximum allowed length for that field. Don’t add extra trailing spaces to field.
- Files may be compressed before upload using the DOS/Windows ZIP compression standard. PKZIP or WINZIP are examples of programs that produce the correct compressed format.

DATA ITEM DESCRIPTIONS

Field#	Item Name	Maximum Field Length
1	FCDS Facility Number	4

This is a required data item containing the FCDS Facility number for your Radiation Center. Appendix A has a list of FCDS Facility numbers. Contact FCDS if your facility is not on this list.

Field#	Item Name	Maximum Field Length
2	Patient ID or Medical Record Number	12

This is a required data item containing your facility's patient ID number or medical record number that will uniquely identify a patient in your records. If no medical record number or patient ID is available use 999999999.

Field#	Item Name	Maximum Field Length
3	Facility Name	4

This is a required data field that uniquely identifies each facility by name.

Field#	Item Name	Maximum Field Length
4	Patient Last Name	25

This is a required data item containing the patient's last name.

Field#	Item Name	Maximum Field Length
5	Patient First Name	14

This is a required data item containing the patient's first name.

Field#	Item Name	Maximum Field Length
6	Patient Social Security Number	9

This is a required data item containing the patient's Social Security Number. Enter 9s in this field if the SSN is unknown or missing.

Field#	Item Name	Maximum Field Length
7	Patient Date of Birth	8

This is a required data item containing the patient's date of birth in (YYYYMMDD) format. The date will be validated so 9s or other invalid dates will cause the file upload to be rejected.

Field#	Item Name	Maximum Field Length
8	Patient Sex	1

This is a required data item containing the patient's sex. Use the following codes:
1=Male, 2=Female, 3=Hermaphrodite, 4=Transsexual, 9=Unknown/not stated

Field#	Item Name	Maximum Field Length
9	Patient Race	2

This is a required data item containing the 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 neoplasic 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
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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
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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 3/15/2014 (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 C)
- DO NOT USE non-standard or stylistic shorthand
- Enter "N/A" or "not available" when no information is available related to any specific text area.

APPENDIX L FCDS TEXT DOCUMENTATION REQUIREMENTS

Text Data Item Name **NAACCR Item #** **Field Length**	**Text Documentation Source and Item Description** *FCDS Required Text Documentation* **Example:**
Text - Physical Exam H&P NAACCR Item #2520 Field Length = 1000	Enter text information from history and physical exams. *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.* **Example: Hx RCC Rt Kidney – Dx 9/2011 in Georgia. Adm c/o fever and night sweats. Adm for w/u and found to have enlarged axillary nodes which on biopsy revealed diffuse B-cell lymphoma.**
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. *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* **Example: 4/12/14 (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. *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* **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.** *Date(s) of Test(s), facility where test was performed, type of test(s), test results (value and assessment)* **Example: 4/12/14 (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. *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* **Example: 4/12/14 (Hosp xyz) right colon resection - Pt was found to have extensive disease in the pelvis (carcinomatosis) and resection was aborted, no biopsies were taken, no specimen obtained.**
DX Text - Pathology NAACCR Item #2570 Field Length = 1000	Enter text information from cytology and histopathology reports. *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* **Example: 2/5/14 (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), pT3N1Mx**
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. *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**. **Example: 2/15/14 - 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** *FCDS Required Text Documentation* **Example:**
RX Text - Surgery NAACCR Item #2610 Field Length = 1000	Enter text describing the surgical procedure(s) performed as part of 1st course treatment. *Treatment plan, date surgery performed, type of procedure, facility where surgery was performed* **Example: 2/15/14 (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. *Treatment Plan (if no treatment given), date treatment initiated/completed, facility where treatment administered, type of radiation, dose (if known)* **Example: 2/15/14-3/15/14 (Hosp xyz) – 45 Gy orthovoltage with 20 Gy 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. *Treatment Plan (if no treatment given), date treatment initiated/completed, facility where treatment was administered, type of radiation, dose (if known),* **Example: 2/15/14 (Hosp xyz) - radioactive 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. *Date treatment initiated, facility/physician office where administered/prescribed, name of agent(s)/protocol, dose/cycle (if known), treatment plan(if known)* **Example: 2/15/14 (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. *date treatment initiated, facility/physician office where administered/prescribed, name of hormone/anti-hormone agent or procedure, dose (if known), Treatment Plan* **Example: 2/15/14 (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. *date treatment initiated, facility/physician office where administered/prescribed, name of BRM or immunotherapy agent or procedure, dose (if known), Treatment Plan,* **Example: 2/15/14 (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. *Date treatment planned/initiated, name of other therapy, agent or procedure, dose (if known), facility where performed* **Example: 2/15/14 (Hosp xyz) - blinded clinical trial or hyperthermia (may include study number)**
Text - Remarks NAACCR Item #2680 Field Length = 1000	Document information not provided in any other text field or overflow from text fields. Document personal history of carcinogenic exposure (arsenic, drinking water, uranium, asbestos), other **Example: 40 year h/o of working in ship building and construction w/ lots of asbestos exposure**

Appendix M

Hematopoietic and Lymphoid Neoplasm Master Code Lists
Updated for 2014 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

2010 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	
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-EVI1	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

2010 Hematopoietic and Lymphoid ICD-O Codes - Alphabetical List
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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);MLL 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

2010 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 histiocytos	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~~

2010 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 signifance (MGUS)	9765/1
Mycosis fungoides	9700/3
Myelodyasplastic syndrome associated with isolated del(5q)	9986/3
Myelodysplasic 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~~

