

Data Acquisition Manual 2026

Effective for Cases Diagnosed January 1, 2026 and Forward



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Acknowledgments

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

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

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Preface

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

Florida statutes require cancer reporting to FCDS. Under Florida Statutes Section 385.202, all cancer cases diagnosed at any health facility licensed under Florida Statutes 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 2026 edition of the FCDS Data Acquisition Manual (DAM) is compatible with the 2026 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 on April 14, 2001. Although most organizations had two full years to comply, until April 14, 2003, questions about how this new law affects cancer reporting continue to arise. The North American Association of Central Cancer Registries (NAACCR) has provided materials that address these questions. As you will see, HIPAA regulations affect only current state cancer reporting procedures. Specifically, HIPAA allows 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 reporting 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.

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Rule 64D-3.031 Notification by Laboratories

Rule 64D-3.034 Cancer Reporting

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

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

FLORIDA STATE LAW

Title XXIX PUBLIC HEALTH

[Chapter 381](#) Public Health: General Provisions

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

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

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

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

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

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

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

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

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

Note.--Former s. 381.231.

Title XXIX
PUBLIC HEALTH

Chapter 385
Chronic Diseases

385.202 Statewide cancer registry.--

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

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

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

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

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

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

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

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

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

Note.--Former s. 381.3812.

CONFIDENTIALITY

Title XXIX

[Chapter 405](#)

PUBLIC HEALTH

Medical Information Available For Research

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

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

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

Title XXIX**Chapter 405****PUBLIC HEALTH****Medical Information Available For Research****405.02 Limitation on publication of released information.—**

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

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

Title XXIX**Chapter 405****PUBLIC HEALTH****Medical Information Available For Research****405.03 Confidentiality.—**

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

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

Title XXIX
PUBLIC HEALTH

Chapter 408
Health Care Administration

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 mathematically 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."

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(13) "Consumer" means any person other than a person who administers health activities, is a member of the governing body of a health care facility, provides health services, has a fiduciary interest in a health facility or other health agency or its affiliated entities, or has a material financial interest in the rendering of health services.

(14) "Continuing care facility" means a facility licensed under chapter 651.

(15) "Critical access hospital" means a hospital that meets the definition of "critical access hospital" in s. 1861(mm) (1) of the Social Security Act and that is certified by the Secretary of Health and Human Services as a critical access hospital.

(16) "Cross-subsidization" means that the revenues from one type of hospital service are sufficiently higher than the costs of providing such service as to offset some of the costs of providing another type of service in the hospital. Cross-subsidization results from the lack of a direct relationship between charges and the costs of providing a particular hospital service or type of service.

(17) "Deductions from gross revenue" or "deductions from revenue" means reductions from gross revenue resulting from inability to collect payment of charges. For hospitals, such reductions include contractual adjustments; uncompensated care; administrative, courtesy, and policy discounts and adjustments; and other such revenue deductions, but also includes the offset of restricted donations and grants for indigent care.

(18) "Diagnostic-imaging center" means a freestanding outpatient facility that provides specialized services for the diagnosis of a disease by examination and also provides radiological services. Such a facility is not a diagnostic-imaging center if it is wholly owned and operated by physicians who are licensed pursuant to chapter 458 or chapter 459 and who practice in the same group practice and no diagnostic-imaging work is performed at such facility for patients referred by any health care provider who is not a member of that same group practice.

(19) "FHURS" means the Florida Hospital Uniform Reporting System developed by the agency.

(20) "Freestanding" means that a health facility bills and receives revenue, which is not directly subject to the hospital assessment for the Public Medical Assistance Trust Fund as described in s. 395.701.

(21) "Freestanding radiation therapy center" means a facility where treatment is provided through the use of radiation therapy machines that are registered under s. 404.22 and the provisions of the Florida Administrative Code implementing s. 404.22. Such a facility is not a freestanding radiation therapy center if it is wholly owned and operated by physicians licensed pursuant to chapter 458 or chapter 459 who practice within the specialty of diagnostic or therapeutic radiology.

(22) "GRAA" means gross revenue per adjusted admission.

(23) "Gross revenue" means the sum of daily hospital service charges, ambulatory service charges, ancillary service charges, and other operating revenue. Gross revenues do not include contributions, donations, legacies, or bequests made to a hospital without restriction by the donors.

(24) "Health care facility" means an ambulatory surgical center, a hospice, a nursing home, a hospital, a diagnostic-imaging center, a freestanding or hospital-based therapy center, a clinical laboratory, a home health agency, a cardiac catheterization laboratory, a medical equipment supplier, an alcohol or chemical dependency treatment center, a physical rehabilitation center, a lithotripsy center, an ambulatory care center, a birth center, or a nursing home component licensed under chapter 400 within a continuing care facility licensed under chapter 651.

(25) "Health care provider" means a health care professional licensed under chapter 458, chapter 459, chapter 460, chapter 461, chapter 463, chapter 464, chapter 465, chapter 466, part I, part III, part IV, part V, or part X of chapter 468, chapter 483, chapter 484, chapter 486, chapter 490, or chapter 491.

(26) "Health care purchaser" means an employer in the state, other than a health care facility, health insurer, or health care provider, who provides health care coverage for her or his employees.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Rule 64D-3.003

64D-3.003 Notification by Laboratories.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Editorial Note: See 64D-3.031

Rule 64D-3.031

64D-3.031 Notification by Laboratories.

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

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

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

(a) The Patient's:

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

(b) The Laboratory

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

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

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

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

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

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

Rule 64D-3.031

64D-3.031 Notification by Laboratories.

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

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

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

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

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

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

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

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(1) Type of diagnostic test;

(2) Patient's date of birth;

(3) Patient's sex;

(4) Race;

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

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

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

History—New_____.

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

64D-3.034 Cancer Reporting.

64D-3.034 Cancer Reporting

(1) Reporting Requirements:

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

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

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

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

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

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

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

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

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

(5) For reportable cancer cases, each 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).

FCDS DAM 2026 – Summary of Changes

Various sections of the DAM 2026 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 2026 by page number.

The table below lists changes to the FCDS DAM 2026. Links to the relevant section are included.

Section	Changes/Clarifications
Acknowledgements	Updated FCDS and DOH staff members
FCDS Reporting Calendar	Updated to include current reporting year
Section I – Case Eligibility	Revised. This FCDS rule was updated with cases diagnosed January 1, 2025, and forward to align with CoC.
	Revised the list of reportable neoplasms for insitu and invasive cancers, added histology codes
	Added information on LAMN Low Grade Appendiceal Mucinous Neoplasm
	Updated link to the Primary Central Nervous System Tumors manual for data collection. <u>https://stacks.cdc.gov/view/cdc/11345</u>
	Added Table 2 for 2026 ICD-O-3.2 Updates (Alpha)
	Added to Skin Cancers Not Reportable Bowen's Disease (squamous cell carcinoma in-situ of skin) is not reportable (C44.0-C44.9)
	Added table to Ambiguous Terms that Constitute a Diagnosis
	Added Equivalent to "Diagnostic for" malignancy or reportable diagnosis. These phrases are reportable when no other information is available or when there is no information to the contrary.
	• Considered to be [malignancy or reportable diagnosis] • Characteristic of [malignancy or reportable diagnosis] • Appears to be a [malignancy or reportable diagnosis] • Most compatible with [malignancy or reportable diagnosis] • Most certainly [malignancy or reportable diagnosis] • In keeping with [malignancy or reportable diagnosis] • Equivalent to "Not diagnostic for" malignancy or reportable diagnosis. These phrases are NOT reportable when no other information is available.
	• Highly suspicious for, but not diagnostic of [malignancy or reportable diagnosis] • Most compatible with a [non-reportable diagnosis] such as a [reportable diagnosis] • High probability for [malignancy or reportable diagnosis]
	Equivalent to "Differential diagnoses"

Section	Changes/Clarifications
	Differential considerations
	Added Table for Ambiguous Terms that Do Not Constitute a Diagnosis
	Updated the definition of a non-analytic case under Non-Analytic Case Reporting
Section I – Casefinding	Added 3 paragraphs with additional verbiage detailing explanation and purpose for casefinding.
	Revised & reformatted the “sources to be reviewed for missed reportable cases with bullet points”.
	Revised and outlined to show more specific examples that should be adapted to facility
	Revised the icd-10-cm casefinding list with new codes added for reportable tumors
	Added Disposition Codes: Tracking Not Reportable Cases with explanation, and created a table for the Disposition Code List
Section I – Abstracting	The links in the Required and Recommended Desktop References table were updated.
	Refer to document 2026 References and Resources for Cancer Registrars in Appendix P of this manual links were updated.
	Added Where to Go for Submitting Technical Questions table.
	Created a table for list of FCDS Disposition Codes and removed codes 998 and 999
	Added to abstracting historical cases: optional minimal instructions Facilities are required to complete and submit the minimal data set for historical cases via FCDS IDEA Single Abstract Entry for incidence reporting only or via your cancer registry software
Section II- Patient Demographics	Added new code 225 sex assigned at birth to the grid
	Purpose added to each NAACCR data item
	New NAACCR data item 225 with details added regarding sex assigned at birth
	Added related link Appendix E to NAACCR data item 190 Spanish/ Hispanic origin
	Updated USPS zip code look up link to NAACCR data item 100 address at dx -postal code
	Updated USPS zip code look up link to NAACCR data item 1830 address current -postal code
Section II – Tumor Information	Added the purpose to all data items, updated the links, all coding rules were compared against standard setters.
	Updated the example on Date of Diagnosis.
	Added code 9 for C80.9 unknown primary for laterality coding instructions.
	Updated information on Cancer PathChart Search and standards; added a table on validity status, reorganized

Section	Changes/Clarifications
	Updated synonyms for in situ.
	Updated links to Histologic Type ICD-0-3 resources.
	Added a table from the STORE manual for coding LVI.
	Related link SEER RSA added
	Created a table by primary site for estimating date of diagnosis
	Updated the version to Grade Manual to v3.3
	Updated the coding instructions for grade clinical and pathologic to align with the STORE manual
	Created a table on when to Assign code 999 tumor size is unknown and for the specific sites and schemas/schema IDs
	Behavior codes descriptions for Code 2 were updated: Adenocarcinoma in an adenomatous polyp with no invasion of stalk Intraepithelial neoplasia, Grade III (e.g., AIN III, LIN III, , VAIN III, VIN III)
	Lobular, noninfiltrating (C50_) (carcinoma)
Section II - Treatment Information	Updated link SEER Appendix C
	Updated prostate example under active surveillance
	Added histotripsy under other forms of thermal ablation
	Hyperlink to 2026 STORE manual added
	Updated Rx Summ-Surg 2023 General Coding Structure Table
	Added information when to code primary site A980
	Added code 2-for all solid tumor neoplasms where SLN is performed
	Added Refer to current STORE manual and CTR Guide for Coding Radiation Therapy
	Updated Chemotherapeutic agents
	Added information on inhibitors and taxanes.
Appendix Q	New
Appendix R	New
Appendix S	ICD.O.3.2 Updates for 2026_Formerly Appendix R

Section I: Guidelines for Cancer Data Reporting

Case Eligibility

Reportable Patients

Not Reportable Patients

Reportable Neoplasms

Skin Cancer – Not Reportable Neoplasms

Reporting Multiple Primary Tumors – Single versus Multiple Primaries

Clarification of Reporting Requirements

Ambiguous Terminology

Casefinding

Pathology Reports

FCDS 2026 ICD-10-CM Casefinding List for Reportable Tumors

Disposition Codes: Tracking Not Reportable Cases Based on Review of HIM/Medical Record Disease Index & Unified Billing System Report

Abstracting

Personnel Requirements – Abstractor Training and FCDS Abstractor Code

Case Abstracting Requirements – Timeliness

Not Reportable List

Abstracting Non-Analytic and Historical Cases

Abstracting Historical Cases: Optional Minimal Dataset

Examples of Reporting Historical Cases in the State: Specific Fields

Annual Reporting Deadline – June 30th

Making Changes to Existing Abstracts for Field Coordinator Inquiry (corrections) or QC Review (Visual Editing)

Required and Recommended Desktop References

Data Transmission

Quarterly Reporting
Electronic Submissions
Receipt on Upload – Confirmation Report
Data Acceptance Policy: FCDS Edits

Alternative Facilities

Psychiatric, Military, and Veterans Administration Facilities
Ambulatory Surgery Centers
Freestanding Radiation Therapy Centers
Private Practice Physician Offices
Clinical Laboratory Cancer Identification Program

FCDS Responsibilities

Data Acquisition
Training and Education
Quality Control
FCDS Quality Control Program Components
Data Requests

FCDS Management Reports**Awards****FCDS Correspondence****Calendar, Forms, and Sample Reports**

FCDS 2026-2027 Calendar of Reporting Years & FCDS Recurring Deadlines
FCDS Profile Modification Form
FCDS Discrepancy Journal – Sample
Cases Reviewed but Not Reported – Not Reportable List
FCDS Quarterly Cancer Case Reporting Status Report
FCDS Data Quality Indicator Report

Section I: Guidelines for Cancer Data Reporting

- The Florida Cancer Data System (FCDS) is responsible for maintaining a high-quality database that contains useable, timely, complete, and accurate clinical data for every reportable case of cancer diagnosed or treated within the State of Florida. The FCDS Data Acquisition Manual (FCDS DAM) provides 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 addresses only data items required by the 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. All guidelines established in the manual serve to achieve and maintain the objective of ensuring the quality and integrity of cancer data collected for the state.
- 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 for reporting cancer data to Florida.
- 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 applies whether case abstraction and reporting are done by facility staff or by an independent contractor, regardless of location.
- **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.

Case Eligibility

- Florida facilities must report all cancer cases by state law, regardless of facility or network affiliation or Class of Case.
- If your facility participates in any steps in patient's 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:** 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) are 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 the administration of 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 a physician. This FCDS rule was updated with cases diagnosed January 1, 2025, and forward to align with CoC.

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.
 - All patients with an active, malignant neoplasm (in-situ or invasive), whether being treated or not (includes “active surveillance” cases). 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).
 - All patients receiving prophylactic, neoadjuvant, or adjuvant therapy for malignancy are subject to reporting.
 - All patients managed through ‘active surveillance’ or ‘watch and wait’ approaches must be reported.
 - Patients seen as in-patient, out-patient, or a-clinic are reportable.
 - All patients diagnosed with an autopsy.
 - All historical cases that meet FCDS reportable guidelines are to be reported.
 - Any patient with a coded diagnosis of cancer who has not been reported may be subject to casefinding Audits to ensure the case is truly not reportable. This may require a second complete review of the chart.

NOTE: The start date for your Florida registry is 1/1/1981, 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.

Not Reportable Patients

- Patients in complete remission with no evidence of cancer (NED). 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.
- Patients with no evidence of cancer and not receiving prophylactic or adjuvant therapy,
- Patients seen only in consultation 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),
- 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,
- Patients who receive transient care to avoid interrupting a course of therapy started elsewhere.
- Dermatofibrosarcoma protuberans are no longer reportable to FCDS as of 1/1/2021.
- CIN III and PIN III or carcinoma in situ of the cervix or prostate.

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.

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

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. 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. The following non-invasive cancers are reportable to FCDS and should be included in casefinding activities below:
 - 8520/2 Lobular Carcinoma In-Situ (LCIS) is reportable to FCDS but is not required by the COC to be abstracted or reported to NCDB. LCIS is reportable to all central cancer registries nationwide.
 - Lobular Intraepithelial Neoplasia Grade III (LIN III) breast C500-C509.
 - 8441/2 Serous intraepithelial carcinoma
 - Endometrial intraepithelial carcinoma EIC Code 8441/2
 - Serous endometrial intraepithelial carcinoma SEIC code 8441/2
 - 8071/2 Intraepithelial neoplasm
 - Differentiated vulvar intraepithelial neoplasm.
 - Differentiated penile intraepithelial neoplasia (PeIN, III)
 - 8077/2 (squamous intraepithelial neoplasia, high grade) for the following:
 - AIN, grade III/Anal intraepithelial neoplasia, grade III (C21.0-C21.1)
 - AIN III of the perianal skin (C44.5) is not reportable to FCDS.
 - Conjunctival intraepithelial neoplasia grade III
 - High-grade intraepithelial neoplasia, grade III
 - High-grade squamous intraepithelial lesion (HSIL)
 - Intraepithelial neoplasia grade II/III
 - Larynx intraepithelial neoplasia (LIN III)
 - Squamous intraepithelial neoplasia, grade II

- Squamous intraepithelial neoplasia, grade III
- Squamous intraepithelial neoplasia, high grade
- Vaginal intraepithelial neoplasia, grade III/VAIN III
- Vulvar intraepithelial neoplasm grade 3 (VIN III)
- Vulva (VIN III), vagina (VAIN III), anus (AIN III), larynx (LIN III), and squamous intraepithelial neoplasia (SIN III) are reportable to FCDS and not required by CoC. Abstractor should assign code 34 for the Class of Case for reportability.
- 8380/2
 - Endometrial atypical hyperplasia (/2)
 - Endometrioid intraepithelial neoplasia (/2)
- 8148/2 (glandular intraepithelial neoplasia, grade III) for the following:
 - High Grade Glandular Dysplasia (adenocarcinoma in situ of the esophagus)
 - Biliary intraepithelial neoplasm Grade 3/BiIN-3
 - Esophageal intraepithelial neoplasm, high grade
 - High-grade biliary intraepithelial neoplasms (BiIN III)
 - High-grade glandular dysplasia
 - Pancreatic intraepithelial neoplasia (PanIN III)
 - Glandular intraepithelial neoplasia, high grade
 - Glandular intraepithelial neoplasia, grade III
 - 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
Squamous dysplasia, high grade (for stomach, small intestine, and esophagus only)
- 8503/2 Intraductal papillary neoplasm (for pancreatic cases)
 - Intraductal papillary neoplasm with high-grade intraepithelial neoplasia
 - Intracystic papillary neoplasm with high-grade intraepithelial neoplasia
 - Intracystic papillary tumor with high-grade dysplasia
 - Intraductal papillary neoplasm with high-grade dysplasia
 - Intraductal papillary neoplasm with high-grade intraepithelial neoplasia
 - Intracholecystic papillary neoplasm (ICPN) with high-grade dysplasia
- 8148/2 Glandular intraepithelial neoplasia, high grade
 - Intestinal pancreatic intraepithelial neoplasia
 - Oncocytic pancreatic intraepithelial neoplasia
 - Pancreatic intraepithelial neoplasia

- PanIN
- 8470/2 Mucinous cystic neoplasm
 - Mucinous cystic neoplasm with high-grade intraepithelial neoplasia
 - Mucinous cystadenocarcinoma, non-invasive
 - Mucinous cystic tumor with high-grade dysplasia (/2)
- **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.
- Note 1: AJCC TNM Manual, 8th edition states for Esophageal Cancers: "High-grade dysplasia includes all non-invasive neoplastic epithelial 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 the esophagus is 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).
- **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.
- **Post Transplant Lymphoproliferative Disorder (PTLD)** 9971/1 is reportable as 9971/3 as of 01/01/2025.

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.

Carcinoid Tumor of Appendix

- Diagnosis Date 1/1/2015 forward is a Reportable Malignancy
- **LAMN Low Grade Appendiceal Mucinous Neoplasm** is a distinctive histologic subtype of mucinous appendiceal neoplasm and can be in-situ or invasive. Please reference the AJCC Appendix Protocol Version 9 for further information.

Clear cell papillary renal cell carcinoma of the kidney 8323/3

- Reclassified as 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.

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.

Basal and squamous skin cancers in genital sites (histology codes 8000-8110)

- Basal and squamous skin cancers in genital sites (histology codes 8000-8110) are reportable.
- Genital Sites include the following anatomic locations:

ICD-O-3 Code	Anatomic Location
C51.0 - C51.1	Labia
C51.2	Clitoris
C51.8 - C51.9	Vulva
C52.9	Vagina
C60.0	Prepuce
C60.9	Penis
C63.2	Scrotum

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.

- Some of these patients still get a Whipple Procedure as if they had a 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	Histology Code	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
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

Reportable	Histology Code	Description
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

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 <https://stacks.cdc.gov/view/cdc/11345>. 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.
 - 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.

Anatomic (Primary) Sites for Reportable Benign and Borderline Tumors of Intracranial and Other Central Nervous System (CNS) Tumors

General Term	Anatomic Site	Primary Site Code
Meninges	Cerebral meninges	C700
	Spinal meninges	C701
	Meninges	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
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

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

2022 New Reportable Neoplasms/Reclassified Tumors

New Reportable Neoplasms

ICD-O-3 Site Code	Description
C18.1	LAMN – low-grade appendiceal mucinous neoplasm
C18.1	HAMN – high-grade appendiceal mucinous neoplasm
C160-C166, C168-C169, C170-C173, C178-C179	Serrated dysplasia, high grade
C160-C166, C168-C169, C170-C173, C178-C179	Adenomatous polyp, high-grade dysplasia
C160-C166, C168-C169, C170-C173, C178-C179	Intestinal-type adenoma, high-grade
	Chondrosarcoma, grade 1

2022 New Histology Codes with Associated New Histology Terms

Histology Code	Histology Term
8455/3	Intraductal oncocytic papillary neoplasm with associated invasive carcinoma (C250-C254, C257-C259)
8483/3	Adenocarcinoma, HPV-associated (C530-C531, C538-C539)
8484/3	Adenocarcinoma, HPV-independent, NOS (C530-C531, C538-C539)
8859/3	Myxoid pleomorphic liposarcoma
8976/3	Gastroblastoma (C16.0 – C16.9)
9111/3	Mesonephric-like adenocarcinoma
9366/3	Round cell sarcoma with EWSR1 non-ETS fusions
9367/3	CIC-rearranged sarcoma
9368/3	Sarcoma with BCOR genetic alterations

2022 New ICD-O Codes with Associated New Terms

Histology Code	Histology 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
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
8200/3	Adenoid cystic carcinoma with high-grade transformation

Histology Code	Histology Term
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

Histology Code	Histology Term
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 the 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 vital 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 changes to Histology & Behavior Codes, are available in Appendix R of this manual. Complete 2023 ICD-O-3.2 Coding Guidelines and Implementation Documents are also available from NAACCR at <https://www.naaccr.org/icdo3/>.

- 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
- Beginning with cases diagnosed 1/1/2023 forward, pilocytic astrocytoma will no longer be reported with /3 behavior. Pilocytic astrocytoma and the related terms listed below are to be reported as a /1
- Diffuse astrocytoma, MTB- or MYBL1-altered
- Diffuse low-grade glioma, MAPK pathway- altered+

Histology Code	New Histology 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, MYB- or MYBL1-altered
9421/1	Diffuse low-grade glioma, MAPK pathway-altered
9421/3	High-grade astrocytoma with piloid features (HGAP)
9430/3	Astroblastoma, MN1-altered
9445/3	Astrocytoma, IDH-mutant, grade 4
9450/3	Oligodendroglioma, IDH-mutant and 1p/19q-codeleted, grade 2
9451/3	Oligodendroglioma, IDH-mutant and 1p/19q-codeleted, grade 3
9470/3	Medulloblastoma, histologically defined (C71.6)

Histology Code	New Histology Codes and Terms
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.naaccr.org/icdo3/>.

See Appendix R for a complete set of instructions.

Histology Code	Histology Term	Remarks
8147/3	Adenoid cystic (basal cell) carcinoma (C61.9)	Related term
8120/3	Conventional urothelial carcinoma	New term
9085/3	Diffuse embryoma	Related term
8311/3	ELOC (formerly TCEB1) mutated RCC (C64.9)	New term
8311/3	Eosinophilic solid and cystic RCC (C64.9)	New term
8311/3	Fumarate hydratase-deficient RCC ALK- ALK--rearranged RCC (C64.9)	New term
9070/2	Intratubular embryonal carcinoma	New term and behavior
9061/2	Intratubular seminoma	New term and behavior
9080/2	Intratubular teratoma	New term and behavior
9061/2	Intratubular trophoblast	New term and behavior
9071/2	Intratubular yolk-sac tumor	New term and behavior
8120/3	Large nested urothelial carcinoma	New term
8130/2	Low-grade papillary urothelial carcinoma with an inverted growth pattern	New term
8960/1	Mixed congenital mesoblastic nephroma	New term. Not reportable
9085/3	Mixed teratoma and yolk-sac tumor	Related term
8130/2	Non-invasive high-grade papillary urothelial carcinoma with an inverted growth pattern	New term
8130/2	Non-invasive papillary urothelial carcinoma, high-grade	New term

Histology Code	Histology Term	Remarks
8130/2	Non-invasive papillary urothelial carcinoma, low-grade	New term
8860/0	Oncocytic angiomyolipoma	New term. Not reportable
9104/3	Placental site trophoblastic tumor of the testis	Behavior changes from /1 to /3. Reportable for cases DX 1/1/2024 forward-Testis ONLY
8122/3	Plasmacytoid urothelial carcinoma	Related term
8020/3	Poorly differentiated urothelial carcinoma	Related term
8140/3	Prostatic intraepithelial-like carcinoma (C61.9)	Related term
8070/3	Pure squamous carcinoma of urothelial tract	New term
8510/3	Renal medullary carcinoma (C64.9)	New term
9061/3	Seminoma with syncytiotrophoblastic cells	Related term
8510/3	SMARCB1-deficient dedifferentiated RCC of other specific subtypes (C64.9)	New term
8510/3	SMARCB1-deficient medullary-like RCC (C64.9)	New term
8510/3	SMARCB1-deficient undifferentiated RCC, NOS (C64.9)	New term
9063/3	Spermatocytic tumor with sarcomatous differentiation	Related term
8085/3	Squamous cell carcinoma, HPV-associated	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	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)	New term
9080/3	Teratoma, post pubertal-type	New preferred term
8311/3	TFEB-altered RCC (C64.9)	New term
8311/3	TFEB-rearranged RCC (C64.9)	New term
8120/3	Tubular and microcystic urothelial carcinoma	New term
8311/3	Xp11 translocation RCC (C64.9)	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.
 - Post Transplant Lymphoproliferative Disorder (PTLD) was previously reportable as 9971/3 for 2010-2020 when it was the only diagnosis. Cases diagnosed prior to 2010 are not reportable.
 - In 2021, based on the 4th edition of WHO Hematopoietic Blue Book, NAACCR 2025 Implementation Guidelines 17 PTLD became 9971/1, where it was only reportable if it occurred in the brain. Starting in 2025, PTLD (9971) as the only diagnosis will become a /3 (malignant) again and will be reportable for all cases.

2026 New Reportable Neoplasms/Reclassified Tumors

- Codes/terms listed alphabetically
- Only new terminology to existing ICD-O-3.2 codes is included in the 2026 ICD-O Implementation guidelines and documentation. Terms are those listed in WHO Blue Books
- Update based on 5th Ed Classification of Head and Neck Tumors and 5th Ed Hematolymphoid Tumors

Table 2: 2026 ICD-O-3.2 Updates (Alpha)

ICD-O Code	Term	Required NPCR/ FCDS	Remarks
9896/3	Acute myeloid leukemia, FLT3-TKD	Y	New related term
9871/3	Acute myeloid leukemia, inv(16)(p13;q22)	Y	New related term
9805/3	Acute leukemia of ambiguous lineage with BCL11B rearrangement	Y	New related term
9805/3	Acute leukemia of ambiguous lineage with other defined genetic abnormalities	Y	New related term
9920/3	Acute myeloid leukemia post cytotoxic therapy	Y	New related term
9895/3	Acute myeloid leukemia post myelodysplastic-myeloproliferative neoplasm	Y	New related term
9861/3	Acute myeloid leukemia with CBFA2T3::GLIS2 fusion	Y	New related term
9871/3	Acute myeloid leukemia with CBFB rearrangement	Y	New related term
9861/3	Acute myeloid leukemia with DEK::NUP214 fusion	Y	New related term
9861/3	Acute myeloid leukemia with FUS::ERG fusion	Y	New related term
9861/3	Acute myeloid leukemia with KAT6A::CREBBP fusion	Y	New related term
9897/3	Acute myeloid leukemia with KMT2A rearrangement	Y	New related term
9897/3	Acute myeloid leukemia with t(9;11)(p22;q23) with <i>KMT2A-MLLT3</i> or other exact fusion	Y	New related term
9861/3	Acute myeloid leukemia with MNX1::ETV6 fusion	Y	New related term

ICD-O Code	Term	Required NPCR/ FCDS	Remarks
9861/3	Acute myeloid leukemia with NPM1::MLF1 fusion	Y	New related term
9861/3	Acute myeloid leukemia with NUP98 rearrangement	Y	New related term
9861/3	Acute myeloid leukemia with other defined genetic alterations	Y	New related term
9861/3	Acute myeloid leukemia with RUNX1T3 (CBFA2T3):: GLIS2	Y	New related term
9897/3	Acute myeloid leukemia with t(9;11)(p21.3;q23.3 or other exact balanced translocation	Y	New related term
9912/3	Acute myeloid leukemia with t(9;22)(q34;q11.2)	Y	New related term
9680/3	AIDS-related diffuse large B-cell lymphoma	Y	New related term
9330/3	Ameloblastic fibroidentinosarcoma	Y	New related term
9330/3	Ameloblastic fibro-odontosarcoma	Y	New related term
9714/3	ALK-positive anaplastic large cell lymphoma, common	Y	New related term
9714/3	ALK positive anaplastic large cell lymphoma, Composite	Y	New related term
9714/3	ALK positive anaplastic large cell lymphoma, Hodgkin like	Y	New related term
9714/3	ALK positive anaplastic large cell lymphoma, lymphohistiocytic	Y	New related term
9714/3	ALK positive anaplastic large cell lymphoma, small cell	Y	New related term
9750/3	ALK-positive histiocytosis	Y	New related term
9750/3	ALK-rearranged histiocytosis	Y	New related term
9750/3	ALK-related histiocytosis	Y	New related term
9330/3	Ameloblastic fibroidentinosarcoma	Y	New related term
9330/3	Ameloblastic fibro-odontosarcoma	Y	New related term
8500/2	Apocrine intraductal carcinoma	Y	New related term for salivary gland
8500/3	Basal-like salivary duct carcinoma	Y	New related term
9690/3	BCL2-R-negative CD23-positive follicle centre lymphoma	Y	New related term
9812/3	B-(acute) lymphoblastic leukemia/lymphoma (B-ALL) with BCR::ABL1 fusion	Y	New related term

ICD-O Code	Term	Required NPCR/ FCDS	Remarks
9811/3	B-lymphoblastic leukemia/lymphoma with DUX4 rearrangement	Y	New related term
9814/3	B-lymphoblastic leukemia/lymphoma with ETV6:RUNX1 fusion	Y	New related term
9817/3	B-lymphoblastic leukemia/lymphoma with <i>IGH::IL3</i> fusion	Y	New related term
9813/3	B-lymphoblastic leukemia/lymphoma with <i>KMT2A</i> rearrangement	Y	New related term
9811/3	B-lymphoblastic leukemia/lymphoma with MEF2D rearrangement	Y	New related term
9811/3	B-lymphoblastic leukemia/lymphoma with MYC rearrangement	Y	New related term
9811/3	B-lymphoblastic leukemia/lymphoma NUTM1 rearrangement	Y	New related term
9811/3	B-lymphoblastic leukemia/lymphoma with other defined genetic alterations	Y	New related term
9811/3	B-lymphoblastic leukemia/lymphoma with PAX5 alt	Y	New related term
9811/3	B-lymphoblastic leukemia/lymphoma with PAX5p.P80R	Y	New related term
9818/3	B-lymphoblastic leukemia/lymphoma with TCF3::PBX1	Y	New related term
9811/3	B-lymphoblastic leukemia/lymphoma with ZNF384 rearrangement	Y	New related term
9816/3	B-ALL with high hypodiploidy	Y	New related term
9816/3	B-ALL with low hypodiploidy	Y	New related term
9816/3	B-ALL with near-haploidy	Y	New related term
9687/3	Burkitt lymphoma, EBV-associated	Y	New related term
9687/3	Burkitt lymphoma, EBV-negative	Y	New related term
8051/3	Carcinoma cuniculatum	y	New related term
8420/3	Ceruminous adenoid cystic carcinoma	Y	New related term
9983/3	Childhood myelodysplastic neoplasm with excess blasts	Y	New related term
9966/3	Chronic myelomonocytic leukemia with eosinophilia associated with t(5;12)	Y	New related term
9690/3	Classic Follicular Lymphoma (cFL)	Y	New related term
9712/3	Classic intravascular (large) B-cell lymphoma (Classic IVLBCL)	Y	New related term
9860/0	Clonal hematopoiesis (CH)	N	Non-reportable

ICD-O Code	Term	Required NPCR/ FCDS	Remarks
9860/0	Clonal hematopoiesis, age related (ARCH)	N	Non-reportable
9860/0	Clonal hematopoiesis of indeterminate potential (CHIP)	N	Non-reportable
9760/1	Cold agglutin disease	N	Non-reportable
9827/3	Cutaneous adult T-cell leukemia/lymphoma	Y	New related term
9673/3	Cyclin D1-negative MCL	Y	New related term
9673/3	Cyclin D1-positive MCL	Y	New related term
9680/3	DLBCL/HGBL-MYC/BCL2 with BCL6 rearrangement	Y	New related term
	DLBCL/HGBL-MYC/BCL2 (with or without BCL6 rearrangement) with TdT expression		New related term
	DLBCL/HGBL-MYC/BCL2 without BCL6 rearrangement		New related term
8072/3	DRK::AFF2 squamous cell carcinoma	Y	New related term for nasal cavity and paranasal sinuses
9719/3	EBV-positive extranodal NK/T-cell lymphoma	Y	New related term
9766/3	EBV-positive diffuse large B-cell lymphoma	Y	New related term
9719/3	EBV-positive extranodal NK/T-cell lymphoma	Y	New related term
9758/3	EBV-positive inflammatory follicular dendritic cell sarcoma	Y	New related term
9702/3	EBV-positive nodal T- and NK-cell lymphoma	Y	New related term

ICD-O Code	Term	Required NPCR/ FCDS	Remarks
9717/3	Enteropathy-associated T-cell lymphoma, type 1	Y	New related term
9717/3	Enteropathy-associated T-cell lymphoma, type 2	Y	New related term
9759/3	Fibroblastic reticular cell sarcoma	Y	New related term
9678/3	Fluid overload-associated large B-cell lymphoma	Y	New related term
9678/3	Fluid-overload effusion lymphoma KSHV/HHV8-negative effusion-based lymphoma	Y	New related term
9698/3	Follicular large B-cell lymphoma	Y	New related term
9705/3	Follicular helper T-cell lymphoma, angioimmunoblastic type	Y	New related term
9690/3	Follicular lymphoma with uncommon features	Y	New related term
9690/3	Follicular lymphoma with unusual cytological features (uFL)	Y	New related term
9690/3	Follicular lymphoma with a predominantly diffuse growth pattern (dFL)	Y	New related term
9769/1	Heavy chain AL amyloidosis	N	Non-reportable
9680/3	High grade B-cell lymphoma with MYC and BCL6 rearrangement	Y	New related term
8085/0	HPV-associated oral epithelial dysplasia, low grade	N	Non-reportable
8085/2	HPV-associated oral epithelial dysplasia, high grade	Y	Valid for the following sites only: C020-C023, C028, C029, C030, C031, C039, C040, C041, C048,

ICD-O Code	Term	Required NPCR/ FCDS	Remarks
			C049, C050- C052, C058, C059, C060- C062, C068, C069
8085/3	HPV-associated squamous cell carcinoma	Y	Code and term now valid for nasal cavity and paranasal sinuses
8086/3	HPV- independent squamous cell carcinoma	Y	Code and term now valid for nasal cavity and paranasal sinuses
8483/3	HPV-related multiphenotypic sinonasal carcinoma	Y	New related term for nasal cavity and paranasal cavity
8070/3	Hybrid verrucous carcinoma	Y	New related term for hypopharyngeal, laryngeal, tracheal, parapharyngeal sites
9725/1	Hydroa vacciniforme lymphoproliferative disorder, classic	N	Non-reportable
9725/1	Hydroa vacciniforme lymphoproliferative disorder, systemic	N	Non-reportable
9700/3	Hypopigmented mycosis fungoides	Y	New related term
9756/1	IgA MGUS	N	Non-reportable
9756/1	IgD MGUS	N	Non-reportable
9756/1	IgE MGUS	N	Non-reportable
9756/1	IgG MGUS	N	Non-reportable

ICD-O Code	Term	Required NPCR/ FCDS	Remarks
9761/3	IgM LPL/Waldenstrom Macroglobulinemia type	Y	New related term
9761/3	IgM-type lymphoplasmacytic lymphoma/Waldenstrom macroglobulinemia	Y	New related term
9760/1	IgG4-related disease	N	Non-reportable
9680/3	Immunodeficiency-associated lymphoproliferative disorders	Y	New related term
9769/1	Immunoglobulin-related amyloidosis (AL amyloidosis), NOS	N	Non-reportable
9757/3	Indeterminate dendritic cell histiocytosis	Y	New related term
9702/1	Indolent clonal T-cell lymphoproliferative disorder of the gastrointestinal tract	N	Non-reportable
9702/1	Indolent NK-cell lymphoproliferative disorder of the gastrointestinal tract	N	Non-reportable
8500/2	Intercalated duct intraductal carcinoma	Y	New related term for salivary gland
9712/3	Intravascular large B-cell lymphoma, classic	Y	New related term
9712/3	Intravascular large B-cell lymphoma, cutaneous	Y	New related term
9712/3	Intravascular large B-cell lymphoma, hemophagocytic	Y	New related term
9673/1	In situ mantle cell neoplasm	N	Non-reportable
9946/3	JMML in children with CBL syndrome	Y	New related term
9946/3	JMML in neurofibromatosis type 1 (NF1)	Y	New related term

ICD-O Code	Term	Required NPCR/ FCDS	Remarks
9946/3	JMML-like disorders in children with Noonan syndrome (NS)	Y	New related term
9946/3	KRAS-mutated JMML	Y	New related term
9738/3	KSHV/HHV8-positive diffuse large B-cell lymphoma	Y	New related term
9738/1	KSHV/HHV8-positive germinotropic lymphoproliferative disorder (GLPD)	N	Non-reportable
9756/3	Langerhans cell sarcoma, Primary	Y	New related term
9756/3	Langerhans cell sarcoma, Secondary	Y	New related term
9673/3	Leukemic non-nodal mantle cell lymphoma	Y	New related term
9765/1	Light chain MGUS	N	Non-reportable
9769/1	Localized AL amyloidosis	N	Non-reportable
8070/0	Low-grade squamous intraepithelial lesion	N	Non-reportable. Replaces grade 2/II neoplasms
9702/1	Lymphomatoid gastropathy	N	Non-reportable
9718/1	Lymphomatoid papulosis type A	N	Non-reportable
9718/1	Lymphomatoid papulosis type B	N	Non-reportable
9718/1	Lymphomatoid papulosis type C	N	Non-reportable
9718/1	Lymphomatoid papulosis type D	N	Non-reportable
9718/1	Lymphomatoid papulosis type E	N	Non-reportable
9718/1	Lymphomatoid papulosis with DUSP22 locus rearrangement	N	Non-reportable
9756/3	Malignant histiocytosis of Langerhans phenotype	Y	New related term

ICD-O Code	Term	Required NPCR/ FCDS	Remarks
9727/1	Mature plasmacytoid dendritic cell proliferation	N	Non-reportable
9727/1	Mature plasmacytoid dendritic cell proliferation associated with myeloid neoplasm	N	Non-reportable
9823/1	MBL, low count or clonal B-cell expansion (CLL/SLL) type	N	Non-reportable
8265/3	Micropapillary salivary duct carcinoma	Y	New related term
8240/3	Middle ear neuroendocrine tumor	Y	New related term
8500/2	Mixed intraductal carcinoma	Y	New related term for salivary gland
9805/3	Mixed-phenotype acute leukemia B/T	Y	New related term
9805/3	Mixed-phenotype acute leukemia B/T/Myeloid	Y	New related term
9805/3	Mixed-phenotype acute leukemia, T/megakaryocytic	Y	New related term
9806/3	Mixed-phenotype acute leukemia with <i>BCR::ABL1</i>	Y	New related term
9807/3	Mixed-phenotype acute leukemia with <i>KMT2A</i> rearrangement	Y	New related term
9805/3	Mixed-phenotype acute leukemia (MPAL) with <i>ZNF384</i> rearrangement	Y	New related term
9765/1	Monoclonal gammopathy of renal significance	N	Non-reportable
8481/3	Mucin-rich salivary duct carcinoma	Y	New related term
9982/3	MDS with low blasts and ring sideroblasts	Y	New related term
9985/3	Myelodysplastic neoplasm, hypoplastic	Y	New related term

ICD-O Code	Term	Required NPCR/ FCDS	Remarks
9945/3	Myelodysplastic chronic myelomonocytic leukemia	Y	New related term
9945/3	Myeloproliferative chronic myelomonocytic leukemia	Y	New related term
9983/3	Myelodysplastic neoplasm with increased blasts and fibrosis	Y	New related term
9985/3	Myelodysplastic neoplasm with low blasts and multilineage dysplasia	Y	New related term
9982/3	Myelodysplastic neoplasm with low blast count and SF3B1	Y	New related term
9982/3	Myelodysplastic neoplasm with low blasts and SF3B1 mutation	Y	New related term
9986/3	Myelodysplastic syndrome with low blasts and 5q deletion	Y	New related term
9985/3	Myelodysplastic neoplasm with low blasts, NOS	Y	New related term
9985/3	Myelodysplastic neoplasm with multi-hit TP53 inactivation	Y	New related term
9985/3	Myelodysplastic neoplasm with multi-hit TP53 inactivation	Y	New related term
9966/3	Myeloid neoplasms associated with PDGFRB rearrangement	Y	New related term
9985/3	Myelodysplastic neoplasm with multi-hit TP53 inactivation	Y	New related term
9920/3	Myeloid neoplasm post cytotoxic therapy	Y	New related term
9920/3	Myelodysplastic/myeloproliferative neoplasm post cytotoxic therapy	Y	New related term
9876/3	Myelodysplastic/myeloproliferative neoplasm with neutrophilia	Y	New related term

ICD-O Code	Term	Required NPCR/ FCDS	Remarks
9982/3	Myelodysplastic/myeloproliferative neoplasm with SF3B1 mutation and thrombocytosis	Y	New related term
9968/3	Myeloid/lymphoid neoplasm with ETV6::ABL1 fusion	Y	New related term
9968/3	Myeloid/lymphoid neoplasm with FLT3 rearrangement	Y	New related term
9968/3	Myeloid/lymphoid neoplasm with ETV6::ABL1 fusion	Y	New related term
9968/3	Myeloid/lymphoid neoplasm with other tyrosine kinase fusion genes	Y	New related term
9966/3	Myeloid neoplasms associated with PDGFRB rearrangement	Y	New related term
8070/3	Nasopharyngeal carcinoma	Y	New related term for nasopharyngeal sites
9702/1	NK-cell enteropathy	N	Non-reportable
9719/3	NK-lymphoblastic Leukemia/lymphoma	Y	New related term
9702/3	Nodal EBV+ cytotoxic T-cell lymphoma	Y	New related term
9702/3	Nodal peripheral T-cell lymphoma, EBV+ positive	Y	New related term
9705/3	Nodal T follicular helper cell lymphoma, angioimmunoblastic type (nTFHL-AL)	Y	New related term
9702/3	Nodal T follicular helper cell lymphoma, follicular type (nTFHL-F)	Y	New related term
9702/3	Nodal T follicular helper cell lymphoma, NOS (nTFHL)	Y	New related term
9719/3	Non-nasal (extranasal) lymphoma	Y	New related term

ICD-O Code	Term	Required NPCR/ FCDS	Remarks
	Nasal ENKTL		
9761/3	Non-IgM-type lymphoplasmacytic lymphoma/Waldenstrom macroglobulinemia	Y	New related term
9761/3	Non-IgM LPL/Waldenstrom Macroglobulinemia type	Y	New related term
9946/3	NRAS-mutated JMML	Y	New related term
9718/3	Ocular adnexal T-cell lymphoma	Y	New related term
8500/2	Oncocytic intraductal carcinoma	Y	New related term for salivary gland
8290/3	Oncocytic salivary duct carcinoma	Y	New related term
9690/3	Pediatric follicular lymphoma		
9819/3	Philadelphia-like (Ph-like) B-ALL <i>BCR::ABL1</i> -like B-ALL/LBL	Y	New related term
8525/3	Polymorphous adenocarcinoma, cribriform subtype/cribriform adenocarcinoma of salivary glands	Y	New related term
8525/3	Polymorphous adenocarcinoma, conventional subtype	Y	New related term
9709/3	Primary cutaneous peripheral T-cell lymphoma, unspecified	Y	New related term
9699/3	Primary cutaneous marginal zone lymphoma (PCMZL)	Y	New related term
9699/3	Primary cutaneous marginal zone lymphoma, heavy chain class-switched form (IgG+, IgA+, or IgE+)	Y	New related term

ICD-O Code	Term	Required NPCR/ FCDS	Remarks
9699/3	Primary cutaneous marginal zone lymphoma, non-class-switched form (IgM+)	Y	New related term
9699/3	Primary cutaneous marginal zone lymphoproliferative disorder	Y	New related term
9680/3	Primary large B-cell lymphoma of immune privileged sites	Y	New related term
9680/3	Primary large B-cell lymphoma of the testis	Y	New related term
9718/3	Primary mucosal CD30 positive large T-cell lymphoma	Y	New related term
9718/1	Primary mucosal CD30+ T-cell lymphoproliferative disorder	N	Non-reportable
9702/3	Primary nodal EBV-positive T/NK-cell lymphoma	Y	New related term
9184/3	Radiation-induced osteosarcoma	Y	New related term
9946/3	PTPN11-mutated JMML	Y	New related term
8140/3	Renal cell-like sinonasal adenocarcinoma	Y	New related term for nasal cavity and paranasal cavity
8900/3	Rhabdosarcoma with TFCP2 rearrangement	Y	New related term
8033/3	Sarcomatoid salivary duct carcinoma	Y	New related term
8407/3	Sclerosing microcystic adenocarcinoma	Y	New related term
9270/3	Sclerosing odontogenic carcinoma	Y	New related term
9715/3	Seroma-associated anaplastic large cell lymphoma	Y	New related term

ICD-O Code	Term	Required NPCR/ FCDS	Remarks
8082/3	Sinonasal lymphoepithelial carcinoma	Y	New related term
8044/3	SMARCB1-deficient sinonasal adenocarcinoma		New related term for nasal cavity and paranasal cavity
8044/3	SMARCB1-deficient sinonasal carcinoma	Y	New related term for nasal cavity and paranasal cavity
8044/3	SMARCA4-deficient sinonasal carcinoma	Y	New related term for nasal cavity and paranasal cavity
9591/3	Splenic B-cell lymphoma/leukemia with prominent nuclei	Y	New related term
9860/0	VEXAS syndrome	N	Non-reportable

Skin Cancer - Not Reportable Neoplasms

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.
- AIN III (8077/2) of Perianal Skin (C44.5) is not reportable.
- Bowen's Disease (squamous cell carcinoma in-situ of skin) is not reportable (C44.0-C44.9)

Only the following malignant neoplasms of the skin (C44.0-C44.9) are not reportable

Histology Code	Term
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

Reporting Multiple Primary Tumors - Single versus Multiple Primaries

Solid Tumor Rules

- The purpose of the Solid Tumor Rules is to determine the number of primaries to abstract and the histology to code. The most recent Solid Tumor Rules update should be used as soon as it is released and can be applied to 2018+ cases (see General Instructions for start years for each Site-group). If a specific code or instruction has an effective year later than 2018, it will be noted in the text.
- 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/>.
- This site provides data-collection rules for hematopoietic and lymphoid neoplasms diagnosed in 2010 and later.
- There are two tools used for determining reportability and the number of primaries for hematopoietic and lymphoid neoplasms:

The Hematopoietic & Lymphoid Neoplasm Database (Heme DB) is a tool to assist in screening cases and determining reportability requirements. The database contains abstracting and coding information for all hematopoietic and lymphoid neoplasms (9590/3-9993/3).
- The Hematopoietic & Lymphoid Neoplasm Coding Manual provides reportability instructions and rules for determining the number of primaries, the primary site and histology, and the cell lineage or phenotype.
- The introduction to the manual outlines steps in Priority Order for using the Hematopoietic and Lymphoid Neoplasm Coding Manual & Database.

Clarification of Reporting Requirements

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 cancer diagnosis, 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 alternative means, such as direct visualization (without biopsy), or by clinical evidence alone. The data item “Diagnostic Confirmation” identifies the method of diagnosis for each case. The codes are to be used in hierarchical order in most cases. In the absence of a positive pathology report, all information in the record must be assessed to determine whether the case is reportable and to identify the method used to establish (confirm) the diagnosis.

Clinically Diagnosed Cases Are Reportable

- In the absence of a histological 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, pathology report usually takes precedence over a clinical diagnosis. The case would not be reported if the patient had a negative biopsy.
- If the physician treats a patient for cancer despite the negative biopsy, abstract and report the case.
- If enough time has passed that it is reasonable to assume that the physician has seen the negative pathology, but the clinician continues to call this a reportable disease, accession the case. A reasonable amount of time would be equal to or greater than 6 months.

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 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 too small to determine whether they are tumor nodules or reactive nodules, such as those caused by an infectious process. 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.

Ambiguous Terms that Constitute a Diagnosis

The following terms should be interpreted as diagnostic of cancer in absence of definitive evidence:

• Apparently	• Neoplasm*
• Appears	• Presumed
• Comparable with	• Probably
• Compatible with	• Suspect(ed)
• Favor(s)	• Suspicious (for)
• Malignant appearing	• Tumor*
• Most likely	• Typical of

NOTE - 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).

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: 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.

Use all available information first and seek clarification from clinicians whenever possible.

Equivalent to "Diagnostic for" malignancy or reportable diagnosis. These phrases are reportable when no other information is available or when there is no information to the contrary.

- Considered to be [malignancy or reportable diagnosis]
- Characteristic of [malignancy or reportable diagnosis]
- Appears to be a [malignancy or reportable diagnosis]
- Most compatible with [malignancy or reportable diagnosis]
- Most certainly [malignancy or reportable diagnosis]
- In keeping with [malignancy or reportable diagnosis]

Equivalent to "Not diagnostic for" malignancy or reportable diagnosis. These phrases are NOT reportable when no other information is available.

- Highly suspicious for, but not diagnostic of [malignancy or reportable diagnosis]
- Most compatible with a [non-reportable diagnosis] such as a [reportable diagnosis]
- High probability for [malignancy or reportable diagnosis]

Equivalent to "Differential diagnoses"

- Differential considerations

There may be ambiguous terms preceded by a modifier, such as "mildly" suspicious. In general, ignore modifiers or other adjectives and accept the reportable ambiguous term.

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.
- 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 Diagnostic Confirmation data item for methods of diagnosis.

- 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.
 - - 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 a 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.
 - 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.
 - 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.
 - - If the ambiguous diagnosis is not reportable by biopsy, cytology, or physician’s statement, do not abstract or report the case.

Primary Site Codes for Non-Malignant Primary Intracranial and CNS Tumors

Primary site codes for non-malignant primary intracranial and CNS tumors with a behavior code of 0 or 1 [benign/borderline] are reportable regardless of histologic type for these topography codes.

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

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.

Non-Analytic Cases

- FCDS requires collecting and reporting all cases that meet the FCDS reporting requirements, regardless of Class of Case. The American College of Surgeons/Commission on Cancer does not require accredited facilities to abstract non-analytic cases. However, these are cases that were diagnosed months or years before the time they present 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 patient's initial cancer care. Many CoC Non-Analytic Cases and Analytic cases are reportable 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

- A non-analytic case (Class of Case 30-99) is when a patient presents at the reporting facility, the Initial diagnosis and all first-course treatment were done elsewhere, AND the reporting facility participated in diagnostic workup, provided in-transit care, or the patient presents with disease progression or recurrence of cancer. The CoC does not require registries in accredited programs to accession, abstract, or follow these cases, but the program or central registry may require them.
- Analytic Cases (Class of Case 00-22) are the core of 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.

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 cancer 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 does not need 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).

Multi-Facility Reporting (shared cases)

- FCDS requires that any cancer case that meets FCDS 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 a single 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 of a change of ownership 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.

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.

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

Casefinding

- Casefinding is a system for identifying every patient, both inpatient and outpatient, who is diagnosed and/or treated with a reportable diagnosis of cancer. All facilities are responsible for complete casefinding for all patients seen at your facility, regardless of the type of service.
- Casefinding is one of the most important duties a cancer registrar performs. Cancer data collection begins by identifying those patients with a clinical or pathological diagnosis of cancer. All healthcare facilities should create a casefinding system to ensure all reportable cases are identified. It is important that all personnel involved in the casefinding process be thoroughly familiar with reportable diagnoses.
- Casefinding must include both clinically and pathologically confirmed cases. A clinical diagnosis results when a recognized medical practitioner says the patient has cancer; the case is reportable. Some malignancies are never histologically or cytologically confirmed. A diagnosis of cancer can be made during a diagnostic workup e.g. imaging exams, radiographic scans, tumor markers, blood work, visualization of tumor at exploratory laparotomy, etc. These cases are reportable based on clinical diagnosis. A clinical diagnosis may be recorded in the final diagnosis on the face sheet or other parts of the medical record.

The following sources should be reviewed to keep missed reportable cases to a minimum.

- Pathology Reports
- Bone Marrow Reports
- Autopsy Reports
- Diagnostic Imaging Reports
- Surgery Schedule
- Medical Oncology
- Radiation Oncology
- Nuclear Medicine
- Outpatient Departments
- HIM/Medical Record Disease Indices or Unified Billing System Report – All Services

The sources outlined below show more specific examples and should be adapted to each facility.

Pathology Reports

All anatomic (surgical) pathology reports:

- Bone marrow biopsies,
- Needle biopsy and fine needle aspiration biopsies,
- Diagnostic hematology,
- Including reports from biopsy specimens,
- Surgical resection specimens,
- Cytology,
- Immuno-histo-cytochemistry,
- Immunophenotype,
- Genetic studies,
- Autopsy reports and all addenda for inpatients, outpatients and ambulatory care patients **MUST** be reviewed to determine whether 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 Re-Casefinding Audit.
- Most cancer patients have a biopsy or operative resection performed, and nearly all the reportable cases can be identified by pathological 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.

Diagnostic Imaging (Radiology) Department

New patient registration logs or rosters for patients receiving diagnostic imaging services are an excellent source for identifying new cancer cases. Review for clinical diagnosis.

- X-ray
- CT scan
- PET scan
- MRI, or other imaging

Outpatient: Surgery Schedule/Medical Oncology/Radiation Oncology/Nuclear Medicine

- New patient registration logs or rosters should be reviewed from Surgery, Medical Oncology, Radiation Oncology, & Nuclear Medicine departments to ensure complete case ascertainment. These logs often identify cases that are diagnosed at one facility and then referred to another facility for treatment.
- Radiation therapy summaries are also excellent casefinding sources for patients treated with radiation.
- Oncology Related service areas such as specialty clinics, chemotherapy clinics, infusion centers, day surgery & other ambulatory care.
- Outpatient diagnostic radiology and laboratory service areas & emergency rooms are additional sources.
- Unified Billing System Reports also can be used to identify these cases.

FCDS 2026 ICD-10-CM Casefinding List for Reportable Tumors

(Effective dates: 10/1/2025-9/30/2026)

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, 2025.

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
C50.A (C50.A0, C50.A1, C50.A2)	Malignant inflammatory neoplasm of breast
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)
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

ICD-10-CM Code	ICD-10-CM Code Definition
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]
R85.613	High grade squamous intraepithelial lesion on cytologic smear of anus (HGSIL)
R85.614	Cytologic evidence of malignancy on smear of anus
R87.614	Cytologic evidence of malignancy on smear of cervix
R87.623	High grade squamous intraepithelial lesion on cytologic smear of vagina (HGSIL)
R87.624	Cytologic evidence of malignancy on smear of vagina
R90.0	Intracranial space-occupying lesion found on diagnostic imaging of CNS

Disposition Codes: Tracking Not Reportable Cases Based on Review of HIM/Medical Record Disease Index & Unified Billing System Report

- Every patient record with a reportable ICD-10-CM code (see Current Casefinding List) must be reviewed to determine whether the case meets FCDS criteria for case reporting. All patient service areas must be included in these reports. The FCDS Casefinding List has been paired 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 patient's 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 conducts casefinding audits based on AHCA (Agency for Healthcare Administration) data. A "Not Reportable List" should be maintained and should include comments that the registrar reviewed the medical record and determined that the case does not meet the reportable criteria. This 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.
- The "suspense" case should also include documentation as to why the facility will not report the case either in text and/or using the FCDS AHCA Disposition Codes below.

Disposition Codes

Code	AHCA Disposition 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 Non-Reportable 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 – In situ 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

Code	AHCA Disposition Description	Match Status
12	N/R – No Cancer Mentioned in Medical Record	N
13	Skin Cancer- FCDS has chosen not to do Follow-Back on these since most of them turn out to be N/R	N
14	N/R – Hematopoietic Disease 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	U
50	Hospice Case – Not A Hospital	U
51	Transitional Care Center – Not A Hospital	U
53	Not A Valid Facility Number	U
60	This AHCA Record Matches a Vital Statistics Record (DCN-Identified)	U
70	Closed Facility	U
90	Not a Cancer Related Case	U
998	Matching Algorithm Has Been Run (FCDS Use Only)	R
999	Pending Match (FCDS Use Only)	R

Abstracting

Personnel Requirements – Abstractor Training and FCDS Abstractor Code

Abstractor Training

Cancer registry professionals must stay current with cancer reporting guidelines, data collection, and the coding rules by participating in educational and training activities such as webinars, annual conferences, and workshops.

Trained personnel must perform abstracting. FCDS provides abstractors with a list of references in Appendix P. These references include numerous online training programs ranging from basic programs to certificate and degree programs, and how to obtain an Oncology Data Specialist (ODS) certification. Certification. The Oncology Data Specialists (ODS) credential is awarded to cancer registry professionals who pass NCRA's certification examination. The NCRA Council on Certification sets eligibility requirements for the exam. Please visit NCRA website for more information.

- 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)
 - The North American Association of Central Cancer Registries (NAACCR)
- Please see the annually updated document “2026 References and Resources for Cancer Registrars” on our website and included as Appendix P in this manual.
- Registrars should register for standard setter ListServes including NAACCR, CoC, and NCI SEER. In addition to state and regional professional organizations, NAACCR, CoC, AJCC, and NCRA, regularly post educational opportunities on their websites and notify members of upcoming events. Many organizations offer a great deal of online continuing education and training.

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 seasoned professionals.

- 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 collaborated to develop FLccSC. 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.
- Please, visit the FCDS website under FLccSC/LMS for Tutorials, and the FLccSC Help Desk.
- The FCDS Abstractor Code Test is one of the modules in FLccSC.

FCDS Abstractor Code

The abstractor code test ensures all abstractors working for Florida facilities have a good understanding of Florida cancer abstraction and reporting requirements, and how to apply the most current national cancer reporting standards and guidelines.

- 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 individuals who successfully pass the FCDS Abstractor Code Online Test, regardless of NCRA certification 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 that all abstractors maintain a current 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 of 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.

- Each abstractor submitting cases to FCDS must have their unique FCDS Abstractor Code. All abstracts submitted must have an approved and current valid FCDS Abstractor Code. Your FCDS Abstractor Code should never be shared with any other abstractor.
- Validation of the FCDS Abstractor Code is part of the FCDS EDITS process; therefore, if any Abstractor Code is incorrect, invalid, or expired, the batch will fail edits at the time of batch upload or record entry. 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.
- Abstracted by. An alphanumeric code assigned by the (reporting facility) that identifies the individual abstracting the case.
- 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 seven topic areas include:
 - Florida Reporting Requirements
 - General Abstracting Knowledge
 - Anatomy and Physiology
 - Assigning 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

Case Abstracting Requirements – Timeliness

NAACCR, NPCR/CDC, and SEER set standards for data collection and for monitoring the quality, accuracy, and timeliness of cancer incidence data for population-based registries in the US and Canada.

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 exception to this reporting timeline is for 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 according to the guidelines outlined in Section II of this document. Questions regarding the interpretation of individual data items should be addressed with the FCDS staff.
- Hospital registries should also be aware of any completeness and timeliness guidelines established by their state central registry.
- Each reporting facility must certify that they have completed the full year cycle of reporting each year. Facilities can locate the Certification of Completeness in FCDS IDEA under 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, with the status 'unknown if administered'. All cases must be reported to FCDS by June 30th.
- All abstracts must pass the most current FCDS EDITS metafiles.

Not Reportable List

- 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 and tracking non-reportable cases.
- 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 facility can maintain a list 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.
- FCDS performs casefinding audits annually at every reporting facility through annual case matching with the Florida Agency for Health Care Administration (AHCA) data files to ensure completeness of reporting. The not reportable list will expedite the 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 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 a reference because the case is not reportable.

Disposition Codes

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 Non-Reportable Skin Cancer – Site=C44. * and Morph = 8000 to 8110
4	N/R – No Evidence of Cancer at This Time – NED
5	N/R – Consultation Only
6	N/R – Cancer Not Proven – Equivocal
7	Case Previously Reported to FCDS by this Facility
8	N/R – Outpatient Record with No Active Cancer Documented in Record
9	N/R – In situ Cancer of Cervix or CIN III
10	N/R – Other

Code	Description
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 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 Ever Returned by this Facility
40	N/R – Special Case – Other
50	Hospice Case – Not A Hospital
51	Transitional Care Center – Not A Hospital
52	Not A Valid Facility Number
60	This AHCA Record Matches a Vital Statistics Record (DCN-Identified)
70	Closed Facility
90	Not Cancer-Related Cases

Abstracting Non-Analytic and Historical Cases

- FCDS requires reporting of all non-analytic and historical cases that meet requirements regardless of the class of case, place of diagnosis, or date of diagnosis. The Commission on Cancer/American College of Surgeons (COC/ACoS) does not require accredited facilities to abstract non-analytic or historical cases. 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 expectations. Include chronological information about 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 for 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.
- To avoid duplication of abstracts of all facilities please cross-reference your database, suspense or FCDS Alpha list by name, SSI, medical record number, and date of birth.
- FCDS recognizes that 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.
- For capturing historical cases also refer to case eligibility for additional details on reporting these types of cases.

