

Florida Cancer Data System



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Data Acquisition Manual 2021



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- Addr Current – City
- Addr Current – State
- Addr Current – Country

(*Titles highlighted in blue are links)

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(*Titles highlighted in blue are links)

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(*Titles highlighted in blue are links)

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

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FLORIDA CANCER DATA SYSTEM

PREFACE

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

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

Currently, FCDS processes over 250,000 cancer case abstracts each year. When these cases are unduplicated, there are approximately 120,000 newly diagnosed incidence cancer cases per year. Currently, the FCDS database contains approximately 3,500,000 cases.

The 2021 edition of the FCDS Data Acquisition Manual (DAM) is compatible with 2021 national consensus standards as promulgated by the North American Association of Cancer Registries and the CDC National Program of Cancer Registries. These standards are created and endorsed by the Center for Disease Control and Prevention/National Program of Cancer Registries (CDC/NPCR), the North American Association of Central Cancer Registries (NAACCR), the National Cancer Institute/Surveillance Epidemiology & End Results Program (NCI/SEER), and the Commission on Cancer/American College of Surgeons (COC/ACoS).

CONFIDENTIALITY

According to Florida Statute 381, Public Health: General Provisions, "Information submitted in reports required by this section is confidential, exempt from the provisions of s.119.07 (1), and is to be made public only when necessary to public health. A report so submitted is not a violation of the confidential relationship between practitioner and patient."

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) became law April 14, 2001. While most organizations had two full years until April 14, 2003 to comply, questions regarding how this new law impacts cancer reporting continues to arise. The North American Association of Central Cancer Registries (NAACCR) has provided materials that address these questions. As you will see, HIPAA regulations only impact current state cancer reporting procedures. Specifically,

HIPAA allows for the reporting of identifiable cancer data to public health entities. Because the Florida Cancer Data System falls under the definition of a public health entity, HIPAA allows your facility to continue to report data to us in compliance with state law. Written informed consent from each cancer patient reported to public health entities is not required under HIPAA; rather hospitals must simply document that reporting has occurred.

FCDS continues to adhere to all Florida Statutes and Department of Health guidelines, and follow strict security measures to assure 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.

Florida Cancer Legislation and Rule 64D – PLUS – Public Law 107-260 Establishing NPCR

Title XXIX - Chapter 381 - Public Health: General Provisions

381.0031 Report of diseases of public health significance to department.

Title XXIX - Chapter 385 - Chronic Diseases

385.202 Statewide cancer registry

Title XXIX - Chapter 405 - Medical Information Available for Research

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

405.02 Limitation on publication of released information

405.03 Confidentiality

Title XXIX - Chapter 408 - Health Care Administration

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Rule 64D-3.003 Notification by Laboratories

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

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

FLORIDA STATE LAW

Title XXIX

**PUBLIC
HEALTH**

Chapter 381

Public Health: General Provisions

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

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

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

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

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

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

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

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

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

Note.--Former s. 381.231.

385.202 Statewide cancer registry.--

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

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

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

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

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

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

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

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

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

Note.--Former s. 381.3812.

CONFIDENTIALITY

Title XXIX

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.

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

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

Title XXIX
PUBLIC HEALTH

Chapter 408
Health Care Administration

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

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- (27) "Health insurer" means any insurance company authorized to transact health insurance in the state, any insurance company authorized to transact health insurance or casualty insurance in the state that is offering a minimum premium plan or stop-loss coverage for any person or entity providing health care benefits, any self-insurance plan as defined in s. 624.031, any health maintenance organization authorized to transact business in the state pursuant to part I of chapter 641, any prepaid health clinic authorized to transact business in the state pursuant to part II of chapter 641, any multiple-employer welfare arrangement authorized to transact business in the state pursuant to ss. 624.436-624.45, or any fraternal benefit society providing health benefits to its members as authorized pursuant to chapter 632.
- (28) "Home health agency" means an organization licensed under part IV of chapter 400.
- (29) "Hospice" means an organization licensed under part VI of chapter 400.
- (30) "Hospital" means a health care institution licensed by the Agency for Health Care Administration as a hospital under chapter 395.
- (31) "Lithotripsy center" means a freestanding facility that employs or contracts with licensed health care professionals to provide diagnosis or treatment services using electro-hydraulic shock waves.
- (32) "Local health council" means the agency defined in s. 408.033.
- (33) "Market basket index" means the Florida hospital input price index (FHIPI), which is a statewide market basket index used to measure inflation in hospital input prices weighted for the Florida-specific experience which uses multistate regional and state-specific price measures, when available. The index shall be constructed in the same manner as the index employed by the Secretary of the United States Department of Health and Human Services for determining the inflation in hospital input prices for purposes of Medicare reimbursement.
- (34) "Medical equipment supplier" means an organization that provides medical equipment and supplies used by health care providers and health care facilities in the diagnosis or treatment of disease.
- (35) "Net revenue" means gross revenue minus deductions from revenue.
- (36) "New hospital" means a hospital in its initial year of operation as a licensed hospital and does not include any facility, which has been in existence as a licensed hospital, regardless of changes in ownership, for over 1 calendar year.
- (37) "Nursing home" means a facility licensed under s. 400.062 or, for resident level and financial data collection purposes only, any institution licensed under chapter 395 and which has a Medicare or Medicaid certified distinct part used for skilled nursing home care, but does not include a facility licensed under chapter 651.
- (38) "Operating expenses" means total expenses excluding income taxes.
- (39) "Other operating revenue" means all revenue generated from hospital operations other than revenue directly associated with patient care.
- (40) "Physical rehabilitation center" means an organization that employs or contracts with health care professionals licensed under part I or part III of chapter 468 or chapter 486 to provide speech, occupational, or physical therapy services on an outpatient or ambulatory basis.
- (41) "Prospective payment arrangement" means a financial agreement negotiated between a hospital and an insurer, health maintenance organization, preferred provider organization, or other third-party payor which contains, at a minimum, the elements provided for in s. 408.50.

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

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

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

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

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

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

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

Rule 64D-3.003

64D-3.003 Notification by Laboratories.

- (1) Each laboratory director or designee in charge of a laboratory shall report, or cause to be reported evidence suggestive of or diagnostic of diseases or conditions listed in subsection 64D-3.002(1), F.A.C., from any specimen derived from a human body, or from an animal in the case of rabies or plague testing, to the county health department director or administrator or the State Health Officer or to either of their designated representatives. Such reports shall be made within 72 hours of recognition by telephone, or other electronic means, or in writing, except for certain specified diseases as indicated by a (T), which shall be reported immediately by telephone and followed by a written report. Exceptions to laboratory reporting as defined by this rule are provided for sexually transmitted diseases including AIDS, as indicated in Rule 64D-3.017, F.A.C.
- (2) All reports of cancer identified by laboratories licensed under Chapter 483, F.S., shall be submitted to the Florida Cancer Data System within six (6) months of diagnosis.
- (3) The State Health Officer shall periodically, but no less than annually, issue a listing of laboratory test results that are to be reported. The July 1999 "Reportable Laboratory Findings," incorporated by reference in this rule, shall be updated to reflect changes in technology and practice and may be obtained from the Department of Health, Bureau of Epidemiology, 4052 Bald Cypress Way, Bin A-12, Tallahassee, Florida 32399-1720.
- (4) To allow follow-up of laboratory findings by the local county health department director/administrator or their designee, all specimens submitted for laboratory tests or examinations related to a disease or condition listed in subsection 64D-3.002(1), F.A.C., shall be accompanied by certain identifying information. In addition to the name and date of birth of the person from whom the specimen was obtained; the name, address and telephone number of the processing clinical laboratory; and the diagnostic test(s) performed, specimen type and result, the following information shall be provided:
 - (a) Address, telephone number, race, sex, and ethnicity of the person from whom the specimen was obtained or, if this is not available,
 - (b) Name, address and telephone number of the submitting physician, health care provider or other authorized person who submitted the specimen.
- (5) The practitioner who first authorizes, orders, requests or submits a specimen shall be responsible for obtaining and providing the information required in (4) above at the time the specimen is sent to or received by the laboratory.
- (6) Notification of test results shall be submitted by telephone, or other electronic means, or in writing on a form furnished by the laboratory. Reports shall be made within 72 hours of a test result. Any preliminary telephone communication must be followed up by a written report.
- (7) If the laboratory that makes the positive finding received the specimen from another laboratory, the laboratory making the positive finding shall be responsible for reporting such results as defined in subsection 64D-3.003(1), F.A.C.
- (8) In addition to the reporting requirements pursuant to subsection 64D-3.003(1), F.A.C., each laboratory that obtains a human isolate of *Escherichia coli* O157:H7, or *Neisseria meningitidis* or *Haemophilus influenzae* from a sterile site or *Staphylococcus aureus* with a vancomycin minimum inhibitory concentration (MIC) = or > 8 micrograms per milliliter from any site shall retain a subculture of the isolate on suitable media for at least six months after receipt of the specimen in the laboratory. In lieu of retaining this subculture, the laboratory is permitted to send the subculture to the Florida Department of Health State Central Laboratory, which will maintain a record indicating the date that these subcultures were submitted to the Central Laboratory.
- (9) In addition to the reporting requirements pursuant to subsection 64D-3.003(1), F.A.C., each laboratory that makes a finding, or suggestive finding, of malaria or cyclospora parasites in a specimen of a patient shall retain a stained permanent slide for at least six months after receipt of the specimen in the laboratory. In lieu of retaining the slide(s), the laboratory may send such slide(s) to the State of Florida Department of Health Central Laboratory, which will maintain a record indicating the date that these specimens were submitted to the Central Laboratory.
- (10) Each laboratory licensed to perform tests for any reportable disease or condition shall make its records for such diseases or conditions available for on-site inspection by the department or its authorized representatives.
- (11) Persons submitting specimens for reportable laboratory tests to the Florida Department of Health, pursuant to subsection 64D-3.003(4), F.A.C., are required to supply the laboratories with sufficient information to comply with the provisions of this section.

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

Editorial Note: See 64D-3.031

Rule 64D-3.031

64D-3.031 Notification by Laboratories.

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

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

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

(a) The Patient’s:

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

(b) The Laboratory

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

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

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

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

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

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

Rule 64D-3.031

64D-3.031 Notification by Laboratories.

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

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

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

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

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

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

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

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(1) Type of diagnostic test;

(2) Patient's date of birth;

(3) Patient's sex;

(4) Race;

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

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

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

History—New _____.

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

64D-3.034 Cancer Reporting.

64D-3.034 Cancer Reporting

(1) Reporting Requirements:

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

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

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

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

64D-3.006

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

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

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

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

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

(5) For reportable cancer cases, each family 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.

SECTION I: GUIDELINES FOR CANCER DATA REPORTING

The Florida Cancer Data System (FCDS) is charged with maintaining a high quality database of useable, timely, complete and accurate clinical data for every reportable case of cancer diagnosed or treated in the state of Florida. The FCDS Data Acquisition Manual (FCDS DAM) includes guidelines and instructions for case identification, case eligibility (which cases must be reported to FCDS), abstracting and coding, and multiple appendices that are referenced throughout the manual. The manual only addresses data items that are required by FCDS, the Florida Department of Health (DOH), and the Centers for Disease Control and Prevention (CDC) National Program of Cancer Registries (NPCR) to support Florida's statewide, population-based cancer registry. These guidelines have been established as a means to achieve and maintain this objective.

All reporting facilities, regardless of affiliation, **MUST** adhere to the following guidelines for cancer data reporting. The instructions and codes in this manual take precedence over all previous instructions/manuals.

It is the responsibility of the reporting facility and the facility abstractor (contractor) to be familiar with and understand the content of the most current version of the FCDS Data Acquisition Manual and to update it upon receipt of any changes from FCDS. This responsibility exists without regard to whether or not case abstracting and reporting is being performed by an employee of the reporting facility or through some contractual arrangement with an independent abstracting agency or individual within or outside the state of Florida.

CONFIDENTIALITY - Patient information, personal health information, medical records and healthcare facility data are all confidential and continue to be a concern with regard to cancer and other disease reporting. Please do not fax or email patient information to FCDS. Also, please take care when discussing cases over the phone with FCDS staff.

DO NOT E-MAIL, FAX OR MAIL PATIENT INFORMATION (PHI) TO FCDS UNDER ANY CIRCUMSTANCES unless you are provided specific instructions for using our Secure Fax Service.

