TITLE 186 HEALTH REGISTRIES AND RELEASE OF INFORMATION

CHAPTER 1 CANCER REGISTRY

1-001 SCOPE AND AUTHORITY: The purpose of the cancer registry is to provide a central data bank of accurate, precise, and current information which may be used to achieve the goals of prevention, cure, and control of cancer through research and education. These regulations apply to each hospital or health practitioner within the State of Nebraska. The regulations implement the laws governing the establishment and maintenance of a registry that includes records of cases of cancer and benign brain-related tumors diagnosed or treated within the state and such information that the Department determines necessary and appropriate for the prevention, cure, and control of cancer. The regulations set forth procedures for the reporting by hospitals and health practitioners of data concerning such cases to the Department and providing procedures and standards for governing access to registry data, pursuant to Neb. Rev. Stat. §§ 81-642 to 81-650.

1-002 DEFINITIONS:

Cancer means:

1. A large group of diseases characterized by an uncontrolled growth and spread of abnormal cells;

2. Any condition of tumors having the properties of anaplasia, invasion, and metastasis;

3. A cellular tumor the natural course of which is fatal; and

4. Malignant neoplasm.

Cancer shall be deemed to include, but not be limited to, carcinoma, sarcoma, melanoma, lymphoma, Hodgkin's disease, and myeloma, but shall not include precancerous conditions, benign polyps, or benign tumors.

Cancer Registry means the system of reporting established by Neb. Rev. Stat. §§ 81-642 to 81-650 in which the cases of cancer in this state are reported and recorded in order to achieve the goals of prevention, cure, and control of cancer through research and education.

Department means the Nebraska Department of Health and Human Services Regulation and Licensure.

Diseases Reportable to the Cancer Registry includes all cancers as defined above and, beginning January 1, 2004, all benign brain-related tumors.

Health Practitioner means an individual licensed to practice medicine and surgery pursuant to Neb. Rev. Stat. §§ 71-1,102 to 71-1,107.04; to practice osteopathic medicine and surgery pursuant to Neb.

Rev. Stat. §§ 71-1,137 to 71-1,141 and to practice dentistry pursuant to Neb. Rev. Stat. §§ 71-183 to 71-193.35.

Initial Diagnosis means the recognition of cancer in a patient by a health practitioner, medical examiner, facility, or coroner.

Proper Identification means driver's license or other identification containing photograph, name and signature, and a written statement from the Department that such person is an authorized representative of the Department.

1-003 DATA REQUIREMENTS: Attachment 1 incorporated by this reference lists the data elements that must be provided for each reportable disease.

1-004 HOSPITAL REPORTING REQUIREMENTS: The following are the reporting requirements for hospitals within the State of Nebraska.

1-004.01 Each hospital within the State of Nebraska that initially diagnoses more than 50 cancer cases in a calendar year must:

1. Submit the data specified in 186 NAC 1-003 Attachment 1;

2. Submit data on disk or in encrypted electronic form in a manner specified by the Department;

3. Report data on an ongoing monthly basis, within six months from the date of initial diagnosis;

4. Report supplemental and follow-up data on previously reported cases on the next reporting period following receipt of the data.

1-004.02 Each hospital within the State of Nebraska that initially diagnoses less than 50 cancer cases in a calendar year will make available:

1. The data specified in Attachment 1, in the manner prescribed in 186 NAC 1-004.01, or

2. A list of the names of patients diagnosed with cancer, corresponding medical record numbers, and medical records which document the diagnosis and treatment of cancer; or

3. On an abstract form which contains the information set forth in the Attachment 1.

1-005 HEALTH PRACTITIONER REPORTING: Health practitioners within the state must produce and make available to the Department or its authorized representative, upon the request of the Department or its authorized representative, and upon presentation of proper identification by the Department's representative, data from each medical record of cancer or benign brain-related tumor under the health practitioner's custody or control. The data must be submitted as set out in 186 NAC 1-004.01 and 1-004.02.