Abstracting Historical Cases: Optional Minimal Dataset

The historical case refers to a primary reportable neoplasm (malignant or benign/borderline brain/CNS tumors) with no active disease and is currently not receiving any treatment. If the patient presents to the facility with a new cancer or benign reportable neoplasm that is active and undergoing treatment, the facility must complete the minimal datasets required for historical cases.

There are two methods for reporting a Historical Case: FCDS will accept historical cases reported as full abstracts or reported using the minimal dataset.

- 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:
 - Sequence Number
 - Diagnosis Date
 - Primary Site (ICD-O-3)
 - Histology (ICD-O-3)
 - Behavior (ICD-O-3)
 - Laterality
 - State of Residence at Diagnosis (State Abbreviation)
 - County of Residence at Diagnosis (FIPS County Code)
 - Schema Discriminator 1
 - Schema Discriminator 2
- Facilities are required to complete and submit the minimal data set for historical cases via FCDS IDEA Single Abstract Entry for incidence reporting only or via your cancer registry software.
- These fields will be edited at transmission time and include Sequence Number and Diagnosis Date and State and County edit checks.
- These fields should ONLY be used when abstracting a historical case with insufficient information.
- 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).
- The minimal dataset only applies to Class of Case 33 Historical Cases with insufficient information. A Class of Case 33 is a non-analytic case where the diagnosis and all first course of treatment is provided elsewhere, and patient presents at the reporting facility with disease history only and cancer is not active.
- All other non-analytical cases, including Class of Case 33 historical cases with active cancer at time of encounter with enough information, REQUIRE a full abstract to be reported to FCDS.

- Abstractors should not code historical cases to an Unknown Primary or Ill-Defined Primary Cancer (C80.9 or C76. *).
- FCDS quality control staff will monitor these cases coded to C80.9 or C76. *. Supporting documentation regarding the minimal dataset may be requested and provided.

Examples of Reporting Historical Cases in the State-Specific fields

Historical information must be completed for the following eight to ten fields, starting with the eight fields in the HISTORY screen. The last two fields listed below are dependent on the primary site and histology (Discriminator 1 and 2).

- 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

If any of these fields are left blank, the abstract and the entire batch will be rejected.

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 the Historical #1 and Historical #3 groups each contain nine fields, and the Historical #2 group is missing a field, the abstract will not be accepted due to the gap.

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

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 that are delinquent and not in compliance with the 6-month reporting rule. Each facility must develop a remedial plan to be compliant with state statutes and reporting guidelines. If the facility takes no action and does not resolve the delinquency, 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.

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 enforced loosely. It is, however, very important to maintain the quality of 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.

Required and Recommended Desktop References

Refer to document 2026 References and Resources for Cancer Registrars in Appendix P of this manual.

Recommended Desktop References

Recommended References	Ordering Information
2026 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
2026 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	Visit the National Cancer Registrars Association Online Store to order. An e-book version of the 4th edition textbook can be purchased at https://www.ncraebooks.org/ . An Online Review Guide for the 4th edition textbook is available at https://www.ncra-usa.org/ReviewGuide
EDITS Software – EditWriter 6 and GenEdits Plus	https://www.cdc.gov/cancer/npcr/tools/edits/index.htm
NAACCR v26 EDITS Metafile	https://www.naaccr.org/standard-data-edits/
FCDS v26 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

Recommended References**Ordering Information**

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/>

Questions regarding AJCC Cancer Staging should be directed to the CAnswer Forum

<http://cancerbulletin.facs.org/forums/>

Where to Go for Submitting Technical Questions**Topics****Link**

FCDS Data Acquisition Manual

<https://fcds.med.miami.edu/inc/downloads.shtml>

CAnswer Forum

COC, NAPBC, NAPRC Standards
 STORE Manual
 RCRC
 SSDI/Grade Manual
 Ask the Pathologist
 AJCC Cancer Staging

<https://cancerbulletin.facs.org/forums/help>

SEER SINQ/Ask a SEER Registrar

EOD
 Cancer PathChart
 Hematopoietic and Lymphoid Neoplasm Database and Manual
 Primary Site
 Solid Tumor Rules
 SEER Summary Stage
 ICD-0-3
 SEER Program Coding and Staging Manual
 SEER Rx Interactive Drug Database

<https://cancerbulletin.facs.org/forums/help>

Data Transmission

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

Release Of Information

- FCDS will not directly release patient information to any contractor due to liability and confidentiality concerns related to contractual agreements not involving FCDS. Additionally, new HIPAA (Health Insurance Portability and Accountability Act) guidelines have imposed further restrictions on releasing and re-releasing patient information in various situations. FCDS recognizes that this policy may pose challenges for some contractors. Any agreement between a healthcare facility and a private contractor that does not include FCDS cannot permit the release of 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.
- **NOTE** - 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

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.

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.

Receipt on Upload – Confirmation Report

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.

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. Additional supporting text may be required to validate the coded data and to set the override.

Alternative Facilities

This section of the *Florida Cancer Data System (FCDS) Data Acquisition Manual* provides detailed guidance for cancer reporting requirements across a variety of non-hospital healthcare settings. These include ambulatory surgery centers, freestanding radiation therapy centers, private physician practices, psychiatric and military facilities, Veterans Administration facilities, and clinical laboratories. Because these providers play an essential role in the statewide identification and reporting of cancer cases, this section outlines the responsibilities, data submission processes, file specifications, and quality assurance expectations for each facility type.

The information that follows is intended to ensure consistency, accuracy, and compliance with Florida Statutes, the Florida Administrative Code, and FCDS reporting standards. It also offers practical instructions for data upload methods, required data elements, follow-back procedures, and use of FCDS reporting applications such as FCDS IDEA and CAPIS. By adhering to these guidelines, facilities contribute to the completeness and quality of Florida's cancer surveillance system.

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.

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

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.

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.

Unmatched Ambulatory Surgery Center Cases are posted to 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.

Non-Reportable Disposition Codes

Note: N/R indicates Non-Reportable cases

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 – Non-reportable 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

Code	Description
11	Reportable-case abstracted BUT not found in FCDS files – abstract requested
12	N/R – No cancer mentioned in medical record
13	Skins we elected not to follow-back since most of them turn out N/R
14	N/R – Hematopoietic disease diagnosed 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

Freestanding Radiation Therapy Centers

Facilities that do not voluntarily report full cancer abstracts to FCDS must upload minimal data for all cancer patient encounters for casefinding using the FCDS IDEA. FCDS will compare the cancer records identified by each facility to the FCDS Master file. Any record that does not match a case in the FCDS Master file will be flagged for reporting.

Radiation Therapy ID Project

All Florida Radiation Therapy Centers must send a list of patient identifiers to the Florida Cancer Data System. There are two methods of submitting these data items: file upload or single web entry. With the file upload method, you must send a file in a specific format and layout. With the single web entry method, you must enter and save each record on the web data entry screen.

Tab Separated File Layout for Uploads via FCDS IDEA

Field #	Item Name	Maximum Field Length	Instructions
1	FCDS Facility Number	4	This is a required data item containing the FCDS Facility number for your Radiation Center. Contact FCDS if your facility is not on this list.
2	Patient ID / Medical Record #	12	This is a required data item containing your facility's patient id number or medical record number that will uniquely identify a patient in your records.
3	Patient Social Security Number	9	This is a required data item containing the patient's Social Security Number. Enter 999999999 in this field if the SSN is unknown or missing.
4	Patient Last Name	25	This is a required data item containing the patient's last name.
5	Patient First Name	14	This is a required data item containing the patient's first name.
6	Patient State	2	This is a required data item containing the USPS 2 character Postal abbreviation for the patient's address state. Appendix B has a list of valid state abbreviations.
7	Patient Zip Code	5	This is a required data item containing the USPS 5 digit Postal code for the patient's address.
8	Patient Date of Birth	8	This is a required data item containing the patient's date of birth in YYYYMMDD format. The date will be validated so 9s or other invalid dates will cause the file

Field #	Item Name	Maximum Field Length	Instructions
			upload to be rejected.
9	Date of Encounter	8	This is a required data item containing the date of encounter at your facility in YYYYMMDD format. The date will be validated so 9s or other invalid dates will cause the file upload to be rejected.
10	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
11	Patient Race	2	This is a required data item containing the patients race. See "Appendix D: Race Coding Instructions and Race and Nationality Descriptions" for more information.
12	ICD-9-CM or ICD-10-CM Diagnosis Code	7***	This is a required data item containing the ICD-9 or ICD-10 code with decimals and will be validated against the FCDS Case finding list found on the FCDS website (fcds.med.miami.edu) under Downloads->Data Acquisition Manual. The ICD Code is validated based on Encounter Date. Dates after 9/30/2015 require ICD-10 Codes. Earlier Dates require ICD-9 Codes.

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. Do not add a zip password.

FCDS Radiation Therapy File Upload page

Upload Files UploadRT

Upload Radiation Therapy Files to FCDS

* Uploaded files must be in FCDS Radiation Therapy Version 1.0 format.
* Please refer to the FCDS Radiation Therapy Data Access Manual on our Website under Downloads for complete file layout information

[File Format](#)

Enter the full path + filename. Ex: C:\STATEDATA.txt
Use the browse button to find/double-click-on/open file:

File: [Browse](#)

Options:

☐ Upload file is in Windows compressed ZIP format (faster uploads)
☐ TEST for missing data items - no data sent to FCDS

**Contact your FCDS Field Coordinator for questions about edit errors
or your software vendor about other errors.**

Upload_RT.pl

[Upload](#) [Cancel](#)

Confirmation of Receipt



Batch Receipt 4535

5/2/2016 12:22:14 PM

Page: 3 of 3

V 15.0

Confirmation of Receipt:

Thank you for your data. Examine this report to verify what you have submitted to FCDS is correct. Close this window after you have saved or printed this report for your records. You uploaded the following Data:

FCDS Batch number: 4535 for Verification, Facility: 8602 - FLORIDA CANCER AFILIATES
FCDS Field Coordinator: CARLOS ALVAREZ 305-243-2638

Verification

Rec #	Accession	Sex	Med Record	Site	Histology	Behavior
1			MR55555555	185		
2			MR55555555	186		
3			MR55555555	187		
4			MR55555555	187		
5			MR55555555	C40		

Example of file upload errors



Batch Receipt 4536

5/2/2016 12:23:16 PM

Page: 1 of 3

V 15.0

Batch Upload Message Log:

Rec #	Fac/Accession/Seq	Date and Time	Message
		05/02/2016 12:23:14	FCDS File Upload for: GARY M LEVIN (develope). Upload start time: Mon May 2 12:23:14 2016
		05/02/2016 12:23:14	Upload type: Tab Delimited Radiation Therapy format
		05/02/2016 12:23:14	Reading from plain text file: rt5 bad May2016.txt
4		05/02/2016 12:23:14	File structure error: ICD CODE (field#12) [187.1] is not a valid ICD 10 code for Encounter Date [20151001]. ICD-10 is used for encounter dates after 9/30/2015.
6		05/02/2016 12:23:14	File structure error: ICD CODE (field#12) [C40.10] is not a valid ICD 9 code for Encounter Date [20150930]. ICD-9 is used for encounter dates before 10/1/2015.
		05/02/2016 12:23:14	No data from this rt5 bad May2016.txt upload file has been stored at FCDS. The entire file has been rejected because there were 2 errors (missing information, out of range codes, ...) in the upload file. Please make corrections in the program that created the upload file, make a new upload file, and resubmit the data to FCDS. Contact your vendor FIRST if you believe the data you coded was correct, but the upload still had errors. Contact FCDS about other errors. The file structure and data dictionary can be found on our website fcds.med.miami.edu. Ending upload program.

Single Record Web Entry Screen

RT Case FindingRTSingleEntry

RT Case Finding

Select Facility

Patient ID

Patient Information

Patient Last Name

First Name

Social Security Number

Date of Birth (YYYYMMDD)

Sex

Race

State

Zip code

Treatment Information

Encounter Date (YYYYMMDD)

☐ ICD9 ☒ ICD10

ICD 10 Disease code

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.

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.

FCDS Responsibilities

This section outlines the core responsibilities of FCDS Data Acquisition, Training and Education, and Quality Control, and describes the processes, audits, resources, and support systems that help facilities meet reporting standards. FCDS provides the standards, tools, and oversight needed to ensure that all reporting facilities submit complete, accurate, and timely cancer data in accordance with state law and national requirements. These activities form the foundation of Florida’s cancer surveillance system, enabling reliable data for research, public health planning, and national reporting.

Data Acquisition

To support the data acquisition aspect of the statewide registry, FCDS will:

- Provide manuals, which specifically define data collection and reporting requirements,
- Provide a data collection tool(s) and user manual(s) for electronic/web-based data submission,
- 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.
- Provide Alternate Resources for Self-Instruction in Cancer Abstracting.
- Provide Information regarding preparing for and writing the ODS Exam.
- Provide specific routine reports to verify data submission and resolve data discrepancies.

Training and Education

FCDS offers, teaches, and supports a comprehensive 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 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.
- FCDS and partnering facilities host the 12 NAACCR Educational Webinars to be broadcast at their locations. This incentive allows Registrars to earn in-person CE credits (CEIP) by physically attending any of these sites that broadcast the webinars.
- 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.

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.

- **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:
 - Historical data from facilities
 - On-Site or Remote Access Casefinding Audits
 - Annual Linkage to Florida's Agency for Health Care Administration statewide patient encounter files – AHCA Casefinding Audits (AHCA Match)
 - Annual Linkage to Florida's Bureau of Vital Statistics statewide death files - Mortality Casefinding Audits (Death Certificate Notifications)
 - FCDS Audits and Visual Editing (QC Review)
 - NPCR Audits and Visual Editing Evaluations (DQE)
- **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:
 - FCDS Abstractor Code Testing
 - FCDS Abstractor Code Annual Renewal Testing
 - Field-Item, Inter-Item and Intra-Item Data Edits
 - QC Visual Review Sampling of Every 25th Record – Visual Editing
 - On-Site Re-Abstracting Audits
 - Remote Access Re-Abstracting Audits – Visual Editing
 - Mail-In Re-Abstracting Audits
 - FCDS Management Reports
- **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:
 - Admissions by Facility Report
 - Facility Timeliness Report
 - Monitoring the number of cases reported to FCDS after each annual deadline

- Monitoring the number of cases reported to FCDS after Certification of Completeness
- AHCA Audits – All In-Patient and Ambulatory Care Facilities in Florida
- 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 exception to this reporting timeline is for 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 the interpretation of 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 the 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.

FCDS Quality Control Program Components

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”.

Non-Reportable Disposition Codes

Note: N/R indicates Non-Reportable cases

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 disease diagnosed prior to 2001
15	N/R – Case diagnosed prior to FCDS reference date – Same Cancer/Same Facility
16	N/R – Benign or borderline brain/CNS tumor diagnosed prior to 2004

Code	Description
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

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) with the reporting facility as the place of death.
- 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”.

Non-Reportable Disposition Codes

Note: N/R indicates Non-Reportable cases

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

Code	Description
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 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 Ever Returned by this Facility
40	N/R – Special Case – Other
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.

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

FCDS uses a standard EDITS Metafile adapted to meet Florida requirements. The FCDS EDITS Metafile is available on the FCDS website, along with a master list of changes by date. FCDS EDITS include data edits to validate codes, cross-check related data items and records, and identify blank fields. The Florida-specific data edits were created for all Florida-only fields, and common abstracting errors were recognized through re-abstracting audits. Edits are reviewed as needed (monthly), and new edits are added as necessary.

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

FCDS Quality Control staff visually review at least one in every 25 records submitted by each reporting facility. The Quality Control Visual Review aims to facilitate the visual editing of abstracted data. It enables a trained eye to identify inconsistent coding that electronic edit checks may overlook; it serves as a tool to spot deficiencies in abstractors' understanding of abstraction concepts, data definitions, and coding choices that might need further training.

The QC Abstract Review Case Selection Process is fully automated and selects one out of every 25th record processed randomly, which results in 4% of cases being visually reviewed for accuracy. Each selected case is stored 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 adding return

comments to each case (such as agree/disagree, add documentation to support original coding, or other rationale).

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

This three-step process gives the registry multiple chances to dispute identified “errors” or “deficiencies” in the abstract by having three ODS or ODS-eligible staff review each case and provide documented input on their interpretation of the documentation provided in the original abstract.

This process also functions as an educational resource for both new and experienced registrars, offering comments for each case regarding their deficiencies in the abstracting skill set and guidance on what to do 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.

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 is specifically designed to address CoC Cancer Program Requirement 6.1 by providing the total number of cases quality-controlled by FCDS within a specific period, including the accession number and sequence of each reviewed case, along with the outcome of each review. It also includes the Turnaround Time in days, with totals at the bottom of the report. The report can be exported to Excel or printed in PDF format.

If your program manages multiple facilities, you must generate a separate report for each one. The Report is not configured to combine data from multiple facilities in a single network.

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 a 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	☐	☐	☐	☒

Image Description: QC Facility Analysis Report

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 locate your case to confirm that you have reported the cancer as matched. Then, the system will retrieve all of the First Course of Therapy Data (including start dates) from all facilities that have reported the cancer and provided treatment data. This is through the Consolidated Tumor Record, a single-source FCDS Record that summarizes all 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.

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 reviews 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 confirms that coded data submitted to FCDS can be verified against source documents at the hospital or central registry level. Discrepant data are traced back to the originating institution for clarification.

Reconciliation of the Re-abstracting Audit: Key data items will be reviewed, and any differences between the auditor's findings and the original abstract results will be returned to the facility for reconciliation. Documentation must be provided to clarify the originally abstracted codes if the auditor's findings are challenged.

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.

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 of the FCDS DAM can be found on our website, <http://fcds.med.miami.edu>. There are a few Florida-specific requirements critical for complete reporting in Florida that many out-of-state registrars miss – reporting non-analytic cases and all historical cancers.

FCDS monitors the use of individual codes and is vigilant about sharing abstractor codes for new, temporary, and permanent staff. Please keep your abstractor code, abstracted data, personal information, and all confidential materials secure.

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.

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:

- Calculates the difference between the date the reporting facility had the first contact with the patient and the date the case was abstracted

- Calculates the difference between the date the case was abstracted and the date the case entered the FCDS Master File
- 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).

Other Quality Control Studies and Audits

FCDS Quality Control staff will run quarterly reports to help identify areas of concern in individual facility reporting. 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.

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.

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.

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 their nature, 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 one, 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

- Stat data
- Tabular
- Ad hoc
- Data linkage
- 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.

- **Florida Cancer Data System (FCDS)** maintains and collects the data. FCDS performs data extracts after obtaining approvals from the Florida DOH Cancer Registry Program (CRP) and, if required, from the Florida DOH IRB (IRB).
- **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.
- **Florida DOH IRB (IRB)** reviews data applications to ensure they are ethical and protect participants. The DOH IRB submission is outside of DREAMS.
- **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

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.

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

Cancer Site	Gender	
	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

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.

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

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. 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

	Number of Records	Cost
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:

	Number of Records	Cost
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

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.

FCDS Management Reports

FCDS Quarterly Activity Status Report

This report summarizes the FCDS file activity for each facility each quarter. Every facility should have some file activity during each quarter of the year. The report provides information about the number and quality of cases submitted during the previous quarter and the timeliness of reporting. Additionally, it offers an annual incidence and completeness summary, which compares observed-to-expected case counts for the year. (See Forms Section)

FCDS Data Quality Indicator Report

This report is a condensed 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 covers five years of data and examines how often “unknown” or “ill-defined” values are assigned to key analysis variables over that period, with a comparison to national data.

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. It also helps compare Florida data to other states regarding overall data reliability. These data points additionally highlight problem areas where FCDS and local registries can enhance cancer reporting as more data become 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 compare the FCDS Master File to the Florida Bureau of Vital Statistics death files. FCDS will give the reporting facility a list of unmatched Vital Statistics death cases where the place of death is 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 from the latest FCDS EDITS Metafile, covering the edit number, category, and message. The most current list is available under Downloads on the FCDS website. This list is updated regularly and can be accessed under Downloads on the FCDS website.

Awards

Jean Byers Memorial Award for Excellence in Cancer Registration

The Jean Byers Memorial Award for Excellence in Cancer Registration is given to Florida Healthcare Facilities that have met or exceeded both state and national high standards for case identification, data completeness, timely reporting of cancers to FCDS, and various data quality metrics used to monitor trends in cancer reporting quality.

Pat Strait Award for Excellence in Cancer Registry Abstracting

The Pat Strait Memorial Award for Excellence in Cancer Registration is awarded to individual Florida Cancer Registrars who participated in data collection and/or quality improvement activities that contributed to any Florida Healthcare Facility receiving the Jean Byers 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 through 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.

FCDS Correspondence

NOTE - Do not mail any materials containing personal health information

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

- If you are mailing a package to FCDS, use Federal Express, UPS, Airborne Express, or any other courier service.
 - 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
 - Always request a signature upon delivery.
 - Make sure the addressee at FCDS knows that she/he is to expect a package.
 - 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.
- 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
- All shipments must adhere to the [FCDS Confidential Information Security Policy](#)

Calendar/ Forms/ Templates/ Sample Reports

Items in this Section:

- FCDS 2026-2027 Calendar of Reporting Years & FCDS Recurring Deadlines
- FCDS Profile Modification Form
- FCDS Discrepancy Journal - Sample
- Cases Reviewed but Not Reported – Not Reportable List
- FCDS Quarterly Cancer Case Reporting Status Report
- FCDS Data Quality Indicator Report

FCDS 2026-2027 Calendar of Reporting Years & FCDS Recurring Deadlines

NOTE - Dates are subject to change

The table below presents the reporting deadlines for cancer patient encounters in 2026. All cases from 2026 must be submitted by June 30, 2027. Recurring deadlines for FC and QC reviews are set within 21 days of receipt. The schedule also specifies annual reporting deadlines, consolidated follow-back deadlines, and FAPTP follow-back deadlines.

FCDS 2026–2027 Calendar of Reporting Years

Patient Encounter for Cancer	Case Should Be Reported
	ALL 2025 CASES ARE DUE 6/30/2026
January 2026	July 2026
February 2026	August 2026
March 2026	September 2026
April 2026	October 2026
May 2026	November 2026
June 2026	December 2026
July 2026	January 2027
August 2026	February 2027
September 2026	March 2027
October 2026	April 2027
November 2026	May 2027
December 2026	June 2027
	ALL 2026 CASES ARE DUE 6/30/2027

Recurring Deadlines

Deadline	Item	Description
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 30th each year.
September 1	Consolidated Follow-Back Deadline	All unmatched cases from the combined AHCA and Vital

Deadline	Item	Description
		Records Death Match must be resolved by September 1st.
Varies	FAPTP Follow-Back Deadline	All unmatched cases from FAPTP must be resolved each year

FCDS Profile Modification Form

Purpose

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.

The form is available in the following formats:

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

Instructions

Complete each field using the guidelines 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 dropdown 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 for laboratories)

- The Clinical Laboratory Improvement Amendment (CLIA) ID is the identification number assigned by the 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/organizations.
- **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 Chart

Option Code	Facility Type
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 with <35 cases per year
V	Vendors
W	Pathology Lab Vendors

Option Code	Facility Type
X	Courtesy
Y	Out of State
Z	Physician Office Death Certification Follow-Back Process

- **FCDS Profile Information**

- This section contains all 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. Bachelor of Arts Degree (BA), Certified Tumor Registrar (CTR), etc.)

NOTE – Enter any additional information in reference to the profile.

- **Complete and Submit**

- To complete the form, type your complete name in the field indicated, enter date in field indicated, save the document, and select the submit button to send the document to the FCSDS for process (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 upda • 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

FCDS Discrepancy Journal – Sample

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.

NOTE - 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

Code	Reason Not Reported
02	Benign
03	Not reportable skin
04	No evidence of disease (NED)
05	Consult only
06	Cancer not proven
07	Duplicate case
09	In situ cancer of cervix (CIS or CIN III) or Prostate (PIN III only)
10	Other
11	FCDS use only
12	No cancer mentioned in medical record
13	FCDS use only
14	Specific Lymphoid or Hematopoietic Neoplasm DX prior to 1/1/2001
16	Benign/borderline CNS tumor DX prior to 1/1/2004 - NED

FCDS 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 FCDS.

FCDS Data Quality Indicator Report

Purpose

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 %	Florida Facilities %	Facility %	Florida Facilities %	Facility %	Florida Facilities %	Facility %	Florida Facilities %	Facility %	Florida 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	0.000
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	0.800	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											
Ungeocodables (Certainty 9) ²	< 2%	0.000	0.000	0.000	0.000	0.000	0.002	0.000	0.075	0.000	0.060
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				
Breslow Thickness		36.364	26.990	34.146	29.830	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	6.780				
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

Registry Information

Patient Demographics

Tumor Information

Treatment Information

Text - Required

Follow Up

Section II: General Abstracting Instructions

Purpose

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.

This manual explains in detail each data item required for 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 in accordance with 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 impose any limitations on the type or degree of detail in the information collected, classified, or studied within any healthcare facility-based cancer registry.

Basic Rules:

Always refer to the most current version of the FCDS Data Acquisition Manual when completing an abstract. 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.

Always submit a separate abstract for each reportable primary neoplasm identified. 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 details of chemotherapeutic and other anti-neoplastic agents,

radiation therapy, and treatments 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 reflect the way dates are entered into your registry software. 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 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.

Related Links

- 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.
- [Appendix G: Record Layout](#)
- [Appendix L: Text Documentation Instructions](#)

Registry Information

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

Data Items Included in this Section:

NAACCR Item #	Item Name
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

Purpose

Identifies the facility reporting the case. This is a four-digit FCDS-assigned Facility Number. The Reporting Facility (NAACCR Item #540), Accession Number (NAACCR Item #550), and Sequence Number (NAACCR Item #560) 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:

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

Related Links

- See [Appendix A](#) for hospital, surgery center, and free-standing radiation therapy center Facility Numbers.

Accession Number- Hosp

NAACCR ITEM #550

Purpose

- Provides a unique identifier for the patient.
- 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 among primary cancers for that patient's accession. See the individual data item descriptions and coding instructions for more information on each noted data item.

Coding Instructions

- 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.
- Successive sequence numbers designate multiple primary reportable malignant neoplasms in one patient. Therefore, when submitting abstracts for multiple primary neoplasms in a single patient, use the same FCDS accession number for all cancers reported.
- 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.

Sequence Number-Hospital

NAACCR ITEM #560

Purpose

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 among primary cancers for that patient's accession. See the individual data item descriptions and coding instructions for more information on each noted data item.

Coding Instructions

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.

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

Purpose

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.

Coding Instructions

- 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 a surgical resection or biopsy performed during a long-term inpatient 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

Purpose

This number identifies the patient in a facility. It can be used by a central registry to link back to the patient record and help identify multiple reports for the same patient.

Coding Instructions

- 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 case finding 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

Purpose

The date records when the case is being abstracted, and the case has passed all applied edits.

Coding Instructions

- 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 Abstractor Code)

NAACCR ITEM #570

Purpose

An alphanumeric code that identifies the individual abstracting the case.

Coding Instructions

- Your FCDS Abstractor Code should never be shared with any other abstractor.
- Enter the three-digit FCDS Abstractor Code of the person abstracting this case. Each abstractor submitting cases to FCDS must have their unique FCDS Abstractor Code.
- All abstracts submitted must have an approved and valid (current) FCDS Abstractor Code in this field. Validation of the FCDS Abstractor Code is part of the FCDS EDITS process; therefore, if any Abstractor Code is incorrect, invalid, or expired, the batch will fail edits at the time of batch upload or record entry.
- 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.

Related Links

- Refer to [Section I](#) of this manual for more information on the FCDS Abstractor Code requirement.

CoC Accredited Flag

NAACCR ITEM #2152

Purpose

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

Coding Instructions

The flag may be assigned manually or defaulted by the registry's software.

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

Related Links

- [List of CoC-Accredited Hospitals in Florida](#)

Type of Reporting Source

NAACCR ITEM #500

Purpose

This data item codes the source documents used to abstract most of the information about the tumor being reported.

Coding Instructions

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

Priority Order of Codes

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

Type of Reporting Source (Continued)

NAACCR ITEM #500

Examples of Priority Order of Codes

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	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):

NAACCR Item #	Item Name
2230	Name – Last
2240	Name – First
2250	Name – Middle
2280	Name – Alias
2232	Name – Birth Surname
2315	Medicare Beneficiary ID
2320	Social Security Number
240	Date Of Birth
252	Birthplace State
254	Birthplace Country
225 (New)	Sex Assigned At Birth
220	Sex
160	Race 1
161	Race 2
162	Race 3
163	Race 4
164	Race 5
190	Spanish/Hispanic Origin
150	Marital Status

NAACCR Item #	Item Name
9960	Height At Diagnosis (Inches)
9961	Weight At Diagnosis (Lbs.)
344	Tobacco Use Smoking Status
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

NAACCR Item #	Item Name
2460	Physician – Managing
2465	NPI – Managing Physician
2475	NPI – Following Physician
2485	NPI – Primary Surgeon
2495	NPI – Physician #3

NAACCR Item #	Item Name
	(Radiation Oncologist)
2505	NPI – Physician #4 (Medical Oncologist)
310	Text – Usual Occupation
320	Text – Usual Industry

Name – Last

NAACCR ITEM #2230

Purpose

- The last name is collected for case matching purposes.

Coding Instructions

- 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

Purpose

- The first name or given name is collected for case matching purpose.

Coding Instructions

- 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

Purpose

- The middle name is collected for case matching purposes.

Coding Instructions

- 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

Purpose

- Collected for the purpose of case matching.

Coding Instructions

- 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: the maiden name is entered in the Name-Maiden field.

Name – Birth Surname

NAACCR ITEM #2232

Purpose

- Collected for the purpose of case matching.

Coding Instructions

- 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

Purpose

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 Instructions

- 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)

Coding Requirements

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.

Purpose

- Patient's social security number is collected as a patient identifier.

Coding Instructions

- Enter the patient's complete nine-digit Social Security Number.
- The Social Security Number is entered without dashes and a letter suffix.
- If the patient's Social Security Number is unknown, not applicable or incomplete, enter 999999999.
- Do not use computer-generated hospital-specific billing numbers in this field.
- Do not enter a partial Social Security Number with a valid last 4-digits. This is not a valid number.
- Sequential numbers such as 123456789 and other contrived numbers will not be accepted as valid.
- If you 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.
- 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

Purpose

- Identifies the date of birth of the patient. This item is a useful patient identifier and useful when analyzing tumors according to the age cohort.

Coding Instructions

- Record the patient's date of birth as indicated in the patient record. For single-digit day or month, record with a lead 0. Use the full four-digit year for year.
 - **EXAMPLE:** September is 09
- Record the actual date of birth for in utero diagnosis and treatment.
- 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 .
 - **EXAMPLE:** a 60 year old patient diagnosed in 2010 is calculated to have been born in 1950
- 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

Purpose

- The patient's state of birth is recorded to identify populations at special risk for certain cancers and used to evaluate medical care delivery to specific populations.

Coding Instructions

- 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].

Related Links

- [Appendix B](#)

Birthplace Country

NAACCR ITEM #254

Purpose

- This data item identifies the country where the patient was born.

Coding Instructions

- 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].

Related Links

- Please refer to [Appendix B](#) for specific ISO Country Codes.

Sex Assigned at Birth

NAACCR ITEM #225

Purpose

- Identifies the sex of the patient assigned at birth. This data item is used to compare cancer rates and outcomes by site. The same sex code should appear in each medical record for a patient with multiple tumors.
- This new data item will replace existing data item Sex (220) for all cases regardless of diagnosis year. Existing data in Sex (220) will be converted and used to populate the new data item.

Coding Instructions

- Assign the sex of the patient assigned at birth.
- When the patient's sex is documented as male or female, and there is no other information to indicate the patient was assigned a different sex at birth, assign code 1 or 2, respectively.
- When sex is not known.
 - Assign code 1 when the primary site is C600-C639.
 - Assign code 2 when the primary site is C510-C589.
 - Assign code 9 for primary sites not included above.
- Assign code 9 when
 - Sex is unknown .
 - Sex is not yet determined.
 - Assign code 9 if patient is born with Disorders of Sexual Development (DSD) and sex is not clearly defined.
 - Assign code 9 when patient's sex is documented as other than male or female (e.g., non-binary, transsexual), and there is no additional information about sex assigned at birth.
- Do not assign code 9 when sex is documented as male or female and there is no other information about sex assigned at birth. Assign the respective code.

Code	Description
1	Male
2	Female
9	Not Stated/Unknown

Sex

NAACCR ITEM #220

Purpose

The main purpose of the sex code is to ensure uniformity in cancer registry data so that statistical analysis, surveillance, and research can be conducted reliably across different registries and over time.

Coding Instructions

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 ITEM #s 160, 161, 162, 163, 164

Purpose

- Identifies the primary race of the person.
- Racial origin captures information used in research and cancer control activities comparing stage at diagnosis and/or treatment by race.

Coding Instructions

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

Code	Label
01	White
02	Black or African American
03	American Indian or Alaska Native
04	Chinese
05	Japanese
06	Filipino
07	Native Hawaiian
08	Korean
10	Vietnamese
11	Laotian
12	Hmong
13	Cambodian
14	Thai
15	Asian Indian, NOS or Pakistani, NOS
16	Asian Indian
17	Pakistani

Code	Label
20	Micronesian, NOS
21	Chamorro
22	Guamanian, NOS
25	Polynesian, NOS
26	Tahitian
27	Samoan
28	Tongan
30	Melanesian, NOS
31	Fiji Islanders
32	Papua New Guinean
96	Other Asian, including Asian, NOS
97	Pacific Islander, NOS
98	Some other race
99	Unknown by patient

Related Links

- Race Coding Instructions Supplement
- [Appendix D \(Race and Nationality Descriptions from the 2000 Census and Bureau of Vital Statistics\)](#).

Spanish/ Hispanic Origin

NAACCR ITEM #190

Purpose

- Accurate determination of Hispanic ethnicity is important for purposes for calculating cancer rates for Hispanics.

Coding Instructions

- 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).
- All records for a patient must contain the same code.
- Persons of Spanish or Hispanic origin may be of any race. Categories are not used for Native American, Filipinos, etc., who may have Spanish names. The use of code 9 is discouraged. If the medical record does not indicate Hispanic ethnicity and the name does not appear in Appendix E, code 0 non-Hispanic.
- If a patient has a Hispanic name but there is reason to believe they are not Hispanic (e.g. the patient is Filipino, or the patient is a woman known to be non-Hispanic who has a Hispanic married name) the code in this field should be 0, Non-Spanish, Non- Hispanic.

Code	Label
0	Non-Spanish; non-Hispanic (including Portuguese and Brazilian)
1	Mexican (includes Chicano)
2	Puerto Rican
3	Cuban
4	South or Central American (except Brazil)
5	Other specified Spanish/Hispanic origin (includes European; excludes Dominican Republic)

6	Spanish, NOS; Hispanic, NOS; Latino, NOS (There is evidence other than surname or 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

Related Links

- [Appendix E](#)

Marital Status

NAACCR ITEM #150

Purpose

- Marital status is collected for the purpose of incidence and survival with certain cancers which vary by marital status.
- This item also helps in patient identification.

Coding Instructions

- 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

Purpose

- Collected as a part of demographic items.

Coding Instructions:

- 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.
- 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.
 - **EXAMPLE:** 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.

Related Links

- [Appendix J](#)
- You can use the following [online conversion calculator](#).

Weight At Diagnosis

NAACCR ITEM #9961

Purpose

- Collected as a part of demographic items.

Coding Instructions

- 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.
- 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.
 - **EXAMPLE:** 155.5 pounds would be 156 pounds
- Patients with less than 100 pounds should be recorded with a leading 0.

Related Links

- [Appendix K](#)

Tobacco Use Smoking Status

NAACCR ITEM #344

Purpose

- 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

Code	Description
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

Purpose

- Collected to store additional address information such as the name of a place or facility at the time of diagnosis.

Coding Instructions

- 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.

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

Purpose

- The address is part of the patient's demographic data and has multiple uses. It can be used to evaluate referral patterns, allows for the analysis of cancer cluster concerns, and supports epidemiological studies that use area-based social measures.

Coding Instructions

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

Purpose

- Identifies the name of the city in which the patient resides at the time tumor is diagnosed and treated.
- The city is a demographic data item that indicates referral patterns and allows for the analysis of environmental studies or cancer clusters.

Coding Instructions

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.

Related Links

- 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

Purpose

- Identifies the patient's state of residence at the time of diagnosis.
- The state of residence is a part of the patient's demographic data and indicates referral patterns and allows for the analysis of environmental studies or cancer clusters.

Coding Instructions

- 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)

Code	Description
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

Purpose

- Identifies the country of the patient's residence at the time of diagnosis.
- The country code is a part of the patient's demographic data and is used for understanding assessment of patient diagnosis, chance for survival, and risk factors.

Coding Instructions

- 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.

Related Links

- Refer to [Appendix B](#) for specific ISO Country Codes.

Address At DX – Postal Code

NAACCR ITEM #100

Purpose

- Identifies the postal code of the patient's address at diagnosis.
- The postal code is a part of the patient's demographic data and provides a referral pattern report and allows analysis of environmental studies or cancer clusters.

Coding Instructions

- 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.

Related Links

- Many mailing address look-up services are available online, including [ZIP Code™ Lookup](#) [USPS](#)

County At Diagnosis

NAACCR ITEM #90

Purpose

- Identifies the county of the patient's residence at the time the reportable tumor is diagnosed.
- This data item may be used for epidemiological purposes. For example, to measure the cancer incidence in a particular geographic area.

Coding Instructions

- 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	00-14,34,35,38,40,41,42	Full Known Address Required	998	State Zip

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

Purpose

Ensures accuracy and consistency in reporting cancer patient data. It is used to measure regional cancer burden, conduct follow-up, and support interview studies.

Coding Instructions

- 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.

Related Links

- Refer to Census Bureau publications for detailed rules.

Address Current – City

NAACCR ITEM #1810

Purpose

- Ensures accuracy and consistency in reporting cancer registry data.
- The city name is crucial for the proper identification and tracking of cancer patients, as it helps in the aggregation and analysis of data across different registries.

Coding Instructions

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.

Related Links

- 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

Purpose

- Ensures consistency and accuracy in reporting cancer registry data.
- The state name is crucial for the proper identification and tracking of cancer patients, as it helps in the aggregation and analysis of data across different registries.

Coding Instructions

- 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)

Code	Description
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 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

Purpose

- To ensure consistency and accuracy in the reporting of the patient's current usual residence for all tumors.
- This data item is crucial for understanding risk factors, assessing patient prognosis, and evaluating chances for survival.

Coding Instructions

- 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.

Related Links

- Refer to [Appendix B](#) for specific ISO Country Codes.

Address Current – Postal Code

NAACCR ITEM #1830

Purpose

- The postal code is part of the patient's demographic data and has multiple uses. It will provide a referral pattern report and allow analysis of cancer clusters or environmental studies.

Coding Instructions

- 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.

Related Links

- Many mailing address look-up services are available online, including [ZIP Code™ Lookup](#) [USPS](#)

County – CURRENT

NAACCR ITEM #1840

Purpose

- Identifies the county of the patient's residence at the time the reportable tumor is diagnosed.

Coding Instructions

- 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

Related Links

- [Appendix B](#)

Telephone Current

NAACCR ITEM #2360

Purpose

- Identifies the current telephone number for follow-up inquiries and updates of the patient.

Coding Instructions

- 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

Purpose

- To document the health insurance status of a patient at the time of their initial diagnosis and/or treatment.
- This data is crucial for supporting patterns-of-care studies and other research, as it influences the amount and type of health services a patient receives and ultimately influences survival.
- This is a required field that helps in the financial analysis, quality and outcome analysis .

Coding Instructions

- 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] .
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

Code	Label	Description
		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

Purpose

- Identifies the physician responsible for the patient's overall management during diagnosis and/or treatment of this cancer.

Coding Instructions

- 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

Purpose

- Identifies the physician responsible for the patient's overall management during diagnosis and/or treatment of this cancer.

Coding Instructions

- Record the 10-digit NPI for the physician responsible for managing the patient's care.
- Check with the billing or health information departments to determine the physician's NPI or search at [NPPES Registry Search](#)
- NPI should be recorded as available.
- 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.

Related Links

- You may search for NPI standard provider ID numbers at [NPPES](#)

NPI – Following Physician

NAACCR ITEM #2475

Purpose

- Records the NPI for the physician currently responsible for the patient's medical care.

Coding Instructions

- Record the 10-digit NPI for the physician currently responsible for the patient's medical care.
- Check with the billing or health information departments to determine the physician's NPI or search at <https://nppes.cms.hhs.gov/NPPES/NPIRegistrySearch.do?subAction=reset&searchType=ind>.
- NPI should be recorded as available
- NPI may be left blank.

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

Related Links

- Check with the billing or health information departments to determine the physician's NPI or search at [NPPES Registry Search](#).

NPI – Primary Surgeon

NAACCR ITEM #2485

Purpose

- Identifies the physician who performed the most definitive surgical procedure.

Coding Instructions

- Record the 10-digit NPI for the physician who performed the most definitive surgical procedure.
- Check with the billing or health information departments to determine the physician's NPI or search at [NPPES Registry Search](#).
- NPI should be recorded as available for all cases diagnosed January 1, 2008, and later.
- NPI may be left blank.

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

Related Links

- [NPPES Registry Search](#)

NPI – PHYSICIAN #3 – (Radiation oncologist)

NAACCR ITEM #2495

Purpose

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

Coding Instructions

- Record the 10-digit NPI for the physician.
- Check with the billing or health information departments to determine the physician's NPI or search at <https://nppes.cms.hhs.gov/NPPES/NPIRegistrySearch.do?subAction=reset&searchType=ind>.
- NPI should be recorded as available
- NPI may be left blank.

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

Related Links

- [NPPES Registry Search](#)

NPI – Physician #4 (Medical Oncologist)

NAACCR ITEM #2505

Purpose

- Records the NPI for a physician involved in the care of the patient.
- It is recommended that this data item identify the physician who gives the most definitive systemic therapy.

Coding Instructions

- Record the 10-digit NPI for the physician.
- Check with the billing or health information departments to determine the physician's NPI or search at <https://nppes.cms.hhs.gov/NPPES/NPIRegistrySearch.do?subAction=reset&searchType=ind>.
- NPI should be recorded as available.
- NPI may be left blank.

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

Related Links

- [NPPES Registry Search](#)

Text – Usual Occupation

NAACCR ITEM #310

Purpose

- Records a standardized way to collect information about a patient's work history.
- It is used to identify new work-related health hazards, to serve as an additional measure of socioeconomic status, and identify occupational groups in which cancer screening or prevention activities may be beneficial.

Coding Instructions

- 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."

Related Links

- 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](#) and includes Tips on capturing these data.

Text – Usual Industry

NAACCR ITEM #320

Purpose

- Records a standardized way to collect information about a patient's usual industry.
- This information is crucial for identifying new work-related health hazards, assessing socioeconomic status, and determining which industrial groups may benefit from cancer screening or prevention activities. It is used to record the primary type of activity carried on by the business/industry at the location where the patient was employed for the most number of years before the diagnosis of the tumor.

Coding Instructions

- Industry is the type of business or industry where the patient worked in his or her usual occupation.
- 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.

EXAMPLE: Healthcare.

Related Links

- 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](#) 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 Section:

NAACCR Item #	Item Name	NAACCR Item #	Item Name
390	Date of Diagnosis	3843	Grade Clinical
2690	Text – Place of Diagnosis	3844	Grade Pathological
610	Class of Case	1068	Grade Post Therapy Clin (yc)
490	Diagnostic Confirmation	3845	Grade Post Therapy Path (yp)
400	Primary Site	756	Tumor Size Summary
2580	Text- Primary Site Title	820	Regional Lymph Nodes Positive
410	Laterality	830	Regional Lymph Nodes Examined
522	Histologic Type ICD-O-3 – See Appendix S	1182	Lymph-Vascular Invasion
2590	Text- Histology Title	764	SEER Summary Stage 2018
523	Behavior ICD-O-3		

Date of Initial Diagnosis

NAACCR ITEM #390

Purpose

- Records the first date of diagnosis of cancer as noted by any physician for the tumor, whether clinically or microscopically confirmed. This includes radiologist diagnosis on imaging, pathologist diagnosis on review of biopsy, tissue or resection, or any other physician statement.
- Unknown Date of Initial Diagnosis is 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 provides 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 applies 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 the 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 the 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 specify which standards EDITS must apply when staging and grading cases (and the site-specific data items), 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 about when a patient was diagnosed without specifying an exact year or date. However, registrars can use these keywords and phrases to guide their determination of 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 where the diagnosis was made. 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.

Coding Instructions

- Use the first date of diagnosis whether clinically or histologically established.
- Refer to the list of Ambiguous Terminology Section I for language that represents a diagnosis of cancer.
- When the first diagnosis includes reportable ambiguous terminology, record the date of that diagnosis.

- **EXAMPLE** - Area of microcalcifications in breast suspicious for malignancy on 02/13/2026. Biopsy positive for ductal carcinoma on 02/28/2025. The date of diagnosis is 02/13/2026.
- 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.
- 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.
- A “Definitive Term” always supersedes any “Ambiguous Term” when making coding decisions.
- 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.
- 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.
- 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.
- 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.
- 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.
- 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.
- 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.
- Treatment dates may not be coded to unknown.

- 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.
- 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.
- 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.
- 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.
- Use the actual date of diagnosis for an in utero diagnosis (For cases diagnosed before January 1, 2009, assign the date of birth).
- In the absence of a definitive diagnosis date for patients undergoing first course therapy at the reporting facility, the date of first cancer-directed therapy may be recorded as the date of diagnosis.
- 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.

Final resort for estimating date of diagnosis

- Always account for the chronology of previous diagnoses of cancer and adjust the recommendations below to take the age of the patient and the chronology of diagnoses into account.
- FCDS Cancer Site-Specific Estimates when no information is available except 'history of xyz cancer'. The estimates below are suggestions for a last-resort date of diagnosis and must take into account the chronology of the other cancers, the initial course of therapy, and other factors.
- 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.

Estimating the Date of Diagnosis by Primary Site

Primary Site	Estimated Date of Diagnosis
Head and Neck Sites	at least 3 years prior to admission
Colon/Rectosigmoid/Rectum Sites	at least 5 years prior to admission
Lung	at least 3 years prior to admission
Kidney	at least 5 years prior to admission
Cutaneous Melanoma	at least 1 year prior to admission
Breast	at least 5 years prior to admission
GYN Sites	at least 5 years prior to admission
Urinary Sites	at least 3 years prior to admission
Prostate	at least 5 years prior to admission
Malignant Lymphoma	at least 3 years prior to admission
Chronic Leukemia	at least 5 years prior to admission
Myeloproliferative/Myelodysplastic Neoplasms	at least 5 years prior to admission AND diagnosed after 2001 which is the year these cancers became reportable to FCDS
Benign Brain Tumors	at least 5 years prior to admission AND diagnosed after 2004 which is the year these cancers became reportable to FCDS.
Malignant Brain Tumors	at least 1 year prior to admission
Other Sites	at least 5 years prior to admission

Date of Initial Diagnosis – Estimating a Best Date of Diagnosis

Initial Diagnosis	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

Purpose

The Place of Diagnosis is required to justify coded values and to document supplemental information not transmitted within coded values

Coding Instructions

- Enter text information about the facility, city, state, or county where the diagnosis was made, even if it is at your facility. If the patient was diagnosed in a physician's office, please enter the physician's name and any other identifying information. The initials of a hospital are not adequate.
- 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

Purpose

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. The Class of Cases divides cases into two groups. Analytic cases (codes 00-22) are those required by CoC to be abstracted because of the program's primary responsibility for managing cancer. Analytic cases are grouped according to the location of diagnosis and treatment. Treatment and outcome reports may be limited to analytic cases. Nonanalytic cases (codes 30-49 and 99) may be abstracted by the facility to meet central registry requirements or at the facility's cancer program's request. Nonanalytic cases are grouped by the reason a patient who received care at the facility is nonanalytic, or by the reason a patient who never received care at the facility was abstracted.

- Enter the appropriate Class of Case. Use the code from the accompanying table that best describes the reporting facility's level of involvement in the initial diagnosis and treatment of the reported cancer.
- Code 00 applies only when it is known that the patient went elsewhere for treatment. If it is not known whether the patient actually went elsewhere, code *Class of Case* 10.
- A staff physician (codes 10-12, 41) is a physician who is not employed by the reporting facility, under contract with it, or a physician who has routine admitting privileges. 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 the 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

Code	Description
<i>Initial diagnosis at reporting facility or in a staff physician's office</i>	
00	Initial diagnosis at the reporting facility AND all treatment or a decision not to treat was done elsewhere.

Code	Description
10	Initial diagnosis at the reporting facility or in a staff physician's office AND part or all of first course treatment or a decision not to treat was at the reporting facility, NOS. If it is not known that the patient actually went somewhere else, code Class of Case 10
11	Initial diagnosis in staff physician's office AND part of first course treatment was done at the reporting facility.
12	Initial diagnosis in staff physician's office AND all first course treatment or a decision not to treat was done at the reporting facility.
13	Initial diagnosis at the reporting facility AND part of first course treatment was done at the reporting facility; part of first course treatment was done elsewhere.
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 the first course of 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

Code	Description
<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 of 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; or hospital provided care that facilitated treatment elsewhere (for example, stent placement)
32	Diagnosis AND all first-course treatment provided elsewhere AND patient presents at the reporting facility with disease recurrence or persistence (active disease).
33	Diagnosis AND all first course treatment provided elsewhere AND patients present 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 the 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
42	Non-staff physician or non-CoC-accredited clinic or other facility, not part of the reporting facility, accessioned by the 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

Purpose

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

Coding Instructions (Solid Tumors)

Includes all Solid Tumors (except ICD-O-3 Histology Codes M9590-9993):

- 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.
- 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.
- 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 the cancer registry. FNA is treated as a biopsy Code 1.
- 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, that can have genetic testing to identify histologic type and subtype. However, code 3 is not used in these cases.

- Code 4 when there is information that the diagnosis of cancer was microscopically confirmed, but the type of confirmation is unknown.
- 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.
- 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.
- 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
 - **EXAMPLE** - Intraductal papillary mucinous neoplasm with high-grade dysplasia (8453/2) of the pancreas is reportable based on imaging alone; histologic confirmation is not required.
- 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 for lung cancer. Patient returns to the nursing home with a Do Not Resuscitate (DNR) order. Physicians enter 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.
- Code 9 should not be used unless there is absolutely no information or inference of a 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).
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, but no tissue was resected for microscopic examination.
7	Radiography and other imaging techniques without microscopic confirmation	The malignancy was reported by the physician based solely on an imaging report.
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).

Coding Instructions for (Hematopoietic/Lymphoid Neoplasms)

Hematopoietic/Lymphoid Neoplasms

Histology Codes M9590-9993

- 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 definitive diagnostic confirmation of specific tumor types.
- 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 the result of special testing.
- 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.
- 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.
- 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, vaginal smears, or from paraffin block specimens from concentrated spinal, pleural, or peritoneal fluid. These methods are rarely used for hematopoietic or lymphoid tumors.
- 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.
- 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 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
- Did the additional molecular pathology test(s) result in one or more of the following: a) confirm the diagnosis, b) clarify the type of neoplasm (clarify specific histologic type or subtype), or 3) identify a target drug or specific biological, molecular, or immunotherapy (BRM)?
 - Cases with positive histology for the neoplasm being abstracted (including acceptable ambiguous terminology and provisional diagnosis) AND immunophenotyping, genetic testing, or JAK2 is listed in the Definitive Diagnosis in the Heme DB AND the testing:
 - Confirms the neoplasm OR
 - Identifies a more specific histology (not preceded by ambiguous terminology)
 - Do not use code 3 for positive immunophenotyping or genetic testing identifying a more specific histology when preceded by ambiguous terminology or patchy weak staining.
 - 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."
 - Peripheral blood smear followed by flow cytometry (most commonly done with CLL/SLL, 9823/3)
 - 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
 - The following histologies will always have a diagnostic confirmation 3. These ICD-0 codes/terms are defined by genetics, meaning the only way they can be diagnosed is through genetic testing based on immunophenotyping or genetics: 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.
 - The following histologies should never be assigned diagnostic confirmation 3 since they are non-specific codes and neither genetic testing nor immunophenotyping is listed as a definitive diagnostic method 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.

- Code 5 when the diagnosis of cancer is based on laboratory tests or marker studies that are clinically diagnostic for that specific cancer, but no positive histologic confirmation.
- 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 the physician's eyes.
- Code 7 is used rarely for hematopoietic neoplasms. However, some neoplasms (brain, lung) may be diagnosed on imaging without additional confirmation. Use this code sparingly.
- Code 8 for when the hematopoietic neoplasms are diagnosed 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.
- Code 8 when the case was diagnosed by any clinical method that cannot be coded as 5, 6 or 7.
- Code 9 should not be used unless there is absolutely no information or inference of a confirmation method used to confirm the patient's cancer. DO NOT USE on historical cases. Codes Hematopoietic or Lymphoid Neoplasms (ICD-O-3.2 Histology Codes M9590-9993)

Diagnostic Confirmation Codes

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 with no tissue resected for microscopic examination.
7	Radiography and other imaging techniques without microscopic confirmation	The malignancy was reported by the physician based solely on an imaging report.
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

Purpose

Primary site is a basis for staging and the determination of treatment options. It also affects the prognosis and course of the disease. The current Solid Tumor Rules contain additional coding instructions for assigning the primary site.

Coding Instructions

- 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.
- 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 the primary site for solid tumors.
- Avoid assigning unknown/ill-defined site topography codes; they are general terms/vague anatomy.
- Unknown/III-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 III-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

- 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)
- 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
- 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.
- Use subcategory 8 for single tumors that overlap the boundaries of two or more sub-sites and the unknown point of origin.
- Use subcategory 9 for multiple tumors that originate in different subsites of one organ.

Rules for Specific Tissues with III-Defined Sites:

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

Specific Tissues with III-Defined Sites

Histologic Type Codes	Histologic Types	Preferred Site Codes for III-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

Cancer PathCHART Site-Morphology Combination Standards

Source: *SEER Program Coding and Staging Manual 2026*

About Cancer PathCHART:

- The Cancer Pathology Coding Histology and Registration Terminology. The (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 settings. See the Cancer PathCHART website for further information: <https://seer.cancer.gov/cancerpathchart/>

Cancer PathCHART Standards for cases diagnosed January 1, 2024, and forward:

- Each tumor site-morphology combination is designated as valid, unlikely, or impossible. Valid tumor entities can be abstracted without any issues. 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 combination by thoroughly reviewing the medical record. If the information is determined to be correct as coded, set the Site/Type Interfield Review override flag for the abstract. Site-morphology combinations in the Fifth Edition World Health Organization Classification of Tumours books are considered valid.
- Cancer PathCHART ICD-O-3 Site Morphology Validation Lists (CPC SMVL) have been output directly from the Cancer PathCHART database and includes files for cases diagnosed 2024, 2025, and 2026. The 2024 CPC SMVL (V2024) applies to cases diagnosed January 1, 2024, through December 31, 2025, and the 2025 CPC SMVL applies to cases diagnosed January 1, 2025, through December 31, 2025.
- The 2026 CPC SMVL (V2026) was released in August 2025 for cases diagnosed January 1, 2026, and forward. These CPC SMVLs are each a comprehensive table that replace both the 2023 ICD-O-3 SEER Site/Histology Validation List and the list of impossible site and histology combinations included in the 2023 Primary Site, Morphology-Imposs ICDO3 (SEER IF38) edit. All CPC SMVL files are 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 lists can be found at <https://seer.cancer.gov/cancerpathchart/products.html>

Validity Status	Site-Type Edit Errors	Coding in Cancer Registry Database
Valid	Will not generate edit errors	Can be coded
Impossible	Will generate an edit error	Cannot be coded
Unlikely ¹	Will generate an edit error	Requires manual override or correction to site and/or morphology to be coded
¹ Unlikely tumor site-morphology combinations are included in CPC*Search but were not included in CPC SMVLs (see next section)		

Cancer PathCHART SVML 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.

Submit questions to Ask a SEER Registrar: <https://seer.cancer.gov/registrars/contact.html>

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.

- **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.
- **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.
- **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.
- **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.
- **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.
- **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.

- 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

Impossible Primary Site/Histology Combinations

Site		Histology	
C480-C488 peritoneum	Retroperitoneum and	8720-8790	Melanomas
C300 C301 C310-C319	Nasal Cavity Middle ear Accessory sinuses	9250-9342 odontogenic)	Osteosarcoma (Giant cell Ewing's
C381-C388	Pleura and mediastinum	8010-8245 8247-8671 8940-8941 8720-8790	Melanomas
C470-C479 C490-C499	Peripheral nerves Connective tissue	8010-8671 8940-8941 8720-8790	Carcinomas Melanomas
C700-C709 C710-C719 C720-C729	Meninges Brain Other central nervous system	8010-8671 8940-8941	Carcinomas
C400-C419	Bone	8010-8060 8075-8671 8940-8941 8720-8790	Carcinoma (except squamous cell) Melanomas
C760-C768	Ill-defined Sites	8720-8790 8800-8811 8813-8830 8840-8921 9040-9044 8990-8991 8940-8941 9120-9170 vessel tumor 9240-9252 giant cell tumors 9540-9560 9580-9582	Melanoma Sarcoma except myeloid sarcoma Fibromatous neoplasms Fibrosarcoma Dermatofibrosarcoma mesenchymoma Mixed tumor, salivary gland type Blood vessel tumor lymphatic Mesenchymal chondrosarcoma, and Nerve Sheath tumor Granular cell tumor and alveolar soft part sarcoma

Primary Site Title

NAACCR ITEM #2580

Purpose

- The primary site title is a required text field to support what is coded in the abstract. Enter the location of the primary site of the tumor being reported. Enter free text.

Coding Instructions

- 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.
- Document the laterality in a text field.

Laterality

NAACCR ITEM #410

Purpose

- Laterality identifies the side of a paired organ or the side of the body in which the reportable tumor originated. Determine whether laterality should be coded for each primary
- 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

- Code laterality for all paired sites. (See Section One for additional information.)
- For the sites C300, C340, C413, C414, the laterality can be coded 4, or 9.
- Do not code metastatic sites as bilateral involvement.
- Assign code 5 when the tumor originates only in the midline of a site listed below. "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.
 - C700, C710-C714, C722-C725, C443, C444, C445
- Organs not paired, unless they are recorded "right" or "left" laterality, are coded 0.
- When the primary site is unknown (C80.9) assign code 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. Both breasts involved with diagnosis of bilateral inflammatory carcinoma at diagnosis or diffuse bilateral lung nodules. 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 (effective with 01/01/2010 dx)
9	Paired site, but no information concerning 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, and associated joints
C40.1	Short bones of upper limb and associated joints
C40.2	Long bones of lower limb and associated joints
C40.3	Short bones of lower limb and associated joints
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")

ICD-O-3	Sites
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 adnexa
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

Purpose

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. Below is a list of numerous resources that are required to code Histologic Type ICD-O-3. See Appendix S 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 https://www.who.int/standards/classifications/other-classifications/international-classification-of-diseases-for-oncology
Current Hematopoietic and Lymphoid Neoplasm Case Reportability and Coding Manual and Hematopoietic Database	https://seer.cancer.gov/tools/heme/
Current NAACCR ICD-O-3 Coding Guidelines – Annotated Histology List NAACCR ICD-0-3.2 Histology code and behavior updates, implementation guidelines	https://www.naaccr.org/icdo3/ https://www.naaccr.org/icdo3
ICD-O-3.2 Excel Table downloaded from the IACR/WHO Website ICD-0-3.2 Histology Code List from WHO/IACR Excel Table	Downloadable Excel File Version of ICD-O-3.2 https://www.naaccr.org/icdo3/ , or https://seer.cancer.gov/icd-o-3/

Coding Instructions

- Code the final pathologic diagnosis for solid tumors.
- Use the Hematopoietic and Lymphoid Neoplasm Case Reportability and Coding Manual and the Hematopoietic and Lymphoid Neoplasms Database (Hematopoietic DB) online 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. <https://www.naacr.org/>.
- 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/>.
- The codes for cancer, NOS (8000) and carcinoma, NOS (8010) are not interchangeable. If the physician says that the patient has carcinoma, then code carcinoma, NOS (8010).

Site-Associated/Site-Related Codes

- Some histology/behavior terms in ICD-O-3.2 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-3.2 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-3.2 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-hepatobiliary 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

Purpose

This is a required text field and the purpose of the histology title is to support what is coded in the morphology.

- Text area for manual documentation of information regarding the histologic type, behavior, and grade (differentiation) of the tumor being reported.

Coding Instructions

- 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 Code ICD-O-3

NAACCR ITEM #523

Purpose

- Behavior Code describes the malignant potential of the tumor, ranging from /0 (benign) to /3 (malignant, invasive).

Coding Instructions

- 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 provides additional instructions for assigning the 5th digit behavior code for neoplasms, 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.
- 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.
 - **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 S.
- 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.

Behavior Codes

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	in situ and/or carcinoma in situ	Carcinoma in situ; Intraepithelial; Noninfiltrating; Noninvasive
2	Synonyms for In Situ Behavior: adopted from the SEER Program Coding and Staging Manual	AIN III (C211) Adenocarcinoma in an adenomatous polyp with no invasion of stalk Behavior code '2' Bowen disease (not reportable for C440-C449) Clark level I for melanoma (limited to epithelium) Comedocarcinoma, noninfiltrating (C50.-) Confined to epithelium Hutchinson melanotic freckle, NOS (C44_) Intracystic, non-infiltrating (carcinoma) Intraductal (carcinoma) Intraepidermal, NOS (carcinoma) Intraepithelial neoplasia, Grade III (e.g., AIN III, LIN III, , VAIN III, VIN III) Intraepithelial, NOS (carcinoma) Involvement up to, but not including the basement membrane Lentigo maligna (C44_) Lobular, noninfiltrating (C50_) (carcinoma) Noninfiltrating (carcinoma) Non-invasive (carcinoma)No stromal invasion/involvement Papillary, noninfiltrating or intraductal (carcinoma) Precancerous melanosis (C44_)

Code	Label	Description
		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

Purpose

Grade is a measure of the aggressiveness of the tumor and an important prognostic indicator for many tumors. Historically, grade in cancer registries have been collected based on a generic 4-grade classification with the following categories.