A. CASE ELIGIBILITY

Florida facilities are legislatively mandated to report any case of cancer meeting the Florida "cancer" definition, regardless of facility or network affiliation or Class of Case. FCDS requires complete abstracting of additional select neoplasms that the Commission on Cancer/American College of Surgeons does not require such as benign and borderline brain and central nervous system tumors and certain reproductive site cancers.

The 2021 Updates to National Standards incorporate several new histologic types, subtypes, and changes to tumor behavior making some cancers new to our state reportable list due to reclassification by WHO as "malignancy" or other reportable cancer criteria.

If your facility participates in the diagnosis, staging, treatment, or continuing care of a patient during the first course of treatment, progression of disease or disease recurrence the case must be reported to FCDS.

If any diagnostic, staging, or other evaluative studies are conducted at your facility (diagnostic imaging, re-biopsy, sentinel node biopsy, surgical resection or other staging or treatment, etc.) your facility must report the case regardless of the Class of Case. Please review all standard cancer diagnosis codes and procedures 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 progression of disease. This treatment decision is usually for non-aggressive neoplasms and very early stage cancers that do not meet the standard threshold for active treatment.

A decision by the patient and/or their family that the patient receive "NO TREATMENT" is a different treatment decision than "Watchful Waiting" and is not to be coded as cancer treatment or treatment given.

Please be cautious when distinguishing the two very different types of cases – Active Surveillance/Watchful

SECTION I: GUIDELINES FOR CANCER DATA REPORTING

2

Waiting versus ‘No Treatment’. ‘No Treatment’ cases are usually patients with advanced or untreatable disease or when the patient has other comorbid factors that prohibit cancer tx. Active Surveillance cases are usually low grade, slow growing, early stage neoplasms that may not require intervention at this time.

“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 the ordering of new laboratory and/or imaging tests. Anytime a new test is ordered by your facility – the case is no longer a consult only...even if that is the only test done. Other second opinion/consults include only a review of tests already performed elsewhere.

A true “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 any additional testing, the case *may not be reportable* to FCDS. However, **if you facility does perform any additional testing** for this or any other cancer and they have evidence of active disease or if they are undergoing treatment for cancer at any facility, **the case is reportable to FCDS**.

Exception 1: Patients undergoing planned first course or later course long-term hormonal treatment for breast or prostate cancer that continue 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.

Exception 2: Patients seen in an ambulatory care setting for “port-a-cath” placement only where no chemotherapeutic or anti-neoplastic agent(s) is injected into the port *do not need to be reported*.

Many Florida healthcare facilities including Commission on Cancer/American College of Surgeons accredited cancer programs who wish to track ‘port-a-cath’ placement visits do continue to report these cases voluntarily as part of monitoring the full continuum of patient care available and monitored under the care of the facility.

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 and cannot include administration of any anti-neoplastic agent(s) through the port-a-cath for the case to meet this exclusion criterion. If any anti-neoplastic agent is administered at the reporting facility, either as an outpatient or inpatient, the case must be reported.

Note: Facilities may opt to abstract and report “port-a-cath” placement only cases at their discretion. It is up to a formal decision by your Cancer Committee (if you have one) to include or not include these “port-a-cath” only cases. You must consult the Cancer Committee at your facility and document this decision in committee meeting minutes and in any facility procedures manuals. Please include the date that you stopped reporting.

1. Reportable Patients

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

IMPORTANT NOTE: The start date for your registry for the state of Florida is 1/1/1981 or the day your facility opened. It is not the same 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 can be found in the Alphabetical Listing Report of ALL Cases Every 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 in Alphabetical Order in IDEA.

Reportable Patients Include:

- a) all patients with an active, malignant neoplasm (in-situ or invasive), whether being treated or not (includes “active surveillance” cases) – with limited exceptions such as CIN III and PIN III,
- b) all patients with an active, benign or borderline brain or central nervous system (CNS) tumor, diagnosed on or after 01/01/2004, whether being treated or not (includes active surveillance)
- c) Note: Patients with ‘chronic’ neoplastic diseases such as chronic leukemia, myelodysplastic syndromes and myeloproliferative diseases, or other lymphoid/myeloid neoplasms designated as ‘chronic’ disease always have some level of active disease and must be reported. They may be described as being in a ‘clinical remission’. However, the chronic nature of their disease makes them always reportable, regardless of clinical status. These are never totally disease free cancers.
- d) all patients undergoing prophylactic, neoadjuvant, or adjuvant therapy for malignancy,
- e) all patients undergoing ‘active surveillance’ or ‘watch and wait’ approach to therapy,
- f) patients seen as in-patient, out-patient, or in-clinic are reportable,
- g) all patients diagnosed at autopsy,
- h) all historical cases that meet FCDS reportable guidelines.

2. Not Reportable Patients

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

3. Reportable Neoplasms

Determination of whether or not 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 approved by NAACCR for ICD-O-3.

FCDS adopted the latest version of the ICD-O, ICD-O-3.2 in 2018. This includes all of the 4th edition ‘Blue Books’ published as a series entitled; IACR/WHO Classification of Neoplasms. The ICD-O-3.2 incorporates all updates to the 4th edition WHO Classification of Neoplasms for all neoplasms described. Use the ICD-O-3.2 Tables from IACR/WHO in addition to the Solid Tumor Manual and Hematopoietic Database to determine whether or not a neoplasm is reportable to FCDS.

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

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

Please see Table 2. NAACCR Version 21: Comparison of Reportable Cancers: CoC, SEER, and NPCR found at the end of Section I for clarification of cancers required to be reported to NPCR. Other resources for identifying reportable neoplasms include the Solid Tumor Manual and the Hematopoietic Database with the same tumor behavior rules applying to these instructions as the table.

IACR/WHO started publishing 5th edition Classification of Neoplasm volumes in 2020. The 5th edition WHO Classification Series will incorporate new histology codes, new behavior codes, and other changes that may change the reportability of some neoplasms over time. Changes are found in Appendix R of this Manual.

Appendix R of this Manual includes the 2021 Updates to the WHO Classification of Neoplasms.

Table 1 – New Behavior Codes through Table 5 – New Terms and ICD-O Codes include new histology codes, retired codes, changed behavior codes and other information describing neoplasms that have been newly or re-classified as now reportable or no longer reportable as of 1/1/2021. Please Reference this Appendix for complete information about new terms, codes, classifications of tumors.

- An online and downloadable Excel File Version of ICD-O-3.2 (Histology and Behavior Codes) is available from WHO International Agency for Research on Cancer (IARC): http://www.iacr.com.fr/index.php?option=com_content&view=article&id=149:icd-o-3-2&catid=80&Itemid=545 .
 - Numerous clarifications for new classifications for specific types of neoplasms in specific anatomic locations and whether or not they are reportable are contained in the Guidelines Section I of the FCDS DAM as well as in Part II – Coding Instructions of this same manual.
 - The procedure for Coding ICD-O-3 histology has changed for both hematopoietic neoplasms (use the Heme DB) and for solid tumors use the 2018 Solid Tumors Rules, current versions.
 - Please reference Part II – Coding Instructions for 2021 instructions to code histology as well as the associated appendices and external tools and rules for new and specific codes available and instructions for using the new codes. See Part II Coding Instructions & both Sets of Coding Instructions for Solid Tumors and Hematopoietic Neoplasm DBs, current versions.
 - Use the current version of the Solid Tumors Rules to supplement the ICD-O-3.2 Tables for all solid tumors diagnosed 2018 and later. The September 2020 publication of the 2018 Solid Tumor Rules include the 2021 Solid Tumor Histology Code Updates.
 - Use the current online version of the Rules for Hematopoietic and Lymphoid Neoplasms and the Hematopoietic Database to identify and code any myeloid or lymphoid neoplasm (any histology code 9590/3 or greater). The 2021 Hematopoietic Rules and Database already includes the 2021 Heme/Lymph Histology Code Updates.
- a) **In Situ and Invasive Cancers** - FCDS includes all primary malignancies - in situ and/or invasive. Therefore, any cancer with an ICD-O behavior code of /2 (in situ) or /3 (malignant) is reportable to FCDS (**except** carcinoma in situ of the cervix, carcinoma in situ of the prostate, CIN III, and PIN III). Cancers with benign or borderline behavior are discussed elsewhere in this section. If a tumor with an ICD-O behavior code of /0 or /1 is determined to be in-situ or invasive by the manner in which it is behaving (in malignant fashion), or by a pathologist, the case is reportable.
- i. **Anal Intraepithelial Neoplasia (AIN III)** is reportable to FCDS and should be included in casefinding activities. This non-invasive neoplasm of the anus or anal canal (C21.0-C21.1) is not the same as SCC of perianal skin (C44.5). It is important to distinguish between true anal cancers and skin of anus neoplasms. Neoplasms of the skin of anus (perianal skin) are not reportable, even if they extend into the anal canal. **AIN III** of the perianal skin is not reportable to FCDS.
 - ii. **Lobular Intraepithelial Neoplasia Grade III (LN III)**
 - iii. **LCIS is reportable to FCDS and to all central cancer registries across the country.** AJCC and CoC do not require LCIS be reported.
 - iv. **Penile Intraepithelial Neoplasia Grade III (PeIN III) Vaginal Intraepithelial Neoplasia (VAIN III)** is reportable to FCDS and should be included in casefinding activities.
 - v. **Vulvar Intraepithelial Neoplasia (VIN III)** is reportable to FCDS and should be included in casefinding activities.
 - vi. **Pancreatic Intraepithelial Neoplasia (PanIN III)** is reportable to FCDS (histology 8148/2) and should be included in casefinding activities.

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- vii. ***Glandular Intraepithelial Neoplasia, Grade III/High Grade Glandular Dysplasia** is reportable as adenocarcinoma in situ of the esophagus with histology code 8148/2.
- viii. **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.**
- ix. **In Utero Diagnosis and Treatment** – beginning in 2009, diagnosis and treatment dates for a fetus prior to 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 prior to 2009 and must be used for cases diagnosed 1/1/2009 and later.
- x. **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.**
- xi. **NEW REPORTABLE NEOPLASMS OR RECLASSIFIED TUMORS INCLUDE:**
 - a. Early or evolving melanoma, in situ and invasive – now reportable neoplasms
 - b. ALL Gastro-Intestinal Stromal Tumors (GIST) – now classified ‘malignant’
 - c. Thymoma Neoplasms – many are now classified ‘malignant’
 - Below are the Required Thymoma Codes and Terms
 - Exceptions include specific thymomas still classified as benign or borderline tumors and are therefore not reportable. Exceptions include: microscopic thymoma, thymoma benign, micronodular thymoma with lymphoid stroms and ectopic hamartomatous thymomas.

ICDO3.2	Histology	Behavior	Level	Term	Code reference	obs
8580/3	8580	3	Preferred	Thymoma, NOS	(C37.9)	
8580/3	8580	3	Related	Intrapulmonary thymoma	(C34.)	
8580/3	8580	3	Related	Sclerosing thymoma	(C34.)	
8580/3	8580	3	Related	Metaplastic thymoma	(C37.9)	
8581/3	8581	3	Preferred	Thymoma, type A	(C37.9)	
8581/3	8581	3	Synonym	Thymoma, medullary	(C37.9)	[obs]
8581/3	8581	3	Synonym	Thymoma, spindle cell	(C37.9)	[obs]
8582/3	8582	3	Preferred	Thymoma, type AB	(C37.9)	
8582/3	8582	3	Synonym	Thymoma, mixed type	(C37.9)	
8583/3	8583	3	Preferred	Thymoma, type B1	(C37.9)	
8583/3	8583	3	Synonym	Thymoma, lymphocyte-rich	(C37.9)	[obs]
8583/3	8583	3	Synonym	Thymoma, lymphocytic	(C37.9)	[obs]
8583/3	8583	3	Synonym	Thymoma, organoid	(C37.9)	[obs]
8583/3	8583	3	Synonym	Thymoma, predominantly cortical	(C37.9)	[obs]
8584/3	8584	3	Preferred	Thymoma, type B2	(C37.9)	
8584/3	8584	3	Synonym	Thymoma, cortical	(C37.9)	[obs]
8585/3	8585	3	Preferred	Thymoma, type B3	(C37.9)	
8585/3	8585	3	Synonym	Thymoma, atypical	(C37.9)	[obs]
8585/3	8585	3	Synonym	Thymoma, epithelial	(C37.9)	[obs]

- xii. **PLEASE REFERENCE APPENDIX R – Tables 1-5 for New Reportable Histology Codes, Retired Codes, New/Changes to Behavior and Reportability of Neoplasms.**

New terminology may be used by your local pathologist to describe malignant or in situ neoplasms (i.e. well differentiated neuroendocrine neoplasm). When this occurs the neoplasm is reportable to FCDS.