1-006 CONFIDENTIALITY AND RELEASE OF INFORMATION: All data obtained from medical records of individual patients is for the confidential use of the Department and private or public person or entities that the Department determines may view these records in order to carry out the intent of Neb. Rev. Stat. §§ 81-642 to 81-650. The information will be privileged and will not otherwise be divulged or made public so as to disclose the identity of an individual whose medical records have been used for acquiring data.

1-006.01 The Department may approve individuals or entities who submit written application to obtain access to case-specific data or case-specific and patient-identifying data to assist in their research for the prevention, cure and control of cancer. These individuals or entities must show that the applicant is a qualified researcher, that the data requested will be used for bona fide scientific or medical research for prevention, cure or control of cancer, and that the applicant will maintain the confidentiality and security of the data obtained. The application must contain, but is not limited to the following information:

1. Applicant's name and address;

2. The name of the entity, if any, which the applicant represents, its address and a brief description of the entity;

3. Name and address of the principal investigator, if other than the applicant;

4. The qualifications of the applicant and of the principal investigator, if other than the applicant, including education, experience, prior publications, and recommendations of professional colleagues who have knowledge and experience of scientific or medical research;

5. The purpose of the research project, a summary of the project and the anticipated time of the completion of such project;

6. The location where the research project will be conducted and the equipment, personnel, and other resources available to the applicant to carry out the projects;

7. The identity of the individual or entity funding the research project, a description of the availability of funds for the research project and any conditions of the receipt or continuation of such funding;

8. The specific data requested and a description of the use to be made of such data and, if patient-identifying data is requested, a substantiation of the need for access to the patient-identifying data;

9. A description of the measures to be taken to secure the data and maintain the confidentiality of the data during the research project, for disposal of the data upon completion of the study and to assure that the results of the study will not divulge or make public information that will disclose the identity of any individual. If contact with patient or patient's family is planned, approved researcher must substantiate the

need for the contact and describe the methods to be used to obtain permission from the patient or patient's family for the contact.

10. Additional information as the Department determines to be necessary to assure that release of data to the applicant is appropriate and will further the purposes of Neb. Rev. Stat. §§ 81-642 to 81-650.

1-006.02 Any de-identified data (other than Class III data) asked for by and furnished to a researcher may not be intentionally re-identified in any manner. Should a recipient of de-identified information unintentionally or accidentally be able to identify any individual they must not use that information in any way. The recipient must also notify the Department of the means of accidental re-identification in order for the Department to consider additional procedures to safeguard against breaches in confidentiality.

1-006.03 The cost of data retrieved and data processing will be paid by the researchers and private or public entities or individuals requesting data from the cancer registry.

1-007 SUBMISSION OF REPORTS: The approved researcher must submit the reports or results of the research project to the Department at no cost. The Department reviews the reports or results and prohibits publication of confidential information or patient-identifying data. A person or entity must acknowledge the Department and its cancer registry in any publication in which information obtained through the registry is used.

1-008 RELEASE OF DATA TO GOVERNMENTAL HEALTH AGENCIES: Data contained in the cancer registry may be released to local health departments in Nebraska, the Centers for Disease Control and the National Cancer Institute upon written application and compliance with the provisions of Neb. Rev. Stat. §§ 81-663 to 81-675 and 186 NAC 1.

1-009 PATIENT CONTACT PROVISIONS: No person who seeks information or obtains registry data pursuant to this regulation will contact a patient on the registry or the patient's family unless the registry has first obtained the permission of the patient or patient's family. The registry will coordinate its activities with the person desiring the contact and may authorize the person desiring the contact to perform these contacts under the direction of the registry.

DATA ITEMS REQUIRED BY THE NEBRASKA CANCER REGISTRY FROM CANCER REPORTING SOURCES

The following table presents data required by the Nebraska Cancer Registry along with Version 10 of the NAACCR required status table summarizing the requirements and recommendations for collection of each item by standard-setting groups.