2010 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

2010 Hematopoietic and Lymphoid ICD-O Codes - Numerical List
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Preferred Histologic Term - updated for 2012 Heme/Lymph	Histology
NOTE: DO NOT USE [OBS] Codes Beginning 1/1/2010 - [OBS] Codes are OBSOLETE	
Malignant lymphoma, NOS	9590/3
Non-Hodgkin lymphoma, NOS	9591/3
B-cell lymphoma, unclassifiable, with features intermediate between diffuse large B-cell lymphoma and classical Hodgkin lymphoma	9596/3
Primary cutaneous follicle centre lymphoma	9597/3
Classical Hodgkin lymphoma	9650/3
Lymphocyte-rich classical Hodgkin lymphoma	9651/3
Mixed cellularity classical Hodgkin lymphoma	9652/3
Lymphocyte-depleted classical Hodgkin lymphoma	9653/3
~~Hodgkin lymphoma, lymphocyte depletion, diffuse fibrosis~~ **[OBS]**	~~9654/3~~
Hodgkin lymphoma, lymphocyte depletion, reticular	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	~~9667/3~~
~~Malignant lymphoma, small B-lymphocytic, NOS~~ **[OBS]** See 9823/3	~~9670/3~~
Lymphoplasmacytic lymphoma	9671/3
Mantle cell lymphoma	9673/3
~~Malignant lymphoma, mixed small and large cell, diffuse~~ **[OBS]** See 9690/3	~~9675/3~~
Primary effusion lymphoma	9678/3
Primary mediastinal (thymic) large B-cell lymphoma	9679/3
Diffuse large B-cell lymphoma (DLBCL)	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

2010 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 Castleman 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~~

2010 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	
Langerhans cell histiocytos	9751/3
~~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~~
Waldenstrom macroglobulinemia	9761/3
Heavy chain disease	9762/3
~~Immunoproliferative small intestinal disease~~ **[OBS]** See 9762/3	~~9764/3~~
Monoclonal gammopathy, unknown signifance (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

2010 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-EVI1	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

2010 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	
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
Myelodyasplastic syndrome associated with isolated del(5q)	9986/3
~~Therapy related myelodysplastic syndrome, NOS~~ **[OBS]** See 9920/3	~~9987/3~~
Myelodysplasic syndrome, unclassifiable	9989/3
Refractory neutropenia	9991/3
Refractory thrombocytopenia	9992/3

Appendix N

Consensus Technical Working Group

Release Memo for 2014+ Grade Coding Instructions

and

Instructions for Coding Grade for 2014+

To: The Cancer Registry Community

From: CoC-SEER-NPCR Technical Working Group

Date: 21 November 2013

Subject: Grade coding instructions to be implemented for cases diagnosed 1 January 2014+

The coding of grade (**GRADE, DIFFERENTIATION OR CELL INDICATOR [NAACCR Item #: 440])** has become complicated over time by the introduction of specialized site-specific grading systems. In addition, the coding instructions listed in CoC's FORDS Manual and SEER's Coding Manual differed. Therefore, a small group has been meeting to see if a consensus on grade could be reached among CoC, SEER, and NPCR. The consensus decision was to draft a set of instructions that were simpler, the same among all 3 groups, and in the end, were different from CoC's or SEER's previous instructions. Separate documentation will be produced later to outline these differences.

The 'Instructions for Coding Grade' can be found at http://seer.cancer.gov/tools/grade/ and are to be implemented for cases diagnosed 1 January 2014 and forward for CoC, SEER, and NPCR. CoC and SEER will incorporate these instructions into their respective coding manuals for 2014. CoC, SEER, and NPCR will notify their respective constituents of their general coding instructions for 2014 including grade.

No codes have been added or deleted. Vendors will not be required to make any changes to software. However, vendors may be able to implement some of the grading instructions electronically to aid cancer registrars in coding the grade field.

Educational materials/presentations will be developed. Short articles/announcements are being developed to highlight some of the changes.

The impact of these new instructions on the analyses of grade trends over time may be substantial for some sites especially prostate. It was difficult to balance changing rules with a desire to keep grade trends intact. For prostate, however, earlier changes based on 'current at the time' AJCC/UICC rules had already wreaked havoc on trying to analyze prostate grade trends.

Many thanks to those who reviewed the instructions. Your comments and questions were very helpful.

The members of the CoC-SEER-NPCR Technical Working Group who drafted this document were Margaret Adamo (NCI-SEER), Mary Lewis (CDC-NPCR), Jerri Linn Phillips (CoC), Joan Phillips (CDC-NPCR), Lynn Ries (NCI contractor), Jennifer Ruhl (NCI-SEER), and Shannon Vann (NAACCR).

Instructions for Coding Grade for 2014+

GRADE, DIFFERENTIATION OR CELL INDICATOR
Item Length: 1
NAACCR Item #: 440
NAACCR Name: Grade
Grade, Differentiation for solid tumors (Codes 1, 2, 3, 4, 9) and Cell Indicator for Lymphoid Neoplasms (Codes 5, 6, 7, 8, 9)
Note: These instructions pertain to the data item Grade, Differentiation or Cell Indicator.

These are coding instructions for **cases diagnosed 1/1/2014** and forward.

Hematopoietic and Lymphoid Neoplasms

Cell Indicator (Codes 5, 6, 7, 8, 9)

Cell Indicator (Codes 5, 6, 7, 8) describes the lineage or phenotype of the cell. Codes 5, 6, 7, and 8 are used only for hematopoietic and lymphoid neoplasms. Code 9 indicates cell type not determined, not stated, or not applicable.

Coding Grade for Hematopoietic and Lymphoid Neoplasms

1. Determine the histology based on the current Hematopoietic and Lymphoid Neoplasm Manual [http://seer.cancer.gov/tools/heme/Hematopoietic_Instructions_and_Rules/].

2. Determine the Cell Indicator by applying the "Grade of Tumor Rules" within the current Hematopoietic and Lymphoid Neoplasm Manual [http://seer.cancer.gov/tools/heme/Hematopoietic_Instructions_and_Rules/] to code the grade.