- Solid tumors diagnosed 2018 and forward, grade will be collected in four data items, Grade Clinical, Grade Pathological, Grade Post Therapy 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 AJCC Cancer Staging System Version 9. 9th edition and/or the CAP cancer protocols.
- Use the most current version of the Grade Coding Manual, v3.3 Version 3.3 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.
- Assign the highest grade from the primary tumor. If the clinical grade is the highest grade identified, use the grade that was identified during the clinical time frame for both the clinical grade and the pathological grade. (This follows the AJCC rule that pathological time frame includes all of the clinical time frame information plus information from the resected specimen.)

NOTE - The tables for grades have been restructured for 2018. There may be a combination of numeric and alphabetic codes within the same table, according to this template.

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 clinical (yc) and Post therapy pathological (yp) only

Coding Instructions

- **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

Purpose

- 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.

Coding Instructions

- For cases diagnosed January 1, 2018, and later, this data item, along with Grade Pathological and Grade Post-Neoadjuvant, replaces NAACCR Data Item Grade/Differentiation (#440) as well as Collaborative Specific Stage Site Factor SSF's (2014-2017) for cancer sites with alternative grading systems (e.g., breast [Bloom-Richardson], prostate [Gleason]).

Grade Pathological

NAACCR ITEM #3844

Purpose

- 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.

Coding Instructions

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

Grade Post Therapy Clin (YC)

NAACCR ITEM #1068

Purpose

- Grade Post Therapy Clin (yc), effective 01/01/2021, records the grade of a solid primary tumor that has been microscopically sampled following neoadjuvant therapy or primary systemic/radiation therapy.

Coding Instructions

- 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.

Grade Post Therapy Path (YP)

NAACCR ITEM #3845

Purpose

- Grade Post Therapy Path (yp), effective 01/01/2018, records the grade of a solid primary tumor that has been resected following neoadjuvant therapy or primary systemic/radiation therapy

Coding Instructions

- 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.
- For some sites, grade is required to assign the post-neoadjuvant stage group. The name was updated from Grade Post Therapy to Grade Post Therapy Path (yp) in 2021.

Tumor Size Summary

NAACCR ITEM #756

Purpose

- Tumor Size Summary is the most accurate measurement of a solid primary tumor, usually measured on the surgical resection specimen.
- 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

- All measurements should be in millimeters (mm).
- Size measured on the surgical resection specimen, when surgery is administered as the first definitive treatment, i.e., no pre-surgical treatment administered.
 - 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).
 - If only a text report is available, use: final diagnosis, microscopic, or gross examination, in that order.
- 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).
- 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.
- If the coding instructions above do not apply, code the largest size from all information available within four months of the date of diagnosis, in the absence of disease progression.

- Tumor size is the diameter of the tumor, not the depth or thickness of the tumor.
- Multifocal/multicentric tumors: Code the size of the largest invasive tumor, or the largest in situ tumor if all tumors are in situ, when the tumor is multi-focal or when multiple tumors are reported as a single primary.
- Record tumor size stated less than or greater than as follows.
 - If tumor size is reported as less than x mm or less than x cm, the reported tumor size should be 1 mm less.
 - **EXAMPLE** - 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.
 - If tumor size is reported as more than or greater than x mm or more than x cm, code size as 1 mm more.
 - **EXAMPLE** - 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.
 - 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.
 - **EXAMPLE** - 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).
- 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.
- Round the tumor size only if it is described in fractions of millimeters.
 - 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.
 - 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.
 - 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).
 - 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.
- If no surgical resection, then the largest measurement of the tumor from physical exam, imaging, or other diagnostic procedures prior to any other form of treatment.
- 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.
- 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.
- Record the size of the invasive component, if given.
- Record the largest dimension or diameter of the tumor, whether it is from an excisional biopsy specimen or the complete resection of the primary tumor.
- Record the size as stated for purely in situ lesions.
- Disregard microscopic residual or positive surgical margins when coding tumor size.
- 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.
- Assign code 999 when
- Size is unknown or not applicable and for the following sites and schemas/schema IDs
- **Any case coded to primary site: C420, C421, C423, C424, C770-C779, or C809**

Primary Site	Schemas/schema IDs
HemeRetic	00830
Excluding Spleen	(C422)
Kaposi Sarcoma	00458
Lymphoma	00790
Lymphoma-CLL/SLL	00795
Melanoma Choroid and Ciliary Body	00672
Melanoma Iris	00671
Plasma Cell Disorders	00822
Plasma Cell Myeloma	00821

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

Tumor Size Codes

Code	Description
000	No mass/tumor found
001	1 mm or described as less than 1 mm
002-988	Exact size in millimeters (2 mm to 988 mm) (0.2 cm to 98.8 cm)
989	989 millimeters or larger (98.9 cm or larger)
990	Microscopic focus or foci only and no size of focus is given

Code	Description
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 the patient medical record; Size of tumor cannot be assessed; Not applicable

Regional Lymph Nodes Positive

NAACCR ITEM #820

Purpose

- This data item is necessary for pathological staging, and it serves as a quality measure for pathology reports and the extent of the surgical evaluation and treatment of the patient.

Coding Instructions

- Record the exact number of regional nodes examined by the pathologist and found to contain metastases.
- 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.
- Use code 99 if it is unknown whether regional lymph nodes are positive. 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.

Codes for Number of Regional Nodes Positive

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

Purpose

- This data item serves as a quality measure of the pathologic and surgical evaluation and treatment of the patient.

Coding Instructions

- Record the total number of regional lymph nodes that were removed and examined by the pathologist.
- Use code 99 if it is unknown whether regional lymph nodes are positive. 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.
- 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.

Codes for Number of Regional Node Examined

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

Purpose

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.

- This data item is primarily used with the AJCC Cancer Staging Manual and CAP.

Coding Instructions

LVI on pathology report PRIOR to Neoadjuvant Therapy	LVI on pathology report AFTER Neoadjuvant Therapy	Code LVI to:
0 – Not present/Not identified	0 – Not present/Not identified	0 – Not present/Not identified
0 – Not present/Not identified	1 – Present/Identified	1 – Present/Identified
0 – Not present/Not identified	9 – Unknown/Indeterminate	9 – Unknown/Indeterminate
1 – Present/Identified	0 – Not present/Not identified	1 – Present/Identified
1 – Present/Identified	1 – Present/Identified	1 – Present/Identified
1 – Present/Identified	9 – Unknown/Indeterminate	1 – Present/Identified
9 – Unknown/Indeterminate	0 – Not present/Not identified	9 – Unknown/Indeterminate
9 – Unknown/Indeterminate	1 – Present/Identified	1 – Present/Identified
9 – Unknown/Indeterminate	9 – Unknown/Indeterminate	9 – Unknown/Indeterminate

- 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.
- 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.
 - Synonyms include, but are not limited to
 - Angiolymphatic invasion

- Blood vessel invasion
 - Lymph vascular emboli
 - Lymphatic invasion
 - Lymphovascular invasion
 - Vascular invasion
 - Lymphovascular space invasion
- Lymphovascular invasion must be coded 0, 1, 2, 3, 4, or 9 for the schema ids in the following list:

Primary Site	Schema ID
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

Primary Site	Schema ID
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+) Oropharynx HPV Associated (p16+)	09100
Palate Hard	00075
Pancreas	00280
Penis	00570
Placenta	00560
Small Intestine	00180
Stomach	00170
Testis	00590
Thymus	09350

Primary Site	Schema ID
Tongue Anterior	00072
Vagina	00510
Vulva	09500

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

Primary Site	Schema ID
Adrenal Gland	00760
Thyroid	00730
Thyroid Medullary	00740

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

Primary Site	Schema ID
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

Primary Site	Schema ID
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

Primary Site	Schema ID
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

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

Schema	Schema ID
Gist 2021+	00430
Hemeretic	00830
Lymphoma	00790
Lymphoma (CLL/SLL)	00795
Lymphoma Ocular Adnexa	00710
Mycosis Fungoides	00811

Schema	Schema ID
Plasma Cell Disorder	00822
Plasma Cell Myeloma	00821
Primary Cutaneous Lymphoma Non-MF	00812

- 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 pathologists indicate that the specimen is insufficient to determine lymphovascular invasion
 - Lymphovascular invasion is not mentioned in the pathology report
 - Primary site is unknown
 - Ambiguous terminology is used
 - Example: Assign code 9 for “suspicious LVI.”
- 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.
- Code 8 for non-malignant brain (intracranial) and CNS tumors including C751, C752, and C753

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)

Code	Label
4	BOTH lymphatic and small vessel AND venous (large vessel) invasion OR BOTH lymphatic AND angioinvasion (thyroid and adrenal only)
8	Not Applicable
9	Unknow/Indeterminate/not mentioned in path report

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 on 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 the SEER Summary Stage. SEER Summary Stage has undergone two revisions since it was instituted in the mid-1970s. The latest edition is the 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 anatomic staging criteria have changed over time and continue to evolve. Moreover, biomolecular and genetic tests used to classify stage subgroups are being used more frequently, providing more detailed staging information than ever before. To begin capturing these new tumor markers and other cancer-specific 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, which were 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 to 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/>.

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 is available on the NAACCR Website <https://apps.naaccr.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) (Colon and Rectum, Corpus Carcinoma and Carcinosarcoma)	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 SUMMARY STAGE 2018

NAACCR ITEM #764

Purpose

This item stores the directly assigned Summary Stage 2018. Effective for cases diagnosed 1/1/2018+.

Coding Instructions

- 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 in October 2023.
- SEER Summary Stage is based on a combination of imaging, pathologic, operative, and clinical assessments. Gross observations during surgery are particularly important when not all malignant tissue is 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, whichever is longer, in the absence of disease progression. This includes clinical, imaging, diagnostic, pathological, operative, and other information.

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**.

Related Links

SEER*RSA (Registrar Staging Assistant) Website is a resource to assist Registrars in understanding and coding the Extent of Disease (EOD), Summary Stage 2018, Site-Specific Data Items, Pediatric Staging data Items, and coding the Grade for cases diagnosed 2018 and forward.

<https://seer.cancer.gov/tools/staging/rsa.html>

Treatment Information

The Treatment Information section includes data items that 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, at another 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 all treatment provided 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 2026 SEER Coding and Staging Manual includes the Site-Specific Coding Modules in Appendix C. Download the SEER Appendix C at <https://seer.cancer.gov/manuals/2026/appendixc.html>

Data Items Included in This Section:

NAACCR Item #	Item Name
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
2610	Rx Text Surgery
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

NAACCR Item #	Item Name
1380	Rx Summ – Surg/Rad 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
1639	Rx Summ – Systemic Surg Seq
3250	Rx Summ – Transplnt/Endocr
1420	Rx Summ – Other
1250	Rx Date – Other
1285	Rx Summ--Treatment Status

Definition of First Course of Treatment

This section applies to all solid tumor neoplasms (including benign and borderline intracranial and CNS tumors) except hematopoietic and lymphoid neoplasms.

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

- Active surveillance is a form of planned treatment for some patients.
- Its use is coded in the RX Summ – Treatment Status item. “No therapy” is a treatment option that occurs if the patient refuses treatment, the family or guardian refuses treatment, the patient dies before treatment starts, the physician recommends no treatment be given or the physician recommends palliative care for pain management only.
- 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 of intervening with curative intent if the cancer progresses.
 - **EXAMPLE:** A patient with a diagnosis of prostate cancer on Active Surveillance will have frequent PSA (at least twice a year), DRE (at least once a year), repeat biopsy (every one to three years) or as needed, at least once a year, repeat MRI scan (every one to two years).
- Active Surveillance may also be called Watchful Waiting.

Watchful Waiting

- 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 of less than 10 years and has a low to very high risk of disease progression, or already has regional or metastatic prostate cancer and a life expectancy of 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-staging of the disease and the patient's 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

- 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

- 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 receiving 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 sources, such as 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 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 the treatment plan changes due to an improvement in the tumor burden, the added treatment would still be considered the first course. An example is that palliative chemotherapy/radiation is recommended and administered per the first course treatment plan.

Initially, resection of the primary tumor was contraindicated due to the tumor size and location. Follow-up imaging shows an improvement in tumor burden, and the treatment plan has changed since the 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 the first course of treatment since there was no progression of the 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.
- 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 the disease. These treatments include diagnostic tests, palliative care, and supportive care.
- The term “palliative” may be used in different contexts: (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)

- 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.
- If the patient is treated according to a facility or published national standard of practice, the first course ends at the completion of the treatment.
- If there is no documentation of a planned first course of treatment or standard of practice, the 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.
- 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.
- 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

- **NOTE** - 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 at any facility, when it was performed, and its efficacy. When no surgical treatment is given, the reason is recorded. Please be sure to attribute where each procedure was performed, whether it was at your facility or at another facility, and if at another facility, note where, if known. Multiple surgical treatment data items exist to describe the extent of surgical resection directed at the primary tumor, regional lymphatics, and/or other distant locations from the primary tumor. It is also important to record when no surgery is performed, when other treatments precede surgery (neoadjuvant), and what, where, and when each surgical procedure is performed – to the best of your ability.

Surgical Procedure

Any surgical procedure coded in the fields Surgery of Primary Site, Scope of Regional Lymph Node Surgery, or Surgery of Other Regional or Distant Sites.

Ablation of the Primary Tumor

Ablation is the treatment 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 outcomes and reduces effects on surrounding tissues. These techniques provide minimally invasive treatment of a primary tumor in early-stage disease or can be used for local control of metastatic tumors that might bleed or cause other symptoms in patients with advanced disease, and can be applied to 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 affect 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.
- 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,
- Histotripsy
- Cryoablation (cold not heat),
- Surface ablation (skin),
- Photodynamic therapy (lung and bladder),
- Percutaneous ethanol injection,
- Acetic acid injection,
- Irreversible electroporation (IRE) (electrical pulse but not considered thermal ablation)

Tumor Embolization (of primary tumor and/or metastasis)

The term *embolization* refers to the intentional blocking of an artery or vein. The mechanism and the reason for embolization determine how and whether it is to be recorded. “Embolization” is a procedure performed to create an embolus, a blocked or hardened blood vessel, and is used to shut down blood flow and blood supply to the primary tumor or to metastasis. Embolization can include injection of a chemical like alcohol or a chemo agent to sclerose or harden key blood vessel(s) and may even trap chemo behind the embolus; or can be performed by injecting a foreign material or substance like coils or radioactive beads to block the artery and prevent any blood flow to the tumor.

Embolization may follow tumor ablation using RFA or other techniques to further treat the tumor or metastases. Code both if this is the case.

Types of Embolization include:

- Chemo-Embolization – Uses Chemotherapy Agent(s) – TACE (transcatheter arterial chemoembolization) is an image-guided, minimally invasive procedure for the delivery of chemotherapeutic drugs directly to the tumor. Code as chemotherapy when the embolizing agent(s) is a chemotherapeutic drug(s). Use SEER*RX to determine whether the drugs used are classified as chemotherapeutic agents. Do Not Code the method of delivery.
- Alcohol-Embolization – Uses Alcohol
- Radioactive Beads/Spheres
- Artificial Embolus – plastic or metal coils, foam, other plugs
- Treatment Code Will Depend on Type of Embolization

Chemoembolization

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) are chemotherapeutic drugs 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.
- Code 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 the 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 embolization are typically performed to make the resection of the primary tumor easier. Examples of pre-surgical embolization include meningiomas, hemangioblastomas, paragangliomas, and renal cell metastases in the brain.

Systemic Therapy

Systemic Therapy: Systemic therapy encompasses the treatment modalities represented by the data items chemotherapy, hormone therapy, and immunotherapy. Any systemic therapy provided to modify, control, remove, or destroy primary or metastatic cancer tissue is coded in the respective first-course-of-treatment fields. Systemic therapy may be given in a single class of drugs (chemotherapy, hormone therapy, endocrine, immunotherapy or hematologic transplant) alone or in a combined regimen of therapies.

First-course treatment does not necessarily end when the managing physician changes an agent or agents in a combination regimen to an agent from a different group (chemotherapeutic agents are grouped as alkylating agents, antimetabolites, natural products, or other miscellaneous agents). A change in agent may occur for reasons other than disease progression and should be coded. A change to the regimen does not automatically represent subsequent therapy.

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 or via intrathecal administration.

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 by radioactive material placed inside 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 cancer recurrence/progression.

Palliative Care

Palliative care is provided to prolong the patient's life by controlling symptoms, alleviating persistent pain, or making 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 characterized 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

- When the physician decides to do watchful waiting for a patient who has prostate cancer, the first course of therapy is no treatment. Code all treatment fields to 00 (not done). When the disease progresses, and the patient is symptomatic, any prescribed treatment is a second course.
- 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:
 - Code the treatment as the 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.
 - Code the treatment as the 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.
 - Code all treatments that were started and administered.
 - **EXAMPLE** - The patient completed only the first dose of a planned 30-day chemotherapy regimen. Code chemotherapy as administered.
- 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.
- 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 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.
- 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.
- **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 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.
- You code only the 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 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 the 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:

- Remission induction (chemotherapy and/or biologic response modifiers)
- CNS prophylaxis or consolidation (irradiation to brain, chemotherapy)
- 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.

- 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

Purpose

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.

Coding Instructions

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.

- Rx Summ – Surg of Primary Site 03-22 (Item 1290) is for all cases diagnosed prior to 1/1/2023.
- Rx Summ - Surg 2023 is for cases diagnosed 2023 forward. Abstractors are to assign the site specific alpha numeric cancer directed surgery codes. 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.
- Item 1290 is included in the Appendix F - Site-Specific Surgery Codes.
- For data items 1291, please see the STORE manual for site-specific surgery codes.
- 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 performed. The pathology report may be used to complement the information appearing in the operative report, but the operative report takes precedence.
- 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.
- A date field is also included to document the first date of any surgery performed.

- 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.
- 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).
- If multiple primaries are excised at the same time, code the appropriate surgery for each site.

Examples

- 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.
- 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.
- 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.
- 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).

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.

Related Links

- [Appendix F](#)
- [STORE Manual 2026](#)

RX Summ – Surg 2023

NAACCR ITEM #1291

Purpose

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 Or B000	None; no surgical procedure of primary site; diagnosed at autopsy only
A100-A190 Or B100-B190	Site-specific codes. Tumor destruction; no pathologic specimen or unknown whether there is a pathologic specimen
A200-A800 Or B200-B800	Site-specific codes. Resection; pathologic specimen

Code	Description
A900 Or B900	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 When Surgery of Primary Site is coded A980 Code Surgical Margins of the Primary Site (#1320) to 9 Code Reason for No Surgery of Primary Site (#1340) to 1
A990 Or B990	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
 - Codes A000 and B000 exclude all sites and histologies that would be coded as A980.
- 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:
 - All disease is removed (margins free), OR
 - All gross disease is removed and there is only microscopic residual at the margin

- Do not code an incisional biopsy as an excisional biopsy when there is macroscopic residual disease.
- For cases diagnosed in 2023 and after, a shave biopsy, punch, or elliptical biopsy is coded as a surgical procedure regardless of margin status.
- 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 the primary site as total thyroidectomy. Assign the code that reflects the cumulative effect of all surgeries to the primary site.
 - 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.
- 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.
- Code surgery for extra-lymphatic lymphoma using the site-specific surgery coding scheme for the primary site. Do not use the lymph node scheme.
- 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 or B000. . Code A800, B800, A900, or B900 only when there is no specific information.
- Code A980 for the following primary sites unless the case is death certificate only (see instructions below).
 - Any case coded to C420, C421, C423, C424, C760-C768, or C809
- When Surgery of Primary Site 2023 is coded A980

- Code Reason for No Surgery of Primary Site (#1340) to 1
- 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).

Related Links

- [Appendix F](#)

Rx Summ – Scope Reg LN Sur

NAACCR ITEM #1292

Purpose

This field describes the removal, biopsy, or aspiration of regional lymph node(s) performed during initial work-up or first course of therapy. This can take place 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.

Coding Instructions

The following instructions should be applied to all surgically treated cases of all cancer types. 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. The scope of regional lymph nodes applies to all surgically resected cases and all types of cancers, which may include removal of regional nodes or a sentinel lymph node procedure.

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 the 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.

Codes for Scope of Reg Ln Surg

Code	Label	General Instructions (Apply 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

Code	Label	General Instructions (Apply to ALL Sites)	Additional Notes Specific for Breast (C50.x)
			additional procedures were performed on the lymph nodes, such as axillary lymph node dissection, use the appropriate code 2-7.
2	Sentinel Lymph Node Biopsy	- The operative report states that a SLNBx was performed. - Code 2 SLNBx when the operative report describes a procedure using injection of a dye, radio label, or combination to identify a lymph node (possibly more than one) for removal/examination. - When a SLNBx is performed, additional non-sentinel nodes can be taken during the same operative procedure. These additional non-sentinel nodes may be discovered by the pathologist or selectively removed (or harvested) as part of the SLNBx procedure by the surgeon. Code this as a SLNBx (code 2). If review of the operative report confirms that a regional lymph node dissection followed the SLNBx, code these cases as 6.	- If a relatively large number of lymph nodes, more than 5, are pathologically examined, review the operative report to confirm the procedure was limited to a SLNBx and did not include an axillary lymph node dissection (ALND). - Infrequently, a SLNBx is attempted and the patient fails to map (i.e. no sentinel lymph nodes are identified by the dye and/or radio label injection) and no sentinel nodes are removed. Review the operative report to confirm that an axillary incision was made and a node exploration was conducted. Patients undergoing SLNBx who fail to map will often undergo ALND. Code these cases as 2 if no ALND was performed, or 6 when ALND was performed during the same operative event. Enter the appropriate number of nodes examined and positive in the data items <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).	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	Code 3 (Number of regional lymph nodes removed unknown, not stated; regional lymph nodes removed, NOS).	
5	4 or more regional lymph nodes		

Code	Label	General Instructions (Apply to ALL Sites)	Additional Notes Specific for Breast (C50.x)
	removed	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.	
6	Sentinel node biopsy and code 3, 4, or 5 at same time, or timing not stated	• SNLBx and regional lymph node dissection (code 3, 4, or 5) during the same surgical event, or timing not known • Generally, SLNBx followed by a regional lymph node completion will yield a relatively large number of nodes. However it is possible for these procedures to harvest only a few nodes.	• Generally, SLNBx followed by ALND will yield a minimum of 7-9 nodes. However, it is possible for these procedures to harvest fewer (or more) nodes. • If relatively few nodes are pathologically examined, review the operative report to confirm whether the procedure was limited to a SLNBx, or whether a SLNBx plus an ALND was performed.

Code	Label	General Instructions (Apply to ALL Sites)	Additional Notes Specific for Breast (C50.x)
		• 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.	
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 an SLNBx only.	
9	Unknown	The status of regional lymph node evaluation should be known for surgically treated cases (i.e., cases coded A190-A900 or B190-B900 in the data item Surgery of Primary Site 2023 (NAACCR Item #1291). Review surgically treated cases coded as 9 in Scope of Regional Lymph Node Surgery to confirm the code.	

General Instructions

Use the operative report as the primary source document to determine whether the operative procedure was a sentinel lymph node biopsy (SLNBx), or a more extensive dissection of regional lymph nodes, or a combination of both SLNBx and regional lymph node dissection. The operative report will designate the surgeon's planned procedure and describe the procedure actually performed. The pathology report may be used to complement the information in the operative report, but the operative report takes precedence when distinguishing 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

- 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.
- Code 0 when the regional lymph node removal procedure was not performed.
- Code 0 if there is no indication anywhere in the patient's medical record that regional lymph node surgery was either planned or performed.
- Code 2 – for all solid tumor neoplasms where an SLN is performed.
- Codes 1-7 are hierarchical. Code the procedure with the higher number.
- 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]).
- The Scope of the 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).
- 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)
- 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 bladder cancer, and 4/21 nodes are positive for metastatic adenocarcinoma. Code Scope of Regional Lymph Node Surgery to 5 (4 or more regional lymph nodes removed) for both primaries.
- Code Scope **9** for:
 - 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)
 - Placenta C589
 - 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
 - Hematopoietic, reticuloendothelial, immunoproliferative, or myeloproliferative disease
 - Primary sites: C420, C421, C423, or C424 AND
 - Histologies: 9727, 9733, 9741-9742, 9764-9809, 9832, 9840-9931, 9945-9946, 9950-9967, and 9975-9993
 - Unknown or ill-defined sites (C760-C768, C809)

RX Summ – Surg Oth Reg/Dis

NAACCR ITEM #1294

Purpose

Enter the surgical removal of distant lymph nodes or other tissue(s)/organ(s) beyond the primary site. This field is for all procedures that do not meet the definitions of Surgery of Primary Site. The removal of non-primary tissue documents the extent of surgical treatment and is useful in evaluating the extent of metastatic involvement.

Coding Instructions

- 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.
- Do not code tissue or organs such as an appendix that were removed incidentally, and the organ was not involved with cancer.
- Incidental removal of organs means that tissue was removed for reasons other than removing cancer or preventing the spread of cancer. Examples of incidental removal of organ(s) would be removal of appendix, gallbladder, etc., during abdominal surgery.
- Do not code removal of the uninvolved contralateral breast in this data item. See Surgery Codes for Breast in Appendix C.
- For this data item, do not include organs beyond the primary site that are included in the Surgery of Primary Site 2023 codes.
 - **EXAMPLE:** A hemicolectomy including removal of the small bowel. Surgery of Primary Site 2026 code B410 for colon includes resection of a contiguous organ, such as the small bowel or bladder. Do not code removal of small bowel or bladder performed with a subtotal colectomy/hemicolectomy in Surgical Procedure of Other Site.
- 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 0 if the first course of treatment was active surveillance.
- 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 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.

Codes for Surg Oth Reg/Distant Sites

Code	Label	Description
0	None	No surgical procedure of a non-primary site was performed. Diagnosed by autopsy.
1	Nonprimary surgical procedure performed	Nonprimary surgical resection to other site(s), unknown whether the site(s) is regional or distant.
2	Nonprimary surgical procedure to other regional sites	Resection of the regional site.
3	Nonprimary surgical procedure to distant lymph node(s)	Resection of distant lymph node(s)
4	Nonprimary surgical procedure to a distant site	Resection of the distant site.
5	A 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 non-primary site was performed. ONLY USE FOR DEATH CERTIFICATE CASES

RX Date of First Surgical Procedure

NAACCR ITEM #1200

Purpose

- Records the earliest date on which any first course surgical procedure was performed as part of first course of therapy. 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.
- Surgery date should be the same as the Date Therapy Initiated when surgery is the only treatment administered.
- Record the polypectomy date as the date of first surgical procedure when a surgical procedure to remove polyps is performed without removing the entire tumor, and a subsequent surgery is performed.
 - When reportable tumor is found in the specimen, polypectomies are surgery for the purposes of cancer registry data collection regardless of whether or not there is residual tumor after the polypectomy
 - Leave date blank when there is no surgery performed.

Date Most Definitive Surg Resection

NAACCR ITEM #3170

Purpose

- 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 of the most invasive, extensive, or definitive surgery which the surgery described by surgical procedure of primary site (NAACCR Item #1290) or (NAACCR Item #1291 *Surgery of Primary Site*), 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.
- Leave date blank when Surgery of Primary Site 2023 is coded A000 or B000 (no surgery of primary site performed)

Reason For No Surgery

NAACCR ITEM #1340

Purpose

This data item records the reason that surgery of the primary site was not part of the first course of treatment.

Coding Instructions

Codes for Reason for No Surgery

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 the patient's 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, a family member, or a guardian. The refusal was noted in the patient's 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

- 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).
- 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.
- Code 1
 - Primary site is C420, C421, C423, C424, C760-C768, or C809

- Surgery is not standard treatment for these cases.
- 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 the primary site.
 - If the treatment plan offered multiple treatment options and the patient selected treatment that did not include surgery of the primary site. Patient elects to pursue no treatment following the discussion of radiation treatment. Discussion does not equal a recommendation.
 - Active Surveillance or Watchful waiting is the first course (e.g.,prostate)
- Code 2 when surgery of the primary site is contraindicated due to factors including, but not limited to, comorbid conditions, advanced age, and progression of tumor prior to planned surgery
 - **Example:** Patient with metastatic cancer from the right kidney to the lung has a history of prior left nephrectomy with a current history of congestive heart disease and smoking. Surgery is not performed for the right kidney malignancy because the patient is considered a surgical risk.
- Patient diagnosed at autopsy
 - Code 6
 - When it is known that surgery was recommended AND
 - It is known that surgery was not performed AND
 - There is no documentation explaining why surgery was not done.
- Code 7 if the patient **refused** recommended surgery, or made a blanket statement that he/she refused all treatment.
- Code 8 if the treatment plan offered/recommended surgery, but it is **unknown** if the patient actually had the surgery.
 - 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.
- Code 9
 - When there is no documentation that surgery was recommended or performed.
 - Death certificate only.
 - Autopsy only.

RX Text – Surgery

NAACCR ITEM #2610

Purpose

Surgery text documentation is required to justify coded values in the abstract, which includes all treatment fields and to supplement information not transmitted with coded values

Coding Instructions

Enter information describing the surgical procedure(s) performed as part of first course of therapy. Include dates and chronology of care.

The surgery text should include:

- Dates and text describing each surgical procedure performed as part of the first-course treatment
- Treatment plan
- Date surgery was performed
- Type of procedure
- Facility where surgery was performed
- Include lymph nodes removed and indicate if a sentinel node was removed

The surgery text will differ from the operative report findings.

Related Links

- See [Appendix L](#).

Phase I Radiation Treatment Modality

NAACCR ITEM # 1506

Purpose

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 recording radiation modality and radiation treatment planning techniques is to clarify this information and establish 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 radiation therapy methods or devices or approaches do and how they should be understood. This is to help with terminology. Abstractors need to reference coding resources to determine whether dosing is high-dose or low-dose based on the application device.

Internal radiation therapy uses a sealed source of radiation. The source is put inside your body (implanted) where the cancer is found. Internal radiation therapy (brachytherapy) allows a higher dose of radiation to be given in a smaller area. Some implants are permanent. Others are removed after a few minutes or days. High-dose-rate brachytherapy: implants don't stay in your body. Low-dose-rate brachytherapy given for 1–2 days, then removed.

- 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

Coding Instructions

Assign Radiation Modality to code 13 Radioisotopes for radioembolization procedures (e.g. intravascular Yttrium90 or lutetium-177) 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.

Phase I Radiation Treatment Modality Codes:

Code	Description
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 was administered – ONLY FOR DEATH CERTIFICATE CASES

Related Links

- Refer to the current standards for Oncology Registry Entry (STORE) Manual and the CTR Guide to Coding Radiation Therapy Treatment in the STORE

RX Date Radiation

NAACCR ITEM #1210

Purpose

- Records the date on which radiation therapy began at any facility that is part of the first course of treatment.

Coding Instructions

- Record the date of the first/earliest radiation treatment if radiation was given and recorded as part of the first course of therapy.
- Do not record the date of the initial radiation planning session.
- 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.
- 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

Purpose

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 0 if the patient received regional radiation as part of first course of therapy
- 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 or if a DCO case

Codes Reason For No Radiation

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.).

Code	Definition
5	Radiation therapy was not administered because the patient died prior to planned or recommended therapy.
6	Radiation therapy was not administered; it was recommended by the patient's physician, but was not administered as part of first course treatment. No reason was noted in patient record.
7	Radiation therapy was not administered; it was recommended by the patient's physician, but this treatment was refused by the patient, the patient's family member, or the patient's guardian. The refusal was noted in patient record.
8	Radiation therapy was recommended, but it is unknown whether it was administered.
9	It is unknown if radiation therapy was recommended or administered. Death certificate and autopsy cases only.

RX Text—Radiation (Beam)

NAACCR ITEM #2620

Purpose

Radiation text is required to justify coded values and to document supplemental information not transmitted within coded values.

Coding Instructions

Enter the types of beam radiation and modality 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
- Type of external beam, e.g, Cobalt 60, MV X-rays, Electrons, Mixed modalities
- Other treatment information, e.g., patient discontinued after 5 treatments; unknown if radiation was given

Related Links

- [Appendix L](#)

RX Text—Radiation Other

NAACCR ITEM #2630

Purpose

Radiation Text Other is required to justify coded values and to document supplemental information not transmitted within coded values.

Coding Instructions

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
- Type(s) of nonbeam radiation, e.g., High Dose rate brachytherapy, seed implant, Radioisotopes (I-131)
- Other treatment information, e.g., unknown if radiation was given

Related Links

- [Appendix L](#)

RX Summ—Surg/Rad Seq

NAACCR ITEM #1380

Purpose

This data item records the order in which surgery and radiation therapies were administered for those patients who had both surgery and radiation.

Coding Instructions

Codes for the sequencing of radiation and surgery given as part of the first course of treatment.

- 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.
- 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.

Codes Rx Summ-Surg/Rad Seq

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).

Code	Label	Definition
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

Purpose

- Records the type of chemotherapy administered as first course treatment at this and all other facilities. Systemic therapy may involve the administration of one or a combination of agents.
- 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).
- Chemotherapy consists of a group of anticancer drugs that inhibit the reproduction of cancer cells by interfering with DNA synthesis and mitosis.
- Enter the type of chemotherapy administered during the first course of therapy. Enter the name of each agent given to ensure the correct code of single, multiple agents or unknown number agents is correct.

Coding Instructions

- Code 00
 - If there is no indication anywhere in the patient's medical record that chemotherapy was either planned or administered.
 - 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.
 - If the treatment plan offered multiple options, and the patient selected treatment that did not include chemotherapy.
 - Code 00 for active surveillance
 - Code 00 patient diagnosed at autopsy
- Do not code a combination of ancillary drugs administered with single-agent chemotherapeutic agents as multiple chemotherapies.
- Codes 82, 85, 86, 87 if it is known that chemotherapy is usually administered for this type and stage of cancer, but was not administered to the patient, use code 82, 85, 86 or 87 to record the reason why it was not administered.

- Code 82 when chemotherapy is a customary option for the primary site/histology but it was not administered due to patient risk factors, such as:
 - Advanced age
 - Comorbid condition(s) (heart disease, kidney failure, other cancer, etc.)
 - Progression of tumor prior to administration
- Code 87 when
 - The patient refused recommended chemotherapy
 - The patient made a blanket refusal of all recommended treatment and chemotherapy is a customary option for the primary site/histology
 - The patient refused all treatment before any was recommended and chemotherapy is a customary option for the primary site/histology
- Code 88 when the only information available is
 - The patient was referred to an oncologist
 - Insertion of port-a-cath
 - Code 88 if chemotherapy was planned, but not started at the time of the most recent follow-up.
 - Review cases coded 88 periodically for later confirmation of chemotherapy.
- Code 99
- For death certificate cases only, **code** chemoembolization as 01, 02, or 03 depending on the number of chemotherapeutic agents involved.
- The physician may change a drug during the first course of therapy because the patient cannot tolerate the original agent
 - 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)
 - 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 a second course of therapy.
- 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. See “Chemotherapeutic Agents” below for the groups and their definitions. Code the chemotherapeutic agents whose actions are chemotherapeutic only; do not code the method of administration.

- Combination chemotherapy containing prednisone (a hormone) should be coded in this field by counting the number of chemotherapy agents in the combination (excluding prednisone).
- 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.
- Code as treatment for both primaries when the patient receives chemotherapy for invasive carcinoma in one breast and also has an invasive or in situ carcinoma in the other breast. Chemotherapy would likely affect both primaries.
 - 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.

Codes for RX Summ-Chemo

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 the 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, a patient's family member, or the 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:

- Alkylating agents
- Antimetabolites
- Inhibitors
- Natural products
- Targeted therapy
- Taxanes
- Miscellaneous

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, preventing cancer cells 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
- Nitrosureas: 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

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

Inhibitors

- Inhibitors are chemical compounds or plant alkaloids that inhibit enzymes that interfere block cancer cells from dividing and spreading. Inhibitors include histone deacetylase inhibitors, topoisomerase inhibitors, and mitotic inhibitors.

Natural Products

- 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
- 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
- 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

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).

Taxanes

Taxanes are a class of chemotherapy drugs used to treat cancer types including ovarian cancer, breast cancer and prostate cancer, among others. They prevent cell division, or mitosis, the process cancer cells use to make more cancer cells. They kill cancer cells and slow tumor growth. Taxanes include paclitaxel, docetaxel and cabazitaxel.

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, Section VII: First Course of Therapy

Related Links

- <https://seer.cancer.gov/tools/seerrx/>

Rx Date—Chemo

NAACCR ITEM #1220

Purpose

- Records the date of initiation of chemotherapy that is part of the first course of treatment.

Coding Instructions

- Enter the date chemotherapy was initiated, which is part of the first course of treatment.

Rx Text—Chemo

NAACCR ITEM #2640

Purpose

- Enter the documentation regarding chemotherapy treatment of the tumor being reported.
- Include dates and chronology of care. See Appendix L.

Coding Instructions

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

Related Links

- [Appendix L](#)

Rx Summ – Hormone

NAACCR ITEM #1400

Purpose

- 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. This type of therapy includes the administration of hormones, agents acting via hormonal mechanisms, antihormones, and steroids. (i.e. leuprolide acetate, levothyroxine sodium, anastrozole)
- 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).
- 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.

Coding Instructions

- Code 00 when
 - There is no information in the patient's medical record that hormone therapy was either planned or administered
 - There is no reason to suspect that the patient would have had hormone therapy
 - If the treatment plan offered multiple treatment options and the patient selected treatment that did not include hormone therapy
 - Patient elects to pursue no treatment following the discussion of hormone therapy treatment.
 - Only information available is that the patient was referred to an oncologist. Referral does not equal a recommendation.
 - Watchful waiting (prostate)
 - Patient diagnosed at autopsy

Codes for RX Summ-Hormone

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 is administered as the first course of therapy.
82	Hormone therapy was not recommended/administered because it was contraindicated 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

Related Links

- 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

Purpose

- 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 with the administration of the agents coded in *RX Summ Hormone* (NAACCR Item #1390).

Rx Text - Hormone

NAACCR ITEM #2650

Purpose

- Enter the documentation regarding the hormone treatment of the tumor being reported.
- Include dates and chronology of care.

Coding Instructions

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
- Types of endocrine surgery or radiation, e.g., orchiectomy
- Other treatment information, e.g., treatment cycle incomplete; unknown if hormones were given

Related Links

- [Appendix L](#)

Rx Summ – BRM/Immunotherapy

NAACCR ITEM #1410

Purpose

The data item Immunotherapy records immunotherapeutic (biological therapy, biotherapy, or biological response modifier (BRM)) agents administered as first course of therapy. Immunotherapy uses the body's immune system, either directly or indirectly, to fight cancer or to reduce the side effects that may be caused by some cancer treatments. Record only those treatments that are administered to affect the cancer 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 target and disrupt cancer cell activity and 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

- Code 00
 - When there is no information in the patient's medical record that immunotherapy was either planned or administered
 - There is no reason to suspect that the patient would have had immunotherapy.
 - If the treatment plan offered multiple treatment options and the patient selected treatment that did not include immunotherapy.
 - Patient elects to pursue no treatment following the discussion of immunotherapy. Discussion does not equal a recommendation.

- Only information available is that the patient was referred to an oncologist. Referral does not equal a recommendation.
- Watchful waiting (prostate)
- Patient diagnosed at autopsy
- Code 87
 - If the patient refused, recommended immunotherapy.
 - If the patient made a blanket refusal of all recommended treatment.
- Only use Code 99 for Death Certificate Cases

Codes Rx Summ – Brm/Immunotherapy

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

Related Links

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 – BRM/Immunotherapy

NAACCR ITEM #1240

Purpose

- 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.

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

Purpose

FCDS requires text documentation on BRM in the abstract to verify complete and accurate coding compared to the text.

- Use standard abbreviations

Coding Instructions

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

Related Links

- [Appendix L](#)

Rx Summ—Systemic / Surgery Seq

NAACCR ITEM #1639

Purpose

- Records the sequencing of systemic therapy and surgical procedures given as part of the first course of treatment.

Coding Instructions

- 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.
- 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.
- 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.

Codes Rx Summ—Systemic / Surgery Seq

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	Systemic therapy was given before and after any surgical procedure of

Code	Label	Description
	both before and after surgery	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

Purpose

- 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.
- 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

- 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.
- 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.
- 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.
- Code 00 if a transplant or endocrine procedure was not administered to the patient
- 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.
- Code 00 if the treatment plan offered multiple options, and the patient selected treatment that did not include a transplant or endocrine procedure.
- 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.
- 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.
- Code 88 is known that a physician recommended a hematologic transplant or endocrine procedure, but no further documentation is available yet to confirm its administration.
- 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.
- Cases coded 88 should be followed to determine whether they were given a hematologic transplant or endocrine procedure or why not.
- Code 99 if it is unknown whether a hematologic transplant and/or endocrine surgery/radiation was administered or recommended.

Codes Rx Summ – Transplnt/Endocr

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 the patient, a family member, or a guardian refused the treatment. 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 of treatment
99	It is unknown whether hematologic transplant and/or endocrine surgery/radiation were recommended or administered because it is not stated in the patient's record. Autopsy-only cases. ONLY USE FOR DEATH CERTIFICATE CASES

Rx Summ – Other Therapy

NAACCR ITEM #1420

Purpose

- Identifies other treatments that cannot be defined as surgery, radiation, or systemic therapy according to the defined data items in this manual. This data item includes all complementary and alternative medicine (CAM) used by the patient in conjunction with conventional therapy or in place of conventional therapy
- 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

- 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.
- 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.
- Code 0 when
 - There is no information in the patient’s medical record about other therapy AND
 - It is known that other therapies are not usually performed for this type and/or stage of cancer OR
 - There is no reason to suspect that the patient would have had other therapy
 - The treatment plan offered multiple treatment options and the patient selected treatment that did not include other therapies
 - 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.

- First course of treatment was active surveillance/watchful waiting
- Patient diagnosed at autopsy
- Code 1 for
 - Supportive care may include phlebotomy, transfusion, or aspirin 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.
 - Do not code blood transfusion as treatment.
 - Rationale: Blood transfusion 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.
- Embolization using alcohol as an embolizing agent.
- Embolization to a site other than the liver where the embolizing agent is unknown
- Do not code presurgical embolization that given for a purpose to shrink the tumor
 - 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)
 - 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.
 - Photophoresis. This treatment is used ONLY for thin melanoma or cutaneous T-cell lymphoma (mycosis fungoides).
 - Cancer treatment that could not be assigned to the previous treatment data items (surgery, radiation, chemotherapy, immunotherapy, or systemic therapy)
 - Do not code Other Therapy when a chemotherapeutic agent listed in SEER*Rx was administered to a patient for treatment but the primary site(s) is(are) not listed for that agent in SEER*Rx. Code treatment as Chemotherapy [NAACCR #1390].
- Code 2 for any experimental or newly developed treatment, such as a clinical trial, that differs greatly from proven types of cancer therapy
 - 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.
- 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.

- Code 6 for
 - 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). See list of unconventional therapies below.
 - Cancer treatment administered by nonmedical personnel
 - **EXAMPLE** - Cannabis oil or medical marijuana that is used for treatment.
 - 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.
 - 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.
 - 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.
 - 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.
 - 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.
 - 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.
- Code 8 when the physician recommended other therapy, but there is no information that the treatment was given
- Code to 8 to indicate referral to a specialist for Other Treatment and the registry should follow. If follow-up with the specialist or facility determines the patient was never there, code 0.
- Code 9 when there is no documentation that other therapy was recommended or performed
 - For death certificate only (DCO) cases

List of Unconventional Therapies

Unconventional Methods	Alternative And Complementary Therapies
Cancell	<i>Alternative Systems</i>
Carnivora	Acupuncture
Glyoxylide	Ayurveda
Iscador	Environmental Medicine
Koch Synthetic Antitoxins	Homeopathic Medicine
Krebiozen	Natural Products
Laetrile	Native American, Latin American, Or
Malonide	Traditional Oriental Medicine
Parabenzoquinone	Bioelectromagnetic Applications
<i>Alternative And Complementary Therapies</i>	Blue Light Treatment
Manual Healing	Electroacupuncture
Acupressure	Magnetoresonance 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
<i>Pharmacological and biological treatments</i>	Ginseng Root
Anti-Oxidizing Agents	
Cell Treatment	

Codes for Other Therapy

Code	Description
0	No other cancer-directed therapy except as coded elsewhere. The 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 (surgery, radiation, systemic therapy) . <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 substantially from established cancer therapies. 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. The 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 Treatment Started

NAACCR ITEM #1250

Purpose

- 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

Purpose

This data item summarizes whether the patient received any treatment or the tumor was under Active Surveillance or Watchful Waiting.

Coding Instructions

- This item may be left blank for cases diagnosed prior to 2010.
- Treatment given after a period of active surveillance is considered subsequent treatment and it not coded in this item.
- Code 0 (No Treatment) when treatment is refused or the physician decides not to treat for any reason such as the presence of comorbidities.
- Code 0 when the patient does not receive any treatment
 - Scope of Regional Lymph Node Surgery may be coded 0, 1-7, or 9
- Code 1 when the patient receives treatment collected in any of the following data items:
 - Surgery of Primary Site
 - Surgical Procedure of Other Site
 - Radiation Treatment Modality, Phase I, II, III
 - Chemotherapy
 - Hormone Therapy
 - Immunotherapy
 - Hematology Transplant and Endocrine Procedures
 - Other Therapy
- Code 2 when there is documentation that the patient is being monitored using active surveillance/watchful waiting/deferred therapy or other similar options
- Code 9 for death certificate cases (DCO) only

Codes RX-Summ Treatment Status

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

Documentation must be entered to verify that coding is complete and accurate. 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 FCDS EDITS.

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.

Use of Abbreviations

The use of standard abbreviations in documentation and diagnostic text is acceptable. However, FCDS must be able to interpret standard abbreviations to clarify and validate coded data. Therefore:

- Non-Standard Abbreviations may have multiple interpretations and should not be used. Do not customize abbreviations.
- Do not overuse abbreviations to the point where the information has no meaning or context.

Data Items Included in This Section:

NAACR Item #	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

NAACR Item #	Item Name
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

Related Links

- 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>.
- Refer to [Appendix C](#) for the latest list of standard abbreviations.

Text – Dx Proc – PE

NAACCR ITEM #2520

Purpose

- Text area for manual documentation from the history and physical examination about the history of the current tumor and the clinical description of the tumor.

Coding Instructions

- Enter information from history and physical examinations.
- Information can include the duration and type of symptoms, family history, and the location of the tumor.
- 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.

Related Links

- [Appendix L](#)

Text – Dx Proc – X-Ray/Scans

NAACCR ITEM #2530

Purpose

- Text area for manual documentation from all X-rays, scan, and/or other imaging examinations that provide information about staging.

Coding Instructions

- 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.

Related Links

- [Appendix L](#)

Text – Dx Proc – Scopes

NAACCR ITEM #2540

Purpose

- Text area for manual documentation from endoscopic examinations that provide information for staging and treatment.

Coding Instructions

- Enter the text information from endoscopic examinations.
- Information can include visualization of the tumor, location of the tumor, etc.
- Include dates and chronology of care.

Related Links

- [Appendix L](#)

Text – Dx Proc – Lab Tests

NAACCR ITEM #2550

Purpose

- Text area for manual documentation of information from laboratory examinations other than cytology or histopathology.

Coding Instructions

- 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.

EXAMPLES -

- 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

Genetic tests have become commonplace in cancer tissue evaluation. Please include genetic testing results in this text area to further classify the tumor, to serve as a genetic tumor marker to monitor response to treatment, and to provide 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 List

Genes with full coding exonic regions included in FoundationOne®CDx for the detection of substitutions, Insertion-deletions (Indels), and copy-number alterations (CNAs).

ABL1	AURKA	BTk	CDH1	CTNN A1
ACVR1B	AURKB	C11orf30	CDK12	CTNNB1
AKT1	AXIN1	(EMSY)	CDK4	CUL3
AKT2	AXL	CALR	CDK6	CUL4A
AKT3	BAP1	CARD11	CDK8	CXCR4
ALK	BARD1	CASP8	CDKN1A	CYP17A1
ALOX12B	BCL2	CBFB	CDKN1B	DAXX
AMER1	BCL2L1	CBL	CDKN2A	DDR1
(FAM21B)	BCL2L2	CCND1	CDKN2B	DDR2
APC	BCL6	CCND2	CDKN2C	DIS3
AR	BCOR	CCND3	CEBPA	DNMT3A
ARAF	BCORL1	CCNE1	CHEK1	DOT1L
ARFRP1	BRAF	CD22	CHEK2	EED
ARID1A	BRCA1	CD274 (PD-	CIC	EGFR
ASXL1	BRCA2	L1)	CREBBP	EP300
ATM	BRD4	CD70	CRKL	EPHA3
ATR	BRIP1	CD79A	CSF1R	EPHB1
ATRX	BTG1	CD79B	CSF3R	EPHB4
BCL6	BTG2	CDC73	CTCF	ERBB2

ERBB3	HDAC1	MERTK	PDGFRA	SF3B1
ERBB4	HNF1A	MET	PDGFRB	SGK1
ERCC4	HRAS	MITF	PDK1	SMAD2
ERG	HSD3B1	MKNK1	PIK3C2B	SMAD4
ERRFI1	ID3	MLH1	PIK3C2G	SMARCA4
ESR1	IDH1	MPL	PIK3CA	SMARCB1
EZH2	IDH2	MRETIA	PIK3CB	SMO
FAM46C	IGFR	MSH3	PIK3R1	SNCAIP
FANCA	IKBKE	MSH6	PIM1	SOC S1
FANCC	IKZF1	MST1R	PMS2	SOX2
FANCG	INPP4B	MTAP	POLD1	SOX9
FANCL	IRF2	MTOR	POLE	SPEN
FAS	IRF4	MUTYH	PPARG	SPOP
FBXW7	IRS2	MYC	PPP2R1A	SRC
FGF10	JAK1	MYCL	PPP2R2A	STAG2
FGF12	JAK2	(MYC1L)	PRDM1	STAT3
FGF14	JAK3	MYCN	PRKAR1A	STK11
FGF19	JUN	MYD88	PRKCI	SUFU
FGF23	KDM5A	NBN	PTCH1	SYK
FGF3	KDM6A	NF1	PTEN	TBX3
FGF4	KDR	NF2	PTPN1	TET2
FGF6	KEAP1	NFE2L2	PTPRO	TGFBR2
FGFR1	KEL	NFKBIA	QKI	TIPARP
FGFR2	KIT	NKX2-1	RAC1	TNFAIP3
FGFR3	KLHL6	NOTCH1	RAD21	TNFRSF14
FGFR4	KMT2A (MLL)	NOTCH2	RAD51	TP53
FH	KMT2D	NOTCH3	RAD51B	TSC1
FLCN	(MLL2)	NPM1	RAD51C	TSC2
FLT1	LTK	NRAS	RAD1D5	TYRO3
FLT3	LYN	NT5C2	RADS1C	UDAFT
FOXL2	MAF	NTRK1	RAF1	VEGFA
FUBP1	MAP2K1	NTRK2	RARA	VHL
GABRA6	(MEK1)	NTRK3	RB1	WHSC1
GATA3	MAP2K2	P2RY8	RBM10	(MMSET)
GATA4	(MEK2)	PALB2	REL	WHSC1L1
GATA6	MAP2K4	PARK2	RET	WT1
GID4	MAP3K1	PARP1	RICTOR	XPO1
(C17orf39)	MAP3K13	PARP2	RNF43	XRCC2
GNA11	MAPK1	PARP3	ROS1	ZNF217
GNA13	MCL1	PAX5	RPTOR	ZNF703
GNAQ	MDM2	PBRM1	SDHA	
GNAS	MDM4	PDCD1 (PD-1)	SDHB	
GRM3	MED12	PDCD1LG2	SDHC	
GSK3B	MEF2B	(PD-L2)	SDHD	
H3F3A	MEN1		SETD2	

Select Rearrangements

Genes with select intronic regions for the detection of gene rearrangements, one gene with a promoter region and one non-coding RNA gene.

<i>ALK</i>	<i>ETV4</i>	<i>KIT</i>	<i>NUTM1</i>	<i>SLC34A2</i>
<i>BCL2</i>	<i>ETV5</i>	<i>KMT2A (MLL)</i>	<i>PDGFRA</i>	<i>TERC*</i>
<i>BCR</i>	<i>ETV6</i>	<i>MSH2</i>	<i>RAF1</i>	<i>TERT</i>
<i>BRAF</i>	<i>EWSR1</i>	<i>MYB</i>	<i>RARA</i>	(promoter only)**
<i>BRCA1</i>	<i>EZR</i>	<i>MYC</i>	<i>RET</i>	
<i>BRCA2</i>	<i>FGFR1</i>	<i>NOTCH2</i>	<i>ROS1</i>	
<i>CD74</i>	<i>FGFR2</i>	<i>NTRK1</i>	<i>RSPO2</i>	
<i>EGFR</i>	<i>FGFR3</i>	<i>NTRK2</i>	<i>SDC4</i>	

*TERC is non-coding RNA gene.

**TERT is gene with promoter region.

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)	Erbitux®(cetuximab)

Indications	Biomarker	FDA-Approved Therapy
	<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 (HRR) gene (<i>BRCA1</i> , <i>BRCA2</i> , <i>ATM</i> , <i>BARD1</i> , <i>BRIP1</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).

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

Purpose

- Text area for manual documentation of all surgical procedures that provide information for staging.

Coding Instructions

- Enter information from operative reports.
- Do not simply restate the procedure performed.
- The procedure performed is included in the Surgery Text Field in the Treatment Text Section.
- Information from operative reports can include intraoperative observations, tumor size, extent of involvement at primary or metastatic sites not surgically excised or biopsied, and other information that may not be documented elsewhere.
- Include dates and the chronology of care.

Related Links

- [Appendix L](#)

Text – Dx Proc – Path

NAACCR ITEM #2570

Purpose

- Text area for manual documentation of information from cytology and histopathology reports.

Coding Instructions

- 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.

Related Links

- [Appendix L](#)

Text – Staging

NAACCR ITEM #2600

Purpose

- Additional text area for staging information.

Coding Instructions

- 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.

Related Links

- [Appendix L](#)

RX Text – Surgery

NAACCR ITEM #2610

Purpose

- Text area for information describing all surgical procedures performed as part of treatment.

Coding Instructions

- 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.

Related Links

- [Appendix L](#)

RX Text – Radiation (Beam)

NAACCR ITEM #2620

Purpose

- Text area for manual documentation of information regarding treatment of the tumor being reported with beam radiation.

Coding Instructions

- Enter the types of beam radiation administered to the patient as part of first course of therapy. Include dates and chronology of care.

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

Related Links

- [Appendix L](#)

RX Text – Radiation Other

NAACCR ITEM #2630

Purpose

- Text area for manual documentation of information regarding treatment of the tumor being reported with radiation other than beam radiation. This includes brachytherapy and systemic radiation therapy.

Coding Instructions

- Enter the types of non-beam radiation administered to the patient as part of first course of therapy. Include dates and chronology of care.

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

Related Links

- [Appendix L](#)

RX Text – Chemo

NAACCR ITEM #2640

Purpose

- Text area for manual documentation of information regarding chemotherapy treatment of the reported tumor.

Coding Instructions

- Enter the documentation regarding chemotherapy treatment of the tumor being reported. Include dates and chronology of care.

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

Related Links

- [Appendix L](#)

RX Text – Hormone

NAACCR ITEM #2650

Purpose

- Text area for information about hormonal treatment.

Coding Instructions

- Enter the documentation regarding the hormone treatment of the tumor being reported. Include dates and chronology of care.

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

Related Links

- [Appendix L](#)

RX Text – BRM

NAACCR ITEM #2660

Purpose

- Text area for manual documentation of information regarding the treatment of the tumor being reported with biological response modifiers or immunotherapy.

Coding Instructions

- Enter the documentation regarding the biological response modifiers or immunotherapy treatments of the tumor being reported. Include dates and chronology of care.

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

Related Links

- [Appendix L](#)

RX Text – Other

NAACCR ITEM #2670

Purpose

- Text area for manual documentation of information 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.

Coding Instructions

- 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.

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

Related Links

- [Appendix L](#)

RX Text – Remarks

NAACCR ITEM #2680

Purpose

- Text area for information that is given only in coded form elsewhere or for which the abstract provides no other place.
- Overflow data can also be placed here.
- Problematic coding issues can also be discussed in this section.

Coding Instructions

- Enter text information not elsewhere provided and for overflow from other text areas.
- Include dates and chronology of care.

Related Links

- [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:

Item #	Item Name
1750	Date of Last Contact
1760	Vital Status
1770	Cancer Status

Date of Last Contact

NAACCR ITEM #1750

Purpose

- Records the date of last contact with the patient or the date of death.

Coding Instructions

- Record the last date on which the patient was known to be alive or the date of death.
- 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

Purpose

- Vital status of the patient as of the date entered in Date of Last Contact [1750].
- If the patient has multiple tumors, vital status should be the same for all tumors.

Coding Instructions

Enter the patient's Vital Status as of the date entered in the Date of Last Contact.

Code	Description
0	Dead
1	Alive

Cancer Status

NAACCR ITEM #1770

Purpose

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.

Coding Instructions

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.

- Assign code 1 when there is no indication or evidence of this tumor, for example, the patient is in remission for a hematopoietic disease.
- Assign code 2 when there is an indication of this tumor, for example, patient died or is continuing treatment for this tumor

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.