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

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

- a) **Specified malignant neoplasms of the skin;** Kaposi sarcoma, malignant melanoma, Merkel cell carcinoma, mycosis fungoides, sebaceous adenocarcinoma, and sweat gland adenocarcinoma **are reportable conditions.**
- b) **Dermatofibrosarcoma protuberans** is no longer classified as a ‘malignant’ skin tumor and **is no longer reportable to FCDS.**
- c) **Chronic Lymphocytic Leukemia** patients may exhibit clinical remission (no symptoms) but are never totally free of disease. Physicians may even state these patients are “in remission”. However, these cases should be reported to FCDS, regardless of physician-stated remission status.
- d) **Chronic Lymphoid and Myeloid Conditions ‘in remission’ are reportable** as these patients are never totally free of disease. These conditions include; all types of **Myelodysplastic and Myeloproliferative Diseases and Chronic Myeloid Leukemia**. See the SEER Hematopoietic and Lymphoid Neoplasm Coding Manual Appendix B Tables 1, 2, 3, 4 and 5 for a complete listing of myeloproliferative diseases, myelodysplastic syndromes and chronic myeloid leukemia histology codes. All of these are reportable neoplasms even when stated to be ‘in remission’.
- e) **Basal and squamous skin cancers in genital sites (histology codes 8000-8110) are reportable.** “Genital Sites” include the following anatomic locations:
- | | | |
|------------------------------|-------------------------|------------------------------|
| 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 | | |
- f) **Carcinoid Tumor of Appendix Diagnosis Date 1/1/2015 forward is a Reportable Malignancy**
- g) **Clarification for Reporting /2 and /3 Pancreatic Neoplasms** - The classification and reporting of tumors of the pancreas and of the pancreato-biliary system can be confusing in part due to the latest 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. In 2010 the World Health Organization (WHO) published the latest WHO Classification of Tumors of the Pancreas. ALL in-situ and invasive (malignant) neoplasms of the pancreas are reportable to FCDS. However, some reportable neoplasms are associated with terminology registrars may not immediately 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 is improving diagnosis.

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Reportable	ICD-O-3	Description
Yes	****/2	All Histologies with Behavior Code of /2 (in-situ)
Yes	****/3	All Histologies with Behavior Code of /3 (invasive)
Yes	8440/3	Cystadenocarcinoma of the pancreas
Yes	8150/3	Cystic Pancreatic Endocrine Neoplasm (CPEN)
Yes	8500/3	Infiltrating Duct Carcinoma of the pancreas
Yes	8503/2	Intraductal Oncocytic Papillary Neoplasm (IOPN) of the pancreas
Yes	8453/2	Intraductal Papillary Mucinous Neoplasms (IPMN) of the pancreas
Yes	8453/3	Intraductal Papillary Mucinous Neoplasm (IPMN) with invasive carcinoma
Yes	8503/2	Intraductal Tubule-Papillary Neoplasm (ITPN) of the pancreas
Yes	8503/3	Intraductal Tubule-Papillary Neoplasm (ITPN) with invasive carcinoma
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	8246/3	Neuroendocrine Carcinoma of the pancreas
Yes	8240/3	Neuroendocrine Tumor, Grade 1 (NET GR1) of the pancreas
Yes	8249/3	Neuroendocrine Tumor, Grade 2 (NET GR2) of the pancreas
Yes	8471/3	Papillary Mucinous Cystadenocarcinoma of the pancreas
Yes	8452/3	Solid Pseudo-Papillary Neoplasm (SPN) of the pancreas
Yes	8552/3*	Mixed acinar-ductal carcinoma
Yes	8163/2*	Papillary neoplasm, pancreatobiliary-type, with high grade intraepithelial neoplasia
Yes	8163/3*	Pancreatobiliary-type 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
* New histology codes not yet implemented in the U.S. are still reportable – use histology 8500 or 8140		
References: 2010 WHO Classification of Tumours of the Pancreas; Pathologe. 2011 Nov;32 Suppl 2:332-6. doi: 10.1007/s00292-011-1515-2; Ann Surg. 2004 May; 239(5): 651–659), 2011 ICD-O-3 Updates, 2015 SEER Program Coding and Staging Manual, and NCI SEER Ask A SEER Registrar.		

- i) **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 available free of charge in PDF format on the CDC NPCR Website at <http://www.cdc.gov/npcr/pdf/btr/brainumorguide.pdf>. This document and ICD-O-3 are the primary references when determining case reportability for primary brain and CNS tumors.

SEER has also published new 2021 requirements for abstracting benign/borderline brain and CNS tumors. Please be sure to reference the current **Solid Tumor Rules chapter for Non-Malignant CNS Tumors** for a complete listing of new required brain and central nervous system neoplasms required for 2018 and later.

- Sphenoid Wing Meningioma is a Reportable Neoplasm beginning with 1/1/2004 diagnoses.
- Glomus Jugulare Tumors and Carotid Body Tumors are now Reportable to FCDS.
- Pilocytic/Juvenile astrocytoma is reportable; code the histology and behavior code 9421/3.

Table of Anatomic (Primary) Sites for Reportable Benign and Borderline Tumors of Intra-cranial and other central nervous system tumors.

Anatomic Intracranial and CNS Sites for Reportable Benign / Borderline Tumors		
General Term	Anatomic Site	ICD-O-3 Code
Meninges	Cerebral meninges	C700
	Spinal meninges	C701
	Meninges, NOS	C709
Brain	Cerebrum	C710
	Frontal lobe	C711
	Temporal lobe	C712
	Parietal lobe	C713
	Occipital lobe	C714
	Ventricle, NOS	C715
	Cerebellum, NOS	C716
	Brain stem	C717
	Overlapping lesion of brain	C718
	Brain, NOS	C719
Spinal cord, cranial nerves, and other parts of the central nervous system	Spinal cord	C720
	Cauda equine	C721
	Olfactory nerve	C722
	Optic nerve	C723
	Acoustic nerve	C724
	Cranial nerve, NOS	C725
	Overlapping lesion of brain and central nervous system	C728
	Nervous system, NOS	C729
Pituitary gland, craniopharyngeal duct and pineal gland	Pituitary gland	C751
	Craniopharyngeal duct	C752
	Pineal gland	C753

4. Not Reportable Neoplasms

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

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

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

- b) AIN III (8077/2) of the Perianal Skin (C44.5) is not reportable.
- c) AIN III of anus or anal canal (C21.0- C21.1) is reportable to FCDS.
- d) **2019 Clarification for Mammography Use of Breast Imaging BIRADS Category 4 or 5: Breast Imaging includes 2D/3D Mammography, MRI or other imaging technique with a diagnosis of BIRADS Category 4 (suspicious for cancer) or BIRADS Category 5 (positive for cancer).**

A positive/suspicious mammogram alone should never be used to code the date of diagnosis.

A positive/suspicious mammogram date should be used as the date of diagnosis ONLY when the patient goes on to subsequently have a positive biopsy and/or resection that confirms the suspicious abnormality is in fact a malignancy.

BI-RADS is not the only American College of Radiology and Data Systems Assessment (RADS) classification system. You may also begin to see multiple other new diagnostic imaging standards for evaluation of findings and image results classification including but not limited to;

- C-RADS – CT Colonography
- LI-RADS – Liver Imaging
- Lung-RADS – lung imaging
- NI-Rads – Head and Neck Imaging
- O-Rads – Ovarian/Adnexal Imaging
- PI-RADS – prostate imaging
- TI-RADS – Thyroid Imaging

Reporting Multiple Primary Tumors - Single versus Multiple Primaries

Operational rules are needed to ensure consistency in reporting multiple primary neoplasms. Basic factors include the anatomic site of origin of the neoplasm, the date of diagnosis, the histologic type of each neoplasm, the behavior of the neoplasm, and laterality. Please consult the attending physician if questions arise regarding the number of primary tumors.

In general, if there is a difference in the primary site where the neoplasm originates, it is fairly easy to determine whether it is a single or multiple primaries, regardless of dates of detection or differences in histology. Likewise, if there is a clear-cut difference in histology, other data such as the primary site and the date of detection are not essential to make this determination. Standardized rules have been developed and published to assist the registrar in making single versus multiple primary decisions.

2018 Solid Tumor Rules – most current version – December 2020

The *2018 Solid Tumor Rules, December 2020 publication* contain site-specific rules for lung, breast, colon, melanoma of the skin, head and neck, kidney, renal pelvis/ureter/bladder, and malignant and nonmalignant brain primaries. A separate set of rules addresses the specific and general rules for all other solid tumor sites. And, a special set of rules has been written for hematopoietic and lymphoid neoplasms. The multiple primary rules guide and standardize the process of determining the number of primary tumors or abstracts to be created. The histology rules contain detailed histology coding instructions. Registrars must refer to the *2018 Solid Tumor Rules, December 2020 update* for general and cancer site-specific instructions. More information on these rules can be found on the NCI SEER website at <http://seer.cancer.gov/tools/mphrules/index.html>

2018 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 2021 rules and DB have replaced earlier versions of the DB as well as the historical February 2001 Single Versus Subsequent Primaries of Lymphatic and Hematopoietic Disease rules and foldout table. An on-line version of the new rules and database is available at: <http://seer.cancer.gov/seertools/hemelymph>.

IMPORTANT: DO NOT USE ICD-O-3 to code any histology 9590-9992. Use the most current Hematopoietic and Lymphoid Neoplasm MPH Rules Manual and Database as your primary reference.

6) Clarification of Reporting Requirements

a) Malignant Neoplasms/Benign tumors

A patient is considered to have a benign, borderline, or malignant neoplasm when so indicated by a recognized medical practitioner. In determining a diagnosis of cancer, a positive pathology report takes precedence over all other reports or statements. Many benign and borderline neoplasms of the brain and central nervous system are diagnosed based upon diagnostic imaging, only (CT, PET, MRI, etc.). Other cancers may be diagnosed by alternate means such as direct visualization (without biopsy) or a diagnosis may be based upon clinical evidence, alone. The data item “Diagnostic Confirmation” is used to identify the method of diagnosis for each case. The codes are to be used in a hierarchical order in most cases. In the absence of a positive pathology report, all information in the record must be assessed to determine whether or not the case is reportable and to identify the method used to establish (confirm) the diagnosis.

b) Clinically Diagnosed Cases Are Reportable

In the absence of a histologic or cytological confirmation of a reportable cancer, accession a case based on the **clinical diagnosis** (when a recognized medical practitioner says the patient has a cancer or carcinoma or when the patient is undergoing treatment for cancer that may not have been histologically or otherwise confirmed). A clinical diagnosis may be recorded as part of the final diagnosis on the face sheet or other parts of the medical record. See Note and Exceptions below.

Note: A pathology report normally takes precedence over a clinical diagnosis. If the patient has a negative biopsy, the case would not be reported.

Exception 1: If the physician treats a patient for cancer in spite of the negative biopsy, abstract and report the case.

Exception 2: If enough time has passed that it is reasonable to assume that the physician has seen the negative pathology, but the clinician continues to call this a reportable disease, accession the case. A reasonable amount of time would be equal to or greater than 6 months.

c) Ambiguous 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, bone marrow biopsy reports, autopsy reports, diagnostic imaging reports, and results from medical testing. If the terminology describing the diagnostic assessment is ambiguous, use the following guidelines to determine whether a particular case should be abstracted and reported to FCDS. Words or phrases that appear to be synonyms of these terms do not constitute a diagnosis. For example, “likely” alone does not constitute a diagnosis.

In the absence of more definitive evidence, the following modifying terms, when applied to a neoplasm, should be interpreted as diagnostic of cancer:

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

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

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

Examples of Diagnostic Terms:

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

Ambiguous Terms That Do Not Constitute a Diagnosis without additional information

The following modifying terms, when applied to a malignancy, 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
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Positive molecular marker or cytogenetic testing in the absence of pathologic or clinical evidence of reportable disease are indicative of risk only and do not constitute a diagnosis.

CLARIFICATION - DEFINITIVE TERMINOLOGY VERSUS AMBIGUOUS TERMINOLOGY

- When 'definitive terminology' is used on a report, the reviewing physician/radiologist/pathologist is confident that cancer is present or a stated diagnosis is not in question. 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 confident it is what they say it is in the report.
- Registrars should always 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 the 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, 'solid mass in left lung,' or they state measurements for a tumor or nodes or metastasis – the physician is telling you that they already believe this to be a cancer until or unless it is later proven not to be a cancer on biopsy, a different type of imaging, or some other more definitive testing method. The 'definitive term' is a statement of confidence that it is what they say it is.