The following abbreviations and symbols are used in the table:

NAACCR NAACCR committees are reviewing and will make Recommendations in Version 10.1.

NPCR Refers to requirements and recommendations of the NPCR regarding data items that should be collected or computed by NPCR state registries. Note: Personal identifying data items that are collected are not transmitted to CDC.

COC Refers to requirements of the COC. Facilities should refer to the COC *FORDS Manual* for further clarification of required fields.

SEER Refers to requirements of NCI's SEER Program. Facilities and central registries should refer to the *SEER Program Code Manual* for further clarification of required fields.

Codes for Recommendations: R = Required. RH = Historically collected and currently transmitted. S = Supplementary/ recommended. D = Derived. • = Not in dataset but available. * = When available. # = Central registries may code available data using either the SEER or COC data item and associated rules. ^ = These text requirements may be met with one or several text block fields.

Item #	Item Name	Provider Required	NCR Required	NPCR	Source of Standard
10	Record Type		R	•	NAACCR
20	Patient Identification Number		R	R	Reporting Registry
30	Registry Type		R	•	NAACCR
35	Federal Identification Number Coding System		R	S	NAACCR
40	Registry Identification		R	S	NAACCR
50	NAACCR Record Version		R	R	NAACCR
70	Address at Diagnosis–City	R	R	R	COC
80	Address at Diagnosis–State	R	R	R	NAACCR
90	County at Diagnosis	R	R	R	FIPS/SEER
100	Address at Diagnosis–Postal Code	R	R	R	NAACCR
110	Census Tract 1970/80/90		R	RH	SEER
120	Census Coding System 1970/80/90		R	RH	SEER
130	Census Tract 2000		R	R	SEER
150	Marital Status at Diagnosis	R	R	S	SEER
160	Race 1	R	R	R	SEER/COC
161	Race 2	R	R	R	SEER/COC
162	Race 3	R	R	R	SEER/COC
163	Race 4	R	R	R	SEER/COC
164	Race 5	R	R	R	SEER/COC
170	Race Coding System–Current	R	R	•	NAACCR
180	Race Coding System–Original	R	R	•	NAACCR
190	Spanish/Hispanic Origin	R	R	R	SEER/COC
220	Sex	R	R	R	SEER/COC
230	Age at Diagnosis	R	R	R	SEER/COC
240	Birth Date	R	R	R	SEER/COC
250	Birthplace	R	R	R*	SEER/COC
260	Religion	*	*	•	Varies
270	Occupation Code–Census		R	S	Census/NPCR
280	Industry Code–Census		R	S	Census/NPCR
290	Occupation Source		R	S	NPCR
300	Industry Source		R	S	NPCR
310	Text–Usual Occupation	*	R*	R*	NPCR
320	Text–Usual Industry	*	R*	R*	NPCR
330	Occupation/Industry Coding System		R	S	NPCR
340	Tobacco History	*	*	•	Varies
350	Alcohol History	*	*	•	Varies
360	Family History of Cancer	*	*	•	Varies
362	Census Tract Block Group			•	Census
364	Census Tract Certainty 1970/80/90		R	RH	SEER
365	Census Tract Certainty 2000		R	R	SEER
380	Sequence Number–Central		R	R	NAACCR
390	Date of Diagnosis	R	R	R	SEER/COC
400	Primary Site	R	R	R	SEER/COC
410	Laterality	R	R	R	SEER/COC
419	Morphology–Type & Behavior ICD-O-2	RH	RH		
420	Histology (92-00) ICD-O-2	RH	RH	RH	SEER/COC
430	Behavior (92-00) ICD-O-2	RH	RH	RH	SEER/COC

440	Grade	R	R	R	SEER/COC
450	Site Coding System–Current	R	R	S	NAACCR
460	Site Coding System–Original	R	R	•	NAACCR
470	Morphology Coding System–Current	R	R	S	NAACCR
480	Morphology Coding System–Original	R	R	•	NAACCR

Codes for Recommendations: R = Required. RH = Historically collected and currently transmitted. S = Supplementary/ recommended. D = Derived. • = Not in dataset but available. * = When available. # = Central registries may code available data using either the SEER or COC data item and associated rules. ^ = These text requirements may be met with one or several text block fields.