Appendices

[Appendix A: Florida Healthcare Facilities Currently Reporting to FCDS](#)

[Appendix B: Florida FIPS, USPS State Abbreviations and ISO Country Codes](#)

[Appendix C: Glossary of Common Terms and NAACCR Abbreviations](#)

[Appendix D: Race Coding Instructions and Race and Nationality Descriptions](#)

[Appendix E: Spanish Surnames – 2020 Census List](#)

[Appendix F: Site Specific Surgery Codes](#)

[Appendix G: 2026 FCDS Record Layout in Flat File Format – C - Core Data Item](#)

[Appendix H: 2026 FCDS Site Specific Data Items](#)

[Appendix I: Free Standing Radiation Therapy Centers Reporting Guidelines](#)

[Appendix J: Height Conversion Table](#)

[Appendix K: Weight Conversion Table](#)

[Appendix L: 2026 FCDS Text Documentation Requirements](#)

[Appendix M: Hematopoietic and Lymphoid Neoplasms](#)

[Appendix N: Grade Coding Instructions and Tables](#)

[Appendix O: ICD-10-CM Casefinding List for Reportable Tumors](#)

[Appendix P: References and Resources for Cancer Registrars \(Updated 2026\)](#)

[Appendix Q: FCDS Profile Modification Form - Streamlined](#)

[Appendix R: FCDS IDEA Facility Access Administrator Interactive Process Guide](#)

[Appendix S: ICD.O.3.2 Updates for 2026](#)

APPENDIX A: Florida Healthcare Facilities Currently Reporting to FCDS

Items in this Appendix:

- Florida Hospitals
- Florida Ambulatory Surgery Centers
- Florida Radiation Therapy Treatment Centers

**Does NOT include private practice physicians or pathology labs

Florida Reporting Hospitals

Hospital #	Florida Hospital - Facility Name	City
6936	ADVENTHEALTH ALTAMONTE SPRINGS	ALTAMONTE SPRINGS
5805	ADVENTHEALTH APOPKA	APOPKA
3973	ADVENTHEALTH CARROLLWOOD	TAMPA
5969	ADVENTHEALTH CELEBRATION	CELEBRATION
6171	ADVENTHEALTH DADE CITY	TAMPA
7448	ADVENTHEALTH DAYTONA BEACH	DAYTONA BEACH
7407	ADVENTHEALTH DELAND	DELAND
5849	ADVENTHEALTH EAST ORLANDO	ORLANDO
7446	ADVENTHEALTH FISH MEMORIAL	ORANGE CITY
6347	ADVENTHEALTH HEART OF FLORIDA	DAVENPORT
3836	ADVENTHEALTH HEARTLAND (SEBRING)	SEBRING
5970	ADVENTHEALTH KISSIMMEE	KISSIMMEE
3890	ADVENTHEALTH LAKE PLACID	LAKE PLACID
6348	ADVENTHEALTH LAKE WALES HOSPITAL	LAKE WALES
0247	ADVENTHEALTH MINNEOLA	MINNEOLA
7405	ADVENTHEALTH NEW SMYRNA	NEW SMYRNA BEACH
6205	ADVENTHEALTH NORTH PINELLAS	TARPON SPRINGS
5205	ADVENTHEALTH OCALA	OCALA
5836	ADVENTHEALTH ORLANDO - SOUTH	ORLANDO
2870	ADVENTHEALTH PALM COAST	PALM COAST
7800	ADVENTHEALTH PALM COAST PARKWAY	PALM COAST
0250	ADVENTHEALTH RIVERVIEW	RIVERVIEW
3907	ADVENTHEALTH TAMPA	TAMPA
4547	ADVENTHEALTH WATERMAN	TAVARES
3505	ADVENTHEALTH WAUCHULA	WAUCHULA
6104	ADVENTHEALTH WESLEY CHAPEL	WESLEY CHAPEL
7710	ADVENTHEALTH WINTER GARDEN	WINTER GARDEN
5850	ADVENTHEALTH WINTER PARK MEM HOSP	WINTER PARK
6105	ADVENTHEALTH ZEPHYRHILLS	ZEPHYRHILLS
2310	ANNE BATES LEACH EYE HOSPITAL	MIAMI
5891	ARNOLD PALMER MEDICAL CENTER	ORLANDO
2738	ASCENSION SACRED HEART	PENSACOLA
1306	ASCENSION SACRED HEART BAY	PANAMA CITY
5610	ASCENSION SACRED HEART EMERALD COAS	MIRAMAR BEACH
3300	ASCENSION SACRED HEART ON THE GULF	PORT SAINT JOE
6868	ASCENSION ST. JOHN'S HOSPITAL	ST. JOHNS
5203	ASCENSION ST. VINCENT'S CLAY COUNTY	JACKSONVILLE
2638	ASCENSION ST. VINCENT'S RIVERSIDE	JACKSONVILLE
2660	ASCENSION ST. VINCENT'S SOUTHSIDE	JACKSONVILLE
2605	BAPTIST HEALTH BEACHES	JACKSONVILLE BEACH
7712	BAPTIST HEALTH CLAY	FLEMING ISLAND
7801	BAPTIST HEALTH HOSPITAL AT DORAL	DORAL

Hospital #	Florida Hospital - Facility Name	City
2636	BAPTIST HEALTH JAX DOWNTOWN	JACKSONVILLE
5505	BAPTIST HEALTH NASSAU	FERNANDINA BEACH
2640	BAPTIST HEALTH SOUTH	JACKSONVILLE
2336	BAPTIST HOSPITAL MIAMI	MIAMI
2736	BAPTIST HOSPITAL OF PENSACOLA	PENSACOLA
6346	BARTOW REGIONAL MEDICAL CENTER	BARTOW
7713	BAYCARE HOSPITAL WESLEY CHAPEL	WESLEY CHAPEL
6005	BETHESDA HOSPITAL	BOYNTON BEACH
6008	BETHESDA HOSPITAL WEST	BOYNTON BEACH
6046	BOCA RATON REGIONAL HOSPITAL	BOCA RATON
1645	BROWARD HEALTH CORAL SPRINGS	CORAL SPRINGS
1609	BROWARD HEALTH IMPERIAL POINT	FORT LAUDERDALE
1605	BROWARD HEALTH MEDICAL CENTER	FORT LAUDERDALE
1607	BROWARD HEALTH NORTH	DEERFIELD BEACH
1705	CALHOUN LIBERTY HOSPITAL	BLOUNTSTOWN
1505	CAPE CANAVERAL HOSPITAL	COCOA BEACH
4601	CAPE CORAL HOSPITAL	CAPE CORAL
1647	CLEVELAND CLINIC HOSPITAL	WESTON
4105	CLEVELAND CLINIC INDIAN RIVER HOSP	VERO BEACH
5346	CLEVELAND CLINIC MARTIN NORTH HOSP	STUART
5390	CLEVELAND CLINIC MARTIN SOUTH HOSP	STUART
6646	CLEVELAND CLINIC TRADITION HOSPITAL	PT ST LUCIE
2378	CORAL GABLES HOSPITAL	CORAL GABLES
2377	CORAL WEST COMMUNITY HOSPITAL	MIAMI
6003	DELRAY MEDICAL CENTER	DELRAY BEACH
2405	DESOTO MEMORIAL HOSPITAL	ARCADIA
2348	DOCTORS HOSPITAL	CORAL GABLES
7205	DOCTORS MEMORIAL HOSPITAL	PERRY
4005	DOCTORS MEMORIAL HOSPITAL - BONIFAY	BONIFAY
5852	DR P PHILLIPS HOSPITAL	ORLANDO
1205	ED FRASER MEMORIAL HOSPITAL	MACCLENNEY
5446	FISHERMENS HOSPITAL	MARATHON
6570	FLAGLER HOSPITAL	ST AUGUSTINE
5670	FORT WALTON BEACH MED CTR	FORT WALTON BEACH
2905	GEORGE E WEEMS MEMORIAL HOSPITAL	APALACHICOLA
6047	GOOD SAMARITAN MEDICAL CENTER	WEST PALM BEACH
6704	GULF BREEZE HOSPITAL	PENSACOLA
3932	H LEE MOFFITT CANCER CENTER	TAMPA
6867	HALIFAX HEALTH MEDICAL CTR DELTONA	DELTONA
7406	HALIFAX HOSPITAL MEDICAL CENTER	DAYTONA BEACH
9084	HALIFAX MEDICAL CENTER-PORT ORANGE	PORT ORANGE
2304	HCA FLORIDA AVENTURA HOSPITAL	AVENTURA
6172	HCA FLORIDA BAYONET POINT HOSPITAL	HUDSON
5100	HCA FLORIDA BLAKE MEDICAL CENTER	BRADENTON

Hospital #	Florida Hospital - Facility Name	City
3903	HCA FLORIDA BRANDON HOSPITAL	BRANDON
4770	HCA FLORIDA CAPITAL HOSPITAL	TALLAHASSEE
1905	HCA FLORIDA CITRUS MEMORIAL HOSP	INVERNESS
6810	HCA FLORIDA ENGLEWOOD HOSPITAL	ENGLEWOOD
1800	HCA FLORIDA FAWCETT MEMORIAL HOSP	PORT CHARLOTTE
1300	HCA FLORIDA GULF COAST HOSPITAL	PANAMA CITY
3805	HCA FLORIDA HIGHLANDS HOSPITAL	SEBRING
6048	HCA FLORIDA JFK HOSPITAL	ATLANTIS
6001	HCA FLORIDA JFK NORTH HOSPITAL	WEST PALM BEACH
2358	HCA FLORIDA KENDALL HOSPITAL	MIAMI
2246	HCA FLORIDA LAKE CITY HOSPITAL	LAKE CITY
6905	HCA FLORIDA LAKE MONROE HOSPITAL	SANFORD
6206	HCA FLORIDA LARGO HOSPITAL	LARGO
6600	HCA FLORIDA LAWNWOOD HOSPITAL	FORT PIERCE
4647	HCA FLORIDA LEHIGH HOSPITAL	LEHIGH ACRES
2648	HCA FLORIDA MEMORIAL HOSPITAL	JACKSONVILLE
2338	HCA FLORIDA MERCY HOSPITAL	MIAMI
1170	HCA FLORIDA NORTH FLORIDA HOSPITAL	GAINESVILLE
6201	HCA FLORIDA NORTHSIDE HOSPITAL	ST PETERSBURG
1681	HCA FLORIDA NORTHWEST HOSPITAL	MARGATE
3701	HCA FLORIDA OAK HILL HOSPITAL	BROOKSVILLE
5200	HCA FLORIDA OCALA HOSPITAL	OCALA
5967	HCA FLORIDA OSCEOLA HOSPITAL	KISSIMMEE
6273	HCA FLORIDA PALMS OF PASADENA HOSP	ST PETERSBURG
6069	HCA FLORIDA PALMS WEST HOSPITAL	LOXAHATCHEE
5900	HCA FLORIDA POINCIANA HOSPITAL	KISSIMMEE
6446	HCA FLORIDA PUTNAM HOSPITAL	PALATKA
5705	HCA FLORIDA RAULERSON HOSPITAL	OKEECHOBEE
6870	HCA FLORIDA SARASOTA DOCTORS HOSP	SARASOTA
3988	HCA FLORIDA SOUTH SHORE HOSPITAL	SUN CITY CENTER
3977	HCA FLORIDA SOUTH TAMPA HOSPITAL	TAMPA
6647	HCA FLORIDA ST LUCIE HOSPITAL	PORT ST LUCIE
6274	HCA FLORIDA ST. PETERSBURG HOSPITAL	ST PETERSBURG
6170	HCA FLORIDA TRINITY HOSPITAL	TRINITY
5606	HCA FLORIDA TWIN CITIES HOSPITAL	NICEVILLE
7408	HCA FLORIDA UNIVERSITY HOSPITAL	DAVIE
2700	HCA FLORIDA WEST HOSPITAL	PENSACOLA
5202	HCA FLORIDA WEST MARION HOSPITAL	OCALA
3978	HCA FLORIDA WEST TAMPA HOSPITAL	TAMPA
1601	HCA FLORIDA WESTSIDE HOSPITAL	PLANTATION
1687	HCA FLORIDA WOODMONT HOSPITAL	TAMARAC
5806	HEALTH CENTRAL	OCOE
3605	HENDRY REGIONAL MEDICAL CENTER	CLEWISTON
2349	HIALEAH HOSPITAL	HIALEAH

Hospital #	Florida Hospital - Facility Name	City
1546	HOLMES REGIONAL MEDICAL CENTER	MELBOURNE
1636	HOLY CROSS HOSPITAL	FORT LAUDERDALE
2306	HOMESTEAD HOSPITAL	HOMESTEAD
4206	JACKSON HOSPITAL	MARIANNA
2374	JACKSON NORTH MEDICAL CENTER	NORTH MIAMI BEACH
2302	JACKSON SOUTH COMMUNITY CENTER	MIAMI
6110	JACKSON WEST MEDICAL CENTER	DORAL
2305	JAMES M JACKSON MEMORIAL HOSPITAL	MIAMI
6705	JAY HOSPITAL	JAY
6246	JOHN HOPKINS ALL CHILDRENS HOSPITAL	ST PETERSBURG
6074	JUPITER MEDICAL CENTER	JUPITER
1673	KINDRED FT LAUDERDALE	FORT LAUDERDALE
6290	KINDRED HOSP BAY AREA ST PETERSBURG	ST PETERSBURG
2346	KINDRED HOSP S FL CORAL GABLES	CORAL GABLES
1671	KINDRED HOSP S FL HOLLYWOOD	HOLLYWOOD
3947	KINDRED HOSPITAL CENTRAL TAMPA	TAMPA
7708	KINDRED HOSPITAL MELBOURNE	MELBOURNE
2090	KINDRED HOSPITAL NORTH FLORIDA	GREEN COVE SPRINGS
5207	KINDRED HOSPITAL OCALA	OCALA
7706	KINDRED PALM BEACHES	RIVIERA BEACH
7305	LAKE BUTLER HOSPITAL HAND SURG. CTR	LAKE BUTLER
6305	LAKELAND REGIONAL MEDICAL CENTER	LAKELAND
6007	LAKESIDE MEDICAL CENTER	BELLE GLADE
5110	LAKEWOOD RANCH MEDICAL CENTER	BRADENTON
6108	LANDMARK HOSPITAL OF SOUTHWEST FL	LEHIGH ACRES
2379	LARKIN COMMUNITY HOSPITAL	SOUTH MIAMI
2356	LARKIN HOSPITAL PALM SPRINGS CAMPUS	HIALEAH
4605	LEE MEMORIAL HEALTH SYSTEM	FT MYERS
4690	LEE MEMORIAL HOSPITAL HEALTHPARK	FT MYERS
5406	LOWER KEYS MEDICAL CENTER	KEY WEST
5005	MADISON COUNTY MEMORIAL HOSPITAL	MADISON
5105	MANATEE MEMORIAL HOSP	BRADENTON
5471	MARINERS HOSPITAL	TAVERNIER
2650	MAYO CLINIC HOSPITAL	JACKSONVILLE
6278	MEASE COUNTRYSIDE HOSPITAL	SAFETY HARBOR
6249	MEASE DUNEDIN HOSPITAL	DUNEDIN
1649	MEMORIAL HOSPITAL MIRAMAR	MIRAMAR
1610	MEMORIAL HOSPITAL PEMBROKE	PEMBROKE PINES
1688	MEMORIAL HOSPITAL WEST	PEMBROKE PINES
1606	MEMORIAL REGIONAL CANCER CENTER	HOLLYWOOD
1602	MEMORIAL REGIONAL HOSPITAL SOUTH	HOLLYWOOD
6250	MORTON PLANT HOSPITAL	CLEARWATER
6106	MORTON PLANT NORTH BAY HOSPITAL	NEW PORT RICHEY
2351	MOUNT SINAI MEDICAL CENTER	MIAMI BEACH

Hospital #	Florida Hospital - Facility Name	City
7390	N FLORIDA RECEPTION AND MED CTR	LAKE BUTLER
2146	NCH	NAPLES
2647	NEMOURS CHILDRENS HOSPITAL	ORLANDO
2359	NICKLAUS CHILDREN'S HOSPITAL	MIAMI
2150	NORTH COLLIER HOSPITAL	NAPLES
5607	NORTH OKALOOSA MEDICAL CENTER	CRESTVIEW
1604	NORTH RIDGE MEDICAL CENTER	FORT LAUDERDALE
7705	NW FLORIDA COMMUNITY HOSPITAL	CHIPLEY
2000	ORANGE PARK MEDICAL CENTER	ORANGE PARK
6248	ORLANDO HEALTH BAYFRONT HOSPITAL	ST PETERSBURG
5848	ORLANDO HEALTH CANCER INSTITUTE	ORLANDO
7715	ORLANDO HEALTH HORIZON WEST HOSP	WINTER GARDEN
1548	ORLANDO HEALTH MELBOURNE HOSPITAL	MELBOURNE
4170	ORLANDO HEALTH SEBASTIAN RIVER HOSP	SEBASTIAN
4546	ORLANDO HEALTH SOUTH LAKE HOSPITAL	CLERMONT
6910	ORLANDO REG SOUTH SEMINOLE HOSPITAL	LONGWOOD
5851	ORLANDO REGIONAL MEDICAL CENTER	ORLANDO
7711	OVIEDO MEDICAL CENTER	OVIEDO
1508	PALM BAY HOSPITAL	PALM BAY
6070	PALM BEACH GARDENS MEDICAL CENTER	PALM BEACH GARDENS
2383	PALMETTO GENERAL HOSPITAL	HIALEAH
2651	PAM HEALTH SPECIALTY HOSPITAL OF JA	JACKSONVILLE
6815	PAM SPECIALTY HOSP OF SARASOTA	SARASOTA
1506	PARRISH MEDICAL CENTER	TITUSVILLE
2130	PHYSICIANS REG MED CTR-PINE RIDGE	NAPLES
8838	PHYSICIANS REG MED CTR NORTH NAPLES	NAPLES
2140	PHYSICIANS REG MEDICAL CTR COLLIER	NAPLES
4645	REG CANCER CTR GULF COAST HOSPITAL	FT MYERS
1547	ROCKLEDGE REGIONAL MEDICAL CENTER	ROCKLEDGE
6707	SANTA ROSA MEDICAL CENTER	MILTON
6805	SARASOTA MEMORIAL HOSPITAL	SARASOTA
6927	SARASOTA MEMORIAL HOSPITAL - VENICE	NORTH VENICE
6107	SELECT SPECIALTY HOSPITAL VILLAGES	OXFORD
2606	SHANDS JACKSONVILLE MEDICAL CENTER	JACKSONVILLE
1100	SHANDS UNIVERSITY OF FLORIDA	GAINESVILLE
1836	SHOREPOINT HEALTH PORT CHARLOTTE	PORT CHARLOTTE
3908	SHRINERS HOSPITALS FOR CHILDREN	TAMPA
3938	SOUTH FLORIDA BAPTIST HOSPITAL	PLANT CITY
2376	SOUTH MIAMI HOSPITAL	SOUTH MIAMI
6251	ST ANTHONY HOSPITAL	ST PETERSBURG
5936	ST CLOUD REGIONAL MEDICAL CENTER	ST CLOUD
3937	ST JOSEPH HOSPITAL	TAMPA
3936	ST JOSEPHS HOSPITAL NORTH	LUTZ
6036	ST MARYS MEDICAL CENTER	WEST PALM BEACH

Hospital #	Florida Hospital - Facility Name	City
3910	ST. JOSEPH'S HOSPITAL-SOUTH	RIVERVIEW
1686	STEWART FLORIDA MEDICAL CENTER	FORT LAUDERDALE
2353	STEWART NORTH SHORE MEDICAL CENTER	MIAMI
4705	TALLAHASSEE MEMORIAL HEALTHCARE	TALLAHASSEE
1900	TAMPA GENERAL HOSP CRYSTAL RIVER	CRYSTAL RIVER
3906	TAMPA GENERAL HOSPITAL	TAMPA
3705	TAMPA GENERAL HOSPITAL BROOKSVILLE	BROOKSVILLE
3715	TAMPA GENERAL HOSPITAL SPRING HILL	SPRING HILL
2372	U OF MIAMI HOSPITAL CLINICS	MIAMI
5807	UCF LAKE NONA MEDICAL CENTER	ORLANDO
4516	UF HEALTH LEESBURG HOSPITAL	LEESBURG
7714	UF HEALTH NORTH	JACKSONVILLE
7997	UF HEALTH OCALA NEIGHBORHOOD HOSP	OCALA
2347	UNIVERSITY OF MIAMI HOSPITAL	MIAMI
1510	VIERA HOSPITAL	VIERA
7005	VILLAGES REGIONAL HOSPITAL	THE VILLAGES
6068	WELLINGTON REGIONAL MEDICAL CENTER	WEST PALM BEACH
6045	WEST BOCA MEDICAL CENTER	BOCA RATON
2307	WEST KENDALL BAPTIST HOSPITAL	MIAMI
6349	WINTER HAVEN HOSPITAL	WINTER HAVEN
2672	WOLFSON CHILDRENS HOSP NCC	JACKSONVILLE

Florida Ambulatory Surgery Centers

Facility #	Florida Ambulatory Surgery Center - Facility Name	City
8294	ADULT & CHILDRENS SURGERY CENTER OF	FORT MYERS
8324	ADVANCED AMBULATORY SURGERY CENTER	ALTAMONTE SPRINGS
8410	ADVANCED EYE SURGERY CENTER	VERO BEACH
8575	ADVANCED SURGERY CENTER OF OXFORD	OXFORD
8508	ADVANCED SURGERY CENTER OF TAMPA	TAMPA
8455	ADVANCED SURGERY CENTER PBC	LAKE WORTH
8546	ADVANCED SURGERY CTR OF ORLANDO	ORLANDO
8499	ADVANCED SURGERY CTR OF SARASOTA	SARASOTA
0252	ADVANCED SURGICAL CARE OF FORT MYER	FORT MYERS
8845	ADVANCED SURGICAL CARE OF VIERA	MELBOURNE
8577	ADVANCED SURGICALCARE OF CLEARWATER	CLEARWATER
8429	ADVENHEALTH SURG CTR BLUE SPRINGS	ORANGE CITY
8578	ADVENTHEALTH SURGERY CTR MILLS PARK	ORLANDO
8075	ADVENTHEALTH SURGERY CTR WELLSWOOD	TAMPA
8171	AESTHETIC PLASTIC SURGERY CENTER	VENICE
8491	AESTHETIC SURGERY CTR OF WINTER PK	WINTER PARK
8064	ALL SAINTS SURGERY CENTER	BROOKSVILLE
8553	ALLIANCE SPECIALTY SURGICAL CENTER	ORMOND BEACH,
8388	ALLIANCE SURGICAL CENTER	LAKE MARY
8097	ALPHA AMBULATORY SURGERY CENTER	TALLAHASSEE
8115	AMBULATORY ANKLE AND FOOT CTR OF FL	ORLANDO
8187	AMBULATORY SUR CTR OF CENTRAL FL	DELAND
8421	AMBULATORY SURG CTR OF BOCA RATON	BOCA RATON
8069	AMBULATORY SURGERY CENTER	TAMPA
8007	AMBULATORY SURGICAL CARE	MERRITT ISLAND
8437	AMELIA ISLAND SURGERY CENTER	FERNANDINA BEACH
8565	AMERICAN ACCESS CARE OF MIAMI ASC	MIAMI
8426	ANDREWS INSTITUTE ASC LLC	GULF BREEZE
8498	APOLLO SURGERY CENTER LLC	WEST MELBOURNE
8282	ARMENIA SURGERY CENTER	TAMPA
8008	ASC OF BREVARD	MELBOURNE
8474	ATLANTIC SURGERY AND LASER CENTER	MELBOURNE
8188	ATLANTIC SURGERY CENTER	DAYTONA
8013	ATLANTIC SURGICAL CENTER	POMPANO BEACH
8360	ATLANTIS OUTPATIENT CENTER LLC	LAKE WORTH
8000	AYERS SURGERY CENTER	GAINESVILLE
8569	AZURA SURGERY CENTER JACKSONVILLE	JACKSONVILLE
8566	AZURA SURGERY CENTER PLANTATION	PLANTATION
8564	AZURA SURGERY CTR RENALUS PENSACOLA	PENSACOLA
8016	BAPTIST EYE SURGERY CENTER	SUNRISE
7996	BAPTIST HEALTH ENDOSCOPY CTR @ PBG	PALM BEACH GARDENS
8211	BAPTIST HEALTH SURG CTR NORTHPOINT	WEST PALM BEACH

Facility #	Florida Ambulatory Surgery Center - Facility Name	City
8544	BAPTIST HEALTH SURG CTR PLANTATION	PLANTATION
8401	BAPTIST HEALTH SURG CTR SOUTH PALM	BOCA RATON
8571	BAPTIST HEALTH SURGERY CENTER CORAL	CORAL GABLES
7995	BAPTIST HEALTH SURGERY CTR @ BOCA	BOCA RATON
8216	BAPTIST HEALTH SURGERY CTR KENDALL	MIAMI
8299	BAPTIST HLTH ENDOSCOPY CTR FLAGLER	WEST PALM BEACH
8536	BAPTIST HLTH SURG CTR BETHESDA WEST	BOYNTON BEACH
8285	BAPTIST MEDICAL PARK ASC LLC	PENSACOLA
8257	BARDMOOR SURGERY CENTER	LARGO
8084	BARKLEY SURGICENTER INC	FT MYERS
8416	BASCOM PALMER SURGERY CENTER	PALM BEACH GARDENS
8525	BASCOM PALMER SURGERY CENTER NAPLES	NAPLES
8154	BAY AREA ENDOSCOPY CENTER	ST PETERSBURG
8423	BAY AREA PHYSICIANS SURGERY CENTER	RIVERVIEW
8205	BAYCARE SURGERY CENTER	NEW PORT RICHEY
8155	BAYFRONT MED PLAZA SAMEDAY SURGERY	ST PETERSBURG
8367	BAYONET POINT SURG AND ENDO CTR	HUDSON
8357	BAYSIDE AMBULATORY CENTER	MIAMI
8292	BAYVIEW SURGERY CENTER	SARASOTA
8157	BELLEAIR SURGERY CTR	CLEARWATER
8219	BERAJA CLIN LASER AND SURGER CTR	CORAL GABLES
8209	BETHESDA OUTPATIENT SURGERY CENTER	BOYNTON BEACH
8236	BEVERLY HILLS SURGERY CENTER, INC	BEVERLY HILLS
8495	BLUE WATER SURGERY CENTER	PORT SAINT LUCIE
8130	BOCA RATON OUTPATIENT SURG & LASER	BOCA RATON
8176	BON SECOURS VENICE HEALTHPK SURGERY	VENICE
8296	BONITA COMMUNITY HEALTH CENTER	BONITA SPRINGS
8562	BONITA SPRINGS SURGERY CENTER	BONITA SPRINGS
8142	BOYNTON BEACH ASC LLC	BOYTON BEACH
8201	BRADENTON SURGERY CENTER	BRADENTON
8396	BRANDON AMBULATORY SURGERY CENTER	BRANDON
8070	BRANDON SURGERY CENTER	BRANDON
8452	BREVARD SPECIALTY SURGERY CTR, LLC	MELBOURNE
8009	BREVARD SURGERY CENTER	MELBOURNE
8478	BROWARD SPECIALTY SURGICAL CENTER	HOLLYWOOD
8279	C MED INC	CLEARWATER
8390	CAPE CORAL AMBULATORY SURGERY CTR	CAPE CORAL
8479	CAPE HEALTH SURGERY CENTER	CAPE CORAL
8172	CAPE SURGERY CENTER	SARASOTA
8430	CAPITAL CITY SURGICAL CENTER LLC	TALLAHASSEE
8477	CARILLON SURGERY CENTER	SAINT PETERSBURG
8436	CELEBRATION SURGERY CENTER, LLC.	KISSIMMEE
8173	CENTER FOR ADVANCED EYE SURGERY LP	SARASOTA
8555	CENTER FOR ADVANCED SURGICAL SPEC	TAMPA

Facility #	Florida Ambulatory Surgery Center - Facility Name	City
8316	CENTER FOR DIGESTIVE ENDOSCOPY	ORLANDO
8096	CENTER FOR DIGESTIVE HEALTH	FT MYERS
8342	CENTER FOR ENDOSCOPY	SARASOTA
8203	CENTER FOR SPECIAL SURGERY	ST PETERSBURG
8072	CENTER FOR SPECIALIZED SURGERY	TAMPA
8450	CENTER ONE SURGERY CENTER	JACKSONVILLE
8407	CENTRAL FL ENDOSCOPY AND SURG INST	OCALA
8116	CENTRAL FL SURGICAL CENTER	OCOE
8108	CENTRAL FLORIDA EYE INSTITUTE	OCALA
8168	CENTRAL FLORIDA SURGI CENTER	LAKELAND
8169	CENTRAL FLORIDA SURGICENTER	LAKELAND
8255	CFAGI SURGERY CENTER	MAITLAND
8307	CHARLOTTE ENDOSCOPY SURGERY CENTER	PORT CHARLOTTE
8026	CITRUS ENDOSCOPY AND SURGERY CENTER	CRYSTAL RIVER
8305	CITRUS SURGICAL CENTER	ORLANDO
8251	CITRUS UROLOGY CENTER INC	LECANTO
8371	CLAY SURGERY CENTER	ORANGE PARK
8156	CLEARWATER ENDOSCOPY CENTER	CLEARWATER
8393	CLERMONT AMULATORY SURG CTR LLLP	CLERMONT
8541	CLEVELAND CLINIC CORAL SPRINGS ASC	CORAL SPRINGS
8117	CLEVELAND CLINIC NAPLES	NAPLES
8014	CLEVELAND CLINIC OF FLORIDA	WESTON
8293	COASTAL MEDICAL CENTER	SARASOTA
8398	COASTAL SURGERY CENTER LLC	JACKSONVILLE
8308	COLLIER ENDOSCOPY AND SURGERY CTR	NAPLES
8029	COLLIER SURGERY CTR	NAPLES
8484	COLONIAL OUTPATIENT SURGERY CENTER	FT MYERS
8044	COLUMBIA N MIAMI BCH SURGERY CTR	NORTH MIAMI
8336	CORAL GABLES SURGERY CENTER	MIAMI
8454	CORAL RIDGE OUTPATIENT CENTER	OAKLAND PARK
8271	CORAL SPRINGS SURGICAL CENTER	CORAL SPRINGS
8038	CORAL VIEW SURGERY CENTER	MIAMI
8060	CORDOVA AMBULATORY SURGICAL CENTER	PENSACOLA
5812	CORNERSTONE SURGICARE LLC	PENSACOLA
8104	CORTEZ FOOT SURGERY CENTER	BRADENTON
8158	COUNTRYSIDE SURGERY CENTER	CLEARWATER
8405	COURTENAY SAME DAY SURGERY CENTER	MERRITT ISLAND
8472	CRANE CREEK SURGICAL PARTNERS, LLC	MELBOURNE
8487	CTR FOR SPECIALIZED SURG FT MYERS	FORT MYERS
8531	CTR FOR SPECIALIZED SURG FT MYERS	FORT MYERS
8419	CTR OF SURGICAL EXCELLENCE VENICE	VENICE
8840	CURRENCY CIRCLE SURGERY CENTER	LAKE MARY
8552	CYPRESS CREEK OUTPATIENT SURG CTR	FORT LAUDERDALE
8515	DAVENPORT AMBULATORY SURGICAL CTR	DAVENPORT

Facility #	Florida Ambulatory Surgery Center - Facility Name	City
8397	DAY SURGERY CENTER	WINTER HAVEN
8185	DAY SURGERY INC	PORT ST LUCIE
8534	DEERFIELD BEACH OUTPATIENT SURG CTR	DEERFIELD BEACH
8190	DELAND SURGERY CENTER	DELAND
8542	DELRAY BEACH SURGICAL SUITES LLC	DELRAY BEACH
8131	DELRAY OUTPATIENT SURG AND LASER	DELRAY BEACH
8315	DESTIN SURGERY CENTER	DESTIN
8223	DIGESTIVE DISEASE ASSOCIATES	CLEARWATER
8291	DIGESTIVE DISEASE ENDOSCOPY CENTER	TAMARAC
8380	DOCTORS OUTPATIENT SURGERY CTR	NAPLES
8210	DOCTORS SAME DAY SURGERY CENTERS	SARASOTA
8128	DOCTORS SURGERY CTR/LEVIN EYE CTR	KISSIMMEE
8459	DOWNTOWN SURGERY CENTER	ORLANDO
8114	EMERALD COAST SURG CTR	FT WALTON BEACH
8489	ENDO SURGICAL CENTER OF FLORIDA	ORLANDO
8503	ENDO SURGICAL CTR OF FLORIDA	ORLANDO
8501	ENDOSCOPY CENTER AT CORAL SPRINGS	CORAL SPRINGS
8036	ENDOSCOPY CENTER AT GALLOWAY NORTH	MIAMI
8207	ENDOSCOPY CENTER GALLOWAY SOUTH	MIAMI
8035	ENDOSCOPY CENTER OF NAPLES	NAPLES
8109	ENDOSCOPY CENTER OF OCALA INC	OCALA
8545	ENDOSCOPY CTR MIAMI BEACH	MIAMI BEACH
8199	ENDOSCOPY CTR OF PENSACOLA	PENSACOLA
8297	ENDOSCOPY SURGERY OUTPATIENT CTR	LADY LAKE
8105	EYE ASSOCIATES SURGERY CENTER	BRADENTON
8015	EYE CARE AND SURGERY CENTER	FT LAUDERDALE
8175	EYE CENTER OF FLORIDA	VENICE
8395	EYE INSTITUTE SURGERY CENTER LLC	MELBOURNE
8507	EYE SPECIALISTS LASER AND SURG CTR	FORT MYERS
8379	EYE SURGERY & LASER CTR OF SEBRING	SEBRING
8088	EYE SURGERY AND LASER CENTER	CAPE CORAL
8170	EYE SURGERY AND LASER CENTER OF MID	WINTER HAVEN
8470	EYE SURGERY CENTER OF NORTH FLORIDA	JACKSONVILLE
8373	EYE SURGERY CENTER OF ST AUGUSTINE	ST AUGUSTINE
8001	EYE SURGICENTER	GAINESVILLE
8516	FHCP ASC ORANGE CITY	ORANGE CITY
8077	FL EYE INSTITUTE SURGICENTER INC	VERO BEACH
8530	FL ORTHOPAEDIC INST SURG CTR CITRUS	TAMPA
8310	FL ORTHOPEDIC INSTITUTE SURGERY CTR	TEMPLE TERRACE
8424	FLEMING ISLAND SURGERY CENTER	FLEMING ISLAND
8252	FLORIDA COASTAL SURGERY CENTER	NAPLES
8275	FLORIDA ENDOSCOPY SURGERY CENTER	BROOKSVILLE
8181	FLORIDA EYE CLINIC ASC	ALTAMONTE SPRINGS
8540	FLORIDA ORTH INSTITUTE SURGERY CTR	TAMPA

Facility #	Florida Ambulatory Surgery Center - Facility Name	City
8550	FLORIDA SPECIALTY SURGERY CENTER	SAINT PETERSBURG
8063	FOREST OAKS AMB SURG CTR	SPRING HILL
8518	FORT MYERS EYE SURGERY CENTER LLC	FORT MYERS
8265	FORT MYERS SURGERY CENTER	FORT MYERS
8030	GASKINS EYE CARE AND SURGERY CENTER	NAPLES
8467	GENESISCARE-BOCA RATON	BOCA RATON
8330	GLADIOLUS SURGERY CENTER	FT MYERS
8567	GRACE SURGERY CENTER LLC	OCALA
8334	GROVE PLACE SURGERY CENTER LLC	VERO BEACH
8404	GULF BREEZE ENDOSCOPY	GULF BREEZE
8277	GULF COAST ENDOSCOPY CENTER SOUTH	FORT MYERS
8295	GULF COAST ENDOSCOPY CTR OF VENICE	VENICE
8106	GULF COAST SURGERY CENTER	BRADENTON
8457	GULF COMPREHENSIVE SURGERY CENTER	ENGLEWOOD
8400	GULF POINTE SURGERY CENTER	PORT CHARLOTTE
8370	GULFCOAST SURGERY CENTER INC	SARASOTA
8212	GULFSHORE ENDOSCOPY CTR INC	NAPLES
8490	GULFSTREAM AMBULATORY SURGERY CTR	CORAL SPRINGS
8527	HABANA AMBULATORY SURGERY CENTER	TAMPA
8409	HALLANDALE OUTPATIENT SURGICAL CTR	HALLANDALE
8418	HALLANDALE OUTPATIENT SURGICAL CTR	ZEPHYRHILLS
8245	HEALTH CENTRAL SURGERY CENTER	OCOE
8025	HEALTHSOUTH CITRUS SURGERY CENTER	LECANTO
8231	HEALTHSOUTH CRESTVIEW SURGERY CTR	XX
8213	HEALTHSOUTH MELBOURNE SURG CTR	MELBOURNE
8165	HEALTHSOUTH ST PETERSBURG SURG CTR	ST PETERSBURG
8227	HERNANDO ENDOSCOPY AND SURGERY CTR	BROOKSVILLE
8040	HIALEAH AMBULATORY CARE CENTER	HIALEAH
8147	HOLIDAY SURGERY CENTER	HOLIDAY
8535	HOLLYWOOD REGIONAL SURGERY CENTER	HOLLYWOOD
8549	HSS PALM BEACH AMBULATORY SURG CTR	WEST PALM BEACH
8344	INTERCOASTAL MED GRP AMB SURG CTR	SARASOTA
8253	INTERVENTIONAL THERAPEUTICS INC	PENSACOLA
8132	INTRACOASTAL OPD SURGICAL CTR	WEST PALM BEACH
8557	INTRACOASTAL SURGERY CENTER	MELBOURNE
8298	JACKSONVILLE BEACH SURGERY CENTER	JACKSONVILLE BEACH
8272	JACKSONVILLE CENTER FOR ENDOSCOPY	JACKSONVILLE
8051	JACKSONVILLE SURGERY CENTER	JACKSONVILLE
8339	JAX CTR FOR ENDOSCOPY SOUTHSIDE	JACKSONVILLE
8579	JEWETT ORTHOPEDIC INST SURGERY CTR	ORLANDO
8141	JUPITER EYE CENTER	JUPITER
8318	JUPITER OUTPATIENT SURGERY CTR	JUPITER
8333	KENDALL ENDOSCOPY AND SURGERY CTR	MIAMI
8481	KEY BISCAVNE SURGERY CENTER	KEY BISCAVNE

Facility #	Florida Ambulatory Surgery Center - Facility Name	City
8133	KIMMEL OUTPATIENT SURGICAL CENTER	WEST PALM BEACH
8844	KINGSLEY ENDOSCOPY CENTER	ORANGE PARK
8317	KISSIMMEE ENDOSCOPY CENTER	KISSIMMEE
8127	KISSIMMEE SURGERY CENTER	KISSIMMEE
8241	LAKE CITY SURGERY CENTER	LAKE CITY
8438	LAKE ENDOSCOPY CENTER	SUMMERFIELD
8365	LAKE MARY SURGERY CENTER	LAKE MARY
8081	LAKE SURGERY AND ENDOSCOPY CENTER	LEESBURG
8264	LAKE WORTH SURGICAL CENTER	LAKE WORTH
8842	LAKELAND REGIONAL HEALTH SURGERY CE	LAKELAND
8246	LAKESIDE SURGERY CENTER	ORLANDO
8572	LAKEVIEW SURGERY CENTER, LLC	ORLANDO
8560	LAKEWOOD RANCH SURGICAL SUITES, LLC	SARASOTA
8350	LARGO AMBULATORY SURG CTR	LARGO
8414	LASER & OUTPATIENT SURGERY CENTER	GAINESVILLE
8345	LASER AND SURG CTR OF THE PALM BCH	WEST PALM BEACH
8237	LASER AND SURG CTR THE PALM BEACHES	PALM BEACH GARDENS
8313	LASER AND SURGERY CENTER	OCALA
8289	LASER AND SURGICAL SVCS	SARASOTA
8497	LASER SPINE SURGICAL CENTER	TAMPA
8228	LEAGUE AGAINST CANCER INC	MIAMI
8091	LEE ISLAND COAST SURGERY CENTER	FT MYERS
8082	LEESBURG REG AMB SURG CTR	LEESBURG
8089	LIFELINE ENDOSCOPY CENTER	CAPE CORAL
8348	LIVE OAK ENDOSCOPY CTR LLC	VERO BEACH
8843	LONGLEAF SURGERY CENTER	NEW PORT RICHEY
8492	MAITLAND SURGERY CENTER	MAITLAND
8107	MANATEE ENDOSCOPY CENTER	BRADENTON
8286	MANATEE SURGICAL CENTER INC	BRADENTON
8356	MARION ENDOSCOPY AND SURG INST	OCALA
8509	MARION SURGERY CENTER	OCALA
8258	MAYO CLINIC JACKSONVILLE ASC FOR GI	JACKSONVILLE
8052	MAYO OUTPATIENT SURGERY CENTER	JACKSONVILLE
8153	MEADOW LANE SURGERY CENTER	NEW PORT RICHEY
8381	MEDICAL ARTS SURGERY CTR OF S MIAMI	MIAMI
8061	MEDICAL CTR CLINIC AMB SURG CTR	PENSACOLA
8148	MEDICAL DEVELOP CORP OF PASCO CTY	HUDSON
8217	MEDICAL PARTNERS SURGERY CTR	JACKSONVILLE
8311	MEDICAL SPECIALTY PROCEDURES	VERO BEACH
8306	MELBOURNE GI CENTER	MELBOURNE
8269	MELBOURNE SAME DAY SURGERY	MELBOURNE
8017	MEMORIAL SAME DAY EAST	HOLLYWOOD
8012	MEMORIAL SAME DAY WEST	PEMBROKE PINES
8559	MERRITT ISLAND OUTPATIENT SURG CTR	MERRITT ISLAND

Facility #	Florida Ambulatory Surgery Center - Facility Name	City
8010	MERRITT ISLAND SURGERY CENTER	MERRITT ISLAND
8522	MIAMI CHILDREN'S HOSP AMB SURG CTR	MIAMI
8042	MIAMI EYE CENTER	MIAMI
8262	MIAMI HAND CENTER	MIAMI
8415	MIAMI LAKES SURGERY CENTER, LTD	MIAMI LAKES
8372	MIAMI REGIONAL SURGERY CENTER	MIAMI
8524	MIAMI SURGICAL CENTER	MIAMI
8538	MIAMI SURGICAL SUITES	MIAMI
8439	MICROSPINE SURG CTR DEFUNIAK SPRING	DEFUNIAK SPRINGS
8083	MID FLORIDA EYES SURGERY CENTER	MOUNT DORA
8376	MILLENIA SURGERY CENTER LLC	ORLANDO
8570	MINIMALLY INVASIVE SURGICENTER	DELRAY BEACH
8580	MOHAWK SURGERY CENTER	MINNEOLA
8031	MONTGOMERY EYE CENTER	NAPLES
8004	MULLIS EYE INSTITUTE INC	PANAMA CITY
8403	MURDOCK AMBULATORY SURGERY CENTER	PT CHARLOTTE
8135	N COUNTY SURGICTR PLM BCH	PALM BEACH GARDEN
8002	N FLORIDA REGIONAL MEDICAL CENTER	GAINESVILLE
8408	NAPLES EYE SURGERY CENTER, LLC	NAPLES
8325	NATURE COAST REG. SURGERY CENTER	PERRY
8144	NEW PORT RICHEY SURGERY CENTER	TRINITY
8191	NEW SMYRNA BCH AMBULATORY CARE CTR	NEW SMYRNA BEACH
8420	NEW TAMPA SURGERY CENTER	WESLEY CHAPEL
8532	NEW VISION SURGICAL CENTER	VERO BEACH
8034	NEWGATE SURGERY CENTER INC	NAPLES
8551	NEWSOM SURGERY CENTER OF SEBRING	SEBRING,
8053	NORTH FL EYE CLINIC SURGICENTER	JACKSONVILLE
8270	NORTH FLORIDA ENDOSCOPY CENTER	GAINESVILLE
8062	NORTH FLORIDA SURGERY CENTER	PENSACOLA
8234	NORTH FLORIDA SURGERY CTR LAKE CITY	LAKE CITY
8301	NORTH MIAMI BEACH SURGICAL CENTER	MIAMI
8581	NORTH NAPLES SURGERY CENTER	NAPLES
8322	NORTH PINEALLAS SURGERY CENTER	DENEDIN
8005	NORTHWEST FLORIDA GASTROENTEROLOGY	PANAMA CITY
8006	NORTHWEST FLORIDA SURGERY CENTER	PANAMA CITY
8533	NSCOA	WINTER PARK
8119	OAKWATER SURGICAL CENTER	ORLANDO
8111	OCALA SPECIALTY SURGERY CENTER LLC	OCALA
8192	OFFICE OF DR RICHARD JABLONSKI	ORMOND BEACH
8327	OLD MOULTRIE SURG CTR INC	ST AUGUSTINE
8846	ORANGE AVENUE SURGERY CENTER	ORLANDO
8027	ORANGE PARK SURGERY CENTER	ORANGE PARK
0251	ORLANDO AVENUE SURGERY CENTER	WINTER PARK
8120	ORLANDO CTR OUTPATIENT SURGERY	ORLANDO

Facility #	Florida Ambulatory Surgery Center - Facility Name	City
8331	ORLANDO OPHTHALMOLOGY SURG CTR LLC	ORLANDO
8506	ORLANDO ORTHOPAEDIC OUTPT SURG CTR	ORLANDO
8556	ORLANDO SURGERY CENTER	ORLANDO
8221	ORLANDO SURGERY CTR LTD	ORLANDO
8276	ORTHOPAEDIC SURGERY CENTER	GAINESVILLE
8391	ORTHOPEDIC SURG CTR OF CLEARWATER	CLEARWATER
8528	ORTHOPEDIC SURG CTR OF PALM BCH CTY	BOYNTON BCH
8143	OUTPATIENT CENTER OF BOYNTON BCH	BOYTON BEACH
8389	OUTPATIENT CENTER OF DELRAY	DELRAY BEACH
8394	OUTPATIENT SURG CTR OF ST AUGUSTINE	ST AUGUSTINE
8261	OUTPATIENT SURGERY CENTER OF BOCA	BOCA RATON
8019	OUTPATIENT SURGICAL SERVICES	PLANTATION
8475	PACAYA BAY SURGERY CENTER	FORT MYERS
8428	PACE AMBULATORY SURGERY CENTER	PACE
8314	PADDOCK PARK SURGERY CENTER	OCALA
8137	PALM BEACH EYE CLINIC	WEST PLAM BEACH
8837	PALM BEACH GARDENS REG SURG CTR	PALM BEACH GARDENS
8138	PALM BEACH LAKES SURGERY CENTER	WEST PALM BEACH
8134	PALM BEACH OUTPATIENT SURGICAL CTR	LAKE WORTH
8547	PALM BEACH SURGICAL SUITES LLC	PALM BEACH GARDENS
8329	PALM ENDOSCOPY CTR INC	ALTAMONTE SPRINGS
8352	PALM SURGERY CENTER LLC	W PALM BEACH
8537	PALMETTO LAKES SURGICAL CENTER	HIALEAH
8319	PALMS WELLINGTON SURGICAL CENTER	ROYAL PALM BEACH
8399	PALMS WEST SURGICENTER	LOXAHATCHEE
8347	PANAMA CITY SURGERY CENTER	PANAMA CITY
6674	PANHANDLE OUTPATIENT SURGERY CENTER	PENSACOLA
8453	PARK CENTER FOR PROCEDURES	FORT MYERS
8375	PARK PLACE SURGERY CENTER LLC	MAITLAND
8412	PARKCREEK SURGERY CENTER	COCONUT CREEK
8054	PARKSIDE SURG CTR JAX	JACKSONVILLE
8422	PASADENA SURGERY CENTER	SAINT PETERSBURG
8146	PASCO SURGERY CENTER	ZEPHYRHILLS
8377	PEDIATRIC SURGERY CENTERS LLC	TAMPA
8432	PEDIATRIC SURGERY CTR - ODESSA LLC	ODESSA
0245	PERFORMANCE HEALTH SURGERY CENTER	FORT MYERS
8194	PHYSICIANS AMBULATORY SURGERY CTR	ORMOND BEACH
8250	PHYSICIANS DAY SURGERY CENTER	NAPLES
8268	PHYSICIANS OUTPATIENT SURGERY CTR	FT LAUDERDALE
8121	PHYSICIANS SURGICAL CARE CENTER	WINTER PARK
8240	PLASTIC SURGERY CENTER OF LAKE CTY	TAVARES
8198	PLAZA SURGERY CENTER	JACKSONVILLE
8434	PLAZA SURGERY CENTER II	JACKSONVILLE
8340	PONTE VEDRA AMBULATORY SURG CTR	PONTE VEDRA BCH

Facility #	Florida Ambulatory Surgery Center - Facility Name	City
8449	PONTE VEDRA BEACH SURGERY CENTER	PONTE VEDRA BEACH
8358	PONTE VEDRA SURGERY CENTER	PONTE VEDRA BCH
8441	PREMIER ENDOSCOPY CENTER	NAPLES
8496	PREMIER SURGICAL CENTER LLC	TAVARES
8140	PRESIDENTIAL EYE SURGICENTER	WEST PALM BEACH
8328	PROMENDADES SURGERY CENTER LC	PORT CHARLOTTE
8384	PT ORANGE ENDOSCOPY & SURGERY CTR	PORT ORANGE
8445	PUTNAM AMBULATORY SURGERY CENTER	PALATKA
8021	RAND SURGICAL PAVILLION CORPORATION	POMPANO BEACH
8504	RED HILLS SURGICAL CENTER	TALLAHASSEE
8049	REED CENTER FOR AMB UROLOGICAL SURG	BAY HAVOR ISLAND
8574	RINEHART SURGERY CENTER	LAKE MARY
8488	RIVERSIDE ENDOSCOPY CENTER LLC	JACKSONVILLE
8055	RIVERSIDE PARK SURGICENTER	JACKSONVILLE
8208	RIVERSIDE SURGERY CENTER	SEBASTIAN
8573	RIVERSIDE SURGICAL CENTER	JACKSONVILLE
8242	RIVERWALK AMBULATORY SURGERY CENTER	FT MYERS
8463	RIVERWALK AMBULATORY SURGERY CENTER	BRADENTON
8402	RIVERWALK ENDOSCOPY CENTER LLC	FT MYERS
8433	RMG IVF SURGERY CENTER INC	TAMPA
8256	ROSATO PLASTIC SURGERY CENTER	VERO BEACH
8374	S FLORIDA AMBULATORY SURGICAL CTR	MIAMI
8483	SAFETY HARBOR SURGERY CENTER LLC	CLEARWATER
8122	SAME DAY SURGI CENTER OF ORLANDO	ORLANDO
8056	SAMUEL WELLS SURGI CENTER	JACKSONVILLE
8447	SANCTUARY SURGICAL CENTRE	BOCA RATON
8431	SAND LAKE SURGERY CENTER	ORLANDO
8513	SANTA FE SURGERY CENTER LLC	LADY LAKE
8043	SANTA LUCIA SURGICAL CENTER LLC	CORAL GABLES
8392	SARASOTA AMBULATORY SURG CTR LTD	SARASOTA
8458	SARASOTA PHYSICANS SURGICAL CENTER	SARASOTA
8287	SARASOTA PLASTIC SURGERY CENTER INC	SARASOTA
8461	SEASCAPE SURGERY CENTER	TAMPA
8529	SEASIDE SURGERY CENTER	NAPLES
8523	SELECT PHYSICIANS SURGERY CENTER	TAMPA
8378	SEVEN HILLS SURGERY CENTER	TALLAHASSEE
8222	SEVEN RIVERS COMMUNITY HOSPITAL ASC	CRYSTAL RIVER
8150	SEVEN SPRINGS SURGERY CENTER INC	NEW PORT RICHEY
8568	SKYWAY SURGERY CENTER	SAINT PETERSBURG
8386	SOUTH BROWARD ENDOSCOPY CENTER	HOLLYWOOD
8417	SOUTH COUNTY OUTPATIENT SURGERY CTR	DELRAY BEACH
8361	SOUTH LAKE HOSPITAL SURGERY CENTER	CLERMONT
8351	SOUTH TAMPA SURGERY CENTER	TAMPA
8263	SOUTHEASTERN SURGERY CENTER	TALLAHASSEE

Facility #	Florida Ambulatory Surgery Center - Facility Name	City
8411	SOUTHPOINT SURGERY CENTER LLC	JACKSONVILLE
8385	SPACE COAST ENDOSCOPY CENTER	ROCKLEDGE
8466	SPACE COAST SURGERY CENTER LLLP	MERRITT ISLAND
8486	SPECIALISTS IN UROLOGY FT. MYERS	NAPLES
8346	SPECIALISTS IN UROLOGY SURG CTR LLC	NAPLES
8362	ST ANTHONY PHYSICIANS SURGERY CTR	ST PETERSBERG
8183	ST AUGUSTINE ENDOSCOPY CENTER	ST AUGUSTINE
8247	ST AUGUSTINE SURGERY CENTER	SAINT AUGUSTINE
8073	ST JOSEPH'S SAME DAY SURGERY CTR	TAMPA
8229	ST LUCIE SURGERY CENTER	PORT ST LUCIE
8288	ST LUCIE SURGICAL CENTER	FORT PIERCE
8024	ST LUCIES OUTPATIENT SURGERY CENTER	PORT CHARLOTTE
8163	ST LUKES CATARACT CENTER	TARPON SPRINGS
8836	ST MARKS SURGICAL CENTER	FORT MYERS
8425	ST MARK'S SURGICAL CENTER, LLC	FORT MYERS
8323	ST MICHAEL'S SURGERY CTR	LARGO
8406	ST PETERSBURG ENDOSCOPY CENTER LLC	ST PETERSBURG
8561	SUMMERPORT SURGERY CENTER, LLC	WINDERMERE
8582	SUMMIT SURGERY CENTER	PENSACOLA
8290	SUNCOAST ENDOSCOPY CENTER	IVERNESS
8332	SUNCOAST ENDOSCOPY OF SARASOTA LLC	SARASOTA
8151	SUNCOAST EYE CENTER	HUDSON
8166	SUNCOAST MED CLINIC, LLC ENDOSCOPY	ST PETERSBURG
8164	SUNCOAST MEDICAL CLINIC, LLC	ST PETERSBURG
8152	SUNCOAST SKIN SURGERY CLINIC	NEW PORT RICHEY
8283	SUNCOAST SURGERY CENTER	FORT MYERS
8065	SUNCOAST SURGERY CTR OF HERNANDO	SPRING HILL
8195	SUNRISE SURGICAL CENTER	DAYTONA BEACH
8335	SURG CTR OF AVENTURA	AVENTURA
8558	SURGCENTER DUNEDIN	DUNEDIN
8517	SURGCENTER NORTHEAST	ST. PETERSBURG
8548	SURGCENTER OF PALM BEACH GARDENS	PALM BEACH
8554	SURGCENTER OF ST LUCIE	PORT SAINT LUCIE
8502	SURGCENTER PINELLAS	LARGO
8471	SURGERY CENTER AT DUVAL	DORAL
8359	SURGERY CENTER AT JENSEN BEACH LLC	JENSEN BEACH
8178	SURGERY CENTER AT ST ANDREWS	VENICE
8364	SURGERY CENTER AT WELLINGTON	W PALM BEACH
8259	SURGERY CENTER OF CORAL GABLES LLC	CORAL GABLES
8184	SURGERY CENTER OF FORT PIERCE	FORT PIERCE
8280	SURGERY CENTER OF FT LAUDERDALE	LAUDERDALE LAKES
8442	SURGERY CENTER OF KEY WEST	KEY WEST
8239	SURGERY CENTER OF MELBOURNE	MELBOURNE
8493	SURGERY CENTER OF MID FLORIDA	OCALA

Facility #	Florida Ambulatory Surgery Center - Facility Name	City
8476	SURGERY CENTER OF MOUNT DORA	MOUNT DORA
8539	SURGERY CENTER OF NAPLES	NAPLES
8110	SURGERY CENTER OF OCALA	OCALA
8243	SURGERY CENTER OF SARASOTA	SARASOTA
8113	SURGERY CENTER OF STUART	STUART
8230	SURGERY CENTER OF STUART	STUART
8460	SURGERY CENTER OF THE VILLAGES LLC	SUMMERFIELD
8337	SURGERY CENTER OF VOLUSIA LLC	PORT ORANGE
8278	SURGERY CENTER OF WESTON	WESTON
8020	SURGERY CTR AT CORAL SPRINGS	CORAL SPRINGS
8326	SURGERY CTR AT POINT WEST	BRADENTON
8465	SURGERY CTR AT POINTE WEST EAST CTR	BRADENTON
8383	SURGERY CTR OF LAKELAND HILLS BLVD	LAKELAND
8224	SURGERY CTR OF NORTH FL LLC	GAINESVILLE
8300	SURGERY CTR OF SW FLORIDA INC	FORT MYERS
8354	SURGERY ENDOSCOPY CENTER LLC	SEBRING
8094	SURGI AND LASER CTR OF SW FL	FT MYERS
8462	SURGICAL CENTER AT SUN N LAKE LLC	SEBRING
8304	SURGICAL CENTER FOR EXCELLENCE	PANAMA CITY
8520	SURGICAL CENTER OF PONTE VEDRA BCH	PONTE VEDRA BEACH
8068	SURGICAL CTR OF CENTRAL FL	SEBRING
8338	SURGICAL CTR OF THE TREASURE COAST	PORT ST LUCIE
8123	SURGICAL LICENSED WARD	ORLANDO
8440	SURGICAL SPECIALISTS ASC	FORT WALTON BEACH
8095	SURGICARE CENTER	FT MYERS
8179	SURGICARE CTR OF VENICE INC	VENICE
8451	SURGICARE OF MIRAMAR	MIRAMAR
8494	SURGICARE OF MIRAMAR	MIRAMAR
8260	SURGIKID OF FLORIDA INC	TAMPA
8093	SW FL ENDOSCOPY CENTER	FT MYERS
8092	SW FL INST OF AMBULATORY SURGICTR	FT MYERS
8444	TAKE SHAPE SURGERY CENTER, LLC	PLANTATION
8100	TALLAHASSEE ENDOSCOPY CENTER	TALLAHASSEE
8101	TALLAHASSEE OUTPATIENT SURGERY CTR	TALLAHASSEE
8521	TALLAHASSEE OUTPT SURG CTR MED COMM	TALLAHASSEE
8382	TAMPA BAY ENDOSCOPY CENTER	TAMPA
8563	TAMPA BAY EYE SURGERY CENTER LLC	SAINT PETERSBURG
8343	TAMPA BAY REGIONAL SURG CTR	LARGO
8071	TAMPA BAY SURGERY CENTER	TAMPA
8368	TAMPA BAY SURGERY CTR MIDTOWN	TAMPA
8074	TAMPA EYE & SPECIALTY SURGERY CTR	TAMPA
8519	TAMPA MINIMALLY INV SPINE SURG CTR	TAMPA
8514	TAMPA SURGERY CENTER	TAMPA
8511	TAVARES SURGERY LLC	TAVARES

Facility #	Florida Ambulatory Surgery Center - Facility Name	City
8543	TGH BRANDON HEALTHPLEX	TAMPA
8215	THE FACIAL PLASTIC SURGERY CENTER	NAPLES
8309	THE GABLES SURGICAL CENTER	MIAMI
8284	THE LASER AND SURGERY CENTER	PANAMA CITY
8048	THE MIAMI ASC, LP	MIAMI
8202	THE OCALA EYE SURGERY CENTER	OCALA
8244	THE PALMETTO SURGERY CENTER	HIALEAH
8576	THE SURGERY CENTER AT WOODLANDS	PENSACOLA
8037	THE SURGERY CENTER OF CORAL GABLES	MIAMI
8485	TITUSVILLE CTR SURGICAL EXCELLENCE	TITUSVILLE
8435	TLC OUTPATIENT SURG AND LASER CTR	LADY LAKE
0246	TOC SPINE & JOINT	TALLAHASSEE
8413	TOMOKA SURGERY CENTER LLC	ORMOND BEACH
8197	TOTAL BACK CARE CENTER	NAPLES
8281	TOTAL EYE CARE SURGERY CENTER INC	LEESBURG
8526	TRADITION SURGERY CENTER	PORT SAINT LUCIE
8427	TRAILS EDGE SURGERY CENTER	BONITA SPRINGS
8186	TREASURE COAST COSMETIC SURGERY CEN	PORT ST LUCIE
8206	TREASURE COAST CTR FOR SURGERY	STUART
8464	TREASURE COAST SURGICAL CENTER	FORT PIERCE
8363	TWIN LAKES SURGERY CENTER	DAYTONA BCH
8456	UNIVERSITY INTERVENTIONAL CENTER	PENSACOLA
8059	UNIVERSITY OF FLORIDA FACULTY CLINI	JACKSONVILLE
8124	UNIVERSITY SURGICAL CENTER	WINTER PARK
8125	UROLOGICAL AMBULATORY SURGERY CTR	ORLANDO
8076	USF ENDOSCOPY CTR TAMPA FL	TAMPA
8446	USF HEALTH ENDOSCOPY AND SURG CTR	TAMPA
8050	VENTURE AMBULATORY SURGICAL CENTER	N MIAMI BEACH
8312	VERO BEACH SURGERY CTR, LLC	VERO BEACH
8079	VERO EYE CENTER	VERO BEACH
8366	VILLAGES ENDOSCOPY & SURGICAL CTR	SUMMERFIELD
8196	VOLUSIA ENDOSCOPY CENTER	ORMOND BEACH
8220	WATERS EDGE SURGERY CENTER	STUART
8302	WATERSIDE AMB SURGICAL CTR INC	WEST PALM BEACH
8839	WATSON CLINIC SURGERY CENTER	LAKELAND
8369	WEBSTER SURGICAL CENTER	TALLAHASSEE
8841	WELLNESS AVENUE SURGERY CENTER	ORANGE CITY
8159	WEST BAY SURGERY CENTER	LARGO
8321	WEST COAST ENDOSCOPY CTR	CLEARWATER
8103	WEST FLORIDA SURGERY CTR	BRADENTON
8254	WEST PALM BEACH CHILDREN'S SURGERY	PALM SPRINGS
8473	WESTCHASE SURGERY CENTER	TAMPA
8274	WESTON OUTPATIENT SURGERY CENTER	WESTON
0249	WINTER GARDEN SURGERY CENTER	WINTER GARDEN,

Facility #	Florida Ambulatory Surgery Center - Facility Name	City
8249	WINTER HAVEN AMB SURGICAL CENTER	WINTER HAVEN
8126	WINTER PARK AMBULATORY SURGERY CTR	WINTER PARK
8303	WIREGRASS RANCH AMBULATORY SURGERY	TAMPA
8145	WIREGRASS RANCH SPECIAL PROCEDURES	ZEPHYRHILLS

Florida Reporting Radiation Treatment Therapy Centers

Facility #	Florida Radiation Treatment Therapy Center - 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
8957	ADVANCED UROLOGY INSTITUTE, LLC	OCALA
8703	BARDMOOR CANCER CENTER	LARGO
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
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
0248	FL CANCER SPECIALIST WESLEY CHAPEL	WESLEY CHAPEL
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
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
8698	GENESISCARE OKEECHOBEE	OKEECHOBEE
8748	GENESISCARE-AVENTURA	AVENTURA
8614	GENESISCARE-BEVERLY HILLS	BEVERLY HILLS
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
8641	GENESISCARE-BRADENTON	BRADENTON
8637	GENESISCARE-CAPE CORAL	CAPE CORAL

Facility #	Florida Radiation Treatment Therapy Center - Facility Name	City
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
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
8643	GENESISCARE-KEY WEST	KEY WEST
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
8797	HEALTH FIRST CANCER INSTITUTE	VIERA
8796	HEALTH FIRST CANCER INSTITUTE	TITUSVILLE
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

Facility #	Florida Radiation Treatment Therapy Center - Facility Name	City
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
8633	TAMPA BAY RADIATION ONCOLOGY	SUN CITY CENTER
8775	TAMPA BAY RADIATION ONCOLOGY, PA	TAMPA
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: Florida FIPS, USPS State Abbreviations and ISO Country Codes

Items in this Appendix:

- International Organization for Standardization (ISO) Country Codes – Code Order
- International Organization for Standardization (ISO) Country Codes – County Order
- United States Postal Service State, Canadian Province, and U.S. Territory Abbreviation Codes
- Federal Information Processing Standards (FIPS) County Codes for FLORIDA

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

Code	Label
BIH	Bosnia and Herzegovina
BIH	Herzegovina
BLM	St. Barthelemy
BLR	Belarus
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

Code	Label
COK	Cook Islands
COL	Colombia
COM	Comoros
CPV	Cape Verde
CRI	Costa Rica
CSK	Czechoslovakia (former) [Pre-2013 cases only]
CUB	Cuba
CUW	Curacao
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

Code	Label
GBR	Great Britain
GBR	United Kingdom
GEO	Georgia [country]
GGY	Guernsey
GHA	Ghana
GIB	Gibraltar
GIN	Guinea
GLP	Guadeloupe
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

Code	Label
ITA	Italy
JAM	Jamaica
JEY	Jersey
JOR	Jordan
JPN	Japan
JPN	Nampo-Shoto, Southern
JPN	Ryukyu Islands
KAZ	Kazakhstan
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

Code	Label
MDV	Maldives
MEX	Mexico
MHL	Marshall Islands
MKD	Macedonia
MLI	Mali
MLT	Malta
MMR	Burma
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

Code	Label
PCN	Pitcairn Islands
PER	Peru
PHL	Philippines
PLW	Palau
PNG	Papua New Guinea
POL	Poland
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

Code	Label
SSD	Sudan, South
STP	Sao Tome and Principe
SUR	Suriname
SVK	Slovakia
SVN	Slovenia
SWE	Sweden
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

Code	Label
USA	Armed Forces Canada, Europe, Middle East, Africa
USA	Armed Forces Pacific
USA	United States
UZB	Uzbekistan
VAT	Vatican City
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]

Code	Label
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]
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

Code	Label
ZZS	South America, NOS
ZZU	Latin America, NOS
ZZU	Unknown

Code	Label
ZZX	Non-U.S./Canada, NOS
ZZX	Not U.S. or Canada, but no other information

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

Code	Label
BLZ	Belize
BEN	Benin
BMU	Bermuda
BTN	Bhutan
BOL	Bolivia
BES	Bonaire, Saint Eustatius and Saba
BIH	Bosnia and Herzegovina
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

Code	Label
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
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

Code	Label
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
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

Code	Label
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
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

Code	Label
LTU	Lithuania
LUX	Luxembourg
MAC	Macao
MAC	Macau
MKD	Macedonia
MDG	Madagascar
PRT	Madeira Islands
MDG	Malagasy Republic
MWI	Malawi
MYS	Malaysia
XMS	Malaysia, Singapore, Brunei [Pre-2013 cases only]
MDV	Maldives
MLI	Mali
MLT	Malta
FLK	Malvinas
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

