



Florida Statewide Cancer Registry



Florida Cancer Data System

Data Acquisition Manual 2025

Effective for Cases Diagnosed January 1, 2025 and Forward

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

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FLORIDA CANCER DATA SYSTEM

PREFACE

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

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

FCDS processes over 280,000 cancer case abstracts each year. When these cases are unduplicated, there are approximately 130,000 newly diagnosed incidence cancer cases per year. The FCDS database currently contains approximately 3,500,000 cases.

The 2025 edition of the FCDS Data Acquisition Manual (DAM) is compatible with the 2025 national consensus standards issued by the North American Association of Cancer Registries and the CDC National Program of Cancer Registries. These standards are developed and endorsed by the Centers 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 remains committed to adhering to all Florida Statutes and Department of Health guidelines and follows strict security measures to ensure patient and institutional confidentiality.

IMMUNITY FROM LIABILITY

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

Please see supporting Federal and State Laws and Administrative Rules.

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

Title XXIX - Chapter 381 - Public Health: General Provisions

381.0031 Report of diseases of public health significance to department.

Title XXIX - Chapter 385 - Chronic Diseases

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

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

FLORIDA STATE LAW

Title XXIX

**PUBLIC
HEALTH**

Chapter 381

Public Health: General Provisions

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

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

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

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

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

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

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

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

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

Note.--Former s. 381.231.

385.202 Statewide cancer registry.--

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

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

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

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

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

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

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

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

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

Note.--Former s. 381.3812.

CONFIDENTIALITY

Title XXIX

PUBLIC HEALTH

Chapter 405

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

PUBLIC HEALTH

Chapter 405

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

PUBLIC HEALTH

Chapter 405

Medical Information Available For Research

405.03 Confidentiality.—

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

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

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

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

Title XXIX
PUBLIC HEALTH

Chapter 408
Health Care Administration

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

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(27) "Health insurer" means any insurance company authorized to transact health insurance in the state, any insurance company authorized to transact health insurance or casualty insurance in the state that is offering a minimum premium plan or stop-loss coverage for any person or entity providing health care benefits, any self-insurance plan as defined in s. 624.031, any health maintenance organization authorized to transact business in the state pursuant to part I of chapter 641, any prepaid health clinic authorized to transact business in the state pursuant to part II of chapter 641, any multiple-employer welfare arrangement authorized to transact business in the state pursuant to ss. 624.436-624.45, or any fraternal benefit society providing health benefits to its members as authorized pursuant to chapter 632.

(28) "Home health agency" means an organization licensed under part IV of chapter 400.

(29) "Hospice" means an organization licensed under part VI of chapter 400.

(30) "Hospital" means a health care institution licensed by the Agency for Health Care Administration as a hospital under chapter 395.

(31) "Lithotripsy center" means a freestanding facility that employs or contracts with licensed health care professionals to provide diagnosis or treatment services using electro-hydraulic shock waves.

(32) "Local health council" means the agency defined in s. 408.033.

(33) "Market basket index" means the Florida hospital input price index (FHIPI), which is a statewide market basket index used to measure inflation in hospital input prices weighted for the Florida-specific experience which uses multistate regional and state-specific price measures, when available. The index shall be constructed in the same manner as the index employed by the Secretary of the United States Department of Health and Human Services for determining the inflation in hospital input prices for purposes of Medicare reimbursement.

(34) "Medical equipment supplier" means an organization that provides medical equipment and supplies used by health care providers and health care facilities in the diagnosis or treatment of disease.

(35) "Net revenue" means gross revenue minus deductions from revenue.

(36) "New hospital" means a hospital in its initial year of operation as a licensed hospital and does not include any facility, which has been in existence as a licensed hospital, regardless of changes in ownership, for over 1 calendar year.

(37) "Nursing home" means a facility licensed under s. 400.062 or, for resident level and financial data collection purposes only, any institution licensed under chapter 395 and which has a Medicare or Medicaid certified distinct part used for skilled nursing home care, but does not include a facility licensed under chapter 651.

(38) "Operating expenses" means total expenses excluding income taxes.

(39) "Other operating revenue" means all revenue generated from hospital operations other than revenue directly associated with patient care.

(40) "Physical rehabilitation center" means an organization that employs or contracts with health care professionals licensed under part I or part III of chapter 468 or chapter 486 to provide speech, occupational, or physical therapy services on an outpatient or ambulatory basis.

(41) "Prospective payment arrangement" means a financial agreement negotiated between a hospital and an insurer, health maintenance organization, preferred provider organization, or other third-party payor which contains, at a minimum, the elements provided for in s. 408.50.

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

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

- (a) The sole provider within a county with a population density of no greater than 100 persons per square mile;
- (b) An acute care hospital, in a county with a population density of no greater than 100 persons per square mile, which is at least 30 minutes of travel time, on normally traveled roads under normal traffic conditions, from another acute care hospital within the same county;
- (c) A hospital supported by a tax district or subdistrict whose boundaries encompass a population of 100 persons or fewer per square mile;
- (d) A hospital with a service area that has a population of 100 persons or fewer per square mile. As used in this paragraph, the term "service area" means the fewest number of zip codes that account for 75 percent of the hospital's discharges for the most recent 5-year period, based on information available from the hospital inpatient discharge database in the State Center for Health Statistics at the Agency for Health Care Administration; or
- (e) A hospital designated as a Critical Access Hospital by the Department of Health in accordance with federal regulations and state requirements.

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

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

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

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

Rule 64D-3.003

64D-3.003 Notification by Laboratories.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Editorial Note: See 64D-3.031

Rule 64D-3.031

64D-3.031 Notification by Laboratories.

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

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

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

(a) The Patient's:

1. First and last name, including middle initial;

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2. Address including street city, state and zip code;

3. Phone number, including area code;

4. Date of birth;

5. Sex;

6. Race;

7. Ethnicity (specify if of Hispanic descent or not of Hispanic descent);

8. Pregnancy status if applicable;

9. Social Security number;

(b) The Laboratory

1. Name, address and telephone number of laboratory performing test;

2. Type of specimen (for example stool, urine, blood, mucus, etc.);

3. Date of specimen collection;

4. Site (for example cervix, eye, etc., if applicable);

5. Date of report;

6. Type of tests performed and results, including reference range, titer when quantitative procedures are performed, and including all available results on speciating, grouping or typing of organisms;

7. Submitting provider's name, address including street, city, zip code and telephone number, including area code.

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

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

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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:

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(1) Type of diagnostic test;

(2) Patient's date of birth;

(3) Patient's sex;

(4) Race;

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

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

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

History—New _____.

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

64D-3.034 Cancer Reporting.

64D-3.034 Cancer Reporting

(1) Reporting Requirements:

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

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

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

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

64D-3.006

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

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

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

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

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

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

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

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

Public Law 107-260

107th Congress

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

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

SECTION 1. SHORT TITLE.

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

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

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

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

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

(a) IN GENERAL—

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

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

(4) by adding at the end the following:

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

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

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

“(ii) Benign brain-related tumors

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

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

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

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

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

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

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

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

Approved October 29, 2002.

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

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

Background

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

How the Rule Works

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

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

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

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

- **Child abuse or neglect.** Covered entities may disclose protected health information to report known or suspected child abuse or neglect, if the report is made to a public health authority or other

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

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

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

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

SECTION I: GUIDELINES FOR CANCER DATA REPORTING

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The Florida Cancer Data System (FCDS) is charged with maintaining a high-quality database of useable, timely, complete, and accurate clinical data for every reportable case of cancer diagnosed or treated in 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 referenced throughout the manual. The manual only addresses data items that are required by FCDS, the Florida Department of Health (DOH), and the Centers for Disease Control and Prevention (CDC) National Program of Cancer Registries (NPCR) to support Florida's statewide, population-based cancer registry. These guidelines have been established 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 and manuals.

It is the responsibility of the reporting facility and the facility abstractor 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 regardless of whether case abstraction and reporting are 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 about cancer and other disease reporting. Please do not fax or email patient information to FCDS. Also, please be careful when discussing cases over the phone with FCDS staff.

Please see supporting Federal and State Laws and Administrative Rules.

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

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 additional select neoplasms that the Commission on Cancer/American College of Surgeons does not require, such as benign and borderline brain and central nervous system tumors and certain reproductive site cancers.

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, other staging or treatment, etc.), then your facility must report the case regardless of the Class of Case. Please review all standard cancer diagnosis codes and procedure codes.

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

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

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

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

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

If your facility does not perform additional testing, the case is not reportable to FCDS. However, if your facility performs any additional testing for this or any other cancer and the patient has evidence of active disease or is undergoing treatment for cancer at any facility, **the case is reportable to FCDS.**

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

Patients seen in an ambulatory care setting for port-a-cath placement only where no chemotherapeutic or anti-neoplastic agent(s) is injected into the port *do not need to be reported UNLESS they have active disease*. Patients with active disease whether being treated or not are reportable to FCDS.

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. For the case to meet this criterion, they cannot include administering any anti-neoplastic agent(s) through the port-a-cath. The case must be reported if any anti-neoplastic agent is administered at the reporting facility, either as an outpatient or inpatient.

PI Rads, BI Rads, LI Rads alone are not reportable to FCDS. PI Rads, BI Rads, LI Rads confirmed with biopsy or physician statement are reportable to FCDS. The Date of Diagnosis is the date of the positive biopsy or definitive statement from physician. This FCDS rule was updated to align with CoC.

1. Reportable Patients

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

IMPORTANT NOTE: The start date for your registry for the state of Florida is 1/1/1981, or the day your facility opened. It is not the exact start date that the Commission on Cancer assigns your facility. All reporting began in 1981. FCDS has cancer cases from your facility going back to 1981. If you submit a new cancer for a person already registered by your facility with FCDS, you must use the same Accession Number assigned to that person before your CoC Start Date. The older Accession Numbers are in the Alphabetical Listing Report of ALL Cases

Reported to FCDS by your Facility. This ‘alpha list’ runs interactively and is the most up-to-date listing of all cases ever reported by your facility. It can be run in Accession Number Order or Alphabetical Order in IDEA.

Reportable Patients

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

2. Not Reportable Patients

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

Revised Note: Patients with neoplastic conditions such as chronic leukemia, myelodysplastic syndromes, and myeloproliferative diseases, or other lymphoid/myeloid neoplasms designated as ‘chronic’ may achieve a state of clinical remission. These patients in remission, with no active cancer, are not reportable to FCDS.

3. Reportable Neoplasms

Determination of whether a given primary neoplasm is reportable is made by reference to the histology and behavior codes of the *International Classification of Diseases for Oncology, 3rd ed.*, including approved updates and errata published by WHO and supported by NAACCR for ICD-O-3.

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

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

- a) **In Situ and Invasive Cancers** - FCDS includes all primary malignancies - in situ and/or invasive. Therefore, any cancer with an ICD-O behavior code of /2 (in situ) or /3 (malignant) is reportable to FCDS (**except** carcinoma in situ of the cervix, carcinoma in situ of the prostate, CIN III, and PIN III). Cancers with benign or borderline behavior are discussed elsewhere in this section. If a tumor with an ICD-O behavior code of /0 or /1 is determined to be in situ or invasive by how it behaves (in a malignant fashion) or by a pathologist, the case is reportable.
 - i. **Anal Intraepithelial Neoplasia (AIN III)** is reportable to FCDS and should be included in casefinding activities. This non-invasive neoplasm of the anus or anal canal (C21.0-C21.1) is not the same as the SCC of perianal skin (C44.5). It is important to distinguish between true anal cancers and skin of anus neoplasms. Neoplasms of the skin of anus (perianal skin) are not reportable, even if they extend into the anal canal. **AIN III** of the perianal skin is not reportable to FCDS.

- ii. **Penile Intraepithelial Neoplasia Grade III (PeIN III)** is reportable to FCDS and should be included in casefinding activities.
- iii. **Vulvar Intraepithelial Neoplasia Grade III (VIN III)** is reportable to FCDS and should be included in casefinding activities.
- iv. **Vaginal Intraepithelial Neoplasia Grade III (VAIN III)** is reportable to FCDS and should be included in casefinding activities.
- v. **Lobular Intraepithelial Neoplasia Grade III (LIN III) breast C500-C509**
- vi. The CoC does not require Lobular Carcinoma In-Situ (LCIS) to be abstracted or reported to NCDB. **However, LCIS is reportable to FCDS and all central cancer registries nationwide.**
- vii. **(Pancreatic Intraepithelial Neoplasia (PanIN III)** is reportable to FCDS (histology 8148/2) and should be included in casefinding activities.
- viii. ***Glandular Intraepithelial Neoplasia, Grade III/High Grade Glandular Dysplasia** is reportable as adenocarcinoma in situ of the esophagus with histology code 8148/2.
- ix. **Glandular Intraepithelial Neoplasia, Grade III/High Grade Glandular Dysplasia of other colorectal sites are not reportable unless the pathologist specifically states the tumor is ‘in-situ’ or ‘non-invasive’ or your Cancer Committee has agreed on this.**
- x. **Specific Neoplasms with High Grade Dysplasia in Some Gastrointestinal Sites (C160-C166, C168-C169, C170-C173, C178-C179, C181)** are reportable as of 1/1/2022 (2022 List Below)
- xi. **Non-invasive follicular thyroid neoplasm with papillary like nuclear features (NIFTP) is a low-grade tumor of the thyroid gland and is no longer reportable.**
- xii. **Post Transplant Lymphoproliferative Disorder (PTLD) 9971/1 is reportable as 9971/3 as of 01/01/2025**

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

***Note 2:** AJCC TNM Manual, 8th edition states for Colon Cancers: “The terms ‘high grade dysplasia’ and ‘severe dysplasia’ may be used as synonymous for in situ adenocarcinoma and in situ carcinoma. These cases should be assigned a pTis.” It is necessary to contact your pathologist and/or cancer committee to determine if s/he applies this definition to all colon cancers. If so, high grade/severe dysplasia of any colon site is reportable as adenocarcinoma in situ (8140/2).

- b) **Specified malignant neoplasms of the skin are reportable conditions:** Kaposi sarcoma, malignant melanoma, in-situ melanoma, early melanoma, evolving melanoma, Merkel cell carcinoma, sebaceous adenocarcinoma, sweat gland adenocarcinoma, mycosis fungoides and T-cell or B-cell lymphoma of skin.
- c) **Dermatofibrosarcoma protuberans is no longer reportable to FCDS as of 1/1/2021.**

- d) Carcinoid Tumor of Appendix Diagnosis Date 1/1/2015 forward is a Reportable Malignancy.
- e) 8323/3 – clear cell papillary renal cell carcinoma of the kidney has been reclassified as an ISUP Grade 1 (low-grade neoplasm), which is not malignant. However, this cancer is still reportable in the United States using the 8323/3 malignant clear cell papillary renal cell carcinoma of kidney code.
- f) In Utero Diagnosis and Treatment – beginning in 2009, diagnosis and treatment dates for a fetus before 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 before 2009 and must be used for cases diagnosed on 1/1/2009 and later.
- g) Basal and squamous skin cancers in genital sites (histology codes 8000-8110) are reportable.

Genital Sites include the following anatomic locations:

h) C51.0 - C51.1 – Labia	i) C51.2 - Clitoris	j) C51.8 - C51.9 - Vulva
k) C52.9 - Vagina	l) C60.0 - Prepuce	m) C60.9 - Penis
n) C63.2 - Scrotum		

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

Further Clarification has indicated that any reportable tumor must reference one or more of the following terms; neoplasm with high grade dysplasia, noninvasive neoplasm, invasive neoplasm. Tumors, lesions, or abnormalities identified on endoscopic ultrasound associated only with adenoma, low grade dysplasia, moderate grade dysplasia, intermediate grade dysplasia or ‘not otherwise specified’ are classified by WHO as ‘benign’ and are not reportable. Pancreatic tumor (IPMN/IOPN/ITPN/CPEN) seen on endoscopic ultrasound without biopsy is not reportable unless clinically malignant due to metastasis. *Note: some of these patients still get a Whipple Procedure as if they had malignancy. So, treatment is not the defining characteristic of a malignancy in this case.* Please take care when reviewing these cases.

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

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

Reportable	ICD-O-3	Description
Yes	8150/3	Cystic Pancreatic Endocrine Neoplasm, invasive (CPEN)
Yes	8163/2	Papillary neoplasm, pancreaticobiliary-type, with high grade intraepithelial neoplasia
Yes	8163/3	Pancreatobiliary-type carcinoma

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

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

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

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

CDC published a reference manual in 2004 entitled, “Data Collection of Primary Central Nervous System Tumors.” The manual is 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.

- Sphenoid Wing Meningioma is a Reportable Neoplasm beginning with 1/1/2004 diagnoses.
- Glomus Jugulare Tumors, Paraganglioma and Carotid Body Tumors are Reportable beginning with 1/1/2019 diagnoses for primary sites C75.4 and C75.5. Malignant Paraganglioma of Other Sites (C47.9) are reportable for pre-2019 diagnoses. See Solid Tumor Rules for clarification.
- Report pilocytic astrocytoma/juvenile pilocytic astrocytoma as 9421/1 for all CNS sites as of 01/01/2023

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- Report diffuse astrocytoma, MYB- or MYBL1-altered and diffuse low-grade glioma, MAPK pathway-altered (9421/1) as of 01/01/2023
- Report multinodular and vacuolating neuronal tumor (9509/0) as of 01/01/2023
- Report juvenile xanthogranuloma (9749/1) as of 01/01/2023 (C715 is the most common site)
- Neoplasm and tumor are reportable terms for intracranial and CNS because they are listed in ICD-O-3.2 with behavior codes of /0 and /1

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

REPORTABLE NEOPLASMS OR RECLASSIFIED TUMORS**Please check individual year ICD-O-3 Update Guidelines for How to Use New Codes****2021 New Reportable Neoplasms/Reclassified Tumors**

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

2022 New Reportable Neoplasms/Reclassified Tumors

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

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

ICD-O	Term
8033/3	Carcinoma with sarcomatoid component
8044/3	Small cell carcinoma, large cell variant (C56.9)
8085/3	Squamous cell carcinoma, HPV-associated
8086/3	Squamous cell carcinoma, HPV-independent
8086/3	Squamous cell carcinoma, HPV-independent
8144/2	Intestinal-type adenoma, high grade (C160 – C166, C168-C169, C170-C173, C178-C179)
8150/3	Oncocytic neuroendocrine tumor, non-functioning pancreatic
8150/3	Pleomorphic neuroendocrine tumor, non-functioning pancreatic
8150/3	Clear cell neuroendocrine tumor, non-functioning pancreatic
8163/2	Papillary neoplasm, pancreatobiliary type, with high grade intraepithelial neoplasia C241
8150/3	Cystic neuroendocrine tumor, non-functioning pancreatic
8174/3	Hepatocellular carcinoma, steatohepatic
8174/3	Hepatocellular carcinoma, macrotrabecular massive
8174/3	Hepatocellular carcinoma, chromophobe
8174/3	Hepatocellular carcinoma, neutrophil-rich
8174/3	Hepatocellular carcinoma, lymphocyte-rich
8200/3	Solid-basaloid adenoid cystic carcinoma

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8200/3	Adenoid cystic carcinoma with high-grade transformation
8210/2	Adenomatous polyp, high grade dysplasia (C160 – C166, C168-C169, C170-C173, C178-C179)
8211/2	Tubular adenoma, high grade
8213/2	Serrated dysplasia, high grade (C160 – C166, C168-C169, C170-C173, C178-C179)
8243/3	Goblet cell adenocarcinoma
8261/2	Villous adenoma, high grade
8262/3	Adenoma-like adenocarcinoma
8263/2	Tubulovillous adenoma, high grade
8310/3	Adenocarcinoma, HPV-independent, clear cell type
8455/2	Intraductal oncocytic papillary neoplasm, NOS (C250-C254, C257-C259)
8455/3	Intraductal oncocytic papillary neoplasm w/associated invasive carcinoma (C250-C259)
8480/2	Low grade appendiceal mucinous neoplasm (LAMN) (C181)
8480/2	High grade appendiceal mucinous neoplasm (HAMN) (C181)
8482/3	Adenocarcinoma, HPV-independent, gastric type (C530-C531, C538-C539)
8483/2	Adenocarcinoma in situ, HPV-associated (C530-C531, C538-C539)
8483/3	Adenocarcinoma, HPV-associated C530-C531, C538-C539)
8484/2	Adenocarcinoma in situ, HPV-independent, NOS C530-C531, C538-C539)
8484/3	Adenocarcinoma, HPV-independent, NOS C530-C531, C538-C539)
8500/2	DCIS of low nuclear grade
8500/2	DCIS of intermediate nuclear grade
8500/2	DCIS of high nuclear grade
8503/2	Ductal carcinoma in situ, papillary
8509/3	Tall cell carcinoma with reversed polarity
8520/2	Florid lobular carcinoma in situ
8576/3	Paneth cell carcinoma
8590/1	Uterine tumor resembling ovarian sex cord tumor
8804/3	Proximal or large cell epithelioid sarcoma
8804/3	Classic epithelioid sarcoma
8811/3	Epithelioid myxofibrosarcoma
8832/3	Myxoid dermatofibrosarcoma protuberans
8832/3	Dermatofibrosarcoma protuberans with myoid differentiation
8832/3	Plaque-like dermatofibrosarcoma protuberans
8859/3	Myxoid pleomorphic liposarcoma
8912/3	Congenital spindle cell rhabdomyosarcoma with VGLL2/NCOA2/CITED2 rearrangements
8912/3	MYOD1-mutant spindle cell/sclerosing rhabdomyosarcoma
8912/3	Intraosseous spindle cell rhabdomyosarcoma with TFCP2/NCOA2 rearrangements
8976/3	Gastroblastoma (C16.0 – C16.9)
8990/3	NTRK-rearranged spindle cell neoplasm (emerging)

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

2023 New Reportable Neoplasms/Reclassified Tumors

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

The update includes important information on reportable versus non-reportable high-grade dysplasia in specified gastrointestinal sites. The 2023-specific ICD-O-3.2 Coding Guidelines and Implementation Documents, including Histology & Behavior Codes changes, are available in Appendix R of this manual. Complete 2023 ICD-O-3.2 Coding Guidelines and Implementation Documents are also available from NAACCR at <https://www.naaccr.org/icdo3/>.

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

ICD-O	New Codes and Terms
8272/3	Pituitary adenoma/pituitary neuroendocrine tumor (PitNET) (C75.1)
8693/3	Cauda equina neuroendocrine tumor (cranial and paraspinal nerves)
9385/3	Diffuse hemispheric glioma, H3 G34-mutant
9385/3	Diffuse midline glioma, H3 K27-altered
9385/3	Diffuse pediatric-type glioma, H3-wildtype and IDH-wildtype
9385/3	Infant-type hemispheric glioma
9391/3	Posterior fossa ependymoma, NOS
9391/3	Spinal ependymoma, NOS (C72.0)
9391/3	Supratentorial ependymoma, NOS
9396/3	Posterior fossa group A (PFA) ependymoma
9396/3	Posterior fossa group B (PFB) ependymoma
9396/3	Spinal ependymoma, MYCN-amplified (C72.0)
9396/3	Supratentorial ependymoma, YAP1 fusion-positive
9396/3	Supratentorial ependymoma, ZFTA fusion-positive
9400/3	Astrocytoma, IDH-mutant, grade 2
9401/3	Astrocytoma, IDH-mutant, grade 3
9413/0	Polymorphous low-grade neuroepithelial tumor of the young
9421/1	Diffuse astrocytoma, <i>MYB</i>- or <i>MYBL1</i>-altered
9421/1	Diffuse low-grade glioma, MAPK pathway–altered†
9421/3	High-grade astrocytoma with piloid features (HGAP)
9430/3	Astroblastoma, MN1-altered
9445/3	Astrocytoma, IDH-mutant, grade 4
9450/3	Oligodendroglioma, IDH-mutant and 1p/19q-codeleted, grade 2
9451/3	Oligodendroglioma, IDH-mutant and 1p/19q-codeleted, grade 3
9470/3	Medulloblastoma, histologically defined (C71.6)
9473/3	CNS embryonal tumor, NEC/NOS
9480/3	Primary intracranial sarcoma, DICER1-mutant
9500/3	CNS tumor with BCCR internal tandem duplication
9500/3	CNS neuroblastoma, FOXR2-activated
9509/0	Multinodular and vacuolating neuronal tumor
9509/1	Myxoid glioneuronal tumor
9509/3	Diffuse leptomeningeal glioneuronal tumor
9540/3	Malignant melanotic nerve sheath tumor
9699/3	MALT lymphoma of the dura
9749/1	Juvenile xanthogranuloma (C71.5)
9749/3	Rosai-Dorfman disease

2024 New Reportable Neoplasms/Reclassified Tumors

The 2024 ICD-O-3.2 update includes changes identified during review of recently published World Health Organization's *International Histological Classification of Tumors* 5th Edition books (WHO "Blue Books"). For 2024, no major changes have been identified during review of the 5th Editions WHO Urinary and Male Genital Tumors.

The majority of changes for 2024 are new related terms for existing codes, five new ICD-O codes, four reportable and one non-reportable, and one histology that has changed behaviors and is now reportable.

Complete 2024 ICD-O-3.2 Coding Guidelines and Implementation Documents are available from NAACCR at <https://www.naacr.org/icdo3/>.

See Appendix R for a complete set of instructions.

ICD-O Code	Term	Required NPCR/FCDS	Remarks
8147/3	Adenoid cystic (basal cell) carcinoma (C61.9)	Y	Related term
8120/3	Conventional urothelial carcinoma	Y	New term
9085/3	Diffuse embryoma	Y	Related term
8311/3	ELOC (formerly TCEB1)mutated RCC (C64.9)	Y	New term
8311/3	Eosinophilic solid and cystic RCC (C64.9)	Y	New term
8311/3	Fumarate hydratase-deficient RCC ALK-rearranged RCC (C64.9)	Y	New term
9070/2	Intratubular embryonal carcinoma	Y	New term and behavior
9061/2	Intratubular seminoma	Y	New term and behavior
9080/2	Intratubular teratoma	Y	New term and behavior
9061/2	Intratubular trophoblast	Y	New term and behavior
9071/2	Intratubular yolk-sac tumor	Y	New term and behavior
8120/3	Large nested urothelial carcinoma	Y	New term
8130/2	Low-grade papillary urothelial carcinoma with an inverted growth pattern	Y	New term
8960/1	Mixed congenital mesoblastic nephroma	Y	New term. Not reportable
9085/3	Mixed teratoma and yolk-sac tumor	Y	Related term
8130/2	Non-invasive high-grade papillary urothelial carcinoma with an inverted growth pattern	Y	New term
8130/2	Non-invasive papillary urothelial carcinoma, high-grade	Y	New term
8130/2	Non-invasive papillary urothelial carcinoma, low-grade	Y	New term
8860/0	Oncocytic angiomyolipoma	Y	New term. Not reportable
9104/3	Placental site trophoblastic tumor of testis	Y	Behavior change from /1 to /3. Reportable for cases DX 1/1/2024 forward-Testis ONLY
8122/3	Plasmacytoid urothelial carcinoma	Y	Related term
8020/3	Poorly differentiated urothelial carcinoma	Y	Related term
8140/3	Prostatic intraepithelial-like carcinoma (C61.9)	Y	Related term
8070/3	Pure squamous carcinoma of urothelial tract	Y	New term
8510/3	Renal medullary carcinoma (C64.9)	Y	New term
9061/3	Seminoma with syncytiotrophoblastic cells	Y	Related term
8510/3	SMARCB1-deficient dedifferentiated RCC of other specific subtypes (C64.9)	Y	New term
8510/3	SMARCB1-deficient medullary-like RCC (C64.9)	Y	New term

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8510/3	SMARCB1-deficient undifferentiated RCC, NOS (C64.9)	Y	New term
9063/3	Spermatocytic tumor with sarcomatous differentiation	Y	Related term
8085/3	Squamous cell carcinoma, HPV-associated	Y	Valid for C60._; C63.2 beginning 1/1/2024 p16 is a valid test to determine HPV status and can be used to code HPV associated and HPV independent histologies
8086/3	Squamous cell carcinoma, HPV-independent	Y	Valid for C60._; C63.2 beginning 1/1/2024 p16 is a valid test to determine HPV status and can be used to code HPV associated and HPV independent histologies
8311/3	T(6;11)RCC (C64.9)	Y	New term
9080/3	Teratoma, postpubertal-type	Y	New preferred term
8311/3	TFEB-altered RCC (C64.9)	Y	New term
8311/3	TFEB-rearranged RCC (C64.9)	Y	New term
8120/3	Tubular and microcystic urothelial carcinoma	Y	New term
8311/3	Xp11 translocation RCC (C64.9)	Y	New term

2025 New Reportable Neoplasms/Reclassified Tumors

No ICD-O-3.2 update for 2025 was released. Please continue to use the Solid Tumor Rules, ICD-O3.2, ICD-O-3.2 Annotated list, and previous ICD-O guidelines.

9971/3- PTLD

As of January 1, 2025, Post Transplant Lymphoproliferative Disorder (PTLD) 9971/1 is reportable as 9971/3.

Note: Post Transplant Lymphoproliferative Disorder (PTLD) was previously reportable as 9971/3 for 2010-2020 when it was the only diagnosis. In 2021, based on the 4th edition of WHO Hematopoietic Blue Book, NAACCR 2025 Implementation Guidelines 17 PTLT became 9971/1, where it was only reportable if it occurred in the brain. Starting in 2025, PTLT (9971) as the only diagnosis will become a /3 (malignant) again and will be reportable for all cases.

4. Not Reportable Neoplasms

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

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

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

- b. AIN III (8077/2) of Perianal Skin (C44.5) is not reportable.
- c. AIN III of anus or anal canal (C21.0- C21.1) is reportable to FCDS.

5. Reporting Multiple Primary Tumors - Single versus Multiple Primaries

Solid Tumor Rules

The *Solid Tumor Rules* contains site-specific rules for breast, colon, head and neck, kidney, lung, malignant and non-malignant CNS, renal pelvis/ureter/bladder, cutaneous melanoma for cases diagnosed 1/1/21 and forward, and for other sites for cases diagnosed 1/1/23 and forward. A special set of rules was developed for hematopoietic and lymphoid neoplasms. The multiple primary rules guide and standardize the determination of the number of primary tumors or abstracts to be created. The histology rules contain detailed histology coding instructions. More information on these rules can be found on the NCI SEER website at <https://seer.cancer.gov/tools/solidtumor/>

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 ICD-O-3 Book as the primary coding reference for Myeloid and Lymphoid Neoplasms. At the same time, the 2022 rules and DB have replaced earlier versions of the DB and the historical February 2001 Single Versus Subsequent Primaries of Lymphatic and Hematopoietic Disease rules and foldout table. An online version of the new rules and database is available at <https://seer.cancer.gov/tools/heme/>.

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

b) Clinically Diagnosed Cases Are Reportable

In the absence of a histologic or cytological confirmation of a reportable cancer, accession a case based on the clinical diagnosis (when a recognized medical practitioner says the patient has a cancer or carcinoma or when the patient is undergoing cancer treatment 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 usually takes precedence over a clinical diagnosis. The case would not be reported if the patient had a negative biopsy.

Exception 1: If the physician treats a patient for cancer despite 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 equal or greater than 6 months.

c) Ambiguous Terminology

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

- When ‘definitive terminology’ is used on a report, the radiologist/pathologist is already confident that a cancer is present, the diagnosis is not in question or ambiguous. It is cancer until or unless it is later proven not to be cancer. The physician has high confidence that a stated ‘definitive term’ is what they say it is. They do not have to repeat themselves and say that they are ‘suspicious’ about the presence or absence of disease – they are already confident it is what they say it is in the report.
- Apply ‘definitive terminology’ over ‘ambiguous terminology.’ Reports do not have to restate ‘suspicious for cancer’ or ‘likely mucinous adenocarcinoma’ when a definitive assessment or terminology is used in the first confirmation of cancer, or to use the date of that report as the initial date of diagnosis or confirmed histology when a ‘definitive term’ is present.
- When a physician uses definitive terminology, they are stating that a mass, tumor, neoplasm or a specified histology is what they say it is unless or until it is otherwise proven not to be what they say it is based on some other test or if a subsequent test clarifies a more specific diagnosis.

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

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

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

- When a report states ‘suspicious for mucinous adenocarcinoma’ or ‘suggests mucinous adenocarcinoma,’ only then do you apply the ‘ambiguous terminology’ guidelines to determine whether you code the histology as ‘mucinous adenocarcinoma’ or ‘adenocarcinoma, NOS.’
- You only use the ‘ambiguous terminology’ guidelines when ‘definitive terminology’ is not present.
- ‘Ambiguous terminology’ does not have to be used on imaging to confirm the presence or absence of neoplasm, and is never used instead of or in place of ‘definitive 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, genetic testing reports, immunophenotype reports, bone marrow biopsy reports, autopsy reports, diagnostic imaging reports, and medical testing results.

Definitive Diagnostic Terminology always supersedes the use of Ambiguous Terminology in any report.

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

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

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

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

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

Example of Diagnostic Terms:

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

Ambiguous Terms That Do Not Constitute a Diagnosis without additional information

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

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

Positive molecular marker or cytogenetic testing without pathologic or clinical evidence of reportable disease are indicative of risk only and do not constitute a diagnosis.

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

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

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

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

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

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

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

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

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

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

Ambiguous Terms - Benign and borderline primary intracranial and CNS tumors

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

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

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

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

Note: If the **word or an equivalent term does not appear** on the reportable list or is not a form of a word on the reportable list, the term is not diagnostic of cancer. Do not abstract the case. Forms of the word are “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 **not reportable** by biopsy, cytology, or physician’s statement, **do not abstract or report** the case.

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

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

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. Do not abstract the case if insufficient documentation exists in the medical chart.

e) Non-Analytic Cases

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

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

- Analytic Cases (Class of Case 00-22) are the crux of the NCDB, a clinical research database with **voluntary** reporting that includes about 70-80% of hospitals in the United States.
- Analytic Cases are used in research and are important to understand how your facility performs on newly diagnosed cancers and adherence to new treatment regimens, 5-year survival, etc.
- State Cancer Reporting Laws in ALL States plus the CDC NPCR and NCI SEER require that ALL cases within a defined geographic region (Florida) be identified and reported for 100% of the United States.
- This is the definition of 'population-based reporting' and the crux of cancer incidence rates and cancer mortality rates.
- While Hospital Analytic Cases are the crux of the NCDB and form a foundation for central registry data, they are not the only part of the central registry foundation. Non-analytic cases are equally important, particularly when the patient has evidence of cancer, recurrence of cancer, or progression of cancer.
- Furthermore, non-analytic cases of recurrent/progressive cancers generate more revenue from workup/treatment than your analytic cases. It is more expensive to treat metastatic cancers.
- These non-analytic reportable cancers have evidence of metastatic disease, recurrent disease, progressive disease, when they enter your facility. Their disease is active and needing treatment.
- Advanced, Recurrent and Progressive cancers require greater care, advanced diagnostic and treatment resources, clinical trials capabilities to offer multiple options for advanced disease, and repeat visits for continuity of care and end of life care. These patients are more expensive to treat than patients with a new diagnosis, workup and initial course of therapy.

f) Historical Cases

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

Patients diagnosed with any cancer during their lifetime are many times more likely to develop new cancers. Researchers need to know the number and types of any cancers each patient has had during his/her lifetime to research and evaluate cancer incidence effectively.

Suppose a patient has had at least one primary reportable neoplasm that is currently active or under treatment. In that case, 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 has no reportable neoplasms, active or under treatment, or no other primary neoplasms, the patient has never needed to be reported.

Do not use obsolete histology codes when reporting historical cases, regardless of the method for reporting these cases (Minimal Historical Grid or Full Abstract). The case will fail edits. This includes obsolete histology

codes, obsolete treatment codes, obsolete staging systems or stage code(s).

g) Multi-Facility Reporting (shared cases)

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

FCDS does provide one option for multi-facility networked facilities. Some facilities may qualify to be classified as “**Umbrella Facilities**” using one umbrella facility number to report all cases within their network. There are pros and cons to setting up a set of umbrella facilities in case any change of ownership occurs within the network. It is reasonably easy to set up an ‘umbrella’ group. However, it is much more difficult to take apart a set of ‘umbrella facilities’ and reassign each separate facility the cases seen only at that facility. Please contact the FCDS with any inquiries regarding these options.

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

It is the responsibility of the medical record custodian or the facility administering care to report the case to FCDS. Suppose your facility employs a contracted abstracting service provider to meet Florida Cancer Reporting Requirements. In that case, the facility is still fully responsible for all cancer reporting activities, data quality activities, corrections, documentation, FCDS Audits, and special requests. FCDS does not contract directly with any individual, organization, company or service to perform abstracting services. These contracts are strictly between the reporting facility and the service provider. It is up to the facility to ensure that all data quality expectations are met, all deadlines are met, all requirements are met, and all activities are carried out to meet the facility's responsibilities to the Florida Department of Health through the Florida Cancer Data System. FCDS is a state-mandated population-based statewide cancer surveillance system. Participation in FCDS is mandated under Florida Statute. FCDS is not a voluntary cancer reporting system like the CoC NCDB. Further, FCDS annually reviews the Agency for Health Care Administration (AHCA) cancer patient data 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 June 30th Deadline.

FCDS will notify facilities not in compliance with the 6-month reporting rule 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 compliant 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. The Florida Department of Health and FCDS must approve any remediation or other action plan. FCDS will monitor the plan.

B. CASEFINDING

Casefinding is 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 the type of service. The following multiple sources in the hospital must be searched to keep missed reportable cases to a minimum. The procedure outlined below should be adapted to each facility:

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

1) **Pathology Reports**

ALL ANATOMIC (SURGICAL) PATHOLOGY REPORTS (including reports from biopsy specimen, surgical resection specimen, bone marrow biopsy, needle biopsy and fine needle aspiration biopsy, diagnostic hematology, cytology, immune-histo-cytochemistry, immunophenotype, genetic studies, and autopsy reports and all addenda) for inpatients, outpatients and ambulatory care patients MUST be reviewed to determine whether or not a cancer is reportable.

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

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

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

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

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

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

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 ((Agency for Healthcare Administration) data. Some facilities will save a "Not Reportable List" as an electronic file embedded within their software such as a "suspense" case and should include comments that the registrar reviewed the medical record and determined that the case does not meet reportable criteria. The "suspense" case should include documentation as to why the facility will not report the case either in text and/or using the FCDS AHCA Disposition Codes below.

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

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-10-CM CASE FINDING LIST FOR REPORTABLE TUMORS – Oct 1, 2024 and later encounters

- 6) The following ICD-10-CM list will be used to identify potentially reportable tumors. Some ICD-10-CM codes contain conditions that are not reportable. These records should be reviewed and assessed individually to verify whether they are reportable to FCDS. ICD-10-CM implementation is expected nationwide for all hospitals nationwide on October 1, 2024.

ICD-10-CM Code	ICD-10-CM Code Definition
C00 – C43	Malignant neoplasms
C44.13-	Sebaceous Cell Carcinoma of Skin of Eyelid, Including Canthus
C45 – C96	Malignant neoplasms including Hematopoietic neoplasms
C4A-	Merkel cell carcinoma
C49.A-	GI stromal tumor
C7A.0 – C7A.8	Malignant carcinoid tumors
D00. – D09.	Carcinoma in situ (Excludes carcinoma in situ tumors of the cervix (D06.), prostatic intraepithelial neoplasia (PIN III) (8148/2) of the prostate. Other prostate in situ histologies are reportable).
D18.02	Hemangioma of intracranial structures
D32.-	Benign neoplasm of meninges (cerebral, spinal and unspecified)
D33.-	Benign neoplasm of brain and other parts of central nervous system
D35.00-D35.02	Benign neoplasm of adrenal gland - pheochromocytoma, medullary paraganglioma, chromaffin paraganglioma, chromaffin tumor,
D35.2 - D35.4	Benign neoplasm of pituitary gland, craniopharyngeal duct and pineal gland
D42.-, D43.-	Neoplasm of uncertain or unknown behavior of meninges, brain, CNS
D44.3 – D44.5	Neoplasm of uncertain behavior of pituitary gland, craniopharyngeal duct and pineal gland
D45	Polycythemia vera (9950/3); Polycythemia vera (9950/3) ICD-10-CM Coding instruction note: Excludes familial polycythemia (C75.0), secondary polycythemia (D75.1)
D46.-	Myelodysplastic syndromes (9980,9982,9983,9985,9986,9989,9991,9992, 9993)
D46.A – D46.Z	Other myelodysplastic syndromes
D47.02	Systemic mastocytosis
D47.1-D47.9	Myeloproliferative diseases (9963, 9975) Essential (hemorrhagic) thrombocythemia (9962/3); Includes: Essential thrombocytosis, idiopathic hemorrhagic thrombocythemia Osteomyelofibrosis (9961/3); Includes: Chronic idiopathic myelofibrosis Neoplasm of uncertain behavior of lymphoid, hematopoietic and related tissue, unspecified (9970/1, 9931/3)
D47.Z – D47.Z9	Neoplasm of uncertain behavior of lymphoid, hematopoietic and related tissue, unspecified (9960/3, 9970/1, 9971/3, 9931/3) Note: As of January 1, 2025, Post Transplant Lymphoproliferative Disorder (PTLD) 9971/1 is reportable as 9971/3 for all cases.
D49.6, D49.7	Neoplasm of unspecified behavior of brain, endocrine glands and other CNS
D72.11-	Hypereosonophilic syndrome [HES] (9964/3)
N85.02	Endometrial intraepithelial neoplasia [EIN]
R90.0	Intracranial space-occupying lesion found on diagnostic imaging of CNS

C. ABSTRACTING

1. Personnel Requirements – Abstractor Training and FCDS Abstractor Code

Abstractor Training: Trained personnel must perform abstracting. FCDS provides references in Appendix P for numerous online training programs from basic programs to certificate and degree programs to obtain an ODS Certification.

Other training is available through SEER*Training, SEER*Educate, the Commission on Cancer, the American Joint Committee on Cancer, the National Cancer Registrars Association (NCRA), the Florida Cancer Registrars Association (FCRA), and the North American Association of Central Cancer Registries (NAACCR). Please see the annually updated document “2024 References and Resources for Cancer Registrars” on our website and included as Appendix P in this manual.

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

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

FLccSC is a cancer surveillance community educational collaboration. FLccSC is a web-based portal allowing Central Cancer Registries (CCR) to customize a fully functioning state-specific Learning Management System (LMS). The Florida Cancer Data System and the South Carolina Central Cancer Registry developed FLccSC collaboratively. State Departments of Health and the CDC/NPCR funded the initial development.

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

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

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

FCDS will not accept cases from individuals without a current FCDS Abstractor Code. When IDEA users log in, their account and Abstractor Code status are displayed. In addition, FCDS sends weekly email reminders to abstractors whose codes are about to expire 30 days before the expiration date.

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

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

The 7 topic areas include:

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

Standard References Used for Testing:

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

2. Case Abstracting Requirements – Timeliness

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 the first patient encounter for cancer at your facility. 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 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 the 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 outlined in Section II of this document. Questions regarding interpreting individual data items should be referred to the FCDS office.

Each reporting facility must certify that they have completed the full year cycle of reporting each year. This Certification of Completeness is found in the FAA/HOSPADMIN Menu in FCDS IDEA Software.

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

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

All abstracts are required to pass the FCDS EDITS metafile.

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

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

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

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

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

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

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

4. Abstracting Non-Analytic and Historical Cases

Although the Commission on Cancer/American College of Surgeons (COC/AcoS) does not require accredited
FCDS Data Acquisition Manual 2025
Revised 2025

facilities to abstract non-analytic or historical cases, a population-based cancer registry such as FCDS must record all cancers meeting the FCDS reporting requirements, regardless of class of case, place of diagnosis or date of diagnosis. These cases require the same attention to detail and text as any CoC “analytic” type case. These cases must be abstracted, and quality reviewed with the same rigorous data quality and documentation expectation. Include chronologic information about the cancer as available.

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

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

5. Abstracting Historical Cases Optional Minimal Dataset

The historical case refers to a primary reportable neoplasm (malignant or benign/borderline brain/CNS tumors) that 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 reported using the minimal dataset.

- a. For every abstract submitted, the record layout will allow for the entry of up to five (5) historical cases. The fields required for each of the five cases include:
 1. Sequence Number
 2. Diagnosis Date
 3. Primary Site (ICD-O-3)
 4. Histology (ICD-O-3)
 5. Behavior (ICD-O-3)
 6. Laterality
 7. State of Residence at Diagnosis (State Abbreviation)
 8. County of Residence at Diagnosis (FIPS County Code)
 9. Schema Discriminator 1
 10. Schema Discriminator 2
- b. These fields will be edited at transmission time and include Sequence Number and Diagnosis Date and State and County edit checks.
- c. These fields should ONLY be used when abstracting a historical case with insufficient information.
- d. A complete abstract MUST be reported to FCDS for cases with sufficient information in the patient’s medical record or when the patient has evidence of the historical cancer at the time of patient encounter (persistent disease, progression of disease or disease recurrence – patient with evidence of this cancer at the time of patient encounter).

- e. REMEMBER, the minimal dataset only applies to Class of Case 33 Historical Cases with insufficient information. All other Non-Analytical cases, including Class of Case 33 historical cases with enough information, REQUIRE a full abstract to be reported to FCDS.
- f. Historical Cases should not include Unknown Primary Cancers (C80.9 or C76.*).
- g. Quality Control for these cases will be increased, and documentation supporting the minimal dataset may need to be provided.

6. Reporting Historical Cases in the State Specific fields

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

Examples:

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

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

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

- b. All nine fields must be filled When selecting a group (Historical #1).

The current standards must complete historical data. If any of these fields are left blank, the abstract and possibly the entire batch will be rejected.

Examples:

Historical #1: Sequence Number,

Historical #1: Dx Date,

Historical #1: Primary Site,

Historical #1: Histology,

Historical #1: Behavior,

Historical #1: Laterality,

Historical #1: Dx State Abbreviation,

Historical #1: Dx County FIPS

Historical #1: Schema Discriminator 1

Historical #1: Schema Discriminator 2

Once these historical groupings pass structure check edits, a full abstract will be generated from the data provided. The derived Historical abstracts will be subject to our full 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.

FCDS will notify facilities not in compliance with the 6-month reporting rule of the delinquency. Each facility will be asked to develop a remedial plan to bring the facility back into compliance with state statutes and a plan

to remain compliant. 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. The Florida Department of Health and FCDS must approve any remediation or other action plan. FCDS will monitor the plan.

8. Making changes to existing abstracts from Field Coordinator Inquiry (corrections) or QC Review (Visual Editing)

You must comply with the messaging requirements for the FCDS Systems for FCDS to be able to view and process corrections, inquiries, deletions, or visual editing updates to abstracts.

Your Facility has 21 days to complete any Field Coordinator Correction/Inquiry or QC Review Correction Inquiry. This FCDS Policy is loosely enforced but important to good quality abstracting and timeliness of operations and practices. Do not wait months to answer inquiries, make corrections, or update text and messaging in your facility queue.

9. Required and Recommended Desktop References

Also refer to the document '2024 References and Resources for Cancer Registrars' in Appendix P of this manual.

REQUIRED DESKTOP REFERENCES

REQUIRED REFERENCE	ORDERING INFORMATION/LINKS
FCDS Data Acquisition Manual, 2025	FCDS, Florida Cancer Data System PO Box 016960 (D4-11) Miami, FL 33101 The Florida Cancer Data System - Downloads (miami.edu)
FCDS IDEA – FCDS Secure Web-Based Software to abstract cases, upload batched cases, access FLccSC, QC Review, Audits	The Florida Cancer Data System Home Page (miami.edu)
FLccSC Learning Management System FCDS Abstractor Code Test, FCDS Continuing Education Webcast Series, NAACCR Webinar Recordings, FCDS Annual Conference, etc.	The Florida Cancer Data System - FLccSC (miami.edu)
FCDS v25 EDITS Metafile	The Florida Cancer Data System - Downloads (miami.edu)
2025 Instructional Manuals/Guidelines	https://apps.naaccr.org/data-dictionary/data-dictionary/version=24/chapter-view/
Current Solid Tumor Manual	https://seer.cancer.gov/tools/solidtumor/
Current Grade Coding Manual	https://www.naaccr.org/wp-content/uploads/2022/10/Grade-Coding-Instructions-and-Tables-v3.pdf?v=1688673341
Current Site-Specific Data Items Manual	https://apps.naaccr.org/ssdi/list/
Current SEER Program Coding and Staging Manual	SEER Program Coding and Staging Manual
Cancer PathChart	Cancer PathCHART - Tumor Site-Morphology Surveillance Standards Initiative
Current SEER RSA – Registrar Staging Assistant – online staging assistant	https://seer.cancer.gov/tools/staging/rsa.html
Current SEER*Rx – Interactive Drug Database	https://seer.cancer.gov/tools/seerrx/
Current Hematopoietic and Lymphoid Neoplasm Case Reportability and Coding Manual and Hematopoietic Database (desktop or web-based versions available)	https://seer.cancer.gov/tools/heme/
Current NAACCR ICD-O-3 Coding Guidelines, Annotated Histology List	https://www.naaccr.org/icdo3/
ICD-O-3.2 Excel Table downloaded from the IACR/WHO Website	Downloadable Excel File Version of ICD-O-3.2 SEER ICD-O-3 Coding Materials
International Classification of Diseases for Oncology, 3rd ed. Geneva, World Health Organization: 2000	The World Health Organization WHO Publications Center USA; 49 Sheridan Avenue; Albany, NY 12210 https://www.who.int/standards/classifications/other-classifications/international-classification-of-diseases-for-oncology

RECOMMENDED DESKTOP REFERENCES

RECOMMENDED BOOK	ORDERING INFORMATION/LINKS
2025 CoC STORE Manual - CoC Standards for Oncology Registry Entry	American College of Surgeons (ACS) 55 East Erie Street Chicago, IL 60611-2797 store-manual-2025.pdf
2025 SEER Program Code Manual	National Cancer Institute Publications Ordering Service P.O. Box 24128, Baltimore, MD 21227, 301-330-7968 SEER Program Coding and Staging Manual
Cancer Registry Management Principles and Practice for Hospitals and Central Registries, 4th Edition, 2021	National Cancer Registrars Association https://www.ncra-usa.org/About/Store/Store-Professional-Resources/BKctl/ViewDetails/SKU/NCRCRMTXBK4ED
NAACCR Standards for Cancer Registries Volume II: Data Standards and Data Dictionary, current edition (v25)	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 https://www.naaccr.org/
EDITS Software – EditWriter 6 and GenEdits Plus	https://www.cdc.gov/cancer/npcr/tools/edits/index.htm
NAACCR v25 EDITS Metafile	https://www.naaccr.org/standard-data-edits/
FCDS v25 EDITS Metafile	The Florida Cancer Data System - Downloads (miami.edu)
Cancer Principles and Practice of Oncology, 10th edition	Lippincott Williams & Wilkins Publishers 227 East Washington Square Philadelphia, PA 19106-3780 ISBN-10: 1451192940 ISBN-13: 9781451192940
American Cancer Society Textbook of Clinical Oncology	American Cancer Society Vermont Division, Inc. 13 Loomis Street Montpelier, VT 05602 https://www.cancer.org/ ISBN-13: 978-0944235072 ISBN-10: 0944235077
CA: A Cancer Journal for Clinicians	Lippincott Williams & Wilkins Publishers P.O. Box 1600 Hagerstown, MD 21741-9910 301-223-2300 (Voice) https://acsjournals.onlinelibrary.wiley.com/journal/15424863?journalRedirectCheck=true
AJCC Cancer Staging System Products AJCC Cancer Staging Manual, 8 th ed AJCC Cancer Staging, Version 9	https://www.facs.org/quality-programs/cancer-programs/american-joint-committee-on-cancer/cancer-staging-systems/cancer-staging-system-products/

D. DATA TRANSMISSION

All cases must be transmitted to FCDS electronically using the FCDS secure information and data sharing portal: the FCDS IDEA, and by all FCDS Data Submission Policies and Procedures and Transfer Protocols. Appendix Q for FAQs on FCDS IDEA.

RELEASE OF INFORMATION – FCDS will not release patient information directly to any contractor due to liability and confidentiality issues regarding contractual agreements not involving FCDS. Furthermore, new guidelines 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 arrange with their clients (facilities) to forward any FCDS correspondence that includes patient information to them (contractors). 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 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 attempt to inform contractors of outgoing edits, quality control inquiries, verification of patient information, death certificate notification, 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 about 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 about 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 highly recommended for large facilities reporting over 500 cases annually.

FCDS requires that QC Visual Review of Cases, Corrections, and Field Coordinator inquiries be completed within 21 days of receipt.

2. Electronic Submissions**Record Layout**

All data must be submitted in the current NAACCR Version.

All Cancer Registry Vendors and Cancer Registries transitioned to an XML Format.

This includes any electronic submission and utilization of the current FCDS EDITS Metafile.

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

3. Receipt on Upload

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

4. Data Acceptance Policy – FCDS EDITS

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

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

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

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

Suppose the information in text is insufficient, unclear, equivocal, incomplete or incorrect. In that case, the reporting facility will have two weeks from case transmission to send FCDS the appropriate information from the patient's medical records to support the code(s) assigned. FCDS QC Staff will use documentation provided to validate coding and set relevant override flag(s).

E. PSYCHIATRIC, MILITARY, AND VETERANS ADMINISTRATION FACILITIES

United States military and Veterans Administration healthcare facilities are requested to report cancer under Rule 64D-3.006 of the Florida Administrative Code.

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 to ease the burden of reporting by ambulatory centers, FCDS would take on the responsibility of cancer case identification, the critical first step in reporting cancer cases.

Administrative Options for Reporting for Ambulatory Surgical Centers:

1. Facilities with a History of Reporting – Several ambulatory surgical centers 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 be a quality control exercise. Cases identified through the notification process will be considered ‘Missed Cases’ and must be reported promptly.
2. Annual reporting through the FCDS Notification of Cases (Annual Consolidated Follow Back Audit) - The AHCA (Agency for Healthcare Administration) discharge data from the surgical centers is matched with the complete FCDS Master-file database regardless of the type of cancer or the discharge date. 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 Consolidated Follow Back Unmatched Cancer Records Request listing for reporting.
3. Unmatched Ambulatory Surgery Center Cases are posted to the FCDS IDEA. Cases must be reviewed for reportability and abstracted using FCDS IDEA Single Entry. If the case is “not reportable” the appropriate AHCA Disposition Code must be entered in FCDS IDEA to explain why the facility will not report the case.

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

G. FREESTANDING RADIATION THERAPY CENTERS

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

H. PRIVATE PRACTICE 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 requires physician office (claims) reporting from medical oncology, hematology, urology, and other physician practices. Dermatology practices report under the Dermatology Reporting Module (abbreviated reporting mechanism designed to report skin cancers).

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

I. CLINICAL LABORATORY CANCER IDENTIFICATION PROGRAM

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

FCDS continues to add new labs every year and consistently works with the larger labs to improve the reporting of e-pathology reports to FCDS. Please contact FCDS to learn about automated reporting of electronic pathology reports to FCDS.

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

J. FCDS RESPONSIBILITIES

1) Data Acquisition

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 free on the FCDS website.
- d. Provide Alternate Resources for Self-Instruction in Cancer Abstracting.
- e. Provide Information regarding preparing for and writing the ODS Exam.
- f. Provide specific routine reports to verify data submission and resolve data discrepancies.

2) Training and Education

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

- FCDS hosts a 2-day Annual Conference to Inform Registrars of New Initiatives and Standards
- FCDS hosts 4-6 educational webinars each year focusing on special topics
- Appendix P provides multiple resources for a beginner to advanced hospital and central cancer registry training: cancer surveillance, cancer registry, abstracting and coding cancers, etc.
- FCDS hosts 12 NAACCR Educational Webinars, allowing 110 Florida Registrars to view the live sessions.
- ALL 12 NAACCR Educational Webinars are available in recorded sessions in FLccSC
- Additional free resources are advertised through the FCDS Memo and 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 also the extent to which each abstract includes all the FCDS Required Data

Completeness is assessed using:

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

- b. **Accuracy** is the extent to which the data submitted have been correctly coded and match the information in the medical record. Accuracy encompasses correctly interpreting and applying coding rules and guidelines, identifying data entry and submission errors and evaluating case correctness.

Accuracy is assessed using:

- i. FCDS Abstractor Code Testing

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

- 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 that 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 service date. 100% of cases must be submitted by June 30 of any given year.

Timeliness is assessed using:

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

Timeliness: Case Abstracting Requirements

Individual cases must be abstracted no later than six months after the date of first contact with the reporting facility. The only exceptions to this reporting timeline are the free-standing ambulatory surgical centers 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 outlined in Section II of this document. Questions regarding interpreting individual data items should be referred to the FCDS office.

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.

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

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

4) FCDS Quality Control Program Components**a) 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.

The facility abstractor must compare the Unmatched Follow Back Cases list to the facility “Not Reportable List”. Cases that appear on the Unmatched 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 immediately. Please reference the AHCA Disposition Codes List for “reason not reported to FCDS”.

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

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

FCDS staff will annually match 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.

The facility abstractor will need to research these cases to determine if the patient did expire at the facility and whether the case meets the cancer reporting requirements. If any case meets 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
55	DCO Replaced by Non-DCO- For FCDS Use Only
56	Report Source 7 or 8 is corrected and does not link back to proper Pt.
57	Demographic information changed. Death Certificate linkage was lost.

c) FCDS EDITS Metafile includes Field-Item, Inter-Item and Intra-Item Data Edits

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

d) QC Visual Review Sampling of Every 25th Record – Visual Editing

FCDS Quality Control staff visually review at least one in every 25th record submitted by each reporting facility. The Quality Control Visual Review is designed to facilitate visual editing of abstracted data. It allows a trained eye to detect inconsistent coding that electronic edit checks cannot identify; it is a tool to identify deficiencies in abstractors' understanding of abstracting concepts, data definitions and coding selections that may require additional training.

The QC Abstract Review Case Selection Process is fully automated and randomly selects one of every 25th record processed, which accounts for 4% of cases being visually reviewed for accuracy. Each case selected is placed in a QC file and is 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 available information.

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

This process also serves as an educational tool for new and experienced registrars, providing comments on

a case-by-case basis about where they have deficiencies in their abstracting tool kit and what they should be doing when abstracting specific cases.

Registry Managers should always share results with the staff members 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 sync with national reporting standards and guidelines.

e) QC Facility Analysis Report Available in IDEA

The QC Facility Analysis Report is accessible to users with HOSPADMIN or FAA User Roles. We hope this new report will help to meet CoC Requirement 6.1.

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

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

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

FCDS has no plans to add the FCDS Abstractor Code to this report. We want to keep this information at the facility level, not the individual abstractor level. The QC Sample is not a large enough sample of a person's work for performance evaluation.

Accession	Receipt	Completed	Turnaround	Corrected	Forced	Deleted	No Changes
	04/16/2020	08/10/2020	116	☒	☐	☐	☐
	12/30/2020	01/17/2021	18	☐	☐	☐	☒
	05/04/2020	07/01/2020	58	☐	☐	☐	☒
	01/20/2020	03/02/2020	42	☐	☐	☐	☒
	12/22/2020	01/13/2021	22	☐	☐	☐	☒
	12/14/2020	01/10/2021	27	☐	☐	☐	☒
	07/30/2020	10/02/2020	64	☐	☐	☐	☒
	08/27/2020	10/19/2020	53	☐	☐	☐	☒

f) FCDS Follow-Up Reports in IDEA

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

All you need to do is provide the inquiry system with your 4-digit Facility Number, Accession Number, and Sequence Number. The system will find your case to verify that you have reported the cancer to be matched. Then the system will pull down all of the First Course of Therapy Data (including start dates) from all facilities that have reported the cancer and have provided treatment data; this is via the Consolidated Tumor Record, a single-source FCDS Record that provides a summary of all of the data submitted to FCDS for this person for this cancer.

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

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

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

g) 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 verifies that coded data submitted to FCDS can be validated compared to 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. Documentation must be submitted to clarify the originally abstracted codes if the auditor's findings are disputed.

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

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 pertinent reports from medical records and/or other data sources available to FCDS for review. FCDS will utilize existing source documents used in routine reporting.

h) FCDS Abstractor Code Policy

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

The FCDS Abstractor Code test requirement applies to every cancer registrar in Florida (ODS or non-ODS, Florida resident or out-of-state contractor, regardless of the number of years of experience. FCDS will not accept cases from individuals without an active or current FCDS Abstractor Code.

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

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

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

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

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

The 7 topic areas include:

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

Before taking the test, please read through and become familiar with the FCDS DAM to ensure you understand all 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 non-analytic cases and all historical cancers.

FCDS monitors use of individual codes and is alert to the practice of sharing abstractor codes for new staff, temporary staff, and even permanent staff. Please be secure with your abstractor code, abstracted data, personal information, and all confidential materials.

i) Admissions by Facilities Report

FCDS Data Acquisition staff will regularly review the Admissions by Facilities Report (an internal FCDS report). This report compares observed to expected numbers of cases reported by each facility for any 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. These same data are included in the Quarterly Activity Report.

FCDS Staff will notify facilities that have not reported the expected cases.

j) Facility Timeliness Report

FCDS Data Acquisition staff will review the Facility Timeliness Report regularly. This report shows the average time (in days) 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).

k) 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 the state level. Similar analyses may be conducted for individual abstractors within the facility. The FCDS Quality Control staff will perform ad-hoc inquiries to the FCDS Master File when data requests are made. Any unusual data will be reviewed, and facility-abstracting staff may be requested to review individual cases to confirm the reporting of certain data items.

l) Facility Evaluation Report

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

m) 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. It 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 cancer reporting, as data are available.

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

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 to assess our state-wide data.

5) Data Requests

Before applying to data, you should review the new Automated Data Request instructional videos on the FCDS Data Request Web page. The tutorials explain how to navigate the DREAMS system. FCDS will no longer accept paper applications.

Procedures for Data Release

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

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

Instructional videos are available for each request category. Please refer to the FCDS Data Request web page video before you begin your automated data request.

Four separate and distinct entities are involved in the data release approval process. The number of entities involved in processing your request depends on several factors. Please refer to the specific category to see which entities are involved.

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

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

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

2. The application is reviewed to ensure that it is complete and that all information has been submitted before it is forwarded to the CPR for approval; it is not reviewed for scientific merit.

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

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

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

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

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

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

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

Entities involved in approving the Stat dataset: FCDS.

(2) Tabular Data

These requests concern requests requiring output in tables or some specific statistical output. An example of tabular data in a table could be a table such as

	Gender	
Cancer Site	Male	Female
Colon	A	B
Rectum	C	D

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

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

If data with counts fewer than 10 or below the county are needed, be sure to specify why in your application; the CRP will need this information.

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

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

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

Entities involved in approving tabular requests: FCDS and possibly CRP and VS. VS approval is only

required for those studies wanting to obtain variables derived from death certificates

(3) Ad hoc

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

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

Note: The Florida Department of Health (CRP & IRB) can approve ad hoc/patient requests in 8 weeks to 18 months, depending on the request's complexity and the application's thoroughness. Please plan accordingly.

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

Please watch the Ad Hoc Request Video before making this request.

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

(4) Data Linkage

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

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

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

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

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

FCDS will fulfill data linkage requests within 8 weeks once the request and cost have been approved. Currently, FCDS utilizes a combination of R and Stata for data linkages. Requests using other software can be considered but may result in additional fees and increased time, in which case the 8-week timeframe does not apply, and the researcher may incur extra charges. A copy of the required record layout, "Data Linkage Record Layout," is available under the "Data Request" link on the FCDS website <http://fcds.med.miami.edu>.

All linkages must occur at the Florida Cancer Data System office. No offsite linkages are permitted.

Please watch the Data Linkage Request Video before making this request.

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

(5) Hospital Data Requests

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

To access this module, you must be the Facility Access Administrator (FAA).

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

Please watch the Hospital Specific Request Video before making this request.

Entities involved in approving hospital-specific requests: FCDS

Fees and Billing Procedure

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

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

- Data Linkage:

	<i>Number of Records</i>	<i>Cost</i>
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

	<i>Number of Records</i>	<i>Cost</i>
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

Please note:

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

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

Other Information:

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

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

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

K. FCDS MANAGEMENT REPORTS

FCDS Quarterly Activity Status Report

This report summarizes the FCDS file activity for each facility every quarter. 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 and the timeliness of reporting. Also, it 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 version of a similar report provided by the CDC National Program of Cancer Registries (NPCR) to Florida and each NPCR state as an assessment of statewide data. The report reflects five years of data and examines the frequency of assigning “unknown” or “ill-defined” values to key analysis variables over those five years, with a comparison to national data.

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 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.

Annual Bureau of Vital Statistics Unmatched Report

FCDS staff will annually match 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.

FCDS EDITS Master List

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

L. AWARDS

Jean Byers Memorial Award for Excellence in Cancer Registration

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

The criteria for receiving the Jean Byers Award and the Pat Strait Award are based on a standard set of benchmarks that meet or exceed the requirements for completeness, timeliness, and accuracy as determined by FCDS and CDC. These criteria may change from year to year, depending on annual reporting conditions, but are generally influenced by a combination of successful data quality metrics, including Reporting Deadline, the percentage of missed cases 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 indicators.

M. FCDS CORRESPONDENCE

DO NOT MAIL ANY MATERIALS CONTAINING PERSONAL HEALTH INFORMATION

To protect and properly handle all packages, FCDS is making the following recommendations:

1. If you are mailing a package to FCDS, use Federal Express, UPS, Airborne Express, or any other 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
Suite 406
Miami, FL 33136
 - b. Always request a signature upon delivery.
 - c. Make sure 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 the US Postal Service, which may include Express mail, Priority mail, and Certified mail, you must use the FCDS PO Box address below:

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

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

N. CALENDAR/FORMS/TEMPLATES/SAMPLE REPORTS

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

FCDS 2025-2026 Calendar of Reporting Years and FCDS Recurring Deadlines

Dates are subject to change

These tables outline the reporting deadlines for cancer patient encounters in 2025 and 2026. They specify that all 2025 cases must be reported by October 31, 2025, and all 2026 cases by June 30, 2026, with recurring deadlines for FC and QC reviews within 21 days of receipt. Additionally, they include annual reporting deadlines, consolidated follow-back deadlines, and FAPTP follow-back deadlines.

Patient Encounter for Cancer		Case Should Be Reported
		ALL 2024 CASES ARE DUE 10/31/2025
January 2025		July 2025
February 2025		August 2025
March 2025		September 2025
April 2025		October 2025
May 2025		November 2025
June 2025		December 2025
July 2025		January 2026
August 2025		February 2026
September 2025		March 2026
October 2025		April 2026
November 2025		May 2026
December 2025		June 2026
		ALL 2025 CASES ARE DUE 6/30/2026
RECURRING DEADLINES		
21 Days from Receipt Date	FC Review/Inquiry	Cases with FC Review, Inquiry, or correction(s) must be reviewed and responded to within 21 days.
21 Days from Receipt Date	QC Review/Inquiry	Cases with QC Review, Inquiry, or correction(s) must be reviewed and responded to within 21 days.
June 30	Annual Reporting Deadline	All cases from the previous calendar year must be reported to FCDS on or before June 30 th each year.
September 1	Consolidated Follow-Back Deadline	All unmatched cases from the combined AHCA and Vital Records Death Match must be resolved by September 1 st .
Varies	FAPTP Follow-Back Deadline	All unmatched cases from FAPTP must be resolved each year

FCDS PROFILE MODIFICATION FORM

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

The form is available in the following formats:

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

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

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

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

Complete each field using the guidelines as listed below.

Today's Date:

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

Facility Name:

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

Process Request:

ADD – To add a facility or profile

UPDATE - To update an existing facility or profile.

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

Facility Type:

Select Facility type from the drop down menu

AHCA# (up to 10 digits)

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

This number can be up to 10 digits .

CLIA# (10 digits: ex. 10D9999999)

(Required field for Laboratories)

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

NPI# (10 digits)

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

FCDS PROFILE MODIFICATION FORM

FCDS Facility # (4-digits)

If adding a facility leave field blank.

Once a **new** facility/profile is processed the facility will be assigned a FCDS facility number.

This information will be forwarded to the facility contact.

Option: (Required field)

Select appropriate option from the pull down list.

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

OPTION CODES

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

FCDS PROFILE MODIFICATION FORM

FCDS Profile Information:

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

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

Complete and Submit:

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

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

FCDS PROFILE MODIFICATION FORM

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

SUBMIT



Discrepancy Journal

4/10/2018 2:57:57 PM

Page: 1 of 1

Medical Facility:				Region:		Option:		
Abs	Accession	Seq	Abstract Type	Patient Name	Receipt	Site	DX Date	Initials
*** Master contains 1 other Sequence(s) ***				Medical Record #:	SSN:	DOB:		
Error:938	Force:N	If a patient has a race code of 01 (white), it must be the last recorded race for that patient; that is, the last race code not coded to 88 or spaces.						
Discrepant Data:				Edit: Race 1, Race 2, Race 3, Race 4, Race 5 (SEER IP93) [Tag:N0628] [Agency:FCDS]				
				E: 0938: A race code of 01 (white) must be the last recorded race				
				Race 1 (177) [01]				
				Race 2 (179) [04]				
				Race 3 (181) [88]				
				Race 4 (183) [88]				
				Race 5 (185) [88]				
Error:1149	Force:N	If Rad--Regional RX Modality = 20-98 (radiation performed), Reason for No Radiation must = 0 (radiation performed) and vice versa						
Discrepant Data:				Edit: Rad--Regional RX Modality, Reason for No Rad (COC) [Tag:N0574] [Agency:FCDS]				
				E: 1149: If Rad--Regional RX Modality (26) = 20-98, Reason for No Radiation (1) must = 0 and vice versa				
				Reason for No Radiation (1592) [1]				
				Rad--Regional RX Modality (1607) [26]				
Error:1265	Force:N	If Reason for No Radiation = 1, 2, 5, or 6, then RX Summ--Radiation must = 0						
Discrepant Data:				Edit: Reason for No Rad, RX Summ--Radiation (FCDS) [Tag:FL1728] [Agency:FCDS]				
				E: 1265: If Reason for No Radiation = 1, RX Summ--Radiation must = 0				
				Reason for No Radiation (1592) [1]				
				RX Summ--Radiation (1580) [2]				
Error:537	Force:N	If RX Date--Radiation is blank, corresponding flag must = 10-12, or 15						
Discrepant Data:				Edit: RX Date Radiation, Date Flag (COC) [Tag:FL1128] [Agency:FCDS]				
				E: 0537: If RX Date Radiation is blank, corresponding flag must = 10-12, 15				
				RX Date Radiation (1486) [Y: M: D:]				
				RX Date Radiation Flag (1494) [<BLANK>]				
Error:1316	Force:N	If RX Summ--Surg Prim Site = 10-90 AND Rad--Regional RX Modality = 20-98, then RX Summ--Surg/Rad Seq must = 2-7, or 9						
Discrepant Data:				Edit: Surgery, Radiation, Surg/Rad Seq (FCDS) [Tag:FL1431] [Agency:FCDS]				
				E: 1316: If RX Summ--Surg Prim Site=50 and Rad--Regional RX Modality=26, RX Summ--Surg/Rad Seq cannot be 0				
				RX Summ--Surg Prim Site (1567) [50]				
				RX Summ--Scope Reg LN Sur (1569) [0]				
				RX Summ--Surg Oth Reg/Dis (1570) [0]				
				Rad--Regional RX Modality (1607) [26]				
				RX Summ--Surg/Rad Seq (1582) [0]				
				Date of Diagnosis (530) [Y:2013 M:01 D:29]				
				Regional Nodes Examined (916) [98]				
Error:1319	Force:N	If RX Summ--Surg Prim Site = 10-90 AND RX Summ--Radiation = 1-6, then RX Summ--Surg/Rad Seq must = 2-7, or 9						
Discrepant Data:				Edit: Surgery, Rad Summ, Surg/Rad Seq (FCDS) [Tag:FL1430] [Agency:FCDS]				
				E: 1319: If RX Summ--Surg Prim Site=50 and RX Summ--Radiation=2, RX Summ--Surg/Rad Seq cannot be 0				
				RX Summ--Surg/Rad Seq (1582) [0]				

Cases Reviewed but Not Reported - Not Reportable List

This is an example of a handwritten log of medical records that you would have reviewed but decided the cancer was N/R or Not Reportable for some reason. Please describe why you did not report a cancer on a casefinding list as Reason N/R. Most software vendors provide a mechanism to automatically capture and store this information. Keeping a list of NOT REPORTED CANCERS and WHY YOU DID NOT REPORT THEM will help with audits.

Facility Name _____
 Facility Number _____

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

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

Florida Cancer Data System Quarterly Cancer Case Reporting Status Report

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

Quarterly Activity Summary

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

New Data Submitted:

Total number of cases electronically submitted for this quarter

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

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

File Activity:

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

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

Annual Case Submission Summary

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

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

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

FCDS Data Quality Indicator Report

The Florida Cancer Data System (FCDS) is responsible for ensuring the highest quality data is available in annual cancer surveillance reporting for 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 version of a similar report that the CDC National Program of Cancer Registries (NPCR) provides to Florida and each NPCR state as an assessment of our statewide data.

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

The percentage of “unknown” and “ill-defined” values in certain variables serves as a data quality indicator used to rank Florida’s overall data quality and completeness for each case reported. This metric is also utilized when comparing Florida data to other states for overall data reliability. Furthermore, these data indicate problem areas where FCDS and local registries can enhance cancer reporting as data become available. Goals have been established nationally by NPCR or by FCDS.

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

Analytic cases¹ (received by 5/5/2022)

	Goals	2020		2019		2018		2017		2016	
		Facility %	Facilities %	Facility %	Facilities %	Facility %	Facilities %	Facility %	Facilities %	Facility %	Facilities %
Total Analytic Cases		1,525	118,702	1,775	138,961	1,764	134,050	1,715	128,361	1,874	126,770
Demographics											
Sex											
Sex Unknown (9)	< 2%	0.000	0.013	0.000	0.012	0.000	0.013	0.000	0.018	0.000	0.009
Race											
Race Other, NOS (98)	< 3%	1.049	1.998	0.732	1.926	0.680	1.660	1.050	1.740	0.961	1.496
Race Unknown (99)	< 3%	0.656	1.147	0.169	0.950	0.794	0.300	0.292	0.795	0.427	0.954
Ethnicity											
Ethnicity Unknown (9)	< 3%	0.066	1.425	0.056	1.267	0.397	0.965	0.233	1.210	0.213	0.865
Primary Payor at DX											
Primary Payor Unknown (99)	< 3%	0.525	0.751	0.845	1.237	1.984	1.062	1.166	1.382	0.854	1.490
Tobacco Use											
Tobacco Use - Cigarette Unknown (9)		0.393	8.049	3.268	9.819	5.782	10.340	2.799	12.944	1.441	11.549
Tobacco Use - Other Unknown (9)		0.459	15.491	3.380	17.745	6.633	17.406	6.706	19.046	16.596	18.970
Tobacco Use - Smokeless Unknown (9)		0.262	15.112	2.592	17.237	5.159	16.903	6.239	18.710	17.129	18.661
Tobacco Use - NOS Unknown (9)		0.393	15.308	3.099	17.503	5.669	17.347	5.598	18.517	16.916	18.271
Marital Status at DX											
Marital Status Unknown (9)	< 3%	1.180	2.550	1.521	2.391	1.304	2.742	3.149	2.918	3.148	2.684
Social Security Number											
Missing/impossible SSN	< 3%	18.951	13.750	16.789	12.483	15.079	9.728	11.603	7.755	10.672	6.106
Address at DX											
Ungeocodable (Certainty 9) ²	< 2%	0.000	0.000	0.000	0.000	0.000	0.002	0.000	0.075	0.000	0.060
PO Boxes (Certainty 5) ³	< 2%	0.396	1.483	0.229	1.603	0.230	1.690	0.236	1.657	0.435	1.829
Tumor Characteristics											
Diagnostic Confirmation											
Not Microscopically Confirmed (5-8)	< 5%	4.459	0.156	3.155	0.207	3.968	0.316	4.023	0.426	5.069	0.387
DX Method Unknown (9)	< 5%	0.328	0.166	0.282	0.191	0.454	0.268	0.816	0.236	0.267	0.282
Topography											
Ill-Defined Sites ³	< 1%	1.049	1.346	0.563	1.323	2.098	1.436	1.924	1.641	1.441	1.643
Histology/Grade											
Morphology Non-specific (8000-8005)	< 5%	1.443	1.798	0.563	1.869	1.701	1.931	1.633	2.003	2.081	1.990
Grade Unknown (excludes C80.9)	< 35%							41.050	35.454	43.757	34.727
Stage											
Summary Stage ⁴	< 5%	3.148	5.186	2.648	5.558	4.932	6.140	5.714	6.809	5.496	6.756
SSDI											
Grade Clinical		46.230	45.698	45.070	45.658	52.098	46.900				
Grade Pathological		51.541	55.178	50.592	54.278	52.778	52.907				
Brain Molecular Markers		23.438	10.150	11.475	11.934	11.667	16.565				
Breastlow Thickness		36.364	26.990	34.146	29.330	36.364	30.553				
Estrogen Receptor Summary		5.541	4.217	2.954	3.818	2.810	4.109				
Fibrosis Score		85.294	75.050	71.429	76.872	85.714	82.577				
HER2 Overall Summary		24.538	20.164	18.565	19.884	19.204	20.420				
Microsatellite Instability (MSI)		20.988	49.391	22.917	54.997	20.792	59.446				
Progesterone Receptor Summary		6.596	7.343	3.376	6.578	2.810	6.700				
PSA Lab Value		18.182	12.811	17.500	11.075	11.364	11.938				
LDH Pretreatment Lab Value		100.000	78.683	95.122	87.629	86.364	94.038				

* DQI now run by Diagnosis date

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.

³ Definition changed in 2018 and ill-defined and Unknown primary are now combined

⁴ Derived SS 2000 DX years 2014-2015, direct coded SS 2000 DX years 2016-2017, direct coded SS 2018 DX year 2018+

*modified 5/11/21

SECTION II: GENERAL ABSTRACTING INSTRUCTIONS

SECTION II: GENERAL ABSTRACTING INSTRUCTIONS

It is the responsibility of every abstractor working in the state of Florida, including contract abstractors, to know the complete content of the latest FCDS Data Acquisition Manual (FCDS DAM) and to update it upon receiving any changes from FCDS. If you need training in cancer registry data collection, please visit the FLccSC Learning Management System and consider taking the FCDS Abstracting Basics Course to better understand the skills and training required to meet FCDS abstracting requirements and the national standards used when abstracting and coding cancer cases.

This manual is designed to explain in detail each data item required for the Florida Cancer Data System (FCDS) case reporting, specifically those labeled as Core in the Record Layout (see Appendix G). It should serve as the primary resource for any data item that must be coded and documented according to Florida cancer reporting rules and statutes. The descriptions aim to provide sufficient detail to achieve consensus when submitting the required data. This manual does not suggest any limitations on the type or degree of detailed information collected, classified, or studied within any healthcare facility-based cancer registry.

Basic Rules:

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

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

Basic Rules For Date Fields:

- 1) FCDS no longer requires Date Flag Fields for any date flags beginning 1/1/2023.
- 2) Dates are transmitted in this format 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 systems. Only valid portions of any date are to be transmitted.
- 3) FCDS requires every case you abstract (analytic, non-analytic, and historical grid cases) to include at least a valid year of diagnosis. All treatment (surgery, radiation, chemo, etc.) also requires a valid date consistent with the Date of Diagnosis, so the edits can validate that the treatment is within the parameters of the First Course of Therapy.

REGISTRY INFORMATION

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

Data Items Included In This Section:

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

REPORTING FACILITY**NAACCR ITEM #540**

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

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

Coding Instructions:

1. Enter the four-digit FCDS-assigned Facility Number from Appendix A.
2. The FCDS Facility Number differs from the FORDS Facility ID Number (FIN).
3. Each facility participating in a shared or network cancer registry must use the unique respective facility number unless the registry has been approved/designated an umbrella organization by FCDS.
4. Cases must be abstracted and reported separately for each facility according to Florida statute unless otherwise designated.
5. The four-digit reporting facility number must be right-justified.

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

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

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

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

Format: The first four digits of the Accession Number specify the year 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's "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.

Successive sequence numbers designate multiple primary reportable malignant neoplasms in one patient. Therefore, when submitting abstracts for multiple primary neoplasms for one patient simultaneously, 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

person's entire lifetime, regardless of where they were diagnosed or treated.

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

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

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

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

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

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

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

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

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

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

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

DATE OF FIRST CONTACT

NAACCR ITEM #580

Date of first patient contact, as inpatient or outpatient, with the reporting facility for the tumor diagnosis and/or treatment. The date may represent the date of an outpatient visit for a biopsy, x-ray, scan, or laboratory test. Enter the year, month, and day (CCYYMMDD) of the patient's first contact with the reporting facility for the tumor's diagnosis and/or treatment, whether as an inpatient or outpatient 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 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 and the Date of Diagnosis.

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

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

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

MEDICAL RECORD NUMBER

NAACCR ITEM #2300

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

DATE CASE COMPLETED/DATE ABSTRACTED

NAACCR ITEM #2090

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

Please wait until ALL first-course therapy has been completed before submitting the case to FCDS. FCDS continues to monitor the patient/cancer to ensure the first course of treatment is consistent with the stage of disease and specific biomolecular and genetic tumor markers for targeted therapies. For cases not yet completed by the June 30th deadline, you may code the treatment as recommended, unknown if administered. All cases are required to be reported to FCDS by June 30th. When treatment has not started but is a part of the treatment plan, and the FCDS Deadline to Report (June 30th) is upon you, but you do not have the information that treatment started, enter the treatment as 'recommended' and submit.

ABSTRACTED BY (FCDS ABTRACTOR CODE)

NAACCR ITEM #570

Enter the three-digit FCDS Abtractor Code of the person abstracting this case. Each abtractor submitting cases to FCDS must have their unique FCDS Abtractor Code. All abstracts submitted must have an approved and valid (current) FCDS Abtractor Code in this field. Validation of the FCDS Abtractor 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. If abstracts are submitted to FCDS with an expired Abstractor Code, the facility must update the abstracts with a valid Abstractor Code. Those abstracts should be reviewed for accuracy to validate the abstracted data.

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

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

COC ACCREDITED FLAG

NAACCR ITEM #2152

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

CoC-accredited facilities are required to collect certain data items, including TNM staging. The flag incorporates the accredited status into abstracts at the time of abstraction by someone who knows the status. Thus, the flag simplifies and validates that CoC-accredited facilities have abstracted required items.

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

TYPE OF REPORTING SOURCE

NAACCR ITEM #500

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

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

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

Code	Label	Source Documents	Priority
1	Hospital inpatient; Managed health plans with comprehensive, unified medical records	- 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, surgery, radiation or oncology clinic	1
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 data items used to describe personal information about the patient. When grouped, these data can be used to study how cancer rates differ by geographic location and what groups are at a higher risk of certain types of cancer. Much of this section's information is confidential and can be used to identify individual patients.

Data Items Included in this Section (CONFIDENTIAL):

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

NAME – LAST**NAACCR ITEM #2230**

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

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

NAME – FIRST**NAACCR ITEM #2240**

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

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 the Name-Maiden field.

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

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

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

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

Every Medicare beneficiary has been assigned an MBI. Like the SSN, the MBI is confidential and should be protected as Personally Identifiable Information.

The Medicare Beneficiary Identifier (MBI) is randomly generated and has 11 characters, consisting of numbers and letters, entered without dashes. This number has replaced the Social Security Number for patients receiving Medicare/Medicaid and patients with Federal Medical Insurance. When available, enter the patient's 11-digit Medical Beneficiary Identifier. You may leave this field blank if the Medical Beneficiary Identifier is unavailable, the patient is a non-Medicare patient, or the number is unknown.

- Coding Requirements**
1. Conditional
 2. Value must be an 11-character string
 3. Character 1 must be numeric values 1 thru 9
 4. Character 2 must be alphabetic values A thru Z (minus S,L,O,I,B,Z)
 5. Character 3 must be alphanumeric values 0 thru 9 or A thru Z (minus S,L,O,I,B,Z)
 6. Character 4 must be numeric values 0 thru 9
 7. Character 5 must be alphabetic values A thru Z (minus S,L,O,I,B,Z)
 8. Character 6 must be alphanumeric values 0 thru 9 or A thru Z (minus S,L,O,I,B,Z)
 9. Character 7 must be numeric values 0 thru 9
 10. Character 8 must be alphabetic values A thru Z (minus S,L,O,I,B,Z)
 11. Character 9 must be alphabetic values A thru Z (minus S,L,O,I,B,Z)
 12. Character 10 must be numeric values 0 thru 9
 13. Character 11 must be numeric values 0 thru 9
 14. Value must not contain a pipe or asterisk symbols

SOCIAL SECURITY NUMBER (SSN)

NAACCR ITEM #2320

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

Coding Instructions:

1. Please reference APPENDIX Q - FLORIDA DEPARTMENT OF HEALTH LETTER regarding patient Social Security Number – A Florida Mandated Data Item printed on Florida DOH Letterhead.
2. Enter the patient's complete nine-digit Social Security Number.
3. The Social Security Number is entered without dashes and a letter suffix.
4. If the patient's Social Security Number is unknown, not applicable or incomplete, enter 999999999.
5. Do not use computer-generated hospital-specific billing numbers in this field.
6. Do not enter a partial Social Security Number with a valid last 4-digits. This is not a valid number.
7. Sequential numbers such as 123456789 and other contrived numbers will not be accepted as valid.
8. If you cannot access the patient social security number through your electronic medical record you must work with your in-house IT security and records access contacts to ensure you have access to this item. It is required in the Florida Statute for Reporting Cancers to FCDS.

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

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

DATE OF BIRTH

NAACCR ITEM #240

Identifies the date of birth of the patient.

Coding Instructions:

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

BIRTHPLACE STATE

NAACCR ITEM #252

Enter the two-character United States Postal Service abbreviation (Appendix B) for the state, commonwealth, U.S. possession; or Canadian province/territory in which the patient was born. Do not use State Code XX, YY, or ZZ for Canadian-born patients or patients born in a US Territory, US Possession, or while deployed out of the United States as part of the military or other federal service. Each tumor's birth state is the same if the patient has multiple primaries.

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 where the patient was born.

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

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

Please refer to Appendix B for specific ISO Country Codes.

SEX**NAACCR ITEM #220**

Enter the appropriate Sex code.

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

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

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

For guidance, refer to the Race Coding Instructions Supplement and Appendix D (Race and Nationality Descriptions from the 2000 Census and Bureau of Vital Statistics).

Code	Label	Code	Label
01	White	20	Micronesian, NOS
02	Black or African American	21	Chamorro
03	American Indian or Alaska Native	22	Guamanian, NOS
04	Chinese	25	Polynesian, NOS
05	Japanese	26	Tahitian
06	Filipino	27	Samoan
07	Native Hawaiian	28	Tongan
08	Korean	30	Melanesian, NOS
		31	Fiji Islanders
10	Vietnamese	32	Papua New Guinean
11	Laotian	96	Other Asian, including Asian, NOS
12	Hmong	97	Pacific Islander, NOS
13	Cambodian	98	Some other race
14	Thai	99	Unknown by patient
15	Asian Indian, NOS or Pakistani, NOS		
16	Asian Indian		
17	Pakistani		

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

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

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

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

Code	Label
0	Non-Spanish; non-Hispanic (including Portuguese and Brazilian)
1	Mexican (includes Chicano)
2	Puerto Rican
3	Cuban
4	South or Central American (except Brazil)
5	Other specified Spanish/Hispanic origin (includes European; excludes Dominican Republic)
Code	Label
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 differ for each primary. If a patient is younger than 15, assume he/she is single and code 1.

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

HEIGHT AT DIAGNOSIS**NAACCR ITEM #9960**

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

Coding Instructions:

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

Code "98" for 98 inches or greater.

Code "99" for unknown height.

Code "99" for historical cases.

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

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

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

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

WEIGHT AT DIAGNOSIS**NAACCR ITEM #9961**

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

Coding Instructions:

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

Code "999" for unknown weight.

Code "999" for historical cases.

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

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

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

This data item indicates the patient's past or current smoking use of tobacco (cigarette, cigar and/or pipe). Cigarette smoking is the leading preventable cause of death in the US and a major risk factor for cancer.

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

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

Coding Instructions:

- Record cigarette, cigar and/or pipe use only. Tobacco Use Smoking Status does not include marijuana, chewing tobacco, e-cigarettes, or vaping devices.
- Tobacco smoking history can be obtained from sections such as the Nursing Interview Guide, Flow Chart,
- Vital Stats, Nursing Assessment section, or other sources from the patient's hospital medical or physician office records.
- **Use code 1** (Current smoker) if there is evidence in the medical record that the patient quit smoking within 30 days prior to diagnosis. The 30 days prior information is intended to differentiate patients who may have quit recently due to symptoms that led to a cancer diagnosis.
- **Use code 2** (Former smoker) if the medical record indicates the patient smoked tobacco in the past but does not smoke now. The patient must have quit 31 or more days prior to cancer diagnosis to be coded as 'Former smoker' (see above instruction).
- **Use code 3** (Ever Smoked, current status unknown) if it cannot be determined whether patient currently smokes or formerly smoked. For example, the medical record only indicates "Yes" for smoking without further information.
- **Use code 9** (Unknown if ever smoked) rather than code 0 (Never used),
 - if the medical record only indicates "No" for tobacco use
 - smoking status is not stated or provided
 - the method (cigarette, pipe, cigar) used cannot be verified in the chart.

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

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

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 is not acceptable in the standard address fields.

ADDRESS 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 differ 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.

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

For non-analytic cases, the address at diagnosis may not be the patient's current address. Reviewing 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 patient's residence 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 facility residents.

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.

ADDRESS AT DX – CITY**NAACCR ITEM #70**

Enter the name of the city or town where 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 differ 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 a 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’ homes.

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

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.

ADDRESS 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 where the patient resides when the reportable tumor is diagnosed.

If the patient has multiple primaries, each tumor's state of residence may differ.

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 a country other than the United States (including its territories, commonwealths, or possessions) or Canada, and the country is known
YY	Resident of a country other than the United States (including its territories, commonwealths, or possessions) or Canada, and the 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

ADDRESS AT DX – COUNTRY**NAACCR ITEM #102**

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

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

Refer to Appendix B for specific ISO Country Codes.

ADDRESS AT DX – POSTAL CODE**NAACCR ITEM #100**

Identifies the postal code of the patient's address at diagnosis

For United States residents, enter either the 5-digit or the extended 9-digit Zip code. When the 9-digit extended Zip code is unavailable, enter the 5-digit Zip code followed by zeros.

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 available online, including http://www.usps.com/ncsc/lookups/lookup_zip+4.html.

COUNTY AT DIAGNOSIS**NAACCR ITEM #90**

Enter the code for the county of the patient's residence when 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, each tumor's county codes may differ.

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

Codes (in addition to FIPS):

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

999 COUNTY UNKNOWN

FCDS Address field requirements:

Address At Dx - State	Class of Case	Address Status	County	Zip Code
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

ADDRESS 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 differ 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 facility residents.

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.

ADDRESS 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 facility residents.

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.

ADDRESS CURRENT – STATE

NAACCR ITEM #1820

Enter the USPS abbreviation for the state, territory, commonwealth, U.S. possession, or Canada Post abbreviation for the Canadian province/territory of the patient’s current 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

ADDRESS CURRENT – COUNTRY

NAACCR ITEM #1832

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

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

Refer to Appendix B for specific ISO Country Codes.

ADDRESS 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 unavailable, 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 available online, including http://www.usps.com/ncsc/lookups/lookup_zip+4.html.

COUNTY – CURRENT

NAACCR ITEM #1840

Enter the 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. The county code must be 998 or 999 if any residence is out of Florida.

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). Use this code for Canadian residents.

999 COUNTY 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)				
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 corresponding to the patient's primary payment method 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 those 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]

Code	Label	Description
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 uninsured persons 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 uninsured persons, 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 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 responsible for the patient at the reporting facility. Generally, each facility assigns its coding scheme to physicians on staff. If the physician is no longer on staff, enter the FCDS facility number or the physician's last name. Use leading zeros when necessary to right-justify.

NPI – MANAGING PHYSICIAN**NAACCR ITEM #2465**

Identifies the physician responsible for the patient's overall management 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:

1. Record the 10-digit NPI for the physician responsible for managing the patient's care.
2. 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>.
3. NPI should be recorded as available.
4. NPI may be left blank.

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.

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:

1. Record the 10-digit NPI for the physician currently responsible for the patient's medical care.
2. 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>.
3. NPI should be recorded as available
4. NPI may be left blank.

Code	Definition
(fill Spaces)	10-digit NPI number for the following physician.
(leave blank)	NPI for the following physician is unknown or not available.

NPI – PRIMARY SURGEON**NAACCR ITEM #2485**

Identifies the physician who performed the most definitive surgical procedure.

Coding Instructions:

1. Record the 10-digit NPI for the physician who performed the most definitive surgical procedure.
2. 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>.
3. NPI should be recorded as available for all cases diagnosed January 1, 2008, and later.
4. NPI may be left blank.

Code	Definition
(fill Spaces)	10-digit NPI number for the primary surgeon.
(leave blank)	The patient did not have surgery. NPI for the primary surgeon is unknown or not available. The physician who performed the surgical procedure was not a surgeon (for example, general practitioner).

NPI – PHYSICIAN #3 – (RADIATION ONCOLOGIST)**NAACCR ITEM #2495**

Records the NPI for a physician involved in the care of the patient. It is recommended that this item identify the physician who performed the most definitive radiation therapy.

Coding Instructions:

1. Record the 10-digit NPI for the physician.
2. 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>.
3. NPI should be recorded as available.
4. NPI may be left blank.

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

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:

1. Record the 10-digit NPI for the physician.
2. 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>.
3. NPI should be recorded as available.
4. NPI may be left blank.

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

TEXT – USUAL OCCUPATION**NAACCR ITEM #310**

Provide enough details to document the patient's usual occupation, referring to the type of job or work performed during most of the patient's working life before a cancer diagnosis. The occupation is the job the patient held for the longest duration prior to a cancer diagnosis. It is not necessarily the highest-paying job nor the one deemed most prestigious, but rather 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.

Enter “Unknown” when no information is available.

Record “never worked” as the Usual Occupation if the patient has never worked.

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 employer's name 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 data items used to describe the cancer or tumor being reported. It includes when and where the cancer was first diagnosed, the anatomic location and type of cancer, staging and other descriptive information used to characterize the cancer at the time of diagnosis.

Data Items Included in This Chapter:

<u>NAACCR Item Number</u>	<u>Item Name</u>
390	Date of Diagnosis
2690	Text – Place of Diagnosis
610	Class of Case
490	Diagnostic Confirmation
400	Primary Site
2580	Text- Primary Site Title
410	Laterality
522	Histologic Type ICD-O-3 – See Appendix R
2590	Text- Histology Title
523	Behavior ICD-O-3
3843	Grade Clinical
3844	Grade Pathological
1068	Grade Post Therapy Clin (yc)
3845	Grade Post Therapy Path (yp)
756	Tumor Size Summary
820	Regional Lymph Nodes Positive
830	Regional Lymph Nodes Examined
1182	Lymph-Vascular Invasion

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

Records the first date of diagnosis of cancer as noted by any physician for the tumor reported whether clinically or microscopically confirmed. This includes radiologist diagnosis on imaging, pathologist diagnosis on review of biopsy, tissue or resection, or any other physician statement.

Unknow Date of Initial Diagnosis is not accepted by FCDS.

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

FCDS Requirement for Unknown Date of Diagnosis for all cases:

FCDS has long recognized that medical record history and physical exams often include mention of a ‘history of cancer’ but provide little if any information regarding when or where the diagnosis or initial treatment occurred. This is why for many years FCDS has allowed registrars to enter blanks, 9’s, or use the Date of Admission as a proxy for the Date of Initial Diagnosis when no information was available in the medical record. This generally applied to non-analytic cases seen at your facility with current evidence of cancer and historical-only cases with no evidence of cancer reported to FCDS in the historical grid when a new cancer has been diagnosed (multiple primaries diagnosed over patient’s lifetime). This is no longer the case.

FCDS requires every case that you abstract (analytic, non-analytic and historical grid cases) to include at a minimum a valid year of diagnosis. The FCDS EDITS Metafile will reinforce this requirement.

All Treatment (surgery, radiation, chemo, etc.) will also require a valid date consistent with the Date of Diagnosis so the edits can validate the treatment is indeed within the parameters of first course of therapy.

Without a valid year of diagnosis, FCDS EDITS cannot determine which set of diagnosis year specific standards to apply. This has led to complicated Florida-only rules for EDITS to point to which standards the EDITS must apply when trying to stage and grade cases (and the site-specific data items), and based on the Date of First Contact. Date of First Contact has proven not to be a very good proxy for Date of Diagnosis.

Below is a revised set of instructions and guidelines for estimating the Date of Diagnosis when no information or limited information is available in a medical record. See Instruction 23 below.

Estimating the Date of Diagnosis When No Information is Available in the Medical Record

Registrars must use every resource available at the reporting facility to determine the best date of diagnosis. In the absence of an exact date of initial diagnosis, you must estimate at least the year of diagnosis using your best approximation from the information available in the record. Documentation that the exact date of diagnosis was not available in the medical record must be included in a text field. When an exact date of diagnosis is identified after a case has been completed, contact FCDS.

Often, the History and Physical or a Consultation Report will provide clues to aid in estimating a date of diagnosis. Keywords and phrases such as recently, a few months ago, or in the distant past can provide hints as to when a patient was diagnosed without providing an exact year or date. However, registrars can use these keywords and phrases to guide them when determining an estimated date of diagnosis. Some medical record histories provide no clues as to when the patient was diagnosed with cancer. These can be the most difficult cases to estimate the date of diagnosis. Guidelines for estimating dates are provided

below bearing in mind that the clues in the record should be used first and will always override the guidelines. These are guidelines. No specific rules are available.

The date of initial diagnosis is the earliest date a medical practitioner recognizes this primary reportable neoplasm. It may be diagnosed clinically, by imaging, or microscopically. The date is the FIRST DATE, regardless of whether the diagnosis was made at the reporting facility or elsewhere. Please do not use the Date of Admission as a proxy for Date of Diagnosis.

The initial diagnosis date may be from a clinical diagnosis or another acceptable diagnostic method; for example, when a radiologist reviews a CT Scan or chest x-ray, and the diagnosis is lung cancer or suspicious for lung cancer. When a diagnosis is confirmed later on biopsy/resection, the (clinical or other acceptable testing) date of diagnosis remains the date of the initial diagnosis.

Date of Diagnosis Coding Instructions:

1. Use the first date of diagnosis whether clinically or histologically established.
2. Refer to the list of Ambiguous Terminology Section I for language that represents a diagnosis of cancer.
 - a. When the first diagnosis includes reportable ambiguous terminology, record the date of that diagnosis.
 Example: Area of microcalcifications in breast suspicious for malignancy on 02/13/2025.
 Biopsy positive for ductal carcinoma on 02/28/2025. The date of diagnosis is 02/13/2025.
3. **PI Rads, BI Rads, LI Rads alone are not reportable to FCDS. PI Rads, BI Rads, LI Rads confirmed with biopsy or physician statement are reportable to FCDS. The Date of Diagnosis is the date of the positive biopsy or definitive statement from a physician. This FCDS rule was updated to align with CoC.**
4. If the physician states that, in retrospect, the patient had cancer at an earlier date, use the earlier date as the date of diagnosis. When this occurs and the Date of Diagnosis is confirmed as earlier than previously reported, the registrar should contact FCDS to update the Date of Diagnosis.
5. A “Definitive Term” always supersedes any “Ambiguous Term” when making coding decisions.
6. Refer to the list of “Ambiguous Terms” in Section I for language that represents a diagnosis of cancer when only ambiguous terms are used to describe the abnormality or neoplasm.
7. The date of diagnosis based on a pathology report should be the date the specimen was taken, not the date the pathology report was read or created. Imaging often identifies a neoplasm prior to biopsy.
8. The date of death is the date of diagnosis for a *Class of Case 38* (diagnosed at autopsy) - NAACCR Item #610. However, if the patient is suspected of having cancer prior to death/autopsy and the autopsy simply confirms the presence of malignancy, the date of the first diagnosis for the suspected malignancy should be used. These patients were not actually diagnosed at autopsy, but rather the suspected cancer was confirmed at the time of death when the autopsy was performed.
9. For patients diagnosed prior to the date of first contact with the reporting facility, record the date of diagnosis as given in the medical record. This can usually be found in the patient history or in a resection, laboratory, or consultation report.
10. Suspicious Cytology should never be used as a basis for diagnosis when ‘suspicious’ or other ambiguous terms are used. Ambiguous cytology is not diagnostic of cancer. Any suspicious cytology must be confirmed by biopsy, resection or a statement by the physician that the patient has cancer. Cytology is the examination of cells rather than tissue. It includes sputum smears, bronchial brushings, bronchial washings, prostatic secretions, breast secretions, gastric fluids, spinal fluid, peritoneal fluid, urinary sediment, and cervical and vaginal smears. It does not include FNA.
 Use the date of clinical, histologic, or positive cytologic confirmation as the date of diagnosis.
11. If a date is not recorded and if the patient was seen at the reporting facility within one month of the diagnosis, then the date of first contact may be used as the date of diagnosis.

12. If a date is not recorded and if the date of the first cancer-directed therapy or treatment is known then the date of the first cancer-directed therapy or treatment may be used as the date of diagnosis.
13. Treatment dates may not be coded to unknown.
14. 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.
15. 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.
16. 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.
17. 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.
18. Use the actual date of diagnosis for an in utero diagnosis (For cases diagnosed before January 1, 2009, assign the date of birth).
19. In the absence of a definitive diagnosis date for patient undergoing first course therapy at the reporting facility, the date of first cancer-directed therapy may be recorded as the date of diagnosis.
20. If the year of diagnosis cannot be identified, the year of diagnosis must be approximated based on information from the H&P. Only the month and day of diagnosis can be left blank.

21. FINAL RESORT FOR ESTIMATING DATE OF DIAGNOSIS:

- a. Always take into account the chronology of previous diagnosis of cancer and adjust the below recommendations to take the age of the patient and the chronology of diagnoses into account.
- b. FCDS Cancer Site-Specific Estimates when no information available except 'history of xyz cancer'. The below estimates are suggestions for a date of diagnosis of last resort and must take the chronology of the other cancers, initial course of therapy, and other factors into account.
- c. FCDS Cancer Site-Specific estimates are loosely based on the Solid Tumor Rules, estimated time to recurrence or progression, expected lifespan, and/or FCDS experience applying the Solid Tumor Rules over many years and as available. These estimates are far from perfect and must always be used with caution, considering all other factors available in the patient's age and medical history.
 - i. Head and Neck Sites – at least 3 years prior to admission
 - ii. Colon/Rectosigmoid/Rectum Sites – at least 5 years prior to admission
 - iii. Lung – at least 3 years prior to admission
 - iv. Kidney – at least 5 years prior to admission
 - v. Cutaneous Melanoma – at least 1 year prior to admission
 - vi. Breast – at least 5 years prior to admission
 - vii. GYN Sites – at least 5 years prior to admission
 - viii. Urinary Sites – at least 3 years prior to admission
 - ix. Prostate – at least 5 years prior to admission
 - x. Malignant Lymphoma – at least 3 years prior to admission
 - xi. Chronic Leukemia – at least 5 years prior to admission
 - xii. Myeloproliferative/Myelodysplastic Neoplasms – at least 5 years prior to admission AND diagnosed after 2001 which is the year these cancers became reportable to FCDS
 - xiii. Benign Brain Tumors – at least 5 years prior to admission AND diagnosed after 2004 which is the year these cancers became reportable to FCDS.
 - xiv. Malignant Brain Tumors – at least 1 year prior to admission
 - xv. Other Sites – at least 5 years prior to admission
 - xvi.

Date of Initial Diagnosis – Estimating a Best Date of Diagnosis	
Spring	Use April (04) for the month
Summer	Use July (07) for the month
Fall/Autumn	Use October (10) for the month
Winter	Determine if this means the beginning or the end of the year. Use December (12) or January (01) for the month as determined.
Early in Year	Use January (01) for the month
Middle of Year	Use July (07) for the month
Late in Year	Use December (12) for the month
Recently	Use the year and month of admission and leave the day blank. If patient was admitted during the first week of a month, use the previous month.
Several Months Ago	If the patient was not previously treated or if first course treatment started elsewhere was continued at the reporting facility, assume the case was first diagnosed three months before admission with day unknown (blank).
A Couple of Years	Code to two years earlier
A Few Years	Code to three years earlier

TEXT – PLACE OF DIAGNOSIS

NAACCR ITEM #2690

Enter text information about the facility, city, state, or county where the diagnosis was made, even if at your facility. If the patient was diagnosed in a physician's office, please enter the physician's name and any other identifying information.

Text is needed to justify the codes selected for the related data item(s) and to allow for the recording of information that is not coded at all. Text is also used for quality control and for special studies.

Text information should be retrieved from the medical record and should not be generated electronically from coded values.

CLASS OF CASE

NAACCR ITEM #610

The Class of Case reflects the facility's role in managing the cancer, whether the cancer is required to be reported by CoC, and whether the case was diagnosed after the program's Reference Date.

Enter the appropriate Class of Case. Use the code from the accompanying table which best describes the level of involvement by the reporting facility with the initial diagnosis and treatment of the reported cancer.

- Code 00 applies only when it is known the patient went elsewhere for treatment. If it is not known that the patient actually went somewhere else, code *Class of Case* 10.
- A staff physician (codes 10-12, 41) is a physician who is employed by the reporting facility, under contract with it, or a physician who has routine practice privileges there. Treatment provided in a staff physician's office is provided "elsewhere". That is because care given in a physician's office is not within the hospital's realm of responsibility.

- If the hospital has purchased a physician practice, it will be necessary to determine whether the practice is now legally considered part of the hospital (their activity is coded as the hospital's) or not. If the practice is not legally part of the hospital, it will be necessary to determine whether the physicians involved are staff physicians or not, as with any other physician.
- “In-transit” care is care given to a patient who is temporarily away from the patient’s usual practitioner for continuity of care. If these cases are abstracted, they are *Class of Case 31*. If a patient begins first course radiation or chemotherapy elsewhere and continues at the reporting facility, and the care is not in-transit, then the case is analytic (*Class of Case 21*).

Analytic Classes of Case	
<i>Initial diagnosis at reporting facility</i>	
00	Initial diagnosis at the reporting facility AND all treatment or a decision not to treat was done elsewhere.
10	Initial diagnosis at the reporting facility or in a staff physician’s office AND part or all of first course Treatment or a decision not to treat was at the reporting facility, NOS. If it is not known that the patient actually went somewhere else , code <i>Class of Case 10</i>
11	Initial diagnosis in staff physician’s office AND part of first course treatment was done at the reporting facility.
12	Initial diagnosis in staff physician’s office AND all first course treatment or a decision not to treat was done at the reporting facility.
13	Initial diagnosis at the reporting facility AND part of first course treatment was done at the reporting facility; part of first course treatment was done elsewhere.
14	Initial diagnosis at the reporting facility AND all first course treatment or a decision not to treat was done at the reporting facility
<i>Initial diagnosis elsewhere</i>	
20	Initial diagnosis elsewhere AND all or part of first course treatment was done at the reporting facility, NOS..
21	Initial diagnosis elsewhere AND part of first course treatment was done at the reporting facility.
22	Initial diagnosis elsewhere AND all first course treatment or a decision not to treat was done at the reporting facility.

Non-Analytic Classes of Case	
<i>Patient appears in person at reporting facility</i>	
30	Initial diagnosis and all first course treatment elsewhere AND reporting facility participated in diagnostic workup (for example, consult only) NOTE: The 2010 FORDS Manual changed the definition Class of Case = 30 the CoC added a new component to what previously had been “consult only.” The addition is for cases where the facility is part of the “staging workup after initial diagnosis elsewhere.” These cases are “analytic” to FCDS and in Florida a “consult only” case only refers to a case where the facility provides a second opinion without additional testing.
31	Initial diagnosis and all first course treatment elsewhere AND reporting facility provided in-transit care.
32	Diagnosis AND all first course treatment provided elsewhere AND patient presents at reporting facility with disease recurrence or persistence (active disease).
33	Diagnosis AND all first course treatment provided elsewhere AND patient presents at reporting facility with disease history only (disease not active).
34	Type of case not required by CoC to be accessioned (for example, a benign colon tumor) AND

	initial diagnosis AND part or all of first course treatment by reporting facility.
35	Case diagnosed before program's Reference Date AND initial diagnosis AND all or part of first course treatment by reporting facility.
36	Type of case not required by CoC to be accessioned (for example, a benign colon tumor) AND initial diagnosis elsewhere AND all or part of first course treatment by reporting facility.
37	Case diagnosed before program's Reference Date AND initial diagnosis elsewhere AND all or part of first course treatment by facility.
38	Initial diagnosis established by autopsy at the reporting facility, cancer not suspected before death.
<i>Patient does not appear in person at reporting facility</i>	
40	Diagnosis AND all first course treatment given at the same staff physician's office..
41	Diagnosis and all first course treatment given in two or more different staff physician offices
<i>Patient appears in person at reporting facility</i>	
42	Non-staff physician or non-CoC accredited clinic or other facility, not part of reporting facility, accessioned by reporting facility for diagnosis and/or treatment by that entity (for example, hospital abstracts cases from an independent radiation facility).
43	Pathology or other lab specimens only.
49	Death certificate only.
99	Non-analytic case of unknown relationship to facility (not for use by CoC accredited cancer programs for analytic cases).

DIAGNOSTIC CONFIRMATION

NAACCR ITEM #490

Records the best method of diagnostic confirmation of the cancer being reported at any time in the patient's history.

Coding Instructions for Solid Tumors (all tumors *except* ICD-O-3 Histology Codes M9590-9993):

1. The codes are in **priority order**; code 1 has the highest priority. Always code the procedure with the lower numeric value when presence of cancer is confirmed with multiple diagnostic methods. This data item must be changed to the lower (higher priority) code if a more definitive method confirms the diagnosis *at any time during* the course of the disease.
2. Code 1 when the microscopic diagnosis is based on tissue specimens from biopsy, frozen section, surgery, autopsy or D&C or from aspiration of biopsy of bone marrow specimens. Code 1 is the preferred coding for Fine Needle Aspiration (FNA). Code 1 is also used for bone marrow biopsy, peripheral blood smears and other diagnostic methods for many leukemia cases (or Code 3). Leukemia can also be diagnosed with CBC or wbc PLUS OR MINUS Immunophenotyping, genetic testing, or JAK2 testing. Code 1 or Code 3 should be used depending on result of special testing.

NOTE: Pathologists may refer to FNA as 'FNA Cytology' – however, 'cytology' for cancer registry purposes indicates cells suspended in body fluids such as washings, spinal fluid, pleural fluid or peritoneal fluid. FNA does not meet this definition.

3. Code 2 when the microscopic diagnosis is based on cytologic examination of *cells suspended in body fluids* such as sputum smears, bronchial brushings, bronchial washings, prostatic secretions, breast secretions, gastric fluid, spinal fluid, peritoneal fluid, pleural fluid, urinary sediment, cervical smears and vaginal smears, or from paraffin block specimens from concentrated spinal, pleural, or peritoneal

fluid. FNA is not classified as ‘cytology’ in cancer registry. FNA is treated as a biopsy Code 1.

4. DO NOT USE Code 3 for ANY Solid Tumors. Code 3 is only for Myeloid/Lymphoid Neoplasms. There are some solid tumors such as non-small cell lung cancer and several brain tumors can have genetic testing to identify histologic type and subtype. However, code 3 is not used in these cases.
5. Code 4 when there is information that the diagnosis of cancer was microscopically confirmed, but the type of confirmation is unknown.
6. Code 5 when the cancer diagnosis is based on laboratory tests or marker studies which are clinically diagnostic for that specific cancer.

Example: If the workup for a prostate cancer patient is limited to a highly elevated PSA (no DRE and no imaging) and the physician diagnoses and/or treats the patient based only on that PSA, code the diagnostic confirmation to 5.

7. 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.
8. Code 7 when the only confirmation of malignancy was diagnostic imaging such as computerized axial tomography (CT scans), magnetic resonance imaging (MRI scans), or ultrasounds/sonography
 - a. Note: Intraductal papillary mucinous neoplasm with high grade dysplasia (8453/2) of the pancreas is reportable based on imaging alone; histologic confirmation is not required.
9. Assign code 8 when the case was diagnosed by any clinical method not mentioned in preceding codes. The diagnostic confirmation is coded 8 when the only confirmation of disease is a physician’s clinical diagnosis.

Example: CT diagnosis is possible lung cancer. Patient returns to the nursing home with a Do Not Resuscitate (DNR) order. Physician enters a diagnosis of lung cancer in the medical record. Code the diagnostic confirmation to 8: there is a physician’s clinical diagnosis – clinical diagnosis made by the physician using the information available for the case.
10. Code 9 should not be used unless there is absolutely no information or inference of confirmation method used to confirm the patient’s cancer. Do not use this code.

Codes for Solid Tumors (all tumors *except* ICD-O-3 Histology Codes M9590-9993):

Code	Description	Definition
1	Positive histology – INCLUDES FNA, bone marrow, peripheral blood smear, CBC, WBC, tissue, core biopsy	Histologic confirmation (tissue microscopically examined) (includes FNA) FNA is comparable to a bone marrow aspiration/bx. It is not an examination of body cavity fluid, a fluid suspension, washings, or cells in urine.
2	Positive cytology – NOT FNA – body fluid	Cytologic confirmation (no tissue microscopically examined; fluid suspension with cells microscopically examined – urine, washings, body cavity fluids).

Code	Description	Definition
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 <u>Note: DO NOT USE THIS CODE</u>	A statement of malignancy was reported in the medical record, but there is no statement of how the cancer was diagnosed (usually nonanalytic).

Coding Instructions for Hematopoietic/Lymphoid Neoplasms (Histology Codes M9590-9993):

1. There is no priority hierarchy for coding *Diagnostic Confirmation* for hematopoietic and lymphoid tumors. Most commonly, the specific histologic type is diagnosed by immunophenotyping or genetic testing. See the online *Hematopoietic Database (DB)* for information on the definitive diagnostic confirmation for specific types of tumors.
2. Code 1 when the microscopic diagnosis is based on tissue specimens from biopsy, frozen section, surgery, autopsy or D&C or from aspiration of biopsy of bone marrow specimens. Code 1 is the preferred coding for Fine Needle Aspiration (FNA). Code 1 is also used for bone marrow biopsy, peripheral blood smears and other diagnostic methods for many leukemia cases (or Code 3). Leukemia can also be diagnosed with CBC or wbc PLUS OR MINUS Immunophenotyping, genetic testing, or JAK2 testing. Code 1 or Code 3 should be used depending on result of special testing.

NOTE: Pathologists may refer to FNA as 'FNA Cytology' – however, 'cytology' for cancer registry purposes indicates cells suspended in body fluids such as washings, spinal fluid, pleural fluid or peritoneal fluid. FNA does not meet this definition.

3. For leukemia only, code 1 when the diagnosis is based only on the complete blood count (CBC), white blood count (WBC) or peripheral blood smear. Use code 1 for FNA cytology, bone marrow, peripheral blood, or blood smear for leukemia. Do not use code 1 if the diagnosis was based on immunophenotyping or genetic testing using tissue, bone marrow, or blood.
4. Code 2 when the microscopic diagnosis is based on cytologic examination of *cells* (rather than tissue)

including but not limited to spinal fluid, peritoneal fluid, pleural fluid, urinary sediment, cervical smears and vaginal smears, or from paraffin block specimens from concentrated spinal, pleural, or peritoneal fluid. These methods are rarely used for hematopoietic or lymphoid tumors.

5. Code 3 can be used for cases diagnosed 2010+ with histologic confirmation (see code 1) AND immunophenotyping, genetic testing, immunophenotype, flow cytometry, microarray, FISH, NGS genetic panel, multi-gene panel test, PCR testing, IHC testing, or JAK2 confirmation.

- a) Did the patient have one or more molecular pathology tests performed on blood, lymph, bone marrow and/or tissue biopsy/resection (traditional anatomic microscopy/pathology)?

✓ Immunophenotype

- Flow cytometry for cluster of designation or CD marker analysis,
- IHC (immunohistochemistry) for CD marker analysis,
- PCR testing (polymerase chain reaction) for CD marker analysis,

✓ Molecular pathology studies to analyze DNA or other genetic material using;

- Single gene test,
- Genetic panel test,
- Multi-gene panel test,
- DNA Microarray,
- Biomolecular marker(s),
- FISH (fluorescent in-situ hybridization),
- Other Immunofluorescence testing,
- Next-generation sequencing (NGS) gene panel, or
- Other DNA/RNA/gene testing

- b) Did the additional molecular pathology test(s) result in one or more of the following; a) confirm the diagnosis, b) clarify the type of neoplasm (clarify specific histologic type or subtype), or 3) identify a target drug or specific biological, molecular or immunotherapy (BRM)?

- c) Cases with positive histology for the neoplasm being abstracted (including acceptable ambiguous terminology and provisional diagnosis) AND immunophenotyping, genetic testing, or JAK2 is listed in the Definitive Diagnosis in the Heme DB AND the testing:

- i. Confirms the neoplasm OR
- ii. Identifies a more specific histology (not preceded by ambiguous terminology)
 Note 1: Do not use code 3 for positive immunophenotyping or genetic testing identifying a more specific histology when preceded by ambiguous terminology.
 Note 2: Do not use code 3 for positive immunophenotyping or genetic testing identifying a more specific histology when the test result is preceded by "patchy weak staining."
- iii. Peripheral blood smear followed by flow cytometry (most commonly done with CLL/SLL, 9823/3)
 Note: Flow cytometry studies are typically done based on an abnormal blood smear. If unable to find documentation that a peripheral blood smear was done first, assume that it was and code 3

Note 1: The following histologies are diagnosed based on immunophenotyping or genetics and therefore should only be diagnostic confirmation 3: 9806/3, 9807/3, 9808/3, 9809/3, 9812/3, 9813/3, 9814/3, 9815/3, 9816/3, 9817/3, 9818/3, 9819/3,

9865/3, 9866/3, 9869/3, 9871/3, 9877/3, 9878/3, 9879/3, 9896/3, 9897/3, 9911/3, 9912/3, 9965/3, 9966/3, 9967/3, 9968/3, 9986/3.

Note 2: The following histologies should never be assigned diagnostic confirmation 3 since they are non specific codes and neither genetic testing or immunophenotyping are listed as Definitive Diagnostic Methods for these histologies. If there is immunophenotyping or genetics available, then a more specific histology code may be able to be assigned: 9590/3, 9655/3, 9800/3, 9820/3, 9860/3, 9863/3, 9980/3, 9982/3, 9989/3, 9991/3.

6. Code 5 when the diagnosis of cancer is based on laboratory tests or marker studies which are clinically diagnostic for that specific cancer, 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. Code 6 is used for direct visualization of a neoplasm either through an endoscope or viewed with physician eyes.
8. Code 7 is used rarely for hematopoietic neoplasms. However, some neoplasms (brain, lung) may be diagnosed on imaging without additional confirmation of the neoplasm. Use this code sparingly.
9. Code 8 for when the hematopoietic neoplasms are 'diagnosis by exclusion' when tests for the disease are negative and the physician makes a diagnosis based on information from the clinical presentation and negative tests.
10. Code 8 when the case was diagnosed by any clinical method that cannot be coded as 5, 6 or 7.
11. Code 9 should not be used unless there is absolutely no information or inference of confirmation method used to confirm the patient's cancer. DO NOT USE THIS CODE EVEN ON HISTORICAL CASES

Codes Hematopoietic or Lymphoid Neoplasms (ICD-O-3.2 Histology Codes M9590-9993):

Code	Description	Definition
1	Positive histology – INCLUDES FNA, bone marrow biopsy, peripheral blood smear, CBC, WBC	Histologic confirmation (tissue microscopically examined). Includes FNA Cytology.
2	Positive cytology – NOT FNA	Cytologic confirmation – cells suspended in body fluids (no tissue microscopically examined; fluid cells microscopically examined).
3	Positive histology PLUS • Positive immunophenotyping AND/OR • Positive genetic studies SEE LIST OF POSSIBLE TESTS ABOVE TO RULE OUT CODE 3	Histology is positive for cancer, and there are also positive immunophenotyping and/or genetic test results to refine or confirm a specific diagnosis. For example, bone marrow examination is positive for acute myeloid leukemia. (9861/3) Genetic testing shows AML with inv(16)(p13.1q22) (9871/3).
4	Positive microscopic confirmation, method not specified	Microscopic confirmation is all that is known. It is unknown if the cells were from histology or cytology.

Code	Description	Definition
5	Positive laboratory test/marker study Note: DO NOT USE THIS CODE	A clinical diagnosis of cancer is based on laboratory tests/marker studies which are clinically diagnostic for cancer.
6	Direct visualization without microscopic confirmation	The tumor was visualized during a surgical or endoscopic procedure only with no tissue resected for microscopic examination.
7	Radiography and other imaging techniques without microscopic confirmation	The malignancy was reported by the physician from an imaging technique report only.
8	Clinical diagnosis only, other than 5, 6 or 7	The malignancy was reported by the physician in the medical record.
9	Unknown whether or not microscopically confirmed Note: DO NOT USE THIS CODE	A statement of malignancy was reported in the medical record, but there is no statement of how the cancer was diagnosed (usually nonanalytic).

PRIMARY SITE**NAACCR ITEM #400**

Enter the topography code for the site of origin of the primary tumor from the *International Classification of Diseases for Oncology* (ICD-O-3). The terms primary site, site, and topography are used synonymously.

Coding Instructions:

- Record the ICD-O-3 topography code for the site of origin. You can still use the ICD-O-3 purple book for Topography (Primary Site) Coding. None of the Topography Codes have changed.
- Consult the physician advisor to identify the primary site or the most definitive site code if the medical record does not contain that information.
- Topography codes are indicated by a “C” preceding the three-digit code number. Do not record the decimal point.
- Follow the Coding Instructions in ICD-O-3 and in the most current version of the *SEER Solid Tumor Rules* to assign primary site for solid tumors.
- Avoid assigning unknown/ill-defined site topography codes; they are general terms/vague anatomy. Unknown/Ill-Defined Sites Include: C069, C189, C260-269, C328-329, C390-399, C409, C419, C479, C499, C559, C579, C639, C760-769, C809.

When the medical record does not contain enough information to assign a primary

- Consult a physician advisor to assign the site code
- Use the NOS category for the organ system or the Ill-Defined Sites (C760-C768) if the physician advisor cannot identify a primary site
- Occult Tumors of the Head and Neck
 - Assign primary site C119 (nasopharynx) for occult head and neck tumors with cervical lymph node metastasis in Levels I-VII, and other group lymph nodes positive for Epstein–Barr virus (EBV+) (regardless of p16 status) encoded

- small RNAs (EBER) identified by in situ hybridization
 - ii. Assign primary site C109 (oropharynx) for occult head and neck tumors with cervical lymph node metastasis in Levels I-VII, and other group lymph nodes, p16 positive with histology consistent with HPV-mediated oropharyngeal carcinoma (OPC)
 - iii. Assign C760 for Occult Head and Neck primaries with positive cervical lymph nodes. Schema Discriminator 1: Occult Head and Neck Lymph Nodes is used to discriminate between these cases and other uses of C760
- 6. Follow the instructions in *Hematopoietic and Lymphoid Neoplasm Case Reportability and Coding Manual* and the Hematopoietic and Lymphoid Neoplasms Database (Hematopoietic DB) in the most current version for assigning site for lymphomas, leukemia and other hematopoietic neoplasms (M-9590-9993) and to determine whether multiple conditions represent one or more tumors to be abstracted for myeloid and lymphoid neoplasm cases diagnosed on or after January 1, 2010.
- 7. Use subcategory 8 for single tumors that overlap the boundaries of two or more sub-sites and the unknown point of origin.
- 8. Use subcategory 9 for multiple tumors that originate in different subsites of one organ.

Rules for Specific Tissues with Ill-Defined Sites:

1. Use the alphabetic index in ICD-O-3 to assign the most specific site if only a general location is specified in the record.
2. DO NOT USE TOPOGRAPHY CODES IN THE C76.* SERIES for soft tissue neoplasms or neoplasms of unknown primary. Use the specific soft tissue/connective tissue primary site codes.
3. Use the table below to assign primary site when the only information available is the histologic type of tumor and the patient has metastatic disease without an identifiable primary site. The primary site is presumed to be the NOS or “not otherwise specified” primary site code when the histology is known but for which no primary can be found. Do not code these cases to C80.9.

Histologic Type Codes	Histologic Types	Preferred Site Codes for Ill-Defined Primary Sites
8720-8790	Melanoma	C44. _, Skin
8800-8811, 8813-8830, 8840-8921, 9040-9044	Sarcoma except periosteal fibrosarcoma and dermatofibrosarcoma	C49. _, Connective, Subcutaneous and Other Soft Tissues
8990-8991	Mesenchymoma	C49. _, Connective Subcutaneous and Other Soft Tissues
8940-8941	Mixed tumor, salivary gland type	C07. _, for Parotid Gland; C08. _, for Other and Unspecified Major Salivary glands

9120-9170	Blood vessels tumors, Lymphatic vessel tumors	C49. __, Connective Subcutaneous and other Soft tissues
9240-9252	Mesenchymal chondrosarcoma and giant cell tumors	C40. __, C41. __ for bone and cartilage C49. __, Connective, Subcutaneous, and Other Soft tissues
9580-9582	Granular cell tumor and alveolar soft part sarcoma	C49. __, Connective, Subcutaneous and Other Soft Tissues

IMPOSSIBLE PRIMARY SITE/HISTOLOGY COMBINATIONS

Combinations of primary sites and histologies are designated as “impossible” because the combination of site and histology type is biologically impossible, i.e., the particular form of cancer does not arise in the specified site.

Checking medical references or discussing problem cases with the registry’s medical advisors is helpful. The suggestions below are a starting point for analyzing an impossible site and histology combination but are not a substitute for a medical decision. Reference to the original medical record is always required.

