



LINKAGE Application

Data Request #: 33 LINKAGE EXAMPLE

Request Date: 03/01/2016

Principal Investigator	Primary Contact
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Intent to Publish: Yes

Purpose of Request: RESEARCH

Project Status:

Sponsor Name and Address:

Funding Source List:



Florida Statewide Cancer Registry



Florida Cancer Data System

Abstract of Study Protocol or Project Activities:

Study Protocol details

How will this FCDS data be used and presented:

How this will be used



Florida Statewide Cancer Registry



Florida Cancer Data System

Identifiable Data:

A. For the purpose of this research project, will any of the identifiable data obtained from this project be used by other organizations; e.g., other divisions, agencies, consultants, contractors and/or subcontractors?

B. Will any of the identifiable data obtained for this project be used as a basis for legal, administrative, or other actions which may affect particular individuals or establishments as a result of their specific identification in this project?

C. Will the identifiable data be used either directly or indirectly for any research project other than the one described in this application?



Data Confidentiality:

A. How will you maintain the confidentiality of data obtained from the Florida Cancer Data System? (Include an explanation of how such data will be stored as well as how and when you plan to dispose of the data after your study is completed.)

B. Will your study require follow-back investigation to obtain additional information from the individual, next-of-kin, physicians, and/or other individuals or institutions mentioned on the cancer reports?

1. Types of respondents to be contacted:

2. Information to be obtained from respondents:

3. Methods to be used in conducting such investigations:

4. Other organizations, co-investigators or consultants, if any, conducting the investigations:

C. How will you maintain the confidentiality of data obtained from the follow-back investigation? (Include an explanation of how such data will be stored as well as how and when you plan to dispose of the data after your study is completed.)

**Data Items:**

NAACCR #	Field Name	Requested	Approved
20	Patient ID Number	Y	N
70	Addr at DX--City	Y	N
80	Addr at DX--State	Y	N
90	County at DX	Y	N
100	Addr at DX--Postal Code	Y	N
102	Addr at DX - Country	Y	N
110	Census Tract 1970/80/90	Y	N
120	Census Cod Sys 1970/80/90	Y	N
130	Census Tract 2000	Y	N
135	Census Tract 2010	Y	N
150	Marital Status at DX	Y	N
160	Race 1	Y	N
190	Spanish/Hispanic Origin	Y	N
192	IHS Link	Y	N
220	Sex	Y	N
230	Age at Diagnosis	Y	N
240	Birth Date (Year Only)	Y	N
250	Birthplace	Y	N
252	Birthplace - State	Y	N
254	Birthplace - Country	Y	N
270	Occupation Code - 2010 Census	Y	N
280	Industry Code - 2010 Census	Y	N
330	Occup/Ind Coding System	Y	N
362	Census Tract Block Group 2000	Y	N
363	Census Block Group 2010	Y	N
364	Census Tr Certainty 1970/80/90	Y	N
365	Census Tr Certainty 2000	Y	N
366	GIS Coordinate Quality	Y	N
367	Census Tr Certainty 2010	Y	N
368	Census Block Group 1970-90	Y	N
380	Sequence Number--Central	Y	N
390	Date of Diagnosis	Y	N
391	Date of Diagnosis Flag	Y	N
400	Primary Site	Y	N
410	Laterality	Y	N
440	Grade	Y	N
490	Diagnostic Confirmation	Y	N
500	Type of Reporting Source	Y	N
522	Histologic Type ICD-O-3	Y	N
523	Behavior Code ICD-O-3	Y	N
580	Date of 1st Contact	Y	N
581	Date of 1st Contact Flag	Y	N
630	Primary Payer at DX	Y	N
759	SEER Summary Stage 2000 (FCDS will derive from CS, post dx year 2004)	Y	N
760	SEER Summary Stage 1977 (FCDS will derive from CS, post dx year 2004)	Y	N
760	SEER Summary Stage 1977 (FCDS will derive from CS, post dx year 2004)	Y	N

