Updating the 2026 Data Acquisition Manual

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One Health Insights

What we did

1. Determine improvements that could be made to the DAM
2. Work with FCDS to implement changes

58 survey responses

- Access and format
- Content and clarity
- Other feedback

5 follow-up interviews

- Add context to surveys
- Demonstrate use of DAM

Takeaway 1 | **A lot is working well**

What we heard:

- FCDS is a leader
- DAM is comprehensive and kept up to date
- Satisfied with access – focus on usability

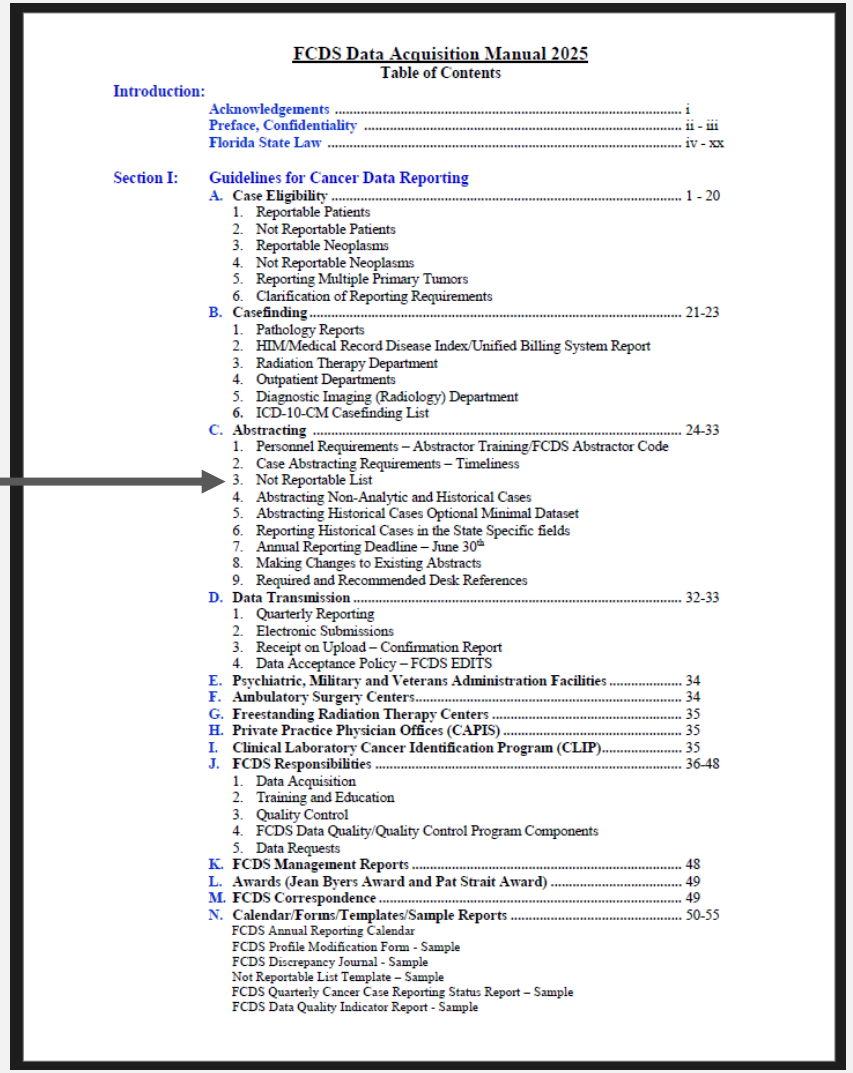
Takeaway 1 | **A lot is working well**

> I don't think that the information is unclear. I just feel that it **needs to be easier to find the information.**

Takeaway 2 | **It's hard to find what you need**

What we heard

- Users spend a lot of time scrolling
- Limited functionality of the table of contents and search options