- 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 a high confidence that the mass is cancer. And, this report is used for the date of initial diagnosis of cancer – not the date of the biopsy or other test.
- Additionally, when 'definitive terminology' is used to describe a primary tumor, 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.

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- The ‘ambiguous terminology’ list of words and phrases for presence or absence of disease are applied only when ‘definitive terminology’ is NOT used to describe the presence or absence of tumor or a specific histologic type/subtype.
- 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.

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

- If an **ambiguous term(s) precede** a word that is **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 the reason the case is not reportable to FCDS so you do not have to re-review the case during the annual AHCA casefinding audit.

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

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

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

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

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

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

Ambiguous Terms - Benign and borderline primary intracranial and CNS tumors

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

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

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

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

Note: If the **word or an equivalent term does not appear** on the reportable list or is not a form of a word on the reportable list, the term is not diagnostic of cancer. Do not abstract the case. Forms of the word are 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, scans, ultrasounds, and other diagnostic testing other than tumor markers.

Note: If the **ambiguous** diagnosis is proven to be **not reportable** by biopsy, cytology, or physician’s statement, **do not abstract or report** the case.

d) Outpatient/Ambulatory Care Only Cases

There must be sufficient documentation in the medical chart (positive radiology report, positive pathology report, physician statement, etc.) that definitively establishes that the patient either has active malignancy and/or is currently undergoing therapy for malignancy. If insufficient documentation exists in the medical chart, do not abstract the case.

e) Non-Analytic Cases

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

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

- Analytic Cases (Class of Case 00-22) are the crux of the NCDB – a clinical research database with **voluntary** reporting that includes about 70-80% of hospitals in the United States – not 100% reporting.
- 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 (state of 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...without all cases of cancer, the geographic area has ‘holes’ in it.
- 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 bring in more revenue from workup/treatment than do 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 a greater level care, advanced diagnostic and treatment resources, clinical trials capabilities to offer multiple options for advanced disease, and repeat visits for continuity of care and eventually end of life care. These patients are more expensive to treat than patients with a new diagnosis, workup and initial course of therapy.

f) Historical Cases

The American College of Surgeons/Commission on Cancer does not require accredited facilities to abstract historical cases. However, FCDS does require the collection and reporting of 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. It is important for researchers to know the number and types of any and all cancers each patient has had during his/her lifetime in order to effectively research and evaluate cancer incidence.

If a patient has had at least one primary reportable neoplasm that is currently active or under treatment, 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 does not have any reportable neoplasms, active or under treatment, no other primary neoplasms the patient has ever had need to be reported.

NOTE: DO NOT INCLUDE OBSOLETE HISTOLOGY CODES of any kind when reporting historical cases regardless of method for reporting these cases (Minimal Historical Grid or Full Abstract). The case will fail edits. This includes obsolete histology codes (do not include), obsolete treatment codes (do not include), obsolete staging system or stage code(s), etc. Abstract these cases according to the most current standards.

g) Multi-Facility Reporting (shared cases)

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

FCDS does provide one option for multi-facility networked facilities. Some facilities may qualify to be classified as “**Umbrella Facilities**” using one umbrella facility number to report all cases within their network. There are pro’s and con’s to setting up (or taking apart) a set of umbrella facilities should any change of ownership occur within the network. It is fairly 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 **Manager of Data Acquisition** with any inquiries regarding these options.

FCDS does not allow or receive Update or Modify Records from any Reporting Facility. FCDS only receives one initial report. FCDS makes any changes from that initial report if possible. There are times when FCDS cannot make all the necessary changes and must request that you resubmit the entire case for the case to be accepted into the FCDS Master File as a Completed Record. Please comply with these requests or the case will end up on your NOT REPORTED TO FCDS AHCA/MORTALITY List and you will be asked to report a case that you think had already been reported...thank you.

h) Responsibility for Reporting

It is the responsibility of the custodian of the medical record or the facility that is administering care to report the case to FCDS. FCDS reviews the Agency for Health Care Administration (AHCA) cancer patient data annually as a retrospective quality control completeness audit. The AHCA database provides an after-the-fact case finding mechanism; ensuring cancer cases that have been reported to AHCA are also included in the FCDS database.

i) Annual Reporting Deadline – June 30th

The June 30th Deadline is an annual milestone for cancer reporting in Florida. Florida law requires that all cancer cases diagnosed/treated for cancer, having a cancer-related health visit while undergoing cancer treatment, or having any evidence of disease at the time of encounter must be abstracted and transmitted to FCDS within 6 months of the date of first encounter for cancer.

FCDS reinforces the 6-month reporting standard with a June 30th Deadline each year.

Reporting Compliance and Data Quality Reports are run following the annual June 30th Deadline.

Facilities not in compliance with the 6-month reporting rule will be notified by FCDS 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 in compliance 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. Any remediation or other action plan must be approved by the Florida Department of Health and FCDS. FCDS will monitor the plan.

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Table 2. NAACCR Version 21: Comparison of Reportable Cancers: CoC, SEER, NPCR/FCDS.

	CoC	SEER	NPCR/FCDS
Reportable Diagnoses	<p>1. Behavior code of 2 or 3 in ICD-O-3; or, for 2010 and later diagnoses, behavior code 3 according to the <i>WHO Classification of Tumours of Haematopoietic and Lymphoid Tissues</i> (2008)³⁹.</p> <p>2. Non-malignant (behavior codes 0 and 1) primary intracranial and central nervous system tumors, including juvenile astrocytoma (M9421/3)* for primary sites as defined in Table 3.</p> <p>3. Carcinoid, NOS of the appendix C181 (as of 1/1/2015).</p>	<p>1. Behavior code of 2 or 3 in ICD-O-3.2; or, for 2010 and later diagnoses, behavior code 3 according to the <i>WHO Classification of Tumours of Haematopoietic and Lymphoid Tissues</i> (2008)³⁹.</p> <p>2. Non-malignant (behavior codes 0 and 1) primary intracranial and central nervous system tumors, including juvenile astrocytoma (M9421/3)* for primary sites as defined in Table 3.</p> <p>3. As of 01/01/2021, early or evolving melanoma in situ, or any other early or evolving melanoma, is reportable.</p> <p>4. Carcinoid, NOS of the appendix C181 (as of 1/1/2015).</p> <p>5. All GIST tumors are reportable as of 01/01/2021. The behavior code is /3 in ICD-O-3.2.</p> <p>6. Nearly all thymomas are reportable as of 01/01/2021. The behavior code is /3 in ICD-O-3.2. The exceptions are microscopic thymoma or thymoma benign (8580/0), micronodular thymoma with lymphoid stroma (8580/1), and ectopic hamartomatous thymoma (8587/0).</p> <p>7. Lobular neoplasia grade III (LN III)/lobular intraepithelial neoplasia grade III (LIN III) breast C500-C509 (as of 1/1/2016).</p> <p>8. Pancreatic intraepithelial neoplasia (PanIN III) (as of 1/1/2016).</p> <p>9. Penile intraepithelial neoplasia III (PeIN III) (as</p>	<p>1. Behavior code of 2 or 3 in ICD-O-3 (includes VIN III, VAIN III, AIN III); or, for 2010 and later diagnoses, behavior code 3 according to the <i>WHO Classification of Tumours of Haematopoietic and Lymphoid Tissues</i> (2008)³⁹.</p> <p>2. Non-malignant (behavior codes 0 and 1) primary intracranial and central nervous system tumors, including juvenile astrocytoma (M9421/3)* for primary sites as defined in Table 3.</p> <p>3. As of 01/01/2021, early or evolving melanoma in situ, or any other early or evolving melanoma, is reportable.</p> <p>4. Carcinoid, NOS of the appendix C181 (as of 1/1/2015).</p> <p>5. All GIST tumors are reportable as of 01/01/2021. The behavior code is /3 in ICD-O-3.2.</p> <p>6. Nearly all thymomas are reportable as of 01/01/2021. The behavior code is /3 in ICD-O-3.2. The exceptions are microscopic thymoma or thymoma benign (8580/0), micronodular thymoma with lymphoid stroma (8580/1), and ectopic hamartomatous thymoma (8587/0).</p>

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	CoC	SEER	NPCR/FCDS
		of 1/1/2016).	
Exceptions (not reportable)	<p>1. Skin cancers (C44._) with histology 8000-8110 (after 1/1/2003); prior to that date, AJCC stage groups 2-4 in this group were reportable.</p> <p>2. CIS of the cervix and CIN III or SIN III (after 1/1/96).</p> <p>3. PIN III (after 1/1/96).</p> <p>4. VIN III (after 1/1/96).</p> <p>5. VAIN III (after 1/1/96).</p> <p>6. AIN (after 1/1/96).</p>	<p>1. Skin cancers (C44._) with histologies 8000-8005, 8010-8046, 8050-8084, 8090-8110.</p> <p>2. CIS of the cervix and CIN III or SIN III of cervix (after 1/1/96).</p> <p>3. PIN III (after 1/1/2001).</p>	<p>1. Skin cancers (C44._) with histologies 8000-8005, 8010-8046, 8050-8084, 8090-8110.</p> <p>2. CIS of the cervix and CIN III or SIN III.</p> <p>3. PIN III (after 1/1/2001).</p>
Multiple Primary Rules	<p>2007 Multiple Primary and Histology Coding Rules (most recent version).</p> <p>2018 Solid Tumor Coding Rules</p>	<p>2007 Multiple Primary and Histology Coding Rules (most recent version).</p> <p>2018 Solid Tumor Coding Rules</p>	<p>2007 Multiple Primary and Histology Coding Rules (most recent version).</p> <p>2018 Solid Tumor Coding Rules</p>
Ambiguous Terminology Diagnostic of Cancer**	<p>apparent(ly) appears comparable with compatible with consistent with favors malignant appearing most likely presumed probable suspect(ed) suspicious (for) typical of</p> <p>Exception: if the cytology is reported using any of these ambiguous terms and neither a positive biopsy nor a physician's clinical impression supports the cytology findings, do not consider as diagnostic of cancer.</p>	<p>apparent(ly) appears comparable with compatible with consistent with favors malignant appearing most likely presumed probable suspect(ed) suspicious (for) typical of</p> <p>Exception: if the cytology diagnosis is reported using any of these ambiguous terms and neither a positive biopsy nor a physician's clinical impression supports the cytology findings, do not report.</p>	<p>apparent(ly) appears comparable with compatible with consistent with favors malignant appearing most likely presumed probable suspect(ed) suspicious (for) typical of</p> <p>Exception: if the cytology is reported using any of these ambiguous terms and neither a positive biopsy nor a physician's clinical impression supports the cytology findings, do not consider as diagnostic of cancer.</p>
Ambiguous Terminology NOT Diagnostic of Cancer**	<p>cannot be ruled out equivocal possible potentially malignant questionable rule out suggests worrisome</p>	<p>Any ambiguous terms not on the reportable list are not reportable.</p>	<p>cannot be ruled out equivocal possible potentially malignant questionable rule out suggests worrisome</p>

* Juvenile astrocytomas should be reported as 9421/3.

** Do not substitute synonyms such as “supposed” for “presumed” or “equal” for “comparable.” Do not substitute “likely” for “most likely.” Use only the exact words on the list.

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

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

B. CASEFINDING

Casefinding is the method used to identify new cancer cases, inpatient or outpatient. All facilities are responsible for complete casefinding for all patients seen at your facility regardless of type of service. It is important that the following multiple sources in the hospital be searched to keep missed reportable cases to a minimum. The procedure outlined below should be adapted to each individual facility:

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

1) Pathology Reports

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

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

Pathology may be included in Casefinding Audits in addition to the Annual AHCA Casefinding Audit.

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

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

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

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

ICD-10-CM and ICD-10-PCS were adopted as the U.S. standard on 10/1/2015. ICD-10-CM Casefinding List is included in this and previous FCDS DAM documents. Please ensure your facility IT staff has been given a copy of the ICD-10-CM list to avoid interruption in casefinding for the last quarter of calendar year 2015.

Upon review, if a patient is found not to have a malignancy as coded by the HIM/Medical Record or Billing Department or does not meet FCDS criteria for case reporting, the name should be added to the facility's "Not Reportable List." The list may be substituted with the facility "suspense" file based on available vendor tools.