Code	Label
NPL	Nepal
NLD	Netherlands
NCL	New Caledonia
NZL	New Zealand
NIC	Nicaragua
NER	Niger
NGA	Nigeria
NIU	Niue
ZZX	Non-U.S./Canada, NOS
NFK	Norfolk Island
XNF	North Africa [Pre-2013 cases only]
ZZN	North America, NOS
XNI	North American Islands [Pre-2013 cases only]
PRK	North Korea
NIR	Northern Ireland
MNP	Northern Mariana Islands
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

Code	Label
XPL	Polynesian Islands [Pre-2013 cases only]
PRT	Portugal
AGO	Principe
PRI	Puerto Rico
QAT	Qatar
XSF	Rep. of South Africa, Botswana Lesotho, Namibia, Swaziland [Pre-2013 cases only]
TWN	Republic of China (Taiwan)
ZAF	Republic of South Africa
REU	Réunion
ROU	Romania
RWA	Ruanda
RUS	Russia
BLR	Russia, White
RWA	Rwanda
JPN	Ryukyu Islands
BES	Saba
ESH	Sahara, Western
BES	Saint Eustatius
WSM	Samoa
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

Code	Label
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
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

Code	Label
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
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

United States Postal Service State, Canadian Province, and U.S. 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

Name	State/Province Code	Country Code
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
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

Name	State/Province Code	Country Code
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		

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

County Name	FIPS Code
Lafayette	067
Lake	069
Lee	071
Leon	073
Levy	075
Liberty	077
Madison	079
Manatee	081
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

County Name	FIPS Code
Wakulla	129
Walton	131

County Name	FIPS Code
Washington	133
Unknown	999

APPENDIX C: Glossary of Common Terms and NAACCR Abbreviations

Items in this Appendix:

- Glossary of Common Terms
- NAACCR Recommended Abbreviations Lists
 - Cancer Surveillance Organizations and Common Abbreviations
 - NAACCR Recommended Medical Abbreviation List Ordered by Word/Term(s)
 - NAACCR Recommended Medical Abbreviation List Ordered by Abbreviation/Symbol
 - NAACCR Recommended Medical Abbreviation List Context-Sensitive Abbreviations

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
- [HTTP://DATADictionary.NAACCR.ORG/DEFAULT.ASPX?C=17&VERSION=22](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

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

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/III-Defined Site

069,189,260-269,328-329,390-399,409,419,479,499,559,579,639,760-769,809

NAACCR Recommended Abbreviation Lists

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

Acronym	Acronym/Organization/Abbreviation Meaning
ICD-O-3	International Classification of Diseases for Oncology, Third Edition
N.d.	No date (bibliographic term: no ascertainable place of publication)
NAACCR	North American Association of Central Cancer Registries
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	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

Acronym	Acronym/Organization/Abbreviation Meaning
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

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
Auscultation & percussion	A&P

Word/Term(s)	Abbreviation/Symbol
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

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
Coronary artery bypass graft	CABG

Word/Term(s)	Abbreviation/Symbol
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

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

Word/Term(s)	Abbreviation/Symbol
Hemoglobin	HGB
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

Word/Term(s)	Abbreviation/Symbol
Intermittent positive pressure breathing	IPPB
Internal	INT
Interstitial lung disease	ILD
Intramuscular	IM
Intrathecal	IT
Intravenous	IV
Intravenous cholangiogram	IVCA
Intravenous pyelogram	IVP
Invade(s)/invading/invasion	INV
Involve(s)/involvement/involving	INVL
Ipsilateral	IPSI
Irregular	IRREG
Jugular venous distention	JVD
Juvenile rheumatic arthritis	JRA
Kaposi sarcoma	KS
Kidneys, ureters, bladder	KUB
Kilogram	KG
Kilovolt	KV
Laboratory	LAB
Lactic dehydrogenase	LDH
Laparotomy	LAP
Large	LRG
Last menstrual period	LMP
Lateral	LAT
Left	LT
Left bundle branch block	LBBB
Left costal margin	LCM
Left lower extremity	LLE
Left lower lobe	LLL
Left lower quadrant	LLQ
Left salpingo-oophorectomy	LSO
Left upper extremity	LUE
Left upper lobe	LUL
Left upper quadrant	LUQ

Word/Term(s)	Abbreviation/Symbol
Left upper outer quadrant	LUOQ
Less/Less than	<
Licensed practical nurse	LPN
Linear accelerator	LINAC
Liver/spleen scan	LS SCAN
Lower extremity	LE
Lower inner quadrant	LIQ
Lower outer quadrant	LOQ
Lumbar vertebra	L1-L5
Lumbar spine	L-SPINE
Lumbosacral	LS
Lymphadenopathy-associated virus	LAV
Lymph node(s)	LN(S)
Lymph node dissection	LND
Lupus erythematosus	LUP ERYTH
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	-

Word/Term(s)	Abbreviation/Symbol
Minute	MIN
Mitral valve prolapse	MVP
Mixed combined immunodeficiency	MCID
Mixed connective tissue disease	MCTD
Moderate (ly)	MOD
Moderately differentiated	MD, MOD DIFF
Modified radical mastectomy	MRM
More/More than	>
Multifocal arterial tachycardia	MAT
Multifocal premature ventricular contraction	MPVC
Multiple	MULT
Multiple sclerosis	MS
Multiple myeloma	MM
Myasthenia gravis	MG
Myocardial infarction	MI
Neck vein distention	NVD
Negative	NEG
Negative	-
Neoplasm	NEOPL
Neurology	NEURO
No evidence of disease	NED
No significant findings	NSF
Non-Hodgkins lymphoma	NHL
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

Word/Term(s)	Abbreviation/Symbol
Otology	OTO
Ounce	OZ
Outpatient	OP
Packs per day	PPD
Palpated (-able)	PALP
Papanicolaou smear	PAP
Papillary	PAP
Past/personal (medical) history	PMH
Pathology	PATH
Patient	PT
Pediatrics	PEDS
Pelvic inflammatory disease	PID
Peptic ulcer disease	PUD
Percutaneous	PERC
Percutaneous transhepatic cholecystogram	PTC
Peripheral vascular disease	PVD
Prescription	RX
Primary medical physician	PMP
Phosphorus 32	P32
Physical examination	PE
Physiotherapy/Physical therapy	PT
Platelets	PLT
Plus	+
Poorly differentiated	PD, POOR DIFF
Positive	POS
Positive	+
Positron emission tomography	PET
Possible	POSS
Posterior	POST
Postoperative (-ly)	POST OP
Pound(s)	LB(S)
Pound(s)	#
Premature atrial contraction	PAC
Preoperative (-ly)	PRE OP
Previous	PREV
Prior to admission	PTA
Probable (-ly)	PROB

Word/Term(s)	Abbreviation/Symbol
Proctoscopy	PROCTO
Progesterone receptor (assay)	PR, PRA
Prostatic intraepithelial neoplasia, grade III	PIN III
Prostatic specific antigen	PSA
Pulmonary	PULM
Quadrant	QUAD
Radiation absorbed dose	RAD
Radiation therapy	RT
Radioimmunoassay	RIA
Received	REC'D
Red blood cells (count)	RBC
Regarding	RE
Regional medical center	RMC
Regular	REG
Regular sinus rhythm	RSR
Resection (ed)	RESEC
Review of outside films	ROF
Review of outside slides	ROS
Rheumatoid arthritis	RA
Rheumatic heart disease	RHD
Right	RT
Right bundle branch block	RBBB
Right costal margin	RCM
Right inner quadrant	RIQ
Right lower extremity	RLE
Right lower lobe	RLL
Right lower quadrant	RLQ
Right middle lobe	RML
Right outer quadrant	ROQ
Right salpingo-oophorectomy	RSO
Right upper extremity	RUE
Right upper lobe	RUL
Right upper quadrant	RUQ
Rule out	R/O
Sacral spine	S-SPINE
Sacral vertebra	S1-S5

Word/Term(s)	Abbreviation/Symbol
Salpingo-oophorectomy	SO
Satisfactory	SATIS
Serum glutamic oxaloacetic transaminase	SGOT
Serum glutamic pyruvic transaminase	SGPT
Severe combined immunodeficiency syndrome	SCID
Short(ness) of breath	SOB
Sick sinus syndrome	SSS
Sigmoid colon	SIG COLON
Small	SM
Small bowel	SB
Specimen	SPEC
Spine, Cervical	C-SPINE
Spine, Lumbar	L-SPINE
Spine, Sacral	S-SPINE
Spine, Thoracic	T-SPINE
Split thickness skin graft	STSG
Squamous	SQ
Squamous cell carcinoma	SCC
Status post	S/P
Subcutaneous	SUBCU
Summary stage	SS
Superior vena cava	SVC
Surgery/Surgical	SURG
Suspicious/suspected	SUSP
Symptoms	SX
Syndrome of inappropriate ADH	SIADH
Systemic lupus erythematosus	SLE
Thoracic spine	T-SPINE
Thromboticthrombocytopenia purpura	TTP
Times	X
Total abdominal hysterectomy	TAH
Total abdominal hysterectomy- bilateral salpingo-oophorectomy	TAH-BSO
Total vaginal hysterectomy	TVH
Transient ischemic attack	TIA
Transitional cell carcinoma	TCC
Transurethral resection	TUR
Transurethral resection bladder	TURB

Word/Term(s)	Abbreviation/Symbol
Transurethral resection prostate	TURP
Transverse colon	TRANS-COLON
Treatment	TX
True vocal cord	TVC
Tuberculosis	TB
Twice a day (daily)	BID
Ultrasound	US
Undifferentiated	UNDIFF
Unknown	UNK
Upper extremity	UE
Upper gastrointestinal (series)	UGI
Upper inner quadrant	UIQ
Upper outer quadrant	UOQ
Upper respiratory infection	URI
Urinary tract infection	UTI
Vagina/Vaginal	VAG
Vaginal hysterectomy	VAG HYST
Vaginal intraepithelial neoplasia (grade III)	VAIN III
Vulvar intraepithelial neoplasia (grade III)	VIN III
Well differentiated	WD, WELL DIFF
White blood cells (count)	WBC
White female	W/F
White male	W/M
With	W/
Within normal limits	WNL
Without	W/O
Wolff-Parkinson-White syndrome	WPW
Work-up	W/U
Xray	XR
Year	YR

NAACCR Recommended Medical Abbreviation List Ordered by Abbreviation/Symbol

Abbreviation/Symbol	Word/Term(s)
^	above
@	at
&	and
<	less, less than
=	equals
>	greater than, more, more than
-	negative, minus
#	number, pound(s)
+	plus, positive
X	times
A-COLON	Ascending colon
A FIB	Atrial fibrillation
A FLUTTER	Atrial flutter
A-STEN	Aortic stenosis
A&P	Auscultation & percussion
ABD	Abdomen (abdominal)
ABG	Arterial blood gases
ABN	Abnormal
ABS	Absent/Absence
ABST	Abstract/Abstracted
AC	Adrenal cortex
ACBE	Air contrast barium enema
ACH	Adrenal cortical hormone
ACID PHOS	Acid phosphatase
ACTH	Adrenocorticotrophic hormone
ADENOCA	Adenocarcinoma
ADH	Antidiuretic hormone
ADJ	Adjacent
ADL	Activities of daily living
ADM	Admission/Admit
AFF	Affirmative
AFP	Alpha-fetoprotein

Abbreviation/Symbol	Word/Term(s)
AG	Antigen
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

Abbreviation/Symbol	Word/Term(s)
ASA	Aspirin, Acetylsalicylic acid
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

Abbreviation/Symbol	Word/Term(s)
BV	Blood volume
BX	Biopsy
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

Abbreviation/Symbol	Word/Term(s)
CSF	Cerebrospinal fluid
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

Abbreviation/Symbol	Word/Term(s)
EGD	Esophagogastro-duodenoscopy
EMG	Electromyogram
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

Abbreviation/Symbol	Word/Term(s)
H&P	History and physical
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)

Abbreviation/Symbol	Word/Term(s)
INF	Inferior
INFILT	Infiltrating
INT	Internal
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

Abbreviation/Symbol	Word/Term(s)
LLE	Left lower extremity
LLL	Left lower lobe
LLQ	Left lower quadrant
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

Abbreviation/Symbol	Word/Term(s)
MICRO	Microscopic
MIN	Minimum
MIN	Minute
ML	Middle lobe
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

Abbreviation/Symbol	Word/Term(s)
OP RPT	Operative report
OR	Operating room
ORTHO	Orthopedics
OTO	Otology
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

Abbreviation/Symbol	Word/Term(s)
PTC	Percutaneous transhepatic cholecystogram
PUD	Peptic ulcer disease
PULM	Pulmonary
PVD	Peripheral vascular disease
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

Abbreviation/Symbol	Word/Term(s)
S/P	Status post
S1-S5	Sacral vertebra
S-SPINE	Sacral spine
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

Abbreviation/Symbol	Word/Term(s)
TURB	Transurethral resection bladder
TURP	Transurethral resection prostate
TVC	True vocal cord
TVH	Total vaginal hysterectomy
TX	Treatment
UE	Upper extremity
UGI	Upper gastrointestinal (series)
UIQ	Upper inner quadrant
UNDIFF	Undifferentiated
UNK	Unknown
UOQ	Upper outer quadrant
URI	Upper respiratory infection
US	Ultrasound
UTI	Urinary tract infection
VAG	Vagina/Vaginal
VAG HYST	Vaginal hysterectomy
VAIN III	Vaginal intraepithelial neoplasia (grade III)
VIN III	Vulvar intraepithelial neoplasia (grade III)
W/	With
W/F	White female
W/M	White male
W/O	Without
W/U	Work-up
WBC	White blood cells (count)
WD	Well differentiated
WELL DIFF	Well differentiated
WNL	Within normal limits
WPW	Wolff-Parkinson-White syndrome
XR	Xray
YR	Year

NAACCR Recommended Medical Abbreviation List Context-Sensitive Abbreviations

Abbreviation/Symbol	Word/Term(s)
AP	Anteroposterior
AP	Abdominal perineal
BM	Bone marrow
BM	Bowel movement
CA	Calcium
CA	Carcinoma
MIN	Minimum
MIN	Minute
ML	Milliliter
ML	Middle lobe
MM	Millimeter
MM	Multiple myeloma
PAP	Papillary
PAP	Papanicolaou smear
PT	Patient
PT	Physiotherapy/Physical therapy
RT	Right
RT	Radiation therapy

APPENDIX D: Race Coding Instructions and Race and Nationality Descriptions

Items in this Appendix:

- Race Coding Instructions - Adopted from SEER Coding and Staging Manual 2025
- 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
 - a. **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**
 - a. **Example 1:** Patient is described as White and Black. Code Race 1 as 02 (Black or African American), Race 2 as 01 (White).
 - b. **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 nonspecific 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.
 - b. **Sources in Priority Order**
 - i. The patient's self-declared identification

- ii. Documentation in the medical record
 - iii. 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
 - c. White as a last resort instead of coding unknown.
 - d. **Example:** Sabrina Fitzsimmons is a Latina. No further information is available. Code race as 01 (White).
 - e. **Note 1:** Do not code 98 (Other) in this situation.
 - f. **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 America
 - c. **Note:** 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.

 - a. **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)
 - a. **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.
 - b. **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.
 - c. **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.
 - i. **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).
 - ii. **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 “AfricanAmerican.” 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:

- "Race and Ethnicity Code Set, Version 1.0," Centers for Disease Control and Prevention, March 2000.
- "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	• Chilean†
• Afrikaner	• Colombian*†
• Albanian	• Costa Rican*†
• Algerian*	• Creole*
• Amish*	• Croat/Croatian
• Anglo-Saxon*	• Crucian*
• Arab, Arabian	• Cuban (unless specified as Black)*
• Argentinian*†	• Cypriot
• Armenian	• Czechoslovakian*
• Assyrian	• Eastern European
• Australian*	• Ebian*
• Austrian*	• Ecuadorian*†
• Azores*	• Egyptian
• Basque*	• English
• Bavarian*	• English-French*
• Bolivian*†	• English-Irish*
• Bozniak/Bosnian	• European*
• Brava/Bravo*	• Finnish*
• Brazilian†	• French
• Bulgarian	• French
• Cajun	• Canadian*
• Californio	• Georgian*
• Canadian*	• German
• Caucasian*	• Greek*
• Central American†	• Guatemalan†
• Chechnyan	• Gypsy*
• Chicano*	• 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
- Ghanaian*
- Haitian Hamitic*
- Jamaican Kenyan*
- Liberian Malawian*
- Mugandan*
- Namibian Nassau*
- Negro
- Nigerian
- Nigritian
- Nubian*
- Other African
- Santo Domingo*
- Seychelloise*
- Sudanese*
- Tanzanian*
- Tobagoan
- Togolese*
- Trinidadian
- West Indian
- Zairean

Code 03 American Indian and Alaska Native

(see separate list of tribes)

- Alaska Native
- Aleut
- American Indian
- Central American Indian
- Eskimo
- Meso American Indian
- Mexican American Indian
- South American Indian
- Spanish American Indian

Asian Race Codes

Code	Definition
96	Amerasian
16	Asian Indian
15	Asian Indian or Pakistani, NOS (code 09 prior to Version 12)
96	Asian
96	Asiatic
96	Bangladeshi
96	Bhutanese
96	Bornean
96	Bruneian
96	Burmese
13	Cambodian
96	Celebesian
96	Ceram
96	Ceylonese
04	Chinese
96	Eurasian
06	Filipino
12	Hmong
96	Indo-Chinese
96	Indonesian
05	Iwo Jiman
05	Japanese

Code	Definition
96	Javanese
13	Kampuchean
08	Korean
11	Laotian
96	Maldivian
96	Madagascar
96	Malaysian
96	Mongolian
96	Montagnard
96	Nepalese
05	Okinawan
96	Oriental
96	Other Asian
17	Pakistani
96	Sikkimese
96	Singaporean
96	Sri Lankan
96	Sumatran
04	Taiwanese
14	Thai
96	Tibetan
10	Vietnamese
96	Whello
96	Yello

Native Hawaiian and Other Pacific Islander Codes

Code	Definition
20	Bikinian
20	Carolinian
21	Chamorro
20	Chuukese
25	Cook Islander
20	Eniwetok, Enewetak
31	Fijian
22	Guamanian
07	Hawaiian
20	Kirabati
20	Kosraean
20	Kwajalein
97	Maori
20	Mariana Islander
20	Marshallese
30	Melanesian
20	Micronesian, NOS
07	Native Hawaiian
97	Nauruan
30	New Caledonian

Code	Definition
30	New Hebrides
97	Other Pacific Islander
97	Pacific Islander
20	Palauan
32	Papua New Guinean 07
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	• Cayuga	• Cochimi
• Absentee-Shawnee	• Cayuse	• Cochiti
• Acoma	• Chasta Costa	• Cocopa
• Ak Chin	• Chehalis	• Coeur D'Alene Tribe of Idaho
• Alabama-Coushatt Tribes of Texas	• Chemehuevi	• Cocopah
• Alsea	• Cherokee	• Columbia
• Apache	• Chetco	• Colville
• Arapaho	• Cheyenne	• Comox
• Arikara	• Cheyenne River Sioux	• Comanche
• Assiniboin	• Chickahominy	• Concow
• Atacapa	• Chickasaw	• Conquille
• Athapaskan	• Chinook	• Coushatta
• Atsina	• Chipewyan	• Covelo
• Aztec	• Chippewa	• Cow Creek
• Bear River	• Chippewa-Ojibwa	• Cowichan
• Beaver	• Chiricahua Apache	• Cowlitz
• Bella Coola	• Chitimacha	• Coyotero Apache
• Beothuk	• Choctaw	• Cree
• Blackfoot	• Chol	• Creek
• Boold Piegan	• Chontal	• Crow
• Blue Lake	• Chorti	• Crow Creek Sioux
• Brotherton	• Chuckchansi	• Dakota
• Caddo	• Chumash	• Delaware
• Cakchiquel-Ienca	• Clallam	• Diegueno
• Calapooya	• Clatsop	• Digger
• Carrier	• Clackamus	• Dog Rib
• Catawba	• Clear Lake	• Duckwater
• Cattaraugus	• Coast Salish	• 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
- Klinkitat
- Koasati
- Kootenai Tribe of Idaho
- Kusa
- Kutchin
- Kutenai
- Kwakiutl
- Lac Courte Dreille
- Laguna
- Lakmuit
- Lipan Apache
- Lower Brule Sioux
- Luiseno
- Lummi
- Maidu
- Makah
- Malecite
- Mandan
- Maricopa
- Mary's River
- Mashpee
- Mattaponi
- Maya
- Mayo
- Mdewakanton Sioux
- Menominee
- Menomini
- Mequendodon
- Mescalero Apache
- Miami
- Micmac
- Mission Indians
- Missouri
- Miwok
- Mixe
- Mixtec
- Modoc
- Mohave

- Mohawk
- Mohegan
- Molala
- Monachi
- Mono
- Montagnais
- Montauk
- Muckleshoot
- Munsee
- Nambe
- Namsemond
- Nanticoke
- Narragansett
- Naskapi
- Natchez
- Navaho
- Navajo
- Nez Perce
- Niantic
- Nipmuck
- Nisenan-Patwin
- Nisqually
- Nomelaki
- Nooksak
- Nootka
- Northern Paiute
- Oglala Sioux
- Okanogan
- Omaha
- Oneida
- Onondaga
- Opata
- Opato
- Osage
- Oto
- Otoe
- Otomi
- Ottawa
- Ozette
- Paiute
- Pamunkey
- Panamint
- Papago
- Passamaquoddy
- Patwin
- Pawnee

- Pen d'Oreille
- Penobscot
- Peoria
- Pequot
- Picuris
- Pima
- Pit River
- Pojoaque
- Pomo
- Ponca
- Poosepatuck
- Potawatomi
- Potomac
- Powhatan
- Pueblos
- Puyallup
- Quapaw
- Quechan
- Quileute
- Quinaielt
- Quinault
- Rappahannock
- Rogue River
- Rosebud Sioux
- Sac and Fox
- Saginaw
- Salish
- Sandia
- San Felipe
- San Ildefonso
- San Juan
- San Lorenzo
- San Luis Obispo
- San Luiseno
- Sanpoil
- Sanpoil Nespelem
- Sant'ana
- Santa Barbara
- Santa Clara
- Santa Ynez
- Santee
- Santee Sioux
- Santiam
- Sauk and Fox
- Scaticook
- Sekane

- Seminole
- Seneca
- Seri
- Shasta
- Shawnee
- Shinnecock
- Shivwits Band of
Paiutes
- Shoshone
- Shoshone-Bannock
- Shuswap
- Siouans
- Sioux
- Sisseton
- Sisseton-Wahpeton
Sioux
- Siuslaw
- Skagit Suiattle
- Skokomish
- Slave
- Smith River
- Snake
- Snohomish
- Snoqualmi
- Songish Southern
Paiute
- Squaxin
- Stockbridge
- Sumo-Mosquito
- Suquamish
- Swinomish
- Taimskin
- Tanana
- Tanoan Pueblos
- Taos
- Tarahumare
- Tarascan
- Tawakoni
- Tejon
- Tenino or Warm
Springs
- Tesuque
- Teton
- Teton Sioux
- Tillamook
- Timucua

- Thlinget
- Tolowa
- Tonawanda
- Tonkawa
- Tonto Apache
- Topinish
- Totonac
- Tsimshian
- Tulalip
- Tule River Indians
- Tunica
- Tuscarora
- Tututni
- Umatilla
- Umpqua
- Upper Chinook
- Ute
- Waca
- Waicuri-Pericue
- Wailaki
- Walapai
- Walla Walla
- Wampanoag
- Wapato
- Warm Springs
- Wasco
- Washo
- Washoe
- Western Apache
- Western Shoshone
- Whilkut
- Wichita
- Wikchamni
- Wind River
Shoshone
- Winnebago
- Wintu
- Wintun
- Wishram
- Wyandotte
- Xicaque
- Yahooskin
- Yakima
- Yamel
- Yana
- Yankton

- Yanktonnais Sioux
 - Yaqui
 - Yaquina
 - Yavapai
 - Yawilmani
 - Yellow Knife
 - Yerington Paiute
- Yokuts
 - Yokuts-Mono
 - Yomba Shoshone
 - Yuchi
 - Yuki
 - Yuma
 - Yurok
- Zacatec
 - Zapotec
 - Zia
 - Zoque
 - Zuni

Race and Nationality Descriptions Alphabetic Index

Code	Race/Nationality
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*

Code	Race/Nationality
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

Code	Race/Nationality
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

Code	Race/Nationality
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

Code	Race/Nationality
03	Crow
03	Crow Creek Sioux
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

Code	Race/Nationality
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

Code	Race/Nationality
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

Code	Race/Nationality
03	Kansa
03	Karankawa
03	Karok
03	Kaska
03	Kaw
03	Kawai
03	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
03	Laguna
03	Lakmuit
11	Laotian
01	Latin American*†
01	Latino/Latina
01	Latvian*
01	Lebanese

Code	Race/Nationality
02	Liberian
01	Libyan*
03	Lipan Apache
01	Lithuanian*
03	Lower Brule Sioux 03
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
03	Mexican American Indian
03	Miami

Code	Race/Nationality
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

Code	Race/Nationality
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*
03	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

Code	Race/Nationality
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

Code	Race/Nationality
25	Polynesian
03	Pomo
20	Ponapean
03	Ponca
03	Poosepatuck
01	Portuguese*
03	Potawatomi
03	Potomac
03	Powhatan
03	Pueblos
01	Puerto Rican (unless specified as Black)
03	Puyallup
Q	
03	Quapaw
03	Quechan
03	Quileute
03	Quinaielt
03	Quinault
R	
03	Rappahannock
03	Rogue River
01	Romanian*
03	Rosebud Sioux
01	Rumanian
01	Russian*
S	
03	Sac and Fox 03
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

Code	Race/Nationality
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
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

Code	Race/Nationality
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

Code	Race/Nationality
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
01	Tunisian*
01	Turkish, Turk*
03	Tuscarora
03	Tututni
25	Tuvaluan
U	
01	Ukranian*
03	Umatilla

Code	Race/Nationality
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

Code	Race/Nationality
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: Spanish Surnames - 2020 Census List

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

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

ALDRETE	ALGUESEVA	ALMEJO	ALTENES
ALDUEN	ALIAGA	ALMENA	ALTIMIRANO
ALDUENDA	ALICANTE	ALMENAR	ALTONAGA
ALEANTAR	ALICCA	ALMENARA	ALTOSINO
ALEBIS	ALICEA	ALMENARES	ALTRECHE
ALEDO	ALICIA	ALMENDARES	ALTUBE
ALEGADO	ALIJA	ALMENDAREZ	ALTUNA
ALEGRE	ALINAYA	ALMENDARIZ	ALTUR
ALEGRET	ALIPAZ	ALMENDRAL	ALTURET
ALEGRIA	ALIRE	ALMENDRAS	ALTUZARRA
ALEJANDRE	ALIRES	ALMENGOR	ALUAREZ
ALEJANDRES	ALIREZ	ALMENGOR	ALUIZO
ALEJANDREZ	ALLADICE	ALMERA	ALUSTIZA
ALEJANDRO	ALLADO	ALMERAZ	ALUYON
ALEJO	ALLALA	ALMERIA	ALVA
ALEJOS	ALLANDE	ALMESTICA	ALVANADO
ALELUNAS	ALLARID	ALMEYDA	ALVARA
ALEMAN	ALLEGGRANZA	ALMEZQUITA	ALVARADA
ALEMANIA	ALLEGUE	ALMIRALL	ALVARADO
ALEMANY	ALLEGUEZ	ALMIRUDIS	ALVARAZ
ALEMAR	ALLENDE	ALMODOBAR	ALVARDEZ
ALEN	ALLENEGUI	ALMODOUAR	ALVARDO
ALENCASTRO	ALLESANDRO	ALMODOVA	ALVAREDO
ALEQUIN	ALLONGO	ALMODOVAR	ALVARENGA
ALERS	ALLOZA	ALMOGABAR	ALVARES
ALERTE	ALMA	ALMOGUERA	ALVAREZ
ALEVEDO	ALMADA	ALMOINA	ALVARIDO
ALEXANDRINO	ALMADO	ALMONACID	ALVARINO
ALFALLA	ALMADOVA	ALMONDOVAR	ALVARODO
ALFARA	ALMAGER	ALMONTE	ALVARRAN
ALFARD	ALMAGNER	ALMONTES	ALVARY
ALFARO	ALMAGRO	ALMORA	ALVEAR
ALFASSA	ALMAGUER	ALMUINA	ALVELAIS
ALFAU	ALMANCE	ALOMA	ALVELO
ALFEREZ	ALMANDOZ	ALOMAR	ALVERADO
ALFONSECA	ALMANSA	ALONA	ALVERANGA
ALFONSO	ALMANZA	ALONSO	ALVERES
ALFONZO	ALMANZAN	ALONZO	ALVEREZ
ALFRIDO	ALMANZAR	ALOY	ALVERIO
ALGARA	ALMANZO	ALOYO	ALVERO
ALGARIN	ALMAQUER	ALPIZAR	ALVEZ
ALGARRA	ALMARAS	ALPUCHE	ALVIAR
ALGAVA	ALMARAZ	ALPUIN	ALVIDRES
ALGEA	ALMARES	ALQUICIRA	ALVIDREZ
ALGECIRAS	ALMAREZ	ALSINA	ALVILLAR
ALGORA	ALMARZA	ALTAGRACIA	ALVIRA
ALGORRI	ALMAZAN	ALTAMIRA	ALVIRDE
ALGORTA	ALMEDA	ALTAMIRANO	ALVIREZ
ALGUACIL	ALMEDINA	ALTARRIBA	ALVISO

ALVITRE	AMIAL	ANDRADO	ANTIMO
ALVIZAR	AMIEIRO	ANDREOLAS	ANTOLIN
ALVIZO	AMIEVA	ANDREU	ANTOLINEZ
ALVIZU	AMIGO	ANDREZ	ANTOMARCHY
ALVO	AMILL	ANDRIAL	ANTONETTY
ALVORADO	AMIRA	ANDRINO	ANTOPIA
ALZA	AMIRES	ANDUAGA	ANTRILLO
ALZAGA	AMOR	ANDUEZA	ANTU
ALZALDE	AMORES	ANDUIZA	ANTUNA
ALZATE	AMOROS	ANDUJA	ANTUNANO
ALZINA	AMOROZ	ANDUJAL	ANTUNEZ
ALZOLA	AMOSTEGUI	ANDUJAR	ANZALDA
ALZUGARAY	AMUZURRUTIA	ANDUJO	ANZALDO
ALZURI	AMPARAN	ANDUYO	ANZALDUA
AMABISCA	AMPARANO	ANDUZE	ANZAR
AMADOR	AMPARO	ANEIRO	ANZARA
AMAGO	AMPUDIA	ANEIROS	ANZARDO
AMALBERT	AMPUERO	ANEL	ANZELDE
AMALLA	ANADON	ANERO	ANZORENA
AMARGOS	ANALCO	ANGELES	ANZUA
AMARILLA	ANALLA	ANGLADA	ANZUALDA
AMARILLAS	ANAMOSA	ANGLADE	ANZUETO
AMARO	ANASAGASTI	ANGLERO	ANZULES
AMAVISCA	ANAYA	ANGOCO	ANZURES
AMAVIZCA	ANAZAGASTY	ANGON	APABLASA
AMAYA	ANCHANDO	ANGUEIRA	APADACA
AMBE	ANCHIA	ANGUERA	APAEZ
AMBEGUIA	ANCHIETA	ANGUIANO	APALATEGUI
AMBERT	ANCHONDO	ANGUINO	APALATEQUI
AMBIÁ	ANCHUNDIA	ANGUITA	APARICIO
AMBRIS	ANCIRA	ANGULO	APELLANIZ
AMBRIZ	ANCISO	ANIAS	APEZTEGUIA
AMEJORADO	ANDA	ANIBARRO	APODACA
AMELY	ANDABLO	ANILLO	APODACO
AMENABAR	ANDALON	ANIZ	APODOCA
AMENEDO	ANDALUZ	ANORGA	APOLINAR
AMENGUAL	ANDASOLA	ANQUIANO	APONTE
AMESCUA	ANDAVAZO	ANSALDUA	APORTELA
AMESGUITA	ANDAVERDE	ANSALMO	APRATO
AMESOLA	ANDAZOLA	ANSISO	APRICIO
AMESQUA	ANDEREZ	ANSOATEGUI	APUAN
AMESQUITA	ANDIARENA	ANSOLABEHERE	AQUAYO
AMESTI	ANDINA	ANSURES	AQUERO
AMESTOY	ANDINO	ANTA	AQUEVEQUE
AMEZAGA	ANDOLLO	ANTABLIN	AQUIAR
AMEZCUA	ANDRACA	ANTELO	AQUILAR
AMEZOLA	ANDRADA	ANTEQUERA	AQUILERA
AMEZQUITA	ANDRADE	ANTIGUA	AQUILES
AMEZUA	ANDRADES	ANTILLON	AQUILLAR

AQUIN
 AQUINAGA
 AQUINES
 AQUIRRE
 ARA
 ARABALO
 ARABI
 ARABITG
 ARACENA
 ARACHE
 ARADILLAS
 ARAGO
 ARAGON
 ARAGONES
 ARAGONEZ
 ARAGUAS
 ARAGUNDI
 ARAGUS
 ARAGUZ
 ARAICA
 ARAIN
 ARAIZ
 ARAIZA
 ARAMAYO
 ARAMBEL
 ARAMBUL
 ARAMBULA
 ARAMBULO
 ARAMBURO
 ARAMBURU
 ARAMENDIA
 ARAN
 ARANA
 ARANALDE
 ARANAS
 ARANAZ
 ARANCIBIA
 ARANDA
 ARANDIA
 ARANDO
 ARANDULES
 ARANEGUI
 ARANETA
 ARANGO
 ARANGUA
 ARANGUIZ
 ARANGURE
 ARANGUREN
 ARANIBAR

ARANJON
 ARANO
 ARANZA
 ARANZAZU
 ARANZUBIA
 ARAOZ
 ARAQUE
 ARATER
 ARAUGO
 ARAUS
 ARAUSA
 ARAUX
 ARAUZ
 ARAUZA
 ARAVENA
 ARAVJO
 ARAYA
 ARAYATA
 ARBALLO
 ARBELAEZ
 ARBELBIDE
 ARBELLO
 ARBELO
 ARBESU
 ARBIDE
 ARBISO
 ARBIZO
 ARBIZU
 ARBOLAEZ
 ARBOLAY
 ARBOLEDA
 ARBOLEYA
 ARBONA
 ARBUCIAS
 ARBURUA
 ARCA
 ARCACHA
 ARCADIA
 ARCARAZO
 ARCAS
 ARCAUTE
 ARCAY
 ARCAYA
 ARCE
 ARCEGA
 ARCELAY
 ARCELO
 ARCELONA
 ARCENTALES

ARCEO
 ARCHE
 ARCHIBEQUE
 ARCHILA
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 ARCHULETA
 ARCHULETO
 ARCHULETTA
 ARCHULTA
 ARCHUNDE
 ARCHUNDIA
 ARCHUTETA
 ARCHVLETA
 ARCIA
 ARCIAGA
 ARCIBA
 ARCIDES
 ARCIGA
 ARCILA
 ARCINAS
 ARCINIAGA
 ARCINIEGA
 ARCINO
 ARCIZO
 ARCOS
 ARCOVERDE
 ARCULETA
 ARDAIZ
 ARDANAZ
 ARDANS
 ARDANZ
 ARDAVIN
 ARDIGO
 ARDILA
 ARDILLA
 ARDOIS
 ARDON
 AREA
 AREAN
 AREAS
 AREBALO
 AREBALOS
 ARECES
 ARECHAGA
 ARECHAVALETA
 ARECHE
 ARECHIGA
 ARECO
 AREDONDO

AREGON
 AREGULLIN
 AREIZAGA
 AREJULA
 ARELANO
 ARELLANA
 ARELLAND
 ARELLANDO
 ARELLANES
 ARELLANEZ
 ARELLANO
 ARELLANOS
 ARELLIN
 ARENAL
 ARENAS
 ARENAZ
 ARENAZA
 ARENCIBIA
 ARENDAIN
 ARENIBAS
 ARENIVAR
 ARENIVAS
 ARES
 ARESTEGUI
 AREU
 AREVALO
 AREVALOS
 AREYAN
 AREYANO
 ARFE
 ARGAEZ
 ARGAIN
 ARGAIS
 ARGANDA
 ARGANDONA
 ARGANZA
 ARGEANAS
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 ARGIBAY
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 ARGOMANIZ
 ARGOTE
 ARGUDIN
 ARGUDO
 ARGUELIES

ARGUELL
 ARGUELLES
 ARGUELLEZ
 ARGUELLO
 ARGUERA
 ARGUESO
 ARGUETA
 ARGUEZ
 ARGUIJO
 ARGUILEZ
 ARGUILLES
 ARGUILLIN
 ARGUINDEGUI
 ARGUINZONI
 ARGULA
 ARGULLIN
 ARGUMANIZ
 ARGUMEDO
 ARGUMOSA
 ARIA
 ARIAS
 ARIAZ
 ARIAZA
 ARIBAS
 ARICHETA
 ARIEY
 ARIGA
 ARIGULLIN
 ARILES
 ARINEZ
 ARINO
 ARISMELENDEZ
 ARISMENDI
 ARISOLA
 ARISPE
 ARISSO
 ARISTA
 ARISTE
 ARISTIZABAL
 ARISTO
 ARISTONDO
 ARISTUD
 ARISTY
 ARIYASU
 ARIZ
 ARIZA
 ARIZABAL
 ARIZABALETA
 ARIZAGA

ARIZALA
 ARIZALETA
 ARIZMELENDEZ
 ARIZMENDI
 ARIZMENDIS
 ARIZMENDIZ
 ARIZOLA
 ARIZON
 ARIZPE
 ARIZTIA
 ARIZU
 ARJON
 ARJONA
 ARMADA
 ARMADILLO
 ARMADO
 ARMAIZ
 ARMANDARIZ
 ARMARIO
 ARMAS
 ARMENDA
 ARMENDARES
 ARMENDAREZ
 ARMENDARIS
 ARMENDARIZ
 ARMELENDEZ
 ARMENDIA
 ARMENGOL
 ARMENTA
 ARMENTERO
 ARMENTEROS
 ARMERO
 ARMESTO
 ARMIENTA
 ARMIGO
 ARMIJO
 ARMIJOS
 ARMINAN
 ARMINANA
 ARMITO
 ARMO
 ARMOLA
 ARMORA
 ARNADO
 ARNAEZ
 ARNAIZ
 ARNALDO
 ARNAVAT
 ARNEDO

ARNERO
 ARNIELLA
 AROCENA
 AROCHA
 AROCHE
 AROCHI
 AROCHO
 AROIZA
 AROS
 AROSEMENA
 AROSTEGUI
 AROYA
 AROYO
 AROZ
 AROZENA
 ARPON
 ARQUELLES
 ARQUELLO
 ARQUER
 ARQUERO
 ARQUES
 ARQUETA
 ARQUIMBAU
 ARQUIZA
 ARRABAL
 ARRACHE
 ARRAIGA
 ARRAIZA
 ARRAMBIDE
 ARRANAGA
 ARRASTIA
 ARRATIA
 ARRAYA
 ARRAZCAETA
 ARRAZOLA
 ARREA
 ARREAGA
 ARREALA
 ARREAZOLA
 ARREBOLA
 ARRECHE
 ARRECHEA
 ARREDENDO
 ARREDONDA
 ARREDONDO
 ARREGUI
 ARREGUIN
 ARREGUY
 ARRELLANO

ARRELLIN
 ARRENDO
 ARRENDONDO
 ARRENQUIN
 ARREOLA
 ARREQUIBE
 ARREQUIN
 ARRESTOY
 ARRETCHE
 ARREY
 ARREYGUE
 ARREZOLA
 ARRIAGA
 ARRIAGO
 ARRIARAN
 ARRIASOLA
 ARRIAZA
 ARRIAZOLA
 ARRIBA
 ARRIBAS
 ARRIERA
 ARRIERO
 ARRIETA
 ARRIETE
 ARRIETTA
 ARRIGA
 ARRILLAGA
 ARRIOLA
 ARRIQUIDEZ
 ARRISOLA
 ARRITOLA
 ARRIVILLAGA
 ARRIZOLA
 ARRIZON
 ARROCENA
 ARROJAS
 ARROJO
 ARROLLADO
 ARROLLO
 ARRONA
 ARRONDO
 ARRONGE
 ARRONIZ
 ARRONTE
 ARROYA
 ARROYAS
 ARROYAVE
 ARROYO
 ARROYOS

ARROZ
ARRUE
ARRUFAT
ARSATE
ARSOLA
ARSUAGA
ARTACHE
ARTALEJO
ARTAU
ARTAUD
ARTAVIA
ARTAZA
ARTEA
ARTEAGA
ARTEAGO
ARTECHE
ARTECONA
ARTEGA
ARTEGO
ARTELLAN
ARTERO
ARTESONA
ARTETA
ARTIAGA
ARTIDIELLO
ARTIEDA
ARTIGA
ARTIGAS
ARTIGO
ARTILES
ARTIME
ARTIZ
ARTOLA
ARTOLOZAGA
ARTURET
ARTUZ
ARUCA
ARUFE
ARUIZU
ARUJO
ARUS
ARUZ
ARVALLO
ARVAYO
ARVELO
ARVISU
ARVIZA
ARVIZO
ARVIZU

ARZA
ARZABAL
ARZABALA
ARZAGA
ARZAGOITIA
ARZAMENDI
ARZAPALO
ARZATE
ARZAVE
ARZENO
ARZOLA
ARZON
ARZU
ARZUAGA
ASAD
ASCANO
ASCAR
ASCARATE
ASCARRUNZ
ASCENCIO
ASCENCION
ASCENSIO
ASCUNCE
ASEBEDO
ASENCIO
ASENCION
ASENJO
ASENSIO
ASEO
ASEVEDO
ASEVES
ASIS
ASOMOZA
ASPEITIA
ASPERIN
ASPEYTIA
ASPIAZU
ASPILLAGA
ASPIRAS
ASPRA
ASPURIA
ASPURO
ASPURU
ASSEO
ASSIS
ASTACIO
ASTENCIO
ASTENGO
ASTIAZARAN

ASTIZ
ASTOL
ASTORGA
ASTRAN
ASTUDILLO
ASTURIAS
ASUA
ASUEGA
ASUNSOLO
ASURMENDI
ASUSTA
ATALA
ATANACIO
ATANCIO
ATAYDE
ATECA
ATEHORTUA
ATENCIO
ATIENZA
ATIENZO
ATILANO
ATILES
ATONDO
ATRA
ATRIO
ATTENCIO
ATUCHA
AUCES
AUDELO
AUFFANT
AUGILAR
AUILA
AUILES
AULET
AUMADA
AURIOLES
AURRECOECHEA
AUZA
AVALA
AVALO
AVALOS
AVALOZ
AVARCA
AVECHUCO
AVECILLAS
AVELAR
AVELLAN
AVELLANAL
AVELLANEDA

AVELLANET
AVENDANO
AVIGael
AVILA
AVILAS
AVILES
AVILEZ
AVILLAN
AVILUCEA
AVINA
AVITA
AVITEA
AVITIA
AVITUA
AYABARRENO
AYALA
AYALLA
AYALO
AYAN
AYARZAGOITIA
AYBAR
AYCART
AYENDE
AYERBE
AYERDI
AYERZA
AYES
AYESTARAN
AYLLON
AYMAT
AYMERICH
AYOLA
AYON
AYORA
AYOROA
AYUSO
AZA
AZARES
AZCANO
AZCARATE
AZCARRAGA
AZCARRETA
AZCOITIA
AZCONA
AZCUE
AZCUI
AZCUY
AZIOS
AZNAR

AZNAREZ	BAEZCRUZ	BALASQUIDE	BALERO
AZOCA	BAGU	BALBANEDA	BALESTERRI
AZOCAR	BAGUE	BALBAS	BALGOS
AZOFRA	BAGUER	BALBASTRO	BALIA
AZOR	BAGUERO	BALBIN	BALIDO
AZOY	BAGUES	BALBINA	BALINA
AZPEITIA	BAGUEZ	BALBOA	BALIZAN
AZPIAZU	BAHADUE	BALBONA	BALLADARES
AZPIRI	BAHAMON	BALBONTIN	BALLADAREZ
AZPIROZ	BAHAMONDE	BALBUENA	BALLAGAS
AZUA	BAHAMONDES	BALCACER	BALLARDO
AZUARA	BAHAMUNDI	BALCARCEL	BALLATE
AZUCENA	BAHENA	BALCAZAR	BALLEJO
AZUELA	BAIDA	BALCELLS	BALLEJOS
AZUETA	BAIGEN	BALCORTA	BALLERAS
AZURDIA	BAILEZ	BALDARAMOS	BALLESTA
BABARAN	BAILLERES	BALDARRAMA	BALLESTAS
BABIDA	BAILON	BALDARRAMOS	BALLESTE
BABILONIA	BAIRES	BALDAZO	BALLESTER
BABIO	BAISA	BALDELOMAR	BALLESTERAS
BACA	BAISDON	BALDENEGRO	BALLESTERO
BACALLAO	BAIZ	BALDEON	BALLESTEROS
BACARDI	BAIZA	BALDERA	BALLESTROS
BACCA	BAJADA	BALDERAMA	BALLEZ
BACELIS	BAJANA	BALDERAMOS	BALLEZA
BACERRA	BAJANDAS	BALDERAS	BALLI
BACHICHA	BAJE	BALDERAZ	BALLINA
BACILIO	BAJO	BALDEROS	BALLINAS
BACOS	BALADES	BALDERRAMA	BALLOTE
BACOSA	BALADEZ	BALDERS	BALMACEDA
BADA	BALADO	BALDEVARONA	BALMANA
BADAJOS	BALADRON	BALDEZ	BALMASEDA
BADAJOSA	BALAEZ	BALDILLEZ	BALMORES
BADELLA	BALAGIA	BALDIT	BALOSSO
BADELLO	BALAGOT	BALDIVIA	BALSA
BADIA	BALAGUE	BALDIVIEZ	BALSECA
BADIAL	BALAGUER	BALDIZAN	BALSEIRO
BADIAS	BALAGUERA	BALDIZON	BALSERA
BADILLA	BALAIS	BALDOMERO	BALSINDE
BADILLO	BALAJADIA	BALDONADO	BALTAR
BADIO	BALANDRA	BALDOQUIN	BALTASAR
BADIOLA	BALANDRAN	BALDOR	BALTAZAR
BAELLA	BALANDRANO	BALDOVINO	BALTIERRA
BAELLO	BALANGA	BALDOVINOS	BALTIERREZ
BAENA	BALANON	BALDOZ	BALTODANO
BAERGA	BALANZA	BALDRICHE	BALUJA
BAESA	BALAREZO	BALEME	BALVANEDA
BAEZ	BALARIN	BALENCIA	BALVERDE
BAEZA	BALART	BALERIO	BALZOLA

BAMUELOS	BARBOA	BARRAD	BARROCAS
BANA	BARBOLA	BARRAGAN	BARRONA
BANAGA	BARBONTIN	BARRAGAR	BARROSA
BANAGAS	BARBOSA	BARRAGON	BARROSO
BANALES	BARCALA	BARRAJAS	BARROTERAN
BANANDO	BARCELO	BARRAL	BARROZA
BANARER	BARCELON	BARRALES	BARROZO
BANARES	BARCENA	BARRAMEDA	BARRUECO
BANCES	BARCENAS	BARRANDEY	BARRUETA
BANCIELLA	BARCENES	BARRANO	BARSENAS
BANDA	BARCENEZ	BARRANTES	BARTOLOME
BANDERAS	BARCENILLA	BARRAQUE	BARTOLOMEY
BANDIN	BARCIA	BARRARA	BARTUREN
BANDURRAGA	BARCIGALUPIA	BARRASA	BARZA
BANEGAS	BARCIMO	BARRATACHEA	BARZAGA
BANEZ	BARCINAS	BARRAZ	BARZANA
BANIQUED	BARCON	BARRAZA	BARZILLA
BANOS	BARCOS	BARREDA	BARZIZA
BANREY	BARDALES	BARREDO	BARZOLA
BANUELAS	BARDINAS	BARREGO	BAS
BANUELOS	BARDISA	BARREIRO	BASABE
BANUET	BAREA	BARRENA	BASADRE
BANVELOS	BARED	BARRENECHE	BASAITES
BAO	BARELA	BARRENECHEA	BASALDO
BAPTISTO	BARELAS	BARRENO	BASALDU
BAQUEDANO	BARENCO	BARRERA	BASALDUA
BAQUERA	BARENO	BARRERAGARCIA	BASALDUE
BAQUERIZO	BARETTO	BARRERAS	BASALLO
BAQUERO	BAREZ	BARRERAZ	BASALO
BAQUIRAN	BARGARA	BARRERO	BASALOVA
BARAGAN	BARGAS	BARRETA	BASANES
BARAGANA	BARGOS	BARRETO	BASANEZ
BARAGAS	BARGUIARENA	BARREZUETA	BASANO
BARAHONA	BARILLAS	BARRIA	BASANTES
BARAJAS	BARIN	BARRIAGA	BASCON
BARAJOS	BARINAS	BARRIAL	BASCONCILLO
BARALT	BARLOCO	BARRIAS	BASCOY
BARANDA	BARNACHEA	BARRIENTES	BASCUAS
BARANDIARAN	BARO	BARRIENTEZ	BASDEO
BARASORDA	BAROCIO	BARRIENTO	BASILLA
BARAY	BAROJAS	BARRIENTOS	BASOCO
BARAZ	BAROS	BARRIERA	BASORA
BARBA	BAROSELA	BARRIERO	BASQUES
BARBACHANO	BAROZ	BARRIGA	BASQUEZ
BARBARENA	BARQUERA	BARRILLAS	BASTANCHURY
BARBASA	BARQUERO	BARRIO	BASTARDO
BARBEITO	BARQUET	BARRIONUEVO	BASTERRECHEA
BARBERAN	BARQUEZ	BARRIOS	BASTIDA
BARBERENA	BARQUIN	BARRO	BASTIDAS

BASTIDOS	BAZURTO	BELEN	BENIGUEZ
BASUA	BEADA	BELENDEZ	BENINE
BASUALDO	BEANES	BELETTE	BENIQUEZ
BASULTO	BEAS	BELEZ	BENITES
BASURA	BEAZ	BELIO	BENITEZ
BASURCO	BECARIA	BELLAFLORES	BENITO
BASURTO	BECCERA	BELLEZ	BENITOA
BATALLA	BECCERRA	BELLIARD	BENOVIDEZ
BATALLAN	BECEIRO	BELLIDO	BENTA
BATAN	BECENA	BELLMAS	BENTANCOUR
BATANIDES	BECERA	BELLOSO	BENTANCOURT
BATILLA	BECERRA	BELMARES	BENTANCUD
BATINE	BECERRIL	BELMAREZ	BENTANCUR
BATIST	BECERRO	BELMONTES	BENTURA
BATISTA	BECHARA	BELMONTEZ	BENUDIZ
BATIZ	BECHO	BELMUDES	BENUN
BATIZA	BECUAR	BELMUDEZ	BENZAQUEN
BATLLE	BEDIA	BELNAS	BEOVIDES
BATLLIA	BEDOLLA	BELOZ	BEQUER
BATRES	BEDOY	BELTRA	BERAIN
BATREZ	BEDOYA	BELTRAN	BERASATEGUI
BATRIZ	BEGA	BELTRANENA	BERAZA
BATULE	BEGANO	BELTRE	BERBAN
BAUSA	BEGONA	BELVADO	BERBENA
BAUSTISTA	BEGUIRISTAIN	BENABE	BERBER
BAUTA	BEIRO	BENABIDES	BERBERENA
BAUTISTA	BEISTEGUI	BENADO	BERCEDONIS
BAUZA	BEITIA	BENALCAZAR	BERDEAL
BAUZO	BEITRA	BENALLO	BERDECIA
BAYANILLA	BEJAR	BENAUDES	BERDEJA
BAYARDO	BEJARAN	BENAVEDIZ	BERDEJO
BAYARENA	BEJARANO	BENAVENT	BERDUGO
BAYAS	BEJERANO	BENAVENTE	BERDUSCO
BAYCORA	BEJINES	BENAVIDAS	BEREA
BAYDES	BEJINEZ	BENAVIDES	BEREAL
BAYLINA	BELA	BENAVIDEZ	BERENGUER
BAYLON	BELANCOURT	BENAVIDOS	BERENY
BAYO	BELANDRES	BENCOMO	BERGADO
BAYON	BELARDE	BENCOSME	BERGARA
BAYONA	BELARDES	BENDALIN	BERGEZ
BAYRON	BELARDO	BENDAMIO	BERGOLLA
BAYUGA	BELASQUEZ	BENEGAS	BERICOCHEA
BAZA	BELASQUIDA	BENEJAN	BERJAN
BAZAIN	BELAUNDE	BENERO	BERLANGA
BAZALDUA	BELAUNZARAN	BENESTANTE	BERLANGO
BAZAMAN	BELAUSTEGUI	BENETEZ	BERMEA
BAZAN	BELAVAL	BENEVIDEZ	BERMEJILLO
BAZAURE	BELCHEZ	BENGOA	BERMEJO
BAZUA	BELDEROL	BENGOCHEA	BERMEO

BERMUDA	BESINAIZ	BINGOCHEA	BOFILL
BERMUDES	BESTARD	BINIMELIS	BOGARIN
BERMUDEZ	BESTEIRO	BIRBA	BOHORQUEZ
BERMUNDEZ	BESU	BIRONDO	BOILES
BERNABE	BETANCE	BIRRIEL	BOITES
BERNAL	BETANCES	BIRRUETA	BOJORGES
BERNALDEZ	BETANCIS	BISA	BOJORGUEZ
BERNALL	BETANCOURT	BISBAL	BOJORQUES
BERNARDEZ	BETANCOURTH	BISCAILUZ	BOJORQUEZ
BERNDES	BETANCUR	BISCAINO	BOLADERES
BERNELL	BETANCURT	BISCAYART	BOLADO
BERNEZ	BETETA	BISTRAIN	BOLANO
BERNUDEZ	BETHENCOURT	BISUANO	BOLANOS
BEROIZ	BETONCOURT	BITELA	BOLEDA
BERONDA	BETRAN	BITHORN	BOLET
BERRAYARZA	BEXAR	BITOLAS	BOLIVAR
BERRELES	BEZA	BLADUELL	BOLOIX
BERRELEZ	BEZANILLA	BLAJOS	BOLTARES
BERRELLEZ	BEZARES	BLANCARTE	BOLUFE
BERRELLEZA	BEZERRA	BLANCAS	BOMBALIER
BERRERA	BIANE	BLANCO	BONACHEA
BERREYESA	BIANES	BLANCOCERDA	BONAFONT
BERRIOS	BIANGEL	BLANES	BONAL
BERRIOZABAL	BIAR	BLANQUET	BONALES
BERRIZ	BIASCOECHEA	BLANQUEZ	BONEFONT
BERROA	BIBIAN	BLANQUIZ	BONET
BERROCAL	BIBIANO	BLASQUEZ	BONETA
BERROCALES	BIBILONI	BLAYA	BONICHE
BERRONES	BICHARA	BLAZQUEZ	BONILLA
BERROS	BIDABE	BLEA	BONILLAS
BERROSPE	BIDAL	BLONDET	BONILLO
BERROTERAN	BIDART	BOADA	BONUZ
BERRU	BIDET	BOADO	BORAD
BERRUECO	BIDO	BOBADILLA	BORBOA
BERRUECOS	BIDOT	BOBADILLO	BORBOLLA
BERSOSA	BIEDMA	BOBE	BORBON
BERSOZA	BIELMA	BOBEA	BORDAGARAY
BERTAINA	BIENES	BOBEDA	BORDALLO
BERTOT	BIERA	BOBELE	BORDANO
BERTRAN	BIGON	BOBIAN	BORDAYO
BERUBEN	BILANO	BOBILLO	BORDEGARAY
BERUMEN	BILBAO	BOCACHICA	BORDENAVE
BERUVIDES	BILBRAUT	BOCANEGRA	BORDOY
BERZOZA	BILLAFRANCO	BOCARDI	BOREGO
BESA	BILLALBA	BOCHAS	BORELA
BESADA	BILLALOBOS	BODERO	BORERO
BESARES	BILLESCAS	BODIROGA	BORGUEZ
BESCOS	BINAS	BOERAS	BORJA
BESERRA	BINELO	BOEZ	BORJAS

BORJON	BRANA	BRUCELAS	BURBANO
BORNIA	BRANCACHO	BRUCIAGA	BURBOA
BORONDA	BRANCACIO	BRUGUERA	BURCET
BORONDO	BRANDARIZ	BRUGUERAS	BURCIAGA
BOROVAY	BRANUELAS	BRUSUELAS	BURCIAGO
BORQUEZ	BRASSELERO	BRUZOS	BURCOS
BORRAJO	BRASUEL	BUANTELO	BURDEOS
BORRAS	BRAULIO	BUBELA	BURGADO
BORRAYO	BRAVO	BUCETA	BURGARA
BORREGO	BREA	BUCIO	BURGENO
BORRER	BRECEDA	BUELNA	BURGOA
BORRERO	BREIJO	BUENABAD	BURGOS
BORRICO	BREMA	BUENAFE	BURGUAN
BORRIOS	BRENES	BUENAVENTURA	BURGUENO
BORROEL	BRENLLA	BUENCONSEJO	BURGUETE
BORROTO	BRETADO	BUENDEL	BURIEL
BORRUEL	BRETO	BUENDIA	BURILLO
BORUNDA	BRETOS	BUENFIL	BURITICA
BOSMENIER	BRIALES	BUENO	BURNEO
BOSQUE	BRIANO	BUENROSTRO	BURNIAS
BOSQUES	BRIAS	BUENRROSTRO	BURQUEZ
BOSQUEZ	BRIBIESCA	BUENSUCESO	BURRA
BOTANA	BRIBIESCAS	BUENTELLO	BURRIEL
BOTARD	BRICENO	BUENTEO	BURRIOLA
BOTAS	BRIENO	BUENTIEMPO	BURROLA
BOTELL	BRIEVA	BUENTILLO	BURRON
BOTELLA	BRIGNONI	BUERAS	BURRUEL
BOTELLO	BRIJALBA	BUERES	BURSIAGA
BOTERO	BRIJIL	BUERGO	BURUATO
BOTILLER	BRILLANTES	BUFANDA	BUSIGO
BOTILLO	BRINGAS	BUGALLO	BUSQUET
BOUCOURT	BRINGUEZ	BUGARIN	BUSQUETS
BOULLON	BRIO	BUIGAS	BUSTABAD
BOUZA	BRIONES	BUIGUES	BUSTABADE
BOUZAS	BRIONEZ	BUILES	BUSTAMANTE
BOVADILLA	BRISENO	BUILTRON	BUSTAMANTES
BOVEDA	BRISITA	BITRAGO	BUSTAMANTEZ
BOVES	BRISO	BITRON	BUSTAMARTE
BRACAMONTE	BRISUELA	BITUREIDA	BUSTAMENTE
BRACAMONTES	BRITO	BITUREIRA	BUSTAMONTE
BRACAMONTEZ	BRIZ	BUJAN	BUSTANANTE
BRACERO	BRIZAL	BUJANDA	BUSTAS
BRACEROS	BRIZENO	BUJANOS	BUSTED
BRACHO	BRIZO	BUJOSA	BUSTELO
BRADOR	BRIZUELA	BULERIN	BUSTEMANTE
BRAMASCO	BROCAS	BULLAS	BUSTILLO
BRAMBILA	BROCHE	BULNES	BUSTILLOS
BRAMBILL	BRONDO	BULOS	BUSTINZA
BRAN	BROTONS	BULTRON	BUSTIO

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

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

CARABALLOPEREZ
 CARABANTES
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 CARAJAL
 CARALT
 CARAMBOT
 CARAMEROS
 CARAMES
 CARAMILLO
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 CARANZA
 CARAPIA
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 CARASA
 CARASCO
 CARATACHEA
 CARATAN
 CARATTINI
 CARAVACA
 CARAVAJAL
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 CARAZO
 CARBA
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 CARBALLEIRA
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 CARBELLIDO
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 CARBONEL
 CARBONELL

CARBOT
 CARCACHE
 CARCAMO
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 CARCANAQUES
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 CARCAS
 CARCELLERO
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 CARDINEZ
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 CARDONAS
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 CARDOVA
 CAREAGA
 CARELA
 CARETA
 CARIAS
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 CARIELO
 CARIGA
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 CARINGAL
 CARINHAS
 CARIRE
 CARISALEZ
 CARLA
 CARLETTELLO
 CARLOS
 CARMENATE
 CARMENATES

CARMENATY
 CARMOEGA
 CARMONA
 CARNERA
 CARNERO
 CARNICER
 CARNICERO
 CARO
 CARONADO
 CAROPINO
 CARPENA
 CARPINTERO
 CARPINTEYRO
 CARPIO
 CARPIZO
 CARRABALLO
 CARRACEDO
 CARRADA
 CARRADERO
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 CARRALERO
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 CARRANSA
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 CARRASCO
 CARRASCOSA
 CARRASQUILLO
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 CARRASQUILLA
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 CARRATALA
 CARRAU
 CARRAZANA
 CARRAZCO
 CARREAGA
 CARREDO
 CARREJO
 CARRENO
 CARREON
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CARRETERO
 CARRETO
 CARRIAGA
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 CARRICABURU
 CARRICARTE
 CARRIDO
 CARRIEDO
 CARRIJO
 CARRIL
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 CARRILLA
 CARRILLE
 CARRILLO
 CARRILO
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 CARRION
 CARRIQUE
 CARRISAL
 CARRISALES
 CARRISALEZ
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 CARRIZAL
 CARRIZALES
 CARRIZALEZ
 CARRIZO
 CARRIZOSA
 CARRIZOZA
 CARRODEGUAS
 CARROLA
 CARROSQUILLO
 CARRSCO
 CARRUESCO
 CARTAGEN
 CARTAGENA
 CARTAGO
 CARTANA
 CARTAS
 CARTAYA
 CARUAJAL
 CARVAJAL
 CARVAJALES
 CARVAJALINO
 CASABLANCA
 CASABO
 CASADAS
 CASADES