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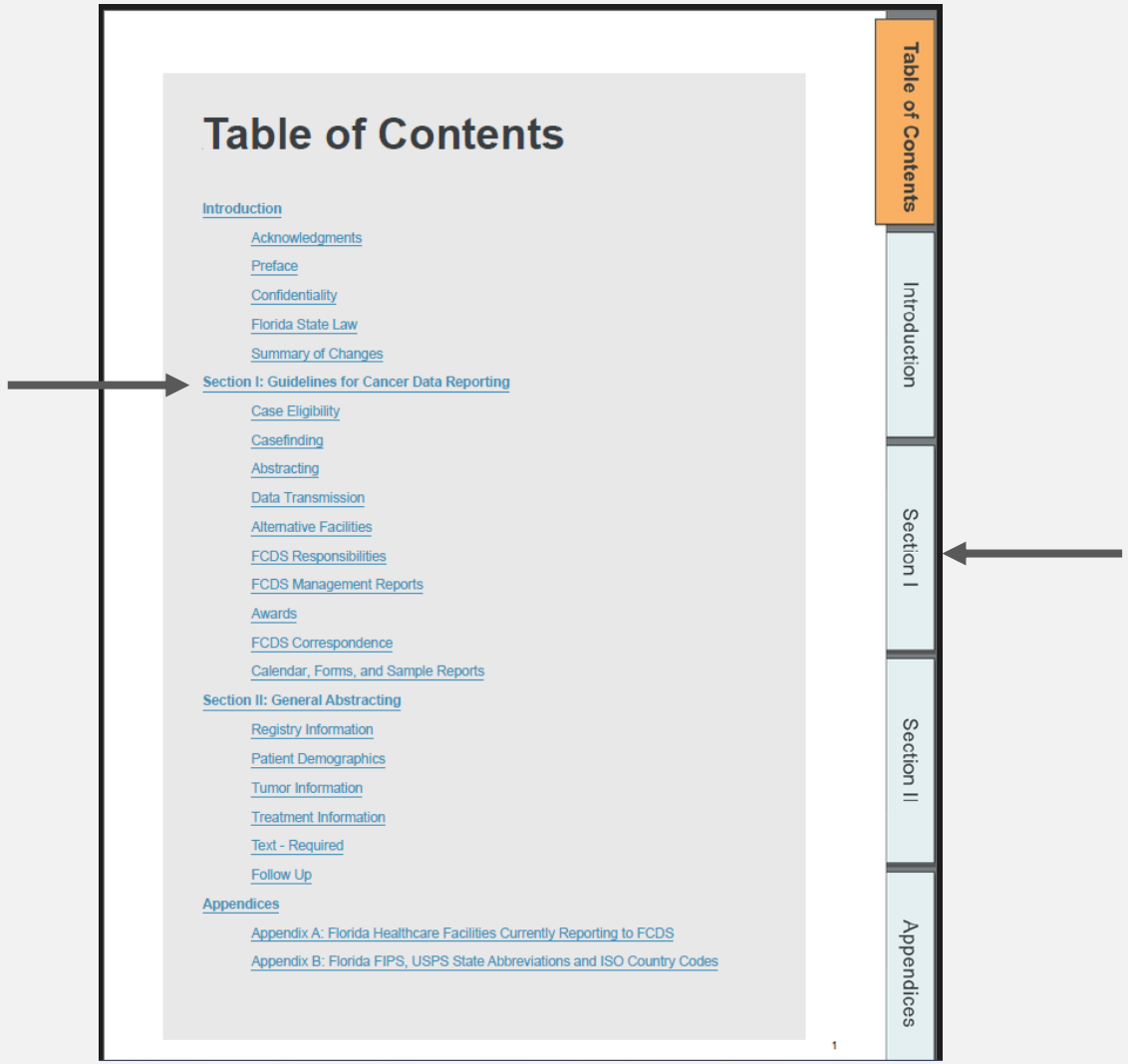
Takeaway 2 | **It's hard to find what you need**

What we did

- Multiple tables of contents
- More hyperlinks throughout
- Sidebar "tabs"
- Bookmarks