The "Not Reportable List" is useful when FCDS is conducts casefinding audits based on AHCA data. Some facilities will save a "Not Reportable List" as an electronic file embedded within their software such as a "suspense" case and should include comments that the registrar reviewed the medical record and determined that the case does not meet reportable criteria. The "suspense" case should include documentation as to why the facility will not report the case either in text and/or using the FCDS AHCA Disposition Codes below.

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

3. Radiation Therapy Department

New patient registration rosters and radiation therapy summaries are excellent casefinding sources for patients treated with radiation. Unified Billing System Reports also can be used to identify these cases.

4. Outpatient Departments

New patient registration rosters for single-day surgery departments, oncology-related service areas (specialty clinics, chemotherapy clinics, infusion centers, day surgery, and other ambulatory care), outpatient departments (including outpatient diagnostic radiology and laboratory service areas) and emergency rooms are additional casefinding sources for patients seen only in an ambulatory care setting. Unified Billing System Reports also can be used to identify these cases.

5. Diagnostic Imaging (Radiology) Department

New patient registration rosters for patients receiving diagnostic imaging services (x-ray, CT scan, PET scan, MRI, or other imaging) are an excellent source for identifying new cancer cases.

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ICD-10-CM CASEFINDING LIST FOR REPORTABLE TUMORS – Oct 1, 2020 and later encounters

The following ICD-10-CM list is to be used to identify potentially reportable tumors. Some ICD-10-CM codes contain conditions that are not reportable. These records should be reviewed and assessed individually to verify whether or not they are reportable to FCDS. ICD-10-CM implementation is expected nationwide October 1, 2020 for all hospitals. A complete listing of ALL Required ICD-10-CM Code is in Appendix O of this manual.

ICD-10-CM	Description
C00._ - C43._	Malignant neoplasms
C4A._	Merkel cell carcinoma
C44.13__	Sebaceous Cell Carcinoma of Skin of Eyelid (upper, lower, left, right)
C45._ - C96._	Malignant neoplasms
C49.A_	GI stromal tumor
C7A._	Malignant carcinoid tumors
C84.A_	Cutaneous T-cell lymphoma
C84.Z_	Other mature T/NK-cell lymphoma
C91.A_	Mature B-cell leukemia Burkitt-type
C91.Z_	Other lymphoid leukemia
C92.A_	Acute myeloid leukemia with multi-lineage dysplasia
C92.Z_	Other myeloid leukemia
C93.Z_	Other monocytic leukemia
C96.2_	Malignant mast cell neoplasms
C96.A_	Histiocytic sarcoma
C96.Z_	Other specified malignant neoplasm of lymphoid, hematopoietic and related tissue
D00._ - D09._	Carcinoma in situ (exclude: skin, cervix and prostate– D04._, D06._ and D07.5)
D32._	Benign neoplasm of meninges (cerebral, spinal and unspecified)
D33._	Benign neoplasm of brain and other parts of central nervous system
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)
D46.0-D46.9, D46.A-D46.Z	Myelodysplastic syndromes (9980, 9982, 9983, 9985, 9986, 9989, 9991, 9992)
D47.1, D47.3, D47.4, D47.9	Myeloproliferative diseases (9931, 9740, 9741, 9742, 9960, 9961, 9962, 9963, 9965, 9966, 9967, 9970, 9971, 9975, 9987)
D47.Z, D47.Z1, D47.Z9	Post-transplant lymphoproliferative disorder (PTLD)
D49.6, D49.7	Neoplasm of unspecified behavior of brain, endocrine glands and other CNS
D72.110- D72.119	Hypereosinophilic Syndrome [HES] – idiopathic, lymphocytic, other, unspecified

Note: Pilocytic/juvenile astrocytoma (M-9421) is reported with the behavior coded /3 (9421/3 not 9421/1).

C. ABSTRACTING**1. Personnel Requirements – Abstractor Training and FCDS Abstractor Code**

Abstractor Training: Trained personnel must perform abstracting. FCDS provides basic incidence abstracting training via web-based modules free of charge and available 24 hours a day, 7 days a week. The 20 modules constitute one “course” in the FCDS learning management system, The Fundamental Learning Collaborative for the Cancer Surveillance Community. The 20 modules include over 1000 slides with sound overlay, practice exercises, and quizzes to monitor progress. The entire course takes from 40-80 hours to complete, depending on individual knowledge level at the start of the course. It is highly recommended that each student enter the course with a strong understanding of human anatomy and medical terminology. Modules are available at <https://fcds.med.miami.edu/inc/flccsc.shtml>.

Please note this course is under construction to meet the 2021 changes to standards and many updates that have occurred between 2018-2021. Appendix P of this Manual provides additional recommended resources for new registrars in both the Abstracting Basics Course Outline and the recommended Training Resources for New Registrars documents. Please refer to these outside sources for new abstractor training.

Every registrar/abstractor planning to work in the State of Florida is required to obtain an individual FCDS Abstractor Code. This code is assigned by FCDS to persons who successfully pass the FCDS Abstractor Code On-Line Examination, regardless of certification by NCRA as a CTR, experience in the registry industry, or other factors. As of January 1, 2013, any individual planning to acquire a New FCDS Abstractor Code or planning to Renew an Existing FCDS Abstractor Code must take and pass the FCDS Abstractor Code Exam. Registration for testing and real-time on-line testing can be found on the FCDS website.

The FCDS Abstractor Code Requirement has been FCDS Policy for many years and applies to every cancer registrar working in the state of Florida (CTR or non-CTR, Florida resident or out-of-state contractor, regardless of number of years’ experience). FCDS will not accept cases from individuals without an Active/Current FCDS Abstractor Code. Q&A will be updated to the 2021 Standards during Summer 2021.

While the FCDS Abstractor Code Requirement Policy remains unchanged, the FCDS Abstractor Code Exam is a tool introduced to help FCDS expedite FCDS Abstractor Code approvals, renewals, and monitoring. Exams 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 most current standards are familiar to the tester. Questions are selected at random from a pool of more than 350 questions covering 7 major topic areas. No two exams will be alike

Appendix P: Other training is available through SEER*Training, SEER*Educate, the Commission on Cancer, the American Joint Committee on Cancer, the National Cancer Registrars Association (NCRA), the Florida Cancer Registrars Association (FCRA), and the North American Association of Central Cancer Registries (NAACCR). Please see the annually updated document “2021 References and Resources for Cancer Registrars” published annually on our website and included as Appendix P in this manual.

Fundamental Learning Collaborative for the Cancer Surveillance Community

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

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

- Students access FLccSC from a link on each states CCR web-site. Once registered, the student will only see the LMS pages and content from their respective CCR. Once the student successfully completes an educational module, they will receive a Certificate of Completion including CEU where applicable.
- FLccSC is a web-based educational collaborative LMS that is available 24/7. It is cost efficient in that the 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 e_Administration site (backend). The step by step tutorials details how to develop and maintain the CCR FLccSC site and educational content.
- FLccSC allows educational material to be shared between and among CCRs at the e-Administrator's discretion.
- There are many e-administrator tutorials and tutorials for students available on the FLccSC Site.

FCDS Abstractor Code: Every registrar/abstractor planning to work in the State of Florida is required to obtain an individual FCDS Abstractor Code. This code is assigned by FCDS to persons who successfully pass the FCDS Abstractor Code On-Line Examination, regardless of certification by NCRA as a CTR, experience in the registry industry, or other factors. As of January 1, 2013 any individual planning to acquire a New FCDS Abstractor Code or planning to renew an Existing FCDS Abstractor Code must take and pass the FCDS Abstractor Code Exam.

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

FCDS will not accept any cases from individuals without an Active/Current FCDS Abstractor Code.

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

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

NOTE: The FCDS Abstractor Code Test Q&A will be updated to the 2021 Standards during the Summer of 2021. This requires a review of every single Q&A and Reference to ensure all Q&A are consistent with 2021 published standards from all sources. Until this update is finalized, FCDS will still be testing on 2018 standards. FCDS will bring the Abstractor Code Test Q&A up to current as soon as possible. There may be some interim confusion between published standards as instructions have changed since 2018 when the Q&A were last updated. Please be patient while FCDS continues to update resources for 2021. Thank you.

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)
- 2021 Latest Rule Changes
- Treatment and Survival

Standard References Used for Testing (2021 Updates):

- FCDS DAM (current version)
- 2021 Casefinding List

- ICD-O-3.2
- 2018 Solid Tumor Rules (current – December 2020)
- 2018 Hematopoietic/Lymphoid Neoplasms and Database Use (current online version)
- SEER Summary Staging Manual 2018, September 2020 version
- 2021 Required by FCDS Site-Specific Data Items, v2.0
- 2018 Grade Coding Manual, v2.1
- SEER*Rx (current online version)
- SEER Self-Instruction Manuals (basics for anatomy/physiology/medical terminology)
 - ◊ Book 2 – Cancer Characteristics
 - ◊ Book 3 – Tumor Registrar Vocabulary: Composition of Medical Terms
 - ◊ Book 4 – Human Anatomy as Related to Tumor Formation

WHO NEEDS TO TAKE THE FCDS ABTRACTOR CODE EXAM?

- ✓ Individuals hoping to acquire a NEW FCDS Abtractor Code will need to take the FCDS Abtractor Code Exam.
- ✓ Individuals with an ACTIVE (not yet expired) FCDS Abtractor Code can take the FCDS Abtractor Code Exam 30 days before expiration or once their code has expired.
- ✓ Individuals with an EXPIRED FCDS Abtractor Code will be required to take the FCDS Abtractor Code Exam each year in order to keep their FCDS Abtractor Code current and to renew their individual FCDS Abtractor Code, annually.
- ✓ If an individual's FCDS Abtractor Code has been expired for greater than 2 years, the individual must re-take and pass the FCDS Abtractor Code Exam.

2. Case Abstracting Requirements – Timeliness

Individual cases **must be abstracted no later than six months** after the date of first contact with the reporting facility. The only exceptions to this reporting timeline are the free-standing ambulatory surgical centers who are reporting under the Ambulatory Centers Cancer Reporting Program.

Cases may be abstracted earlier than six months after the date of first contact, but only if the required information regarding first course of therapy is available and complete.

DO NOT SEND INCOMPLETE RCRS (Rapid Case Reporting System) CASES TO FCDS.

All cases meeting the reporting requirements outlined in Section I.A must be abstracted following the guidelines set forth in Section II of this document. Questions regarding the interpretation of individual data items should be referred to the FCDS office.

Each Facility Must Sign Off Annually that they have completed the full year cycle of reporting each year. This Certification of Completeness is found in the FAA/HOSPADMIN Menu in FCDS IDEA Software.

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

Note: The ACoS CoC changed CoC Cancer Program Standard 5.2 (abstracting timeliness) on 1/1/2014. This is a change for CoC Cancer Program Accreditation (only) and does not change the Florida 6-month reporting requirement or the FCDS June 30th Deadline.

Why? Florida Statute requires that cases be completely abstracted (all information must be included regarding the diagnosis, staging, first course of treatment, cancer progression or recurrence) within 6-months of first patient encounter for cancer at your facility.

Do not send FCDS partial abstracts for ACoS CoC Rapid Case Reporting System (RCRS).

Note: 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 treatment has been investigated and documented in the original abstract sent to FCDS and the final abstract that is sent to the NCDB.

All abstracts are required to pass the FCDS EDITS metafile.

3. Not Reportable List

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 in a separate document with easy access. A sample form is included at the end of this Section. Any patient encounter that appears on a facility casefinding list that does not meet the reporting requirements outlined in Section I should be recorded on the “Not Reportable List” with an explanation as to why the case will not be reported. FCDS suggests you also include the FCDS Disposition Code associated with the reason not reported to facilitate your annual AHCA Follow-Back activities.

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

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

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

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

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

4. Abstracting Non-Analytic and Historical Cases

Although the Commission on Cancer/American College of Surgeons (COC/ACoS) does not require accredited facilities to abstract non-analytic or historical cases, a population-based cancer registry such as FCDS must record ALL cancers meeting the FCDS reporting requirements, regardless of class of case, place of diagnosis or date of diagnosis. These cases require the same attention to detail and text as with any CoC “analytic” type case (abstracted and quality reviewed with the same rigorous data quality and documentation expectation). Include chronologic information about the cancer as available.