1. Retroperitoneum/Peritoneum and Melanomas: If melanoma is identified in peritoneal or retroperitoneal tissue, it is almost certainly metastatic to that site. Try to identify the primary site of the melanoma. If no primary can be determined, the standard convention in cancer registries is to code the primary site as skin, NOS, C44.9, which puts the case in the most likely site group for analysis. Most histologic type codes for melanomas in ICD-O-3 list skin, C44. __, as the appropriate primary site.
2. Nasal Cavity/Middle Ear/Accessory Sinuses and Osteosarcomas: Osteosarcomas arise in bone, and the specified site code in ICD-O-3 is C40. __ or C41. __. Osteosarcomas arising in the 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. If no primary can be determined for a carcinoma, code unknown primary site, C80.9. For melanoma, if no primary can be determined, the standard convention in cancer registries is to code the primary site as skin, NOS, C44.9, which puts the case in the most likely site group for analysis. Most histologic type codes for melanomas in ICD-O-3 list skin, C44. __, as the appropriate primary site.
4. Peripheral Nerves/Connective Tissue and Carcinomas or Melanomas: If a carcinoma or melanoma is identified in peripheral nerves or connective tissue, it is almost certainly metastatic to that site. Try to identify the primary site of the carcinoma or melanoma. For a carcinoma, if no primary can be determined, code unknown primary site, C80.9. For a melanoma, if no primary can be determined, the standard convention in cancer registries is to code the primary site as skin, NOS, C44.9, which puts the case in the most likely site group for analysis. Most histologic type codes for melanomas in ICD-O-3 list skin, C44. __, as the appropriate primary site.
5. Meninges/Brain/Other CNS and Carcinomas: If a carcinoma is identified in the brain, meninges, or other central nervous system, it is metastatic to that site. Try to identify the true primary site of the carcinoma.
6. Bone and Carcinomas or Melanomas: If a carcinoma or melanoma is defined in the pleura or mediastinum, it is almost certainly metastatic to that site. Try to identify the primary site of the carcinoma or melanoma. For a carcinoma, if no primary can be determined, code unknown primary site, C80.9. For a melanoma, if

no primary can be determined, the standard convention in cancer registries is to code the primary site as skin NOS, C44.9, which puts the case in the most likely site group for analysis. Most histologic type codes for melanomas in ICD-O-3 list skin, C44., as the appropriate primary site.

7. Ill-defined Sites and Various Histologies: Some histologic types are by convention more appropriately coded to a code representing the tissue in which such tumors arise rather than the ill-defined region of the body, which contains multiple tissues. The table below shows for the histologic types which site should be used instead of an ill-defined site in the range C76.0-C76.8.

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

Cancer PathCHART Site-Morphology Combination Standards

Source: SEER Program Coding and Staging Manual 2024

About Cancer PathCHART: The Cancer Pathology Coding Histology and Registration Terminology (Cancer PathCHART) initiative is a ground-breaking collaboration of North American and global registrar, registry, pathology, and clinical organizations. The main goal of Cancer PathCHART is to improve cancer surveillance data quality by updating standards for tumor site, histology, and behavior code combinations and associated terminology. This initiative involves a substantial, multifaceted review process of histology and behavior codes (and associated terminology) by tumor site that includes expert pathologists and tumor registrars. The results of these in-depth reviews are incorporated into the Cancer PathCHART database, which serves as the single source of truth standards for tumor site, histology, and behavior coding across all standard setters. See the Cancer PathCHART website for further information:

<https://seer.cancer.gov/cancerpathchart/>.

Cancer PathCHART Standards for cases diagnosed January 1, 2024 and forward: Tumor site-morphology combinations are designated as valid, unlikely, or impossible. Valid tumor entities can be abstracted without any issues. For cases diagnosed as of January 1, 2024 and forward, Impossible tumor entities will trigger an error on the Primary Site, Morphology-Type, Beh ICDO3 2024 (N7040) edit and cannot be abstracted. An alternative site, histology, and behavior combination will need to be coded for the tumor. Unlikely entities will also trigger an error on the N7040 edit. For these combinations, confirm the primary site, histology and behavior code by thoroughly reviewing the medical record. If the information is determined to be correct as coded, the Site/Type Interfield Review override flag will need to be set for the abstract. The 2024 Cancer PathCHART ICD-O-3 Site Morphology Validation List: **The 2024 Cancer PathCHART ICD-O-3 Site Morphology Validation List (CPC SMVL), output directly from the Cancer PathCHART database, is a comprehensive table that replaces both the ICD-O-3 SEER Site/Histology Validation List and the list of impossible site and histology combinations included in the Primary Site, Morphology-Imposs ICDO3 (SEER IF38) edit.** The 2024 CPC SMVL is freely available to cancer registration software vendors and any other end users in easily consumed, computer-readable formats (CSV, XLSX, XML, and JSON). The downloadable list can be found at <https://seer.cancer.gov/cancerpathchart/products.html>.

Cancer PathCHART SVMML Search Tool: a web tool is available on the Cancer PathCHART website that will allow searches for tumor topography, histology, and behavior codes and terms and whether the site-morphology combinations are biologically valid, impossible, or unlikely.

TEXT- PRIMARY SITE TITLE

NAACCR ITEM #2580

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

LATERALITY

NAACCR ITEM #410

Laterality identifies the side of a paired organ or the side of the body in 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. Assign code 5 when the tumor originates only in the midline of a site listed in 4a. "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.
 - a. C700, C710-C714, C722-C725, C443, C444, C445
5. Organs not paired, unless they are recorded "right" or "left" laterality, are coded 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 C700, C710-C714, C722-C725, C443, C444, C445
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
C09.8	Overlapping lesion of tonsil
C09.9	Tonsil, NOS
C30.1	Middle ear
C31.0	Maxillary sinus
C31.2	Frontal sinus
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

ICD-O-3	SITES
C44.1	Skin of eyelid
C44.2	Skin of external ear
C44.3	Skin of other and unspecified parts of face (midline code “9”)
C44.4	Skin of Scalp and Neck
C44.5	Skin or trunk (midline code “9”)
C44.6	Skin of upper limb and shoulder
C44.7	Skin of lower limb and hip
C47.1	Peripheral nerves and autonomic nervous system of upper limb shoulder
C47.2	Peripheral nerves and autonomic nervous system of lower limb and hip
C49.1	Connective, subcutaneous and other soft tissues of upper limb and shoulder
C49.2	Connective, subcutaneous and other soft tissues of lower limb and hip
C50.0 – C 50.9	Breast
C56.9	Ovary
C57.0	Fallopian tube
C62.0 – C62.9	Testis
C63.0	Epididymis
C63.1	Spermatic cord
C64.9	Kidney, NOS
C65.9	Renal pelvis
C66.9	Ureter
C69.0 – C69.9	Eye and lacrimal gland
C70.0	Cerebral meninges, NOS (excluding diagnoses prior to 2004)
C71.0	Cerebrum (excluding diagnoses prior to 2004)
C71.1	Frontal lobe (excluding diagnoses prior to 2004)
C71.2	Temporal lobe (excluding diagnoses prior to 2004)
C71.3	Parietal lobe (excluding diagnoses prior to 2004)
C71.4	Occipital lobe (excluding diagnoses prior to 2004)
C72.2	Olfactory nerve (excluding diagnoses prior to 2004)
C72.3	Optic nerve (excluding diagnoses prior to 2004)
C72.4	Acoustic nerve (excluding diagnoses prior to 2004)
C72.5	Cranial nerve, NOS (excluding diagnoses prior to 2004)
C74.0 – C74.9	Adrenal gland
C75.4	Carotid body

HISTOLOGIC TYPE ICD-O-3**NAACCR ITEM #522**

Numerous resources are required to code Histologic Type ICD-O-3. See Appendix R and all references to code histology.

International Classification of Diseases for Oncology, 3rd ed. Geneva, World Health Organization: 2000	The World Health Organization WHO Publications Center USA; 49 Sheridan Avenue; Albany, NY 12210 ISBN 9241545348 Order Number 11503350 http://www.who.int/classifications/icd/en/index.html
Current Hematopoietic and Lymphoid Neoplasm Case Reportability and Coding Manual and Hematopoietic Database (desktop or web-based versions available)	https://seer.cancer.gov/tools/heme/
Current NAACCR ICD-O-3 Coding Guidelines – Annotated Histology List	https://www.naaccr.org/icdo3/
ICD-O-3.2 Excel Table downloaded from the IACR/WHO Website	Downloadable Excel File Version of ICD-O-3.2 http://www.iacr.com.fr/index.php?option=com_content&view=article&id=149:icd-o-3-2&catid=80&Itemid=545

Histologic Type identifies the microscopic anatomy of cells, is a basis for staging and the determination of treatment options, and affects the patient's prognosis and course of disease.

Code the final pathologic diagnosis for solid tumors.

Use the Hematopoietic Rules and online Database for coding myeloid and lymphoid neoplasms (lymphoma, leukemia, myeloma, myelodysplastic syndromes or myeloproliferative diseases).

The printed versions of the ICD-O-3 Manual is no longer current and should be used as a last resort. However, the basic rules for using these codes are still valid and included in early chapters of the manual.

Use the most current version of the Solid Tumor Rules (<https://seer.cancer.gov/tools/solidtumor/>) when coding the histology for all reportable solid tumors. And, use the WHO official ICD-O-3.2 Tables for official ICD-O-3.2 histology codes. You may also use the NAACCR Annotated Histology List with care.

For lymphomas, leukemias and other hematopoietic tumors (any histology 9590 or greater), follow the instructions in Hematopoietic and Lymphoid Neoplasm Case Reportability and Coding Manual and the Hematopoietic and Lymphoid Neoplasms Database (Hematopoietic DB) <https://seer.cancer.gov/tools/heme/>.

Site-Associated/Site-Related Codes: Some histology/behavior terms in ICD-O-3 have a related or associated primary site code in parenthesis next to the histology code; for example Hepatoma (C22.0). This indicates that this particular histology is usually associated with the primary site C22.0 (liver). Use specific histology codes associated with specific primary site topography codes. Use the site code suggested by ICD-O-3 when the primary site is the same as the site code suggested or when the primary site is unknown and the histology is known.

Code the site documented in the record and ignore the suggested ICD-O-3 code when a primary site is specified in the medical record and there is no evidence of neoplasm in the suggested site.

2018 Site-Restricted Codes: New histology codes were introduced in 2018 that are restrictive to certain sites, particularly lung cancers, pancreato-hepat-biliary cancers, and HPV-associated cancers. These new site-restrictive codes can only be used under certain conditions and for certain primary sites. Exercise caution when determining the difference between site-associated, site-related, and site-restricted histology codes in the Excel File from IACR/WHO.

TEXT – HISTOLOGY TITLE

NAACCR ITEM #2590

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

BEHAVIOR ICD-O-3

NAACCR ITEM #523

Enter the behavior that best describes the tumor. The fifth digit of the morphology code listed in the *International Classification of Diseases for Oncology*, 2000, Third Edition (ICD-O-3), pages 27-28, 66 which appears after the slash (/) is the behavior code and ICD-O-3 Updates. If the only specimen was from a metastatic site, code the histologic type of the metastatic site and code **3** for the Behavior code.

NOTE: There have been many behavior code changes for many histology codes over the years. Please use the most current version of the ICD-O-3.2 Excel File and the Solid Tumor Manual or Hematopoietic Database to CONFIRM the current preferred behavior code for any given histologic type. Some Histology codes are compatible with more than 1 behavior code. Always check the biopsy/resection path.

Use behavior code 3 if any invasion is present, no matter how limited.

- Code 3 if any *malignant* invasion is present, no matter how limited.
- Code 3 if any *malignant* metastasis to nodes or tissue beyond the primary is present.

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

Please note that behavior codes for some neoplasms have changed over time. Some neoplasms have changed from non-malignant to malignant, from invasive to non-invasive, and from not reportable to reportable. Always use the most current version of ICD-O to ensure the histology and the behavior code are current. See the ICD-O-3 Updates in Appendix R.

Use the most current version of the Solid Tumor Rules (<https://seer.cancer.gov/tools/solidtumor/>) when coding the histology for all reportable solid tumors.

Use the Hematopoietic and Lymphoid Neoplasm Case Reportability and Coding Manual and the hematopoietic and Lymphoid Neoplasms Database (Hematopoietic DB) for histology 9590-9993.

Code	Label	Description
0	Benign	Benign (Reportable for intracranial and CNS sites only)
1	Borderline	Uncertain whether benign or malignant Borderline malignancy Low malignant potential Uncertain malignant potential (Reportable for intracranial and CNS sites only)
2	Insitu and/or carcinoma insitu	Carcinoma in situ;

Code	Label	Description
		Intraepithelial; Noninfiltrating; Noninvasive
2	Synonymous with In situ; adopted from the SEER Program Coding and Staging Manual	AIN III (C211) Behavior code '2' Bowen disease (not reportable for C440-C449) Clark level I for melanoma (limited to epithelium) Confined to epithelium Hutchinson melanotic freckle, NOS (C44_) Intracystic, non-infiltrating Intraductal Intraepidermal, NOS Intraepithelial, NOS Involvement up to, but not including the basement membrane Lentigo maligna (C44_) Noninfiltrating Noninvasive No stromal invasion/involvement Papillary, noninfiltrating or intraductal Precancerous melanosis (C44_) Queyrat erythroplasia (C60_) Stage 0 (except Paget's disease (8540/3) of breast and colon or rectal tumors confined to the lamina propria) VAIN III (C529) VIN III (C51_)
3	Invasive	Malignant, primary site (invasive) or Microinvasive

INTRODUCTION TO CODING GRADE

Solid tumors diagnosed 2018 and forward, grade will be collected in four data items, Grade Clinical, Grade Pathological, Grade PostTherapy Clin (yc) and Grade Post Therapy Path (yp). The codes and coding instructions will depend on the type of cancer.

Please use the Grade Coding Manual and the Grade Tables to ensure you are using the proper rules and instructions for coding grade for each specific neoplasm abstracted.

Please use the manuals as designed to ensure the proper code is assigned for invasive and for non-invasive cancers. Some codes can only be used for in-situ cancers. Some only for malignant cancers. All must be histologically proven grade.

The revised grade codes are based on the recommended grading systems specified in the relevant chapters of the AJCC Cancer Staging Manual, 8th and 9th edition and/or the CAP cancer protocols.

Use the most current version of the Grade Coding Manual, v3.1 and the Grade Tables at <https://apps.naaccr.org/ssdi/list/> for coding instructions and site-specific coding rules for all grades.

- The codes for each cancer-specific grading system are to be used in hierarchy from top to bottom.
- The cancer-specific grading will always appear at the top of the grading hierarchy for that cancer site.
- The terms high/low grade are generally used only for non-invasive/in-situ cancers – but, can be used when this is the best information you have.
- The terms well differentiated, moderately differentiated, poorly differentiated and undifferentiated generally fall at the bottom of the selection list for all cancer-specific grading systems and are to be used when this is the only grade information provided on the pathology report.
- Never convert terminology based on old grade tables. Assign them literally from the text.
- Only code the grade from the primary site. Do not code grade from a metastatic site.
- Grade from imaging reports is used to code Clinical Grade for brain tumors without biopsy/resection
- If the patient has a biopsy before the resection of the primary site, then clinical grade = biopsy grade (first grade identified).
- If the patient has a biopsy and does not have a resection of the primary site, then clinical grade = biopsy grade (first grade identified) and the pathological grade = 9.
- If the patient does not have a biopsy but does have a resection of the primary, then clinical grade = 9 and the pathological grade = resection of the primary site grade.
- If the patient does not have a biopsy but does have a resection of primary site, then the clinical grade = 9 and the pathologic grade = resection of primary site grade.
- If the patient has a biopsy assign the biopsy grade, and a resection assign the pathologic grade.
- If the biopsy/clinical grade is higher than the resection/pathological grade – assign the pathological grade to both the clinical and pathological grade. (IMPORTANT: BUT – don't do the reverse of this and recode the clinical grade to a higher code when the pathological grade is higher.)

Code	Grade Description
1	Site-specific grade system category
2	Site-specific grade system category
3	Site-specific grade system category
4	Site-specific grade system category
5	Site-specific grade system category
8	Not applicable (Hematopoietic neoplasms only)
9	Grade cannot be assessed, Unknown
A	Well differentiated
B	Moderately differentiated
C	Poorly differentiated

D	Undifferentiated and anaplastic
E	Site-specific grade system category
H	High grade
L	Low grade
M	Site-specific grade system category
s	Site-specific grade system category
Blank	(Post therapy only)

Codes 1-5, H, L, M, S, and 9 all represent AJCC recommended grading systems.

Categories L and H are applicable for the AJCC recommended grading systems of “low grade” and “high grade” for those cancers for which these are used (e.g. urinary cancers with urothelial histologies). It also includes **M for intermediate grade to be used with L and H for breast in situ cancers.**

S is utilized for sarcomatous overgrowth in corpus uteri adenosarcoma, an AJCC registry data collection variable.

Codes A-E are the generic grade categories (definitions) that have been used by the cancer surveillance community for many years. Codes A-E are not available for all cancers since although many AJCC chapters continue to use the traditional grade terms, many of the chapters now use a three-grade system, instead of the four-grade system.

Your software will include mapping to the correct grade coding system based on your selection of primary site (topography) and histology/behavior and on occasion other factor(s). However, it is important to understand the concepts used to develop the 30+ Grade Coding Tables used in software.

GRADE CLINICAL

NAACCR ITEM #3843

Record the grade of a solid primary tumor before any treatment(surgical resection, systemic therapy, radiation therapy, or neoadjuvant therapy). All surgical procedures are not treatment, e.g. TURB and endoscopic biopsies. Clinical Grade is coded from a biopsy specimen not a tumor resection. One exception to the biopsy rule is for brain and CNS tumors; you may code Clinical Grade from Imaging without biopsy.

For cases diagnosed January 1, 2018 and later, this data item, along with Grade Clinical and Grade Post-Neoadjuvant, replaces NAACCR Data Item Grade (#440) as well as SSF's for cancer sites with alternative grading systems (e.g., breast [Bloom-Richardson], prostate [Gleason]).

GRADE PATHOLOGICAL

NAACCR ITEM #3844

Record the grade of a solid primary tumor that has been resected and for which no neoadjuvant therapy was administered. If AJCC pathological staging is being assigned, the tumor must have met the surgical resection requirements in the AJCC manual. This may include the grade from the clinical workup, as all information from diagnosis (clinical staging) through the surgical resection is used for pathological staging.

For cases diagnosed January 1, 2018 and later, this data item, along with Grade Clinical and Grade Post-Neoadjuvant, replaces NAACCR Data Item Grade (#440) as well as SSF's for cancer sites with alternative grading systems (e.g., breast [Bloom-Richardson], prostate [Gleason]).

Please reference the most current version of the Grade Coding Manual and Grade Tables at <https://apps.naaccr.org/ssdi/list/> version 3.1 for detailed coding instructions and site-specific coding rules.

GRADE POST THERAPY CLIN (YC)

NAACCR ITEM #1068

Record the grade of a solid primary tumor that has been biopsied following neoadjuvant therapy. If AJCC pathological staging is being assigned. Record the highest grade documented from the surgical treatment resection specimen of the primary site following neoadjuvant therapy.

Please reference the most current version of the Grade Coding Manual and Grade Tables at <https://apps.naaccr.org/ssdi/list/> version 3.1 for detailed coding instructions and site-specific coding rules.

GRADE POST THERAPY PATH (YP)

NAACCR ITEM #3845

Record the highest grade documented from the surgical treatment resection specimen of the primary site following neoadjuvant therapy. If AJCC post-therapy staging is being assigned, the tumor must have met the surgical resection requirements in the AJCC manual. Neoadjuvant therapy must meet guidelines or standards, and not be that given for variable or unconventional reasons as noted in the AJCC manual.

TUMOR SIZE SUMMARY

NAACCR ITEM #756

Record the most accurate measurement in millimeters of a solid primary tumor, usually measured on the surgical resection specimen. Tumor Size Summary replaces CS Tumor Size.

Tumor size is one indication of the extent of disease the time of diagnosis. It is used frequently by both clinicians and researchers to assess cancer screening efforts and initial treatment options and variations. Tumor size that is independent of stage is also useful for quality assurance efforts.

Coding Instructions:

1. All measurements should be in millimeters (mm).
2. Size measured on the surgical resection specimen, when surgery is administered as the first definitive treatment, i.e., no pre-surgical treatment administered.
 - a. If there is a discrepancy among tumor size measurements in the various sections of the pathology report, code the size from the synoptic report (also known as CAP protocol or pathology report checklist).
 - b. If only a text report is available, use: final diagnosis, microscopic, or gross examination, in that order.
3. If neoadjuvant (preoperative) therapy followed by surgery, do not record the size of the pathologic specimen. Code the largest size of tumor prior to neoadjuvant (preoperative) treatment; if unknown code size as 999.

Example: Patient has a 2.2 cm mass in the oropharynx; find needle aspiration of mass confirms squamous cell carcinoma. Patient receives a course of neoadjuvant combination chemotherapy. Pathologic size after total resection is 2.8 cm. Record tumor size as 022 (22 mm).

4. If no surgical resection, then largest measurement of the tumor from the imaging, physical exam, or other diagnostic procedures in this order of priority prior to any other form of treatment.
5. If #2, 3, and 4 do not apply, the largest size from all information available within four months of the date of diagnosis, in the absence of disease progression.
6. Tumor size is the diameter of the tumor, not the depth or thickness of the tumor.
7. Multifocal/multicentric tumors: If the tumor is multi-focal or if multiple tumors are reported as a single primary, code the size of the largest invasive tumor or if all of the tumors are in situ, code the size of the largest in situ tumor.
8. Record tumor size stated less than or greater than as follows
 - a. If tumor size is reported as less than x mm or less than x cm, the reported tumor size should be 1 mm less Examples: Tumor size is stated as: < 1 cm, code as 009; < 2 cm, code as 019, < 3 cm, code as 029; < 4 cm, code as 039; < 5 cm is coded as 049. If stated as less than 1 mm, use code 001.
 - b. If tumor size is reported as more than or greater than x mm or more than x cm, code size as 1 mm more
Examples: Tumor size is stated as: >10 mm or >1 cm, code as 011; > 2 cm, code as 021; > 3 cm, code as 031; > 4 cm, code as 041; > 5 cm, code as 051. If described as anything greater than 989 mm (98.9 cm), code as 989.
 - c. If tumor size is reported to be between two sizes, record tumor size as the midpoint between the two: i.e., add the two sizes together and then divide by two
Examples: Tumor size is between 2 and 3 cm, code as 025. Code size as 025 since $2 + 3 = 5$ divided by 2 = 2.5 cm (or 025 mm).
9. Record the higher tumor size when stated as a range
Example: Tumor size is 8-10 mm or tumor size is 8 to 10 mm. Code size as 010 since 10 mm is the higher of the values in the range.
10. Round the tumor size only if it is described in fractions of millimeters
 - a. When tumor size is greater than 1 millimeter, round tenths of millimeters in the 1-4 range down to the nearest whole millimeter and round tenths of millimeters in the 5-9 range up to the nearest whole millimeter. See Exception for breast cancer.
 - b. Do not round tumor size expressed in centimeters to the nearest whole centimeter; rather, convert the measurement to millimeters by moving the decimal point one space to the right

Note 1: Record tumor size as 001 (do not round down to 000) when the largest dimension of a tumor is less than 1 millimeter (between 0.1 and 0.9 mm).

Note 2: Code 001 when tumor size is 1 mm.

Exception to rounding rules for BREAST primaries:

Round tumor sizes greater than 1.0 mm and up to 2.4 mm to 2 mm (002). The purpose of this exception is so that the size recorded in the Tumor Size Summary data item will derive the correct AJCC TNM Primary Tumor (T) category for breast primaries. Do not apply this instruction to any other site.

Examples: Breast cancer described as 6.5 millimeters in size. Round up to 7 mm and code as 007.

Breast cancer described as 1.3 mm in size. Round up to 2 mm and code as 002.

2.3 millimeters cancer in a polyp. Round down to 2 mm and code 002.

Hypopharynx: Focus of cancer described as 1.4 mm in size. Round down to 1 mm and code as 001.

5.2 cm breast cancer. Convert to millimeters and code 052.

2.5 cm rectal cancer. Do not round, record as 025 millimeters.

11. If no surgical resection, then largest measurement of the tumor from physical exam, imaging, or other diagnostic procedures prior to any other form of treatment.
12. Priority of imaging/radiographic techniques: Information on size from imaging/radiographic techniques can be used to code size when there is no more specific size information from a pathology or operative report, but it should be taken as low priority, over a physical exam.
13. Tumor size discrepancies among imaging and radiographic reports: If there is a difference in reported tumor size among imaging and radiographic techniques, unless the physician specifies which imaging is most accurate, record the largest size in the record, regardless of which imaging technique reports.
14. Record the size of the invasive component, if given.
15. Record the largest dimension or diameter of tumor, whether it is from an excisional biopsy specimen or the complete resection of the primary tumor.
16. Record the size as stated for purely in situ lesions.
17. Disregard microscopic residual or positive surgical margins when coding tumor size.
18. Code the size of the primary tumor, not the size of the polyp, ulcer, cyst, or distant metastasis. However, if the tumor is described as a “cystic mass” and only the size of the entire mass is given, code the size of the entire mass, since the cysts are part of the tumor itself.
20. Assign code 999 when
 - a. Size is unknown and for the following sites and schemas/schema IDs
 - i. Any case coded to primary site C420, C421, C423, C424, C770-C779, or C809
 - ii. HemeRetic 00830
 1. Excluding Spleen (C422)
 - iii. Kaposi Sarcoma 00458
 - iv. Lymphoma 00790
 - v. Lymphoma-CLL/SLL 00795
 - vi. Melanoma Choroid and Ciliary Body 00672
 - vii. Melanoma Iris 00671
 - viii. Plasma Cell Disorders 00822
 - ix. Plasma Cell Myeloma 00821

b. The only measurement describes pieces or chips in a pathology report. Do not add the size of pieces or chips together to create a whole; they may not be from the same location, or they may represent only a very small portion of a large tumor. However, when the pathologist states an aggregate or composite size (determined by fitting the tumor pieces together and measuring the total size), record that size.

c. The only measurement is for calcifications that span given distance or a cluster of microcalcifications. Do not record the size of calcifications as tumor size. If there is no measurement of the mass or tumor, record 999.

d. Neoadjuvant therapy has been administered and resection was performed. Do not use a post-neoadjuvant size to code pathologic tumor size; however, you may use the clinical tumor size if available.

19. Document the information to support coded tumor size in the appropriate text field of the abstract.

Code	Description
000	No mass/tumor found
001	1 mm or described as less than 1 mm
002-988	Exact size in millimeters (2mm-988mm)
989	989 millimeters or larger
990	Microscopic focus or foci only and no size of focus is given
998	SITE-SPECIFIC CODES Alternate descriptions of tumor size for specific sites: Familial/multiple polyposis: Colon (C18.0, C18.2-C18.9) and/or Rectosigmoid and Rectum (C19.9, C20.9) If no size is documented: Circumferential: Esophagus (C15.0 C15.5, C15.8 C15.9) Diffuse; widespread: 3/4s or more; linitis plastica: Stomach and Esophagus GE Junction (C16.0 C16.6, C16.8 C16.9) Diffuse, entire lung or NOS: Lung and main stem bronchus (C34.0 C34.3, C34.8 C34.9) Diffuse: Breast (C50.0 C50.6, C50.8 C50.9)
999	Unknown; size not stated; Not documented in patient record; Size of tumor cannot be assessed; Not applicable

REGIONAL LYMPH NODES POSITIVE

NAACCR ITEM #820

Record the exact number of regional nodes examined by the pathologist and found to contain metastases. This data item is necessary for pathologic staging, and it serves as a quality measure for pathology reports and the extent of the surgical evaluation and treatment of the patient. When only Isolated Tumor Cells are identified by immunohistochemistry test within lymph node the lymph node is not counted as positive. There are not enough cancer cells in the node to treat as positive node.

Do not automatically code Nodes Positive=99 and Nodes Examined=99.

The 99/99 combination is restricted to lymphoma, leukemia, brain tumors and unknown primary.

When an FNA or Core Biopsy of a Regional Lymph Node is performed you must code Regional Lymph Nodes Examined = 95, regardless of whether the node biopsied was positive or negative. However, you may code Lymph Nodes Positive = 95 or 00 depending upon the result of the FNA/Core.

FNA/Core Biopsy of a Regional Lymph Node with Scope of Regional Lymph Node Surgery is no longer considered 'treatment' and is not to be used when considering whether or not treatment was given or in the sequence of surgery to radiation therapy or systemic therapy in the Treatment Status Fields.

Code	Description
00	All nodes examined are negative
01-89	1-89 nodes are positive (code exact number of nodes positive)
90	90 or more nodes are positive
95	Positive aspiration of lymph node(s) was performed
97	Positive nodes are documented, but the number is unspecified
98	No nodes were examined
99	It is unknown whether nodes are positive; not applicable; not stated in patient record

REGIONAL LYMPH NODES EXAMINED

NAACCR ITEM #830

Record the total number of regional lymph nodes that were removed and examined by the pathologist. This data item serves as a quality measure of the pathologic and surgical evaluation and treatment of the patient.

Do not automatically code Nodes Positive=99 and Nodes Examined=99. The 99/99 combination is restricted to lymphoma, leukemia, brain tumors and unknown primary.

When an FNA or Core Biopsy of a Regional Lymph Node is performed, code Regional Lymph Nodes Examined = 95, regardless of whether the node biopsied was positive or negative. However, you may code Lymph Nodes Positive = 95 or 00 depending upon the result of the FNA/Core.

FNA/Core Biopsy of a Regional Lymph Node with Scope of Regional Lymph Node Surgery is no longer considered 'treatment' and is not to be used when considering whether or not treatment was given or in the sequence of surgery to radiation therapy or systemic therapy in the Treatment Status Fields. You do not code FNA/Core Biopsy of a Regional Lymph Node or Sentinel Lymph Node Biopsy as a Diagnostic/Staging Procedure. It still must be coded under the treatment data item RX SUMM – Scope Reg LN Surgery = 1 or = 2. You may not have to enter the date, and it is no longer 'counted' as treatment for the patient.

Code	Description
00	No nodes were examined
01-89	1-89 nodes were examined (code the exact number of regional lymph nodes examined)

90	90 or more nodes were examined
95	No regional nodes were removed, but aspiration of regional nodes was performed
96	Regional lymph node removal was documented as a sampling, and the number of nodes is unknown/not stated
97	Regional lymph node removal was documented as a dissection, and the number of nodes is unknown/not stated
98	Regional lymph nodes were surgically removed, but the number of lymph nodes is unknown/not stated and not documented as a sampling or dissection; nodes were examined, but the number is unknown
99	It is unknown whether nodes were examined; not applicable or negative; not stated in patient record

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

Lymph-vascular invasion (LVI) indicates the presence or absence of tumor cells in lymphatic channels (not lymph nodes) or blood vessels within the primary tumor as noted microscopically by the pathologist. LVI includes lymphatic invasion, vascular invasion, and lymphovascular invasion.

Presence or absence of cancer cells in the lymphatic ducts or blood vessels is useful for prognosis. CAP Protocols for some disease sites will be expanded to distinguish between lymphatic and small vessel invasion only, venous (large vessel) invasion only, and BOTH lymphatic and small vessel AND venous (large vessel) invasion. This data item is primarily used with the AJCC Cancer Staging Manual and CAP.

Code	Label
0	Lymphovascular Invasion stated as Not Present
1	Lymphovascular Invasion Present/Identified (NOT used for thyroid and adrenal)
2	Lymphatic and small vessel invasion only (L) OR Lymphatic invasion only (thyroid/adrenal only)
3	Venous (large vessel) invasion only (V) OR Angioinvasion (thyroid and adrenal only)
4	BOTH lymphatic and small vessel AND venous (large vessel) invasion OR BOTH lymphatic AND angioinvasion (thyroid and adrenal only)
8	Not Applicable
9	Unknown/Indeterminate/not mentioned in path report

Coding Instructions:

1. Use code 0 when the pathology report indicates that there is no lymphovascular invasion. This includes cases of purely in situ carcinoma, which biologically have no access to lymphatic or vascular channels below the basement membrane.
2. Use code 1 when the pathology report or a physician's statement indicates that lymphovascular invasion (or one of its synonyms) is present in the specimen.
3. **Lymphovascular invasion must be coded 0, 1, 2, 3, 4, or 9 for the schema ids in the following list:**

AMPULLA VATER	00270
APPENDIX	09190
BILE DUCTS DISTAL	00260
BILE DUCTS INTRAHEPATIC	00230
BILE DUCTS PERIHILAR	00250
BLADDER	00620
BUCCAL MUCOSA	00076
CERVIX	09520
CERVIX SARCOMA	00528
COLON AND RECTUM	00200
CORPUS ADENOSARCOMA	00542
CORPUS CARCINOMA	00530
CORPUS SARCOMA	00541
ESOPHAGUS (INCL GE JUNCT)(EXCL SQUAMOUS)	00169
ESOPHAGUS (INCL GE JUNCTION) SQUAMOUS	00161
FLOOR OF MOUTH	00074
GUM	00073
HYPOPHARYNX	00112
LARYNX GLOTTIC	00132
LARYNX OTHER	00130
LARYNX SUBGLOTTIC	00133
LARYNX SUPRAGLOTTIC	00131
LIP	00071
LUNG	09360
MAJOR SALIVARY GLANDS	00080
MAXILLARY SINUS	00121
MELANOMA SKIN	00470
MERKEL CELL SKIN	00460
MOUTH OTHER	00077
NASAL CAVITY AND ETHMOID SINUS	00122
NET AMPULLA OF VATER	09302
NET APPENDIX	09320
NET COLON AND RECTUM	09330
NET DUODENUM	09301
NET PANCREAS	09340
NET STOMACH	09290
OROPHARYNX (P16-)	00111
OROPHARYNX (P16+)	00100
PALATE HARD	00075
PANCREAS	00280
PENIS	00570
PLACENTA	00560
SMALL INTESTINE	00180
STOMACH	00170
TESTIS	00590
THYMUS	09350
TONGUE ANTERIOR	00072
VAGINA	00510
VULVA	09500

4. Lymphovascular invasion must be coded 0, 2, 3, 4, or 9 for the schema ids in the following list:

ADRENAL GLAND	00760
THYROID	00730

THYROID MEDULLARY	00740

5. **Lymphovascular invasion may use any code (0, 1, 2, 3, 4, 8, or 9) for the remaining schema ids:**

ADNEXA UTERINE OTHER	00760
ANUS	09210
BILIARY OTHER	00278
BONE APPENDICULAR SKELETON	00381
BONE PELVIS 00383	
BONE SPINE	00382
BRAIN	09721
BREAST (INVASIVE)	00480
CERVICAL LNS, OCCULT HEAD & NECK	00060
CNS OTHER	09722
CONJUNCTIVA	00650
CUTANEOUS CARCINOMA HEAD AND NECK	00150
CYSTIC DUCT	00242
DIGESTIVE OTHER	00288
ENDOCRINE OTHER	00778
EYE OTHER	00718
FALLOPIAN TUBE	00553
GALLBLADDER	00241
GENITAL FEMALE OTHER	00559
GENITAL MALE OTHER	00598
GIST (2018-2020)	00430
HEART, MEDIASTINUM, AND PLEURA	00422
ILL-DEFINED OTHER	99999
INTRACRANIAL GLAND	09723
KAPOSI SARCOMA	00458
KIDNEY PARENCHYMA	00600
KIDNEY RENAL PELVIS	00610
LACRIMAL GLAND	00690
LACRIMAL SAC	00698
LIVER	00220
MEDULLOBLASTOMA	09724
MELANOMA CHOROID AND CILIARY BODY	00672
MELANOMA CONJUNCTIVA	00660
MELANOMA HEAD AND NECK	00140
MELANOMA IRIS	00671
MIDDLE EAR	00119
NASOPHARYNX	09090
NET ADRENAL GLAND	00770
NET JEJUNUM AND ILEUM	09310
ORBITAL SARCOMA	00700
OVARY	00551
PARATHYROID	00750
PHARYNX OTHER	00118
PLEURAL MESOTHELIOMA	09370
PRIMARY PERITONEAL CARCINOMA	00552
PROSTATE	00580

RESPIRATORY OTHER	00378
RETINOBLASTOMA	00680
RETROPERITONEUM	00440
SINUS OTHER	00128
SKIN EYELID	00640
SKIN OTHER	00478
SOFT TISSUE ABDOMEN AND THORAX	00421
SOFT TISSUE HEAD AND NECK	00400
SOFT TISSUE OTHER	00450
SOFT TISSUE TRUNK AND EXTREMITIES	00410
TRACHEA	00358
URETHRA	00631
URETHRA-PROSTATIC	00633
URINARY OTHER	00638

6. Lymphovascular invasion must be coded 8 (not applicable) for all other schema ids:

GIST 2021+	00430
HEMERETIC	00830
LYMPHOMA	00790
LYMPHOMA (CLL/SLL)	00795
LYMPHOMA OCULAR ADNEXA	00710
MYCOSIS FUNGOIDES	00811
PLASMA CELL DISORDER	00822
PLASMA CELL MYELOMA	00821
PRIMARY CUTANEOUS LYMPHOMA NON-MF	00812

7. Use code 9 when:

- There is no microscopic examination of a primary tissue specimen
- The primary site specimen is cytology only or a fine needle aspiration
- The biopsy is only a very small tissue sample
- It is not possible to determine whether lymphovascular invasion is present
- The pathologist indicates the specimen is insufficient to determine lymphovascular invasion
- Lymphovascular invasion is not mentioned in the pathology report
- Primary site is unknown

8. Clarification between codes 8 and 9:

- Code 8 should only be used when the standard-setter does not require this item.
- For cases with no information from the pathology report or other sources, code 9.

CANCER STAGING INFORMATION AND REQUIREMENTS BY DATE OF DIAGNOSIS

FCDS Cancer Staging Requirements follow the NPCR Staging Requirements by Year

State and national cancer staging requirements have evolved over time. The focus of state and national cancer programs is monitoring cancer incidence over time. To support standardization and consistency in reporting the stage of cancer at the time of diagnosis, state and national cancer surveillance programs have often utilized a “summary staging” approach with stable anatomic staging criteria, which includes both clinical data from imaging reports and medical procedures, combined with pathological data obtained from surgical resection of the primary tumor and regional lymph nodes. This is known as SEER Summary Stage. SEER Summary Stage has undergone two revisions since it was instituted in the mid-1970s. The latest edition is Summary Stage 2018 or SS2018. Summary Stage has been required for all cases since 1981.

Continuity of staging requirements is essential for longitudinal cancer studies; however, our programs acknowledge that changes in anatomic staging criteria have been and continue to be modified over time. Moreover, biomolecular and genetic tests to help classify stage subgroups are being utilized more frequently, with tests providing greater detail for staging than ever before. To begin capturing these new tumor markers and other cancer-specific testing or prognostic-related laboratory tests, the United States created the Collaborative Stage Data Collection System, which includes Site-Specific Factors to house these cancer-specific test results and other clinical care and research-oriented data items to enhance staging.

The Collaborative Stage Data Collection System was implemented for cases diagnosed 1/1/2004-12/31/2015 and provided algorithmic solutions to deriving standardized stage groupings based in multiple cancer staging systems including SS1977, SS2000, AJCC TNM 6th ed and AJCC TNM 7th ed.

The combined system of staging parameters was decommissioned and replaced by the original staging systems being directly coded for SS2000 and AJCC TNM 7th ed. in 2016, with another update in 2018 to provide revised anatomic and prognostic staging data items to meet current and future research needs.

SUMMARY STAGE 2018 (SS2018): Direct-Assignment of SEER Summary Stage using the SEER Summary Stage 2018 Manual is required for all cases diagnosed and reported to FCDS 1/1/2018 forward. The most current version of the SEER Summary Stage 2018 is version 3.1 <https://seer.cancer.gov/tools/ssm/>.

Site-Specific Data Items (SSDI): An “SSDI” is a site-specific data item. “Site” in this instance is based on the primary site, the histologic type or histology of the tumor, the AJCC Chapter, Summary Stage Chapter and the EOD Schema. SSDIs were preceded by Collaborative Stage Data Collection System Site-Specific Factors or SSFs, which were first introduced in 2004 with CSv1, and went through major revisions in 2010 with Collaborative Stage v2 (CSv2). The CS SSFs were discontinued as of 12/31/2017. FCDS only requires a limited number of SSDI’s be reported. See the table further in this section for details. The most current version of the SSDI manual is version 3.1 <https://apps.naaccr.org/ssdi/list/>.

SEER*RSA (Registrar Staging Assistant) Website is a Tremendous Resource to assist Registrars in understanding, coding, testing and learning about Cancer Staging, Staging Schema Criteria, Site Specific Data Items, SEER Extent of Disease Coding (EOD), Collaborative Stage Data Collection System and the Collaborative Stage Site Specific Factors. This is a wonderful resource highly recommended by FCDS to assist registrars in understanding how to associate staging criteria and codes to specific cancer types, histologic types, staging and grading schema, and site-specific requirements. <https://seer.cancer.gov/tools/staging/rsa.html>

HISTORICAL STAGING SYSTEMS REFERENCE BY DIAGNOSIS YEAR

SEER SUMMARY STAGE 1977: Direct-Assignment of SEER Summary Stage using the SEER Summary Stage 1977 Manual was required for all cases abstracted and reported to FCDS before 1/1/2000.

SEER SUMMARY STAGE 2000: Direct-Assignment of SEER Summary Stage using the SEER Summary Stage 2000 Manual is required for all cases abstracted and reported to FCDS before 1/1/2018

SEER SUMMARY STAGE 2018: Direct Assignment of SEER Summary Stage using the SEER Summary Stage 2018 Manual (most current version September 2020) is required for all cases abstracted and reported to FCDS on or after 1/1/2018.

AJCC TNM CANCER STAGING - FCDS does not require AJCC TNM for any cases. Registrars may decide to include AJCC TNM staging in their section of the abstract used to document Staging Information to help support the Summary Stage assignment. However, text documentation for Summary Staging is also required.

COLLABORATIVE STAGING (CSv2): Direct-Assignment of Core CS Data Items was required for all cases diagnosed 1/1/2004 and 12/31/2015 and seen at the facility for continuation of initial course of treatment or with evidence of recurrence or progression of cancer not previously reported to FCDS. This includes “non-analytic” cases with evidence of cancer. Some cases may still require the abstractor to use Collaborative Staging.

NOTE: Minimal Historical Cases (historical cancers with no evidence of the historical cancer – but having a new primary cancer diagnosis or undergoing treatment for a different primary cancer) are not required to have the Core CS Data Items coded. However, the minimal historical case will be required to have a SEER Summary Stage 2000 assigned and entered in the “historical grid” that is sent to FCDS.

Required Core CS Data Items (Cancers diagnosed 1/1/2004 thru 12/31/2015)

- *CS Tumor Size* (NAACCR Item #2800)
- *CS Extension* (NAACCR Item #2810)
- *CS Tumor Size/Ext Eval* (NAACCR Item #2820)
- *CS Lymph Nodes* (NAACCR Item #2830)
- *CS Reg Lymph Nodes Eval* (NAACCR Item #2840)
- *Regional Lymph Nodes Examined* (NAACCR Item #830)
- *Regional Lymph Nodes Positive* (NAACCR Item #820)
- *CS Mets at DX* (NAACCR Item #2850)
- *CS Mets Eval* (NAACCR Item #2860)

CS SITE-SPECIFIC FACTORS: CS Site-Specific Factors 1-25 were required for all cancers with an exception made for Minimal Historical Cases.

Site-Specific Data Items (SSDI): An “SSDI” is a site-specific data item. “Site” in this instance is based on the primary site, the histologic type or histology of the tumor, the AJCC Chapter, Summary Stage Chapter and the EOD Schema. SSDIs were preceded by Collaborative Stage Data Collection System Site-Specific Factors or SSFs, which were first introduced in 2004 with CSv1, and went through major revisions in 2010 with Collaborative Stage v2 (CSv2). The CS SSFs were discontinued as of 12/31/2017.

SSDIs have their own data item name and number and can be collected for as many sites/chapters/schemas as needed. Each Site-Specific Data Item (SSDI) applies only to selected schemas. SSDI fields should be

blank for schemas where they do not apply. Please refer to the SSDI Manual for SSDI definitions, rationale, and coding instructions. Comparison of SSDI to SSF is not advised due to differences in coding over time.

The most current version 3.1 of the SSDI and Grade Coding Manuals and Tools are available on the NAACCR Website <https://apps.naacr.org/ssdi/list/3.1>

FCDS requires only a subset of the SSDIs documented in the SSDI Manual. FCDS requires all SSDIs that are ‘required for staging’ or ‘prognostically significant’ according to AJCC, NPCR, and SEER reviews. Commission on Cancer-accredited cancer programs require all the SSDIs documented in the SSDI Manual. FCDS only requires those SSDIs required by the CDC/NPCR and are listed in the table below, also listed in Appendix G. New additions to SSDI Required are highlighted in yellow with red printing. Please note that HER2 Overall Summary is now required for 2021> for esophagus and stomach, and breast cancers.

FCDS Requires the Following SSDIs for Cases Diagnosed/Treated 2018 and Forward:

Core/Derived	Item #	Item Name	Length	Start Date
C	1068	Grade Post Therapy Clin (yc)	2	2021
D	3800	Schema ID	5	2018
C	1172	Post Transplant Lymphoproliferative Disorder (PTLD)	1	2025
C	1174	PD-L1	5	2025
C	3816	Brain Molecular Markers	2	2018
C	3817	Breslow Tumor Thickness	4	2018
C	3827	Estrogen Receptor Summary	1	2018
C	3829	Esophagus and EGJ Tumor Epicenter	1	2022
C	3835	Fibrosis Score	1	2018
C	3838	Gleason Patterns Clinical	2	2021
C	3839	Gleason Patterns Pathological	2	2021
C	3840	Gleason Score Clinical	2	2021
C	3841	Gleason Score Pathological	2	2021
C	3842	Gleason Tertiary Pattern	2	2021
C	3843	Grade Clinical	1	2018
C	3844	Grade Pathological	1	2018
C	3845	Grade Post Therapy Path (yp)	1	2018
C	3855	HER2 Overall Summary (breast)	1	2018
C	3890	Microsatellite Instability (MSI)	1	2018
C	3915	Progesterone Receptor Summary	1	2018
C	3920	PSA (Prostatic Specific Antigen) Lab Value	5	2018
C	3932	LDH Pretreatment Lab Value	7	2018
C	3956	P16 (cervix, anus, vulva)	2	2024
C	3960	Histologic Subtype (appendix)	1	2023
C	3964	Brain Primary Tumor Location	1	2024

SEER*RSA (Registrar Staging Assistant) Website is an Excellent Resource to assist Registrars in understanding, coding, testing and learning about Cancer Staging, Staging Schema Criteria, Site Specific Data Items, SEER Extent of Disease Coding (EOD), Collaborative Stage Data Collection System and the Collaborative Stage Site Specific Factors as well as SEER Summary Stage. This is a wonderful resource highly recommended by FCDS to assist registrars in understanding how to associate staging criteria and codes to specific cancer types, histologic types, staging and grading schema, and site-specific requirements.

SEER*RSA - GO TO: <https://seer.cancer.gov/tools/staging/rsa.html>

SEER SUMMARY STAGE 2018 General Coding Instructions – Required for ALL Cancers

Refer to the most current version of the *SEER Summary Stage 2018 General Coding Instructions* for site-specific coding instructions. **Always use the latest version.** This manual is online at https://seer.cancer.gov/manuals/2024/SPCSM_2024_MainDoc.pdf

SEER Summary Stage is based on a combination of imaging, pathologic, operative and clinical assessments. Gross observations at surgery are particularly important when all malignant tissue is not removed. In the event of a discrepancy between pathology and operative reports concerning excised tissue, priority is given to the pathology report.

SEER Summary Stage 2018 is based on all information available through completion of surgery(ies) the first course of treatment or within four months of diagnosis in the absence of disease progression, whichever is longer. This includes clinical, imaging, diagnostic, pathological, operative, and other information.

Enter the SEER Summary Stage 2018 at the Time of Initial Diagnosis of the reportable tumor using the most current version of the *SEER Summary Staging Manual 2018* published October 2023.

CODES	DEFINITIONS
0	<i>in situ</i>
1	Local
2	Regional/Direct Extension
3	Regional/Nodes Only
4	Regional/Direct Extension & Nodes
7*	Distant/Systemic Disease
8**	Benign/Borderline Brain Tumor
9***	Unknown, Unstaged, Not Applicable, NED, Unknown Primary

*The following malignancies must have summary stage at diagnosis = 7.

- Leukemia
- Plasma Cell Myeloma
- Reticuloendotheliosis
- Letterer-Siwe Disease
- Myelodysplastic Syndrome

** all benign/borderline brain and central nervous system tumors stage = 8

***all unknown primaries (C80.9) must have summary stage at diagnosis = 9.

SEER*RSA (Registrar Staging Assistant) Website is a Tremendous Resource to assist Registrars in understanding, coding, testing and learning about Cancer Staging, Staging Schema Criteria, Site Specific Data Items, SEER Extent of Disease Coding (EOD), Collaborative Stage Data Collection System and the Collaborative Stage Site Specific Factors. This is a wonderful resource highly recommended by FCDS to assist registrars in understanding how to associate staging criteria and codes to specific cancer types, histologic types, staging and grading schema, and site-specific requirements <https://seer.cancer.gov/tools/staging/rsa.html>.

TREATMENT INFORMATION

The Treatment Information section includes the data items used to describe how the cancer or tumor was treated. FCDS only collects the **First Course of Treatment**. Treatment must be fully documented, whether given at your facility or any other facility, or per history. This provides FCDS with a more complete picture of the patient's entire cancer treatment experience from the time of first diagnosis through recurrence/progression until death.

Cancers can be treated using many different means, including surgery, radiation therapy, chemotherapy, hormones, biological response modifiers, and even unconventional or unproven methods. Within these broad categories of treatments are many finer designations of specific treatment types. This section helps to categorize cancer-directed therapies by type and specific method. Please document any and all treatment given throughout the patient's course of disease. Only code the First Course of Treatment.

The SEER Site-Specific Coding Modules are an excellent resource for registrars. The 2024 SEER Coding and Staging Manual includes the Site-Specific Coding Modules, Appendix C of the manual. Download SEER Appendix C at <https://seer.cancer.gov/manuals/2024/appendixc.html>

Data Items Included In This Section:

<u>NAACCR Item Number</u>	<u>Item Name</u>
1290	Rx Summ – Surg Prim Site 03-22
1291	Rx Summ – Surg 2023
1292	Rx Summ – Scope Regional Lymph Node Surgery
1294	Rx Summ – Surgery of Oth Reg/Dis
1200	Date of First Surgical Procedure
3170	Rx Date – Date of Most Definitive Surgical Procedure
1340	Reason for No Surgery
1380	Rx Summ – Surg/Rad Seq
1506	Phase I Radiation Treatment Modality
1210	Rx Date – Radiation
1430	Reason for No Radiation
2620	Rx Text – Radiation (Beam)
2630	Rx Text – Radiation Other
1639	Rx Summ – Systemic Surg Seq
1390	Rx Summ – Chemo
1220	Rx Date – Chemo
2640	Rx Text – Chemo
1400	Rx Summ – Hormone
1230	Rx Date – Hormone
2650	Rx Text – Hormone
1410	Rx Summ – BRM/Immunotherapy
1240	Rx Date – BRM/Immunotherapy
2660	Rx Text – BRM
1420	Rx Summ – Other
1250	Rx Date – Other
2670	Rx Text – Other
3250	Rx Summ – Transplnt/Endocr
1285	Rx Summ--Treatment Status

DEFINITION OF FIRST COURSE OF TREATMENT

The first course of treatment includes all methods of treatment recorded in the treatment plan and administered to the patient before disease progression or recurrence.

Active surveillance is a form of planned treatment for some patients; its use is coded in the RX Summ – Treatment Status item. Active Surveillance is often used with low grade, slow growing, early stage cancers that may not need to be treated immediately. The cases are monitored over time to see if they progress. If progression is noted, treatment is started. But, the first course of therapy is surveillance. Active Surveillance involves actively monitoring the course of disease with the expectation to intervene with curative intent if the cancer progresses. Life expectancy is a key determinant when deciding on ‘active surveillance’ as the primary treatment plan. These would be younger patients with life expectancy greater than 10 years and with very low-risk disease. Some patients with intermediate-risk disease and a life expectancy greater than 10 years may also opt for ‘active surveillance’. The intent is to begin treatment to cure the patient once the cancer begins to show signs of progression.

A patient in Active Surveillance will have frequent PSA (at least once every 6 months), DRE (at least once a year), repeat biopsy at least once a year, repeat imaging at least once a year, etc. There is a schedule to the activities used to surveil or keep an active eye on the cancer for signs of progression. This is a decision to delay curative treatment.

Note: Active Surveillance may also be called Watchful Waiting.

However, **Watchful Waiting is actually different than Active Surveillance.** In Watchful Waiting the patient is being followed for signs and symptoms of progression of disease or clinical progression. These are more often late stage cancers that may not be treated until they become symptomatic.

Watchful Waiting is just Observation. Observation or No Treatment is the treatment of choice when a patient has a life expectancy less than 10 years and has low to very high risk of disease progression or already has regional or metastatic prostate cancer and a life expectancy less than 5 years. Treatment of any kind is postponed until the patient becomes symptomatic. Once the patient becomes symptomatic, he may qualify for definitive therapy or for palliative care depending on the progression and re-stage of disease and patient choice to treat or not to treat. But, the patient with a shorter life expectancy can avoid the possible side effects of unnecessary confirmatory testing and definitive therapy when he undergoes a true ‘watch and wait’ plan to treat only once symptoms occur.

Observation can be either Active Surveillance or Watchful Waiting depending upon the intent.

No therapy is also different than Active Surveillance. No Therapy or No Treatment is a treatment option that occurs if the patient refuses treatment, the family or guardian refuses treatment, the patient dies before treatment starts, or the physician recommends no treatment be given. No Treatment may be the best option for very advanced and rapidly progressive neoplasms or patients with untreatable cancer. These patients are often referred directly to Hospice with no anti-neoplastic therapy recommended. If the patient refuses all treatment, code “patient refused” (Code 7 or 87) for all treatment modalities.

Maintenance therapy given as part of the first course of planned therapy (example: maintenance chemo for leukemia) is part of the planned first course treatment. **Patients receiveing maintenance therapy are analytic cases for the state and for facility and are reportable.**

Treatment Plan

A treatment plan describes the type(s) of therapies intended to modify, control, remove, or destroy proliferating cancer cells. The documentation confirming a treatment plan may be found in several different sources; for example, medical or clinic records, consultation reports, and outpatient records.

- A discharge plan must be part of the patient record in a JCAHO-accredited hospital and may contain all or only part of the full treatment plan for any given patient.
- All therapies specified in the physician(s) treatment plan(s) are a part of the first course of treatment if they are actually administered to the patient.
- An established protocol or accepted treatment management guideline for the type of cancer an individual is receiving treatment may also be used as a treatment plan when available. These may also be referred to as treatment guidelines. Treatment guidelines may be local to your institution, protocol-specific, or may be published national guidelines such as the NCCN Treatment Guidelines.
- If there is no treatment plan, established treatment protocol, or treatment management guidelines (local or national), and a consultation with a physician advisor is not possible, use the principle: “initial treatment must begin within four months of the date of initial diagnosis.”
- If the first course of treatment plan changes due to an improvement in the tumor burden, the added treatment would still be considered first course. An example is palliative chemotherapy/radiation is recommended and administered per the first course treatment plan. Initially resection of primary tumor was contraindicated due to tumor size and location. Follow up imaging shows an improvement in tumor burden and treatment plan changed since tumor is now resectable to include surgery. Even though the primary tumor resection was not noted in the first course of treatment plan, the resection would be captured as first course of treatment since there was no progression of tumor.

DEFINITION OF NON-CANCER DIRECTED THERAPY

Palliative treatment: The World Health Organization describes palliative care as treatment that improves the quality of life by preventing or relieving suffering. Note: Palliative therapy is part of the first course of therapy only when it destroys or modifies cancer tissue.

Patients receiving treatment for supportive care (non-curative treatment) and/or palliative care ARE also required to be reported to FCDS. They still have active cancer – they are just not being treated for it. Patients receiving supportive/palliative care enter a facility with clear evidence of cancer (evidence of disease on admission). While the treatment given in hospice or for palliative care is not designed to cure the patient, the patient does have evidence of cancer and may be given cancer-directed treatment, but with the intent of alleviating symptoms and/or pain control, but there is no intent to cure the patient.

Anti-neoplastic therapy used to treat symptoms is still recorded in the abstract as ‘treatment’.

Pain control with narcotics or other methods can be recorded in the abstract; however, it is not coded.

These non-cancer-directed therapies are designed to prolong a patient’s life, alleviate pain, or make the patient comfortable. They are not meant to cure the cancer, destroy the tumor, control the tumor, or delay the spread of disease. These treatments include diagnostic tests, palliative care, and supportive care.

The term “palliative” may be used in different context: (a) as meaning non-curative and (b) as meaning the alleviation of symptoms. Thus, some treatments termed palliative fall within the definition of cancer directed treatment and some treat the patient but not the cancer. For example, radiation therapy to bony metastases is considered cancer directed treatment because in addition to alleviating pain, the radiation also kills cancer cells in the bone.

Palliative care description: This treatment qualifies the patient as analytic if it is given as part of the planned first course of treatment.

Time period for First Course of Treatment (in order of precedence)

1. If there is a documented, planned first course of treatment, first course ends at the completion of this treatment plan, regardless of the duration of the treatment plan.
2. If the patient is treated according to a facility or published national standard of practice, first course ends at the completion of the treatment.
3. If there is no documentation of a planned first course of treatment or standard of practice, first course of treatment includes all treatment received before disease progression or treatment failure. If it is undocumented whether there is disease progression/treatment failure and the treatment in question begins more than one year after diagnosis, assume that the treatment is not part of first course.
4. If a patient refuses all treatment modalities and does not change his/her mind within a reasonable time frame, or if the physician opts not to treat the patient, record that there was no treatment in the first course.
5. When a patient only receives palliative care as the first course of therapy, please code it as such. Do not exclude palliative therapy as treatment unless palliative care is for pain management.

TREATMENT DEFINITIONS

Active Surveillance – See Watchful Waiting – It is different than a decision not to treat – No Treatment.

Surgery: First course surgery items describe the most definitive type of surgical treatment the patient received from any facility, when it was performed, and its efficacy. When no surgical treatment is given, the reason is recorded. Please be sure to attribute where each procedure was performed, whether it was at your facility or at another facility and if at another facility, note where if known. Multiple surgical treatment data items exist to describe the extent of surgical resection directed at the primary tumor, regional lymphatics, and/or other distant locations from the primary tumor. It is also important to record when no surgery is performed, when other treatments preceded surgery (neoadjuvant) and what, where, and when each surgical procedure is performed – to the best of your ability.

Surgical Procedure: Any surgical procedure coded in the fields Surgery of Primary Site, Scope of Regional Lymph Node Surgery, or Surgery of Other Regional or Distant Sites.

Ablation of the primary tumor: Ablation is the treatment of and removal of a part of biological tissue (primary tumor), traditionally by surgery but more recently using a wide variety of techniques, the newest of which is to use a catheter to target the tumor for ablation which improves outcome and reduces effects on surrounding tissues. These techniques provide minimally invasive treatment to a primary tumor for early stage disease or can be used for local control of metastatic tumor that might bleed or cause other symptoms in patients with advanced disease and can be used for a wide variety of cancers in many locations.

Electrocautery was the first type of ablation used to vaporize tumors in the bladder for example when TURBT was performed – it is still used today. But, today they call it radiofrequency ablation rather than electrocautery when it is the technique used to destroy tumor.

Thermal techniques are generally classified as “ablative” and include radiofrequency, laser, microwave, cryotherapy, and high intensity focused ultrasound.

Ablative techniques do not effect a lot of the surrounding tissue and can be an alternative to surgery for more and more types of cancers. Typical tumors where ablation is a viable option include lung, bladder, kidney, liver, and skin cancers.

RFA or radiofrequency ablation is one of the ablative techniques that is coded under ‘surgery of primary site’ as long as it is ablation of the primary tumor and not a metastatic tumor.

When any type of ablative technique is used to treat a metastatic tumor(s) the procedure should be coded.

Most tumors treated with ablation are small (<3cm) and accessible to the probes needed to reach the tumor. Two major factors in deciding on this treatment type.

All forms of Thermal Tumor Ablation (cold and heat) are coded in the Surgery of Primary Site data item using Code Range 10-19.

Liver ablation is probably the most often ablation technique used and reported as ‘ablation’ alone. Some cancers have cautery thermal ablation as part of another procedure such as TURBT, TURP.

There is also tumor ablation for bladder, lung, skin, liver, pancreas, kidney, and even some sarcomas.

There is ‘no specimen is sent to pathology’ but there is ‘local tumor destruction’ – most use heat from some source...but the source varies.

There are other forms of thermal ablation that are a part of the ‘ablation’ group:

- Radiofrequency ablation (RFA) – high frequency electrical current ablation – can be monopolar or multipolar,
- Traditional electrocautery,
- Laser ablation,
- Microwave ablation,
- High-intensity focused ultrasound (HIFU) ablation,
- Cryoablation (cold not heat),
- Surface ablation (skin),
- Photodynamic therapy (lung and bladder),
- Percutaneous ethanol injection,
- Acetic acid injection,
- Irreversible electroporation (IRE) (electrical pulse but not considered thermal ablation)

Tumor Embolization (of primary tumor and/or metastasis)

The term *embolization* refers to the intentional blocking of an artery or vein. The mechanism and the reason for embolization determine how and whether it is to be recorded. “Embolization” is a procedure performed to create an embolus, a blocked or hardened blood vessel, and is used to shut down blood flow and blood supply to the primary tumor or to metastasis. Embolization can include injection of a chemical like alcohol or a chemo agent to sclerose or harden key blood vessel(s) and may even trap chemo behind the embolus; or can be performed by injecting a foreign material or substance like coils or radioactive beads to block the artery and prevent any blood flow to the tumor.

Embolization may follow tumor ablation using RFA or other techniques to further treat the tumor or metastases. Ccode both if this is the case.

Types of Embolization Include:

- Chemo-Embolization – Uses Chemotherapy Agent(s) – TACE (transcatheter arterial chemoembolization) is an image-guided, minimally invasive procedure for the delivery of chemotherapeutic drugs directly to the tumor. Code as chemotherapy when the embolizing agent(s) is a chemotherapeutic drug(s). Use SEER*RX to determine whether the drugs used are classified as chemotherapeutic agents. Do Not Code the method of delivery.
- Alcohol-Embolization – Uses Alcohol
- Radioactive Beads/Spheres
- Artificial Embolus – plastic or metal coils, foam, other plugs
- Treatment Code Will Depend on Type of Embolization

Chemoembolization is a procedure in which the blood supply to the tumor is blocked surgically or mechanically and anticancer drugs are administered directly into the tumor. This permits a higher concentration of drug to be in contact with the tumor for a longer period of time.

Code chemoembolization as Chemotherapy when the embolizing agent(s) is a chemotherapeutic drug(s) or when the term chemoembolization is used with no reference to the agent.

Use SEER*Rx Interactive Drug Database (<http://seer.cancer.gov/>) to determine whether the drugs used are classified as chemotherapeutic agents.

Also code as Chemotherapy when the patient has primary or metastatic cancer in the liver and the only information about embolization is a statement that the patient had chemoembolization, tumor embolization or embolization of the tumor in the liver.

If alcohol is specified as the embolizing agent, even in the liver, code the treatment as Other Therapy.

Radioembolization is embolization combined with injection of small radioactive beads or coils into an organ or tumor.

Assign Radiation Modality to code 13 Radioisotopes for radioembolization procedures (e.g. intravascular Yttrium90) for cases diagnosed January 1, 2018, or later. For cases diagnosed prior to January 1, 2018, use code 07 Brachytherapy, NOS. See STORE for more info.

Embolization is coded as Other Therapy (code 1) if the embolizing agent is alcohol, or if the embolized site is other than the liver and the only information in the record is that the patient was given “embolization” with no reference to the agent.

Do not code pre-surgical embolization of hypervascular tumors with particles, coils or alcohol. These presurgical embolizations are typically performed to make the resection of the primary tumor easier. Examples where pre-surgical embolization is used include meningiomas, hemangioblastomas, paragangliomas, and renal cell metastases in the brain.

Systemic Therapy: Systemic therapy encompasses the treatment modalities captured by the data items chemotherapy, hormone therapy, and immunotherapy. These may be given alone or in combination and may include bone marrow or stem cell transplant procedure following completion of systemic treatments. Systemic therapies are often delivered in treatment cycles, either alone or in combination with other agents. If a patient has an adverse reaction to one or more of the agents, the physician may decide to change one or more of the agents to better accommodate the clinical status of the patient. When this occurs and the replacement agent is in the same treatment category as the original agent, there is no change in the original treatment plan and all therapy should be coded. However, if the agent changes class of drugs or the entire protocol is changed, or if the patient exhibits progression of disease while being treated with the initial agent(s), any new agent(s) would not be included as part of the first course of treatment but should be documented in the abstract as subsequent therapy. Systemic agents may be administered via a variety of routes including IV administration, oral administration, intrathecal administration (directly into the cerebrospinal canal), intraperitoneal/intraleural/intrapericardial agents are injected into the peritoneal space, pleural space, or pericardial space, and using other means.

Radiation Therapy: Radiation therapy uses high-energy radiation to shrink tumors and kill cancer cells. X-rays, gamma rays, and charged particles are types of radiation used for cancer treatment. The radiation may be delivered by a machine outside the body (external-beam radiation therapy), or it may come from radioactive material placed in the body near cancer cells (internal radiation therapy, also called brachytherapy). Systemic radiation therapy uses radioactive substances, such as radioactive iodine, that travel in the blood to kill cancer cells. Radiation therapy is sometimes given with curative intent (that is, with the hope that the treatment will cure a cancer, either by eliminating a tumor, preventing cancer recurrence, or both). In such cases, radiation therapy may be used alone or in combination with surgery, chemotherapy, or both. Radiation therapy may also be given with palliative intent. Palliative treatments are not intended to cure. Instead, they relieve symptoms and reduce the suffering caused by cancer.

Neoadjuvant Therapy: Neoadjuvant Therapy is Treatment given as a first step to shrink a tumor before the main treatment, which is usually surgery, is given. Examples of neoadjuvant therapy include radiation therapy, and systemic therapies such as chemotherapy, biological therapies, and hormone therapy. It is a type of induction therapy. Neoadjuvant therapies have become a mainstay for a number of common cancer types and under certain pre-surgical conditions to improve patient outcomes. Cancer Sites often receiving neoadjuvant therapy include but are not limited to: breast, rectum, lung, brain, stomach, etc.

Adjuvant Therapy: Adjuvant therapies are therapies delivered after the primary treatment of a cancer, usually surgery, and may include radiation, chemotherapy, biological therapy, immunotherapy, hormonal therapy, targeted therapy or any combination of these treatments. Adjuvant therapy usually refers to surgery followed by chemo- or radiotherapy to help decrease the risk of the cancer recurrence/progression

Palliative Care: Palliative care is provided to prolong the patient's life by controlling symptoms, to alleviate persistent pain, or to make the patient comfortable. Palliative care provided to relieve symptoms may include surgery, radiation therapy, Systemic therapy (chemotherapy, hormonal therapy, or other systemic agents), and/or other pain management therapy. Patients receiving palliative care are reportable to FCDS. This treatment may or may not be coded as part of first course of therapy.

Treatment Failure: The treatment modalities did not destroy or modify the cancer cells. The tumor either became larger (disease progression) or stayed the same size after treatment.

Recurrence: The patient must have had a disease-free interval or remission (the cancer was not clinically evident). Following a disease-free interval, there is documentation that the initial/original tumor gave rise to the later tumor.

Progression: Tumor Progression is characterised by increased growth speed and invasiveness of the tumor cells. As a result of the progression, phenotypical changes occur and the tumor becomes more aggressive and acquires greater malignant potential.

Watchful Waiting: A treatment option for patients with slow, indolent diseases, such as prostate cancer and chronic lymphocytic leukemia (CLL). The physician closely monitors the patient and delays treatment until the patient becomes symptomatic or there are other signs of disease progression, such as rising PSA. If treatment is given for symptoms/disease progression after a period of “watchful waiting,” this treatment is not considered part of first course. For example, if a physician and patient choose a “wait and watch” approach to prostate cancer or chronic lymphocytic leukemia and the patient becomes symptomatic, consider the symptoms to be an indication that the disease has progressed and that any further treatment is not part of first course. This is different than a decision not to treat – No Treatment.

Coding Instructions:

1. When physician decides to do watchful waiting for a patient who has prostate cancer, the first course of therapy is no treatment. Code all of the treatment fields to 00, not done. When the disease progresses and the patient is symptomatic; any prescribed treatment is second course.
2. When the patient refuses treatment the first course of therapy is no treatment. Code the treatment fields to refused. If the patient later changes his/her mind and decides to have the prescribed treatment code:
 - a. Code the treatment as first course of therapy if it has been less than one year since the cancer was diagnosed and there has been no documented disease progression.
 - b. Code the treatment as second course of therapy if it has been more than one year since the original cancer was diagnosed or if there has been documented disease progression.
 - c. Code all treatment that was started and administered.

Example: The patient completed only the first dose of a planned 30 day chemotherapy regimen. Code chemotherapy as administered.

3. If a patient has multiple primaries and the treatment given for one primary also affects/treats the other primary, code the treatment for both primary sites.

Example 1: The patient had prostate and bladder cancer. The bladder cancer was treated with a TURB. The prostate cancer was treated with radiation to the prostate and pelvis. The pelvic radiation includes the regional lymph nodes for the bladder. Code the radiation as treatment for both the bladder and prostate cases.

Example 2: The patient had a hysterectomy for ovarian cancer. The pathology report reveals a previously unsuspected microinvasive cancer of the cervix. Code the hysterectomy as surgical treatment for both the ovarian and cervix primaries.

4. If a patient has multiple primaries and the treatment given affects only one of the primaries, code the treatments only on the site that is affected.

Example: The patient has colon and tonsil primaries. The colon cancer is treated with a hemicolectomy and the tonsil primary is treated with radiation to the tonsil and regional nodes. Do not code the radiation for the colon. Do not code the hemicolectomy for the tonsil.

5. If a patient is diagnosed with an unknown primary, code the treatment given as first course even if the correct primary is identified later.

Example: The patient is diagnosed with metastatic carcinoma, unknown primary site. After a full course of chemotherapy, the primary site is identified as prostate. Hormonal treatment is started. Code the chemotherapy as first course of treatment. The hormone therapy is second course.

6. **Treatment Codes 99 or 00:** Treatment was either performed, not performed, recommended or refused. You may not know recommended/refused. It should never be coded as 99 unknown if performed. Do not guess if treatment was performed or not. Do not presume treatment should have been recommended based on published Treatment Guidelines. Treatment Recommended or Refused MUST be documented in the medical record AND it must be coded in the required treatment data item. These instructions are for analytic or non-analytic cases. You can look on the H&P to identify surgery or other treatment performed for a patient with recurrence or progression of their disease.

7. You code only First Course Treatment. You document Subsequent Treatment(s). If you do not know if a treatment was recommended, refused, performed or not performed – then you assign treatment code = 00 not done. In other words - Code any treatment performed, recommended and refused regardless of where it was done or how complete your information is. Below is a bulleted list to help when coding treatment of any type.
- First Course Treatment Must Be Coded
 - Subsequent Treatment Must Be Documented
 - If you do not know if a treatment was performed, recommended or refused – code 00 (no treatment)
 - Treatment ‘99’ is not a placeholder for treatment that *might have been* done, recommended or refused
 - Do not guess if treatment was done, recommended or refused.
 - Do not code treatment recommended based on registrar’s interpretation of treatment guidelines.
 - Treatment performed, recommended or refused must be stated in the medical record by a physician or by evidence of treatment in the record.
 - You should both document and code any treatment given/recommended/refused – and where it was done if you know.
 - There are NOS codes for any type of treatment performed, but you must have a statement that treatment was performed.
 - If a treatment was performed – per history at another facility or at your facility – you code it – even if you have to code xyz treatment, NOS.
 - There are treatment-recommended codes for all types of treatment, albeit in different fields in some cases, such as Surgery and Radiation.
 - There are treatment-refused codes for all treatments, albeit in different fields in some cases, such as Surgery and Radiation.

DEFINITIONS OF FIRST COURSE OF TREATMENT Leukemias And Hematopoietic Diseases

LEUKEMIAS

The first course of treatment includes all therapies planned and administered by the physician(s) during the first diagnosis of leukemia. Record all remission-inducing or remission-maintaining therapy as the first course of treatment. Treatment regimens often include multiple modes of therapy. The administration of these therapies can span up to a year or longer.

A patient may relapse after achieving a first remission. All therapy administered after a relapse is not counted as first course of treatment. It is referred to as secondary or subsequent therapy.

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

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

Definitions

Induction: Initial intensive course of chemotherapy.

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

Maintenance: Chemotherapy is given for 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 will 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 is 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.

RX SUMM – SURG PRIM SITE 03-22

NAACCR ITEM #1290

Record surgery of the primary site for all cases diagnosed prior to 2023 using the Site-Specific Surgery Codes found in Appendix F. You must use the correct year-specific set of Surgery of Primary Site Codes based on the Date of Diagnosis. **Site-specific surgical codes for this data item are 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. **DO NOT DOUBLE-CODE ANY SURGERY** in more than one treatment field. For example; do not code debulking under both Surgery of Primary Site and Surgery/Other/Reg/Distant. It is only one procedure – and the code under Surgery of Primary Site includes the other sites debulked.

Code the most **invasive, extensive, or definitive** surgery if the patient has multiple surgical procedures of the primary site even if there is no tumor found in the pathologic specimen.

1. Rx Summ – Surg of Primary Site 03-22 (Item 1290) is for all cases diagnosed prior to 1/1/2023.
2. Rx Summ - Surg 2023 is for cases diagnosed 2023 forward. The first character of the code is either an “A” or a “B” followed by 3 numbers. “B” indicates new codes. “A” indicates new format for the old code until it is reviewed – then the A’s become B’s with new codes and definitions. In 2023 only Skin Site Specific Surgery Codes were updated to B codes. In 2024, pancreas, thyroid, colon, lung, and breast were updated to B codes.
3. BOTH Items (1290 and 1291) are included in the Appendix F - Site-Specific Surgery Codes.
4. Once it is determined that cancer-directed surgery was performed, use the **entire operative report** as the primary source document to determine the best surgery of primary site code. The body of 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.**

5. 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.
6. A date field is also included to document the first date of any surgery performed.
7. If there is no indication anywhere in the patient's medical record that surgery was either planned or performed enter Surgery Rx Summary as 00 or A000/B000 – No Surgical Procedure.
8. 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).
9. If multiple primaries are excised at the same time, code the appropriate surgery for each site.

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.

Example: A lymphoma of the stomach is to be coded using the schema for stomach.

Record the most invasive, extensive surgical procedure performed during the first course of therapy (whether or not it was performed at your facility).

Note: Surgery for extranodal lymphomas should be coded using the schema for the extranodal site. Surgeries for all other primary cancers not listed above should be coded using the general surgery code schema for All Other Sites at the end of Appendix F.

RX SUMM – SURG 2023

NAACCR ITEM #1291

Rx Summ – Surg 2023, effective for cases diagnosed 01/01/2023 forward, describes a surgical procedure that removes and/or destroys tissue of the primary site that is performed as part of the initial diagnostic and staging work-up or first course of therapy.

All 2024 site-specific surgery codes begin with a letter A except for the primary sites listed below, which start with a letter B indicating a significant change in coding. The year following the primary site is the year the change in the surgical code was implemented for that specific primary site. Site-specific surgical codes for this data item are found in Appendix F for cases diagnosed in 2023 and 2024 forward.

- C44.0-C44.9 Skin (2023)
- C18.0-C18.9 Colon (2024)
- C25.0-C25.9 Pancreas (2024)

- C34.0-C34.9 Lung (2024)
- C50.0-C50.9 Breast (2024)
- C73.9 Thyroid (2024)

For diagnosis years prior to 2023 code data item RX Summ-Surg Prime Site 03-22 [NAACCR #1290].
Site-specific surgical codes for this data item are found in Appendix F.

General Coding Structure

Code	Description
A000	None; no surgical procedure of primary site; diagnosed at autopsy only
A100-A190	Site-specific codes. Tumor destruction; no pathologic specimen or unknown whether there is a pathologic specimen
A200-A800	Site-specific codes. Resection; pathologic specimen
A900	Surgery, NOS. A surgical procedure to the primary site was done, but no information on the type of surgical procedure is provided.
A980	Special codes for hematopoietic neoplasms; ill-defined sites; and unknown primaries (See site-specific codes for the sites and histologies), except death certificate only
A990	Unknown if surgery performed- DO NOT USE THIS CODE

Use the **entire operative report** as the primary source document to determine the best surgery of primary site code. The body of 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**.

Coding Instructions:

- Code **A000** or **B000** when
 - No surgery was performed on the primary site, OR
 - First course of treatment was active surveillance/watchful waiting, OR
 - Case was diagnosed at autopsy

Note: Codes A000 and B000 exclude all sites and histologies that would be coded as A980. (See Coding Instruction 10 below.)
- Use the site-specific coding scheme corresponding to the primary site or histology.
- Code the most invasive, extensive, or definitive surgery if the patient has multiple surgical procedures of the primary site even if there is no residual tumor found in the pathologic specimen from the more extensive surgery.

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.
- 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 1: Do not code an incisional biopsy as an excisional biopsy when there is macroscopic residual disease.

Note 2: Shave or punch biopsies are most often diagnostic. Code as a surgical procedure only when the entire tumor is removed and margins meet the criteria in either 4.a or 4.b above.

Example: Shave biopsy performed for a suspicious lesion on the skin of the right arm that has been changing in size and color. The shave biopsy pathology report showed malignant melanoma with only microscopically positive margins. Code the shave biopsy as an excisional biopsy.

- 5. 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.

Example: Left thyroidectomy for suspicious nodules. Path showed papillary carcinoma. Completion thyroidectomy was performed. Code surgery of primary site as total thyroidectomy (A500).

- 6. Assign the code that reflects the cumulative effect of all surgeries to the primary site.
 - a. When a previous surgical procedure to remove a portion of the primary site is followed by surgery to remove the remainder of the primary site, code the total or final results. Do not rely on registry software to perform this task.

Example: The patient underwent a partial mastectomy and sentinel lymph node biopsy, followed by an axillary lymph node dissection for the first right breast primary in 2011. The separate 2020 right breast primary was treated with a total mastectomy and removal of one involved axillary lymph node. The operative report only refers to this as a non-sentinel lymph node, with no mention of other axillary findings. Cumulatively, this patient has undergone a modified radical mastectomy since there were likely no remaining axillary lymph nodes. For the 2020 primary, code the cumulative effect of the surgery done in 2011 plus the surgery performed in 2020. Use text fields on both abstracts to record the details.

- 7. Code the removal of regional or distant tissue/organs when they are resected in continuity with the primary site (en bloc) and that regional organ/tissue is listed in the Surgery of Primary Site 2023 codes. 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 for the primary site. Do not use the lymph node scheme.

- 9. Assign the surgery code(s) that best represents the extent of the surgical procedure that was actually carried out when surgery is aborted. If the procedure was aborted before anything took place, assign code A000. See 1.a. above.

- 10. Code A800, B800, A900, or B900 only when there is no specific information.

- 11. Code A980 for the following primary sites unless the case is death certificate only (see #13 below).

- a. Any case coded to C420, C421, C423, C424, C760-C768, or C809

12. When Surgery of Primary Site 2023 is coded A980

a. Code Reason for No Surgery of Primary Site (#1340) to 1

13. Code A990 or B990 for death certificate only (DCO) cases or if patient record does not state whether a surgical procedure of the primary site was performed (i.e., is unknown). **DO NOT USE THIS CODE.**

RX SUMM – SCOPE REG LN SUR

NAACCR ITEM #1292

This field describes the removal, biopsy, or aspiration of regional lymph node(s) at the time of surgery of the primary site or during a separate surgical event. Regional lymph node(s) are defined in numerous manuals. Please do not code distant lymph nodes removed in this data item. Also, please do not double-code lymph node surgery in both this field and the field Surgery Other Regional Distant Sites.

The following instructions should be applied to all surgically treated cases for all types of cancers. The treatment of breast and skin cancer is where the distinction between sentinel lymph node biopsies (SLNBx) and more extensive dissection of regional lymph nodes is most frequently encountered. For all other sites, non-sentinel regional node dissections are typical, and codes 2, 6 and 7 are infrequently used.

Assign Code = 1 when only an FNA or Core Biopsy of a Regional Lymph Node has been performed. This is not treated as ‘therapy’ any longer. So, when you code the Treatment Status Items, do not include Scope = 1 as ‘treatment given’ or consider Scope = 1 when determining sequence of Surgery with radiation therapy or systemic therapy (before or after surgery, etc). CoC finally recognized Scope = 1 is not a treatment, it is just an FNA or Core biopsy and has no anti-neoplastic effect on the cancer.

Code	Label	General Instructions Applying to ALL Sites	Additional Notes Specific for Breast (C50.x)
0	No regional lymph node surgery	No regional lymph node surgery.	
1	Biopsy or aspiration of regional lymph node(s)	Review the operative report of to confirm whether an excisional biopsy or aspiration of regional lymph nodes was actually performed. If additional procedures were performed on the lymph nodes, use the appropriate code 2-7.	Excisional biopsy or aspiration of regional lymph nodes for breast cancer is uncommon. Review the operative report of to confirm whether an excisional biopsy or aspiration of regional lymph nodes was actually performed; it is highly possible that the procedure is a SLNBx (code 2) instead. If additional procedures were performed on the lymph nodes, such as axillary lymph node dissection, use the appropriate code 2-7.
2	Sentinel Lymph Node Biopsy	- 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	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).

		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.	Infrequently, a SLNBx is attempted and the patient fails to map (i.e. no sentinel lymph nodes are identified by the dye and/or radio label injection) and no sentinel nodes are removed. Review the operative report to confirm that an axillary incision was made and a node exploration was conducted. Patients undergoing SLNBx who fail to map will often undergo ALND. Code these cases as 2 if no ALND was performed, or 6 when ALND was performed during the same operative event. Enter the appropriate number of nodes examined and positive in the data items <i>Regional Lymph Nodes Examined</i> (NAACCR Item #830) and <i>Regional Lymph Nodes Positive</i> (NAACCR Item #820).
3	Number of regional lymph nodes removed unknown or not stated; regional lymph nodes removed, NOS	- 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). - Infrequently, a SNLBx is attempted and the patient.	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		
6	Sentinel node biopsy and code 3, 4, or 5 at same time,	- 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	Generally, SLNBx followed by ALND will yield a minimum of 7-9 nodes. However it is possible for these procedures to harvest fewer (or more) nodes.

	or timing not stated	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.	• 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 pathologically 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 <i>Surgery of Primary Site</i> [NAACCR Item #1290]). Review surgically treated cases coded 9 in <i>Scope of Regional/Lymph Node Surgery</i> to confirm the code.	

General Instructions:

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

Coding Instructions:

1. Do not double-code surgical procedures in more than one surgery field. This field is for regional lymph node procedures, only. Do not code surgical procedures on distant lymph nodes in this field.
2. Code 0 when regional lymph node removal procedure was not performed.

3. Code 0 if there is no indication anywhere in the patient's medical record that regional lymph node surgery was either planned or performed.
4. Codes 1-7 are hierarchical. Code the procedure that is numerically higher.
5. The regional lymph node surgical procedure(s) may be done to diagnose cancer, stage the disease, or as part of the initial treatment. Record all surgical procedures that remove, biopsy, or aspirate regional lymph node(s) whether or not there were any surgical procedures of the primary site.
Example: Patient has a sentinel node biopsy of a single lymph node. Assign code 2 (Sentinel lymph node biopsy [only]).
6. The Scope of Regional Lymph Node field is cumulative; add the number of all of the lymph nodes removed during each surgical procedure performed as part of the first course of treatment.
Example: Patient has a positive cervical node biopsy. The pathology report from a subsequent node dissection identifies three cervical nodes. Assign code 5 (4 or more regional lymph nodes removed).
7. If the operative report lists a lymph node dissection, but no nodes were found by the pathologist, code the Scope of Regional Lymph Node Surgery to 0 (No lymph nodes removed)
8. If the patient has two primaries with common regional lymph nodes, code the removal of regional nodes for both primaries.
Example: Patient has a cystoprostatectomy and pelvic lymph node dissection for bladder cancer. Pathology identifies prostate cancer as well as the bladder cancer and 4/21 nodes positive for metastatic adenocarcinoma. Code Scope of Regional Lymph Node Surgery to 5 (4 or more regional lymph nodes removed) for both primaries.
7. Code Scope **9** for:
 - a. Primary sites
 - Brain (C700-C709) OR
 - Spinal cord (C710-C719) OR
 - Cranial nerves and other parts of the central nervous system (C720-C729)
 - Endocrine glands and related structures (C751-C753)
 - b. Lymphoma with primary site in lymph nodes (C770-C779) AND histology:
Histologies: 9590-9726, 9728-9732, 9734-9740, 9750-9762, 9811-9831, 9940, 9948 and 9971
 - c. Hematopoietic, reticuloendothelial, immunoproliferative, or myeloproliferative disease
 - Primary sites: C420, C421, C423, or C424 AND
 - Histologies: 9727, 9733, 9741-9742, 9764-9809, 9832, 9840-9931, 9945-9946, 9950-9967, and 9975-9993
 - Unknown or ill-defined sites (C761-C768, C809)

RX SUMM – SURG OTH REG/DIS

NAACCR ITEM #1294

Enter the surgical removal of distant lymph nodes or other tissue(s)/organ(s) beyond the primary site. This field is for all procedures that do not meet the definitions of Surgery of Primary Site. The removal of non-primary tissue documents the extent of surgical treatment and is useful in evaluating the extent of metastatic involvement.

Do not double-code surgical procedures in more than one surgery field. This field is for other than primary site resection procedures and/or regional lymph node procedures. Often adjacent regional structures and organs are removed incidentally or as part of a standard routine operative procedure. Do not include removal of these organs as Surgery Other/Regional/Distant Sites. The removal of the incidental organs are generally included in the Surgery of Primary Site Code or as a Debulking Procedure Code under Surgery of Primary Site. Do Not Double-Code Resected Tissues.

Code 0 if there is no indication in the patient's medical record that surgical resection of distant lymph node(s) and/or regional/distant tissue or organs was planned or performed.

Code the highest numerical code that describes the surgical resection of distant lymph node(s) and/or regional/distant tissue or organs.

Example: A patient has an excisional biopsy of a hard palate lesion that is removed from the roof of the mouth and a resection of a metastatic lung nodule during the same surgical event. Code the resection of the lung nodule as **3** (distant site).

Code the removal of non-primary tissue that was removed because the surgeon suspected it was involved with the malignancy even if the pathology is negative.

Do not code the incidental removal of tissue. Incidental is defined as tissue removed for reason other than the malignancy.

Example: During a colon resection, the surgeon noted that the patient had cholelithiasis and removed the gall bladder. Do not code removal of the gall bladder.

Code	Label	Description
0	None	No surgical procedure of nonprimary site was performed. Diagnosed as autopsy.
1	Nonprimary surgical procedure performed	Nonprimary surgical resection to other site(s), unknown if whether the site(s) is regional or distant.
2	Nonprimary surgical procedure to other regional sites	Resection of regional site.
3	Nonprimary surgical procedure to distant lymph node(s)	Resection of <i>distant lymph node(s)</i>
4	Nonprimary surgical procedure to distant site	Resection of distant site.
5	Combination of codes 2 , 3 , or 4	Any combination of surgical procedures 2 , 3 , or 4 .
9	Unknown	It is unknown whether any surgical procedure of a nonprimary site was performed. ONLY USE FOR DEATH CERTIFICATE CASES

RX DATE OF FIRST SURGICAL PROCEDURE

NAACCR ITEM #1200

Records the earliest date on which any first course surgical procedure was performed. This could be the date of first biopsy (FNA, core, incisional or excisional) or date of resection if not preceded by biopsy.

Coding Instructions:

Record the date of the first surgical procedure of the types coded as *RX Summ—Surg Prim Site 03-22* (NAACCR Item #1290) or *RX Summ-Surg 2023* (NAACCR Item #1291), *Scope of Regional Lymph Node Surgery* (NAACCR Item #1292) (excluding code 1) or *Surgical Procedure/Other Site* (NAACCR Item #1294) performed at this or any facility.

The date in this item may be the same as that in *Date of Most Definitive Surgical Resection of the Primary Site* (NAACCR Item #3170), if the patient received only one surgical procedure and it was a resection of the primary site.

DATE MOST DEFINITIVE SURG RESECTION**NAACCR ITEM #3170**

Records the date of the most definitive (most extensive) surgical procedure of the primary site that was performed as part of the first course of treatment.

This item is used to measure the lag time between diagnosis and the most definitive surgery of the primary site and to evaluate treatment efficacy.

Coding Instructions:

- Record the date on which the surgery described by surgical procedure of primary site (NAACCR Item #1290) or (NAACCR ITEM #1291), was performed at this or any facility.

The date in this item may be the same as that in *Date of First Surgical Procedure* (NAACCR Item #1200), if the patient received only one surgical procedure and it was a resection of the primary site.

REASON FOR NO SURGERY**NAACCR ITEM #1340**

This data item records the reason that surgery of the primary site was not part of the first course of treatment.

Code	Description
0	Surgery of the primary site was performed.
1	Surgery of the primary site was not performed because it was not part of the planned first-course treatment.
2	Surgery of the primary site was not recommended/performed because it was contraindicated due to patient risk factors (comorbid conditions, advanced age, etc.)
5	Surgery of the primary site was not performed because the patient died prior to planned or recommended surgery.
6	Surgery of the primary site was not performed; it was recommended by the patient's physician, but was not performed as part of the first-course of therapy. No reason was noted in patient record.
7	Surgery of the primary site was not performed; it was recommended by the patient's physician, but this treatment was refused by the patient, the patient's family member, or the patient's guardian. The refusal was noted in patient record.
8	Surgery of the primary site was recommended, but it is unknown if it was performed. Further follow-up is recommended.
9	It is unknown whether surgery of the primary site was performed. Diagnosed at autopsy or death certificate only. ONLY FOR DEATH CERTIFICATE CASES

Coding Instructions:

1. Assign code 0 when surgery of the primary site was performed (Surgery of Primary Site is coded in the range of 10-90 or coded in the range of A100-A900 or B100-B900 (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, or Surgery of Primary Site 2023 is coded A000 or B000.
3. Assign code 1
 - a. Primary site is C420, C421, C423, C424, C760-C768, or C809
Note: Surgery is not standard treatment for these cases.
 - 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. Active Surveillance or Watchful waiting (prostate)
 - e. 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 if the patient **refused** recommended surgery, or made a blanket statement that he/she refused all treatment.
6. Assign code 8 if the treatment plan offered/recommended surgery, but it is **unknown** if the patient actually had the surgery.
Note: Referral to a surgeon is equivalent to a recommendation for surgery.
Example: There is documentation in the medical record that the primary care physician referred the patient to a surgical oncologist. Follow-back to the surgical oncologist and primary care physician yields no further information. Assign code 8, it is known that surgery was recommended but there is no information on whether or not the patient actually had the surgical procedure.
7. Assign code 9
 - a. When there is no documentation that surgery was recommended or performed.
 - b. Death certificate only.
 - c. Autopsy only.

RX TEXT – SURGERY

NAACCR ITEM #2610

Enter information describing the surgical procedure(s) performed as part of first course of therapy. Include dates and chronology of care. See Appendix L.

PHASE I RADIATION TREATMENT MODALITY**NAACCR ITEM # 1506**

Identifies the radiation modality administered during the first phase of radiation treatment delivered during the first course of treatment. Radiation modality reflects whether a treatment was external beam, brachytherapy, a radioisotope as well as their major subtypes, or a combination of modalities. This data item should be used to indicate the radiation modality administered during the first phase of radiation.

Historically, the Regional Treatment Modality data item [1570] utilized codes that were not mutually exclusive. Rather, it included codes describing a mix of modalities, treatment planning techniques, and delivery techniques that are commonly utilized by radiation oncologists. The goal of the 2018 implementation of separate phase-specific data items for the recording of radiation modality and radiation treatment planning techniques is to clarify this information and implement mutually exclusive categories.

Many new devices, methods and descriptions for some radiation therapy approaches are referenced by brand name, methodology name, or other descriptive terminology. Below are some helpful definitions and a website that is helpful in learning what these the radiation therapy methods or devices or approaches do and how they should be understood. This is to help with terminology. It is up to the registrar to learn whether dosing is high-dose or low-dose based on the application device. When a device is removed after the administration of a dose of radiation, the dose is usually high-dose. When the application device or method remains in place when the patient goes home, the dose is usually low-dose.

EBRT – external beam radiation therapy

IMRT – intensity modulated radiation therapy

IGRT – image-guided radiation therapy

Particle Therapy – proton therapy/carbon ion therapy

SRS – stereotactic radiosurgery

SBRT – stereotactic body radiation therapy

SABR – stereotactic ablative radiation therapy

Brachytherapy LDR/HDR – low dose/high dose brachytherapy and devices used to deliver LDR/HDR

Assign Radiation Modality to code 13 Radioisotopes for radioembolization procedures (e.g. intravascular Yttrium90) for cases diagnosed January 1, 2018, or later. For cases diagnosed prior to January 1, 2018, use code 07 Brachytherapy, NOS. See STORE for more info.

<https://www.targetingcancer.com.au/radiation-therapy/ebrt/>

Phase I Radiation Treatment Modality Codes:

00	No radiation treatment
01	External beam, NOS
02	External beam, photons
03	External beam, protons
04	External beam, electrons
05	External beam, neutrons
06	External beam, carbon ions
07	Brachytherapy, NOS
08	Brachytherapy, intracavitary, LDR
09	Brachytherapy, intracavitary, HDR

10	Brachytherapy, Interstitial, LDR
11	Brachytherapy, Interstitial, HDR
12	Brachytherapy, electronic
13	Radioisotopes, NOS
14	Radioisotopes, Radium-232
15	Radioisotopes, Strontium-89
16	Radioisotopes, Strontium-90
98	Radiation treatment administered; modality unknown
99	Unknown if radiation treatment administered – ONLY FOR DEATH CERTIFICATE CASES

RX DATE RADIATION**NAACCR ITEM #1210**

Records the date on which radiation therapy began at any facility that is part of the first course of treatment.

Coding Instructions:

1. If you know that radiation therapy was performed as a part of the first course of therapy, but do not know the exact date the therapy was initiated, estimate the date therapy was initiated.
2. The date when treatment started will typically be found in the radiation oncologist's summary letter for the first course of treatment.

REASON FOR NO RADIATION**NAACCR ITEM #1430**

Reason for No Radiation identifies why radiation therapy was not provided to the patient and distinguishes a physician's not recommending this therapy due to contraindicating conditions from a patient's refusal of a recommended treatment plan.

Coding Instructions:

- If Regional Treatment Modality (NAACCR Item #1570) is coded 00, then record the reason based on documentation in patient record.
- Code 1 if the treatment plan offered multiple options and the patient selected treatment that did not include radiation therapy.
- Code 7 if the patient refused recommended radiation therapy, made a blanket refusal of all recommended.
- treatment, or refused all treatment before any was recommended.
- Code 8 if it is known that a physician recommended radiation treatment, but no further documentation is available yet to confirm its administration.
- Code 8 to indicate referral to a radiation oncologist was made and the registry should follow to determine.
- whether radiation was administered. If follow-up to the specialist or facility determines the patient was never there and no other documentation can be found, code 1.
- Cases coded 8 should be followed and updated to a more definitive code as appropriate.
- Code 9 if the treatment plan offered multiple options, but it is unknown which treatment, if any, was provided.

Code	Definition
0	Radiation therapy was administered.
1	Radiation therapy was not administered because it was not part of the planned first course treatment.
2	Radiation therapy was not recommended/administered because it was contraindicated due to other patient risk factors (comorbid conditions, advanced age, progression of tumor prior to planned radiation etc.).
5	Radiation therapy was not administered because the patient died prior to planned or recommended therapy.
6	Radiation therapy was not administered; it was recommended by the patient's physician, but was not administered as part of first course treatment. No reason was noted in patient record.
7	Radiation therapy was not administered; it was recommended by the patient's physician, but this treatment was refused by the patient, the patient's family member, or the patient's guardian. The refusal was noted in patient record.
Code	Definition
8	Radiation therapy was recommended, but it is unknown whether it was administered.
9	It is unknown if radiation therapy was recommended or administered. Death certificate and autopsy cases only.

RX TEXT—RADIATION (BEAM)**NAACCR ITEM #2620**

Enter the types of beam radiation administered to the patient as part of first course of therapy. Include dates and chronology of care. See Appendix L

Suggestion for text:

- Date when radiation treatment began
- Where treatment was given, e.g., at this facility, at another facility
- Other treatment information, e.g., patient discontinued after 5 treatments; unknown if radiation was given

RX TEXT--RADIATION OTHER**NAACCR ITEM #2630**

Enter the types of non-beam radiation administered to the patient as part of first course of therapy. Include dates and chronology of care. See Appendix L

Suggestion for text:

- Date treatment was started
- Where treatment was given, e.g., at this facility, at another facility
- Other treatment information, e.g., unknown if radiation was given

RX SUMM--SURG/RAD SEQ**NAACCR ITEM #1380**

Codes for the sequencing of radiation and surgery given as part of the first course of treatment.

Coding Instructions:

1. Surgical procedures include RX Summ—Surg Prim Site 03-22 (NAACCR Item #1290) or Surgery of Primary Site 2023 (codes A100-A900 or B100-B900); Scope of Regional Lymph Node Surgery

(NAACCR Item #1292) (excluding code 1); Surgical Procedure/Other Site (NAACCR Item #1294). If all of these procedures are coded 0, then this item should be coded 0.

2. If the patient received both radiation therapy and any one or a combination of the following surgical procedures: RX Summ—Surg Prim Site, Regional Lymph Node Surgery (excluding code 1), or Surgical Procedure/Other Site, then code this item 2-9, as appropriate.

Code	Label	Definition
0	No radiation therapy and/or surgical procedures	No radiation therapy given; and/or no surgery of the primary site; no scope of regional lymph node surgery; no surgery to other regional site(s), distant site(s), or distant lymph node(s); or no reconstructive surgery. Diagnosed at autopsy.
2	Radiation therapy before surgery	Radiation therapy given before surgery to primary site; scope of regional lymph node surgery (excluding code 1), surgery to other regional site(s), distant site(s), or distant lymph node(s).
3	Radiation therapy after surgery	Radiation therapy given after surgery to primary site; scope of regional lymph node surgery (excluding code 1), surgery to other regional site(s), distant site(s), or distant lymph node(s).
4	Radiation therapy both before and after surgery	Radiation therapy given before and after any surgery to primary site; scope of regional lymph node surgery (excluding code 1), surgery to other regional site(s), distant site(s), or distant lymph node(s).
5	Intraoperative radiation therapy	Intraoperative therapy given during surgery to primary site; scope of regional lymph node surgery (excluding code 1), surgery to other regional site(s), distant site(s), or distant lymph node(s).
6	Intraoperative radiation therapy with other therapy administered before or after surgery	Intraoperative radiation therapy given during surgery to primary site; scope of regional lymph node surgery (excluding code 1), surgery to other regional site(s), distant site(s), or distant lymph node(s) with other radiation therapy administered before or after surgery to primary site; scope of regional lymph node surgery, surgery to other regional site(s), distant site(s), or distant lymph node(s).
7	Surgery both before and after surgery	Radiation was administered between two separate surgical procedures to the primary site; regional lymph nodes (excluding code 1); surgery to other regional site(s), distant site(s), or distant lymph node(s).
9	Sequence unknown	Administration of radiation therapy and surgery to primary site, scope of regional lymph node surgery, surgery to other regional site(s), distant site(s), or distant lymph node(s) were performed and the sequence of the treatment is not stated in the patient record. It is unknown if radiation therapy was administered and/or it is unknown if surgery to primary site; scope of regional lymph node surgery, surgery to other regional site(s), distant site(s), or distant lymph node(s) were performed.

RX-SUMM-CHEMO**NAACCR ITEM #1390**

Records the type of chemotherapy administered as first course treatment at this and all other facilities. If chemotherapy was not administered, then this item records the reason it was not administered to the patient.

Always use the SEER*Rx Online Lookup to be sure you are coding the correct type of systemic therapy (chemotherapy, hormonal therapy, biological/targeted therapy, other therapy).
(<https://seer.cancer.gov/tools/seerrx/>).

Chemotherapy consists of a group of anticancer drugs that inhibit the reproduction of cancer cells by interfering with DNA synthesis and mitosis.

Enter the type of chemotherapy administered during the first course of therapy. Enter the name of each agent given to ensure the correct code of single, multiple agents or unknown number agents is correct.

Coding Instructions:

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.
 - Assign code 82 when chemotherapy is a customary option for the primary site/histology but it was not administered due to patient risk factors, such as
 - a. Advanced age
 - b. Comorbid condition(s) (heart disease, kidney failure, other cancer, etc.)
 - c. Progression of tumor prior to administration
 - Assign code 87 when
 - a. The patient refused recommended chemotherapy
 - b. The patient made a blanket refusal of all recommended treatment and chemotherapy is a customary option for the primary site/histology
 - c. The patient refused all treatment before any was recommended and chemotherapy is a customary option for the primary site/histology
 - Assign code 88 when the only information available is
 - a. The patient was referred to an oncologist
 - b. Insertion of port-a-cath**
 - c. Code 88 if chemotherapy was planned, but not started at the time of the most recent follow-up.

5. ONLY USE CODE 99 FOR DEATH CERTIFICATE ONLY CASES.

6. Code chemoembolization as 01, 02, or 03 depending on the number of chemotherapeutic agents involved.
7. The physician may change a drug during the first course of therapy because the patient cannot tolerate the original agent
 - a. This is a continuation of the first course of therapy when the chemotherapeutic agent that is substituted belongs to the same group (alkylating, antimetabolites, natural products, targeted therapy, or other miscellaneous)
 - b. Do not code the new agent as first course therapy when the original chemotherapeutic agent is changed to one that is NOT in the same group. Code only the original agent as first course. When the new agent is in a different group, it is second course therapy.
 - c. Use SEER*Rx and compare the subcategory of each chemotherapy agent to determine whether or not they belong to the same group (subcategory). **See “e” below for the groups and their definitions.** Source: SEER Program Coding and Staging Manual 2024, Section VII: First Course of Therapy
8. Code the chemotherapeutic agents whose actions are chemotherapeutic only; do not code the method of administration.
9. Combination chemotherapy containing prednisone (a hormone) should be coded in this field by counting the number of chemotherapy agents in the combination (excluding prednisone).
10. If chemotherapy was provided as a radiosensitizer or radioprotectant DO NOT code as chemotherapy treatment. When chemotherapy is given for radiosensitization or radioprotection it is given in low doses that do not affect the cancer.
11. Refer to the online *SEER*Rx Interactive Drug Database* (<https://seer.cancer.gov/tools/seerrx/>) for a list of chemotherapeutic, hormonal and biological anti-neoplastic agents.

Code	Description
00	None, chemotherapy was not part of the first course of therapy; not customary therapy for this cancer
01	Chemotherapy, NOS
02	Chemotherapy, single agent
03	Chemotherapy, multiple agents (combination regimen)
82	Chemotherapy was not recommended/administered because it was contraindicated due to patient risk factors (comorbid conditions, advanced age, etc.).
85	Chemotherapy was not administered because the patient died prior to planned or recommended therapy.
86	Chemotherapy was not administered; it was recommended by the patient’s physician, but was not administered as part of first-course therapy. No reason was noted in the patient record.

87	Chemotherapy was not administered; the patient's physician recommended it, but this treatment was refused by the patient, the patient's family member, or patient's guardian. The refusal was noted in the patient record.
88	Chemotherapy was recommended, but it is unknown if it was administered
99	Unknown if chemotherapy was recommended or administered because it is not stated in patient medical record; ONLY USE FOR DEATH CERTIFICATE CASES

Chemotherapeutic Agents

Chemotherapeutic agents are chemicals that affect cancer tissue by means other than hormonal manipulation.

Chemotherapeutic agents can be divided into five groups:

1. Alkylating agents
2. Antimetabolites
3. Natural products
4. Targeted therapy
5. Miscellaneous

1. Alkylating Agents

Alkylating agents are not cell-cycle-specific. Although they are toxic to all cells, they are most active in the resting phase of the cell. Alkylating agents directly damage DNA to prevent the cancer cell from reproducing. Alkylating agents are used to treat many different cancers including acute and chronic

leukemia, lymphoma, Hodgkin disease, multiple myeloma, sarcoma, and cancers of the lung, breast, and ovary. Because the drugs damage DNA they can cause long-term damage to the bone marrow and can, in rare cases, lead to acute leukemia. The risk of leukemia from alkylating agents is "dose-dependent."

Examples of alkylating agents include

- Mustard gas derivatives/nitrogen mustards: mechlorethamine, cyclophosphamide, chlorambucil, melphalan, and ifosfamide
- Ethylenimines: thiotepa and hexamethylmelamine
- Alkylsulfonates: busulfan
- Hydrazines and Trizines: altretamine, procarbazine, dacarbazine, and temozolomide
- Nitrosoureas: carmustine, lomustine, streptozocin, and nitrosourea are unique because they can cross the blood-brain barrier and can be used in treating brain tumors
- Metal salts: carboplatin, cisplatin, and oxaliplatin

2. Antimetabolites

Antimetabolites are cell-cycle specific. Antimetabolites are very similar to normal substances within the cell. When the cells incorporate these substances into the cellular metabolism, they are unable to divide. Antimetabolites are classified according to the substances with which they interfere.

- Folic acid antagonist: methotrexate
- Pyrimidine antagonist: 5-fluorouracil, floxuridine, cytarabine, capecitabine, and gemcitabine

- Purine antagonist: 6-mercaptopurine and 6-thioguanine
- Adenosine deaminase inhibitor: ladribine, fludarabine, nelarabine, and pentostatin

3. Natural Products

a. Plant Alkaloids are cell-cycle specific which means they attack the cells during various phase of division. They block cell division by preventing microtubule function. Microtubules are vital for cell division. Without them, division cannot occur. Plant alkaloids, as the name implies, are derived from certain types of plants.

- Vinca alkaloids: vincristine, vinblastine, and vinorelbine
- Taxanes: paclitaxel and docetaxel
- Podophyllotoxins: etoposide and teniposide
- Camptothecan analogs: irinotecan and topotecan

b. Antitumor antibiotics are also cell-cycle specific and act during multiple phases of the cell cycle. They are made from natural products and were first produced by the soil fungus *Streptomyces*. Antitumor antibiotics form free radicals that break DNA strands, stopping the multiplication of cancer cells.

- Anthracyclines: doxorubicin, daunorubicin, epirubicin, mitotane, and idarubicin
- Chromomycins: dactinomycin and plicamycin
- Miscellaneous: mitomycin and bleomycin

c. Topoisomerase inhibitors interfere with the action of topoisomerase enzymes (topoisomerase I and II). They control the manipulation of the structure of DNA necessary for replication.

- Topoisomerase I inhibitors: irinotecan, topotecan
- Topoisomerase II inhibitors: amsacrine, etoposide, etoposide phosphate, teniposide

4. Targeted Therapy

Targeted cancer therapies are drugs or other substances that block the growth and spread of cancer by interfering with specific molecules ("molecular targets") that are involved in the growth, progression, and spread of cancer. Targeted cancer therapies are sometimes called "molecularly targeted drugs," "molecularly targeted therapies," "precision medicines," or similar names. Examples of molecularly targeted therapy are imatinib (Gleevec), lapatinib (Tykerb), erlotinib (Tarceva), sunitinib (Sutent).

5. Miscellaneous

Miscellaneous antineoplastics that are unique

- Ribonucleotide reductase inhibitor: hydroxyurea
- Adrenocortical steroid inhibitor: mitotane
- Enzymes: asparaginase and pegaspargase
- Antimicrotubule agent: estramustine
- Retinoids: bexarotene, isotretinoin, tretinoin (ATRA)

Source: SEER Program Coding and Staging Manual 2024, Section VII: First Course of Therapy

RX DATE – CHEMO**NAACCR ITEM #1220**

Records the date of initiation of chemotherapy that is part of the first course of treatment.

Coding Instructions:

Enter the date chemotherapy was initiated that is part of the first course of treatment.

RX TEXT—CHEMO**NAACCR ITEM #2640**

Enter the documentation regarding chemotherapy treatment of the tumor being reported. Include dates and chronology of care. See Appendix L.

Suggestion for text:

- Date when chemotherapy began
- Where treatment was given, e.g., at this facility, at another facility
- Type of chemotherapy, e.g., name of agent(s) or protocol – NAME EACH AGENT GIVEN
- Other treatment information, e.g., treatment cycle incomplete, unknown if chemotherapy was given

RX SUMM – HORMONE**NAACCR ITEM #1400**

Records the type of hormone therapy administered as first course treatment at this and all other facilities. If hormone therapy was not administered, then this item records the reason it was not administered to the patient.

Always use the SEER*Rx Online Lookup to be sure you are coding the correct type of systemic therapy (chemotherapy, hormonal therapy, biological/targeted therapy, other therapy). (<https://seer.cancer.gov/tools/seerrx/>).

Hormone therapy consists of a group of drugs that may affect the long-term control of a cancer's growth.

It is not usually used as a curative measure. Name each agent given.

Code	Description
00	None, hormone therapy was not part of the planned first course of therapy; not usually administered for this type and/or stage of cancer; diagnosed at autopsy only.
01	Hormone therapy administered as first course therapy.
82	Hormone therapy was not recommended/administered because it was contra indicated due to patient risk factors (comorbid conditions, advanced age, etc.).
85	Hormone therapy was not administered because the patient died prior to planned or recommended therapy.
86	Hormone therapy was not administered. It was recommended by the patient's physician, but was not administered as part of the first course of therapy. No reason was stated in the patient record.

87	Hormone therapy was not administered. It was recommended by the patient's physician, but this treatment was refused by the patient, a patient's family member, or the patient's guardian. The refusal was noted in the patient record.
88	Hormone therapy was recommended, but it is unknown if it was administered.
99	It is unknown whether a hormonal agent(s) was recommended or administered because it is not stated in patient record. ONLY USE FOR DEATH CERTIFICATE CASES

Coding Instructions:

1. Assign code 00 when
 - a) There is no information in the patient's medical record that hormone therapy was either planned or administered
 - b) There is no reason to suspect that the patient would have had hormone therapy
 - c) If the treatment plan offered multiple treatment options and the patient selected treatment that
 - d) did not include hormone therapy
 - e) Patient elects to pursue no treatment following the discussion of hormone therapy treatment.
 - f) Only information available is that the patient was referred to an oncologist. Referral does not
 - g) equal a recommendation.
 - h) Watchful waiting (prostate)
 - i) Patient diagnosed at autopsy

2. ONLY USE CODE 99 FOR DEATH CERTIFICATE CASES.

Refer to the online *SEER*Rx Interactive Drug Database* (<https://seer.cancer.gov/tools/seerrx/>) for a list of chemotherapeutic, hormonal and biological anti-neoplastic agents.

RX DATE – HORMONE

NAACCR ITEM #1230

Records the date of initiation of hormone therapy that is part of the first course of treatment.

Coding Instructions:

Record the first or earliest date on which hormone therapy was administered by any facility. This date corresponds to administration of the agents coded in *RX Summ Hormone* (NAACCR Item #1390).

RX TEXT—HORMONE

NAACCR ITEM #2650

Enter the documentation regarding the hormone treatment of the tumor being reported. Include dates and chronology of care. See Appendix L

Suggestion for text:

- Date treatment was started
- Where treatment was given, e.g., at this facility, at another facility
- Type of hormone or antihormone, e.g., Tamoxifen
- Type of endocrine surgery or radiation, e.g., orchiectomy
- Other treatment information, e.g., treatment cycle incomplete; unknown if hormones were given

RX SUMM – BRM/IMMUNOTHERAPY**NAACCR ITEM #1410**

Records the date of initiation of immunotherapy or a biologic response modifier (BRM) that is part of the first course of treatment. Immunotherapy (biological response modifier) consists of biological or chemical agents that alter the immune system or change the host's response to the tumor cells.

Refer to the online *SEER*Rx Interactive Drug Database* (<https://seer.cancer.gov/tools/seerrx/>) for a list of chemotherapeutic, hormonal and biological anti-neoplastic agents.

Types of immunotherapy

Interferons: Interferons belong to a group of proteins called cytokines. They are produced naturally by the white blood cells in the body. Interferon-alpha is able to slow tumor growth directly as well as activate the immune system. It is used for a number of cancers including multiple myeloma, chronic myelogenous leukemia (CML), hairy cell leukemia, and malignant melanoma.

Cancer Vaccines: Cancer vaccines are still in the experimental phase and are not coded in this data item. They may be coded in the field Other Therapy. Currently clinical trials use cancer vaccines for brain, breast, colon, kidney, lung, melanoma and ovary.

Interleukins (IL-2) are often used to treat kidney cancer and melanoma.

Monoclonal Antibodies: Monoclonal antibodies are produced in a laboratory. The artificial antibodies are injected into the patient to seek out and disrupt cancer cell activities and to enhance the immune response against the cancer. For example, Rituximab (Rituxan) may be used for non-Hodgkin lymphoma, and trastuzumab (Herceptin) may be used for certain breast cancers.

Coding Instructions:

1. 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. **ONLY USE CODE 99 FOR DEATH CERTIFICATE CASES.**

Refer to the online *SEER*Rx Interactive Drug Database* (<https://seer.cancer.gov/tools/seerrx/>) for a list of chemotherapeutic, hormonal and biological anti-neoplastic agents.

Code	Description
00	None, Immunotherapy was not part of the first course of therapy; not customary therapy for this cancer
01	Immunotherapy
82	Immunotherapy was not recommended/administered because it was contraindicated due to patient risk factors (comorbid conditions, advanced age, etc.)
85	Immunotherapy was not administered because the patient died prior to planned or recommended therapy.
86	Immunotherapy was not administered; it was recommended by the patient's physician, but was not administered as part of first-course therapy. No reason was noted in the patient record.
87	Immunotherapy was not administered; the patient's physician recommended it, but the patient, the patient's family member, or the patient's guardian refused this treatment. The refusal was noted in the patient's records
88	Immunotherapy was recommended, but it is unknown if it was administered
99	It is unknown if Immunotherapy was recommended or administered because it is not stated in patient record; death certificate-only cases. ONLY USED FOR DCO CASES

RX DATE – BRM/IMMUNOTHERAPY**NAACCR ITEM #1240**

Records the date of initiation of immunotherapy or a biologic response modifier (BRM) that is part of the first course of treatment.

Coding Instructions:

Enter the date the biologic response modifier/immunotherapy was initiated that is part of the first course of treatment.

RX TEXT—BRM**NAACCR ITEM #2660**

Enter the documentation regarding the biological response modifiers or immunotherapy treatments of the tumor being reported. Include dates and chronology of care. See Appendix L

Suggestion for text:

- When treatment was given, e.g., at this facility; at another facility
- Type of BRM agent, e.g., Interferon, BCG
- BRM procedures, e.g., bone marrow transplant, stem cell transplant
- Other treatment information, e.g., treatment cycle incomplete; unknown if BRM was given

RX SUMM—SYSTEMIC / SURGERY 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 or Surgery of Primary Site 2023 (NAACCR Item #1291), RX Summ--Scope Reg LN Sur

(NAACCR Item #1292) (excluding code 1), RX Summ--Surg Oth Reg/Dis (NAACCR Item #1294), then this item should be coded 0.

3. If the patient received both systemic therapy and any one or a combination of the following surgical procedures: RX Summ--Surg Prim Site (NAACCR Item #1290) or Surgery of Primary Site 2023 (NAACCR Item #1291), RX Summ--Scope Reg LN Sur (NAACCR Item #1292) (excluding code 1), or RX Summ--Surg Oth Reg/Dis (NAACCR Item #1294), then code this item 2—9, as appropriate.

Code	Label	Description
0	No systemic therapy and/or surgical procedures	No systemic therapy was given; and/or no surgical procedure of primary site; no scope of regional lymph node surgery; no surgery to other regional site(s), distant site(s), or distant lymph node(s); or no reconstructive surgery was performed. Diagnosed at autopsy.
2	Systemic therapy before surgery	Systemic therapy was given before surgical procedure of primary site; scope of regional lymph node surgery (excluding code 1); surgery to other regional site(s), distant site(s), or distant lymph node(s) was performed.
3	Systemic therapy after surgery	Systemic therapy was given after surgical procedure of primary site; scope of regional lymph node surgery (excluding code 1); surgery to other regional site(s), distant site(s), or distant lymph node(s) was performed.
4	Systemic therapy both before and after surgery	Systemic therapy was given before and after any surgical procedure of primary site; scope of regional lymph node surgery (excluding code 1); surgery to other regional site(s), distant site(s), or distant lymph node(s) was performed.
5	Intraoperative systemic therapy	Intraoperative systemic therapy was given during surgical procedure of primary site; scope of regional lymph node surgery (excluding code 1); surgery to other regional site(s), distant site(s), or distant lymph node(s).
6	Intraoperative systemic therapy with other systemic therapy administered before or after surgery	Intraoperative systemic therapy was given during surgical procedure of primary site; scope of regional lymph node surgery (excluding code 1); surgery to other regional site(s), distant site(s), or distant lymph node(s) with other systemic therapy administered before or after surgical procedure of primary site; scope of regional lymph node surgery; surgery to other regional site(s), distant site(s), or distant lymph node(s) was performed.
7	Surgery both before and after systemic therapy	Systemic therapy both before and after radiation”, defined as Systemic therapy was administered between two separate surgical procedures to the primary site; regional lymph nodes (excluding code 1); surgery to other regional site(s), distant site(s), or distant lymph node(s).
9	Sequence unknown	Administration of systemic therapy and surgical procedure of primary site; scope of regional lymph node surgery (excluding code 1); surgery to other regional site(s), distant site(s), or distant lymph node(s) were performed and the sequence of the treatment is not stated in the patient record. It is unknown if systemic therapy was administered and/or it is unknown if surgical procedure of primary site; scope of regional lymph node surgery; surgery to other regional site(s), distant site(s), or distant lymph node(s) were performed.

RX SUMM – TRANSPLNT/ENDOCR**NAACCR ITEM #3250**

Identifies systemic therapeutic *procedures* administered as part of the first course of treatment at this and all other facilities. If none of these *procedures* were administered, then this item records the reason they were not performed. These include bone marrow transplants, stem cell harvests, surgical and/or radiation endocrine therapy.

Definitions:

Bone marrow transplant (BMT): Procedure used to restore stem cells that were destroyed by chemotherapy and/or radiation. Replacing the stem cells allows the patient to undergo higher doses of chemotherapy.

BMT Allogeneic: Receives bone marrow or stem cells from a donor.

BMT Autologous: Uses the patient's own bone marrow and/or stem cells. The tumor cells are filtered out, and the purified blood and stem cells are returned to the patient.

Note: Used for breast cancer, lymphoma, leukemia, aplastic anemia, myeloma, germ cell tumors, ovarian cancer, and small cell lung cancer.

Conditioning: High-dose chemotherapy with or without radiation administered prior to transplants such as BMT and stem cell to kill cancer cells. This conditioning also destroys normal bone marrow cells so the normal cells need to be replaced (rescue). The high dose chemotherapy is coded in the Chemotherapy field.

Hematopoietic Growth Factors: A group of substances that support hematopoietic (blood cell) colony formation. The group includes erythropoietin, interleukin-3, and colony-stimulating factors (CSFs). The growth-stimulating substances are ancillary drugs and not coded.

Non-Myeloablative Therapy: Uses immunosuppressive drugs pre- and post-transplant to ablate the bone marrow. These are not recorded as therapeutic agents.

Peripheral Blood Stem Cell Transplantation (PBSCT): Rescue that replaces stem cells after conditioning.

Rescue: Rescue is the actual BMT or stem cell transplant done after conditioning.

Stem Cells: Immature cells found in bone marrow, blood stream and umbilical cords. The stem cells mature into blood cells.

Coding Instructions:

1. Bone marrow transplants should be coded as either autologous (bone marrow originally taken from the patient) or allogeneic (bone marrow donated by a person other than the patient). For cases in which the bone marrow transplant was syngeneic (transplanted marrow from an identical twin), the item is coded as allogeneic.
2. Stem cell harvests involve the collection of immature blood cells from the patient and the reintroduction by transfusion of the harvested cells following chemotherapy or radiation therapy.
3. Endocrine irradiation and/or endocrine surgery are procedures which suppress the naturally occurring hormonal activity of the patient and thus alter or affect the long-term control of the cancer's growth. These procedures must be bilateral to qualify as endocrine surgery or endocrine radiation. If only one gland is intact at the start of treatment, surgery and/or radiation to that remaining gland qualifies as endocrine surgery or endocrine radiation.
4. Code 00 if a transplant or endocrine procedure was not administered to the patient
5. Code 00 if there is no indication anywhere in the patient's medical record that a transplant or endocrine procedure was either planned or administered.
6. Code 00 if the treatment plan offered multiple options, and the patient selected treatment that did not

- include a transplant or endocrine procedure.
7. If it is known that a transplant or endocrine procedure is usually administered for this type and stage of cancer, but was not administered to the patient, use code 82, 85, 86, or 87 to record the reason why it was not administered.
 8. Code 87 if the patient refused a recommended transplant or endocrine procedure, made a blanket refusal of all recommended treatment, or refused all treatment before any was recommended.
 9. Code 88 if it is known that a physician recommended a hematologic transplant or endocrine procedure, but no further documentation is available yet to confirm its administration.
 10. Code 88 to indicate referral to a specialist for hematologic transplant or endocrine procedures and the registry should follow the case. If follow-up to the specified specialist or facility determines the patient was never there, code 00.
 11. Cases coded 88 should be followed to determine whether they were given a hematologic transplant or endocrine procedure or why not.
 12. Code 99 if it is unknown whether a hematologic transplant and/or endocrine surgery/radiation was administered or recommended.

Code	Description
00	None, transplant procedure or endocrine therapy was not part of the first course of therapy; not customary therapy for this cancer
10	Bone marrow transplant, NOS. A bone marrow transplant procedure was administered, but the type was not specified
11	Bone marrow transplant – autologous
12	Bone marrow transplant – allogeneic
20	Stem cell harvest
30	Endocrine surgery and/or endocrine radiation therapy. Code only to be used for Primary Sites Breast and/or Prostate
40	Combination of endocrine surgery and/or radiation with a transplant procedure (combination of codes 30 and 10, 11, 12 or 20).
82	Hematologic transplant and/or endocrine surgery/radiation was not recommended/administered because it was contraindicated due to patient risk factors (i.e., comorbid conditions, advanced age).
85	Hematologic transplant and/or endocrine surgery/radiation was not administered because the patient died prior to planned or recommended therapy.
86	Hematologic transplant and/or endocrine surgery/radiation was not administered. It was recommended by the patient's physician, but was not administered as part of first-course therapy. No reason was stated in the patient record.
87	Hematologic transplant and/or endocrine surgery/radiation was not administered. It was recommended by the patient's physician, but this treatment was refused by the patient, the patient's family member, or the patient's guardian. The refusal was noted in the patient record.
88	Hematologic transplant and/or endocrine surgery/radiation was recommended, but it is unknown if it was administered If a bone marrow or stem cell harvest was undertaken, but was not followed by a rescue or re-infusion as part of first course treatment
99	It is unknown whether hematologic transplant and/or endocrine surgery/radiation was recommended or administered because it is not stated in patient record. Autopsy only cases. ONLY USE FOR DEATH CERTIFICATE CASES

RX SUMM – OTHER**NAACCR ITEM #1420**

Identifies Other Treatment that cannot be defined as surgery, radiation, or systemic therapy according to the defined data items in this manual.

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 besides the warning, then the errors will need to be corrected before submission.

Coding Instructions

1. The principal treatment for certain reportable hematopoietic diseases could be supportive care that does not meet the usual definition of treatment that “modifies, controls, removes, or destroys” proliferating cancer tissue.
2. Supportive care may include phlebotomy, transfusion, or aspirin. In order to report the hematopoietic cases in which the patient received supportive care, SEER and the Commission on Cancer have agreed to record treatments such as phlebotomy, transfusion, or aspirin as “Other Treatment” (Code 1) for certain hematopoietic diseases ONLY. 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.
3. **Assign code 0** when
 - a. There is no information in the patient’s medical record about other therapy AND
 - i. It is known that other therapy is not usually performed for this type and/or stage of cancer
 - OR
 - ii. There is no reason to suspect that the patient would have had other therapy
 - b. The treatment plan offered multiple treatment options and the patient selected treatment that did not include other therapy
 - c. Patient elects to pursue no treatment following the discussion of other therapy. Discussion does not equal a recommendation. Patient's decision not to pursue other therapy is not a refusal of other therapy in this situation.
 - d. First course of treatment was active surveillance/watchful waiting
 - e. Patient diagnosed at autopsy
4. **Assign code 1** for
 - a. Hematopoietic treatments such as: phlebotomy or aspirin (See SEER*Rx and Hematopoietic and Lymphoid Neoplasm Coding Manual and Database for specific guidance on coding)
 Note: Do not code blood transfusion as treatment.
 Rationale: Blood transfusions may be used for any medical condition that causes anemia. It would be virtually impossible for the registrar to differentiate between blood transfusions used for a co-morbidity (i.e., anemia) from those given as prophylactic treatment of a hematopoietic neoplasm.
 - b. PUVA (Psoralen (P) and long-wave ultraviolet radiation (UVA)) in the RARE event that

it is used as treatment for extremely thin melanomas or cutaneous T-cell lymphomas (e.g., mycosis fungoides)

Note: Code UVB phototherapy for mycosis fungoides as photodynamic therapy under Surgery of Primary Site 2023 for skin. Assign code B110 [Photodynamic therapy (PDT)] when there is no pathology specimen.

c. Photophoresis. This treatment is used **ONLY** for thin melanoma or cutaneous T-cell lymphoma (mycosis fungoides).

d. Cancer treatment that could not be assigned to the previous treatment data items (surgery, radiation, chemotherapy, immunotherapy, or systemic therapy)

5. Assign code 2 for any experimental or newly developed treatment, such as a clinical trial, that differs greatly from proven types of cancer therapy

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.