CASADO	CASORLA	CASTIEL	CAUCE
CASADOS	CASPARIS	CASTILIO	CAUDALES
CASAIS	CASPILLO	CASTILL	CAUDILLO
CASAL	CASSARES	CASTILLA	CAULA
CASALES	CASSAS	CASTILLANOS	CAUNDER
CASALS	CASSIAS	CASTILLAS	CAUSO
CASAMAYOR	CASSILLAS	CASTILLEJA	CAVANAS
CASANAS	CASSINERIO	CASTILLEJO	CAVASAS
CASANDRA	CASSO	CASTILLEJOS	CAVASOS
CASANOVA	CASTAIGNE	CASTILLERO	CAVAZ
CASANOVAS	CASTAN	CASTILLIO	CAVAZAS
CASANUEVA	CASTANA	CASTILLO	CAVAZOS
CASARES	CASTANADA	CASTILLON	CAVAZOS
CASAREZ	CASTANARES	CASTINEIRA	CAVEDA
CASARIEGO	CASTANEADA	CASTINEIRAS	CAVERO
CASARRUBIAS	CASTANED	CASTINEYRA	CAVEZA
CASAS	CASTANEDA	CASTORENA	CAVIEDES
CASASNOVAS	CASTANEDO	CASTORENO	CAVIEL
CASASOLA	CASTANER	CASTRA	CAVLA
CASASUS	CASTANIETO	CASTREJON	CAVOS
CASAUS	CASTANO	CASTRELLON	CAVOZOS
CASAVANTES	CASTANOLA	CASTRESANA	CAYADO
CASCANTE	CASTANON	CASTRILLO	CAYANAN
CASCON	CASTANOS	CASTRILLON	CAYCEDO
CASCOS	CASTANUELA	CASTRIZ	CAYERE
CASCUDO	CASTANY	CASTRO	CAYEROS
CASELAS	CASTEJON	CASTRODAD	CAYIAS
CASELLAS	CASTELA	CASTROMAN	CAYON
CASERAS	CASTELAN	CASTRON	CAYUELA
CASERES	CASTELANO	CASTROVERDE	CAYUSO
CASERMA	CASTELAO	CASTRUITA	CAZAMIAS
CASERO	CASTELAR	CASUL	CAZANAS
CASERZA	CASTELAZO	CASUSO	CAZARES
CASES	CASTELBLANCO	CATA	CAZAREZ
CASIA	CASTELDEORO	CATACALOS	CAZARIN
CASIAN	CASTELEIRO	CATACHE	CAZON
CASIANO	CASTELLANAS	CATALA	CDEBACA
CASIAS	CASTELLANES	CATALAN	CDEVACA
CASICA	CASTELLANOS	CATALENA	CEBADA
CASIELLES	CASTELLANOZ	CATANACH	CEBALLES
CASILLA	CASTELLAR	CATANO	CEBALLO
CASILLAN	CASTELLON	CATAQUET	CEBALLOS
CASILLAS	CASTELLS	CATASCA	CEBEY
CASILLOS	CASTELLVI	CATASUS	CEBOLLERO
CASINES	CASTELNAU	CATEORA	CEBRERO
CASIQUE	CASTELO	CATETE	CEBREROS
CASIQUITO	CASTENADA	CATOLICO	CEBRIAN
CASIS	CASTENEDA	CATZOELA	CECENA
CASMERO	CASTIBLANCO	CAUAZOS	CEDANO

CEDENO	CERECEDOS	CHAFINO	CHARRIA
CEDILLO	CERECEDO	CHAGAS	CHARRIEZ
CEDILLOS	CERECERES	CHAGOLLA	CHARRIN
CEDINO	CERECEREZ	CHAGOLLAN	CHARRIS
CEDO	CERECERO	CHAGOY	CHARRO
CEGARRA	CEREIJO	CHAGOYA	CHARVEZ
CEGUEDA	CEREZO	CHAGOYAN	CHATON
CEIDE	CERIN	CHAGOYEN	CHAUARRIA
CEIJAS	CERMENO	CHAGRA	CHAVANA
CEJA	CERNA	CHAGUACEDA	CHAVANNA
CEJAS	CERNAS	CHAIDES	CHAVARELA
CEJO	CERNO	CHAIDEZ	CHAVARIA
CEJUDO	CERNUDA	CHAIRA	CHAVARILLO
CELA	CERON	CHAIRES	CHAVARIN
CELADA	CERPA	CHALA	CHAVARRA
CELADO	CERRILLO	CHALAMBAGA	CHAVARRI
CELARDO	CERRILLOS	CHALDU	CHAVARRIA
CELAYA	CERRITOS	CHAMARTIN	CHAVARRIAGA
CELAYETA	CERROS	CHAMIZO	CHAVARRO
CELEDON	CERTEZA	CHAMORO	CHAVECO
CELEIRO	CERUANTES	CHAMORRO	CHAVERA
CELICEO	CERVANES	CHANDARLIS	CHAVERO
CELIS	CERVANTE	CHANES	CHAVEZ
CELIZ	CERVANTES	CHANEZ	CHAVIANO
CELORIO	CERVANTEZ	CHANGALA	CHAVIRA
CENA	CERVENTES	CHANO	CHAVIRO
CENDAN	CERVERA	CHANONA	CHAVOLLA
CENDEJAS	CESANI	CHANTACA	CHAVOYA
CENDOYA	CESENA	CHANTALA	CHAYRA
CENICEROS	CESIN	CHANTRES	CHAYRE
CENISEROS	CESPEDES	CHAPA	CHAYREZ
CENISEROZ	CESPEDEZ	CHAPARRO	CHAZARO
CENOS	CESTERO	CHAPELA	CHAZARRETA
CENTELLAS	CEVALLO	CHAPERO	CHECA
CENTENO	CEVALLOS	CHAPOY	CHECO
CENTERO	CEVILLA	CHAPPARO	CHEDA
CENTURION	CEYANES	CHAPRALIS	CHEMALI
CEPEDA	CHABARRIA	CHAPRON	CHENTE
CEPEDES	CHABERA	CHARAFA	CHERENA
CEPERO	CHABEZ	CHARANZA	CHERENE
CERABELLA	CHABOLLA	CHARBA	CHERINO
CERALDE	CHABOYA	CHARBULA	CHERTA
CERBANTES	CHABRIER	CHARCA	CHESSANI
CERBANTEZ	CHACA	CHARCAS	CHEVANNES
CERCADO	CHACANACA	CHARDON	CHEVARRIA
CERDA	CHACON	CHARFAUROS	CHEVAS
CERDEIRA	CHADES	CHARNECO	CHEVERES
CERDEIRAS	CHADEZ	CHARO	CHEVEREZ
CERECEDA	CHAFFINO	CHARRES	CHEVEZ

CHEVRES	CIDDIO	CLAVELL	COLLADA
CHIAGO	CIEGO	CLAVELO	COLLADO
CHIAPA	CIENA	CLAVERAN	COLLANTES
CHICA	CIENEGA	CLAVERIA	COLLASO
CHICAS	CIENEGAS	CLAVERO	COLLAZO
CHICO	CIENFUEGOS	CLAVIJO	COLLOZO
CHICVARA	CIERRA	CLEMENA	COLLS
CHIDE	CIFRE	CLERO	COLMENAR
CHIFALO	CIFREDO	CLIMENT	COLMENARES
CHIHUAHUA	CIFUENTES	COBA	COLMENERO
CHILIMIDOS	CIGAR	COBALLES	COLOCHO
CHIMAL	CIGARROA	COBAR	COLOCIO
CHINANA	CILLERO	COBARRUBIA	COLODRO
CHINCHILLA	CIMADEVILLA	COBARRUBIAS	COLOM
CHINEA	CIMARRON	COBARRUBIO	COLOMA
CHINO	CIMENTAL	COBARRUVIAS	COLOMAR
CHIONG	CINDO	COBAS	COLOMBANA
CHIONO	CINEUS	COBELO	COLOMBANI
CHIOVARE	CINTA	COBEO	COLOMBERO
CHUPI	CINTAS	COBIAN	COLOME
CHIPRES	CINTORA	COBIELLA	COLOMER
CHIQUES	CINTRA	COBIO	COLOMES
CHIQUETE	CINTRON	COBO	COLOMINAS
CHQUITO	CIONCO	COBOS	COLOMO
CHIRIBOGA	CIPRES	COBREIRO	COLON
CHIRINO	CIREROL	COCA	COLONDRES
CHIRINOS	CIRES	COCIO	COLONNETTA
CHOA	CIRIA	CODINA	COLONTORRES
CHOLICO	CIRIECO	CODON	COLORADO
CHOMAT	CIRILO	CODORNIZ	COLORBIO
CHOMORI	CIRIZA	COELLO	COLORE
CHONO	CIRLOS	COFINO	COLORES
CHOPERENA	CIRULI	COFRESI	COLOROSO
CHORNA	CISNER	COIRA	COLSA
CHOTO	CISNERAS	COLACION	COLUDRO
CHOUZA	CISNERNOS	COLACO	COLUMBIE
CHOZA	CISNERO	COLARTE	COLUNGA
CHUCA	CISNEROS	COLAS	COMACHO
CHUDALLA	CISNEROZ	COLATO	COMADURAN
CHUMACERO	CISTERNA	COLCA	COMAS
CHUMISO	CIVEROLO	COLCHADO	COMBARRO
CHUPE	CLARA	COLDERON	COMELLAS
CHURBE	CLARIT	COLDIVAR	COMESANA
CHURRUCA	CLARO	COLEGIO	COMESANAS
CIBERAY	CLAROS	COLET	COMON
CIBRIAN	CLAROT	COLIMA	COMORRE
CICERON	CLAUDIO	COLINA	COMPANIONI
CICILIA	CLAUSTRO	COLINDRES	COMPARAN
CID	CLAVEL	COLIO	COMPARY

COMPEAN	COPADO	CORONA	COSCULLUELA
COMPIAN	COPETILLO	CORONADA	COSILLO
COMPITO	COPRIVIZA	CORONADO	COSILLOS
COMPOS	COQUOZ	CORONAS	COSIO
COMPTIS	CORA	CORONEL	COSME
CONCEPCION	CORALES	CORPAS	COSSIO
CONCEPTION	CORANADO	CORPION	COSSO
CONCHA	CORAZON	CORPORAN	COSTALES
CONCHADO	CORBALA	CORPOS	COSTELON
CONCHAS	CORBEA	CORPUS	COSTILLA
CONCHO	CORBELLA	CORRADA	COSTILLO
CONCHOLA	CORBERA	CORRAL	COSTOSO
CONCHOS	CORCES	CORRALEJO	COSTRUBA
CONDADO	CORCHADO	CORRALES	COTA
CONDARCO	CORCHERO	CORRALEZ	COTARELO
CONDE	CORCHETE	CORRALIZA	COTAYO
CONDENSA	CORCHO	CORRALLS	COTELO
CONEJERO	CORCINO	CORRCA	COTERA
CONEJO	CORCOLES	CORREA	COTERILLO
CONESA	CORCOVELOS	CORREDERA	COTERO
CONFORME	CORDENIZ	CORREDOR	COTILLA
CONRADO	CORDERO	CORREO	COTINOLA
CONRERAS	CORDILLO	CORRES	COTITTA
CONRIQUE	CORDOBA	CORRETJER	COTO
CONRIQUEZ	CORDOBES	CORREU	COTRINA
CONS	CORDOLA	CORRILLO	COTTES
CONSONERO	CORDONA	CORRIPIO	COTTO
CONSTANCIO	CORDOSO	CORRIZ	COTULLA
CONSTANTE	CORDOVA	CORROS	COUARRUBIAS
CONSUEGRA	CORDOVER	CORTADA	COUCE
CONSUELO	CORDOVES	CORTAZA	COUCEYRO
CONTADOR	CORDOVEZ	CORTAZAR	COUMPAROULES
CONTEMPRATO	CORDOVI	CORTES	COUSO
CONTERAS	CORDOZA	CORTEZ	COUTIN
CONTEREAS	COREANO	CORTIJO	COUTINO
CONTERO	CORELLA	CORTINA	COUVERTIER
CONTIVAL	CORENTE	CORTINAS	COVARRUBIA
CONTRARAS	CORIA	CORTINAZ	COVARRUBIAS
CONTREAS	CORIANO	CORTINES	COVARRUBIAZ
CONTRERA	CORIAT	CORTINEZ	COVARRUBIO
CONTRERAS	CORIZ	CORTIZO	COVARRUVIAS
CONTRERASS	CORMALIS	CORUGEDO	COVARRYBIAS
CONTRERAZ	CORNEJO	CORUJO	COVARUBIAS
CONTRERES	CORNEJOS	CORVAN	COVAS
CONTREROS	CORNIDE	CORVERA	COVIAN
CONTRERRAS	CORNIELL	CORVISON	COVILLO
CONTRESAS	CORNIER	CORZA	COVIO
CONTRESTANO	CORODOVA	CORZO	COVO
CONTREVAS	COROMINAS	COS	COVOS

COYA	CUARON	CUNI	DAUZ
COYAZO	CUARTAS	CUNILL	DAVALOS
CREITOFF	CUASCUT	CUNYUS	DAVILA
CREMAR	CUATE	CUPELES	DAVILAS
CREMATA	CUBANO	CUPRILL	DAVILLA
CRESPIN	CUBAS	CURA	DAVILO
CRESPO	CUBENAS	CURBELLO	DAZA
CRIADO	CUBERO	CURBELO	DCRUZ
CRIBEIRO	CUBIAS	CURET	DEAGEN
CRIOLLO	CUBILLAS	CURIEL	DEAGUERO
CRIOYOS	CUBILLO	CURRAIS	DEAGUILAR
CRISANTES	CUBILLOS	CURRAS	DEAGUIRRE
CRISANTO	CUBIO	CURREA	DEALBA
CRISANTOS	CUBRIEL	CURZ	DEALCALA
CRISOSTO	CUCALON	CUSCO	DEALEJANDRO
CRISOSTOMO	CUCUTA	CUSTODIA	DEALVA
CRISTALES	CUEBA	CUSTODIO	DEALVAREZ
CRISTAN	CUEBAS	CUTIE	DEAMADOR
CRISTANCHO	CUELIAR	CUYA	DEANDA
CRISTERNA	CUELLA	CUYAR	DEANDE
CRISTIA	CUELLAR	CUZA	DEANDRES
CRISTIAN	CUELLER	DABALOS	DEAQUERO
CRISTIN	CUELLO	DABILA	DEARAGON
CRISTOBAL	CUEN	DACUMOS	DEARCE
CRISTOFOL	CUENCA	DAGNESSES	DEARCO
CRIXELL	CUENCO	DAGO	DEARCOS
CROSAS	CUENTAS	DAGUERRE	DEARELLANO
CROZ	CUENTO	DAGUILAR	DEARIAS
CRUANES	CUERDO	DALAMA	DEARMAS
CRUANYAS	CUERO	DALBOSCO	DEARO
CRUCES	CUERVO	DALIPE	DEARRIBA
CRUCETA	CUESTA	DALMAU	DEARRILLAGA
CRUZ	CUESTAS	DALMIDA	DEARROYO
CRUZADO	CUETO	DANACHE	DEARTEAGA
CRUZAT	CUEVA	DANTUS	DEASES
CRUZATA	CUEVAS	DAPENA	DEAVILA
CRUZCOSA	CUEVAZ	DARDANES	DEAYALA
CRUZCRUZ	CUEVOS	DARDIZ	DEAZEVEDO
CRUZON	CUILAN	DARDON	DEBACA
CRUZRODRIGUEZ	CUIN	DARIAS	DEBARE
CUADRA	CUIZON	DARNAUD	DEBARRA
CUADRADO	CULEBRO	DARQUEA	DEBATISTA
CUADRAS	CULTRERI	DARRIBA	DEBATO
CUADRAZ	CUMBA	DARUNA	DEBAYONA
CUADRO	CUMPIAN	DASTAS	DEBESA
CUADROS	CUMPIANO	DATIL	DEBONILLA
CUAN	CUNANAN	DAUBAR	DEBRAS
CUARA	CUNES	DAUILA	DEBRAVO
CUARENTA	CUNEZ	DAUSA	DEBRUYAN

DEBUENO	DEFIESTA	DEJORIA	DELALLAVE
DECABRAL	DEFIGUEROA	DEJUAN	DELALLERA
DECALDERON	DEFILLO	DELAARENA	DELALOZA
DECALLE	DEFLORES	DELABARCA	DELALTO
DECAMACHO	DEFRESE	DELABARCENA	DELALUZ
DECANTU	DEFRISCO	DELABARRERA	DELAMADRID
DECAPRILES	DEFUENTES	DELABARZA	DELAMANCHA
DECARDENAS	DEGANI	DELABRA	DELAMATA
DECASAS	DEGARAY	DELACABADA	DELA MAZA
DECASO	DEGARCIA	DELACAL	DELAMELLA
DECASTANEDA	DEGARZA	DELACALLE	DELAMERCED
DECASTILLO	DEGELIA	DELACAMARA	DELA MO
DECASTRO	DEGOES	DELACAMPA	DELAMORA
DECENA	DEGOLLADO	DELACANAL	DELAMORENA
DECERDA	DEGOMEZ	DELACERDA	DELAMOTA
DECERVANTES	DEGONZALES	DELACHICA	DELANDA
DECESPEDES	DEGONZALEZ	DELA CONCEPCION	DELANGEL
DECHAVEZ	DEGRACIA	DELA CONCHA	DELANOVAL
DECHOUDENS	DEGUARA	DELACORTE	DELANUEZ
DECIGA	DEGUARDIA	DELACOTERA	DELA O
DECLET	DEGUERRA	DELACRUZ	DELAOSA
DECOLLADO	DEGUERRERO	DELACUADRA	DELAOSSA
DECOLON	DEGUEVARA	DELACUESTA	DELA PARRA
DECONTRERAS	DEGUIMERA	DELACUEVA	DELA PASS
DECORDOBA	DEGUTIERREZ	DELACURZ	DELA PAZ
DECORDOVA	DEGUZMAN	DELAESPRIELLA	DELA PENA
DECORO	DEHARO	DELA FE	DELAPEZA
DECORONA	DEHERNANDEZ	DELA FUENTE	DELAPIEDRA
DECORONADO	DEHERRERA	DELA FUENTES	DELA PLATA
DECORSE	DEHESA	DELA FUNTE	DELA PORTILLA
DECORTEZ	DEHOMBRE	DELAGADILLO	DELA POZA
DECOS	DEHORTA	DELAGADO	DELA PRIDA
DECRISTINO	DEHOSTOS	DELAGARRIGUE	DELA PUENTE
DECRUZ	DEHOYAS	DELAGARZA	DELA RA
DECUEVA	DEHOYOS	DELAGDO	DELA REA
DECUEVAS	DEIBARRA	DELAGRANA	DELA REZA
DEDELGADO	DEIDA	DELAGUARDIA	DELA RIOS
DEDIAZ	DEIMES	DELAGUERRA	DELA RIVA
DEDIEGO	DEIRO	DELAGUILA	DELA ROCA
DEDIOS	DEISLA	DELAHERA	DELA ROCHA
DEDOMINGUEZ	DEITA	DELAHERRAN	DELA ROSA
DEDUARTE	DEITURRONDO	DELAHOYA	DELA ROZA
DEESPARZA	DEJARA	DELAHOZ	DELA RRA
DEESTRADA	DEJAUREGUI	DELAHUERTA	DELA RROYO
DEFALCON	DEJESU	DELAISLA	DELA RUA
DEFALLA	DEJESUS	DELAJARA	DELA SANTOS
DEFERIA	DEJESUSGARCIA	DELALASTRA	DELA SCASAS
DEFERNANDEZ	DEJESUSORTIZ	DELA CAZAR	DELA SCUEVAS
DEFEX	DEJIMENEZ	DELA LLATA	DELA SERNA

DELASHERAS	DELFRANCIA	DELPIN	DEMIGUEL
DELASIERRA	DELGADA	DELPINAL	DEMIRANDA
DELATEJA	DELGADILL	DELPINO	DEMOLINA
DELATEJERA	DELGADILLO	DELPORTILLO	DEMONTEBELLO
DELATOBA	DELGADO	DELPOSO	DEMONTES
DELATORRE	DELGADODEORAMAS	DELPOZO	DEMONTEVERDE
DELATORRES	DELGIORGIO	DELPRADO	DEMONTOYA
DELATORRIENTE	DELGODO	DELPUESTO	DEMORALES
DELATRINIDAD	DELHARO	DELRAZO	DEMORENO
DELAUZ	DELHIERRO	DELREAL	DEMOYA
DELAVARA	DELHOYO	DELREY	DEMUNOZ
DELAVEGA	DELIGANIS	DELRICO	DEMURGA
DELAVELLANO	DELIRA	DELRIEGO	DENA
DELAVICTORIA	DELISEO	DELRINCON	DENAVA
DELAVINA	DELIZ	DELRIO	DENAVARRO
DELAYA	DELJUNCO	DELRISCO	DENAVAS
DELAZERDA	DELLANO	DELRIVERO	DENAVEJAR
DELBARRIO	DELLLANO	DELROSAL	DENECOCHEA
DELBLANCO	DELMARGO	DELROSARIO	DENIEVES
DELBOSQUE	DELMENDO	DELSALTO	DENINA
DELBOSQUEZ	DELMERCADO	DELSOL	DENOGEAN
DELBOZQUE	DELMORAL	DELTEJO	DENORIEGA
DELBREY	DELMUNDO	DELTIEPO	DENUNEZ
DELBUSTO	DELMURO	DELTORO	DEOCA
DELCADO	DELNODAL	DELUA	DEOCAMPO
DELCALVO	DELOA	DELUAO	DEOCHOA
DELCAMPILLO	DELOEN	DELUJAN	DEOLEO
DELCAMPO	DELOERA	DELUNA	DEOLIVIERA
DELCASTILLO	DELOLMO	DELVAL	DEOLMO
DELCASTRO	DELOPEZ	DELVALLE	DEORO
DELCERRO	DELORA	DELVILLAR	DEORTA
DELCID	DELORO	DELVINO	DEORTEGA
DELCOLLADO	DELOSADA	DEMACIAS	DEORTIZ
DELCORRAL	DELOSANGELES	DEMALADE	DEOSDADE
DELCORRO	DELOSANTOS	DEMARCHENA	DEOSORIO
DELCRISTO	DELOSCOBOS	DEMARIN	DEOTERIS
DELCUETO	DELOSMONTEROS	DEMARQUEZ	DEOTERO
DELCURTO	DELOSPRADOS	DEMARRERO	DEPABLO
DELDAGO	DELOSREYES	DEMARTINEZ	DEPACHECO
DELEGANIS	DELOSRIOS	DEMATA	DEPACO
DELEIJA	DELOSSANT	DEMATAS	DEPADILLA
DELEON	DELOSSANTOS	DEMATEO	DEPARRA
DELERIO	DELOYA	DEMEDINA	DEPAZ
DELERME	DELOYOLA	DEMEIRE	DEPEDRO
DELESCAILLE	DELOZA	DEMENA	DEPENA
DELEZA	DELOZADA	DEMENDEZ	DEPEREZ
DELFANTE	DELPALACIO	DEMENDOZA	DEPLATA
DELFIERRO	DELPARDO	DEMERCADO	DEPONCE
DELFIN	DELPILAR	DEMESA	DEPORTILLO

DEPORTO	DESOSA	DEZARRAGA	DOMENZAIN
DEPORTOLA	DESOTO	DEZAYAS	DOMIGUEZ
DEPOZO	DESOTOMAYOR	DEZUNIGA	DOMINCO
DEPRAD	DESPANIA	DIACOS	DOMINGEZ
DEPRADO	DESPLANTES	DIAGO	DOMINGNEZ
DEQUESADA	DESPUES	DIAMOS	DOMINGUEZ
DEQUEVEDO	DESRAVINES	DIASDELEON	DOMINGUIZ
DEQUINTANA	DESSERO	DIAZ	DOMINIGUEZ
DEQUIROZ	DESTRADA	DIAZACEVEDO	DOMINQUEZ
DERAMIREZ	DESUACIDO	DIAZCOLON	DOMIO
DERAMOS	DETAPIA	DIAZCRUZ	DOMONDON
DERAS	DETEJADA	DIAZDEARCE	DONADO
DERENIA	DETEVIS	DIAZDELCAMPO	DONATE
DEREYES	DETOLEDO	DIAZDELCASTILLO	DONEIS
DERIOS	DETORRES	DIAZDELEON	DONES
DERIVAS	DETRANALTES	DIAZDEVILLEGAS	DONESTEVEZ
DERIVERA	DETRES	DIAZMEDINA	DONEZ
DERMA	DETRINIDAD	DIAZPIEDRA	DONIAS
DEROBLES	DEULLOA	DIAZRIVERA	DONJUAN
DEROCA	DEVACA	DIAZRODRIGUEZ	DONLUCAS
DERODRIGUEZ	DEVALDEZ	DIEGO	DONOSO
DERODRIQUEZ	DEVALENCIA	DIEGUEZ	DOPAZO
DEROJAS	DEVALLE	DIEPPA	DOPICO
DEROMERO	DEVALON	DIEZ	DOPORTO
DEROSARIO	DEVARA	DIMAS	DORADO
DEROZA	DEVARGAS	DIODONET	DORAME
DERRERA	DEVARONA	DIODOSIO	DORANTES
DERUBIO	DEVASQUEZ	DIONES	DORREGO
DERUEDA	DEVAZQUEZ	DIOS	DORTA
DERUISA	DEVEGA	DIOSDADO	DORTICOS
DESABOTA	DEVELASCO	DIOSES	DOSAL
DESAENZ	DEVELEZ	DIRECTO	DOSAMANTES
DESALAS	DEVENCENTY	DISARUFINO	DOSELA
DESALAZAR	DEVERA	DISLA	DOVAL
DESALERNOS	DEVIA	DISTABILE	DOVALES
DESALES	DEVIAN	DOBAL	DOVALINA
DESALINAS	DEVICENTE	DOBAO	DOVO
DESANCHEZ	DEVICTORIA	DOBARGANES	DOZAL
DESANTIAGO	DEVILA	DOBLADO	DSPAIN
DESANTIASGO	DEVILLA	DOCAL	DUARDO
DESANTOS	DEVILLAR	DOCAMPO	DUARTE
DESARACHO	DEVILLEGAS	DOCE	DUARTES
DESCALZO	DEVOLIN	DOJAQUEZ	DUBON
DESEVILLA	DEYA	DOLATRE	DUCOS
DESIERRA	DEYCAZA	DOLMO	DUEN
DESIGA	DEYNES	DOMENA	DUENAS
DESOCARRAS	DEZA	DOMENECH	DUENES
DESOCARRAZ	DEZAMORA	DOMENGUEZ	DUENEZ
DESOLO	DEZARA	DOMENO	DUENO

DUENOS	ECHEVARRIETA	ELGO	ENCHINTON
DUHAGON	ECHEVARRIO	ELGUEA	ENCINA
DUHALDE	ECHEVERIA	ELGUERA	ENCINAS
DULZAIDES	ECHEVERRI	ELGUESEBA	ENCINIA
DUMAGUINDIN	ECHEVERRIA	ELGUEZABAL	ENCINIAS
DUMBRIGUE	ECHEVERRY	ELICIER	ENCINIOS
DUME	ECHEVESTE	ELISALDA	ENCINO
DUMENG	ECHEZABAL	ELISALDE	ENCINOSA
DUMENIGO	ECHEZARRETA	ELISALDEZ	ENCISCO
DUQUE	ECHIRIBEL	ELISARRARAZ	ENCISO
DURAN	ECHIVERRI	ELISERIO	ENCIZO
DURANGO	ECHIVESTER	ELISONDO	ENDARA
DURANONA	EDERRA	ELIXAVIDE	ENDAYA
DURANZA	EDESA	ELIZADE	ENDEMANO
DURATE	EDEZA	ELIZAGA	ENDOSO
DURAZO	EDILLO	ELIZALDA	ENGRACIO
DURON	EDQUIVEL	ELIZALDE	ENGUIDANOS
ECHABARNE	EDREIRA	ELIZALDI	ENJADY
ECHANDI	EDROSA	ELIZANDO	ENRIGUEZ
ECHANDIA	EDROSOLAN	ELIZANDRO	ENRIQUE
ECHANIZ	EDROZO	ELIZARDE	ENRIQUES
ECHARREN	EGANA	ELIZARDI	ENRIQUEZ
ECHARRI	EGAS	ELIZARDO	ENRRIQUEZ
ECHARTEA	EGEA	ELIZARRARAS	ENSENAT
ECHAUARRIA	EGIPCIACO	ELIZARRARAZ	EPIDENDIO
ECHAURI	EGLESIAS	ELIZARRAS	EQUIA
ECHAVARIA	EGUED	ELIZONDA	EQUIHUA
ECHAVARRI	EGUES	ELIZONDO	ERAS
ECHAVARRIA	EGUEZ	ELJAUA	ERASO
ECHAVARRY	EGUIA	ELORDUY	ERAUSQUIN
ECHAVE	EGUIGUREN	ELORREAGA	ERAZO
ECHAVERIA	EGUILUZ	ELORRIAGA	ERCHED
ECHAVES	EGUINO	ELORZA	ERCILLA
ECHAVESTE	EGUIZABAL	ELOSEGUI	ERCILLO
ECHAVEZ	EGURE	ELOSUA	ERDOZAIN
ECHAZABAL	EGURROLA	ELUGARDO	EREBIA
ECHAZARRETA	EGUSQUIZA	ELVIRA	EREDIA
ECHEAGARAY	EIRAS	ELYCIO	ERES
ECHEANDIA	EIRIZ	EMMANUELLI	EREVIA
ECHEBARRIA	ELEBARIO	EMMITE	ERIBES
ECHEGARAY	ELEGINO	EMPASIS	ERIVES
ECHEGOYEN	ELEJALDE	EMPERADOR	ERIVEZ
ECHEGUREN	ELEMEN	EMPLEO	EROLES
ECHEMENDIA	ELENA	ENAMORADO	EROSA
ECHENIQUE	ELENES	ENCALADA	ERREA
ECHERIVEL	ELENEZ	ENCALLADO	ERRECA
ECHERRI	ELEVARIO	ENCARNACION	ERRISURIZ
ECHEVARIA	ELEZONDO	ENCERRADO	ERRO
ECHEVARRIA	ELGARRESTA	ENCHAUTEGUI	ERROA

ESCABAR	ESCATELL	ESPANOLA	ESQUEDO
ESCABEDO	ESCATIOLA	ESPARAZA	ESQUELL
ESCABI	ESCAURIZA	ESPARRA	ESQUENAZI
ESCABIA	ESCOBADO	ESPARSA	ESQUER
ESCAJEDA	ESCOBAL	ESPARSEN	ESQUERA
ESCALA	ESCOBALES	ESPARZ	ESQUERDO
ESCALADA	ESCOBAR	ESPARZA	ESQUERO
ESCALANTE	ESCOBARETE	ESPEJEL	ESQUERRA
ESCALENTE	ESCOBEBO	ESPEJO	ESQUERRE
ESCALERA	ESCOBEDA	ESPELETA	ESQUEVEL
ESCALET	ESCOBEDO	ESPENDEZ	ESQUIBAL
ESCALLE	ESCOBER	ESPENOSA	ESQUIBEL
ESCALLON	ESCOBIDO	ESPENOZA	ESQUIBIAS
ESCALON	ESCOBIO	ESPERA	ESQUIERDO
ESCALONA	ESCOBOSA	ESPERANZA	ESQUIJAROSA
ESCALONTE	ESCOBOZA	ESPERAS	ESQUIJARROSA
ESCAMILLA	ESCOCHEA	ESPERICUETA	ESQUILIANO
ESCAMILLAS	ESCODEDO	ESPERIQUETA	ESQUILIN
ESCAMILLO	ESCOJIDO	ESPERO	ESQUINCA
ESCANAME	ESCOLAR	ESPERON	ESQUINEL
ESCANDELL	ESCOMILLA	ESPIGUL	ESQUIVAL
ESCANDON	ESCONTRIAS	ESPINA	ESQUIVEL
ESCANES	ESCORCIA	ESPINAL	ESQUIVEZ
ESCANIO	ESCORIAZA	ESPINALES	ESQUIVIAS
ESCANO	ESCORPISO	ESPINAR	ESTABA
ESCANUELA	ESCORZA	ESPINDOLA	ESTABILLO
ESCANUELAS	ESCOTA	ESPINDULA	ESTADA
ESCAPA	ESCOTO	ESPINEIRA	ESTADES
ESCAPITA	ESCOVADO	ESPINEL	ESTALA
ESCAPULE	ESCOVAR	ESPINELL	ESTAMPA
ESCAR	ESCOVEDO	ESPINET	ESTANOL
ESCARCEGA	ESCOVER	ESPINO	ESTAPE
ESCARCIDA	ESCRIBA	ESPINOR	ESTAVILLA
ESCARCIGA	ESCRIBANO	ESPINOSA	ESTAVILLO
ESCARDA	ESCRICHE	ESPINOZ	ESTEBAN
ESCARENIO	ESCUADRA	ESPINOZA	ESTEBANE
ESCARENO	ESCUDER	ESPIRICUETA	ESTEBANEZ
ESCARIZ	ESCUDERO	ESPIRITI	ESTEBES
ESCARPIO	ESCUETA	ESPIRITU	ESTEBEZ
ESCARRA	ESCUJURI	ESPITALETA	ESTEFAN
ESCARRAMAN	ESCUTIA	ESPLITIA	ESTEFANI
ESCARREGA	ESGUERRA	ESPLANA	ESTELA
ESCARSEGA	ESPADA	ESPONDA	ESTENOZ
ESCARSIGA	ESPADAS	ESPRIU	ESTEPA
ESCARTIN	ESPAILLAT	ESPRONCEDA	ESTEPAN
ESCARZAGA	ESPALIN	ESPUDO	ESTERAS
ESCARZEGA	ESPANA	ESPURVOA	ESTERO
ESCASENA	ESPANO	ESQUEA	ESTEUES
ESCATEL	ESPANOL	ESQUEDA	ESTEVA

ESTEVAN	EVANGEL	FANGONILO	FELIU
ESTEVANE	EVANGELATOS	FANJUL	FELIX
ESTEVANES	EVARO	FARACH	FELIZ
ESTEVANEZ	EVIA	FARAGOZA	FELPETO
ESTEVE	EXIGA	FARFAN	FELUMERO
ESTEVEZ	EXINIA	FARGA	FEMAT
ESTEVIS	EXPARZA	FARGAS	FEMAT
ESTEVIZ	EXPOSITO	FARIAS	FENTANES
ESTIEN	EYLICIO	FARILLAS	FENTE
ESTIMBO	EYZAGUIRRE	FARINAS	FEO
ESTOLANO	EZCURRA	FARINOS	FERAMISCO
ESTOLAS	EZETA	FARIOS	FERDIN
ESTOPELLAN	EZQUEDA	FARPELLA	FEREZ
ESTOPINAN	EZQUER	FARRALES	FERIA
ESTOQUE	EZQUERRA	FARRAY	FERMANDEZ
ESTORGA	EZQUERRO	FARRERA	FERMIN
ESTRACA	EZRATTY	FARRIAS	FERNADEZ
ESTRAD	EZRRE	FARROS	FERNANDE
ESTRADA	FABAL	FARRULLA	FERNANDEZ
ESTRADAS	FABELA	FAS	FERNANDEZCUETO
ESTRADE	FABELO	FAUDOA	FERNANDEZDECAST
ESTRADO	FABILA	FAUELA	FERNANDEZDELARA
ESTRALLA	FABRA	FAUNI	FERNANDO
ESTRANY	FABREGAS	FAURA	FERNENDEZ
ESTRELLA	FABREGAT	FAURIA	FERNIZ
ESTRELLAS	FABROS	FAUSTINOS	FERNIZA
ESTRELLO	FABRYGEL	FAUSTO	FERRADAS
ESTREMER	FACIO	FAVELA	FERRADAZ
ESTREMO	FACUNDO	FAVELLA	FERRAEZ
ESTRINGEL	FADRIQUE	FAVELO	FERRAIZ
ESTRONZA	FAGET	FAVILA	FERRALES
ESTUDILLO	FAGOAGA	FAYA	FERRALEZ
ESTUPINAN	FAGUNDO	FAZ	FERRANDES
ETCHEBARREN	FAILA	FEAL	FERRANDIZ
ETCHEBEHERE	FAILDE	FEBLES	FERRAS
ETCHECHURY	FAJARDO	FEBRE	FERRE
ETCHEGARAY	FALCHE	FEBRES	FERREGUR
ETCHEPARE	FALCON	FEIGA	FERREIRAS
ETCHEVERRIA	FALERO	FEIJOO	FERREIRO
ETCHEVERRY	FALLEJO	FEITO	FERRER
EUDAVE	FALOMIR	FELAN	FERRERAS
EUFRACIO	FALQUEZ	FELANDO	FERRERIS
EULATE	FALTO	FELIBERTY	FERREYRA
EURESTE	FALU	FELICANO	FERREYRO
EURESTI	FAMANIA	FELICIANO	FERREZ
EURIOS	FAMILIA	FELICITAS	FERRUA
EUSEBIO	FANDINO	FELICO	FERRUSCA
EUSTAQUIO	FANEGO	FELIPE	FESTEJO
EUZARRAGA	FANGON	FELISCAN	

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

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

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

GONGORA	GORTAREZ	GRANDOS	GUAMAN
GONI	GORZELA	GRANELA	GUANA
GONSALE	GOSALVEZ	GRANERO	GUANAJUATO
GONSALES	GOTANDA	GRANIELA	GUANCHE
GONSALEZ	GOTAY	GRANILLO	GUANGORENA
GONZABA	GOTERA	GRANIS	GUANILL
GONZAES	GOTIERREZ	GRANIZO	GUANTE
GONZAGUE	GOTOR	GRANJA	GUANTES
GONZAL	GOVANTES	GRATACOS	GUANTEZ
GONZALAS	GOVEA	GRAULAU	GUAPO
GONZALE	GOVELLA	GRAUPERA	GUARA
GONZALEA	GOYANES	GRAVERAN	GUARACHA
GONZALES	GOYCO	GRAZA	GUARCH
GONZALEX	GOYCOCHEA	GREIGO	GUARDADO
GONZALEZ	GOYCOECHEA	GRES	GUARDAMONDO
GONZALEZDIAZ	GOYCOOLEA	GRIEGO	GUARDARRAMA
GONZALEZHERNANDEZ	GOYENECHE	GRIHALVA	GUARDARRAMOS
GONZALEZLEON	GOYOS	GRIJALBA	GUARDERAS
GONZALEZSOTO	GOYTIA	GRIJALUA	GUARDIAN
GONZALO	GOYZUETA	GRIJALVA	GUARDIAS
GONZALVEZ	GOZMAN	GRILLASCA	GUARDIOLA
GONZALVO	GRACIA	GRILLIAS	GUARENO
GONZALZ	GRACIAN	GRIMALDO	GUARIS
GONZAQUE	GRACIANI	GRISALES	GUARJARDO
GONZELEZ	GRACIANO	GROLO	GUARNERO
GONZELL	GRACIDA	GRONA	GUARNEROS
GONZLAES	GRADIAS	GROSO	GUARTUCHE
GONZLAEZ	GRADILLA	GROVAS	GUAS
GONZLES	GRADILLAS	GRUESO	GUASCH
GONZLEZ	GRADISAR	GRULLON	GUASH
GONZOLES	GRADO	GRUSMAN	GUASP
GONZOLEZ	GRAFALS	GUABA	GUAYANTE
GORBEA	GRAGEDA	GUADA	GUAYDACAN
GORDIANY	GRAIBE	GUADAGNIN	GUDIEL
GORDILLO	GRAJALES	GUADALAJARA	GUDINO
GORDILS	GRAJEDA	GUADALUPE	GUEBARA
GORDO	GRAJERA	GUADAMUZ	GUECHO
GORDOA	GRAJIOLA	GUADARAMA	GUEDE
GORENA	GRAMAJO	GUADARRAMA	GUEDEA
GOROSAVE	GRANADA	GUADERRAMA	GUEDES
GOROSTIETA	GRANADAS	GUADIAN	GUEDIN
GOROSTIZA	GRANADINO	GUADIANA	GUEIMUNDE
GOROZA	GRANADO	GUADIANO	GUEITS
GORRAIZ	GRANADOS	GUADRON	GUEL
GORRICO	GRANADOZ	GUAIDA	GUEL BENZU
GORRINDO	GRANAS	GUAJACA	GUELMES
GORRITA	GRANDA	GUAJARDO	GUEMES
GORRITZ	GRANDEZ	GUAL	GUEMEZ
GORRIZ	GRANDIO	GUALDARRAMA	GUERA

GUERARA	GUITIERREZ	GUTTEREZ	HERMOGENO
GUERECA	GUITRON	GUTTERREZ	HERMOSA
GUERENA	GUITTEREZ	GUTTIEREZ	HERMOSILLO
GUERENO	GUITTERREZ	GUTTIERREZ	HERMOSO
GUEREQUE	GUITY	GUZMAN	HERNADEZ
GUERERO	GUIU	GUZMELI	HERNAEZ
GUERERRO	GUIVAS	GUZMON	HERNAIZ
GUERNICA	GUIZA	HACES	HERNAND
GUERRA	GUIZADO	HAEDO	HERNANDE
GUERREO	GUIZAR	HANONO	HERNANDEL
GUERRER	GUJARDO	HARGITA	HERNANDER
GUERRERO	GULARTE	HARISPURU	HERNANDES
GUERRIDO	GULBAS	HARO	HERNANDEZ
GUERRIOS	GULDRIS	HAROS	HERNANDEZCANTU
GUERRO	GULDRIZ	HARVIER	HERNANDEZORTIZ
GUERRRA	GULIERREZ	HAYOS	HERNANDO
GUEVARA	GUMA	HECHANOVA	HERNANDORENA
GUEVAREZ	GUNDIN	HECHAVARRIA	HERNANDZ
GUEVARRA	GURARO	HECHEVARRIA	HERNANEZ
GUEVERA	GURELL	HEGUY	HERNDEZ
GUEVERRA	GURIDES	HELGUERA	HERNENDEZ
GUEZ	GUROLA	HELGUERO	HERONEMA
GUIA	GURRERO	HELGUEROS	HERRADA
GUIBOA	GURRIA	HENANDEZ	HERRADOR
GUICHO	GURRIES	HENAO	HERRAN
GUIDERO	GURROLA	HENARES	HERRANZ
GUIJARRO	GURRUCHAGA	HENOJOSA	HERRARA
GUIJOSA	GURULE	HENRIGUEZ	HERRARTE
GUILARTE	GURVLE	HENRIQUEZ	HERREA
GUILBE	GURZI	HERALDEZ	HERREJON
GUILEZ	GUSMAN	HERANDEZ	HERRENA
GUILLAMA	GUSME	HERAS	HERRER
GUILLEMARD	GUSTAMANTE	HERAZ	HERRERA
GUILLEN	GUSTAMENTE	HERBELLO	HERRERAS
GUILLENA	GUSTO	HEREBIA	HERRERIA
GUILLERMET	GUTERREZ	HEREDERO	HERRERIAS
GUILLERMO	GUTIERES	HEREDIA	HERRERO
GUINA	GUTIEREZ	HEREIDA	HERREROS
GUIRADO	GUTIERIEZ	HERENA	HERRERRA
GUIRALES	GUTIERR	HERERA	HERROZ
GUIREMAND	GUTIERRE	HERERRA	HERVAS
GUIROLA	GUTIERREA	HERETER	HERVELLA
GUISA	GUTIERRER	HERIA	HERVIS
GUISADO	GUTIERRES	HERIDIA	HEVIA
GUISAO	GUTIERREZ	HERMANDEZ	HEYSQUIERDO
GUISAR	GUTIERREZGARCIA	HERMIDA	HIBARRA
GUITANO	GUTIERREZRIOS	HERMIDAS	HIDALGA
GUTERREZ	GUTIERRZ	HERMIS	HIDALGO
GUITIAN	GUTIRREZ	HERMOCILLO	HIDALGOGATO

HIDAS
 HIDROGO
 HIERREZUELO
 HIERRO
 HIGADERA
 HIGAREDA
 HIGARES
 HIGNOJOS
 HIGNOJOZ
 HIGUERA
 HIGUERAS
 HIGUERO
 HIGUEROS
 HIJAR
 HILARIO
 HILERIO
 HINAJOSA
 HINESTROSA
 HINOJAS
 HINOJO
 HINOJOS
 HINOJOSA
 HINOJOSE
 HINOJOSO
 HINOJOZA
 HINOSTRO
 HINOSTROSA
 HINOSTROZA
 HINZO
 HIPOLITO
 HIRALDO
 HIRALES
 HIRALEZ
 HIRIGOYEN
 HIRTADO
 HISQUIERDO
 HITA
 HOGEDA
 HOJAS
 HOLGIN
 HOLGUIN
 HOLQUIN
 HOMAR
 HOMS
 HONESTO
 HONGOLA
 HONORIO
 HONRADA
 HORABUENA

HORACIO
 HORCASITAS
 HORELICA
 HORMACHEA
 HORMAZA
 HORMAZABAL
 HORMILLA
 HORNEDO
 HORRUITINER
 HORTA
 HOSTAS
 HOSTOS
 HOYO
 HOYOS
 HOYUELA
 HUACUJA
 HUALDE
 HUAMAN
 HUANTE
 HUANTES
 HUAPE
 HUARACHA
 HUARTE
 HUEDA
 HUERECA
 HUERENA
 HUEREQUE
 HUERGAS
 HUERGO
 HUERTA
 HUERTAS
 HUERTAZ
 HUERTERO
 HUERTO
 HUERTOS
 HUESCA
 HUESO
 HUETE
 HUEZO
 HUGUEZ
 HUICI
 HUICOCHEA
 HUIDOR
 HUIPE
 HUISAR
 HUITRON
 HUIZAR
 HUMADA
 HUMILDAD

HURADO
 HURBINA
 HURIEGA
 HURON
 HURRIEGA
 HURTADA
 HURTADO
 HURTARTE
 HYSQUIERDO
 IANEZ
 IANOS
 IBANES
 IBANEZ
 IBAR
 IBARBO
 IBARGUENGOITIA
 IBARLUCEA
 IBARRA
 IBARRIA
 IBARRONDO
 IBAVE
 IBAVEN
 IBERRA
 IBERRI
 IBINARRIAGA
 IBOS
 IBUADO
 ICAMEN
 ICARDO
 ICASIANO
 ICAZA
 ICEDO
 ICHINAGA
 IDARRAGA
 IDIAQUEZ
 IDIGORAS
 IDOY
 IDROGO
 IDROVO
 IGARAVIDEZ
 IGARTUA
 IGLECIAS
 IGLESIA
 IGLESIAS
 IGNACIO
 IGOA
 IGUALADA
 IGUINA
 ILARRAZA

ILDEFONSO
 ILHARREGUY
 ILIZALITURRI
 ILLAN
 ILLANES
 ILLAS
 ILLERA
 ILLESCAS
 IMAS
 IMAZ
 INCHAURREGUI
 INCHAUSTEGUI
 INCHAUSTI
 INCLAN
 INDART
 INESTA
 INESTROZA
 INEZ
 INFANTE
 INFANTES
 INFANZON
 INFIESTA
 INGELMO
 INGRANDE
 INGUANZO
 INGUITO
 INIGO
 INIGUES
 INIGUEZ
 INIQUEZ
 INOA
 INOCENCIO
 INOSTROS
 INOSTROSA
 INOSTROZA
 INSAUSTI
 INSERNI
 INSIGNARES
 INSUA
 INSULAR
 INSUNZA
 INSURRIAGA
 INTERIAN
 INTRIAGO
 INURRIGARRO
 INZUNZA
 IPARRAGUIRRE
 IPINA
 IQUINA

IRACHETA	ISLAVA	JALOMO	JIMENA
IRAGUI	ISONA	JALTECO	JIMENE
IRAHETA	ISORDIA	JANER	JIMENES
IRALA	ISQUIERDO	JANERO	JIMENEZ
IRAOLA	ISUNZA	JAQUEZ	JIMENIZ
IRASTORZA	ITHIER	JAQUIAS	JIMENO
IRAZABAL	ITUARTE	JARA	JIMENZ
IRAZOQUI	ITULE	JARABA	JIMINEZ
IRIART	ITURBE	JARAMILIO	JINETE
IRIARTE	ITURBI	JARAMILLA	JINEZ
IRIBARREN	ITURBIDE	JARAMILLO	JINZO
IRIBE	ITURMENDI	JARDINES	JIRAU
IRIGARAY	ITURRALDE	JARDINEZ	JIRON
IRIGONEGARAY	ITURRASPE	JARERO	JOFRE
IRIGOYEN	ITURREGUI	JARMILLO	JOJOLA
IRIMIA	ITURRI	JAROMILLO	JOMARRON
IRINEO	ITURRIA	JARQUEZ	JORAMILLO
IRIONDO	ITURRIAGA	JARQUIN	JORDANA
IRIQUI	ITURRINO	JARRIN	JORGANES
IRISARRI	ITURRIOZ	JARRO	JORGE
IRIYE	IVANEZ	JASO	JORNACION
IRIZAR	IVARRA	JASSO	JORQUERA
IRIZARRI	IXTA	JATIVA	JORQUEZ
IRIZARRY	IZA	JAUMA	JORRIN
IRIZARY	IZABAL	JAUME	JOVE
IRIZZARY	IZAGUIRRE	JAUNARENA	JOVELLANOS
IRLAS	IZAQUIRRE	JAUNES	JOVER
IROZ	IZAR	JAURE	JOVET
IRRIBARREN	IZNAGA	JAUREGUI	JOYA
IRRIZARRI	IZQUIERDO	JAUREGUIBERRY	JUACHON
IRRIZARRY	IZURIETA	JAUREGUY	JUAN
IRRIZARY	JACAS	JAURENA	JUANCHO
IRROBALI	JACINTO	JAUREQUI	JUANERO
IRUEGAS	JACOBO	JAUREZ	JUANES
IRUNGARAY	JACOME	JAURGUI	JUANEZ
IRURETAGOYENA	JACOMINO	JAURIGI	JUANEZA
IRVEGAS	JACOVO	JAURIGUE	JUANICO
ISAGUIRRE	JACQUEZ	JAURIGUI	JUANITAS
ISAI	JACUINDE	JAURIQUE	JUANO
ISAIZ	JAIDAR	JAURIQUI	JUARA
ISALES	JAILE	JAURQUI	JUARBE
ISARRARAS	JAIME	JAURRIETA	JUARDO
ISAS	JAIMERENA	JAVIER	JUARE
ISASSI	JAIMES	JAVIERRE	JUAREGUI
ISERN	JAIMEZ	JEMENTE	JUARES
ISIAS	JAIRALA	JEREZ	JUAREZ
ISIDRON	JALAMO	JESUS	JUARISTI
ISLA	JALLEO	JIMAREZ	JUARRERO
ISLAS	JALOMA	JIMEMEZ	JUARROS

JUBELA	LACALLE	LALOMA	LANGARA
JUELLE	LACARRA	LALUEZA	LANGARCIA
JUEZ	LACASA	LALUZ	LANGARICA
JUFIAR	LACASELLA	LAMADRID	LANTIGUA
JULBE	LACAYO	LAMADRIZ	LANUEZ
JULIA	LACEBAL	LAMAS	LANUZA
JUNCADELLA	LACEDONIA	LAMASA	LANZISERO
JUNCAL	LACERA	LAMATA	LANZOT
JUNCO	LACHAPPA	LAMAZARES	LAO
JUNCOSA	LACHICA	LAMBARDIA	LAOS
JUNEZ	LACHICO	LAMBAREN	LAOSA
JUNGUERA	LACOMBA	LAMBARENA	LAPADURA
JUNQUERA	LACOME	LAMBARIA	LAPARRA
JURADO	LACONCHA	LAMBARRI	LAPAZ
JURAEZ	LACRET	LAMBOY	LAPENA
JURAHUI	LACRUE	LAMEIRA	LAPICA
JURDI	LACRUZ	LAMELA	LAPIZ
JURE	LACSAMANA	LAMELAS	LAPUERTA
JURI	LADAGA	LAMIGUEIRO	LAPUZ
JURREZ	LAFARGA	LAMORENA	LARA
JUSAINO	LA FEBRE	LAMOSA	LARACUENTA
JUSINO	LAFFONT	LAMOSO	LARACUENTE
JUSTINIANI	LAFORTEZA	LAMOURT	LARALDE
JUSTINIANO	LAFUENTE	LAMOUTTE	LARAN
JUSTIZ	LAFUENTES	LAMPARELLO	LARAS
JUVER	LAGAR	LAMPEDUSA	LARDIZABAL
JUVERA	LAGARDA	LAMPON	LAREDO
LABADOR	LAGARES	LANAS	LARENA
LABADY	LAGEYRE	LANCARA	LARENAS
LABANDEIRA	LAGO	LANCHA	LARES
LABARGA	LAGOA	LANDA	LAREZ
LABARTA	LAGOMASINO	LANDAVASO	LARIOS
LABASTIDA	LAGRANA	LANDAVAZO	LARIVA
LABASTILLA	LAGUER	LANDAVERDE	LARIZ
LABIO	LAGUERUELA	LANDAZURI	LARRA
LABIOSA	LAGUILLO	LANDEIRA	LARRACHE
LABISTE	LAGUNA	LANDERO	LARRAGA
LABOCA	LAGUNAS	LANDEROS	LARRAGOITE
LABORDA	LAGUNES	LANDESTOY	LARRAGOITY
LABORI	LAHOZ	LANDETA	LARRAINZAR
LABORICO	LAIJA	LANDEZ	LARRALDE
LABORIN	LAIJAS	LANDIN	LARRAMENDI
LABOY	LAILES	LANDIVAR	LARRAN
LABRA	LAINEZ	LANDOL	LARRANAGA
LABRADA	LAISECA	LANDRAU	LARRANGA
LABRADO	LAIZ	LANDRIAN	LARRASQUITO
LABRADOR	LAJARA	LANDRON	LARRASQUITU
LABUZAN	LAJES	LANET	LARRAURI
LACA	LALLAVE	LANFRANCO	LARRAYA

LARRAZ	LAURELES	LEBRON	LEONIS
LARRAZABAL	LAURIANO	LECARO	LEONOR
LARRAZOLA	LAURIAS	LECAROS	LEOS
LARRAZOLO	LAURIDO	LECEA	LEOZ
LARREA	LAUSELL	LECHON	LEPE
LARREGUI	LAUTERIO	LECHUGA	LERA
LARRETA	LAUZARDO	LECTORA	LERDO
LARREYNAGA	LAUZURIQUE	LECUMBERRI	LERENA
LARRIBA	LAVANDEIRA	LECUSAY	LERET
LARRIBAS	LAVANDERA	LEDESMA	LERMA
LARRINAGA	LAVANDERO	LEDEZMA	LERMO
LARRINUA	LAVARS	LEDO	LERNO
LARRIVA	LAVASTIDA	LEDON	LERO
LARRONDE	LAVAYEN	LEGARDA	LESA
LARRONDO	LAVEA	LEGARRA	LESCANO
LARROSA	LAVEAGA	LEGARRETA	LESMES
LARROY	LAVEGA	LEGARRETTA	LESPIER
LARRUA	LAVENDERA	LEGASPE	LESPRON
LARRUBIA	LAVERGATA	LEGASPI	LETAMENDI
LARTUNDO	LAVERNIA	LEGORRETA	LETONA
LARZABAL	LAVIADA	LEGOZA	LETRIZ
LASA	LAVILLA	LEGRA	LEURA
LASAGA	LAVIOS	LEGUINA	LEVALDO
LASALDE	LAVORICO	LEIBA	LEVARIO
LASANTA	LAVORIN	LEIBAS	LEYBA
LASAS	LAYANA	LEIGON	LEYBAS
LASAVIO	LAYNA	LEIJA	LEYJA
LASCANO	LAZA	LEIMON	LEYRA
LASCOR	LAZAGA	LEIRA	LEYRO
LASCURAIN	LAZALA	LEIRO	LEYUA
LASERNA	LAZALDE	LEISA	LEYVA
LASES	LAZANO	LEISECA	LEYVAS
LASHERAS	LAZARIN	LEITA	LEZA
LASO	LAZARINE	LEITES	LEZAJA
LASOS	LAZARO	LEIVA	LEZAMA
LASSOS	LAZARTE	LEIVAS	LEZANA
LASTRA	LAZCANO	LEIZAN	LEZCANO
LASTRE	LAZCOS	LEJARZA	LIANO
LASTRES	LAZES	LEJARZAR	LIANOZ
LATASA	LAZO	LELEVIER	LIANZA
LATIGO	LAZODELAVEGA	LEMES	LIBOY
LATONI	LAZOS	LEMUS	LIBRAN
LATORRES	LAZRINE	LEMUZ	LIBREROS
LAUGIER	LAZU	LENERO	LICANO
LAUREAN	LAZURTEGUI	LENTE	LICEA
LAUREANO	LEAL	LEODORO	LICEAGA
LAUREDO	LEANOS	LEON	LICERIO
LAUREIRO	LEBARIO	LEONES	LICON
LAUREL	LEBRIJA	LEONGUERRERO	LICONA

LICOR
 LICUDINE
 LIENDO
 LIERA
 LIERAS
 LIERRA
 LIEVANO
 LIEVANOS
 LIGUES
 LIGUEZ
 LIMARDO
 LIMAS
 LIMIA
 LIMON
 LIMONES
 LIMONEZ
 LIMONTA
 LIMONTORRES
 LIMOSNERO
 LIMUEL
 LINAJE
 LINAN
 LINARES
 LINAREZ
 LINEIRO
 LINERA
 LINERO
 LINEROS
 LIQUET
 LIQUEZ
 LIRA
 LIRAALVARADO
 LIRANZO
 LIRES
 LIRIANO
 LIRIO
 LISALDA
 LISALDE
 LISAMA
 LISARDO
 LISBOA
 LISCANO
 LISEA
 LISERA
 LISERIO
 LISOJO
 LIZA
 LIZALDA
 LIZALDE

LIZAMA
 LIZAN
 LIZANO
 LIZAOLA
 LIZARAGA
 LIZARDE
 LIZARDI
 LIZARDO
 LIZARRAGA
 LIZARRAGO
 LIZARRALDE
 LIZARRARAS
 LIZARZABURU
 LIZASO
 LIZASUAIN
 LIZCANO
 LLABRES
 LLACA
 LLACER
 LLADO
 LLAGOSTERA
 LLAGUNO
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 LLAMAS
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 LLAMBES
 LLAMEDO
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 LLARENA
 LLATA
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 LLAURADO
 LLAURADOR
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 LLAVE

LLAVERIAS
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 LLAVONA
 LLENIN
 LLENZA
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 LLEONART
 LLERA
 LLERANDI
 LLERAS
 LLERENA
 LLERENAS
 LLEVERINO
 LLIBRE
 LLINAS
 LLITERAS
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 LLOBET
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 LLOPIZ
 LLORCA
 LLOREDA
 LLORENS
 LLORENTE
 LLORET
 LLORIN
 LLOSA
 LLOVERA
 LLOVERAS
 LLOVET
 LLOVIO
 LLUBERES
 LLUCH
 LLUIS
 LLURIA
 LLUVERAS
 LOA
 LOAIZA
 LOARTE
 LOAYZA
 LOBAINA
 LOBATO
 LOBATOS
 LOBATOZ
 LOBERA
 LODEIRO

LODEVICO
 LODOS
 LODOZA
 LOERA
 LOEZA
 LOGOLUSO
 LOGRONO
 LOINAZ
 LOIRA
 LOJA
 LOJERO
 LOJO
 LOMANA
 LOMAYESVA
 LOMBANA
 LOMBARDIA
 LOMBERA
 LOMBRANA
 LOMBRANO
 LOMELI
 LOMELIN
 LOMELLIN
 LOMELY
 LONA
 LONDONO
 LONGORIA
 LONGORIO
 LONGOVIA
 LONGUEVAN
 LONVELIN
 LOPATEGUI
 LOPE
 LOPENA
 LOPERA
 LOPERENA
 LOPETEGUI
 LOPEZ
 LOPEZCASTRO
 LOPEZMENDOZA
 LOPEZRODRIGUEZ
 LOPEZSANCHEZ
 LOPEZVEGA
 LOPOZ
 LOQUET
 LORA
 LORANCA
 LORCA
 LOREDO
 LORENCES

LORENTE	LUCARIO	LUZA	MADRILL
LORENZANA	LUCATERO	LUZANIA	MADRIZ
LORERA	LUCATORTA	LUZANILLA	MADRONA
LORETDEMOLA	LUCENA	LUZANO	MADRUENO
LOREZ	LUCER	LUZARDO	MADRUGA
LORIDO	LUCERO	LUZARRAGA	MADUANO
LORIEGA	LUCIO	LUZBET	MADUELL
LORIGA	LUCO	LUZUNARIS	MADUENA
LORIGO	LUCOS	LUZURIAGA	MADUENO
LORONA	LUCRET	MACARAIG	MADURO
LORONO	LUEBANO	MACARDICAN	MAELIA
LORTA	LUENGAS	MACARENO	MAES
LORZA	LUENGO	MACARON	MAESE
LOSA	LUERA	MACAVINTA	MAESO
LOSADA	LUERAS	MACAYA	MAESTAS
LOSADO	LUEVANO	MACAYAN	MAESTAZ
LOSANA	LUEVANOS	MACDONADO	MAESTES
LOSOYA	LUEZA	MACEDA	MAESTOS
LOSTAUNAU	LUGARDO	MACEIRA	MAESTRE
LOUATO	LUGARO	MACEN	MAESTREY
LOUBRIEL	LUGO	MACENA	MAESTU
LOURIDO	LUGON	MACEO	MAEVA
LOUSTAUNAU	LUGONES	MACEYRA	MAEZ
LOVATO	LUINA	MACHICHE	MAGALDE
LOVATON	LUIS	MACHIN	MAGALLAN
LOVEIRA	LUITIN	MACHORRO	MAGALLANES
LOVERA	LUJAN	MACHUCA	MAGALLANEZ
LOVERAS	LUJANO	MACIA	MAGALLON
LOVILLE	LUJARDO	MACIAL	MAGALONA
LOVIO	LUJO	MACIAS	MAGANA
LOYA	LUJON	MACIAZ	MAGANTE
LOYNAZ	LUMBRERA	MACIEL	MAGARINO
LOYO	LUMBRERAS	MACOTELA	MAGAZ
LOYOLA	LUNA	MADA	MAGDAEL
LOZA	LUNARES	MADALA	MAGDALANO
LOZADA	LUPERCIO	MADARIAGA	MAGDALENA
LOZADO	LUPEZ	MADERA	MAGDALENO
LOZANA	LUPIAN	MADERIS	MAGDIRILA
LOZANO	LUPIANEZ	MADERO	MAGENO
LOZEZ	LUPIBA	MADIEDO	MAGLICA
LOZOLLA	LUPIO	MADOZ	MAGLUTA
LOZOYA	LUQUE	MADRAZO	MAGPAYO
LUA	LUQUEZ	MADRIA	MAGPURI
LUACES	LUQUIN	MADRID	MAGRINA
LUAN	LUQUIS	MADRIGAL	MAGSOMBOL
LUAS	LURAS	MADRIGALES	MAGUREGUI
LUBE	LUVIANO	MADRIGUAL	MAIMES
LUBERTA	LUYANDA	MADRIL	MAIMO
LUBIAN	LUYANDO	MADRILES	MAINEGRA