Item #	Item Name	Provider Required	NCR Required	NPCR	Source of Standard
490	Diagnostic Confirmation	R	R	R	SEER/COC
500	Type of Reporting Source	R	R	R	SEER
521	Morphology–Type&Behavior ICD-O-3	R	R		
522	Histologic Type ICD-O-3	R	R	R	SEER/COC
523	Behavior Code ICD-O-3	R	R	R	SEER/COC
540	Reporting Hospital	R	R	S	COC
550	Accession Number–Hospital	R	R	S	COC
560	Sequence Number–Hospital	R	R	S	COC
570	Abstracted By	R	R	•	COC
580	Date of 1st Contact	R	R	R	NAACCR
610	Class of Case	R	R	S	COC
620	Year First Seen This Cancer	*	*	•	COC
630	Primary Payer at Diagnosis	R	R	•	COC
670	Treatment Hospital–Surgery Primary Site	R	R	•	COC
672	Treatment Hospital–Scope Regional Lymph Node Surgery	R	R	•	COC
674	Treatment Hospital–Surgery Other Regional/Distant	R	R	•	COC
700	Treatment Hospital–Chemotherapy	R	R	•	COC
710	Treatment Hospital–Hormone Therapy	R	R	•	COC
720	Treatment Hospital–Immunotherapy	R	R	•	COC
730	Treatment Hospital–Other	R	R	•	COC
740	Treatment Hospital—Diagnosis/Staging Procedure	R	R		COC
759	SEER Summary Stage 2000	R	R	R	SEER
760	SEER Summary Stage 1977	RH	RH	RH	SEER
780	Extent of disease—Tumor Size	R	R		
820	Regional Nodes Positive	R	R	S	SEER/COC
830	Regional Nodes Examined	R	R	S	SEER/COC
880	TNM Pathologic Tumor	R	R	•	AJCC
890	TNM Pathologic Nodes	R	R	•	AJCC
900	TNM Pathologic Metastases	R	R	•	AJCC
910	TNM Pathologic Stage Group	R	R	•	AJCC
920	TNM Pathologic Descriptor	R	R	•	COC
930	TNM Pathologic Staged By	R	R	•	COC
940	TNM Clinical Tumor	R	R	•	AJCC
950	TNM Clinical Nodes	R	R	•	AJCC
960	TNM Clinical Metastases	R	R	•	AJCC
970	TNM Clinical Stage Group	R	R	•	AJCC
980	TNM Clinical Descriptor	R	R	•	COC
990	TNM Clinical Staged By	R	R	•	COC
1060	TNM Edition Number	R	R	•	COC
1150	Tumor Marker 1	R*	R*	•	SEER
1160	Tumor Marker 2	R*	R*	•	SEER
1170	Tumor Marker 3	R*	R*	•	SEER
1200	Treatment Date–Surgery	R	R	S	COC
1210	Treatment Date–Radiation	R	R	S	COC
1250	Treatment Date–Other	R	R	S	COC
1270	Date of 1st Course of Treatment–COC	R	R	#	COC
1280	Treatment Date–Diagnosis/Staging Procedure	R	R	•	COC

1290	Treatment Summary–Surgery Primary Site	R	R	R	SEER/COC
1292	Treatment Summary–Scope Regional Lymph Nodes Surgery	R	R	R	SEER/COC
1294	Treatment Summary–Surgery Other Regional/Distant	R	R	R	SEER/COC

Codes for Recommendations: R = Required. RH = Historically collected and currently transmitted. S = Supplementary/ recommended. D = Derived. • = Not in dataset but available. * = When available. # = Central registries may code available data using either the SEER or COC data item and associated rules. ^ = These text requirements may be met with one or several text block fields.