FCDS realizes that much of the information about the original diagnosis, staging and treatment of non-analytic and historical cancers may be unavailable or incomplete. The abstractor should attempt to complete each abstract with as much information as is available in the medical record. Historical Cancers that currently exhibit active disease (recurrence or progression of cancer) must be reported as a full and 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 they are resent to FCDS as a new submission after having already been reported. Always reference and use the Facility Alpha Listing found in the FCDS Reports Menu with your facility reference date of 1/1/1981, regardless of CoC Changes to Your State of Florida Reference Date. This report is updated every time you submit cases to FCDS. It is a complete reference of all cases ever reported to FCDS from your facility since 1981. New cancers for cases with old Accession Numbers must include the old Accession Number. FCDS recognizes many registrars do not utilize this listing properly to determine which cancers need which sequences reported and which cancers have been reported prior to your CoC Reference Date. Always remember your FCDS Reference Date is 1981 or the day your facility opened.

5. Abstracting Historical Cases Optional Minimal Dataset

Historical case refers to a primary reportable neoplasm (malignant or benign/borderline brain/CNS tumors) that it is not active (no evidence of disease) and currently not receiving any treatment AND the patient is seen at the reporting facility for another cancer/benign reportable neoplasm that is active and/or undergoing treatment.

There are two methods for reporting a Historical Case: Do not report using obsolete histology codes.

FCDS will accept historical cases reported as full abstracts or reported using the minimal dataset. **DO NOT INCLUDE OBSOLETE CODES of any kind when reporting historical cases** regardless of method for reporting these cases (Minimal Historical Grid or Full Abstract). This includes obsolete histology codes (do not include), obsolete treatment codes (do not include), obsolete staging system or stage code(s), etc. Abstract cases according to the current coding standard.

- a. For every abstract submitted, the record layout will allow for the entry of up to five (5) historical cases. The fields required for each of the five cases include:
 1. Sequence Number
 2. Diagnosis Date
 3. Primary Site (ICD-O-3)
 4. Histology (ICD-O-3)
 5. Behavior (ICD-O-3)
 6. Laterality
 7. State of Residence at Diagnosis (State Abbreviation)
 8. County of Residence at Diagnosis (FIPS County Code)
 9. Schema Discriminator 1
 10. Schema Discriminator 2
- b. These fields will be edited at time of transmission and will include Sequence Number and Diagnosis Date edit checks as well as State and County edit checks.

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- c. **These fields should ONLY be used when abstracting a historical case with insufficient information.**
 - d. **A complete abstract MUST be reported to FCDS for cases with sufficient information in the patient's medical record or when the patient has evidence of the historical cancer at the time of patient encounter (persistent disease, progression of disease or disease recurrence – patient with evidence of this cancer at the time of patient encounter).**
 - e. REMEMBER, the minimal dataset only applies to Class of Case 33 Historical Cases with insufficient information. All other Non-Analytical cases, including Class of Case 33 historical cases with sufficient information REQUIRE a full abstract be reported to FCDS.
 - f. **Historical Cases should not include Unknown Primary Cancers (C80.9 or C76.*).**
 - g. Quality Control for these cases will be increased and documentation supporting the minimal dataset may need to be provided.
6. Reporting Historical Cases in the State Specific fields

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

Examples:

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

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

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

- b. When a particular group is selected (Historical #1), all nine fields must be filled.

Historical date must be completed in accordance with the current standards. If any of these fields are left blank, then the abstract and possibly the entire batch will be rejected.

Examples:

Historical #1: Sequence Number,

Historical #1: Dx Date,

Historical #1: Primary Site,

Historical #1: Histology,

Historical #1: Behavior,

Historical #1: Laterality,

Historical #1: Dx State Abbreviation,

Historical #1: Dx County FIPS

Historical #1: Schema Discriminator 1

Historical #1: Schema Discriminator 2

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

DO NOT INCLUDE OBSOLETE CODES when reporting historical cases regardless of method for reporting these cases (Minimal Historical Grid or Full Abstract). This includes obsolete histology codes (do not include), obsolete treatment codes (do not include), obsolete staging system or stage code(s), etc. Abstract cases according to current coding standard.

7. Annual Reporting Deadline – June 30th

The June 30th Deadline is an annual milestone for cancer reporting in Florida. Florida law requires that all cancer cases diagnosed/treated for cancer, having a cancer-related health visit while undergoing cancer treatment, or having any evidence of disease at the time of encounter must be abstracted and transmitted to FCDS within 6 months of the date of first encounter for cancer. FCDS reinforces the 6-month reporting standard with a June 30th Deadline each year.

Compliance and Data Quality Reports are run following the annual June 30th Deadline.

Facilities not in compliance with the 6-month reporting rule will be notified by FCDS of the delinquency. Each facility will be asked to develop a remedial plan to bring the facility back into compliance with state statutes with a plan to remain in compliance. 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. Any remediation or other action plan must be approved by the Florida Department of Health and FCDS. FCDS will monitor the plan.

8. Required/Recommended Desktop References – paper and/or electronic – current version
Please refer to the document ‘2021 References and Resources for Cancer Registrars’ found in Appendix P of this manual.9. **MAKING CHANGES TO EXISTING ABSTRACTS from Field Coordinator Inquiry (corrections) or from QC Review (Visual Editing). You must comply with the messaging requirements for the FCDS Systems in order for FCDS to be able to view and process corrections, inquiries, deletions, or visual editing updates to abstracts.**

FCDS does not allow or receive Update or Modify Records from any Reporting Facility. FCDS only receives one initial report. FCDS makes any changes from that initial report if possible. There are times when FCDS cannot make all the necessary changes and must request that you resubmit the entire case for the case to be accepted into the FCDS Master File as a Completed Record. Please comply with these requests or the case will end up on your NOT REPORTED TO FCDS AHCA/MORTALITY List and you will be asked to report a case that you think had already been reported.

REQUIRED DESKTOP REFERENCES

REQUIRED REFERENCE	ORDERING INFORMATION
Current FCDS Data Acquisition Manual, 2021	FCDS, Florida Cancer Data System PO Box 016960 (D4-11) Miami, FL 33101 http://fcds.med.miami.edu/inc/downloads.shtml
<i>International Classification of Diseases for Oncology</i> , 3 rd ed. Geneva, World Health Organization: 2000, including three published errata, the 2011 ICD-O-3 Update, and the 2018 ICD-O-3 Updates	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
<i>ICD-O-3.2 Excel Table downloaded from the IACR/WHO Website – you still need the ICD-O-3 printed version for Topography Codes and General Rules. Do not use the histology codes. Use the Solid Tumor Rules, Hematopoietic DB and this Excel File to assign Histology/Behavior</i>	Downloadable Excel File Vversion of ICD-O-3.2 (Histology and Behavior Codes) is available on the WHO International Agency for Research on Cancer (IARC) website: http://www.iacr.com.fr/index.php?option=com_content&view=article&id=149:icd-o-3-2&catid=80&Itemid=545
Current Multiple Primary and Histology Coding Rules for Solid Tumors and the Solid Tumors Database, 2018, December 2020 Version	National Cancer Institute, SEER Program, Bethesda, MD Johnson CH, Peace S, Adamo P, et al. National Cancer Institute, Surveillance, Epidemiology and End Results Program. Bethesda, MD: 2007 http://seer.cancer.gov/registrars
Current Hematopoietic and Lymphoid Neoplasm Case Reportability and Coding Manual and Hematopoietic Database (desktop or web-based versions available), 2021	Download latest version from the National Cancer Institute, SEER Program, Bethesda, MD http://seer.cancer.gov/registrars
<i>2018 SEER Summary Staging Manual</i> , September 2020 Version	Download e-version (no printed versions available) National Cancer Institute, SEER Program, Bethesda, MD http://seer.cancer.gov/registrars
Site-Specific Data Items Manual (SSDI Manual), v2.0 September 2020 version includes SSDI Coding Instructions, and SSDI Coding Application	https://apps.naaccr.org/ssdi/list/
Grade Coding Manual, Grade Coding Instructions and Tables, and Grade Coding Application, v2.01 January 2021	https://apps.naaccr.org/ssdi/list/
Current SEER*Rx – Interactive Drug Database	National Cancer Institute, Surveillance, Epidemiology and End Results Program, Bethesda MD. Available for download at http://seer.cancer.gov/registrars/

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RECOMMENDED DESK REFERENCES

RECOMMENDED BOOK	ORDERING INFORMATION
<i>2021 CoC Standards for Oncology Registry Entry (CoC STORE) -</i>	American College of Surgeons (ACS) 55 East Erie Street Chicago, IL 60611-2797 https://www.facs.org/quality-programs/cancer/ncdb/registrymanuals/cocmanuals
<i>CA: A Cancer Journal for Clinicians</i>	Lippincott Williams & Wilkins Publishers P.O. Box 1600 Hagerstown, MD 21741-9910 301-223-2300 (Voice) http://caonline.amcancersoc.org/
<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
<i>Cancer Registry Management Principles & Practice for Hospitals and Central Registries, 3rd Edition, 2011</i>	Kendall/Hunt Publishing Company 4050 Westmark Drive, PO Box 1840 Dubuque, IA 52004-1840 1-(800) 228-0810 www.kendallhunt.com/ncra ISBN 978-0-7575-6900-5
<i>American Cancer Society Textbook of Clinical Oncology</i>	American Cancer Society Vermont Division, Inc. 13 Loomis Street Montpelier, VT 05602 http://www.cancer.org ISBN-13: 978-0944235072 ISBN-10: 0944235077
<i>Registry Plus Online Help</i>	Download the free desktop reference, <i>Registry Plus Online Help</i> at http://www.cdc.gov/cancer/npcr Online Help is an interactive tool that incorporates many of the references above and is maintained by the CDC. The <i>Registry Plus Online Help</i> application includes fully indexed versions of the FORDS Manual, Collaborative Stage, and Multiple Primary and Histology Coding manuals as well as the NAACCR Data Dictionary, the SEER Coding Manual and the ICD-O-3.
<i>NAACCR Standards for Cancer Registries Volume II: Data Standards and Data Dictionary, current edition (v21)</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 http://www.naacr.org
<i>SEER Self Instructional Manuals 1-4, 7; Book 1 – Objectives and Functions of a Tumor Registry (1999) Book 2 – Cancer Characteristics and Selection of Cases(1991) Book 3 – Tumor Registrar Vocabulary: The Composition of Medical Terms (1992)</i>	National Cancer Institute Publications Ordering Service P.O. Box 24128, Baltimore, MD 21227, 301-330-7968 To order by phone, contact 1-800-4-CANCER and select the option to order publications. You may use our online Publications Locator at http://www.cancer.gov/publications

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<p><i>Book 4 – Human Anatomy as Related to Tumor Formation (1995)</i> <i>Book 7 - Statistics/Epidemiology for Cancer Registries(1994)</i></p>	<p>The <i>SEER Program Coding and Staging Manual</i> can be downloaded and they are available in both PDF and ZIP formats. http://seer.cancer.gov/registrars</p> <p>http://www.seer.cancer.gov/registrars/ / See order for SEER publications http://seer.cancer.gov/publications/</p> <p><i>SEER Program: Instructional Manuals on CD-ROM</i></p> <p>Historical Staging and Coding Manuals on CD-ROM</p>
<p>SEER <i>Program Code Manual</i>, current edition Order SEER Publications Online-order form SEER publications available in hardcopy include reports and monographs, coding manuals, self-instructional manuals for tumor registrars, and ICD conversion materials</p>	<p>National Cancer Institute Publications Ordering Service P.O. Box 24128, Baltimore, MD 21227, 301-330-7968 http://www.cancer.gov/publications</p> <p>http://seer.cancer.gov/tools/codingmanuals/index.html</p>
<p><i>CDC Data Collection of Primary Central Nervous System Tumors, National Program of Cancer Registries Training Materials</i> , 2004</p>	<p>Cancer for Disease Control and Prevention (CDC) National Program of Cancer Registries 4770 Buford Hwy, NE, Mail Stop K-53 Atlanta, GA 30042 -3717 Phone: 1(888) 842-6355 Fax: (770) 488-4760 http://www.cdc.gov/cancer/npcr/training/btr/</p>

D. DATA TRANSMISSION (Batched Records or Single Case Entry plus Edits/Corrections/QC)

ALL CASES MUST BE TRANSMITTED TO FCDS ELECTRONICALLY using the FCDS secure information and data sharing portal: the FCDS IDEA, and in accordance with all FCDS Data Submission Policies and Procedures and Transfer Protocols. Appendix Q for FAQs on FCDS IDEA.

RELEASE OF INFORMATION – FCDS will not release any patient information directly to any contractor due to liability and confidentiality issues regarding contractual agreements not involving FCDS. Furthermore, new guidelines set forth under HIPAA (Health Insurance Portability and Accountability Act) have introduced additional restrictions regarding releasing and re-releasing patient information under many circumstances. FCDS understands that this policy may present some challenges to some contractors. Any contract between a healthcare facility and a private contractor where FCDS is not a party to the contract cannot include allowances for FCDS to release patient information to anyone other than the reporting facility.