   Grade codes for hematopoietic and lymphoid neoplasms

Terminology	Grade Code
T-cell; T-precursor	5
B-Cell; Pre-B; B-precursor	6
Null cell; Non T-non B	7
NK cell (natural killer cell)	8
Grade unknown, not stated, or not applicable	9

Solid tumors

Grade, Differentiation (Codes 1, 2, 3, 4, 9)

Pathologic examination determines the grade, or degree of differentiation, of the tumor. For these cancers, the grade is a measurement of how closely the tumor cells resemble the parent tissue (organ of origin). Well-differentiated tumor cells closely resemble the tissue from the organ of origin. Poorly differentiated and undifferentiated tumor cells are disorganized and abnormal looking; they bear little

(poorly differentiated) or no (undifferentiated) resemblance to the tissue from the organ of origin. These similarities/differences may be based on pattern (architecture), cytology, nuclear (or nucleolar) features, or a combination of these elements, depending upon the grading system that is used. Some grading systems use only pattern, for example Gleason grading in prostate. Others use only a nuclear grade (usually size, amount of chromatin, degree of irregularity, and mitotic activity). Fuhrman's grade for kidney is based only on nuclear features. Most systems use a combination of pattern and cytologic and nuclear features; for example Nottingham's for breast combines numbers for pattern, nuclear size and shape, and mitotic activity. The information from this data item is useful for determining prognosis and treatment.

Pathologists describe the tumor grade using three systems or formats:

1. Two levels of similarity; also called a two-grade system
2. Three levels of similarity; also called a three-grade system (code according to "Coding for solid tumors."
    a. Grade I, well
    b. Grade II, moderately
    c. Grade III, poorly (undifferentiated carcinoma is usually separated from this system, since "poorly" bears some, albeit little, similarity to the host tissue, while "undifferentiated" has none, e.g. Undifferentiated carcinoma).
3. Four levels of similarity; also called a four-grade system. The four-grade system describes the tumor as
    a. Grade I; also called well-differentiated
    b. Grade II; also called moderately differentiated
    c. Grade III; also called poorly differentiated
    d. Grade IV; also called undifferentiated or anaplastic

Breast and prostate grades may convert differently than other sites. These exceptions are noted in "Coding for Solid Tumors", #7-8 below.

Coding for Solid Tumors

1. Systemic treatment and radiation can alter a tumor's grade. Therefore, it is important to code grade based on information prior to neoadjuvant therapy even if grade is unknown.

2. Code the grade from the primary tumor only.
    a. Do NOT code grade based on metastatic tumor or recurrence. In the rare instance that tumor tissue extends contiguously to an adjacent site and tissue from the primary site is not available, code grade from the contiguous site.
    b. If primary site is unknown, code grade to 9.

3. Code the grade shown below (6th digit) for specific histologic terms that imply a grade.
    Carcinoma, undifferentiated (8020/34)
    Carcinoma, anaplastic (8021/34)
    Follicular adenocarcinoma, well differentiated (8331/31)
    Thymic carcinoma, well differentiated (8585/31)
    Sertoli-Leydig cell tumor, poorly differentiated (8631/33)
    Sertoli-Leydig cell tumor, poorly differentiated with heterologous elements (8634/33)
    Undifferentiated sarcoma (8805/34)

Liposarcoma, well differentiated (8851/31)
Seminoma, anaplastic (9062/34)
Malignant teratoma, undifferentiated (9082/34)
Malignant teratoma, intermediate type (9083/32)
Intraosseous osteosarcoma, well differentiated (9187/31)
Astrocytoma, anaplastic (9401/34)
Oligodendroglioma, anaplastic (9451/34)
Retinoblastoma, differentiated (9511/31)
Retinoblastoma, undifferentiated (9512/34)

4. In situ and/or combined in situ/invasive components:
   a. If a grade is given for an in situ tumor, code it. Do NOT code grade for dysplasia such as high grade dysplasia.
   b. If there are both in situ and invasive components, code only the grade for the invasive portion even if its grade is unknown.

5. If there is more than one grade, code the highest grade within the applicable system. Code the highest grade even if it is only a focus. Code grade in the following priority order using the first applicable system:
   a. special grade systems for the sites listed in Coding for Solid Tumors #6
   b. differentiation: use Coding for Solid Tumors #7: 2-, 3-, or 4- grade system
   c. nuclear grade: use Coding for Solid Tumors #7: 2-, 3-, or 4- grade system
   d. If it isn't clear whether it is a differentiation or nuclear grade and a 2-, 3-, or 4- grade system was used, code it.
   e. Terminology (use Coding for Solid Tumors #8)

6. Use the information from the special grade systems first. If no special grade can be coded, continue with Coding for Solid Tumors #7-9.

Special grade systems for solid tumors

Grade information based on CS Site-specific factors for breast, prostate, heart, mediastinum, peritoneum, retroperitoneum, soft tissue, and kidney parenchyma is used to code grade. See **Special Grade System Rules** section below for details on how to use this information to code grade.

CS Schema	Special grade system
Breast	Nottingham or Bloom-Richardson (BR) Score/Grade (SSF7)
Prostate	Gleason's Score on Needle Core Biopsy/Transurethral Resection of Prostate (TURP) (SSF 8)
Prostate	Gleason's Score on Prostatectomy/Autopsy (SSF 10)
Heart, Mediastinum	Grade for Sarcomas (SSF 1)
Peritoneum	Grade for Sarcomas (SSF 1)
Retroperitoneum	Grade for Sarcomas (SSF 1)
Soft Tissue	Grade for Sarcomas (SSF 1)
Kidney Parenchyma	Fuhrman Nuclear Grade (SSF 6)

Do not use these tables to code grade for any other groups including WHO (CNS tumors), WHO/ISUP (bladder, renal pelvis), or FIGO (female gynecologic sites) grades.

7. Use the Two-, Three- or Four-grade system information

a. Two-grade system

Term	Description	Grade Code	Exception for Breast and Prostate Grade Code
1/2, I/II	Low grade	2	1
2/2, II/II	High grade	4	3

In transitional cell carcinoma for bladder, the terminology high grade TCC and low grade TCC are coded in the two-grade system.

b. Three-grade system

Term	Description	Grade Code	Exception for Breast and Prostate Grade Code
1/3	Low grade	2	1
2/3	Intermediate grade	3	2
3/3	High grade	4	3

c. Four-grade system: Any four-grade system including Edmondson and Steiner grade for liver.

Term	Description	Grade Code
1/4	Grade I; Well differentiated	1
2/4	Grade II; Moderately differentiated	2
3/4	Grade III; Poorly differentiated	3
4/4	Grade IV; Undifferentiated	4

8. Terminology: use the 'Description' column or the 'Grade' column to code grade. Breast & Prostate use the same grade code with a few noted exceptions.