Item #	Item Name	Provider Required	NCR Required	NPCR	Source of Standard
1320	Treatment Summary–Surgical Margins	R	R	•	COC
1340	Reason for No Surgery	R	R	S	SEER/COC
1350	Treatment Summary–Diagnosis/Staging Procedure	R	R	•	COC
1380	Treatment Summary–Surgery/Radiation Sequence	R	R	S	SEER/COC
1390	Treatment Summary–Chemotherapy	R	R	S	SEER/COC
1400	Treatment Summary–Hormone Therapy	R	R	S	SEER/COC
1410	Treatment Summary–Immunotherapy	R	R	S	SEER/COC
1420	Treatment Summary–Other	R	R	S	SEER/COC
1430	Reason for No Radiation Therapy	R	R	S	COC
1460	Treatment Coding System–Current	R	R	R	NAACCR
1510	Radiation–Regional Dose: cGy	R	R	•	COC
1520	Radiation–Number of Treatment Volume	R	R	•	COC
1540	Radiation–Treatment Volume	R	R	•	COC
1550	Radiation–Location of Treatment	R	R	•	COC
1570	Radiation–Regional Treatment Modality	R	R	S	COC
1660	Subsequent Treatment 2nd Course Date	R*	R*	•	COC
1670	Subsequent Treatment 2nd Course Codes	R*	R*		
1671	Subsequent Treatment 2nd Course Surgery	R*	R*	•	COC
1672	Subsequent Treatment 2nd Course Radiation	R*	R*	•	COC
1673	Subsequent Treatment 2nd Course Chemotherapy	R*	R*	•	COC
1674	Subsequent Treatment 2nd Course Hormone Therapy	R*	R*	•	COC
1675	Subsequent Treatment 2nd Course Immunotherapy	R*	R*	•	COC
1676	Subsequent Treatment 2nd Course Other	R*	R*	•	COC
1677	Subsequent Treatment 2nd–Scope Lymph Nodes Surgery	R*	R*	•	COC
1678	Subsequent Treatment 2nd–Surgery Other	R*	R*	•	COC
1679	Subsequent Treatment 2nd–Regional Lymph Nodes Removed	R*	R*	•	COC
1680	Subsequent Treatment 3rd Course Date	R*	R*	•	COC
1690	Subsequent Treatment 3rd Course Codes	R*	R*		
1691	Subsequent Treatment 3rd Course Surgery	R*	R*	•	COC
1692	Subsequent Treatment 3rd Course Radiation	R*	R*	•	COC
1693	Subsequent Treatment 3rd Course Chemotherapy	R*	R*	•	COC
1694	Subsequent Treatment 3rd Course Hormone Therapy	R*	R*	•	COC
1695	Subsequent Treatment 3rd Course Immunotherapy	R*	R*	•	COC
1696	Subsequent Treatment 3rd Course Other	R*	R*	•	COC
1697	Subsequent Treatment 3rd–Scope Lymph Nodes Surgery	R*	R*	•	COC
1698	Subsequent Treatment 3rd–Surgery Other	R*	R*	•	COC
1699	Subsequent Treatment 3rd–Regional Lymph Nodes Removed	R*	R*	•	COC
1700	Subsequent Treatment 4th Course Date	R*	R*	•	COC
1710	Subsequent Treatment 4th Course Codes	R*	R*		
1711	Subsequent Treatment 4th Course Surgery	R*	R*	•	COC
1712	Subsequent Treatment 4th Course Radiation	R*	R*	•	COC
1713	Subsequent Treatment 4th Course Chemotherapy	R*	R*	•	COC
1714	Subsequent Treatment 4th Course Hormone Therapy	R*	R*	•	COC
1715	Subsequent Treatment 4th Course Immunotherapy	R*	R*	•	COC
1716	Subsequent Treatment 4th Course Other	R*	R*	•	COC
1717	Subsequent Treatment 4th–Scope Lymph Nodes Surgery	R*	R*	•	COC
1718	Subsequent Treatment 4th–Surg Other	R*	R*	•	COC

Codes for Recommendations: R = Required. RH = Historically collected and currently transmitted. S = Supplementary/ recommended. D = Derived. • = Not in dataset but available. * = When available. # = Central registries may code available data using either the SEER or COC data item and associated rules. ^ = These text requirements may be met with one or several text block fields.