6. 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.

7. Assign code 6 for

a. Cancer treatment administered by nonmedical personnel

Example: Cannabis oil or medical marijuana that is used for treatment.

b. Unconventional methods whether they are the only therapy or are given in combination with conventional therapy

Example: DC vax given for brain cancer. Assign code 6. DC vax is not an approved treatment for brain cancer and should not be coded in the immunotherapy or any of the other treatment data items.

c. Complementary and Alternative Medicine (CAM) as any medical system, practice, or product that is not thought of as “western medicine” or standard medical care. CAM treatments may include dietary supplements, megadose vitamins, herbal preparations, acupuncture, massage therapy, magnet therapy, spiritual healing, and meditation.

i. Alternative medicine is treatment that is used instead of standard medical treatments. Alternative therapy is when the patient receives no other type of standard treatment.

ii. Complementary medicine. Treatments that are used along with standard medical treatments but are not standard treatments; also called conventional medicine. One example is using acupuncture to help lessen some side effects of cancer treatment in conjunction with standard treatment.

d. Integrative medicine. A total approach to medical care that combines standard medicine with the CAM practices that have shown to be safe and effective. They treat the patient's mind, body, and spirit.

Note: See complete information on complementary and alternative medicine types specific to cancer at NCI Office of Cancer Complementary and Alternative Medicine. For additional information on cancer and other diseases, please visit NIH National Center for Complementary

and Integrative Health.

8. **Assign code 8** when the physician recommended other therapy, but there is no information that the treatment was given

9. **Assign code 9** when there is no documentation that other therapy was recommended or performed
a. For death certificate only (DCO) cases

Code 6

Use code 6 for unconventional methods (for example, laetrile) when given alone or combined 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
Parabenzquinone	Bioelectromagnetic Applications
ALTERNATIVE AND COMPLEMENTARY THERAPIES	Blue Light Treatment
MANUAL HEALING	Electroacupuncture
Acupressure	Magnetoiresonance Spectroscopy
Biofield Therapeutics	Diet, Nutrition, Lifestyle
Massage Therapy	Changes In Lifestyle
Reflexology	Diet
Zone Therapy	Gerson Therapy
MIND/BODY CONTROL	Macrobiotics
Biofeedback	Megavitamins
Humor Therapy	Nutritional Supplements
Meditation	Herbal Medicine
Relaxation Techniques	Ginger
Yoga	Ginkgo Biloba Extract
PHARMACOLOGICAL AND BIOLOGICAL TREATMENTS	Ginseng Root
Anti-Oxidizing Agents	
Cell Treatment	

Code	Description
0	No other cancer directed therapy except as coded elsewhere. Patient received no other cancer-directed therapy.
1	Other cancer-directed therapy – Other, Cancer-directed therapy that cannot be appropriately assigned to other specific treatment modalities. <i>Examples:</i> hyperbaric oxygen (as adjunct to

	cancer-directed treatment), or hyperthermia, PUVA, arterial block for renal cell carcinoma, and radio-frequency thermal ablation (hyperthermia). Embolization using alcohol as an embolization agent. Embolization for a site other than the liver where the embolizing agent is unknown.
2	Other experimental cancer-directed therapy (not included elsewhere) This includes any experimental or newly developed method or treatment that differs greatly from proven types of cancer therapy. It may be used for institution-based clinical trials.
3	Other-Double-blind clinical trial, code not yet broken Patient is involved in a double blind clinical trial. Code the treatment actually administered when the double blind clinical trial code is broken. Do not code ancillary drugs in this field.
6	Unproven therapy (including laetrile, krebiozen, etc.) Unconventional treatments given by non-medical personnel.
7	Refusal, the patient or patient's guardian refused treatment that would have been coded as 1, 2, or 3.
8	Recommended; Other cancer-directed therapy recommended, unknown if administered. Physician recommended other cancer-directed therapy but there is no indication in the record that the patient received the treatment.
9	Unknown if other cancer-directed therapy was administered – DEATH CERTIFICATE ONLY

RX DATE – OTHER**NAACCR ITEM #1250**

Records the date on which other treatment began at any facility.

Coding Instructions:

Enter the date any “other” therapy was initiated that is part of the first course of treatment.

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

This data item summarizes whether the patient received any treatment or the tumor was under Active Surveillance or Watchful Waiting.

Instructions for Coding:

1. This item may be left blank for cases diagnosed prior to 2010.
2. Treatment given after a period of active surveillance is considered subsequent treatment and it not coded in this item.
3. Assign code 0 (No Treatment) when treatment is refused or the physician decides not to treat for any reason such as the presence of comorbidities.
4. Assign code 0 when the patient does not receive any treatment
 - o Scope of Regional Lymph Node Surgery may be coded 0, 1-7, or 9
5. Assign code 1 when the patient receives treatment collected in any of the following data items:
 - a. Surgery of Primary Site
 - b. Surgical Procedure of Other Site
 - c. Radiation Treatment Modality, Phase I, II, III
 - d. Chemotherapy
 - e. Hormone Therapy
 - f. Immunotherapy

Code	Description
0	No treatment given
1	Treatment given – this does not include the decision not to treat the patient
2	Active surveillance (watchful waiting)
9	Unknown if treatment was given – ONLY USE FOR DEATH CERTIFICATE CASES

TEXT- REQUIRED

The Text Required section includes the set of data items where documentation must be entered to verify complete and accurate coding. Please read the Introduction to Text Documentation which precedes this section to become familiar with FCDS text requirements. Text requirements are monitored by FCDS QC Review and through FCDS EDITS. See Additional References for Text Documentation on next page. NOTE: ALL Staging Items including all Site-Specific Data Items must have Text Documentation.

Please see Appendix L for specific text documentation requirements and information on the NCRA Informational Abstracts free for download that provide cancer-site specific guidelines for text in abstracts <http://www.cancerregistryeducation.org/rr>

The use of standard abbreviations in documentation and diagnostic text is acceptable. However, FCDS must be able to understand the use of standard abbreviations to clarify and validate coded data.

Refer to Appendix C for the latest list of standard abbreviations.

CAUTION: Use of Non-Standard Abbreviations

- **Non-Standard Abbreviations may have multiple interpretations and should not be used.**
- **Do not customize abbreviations or overuse abbreviations to the point where the information has no meaning or context.**

Vendor insertion of auto text from coded data is NOT sufficient to meet the CDC/NPCR or FCDS requirements for text documentation. Registrars/Abstractors must know which text areas in their abstracting software will be submitted to FCDS. FCDS does not always know how or where vendors map your screen entry text to the FCDS required text fields.

Data Items Included In This Section:

NAACCR Item Number Item Name

2520	Text – DX Procedures – Physical Exam
2530	Text – DX Procedures – X-Ray/Scans
2540	Text – DX Procedures – Scopes
2550	Text – DX Procedures – Lab Tests
2560	Text – DX Procedures – Operative Report
2570	Text – DX Procedures – Pathology Report
2580	Text – Primary Site Title
2590	Text – Histology Title
2600	Text – Staging
2610	RX Text – Surgery
2620	RX Text – Radiation (Beam)
2630	RX Text – Radiation Other
2640	RX Text – Chemo
2650	RX Text – Hormone
2660	RX Text – BRM
2670	RX Text – Other
2680	Text – Remarks
2690	Text – Place of Diagnosis

TEXT – DX PROC – PE**NAACCR ITEM #2520**

Enter information from history and physical examinations. Information can include duration and type of symptoms, family history, location of tumor, etc. Include dates and chronology of care. THIS SECTION MUST INCLUDE THE REASON WHY THE PATIENT CAME TO YOUR FACILITY REGARDLESS OF CLASS OF CASE OR TREATMENT GIVEN. See Appendix L

TEXT – DX PROC – X-RAY/SCANS**NAACCR ITEM #2530**

Enter information from diagnostic imaging reports, including X-rays, MRI and PET scans, ultrasound and other imaging studies. Both positive and negative exams are important. YOU MUST INCLUDE DATES IN CHRONOLOGICAL ORDER FOR EACH IMAGING STUDY. See Appendix L

TEXT – DX PROC – SCOPES**NAACCR ITEM #2540**

Enter the text information from endoscopic examinations. Information can include visualization of tumor, location of tumor, etc. Include dates and chronology of care. See Appendix L

TEXT – DX PROC – LAB TESTS**NAACCR ITEM #2550**

Enter information from laboratory examinations other than cytology or histopathology for the tumor being reported. This information can include tumor markers, serum and urine electrophoresis, special studies, etc. Include dates and chronology of care.

Tumor markers can be obtained from serum, Immunostained tissue, and other specimens. They may be cancer-specific or more general, involving markers for numerous cancer types. Include dates and chronology of care to ensure tumor markers are consistent with the timeline of care.

Some tumor marker examples include:

Breast Cancer:	Progesterone Receptors Assays (PRA), Estrogen Receptor Assays (ERA), Her2/neu*
Prostate Cancer:	Prostatic Specific Antigen (PSA)
Testicular Cancer:	Human Chorionic Gonadotropin (hCG), Alpha Feto Protein (AFP)
Liver Cancer:	Alpha Feto Protein (AFP)
Ovarian Cancer:	CA-125
Other Markers Include:	Carcinoembryonic antigen – CEA (Colorectal), CA-19-9, BRCA1 and others

Genetic Tests have become commonplace in cancer tissue evaluation. Please include genetic testing results in this text area to further classify the tumor, to be used as a genetic tumor marker to monitor response to treatment, and for additional clarification of tumor analysis conducted at the molecular level.

FoundationOne CDx - FoundationOne CDx is the first FDA-approved tissue-based broad companion diagnostic (CDx) that has been clinically and analytically validated for all solid tumors. Test results include microsatellite instability (MSI) and tumor mutational burden (TMB) to help inform immunotherapy decisions, and loss of heterozygosity (LOH) for ovarian cancer patients.

You can also order PD-L1 immunohistochemistry (IHC) testing as an optional add-on test. The

FoundationOne CDx test detects substitution, insertion and deletion genetic alterations, and genetic copy number alterations (CNAs) in 324 genes and select gene rearrangements, as well as genomic signatures including microsatellite instability (MSI) and tumor mutational burden (TMB) using DNA isolated from formalin-fixed paraffin embedded (FFPE) tumor tissue specimens.

- FoundationOne CDx (324 DNA genes interrogated from a tissue sample)
- FoundationOne Liquid CDx (324 DNA genes* interrogated from a simple blood draw)
- FoundationOne Heme (406 DNA and 265 RNA genes interrogated from a variety of sample options)

Current Gene List²

Genes with full coding exonic regions included in FoundationOne[®]CDx for the detection of substitutions, insertion-deletions (Indels), and copy-number alterations (CNAs).

ABL1	ACVR1B	AKT1	AKT2	AKT3	ALK	ALOX12B	AMER1 (FAM123B)	APC
AR	ARAF	ARFRP1	ARID1A	ASXL1	ATM	ATR	ATRX	AURKA
AURKB	AXIN1	AXL	BAP1	BARD1	BCL2	BCL2L1	BCL2L2	BCL6
BCOR	BCORL1	BRAF	BRCA1	BRCA2	BRD4	BRIP1	BTG1	BTG2
BTK	CTNFB30 (EMSY)	CALR	CARD11	CASP8	CBFB	CBL	CCND1	CCND2
CCND3	CCNE1	CD22	CD274 (PD-L1)	CD70	CD79A	CD79B	CDC73	CDH1
CDK12	CDK4	CDK6	CDK8	CDKN1A	CDKN1B	CDKN2A	CDKN2B	CDKN2C
CEBPA	CHEK1	CHEK2	CIC	CREBBP	CRKL	CSF1R	CSF3R	CTCF
CTNNA1	CTNNA1	CUL3	CUL4A	CXCR4	CYP17A1	DAXX	DDR1	DDR2
DIS3	DNMT3A	DOT1L	EED	EGFR	EP300	EPHA3	EPHB1	EPHB4
ERBB2	ERBB3	ERBB4	ERCC4	ERG	ERRF1	ESR1	EZH2	FAM46C
FANCA	FANCC	FANCG	FANCL	FAS	FBXW7	FGF10	FGF12	FGF14
FGF19	FGF23	FGF3	FGF4	FGF6	FGFR1	FGFR2	FGFR3	FGFR4
FH	FLCN	FLT1	FLT3	FOXL2	FUBP1	GABRA6	GATA3	GATA4
GATA6	GID4 (CT7orf39)	GNAI1	GNAI3	GNAQ	GNA5	GRM3	GSK3B	H3F3A
HDAC1	HGF	HNF1A	HRAS	HSD3B1	ID3	IDH1	IDH2	IGF1R
IKBKE	IKZF1	INPP4B	IRF2	IRF4	IRS2	JAK1	JAK2	JAK3
JUN	KDMSA	KDMS5C	KDM6A	KDR	KEAP1	KEL	KIT	KLHL6
KMT2A (MLL)	KMT2D (MLL2)	KRAS	LTK	LYN	MAF	MAP2K1 (MEK1)	MAP2K2 (MEK2)	MAP2K4
MAP3K1	MAP3K13	MAPK1	MCL1	MDM2	MDM4	MED12	MEF2B	MEN1
MERTK	MET	MITF	MKNK1	MLH1	MPL	MRE11A	MSH2	MSH3
MSH6	MST1R	MTAP	MTOR	MUTYH	MYC	MYCL (MYCL1)	MYCN	MYD88
NBN	NF1	NF2	NFE2L2	NFKB1A	NKX2-1	NOTCH1	NOTCH2	NOTCH3
NPM1	NRAS	NTSC2	NTRK1	NTRK2	NTRK3	P2RY8	PALB2	PARK2
PARP1	PARP2	PARP3	PAX5	PBRM1	PDCD1 (PD-1)	PDCD1LG2 (PD-L2)	PDGFRA	PDGFRA
PDGFRB	PKD1	PIK3C2B	PIK3C2G	PIK3CA	PIK3CB	PIK3RI	PIM1	PMS2
POLD1	POLE	PPARG	PPP2R1A	PPP2R2A	PRDM1	PRKARIA	PRKCI	PTCH1
PTEN	PTPN11	PTPRO	QKI	RAC1	RAD21	RAD51	RAD51B	RAD51C
RAD51D	RAD52	RAD54L	RAF1	RARA	RB1	RBM10	REL	RET
RICTOR	RNF43	ROS1	RPTOR	SDHA	SDHB	SDHC	SDHD	SETD2
SF3B1	SGK1	SMAD2	SMAD4	SMARCA4	SMARCB1	SMO	SNCAIP	SOC1
SOX2	SOX9	SPEN	SPOP	SRC	STAG2	STAT3	STK11	SUFU
SYK	TBX3	TEK	TET2	TGFB2	TIPARP	TNFAIP3	TNFRSF14	TP53
TSC1	TSC2	TYRO3	U2AF1	VEGFA	VHL	WHSC1 (HMMSET)	WHSC1L1	WT1
XPO1	XRCC2	ZNF217	ZNF703					

Select Rearrangements^{2,3}

Genes with select intronic regions for the detection of gene rearrangements, one gene with a promoter region and one non-coding RNA gene.

ALK	BCL2	BCR	BRAF	BRCA1	BRCA2	CD74	EGFR	ETV4
ETV5	ETV6	EWSR1	EZR	FGFR1	FGFR2	FGFR3	KIT	KMT2A (MLL)
MSH2	MYB	MYC	NOTCH2	NTRK1	NTRK2	NUTM1	PDGFRA	RAF1
RARA	RET	ROS1	RSP02	SDC4	SLC34A2	TERC*	TERT (promoter only)**	
TMPS2								

*TERC is non-coding RNA gene.

**TERT is gene with promoter region.

Table 1: Companion diagnostic indications

INDICATIONS	BIOMARKER	FDA-APPROVED THERAPY
Non-Small Cell Lung Cancer (NSCLC)	<i>EGFR</i> exon 19 deletions and <i>EGFR</i> exon 21 L858R alterations	Gilotrif® (afatinib), Iressa® (gefitinib), Tagrisso® (osimertinib) or Tarceva® (erlotinib)
	<i>EGFR</i> exon 20 T790M alterations	Tagrisso® (osimertinib)
	<i>ALK</i> rearrangements	Alecensa® (alectinib), Xalkori® (crizotinib), or Zykadia® (ceritinib)
	<i>BRAF</i> V600E	Tafinlar® (dabrafenib) in combination with Mekinist® (trametinib)
	<i>MET</i> single nucleotide variants (SNVs) and indels that lead to <i>MET</i> exon 14 skipping	Tabrecta™ (capmatinib)
Melanoma	<i>BRAF</i> V600E	Tafinlar® (dabrafenib) or Zelboraf® (vemurafenib)
	<i>BRAF</i> V600E or V600K	Mekinist® (trametinib) or Cotellic® (cobimetinib), in combination with Zelboraf® (vemurafenib)
Breast Cancer	<i>ERBB2</i> (HER2) amplification	Herceptin® (trastuzumab), Kadcyla® (ado-trastuzumab-emtansine), or Perjeta® (pertuzumab)
	<i>PIK3CA</i> alterations	Piqray® (alpelisib)
Colorectal Cancer	<i>KRAS</i> wild-type (absence of mutations in codons 12 and 13)	Erbix® (cetuximab)
	<i>KRAS</i> wild-type (absence of mutations in exons 2, 3 and 4) and <i>NRAS</i> wild-type (absence of mutations in exons 2, 3 and 4)	Vectibix® (panitumumab)
Ovarian Cancer	<i>BRCA1/2</i> alterations	Lynparza® (olaparib) or Rubraca® (rucaparib)
Cholangiocarcinoma	<i>FGFR2</i> fusions and select rearrangements	Pemazyre™ (pemigatinib)
Prostate Cancer	Homologous Recombination Repair (<i>HRR</i>) gene (<i>BRCA1</i> , <i>BRCA2</i> , <i>ATM</i> , <i>BARD1</i> , <i>BRIPI</i> , <i>CDK12</i> , <i>CHEK1</i> , <i>CHEK2</i> , <i>FANCL</i> , <i>PALB2</i> , <i>RAD51B</i> , <i>RAD51C</i> , <i>RAD51D</i> and <i>RAD54L</i>) alterations	Lynparza® (olaparib)
Solid tumors	TMB ≥ 10 mutations per megabase	Keytruda® (pembrolizumab)

The test is also used for detection of genomic loss of heterozygosity (LOH) from formalin-fixed, paraffin-embedded (FFPE) ovarian tumor tissue. Positive homologous recombination deficiency (HRD) status (defined as tBRCA-positive and/or LOH high) in ovarian cancer patients is associated with improved progression-free survival (PFS) from Rubraca (rucaparib) maintenance therapy in accordance with the Rubraca product label.

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Guardant360 CDx - Guardant360® CDx is a qualitative next generation sequencing-based in vitro diagnostic test that uses targeted high throughput hybridization-based capture technology for detection of single nucleotide variants (SNVs), insertions and deletions (indels) in 55 genes, copy number amplifications (CNAs) in two (2) genes, and fusions in four (4) genes. Guardant360 CDx utilizes circulating cell-free DNA (cfDNA) from plasma of peripheral whole blood collected in Streck Cell-Free DNA Blood Collection Tubes (BCTs).

Table 3. Genes Containing Alterations Reported by Guardant360 CDx

Alteration Type	Genes
Single Nucleotide Variants (SNVs)	<i>AKT1, ALK, APC, AR, ARAF, ATM*, BRAF, BRCA1**, BRCA2**, CCND1, CDH1, CDK4, CDK6, CDK12*, CDKN2A, CTNNB1, EGFR, ERBB2, ESR1, FGFR1, FGFR2, FGFR3, GATA3, GNA11, GNAQ, HRAS, IDH1, IDH2, KIT, KRAS, MAP2K1, MAP2K2, MET, MLH1, MTOR, MYC, NF1, NFE2L2, NRAS, NTRK1, NTRK3, PDGFRA, PIK3CA, PTEN, RAF1, RET, RHEB, ROS1, SMAD4, SMO, STK11, TERT, TSC1, VHL</i>
Indels	<i>AKT1, ALK, APC, ATM*, BRAF, BRCA1**, BRCA2**, CDH1, CDK12*, CDKN2A, EGFR, ERBB2, ESR1, FGFR2, GATA3, HNF1A, HRAS, KIT, KRAS, MET, MLH1, NF1, PDGFRA, PIK3CA, PTEN, RET, ROS1, STK11, TSC1, VHL</i>
Copy Number Amplifications (CNAs)	<i>ERBB2, MET</i>
Fusions	<i>ALK, NTRK1, RET, ROS1</i>

*Reporting is enabled for pathogenic germline alterations only. Somatic alterations will not be reported.

** Reporting is enabled for both germline and somatic alterations.

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

Enter information from operative reports. Do not just restate the procedure performed. Procedure performed is included under the Surgery Text Field in the Treatment Text Section. Information from operative reports can include observations at surgery, tumor size, extent of involvement of primary or metastatic sites not surgically excised or biopsied and other information that may not be documented elsewhere. Include dates and chronology of care. See Appendix L.

TEXT – DX PROC – PATH**NAACCR ITEM #2570**

Enter information from cytology and histopathology reports, including biopsies, bone marrow reports, resections, and genetic testing included in the anatomic pathology report. 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, and metastatic involvement. Include dates and chronology of care. Indicate if the reports are missing from the medical record. See Appendix L.

TEXT – STAGING**NAACCR ITEM #2600**

Enter the information to justify the rationale for assigning SS2018. Do not just enter TNM information. Enter a summary of all staging information. Information can include a summary of all staging tests with overall stage as stated by physician(s), special considerations for staging, etc. You may include AJCC TNM clinical and/or pathological in this section. Please always use the Summary Stage Manual to assign Summary Stage 2018. Include dates and chronology of care. See Appendix L.

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

Enter information describing the surgical procedure(s) performed as part of first course of therapy. Include dates and chronology of care. These are not the findings from the surgical procedure. Include the actual name and date of the surgical procedure(s) performed in chronological order. See Appendix L.

RX TEXT--RADIATION (BEAM)**NAACCR ITEM #2620**

Enter the types of beam radiation administered to the patient as part of first course of therapy. Include dates and chronology of care. See Appendix L.

Suggestion for text:

- Date when radiation treatment began
- Where treatment was given, e.g., at this facility, at another facility
- Other treatment information, e.g., patient discontinued after 5 treatments; unknown if radiation was given

RX TEXT--RADIATION OTHER**NAACCR ITEM #2630**

Enter the types of non-beam radiation administered to the patient as part of first course of therapy. Include dates and chronology of care. See Appendix L.

Suggestion for text:

- Date treatment was started
- Where treatment was given, e.g., at this facility, at another facility
- Other treatment information, e.g., unknown if radiation was given

RX TEXT—CHEMO**NAACCR ITEM #2640**

Enter the documentation regarding chemotherapy treatment of the tumor being reported. Include dates and chronology of care. See Appendix L.

Suggestion for text:

- Date when chemotherapy began
- Where treatment was given, e.g., at this facility, at another facility
- Type of chemotherapy, e.g., name of agent(s) or protocol
- Other treatment information, e.g., treatment cycle incomplete, unknown if chemotherapy was given

RX TEXT—HORMONE**NAACCR ITEM #2650**

Enter the documentation regarding the hormone treatment of the tumor being reported. Include dates and chronology of care. See Appendix L.

Suggestion for text:

- Date treatment was started
- Where treatment was given, e.g., at this facility, at another facility
- Type of hormone or antihormone, e.g., Tamoxifen
- Type of endocrine surgery or radiation, e.g., orchiectomy
- Other treatment information, e.g., treatment cycle incomplete; unknown if hormones were given

RX TEXT—BRM**NAACCR ITEM #2660**

Enter the documentation regarding the biological response modifiers or immunotherapy treatments of the tumor being reported. Include dates and chronology of care. See Appendix L.

Suggestion for text:

- When treatment was given, e.g., at this facility; at another facility
- Type of BRM agent, e.g., Interferon, BCG
- BRM procedures, e.g., bone marrow transplant, stem cell transplant
- Other treatment information, e.g., treatment cycle incomplete; unknown if BRM was given

RX TEXT--OTHER**NAACCR ITEM #2670**

Enter the document documentation regarding the treatment of the tumor being reported with treatment that cannot be defined as surgery, radiation, or systemic therapy. This includes experimental treatments (when the mechanism of action for a drug is unknown), and blinded clinical trials. If the mechanism of action for the experimental drug is known, code to the appropriate treatment field. Include dates and chronology of care. See Appendix L.

Suggestion for text:

- Date treatment was started
- Where treatment was given, e.g., at this facility, at another facility
- Type of other treatment, e.g., blinded clinical trial, hyperthermia
- Other treatment information, e.g., treatment cycle incomplete; unknown if other treatment was given

TEXT – REMARKS**NAACCR ITEM #2680**

Enter text information not elsewhere provided and for overflow from other text areas. Include dates and chronology of care. See Appendix L

FOLLOW UP

The Follow Up section includes the set of data items used by the FCDS to monitor a facility's last contact with the patient at the time that the abstract was completed. FCDS does not require the collection of most of the data items pertaining to follow up. The FCDS required follow up data items are limited in scope; they mainly assist in performing limited survival analyses.

Data Items Included In This Section:

<u>NAACCR Item Number</u>	<u>Item Name</u>
1750	Date of Last Contact
1760	Vital Status
1770	Cancer Status

DATE OF LAST CONTACT**NAACCR ITEM #1750**

Records the date of last contact with the patient or the date of death.

Coding Instructions:

1. Record the last date on which the patient was known to be alive or the date of death.
2. This data item is associated with the patient, not the cancer, so all records (primary sites) for the same patient will have the same date of last contact; If a patient has multiple primaries, all records should have the same date of last contact.

VITAL STATUS**NAACCR ITEM # 1760**

Enter the patient's Vital Status as of the date entered in date of last contact.

Code	Description
0	Dead
1	Alive

CANCER STATUS**NAACCR ITEM #1770**

Cancer Status records the presence or absence of clinical evidence of the patient's malignant or non-malignant tumor 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 tumor
2	Evidence of this tumor
9	Unknown, indeterminate whether this tumor is present, not stated in patient record

Coding Instructions:

1. Assign code 1 when there is no indication or evidence of this tumor, for example, the patient is in remission for a hematopoietic disease.
2. Assign code 2 when there is an indication of this tumor, for example, patient died or is continuing treatment for this tumor.

APPENDIX A

FLORIDA HEALTHCARE FACILITIES CURRENTLY REPORTING TO FCDS

Includes:
HOSPITALS
AMBULATORY SURGERY CENTERS
RADIATION THERAPY TREATMENT CENTERS

Does not include private practice physicians or pathology labs.

Appendix A
Florida Reporting Hospitals

1

	A	B	C
1	Hospital #	Hospital Name	City
2	4547	ADVENTHEALTH WATERMAN	TAVARES
3	6936	ADVENTHEALTH ALTAMONTE SPRINGS	ALTAMONTE SPRINGS
4	5805	ADVENTHEALTH APOPKA	APOPKA
5	3973	ADVENTHEALTH CARROLLWOOD	TAMPA
6	5969	ADVENTHEALTH CELEBRATION	CELEBRATION
7	6171	ADVENTHEALTH DADE CITY	TAMPA
8	7448	ADVENTHEALTH DAYTONA BEACH	DAYTONA BEACH
9	7407	ADVENTHEALTH DELAND	DELAND
10	5849	ADVENTHEALTH EAST ORLANDO	ORLANDO
11	7446	ADVENTHEALTH FISH MEMORIAL	ORANGE CITY
12	6347	ADVENTHEALTH HEART OF FLORIDA	DAVENPORT
13	3836	ADVENTHEALTH HEARTLAND (SEBRING)	SEBRING
14	5970	ADVENTHEALTH KISSIMMEE	KISSIMMEE
15	3890	ADVENTHEALTH LAKE PLACID	LAKE PLACID
16	6348	ADVENTHEALTH LAKE WALES HOSPITAL	LAKE WALES
17	7405	ADVENTHEALTH NEW SMYRNA	NEW SMYRNA BEACH
18	6205	ADVENTHEALTH NORTH PINELLAS	TARPON SPRINGS
19	5205	ADVENTHEALTH OCALA	OCALA
20	5836	ADVENTHEALTH ORLANDO - SOUTH	ORLANDO
21	2870	ADVENTHEALTH PALM COAST	PALM COAST
22	7800	ADVENTHEALTH PALM COAST PARKWAY	PALM COAST
23	3907	ADVENTHEALTH TAMPA	TAMPA
24	3505	ADVENTHEALTH WAUCHULA	WAUCHULA
25	6104	ADVENTHEALTH WESLEY CHAPEL	WESLEY CHAPEL
26	7710	ADVENTHEALTH WINTER GARDEN	WINTER GARDEN
27	5850	ADVENTHEALTH WINTER PARK MEM HOSP	WINTER PARK
28	6105	ADVENTHEALTH ZEPHYRHILLS	ZEPHYRHILLS
29	2310	ANNE BATES LEACH EYE HOSPITAL	MIAMI
30	5891	ARNOLD PALMER MEDICAL CENTER	ORLANDO
31	2738	ASCENSION SACRED HEART	PENSACOLA
32	1306	ASCENSION SACRED HEART BAY	PANAMA CITY
33	5610	ASCENSION SACRED HEART EMERALD COAS	MIRAMAR BEACH
34	3300	ASCENSION SACRED HEART ON THE GULF	PORT SAINT JOE
35	6868	ASCENSION ST. JOHN'S HOSPITAL	ST. JOHNS
36	5203	ASCENSION ST. VINCENT'S CLAY COUNTY	JACKSONVILLE
37	2638	ASCENSION ST. VINCENT'S RIVERSIDE	JACKSONVILLE
38	2660	ASCENSION ST. VINCENT'S SOUTHSIDE	JACKSONVILLE
39	2304	AVENTURA HOSP AND COMP CANCER CTR	AVENTURA
40	2336	BAPTIST HOSPITAL MIAMI	MIAMI
41	2736	BAPTIST HOSPITAL OF PENSACOLA	PENSACOLA
42	2605	BAPTIST MEDICAL CENTER BEACHES	JACKSONVILLE BEACH
43	7712	BAPTIST MEDICAL CENTER CLAY	FLEMING ISLAND
44	5505	BAPTIST MEDICAL CENTER NASSAU	FERNANDINA BEACH
45	2640	BAPTIST MEDICAL CENTER SOUTH	JACKSONVILLE
46	2636	BAPTIST MEDICAL CTR JACKSONVILLE	JACKSONVILLE

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Florida Reporting Hospitals

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	A	B	C
1	Hospital #	Hospital Name	City
47	6346	BARTOW REGIONAL MEDICAL CENTER	BARTOW
48	7713	BAYCARE HOSPITAL WESLEY CHAPEL	WESLEY CHAPEL
49	3705	BAYFRONT HEALTH BROOKSVILLE	BROOKSVILLE
50	6248	BAYFRONT MEDICAL CENTER	ST PETERSBURG
51	6005	BETHESDA HOSPITAL	BOYNTON BEACH
52	6008	BETHESDA HOSPITAL WEST	BOYNTON BEACH
53	5100	BLAKE MEDICAL CENTER	BRADENTON
54	6046	BOCA RATON REGIONAL HOSPITAL	BOCA RATON
55	3903	BRANDON REGIONAL HOSPITAL	BRANDON
56	1900	BRAVERA HEALTH SEVEN RIVERS	CRYSTAL RIVER
57	1645	BROWARD HEALTH CORAL SPRINGS	CORAL SPRINGS
58	1609	BROWARD HEALTH IMPERIAL POINT	FORT LAUDERDALE
59	1605	BROWARD HEALTH MEDICAL CENTER	FORT LAUDERDALE
60	1607	BROWARD HEALTH NORTH	DEERFIELD BEACH
61	1705	CALHOUN LIBERTY HOSPITAL	BLOUNTSTOWN
62	1505	CAPE CANAVERAL HOSPITAL	COCOA BEACH
63	4601	CAPE CORAL HOSPITAL	CAPE CORAL
64	4770	CAPITAL REGIONAL MEDICAL CENTER	TALLAHASSEE
65	6905	CENTRAL FLORIDA REGIONAL HOSPITAL	SANFORD
66	1905	CITRUS MEMORIAL HOSPITAL	INVERNESS
67	1647	CLEVELAND CLINIC HOSPITAL	WESTON
68	4105	CLEVELAND CLINIC INDIAN RIVER HOSP	VERO BEACH
69	5346	CLEVELAND CLINIC MARTIN NORTH HOSP	STUART
70	5390	CLEVELAND CLINIC MARTIN SOUTH HOSP	STUART
71	6646	CLEVELAND CLINIC TRADITION HOSPITAL	PT ST LUCIE
72	2378	CORAL GABLES HOSPITAL	CORAL GABLES
73	2651	CURAHEALTH JACKSONVILLE LLC	JACKSONVILLE
74	6003	DELRAY MEDICAL CENTER	DELRAY BEACH
75	2405	DESOTO MEMORIAL HOSPITAL	ARCADIA
76	2348	DOCTORS HOSPITAL	CORAL GABLES
77	6870	DOCTORS HOSPITAL	SARASOTA
78	7205	DOCTORS MEMORIAL HOSPITAL	PERRY
79	4005	DOCTORS MEMORIAL HOSPITAL - BONIFAY	BONIFAY
80	5852	DR P PHILLIPS HOSPITAL	ORLANDO
81	1205	ED FRASER MEMORIAL HOSPITAL	MACCLENNY
82	6810	ENGLEWOOD COMMUNITY HOSPITAL	ENGLEWOOD
83	1800	FAWCETT MEMORIAL HOSPITAL	PORT CHARLOTTE
84	5446	FISHERMENS HOSPITAL	MARATHON
85	6570	FLAGLER HOSPITAL	ST AUGUSTINE
86	5670	FORT WALTON BEACH MED CTR	FORT WALTON BEACH
87	2905	GEORGE E WEEMS MEMORIAL HOSPITAL	APALACHICOLA
88	6047	GOOD SAMARITAN MEDICAL CENTER	WEST PALM BEACH
89	6704	GULF BREEZE HOSPITAL	PENSACOLA
90	1300	GULF COAST REGIONAL MEDICAL CENTER	PANAMA CITY
91	3932	H LEE MOFFITT CANCER CENTER	TAMPA

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Florida Reporting Hospitals

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	A	B	C
1	Hospital #	Hospital Name	City
92	6867	HALIFAX HEALTH MEDICAL CTR DELTONA	DELTONA
93	7406	HALIFAX HOSPITAL MEDICAL CENTER	DAYTONA BEACH
94	9084	HALIFAX MEDICAL CENTER-PORT ORANGE	PORT ORANGE
95	6172	HCA FLORIDA BAYONET POINT HOSPITAL	HUDSON
96	6206	HCA FLORIDA LARGO HOSPITAL	LARGO
97	6201	HCA FLORIDA NORTHSIDE HOSPITAL	ST PETERSBURG
98	1681	HCA FLORIDA NORTHWEST HOSPITAL	MARGATE
99	5967	HCA FLORIDA OSCEOLA HOSPITAL	KISSIMMEE
100	3977	HCA FLORIDA SOUTH TAMPA HOSPITAL	TAMPA
101	6170	HCA FLORIDA TRINITY HOSPITAL	TRINITY
102	7408	HCA FLORIDA UNIVERSITY HOSPITAL	DAVIE
103	3978	HCA FLORIDA WEST TAMPA HOSPITAL	TAMPA
104	1687	HCA FLORIDA WOODMONT HOSPITAL	TAMARAC
105	5806	HEALTH CENTRAL	OCOE
106	3605	HENDRY REGIONAL MEDICAL CENTER	CLEWISTON
107	2349	HIALEAH HOSPITAL	HIALEAH
108	3805	HIGHLANDS REGIONAL MEDICAL CENTER	SEBRING
109	1546	HOLMES REGIONAL MEDICAL CENTER	MELBOURNE
110	1636	HOLY CROSS HOSPITAL	FORT LAUDERDALE
111	2306	HOMESTEAD HOSPITAL	HOMESTEAD
112	4206	JACKSON HOSPITAL	MARIANNA
113	2374	JACKSON NORTH MEDICAL CENTER	NORTH MIAMI BEACH
114	2302	JACKSON SOUTH COMMUNITY CENTER	MIAMI
115	6110	JACKSON WEST MEDICAL CENTER	DORAL
116	2305	JAMES M JACKSON MEMORIAL HOSPITAL	MIAMI
117	6705	JAY HOSPITAL	JAY
118	6048	JFK MEDICAL CENTER	ATLANTIS
119	6001	JFK NORTH CAMPUS	WEST PALM BEACH
120	6246	JOHN HOPKINS ALL CHILDRENS HOSPITAL	ST PETERSBURG
121	6074	JUPITER MEDICAL CENTER	JUPITER
122	2358	KENDALL REGIONAL MEDICAL CENTER	MIAMI
123	1673	KINDRED FT LAUDERDALE	FORT LAUDERDALE
124	6290	KINDRED HOSP BAY AREA ST PETERSBURG	ST PETERSBURG
125	2346	KINDRED HOSP S FL CORAL GABLES	CORAL GABLES
126	1671	KINDRED HOSP S FL HOLLYWOOD	HOLLYWOOD
127	3974	KINDRED HOSPITAL BAY AREA TAMPA	TAMPA
128	3947	KINDRED HOSPITAL CENTRAL TAMPA	TAMPA
129	7708	KINDRED HOSPITAL MELBOURNE	MELBOURNE
130	2090	KINDRED HOSPITAL NORTH FLORIDA	GREEN COVE SPRINGS
131	5207	KINDRED HOSPITAL OCALA	OCALA
132	7706	KINDRED PALM BEACHES	RIVIERA BEACH
133	7305	LAKE BUTLER HOSPITAL HAND SURG. CTR	LAKE BUTLER
134	2246	LAKE CITY MEDICAL CENTER	LAKE CITY
135	6305	LAKELAND REGIONAL MEDICAL CENTER	LAKELAND
136	6007	LAKESIDE MEDICAL CENTER	BELLE GLADE

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Florida Reporting Hospitals

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	A	B	C
1	Hospital #	Hospital Name	City
137	5110	LAKEWOOD RANCH MEDICAL CENTER	BRADENTON
138	6108	LANDMARK HOSPITAL OF SOUTHWEST FL	LEHIGH ACRES
139	2379	LARKIN COMMUNITY HOSPITAL	SOUTH MIAMI
140	2356	LARKIN HOSPITAL PALM SPRINGS CAMPUS	HIALEAH
141	6600	LAWNWOOD REGIONAL MED CTR	FORT PIERCE
142	4605	LEE MEMORIAL HEALTH SYSTEM	FT MYERS
143	4690	LEE MEMORIAL HOSPITAL HEALTHPARK	FT MYERS
144	4647	LEHIGH REGIONAL MEDICAL CENTER	LEHIGH ACRES
145	5406	LOWER KEYS MEDICAL CENTER	KEY WEST
146	5005	MADISON COUNTY MEMORIAL HOSPITAL	MADISON
147	5105	MANATEE MEMORIAL HOSP	BRADENTON
148	5471	MARINERS HOSPITAL	TAVERNIER
149	2650	MAYO CLINIC HOSPITAL	JACKSONVILLE
150	6278	MEASE COUNTRYSIDE HOSPITAL	SAFETY HARBOR
151	6249	MEASE DUNEDIN HOSPITAL	DUNEDIN
152	1548	MELBOURNE REGIONAL MEDICAL CENTER	MELBOURNE
153	2648	MEMORIAL HOSPITAL JACKSONVILLE	JACKSONVILLE
154	1649	MEMORIAL HOSPITAL MIRAMAR	MIRAMAR
155	1610	MEMORIAL HOSPITAL PEMBROKE	PEMBROKE PINES
156	1688	MEMORIAL HOSPITAL WEST	PEMBROKE PINES
157	1606	MEMORIAL REGIONAL CANCER CENTER	HOLLYWOOD
158	1602	MEMORIAL REGIONAL HOSPITAL SOUTH	HOLLYWOOD
159	2338	MERCY HOSPITAL - MIAMI	MIAMI
160	6250	MORTON PLANT HOSPITAL	CLEARWATER
161	6106	MORTON PLANT NORTH BAY HOSPITAL	NEW PORT RICHEY
162	2351	MOUNT SINAI MEDICAL CENTER	MIAMI BEACH
163	7390	N FLORIDA RECEPTION AND MED CTR	LAKE BUTLER
164	1170	N FLORIDA REGIONAL MEDICAL CENTER	GAINESVILLE
165	2146	NCH	NAPLES
166	2647	NEMOURS CHILDRENS HOSPITAL	ORLANDO
167	2359	NICKLAUS CHILDREN'S HOSPITAL	MIAMI
168	2150	NORTH COLLIER HOSPITAL	NAPLES
169	5607	NORTH OKALOOSA MEDICAL CENTER	CRESTVIEW
170	7705	NW FLORIDA COMMUNITY HOSPITAL	CHIPLEY
171	3701	OAK HILL HOSPITAL	BROOKSVILLE
172	5200	OCALA REGIONAL MEDICAL CENTER	OCALA
173	2000	ORANGE PARK MEDICAL CENTER	ORANGE PARK
174	5848	ORLANDO HEALTH CANCER INSTITUTE	ORLANDO
175	7715	ORLANDO HEALTH HORIZON WEST HOSP	WINTER GARDEN
176	6910	ORLANDO REG SOUTH SEMINOLE HOSPITAL	LONGWOOD
177	5851	ORLANDO REGIONAL MEDICAL CENTER	ORLANDO
178	7711	OVIEDO MEDICAL CENTER	OVIEDO
179	1508	PALM BAY HOSPITAL	PALM BAY
180	6070	PALM BEACH GARDENS MEDICAL CENTER	PALM BEACH GARDENS
181	2383	PALMETTO GENERAL HOSPITAL	HIALEAH

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Florida Reporting Hospitals

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	A	B	C
1	Hospital #	Hospital Name	City
182	6273	PALMS OF PASADENA HOSPITAL	ST PETERSBURG
183	6069	PALMS WEST HOSPITAL	LOXAHATCHEE
184	6815	PAM SPECIALTY HOSP OF SARASOTA	SARASOTA
185	1506	PARRISH MEDICAL CENTER	TITUSVILLE
186	2130	PHYSICIANS REG MED CTR-PINE RIDGE	NAPLES
187	2140	PHYSICIANS REG MEDICAL CTR COLLIER	NAPLES
188	5900	POINCIANA MEDICAL CENTER	KISSIMMEE
189	6446	PUTNAM COMMUNITY MEDICAL CTR	PALATKA
190	5705	RAULERSON HOSPITAL	OKEECHOBEE
191	4645	REG CANCER CTR GULF COAST HOSPITAL	FT MYERS
192	4816	REGIONAL GENERAL HOSPITAL WILLISTON	WILLISTON
193	1547	ROCKLEDGE REGIONAL MEDICAL CENTER	ROCKLEDGE
194	6707	SANTA ROSA MEDICAL CENTER	MILTON
195	6805	SARASOTA MEMORIAL HOSPITAL	SARASOTA
196	6927	SARASOTA MEMORIAL HOSPITAL - VENICE	NORTH VENICE
197	4170	SEBASTIAN RIVER MEDICAL CENTER	SEBASTIAN
198	6107	SELECT SPECIALTY HOSPITAL VILLAGES	OXFORD
199	2606	SHANDS JACKSONVILLE MEDICAL CENTER	JACKSONVILLE
200	1100	SHANDS UNIVERSITY OF FLORIDA	GAINESVILLE
201	1836	SHOREPOINT HEALTH PORT CHARLOTTE	PORT CHARLOTTE
202	1846	SHOREPOINT HEALTH PUNTA GORDA	PUNTA GORDA
203	3908	SHRINERS HOSPITALS FOR CHILDREN	TAMPA
204	3988	SOUTH BAY HOSPITAL	SUN CITY CENTER
205	3938	SOUTH FLORIDA BAPTIST HOSPITAL	PLANT CITY
206	4546	SOUTH LAKE HOSPITAL	CLERMONT
207	2376	SOUTH MIAMI HOSPITAL	SOUTH MIAMI
208	3715	SPRING HILL REGIONAL HOSPITAL	SPRING HILL
209	6251	ST ANTHONY HOSPITAL	ST PETERSBURG
210	5936	ST CLOUD REGIONAL MEDICAL CENTER	ST CLOUD
211	3937	ST JOSEPH HOSPITAL	TAMPA
212	3936	ST JOSEPHS HOSPITAL NORTH	LUTZ
213	6647	ST LUCIE MEDICAL CENTER	PORT ST LUCIE
214	6036	ST MARYS MEDICAL CENTER	WEST PALM BEACH
215	6274	ST PETERSBURG GENERAL HOSPITAL	ST PETERSBURG
216	3910	ST. JOSEPH'S HOSPITAL-SOUTH	RIVERVIEW
217	1686	STEWART FLORIDA MEDICAL CENTER	FORT LAUDERDALE
218	2353	STEWART NORTH SHORE MEDICAL CENTER	MIAMI
219	4705	TALLAHASSEE MEMORIAL HEALTHCARE	TALLAHASSEE
220	3906	TAMPA GENERAL HOSPITAL	TAMPA
221	5606	TWIN CITIES HOSPITAL	NICEVILLE
222	2372	U OF MIAMI HOSPITAL CLINICS	MIAMI
223	5807	UCF LAKE NONA MEDICAL CENTER	ORLANDO
224	4516	UF HEALTH LEESBURG HOSPITAL	LEESBURG
225	7714	UF HEALTH NORTH	JACKSONVILLE
226	2347	UNIVERSITY OF MIAMI HOSPITAL	MIAMI

Appendix A
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	A	B	C
1	Hospital #	Hospital Name	City
227	1510	VIERA HOSPITAL	VIERA
228	7005	VILLAGES REGIONAL HOSPITAL	THE VILLAGES
229	6068	WELLINGTON REGIONAL MEDICAL CENTER	WEST PALM BEACH
230	6045	WEST BOCA MEDICAL CENTER	BOCA RATON
231	2700	WEST FLORIDA HOSPITAL	PENSACOLA
232	2307	WEST KENDALL BAPTIST HOSPITAL	MIAMI
233	5202	WEST MARION COMMUNITY HOSPITAL	OCALA
234	2377	WESTCHESTER GENERAL HOSPITAL	MIAMI
235	1601	WESTSIDE REGIONAL MED CTR	PLANTATION
236	6349	WINTER HAVEN HOSPITAL	WINTER HAVEN
237	2672	WOLFSON CHILDRENS HOSP NCC	JACKSONVILLE

Florida Reporting
Ambulatory Surgery Centers

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	A	B	C
1	Facility #	Facility Name	City
2	8324	ADVANCED AMBULATORY SURGERY CENTER	ALTAMONTE SPRINGS
3	8410	ADVANCED EYE SURGERY CENTER	VERO BEACH
4	8575	ADVANCED SURGERY CENTER OF OXFORD	OXFORD
5	8508	ADVANCED SURGERY CENTER OF TAMPA	TAMPA
6	8455	ADVANCED SURGERY CENTER PBC	LAKE WORTH
7	8546	ADVANCED SURGERY CTR OF ORLANDO	ORLANDO
8	8499	ADVANCED SURGERY CTR OF SARASOTA	SARASOTA
9	8577	ADVANCED SURGICALCARE OF CLEARWATER	CLEARWATER
10	8429	ADVENTHEALTH SURGERY CENTER BLUE SP	ORANGE CITY
11	8075	ADVENTHEALTH SURGERY CENTER WELLSWO	TAMPA
12	8578	ADVENTHEALTH SURGERY CTR MILLS PARK	ORLANDO
13	8171	AESTHETIC PLASTIC SURGERY CENTER	VENICE
14	8491	AESTHETIC SURGERY CTR OF WINTER PK	WINTER PARK
15	8064	ALL SAINTS SURGERY CENTER	BROOKSVILLE
16	8553	ALLIANCE SPECIALTY SURGICAL CENTER	ORMOND BEACH,
17	8388	ALLIANCE SURGICAL CENTER	LAKE MARY
18	8097	ALPHA AMBULATORY SURGERY CENTER	TALLAHASSEE
19	8115	AMBULATORY ANKLE AND FOOT CTR OF FL	ORLANDO
20	8187	AMBULATORY SUR CTR OF CENTRAL FL	DELAND
21	8421	AMBULATORY SURG CTR OF BOCA RATON	BOCA RATON
22	8069	AMBULATORY SURGERY CENTER	TAMPA
23	8007	AMBULATORY SURGICAL CARE	MERRITT ISLAND
24	8437	AMELIA ISLAND SURGERY CENTER	FERNANDINA BEACH
25	8565	AMERICAN ACCESS CARE OF MIAMI ASC	MIAMI
26	8426	ANDREWS INSTITUTE ASC LLC	GULF BREEZE
27	8498	APOLLO SURGERY CENTER LLC	WEST MELBOURNE
28	8282	ARMENIA SURGERY CENTER	TAMPA
29	8008	ASC OF BREVARD	MELBOURNE
30	8474	ATLANTIC SURGERY AND LASER CENTER	MELBOURNE
31	8188	ATLANTIC SURGERY CENTER	DAYTONA
32	8013	ATLANTIC SURGICAL CENTER	POMPAN0 BEACH
33	8360	ATLANTIS OUTPATIENT CENTER LLC	LAKE WORTH
34	8000	AYERS SURGERY CENTER	GAINESVILLE
35	8569	AZURA SURGERY CENTER JACKSONVILLE	JACKSONVILLE
36	8566	AZURA SURGERY CENTER PLANTATION	PLANTATION
37	8564	AZURA SURGERY CTR RENALUS PENSACOLA	PENSACOLA
38	8016	BAPTIST EYE SURGERY CENTER	SUNRISE
39	8211	BAPTIST HEALTH SURG CTR NORTHPOINT	WEST PALM BEACH
40	8544	BAPTIST HEALTH SURG CTR PLANTATION	PLANTATION
41	8401	BAPTIST HEALTH SURG CTR SOUTH PALM	BOCA RATON
42	8216	BAPTIST HEALTH SURGERY CTR KENDALL	MIAMI
43	8299	BAPTIST HLTH ENDOSCOPY CTR FLAGLER	WEST PALM BEACH
44	8536	BAPTIST HLTH SURG CTR BETHESDA WEST	BOYNTON BEACH
45	8285	BAPTIST MEDICAL PARK ASC LLC	PENSACOLA
46	8257	BARDMOOR SURGERY CENTER	LARGO

Florida Reporting
Ambulatory Surgery Centers

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	A	B	C
1	Facility #	Facility Name	City
47	8084	BARKLEY SURGICENTER INC	FT MYERS
48	8416	BASCOM PALMER SURGERY CENTER	PALM BEACH GARDENS
49	8525	BASCOM PALMER SURGERY CENTER NAPLES	NAPLES
50	8154	BAY AREA ENDOSCOPY CENTER	ST PETERSBURG
51	8423	BAY AREA PHYSICIANS SURGERY CENTER	RIVERVIEW
52	8205	BAYCARE SURGERY CENTER	NEW PORT RICHEY
53	8155	BAYFRONT MED PLAZA SAMEDAY SURGERY	ST PETERSBURG
54	8367	BAYONET POINT SURG AND ENDO CTR	HUDSON
55	8357	BAYSIDE AMBULATORY CENTER	MIAMI
56	8292	BAYVIEW SURGERY CENTER	SARASOTA
57	8157	BELLEAIR SURGERY CTR	CLEARWATER
58	8219	BERAJA CLIN LASER AND SURGER CTR	CORAL GABLES
59	8209	BETHESDA OUTPATIENT SURGERY CENTER	BOYNTON BEACH
60	8236	BEVERLY HILLS SURGERY CENTER, INC	BEVERLY HILLS
61	8495	BLUE WATER SURGERY CENTER	PORT SAINT LUCIE
62	8130	BOCA RATON OUTPATIENT SURG & LASER	BOCA RATON
63	8176	BON SECOURS VENICE HEALTHPK SURGERY	VENICE
64	8296	BONITA COMMUNITY HEALTH CENTER	BONITA SPRINGS
65	8562	BONITA SPRINGS SURGERY CENTER	BONITA SPRINGS
66	8142	BOYNTON BEACH ASC LLC	BOYTON BEACH
67	8201	BRADENTON SURGERY CENTER	BRADENTON
68	8396	BRANDON AMBULATORY SURGERY CENTER	BRANDON
69	8070	BRANDON SURGERY CENTER	BRANDON
70	8452	BREVARD SPECIALTY SURGERY CTR, LLC	MELBOURNE
71	8009	BREVARD SURGERY CENTER	MELBOURNE
72	8478	BROWARD SPECIALTY SURGICAL CENTER	HOLLYWOOD
73	8279	C MED INC	CLEARWATER
74	8390	CAPE CORAL AMBULATORY SURGERY CTR	CAPE CORAL
75	8479	CAPE HEALTH SURGERY CENTER	CAPE CORAL
76	8172	CAPE SURGERY CENTER	SARASOTA
77	8430	CAPITAL CITY SURGICAL CENTER LLC	TALLAHASSEE
78	8477	CARILLON SURGERY CENTER	SAINT PETERSBURG
79	8436	CELEBRATION SURGERY CENTER, LLC.	KISSIMMEE
80	8173	CENTER FOR ADVANCED EYE SURGERY LP	SARASOTA
81	8555	CENTER FOR ADVANCED SURGICAL SPEC	TAMPA
82	8316	CENTER FOR DIGESTIVE ENDOSCOPY	ORLANDO
83	8096	CENTER FOR DIGESTIVE HEALTH	FT MYERS
84	8342	CENTER FOR ENDOSCOPY	SARASOTA
85	8203	CENTER FOR SPECIAL SURGERY	ST PETERSBURG
86	8072	CENTER FOR SPECIALIZED SURGERY	TAMPA
87	8450	CENTER ONE SURGERY CENTER	JACKSONVILLE
88	8407	CENTRAL FL ENDOSCOPY AND SURG INST	OCALA
89	8116	CENTRAL FL SURGICAL CENTER	OCOE
90	8108	CENTRAL FLORIDA EYE INSTITUTE	OCALA
91	8168	CENTRAL FLORIDA SURGI CENTER	LAKELAND

Florida Reporting
Ambulatory Surgery Centers

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	A	B	C
1	Facility #	Facility Name	City
92	8169	CENTRAL FLORIDA SURGICENTER	LAKELAND
93	8255	CFAGI SURGERY CENTER	MAITLAND
94	8307	CHARLOTTE ENDOSCOPY SURGERY CENTER	PORT CHARLOTTE
95	8026	CITRUS ENDOSCOPY AND SURGERY CENTER	CRYSTAL RIVER
96	8305	CITRUS SURGICAL CENTER	ORLANDO
97	8251	CITRUS UROLOGY CENTER INC	LECANTO
98	8371	CLAY SURGERY CENTER	ORANGE PARK
99	8156	CLEARWATER ENDOSCOPY CENTER	CLEARWATER
100	8393	CLERMONT AMULATORY SURG CTR LLLP	CLERMONT
101	8541	CLEVELAND CLINIC CORAL SPRINGS ASC	CORAL SPRINGS
102	8117	CLEVELAND CLINIC NAPLES	NAPLES
103	8014	CLEVELAND CLINIC OF FLORIDA	WESTON
104	8293	COASTAL MEDICAL CENTER	SARASOTA
105	8398	COASTAL SURGERY CENTER LLC	JACKSONVILLE
106	8308	COLLIER ENDOSCOPY AND SURGERY CTR	NAPLES
107	8029	COLLIER SURGERY CTR	NAPLES
108	8484	COLONIAL OUTPATIENT SURGERY CENTER	FT MYERS
109	8210	COLUMBIA DOCTORS SAME DAY SURG	SARASOTA
110	8044	COLUMBIA N MIAMI BCH SURGERY CTR	NORTH MIAMI
111	8336	CORAL GABLES SURGERY CENTER	MIAMI
112	8454	CORAL RIDGE OUTPATIENT CENTER	OAKLAND PARK
113	8271	CORAL SPRINGS SURGICAL CENTER	CORAL SPRINGS
114	8038	CORAL VIEW SURGERY CENTER	MIAMI
115	8060	CORDOVA AMBULATORY SURGICAL CENTER	PENSACOLA
116	5812	CORNERSTONE SURGICARE LLC	PENSACOLA
117	8104	CORTEZ FOOT SURGERY CENTER	BRADENTON
118	8158	COUNTRYSIDE SURGERY CENTER	CLEARWATER
119	8405	COURTENAY SAME DAY SURGERY CENTER	MERRITT ISLAND
120	8472	CRANE CREEK SURGICAL PARTNERS, LLC	MELBOURNE
121	8487	CTR FOR SPECIALIZED SURG FT MYERS	FORT MYERS
122	8531	CTR FOR SPECIALIZED SURG FT MYERS	FORT MYERS
123	8419	CTR OF SURGICAL EXCELLENCE VENICE	VENICE
124	8552	CYPRESS CREEK OUTPATIENT SURG CTR	FORT LAUDERDALE
125	8515	DAVENPORT AMBULATORY SURGICAL CTR	DAVENPORT
126	8397	DAY SURGERY CENTER	WINTER HAVEN
127	8185	DAY SURGERY INC	PORT ST LUCIE
128	8534	DEERFIELD BEACH OUTPATIENT SURG CTR	DEERFIELD BEACH
129	8190	DELAND SURGERY CENTER	DELAND
130	8542	DELRAY BEACH SURGICAL SUITES LLC	DELRAY BEACH
131	8131	DELRAY OUTPATIENT SURG AND LASER	DELRAY BEACH
132	8315	DESTIN SURGERY CENTER	DESTIN
133	8223	DIGESTIVE DISEASE ASSOCIATES	CLEARWATER
134	8291	DIGESTIVE DISEASE ENDOSCOPY CENTER	TAMARAC
135	8380	DOCTORS OUTPATIENT SURGERY CTR	NAPLES
136	8128	DOCTORS SURGERY CTR/LEVIN EYE CTR	KISSIMMEE

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	A	B	C
1	Facility #	Facility Name	City
137	8459	DOWNTOWN SURGERY CENTER	ORLANDO
138	8114	EMERALD COAST SURG CTR	FT WALTON BEACH
139	8489	ENDO SURGICAL CENTER OF FLORIDA	ORLANDO
140	8503	ENDO SURGICAL CTR OF FLORIDA	ORLANDO
141	8501	ENDOSCOPY CENTER AT CORAL SPRINGS	CORAL SPRINGS
142	8036	ENDOSCOPY CENTER AT GALLOWAY NORTH	MIAMI
143	8207	ENDOSCOPY CENTER GALLOWAY SOUTH	MIAMI
144	8035	ENDOSCOPY CENTER OF NAPLES	NAPLES
145	8109	ENDOSCOPY CENTER OF OCALA INC	OCALA
146	8545	ENDOSCOPY CTR MIAMI BEACH	MIAMI BEACH
147	8199	ENDOSCOPY CTR OF PENSACOLA	PENSACOLA
148	8297	ENDOSCOPY SURGERY OUTPATIENT CTR	LADY LAKE
149	8105	EYE ASSOCIATES SURGERY CENTER	BRADENTON
150	8015	EYE CARE AND SURGERY CENTER	FT LAUDERDALE
151	8175	EYE CENTER OF FLORIDA	VENICE
152	8395	EYE INSTITUTE SURGERY CENTER LLC	MELBOURNE
153	8507	EYE SPECIALISTS LASER AND SURG CTR	FORT MYERS
154	8379	EYE SURGERY & LASER CTR OF SEBRING	SEBRING
155	8088	EYE SURGERY AND LASER CENTER	CAPE CORAL
156	8170	EYE SURGERY AND LASER CENTER OF MID	WINTER HAVEN
157	8470	EYE SURGERY CENTER OF NORTH FLORIDA	JACKSONVILLE
158	8373	EYE SURGERY CENTER OF ST AUGUSTINE	ST AUGUSTINE
159	8001	EYE SURGICENTER	GAINESVILLE
160	8516	FHCP ASC ORANGE CITY	ORANGE CITY
161	8077	FL EYE INSTITUTE SURGICENTER INC	VERO BEACH
162	8303	FL MEDICAL CLINIC PA AMB SUR CTR	TAMPA
163	8530	FL ORTHOPAEDIC INST SURG CTR CITRUS	TAMPA
164	8310	FL ORTHOPEDIC INSTITUTE SURGERY CTR	TEMPLE TERRACE
165	8182	FL SURGERY CTR ALTAMONTE	ALTAMONTE SPRINGS
166	8424	FLEMING ISLAND SURGERY CENTER	FLEMING ISLAND
167	8252	FLORIDA COASTAL SURGERY CENTER	NAPLES
168	8275	FLORIDA ENDOSCOPY SURGERY CENTER	BROOKSVILLE
169	8181	FLORIDA EYE CLINIC ASC	ALTAMONTE SPRINGS
170	8145	FLORIDA MEDICAL CLINIC PA	ZEPHYRHILLS
171	8540	FLORIDA ORTH INSTITUTE SURGERY CTR	TAMPA
172	8550	FLORIDA SPECIALTY SURGERY CENTER	SAINT PETERSBURG
173	8063	FOREST OAKS AMB SURG CTR	SPRING HILL
174	8518	FORT MYERS EYE SURGERY CENTER LLC	FORT MYERS
175	8265	FORT MYERS SURGERY CENTER	FORT MYERS
176	8030	GASKINS EYE CARE AND SURGERY CENTER	NAPLES
177	8330	GLADIOLUS SURGERY CENTER	FT MYERS
178	8567	GRACE SURGERY CENTER LLC	OCALA
179	8334	GROVE PLACE SURGERY CENTER LLC	VERO BEACH
180	8404	GULF BREEZE ENDOSCOPY	GULF BREEZE
181	8277	GULF COAST ENDOSCOPY CENTER SOUTH	FORT MYERS

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	A	B	C
1	Facility #	Facility Name	City
182	8295	GULF COAST ENDOSCOPY CTR OF VENICE	VENICE
183	8106	GULF COAST SURGERY CENTER	BRADENTON
184	8457	GULF COMPREHENSIVE SURGERY CENTER	ENGLEWOOD
185	8370	GULFCOAST SURGERY CENTER INC	SARASOTA
186	8212	GULFSHORE ENDOSCOPY CTR INC	NAPLES
187	8490	GULFSTREAM AMBULATORY SURGERY CTR	CORAL SPRINGS
188	8527	HABANA AMBULATORY SURGERY CENTER	TAMPA
189	8409	HALLANDALE OUTPATIENT SURGICAL CTR	HALLANDALE
190	8418	HALLANDALE OUTPATIENT SURGICAL CTR	ZEPHYRHILLS
191	8245	HEALTH CENTRAL SURGERY CENTER	OCOE
192	8025	HEALTHSOUTH CITRUS SURGERY CENTER	LECANTO
193	8231	HEALTHSOUTH CRESTVIEW SURGERY CTR	XX
194	8213	HEALTHSOUTH MELBOURNE SURG CTR	MELBOURNE
195	8165	HEALTHSOUTH ST PETERSBURG SURG CTR	ST PETERSBURG
196	8510	HENGHOLD SURGERY CENTER	PENSACOLA
197	8227	HERNANDO ENDOSCOPY AND SURGERY CTR	BROOKSVILLE
198	8040	HIALEAH AMBULATORY CARE CENTER	HIALEAH
199	8147	HOLIDAY SURGERY CENTER	HOLIDAY
200	8535	HOLLYWOOD REGIONAL SURGERY CENTER	HOLLYWOOD
201	8549	HSS PALM BEACH AMBULATORY SURG CTR	WEST PALM BEACH
202	8344	INTERCOASTAL MED GRP AMB SURG CTR	SARASOTA
203	8253	INTERVENTIONAL THERAPEUTICS INC	PENSACOLA
204	8132	INTRACOASTAL OPD SURGICAL CTR	WEST PALM BEACH
205	8557	INTRACOASTAL SURGERY CENTER	MELBOURNE
206	8298	JACKSONVILLE BEACH SURGERY CENTER	JACKSONVILLE BEACH
207	8272	JACKSONVILLE CENTER FOR ENDOSCOPY	JACKSONVILLE
208	8051	JACKSONVILLE SURGERY CENTER	JACKSONVILLE
209	8339	JAX CTR FOR ENDOSCOPY SOUTHSIDE	JACKSONVILLE
210	8141	JUPITER EYE CENTER	JUPITER
211	8318	JUPITER OUTPATIENT SURGERY CTR	JUPITER
212	8333	KENDALL ENDOSCOPY AND SURGERY CTR	MIAMI
213	8481	KEY BISCAINE SURGERY CENTER	KEY BISCAINE
214	8133	KIMMEL OUTPATIENT SURGICAL CENTER	WEST PALM BEACH
215	8317	KISSIMMEE ENDOSCOPY CENTER	KISSIMMEE
216	8127	KISSIMMEE SURGERY CENTER	KISSIMMEE
217	8241	LAKE CITY SURGERY CENTER	LAKE CITY
218	8438	LAKE ENDOSCOPY CENTER	SUMMERFIELD
219	8365	LAKE MARY SURGERY CENTER	LAKE MARY
220	8081	LAKE SURGERY AND ENDOSCOPY CENTER	LEESBURG
221	8264	LAKE WORTH SURGICAL CENTER	LAKE WORTH
222	8214	LAKELAND SURG AND DIAGNOSTIC CTR	LAKELAND
223	8387	LAKELAND SURGICAL & DIAGNOSTIC CNTR	LAKELAND
224	8246	LAKESIDE SURGERY CENTER	ORLANDO
225	8572	LAKEVIEW SURGERY CENTER, LLC	ORLANDO
226	8560	LAKEWOOD RANCH SURGICAL SUITES, LLC	SARASOTA

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	A	B	C
1	Facility #	Facility Name	City
227	8350	LARGO AMBULATORY SURG CTR	LARGO
228	8414	LASER & OUTPATIENT SURGERY CENTER	GAINESVILLE
229	8345	LASER AND SURG CTR OF THE PALM BCH	WEST PALM BEACH
230	8237	LASER AND SURG CTR THE PALM BEACHES	PALM BEACH GARDENS
231	8313	LASER AND SURGERY CENTER	OCALA
232	8289	LASER AND SURGICAL SVCS	SARASOTA
233	8497	LASER SPINE SURGICAL CENTER	TAMPA
234	8228	LEAGUE AGAINST CANCER INC	MIAMI
235	8091	LEE ISLAND COAST SURGERY CENTER	FT MYERS
236	8082	LEESBURG REG AMB SURG CTR	LEESBURG
237	8089	LIFELINE ENDOSCOPY CENTER	CAPE CORAL
238	8348	LIVE OAK ENDOSCOPY CTR LLC	VERO BEACH
239	8492	MAITLAND SURGERY CENTER	MAITLAND
240	8107	MANATEE ENDOSCOPY CENTER	BRADENTON
241	8286	MANATEE SURGICAL CENTER INC	BRADENTON
242	8356	MARION ENDOSCOPY AND SURG INST	OCALA
243	8509	MARION SURGERY CENTER	OCALA
244	8258	MAYO CLINIC JACKSONVILLE ASC FOR GI	JACKSONVILLE
245	8052	MAYO OUTPATIENT SURGERY CENTER	JACKSONVILLE
246	8153	MEADOW LANE SURGERY CENTER	NEW PORT RICHEY
247	8381	MEDICAL ARTS SURGERY CTR OF S MIAMI	MIAMI
248	8061	MEDICAL CTR CLINIC AMB SURG CTR	PENSACOLA
249	8148	MEDICAL DEVELOP CORP OF PASCO CTY	HUDSON
250	8217	MEDICAL PARTNERS SURGERY CTR	JACKSONVILLE
251	8311	MEDICAL SPECIALTY PROCEDURES	VERO BEACH
252	8306	MELBOURNE GI CENTER	MELBOURNE
253	8269	MELBOURNE SAME DAY SURGERY	MELBOURNE
254	8017	MEMORIAL SAME DAY EAST	HOLLYWOOD
255	8012	MEMORIAL SAME DAY WEST	PEMBROKE PINES
256	8559	MERRITT ISLAND OUTPATIENT SURG CTR	MERRITT ISLAND
257	8010	MERRITT ISLAND SURGERY CENTER	MERRITT ISLAND
258	8522	MIAMI CHILDREN'S HOSP AMB SURG CTR	MIAMI
259	8042	MIAMI EYE CENTER	MIAMI
260	8262	MIAMI HAND CENTER	MIAMI
261	8415	MIAMI LAKES SURGERY CENTER, LTD	MIAMI LAKES
262	8571	MIAMI ORTHOPEDICS SPORTS MED S CTR	CORAL GABLES
263	8372	MIAMI REGIONAL SURGERY CENTER	MIAMI
264	8524	MIAMI SURGICAL CENTER	MIAMI
265	8538	MIAMI SURGICAL SUITES	MIAMI
266	8439	MICROSPINE SURG CTR DEFUNIAK SPRING	DEFUNIAK SPRINGS
267	8083	MID FLORIDA EYES SURGERY CENTER	MOUNT DORA
268	8376	MILLENIA SURGERY CENTER LLC	ORLANDO
269	8570	MINIMALLY INVASIVE SURGICENTER	DELRAY BEACH
270	8031	MONTGOMERY EYE CENTER	NAPLES
271	8004	MULLIS EYE INSTITUTE INC	PANAMA CITY

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	A	B	C
1	Facility #	Facility Name	City
272	8403	MURDOCK AMBULATORY SURGERY CENTER	PT CHARLOTTE
273	8135	N COUNTY SURGICTR PLM BCH	PALM BEACH GARDEN
274	8002	N FLORIDA REGIONAL MEDICAL CENTER	GAINESVILLE
275	8033	NAPLES DAY SURGERY NORTH	NAPLES
276	8408	NAPLES EYE SURGERY CENTER, LLC	NAPLES
277	8325	NATURE COAST REG. SURGERY CENTER	PERRY
278	8144	NEW PORT RICHEY SURG CTR AT TRINITY	TRINITY
279	8191	NEW SMYRNA BCH AMBULATORY CARE CTR	NEW SMYRNA BEACH
280	8420	NEW TAMPA SURGERY CENTER	WESLEY CHAPEL
281	8532	NEW VISION SURGICAL CENTER	VERO BEACH
282	8034	NEWGATE SURGERY CENTER INC	NAPLES
283	8551	NEWSOM SURGERY CENTER OF SEBRING	SEBRING,
284	8053	NORTH FL EYE CLINIC SURGICENTER	JACKSONVILLE
285	8270	NORTH FLORIDA ENDOSCOPY CENTER	GAINESVILLE
286	8062	NORTH FLORIDA SURGERY CENTER	PENSACOLA
287	8234	NORTH FLORIDA SURGERY CTR LAKE CITY	LAKE CITY
288	8301	NORTH MIAMI BEACH SURGICAL CENTER	MIAMI
289	8322	NORTH PINEALLAS SURGERY CENTER	DENEDIN
290	8005	NORTHWEST FLORIDA GASTROENTEROLOGY	PANAMA CITY
291	8006	NORTHWEST FLORIDA SURGERY CENTER	PANAMA CITY
292	8533	NSCOA	WINTER PARK
293	8119	OAKWATER SURGICAL CENTER	ORLANDO
294	8111	OCALA SPECIALTY SURGERY CENTER LLC	OCALA
295	8192	OFFICE OF DR RICHARD JABLONSKI	ORMOND BEACH
296	8327	OLD MOULTRIE SURG CTR INC	ST AUGUSTINE
297	8443	ORANGE CITY SURGERY CENTER	ORANGE CITY
298	8027	ORANGE PARK SURGERY CENTER	ORANGE PARK
299	8120	ORLANDO CTR OUTPATIENT SURGERY	ORLANDO
300	8331	ORLANDO OPHTHALMOLOGY SURG CTR LLC	ORLANDO
301	8506	ORLANDO ORTHOPAEDIC OUTPT SURG CTR	ORLANDO
302	8556	ORLANDO SURGERY CENTER	ORLANDO
303	8221	ORLANDO SURGERY CTR LTD	ORLANDO
304	8276	ORTHOPAEDIC SURGERY CENTER	GAINESVILLE
305	8391	ORTHOPEDIC SURG CTR OF CLEARWATER	CLEARWATER
306	8528	ORTHOPEDIC SURG CTR OF PALM BCH CTY	BOYNTON BCH
307	8143	OUTPATIENT CENTER OF BOYNTON BCH	BOYTON BEACH
308	8389	OUTPATIENT CENTER OF DELRAY	DELRAY BEACH
309	8254	OUTPATIENT PLASTIC SURGERY CENTER	PALM SPRINGS
310	8394	OUTPATIENT SURG CTR OF ST AUGUSTINE	ST AUGUSTINE
311	8261	OUTPATIENT SURGERY CENTER OF BOCA	BOCA RATON
312	8019	OUTPATIENT SURGICAL SERVICES	PLANTATION
313	8475	PACAYA BAY SURGERY CENTER	FORT MYERS
314	8428	PACE AMBULATORY SURGERY CENTER	PACE
315	8314	PADDOCK PARK SURGERY CENTER	OCALA
316	8137	PALM BEACH EYE CLINIC	WEST PLAM BEACH

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	A	B	C
1	Facility #	Facility Name	City
317	8837	PALM BEACH GARDENS REG SURG CTR	PALM BEACH GARDENS
318	8138	PALM BEACH LAKES SURGERY CENTER	WEST PALM BEACH
319	8134	PALM BEACH OUTPATIENT SURGICAL CTR	LAKE WORTH
320	8547	PALM BEACH SURGICAL SUITES LLC	PALM BEACH GARDENS
321	8329	PALM ENDOSCOPY CTR INC	ALTAMONTE SPRINGS
322	8352	PALM SURGERY CENTER LLC	W PALM BEACH
323	8537	PALMETTO LAKES SURGICAL CENTER	HIALEAH
324	8319	PALMS WELLINGTON SURGICAL CENTER	ROYAL PALM BEACH
325	8399	PALMS WEST SURGICENTER	LOXAHATCHEE
326	8347	PANAMA CITY SURGERY CENTER	PANAMA CITY
327	6674	PANHANDLE OUTPATIENT SURGERY CENTER	PENSACOLA
328	8453	PARK CENTER FOR PROCEDURES	FORT MYERS
329	8375	PARK PLACE SURGERY CENTER LLC	MAITLAND
330	8412	PARKCREEK SURGERY CENTER	COCONUT CREEK
331	8054	PARKSIDE SURG CTR JAX	JACKSONVILLE
332	8422	PASADENA SURGERY CENTER	SAINT PETERSBURG
333	8146	PASCO SURGERY CENTER	ZEPHYRHILLS
334	8377	PEDIATRIC SURGERY CENTERS LLC	TAMPA
335	8432	PEDIATRIC SURGERY CTR - ODESSA LLC	ODESSA
336	8194	PHYSICIANS AMBULATORY SURGERY CTR	ORMOND BEACH
337	8250	PHYSICIANS DAY SURGERY CENTER	NAPLES
338	8268	PHYSICIANS OUTPATIENT SURGERY CTR	FT LAUDERDALE
339	8121	PHYSICIANS SURGICAL CARE CENTER	WINTER PARK
340	8240	PLASTIC SURGERY CENTER OF LAKE CTY	TAVARES
341	8198	PLAZA SURGERY CENTER	JACKSONVILLE
342	8434	PLAZA SURGERY CENTER II	JACKSONVILLE
343	8340	PONTE VEDRA AMBULATORY SURG CTR	PONTE VEDRA BCH
344	8449	PONTE VEDRA BEACH SURGERY CENTER	PONTE VEDRA BEACH
345	8358	PONTE VEDRA SURGERY CENTER	PONTE VEDRA BCH
346	8441	PREMIER ENDOSCOPY CENTER	NAPLES
347	8496	PREMIER SURGICAL CENTER LLC	TAVARES
348	8140	PRESIDENTIAL EYE SURGICENTER	WEST PALM BEACH
349	8328	PROMENADES SURGERY CENTER LC	PORT CHARLOTTE
350	8384	PT ORANGE ENDOSCOPY & SURGERY CTR	PORT ORANGE
351	8445	PUTNAM AMBULATORY SURGERY CENTER	PALATKA
352	8021	RAND SURGICAL PAVILLION CORPORATION	POMPANO BEACH
353	8504	RED HILLS SURGICAL CENTER	TALLAHASSEE
354	8049	REED CENTER FOR AMB UROLOGICAL SURG	BAY HARBOR ISLAND
355	8574	RINEHART SURGERY CENTER	LAKE MARY
356	8488	RIVERSIDE ENDOSCOPY CENTER LLC	JACKSONVILLE
357	8055	RIVERSIDE PARK SURGICENTER	JACKSONVILLE
358	8208	RIVERSIDE SURGERY CENTER	SEBASTIAN
359	8573	RIVERSIDE SURGICAL CENTER	JACKSONVILLE
360	8242	RIVERWALK AMBULATORY SURGERY CENTER	FT MYERS
361	8463	RIVERWALK AMBULATORY SURGERY CENTER	BRADENTON

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	A	B	C
1	Facility #	Facility Name	City
362	8402	RIVERWALK ENDOSCOPY CENTER LLC	FT MYERS
363	8433	RMG IVF SURGERY CENTER INC	TAMPA
364	8256	ROSATO PLASTIC SURGERY CENTER	VERO BEACH
365	8374	S FLORIDA AMBULATORY SURGICAL CTR	MIAMI
366	8483	SAFETY HARBOR SURGERY CENTER LLC	CLEARWATER
367	8122	SAME DAY SURGI CENTER OF ORLANDO	ORLANDO
368	8056	SAMUEL WELLS SURGI CENTER	JACKSONVILLE
369	8447	SANCTUARY SURGICAL CENTRE	BOCA RATON
370	8431	SAND LAKE SURGERY CENTER	ORLANDO
371	8513	SANTA FE SURGERY CENTER LLC	LADY LAKE
372	8043	SANTA LUCIA SURGICAL CENTER LLC	CORAL GABLES
373	8392	SARASOTA AMBULATORY SURG CTR LTD	SARASOTA
374	8458	SARASOTA PHYSICANS SURGICAL CENTER	SARASOTA
375	8287	SARASOTA PLASTIC SURGERY CENTER INC	SARASOTA
376	8461	SEASCAPE SURGERY CENTER	TAMPA
377	8529	SEASIDE SURGERY CENTER	NAPLES
378	8523	SELECT PHYSICIANS SURGERY CENTER	TAMPA
379	8378	SEVEN HILLS SURGERY CENTER	TALLAHASSEE
380	8222	SEVEN RIVERS COMMUNITY HOSPITAL ASC	CRYSTAL RIVER
381	8150	SEVEN SPRINGS SURGERY CENTER INC	NEW PORT RICHEY
382	8568	SKYWAY SURGERY CENTER	SAINT PETERSBURG
383	8386	SOUTH BROWARD ENDOSCOPY CENTER	HOLLYWOOD
384	8417	SOUTH COUNTY OUTPATIENT SURGERY CTR	DELRAY BEACH
385	8361	SOUTH LAKE HOSPITAL SURGERY CENTER	CLERMONT
386	8351	SOUTH TAMPA SURGERY CENTER	TAMPA
387	8263	SOUTHEASTERN SURGERY CENTER	TALLAHASSEE
388	8411	SOUTHPOINT SURGERY CENTER LLC	JACKSONVILLE
389	8385	SPACE COAST ENDOSCOPY CENTER	ROCKLEDGE
390	8466	SPACE COAST SURGERY CENTER LLLP	MERRITT ISLAND
391	8486	SPECIALISTS IN UROLOGY FT. MYERS	NAPLES
392	8346	SPECIALISTS IN UROLOGY SURG CTR LLC	NAPLES
393	8362	ST ANTHONY PHYSICIANS SURGERY CTR	ST PETERSBERG
394	8183	ST AUGUSTINE ENDOSCOPY CENTER	ST AUGUSTINE
395	8247	ST AUGUSTINE SURGERY CENTER	SAINT AUGUSTINE
396	8073	ST JOSEPH'S SAME DAY SURGERY CTR	TAMPA
397	8229	ST LUCIE SURGERY CENTER	PORT ST LUCIE
398	8288	ST LUCIE SURGICAL CENTER	FORT PIERCE
399	8024	ST LUCIES OUTPATIENT SURGERY CENTER	PORT CHARLOTTE
400	8163	ST LUKES CATARACT CENTER	TARPON SPRINGS
401	8836	ST MARKS SURGICAL CENTER	FORT MYERS
402	8425	ST MARK'S SURGICAL CENTER, LLC	FORT MYERS
403	8323	ST MICHAEL'S SURGERY CTR	LARGO
404	8406	ST PETERSBURG ENDOSCOPY CENTER LLC	ST PETERSBURG
405	8294	SUMMERLIN BEND SURGERY CENTER LLP	FORT MYERS
406	8561	SUMMERPORT SURGERY CENTER, LLC	WINDERMERE

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	A	B	C
1	Facility #	Facility Name	City
407	8290	SUNCOAST ENDOSCOPY CENTER	IVERNESS
408	8332	SUNCOAST ENDOSCOPY OF SARASOTA LLC	SARASOTA
409	8151	SUNCOAST EYE CENTER	HUDSON
410	8166	SUNCOAST MED CLINIC, LLC ENDOSCOPY	ST PETERSBURG
411	8164	SUNCOAST MEDICAL CLINIC, LLC	ST PETERSBURG
412	8152	SUNCOAST SKIN SURGERY CLINIC	NEW PORT RICHEY
413	8283	SUNCOAST SURGERY CENTER	FORT MYERS
414	8065	SUNCOAST SURGERY CTR OF HERNANDO	SPRING HILL
415	8195	SUNRISE SURGICAL CENTER	DAYTONA BEACH
416	8335	SURG CTR OF AVENTURA	AVENTURA
417	8558	SURGCENTER DUNEDIN	DUNEDIN
418	8517	SURGCENTER NORTHEAST	ST. PETERSBURG
419	8548	SURGCENTER OF PALM BEACH GARDENS	PALM BEACH
420	8554	SURGCENTER OF ST LUCIE	PORT SAINT LUCIE
421	8502	SURGCENTER PINELLAS	LARGO
422	8471	SURGERY CENTER AT DUVAL	DORAL
423	8359	SURGERY CENTER AT JENSEN BEACH LLC	JENSEN BEACH
424	8178	SURGERY CENTER AT ST ANDREWS	VENICE
425	8364	SURGERY CENTER AT WELLINGTON	W PALM BEACH
426	8259	SURGERY CENTER OF CORAL GABLES LLC	CORAL GABLES
427	8184	SURGERY CENTER OF FORT PIERCE	FORT PIERCE
428	8280	SURGERY CENTER OF FT LAUDERDALE	LAUDERDALE LAKES
429	8442	SURGERY CENTER OF KEY WEST	KEY WEST
430	8239	SURGERY CENTER OF MELBOURNE	MELBOURNE
431	8493	SURGERY CENTER OF MID FLORIDA	OCALA
432	8476	SURGERY CENTER OF MOUNT DORA	MOUNT DORA
433	8539	SURGERY CENTER OF NAPLES	NAPLES
434	8110	SURGERY CENTER OF OCALA	OCALA
435	8400	SURGERY CENTER OF PORT CHARLOTTE LT	PORT CHARLOTTE
436	8243	SURGERY CENTER OF SARASOTA	SARASOTA
437	8113	SURGERY CENTER OF STUART	STUART
438	8230	SURGERY CENTER OF STUART	STUART
439	8460	SURGERY CENTER OF THE VILLAGES LLC	SUMMERFIELD
440	8337	SURGERY CENTER OF VOLUSIA LLC	PORT ORANGE
441	8278	SURGERY CENTER OF WESTON	WESTON
442	8355	SURGERY CENTER SACRED HEART MED PK	DESTIN
443	8020	SURGERY CTR AT CORAL SPRINGS	CORAL SPRINGS
444	8326	SURGERY CTR AT POINT WEST	BRADENTON
445	8465	SURGERY CTR AT POINTE WEST EAST CTR	BRADENTON
446	8383	SURGERY CTR OF LAKELAND HILLS BLVD	XXX
447	8224	SURGERY CTR OF NORTH FL LLC	GAINESVILLE
448	8300	SURGERY CTR OF SW FLORIDA INC	FORT MYERS
449	8354	SURGERY ENDOSCOPY CENTER LLC	SEBRING
450	8094	SURGI AND LASER CTR OF SW FL	FT MYERS
451	8462	SURGICAL CENTER AT SUN N LAKE LLC	SEBRING

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	A	B	C
1	Facility #	Facility Name	City
452	8304	SURGICAL CENTER FOR EXCELLENCE	PANAMA CITY
453	8520	SURGICAL CENTER OF PONTE VEDRA BCH	PONTE VEDRA BEACH
454	8068	SURGICAL CTR OF CENTRAL FL	SEBRING
455	8338	SURGICAL CTR OF THE TREASURE COAST	PORT ST LUCIE
456	8123	SURGICAL LICENSED WARD	ORLANDO
457	8047	SURGICAL PARK CENTER LTD	MIAMI
458	8440	SURGICAL SPECIALISTS ASC	FORT WALTON BEACH
459	8095	SURGICARE CENTER	FT MYERS
460	8179	SURGICARE CTR OF VENICE INC	VENICE
461	8451	SURGICARE OF MIRAMAR	MIRAMAR
462	8494	SURGICARE OF MIRAMAR	MIRAMAR
463	8260	SURGIKID OF FLORIDA INC	TAMPA
464	8093	SW FL ENDOSCOPY CENTER	FT MYERS
465	8092	SW FL INST OF AMBULATORY SURGICTR	FT MYERS
466	8444	TAKE SHAPE SURGERY CENTER, LLC	PLANTATION
467	8100	TALLAHASSEE ENDOSCOPY CENTER	TALLAHASSEE
468	8101	TALLAHASSEE OUTPATIENT SURGERY CTR	TALLAHASSEE
469	8521	TALLAHASSEE OUTPT SURG CTR MED COMM	TALLAHASSEE
470	8102	TALLAHASSEE SINGLE DAY SURGERY CENT	TALLAHASSEE
471	8382	TAMPA BAY ENDOSCOPY CENTER	TAMPA
472	8563	TAMPA BAY EYE SURGERY CENTER LLC	SAINT PETERSBURG
473	8343	TAMPA BAY REGIONAL SURG CTR	LARGO
474	8341	TAMPA BAY SPECIALITY SURGICAL CTR	PINELLAS PARK
475	8071	TAMPA BAY SURGERY CENTER	TAMPA
476	8368	TAMPA BAY SURGERY CTR MIDTOWN	TAMPA
477	8074	TAMPA EYE & SPECIALTY SURGERY CTR	TAMPA
478	8519	TAMPA MINIMALLY INV SPINE SURG CTR	TAMPA
479	8514	TAMPA SURGERY CENTER	TAMPA
480	8511	TAVARES SURGERY LLC	TAVARES
481	8543	TGH BRANDON HEALTHPLEX	TAMPA
482	8215	THE FACIAL PLASTIC SURGERY CENTER	NAPLES
483	8309	THE GABLES SURGICAL CENTER	MIAMI
484	8284	THE LASER AND SURGERY CENTER	PANAMA CITY
485	8048	THE MIAMI ASC, LP	MIAMI
486	8202	THE OCALA EYE SURGERY CENTER	OCALA
487	8244	THE PALMETTO SURGERY CENTER	HIALEAH
488	8576	THE SURGERY CENTER AT WOODLANDS	PENSACOLA
489	8037	THE SURGERY CENTER OF CORAL GABLES	MIAMI
490	8485	TITUSVILLE CTR SURGICAL EXCELLENCE	TITUSVILLE
491	8435	TLC OUTPATIENT SURG AND LASER CTR	LADY LAKE
492	8413	TOMOKA SURGERY CENTER LLC	ORMOND BEACH
493	8197	TOTAL BACK CARE CENTER	NAPLES
494	8281	TOTAL EYE CARE SURGERY CENTER INC	LEESBURG
495	8526	TRADITION SURGERY CENTER	PORT SAINT LUCIE
496	8427	TRAILS EDGE SURGERY CENTER	BONITA SPRINGS

Florida Reporting
Ambulatory Surgery Centers

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	A	B	C
1	Facility #	Facility Name	City
497	8186	TREASURE COAST COSMETIC SURGERY CEN	PORT ST LUCIE
498	8206	TREASURE COAST CTR FOR SURGERY	STUART
499	8464	TREASURE COAST SURGICAL CENTER	FORT PIERCE
500	8363	TWIN LAKES SURGERY CENTER	DAYTONA BCH
501	8456	UNIVERSITY INTERVENTIONAL CENTER	PENSACOLA
502	8059	UNIVERSITY OF FLORIDA FACULTY CLINI	JACKSONVILLE
503	8124	UNIVERSITY SURGICAL CENTER	WINTER PARK
504	8125	UROLOGICAL AMBULATORY SURGERY CTR	ORLANDO
505	8076	USF ENDOSCOPY CTR TAMPA FL	TAMPA
506	8446	USF HEALTH ENDOSCOPY AND SURG CTR	TAMPA
507	8050	VENTURE AMBULATORY SURGICAL CENTER	N MIAMI BEACH
508	8312	VERO BEACH SURGERY CTR, LLC	VERO BEACH
509	8079	VERO EYE CENTER	VERO BEACH
510	8366	VILLAGES ENDOSCOPY & SURGICAL CTR	SUMMERFIELD
511	8196	VOLUSIA ENDOSCOPY CENTER	ORMOND BEACH
512	8220	WATERS EDGE SURGERY CENTER	STUART
513	8302	WATERSIDE AMB SURGICAL CTR INC	WEST PALM BEACH
514	8369	WEBSTER SURGICAL CENTER	TALLAHASSEE
515	8159	WEST BAY SURGERY CENTER	LARGO
516	8321	WEST COAST ENDOSCOPY CTR	CLEARWATER
517	8103	WEST FLORIDA SURGERY CTR	BRADENTON
518	8473	WESTCHASE SURGERY CENTER	TAMPA
519	8274	WESTON OUTPATIENT SURGICAL CENTER	WESTON
520	8249	WINTER HAVEN AMB SURGICAL CENTER	WINTER HAVEN
521	8126	WINTER PARK AMBULATORY SURGERY CTR	WINTER PARK

Facility	Facility Name	City
8691	ACKERMAN CANCER CENTER-JACKSONVILLE	JACKSONVILLE
8701	ACKERMAN CANCER CTR-AMELIA ISLAND	FERNANDINA BEACH
8786	ADVANCE PROSTATE CANCER INSTITUTE	OXFORD
8807	ADVANCED CANCER TREATMENT CENTERS	BROOKSVILLE
8703	BARDMOOR CANCER CENTER	LARGO
8698	BIG LAKE CANCER CENTER	OKEECHOBEE
8604	CANCER CARE CENTERS OF BREVARD	MELBOURNE
8606	CANCER CARE CENTERS OF PALM BAY	MELBOURNE
8605	CANCER CARE CTRS OF MERRITT ISLAND	MERRITT ISLAND
8696	CAPITAL CANCER CENTER	TALLAHASSEE
8812	CARIBBEAN RADIATION ONCOLOGY CENTER	DORAL
8809	CB ONCOLOGY PARTNERS	CUTLER BAY
8741	CENTRAL FL CANCER INST LAKE WALES	LAKE WALES
8711	CENTRAL FLORIDA CANCER INSTITUTE	DAVENPORT
8847	COMPREHENSIVE HEMATOLOGY ONCOLOGY	TRINITY
8848	COMPREHENSIVE HEMATOLOGY ONCOLOGY	LARGO
8738	CYBERKNIFE CENTER OF MIAMI	MIAMI
8710	DATTOLI CANCER CENTER	SARASOTA
8726	DORAL ONCOLOGY CENTER	MIAMI
8814	FL CANCER SPECIALISTS BROWNWOOD	THE VILLAGES
8655	FL CANCER SPECIALISTS N PORT RICHEY	NEW PORT RICHEY
8626	FL CANCER SPECIALISTS SPRING HILL	SPRING HILL
8656	FL CANCER SPECIALISTS ZEPHYRHILLS	ZEPHYRHILLS
8602	FLORIDA CANCER AFFILIATES	PANAMA CITY
8657	FLORIDA CANCER SPECIALISTS HUDSON	HUDSON
8805	FLORIDA CANCER SPECIALISTS LARGO	LARGO
8816	FLORIDA CANCER SPECIALISTS ORLANDO	ORLANDO
8815	FLORIDA CANCER SPECIALISTS SANFORD	SANFORD
8804	FLORIDA CANCER SPECIALISTS TAMPA	TAMPA
8806	FLORIDA CANCER SPECIALISTS VILLAGES	THE VILLAGES
8748	GENESISCARE-AVENTURA	AVENTURA
8614	GENESISCARE-BEVERLY HILLS	BEVERLY HILLS
8467	GENESISCARE-BOCA RATON	BOCA RATON
8706	GENESISCARE-BOCA RATON	BOCA RATON
8715	GENESISCARE-BONITA SPRINGS	BONITA SPRINGS
8736	GENESISCARE-BOYNTON BEACH	BOYNTON BEACH
8640	GENESISCARE-BRADENTON	BRADENTON
8781	GENESISCARE-BRADENTON	BRADENTON
8637	GENESISCARE-CAPE CORAL	CAPE CORAL
8770	GENESISCARE-COCONUT CREEK	COCONUT CREEK
8609	GENESISCARE-CORAL SPRINGS	CORAL SPRINGS
8721	GENESISCARE-CRESTVIEW	CRESTVIEW
8783	GENESISCARE-DEERFIELD BEACH	DEERFIELD BEACH
8675	GENESISCARE-ENGLEWOOD	ENGLEWOOD
8763	GENESISCARE-FORT MYERS	FORT MYERS
8712	GENESISCARE-FORT WALTON BEACH	FORT WALTON BEACH

Facility	Facility Name	City
8639	GENESISCARE-FT MYERS	FT MYERS
8758	GENESISCARE-FT PIERCE	FT PIERCE
8782	GENESISCARE-FT. LAUDERDALE	FT. LAUDERDALE
8799	GENESISCARE-HIALEAH	HIALEAH
8752	GENESISCARE-JACKSONVILLE	JACKSONVILLE
8780	GENESISCARE-JUPITER	JUPITER
8794	GENESISCARE-LAUDERDALE LAKES	LAUDERDALE LAKES
8718	GENESISCARE-LEHIGH ACRES	LEHIGH ACRES
8792	GENESISCARE-MIAMI	MIAMI
8800	GENESISCARE-MIAMI	MIAMI
8803	GENESISCARE-MIAMI	MIAMI
8672	GENESISCARE-NAPLES	NAPLES
8750	GENESISCARE-NAPLES	NAPLES
8789	GENESISCARE-NAPLES	NAPLES
8617	GENESISCARE-ORANGE PARK	ORANGE PARK
8747	GENESISCARE-PALM BEACH GARDENS	PALM BEACH GARDENS
8776	GENESISCARE-PEMBROKE PINES	PEMBROKE PINES
8610	GENESISCARE-PLANTATION	PLANTATION
8613	GENESISCARE-PORT CHARLOTTE	PORT CHARLOTTE
8722	GENESISCARE-SANTA ROSA BEACH	SANTA ROSA BEACH
8680	GENESISCARE-SARASOTA	SARASOTA
8778	GENESISCARE-STUART	STUART
8669	GENESISCARE-VENICE	VENICE
8773	GENESISCARE-VERO BEACH	VERO BEACH
8777	GENESISCARE-WELLINGTON	WELLINGTON
8795	GENESISCARE-WELLINGTON	WELLINGTON
8802	GENESISCARE-WEST PALM BEACH	WEST PALM BEACH
8720	HEALTH FIRST CANCER INSTITUTE	MELBOURNE
8796	HEALTH FIRST CANCER INSTITUTE	TITUSVILLE
8797	HEALTH FIRST CANCER INSTITUTE	VIERA
8798	INNOVATIVE CANCER INSTITUTE, LLC	MIAMI
8756	INTERCOMMUNITY CANCER CENTER	LADY LAKE
8733	LAKE CITY CANCER CARE, LLC	LAKE CITY
8767	N FL CANCER CTR LAKE CITY LLC	LAKE CITY
8759	NEW MILLENNIUM CYBERKNIFE	BRANDON
8705	OSCEOLA CANCER CENTER	KISSIMMEE
8658	PASCO PINELLAS CANCER CENTER	HOLIDAY
8723	PREMIER RADIATION ONCOLOGY ASSOC	CLEARWATER
8642	ROBERT BOISSONEAULT ASSOC OCALA	OCALA
8616	ROBERT BOISSONEAULT LECANTO	LECANTO
8704	ROBERT BOISSONEAULT ONC INST	VILLAGES
8676	ROBERT BOISSONEAULT TIMBER RIDGE	OCALA
8811	S FL PROTON THERAPY INSTITUTE	DELRAY BEACH
8769	SAND LAKE CANCER CENTER	ORLANDO
8663	TAMPA BAY ONCOLOGY CENTER	LARGO
8775	TAMPA BAY RADIATION ONCOLOGY, PA	TAMPA

Florida Reporting
Radiation Therapy Centers

Facility	Facility Name	City
8784	UNIV OF FL PROTON THERAPY INST	JACKSONVILLE
8727	WATSON CLINIC CANCER & RESEARCH CTR	LAKELAND
8702	WATSON CLINIC LLP	LAKELAND
8768	WELLSPRING ONCOLOGY	PINELLAS PARK
8762	WEST FLORIDA RADIATION THERAPY, LLC	CLEARWATER
8790	WINTER PARK ONCOLOGY	WINTER PARK
9940	WOODLANDS MEDICAL SPECIALISTS	PENSACOLA

APPENDIX B

International Organization for Standardization (ISO) Country Codes

United States Postal Service (USPS) State Abbreviation Codes

United States Territory and Possessions Abbreviation Codes

Canadian Province and Territory Abbreviation Codes

Florida Federal Information Processing Standards (FIPS) County Codes

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

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

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

Code	Label
BLR	Byelorussia
BLR	Byelorussian S.S.R.
BLR	Russia, White
BLR	White Russia
BLZ	Belize
BLZ	British Honduras
BLZ	Honduras, British
BMU	Bermuda
BND	Brunei Darussalam
BOL	Bolivia
BRA	Brazil
BRB	Barbados
BRN	Brunei
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
CSK	Czechoslovakia (former) [Pre-2013 cases only]
CUB	Cuba
CUW	Curacao

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

Code	Label
CXR	Christmas Island
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	Sahara, Western
ESH	Western Sahara
ESP	Balearic Islands
ESP	Canary Islands
ESP	Spain
EST	Estonia
ETH	Ethiopia
FIN	Finland
FJI	Fiji
FLK	Falkland Islands
FLK	Malvinas
FRA	Corsica
FRA	France
FRO	Faroe Islands
FSM	Federated States of Micronesia
FSM	Micronesia, Federated States of
FSM	Micronesia, NOS
GAB	Gabon
GBR	Great Britain
GBR	United Kingdom
GEO	Georgia [country]
GGY	Guernsey
GHA	Ghana
GIB	Gibraltar
GIN	Guinea
GLP	Guadeloupe

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

Code	Label
GMB	Gambia
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	British Guiana
GUY	Guiana, British
GUY	Guyana
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	Eire
IRL	Ireland
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

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

Code	Label
KEN	Kenya
KGZ	Kyrgyzstan
KHM	Cambodia
KIR	Gilbert Islands
KIR	Kiribati
KIR	Line Islands, Southern
KIR	Southern Line Islands
KNA	St. Kitts and Nevis
KOR	Korea, NOS
KOR	Korea, South
KOR	South Korea
KWT	Kuwait
LAO	Laos
LBN	Lebanon
LBR	Liberia
LBY	Libya
LCA	St. Lucia
LIE	Liechtenstein
LKA	Ceylon
LKA	Sri Lanka
LSO	Lesotho
LTU	Lithuania
LUX	Luxembourg
LVA	Latvia
MAC	Macao
MAC	Macau
MAF	Saint-Martin
MAF	St. Martin
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	Burma

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

Code	Label
MMR	Myanmar
MNE	Montenegro
MNG	Mongolia
MNP	Mariana Islands, Northern
MNP	Northern Mariana Islands
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	Ireland, Northern
NIR	Northern Ireland
NIR	Ulster
NIU	Niue
NLD	Netherlands
NOR	Norway
NPL	Nepal
NRU	Nauru
NZL	New Zealand
OMN	Oman
PAK	Pakistan
PAK	West Pakistan
PAN	Canal Zone
PAN	Panama
PCN	Pitcairn Islands
PER	Peru
PHL	Philippines
PLW	Palau
PNG	Papua New Guinea
POL	Poland

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

Code	Label
PRI	Puerto Rico
PRK	Korea, North
PRK	North Korea
PRT	Azores
PRT	Madeira Islands
PRT	Portugal
PRY	Paraguay
PSE	Occupied Palestine Territory
PSE	Palestine Territory, Occupied
PYF	French Polynesia
PYF	Polynesia, French
QAT	Qatar
REU	Réunion
ROU	Romania
RUS	Russia
RWA	Ruanda
RWA	Rwanda
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	Miquelon
SPM	St. Pierre and Miquelon
SRB	Serbia
SSD	South Sudan
SSD	Sudan, South
STP	Sao Tome and Principe
SUR	Suriname
SVK	Slovakia
SVN	Slovenia
SWE	Sweden

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

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

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

Code	Label
VCT	Grenadines
VCT	St. Vincent and the Grenadines
VEN	Venezuela
VGB	British Virgin Islands
VGB	Virgin Islands, British
VIR	U.S. Virgin Islands
VIR	Virgin Islands, U.S.
VNM	Vietnam
VUT	Vanuatu
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	Indochina [Pre-2013 cases only]
XSE	Southeast Asia [Pre-2013 cases only]
XSF	Rep.of South Africa,Botswana Lesotho,Namibia,Swaziland[Pre-2013 cases only]
XSF	South Africa, NOS [Pre-2013 cases only]
XSL	Slavic Countries [Pre-2013 cases only]
XUM	Ukraine and Moldavia [Pre-2013 cases only]
XWF	Other West African Countries [Pre-2013 cases only]

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

Code	Label
XWF	West Africa, NOS (French Africa, NOS) [Pre-2013 cases only]
YEM	Yemen
YUG	Yugoslavia (former) [Pre-2013 cases only]
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	Latin America, NOS
ZZU	Unknown
ZZX	Non-U.S./Canada, NOS
ZZX	Not U.S. or Canada, but no other information

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

Code	Label
AFG	Afghanistan
ZZF	Africa, NOS
XIF	African Coastal Islands (prev. in South Africa, NOS) [Pre-2013 cases only]
ALA	Aland Islands
ALB	Albania
DZA	Algeria
ASM	American Samoa
AND	Andorra
AGO	Angola
AIA	Anguilla
ATA	Antarctica
ATG	Antigua and Barbuda
XAP	Arabian Peninsula [Pre-2013 cases only]
ARG	Argentina
USA	Armed Forces Americas
USA	Armed Forces Canada, Europe, Middle East, Africa
USA	Armed Forces Pacific
ARM	Armenia
ABW	Aruba
ZZA	Asia, NOS
AUS	Australia
AUS	Australian New Guinea
AUT	Austria
AZE	Azerbaijan
PRT	Azores
BHS	Bahamas
BHR	Bahrain
ESP	Balearic Islands
BGD	Bangladesh
BRB	Barbados
ATG	Barbuda
BLR	Belarus
BEL	Belgium
BLZ	Belize
BEN	Benin
BMU	Bermuda
BTN	Bhutan
BOL	Bolivia
BES	Bonaire, Saint Eustatius and Saba
BIH	Bosnia and Herzegovina

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

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

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

Code	Label
COK	Cook Islands
FRA	Corsica
CRI	Costa Rica
CIV	Cote d'Ivoire
HRV	Croatia
CUB	Cuba
CUW	Curacao
CYP	Cyprus
CZE	Czech Republic
CSK	Czechoslovakia (former) [Pre-2013 cases only]
DNK	Denmark
DJI	Djibouti
DMA	Dominica
DOM	Dominican Republic
XEF	East Africa [Pre-2013 cases only]
BGD	East Pakistan
TLS	East Timor
ECU	Ecuador
EGY	Egypt
IRL	Eire
SLV	El Salvador
TUV	Ellice Islands
ENG	England
XEN	England, Channel Islands, Isle of Man [Pre-2013 cases only]
GNQ	Equatorial Guinea
ERI	Eritrea
EST	Estonia
ETH	Ethiopia
XET	Ethiopia (Abyssinia), Eritrea [Pre-2013 cases only]
ZZE	Europe, NOS
FLK	Falkland Islands
FRO	Faroe Islands
FSM	Federated States of Micronesia
FJI	Fiji
FIN	Finland
FRA	France
GUF	French Guiana
PYF	French Polynesia
ATF	French Southern Territories
GAB	Gabon

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

Code	Label
GMB	Gambia
GEO	Georgia [country]
XGR	Germanic Countries [Pre-2013 cases only]
DEU	Germany
GHA	Ghana
GIB	Gibraltar
KIR	Gilbert Islands
GBR	Great Britain
GRC	Greece
GRL	Greenland
GRD	Grenada
VCT	Grenadines
GLP	Guadeloupe
GUM	Guam
GTM	Guatemala
GGY	Guernsey
GUY	Guiana, British
GUF	Guiana, French
GIN	Guinea
GNB	Guinea Bissau
GNQ	Guinea, Equatorial
GUY	Guyana
HTI	Haiti
HMD	Heard Island and McDonald Islands
BIH	Herzegovina
HND	Honduras
BLZ	Honduras, British
HKG	Hong Kong
HUN	Hungary
ISL	Iceland
IND	India
XSE	Indochina [Pre-2013 cases only]
IDN	Indonesia
IRN	Iran
IRQ	Iraq
IRL	Ireland
NIR	Ireland, Northern
IRL	Ireland, Republic of
IMN	Isle of Man
ISR	Israel

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

Code	Label
XIS	Israel and former Jewish Palestine [Pre-2013 cases only]
ITA	Italy
CIV	Ivory Coast
JAM	Jamaica
JPN	Japan
JEY	Jersey
UMI	Johnston Atoll
JOR	Jordan
KAZ	Kazakhstan
CCK	Keeling Islands
KEN	Kenya
KIR	Kiribati
PRK	Korea, North
KOR	Korea, NOS
KOR	Korea, South
KWT	Kuwait
KGZ	Kyrgyzstan
LAO	Laos
ZZU	Latin America, NOS
LVA	Latvia
LBN	Lebanon
LSO	Lesotho
LBR	Liberia
LBY	Libya
LIE	Liechtenstein
KIR	Line Islands, Southern
LTU	Lithuania
LUX	Luxembourg
MAC	Macao
MAC	Macau
MKD	Macedonia
MDG	Madagascar
PRT	Madeira Islands
MDG	Malagasy Republic
MWI	Malawi
MYS	Malaysia
XMS	Malaysia, Singapore, Brunei [Pre-2013 cases only]
MDV	Maldives
MLI	Mali
MLT	Malta

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

Code	Label
FLK	Malvinas
MNP	Mariana Islands, Northern
MHL	Marshall Islands
MTQ	Martinique
MRT	Mauritania
MUS	Mauritius
MYT	Mayotte
XML	Melanesian Islands, Solomon Islands [Pre-2013 cases only]
MEX	Mexico
FSM	Micronesia, Federated States of
FSM	Micronesia, NOS
XMC	Micronesian Islands [Pre-2013 cases only]
UMI	Midway Islands
SPM	Miquelon
MDA	Moldova
MCO	Monaco
MNG	Mongolia
MNE	Montenegro
MSR	Montserrat
MAR	Morocco
MOZ	Mozambique
MMR	Myanmar
NAM	Namibia
JPN	Nampo-Shoto, Southern
NRU	Nauru
NPL	Nepal
NLD	Netherlands
NCL	New Caledonia
NZL	New Zealand
NIC	Nicaragua
NER	Niger
NGA	Nigeria
NIU	Niue
ZZX	Non-U.S./Canada, NOS
NFK	Norfolk Island
XNF	North Africa [Pre-2013 cases only]
ZZN	North America, NOS
XNI	North American Islands [Pre-2013 cases only]
PRK	North Korea
NIR	Northern Ireland

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

Code	Label
MNP	Northern Mariana Islands
NOR	Norway
ZZX	Not U.S. or Canada, but no other information
MWI	Nyasaland
PSE	Occupied Palestine Territory
OMN	Oman
XOR	Other Asian Republics of the USSR [Pre-2013 cases only]
XCB	Other Caribbean Islands [Pre-2013 cases only]
XWF	Other West African Countries [Pre-2013 cases only]
ZZP	Pacific, NOS
PAK	Pakistan
PLW	Palau
PSE	Palestine Territory, Occupied
PAN	Panama
PNG	Papua New Guinea
PRY	Paraguay
CHN	Peoples Republic of China
PER	Peru
PHL	Philippines
PCN	Pitcairn Islands
POL	Poland
PYF	Polynesia, French
XPL	Polynesian Islands [Pre-2013 cases only]
PRT	Portugal
AGO	Principe
PRI	Puerto Rico
QAT	Qatar
XSF	Rep.of South Africa,Botswana Lesotho,Namibia,Swaziland[Pre-2013 cases only]
TWN	Republic of China (Taiwan)
ZAF	Republic of South Africa
REU	Réunion
ROU	Romania
RWA	Ruanda
RUS	Russia
BLR	Russia, White
RWA	Rwanda
JPN	Ryukyu Islands
BES	Saba
ESH	Sahara, Western
BES	Saint Eustatius

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

Code	Label
WSM	Samoa
ASM	Samoa, American
WSM	Samoa, Western
SMR	San Marino
STP	Sao Tome and Principe
SAU	Saudi Arabia
XSC	Scandinavia [Pre-2013 cases only]
SCT	Scotland
SEN	Senegal
SRB	Serbia
SYC	Seychelles
SLE	Sierra Leone
IND	Sikkim
SGP	Singapore
SXM	Saint-Martin
XSL	Slavic Countries [Pre-2013 cases only]
SVK	Slovakia
SVN	Slovenia
SLB	Solomon Islands
SOM	Somalia
XSF	South Africa, NOS [Pre-2013 cases only]
ZAF	South Africa, Republic of
ZZS	South America, NOS
SGS	South Georgia and the South Sandwich Islands
KOR	South Korea
SSD	South Sudan
XSE	Southeast Asia [Pre-2013 cases only]
KIR	Southern Line Islands
ESP	Spain
LKA	Sri Lanka
BLM	St. Barthelemy
BES	St. Eustatius
SHN	St. Helena
KNA	St. Kitts and Nevis
LCA	St. Lucia
SXM	St. Martin
SPM	St. Pierre and Miquelon
VCT	St. Vincent and the Grenadines
SDN	Sudan
SSD	Sudan, South

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

Code	Label
XSD	Sudanese Countries [Pre-2013 cases only]
SUR	Suriname
SJM	Svalbard and Jan Mayen
UMI	Swan Islands
SWZ	Swaziland
SWE	Sweden
CHE	Switzerland
SYR	Syria
TWN	Taiwan
TJK	Tajikistan
TZA	Tanzania
THA	Thailand
CHN	Tibet
TLS	Timor, East
TLS	Timor-Leste
TTO	Tobago
TGO	Togo
TKL	Tokelau
TON	Tonga
TTO	Trinidad and Tobago
TUN	Tunisia
TUR	Turkey
TKM	Turkmenistan
TCA	Turks and Caicos
TCA	Turks Islands
TUV	Tuvalu
UMI	U.S. Minor Outlying Islands
VIR	U.S. Virgin Islands
UGA	Uganda
UKR	Ukraine
XUM	Ukraine and Moldavia [Pre-2013 cases only]
NIR	Ulster
ARE	United Arab Emirates
GBR	United Kingdom
USA	United States
ZZU	Unknown
URY	Uruguay
BDI	Urundi
UZB	Uzbekistan
VUT	Vanuatu

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

Code	Label
VAT	Vatican City
VEN	Venezuela
VNM	Vietnam
VGB	Virgin Islands, British
VIR	Virgin Islands, U.S.
UMI	Wake Island
WLS	Wales
WLF	Wallis and Futuna
XWF	West Africa, NOS (French Africa, NOS) [Pre-2013 cases only]
PAK	West Pakistan
ESH	Western Sahara
BLR	White Russia
YEM	Yemen
YUG	Yugoslavia (former) [Pre-2013 cases only]
COD	Zaire
ZMB	Zambia
ZWE	Zimbabwe

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

NAME	STATE/PROVINCE CODE	COUNTRY CODE
Alabama	AL	USA
Alaska	AK	USA
Alberta	AB	CAN
American Samoa	AS	ASM
Arizona	AZ	USA
Arkansas	AR	USA
Armed Forces Americas	AA	USA
Armed Forces Canada, Europe, Middle East, Africa	AE	USA
Armed Forces Pacific	AP	USA
British Columbia	BC	CAN
California	CA	USA
Canada, NOS	CD	CAN
Colorado	CO	USA
Connecticut	CT	USA
Delaware	DE	USA
District of Columbia	DC	USA
Florida	FL	USA
Georgia	GA	USA
Guam	GU	GUM
Hawaii	HI	USA
Idaho	ID	USA
Illinois	IL	USA
Indiana	IN	USA
Iowa	IA	USA
Johnston Atoll	UM	UMI
Kansas	KS	USA
Kentucky	KY	USA
Louisiana	LA	USA
Maine	ME	USA
Manitoba	MB	CAN
Mariana Islands (Trust Territory of Pacific Islands)	MP	MNP
Marshall Islands (Trust Territory Pacific Islands)	MH	MHL
Maryland	MD	USA
Massachusetts	MA	USA
Michigan	MI	USA
Micronesia (Fed States of) (Caroline, Trust Terr of Pacific)	FM	FSM
Midway Islands	UM	UMI
Minnesota	MN	USA
Mississippi	MS	USA
Missouri	MO	USA
Montana	MT	USA
Nebraska	NE	USA
Nevada	NV	USA
New Brunswick	NB	CAN

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

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

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

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

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

GLOSSARY OF COMMON TERMS

SEER ALSO MAINTAINS A GLOSSARY FOR REGISTRARS

<https://seer.cancer.gov/seertools/glossary/>

NAACCR RECOMMENDED ABBREVIATIONS FOR ABSTRACTORS

NAACCR Recommended Abbreviations consist of almost 500 terms with recommended abbreviations.

See NAACCR Volume II Data Standards and Data Dictionary – Appendix G

<HTTP://DATADictionary.NAACCR.ORG/DEFAULT.ASPX?C=17&VERSION=22>

ABBREVIATION/SYMBOL ORDERED BY TERM/WORD TERM/WORD ORDERED BY ABBREVIATION/SYMBOL CONTEXT SENSITIVE ABBREVIATIONS

Abbreviations often are used by cancer abstractors to shorten the written narratives entered into text fields. However, abbreviations can generate confusion, because abbreviations may vary among different institutions and even between different specialties within the same institution. To be useful, an abbreviation must be clearly understood by any individual who encounters it. Consequently, the use of abbreviations is a useful abstracting practice only if universally recognized abbreviations are used.

These lists are to be used as a primary reference by the cancer abstractor, to help abstract necessary information into a limited number of text fields for storage and transmission of cancer information. Terms included in the lists are limited to those that are commonly utilized when abstracting cancer information.

When abstracting into text fields, the use of abbreviations should be limited to those that appear on these lists whenever practical. Listings are not exhaustive, but the most commonly used terms were included.

Please note that although abbreviations are presented in uppercase, either upper- or lowercase may be utilized when entering abbreviations within abstraction software.

The listings were compiled from abbreviation lists from SEER Book 3, the NAACCR Pathology Committee, the Veterans Administration, Dr. Jay Piccirillo's comorbid conditions training materials, the Florida Cancer Data System, and the California Cancer Registry.

GLOSSARY OF COMMON TERMS

SEER ALSO MAINTAINS A GLOSSARY FOR REGISTRARS - <https://seer.cancer.gov/seertools/glossary>.

Note: The NCI SEER Website includes a more complete Glossary for Registrars and is available at <https://seer.cancer.gov/seertools/glossary/>. The glossary features definitions for terms used by cancer registrars. Each entry includes information on where the term is used, as well as any applicable alternate names, abstractor notes, histology, and primary sites. The SEER Glossary is updated on a regular basis.

Abstract - A succinct synopsis of pertinent information gleaned from the patient record. Every abstract should reflect the diagnosis and first course of therapy for each cancer diagnosis in any patient. In general, an abstract represents the first four to twelve months of the patient's cancer experience. Completeness, consistency and attention to detail are very important. Please take care when abstracting each cancer case.

Active Surveillance/Watchful Waiting - No therapy is also a first course of therapy treatment option. If a physician or patient elects to undergo simple observation (as is often the case with prostate cancer) and later receives a TURP or hormonal therapy, the first course of therapy is No Therapy. The abstract should reflect that no therapy was administered for the first course.

Adjuvant - Systemic therapy and/or radiation therapy that is given after other methods have destroyed the clinically detectable cancer cells. This therapy is given to destroy micrometastases (undetectable cancer cells). The intent is to prevent or delay a recurrence.

Analytic Case - Any case of cancer where the reporting facility is involved in the diagnosis and/or evaluation of the diagnosis and/or the evaluation of the extent of cancer spread at the time of diagnosis and/or the administration of all or any part of the first course of therapy.

Cancer Directed Therapy - Any treatment that is given to modify, control, remove or destroy primary or metastatic cancer tissue. The treatment is meant to remove or minimize the size of tumor or delay the spread of disease.

Clinical Stage or Clinical Classification – This is a point in time, not specific types of exams or procedures. The clinical (stage) classification encompasses all information from the diagnostic workup. This is from the moment of diagnosis until just before the first treatment.

Concurrent Therapy - Different types of therapies that are administered at the same time.

Consultation - Services rendered by a facility to confirm a diagnosis or treatment plan. Examples include: Pathology review of slides that have been previously read by another pathology physician or department; Radiation therapy planning without radiation therapy services administered; Specialty testing performed to confirm a diagnosis or extent of disease where the testing is not available elsewhere.

End-Results Registry - A cancer registry that performs all of the necessary functions required by the Commission on Cancer/American College of Surgeons for cancer program accreditation.

Federal Information Processing Standards (FIPS) – Standard codes for U.S. counties taken from the publication "Counties and Equivalent Entities of the United States, Its Possessions, and Associated Areas."

First Course of Therapy or Treatment - All methods of therapy that are included in the original treatment plan, including neo-adjuvant, concurrent, prophylactic, palliative, and adjuvant therapies. Generally, the first course of therapy is completed during the first four months after a patient's diagnosis with cancer. The first course of therapy can extend beyond one year after initial diagnosis.

No therapy is also a first course of therapy treatment option. If a physician or patient elects to undergo simple observation (as is often the case with prostate cancer) and later receives a TURP or hormonal therapy, the first course of therapy is No Therapy. The abstract should reflect that no therapy was administered for the

first course.

Historical Case - A case of cancer that is not active or receiving therapy (NED, remission) that must be reported to accompany a case of cancer for the same patient that is active or receiving therapy.

Ill-Defined/Unknown Site - 069,189,260-269,328-329,390-399,409,419,479,499,559,579,639,760-769,809

Incidence Registry - A cancer registry that performs minimal cancer reporting as required in order to calculate cancer incidence rates for a defined geographic region and/or meet state reporting requirements.

NED - No Evidence of Disease

Neo-Adjuvant - Systemic therapy and/or radiation therapy that is given prior to surgical resection to reduce the bulk of a locally advanced primary cancer. Definitive surgery must be performed to complete the loop. Systemic therapy may consist of chemotherapy, immunotherapy, or hormone therapy.

Non-Analytic Case - Any case of cancer where the reporting facility is not involved with the diagnosis and/or the first course of therapy but, the patient is seen at the reporting facility with evidence of active cancer, and/or is actively receiving therapy for cancer, and/or is diagnosed with cancer at the time an autopsy is performed.

Non-Cancer Directed Therapy - Any treatment that is designed to prepare a patient for cancer-directed therapy, prolong a patient's life, alleviate pain or make the patient comfortable. Non-cancer directed therapies are not meant to destroy or control the tumor or delay the spread of disease. These therapies include diagnostic tests and supportive care.

Palliative - Treatment that is given primarily for the purpose of pain control. Palliative therapy is non-curative. Any benefits of the treatment are considered secondary contributions to the patient's quality of life.

Pathologic Stage or Pathologic Classification – This is a point in time, not specific types of procedures. The pathologic (stage) classification encompasses all information from the diagnostic workup, the surgical (operative) evaluation, and the pathologist's review of the resected specimen, from the moment of diagnosis THROUGH the surgical resection.

Prophylactic - Radiation therapy that is administered for the purpose of preventing the development of symptoms in a setting in which clinical evidence indicates that problems are likely to develop if treatment is not administered.

Remission - Cancer that is no longer detectable by any testing or evaluation means. This term is most often used for leukemia cases.

Reportable Case - Any cancer case that meets reporting requirements as outlined in Section I.