Description	Grade	Assign Grade Code	Exception for Breast and Prostate Grade Code
Differentiated, NOS	I	1	
Well differentiated	I	1	
Only stated as 'Grade I'	I	1	
Fairly well differentiated	II	2	
Intermediate differentiation	II	2	
Low grade	I-II	2	1
Mid differentiated	II	2	
Moderately differentiated	II	2	
Moderately well differentiated	II	2	
Partially differentiated	II	2	
Partially well differentiated	I-II	2	1
Relatively or generally well differentiated	II	2	
Only stated as 'Grade II'	II	2	

Description	Grade	Assign Grade Code	Exception for Breast and Prostate Grade Code
Medium grade, intermediate grade	II-III	3	2
Moderately poorly differentiated	III	3	
Moderately undifferentiated	III	3	
Poorly differentiated	III	3	
Relatively poorly differentiated	III	3	
Relatively undifferentiated	III	3	
Slightly differentiated	III	3	
Dedifferentiated	III	3	
Only stated as 'Grade III'	III	3	
High grade	III-IV	4	3
Undifferentiated, anaplastic, not differentiated	IV	4	
Only stated as 'Grade IV'	IV	4	
Non-high grade		9	

9. If no description fits or grade is unknown prior to neoadjuvant therapy, code as a 9 (unknown).

SPECIAL GRADE SYSTEMS RULES

Breast (site: breast excluding lymphomas; CS schema: breast)

Use Bloom Richardson (BR) or Nottingham score/grade to code grade based on CSv2 site-specific factor 7 (SSF) as stated below. If your registry does not collect this SSF, use the description in the table below to determine grade. If you collect this SSF, codes 030-130 could be automatically converted into the grade field.

BR could also be referred to as: Bloom-Richardson, modified Bloom-Richardson, BR, BR grading, Scarff-Bloom-Richardson, SBR grading, Elston-Ellis modification of Bloom-Richardson score, Nottingham modification of Bloom-Richardson score, Nottingham modification of Scarff-Bloom-Richardson, Nottingham-Tenovus grade, or Nottingham grade.

Code the tumor grade using the following priority order

a. BR scores 3-9
b. BR grade (low, intermediate, high)

BR score may be expressed as a range, 3-9. The score is based on three morphologic features: degree of tubule formation/histologic grade, mitotic activity, nuclear pleomorphism/nuclear grade of tumor cells. If a report uses words such as low, intermediate, or high rather than numbers, use the table below to code grade.

If only a grade of 1 through 4 is given with no information on the score and it is unclear if it is a Nottingham or BR Grade, do not use the table below. Continue with the next priority according to "Coding for Solid Tumors" #7 above.

Code the highest score if multiple scores are reported (exclude scores from tests after neoadjuvant therapy began). Examples: different scores may be reported on multiple pathology reports for the same primary cancer; different scores may be reported for multiple tumors assigned to the same primary cancer.

CS Site-Specific Factor 7
Nottingham or Bloom-Richardson (BR) Score/Grade

Description	CS Code	Grade Code
Score of 3	030	1
Score of 4	040	1
Score of 5	050	1
Score of 6	060	2
Score of 7	070	2
Score of 8	080	3
Score of 9	090	3
Low Grade, Bloom-Richardson (BR) grade 1, score not given	110	1
Medium (Intermediate) Grade, BR grade 2, score not given	120	2
High Grade, BR grade 3, score not given	130	3

Kidney Parenchyma (Site: kidney parenchyma excluding lymphomas; CS schema: KidneyParenchyma): Fuhrman Nuclear Grade

The Fuhrman Nuclear Grade should be used to code grade for kidney parenchyma only based on CSv2 SSF 6 as stated below. Do not use for kidney renal pelvis. If your registry does not collect this SSF, use the description in the table to determine grade. If you collect this SSF, the information could be automatically converted into the grade field if it is coded 010-040. Fuhrman nuclear grade is a four-grade system based on nuclear diameter and shape, the prominence of nucleoli, and the presence of chromatin clumping in the highest grade.

Description	CS Code	Grade Code
Grade 1	010	1
Grade 2	020	2
Grade 3	030	3
Grade 4	040	4

SoftTissue (sites excluding lymphomas: soft tissue, heart, mediastinum, peritoneum, and retroperitoneum; for CS users: SoftTissue, HeartMediastinum, Peritoneum, Retroperitoneum schemas): Grade for Sarcomas

The Grade for Sarcomas should be used to code grade based on CSv2 SSF 1 as stated below. If your registry does not collect this SSF, use the description in the table to determine grade. If you collect this SSF, the information could be automatically converted into the grade field if it is coded 010-200. The grading system of the French Federation of Cancer Centers Sarcoma Group (FNCLCC) is the preferred system.

Record the grade from any three-grade sarcoma grading system the pathologist uses. For terms such as "well differentiated" or "poorly differentiated," go to Coding for Solid Tumors #8.

In some cases, especially for needle biopsies, grade may be specified only as "low grade" or "high grade." The numeric grade takes precedence over “low grade” or “high grade.”

Description	CS Code	Grade Code
Specified as Grade 1 [of 3]	010	2
Specified as Grade 2 [of 3]	020	3
Specified as Grade 3 [of 3]	030	4
Grade stated as low grade, NOS	100	2
Grade stated as high grade, NOS	200	4

Prostate (site: prostate excluding lymphomas; CS schema: prostate)

Use the highest Gleason score from the biopsy/TURP or prostatectomy/autopsy. Use a known value over an unknown value. Exclude results from tests performed after neoadjuvant therapy began. This information is collected in CSv2 SSF 8 (Gleason score from biopsy/TURP) and SSF 10 (Gleason score from prostatectomy/autopsy) as stated below. Use the table below to determine grade even if your registry does not collect these SSFs. If you collect these SSFs, the information could be converted into the grade field automatically.