Contractors must make arrangements with their clients (facilities) to forward any FCDS correspondence that includes patient information to them (contractor). 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 that are 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 make every attempt to inform contractors of outgoing edits, quality control inquiries, verification of patient information, death certificate notification, AHCA 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 with regard to cancer and

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other disease reporting. Please do not fax or email patient information to FCDS. Also, please take care when discussing cases over the phone with FCDS staff.

DO NOT E-MAIL, FAX OR MAIL PATIENT INFORMATION (PHI) TO FCDS UNDER ANY CIRCUMSTANCES unless you are provided specific instructions for using our Secure Fax Service.

CONFIDENTIAL INFORMATION includes any HIPAA-defined Protected Health Information.

PHI information in the healthcare includes:

- Patient name, address including street, city, county, zip code and equivalent geo codes,
- Name of relatives,
- Name of employers,
- All elements of date pertaining to 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.

FCDS REQUIRES THAT QC REVIEW CASES, EDITS, CORRECTIONS, AND FIELD COORDINATOR INQUIRIES BE COMPLETED WITHIN 2 MONTHS OF RECEIPT.

MONTHLY DATA SUBMISSION IS RECOMMENDED FOR LARGE FACILITIES (facilities reporting over 500 cases/year).

DO NOT SEND INCOMPLETE RCRS (Rapid Case Reporting System) CASES TO FCDS.

1. Electronic Submissions

Record Layout

All data must be submitted in the current NAACCR Version (currently v21).

ALL Cancer Registry Vendors and Cancer Registries transition to an XML Format for 2021 and later reporting.

This includes any electronic submission as well as utilization of the FCDS EDITS Metafile, v21.

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

3. Receipt on Upload

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

4. Data Acceptance Policy – FCDS EDITS

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

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

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

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

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

E. PSYCHIATRIC, MILITARY AND VETERANS ADMINISTRATION FACILITIES

United States military and Veterans Administration healthcare facilities are requested to report cancer under Rule 64D-3.006 of the Florida Administrative Code. While these institutions are not mandated to report, FCDS encourages them to voluntarily report their cancer cases in order to provide complete cancer incidence in Florida.

F. AMBULATORY SURGERY CENTERS

In July 1997, the Florida legislature amended state cancer reporting legislation to include cancer case reporting by ambulatory patient care facilities. The Florida Department of Health and FCDS agreed that in order to ease the burden of reporting by ambulatory centers FCDS would take on the responsibility of cancer case identification, the critical first step in the reporting of cancer cases.

Administrative Options for Reporting for Ambulatory Surgical Centers:

1. Facilities with a History of Reporting – Several ambulatory surgical centers already 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 actually be a quality control exercise. Cases identified through the notification process will be considered ‘Missed Cases’ and will need to be reported in a timely manner.
2. Annual reporting through the FCDS Notification of Cases (Annual AHCA Audit) - The AHCA discharge data from the surgical centers is matched with the complete FCDS Master-file database regardless of the type of cancer or the date of discharge. 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 AHCA Unmatched Cancer Records Request listing for reporting.

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3. Unmatched Ambulatory Surgery Center Cases are posted to the FCDS IDEA. Cases must be reviewed for reportability and abstracted using FCDS IDEA Single Entry. If the case is “not reportable” the appropriate AHCA Disposition Code must be entered in FCDS IDEA to explain why the facility will not report the case.

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

G. FREE-STANDING RADIATION THERAPY CENTERS

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

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

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

I. CLINICAL LABORATORY CANCER IDENTIFICATION PROGRAM

Every anatomic pathology laboratory that reads biopsy specimens and/or surgical resection specimens collected from patient encounters within the state of 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 bring on new labs every year. FCDS works with the larger labs on a consistent basis to improve reporting e-pathology reports to FCDS. Please contact Meg Herna, FCDS Manager for Data Acquisition, to learn about automated reporting of electronic pathology reports to FCDS.

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

J. FCDS RESPONSIBILITIES

1. Data Acquisition

In order to support the data acquisition aspect of the statewide registry, FCDS will:

- a. Provide manuals, which specifically define data collection and reporting requirements,
- b. Provide a data collection tool(s) and user manual(s) for electronic/web-based data submission,
- c. Train facility staff and interested parties in incidence data collection via FCDS sponsored training programs (NAACCR Webinars), FCDS web-based training modules, teleconferences, FCDS web broadcasts or recorded educational events and programs. All FCDS-originated training materials and web broadcasts are recorded and available free on the FCDS website.
- d. Provide specific routine reports to verify data submission and resolve data discrepancies.

2. Training and Education

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

- o FCDS hosts a 2-day Annual Conference to Inform Registrars of New Initiatives and Standards
- o FCDS hosts a 6-part educational web broadcast series each year focusing on special topics
- o The FCDS On-Line web based Abstractor Training Course consisting of 20 modules and 1000 informational slides with voice-over recordings and testing is available on the FCDS website.
- o Note: This course is under construction to meet the 2018-2021 plethora of changes to cancer reporting standards. The multi-module course will provide the latest in abstractor training.
- o FCDS hosts 12 NAACCR Educational Webinars at 7 host sites around the state each year.
- o Appendix P of this manual includes a complete listing of additional resources for abstractor and cancer registry training available free of charge to students across the country.
- o Additional resources are available and advertised through the FCDS Memo and via blast e-mail.

3. Quality Control

The primary objective of the Florida Cancer Data System (FCDS) is to maintain a high quality database of useable, timely, complete and accurate data for every case of cancer identified in the state of Florida.

- a. Completeness is the extent to which all required cases have been reported to FCDS.
- b. Completeness is also the extent to which each abstract includes all of the FCDS Required Data

Completeness is assessed using:

- i. Historical data from facilities
- ii. On-Site or Remote Access Casefinding Audits
- iii. Annual Linkage to Florida's Agency for Health Care Administration statewide patient encounter files – AHCA Casefinding Audits (AHCA Match)

- iv. Annual Linkage to Florida’s Bureau of Vital Statistics statewide death files - Mortality Casefinding Audits (Death Certificate Notifications)
 - v. FCDS Audits and Visual Editing (QC Review)
 - vi. NPCR Audits and Visual Editing Evaluations (DQE)
- c. Accuracy is the extent to which the data submitted have been correctly coded and match the information contained in the medical record. Accuracy encompasses correct interpretation and application of coding rules and guidelines, identifies data entry and data submission errors and evaluates case correctness.

Accuracy is assessed using:

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

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

Timeliness is assessed using:

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

FCDS Data Quality/Quality Control Program Components

1. 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 following the June 30 Reporting Deadline.

The facility abstractor then must compare the list of Unmatched AHCA Cases to the facility “Not Reportable List”. Cases that appear on the Unmatched AHCA Cases listing but do not appear on the “Not Reportable List” will need to be reviewed by the facility abstractor.

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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 as soon as possible. Please reference the AHCA Disposition Codes List for “reason not reported to FCDS”.

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

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

FCDS staff will perform annual matching of the FCDS Master File to the Florida Bureau of Vital Statistics death files. FCDS will provide the reporting facility with a list of unmatched Vital Statistics cases (deaths) that show the place of death as the reporting facility.

Consolidated Vital Statistics and AHCA Follow-Back (Casefinding Audits).

The Integrated Vital Statistics and AHCA Follow-Back will be available via FCDS IDEA following the June 30 Reporting Deadline.

The facility abstractor will need to research these cases to determine if the patient did expire at the facility and whether or not the case meets the cancer reporting requirements. If any case is found to meet the reporting requirements, the case must be abstracted and reported to FCDS.

For each case that will not be reported to FCDS or did not expire at the reporting facility, FCDS requires a brief statement be submitted that sufficiently explains why the case will not be reported. Please reference the Death Clearance Disposition Codes Listing below for “reason not reported to FCDS”.

Code	Description
0	Pending Follow Back
1	Missed Case - Case Abstracted & Reported by Facility
2	N/R - Tumor was Not Malignant - Behavior = 0 or 1
3	N/R - NonReportable Skin Cancer - Site=C44.* and Morph = 8000 to 8110
4	N/R - No Evidence of Cancer at This Time - NED
5	N/R - Consultation Only
6	N/R - Cancer Not Proven - Equivocal
7	Case Previously Reported to FCDS by this Facility
8	N/R - Outpatient Record with No Active Cancer Documented in Record
9	N/R - Insitu Cancer of Cervix or CIN III, VIN III, VAIN III, PIN III
10	N/R - Other
11	Case Abstracted by Facility but Not found in FCDS Masterfile
12	N/R - No Mention of Cancer in Medical Record
13	This follow-back code no longer valid
14	N/R - Non-Reportable Myeloproliferative Disease - Dx Prior to 2001
15	N/R - Case DX Prior to FCDS Reference Date - Same Cancer/Same Facility
16	N/R - Benign or Borderline Brain/CNS Tumor Dx Prior to 2004
20	Unknown if Reportable - No Record of this Patient at this Facility
21	Unknown if Reportable - Lost Medical Record
30	Unknown if Reportable - No Follow-Back Info ever Returned by Facility
40	N/R - Special Case - Other
41	This Vital Statistics Record Matches an AHCA Record- For FCDS Use Only
50	Hospice Case - Not A Hospital
51	Transitional Care Center - Not A Hospital
52	Not A Hospital, NOS
53	Closed Facility - No Records Available
54	Nursing Home Death or Residence Death, Not A Hospital Death
55	DCO Replaced by Non-DCO- For FCDS Use Only
56	Report Source 7 or 8 is corrected and does not link back to proper Pt.
57	Demographic information changed. Death Certificate linkage was lost.

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

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

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

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

The QC Abstract Review Case Selection Process is fully automated and randomly selects one of every 25th record processed, which accounts for 4% of cases being visually reviewed for accuracy. Each case selected is placed in a QC file ready for visual review by the FCDS QC staff. Records with discrepant data must be resolved by the reporting facilities through FCDS IDEA by making return comments on each case (agree/disagree/add documentation to support original coding/other rationale).

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

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

This process also serves as an educational tool for new and experienced registrars regarding where they have deficiencies in their abstracting tool kit and what they should be doing when abstracting specific cases by providing comment on a case-by-case basis.

Registry Managers should always share results with staff member 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 synch with national reporting standards and guidelines.

New QC Review Report Available in IDEA

FCDS is happy to announce the addition of a new QC Report for hospitals. The report can be found under the QC Tab in IDEA. It is called the 'QC Review Report' or 'QC Facility Analysis' and 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 time period for the report. And, the report will display every single case that FCDS Visually Edited (QC Review – Every 25th Case) and the Result of that Review (See Below).

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

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

FCDS has no plans to add the FCDS Abstractor Code to this report - ever. We want to keep this information at the facility level, not the individual abstractor level. Why? The QC Sample is not a large enough sample of any single person's work to be used in a performance evaluation. FCDS highly recommends that nobody tries to incorporate this report into any annual performance reviews. It would not be a fair assessment.

Accession	Receipt	Completed	Turnaround	Corrected	Forced	Deleted	No Changes
	04/16/2020	08/10/2020	116	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	12/30/2020	01/17/2021	18	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	05/04/2020	07/01/2020	58	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	01/20/2020	03/02/2020	42	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	12/22/2020	01/13/2021	22	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	12/14/2020	01/10/2021	27	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	07/30/2020	10/02/2020	64	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
	08/27/2020	10/19/2020	53	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

5. FCDS Follow-Up Reports in IDEA

FCDS makes available updated/consolidated First Course of Treatment Data and Follow-Up Dates (including Dates of Death) 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 office or other setting (not at your facility). This report is available to HOSPADMIN and FAA roles in FCDS IDEA.

All you need to do is provide the inquiry system with your 4-digit Facility Number, Accession Number and Sequence Number. The system will find your individual case to verify that you have reported the cancer to be matched. Then the system will pull down all of the First Course of Therapy Data (including start dates – but not the treatment text) from all facilities who have reported the cancer and have provided treatment data...this is via the ‘Consolidated Tumor Record’ a single-source FCDS Record that provides a summary of all of the data submitted to FCDS for this person for this cancer.

This report may provide you with more treatment data than you had access to 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 at this time...but, it will give you a more complete course of Treatment Given for this cancer.