Treatment - See Treatment Section

Unknown/Ill-Defined Site - 069,189,260-269,328-329,390-399,409,419,479,499,559,579,639,760-769,809

NAACCR RECOMMENDED ABBREVIATION LIST v22
CANCER SURVEILLANCE ORGANIZATIONS AND COMMON ABBREVIATIONS
<http://datadictionary.naaccr.org/default.aspx?c=17&Version=22>

ACRONYM	Acronym/Organization/Abbreviation Meaning
AACCR	American Association of Central Cancer Registries
ACoS	American College of Surgeons
ACS	American Cancer Society
AJCC	American Joint Committee on Cancer
BNA	Block Numbering Area
CCCR	Canadian Council of Cancer Registries
CDC	Centers for Disease Control and Prevention
CIN	Cervical intraepithelial neoplasia
CIS	Carcinoma in situ
CLIA	Clinical Laboratory Improvement Act
CoC	Commission on Cancer (of ACoS)
CPT	Current Procedural Terminology (codes)
CRC	Cyclic redundancy code
CS	Collaborative Staging
CTR	Certified Tumor Registrar
DAM	Data Acquisition Manual (of ACoS)
DCO	Death Certificate Only
EOD	Extent of Disease
FIPS	Federal Information Processing Standards
FORDS	Facility Oncology Registry Data Standards (manual of ACoS)
FTRO	Fundamental Tumor Registry Operations Program (of ACoS)
GenEDITS	Generic EDITS Drive Program
GIS	Geographic Information System
HCFA	Health Care Finance Administration
HIM	Health Information Management
IACR	International Association of Cancer Registrars
IARC	International Agency for Research on Cancer
ICD	International Classification of Diseases
ICD-O	International Classification of Diseases for Oncology
ICD-O-1	International Classification of Diseases for Oncology, First Edition
ICD-O-2	International Classification of Diseases for Oncology, Second Edition
ICD-O-3	International Classification of Diseases for Oncology, Third Edition
N.d.	No date (bibliographic term: no ascertainable place of publication)

APPENDIX C

ACRONYM	Acronym/Organization/Abbreviation Meaning
NAACCR	North American Association of Central Cancer Registries
NAPIIA	NAACCR Asian/Pacific Islander Identification Algorithm
NCCCS	National Coordinating Council for Cancer Surveillance
NCDB	National Cancer Data Base
NCI	National Cancer Institute
NCRA	National Cancer Registrars Association
NHIA	NAACCR Hispanic Identification Algorithm
NPCR	National Program of Cancer Registries
NPI	National Provider Identifier
PIN	Prostatic intraepithelial neoplasia
ROADS	Registry Operations and Data Standards (manual of ACoS)
RX	Treatment
SEER	Surveillance, Epidemiology, and End Results Program of NCI
SIL	Squamous intraepithelial lesion
SS	Summary Stage
SSF	Site Specific Factor
TNM	Tumor, Nodes and Metastasis: staging system of AJCC and UICC
UDSWG	Uniform Data Standards Work Group of NAACCR
UICC	Union Internationale Contre le Cancer (in English, International Union Against Cancer)
USPS	United States Postal Service
WHO	World Health Organization

**NAACCR RECOMMENDED MEDICAL ABBREVIATION LIST
ORDERED BY WORD/TERM(S)**

WORD/TERM(S)	ABBREVIATION/SYMBOL
Abdomen (abdominal)	ABD
Abdominal perineal	AP
Abnormal	ABN
Above	^
Above knee (amputation)	AK(A)
Absent/Absence	ABS
Abstract/Abstracted	ABST
Achilles tendon reflex	ATR
Acid phosphatase	ACID PHOS
Acquired Immune Deficiency Syndrome	AIDS
Activities of daily living	ADL
Acute granulocytic leukemia	AGL
Acute lymphocytic leukemia	ALL
Acute myelogenous leukemia	AML
Acute myocardial infarction	AMI
Acute Respiratory Distress (Disease) Syndrome	ARDS
Acute tubular necrosis	ATN
Acute renal failure	ARF
Adenocarcinoma	ADENOCA
Adenosine triphosphate	ATP
Adjacent	ADJ
Adult-onset Diabetes Mellitus	AODM
Admission/Admit	ADM
Adrenal cortical hormone	ACH
Adrenal cortex	AC
Adrenocorticotrophic hormone	ACTH
Affirmative	AFF
Against medical advice	AMA
AIDS-related condition (complex)	ARC
AIDS-related disease	ARD
Air contrast barium enema	ACBE
Albumin	ALB
Alcohol	ETOH
Alkaline phosphatase	ALK PHOS

APPENDIX C

WORD/TERM(S)	ABBREVIATION/SYMBOL
Alpha-fetoprotein	AFP
Also known as	AKA
Ambulatory	AMB
Amount	AMT
Amputation	AMP
Amyotrophic lateral sclerosis	ALS
Anal intraepithelial neoplasia, grade III	AIN III
Anaplastic	ANAP
And	&
Angiography/Angiogram	ANGIO
Anterior	ANT
Anteroposterior	AP
Antidiuretic hormone	ADH
Antigen	AG
Aortic stenosis	A-STEN
Appendix	APP
Apparently	APPL'Y
Approximately	APPROX
Arrhythmia	ARRHY
Arterial blood gases	ABG
Arteriosclerotic cardiovascular disease	ASCVD
Arteriosclerotic heart disease	ASHD
Arteriosclerotic Peripheral Vascular Disease	ASPVD
Arteriosclerosis/Arteriosclerotic	AS
Arteriovenous	AV
Arteriovenous malformation	AVM
Artery (ial)	ART
Ascending colon	A-COLON
Aspiration	ASP
Aspirin, Acetylsalicylic acid	ASA
As soon as possible	ASAP
At	@
Atrial fibrillation	A FIB
Atrial flutter	A FLUTTER
Atrial stenosis/insufficiency/incompetence	AI
Atrial premature complexes	APC

APPENDIX C

C-7

WORD/TERM(S)	ABBREVIATION/SYMBOL
Auscultation & percussion	A&P
Autonomic nervous system	ANS
Autopsy	AUT
Autoimmune hemolytic anemia	AIHA
Average	AVG
Axilla(ry)	AX
Bacillus Calmette-Guerin	BCG
Barium	BA
Barium enema	BE
Bartholin's, Urethral & Skene's	BUS
Basal cell carcinoma	BCC
Before noon	AM
Below knee (amputation)	BK(A)
Benign prostatic hypertrophy/hyperplasia	BPH
Bilateral	BIL
Bilateral salpingo-oophorectomy	BSO
Bile duct	BD
Biological response modifier	BRM
Biopsy	BX
Bipolar affective disorder	BAD
Black female	B/F
Black male	B/M
Bladder tumor	BT
Blood pressure	BP
Blood urea nitrogen	BUN
Blood volume	BV
Bone marrow	BM
Bone marrow transplant	BMT
Bowel movement	BM
Brother	BRO
Calcium	CA
Capsule (s)	CAP(S)
Carcinoembryonic antigen	CEA
Carcinoma	CA
Carcinoma in situ	CIS
Cardiovascular disease	CVD

APPENDIX C

WORD/TERM(S)	ABBREVIATION/SYMBOL
CAT/CT scan/Computerized axial tomography	CT
Centimeter	CM
Central nervous system	CNS
Cerebrospinal fluid	CSF
Cerebrovascular accident	CVA
Cervical intraepithelial neoplasia	CIN
Cervical intraepithelial neoplasia, grade III	CIN III
Cervical vertebrae	C1-C7
Cervical spine	C-SPINE
Change	CHG
Chemotherapy	CHEMO
Chest X-ray	CXR
Chronic	CHR
Chronic granulocytic leukemia	CGL
Chronic lymphocytic leukemia	CLL
Chronic myeloid (myelocytic) leukemia	CML
Chronic obstructive lung disease	COLD
Chronic obstructive pulmonary disease	COPD
Chronic renal failure	CRF
Chronic ulcerative colitis	CUC
Cigarettes	CIG
Clear	CLR
Cobalt 60	CO60
Collaborative stage	CS
Colon, Ascending	A-COLON
Colon, Descending	D-COLON
Colon, Sigmoid	SIG COLON
Colon, Transverse	TRANS-COLON
Colony-stimulating factor	C-SF
Complaint (-ning) of	C/O
Complete blood count	CBC
Congenital heart disease	CHD
Congestive heart failure	CHF
Consistent with	C/W
Continue/continuous	CONT
Contralateral	CONTRA

APPENDIX C

C-9

WORD/TERM(S)	ABBREVIATION/SYMBOL
Coronary artery bypass graft	CABG
Coronary artery disease	CAD
Coronary care unit	CCU
Cubic centimeter	CC
Cystoscopy	CYSTO
Cytology	CYTO
Cystic fibrosis	CF
Date of birth	DOB
Date of death	DOD
Dead on arrival	DOA
Decrease(d)	DECR
Deep tendon reflex	DTR
Deep vein thrombosis	DVT
Deoxyribonucleic acid	DNA
Descending colon	D-COLON
Dermatology	DERM
Diabetes mellitus	DM
Diagnosis	DX
Diameter	DIAM
Diethylstilbestrol	DES
Differentiated/differential	DIFF
Digital rectal examination	DRE
Dilatation and curettage	D&C
Discharge	DISCH
Discontinue(d)	DC
Disease	DZ
Disseminated intravascular coagulopathy	DIC
Ductal carcinoma in situ	DCIS
Dyspnea on exertion	DOE
Ears, nose, and throat	ENT
Electrocardiogram	ECG/EKG
Electroencephalogram	EEG
Electromyogram	EMG
Emergency room	ER
Endoscopic retrograde cholangiopancreatography	ERCP
End stage renal disease	ESRD
Enlarged	ENLGD

APPENDIX C

WORD/TERM(S)	ABBREVIATION/SYMBOL
Equal(s)	=
Esophagogastro-duodenoscopy	EGD
Estrogen receptor (assay)	ER, ERA
Evaluation	EVAL
Every	Q
Every day	QD
Examination	EXAM
Excision/excised	EXC(D)
Expired	EXP
Exploratory	EXPL
Exploratory laparotomy	EXPL LAP
Extend/extension	EXT
Fever of unknown origin	FUO
Fine needle aspiration	FNA
Fine needle aspiration biopsy	FNAB
Floor of mouth	FOM
Fluid	FL
Fluoroscopy	FLURO
Follow-up	FU
For example	E.G.
Fracture	FX
Frequent/Frequency	FREQ
Frozen section	FS
Full thickness skin graft	FTSG
Gallbladder	GB
Gastroesophageal	GE
Gastroesophageal reflux disease	GERD
Gastrointestinal	GI
General/Generalized	GEN
Genitourinary	GU
Grade	GR
Greater/Greater than	>
Gynecology	GYN
Hematocrit	HCT
Hemoglobin	HGB

APPENDIX C

C-11

WORD/TERM(S)	ABBREVIATION/SYMBOL
Hepatitis A (virus)	HAV
Hepatitis B (virus)	HBV
Hepatitis C (virus)	HCV
Hepatitis D (virus)	HDV
Hepatosplenomegaly	HSM
History	HX
History and physical	H&P
History of	H/O
Hormone	HORM
Hospital	HOSP
Hour/Hours	HR(S)
Human chorionic gonadotropin	HCG
Human Immunodeficiency Virus	HIV
Human Papilloma Virus	HPV
Human T-Lymphotropic Virus, (Type III)	HTLV
Hypertension	HTN
Hypertensive cardiovascular disease	HCVD
Hypertensive vascular disease	HVD
Hysterectomy	HYST
Idiopathic hypertrophic subaortic stenosis	IHSS
Idiopathic thrombocytopenia	ITP
Immunoglobulin	IG
Immunohistochemical	IHC
Impression	IMP
Incision & drainage	I&D
Includes/Including	INCL
Increase(d)	INCR
Inferior	INF
Inferior vena cava	IVC
Infiltrating	INFILT
Inflammatory bowel disease	IBD
Inpatient	IP
Insulin-dependent diabetes mellitus	IDDM
Intensive care unit	ICU
Intercostal margin	ICM
Intercostal space	ICS
Intermittent positive pressure breathing	IPPB
Internal	INT

APPENDIX C

WORD/TERM(S)	ABBREVIATION/SYMBOL
Interstitial lung disease	ILD
Intramuscular	IM
Intrathecal	IT
Intravenous	IV
Intravenous cholangiogram	IVCA
Intravenous pyelogram	IVP
Invade(s)/invading/invasion	INV
Involve(s)/involvement/involving	INVL
Ipsilateral	IPSI
Irregular	IRREG
Jugular venous distention	JVD
Juvenile rheumatic arthritis	JRA
Kaposi sarcoma	KS
Kidneys, ureters, bladder	KUB
Kilogram	KG
Kilovolt	KV
Laboratory	LAB
Lactic dehydrogenase	LDH
Laparotomy	LAP
Large	LRG
Last menstrual period	LMP
Lateral	LAT
Left	LT
Left bundle branch block	LBBS
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

APPENDIX C

C-13

WORD/TERM(S)	ABBREVIATION/SYMBOL
Linear accelerator	LINAC
Liver/spleen scan	LS SCAN
Lower extremity	LE
Lower inner quadrant	LIQ
Lower outer quadrant	LOQ
Lumbar vertebra	L1-L5
Lumbar spine	L-SPINE
Lumbosacral	LS
Lymphadenopathy-associated virus	LAV
Lymph node(s)	LN(S)
Lymph node dissection	LND
Lupus erythematosus	LUP ERYTH
Lymph/vascular invasion	LVI
Macrophage colony-stimulating factor	M-CSF
Magnetic resonance imaging	MRI
Magnetic resonance cholangiopancreatography	MRCP
Main stem bronchus	MSB
Malignant	MALIG
Mandible/mandibular	MAND
Maximum	MAX
Medical center	MC
Medication	MED
Metastatic/Metastasis	METS
Methicillin Resistant Staphylococcus Aureus	MRSA
Microgram	MCG
Microscopic	MICRO
Middle lobe	ML
Millicurie (hours)	MC(H)
Milligram (hours)	MG(H)
Milliliter	ML
Millimeter	MM
Million electron volts	MEV
Minimum	MIN
Minus	-
Minute	MIN
Mitral valve prolapse	MVP
Mixed combined immunodeficiency	MCID
Mixed connective tissue disease	MCTD

APPENDIX C

WORD/TERM(S)	ABBREVIATION/SYMBOL
Moderate (ly)	MOD
Moderately differentiated	MD, MOD DIFF
Modified radical mastectomy	MRM
More/More than	>
Multifocal arterial tachycardia	MAT
Multifocal premature ventricular contraction	MPVC
Multiple	MULT
Multiple sclerosis	MS
Multiple myeloma	MM
Myasthenia gravis	MG
Myocardial infarction	MI
Neck vein distention	NVD
Negative	NEG
Negative	-
Neoplasm	NEOPL
Neurology	NEURO
No evidence of disease	NED
No significant findings	NSF
Non-Hodgkins lymphoma	NHL
Normal	NL
Non small cell carcinoma	NSCCA
Not applicable	NA
Not otherwise specified	NOS
Not recorded	NR
Number	#
Nursing home	NH
Obstetrics	OB
Obstructed (-ing, -ion)	OBST
Operating room	OR
Operative report	OP RPT
Organic brain syndrome	OBS
Orthopedics	ORTHO
Otology	OTO
Ounce	OZ
Outpatient	OP
Packs per day	PPD

APPENDIX C

C-15

WORD/TERM(S)	ABBREVIATION/SYMBOL
Palpated (-able)	PALP
Papanicolaou smear	PAP
Papillary	PAP
Past/personal (medical) history	PMH
Pathology	PATH
Patient	PT
Pediatrics	PEDS
Pelvic inflammatory disease	PID
Peptic ulcer disease	PUD
Percutaneous	PERC
Percutaneous transhepatic cholecystogram	PTC
Peripheral vascular disease	PVD
Prescription	RX
Primary medical physician	PMP
Phosphorus 32	P32
Physical examination	PE
Physiotherapy/Physical therapy	PT
Platelets	PLT
Plus	+
Poorly differentiated	PD, POOR DIFF
Positive	POS
Positive	+
Positron emission tomography	PET
Possible	POSS
Posterior	POST
Postoperative (-ly)	POST OP
Pound(s)	LB(S)
Pound(s)	#
Premature atrial contraction	PAC
Preoperative (-ly)	PRE OP
Previous	PREV
Prior to admission	PTA
Probable (-ly)	PROB
Proctoscopy	PROCTO
Progesterone receptor (assay)	PR, PRA
Prostatic intraepithelial neoplasia, grade III	PIN III
Prostatic specific antigen	PSA
Pulmonary	PULM

APPENDIX C

WORD/TERM(S)	ABBREVIATION/SYMBOL
Quadrant	QUAD
Radiation absorbed dose	RAD
Radiation therapy	RT
Radioimmunoassay	RIA
Received	REC'D
Red blood cells (count)	RBC
Regarding	RE
Regional medical center	RMC
Regular	REG
Regular sinus rhythm	RSR
Resection (ed)	RESEC
Review of outside films	ROF
Review of outside slides	ROS
Rheumatoid arthritis	RA
Rheumatic heart disease	RHD
Right	RT
Right bundle branch block	RBBB
Right costal margin	RCM
Right inner quadrant	RIQ
Right lower extremity	RLE
Right lower lobe	RLL
Right lower quadrant	RLQ
Right middle lobe	RML
Right outer quadrant	ROQ
Right salpingo-oophorectomy	RSO
Right upper extremity	RUE
Right upper lobe	RUL
Right upper quadrant	RUQ
Rule out	R/O
Sacral spine	S-SPINE
Sacral vertebra	S1-S5
Salpingo-oophorectomy	SO
Satisfactory	SATIS
Serum glutamic oxaloacetic transaminase	SGOT
Serum glutamic pyruvic transaminase	SGPT

APPENDIX C

C-17

WORD/TERM(S)	ABBREVIATION/SYMBOL
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

APPENDIX C

WORD/TERM(S)	ABBREVIATION/SYMBOL
Tuberculosis	TB
Twice a day (daily)	BID
Ultrasound	US
Undifferentiated	UNDIFF
Unknown	UNK
Upper extremity	UE
Upper gastrointestinal (series)	UGI
Upper inner quadrant	UIQ
Upper outer quadrant	UOQ
Upper respiratory infection	URI
Urinary tract infection	UTI
Vagina/Vaginal	VAG
Vaginal hysterectomy	VAG HYST
Vaginal intraepithelial neoplasia (grade III)	VAIN III
Vulvar intraepithelial neoplasia (grade III)	VIN III
Well differentiated	WD, WELL DIFF
White blood cells (count)	WBC
White female	W/F
White male	W/M
With	W/
Within normal limits	WNL
Without	W/O
Wolff-Parkinson-White syndrome	WPW
Work-up	W/U
Xray	XR
Year	YR

**NAACCR RECOMMENDED MEDICAL ABBREVIATION LIST
ORDERED BY ABBREVIATION/SYMBOL**

ABBREVIATION/SYMBOL	WORD/TERM(S)
^	above
@	at
&	and
<	less, less than
=	equals
>	greater than, more, more than
-	negative, minus
#	number, pound(s)
+	plus, positive
X	times
A-COLON	Ascending colon
A FIB	Atrial fibrillation
A FLUTTER	Atrial flutter
A-STEN	Aortic stenosis
A&P	Auscultation & percussion
ABD	Abdomen (abdominal)
ABG	Arterial blood gases
ABN	Abnormal
ABS	Absent/Absence
ABST	Abstract/Abstracted
AC	Adrenal cortex
ACBE	Air contrast barium enema
ACH	Adrenal cortical hormone
ACID PHOS	Acid phosphatase
ACTH	Adrenocorticotrophic hormone
ADENOCA	Adenocarcinoma
ADH	Antidiuretic hormone
ADJ	Adjacent
ADL	Activities of daily living
ADM	Admission/Admit
AFF	Affirmative
AFP	Alpha-fetoprotein
AG	Antigen

APPENDIX C

ABBREVIATION/SYMBOL	WORD/TERM(S)
AGL	Acute granulocytic leukemia
AI	Atrial stenosis/insufficiency/incompetence
AIDS	Acquired Immune Deficiency Syndrome
AIHA	Autoimmune hemolytic anemia
AIN III	Anal intraepithelial neoplasia, grade III
AK(A)	Above knee (amputation)
AKA	Also known as
ALB	Albumin
ALK PHOS	Alkaline phosphatase
ALL	Acute lymphocytic leukemia
ALS	Amyotrophic lateral sclerosis
AM	Before noon
AMA	Against medical advice
AMB	Ambulatory
AMI	Acute myocardial infarction
AML	Acute myelogenous leukemia
AMP	Amputation
AMT	Amount
ANAP	Anaplastic
ANGIO	Angiography/Angiogram
ANS	Autonomic nervous system
ANT	Anterior
AODM	Adult-onset Diabetes Mellitus
AP	Abdominal perineal
AP	Anteroposterior
APC	Atrial premature complexes
APP	Appendix
APPL'Y	Apparently
APPROX	Approximately
ARC	AIDS-related condition (complex)
ARD	AIDS-related disease
ARDS	Acute Respiratory Distress (Disease) Syndrome
ARF	Acute renal failure
ARRHY	Arrhythmia
ART	Artery (ial)
AS	Arteriosclerosis/Arteriosclerotic
ASA	Aspirin, Acetylsalicylic acid

APPENDIX C

C-21

ABBREVIATION/SYMBOL	WORD/TERM(S)
ASAP	As soon as possible
ASCVD	Arteriosclerotic cardiovascular disease
ASHD	Arteriosclerotic heart disease
ASP	Aspiration
ASPVD	Arteriosclerotic Peripheral Vascular Disease
ATN	Acute tubular necrosis
ATP	Adenosine triphosphate
ATR	Achilles tendon reflex
AUT	Autopsy
AV	Arteriovenous
AVG	Average
AVM	Arteriovenous malformation
AX	Axilla(ry)
B/F	Black female
B/M	Black male
BA	Barium
BAD	Bipolar affective disorder
BCC	Basal cell carcinoma
BCG	Bacillus Calmette-Guerin
BD	Bile duct
BE	Barium enema
BID	Twice a day (daily)
BIL	Bilateral
BK(A)	Below knee (amputation)
BM	Bone marrow
BM	Bowel movement
BMT	Bone marrow transplant
BP	Blood pressure
BPH	Benign prostatic hypertrophy/hyperplasia
BRM	Biological response modifier
BRO	Brother
BSO	Bilateral salpingo-oophorectomy
BT	Bladder tumor
BUN	Blood urea nitrogen
BUS	Bartholin's, Urethral & Skene's
BV	Blood volume
BX	Biopsy

APPENDIX C

ABBREVIATION/SYMBOL	WORD/TERM(S)
C/O	Complaint (-ning) of
C/W	Consistent with
C1-C7	Cervical vertebrae
CA	Calcium
CA	Carcinoma
CABG	Coronary artery bypass graft
CAD	Coronary artery disease
CAP(S)	Capsule (s)
CBC	Complete blood count
CC	Cubic centimeter
CCU	Coronary care unit
CEA	Carcinoembryonic antigen
CF	Cystic fibrosis
CGL	Chronic granulocytic leukemia
CHD	Congenital heart disease
CHEMO	Chemotherapy
CHF	Congestive heart failure
CHG	Change
CHR	Chronic
CIG	Cigarettes
CIN	Cervical intraepithelial neoplasia
CIN III	Cervical intraepithelial neoplasia, grade III
CIS	Carcinomain situ
CLL	Chronic lymphocytic leukemia
CLR	Clear
CM	Centimeter
CML	Chronic myeloid (myelocytic) leukemia
CNS	Central nervous system
CO60	Cobalt 60
COLD	Chronic obstructive lung disease
CONT	Continue/continuous
CONTRA	Contralateral
COPD	Chronic obstructive pulmonary disease
CRF	Chronic renal failure
CS	Collaborative stage
CSF	Cerebrospinal fluid

APPENDIX C

C-23

ABBREVIATION/SYMBOL	WORD/TERM(S)
C-SF	Colony stimulating factor
C-SPINE	Cervical spine
CT	CAT/CT scan/Computerized axial tomography
CUC	Chronic ulcerative colitis
CVA	Cerebrovascular accident
CVD	Cardiovascular disease
CXR	Chest X-ray
CYSTO	Cystoscopy
CYTO	Cytology
D-COLON	Descending colon
D&C	Dilatation and curettage
DC	Discontinue(d)
DCIS	Ductal carcinomain situ
DECR	Decrease(d)
DERM	Dermatology
DES	Diethylstilbestrol
DIAM	Diameter
DIC	Disseminated intravascular coagulopathy
DIFF	Differentiated/differential
DISCH	Discharge
DM	Diabetes mellitus
DNA	Deoxyribonucleic acid
DOA	Dead on arrival
DOB	Date of birth
DOD	Date of death
DOE	Dyspnea on exertion
DRE	Digital rectal examination
DTR	Deep tendon reflex
DVT	Deep vein thrombosis
DX	Diagnosis
DZ	Disease
E.G.	For example
ECG/EKG	Electrocardiogram
EEG	Electroencephalogram
EGD	Esophagogastro-duodenoscopy
EMG	Electromyogram

APPENDIX C

ABBREVIATION/SYMBOL	WORD/TERM(S)
ENLGD	Enlarged
ENT	Ears, nose, and throat
ER	Emergency room
ER, ERA	Estrogen receptor (assay)
ERCP	Endoscopic retrograde cholangiopancreatography
ESRD	End stage renal disease
ETOH	Alcohol
EVAL	Evaluation
EXAM	Examination
EXC(D)	Excision/excised
EXP	Expired
EXPL	Exploratory
EXPL LAP	Exploratory laparotomy
EXT	Extend/extension
FL	Fluid
FLURO	Fluoroscopy
FNA	Fine needle aspiration
FNAB	Fine needle aspiration biopsy
FOM	Floor of mouth
FREQ	Frequent/Frequency
FS	Frozen section
FTSG	Full thickness skin graft
FU	Follow-up
FUO	Fever of unknown origin
FX	Fracture
GB	Gallbladder
GE	Gastroesophageal
GEN	General/Generalized
GERD	Gastroesophageal reflux disease
GI	Gastrointestinal
GR	Grade
GU	Genitourinary
GYN	Gynecology
H&P	History and physical

APPENDIX C

C-25

ABBREVIATION/SYMBOL	WORD/TERM(S)
H/O	History of
HAV	Hepatitis A (virus)
HBV	Hepatitis B (virus)
HCG	Human chorionic gonadotropin
HCT	Hematocrit
HCV	Hepatitis C (virus)
HCVD	Hypertensive cardiovascular disease
HDV	Hepatitis D (virus)
HGB	Hemoglobin
HIV	Human Immunodeficiency Virus
HORM	Hormone
HOSP	Hospital
HPV	Human Papilloma Virus
HR(S)	Hour/Hours
HSM	Hepatosplenomegaly
HTLV	Human T-Lymphotropic Virus, (Type III)
HTN	Hypertension
HVD	Hypertensive vascular disease
HX	History
HYST	Hysterectomy
I&D	Incision & drainage
IBD	Inflammatory bowel disease
ICM	Intercostal margin
ICS	Intercostal space
ICU	Intensive care unit
IDDM	Insulin-dependent diabetes mellitus
IG	Immunoglobulin
IHC	Immunohistochemical
IHSS	Idiopathic hypertrophic subaortic stenosis
ILD	Interstitial lung disease
IM	Intramuscular
IMP	Impression
INCL	Includes/Including
INCR	Increase(d)
INF	Inferior
INFILT	Infiltrating
INT	Internal

APPENDIX C

ABBREVIATION/SYMBOL	WORD/TERM(S)
INV	Invade(s)/invading/invasion
INVL	Involve(s)/involvement/involving
IP	Inpatient
IPPB	Intermittent positive pressure breathing
IPSI	Ipsilateral
IRREG	Irregular
IT	Intrathecal
ITP	Idiopathic thrombocytopenia
IV	Intravenous
IVC	Inferior vena cava
IVCA	Intravenous cholangiogram
IVP	Intravenous pyelogram
JRA	Juvenile rheumatic arthritis
JVD	Jugular venous distention
KG	Kilogram
KS	Kaposi sarcoma
KUB	Kidneys, ureters, bladder
KV	Kilovolt
L-SPINE	Lumbar spine
L1-L5	Lumbar vertebra
LAB	laboratory
LAP	Laparotomy
LAT	Lateral
LAV	Lymphadenopathy-associated virus
LB	Pound
LBBB	Left bundle branch block
LCM	Left costal margin
LDH	Lactic dehydrogenase
LE	Lower extremity
LINAC	Linear accelerator
LIQ	Lower inner quadrant
LLE	Left lower extremity
LLL	Left lower lobe
LLQ	Left lower quadrant

APPENDIX C

C-27

ABBREVIATION/SYMBOL	WORD/TERM(S)
LMP	Last menstrual period
LN(S)	Lymph node(s)
LND	Lymph node dissection
LOQ	Lower outer quadrant
LPN	Licensed practical nurse
LRG	Large
LS	Lumbosacral
LS SCAN	Liver/spleen scan
LSO	Left salpingo-oophorectomy
LT	Left
LUE	Left upper extremity
LUL	Left upper lobe
LUOQ	Left upper outer quadrant
LUP ERYTH	Lupus erythematosus
LUQ	Left upper quadrant
LVI	Lymph/vascular invasion
M-CSF	Macrophage colony-stimulating factor
MALIG	Malignant
MAND	Mandible/mandibular
MAT	Multifocal arterial tachycardia
MAX	Maximum
MC	Medical center
MC(H)	Millicurie (hours)
MCG	Microgram
MCID	Mixed combined immunodeficiency
MCTD	Mixed connective tissue disease
MD	Moderately differentiated
MED	Medication
METS	Metastatic/Metastasis
MEV	Million electron volts
MG	Myasthenia gravis
MG(H)	Milligram (hours)
MI	Myocardial infarction
MICRO	Microscopic
MIN	Minimum
MIN	Minute
ML	Middle lobe

APPENDIX C

ABBREVIATION/SYMBOL	WORD/TERM(S)
ML	Milliliter
MM	Millimeter
MM	Multiple myeloma
MOD	Moderate (ly)
MOD DIFF	Moderately differentiated
MPVC	Multifocal premature ventricular contraction
MRCP	Magnetic resonance cholangiopancreatography
MRI	Magnetic resonance imaging
MRM	Modified radical mastectomy
MRSA	Methicillin Resistant Staphylococcus Aureus
MS	Multiple sclerosis
MSB	Main stem bronchus
MULT	Multiple
MVP	Mitral valve prolapse
NA	Not applicable
NED	No evidence of disease
NEG	Negative
NEOPL	Neoplasm
NEURO	Neurology
NH	Nursing home
NHL	Non-Hodgkins lymphoma
NL	Normal
NOS	Not otherwise specified
NR	Not recorded
NSCCA	Non small cell carcinoma
NSF	No significant findings
NVD	Neck vein distention
OB	Obstetrics
OBS	Organic brain syndrome
OBST	Obstructed (-ing, -ion)
OP	Outpatient
OP RPT	Operative report
OR	Operating room
ORTHO	Orthopedics
OTO	Otology

APPENDIX C

C-29

ABBREVIATION/SYMBOL	WORD/TERM(S)
OZ	Ounce
P32	Phosphorus 32
PAC	Premature atrial contraction
PALP	Palpated (-able)
PAP	Papanicolaou smear
PAP	Papillary
PATH	Pathology
PD	Poorly differentiated
PE	Physical examination
PEDS	Pediatrics
PERC	Percutaneous
PET	Positron emission tomography
PID	Pelvic inflammatory disease
PIN III	Prostatic intraepithelial neoplasia, grade III
PLT	Platelets
PMH	Past/personal (medical) history
PMP	Primary medical physician
POOR DIFF	Poorly differentiated
POS	Positive
POSS	Possible
POST	Posterior
POST OP	Postoperative (-ly)
PPD	Packs per day
PR, PRA	Progesterone receptor (assay)
PRE OP	Preoperative (-ly)
PREV	Previous
PROB	Probable (-ly)
PROCTO	Proctoscopy
PSA	Prostatic specific antigen
PT	Patient
PT	Physiotherapy/Physical therapy
PTA	Prior to admission
PTC	Percutaneous transhepatic cholecystogram
PUD	Peptic ulcer disease
PULM	Pulmonary
PVD	Peripheral vascular disease

APPENDIX C

ABBREVIATION/SYMBOL	WORD/TERM(S)
Q	Every
QD	Every day
QUAD	Quadrant
R/O	Rule out
RA	Rheumatoid arthritis
RAD	Radiation absorbed dose
RBBB	Right bundle branch block
RBC	Red blood cells (count)
RCM	Right costal margin
RE	Regarding
REC'D	Received
REG	Regular
RESEC	Resection (ed)
RHD	Rheumatic heart disease
RIA	Radioimmunoassay
RIQ	Right inner quadrant
RLE	Right lower extremity
RLL	Right lower lobe
RLQ	Right lower quadrant
RMC	Regional medical center
RML	Right middle lobe
ROF	Review of outside films
ROQ	Right outer quadrant
ROS	Review of outside slides
RSO	Right salpingo-oophorectomy
RSR	Regular sinus rhythm
RT	Radiation therapy
RT	Right
RUE	Right upper extremity
RUL	Right upper lobe
RUQ	Right upper quadrant
RX	Prescription
S/P	Status post
S1-S5	Sacral vertebra
S-SPINE	Sacral spine

APPENDIX C

C-31

ABBREVIATION/SYMBOL	WORD/TERM(S)
SATIS	Satisfactory
SB	Small bowel
SCC	Squamous cell carcinoma
SCID	Severe combined immunodeficiency syndrome
SGOT	Serum glutamic oxaloacetic transaminase
SGPT	Serum glutamic pyruvic transaminase
SIADH	Syndrome of inappropriate ADH
SIG COLON	Sigmoid colon
SLE	Systemic lupus erythematosus
SM	Small
SO	Salpingo-oophorectomy
SOB	Short(ness) of breath
SPEC	Specimen
SQ	Squamous
SS	Summary stage
SSS	Sick sinus syndrome
STSG	Split thickness skin graft
SUBCU	Subcutaneous
SURG	Surgery/Surgical
SUSP	Suspicious/suspected
SVC	Superior vena cava
SX	Symptoms
T-SPINE	Thoracic spine
TAH	Total abdominal hysterectomy
TAH-BSO	Total abdominal hysterectomy- bilateral salpingo-oophorectomy
TB	Tuberculosis
TCC	Transitional cell carcinoma
TIA	Transient ischemic attack
TRANS-COLON	Transverse colon
TTP	Thromboticthrombocytopenia purpura
TUR	Transurethral resection
TURB	Transurethral resection bladder
TURP	Transurethral resection prostate
TVC	True vocal cord
TVH	Total vaginal hysterectomy
TX	Treatment

APPENDIX C

ABBREVIATION/SYMBOL	WORD/TERM(S)
UE	Upper extremity
UGI	Upper gastrointestinal (series)
UIQ	Upper inner quadrant
UNDIFF	Undifferentiated
UNK	Unknown
UOQ	Upper outer quadrant
URI	Upper respiratory infection
US	Ultrasound
UTI	Urinary tract infection
VAG	Vagina/Vaginal
VAG HYST	Vaginal hysterectomy
VAIN III	Vaginal intraepithelial neoplasia (grade III)
VIN III	Vulvar intraepithelial neoplasia (grade III)
W/	With
W/F	White female
W/M	White male
W/O	Without
W/U	Work-up
WBC	White blood cells (count)
WD	Well differentiated
WELL DIFF	Well differentiated
WNL	Within normal limits
WPW	Wolff-Parkinson-White syndrome
XR	Xray
YR	Year

**NAACCR RECOMMENDED MEDICAL ABBREVIATION LIST
CONTEXT-SENSITIVE ABBREVIATIONS**

ABBREVIATION/SYMBOL	WORD/TERM(S)
AP	Anteroposterior
AP	Abdominal perineal
BM	Bone marrow
BM	Bowel movement
CA	Calcium
CA	Carcinoma
MIN	Minimum
MIN	Minute
ML	Milliliter
ML	Middle lobe
MM	Millimeter
MM	Multiple myeloma
PAP	Papillary
PAP	Papanicolaou smear
PT	Patient
PT	Physiotherapy/Physical therapy
RT	Right
RT	Radiation therapy

APPENDIX D

RACE CODING INSTRUCTIONS

Adopted from SEER Coding and Staging Manual 2025

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 2025

Priorities for Coding Multiple Races

List all races for the patient in this priority order.

1. Code **07** takes priority over all other codes
Example: Patient is described as Japanese and Hawaiian. Code Race 1 as 07 (Native Hawaiian), Race 2 as 05 (Japanese).
2. Codes **02-32, 96-97** take priority over code **01 and 98**
Example 1: Patient is described as White and Black. Code Race 1 as 02 (Black or African American), Race 2 as 01 (White).
Example 2: Patient is described as White, Chinese, Korean, Black, and Hawaiian. Code Race 1 as 07 (Native Hawaiian), Race 2 as 04 (Chinese), Race 3 as 08 (Korean), Race 4 as 02 (Black or African American), and Race 5 as 01 (White).
3. Code the specific race before the non-specific race when both a specific race code and a non-specific race code apply.
 - a. When more than five race fields are needed for specific race codes, omit the non-specific race code.
 - i. Codes 04-06, and 08-17 take priority over code 96
 - ii. Codes 16-17 take priority over code 15
 - iii. Codes 20-32 take priority over code 97
 - iv. Codes 01-32 and 96-97 take priority over code 98
 - v. Code 98 takes priority over code 99

Coding Instructions

1. Do not use patient name as the basis for coding race
 - a. See Coding Instruction 14, Exception, for the only situation in which name is taken into account when coding race
2. Code race using the highest priority source available according to the list below (a is the highest and c is the lowest) when race is reported differently by two or more sources. Use self-reported information as first priority.
 - a. Self-reported race information takes precedence over genetic testing and over information obtained through linkages. Generally, race information is used from linkages when race data are missing or unknown, or to enhance data. Self-reported information is the highest priority for coding race because the race information for the U.S. population comes from census data and that information is self-reported. For national cancer statistics, in order for the numerator (cancer cases) and the denominator (population) to be comparable, use self-reported race information whenever it is available.**Sources in Priority Order**
 - a. The patient's self-declared identification
 - b. Documentation in the medical record
 - c. Death certificate
3. Assign the same race code(s) for all tumors for one patient
4. Code the race(s) of the patient in data items Race 1, Race 2, Race 3, Race 4, and Race 5
 - a. Code **88** for the remaining race data items (Race 2 – Race 5) when at least one race, but fewer than five races, are reported
5. Use the associated text field to document when no race information is available
6. Code as **01** (White) when
 - a. The race is described as White or Caucasian regardless of place of birth
 - b. There is a statement that the patient is Hispanic or Latino(a) and no further information is available

- i. A person of Spanish origin may be any race; however, for coding race when there is no further information other than “Hispanic” or “Latino(a),” assign race as White as a last resort instead of coding unknown.

Example: Sabrina Fitzsimmons is a Latina. No further information is available. Code race as 01 (White).

Note 1: Do not code 98 (Other) in this situation.

Note 2: 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.

7. Code race as **02** (Black or African American) when the stated race is African American or Black
8. Assign code **03** for any person stated to be
 - a. Native Alaskan (western hemisphere) OR
 - b. American Indian, whether from North, Central, South, or Latin AmericaNote: Information from IHS linkage can be used to override unknown race. Code 03 can be added based on IHS linkage. Follow the priority rules for recording race above.
9. Code the race based on birthplace information when the race is recorded as Mongolian or Asian and the place of birth is recorded as China, Japan, the Philippines, or another Asian nation

Example 1: 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.

Example 2: The person describes himself as an Asian-American born in Laos. Code race as 11 (Laotian) because it is more specific than 96.
10. Use the appropriate non-specific code 96 (Other Asian including Asian, NOS), 97 (Pacific Islander, NOS), or 98 (Some other race) when there is no race code for a specific race

Note: Document the specified race in a text field.
11. Do not use code 98 alone for “multi-racial.” If multi-racial is the only information available, assign code 99. See Coding Examples below.
12. All race data items must be coded 99 (Unknown by patient) when Race 1 is coded 99 (Unknown by patient)

Note: Assign code 99 in Race 2 –Race 5 **only when** Race 1 is coded 99.
13. Assign code 99 for death certificate only (DCO) cases when race is unknown
14. Refer to the “Race and Nationality Descriptions” when race is unknown or not stated in the medical record and birthplace is recorded
 - a. In some cases, race may be inferred from the nationality. Use Appendix D to identify nationalities from which race codes may be inferred.

Example 1: Record states: “this native of Portugal...” Code race as 01 (White) per Appendix D.

Example 2: Record states: “this patient was Nigerian...” Code race as 02 (Black or African American) per Appendix D.

Exception: Code Race 1 through Race 5 as 99 (Unknown by patient) when patient’s name is incongruous with the race inferred on the basis of nationality.

Example 1: Patient’s birthplace is listed as England. Patient’s name is Siddhartha Rao. Do not use country of birth to code the patient as White. Use other information to code the race. If no additional information is available, code Race 1 through Race 5 as 99 (Unknown).

Example 2: Patient’s birthplace is Ethiopia. Patient’s name is Ping Chen. Do not use country of birth to code the patient as Black. Use other information to code the race. If no additional information is available, code Race 1 through Race 5 as 99 (Unknown).
15. When the patient face-sheet indicates “Race Other,” look for other descriptions of the patient’s race. When **no further race information is available, code race as 99 (Unknown by patient)** and document that patient face-sheet indicates “Race Other,” and no further race information is available.
16. Do not use patient photographs or images from social media to code race
17. Code the race data items in the order stated when no other priority applies
18. The race of parents, when known, may be used with caution to determine patient’s race in the absence of other more specific information (see coding examples 5 and 7)

Coding Examples

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).

Example 4: Patient described as a black female. Code as 02 (Black or African American).

Example 5: 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.

Example 6: Patient describes herself as multi-racial (nothing more specific) and nursing notes say “African□American.” Code Race 1 as 02 (Black or African American). Code Race 2 as 98 (Some other race). Code Race 3 through Race 5 as 88.

Example 7: The patient is described as Asian-American with Korean parents. Code race as 08 (Korean) because it is more specific than 96 (Asian) [-American].

Example 8: Race 1 through Race 5 in the cancer record are coded as 99 (Unknown by patient). The death certificate states race as black. Change cancer record for Race 1 to 02 (Black or African American) and Race 2 through Race 5 to 88.

Example 9: 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.

Example 10: Patient is stated to be Chinese and black. Code Race 1 as 04 (Chinese), code Race 2 as 02 (Black or African American). Code in the order stated when no other priority applies.

Example 11: Patient described as Middle Eastern. Code as 01 (White).

Example 12: Patient described as Greek. Code as 01 (White).

Example 13: Race 1 is coded by one facility as 02 (Black or African American) and Race 1 is coded by a different facility as 03 (American Indian or Alaska Native); no further documentation is provided. When consolidating records at the central cancer registry, code Race 1 as 02 (Black or African American) and Race 2 as 03 (American Indian or Alaska Native). If the patient is identified as Native American via the IHS linkage, follow usual procedures.

Example 14: Patient is from Guyana. Patient’s race is coded differently in multiple source records using codes such as 02 (Black or African American) for Race 1 or 98 (Some other race) or 15 (Asian Indian, NOS or Pakistani, NOS), for example; no further documentation is provided. When consolidating records at the central cancer registry, record all races reported in the appropriate priority order.

Example 15: Electronic medical record indicates patient is “Native Hawaiian or Other Pacific Islander.” Look for other descriptions of the patient’s race. When no other information is available, assign 07, Native Hawaiian, in Race 1 and assign 97, Pacific Islander, NOS in Race 2.

Example 16: Patient is “Belgian.” Medical record indicates “non-Hispanic, other race.” Patient appears white on scanned driver’s license photo. Assign race code 01 for white. “Belgium” is classified as “European” in Appendix D and European is included under the descriptions for white. Do not use photo to verify race.

**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

<u>Code</u>	<u>Definition</u>
96	Amerasian
16	Asian Indian
15	Asian Indian or Pakistani, NOS (code 09 prior to Version 12)
96	Asian
96	Asiatic
96	Bangladeshi
96	Bhutanese
96	Bornean
96	Bruneian
96	Burmese
13	Cambodian
96	Celebesian
96	Ceram
96	Ceylonese
04	Chinese
96	Eurasian
06	Filipino
12	Hmong
96	Indo-Chinese
96	Indonesian
05	Iwo Jiman
05	Japanese
96	Javanese
13	Kampuchean
08	Korean
11	Laotian
96	Maldivian
96	Madagascar
96	Malaysian
96	Mongolian
96	Montagnard
96	Nepalese
05	Okinawan
96	Oriental
96	Other Asian
17	Pakistani
96	Sikkimese
96	Singaporean
96	Sri Lankan
96	Sumatran
04	Taiwanese
14	Thai
96	Tibetan
10	Vietnamese
96	Whello
96	Yello

NATIVE HAWAIIAN AND OTHER PACIFIC ISLANDER CODES

<u>Code</u>	<u>Definition</u>
20	Bikinian
20	Carolinian
21	Chamorro
20	Chuukese
25	Cook Islander
20	Eniwetok, Enewetak
31	Fijian
22	Guamanian
07	Hawaiian
20	Kirabati
20	Kosraean
20	Kwajalein
97	Maori
20	Mariana Islander
20	Marshallese
30	Melanesian
20	Micronesian, NOS
07	Native Hawaiian
97	Nauruan
30	New Caledonian
30	New Hebrides
97	Other Pacific Islander
97	Pacific Islander
20	Palauan
32	Papua New Guinean
07	Part Hawaiian
20	Pohnpeian
25	Polynesian
20	Ponapean
20	Saipanese
27	Samoan
30	Solomon Islander
26	Tahitian
20	Tarawan
20	Tinian
25	Tokelauan
28	Tongan
20	Trukese
25	Tuvaluan
30	Vanuatuan
20	Yapese

98 OTHER RACE, NOT ELSEWHERE CLASSIFIED

Do not use this code for Hispanic, Latino or Spanish, NOS.

OTHER RACE DESCRIPTIONS

Note 1: The following descriptions of ethnic origin cannot be coded to a specific race code. Look for other descriptions of race in the medical record. If no further information is available, code as 99 Unknown.

Aruba Islander
Azerbaijani
Belizean
Bermudan
Cayenne
Cayman Islander
Guyanese
Indian (not specified as Native American,
 Eastern Indian, Northern, Central, or South
 American Indian)
Mestizo
Morena
South African
Surinam
Tejano

Note 2: The following terms self-reported in the 2000 Census cannot be coded to a specific race code. Look for other descriptions of race in the medical record. If no further information is available, code as 99 Unknown.

Biracial
Interracial
Mixed
Multiethnic
Multinational
Multiracial

Indian Tribes of the United States, Canada and Mexico (Race Code 03)

Source: National Center for Health Statistics: Appendix C, Instruction Manual, part 4: Classification and Coding Instructions For Death Records, 1999-2001.

Abnaki
Absentee-Shawnee
Acoma
Ak Chin
Alabama-Coushatt Tribes of Texas
Alsea
Apache
Arapaho
Arikara
Assiniboin
Atacapa
Athapaskan
Atsina
Aztec
Bear River

Beaver
Bella Coola
Beothuk
Blackfoot
Boold Piegan
Blue Lake
Brotherton
Caddo
Cakchiquel-Ienca
Calapooya
Carrier
Catawba
Cattaraugus
Cayuga
Cayuse
Chasta Costa
Chehalis
Chemehuevi
Cherokee
Chetco
Cheyenne
Cheyenne River Sioux
Chickahominy
Chickasaw
Chinook
Chipewyan
Chippewa
Chippewa-Ojibwa
Chiricahua Apache
Chitimacha
Choctaw
Chol
Chontal
Chorti
Chuckchansi
Chumash
Clallam
Clatsop
Clackamas
Clear Lake
Coast Salish
Cochimi
Cochiti
Cocopa
Coeur D'Alene Tribe of Idaho
Cocopah
Columbia
Colville
Comox
Comanche
Concow

Conquille
Coushatta
Covelo
Cow Creek
Cowichan
Cowlitz
Coyotero Apache
Cree
Creek
Crow
Crow Creek Sioux
Dakota
Delaware
Diegueno
Digger
Dog Rib
Duckwater
Eskimo
Euchi
Eyak
Flathead
Fort Hall Res. Tribe of Idaho
French Indian
Gabrieleno
Galice Creek
Gay Head
Gosiute
Gros Ventre
Haida
Han
Hare
Hat Creek
Hawasupai
Hidatsa
Hoh
Hoopa
Hopi
Houma
Hualapai
Huastec
Humboldt Bay
Hupa
Huron
Illinois
Ingalik
Iowa
Iroquois
Isleta
Jemez
Joshua
Juaneno

Jicarilla Apache
Kaibah
Kalispel
Kanosh Band of Paiutes
Kansa
Karankawa
Karok
Kaska
Kaw
Kawai
Keresan Pueblos
Kern River
Kichai
Kickapoo
Kiowa
Kiowa Apache
Kitamat
Klamath
Klikitat
Koasati
Kootenai Tribe of Idaho
Kusa
Kutchin
Kutenai
Kwakiutl
Lac Courte Dreille
Laguna
Lakmuit
Lipan Apache
Lower Brule Sioux
Luiseno
Lummi
Maidu
Makah
Malecite
Mandan
Maricopa
Mary's River
Mashpee
Mattaponi
Maya
Mayo
Mdewakanton Sioux
Menominee
Menomini
Mequendodon
Mescalero Apache
Miami
Micmac
Mission Indians
Missouri

Miwok
Mixe
Mixtec
Modoc
Mohave
Mohawk
Mohegan
Molala
Monachi
Mono
Montagnais
Montauk
Muckleshoot
Munsee
Nambe
Namsemond
Nanticoke
Narragansett
Naskapi
Natchez
Navaho
Navajo
Nez Perce
Niantic
Nipmuck
Nisenan-Patwin
Nisqually
Nomelaki
Nooksak
Nootka
Northern Paiute
Oglala Sioux
Okanogan
Omaha
Oneida
Onondaga
Opata
Opato
Osage
Oto
Otoe
Otomi
Ottawa
Ozette
Paiute
Pamunkey
Panamint
Papago
Passamaquoddy
Patwin
Pawnee

Pen d'Oreille
Penobscot
Peoria
Pequot
Picuris
Pima
Pit River
Pojoaque
Pomo
Ponca
Poosepatuck
Potawatomi
Potomac
Powhatan
Pueblos
Puyallup
Quapaw
Quechan
Quileute
Quinaietl
Quinault
Rappahannock
Rogue River
Rosebud Sioux
Sac and Fox
Saginaw
Salish
Sandia
San Felipe
San Ildefonso
San Juan
San Lorenzo
San Luis Obispo
San Luiseno
Sanpoil
Sanpoil Nespelem
Sant'ana
Santa Barbara
Santa Clara
Santa Ynez
Santee
Santee Sioux
Santiam
Sauk and Fox
Scaticook
Sekane
Seminole
Seneca
Seri
Shasta
Shawnee

Shinnecock
Shivwits Band of Paiutes
Shoshone
Shoshone-Bannock
Shuswap
Siouans
Sioux
Sisseton
Sisseton-Wahpeton Sioux
Siuslaw
Skagit Suiattle
Skokomish
Slave
Smith River
Snake
Snohomish
Snoqualmi
Songish Southern Paiute
Squaxin
Stockbridge
Sumo-Mosquito
Suquamish
Swinomish
Taimskin
Tanana
Tanoan Pueblos
Taos
Tarahumare
Tarascan
Tawakoni
Tejon
Tenino or Warm Springs
Tesuque
Teton
Teton Sioux
Tillamook
Timucua
Thlinget
Tolowa
Tonawanda
Tonkawa
Tonto Apache
Topinish
Totonac
Tsimshian
Tulalip
Tule River Indians
Tunica
Tuscarora
Tututni
Umatilla

Umpqua
Upper Chinook
Ute
Waca
Waicuri-Pericue
Wailaki
Walapai
Walla Walla
Wampanoag
Wapato
Warm Springs
Wasco
Washo
Washoe
Western Apache
Western Shoshone
Whilkut
Wichita
Wikchamni
Wind River Shoshone
Winnebago
Wintu
Wintun
Wishram
Wyandotte
Xicaque
Yahooskin
Yakima
Yamel
Yana
Yankton
Yanktonnais Sioux
Yaqui
Yaquina
Yavapai
Yawilmani
Yellow Knife
Yerington Paiute
Yokuts
Yokuts-Mono
Yomba Shoshone
Yuchi
Yuki
Yuma
Yurok
Zacatec
Zapotec
Zia
Zoque
Zuni

RACE AND NATIONALITY DESCRIPTIONS ALPHABETIC INDEX

A

03	Abnaki
03	Absentee -Shawnee
03	Acoma
01	Afghan, Afghanistani
02	African
02	African American
01	Afrikaner
02	Afro-American
03	Ak Chin
03	Alabama -Coushatt Tribes of Texas
03	Alaska Native
01	Albanian
03	Aleut
01	Algerian*
03	Alsea
96	Amerasian
03	American Indian
01	Amish*
01	Anglo-Saxon*
03	Apache
01	Arab, Arabian
03	Arapaho
01	Argentinian*†
03	Arikara
01	Armenian
96	Asian
96	Asiatic
03	Assiniboin
01	Assyrian
03	Atacapa
03	Athapaskan
03	Atsina
01	Australian*
01	Austrian*
01	Azores*
03	Aztec

B

02	Bahamian
96	Bangladeshi
02	Barbadian
01	Basque*
01	Bavarian*
03	Bear River
03	Beaver
03	Bella Coola
03	Beothuk

96 Bhutanese
 20 Bikinian
 02 Bilalian*
 02 Black
 03 Blackfoot
 03 Blue Lake
 01 Bolivian*†
 03 Boold Piegan
 96 Bornean
 02 Botswana
 01 Bozniak/Bosnian
 01 Brava/Bravo*
 01 Brazilian
 03 Brotherton
 96 Bruneian
 01 Bulgarian
 96 Burmese

C

03 Caddo
 01 Cajun
 03 Cakchiquel -Ienca
 03 Calapooya
 01 Californio
 13 Cambodian
 01 Canadian*
 02 Cape Verdean*
 20 Carolinian
 03 Carrier
 03 Catawba
 03 Cattaraugus
 01 Caucasian*
 03 Cayuga
 03 Cayuse
 96 Celebesian
 01 Central American†
 03 Central American
 Indian
 96 Ceram
 96 Ceylonese
 21 Chamorro
 03 Chasta Costa
 01 Chechnyan
 03 Chehalis
 03 Chemehuevi
 03 Cherokee
 03 Chetco
 03 Cheyenne
 03 Cheyenne River Sioux

01 Chicano*
 03 Chickahominy
 03 Chickasaw
 01 Chilean†

04	Chinese
03	Chinook
03	Chipewyan
03	Chippewa
03	Chippewa -Ojibwa
03	Chiricahua Apache
03	Chitimacha
03	Choctaw
03	Chol
03	Chontal
03	Chorti
03	Chuckchansi
03	Chumash
20	Chuukese
03	Clackamus
03	Clallam
03	Clatsop
03	Clear Lake
03	Coast Salish
03	Cochimi
03	Cochiti
03	Cocopa
03	Cocopah
03	Coeur D'Alene Tribe of Idaho
01	Colombian*†
03	Columbia
03	Colville
03	Comanche
03	Comox
03	Concow
03	Conquille
25	Cook Islander
01	Costa Rican*†
03	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	Quinaietl
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

2020 CENSUS LIST OF SPANISH SURNAMES

APPENDIX E **2020 CENSUS LIST OF SPANISH SURNAMES**

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

APPENDIX E **CENSUS LIST OF SPANISH SURNAMES**

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

APPENDIX E **2020 CENSUS LIST OF SPANISH SURNAMES**

E-3

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

APPENDIX E **CENSUS LIST OF SPANISH SURNAMES**

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

APPENDIX E **2020 CENSUS LIST OF SPANISH SURNAMES**

ANZUA	ARACENA	ARANGURE	ARCA	ARCOS
ANZUALDA	ARACHE	ARANGUREN	ARCACHA	ARCOVERDE
ANZUETO	ARADILLAS	ARANIBAR	ARCADIA	ARCULETA
ANZULES	ARAGO	ARANJON	ARCARAZO	ARDAIZ
ANZURES	ARAGON	ARANO	ARCAS	ARDANAZ
APABLASA	ARAGONES	ARANZA	ARCAUTE	ARDANS
APADACA	ARAGONEZ	ARANZAZU	ARCAY	ARDANZ
APAEZ	ARAGUAS	ARANZUBIA	ARCAYA	ARDAVIN
APALATEGUI	ARAGUNDI	ARAOZ	ARCE	ARDIGO
APALATEQUI	ARAGUS	ARQUE	ARCEGA	ARDILA
APARICIO	ARAGUZ	ARATER	ARCELAY	ARDILLA
APELLANIZ	ARAICA	ARAUGO	ARCELO	ARDOIS
APEZTEGUIA	ARAIN	ARAUS	ARCELONA	ARDON
APODACA	ARAIZ	ARAUSA	ARCENTALES	AREA
APODACO	ARAIZA	ARAUX	ARCEO	AREAN
APODOCA	ARAMAYO	ARAUZ	ARCHE	AREAS
APOLINAR	ARAMBEL	ARAUZA	ARCHIBEQUE	AREBALO
APONTE	ARAMBUL	ARAVENA	ARCHILA	AREBALOS
APORTELA	ARAMBULA	ARAVJO	ARCHILLA	ARECES
APRATO	ARAMBULO	ARAYA	ARCHULETA	ARECHAGA
APRICIO	ARAMBURO	ARAYATA	ARCHULETO	ARECHAVAleta
APUAN	ARAMBURU	ARBALLO	ARCHULETTA	ARECHE
AQUAYO	ARAMENDIA	ARBELAEZ	ARCHULTA	ARECHIGA
AQUERO	ARAN	ARBELBIDE	ARCHUNDE	ARECO
AQUEVEQUE	ARANA	ARBELLO	ARCHUNDIA	AREDONDO
AQUIAR	ARANALDE	ARBELO	ARCHUTETA	AREGON
AQUILAR	ARANAS	ARBESU	ARCHVLETA	AREGULLIN
AQUILERA	ARANAZ	ARBIDE	ARCIA	AREIZAGA
AQUILES	ARANCIBIA	ARBISO	ARCIAGA	AREJULA
AQUILLAR	ARANDA	ARBIZO	ARCIBA	ARELANO
AQUIN	ARANDIA	ARBIZU	ARCIDES	ARELLANA
AQUINAGA	ARANDO	ARBOLAEZ	ARCIGA	ARELLAND
AQUINES	ARANDULES	ARBOLAY	ARCILA	ARELLANDO
AQUIRRE	ARANEGUI	ARBOLEDA	ARCINAS	ARELLANES
ARA	ARANETA	ARBOLEYA	ARCINIAGA	ARELLANEZ
ARABALO	ARANGO	ARBONA	ARCINIEGA	ARELLANO
ARABI	ARANGUA	ARBUCIAS	ARCINO	ARELLANOS
ARABITG	ARANGUIZ	ARBURUA	ARCIZO	ARELLIN

APPENDIX E **CENSUS LIST OF SPANISH SURNAMES**

ARENAL	ARGUELLES	ARISTIZABAL	ARMENDIA	AROZENA
ARENAS	ARGUELLEZ	ARISTO	ARMENGOL	ARPON
ARENAZ	ARGUELLO	ARISTONDO	ARMENTA	ARQUELLES
ARENAZA	ARGUERA	ARISTUD	ARMENTERO	ARQUELLO
ARENCIBIA	ARGUESO	ARISTY	ARMENTEROS	ARQUER
ARENDAIN	ARGUETA	ARIYASU	ARMERO	ARQUERO
ARENIBAS	ARGUEZ	ARIZ	ARMESTO	ARQUES
ARENIVAR	ARGUIJO	ARIZA	ARMIENTA	ARQUETA
ARENIVAS	ARGUILEZ	ARIZABAL	ARMIGO	ARQUIMBAU
ARES	ARGUILLES	ARIZABALETA	ARMIJO	ARQUIZA
ARESTEGUI	ARGUILLIN	ARIZAGA	ARMIJOS	ARRABAL
AREU	ARGUINDEGUI	ARIZALA	ARMINAN	ARRACHE
AREVALO	ARGUINZONI	ARIZALETA	ARMINANA	ARRAIGA
AREVALOS	ARGULA	ARIZMENDEZ	ARMITO	ARRAIZA
AREYAN	ARGULLIN	ARIZMENDI	ARMO	ARRAMBIDE
AREYANO	ARGUMANIZ	ARIZMENDIS	ARMOLA	ARRANAGA
ARFE	ARGUMEDO	ARIZMENDIZ	ARMORA	ARRASTIA
ARGAEZ	ARGUMOSA	ARIZOLA	ARNADO	ARRATIA
ARGAIN	ARIA	ARIZON	ARNAEZ	ARRAYA
ARGAIS	ARIAS	ARIZPE	ARNAIZ	ARRAZCAETA
ARGANDA	ARIAZ	ARIZTIA	ARNALDO	ARRAZOLA
ARGANDONA	ARIAZA	ARIZU	ARNAVAT	ARREA
ARGANZA	ARIBAS	ARJON	ARNEDO	ARREAGA
ARGEANAS	ARICHETA	ARJONA	ARNERO	ARREALA
ARGEL	ARIEY	ARMADA	ARNIELLA	ARREAZOLA
ARGENAL	ARIGA	ARMADILLO	AROCENA	ARBOLA
ARGENTIN	ARIGULLIN	ARMADO	AROCHA	ARRECHE
ARGIBAY	ARILES	ARMAIZ	AROCHE	ARRECHEA
ARGIL	ARINEZ	ARMANDARIZ	AROCHI	ARREDENDO
ARGILAGOS	ARINO	ARMARIO	AROCHO	ARREDONDA
ARGIZ	ARISMENDEZ	ARMAS	AROIZA	ARREDONDO
ARGOMANIZ	ARISMENDI	ARMENDA	AROS	ARREGUI
ARGOTE	ARISOLA	ARMENDARES	AROSEMENA	ARREGUIN
ARGUDIN	ARISPE	ARMENDAREZ	AROSTEGUI	ARREGUY
ARGUDO	ARISSO	ARMENDARIS	AROYA	ARELLANO
ARGUELIES	ARISTA	ARMENDARIZ	AROYO	ARELLIN
ARGUELL	ARISTE	ARMENDEZ	AROEZ	ARENDO

APPENDIX E

2020 CENSUS LIST OF SPANISH SURNAMES

ARRENDONDO	ARRONDO	ARTILES	ASCARRUNZ	ASUEGA
ARRENQUIN	ARRONGE	ARTIME	ASCENCIO	ASUNSOLO
ARREOLA	ARRONIZ	ARTIZ	ASCENCION	ASURMENDI
ARREQUIBE	ARRONTE	ARTOLA	ASCENSIO	ASUSTA
ARREQUIN	ARROYA	ARTOLOZAGA	ASCUNCE	ATALA
ARRESTOY	ARROYAS	ARTURET	ASEBEDO	ATANACIO
ARRETCHE	ARROYAVE	ARTUZ	ASENCIO	ATANCIO
ARREY	ARROYO	ARUCA	ASENCION	ATAYDE
ARREYGUE	ARROYOS	ARUFE	ASENJO	ATECA
ARREZOLA	ARROZ	ARUIZU	ASENSIO	ATEHORTUA
ARRIAGA	ARRUE	ARUJO	ASEO	ATENCIO
ARRIAGO	ARRUFAT	ARUS	ASEVEDO	ATIENZA
ARRIARAN	ARSATE	ARUZ	ASEVES	ATIENZO
ARRIASOLA	ARSOLA	ARVALLO	ASIS	ATILANO
ARRIAZA	ARSUAGA	ARVAYO	ASOMOZA	ATILES
ARRIAZOLA	ARTACHE	ARVELO	ASPEITIA	ATONDO
ARRIBA	ARTALEJO	ARVISU	ASPERIN	ATRA
ARRIBAS	ARTAU	ARVIZA	ASPEYTIA	ATRIO
ARRIERA	ARTAUD	ARVIZO	ASPIAZU	ATTENCIO
ARRIERO	ARTAVIA	ARVIZU	ASPILLAGA	ATUCHA
ARRIETA	ARTAZA	ARZA	ASPIRAS	AUCES
ARRIETE	ARTEA	ARZABAL	ASPRA	AUDELO
ARRIETTA	ARTEAGA	ARZABALA	ASPURIA	AUFFANT
ARRIGA	ARTEAGO	ARZAGA	ASPURO	AUGILAR
ARRILLAGA	ARTECHE	ARZAGOITIA	ASPURU	AUILA
ARRIOLA	ARTECONA	ARZAMENDI	ASSEO	AUILES
ARRIQUIDEZ	ARTEGA	ARZAPALO	ASSIS	AULET
ARRISOLA	ARTEGO	ARZATE	ASTACIO	AUMADA
ARRITOLA	ARTELLAN	ARZAVE	ASTENCIO	AURIOLES
ARRIVILLAGA	ARTERO	ARZENO	ASTENGO	AURRECOECHEA
ARRIZOLA	ARTESONA	ARZOLA	ASTIAZARAN	AUZA
ARRIZON	ARTETA	ARZON	ASTIZ	AVALA
ARROCENA	ARTIAGA	ARZU	ASTOL	AVALO
ARROJAS	ARTIDIELLO	ARZUAGA	ASTORGA	AVALOS
ARROJO	ARTIEDA	ASAD	ASTRAN	AVALOZ
ARROLLADO	ARTIGA	ASCANO	ASTUDILLO	AVARCA
ARROLLO	ARTIGAS	ASCAR	ASTURIAS	AVECHUCO
ARRONA	ARTIGO	ASCARATE	ASUA	AVECILLAS

APPENDIX E **CENSUS LIST OF SPANISH SURNAMES**

AVELAR	AYORA	BACALLAO	BAHAMONDE	BALAREZO
AVELLAN	AYOROA	BACARDI	BAHAMONDES	BALARIN
AVELLANAL	AYUSO	BACCA	BAHAMUNDI	BALART
AVELLANEDA	AZA	BACELIS	BAHENA	BALASQUIDE
AVELLANET	AZARES	BACERRA	BAIDA	BALBANEDA
AVENDANO	AZCANO	BACHICA	BAIGEN	BALBAS
AVIGUEL	AZCARATE	BACILIO	BAILEZ	BALBASTRO
AVILA	AZCARRAGA	BACOS	BAILLERES	BALBIN
AVILAS	AZCARRETA	BACOSA	BAILON	BALBINA
AVILES	AZCOITIA	BADA	BAIRES	BALBOA
AVILEZ	AZCONA	BADAJOS	BAISA	BALBONA
AVILLAN	AZCUE	BADAJOSA	BAISDON	BALBONTIN
AVILUCEA	AZCUI	BADELLA	BAIZ	BALBUENA
AVINA	AZCUY	BADELLO	BAIZA	BALCACER
AVITA	AZIOS	BADIA	BAJADA	BALCARCEL
AVITEA	AZNAR	BADIAL	BAJANA	BALCAZAR
AVITIA	AZNAREZ	BADIAS	BAJANDAS	BALCELLS
AVITUA	AZOCA	BADILLA	BAJE	BALCORTA
AYABARRENO	AZOCAR	BADILLO	BAJO	BALDARAMOS
AYALA	AZOFRA	BADIO	BALADES	BALDARRAMA
AYALLA	AZOR	BADIOLA	BALADEZ	BALDARRAMOS
AYALO	AZOY	BAELLA	BALADO	BALDAZO
AYAN	AZPEITIA	BAELLO	BALADRON	BALDELOMAR
AYARZAGOITIA	AZPIAZU	BAENA	BALAEZ	BALDENEGRO
AYBAR	AZPIRI	BAERGA	BALAGIA	BALDEON
AYCART	AZPIROZ	BAESA	BALAGOT	BALDERA
AYENDE	AZUA	BAEZ	BALAGUE	BALDERAMA
AYERBE	AZUARA	BAEZA	BALAGUER	BALDERAMOS
AYERDI	AZUCENA	BAEZCRUZ	BALAGUERA	BALDERAS
AYERZA	AZUELA	BAGU	BALAIS	BALDERAZ
AYES	AZUETA	BAGUE	BALAJADIA	BALDEROS
AYESTARAN	AZURDIA	BAGUER	BALANDRA	BALDERRAMA
AYLLON	BABARAN	BAGUERO	BALANDRAN	BALDERS
AYMAT	BABIDA	BAGUES	BALANDRANO	BALDEVARONA
AYMERICH	BABILONIA	BAGUEZ	BALANGA	BALDEZ
AYOLA	BABIO	BAHADUE	BALANON	BALDILLEZ
AYON	BACA	BAHAMON	BALANZA	BALDIT

APPENDIX E **2020 CENSUS LIST OF SPANISH SURNAMES**

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BALDIVIA	BALLEZ	BANDIN	BARBOLA	BAROCIO
BALDIVIEZ	BALLEZA	BANDURRAGA	BARBONTIN	BAROJAS
BALDIZAN	BALLI	BANEGAS	BARBOSA	BAROS
BALDIZON	BALLINA	BANEZ	BARCALA	BAROSELA
BALDOMERO	BALLINAS	BANIQUED	BARCELO	BAROZ
BALDONADO	BALLOTE	BANOS	BARCELON	BARQUERA
BALDOQUIN	BALMACEDA	BANREY	BARCENA	BARQUERO
BALDOR	BALMANA	BANUELAS	BARCENAS	BARQUET
BALDOVINO	BALMASEDA	BANUELOS	BARCENES	BARQUEZ
BALDOVINOS	BALMORES	BANUET	BARCENEZ	BARQUIN
BALDOZ	BALOSSO	BANVELOS	BARCENILLA	BARRAD
BALDRICHE	BALSA	BAO	BARCIA	BARRAGAN
BALEME	BALSECA	BAPTISTO	BARCIGALUPIA	BARRAGAR
BALENCIA	BALSEIRO	BAQUEDANO	BARCIMO	BARRAGON
BALERIO	BALSERA	BAQUERA	BARCINAS	BARRAJAS
BALERO	BALSINDE	BAQUERIZO	BARCON	BARRAL
BALESTERRI	BALTAR	BAQUERO	BARCOS	BARRALES
BALGOS	BALTASAR	BAQUIRAN	BARDALES	BARRAMEDA
BALIA	BALTAZAR	BARAGAN	BARDINAS	BARRANDEY
BALIDO	BALTIERRA	BARAGANA	BARDISA	BARRANO
BALINA	BALTIERREZ	BARAGAS	BAREA	BARRANTES
BALIZAN	BALTODANO	BARAHONA	BARED	BARRAQUE
BALLADARES	BALUJA	BARAJAS	BARELA	BARRARA
BALLADAREZ	BALVANEDA	BARAJOS	BARELAS	BARRASA
BALLAGAS	BALVERDE	BARALT	BARENCO	BARRATACHEA
BALLARDO	BALZOLA	BARANDA	BARENO	BARRAZ
BALLATE	BAMUELOS	BARANDIARAN	BARETTO	BARRAZA
BALLEJO	BANA	BARASORDA	BAREZ	BARREDA
BALLEJOS	BANAGA	BARAY	BARGARA	BARREDO
BALLERAS	BANAGAS	BARAZ	BARGAS	BARREGO
BALLESTA	BANALES	BARBA	BARGOS	BARREIRO
BALLESTAS	BANANDO	BARBACHANO	BARGUIARENA	BARRENA
BALLESTE	BANARER	BARBARENA	BARILLAS	BARRENECHE
BALLESTER	BANARES	BARBASA	BARIN	BARRENECHEA
BALLESTERAS	BANCES	BARBEITO	BARINAS	BARRENO
BALLESTERO	BANCIELLA	BARBERAN	BARLOCO	BARRERA
BALLESTEROS	BANDA	BARBERENA	BARNACHEA	BARRERAGARCIA
BALLESTROS	BANDERAS	BARBOA	BARO	BARRERAS

APPENDIX E **CENSUS LIST OF SPANISH SURNAMES**

BARRERAZ	BARZILLA	BASURA	BAYUGA	BEJAR
BARRERO	BARZIZA	BASURCO	BAZA	BEJARAN
BARRETA	BARZOLA	BASURTO	BAZAIN	BEJARANO
BARRETO	BAS	BATALLA	BAZALDUA	BEJERANO
BARREZUETA	BASABE	BATALLAN	BAZAMAN	BEJINES
BARRIA	BASADRE	BATAN	BAZAN	BEJINEZ
BARRIAGA	BASAITES	BATANIDES	BAZAURE	BELA
BARRIAL	BASALDO	BATILLA	BAZUA	BELANCOURT
BARRIAS	BASALDU	BATINE	BAZURTO	BELANDRES
BARRIENTES	BASALDUA	BATIST	BEADA	BELARDE
BARRIENTEZ	BASALDUE	BATISTA	BEANES	BELARDES
BARRIENTO	BASALLO	BATIZ	BEAS	BELARDO
BARRIENTOS	BASALO	BATIZA	BEAZ	BELASQUEZ
BARRIERA	BASALOVA	BATLLE	BECARIA	BELASQUIDA
BARRIERO	BASANES	BATLLIA	BECCERA	BELAUNDE
BARRIGA	BASANEZ	BATRES	BECCERRA	BELAUNZARAN
BARRILLAS	BASANO	BATREZ	BECEIRO	BELAUSTEGUI
BARRIO	BASANTES	BATRIZ	BECENA	BELAVAL
BARRIONUEVO	BASCON	BATULE	BECERA	BELCHEZ
BARRIOS	BASCONCILLO	BAUSA	BECERRA	BELDEROL
BARRO	BASCOY	BAUSTISTA	BECERRIL	BELÉN
BARROCAS	BASCUAS	BAUTA	BECERRO	BELÉNDEZ
BARRONA	BASDEO	BAUTISTA	BECHARA	BELETTE
BARROSA	BASILLA	BAUZA	BECHO	BELEZ
BARROSO	BASOCO	BAUZO	BECUAR	BELIO
BARROTERAN	BASORA	BAYANILLA	BEDIA	BELLAFLORES
BARROZA	BASQUES	BAYARDO	BEDOLLA	BELLEZ
BARROZO	BASQUEZ	BAYARENA	BEDOY	BELLIARD
BARRUECO	BASTANCHURY	BAYAS	BEDOYA	BELLIDO
BARRUETA	BASTARDO	BAYCORA	BEGA	BELLMAS
BARSENAS	BASTERRECHEA	BAYDES	BEGANO	BELLOSO
BARTOLOME	BASTIDA	BAYLINA	BEGONA	BELMARES
BARTOLOMEY	BASTIDAS	BAYLON	BEGUIRISTAIN	BELMAREZ
BARTUREN	BASTIDOS	BAYO	BEIRO	BELMONTES
BARZA	BASUA	BAYON	BEISTEGUI	BELMONTEZ
BARZAGA	BASUALDO	BAYONA	BEITIA	BELMUDES
BARZANA	BASULTO	BAYRON	BEITRA	BELMUDEZ

APPENDIX E **2020 CENSUS LIST OF SPANISH SURNAMES**

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BELNAS	BENITOA	BERLANGO	BERRUECO	BIANGEL
BELOZ	BENOVIDEZ	BERMEA	BERRUECOS	BIAR
BELTRA	BENTA	BERMEJILLO	BERSOSA	BIASCOECHEA
BELTRAN	BENTANCOUR	BERMEJO	BERSOZA	BIBIAN
BELTRANENA	BENTANCOURT	BERMEO	BERTAINA	BIBIANO
BELTRE	BENTANCUD	BERMUDA	BERTOT	BIBILONI
BELVADO	BENTANCUR	BERMUDES	BERTRAN	BICHARA
BENABE	BENTURA	BERMUDEZ	BERUBEN	BIDABE
BENABIDES	BENUDIZ	BERMUNDEZ	BERUMEN	BIDAL
BENADO	BENUN	BERNABE	BERUVIDES	BIDART
BENALCAZAR	BENZAQUEN	BERNAL	BERZOZA	BIDET
BENALLO	BEVIDES	BERNALDEZ	BESA	BIDO
BENAUIDES	BEQUER	BERNALL	BESADA	BIDOT
BENAVIDIZ	BERAIN	BERNARDEZ	BESARES	BIEDMA
BENAVENT	BERASATEGUI	BERNDES	BESCOS	BIELMA
BENAVENTE	BERAZA	BERNELL	BESERRA	BIENES
BENAVIDAS	BERBAN	BERNEZ	BESINAIZ	BIERA
BENAVIDES	BERBENA	BERNUDEZ	BESTARD	BIGON
BENAVIDEZ	BERBER	BEROIZ	BESTEIRO	BILANO
BENAVIDOS	BERBERENA	BERONDA	BESU	BILBAO
BENCOMO	BERCEDONIS	BERRAYARZA	BETANCE	BILBRAUT
BENCOSME	BERDEAL	BERRELES	BETANCES	BILLAFRANCO
BENDALIN	BERDECIA	BERRELEZ	BETANCIS	BILLALBA
BENDAMIO	BERDEJA	BERRELLEZ	BETANCOURT	BILLALOBOS
BENEGAS	BERDEJO	BERRELLEZA	BETANCOURTH	BILLESCAS
BENEJAN	BERDUGO	BERRERA	BETANCUR	BINAS
BENERO	BERDUSCO	BERREYESA	BETANCURT	BINELO
BENESTANTE	BEREA	BERRIOS	BETETA	BINGOCHEA
BENETEZ	BEREAL	BERRIOZABAL	BETHENCOURT	BINIMELIS
BENEVIDEZ	BERENGUER	BERRIZ	BETONCOURT	BIRBA
BENGOA	BERENY	BERROA	BETRAN	BIRONDO
BENGOCHEA	BERGADO	BERROCAL	BEXAR	BIRRIEL
BENIGUEZ	BERGARA	BERROCALES	BEZA	BIRRUETA
BENINE	BERGEZ	BERRONES	BEZANILLA	BISA
BENIQUEZ	BERGOLLA	BERROS	BEZARES	BISBAL
BENITES	BERICOCHEA	BERROSPE	BEZERRA	BISCAILUZ
BENITEZ	BERJAN	BERROTERAN	BIANE	BISCAINO
BENITO	BERLANGA	BERRU	BIANES	BISCAYART

APPENDIX E **CENSUS LIST OF SPANISH SURNAMES**

BISTRAIN	BOEZ	BORDAGARAY	BOTAS	BREMA
BISUANO	BOFILL	BORDALLO	BOTELL	BRENES
BITELA	BOGARIN	BORDANO	BOTELLA	BRENLLA
BITHORN	BOHORQUEZ	BORDAYO	BOTELLO	BRETADO
BITOLAS	BOILES	BORDEGARAY	BOTERO	BRETO
BLADUELL	BOITES	BORDENAVE	BOTILLER	BRETOS
BLAJOS	BOJORGES	BORDOY	BOTILLO	BRIALES
BLANCARTE	BOJORGUEZ	BOREGO	BOUCOURT	BRIANO
BLANCAS	BOJORQUES	BORELA	BOULLON	BRIAS
BLANCO	BOJORQUEZ	BORERO	BOUZA	BRIBIESCA
BLANCOCERDA	BOLADERES	BORGUEZ	BOUZAS	BRIBIESCAS
BLANES	BOLADO	BORJA	BOVADILLA	BRICENO
BLANQUET	BOLANO	BORJAS	BOVEDA	BRIENO
BLANQUEZ	BOLANOS	BORJON	BOVES	BRIEVA
BLANQUIZ	BOLEDA	BORNIA	BRACAMONTE	BRIGNONI
BLASQUEZ	BOLET	BORONDA	BRACAMONTES	BRIJALBA
BLAYA	BOLIVAR	BORONDO	BRACAMONTEZ	BRIJIL
BLAZQUEZ	BOLOIX	BOROVAY	BRACERO	BRILLANTES
BLEA	BOLTARES	BORQUEZ	BRACEROS	BRINGAS
BLONDET	BOLUFE	BORRAJO	BRACHO	BRINGUEZ
BOADA	BOMBALIER	BORRAS	BRADOR	BRIO
BOADO	BONACHEA	BORRAYO	BRAMASCO	BRIONES
BOBADILLA	BONAFONT	BORREGO	BRAMBILA	BRIONEZ
BOBADILLO	BONAL	BORRER	BRAMBILL	BRISENO
BOBE	BONALES	BORRERO	BRAN	BRISITA
BOBEA	BONEFONT	BORRICO	BRANA	BRISO
BOBEDA	BONET	BORRIOS	BRANCACHO	BRISUELA
BOBELE	BONETA	BORROEL	BRANCACIO	BRITO
BOBIAN	BONICHE	BORROTO	BRANDARIZ	BRIZ
BOBILLO	BONILLA	BORRUEL	BRANUELAS	BRIZAL
BOCACHICA	BONILLAS	BORUNDA	BRASSELERO	BRIZENO
BOCANEGRA	BONILLO	BOSMENIER	BRASUEL	BRIZO
BOCARDÓ	BONUZ	BOSQUE	BRAULIO	BRIZUELA
BOCHAS	BORAD	BOSQUES	BRAVO	BROCAS
BODERO	BORBOA	BOSQUEZ	BREA	BROCHE
BODIROGA	BORBOLLA	BOTANA	BRECEDA	BRONDO
BOERAS	BORBON	BOTARD	BREIJO	BROTONS

APPENDIX E **2020 CENSUS LIST OF SPANISH SURNAMES**

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BRUCELAS	BUITUREIDA	BURSIAGA	CAAMANO	CABEZAS
BRUCIAGA	BUITUREIRA	BURUATO	CAAMPUED	CABEZUDO
BRUGUERA	BUJAN	BUSIGO	CABA	CABEZUELA
BRUGUERAS	BUJANDA	BUSQUET	CABADA	CABIAS
BRUSUELAS	BUJANOS	BUSQUETS	CABAL	CABIDO
BRUZOS	BUJOSA	BUSTABAD	CABALEIRO	CABIEDES
BUANTELO	BULERIN	BUSTABADE	CABALLA	CABIGAS
BUBELA	BULLAS	BUSTAMANTE	CABALLER	CABILLO
BUCETA	BULNES	BUSTAMANTES	CABALLERO	CABLA
BUCIO	BULOS	BUSTAMANTEZ	CABALLEROS	CABRALES
BUELNA	BULTRON	BUSTAMARTE	CABALLES	CABRALEZ
BUENABAD	BURBANO	BUSTAMENTE	CABALLO	CABRANES
BUENAFE	BURBOA	BUSTAMONTE	CABAN	CABRE
BUENAVENTURA	BURCET	BUSTANANTE	CABANAS	CABREJA
BUENCONSEJO	BURCIAGA	BUSTAS	CABANELAS	CABREJAS
BUENDEL	BURCIAGO	BUSTED	CABANERO	CABREJOS
BUENDIA	BURCOS	BUSTELO	CABANILLAS	CABRER
BUENFIL	BURDEOS	BUSTEMANTE	CABANZON	CABRERA
BUENO	BURGADO	BUSTILLO	CABARCAS	CABRERAS
BUENROSTRO	BURGARA	BUSTILLOS	CABARCOS	CABRERIZO
BUENRROSTRO	BURGENO	BUSTINZA	CABARGA	CABRERO
BUENSUCESO	BURGOA	BUSTIO	CABASA	CABRERRA
BUENTELLO	BURGOS	BUSTO	CABASIER	CABRET
BUENTEO	BURGUAN	BUSTOS	CABASOS	CABREVA
BUENTIEMPO	BURGUENO	BUSTOZ	CABASSA	CABRIALES
BUENTILLO	BURGUETE	BUSUTIL	CABASSO	CABRIELES
BUERAS	BURIEL	BUTANDA	CABAZA	CABRILES
BUERES	BURILLO	BUTERO	CABAZOS	CABRILLO
BUERGO	BURITICA	BUTRON	CABEIRO	CABRILLOS
BUFANDA	BURNEO	BUTTANDA	CABEJE	CABRISAS
BUGALLO	BURNIAS	BUXEDA	CABELLERO	CABRITO
BUGARIN	BURQUEZ	BUXO	CABELLO	CABRON
BUIGAS	BURRA	BUYON	CABERA	CABUENA
BUIGUES	BURRIEL	BUZANI	CABERERA	CABUTO
BUILES	BURRIOLA	BUZNEGO	CABERRA	CACERAS
BUILTRON	BURROLA	BUZO	CABESUELA	CACERES
BUITRAGO	BURRON	CAAL	CABEZA	CACEREZ
BUITRON	BURRUEL	CAAMAL	CABEZADEBACA	CACHARRON

APPENDIX E **CENSUS LIST OF SPANISH SURNAMES**

CACHO	CAJIDE	CALERA	CALVILLO	CAMCHO
CACHON	CAJIGA	CALERO	CALVO	CAMEJO
CACHORA	CAJIGAL	CALEZ	CALZADA	CAMERENA
CACHUA	CAJIGAS	CALIBO	CALZADIAS	CAMERO
CACICEDO	CAJINA	CALIENES	CALZADILLA	CAMEZ
CADAHIA	CAJO	CALIX	CALZADILLAS	CAMILO
CADAVA	CAJUSTE	CALIXTO	CALZADO	CAMINA
CADAVAL	CALABAZA	CALIXTRO	CALZIA	CAMINAS
CADAVID	CALAFAT	CALIZ	CALZONCIN	CAMINERO
CADAVIECO	CALAFELL	CALLADO	CAMACH	CAMOCHO
CADEMA	CALAMA	CALLANTA	CAMACHE	CAMORODA
CADENA	CALAMACO	CALLAVA	CAMACHO	CAMPA
CADENAS	CALAMARS	CALLAZO	CAMAMA	CAMPACOS
CADENAZ	CALAMON	CALLE	CAMANCHO	CAMPANERIA
CADENGO	CALANA	CALLEIRO	CAMANEZ	CAMPANIONI
CADIerno	CALANCHE	CALLEJAS	CAMANO	CAMPAS
CADILLA	CALANDRES	CALLEJO	CAMARAZA	CAMPAZ
CADILLO	CALAS	CALLEJON	CAMARELLA	CAMPERO
CADIS	CALATAYUD	CALLEJOS	CAMARENA	CAMPILLO
CADIZ	CALBILLO	CALLELLA	CAMARENO	CAMPINS
CADORNIGA	CALCADO	CALLEROS	CAMARERO	CAMPIRANO
CADRIEL	CALCANEO	CALLES	CAMARGO	CAMPISTA
CAGIGA	CALCANO	CALLEYRO	CAMARILLO	CAMPIZ
CAGIGAL	CALCINES	CALLINICOS	CAMARO	CAMPOAMOR
CAGIGAS	CALDA	CALLISTRO	CAMARON	CAMPODONICA
CAGUIAS	CALDARON	CALOCA	CAMARRILLO	CAMPOLLA
CAHUE	CALDAS	CALOMARDE	CAMAYA	CAMPOMANES
CAICEDO	CALDELAS	CALONGA	CAMAYD	CAMPORREDONDO
CAIGOY	CALDERA	CALONGE	CAMBA	CAMPOS
CAILLAU	CALDERAS	CALONJE	CAMBALIZA	CAMPOSAGRADO
CAINAS	CALDERILLA	CALSADA	CAMBERO	CAMPOVERDE
CAINZOS	CALDERIN	CALSADILLAS	CAMBEROS	CAMPOY
CAJAR	CALDERO	CALVEIRO	CAMBIANICA	CAMPOZ
CAJAS	CALDERON	CALVERA	CAMBIS	CAMPOZANO
CAJEN	CALDEVILLA	CALVERO	CAMBLOR	CAMPUSANO
CAJERO	CALEJO	CALVES	CAMBO	CAMPUZANO
CAJIAO	CALENZANI	CALVET	CAMBON	CAMUEIRAS

APPENDIX E **2020 CENSUS LIST OF SPANISH SURNAMES**

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CAMUNAS	CANDELAS	CANTOYA	CARABALLO	CARBAJALES
CAMUNES	CANDELERIA	CANTRE	CARABALLOPEREZ	CARBAJO
CAMUNEZ	CANDIA	CANTRES	CARABANTES	CARBALLAR
CANA	CANDIAS	CANTU	CARABAY	CARBALLEA
CANABA	CANEDA	CANTUA	CARABAZA	CARBALLEIRA
CANABAL	CANEDO	CANTUTIJERINA	CARABELLA	CARBALLIDO
CANABATE	CANEGATA	CANUELAS	CARABEO	CARBALLO
CANAHUATI	CANEIRO	CANZONA	CARABES	CARBALLOSA
CANALDA	CANELA	CAPABLANCA	CARABEZ	CARBELLIDO
CANALEJO	CANELLAS	CAPACETE	CARACENA	CARBIA
CANALES	CANELLIS	CAPARRA	CARACHEO	CARBONEL
CANALEZ	CANELO	CAPARROS	CARACOSA	CARBONELL
CANALITA	CANERO	CAPAS	CARACOZA	CARBOT
CANALS	CANES	CAPATA	CARAJAL	CARCACHE
CANAMAR	CANET	CAPDEVILA	CARALT	CARCAMO
CANAMERO	CANETE	CAPELES	CARAMBOT	CARCANA
CANAS	CANEZ	CAPELLAN	CARAMEROS	CARCANAQUES
CANAVA	CANGA	CAPELO	CARAMES	CARCANO
CANAVATI	CANGAS	CAPERON	CARAMILLO	CARCAS
CANAVERAL	CANION	CAPESTANY	CARANTA	CARCELLERO
CANAVES	CANISALES	CAPETILLO	CARANZA	CARDELLE
CANCEL	CANIZAL	CAPIFALI	CARAPIA	CARDELLES
CANCELA	CANIZALES	CAPILLA	CARARA	CARDENA
CANCELO	CANIZALEZ	CAPIN	CARASA	CARDENAL
CANCHE	CANIZARES	CAPIRO	CARASCO	CARDENALES
CANCHOLA	CANIZAREZ	CAPISTRAN	CARATACHEA	CARDENAS
CANCINO	CANJURA	CAPLANO	CARATAN	CARDENAZ
CANCINOS	CANLAS	CAPMANY	CARATTINI	CARDENES
CANCIO	CANO	CAPOTE	CARAVACA	CARDENEZ
CANDALES	CANOVAS	CAPRILES	CARAVAJAL	CARDENO
CANDANEDO	CANSECO	CAPRINE	CARAVANTES	CARDENOS
CANDANO	CANSINO	CAPUCHIN	CARAVAYO	CARDENOSA
CANDANOSA	CANTARERO	CAPUCHINA	CARAVEO	CARDENTEY
CANDANOZA	CANTERO	CAPUCHINO	CARAVES	CARDET
CANDELARI	CANTILLO	CAQUIAS	CARAZA	CARDEZA
CANDELARIA	CANTORAN	CARABA	CARAZO	CARDIEL
CANDELARIE	CANTOS	CARABAJAL	CARBA	CARDINAS
CANDELARIO	CANTOU	CARABAL	CARBAJAL	CARDINEZ

APPENDIX E **CENSUS LIST OF SPANISH SURNAMES**

CARDONA	CARPIZO	CARRIAGA	CARTAS	CASELLAS
CARDONAS	CARRABALLO	CARRIAZO	CARTAYA	CASERAS
CARDOSA	CARRACEDO	CARRICA	CARUAJAL	CASERES
CARDOVA	CARRADA	CARRICABURU	CARVAJAL	CASERMA
CAREAGA	CARRADERO	CARRICARTE	CARVAJALES	CASERO
CARELA	CARRAL	CARRIDO	CARVAJALINO	CASERZA
CARETA	CARRALEJO	CARRIEDO	CASABLANCA	CASES
CARIAS	CARRALERO	CARRIJO	CASABO	CASIA
CARIBE	CARRALES	CARRIL	CASADAS	CASIAN
CARIDE	CARRALEZ	CARRILES	CASADES	CASIANO
CARIDES	CARRAMAN	CARRILLA	CASADO	CASIAS
CARIELO	CARRANCA	CARRILLE	CASADOS	CASICA
CARIGA	CARRANCO	CARRILLO	CASAIS	CASIELLES
CARILLO	CARRANDI	CARRILO	CASAL	CASILLA
CARINGAL	CARRANSA	CARRIO	CASALES	CASILLAN
CARINHAS	CARRANZA	CARRION	CASALS	CASILLAS
CARIRE	CARRASCO	CARRIQUE	CASAMAYOR	CASILLOS
CARISALEZ	CARRASCOSA	CARRISAL	CASANAS	CASINES
CARLA	CARRASGUILLO	CARRISALES	CASANDRA	CASIQUE
CARLETELLO	CARRASO	CARRISALEZ	CASANOVA	CASIQUITO
CARLOS	CARRASQUILLA	CARRISOSA	CASANOVAS	CASIS
CARMENATE	CARRASQUILLO	CARRISOZA	CASANUEVA	CASMERO
CARMENATES	CARRATALA	CARRIZAL	CASARES	CASORLA
CARMENATY	CARRAU	CARRIZALES	CASAREZ	CASPARIS
CARMOEGA	CARRAZANA	CARRIZALEZ	CASARIEGO	CASPILLO
CARMONA	CARRAZCO	CARRIZO	CASARRUBIAS	CASSARES
CARNERA	CARREAGA	CARRIZOSA	CASAS	CASSAS
CARNERO	CARREDO	CARRIZOZA	CASASNOVAS	CASSIAS
CARNICER	CARREJO	CARRODEGUAS	CASASOLA	CASSILLAS
CARNICERO	CARRENO	CARROLA	CASASUS	CASSINERIO
CARO	CARREON	CARROSQUILLO	CASAUS	CASSO
CARONADO	CARRERA	CARRSCO	CASAVANTES	CASTAIGNE
CAROPINO	CARRERAS	CARRUESCO	CASCANTE	CASTAN
CARPENA	CARRERO	CARTAGEN	CASCON	CASTANA
CARPINTERO	CARRETE	CARTAGENA	CASCOS	CASTANADA
CARPINTEYRO	CARRETERO	CARTAGO	CASCUDO	CASTANARES
CARPIO	CARRETO	CARTANA	CASELAS	CASTANEADA

APPENDIX E **2020 CENSUS LIST OF SPANISH SURNAMES**

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CASTANED	CASTILLANOS	CATASCA	CAZANAS	CELEIRO
CASTANEDA	CASTILLAS	CATASUS	CAZARES	CELICEO
CASTANEDO	CASTILLEJA	CATEORA	CAZAREZ	CELIS
CASTANER	CASTILLEJO	CATETE	CAZARIN	CELIZ
CASTANIETO	CASTILLEJOS	CATOLICO	CAZON	CELORIO
CASTANO	CASTILLERO	CATZOELA	CDEBACA	CENA
CASTANOLA	CASTILLIO	CAUAZOS	CDEVACA	CENDAN
CASTANON	CASTILLO	CAUCE	CEBADA	CENDEJAS
CASTANOS	CASTILLON	CAUDALES	CEBALLES	CENDOYA
CASTANUELA	CASTINEIRA	CAUDILLO	CEBALLO	CENICEROS
CASTANY	CASTINEIRAS	CAULA	CEBALLOS	CENISEROS
CASTEJON	CASTINEYRA	CAUNDER	CEBEY	CENISEROZ
CASTELA	CASTORENA	CAUSO	CEBOLLERO	CENoz
CASTELAN	CASTORENO	CAVANAS	CEBRERO	CENTELLAS
CASTELANO	CASTRA	CAVASAS	CEBREROS	CENTENO
CASTELAO	CASTREJON	CAVASOS	CEBRIAN	CENTERO
CASTELAR	CASTRELLON	CAVAZ	CECENA	CENTURION
CASTELAZO	CASTRESANA	CAVAZAS	CEDANO	CEPEDA
CASTELBLANCO	CASTRILLO	CAVAZOS	CEDENO	CEPEDES
CASTELDEORO	CASTRILLON	CAVAZoz	CEDILLO	CEPERO
CASTELEIRO	CASTRIZ	CAVEDA	CEDILLOS	CERABELLA
CASTELLANAS	CASTRO	CAVERO	CEDINO	CERALDE
CASTELLANES	CASTRODAD	CAVEZA	CEDO	CERBANTES
CASTELLANOS	CASTROMAN	CAVIEDES	CEGARRA	CERBANTEZ
CASTELLANOZ	CASTRON	CAVIEL	CEGUEDA	CERCADO
CASTELLAR	CASTROVERDE	CAVLA	CEIDE	CERDA
CASTELLON	CASTRUITA	CAVOS	CEIJAS	CERDEIRA
CASTELLS	CASUL	CAVOZOS	CEJA	CERDEIRAS
CASTELLVI	CASUSO	CAYADO	CEJAS	CERECEDA
CASTELNAU	CATA	CAYANAN	CEJO	CERECEDES
CASTELO	CATACALOS	CAYCEDO	CEJUDO	CERECEDO
CASTENADA	CATACHE	CAYERE	CELA	CERECERES
CASTENEDA	CATALA	CAYEROS	CELADA	CERECEREZ
CASTIBLANCO	CATALAN	CAYIAS	CELADO	CERECERO
CASTIEL	CATALENA	CAYON	CELARDO	CEREIJO
CASTILIO	CATANACH	CAYUELA	CELAYA	CEREZO
CASTILL	CATANO	CAYUSO	CELAYETA	CERIN
CASTILLA	CATAQUET	CAZAMIAS	CELEDON	CERMENO

APPENDIX E **CENSUS LIST OF SPANISH SURNAMES**

CERNA	CHADES	CHAPOY	CHAVEZ	CHILIMIDOS
CERNAS	CHADEZ	CHAPPARO	CHAVIANO	CHIMAL
CERNO	CHAFFINO	CHAPRALIS	CHAVIRA	CHINANA
CERNUDA	CHAFINO	CHAPRON	CHAVIRO	CHINCHILLA
CERON	CHAGAS	CHARAFA	CHAVOLLA	CHINEA
CERPA	CHAGOLLA	CHARANZA	CHAVOYA	CHINO
CERRILLO	CHAGOLLAN	CHARBA	CHAYRA	CHIONG
CERRILLOS	CHAGOY	CHARBULA	CHAYRE	CHIONO
CERRITOS	CHAGOYA	CHARCA	CHAYREZ	CHIOVARE
CERROS	CHAGOYAN	CHARCAS	HAZARO	CHIPI
CERTEZA	CHAGOYEN	CHARDON	HAZARRETA	CHIPRES
CERUANTES	CHAGRA	CHARFAUROS	CHECA	CHIQUES
CERVANES	CHAGUACEDA	CHARNECO	CHECO	CHIQUETE
CERVANTE	CHAIDES	CHARO	CHEDA	CHQUITO
CERVANTES	CHAIDEZ	CHARRES	CHEMALI	CHIRIBOGA
CERVANTEZ	CHAIRA	CHARRIA	CHENTE	CHIRINO
CERVENTES	CHAIRES	CHARRIEZ	CHERENA	CHIRINOS
CERVERA	CHALA	CHARRIN	CHERENE	CHOA
CESANI	CHALAMBAGA	CHARRIS	CHERINO	CHOLICO
CESENA	CHALDU	CHARRO	CHERTA	CHOMAT
CESIN	CHAMARTIN	CHARVEZ	CHESANI	CHOMORI
CESPEDES	CHAMIZO	CHATON	CHEVANNES	CHONO
CESPEDEZ	CHAMORO	CHAUARRIA	CHEVARRIA	CHOPERENA
CESTERO	CHAMORRO	CHAVANA	CHEVAS	CHORNA
CEVALLO	CHANDARLIS	CHAVANNA	CHEVERES	CHOTO
CEVALLOS	CHANES	CHAVARELA	CHEVEREZ	CHOUZA
CEVILLA	CHANEZ	CHAVARIA	CHEVEZ	CHOZA
CEYANES	CHANGALA	CHAVARILLO	CHEVRES	CHUCA
CHABARRIA	CHANO	CHAVARIN	CHIAGO	CHUDALLA
CHABERA	CHANONA	CHAVARRA	CHIAPA	CHUMACERO
CHABEZ	CHANTACA	CHAVARRI	CHICA	CHUMISO
CHABOLLA	CHANTALA	CHAVARRIA	CHICAS	CHUPE
CHABOYA	CHANTRES	CHAVARRIAGA	CHICO	CHURBE
CHABRIER	CHAPA	CHAVARRO	CHICVARA	CHURRUCA
CHACA	CHAPARRO	CHAVECO	CHIDE	CIBERAY
CHACANACA	CHAPELA	CHAVERA	CHIFALO	CIBRIAN
CHACON	CHAPERO	CHAVERO	CHIHUAHUA	CICERON

APPENDIX E **2020 CENSUS LIST OF SPANISH SURNAMES**

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CICILIA	CISNERO	COCA	COLOMA	COMPOS
CID	CISNEROS	COCIO	COLOMAR	COMPTIS
CIDDIO	CISNEROZ	CODINA	COLOMBANA	CONCEPCION
CIEGO	CISTERNA	CODON	COLOMBANI	CONCEPTION
CIENA	CIVEROLO	CODORNIZ	COLOMBERO	CONCHA
CIENEGA	CLARA	COELLO	COLOME	CONCHADO
CIENEGAS	CLARIT	COFINO	COLOMER	CONCHAS
CIENFUEGOS	CLARO	COFRESI	COLOMES	CONCHO
CIERRA	CLAROS	COIRA	COLOMINAS	CONCHOLA
CIFRE	CLAROT	COLACION	COLOMO	CONCHOS
CIFREDO	CLAUDIO	COLACO	COLON	CONDADO
CIFUENTES	CLAUSTRO	COLARTE	COLONDRES	CONDARCO
CIGAR	CLAVEL	COLAS	COLONNETTA	CONDE
CIGARROA	CLAVELL	COLATO	COLONTORRES	CONDENSA
CILLERO	CLAVELO	COLCA	COLORADO	CONEJERO
CIMADEVILLA	CLAVERAN	COLCHADO	COLORBIO	CONEJO
CIMARRON	CLAVERIA	COLDERON	COLORE	CONESA
CIMENTAL	CLAVERO	COLDIVAR	COLORES	CONFORME
CINDO	CLAVIJO	COLEGIO	COLOROSO	CONRADO
CINEUS	CLEMENA	COLET	COLSA	CONRERAS
CINTA	CLERO	COLIMA	COLUDRO	CONRIQUE
CINTAS	CLIMENT	COLINA	COLUMBIE	CONRIQUEZ
CINTORA	COBA	COLINDRES	COLUNGA	CONS
CINTRA	COBALLES	COLIO	COMACHO	CONSONERO
CINTRON	COBAR	COLLADA	COMADURAN	CONSTANCIO
CIONCO	COBARRUBIA	COLLADO	COMAS	CONSTANTE
CIPRES	COBARRUBIAS	COLLANTES	COMBARRO	CONSUEGRA
CIREROL	COBARRUBIO	COLLASO	COMELLAS	CONSUELO
CIRES	COBARRUVIAS	COLLAZO	COMESANA	CONTADOR
CIRIA	COBAS	COLLOZO	COMESANAS	CONTEMPRATO
CIRIECO	COBELO	COLLS	COMON	CONTERAS
CIRILO	COBEO	COLMENAR	COMORRE	CONTEREAS
CIRIZA	COBIAN	COLMENARES	COMPANIONI	CONTERO
CIRLOS	COBIELLA	COLMENERO	COMPARAN	CONTIVAL
CIRULI	COBIO	COLOCHO	COMPARY	CONTRARAS
CISNER	COBO	COLOCIO	COMPEAN	CONTREAS
CISNERAS	COBOS	COLODRO	COMPIAN	CONTRERA
CISNERNOS	COBREIRO	COLOM	COMPITO	CONTRERAS

APPENDIX E **CENSUS LIST OF SPANISH SURNAMES**

CONTRERASS	CORDOVER	CORRCA	COSSIO	COVARUBIAS
CONTRERAZ	CORDOVES	CORREA	COSSO	COVAS
CONTRERES	CORDOVEZ	CORREDERA	COSTALES	COVIAN
CONTREROS	CORDOVI	CORREDOR	COSTELON	COVILLO
CONTRERRAS	CORDOZA	CORREO	COSTILLA	COVIO
CONTRESAS	COREANO	CORRES	COSTILLO	COVO
CONTRESTANO	CORELLA	CORRETJER	COSTOSO	COVOS
CONTREVAS	CORENTE	CORREU	COSTRUBA	COYA
COPADO	CORIA	CORRILLO	COTA	COYAZO
COPETILLO	CORIANO	CORRIPIO	COTARELO	CREITOFF
COPRIVIZA	CORIAM	CORRIZ	COTAYO	CREMAR
COQUOZ	CORIZ	CORROS	COTELO	CREMATA
CORA	CORMALIS	CORTADA	COTERA	CRESPIN
CORALES	CORNEJO	CORTAZA	COTERILLO	CRESPO
CORANADO	CORNEJOS	CORTAZAR	COTERO	CRIADO
CORAZON	CORNIDE	CORTES	COTILLA	CRIBEIRO
CORBALA	CORNIELL	CORTEZ	COTINOLA	CRIOLLO
CORBEA	CORNIER	CORTIJO	COTITTA	CRIYOS
CORBELLA	CORODOVA	CORTINA	COTO	CRISANTES
CORBERA	COROMINAS	CORTINAS	COTRINA	CRISANTO
CORCES	CORONA	CORTINAZ	COTTES	CRISANTOS
CORCHADO	CORONADA	CORTINES	COTTO	CRISOSTO
CORCHERO	CORONADO	CORTINEZ	COTULLA	CRISOSTOMO
CORCHETE	CORONAS	CORTIZO	COUARRUBIAS	CRISTALES
CORCHO	CORONEL	CORUGEDO	COUCE	CRISTAN
CORCINO	CORPAS	CORUJO	COUCEYRO	CRISTANCHO
CORCOLES	CORPION	CORVAN	COUMPAROULES	CRISTERNA
CORCOVELOS	CORPORAN	CORVERA	COUSO	CRISTIA
CORDENIZ	CORPOS	CORVISON	COUTIN	CRISTIAN
CORDERO	CORPUS	CORZA	COUTINO	CRISTIN
CORDILLO	CORRADA	CORZO	COUVERTIER	CRISTOBAL
CORDOBA	CORRAL	COS	COVARRUBIA	CRISTOFOL
CORDOBES	CORRALEJO	COSCULLUELA	COVARRUBIAS	CRIXELL
CORDOLA	CORRALES	COSILLO	COVARRUBIAZ	CROSAS
CORDONA	CORRALEZ	COSILLOS	COVARRUBIO	CROZ
CORDOSO	CORRALIZA	COSIO	COVARRUVIAS	CRUANES
CORDOVA	CORRALLS	COSME	COVARRYBIAS	CRUANYAS

APPENDIX E **2020 CENSUS LIST OF SPANISH SURNAMES**

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CRUCES	CUELLA	CURET	DAUBAR	DEAVILA
CRUCETA	CUELLAR	CURIEL	DAUILA	DEAYALA
CRUZ	CUELLER	CURRAIS	DAUSA	DEAZEVEDO
CRUZADO	CUELLO	CURRAS	DAUZ	DEBACA
CRUZAT	CUEN	CURREA	DAVALOS	DEBARE
CRUZATA	CUENCA	CURZ	DAVILA	DEBARRA
CRUZCOSA	CUENCO	CUSCO	DAVILAS	DEBATISTA
CRUZCRUZ	CUENTAS	CUSTODIA	DAVILLA	DEBATO
CRUZON	CUENTO	CUSTODIO	DAVILO	DEBAYONA
CRUZRODRIGUEZ	CUERDO	CUTIE	DAZA	DEBESA
CUADRA	CUERO	CUYA	DCRUZ	DEBONILLA
CUADRADO	CUERVO	CUYAR	DEAGEN	DEBRAS
CUADRAS	CUESTA	CUZA	DEAGUERO	DEBRAVO
CUADRAZ	CUESTAS	DABALOS	DEAGUILAR	DEBRUYAN
CUADRO	CUETO	DABILA	DEAGUIRRE	DEBUENO
CUADROS	CUEVA	DACUMOS	DEALBA	DECABRAL
CUAN	CUEVAS	DAGNESSES	DEALCALA	DECALDERON
CUARA	CUEVAZ	DAGO	DEALEJANDRO	DECALLE
CUARENTA	CUEVOS	DAGUERRE	DEALVA	DECAMACHO
CUARON	CUILAN	DAGUILAR	DEALVAREZ	DECANTU
CUARTAS	CUIN	DALAMA	DEAMADOR	DECAPRILES
CUASCUT	CUIZON	DALBOSCO	DEANDA	DECARDENAS
CUATE	CULEBRO	DALIPE	DEANDE	DECASAS
CUBANO	CULTRERI	DALMAU	DEANDRES	DECASO
CUBAS	CUMBA	DALMIDA	DEAQUERO	DECASTANEDA
CUBENAS	CUMPIAN	DANACHE	DEARAGON	DECASTILLO
CUBERO	CUMPIANO	DANTUS	DEARCE	DECASTRO
CUBIAS	CUNANAN	DAPENA	DEARCO	DECENA
CUBILLAS	CUNES	DARDANES	DEARCOS	DECERDA
CUBILLO	CUNEZ	DARDIZ	DEARELLANO	DECERVANTES
CUBILLOS	CUNI	DARDON	DEARIAS	DECESPEDES
CUBIO	CUNILL	DARIAS	DEARMAS	DECHAVEZ
CUBRIEL	CUNYUS	DARNAUD	DEARO	DECHOUDENS
CUCALON	CUPELES	DARQUEA	DEARRIBA	DECIGA
CUCUTA	CUPRILL	DARRIBA	DEARRILLAGA	DECLET
CUEBA	CURA	DARUNA	DEARROYO	DECOLLADO
CUEBAS	CURBELLO	DASTAS	DEARTEAGA	DECOLON
CUELIAR	CURBELO	DATIL	DEASES	DECONTRERAS

APPENDIX E **CENSUS LIST OF SPANISH SURNAMES**

DECORDOBA	DEGOES	DEJORIA	DELAGUERRA	DELAPENA
DECORDOVA	DEGOLLADO	DEJUAN	DELAGUILA	DELAPEZA
DECORO	DEGOMEZ	DELAARENA	DELAHERA	DELAPIEDRA
DECORONA	DEGONZALES	DELABARCA	DELAHERRAN	DELAPLATA
DECORONADO	DEGONZALEZ	DELABARCENA	DELAHOYA	DELAPORTILLA
DECORSE	DEGRACIA	DELABARRERA	DELAHOZ	DELAPOZA
DECORTEZ	DEGUARA	DELABARZA	DELAHUERTA	DELAPRIDA
DECOS	DEGUARDIA	DELABRA	DELAISLA	DELAPUENTE
DECRISTINO	DEGUERRA	DELACABADA	DELAJARA	DELARA
DECRUZ	DEGUERRERO	DELACAL	DELALASTRA	DELAREA
DECUEVA	DEGUEVARA	DELACALLE	DELALCAZAR	DELAREZA
DECUEVAS	DEGUIMERA	DELACAMARA	DELALLATA	DELARIOS
DEDELGADO	DEGUTIERREZ	DELACAMPA	DELALLAVE	DELARIVA
DEDIAZ	DEGUZMAN	DELACANAL	DELALLERA	DELAROCA
DEDIEGO	DEHARO	DELACERDA	DELALOZA	DELARROCHA
DEDIOS	DEHERNANDEZ	DELACHICA	DELALTO	DELAROSA
DEDOMINGUEZ	DEHERRERA	DELA CONCEPCION	DELALUZ	DELARROZA
DEDUARTE	DEHESA	DELA CONCHA	DELAMADRID	DELARRA
DEESPARZA	DEHOMBRE	DELA CORTE	DELAMANCHAS	DELARROYO
DEESTRADA	DEHORTA	DELA COTERA	DELAMATA	DELARUA
DEFALCON	DEHOSTOS	DELA CRUZ	DELAMAZA	DELASANTOS
DEFALLA	DEHOYAS	DELA CUADRA	DELA MELLA	DELAS CASAS
DEFERIA	DEHOYOS	DELA CUESTA	DELA MERCED	DELA SCUEVAS
DEFERNANDEZ	DEIBARRA	DELA CUEVA	DELA MO	DELA SERNA
DEFEX	DEIDA	DELA CURZ	DELA MORA	DELA SHERAS
DEFIESTA	DEIMES	DELA ESPRIELLA	DELA MORENA	DELA SIERRA
DEFIGUEROA	DEIRO	DELA FE	DELA MOTA	DELA TEJA
DEFILLO	DEISLA	DELA FUENTE	DELA NDA	DELA TEJERA
DEFLORES	DEITA	DELA FUENTES	DELA NGEL	DELA TOBA
DEFRESE	DEITURRONDO	DELA FUNTE	DELA NOVAL	DELA TORRE
DEFRISCO	DEJARA	DELA GADILLO	DELA NUEZ	DELA TORRES
DEFUENTES	DEJAUREGUI	DELA GADO	DELA O	DELA TORRIENTE
DEGANI	DEJESU	DELA GARRIGUE	DELA OSA	DELA TRINIDAD
DEGARAY	DEJESUS	DELA GARZA	DELA OSSA	DELA UZ
DEGARCIA	DEJESUS GARCIA	DELA GDO	DELA PARRA	DELA VARA
DEGARZA	DEJESUSORTIZ	DELA GRANA	DELA PASS	DELA VEGA
DEGELIA	DEJIMENEZ	DELA GUARDIA	DELA PAZ	DELA VELLANO

APPENDIX E **2020 CENSUS LIST OF SPANISH SURNAMES**

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DELA VICTORIA	DELGADILL	DELOSRIOS	DELVAL	DENECOCHEA
DELA VINA	DELGADILLO	DELOSSANT	DELVALLE	DENIEVES
DELAYA	DELGADO	DELOSSANTOS	DELVILLAR	DENINA
DELAZERDA	DELGADODEORAMA	DELOYA	DELVINO	DENOGEAN
DELBARRIO	S	DELOYOLA	DEMACIAS	DENORIEGA
DELBLANCO	DELGIORGIO	DELOZA	DEMALADE	DENUNEZ
DELBOSQUE	DELGODO	DELOZADA	DEMARCHENA	DEOCA
DELBOSQUEZ	DELHARO	DELPALACIO	DEMARIN	DEOCAMPO
DELBOZQUE	DELHIERRO	DELPARDO	DEMARQUEZ	DEOCHOA
DELBREY	DELHOYO	DELPILAR	DEMARRERO	DEOLEO
DELBUSTO	DELIGANIS	DELPIN	DEMARTINEZ	DEOLIVIERA
DELCADO	DELIRA	DELPINAL	DEMATA	DEOLMO
DELCALVO	DELISEO	DELPINO	DEMATAS	DEORO
DELCAMPILLO	DELIZ	DELPORTILLO	DEMATEO	DEORTA
DELCAMPO	DELJUNCO	DELPOSO	DEMEDINA	DEORTEGA
DELCASTILLO	DELLANO	DELPOZO	DEMEIRE	DEORTIZ
DELCASTRO	DELLANO	DELPRADO	DEMENA	DEOSDADE
DELCERRO	DELMARGO	DELPUESTO	DEMENDEZ	DEOSORIO
DELCID	DELMENDO	DELRAZO	DEMENDOZA	DEOTERIS
DELCOLLADO	DELMERCADO	DELREAL	DEMERCADO	DEOTERO
DELCORRAL	DELMORAL	DELREY	DEMESA	DEPABLO
DELCORRO	DELMUNDO	DELRICO	DEMIGUEL	DEPACHECO
DELCRISTO	DELMURO	DELRIEGO	DEMIRANDA	DEPACO
DELCUETO	DELNODAL	DEL Rincon	DEMOLINA	DEPADILLA
DELCURTO	DELOA	DEL RIO	DEMONTABELLO	DEPARRA
DELDAGO	DELOEN	DELRISCO	DEMONTES	DEPAZ
DELEGANIS	DELOERA	DELRIVERO	DEMONT EVERDE	DEPEDRO
DELEIJA	DELOLMO	DELROSAL	DEMONT OYA	DEPEN A
DELEON	DELOPEZ	DELROSARIO	DEMORALES	DEPEREZ
DELERIO	DELORA	DELSALTO	DEMORENO	DEPLATA
DELERME	DELORO	DELSOL	DEMOYA	DEPONCE
DELESCAILLE	DELOSADA	DELTEJO	DEMUNOZ	DEPORTILLO
DELEZA	DELOSANGELES	DELT IEMPO	DEMURGA	DEPORTO
DELFANTE	DELOSANTOS	DELTORO	DENA	DEPORTOLA
DELFIERRO	DELOSCOBOS	DELUA	DENAVA	DEPOZO
DELFIN	DELOSMONTEROS	DELUAO	DENAVARRO	DEPRAD
DELFRANCIA	DELOSPRADOS	DELUJAN	DENAVAS	DEPRADO
DELGADA	DELOSREYES	DELUNA	DENAVEJAR	DEQUESADA

APPENDIX E **CENSUS LIST OF SPANISH SURNAMES**

DEQUEVEDO	DESEVILLA	DEVELEZ	DIAZRODRIGUEZ	DOMINIGUEZ
DEQUINTANA	DESIERRA	DEVENCENTY	DIEGO	DOMINQUEZ
DEQUIROZ	DESIGA	DEVERA	DIEGUEZ	DOMIO
DERAMIREZ	DESOCARRAS	DEVIA	DIEPPA	DOMONDON
DERAMOS	DESOCARRAZ	DEVIAN	DIEZ	DONADO
DERAS	DESOLO	DEVICENTE	DIMAS	DONATE
DERENIA	DESOSA	DEVICTORIA	DIODONET	DONEIS
DEREYES	DESOTO	DEVILA	DIODOSIO	DONES
DERIOS	DESOTOMAYOR	DEVILLA	DIONES	DONESTEVEZ
DERIVAS	DESPANIA	DEVILLAR	DIOS	DONEZ
DERIVERA	DESPLANTES	DEVILLEGAS	DIOSDADO	DONIAS
DERMA	DESPUES	DEVOLIN	DIOSES	DONJUAN
DEROBLES	DESRAVINES	DEYA	DIRECTO	DONLUCAS
DEROCA	DESSERO	DEYCAZA	DISARUFINO	DONOSO
DERODRIGUEZ	DESTRADA	DEYNES	DISLA	DOPAZO
DERODRIQUEZ	DESUACIDO	DEZA	DISTABILE	DOPICO
DEROJAS	DETAPIA	DEZAMORA	DOBAL	DOPORTO
DEROMERO	DETEJADA	DEZARA	DOBAO	DORADO
DEROSARIO	DETEVIS	DEZARRAGA	DOBARGANES	DORAME
DEROZA	DETOLEDO	DEZAYAS	DOBLADO	DORANTES
DERRERA	DETORRES	DEZUNIGA	DOCAL	DORREGO
DERUBIO	DETRANALTES	DIACOS	DOCAMPO	DORTA
DERUEDA	DETRES	DIAGO	DOCE	DORTICOS
DERUISA	DETRINIDAD	DIAMOS	DOJAQUEZ	DOSAL
DESABOTA	DEULLOA	DIASDELEON	DOLATRE	DOSAMANTES
DESAENZ	DEVACA	DIAZ	DOLMO	DOSELA
DESALAS	DEVALDEZ	DIAZACEVEDO	DOMENA	DOVAL
DESALAZAR	DEVALENCIA	DIAZCOLON	DOMENECH	DOVALES
DESALERNOS	DEVALLE	DIAZCRUZ	DOMENGUEZ	DOVALINA
DESALES	DEVALON	DIAZDEARCE	DOMENO	DOVO
DESALINAS	DEVARA	DIAZDELCAMPO	DOMENZAIN	DOZAL
DESANCHEZ	DEVARGAS	DIAZDELCASTILLO	DOMIGUEZ	DSPAIN
DESANTIAGO	DEVARONA	DIAZDELEON	DOMINCO	DUARDO
DESANTIASGO	DEVASQUEZ	DIAZDEVILLEGAS	DOMINGEZ	DUARTE
DESANTOS	DEVAZQUEZ	DIAZMEDINA	DOMINGNEZ	DUARTES
DESARACHO	DEVEGA	DIAZPIEDRA	DOMINGUEZ	DUBON
DESCALZO	DEVELASCO	DIAZRIVERA	DOMINGUIZ	DUCOS

APPENDIX E **2020 CENSUS LIST OF SPANISH SURNAMES**

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DUEN	ECHAVESTE	EGAS	ELISONDO	ENCHINTON
DUENAS	ECHAVEZ	EGEA	ELIXAVIDE	ENCINA
DUENES	ECHAZABAL	EGIPCIACO	ELIZADE	ENCINAS
DUENEZ	ECHAZARRETA	EGLESIAS	ELIZAGA	ENCINIA
DUENO	ECHEAGARAY	EGUED	ELIZALDA	ENCINIAS
DUENOS	ECHEANDIA	EGUES	ELIZALDE	ENCINIOS
DUHAGON	ECHEBARRIA	EGUEZ	ELIZALDI	ENCINO
DUHALDE	ECHEGARAY	EGUIA	ELIZANDO	ENCINOSA
DULZAIDES	ECHEGOYEN	EGUIGUREN	ELIZANDRO	ENCISCO
DUMAGUINDIN	ECHEGUREN	EGUILUZ	ELIZARDE	ENCISO
DUMBRIGUE	ECHEMENDIA	EGUINO	ELIZARDI	ENCIZO
DUME	ECHENIQUE	EGUIZABAL	ELIZARDO	ENDARA
DUMENG	ECHERIVEL	EGURE	ELIZARRARAS	ENDAYA
DUMENIGO	ECHERRI	EGURROLA	ELIZARRARAZ	ENDEMANO
DUQUE	ECHEVARIA	EGUSQUIZA	ELIZARRAS	ENDOSO
DURAN	ECHEVARRIA	EIRAS	ELIZONDA	ENGRACIO
DURANGO	ECHEVARRIETA	EIRIZ	ELIZONDO	ENGUIDANOS
DURANONA	ECHEVARRIO	ELEBARIO	ELJAU	ENJADY
DURANZA	ECHEVERIA	ELEGINO	ELORDUY	ENRIGUEZ
DURATE	ECHEVERRI	ELEJALDE	ELORREAGA	ENRIQUE
DURAZO	ECHEVERRIA	ELEMEN	ELORRIAGA	ENRIQUES
DURON	ECHEVERRY	ELENA	ELORZA	ENRIQUEZ
ECHABARNE	ECHEVESTE	ELENES	ELOSEGUI	ENRRIQUEZ
ECHANDI	ECHEZABAL	ELENEZ	ELOSUA	ENSENAT
ECHANDIA	ECHEZARRETA	ELEVARIO	ELUGARDO	EPIDENDIO
ECHANIZ	ECHIRIBEL	ELEZONDO	ELVIRA	EQUIA
ECHARREN	ECHIVERRI	ELGARRESTA	ELYCIO	EQUIHUA
ECHARRI	ECHIVESTER	ELGO	EMMANUELLI	ERAS
ECHARTEA	EDERRA	ELGUEA	EMMITE	ERASO
ECHAUARRIA	EDESA	ELGUERA	EMPASIS	ERAUSQUIN
ECHAURI	EDEZA	ELGUESEBA	EMPERADOR	ERAZO
ECHAVARIA	EDILLO	ELGUEZABAL	EMPLEO	ERCHED
ECHAVARRI	EDQUIVEL	ELICIER	ENAMORADO	ERCILLA
ECHAVARRIA	EDREIRA	ELISALDA	ENCALADA	ERCILLO
ECHAVARRY	EDROSA	ELISALDE	ENCALLADO	ERDOZAIN
ECHAVE	EDROSOLAN	ELISALDEZ	ENCARNACION	EREBIA
ECHAVERIA	EDROZO	ELISARRARAZ	ENCERRADO	EREDIA
ECHAVES	EGANA	ELISERIO	ENCHAUTGUI	ERES

APPENDIX E

CENSUS LIST OF SPANISH SURNAMES

EREVIA	ESCANUELAS	ESCOBOSA	ESPARRA	ESPITALETA
ERIBES	ESCAPA	ESCOBOZA	ESPARSA	ESPITIA
ERIVES	ESCAPITA	ESCOCHEA	ESPARSEN	ESPLANA
ERIVEZ	ESCAPULE	ESCODEDO	ESPARZ	ESPONDA
EROLES	ESCAR	ESCOJIDO	ESPARZA	ESPRIU
EROSA	ESCARCEGA	ESCOLAR	ESPEJEL	ESPRONCEDA
ERREA	ESCARCIDA	ESCOMILLA	ESPEJO	ESPUDO
ERRECA	ESCARCIGA	ESCONTRIAS	ESPELETA	ESPURVOA
ERRISURIZ	ESCARDA	ESCORCIA	ESPENDEZ	ESQUEA
ERRO	ESCARENIO	ESCORIAZA	ESPENOSA	ESQUEDA
ERROA	ESCARENO	ESCORPISO	ESPENOZA	ESQUEDO
ESCABAR	ESCARIZ	ESCORZA	ESPERA	ESQUELL
ESCABEDO	ESCARPIO	ESCOTA	ESPERANZA	ESQUENAZI
ESCABI	ESCARRA	ESCOTO	ESPERAS	ESQUER
ESCABIA	ESCARRAMAN	ESCOVADO	ESPERICUETA	ESQUERA
ESCAJEDA	ESCARREGA	ESCOVAR	ESPERIQUETA	ESQUERDO
ESCALA	ESCARSEGA	ESCOVEDO	ESPERO	ESQUERO
ESCALADA	ESCARSIGA	ESCOVER	ESPERON	ESQUERRA
ESCALANTE	ESCARTIN	ESCRIBA	ESPIGUL	ESQUERRE
ESCALENTE	ESCARZAGA	ESCRIBANO	ESPINA	ESQUEVEL
ESCALERA	ESCARZEGA	ESCRICHE	ESPINAL	ESQUIBAL
ESCALET	ESCASENA	ESCUADRA	ESPINALES	ESQUIBEL
ESCALLE	ESCATEL	ESCUDER	ESPINAR	ESQUIBIAS
ESCALLON	ESCATELL	ESCUDERO	ESPINDOLA	ESQUIERDO
ESCALON	ESCATIOLA	ESCUETA	ESPINDULA	ESQUIJAROSA
ESCALONA	ESCAURIZA	ESCUJURI	ESPINEIRA	ESQUIJARROSA
ESCALONTE	ESCOBADO	ESCUTIA	ESPINEL	ESQUILIANO
ESCAMILLA	ESCOBAL	ESGUERRA	ESPINELL	ESQUILIN
ESCAMILLAS	ESCOBALES	ESPADA	ESPINET	ESQUINCA
ESCAMILLO	ESCOBAR	ESPADAS	ESPINO	ESQUINEL
ESCANAME	ESCOBARETE	ESPAILLAT	ESPINOR	ESQUIVAL
ESCANDELL	ESCOBEBO	ESPALIN	ESPINOSA	ESQUIVEL
ESCANDON	ESCOBEDA	ESPANA	ESPINOZ	ESQUIVEZ
ESCANES	ESCOBEDO	ESPANO	ESPINOZA	ESQUIVIAS
ESCANIO	ESCOBER	ESPANOL	ESPIRICUETA	ESTABA
ESCANO	ESCOBIDO	ESPANOLA	ESPIRITI	ESTABILLO
ESCANUELA	ESCOBIO	ESPARAZA	ESPIRITU	ESTADA

APPENDIX E **2020 CENSUS LIST OF SPANISH SURNAMES**

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ESTADES	ESTRACA	EXINIA	FALU	FAZ
ESTALA	ESTRAD	EXPARZA	FAMANIA	FEAL
ESTAMPA	ESTRADA	EXPOSITO	FAMILIA	FEBLES
ESTANOL	ESTRADAS	EYLICIO	FANDINO	FEBRE
ESTAPE	ESTRADE	EYZAGUIRRE	FANEGO	FEBRES
ESTAVILLA	ESTRADO	EZCURRA	FANGON	FEIGA
ESTAVILLO	ESTRALLA	EZETA	FANGONILLO	FEIJOO
ESTEBAN	ESTRANY	EZQUEDA	FANJUL	FEITO
ESTEBANE	ESTRELLA	EZQUER	FARACH	FELAN
ESTEBANEZ	ESTRELLAS	EZQUERRA	FARAGOZA	FELANDO
ESTEBES	ESTRELLO	EZQUERRO	FARFAN	FELIBERTY
ESTEBEZ	ESTREMER	EZRATTY	FARGA	FELICANO
ESTEFAN	ESTREMO	EZRRE	FARGAS	FELICIANO
ESTEFANI	ESTRINGEL	FABAL	FARIAS	FELICITAS
ESTELA	ESTRONZA	FABELA	FARILLAS	FELICO
ESTENOZ	ESTUDILLO	FABELO	FARINAS	FELIPE
ESTEPA	ESTUPINAN	FABILA	FARINOS	FELISCIAN
ESTEPAN	ETCHEBARREN	FABRA	FARIOS	FELIU
ESTERAS	ETCHEBEHERE	FABREGAS	FARPELLA	FELIX
ESTERO	ETCHECHURY	FABREGAT	FARRALES	FELIZ
ESTEUES	ETCHEGARAY	FABROS	FARRAY	FELPETO
ESTEVA	ETCHEPARE	FABRYGEL	FARRERA	FELUMERO
ESTEVAN	ETCHEVERRIA	FACIO	FARRIAS	FEMAT
ESTEVANE	ETCHEVERRY	FACUNDO	FARROS	FEMATH
ESTEVANES	EUDAVE	FADRIQUE	FARRULLA	FEMATT
ESTEVANEZ	EUFRAICIO	FAGET	FAS	FENTANES
ESTEYES	EULATE	FAGOAGA	FAUDOA	FENTE
ESTEVEZ	EURESTE	FAGUNDO	FAUELA	FEO
ESTEVIS	EURESTI	FAILA	FAUNI	FERAMISCO
ESTEVIZ	EURIOSTE	FAILDE	FAURA	FERDIN
ESTIEN	EUSEBIO	FAJARDO	FAURIA	FEREZ
ESTIMBO	EUSTAQUIO	FALCHE	FAUSTINOS	FERIA
ESTOLANO	EUZARRAGA	FALCON	FAUSTO	FERMANDEZ
ESTOLAS	EVANGEL	FALERO	FAVELA	FERMIN
ESTOPELLAN	EVANGELATOS	FALLEJO	FAVELLA	FERNADEZ
ESTOPINAN	EVARO	FALOMIR	FAVELO	FERNANDE
ESTOQUE	EVIA	FALQUEZ	FAVILA	FERNANDEZ
ESTORGA	EXIGA	FALTO	FAYA	FERNANDEZCUETO