Usually prostate cancers are graded using Gleason score or pattern. Gleason grading for prostate primaries is based on a 5-component system (5 histologic patterns). Prostatic 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 grade, and the secondary pattern is usually indicated by the second number. These two numbers are added together to create a pattern score, ranging from 2 to 10. If there are two numbers, assume that they refer to two patterns (the first number being the primary pattern and the second number the secondary pattern), and sum them to obtain the score. If only one number is given on a particular test and it is less than or equal to 5 and not specified as a score, do not use the information because it could refer to either a score or a grade. If only one number is given and it is greater than 5, assume that it is a score and use it. If the pathology report specifies a specific number out of a total of 10, the first number given is the score. Example: The pathology report says Gleason 3/10. The Gleason score would be 3.

Historic Perspective

Gleason score	Description					
	CS Code	Grade Code	AJCC 7th	SEER 2003-2013	AJCC 6th	SEER prior 2003
2	002	1	G1	G1	G1	G1
3	003	1	G1	G1	G1	G1
4	004	1	G1	G1	G1	G1
5	005	1	G1	G2	G2	G2
6	006	1	G1	G2	G2	G2
7	007	2	G2	G3	G3	G2
8	008	3	G3	G3	G3	G3
9	009	3	G3	G3	G3	G3
10	010	3	G3	G3	G3	G3

Historical perspective on long term trends in prostate grade: The relationship of Gleason score to grade changed for 1/1/2014+ diagnoses in order to have the grade field in sync with AJCC 7th ed. Analysis of prostate grade before 2014 based solely on the grade field is not recommended. In Collaborative Stage (CS), Gleason score was originally coded in CSv1 in one field (SSF 6) and then it was split into two fields in CSv2 based on the tissue used for the test: needle biopsy/TURP (SSF 8) and prostatectomy/autopsy (SSF 10). For trends using data back to 2004, if one collected the various CS Gleason scores, one could design a recode to have the same criteria as the data collected 2014+. The original grade field would NOT be changed, but for analyses this recode could be based on the CS SSFs and the original grade code.

Computer algorithm to derive grade for prostate based on SSF 8 and SSF 10: if SSF 8 or SSF 10 has known values for Gleason's, the information could be used to automatically derive the grade field.

SSF 8 Code	SSF 10 Grade Code											
	002	003	004	005	006	007	008	009	010	988	998	999
002	1	1	1	1	1	2	3	3	3	*	1	1
003	1	1	1	1	1	2	3	3	3	*	1	1
004	1	1	1	1	1	2	3	3	3	*	1	1
005	1	1	1	1	1	2	3	3	3	*	1	1
006	1	1	1	1	1	2	3	3	3	*	1	1
007	2	2	2	2	2	2	3	3	3	*	2	2
008	3	3	3	3	3	3	3	3	3	*	3	3
009	3	3	3	3	3	3	3	3	3	*	3	3
010	3	3	3	3	3	3	3	3	3	*	3	3
988	*	*	*	*	*	*	*	*	*	*	*	*
998	1	1	1	1	1	2	3	3	3	*	*	*
999	1	1	1	1	1	2	3	3	3	*	*	*

* Grade can't be automatically calculated based on SSF 8 and SSF 10; Go to Step 7

Appendix O

2014 FCDS Casefinding List of Reportable Tumors

ICD-9-CM Code List

ICD-10-CM Code List

ICD-9-CM CASEFINDING LIST FOR REPORTABLE TUMORS - *JULY 2014*

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

Note: Pilocytic/juvenile astrocytoma (M-9421) is reported with the behavior coded /3 (9421/3 not 9421/1).

ICD-10-CM CASEFINDING LIST FOR REPORTABLE TUMORS - *JULY 2014*

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 (SEER publishes a complete list of optional codes)**
* C00._ - C43._	Malignant neoplasms (excluding skin C44.0-C44.9 with morphology codes 8000–8110)
* C45._ - C96._	Malignant neoplasms (excluding skin C44.0-C44.9 with morphology codes 8000–8110)
* D00._ - D09._	Carcinoma in situ (**exclude: skin, cervix and prostate in situ – D04._, D06._ and D07.5**)
* D18.02	Hemangioma; of intracranial structures
* D18.1	Lymphangioma, any site brain, other parts of CNS
* D32._	Benign neoplasm of meninges (cerebral, spinal and unspecified)
* D33._	Benign neopl;asm of brain and other parts of central nervous system
* D35.2, D35.4	Benign neoplasm of pituitary gland, craniopharyngeal duct and pineal gland
* D42._, D43._	Neoplasm of uncertain or unknown behavior of meninges, brain, CNS
* D44.3-D44.5	Neoplasm of uncertain or unknown behavior of pituitary gland, craniopharyngeal duct and pineal gland
* D45	Polycythemia vera (9950/3)
* D46._	Myelodysplastic syndromes (9980, 9982, 9983, 9985, 9986, 9989, 9991, 9992)
* D47.1	Chronic myeloproliferative disease (9960, 9963)
* D47.3	Essential (hemorrhagic) thrombocythemia (9962)
* D47.4	Osteomyelofibrosis (9961)
* D47.7	Other specified neoplasm of uncertain/unknown behavior of lymlphoid, hematopoietic (9965, 9966, 9967, 9971, 9975, 9987)
* D47.9	Neoplasm of uncertain behavior of lymphoid, hematopoietic and related tissue, unspecified (9960, 9970, 9931)
* D49.6, D49.7	Neoplasm of unspecified behavior of brain, endocrine glands and other CNS
* E34.0	Carcinoid Syndrome
* J91.0	Malignant Pleural Effusion
* K22.711	Barrett's esophagus with high grade dysplasia
* R18.0	Malignant ascites
* Z51.0	Encounter for antineoplastic radiation therapy
* Z51.1	Encounter for antineoplastic chemotherapy and immunotherapy
+ 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.
+ Z85._	Personal history of malignant neoplasm
+ Z86.0_, Z86.01_, Z86.03	Personal history of in situ and benign neoplasm and neoplasm of uncertain behavior
+ Z92.21, Z29.23, Z92.25, Z92.3	Personal history of antineoplastic chemotherapy, estrogen therapy, immunosuppression therapy or irradiation (radiation)

Note: Pilocytic/juvenile astrocytoma (M-9421) is reported with the behavior coded /3 (9421/3 not 9421/1).