MAINERO	MALLOQUE	MANRRIQUEZ	MARCELENO
MAINEZ	MALLORCA	MANSANALES	MARCELIN
MAIQUEZ	MALONADO	MANSANALEZ	MARCHA
MAIRENA	MALONCON	MANSANARES	MARCHAN
MAISONAVE	MALOVE	MANSANAREZ	MARCHANTE
MAISONET	MALPICA	MANSILLA	MARCHANY
MAISTERRA	MALTES	MANSILLAS	MARCHECO
MAITIA	MALTOS	MANSITO	MARCHENA
MAITO	MALUIA	MANSO	MARCHIONDO
MAIZ	MALVAEZ	MANTECA	MARCIAL
MAJALCA	MALVAREZ	MANTECON	MARCILLA
MAJANO	MALVIDO	MANTEROLA	MARCILLO
MAJARUCON	MAMARADLO	MANTILLA	MARCOR
MAJENO	MANCEBO	MANTINEZ	MARCOS
MAJIA	MANCERA	MANUZ	MARDOMINGO
MAJUL	MANCERO	MANZANA	MARDUENO
MAJUTA	MANCHA	MANZANAL	MAREINA
MALABANAN	MANCHACA	MANZANARES	MARENCO
MALABE	MANCHAN	MANZANAREZ	MARENTES
MALABEHAR	MANCHEGO	MANZANEDO	MARENTEZ
MALACARA	MANCIAS	MANZANERA	MAREQUE
MALAGON	MANCILLA	MANZANERES	MARERO
MALANA	MANCILLAS	MANZANERO	MARES
MALANCHE	MANCINAS	MANZANET	MARESMA
MALANDRIS	MANCITO	MANZANILLA	MAREZ
MALARIN	MANDADO	MANZANO	MARFIL
MALAUE	MANDONADO	MANZUR	MARFILENO
MALAVE	MANDUGARO	MAPALO	MARGAILLAN
MALAVES	MANDUJAN	MAPULA	MARGARITO
MALAVET	MANDUJANO	MAQUEDA	MARGUEZ
MALAVEZ	MANGOME	MAQUEIRA	MARIANES
MALBAEZ	MANGUAL	MAQUINALEZ	MARIANS
MALBAS	MANGUIA	MAQUIVAR	MARICHAL
MALDANADO	MANICOM	MARABOTTO	MARICHALAR
MALDENADO	MANIQUIS	MARADIAGA	MARIDUENA
MALDOMADO	MANITO	MARALES	MARIN
MALDONA	MANJARES	MARANAN	MARINAS
MALDONADA	MANJAREZ	MARANON	MARINELARENA
MALDONADO	MANJARRES	MARANTE	MARINERO
MALDONALDO	MANJARREZ	MARANTOS	MARINES
MALDONDO	MANOSA	MARASCOLA	MARINEZ
MALDONODO	MANQUERO	MARATAS	MARIONA
MALENDEZ	MANQUEROS	MARAVEZ	MARISCAL
MALFAVON	MANRESA	MARAVILLA	MARISTANY
MALIAROS	MANRIGUEZ	MARAVILLAS	MARISY
MALIBRAN	MANRIQUE	MARAVILLO	MARITNEZ
MALICAY	MANRIQUES	MARBAN	MARLANO
MALLANO	MANRIQUEZ	MARCADIS	MARMOL
MALLEA	MANRRIQUE	MARCANO	MARMOLEJO

MARMOLEJOS	MARULANDA	MATOS	MECARTEA
MARONES	MARUNO	MATOSO	MECENAS
MARQUEZ	MARURI	MATOZA	MECHOSO
MARQUINA	MARVEZ	MATTILLO	MEDEL
MARQUIZ	MARXUACH	MATURANA	MEDELES
MARRASQUIN	MARZAN	MATURINO	MEDELEZ
MARRENO	MARZOA	MATUTE	MEDELLIN
MARRERO	MARZOL	MAULEON	MEDERO
MARRIAGA	MARZOVILLA	MAUNA	MEDEROS
MARRIETTA	MAS	MAUPOME	MEDIANO
MARRODAN	MASCARDO	MAURAS	MEDIAVILLA
MARROGUIN	MASCARENA	MAUREL	MEDINA
MARROQUIN	MASCARENAS	MAURICIO	MEDINAS
MARRORO	MASCARENAZ	MAURIES	MEDINILLA
MARROZOS	MASCARENO	MAURIZ	MEDIO
MARRUFFO	MASCARINAS	MAUROSA	MEDIZ
MARRUFO	MASCARRO	MAUROZA	MEDOLA
MARRUGO	MASCORRO	MAYA	MEDRAN
MARRUJO	MASDEO	MAYAGOITIA	MEDRANO
MARSACH	MASDEU	MAYANS	MEGARIZ
MARSALIA	MASEDA	MAYAS	MEGUI
MARSELLOS	MASERO	MAYATE	MEIJA
MARTE	MASFERRER	MAYDON	MEIRELES
MARTELON	MASIAS	MAYEN	MEIZOSO
MARTENEZ	MASIEL	MAYMI	MEJA
MARTES	MASJUAN	MAYNEZ	MEJIA
MARTEZ	MASPERO	MAYOL	MEJIAS
MARTIARENA	MASPONS	MAYORA	MEJICO
MARTICORENA	MASQUIDA	MAYORAL	MEJIDO
MARTINDELCAMPO	MASSANA	MAYORCA	MEJILLA
MARTINES	MASSANET	MAYORDOMO	MEJILLAS
MARTINETS	MASSAS	MAYORGA	MEJORADA
MARTINEX	MASSIATTE	MAYORQUIN	MEJORADO
MARTINEZ	MASTACHE	MAYSONET	MELANDEZ
MARTINEZDECASTRO	MASTRAPA	MAYTIN	MELANO
MARTINEZGARCIA	MASVIDAL	MAYTORENA	MELCHOR
MARTINEZGONZALEZ	MATA	MAZA	MELCON
MARTINEZORTIZ	MATAIYA	MAZARA	MELECIO
MARTINEZRODRIGUEZ	MATALLANA	MAZARIEGO	MELENA
MARTINIZ	MATALOBOS	MAZARIEGOS	MELENCIANO
MARTIR	MATAMOROS	MAZON	MELENDE
MARTIRENA	MATANZO	MAZORRA	MELENDES
MARTIZ	MATEAS	MAZPULE	MELENDEZ
MARTLARO	MATEO	MAZQUIARAN	MELENDRES
MARTNEZ	MATEOS	MAZUCA	MELENDREZ
MARTORELL	MATEU	MAZUELOS	MELENEDEZ
MARTOS	MATIAS	MEASTAS	MELENEZ
MARUFFO	MATIENZO	MEAVE	MELENUDO
MARUFO	MATILLA	MECADO	MELERO

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

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

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

NAJARES	NAVAS	NEVARREZ	NOGUE
NAJARRO	NAVEDA	NEYRA	NOGUEDA
NAJERA	NAVEDO	NIALS	NOGUEIRAS
NALDA	NAVEIRA	NIAVE	NOGUELLES
NANDIN	NAVEIRAS	NAVES	NOGUER
NANDINO	NAVEJA	NAVEZ	NOGUERA
NANEZ	NAVEJAR	NICACIO	NOGUERAS
NAPOLES	NAVEJAS	NICASIO	NOGUES
NARANJO	NAVERAN	NICOT	NOGUEZ
NARAVEZ	NAVIA	NIDEZ	NOLASCO
NARBAIZ	NAVIDAD	NIDO	NOLINE
NARCHO	NAVO	NIEBLA	NOLLA
NARCIA	NAVODA	NIEBLAS	NOMBRANA
NAREDO	NAYA	NIEGO	NOMBRANO
NARES	NAYARES	NIELES	NOPERI
NAREZ	NAZABAL	NIETO	NORALES
NAREZO	NAZARIO	NIEVA	NORALEZ
NARINO	NAZCO	NIEVE	NORAT
NARIO	NAZUR	NIEVES	NORDA
NARONJO	NEBLINA	NIEVEZ	NORDELLA
NARRANJO	NEBRED	NIEZ	NORDELO
NARRO	NEBRIDA	NIGAGLIONI	NOREIGA
NARVAES	NECO	NIGOS	NORENA
NARVAEZ	NECOCHEA	NILA	NORERO
NARVAIS	NECOECHEA	NIN	NORIA
NARVAIZ	NECUZE	NINA	NORIEGA
NARVAREZ	NEGRE	NINO	NORIEGO
NARVARTE	NEGREIRA	NIRA	NORIZ
NATAL	NEGRET	NISPEROS	NORMANDIA
NATERA	NEGRETE	NISTAL	NORONA
NATERAS	NEGRETTE	NIVAL	NORTE
NATIVIDAD	NEGRIN	NIVAR	NORZAGARAY
NAVA	NEGRON	NIVES	NOVALES
NAVAIRA	NEGRONCOLON	NIZ	NOVAS
NAVAJAR	NEGRONI	NOA	NOVELA
NAVAL	NEGUERUELA	NOBARA	NOVELO
NAVALES	NEIRA	NOBIDA	NOVEMBRE
NAVALLO	NEITO	NOBOA	NOVIAN
NAVANJO	NEIVES	NOBREGAS	NOVILLO
NAVAR	NEJAR	NOCAS	NOVO
NAVARETE	NERADA	NOCEDA	NOVOA
NAVARETTE	NEREY	NOCEDAL	NOYA
NAVAREZ	NERIA	NOCHE	NOYAS
NAVARIA	NERIO	NOCHERA	NOYOLA
NAVARIJO	NERIOS	NODAL	NUANES
NAVARR	NERIS	NODAR	NUANEZ
NAVARRETE	NERVAIS	NODARSE	NUCHE
NAVARRETTE	NEVARES	NOGALES	NUEVO
NAVARRO	NEVAREZ	NOGARE	NUEZ

NUIN	ODAMA	OLBES	OLONIA
NUMEZ	ODIO	OLDRATE	OLONO
NUNCIO	ODRIOZOLA	OLEA	OLORTEGUI
NUNEZ	OFARRILL	OLEAS	OLQUIN
NUNGARAY	OFERRAL	OLETA	OLTIVERO
NUNO	OGALDEZ	OLGIN	OLVEDA
NUNTEZ	OGANDO	OLGUIN	OLVEDO
OAXACA	OGARRIO	OLIBARES	OLVEIRA
OBALLE	OGARRO	OLIBAREZ	OLVERA
OBALLES	OGAS	OLIBARRIA	OLVEZ
OBANDO	OGAZ	OLIDE	OMAEHEVARRIA
OBARRIO	OGUENDO	OLIU	OMANA
OBAS	OGUETE	OLIVA	OMS
OBAYA	OHIGGINS	OLIVAN	ONATE
OBERA	OJEDA	OLIVAR	ONDARO
OBESO	OJINAGA	OLIVARE	ONDARZA
OBEZO	OJITO	OLIVARES	ONDOY
OBIEDO	OLABARRIA	OLIVAREZ	ONDREAS
OBISPO	OLABARRIETA	OLIVAROS	ONDRIAS
OBLEA	OLACHEA	OLIVARRI	ONGANIA
OBLEDO	OLAECHEA	OLIVARRIA	ONGAY
OBLIGACION	OLAETA	OLIVAS	ONOFRE
OBRADOR	OLAEZ	OLIVENCIA	ONCZ
OBREGON	OLAGE	OLIVERA	ONSUREZ
OCA	OLAGUE	OLIVERAS	ONTANEDA
OCACIO	OLAGUES	OLIVERAZ	ONTIBEROZ
OCADIZ	OLAGUEZ	OLIVERES	ONTIVERAS
OCAMPO	OLAGUIBEL	OLIVEREZ	ONTIVERO
OCAMPOS	OLAIS	OLIVERO	ONTIVEROS
OCANA	OLAIZ	OLIVEROS	ONTIVEROZ
OCANAS	OLALDE	OLIVES	OPIO
OCANO	OLALLA	OLIVIAS	OPORTO
OCANTO	OLAQUE	OLIVIS	OQUENDO
OCARANZA	OLAQUEZ	OLIVO	OQUITA
OCARIZ	OLARTE	OLIVOS	ORABUENA
OCARIZA	OLASCOAGA	OLLACA	ORACION
OCASIO	OLASCUAGA	OLLERBIDEZ	ORAMA
OCEGUEDA	OLAVARRI	OLLERVIDES	ORAMAS
OCEGUERA	OLAVARRIA	OLLERVIDEZ	ORANA
OCEJO	OLAVARRIETA	OLLIVARES	ORANDAY
OCEQUEDA	OLAVE	OLLOQUE	ORANTE
OCHEA	OLAYA	OLLOQUI	ORANTES
OCHINERO	OLAYO	OLME	ORANTEZ
OCHIPA	OLAZABA	OLMEDA	ORATE
OCHOA	OLAZABAL	OLMEDO	ORBAY
OCHOS	OLAZAGASTI	OLMO	ORBEA
OCHOTERENA	OLAZARAN	OLMOS	ORBEGOZO
OCHOTORENA	OLBA	OLMOZ	ORCA
OCON	OLBERA	OLONA	ORCASITAS

ORDAZ	ORONoz	OSCOY	OVIEDA
ORDENANA	OROPESA	OSEDA	OVIEDO
ORDENER	OROPEZA	OSEGUEDA	OXIOS
ORDENES	OROSA	OSEGUERA	OYACA
ORDENEZ	OROSCO	OSEJO	OYAGUE
ORDIALES	OROZ	OSelio	OYANGUREN
ORDINARIO	OROZCO	OSEQUERA	OYARBIDE
ORDONES	OROZEO	OSes	OYARZABAL
ORDONEZ	ORPILLA	OSete	OYARZUN
ORDONO	ORPINEL	OSIO	OYAS
ORDOQUI	ORQUIZ	OSLE	OYERBIDES
ORDORICA	ORRACA	OSNAYA	OYERVIDES
ORDOVER	ORRADRE	OSO	OYERVIDEZ
ORDUNA	ORRANTE	OSOLLO	OYOLA
ORDUNEZ	ORRANTIA	OSONA	OYOQUE
ORDUNO	ORREGO	OSORIA	OYUELA
OREGEL	ORRIOLA	OSORIO	OZAETA
OREJEL	ORRIOLS	OSORNIA	OZETA
ORELLANA	ORSABA	OSORNIO	OZORES
ORELLANO	ORSUA	OSORNO	OZORIA
ORENDAIN	ORTA	OSPINA	OZORNIA
ORENGO	ORTAL	OSPINO	OZUNA
ORENSE	ORTAS	OSPITAL	OZUNIGA
ORETEGA	ORTEG	OSSA	PABEY
ORETGA	ORTEGA	OSSORGIN	PABLICO
ORFILA	ORTEGAS	OSSORIO	PABLO
ORGANISTA	ORTEGON	OSTEGUIN	PABLOS
ORGE	ORTES	OSTIGUIN	PABON
ORIA	ORTEZ	OSTIQUIN	PABROS
ORIBA	ORTIGAS	OSTOLAZA	PACHARZINA
ORIBE	ORTIGOSA	OSTOS	PACHEC
ORIGEL	ORTIGOZA	OSUNA	PACHECANO
ORIGINALES	ORTIVEZ	OTANEZ	PACHECO
ORIHUELA	ORTIVIZ	OTANO	PACHELO
ORIJEL	ORTIZ	OTAZO	PACHEO
ORIQUE	ORTIZYPINO	OTEGUI	PACHERO
ORISIO	ORTOLAZA	OTEIZA	PACHICANO
ORITIZ	ORTUNIO	OTEO	PACHO
ORITZ	ORTUNO	OTERA	PACHON
ORIVE	ORTUZAR	OTERO	PACHUCA
ORIZAGA	ORUE	OTHON	PACIAS
ORJALES	ORUNA	OTI	PACIFICAR
ORJUELA	ORVANANOS	OTONDO	PACILLAS
ORNELAS	ORZA	OVADIA	PACIN
ORNELAZ	ORZABAL	OVALLE	PACINA
ORNELES	ORZO	OVALLES	PACO
OROBIO	OSA	OVALLEZ	PADDILLA
OROL	OSANO	OVANDO	PADER
ORONA	OSCOS	OVARES	PADIA

PADIAL	PALIZO	PANDO	PARES
PADIAS	PALLAIS	PANDURO	PARETS
PADIERNA	PALLAN	PANELO	PAREYA
PADILL	PALLANES	PANENO	PARÉZ
PADILLA	PALLANEZ	PANEQUE	PARGA
PADILLIA	PALLARES	PANERO	PARGAS
PADILLO	PALLAREZ	PANETO	PARIZ
PADIN	PALLEJA	PANIAGUA	PAROCUA
PADOR	PALLENS	PANIAQUA	PARQUE
PADRES	PALLOT	PANIZ	PARRA
PADRINO	PALMARES	PANOPIO	PARRADO
PADRO	PALMAREZ	PANTA	PARRAGA
PADRON	PALMARIN	PANTAJA	PARRAL
PADUA	PALMAS	PANTALEON	PARRALES
PAEZ	PALMEIRO	PANTIGA	PARRAS
PAGAN	PALMERIN	PANTIN	PARRAZ
PAGANRIVERA	PALMEROS	PANTLEO	PARRENO
PAGES	PALOMA	PANTOJA	PARRIERA
PAGOLA	PALOMAR	PANTOJAS	PARRILLA
PAGON	PALOMARES	PANTOYA	PARRONDO
PAGUAGA	PALOMAREZ	PANTUSA	PARTAGAS
PAGUIO	PALOMEQUE	PANUCO	PARTIDA
PAHISSA	PALOMERA	PANZARDI	PARTIDO
PAIACIOS	PALOMIN	PANZIERA	PASADA
PAIRADA	PALOMINO	PARACHE	PASAMONTE
PAIRIS	PALOMINOS	PARADA	PASANTES
PAIZ	PALOMO	PARADEDA	PASARELL
PAJARITO	PALOP	PARADELA	PASARET
PAJARO	PALOS	PARADELO	PASARIN
PAJUELO	PALOU	PARADES	PASCACIO
PALACIES	PAMANES	PARADEZ	PASCUAL
PALACIO	PAMARAN	PARAMO	PASCUALI
PALACIOS	PAMBLANCO	PARAPAR	PASENA
PALADINES	PAMIAS	PARAYNO	PASILLAS
PALAFOS	PAMINTUAN	PARAYUELOS	PASOLS
PALAFox	PAMPIN	PARAZO	PASOS
PALAGANAS	PAMPLONA	PARCES	PASSAPERA
PALAMO	PANALES	PARDAVE	PASTORA
PALASOTA	PANALEZ	PARDILLO	PASTORIZA
PALATO	PANAMA	PARDINAS	PASTRAN
PALAU	PANAMENO	PARDO	PASTRANA
PALAZON	PANARISO	PARDOS	PASTRANO
PALAZUELOS	PANCEGRAN	PARDUCHO	PATINA
PALENCIA	PANCHANA	PARÉDES	PATINO
PALENZUELA	PANCHO	PARÉDEZ	PATLAN
PALEO	PANCORBO	PAIREIRA	PATRANELLA
PALGON	PANDAL	PAREJA	PATRON
PALICIO	PANDAS	PARELLADA	PAUDA
PALITOS	PANDES	PARERA	PAULA

PAULLADA	PELAEZ	PERALTO	PERUMEAN
PAVEDES	PELAIZ	PERATIS	PERUSINA
PAVILA	PELALLO	PERAZA	PERUSQUIA
PAVON	PELATA	PERCHES	PERUYERA
PAYAN	PELAYO	PERCHEZ	PERUYERO
PAYANO	PELEGRINA	PERDICES	PERVEZ
PAYARES	PELLECE	PERDIDO	PERYATEL
PAYAS	PELLERANO	PERDIGON	PESANTE
PAYEN	PELLICIER	PERDOMO	PESANTES
PAYERO	PELLOT	PEREA	PESANTEZ
PAZ	PELUFFO	PEREDA	PESCADO
PAZMINO	PENA	PEREDIA	PESCADOR
PAZOS	PENABAD	PEREDO	PESINA
PECARO	PENADO	PEREGRINA	PESQUEDA
PECELUNAS	PENAFIEL	PEREGRINO	PESQUEIRA
PECERO	PENAFLO	PEREIDA	PESQUERA
PECHERO	PENAFLOIDA	PEREIRO	PESQUIERA
PECINA	PENAGARZA	PERELES	PEYDRO
PECOS	PENAHERRERA	PERERA	PEYNADO
PEDEVILLA	PENALBA	PERES	PEYRO
PEDRAJA	PENALES	PEREYDA	PEZA
PEDRAS	PENALO	PEREYO	PEZEZ
PEDRAYES	PENALOSA	PEREYRA	PEZINA
PEDRAZ	PENALOZA	PEREZ	PIARD
PEDRAZA	PENALVER	PEREZA	PICALLO
PEDRE	PENALVERT	PEREZCANO	PICAR
PEDREGAL	PENANO	PEREZCHICA	PICART
PEDREGO	PENARANDA	PEREZCOLON	PICASCIA
PEDREGON	PENATE	PEREZDEALEJO	PICASO
PEDREGUERA	PENDAS	PEREZDELRIO	PICAZO
PEDREIRA	PENEZ	PEREZDIAZ	PICENO
PEDREIRO	PENICHE	PEREZGONZALEZ	PICHARDO
PEDRERA	PENICHET	PEREZJIMENEZ	PICO
PEDRERO	PENILLA	PEREZLOPEZ	PICON
PEDRIANES	PENON	PEREZMENDEZ	PICOS
PEDRINO	PENSADO	PEREZMONTES	PIEDAD
PEDROCHE	PENUELA	PEREZRAMOS	PIEDRA
PEDROGO	PENUELAS	PERFECTO	PIEDRAHITA
PEDROLA	PENUELAZ	PERFINO	PIEDRAS
PEDROSA	PENUNURI	PERICAS	PIELAGO
PEDROSO	PEON	PERLAS	PIERAS
PEDROZA	PEPERAS	PERMUY	PIJUAN
PEGO	PEPITO	PERNAS	PILA
PEGODA	PEQUENO	PEROLDO	PILAR
PEGUERO	PEQUERO	PEROZO	PILARTE
PEGUEROS	PERAL	PERRES	PILLADO
PEINADO	PERALES	PERRIRAZ	PILOTO
PEIRO	PERALEZ	PERTIERRA	PIMIENTA
PELACHE	PERALTA	PERU	PIMIENTO

PIMINTEL	PIZANA	POLIDURA	PORTUGUES
PINA	PIZANO	POLINA	PORTUGUEZ
PINADEARCOS	PIZARO	POLITRON	PORTUONDO
PINAL	PIZARRA	POLLERANA	POSADA
PINALES	PIZARRO	POLLORENO	POSADAS
PINALEZ	PIZULA	POLVADO	POSAS
PINARES	PLA	POMALE	POSO
PINCAY	PLACENCIA	POMALES	POSOS
PINEDA	PLACENCIO	POMARES	POSTIGO
PINEDO	PLACENSIA	POMAREZ	POSTIL
PINEIRA	PLACENTIA	POMBROL	POTESTAD
PINEIRO	PLACERES	POMELEO	POUGES
PINELA	PLAJA	POMPA	POUSA
PINELO	PLANA	PONCABARE	POVEDA
PINERA	PLANAS	PONCE	POVENTUD
PINERO	PLANCARTE	PONCEDELEON	POVIONES
PINEROS	PLANCENCIA	PONCHO	POYORENA
PINEY	PLANELL	PONCIANO	POZA
PINEYRO	PLANELLAS	PONCIO	POZAS
PINGARRON	PLANES	PONSDOMENECH	POZERO
PINIELLA	PLANOS	PONZOA	POZO
PINILLA	PLANTILLAS	PORATA	POZOS
PINILLO	PLANTO	PORCAYO	POZUELOS
PINILLOS	PLASCENCIA	PORCHAS	PRADAS
PINO	PLASENCIA	PORCHO	PRADERE
PINOL	PLASENCIO	PORDIA	PRADIA
PINON	PLATA	PORFIL	PRADO
PINONES	PLATAMONE	PORLAS	PRAT
PINTADO	PLATAS	PORRAS	PRATS
PINTOR	PLATERO	PORRATA	PRATTS
PINTOS	PLAZA	PORRAZ	PRECIADO
PINUELA	PLAZAS	PORRERO	PRELLEZO
PINUELAS	PLAZOLA	PORRES	PRENDES
PINZON	PLIEGO	PORROS	PRENDEZ
PIOQUINTO	PLUMA	PORTAL	PRENDIZ
PIQUERO	PLUMAS	POTALATIN	PRESA
PIREZ	PLUMEDA	PORTALES	PRESAS
PIRINEA	PLUMEY	PORTALEZ	PRESIADO
PIRIS	POBAR	PORTELA	PRESNO
PIRIZ	POBLANO	PORTELLES	PRESTAMO
PIS	POBLETE	PORTES	PREZAS
PISANA	POBRE	PORTIELES	PRIDA
PISENO	PODILLA	PORTILLA	PRIEDE
PISONERO	POEY	PORTILLO	PRIEGO
PITA	POGAN	PORTILLOS	PRIEGUEZ
PITALUGA	POLA	PORTOCARRERO	PRIETO
PITARCH	POLACO	PORTOLAN	PRIMELLES
PITONES	POLANCO	PORTORREAL	PRIMERA
PITRONES	POLENDON	PORTUGAL	PRIMERO

PRIO	PUNNARA	QUIMIRO	QUITANIA
PROA	PUNO	QUINAL	QUITOS
PROANO	PUNTA	QUINCOCES	QUITUGUA
PROCEL	PUNTIEL	QUINDE	QUIZ
PROCELA	PUPO	QUINDNEZ	RABADE
PROCSAL	PURA	QUINENES	RABAGO
PROENZA	PURCELLA	QUINES	RABAJA
PROHIAS	PURISIMA	QUINI	RABANO
PROO	PUYADA	QUINIONES	RABASA
PROVENCIO	PUYOL	QUINOA	RABASSA
PROVEYER	QUADRENY	QUINONE	RABAZA
PRUDENCIO	QUALIA	QUINONES	RABEIRO
PRUNA	QUASADA	QUINONEZ	RABELL
PRUNEDA	QUECLAS	QUINONOS	RABELO
PRUNES	QUEIPO	QUINORES	RABIA
PUBILL	QUEIRO	QUINTAMA	RABIELA
PUBILLONES	QUEIRUGA	QUINTANA	RABINA
PUCHADES	QUELLAR	QUINTANAL	RABINO
PUEBLA	QUEMADA	QUINTANAR	RABOS
PUELLA	QUERALT	QUINTANILLA	RADAVERO
PUELLO	QUERDO	QUINTANS	RADILLA
PUENTE	QUERIDO	QUINTARO	RADILLO
PUENTES	QUERO	QUINTAS	RADRIGUEZ
PUENTEZ	QUERT	QUINTEIRO	RAEL
PUERTA	QUESADA	QUINTELA	RAEZ
PUERTAS	QUESADO	QUINTENILLA	RAFAEL
PUERTO	QUETEL	QUINTERA	RAFALIN
PUERTOS	QUETGLAS	QUINTERO	RAFULS
PUEYO	QUEVEDO	QUINTEROS	RAICES
PUGA	QUEZADA	QUINTINO	RAIGOSA
PUGEDA	QUIALA	QUINTONA	RAIGOZA
PUIG	QUIAN	QUINTONES	RAIMUNDEZ
PUJADAS	QUIBUYEN	QUINTONEZ	RAIMUNDI
PUJAL	QUICENO	QUINTOS	RAISOLA
PUJALS	QUICHOCHO	QUIONES	RAJOY
PUJOL	QUIDERA	QUIRARTE	RALDIRIS
PUJOLS	QUIHUIS	QUIRCH	RAMALLO
PULGAR	QUIHUIZ	QUIRENO	RAMARIZ
PULGARIN	QUIJADA	QUIRINDONGO	RAMAS
PULIDA	QUIJALVO	QUIRINO	RAMBES
PULIDO	QUIJANO	QUIRO	RAMBLAS
PULOMENA	QUIJAS	QUIROA	RAMBONGA
PUMAR	QUILALA	QUIROBA	RAMENTOL
PUMARADA	QUILANTAN	QUIROGA	RAMEREZ
PUMAREJO	QUILENDERINO	QUIROL	RAMERIZ
PUMARES	QUILES	QUIROLA	RAMERO
PUMARIEGA	QUILEZ	QUIROS	RAMERY
PUMAROL	QUILIMACO	QUIROZ	RAMIEREZ
PUNALES	QUIMBAR	QUITA	RAMIERZ

RAMIEZ	RAYMOS	REGALADO	RENTA
RAMIL	RAYMUNDO	REGALDO	RENTAS
RAMINEZ	RAYNA	REGALES	RENTERIA
RAMIR	RAYONEZ	REGALO	RENTERIAS
RAMIRE	RAYOR	REGALOS	REORDA
RAMIRES	RAYOS	REGATO	REOYO
RAMIREZ	RAZATOS	REGINO	REPOLLET
RAMIRIZ	RAZO	REGOJO	REPREZA
RAMIRO	REALES	REGOS	REQUEJO
RAMIS	REALIVASQUEZ	REGRUTTO	REQUENA
RAMON	REALME	REGUA	REQUENES
RAMONEDA	REALYVASQUEZ	REGUEIRA	REQUENEZ
RAMONES	REANO	REGUEIRO	REQUENO
RAMOS	REATEGUI	REGUERA	REQUIRO
RAMOSGONZALEZ	REAZA	REGUERO	RESCHMAN
RAMOSMEDINA	REAZOLA	REGULES	RESENDEZ
RAMOSRIVERA	REBELES	REGUSA	RESENDIS
RAMOSRODRIGUEZ	REBELEZ	REICEN	RESENDIZ
RAMOZ	REBELLON	REICES	RESERVA
RAMUDO	REBETERANO	REIGOSA	RESINA
RAMUZ	REBOLLAR	REINA	RESMA
RANCANO	REBOLLEDO	REINAGA	RESON
RANDEZ	REBOLLO	REINALDO	RESPETO
RANERO	REBOLLOSO	REINAT	RESSY
RANESES	REBOREDO	REINERO	RESTO
RANGEL	REBOSO	REINOSA	RESTOY
RANGELL	REBOYRAS	REINOSO	RESTREDO
RANGELLOPEZ	REBOZO	REINUS	RESTREPO
RANJEL	REBUSTILLO	REJAS	RESUREZ
RANSOLA	RECALDE	REJINO	RETA
RAQUENIO	RECAREY	REJO	RETAMAL
RAQUENO	RECARTE	REJON	RETAMALES
RAQUEPO	RECENDES	REL	RETAMAR
RASALES	RECENDEZ	RELLES	RETAMOSA
RASCOM	RECHANI	RELLEZ	RETAMOZA
RASCON	RECHANY	RELUCIO	RETANA
RASPALDO	RECHY	REMACHE	RETANO
RASURA	RECILLAS	REMEDIOS	RETES
RATON	RECINOS	REMIGIO	RETEZ
RAUDA	RECIO	REMIJIO	RETIZ
RAVAGO	RECLUSADO	REMOS	RETTA
RAVARD	RECOVO	RENDEROS	RETURETA
RAVELO	RECUSET	RENDON	REVADA
RAVENTOS	REDE	RENEDO	REVADO
RAXACH	REDERO	RENGE	REVELES
RAYA	REDONA	RENOBATO	REVELEZ
RAYAS	REDONDO	RENOVA	REVELLES
RAYGOSA	REDRUELLO	RENOVALES	REVERON
RAYGOZA	REFUERZO	RENOVATO	REVILLA

REVILLAS
 REVOLLAR
 REVOLLEDO
 REVOREDO
 REVUELTA
 REVUELTAS
 REXACH
 REY
 REYEROS
 REYERS
 REYES
 REYESPEREZ
 REYESRODRIGUEZ
 REYEZ
 REYGADAS
 REYNA
 REYNADO
 REYNAGA
 REYNALDO
 REYNALDOS
 REYNERO
 REYNEROS
 REYNOS
 REYNOSA
 REYNOSO
 REYNOZA
 REYNOZO
 REYO
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 REZA
 REZENDEZ
 RIALI
 RIANCHO
 RIANDA
 RIAVE
 RIAZA
 RIBADENEIRA
 RIBAL
 RIBALTA
 RIBAS
 RIBERA
 RIBERAL
 RIBERAS
 RIBOT
 RIBOTA
 RICABAL
 RICALDE
 RICANO
 RICARDEZ

RICARDO
 RICART
 RICARTE
 RICHARTE
 RICHIEZ
 RICHINA
 RICO
 RICONDO
 RIDRIGUEZ
 RIEDO
 RIEGA
 RIEGO
 RIEGOS
 RIERA
 RIERAS
 RIESCO
 RIESGO
 Riestra
 RIGAL
 RIGALES
 RIGAU
 RIGUAL
 RIGUERA
 RIGUERO
 RIJO
 RIJOS
 RIMBLAS
 RINAURO
 RINCHE
 RINCON
 RINCONENO
 RINCONES
 RINGLERO
 RIOBO
 RIOCABO
 RIOFRIO
 RIOJA
 RIOJAS
 RIOJAZ
 RIOJOS
 RIOLLANO
 RIONDA
 RIOPEDRE
 RIOS
 RIOSECO
 RIOSESPINOZA
 RIOSFLORES
 RIOSMARTINEZ
 RIOSPEREZ

RIOZ
 RIPALDA
 RIPES
 RIPOL
 RIPOLL
 RIPOLLES
 RIQUELME
 RIQUERO
 RISQUET
 RISUENO
 RIUS
 RIUSECH
 RIVADA
 RIVADENEIRA
 RIVADENEYRA
 RIVADULLA
 RIVALE
 RIVALI
 RIVARES
 RIVAROLA
 RIVAS
 RIVAZ
 RIVEIRA
 RIVEIRO
 RIVERA
 RIVERACOLON
 RIVERACRUZ
 RIVERADIAZ
 RIVERALUGO
 RIVERAPEREZ
 RIVERARIVERA
 RIVERAS
 RIVERIA
 RIVERO
 RIVEROL
 RIVEROLL
 RIVERON
 RIVEROS
 RIVERRA
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 RIZO
 ROA
 ROACHO
 ROANO
 ROBAINA
 ROBALI
 ROBALIN
 ROBALINO
 ROBAU

ROBAYNA
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 ROBEDA
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 ROBLETO
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 ROBREDO
 ROCA
 ROCAFORT
 ROCAFUERTE
 ROCAMONTES
 ROCAMONTEZ
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 ROCHA
 ROCHAS
 ROCHES
 ROCHIN
 ROCHOA
 ROCIO
 RODADO
 RODALLEGAS
 RODARTE
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 RODELAS
 RODELO
 RODENA
 RODENAS
 RODERO
 RODEZ
 RODRIGUEZ
 RODICIO
 RODIGUEZ
 RODIL
 RODILES
 RODIQUEZ
 RODIRGUEZ
 RODREGUEZ
 RODRGUEZ
 RODRIG

RODRIGEUZ	ROLON	ROSELLO	RUBIA
RODRIGEZ	ROMAGOSA	ROSELLON	RUBIALES
RODRIGIEZ	ROMAGUERA	ROSENDON	RUBIANES
RODRIGNEZ	ROMANDIA	ROSENEY	RUBIANO
RODRIGOEZ	ROMANES	ROSERO	RUBIDO
RODRIGS	ROMANEZ	ROSES	RUBIELLA
RODRIGU	ROMANILLOS	ROSETE	RUBIERA
RODRIGUEA	ROMAY	ROSILES	RUBILDO
RODRIGUERA	ROMAYOR	ROSILEZ	RUBINOS
RODRIGUEZ	ROMERA	ROSILLO	RUBIO
RODRIGUEZMARTINEZ	ROMERO	ROSITAS	RUBIOLA
RODRIGUEZS	ROMEROS	ROSQUETE	RUCIO
RODRIGUIEZ	ROMEU	ROSTRO	RUCOBO
RODRIGUIZ	ROMEZ	ROTEA	RUEDA
RODRIGUZ	ROMIREZ	ROTELA	RUEDAFLORES
RODRIQUEZ	ROMIRO	ROTGER	RUEDAS
RODRQUIZ	ROMO	ROUCO	RUELAS
RODRUIEZ	ROMOS	ROURA	RUELAZ
RODRUIGEZ	ROMPAL	ROURE	RUELOS
RODRIZUEZ	RON	ROVAYO	RUEMPL
RODROGUEZ	RONCES	ROVERA	RUENES
RODRUGUEZ	RONDA	ROVIRA	RUESGA
RODRUQUEZ	RONDAN	ROVIROSA	RUEZGA
RODUGUEZ	RONDERO	ROXAS	RUFAT
RODULFO	RONDEZ	ROYBAL	RUFFENO
RODZ	RONDON	ROYBALL	RUFIN
ROEL	RONGAVILLA	ROYBOL	RUGAMA
ROGANS	RONJE	ROYERO	RUGARCIA
ROGERIO	RONQUILLO	ROYO	RUGERIO
ROGES	ROQUE	ROYOS	RUIBAL
ROGRIGUEZ	ROQUENI	ROYVAL	RUIDAS
ROGUE	ROQUERO	ROZADA	RUIDIAZ
ROHENA	ROQUETA	ROZALES	RUILOBA
ROIBAL	ROS	ROZO	RUISANCHEZ
ROIDE	ROSA	RUACHO	RUISECO
ROIG	ROSABAL	RUALES	RUIZ
ROIS	ROSADA	RUALO	RUIZCALDERON
ROIZ	ROSADO	RUAN	RUIZCASTANEDA
ROJA	ROSAL	RUANO	RUIZDEESPARZA
ROJANO	ROSALES	RUAS	RUIZDELVIZO
ROJAS	ROSALESDELRIO	RUBALACA	RUIZE
ROJEL	ROSALEZ	RUBALCABA	RUIZESPARZA
ROJERO	ROSALY	RUBALCADA	RUIZZ
ROJES	ROSARIA	RUBALCADO	RUL
ROJO	ROSARIO	RUBALCAUA	RULLAN
ROJOS	ROSARIODIAZ	RUBALCAVA	RUMAYOR
ROLDAN	ROSARO	RUBERO	RUMBAUT
ROLDON	ROSAS	RUBERTE	RUTIAGA
ROLDOS	ROSELI	RUBI	RUTIZ

RUVALCABA
 RUVALCAVA
 RUVIRA
 RUYBAL
 RUYBALID
 RUYBOL
 RUZ
 SAA
 SAABEDRA
 SAAUEDRA
 SAAVEDRA
 SABALA
 SABALLOS
 SABALZA
 SABANDO
 SABATER
 SABATES
 SABEDRA
 SABI
 SABICER
 SABIDO
 SABINES
 SABLATURA
 SABOGAL
 SABORI
 SABORIDO
 SABORIO
 SABORIT
 SABOYA
 SABRES
 SABROSO
 SABUGO
 SACA
 SACARELLO
 SACASAS
 SACERIO
 SACOS
 SACRISTAN
 SADA
 SADES
 SADULE
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 SAETA
 SAEZ
 SAFADY
 SAFILLE
 SAFONT

SAGARA
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 SAGASTUME
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 SALAIZ
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 SALAVARRIETA
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 SALAYANDIA
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 SALAZAN
 SALAZAR

SALBATO
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 SALDARRIAGA
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 SALDIVAR
 SALDONA
 SALDUA
 SALEGUI
 SALGADO
 SALGADOLUNA
 SALGUEIRO
 SALGUERA
 SALGUERO
 SALHUANA
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 SALIDO
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 SALINASGARCIA
 SALINASRAMIREZ
 SALINAZ
 SALINOS
 SALIVA
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 SALIZ
 SALIZAR
 SALLES
 SALMERON
 SALMINA
 SALMONES
 SALORT
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 SALSAMEDA
 SALSEDO
 SALSIDO
 SALTARES
 SALTERO
 SALTOS
 SALUDES

SALUMBIDES
 SALVACION
 SALVARIA
 SALVARREY
 SALVAT
 SALVATIERRA
 SALVIDE
 SAMADA
 SAMALA
 SAMALOT
 SAMANEGO
 SAMANIEGO
 SAMANO
 SAMARIO
 SAMARIPA
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 SAMARRIPA
 SAMARRIPAS
 SAMARRON
 SAMAYOA
 SAMBADO
 SAMBOLIN
 SAMBRANO
 SAMBUESO
 SAMBULA
 SAMILPA
 SAMONIEGO
 SAMORA
 SAMORANO
 SAMOT
 SAMPAYAN
 SAMPAYO
 SAMPEDRO
 SAMPERA
 SAMPERIO
 SAMTOS
 SAMUDIA
 SAMUDIO
 SANABIA
 SANABRIA
 SANAGUSTIN
 SANAME
 SANANDRES
 SANBARTOLOME
 SANBRANO
 SANCEDO
 SANCEN
 SANCHA
 SANCHE

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

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

SIPULA	SOLAREZ	SORIANO	SUBES
SIQUEIDO	SOLARIO	SORIENO	SUBIA
SIQUEIRO	SOLARZANO	SORIO	SUBIAS
SIQUEIROS	SOLAUN	SORNOSO	SUBIDO
SIQUEROS	SOLDEVILA	SOROA	SUBIRANA
SIQUIEROS	SOLDEVILLA	SOROLA	SUBIRIAS
SIRA	SOLED	SORONDO	SUCO
SIRET	SOLEDAD	SORRANO	SUDARIA
SIRIAS	SOLENO	SORROCHE	SUEIRAS
SIRIO	SOLER	SORTILLON	SUEIRO
SIROS	SOLERA	SORZANO	SUELA
SISNERO	SOLERO	SOSA	SUELTO
SISNEROS	SOLIS	SOSAPAVON	SUENGAS
SISNEROZ	SOLISGARZA	SOSAYA	SUERA
SISNIEGAS	SOLIVA	SOSIAS	SUEREZ
SISTOS	SOLIVAN	SOSTRE	SUERO
SITAL	SOLIZ	SOTA	SUESCUN
SITJAR	SOLONO	SOTELLO	SUEYRAS
SIURANO	SOLORIO	SOTELO	SUGRANES
SIVA	SOLORSANO	SOTERAS	SUINA
SIVERIO	SOLORZA	SOTERO	SULAICA
SIXTO	SOLORZANO	SOTILLO	SULIVERES
SIXTOS	SOLOZABAL	SOTO	SULLANO
SOBA	SOLSONA	SOTOLONGO	SULPACIO
SOBALVARRO	SOLTERO	SOTOMAYER	SULSONA
SOBERAL	SOMANO	SOTOMAYOR	SUMALLA
SOBERANES	SOMARRIBA	SOTORRIO	SUMAYA
SOBERANEZ	SOMAVIA	SOTRO	SUMBERA
SOBERANIS	SOMBRA	SOTTO	SUMBERAZ
SOBERON	SOMOANO	SOTTOSANTO	SUNE
SOBRADO	SOMODEVILLA	SOTURA	SUNER
SOBREMONTÉ	SOMOHANO	SOTUYO	SUNICA
SOBRERO	SOMONTE	SOUCHET	SUNIGA
SOBREVILLA	SOMOZA	SOUFFRONT	SUQUET
SOBRIN	SONABRIA	SOURINA	SUREDÁ
SOBRINO	SONCHAR	SOVERANEZ	SURIA
SOCA	SONCHEZ	SOZA	SURILLO
SOCARRAS	SONERA	SPINDOLA	SURINACH
SOCAS	SONICO	SUARE	SURIS
SOCIAS	SONOQUI	SUARES	SURITA
SOCORRO	SONORA	SUAREZ	SURO
SODOY	SOPENA	SUASTE	SUROS
SOEGAARD	SOQUI	SUASTEGUI	SUSANA
SOJO	SOR	SUAVEZ	SUSTACHE
SOL	SORATOS	SUAZO	SUSTAETA
SOLACHE	SORBA	SUBEALDEA	SUSTAITA
SOLANILLA	SORDIA	SUBEDAR	SUSTAYTA
SOLANO	SORDO	SUBEGA	SUSURAS
SOLARES	SORIA	SUBELDIA	SWAZO

TABADA	TALAVERA	TARNAVA	TELLES
TABALDO	TALLABAS	TARRAGO	TELLEZ
TABALES	TALLAVAS	TARRANGO	TELLO
TABANA	TALLEDA	TARRATS	TELLOS
TABANICO	TALLEDO	TARRAU	TELON
TABARES	TALLERINO	TARRAZA	TEMBLADOR
TABAREZ	TAMAME	TARRIDE	TEMBRAS
TABBADA	TAMARES	TARULA	TEMER
TABERA	TAMAREZ	TASABIA	TEMORES
TABERAS	TAMARGO	TATIS	TEMPO
TABERNERO	TAMARIT	TAVALES	TEMPRANA
TABIO	TAMARIZ	TAVAR	TENA
TABIZON	TAMAYA	TAVAREZ	TENARIO
TABLADA	TAMAYO	TAVERA	TENAS
TABLADO	TAMBARA	TAVERAS	TENERIAS
TABOADA	TAMBUNGA	TAVIRA	TENERIO
TABOAS	TAMERON	TAVISON	TENES
TABORA	TAMEZ	TAVITAS	TENEYUCA
TABORDA	TAMGUMA	TAVIZON	TENEYUQUE
TABRAUE	TANCHEZ	TAVORA	TENIENTE
TABUENA	TANCO	TAYABAS	TENORIA
TABUENCA	TANDA	TEBA	TENORIO
TABULLO	TANFORAN	TEBAQUI	TEPERA
TACHIAS	TANGUMA	TEBAR	TEPEZANO
TACHIQUIN	TANON	TEHAS	TEPOSTE
TACORDA	TANORI	TEIJEIRO	TEQUIDA
TACORONTE	TANTAO	TEIJIZ	TERAN
TADEO	TANUZ	TEIJO	TERCERO
TAFFOLLA	TAPANES	TEISSONNIERE	TERCEROS
TAFOLA	TAPETILLO	TEIXIDOR	TERCILLA
TAFOLLA	TAPIA	TEJADA	TERMINEL
TAFORO	TAPIAS	TEJAS	TERON
TAFOYA	TAPICERIA	TEJEDA	TERRADO
TAGABAN	TAPIZ	TEJEDAS	TERRASA
TAGANAS	TAPORCO	TEJEDO	TERRASAS
TAGLE	TARABINO	TEJEDOR	TERRASAZ
TAGUDAR	TARACENA	TEJEIRO	TERRAZA
TAJES	TARAFa	TEJERA	TERRAZAS
TALABERA	TARAGON	TEJERAS	TERRERO
TALACHE	TARAILO	TEJERINA	TERREROS
TALAMANTE	TARAJANO	TEJERO	TERRIGUEZ
TALAMANTES	TARAMASCO	TEJIDOR	TERRIQUEZ
TALAMANTEZ	TARANCO	TEJO	TERROBA
TALAMAS	TARANGO	TELAS	TERRON
TALAMENTE	TARAZON	TELAVERA	TERRONES
TALAMENTES	TARAZONA	TELLADO	TERSERO
TALAMENTEZ	TARBES	TELLAECHE	TERUEL
TALANA	TARGA	TELLECHEA	TERUSA
TALANCON	TARIN	TELLERIA	TERVINO

TERZADO	TOJEIRA	TORRES	TRASPENA
TESILLO	TOJEIRO	TORRESCANO	TRASVINA
TEVERE	TOLANO	TORRESDIAZ	TRAVAL
TEXCAHUA	TOLEDANO	TORRESMARTINEZ	TRAVASO
TEXIDOR	TOLEDO	TORRESOLA	TRAVERZO
TEYECHEA	TOLENTINO	TORRESRODRIGUEZ	TRAVIESO
TEZCUCANO	TOLLARDO	TORRESS	TREBIZO
TEZINO	TOLOSA	TORREZ	TREFILIO
THILLET	TOLOZA	TORRICELLA	TREGARO
TIA	TOLSA	TORRIENTE	TREJO
TIBALDEO	TOMADA	TORRIJOS	TREJOS
TIBLJAS	TOMAYO	TORRIO	TRELLES
TIBON	TOMELLOSO	TORROELLA	TREMILLO
TIBURCIO	TOMEU	TORRON	TRENZADO
TICO	TOMINES	TORROS	TRES
TIENDA	TOPETE	TORRUELLA	TRESPALACIOS
TIJERINA	TOPIA	TORRUELLAS	TRETO
TIJERINO	TOQUERO	TORTALITA	TREVILLA
TIJERO	TORAL	TORTES	TREVINA
TINAJERO	TORALBA	TORTILLA	TREVINIO
TINAZA	TORALES	TORUGA	TREVINO
TINEO	TORANO	TORUNO	TREVISO
TINERELLA	TORANS	TOSA	TREVIZO
TINOCO	TORANZO	TOSADO	TREVIZU
TIO	TORDESILLAS	TOSAR	TRIANA
TIRADO	TORENO	TOSSAS	TRIAS
TIRADOR	TORIBIO	TOSTA	TRIAY
TIRAN	TORICES	TOSTADO	TRICOCHE
TIRRE	TORIJANO	TOVA	TRIGO
TIRRES	TORIZ	TOVALIN	TRIGOS
TIRREZ	TORMES	TOVANCHE	TRIGOURA
TIRSE	TORMOS	TOVAR	TRIGUERO
TISCARENO	TORNEL	TOVARES	TRIGUEROS
TISINO	TORNERO	TOVAREZ	TRIJILLO
TISNADO	TORO	TOVIAS	TRILLA
TIXIER	TORQUEMADA	TOYA	TRILLANES
TIZNADO	TORRADO	TOYENS	TRILLAS
TIZOL	TORRALBA	TOYMIL	TRILLAYES
TOBAL	TORRALBAS	TOYOS	TRILLES
TOBAR	TORRALES	TRABA	TRILLO
TOBARES	TORRALVA	TRABAL	TRILLOS
TOBAS	TORRANO	TRABANCO	TRIMINO
TOBILLA	TORREBLANCA	TRABAZO	TRINCADO
TOBON	TORRECH	TRACONIS	TRINCHET
TOCA	TORRECILLA	TRANCOSA	TRINIDAD
TOFOYA	TORRECILLAS	TRANQUADA	TRIPIS
TOGAR	TORREGROSA	TRAPAGA	TRISTAN
TOGORES	TORRELLAS	TRASLAVINA	TRISTE
TOIMIL	TORRENTERA	TRASOBARES	TRIUNFO

TRIVISO	TURRUBIATE	UNALE	URIEGAS
TRIVIZ	TURRUBIATES	UNAMUNO	URIEL
TRIVIZO	TURULL	UNANUE	URIETA
TROCHE	TUYA	UNATE	URIOLA
TROCHEZ	UBALDE	UNEDA	URIONAGUENA
TROJILLO	UBALLE	UNGO	URIOSTE
TRONCOSA	UBALLEZ	UNZALU	URIOSTEGUI
TRONCOSO	UBALS	UNZUETA	URISTA
TRONCOZA	UBANDO	URAGA	URITA
TRONCOZO	UBARRI	URAINÉ	URIVE
TROYA	UBAY	URANDAY	URIZ
TROZERA	UBEDA	URANGA	URIZA
TRUCIOS	UBIAS	URANGO	URIZAR
TRUEBA	UBIDES	URBAEZ	UROZA
TRUIJILLO	UBIERA	URBALEJO	URQUIA
TRUILLO	UBIETA	URBAY	URQUIAGA
TRUJANO	UBILES	URBIETA	URQUIDES
TRUJEQUE	UBILLA	URBINA	URQUIDEZ
TRUJILLA	UBINA	URBINO	URQUIDI
TRUJILLIO	UBINAS	URBISTONDO	URQUIETA
TRUJILLO	UCEDA	URBIZU	URQUIJO
TRUYOL	UCETA	URCADEZ	URQUILLA
TUALLA	UCHA	URCELAY	URQUIOLA
TUANDO	UCHITA	URCIEL	URQUIZA
TUASON	UCHIZONO	URDANETA	URQUIZO
TUAZON	UDABE	URDANIVIA	URQUIZU
TUBENS	UDAETA	URDAZ	URRA
TUBON	UDAVE	URDIALES	URRABAS
TUDELA	UDERO	URDIALEZ	URRABAZ
TUDON	UFRACIO	URENA	URRABAZO
TUEME	UFRET	URENDA	URRACA
TUERO	UGALDE	URENIA	URREA
TUFARES	UGARRIZA	URENO	URRECHAGA
TULIER	UGARTE	URESTE	URREGO
TUNCHES	UGARTECHEA	URESTI	URRETA
TUNCHEZ	UGUES	URETA	URRIETA
TUNDIDOR	UJUETA	URGELL	URRIZA
TUNON	ULACIA	URGELLES	URROZ
TUR	ULATE	URGILES	URRUCHUA
TURBAY	ULIBARI	URGUIDI	URRUTIA
TURBE	ULIBARRI	URIA	URSUA
TURCIOS	ULIVARRI	URIARTE	URSULO
TURIACE	ULLIVARRI	URIAS	URTADO
TURINCIO	ULLOA	URIAZ	URTASUN
TURIZO	ULTRERAS	URIBARRI	URTEAGA
TURREY	UMANA	URIBE	URTEZ
TURRIETA	UMANZOR	URIBES	URTIAGA
TURRIETTA	UMARAN	URIBURU	URTUSUASTEGUI
TURRUBIARTES	UMPIERRE	URIEGA	URTUZUASTEGUI

URUBURU	VALDEMAR	VALIGURA	VARCOS
URUCHURTU	VALDENEGRO	VALINA	VARELA
URUENA	VALDEPENA	VALINAS	VARELAS
URUETA	VALDERAMA	VALINO	VARGAS
URVANEJO	VALDERAS	VALLADARES	VARGAZ
URVINA	VALDERAZ	VALLADAREZ	VARGUEZ
URZO	VALDEREZ	VALLADO	VARIA
URZUA	VALDERRAIN	VALLADOLID	VARONA
USALLAN	VALDERRAMA	VALLARTA	VARONIN
USATORRES	VALDES	VALLDEPERAS	VAROS
USCANGA	VALDESPINO	VALLE	VAROZ
USEDA	VALDESRODRIGUEZ	VALLECILLA	VARQUEZ
USON	VALDESUSO	VALLECILLO	VASALDUA
UTRIA	VALDEZ	VALLECILLOS	VASALLO
UTRILLA	VALDEZATE	VALLADOR	VASCONES
UTSET	VALDILLES	VALLEGOS	VASCONEZ
UVALLE	VALDILLEZ	VALLEJA	VASCOS
UVALLES	VALDIVA	VALLEJO	VASGUEZ
UVIEDO	VALDIVIA	VALLEJOS	VASQUE
UZETA	VALDIVIESO	VALLELLANES	VASQUES
UZUETA	VALDIVIEZ	VALLENS	VASQUEZ
VACA	VALDIVIEZO	VALLERINO	VASSQUEZ
VACIO	VALDO	VALLES	VASTI
VADELL	VALDONADO	VALLEZ	VAZGUEZ
VADI	VALDOVIN	VALLIN	VAZQUE
VADIA	VALDOVINO	VALLS	VAZQUEL
VADILLO	VALDOVINOS	VALMANA	VAZQUES
VADIZ	VALDRIZ	VALMORES	VAZQUETELLES
VAELL	VALEA	VALQUEZ	VAZQUEZ
VAELLO	VALEDON	VALTERZA	VAZQUEZRIVERA
VAEZ	VALENCIA	VALTIER	VEALSQUEZ
VAEZA	VALENCIANA	VALTIERRA	VEAS
VAIO	VALENCIANO	VALTIERREZ	VECIN
VAISA	VALENEUELA	VALVERDE	VECINO
VAIZ	VALENQUELA	VANDO	VEDARTE
VAIZA	VALENSUELA	VANEGAS	VEDIA
VAL	VALENTIN	VANGA	VEGA
VALADEZ	VALENZUELA	VANUELOS	VEGARA
VALADON	VALENZULA	VANZURA	VEGATORRES
VALAGUE	VALENZVELA	VAQUE	VEGAZO
VALARDE	VALERA	VAQUER	VEGERANO
VALAREZO	VALERIOS	VAQUERA	VEGES
VALASQUEZ	VALERO	VAQUERO	VEGO
VALAZQUEZ	VALESQUEZ	VAQUILAR	VEGOS
VALBUENA	VALEZ	VARA	VEGUE
VALCARCE	VALGAS	VARADA	VEGUEZ
VALCARCEL	VALHUERDI	VARAJAS	VEGUILLA
VALCAZAR	VALIDO	VARAS	VEIGUELA
VALDASO	VALIENTE	VARCARCEL	VEINTIDOS

VEITIA	VENERACION	VERJIL	VIDAURE
VEJAR	VENEREO	VERNENGO	VIDAURI
VEJARA	VENEZUELA	VERONIN	VIDAURRAZAGA
VEJARANO	VENSOR	VERQUER	VIDAURRE
VEJIL	VENTA	VERTIZ	VIDAURRETA
VEJO	VENTOSO	VERVER	VIDAURRI
VELA	VENZAL	VETA	VIDAURRY
VELAARCE	VENZOR	VEVE	VIDENA
VELACUELLAR	VENZUELA	VEYNA	VIDES
VELADO	VERA	VEYTIA	VIDOT
VELADOR	VERACRUZ	VIACAVA	VIDRIALES
VELAQUEZ	VERAMENDI	VIACOBO	VIDRIO
VELAR	VERANDAS	VIADA	VIDRIOS
VELARDE	VERAS	VIADAS	VIDUYA
VELARDES	VERASTEGUI	VIADÉ	VIEGO
VELARDEZ	VERASTEQUI	VIADERO	VIEITES
VELASCO	VERASTIGUI	VIADES	VIEJO
VELASGUEZ	VERASTIQUE	VIADO	VIELMA
VELASQUES	VERASTIQUI	VIAGRAN	VIELMAN
VELASQUEZ	VERAY	VIALES	VIELMAS
VELASTEGUI	VERAZ	VIALIZ	VIENTOS
VELAZCO	VERAZA	VIALPANDO	VIERA
VELAZGUEZ	VERBERA	VIAMONTE	VIERAS
VELAZQUES	VERCELES	VIANA	VIESCA
VELAZQUEZ	VERDAGUER	VIANES	VIESCAS
VELDERRAIN	VERDECANNA	VIAPANDO	VIETA
VELENZUELA	VERDECIA	VIARREAL	VIETTY
VELES	VERDEGUEZ	VIARRIAL	VIEYRA
VELESQUEZ	VERDEJA	VIAYRA	VIEZCAS
VELEZ	VERDEJO	VICARIA	VIGIL
VELEZPEREZ	VERDERA	VICEDO	VIGILIA
VELEZROMAN	VERDESCA	VICENCIO	VIGNAU
VELILLA	VERDESE	VICENS	VIGO
VELIS	VERDESOTO	VICENT	VIGOA
VELIZ	VERDIA	VICENTE	VIGON
VELLAS	VERDOZA	VICENTY	VIGUERA
VELLIDO	VERDUGA	VICHOT	VIGUERAS
VELLON	VERDUGO	VICIEDO	VIGUERIA
VELO	VERDUSCO	VICINAIZ	VIGUES
VELOS	VERDUZCO	VICIOSO	VIJARRO
VELOSO	VERDUZEO	VICTORERO	VIJIL
VELOZ	VEREA	VICTORES	VILA
VELOZQUEZ	VERELA	VICUNA	VILABOY
VELUNZA	VEREZ	VIDACA	VILADROSA
VELUZ	VERGARA	VIDAL	VILANO
VENCES	VERGARO	VIDALES	VILANOVA
VENDRELL	VERGEL	VIDALEZ	VILAR
VENECIA	VERGUIZAS	VIDANA	VILARCHAO
VENEGAS	VERINO	VIDANO	VILARDELL

VILARINO	VILLALONA	VILLARICO	VILLEZCAS
VILARO	VILLALONGA	VILLARINO	VILLICANA
VILAS	VILLALONGIN	VILLARINY	VILLICANO
VILASQUEZ	VILLALONGO	VILLARIZA	VILLIEGAS
VILATO	VILLALOVAS	VILLAROEL	VILLIS
VILAUDI	VILLALOVOS	VILLARONGA	VILLOCH
VILCHES	VILLALOVOZ	VILLAROS	VILLODAS
VILCHEZ	VILLALPANDO	VILLARRE	VILLOLDO
VILCHIS	VILLALTA	VILLARREAL	VILLORIA
VILDOSOLA	VILLALUA	VILLARRIAL	VILLORIN
VILLA	VILLALUNA	VILLARROEL	VILLOORO
VILLABLANCA	VILLALUZ	VILLARRUBIA	VILLOT
VILLACAMPA	VILLALVA	VILLARRUEL	VILLOTA
VILLACANA	VILLALVASO	VILLARRUZ	VILORIO
VILLACARLOS	VILLALVAZO	VILLARTA	VILTRE
VILLACIS	VILLAMAN	VILLARUBIA	VINA
VILLACORTA	VILLAMAR	VILLARUZ	VINAGERAS
VILLACORTE	VILLAMARIN	VILLAS	VINAIXA
VILLACRES	VILLAMAYOR	VILLASAIZ	VINAJA
VILLACRESES	VILLAMIA	VILLASANA	VINAJERAS
VILLADA	VILLAMIL	VILLASANO	VINALES
VILLADO	VILLAMOR	VILLASANTE	VINALS
VILLADONIGA	VILLAN	VILLASECA	VINAS
VILLAERREAL	VILLANEDA	VILLASENOR	VINAT
VILLAESCUSA	VILLANES	VILLASIS	VINCENTY
VILLAFAN	VILLANEUVA	VILLASTRIGO	VINCIONI
VILLAFANA	VILLANEVA	VILLASUSO	VINDIOLA
VILLAFANE	VILLANEZ	VILLATE	VINEGRA
VILLAFLORES	VILLANNEVA	VILLATORO	VINENT
VILLAFRANCA	VILLANUEBA	VILLAVA	VINFRIDO
VILLAFRANCO	VILLANUERA	VILLAYERDE	VINGOCHEA
VILLAFUERTE	VILLANUEVA	VILLAVICENCIO	VINIEGRA
VILLAGAS	VILLANUEVO	VILLAVISENCIO	VINUELA
VILLAGOMES	VILLANVEVA	VILLAZANA	VINUELAS
VILLAGOMEZ	VILLAO	VILLAZON	VINZON
VILLAGRAMA	VILLAPADIERNA	VILLEDIA	VIOLETA
VILLAGRAN	VILLAPANDO	VILLEGA	VIORATO
VILLAGRANA	VILLAPLANA	VILLEGAS	VIOTA
VILLAHERMOSA	VILLAPOL	VILLEGES	VIQUEZ
VILLALABOS	VILLAPONDO	VILLEGOS	VIRADIA
VILLALBA	VILLAPUDUA	VILLEJO	VIRAMONTE
VILLALBAZO	VILLAQUIRAN	VILLELA	VIRAMONTES
VILLALBOS	VILLAR	VILLENA	VIRAMONTEZ
VILLALOBAS	VILLARAN	VILLERREAL	VIRATA
VILLALOBO	VILLARAOS	VILLERREAL	VIRAY
VILLALOBOS	VILLARAUS	VILLESICA	VIRCHIS
VILLALOBOZ	VILLAREAL	VILLESICAS	VIRELLA
VILLALOHOS	VILLAREJO	VILLESICAZ	VIRGEN
VILLALON	VILLARES	VILLETE	VIRJAN

VIROLA	XUAREZ	YLARREGUI	YSASI
VIRREY	YABUT	YLIZALITURRI	YSASSI
VIRRUETA	YANAS	YLLA	YSER
VIRUEGAS	YANES	YLLADA	YSERN
VIRUET	YANEZ	YLLANES	YSET
VIRUETE	YANEZA	YLLESCAS	YSLA
VIRUZO	YANIZ	YNCERA	YSLAS
VISARRAGA	YANOSO	YNCLAN	YSLAVA
VISARRIAGAS	YAQUES	YNDA	YSQUIERDO
VISCAINA	YARA	YNEGAS	YTUARTE
VISCAINO	YARRITO	YNEGES	YTURBE
VISCARRA	YARRITU	YNFANTE	YTURRALDE
VISCASILLAS	YARTE	YNIGO	YTURRI
VISCAYA	YBABEN	YNIGUEZ	YTURRIA
VISERTO	YBANEZ	YNIQUEZ	YTURRIAGA
VISOSO	YBARA	YNOA	YUBETA
VISPERAS	YBARBO	YNOCENCIO	YUCUPICIO
VISSEPO	YBARRA	YNOSENCIO	YUDESIS
VISTRO	YBARROLA	YNOSTROSA	YUDICE
VITAL	YBARRONDO	YNOSTROZA	YUDICO
VITAR	YBERA	YNZUNZA	YULAN
VITELA	YBERRA	YOGUEZ	YULFO
VITIER	YCAZA	YORBA	YURIAR
VIVANCO	YCEDO	YORDAN	YUSTE
VIVANCOS	YCIANO	YPARRAGUIRRE	YVANEZ
VIVAR	YDROGO	YPARREA	YVARRA
VIVAS	YEBARA	YPINA	YZABAL
VIVERO	YEBRA	YRACEBURU	YZAGUIRRE
VIVEROS	YEDO	YRACHETA	YZNAGA
VIVES	YEDOR	YRASTORZA	YZQUIERDO
VIVO	YEDRA	YRIARTE	ZABAL
VIZCAINO	YEPA	YRIBARREN	ZABALA
VIZCARRA	YEPES	YRIBE	ZABALETA
VIZCARRO	YEPEZ	YRIGOLLA	ZABALLA
VIZCARRONDO	YEPIS	YRIGOLLEN	ZABALO
VIZCAYA	YEPIZ	YRIGOYEN	ZABALZA
VIZCON	YERA	YRINEO	ZACARIAS
VIZOSO	YERAS	YRIQUE	ZACUTO
VIZUET	YERENA	YRIQUI	ZADRIMA
VIZUETA	YERO	YRISARRI	ZAERA
VOLBEDA	YESCAS	YRIZARRY	ZAFEREO
VOSQUEZ	YESETA	YROZ	ZAFRA
VOZQUEZ	YESTE	YRUEGAS	ZAGALA
VUELTA	YEVERINO	YRUNGARAY	ZAGALES
XIMENES	YGLECIAS	YRURETAGOYENA	ZAGONA
XIMENEZ	YGLESIAS	YSAGUIRRE	ZALACAIN
XIMINEZ	YGNACIO	YSAIS	ZALACE
XIQUES	YGUADO	YSAQUIRRE	ZALAMEA
XOCHICALE	YGUERABIDE	YSASAGA	ZALAPA

ZALAZAR	ZAPATA	ZAVALA	ZEVALLOS
ZALDANA	ZAPATER	ZAVALETA	ZILBAR
ZALDIVAR	ZAPATERO	ZAVALETTA	ZILLAS
ZALDUA	ZAPEDA	ZAVALLA	ZOLETA
ZALDUMBIDE	ZAPIAIN	ZAVALZA	ZOMORA
ZALDUONDO	ZAPIEN	ZAVAT	ZOROLA
ZALVIDEA	ZARABOZO	ZAYAS	ZORRILLA
ZAMACONA	ZARAGOSA	ZAYASBAZAN	ZOZAYA
ZAMAGO	ZARAGOZ	ZAYAZ	ZUAZNABAR
ZAMANIEGO	ZARAGOZA	ZAZUETA	ZUAZO
ZAMANILLO	ZARAGOZI	ZAZUETTA	ZUAZUA
ZAMANO	ZARATE	ZEAS	ZUBELDIA
ZAMAR	ZARAZUA	ZEBALLOS	ZUBIA
ZAMARIPA	ZARCO	ZEDENO	ZUBIATE
ZAMARIPPA	ZARCOS	ZEDILLO	ZUBIETA
ZAMARO	ZARDENETA	ZEGARRA	ZUBILLAGA
ZAMARRI	ZARDENETTA	ZELADA	ZUBIRAN
ZAMARRIPA	ZARDO	ZELAYA	ZUBIRI
ZAMARRIPAS	ZARDON	ZELEDON	ZUBIRIA
ZAMARRON	ZARDOYA	ZEMEN	ZUBIZARRETA
ZAMAYOA	ZAROGOZA	ZENDEJAS	ZUGASTI
ZAMAZAL	ZARRAGA	ZENGOTITA	ZULAICA
ZAMBADA	ZARRAGOITIA	ZENIZO	ZULETA
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	ZURBANAN
ZANDONA	ZATOREN	ZERTUCHE	ZURITA
ZANGRONIZ	ZAUALA	ZERVIGON	ZURRICA
ZANUDO	ZAUL	ZETINA	ZUVIA
ZAPARA	ZAUSA	ZETINO	ZUVIETA
ZUZUARREG			
U			

APPENDIX F: Site-Specific Surgery Codes

**This appendix no longer includes RX Summ Surg Prim Site 2023 – [reference 2026 STORE Manual](#)

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

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

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

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

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***

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

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

99 Unknown if surgery performed; death certificate ONLY

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

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

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

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

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

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

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

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).