APPENDIX E

CENSUS LIST OF SPANISH SURNAMES

FERNANDEZDECASTRO	FIESTAL	FLAMENCO	FONTANOZA	FRAGUELA
FERNANDEZDELARA	FIGAL	FLANDES	FORTEBOA	FRAGUIO
FERNANDO	FIGAREDO	FLANDEZ	FORTECHA	FRAIDE
FERNENDEZ	FIGARELLA	FLAQUER	FORTELA	FRAIJO
FERNIZ	FIGAROLA	FLECHA	FONTENO	FRAIRE
FERNIZA	FIGEROA	FLECHES	FONTICIELLA	FRAMIL
FERRADAS	FIGIROVA	FLEITAS	FONTICOBIA	FRANCA
FERRADAZ	FIGOROA	FLEITES	FORCELLEDO	FRANCISCA
FERRAEZ	FIGUEIRAS	FLEMATE	FORCEN	FRANCO
FERRAIZ	FIGUERA	FLETE	FORDIS	FRANCOS
FERRALES	FIGUERAS	FLETES	FORERO	FRANGUI
FERRALEZ	FIGUERDA	FLOPES	FORMANO	FRANJUL
FERRANDES	FIGUEREDO	FLORATOS	FORMENT	FRANQUERO
FERRANDIZ	FIGUERO	FLORENCIA	FORMEZA	FRANQUEZ
FERRAS	FIGUERIA	FLORENCIO	FORNARIS	FRANQUI
FERRE	FIGUERO	FLORES	FORNASERO	FRANQUIZ
FERREGUR	FIGUEROA	FLORESDELGADO	FORNOS	FRANSUA
FERREIRAS	FIGUEROLA	FLOREZ	FORNS	FRANZOY
FERREIRO	FIGUERON	FLORIDO	FORTANEL	FRAQUA
FERRER	FIGUERORA	FLORIT	FORTEZ	FRASES
FERRERAS	FIGUEROSA	FLORITA	FORTEZA	FRASQUILLO
FERRERIS	FIGUERRA	FLUXA	FORTIZ	FRATICELLI
FERREYRA	FIGUROA	FOJO	FORTUNO	FRAU
FERREYRO	FIGVEROA	FOLGAR	FOYO	FRAUSTO
FERREZ	FILGUEIRAS	FOLGUEIRA	FRACISCO	FRAUSTRO
FERRUA	FILIZOLA	FOLGUEIRAS	FRADEJAS	FRAXEDAS
FERRUSCA	FILLAS	FONALLEDAS	FRADERA	FRAYO
FESTEJO	FILOTEO	FONCERRADA	FRAGA	FRAYRE
FEYJOO	FIMBRES	FONNEGRA	FRAGINALS	FREDELUCES
FIALLO	FIMBREZ	FONSECA	FRAGO	FREGOSA
FIALLOS	FINALES	FONT	FRAGOMENO	FREGOSO
FIDEL	FIOL	FONTAN	FRAGOSA	FREGOZO
FIEROVA	FIQUEROA	FONTANES	FRAGOSO	FREIJO
FIERRO	FIRA	FONTANET	FRAGOZO	FREIRE
FIERROS	FIRPI	FONTANEY	FRAGUA	FREIRIA
FIERROZ	FIUZA	FONTANEZ	FRAGUADA	FREIXAS
	FLACO	FONTANILLS	FRAGUAS	FRENES

APPENDIX E

2020 CENSUS LIST OF SPANISH SURNAMES

FRES	FUEYO	GALACHE	GALLAGA	GAMERO
FRESCAS	FULGENCIO	GALAGARZA	GALLAGOS	GAMEROS
FRESCAZ	FULGUEIRA	GALAN	GALLANES	GAMEROZ
FRESNEDA	FUMERO	GALARCE	GALLARD	GAMEY
FRESNEDO	FUNCIA	GALARRAGA	GALLARDE	GAMEZ
FRESNILLO	FUNDORA	GALARRETA	GALLARDO	GAMINO
FRESNO	FUNES	GALARSA	GALLARETO	GAMIO
FRESQUES	FUNEZ	GALARTE	GALLART	GAMIZ
FRESQUEZ	FUNO	GALARZA	GALLARZA	GAMONEDA
FREYRE	FUSANO	GALARZE	GALLARZO	GANADONEGRO
FREYTA	FUSTE	GALAVEZ	GALLASTEGUI	GANAN
FREYTES	FUSTER	GALAVIS	GALLEG	GANCEDO
FRIAS	GABALDEN	GALAVIZ	GALLEGAS	GANCERES
FRIAZ	GABALDON	GALAZ	GALLEGO	GANDAR
FRIETZE	GABANCHO	GALBAN	GALLEGOES	GANDARA
FRIGOLA	GABASAN	GALCERAN	GALLEGOS	GANDARIA
FRISAN	GABELA	GALDAMES	GALLEGOZ	GANDARILLA
FROMETA	GABILONDO	GALDAMEZ	GALLEGUS	GANDARILLAS
FRONDARINA	GABINA	GALDEANO	GALLENO	GANDIA
FRONTADO	GABINO	GALDOS	GALLERAN	GANDON
FRONTELLA	GABRILES	GALDUROZ	GALLERITO	GANDORA
FRONTERAS	GABRILLO	GALEANA	GALLINAL	GANIVET
FROSTO	GACHARNA	GALEANO	GALLINAR	GANUELAS
FRUGIA	GACHUPIN	GALENDEZ	GALLOR	GANUZA
FRUTOS	GADAL	GALERA	GALLOSA	GANZALEZ
FRUTOZ	GADEA	GALERIA	GALMES	GAONA
FUENMAYOR	GADIA	GALGUERA	GALOFRE	GARABAY
FUENTAS	GAETAN	GALI	GALORZA	GARABITO
FUENTE	GAFARE	GALIANA	GALVAN	GARACOCHEA
FUENTECILLA	GAGO	GALICIA	GALVE	GARAICOECHEA
FUENTEFRIA	GAHONA	GALINANES	GALVES	GARALDE
FUENTES	GAINZA	GALIND	GALVEZ	GARAMENDI
FUENTEZ	GAITAN	GALINDA	GAMA	GARAMILLO
FUENZALIDA	GAITERO	GALINDEZ	GAMALLO	GARANA
FUERO	GAIVAN	GALINDO	GAMARRA	GARANSUAY
FUERTE	GAJARDO	GALINDRO	GAMAZA	GARANZUAY
FUERTES	GAJATE	GALINZOGA	GAMAZO	GARAT
FUERTEZ	GALABEAS	GALIZ	GAMBOA	GARATE

APPENDIX E **CENSUS LIST OF SPANISH SURNAMES**

GARATEIX	GARDEA	GARSE	GAUZENS	GELERA
GARAVITO	GARDIA	GARTICA	GAVALDON	GELI
GARAY	GARDUNIO	GARVISO	GAVALES	GELISTA
GARAYALDE	GARDUNO	GARZA	GAVAY	GELY
GARAYGORDOBIL	GARDUQUE	GARZACANTU	GAVIA	GENAO
GARAYUA	GAREIA	GARZAGARCIA	GAVICA	GENDES
GARAYZAR	GARFIAS	GARZAGONGORA	GAVIDIA	GENEL
GARAZA	GARFIO	GARZAMARTINEZ	GAVILA	GENER
GARBANI	GARGUENA	GARZAPENA	GAVILAN	GENERA
GARBAYO	GARI	GARZARO	GAVILANES	GENESTA
GARBISO	GARIA	GARZES	GAVILLA	GENINO
GARBIZO	GARIB	GARZON	GAVILLAN	GENIZ
GARCA	GARIBALDO	GARZONA	GAVINA	GENOVES
GARCED	GARIBAY	GARZORIA	GAVINO	GERALDES
GARCEL	GARIBY	GASCA	GAVIRA	GERALDINO
GARCELL	GARICA	GASCOT	GAVIRIA	GERALDO
GARCEO	GARIFE	GASERO	GAVITO	GERARDO
GARCERA	GARISPE	GASIO	GAXIOLA	GERENA
GARCERAN	GARITA	GASPARDEALBA	GAYA	GEREZ
GARCES	GARITE	GASPORRA	GAYARRE	GERMENIS
GARCEZ	GARIVAY	GASTELLO	GAYO	GERMES
GARCIA	GARMENDIA	GASTELLUM	GAYOL	GERMONO
GARCIACARDENAS	GARMENDIZ	GASTELO	GAYOSO	GEROLAGA
GARCIAGONZALEZ	GARMISA	GASTELUM	GAYOSSO	GERONES
GARCIAGUERRERO	GARNICA	GASU	GAYTAN	GERRO
GARCIAGUZMAN	GARRANDES	GATAN	GAZCA	GERUSA
GARCIALOPEZ	GARRASTAZU	GATELL	GAZIVODA	GHIGLIOTTY
GARCIAMARTINEZ	GARRIDO	GATICA	GAZOLAS	GIJON
GARCIAPENA	GARRIGA	GATO	GAZTAMBIDE	GIL
GARCIARIOS	GARRIGAS	GATSEOS	GAZTELU	GILAS
GARCAS	GARRIGO	GATTORNO	GEA	GILBES
GARCIAV	GARRIGOS	GAUBA	GEADA	GILBUENA
GARCIDUENAS	GARRIO	GAUCHAS	GEAGA	GILDELAMADRID
GARCIGA	GARROBO	GAUCIN	GEBARA	GIMENEZ
GARCILASO	GARROCHO	GAUD	GEIGEL	GIMENO
GARCILAZO	GARROTE	GAUDIER	GELABERT	GIMINEZ
GARCIO	GARSA	GAUNA	GELACIO	GINART

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GINARTE	GOICOURIA	GONZALEZSOTO	GOTOR	GRANAS
GINDRO	GOICURIA	GONZALO	GOVANTES	GRANDA
GINER	GOIRICELAYA	GONZALVEZ	GOVEA	GRANDEZ
GINET	GOITIA	GONZALVO	GOVELLA	GRANDIO
GINEZ	GOLDEROS	GONZALZ	GOYANES	GRANDOS
GINORI	GOMAR	GONZAQUE	GOYCO	GRANELA
GINORIO	GOME	GONZELEZ	GOYCOCHEA	GRANERO
GINORIS	GOMEZ	GONZELL	GOYCOECHEA	GRANIELA
GINORY	GOMEZDEMOLINA	GONZLAES	GOYCOOLEA	GRANILLO
GIRADO	GOMEZTORRES	GONZLAEZ	GOYENECHE	GRANIS
GIRALD	GOMEZTREJO	GONZLES	GOYOS	GRANIZO
GIRALDES	GOMZALEZ	GONZLEZ	GOYTIA	GRANJA
GIRALDEZ	GONALEZ	GONZOLES	GOYZUETA	GRATACOS
GIRALDO	GONAZLEZ	GONZOLEZ	GOZMAN	GRAULAU
GIRALT	GONDAR	GORBEA	GRACIA	GRAUPERA
GIRAU	GONDREZ	GORDIANY	GRACIAN	GRAVERAN
GIRAUDO	GONEZ	GORDILLO	GRACIANI	GRAZA
GIRELA	GONGALES	GORDILS	GRACIANO	GREIGO
GIRION	GONGALEZ	GORDO	GRACIDA	GRES
GIRO	GONGORA	GORDOA	GRADIAS	GRIEGO
GIRON	GONI	GORENA	GRADILLA	GRIHALVA
GIRONA	GONSALE	GOROSAVE	GRADILLAS	GRIJALBA
GIRONELLA	GONSALES	GOROSTIETA	GRADISAR	GRIJALUA
GISBERT	GONSALEZ	GOROSTIZA	GRADO	GRIJALVA
GISPERT	GONZABA	GOROZA	GRAFALS	GRILLASCA
GIZ	GONZAES	GORRAIZ	GRAGEDA	GRILLIAS
GLORIA	GONZAGUE	GORRICO	GRAIBE	GRIMALDO
GOBEA	GONZAL	GORRINDO	GRAJALES	GRISALES
GOCHEZ	GONZALAS	GORRITA	GRAJEDA	GROLON
GOCHICOA	GONZALE	GORRITZ	GRAJERA	GRONA
GODINA	GONZALEA	GORRIZ	GRAJIOLA	GROSO
GODINES	GONZALES	GORTAREZ	GRAMAJO	GROVAS
GODINET	GONZALEX	GORZELA	GRANADA	GRUESO
GODINEZ	GONZALEZ	GOSALVEZ	GRANADAS	GRULLON
GODOY	GONZALEZDIAZ	GOTANDA	GRANADINO	GRUSMAN
GOENA	GONZALEZHERNAN	GOTAY	GRANADO	GUABA
GOENAGA	DEZ	GOTERA	GRANADOS	GUADA
GOICOCHEA	GONZALEZLEON	GOTIERREZ	GRANADOZ	GUADAGNIN

APPENDIX E **CENSUS LIST OF SPANISH SURNAMES**

GUADALAJARA	GUARIS	GUERRER	GUIERREZ	GUTERREZ
GUADALUPE	GUARJARDO	GUERRERO	GUIIAN	GUTIERES
GUADAMUZ	GUARNERO	GUERRIDO	GUIIERREZ	GUTIEREZ
GUADARAMA	GUARNEROS	GUERRIOS	GUIIRON	GUTIERIEZ
GUADARRAMA	GUARTUCHE	GUERRO	GUIITEREZ	GUTIERR
GUADERRAMA	GUAS	GUERRRA	GUIITERREZ	GUTIERRE
GUADIAN	GUASCH	GUEVARA	GUIITY	GUTIERREA
GUADIANA	GUASH	GUEVAREZ	GUIIU	GUTIERRER
GUADIANO	GUASP	GUEVARRA	GUIVAS	GUTIERRES
GUADRON	GUAYANTE	GUEVERA	GUIZA	GUTIERREZ
GUAIDA	GUAYDACAN	GUEVERRA	GUIZADO	GUTIERREZGARCIA
GUAJACA	GUDIEL	GUEZ	GUIZAR	GUTIERREZRIOS
GUAJARDO	GUDINO	GUIA	GUJARDO	GUTIERRRZ
GUAL	GUEBARA	GUIBOA	GULARTE	GUTIRREZ
GUALDARRAMA	GUECHO	GUICHO	GULBAS	GUTTEREZ
GUAMAN	GUEDE	GUIDERO	GULDRIS	GUTTERREZ
GUANA	GUEDEA	GUIJARRO	GULDRIZ	GUTTIEREZ
GUANAJUATO	GUEDES	GUIJOSA	GULIERREZ	GUTTIERREZ
GUANCHE	GUEDIN	GUILARTE	GUMA	GUZMAN
GUANGORENA	GUEIMUNDE	GUILBE	GUNDIN	GUZMELI
GUANILL	GUEITS	GUILEZ	GURARO	GUZMON
GUANTE	GUEL	GUILLAMA	GURELL	HACES
GUANTES	GUELBENZU	GUILLEMARD	GURIDES	HAEDO
GUANTEZ	GUELMES	GUILLEN	GUROLA	HANONO
GUAPO	GUEMES	GUILLENA	GURRERO	HARGITA
GUARA	GUEMEZ	GUILLERMETY	GURRIA	HARISPURU
GUARACHA	GUERA	GUILLERMO	GURRIES	HARO
GUARCH	GUERARA	GUINA	GURROLA	HAROS
GUARDADO	GUERACA	GUIRADO	GURRUCHAGA	HARVIER
GUARDAMONDO	GUERENA	GUIRALES	GURULE	HAYOS
GUARDARRAMA	GUERENO	GUIREMAND	GURVLE	HECHANOVA
GUARDARRAMOS	GUEREQUE	GUIROLA	GURZI	HECHAVARRIA
GUARDERAS	GUERERO	GUIISA	GUSMAN	HECHEVARRIA
GUARDIAN	GUERERRO	GUISADO	GUSME	HEGUY
GUARDIAS	GUERNICA	GUISAO	GUSTAMANTE	HELGUERA
GUARDIOLA	GUERRA	GUISAR	GUSTAMENTE	HELGUERO
GUARENO	GUERREO	GUITANO	GUSTO	HELGUEROS

APPENDIX E **2020 CENSUS LIST OF SPANISH SURNAMES**

HENANDEZ	HERNANDEZ	HIDROGO	HOLGIN	HUERGO
HENAO	HERNANDEZCANTU	HIERREZUELO	HOLGUIN	HUERTA
HENARES	HERNANDEZORTIZ	HIERRO	HOLQUIN	HUERTAS
HENOJOSA	HERNANDO	HIGADERA	HOMAR	HUERTAZ
HENRIGUEZ	HERNANDORENA	HIGAREDA	HOMS	HUERTERO
HENRIQUEZ	HERNANDZ	HIGARES	HONESTO	HUERTO
HERALDEZ	HERNANEZ	HIGNOJOS	HONGOLA	HUERTOS
HERANDEZ	HERNDEZ	HIGNOJOZ	HONORIO	HUESCA
HERAS	HERNENDEZ	HIGUERA	HONRADA	HUESO
HERAZ	HERONEMA	HIGUERAS	HORABUENA	HUETE
HERBELLO	HERRADA	HIGUERO	HORACIO	HUEZO
HEREBIA	HERRADOR	HIGUEROS	HORCASITAS	HUGUEZ
HEREDERO	HERRAN	HIJAR	HORELICA	HUICI
HEREDIA	HERRANZ	HILARIO	HORMACHEA	HUICOCHEA
HEREIDA	HERRARA	HILERIO	HORMAZA	HUIDOR
HERENA	HERRARTE	HINAJOSA	HORMAZABAL	HUIPE
HERERA	HERREA	HINESTROSA	HORMILLA	HUISAR
HERERRA	HERREJON	HINOJAS	HORNEDO	HUITRON
HERETER	HERRENA	HINOJO	HORRUITINER	HUIZAR
HERIA	HERRER	HINOJOS	HORTA	HUMADA
HERIDIA	HERRERA	HINOJOSA	HOSTAS	HUMILDAD
HERMANDEZ	HERRERAS	HINOJOSE	HOSTOS	HURADO
HERMIDA	HERRERIA	HINOJOSO	HOYO	HURBINA
HERMIDAS	HERRERIAS	HINOJOZA	HOYOS	HURIEGA
HERMIS	HERRERO	HINOSTRO	HOYUELA	HURON
HERMOCILLO	HERREROS	HINOSTROSA	HUACUJA	HURRIEGA
HERMOGENO	HERRERRA	HINOSTROZA	HUALDE	HURTADA
HERMOSA	HERROZ	HINZO	HUAMAN	HURTADO
HERMOSILLO	HERVAS	HIPOLITO	HUANTE	HURTARTE
HERMOSO	HERVELLA	HIRALDO	HUANES	HYSQUIERDO
HERNADEZ	HERVIS	HIRALES	HUAPE	IANEZ
HERNAEZ	HEVIA	HIRALEZ	HUARACHA	IANOS
HERNAIZ	HEYSQUIERDO	HIRIGOYEN	HUARTE	IBANES
HERNAND	HIBARRA	HIRTADO	HUEDA	IBANEZ
HERNANDE	HIDALGA	HISQUIERDO	HUERCA	IBAR
HERNANDEL	HIDALGO	HITA	HUERENA	IBARBO
HERNANDER	HIDALGOGATO	HOGEDA	HUEREQUE	IBARGUENGOITIA
HERNANDES	HIDAS	HOJAS	HUERGAS	IBARLUCEA

APPENDIX E **CENSUS LIST OF SPANISH SURNAMES**

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

APPENDIX E **2020 CENSUS LIST OF SPANISH SURNAMES**

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

APPENDIX E **CENSUS LIST OF SPANISH SURNAMES**

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

APPENDIX E **2020 CENSUS LIST OF SPANISH SURNAMES**

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

APPENDIX E **CENSUS LIST OF SPANISH SURNAMES**

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

APPENDIX E

2020 CENSUS LIST OF SPANISH SURNAMES

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

APPENDIX E

CENSUS LIST OF SPANISH SURNAMES

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

APPENDIX E **2020 CENSUS LIST OF SPANISH SURNAMES**

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MARUNO	MATALOBOS	MAYORAL	MEDRAN	MELIAS
MARURI	MATAMOROS	MAYORCA	MEDRANO	MELINDEZ
MARVEZ	MATANZO	MAYORDOMO	MEGARIZ	MELIOTA
MARXUACH	MATEAS	MAYORGA	MEGUI	MELLADO
MARZAN	MATEO	MAYORQUIN	MEIJA	MELOCOTON
MARZOA	MATEOS	MAYSONET	MEIRELES	MEMBRENO
MARZOL	MATEU	MAYTIN	MEIZOSO	MEMBRILA
MARZOVILLA	MATIAS	MAYTORENA	MEJA	MENA
MAS	MATIENZO	MAZA	MEJIA	MENACHE
MASCARDO	MATILLA	MAZARA	MEJIAS	MENACHO
MASCARENA	MATOS	MAZARIEGO	MEJICO	MENCHACA
MASCARENAS	MATOSO	MAZARIEGOS	MEJIDO	MENCHAEA
MASCARENAZ	MATOZA	MAZON	MEJILLA	MENCHAVEZ
MASCARENO	MATTILLO	MAZORRA	MEJILLAS	MENCHEGO
MASCARINAS	MATURANA	MAZPULE	MEJORADA	MENCIA
MASCARRO	MATURINO	MAZQUIARAN	MEJORADO	MENCIO
MASCORRO	MATUTE	MAZUCA	MELANDEZ	MENCOS
MASDEO	MAULEON	MAZUELOS	MELANO	MENDANA
MASDEU	MAUNA	MEASTAS	MELCHOR	MENDAROS
MASEDA	MAUPOME	MEAVE	MELCON	MENDEOLA
MASERO	MAURAS	MECADO	MELECIO	MENDEZ
MASFERRER	MAUREL	MECARTEA	MELENA	MENDIA
MASIAS	MAURICIO	MECENAS	MELENCIANO	MENDIAS
MASIEL	MAURIES	MECHOSO	MELENDE	MENDIAZ
MASJUAN	MAURIZ	MEDEL	MELENDES	MENDIBLES
MASPERO	MAUROS	MEDELES	MELENDEZ	MENDIBURO
MASPONS	MAUROZA	MEDELEZ	MELENDRES	MENDIBURU
MASQUIDA	MAYA	MEDELLIN	MELENDREZ	MENDIETA
MASSANA	MAYAGOITIA	MEDERO	MELENEDEZ	MENDIETTA
MASSANET	MAYANS	MEDEROS	MELENEZ	MENDIGUTIA
MASSAS	MAYAS	MEDIANO	MELENUDO	MENDINE
MASSIATTE	MAYATE	MEDIAVILLA	MELERO	MENDIOLA
MASTACHE	MAYDON	MEDINA	MELGAR	MENDIOLEA
MASTRAPA	MAYEN	MEDINAS	MELGAREJO	MENDIONDO
MASVIDAL	MAYMI	MEDINILLA	MELGARES	MENDITA
MATA	MAYNEZ	MEDIO	MELGOSA	MENDIVEL
MATAIYA	MAYOL	MEDIZ	MELGOZA	MENDIVIL
MATALLANA	MAYORA	MEDOLA	MELIAN	MENDIZ

APPENDIX E **CENSUS LIST OF SPANISH SURNAMES**

MENDIZABAL	MERELES	MEXIA	MILLANPONCE	MIRAMONTES
MENDOSA	MERENDON	MEXICANO	MILLARES	MIRAMONTEZ
MENDOZ	MEREZ	MEZA	MILLAYES	MIRANA
MENDOZA	MERGIL	MEZQUITA	MIMIAGA	MIRANDA
MENDOZO	MERINO	MICAN	MINABE	MIRANO
MENDRE	MERIZALDE	MICHACA	MINAGA	MIRASOL
MENDRIN	MERJIL	MICHELENA	MINAGORRI	MIRAVAl
MENEDEZ	MERLA	MICHELTORENA	MINAMIDE	MIRAYA
MENENDEZ	MERLOS	MIEDES	MINATRE	MIRAZ
MENES	MERMEA	MIELES	MINAYA	MIRAZO
MENESES	MERMEJO	MIELGO	MINCHACA	MIRDITA
MENEZ	MERMELLA	MIERA	MINDIETA	MIRELES
MENJARES	MERODIO	MIERES	MINDIOLA	MIRELEZ
MENJIVAR	MERONO	MIEREZ	MINERA	MIRET
MENJUGA	MERU	MIESES	MINERO	MIRILES
MENOCAL	MERUELO	MIGNARDOT	MINGUELA	MIRO
MENOSCAL	MESA	MIGOYA	MINGURA	MIROLLA
MENOUD	MESEGUER	MIGUEL	MINIAREZ	MISAS
MENOYO	MESIA	MIGUELES	MINICA	MISLA
MERA	MESIAS	MIGUELEZ	MINITREZ	MISQUEZ
MERANCIO	MESILLAS	MIGUELIZ	MINJARES	MIYAR
MERAS	MESINAS	MIGURA	MINJAREZ	MIYARES
MERAZ	MESONERO	MIJANGOS	MINOBE	MOCEGA
MERCAD	MESORANA	MIJARES	MINONDO	MOCETE
MERCADA	MESQUIAS	MIJAREZ	MINOSO	MOCHO
MERCADAL	MESQUIT	MIJENES	MINSAL	MOCTEZUMA
MERCADE	MESQUITA	MILA	MIQUEO	MODERO
MERCADER	MESQUITE	MILANES	MIR	MODIA
MERCADO	MESQUITI	MILANEZ	MIRABAL	MODRONO
MERCARDO	MESSARRA	MILARA	MIRABEL	MOGAS
MERCED	MESSEGUER	MILERA	MIRABENT	MOGOLLON
MERCEDES	MESTA	MILIAN	MIRADA	MOGRO
MERCHAIN	MESTAS	MILINA	MIRAFLORES	MOGUEL
MERCHAN	MESTAZ	MILLAN	MIRALES	MOHEDANO
MERCODO	MESTRE	MILLAND	MIRALLA	MOIZA
MERCOLA	MESTRES	MILLANES	MIRALLES	MOJADO
MERCONCHINI	MESTRIL	MILLANEZ	MIRAMON	MOJARRO

APPENDIX E

2020 CENSUS LIST OF SPANISH SURNAMES

MOJEDA	MONCIBAIS	MONSEBAIS	MONTEMAJOR	MOQUINO
MOJENA	MONCIBAIZ	MONSEGUR	MONTEMAYOR	MORA
MOJICA	MONCIVAIS	MONSERRAT	MONTENEGRO	MORADO
MOLANO	MONCIVAIZ	MONSERRATE	MONTEON	MORAGA
MOLDES	MONCIVALLES	MONSEVAIS	MONTERA	MORAGO
MOLDONADO	MONCLOVA	MONSEVALLES	MONTERDE	MORAGUEZ
MOLEDO	MONDACA	MONSIBAIS	MONTEREY	MORAIDA
MOLENA	MONDEJAR	MONSIBAIZ	MONTERO	MORAILA
MOLENDEZ	MONDELO	MONSISVAIS	MONTEROLA	MORAL
MOLERA	MONDONA	MONSIVAIS	MONTEROS	MORALE
MOLERES	MONDOZA	MONSIVAIZ	MONTERREY	MORALEJO
MOLERIO	MONDRAGON	MONTAIVO	MONTERROSA	MORALES
MOLGADO	MONEDA	MONTALBAN	MONTERROSO	MORALESGONZALE
MOLINA	MONEDERO	MONTALBO	MONTERROZA	Z
MOLINAR	MONEGRO	MONTALUO	MONTERRUBIO	MORALESLOPEZ
MOLINARES	MONEO	MONTALVAN	MONTES	MORALESRAMOS
MOLINARY	MONGE	MONTALVO	MONTESDEOCA	MORALESSTORRES
MOLINAS	MONGES	MONTAN	MONTESINO	MORALEZ
MOLINER	MONGUIA	MONTANE	MONTESINOS	MORANDA
MOLINEROS	MONITA	MONTANER	MONTEVERDE	MORANTES
MOLINET	MONJARAS	MONTANES	MONTEZ	MORATA
MOLLEDA	MONJARAZ	MONTANEZ	MONTEZUMA	MORATALLA
MOLLES	MONJARDIN	MONTANIO	MONTIEL	MORATAYA
MOLLINDO	MONJE	MONTANO	MONTIJO	MORATO
MOLLINEDO	MONJES	MONTANTES	MONTILLA	MORAZA
MONAGAS	MONLEON	MONTAYA	MONTION	MORCATE
MONARCO	MONLLOR	MONTAZ	MONTMAYOR	MORCIEGO
MONARES	MONNAR	MONTEAGUDO	MONTOLLA	MORCIGLIO
MONAREZ	MONOZ	MONTEALEGRE	MONTONO	MORCOS
MONARQUE	MONRAZ	MONTEAVARO	MONTOTO	MOREDA
MONARRES	MONREAL	MONTECELO	MONTOVA	MOREDO
MONARREZ	MONRIAL	MONTECINO	MONTOY	MOREIDA
MONCADA	MONROIG	MONTEDEOCA	MONTOYA	MOREIRAS
MONCADO	MONROY	MONTEFALCON	MONTOYO	MOREJON
MONCAYO	MONRRREAL	MONTEJANO	MONTUFAR	MORELES
MONCEVAIS	MONRRIAL	MONTEJO	MONTUYA	MORELION
MONCEVAIZ	MONSALVE	MONTELLANO	MONZON	MORELLON
MONCEVIAS	MONSALVO	MONTELONGO	MOQUETE	MORELO

APPENDIX E **CENSUS LIST OF SPANISH SURNAMES**

MORELOS	MORRAS	MUGARTEGUI	MUNOS	MUSQUEZ
MORENO	MORRAZ	MUGERZA	MUNOZ	MUSQUIZ
MORENTIN	MORRERO	MUGICA	MUNOZCANO	MUSTELIER
MORERA	MORRINA	MUGUERCIA	MUNQUIA	MUTIO
MORERO	MORTEO	MUGUERZA	MUNTANER	MUXART
MORETA	MORTERA	MUGUIRO	MURADAS	MUXO
MOREYRA	MORUA	MUIL	MURADAZ	MUZAURIETA
MORFA	MORVA	MUINA	MURADO	MUZQUIZ
MORFFI	MOSCOSO	MUINAS	MURADA	NABA
MORFI	MOSINO	MUINO	MURAIRA	NABARRETE
MORFIN	MOSQUEA	MUINOS	MURALLES	NABARRETTE
MORGA	MOSQUEDA	MUIRRAGUI	MURANE	NABAYAN
MORGALO	MOSQUEDO	MUIS	MURATAALLA	NABETA
MORGAS	MOSQUERA	MUJICA	MURAVEZ	NACER
MORHAR	MOTA	MULERO	MURCIA	NACHON
MORIEL	MOTAL	MULET	MURCIANO	NACIANCENO
MORILLA	MOTILLA	MULGADO	MURCIO	NADAL
MORILLAS	MOURE	MUNA	MURGA	NAFARRATE
MORILLO	MOUREN	MUNANA	MURGADO	NAFARRETE
MORILLON	MOURINO	MUNARRIZ	MURGUIA	NAGORE
MORILLOS	MOURIZ	MUNDO	MURIAS	NAJAR
MORIONES	MOYA	MUNECAS	MURIEDAS	NAJARA
MORIYON	MOYADO	MUNERA	MURIEL	NAJARES
MORLA	MOYANO	MUNERO	MURIENTE	NAJARRO
MORLES	MOYEDA	MUNET	MURIETTA	NAJERA
MORLET	MOYENO	MUNETON	MURILLO	NALDA
MORLOTE	MOYET	MUNEZ	MURO	NANDIN
MOROCHO	MOYRON	MUNGARAY	MUROLAS	NANDINO
MORODO	MOZAS	MUNGARRO	MUROS	NANEZ
MOROLES	MOZQUEDA	MUNGIA	MUROYA	NAPOLES
MOROLEZ	MUCALA	MUNGUIA	MURRIETA	NARANJO
MORON	MUCINO	MUNILLA	MURRIETTA	NARAVEZ
MORONES	MUDAFORT	MUNIVE	MURRILLO	NARBAIZ
MORONEZ	MUELA	MUNIVEZ	MURSULI	NARCHO
MOROYOQUI	MUELAS	MUNIZ	MURUA	NARCIA
MORQUECHO	MUENTES	MUNNE	MURUAGA	NAREDO
MORQUEZ	MUGA	MUNOA	MURUATO	NARES

APPENDIX E
2020 CENSUS LIST OF SPANISH SURNAMES

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NAREZ	NAVEIRAS	NERIA	NIVAR	NORDELO
NAREZO	NAVEJA	NERIO	NIVES	NOREIGA
NARINO	NAVEJAR	NERIOS	NIZ	NORENA
NARIO	NAVEJAS	NERIS	NOA	NORERO
NARONJO	NAVERAN	NERVAIS	NOBARA	NORIA
NARRANJO	NAVIA	NEVARES	NOBIDA	NORIEGA
NARRO	NAVIDAD	NEVAREZ	NOBOA	NORIEGO
NARVAES	NAVO	NEVARREZ	NOBREGAS	NORIZ
NARVAEZ	NAVODA	NEYRA	NOCAS	NORMANDIA
NARVAIS	NAYA	NIALS	NOCEDA	NORONA
NARVAIZ	NAYARES	NIAVE	NOCEDAL	NORTE
NARVAREZ	NAZABAL	NIAVES	NOCHE	NORZAGARAY
NARVARTE	NAZARIO	NIAVEZ	NOCHERA	NOVALES
NATAL	NAZCO	NICACIO	NODAL	NOVAS
NATERA	NAZUR	NICASIO	NODAR	NOVELA
NATERAS	NEBLINA	NICOT	NODARSE	NOVELO
NATIVIDAD	NEBREDAS	NIDEZ	NOGALES	NOVENBRE
NAVA	NEBRIDA	NIDO	NOGARE	NOVIAN
NAVAIIRA	NECO	NIEBLA	NOGUE	NOVILLO
NAVAJAR	NECOCHEA	NIEBLAS	NOGUEDA	NOVO
NAVAL	NECOECHEA	NIEGO	NOGUEIRAS	NOVOA
NAVALES	NECUZE	NIELES	NOGUELLES	NOYA
NAVALLO	NEGRE	NIETO	NOGUER	NOYAS
NAVANJO	NEGREIRA	NIEVA	NOGUERA	NOYOLA
NAVAR	NEGRET	NIEVE	NOGUERAS	NUANES
NAVARETE	NEGRETE	NIEVES	NOGUES	NUANEZ
NAVARETTE	NEGRETTE	NIEVEZ	NOGUEZ	NUCHE
NAVAREZ	NEGRIN	NIEZ	NOLASCO	NUEVO
NAVARIA	NEGRON	NIGAGLIONI	NOLINE	NUEZ
NAVARIJO	NEGRONCOLON	NIGOS	NOLLA	NUIN
NAVARR	NEGRONI	NILA	NOMBRANA	NUMEZ
NAVARRETE	NEGUERUELA	NIN	NOMBRANO	NUNCIO
NAVARRETTE	NEIRA	NINA	NOPERI	NUNEZ
NAVARRO	NEITO	NINO	NORALEZ	NUNGARAY
NAVAS	NEIVES	NIRA	NORAT	NUNO
NAVEDA	NEJAR	NISPEROS	NORDA	NUNTEZ
NAVEDO	NERADA	NISTAL	NORDELLA	OAXACA
NAVEIRA	NEREY	NIVAL		OBALLE

APPENDIX E **CENSUS LIST OF SPANISH SURNAMES**

OBALLES	OCHOTERENA	OLARTE	OLIVENCIA	OMAEHEVARRIA
OBANDO	OCHOTORENA	OLASCOAGA	OLIVERA	OMANA
OBARRIO	OCON	OLASCUAGA	OLIVERAS	OMS
OBAS	ODAMA	OLAVARRI	OLIVERAZ	ONATE
OBAYA	ODIO	OLAVARRIA	OLIVERES	ONDARO
OBERA	ODRIOZOLA	OLAVARRIETA	OLIVEREZ	ONDARZA
OBESO	OFARRILL	OLAVE	OLIVERO	ONDOY
OBEZO	OFERRAL	OLAYA	OLIVEROS	ONDREAS
OBIEDO	OGALDEZ	OLAYO	OLIVES	ONDRIAS
OBISPO	OGANDO	OLAZABA	OLIVIAS	ONGANIA
OBLEA	OGARRIO	OLAZABAL	OLIVIS	ONGAY
OBLEDO	OGARRO	OLAZAGASTI	OLIVO	ONOFRE
OBLIGACION	OGAS	OLAZARAN	OLIVOS	ONoz
OBRADOR	OGAZ	OLBA	OLLACA	ONSUREZ
OBREGON	OGUENDO	OLBERA	OLLERBIDEZ	ONTANEDA
OCA	OGUETE	OLBES	OLLERVIDES	ONTIBEROZ
OCACIO	OHIGGINS	OLDRATE	OLLERVIDEZ	ONTIVERAS
OCADIZ	OJEDA	OLEA	OLLIVARES	ONTIVERO
OCAMPO	OJINAGA	OLEAS	OLLOQUE	ONTIVEROS
OCAMPOS	OJITO	OLETA	OLLOQUI	ONTIVEROZ
OCANA	OLABARRIA	OLGIN	OLME	OPIO
OCANAS	OLABARRIETA	OLGUIN	OLMEDA	OPORTO
OCANO	OLACHEA	OLIBARES	OLMEDO	OQUENDO
OCANTO	OLAECHEA	OLIBAREZ	OLMO	OQUITA
OCARANZA	OLAETA	OLIBARRIA	OLMOS	ORABUENA
OCARIZ	OLAEZ	OLIDE	OLMOZ	ORACION
OCARIZA	OLAGE	OLIU	OLONA	ORAMA
OCASIO	OLAGUE	OLIVA	OLONIA	ORAMAS
OCEGUEDA	OLAGUES	OLIVAN	OLONO	ORANA
OCEGUERA	OLAGUEZ	OLIVAR	OLORTEGUI	ORANDAY
OCEJO	OLAGUIBEL	OLIVARE	OLQUIN	ORANTE
OCEQUEDA	OLAIS	OLIVARES	OLTIVERO	ORANTES
OCHEA	OLAIZ	OLIVAREZ	OLVEDA	ORANTEZ
OCHINERO	OLALDE	OLIVAROS	OLVEDO	ORATE
OCHIPA	OLALLA	OLIVARRI	OLVEIRA	ORBAY
OCHOA	OLAQUE	OLIVARRIA	OLVERA	ORBEA
OCHOS	OLAQUEZ	OLIVAS	OLVEZ	ORBEGOZO

APPENDIX E **2020 CENSUS LIST OF SPANISH SURNAMES**

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ORCA	ORISIO	ORTEGAS	OSONA	OYACA
ORCASITAS	ORITIZ	ORTEGON	OSORIA	OYAGUE
ORDAZ	ORITZ	ORTES	OSORIO	OYANGUREN
ORDENANA	ORIVE	ORTEZ	OSORNIA	OYARBIDE
ORDENER	ORIZAGA	ORTIGAS	OSORNIO	OYARZABAL
ORDENES	ORJALES	ORTIGOSA	OSORNO	OYARZUN
ORDENEZ	ORJUELA	ORTIGOZA	OSPINA	OYAS
ORDIALES	ORNELAS	ORTIVEZ	OSPINO	OYERBIDES
ORDINARIO	ORNELAZ	ORTIVIZ	OSPITAL	OYERVIDES
ORDONES	ORNELES	ORTIZ	OSSA	OYERVIDEZ
ORDONEZ	OROBIO	ORTIZYPINO	OSSORGIN	OYOLA
ORDONO	OROL	ORTOLAZA	OSSORIO	OYOQUE
ORDOQUI	ORONA	ORTUNIO	OSTEGUIN	OYUELA
ORDORICA	ORONoz	ORTUNO	OSTIGUIN	OZAETA
ORDOVER	OROPESA	ORTUZAR	OSTIQUIN	OZETA
ORDUNA	OROPEZA	ORUE	OSTOLAZA	OZORES
ORDUNEZ	OROSA	ORUNA	OSTOS	OZORIA
ORDUNO	OROSCO	ORVANANOS	OSUNA	OZORNIA
OREGEL	OROZ	ORZA	OTANEZ	OZUNA
OREJEL	OROZCO	ORZABAL	OTANO	OZUNIGA
ORELLANA	OROZEO	ORZO	OTAZO	PABEY
ORELLANO	ORPILLA	OSA	OTEGUI	PABLICO
ORENDAIN	ORPINEL	OSANO	OTEIZA	PABLO
ORENGO	ORQUIZ	OSCOS	OTEO	PABLOS
ORENSE	ORRACA	OSCOY	OTERA	PABON
ORETEGA	ORRADRE	OSEDA	OTERO	PABROS
ORETGA	ORRANTE	OSEGUEDA	OTHON	PACHARZINA
ORFILA	ORRANTIA	OSEGUERA	OTI	PACHEC
ORGANISTA	ORREGO	OSEJO	OTONDO	PACHECANO
ORGE	ORRIOLA	OSELIO	OVADIA	PACHECO
ORIA	ORRIOLS	OSEQUERA	OVALLE	PACHELO
ORIBA	ORSABA	OSES	OVALLES	PACHEO
ORIBE	ORSUA	OSETE	OVALLEZ	PACHERO
ORIGEL	ORTA	OSIO	OVANDO	PACHICANO
ORIGINALES	ORTAL	OSLE	OVARES	PACHO
ORIHUELA	ORTAS	OSNAYA	OVIEDA	PACHON
ORIJEL	ORTEG	OSO	OVIEDO	PACHUCA
ORIQUE	ORTEGA	OSOLLO	OXIOS	PACIAS

APPENDIX E **CENSUS LIST OF SPANISH SURNAMES**

PACIFICAR	PAJUELO	PALOMA	PANERO	PARDUCHO
PACILLAS	PALACIES	PALOMAR	PANETO	PAREDES
PACIN	PALACIO	PALOMARES	PANIAGUA	PAREDEZ
PACINA	PALACIOS	PALOMAREZ	PANIAQUA	PAREIRA
PACO	PALADINES	PALOMEQUE	PANIZ	PAREJA
PADDILLA	PALAFOS	PALOMERA	PANOPIO	PARELLADA
PADER	PALAFOX	PALOMIN	PANTA	PARERA
PADIA	PALAGANAS	PALOMINO	PANTAJA	PARES
PADIAL	PALAMO	PALOMINOS	PANTALEON	PARETS
PADIAS	PALASOTA	PALOMO	PANTIGA	PAREYA
PADIERNA	PALATO	PALOP	PANTIN	PAREZ
PADILL	PALAU	PALOS	PANTLEO	PARGA
PADILLA	PALAZON	PALOU	PANTOJA	PARGAS
PADILLIA	PALAZUELOS	PAMANES	PANTOJAS	PARIZ
PADILLO	PALENCIA	PAMARAN	PANTOYA	PAROCUA
PADIN	PALENZUELA	PAMBLANCO	PANTUSA	PARQUE
PADOR	PALEO	PAMIAS	PANUCO	PARRA
PADRES	PALGON	PAMINTUAN	PANZARDI	PARRADO
PADRINO	PALICIO	PAMPIN	PANZIERA	PARRAGA
PADRO	PALITOS	PAMPLONA	PARACHE	PARRAL
PADRON	PALIZO	PANALES	PARADA	PARRALES
PADUA	PALLAIS	PANALEZ	PARADEDA	PARRAS
PAEZ	PALLAN	PANAMA	PARADELA	PARRAZ
PAGAN	PALLANES	PANAMENO	PARADELO	PARRENO
PAGANRIVERA	PALLANEZ	PANARISO	PARADES	PARRIERA
PAGES	PALLARES	PANCEGRAN	PARADEZ	PARRILLA
PAGOLA	PALLAREZ	PANCHANA	PARAMO	PARRONDO
PAGON	PALLEJA	PANCHO	PARAPAR	PARTAGAS
PAGUAGA	PALLENS	PANCORBO	PARAYNO	PARTIDA
PAGUIO	PALLOT	PANDAL	PARAYUELOS	PARTIDO
PAHISSA	PALMARES	PANDAS	PARAZO	PASADA
PAIACIOS	PALMAREZ	PANDES	PARCES	PASAMONTE
PAIRADA	PALMARIN	PANDO	PARDAVE	PASANTES
PAIRIS	PALMAS	PANDURO	PARDILLO	PASARELL
PAIZ	PALMEIRO	PANELO	PARDINAS	PASARET
PAJARITO	PALMERIN	PANENO	PARDO	PASARIN
PAJARO	PALMEROS	PANEQUE	PARDOS	PASCACIO

APPENDIX E **2020 CENSUS LIST OF SPANISH SURNAMES**

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PASCUAL	PEDEVILLA	PELLICIER	PERALES	PEREZMONTES
PASCUALI	PEDRAJA	PELLOT	PERALEZ	PEREZRAMOS
PASENA	PEDRAS	PELUFFO	PERALTA	PERFECTO
PASILLAS	PEDRAYES	PENA	PERALTO	PERFINO
PASOLS	PEDRAZ	PENABAD	PERATIS	PERICAS
PASOS	PEDRAZA	PENADO	PERAZA	PERLAS
PASSAPERA	PEDRE	PENAFIEL	PERCHES	PERMUY
PASTORA	PEDREGAL	PENAFLO	PERCHEZ	PERNAS
PASTORIZA	PEDREGO	PENAFLOIDA	PERDICES	PEROLDO
PASTRAN	PEDREGON	PENAGARZA	PERDIDO	PEROZO
PASTRANA	PEDREGUERA	PENAHERRERA	PERDIGON	PERRES
PASTRANO	PEDREIRA	PENALBA	PERDOMO	PERRIRAZ
PATINA	PEDREIRO	PENALES	PEREA	PERTIERRA
PATINO	PEDRERA	PENALO	PEREDA	PERU
PATLAN	PEDRERO	PENALOSA	PEREDIA	PERUMEAN
PATRANELLA	PEDRIANES	PENALOZA	PEREDO	PERUSINA
PATRON	PEDRINO	PENALVER	PEREGRINA	PERUSQUIA
PAUDA	PEDROCHE	PENALVERT	PEREGRINO	PERUYERA
PAULA	PEDROGO	PENANO	PEREIDA	PERUYERO
PAULLADA	PEDROLA	PENARANDA	PEREIRO	PERVEZ
PAVEDES	PEDROSA	PENATE	PERELES	PERYATEL
PAVILA	PEDROSO	PENDAS	PERERA	PESANTE
PAVON	PEDROZA	PENEZ	PERES	PESANTES
PAYAN	PEGO	PENICHE	PEREYDA	PESANTEZ
PAYANO	PEGODA	PENICHET	PEREYO	PESCADO
PAYARES	PEGUERO	PENILLA	PEREYRA	PESCADOR
PAYAS	PEGUEROS	PENON	PEREZ	PESINA
PAYEN	PEINADO	PENSADO	PEREZA	PESQUEDA
PAYERO	PEIRO	PENUELA	PEREZCANO	PESQUEIRA
PAZ	PELACHE	PENUELAS	PEREZCHICA	PESQUERA
PAZMINO	PELAEZ	PENUELAZ	PEREZCOLON	PESQUIERA
PAZOS	PELAIZ	PENUNURI	PEREZDEALEJO	PEYDRO
PECARO	PELALLO	PEON	PEREZDELRIO	PEYNADO
PECELUNAS	PELATA	PEPERAS	PEREZDIAZ	PEYRO
PECERO	PELAYO	PEPITO	PEREZGONZALEZ	PEZA
PECHERO	PELEGRINA	PEQUENO	PEREZJIMENEZ	PEZEZ
PECINA	PELECER	PEQUERO	PEREZLOPEZ	PEZINA
PECOS	PELLERANO	PERAL	PEREZMENDEZ	PIARD

APPENDIX E **CENSUS LIST OF SPANISH SURNAMES**

PICALLO	PINELA	PIZANA	PLUMEY	PORDIA
PICAR	PINELO	PIZANO	POBAR	PORFIL
PICART	PINERA	PIZARO	POBLANO	PORLAS
PICASCIA	PINERO	PIZARRA	POBLETE	PORRAS
PICASO	PINEROS	PIZARRO	POBRE	PORRATA
PICAZO	PINEY	PIZULA	PODILLA	PORRAZ
PICENO	PINEYRO	PLA	POEY	PORRERO
PICHARDO	PINGARRON	PLACENCIA	POGAN	PORRES
PICO	PINIELLA	PLACENCIO	POLA	PORROS
PICON	PINILLA	PLACENSIA	POLACO	PORTAL
PICOS	PINILLO	PLACENTIA	POLANCO	PORTALATIN
PIEDAD	PINILLOS	PLACERES	POLENDO	PORTALES
PIEDRA	PINO	PLAJA	POLIDURA	PORTALEZ
PIEDRAHITA	PINOL	PLANA	POLINA	PORTELA
PIEDRAS	PINON	PLANAS	POLITRON	PORTELLES
PIELAGO	PINONES	PLANCARTE	POLLERANA	PORTES
PIERAS	PINTADO	PLANCENCIA	POLLORENO	PORTIELES
PIJUAN	PINTOR	PLANELL	POLVADO	PORTILLA
PILA	PINTOS	PLANELLAS	POMALE	PORTILLO
PILAR	PINUELA	PLANES	POMALES	PORTILLOS
PILARTE	PINUELAS	PLANOS	POMARES	PORTOCARRERO
PILLADO	PINZON	PLANTILLAS	POMAREZ	PORTOLAN
PILOTO	PIOQUINTO	PLANTO	POMBROL	PORTORREAL
PIMIENIA	PIQUERO	PLASCENCIA	POMELEO	PORTUGAL
PIMIENTO	PIREZ	PLASENCIA	POMPA	PORTUGUES
PIMINTEL	PIRINEA	PLASENCIO	PONCABARE	PORTUGUEZ
PINA	PIRIS	PLATA	PONCE	PORTUONDO
PINADEARCOS	PIRIZ	PLATAMONE	PONCEDELEON	POSADA
PINAL	PIS	PLATAS	PONCHO	POSADAS
PINALES	PISANA	PLATERO	PONCIANO	POSAS
PINALEZ	PISENO	PLAZA	PONCIO	POSO
PINARES	PISONERO	PLAZAS	PONSDOMENECH	POSOS
PINCAY	PITA	PLAZOLA	PONZOA	POSTIGO
PINEDA	PITALUGA	PLIEGO	PORATA	POSTIL
PINEDO	PITARCH	PLUMA	PORCAYO	POTESTAD
PINEIRA	PITONES	PLUMAS	PORCHAS	POUGES
PINEIRO	PITRONES	PLUMEDA	PORCHO	POUSA

APPENDIX E **2020 CENSUS LIST OF SPANISH SURNAMES**

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POVEDA	PROANO	PULIDO	QUEZADA	QUINTANAR
POVENTUD	PROCEL	PULOMENA	QUIALA	QUINTANILLA
POVIONES	PROCELA	PUMAR	QUIAN	QUINTANS
POYOENA	PROCSAL	PUMARADA	QUIBUYEN	QUINTARO
POZA	PROENZA	PUMAREJO	QUICENO	QUINTAS
POZAS	PROHIAS	PUMARES	QUICHOCHO	QUINTEIRO
POZERO	PROO	PUMARIEGA	QUIDERA	QUINTELA
POZO	PROVENCIO	PUMAROL	QUIHUIS	QUINTENILLA
POZOS	PROVEYER	PUNALES	QUIHUIZ	QUINTERA
POZUELOS	PRUDENCIO	PUNNARA	QUIJADA	QUINTERO
PRADAS	PRUNA	PUNO	QUIJALVO	QUINTEROS
PRADERE	PRUNEDA	PUNTA	QUIJANO	QUINTINO
PRADIA	PRUNES	PUNTIEL	QUIJAS	QUINTONA
PRADO	PUBILL	PUPO	QUILALA	QUINTONES
PRAT	PUBILLONES	PURA	QUILANTAN	QUINTONEZ
PRATS	PUCHADES	PURCELLA	QUILENDERINO	QUINTOS
PRATTS	PUEBLA	PURISIMA	QUILES	QUIONES
PRECIADO	PUELLA	PUYADA	QUILEZ	QUIRARTE
PRELLEZO	PUELLO	PUYOL	QUILIMACO	QUIRCH
PRENDES	PUENTE	QUADRENY	QUIMBAR	QUIRENO
PRENDEZ	PUENTES	QUALIA	QUIMIRO	QUIRINDONGO
PRENDIZ	PUENTEZ	QUASADA	QUINAL	QUIRINO
PRESA	PUERTA	QUECLAS	QUINCOCES	QUIRO
PRESAS	PUERTAS	QUEIPO	QUINDE	QUIROA
PRESIADO	PUERTO	QUEIRO	QUINDNEZ	QUIROBA
PRESNO	PUERTOS	QUEIRUGA	QUINENES	QUIROGA
PRESTAMO	PUEYO	QUELLAR	QUINES	QUIROL
PREZAS	PUGA	QUEMADA	QUINI	QUIROLA
PRIDA	PUGEDA	QUERALT	QUINIONES	QUIROS
PRIEDE	PUIG	QUERDO	QUINOA	QUIROZ
PRIEGO	PUJADAS	QUERIDO	QUINONE	QUITA
PRIEGUEZ	PUJAL	QUERO	QUINONES	QUITANIA
PRIETO	PUJALS	QUERT	QUINONEZ	QUITOS
PRIMELLES	PUJOL	QUESADA	QUINONOS	QUITUGUA
PRIMERA	PUJOLS	QUESADO	QUINORES	QUIZ
PRIMERO	PULGAR	QUETEL	QUINTAMA	RABADE
PRIO	PULGARIN	QUETGLAS	QUINTANA	RABAGO
PROA	PULIDA	QUEVEDO	QUINTANAL	RABAJA

APPENDIX E **CENSUS LIST OF SPANISH SURNAMES**

RABANO	RAMERIZ	RAQUEPO	REBOLLAR	REGOS
RABASA	RAMERO	RASALES	REBOLLEDO	REGRUTTO
RABASSA	RAMERY	RASCOM	REBOLLO	REGUA
RABAZA	RAMIEREZ	RASCON	REBOLLOSO	REGUEIRA
RABEIRO	RAMIERZ	RASPALDO	REBOREDO	REGUEIRO
RABELL	RAMIEZ	RASURA	REBOSO	REGUERA
RABELO	RAMIL	RATON	REBOYRAS	REGUERO
RABIA	RAMINEZ	RAUDA	REBOZO	REGULES
RABIELA	RAMIR	RAVAGO	REBUSTILLO	REGUSA
RABINA	RAMIRE	RAVARD	RECALDE	REICEN
RABINO	RAMIRES	RAVELO	RE CAREY	REICES
RABOS	RAMIREZ	RAVENTOS	RECARTE	REIGOSA
RADAVERO	RAMIRIZ	RAXACH	RECENDES	REINA
RADILLA	RAMIRO	RAYA	RECENDEZ	REINAGA
RADILLO	RAMIS	RAYAS	RECHANI	REINALDO
RADRIGUEZ	RAMON	RAYGOSA	RECHANY	REINAT
RAEL	RAMONEDA	RAYGOZA	RECHY	REINERO
RAEZ	RAMONES	RAYMOS	RECILLAS	REINOSA
RAFAEL	RAMOS	RAYMUNDO	RECINOS	REINOSO
RAFALIN	RAMOSGONZALEZ	RAYNA	RECIO	REINUS
RAFULS	RAMOSMEDINA	RAYONEZ	RECLUSADO	REJAS
RAICES	RAMOSRIVERA	RAYOR	RECOVO	REJINO
RAIGOSA	RAMOSRODRIGUEZ	RAYOS	RECUSET	REJO
RAIGOZA	RAMOZ	RAZATOS	REDE	REJON
RAIMUNDEZ	RAMUDO	RAZO	REDERO	REL
RAIMUNDI	RAMUZ	REALES	REDONA	RELLES
RAISOLA	RANCANO	REALIVASQUEZ	REDONDO	RELLEZ
RAJOY	RANDEZ	REALME	REDRUELLO	RELUCIO
RALDIRIS	RANERO	REALYVASQUEZ	REFUERZO	REMACHE
RAMALLO	RANESES	REANO	REGALADO	REMEDIOS
RAMARIZ	RANGEL	REATEGUI	REGALDO	REMIGIO
RAMAS	RANGELL	REAZA	REGALES	REMIJO
RAMBES	RANGELLOPEZ	REAZOLA	REGALO	REMOS
RAMBLAS	RANJEL	REBELES	REGALOS	RENDEROS
RAMBONGA	RANSOLA	REBELEZ	REGATO	RENDON
RAMENTOL	RAQUENIO	REBELLON	REGINO	RENEDO
RAMEREZ	RAQUENO	REBETERANO	REGOJO	RENGE

APPENDIX E **2020 CENSUS LIST OF SPANISH SURNAMES**

RENOBATO	RETAMOZA	REYNOSA	RIEGOS	RIPALDA
RENOVA	RETANA	REYNOSO	RIERA	RIPES
RENOVALES	RETANO	REYNOZA	RIERAS	RIPOL
RENOVATO	RETES	REYNOZO	RIESCO	RIPOLL
RENTA	RETEZ	REYO	RIESGO	RIPOLLES
RENTAS	RETIZ	REYOS	RIESTRA	RIQUELME
RENTERIA	RETTA	REZA	RIGAL	RIQUERO
RENTERIAS	RETURETA	REZENDEZ	RIGALES	RISQUET
REORDA	REVADA	RIALI	RIGAU	RISUENO
REOYO	REVADO	RIANCHO	RIGUAL	RIUS
REPOLLET	REVELES	RIANDA	RIGUERA	RIUSECH
REPREZA	REVELEZ	RIAVE	RIGUERO	RIVADA
REQUEJO	REVELLES	RIAZA	RIJO	RIVADENEIRA
REQUENA	REVERON	RIBADENEIRA	RIJOS	RIVADENEYRA
REQUENES	REVILLA	RIBAL	RIMBLAS	RIVADULLA
REQUENEZ	REVILLAS	RIBALTA	RINAURO	RIVALE
REQUENO	REVOLLAR	RIBAS	RINCHE	RIVALI
REQUIRO	REVOLLEDO	RIBERA	RINCON	RIVARES
RESCHMAN	REVOREDO	RIBERAL	RINCONENO	RIVAROLA
RESENDEZ	REVUELTA	RIBERAS	RINCONES	RIVAS
RESENDIS	REVUELTAS	RIBOT	RINGLERO	RIVAZ
RESENDIZ	REXACH	RIBOTA	RIOBO	RIVEIRA
RESERVA	REY	RICABAL	RIOCABO	RIVEIRO
RESINA	REYEROS	RICALDE	RIOFRIO	RIVERA
RESMA	REYERS	RICANO	RIOJA	RIVERACOLON
RESON	REYES	RICARDEZ	RIOJAS	RIVERACRUZ
RESPETO	REYESPEREZ	RICARDO	RIOJAZ	RIVERADIAZ
RESSY	REYESRODRIGUEZ	RICART	RIOJOS	RIVERALUGO
RESTO	REYEZ	RICARTE	RIOLLANO	RIVERAPEREZ
RESTOY	REYGADAS	RICHARTE	RIONDA	RIVERARIVERA
RESTREDO	REYNA	RICHIEZ	RIOPEDRE	RIVERAS
RESTREPO	REYNADO	RICHINA	RIOS	RIVERIA
RESUREZ	REYNAGA	RICO	RIOSECO	RIVERO
RETA	REYNALDO	RICONDO	RIOSESPINOZA	RIVEROL
RETAMAL	REYNALDOS	RIDRIGUEZ	RIOSFLORES	RIVEROLL
RETAMALES	REYNERO	RIEDO	RIOSMARTINEZ	RIVERON
RETAMAR	REYNEROS	RIEGA	RIOSPEREZ	RIVEROS
RETAMOSA	REYNOS	RIEGO	RIOZ	RIVERRA

APPENDIX E **CENSUS LIST OF SPANISH SURNAMES**

RIVIERO	RODADO	RODRIGUZZ	ROMAGUERA	ROSALES
RIZO	RODALLEGAS	RODRIQUEZ	ROMANDIA	ROSALESDELRIO
ROA	RODARTE	RODRQUIZ	ROMANES	ROSALEZ
ROACHO	RODAS	RODRIUZZ	ROMANEZ	ROSALY
ROANO	RODEA	RODRIUGZZ	ROMANILLOS	ROSARIA
ROBAINA	RODELA	RODRIZUEZ	ROMAY	ROSARIO
ROBALI	RODELAS	RODROGUEZ	ROMAYOR	ROSARIODIAZ
ROBALIN	RODELO	RODRUGUEZ	ROMERA	ROSARO
ROBALINO	RODENA	RODRUQUEZ	ROMERO	ROSAS
ROBAU	RODENAS	RODUGUEZ	ROMEROS	ROSELI
ROBAYNA	RODERO	RODULFO	ROMEU	ROSELLO
ROBAYO	RODEZ	RODZ	ROMEZ	ROSELLON
ROBEDA	RODGRIGUEZ	ROEL	ROMIREZ	ROSEND0
ROBELDO	RODICIO	ROGANS	ROMIRO	ROSENEY
ROBELO	RODIGUEZ	ROGERIO	ROMO	ROSERO
ROBLAS	RODIL	ROGES	ROMOS	ROSES
ROBLEDA	RODILES	ROGRIGUEZ	ROMPAL	ROSETE
ROBLEDO	RODIQUEZ	ROGUE	RON	ROSILES
ROBLEJO	RODIRGUEZ	ROHENA	RONCES	ROSILEZ
ROBLERO	RODREGUEZ	ROIBAL	RONDA	ROSILLO
ROBLES	RODRGUEZ	ROIDE	RONDAN	ROSITAS
ROBLETO	RODRIG	ROIG	RONDERO	ROSQUETE
ROBLEZ	RODRIGEUIZ	ROIS	RONDEZ	ROSTRO
ROBREDO	RODRIGEZ	ROIZ	RONDON	ROTEA
ROCA	RODRIGIEZ	ROJA	RONGAVILLA	ROTELA
ROCAFORT	RODRIGNEZ	ROJANO	RONJE	ROTGER
ROCAFUERTE	RODRIGOEZ	ROJAS	RONQUILLO	ROUCO
ROCAMONTES	RODRIGS	ROJEL	ROQUE	ROURA
ROCAMONTEZ	RODRIGU	ROJERO	ROQUENI	ROURE
ROCERO	RODRIGUEA	ROJES	ROQUERO	ROVAYO
ROCES	RODRIGUERA	ROJO	ROQUETA	ROVERA
ROCHA	RODRIGUEZ	ROJOS	ROS	ROVIRA
ROCHAS	RODRIGUEZMARTIN	ROLDAN	ROSA	ROVIROSA
ROCHES	EZ	ROLDON	ROSABAL	ROXAS
ROCHIN	RODRIGUEZS	ROLDOS	ROSADA	ROYBAL
ROCHOA	RODRIGUIEZ	ROLON	ROSADO	ROYBALL
ROCIO	RODRIGUIZ	ROMAGOSA	ROSAL	ROYBOL

APPENDIX E **2020 CENSUS LIST OF SPANISH SURNAMES**

ROYERO	RUELAS	RUYBOL	SAENZ	SALAIZ
ROYO	RUELAZ	RUZ	SAETA	SALAMANCA
ROYOS	RUELOS	SAA	SAEZ	SALANAS
ROYVAL	RUEMPEL	SAABEDRA	SAFADY	SALANO
ROZADA	RUENES	SAAUEDRA	SAFILLE	SALARS
ROZALES	RUESGA	SAAVEDRA	SAFONT	SALAS
ROZO	RUEZGA	SABALA	SAGARA	SALASAR
RUACHO	RUFAT	SABALLOS	SAGARDIA	SALAVARIA
RUALES	RUFFENO	SABALZA	SAGARDOY	SALAVARRIA
RUALO	RUFIN	SABANDO	SAGARIBAY	SALAVARRIETA
RUAN	RUGAMA	SABATER	SAGARNAGA	SALAVERRIA
RUANO	RUGARCIA	SABATES	SAGARO	SALAYA
RUAS	RUGERIO	SABEDRA	SAGARRA	SALAYANDIA
RUBALACA	RUIBAL	SABI	SAGAS	SALAZ
RUBALCABA	RUIDAS	SABICER	SAGASTA	SALAZA
RUBALCADA	RUIDIAZ	SABIDO	SAGASTEGUI	SALAZAN
RUBALCADO	RUILOBA	SABINES	SAGASTUME	SALAZAR
RUBALCAUA	RUISANCHEZ	SABLATURA	SAGRADO	SALBATO
RUBALCAVA	RUISECO	SABOGAL	SAGREDO	SALCEDA
RUBERO	RUIZ	SABORI	SAGRERO	SALCEDO
RUBERTE	RUIZCALDERON	SABORIDO	SAGUN	SALCIDA
RUBI	RUIZCASTANEDA	SABORIO	SAHAGUN	SALCIDO
RUBIA	RUIZDEESPARZA	SABORIT	SAIJO	SALCINES
RUBIALES	RUIZDELVIZO	SABOYA	SAILAS	SALDAMA
RUBIANES	RUIZE	SABRES	SAINA	SALDAMANDO
RUBIANO	RUIZESPARZA	SABROSO	SAINEZ	SALDANA
RUBIDO	RUIZZ	SABUGO	SAINZ	SALDANO
RUBIELLA	RUL	SACA	SAIS	SALDARRIAGA
RUBIERA	RULLAN	SACARELLO	SAIZ	SALDATE
RUBILDO	RUMAYOR	SACASAS	SAIZA	SALDEZ
RUBINOS	RUMBAUT	SACERIO	SALABARRIA	SALDIERNA
RUBIO	RUTIAGA	SACOS	SALABERRIOS	SALDIVAR
RUBIOLA	RUTIZ	SACRISTAN	SALACAN	SALDONA
RUCIO	RUVALCABA	SADA	SALADO	SALDUA
RUCOBO	RUVALCAVA	SADES	SALAETS	SALEGUI
RUEDA	RUVIRA	SADULE	SALAICES	SALGADO
RUEDAFLORES	RUYBAL	SAEDA	SALAI	SALGADOLUNA
RUEDAS	RUYBALID	SAENS	SALAISES	SALGUEIRO

APPENDIX E **CENSUS LIST OF SPANISH SURNAMES**

SALGUERA	SAMALOT	SANCEN	SANGUESA	SANTANO
SALGUERO	SAMANEGO	SANCHA	SANGUILY	SANTAPAU
SALHUANA	SAMANIEGO	SANCHE	SANGUINO	SANTAROSA
SALIAS	SAMANO	SANCHEN	SANIN	SANTARRIAGA
SALIDO	SAMARIO	SANCHES	SANINOCENCIO	SANTEIRO
SALINAS	SAMARIPA	SANCHEZ	SANJENIS	SANTELICES
SALINASGARCIA	SAMARO	SANCHEZDETAGLE	SANJORGE	SANTELISES
SALINASRAMIREZ	SAMARRIPA	SANCHEZPEREZ	SANJORJO	SANTELLAN
SALINAZ	SAMARRIPAS	SANCHIDRIAN	SANJOSE	SANTELLANA
SALINOS	SAMARRON	SANCHIZ	SANJUAN	SANTELLANES
SALIVA	SAMAYOA	SANCHO	SANJURJO	SANTELLANO
SALIVAS	SAMBADO	SANCHOYERTO	SANLUCAS	SANTESTEBAN
SALIZ	SAMBOLIN	SANCHZ	SANMARTIN	SANTEYAN
SALIZAR	SAMBRANO	SANCIPRIAN	SANMIGUEL	SANTIAG
SALLES	SAMBUESO	SANDATE	SANMILLAN	SANTIAGO
SALMERON	SAMBULA	SANDAVAL	SANNICOLAS	SANTIANA
SALMINA	SAMILPA	SANDAVOL	SANOQUET	SANTIBANES
SALMONES	SAMONIEGO	SANDEZ	SANORA	SANTIBANEZ
SALORT	SAMORA	SANDIA	SANPEDRO	SANTIESTEBAN
SALOS	SAMORANO	SANDIEGO	SANQUICHE	SANTIESTEVEAN
SALSA	SAMOT	SANDIGO	SANROMAN	SANTILLAN
SALSAMEDA	SAMPAYAN	SANDOBAL	SANSERINO	SANTILLANA
SALSEDO	SAMPAYO	SANDOMINGO	SANSORES	SANTILLANES
SALSIDO	SAMPEDRO	SANDOUAL	SANTAANA	SANTILLANEZ
SALTARES	SAMPERA	SANDOVA	SANTAANNA	SANTILLANO
SALTERO	SAMPERIO	SANDOVAL	SANTACOLOMA	SANTILLIAN
SALTOS	SAMTOS	SANDOZ	SANTACRUZ	SANTISTEBAN
SALUDES	SAMUDIA	SANEMETERIO	SANTAELLA	SANTISTEVAN
SALUMBIDES	SAMUDIO	SANETO	SANTAGO	SANTISTEVEN
SALVACION	SANABIA	SANEZ	SANTALIZ	SANTIVANEZ
SALVARIA	SANABRIA	SANFELIPE	SANTALLA	SANTIZO
SALVARREY	SANAGUSTIN	SANFELIX	SANTALO	SANTODOMINGO
SALVAT	SANAME	SANFELIZ	SANTAMARINA	SANTORINIOS
SALVATIERRA	SANANDRES	SANFIEL	SANTAMATO	SANTOS
SALVIDE	SANBARTOLOME	SANFIORENZO	SANTANA	SANTOSCOY
SAMADA	SANBRANO	SANGABRIEL	SANTANDER	SANTOVENA
SAMALA	SANCEDO	SANGRE	SANTANDREU	SANTOVENIA

APPENDIX E **2020 CENSUS LIST OF SPANISH SURNAMES**

SANTOY	SARMIENTOFLORES	SAVALZA	SEGUROLA	SENQUIZ
SANTOYA	SARMIENTOS	SAVEDRA	SEGUY	SENTENA
SANTOYO	SAROZA	SAVELLANO	SEIJAS	SENTENO
SANTURIO	SARQUIS	SAVINON	SEJO	SENTMANAT
SANUDO	SARQUIZ	SAVORILLO	SEIN	SEOANE
SANVICENTE	SARRACINO	SAYAGO	SEISDEDOS	SEOANES
SANZ	SARRAGA	SAYAVEDRA	SEJA	SEPEDA
SAPATA	SARRARAZ	SAYGIDIA	SEJAS	SEPIAN
SAPEDA	SARRATEA	SEANEZ	SELAYA	SEPTIEN
SAPENA	SARREAL	SEARA	SELAYANDIA	SEPULBEDA
SAPIEN	SARRIA	SEAVELLO	SELEM	SEPULUEDA
SAPIENS	SARRIERA	SEBALLOS	SELESTINO	SEPULVEDA
SAPINOSO	SARTUCHE	SEBEO	SELGADO	SEPULVEDO
SARABIA	SARZO	SECA	SELGAS	SEPULVIDA
SARACHAGA	SARZOZA	SECADA	SELLES	SEQUEIDA
SARACHO	SASPE	SECADES	SELVERA	SEQUEIRO
SARAGOSA	SASTRE	SECATERO	SEMAYA	SEQUERA
SARAGOZA	SASTURAIN	SECO	SEMBERA	SEQUERRA
SARAGUETA	SATARAIN	SEDA	SEMBRANO	SEQURA
SARALEGUI	SATARAY	SEDANO	SEMEXANT	SERABALLS
SARANTE	SATURNINO	SEDENO	SEMEY	SERABIA
SARATE	SAUCEDA	SEDILLA	SEMIDAY	SERALENA
SARAVIA	SAUCEDO	SEDILLIO	SEMIDEI	SERANTES
SARCEDA	SAUCIDO	SEDILLO	SEMIDEY	SERASIO
SARDANETA	SAUCILLO	SEDILLOS	SEMINARIO	SERAYDAR
SARDINAS	SAUDIA	SEGANA	SEMPERTEGUI	SERBANTES
SARDUY	SAUEDRA	SEGARRA	SEMPRE	SERBANTEZ
SARELLANO	SAULEDA	SEGOBIA	SENA	SERDA
SARENANA	SAUMA	SEGONIA	SENCION	SERDAS
SARIA	SAUMELL	SEGORIA	SENDEJAR	SERENIL
SARIEGO	SAURA	SEGOVIA	SENDEJAS	SERMENO
SARINA	SAUREZ	SEGOVIANO	SENDEJO	SERMINO
SARINANA	SAURI	SEGRERA	SENDIS	SERNA
SARINAS	SAUSAMEDA	SEGUERA	SENDON	SERNAS
SARIOL	SAUSEDA	SEGUI	SENDRAL	SERRACINO
SARMENTERO	SAUSEDO	SEGUNDO	SENERIZ	SERRADELL
SARMIENTA	SAUZA	SEGURA	SENJUDO	SERRADO
SARMIENTO	SAVALA	SEGUIRE	SENOIAIN	SERRALLES

APPENDIX E **CENSUS LIST OF SPANISH SURNAMES**

SERRALTA	SEZUMAGA	SILLART	SITJAR	SOLDEVILLA
SERRAND	SIACA	SILLAS	SIURANO	SOLED
SERRANIA	SIADOR	SILLEN	SIVA	SOLEDAD
SERRANO	SIANEZ	SILLER	SIVERIO	SOLENO
SERRANTES	SIAZ	SILLERO	SIXTO	SOLER
SERRAT	SIBAJA	SILOS	SIXTOS	SOLERA
SERRATA	SIBERIO	SILOT	SOBA	SOLERO
SERRATE	SIBERON	SILQUERO	SOBALVARRO	SOLIS
SERRATO	SIBRIAN	SILVARREY	SOBERAL	SOLISGARZA
SERRATOS	SICAIROS	SILVAS	SOBERANES	SOLIVA
SERRAVILLO	SICARDO	SILVERIO	SOBERANEZ	SOLIVAN
SERRAVO	SICRE	SILVESTRE	SOBERANIS	SOLIZ
SERRET	SIDA	SILVESTRY	SOBERON	SOLONO
SERRITOS	SIEDO	SILVEYRA	SOBRADO	SOLORIO
SERRONO	SIERRA	SIMENTAL	SOBREMONT	SOLORSANO
SERROS	SIERRAS	SIMENTEL	SOBRERO	SOLORZA
SERTUCHE	SIERRO	SIMIANO	SOBREVILLA	SOLORZANO
SERVANTES	SIERZE	SINTAS	SOBRIN	SOLOZABAL
SERVANTEZ	SIFONTE	SIORDIA	SOBRINO	SOLSONA
SERVERA	SIFONTES	SIPRIAN	SOCA	SOLTERO
SERVILLA	SIFRE	SIPULA	SOCARRAS	SOMANO
SERVILLO	SIFUENTES	SIQUEIDO	SOCAS	SOMARRIBA
SERVIN	SIFUENTEZ	SIQUEIRO	SOCIAS	SOMAVIA
SESANTO	SIFVENTES	SIQUEIROS	SOCORRO	SOMBRA
SESATE	SIGALA	SIQUEROS	SODOY	SOMOANO
SESE	SIGALES	SIQUIEROS	SOEGAARD	SOMODEVILLA
SESMA	SIGARAN	SIRA	SOJO	SOMOHANO
SESMAS	SIGARROA	SIRET	SOL	SOMONTE
SESTEAGA	SIGUA	SIRIAS	SOLACHE	SOMOZA
SESTIAGA	SIGUEIROS	SIRIO	SOLANILLA	SONABRIA
SEVA	SIGUENZA	SIROS	SOLANO	SONCHAR
SEVALLOS	SILBAS	SISNERO	SOLARES	SONCHEZ
SEVILLA	SILERIO	SISNEROS	SOLAREZ	SONERA
SEVILLANO	SILGERO	SISNEROZ	SOLARIO	SONICO
SEVILLO	SILGUERO	SISNIEGAS	SOLARZANO	SONOQUI
SEXTO	SILIEZAR	SISTOS	SOLAUN	SONORA
SEZATE	SILLANO	SITAL	SOLDEVILA	SOPENA

APPENDIX E **2020 CENSUS LIST OF SPANISH SURNAMES**

SOQUI	SOTUYO	SULAICA	TABERAS	TALANA
SOR	SOUCHET	SULIVERES	TABERNERO	TALANCON
SORATOS	SOUFFRONT	SULLANO	TABIO	TALavera
SORBA	SOURINA	SULPACIO	TABIZON	TALLABAS
SORDIA	SOVERANEZ	SULSONA	TABLADA	TALLAVAS
SORDO	SOZA	SUMALLA	TABLADO	TALLEDA
SORIA	SPINDOLA	SUMAYA	TABOADA	TALLEDO
SORIANO	SUARE	SUMBERA	TABOAS	TALLERINO
SORIENO	SUARES	SUMBERAZ	TABORA	TAMAME
SORIO	SUARez	SUNE	TABORDA	TAMARES
SORNOSO	SUASTE	SUNER	TABRAUE	TAMAREZ
SOROA	SUASTEGUI	SUNICA	TABUENA	TAMARGO
SOROLA	SUAvez	SUNIGA	TABUENCA	TAMARIT
SORONDO	SUAZO	SUQUET	TABULLO	TAMARIZ
SORRANO	SUBEALDEA	SUREDA	TACHIAS	TAMAYA
SORROCHE	SUBEDAR	SURIA	TACHIQUIN	TAMAYO
SORTILLON	SUBEGA	SURILLO	TACORDA	TAMBARA
SORZANO	SUBELDIA	SURINACH	TACORONTE	TAMBUNGA
SOSA	SUBES	SURIS	TADEO	TAMERON
SOSAPAVON	SUBIA	SURITA	TAFFOLLA	TAMEZ
SOSAYA	SUBIAS	SURO	TAFOLA	TAMGUMA
SOSIAS	SUBIDO	SUROS	TAFOLLA	TANCHEZ
SOSTRE	SUBIRANA	SUSANA	TAFORO	TANCO
SOTA	SUBIRIAS	SUSTACHE	TAFOYA	TANDA
SOTELLO	SUCO	SUSTAETA	TAGABAN	TANFORAN
SOTELO	SUDARIA	SUSTAITA	TAGANAS	TANGUMA
SOTERAS	SUEIRAS	SUSTAYTA	TAGLE	TANON
SOTERO	SUEIRO	SUSURAS	TAGUDAR	TANORI
SOTILLO	SUELA	SWAZO	TAJES	TANTAO
SOTO	SUELTO	TABADA	TALABERA	TANUZ
SOTOLONGO	SUENGAS	TABALDO	TALACHE	TAPANES
SOTOMAYER	SUERA	TABALES	TALAMANTE	TAPETILLO
SOTOMAYOR	SUEREZ	TABANA	TALAMANTES	TAPIA
SOTORRIO	SUERO	TABANICO	TALAMANTEZ	TAPIAS
SOTRO	SUESCUN	TABARES	TALAMAS	TAPICERIA
SOTTO	SUEYRAS	TABAREZ	TALAMENTE	TAPIZ
SOTTOSANTO	SUGRANES	TABBADA	TALAMENTES	TAPORCO
SOTURA	SUINA	TABERA	TALAMENTEZ	TARABINO

APPENDIX E **CENSUS LIST OF SPANISH SURNAMES**

TARACENA	TEHAS	TENARIO	TERZADO	TIZOL
TARAFÁ	TEIJEIRO	TENAS	TESILLO	TOBAL
TARAGON	TEIJIZ	TENERIAS	TEVERE	TOBAR
TARAILO	TEIJO	TENERIO	TEXCAHUA	TOBARES
TARAJANO	TEISSONNIERE	TENES	TEXIDOR	TOBAS
TARAMASCO	TEIXIDOR	TENEYUCA	TEYECHEA	TOBILLA
TARANCO	TEJADA	TENEYUQUE	TEZCUCANO	TOBON
TARANGO	TEJAS	TENIENTE	TEZINO	TOCA
TARAZON	TEJEDA	TENORIA	THILLET	TOFOYA
TARAZONA	TEJEDAS	TENORIO	TIA	TOGAR
TARBES	TEJEDO	TEPERA	TIBALDEO	TOGORES
TARGA	TEJEDOR	TEPEZANO	TIBLJAS	TOIMIL
TARIN	TEJEIRO	TEPOSTE	TIBON	TOJEIRA
TARNAVA	TEJERA	TEQUIDA	TIBURCIO	TOJEIRO
TARRAGO	TEJERAS	TERAN	TICO	TOLANO
TARRANGO	TEJERINA	TERCERO	TIENDA	TOLEDANO
TARRATS	TEJERO	TERCEROS	TIJERINA	TOLEDO
TARRAU	TEJIDOR	TERCILLA	TIJERINO	TOLENTINO
TARRAZA	TEJO	TERMINEL	TIJERO	TOLLARDO
TARRIDE	TELAS	TERON	TINAJERO	TOLOSA
TARULA	TELAVERA	TERRADO	TINAZA	TOLOZA
TASABIA	TELLADO	TERRASA	TINEO	TOLSA
TATIS	TELLAECHE	TERRASAS	TINERELLA	TOMADA
TAVALES	TELLECHEA	TERRASAZ	TINOCO	TOMAYO
TAVAR	TELLERIA	TERRAZA	TIO	TOMELLOSO
TAVAREZ	TELLES	TERRAZAS	TIRADO	TOMEU
TAVERA	TELLEZ	TERRERO	TIRADOR	TOMINES
TAVERAS	TELLO	TERREROS	TIRAN	TOPETE
TAVIRA	TELLOS	TERRIGUEZ	TIRRE	TOPIA
TAVISON	TELON	TERRIQUEZ	TIRRES	TOQUERO
TAVITAS	TEMBLADOR	TERROBA	TIRREZ	TORAL
TAVIZON	TEMBRAS	TERRON	TIRSE	TORALBA
TAVORA	TEMER	TERRONES	TISCARENO	TORALES
TAYABAS	TEMORES	TERSERO	TISINO	TORANO
TEBA	TEMPO	TERUEL	TISNADO	TORANS
TEBAQUI	TEMPRANA	TERUSA	TIXIER	TORANZO
TEBAR	TENA	TERVINO	TIZNADO	TORDESILLAS

APPENDIX E **2020 CENSUS LIST OF SPANISH SURNAMES**

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TORENO	TORROS	TRAVASO	TRIMINO	TUEME
TORIBIO	TORRUELLA	TRAVERZO	TRINCADO	TUERO
TORICES	TORRUELLAS	TRAVIESO	TRINCHET	TUFARES
TORIJANO	TORTALITA	TREBIZO	TRINIDAD	TULIER
TORIZ	TORTES	TREFILIO	TRIPIS	TUNCHES
TORMES	TORTILLA	TREGARO	TRISTAN	TUNCHEZ
TORMOS	TORUGA	TREJO	TRISTE	TUNDIDOR
TORNEL	TORUNO	TREJOS	TRIUNFO	TUNON
TORNERO	TOSA	TRELLES	TRIVISO	TUR
TORO	TOSADO	TREMILLO	TRIVIZ	TURBAY
TORQUEMADA	TOSAR	TRENZADO	TRIVIZO	TURBE
TORRADO	TOSSAS	TRES	TROCHE	TURCIOS
TORRALBA	TOSTA	TRESPALACIOS	TROCHEZ	TURIACE
TORRALBAS	TOSTADO	TRETO	TROJILLO	TURINCIO
TORRALES	TOVA	TREVILLA	TRONCOSA	TURIZO
TORRALVA	TOVALIN	TREVINA	TRONCOSO	TURREY
TORRANO	TOVANCHE	TREVINIO	TRONCOZA	TURRIETA
TORREBLANCA	TOVAR	TREVINO	TRONCOZO	TURRIETTA
TORRECH	TOVARES	TREVISO	TROYA	TURRUBIARTES
TORRECILLA	TOVAREZ	TREVIZO	TROZERA	TURRUBIATE
TORRECILLAS	TOVIAS	TREVIZU	TRUCIOS	TURRUBIATES
TORREGROSA	TOYA	TRIANA	TRUEBA	TURULL
TORRELLAS	TOYENS	TRIAS	TRUIJILLO	TUYA
TORRENTERA	TOYMIL	TRIA Y	TRUILO	UBALDE
TORRES	TOYOS	TRICO CHE	TRUJANO	UBALLE
TORRESCANO	TRABA	TRIGO	TRUJEQUE	UBALLEZ
TORRES DIAZ	TRABAL	TRIGOS	TRUJILLA	UBALS
TORRES MARTINEZ	TRABANCO	TRIGOURA	TRUJILLIO	UBANDO
TORRESOLA	TRABAZO	TRIGUERO	TRUJILLO	UBARRI
TORRES RODRIGUEZ	TRACONIS	TRIGUEROS	TRUYOL	UBAY
TORRESS	TRANCOSA	TRIJILLO	TUALLA	UBEDA
TORREZ	TRANQUADA	TRILLA	TUANDO	UBIAS
TORRICELLA	TRAPAGA	TRILLANES	TUASON	UBIDES
TORRIENTE	TRASLAVINA	TRILLAS	TUAZON	UBIERA
TORRIJOS	TRASOBARES	TRILLAYES	TUBENS	UBIETA
TORRIO	TRASPENA	TRILLES	TUBON	UBILES
TORROELLA	TRASVINA	TRILLO	TUDELA	UBILLA
TORRON	TRAVAL	TRILLOS	TUDON	UBINA

APPENDIX E **CENSUS LIST OF SPANISH SURNAMES**

UBINAS	UNZUETA	URIBARRI	URRECHAGA	UZUETA
UCEDA	URAGA	URIBE	URREGO	VACA
UCETA	URAINÉ	URIBES	URRETA	VACIO
UCHA	URANDAY	URIBURU	URRIETA	VADELL
UCHITA	URANGA	URIEGA	URRIZA	VADI
UCHIZONO	URANGO	URIEGAS	URROZ	VADIA
UDABE	URBAEZ	URIEL	URRUCHUA	VADILLO
UDAETA	URBALEJO	URIETA	URRUTIA	VADIZ
UDAVE	URBAY	URIOLA	URSUA	VAELL
UDERO	URBIETA	URIONAGUENA	URSULO	VAELLO
UFRACIO	URBINA	URIOSTE	URTADO	VAEZ
UFRET	URBINO	URIOSTEGUI	URTASUN	VAEZA
UGALDE	URBISTONDO	URISTA	URTEAGA	VAIO
UGARRIZA	URBIZU	URITA	URTEZ	VAISA
UGARTE	URCADEZ	URIVE	URTIAGA	VAIZ
UGARTECHEA	URCELAY	URIZ	URTUSUASTEGUI	VAIZA
UGUES	URCIEL	URIZA	URTUZUASTEGUI	VAL
UJUETA	URDANETA	URIZAR	URUBURU	VALADEZ
ULACIA	URDANIVIA	UROZA	URUCHURTU	VALADON
ULATE	URDAZ	URQUIA	URUENA	VALAGUE
ULIBARI	URDIALES	URQUIAGA	URUETA	VALARDE
ULIBARRI	URDIALEZ	URQUIDES	URVANEJO	VALAREZO
ULIVARRI	URENA	URQUIDEZ	URVINA	VALASQUEZ
ULLIVARRI	URENDA	URQUIDI	URZO	VALAZQUEZ
ULLOA	URENIA	URQUIETA	URZUA	VALBUENA
ULTRERAS	URENO	URQUIJO	USALLAN	VALCARCE
UMANA	URESTE	URQUILLA	USATORRES	VALCARCEL
UMANZOR	URESTI	URQUIOLA	USCANGA	VALCAZAR
UMARAN	URETA	URQUIZA	USEDA	VALDASO
UMPIERRE	URGELL	URQUIZO	USON	VALDEMAR
UNALE	URGELLES	URQUIZU	UTRIA	VALDENEGRO
UNAMUNO	URGILES	URRA	UTRILLA	VALDEPENA
UNANUE	URGUIDI	URRABAS	UTSET	VALDERAMA
UNATE	URIA	URRABAZ	UVALLE	VALDERAS
UNEDA	URIASTE	URRABAZO	UVALLES	VALDERAZ
UNGO	URIAS	URRACA	UVIEDO	VALDEREZ
UNZALU	URIAZ	URREA	UZETA	VALDERRAIN

APPENDIX E **2020 CENSUS LIST OF SPANISH SURNAMES**

VALDERRAMA	VALHUERDI	VANEGAS	VAZQUE	VELARDE
VALDES	VALIDO	VANGA	VAZQUEL	VELARDES
VALDESPINO	VALIENTE	VANUELOS	VAZQUES	VELARDEZ
VALDESRODRIGUEZ	VALIGURA	VANZURA	VAZQUETELLES	VELASCO
VALDESUSO	VALINA	VAQUE	VAZQUEZ	VELASGUEZ
VALDEZ	VALINAS	VAQUER	VAZQUEZRIVERA	VELASQUES
VALDEZATE	VALINO	VAQUERA	VEALSQUEZ	VELASQUEZ
VALDILLES	VALLADARES	VAQUERO	VEAS	VELASTEGUI
VALDILLEZ	VALLADAREZ	VAQUILAR	VECIN	VELAZCO
VALDIVA	VALLADO	VARA	VECINO	VELAZGUEZ
VALDIVIA	VALLADOLID	VARADA	VEDARTE	VELAZQUES
VALDIVIESO	VALLARTA	VARAJAS	VEDIA	VELAZQUEZ
VALDIVIEZ	VALLDEPERAS	VARAS	VEGA	VELDERRAIN
VALDIVIEZO	VALLE	VARCARCEL	VEGARA	VELENZUELA
VALDO	VALLECILLA	VARCOS	VEGATORRES	VELES
VALDONADO	VALLECILLO	VARELA	VEGAZO	VELESQUEZ
VALDOVIN	VALLECILLOS	VARELAS	VEGERANO	VELEZ
VALDOVINO	VALLEDOR	VARGAS	VEGES	VELEZPEREZ
VALDOVINOS	VALLEGOS	VARGAZ	VEGO	VELEZROMAN
VALDRIZ	VALLEJA	VARGUEZ	VEGOS	VELILLA
VALEA	VALLEJO	VARIA	VEGUE	VELIS
VALEDON	VALLEJOS	VARONA	VEGUEZ	VELIZ
VALENCIA	VALLELLANES	VARONIN	VEGUILLA	VELLAS
VALENCIANA	VALLENS	VAROS	VEIGUELA	VELLIDO
VALENCIANO	VALLERINO	VAROZ	VEINTIDOS	VELLON
VALENEUELA	VALLES	VARQUEZ	VEITIA	VELO
VALENQUELA	VALLEZ	VASALDUA	VEJAR	VELOS
VALENSUELA	VALLIN	VASALLO	VEJARA	VELOSO
VALENTIN	VALLS	VASCONES	VEJARANO	VELOZ
VALENZUELA	VALMANA	VASCONEZ	VEJIL	VELOZQUEZ
VALENZULA	VALMORES	VASCOS	VEJO	VELUNZA
VALENZVELA	VALQUEZ	VASGUEZ	VELA	VELUZ
VALERA	VALTERZA	VASQUE	VELAARCE	VENCES
VALERIOS	VALTIER	VASQUES	VELACUELLAR	VENDRELL
VALERO	VALTIERRA	VASQUEZ	VELADO	VENECIA
VALESQUEZ	VALTIERREZ	VASSQUEZ	VELADOR	VENEGAS
VALEZ	VALVERDE	VASTI	VELAQUEZ	VENERACION
VALGAS	VANDO	VAZGUEZ	VELAR	VENEREO

APPENDIX E **CENSUS LIST OF SPANISH SURNAMES**

VENEZUELA	VERDUZCO	VIARRIAL	VIEITES	VILASQUEZ
VENSOR	VERDUZEO	VIAYRA	VIEJO	VILATO
VENTA	VEREA	VICARIA	VIELMA	VILAUDI
VENTOSO	VERELA	VICEDO	VIELMAN	VILCHES
VENZAL	VEREZ	VICENCIO	VIELMAS	VILCHEZ
VENZOR	VERGARA	VICENS	VIENTOS	VILCHIS
VENZUELA	VERGARO	VICENT	VIERA	VILDOSOLA
VERA	VERGEL	VICENTE	VIERAS	VILLA
VERACRUZ	VERGUIZAS	VICENTY	VIESCA	VILLABLANCA
VERAMENDI	VERINO	VICHOT	VIESCAS	VILLACAMPA
VERANDAS	VERJIL	VICIEDO	VIETA	VILLACANA
VERAS	VERNENGO	VICINAIZ	VIETTY	VILLACARLOS
VERASTEGUI	VERONIN	VICIOSO	VIEYRA	VILLACIS
VERASTEQUI	VERQUER	VICTORERO	VIEZCAS	VILLACORTA
VERASTIGUI	VERTIZ	VICTORES	VIGIL	VILLACORTE
VERASTIQUE	VERVER	VICUNA	VIGILIA	VILLACRES
VERASTIQUI	VETA	VIDACA	VIGNAU	VILLACRESES
VERAY	VEVE	VIDAL	VIGO	VILLADA
VERAZ	VEYNA	VIDALES	VIGOA	VILLADO
VERAZA	VEYTIA	VIDALEZ	VIGON	VILLADONIGA
VERBERA	VIACAVA	VIDANA	VIGUERA	VILLAERREAL
VERCELES	VIACOBO	VIDANO	VIGUERAS	VILLAESCUSA
VERDAGUER	VIADA	VIDAURE	VIGUERIA	VILLAFAN
VERDECANNA	VIADAS	VIDAURI	VIGUES	VILLAFANA
VERDECIA	VIADÉ	VIDAURRAZAGA	VIJARRO	VILLAFANE
VERDEGUEZ	VIADERO	VIDAURRE	VIJIL	VILLAFLORES
VERDEJA	VIADÉS	VIDAURRETA	VILA	VILLAFRANCA
VERDEJO	VIADO	VIDAURRI	VILABOY	VILLAFRANCO
VERDERA	VIAGRAN	VIDAURRY	VILADROSA	VILLAFUERTE
VERDESCA	VIALES	VIDENA	VILANO	VILLAGAS
VERDESE	VIALIZ	VIDES	VILANOVA	VILLAGOMES
VERDESOTO	VIALPANDO	VIDOT	VILAR	VILLAGOMEZ
VERDIA	VIAMONTE	VIDRIALES	VILARCHAO	VILLAGRAMA
VERDOZA	VIANA	VIDRIO	VILARDELL	VILLAGRAN
VERDUGA	VIANES	VIDRIOS	VILARINO	VILLAGRANA
VERDUGO	VIAPANDO	VIDUYA	VILARO	VILLAHERMOSA
VERDUSCO	VIARREAL	VIEGO	VILAS	VILLALABOS

APPENDIX E
2020 CENSUS LIST OF SPANISH SURNAMES

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VILLALBA	VILLANUEBA	VILLASAIZ	VILLOLDO	VIRCHIS
VILLALBAZO	VILLANUERA	VILLASANA	VILLORIA	VIRELLA
VILLALBOS	VILLANUEVA	VILLASANO	VILLORIN	VIRGEN
VILLALOBAS	VILLANUEVO	VILLASANTE	VILLORO	VIRJAN
VILLALOBO	VILLANVEVA	VILLASECA	VILLOT	VIROLA
VILLALOBOS	VILLAO	VILLASENOR	VILLOTA	VIRREY
VILLALOBOZ	VILLAPADIERNA	VILLASIS	VILORIO	VIRRUETA
VILLALOHOS	VILLAPANDO	VILLASTRIGO	VILTRE	VIRUEGAS
VILLALON	VILLAPLANA	VILLASUSO	VINA	VIRUET
VILLALONA	VILLAPOL	VILLATE	VINAGERAS	VIRUETE
VILLALONGA	VILLAPONDO	VILLATORO	VINAIXA	VIRUZO
VILLALONGIN	VILLAPUDUA	VILLAVA	VINAJA	VISARRAGA
VILLALONGO	VILLAQUIRAN	VILLAVERDE	VINAJERAS	VISARRIAGAS
VILLALOVAS	VILLAR	VILLAVICENCIO	VINALES	VISCAINA
VILLALOVOS	VILLARAN	VILLAVISENCIO	VINALS	VISCAINO
VILLALOVOZ	VILLARAOS	VILLAZANA	VINAS	VISCARRA
VILLALPANDO	VILLARAUS	VILLAZON	VINAT	VISCASILLAS
VILLALTA	VILLAREAL	VILLEDA	VINCENTY	VISCAYA
VILLALUA	VILLAREJO	VILLEGA	VINCIONI	VISERTO
VILLALUNA	VILLARES	VILLEGAS	VINDIOLA	VISOSO
VILLALUZ	VILLARICO	VILLEGES	VINEGRA	VISPERAS
VILLALVA	VILLARINO	VILLEGOS	VINENT	VISSEPO
VILLALVASO	VILLARINY	VILLEJO	VINFRIDO	VISTRO
VILLALVAZO	VILLARIZA	VILLELA	VINGOCHEA	VITAL
VILLAMAN	VILLAROEL	VILLENA	VINIEGRA	VITAR
VILLAMAR	VILLARONGA	VILLERREAL	VINUELA	VITELA
VILLAMARIN	VILLAROS	VILLERREAL	VINUELAS	VITIER
VILLAMAYOR	VILLARRE	VILLESICA	VINZON	VIVANCO
VILLAMIA	VILLARREAL	VILLESCAS	VIOLETA	VIVANCOS
VILLAMIL	VILLARRIAL	VILLESICAZ	VIORATO	VIVAR
VILLAMOR	VILLARROEL	VILLETE	VIOTA	VIVAS
VILLAN	VILLARRUBIA	VILLEZCAS	VIQUEZ	VIVERO
VILLANEDA	VILLARRUEL	VILLICANA	VIRADIA	VIVEROS
VILLANES	VILLARRUZ	VILLICANO	VIRAMONTE	VIVES
VILLANEUVA	VILLARTA	VILLIEGAS	VIRAMONTES	VIVO
VILLANEVA	VILLARUBIA	VILLIS	VIRAMONTEZ	VIZCAINO
VILLANEZ	VILLARUZ	VILLOCH	VIRATA	VIZCARRA
VILLANNEVA	VILLAS	VILLODAS	VIRAY	VIZCARRO

APPENDIX E **CENSUS LIST OF SPANISH SURNAMES**

VIZCARRONDO	YCAZA	YNEGES	YSAQUIRRE	ZABALZA
VIZCAYA	YCEDO	YNFANTE	YSASAGA	ZACARIAS
VIZCON	YCIANO	YNIGO	YSASI	ZACUTO
VIZOSO	YDROGO	YNIGUEZ	YSASSI	ZADRIMA
VIZUET	YEBARA	YNIQUEZ	YSER	ZAERA
VIZUETA	YEBRA	YNOA	YSERN	ZAFEREO
VOLBEDA	YEDO	YNOCENCIO	YSET	ZAFRA
VOSQUEZ	YEDOR	YNOSENCIO	YSLA	ZAGALA
VOZQUEZ	YEDRA	YNOSTROSA	YSLAS	ZAGALES
VUELTA	YEPA	YNOSTROZA	YSLAVA	ZAGONA
XIMENES	YEPES	YNZUNZA	YSQUIERDO	ZALACAIN
XIMENEZ	YEPEZ	YOGUEZ	YTUARTE	ZALACE
XIMINEZ	YEPIS	YORBA	YTURBE	ZALAMEA
XIQUES	YEPIZ	YORDAN	YTURRALDE	ZALAPA
XOCHICALE	YERA	YPARRAGUIRRE	YTURRI	ZALAZAR
XUAREZ	YERAS	YPARREA	YTURRIA	ZALDANA
YABUT	YERENA	YPINA	YTURRIAGA	ZALDIVAR
YANAS	YERO	YRACEBURU	YUBETA	ZALDUA
YANES	YESCAS	YRACHETA	YUCUPICIO	ZALDUMBIDE
YANEZ	YESETA	YRASTORZA	YUDESIS	ZALDUONDO
YANEZA	YESTE	YRIARTE	YUDICE	ZALVIDEA
YANIZ	YEVERINO	YRIBARREN	YUDICO	ZAMACONA
YANOSO	YGLECIAS	YRIBE	YULAN	ZAMAGO
YAQUES	YGLESIAS	YRIGOLLA	YULFO	ZAMANIEGO
YARA	YGNACIO	YRIGOLLEN	YURIAR	ZAMANILLO
YARRITO	YGUADO	YRIGOYEN	YUSTE	ZAMANO
YARRITU	YGUERABIDE	YRINEO	YVANEZ	ZAMAR
YARTE	YLARREGUI	YRIQUE	YVARRA	ZAMARIPA
YBABEN	YLIZALITURRI	YRIQUI	YZABAL	ZAMARIPPA
YBANEZ	YLLA	YRISARRI	YZAGUIRRE	ZAMARO
YBARA	YLLADA	YRIZARRY	YZNAGA	ZAMARRI
YBARBO	YLLANES	YROZ	YZQUIERDO	ZAMARRIPA
YBARRA	YLLESCAS	YRUEGAS	ZABAL	ZAMARRIPAS
YBARROLA	YNCERA	YRUNGARAY	ZABALA	ZAMARRON
YBARRONDO	YNCLAN	YRURETAGOYENA	ZABALETA	ZAMAYOA
YBERA	YNDA	YSAGUIRRE	ZABALLA	ZAMAZAL
YBERRA	YNEGAS	YSAIS	ZABALO	ZAMBADA

APPENDIX E **2020 CENSUS LIST OF SPANISH SURNAMES**

ZAMBRANA	ZARRAGOZA	ZENOS	ZULOAGA
ZAMBRANO	ZARRIA	ZENTELLA	ZULUAGA
ZAMILPA	ZARUBICA	ZENTENO	ZULUETA
ZAMORA	ZARZANA	ZEPADA	ZUMARRAGA
ZAMORANO	ZARZOSA	ZEPEDA	ZUMAYA
ZAMORES	ZARZOZA	ZEQUEIRA	ZUNIGA
ZAMOREZ	ZARZUELA	ZERDA	ZUNIZA
ZAMOT	ZASUETA	ZERIN	ZUNO
ZAMUDIO	ZATARAIN	ZERMENO	ZUNZUNEGUI
ZANABRIA	ZATARAY	ZERPA	ZURBANO
ZANDATE	ZATARIAN	ZERQUERA	ZURBARAN
ZANDONA	ZATOREN	ZERTUCHE	ZURITA
ZANGRONIZ	ZAUALA	ZERVIGON	ZURRICA
ZANUDO	ZAUL	ZETINA	ZUVIA
ZAPARA	ZAUZA	ZETINO	ZUVIETA
ZAPATA	ZAVALA	ZEVALLOS	ZUZUARREGUI
ZAPATER	ZAVALETA	ZILBAR	
ZAPATERO	ZAVALETTA	ZILLAS	
ZAPEDA	ZAVALLA	ZOLETA	
ZAPIAIN	ZAVALZA	ZOMORA	
ZAPIEN	ZAVAT	ZOROLA	
ZARABOZO	ZAYAS	ZORRILLA	
ZARAGOSA	ZAYASBAZAN	ZOZAYA	
ZARAGOZ	ZAYAZ	ZUAZNABAR	
ZARAGOZA	ZAZUETA	ZUAZO	
ZARAGOZI	ZAZUETTA	ZUAZUA	
ZARATE	ZEAS	ZUBELDIA	
ZARAZUA	ZEBALLOS	ZUBIA	
ZARCO	ZEDENO	ZUBIATE	
ZARCOS	ZEDILLO	ZUBIETA	
ZARDENETA	ZEGARRA	ZUBILLAGA	
ZARDENETTA	ZELADA	ZUBIRAN	
ZARDO	ZELAYA	ZUBIRI	
ZARDON	ZELEDON	ZUBIRIA	
ZARDOYA	ZEMEN	ZUBIZARRETA	
ZAROGOZA	ZENDEJAS	ZUGASTI	
ZARRAGA	ZENGOTITA	ZULAICA	
ZARRAGOITIA	ZENIZO	ZULETA	

APPENDIX F

Site-Specific Surgery Codes for prior to 2023
Site-Specific Surgery Codes for 2023+

Adopted from the CoC STORE 2024

NOTE: Data item 1290 (RX Summ – Surg Prim Site 03-22) is used for cases diagnosed 1981-2022.
The historical codes are also in FCDS DAM Appendix F.

Site-Specific Surgery Codes for Rx Summ 03-22
For all cases diagnosed prior to 1/1/2023

ORAL CAVITY

**Lip C00.0–C00.9, Base of Tongue C01.9, Other Parts of Tongue C02.0–C02.9,
Gum C03.0–C03.9, Floor of Mouth C04.0–C04.9, Palate C05.0–C05.9,
Other Parts of Mouth C06.0–C06.9**

Codes

00 None; no surgery of primary site; autopsy ONLY

10 Local tumor destruction, NOS

11 Photodynamic therapy (PDT)

12 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)

13 Cryosurgery

14 Laser

No specimen sent to pathology from surgical events 10–14.

20 Local tumor excision, NOS

26 Polypectomy

27 Excisional biopsy

Any combination of 20 or 26–27 WITH

21 Photodynamic therapy (PDT)

22 Electrocautery

23 Cryosurgery

24 Laser ablation

25 Laser excision

30 Wide excision, NOS

Code 30 includes:

Hemiglossectomy

Partial glossectomy

40 Radical excision of tumor, NOS

41 Radical excision of tumor ONLY

42 Combination of 41 WITH resection in continuity with mandible (marginal, segmental, hemi-, or

total resection)

43 Combination of 41 WITH resection in continuity with maxilla (partial, subtotal, or total resection)

Codes 40–43 include:

Total glossectomy

Radical glossectomy

Specimen sent to pathology from surgical events 20–43.

90 Surgery, NOS

99 Unknown if surgery performed; death certificate ONLY

Site-Specific Surgery Codes for Rx Summ 03-22

For all cases diagnosed prior to 1/1/2023

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

Codes

00 None; no surgery of primary site; autopsy ONLY

10 Local tumor destruction, NOS

11 Photodynamic therapy (PDT)

12 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)

13 Cryosurgery

14 Laser

No specimen sent to pathology from surgical events 10–14.

20 Local tumor excision, NOS

26 Polypectomy

27 Excisional biopsy

Any combination of 20 or 26–27 WITH

21 Photodynamic therapy (PDT)

22 Electrocautery

23 Cryosurgery

24 Laser ablation

25 Laser excision

30 Less than total parotidectomy, NOS; less than total removal of major salivary gland, NOS

31 Facial nerve spared

32 Facial nerve sacrificed

33 Superficial lobe ONLY

34 Facial nerve spared

35 Facial nerve sacrificed

36 Deep lobe (Total)

37 Facial nerve spared

38 Facial nerve sacrificed

40 Total parotidectomy, NOS; total removal of major salivary gland, NOS

41 Facial nerve spared

42 Facial nerve sacrificed

50 Radical parotidectomy, NOS; radical removal of major salivary gland, NOS

51 WITHOUT removal of temporal bone

52 WITH removal of temporal bone

53 WITH removal of overlying skin (requires graft or flap coverage)

80 Parotidectomy, NOS

Specimen sent to pathology from surgical events 20–80.

90 Surgery, NOS

99 Unknown if surgery performed; death certificate ONLY

Site-Specific Surgery Codes for Rx Summ 03-22
For all cases diagnosed prior to 1/1/2023

PHARYNX

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

Codes

00 None; no surgery of primary site; autopsy ONLY

10 Local tumor destruction, NOS

11 Photodynamic therapy (PDT)

12 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)

13 Cryosurgery

14 Laser

15 Stripping

No specimen sent to pathology from surgical events 10–15.

20 Local tumor excision, NOS

26 Polypectomy

27 Excisional biopsy

Any combination of 20 or 26–27 WITH

21 Photodynamic therapy (PDT)

22 Electrocautery

23 Cryosurgery

24 Laser ablation

25 Laser excision

28 Stripping

30 Pharyngectomy, NOS

31 Limited/partial pharyngectomy; tonsillectomy, bilateral tonsillectomy

32 Total pharyngectomy

40 Pharyngectomy WITH laryngectomy OR removal of contiguous bone tissue, NOS (does NOT include total mandibular resection)

41 WITH Laryngectomy (laryngopharyngectomy)

42 WITH bone

43 WITH both 41 and 42

50 Radical pharyngectomy (includes total mandibular resection), NOS

51 WITHOUT laryngectomy

52 WITH laryngectomy

Specimen sent to pathology from surgical events 20–52.

90 Surgery, NOS

99 Unknown if surgery performed; death certificate ONLY

Site-Specific Surgery Codes for Rx Summ 03-22
For all cases diagnosed prior to 1/1/2023

ESOPHAGUS
C15.0–C15.9

Codes

00 None; no surgery of primary site; autopsy ONLY

10 Local tumor destruction, NOS

11 Photodynamic therapy (PDT)

12 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)

13 Cryosurgery

14 Laser

No specimen sent to pathology from surgical events 10–14.

20 Local tumor excision, NOS

26 Polypectomy

27 Excisional biopsy

Any combination of 20 or 26–27 WITH

21 Photodynamic therapy (PDT)

22 Electrocautery

23 Cryosurgery

24 Laser ablation

25 Laser excision

30 Partial esophagectomy

40 Total esophagectomy, NOS

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

51 WITH laryngectomy

52 WITH gastrectomy, NOS

53 Partial gastrectomy

54 Total gastrectomy

55 Combination of 51 WITH any of 52–54

80 Esophagectomy, NOS

Specimen sent to pathology from surgical events 20–80.

90 Surgery, NOS

99 Unknown if surgery performed; death certificate ONLY

Site-Specific Surgery Codes for Rx Summ 03-22
For all cases diagnosed prior to 1/1/2023

STOMACH
C16.0–C16.9

Codes

00 None; no surgery of primary site; autopsy ONLY

10 Local tumor destruction, NOS

11 Photodynamic therapy (PDT)

12 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)

13 Cryosurgery

14 Laser

No specimen sent to pathology from surgical events 10–14.

20 Local tumor excision, NOS

26 Polypectomy

27 Excisional biopsy

Any combination of 20 or 26–27 WITH

21 Photodynamic therapy (PDT)

22 Electrocautery

23 Cryosurgery

24 Laser ablation

25 Laser excision

30 Gastrectomy, NOS (partial, subtotal, hemi-)

31 Antrectomy, lower (distal-less than 40% of stomach)***

32 Lower (distal) gastrectomy (partial, subtotal, hemi-)

33 Upper (proximal) gastrectomy (partial, subtotal, hemi-)

Code 30 includes:

Partial gastrectomy, including a sleeve resection of the stomach

Billroth I: anastomosis to duodenum (duodenostomy)

Billroth II: anastomosis to jejunum (jejunostomy)

40 Near-total or total gastrectomy, NOS

41 Near-total gastrectomy

42 Total gastrectomy

A total gastrectomy may follow a previous partial resection of the stomach.

50 Gastrectomy, NOS WITH removal of a portion of esophagus

51 Partial or subtotal gastrectomy

52 Near total or total gastrectomy

Codes 50–52 are used for gastrectomy resection when only portions of esophagus are included in procedure.

60 Gastrectomy with a resection in continuity with the resection of other organs, NOS***

61 Partial or subtotal gastrectomy, in continuity with the resection of other organs***

62 Near total or total gastrectomy, in continuity with the resection of other organs***

63 Radical gastrectomy, in continuity with the resection of other organs***

Site-Specific Surgery Codes for Rx Summ 03-22
For all cases diagnosed prior to 1/1/2023

Codes 60–63 are used for gastrectomy resections with organs other than esophagus.
Portions of esophagus may or may not be included in the resection.

80 Gastrectomy, NOS

Specimen sent to pathology from surgical events 20–80.

90 Surgery, NOS

99 Unknown if surgery performed; death certificate ONLY

*** Incidental splenectomy NOT included

Site-Specific Surgery Codes for Rx Summ 03-22
For all cases diagnosed prior to 1/1/2023

COLON
C18.0–C18.9

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

Codes

00 None; no surgery of primary site; autopsy ONLY

10 Local tumor destruction, NOS

12 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)

No specimen sent to pathology from surgical events 10–12.

20 Local tumor excision, NOS

26 Polypectomy, NOS

27 Excisional biopsy

28 Polypectomy-endoscopic

29 Polypectomy-surgical excision

Any combination of 20 or 26–29 WITH

22 Electrocautery

30 Partial colectomy, segmental resection

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

40 Subtotal colectomy/hemicolectomy (total right or left colon and a portion of transverse colon)

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

50 Total colectomy (removal of colon from cecum to the rectosigmoid junction; may include a portion of the rectum)

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

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

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

70 Colectomy or coloproctectomy with resection of contiguous organ(s), NOS (where there is not enough information to code 32, 41, 51, or 61)

Code 70 includes: Any colectomy (partial, hemicolectomy, or total) WITH a resection of any other organs in continuity with the primary site. Other organs may be partially or totally removed. Other organs may include, but are not limited to, oophorectomy, partial proctectomy, rectal mucosectomy, or pelvic exenteration.

80 Colectomy, NOS

Specimen sent to pathology from surgical events 20–80.

90 Surgery, NOS

Site-Specific Surgery Codes for Rx Summ 03-22
For all cases diagnosed prior to 1/1/2023

99 Unknown if surgery performed; death certificate ONLY

Site-Specific Surgery Codes for Rx Summ 03-22
For all cases diagnosed prior to 1/1/2023

RECTOSIGMOID
C19.9

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

Codes

00 None; no surgery of primary site; autopsy ONLY

10 Local tumor destruction, NOS

12 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)

No specimen sent to pathology from surgical events 10–12.

20 Local tumor excision, NOS

26 Polypectomy

27 Excisional biopsy

Combination of 20 or 26–27 WITH

22 Electrocautery

30 Segmental resection; partial proctosigmoidectomy, NOS

31 Plus resection of contiguous organs; example: small bowel, bladder

Procedures coded 30 include, but are not limited to:

Anterior resection

Hartmann's operation

Low anterior resection (LAR) Partial colectomy, NOS Rectosigmoidectomy, NOS Sigmoidectomy

40 Pull through WITH sphincter preservation (colo-anal anastomosis)

50 Total proctectomy

51 Total colectomy

55 Total colectomy WITH ileostomy, NOS

56 Ileorectal reconstruction

57 Total colectomy WITH other pouch; example: Koch pouch

60 Total proctocolectomy, NOS

65 Total proctocolectomy WITH ileostomy, NOS

66 Total proctocolectomy WITH ileostomy and pouch

Removal of the colon from cecum to the rectosigmoid or a portion of the rectum.

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

Site-Specific Surgery Codes for Rx Summ 03-22
For all cases diagnosed prior to 1/1/2023

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

Site-Specific Surgery Codes for Rx Summ 03-22
For all cases diagnosed prior to 1/1/2023

RECTUM
C20.9

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

Codes

00 None; no surgery of primary site; autopsy ONLY

10 Local tumor destruction, NOS

12 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)

No specimen sent to pathology from surgical events 10-12

20 Local tumor excision, NOS

26 Polypectomy

27 Excisional biopsy

Any combination of 20 or 26–27 WITH

22 Electrocautery

28 Curette and fulguration

30 Segmental resection; partial proctectomy, NOS

Procedures coded 30 include, but are not limited to:

Anterior resection

Hartmann's operation

Low anterior resection (LAR) Transsacral rectosigmoidectomy

40 Pull through WITH sphincter preservation (coloanal anastomosis)

50 Total proctectomy

Procedure coded 50 includes, but is not limited to:

Abdominoperineal resection

60 Total proctocolectomy, NOS

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

80 Proctectomy, NOS

Specimen sent to pathology from surgical events 20–80.

90 Surgery, NOS

99 Unknown if surgery performed; death certificate ONLY

Site-Specific Surgery Codes for Rx Summ 03-22
For all cases diagnosed prior to 1/1/2023

Site-Specific Surgery Codes for Rx Summ 03-22
For all cases diagnosed prior to 1/1/2023

ANUS
C21.0–C21.8

Codes

00 None; no surgery of primary site; autopsy ONLY

10 Local tumor destruction, NOS

12 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)

15 Thermal Ablation

No specimen sent to pathology from surgical events 10, 12 and 15.

20 Local tumor excision, NOS

26 Polypectomy

27 Excisional biopsy

Any combination of 20 or 26–27 WITH

22 Electrocautery

60 Abdominal perineal resection, NOS (APR)

61 APR and sentinel node excision

62 APR and unilateral inguinal lymph node dissection

63 APR and bilateral inguinal lymph node dissection

The lymph node dissection should also be coded under *Scope of Regional Lymph Node Surgery* (NAACCR Item #1292) or *Scope of Regional Lymph Node Surgery at This Facility* (NAACCR Item #672).

Specimen sent to pathology from surgical events 20–63.

90 Surgery, NOS

99 Unknown if surgery performed; death certificate ONLY

Site-Specific Surgery Codes for Rx Summ 03-22
For all cases diagnosed prior to 1/1/2023

LIVER AND INTRAHEPATIC BILE DUCTS
C22.0–C22.1

Codes

00 None; no surgery of primary site; autopsy ONLY

10 Local tumor destruction, NOS

11 Photodynamic therapy (PDT)

12 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)

13 Cryosurgery

14 Laser

15 Alcohol (Percutaneous Ethanol Injection-PEI)

16 Heat-Radio-frequency ablation (RFA)

17 Other (ultrasound, acetic acid)

No specimen sent to pathology from surgical events 10–17.

20 Wedge or segmental resection, NOS

21 Wedge resection

22 Segmental resection, NOS

23 One

24 Two

25 Three

26 Segmental resection AND local tumor destruction

30 Lobectomy, NOS

36 Right lobectomy

37 Left lobectomy

38 Lobectomy AND local tumor destruction

50 Extended lobectomy, NOS (extended: resection of a single lobe plus a segment of another lobe)

51 Right lobectomy

52 Left lobectomy

59 Extended lobectomy AND local tumor destruction

60 Hepatectomy, NOS

61 Total hepatectomy and transplant

65 Excision of a bile duct (for an intra-hepatic bile duct primary only)

66 Excision of an intrahepatic bile duct PLUS partial hepatectomy

75 Extrahepatic bile duct and hepatectomy WITH transplant

Specimen sent to pathology from surgical events 20–75.

90 Surgery, NOS

99 Unknown if surgery performed; death certificate ONLY

Site-Specific Surgery Codes for Rx Summ 03-22
For all cases diagnosed prior to 1/1/2023

PANCREAS
C25.0–C25.9

Codes

- 00 None; no surgery of primary site; autopsy ONLY
- 25 Local excision of tumor, NOS
- 30 Partial pancreatectomy, NOS; example: distal
- 35 Local or partial pancreatectomy and duodenectomy
 - 36 WITHOUT distal/partial gastrectomy
 - 37 WITH partial gastrectomy (Whipple)
- 40 Total pancreatectomy
- 60 Total pancreatectomy and subtotal gastrectomy or duodenectomy
- 70 Extended pancreatoduodenectomy
- 80 Pancreatectomy, NOS
- 90 Surgery, NOS
- 99 Unknown if surgery performed; death certificate ONLY

Site-Specific Surgery Codes for Rx Summ 03-22
For all cases diagnosed prior to 1/1/2023

LARYNX
C32.0–C32.9

Codes

00 None; no surgery of primary site; autopsy ONLY

10 Local tumor destruction, NOS

11 Photodynamic therapy (PDT)

12 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)

13 Cryosurgery

14 Laser

15 Stripping

No specimen sent to pathology from surgical events 10–15.

20 Local tumor excision, NOS

26 Polypectomy

27 Excisional biopsy

Any combination of 20 or 26–27 WITH

21 Photodynamic therapy (PDT)

22 Electrocautery

23 Cryosurgery

24 Laser ablation

25 Laser excision

28 Stripping

30 Partial excision of the primary site, NOS; subtotal/partial laryngectomy NOS; hemilaryngectomy NOS

31 Vertical laryngectomy

32 Anterior commissure laryngectomy

33 Supraglottic laryngectomy

40 Total or radical laryngectomy, NOS

41 Total laryngectomy ONLY

42 Radical laryngectomy ONLY

50 Pharyngolaryngectomy

80 Laryngectomy, NOS

Specimen sent to pathology from surgical events 20–80.

90 Surgery, NOS

99 Unknown if surgery performed; death certificate ONLY

Site-Specific Surgery Codes for Rx Summ 03-22
For all cases diagnosed prior to 1/1/2023

LUNG
C34.0–C34.9

Codes

00 None; no surgery of primary site; autopsy ONLY

19 Local tumor destruction or excision, NOS

Unknown whether a specimen was sent to pathology for surgical events coded 19 (principally for cases diagnosed prior to January 1, 2003).

15 Local tumor destruction, NOS

12 Laser ablation or cryosurgery

13 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)

No specimen sent to pathology from surgical events 12–13 and 15.

20 Excision or resection of less than one lobe, NOS

23 Excision, NOS

24 Laser excision

25 Bronchial sleeve resection ONLY

21 Wedge resection

22 Segmental resection, including lingulectomy

30 Resection of lobe or bilobectomy, but less than the whole lung (partial pneumonectomy, NOS)

33 Lobectomy WITH mediastinal lymph node dissection

The lymph node dissection should also be coded under *Scope of Regional Lymph Node Surgery* (NAACCR Item #1292) or *Scope of Regional Lymph Node Surgery at This Facility* (NAACCR Item #672).

45 Lobe or bilobectomy extended, NOS

46 WITH chest wall

47 WITH pericardium

48 WITH diaphragm

55 Pneumonectomy, NOS

56 WITH mediastinal lymph node dissection (radical pneumonectomy)

The lymph node dissection should also be coded under *Scope of Regional Lymph Node Surgery* (NAACCR Item #1292) or *Scope of Regional Lymph Node Surgery at This Facility* (NAACCR Item #672).

65 Extended pneumonectomy

66 Extended pneumonectomy plus pleura or diaphragm

70 Extended radical pneumonectomy

The lymph node dissection should also be coded under *Scope of Regional Lymph Node Surgery* (NAACCR Item #1292) or *Scope of Regional Lymph Node Surgery at This Facility* (NAACCR Item #672).

Site-Specific Surgery Codes for Rx Summ 03-22
For all cases diagnosed prior to 1/1/2023

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

Site-Specific Surgery Codes for Rx Summ 03-22
For all cases diagnosed prior to 1/1/2023

**HEMATOPOIETIC/RETICULOENDOTHELIAL/
IMMUNOPROLIFERATIVE/MYELOPROLIFERATIVE DISEASE**
C42.0, C42.1, C42.3, C42.4 (with any histology)

Code

98 All hematopoietic/reticuloendothelial/immunoproliferative/myeloproliferative disease sites and/or histologies, WITH or WITHOUT surgical treatment.

Surgical procedures for hematopoietic/reticuloendothelial/immunoproliferative/ myeloproliferative primaries are to be recorded using the data item *Surgical Procedure/Other Site* (NAACCR Item #1294) or *Surgical Procedure/Other Site at This Facility* (NAACCR Item #674).

Site-Specific Surgery Codes for Rx Summ 03-22
For all cases diagnosed prior to 1/1/2023

BONES, JOINTS, AND ARTICULAR CARTILAGE
C40.0–C41.9
PERIPHERAL NERVES AND AUTONOMIC NERVOUS SYSTEM
C47.0–C47.9
CONNECTIVE, SUBCUTANEOUS, AND OTHER SOFT TISSUES
C49.0–C49.9

Codes

00 None; no surgery of primary site; autopsy ONLY

19 Local tumor destruction or excision, NOS

Unknown whether a specimen was sent to pathology for surgical events coded 19 (principally for cases diagnosed prior to January 1, 2003).

15 Local tumor destruction

No specimen sent to pathology from surgical event 15.

25 Local excision

26 Partial resection

30 Radical excision or resection of lesion WITH limb salvage

40 Amputation of limb

41 Partial amputation of limb

42 Total amputation of limb

50 Major amputation, NOS

51 Forequarter, including scapula

52 Hindquarter, including ilium/hip bone

53 Hemipelvectomy, NOS

54 Internal hemipelvectomy

Specimen sent to pathology from surgical events 25–54.

90 Surgery, NOS

99 Unknown if surgery performed; death certificate ONLY

Site-Specific Surgery Codes for Rx Summ 03-22
For all cases diagnosed prior to 1/1/2023

SPLEEN
C42.2

Codes

00 None; no surgery of primary site; autopsy ONLY

19 Local tumor destruction or excision, NOS

Unknown whether a specimen was sent to pathology for surgical events coded 19 (principally for cases diagnosed prior to January 1, 2003).

21 Partial splenectomy

22 Total splenectomy

80 Splenectomy, NOS

Specimen sent to pathology for surgical events 21-80.

90 Surgery, NOS

99 Unknown if surgery performed; death certificate ONLY

Site-Specific Surgery Codes for Rx Summ 03-22
For all cases diagnosed prior to 1/1/2023

SKIN
C44.0–C44.9

Codes

00 None; no surgery of primary site; autopsy ONLY

10 Local tumor destruction, NOS

11 Photodynamic therapy (PDT)

12 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)

13 Cryosurgery

14 Laser ablation

No specimen sent to pathology from surgical events 10–14.

20 Local tumor excision, NOS

26 Polypectomy

27 Excisional biopsy

Any combination of 20 or 26–27 WITH

21 Photodynamic therapy (PDT)

22 Electrocautery

23 Cryosurgery

24 Laser ablation

25 Laser excision

30 Biopsy of primary tumor followed by a gross excision of the lesion (does not have to be done under the same anesthesia)

31 Shave biopsy followed by a gross excision of the lesion

32 Punch biopsy followed by a gross excision of the lesion

33 Incisional biopsy followed by a gross excision of the lesion

34 Mohs surgery, NOS

35 Mohs with 1-cm margin or less

36 Mohs with more than 1-cm margin

45 Wide excision or reexcision of lesion or minor (local) amputation with margins more than 1 cm, NOS.

Margins MUST be microscopically negative.

46 WITH margins more than 1 cm and less than or equal to 2 cm

47 WITH margins greater than 2 cm

If the excision or reexcision has microscopically confirmed negative margins < than 1 cm OR margins are 1cm or > but are not microscopically confirmed; use the appropriate code, 20–36.

60 Major amputation

Specimen sent to pathology from surgical events 20–60.

90 Surgery, NOS

99 Unknown if surgery performed; death certificate ONLY

Site-Specific Surgery Codes for Rx Summ 03-22
For all cases diagnosed prior to 1/1/2023

BREAST
C50.0–C50.9

Codes

00 None; no surgery of primary site; autopsy ONLY

19 Local tumor destruction, NOS

No specimen was sent to pathology for surgical events coded 19 (principally for cases diagnosed prior to January 1, 2003).

20 Partial mastectomy, NOS; less than total mastectomy, NOS

21 Partial mastectomy WITH nipple resection

22 Lumpectomy or excisional biopsy

23 Reexcision of the biopsy site for gross or microscopic residual disease

24 Segmental mastectomy (including wedge resection, quadrantectomy, tylectomy)

Procedures coded 20–24 remove the gross primary tumor and some of the breast tissue (breast conserving or preserving). There may be microscopic residual tumor.

30 Subcutaneous mastectomy

A subcutaneous mastectomy, also called a nipple sparing mastectomy, is the removal of breast tissue without the nipple and areolar complex or overlying skin. It is performed to facilitate immediate breast reconstruction. Cases coded 30 may be considered to have undergone breast reconstruction.