**Data Items:**

NAACCR #	Field Name	Requested	Approved
780	EOD--Tumor Size (FCDS will derive from CS, see item 2800)	Y	N
820	Regional Nodes Positive	Y	N
830	Regional Nodes Examined	Y	N
940	TNM Clin T (as available)	Y	N
950	TNM Clin N (as available)	Y	N
960	TNM Clin M (as available)	Y	N
970	TNM Clin Stage Group (as available)	Y	N
980	TNM Clin Descriptor (as available)	Y	N
990	TNM Clin Staged By (as available)	Y	N
1060	TNM Edition Number (as available)	Y	N
1182	Lymph-vascular Invasion	Y	N
1200	RX Date--Surgery	Y	N
1201	RX Date--Surgery Flag	Y	N
1210	RX Date--Radiation	Y	N
1211	RX Date--Radiation Flag	Y	N
1220	RX Date--Chemo	Y	N
1221	RX Date--Chemo Flag	Y	N
1230	RX Date--Hormone	Y	N
1231	RX Date--Hormone Flag	Y	N
1240	RX Date--BRM	Y	N
1241	RX Date--BRM Flag	Y	N
1250	RX Date--Other	Y	N
1251	RX Date--Other Flag	Y	N
1260	Date of Initial RX--SEER	Y	N
1261	Date of Initial RX Flag	Y	N
1285	RX Summ--Treatment Status	Y	N
1290	RX Summ--Surg Prim Site	Y	N
1292	RX Summ--Scope Reg LN Sur	Y	N
1294	RX Summ--Surg Oth Reg/Dis	Y	N
1340	Reason for No Surgery	Y	N
1360	RX Summ--Radiation	Y	N
1380	RX Summ--Surg/Rad Seq	Y	N
1390	RX Summ--Chemo	Y	N
1400	RX Summ--Hormone	Y	N
1410	RX Summ--BRM	Y	N
1420	RX Summ--Other	Y	N
1430	Reason for No Radiation	Y	N
1570	Rad--Regional RX Modality	Y	N
1639	RX Summ--Systemic Sur Seq	Y	N
1750	Date of Last Contact	Y	N
1751	Date of Last Contact Flag	Y	N
1760	Vital Status	Y	N
1770	Cancer Status	Y	N
1810	Addr Current--City	Y	N
1820	Addr Current--State	Y	N
1830	Addr Current--Postal Code	Y	N
1832	Addr Current - Country	Y	N
1840	County--Current	Y	N
1910	Cause of Death	Y	N
1920	ICD Revision Number	Y	N



Data Items:

NAACCR #	Field Name	Requested	Approved
1930	Autopsy	Y	N
1940	Place of Death	Y	N
1942	Place of Death - State	Y	N
1944	Place of Death - Country	Y	N
1990	Over-ride Age/Site/Morph	Y	N
2000	Over-ride SeqNo/DxConf	Y	N
2010	Over-ride Site/Lat/SeqNo	Y	N
2020	Over-ride Surg/DxConf	Y	N
2030	Over-ride Site/Type	Y	N
2040	Over-ride Histology	Y	N
2050	Over-ride Report Source	Y	N
2060	Over-ride Ill-define Site	Y	N
2070	Over-ride Leuk, Lymphoma	Y	N
2071	Over-ride Site/Behavior	Y	N
2074	Over-ride Site/Lat/Morph	Y	N
2116	ICD-O-3 Conversion Flag	Y	N
2220	RX Summ Date --Transplnt/Endocr	Y	N
2220	RX Date--Transplnt/Endocr Flag	Y	N
2220	FCDS Age Group (5 years)	Y	N
2220	FCDS Site Group	Y	N
2230	Name--Last	Y	N
2240	Name--First	Y	N
2250	Name--Middle	Y	N
2330	Addr at DX--No & Street	Y	N
2335	Addr at DX--Supplement	Y	N
2350	Addr Current--No & Street	Y	N
2352	Latitude	Y	N
2354	Longitude	Y	N
2360	Telephone	Y	N
2380	DC State File Number	Y	N
2390	Name--Maiden	Y	N
2800	CS Tumor Size	Y	N
2810	CS Extension	Y	N
2820	CS Tumor Size/Ext Eval	Y	N
2830	CS Lymph Nodes	Y	N
2840	CS Reg Nodes Eval	Y	N
2850	CS Mets at DX	Y	N
2860	CS Mets Eval	Y	N
2861	CS Site-Specific Factor 7	Y	N
2862	CS Site-Specific Factor 8	Y	N
2863	CS Site-Specific Factor 9	Y	N
2864	CS Site-Specific Factor 10	Y	N
2865	CS Site-Specific Factor 11	Y	N
2866	CS Site-Specific Factor 12	Y	N
2867	CS Site-Specific Factor 13	Y	N
2868	CS Site-Specific Factor 14	Y	N
2869	CS Site-Specific Factor 15	Y	N
2870	CS Site-Specific Factor 16	Y	N
2871	CS Site-Specific Factor 17	Y	N
2872	CS Site-Specific Factor 18	Y	N