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

**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).

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

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

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

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.

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

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

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

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)

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

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

(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

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

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

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

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

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

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

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

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

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)

APPENDIX G: 2026 FCDS Record Layout in Flat File Format – C (Core Data Items)

Section	Data Opt	Item #	FCDS / NAACCR Item	Length	Year Start-End	NEW for 2026
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	
Demographic	D	87	Geocoding Quality Code Detail	14	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	
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	

Section	Data Opt	Item #	FCDS / NAACCR Item	Length	Year Start-End	NEW for 2026
Demographic	C	161	Race 2	2	2001	
Demographic	C	162	Race 3	2	2001	
Demographic	C	163	Race 4	2	2001	
Demographic	C	164	Race 5	2	2001	
Demographic	D	170	Race Coding Sys--Current	1		
Demographic	D	180	Race Coding Sys--Original	1		
Demographic	C	190	Spanish/Hispanic Origin	1	1981	
Demographic	D	191	NHIA Derived Hisp Origin	1		
Demographic	D	192	IHS Link	1		
Demographic	D	193	Race--NAPIIA(derived API)	2		
Demographic	D	194	IHS Purchased/Referred Care Delivery Area	1	2022	
Demographic		200	Computed Ethnicity	1		
Demographic		210	Computed Ethnicity Source	1		
Demographic	R	220	Sex	1	1981-2025	
Demographic	C	225	Sex Assigned at Birth	1	2026	2026
Demographic	D	230	Age at Diagnosis	3	1981	
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	

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R-REQUIRED

RH- Historically collected and currently transmitted

Section	Data Opt	Item #	FCDS / NAACCR Item	Length	Year Start-End	NEW for 2026
Demographic	D	345	URIC 2000	1		
Demographic	D	346	URIC 2010	1		
Demographic	D	351	GeoLocationID - 1970/80/90	12		
Demographic	D	352	GeoLocationID - 2000	12		
Demographic	D	353	GeoLocationID - 2010	12		
Demographic	D	354	GeoLocationID - 2020	12		
Demographic	D	361	Census Block Group 2020	1		
Demographic	D	362	Census Block Group 2000	1		
Demographic	D	363	Census Block Group 2010	1		
Demographic	D	364	Census Tr Cert 1970/80/90	1		
Demographic	D	365	Census Tr Certainty 2000	1		
Demographic	D	366	GIS Coordinate Quality	2		
Demographic	D	367	Census Tr Certainty 2010	1		
Demographic	D	368	Census Block Grp 1970/80/90	1		
Demographic	D	369	Census Tract Certainty 2020	1	2018	
Record ID		370	Reserved 01	16		
Cancer Identification	D	380	Sequence Number--Central	2		
Cancer Identification	C	390	Date of Diagnosis	8	1981	
Cancer Identification	C	400	Primary Site	4	1981	
Cancer Identification	C	410	Laterality	1	1995	
Cancer Identification		419	Morph--Type&Behav ICD-O-2	5		
Cancer Identification		420	Histology (92-00) ICD-O-2	4	1981-2009	
Cancer Identification		430	Behavior (92-00) ICD-O-2	1	1981-2009	
Cancer Identification		439	Date of Mult Tumors Flag	2		
Cancer Identification	RH	440	Grade	1	1981-2017	
Cancer Identification		441	Grade Path Value	1		
Cancer Identification		442	Ambiguous Terminology DX	1		
Cancer Identification		443	Date Conclusive DX	8		
Cancer Identification		444	Mult Tum Rpt as One Prim	2		
Cancer Identification		445	Date of Mult Tumors	8		
Cancer Identification		446	Multiplicity Counter	2		
Cancer Identification		448	Date Conclusive DX Flag	2		
Cancer Identification		449	Grade Path System	1		
Cancer Identification	D	450	Site Coding Sys--Current	1		
Cancer Identification	D	460	Site Coding Sys--Original	1		
Cancer Identification	D	470	Morph Coding Sys--Current	1		
Cancer Identification	D	480	Morph Coding Sys--Originl	1		

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Section	Data Opt	Item #	FCDS / NAACCR Item	Length	Year Start-End	NEW for 2026
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		
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		

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Section	Data Opt	Item #	FCDS / NAACCR Item	Length	Year Start-End	NEW for 2026
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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RH- Historically collected and currently transmitted

Section	Data Opt	Item #	FCDS / NAACCR Item	Length	Year Start-End	NEW for 2026
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		

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R-REQUIRED

RH- Historically collected and currently transmitted

Section	Data Opt	Item #	FCDS / NAACCR Item	Length	Year Start-End	NEW for 2026
Stage/Prognostic Factors		1031	AJCC TNM Clin T Suffix	4		
Stage/Prognostic Factors		1032	AJCC TNM Path T Suffix	4		
Stage/Prognostic Factors		1033	AJCC TNM Post Therapy T Suffix	4		
Stage/Prognostic Factors		1034	AJCC TNM Clin N Suffix	4		
Stage/Prognostic Factors		1035	AJCC TNM Path N Suffix	4		
Stage/Prognostic Factors		1036	AJCC TNM Post Therapy N Suffix	4		
Stage/Prognostic Factors	RH	1060	TNM Edition Number	2	2016-2017	
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	

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R-REQUIRED

RH- Historically collected and currently transmitted

Section	Data Opt	Item #	FCDS / NAACCR Item	Length	Year Start-End	NEW for 2026
Stage/Prognostic Factors	C	1174	PD-L1	5	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		
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	
Treatment-1 st Course	C	1291	RX Summ- Surg Prim Site (2023)	2	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 Approach	1		
Treatment-1st Course		1320	RX Summ--Surgical Margins	1		
Treatment-1st Course		1330	RX Summ--Reconstruct 1st	1		
Treatment-1st Course	C	1340	Reason for No Surgery	1	2001	
Treatment-1st Course		1350	RX Summ--DX/Stg Proc	2		
Treatment-1st Course	RH	1360	RX Summ--Radiation	1	1981-2017	
Treatment-1st Course		1370	RX Summ--Rad to CNS	1		
Treatment-1st Course	C	1380	RX Summ--Surg/Rad Seq	1	2006	
Treatment-1st Course	C	1390	RX Summ--Chemo	2	1981	
Treatment-1st Course	C	1400	RX Summ--Hormone	2	1981	
Treatment-1st Course	C	1410	RX Summ--BRM	2	1981	
Treatment-1st Course	C	1420	RX Summ--Other	1	1981	
Treatment-1st Course	C	1430	Reason for No Radiation	1	2011	
Treatment-1st Course	D	1460	RX Coding System--Current	2		

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R-REQUIRED

RH- Historically collected and currently transmitted

Section	Data Opt	Item #	FCDS / NAACCR Item	Length	Year Start-End	NEW for 2026
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		
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		

C-CORE

D-DERIVED

R-REQUIRED

RH- Historically collected and currently transmitted

Section	Data Opt	Item #	FCDS / NAACCR Item	Length	Year Start-End	NEW for 2026
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		
Treatment-1st Course		1648	RX Summ--Surg Oth 98-02	1		
Edit Overrides/Conversion History/System Admin		1650	Reserved 08	50		
Treatment-Subsequent & Other		1660	Subsq RX 2nd Course Date	8		
Treatment-Subsequent & Other		1661	Subsq RX 2ndCrS Date Flag	2		
Treatment-Subsequent & Other		1670	Subsq RX 2nd Course Codes	11		
Treatment-Subsequent & Other		1671	Subsq RX 2nd Course Surg	2		
Treatment-Subsequent & Other		1672	Subsq RX 2nd Course Rad	1		
Treatment-Subsequent & Other		1673	Subsq RX 2nd Course Chemo	1		
Treatment-Subsequent & Other		1674	Subsq RX 2nd Course Horm	1		
Treatment-Subsequent & Other		1675	Subsq RX 2nd Course BRM	1		
Treatment-Subsequent & Other		1676	Subsq RX 2nd Course Oth	1		
Treatment-Subsequent & Other		1677	Subsq RX 2nd--Scope LN SU	1		
Treatment-Subsequent & Other		1678	Subsq RX 2nd--Surg Oth	1		
Treatment-Subsequent & Other		1679	Subsq RX 2nd--Reg LN Rem	2		
Treatment-Subsequent & Other		1680	Subsq RX 3rd Course Date	8		
Treatment-Subsequent & Other		1681	Subsq RX 3rdCrS Date Flag	2		
Treatment-Subsequent & Other		1690	Subsq RX 3rd Course Codes	11		
Treatment-Subsequent & Other		1691	Subsq RX 3rd Course Surg	2		
Treatment-Subsequent & Other		1692	Subsq RX 3rd Course Rad	1		

C-CORE

D-DERIVED

R-REQUIRED

RH- Historically collected and currently transmitted

Section	Data Opt	Item #	FCDS / NAACCR Item	Length	Year Start-End	NEW for 2026
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		
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	

C-CORE

D-DERIVED

R-REQUIRED

RH- Historically collected and currently transmitted

Section	Data Opt	Item #	FCDS / NAACCR Item	Length	Year Start-End	NEW for 2026
Follow-up/Recurrence/Death	C	1751	Date of Last Contact Flag	2	2010	
Follow-up/Recurrence/Death		1755	Date of Death--Canada	8		
Follow-up/Recurrence/Death		1756	Date of Death--CanadaFlag	2		
Follow-up/Recurrence/Death	C	1760	Vital Status	1	1995	
Follow-up/Recurrence/Death	D	1762	Vital Status Recode	1		
Follow-up/Recurrence/Death	C	1770	Cancer Status	1	1995	
Follow-up/Recurrence/Death		1772	Date of Last Cancer (tumor) Status	8		
Follow-up/Recurrence/Death		1773	Date of Last Cancer (tumor) Status Flag	2		
Follow-up/Recurrence/Death	D	1775	Record Number Recode	2	end 2021	
Follow-up/Recurrence/Death		1780	Quality of Survival	1		
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	

C-CORE

D-DERIVED

R-REQUIRED

RH- Historically collected and currently transmitted

Section	Data Opt	Item #	FCDS / NAACCR Item	Length	Year Start-End	NEW for 2026
Follow-up/Recurrence/Death	C	1830	Addr Current--Postal Code	9	1981	
Demographic	C	1832	Addr Current--Country	3	2013	
Patient-Confidential		1835	Reserved 10	100		
Follow-up/Recurrence/Death	C	1840	County--Current	3	2010	
Follow-up/Recurrence/Death		1842	Follow-Up Contact--City	50		
Follow-up/Recurrence/Death		1844	Follow-Up Contact--State	2		
Follow-up/Recurrence/Death		1846	Follow-Up Contact--Postal	9		
Demographic		1847	FollowUp Contact--Country	3		
Follow-up/Recurrence/Death		1850	Unusual Follow-Up Method	2		
Follow-up/Recurrence/Death		1860	Recurrence Date--1st	8		
Follow-up/Recurrence/Death		1861	Recurrence Date--1st Flag	2		
Follow-up/Recurrence/Death		1880	Recurrence Type--1st	2		
Hospital-Confidential		1900	Reserved 11	50		
Follow-up/Recurrence/Death	D	1910	Cause of Death	4		
Follow-up/Recurrence/Death	D	1914	SEER Cause Specific COD	1		
Follow-up/Recurrence/Death	D	1915	SEER Other COD	1		
Follow-up/Recurrence/Death	D	1920	ICD Revision Number	1		
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		

C-CORE

D-DERIVED

R-REQUIRED

RH- Historically collected and currently transmitted

Section	Data Opt	Item #	FCDS / NAACCR Item	Length	Year Start-End	NEW for 2026
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	
Edit Overrides/Conversion History/System Admin		1980	ICD-O-2 Conversion Flag	1		
Edit Overrides/Conversion History/System Admin		1981	Over-ride SS/NodesPos	1		
Edit Overrides/Conversion History/System Admin		1982	Over-ride SS/TNM-N	1		
Edit Overrides/Conversion History/System Admin		1983	Over-ride SS/TNM-M	1		
Edit Overrides/Conversion History/System Admin		1985	Over-ride Acsn/Class/Seq	1		
Edit Overrides/Conversion History/System Admin		1986	Over-ride HospSeq/DxConf	1		
Edit Overrides/Conversion History/System Admin		1987	Over-ride CoC-Site/Type	1		
Edit Overrides/Conversion History/System Admin		1988	Over-ride HospSeq/Site	1		
Edit Overrides/Conversion History/System Admin	R	1989	Over-ride Site/TNM-StgGrp	1		
Edit Overrides/Conversion History/System Admin	R	1990	Over-ride Age/Site/Morph	1		
Edit Overrides/Conversion History/System Admin		1992	Over-ride TNM Stage	1		
Edit Overrides/Conversion History/System Admin		1993	Over-ride TNM Tis	1		

C-CORE

D-DERIVED

R-REQUIRED

RH- Historically collected and currently transmitted

Section	Data Opt	Item #	FCDS / NAACCR Item	Length	Year Start-End	NEW for 2026
Edit Overrides/Conversion History/System Admin		1994	Over-ride TNM 3	1		
Edit Overrides/Conversion History/System Admin	R	2000	Over-ride SeqNo/DxConf	1		
Edit Overrides/Conversion History/System Admin	R	2010	Over-ride Site/Lat/SeqNo	1		
Edit Overrides/Conversion History/System Admin	R	2020	Over-ride Surg/DxConf	1		
Edit Overrides/Conversion History/System Admin	R	2030	Over-ride Site/Type	1		
Edit Overrides/Conversion History/System Admin	R	2040	Over-ride Histology	1		
Edit Overrides/Conversion History/System Admin	R	2050	Over-ride Report Source	1		
Edit Overrides/Conversion History/System Admin	R	2060	Over-ride Ill-define Site	1		
Edit Overrides/Conversion History/System Admin	R	2070	Over-ride Leuk Lymphoma	1		
Edit Overrides/Conversion History/System Admin	R	2071	Over-ride Site/Behavior	1		
Edit Overrides/Conversion History/System Admin		2072	Over-ride Site/EOD/DX Dt	1		
Edit Overrides/Conversion History/System Admin		2073	Over-ride Site/Lat/EOD	1		
Edit Overrides/Conversion History/System Admin	R	2074	Over-ride Site/Lat/Morph	1		
Edit Overrides/Conversion History/System Admin	R	2078	Over-ride Name/Sex	1	2018	
Pathology		2080	Reserved 13	250		
Edit Overrides/Conversion History/System Admin		2081	CRC CHECKSUM	10		

C-CORE

D-DERIVED

R-REQUIRED

RH- Historically collected and currently transmitted

Section	Data Opt	Item #	FCDS / NAACCR Item	Length	Year Start-End	NEW for 2026
Edit Overrides/Conversion History/System Admin		2085	Date Case Initiated	8		
Edit Overrides/Conversion History/System Admin	C	2090	Date Case Completed	8	1981	
Edit Overrides/Conversion History/System Admin		2092	Date Case Completed--CoC	8		
Edit Overrides/Conversion History/System Admin		2100	Date Case Last Changed	8		
Edit Overrides/Conversion History/System Admin		2110	Date Case Report Exported	8		
Edit Overrides/Conversion History/System Admin	D	2111	Date Case Report Received	8		
Edit Overrides/Conversion History/System Admin	D	2112	Date Case Report Loaded	8		
Edit Overrides/Conversion History/System Admin	D	2113	Date Tumor Record Availbl	8		
Edit Overrides/Conversion History/System Admin	D	2116	ICD-O-3 Conversion Flag	1		
Edit Overrides/Conversion History/System Admin	D	2117	Schema ID Version Current	5	2018	
Edit Overrides/Conversion History/System Admin	D	2118	Schema ID Version Original	5	2018	
Edit Overrides/Conversion History/System Admin		2120	SEER Coding Sys--Current	1		
Edit Overrides/Conversion History/System Admin		2130	SEER Coding Sys--Original	1		
Edit Overrides/Conversion History/System Admin		2140	CoC Coding Sys--Current	2		
Edit Overrides/Conversion History/System Admin		2150	CoC Coding Sys--Original	2		

C-CORE

D-DERIVED

R-REQUIRED

RH- Historically collected and currently transmitted

Section	Data Opt	Item #	FCDS / NAACCR Item	Length	Year Start-End	NEW for 2026
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	
Edit Overrides/Conversion History/System Admin	D	2159	AJCC Cancer Surveillance API Version Original	13	2018	
Edit Overrides/Conversion History/System Admin	C	2170	Vendor Name	10	2001	
Edit Overrides/Conversion History/System Admin		2180	SEER Type of Follow-Up	1		
Edit Overrides/Conversion History/System Admin		2190	SEER Record Number	2		
Edit Overrides/Conversion History/System Admin		2200	Diagnostic Proc 73-87	2		
Text-Miscellaneous		2210	Reserved 14	2000		
Patient-Confidential	C	2230	Name--Last	40	1981	
Patient-Confidential	C	2232	Name - Birth Surname	40	2021	
Patient-Confidential	C	2240	Name--First	40	1981	
Patient-Confidential	C	2250	Name--Middle	40	1981	
Patient-Confidential		2260	Name--Prefix	3		
Patient-Confidential		2270	Name--Suffix	3		
Patient-Confidential	C	2280	Name--Alias	40	2006	
Patient-Confidential		2290	Name--Spouse/Parent	60		
Patient-Confidential	C	2300	Medical Record Number	11	1981	
Patient-Confidential		2310	Military Record No Suffix	2		
Patient-Confidential	C	2315	Medicare Beneficiary Identifier	11	2021	
Patient-Confidential	C	2320	Social Security Number	9	1981	
Patient-Confidential	C	2330	Addr at DX--No & Street	60	2001	
Patient-Confidential	C	2335	Addr at DX--Supplementl	60	2006	
Patient-Confidential	C	2350	Addr Current--No & Street	60	1981	
Patient-Confidential	D	2352	Latitude	10		
Patient-Confidential	D	2354	Longitude	11		
Patient-Confidential		2355	Addr Current--Supplementl	60		

C-CORE

D-DERIVED

R-REQUIRED

RH- Historically collected and currently transmitted

Section	Data Opt	Item #	FCDS / NAACCR Item	Length	Year Start-End	NEW for 2026
Patient-Confidential	C	2360	Telephone	10	2003	
Patient-Confidential	D	2380	DC State File Number	6		
Patient-Confidential		2392	Follow-Up Contact--No&St	60		
Patient-Confidential		2393	Follow-Up Contact--Suppl	60		
Patient-Confidential		2394	Follow-Up Contact--Name	60		
Stage/Prognostic Factors		2400	Reserved 15	1		
Hospital-Confidential		2410	Institution Referred From	10		
Hospital-Confidential		2415	NPI--Inst Referred From	10		
Hospital-Confidential		2420	Institution Referred To	10		
Hospital-Confidential		2425	NPI--Inst Referred To	10		
Hospital-Confidential		2440	Following Registry	10		
Hospital-Confidential		2445	NPI--Following Registry	10		
Demographic		2450	Reserved 16	12		
Other-Confidential	C	2460	Physician--Managing	8	1981	
Other-Confidential	C	2465	NPI--Physician--Managing	10	2011	
Other-Confidential		2470	Physician--Follow-Up	8		
Other-Confidential	C	2475	NPI--Physician--Follow-Up	10	2011	
Other-Confidential		2480	Physician--Primary Surg	8		
Other-Confidential	C	2485	NPI--Physician--Primary Surg	10	2011	
Other-Confidential		2490	Physician 3	8		
Other-Confidential	C	2495	NPI--Physician 3	10	2011	
Other-Confidential		2500	Physician 4	8		
Other-Confidential	C	2505	NPI--Physician 4	10	2011	
Other-Confidential		2508	EHR Reporting	1000		
Other-Confidential		2510	Reserved 12	50		
Text-Diagnosis	C	2520	Text--DX Proc--PE	1000	2001	
Text-Diagnosis	C	2530	Text--DX Proc--X-ray/Scan	1000	1997	
Text-Diagnosis	C	2540	Text--DX Proc--Scopes	1000	2001	
Text-Diagnosis	C	2550	Text--DX Proc--Lab Tests	1000	1997	
Text-Diagnosis	C	2560	Text--DX Proc--Op	1000	1997	
Text-Diagnosis	C	2570	Text--DX Proc--Path	1000	1997	
Text-Diagnosis	C	2580	Text--Primary Site Title	100	2006	
Text-Diagnosis	C	2590	Text--Histology Title	100	2006	
Text-Diagnosis	C	2600	Text--Staging	1000	1997	
Text-Treatment	C	2610	RX Text--Surgery	1000	2001	
Text-Treatment	C	2620	RX Text--Radiation (Beam)	1000	2006	
Text-Treatment	C	2630	RX Text--Radiation Other	1000	2006	
Text-Treatment	C	2640	RX Text--Chemo	1000	2006	

C-CORE

D-DERIVED

R-REQUIRED

RH- Historically collected and currently transmitted

Section	Data Opt	Item #	FCDS / NAACCR Item	Length	Year Start-End	NEW for 2026
Text-Treatment	C	2650	RX Text--Hormone	1000	2006	
Text-Treatment	C	2660	RX Text--BRM	1000	2006	
Text-Treatment	C	2670	RX Text--Other	1000	2006	
Text-Miscellaneous	C	2680	Text--Remarks	1000	1995	
Text-Miscellaneous	C	2690	Text--Place of Diagnosis	60	2001	
Stage/Prognostic Factors	RH	2800	CS Tumor Size	3	2004-2015	
Stage/Prognostic Factors	RH	2810	CS Extension	3	2004-2015	
Stage/Prognostic Factors	RH	2820	CS Tumor Size/Ext Eval	1	2004-2015	
Stage/Prognostic Factors	RH	2830	CS Lymph Nodes	3	2004-2015	
Stage/Prognostic Factors	RH	2840	CS Lymph Nodes Eval	1	2004-2015	
Stage/Prognostic Factors	RH	2850	CS Mets at DX	2	2004-2015	
Stage/Prognostic Factors		2851	CS Mets at Dx-Bone	1		
Stage/Prognostic Factors		2852	CS Mets at Dx-Brain	1		
Stage/Prognostic Factors		2853	CS Mets at Dx-Liver	1		
Stage/Prognostic Factors		2854	CS Mets at Dx-Lung	1		
Stage/Prognostic Factors	RH	2860	CS Mets Eval	1	2004-2015	
Stage/Prognostic Factors	RH	2861	CS Site-Specific Factor 7	3	2010-2017	
Stage/Prognostic Factors	RH	2862	CS Site-Specific Factor 8	3	2010-2017	
Stage/Prognostic Factors	RH	2863	CS Site-Specific Factor 9	3	2010-2017	
Stage/Prognostic Factors	RH	2864	CS Site-Specific Factor10	3	2010-2017	
Stage/Prognostic Factors	RH	2865	CS Site-Specific Factor11	3	2010-2017	
Stage/Prognostic Factors	RH	2866	CS Site-Specific Factor12	3	2010-2017	
Stage/Prognostic Factors	RH	2867	CS Site-Specific Factor13	3	2010-2017	
Stage/Prognostic Factors	RH	2868	CS Site-Specific Factor14	3	2010-2017	

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D-DERIVED

R-REQUIRED

RH- Historically collected and currently transmitted

Section	Data Opt	Item #	FCDS / NAACCR Item	Length	Year Start-End	NEW for 2026
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	
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	

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D-DERIVED

R-REQUIRED

RH- Historically collected and currently transmitted

Section	Data Opt	Item #	FCDS / NAACCR Item	Length	Year Start-End	NEW for 2026
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	
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		

C-CORE

D-DERIVED

R-REQUIRED

RH- Historically collected and currently transmitted

Section	Data Opt	Item #	FCDS / NAACCR Item	Length	Year Start-End	NEW for 2026
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		
Treatment-1st Course		3220	RX Date Rad Ended	8		
Treatment-1st Course		3221	RX Date Rad Ended Flag	2		
Treatment-1st Course		3230	RX Date Systemic	8		
Treatment-1st Course		3231	RX Date Systemic Flag	2		
Treatment-1st Course	C	3250	RX Summ--Transplnt/Endocr	2	2003	
Treatment-1st Course		3270	RX Summ--Palliative Proc	1		
Hospital-Specific		3280	RX Hosp--Palliative Proc	1		
Demographic	D	3300	RuralUrban Continuum 1993	2		
Demographic	D	3310	RuralUrban Continuum 2003	2		
Demographic	D	3312	RuralUrban Continuum 2013	2		
Stage/Prognostic Factors	D	3400	Derived AJCC-7 T	3	2004-2017	
Stage/Prognostic Factors	D	3402	Derived AJCC-7 T Descript	1	2004-2017	
Stage/Prognostic Factors	D	3410	Derived AJCC-7 N	3	2004-2017	
Stage/Prognostic Factors	D	3412	Derived AJCC-7 N Descript	1	2004-2017	
Stage/Prognostic Factors	D	3420	Derived AJCC-7 M	3	2004-2017	
Stage/Prognostic Factors	D	3422	Derived AJCC-7 M Descript	1	2004-2017	
Stage/Prognostic Factors	D	3430	Derived AJCC-7 Stage Grp	3	2004-2017	
Stage/Prognostic Factors		3440	Derived PreRx-7 T	3		
Stage/Prognostic Factors		3442	Derived PreRx-7 T Descrip	1		
Stage/Prognostic Factors		3450	Derived PreRx-7 N	3		
Stage/Prognostic Factors		3452	Derived PreRx-7 N Descrip	1		
Stage/Prognostic Factors		3460	Derived PreRx-7 M	3		

C-CORE

D-DERIVED

R-REQUIRED

RH- Historically collected and currently transmitted

Section	Data Opt	Item #	FCDS / NAACCR Item	Length	Year Start-End	NEW for 2026
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	
Stage/Prognostic Factors	Retired	3655	NPCR Derived Path Stg Grp	4	2016-2024	
Stage/Prognostic Factors		3700	SEER Site-Specific Fact 1	1		

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RH- Historically collected and currently transmitted

Section	Data Opt	Item #	FCDS / NAACCR Item	Length	Year Start-End	NEW for 2026
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		
Edit Overrides/Conversion History/System Admin		3760	Over-ride CS 11	1		

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RH- Historically collected and currently transmitted

Section	Data Opt	Item #	FCDS / NAACCR Item	Length	Year Start-End	NEW for 2026
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		
Stage/Prognostic Factors		3796	Secondary Diagnosis 9	7		

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RH- Historically collected and currently transmitted

Section	Data Opt	Item #	FCDS / NAACCR Item	Length	Year Start-End	NEW for 2026
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		
Stage/Prognostic Factors		3820	CEA Pretreatment Lab Value	6		

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RH- Historically collected and currently transmitted

Section	Data Opt	Item #	FCDS / NAACCR Item	Length	Year Start-End	NEW for 2026
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	
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		

C-CORE

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RH- Historically collected and currently transmitted

Section	Data Opt	Item #	FCDS / NAACCR Item	Length	Year Start-End	NEW for 2026
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		
Stage/Prognostic Factors		3864	Invasion Beyond Capsule	1		

C-CORE

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RH- Historically collected and currently transmitted

Section	Data Opt	Item #	FCDS / NAACCR Item	Length	Year Start-End	NEW for 2026
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		

C-CORE

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R-REQUIRED

RH- Historically collected and currently transmitted

Section	Data Opt	Item #	FCDS / NAACCR Item	Length	Year Start-End	NEW for 2026
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

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R-REQUIRED

RH- Historically collected and currently transmitted

Section	Data Opt	Item #	FCDS / NAACCR Item	Length	Year Start-End	NEW for 2026
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		

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R-REQUIRED

RH- Historically collected and currently transmitted

Section	Data Opt	Item #	FCDS / NAACCR Item	Length	Year Start-End	NEW for 2026
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	
Stage/Prognostic Factors	C	3960	Histologic Subtype (appendix)	1	2023	
Stage/Prognostic Factors	C	3964	Brain Primary Tumor Location	1	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	
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	

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RH- Historically collected and currently transmitted

Section	Data Opt	Item #	FCDS / NAACCR Item	Length	Year Start-End	NEW for 2026
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	
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	

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RH- Historically collected and currently transmitted

Section	Data Opt	Item #	FCDS / NAACCR Item	Length	Year Start-End	NEW for 2026
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	
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	

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APPENDIX H: 2026 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) (Colon and Rectum, Corpus Carcinoma and Carcinosarcoma)	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 Reporting Guidelines

Items in this Appendix:

- Sending Radiation Therapy Data to FCDS
- Data Item Descriptions
- ICD-10-CM Diagnosis Codes and Definitions

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 / Medical Record	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 Social Security Number	9

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

Field #	Item Name	Maximum Field Length
7.	Patient Date of Birth (YYYYMMDD)	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, 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.	Patient Encounter Date (YYYYMMDD)	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 Diagnosis Codes and Definitions

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, 2025.

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
C50.A (C50.A0, C50.A1, C50.A2)	Malignant inflammatory neoplasm of breast
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)

ICD-10-CM Code	ICD-10-CM Code Definition
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]
R85.613	High grade squamous intraepithelial lesion on cytologic smear of anus (HGSIL)
R85.614	Cytologic evidence of malignancy on smear of anus
R87.614	Cytologic evidence of malignancy on smear of cervix
R87.623	High grade squamous intraepithelial lesion on cytologic smear of vagina (HGSIL)
R87.624	Cytologic evidence of malignancy on smear of vagina
R90.0	Intracranial space-occupying lesion found on diagnostic imaging of CNS

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)

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)

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

Pounds	Kilograms
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
95	43
97	44

Pounds	Kilograms
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

Pounds	Kilograms
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
187	85
190	86
192	87
194	88

Pounds	Kilograms
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

Pounds	Kilograms
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
280	127
282	128

Pounds	Kilograms
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

Pounds	Kilograms
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: 2026 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 2023
• Sex	• RX Summ – Scope Reg LN Surgery
• Race	• RX Summ – Surg Oth Reg/Distant
• Spanish/Hispanic Origin	• RX Date – Surgery
• Date of Diagnosis	• Phase I Radiation Treatment Modality
• Class of Case	• RX Date – Radiation
• Diagnostic Confirmation	• RX Summ – Chemo – List All Agents
• Primary Site (and Subsite)	• RX Date – Chemo
• Laterality	• RX Summ – Hormone – List All Agents
• Histologic Type	• RX Date – Hormone
• Behavior Code	• RX Summ – BRM/Immunotherapy - Agents
• Grade – Clinical	• RX Date – BRM/Immunotherapy
• Grade – Pathological	• RX Summ – Transplant/Endocrine - details
• Grade – Post Treatment – Clinical	• RX Date – Transplant/Endocrine
• Grade – Post Treatment – Pathological	• RX Summ – Other – include all details
• Summary Stage 2018	• RX Date - Other
• All Required Site-Specific Data Items	
• RX Summ – Surg Prim Site 03-2022	

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.

National Cancer Registrars Association

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 titled Using the Informational Abstracts in Your Registry, which shows registrars how to use these 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)

- 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

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.</i> <i>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.</i> <i>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 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 - 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
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

Text Data Item Name NAACCR Item # Field Length	Text Documentation Source and Item Description <i>FCDS Required Text Documentation – Description of the minimum text required for this text field</i> Example:
RX Text 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 (treatment modality) 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

Text Data Item Name NAACCR Item # Field Length	Text Documentation Source and Item Description <i>FCDS Required Text Documentation – Description of the minimum text required for this text field</i> Example:
RX Text - 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)
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), and 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: ICD-10-CM Casefinding List for Reportable Tumors

Effective Dates: 10/1/2025-9/30/2026

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, 2025.

A [detailed list of updated ICD-10-CM codes and definitions](#) can be found on the [FCDS website](#).

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
C50.A (C50.A0, C50.A1, C50.A2)	Malignant inflammatory neoplasm of breast
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

ICD-10-CM Code	ICD-10-CM Code Definition
	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]
R85.613	High grade squamous intraepithelial lesion on cytologic smear of anus (HGSIL)
R85.614	Cytologic evidence of malignancy on smear of anus
R87.614	Cytologic evidence of malignancy on smear of cervix
R87.623	High grade squamous intraepithelial lesion on cytologic smear of vagina (HGSIL)
R87.624	Cytologic evidence of malignancy on smear of vagina
R90.0	Intracranial space-occupying lesion found on diagnostic imaging of CNS

APPENDIX P: References and Resources for Cancer Registrars (Updated 2026)

Items in this Appendix:

- Recommended Training Resources for Cancer Registrars
- 2026 References for Cancer Registrars
- Cancer Registry-Related Publications
- Required Desktop References
- Recommended Desktop References

Recommended Training Resources for Cancer Registrars

FCDS has compiled a list of available Training Resources for New Registrars. We hope this will help new registrars access reliable training resources covering 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 guide provides training modules and information on all aspects of 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 is available at <https://www.naaccr.org/recruitment-retention-toolkit/#1585662919736-d55864fc-2b40>.

Recommended Resources:

- NCRA Accredited Cancer Certificate and/or Degree Programs <https://www.ncra-usa.org/Education/Accredited-Education-Programs>
- See FCDS DAM Section I – Required and Recommended Desktop References
- See FLccSC Learning Management System and FCDS IDEA for Access to Recordings
- NEED ACCESS TO ALL 2026 Manuals, Tools and Guidelines/Instructions - <https://www.naaccr.org/implementation-guidelines/>
- 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/2023/11/ODS-Training-Guide-NAACCR_2023-1.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 become an ODS – <https://www.ncra-usa.org/About/Become-a-Cancer-Registrar>
- 2026 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 @<https://seer.cancer.gov/>
- SEER*Educate - <https://educate.fredhutch.org/LandingPage.aspx>
- 2026 FCDS Data Acquisition Manual - <https://fcds.med.miami.edu/inc/downloads.shtml>
- 2026 FCDS Webcast Series - <https://fcds.med.miami.edu/inc/educationtraining.shtml>
- FCDS Learning Management System – FLccSC - <https://fcds.med.miami.edu/inc/flccsc.shtml>
- 2026 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/>

2026 References 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 online training and Continuing Education Webcast Series, NAACCR Webinar Series, FCDS Annual Conference	Recorded Webcasts, Webinars, Conferences and any associated background materials, exercises, quizzes, Certificate of Completion	https://fcds.med.miami.edu/inc/flccsc.shtml
SEER Self-Instructional Training Website	SEER's web-based, free, and self-paced instructions and Training Website	http://training.seer.cancer.gov/
SEER*Educate	Online Training Platform for Cancer Registrars	https://educate.fredhutch.org/
SEER Resources & Reporting Guidelines	Solid Tumor Rules Glossary for Registrars Hematopoietic and Lymphoid Neoplasms SEER Program Coding and Staging Manual Summary Stage 2018 Coding Grade ICD-0-3 Updates	https://seer.cancer.gov/registrar/guidelines.html
NCRA Education and Training	Become a Cancer Registrar, ODS Exam Preparation materials, Accredited Education Programs, NCRA Center for Cancer Registry Education, Learning Modules, Recorded Webinars, NCRA Approved Continuing Education, NCRA Annual Conference information.	https://www.ncra-usa.org
Oncology Data Specialist (ODS) Examination Resources	NCRA Council on Certification- oversees ODS exam administration and credential maintenance	https://www.ncra-usa.org/ODS-Credential
NAACCR Registrar Training Guide (2026 Summer/Fall-NAACCR Oncology Data Specialist (ODS) Exam Prep and Review Webinar Series	Eight weekly lectures - online interactive instruction with live instructors	https://education.naaccr.org/ctr

Education and Training Resources		
Understanding Central Cancer Registries	NAACCR Self-paced self-instruction for central registries	https://education.naaccr.org/products/understanding-central-cancer-registries
AJCC TNM Education and Training	Cancer Staging Education, Cancer Registrar Education, The AJCC Eighth Edition webinars, AJCC Curriculum for Registrars includes Self-Instruction Modules for AJCC TNM Training, Recorded Resources for AJCC TNM Training	https://www.facs.org/quality-programs/cancer-programs/american-joint-committee-on-cancer/staging-education/registrar
NAACCR Education and Training	NAACCR Annual Conference, Monthly NAACCR Cancer Surveillance Webinar Series, ODS Training Guide, ODS Exam Preparation and Review Webinar Series, Continuing Education	http://www.naaccr.org
NAACCR Data Standards and Data Dictionary	The NAACCR Data Standards and Data Dictionary provide a detailed list of specifications and codes for each data item in the NAACCR data exchange record layout.	https://apps.naaccr.org/data-dictionary/
American Cancer Society	All About Cancer Learn About Cancer and Various Cancer Topics	https://www.cancer.org/cancer
National Cancer Institute	Understanding Cancer Series (also in Spanish)	https://www.cancer.gov/ https://www.cancer.gov/about-cancer/what-is-cancer https://www.cancer.gov/espanol/cancer/que-es
National Comprehensive Cancer Network (NCCN)	Treatment Guidelines by Cancer Site	https://www.nccn.org/

Cancer Registry-Related Publications

Newsletters	Web Address	Notes
FCDS Memo	https://fcdsmemo.com/	Florida Cancer Data System Memo written for cancer registry professionals and reporters.
FCRA Sun Times Newsletter	https://fcra.org/	Florida Cancer Registrars Association quarterly newsletter. The Florida Cancer Registrars Association offers its members exclusive resources, a quarterly newsletter, and educational opportunities to cancer registry professionals.
COC Source	https://www.facs.org/for-medical-professionals/news-publications/news-and-articles/cancer-programs-news/?page=1	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	https://narrative.naaccr.org	Newsletter for Central Cancer Registries in North America
NCRA News NCRA Connection The Journal of Registry Management	https://www.ncra-usa.org/	NCRA Newsletter and Peer-Review Journal, The Connection – Official Newsletter of NCRA, Journal of Registry Management

Required Desktop References

Required Reference	Ordering Information/Links
FCDS Data Acquisition Manual, 2026	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. Includes instructions for installation and for creating an account.	The Florida Cancer Data System Home Page (miami.edu) https://fcds.med.miami.edu/inc/welcome.shtml
FLccSC Learning Management System FCDS Abstractor Code Test, FCDS Continuing Education Webcast Series, NAACCR Webinar Recordings, FCDS Annual Conference, etc.	https://fcds.med.miami.edu/inc/flccsc.shtml
FCDS v26EDITS Metafile	The Florida Cancer Data System - Downloads (miami.edu) https://fcds.med.miami.edu/inc/downloads.shtml click on FCDS Data Files FCDS Data Files
2026 NAACCR Data Standards and Data Dictionary Instructional Manuals/Guidelines. It provides detailed specifications and codes for each data item in the NAACCR data exchange record layout.	https://apps.naaccr.org/data-dictionary/home
Current Solid Tumor Rules Manual	https://seer.cancer.gov/tools/solidtumor/
Current Grade Coding Manual	https://seer.cancer.gov/tools/grade/
Current Site-Specific Data Items Manual	https://apps.naaccr.org/ssdi/list/
Current SEER Summary Stage Manual	https://seer.cancer.gov/tools/ssm/
ACS CAnswer Forum	https://cancerbulletin.facs.org/forums/help
Data Exchange Standard, XML Specifications for Cancer Registry Records	https://www.naaccr.org/xml-data-exchange-standard/
Cancer PathChart ICD-O-3 Site Morphology Validation List	https://seer.cancer.gov/cancerpathchart/products.html https://seer.cancer.gov/cancerpathchart/

Required Reference	Ordering Information/Links
Current SEER RSA – Registrar Staging Assistant – online staging assistant EOD 2018, summary stage, grade and SSDI's	https://seer.cancer.gov/tools/staging/rsa.html
Current SEER*Rx – Interactive Antineoplastic Drug Database	https://seer.cancer.gov/tools/seerrx/
Current Hematopoietic and Lymphoid Neoplasm Case Reportability and Coding Manual and Hematopoietic Database	https://seer.cancer.gov/tools/heme/
Current NAACCR ICD-O-3 Coding Implementation Guidelines, Annotated Histology List NAACCR ICD-0-3.2 Histology code and behavior updates, implementation guidelines	https://www.naaccr.org/icdo3/ https://www.naaccr.org/icdo3
ICD-O-3.2 Excel Table downloaded from the IACR/WHO Website ICD-0-3.2 Histology Code List from WHO/IACR Excel Table	Downloadable Excel File Version of ICD-O-3.2 https://www.naaccr.org/icdo3/ , or https://seer.cancer.gov/icd-o-3/
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
<i>Current CoC STORE Manual - CoC Standards for Oncology Registry Entry</i>	American College of Surgeons (ACS) 55 East Erie Street Chicago, IL 60611-2797 https://www.facs.org/media/iiaily3g/store-manual-2026.pdf
<i>Current 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 https://seer.cancer.gov/tools/codingmanuals/
<i>Cancer Registry Management Principles and Practice for Hospitals and Central Registries, 4th Edition, 2021</i>	National Cancer Registrars Association https://www.ncra-usa.org/About/Store/Store-Professional-Resources
<i>NAACCR Standards for Cancer Registries Volume II: Data Standards and Data Dictionary, current edition (v26)</i>	North American Association of Central Cancer Registries, Inc. (NAACCR) 2121 West White Oaks Drive, Suite B Springfield, Illinois 62704-7412 Phone: (217) 698-0800 Fax: (217) 698-0188 https://www.naaccr.org/
<i>EDITS Software – EditWriter 6 and GenEdits Plus</i>	https://www.cdc.gov/cancer/npcr/tools/edits/index.htm
<i>NAACCR v26 EDITS Metafile</i>	https://www.naaccr.org/standard-data-edits/
<i>FCDS v26 EDITS Metafile</i>	The Florida Cancer Data System - Downloads (miami.edu)
<i>Cancer Principles and Practice of Oncology, 10th edition</i>	Lippincott Williams & Wilkins Publishers 227 East Washington Square Philadelphia, PA 19106-3780 ISBN-10: 1451192940 ISBN-13: 9781451192940

Recommended Book	Ordering Information/Links
<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
<i>AJCC Cancer Staging System Products</i> <i>AJCC Cancer Staging Manual, 8th ed</i> <i>AJCC Cancer Staging, Version 9</i>	https://www.facs.org/quality-programs/cancer-programs/american-joint-committee-on-cancer/cancer-staging-systems/cancer-staging-system-products/

APPENDIX Q: Profile Modification Form – *Streamlined*

Profile Modification Form

Streamlined

For Contact Updates | Administrator Changes | FAA Transitions

SECTION 1 — REQUEST IDENTIFICATION

Today's Date (MM/DD/YYYY)	Profile / Facility Name	Update Type (Required):
		☐ Contact Update → Go to Section 2 ☐ Admin Change → Go to Section 3 ☐ FAA Transition → Go to Section 4 ☐ Other → Go to Section 5
FCDS Facility #	AHCA ID / NPI#	

SECTION 2 — FACILITY CONTACT UPDATE

Last Name	First Name	Credentials
Title	Phone Number	Fax Number
Contact Email Address		
Mailing Address (Street, City, State, Zip Code)		
↑ Return to Request Identification		

SECTION 3 — ADMINISTRATOR CONTACT CHANGE

Last Name	First Name	Credentials
Title	Phone Number	Fax Number
Administrator Email Address		
↑ Return to Request Identification		

SECTION 4 — FACILITY ACCESS ADMINISTRATOR (FAA) TRANSITION

Complete when the Facility Access Administrator role is changing. Complete both incoming and outgoing fields where known.

INCOMING FAA — Incoming FAA must complete the FAA authorization process separately within FCDS IDEA.

Last Name	First Name	Credentials
Title	Phone Number	Email Address

OUTGOING FAA — Access to be Deactivated

Complete if known. Deactivating outgoing FAA access permits the incoming FAA to begin the transition process.

Last Name	First Name

[↑ Return to Request Identification](#)

SECTION 5 — ADDITIONAL NOTES

[↑ Return to Request Identification](#)

SECTION 6 — COMPLETION & SUBMISSION

Completed By (Full Name)	Date (MM/DD/YYYY)

FCDS USE ONLY

Processed By	Date Processed (MM/DD/YYYY)

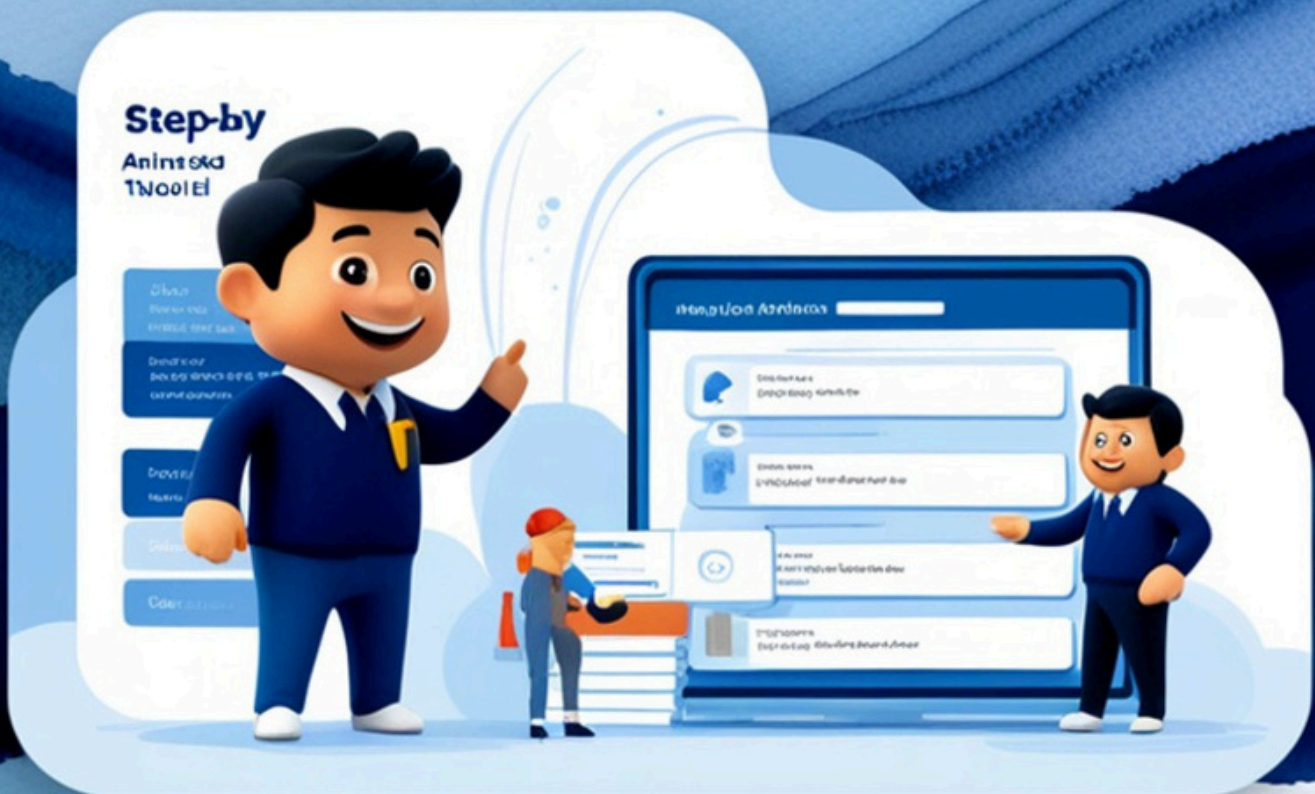
This streamlined form does not replace the full PMF where required.

*Submission: Save the form (example: 1234_MMDDYY).
Submit the form via email (melissa_williams@miami.edu) or fax to FCDS at 305-243-4871*

APPENDIX R: FCDS IDEA Facility Administrator Interactive Process Guide

FCDS IDEA Facility Access Administrator (FAA) Interactive Process Guide

Step-by-step guidance for requesting the FAA
and managing access in FCDS IDEA



[Begin Tutorial](#)

FCDS IDEA FAA Interactive Process Guide

FCDS IDEA FAA Process Navigation Hub

Click each numbered step below for detailed instructions.

1

Create IDEA User Account

NEW users begin here.

[Open Step 1](#)



2

Add FAA Role

Add FAA authorization to
your IDEA user account

[Open Step 2](#)



3

Submit FAA Application

Complete and submit
the FAA request

[Open Step 3](#)



4

Complete Signatures

Complete Approval
Signatures

[Open Step 4](#)



5

Manage FAA Assignments

Manage personnel
access

[Open Step 5](#)



FCDS IDEA FAA Interactive Process Guide

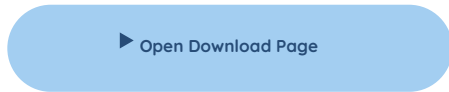
Step 1: Creating an IDEA User Account

Estimated Time: 3-5 Minutes



If you already have an FCDS IDEA account, **do not create a new account.**
 Return to the Navigation Hub and proceed to Step 2.

1. Open the IDEA Download Page



2. Open the IDEA Application



3. Select Create New User/Register

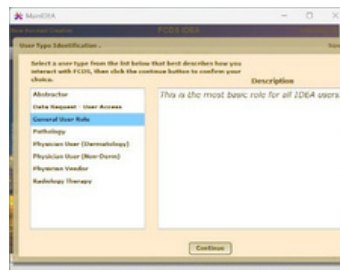


4. Identify Your User Type

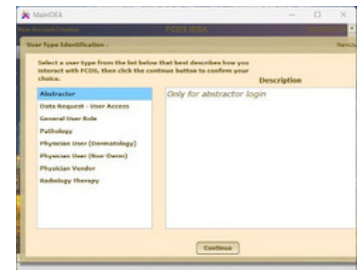
Identify your user type:

Administrators →
 General User (non-abstracting)

Abstractors → Abstractor

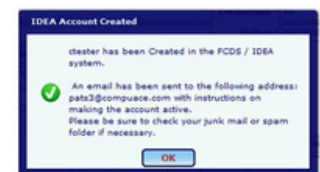
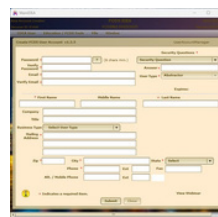


OR



5. Complete Registration

Complete all required fields in the registration form.



6. Activate Your Account

Submit the form and activate your account via email



FCDS IDEA FAA Interactive Process Guide

Step 2: Adding the FAA Role

⌚ Estimated Time: 3-5 Minutes

 If you already have the FAA role added to your user account, you can access the FAA application by going to the **IDEA User menu** and selecting the **Facility Auth Application** option.

1. Log into your FCDS IDEA user account.



2. Go to the IDEA User Menu → Select 'Add Additional Role'



3. Choose 'Facility Access Administrator' → Click 'Add Role'



4. Go to File Menu → Select 'Close All'

The FAA Authorization Application will launch

FCDS IDEA FAA Interactive Process Guide

Step 3: Submitting the FAA Application

Double-click magnifying glass to search your facility.



Enter your facility name, 4-digit FCDS facility number(s), or zip code

(1) Facility information will be displayed (**facility #, name, city, state**).

If the facility entered or selected is not available, an Unable to process the request error appears. (Contact FCDS IDEA Support)

- Provide information for the Authorizing Medical Facility Individual
- **Must be your superior**
- **Cannot be yourself or a contractor**
- Click the 'Process' button to submit

FCDS IDEA FAA Interactive Process Guide

Step 5: Manage FAA Role Assignments

NOTE:

Staff facility access renewals are required every 6 months.

[Assigning NEW user access](#)

Renew or revoke existing
facility access

FCDS IDEA FAA Interactive Process Guide

Step 5: Manage FAA Role Assignments

Assigning new access

Select the **Assign New User Tab**

Provide the following in the indicated fields:

- User ID (**lowercase**)
- Email Address (**on the user account**)
- Clicking on the down arrow, select the facility
- Select the Assign button for the access you want to assign to the user.

Hosp Entry access allows case-finding and abstracting.

Hosp Admin access includes the Hosp Entry access and access to reports.

* To confirm the updated status, click the down arrow and select the facility.

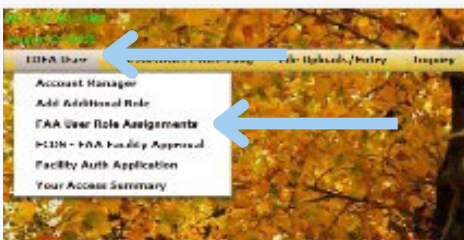
[← Return to Manage FAA Role Assignments Menu](#)

[← Return to Main Menu](#)

FCDS IDEA FAA Interactive Process Guide

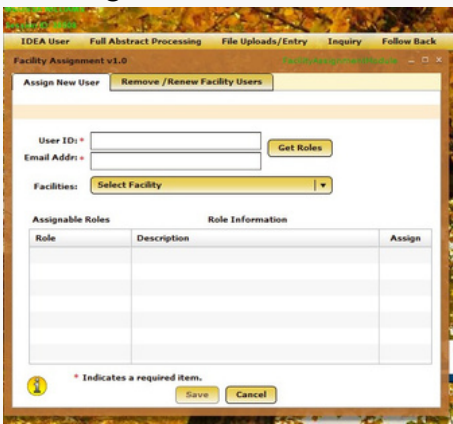
Renewing and Removing Access

Sign into FCDS IDEA

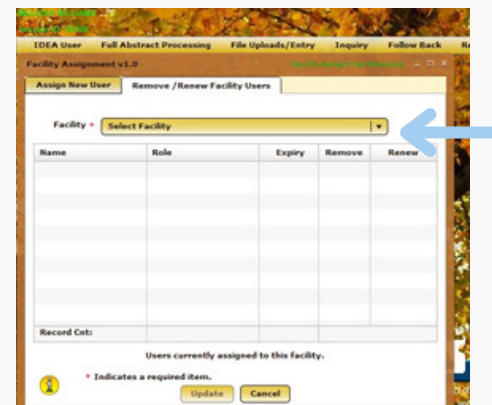


Go to the IDEA User menu
 Select FAA User Role Assignments menu.

Select the Renew/Revoke Facility Tab



Clicking on the down arrow, select the facility.



Personnel access status 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.
- The user's access has been reset for 6 months.
- Review the Renew/Revoke Facility Tab to confirm



APPENDIX S: 2026 ICD-O-3.2 Updates

The 2026 ICD-O-3.2 Update Guidelines includes comprehensive tables listing changes to ICD-O-3.2, including new terminology and reportability changes, effective for cases diagnosed 1/1/2026 forward. The 2026 update represents changes identified in the recently published 5th Ed WHO Classification of Tumors books. These guidelines include instructions for using the tables with ICD-O-3.2. .2026-ICD-O-guidelines-Final.docx

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.

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/>.

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/
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
Current Solid Tumor Manual	Solid Tumor Rules 2025 Update