Item #	Item Name	Provider Required	NCR Required	NPCR	Source of Standard
1719	Subsequent Treatment 4th–Regional Lymph Nodes Removed	R*	R*	•	COC
1720	Subsequent Treatment 5th Course Date	R*	R*	•	NAACCR
1730	Subsequent Treatment 5th Course Codes	R*	R*		
1731	Subsequent Treatment 5th Course Surgery	R*	R*	•	NAACCR
1732	Subsequent Treatment 5th Course Radiation	R*	R*	•	NAACCR
1733	Subsequent Treatment 5th Course Chemotherapy	R*	R*	•	NAACCR
1734	Subsequent Treatment 5th Course Hormone Therapy	R*	R*	•	NAACCR
1735	Subsequent Treatment 5th Course Immunotherapy	R*	R*	•	NAACCR
1736	Subsequent Treatment 5th Course Other	R*	R*	•	NAACCR
1737	Subsequent Treatment 5th–Scope Lymph Nodes Surgery	R*	R*	•	NAACCR
1738	Subsequent Treatment 5th–Surgery Other	R*	R*	•	NAACCR
1739	Subsequent Treatment 5th–Regional Lymph Nodes Removed	R*	R*	•	NAACCR
1750	Date of Last Contact	R	R	R	SEER/COC
1760	Vital Status	R	R	R	SEER/COC
1770	Cancer Status	R	R	•	COC
1790	Follow-Up Source	R	R	•	COC
1800	Next Follow-Up Source	R	R	•	COC
1810	Address Current–City	R	R	•	COC
1820	Address Current–State	R	R	•	NAACCR
1830	Address Current–Postal Code	R	R	•	NAACCR
1860	Recurrence Date–1st	R	R	S	COC
1880	Recurrence Type–1st	R	R	S	COC
1910	Cause of Death		R	R	SEER/COC
1920	ICD Revision Number		R	R	SEER/COC
1930	Autopsy	R*	R	•	COC
1940	Place of Death	R*	R	S	NAACCR
1980	ICD-O-2 Conversion Flag	R	R	•	SEER
1981	Over-ride Summary Stage/Nodes Positive		R	•	NAACCR
1982	Over-ride Summary Stage/TNM-Nodes		R	•	NAACCR
1983	Over-ride Summary Stage/TNM-Metastasis		R	•	NAACCR
1984	Over-ride Summary Stage/Distant Metastasis 1		R	•	NAACCR
1985	Over-ride Accession/Class of Case/Sequence	R	R	•	NAACCR
1986	Over-ride Hospital Sequence/Diagnostic Confirmation	R	R	•	NAACCR
1987	Over-ride COC-Site/Type	R	R	•	NAACCR
1988	Over-ride Hospital Sequence/Site	R	R	•	NAACCR
1989	Over-ride Site/TNM-Staging Group	R	R	•	NAACCR
1990	Over-ride Age/Site/Morphology	R	R	R	SEER
2000	Over-ride Sequence Number/Diagnosis Confirmation		R	R	SEER
2010	Over-ride Site/Laterality/Sequence Number		R	S	SEER
2020	Over-ride Surgery/Diagnostic Confirmation	R	R	R	SEER
2030	Over-ride Site/Type	R	R	R	SEER
2040	Over-ride Histology	R	R	R	SEER
2050	Over-ride Report Source		R	R	SEER
2060	Over-ride Ill-define Site		R	R	SEER
2070	Over-ride Leukemia Lymphoma	R	R	R	SEER
2071	Over-ride Site/Behavior	R	R	R	SEER
2072	Over-ride Site/Extent of Disease/Diagnosis Date		R	S	SEER