**Data Items:**

NAACCR #	Field Name	Requested	Approved
2873	CS Site-Specific Factor 19	Y	N
2874	CS Site-Specific Factor 20	Y	N
2875	CS Site-Specific Factor 21	Y	N
2876	CS Site-Specific Factor 22	Y	N
2877	CS Site-Specific Factor 23	Y	N
2878	CS Site-Specific Factor 24	Y	N
2879	CS Site-Specific Factor 25	Y	N
2880	CS Site-Specific Factor 1	Y	N
2890	CS Site-Specific Factor 2	Y	N
2900	CS Site-Specific Factor 3	Y	N
2910	CS Site-Specific Factor 4	Y	N
2920	CS Site-Specific Factor 5	Y	N
2930	CS Site-Specific Factor 6	Y	N
2935	CS Version 1st	Y	N
2936	CS Version Latest	Y	N
2937	CS Version Input Current	Y	N
2940	Derived AJCC T	Y	N
2950	Derived AJCC T Descriptor	Y	N
2960	Derived AJCC N	Y	N
2970	Derived AJCC N Descriptor	Y	N
2980	Derived AJCC M	Y	N
2990	Derived AJCC M Descriptor	Y	N
3000	Derived AJCC Stage Group	Y	N
3030	Derived AJCC--Flag	Y	N
3040	Derived SS1977--Flag	Y	N
3050	Derived SS2000--Flag	Y	N
3250	RX Summ--Transplnt/Endocr	Y	N
3400	Derived AJCC-7 T	Y	N
3402	Derived AJCC-7 T Descript	Y	N
3410	Derived AJCC-7 N	Y	N
3412	Derived AJCC-7 N Descript	Y	N
3420	Derived AJCC-7 M	Y	N
3422	Derived AJCC-7 M Descript	Y	N
3430	Derived AJCC-7 Stage Grp	Y	N
9960	Height	Y	N
9961	Weight	Y	N
9965	Tobacco Use - Cigarette	Y	N
9966	Tobacco Use - OthSmoke	Y	N
9967	Tobacco Use - Smokeless Tob	Y	N
9968	Tobacco Use - NOS	Y	N
	Total Selected: 186	186	186

Any requests for record level data that do not fit the STAT, Limited or Full Datasets will require approval from the Florida Department of Health (DOH) Cancer Registry Program and DOH Institutional Review Board. Please see "Procedure Guide for studies that utilize FCDS for patient identifiable data".

Will require additional approvals from the Florida Office of Vital Statistics



Linkage Information:

A. Each record (along with other information on a person in your study or project) which you submit can only be matched if the request contains, at a minimum, the following information:

First and last name AND Social Security Number AND Sex
---- OR ----
First and last name AND Month and Year of Birth AND Sex

B. How many records do you expect to submit?

125000

C. Upon submission of these records, against which data year(s) will you want to conduct the search of the file?

2014,2013,2012,2011,2010,2009,2008,2007,2006,2005,2004,2003,2002,2001,2000,1999,1998,1997,1996,1995,
1994,1993,1992,1991,1990,1989,1988,1987,1986,1985,1984,1983,1982,1981