40 Total (simple) mastectomy

41 WITHOUT removal of uninvolved contralateral breast

43 With reconstruction NOS

44 Tissue

45 Implant

46 Combined (Tissue and Implant)

42 WITH removal of uninvolved contralateral breast

47 With reconstruction NOS

48 Tissue

49 Implant

75 Combined (Tissue and Implant)

A total (simple) mastectomy removes all breast tissue, the nipple, and areolar complex. An axillary dissection is not done, but sentinel lymph nodes may be removed.

For single primaries, involving both breasts use code 76.

If the contralateral breast reveals a second primary, each breast is abstracted separately. The surgical procedure is coded 41 for the first primary. The surgical code for the contralateral breast is coded to the procedure performed on that site.

Reconstruction that is planned as part of first course treatment is coded 43-49 or 75, whether it is done at the time of mastectomy or later.

Site-Specific Surgery Codes for Rx Summ 03-22
For all cases diagnosed prior to 1/1/2023

76 Bilateral mastectomy for a single tumor involving both breasts, as for bilateral inflammatory carcinoma.

50 Modified radical mastectomy

51 WITHOUT removal of uninvolved contralateral breast

53 Reconstruction, NOS

54 Tissue

55 Implant

56 Combined (Tissue and Implant)

52 WITH removal of uninvolved contralateral breast

57 Reconstruction, NOS

58 Tissue

59 Implant

63 Combined (Tissue and Implant)

Removal of all breast tissue, the nipple, the areolar complex, and variable amounts of breast skin in continuity with the axilla. The specimen may or may not include a portion of the pectoralis major muscle

If contralateral breast reveals a second primary, it is abstracted separately. The surgical procedure is coded 51 for the first primary. The surgical code for the contralateral breast is coded to the procedure performed on that site.

For single primaries only, code removal of contralateral breast under the data item *Surgical Procedure/Other Site* (NAACCR Item #1294) or *Surgical Procedure/Other Site at This Facility* (NAACCR Item #674).

60 Radical mastectomy, NOS

61 WITHOUT removal of uninvolved contralateral breast

64 Reconstruction, NOS

65 Tissue

66 Implant

67 Combined (Tissue and Implant)

62 WITH removal of uninvolved contralateral breast

68 Reconstruction, NOS

69 Tissue

73 Implant

74 Combined (Tissue and Implant)

70 Extended radical mastectomy

71 WITHOUT removal of uninvolved contralateral breast

72 WITH removal of uninvolved contralateral breast

80 Mastectomy, NOS

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

90 Surgery, NOS

99 Unknown if surgery performed; death certificate ONLY

Site-Specific Surgery Codes for Rx Summ 03-22
For all cases diagnosed prior to 1/1/2023

CERVIX UTERI
C53.0–C53.9

For invasive cancers, dilation and curettage is coded as an incisional biopsy (02) under the data item *Surgical Diagnostic and Staging Procedure* (NAACCR Item #1350).

Codes

00 None; no surgery of primary site; autopsy ONLY

10 Local tumor destruction, NOS

- 11 Photodynamic therapy (PDT)
- 12 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)
- 13 Cryosurgery
- 14 Laser
- 15 Loop Electrocautery Excision Procedure (LEEP)
- 16 Laser ablation
- 17 Thermal ablation

No specimen sent to pathology from surgical events 10–17.

20 Local tumor excision, NOS

- 26 Excisional biopsy, NOS
- 27 Cone biopsy
- 24 Cone biopsy WITH gross excision of lesion
- 29 Trachelectomy; removal of cervical stump; cervicectomy

Any combination of 20, 24, 26, 27 or 29 WITH

- 21 Electrocautery
- 22 Cryosurgery
- 23 Laser ablation or excision
- 25 Dilatation and curettage; endocervical curettage (for in situ only)
- 28 Loop electrocautery excision procedure (LEEP)

30 Total hysterectomy (simple, pan-) WITHOUT removal of tubes and ovaries

Total hysterectomy removes both the corpus and cervix uteri and may also include a portion of vaginal cuff.

40 Total hysterectomy (simple, pan-) WITH removal of tubes and/or ovary

Total hysterectomy removes both the corpus and cervix uteri and may also include a portion of vaginal cuff.

50 Modified radical or extended hysterectomy; radical hysterectomy; extended radical hysterectomy

- 51 Modified radical hysterectomy
- 52 Extended hysterectomy
- 53 Radical hysterectomy; Wertheim procedure
- 54 Extended radical hysterectomy

60 Hysterectomy, NOS, WITH or WITHOUT removal of tubes and ovaries

- 61 WITHOUT removal of tubes and ovaries
- 62 WITH removal of tubes and ovaries

Site-Specific Surgery Codes for Rx Summ 03-22
For all cases diagnosed prior to 1/1/2023

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

Site-Specific Surgery Codes for Rx Summ 03-22
For all cases diagnosed prior to 1/1/2023

CORPUS UTERI
C54.0–C55.9

For invasive cancers, dilation and curettage is coded as an incisional biopsy (02) under the data item *Surgical Diagnostic and Staging Procedure* (NAACCR Item #1350).

Codes

00 None; no surgery of primary site; autopsy ONLY

19 Local tumor destruction or excision, NOS

Unknown whether a specimen was sent to pathology for surgical events coded 19 (principally for cases diagnosed prior to January 1, 2003).

10 Local tumor destruction, NOS

11 Photodynamic therapy (PDT)

12 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)

13 Cryosurgery

14 Laser

15 Loop Electocautery Excision Procedure (LEEP)

16 Thermal ablation

No specimen sent to pathology from surgical events 10–16.

20 Local tumor excision, NOS; simple excision, NOS

24 Excisional biopsy

25 Polypectomy

26 Myomectomy

Any combination of 20 or 24–26 WITH

21 Electrocautery

22 Cryosurgery

23 Laser ablation or excision

30 Subtotal hysterectomy/supracervical hysterectomy/fundectomy WITH or WITHOUT removal of tube(s) and ovary(ies).

31 WITHOUT tube(s) and ovary(ies)

32 WITH tube(s) and ovary(ies)

40 Total hysterectomy (simple, pan-) WITHOUT removal of tube(s) and ovary(ies)

Removes both the corpus and cervix uteri. It may also include a portion of the vaginal cuff.

50 Total hysterectomy (simple, pan-) WITH removal of tube(s) and/or ovary(ies)

Removes both the corpus and cervix uteri. It may also include a portion of the vaginal cuff.

60 Modified radical or extended hysterectomy; radical hysterectomy; extended radical hysterectomy

61 Modified radical hysterectomy

62 Extended hysterectomy

63 Radical hysterectomy; Wertheim procedure

64 Extended radical hysterectomy

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

Site-Specific Surgery Codes for Rx Summ 03-22
For all cases diagnosed prior to 1/1/2023

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

Site-Specific Surgery Codes for Rx Summ 03-22
For all cases diagnosed prior to 1/1/2023

OVARY
C56.9

Codes

00 None; no surgery of primary site; autopsy ONLY

17 Local tumor destruction, NOS

No specimen sent to pathology from surgical event 17.

25 Total removal of tumor or (single) ovary, NOS

26 Resection of ovary (wedge, subtotal, or partial) ONLY, NOS; unknown if hysterectomy done

27 WITHOUT hysterectomy

28 WITH hysterectomy

35 Unilateral (salpingo-)oophorectomy; unknown if hysterectomy done

36 WITHOUT hysterectomy

37 WITH hysterectomy

50 Bilateral (salpingo-)oophorectomy; unknown if hysterectomy done

51 WITHOUT hysterectomy

52 WITH hysterectomy

55 Unilateral or bilateral (salpingo-)oophorectomy WITH OMENTECTOMY, NOS; partial or total; unknown if hysterectomy done

56 WITHOUT hysterectomy

57 WITH hysterectomy

60 Debulking; cytoreductive surgery, NOS

61 WITH colon (including appendix) and/or small intestine resection (not incidental)

62 WITH partial resection of urinary tract (not incidental)

63 Combination of 61 and 62

Debulking is a partial or total removal of the tumor mass and can involve the removal of multiple organ sites. It may include removal of ovaries and/or the uterus (a hysterectomy). The pathology report may or may not identify ovarian tissue. A debulking is usually followed by another treatment modality such as chemotherapy.

70 Pelvic exenteration, NOS

71 Anterior exenteration

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

72 Posterior exenteration

Specimen sent to pathology from surgical events 25–80.

90 Surgery, NOS

99 Unknown if surgery performed; death certificate ONLY

PROSTATE
C61.9

Site-Specific Surgery Codes for Rx Summ 03-22
For all cases diagnosed prior to 1/1/2023

(Except for 9727, 9732, 9741-9742, 9749, 9762-9809, 9832, 9840-9931, 9945-9946, 9950-9968, 9975-9993)

Do not code an orchiectomy in this field. For prostate primaries, orchiectomies are coded in the data item *Hematologic Transplant and Endocrine Procedures* (NAACCR Item #3250).

Codes

00 None; no surgery of primary site; autopsy ONLY

18 Local tumor destruction or excision, NOS

19 Transurethral resection (TURP), NOS, and no specimen sent to pathology or unknown if sent

Unknown whether a specimen was sent to pathology for surgical events coded 18 or 19 (principally for cases diagnosed prior to January 1, 2003).

10 Local tumor destruction, NOS

14 Cryoprostatectomy

15 Laser ablation

16 Hyperthermia

17 Other method of local tumor destruction

No specimen sent to pathology from surgical events 10–17.

20 Local tumor excision, NOS

21 Transurethral resection (TURP), NOS, with specimen sent to pathology

22 TURP—cancer is incidental finding during surgery for benign disease

23 TURP—patient has suspected/known cancer

Any combination of 20–23 WITH

24 Cryosurgery

25 Laser

26 Hyperthermia

30 Subtotal, segmental, or simple prostatectomy, which may leave all or part of the capsule intact

50 Radical prostatectomy, NOS; total prostatectomy, NOS

Excised prostate, prostatic capsule, ejaculatory ducts, seminal vesicle(s) and may include a narrow cuff of bladder neck.

70 Prostatectomy WITH resection in continuity with other organs; pelvic exenteration

Surgeries coded 70 are any prostatectomy WITH resection in continuity with any other organs. The other organs may be partially or totally removed. Procedures may include, but are not limited to, cystoprostatectomy, radical cystectomy, and prostatectomy.

80 Prostatectomy, NOS

Specimen sent to pathology from surgical events 20–80.

90 Surgery, NOS

99 Unknown if surgery performed; death certificate ONLY

Site-Specific Surgery Codes for Rx Summ 03-22
For all cases diagnosed prior to 1/1/2023

TESTIS
C62.0–C62.9

Codes

00 None; no surgery of primary site; autopsy ONLY

12 Local tumor destruction, NOS

No specimen sent to pathology from surgical event 12.

20 Local or partial excision of testicle

30 Excision of testicle WITHOUT cord

40 Excision of testicle WITH cord or cord not mentioned (radical orchiectomy)

80 Orchiectomy, NOS (unspecified whether partial or total testicle removed)

Specimen sent to pathology from surgical events 20–80.

90 Surgery, NOS

99 Unknown if surgery performed; death certificate ONLY

Site-Specific Surgery Codes for Rx Summ 03-22
For all cases diagnosed prior to 1/1/2023

KIDNEY, RENAL PELVIS, AND URETER
Kidney C64.9, Renal Pelvis C65.9, Ureter C66.9

Codes

00 None; no surgery of primary site; autopsy ONLY

10 Local tumor destruction, NOS

11 Photodynamic therapy (PDT)

12 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)

13 Cryosurgery

14 Laser

15 Thermal ablation

No specimen sent to pathology from this surgical event 10–15.

20 Local tumor excision, NOS

26 Polypectomy

27 Excisional biopsy

Any combination of 20 or 26–27 WITH

21 Photodynamic therapy (PDT)

22 Electrocautery

23 Cryosurgery

24 Laser ablation

25 Laser excision

30 Partial or subtotal nephrectomy (kidney or renal pelvis) or partial ureterectomy (ureter)

Procedures coded 30 include, but are not limited to:

Segmental resection

Wedge resection

40 Complete/total/simple nephrectomy—for kidney parenchyma

Nephroureterectomy

Includes bladder cuff for renal pelvis or ureter.

50 Radical nephrectomy

May include removal of a portion of vena cava, adrenal gland(s), Gerota's fascia, perinephric fat, or partial/total ureter.

70 Any nephrectomy (simple, subtotal, complete, partial, simple, total, radical) in continuity with the resection of other organ(s) (colon, bladder)

The other organs, such as colon or bladder, may be partially or totally removed.

80 Nephrectomy, NOS

Specimen sent to pathology from surgical events 20–80.

90 Surgery, NOS

99 Unknown if surgery performed; death certificate ONLY

Site-Specific Surgery Codes for Rx Summ 03-22
For all cases diagnosed prior to 1/1/2023

BLADDER
C67.0–C67.9

Codes

00 None; no surgery of primary site; autopsy ONLY

10 Local tumor destruction, NOS

11 Photodynamic therapy (PDT)

12 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)

13 Cryosurgery

14 Laser

15 Intravesical therapy

16 Bacillus Calmette-Guerin (BCG) or other immunotherapy

Also code the introduction of immunotherapy in the immunotherapy items. If immunotherapy is followed by surgery of the type coded 20-80 code that surgery instead and code the immunotherapy only as immunotherapy.

No specimen sent to pathology from surgical events 10–16.

20 Local tumor excision, NOS

26 Polypectomy

27 Excisional biopsy

Combination of 20 or 26–27 WITH

21 Photodynamic therapy (PDT)

22 Electrocautery

23 Cryosurgery

24 Laser ablation

25 Laser excision

30 Partial cystectomy

50 Simple/total/complete cystectomy

60 Complete cystectomy with reconstruction

61 Radical cystectomy PLUS ileal conduit

62 Radical cystectomy PLUS continent reservoir or pouch, NOS

63 Radical cystectomy PLUS abdominal pouch (cutaneous)

64 Radical cystectomy PLUS in situ pouch (orthotopic)

When the procedure is described as a pelvic exenteration for males, but the prostate is not removed, the surgery should be coded as a cystectomy (code 60-64).

70 Pelvic exenteration, NOS

71 Radical cystectomy including anterior exenteration

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

72 Posterior exenteration

Site-Specific Surgery Codes for Rx Summ 03-22
For all cases diagnosed prior to 1/1/2023

For females, also includes removal of vagina, rectum and anus. For males, also includes prostate, rectum and anus.

73 Total exenteration

Includes all tissue and organs removed for an anterior and posterior exenteration.

74 Extended exenteration

Includes pelvic blood vessels or bony pelvis.

80 Cystectomy, NOS

Specimen sent to pathology from surgical events 20–80.

90 Surgery, NOS

99 Unknown if surgery performed; death certificate ONLY

Site-Specific Surgery Codes for Rx Summ 03-22
For all cases diagnosed prior to 1/1/2023

BRAIN
Meninges C70.0–C70.9, Brain C71.0–C71.9,
Spinal Cord, Cranial Nerves and Other Parts of Central Nervous System C72.0–C72.9

Do not code laminectomies for spinal cord primaries.

Codes

00 None; no surgery of primary site; autopsy ONLY

10 Tumor destruction, NOS

No specimen sent to pathology from surgical event 10.

Do not record stereotactic radiosurgery (SRS), Gamma knife, Cyber knife, or Linac radiosurgery as surgical tumor destruction. All of these modalities are recorded in the radiation treatment fields.

20 Local excision of tumor, lesion or mass; excisional biopsy

21 Subtotal resection of tumor, lesion or mass in brain

22 Resection of tumor of spinal cord or nerve

30 Radical, total, gross resection of tumor, lesion or mass in brain

40 Partial resection of lobe of brain, when the surgery cannot be coded as 20-30.

55 Gross total resection of lobe of brain (lobectomy)

Codes 30 - 55 are not applicable for spinal cord or spinal nerve primary sites.

Specimen sent to pathology from surgical events 20–55.

90 Surgery, NOS

99 Unknown if surgery performed; death certificate ONLY

Site-Specific Surgery Codes for Rx Summ 03-22
For all cases diagnosed prior to 1/1/2023

THYROID GLAND
C73.9

Codes

00 None; no surgery of primary site; autopsy ONLY

13 Local tumor destruction, NOS

No specimen sent to pathology from surgical event 13.

25 Removal of less than a lobe, NOS

26 Local surgical excision

27 Removal of a partial lobe ONLY

20 Lobectomy and/or isthmectomy

21 Lobectomy ONLY

22 Isthmectomy ONLY

23 Lobectomy WITH isthmus

30 Removal of a lobe and partial removal of the contralateral lobe

40 Subtotal or near total thyroidectomy

50 Total thyroidectomy

80 Thyroidectomy, NOS

Specimen sent to pathology from surgical events 20–80.

90 Surgery, NOS

99 Unknown if surgery performed; death certificate ONLY

Site-Specific Surgery Codes for Rx Summ 03-22
For all cases diagnosed prior to 1/1/2023

LYMPH NODES
C77.0–C77.9

Codes

00 None; no surgery of primary site; autopsy ONLY

19 Local tumor destruction or excision, NOS

Unknown whether a specimen was sent to pathology for surgical events coded to 19 (principally for cases diagnosed prior to January 1, 2003).

15 Local tumor destruction, NOS

No specimen sent to pathology from surgical event 15.

25 Local tumor excision, NOS

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

Additional Note: Code 25 local tumor excision should only be used when the node removed is the only node involved with lymphoma. If there is only one node involved and this can be confirmed – then you can code the removal as surgical treatment. Otherwise, the lymph node removal is just a biopsy removed to confirm the diagnosis, classify the lymphoma, and/or stage the lymphoma. STORE Manual – Item 1350.

30 Lymph node dissection, NOS

31 One chain

32 Two or more chains

40 Lymph node dissection, NOS PLUS splenectomy

41 One chain

42 Two or more chains

50 Lymph node dissection, NOS and partial/total removal of adjacent organ(s)

51 One chain

52 Two or more chains

60 Lymph node dissection, NOS and partial/total removal of adjacent organ(s) PLUS splenectomy (Includes staging laparotomy for lymphoma.)

61 One chain

62 Two or more chains

Specimen sent to pathology for surgical events 25-62.

90 Surgery, NOS

99 Unknown if surgery performed; death certificate ONLY

Site-Specific Surgery Codes for Rx Summ 03-22
For all cases diagnosed prior to 1/1/2023

ALL OTHER SITES

**C14.2–C14.8, C17.0–C17.9, C23.9, C24.0–C24.9, C26.0–C26.9, C30.0–C 30.1, C31.0–C31.9, C33.9,
C37.9,
C38.0–C38.8, C39.0–C39.9, C48.0–C48.8, C51.0–C51.9, C52.9, C57.0–C57.9, C58.9,
C60.0–C60.9, C63.0–C63.9, C68.0–C68.9, C69.0–C69.9, C74.0–C74.9, C75.0–C75.9**

Codes

00 None; no surgery of primary site; autopsy ONLY

10 Local tumor destruction, NOS

11 Photodynamic therapy (PDT)

12 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)

13 Cryosurgery

14 Laser

No specimen sent to pathology from surgical events 10–14.

20 Local tumor excision, NOS

26 Polypectomy

27 Excisional biopsy

Any combination of 20 or 26–27 WITH

21 Photodynamic therapy (PDT)

22 Electrocautery

23 Cryosurgery

24 Laser ablation

25 Laser excision

30 Simple/partial surgical removal of primary site

40 Total surgical removal of primary site; enucleation

41 Total enucleation (for eye surgery only)

50 Surgery stated to be “debulking”

60 Radical surgery

Partial or total removal of the primary site WITH a resection in continuity (partial or total removal) with other organs.

Specimen sent to pathology from surgical events 20–60.

90 Surgery, NOS

99 Unknown if surgery performed; death certificate ONLY

Site-Specific Surgery Codes for Rx Summ 03-22
For all cases diagnosed prior to 1/1/2023

UNKNOWN AND ILL-DEFINED PRIMARY SITES
C76.0–C76.8, C80.9

Code

98 All unknown and ill-defined disease sites, WITH or WITHOUT surgical treatment.

Surgical procedures for unknown and ill-defined primaries are to be recorded using the data item *Surgical Procedure/Other Site* (NAACCR Item #1294) or *Surgical Procedure/Other Site at This Facility* (NAACCR Item #674).

Site-Specific Surgery Codes for Rx Summ- Surg 2023

ORAL CAVITY

Lip C00.0–C00.9, Base of Tongue C01.9, Other Parts of Tongue C02.0–C02.9, Gum C03.0–C03.9, Floor of Mouth C04.0–C04.9, Palate C05.0–C05.9, Other Parts of Mouth C06.0–C06.9

Codes

A000 None; no surgery of primary site; autopsy ONLY

A100 Local tumor destruction, NOS

A110 Photodynamic therapy (PDT)

A120 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)

A130 Cryosurgery

A140 Laser

No specimen sent to pathology from surgical events A100–A140.

A200 Local tumor excision, NOS

A260 Polypectomy

A270 Excisional biopsy

Any combination of A200 or A260–A270 WITH

A210 Photodynamic therapy (PDT)

A220 Electrocautery

A230 Cryosurgery

A240 Laser ablation

A250 Laser excision

A300 Wide excision, NOS

Code A300 includes:

Hemiglossectomy

Partial glossectomy

A400 Radical excision of tumor, NOS

A410 Radical excision of tumor ONLY

A420 Combination of A410 WITH resection in continuity with mandible (marginal, segmental, hemi-, or total resection)

A430 Combination of A410 WITH resection in continuity with maxilla (partial, subtotal, or total resection)

Codes A400–A430 include:

Total glossectomy Radical glossectomy

Specimen sent to pathology from surgical events A200–A430.

A900 Surgery, NOS

A990 Unknown if surgery performed; death certificate ONLY

PAROTID AND OTHER UNSPECIFIED GLANDS

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

Codes

A000 None; no surgery of primary site; autopsy ONLY

A100 Local tumor destruction, NOS

A110 Photodynamic therapy (PDT)

A120 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)

A130 Cryosurgery

A140 Laser

No specimen sent to pathology from surgical events A100–A140.

A200 Local tumor excision, NOS

A260 Polypectomy

A270 Excisional biopsy

Any combination of A200 or A260–A270 WITH

A210 Photodynamic therapy (PDT)

A220 Electrocautery

A230 Cryosurgery

A240 Laser ablation

A250 Laser excision

A300 Less than total parotidectomy, NOS; less than total removal of major salivary gland, NOS

A310 Facial nerve spared

A320 Facial nerve sacrificed

A330 Superficial lobe ONLY

A340 Facial nerve spared

A350 Facial nerve sacrificed

A360 Deep lobe (Total)

A370 Facial nerve spared

A380 Facial nerve sacrificed

A400 Total parotidectomy, NOS; total removal of major salivary gland, NOS

A410 Facial nerve spared

A420 Facial nerve sacrificed

A500 Radical parotidectomy, NOS; radical removal of major salivary gland, NOS

A510 WITHOUT removal of temporal bone

A520 WITH removal of temporal bone

A530 WITH removal of overlying skin (requires graft or flap coverage)

A800 Parotidectomy, NOS

Specimen sent to pathology from surgical events A200–A800.

A900 Surgery, NOS

A990 Unknown if surgery performed; death certificate ONLY

Site-Specific Surgery Codes for Rx Summ- Surg 2023

PHARYNX

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

Codes

A000 None; no surgery of primary site; autopsy ONLY

A100 Local tumor destruction, NOS

A110 Photodynamic therapy (PDT)

A120 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)

A130 Cryosurgery

A140 Laser

A150 Stripping

No specimen sent to pathology from surgical events A100–A150.

A200 Local tumor excision, NOS

A260 Polypectomy

A270 Excisional biopsy

Any combination of A200 or A260–A270 WITH

A210 Photodynamic therapy (PDT)

A220 Electrocautery

A230 Cryosurgery

A240 Laser ablation

A250 Laser excision

A280 Stripping

A300 Pharyngectomy, NOS

A310 Limited/partial pharyngectomy; tonsillectomy, bilateral tonsillectomy

A320 Total pharyngectomy

A400 Pharyngectomy WITH laryngectomy OR removal of contiguous bone tissue, NOS (does NOT include total mandibular resection)

A410 WITH Laryngectomy (laryngopharyngectomy)

A420 WITH bone

A430 WITH both A410 and A420

A500 Radical pharyngectomy (includes total mandibular resection), NOS

A510 WITHOUT laryngectomy

A520 WITH laryngectomy

Specimen sent to pathology from surgical events A200–A520.

A900 Surgery, NOS

A990 Unknown if surgery performed; death certificate ONLY

Site-Specific Surgery Codes for Rx Summ- Surg 2023

ESOPHAGUS

C15.0–C15.9

Codes

A000 None; no surgery of primary site; autopsy ONLY

A100 Local tumor destruction, NOS

A110 Photodynamic therapy (PDT)

A120 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)

A130 Cryosurgery

A140 Laser

No specimen sent to pathology from surgical events A100–A140.

A200 Local tumor excision,

NOS A260 Polypectomy

A270 Excisional biopsy

Any combination of A200 or A260–A270 WITH

A210 Photodynamic therapy (PDT)

A220 Electrocautery

A230 Cryosurgery

A240 Laser ablation

A250 Laser excision

A300 Partial esophagectomy

A400 Total esophagectomy, NOS

A500 Esophagectomy, NOS WITH laryngectomy and/or gastrectomy, NOS

A510 WITH laryngectomy

A520 WITH gastrectomy, NOS

A530 Partial gastrectomy

A540 Total gastrectomy

A550 Combination of A510 WITH any of A520–A540

A800 Esophagectomy, NOS

Specimen sent to pathology from surgical events A200–A800.

A900 Surgery, NOS

A990 Unknown if surgery performed; death certificate ONLY

Site-Specific Surgery Codes for Rx Summ- Surg 2023

STOMACH

C16.0–C16.9

Codes

A000 None; no surgery of primary site; autopsy ONLY

A100 Local tumor destruction, NOS

A110 Photodynamic therapy (PDT)

A120 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)

A130 Cryosurgery

A140 Laser

No specimen sent to pathology from surgical events A100–A140.

A200 Local tumor excision, NOS

A260 Polypectomy

A270 Excisional biopsy

Any combination of A200 or A260–A270 WITH

A210 Photodynamic therapy (PDT)

A220 Electrocautery

A230 Cryosurgery

A240 Laser ablation

A250 Laser excision

A300 Gastrectomy, NOS (partial, subtotal, hemi-)

A310 Antrectomy, lower (distal-less than 40% of stomach)***

A320 Lower (distal) gastrectomy (partial, subtotal, hemi-)

A330 Upper (proximal) gastrectomy (partial, subtotal, hemi-)

Code A300 includes:

Partial gastrectomy, including a sleeve resection of the stomach

Billroth I: anastomosis to duodenum (duodenostomy)

Billroth II: anastomosis to jejunum (jejunostomy)

A400 Near-total or total gastrectomy, NOS

A410 Near-total gastrectomy

A420 Total gastrectomy

A total gastrectomy may follow a previous partial resection of the stomach.

A500 Gastrectomy, NOS WITH removal of a portion of esophagus

A510 Partial or subtotal gastrectomy

A520 Near total or total gastrectomy

Codes A500–A520 are used for gastrectomy resection when only portions of esophagus are included in procedure.

A600 Gastrectomy with a resection in continuity with the resection of other organs, NOS***

A610 Partial or subtotal gastrectomy, in continuity with the resection of other organs***

A620 Near total or total gastrectomy, in continuity with the resection of other organs***

A630 Radical gastrectomy, in continuity with the resection of other organs***

Site-Specific Surgery Codes for Rx Summ- Surg 2023

Codes A600–A630 are used for gastrectomy resections with organs other than esophagus. Portions of esophagus may or may not be included in the resection.

A800 Gastrectomy, NOS

Specimen sent to pathology from surgical events A200–A800.

A900 Surgery, NOS

A990 Unknown if surgery performed; death certificate ONLY

*** Incidental splenectomy NOT included

Site-Specific Surgery Codes for Rx Summ- Surg 2023

COLON

C18.0–C18.9

For cases diagnosed 1/1/2023-12/31/2023

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

Codes

A000 None; no surgery of primary site; autopsy ONLY

A100 Local tumor destruction, NOS

A120 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)

No specimen sent to pathology from surgical events A100–A120.

A200 Local tumor excision, NOS

A260 Polypectomy, NOS

A270 Excisional biopsy

A280 Polypectomy-endoscopic

A290 Polypectomy-surgical excision

Any combination of A200 or A260-A290 WITH
A220 Electrocautery

A300 Partial colectomy, segmental resection

A320 Plus resection of contiguous organ; example: small bowel, bladder

A400 Subtotal colectomy/hemicolectomy (total right or left colon and a portion of transverse colon)

A410 Plus resection of contiguous organ; example: small bowel, bladder

A500 Total colectomy (removal of colon from cecum to the rectosigmoid junction; may include a portion of the rectum)

A510 Plus resection of contiguous organ; example: small bowel, bladder

A600 Total proctocolectomy (removal of colon from cecum to the rectosigmoid junction, including the entire rectum)

A610 Plus resection of contiguous organ; example: small bowel, bladder

A700 Colectomy or coloproctectomy with resection of contiguous organ(s), NOS (when there is not enough information to code A320, A410, A510, or A610)

Code A700 includes: Any colectomy (partial, hemicolectomy, or total) WITH a resection of any other organs in continuity with the primary site. Other organs may be partially or totally removed. Other organs may include, but are not limited to, oophorectomy, partial proctectomy, rectal mucosectomy, or pelvic exenteration.

A800 Colectomy, NOS

Specimen sent to pathology from surgical events A200–A800.

A900 Surgery, NOS

A990 Unknown if surgery performed; death certificate ONLY

Site-Specific Surgery Codes for Rx Summ- Surg 2023

COLON C18.0–C18.9

For cases diagnosed 1/1/2024 forward

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

Codes

B000 None; no surgery of primary site; autopsy ONLY

B100 Local tumor destruction, NOS, any form of local tumor destruction, includes electrocautery, and/or fulguration

Note: B100 includes electrocautery; fulguration (includes use of hot forceps for tumor destruction). **B120 is obsolete.**

No specimen sent to pathology from surgical event B100

B200 Local tumor excision, NOS

B260 Polypectomy, NOS

B270 Excisional biopsy

B280 Polypectomy-endoscopic

Note: Code B280 includes a polypectomy during an initial colonoscopy for screening or symptoms without knowledge of whether the polyp is benign or malignant.

B281 Polypectomy-endoscopic mucosal resection or dissection

Note: Code B281 includes a more complicated polypectomy performed during a colonoscopy. Usually, the polyp is known to be a superficial malignancy.

B290 Polypectomy-open approach surgical excision, or laparoscopic

Any combination of B200 or B260-B290 WITH

B220 Electrocautery

Note: Code B220 should be used when electrocautery is used to destroy the tumor but there is still tumor sent to pathology. Rarely used.

B291 Wide Local Excision with Tumor

Note: Code B291 includes procedures focused on just removing the primary tumor and not removing a portion of colon or rectum. In these local procedures the adjacent colon, rectum and lymph nodes are not removed, just the tumor with a bit of margin. Procedures are typically reserved for removal of early tumors that are superficial and not known to be associated with lymph node involvement.

Alternate names for B291 includes: Wide local excision, Wide excision, Local tumor resection, or Transanal resection

B300 Partial colectomy, removal of one or more segments with colon resection but less than half of colon is removed.

Note: Code B300 includes removal of one or more colon segments, but less than half of the colon.

- Segments include cecum, ascending, hepatic flexure, transverse colon, splenic flexure, sigmoid colon and/or the descending colon

- o Transverse colectomy includes transverse colon

- o Splenic flexure colectomy includes transverse colon and the splenic flexure

- o Sigmoidectomy includes removal of sigmoid colon and descending colon

B320 Plus resection of contiguous organ; example: small bowel, bladder

B330 Appendectomy for appendiceal primaries only, includes incidental findings

Note: When an appendix primary is found incidentally during resection for a colon primary,

Site-Specific Surgery Codes for Rx Summ- Surg 2023

code the extent of the surgical resection for the colon primary. Assign B330 for the appendix primary site.

- B400 Hemicolectomy (total right or left colon and a portion of the transverse colon)
- B401 Subtotal colectomy (total right or left colon and entire/all of transverse colon)
Note: Code B400 includes removal of the total right or left colon with a portion of the transverse colon
- A total left hemicolectomy includes removal of the splenic flexure, descending colon, and the sigmoid colon
 - A total right hemicolectomy includes removal of the cecum (with appendix, if present), ascending colon and the hepatic flexure
- B410 Plus resection of contiguous organ; example: small bowel, bladder
Note: Assign code B400 for extended left/right hemicolectomy
- B500 Total colectomy (removal of colon from cecum to the rectosigmoid junction; may include a portion of the rectum)
Note: Code B500 includes removal of all segments of colon, NOT including the entire rectum
- B510 Plus resection of contiguous organ; example: small bowel, bladder
- B600 Total proctocolectomy (removal of colon from cecum to the rectosigmoid junction, including the entire rectum)
Note: Code B600 includes removal of the entire colon, including the entire rectum
- B610 Plus resection of contiguous organ; example: small bowel, bladder
- B700 Colectomy or proctocolectomy with resection of contiguous organ(s), NOS,
Note: Use code B700 when there is not enough information to assign code B320, B410, B510, or B610. Code B700 includes any colectomy (partial, hemicolectomy, or total) WITH a resection of any other organs in continuity with the primary site (enbloc resection). 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.
- B800 Colectomy, NOS

Specimen sent to pathology from surgical events B200–B800.

- B900 Surgery, NOS
- B990 Unknown if surgery performed; death certificate ONLY

Site-Specific Surgery Codes for Rx Summ- Surg 2023

RECTOSIGMOID

C19.9

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

Codes

A000 None; no surgery of primary site; autopsy ONLY

A100 Local tumor destruction, NOS

A120 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)

No specimen sent to pathology from surgical events A100–A120.

A200 Local tumor excision, NOS

A260 Polypectomy, NOS

A270 Excisional biopsy

Any combination of A200 or A260-A270 WITH

A220 Electrocautery

A300 Segmental resection; partial proctosigmoidectomy, NOS

A310 Plus resection of contiguous organs; example: small bowel, bladder

Procedures coded A300 include, but are not limited to:

Anterior resection

Hartmann's operation

Low anterior resection (LAR)

Partial colectomy, NOS

Rectosigmoidectomy, NOS

Sigmoidectomy

A400 Pull through WITH sphincter preservation (colo-anal anastomosis)

A500 Total proctectomy

A510 Total colectomy

A550 Total colectomy WITH ileostomy, NOS

A560 Ileorectal reconstruction

A570 Total colectomy WITH other pouch; example: Koch pouch

A600 Total proctocolectomy, NOS

A650 Total proctocolectomy WITH ileostomy, NOS

A660 Total proctocolectomy WITH ileostomy and pouch

Removal of the colon from cecum to the rectosigmoid or a portion of the rectum.

A700 Colectomy or proctocolectomy resection in continuity with other organs; pelvic exenteration

A800 Colectomy, NOS; Proctectomy, NOS

Specimen sent to pathology from surgical events A200–A800.

Site-Specific Surgery Codes for Rx Summ- Surg 2023

A900 Surgery, NOS

A990 Unknown if surgery performed; death certificate ONLY

Site-Specific Surgery Codes for Rx Summ- Surg 2023

RECTUM

C20.9

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

Codes

A000 None; no surgery of primary site; autopsy ONLY

A100 Local tumor destruction, NOS

A120 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)

No specimen sent to pathology from surgical events A100-A120

A200 Local tumor excision, NOS

A260 Polypectomy

A270 Excisional biopsy

Any combination of A200 or A260–A270 WITH

A220 Electrocautery

A280 Curette and fulguration

A300 Segmental resection; partial proctectomy, NOS

Procedures coded A300 include, but are not limited to:

Anterior resection

Hartmann's operation

Low anterior resection (LAR)

Transsacral rectosigmoidectomy

A400 Pull through WITH sphincter preservation (coloanal anastomosis)

A500 Total proctectomy

Procedure coded A500 includes, but is not limited to:

Abdominoperineal resection

A600 Total proctocolectomy, NOS

A700 Proctectomy or proctocolectomy with resection in continuity with other organs; pelvic exenteration

A800 Proctectomy, NOS

Specimen sent to pathology from surgical events A200–A800.

A900 Surgery, NOS

A990 Unknown if surgery performed; death certificate ONLY

Site-Specific Surgery Codes for Rx Summ- Surg 2023

ANUS

C21.0–C21.8

Codes

A000 None; no surgery of primary site; autopsy ONLY

A100 Local tumor destruction, NOS

A120 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)

A150 Thermal Ablation

No specimen sent to pathology from surgical events A100, A120 and A150.

A200 Local tumor excision, NOS

A260 Polypectomy

A270 Excisional biopsy

Any combination of A200 or A260–A270 WITH

A220 Electrocautery

A600 Abdominal perineal resection, NOS (APR)

A610 APR and sentinel node excision

A620 APR and unilateral inguinal lymph node dissection

A630 APR and bilateral inguinal lymph node dissection

The lymph node dissection should also be coded under *Scope of Regional Lymph Node Surgery* (NAACCR Item #1292) or *Scope of Regional Lymph Node Surgery at This Facility* (NAACCR Item #672).

Specimen sent to pathology from surgical events A200–A630.

A900 Surgery, NOS

A990 Unknown if surgery performed; death certificate ONLY

Site-Specific Surgery Codes for Rx Summ- Surg 2023

LIVER AND INTRAHEPATIC BILE DUCTS

C22.0–C22.1

Codes

A000 None; no surgery of primary site; autopsy ONLY

A100 Local tumor destruction, NOS

A110 Photodynamic therapy (PDT)

A120 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)

A130 Cryosurgery

A140 Laser

A150 Alcohol (Percutaneous Ethanol Injection-PEI)

A160 Heat-Radio-frequency ablation (RFA)

A170 Other (ultrasound, acetic acid)

No specimen sent to pathology from surgical events A100–A170.

A200 Wedge or segmental resection, NOS

A210 Wedge resection

A220 Segmental resection, NOS

A230 One

A240 Two

A250 Three

A260 Segmental resection AND local tumor destruction

A300 Lobectomy, NOS

A360 Right lobectomy

A370 Left lobectomy

A380 Lobectomy AND local tumor destruction

A500 Extended lobectomy, NOS (extended: resection of a single lobe plus a segment of another lobe)

A510 Right lobectomy

A520 Left lobectomy

A590 Extended lobectomy AND local tumor destruction

A600 Hepatectomy, NOS

A610 Total hepatectomy and transplant

A650 Excision of a bile duct (for an intra-hepatic bile duct primary only)

A660 Excision of an intrahepatic bile duct PLUS partial hepatectomy

A750 Extrahepatic bile duct and hepatectomy WITH transplant

Specimen sent to pathology from surgical events A200–A750.

A900 Surgery, NOS

A990 Unknown if surgery performed; death certificate ONLY

Site-Specific Surgery Codes for Rx Summ- Surg 2023

PANCREAS

C25.0–C25.9

For cases diagnosed 1/1/2023-12/31/2023

Codes

A000 None; no surgery of primary site; autopsy ONLY

A250 Local excision of tumor, NOS

A300 Partial pancreatectomy, NOS; example: distal

A350 Local or partial pancreatectomy and duodenectomy

A360 WITHOUT distal/partial gastrectomy

A370 WITH partial gastrectomy (Whipple)

A400 Total pancreatectomy

A600 Total pancreatectomy and subtotal gastrectomy or duodenectomy

A700 Extended pancreatoduodenectomy

A800 Pancreatectomy, NOS

A900 Surgery, NOS

A990 Unknown if surgery performed; death certificate ONLY

Site-Specific Surgery Codes for Rx Summ- Surg 2023

PANCREAS

C25.0–C25.9

For cases diagnosed 1/1/2024 forward

Codes

B000 None; no surgery of primary site; autopsy ONLY

B250 Local excision of tumor, NOS, Example Enucleation
Note: Laser tumor destruction, thermal therapy, or ablation

B300 Partial pancreatectomy, NOS; example: Distal pancreatectomy or subtotal pancreatectomy

B350 Local or partial pancreatectomy and duodenectomy, NOS, Example: Pancreaticoduodenectomy (Whipple Procedure)

B351 WITHOUT distal/partial gastrectomy, pylorus preserving Whipple

B352 WITH partial gastrectomy, Classic Whipple

Note: Use code B350 when it is not specified where the stomach was cut

B400 Total pancreatectomy

B600 Total pancreatectomy and subtotal gastrectomy and/or duodenectomy, extended pancreatoduodenectomy

Note: B600 includes extended pancreatoduodenectomy. ~~B700 is obsolete~~

B800 Pancreatectomy, NOS

B900 Surgery, NOS

B990 Unknown if surgery performed; death certificate ONLY

Site-Specific Surgery Codes for Rx Summ- Surg 2023

LARYNX

C32.0–C32.9

Codes

A000 None; no surgery of primary site; autopsy ONLY

A100 Local tumor destruction, NOS

A110 Photodynamic therapy (PDT)

A120 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)

A130 Cryosurgery

A140 Laser

A150 Stripping

No specimen sent to pathology from surgical events A100–A150.

A200 Local tumor excision, NOS

A260 Polypectomy

A270 Excisional biopsy

Any combination of A200 or A260–A270 WITH

A210 Photodynamic therapy (PDT)

A220 Electrocautery

A230 Cryosurgery

A240 Laser ablation

A250 Laser excision

A280 Stripping

A300 Partial excision of the primary site, NOS; subtotal/partial laryngectomy NOS; hemilaryngectomy NOS

A310 Vertical laryngectomy

A320 Anterior commissure laryngectomy

A330 Supraglottic laryngectomy

A400 Total or radical laryngectomy, NOS

A410 Total laryngectomy ONLY

A420 Radical laryngectomy ONLY

A500 Pharyngolaryngectomy

A800 Laryngectomy, NOS

Specimen sent to pathology from surgical events A200–A800.

A900 Surgery, NOS

A990 Unknown if surgery performed; death certificate ONLY

Site-Specific Surgery Codes for Rx Summ- Surg 2023

LUNG

C34.0–C34.9

For cases diagnosed 1/1/2023-12/31/2023

Codes

A000 None; no surgery of primary site; autopsy ONLY

A190 Local tumor destruction or excision, NOS

Unknown whether a specimen was sent to pathology for surgical events coded A190 (principally for cases diagnosed prior to January 1, 2003).

A150 Local tumor destruction, NOS

A120 Laser ablation or cryosurgery

A130 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)

No specimen sent to pathology from surgical events A120–A130 and A150.

A200 Excision or resection of less than one lobe, NOS

A210 Wedge resection

A220 Segmental resection, including lingulectomy

A230 Excision, NOS

A240 Laser excision

A250 Bronchial sleeve resection ONLY

A300 Resection of lobe or bilobectomy, but less than the whole lung (partial pneumonectomy, NOS)

A330 Lobectomy WITH mediastinal lymph node dissection

The lymph node dissection should also be coded under *Scope of Regional Lymph Node Surgery* (NAACCR Item #1292) or *Scope of Regional Lymph Node Surgery at This Facility* (NAACCR Item #672).

A450 Lobe or bilobectomy extended, NOS

A460 WITH chest wall

A470 WITH pericardium

A480 WITH diaphragm

A550 Pneumonectomy, NOS

A560 WITH mediastinal lymph node dissection (radical pneumonectomy)

The lymph node dissection should also be coded under *Scope of Regional Lymph Node Surgery* (NAACCR Item #1292) or *Scope of Regional Lymph Node Surgery at This Facility* (NAACCR Item #672).

A650 Extended pneumonectomy

A660 Extended pneumonectomy plus pleura or diaphragm

A700 Extended radical pneumonectomy

The lymph node dissection should also be coded under *Scope of Regional Lymph Node Surgery* (NAACCR Item #1292) or *Scope of Regional Lymph Node Surgery at This Facility* (NAACCR Item #672).

A800 Resection of lung, NOS

Site-Specific Surgery Codes for Rx Summ- Surg 2023

Specimen sent to pathology from surgical events A200–A800.

A900 Surgery, NOS

A990 Unknown if surgery performed; death certificate ONLY

Site-Specific Surgery Codes for Rx Summ- Surg 2023

LUNG

C34.0–C34.9

For cases diagnosed 1/1/2024 forward

Codes

B000 None; no surgery of primary site; autopsy ONLY

B150 Local tumor destruction, NOS

B120 Laser ablation or cryosurgery

B130 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)

No specimen sent to pathology from surgical events B120–B130 and B150.

B190 Local tumor destruction or excision, NOS

Unknown whether a specimen was sent to pathology for surgical events coded B190

B200 Excision or resection of less than one lobe, NOS

B210 Wedge resection

B220 Segmental resection, for example a lingulectomy

B230 Excision, NOS

B240 Laser excision

B250 Bronchial sleeve resection ONLY

B300 Resection of lobe or bilobectomy, but less than the whole lung (partial pneumonectomy, NOS)

B320 Bronchial sleeve lobectomy/bilobectomy

B330 Lobectomy WITH mediastinal lymph node dissection

Note: A sleeve lobectomy/bilobectomy includes resection of the entire lobe(s) in addition to part of the bronchus.

A sleeve lobectomy is distinct from a typical lobectomy or bilobectomy, in which the bronchus is not resected.

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).

B450 Lobe or bilobectomy extended, NOS

B460 WITH chest wall

B470 WITH pericardium

B480 WITH diaphragm

Site-Specific Surgery Codes for Rx Summ- Surg 2023

B550 Pneumonectomy, NOS

B560 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).

B650 Extended pneumonectomy, NOS

B660 Extended pneumonectomy plus pleura or diaphragm.

Note: An extended pneumonectomy is the resection of the entire lung in addition to one or more of the following structures: superior vena cava, carina, left atrium, aorta, or chest wall.

B800 Resection of lung, NOS

Specimen sent to pathology from surgical events B200–B800.

B900 Surgery, NOS

B990 Unknown if surgery performed; death certificate ONLY

Site-Specific Surgery Codes for Rx Summ- Surg 2023

HEMATOPOIETIC/RETICULOENDOTHELIAL/ IMMUNOPROLIFERATIVE/ MYELOPROLIFERATIVE DISEASE

C42.0, C42.1, C42.3, C42.4 (with any histology)

Code

A980 All hematopoietic/reticuloendothelial/immunoproliferative/myeloproliferative disease sites and/or histologies, WITH or WITHOUT surgical treatment.

Surgical procedures for hematopoietic/reticuloendothelial/immunoproliferative/ myeloproliferative primaries are to be recorded using the data item *Surgical Procedure/Other Site* (NAACCR Item #1294) or *Surgical Procedure/Other Site at This Facility* (NAACCR Item #674).

Site-Specific Surgery Codes for Rx Summ- Surg 2023

BONES, JOINTS, AND ARTICULAR CARTILAGE

C40.0–C41.9

PERIPHERAL NERVES AND AUTONOMIC NERVOUS SYSTEM

C47.0–C47.9

CONNECTIVE, SUBCUTANEOUS, AND OTHER SOFT TISSUES

C49.0–C49.9

Codes

A000 None; no surgery of primary site; autopsy ONLY

A190 Local tumor destruction or excision, NOS

Unknown whether a specimen was sent to pathology for surgical events coded A190 (principally for cases diagnosed prior to January 1, 2003).

A150 Local tumor destruction

No specimen sent to pathology from surgical event A150.

A250 Local excision

A260 Partial resection

A300 Radical excision or resection of lesion WITH limb salvage

A400 Amputation of limb

A410 Partial amputation of limb A420 Total amputation of limb

A500 Major amputation, NOS

A510 Forequarter, including scapula

A520 Hindquarter, including ilium/hip bone

A530 Hemipelvectomy, NOS

A540 Internal hemipelvectomy

Specimen sent to pathology from surgical events A250–A540.

A900 Surgery, NOS

A990 Unknown if surgery performed; death certificate ONLY

Site-Specific Surgery Codes for Rx Summ- Surg 2023

SPLEEN

C42.2

Codes

A000 None; no surgery of primary site; autopsy ONLY

A190 Local tumor destruction or excision, NOS

Unknown whether a specimen was sent to pathology for surgical events coded A190 (principally for cases diagnosed prior to January 1, 2003).

A210 Partial splenectomy

A220 Total splenectomy

A800 Splenectomy, NOS

Specimen sent to pathology for surgical events A210-A800.

A900 Surgery, NOS

A990 Unknown if surgery performed; death certificate ONLY

Site-Specific Surgery Codes for Rx Summ- Surg 2023

SKIN

C44.0–C44.9

The priority order for sources used to assign surgery codes is: Operative report, statement from a physician, description of the surgical procedure on a pathology report, results of the pathology report. Code based on the description of the procedure.

Do not code based on margin status documented in the pathology report.

B000 None; no surgery of primary site; autopsy ONLY

B100 Local tumor destruction, NOS

B110 Photodynamic therapy (PDT)

B120 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)

B130 Cryosurgery

B140 Laser

B200 Local tumor excision, NOS; Excisional biopsy, NOS

B220-Shave Biopsy, NOS

B230-Punch Biopsy, NOS

B240-Elliptical Biopsy (aka fusiform)

B300 Mohs Surgery NOS

B310 Mohs surgery performed on the same day (all Mohs procedures performed during the same day).

B320 Mohs surgery performed on different days (slow Mohs)(each Mohs procedure performed on different day)

B500 Biopsy (NOS) of primary tumor followed wide excision of the lesion; Wide Excision NOS, Re-excision

B510-Incisional Biopsy followed by wide excision

B520-Shave Biopsy followed by wide excision

B530-Punch Biopsy followed by wide excision

B540-Elliptical Biopsy (aka fusiform) followed by wide excision

Note: An incisional biopsy would be a needle or core biopsy of the primary tumor. An incisional biopsy would be coded as a Diagnostic Staging Procedure (NAACCR Item 1350).

B600 Major Amputation

B900 Surgery, NOS

B990 Unknown if surgery performed; Death certificate ONLY

Site-Specific Surgery Codes for Rx Summ- Surg 2023

BREAST

C50.0–C50.9

For cases diagnosed 1/1/2023-12/31/2023

Codes

A000 None; no surgery of primary site; autopsy ONLY

A190 Local tumor destruction, NOS

No specimen was sent to pathology for surgical events coded A190 (principally for cases diagnosed prior to January 1, 2003).

A200 Partial mastectomy, NOS; less than total mastectomy, NOS

A210 Partial mastectomy WITH nipple resection

A220 Lumpectomy or excisional biopsy

A230 Reexcision of the biopsy site for gross or microscopic residual disease

A240 Segmental mastectomy (including wedge resection, quadrantectomy, tylectomy)

Procedures coded A200–A240 remove the gross primary tumor and some of the breast tissue (breast-conserving or preserving). There may be microscopic residual tumor.

A300 Subcutaneous mastectomy

A subcutaneous mastectomy, also called a nipple sparing mastectomy, is the removal of breast tissue without the nipple and areolar complex or overlying skin. It is performed to facilitate immediate breast reconstruction. Cases coded 30 may be considered to have undergone breast reconstruction.

A400 Total (simple) mastectomy

A410 WITHOUT removal of uninvolved contralateral breast

A430 With reconstruction NOS

A440 Tissue

A450 Implant

A460 Combined (Tissue and Implant)

A420 WITH removal of uninvolved contralateral breast

A470 With reconstruction NOS

A480 Tissue

A490 Implant

A750 Combined (Tissue and Implant)

A total (simple) mastectomy removes all breast tissue, the nipple, and areolar complex. An axillary dissection is not done, but sentinel lymph nodes may be removed.

For single primaries, involving both breasts use code A760.

If the contralateral breast reveals a second primary, each breast is abstracted separately. The surgical procedure is coded 41 for the first primary. The surgical code for the contralateral breast is coded to the procedure performed on that site.

Reconstruction that is planned as part of first course treatment is coded A430-A490 or A750, whether it is done at the time of mastectomy or later.

A760 Bilateral mastectomy for a single tumor involving both breasts, as for bilateral inflammatory carcinoma.

Site-Specific Surgery Codes for Rx Summ- Surg 2023

A500 Modified radical mastectomy

A510 WITHOUT removal of uninvolved contralateral breast

A530 Reconstruction, NOS

A540 Tissue

A550 Implant

A560 Combined (Tissue and Implant)

A520 WITH removal of uninvolved contralateral breast

A570 Reconstruction, NOS

A580 Tissue

A590 Implant

A630 Combined (Tissue and Implant)

Removal of all breast tissue, the nipple, the areolar complex, and variable amounts of breast skin in continuity with the axilla. The specimen may or may not include a portion of the pectoralis major muscle

If contralateral breast reveals a second primary, it is abstracted separately. The surgical procedure is coded A510 for the first primary. The surgical code for the contralateral breast is coded to the procedure performed on that site.

A600 Radical mastectomy, NOS

A610 WITHOUT removal of uninvolved contralateral breast

A640 Reconstruction, NOS

A650 Tissue

A660 Implant

A670 Combined (Tissue and Implant)

A620 WITH removal of uninvolved contralateral breast

A680 Reconstruction, NOS

A690 Tissue

A730 Implant

A740 Combined (Tissue and Implant)

A700 Extended radical mastectomy

A710 WITHOUT removal of uninvolved contralateral breast

A720 WITH removal of uninvolved contralateral breast

A800 Mastectomy, NOS

Specimen sent to pathology for surgical events coded A200-A800.

A900 Surgery, NOS

A990 Unknown if surgery performed; death certificate ONLY

Site-Specific Surgery Codes for Rx Summ- Surg 2023

BREAST

C50.0–C50.9

For cases diagnosed 1/1/2024 forward

Coding Instructions

- Code the surgical resection code for breast primaries performed with diagnosis date $\geq$ 1/1/2024.
- Do not record reconstruction in this data items. See Rx Hosp-Recon Breast [item #751] and/or Rx Summ-Recon breast [item #1335].
- If contralateral breast reveals a second primary, each breast is abstracted separately.

Codes

B000 None; no surgery of primary site; autopsy ONLY

B200 Partial mastectomy; less than total mastectomy; lumpectomy, segmental mastectomy, quadrantectomy, tylectomy, with or without nipple resection.

Note: Use code B200 when there is a previous positive biopsy (either core or FNA).

B210 Excisional breast biopsy - Diagnostic excision, no pre-operative biopsy proven diagnosis of cancer

Note: Use code B210 when a surgeon removes the (positive) mass and there was no biopsy (either core or FNA) done prior to the mass being removed.

An excisional biopsy can occur when the nodule was previously not expected to be cancer.

B215 Excisional breast biopsy, for atypia

Note: Use code B215 when patient has biopsy that shows atypical ductal hyperplasia, an excision is then performed, and pathology shows in situ or invasive cancer. The excisional breast biopsy for ADH diagnosed the cancer, not the core biopsy.

An excisional breast biopsy removes the entire tumor and/or leaves only microscopic margins.

This surgical code was added for situations when atypia tissue is excised and found to be reportable.

Approx. 10-15% of excised atypia are cancer and reportable.

B240 Re-excision of margins from primary tumor site for gross or microscopic residual disease when less than total mastectomy performed

B290 Central lumpectomy, only performed for a prior diagnosis of cancer, which includes removal of the nipple areolar complex

Note: Use code B290 when the nipple areolar complex needs to be removed for patients with Paget disease or cancer directly involving the nipple areolar complex.

A central lumpectomy removes the nipple areolar complex, whereas a lumpectomy does not.

Central lumpectomy and central portion lumpectomy, central portion excision, central partial mastectomy are interchangeable terms.

B300 Skin-sparing mastectomy

B310 WITHOUT removal of uninvolved contralateral breast

B320 WITH removal of uninvolved contralateral breast

Note: A skin-sparing mastectomy removes all breast tissue and the nipple areolar complex and preserves native breast skin. It is performed with and without sentinel node biopsy or ALND.

B400 Nipple-sparing mastectomy

B410 WITHOUT removal of uninvolved contralateral breast

B420 WITH removal of uninvolved contralateral breast

Site-Specific Surgery Codes for Rx Summ- Surg 2023

Note: A nipple-sparing mastectomy removal all breast tissue but preserves the nipple areolar complex and breast skin. It is performed with and without sentinel node biopsy or ALND.

B500 Areolar-Sparing Mastectomy

B510 WITHOUT removal of uninvolved contralateral breast

B520 WITH removal of uninvolved contralateral breast

Note: An areolar-sparing mastectomy removes all breast tissue and the nipple but preserves the areola and breast skin. It is performed with and without sentinel node biopsy or ALND.

B600 Total (simple mastectomy)

B610 WITHOUT removal of uninvolved contralateral breast

B620 WITH removal of uninvolved contralateral breast

Note: A total (simple) mastectomy removes all breast tissue, the nipple areolar complex and breast skin. It is performed with and without sentinel node biopsy or ALND.

Use code B600, B610, B620 if patient had a modified radical mastectomy.

B700 Radical mastectomy, NOS

B710 WITHOUT removal of uninvolved contralateral breast

B720 WITH removal of uninvolved contralateral breast

B760 Bilateral mastectomy for a single tumor involving both breasts, as for bilateral inflammatory carcinoma

Note: A radical mastectomy removes all breast tissue, the nipple areolar complex, breast skin, and pectoralis muscle. It is performed with level I-III ALND.

B800 Mastectomy, NOS (including extended radical mastectomy)

B900 Surgery, NOS

B990 Unknown if surgery was performed; death certificate ONLY

Site-Specific Surgery Codes for Rx Summ- Surg 2023

CERVIX UTERI

C53.0–C53.9

For invasive cancers, dilation and curettage is coded as an incisional biopsy (02) under the data item *Surgical Diagnostic and Staging Procedure* (NAACCR Item #1350).

Codes

A000 None; no surgery of primary site; autopsy ONLY

A100 Local tumor destruction, NOS

A110 Photodynamic therapy (PDT)

A120 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)

A130 Cryosurgery

A140 Laser

A150 Loop Electrocautery Excision Procedure (LEEP)

A160 Laser ablation

A170 Thermal ablation

No specimen sent to pathology from surgical events A100–A170.

A200 Local tumor excision, NOS

A260 Excisional biopsy, NOS

A270 Cone biopsy

A240 Cone biopsy WITH gross excision of lesion

A290 Trachelectomy; removal of cervical stump; cervicectomy

Any combination of A200, A240, A260, A270 or A290 WITH

A210 Electrocautery

A220 Cryosurgery

A230 Laser ablation or excision

A250 Dilatation and curettage; endocervical curettage (for in situ only)

A280 Loop electrocautery excision procedure (LEEP)

A300 Total hysterectomy (simple, pan-) WITHOUT removal of tubes and ovaries

Total hysterectomy removes both the corpus and cervix uteri and may also include a portion of vaginal cuff.

A400 Total hysterectomy (simple, pan-) WITH removal of tubes and/or ovary

Total hysterectomy removes both the corpus and cervix uteri and may also include a portion of vaginal cuff.

A500 Modified radical or extended hysterectomy; radical hysterectomy; extended radical hysterectomy

A510 Modified radical hysterectomy

A520 Extended hysterectomy

A530 Radical hysterectomy; Wertheim procedure

A540 Extended radical hysterectomy

A600 Hysterectomy, NOS, WITH or WITHOUT removal of tubes and ovaries

A610 WITHOUT removal of tubes and ovaries

A620 WITH removal of tubes and ovaries

Site-Specific Surgery Codes for Rx Summ- Surg 2023

A700 Pelvic exenteration

A710 Anterior exenteration

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

A720 Posterior exenteration

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

A730 Total exenteration

Includes removal of all pelvic contents and pelvic lymph nodes.

A740 Extended exenteration

Includes pelvic blood vessels or bony pelvis.

Specimen sent to pathology from surgical events A200–A740.

A900 Surgery, NOS

A990 Unknown if surgery performed; death certificate ONLY

Site-Specific Surgery Codes for Rx Summ- Surg 2023

CORPUS UTERI

C54.0–C55.9

For invasive cancers, dilation and curettage is coded as an incisional biopsy (02) under the data item *Surgical Diagnostic and Staging Procedure* (NAACCR Item #1350).

Codes

A000 None; no surgery of primary site; autopsy ONLY

A190 Local tumor destruction or excision, NOS

Unknown whether a specimen was sent to pathology for surgical events coded A190 (principally for cases diagnosed prior to January 1, 2003).

A100 Local tumor destruction, NOS

A110 Photodynamic therapy (PDT)

A120 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)

A130 Cryosurgery

A140 Laser

A150 Loop Electrocautery Excision Procedure (LEEP)

A160 Thermal ablation

No specimen sent to pathology from surgical events A100–A160.

A200 Local tumor excision, NOS; simple excision, NOS

A240 Excisional biopsy

A250 Polypectomy

A260 Myomectomy

Any combination of A200 or A240–A260 WITH

A210 Electrocautery

No specimen sent to pathology from surgical events A100–A160.

A200 Local tumor excision, NOS; simple excision, NOS

A240 Excisional biopsy

A250 Polypectomy A260 Myomectomy

Any combination of A200 or A240–A260 WITH

A210 Electrocautery

A220 Cryosurgery

A230 Laser ablation or excision

A300 Subtotal hysterectomy/supracervical hysterectomy/fundectomy WITH or WITHOUT removal of tube(s) and ovary(ies).

A310 WITHOUT tube(s) and ovary(ies)

A320 WITH tube(s) and ovary(ies)

A400 Total hysterectomy (simple, pan-) WITHOUT removal of tube(s) and ovary(ies)

Removes both the corpus and cervix uteri. It may also include a portion of the vaginal cuff.

A500 Total hysterectomy (simple, pan-) WITH removal of tube(s) and/or ovary(ies)

Removes both the corpus and cervix uteri. It may also include a portion of the vaginal cuff.

Site-Specific Surgery Codes for Rx Summ- Surg 2023

A600 Modified radical or extended hysterectomy; radical hysterectomy; extended radical hysterectomy

A610 Modified radical hysterectomy

A620 Extended hysterectomy

A630 Radical hysterectomy; Wertheim procedure

A640 Extended radical hysterectomy

A650 Hysterectomy, NOS, WITH or WITHOUT removal of tube(s) and ovary(ies)

A660 WITHOUT removal of tube(s) and ovary(ies)

A670 WITH removal of tube(s) and ovary(ies)

A750 Pelvic exenteration

A760 Anterior exenteration

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

A770 Posterior exenteration

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

A780 Total exenteration

Includes removal of all pelvic contents and pelvic lymph nodes.

A790 Extended exenteration

Includes pelvic blood vessels or bony pelvis.

Specimen sent to pathology from surgical events A200–A790.

A900 Surgery, NOS

A990 Unknown if surgery performed; death certificate ONLY

Site-Specific Surgery Codes for Rx Summ- Surg 2023

OVARY

C56.9

Codes

A000 None; no surgery of primary site; autopsy ONLY

A170 Local tumor destruction, NOS

No specimen sent to pathology from surgical event A170.

A250 Total removal of tumor or (single) ovary, NOS

A260 Resection of ovary (wedge, subtotal, or partial) ONLY, NOS; unknown if hysterectomy done

A270 WITHOUT hysterectomy

A280 WITH hysterectomy

A350 Unilateral (salpingo-)oophorectomy; unknown if hysterectomy done

A360 WITHOUT hysterectomy

A370 WITH hysterectomy

A500 Bilateral (salpingo-)oophorectomy; unknown if hysterectomy done

A510 WITHOUT hysterectomy

A520 WITH hysterectomy

A550 Unilateral or bilateral (salpingo-)oophorectomy WITH OMENTECTOMY, NOS; partial or total; unknown if hysterectomy done

A560 WITHOUT hysterectomy

A570 WITH hysterectomy

A600 Debulking; cytoreductive surgery, NOS

A610 WITH colon (including appendix) and/or small intestine resection (not incidental)

A620 WITH partial resection of urinary tract (not incidental)

A630 Combination of A610 and A620

Debulking is a partial or total removal of the tumor mass and can involve the removal of multiple organ sites. It may include removal of ovaries and/or the uterus (a hysterectomy). The pathology report may or may not identify ovarian tissue. A debulking is usually followed by another treatment modality such as chemotherapy.

A700 Pelvic exenteration, NOS

A710 Anterior exenteration

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

A720 Posterior exenteration

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

A730 Total exenteration

Includes removal of all pelvic contents and pelvic lymph nodes.

A740 Extended exenteration

Includes pelvic blood vessels or bony pelvis.

A800 (Salpingo-)oophorectomy, NOS

Site-Specific Surgery Codes for Rx Summ- Surg 2023

Specimen sent to pathology from surgical events A250–A800.

A900 Surgery, NOS

A990 Unknown if surgery performed; death certificate ONLY

Site-Specific Surgery Codes for Rx Summ- Surg 2023

PROSTATE

C61.9

Do not code an orchiectomy in this field. For prostate primaries, orchiectomies are coded in the data item *Hematologic Transplant and Endocrine Procedures* (NAACCR Item #3250).

Codes

A000 None; no surgery of primary site; autopsy ONLY

A180 Local tumor destruction or excision, NOS

A190 Transurethral resection (TURP), NOS, and no specimen sent to pathology or unknown if sent

Unknown whether a specimen was sent to pathology for surgical events coded A180 or A190 (principally for cases diagnosed prior to January 1, 2003).

A100 Local tumor destruction, NOS

A140 Cryoprostatectomy

A150 Laser ablation

A160 Hyperthermia

A170 Other method of local tumor destruction

No specimen sent to pathology from surgical events A100–A170.

A200 Local tumor excision, NOS

A210 Transurethral resection (TURP), NOS, with specimen sent to pathology

A220 TURP–cancer is incidental finding during surgery for benign disease

A230 TURP–patient has suspected/known cancer

Any combination of A200–A230 WITH

A240 Cryosurgery

A250 Laser

A260 Hyperthermia

A300 Subtotal, segmental, or simple prostatectomy, which may leave all or part of the capsule intact

A500 Radical prostatectomy, NOS; total prostatectomy, NOS

Excised prostate, prostatic capsule, ejaculatory ducts, seminal vesicle(s) and may include a narrow cuff of bladder neck.

A700 Prostatectomy WITH resection in continuity with other organs; pelvic exenteration

Surgeries coded A700 are any prostatectomy WITH resection in continuity with any other organs. The other organs may be partially or totally removed. Procedures may include, but are not limited to, cystoprostatectomy, radical cystectomy, and prostatectomy.

A800 Prostatectomy, NOS

Specimen sent to pathology from surgical events 20–80.

A900 Surgery, NOS

A990 Unknown if surgery performed; death certificate ONLY

Site-Specific Surgery Codes for Rx Summ- Surg 2023

TESTIS

C62.0–C62.9

Codes

A000 None; no surgery of primary site; autopsy ONLY

A120 Local tumor destruction, NOS

No specimen sent to pathology from surgical event A120.

A200 Local or partial excision of testicle

A300 Excision of testicle WITHOUT cord

A400 Excision of testicle WITH cord or cord not mentioned (radical orchiectomy)

A800 Orchiectomy, NOS (unspecified whether partial or total testicle removed)

Specimen sent to pathology from surgical events A200–A800.

A900 Surgery, NOS

A990 Unknown if surgery performed; death certificate ONLY

Site-Specific Surgery Codes for Rx Summ- Surg 2023

KIDNEY, RENAL PELVIS, AND URETER

Kidney C64.9, Renal Pelvis C65.9, Ureter C66.9

Codes

A000 None; no surgery of primary site; autopsy ONLY

A100 Local tumor destruction, NOS

A110 Photodynamic therapy (PDT)

A120 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)

A130 Cryosurgery

A140 Laser

A150 Thermal ablation

No specimen sent to pathology from this surgical event A100–A150.

A200 Local tumor excision, NOS A

260 Polypectomy

A270 Excisional biopsy

Any combination of A200 or A260–A270 WITH

A210 Photodynamic therapy (PDT)

A220 Electrocautery

A230 Cryosurgery

A240 Laser ablation

A250 Laser excision

A300 Partial or subtotal nephrectomy (kidney or renal pelvis) or partial ureterectomy (ureter)

Procedures coded A300 include, but are not limited to:

Segmental resection

Wedge resection

A400 Complete/total/simple nephrectomy—for kidney parenchyma Nephroureterectomy

Includes bladder cuff for renal pelvis or ureter.

A500 Radical nephrectomy

May include removal of a portion of vena cava, adrenal gland(s), Gerota's fascia, perinephric fat, or partial/total ureter.

A700 Any nephrectomy (simple, subtotal, complete, partial, simple, total, radical) in continuity with the resection of other organ(s) (colon, bladder)

The other organs, such as colon or bladder, may be partially or totally removed.

A800 Nephrectomy, NOS

Ureterectomy, NOS

Specimen sent to pathology from surgical events A200–A800.

A900 Surgery, NOS

A990 Unknown if surgery performed; death certificate ONLY

Site-Specific Surgery Codes for Rx Summ- Surg 2023

BLADDER

C67.0–C67.9

Codes

A000 None; no surgery of primary site; autopsy ONLY

A100 Local tumor destruction, NOS

A111 Photodynamic therapy (PDT)

A120 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)

A130 Cryosurgery

A140 Laser

A150 Intravesical therapy

A160 Bacillus Calmette-Guerin (BCG) or other immunotherapy

Also code the introduction of immunotherapy in the immunotherapy items.

If immunotherapy is followed by surgery of the type coded A200-A800 code that surgery instead and code the immunotherapy only as immunotherapy.

No specimen sent to pathology from surgical events A100–A160.

A200 Local tumor excision, NOS

A260 Polypectomy

A270 Excisional biopsy

Combination of A200 or A260-A270 WITH

A210 Photodynamic therapy (PDT)

A220 Electrocautery

A230 Cryosurgery

A240 Laser ablation

A250 Laser excision

A300 Partial cystectomy

A500 Simple/total/complete cystectomy

A600 Complete cystectomy with reconstruction

A610 Radical cystectomy PLUS ileal conduit

A620 Radical cystectomy PLUS continent reservoir or pouch, NOS

A630 Radical cystectomy PLUS abdominal pouch (cutaneous)

A640 Radical cystectomy PLUS in situ pouch (orthotopic)

When the procedure is described as a pelvic exenteration for males, but the prostate is not removed, the surgery should be coded as a cystectomy (code A600-A640).

A700 Pelvic exenteration, NOS

A710 Radical cystectomy including anterior exenteration

For females, includes removal of bladder, uterus, ovaries, entire vaginal wall, and entire urethra.

For males, includes removal of the prostate. When a procedure is described as a pelvic exenteration for males, but the prostate is not removed, the surgery should be coded as a cystectomy (code A600-A640).

A720 Posterior exenteration

Site-Specific Surgery Codes for Rx Summ- Surg 2023

For females, also includes removal of vagina, rectum and anus. For males, also includes prostate, rectum and anus.

A730 Total exenteration

Includes all tissue and organs removed for an anterior and posterior exenteration.

A740 Extended exenteration

Includes pelvic blood vessels or bony pelvis.

A800 Cystectomy, NOS

Specimen sent to pathology from surgical events A200–A800.

A900 Surgery, NOS

A990 Unknown if surgery performed; death certificate ONLY

Site-Specific Surgery Codes for Rx Summ- Surg 2023

BRAIN

Meninges C70.0–C70.9, Brain C71.0–C71.9,

Spinal Cord, Cranial Nerves and Other Parts of Central Nervous System C72.0–C72.9

Do not code laminectomies for spinal cord primaries.

Codes

A000 None; no surgery of primary site; autopsy ONLY

A100 Tumor destruction, NOS

No specimen sent to pathology from surgical event A100.

Do not record stereotactic radiosurgery (SRS), Gamma knife, Cyber knife, or Linac radiosurgery as surgical tumor destruction. All of these modalities are recorded in the radiation treatment fields.

A200 Local excision of tumor, lesion or mass; excisional biopsy

A210 Subtotal resection of tumor, lesion or mass in brain

A220 Resection of tumor of spinal cord or nerve

A300 Radical, total, gross resection of tumor, lesion or mass in brain

A400 Partial resection of lobe of brain, when the surgery cannot be coded as A200-A300.

A550 Gross total resection of lobe of brain (lobectomy)

Codes A300-A550 are not applicable for spinal cord or spinal nerve primary sites.

Specimen sent to pathology from surgical events A200–A550.

A900 Surgery, NOS

A990 Unknown if surgery performed; death certificate ONLY

Site-Specific Surgery Codes for Rx Summ- Surg 2023

THYROID GLAND

C73.9

For cases diagnosed 1/1/2023-12/31/2023

Codes

A000 None; no surgery of primary site; autopsy ONLY

A130 Local tumor destruction, NOS

No specimen sent to pathology from surgical event A130.

A250 Removal of less than a lobe, NOS

A260 Local surgical excision

A270 Removal of a partial lobe ONLY

A200 Lobectomy and/or isthmectomy

A210 Lobectomy ONLY

A220 Isthmectomy ONLY

A230 Lobectomy WITH isthmus

A300 Removal of a lobe and partial removal of the contralateral lobe

A400 Subtotal or near total thyroidectomy

A500 Total thyroidectomy

A800 Thyroidectomy, NOS

Specimen sent to pathology from surgical events A200–A800.

A900 Surgery, NOS

A990 Unknown if surgery performed; death certificate ONLY

Site-Specific Surgery Codes for Rx Summ- Surg 2023

THYROID GLAND

C73.9

For cases diagnosed 1/1/2024 forward

Please note the order of the Codes B200-B253 have changed from STORE 2023.

Codes

B000 None; no surgery of primary site; autopsy ONLY

B130 Local tumor destruction, NOS

No specimen sent to pathology from surgical event B130

B200 Removal of less than a lobe, NOS

B210 Local surgical excision

B220 Removal of a partial lobe ONLY

B250 Lobectomy and/or isthmectomy, NOS

B251 Lobectomy ONLY (right or left)

B252 Isthmectomy ONLY

B253 Lobectomy WITH isthmus

B300 Removal of a lobe and partial removal of the contralateral lobe

B400 Subtotal or near total thyroidectomy

B500 Total thyroidectomy

B800 Thyroidectomy, NOS

Specimen sent to pathology from surgical events B200–B800.

B900 Surgery, NOS

B990 Unknown if surgery performed; death certificate ONLY

LYMPH NODES

C77.0–C77.9

Codes

A000 None; no surgery of primary site; autopsy ONLY

A190 Local tumor destruction or excision, NOS

Unknown whether a specimen was sent to pathology for surgical events coded to A190 (principally for cases diagnosed prior to January 1, 2003).

A150 Local tumor destruction, NOS

No specimen sent to pathology from surgical event A150.

A250 Local tumor excision, NOS

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

Additional Note: Code A250 local tumor excision should only be used when the node removed is the only node involved with lymphoma. If there is only one node involved and this can be confirmed – then you can code the removal as surgical treatment. Otherwise, the lymph node removal is just a biopsy removed to confirm the diagnosis, classify the lymphoma, and/or stage the lymphoma. STORE Manual – Item 1350.

A300 Lymph node dissection, NOS

A310 One chain

A320 Two or more chains

A400 Lymph node dissection, NOS PLUS splenectomy

A410 One chain

A420 Two or more chains

A500 Lymph node dissection, NOS and partial/total removal of adjacent organ(s)

A510 One chain

A520 Two or more chains

A600 Lymph node dissection, NOS and partial/total removal of adjacent organ(s) PLUS splenectomy (Includes staging laparotomy for lymphoma.)

A610 One chain

A620 Two or more chains

Specimen sent to pathology for surgical events A250-A620.

A900 Surgery, NOS

A990 Unknown if surgery performed; death certificate ONLY

Site-Specific Surgery Codes for Rx Summ- Surg 2023

ALL OTHER SITES

C14.2–C14.8, C17.0–C17.9, C23.9, C24.0–C24.9, C26.0–C26.9, C30.0–C 30.1, C31.0–C31.9, C33.9, C37.9, C38.0–C38.8, C39.0–C39.9, C48.0–C48.8, C51.0–C51.9, C52.9, C57.0–C57.9, C58.9, C60.0–C60.9, C63.0–C63.9, C68.0–C68.9, C69.0–C69.9, C74.0–C74.9, C75.0–C75.9

Codes

A000 None; no surgery of primary site; autopsy ONLY

A100 Local tumor destruction, NOS

A110 Photodynamic therapy (PDT)

A120 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)

A130 Cryosurgery

A140 Laser

No specimen sent to pathology from surgical events A100–A140.

A200 Local tumor excision, NOS

A260 Polypectomy

A270 Excisional biopsy

Any combination of A200 or A260–A270 WITH

A210 Photodynamic therapy (PDT)

A220 Electrocautery

A230 Cryosurgery

A240 Laser ablation

A250 Laser excision

A300 Simple/partial surgical removal of primary site

A400 Total surgical removal of primary site; enucleation

A410 Total enucleation (for eye surgery only)

A500 Surgery stated to be “debulking”

A600 Radical surgery

Partial or total removal of the primary site WITH a resection in continuity (partial or total removal) with other organs.

Specimen sent to pathology from surgical events A200–A600.

A900 Surgery, NOS

A990 Unknown if surgery performed; death certificate ONLY

Site-Specific Surgery Codes for Rx Summ- Surg 2023

UNKNOWN AND ILL-DEFINED PRIMARY SITES

C76.0–C76.8, C80.9

Code

A980 All unknown and ill-defined disease sites, WITH or WITHOUT surgical treatment.

Surgical procedures for unknown and ill-defined primaries are to be recorded using the data item *Surgical Procedure/Other Site* (NAACCR Item #1294) or *Surgical Procedure/Other Site at This Facility* (NAACCR Item #674).

Appendix G

FCDS Record Layout Version 25

Appendix G – FCDSv25 Record Layout in Flat File Format – C (Core Data Items)

Section	Data Opt	Item #	FCDS / NAACCR Item Name	Length	Year Start-End	NEW for 2025
Record ID	D	10	Record Type	1		
Record ID	D	20	Patient ID Number	8		
Record ID		21	Patient System ID-Hosp	8		
Record ID		30	Registry Type	1		
Record ID		37	Reserved 00	14		
Record ID	D	40	Registry ID	10		
Record ID		45	NPI--Registry ID	10		
Record ID	D	50	NAACCR Record Version	3		
Record ID		60	Tumor Record Number	2		
Demographic	C	70	Addr at DX--City	50	2001	
Demographic	C	80	Addr at DX--State	2	2010	
Demographic	D	81	State at DX Geocode 1970/80/90	2		
Demographic	D	82	State at DX Geocode 2000	2		
Demographic	D	83	State at DX Geocode 2010	2		
Demographic	D	84	State at DX Geocode 2020	2		
Demographic	D	86	Geocoding Quality Code	1	2024	2024
Demographic	D	87	Geocoding Quality Code Detail	14	2024	2024
Demographic	D	89	County at DX Analysis	3		
Demographic	C	90	County at DX Reported	3	2010	
Demographic	D	94	County at DX Geocode 1970/80/90	3		
Demographic	D	95	County at DX Geocode2000	3		
Demographic	D	96	County at DX Geocode2010	3		
Demographic	D	97	County at DX Geocode2020	3		
Demographic	C	100	Addr at DX--Postal Code	9	2001	

C-CORE

D-DERIVED

R-REQUIRED

RH- Historically collected and currently transmitted

Section	Data Opt	Item #	FCDS / NAACCR Item Name	Length	Year Start-End	NEW for 2025
Demographic	C	102	Addr at DX--Country	3	2013	
Demographic	D	110	Census Tract 1970/80/90	6		
Demographic	D	120	Census Cod Sys 1970/80/90	1		
Demographic	D	125	Census Tract 2020	6		
Demographic	D	130	Census Tract 2000	6		
Demographic	D	135	Census Tract 2010	6		
Demographic	D	145	Census Tr Poverty Indict	1		
Demographic	C	150	Marital Status at DX	1	1981	
Demographic	C	160	Race 1	2	1981	
Demographic	C	161	Race 2	2	2001	
Demographic	C	162	Race 3	2	2001	
Demographic	C	163	Race 4	2	2001	
Demographic	C	164	Race 5	2	2001	
Demographic	Retired	170	Race Coding Sys--Current	1		
Demographic	Retired	180	Race Coding Sys--Original	1		
Demographic	C	190	Spanish/Hispanic Origin	1	1981	
Demographic	D	191	NHIA Derived Hisp Origin	1		
Demographic	D	192	IHS Link	1		
Demographic	D	193	Race--NAPIIA(derived API)	2		
Demographic	D	194	IHS Purchased/Referred Care Delivery Area	1	2022	
Demographic		200	Computed Ethnicity	1		
Demographic		210	Computed Ethnicity Source	1		
Demographic	C	220	Sex	1	1981	
Demographic	D	230	Age at Diagnosis	3	1981	

C-CORE

D-DERIVED

R-REQUIRED

RH- Historically collected and currently transmitted

Section	Data Opt	Item #	FCDS / NAACCR Item Name	Length	Year Start-End	NEW for 2025
Demographic	C	240	Date of Birth	8	1981	
Demographic	Retired	250	Birthplace	3	1981-2012	
Demographic	C	252	Birthplace--State	2	2013	
Demographic	C	254	Birthplace--Country	3	2013	
Demographic	Retired	270	Census Occ Code 1970-2000	3	1981-2024	
Demographic	D	272	Census Ind Code CDC	4		
Demographic	Retired	280	Census Ind Code 1970-2000	3	1981-2024	
Demographic	D	282	Census Occ Code CDC	4		
Demographic	D	284	Urban Indian Organization (UIO)	1	2022	
Demographic	D	285	Urban Indian Organization (UIO) Service Area	2	2022	
Demographic	D	290	Occupation Source	1		
Demographic	D	300	Industry Source	1		
Demographic	C	310	Text--Usual Occupation	100	1995	
Demographic	C	320	Text--Usual Industry	100	2001	
Demographic	Retired	330	Census Occ/Ind Sys 70-00	1		
Demographic	D	339	RUCA 2000	1		
Demographic	D	341	RUCA 2010	1		
Demographic	C	344	Tobacco Use Smoking Status	1	2022	
Demographic	D	345	URIC 2000	1		
Demographic	D	346	URIC 2010	1		
Demographic	D	351	GeoLocationID - 1970/80/90	12		
Demographic	D	352	GeoLocationID - 2000	12		

C-CORE

D-DERIVED

R-REQUIRED

RH- Historically collected and currently transmitted

Section	Data Opt	Item #	FCDS / NAACCR Item Name	Length	Year Start-End	NEW for 2025
Demographic	D	353	GeoLocationID - 2010	12		
Demographic	D	354	GeoLocationID - 2020	12		
Demographic	D	361	Census Block Group 2020	1		
Demographic	D	362	Census Block Group 2000	1		
Demographic	D	363	Census Block Group 2010	1		
Demographic	D	364	Census Tr Cert 1970/80/90	1		
Demographic	D	365	Census Tr Certainty 2000	1		
Demographic	D	366	GIS Coordinate Quality	2		
Demographic	D	367	Census Tr Certainty 2010	1		
Demographic	D	368	Census Block Grp 1970/80/90	1		
Demographic	D	369	Census Tract Certainty 2020	1	2018	
Record ID		370	Reserved 01	16		
Cancer Identification	D	380	Sequence Number--Central	2		
Cancer Identification	C	390	Date of Diagnosis	8	1981	
Cancer Identification	C	400	Primary Site	4	1981	
Cancer Identification	C	410	Laterality	1	1995	
Cancer Identification		419	Morph--Type&Behav ICD-O-2	5		
Cancer Identification		420	Histology (92-00) ICD-O-2	4	1981-2009	
Cancer Identification		430	Behavior (92-00) ICD-O-2	1	1981-2009	
Cancer Identification		439	Date of Mult Tumors Flag	2		
Cancer Identification	RH	440	Grade	1	1981-2017	
Cancer Identification		441	Grade Path Value	1		
Cancer Identification		442	Ambiguous Terminology DX	1		

C-CORE

D-DERIVED

R-REQUIRED

RH- Historically collected and currently transmitted

Section	Data Opt	Item #	FCDS / NAACCR Item Name	Length	Year Start-End	NEW for 2025
Cancer Identification		443	Date Conclusive DX	8		
Cancer Identification		444	Mult Tum Rpt as One Prim	2		
Cancer Identification		445	Date of Mult Tumors	8		
Cancer Identification		446	Multiplicity Counter	2		
Cancer Identification		448	Date Conclusive DX Flag	2		
Cancer Identification		449	Grade Path System	1		
Cancer Identification	D	450	Site Coding Sys--Current	1		
Cancer Identification	D	460	Site Coding Sys--Original	1		
Cancer Identification	D	470	Morph Coding Sys--Current	1		
Cancer Identification	D	480	Morph Coding Sys--Originl	1		
Cancer Identification	C	490	Diagnostic Confirmation	1	1981	
Cancer Identification	C	500	Type of Reporting Source	1	1995	
Cancer Identification		501	Casefinding Source	2		
Cancer Identification		521	Morph--Type&Behav ICD-O-3	5		
Cancer Identification	C	522	Histologic Type ICD-O-3	4	2001	
Cancer Identification	C	523	Behavior Code ICD-O-3	1	2001	
Demographic	D	530	EDP MDE Link Date	8	2022	
Demographic	D	531	EDP MDE Link	1	2022	
Hospital-Specific	C	540	Reporting Facility	10	2010	
Hospital-Specific		545	NPI--Reporting Facility	10		
Hospital-Specific	C	550	Accession Number--Hosp	9	2010	
Hospital-Specific	C	560	Sequence Number--Hospital	2	1981	
Hospital-Specific	C	570	Abstracted By	3	1981	
Hospital-Specific	C	580	Date of 1st Contact	8	1981	
Hospital-Specific		590	Date of Inpt Adm	8		

C-CORE

D-DERIVED

R-REQUIRED

RH- Historically collected and currently transmitted

Section	Data Opt	Item #	FCDS / NAACCR Item Name	Length	Year Start-End	NEW for 2025
Hospital-Specific		591	Date of Inpt Adm Flag	2		
Hospital-Specific		600	Date of Inpt Disch	8		
Hospital-Specific		601	Date of Inpt Disch Flag	2		
Hospital-Specific		605	Inpatient Status	1		
Hospital-Specific	C	610	Class of Case	2	1995	
Hospital-Specific	C	630	Primary Payer at DX	2	2003	
Hospital-Specific		668	RX Hosp--Surg App 2010	1		
Hospital-Specific		670	RX Hosp--Surg Prim Site	2		
Hospital-Specific		672	RX Hosp--Scope Reg LN Sur	1		
Hospital-Specific		674	RX Hosp--Surg Oth Reg/Dis	1		
Hospital-Specific		676	RX Hosp--Reg LN Removed	2		
Cancer Identification		680	Reserved 03	100		
Stage/Prognostic Factors		682	Date Regional Lymph Node Dissection	8		
Stage/Prognostic Factors		683	Date Regional Lymph Node Dissection Flag	2		
Hospital-Specific		690	RX Hosp--Radiation	1		
Hospital-Specific		700	RX Hosp--Chemo	2		
Hospital-Specific		710	RX Hosp--Hormone	2		
Hospital-Specific		720	RX Hosp--BRM	2		
Hospital-Specific		730	RX Hosp--Other	1		
Hospital-Specific		740	RX Hosp--DX/Stg Proc	2		
Hospital-Specific		746	RX Hosp--Surg Site 98-02	2		
Hospital-Specific		747	RX Hosp--Scope Reg 98-02	1		
Hospital-Specific		748	RX Hosp--Surg Oth 98-02	1		

C-CORE

D-DERIVED

R-REQUIRED

RH- Historically collected and currently transmitted

Section	Data Opt	Item #	FCDS / NAACCR Item Name	Length	Year Start-End	NEW for 2025
Hospital-Specific		750	Reserved 04	50		
Stage/Prognostic Factors		752	Tumor Size Clinical	3		
Stage/Prognostic Factors		754	Tumor Size Pathologic	3		
Stage/Prognostic Factors	C	756	Tumor Size Summary	3	2016	
Stage/Prognostic Factors	RH	759	SEER Summary Stage 2000	1	2001-2003 and 2015-2017	
Stage/Prognostic Factors	RH	760	SEER Summary Stage 1977	1	1981-2003	
Stage/Prognostic Factors		762	Derived SS2018	1		
Stage/Prognostic Factors	C	764	Directly Assigned SS2018	1	2018	
Stage/Prognostic Factors		772	EOD--Primary Tumor	3		
Stage/Prognostic Factors		774	EOD--Regional Nodes	3		
Stage/Prognostic Factors		776	EOD--Mets	2		
Stage/Prognostic Factors		779	Extent of Disease 10-Dig	12		
Stage/Prognostic Factors		780	EOD--Tumor Size	3	1995-2003	
Stage/Prognostic Factors		785	Derived EOD 2018 T	15		
Stage/Prognostic Factors		790	EOD--Extension	2		
Stage/Prognostic Factors		795	Derived EOD 2018 M	15		
Stage/Prognostic Factors		800	EOD--Extension Prost Path	2		
Stage/Prognostic Factors		810	EOD--Lymph Node Involv	1		
Stage/Prognostic Factors		815	Derived EOD 2018 N	15		
Stage/Prognostic Factors		818	Derived EOD 2018 Stage Group	15		
Stage/Prognostic Factors	C	820	Regional Nodes Positive	2	1995	

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R-REQUIRED

RH- Historically collected and currently transmitted

Section	Data Opt	Item #	FCDS / NAACCR Item Name	Length	Year Start-End	NEW for 2025
Stage/Prognostic Factors	C	830	Regional Nodes Examined	2	1995	
Stage/Prognostic Factors		832	Date of Sentinel Lymph Node Biopsy	8		
Stage/Prognostic Factors		833	Date Sentinel Lymph Node Biopsy Flag	2		
Stage/Prognostic Factors		834	Sentinel Lymph Nodes Examined	2		
Stage/Prognostic Factors		835	Sentinel Lymph Nodes Positive	2		
Stage/Prognostic Factors		840	EOD--Old 13 Digit	13		
Stage/Prognostic Factors		850	EOD--Old 2 Digit	2		
Stage/Prognostic Factors		860	EOD--Old 4 Digit	4		
Stage/Prognostic Factors		870	Coding System for EOD	1		
Stage/Prognostic Factors		995	AJCC ID	4		
Stage/Prognostic Factors		1001	AJCC TNM Clin T	15		
Stage/Prognostic Factors		1002	AJCC TNM Clin N	15		
Stage/Prognostic Factors		1003	AJCC TNM Clin M	15		
Stage/Prognostic Factors		1004	AJCC TNM Clin Stage Group	15		
Stage/Prognostic Factors		1011	AJCC TNM Path T	15		
Stage/Prognostic Factors		1012	AJCC TNM Path N	15		
Stage/Prognostic Factors		1013	AJCC TNM Path M	15		
Stage/Prognostic Factors		1014	AJCC TNM Path Stage Group	15		
Stage/Prognostic Factors		1021	AJCC TNM Post Therapy T	15		
Stage/Prognostic Factors		1022	AJCC TNM Post Therapy N	15		
Stage/Prognostic Factors		1023	AJCC TNM Post Therapy M	15		
Stage/Prognostic Factors		1024	AJCC TNM Post Therapy Stage Group	15		
Stage/Prognostic Factors		1031	AJCC TNM Clin T Suffix	4		
Stage/Prognostic Factors		1032	AJCC TNM Path T Suffix	4		

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D-DERIVED

R-REQUIRED

RH- Historically collected and currently transmitted

Section	Data Opt	Item #	FCDS / NAACCR Item Name	Length	Year Start-End	NEW for 2025
Stage/Prognostic Factors		1033	AJCC TNM Post Therapy T Suffix	4		
Stage/Prognostic Factors		1034	AJCC TNM Clin N Suffix	4		
Stage/Prognostic Factors		1035	AJCC TNM Path N Suffix	4		
Stage/Prognostic Factors		1036	AJCC TNM Post Therapy N Suffix	4		
Stage/Prognostic Factors	RH	1060	TNM Edition Number	2	2016-2017	
Stage/Prognostic Factors	C	1068	Grade Post Therapy Clin (yc)	2	2021	
Stage/Prognostic Factors		1112	Mets at DX-Bone	1		
Stage/Prognostic Factors		1113	Mets at DX-Brain	1		
Stage/Prognostic Factors		1114	Mets at Dx-Distant LN	1		
Stage/Prognostic Factors		1115	Mets at DX-Liver	1		
Stage/Prognostic Factors		1116	Mets at DX-Lung	1		
Stage/Prognostic Factors		1117	Mets at DX-Other	1		
Stage/Prognostic Factors		1120	Pediatric Stage	2		
Stage/Prognostic Factors		1130	Pediatric Staging System	2		
Stage/Prognostic Factors		1140	Pediatric Staged By	1		
Stage/Prognostic Factors		1150	Tumor Marker 1	1		
Stage/Prognostic Factors		1160	Tumor Marker 2	1		
Stage/Prognostic Factors		1170	Tumor Marker 3	1		
Stage/Prognostic Factors	C	1172	Post Transplant Lymphoproliferative Disorder (PTLD)	1	2025	2025
Stage/Prognostic Factors	C	1174	PD-L1	5	2025	2025
Stage/Prognostic Factors		1180	Reserved 05	98		
Stage/Prognostic Factors	C	1182	Lymph-vascular Invasion	1	2010	
Treatment-1st Course		1190	Reserved 06	100		

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D-DERIVED

R-REQUIRED

RH- Historically collected and currently transmitted

Section	Data Opt	Item #	FCDS / NAACCR Item Name	Length	Year Start-End	NEW for 2025
Treatment-1st Course	C	1200	RX Date Surgery	8	1995	
Treatment-1st Course	C	1210	RX Date Radiation	8	1995	
Treatment-1st Course	C	1220	RX Date Chemo	8	1995	
Treatment-1st Course	C	1230	RX Date Hormone	8	1995	
Treatment-1st Course	C	1240	RX Date BRM	8	1995	
Treatment-1st Course	C	1250	RX Date Other	8	1995	
Treatment-1st Course	D	1260	Date Initial RX SEER	8		
Treatment-1st Course		1270	Date 1st Crs RX CoC	8		
Treatment-1st Course		1280	RX Date DX/Stg Proc	8		
Treatment-1st Course		1281	RX Date DX/Stg Proc Flag	2		
Treatment-1st Course	C	1285	RX Summ--Treatment Status	1	2010	
Treatment-1st Course	C	1290	RX Summ--Surg Prim Site (03-2022)	2	1981-2022	2022
Treatment-1 st Course	C	1291	RX Summ- Surg Prim Site (2023)	2	2023	2023
Treatment-1st Course	C	1292	RX Summ--Scope Reg LN Sur	1	2001	
Treatment-1st Course	C	1294	RX Summ--Surg Oth Reg/Dis	1	2001	
Treatment-1st Course		1296	RX Summ--Reg LN Examined	2		
Treatment-1st Course		1300	Reserved 07	50		
Treatment-1st Course		1310	RX Summ--Surgical Approch	1		
Treatment-1st Course		1320	RX Summ--Surgical Margins	1		
Treatment-1st Course		1330	RX Summ--Reconstruct 1st	1		
Treatment-1st Course	C	1340	Reason for No Surgery	1	2001	
Treatment-1st Course		1350	RX Summ--DX/Stg Proc	2		
Treatment-1st Course	RH	1360	RX Summ--Radiation	1	1981-2017	

C-CORE

D-DERIVED

R-REQUIRED

RH- Historically collected and currently transmitted

Section	Data Opt	Item #	FCDS / NAACCR Item Name	Length	Year Start-End	NEW for 2025
Treatment-1st Course		1370	RX Summ--Rad to CNS	1		
Treatment-1st Course	C	1380	RX Summ--Surg/Rad Seq	1	2006	
Treatment-1st Course	C	1390	RX Summ--Chemo	2	1981	
Treatment-1st Course	C	1400	RX Summ--Hormone	2	1981	
Treatment-1st Course	C	1410	RX Summ--BRM	2	1981	
Treatment-1st Course	C	1420	RX Summ--Other	1	1981	
Treatment-1st Course	C	1430	Reason for No Radiation	1	2011	
Treatment-1st Course	D	1460	RX Coding System--Current	2		
Treatment-1st Course		1501	Phase I Dose per Fraction	5		
Treatment-1st Course		1502	Phase I Radiation External Beam Planning Tech	2		
Treatment-1st Course		1503	Phase I Number of Fractions	3		
Treatment-1st Course		1504	Phase I Radiation Primary Treatment Volume	2		
Treatment-1st Course		1505	Phase I Radiation to Draining Lymph Nodes	2		
Treatment-1st Course	C	1506	Phase I Radiation Treatment Modality	2	2018	
Treatment-1st Course		1507	Phase I Total Dose	6		
Treatment-1st Course		1510	Rad--Regional Dose: cGy	5		
Treatment-1st Course		1511	Phase II Dose per Fraction	5		
Treatment-1st Course		1512	Phase II Radiation External Beam Planning Tech	2		
Treatment-1st Course		1513	Phase II Number of Fractions	3		
Treatment-1st Course		1514	Phase II Radiation Primary Treatment Volume	2		
Treatment-1st Course		1515	Phase II Radiation to Draining Lymph Nodes	2		

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R-REQUIRED

RH- Historically collected and currently transmitted

Section	Data Opt	Item #	FCDS / NAACCR Item Name	Length	Year Start-End	NEW for 2025
Treatment-1st Course		1516	Phase II Radiation Treatment Modality	2		
Treatment-1st Course		1517	Phase II Total Dose	6		
Treatment-1st Course		1520	Rad--No of Treatment Vol	3		
Treatment-1st Course		1521	Phase III Dose per Fraction	5		
Treatment-1st Course		1522	Phase III Radiation External Beam Planning Tech	2		
Treatment-1st Course		1523	Phase III Number of Fractions	3		
Treatment-1st Course		1524	Phase III Radiation Primary Treatment Volume	2		
Treatment-1st Course		1525	Phase III Radiation to Draining Lymph Nodes	2		
Treatment-1st Course		1526	Phase III Radiation Treatment Modality	2		
Treatment-1st Course		1527	Phase III Total Dose	6		
Treatment-1st Course		1531	Radiation Treatment Discontinued Early	2		
Treatment-1st Course		1532	Number of Phases of Rad Treatment to this Volume	2		
Treatment-1st Course		1533	Total Dose	6		
Treatment-1st Course		1540	Rad--Treatment Volume	2		
Treatment-1st Course		1550	Rad--Location of RX	1		
Treatment-1st Course	RH	1570	Rad--Regional RX Modality	2	2006-2017	
Treatment-1st Course	C	1639	RX Summ--Systemic/Sur Seq	1	2006	
Treatment-1st Course		1640	RX Summ--Surgery Type	2		
Treatment-1st Course		1646	RX Summ--Surg Site 98-02	2		
Treatment-1st Course		1647	RX Summ--Scope Reg 98-02	1		

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D-DERIVED

R-REQUIRED

RH- Historically collected and currently transmitted

Section	Data Opt	Item #	FCDS / NAACCR Item Name	Length	Year Start-End	NEW for 2025
Treatment-1st Course		1648	RX Summ--Surg Oth 98-02	1		
Edit Overrides/Conversion History/System Admin		1650	Reserved 08	50		
Treatment-Subsequent & Other		1660	Subsq RX 2nd Course Date	8		
Treatment-Subsequent & Other		1661	Subsq RX 2ndCrS Date Flag	2		
Treatment-Subsequent & Other		1670	Subsq RX 2nd Course Codes	11		
Treatment-Subsequent & Other		1671	Subsq RX 2nd Course Surg	2		
Treatment-Subsequent & Other		1672	Subsq RX 2nd Course Rad	1		
Treatment-Subsequent & Other		1673	Subsq RX 2nd Course Chemo	1		
Treatment-Subsequent & Other		1674	Subsq RX 2nd Course Horm	1		
Treatment-Subsequent & Other		1675	Subsq RX 2nd Course BRM	1		
Treatment-Subsequent & Other		1676	Subsq RX 2nd Course Oth	1		
Treatment-Subsequent & Other		1677	Subsq RX 2nd--Scope LN SU	1		
Treatment-Subsequent & Other		1678	Subsq RX 2nd--Surg Oth	1		
Treatment-Subsequent & Other		1679	Subsq RX 2nd--Reg LN Rem	2		
Treatment-Subsequent & Other		1680	Subsq RX 3rd Course Date	8		

C-CORE

D-DERIVED

R-REQUIRED

RH- Historically collected and currently transmitted

Section	Data Opt	Item #	FCDS / NAACCR Item Name	Length	Year Start-End	NEW for 2025
Treatment-Subsequent & Other		1681	Subsq RX 3rdCrs Date Flag	2		
Treatment-Subsequent & Other		1690	Subsq RX 3rd Course Codes	11		
Treatment-Subsequent & Other		1691	Subsq RX 3rd Course Surg	2		
Treatment-Subsequent & Other		1692	Subsq RX 3rd Course Rad	1		
Treatment-Subsequent & Other		1693	Subsq RX 3rd Course Chemo	1		
Treatment-Subsequent & Other		1694	Subsq RX 3rd Course Horm	1		
Treatment-Subsequent & Other		1695	Subsq RX 3rd Course BRM	1		
Treatment-Subsequent & Other		1696	Subsq RX 3rd Course Oth	1		
Treatment-Subsequent & Other		1697	Subsq RX 3rd--Scope LN Su	1		
Treatment-Subsequent & Other		1698	Subsq RX 3rd--Surg Oth	1		
Treatment-Subsequent & Other		1699	Subsq RX 3rd--Reg LN Rem	2		
Treatment-Subsequent & Other		1700	Subsq RX 4th Course Date	8		
Treatment-Subsequent & Other		1701	Subsq RX 4thCrs Date Flag	2		
Treatment-Subsequent & Other		1710	Subsq RX 4th Course Codes	11		
Treatment-Subsequent & Other		1711	Subsq RX 4th Course Surg	2		

C-CORE

D-DERIVED

R-REQUIRED

RH- Historically collected and currently transmitted

Section	Data Opt	Item #	FCDS / NAACCR Item Name	Length	Year Start-End	NEW for 2025
Treatment-Subsequent & Other		1712	Subsq RX 4th Course Rad	1		
Treatment-Subsequent & Other		1713	Subsq RX 4th Course Chemo	1		
Treatment-Subsequent & Other		1714	Subsq RX 4th Course Horm	1		
Treatment-Subsequent & Other		1715	Subsq RX 4th Course BRM	1		
Treatment-Subsequent & Other		1716	Subsq RX 4th Course Oth	1		
Treatment-Subsequent & Other		1717	Subsq RX 4th--Scope LN Su	1		
Treatment-Subsequent & Other		1718	Subsq RX 4th--Surg Oth	1		
Treatment-Subsequent & Other		1719	Subsq RX 4th--Reg LN Rem	2		
Follow-up/Recurrence/Death		1740	Reserved 09	50		
Treatment-Subsequent & Other		1741	Subsq RX--Reconstruct Del	1		
Follow-up/Recurrence/Death	C	1750	Date of Last Contact	8	1981	
Follow-up/Recurrence/Death	C	1751	Date of Last Contact Flag	2	2010	
Follow-up/Recurrence/Death		1755	Date of Death--Canada	8		
Follow-up/Recurrence/Death		1756	Date of Death--CanadaFlag	2		
Follow-up/Recurrence/Death	C	1760	Vital Status	1	1995	
Follow-up/Recurrence/Death	D	1762	Vital Status Recode	1		
Follow-up/Recurrence/Death	C	1770	Cancer Status	1	1995	
Follow-up/Recurrence/Death		1772	Date of Last Cancer (tumor) Status	8		

C-CORE

D-DERIVED

R-REQUIRED

RH- Historically collected and currently transmitted

Section	Data Opt	Item #	FCDS / NAACCR Item Name	Length	Year Start-End	NEW for 2025
Follow-up/Recurrence/Death		1773	Date of Last Cancer (tumor) Status Flag	2		
Follow-up/Recurrence/Death	D	1775	Record Number Recode	2	end 2021	
Follow-up/Recurrence/Death		1780	Quality of Survival	1		
Follow-up/Recurrence/Death		1782	Surv-Date Active Followup	8		
Follow-up/Recurrence/Death		1783	Surv-Flag Active Followup	1		
Follow-up/Recurrence/Death		1784	Surv-Mos Active Followup	4		
Follow-up/Recurrence/Death	D	1785	Surv-Date Presumed Alive	8		
Follow-up/Recurrence/Death	D	1786	Surv-Flag Presumed Alive	1		
Follow-up/Recurrence/Death	D	1787	Surv-Mos Presumed Alive	4		
Follow-up/Recurrence/Death	D	1788	Surv-Date DX Recode	8		
Follow-up/Recurrence/Death		1790	Follow-Up Source	1		
Follow-up/Recurrence/Death	D	1791	Follow-up Source Central	2		
Follow-up/Recurrence/Death		1800	Next Follow-Up Source	1		
Follow-up/Recurrence/Death	C	1810	Addr Current--City	50	1981	
Follow-up/Recurrence/Death	C	1820	Addr Current--State	2	2010	
Follow-up/Recurrence/Death	C	1830	Addr Current--Postal Code	9	1981	
Demographic	C	1832	Addr Current--Country	3	2013	
Patient-Confidential		1835	Reserved 10	100		
Follow-up/Recurrence/Death	C	1840	County--Current	3	2010	
Follow-up/Recurrence/Death		1842	Follow-Up Contact--City	50		
Follow-up/Recurrence/Death		1844	Follow-Up Contact--State	2		
Follow-up/Recurrence/Death		1846	Follow-Up Contact--Postal	9		
Demographic		1847	FollowUp Contact--Country	3		

C-CORE

D-DERIVED

R-REQUIRED

RH- Historically collected and currently transmitted

Section	Data Opt	Item #	FCDS / NAACCR Item Name	Length	Year Start-End	NEW for 2025
Follow-up/Recurrence/Death		1850	Unusual Follow-Up Method	2		
Follow-up/Recurrence/Death		1860	Recurrence Date--1st	8		
Follow-up/Recurrence/Death		1861	Recurrence Date--1st Flag	2		
Follow-up/Recurrence/Death		1880	Recurrence Type--1st	2		
Hospital-Confidential		1900	Reserved 11	50		
Follow-up/Recurrence/Death	D	1910	Cause of Death	4		
Follow-up/Recurrence/Death	D	1914	SEER Cause Specific COD	1		
Follow-up/Recurrence/Death	D	1915	SEER Other COD	1		
Follow-up/Recurrence/Death	D	1920	ICD Revision Number	1		
Follow-up/Recurrence/Death		1930	Autopsy	1		
Follow-up/Recurrence/Death	Retired	1940	Place of Death	3		
Demographic	D	1942	Place of Death--State	2		
Demographic	D	1944	Place of Death--Country	3		
Edit Overrides/Conversion History/System Admin		1960	Site (73-91) ICD-O-1	4		
Edit Overrides/Conversion History/System Admin		1970	Morph (73-91) ICD-O-1	6		
Edit Overrides/Conversion History/System Admin		1971	Histology (73-91) ICD-O-1	4		
Edit Overrides/Conversion History/System Admin		1972	Behavior (73-91) ICD-O-1	1		
Edit Overrides/Conversion History/System Admin		1973	Grade (73-91) ICD-O-1	1		
Cancer Identification	D	1975	Derived Summary Grade	1	2024	2024
Edit Overrides/Conversion History/System Admin		1980	ICD-O-2 Conversion Flag	1		

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D-DERIVED

R-REQUIRED

RH- Historically collected and currently transmitted

Section	Data Opt	Item #	FCDS / NAACCR Item Name	Length	Year Start-End	NEW for 2025
Edit Overrides/Conversion History/System Admin		1981	Over-ride SS/NodesPos	1		
Edit Overrides/Conversion History/System Admin		1982	Over-ride SS/TNM-N	1		
Edit Overrides/Conversion History/System Admin		1983	Over-ride SS/TNM-M	1		
Edit Overrides/Conversion History/System Admin		1985	Over-ride Acsn/Class/Seq	1		
Edit Overrides/Conversion History/System Admin		1986	Over-ride HospSeq/DxConf	1		
Edit Overrides/Conversion History/System Admin		1987	Over-ride CoC-Site/Type	1		
Edit Overrides/Conversion History/System Admin		1988	Over-ride HospSeq/Site	1		
Edit Overrides/Conversion History/System Admin	R	1989	Over-ride Site/TNM-StgGrp	1		
Edit Overrides/Conversion History/System Admin	R	1990	Over-ride Age/Site/Morph	1		
Edit Overrides/Conversion History/System Admin		1992	Over-ride TNM Stage	1		
Edit Overrides/Conversion History/System Admin		1993	Over-ride TNM Tis	1		
Edit Overrides/Conversion History/System Admin		1994	Over-ride TNM 3	1		
Edit Overrides/Conversion History/System Admin	R	2000	Over-ride SeqNo/DxConf	1		
Edit Overrides/Conversion History/System Admin	R	2010	Over-ride Site/Lat/SeqNo	1		
Edit Overrides/Conversion History/System Admin	R	2020	Over-ride Surg/DxConf	1		

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D-DERIVED

R-REQUIRED

RH- Historically collected and currently transmitted

Section	Data Opt	Item #	FCDS / NAACCR Item Name	Length	Year Start-End	NEW for 2025
Edit Overrides/Conversion History/System Admin	R	2030	Over-ride Site/Type	1		
Edit Overrides/Conversion History/System Admin	R	2040	Over-ride Histology	1		
Edit Overrides/Conversion History/System Admin	R	2050	Over-ride Report Source	1		
Edit Overrides/Conversion History/System Admin	R	2060	Over-ride Ill-define Site	1		
Edit Overrides/Conversion History/System Admin	R	2070	Over-ride Leuk Lymphoma	1		
Edit Overrides/Conversion History/System Admin	R	2071	Over-ride Site/Behavior	1		
Edit Overrides/Conversion History/System Admin		2072	Over-ride Site/EOD/DX Dt	1		
Edit Overrides/Conversion History/System Admin		2073	Over-ride Site/Lat/EOD	1		
Edit Overrides/Conversion History/System Admin	R	2074	Over-ride Site/Lat/Morph	1		
Edit Overrides/Conversion History/System Admin	R	2078	Over-ride Name/Sex	1	2018	
Pathology		2080	Reserved 13	250		
Edit Overrides/Conversion History/System Admin		2081	CRC CHECKSUM	10		
Edit Overrides/Conversion History/System Admin		2085	Date Case Initiated	8		
Edit Overrides/Conversion History/System Admin	C	2090	Date Case Completed	8	1981	
Edit Overrides/Conversion History/System Admin		2092	Date Case Completed--CoC	8		

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D-DERIVED

R-REQUIRED

RH- Historically collected and currently transmitted

Section	Data Opt	Item #	FCDS / NAACCR Item Name	Length	Year Start-End	NEW for 2025
Edit Overrides/Conversion History/System Admin		2100	Date Case Last Changed	8		
Edit Overrides/Conversion History/System Admin		2110	Date Case Report Exported	8		
Edit Overrides/Conversion History/System Admin	D	2111	Date Case Report Received	8		
Edit Overrides/Conversion History/System Admin	D	2112	Date Case Report Loaded	8		
Edit Overrides/Conversion History/System Admin	D	2113	Date Tumor Record Availbl	8		
Edit Overrides/Conversion History/System Admin	D	2116	ICD-O-3 Conversion Flag	1		
Edit Overrides/Conversion History/System Admin	D	2117	Schema ID Version Current	5	2018	
Edit Overrides/Conversion History/System Admin	D	2118	Schema ID Version Original	5	2018	
Edit Overrides/Conversion History/System Admin		2120	SEER Coding Sys--Current	1		
Edit Overrides/Conversion History/System Admin		2130	SEER Coding Sys--Original	1		
Edit Overrides/Conversion History/System Admin		2140	CoC Coding Sys--Current	2		
Edit Overrides/Conversion History/System Admin		2150	CoC Coding Sys--Original	2		
Edit Overrides/Conversion History/System Admin	C	2152	CoC Accredited Flag	1	2018	
Edit Overrides/Conversion History/System Admin		2155	RQRS NCDB Submission Flag	1		
Edit Overrides/Conversion History/System Admin	D	2158	AJCC Cancer Surveillance API Version Current	13	2018	

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D-DERIVED

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RH- Historically collected and currently transmitted

Section	Data Opt	Item #	FCDS / NAACCR Item Name	Length	Year Start-End	NEW for 2025
Edit Overrides/Conversion History/System Admin	D	2159	AJCC Cancer Surveillance API Version Original	13	2018	
Edit Overrides/Conversion History/System Admin	C	2170	Vendor Name	10	2001	
Edit Overrides/Conversion History/System Admin		2180	SEER Type of Follow-Up	1		
Edit Overrides/Conversion History/System Admin		2190	SEER Record Number	2		
Edit Overrides/Conversion History/System Admin		2200	Diagnostic Proc 73-87	2		
Text-Miscellaneous		2210	Reserved 14	4000		
Patient-Confidential	C	2230	Name--Last	40	1981	
Patient-Confidential	C	2232	Name - Birth Surname	40	2021	
Patient-Confidential	C	2240	Name--First	40	1981	
Patient-Confidential	C	2250	Name--Middle	40	1981	
Patient-Confidential		2260	Name--Prefix	3		
Patient-Confidential		2270	Name--Suffix	3		
Patient-Confidential	C	2280	Name--Alias	40	2006	
Patient-Confidential		2290	Name--Spouse/Parent	60		
Patient-Confidential	C	2300	Medical Record Number	11	1981	
Patient-Confidential		2310	Military Record No Suffix	2		
Patient-Confidential	C	2315	Medicare Beneficiary Identifier	11	2021	
Patient-Confidential	C	2320	Social Security Number	9	1981	
Patient-Confidential	C	2330	Addr at DX--No & Street	60	2001	
Patient-Confidential	C	2335	Addr at DX--Supplementl	60	2006	
Patient-Confidential	C	2350	Addr Current--No & Street	60	1981	

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Section	Data Opt	Item #	FCDS / NAACCR Item Name	Length	Year Start-End	NEW for 2025
Patient-Confidential	D	2352	Latitude	10		
Patient-Confidential	D	2354	Longitude	11		
Patient-Confidential		2355	Addr Current--Supplementl	60		
Patient-Confidential	C	2360	Telephone	10	2003	
Patient-Confidential	D	2380	DC State File Number	6		
Patient-Confidential		2392	Follow-Up Contact--No&St	60		
Patient-Confidential		2393	Follow-Up Contact--Suppl	60		
Patient-Confidential		2394	Follow-Up Contact--Name	60		
Stage/Prognostic Factors		2400	Reserved 15	1		
Hospital-Confidential		2410	Institution Referred From	10		
Hospital-Confidential		2415	NPI--Inst Referred From	10		
Hospital-Confidential		2420	Institution Referred To	10		
Hospital-Confidential		2425	NPI--Inst Referred To	10		
Hospital-Confidential		2440	Following Registry	10		
Hospital-Confidential		2445	NPI--Following Registry	10		
Demographic		2450	Reserved 16	12		
Other-Confidential	C	2460	Physician--Managing	8	1981	
Other-Confidential	C	2465	NPI--Physician--Managing	10	2011	
Other-Confidential		2470	Physician--Follow-Up	8		
Other-Confidential	C	2475	NPI--Physician--Follow-Up	10	2011	
Other-Confidential		2480	Physician--Primary Surg	8		
Other-Confidential	C	2485	NPI--Physician--Primary Surg	10	2011	
Other-Confidential		2490	Physician 3	8		
Other-Confidential	C	2495	NPI--Physician 3	10	2011	
Other-Confidential		2500	Physician 4	8		

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Section	Data Opt	Item #	FCDS / NAACCR Item Name	Length	Year Start-End	NEW for 2025
Other-Confidential	C	2505	NPI--Physician 4	10	2011	
Other-Confidential		2508	EHR Reporting	4000		
Other-Confidential		2510	Reserved 12	50		
Text-Diagnosis	C	2520	Text--DX Proc--PE	4000	2001	
Text-Diagnosis	C	2530	Text--DX Proc--X-ray/Scan	4000	1997	
Text-Diagnosis	C	2540	Text--DX Proc--Scopes	4000	2001	
Text-Diagnosis	C	2550	Text--DX Proc--Lab Tests	4000	1997	
Text-Diagnosis	C	2560	Text--DX Proc--Op	4000	1997	
Text-Diagnosis	C	2570	Text--DX Proc--Path	4000	1997	
Text-Diagnosis	C	2580	Text--Primary Site Title	100	2006	
Text-Diagnosis	C	2590	Text--Histology Title	100	2006	
Text-Diagnosis	C	2600	Text--Staging	4000	1997	
Text-Treatment	C	2610	RX Text--Surgery	4000	2001	
Text-Treatment	C	2620	RX Text--Radiation (Beam)	4000	2006	
Text-Treatment	C	2630	RX Text--Radiation Other	4000	2006	
Text-Treatment	C	2640	RX Text--Chemo	4000	2006	
Text-Treatment	C	2650	RX Text--Hormone	4000	2006	
Text-Treatment	C	2660	RX Text--BRM	4000	2006	
Text-Treatment	C	2670	RX Text--Other	4000	2006	
Text-Miscellaneous	C	2680	Text--Remarks	4000	1995	
Text-Miscellaneous	C	2690	Text--Place of Diagnosis	60	2001	
Stage/Prognostic Factors	RH	2800	CS Tumor Size	3	2004-2015	
Stage/Prognostic Factors	RH	2810	CS Extension	3	2004-2015	

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Section	Data Opt	Item #	FCDS / NAACCR Item Name	Length	Year Start-End	NEW for 2025
Stage/Prognostic Factors	RH	2820	CS Tumor Size/Ext Eval	1	2004-2015	
Stage/Prognostic Factors	RH	2830	CS Lymph Nodes	3	2004-2015	
Stage/Prognostic Factors	RH	2840	CS Lymph Nodes Eval	1	2004-2015	
Stage/Prognostic Factors	RH	2850	CS Mets at DX	2	2004-2015	
Stage/Prognostic Factors		2851	CS Mets at Dx-Bone	1		
Stage/Prognostic Factors		2852	CS Mets at Dx-Brain	1		
Stage/Prognostic Factors		2853	CS Mets at Dx-Liver	1		
Stage/Prognostic Factors		2854	CS Mets at Dx-Lung	1		
Stage/Prognostic Factors	RH	2860	CS Mets Eval	1	2004-2015	
Stage/Prognostic Factors	RH	2861	CS Site-Specific Factor 7	3	2010-2017	
Stage/Prognostic Factors	RH	2862	CS Site-Specific Factor 8	3	2010-2017	
Stage/Prognostic Factors	RH	2863	CS Site-Specific Factor 9	3	2010-2017	
Stage/Prognostic Factors	RH	2864	CS Site-Specific Factor10	3	2010-2017	
Stage/Prognostic Factors	RH	2865	CS Site-Specific Factor11	3	2010-2017	
Stage/Prognostic Factors	RH	2866	CS Site-Specific Factor12	3	2010-2017	
Stage/Prognostic Factors	RH	2867	CS Site-Specific Factor13	3	2010-2017	

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Section	Data Opt	Item #	FCDS / NAACCR Item Name	Length	Year Start-End	NEW for 2025
Stage/Prognostic Factors	RH	2868	CS Site-Specific Factor14	3	2010-2017	
Stage/Prognostic Factors	RH	2869	CS Site-Specific Factor15	3	2010-2017	
Stage/Prognostic Factors	RH	2870	CS Site-Specific Factor16	3	2010-2017	
Stage/Prognostic Factors	RH	2871	CS Site-Specific Factor17	3	2010-2017	
Stage/Prognostic Factors	RH	2872	CS Site-Specific Factor18	3	2010-2017	
Stage/Prognostic Factors	RH	2873	CS Site-Specific Factor19	3	2010-2017	
Stage/Prognostic Factors	RH	2874	CS Site-Specific Factor20	3	2010-2017	
Stage/Prognostic Factors	RH	2875	CS Site-Specific Factor21	3	2010-2017	
Stage/Prognostic Factors	RH	2876	CS Site-Specific Factor22	3	2010-2017	
Stage/Prognostic Factors	RH	2877	CS Site-Specific Factor23	3	2010-2017	
Stage/Prognostic Factors	RH	2878	CS Site-Specific Factor24	3	2010-2017	
Stage/Prognostic Factors	RH	2879	CS Site-Specific Factor25	3	2010-2017	
Stage/Prognostic Factors	RH	2880	CS Site-Specific Factor 1	3	2004-2017	
Stage/Prognostic Factors	RH	2890	CS Site-Specific Factor 2	3	2004-2017	
Stage/Prognostic Factors	RH	2900	CS Site-Specific Factor 3	3	2004-2017	

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Section	Data Opt	Item #	FCDS / NAACCR Item Name	Length	Year Start-End	NEW for 2025
Stage/Prognostic Factors	RH	2910	CS Site-Specific Factor 4	3	2004-2017	
Stage/Prognostic Factors	RH	2920	CS Site-Specific Factor 5	3	2004-2017	
Stage/Prognostic Factors	RH	2930	CS Site-Specific Factor 6	3	2004-2017	
Stage/Prognostic Factors	D	2935	CS Version Input Original	6	2004-2017	
Stage/Prognostic Factors	D	2936	CS Version Derived	6	2004-2017	
Stage/Prognostic Factors	D	2937	CS Version Input Current	6	2004-2017	
Stage/Prognostic Factors	D	2940	Derived AJCC-6 T	2	2004-2017	
Stage/Prognostic Factors	D	2950	Derived AJCC-6 T Descript	1	2004-2017	
Stage/Prognostic Factors	D	2960	Derived AJCC-6 N	2	2004-2017	
Stage/Prognostic Factors	D	2970	Derived AJCC-6 N Descript	1	2004-2017	
Stage/Prognostic Factors	D	2980	Derived AJCC-6 M	2	2004-2017	
Stage/Prognostic Factors	D	2990	Derived AJCC-6 M Descript	1	2004-2017	
Stage/Prognostic Factors	D	3000	Derived AJCC-6 Stage Grp	2	2004-2017	
Stage/Prognostic Factors	D	3010	Derived SS1977	1	2004-2017	
Stage/Prognostic Factors	D	3020	Derived SS2000	1	2004-2017	

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Section	Data Opt	Item #	FCDS / NAACCR Item Name	Length	Year Start-End	NEW for 2025
Stage/Prognostic Factors	D	3030	Derived AJCC--Flag	1	2004-2017	
Stage/Prognostic Factors	D	3040	Derived SS1977--Flag	1	2004-2017	
Stage/Prognostic Factors	D	3050	Derived SS2000--Flag	1	2004-2017	
Hospital-Specific		3100	Archive FIN	10		
Hospital-Specific		3105	NPI--Archive FIN	10		
Stage/Prognostic Factors		3110	Comorbid/Complication 1	5		
Stage/Prognostic Factors		3120	Comorbid/Complication 2	5		
Stage/Prognostic Factors		3130	Comorbid/Complication 3	5		
Stage/Prognostic Factors		3140	Comorbid/Complication 4	5		
Stage/Prognostic Factors		3150	Comorbid/Complication 5	5		
Stage/Prognostic Factors		3160	Comorbid/Complication 6	5		
Stage/Prognostic Factors		3161	Comorbid/Complication 7	5		
Stage/Prognostic Factors		3162	Comorbid/Complication 8	5		
Stage/Prognostic Factors		3163	Comorbid/Complication 9	5		
Stage/Prognostic Factors		3164	Comorbid/Complication 10	5		
Stage/Prognostic Factors		3165	ICD Revision Comorbid	1		
Treatment-1st Course	C	3170	RX Date Mst Defn Srg	8	2015	
Treatment-1st Course	C	3171	RX Date Mst Defn Srg Flag	2	2015	
Treatment-1st Course		3180	RX Date Surg Disch	8		
Treatment-1st Course		3181	RX Date Surg Disch Flag	2		
Treatment-1st Course		3190	Readm Same Hosp 30 Days	1		
Treatment-1st Course		3200	Rad--Boost RX Modality	2		
Treatment-1st Course		3210	Rad--Boost Dose cGy	5		

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Section	Data Opt	Item #	FCDS / NAACCR Item Name	Length	Year Start-End	NEW for 2025
Treatment-1st Course		3220	RX Date Rad Ended	8		
Treatment-1st Course		3221	RX Date Rad Ended Flag	2		
Treatment-1st Course		3230	RX Date Systemic	8		
Treatment-1st Course		3231	RX Date Systemic Flag	2		
Treatment-1st Course	C	3250	RX Summ--Transplnt/Endocr	2	2003	
Treatment-1st Course		3270	RX Summ--Palliative Proc	1		
Hospital-Specific		3280	RX Hosp--Palliative Proc	1		
Demographic	D	3300	RuralUrban Continuum 1993	2		
Demographic	D	3310	RuralUrban Continuum 2003	2		
Demographic	D	3312	RuralUrban Continuum 2013	2		
Stage/Prognostic Factors	D	3400	Derived AJCC-7 T	3	2004-2017	
Stage/Prognostic Factors	D	3402	Derived AJCC-7 T Descript	1	2004-2017	
Stage/Prognostic Factors	D	3410	Derived AJCC-7 N	3	2004-2017	
Stage/Prognostic Factors	D	3412	Derived AJCC-7 N Descript	1	2004-2017	
Stage/Prognostic Factors	D	3420	Derived AJCC-7 M	3	2004-2017	
Stage/Prognostic Factors	D	3422	Derived AJCC-7 M Descript	1	2004-2017	
Stage/Prognostic Factors	D	3430	Derived AJCC-7 Stage Grp	3	2004-2017	
Stage/Prognostic Factors		3440	Derived PreRx-7 T	3		
Stage/Prognostic Factors		3442	Derived PreRx-7 T Descrip	1		
Stage/Prognostic Factors		3450	Derived PreRx-7 N	3		