2073	Over-ride Site/Laterality/Extent of Disease		R	S	SEER
2074	Over-ride Site/Laterality/Morphology	R	R	R	SEER

Item #	Item Name	Provider Required	NCR Required	NPCR	Source of Standard
2081	CRC CHECKSUM		R	•	NAACCR
2090	Date Case Completed		R	•	Varies
2100	Date Case Last Changed		R	•	Varies
2110	Date Case Report Exported	R	R	S	NAACCR
2111	Date Case Report Received	R	R	R	NAACCR
2112	Date Case Report Loaded	R	R	S	NAACCR
2113	Date Tumor Record Available	R	R	S	NAACCR
2116	ICD-O-3 Conversion Flag	R	R	R	SEER/COC
2140	COC Coding System–Current	R	R	S	COC
2150	COC Coding System–Original	R	R	S	NAACCR
2170	Vendor Name	R	R	•	NAACCR
2230	Name–Last	R	R	R	NAACCR
2240	Name–First	R	R	R	NAACCR
2250	Name–Middle	R	R	R	COC
2270	Name–Suffix	R	R	•	COC
2280	Name–Alias	R	R	S	COC
2290	Name–Spouse/Parent	R*	R*	•	Varies
2300	Medical Record Number	R	R	S	NAACCR
2310	Military Record No Suffix	R	R	•	COC
2320	Social Security Number	R	R	R	COC
2330	Address at Diagnosis–Number & Street	R	R	S	COC
2335	Address at Diagnosis–Supplemental	R	R	S	NAACCR
2350	Address Current–Number & Street	R	R	S	COC
2352	Latitude		R	•	NAACCR
2354	Longitude		R	•	NAACCR
2355	Address Current–Supplemental	R	R	•	NAACCR
2360	Telephone	R	R	•	COC
2380	DC State File Number		R	S	State
2390	Name–Maiden	R*	R*	S	NAACCR
2410	Institution Referred From	R	R	•	NAACCR
2420	Institution Referred To	R	R	•	NAACCR
2440	Following Registry	R	R	•	NAACCR
2460	Physician–Managing	R	R	•	COC
2470	Physician–Follow-Up	R	R	•	COC
2480	Physician–Primary Surgery	R	R	•	COC
2490	Physician 3	R	R	•	COC
2500	Physician 4	R	R	•	COC
2520	Text–Diagnosis Procedure–Physical Exam	R	R	R^	NAACCR
2530	Text–Diagnosis Procedure–X-ray/scan	R	R	R^	NAACCR
2540	Text–Diagnosis Procedure–Scopes	R	R	R^	NAACCR
2550	Text–Diagnosis Procedure–Lab Tests	R	R	R^	NAACCR
2560	Text–Diagnosis Procedure–Operative	R	R	R^	NAACCR
2570	Text–Diagnosis Procedure–Pathology	R	R	R^	NAACCR

Codes for Recommendations: R = Required. RH = Historically collected and currently transmitted. S = Supplementary/ recommended. D = Derived. • = Data item not available. Optional. # = Central registries may code available data using either the SEER or COC data item and associated rules. ^ = These text requirements may be met with one or several text block fields.

2580	Text–Primary Site Title	R	R	S	NAACCR
2590	Text–Histology Title	R	R	S	NAACCR
2600	Text–Staging	R	R	R^	NAACCR
2610	Treatment Text–Surgery	R	R	R^	NAACCR
2620	Treatment Text–Radiation (Beam)	R	R	S	NAACCR
2630	Treatment Text–Radiation Other	R	R	S	NAACCR
2640	Treatment Text–Chemotheaphy	R	R	S	NAACCR
2650	Treatment Text–Hormone Therapy	R	R	S	NAACCR
2660	Treatment Text–Immunotherapy	R	R	S	NAACCR

Codes for Recommendations: R = Required. RH = Historically collected and currently transmitted. S = Supplementary/ recommended. D = Derived. • = Not in dataset but available. * = When available. # = Central registries may code available data using either the SEER or COC data item and associated rules. ^ = These text requirements may be met with one or several text block fields.