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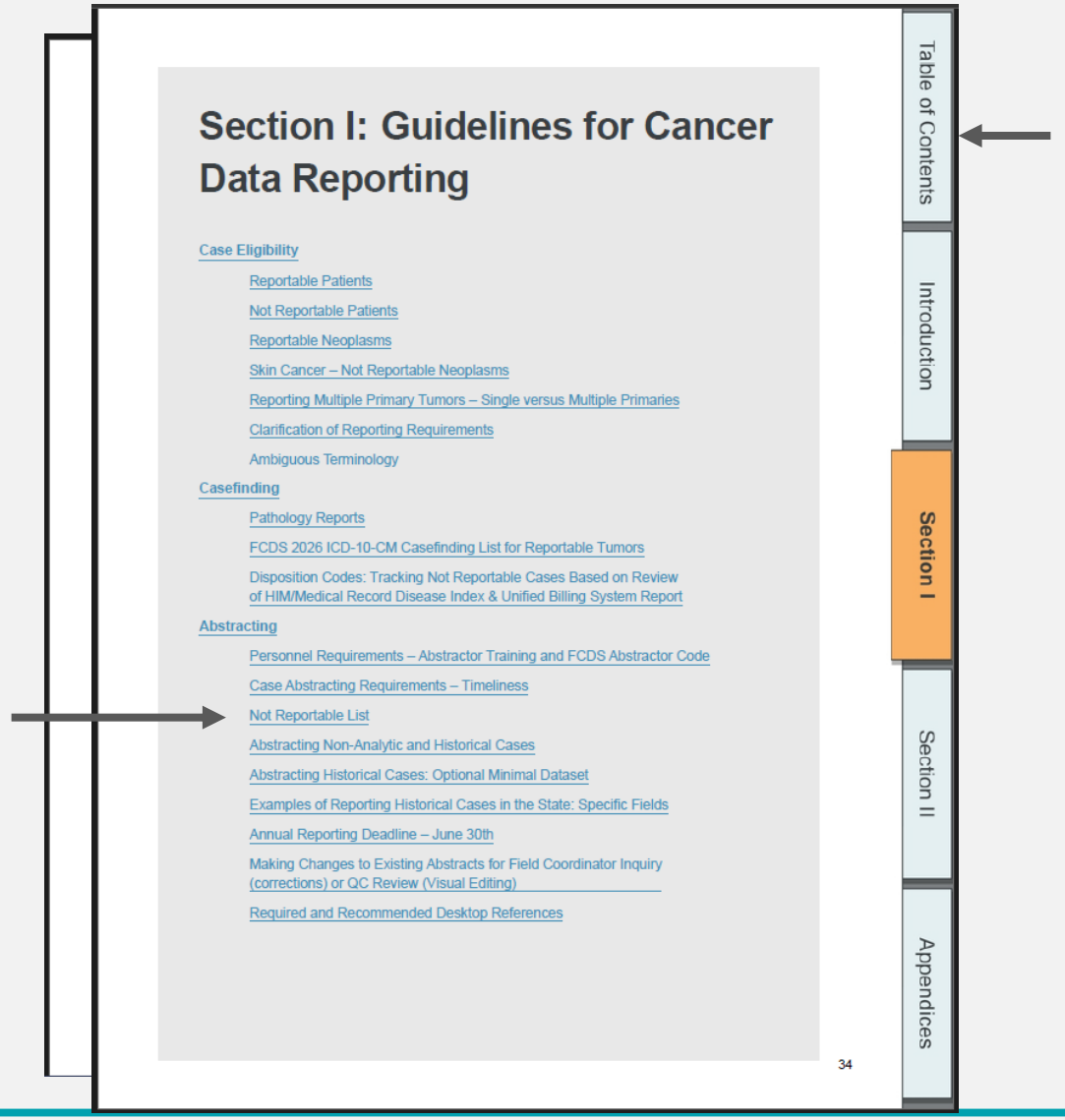
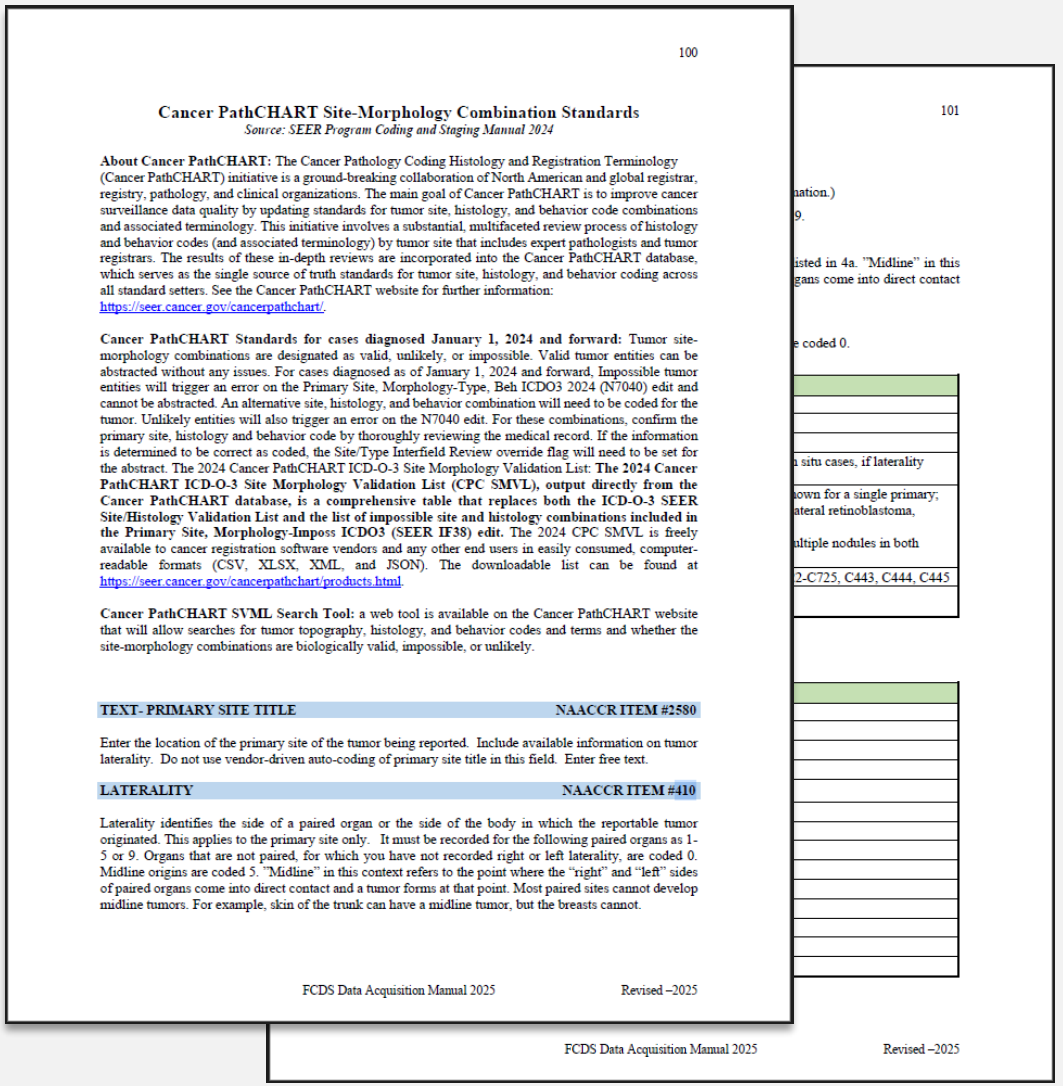