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Section	Data Opt	Item #	FCDS / NAACCR Item Name	Length	Year Start-End	NEW for 2025
Stage/Prognostic Factors		3452	Derived PreRx-7 N Descrip	1		
Stage/Prognostic Factors		3460	Derived PreRx-7 M	3		
Stage/Prognostic Factors		3462	Derived PreRx-7 M Descrip	1		
Stage/Prognostic Factors		3470	Derived PreRx-7 Stage Grp	3		
Stage/Prognostic Factors		3480	Derived PostRx-7 T	3		
Stage/Prognostic Factors		3482	Derived PostRx-7 N	3		
Stage/Prognostic Factors		3490	Derived PostRx-7 M	2		
Stage/Prognostic Factors		3492	Derived PostRx-7 Stge Grp	3		
Stage/Prognostic Factors		3600	Derived Neoadjuv Rx Flag	1		
Stage/Prognostic Factors		3605	Derived SEER Path Stg Grp	5		
Stage/Prognostic Factors		3610	Derived SEER Clin Stg Grp	5		
Stage/Prognostic Factors		3614	Derived SEER Cmb Stg Grp	5		
Stage/Prognostic Factors		3616	Derived SEER Combined T	5		
Stage/Prognostic Factors		3618	Derived SEER Combined N	5		
Stage/Prognostic Factors		3620	Derived SEER Combined M	5		
Stage/Prognostic Factors		3622	Derived SEER Cmb T Src	1		
Stage/Prognostic Factors		3624	Derived SEER Cmb N Src	1		
Stage/Prognostic Factors		3626	Derived SEER Cmb M Src	1		
Stage/Prognostic Factors		3645	NPCR Derived AJCC 8 TNM Clin Stg Grp	15		
Stage/Prognostic Factors		3646	NPCR Derived AJCC 8 TNM Path Stg Grp	15		
Stage/Prognostic Factors		3647	NPCR Derived AJCC 8 TNM Post Therapy Stg Grp	15		
Stage/Prognostic Factors	Retired	3650	NPCR Derived Clin Stg Grp	4	2016-2024	

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Section	Data Opt	Item #	FCDS / NAACCR Item Name	Length	Year Start-End	NEW for 2025
Stage/Prognostic Factors	Retired	3655	NPCR Derived Path Stg Grp	4	2016-2024	
Stage/Prognostic Factors		3700	SEER Site-Specific Fact 1	1		
Stage/Prognostic Factors		3702	SEER Site-Specific Fact 2	1		
Stage/Prognostic Factors		3704	SEER Site-Specific Fact 3	1		
Stage/Prognostic Factors		3706	SEER Site-Specific Fact 4	1		
Stage/Prognostic Factors		3708	SEER Site-Specific Fact 5	1		
Stage/Prognostic Factors		3710	SEER Site-Specific Fact 6	1		
Stage/Prognostic Factors		3720	NPCR Specific Field	75		
Edit Overrides/Conversion History/System Admin		3750	Over-ride CS 1	1		
Edit Overrides/Conversion History/System Admin		3751	Over-ride CS 2	1		
Edit Overrides/Conversion History/System Admin		3752	Over-ride CS 3	1		
Edit Overrides/Conversion History/System Admin		3753	Over-ride CS 4	1		
Edit Overrides/Conversion History/System Admin		3754	Over-ride CS 5	1		
Edit Overrides/Conversion History/System Admin		3755	Over-ride CS 6	1		
Edit Overrides/Conversion History/System Admin		3756	Over-ride CS 7	1		
Edit Overrides/Conversion History/System Admin		3757	Over-ride CS 8	1		
Edit Overrides/Conversion History/System Admin		3758	Over-ride CS 9	1		
Edit Overrides/Conversion History/System Admin		3759	Over-ride CS 10	1		

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Section	Data Opt	Item #	FCDS / NAACCR Item Name	Length	Year Start-End	NEW for 2025
Edit Overrides/Conversion History/System Admin		3760	Over-ride CS 11	1		
Edit Overrides/Conversion History/System Admin		3761	Over-ride CS 12	1		
Edit Overrides/Conversion History/System Admin		3762	Over-ride CS 13	1		
Edit Overrides/Conversion History/System Admin		3763	Over-ride CS 14	1		
Edit Overrides/Conversion History/System Admin		3764	Over-ride CS 15	1		
Edit Overrides/Conversion History/System Admin		3765	Over-ride CS 16	1		
Edit Overrides/Conversion History/System Admin		3766	Over-ride CS 17	1		
Edit Overrides/Conversion History/System Admin		3767	Over-ride CS 18	1		
Edit Overrides/Conversion History/System Admin		3768	Over-ride CS 19	1		
Edit Overrides/Conversion History/System Admin		3769	Over-ride CS 20	1		
Stage/Prognostic Factors		3780	Secondary Diagnosis 1	7		
Stage/Prognostic Factors		3782	Secondary Diagnosis 2	7		
Stage/Prognostic Factors		3784	Secondary Diagnosis 3	7		
Stage/Prognostic Factors		3786	Secondary Diagnosis 4	7		
Stage/Prognostic Factors		3788	Secondary Diagnosis 5	7		
Stage/Prognostic Factors		3790	Secondary Diagnosis 6	7		
Stage/Prognostic Factors		3792	Secondary Diagnosis 7	7		
Stage/Prognostic Factors		3794	Secondary Diagnosis 8	7		

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Section	Data Opt	Item #	FCDS / NAACCR Item Name	Length	Year Start-End	NEW for 2025
Stage/Prognostic Factors		3796	Secondary Diagnosis 9	7		
Stage/Prognostic Factors		3798	Secondary Diagnosis 10	7		
Stage/Prognostic Factors	D	3800	Schema ID	5	2018	
Stage/Prognostic Factors		3801	Chromosome 1p: Loss of Heterozygosity (LOH)	1		
Stage/Prognostic Factors		3802	Chromosome 19q: Loss of Heterozygosity (LOH)	1		
Stage/Prognostic Factors		3803	Adenoid Cystic Basaloid Pattern	5		
Stage/Prognostic Factors		3804	Adenopathy	1		
Stage/Prognostic Factors		3805	AFP Post-Orchiectomy Lab Value	7		
Stage/Prognostic Factors		3806	AFP Post-Orchiectomy Range	1		
Stage/Prognostic Factors		3807	AFP Pre-Orchiectomy Lab Value	7		
Stage/Prognostic Factors		3808	AFP Pre-Orchiectomy Range	1		
Stage/Prognostic Factors		3809	AFP Pretreatment Interpretation	1		
Stage/Prognostic Factors		3810	AFP Pretreatment Lab Value	6		
Stage/Prognostic Factors		3811	Anemia	1		
Stage/Prognostic Factors		3812	B symptoms	1		
Stage/Prognostic Factors		3813	Bilirubin Pretreatment Total Lab Value	5		
Stage/Prognostic Factors		3814	Bilirubin Pretreatment Unit of Measure	1		
Stage/Prognostic Factors		3815	Bone Invasion	1		
Stage/Prognostic Factors	C	3816	Brain Molecular Markers	2	2018	
Stage/Prognostic Factors	C	3817	Breslow Tumor Thickness	4	2018	
Stage/Prognostic Factors		3818	CA-125 Pretreatment Interpretation	1		
Stage/Prognostic Factors		3819	CEA Pretreatment Interpretation	1		

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Section	Data Opt	Item #	FCDS / NAACCR Item Name	Length	Year Start-End	NEW for 2025
Stage/Prognostic Factors		3820	CEA Pretreatment Lab Value	6		
Stage/Prognostic Factors		3821	Chromosome 3 Status	1		
Stage/Prognostic Factors		3822	Chromosome 8q Status	1		
Stage/Prognostic Factors		3823	Circumferential Resection Margin (CRM)	4		
Stage/Prognostic Factors		3824	Creatinine Pretreatment Lab Value	4		
Stage/Prognostic Factors		3825	Creatinine Pretreatment Unit of Measure	1		
Stage/Prognostic Factors		3826	Estrogen Receptor Percent Positive or Range	3		
Stage/Prognostic Factors	C	3827	Estrogen Receptor Summary	1	2018	
Stage/Prognostic Factors		3828	Estrogen Receptor Total Allred Score	2		
Stage/Prognostic Factors	C	3829	Esophagus and EGJ Tumor Epicenter	1	2022	
Stage/Prognostic Factors		3830	Extranodal Extension Clin (non-Head and Neck)	1		
Stage/Prognostic Factors		3831	Extranodal Extension Head and Neck Clinical	1		
Stage/Prognostic Factors		3832	Extranodal Extension Head and Neck Pathological	3		
Stage/Prognostic Factors		3833	Extranodal Extension Path (non-Head and Neck)	1		
Stage/Prognostic Factors		3834	Extravascular Matrix Patterns	1		
Stage/Prognostic Factors	C	3835	Fibrosis Score	1	2018	
Stage/Prognostic Factors		3836	FIGO Stage	2		
Stage/Prognostic Factors		3837	Gestational Trophoblastic Prognostic Scoring Index	2		
Stage/Prognostic Factors	C	3838	Gleason Patterns Clinical	2	2021	
Stage/Prognostic Factors	C	3839	Gleason Patterns Pathological	2	2021	

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Section	Data Opt	Item #	FCDS / NAACCR Item Name	Length	Year Start-End	NEW for 2025
Stage/Prognostic Factors	C	3840	Gleason Score Clinical	2	2021	
Stage/Prognostic Factors	C	3841	Gleason Score Pathological	2	2021	
Stage/Prognostic Factors		3842	hCG Post-orchietomy Range	1		
Stage/Prognostic Factors	C	3842	Gleason Tertiary Pattern	2	2021	
Stage/Prognostic Factors	C	3843	Grade Clinical	1	2018	
Stage/Prognostic Factors	C	3844	Grade Pathological	1	2018	
Stage/Prognostic Factors	C	3845	Grade Post Therapy	1	2018	
Stage/Prognostic Factors		3846	hCG Post-orchietomy Lab Value	7		
Stage/Prognostic Factors		3848	hCG Pre-orchietomy Lab Value	7		
Stage/Prognostic Factors		3849	hCG Pre-orchietomy Range	1		
Stage/Prognostic Factors		3850	HER2 IHC Summary	1		
Stage/Prognostic Factors		3851	HER2 ISH Dual Probe Copy Number	4		
Stage/Prognostic Factors		3852	HER2 ISH Dual Probe Ratio	4		
Stage/Prognostic Factors		3853	HER2 ISH Single Copy Number	4		
Stage/Prognostic Factors		3854	HER2 ISH Summary	1		
Stage/Prognostic Factors	C	3855	HER2 Overall Summary	1	2018	
Stage/Prognostic Factors		3856	Heritable Trait	1		
Stage/Prognostic Factors		3857	High Risk Cytogenetics	1		
Stage/Prognostic Factors		3858	High Risk Histologic Features	1		
Stage/Prognostic Factors		3859	HIV Status	1		
Stage/Prognostic Factors		3860	International Normalized Ratio Prothrombin Time	3		
Stage/Prognostic Factors		3861	Ipsilateral Adrenal Gland Involvement	1		
Stage/Prognostic Factors		3862	JAK2	1		
Stage/Prognostic Factors		3863	Ki-67	5		

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Section	Data Opt	Item #	FCDS / NAACCR Item Name	Length	Year Start-End	NEW for 2025
Stage/Prognostic Factors		3864	Invasion Beyond Capsule	1		
Stage/Prognostic Factors		3865	KIT Gene Immunohistochemistry	1		
Stage/Prognostic Factors		3866	KRAS	1		
Stage/Prognostic Factors		3867	LDH Post-Orchiectomy Range	1		
Stage/Prognostic Factors		3868	LDH Pre-Orchiectomy Range	1		
Stage/Prognostic Factors		3869	LDH Pretreatment Level	1		
Stage/Prognostic Factors		3870	LDH Upper Limits of Normal	3		
Stage/Prognostic Factors		3871	LN Assessment Method Femoral-Inguinal	1		
Stage/Prognostic Factors		3872	LN Assessment Method Para-aortic	1		
Stage/Prognostic Factors		3873	LN Assessment Method Pelvic	1		
Stage/Prognostic Factors		3874	LN Distant Assessment Method	1		
Stage/Prognostic Factors		3875	LN Distant: Mediastinal, Scalene	1		
Stage/Prognostic Factors		3876	LN Head and Neck Levels I-III	1		
Stage/Prognostic Factors		3877	LN Head and Neck Levels IV-V	1		
Stage/Prognostic Factors		3878	LN Head and Neck Levels VI-VII	1		
Stage/Prognostic Factors		3879	LN Head and Neck Other	1		
Stage/Prognostic Factors		3880	LN Isolated Tumor Cells (ITC)	1		
Stage/Prognostic Factors		3881	LN Laterality	1		
Stage/Prognostic Factors		3882	LN Positive Axillary Level I-II	2		
Stage/Prognostic Factors		3883	LN Size	4		
Stage/Prognostic Factors		3884	LN Status Femoral-Inguinal, Para-aortic, Pelvic	1		
Stage/Prognostic Factors		3885	Lymphocytosis	1		
Stage/Prognostic Factors		3886	Major Vein Involvement	1		

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Section	Data Opt	Item #	FCDS / NAACCR Item Name	Length	Year Start-End	NEW for 2025
Stage/Prognostic Factors		3887	Measured Basal Diameter	4		
Stage/Prognostic Factors		3888	Measured Thickness	4		
Stage/Prognostic Factors		3889	Methylation of O6-Methylguanine-Methyltransferase	1		
Stage/Prognostic Factors	C	3890	Microsatellite Instability (MSI)	1	2018	
Stage/Prognostic Factors		3891	Microvascular Density	2		
Stage/Prognostic Factors		3892	Mitotic Count Uveal Melanoma	4		
Stage/Prognostic Factors		3893	Mitotic Rate Melanoma	2		
Stage/Prognostic Factors		3894	Multigene Signature Method	1		
Stage/Prognostic Factors		3895	Multigene Signature Results	2		
Stage/Prognostic Factors		3896	NCCN International Prognostic Index (IPI)	2		
Stage/Prognostic Factors		3897	Number of Cores Examined	2		
Stage/Prognostic Factors		3898	Number of Cores Positive	2		
Stage/Prognostic Factors		3899	Number of Examined Para-Aortic Nodes	2		
Stage/Prognostic Factors		3900	Number of Examined Pelvic Nodes	2		
Stage/Prognostic Factors		3901	Number of Positive Para-Aortic Nodes	2		
Stage/Prognostic Factors		3902	Number of Positive Pelvic Nodes	2		
Stage/Prognostic Factors		3903	Oncotype Dx Recurrence Score-DCIS	3		
Stage/Prognostic Factors		3904	Oncotype Dx Recurrence Score-Invasive	3		
Stage/Prognostic Factors		3905	Oncotype Dx Risk Level-DCIS	1		
Stage/Prognostic Factors		3906	Oncotype Dx Risk Level-Invasive	1		
Stage/Prognostic Factors		3907	Organomegaly	1		

C-CORE

D-DERIVED

R-REQUIRED

RH- Historically collected and currently transmitted

Section	Data Opt	Item #	FCDS / NAACCR Item Name	Length	Year Start-End	NEW for 2025
Stage/Prognostic Factors		3908	Percent Necrosis Post Neoadjuvant	5		
Stage/Prognostic Factors		3909	Perineural Invasion	1		
Stage/Prognostic Factors		3910	Peripheral Blood Involvement	1		
Stage/Prognostic Factors		3911	Peritoneal Cytology	1		
Stage/Prognostic Factors		3913	Pleural Effusion	1		
Stage/Prognostic Factors		3914	Progesterone Receptor Percent Positive or Range	3		
Stage/Prognostic Factors	C	3915	Progesterone Receptor Summary	1	2018	
Stage/Prognostic Factors		3916	Progesterone Receptor Total Allred Score	2		
Stage/Prognostic Factors		3917	Primary Sclerosing Cholangitis	1		
Stage/Prognostic Factors		3918	Profound Immune Suppression	1		
Stage/Prognostic Factors		3919	Prostate Pathological Extension	3		
Stage/Prognostic Factors	C	3920	PSA (Prostatic Specific Antigen) Lab Value	5	2018	
Stage/Prognostic Factors		3921	Residual Tumor Volume Post Cytoreduction	2		
Stage/Prognostic Factors		3922	Response to Neoadjuvant Therapy	1		
Stage/Prognostic Factors		3923	S Category Clinical	1		
Stage/Prognostic Factors		3924	S Category Pathological	1		
Stage/Prognostic Factors		3925	Sarcomatoid Features	3		
Stage/Prognostic Factors	C	3926	Schema Discriminator 1	1	2018	
Stage/Prognostic Factors	C	3927	Schema Discriminator 2	1	2018	
Stage/Prognostic Factors	C	3928	Schema Discriminator 3	1	2018	
Stage/Prognostic Factors		3929	Separate Tumor Nodules	1		
Stage/Prognostic Factors		3930	Serum Albumin Pretreatment Level	1		

C-CORE

D-DERIVED

R-REQUIRED

RH- Historically collected and currently transmitted

Section	Data Opt	Item #	FCDS / NAACCR Item Name	Length	Year Start-End	NEW for 2025
Stage/Prognostic Factors		3931	Serum Beta-2 Microglobulin Pretreatment Level	1		
Stage/Prognostic Factors	C	3932	LDH Pretreatment Lab Value	7	2018	
Stage/Prognostic Factors		3933	Thrombocytopenia	1		
Stage/Prognostic Factors		3934	Tumor Deposits	2		
Stage/Prognostic Factors		3935	Tumor Growth Pattern	1		
Stage/Prognostic Factors		3936	Ulceration	1		
Stage/Prognostic Factors		3937	Visceral and Parietal Pleural Invasion	1		
Stage/Prognostic Factors	C	3956	p16 (cervix, oropharynx, anus)	1	2022	2024
Stage/Prognostic Factors	C	3960	Histologic Subtype (appendix)	1	2023	2023
Stage/Prognostic Factors	C	3964	Brain Primary Tumor Location	1	2024	2024
State/Requestor Items	C	9500	Historical #1: Sequence Number	2	2007	
State/Requestor Items	C	9501	Historical #1: DX Date	8	2007	
State/Requestor Items	C	9502	Historical #1: Primary Site	4	2007	
State/Requestor Items	C	9503	Historical #1: Morphology	4	2007	
State/Requestor Items	C	9504	Historical #1: Behavior	1	2007	
State/Requestor Items	C	9505	Historical #1: Laterality	1	2007	
State/Requestor Items	C	9506	Historical #1: Dx State <i>Abbreviation</i>	2	2007	
State/Requestor Items	C	9507	Historical #1: Dx County <i>FIPS</i>	3	2007	
State/Requestor Items	C	9508	Historical #1: CS SSF25 Discriminator	3	2010-2017	
State/Requestor Items	C	9509	Historical #1: Schema Discriminator 1	1	2018	
State/Requestor Items	C	9510	Historical #1: Schema Discriminator 2	1	2018	
State/Requestor Items	C	9511	Historical #1: Schema Discriminator 3	1	2018	
State/Requestor Items	C	9512	Historical #2: Sequence Number	2	2007	

C-CORE

D-DERIVED

R-REQUIRED

RH- Historically collected and currently transmitted

Section	Data Opt	Item #	FCDS / NAACCR Item Name	Length	Year Start-End	NEW for 2025
State/Requestor Items	C	9513	Historical #2: DX Date	8	2007	
State/Requestor Items	C	9514	Historical #2: Primary Site	4	2007	
State/Requestor Items	C	9515	Historical #2: Morphology	4	2007	
State/Requestor Items	C	9516	Historical #2: Behavior	1	2007	
State/Requestor Items	C	9517	Historical #2: Laterality	1	2007	
State/Requestor Items	C	9518	Historical #2: Dx State <i>Abbreviation</i>	2	2007	
State/Requestor Items	C	9519	Historical #2: Dx County <i>FIPS</i>	3	2007	
State/Requestor Items	C	9520	Historical #2: CS SSF25 Discriminator	3	2010-2017	
State/Requestor Items	C	9521	Historical #2: Schema Discriminator 1	1	2018	
State/Requestor Items	C	9522	Historical #2: Schema Discriminator 2	1	2018	
State/Requestor Items	C	9523	Historical #2: Schema Discriminator 3	1	2018	
State/Requestor Items	C	9524	Historical #3: Sequence Number	2	2007	
State/Requestor Items	C	9525	Historical #3: DX Date	8	2007	
State/Requestor Items	C	9526	Historical #3: Primary Site	4	2007	
State/Requestor Items	C	9527	Historical #3: Morphology	4	2007	
State/Requestor Items	C	9528	Historical #3: Behavior	1	2007	
State/Requestor Items	C	9529	Historical #3: Laterality	1	2007	
State/Requestor Items	C	9530	Historical #3: Dx State <i>Abbreviation</i>	2	2007	
State/Requestor Items	C	9531	Historical #3: Dx County <i>FIPS</i>	3	2007	
State/Requestor Items	C	9532	Historical #3: CS SSF25 Discriminator	3	2010-2017	
State/Requestor Items	C	9533	Historical #3: Schema Discriminator 1	1	2018	
State/Requestor Items	C	9534	Historical #3: Schema Discriminator 2	1	2018	
State/Requestor Items	C	9535	Historical #3: Schema Discriminator 3	1	2018	

C-CORE

D-DERIVED

R-REQUIRED

RH- Historically collected and currently transmitted

Section	Data Opt	Item #	FCDS / NAACCR Item Name	Length	Year Start-End	NEW for 2025
State/Requestor Items	C	9536	Historical #4: Sequence Number	2	2007	
State/Requestor Items	C	9537	Historical #4: DX Date	8	2007	
State/Requestor Items	C	9538	Historical #4: Primary Site	4	2007	
State/Requestor Items	C	9539	Historical #4: Morphology	4	2007	
State/Requestor Items	C	9540	Historical #4: Behavior	1	2007	
State/Requestor Items	C	9541	Historical #4: Laterality	1	2007	
State/Requestor Items	C	9542	Historical #4: Dx State <i>Abbreviation</i>	2	2007	
State/Requestor Items	C	9543	Historical #4: Dx County <i>FIPS</i>	3	2007	
State/Requestor Items	C	9544	Historical #4: CS SSF25 Discriminator	3	2010-2017	
State/Requestor Items	C	9545	Historical #4: Schema Discriminator 1	1	2018	
State/Requestor Items	C	9546	Historical #4: Schema Discriminator 2	1	2018	
State/Requestor Items	C	9547	Historical #4: Schema Discriminator 3	1	2018	
State/Requestor Items	C	9548	Historical #5: Sequence Number	2	2007	
State/Requestor Items	C	9549	Historical #5: DX Date	8	2007	
State/Requestor Items	C	9550	Historical #5: Primary Site	4	2007	
State/Requestor Items	C	9551	Historical #5: Morphology	4	2007	
State/Requestor Items	C	9552	Historical #5: Behavior	1	2007	
State/Requestor Items	C	9553	Historical #5: Laterality	1	2007	
State/Requestor Items	C	9554	Historical #5: Dx State <i>Abbreviation</i>	2	2007	
State/Requestor Items	C	9555	Historical #5: Dx County <i>FIPS</i>	3	2007	
State/Requestor Items	C	9556	Historical #5: CS SSF25 Discriminator	3	2010-2017	
State/Requestor Items	C	9557	Historical #5: Schema Discriminator 1	1	2018	
State/Requestor Items	C	9558	Historical #5: Schema Discriminator 2	1	2018	

C-CORE

D-DERIVED

R-REQUIRED

RH- Historically collected and currently transmitted

Section	Data Opt	Item #	FCDS / NAACCR Item Name	Length	Year Start-End	NEW for 2025
State/Requestor Items	C	9559	Historical #5: Schema Discriminator 3	1	2018	
NPCR CER	C	9960	Height	2	2011	
NPCR CER	C	9961	Weight	3	2011	
NPCR CER		9965	Tobacco Use - Cigarette	1	2011-2021	
NPCR CER		9966	Tobacco Use - OthSmoke	1	2011-2021	
NPCR CER		9967	Tobacco Use - Smokeless Tob	1	2011-2021	
NPCR CER		9968	Tobacco Use - NOS	1	2011-2021	

C-CORE

D-DERIVED

R-REQUIRED

RH- Historically collected and currently transmitted

Appendix H

2024 Site-Specific Data Items – Required by FCDS

<https://apps.naaccr.org/ssdi/list/>

FCDS requires only a small subset of the more than 150 SSDIs available to be reported as compared to the Commission on Cancer Requirements.

FCDS will accept and monitor data from these new data items for missing data and unknown values for any 'analytic' case reported.

SSDI data should be available for every 'analytic' case meeting AJCC Schema Criteria.

Please refer to the ***Site Specific Data Items Manual*** for more information and specific coding instructions for each item. <https://apps.naaccr.org/ssdi/list/>

Appendix H – 2025 FCDS Required Site Specific Data Items (SSDIs)

Below are the Site-Specific Data Items (SSDI) required by FCDS for cases diagnosed on January 1, 2018, and later. Please refer to the ***Site-Specific Data Items Manual*** for specific coding instructions for each item

<https://apps.naaccr.org/ssdi/list/>

Core/Derived	Item #	Item Name	Length	Start Date
C	1068	Grade Post Therapy Clin (yc)	2	2021
D	3800	Schema ID	5	2018
C	1172	Post Transplant Lymphoproliferative Disorder (PTLD)	1	2025
C	1174	PD-L1	5	2025
C	3816	Brain Molecular Markers	2	2018
C	3817	Breslow Tumor Thickness	4	2018
C	3827	Estrogen Receptor Summary	1	2018
C	3829	Esophagus and EGJ Tumor Epicenter	1	2022
C	3835	Fibrosis Score	1	2018
C	3838	Gleason Patterns Clinical	2	2021
C	3839	Gleason Patterns Pathological	2	2021
C	3840	Gleason Score Clinical	2	2021
C	3841	Gleason Score Pathological	2	2021
C	3842	Gleason Tertiary Pattern	2	2021
C	3843	Grade Clinical	1	2018
C	3844	Grade Pathological	1	2018
C	3845	Grade Post Therapy Path (yp)	1	2018
C	3855	HER2 Overall Summary (breast)	1	2018
C	3890	Microsatellite Instability (MSI)	1	2018
C	3915	Progesterone Receptor Summary	1	2018
C	3920	PSA (Prostatic Specific Antigen) Lab Value	5	2018
C	3932	LDH Pretreatment Lab Value	7	2018
C	3956	P16 (cervix, anus, vulva)	2	2024
C	3960	Histologic Subtype (appendix)	1	2023
C	3964	Brain Primary Tumor Location	1	2024

Appendix I

Free-Standing Radiation Therapy Centers Cancer Case Identification Program

Free-Standing Radiation Therapy Centers Reporting Guidelines

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. Two methods of submitting these data items in FCDS IDEA are file upload or single web entry. With the file upload method, you must send a file in a specific format and layout. You must enter and save each record on the web data entry screen with the single web entry method.

Tab separated file layout for uploads via FCDS IDEA

Field #	Item Name	Maximum Field Length
1.	FCDS Facility Number	4
2.	Patient ID / Medical Record	12
3.	Facility Name	4
4.	Patient Last Name	25
5.	Patient First Name	14
6.	Patient Social Security Number	9
7.	Patient Date of Birth (YYYYMMDD)	8
8.	Patient Sex	1
9.	Patient Race	2
10.	Patient State	2
11.	Patient Zip Code	5
12.	Patient Encounter Date (YYYYMMDD)	8
13.	ICD-9-CM or ICD-10-CM Diagnosis Code	7

File structure notes:

- Files must be in ASCII, with one CR/LF sequence at end of each record.
- Fields are separated by 1 tab character, beginning after field 1 and no tab after field 12. Since there are 12 fields, each record must have exactly 11 separating tabs. Files with extra/missing tabs - in any record - will be rejected.
- No embedded CR/LF, TABS other than as field separators or other control characters in text fields.
- No quotes "" around fields, just data.
- Dates are in YYYYMMDD format – do not add “/” or “-“. Dates will be validated (don’t submit 99999999 or 20030229).
- No "Header" records with variable names, just data.

- All fields are required. Do not use blanks for missing information. Required fields that are missing/unknown, such as Sex, have codes for missing.
- Field lengths are the maximum allowed length for that field. Don't add extra trailing spaces to field.
- Files may be compressed before upload using the DOS/Windows ZIP compression standard. PKZIP or WINZIP are examples of programs that produce the correct compressed format.

DATA ITEM DESCRIPTIONS

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

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

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

This required data item contains 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's 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's Date of Birth	8

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

Field#	Item Name	Maximum Field Length
8	Patient Sex	1

This is a required data item containing the patient's sex. Use the following codes:

1=Male, 2=Female, 3=Hermaphrodite, 4=Transsexual, 9=Unknown/not stated

Field#	Item Name	Maximum Field Length
9	Patient Race	2

This is a required data item containing the patient's race. Use the following codes:

1=White, 2=Black, 3=American Indian, 98=Other, 99=Unknown

Field#	Item Name	Maximum Field Length
10	Patient State	2

This required data item contains 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 required data item contains the USPS 5-digit Postal code for the patient's address.

Field#	Item Name	Maximum Field Length
12	Date of Encounter	8

This required data item contains the date of encounter at your facility in (YYYYMMDD) format. The date will be validated, so 9s or other invalid dates will cause the file upload to be rejected.

Field#	Item Name	Maximum Field Length
13	ICD-9-CM or ICD-10-CM Diagnosis Code	7

This is a required data item containing the ICD-9-CM or ICD-10-CM Diagnosis Code associated with the patient encounter at your facility. The field will support either an ICD-9-CM Diagnosis Code (used through 9/30/2015 patient encounters) or an ICD-10-CM Diagnosis Code (used starting with 10/1/2015 patient encounters).

ICD-10-CM CASEFINDING LIST FOR REPORTABLE TUMORS – Oct 1, 2024 and later encounters

The following list of ICD-10-CM codes is designed to identify potentially reportable tumors to the Florida Cancer Data System (FCDS). Please note that some ICD-10-CM codes include conditions that are not reportable. Each record should be reviewed and evaluated individually to determine its reportability. Please see the FCDS DAM, Section I to review the reportability requirements. The nationwide implementation of ICD-10-CM is expected for all hospitals on October 1, 2024.

ICD-10-CM Code	ICD-10-CM Code Definition
C00 – C43	Malignant neoplasms
C44.13-	Sebaceous Cell Carcinoma of Skin of Eyelid, Including Canthus
C45 – C96	Malignant neoplasms including Hematopoietic neoplasms
C4A-	Merkel cell carcinoma
C49.A-	GI stromal tumor
C7A.0 – C7A.8	Malignant carcinoid tumors
D00. – D09.	Carcinoma in situ (Excludes carcinoma in situ tumors of the cervix (D06.), prostatic intraepithelial neoplasia (PIN III) (8148/2) of the prostate. Other prostate in situ histologies are reportable).
D18.02	Hemangioma of intracranial structures
D32.-	Benign neoplasm of meninges (cerebral, spinal and unspecified)
D33.-	Benign neoplasm of brain and other parts of central nervous system
D35.00-D35.02	Benign neoplasm of adrenal gland - pheochromocytoma, medullary paraganglioma, chromaffin paraganglioma, chromaffin tumor,
D35.2 - D35.4	Benign neoplasm of pituitary gland, craniopharyngeal duct and pineal gland
D42.-, D43.-	Neoplasm of uncertain or unknown behavior of meninges, brain, CNS
D44.3 – D44.5	Neoplasm of uncertain behavior of pituitary gland, craniopharyngeal duct and pineal gland
D45	Polycythemia vera (9950/3); Polycythemia vera (9950/3) ICD-10-CM Coding instruction note: Excludes familial polycythemia (C75.0), secondary polycythemia (D75.1)
D46.-_	Myelodysplastic syndromes (9980,9982,9983,9985,9986,9989,9991,9992, 9993)
D46.A – D46.Z	Other myelodysplastic syndromes

D47.02	Systemic mastocytosis
D47.1-D47.9	Myeloproliferative diseases (9963, 9975) Essential (hemorrhagic) thrombocythemia (9962/3); Includes: Essential thrombocytosis, idiopathic hemorrhagic thrombocythemia Osteomyelofibrosis (9961/3); Includes: Chronic idiopathic myelofibrosis Neoplasm of uncertain behavior of lymphoid, hematopoietic and related tissue, unspecified (9970/1, 9931/3)
D47.Z – D47.Z9	Neoplasm of uncertain behavior of lymphoid, hematopoietic and related tissue, unspecified (9960/3, 9970/1, 9971/3, 9931/3) Note: As of January 1, 2025, Post Transplant Lymphoproliferative Disorder (PTLD) 9971/1 is reportable as 9971/3 for all cases.
D49.6, D49.7	Neoplasm of unspecified behavior of brain, endocrine glands and other CNS
D72.11-	Hypereosinophilic syndrome [HES] (9964/3)
N85.02	Endometrial intraepithelial neoplasia [EIN]
R90.0	Intracranial space-occupying lesion found on diagnostic imaging of CNS

Note: Pilocytic astrocytoma are coded 9421/1 when diagnosed 1/1/2023 or later.

Pilocytic astrocytoma are coded 9421/3 when diagnosed prior to 1/1/2023.

Note: See Appendix O for a detailed list of the reportable ICD-10-CM cancer codes.

Appendix J

Height Conversion Table **Feet (ft), Inches (in) / Centimeters (cm)**

Appendix J
Height Conversion Table
Feet (ft), Inches (in) / Centimeters (cm)

Feet/Inches	Total Inches	Centimeters
1' 6"	18"	46
1' 7"	19"	48
1' 8"	20"	51
1' 9"	21"	53
1' 10"	22"	56
1' 11"	23"	58
2'	24"	61
2' 1"	25"	64
2' 2"	26"	66
2' 3"	27"	69
2' 4"	28"	71
2' 5"	29"	74
2' 6"	30"	76
2' 7"	31"	79
2' 8"	32"	81
2' 9"	33"	84
2' 10"	34"	86
2' 11"	35"	89
3'	36"	91
3' 1"	37"	94
3' 2"	38"	97

Feet/Inches	Total Inches	Centimeters
3' 3"	39"	99
3' 4"	40"	102
3' 5"	41"	104
3' 6"	42"	107
3' 7"	43"	109
3' 8"	44"	112
3' 9"	45"	114
3' 10"	46"	117
3' 11"	47"	119
4'	48"	122
4' 1"	49"	124
4' 2"	50"	127
4' 3"	51"	130
4' 4"	52"	132
4' 5"	53"	135
4' 6"	54"	137
4' 7"	55"	140
4' 8"	56"	142
4' 9"	57"	145
4' 10"	58"	147
4' 11"	59"	150

Feet/Inches	Total Inches	Centimeters
5'	60"	152
5' 1"	61"	155
5' 2"	62"	157
5' 3"	63"	160
5' 4"	64"	163
5' 5"	65"	165
5' 6"	66"	168
5' 7"	67"	170
5' 8"	68"	173
5' 9"	69"	175
5' 10"	70"	178
5' 11"	71"	180
6'	72"	183
6' 1"	73"	185
6' 2"	74"	188
6' 3"	75"	191
6' 4"	76"	193
6' 5"	77"	195
6' 6"	78"	198
6' 7"	79"	201
6' 8"	80"	203

Appendix K

Weight Conversion Table Pounds (lb) / Kilograms (kg)

Appendix K

Weight Conversion Table = Pounds (lb) / Kilograms (kg)

Pounds	Kilograms
2	1
4	2
7	3
9	4
11	5
13	6
15	7
18	8
20	9
22	10
24	11
26	12
29	13
31	14
33	15
35	16
37	17
40	18
42	19
44	20
46	21
49	22
51	23
53	24
55	25
57	26
60	27
62	28
64	29
66	30
68	31
71	32
73	33
75	34
77	35
79	36
82	37
84	38
86	39
88	40
90	41
93	42

Pounds	Kilograms
95	43
97	44
99	45
101	46
104	47
106	48
108	49
110	50
112	51
115	52
117	53
119	54
121	55
123	56
126	57
128	58
130	59
132	60
134	61
137	62
139	63
141	64
143	65
146	66
148	67
150	68
152	69
154	70
157	71
159	72
161	73
163	74
165	75
168	76
170	77
172	78
174	79
176	80
179	81
181	82
183	83
185	84

Pounds	Kilograms
187	85
190	86
192	87
194	88
196	89
198	90
201	91
203	92
205	93
207	94
209	95
212	96
214	97
216	98
218	99
220	100
223	101
225	102
227	103
229	104
231	105
234	106
236	107
238	108
240	109
243	110
245	111
247	112
249	113
251	114
254	115
256	116
258	117
260	118
262	119
265	120
267	121
269	122
271	123
273	124
276	125
278	126

Pounds	Kilograms
280	127
282	128
284	129
287	130
289	131
291	132
293	133
295	134
298	135
300	136
302	137
304	138
306	139
309	140
311	141
313	142
315	143
317	144
320	145
322	146
324	147
326	148
328	149
331	150
333	151
335	152
337	153
340	154
342	155
344	156
346	157
348	158
351	159
353	160
355	161
357	162
359	163
362	164
364	165
366	166
368	167
370	168

Appendix L

FCDS TEXT DOCUMENTATION REQUIREMENTS Updated 2025

APPENDIX L – 2025 FCDS TEXT DOCUMENTATION REQUIREMENTS

Text documentation is required to justify coded values and to supplement information not transmitted with coded values. Complete and accurate documentation is an essential component of a complete electronic abstract. It is utilized heavily in quality control to validate data during FCDS and NPCR Audits and for special studies by researchers. FCDS recommends that abstractors print and post this document for easy reference. Adequate text is a data quality indicator and is a significant component of Quality Control.

Below is a list of FCDS Required Data Items that require complete and accurate text documentation. FCDS Quality Control staff routinely visually edits these data items. See the Table on the following page for specific examples for each Text Area.

County of Residence at Diagnosis	RX Summ – Surg Prim Site 03-2022
Sex	RX Summ – Surg Prim Site 2023
Race	RX Summ – Scope Reg LN Surgery
Spanish/Hispanic Origin	RX Summ – Surg Oth Reg/Distant
Date of Diagnosis	RX Date – Surgery
Class of Case	Phase I Radiation Treatment Modality
Diagnostic Confirmation	RX Date – Radiation
Primary Site (and Subsite)	RX Summ – Chemo – List All Agents
Laterality	RX Date – Chemo
Histologic Type	RX Summ – Hormone – List All Agents
Behavior Code	RX Date – Hormone
Grade – Clinical	RX Summ – BRM/Immunotherapy - Agents
Grade – Pathological	RX Date – BRM/Immunotherapy
Grade – Post Treatment – Clinical	RX Summ – Transplant/Endocrine - details
Grade – Post Treatment – Pathological	RX Date – Transplant/Endocrine
Summary Stage 2018	RX Summ – Other – include all details
All Required Site-Specific Data Items	RX Date - Other

Text documentation should always include the following components:

- Date(s)—Include date(s) references—this allows the reviewer to determine the event chronology.
- Date(s) – note when date(s) are estimated.
- Patient History – Include patient history and reason for the visit.
- Physician statements – Include specific statements by physicians.
- Location—Include the facility, physician, or other location where the event occurred (test/study/treatment/other).
- Events – Include a description of the event (test/study/treatment/other).
- Test results – Include positive/negative results.
- Treatment plan—Document the treatment plan in as much detail as possible, even if treatment is not initiated as originally planned.
- Include any treatment interruptions, delays, cancellations, etc.
- Always document why the patient came to the reporting facility.
- Document why the Class of Class 32 is being reported.
- Registrars must fully document all cases regardless of Class of Case.
- Do not repeat information from section to section.
- Use NAACCR Standard Abbreviations (Appendix C).
- Do not use non-standard or stylistic shorthand
- Enter “N/A” or “not available” when no information is available related to any specific text area.
- Include AJCC TNM stage if available. However, you still must document the rationale for why you assigned SS2018.
- When information is unavailable or dates are estimated, document that the information is missing and that dates are estimated.

APPENDIX L – 2025 FCDS TEXT DOCUMENTATION REQUIREMENTS

The National Cancer Registrars Association (NCRA) is also a source of tools and resources for registrars. NCRA's Education Committee created a series of informational abstracts for common cancers and a presentation entitled *Using the Informational Abstracts in Your Registry* that shows registrars how to use informational abstracts as an abstracting resource. These are available as cancer site-specific abstracts that provide an outline to follow when determining what text to include. The NCRA Informational Abstracts can be found at <https://www.cancerregistryeducation.org/rr>.

(NCRA - Updated 2022)

- INFORMATIONAL ABSTRACTS - DOCUMENTING TEXT FOR: **Benign Brain**
- INFORMATIONAL ABSTRACTS - DOCUMENTING TEXT FOR: **Bladder**
- INFORMATIONAL ABSTRACTS - DOCUMENTING TEXT FOR: **Breast**
- INFORMATIONAL ABSTRACTS - DOCUMENTING TEXT FOR: **Cervix**
- INFORMATIONAL ABSTRACTS - DOCUMENTING TEXT FOR: **Colon**
- INFORMATIONAL ABSTRACTS - DOCUMENTING TEXT FOR: **Endometrial**
- INFORMATIONAL ABSTRACTS - DOCUMENTING TEXT FOR: **Kidney**
- INFORMATIONAL ABSTRACTS - DOCUMENTING TEXT FOR: **Larynx**
- INFORMATIONAL ABSTRACTS - DOCUMENTING TEXT FOR: **Lung**
- INFORMATIONAL ABSTRACTS - DOCUMENTING TEXT FOR: **Lymphoma**
- INFORMATIONAL ABSTRACTS - DOCUMENTING TEXT FOR: **Malignant Brain**
- INFORMATIONAL ABSTRACTS - DOCUMENTING TEXT FOR: **Melanoma**
- INFORMATIONAL ABSTRACTS - DOCUMENTING TEXT FOR: **Ovarian**
- INFORMATIONAL ABSTRACTS - DOCUMENTING TEXT FOR: **Pancreas**
- INFORMATIONAL ABSTRACTS - DOCUMENTING TEXT FOR: **Prostate**
- INFORMATIONAL ABSTRACTS - DOCUMENTING TEXT FOR: **Renal Pelvis**
- INFORMATIONAL ABSTRACTS - DOCUMENTING TEXT FOR: **Testis**
- INFORMATIONAL ABSTRACTS - DOCUMENTING TEXT FOR: **Thyroid**

APPENDIX L – 2025 FCDS TEXT DOCUMENTATION REQUIREMENTS

Text Data Item Name NAACCR Item # Field Length	Text Documentation Source and Item Description <i>FCDS Required Text Documentation – description of the minimum text required for this text field</i> Example:
Text - Physical Exam H&P NAACCR Item #2520 Field Length = 1000	Enter dates and text information from history and physical exams. <i>History and physical examination findings related to family history or personal history of cancer diagnosis, physical findings on examination, type, and duration of symptoms, and reason for admission. Every abstract should include a statement as to the reason for the patient encounter at your facility. Include age, sex, race, and ethnicity.</i> Example: Hx RCC Rt Kidney – Dx 1/2024 in Georgia. Adm to this facility on 6/1/2024 c/o fever and night sweats. Physical Exam noted enlarged bilateral axillary lymph nodes, which on biopsy revealed diffuse large cell B-cell lymphoma (DLBCL).
Text - X-rays/Scans NAACCR Item #2530 Field Length = 1000	Enter dates and text information from diagnostic imaging reports, including x-rays, CT, MRI, PET scans, ultrasound, and other imaging studies. <i>Please try to list imaging in chronological order. Date, the facility where the procedure was performed, type of procedure, detailed findings (primary site, size of tumor, location of tumor, nodes, metastatic sites), clinical assessment, positive/negative result.</i> Example: 7/12/24 (Breast Center) 3-D Mammo – Rt Breast mass central at 12:00 o'clock 1.5cm size
Text - Scopes NAACCR Item #2540 Field Length = 1000	Enter dates and text information from diagnostic endoscopic examinations. <i>Date of Procedure, the facility where the procedure was performed, type of procedure, detailed findings (primary site, extent of tumor spread, satellite lesions), clinical assessment, positive/ negative results, include tumor location, add if biopsy was performed.</i> Example: 7/12/24 (Endoscopy Ctr xyz) EGD: gastric mucosa w/ evidence of large tumor occupying half of the stomach. Numerous satellite tumors were seen on the opposite wall of the stomach
Text - Lab Tests NAACCR Item #2550 Field Length = 1000	Enter dates and text information from diagnostic/prognostic laboratory tests (not cytology or histopathology). Include all relevant laboratory tests, whether indicated as an SSDI or as other labs. Include Documentation, Dates and Text for Site Specific Date Items (SSDIs). <i>Date(s) of Test(s), facility where test was performed, type of test(s), test results (value and assessment)</i> Example: 7/12/24 (Hosp xyz) ER +, PR - , HER2 neg by IHC method, PSA 5.3 (elevated)
Text - Operative Report NAACCR Item #2560 Field Length = 1000	Enter dates and text information from surgical operative reports (not diagnostic needle or incisional biopsy). Include observations at surgery such as tumor size and extent of direct involvement of primary with regional organs or other structures or observed at surgery metastatic sites. <i>Date of procedure, facility where procedure was performed, type of surgical procedure, detailed surgical findings, documentation of residual tumor, evidence of invasion of surrounding areas. Document reason surgery of primary site could not be performed.</i> Example: 7/12/24 (Hosp xyz) right colon resection - Pt was found to have extensive disease in the pelvis (carcinomatosis) and resection was aborted, no biopsies were taken, no specimen obtained.
DX Text - Pathology NAACCR Item #2570 Field Length = 1000	Enter dates and detailed text information from the final diagnosis on cytology and histopathology reports. <i>Date of specimen/resection, facility where specimen examined, pathology accession #, type of specimen, final diagnosis, comments, addenda, supplemental information, histology, behavior, size of tumor, tumor extension, lymph nodes (removed/biopsied), margins, molecular pathology, genetics. Include grade information. Record any rule out diagnosis.</i> Example: 7/5/24 (Hosp xyz) – Path Acc # - Rectum: Final Dx: adenoca, 2.5cm, ext. to pericolic fat. 1/22 lymph nodes + , margins neg, S100 stain is positive (melanoma, sarcoma), pT3a pN1b cM0

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Text Data Item Name NAACCR Item # Field Length	Text Documentation Source and Item Description <i>FCDS Required Text Documentation – description of the minimum text required for this text field</i> Example:
DX Text - Staging NAACCR Item #2600 Field Length = 1000	Enter rationale and details for all cancer staging (TNM and SS2018). Organs involved by direct extension, size of tumor, status of margins, sites of distant metastasis, special consideration for staging, overall stage, etc. Text for SSDI documentation if not under Labs. Example: 7/15/24 - T2aN1a per path, distant mets in lungs, ER/PR neg, HER2 neg by IHC method
RX Text - Surgery NAACCR Item #2610 Field Length = 1000	Enter dates and text describing each surgical procedure(s) performed as part of 1st-course treatment. Treatment plan, date surgery performed, type of procedure, facility where surgery was performed. Include lymph nodes removed and if sentinel node removed. Example: 7/15/24 (Hosp xyz) - rt breast mrm w/ax ln dissection
RX Text Radiation (Modality) NAACCR Item #2620 Field Length = 1000	Enter dates and detailed information regarding radiation treatment for the tumor being reported. Treatment Plan (if no treatment given), date treatment initiated/completed, facility where treatment administered, type of radiation, and dose if known. The radiation treatment modality is typically found in the radiation oncologist's treatment summary. Example: 2/15/24-3/15/24 (Hosp xyz) – 45 Gy orthovoltage with 20 Gy boost to tumor bed
RX Text - Chemo NAACCR Item #2640 Field Length = 1000	Enter date treatment initiated/completed and agents given as chemotherapy for the treatment of the tumor being reported. Refer to SEER*Rx for agents, type of chemotherapy and information on each agent. Do not enter the protocol acronym only. Please spell out each chemotherapy agent so it can be verified in SEER*Rx. <i>Date treatment initiated, facility/physician office where administered/prescribed, name of agent(s)/protocol, dose/cycle (if known), treatment plan(if known)</i> Example: 7/15/24 (Dr Smith) – Start 6 cycles R-CHOP – standard dose at 2-week intervals (note that R-CHOP includes multi-agent chemo, hormone (prednisone) and BRM (rituximab) – not just chemo.
RX Text - Hormone NAACCR Item #2650 Field Length = 1000	Enter date treatment initiated/completed and agents given as hormone therapy for the treatment of the tumor being reported. Refer to SEER*Rx for agents, type of hormone therapy, and information on each agent. Do not enter the protocol acronym only. Please spell out each hormone agent so it can be verified in SEER*Rx. <i>Date treatment initiated, facility/physician office where administered/prescribed, name of hormone/anti-hormone agent or procedure, dose (if known), Treatment Plan.</i> Example: 7/15/24 (Dr Jones) - tamoxifen (dose/duration not stated)
RX Text - BRM NAACCR Item #2660 Field Length = 1000	Enter date treatment initiated/completed and agents given as BRM or immunotherapy for the treatment of the tumor reported. Refer to SEER*Rx for agents, type of BRM/Immunotherapy, and information on each agent. Do not enter the protocol acronym only. Please spell out each immuno/BRM agent to be verified in SEER*Rx. <i>Date treatment initiated, facility/physician office where administered/prescribed, name of BRM or immunotherapy agent or procedure, dose (if known), Treatment Plan.</i> Example: 2/15/23 (Hosp xyz) - interferon or BCG (dose/duration not stated), rituximab is BRM
RX Text - Other NAACCR Item #2670 Field Length = 1000	Enter information regarding treatment that cannot be defined as surgery, radiation, or systemic therapy. <i>Date treatment planned/initiated, name of other therapy, agent or procedure, dose (if known), facility where performed.</i> Example: 2/15/23 (Hosp xyz) - blinded clinical trial or hyperthermia (may include study number)

APPENDIX L – 2025 FCDS TEXT DOCUMENTATION REQUIREMENTS

Text Data Item Name NAACCR Item # Field Length	Text Documentation Source and Item Description <i>FCDS Required Text Documentation – description of the minimum text required for this text field</i> Example:
Text - Remarks NAACCR Item #2680 Field Length = 1000	Document information is not provided in any other text field or is overflowing from text fields. Document personal history of carcinogenic exposure (arsenic, drinking water, uranium, asbestos), other. Example: 40 years h/o of working in shipbuilding and construction with lots of asbestos exposure

Appendix M

Hematopoietic and Lymphoid Neoplasms

The Hematopoietic and Lymphoid Neoplasm Case Reportability and Coding Manual [Hematopoietic Project - SEER Registrars](#) is to be used for coding the primary site and histology of hematopoietic and lymphoid tumors (M-9590-9993) and determining whether multiple conditions represent one or more tumors to be abstracted.

Appendix N

Grade Coding Instructions and Tables

Effective with Cases Diagnosed 1/1/2018 and Forward

<https://apps.naaccr.org/ssdi/list/>

Use the link above to access the most current version of the NAACCR SSDI/Grade computer application and SSDI/Grade webpage. On this website, you can download the complete Grade Coding Instructions and Tables (Grade Manual), the SSDI Manual, and the two Appendices that are to be used with the SSDI Manual. While the codes and code definitions will be available in drop-down format within your registry software, these manuals are the primary resource for coding instructions and the rationale for using the SSDI items and the Grade Coding Instructions. The Grade Manual must be used to identify the **FOUR-grade code fields, coding instructions, code lists**, and any of the required SSDIs by Schema.

The Grade Coding Instructions and Tables (Grade Manual) is the primary resource for documentation and coding instructions for Grade for cases diagnosed on or after January 1, 2018. **The current version is v3.1.** Before using the Grade Manual as a coding reference, it is essential to review the introductory materials and general instructions of the manual carefully. These reflect several important changes in the collection of Grade data items, including the use of AJCC-recommended grade tables where applicable and the introduction of Clinical, Pathological, and Post-Therapy Grade data items (yc and yp).

To understand how the Grade Tables are organized in the Grade Manual, you must be familiar with the concept of Schema IDs, which is described in the SSDI Manual. A particular Grade Table defines the set of applicable codes for a set of schemas and AJCC Chapters. For example, “Grade ID 01 – Clinical Grade Instructions” defines a single set of codes for clinical grade for **31 Schemas**/AJCC Chapters. Similar to the SSDI’s, registry software will populate the grade field pick lists for each case with the appropriate grade codes based on the Schema ID, such that once the software is available, the registrar will not have to use the manual to determine which grade codes apply for a particular case.

The Grade Manual provides **Grade Table Indexes** to assist the registrar in identifying the correct code Tables. These indexes are located at the beginning of the Grade Manual, immediately after the Table of Contents. The first Index provides information sorted **in Schema ID # order**, which approximates the order of AJCC Chapters. It contains the Schema number and name, the AJCC Chapter number and name, and the Summary Stage Chapter name, along with a hyperlink to the appropriate Grade Table. A hyperlink is also provided to return to the Grade Table (Schema ID order) at the end of the coding instructions for each schema. A second index with similar information and functionality, sorted alphabetically by schema name, is also provided.

In addition to understanding the concept and structure of the Grade Tables, it is critically important to review all of the general information included in the Manual. Particular attention should be paid to understanding coding instructions for grade tables where both an AJCC-preferred grade system and the generic grade system are allowable codes, coding guidelines for Clinical, Pathological, and Post-Therapy grade data items, and coding instructions for generic grade categories. A thorough understanding of this material will be necessary to code the new Grade Data Items accurately.

Appendix O

2025 FCDS Casefinding List of Reportable Tumors

ICD-10-CM Code List

FCDS 2025

ICD-10-CM Casefinding List for Reportable Tumors

Effective Oct 1, 2024, and later encounters

The following list of ICD-10-CM codes is designed to identify potentially reportable tumors to the Florida Cancer Data System (FCDS). Please note that some ICD-10-CM codes include conditions that are not reportable. Each record should be reviewed and evaluated individually to determine its reportability. Please see the FCDS DAM, Section I to review the reportability requirements. The nationwide implementation of ICD-10-CM is expected for all hospitals on October 1, 2024.

ICD-10-CM Code	ICD-10-CM Code Definition
C00 – C43	Malignant neoplasms
C44.13-	Sebaceous Cell Carcinoma of Skin of Eyelid, Including Canthus
C45 – C96	Malignant neoplasms including Hematopoietic neoplasms
C4A-	Merkel cell carcinoma
C49.A-	GI stromal tumor
C7A.0 – C7A.8	Malignant carcinoid tumors
D00. – D09.	Carcinoma in situ (Excludes carcinoma in situ tumors of the cervix (D06.), prostatic intraepithelial neoplasia (PIN III) (8148/2) of the prostate. Other prostate in situ histologies are reportable).
D18.02	Hemangioma of intracranial structures
D32.-	Benign neoplasm of meninges (cerebral, spinal and unspecified)
D33.-	Benign neoplasm of brain and other parts of central nervous system
D35.00-D35.02	Benign neoplasm of adrenal gland - pheochromocytoma, medullary paraganglioma, chromaffin paraganglioma, chromaffin tumor,
D35.2 - D35.4	Benign neoplasm of pituitary gland, craniopharyngeal duct and pineal gland
D42.-, D43.-	Neoplasm of uncertain or unknown behavior of meninges, brain, CNS
D44.3 – D44.5	Neoplasm of uncertain behavior of pituitary gland, craniopharyngeal duct and pineal gland
D45	Polycythemia vera (9950/3); Polycythemia vera (9950/3) ICD-10-CM Coding instruction note: Excludes familial polycythemia (C75.0), secondary polycythemia (D75.1)
D46.-	Myelodysplastic syndromes (9980,9982,9983,9985,9986,9989,9991,9992, 9993)
D46.A – D46.Z	Other myelodysplastic syndromes
D47.02	Systemic mastocytosis
D47.1-D47.9	Myeloproliferative diseases (9963, 9975) Essential (hemorrhagic) thrombocythemia (9962/3); Includes: Essential thrombocytosis, idiopathic hemorrhagic thrombocythemia Osteomyelofibrosis (9961/3); Includes: Chronic idiopathic myelofibrosis Neoplasm of uncertain behavior of lymphoid, hematopoietic and related tissue, unspecified (9970/1, 9931/3)
D47.Z – D47.Z9	Neoplasm of uncertain behavior of lymphoid, hematopoietic and related tissue, unspecified (9960/3, 9970/1, 9971/3, 9931/3) Note: As of January 1, 2025, Post Transplant Lymphoproliferative Disorder (PTLD) 9971/1 is reportable as 9971/3 for all cases.
D49.6, D49.7	Neoplasm of unspecified behavior of brain, endocrine glands and other CNS
D72.11-	Hypereosinophilic syndrome [HES] (9964/3)
N85.02	Endometrial intraepithelial neoplasia [EIN]
R90.0	Intracranial space-occupying lesion found on diagnostic imaging of CNS

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ICD-10-CM Casefinding List for Reportable Tumors

Effective Oct 1, 2024, and later encounters

The following list of ICD-10-CM codes is designed to identify potential reportable conditions. CM codes include conditions that are not reportable. Each record should be reviewed for implementation of ICD-10-CM is expected for all hospitals on October 1, 2015.

Category	ICD-10-CM Code
Malignant neoplasm	C00
Malignant neoplasm	C00.0
Malignant neoplasm	C00.1
Malignant neoplasm	C00.2
Malignant neoplasm	C00.3
Malignant neoplasm	C00.4
Malignant neoplasm	C00.5
Malignant neoplasm	C00.6
Malignant neoplasm	C00.8
Malignant neoplasm	C00.9
Malignant neoplasm	C01
Malignant neoplasm	C02
Malignant neoplasm	C02.0
Malignant neoplasm	C02.1
Malignant neoplasm	C02.2
Malignant neoplasm	C02.3
Malignant neoplasm	C02.4
Malignant neoplasm	C02.8
Malignant neoplasm	C02.9
Malignant neoplasm	C03
Malignant neoplasm	C03.0
Malignant neoplasm	C03.1
Malignant neoplasm	C03.9
Malignant neoplasm	C04
Malignant neoplasm	C04.0

Malignant neoplasm	C04.1
Malignant neoplasm	C04.8
Malignant neoplasm	C04.9
Malignant neoplasm	C05
Malignant neoplasm	C05.0
Malignant neoplasm	C05.1
Malignant neoplasm	C05.2
Malignant neoplasm	C05.8
Malignant neoplasm	C05.9
Malignant neoplasm	C06
Malignant neoplasm	C06.0
Malignant neoplasm	C06.1
Malignant neoplasm	C06.2
Malignant neoplasm	C06.8
Malignant neoplasm	C06.80
Malignant neoplasm	C06.89
Malignant neoplasm	C06.9
Malignant neoplasm	C07
Malignant neoplasm	C08
Malignant neoplasm	C08.0
Malignant neoplasm	C08.1
Malignant neoplasm	C08.9
Malignant neoplasm	C09
Malignant neoplasm	C09.0
Malignant neoplasm	C09.1
Malignant neoplasm	C09.8
Malignant neoplasm	C09.9
Malignant neoplasm	C10
Malignant neoplasm	C10.0
Malignant neoplasm	C10.1
Malignant neoplasm	C10.2
Malignant neoplasm	C10.3
Malignant neoplasm	C10.4
Malignant neoplasm	C10.8

Malignant neoplasm	C10.9
Malignant neoplasm	C11
Malignant neoplasm	C11.0
Malignant neoplasm	C11.1
Malignant neoplasm	C11.2
Malignant neoplasm	C11.3
Malignant neoplasm	C11.8
Malignant neoplasm	C11.9
Malignant neoplasm	C12
Malignant neoplasm	C13
Malignant neoplasm	C13.0
Malignant neoplasm	C13.1
Malignant neoplasm	C13.2
Malignant neoplasm	C13.8
Malignant neoplasm	C13.9
Malignant neoplasm	C14
Malignant neoplasm	C14.0
Malignant neoplasm	C14.2
Malignant neoplasm	C14.8
Malignant neoplasm	C15
Malignant neoplasm	C15.3
Malignant neoplasm	C15.4
Malignant neoplasm	C15.5
Malignant neoplasm	C15.8
Malignant neoplasm	C15.9
Malignant neoplasm	C16
Malignant neoplasm	C16.0
Malignant neoplasm	C16.1
Malignant neoplasm	C16.2
Malignant neoplasm	C16.3
Malignant neoplasm	C16.4
Malignant neoplasm	C16.5
Malignant neoplasm	C16.6
Malignant neoplasm	C16.8

Malignant neoplasm	C16.9
Malignant neoplasm	C17
Malignant neoplasm	C17.0
Malignant neoplasm	C17.1
Malignant neoplasm	C17.2
Malignant neoplasm	C17.3
Malignant neoplasm	C17.8
Malignant neoplasm	C17.9
Malignant neoplasm	C18
Malignant neoplasm	C18.0
Malignant neoplasm	C18.1
Malignant neoplasm	C18.2
Malignant neoplasm	C18.3
Malignant neoplasm	C18.4
Malignant neoplasm	C18.5
Malignant neoplasm	C18.6
Malignant neoplasm	C18.7
Malignant neoplasm	C18.8
Malignant neoplasm	C18.9
Malignant neoplasm	C19
Malignant neoplasm	C20
Malignant neoplasm	C21
Malignant neoplasm	C21.0
Malignant neoplasm	C21.1
Malignant neoplasm	C21.2
Malignant neoplasm	C21.8
Malignant neoplasm	C22
Malignant neoplasm	C22.0
Malignant neoplasm	C22.1
Malignant neoplasm	C22.2
Malignant neoplasm	C22.3
Malignant neoplasm	C22.4
Malignant neoplasm	C22.7
Malignant neoplasm	C22.8

Malignant neoplasm	C22.9
Malignant neoplasm	C23
Malignant neoplasm	C24
Malignant neoplasm	C24.0
Malignant neoplasm	C24.1
Malignant neoplasm	C24.8
Malignant neoplasm	C24.9
Malignant neoplasm	C25
Malignant neoplasm	C25.0
Malignant neoplasm	C25.1
Malignant neoplasm	C25.2
Malignant neoplasm	C25.3
Malignant neoplasm	C25.4
Malignant neoplasm	C25.7
Malignant neoplasm	C25.8
Malignant neoplasm	C25.9
Malignant neoplasm	C26
Malignant neoplasm	C26.0
Malignant neoplasm	C26.1
Malignant neoplasm	C26.9
Malignant neoplasm	C30
Malignant neoplasm	C30.0
Malignant neoplasm	C30.1
Malignant neoplasm	C31
Malignant neoplasm	C31.0
Malignant neoplasm	C31.1
Malignant neoplasm	C31.2
Malignant neoplasm	C31.3
Malignant neoplasm	C31.8
Malignant neoplasm	C31.9
Malignant neoplasm	C32
Malignant neoplasm	C32.0
Malignant neoplasm	C32.1
Malignant neoplasm	C32.2

Malignant neoplasm	C32.3
Malignant neoplasm	C32.8
Malignant neoplasm	C32.9
Malignant neoplasm	C33
Malignant neoplasm	C34
Malignant neoplasm	C34.0
Malignant neoplasm	C34.00
Malignant neoplasm	C34.01
Malignant neoplasm	C34.02
Malignant neoplasm	C34.1
Malignant neoplasm	C34.10
Malignant neoplasm	C34.11
Malignant neoplasm	C34.12
Malignant neoplasm	C34.2
Malignant neoplasm	C34.3
Malignant neoplasm	C34.30
Malignant neoplasm	C34.31
Malignant neoplasm	C34.32
Malignant neoplasm	C34.8
Malignant neoplasm	C34.80
Malignant neoplasm	C34.81
Malignant neoplasm	C34.82
Malignant neoplasm	C34.9
Malignant neoplasm	C34.90
Malignant neoplasm	C34.91
Malignant neoplasm	C34.92
Malignant neoplasm	C37
Malignant neoplasm	C38
Malignant neoplasm	C38.0
Malignant neoplasm	C38.1
Malignant neoplasm	C38.2
Malignant neoplasm	C38.3
Malignant neoplasm	C38.4
Malignant neoplasm	C38.8

Malignant neoplasm	C39
Malignant neoplasm	C39.0
Malignant neoplasm	C39.9
Malignant neoplasm	C40
Malignant neoplasm	C40.0
Malignant neoplasm	C40.00
Malignant neoplasm	C40.01
Malignant neoplasm	C40.02
Malignant neoplasm	C40.1
Malignant neoplasm	C40.10
Malignant neoplasm	C40.11
Malignant neoplasm	C40.12
Malignant neoplasm	C40.2
Malignant neoplasm	C40.20
Malignant neoplasm	C40.21
Malignant neoplasm	C40.22
Malignant neoplasm	C40.3
Malignant neoplasm	C40.30
Malignant neoplasm	C40.31
Malignant neoplasm	C40.32
Malignant neoplasm	C40.8
Malignant neoplasm	C40.80
Malignant neoplasm	C40.81
Malignant neoplasm	C40.82
Malignant neoplasm	C40.9
Malignant neoplasm	C40.90
Malignant neoplasm	C40.91
Malignant neoplasm	C40.92
Malignant neoplasm	C41
Malignant neoplasm	C41.0
Malignant neoplasm	C41.1
Malignant neoplasm	C41.2

Malignant neoplasm	C41.3
Malignant neoplasm	C41.4
Malignant neoplasm	C41.9
Malignant neoplasm	C43
Malignant neoplasm	C43.0
Malignant neoplasm	C43.1
Malignant neoplasm	C43.10
Malignant neoplasm	C43.11
Malignant neoplasm	C43.111
Malignant neoplasm	C43.112
Malignant neoplasm	C43.12
Malignant neoplasm	C43.121
Malignant neoplasm	C43.122
Malignant neoplasm	C43.2
Malignant neoplasm	C43.20
Malignant neoplasm	C43.21
Malignant neoplasm	C43.22
Malignant neoplasm	C43.3
Malignant neoplasm	C43.30
Malignant neoplasm	C43.31
Malignant neoplasm	C43.39
Malignant neoplasm	C43.4
Malignant neoplasm	C43.5
Malignant neoplasm	C43.51
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In-situ neoplasm	D09.2
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In-situ neoplasm	D09.21

In-situ neoplasm	D09.22
In-situ neoplasm	D09.3
In-situ neoplasm	D09.8
In-situ neoplasm	D09.9
Benign neoplasm	D13.7
Benign neoplasm	D18.02
Benign neoplasm	D21.4
Benign neoplasm	D23.9
Benign neoplasm	D32
Benign neoplasm	D32.0
Benign neoplasm	D32.1
Benign neoplasm	D32.9
Benign neoplasm	D33
Benign neoplasm	D33.0
Benign neoplasm	D33.1
Benign neoplasm	D33.2
Benign neoplasm	D33.3
Benign neoplasm	D33.4
Benign neoplasm	D33.7
Benign neoplasm	D33.9
Benign neoplasm	D35.00
Benign neoplasm	D35.01
Benign neoplasm	D35.02
Benign neoplasm	D35.2
Benign neoplasm	D35.3
Benign neoplasm	D35.4
Uncertain behavior of neoplasm	D37.8
Benign neoplasm	D3A
Benign neoplasm	D3A.0
Benign neoplasm	D3A.00
Benign neoplasm	D3A.01
Benign neoplasm	D3A.010
Benign neoplasm	D3A.011
Benign neoplasm	D3A.012

Benign neoplasm	D3A.019
Benign neoplasm	D3A.02
Benign neoplasm	D3A.020
Benign neoplasm	D3A.021
Benign neoplasm	D3A.022
Benign neoplasm	D3A.023
Benign neoplasm	D3A.024
Benign neoplasm	D3A.025
Benign neoplasm	D3A.026
Benign neoplasm	D3A.029
Benign neoplasm	D3A.09
Benign neoplasm	D3A.090
Benign neoplasm	D3A.091
Benign neoplasm	D3A.092
Benign neoplasm	D3A.093
Benign neoplasm	D3A.094
Benign neoplasm	D3A.095
Benign neoplasm	D3A.096
Benign neoplasm	D3A.098
Benign neoplasm	D3A.8
Uncertain behavior of neoplasm	D42
Uncertain behavior of neoplasm	D42.0
Uncertain behavior of neoplasm	D42.1
Uncertain behavior of neoplasm	D42.9
Uncertain behavior of neoplasm	D43
Uncertain behavior of neoplasm	D43.0
Uncertain behavior of neoplasm	D43.1
Uncertain behavior of neoplasm	D43.2
Uncertain behavior of neoplasm	D43.3
Uncertain behavior of neoplasm	D43.4
Uncertain behavior of neoplasm	D43.8
Uncertain behavior of neoplasm	D43.9
Uncertain behavior of neoplasm	D44.3
Uncertain behavior of neoplasm	D44.4

Uncertain behavior of neoplasm	D44.5
Uncertain behavior of neoplasm	D44.6
Uncertain behavior of neoplasm	D44.7
Hematopoietic neoplasm	D45
Hematopoietic neoplasm	D46
Hematopoietic neoplasm	D46.0
Hematopoietic neoplasm	D46.1
Hematopoietic neoplasm	D46.2
Hematopoietic neoplasm	D46.20
Hematopoietic neoplasm	D46.21
Hematopoietic neoplasm	D46.22
Hematopoietic neoplasm	D46.4
Hematopoietic neoplasm	D46.9
Hematopoietic neoplasm	D46.A
Hematopoietic neoplasm	D46.B
Hematopoietic neoplasm	D46.C
Hematopoietic neoplasm	D46.Z
Hematopoietic neoplasm	D47.02
Hematopoietic neoplasm	D47.1
Hematopoietic neoplasm	D47.3
Hematopoietic neoplasm	D47.4
Hematopoietic neoplasm	D47.9
Hematopoietic neoplasm	D47.Z
Hematopoietic neoplasm	D47.Z1
Hematopoietic neoplasm	D47.Z9
Uncertain behavior of neoplasm	D48.0
Uncertain behavior of neoplasm	D48.1
Unspecified behavior of neoplasm	D49.2
Uncertain behavior of neoplasm	D49.6
Uncertain behavior of neoplasm	D49.7

Blood disorder	D61.810
Blood disorder	D64.81
Blood disorder	D70.1
Blood disorder	D72.10
Hematopoietic neoplasm	D72.11
Hematopoietic neoplasm	D72.110
Hematopoietic neoplasm	D72.111
Hematopoietic neoplasm	D72.118
Hematopoietic neoplasm	D72.119
Blood disorder	D75.81
Neoplastic related condition	E31.2
Neoplastic related condition	E31.20
Neoplastic related condition	E31.21
Neoplastic related condition	E31.22
Neoplastic related condition	E31.23
Neoplastic related condition	E34.0
Neoplastic related condition	E34.00
Neoplastic related condition	E34.09
Neoplastic related condition	E88.3
Neoplastic related condition	G89.3
Neoplastic related condition	H47.42
Neoplastic related condition	H47.52
Neoplastic related condition	H47.521
Neoplastic related condition	H47.522
Neoplastic related condition	H47.529
Neoplastic related condition	H47.63
Neoplastic related condition	H47.631
Neoplastic related condition	H47.632
Neoplastic related condition	H47.639
Neoplastic related condition	I31.31
Neoplastic related condition	J70.0
Neoplastic related condition	J70.1
Neoplastic related condition	J91.0
Neoplastic related condition	K12.31

Neoplastic related condition	K12.33
Dysplasia	K31.A22
Neoplastic related condition	K52.0
Neoplastic related condition	K62.7
Dysplasia	K62.82
Neoplastic related condition	K92.81
Neoplastic related condition	L58
Neoplastic related condition	L58.0
Neoplastic related condition	L58.1
Neoplastic related condition	L58.9
Neoplastic related condition	L59.8
Neoplastic related condition	L59.9
Neoplastic related condition	M31.11
Neoplastic related condition	M96.2
Neoplastic related condition	M96.5
Neoplastic related condition	N30.4
Neoplastic related condition	N30.40
Neoplastic related condition	N30.41
Neoplastic related condition	N46.024
Neoplastic related condition	N46.124
Diseases of the genitourinary system	N52.31
Diseases of the genitourinary system	N52.32
Diseases of the genitourinary system	N52.34
Diseases of the genitourinary system	N52.35
Diseases of the genitourinary system	N52.36
Disease of the uterus	N85.02
Maternal care disorder	O35.6
Maternal care disorder	O35.6XX0
Maternal care disorder	O35.6XX1
Maternal care disorder	O35.6XX2
Maternal care disorder	O35.6XX3
Maternal care disorder	O35.6XX4
Maternal care disorder	O35.6XX5
Maternal care disorder	O35.6XX9
Maternal care disorder	O9A.1

Maternal care disorder	O9A.11
Maternal care disorder	O9A.111
Maternal care disorder	O9A.112
Maternal care disorder	O9A.113
Maternal care disorder	O9A.119
Maternal care disorder	O9A.12
Maternal care disorder	O9A.13
Maternal care disorder	P04.11
Maternal care disorder	P04.12
Neurofibromatosis (nonmalignant)	Q85.0
Neurofibromatosis (nonmalignant)	Q85.00
Neurofibromatosis (nonmalignant)	Q85.01
Neurofibromatosis (nonmalignant)	Q85.02
Neurofibromatosis (nonmalignant)	Q85.03
Neurofibromatosis (nonmalignant)	Q85.09
Neoplastic related condition	R18.0
Neoplastic related condition	R53.0
Other neoplasm	R85.613
Other neoplasm	R85.614
Other neoplasm	R87.614
Other neoplasm	R87.623
Other neoplasm	R87.624
Abnormal findings	R90.0
Tumor markers	R97.21
Drug poisonings or other complications	T38.6
Drug poisonings or other complications	T38.6X
Drug poisonings or other complications	T38.6X1
Drug poisonings or other complications	T38.6X1A
Drug poisonings or other complications	T38.6X1D
Drug poisonings or other complications	T38.6X1S

Drug poisonings or other complications	T38.6X2
Drug poisonings or other complications	T38.6X2A
Drug poisonings or other complications	T38.6X2D
Drug poisonings or other complications	T38.6X2S
Drug poisonings or other complications	T38.6X3
Drug poisonings or other complications	T38.6X3A
Drug poisonings or other complications	T38.6X3D
Drug poisonings or other complications	T38.6X3S
Drug poisonings or other complications	T38.6X4
Drug poisonings or other complications	T38.6X4A
Drug poisonings or other complications	T38.6X4D
Drug poisonings or other complications	T38.6X4S
Drug poisonings or other complications	T38.6X5
Drug poisonings or other complications	T38.6X5A
Drug poisonings or other complications	T38.6X5D
Drug poisonings or other complications	T38.6X5S
Drug poisonings or other complications	T38.6X6
Drug poisonings or other complications	T38.6X6A

Drug poisonings or other complications	T38.6X6D
Drug poisonings or other complications	T38.6X6S
Drug poisonings or other complications	T38.8
Drug poisonings or other complications	T38.80
Drug poisonings or other complications	T38.801
Drug poisonings or other complications	T38.801A
Drug poisonings or other complications	T38.801D
Drug poisonings or other complications	T38.801S
Drug poisonings or other complications	T38.802
Drug poisonings or other complications	T38.802A
Drug poisonings or other complications	T38.802D
Drug poisonings or other complications	T38.802S
Drug poisonings or other complications	T38.803
Drug poisonings or other complications	T38.803A
Drug poisonings or other complications	T38.803D
Drug poisonings or other complications	T38.803S
Drug poisonings or other complications	T38.804
Drug poisonings or other complications	T38.804A
Drug poisonings or other complications	T38.804D
Drug poisonings or other complications	T38.804S
Drug poisonings or other complications	T38.805
Drug poisonings or other complications	T38.805A
Drug poisonings or other complications	T38.805D
Drug poisonings or other complications	T38.805S

Drug poisonings or other complications	T38.806
Drug poisonings or other complications	T38.806A
Drug poisonings or other complications	T38.806D
Drug poisonings or other complications	T38.806S
Drug poisonings or other complications	T38.81
Drug poisonings or other complications	T38.811
Drug poisonings or other complications	T38.811A
Drug poisonings or other complications	T38.811D
Drug poisonings or other complications	T38.811S
Drug poisonings or other complications	T38.812
Drug poisonings or other complications	T38.812A
Drug poisonings or other complications	T38.812D
Drug poisonings or other complications	T38.812S
Drug poisonings or other complications	T38.813
Drug poisonings or other complications	T38.813A
Drug poisonings or other complications	T38.813D
Drug poisonings or other complications	T38.813S
Drug poisonings or other complications	T38.814
Drug poisonings or other complications	T38.814A
Drug poisonings or other complications	T38.814D
Drug poisonings or other complications	T38.814S
Drug poisonings or other complications	T38.815
Drug poisonings or other complications	T38.815A

Drug poisonings or other complications	T38.815D
Drug poisonings or other complications	T38.815S
Drug poisonings or other complications	T38.816
Drug poisonings or other complications	T38.816A
Drug poisonings or other complications	T38.816D
Drug poisonings or other complications	T38.816S
Drug poisonings or other complications	T38.89
Drug poisonings or other complications	T38.891
Drug poisonings or other complications	T38.891A
Drug poisonings or other complications	T38.891D
Drug poisonings or other complications	T38.891S
Drug poisonings or other complications	T38.892
Drug poisonings or other complications	T38.892A
Drug poisonings or other complications	T38.892D
Drug poisonings or other complications	T38.892S
Drug poisonings or other complications	T38.893
Drug poisonings or other complications	T38.893A
Drug poisonings or other complications	T38.893D
Drug poisonings or other complications	T38.893S
Drug poisonings or other complications	T38.894
Drug poisonings or other complications	T38.894A
Drug poisonings or other complications	T38.894D
Drug poisonings or other complications	T38.894S
Drug poisonings or other complications	T38.895
Drug poisonings or other complications	T38.895A
Drug poisonings or other complications	T38.895D

Drug poisonings or other complications	T38.895S
Drug poisonings or other complications	T38.896
Drug poisonings or other complications	T38.896A
Drug poisonings or other complications	T38.896D
Drug poisonings or other complications	T38.896S
Drug poisonings or other complications	T38.9
Drug poisonings or other complications	T38.90
Drug poisonings or other complications	T38.901
Drug poisonings or other complications	T38.901A
Drug poisonings or other complications	T38.901D
Drug poisonings or other complications	T38.901S
Drug poisonings or other complications	T38.902
Drug poisonings or other complications	T38.902A
Drug poisonings or other complications	T38.902D
Drug poisonings or other complications	T38.902S
Drug poisonings or other complications	T38.903
Drug poisonings or other complications	T38.903A
Drug poisonings or other complications	T38.903D
Drug poisonings or other complications	T38.903S
Drug poisonings or other complications	T38.904
Drug poisonings or other complications	T38.904A
Drug poisonings or other complications	T38.904D
Drug poisonings or other complications	T38.904S
Drug poisonings or other complications	T38.905
Drug poisonings or other complications	T38.905A
Drug poisonings or other complications	T38.905D
Drug poisonings or other complications	T38.905S
Drug poisonings or other complications	T38.906
Drug poisonings or other complications	T38.906A
Drug poisonings or other complications	T38.906D

Drug poisonings or other complications	T38.906S
Drug poisonings or other complications	T38.99
Drug poisonings or other complications	T38.991
Drug poisonings or other complications	T38.991A
Drug poisonings or other complications	T38.991D
Drug poisonings or other complications	T38.991S
Drug poisonings or other complications	T38.992
Drug poisonings or other complications	T38.992A
Drug poisonings or other complications	T38.992D
Drug poisonings or other complications	T38.992S
Drug poisonings or other complications	T38.993
Drug poisonings or other complications	T38.993A
Drug poisonings or other complications	T38.993D
Drug poisonings or other complications	T38.993S
Drug poisonings or other complications	T38.994
Drug poisonings or other complications	T38.994A
Drug poisonings or other complications	T38.994D
Drug poisonings or other complications	T38.994S
Drug poisonings or other complications	T38.995
Drug poisonings or other complications	T38.995A
Drug poisonings or other complications	T38.995D
Drug poisonings or other complications	T38.995S
Drug poisonings or other complications	T38.996
Drug poisonings or other complications	T38.996A
Drug poisonings or other complications	T38.996D
Drug poisonings or other complications	T38.996S
Drug poisonings or other complications	T45.1
Drug poisonings or other complications	T45.1X
Drug poisonings or other complications	T45.1X1
Drug poisonings or other complications	T45.1X1A
Drug poisonings or other complications	T45.1X1D
Drug poisonings or other complications	T45.1X1S

Drug poisonings or other complications	T45.1X2
Drug poisonings or other complications	T45.1X2A
Drug poisonings or other complications	T45.1X2D
Drug poisonings or other complications	T45.1X2S
Drug poisonings or other complications	T45.1X3
Drug poisonings or other complications	T45.1X3A
Drug poisonings or other complications	T45.1X3D
Drug poisonings or other complications	T45.1X3S
Drug poisonings or other complications	T45.1X4
Drug poisonings or other complications	T45.1X4A
Drug poisonings or other complications	T45.1X4D
Drug poisonings or other complications	T45.1X4S
Drug poisonings or other complications	T45.1X5
Drug poisonings or other complications	T45.1X5A
Drug poisonings or other complications	T45.1X5D
Drug poisonings or other complications	T45.1X5S
Drug poisonings or other complications	T45.1X6
Drug poisonings or other complications	T45.1X6A
Drug poisonings or other complications	T45.1X6D
Drug poisonings or other complications	T45.1X6S
Drug poisonings or other complications	T45.8
Drug poisonings or other complications	T45.8X
Drug poisonings or other complications	T45.8X1
Drug poisonings or other complications	T45.8X1A
Drug poisonings or other complications	T45.8X1D

Drug poisonings or other complications	T45.8X1S
Drug poisonings or other complications	T45.8X2
Drug poisonings or other complications	T45.8X2A
Drug poisonings or other complications	T45.8X2D
Drug poisonings or other complications	T45.8X2S
Drug poisonings or other complications	T45.8X3
Drug poisonings or other complications	T45.8X3A
Drug poisonings or other complications	T45.8X3D
Drug poisonings or other complications	T45.8X3S
Drug poisonings or other complications	T45.8X4
Drug poisonings or other complications	T45.8X4A
Drug poisonings or other complications	T45.8X4D
Drug poisonings or other complications	T45.8X4S
Drug poisonings or other complications	T45.8X5
Drug poisonings or other complications	T45.8X5A
Drug poisonings or other complications	T45.8X5D
Drug poisonings or other complications	T45.8X5S
Drug poisonings or other complications	T45.8X6
Drug poisonings or other complications	T45.8X6A
Drug poisonings or other complications	T45.8X6D
Drug poisonings or other complications	T45.8X6S
Drug poisonings or other complications	T45.9
Drug poisonings or other complications	T45.91

Drug poisonings or other complications	T45.91XA
Drug poisonings or other complications	T45.91XD
Drug poisonings or other complications	T45.91XS
Drug poisonings or other complications	T45.92
Drug poisonings or other complications	T45.92XA
Drug poisonings or other complications	T45.92XD
Drug poisonings or other complications	T45.92XS
Drug poisonings or other complications	T45.93
Drug poisonings or other complications	T45.93XA
Drug poisonings or other complications	T45.93XD
Drug poisonings or other complications	T45.93XS
Drug poisonings or other complications	T45.94
Drug poisonings or other complications	T45.94XA
Drug poisonings or other complications	T45.94XD
Drug poisonings or other complications	T45.94XS
Drug poisonings or other complications	T45.95
Drug poisonings or other complications	T45.95XA
Drug poisonings or other complications	T45.95XD
Drug poisonings or other complications	T45.95XS
Drug poisonings or other complications	T45.96

Drug poisonings or other complications	T45.96XA
Drug poisonings or other complications	T45.96XD
Drug poisonings or other complications	T45.96XS
Drug poisonings or other complications	T45.AX
Drug poisonings or other complications	T45.AX1
Drug poisonings or other complications	T45.AX2
Drug poisonings or other complications	T45.AX3
Drug poisonings or other complications	T45.AX4
Drug poisonings or other complications	T45.AX5
Drug poisonings or other complications	T45.AX6
Drug poisonings or other complications	T66
Drug poisonings or other complications	T66.XXXA
Drug poisonings or other complications	T66.XXXD
Drug poisonings or other complications	T66.XXXS
Drug poisonings or other complications	T80.81
Drug poisonings or other complications	T80.810
Drug poisonings or other complications	T80.810A
Drug poisonings or other complications	T80.810D
Drug poisonings or other complications	T80.810S
Drug poisonings or other complications	T80.818
Drug poisonings or other complications	T80.818A
Drug poisonings or other complications	T80.818D
Drug poisonings or other complications	T80.818S
Drug poisonings or other complications	T80.82
Drug poisonings or other complications	T80.82XA
Drug poisonings or other complications	T80.82XD

Drug poisonings or other complications	T80.82XS
Drug poisonings or other complications	T86.0
Drug poisonings or other complications	T86.00
Drug poisonings or other complications	T86.01
Drug poisonings or other complications	T86.02
Drug poisonings or other complications	T86.03
Drug poisonings or other complications	T86.09
Drug poisonings or other complications	Y63.2
Encounter for screening for malignant neoplasms	Y84.2
Encounter for screening for malignant neoplasms	Z08
Encounter for prophylactic surgery	Z40
Encounter for prophylactic surgery	Z40.0
Encounter for prophylactic surgery	Z40.00
Encounter for prophylactic surgery	Z40.01
Encounter for prophylactic surgery	Z40.02
Encounter for prophylactic surgery	Z40.03
Encounter for prophylactic surgery	Z40.09
Encounter for prophylactic surgery	Z40.8
Encounter for prophylactic surgery	Z40.9
Encounter for prophylactic surgery	Z42.1
Encounter for aftercare	Z48.290
Encounter for aftercare	Z48.3
Encounter for neoplastic treatment	Z51.0
Encounter for neoplastic treatment	Z51.1
Encounter for neoplastic treatment	Z51.11
Encounter for neoplastic treatment	Z51.12
Encounter for neoplastic treatment	Z51.5
Encounter for neoplastic treatment	Z51.89
Long term use cancer related therapy	Z79.63
Long term use cancer related therapy	Z79.630
Long term use cancer related therapy	Z79.631

Long term use cancer related therapy	Z79.632
Long term use cancer related therapy	Z79.633
Long term use cancer related therapy	Z79.634
Long term use cancer related therapy	Z79.64
Long term use estrogen therapy	Z79.81
Long term use estrogen therapy	Z79.810
Long term use estrogen therapy	Z79.811
Long term use estrogen therapy	Z79.818
Personal history of malignant neoplasm	Z85
Personal history of malignant neoplasm	Z85.0
Personal history of malignant neoplasm	Z85.00
Personal history of malignant neoplasm	Z85.01
Personal history of malignant neoplasm	Z85.02
Personal history of malignant neoplasm	Z85.020
Personal history of malignant neoplasm	Z85.028
Personal history of malignant neoplasm	Z85.03
Personal history of malignant neoplasm	Z85.030
Personal history of malignant neoplasm	Z85.038
Personal history of malignant neoplasm	Z85.04
Personal history of malignant neoplasm	Z85.040
Personal history of malignant neoplasm	Z85.048

Personal history of malignant neoplasm	Z85.05
Personal history of malignant neoplasm	Z85.06
Personal history of malignant neoplasm	Z85.060
Personal history of malignant neoplasm	Z85.068
Personal history of malignant neoplasm	Z85.07
Personal history of malignant neoplasm	Z85.09
Personal history of malignant neoplasm	Z85.1
Personal history of malignant neoplasm	Z85.11
Personal history of malignant neoplasm	Z85.110
Personal history of malignant neoplasm	Z85.118
Personal history of malignant neoplasm	Z85.12
Personal history of malignant neoplasm	Z85.2
Personal history of malignant neoplasm	Z85.20
Personal history of malignant neoplasm	Z85.21
Personal history of malignant neoplasm	Z85.22
Personal history of malignant neoplasm	Z85.23
Personal history of malignant neoplasm	Z85.230

Personal history of malignant neoplasm	Z85.238
Personal history of malignant neoplasm	Z85.29
Personal history of malignant neoplasm	Z85.3
Personal history of malignant neoplasm	Z85.4
Personal history of malignant neoplasm	Z85.40
Personal history of malignant neoplasm	Z85.41
Personal history of malignant neoplasm	Z85.42
Personal history of malignant neoplasm	Z85.43
Personal history of malignant neoplasm	Z85.44
Personal history of malignant neoplasm	Z85.45
Personal history of malignant neoplasm	Z85.46
Personal history of malignant neoplasm	Z85.47
Personal history of malignant neoplasm	Z85.48
Personal history of malignant neoplasm	Z85.49
Personal history of malignant neoplasm	Z85.5
Personal history of malignant neoplasm	Z85.50
Personal history of malignant neoplasm	Z85.51

Personal history of malignant neoplasm	Z85.52
Personal history of malignant neoplasm	Z85.520
Personal history of malignant neoplasm	Z85.528
Personal history of malignant neoplasm	Z85.53
Personal history of malignant neoplasm	Z85.54
Personal history of malignant neoplasm	Z85.59
Personal history of malignant neoplasm	Z85.6
Personal history of malignant neoplasm	Z85.7
Personal history of malignant neoplasm	Z85.71
Personal history of malignant neoplasm	Z85.72
Personal history of malignant neoplasm	Z85.79
Personal history of malignant neoplasm	Z85.8
Personal history of malignant neoplasm	Z85.81
Personal history of malignant neoplasm	Z85.810
Personal history of malignant neoplasm	Z85.818
Personal history of malignant neoplasm	Z85.819
Personal history of malignant neoplasm	Z85.82

Personal history of malignant neoplasm	Z85.820
Personal history of malignant neoplasm	Z85.821
Personal history of malignant neoplasm	Z85.828
Personal history of malignant neoplasm	Z85.83
Personal history of malignant neoplasm	Z85.830
Personal history of malignant neoplasm	Z85.831
Personal history of malignant neoplasm	Z85.84
Personal history of malignant neoplasm	Z85.840
Personal history of malignant neoplasm	Z85.841
Personal history of malignant neoplasm	Z85.848
Personal history of malignant neoplasm	Z85.85
Personal history of malignant neoplasm	Z85.850
Personal history of malignant neoplasm	Z85.858
Personal history of malignant neoplasm	Z85.89
Personal history of malignant neoplasm	Z85.9
Personal history of in situ, benign, uncertain neoplasm	Z86.00
Personal history of in situ, benign, uncertain neoplasm	Z86.000

Personal history of in situ, benign, uncertain neoplasm	Z86.001
Personal history of in situ, benign, uncertain neoplasm	Z86.002
Personal history of in situ, benign, uncertain neoplasm	Z86.003
Personal history of in situ, benign, uncertain neoplasm	Z86.004
Personal history of in situ, benign, uncertain neoplasm	Z86.005
Personal history of in situ, benign, uncertain neoplasm	Z86.006
Personal history of in situ, benign, uncertain neoplasm	Z86.007
Personal history of in situ, benign, uncertain neoplasm	Z86.008
Personal history of in situ, benign, uncertain neoplasm	Z86.010
Personal history of in situ, benign, uncertain neoplasm	Z86.011
Personal history of in situ, benign, uncertain neoplasm	Z86.012
Personal history of neoplasm treatment	Z92.21
Personal history of neoplasm treatment	Z92.23
Personal history of neoplasm treatment	Z92.25
Personal history of neoplasm treatment	Z92.26
Personal history of neoplasm treatment	Z92.3
Personal history of neoplasm treatment	Z92.850

Bone marrow and stem cell transplant status	Z94.81
Bone marrow and stem cell transplant status	Z94.84

entially reportable tumors to the Florida Cancer Data System (FCDS). Please note that some ICD-10- could be reviewed and evaluated individually to determine its reportability. The nationwide ober 1, 2024.

ICD-10-CM Code Definition (FY 2025)
Malignant neoplasm of lip
Malignant neoplasm of external upper lip
Malignant neoplasm of external lower lip
Malignant neoplasm of external lip, unspecified
Malignant neoplasm of upper lip, inner aspect
Malignant neoplasm of lower lip, inner aspect
Malignant neoplasm of lip, unspecified, inner aspect
Malignant neoplasm of commissure of lip, unspecified
Malignant neoplasm of overlapping sites of lip
Malignant neoplasm of lip, unspecified
Malignant neoplasm of base of tongue
Malignant neoplasm of other and unspecified parts of tongue
Malignant neoplasm of dorsal surface of tongue
Malignant neoplasm of border of tongue
Malignant neoplasm of ventral surface of tongue
Malignant neoplasm of anterior two-thirds of tongue, part unspecified
Malignant neoplasm of lingual tonsil
Malignant neoplasm of overlapping sites of tongue
Malignant neoplasm of tongue, unspecified
Malignant neoplasm of gum
Malignant neoplasm of upper gum
Malignant neoplasm of lower gum
Malignant neoplasm of gum, unspecified
Malignant neoplasm of floor of mouth
Malignant neoplasm of anterior floor of mouth

Malignant neoplasm of lateral floor of mouth
Malignant neoplasm of overlapping sites of floor of mouth
Malignant neoplasm of floor of mouth, unspecified
Malignant neoplasm of palate
Malignant neoplasm of hard palate
Malignant neoplasm of soft palate
Malignant neoplasm of uvula
Malignant neoplasm of overlapping sites of palate
Malignant neoplasm of palate, unspecified
Malignant neoplasm of other and unspecified parts of mouth
Malignant neoplasm of cheek mucosa
Malignant neoplasm of vestibule of mouth
Malignant neoplasm of retromolar area
Malignant neoplasm of overlapping sites of other and unspecified parts of mouth
Malignant neoplasm of overlapping sites of unspecified parts of mouth
Malignant neoplasm of overlapping sites of other parts of mouth
Malignant neoplasm of mouth, unspecified
Malignant neoplasm of parotid gland
Malignant neoplasm of other and unspecified major salivary glands
Malignant neoplasm of submandibular gland
Malignant neoplasm of sublingual gland
Malignant neoplasm of major salivary gland, unspecified
Malignant neoplasm of tonsil
Malignant neoplasm of tonsillar fossa
Malignant neoplasm of tonsillar pillar (anterior) (posterior)
Malignant neoplasm of overlapping sites of tonsil
Malignant neoplasm of tonsil, unspecified
Malignant neoplasm of oropharynx
Malignant neoplasm of vallecula
Malignant neoplasm of anterior surface of epiglottis
Malignant neoplasm of lateral wall of oropharynx
Malignant neoplasm of posterior wall of oropharynx
Malignant neoplasm of branchial cleft
Malignant neoplasm of overlapping sites of oropharynx

Malignant neoplasm of oropharynx, unspecified
Malignant neoplasm of nasopharynx
Malignant neoplasm of superior wall of nasopharynx
Malignant neoplasm of posterior wall of nasopharynx
Malignant neoplasm of lateral wall of nasopharynx
Malignant neoplasm of anterior wall of nasopharynx
Malignant neoplasm of overlapping sites of nasopharynx
Malignant neoplasm of nasopharynx, unspecified
Malignant neoplasm of pyriform sinus
Malignant neoplasm of hypopharynx
Malignant neoplasm of postcricoid region
Malignant neoplasm of aryepiglottic fold, hypopharyngeal aspect
Malignant neoplasm of posterior wall of hypopharynx
Malignant neoplasm of overlapping sites of hypopharynx
Malignant neoplasm of hypopharynx, unspecified
Malignant neoplasm of other and ill-defined sites in the lip, oral cavity and pharynx
Malignant neoplasm of pharynx, unspecified
Malignant neoplasm of Waldeyer' s ring
Malignant neoplasm of overlapping sites of lip, oral cavity and pharynx
Malignant neoplasm of esophagus
Malignant neoplasm of upper third of esophagus
Malignant neoplasm of middle third of esophagus
Malignant neoplasm of lower third of esophagus
Malignant neoplasm of overlapping sites of esophagus
Malignant neoplasm of esophagus, unspecified
Malignant neoplasm of stomach
Malignant neoplasm of cardia
Malignant neoplasm of fundus of stomach
Malignant neoplasm of body of stomach
Malignant neoplasm of pyloric antrum
Malignant neoplasm of pylorus
Malignant neoplasm of lesser curvature of stomach, unspecified
Malignant neoplasm of greater curvature of stomach, unspecified
Malignant neoplasm of overlapping sites of stomach

Malignant neoplasm of stomach, unspecified
Malignant neoplasm of small intestine
Malignant neoplasm of duodenum
Malignant neoplasm of jejunum
Malignant neoplasm of ileum
Meckel's diverticulum, malignant
Malignant neoplasm of overlapping sites of small intestine
Malignant neoplasm of small intestine, unspecified
Malignant neoplasm of colon
Malignant neoplasm of cecum
Malignant neoplasm of appendix
Malignant neoplasm of ascending colon
Malignant neoplasm of hepatic flexure
Malignant neoplasm of transverse colon
Malignant neoplasm of splenic flexure
Malignant neoplasm of descending colon
Malignant neoplasm of sigmoid colon
Malignant neoplasm of overlapping sites of colon
Malignant neoplasm of colon, unspecified
Malignant neoplasm of rectosigmoid junction
Malignant neoplasm of rectum
Malignant neoplasm of anus and anal canal
Malignant neoplasm of anus, unspecified
Malignant neoplasm of anal canal
Malignant neoplasm of cloacogenic zone
Malignant neoplasm of overlapping sites of rectum, anus and anal canal
Malignant neoplasm of liver and intrahepatic bile ducts
Liver cell carcinoma
Intrahepatic bile duct carcinoma
Hepatoblastoma
Angiosarcoma of liver
Other sarcomas of liver
Other specified carcinomas of liver
Malignant neoplasm of liver, primary, unspecified as to type

Malignant neoplasm of liver, not specified as primary or secondary
Malignant neoplasm of gallbladder
Malignant neoplasm of other and unspecified parts of biliary tract
Malignant neoplasm of extrahepatic bile duct
Malignant neoplasm of ampulla of Vater
Malignant neoplasm of overlapping sites of biliary tract
Malignant neoplasm of biliary tract, unspecified
Malignant neoplasm of pancreas
Malignant neoplasm of head of pancreas
Malignant neoplasm of body of pancreas
Malignant neoplasm of tail of pancreas
Malignant neoplasm of pancreatic duct
Malignant neoplasm of endocrine pancreas
Malignant neoplasm of other parts of pancreas
Malignant neoplasm of overlapping sites of pancreas
Malignant neoplasm of pancreas, unspecified
Malignant neoplasm of other and ill-defined digestive organs
Malignant neoplasm of intestinal tract, part unspecified
Malignant neoplasm of spleen
Malignant neoplasm of ill-defined sites within the digestive system
Malignant neoplasm of nasal cavity and middle ear
Malignant neoplasm of nasal cavity
Malignant neoplasm of middle ear
Malignant neoplasm of accessory sinuses
Malignant neoplasm of maxillary sinus
Malignant neoplasm of ethmoidal sinus
Malignant neoplasm of frontal sinus
Malignant neoplasm of sphenoid sinus
Malignant neoplasm of overlapping sites of accessory sinuses
Malignant neoplasm of accessory sinus, unspecified
Malignant neoplasm of larynx
Malignant neoplasm of glottis
Malignant neoplasm of supraglottis
Malignant neoplasm of subglottis

Malignant neoplasm of laryngeal cartilage
Malignant neoplasm of overlapping sites of larynx
Malignant neoplasm of larynx, unspecified
Malignant neoplasm of trachea
Malignant neoplasm of bronchus and lung
Malignant neoplasm of main bronchus
Malignant neoplasm of unspecified main bronchus
Malignant neoplasm of right main bronchus
Malignant neoplasm of left main bronchus
Malignant neoplasm of upper lobe, bronchus or lung
Malignant neoplasm of upper lobe, unspecified bronchus or lung
Malignant neoplasm of upper lobe, right bronchus or lung
Malignant neoplasm of upper lobe, left bronchus or lung
Malignant neoplasm of middle lobe, bronchus or lung
Malignant neoplasm of lower lobe, bronchus or lung
Malignant neoplasm of lower lobe, unspecified bronchus or lung
Malignant neoplasm of lower lobe, right bronchus or lung
Malignant neoplasm of lower lobe, left bronchus or lung
Malignant neoplasm of overlapping sites of bronchus and lung
Malignant neoplasm of overlapping sites of unspecified bronchus and lung
Malignant neoplasm of overlapping sites of right bronchus and lung
Malignant neoplasm of overlapping sites of left bronchus and lung
Malignant neoplasm of unspecified part of bronchus or lung
Malignant neoplasm of unspecified part of unspecified bronchus or lung
Malignant neoplasm of unspecified part of right bronchus or lung
Malignant neoplasm of unspecified part of left bronchus or lung
Malignant neoplasm of thymus
Malignant neoplasm of heart, mediastinum and pleura
Malignant neoplasm of heart
Malignant neoplasm of anterior mediastinum
Malignant neoplasm of posterior mediastinum
Malignant neoplasm of mediastinum, part unspecified
Malignant neoplasm of pleura
Malignant neoplasm of overlapping sites of heart, mediastinum and pleura

Malignant neoplasm of other and ill-defined sites in the respiratory system and intrathoracic organs
Malignant neoplasm of upper respiratory tract, part unspecified
Malignant neoplasm of lower respiratory tract, part unspecified
Malignant neoplasm of bone and articular cartilage of limbs
Malignant neoplasm of scapula and long bones of upper limb
Malignant neoplasm of scapula and long bones of unspecified upper limb
Malignant neoplasm of scapula and long bones of right upper limb
Malignant neoplasm of scapula and long bones of left upper limb
Malignant neoplasm of short bones of upper limb
Malignant neoplasm of short bones of unspecified upper limb
Malignant neoplasm of short bones of right upper limb
Malignant neoplasm of short bones of left upper limb
Malignant neoplasm of long bones of lower limb
Malignant neoplasm of long bones of unspecified lower limb
Malignant neoplasm of long bones of right lower limb
Malignant neoplasm of long bones of left lower limb
Malignant neoplasm of short bones of lower limb
Malignant neoplasm of short bones of unspecified lower limb
Malignant neoplasm of short bones of right lower limb
Malignant neoplasm of short bones of left lower limb
Malignant neoplasm of overlapping sites of bone and articular cartilage of limb
Malignant neoplasm of overlapping sites of bone and articular cartilage of unspecified limb
Malignant neoplasm of overlapping sites of bone and articular cartilage of right limb
Malignant neoplasm of overlapping sites of bone and articular cartilage of left limb
Malignant neoplasm of unspecified bones and articular cartilage of limb
Malignant neoplasm of unspecified bones and articular cartilage of unspecified limb
Malignant neoplasm of unspecified bones and articular cartilage of right limb
Malignant neoplasm of unspecified bones and articular cartilage of left limb
Malignant neoplasm of bone and articular cartilage of other and unspecified sites
Malignant neoplasm of bones of skull and face
Malignant neoplasm of mandible
Malignant neoplasm of vertebral column

Malignant neoplasm of ribs, sternum and clavicle
Malignant neoplasm of pelvic bones, sacrum and coccyx
Malignant neoplasm of bone and articular cartilage, unspecified
Malignant melanoma of skin
Malignant melanoma of lip
Malignant melanoma of eyelid, including canthus
Malignant melanoma of unspecified eyelid, including canthus
Malignant melanoma of right eyelid, including canthus
Malignant melanoma of right upper eyelid, including canthus
Malignant melanoma of right lower eyelid, including canthus
Malignant melanoma of left eyelid, including canthus
Malignant melanoma of left upper eyelid, including canthus
Malignant melanoma of left lower eyelid, including canthus
Malignant melanoma of ear and external auricular canal
Malignant melanoma of unspecified ear and external auricular canal
Malignant melanoma of right ear and external auricular canal
Malignant melanoma of left ear and external auricular canal
Malignant melanoma of other and unspecified parts of face
Malignant melanoma of unspecified part of face
Malignant melanoma of nose
Malignant melanoma of other parts of face
Malignant melanoma of scalp and neck
Malignant melanoma of trunk
Malignant melanoma of anal skin
Malignant melanoma of skin of breast
Malignant melanoma of other part of trunk
Malignant melanoma of upper limb, including shoulder
Malignant melanoma of unspecified upper limb, including shoulder
Malignant melanoma of right upper limb, including shoulder
Malignant melanoma of left upper limb, including shoulder
Malignant melanoma of lower limb, including hip
Malignant melanoma of unspecified lower limb, including hip
Malignant melanoma of right lower limb, including hip
Malignant melanoma of left lower limb, including hip

Malignant melanoma of overlapping sites of skin
Malignant melanoma of skin, unspecified
Unspecified malignant neoplasm of skin of lip
Other specified malignant neoplasm of skin of lip
Unspecified malignant neoplasm of skin of eyelid, including canthus
Unspecified malignant neoplasm of skin of unspecified eyelid, including canthus
Unspecified malignant neoplasm of skin of right eyelid, including canthus
Unspecified malignant neoplasm of skin of right upper eyelid, including canthus
Unspecified malignant neoplasm of skin of right lower eyelid, including canthus
Unspecified malignant neoplasm of skin of left eyelid, including canthus
Unspecified malignant neoplasm of skin of left upper eyelid, including canthus
Unspecified malignant neoplasm of skin of left lower eyelid, including canthus
Sebaceous cell carcinoma of skin of eyelid, including canthus
Sebaceous cell carcinoma of skin of unspecified eyelid, including canthus
Sebaceous cell carcinoma of skin of right eyelid, including canthus
Sebaceous cell carcinoma of skin of right upper eyelid, including canthus
Sebaceous cell carcinoma of skin of right lower eyelid, including canthus
Sebaceous cell carcinoma of skin of left eyelid, including canthus
Sebaceous cell carcinoma of skin of left upper eyelid, including canthus
Sebaceous cell carcinoma of skin of left lower eyelid, including canthus
Other specified malignant neoplasm of skin of eyelid, including canthus
Other specified malignant neoplasm of skin of unspecified eyelid, including canthus
Other specified malignant neoplasm of skin of right eyelid, including canthus
Other specified malignant neoplasm of skin of right upper eyelid, including canthus
Other specified malignant neoplasm of skin of right lower eyelid, including canthus
Other specified malignant neoplasm of skin of left eyelid, including canthus
Other specified malignant neoplasm of skin of left upper eyelid, including canthus
Other specified malignant neoplasm of skin of left upper eyelid, including canthus
Unspecified malignant neoplasm of skin of ear and external auricular canal
Unspecified malignant neoplasm of skin of unspecified ear and external auricular canal
Unspecified malignant neoplasm of skin of right ear and external auricular canal
Unspecified malignant neoplasm of skin of left ear and external auricular canal
Other specified malignant neoplasm of skin of ear and external auricular canal

Other specified malignant neoplasm of skin of unspecified ear and external auricular canal
Other specified malignant neoplasm of skin of right ear and external auricular canal
Other specified malignant neoplasm of skin of left ear and external auricular canal
Unspecified malignant neoplasm of skin of other and unspecified parts of face
Unspecified malignant neoplasm of skin of unspecified part of face
Unspecified malignant neoplasm of skin of nose
Unspecified malignant neoplasm of skin of other parts of face
Other specified malignant neoplasm of skin of other and unspecified parts of face
Other specified malignant neoplasm of skin of unspecified parts of face
Other specified malignant neoplasm of skin of nose
Other specified malignant neoplasm of skin of other parts of face
Unspecified malignant neoplasm of skin of scalp and neck
Other specified malignant neoplasm of skin of scalp and neck
Unspecified malignant neoplasm of skin of trunk
Unspecified malignant neoplasm of anal skin
Unspecified malignant neoplasm of skin of breast
Unspecified malignant neoplasm of skin of other part of trunk
Other specified malignant neoplasm of skin of trunk
Other specified malignant neoplasm of anal skin
Other specified malignant neoplasm of skin of breast
Other specified malignant neoplasm of skin of other part of trunk
Unspecified malignant neoplasm of skin of upper limb, including shoulder
Unspecified malignant neoplasm of skin of unspecified upper limb, including shoulder
Unspecified malignant neoplasm of skin of right upper limb, including shoulder
Unspecified malignant neoplasm of skin of left upper limb, including shoulder
Other specified malignant neoplasm of skin of upper limb, including shoulder
Other specified malignant neoplasm of skin of unspecified upper limb, including shoulder
Other specified malignant neoplasm of skin of right upper limb, including shoulder
Other specified malignant neoplasm of skin of left upper limb, including shoulder
Unspecified malignant neoplasm of skin of lower limb, including hip
Unspecified malignant neoplasm of skin of unspecified lower limb, including hip
Unspecified malignant neoplasm of skin of right lower limb, including hip

Unspecified malignant neoplasm of skin of left lower limb, including hip
Other specified malignant neoplasm of skin of lower limb, including hip
Other specified malignant neoplasm of skin of unspecified lower limb, including hip
Other specified malignant neoplasm of skin of right lower limb, including hip
Other specified malignant neoplasm of skin of left lower limb, including hip
Unspecified malignant neoplasm of overlapping sites of skin
Other specified malignant neoplasm of overlapping sites of skin
Unspecified malignant neoplasm of skin, unspecified
Other specified malignant neoplasm of skin, unspecified
Mesothelioma
Mesothelioma of pleura
Mesothelioma of peritoneum
Mesothelioma of pericardium
Mesothelioma of other sites
Mesothelioma, unspecified
Kaposi's sarcoma
Kaposi's sarcoma of skin
Kaposi's sarcoma of soft tissue
Kaposi's sarcoma of palate
Kaposi's sarcoma of lymph nodes
Kaposi's sarcoma of gastrointestinal sites
Kaposi's sarcoma of lung
Kaposi's sarcoma of unspecified lung
Kaposi's sarcoma of right lung
Kaposi's sarcoma of left lung
Kaposi's sarcoma of other sites
Kaposi's sarcoma, unspecified
Malignant neoplasm of peripheral nerves and autonomic nervous system
Malignant neoplasm of peripheral nerves of head, face and neck
Malignant neoplasm of peripheral nerves of upper limb, including shoulder
Malignant neoplasm of peripheral nerves of unspecified upper limb, including shoulder
Malignant neoplasm of peripheral nerves of right upper limb, including shoulder
Malignant neoplasm of peripheral nerves of left upper limb, including shoulder
Malignant neoplasm of peripheral nerves of lower limb, including hip

Malignant neoplasm of peripheral nerves of unspecified lower limb, including hip
Malignant neoplasm of peripheral nerves of right lower limb, including hip
Malignant neoplasm of peripheral nerves of left lower limb, including hip
Malignant neoplasm of peripheral nerves of thorax
Malignant neoplasm of peripheral nerves of abdomen
Malignant neoplasm of peripheral nerves of pelvis
Malignant neoplasm of peripheral nerves of trunk, unspecified
Malignant neoplasm of overlapping sites of peripheral nerves and autonomic nervous system
Malignant neoplasm of peripheral nerves and autonomic nervous system, unspecified
Malignant neoplasm of retroperitoneum and peritoneum
Malignant neoplasm of retroperitoneum
Malignant neoplasm of specified parts of peritoneum
Malignant neoplasm of peritoneum, unspecified
Malignant neoplasm of overlapping sites of retroperitoneum and peritoneum
Malignant neoplasm of other connective and soft tissue
Malignant neoplasm of connective and soft tissue of head, face and neck
Malignant neoplasm of connective and soft tissue of upper limb, including shoulder
Malignant neoplasm of connective and soft tissue of unspecified upper limb, including shoulder
Malignant neoplasm of connective and soft tissue of right upper limb, including shoulder
Malignant neoplasm of connective and soft tissue of left upper limb, including shoulder
Malignant neoplasm of connective and soft tissue of lower limb, including hip
Malignant neoplasm of connective and soft tissue of unspecified lower limb, including hip
Malignant neoplasm of connective and soft tissue of right lower limb, including hip
Malignant neoplasm of connective and soft tissue of left lower limb, including hip
Malignant neoplasm of connective and soft tissue of thorax
Malignant neoplasm of connective and soft tissue of abdomen
Malignant neoplasm of connective and soft tissue of pelvis
Malignant neoplasm of connective and soft tissue of trunk, unspecified
Malignant neoplasm of overlapping sites of connective and soft tissue
Malignant neoplasm of connective and soft tissue, unspecified
Gastrointestinal stromal tumor

Gastrointestinal stromal tumor, unspecified site
Gastrointestinal stromal tumor, of esophagus
Gastrointestinal stromal tumor, of stomach
Gastrointestinal stromal tumor, of small intestine
Gastrointestinal stromal tumor, of large intestine
Gastrointestinal stromal tumor, of rectum
Gastrointestinal stromal tumor, of other sites
Merkel cell carcinoma
Merkel cell carcinoma of lip
Merkel cell carcinoma of eyelid, including canthus
Merkel cell carcinoma of unspecified eyelid, including canthus
Merkel cell carcinoma of right eyelid, including canthus
Merkel cell carcinoma of right upper eyelid, including canthus
Merkel cell carcinoma of right lower eyelid, including canthus
Merkel cell carcinoma of left eyelid, including canthus
Merkel cell carcinoma of left upper eyelid, including canthus
Merkel cell carcinoma of left lower eyelid, including canthus
Merkel cell carcinoma of ear and external auricular canal
Merkel cell carcinoma of unspecified ear and external auricular canal
Merkel cell carcinoma of right ear and external auricular canal
Merkel cell carcinoma of left ear and external auricular canal
Merkel cell carcinoma of other and unspecified parts of face
Merkel cell carcinoma of unspecified part of face
Merkel cell carcinoma of nose
Merkel cell carcinoma of other parts of face
Merkel cell carcinoma of scalp and neck
Merkel cell carcinoma of trunk
Merkel cell carcinoma of anal skin
Merkel cell carcinoma of skin of breast
Merkel cell carcinoma of other part of trunk
Merkel cell carcinoma of upper limb, including shoulder
Merkel cell carcinoma of unspecified upper limb, including shoulder
Merkel cell carcinoma of right upper limb, including shoulder
Merkel cell carcinoma of left upper limb, including shoulder

Merkel cell carcinoma of lower limb, including hip
Merkel cell carcinoma of unspecified lower limb, including hip
Merkel cell carcinoma of right lower limb, including hip
Merkel cell carcinoma of left lower limb, including hip
Merkel cell carcinoma of overlapping sites
Merkel cell carcinoma, unspecified
Malignant neoplasm of breast
Malignant neoplasm of nipple and areola
Malignant neoplasm of nipple and areola, female
Malignant neoplasm of nipple and areola, right female breast
Malignant neoplasm of nipple and areola, left female breast
Malignant neoplasm of nipple and areola, unspecified female breast
Malignant neoplasm of nipple and areola, male
Malignant neoplasm of nipple and areola, right male breast
Malignant neoplasm of nipple and areola, left male breast
Malignant neoplasm of nipple and areola, unspecified male breast
Malignant neoplasm of central portion of breast
Malignant neoplasm of central portion of breast, female
Malignant neoplasm of central portion of right female breast
Malignant neoplasm of central portion of left female breast
Malignant neoplasm of central portion of unspecified female breast
Malignant neoplasm of central portion of breast, male
Malignant neoplasm of central portion of right male breast
Malignant neoplasm of central portion of left male breast
Malignant neoplasm of central portion of unspecified male breast
Malignant neoplasm of upper-inner quadrant of breast
Malignant neoplasm of upper-inner quadrant of breast, female
Malignant neoplasm of upper-inner quadrant of right female breast
Malignant neoplasm of upper-inner quadrant of left female breast
Malignant neoplasm of upper-inner quadrant of unspecified female breast
Malignant neoplasm of upper-inner quadrant of breast, male
Malignant neoplasm of upper-inner quadrant of right male breast
Malignant neoplasm of upper-inner quadrant of left male breast
Malignant neoplasm of upper-inner quadrant of unspecified male breast

Malignant neoplasm of lower-inner quadrant of breast
Malignant neoplasm of lower-inner quadrant of breast, female
Malignant neoplasm of lower-inner quadrant of right female breast
Malignant neoplasm of lower-inner quadrant of left female breast
Malignant neoplasm of lower-inner quadrant of unspecified female breast
Malignant neoplasm of lower-inner quadrant of breast, male
Malignant neoplasm of lower-inner quadrant of right male breast
Malignant neoplasm of lower-inner quadrant of left male breast
Malignant neoplasm of lower-inner quadrant of unspecified male breast
Malignant neoplasm of upper-outer quadrant of breast
Malignant neoplasm of upper-outer quadrant of breast, female
Malignant neoplasm of upper-outer quadrant of right female breast
Malignant neoplasm of upper-outer quadrant of left female breast
Malignant neoplasm of upper-outer quadrant of unspecified female breast
Malignant neoplasm of upper-outer quadrant of breast, male
Malignant neoplasm of upper-outer quadrant of right male breast
Malignant neoplasm of upper-outer quadrant of left male breast
Malignant neoplasm of upper-outer quadrant of unspecified male breast
Malignant neoplasm of lower-outer quadrant of breast
Malignant neoplasm of lower-outer quadrant of breast, female
Malignant neoplasm of lower-outer quadrant of right female breast
Malignant neoplasm of lower-outer quadrant of left female breast
Malignant neoplasm of lower-outer quadrant of unspecified female breast
Malignant neoplasm of lower-outer quadrant of breast, male
Malignant neoplasm of lower-outer quadrant of right male breast
Malignant neoplasm of lower-outer quadrant of left male breast
Malignant neoplasm of lower-outer quadrant of unspecified male breast
Malignant neoplasm of axillary tail of breast
Malignant neoplasm of axillary tail of breast, female
Malignant neoplasm of axillary tail of right female breast
Malignant neoplasm of axillary tail of left female breast
Malignant neoplasm of axillary tail of unspecified female breast
Malignant neoplasm of axillary tail of breast, male
Malignant neoplasm of axillary tail of right male breast

Malignant neoplasm of axillary tail of left male breast
Malignant neoplasm of axillary tail of unspecified male breast
Malignant neoplasm of overlapping sites of breast
Malignant neoplasm of overlapping sites of breast, female
Malignant neoplasm of overlapping sites of right female breast
Malignant neoplasm of overlapping sites of left female breast
Malignant neoplasm of overlapping sites of unspecified female breast
Malignant neoplasm of overlapping sites of breast, male
Malignant neoplasm of overlapping sites of right male breast
Malignant neoplasm of overlapping sites of left male breast
Malignant neoplasm of overlapping sites of unspecified male breast
Malignant neoplasm of breast of unspecified site
Malignant neoplasm of breast of unspecified site, female
Malignant neoplasm of unspecified site of right female breast
Malignant neoplasm of unspecified site of left female breast
Malignant neoplasm of unspecified site of unspecified female breast
Malignant neoplasm of breast of unspecified site, male
Malignant neoplasm of unspecified site of right male breast
Malignant neoplasm of unspecified site of left male breast
Malignant neoplasm of unspecified site of unspecified male breast
Malignant neoplasm of vulva
Malignant neoplasm of labium majus
Malignant neoplasm of labium minus
Malignant neoplasm of clitoris
Malignant neoplasm of overlapping sites of vulva
Malignant neoplasm of vulva, unspecified
Malignant neoplasm of vagina
Malignant neoplasm of cervix uteri
Malignant neoplasm of endocervix
Malignant neoplasm of exocervix
Malignant neoplasm of overlapping sites of cervix uteri
Malignant neoplasm of cervix uteri, unspecified
Malignant neoplasm of corpus uteri
Malignant neoplasm of isthmus uteri

Malignant neoplasm of endometrium
Malignant neoplasm of myometrium
Malignant neoplasm of fundus uteri
Malignant neoplasm of overlapping sites of corpus uteri
Malignant neoplasm of corpus uteri, unspecified
Malignant neoplasm of uterus, part unspecified
Malignant neoplasm of ovary
Malignant neoplasm of right ovary
Malignant neoplasm of left ovary
Malignant neoplasm of bilateral ovaries
Malignant neoplasm of unspecified ovary
Malignant neoplasm of other and unspecified female genital organs
Malignant neoplasm of fallopian tube
Malignant neoplasm of unspecified fallopian tube
Malignant neoplasm of right fallopian tube
Malignant neoplasm of left fallopian tube
Malignant neoplasm of broad ligament
Malignant neoplasm of unspecified broad ligament
Malignant neoplasm of right broad ligament
Malignant neoplasm of left broad ligament
Malignant neoplasm of round ligament
Malignant neoplasm of unspecified round ligament
Malignant neoplasm of right round ligament
Malignant neoplasm of left round ligament
Malignant neoplasm of parametrium
Malignant neoplasm of uterine adnexa, unspecified
Malignant neoplasm of other specified female genital organs
Malignant neoplasm of overlapping sites of female genital organs
Malignant neoplasm of female genital organ, unspecified
Malignant neoplasm of placenta
Malignant neoplasm of penis
Malignant neoplasm of prepuce
Malignant neoplasm of glans penis
Malignant neoplasm of body of penis

Malignant neoplasm of overlapping sites of penis
Malignant neoplasm of penis, unspecified
Malignant neoplasm of prostate
Malignant neoplasm of testis
Malignant neoplasm of undescended testis
Malignant neoplasm of unspecified undescended testis
Malignant neoplasm of undescended right testis
Malignant neoplasm of undescended left testis
Malignant neoplasm of descended testis
Malignant neoplasm of unspecified descended testis
Malignant neoplasm of descended right testis
Malignant neoplasm of descended left testis
Malignant neoplasm of testis, unspecified whether descended or undescended
Malignant neoplasm of unspecified testis, unspecified whether descended or undescended
Malignant neoplasm of right testis, unspecified whether descended or undescended
Malignant neoplasm of left testis, unspecified whether descended or undescended
Malignant neoplasm of other and unspecified male genital organs
Malignant neoplasm of epididymis
Malignant neoplasm of unspecified epididymis
Malignant neoplasm of right epididymis
Malignant neoplasm of left epididymis
Malignant neoplasm of spermatic cord
Malignant neoplasm of unspecified spermatic cord
Malignant neoplasm of right spermatic cord
Malignant neoplasm of left spermatic cord
Malignant neoplasm of scrotum
Malignant neoplasm of other specified male genital organs
Malignant neoplasm of overlapping sites of male genital organs
Malignant neoplasm of male genital organ, unspecified
Malignant neoplasm of kidney, except renal pelvis
Malignant neoplasm of right kidney, except renal pelvis
Malignant neoplasm of left kidney, except renal pelvis
Malignant neoplasm of unspecified kidney, except renal pelvis

Malignant neoplasm of renal pelvis
Malignant neoplasm of right renal pelvis
Malignant neoplasm of left renal pelvis
Malignant neoplasm of unspecified renal pelvis
Malignant neoplasm of ureter
Malignant neoplasm of right ureter
Malignant neoplasm of left ureter
Malignant neoplasm of unspecified ureter
Malignant neoplasm of bladder
Malignant neoplasm of trigone of bladder
Malignant neoplasm of dome of bladder
Malignant neoplasm of lateral wall of bladder
Malignant neoplasm of anterior wall of bladder
Malignant neoplasm of posterior wall of bladder
Malignant neoplasm of bladder neck
Malignant neoplasm of ureteric orifice
Malignant neoplasm of urachus
Malignant neoplasm of overlapping sites of bladder
Malignant neoplasm of bladder, unspecified
Malignant neoplasm of other and unspecified urinary organs
Malignant neoplasm of urethra
Malignant neoplasm of paraurethral glands
Malignant neoplasm of overlapping sites of urinary organs
Malignant neoplasm of urinary organ, unspecified
Malignant neoplasm of eye and adnexa
Malignant neoplasm of conjunctiva
Malignant neoplasm of unspecified conjunctiva
Malignant neoplasm of right conjunctiva
Malignant neoplasm of left conjunctiva
Malignant neoplasm of cornea
Malignant neoplasm of unspecified cornea
Malignant neoplasm of right cornea
Malignant neoplasm of left cornea
Malignant neoplasm of retina

Malignant neoplasm of unspecified retina
Malignant neoplasm of right retina
Malignant neoplasm of left retina
Malignant neoplasm of choroid
Malignant neoplasm of unspecified choroid
Malignant neoplasm of right choroid
Malignant neoplasm of left choroid
Malignant neoplasm of ciliary body
Malignant neoplasm of unspecified ciliary body
Malignant neoplasm of right ciliary body
Malignant neoplasm of left ciliary body
Malignant neoplasm of lacrimal gland and duct
Malignant neoplasm of unspecified lacrimal gland and duct
Malignant neoplasm of right lacrimal gland and duct
Malignant neoplasm of left lacrimal gland and duct
Malignant neoplasm of orbit
Malignant neoplasm of unspecified orbit
Malignant neoplasm of right orbit
Malignant neoplasm of left orbit
Malignant neoplasm of overlapping sites of eye and adnexa
Malignant neoplasm of overlapping sites of unspecified eye and adnexa
Malignant neoplasm of overlapping sites of right eye and adnexa
Malignant neoplasm of overlapping sites of left eye and adnexa
Malignant neoplasm of unspecified site of eye
Malignant neoplasm of unspecified site of unspecified eye
Malignant neoplasm of unspecified site of right eye
Malignant neoplasm of unspecified site of left eye
Malignant neoplasm of meninges
Malignant neoplasm of cerebral meninges
Malignant neoplasm of spinal meninges
Malignant neoplasm of meninges, unspecified
Malignant neoplasm of brain
Malignant neoplasm of cerebrum, except lobes and ventricles
Malignant neoplasm of frontal lobe

Malignant neoplasm of temporal lobe
Malignant neoplasm of parietal lobe
Malignant neoplasm of occipital lobe
Malignant neoplasm of cerebral ventricle
Malignant neoplasm of cerebellum
Malignant neoplasm of brain stem
Malignant neoplasm of overlapping sites of brain
Malignant neoplasm of brain, unspecified
Malignant neoplasm of spinal cord, cranial nerves and other parts of central nervous system
Malignant neoplasm of spinal cord
Malignant neoplasm of cauda equina
Malignant neoplasm of olfactory nerve
Malignant neoplasm of unspecified olfactory nerve
Malignant neoplasm of right olfactory nerve
Malignant neoplasm of left olfactory nerve
Malignant neoplasm of optic nerve
Malignant neoplasm of unspecified optic nerve
Malignant neoplasm of right optic nerve
Malignant neoplasm of left optic nerve
Malignant neoplasm of acoustic nerve
Malignant neoplasm of unspecified acoustic nerve
Malignant neoplasm of right acoustic nerve
Malignant neoplasm of left acoustic nerve
Malignant neoplasm of other and unspecified cranial nerves
Malignant neoplasm of unspecified cranial nerve
Malignant neoplasm of other cranial nerves
Malignant neoplasm of central nervous system, unspecified
Malignant neoplasm of thyroid gland
Malignant neoplasm of adrenal gland
Malignant neoplasm of cortex of adrenal gland
Malignant neoplasm of cortex of unspecified adrenal gland
Malignant neoplasm of cortex of right adrenal gland
Malignant neoplasm of cortex of left adrenal gland