Appendix P

2014 Resources for Registrars

APPENDIX P - RESOURCES FOR REGISTRARS – updated February 2014

Reference Book/Manual for Abstracting Web Address For Source Notes		
2014 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.
2014 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 2014	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.
2007 MPH Rules - Solid Tumors, rev Aug 24, 2012	http://www.seer.cancer.gov/tools/mphrules/index.html	On the home page click on "Information for Cancer Registrars", MP/H Rules
2014 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/seerrx/	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, 3rd ed	http://ncra-usa.org/ or http://www.kendallhunt.com	Kendall/Hunt (publisher) ISBN 978-0-7575-6900-5
AJCC Staging Manual 7th 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.**
SEER*Educate	https://educate.fhcrc.org.	SEER*Educate provides registrars an opportunity to use summary data to improve coding consistency using the current coding manuals and to prepare new coding manuals addressing issues found in the existing manuals.
CoC/AJCC Online Education	http://www.eo2.commpartners.com/users/acs	On-Demand Webinars, CLP Education
NAACCR Webinars	http://www.naaccrinc.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/npcr/training	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 Memo	http://www.fcds.med.miami.edu/inc/newsletters.shtml	Florida Cancer Data System Memo written for registrars
COC Flash	http://www.facs.org/cancer/cocflash.html	Commission on Cancer's newsletter.

APPENDIX P - RESOURCES FOR REGISTRARS – updated February 2014

Online Help For Abstracting Questions		
Ask a SEER Registrar/SEER Inquiry System	http://www.seer.cancer.gov/seerinquiry/index.php	Type in a topic, search, and it will show you similar questions that other registrars have submitted along with the answers.
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.

2013 Resources and References for Registrars	
2014 Casefinding/Reportable List	▪ 2014 FCDS Data Acquisition Manual (FCDS DAM)
2014 Coding Manual and Instructions	▪ 2014 FCDS Data Acquisition Manual (FCDS DAM) ▪ 2014 CoC Facility Oncology Data Standards (CoC FORDS)
MPH Rules - Solid Tumors	▪ MPH Rules – Solid Tumors
MPH Rules - Heme/Lymph Neoplasms	▪ MPH Rules and Database – Heme/Lymph Neoplasms
ICD-O-3 Primary Site/Histology Codes	▪ 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	▪ Part I – Section 1 – General Instructions ▪ Part I – Section 2 – Lab Tests, Tumor Markers, and SSF Notes ▪ Part II – Site Specific Coding Schema ○ Natural Order ○ Alphabetical Order ○ Schema Groups
Free-Standing Software Applications	▪ Heme/Lymph Rules and Database ▪ SEER*Rx
Internet Access to Online Resources	▪ 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/seerrx ▪ http://seer.cancer.gov/tools/heme ▪ http://www.ncra-usa.org ▪ http://www.naaccr.org ▪ http://who.int/classifications/icd/adaptations/oncology/en

Appendix Q

FCDS Frequently Asked Questions

FCDS IDEA User Accounts

Facility Access Administrator (FAA) and FAA Responsibilities

FCDS Abstractor Code

FCDS IDEA 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 IDEA Requirements page at http://fcds.med.miami.edu/inc/idea.shtml#
b. Click '**Create new FCDS IDEA account**'
c. The 'User Type Identification Screen' appears
d. Select user role appropriate for your user account
e. Click Continue
f. The 'Create FCDS User Account' screen appears - (**all fields with an * are required**)
    a. Create a password (select **?** criteria)
    b. Re-enter the password to verify
    c. Enter your email address
        i. **Email address cannot be used with any other IDEA User Account**
        ii. **Email address is required to receive your user information**
    d. Re-enter your email address to verify
    e. Select security question and answer
    f. Complete demographic information
        i. Name
        ii. Complete mailing address
        iii. Phone number/ Fax/ Alternate number
    g. Verify your entries before clicking submit.
        i. Once you click **Submit** an e-mail is generated and sent to your e-mail address.
        ii. This email includes your assigned **User ID** and activation information.
        iii. **You MUST respond to activate the user account.**
g. Click on the link within the email to activate your account
h. The IDEA log-in screen will appear
    a. Input the username provided in email
    b. Input the password you created during your account setup
i. 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.
j. An "abstractor" will have limited access until an FAA assigns them to a facility.

3.) What is the procedure for lost or forgotten User ID and/or Password?

Access the FCDS IDEA website at http://fcds.med.miami.edu

Select the FCDS IDEA icon (located to the right of the page)

The FCDS IDEA log-in screen will appear

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

Once the correct information is provided an email will be sent for reset.

4.) Are multiple user accounts required for each facility that I am employed with?

No, a user may work for multiple facilities from one user account, by supplying specific information to the facility's Facility Access Administrator (FAA).

5.) How do I renew or update information in my FCDS User Account?

1. Log into **FCDS IDEA**
2. Go to the '**IDEA User**' menu
3. Select **Account Manager**
4. You can update information as needed (***exception:*** *User Type)*
5. Double click in the box titled '**PASSWORD**' hit backspace and change password.
    - Select the **(?)** icon for the password requirements
    - The password must be changed to renew the user account.
    - Cannot reuse a previous password
    - The Renewal is valid for one year from the password change date.
6. Retype the password in the box titled '**VERIFY PASSWORD**'
7. Click on the **'SUBMIT'** button.
8. The system will give message of successful update to user account.

Note: System prompts for renewal on log-in beginning 30 days prior to expiration.

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)

   Provide the Authorizing Medical Facility Individual Information

   This information is the person who is approving your designation as the facility's FAA.

   Your information cannot substitute for the authorizing individual credentials.

   Click the process button

   A PDF copy of the Facility Access Administration letter is generated.

Print letter

Close only the window containing the letter.

Verify all documentation has printed

Click **OK**

A notification message will display.