Takeaway 2 | **It's hard to find what you need**

What we heard

- Users may be looking for different levels of information
- DAM is hard to skim



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Cancer PathCHART Site-Morphology Combination Standards

Source: SEER Program Coding and Staging Manual 2024

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

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

Cancer PathCHART 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.

TEXT- PRIMARY SITE TITLE **NAACCR ITEM #2580**

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

LATERALITY **NAACCR ITEM #410**

Laterality identifies the side of a paired organ or the side of the body in which the reportable tumor originated. This applies to the primary site only. It must be recorded for the following paired organs as 1-5 or 9. Organs that are not paired, for which you have not recorded right or left laterality, are coded 0. Midline origins are coded 5. "Midline" in this context refers to the point where the "right" and "left" sides of paired organs come into direct contact and a tumor forms at that point. Most paired sites cannot develop midline tumors. For example, skin of the trunk can have a midline tumor, but the breasts cannot.

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9.

isted in 4a. "Midline" in this
gans come into direct contact

e coded 0.

situ cases, if laterality

own for a single primary;
ateral retinoblastoma,

ltiple nodules in both

2-C725, C443, C444, C445

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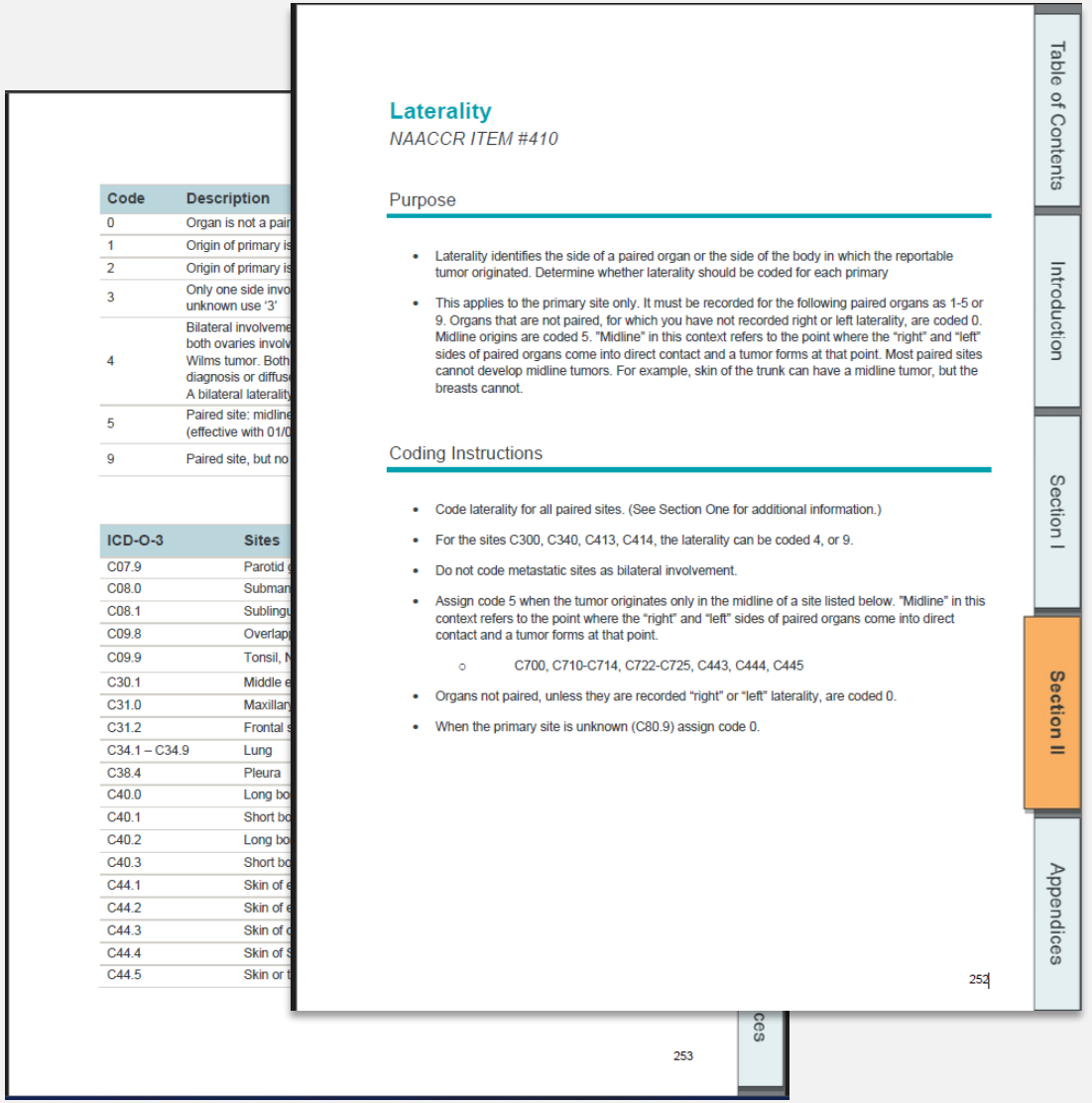
Takeaway 2 | **It's hard to find what you need**