Item #	Item Name	Provider Required	NCR Required	NPCR	Source of Standard
2670	Treatment Text–Other	R	R	S	NAACCR
2680	Text–Remarks	R	R	S	NAACCR
2690	Place of Diagnosis	R	R	S	NAACCR
2800	Collaborative Stage Tumor Size	R*	R*		AJCC
2810	Collaborative Stage Extension	R*	R*		AJCC
2820	Collaborative Stage Tumor Size/Extension Evaluation	R*	R*		AJCC
2830	Collaborative Stage Lymph Nodes	R*	R*		AJCC
2840	Collaborative Stage Regional Lymph Nodes Evaluation	R*	R*		AJCC
2850	Collaborative Stage Metastasis at Diagnosis	R*	R*		AJCC
2860	Collaborative Stage Metastasis Evaluation	R*	R*		AJCC
2880	Collaborative Stage Site-Specific Factor 1	R*	R*		AJCC
2890	Collaborative Stage Site-Specific Factor 2	R*	R*		AJCC
2900	Collaborative Stage Site-Specific Factor 3	R*	R*		AJCC
2910	Collaborative Stage Site-Specific Factor 4	R*	R*		AJCC
2920	Collaborative Stage Site-Specific Factor 5	R*	R*		AJCC
2930	Collaborative Stage Site-Specific Factor 6	R*	R*		AJCC
2940	Derived AJCC Tumor	R*	R*		AJCC
2950	Derived AJCC Tumor Descriptor	R*	R*		AJCC
2960	Derived AJCC Lymph Nodes	R*	R*		AJCC
2970	Derived AJCC Lymph Nodes Descriptor	R*	R*		AJCC
2980	Derived AJCC Metastasis	R*	R*		AJCC
2990	Derived AJCC Metastasis Descriptor	R*	R*		AJCC
3000	Derived AJCC Stage Group	R*	R*		AJCC
3010	Derived Summary Stage (SEER)1977	R*	R*		AJCC
3020	Derived Summary Stage 2000	R*	R*		AJCC
3030	Derived AJCC–Conversion Flag	R*	R*		AJCC
3040	Derived Summary Stage 1977–Conversion Flag	R*	R*		AJCC
3050	Derived Summary Stage 2000–Conversion Flag	R	R		AJCC
3100	Archive Federal Identification Number	R	R	•	COC
3110	Comorbidities/Complication 1	R	R	•	COC
3120	Comorbidities/Complication 2	R	R	•	COC
3130	Comorbidities/Complication 3	R	R	•	COC
3140	Comorbidities/Complication 4	R	R	•	COC
3150	Comorbidities/Complication 5	R	R	•	COC
3160	Comorbidities/Complication 6	R	R	•	COC
3170	Treatment Date–Most Definitive Surgery	R	R	S	COC
3180	Treatment Date–Surgical Discharge	R	R	•	COC
3190	Readmission Same Hospital within 30 Days	R	R	•	COC
3200	Radiation–Boost Treatment Modality	R	R	•	COC
3210	Radiation–Boost Dose cGy	R	R	•	COC
3220	Treatment Date–Radiation Ended	R	R	•	COC
3230	Treatment Date–Systemic	R	R	S	COC
3250	Treatment Summary–Transplant/Endocrine Procedures	R	R	S	COC
3270	Treatment Summary–Palliative Procedure	R	R	•	COC
3280	Treatment Hospital–Palliative Procedure	R	R	•	COC
3300	Rural Urban Continuum 1993		R	D	NAACCR
3310	Rural Urban Continuum 2000		R	D	NAACCR

Codes for Recommendations: R = Required. RH = Historically collected and currently transmitted. S = Supplementary/ recommended. D = Derived. • = Not in dataset but available. * = When available. # = Central registries may code available data using either the SEER or COC data item and associated rules. ^ = These text requirements may be met with one or several text block fields.