Copy letter onto facility letterhead

Sign and date where indicated (your name will appear beneath the signature line)

Provide letter to the authorizing personnel to sign and date 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:

Management of User Role Assignments - (Initial Set-up)

Go to the **IDEA User** menu

Select **FAA User Role Assignments** menu.

Select the **Renew/Revoke Facility** Tab

Select facility you are adding the personnel by clicking on the down arrow

You will see all names for abstractors who currently have access to your facility including yourself.

You will select **renew** for your current users.

Revoke for those no longer with your facility.

Click on **Update** and you are done.

To Assign NEW User

Select the **Assign New User** Tab

Provide the following in the indicated fields:

- User ID
- Email Address
- Select the facility you are adding the personnel

Select the Assign button for the role you would like to assign the user.

Renewal of 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 a user access requires the individuals' user-id and the email address associated with their user account.

- Select the desired role for user within your facility.

- The user's role is now reset for 6 months from date of renewal.

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-take and pass, the New FCDS Abstractor Code Exam.

3.) How do I obtain an FCDS Abstractor Code?

As of January 8th 2013, any individual planning to acquire a **New** FCDS Abstractor Code must take the **FCDS Abstractor Code Exam** and pass with a minimum of (80%).

Abstractors with an **existing** FCDS Abstractor Code must take the FCDS Abstractor Code Renewal Exam and pass with a minimum of (80%). All FCDS Abstractor Codes require annual renewal.

If unsuccessful you can retake the exam 30 minutes after the first attempt.
If unsuccessful on the 2nd attempt the system puts into effect a 7 day wait period thereafter.

Registration on the FCDS Learning Management System (LMS) is required to take exams.

See Question 5, page 8 - 10 for LMS registration instructions.

FCDS Abstractor Codes are processed one business day after successful completion of an exam.

4.) What is the content within the FCDS Abstractor Code Exams?

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

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)

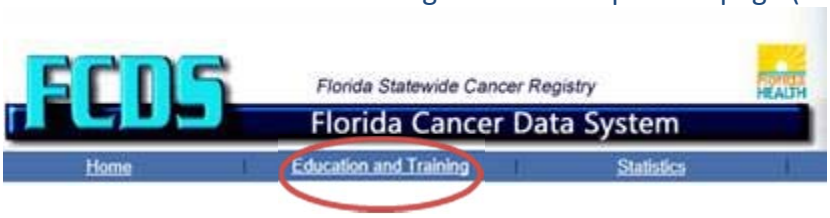
5. **How do I register on the FCDS Learning Management System (LMS):**

- *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.*

To access the FCDS Learning Management System (LMS):

Visit the FCDS Website at http://fcds.med.miami.edu

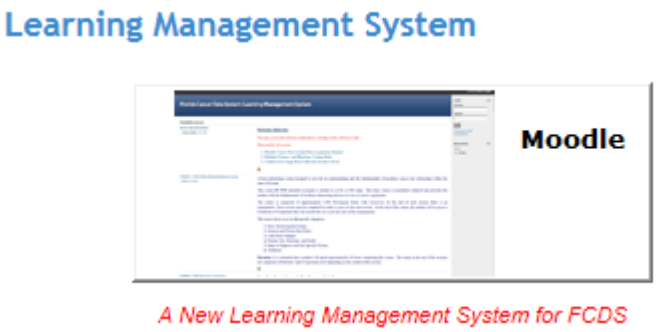
Select the Education and Training Tab at the top of the page (second tab).



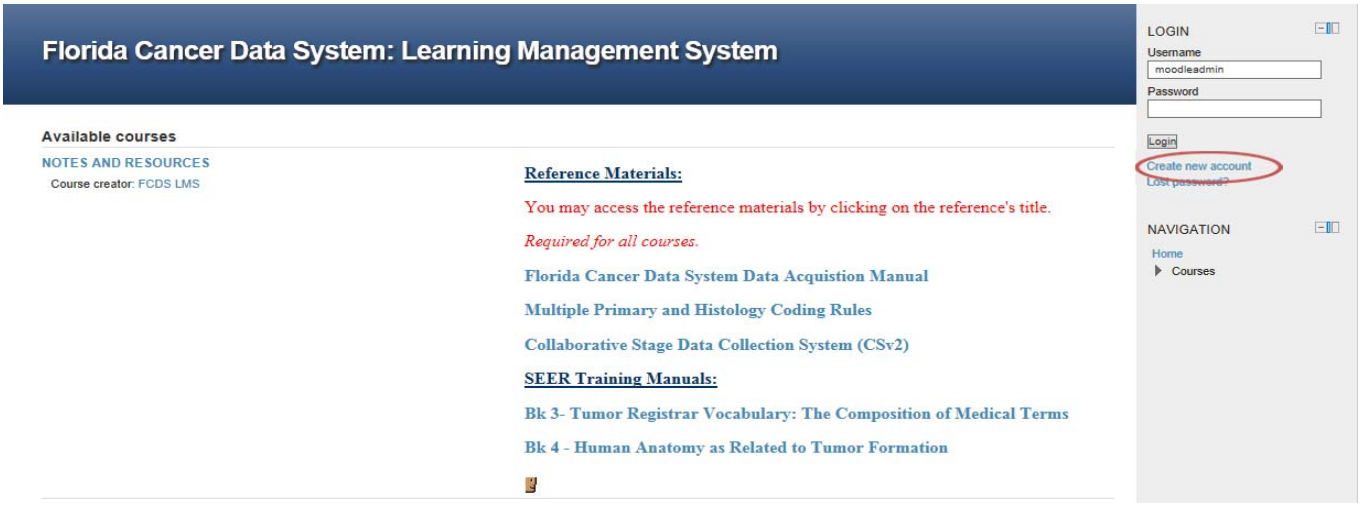
The Education and Training page will appear.

Select Web Training tab

Select the Learning Management Icon.