What we did

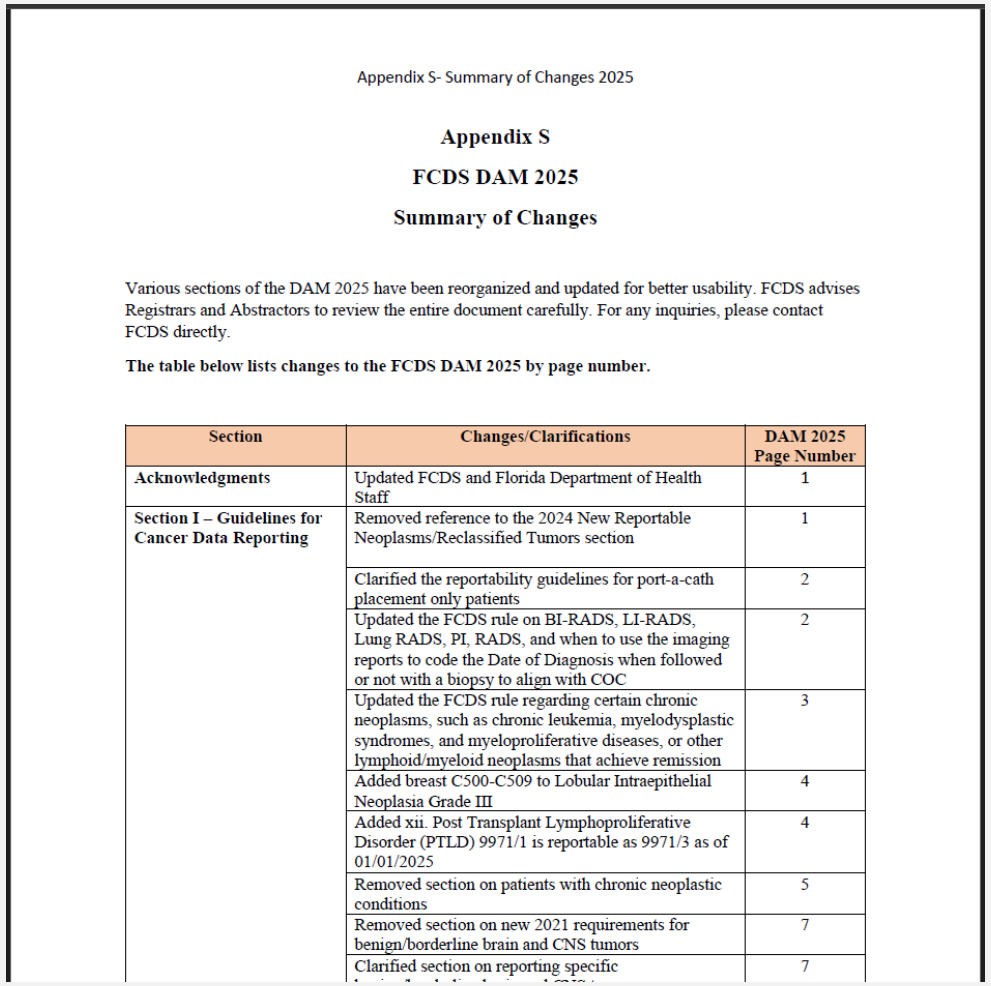
- Standardized page layout to meet needs of new and experienced users



Takeaway 3 | **Annual changes matter**

What we heard

- Year-to-year changes are important for everyday use
- The previous Summary of Changes section was on **page 712** of the document



Appendix S- Summary of Changes 2025

Appendix S

FCDS DAM 2025

Summary of Changes

Various sections of the DAM 2025 have been reorganized and updated for better usability. FCDS advises Registrars and Abstractors to review the entire document carefully. For any inquiries, please contact FCDS directly.