Malignant neoplasm of medulla of adrenal gland
Malignant neoplasm of medulla of unspecified adrenal gland
Malignant neoplasm of medulla of right adrenal gland
Malignant neoplasm of medulla of left adrenal gland
Malignant neoplasm of unspecified part of adrenal gland
Malignant neoplasm of unspecified part of unspecified adrenal gland
Malignant neoplasm of unspecified part of right adrenal gland
Malignant neoplasm of unspecified part of left adrenal gland
Malignant neoplasm of other endocrine glands and related structures
Malignant neoplasm of parathyroid gland
Malignant neoplasm of pituitary gland
Malignant neoplasm of craniopharyngeal duct
Malignant neoplasm of pineal gland
Malignant neoplasm of carotid body
Malignant neoplasm of aortic body and other paraganglia
Malignant neoplasm with pluriglandular involvement, unspecified
Malignant neoplasm of endocrine gland, unspecified
Malignant neoplasm of other and ill-defined sites
Malignant neoplasm of head, face and neck
Malignant neoplasm of thorax
Malignant neoplasm of abdomen
Malignant neoplasm of pelvis
Malignant neoplasm of upper limb
Malignant neoplasm of unspecified upper limb
Malignant neoplasm of right upper limb
Malignant neoplasm of left upper limb
Malignant neoplasm of lower limb
Malignant neoplasm of unspecified lower limb
Malignant neoplasm of right lower limb
Malignant neoplasm of left lower limb
Malignant neoplasm of other specified ill-defined sites
Secondary and unspecified malignant neoplasm of lymph nodes
Secondary and unspecified malignant neoplasm of lymph nodes of head, face and neck
Secondary and unspecified malignant neoplasm of intrathoracic lymph nodes

Secondary and unspecified malignant neoplasm of intra-abdominal lymph nodes
Secondary and unspecified malignant neoplasm of axilla and upper limb lymph nodes
Secondary and unspecified malignant neoplasm of inguinal and lower limb lymph nodes
Secondary and unspecified malignant neoplasm of intrapelvic lymph nodes
Secondary and unspecified malignant neoplasm of lymph nodes of multiple regions
Secondary and unspecified malignant neoplasm of lymph node, unspecified
Secondary malignant neoplasm of respiratory and digestive organs
Secondary malignant neoplasm of lung
Secondary malignant neoplasm of unspecified lung
Secondary malignant neoplasm of right lung
Secondary malignant neoplasm of left lung
Secondary malignant neoplasm of mediastinum
Secondary malignant neoplasm of pleura
Secondary malignant neoplasm of other and unspecified respiratory organs
Secondary malignant neoplasm of unspecified respiratory organ
Secondary malignant neoplasm of other respiratory organs
Secondary malignant neoplasm of small intestine
Secondary malignant neoplasm of large intestine and rectum
Secondary malignant neoplasm of retroperitoneum and peritoneum
Secondary malignant neoplasm of liver and intrahepatic bile duct
Secondary malignant neoplasm of other and unspecified digestive organs
Secondary malignant neoplasm of unspecified digestive organ
Secondary malignant neoplasm of other digestive organs
Secondary malignant neoplasm of other and unspecified sites
Secondary malignant neoplasm of kidney and renal pelvis
Secondary malignant neoplasm of unspecified kidney and renal pelvis
Secondary malignant neoplasm of right kidney and renal pelvis
Secondary malignant neoplasm of left kidney and renal pelvis
Secondary malignant neoplasm of bladder and other and unspecified urinary organs
Secondary malignant neoplasm of unspecified urinary organs
Secondary malignant neoplasm of bladder
Secondary malignant neoplasm of other urinary organs
Secondary malignant neoplasm of skin
Secondary malignant neoplasm of brain and cerebral meninges

Secondary malignant neoplasm of brain
Secondary malignant neoplasm of cerebral meninges
Secondary malignant neoplasm of other and unspecified parts of nervous system
Secondary malignant neoplasm of unspecified part of nervous system
Secondary malignant neoplasm of other parts of nervous system
Secondary malignant neoplasm of bone and bone marrow
Secondary malignant neoplasm of bone
Secondary malignant neoplasm of bone marrow
Secondary malignant neoplasm of ovary
Secondary malignant neoplasm of unspecified ovary
Secondary malignant neoplasm of right ovary
Secondary malignant neoplasm of left ovary
Secondary malignant neoplasm of bilateral ovaries
Secondary malignant neoplasm of adrenal gland
Secondary malignant neoplasm of unspecified adrenal gland
Secondary malignant neoplasm of right adrenal gland
Secondary malignant neoplasm of left adrenal gland
Secondary malignant neoplasm of other specified sites
Secondary malignant neoplasm of breast
Secondary malignant neoplasm of genital organs
Secondary malignant neoplasm of other specified sites
Secondary malignant neoplasm of unspecified site
Malignant neuroendocrine tumors
Malignant carcinoid tumors
Malignant carcinoid tumor of unspecified site
Malignant carcinoid tumors of the small intestine
Malignant carcinoid tumor of the duodenum
Malignant carcinoid tumor of the jejunum
Malignant carcinoid tumor of the ileum
Malignant carcinoid tumor of the small intestine, unspecified portion
Malignant carcinoid tumors of the appendix, large intestine, and rectum
Malignant carcinoid tumor of the appendix
Malignant carcinoid tumor of the cecum
Malignant carcinoid tumor of the ascending colon

Malignant carcinoid tumor of the transverse colon
Malignant carcinoid tumor of the descending colon
Malignant carcinoid tumor of the sigmoid colon
Malignant carcinoid tumor of the rectum
Malignant carcinoid tumor of the large intestine, unspecified portion
Malignant carcinoid tumors of other sites
Malignant carcinoid tumor of the bronchus and lung
Malignant carcinoid tumor of the thymus
Malignant carcinoid tumor of the stomach
Malignant carcinoid tumor of the kidney
Malignant carcinoid tumor of the foregut, unspecified
Malignant carcinoid tumor of the midgut, unspecified
Malignant carcinoid tumor of the hindgut, unspecified
Malignant carcinoid tumors of other sites
Malignant poorly differentiated neuroendocrine tumors
Other malignant neuroendocrine tumors
Secondary neuroendocrine tumors
Secondary carcinoid tumors
Secondary carcinoid tumors unspecified site
Secondary carcinoid tumors of distant lymph nodes
Secondary carcinoid tumors of liver
Secondary carcinoid tumors of bone
Secondary carcinoid tumors of peritoneum
Secondary carcinoid tumors of other sites
Secondary Merkel cell carcinoma
Other secondary neuroendocrine tumors
Malignant neoplasm without specification of site
Disseminated malignant neoplasm, unspecified
Malignant (primary) neoplasm, unspecified
Malignant neoplasm associated with transplanted organ
Hodgkin lymphoma
Nodular lymphocyte predominant Hodgkin lymphoma
Nodular lymphocyte predominant Hodgkin lymphoma unspecified site

Nodular lymphocyte predominant Hodgkin lymphoma lymph nodes of head, face, and neck
Nodular lymphocyte predominant Hodgkin lymphoma intrathoracic lymph nodes
Nodular lymphocyte predominant Hodgkin lymphoma intra-abdominal lymph nodes
Nodular lymphocyte predominant Hodgkin lymphoma lymph nodes of axilla and upper limb
Nodular lymphocyte predominant Hodgkin lymphoma lymph nodes of inguinal region and lower limb
Nodular lymphocyte predominant Hodgkin lymphoma intrapelvic lymph nodes
Nodular lymphocyte predominant Hodgkin lymphoma spleen
Nodular lymphocyte predominant Hodgkin lymphoma lymph nodes of multiple sites
Nodular lymphocyte predominant Hodgkin lymphoma extranodal and solid organ sites
Nodular lymphocyte predominant Hodgkin lymphoma, in remission
Nodular sclerosis Hodgkin lymphoma
Nodular sclerosis Hodgkin lymphoma unspecified site
Nodular sclerosis Hodgkin lymphoma lymph nodes of head, face, and neck
Nodular sclerosis Hodgkin lymphoma intrathoracic lymph nodes
Nodular sclerosis Hodgkin lymphoma intra-abdominal lymph nodes
Nodular sclerosis Hodgkin lymphoma lymph nodes of axilla and upper limb
Nodular sclerosis Hodgkin lymphoma lymph nodes of inguinal region and lower limb
Nodular sclerosis Hodgkin lymphoma intrapelvic lymph nodes
Nodular sclerosis Hodgkin lymphoma spleen
Nodular sclerosis Hodgkin lymphoma lymph nodes of multiple sites
Nodular sclerosis Hodgkin lymphoma extranodal and solid organ sites
Nodular sclerosis Hodgkin lymphoma, in remission
Mixed cellularity Hodgkin lymphoma
Mixed cellularity Hodgkin lymphoma unspecified site
Mixed cellularity Hodgkin lymphoma lymph nodes of head, face, and neck
Mixed cellularity Hodgkin lymphoma intrathoracic lymph nodes
Mixed cellularity Hodgkin lymphoma intra-abdominal lymph nodes
Mixed cellularity Hodgkin lymphoma lymph nodes of axilla and upper limb
Mixed cellularity Hodgkin lymphoma lymph nodes of inguinal region and lower limb
Mixed cellularity Hodgkin lymphoma intrapelvic lymph nodes
Mixed cellularity Hodgkin lymphoma spleen

Mixed cellularity Hodgkin lymphoma lymph nodes of multiple sites
Mixed cellularity Hodgkin lymphoma extranodal and solid organ sites
Mixed cellularity Hodgkin lymphoma, in remission
Lymphocyte depleted Hodgkin lymphoma
Lymphocyte depleted Hodgkin lymphoma unspecified site
Lymphocyte depleted Hodgkin lymphoma lymph nodes of head, face, and neck
Lymphocyte depleted Hodgkin lymphoma intrathoracic lymph nodes
Lymphocyte depleted Hodgkin lymphoma intra-abdominal lymph nodes
Lymphocyte depleted Hodgkin lymphoma lymph nodes of axilla and upper limb
Lymphocyte depleted Hodgkin lymphoma lymph nodes of inguinal region and lower limb
Lymphocyte depleted Hodgkin lymphoma intrapelvic lymph nodes
Lymphocyte depleted Hodgkin lymphoma spleen
Lymphocyte depleted Hodgkin lymphoma lymph nodes of multiple sites
Lymphocyte depleted Hodgkin lymphoma extranodal and solid organ sites
Lymphocyte depleted Hodgkin lymphoma, in remission
Lymphocyte-rich Hodgkin lymphoma
Lymphocyte-rich Hodgkin lymphoma unspecified site
Lymphocyte-rich Hodgkin lymphoma lymph nodes of head, face, and neck
Lymphocyte-rich Hodgkin lymphoma intrathoracic lymph nodes
Lymphocyte-rich Hodgkin lymphoma intra-abdominal lymph nodes
Lymphocyte-rich Hodgkin lymphoma lymph nodes of axilla and upper limb
Lymphocyte-rich Hodgkin lymphoma lymph nodes of inguinal region and lower limb
Lymphocyte-rich Hodgkin lymphoma intrapelvic lymph nodes
Lymphocyte-rich Hodgkin lymphoma spleen
Lymphocyte-rich Hodgkin lymphoma lymph nodes of multiple sites
Lymphocyte-rich Hodgkin lymphoma extranodal and solid organ sites
Lymphocyte-rich Hodgkin lymphoma, in remission
Other Hodgkin lymphoma
Other Hodgkin lymphoma unspecified site
Other Hodgkin lymphoma lymph nodes of head, face, and neck
Other Hodgkin lymphoma intrathoracic lymph nodes
Other Hodgkin lymphoma intra-abdominal lymph nodes
Other Hodgkin lymphoma lymph nodes of axilla and upper limb
Other Hodgkin lymphoma lymph nodes of inguinal region and lower limb

Other Hodgkin lymphoma intrapelvic lymph nodes
Other Hodgkin lymphoma spleen
Other Hodgkin lymphoma lymph nodes of multiple sites
Other Hodgkin lymphoma extranodal and solid organ sites
Other Hodgkin lymphoma, in remission
Hodgkin lymphoma, unspecified
Hodgkin lymphoma, unspecified, unspecified site
Hodgkin lymphoma, unspecified, lymph nodes of head, face, and neck
Hodgkin lymphoma, unspecified, intrathoracic lymph nodes
Hodgkin lymphoma, unspecified, intra-abdominal lymph nodes
Hodgkin lymphoma, unspecified, lymph nodes of axilla and upper limb
Hodgkin lymphoma, unspecified, lymph nodes of inguinal region and lower limb
Hodgkin lymphoma, unspecified, intrapelvic lymph nodes
Hodgkin lymphoma, unspecified, spleen
Hodgkin lymphoma, unspecified, lymph nodes of multiple sites
Hodgkin lymphoma, unspecified, extranodal and solid organ sites
Hodgkin lymphoma, unspecified, in remission
Follicular lymphoma
Follicular lymphoma grade I
Follicular lymphoma grade I unspecified site
Follicular lymphoma grade I lymph nodes of head, face, and neck
Follicular lymphoma grade I intrathoracic lymph nodes
Follicular lymphoma grade I intra-abdominal lymph nodes
Follicular lymphoma grade I lymph nodes of axilla and upper limb
Follicular lymphoma grade I lymph nodes of inguinal region and lower limb
Follicular lymphoma grade I intrapelvic lymph nodes
Follicular lymphoma grade I spleen
Follicular lymphoma grade I lymph nodes of multiple sites
Follicular lymphoma grade I extranodal and solid organ sites
Follicular lymphoma grade I, in remission
Follicular lymphoma grade II
Follicular lymphoma grade II unspecified site
Follicular lymphoma grade II lymph nodes of head, face, and neck
Follicular lymphoma grade II intrathoracic lymph nodes

Follicular lymphoma grade II intra-abdominal lymph nodes
Follicular lymphoma grade II lymph nodes of axilla and upper limb
Follicular lymphoma grade II lymph nodes of inguinal region and lower limb
Follicular lymphoma grade II intrapelvic lymph nodes
Follicular lymphoma grade II spleen
Follicular lymphoma grade II lymph nodes of multiple sites
Follicular lymphoma grade II extranodal and solid organ sites
Follicular lymphoma grade II, in remission
Follicular lymphoma grade III, unspecified
Follicular lymphoma grade III, unspecified, unspecified site
Follicular lymphoma grade III, unspecified, lymph nodes of head, face, and neck
Follicular lymphoma grade III, unspecified, intrathoracic lymph nodes
Follicular lymphoma grade III, unspecified, intra-abdominal lymph nodes
Follicular lymphoma grade III, unspecified, lymph nodes of axilla and upper limb
Follicular lymphoma grade III, unspecified, lymph nodes of inguinal region and lower limb
Follicular lymphoma grade III, unspecified, intrapelvic lymph nodes
Follicular lymphoma grade III, unspecified, spleen
Follicular lymphoma grade III, unspecified, lymph nodes of multiple sites
Follicular lymphoma grade III, unspecified, extranodal and solid organ sites
Follicular lymphoma grade III, in remission
Follicular lymphoma grade IIIa
Follicular lymphoma grade IIIa unspecified site
Follicular lymphoma grade IIIa lymph nodes of head, face, and neck
Follicular lymphoma grade IIIa intrathoracic lymph nodes
Follicular lymphoma grade IIIa intra-abdominal lymph nodes
Follicular lymphoma grade IIIa lymph nodes of axilla and upper limb
Follicular lymphoma grade IIIa lymph nodes of inguinal region and lower limb
Follicular lymphoma grade IIIa intrapelvic lymph nodes
Follicular lymphoma grade IIIa spleen
Follicular lymphoma grade IIIa lymph nodes of multiple sites
Follicular lymphoma grade IIIa extranodal and solid organ sites
Follicular lymphoma grade IIIa, in remission
Follicular lymphoma grade IIIb

Follicular lymphoma grade IIIb unspecified site
Follicular lymphoma grade IIIb lymph nodes of head, face, and neck
Follicular lymphoma grade IIIb intrathoracic lymph nodes
Follicular lymphoma grade IIIb intra-abdominal lymph nodes
Follicular lymphoma grade IIIb lymph nodes of axilla and upper limb
Follicular lymphoma grade IIIb lymph nodes of inguinal region and lower limb
Follicular lymphoma grade IIIb intrapelvic lymph nodes
Follicular lymphoma grade IIIb spleen
Follicular lymphoma grade IIIb lymph nodes of multiple sites
Follicular lymphoma grade IIIb extranodal and solid organ sites
Follicular lymphoma grade IIIb, in remission
Diffuse follicle center lymphoma
Diffuse follicle center lymphoma unspecified site
Diffuse follicle center lymphoma lymph nodes of head, face, and neck
Diffuse follicle center lymphoma intrathoracic lymph nodes
Diffuse follicle center lymphoma intra-abdominal lymph nodes
Diffuse follicle center lymphoma lymph nodes of axilla and upper limb
Diffuse follicle center lymphoma lymph nodes of inguinal region and lower limb
Diffuse follicle center lymphoma intrapelvic lymph nodes
Diffuse follicle center lymphoma spleen
Diffuse follicle center lymphoma lymph nodes of multiple sites
Diffuse follicle center lymphoma extranodal and solid organ sites
Diffuse follicle center lymphoma, in remission
Cutaneous follicle center lymphoma
Cutaneous follicle center lymphoma unspecified site
Cutaneous follicle center lymphoma lymph nodes of head, face, and neck
Cutaneous follicle center lymphoma intrathoracic lymph nodes
Cutaneous follicle center lymphoma intra-abdominal lymph nodes
Cutaneous follicle center lymphoma lymph nodes of axilla and upper limb
Cutaneous follicle center lymphoma lymph nodes of inguinal region and lower limb
Cutaneous follicle center lymphoma intrapelvic lymph nodes
Cutaneous follicle center lymphoma spleen
Cutaneous follicle center lymphoma lymph nodes of multiple sites
Cutaneous follicle center lymphoma extranodal and solid organ sites

Cutaneous follicle center lymphoma in remission
Other types of follicular lymphoma
Other types of follicular lymphoma unspecified site
Other types of follicular lymphoma lymph nodes of head, face, and neck
Other types of follicular lymphoma intrathoracic lymph nodes
Other types of follicular lymphoma intra-abdominal lymph nodes
Other types of follicular lymphoma lymph nodes of axilla and upper limb
Other types of follicular lymphoma lymph nodes of inguinal region and lower limb
Other types of follicular lymphoma intrapelvic lymph nodes
Other types of follicular lymphoma spleen
Other types of follicular lymphoma lymph nodes of multiple sites
Other types of follicular lymphoma extranodal and solid organ sites
Other types of follicular lymphoma in remission
Follicular lymphoma, unspecified
Follicular lymphoma, unspecified site
Follicular lymphoma, unspecified lymph nodes of head, face, and neck
Follicular lymphoma, unspecified intrathoracic lymph nodes
Follicular lymphoma, unspecified intra-abdominal lymph nodes
Follicular lymphoma, unspecified lymph nodes of axilla and upper limb
Follicular lymphoma, unspecified lymph nodes of inguinal region and lower limb
Follicular lymphoma, unspecified intrapelvic lymph nodes
Follicular lymphoma, unspecified spleen
Follicular lymphoma, unspecified lymph nodes of multiple sites
Follicular lymphoma, unspecified extranodal and solid organ sites
Follicular lymphoma, unspecified in remission
Non-follicular lymphoma
Small cell B-cell lymphoma
Small cell B-cell lymphoma unspecified site
Small cell B-cell lymphoma lymph nodes of head, face, and neck
Small cell B-cell lymphoma intrathoracic lymph nodes
Small cell B-cell lymphoma intra-abdominal lymph nodes
Small cell B-cell lymphoma lymph nodes of axilla and upper limb
Small cell B-cell lymphoma lymph nodes of inguinal region and lower limb
Small cell B-cell lymphoma intrapelvic lymph nodes

Small cell B-cell lymphoma spleen
Small cell B-cell lymphoma lymph nodes of multiple sites
Small cell B-cell lymphoma extranodal and solid organ sites
Small cell B-cell lymphoma in remission
Mantle cell lymphoma
Mantle cell lymphoma unspecified site
Mantle cell lymphoma lymph nodes of head, face, and neck
Mantle cell lymphoma intrathoracic lymph nodes
Mantle cell lymphoma intra-abdominal lymph nodes
Mantle cell lymphoma lymph nodes of axilla and upper limb
Mantle cell lymphoma lymph nodes of inguinal region and lower limb
Mantle cell lymphoma intrapelvic lymph nodes
Mantle cell lymphoma spleen
Mantle cell lymphoma lymph nodes of multiple sites
Mantle cell lymphoma extranodal and solid organ sites
Mantle cell lymphoma in remission
Diffuse large B-cell lymphoma
Diffuse large B-cell lymphoma unspecified site
Diffuse large B-cell lymphoma lymph nodes of head, face, and neck
Diffuse large B-cell lymphoma intrathoracic lymph nodes
Diffuse large B-cell lymphoma intra-abdominal lymph nodes
Diffuse large B-cell lymphoma lymph nodes of axilla and upper limb
Diffuse large B-cell lymphoma lymph nodes of inguinal region and lower limb
Diffuse large B-cell lymphoma intrapelvic lymph nodes
Diffuse large B-cell lymphoma spleen
Diffuse large B-cell lymphoma lymph nodes of multiple sites
Diffuse large B-cell lymphoma extranodal and solid organ sites
Primary central nervous system lymphoma
Diffuse large B-cell lymphoma extranodal and solid organ sites
Diffuse large B-cell lymphoma in remission
Lymphoblastic (diffuse) lymphoma
Lymphoblastic (diffuse) lymphoma unspecified site
Lymphoblastic (diffuse) lymphoma lymph nodes of head, face, and neck
Lymphoblastic (diffuse) lymphoma intrathoracic lymph nodes

Lymphoblastic (diffuse) lymphoma intra-abdominal lymph nodes
Lymphoblastic (diffuse) lymphoma lymph nodes of axilla and upper limb
Lymphoblastic (diffuse) lymphoma lymph nodes of inguinal region and lower limb
Lymphoblastic (diffuse) lymphoma intrapelvic lymph nodes
Lymphoblastic (diffuse) lymphoma spleen
Lymphoblastic (diffuse) lymphoma lymph nodes of multiple sites
Lymphoblastic (diffuse) lymphoma extranodal and solid organ sites
Lymphoblastic (diffuse) lymphoma in remission
Burkitt lymphoma
Burkitt lymphoma unspecified site
Burkitt lymphoma lymph nodes of head, face, and neck
Burkitt lymphoma intrathoracic lymph nodes
Burkitt lymphoma intra-abdominal lymph nodes
Burkitt lymphoma lymph nodes of axilla and upper limb
Burkitt lymphoma lymph nodes of inguinal region and lower limb
Burkitt lymphoma intrapelvic lymph nodes
Burkitt lymphoma spleen
Burkitt lymphoma lymph nodes of multiple sites
Burkitt lymphoma extranodal and solid organ sites
Burkitt lymphoma in remission
Other non-follicular lymphoma
Other non-follicular lymphoma unspecified site
Other non-follicular lymphoma lymph nodes of head, face, and neck
Other non-follicular lymphoma intrathoracic lymph nodes
Other non-follicular lymphoma intra-abdominal lymph nodes
Other non-follicular lymphoma lymph nodes of axilla and upper limb
Other non-follicular lymphoma lymph nodes of inguinal region and lower limb
Other non-follicular lymphoma intrapelvic lymph nodes
Other non-follicular lymphoma spleen
Other non-follicular lymphoma lymph nodes of multiple sites
Other non-follicular lymphoma extranodal and solid organ sites
Other non-follicular lymphoma in remission
Non-follicular (diffuse) lymphoma, unspecified
Non-follicular (diffuse) lymphoma, unspecified site

Non-follicular (diffuse) lymphoma, unspecified lymph nodes of head, face, and neck
Non-follicular (diffuse) lymphoma, unspecified intrathoracic lymph nodes
Non-follicular (diffuse) lymphoma, unspecified intra-abdominal lymph nodes
Non-follicular (diffuse) lymphoma, unspecified lymph nodes of axilla and upper limb
Non-follicular (diffuse) lymphoma, unspecified lymph nodes of inguinal region and lower limb
Non-follicular (diffuse) lymphoma, unspecified intrapelvic lymph nodes
Non-follicular (diffuse) lymphoma, unspecified spleen
Non-follicular (diffuse) lymphoma, unspecified lymph nodes of multiple sites
Non-follicular (diffuse) lymphoma, unspecified extranodal and solid organ sites
Non-follicular (diffuse) lymphoma, in remission
Mature T/NK-cell lymphomas
Mycosis fungoides
Mycosis fungoides unspecified site
Mycosis fungoides lymph nodes of head, face, and neck
Mycosis fungoides intrathoracic lymph nodes
Mycosis fungoides intra-abdominal lymph nodes
Mycosis fungoides lymph nodes of axilla and upper limb
Mycosis fungoides lymph nodes of inguinal region and lower limb
Mycosis fungoides intrapelvic lymph nodes
Mycosis fungoides spleen
Mycosis fungoides lymph nodes of multiple sites
Mycosis fungoides extranodal and solid organ sites
Mycosis fungoides in remission
Sézary disease
Sézary disease unspecified site
Sézary disease lymph nodes of head, face, and neck
Sézary disease intrathoracic lymph nodes
Sézary disease intra-abdominal lymph nodes
Sézary disease lymph nodes of axilla and upper limb
Sézary disease lymph nodes of inguinal region and lower limb
Sézary disease intrapelvic lymph nodes
Sézary disease spleen
Sézary disease lymph nodes of multiple sites

Sézary disease extranodal and solid organ sites
Sézary disease in remission
Peripheral T-cell lymphoma, not classified
Peripheral T-cell lymphoma, not classified unspecified site
Peripheral T-cell lymphoma, not classified lymph nodes of head, face, and neck
Peripheral T-cell lymphoma, not classified intrathoracic lymph nodes
Peripheral T-cell lymphoma, not classified intra-abdominal lymph nodes
Peripheral T-cell lymphoma, not classified lymph nodes of axilla and upper limb
Peripheral T-cell lymphoma, not classified lymph nodes of inguinal region and lower limb
Peripheral T-cell lymphoma, not classified intrapelvic lymph nodes
Peripheral T-cell lymphoma, not classified spleen
Peripheral T-cell lymphoma, not classified lymph nodes of multiple sites
Peripheral T-cell lymphoma, not classified extranodal and solid organ sites
Peripheral T-cell lymphoma, in remission
Anaplastic large cell lymphoma, ALK-positive
Anaplastic large cell lymphoma, ALK-positive unspecified site
Anaplastic large cell lymphoma, ALK-positive lymph nodes of head, face, and neck
Anaplastic large cell lymphoma, ALK-positive intrathoracic lymph nodes
Anaplastic large cell lymphoma, ALK-positive intra-abdominal lymph nodes
Anaplastic large cell lymphoma, ALK-positive lymph nodes of axilla and upper limb
Anaplastic large cell lymphoma, ALK-positive lymph nodes of inguinal region and lower limb
Anaplastic large cell lymphoma, ALK-positive intrapelvic lymph nodes
Anaplastic large cell lymphoma, ALK-positive spleen
Anaplastic large cell lymphoma, ALK-positive lymph nodes of multiple sites
Anaplastic large cell lymphoma, ALK-positive extranodal and solid organ sites
Anaplastic large cell lymphoma, in remission
Anaplastic large cell lymphoma, ALK-negative
Anaplastic large cell lymphoma, ALK-negative unspecified site
Anaplastic large cell lymphoma, ALK-negative lymph nodes of head, face, and neck
Anaplastic large cell lymphoma, ALK-negative intrathoracic lymph nodes
Anaplastic large cell lymphoma, ALK-negative intra-abdominal lymph nodes
Anaplastic large cell lymphoma, ALK-negative lymph nodes of axilla and upper limb

Anaplastic large cell lymphoma, ALK-negative lymph nodes of inguinal region and lower limb
Anaplastic large cell lymphoma, ALK-negative intrapelvic lymph nodes
Anaplastic large cell lymphoma, ALK-negative spleen
Anaplastic large cell lymphoma, ALK-negative lymph nodes of multiple sites
Anaplastic large cell lymphoma, ALK-negative extranodal and solid organ sites
Anaplastic large cell lymphoma, ALK-negative, breast
Anaplastic large cell lymphoma, ALK-negative, in remission
Mature T/NK-cell lymphomas, unspecified
Mature T/NK-cell lymphomas, unspecified, unspecified site
Mature T/NK-cell lymphomas, unspecified, lymph nodes of head, face, and neck
Mature T/NK-cell lymphomas, unspecified, intrathoracic lymph nodes
Mature T/NK-cell lymphomas, unspecified, intra-abdominal lymph nodes
Mature T/NK-cell lymphomas, unspecified, lymph nodes of axilla and upper limb
Mature T/NK-cell lymphomas, unspecified, lymph nodes of inguinal region and lower limb
Mature T/NK-cell lymphomas, unspecified, intrapelvic lymph nodes
Mature T/NK-cell lymphomas, unspecified, spleen
Mature T/NK-cell lymphomas, unspecified, lymph nodes of multiple sites
Mature T/NK-cell lymphomas, unspecified, extranodal and solid organ sites
Mature T/NK-cell lymphomas, unspecified, in remission
Cutaneous T-cell lymphoma, unspecified
Cutaneous T-cell lymphoma, unspecified, unspecified site
Cutaneous T-cell lymphoma, unspecified, lymph nodes of head, face, and neck
Cutaneous T-cell lymphoma, unspecified, intrathoracic lymph nodes
Cutaneous T-cell lymphoma, unspecified, intra-abdominal lymph nodes
Cutaneous T-cell lymphoma, unspecified, lymph nodes of axilla and upper limb
Cutaneous T-cell lymphoma, unspecified, lymph nodes of inguinal region and lower limb
Cutaneous T-cell lymphoma, unspecified, intrapelvic lymph nodes
Cutaneous T-cell lymphoma, unspecified, spleen
Cutaneous T-cell lymphoma, unspecified, lymph nodes of multiple sites
Cutaneous T-cell lymphoma, unspecified, extranodal and solid organ sites
Cutaneous T-cell lymphoma, unspecified, in remission
Other mature T/NK-cell lymphomas

Other mature T/NK-cell lymphomas, unspecified site
Other mature T/NK-cell lymphomas, lymph nodes of head, face, and neck
Other mature T/NK-cell lymphomas, intrathoracic lymph nodes
Other mature T/NK-cell lymphomas, intra-abdominal lymph nodes
Other mature T/NK-cell lymphomas, lymph nodes of axilla and upper limb
Other mature T/NK-cell lymphomas, lymph nodes of inguinal region and lower limb
Other mature T/NK-cell lymphomas, intrapelvic lymph nodes
Other mature T/NK-cell lymphomas, spleen
Other mature T/NK-cell lymphomas, lymph nodes of multiple sites
Other mature T/NK-cell lymphomas, extranodal and solid organ sites
Other mature T/NK-cell lymphomas, in remission
Other specified and unspecified types of non-Hodgkin lymphoma
Unspecified B-cell lymphoma
Unspecified B-cell lymphoma, unspecified site
Unspecified B-cell lymphoma, lymph nodes of head, face, and neck
Unspecified B-cell lymphoma, intrathoracic lymph nodes
Unspecified B-cell lymphoma, intra-abdominal lymph nodes
Unspecified B-cell lymphoma, lymph nodes of axilla and upper limb
Unspecified B-cell lymphoma, lymph nodes of inguinal region and lower limb
Unspecified B-cell lymphoma, intrapelvic lymph nodes
Unspecified B-cell lymphoma, spleen
Unspecified B-cell lymphoma, lymph nodes of multiple sites
Unspecified B-cell lymphoma, extranodal and solid organ sites
Unspecified B-cell lymphoma, in remission
Mediastinal (thymic) large B-cell lymphoma
Mediastinal (thymic) large B-cell lymphoma, unspecified site
Mediastinal (thymic) large B-cell lymphoma, lymph nodes of head, face, and neck
Mediastinal (thymic) large B-cell lymphoma, intrathoracic lymph nodes
Mediastinal (thymic) large B-cell lymphoma, intra-abdominal lymph nodes
Mediastinal (thymic) large B-cell lymphoma, lymph nodes of axilla and upper limb
Mediastinal (thymic) large B-cell lymphoma, lymph nodes of inguinal region and lower limb
Mediastinal (thymic) large B-cell lymphoma, intrapelvic lymph nodes
Mediastinal (thymic) large B-cell lymphoma, spleen

Mediastinal (thymic) large B-cell lymphoma, lymph nodes of multiple sites
Mediastinal (thymic) large B-cell lymphoma, extranodal and solid organ sites
Mediastinal (thymic) large B-cell lymphoma, in remission
Other specified types of non-Hodgkin lymphoma
Other specified types of non-Hodgkin lymphoma, unspecified site
Other specified types of non-Hodgkin lymphoma, lymph nodes of head, face, and neck
Other specified types of non-Hodgkin lymphoma, intrathoracic lymph nodes
Other specified types of non-Hodgkin lymphoma, intra-abdominal lymph nodes
Other specified types of non-Hodgkin lymphoma, lymph nodes of axilla and upper limb
Other specified types of non-Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
Other specified types of non-Hodgkin lymphoma, intrapelvic lymph nodes
Other specified types of non-Hodgkin lymphoma, spleen
Other specified types of non-Hodgkin lymphoma, lymph nodes of multiple sites
Other specified types of non-Hodgkin lymphoma, extranodal and solid organ sites
Other specified types of non-Hodgkin lymphoma, in remission
Non-Hodgkin lymphoma, unspecified
Non-Hodgkin lymphoma, unspecified, unspecified site
Non-Hodgkin lymphoma, unspecified, lymph nodes of head, face, and neck
Non-Hodgkin lymphoma, unspecified, intrathoracic lymph nodes
Non-Hodgkin lymphoma, unspecified, intra-abdominal lymph nodes
Non-Hodgkin lymphoma, unspecified, lymph nodes of axilla and upper limb
Non-Hodgkin lymphoma, unspecified, lymph nodes of inguinal region and lower limb
Non-Hodgkin lymphoma, unspecified, intrapelvic lymph nodes
Non-Hodgkin lymphoma, unspecified, spleen
Non-Hodgkin lymphoma, unspecified, lymph nodes of multiple sites
Non-Hodgkin lymphoma, unspecified, extranodal and solid organ sites
Non-Hodgkin lymphoma, unspecified, in remission
Other specified types of T/NK-cell lymphoma
Extranodal NK/T-cell lymphoma, nasal type
Extranodal NK/T-cell lymphoma, nasal type not having achieved remission
Extranodal NK/T-cell lymphoma, nasal type in remission
Hepatosplenic T-cell lymphoma
Hepatosplenic T-cell lymphoma not having achieved remission

Hepatosplenic T-cell lymphoma in remission
Enteropathy-type (intestinal) T-cell lymphoma
Enteropathy-type (intestinal) T-cell lymphoma not having achieved remission
Enteropathy-type (intestinal) T-cell lymphoma in remission
Subcutaneous panniculitis-like T-cell lymphoma
Subcutaneous panniculitis-like T-cell lymphoma not having achieved remission
Subcutaneous panniculitis-like T-cell lymphoma in remission
Blastic NK-cell lymphoma
Blastic NK-cell lymphoma not having achieved remission
Blastic NK-cell lymphoma in remission
Angioimmunoblastic T-cell lymphoma
Angioimmunoblastic T-cell lymphoma not having achieved remission
Angioimmunoblastic T-cell lymphoma in remission
Primary cutaneous CD30-positive T-cell proliferations
Primary cutaneous CD30-positive T-cell proliferations not having achieved remission
Primary cutaneous CD30-positive T-cell proliferations in remission
Malignant immunoproliferative diseases and certain other B-cell lymphomas
Waldenström macroglobulinemia
Waldenström macroglobulinemia not having achieved remission
Waldenström macroglobulinemia in remission
Heavy chain disease
Heavy chain disease
Heavy chain disease
Immunoproliferative small intestinal disease
Immunoproliferative small intestinal disease not having achieved remission
Immunoproliferative small intestinal disease in remission
Extranodal marginal zone B-cell lymphoma of mucosa-associated lymphoid tissue [MALT-lymphoma]
Extranodal marginal zone B-cell lymphoma of mucosa-associated lymphoid tissue [MALT-lymphoma] not having achieved remission
Extranodal marginal zone B-cell lymphoma of mucosa-associated lymphoid tissue [MALT-lymphoma] in remission
Other malignant immunoproliferative diseases
Other malignant immunoproliferative diseases not having achieved remission

Other malignant immunoproliferative diseases in remission
Malignant immunoproliferative disease, unspecified
Malignant immunoproliferative disease, unspecified not having achieved remission
Malignant immunoproliferative disease, unspecified in remission
Multiple myeloma and malignant plasma cell neoplasms
Multiple myeloma
Multiple myeloma, not having achieved remission
Multiple myeloma, in remission
Multiple myeloma, in relapse
Plasma cell leukemia
Plasma cell leukemia, not having achieved remission
Plasma cell leukemia, in remission
Plasma cell leukemia, in relapse
Extramedullary plasmacytoma
Extramedullary plasmacytoma not having achieved remission
Extramedullary plasmacytoma in remission
Extramedullary plasmacytoma in relapse
Solitary plasmacytoma
Solitary plasmacytoma, not having achieved remission
Solitary plasmacytoma, in remission
Solitary plasmacytoma, in relapse
Lymphoid leukemia
Acute lymphoblastic leukemia [ALL]
Acute lymphoblastic leukemia not having achieved remission
Acute lymphoblastic leukemia, in remission
Acute lymphoblastic leukemia, in relapse
Chronic lymphocytic leukemia of B-cell type
Chronic lymphocytic leukemia of B-cell type, not having achieved remission
Chronic lymphocytic leukemia of B-cell type, in remission
Chronic lymphocytic leukemia of B-cell type, in relapse
Prolymphocytic leukemia of B-cell type
Prolymphocytic leukemia of B-cell type, not having achieved remission
Prolymphocytic leukemia of B-cell type, in remission
Prolymphocytic leukemia of B-cell type, in relapse

Hairy cell leukemia
Hairy cell leukemia, not having achieved remission
Hairy cell leukemia, in remission
Hairy cell leukemia, in relapse
Adult T-cell lymphoma/leukemia (HTLV-1-associated)
Adult T-cell lymphoma/leukemia (HTLV-1-associated), not having achieved remission
Adult T-cell lymphoma/leukemia (HTLV-1-associated), in remission
Adult T-cell lymphoma/leukemia (HTLV-1-associated), in relapse
Prolymphocytic leukemia of T-cell type
Prolymphocytic leukemia of T-cell type, not having achieved remission
Prolymphocytic leukemia of T-cell type, in remission
Prolymphocytic leukemia of T-cell type, in relapse
Lymphoid leukemia, unspecified
Lymphoid leukemia, unspecified, not having achieved remission
Lymphoid leukemia, unspecified, in remission
Lymphoid leukemia, unspecified, in relapse
Mature B-cell leukemia Burkitt-type
Mature B-cell leukemia Burkitt-type, not having achieved remission
Mature B-cell leukemia Burkitt-type, in remission
Mature B-cell leukemia Burkitt-type, in relapse
Other lymphoid leukemia
Other lymphoid leukemia, not having achieved remission
Other lymphoid leukemia, in remission
Other lymphoid leukemia, in relapse
Myeloid leukemia
Acute myeloblastic leukemia
Acute myeloblastic leukemia, not having achieved remission
Acute myeloblastic leukemia, in remission
Acute myeloblastic leukemia, in relapse
Chronic myeloid leukemia, BCR/ABL-positive
Chronic myeloid leukemia, BCR/ABL-positive, not having achieved remission
Chronic myeloid leukemia, BCR/ABL-positive, in remission
Chronic myeloid leukemia, BCR/ABL-positive, in relapse
Atypical chronic myeloid leukemia, BCR/ABL-negative

Chronic myeloid leukemia, BCR/ABL-negative, not having achieved remission
Chronic myeloid leukemia, BCR/ABL-negative, in remission
Chronic myeloid leukemia, BCR/ABL-negative, in relapse
Myeloid sarcoma
Myeloid sarcoma, not having achieved remission
Myeloid sarcoma, in remission
Myeloid sarcoma, in relapse
Acute promyelocytic leukemia
Acute promyelocytic leukemia, not having achieved remission
Acute promyelocytic leukemia, in remission
Acute promyelocytic leukemia, in relapse
Acute myelomonocytic leukemia
Acute myelomonocytic leukemia, not having achieved remission
Acute myelomonocytic leukemia, in remission
Acute myelomonocytic leukemia, in relapse
Acute myeloid leukemia with 11q23-abnormality
Acute myeloid leukemia with 11q23-abnormality, not having achieved remission
Acute myeloid leukemia with 11q23-abnormality, in remission
Acute myeloid leukemia with 11q23-abnormality, in relapse
Myeloid leukemia, unspecified
Myeloid leukemia, unspecified, not having achieved remission
Myeloid leukemia, unspecified, in remission
Myeloid leukemia, unspecified, in relapse
Acute myeloid leukemia with multilineage dysplasia
Acute myeloid leukemia with multilineage dysplasia, not having achieved remission
Acute myeloid leukemia with multilineage dysplasia, in remission
Acute myeloid leukemia with multilineage dysplasia, in relapse
Other myeloid leukemia
Other myeloid leukemia, not having achieved remission
Other myeloid leukemia, in remission
Other myeloid leukemia, in relapse
Monocytic leukemia
Acute monoblastic/monocytic leukemia
Acute monoblastic/monocytic leukemia, not having achieved remission

Acute monoblastic/monocytic leukemia, in remission
Acute monoblastic/monocytic leukemia, in relapse
Chronic myelomonocytic leukemia
Chronic myelomonocytic leukemia, not having achieved remission
Chronic myelomonocytic leukemia, in remission
Chronic myelomonocytic leukemia, in relapse
Juvenile myelomonocytic leukemia
Juvenile myelomonocytic leukemia, not having achieved remission
Juvenile myelomonocytic leukemia, in remission
Juvenile myelomonocytic leukemia, in relapse
Monocytic leukemia, unspecified
Monocytic leukemia, unspecified, not having achieved remission
Monocytic leukemia, unspecified, in remission
Monocytic leukemia, unspecified, in relapse
Other monocytic leukemia
Other monocytic leukemia, not having achieved remission
Other monocytic leukemia, in remission
Other monocytic leukemia, in relapse
Other leukemias of specified cell type
Acute erythroid leukemia
Acute erythroid leukemia, not having achieved remission
Acute erythroid leukemia, in remission
Acute erythroid leukemia, in relapse
Acute megakaryoblastic leukemia
Acute megakaryoblastic leukemia, not having achieved remission
Acute megakaryoblastic leukemia, in remission
Acute megakaryoblastic leukemia, in relapse
Mast cell leukemia
Mast cell leukemia, not having achieved remission
Mast cell leukemia, in remission
Mast cell leukemia, in relapse
Acute panmyelosis with myelofibrosis
Acute panmyelosis with myelofibrosis, not having achieved remission
Acute panmyelosis with myelofibrosis, in remission

Acute panmyelosis with myelofibrosis, in relapse
Myelodysplastic disease, not classified
Other specified leukemias
Other specified leukemias, not having achieved remission
Other specified leukemias, in remission
Other specified leukemias, in relapse
Leukemia of unspecified cell type
Acute leukemia of unspecified cell type
Acute leukemia of unspecified cell type, not having achieved remission
Acute leukemia of unspecified cell type, in remission
Acute leukemia of unspecified cell type, in relapse
Chronic leukemia of unspecified cell type
Chronic leukemia of unspecified cell type, not having achieved remission
Chronic leukemia of unspecified cell type, in remission
Chronic leukemia of unspecified cell type, in relapse
Leukemia, unspecified
Leukemia, unspecified, not having achieved remission
Leukemia, unspecified, in remission
Leukemia, unspecified, in relapse
Other and unspecified malignant neoplasms of lymphoid, hematopoietic and related tissue
Multifocal and multisystemic (disseminated) Langerhans-cell histiocytosis
Malignant mast cell neoplasm
Malignant mast cell neoplasm, unspecified
Aggressive systemic mastocytosis
Mast cell sarcoma
Other malignant mast cell neoplasm
Sarcoma of dendritic cells (accessory cells)
Multifocal and unisystemic Langerhans-cell histiocytosis
Unifocal Langerhans-cell histiocytosis
Malignant neoplasm of lymphoid, hematopoietic and related tissue, unspecified
Secondary carcinoid tumors Histiocytic sarcoma
Other specified malignant neoplasms of lymphoid, hematopoietic and related tissue
Carcinoma in situ of oral cavity, esophagus and stomach

Carcinoma in situ of lip, oral cavity and pharynx
Carcinoma in situ of oral cavity, unspecified site
Carcinoma in situ of labial mucosa and vermilion border
Carcinoma in situ of buccal mucosa
Carcinoma in situ of gingiva and edentulous alveolar ridge
Carcinoma in situ of soft palate
Carcinoma in situ of hard palate
Carcinoma in situ of floor of mouth
Carcinoma in situ of tongue
Carcinoma in situ of pharynx
Carcinoma in situ of esophagus
Carcinoma in situ of stomach
Carcinoma in situ of other and unspecified digestive organs
Carcinoma in situ of colon
Carcinoma in situ of rectosigmoid junction
Carcinoma in situ of rectum
Carcinoma in situ of anus and anal canal
Carcinoma in situ of other and unspecified parts of intestine
Carcinoma in situ of unspecified part of intestine
Carcinoma in situ of other parts of intestine
Carcinoma in situ of liver, gallbladder and bile ducts
Carcinoma in situ of other specified digestive organs
Carcinoma in situ of digestive organ, unspecified
Carcinoma in situ of middle ear and respiratory system
Carcinoma in situ of larynx
Carcinoma in situ of trachea
Carcinoma in situ of bronchus and lung
Carcinoma in situ of unspecified bronchus and lung
Carcinoma in situ of right bronchus and lung
Carcinoma in situ of left bronchus and lung
Carcinoma in situ of other parts of respiratory system
Carcinoma in situ of respiratory system, unspecified
Melanoma in situ
Melanoma in situ of lip

Melanoma in situ of eyelid, including canthus
Melanoma in situ of unspecified eyelid, including canthus
Melanoma in situ of right eyelid, including canthus
Melanoma in situ of right upper eyelid, including canthus
Melanoma in situ of right lower eyelid, including canthus
Melanoma in situ of left eyelid, including canthus
Melanoma in situ of left upper eyelid, including canthus
Melanoma in situ of left lower eyelid, including canthus
Melanoma in situ of ear and external auricular canal
Melanoma in situ of unspecified ear and external auricular canal
Melanoma in situ of right ear and external auricular canal
Melanoma in situ of left ear and external auricular canal
Melanoma in situ of other and unspecified parts of face
Melanoma in situ of unspecified part of face
Melanoma in situ of other parts of face
Melanoma in situ of scalp and neck
Melanoma in situ of trunk
Melanoma in situ of anal skin
Melanoma in situ of breast (skin) (soft tissue)
Melanoma in situ of other part of trunk
Melanoma in situ of upper limb, including shoulder
Melanoma in situ of unspecified upper limb, including shoulder
Melanoma in situ of right upper limb, including shoulder
Melanoma in situ of left upper limb, including shoulder
Melanoma in situ of lower limb, including hip
Melanoma in situ of unspecified lower limb, including hip
Melanoma in situ of right lower limb, including hip
Melanoma in situ of left lower limb, including hip
Melanoma in situ of other sites
Melanoma in situ, unspecified
Carcinoma in situ of skin
Carcinoma in situ of skin of lip
Carcinoma in situ of skin of eyelid, including canthus
Carcinoma in situ of skin of unspecified eyelid, including canthus

Carcinoma in situ of skin of right eyelid, including canthus
Carcinoma in situ of skin of right upper eyelid, including canthus
Carcinoma in situ of skin of right lower eyelid, including canthus
Carcinoma in situ of skin of left eyelid, including canthus
Carcinoma in situ of skin of left upper eyelid, including canthus
Carcinoma in situ of skin of left lower eyelid, including canthus
Carcinoma in situ of skin of ear and external auricular canal
Carcinoma in situ of skin of unspecified ear and external auricular canal
Carcinoma in situ of skin of right ear and external auricular canal
Carcinoma in situ of skin of left ear and external auricular canal
Carcinoma in situ of skin of other and unspecified parts of face
Carcinoma in situ of skin of unspecified part of face
Carcinoma in situ of skin of other parts of face
Carcinoma in situ of skin of scalp and neck
Carcinoma in situ of skin of trunk
Carcinoma in situ of skin of upper limb, including shoulder
Carcinoma in situ of skin of unspecified upper limb, including shoulder
Carcinoma in situ of skin of right upper limb, including shoulder
Carcinoma in situ of skin of left upper limb, including shoulder
Carcinoma in situ of skin of lower limb, including hip
Carcinoma in situ of skin of unspecified lower limb, including hip
Carcinoma in situ of skin of right lower limb, including hip
Carcinoma in situ of skin of left lower limb, including hip
Carcinoma in situ of skin of other sites
Carcinoma in situ of skin, unspecified
Carcinoma in situ of breast
Lobular carcinoma in situ of breast
Lobular carcinoma in situ of unspecified breast
Lobular carcinoma in situ of right breast
Lobular carcinoma in situ of left breast
Intraductal carcinoma in situ of breast
Intraductal carcinoma in situ of unspecified breast
Intraductal carcinoma in situ of right breast
Intraductal carcinoma in situ of left breast

Other specified type of carcinoma in situ of breast
Other specified type of carcinoma in situ of unspecified breast
Other specified type of carcinoma in situ of right breast
Other specified type of carcinoma in situ of left breast
Unspecified type of carcinoma in situ of breast
Unspecified type of carcinoma in situ of unspecified breast
Unspecified type of carcinoma in situ of right breast
Unspecified type of carcinoma in situ of left breast
Carcinoma in situ of cervix uteri
Carcinoma in situ of endocervix
Carcinoma in situ of exocervix
Carcinoma in situ of other parts of cervix
Carcinoma in situ of cervix, unspecified
Carcinoma in situ of other and unspecified genital organs
Carcinoma in situ of endometrium
Carcinoma in situ of vulva
Carcinoma in situ of vagina
Carcinoma in situ of other and unspecified female genital organs
Carcinoma in situ of unspecified female genital organs
Carcinoma in situ of other female genital organs
Carcinoma in situ of penis
Carcinoma in situ of prostate
Carcinoma in situ of other and unspecified male genital organs
Carcinoma in situ of unspecified male genital organs
Carcinoma in situ of scrotum
Carcinoma in situ of other male genital organs
Carcinoma in situ of other and unspecified sites
Carcinoma in situ of bladder
Carcinoma in situ of other and unspecified urinary organs
Carcinoma in situ of unspecified urinary organ
Carcinoma in situ of other urinary organs
Carcinoma in situ of eye
Carcinoma in situ of unspecified eye
Carcinoma in situ of right eye

Carcinoma in situ of left eye
Carcinoma in situ of thyroid and other endocrine glands
Carcinoma in situ of other specified sites
Carcinoma in situ, unspecified
Benign neoplasm of endocrine pancreas
Hemangioma of intracranial structures
Benign neoplasm of connective and other soft tissue of abdomen
Other benign neoplasm of skin, unspecified
Benign neoplasm of meninges
Benign neoplasm of cerebral meninges
Benign neoplasm of spinal meninges
Benign neoplasm of meninges, unspecified
Benign neoplasm of brain and other parts of central nervous system
Benign neoplasm of brain, supratentorial
Benign neoplasm of brain, infratentorial
Benign neoplasm of brain, unspecified
Benign neoplasm of cranial nerves
Benign neoplasm of spinal cord
Benign neoplasm of other specified parts of central nervous system
Benign neoplasm of central nervous system, unspecified
Benign neoplasm of unspecified adrenal gland
Benign neoplasm of right adrenal gland
Benign neoplasm of left adrenal gland
Benign neoplasm of pituitary gland
Benign neoplasm of craniopharyngeal duct
Benign neoplasm of pineal gland
Neoplasm of uncertain behavior of other specified digestive organs
Benign neuroendocrine tumors
Benign carcinoid tumors
Benign carcinoid tumor of unspecified site
Benign carcinoid tumors of the small intestine
Benign carcinoid tumor of the duodenum
Benign carcinoid tumor of the jejunum
Benign carcinoid tumor of the ileum

Benign carcinoid tumor of the small intestine, unspecified portion
Benign carcinoid tumors of the appendix, large intestine, and rectum
Benign carcinoid tumor of the appendix
Benign carcinoid tumor of the cecum
Benign carcinoid tumor of the ascending colon
Benign carcinoid tumor of the transverse colon
Benign carcinoid tumor of the descending colon
Benign carcinoid tumor of the sigmoid colon
Benign carcinoid tumor of the rectum
Benign carcinoid tumor of the large intestine, unspecified portion
Benign carcinoid tumors of other sites
Benign carcinoid tumor of the bronchus and lung
Benign carcinoid tumor of the thymus
Benign carcinoid tumor of the stomach
Benign carcinoid tumor of the kidney
Benign carcinoid tumor of the foregut, unspecified
Benign carcinoid tumor of the midgut, unspecified
Benign carcinoid tumor of the hindgut, unspecified
Benign carcinoid tumors of other sites
Other benign neuroendocrine tumors
Neoplasm of uncertain behavior of meninges
Neoplasm of uncertain behavior of cerebral meninges
Neoplasm of uncertain behavior of spinal meninges
Neoplasm of uncertain behavior of meninges, unspecified
Neoplasm of uncertain behavior of brain and central nervous system
Neoplasm of uncertain behavior of brain, supratentorial
Neoplasm of uncertain behavior of brain, infratentorial
Neoplasm of uncertain behavior of brain, unspecified
Neoplasm of uncertain behavior of cranial nerves
Neoplasm of uncertain behavior of spinal cord
Neoplasm of uncertain behavior of other specified parts of central nervous system
Neoplasm of uncertain behavior of central nervous system, unspecified
Neoplasm of uncertain behavior of pituitary gland
Neoplasm of uncertain behavior of craniopharyngeal duct

Neoplasm of uncertain behavior of pineal gland
Neoplasm of uncertain behavior of carotid body
Neoplasm of uncertain behavior of aortic body and other paraganglia
Polycythemia vera
Myelodysplastic syndromes
Refractory anemia without ring sideroblasts, so stated
Refractory anemia with ring sideroblasts
Refractory anemia with excess of blasts [RAEB]
Refractory anemia with excess of blasts, unspecified
Refractory anemia with excess of blasts 1
Refractory anemia with excess of blasts 2
Refractory anemia, unspecified
Myelodysplastic syndrome, unspecified
Refractory cytopenia with multilineage dysplasia
Refractory cytopenia with multilineage dysplasia and ring sideroblasts
Myelodysplastic syndrome with isolated del(5q) chromosomal abnormality
Other myelodysplastic syndromes
Systemic mastocytosis
Chronic myeloproliferative disease
Essential (hemorrhagic) thrombocythemia
Osteomyelofibrosis
Neoplasm of uncertain behavior of lymphoid, hematopoietic and related tissue, unspecified
Other specified neoplasms of uncertain behavior of lymphoid, hematopoietic and related tissue
Post-transplant lymphoproliferative disorder (PTLD)
Other specified neoplasms of uncertain behavior of lymphoid, hematopoietic and related tissue
Neoplasm of uncertain behavior of bone and articular cartilage
Neoplasm of uncertain behavior of connective and other soft tissue of abdomen
Neoplasm of unspecified behavior of bone, soft tissue, and skin
Neoplasm of unspecified behavior of brain
Neoplasm of unspecified behavior of endocrine glands and other parts of nervous system

Antineoplastic chemotherapy induced pancytopenia
Anemia due to antineoplastic chemotherapy
Agranulocytosis secondary to cancer chemotherapy
Eosinophilia, unspecified
Hypereosinophilic syndrome
Idiopathic hypereosinophilic syndrome [HES]
Lymphocytic Variant Hypereosinophilic Syndrome [LHES]
Other hypereosinophilic syndrome
Hypereosinophilic syndrome [HES], unspecified
Myelofibrosis
Multiple endocrine neoplasia [MEN] syndromes
Multiple endocrine neoplasia [MEN] syndromes, unspecified
Multiple endocrine neoplasia [MEN] syndromes type I
Multiple endocrine neoplasia [MEN] syndromes type IIA
Multiple endocrine neoplasia [MEN] syndromes type IIB
Carcinoid syndrome
Carcinoid syndrome, unspecified
Other carcinoid, unspecified
Tumor lysis syndrome
Neoplasm related pain (acute) (chronic)
Disorders of the optic chiasm in (due to) neoplasm
Disorders of visual pathways in (due to) neoplasm
Disorders of visual pathways in (due to) neoplasm, right side
Disorders of visual pathways in (due to) neoplasm, left side
Disorders of visual pathways in (due to) neoplasm, unspecified side
Disorders of visual cortex in (due to) neoplasm
Disorders of visual cortex in (due to) neoplasm, right side of brain
Disorders of visual cortex in (due to) neoplasm, left side of brain
Disorders of visual cortex in (due to) neoplasm, unspecified side of brain
Malignant pericardial effusion in disease classified elsewhere
Acute pulmonary manifestations due to radiation
Chronic and other pulmonary manifestations due to radiation
Malignant pleural effusion
Secondary spontaneous pneumothorax due to antineoplastic therapy

Secondary spontaneous pneumothorax due to radiation
Gastric intestinal metaplasia with high grade dysplasia
Gastroenteritis and colitis due to radiation
Radiation proctitis
Dysplasia of anus
Gastrointestinal mucositis (ulcerative)
Radiodermatitis
Acute radiodermatitis
Chronic dermatitis
Radiodermatitis, unspecified
Other specified disorders of the skin and subcutaneous tissue related to radiation
Disorder of the skin and subcutaneous tissue related to radiation, unspecified
Hematopoietic stem cell transplantation-associated thrombotic microangioplasty
Postradiation kyphosis
Postradiation scoliosis
Irradiation cystitis
Irradiation cystitis without hematuria
Irradiation cystitis with hematuria
Azoospermia due to radiation
Oligospermia due to radiation
Erectile dysfunction following radical prostatectomy
Erectile dysfunction following radical cystectomy
Erectile dysfunction following simple prostatectomy
Erectile dysfunction following radiation therapy
Erectile dysfunction following interstitial seed therapy
Endometrial intraepithelial neoplasia [EIN]
Maternal care for (suspected) damage to fetus by radiation
Maternal care for (suspected) damage to fetus by radiation, not applicable or unspecified
Maternal care for (suspected) damage to fetus by radiation, fetus 1
Maternal care for (suspected) damage to fetus by radiation, fetus 2
Maternal care for (suspected) damage to fetus by radiation, fetus 3
Maternal care for (suspected) damage to fetus by radiation, fetus 4
Maternal care for (suspected) damage to fetus by radiation, fetus 5
Maternal care for (suspected) damage to fetus by radiation, other fetus
Malignant neoplasm complicating pregnancy, childbirth and the puerperium

Malignant neoplasm complicating pregnancy
Malignant neoplasm complicating pregnancy, first trimester
Malignant neoplasm complicating pregnancy, second trimester
Malignant neoplasm complicating pregnancy, third trimester
Malignant neoplasm complicating pregnancy, unspecified trimester
Malignant neoplasm complicating childbirth
Malignant neoplasm complicating the puerperium
Newborn affected by maternal antineoplastic chemotherapy
Newborn affected by maternal cytotoxic drugs
Neurofibromatosis (nonmalignant)
Neurofibromatosis, unspecified
Neurofibromatosis, type 1
Neurofibromatosis, type 2
Schwannomatosis
Other neurofibromatosis
Malignant ascites
Neoplastic (malignant) related fatigue
High grade squamous intraepithelial lesion on cytologic smear of anus (HGSIL)
Cytologic evidence of malignancy on smear of anus
Cytologic evidence of malignancy on smear of cervix
High grade squamous intraepithelial lesion on cytologic smear of vagina (HGSIL)
Cytologic evidence of malignancy on smear of vagina
Intracranial space-occupying lesion found on diagnostic imaging of central nervous system
Rising PSA following treatment for malignant neoplasm of prostate
Poisoning by, adverse effect of and underdosing of antigonadotrophins, antiestrogens, antiandrogens, not elsewhere classified
Poisoning by, adverse effect of and underdosing of antigonadotrophins, antiestrogens, antiandrogens, not elsewhere classified
Poisoning by antigonadotrophins, antiestrogens, antiandrogens, not elsewhere classified, accidental (unintentional)
Poisoning by antigonadotrophins, antiestrogens, antiandrogens, not elsewhere classified, accidental (unintentional), initial encounter
Poisoning by antigonadotrophins, antiestrogens, antiandrogens, not elsewhere classified, accidental
Poisoning by antigonadotrophins, antiestrogens, antiandrogens, not elsewhere classified, accidental (unintentional), sequela

Poisoning by antigonadotrophins, antiestrogens, antiandrogens, not elsewhere classified, intentional self-harm
Poisoning by antigonadotrophins, antiestrogens, antiandrogens, not elsewhere classified, intentional self-harm, initial encounter
Poisoning by antigonadotrophins, antiestrogens, antiandrogens, not elsewhere classified, intentional self-harm, subsequent encounter
Poisoning by antigonadotrophins, antiestrogens, antiandrogens, not elsewhere classified, intentional self-harm, sequela
Poisoning by antigonadotrophins, antiestrogens, antiandrogens, not elsewhere classified, assault
Poisoning by antigonadotrophins, antiestrogens, antiandrogens, not elsewhere classified, assault, subsequent encounter
Poisoning by antigonadotrophins, antiestrogens, antiandrogens, not elsewhere classified, assault, sequela
Poisoning by antigonadotrophins, antiestrogens, antiandrogens, not elsewhere classified, undetermined
Poisoning by antigonadotrophins, antiestrogens, antiandrogens, not elsewhere classified, undetermined, initial encounter
Poisoning by antigonadotrophins, antiestrogens, antiandrogens, not elsewhere classified, undetermined, subsequent encounter
Poisoning by antigonadotrophins, antiestrogens, antiandrogens, not elsewhere classified, undetermined, sequela
Adverse effect of antigonadotrophins, antiestrogens, antiandrogens, not elsewhere classified
Adverse effect of antigonadotrophins, antiestrogens, antiandrogens, not elsewhere classified, initial encounter
Adverse effect of antigonadotrophins, antiestrogens, antiandrogens, not elsewhere classified, subsequent encounter
Adverse effect of antigonadotrophins, antiestrogens, antiandrogens, not elsewhere classified, sequela
Underdosing of antigonadotrophins, antiestrogens, antiandrogens, not elsewhere classified
Underdosing of antigonadotrophins, antiestrogens, antiandrogens, not elsewhere classified, initial encounter

Underdosing of antigonadotrophins, antiestrogens, antiandrogens, not elsewhere classified, subsequent encounter
Underdosing of antigonadotrophins, antiestrogens, antiandrogens, not elsewhere classified, sequela
Poisoning by, adverse effect of and underdosing of other and unspecified hormones and synthetic substitutes
Poisoning by, adverse effect of and underdosing of unspecified hormones and synthetic substitutes
Poisoning by unspecified hormones and synthetic substitutes, accidental (unintentional)
Poisoning by unspecified hormones and synthetic substitutes, accidental (unintentional), initial
Poisoning by unspecified hormones and synthetic substitutes, accidental (unintentional), subsequent encounter
Poisoning by unspecified hormones and synthetic substitutes, accidental (unintentional), sequela
Poisoning by unspecified hormones and synthetic substitutes, intentional self-harm
Poisoning by unspecified hormones and synthetic substitutes, intentional self-harm, initial encounter
Poisoning by unspecified hormones and synthetic substitutes, intentional self-harm, subsequent encounter
Poisoning by unspecified hormones and synthetic substitutes, intentional self-harm, sequela
Poisoning by unspecified hormones and synthetic substitutes, assault
Poisoning by unspecified hormones and synthetic substitutes, assault, initial encounter
Poisoning by unspecified hormones and synthetic substitutes, assault, subsequent encounter
Poisoning by unspecified hormones and synthetic substitutes, assault, sequela
Poisoning by unspecified hormones and synthetic substitutes, undetermined
Poisoning by unspecified hormones and synthetic substitutes, undetermined, initial encounter
Poisoning by unspecified hormones and synthetic substitutes, undetermined, subsequent encounter
Poisoning by unspecified hormones and synthetic substitutes, undetermined, sequela
Adverse effect of unspecified hormones and synthetic substitutes
Adverse effect of unspecified hormones and synthetic substitutes, initial encounter
Adverse effect of unspecified hormones and synthetic substitutes, subsequent encounter
Adverse effect of unspecified hormones and synthetic substitutes, sequela

Underdosing of unspecified hormones and synthetic substitutes
Underdosing of unspecified hormones and synthetic substitutes, initial encounter
Underdosing of unspecified hormones and synthetic substitutes, subsequent encounter
Underdosing of unspecified hormones and synthetic substitutes, sequela
Poisoning by, adverse effect of and underdosing of anterior pituitary [adenohypophyseal] hormones
Poisoning by anterior pituitary [adenohypophyseal] hormones, accidental (unintentional)
Poisoning by anterior pituitary [adenohypophyseal] hormones, accidental (unintentional), initial encounter
Poisoning by anterior pituitary [adenohypophyseal] hormones, accidental (unintentional), subsequent encounter
Poisoning by anterior pituitary [adenohypophyseal] hormones, accidental (unintentional), sequela
Poisoning by anterior pituitary [adenohypophyseal] hormones, intentional self-harm
Poisoning by anterior pituitary [adenohypophyseal] hormones, intentional self-harm, initial encounter
Poisoning by anterior pituitary [adenohypophyseal] hormones, intentional self-harm, subsequent encounter
Poisoning by anterior pituitary [adenohypophyseal] hormones, intentional self-harm, sequela
Poisoning by anterior pituitary [adenohypophyseal] hormones, assault
Poisoning by anterior pituitary [adenohypophyseal] hormones, assault, initial encounter
Poisoning by anterior pituitary [adenohypophyseal] hormones, assault, subsequent encounter
Poisoning by anterior pituitary [adenohypophyseal] hormones, assault, sequela
Poisoning by anterior pituitary [adenohypophyseal] hormones, undetermined
Poisoning by anterior pituitary [adenohypophyseal] hormones, undetermined, initial encounter
Poisoning by anterior pituitary [adenohypophyseal] hormones, undetermined, subsequent encounter
Poisoning by anterior pituitary [adenohypophyseal] hormones, undetermined, sequela
Adverse effect of anterior pituitary [adenohypophyseal] hormones
Adverse effect of anterior pituitary [adenohypophyseal] hormones, initial encounter

Adverse effect of anterior pituitary [adenohypophyseal] hormones, subsequent encounter
Adverse effect of anterior pituitary [adenohypophyseal] hormones, sequela
Underdosing of anterior pituitary [adenohypophyseal] hormones
Underdosing of anterior pituitary [adenohypophyseal] hormones, initial encounter
Underdosing of anterior pituitary [adenohypophyseal] hormones, subsequent encounter
Underdosing of anterior pituitary [adenohypophyseal] hormones, sequela
Poisoning by, adverse effect of and underdosing of other hormones and synthetic substitutes
Poisoning by other hormones and synthetic substitutes, accidental (unintentional)
Poisoning by other hormones and synthetic substitutes, accidental (unintentional), initial encounter
Poisoning by other hormones and synthetic substitutes, accidental (unintentional), subsequent encounter
Poisoning by other hormones and synthetic substitutes, accidental (unintentional), sequela
Poisoning by other hormones and synthetic substitutes, intentional self-harm
Poisoning by other hormones and synthetic substitutes, intentional self-harm, initial encounter
Poisoning by other hormones and synthetic substitutes, intentional self-harm, subsequent encounter
Poisoning by other hormones and synthetic substitutes, intentional self-harm, sequela
Poisoning by other hormones and synthetic substitutes, assault
Poisoning by other hormones and synthetic substitutes, assault, initial encounter
Poisoning by other hormones and synthetic substitutes, assault, subsequent encounter
Poisoning by other hormones and synthetic substitutes, assault, sequela
Poisoning by other hormones and synthetic substitutes, undetermined
Poisoning by other hormones and synthetic substitutes, undetermined, initial encounter
Poisoning by other hormones and synthetic substitutes, undetermined, subsequent encounter
Poisoning by other hormones and synthetic substitutes, undetermined, sequela
Adverse effect of other hormones and synthetic substitutes
Adverse effect of other hormones and synthetic substitutes, initial encounter
Adverse effect of other hormones and synthetic substitutes, subsequent encounter

Adverse effect of other hormones and synthetic substitutes, sequela
Underdosing of other hormones and synthetic substitutes
Underdosing of other hormones and synthetic substitutes, initial encounter
Underdosing of other hormones and synthetic substitutes, subsequent encounter
Underdosing of other hormones and synthetic substitutes, sequela
Poisoning by, adverse effect of and underdosing of other and unspecified hormone antagonists
Poisoning by, adverse effect of and underdosing of unspecified hormone antagonists
Poisoning by unspecified hormone antagonists, accidental (unintentional)
Poisoning by unspecified hormone antagonists, accidental (unintentional), initial encounter
Poisoning by unspecified hormone antagonists, accidental (unintentional), subsequent encounter
Poisoning by unspecified hormone antagonists, accidental (unintentional), sequela
Poisoning by unspecified hormone antagonists, intentional self-harm
Poisoning by unspecified hormone antagonists, intentional self-harm, initial encounter
Poisoning by unspecified hormone antagonists, intentional self-harm, subsequent encounter
Poisoning by unspecified hormone antagonists, intentional self-harm, sequela
Poisoning by unspecified hormone antagonists, assault
Poisoning by unspecified hormone antagonists, assault, initial encounter
Poisoning by unspecified hormone antagonists, assault, subsequent encounter
Poisoning by unspecified hormone antagonists, assault sequela
Poisoning by unspecified hormone antagonists, undetermined
Poisoning by unspecified hormone antagonists, undetermined, initial encounter
Poisoning by unspecified hormone antagonists, undetermined, subsequent encounter
Poisoning by unspecified hormone antagonists, undetermined sequela
Adverse effect of unspecified hormone antagonists
Adverse effect of unspecified hormone antagonists, initial encounter
Adverse effect of unspecified hormone antagonists, subsequent encounter
Adverse effect of unspecified hormone antagonists, sequela
Underdosing of unspecified hormone antagonists
Underdosing of unspecified hormone antagonists, initial encounter
Underdosing of unspecified hormone antagonists, subsequent encounter

Underdosing of unspecified hormone antagonists, sequela
Poisoning by, adverse effect of and underdosing of other hormone antagonists
Poisoning by other hormone antagonists, accidental (unintentional)
Poisoning by other hormone antagonists, accidental (unintentional), initial encounter
Poisoning by other hormone antagonists, accidental (unintentional), subsequent encounter
Poisoning by other hormone antagonists, accidental (unintentional), sequela
Poisoning by other hormone antagonists, intentional self-harm
Poisoning by other hormone antagonists, intentional self-harm, initial encounter
Poisoning by other hormone antagonists, intentional self-harm, subsequent encounter
Poisoning by other hormone antagonists, intentional self-harm, sequela
Poisoning by other hormone antagonists, assault
Poisoning by other hormone antagonists, assault, initial encounter
Poisoning by other hormone antagonists, assault, subsequent encounter
Poisoning by other hormone antagonists, assault, sequela
Poisoning by other hormone antagonists, undetermined
Poisoning by other hormone antagonists, undetermined, initial encounter
Poisoning by other hormone antagonists, undetermined, subsequent encounter
Poisoning by other hormone antagonists, undetermined, sequela
Adverse effect of other hormone antagonists
Adverse effect of other hormone antagonists, initial encounter
Adverse effect of other hormone antagonists, subsequent encounter
Adverse effect of other hormone antagonists, sequela
Underdosing of other hormone antagonists
Underdosing of other hormone antagonists, initial encounter
Underdosing of other hormone antagonists, subsequent encounter
Underdosing of other hormone antagonists, sequela
Poisoning by, adverse effect of and underdosing of antineoplastic and immunosuppressive drugs
Poisoning by, adverse effect of and underdosing of antineoplastic and immunosuppressive drugs
Poisoning by antineoplastic and immunosuppressive drugs, accidental (unintentional)
Poisoning by antineoplastic and immunosuppressive drugs, accidental (unintentional), initial
Poisoning by antineoplastic and immunosuppressive drugs, accidental (unintentional), subsequent
Poisoning by antineoplastic and immunosuppressive drugs, accidental (unintentional), sequela

Poisoning by antineoplastic and immunosuppressive drugs, intentional self-harm
Poisoning by antineoplastic and immunosuppressive drugs, intentional self-harm, initial encounter
Poisoning by antineoplastic and immunosuppressive drugs, intentional self-harm, subsequent
Poisoning by antineoplastic and immunosuppressive drugs, intentional self-harm, sequela
Poisoning by antineoplastic and immunosuppressive drugs, assault
Poisoning by antineoplastic and immunosuppressive drugs, assault, initial encounter
Poisoning by antineoplastic and immunosuppressive drugs, assault, subsequent encounter
Poisoning by antineoplastic and immunosuppressive drugs, assault, sequela
Poisoning by antineoplastic and immunosuppressive drugs, undetermined
Poisoning by antineoplastic and immunosuppressive drugs, undetermined, initial encounter
Poisoning by antineoplastic and immunosuppressive drugs, undetermined, subsequent encounter
Poisoning by antineoplastic and immunosuppressive drugs, undetermined, sequela
Adverse effect of antineoplastic and immunosuppressive drugs
Adverse effect of antineoplastic and immunosuppressive drugs, initial encounter
Adverse effect of antineoplastic and immunosuppressive drugs, subsequent encounter
Adverse effect of antineoplastic and immunosuppressive drugs, sequela
Underdosing of antineoplastic and immunosuppressive drugs
Underdosing of antineoplastic and immunosuppressive drugs, initial encounter
Underdosing of antineoplastic and immunosuppressive drugs, subsequent encounter
Underdosing of antineoplastic and immunosuppressive drugs, sequela
Poisoning by, adverse effect of and underdosing of other primarily systemic and hematological agents
Poisoning by, adverse effect of and underdosing of other primarily systemic and hematological agents
Poisoning by other primarily systemic and hematological agents, accidental (unintentional)
Poisoning by other primarily systemic and hematological agents, accidental (unintentional), initial encounter
Poisoning by other primarily systemic and hematological agents, accidental (unintentional), subsequent encounter

Poisoning by other primarily systemic and hematological agents, accidental (unintentional), sequela
Poisoning by other primarily systemic and hematological agents, intentional self-harm
Poisoning by other primarily systemic and hematological agents, intentional self-harm, initial encounter
Poisoning by other primarily systemic and hematological agents, intentional self-harm, subsequent encounter
Poisoning by other primarily systemic and hematological agents, intentional self-harm, sequela
Poisoning by other primarily systemic and hematological agents, assault
Poisoning by other primarily systemic and hematological agents, assault, initial encounter
Poisoning by other primarily systemic and hematological agents, assault, subsequent encounter
Poisoning by other primarily systemic and hematological agents, assault, sequela
Poisoning by other primarily systemic and hematological agents, undetermined
Poisoning by other primarily systemic and hematological agents, undetermined, initial encounter
Poisoning by other primarily systemic and hematological agents, undetermined, subsequent encounter
Poisoning by other primarily systemic and hematological agents, undetermined, sequela
Adverse effect of other primarily systemic and hematological agents
Adverse effect of other primarily systemic and hematological agents, initial encounter
Adverse effect of other primarily systemic and hematological agents, subsequent encounter
Adverse effect of other primarily systemic and hematological agents, sequela
Underdosing of other primarily systemic and hematological agents
Underdosing of other primarily systemic and hematological agents, initial encounter
Underdosing of other primarily systemic and hematological agents, subsequent encounter
Underdosing of other primarily systemic and hematological agents, sequela
Poisoning by, adverse effect of and underdosing of unspecified primarily systemic and hematological agent
Poisoning by unspecified primarily systemic and hematological agent, accidental (unintentional)

Poisoning by unspecified primarily systemic and hematological agent, accidental (unintentional), initial encounter
Poisoning by unspecified primarily systemic and hematological agent, accidental (unintentional), subsequent encounter
Poisoning by unspecified primarily systemic and hematological agent, accidental (unintentional), sequela
Poisoning by unspecified primarily systemic and hematological agent, intentional self-harm
Poisoning by unspecified primarily systemic and hematological agent, intentional self-harm, initial encounter
Poisoning by unspecified primarily systemic and hematological agent, intentional self-harm, subsequent encounter
Poisoning by unspecified primarily systemic and hematological agent, intentional self-harm, sequela
Poisoning by unspecified primarily systemic and hematological agent, assault
Poisoning by unspecified primarily systemic and hematological agent, assault, initial encounter
Poisoning by unspecified primarily systemic and hematological agent, assault, subsequent encounter
Poisoning by unspecified primarily systemic and hematological agent, assault, sequela
Poisoning by unspecified primarily systemic and hematological agent, undetermined
Poisoning by unspecified primarily systemic and hematological agent, undetermined, initial encounter
Poisoning by unspecified primarily systemic and hematological agent, undetermined, subsequent encounter
Poisoning by unspecified primarily systemic and hematological agent, undetermined, sequela
Adverse effect of unspecified primarily systemic and hematological agent
Adverse effect of unspecified primarily systemic and hematological agent, initial encounter
Adverse effect of unspecified primarily systemic and hematological agent, subsequent encounter
Adverse effect of unspecified primarily systemic and hematological agent, sequela
Underdosing of unspecified primarily systemic and hematological agent

Underdosing of unspecified primarily systemic and hematological agent, initial encounter
Underdosing of unspecified primarily systemic and hematological agent, subsequent encounter
Underdosing of unspecified primarily systemic and hematological agent, sequela
Poisoning by, adverse effect of and underdosing of immune checkpoint inhibitors and immunostimulant drugs
Poisoning by, adverse effect of and underdosing of immune checkpoint inhibitors and immunostimulant drugs, accidental (unintentional)
-Poisoning by immune checkpoint inhibitors and immunostimulant drugs NOS
Poisoning by, adverse effect of and underdosing of immune checkpoint inhibitors and immunostimulant drugs, intentional self-harm
Poisoning by, adverse effect of and underdosing of immune checkpoint inhibitors and immunostimulant drugs, assault
Poisoning by, adverse effect of and underdosing of immune checkpoint inhibitors and immunostimulant drugs, undetermined
Adverse effect of immune checkpoint inhibitors and immunostimulant drugs
Underdosing of immune checkpoint inhibitors and immunostimulant drugs
Radiation sickness, unspecified
Radiation sickness, unspecified, initial encounter
Radiation sickness, unspecified, subsequent encounter
Radiation sickness, unspecified, sequela
Extravasation of vesicant agent
Extravasation of vesicant antineoplastic chemotherapy
Extravasation of vesicant antineoplastic chemotherapy, initial encounter
Extravasation of vesicant antineoplastic chemotherapy, subsequent encounter
Extravasation of vesicant antineoplastic chemotherapy, sequela
Extravasation of other vesicant agent
Extravasation of other vesicant agent, initial encounter
Extravasation of other vesicant agent, subsequent encounter
Extravasation of other vesicant agent, sequela
Complication of immune effector cell therapy
Complication of immune effector cell therapy, initial encounter
Complication of immune effector cell therapy, subsequent encounter

Complication of immune effector cell therapy, sequela
Complications of bone marrow transplant
Unspecified complication of bone marrow transplant
Bone marrow transplant rejection
Bone marrow transplant failure
Bone marrow transplant infection
Other complications of bone marrow transplant
Overdose of radiation given during therapy
Radiological procedure and radiotherapy as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure
Encounter for follow-up examination after completed treatment for malignant neoplasm
Encounter for prophylactic surgery
Encounter for prophylactic surgery for risk factors related to malignant neoplasms
Encounter for prophylactic removal of unspecified organ
Encounter for prophylactic removal of breast
Encounter for prophylactic removal of ovary(s)
Encounter for prophylactic removal of fallopian tube(s)
Encounter for prophylactic removal of other organ
Encounter for other prophylactic surgery
Encounter for prophylactic surgery, unspecified
Encounter for breast reconstruction following mastectomy
Encounter for aftercare following bone marrow transplant
Aftercare following surgery for neoplasm
Encounter for antineoplastic radiation therapy
Encounter for antineoplastic chemotherapy and immunotherapy
Encounter for antineoplastic chemotherapy
Encounter for antineoplastic immunotherapy
Encounter for palliative care
Encounter for other specified aftercare
Long term (current) use of chemotherapeutic agent
Long term (current) use of alkylating agent
Long term (current) use of antimetabolite agent

Long term (current) use of antitumor antibiotic
Long term (current) use of mitotic inhibitor
Long term (current) use of topoisomerase inhibitor
Long term (current) use of myelosuppressive agent
Long term (current) use of agents affecting estrogen receptors and estrogen levels
Long term (current) use of selective estrogen receptor modulators (SERMs)
Long term (current) use of aromatase inhibitors
Long term (current) use of other agents affecting estrogen receptors and estrogen levels
Personal history of malignant neoplasm
Personal history of malignant neoplasm of digestive organs
Personal history of malignant neoplasm of unspecified digestive organ
Personal history of malignant neoplasm of esophagus
Personal history of malignant neoplasm of stomach
Personal history of malignant carcinoid tumor of stomach
Personal history of other malignant neoplasm of stomach
Personal history of malignant neoplasm of large intestine
Personal history of malignant carcinoid tumor of large intestine
Personal history of other malignant neoplasm of large intestine
Personal history of malignant neoplasm of rectum, rectosigmoid junction, and anus
Personal history of malignant carcinoid tumor of rectum
Personal history of other malignant neoplasm of rectum, rectosigmoid junction, and anus

Personal history of malignant neoplasm of liver
Personal history of malignant neoplasm of small intestine
Personal history of malignant carcinoid tumor of small intestine
Personal history of other malignant neoplasm of small intestine
Personal history of malignant neoplasm of pancreas
Personal history of malignant neoplasm of other digestive organs
Personal history of malignant neoplasm of trachea, bronchus and lung
Personal history of malignant neoplasm of bronchus and lung
Personal history of malignant carcinoid tumor of bronchus and lung
Personal history of other malignant neoplasm of bronchus and lung
Personal history of malignant neoplasm of trachea
Personal history of malignant neoplasm of other respiratory and intrathoracic organs
Personal history of malignant neoplasm of unspecified respiratory organ
Personal history of malignant neoplasm of larynx
Personal history of malignant neoplasm of nasal cavities, middle ear, and accessory sinuses
Personal history of malignant neoplasm of thymus
Personal history of malignant carcinoid tumor of thymus

Personal history of other malignant neoplasm of thymus
Personal history of malignant neoplasm of other respiratory and intrathoracic organs
Personal history of malignant neoplasm of breast
Personal history of malignant neoplasm of genital organs
Personal history of malignant neoplasm of unspecified female genital organ
Personal history of malignant neoplasm of cervix uteri
Personal history of malignant neoplasm of other parts of uterus
Personal history of malignant neoplasm of ovary
Personal history of malignant neoplasm of other female genital organs
Personal history of malignant neoplasm of unspecified male genital organ
Personal history of malignant neoplasm of prostate
Personal history of malignant neoplasm of testis
Personal history of malignant neoplasm of epididymis
Personal history of malignant neoplasm of other male genital organs
Personal history of malignant neoplasm of urinary tract
Personal history of malignant neoplasm of unspecified urinary tract organ
Personal history of malignant neoplasm of bladder

Personal history of malignant neoplasm of kidney
Personal history of malignant carcinoid tumor of kidney
Personal history of other malignant neoplasm of kidney
Personal history of malignant neoplasm of renal pelvis
Personal history of malignant neoplasm of ureter
Personal history of malignant neoplasm of other urinary tract organ
Personal history of leukemia
Personal history of other malignant neoplasms of lymphoid, hematopoietic and related tissues
Personal history of Hodgkin lymphoma
Personal history of non-Hodgkin lymphomas
Personal history of other malignant neoplasms of lymphoid, hematopoietic and related tissues
Personal history of malignant neoplasms of other organs and systems
Personal history of malignant neoplasm of lip, oral cavity, and pharynx
Personal history of malignant neoplasm of tongue
Personal history of malignant neoplasm of other sites of lip, oral cavity, and pharynx
Personal history of malignant neoplasm of unspecified site of lip, oral cavity, and pharynx
Personal history of malignant neoplasm of skin

Personal history of malignant melanoma of skin
Personal history of Merkel cell carcinoma
Personal history of other malignant neoplasm of skin
Personal history of malignant neoplasm of bone and soft tissue
Personal history of malignant neoplasm of bone
Personal history of malignant neoplasm of soft tissue
Personal history of malignant neoplasm of eye and nervous tissue
Personal history of malignant neoplasm of eye
Personal history of malignant neoplasm of brain
Personal history of malignant neoplasm of other parts of nervous tissue
Personal history of malignant neoplasm of endocrine glands
Personal history of malignant neoplasm of thyroid
Personal history of malignant neoplasm of other endocrine glands
Personal history of malignant neoplasm of other organs and systems
Personal history of malignant neoplasm, unspecified
Personal history of in-situ neoplasm
Personal history of in-situ neoplasm of breast

Personal history of in-situ neoplasm of cervix uteri
Personal history of in-situ neoplasm of other and unspecified genital organs
Personal history of in-situ neoplasm of oral cavity, esophagus and stomach
Personal history of in-situ neoplasm of other and unspecified digestive organs
Personal history of in-situ neoplasm of middle ear and respiratory system
Personal history of melanoma in-situ
Personal history of in-situ neoplasm of skin
Personal history of in-situ neoplasm of other site
Personal history of colonic polyps
Personal history of benign neoplasm of the brain
Personal history of benign carcinoid tumor
Personal history of antineoplastic chemotherapy
Personal history of estrogen therapy
Personal history of immunosuppression therapy
Personal history of immune checkpoint inhibitor (ICI) (drug) therapy
Personal history of irradiation
Personal history of Chimeric Antigen Receptor T-cell therapy

Bone marrow transplant status
Stem cells transplant status

Appendix P

2025 Resources for Registrars

RECOMMENDED TRAINING RESOURCES FOR CANCER REGISTRARS

FCDS has put together a listing of available Training Resources for New Registrars. We hope this will help new registrars with reliable training resources to cover the primary topics necessary to learn how to abstract and understand what it takes to become a Cancer Registrar.

NAACCR also offers a FREE Cancer Registrar Training Guide on its Website. This 51-week guide provides information on all things related to the Cancer Registry, including a Progress Tracking Form. Becoming a Cancer Registrar and an Oncology Data Specialist (ODS) is a lengthy process. The NAACCR Cancer Registrar Training Guide, v4 was published in 2020 and is available at <https://www.naaccr.org/wp-content/uploads/2020/05/Registry-Training-Guide-1.pdf>

Recommended Resources:

- **NCRA Accredited Cancer Certificate and/or Degree Programs** - <https://www.ncra-usa.org/About/Become-a-Cancer-Registrar>
- See FCDS DAM Section I – Required and Recommended Desktop References
- See Appendix P – Registrar Resources
- See FLccSC Learning Management System and FCDS IDEA for Access to Recordings
- NEED ACCESS TO ALL 2025 Manuals, Tools and Guidelines/Instructions – Appendix P and <https://www.naaccr.org/v22referencepage/>
- SEER Site-Specific Modules and Self-Instructional Training - <https://seer.cancer.gov/training/>
- NPCR NETS Modules – available on FLccSC
- NAACCR Cancer Registrar Training Guide - <https://www.naaccr.org/wp-content/uploads/2020/05/Registry-Training-Guide-1.pdf>
- NCRA offers basic courses, webinars, and ODS Exam Prep – <http://www.ncra-usa.org>
- NCRA also hosts ways to become a cancer registrar and becoming an ODS – <https://www.ncra-usa.org/ODS-Credential>
- 2024 SEER Tools – SEER*Rx, SEER*Heme Rules and Database, SEER*RSA, SEER Solid Tumor Rules, Casefinding Lists and much more available on the SEER Website @ <http://seer.cancer.gov>.
- SEER*Educate - <https://educate.fredhutch.org/LandingPage.aspx>
- 2025 FCDS Data Acquisition Manual - <https://fcds.med.miami.edu/inc/downloads.shtml>
- 2025 FCDS Webcast Series - <https://fcds.med.miami.edu/inc/educationtraining.shtml>
- FCDS Learning Management System – FLccSC - <https://fcds.med.miami.edu/inc/flccsc.shtml>
- 2025 NAACCR ODS Exam Prep and Review Webinar Series - <https://education.naaccr.org/CTR>
- American Cancer Society has cancer-specific educational materials in their Cancer A-Z Series - <https://www.cancer.org/cancer.html>
- National Cancer Institute has information – start here with the About Cancer Series – then go to specific cancer types to reinforce topics and concepts - <https://www.cancer.gov/about-cancer>
- AJCC has basic AJCC TNM Training – <https://www.facs.org/quality-programs/cancer-programs/american-joint-committee-on-cancer/staging-education/registrar/curriculum/>

APPENDIX P – REFERENCES AND RESOURCES FOR CANCER REGISTRARS (Updated July 2025)

2025 References and Resources for Cancer Registrars		
Education and Training Resources		
FLccSC	Florida's Online Learning Management System – Fundamental Learning Collaborative for the Cancer Surveillance Community (FLccSC)	https://fcds.med.miami.edu/inc/flccsc.shtml
FCDS Continuing Education Webcast Series, NAACCR Series, FCDS Annual Conference	Recorded Webcasts, Webinars, Conferences and any associated background materials, exercises, quizzes	https://fcds.med.miami.edu/inc/flccsc.shtml
SEER Self-Instruction Training Website	SEER's Self-Paced Instruction and Training Website	http://training.seer.cancer.gov/
SEER*Educat	Online Training Platform for Cancer Registrars	Seer Educate
SEER Self-Instructional Training Resources	Solid Tumor Rules Training Glossary for Registrars Hematopoietic and Lymphoid Neoplasms Training SEER Self-Instructional Manuals for Tumor Registrars	http://seer.cancer.gov/training/
NCRA Education and Training	NCRA Annual Conference, CTR Exam Preparation materials, Recorded Webinars, Continuing Education including NCRA Center for Cancer Registry Education	https://www.ncra-usa.org/Education
ODS Examination Resources	NCRA Council on Certification	https://www.ncra-usa.org/ODS-Credential
NAACCR Registrar Training Guide (2020)	51-week guide for training new registrars	https://www.naaccr.org/wp-content/uploads/2020/05/Registry-Training-Guide-1.pdf
Understanding Central Cancer Registries	Self-paced self-instruction for central registries	https://education.naaccr.org/products/understanding-central-cancer-registries
AJCC TNM Education and Training	Self-Instruction Modules for AJCC TNM Training Recorded Resources for AJCC TNM Training	https://cancerstaging.org/CSE/Registrar/Pages/8thEditionWebinars.aspx https://cancerstaging.org/CSE/Registrar/Pages/default.aspx
NAACCR Education and Training	NAACCR Annual Conference, Monthly NAACCR Cancer Surveillance Webinar Series, ODS Exam Preparation Webinar Series, Continuing Education	http://www.naaccr.org
American Cancer Society	Learn About Cancer and Various Cancer Topics	http://www.cancer.org/cancer/index
National Cancer Institute	Understanding Cancer Series (also in Spanish)	http://www.cancer.gov/ http://www.cancer.gov/about-cancer/what-is-cancer http://www.cancer.gov/espanol/cancer/que-es
National Comprehensive Cancer Network (NCCN)	Treatment Guidelines by Cancer Site	http://www.nccn.org/

APPENDIX P – REFERENCES AND RESOURCES FOR CANCER REGISTRARS (Updated July 2025)

Newsletters	Web Address	Notes
FCDS Memo	http://www.fcdsmemo.com	Florida Cancer Data System Memo written for cancer registrars
FCRA Sun Times Newsletter	http://www.fcra.org/	Florida Cancer Registrars Association quarterly newsletter
COC Source	https://www.facs.org/publications/newsletters/coc-source	Commission on Cancer's newsletter.
The CoC Brief	http://www.multibriefs.com/briefs/acsorg/	Multi-Briefs for American College of Surgeons/CoC
The NAACCR Narrative	http://www.naaccr.org/AboutNAACCR/Newsletter.aspx	Newsletter for Central Cancer Registries in North America
NCRA News NCRA Connection The Journal of Registry Management	http://www.ncra-usa.org	NCRA Newsletter and Peer-Review Journal

APPENDIX P – REFERENCES AND RESOURCES FOR CANCER REGISTRARS (Updated July 2025)

REQUIRED DESKTOP REFERENCES

REQUIRED REFERENCE	ORDERING INFORMATION/LINKS
FCDS Data Acquisition Manual, 2025	FCDS, Florida Cancer Data System PO Box 016960 (D4-11) Miami, FL 33101 The Florida Cancer Data System - Downloads (miami.edu)
FCDS IDEA – FCDS Secure Web-Based Software to abstract cases, upload batched cases, access FLccSC, QC Review, Audits	The Florida Cancer Data System Home Page (miami.edu)
FLccSC Learning Management System FCDS Abstractor Code Test, FCDS Continuing Education Webcast Series, NAACCR Webinar Recordings, FCDS Annual Conference, etc.	The Florida Cancer Data System - FLccSC (miami.edu)
FCDS v25 EDITS Metafile	The Florida Cancer Data System - Downloads (miami.edu)
2025 Instructional Manuals/Guidelines	https://apps.naaccr.org/data-dictionary/data-dictionary/version=24/chapter-view/
Current Solid Tumor Manual	https://seer.cancer.gov/tools/solidtumor/
Current Grade Coding Manual	https://www.naaccr.org/wp-content/uploads/2022/10/Grade-Coding-Instructions-and-Tables-v3.pdf?v=1688673341
Current Site-Specific Data Items Manual	https://apps.naaccr.org/ssdi/list/
Current SEER Summary Stage Manual	https://seer.cancer.gov/tools/ssm/
Cancer PathChart	https://seer.cancer.gov/cancerpathchart/products.html
Current SEER RSA – Registrar Staging Assistant – online staging assistant	https://seer.cancer.gov/tools/staging/rsa.html
Current SEER*Rx – Interactive Drug Database	https://seer.cancer.gov/tools/seerrx/

APPENDIX P – REFERENCES AND RESOURCES FOR CANCER REGISTRARS (Updated July 2025)

Current <i>Hematopoietic and Lymphoid Neoplasm Case Reportability and Coding Manual</i> and Hematopoietic Database (desktop or web-based versions available)	Hematopoietic Project - SEER Registrars
Current NAACCR ICD-O-3 Coding Guidelines, Annotated Histology List	https://www.naaccr.org/icdo3/
<i>ICD-O-3.2 Excel Table</i> downloaded from the IACR/WHO Website	Downloadable Excel File Version of ICD-O-3.2 http://www.iacr.com.fr/index.php?option=com_content&view=article&id=149:icd-o-3-2&catid=80&Itemid=545
<i>International Classification of Diseases for Oncology</i>, 3rd ed. Geneva, World Health Organization: 2000	The World Health Organization WHO Publications Center USA; 49 Sheridan Avenue; Albany, NY 12210 https://www.who.int/standards/classifications/other-classifications/international-classification-of-diseases-for-oncology

APPENDIX P – REFERENCES AND RESOURCES FOR CANCER REGISTRARS (Updated July 2025)

RECOMMENDED DESKTOP REFERENCES

RECOMMENDED BOOK	ORDERING INFORMATION/LINKS
<i>2025 CoC STORE Manual - CoC Standards for Oncology Registry Entry</i>	American College of Surgeons (ACS) 55 East Erie Street Chicago, IL 60611-2797 store-manual-2025.pdf
<i>2024 SEER Program Code Manual</i>	National Cancer Institute Publications Ordering Service P.O. Box 24128, Baltimore, MD 21227, 301-330-7968 SEER Program Coding and Staging Manual
<i>Cancer Registry Management Principles and Practice for Hospitals and Central Registries</i> , 4 th Edition, 2021	National Cancer Registrars Association https://www.ncra-usa.org/About/Store/Store-Professional-Resources/BKctl/ViewDetails/SKU/NCRCRMTXBK4ED
<i>NAACCR Standards for Cancer Registries</i> <i>Volume II: Data Standards and Data Dictionary</i> , current edition (v25)	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 https://www.naaccr.org/
EDITS Software – EditWriter 6 and GenEdits Plus	https://www.cdc.gov/cancer/npcr/tools/edits/index.htm
NAACCR v25 EDITS Metafile	https://www.naaccr.org/standard-data-edits/
FCDS v25 EDITS Metafile	The Florida Cancer Data System - Downloads (miami.edu)
<i>Cancer Principles and Practice of Oncology</i> , 10 th edition	Lippincott Williams & Wilkins Publishers 227 East Washington Square Philadelphia, PA 19106-3780

APPENDIX P – REFERENCES AND RESOURCES FOR CANCER REGISTRARS (Updated July 2025)

	ISBN-10: 1451192940 ISBN-13: 9781451192940
<i>American Cancer Society Textbook of Clinical Oncology</i>	American Cancer Society Vermont Division, Inc. 13 Loomis Street Montpelier, VT 05602 https://www.cancer.org/ ISBN-13: 978-0944235072 ISBN-10: 0944235077
<i>CA: A Cancer Journal for Clinicians</i>	Lippincott Williams & Wilkins Publishers P.O. Box 1600 Hagerstown, MD 21741-9910 301-223-2300 (Voice) https://acsjournals.onlinelibrary.wiley.com/journal/15424863?journalRedirectCheck=true
AJCC Cancer Staging System Products AJCC Cancer Staging Manual, 8th ed AJCC Cancer Staging, Version 9	https://www.facs.org/quality-programs/cancer-programs/american-joint-committee-on-cancer/cancer-staging-systems/cancer-staging-system-products/

Appendix Q

Florida DOH Letter Outlining Florida SSN Data Collection Requirement

FCDS Frequently Asked Questions

Facility Access Administrator (FAA) and FAA Responsibilities

FCDS Profile Modification Form

FCDS Abstractor Code

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Rick Scott
Governor

John H. Armstrong, MD, FACS
State Surgeon General & Secretary

Vision: To be the Healthiest State in the Nation

To: Florida Reporting Facilities and Abstractors**RE: Patient Social Security Number – A Florida Mandated Data Item**

The Florida Department of Health would like to remind all reporting entities that a complete and accurately transcribed Social Security Number (SSN) is a required data item that **MUST** be reported to the state cancer registry, the Florida Cancer Data System (FCDS). Per Rule 64D-3, *Florida Administrative Code (F.A.C.)*, diseases or conditions of public health significance identified by the Florida Department of Health must be reported by the practitioner, hospital, laboratory, or other entity or individual, and this report must include at a minimum the patient's first and last name, including middle initial; address, including city, state, and zip code; telephone number, including area code; date of birth; sex; race; ethnicity; **social security number**; diagnosis; type of diagnostic tests; and treatment given. Cancer is a reportable disease in the state of Florida and all reportable cancers submitted to the FCDS must have a social security number (SSN).

Within the reporting entity, the appropriate assigned staff (e.g. registrar and abstractor) **MUST** have access to a complete and valid SSN for every case reported to the FCDS, regardless of cancer program affiliation, health care network policy, corporate policy or local institutional policy restricting access to these data. Reportable cancers **MUST** be submitted to the FCDS with full SSN. There are no exceptions to this reporting rule.

The number of unknown SSNs submitted to the FCDS must be kept to an absolute minimum. Partial SSN (last 4-digits or last 6-digits) and IT or billing system generated proxy SSN are not acceptable and will be rejected if uploaded to the FCDS. Operationally, the FCDS is required to match and consolidate cancer cases to accurately determine the cancer burden in the state. Cancer burden statistics disseminated from the FCDS are integral to local, state, and national cancer prevention and intervention plans.

For more information on current reporting requirements to the FCDS and specific coding instructions, please reference the Florida Cancer Data System Data Acquisition Manual (FCDS DAM). Specifically, within the 2014 FCDS DAM, Section II pages 69-70, the collection and coding of Social Security Number (SSN) is outlined.

Thank you for your continued support of Florida's statewide cancer surveillance and registry. If you should have any further questions please contact Steve Peace at 305-243-4601 or speace@med.miami.edu.

Sincerely,

Dongming Cui, MD, DrPH
Cancer Registry Project Director
Bureau of Epidemiology
Division of Disease Control and Health Protection
Florida Department of Health

Florida Department of Health

Division of Disease Control & Health Protection • Bureau of Epidemiology
4052 Bald Cypress Way, Bin A-12 • Tallahassee, FL 32399-1720
PHONE: 850/245-4401 • FAX 850/922-9299

www.FloridaHealth.gov

TWITTER: HealthyFLA
FACEBOOK: FLDepartmentofHealth
YOUTUBE: fldoh

FCDS IDEA Frequently Asked Questions (FAQs)

FCDS IDEA USER ACCOUNT

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User ID Retrieval

p. 3 **User Account Renewal**

FACILITY ACCESS ADMINISTRATOR (FAA)

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p. 4 **FCDS Requirements**

Establishing the FAA

p. 5 **Management of FAA User Role Assignments**

Frequently Asked Questions (FAQs)

FCDS IDEA User Accounts

1.) Do I need an FCDS IDEA User Account?

Yes, anyone accessing IDEA will need an FCDS IDEA User Account.

2.) How do I create an FCDS IDEA user account?

Please follow the instructions as listed below:

- a. If you have not already installed the FCDS IDEA application. Please go the FCDS website at <https://fcds.med.miami.edu/inc/tutorials.shtml> to download and install the application.
- b. Open the FCDS IDEA application
- c. Click **'Create New User/Register'** button
- d. The 'User Type Identification Screen' appears
- e. Select user role appropriate for your user account
- f. Click Continue
- g. The 'Create FCDS User Account' screen appears (**all fields with an * are required**)
 - a. Create a password
 - b. Re-enter the password to verify
 - c. Enter your email address
 - i. **Email address cannot be used with any other IDEA User Account**
 - ii. **Email address is required to receive your user information**
 - d. Re-enter your email address to verify
 - e. Select security question and answer
 - f. Complete demographic information
 - i. Name
 - ii. Complete mailing address
 - iii. Phone number/ Fax/ Alternate number
 - g. Verify your entries before clicking submit.
 - i. Once you click **Submit** an e-mail is generated and sent to your e-mail address.
 - ii. This email includes your assigned **User ID** and activation information.
 - iii. **You MUST respond to activate the user account.**
- h. Click on the link within the email to activate your account
- i. The IDEA log-in screen will appear
 - a. Input the username provided in email
 - b. Input the password you created during your account setup
- j. The 'Abstractor Attestation Details' dialog box appears if you chose 'Abstractor' as your role.
 - a. **Read the Abstractor Attestation dialog box carefully before checking the I Certify box.**
 - b. Click **Save** to complete attestation.
- k. An "abstractor" will have limited access until an FAA assigns them to a facility.

Frequently Asked Questions (FAQs)

3.) What is the procedure for lost or forgotten user id and/or password?

Access the FCDS IDEA page at <http://fcds.med.miami.edu/inc/idea.shtml#>

Click on the **User/Password Reset** button located bottom center of the login window.

The Forgot My Password dialog window will appear

Select correct button

The system will request specific information

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

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

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

5.) How do I renew my FCDS User Account?

1. Log into **FCDS IDEA**

2. Go to the **'IDEA User'** menu

3. Select **Account Manager**

4. You can update information as needed (**exception:** User Type)

5. Double click in the box titled **'PASSWORD'** hit backspace and change password.

- Select the **(?)** icon for the password requirements
- The password must be changed to renew the user account.
- Cannot reuse a previous password
- The Renewal is valid for one year from the password change date.

6. Retype the password in the box titled **'VERIFY PASSWORD'**

7. Click on the **'SUBMIT'** button.

8. The system will give message of successful update to user account.

Note: System prompts for renewal beginning 30 days prior to expiration.

Frequently Asked Questions (FAQs)

Facility Access Administrator

1. Which facilities are required to establish a Facility Access Administrator (FAA)?

Every Hospital, Ambulatory Care, and Radiation Therapy facility must have an FAA.

Physicians' offices and Pathology Labs do not require an FAA.

2. Who can be a Facility Access Administrator (FAA)?

The FAA must be an employee of the facility. *Facility personnel such as the Director of Medical Records, Quality Assurance, Office Manager, etc .,can be designated as the FAA.*

A CONTRACTOR CANNOT BE THE FAA.

3. How do I apply for the FAA role?

Before registering as a FAA, an FCDS IDEA user account must be established.

Log into **FCDS IDEA**

Go to the '**IDEA User**' menu

Select '**Add Additional Role**'

Select '**Facility Access Administrator**'

Click '**add role**'

Confirm request

Select the '**File**' menu

Click '**Close All**'

The Facility Administrator Application will appear

Double click on greyed out **Facility** within the Facility table

Enter the 4-digit FCDS facility number

Select the TAB key (the table will populate with facility's information)

You will do this for each facility (if they share the same administration)

Now you will provide the Authoring Medical Facility Individual Information

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

Your information cannot substitute for the authorizing individual credentials.

Click the process button.

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

Frequently Asked Questions (FAQs)

Print the letter

Close only the window containing the letter.

Verify all documentation has printed

Click **OK**

A notification message will display.

Copy the letter onto letterhead.

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

Provide letter to the authorizing personnel to sign where indicated.

Fax the letter to FCDS at 305-243-4871.

*When the user adds the FAA role, the “**FAA User Role Assignments**” menu appears under the **IDEA User Menu**; however, it will not be active for use until the user’s FAA request has been approved.

4. How do I manage the user role assignments:

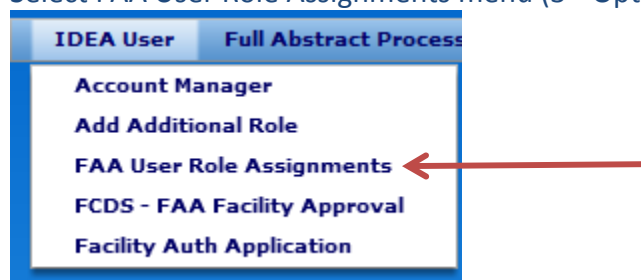
- To assign or renew users’ access you will need the individuals’ user-id and the email address associated with their user account.
- If the abstractor is currently associated with the facility, the FAA will only need to renew their access using the ‘Revoke/Renew’ tab (see *FAA User Role Assignments Instructions Renew Access, below*).

FAA User Role Assignments Instructions

Log into **FCDS IDEA**

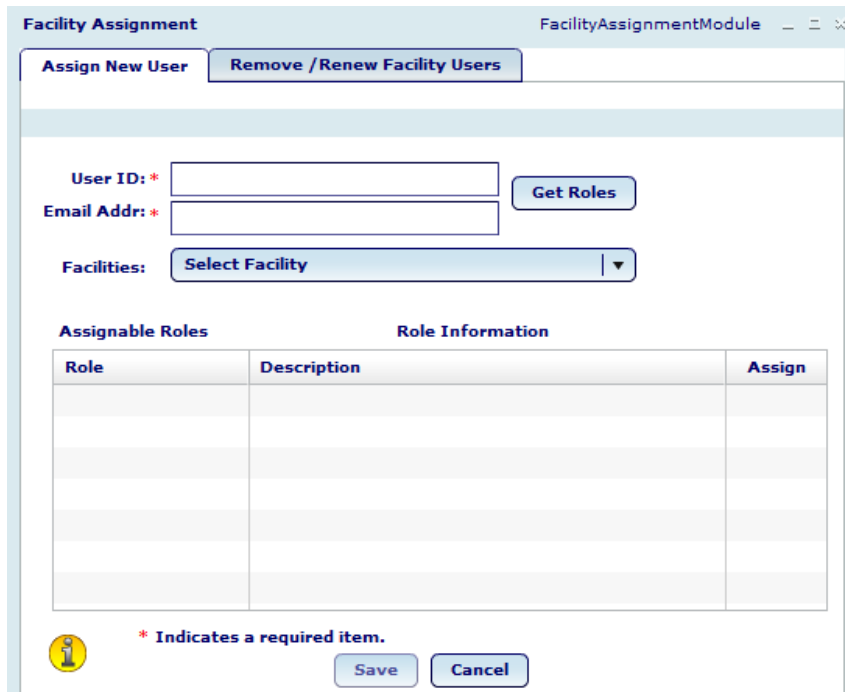
Go to the IDEA User menu: **IDEA User**

Select FAA User Role Assignments menu (3rd Option listed)



Frequently Asked Questions (FAQs)

The Facility Assignment dialog box will appear with the Assign New User Tab view by default.



The screenshot shows a window titled "Facility Assignment" with a subtitle "FacilityAssignmentModule". It has two tabs: "Assign New User" (selected) and "Remove / Renew Facility Users". Below the tabs are three input fields: "User ID: *" with a text box, "Email Addr: *" with a text box, and "Facilities:" with a dropdown menu labeled "Select Facility". To the right of the first two fields is a "Get Roles" button. Below these fields is a table with two columns: "Assignable Roles" and "Role Information". The table has three rows, each with a "Role" column, a "Description" column, and an "Assign" button. At the bottom left is a yellow information icon. To its right is a note: "* Indicates a required item." At the bottom right are "Save" and "Cancel" buttons.

Role	Description	Assign

To Add User:

1. Select the **Assign New User Tab** (default view)
2. Provide the following information in the indicated fields:
 - User ID
 - Email Address
 - Select the facility you are adding the personnel
3. The available *assignable roles* for the user will display within the table
4. Select the **Assign** button of the role for user.
5. Select the Save button.
6. The user is now setup to begin working.

You may review the user's access status by selecting the Remove/Renew Facility Users Tab and selecting the facility.

Frequently Asked Questions (FAQs)

To Renew User Access :

1. Select the **Remove/ Renew User Tab**
2. The Facility Assignment dialog box will display the Remove/Renew Facility User view:

The screenshot shows a window titled "Facility Assignment" with a subtitle "FacilityAssignmentModule". It has two tabs: "Assign New User" and "Remove / Renew Facility Users", with the latter being active. Below the tabs is a "Facility *" dropdown menu with "Select Facility" as the placeholder text. Underneath is a table with five columns: "Name", "Role", "Expiry", "Remove", and "Renew". The table is currently empty. Below the table is a "Record Cnt:" label. At the bottom, there is a message "Users currently assigned to this facility.", a help icon, a note "* Indicates a required item.", and two buttons: "Update" and "Cancel".

Name	Role	Expiry	Remove	Renew

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

A close-up of the "Facility *" dropdown menu. The text "Select Facility" is highlighted in yellow, and a small downward arrow is visible on the right side of the dropdown box.

4. You will see all names for abstractors who currently have access to your facility including yourself.
 - You will select renew for your current users.
 - or
 - Revoke for those no longer with your facility.
5. Select the Update button.

Your facility user role assignments are complete.

The FAA will receive an email twice a year (every six months) for verification of the facility personnel access.

FCDS FACILITY ACCESS ADMINISTRATOR (FAA)

As of January 2013, **EVERY HOSPITAL, AMBULATORY CARE FACILITY AND RADIATION THERAPY FACILITY MUST HAVE A FACILITY ACCESS ADMINISTRATOR (FAA).**

Under the new system, each facility designates one individual to be the Facility Access Administrator (FAA). This is usually the individual in charge of the cancer registry or Department of Health cancer reporting functions. The FAA will then assign facility personnel responsible for the cancer reporting (employees or contractors). The FAA will have complete oversight regarding assigning and/or un-assigning reporting personnel from the respective facility. Based on the FAA's assignment, facility reporting personnel will have limited or full access to the reporting facility(s) Protected Health Information (PHI).

The FAA must be an employee of the facility. The FAA CANNOT BE A CONTRACTOR

This process eliminates the annual requirement of mailed documentation for each facility employee. Once the FAA role is established for the facility, the FAA role remains active until FCDS is notified of a change in FAA. However, to ensure data security, the FAA must go in every 6 months to click a box verifying the existing facility personnel are still active. *It is incumbent on the FAA to keep their list of facility personnel active and current.* If an employee is no longer employed by the facility, the FAA **MUST** remove this individual immediately. If the FAA does not keep the facility access list active and current, a former employee will continue to have access to the facility data.

- **Establishing the Facility Access Administrator**
- **Management of FAA User Role Assignments**

FACILITY ACCESS ADMINISTRATOR (FAA)

ESTABLISHING THE FAA ROLE:

****Before registering as a FAA, an FCDS IDEA user account MUST be established. ****

If you have installed the FCDS IDEA app and have an FCDS IDEA User Account begin at step #10

1. All users will need to have an FCDS IDEA User Account.
2. If you have not already installed the FCDS IDEA application. Please go the FCDS website at <https://fcds.med.miami.edu/inc/tutorials.shtml> to download and install the application.
3. Open the FCDS IDEA application (*If you already have an FCDS IDEA User Account, proceed to step 10*)
4. Click 'Create New User/Register' button
5. The 'User Type Identification Screen' appears
6. Select the appropriate user role for your user account
 - a. Administrators establishing a FCDS IDEA User Account, when selecting the initial User Type Identification select the General User Role. (*If you will be abstracting cases select the Abstractor role*).
7. Click Continue
8. The 'Create FCDS User Account' screen appears (all fields with an * are required)
9. Verify your entries before clicking submit.
 - i. Once you click Submit an e-mail is generated and sent to your e-mail address.
 - ii. **This email includes your assigned User ID and activation information.**
 - iii. **You MUST respond to activate the user account.**
10. Sign into FCDS IDEA
11. Go to the 'IDEA User' menu
12. Select 'Add Additional Role'
13. Select 'Facility Access Administrator'
14. Click 'add role'
 - a. Confirm the role
15. Select the 'File' menu
16. Click 'Close All'
17. The Facility Administrator Application will appear
18. Double click on the greyed out *Facility* located under the Facility heading *within* the table
19. Enter the 4-digit FCDS facility number ([contact FCDS if you do not have this information](#))
 - a. Select the TAB key (the table will populate with facility's information)
 - b. Do this for each facility (if they share the same administration)
20. Provide the Authoring Medical Facility Individual Information:
 - a. This individual is your superior and cannot be anyone who reports to you
 - b. **CANNOT BE A CONTRACTOR**
 - c. **This information is in reference to the person who is approving your designation as the facility's FAA.**
 - d. **Your information cannot substitute for the authorizing individual credentials.**
21. Click the **process** button
22. A PDF copy of the Facility Access Administration letter is generated. (**Save copy**)
23. **Print the letter**
24. Close only the window containing the letter.
25. Verify all documentation has printed (**do not log out or close IDEA**)
 - a. A notification message will display.
 - b. Click **OK** to close the process
 - c. Copy letter onto letterhead
 - d. Sign and date where indicated (your name will appear beneath the signature line)
 - e. Provide letter to the authorizing personnel to sign where indicated.
 - f. Email signed letter, on letterhead to melissa_williams@miami.edu.

NOTE:

The documentation goes through verification; the process is completed within 24 hours (one business day).

Once the verification process is completed; the user will receive an email notification of the FAA application status.

***When the user adds the FAA role, the "FAA User Role Assignments" module appears under the IDEA User Menu; however, the module will not be active until the user has completed the FAA process.**

FACILITY ACCESS ADMINISTRATOR (FAA)

MANAGEMENT OF FAA USER ROLE ASSIGNMENTS

Management of User Role Assignments (Initial Set-up)

- Sign into FCDS IDEA
- Go to the **IDEA User** menu
- Select **FAA User Role Assignments** menu.
- Select the **Renew/Revoke Facility** Tab
- Clicking on the **down arrow**, select facility.
- Personnel with access to the facility's data including yourself will be displayed.
- Select **Renew** button to renew facility access for each abstractor listed.
- Select **Revoke** button to remove users no longer associated with the facility.
- Select the **Update** button and the process is completed.

** To review updated status, click the down arrow and select facility.*

To Assign NEW Users

Select the **Assign New User** Tab

Provide the following in the indicated fields:

- **User ID**
- **Email Address** (*on the user account*)
- Clicking on the **down arrow**, select facility
- Select the **Assign button** for the access (*Hosp Entry*¹ or *Hosp Admin*²) you would like to assign the user.

¹*Hosp Entry* access allows case-finding and abstracting.

²*Hosp Admin* access includes the *Hosp Entry* access and access to reports.

Renewal of User Role Assignments

- Select the **Renew/Revoke Facility Tab** to renew facility access for abstractor.
- Clicking on the down arrow, select facility.
- The user's access is now reset for 6 months from date of renewal.
- Select the Update button and the process is completed.

FCDS FACILITY ACCESS ADMINISTRATOR (FAA)

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This process eliminates the annual requirement of mailed documentation for each facility employee. Once the FAA role is established for the facility, the FAA role remains active until FCDS is notified of a change in FAA. However, to ensure data security, the FAA must go in every 6 months to click a box verifying the existing facility personnel are still active. *It is incumbent on the FAA to keep their list of facility personnel active and current.* If an employee is no longer employed by the facility, the FAA **MUST** remove this individual immediately. If the FAA does not keep the facility access list active and current, a former employee will continue to have access to the facility data.

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 - a. Confirm the role
15. Select the 'File' menu
16. Click 'Close All'
17. The Facility Administrator Application will appear
18. Double click on the greyed out *Facility* located under the Facility heading *within* the table
19. Enter the 4-digit FCDS facility number ([contact FCDS if you do not have this information](#))
 - a. Select the TAB key (the table will populate with facility's information)
 - b. Do this for each facility (if they share the same administration)
20. Provide the Authoring Medical Facility Individual Information:
 - a. This individual is your superior and cannot be anyone who reports to you
 - b. **CANNOT BE A CONTRACTOR**
 - c. **This information is in reference to the person who is approving your designation as the facility's FAA.**
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- Select **FAA User Role Assignments** menu.
- Select the **Renew/Revoke Facility** Tab
- Clicking on the **down arrow**, select facility.
- Personnel with access to the facility's data including yourself will be displayed.
- Select **Renew** button to renew facility access for each abstractor listed.
- Select **Revoke** button to remove users no longer associated with the facility.
- Select the **Update** button and the process is completed.

** To review updated status, click the down arrow and select facility.*

To Assign NEW Users

Select the **Assign New User** Tab

Provide the following in the indicated fields:

- **User ID**
- **Email Address** (*on the user account*)
- Clicking on the **down arrow**, select facility
- Select the **Assign button** for the access (*Hosp Entry*¹ or *Hosp Admin*²) you would like to assign the user.

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- Select the **Renew/Revoke Facility Tab** to renew facility access for abstractor.
- Clicking on the down arrow, select facility.
- The user's access is now reset for 6 months from date of renewal.
- Select the Update button and the process is completed.

FCDS PROFILE MODIFICATION FORM

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

The form is available in the following formats:

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

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

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

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

Complete each field using the guidelines as listed below.

Today's Date:

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

Facility Name:

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

Process Request:

ADD – To add a facility or profile

UPDATE - To update an existing facility or profile.

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

Facility Type:

Select Facility type from the drop down menu

AHCA# (up to 10 digits)

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

This number can be up to 10 digits .

CLIA# (10 digits: ex. 10D9999999)

(Required field for Laboratories)

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

NPI# (10 digits)

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

FCDS PROFILE MODIFICATION FORM

FCDS Facility # (4-digits)

If adding a facility leave field blank.

Once a **new** facility/profile is processed the facility will be assigned a FCDS facility number.

This information will be forwarded to the facility contact.

Option: (Required field)

Select appropriate option from the pull down list.

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

OPTION CODES

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

FCDS PROFILE MODIFICATION FORM

FCDS Profile Information:

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

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

Complete and Submit:

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

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

FCDS PROFILE MODIFICATION FORM

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

SUBMIT

Appendix R

FCDS ADOPTED ICD-O-3.2 in 2018 **NAACCR ADOPTED ICD-O-3.2 in 2020**

Appendix R includes the Histology Code Updates as they become available.

No update for 2025 was released. Please continue to use the Solid Tumor Rules, ICD-O3.2, ICD-O-3.2 Annotated list, and previous ICD-O guidelines.

The WHO is the organization responsible for the structure, format, coding rules and guidelines as well as the anatomical topography (primary site), histology, and behavior codes as published in the *International Classification of Diseases for Oncology*.

The printed ICD-O-3 purple book is very much out of date. However, the Introduction, Basic Instructions, and all Topography Codes are still valid and can be used.

Please use the ICD-O-3.2 Master Histology List, the Solid Tumor Rules (current edition), and the Hematopoietic Database from SEER (online interactive) to correctly assign histology and behavior codes for all cancers. You must not rely on the printed ICD-O-3 manual.

IACR/WHO does provide printed copies of the most recent IACR/WHO Classification of Neoplasms Series. These are available in both printed and subscription at <https://tumourclassification.iarc.who.int/welcome/>.

IACR/WHO began to publish the 5th edition of “Blue Books” in 2020. The 2020-2024 Histology Code Updates from NAACCR and FCDS appear each year in the FCDS DAM and the ICD-O-3 Updates. There is not a single source for these annual updates.

The NAACCR ICD-O Work Group will incorporate new histology codes from the 5th edition WHO Classification of Neoplasms annually as they are published. You may use the unofficial NAACCR ICD-O-3 Annotated Histology Code List for reference at www.naaccr.org/icdo3.

International Classification of Diseases for Oncology, 3rd ed. Geneva, World Health Organization: 2000	The World Health Organization WHO Publications Center USA; 49 Sheridan Avenue; Albany, NY 12210 ISBN 9241545348 Order Number 11503350 http://www.who.int/classifications/icd/en/index.html
Current Hematopoietic and Lymphoid Neoplasm Case Reportability and Coding Manual and Hematopoietic Database (desktop or web-based versions available)	Hematopoietic Project - SEER Registrars
Current NAACCR ICD-O-3 Coding Guidelines – Annotated Histology List	https://www.naaccr.org/icdo3/
<i>ICD-O-3.2 Excel Table</i> downloaded from the IACR/WHO Website	Downloadable Excel File Version of ICD-O-3.2 http://www.iacr.com.fr/index.php?option=com_content&view=article&id=149:icd-o-3-2&catid=80&Itemid=545
<i>Current Solid Tumor Manual</i>	Solid Tumor Rules 2025 Update

Appendix S

Summary of 2025 Changes

FCDS DAM 2025

Appendix S

FCDS DAM 2025

Summary of Changes

Various sections of the DAM 2025 have been reorganized and updated for better usability. FCDS advises Registrars and Abstractors to review the entire document carefully. For any inquiries, please contact FCDS directly.

The table below lists changes to the FCDS DAM 2025 by page number.

Section	Changes/Clarifications	DAM 2025 Page Number
Acknowledgments	Updated FCDS and Florida Department of Health Staff	1
Section I – Guidelines for Cancer Data Reporting	Removed reference to the 2024 New Reportable Neoplasms/Reclassified Tumors section	1
	Clarified the reportability guidelines for port-a-cath placement only patients	2
	Updated the FCDS rule on BI-RADS, LI-RADS, Lung RADS, PI, RADS, and when to use the imaging reports to code the Date of Diagnosis when followed or not with a biopsy to align with COC	2
	Updated the FCDS rule regarding certain chronic neoplasms, such as chronic leukemia, myelodysplastic syndromes, and myeloproliferative diseases, or other lymphoid/myeloid neoplasms that achieve remission	3
	Added breast C500-C509 to Lobular Intraepithelial Neoplasia Grade III	4
	Added xii. Post Transplant Lymphoproliferative Disorder (PTLD) 9971/1 is reportable as 9971/3 as of 01/01/2025	4
	Removed section on patients with chronic neoplastic conditions	5
	Removed section on new 2021 requirements for benign/borderline brain and CNS tumors	7
	Clarified section on reporting specific benign/borderline brain and CNS tumors	7
	Added 2025 New Reportable Neoplasms	13
	Removed section on PI Rads, BI Rads, LI Rads	13-14
	Updated section on Reporting Multiple Primary Tumors	14
	Added New ICD-10-CM 2024 Casefinding List for Reportable Tumors Table; See Appendix O for details	23
	Added clarification on the FCDS Abstractor Code	24

Appendix S- Summary of Changes 2025

	Revised the Required and Recommended Desktop References for Cancer Registrars Section	30-31
	Updated FCDS Reporting Calendar for 2025-2026	
Section	Changes/Clarifications	DAM 2024 Page Number
Section II – General Abstracting Instructions	Added clarification on the Abstracted By data item	62
	Added the coding requirements for the Medicare Beneficiary ID data item	66
	Clarified the coding instructions for the Date of Diagnosis data item	86
	Removed a section on BI-RADS, LI-RADS, Lung RADS, PI, RADS, and when to use the imaging reports to code the Date of Diagnosis when followed or not with a biopsy	93
	Clarified the coding instructions for the Diagnostic Confirmation data item for solid tumors and hematopoietic neoplasms	91-95
	Clarified instructions on what primary site to code when the medical record does not contain enough information under item #5	96-97
	Clarified instructions on coding laterality and updated the table that lists the primary sites requiring laterality. Removed: C09.0, C09.1, C30.0, C34.0, C41.3, C41.4 to align with SEER and COC	101-103
	Removed from code 2: Lobular neoplasia (C50.) Lobular, noninfiltrating (C50.) (carcinoma) from the Behavior Code table	105
	Clarified instructions on coding Tumor Size Summary. An exception was added for rounding rules for breast primaries	109-111
	Updated the schemas that require Lymph Vascular Invasion in alphabetical order	114-117
	Updated the table of the FCDS Required SSDIs 1172 Post Transplant Lymphoproliferative Disorder (PTLD) and 1174 PD-L1	120
	Treatment plan: Added clarification on what is considered the first course of treatment if the plan changes due to an improvement in the tumor burden	125
	Clarified the definition of non-cancer directed therapy	125-126
	Added instructions of how to code Radiation Modality when radioembolization procedure is performed	129, 145
	Removed outdated “other treatment” information	130
	Clarified the coding instructions for the RX Summ Chemo; added instructions on how to code insertion of port-a-cath	149
	Clarified RX Summ Other definitions, and removed outdated information	160
	Removed outdated information under DX Proc Lab tests	166

Appendix S- Summary of Changes 2025

Appendices Updated	
Appendix A	Hospitals, Ambulatory Surgery Centers, and Freestanding Radiation Therapy Centers
Appendix D	Race Coding Instructions
Appendix F	Site-Specific Surgery Codes
Appendix G	FCDSv25 Record Layout
Appendix H	FCDS 2025 Required SSDIs
Appendix I	Freestanding Radiation Therapy Centers Reporting Guidelines were updated to include the 2024 casefinding list.
Appendix L	Text Documentation Requirements 2025
Appendix O	2024 Casefinding Short and Detailed Lists updated
Appendix P	Resources for Registrars
Appendix R	ICD-O-3
Appendix S	Summary of Changes