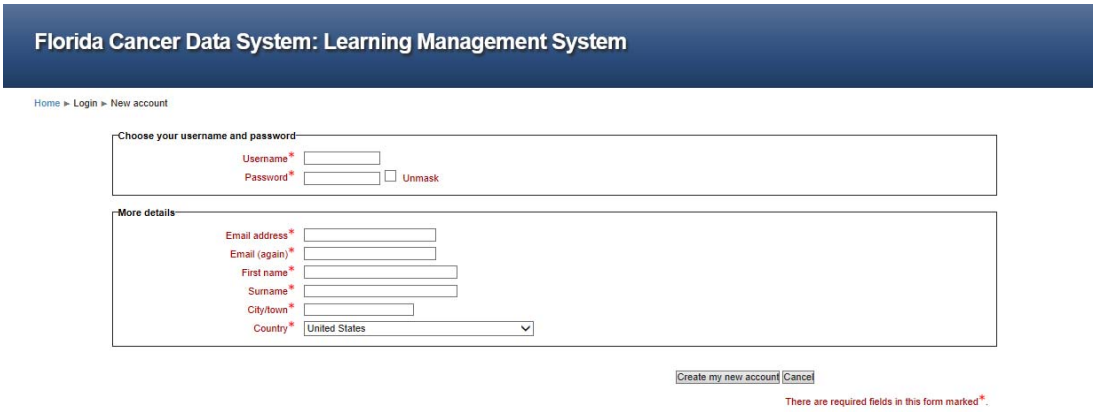


The FCDS LMS site will appear:



Select the 'Create New Account' link located directly under the login button

The (Login) New Account page will appear:



*****Use your FCDS IDEA login information to create your LMS new account*****
If you do not have an FCDS IDEA User Account, please create an FCDS IDEA account.

Once you have created and confirmed your LMS account; log into the LMS.

Select the desired course by clicking on the course title and then the '**enrol**' button.

You will receive a course registration notification email.

The FCDS Learning Management System (LMS) can also be accessed via FCDS IDEA

- Once you are logged in select the Education/FCDS Tools menu
- Then select Learning Management System

2014 FCDS DAM

Summary of Changes

2014 FCDS Data Acquisition Manual (FCDS DAM)
Summary of Changes

NEW OR ADDED SECTION OR DATA ITEM(s)

SECTION II – Abstracting and Coding Instructions

- AJCC TNM Cancer Staging System Section – TNM is "Optional" for CoC-Accredited Facilities Only in 2014
    - Clinical T, N, M and AJCC Clinical Stage Group Items
    - Clinical TNM – Staged By
    - Pathologic TNM and AJCC Pathologic Stage Group Items
    - Pathologic TNM – Staged By
    - Prefix Descriptors (clinical and pathologic)
    - TNM Edition Number

APPENDICES

- Appendix N – Instructions for Coding Grade for 2014+ (from the CoC/SEER/NPCR Technical WG)
- Appendix O - ICD-10-CM Casefinding List for Reportable Tumors (MUST BE USED 10/1/2015 forward)

UPDATED OR CLARIFICATION OF SECTION or DATA ITEM(s)

SECTION I – General Instructions

- Section IA - Reportable Neoplasms (clarify reporting of GIST, Thymoma, cancers of genital sites, VAIN III, VIN III, PAIN III, AIN III, historical /0 and /1 brain and CNS tumors, and in utero cancer)
- Section IA - Annual Reporting Deadline – June 30th
- Section IB - Casefinding - Implementation of ICD-10-CM/PCS with Casefinding Instructions
- Section IB - Casefinding - Pathology Casefinding Is Required
- Section IB - ICD-10-CM Casefinding List for Reportable Tumors
- Section IC - FCDS Abstractor Code Policy and Testing Requirements
- Section IC - CoC RQRS and the FCDS 6-month Case Abstracting Requirement (Timeliness)
- Section IC - Required/Recommended Desktop References
- Section ID - Data Transmission and Quarterly Reporting to FCDS
- Section ID – Data Acceptance Policy – FCDS EDITS
- Section IJ – FCDS Data Quality Indicator Report (DQIR)
- Section IL – Awards – Pat Strait Award for Excellence in Cancer Registry Abstracting
- Section I – Sample 2014 FCDS Reporting Calendar
- Section I – Sample 2014 FCDS Abstract (do not send to FCDS)

SECTION II – Abstracting and Coding Instructions

- Several Data Item Definitions Were Updated/Clarified
    - Reporting Facility
    - Accession Number – Hospital
    - Sequence Number – Hospital
    - Date Case Completed/Date Abstracted
    - Social Security Number – No Partial SSNs Allowed
    - Birthplace State and Birthplace Country – clarification
    - Address at DX State and Address at DX Country – clarification
    - Address Current State and Address Current Country – clarification
    - Text Usual Occupation and Text Usual Industry
    - Primary Site
        - Use of C76.* as Primary Site Discouraged
        - Head and Neck Cancers with No Primary Site Identified
        - Metastatic Neoplasm of Specific Type with No Primary Site Identified
    - Grade/Differentiation/Immunophenotype
        - entire section rewritten for "Grade Coding Instructions for 2014+"
    - Lymph Vascular Invasion – clarified
    - Treatment – Clarification for coding Aspirin, Phlebotomy, and Transfusion

APPENDICES – NEW and UPDATED

- Appendix A – Updated - Facility Listings – Hospitals/Surgery Centers/Radiation Therapy Centers
- Appendix C – Updated – Breast Cancer Profile Explaining ER/PR/EHR2 Prognostic Factors
- Appendix G – Updated - 2014 FCDS Record Layout (NAACCR Version 14)
- Appendix H – Updated - 2014 FCDS Required CSv02.05 Site Specific Factors (SSFs)
- Appendix N – NEW – Grade Coding Instructions for 2014+ (from the CoC/SEER/NPCR Technical WG)
- Appendix O – Updated - ICD-10-CM Casefinding List for Reportable Tumors
- Appendix P – Updated - 2014 Resources for Registrars
- Appendix Q – Updated - FCDS Frequently Asked Questions
    - FCDS IDEA User Accounts
    - Facility Access Administrator (FAA) and Responsibilities
    - FCDS Abstractor Code

NO LONGER REQUIRED DATA ITEM(s)

- BREAST SSF10 (HER2 FISH Lab Value) No Longer Required
- BREAST SSF12 (HER2 CISH Lab Value) No Longer Required