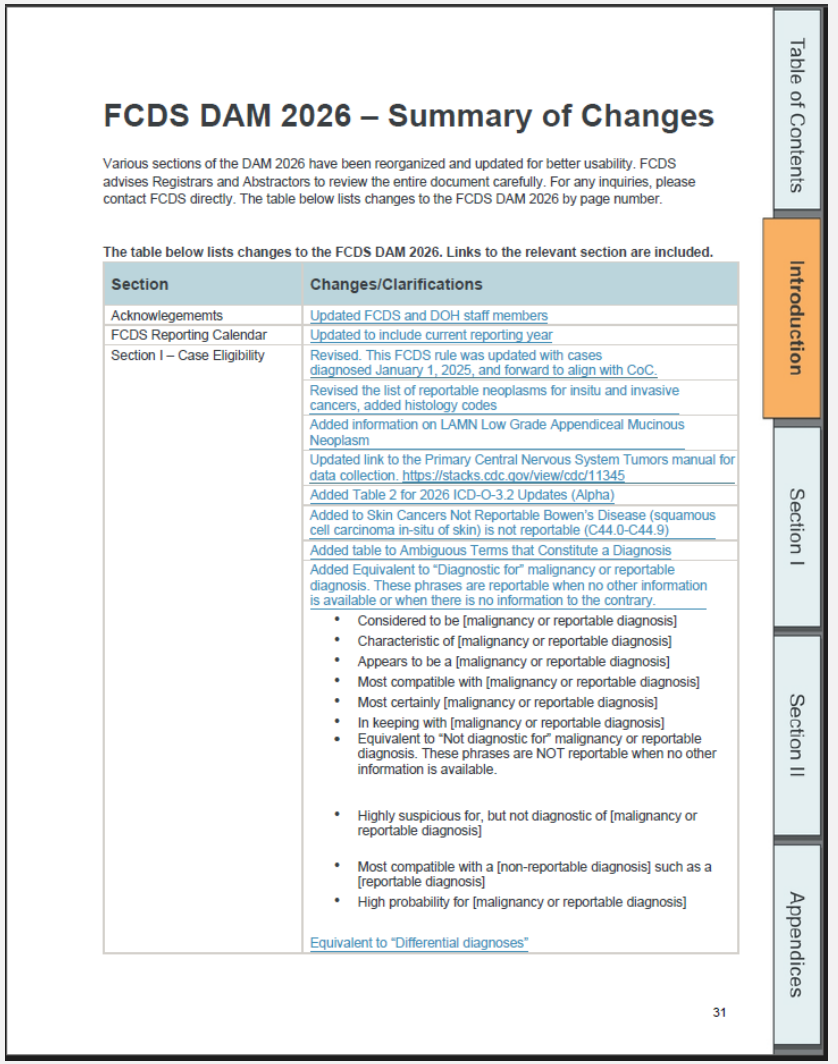
The table below lists changes to the FCDS DAM 2025 by page number.

Section	Changes/Clarifications	DAM 2025 Page Number
Acknowledgments	Updated FCDS and Florida Department of Health Staff	1
Section I – Guidelines for Cancer Data Reporting	Removed reference to the 2024 New Reportable Neoplasms/Reclassified Tumors section	1
	Clarified the reportability guidelines for port-a-cath placement only patients	2
	Updated the FCDS rule on BI-RADS, LI-RADS, Lung RADS, PI, RADS, and when to use the imaging reports to code the Date of Diagnosis when followed or not with a biopsy to align with COC	2
	Updated the FCDS rule regarding certain chronic neoplasms, such as chronic leukemia, myelodysplastic syndromes, and myeloproliferative diseases, or other lymphoid/myeloid neoplasms that achieve remission	3
	Added breast C500-C509 to Lobular Intraepithelial Neoplasia Grade III	4
	Added xii. Post Transplant Lymphoproliferative Disorder (PTLD) 9971/1 is reportable as 9971/3 as of 01/01/2025	4
	Removed section on patients with chronic neoplastic conditions	5
	Removed section on new 2021 requirements for benign/borderline brain and CNS tumors	7
	Clarified section on reporting specific	7

Takeaway 3 | **Annual changes matter**

What we did

- Moved summary of changes to the beginning of the DAM
- Added hyperlinks directly to the change



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Section	Changes/Clarifications
Acknowlegememts	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. https://stacks.cdc.gov/view/cdc/11345
	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"

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Other navigation tips

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- Download PDF instead of viewing in browser
- Use ctrl-F for NAACCR items