The report can be run one case at a time or in a batched 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 that has been 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. And, 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 format of the file...any of these inconsistencies will result in a ‘no-match’ for the case. And, you can either display the results on your screen, export them to a comma-delimited file, tab-delimited file, or export them to an Excel formatted file for review & entry.

6. On-Site or Remote Access Re-Abstracting Audits

The FCDS Quality Control staff and/or outside contract agents working on behalf of FCDS will perform on-site or remote access review of abstracting procedures by auditing individual reports and/or entire medical records of cases previously submitted to FCDS. The data validation or re-abstracting audit serves to verify that coded data submitted to FCDS can be validated when compared to original source documents at the hospital or central registry level. Discrepant data are followed back to the originating institution for clarification.

Reconciliation of the Re-abstracting Audit: Key data items will be evaluated and any discrepancy noted between the auditor’s findings and the original abstract findings will be returned to the facility for reconciliation. If the auditor’s findings are disputed, documentation must be submitted to clarify the originally abstracted codes.

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

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

8. FCDS Abstractor Code Policy

Every registrar/abstractor planning to work in the State of Florida is required to obtain an individual FCDS Abstractor Code. This code is assigned by FCDS to persons who

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successfully pass the FCDS Abstractor Code On-Line Examination, regardless of certification by NCRA as a CTR, experience in the registry industry, or other factors. As of January 1, 2013, any individual planning to acquire a New FCDS Abstractor Code or planning to Renew an Existing FCDS Abstractor Code must take and pass the FCDS Abstractor Code Exam. Registration for testing and real-time on-line testing can be found on the FCDS website.

The FCDS Abstractor Code Requirement has been FCDS Policy for many years and applies to every cancer registrar working in the state of Florida (CTR or non-CTR, Florida resident or out-of-state contractor, regardless of number of years' experience). FCDS will not accept cases from individuals without an Active/Current FCDS Abstractor Code.

While the FCDS Abstractor Code Requirement Policy remains unchanged, the FCDS Abstractor Code Exam is a tool introduced to help FCDS expedite FCDS Abstractor Code approvals, renewals, and monitoring. Exams 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 most current standards are familiar to the tester. Questions are selected at random from a pool of more than 350 questions covering 7 major topic areas. No two exams will be alike.

Before taking the exam, please read through and become familiar with the FCDS DAM to ensure you understand all of the Florida abstracting and data collection requirements. The current version FCDS DAM can be found on our website, <http://fcds.med.miami.edu>. There are a few Florida-specific requirements critical to complete reporting in Florida that many out-of-state registrars miss – reporting of non-analytic cases and all historical cancers.

FCDS monitors use of individual codes and is alert to the practice of sharing abstractor codes for new staff, temporary staff, and even permanent staff.

Please be secure with your abstractor code, abstracted data, personal information, and all confidential materials.

A breach of confidentiality and/or of protected personal health information or PHI, also known as a HIPAA Violation, may result in substantial civil monetary penalties (up to \$1.5 million in a single calendar year) and/or criminal penalties of up to 10 years in federal prison.

Personal Health Information (PHI) includes:

- Patient name, address including street, city, county, zip code and equivalent geo codes,
- Name of relatives,hgggg
- Name of employers,
- All elements of date pertaining to 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

FCDS Abstractor Code: Every registrar/abstractor planning to work in the State of Florida is required to obtain an individual FCDS Abstractor Code. This code is assigned by FCDS to persons who successfully pass the FCDS Abstractor Code On-Line Examination, regardless of certification by NCRA as a CTR, experience in the registry industry, or other factors. As of January 1, 2013 any individual planning to acquire a New FCDS Abstractor Code or planning to renew an Existing FCDS Abstractor Code must take and pass the FCDS Abstractor Code Exam.

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

FCDS will not accept any cases from individuals without an Active/Current FCDS Abstractor Code.

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

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

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

NOTE: The FCDS Abstractor Code Test Q&A will be updated to the 2021 Standards during the Summer of 2021. This requires a review of every single Q&A and Reference to ensure all Q&A are consistent with 2021 published standards from all sources. Until this update is finalized, FCDS will still be testing on 2018 standards. FCDS will bring the Abstractor Code Test Q&A up to current as soon as possible. There may be some interim confusion between published standards as instructions have changed since 2018 when the Q&A were last updated. Please be patient while FCDS continues to update resources for 2021. Thank you.

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)
- 2021 Latest Rule Changes
- Treatment and Survival

Standard References Used for Testing (2021 Updates):

- FCDS DAM (current version)
- 2021 Casefinding List
- ICD-O-3.2
- 2018 Solid Tumor Rules (current – December 2020)
- 2018 Hematopoietic/Lymphoid Neoplasms and Database Use (current online version)
- SEER Summary Staging Manual 2018, September 2020 version
- 2021 Required by FCDS Site-Specific Data Items, v2.0
- 2018 Grade Coding Manual, v2.1
- SEER*Rx (current online version)
- SEER Self-Instruction Manuals (basics for anatomy/physiology/medical terminology)
 - ◇ Book 2 – Cancer Characteristics
 - ◇ Book 3 – Tumor Registrar Vocabulary: Composition of Medical Terms
 - ◇ Book 4 – Human Anatomy as Related to Tumor Formation

WHO NEEDS TO TAKE THE FCDS ABTRACTOR CODE EXAM?

- ✓ Individuals hoping to acquire a NEW FCDS Abtractor Code will need to take the New FCDS Abtractor Code Exam.
- ✓ If an individual's FCDS Abtractor Code has been expired for greater than 2 years, the individual must re-apply and take and pass the New FCDS Abtractor Code Exam.

WHO NEEDS TO TAKE THE FCDS ABTRACTOR CODE RENEWAL EXAM?

- ✓ Individuals with an ACTIVE (not yet expired) FCDS Abtractor Code will be required to take and pass the FCDS Abtractor Code Renewal Exam once their code has expired.
- ✓ Individuals with an EXPIRED FCDS Abtractor Code will be required to take the FCDS Abtractor Code Renewal Exam each year in order to keep their FCDS Abtractor Code current and to renew their individual FCDS Abtractor Code, annually.

3. Case Abstracting Requirements – Timeliness

Individual cases **must be abstracted no later than six months** after the date of first contact with the reporting facility. The only exceptions to this reporting timeline are the free-standing ambulatory surgical centers who are reporting under the Ambulatory Centers Cancer Reporting Program.

Cases may be abstracted earlier than six months after the date of first contact, but only if the required information regarding first course of therapy is available and complete.

DO NOT SEND INCOMPLETE RCRS (Rapid Case Reporting System) CASES TO FCDS.

All cases meeting the reporting requirements outlined in Section I.A must be abstracted following the guidelines set forth in Section II of this document. Questions regarding the interpretation of individual data items should be referred to the FCDS office.

Note: The ACoS CoC changed CoC Cancer Program Standard 5.2 (abstracting timeliness) on 1/1/2014. This is a change for CoC Cancer Program Accreditation (only) and does not change the Florida 6-month reporting requirement or the FCDS June 30th Deadline.

Why? Florida Statute requires that cases be completely abstracted (all information must be included regarding the diagnosis, staging, first course of treatment, cancer progression or recurrence) within 6-months of first patient encounter for cancer at your facility.

Note: The CoC FORDS 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 treatment has been investigated and documented in the original abstract sent to FCDS and the final abstract that is sent to the NCDB.

All abstracts are required to pass the FCDS EDITS metafile.

9. Admissions by Facilities Report

FCDS Data Acquisition staff will review the Admissions by Facilities Report (an internal FCDS report) on a regular basis. This report makes a comparison of observed to expected numbers of cases reported by each facility for any time 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.

Either FCDS Staff or a representative of the Department of Health will notify facilities that have not reported the expected number of cases.

These same data are included in the Quarterly Activity Report.

10. Facility Timeliness Report

FCDS Data Acquisition staff will review the Facility Timeliness Report on a regular basis. This report shows the average amount of time (in days) that it takes the reporting facility to submit a case to FCDS.

It specifically; 1) calculates the difference between the date the reporting facility had the first contact with the patient and the date the case was abstracted, 2) calculates the difference between the date the case was abstracted and the date the case entered the FCDS Master File, and 3) calculates the difference between the date the reporting facility first had contact with the patient and the date the case entered the FCDS Master File.

The time between the date the reporting facility had contact with the patient and the date the case entered the FCDS Master File should be 180 days or less. These same data are included in the Quarterly Activity Report (see Section Forms).

11. Other Quality Control Studies and Audits

FCDS Quality Control staff will run quarterly reports to help identify areas of concern regarding reporting by individual facilities. These quarterly reports will be used to identify trends in case reporting that may need to be addressed at a facility or at 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.

12. Facility Evaluation Report

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

13. 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.

SECTION I: GUIDELINES FOR CANCER DATA REPORTING

The percent of “unknown” and “ill-defined” values is an indicator used in ranking Florida’s overall data quality and completeness of case reporting and 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 upon cancer reporting as data are available.

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

Note: 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 as an assessment of our state-wide data.

4. Data Requests

Before submitting an application for data you are strongly advised to review the new Automated Data Request instructional videos on the FCDS Data Request Web page. The tutorials explain how to navigate the DREAMS system. FCDS will no longer accept paper applications.

Procedures for Data Release

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

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

There are instructional videos for each category of request. Please refer to the respective video on the FCDS Data Request web page before you begin your automated data request.

There are four separate and distinct entities involved in the data release approval process.

The number of entities involved in processing your request depends on several factors. Please refer to the specific category to see which entities are involved.

- 1) **Florida Cancer Data System (FCDS)** maintains and collects the data. FCDS performs data extracts after approvals are obtained from Florida DOH Cancer Registry Program (CRP) and if required from Florida DOH IRB (IRB).
- 2) **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 proposed research. The CRP will also decide whether or not the application will require Florida DOH IRB approval. *It is essential that CRP approval is obtained prior to submitting for IRB approval.*
- 3) **Florida DOH IRB (IRB)** reviews data applications to ensure it is ethical, and that participants are protected. *The DOH IRB submission is outside of DREAMS.*
- 4) **Florida DOH Vital Statistics (VS)** requires requestor to submit an application 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, dependent on cell size, geographic level, source, variable(s) requested, etc.

2 reviewed to make sure that application complete and all information has been submitted before forwarding to the CPR for approval; not reviewed for scientific merit.

DATA REQUEST CATEGORIES(1) Stat Data Request

Currently, FCDS provides one static dataset. ***This is a flat file. You will need some type of software to read in the data and analyze it (i.e. SAS, SPSS, SQL).*** For a complete list of variables contained 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 requestor review the STAT layout.pdf prior to applying for a stat dataset.

The stat dataset is available free of charge; it contains county level case data for all sites, with many of the demographic variables collapsed into aggregate groups, i.e. age, race, marital status, etc. Refer to the Stat layout.pdf for the variables included in the dataset and to the aggregated demographic variables. Please log into 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 will need to 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 being 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 prior to filling out the DREAMS application for this type of request.

Entities involved in approving the Stat dataset: FCDS.

(2) Tabular Data

These types of requests concern requests that require output in the form of tables or some specific statistical output. An example of tabular data in a table could be a table such as

	Gender	
Cancer Site	Male	Female
Colon	A	B
Rectum	C	D

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

In an effort 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 it is needed in your application; this will information will be needed by the CRP.

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

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

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

Entities involved in approving tabular requests: FCDS and possibly CRP and VS. VS approval is only required for those studies wanting to obtain variables derived from death certificates

(3) Ad hoc

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

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

Note: approval for ad hoc/patient requests by Florida Department of Health (CRP & IRB) can take anywhere from 8 weeks to 18 months, depending on complexity of the request and thoroughness of the application. Please plan accordingly.

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

Please watch the Ad Hoc Request Video prior to making this type of request.

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

(4) Data Linkage

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

Fields used in the linkage must be consistent in both data sets. The researcher should send FCDS the data in a fixed length ASCII file with the proper record layout and format. (Refer to Data Linkage Record Layout document). Any deviations from the record layout or format which 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 and we strongly encourage you to submit these data items if available.

FCDS will fill data linkage requests within 8 weeks once the request and cost have been approved. Currently FCDS uses a combination of R and Stata for data linkages. Requests using other software can be considered but likely will result in additional fees and time, in which case the 8 week time frame does not apply and the researcher may be charged additional fees. A copy of the required record layout “Data Linkage Record Layout” is available under the “Data Request” link on the FCDS web site <http://fcds.med.miami.edu> .

Please note that all linkages must occur at the office of the Florida Cancer Data System. No offsite linkages are permitted.

Please watch the Data Linkage Request Video prior to making this type of request.

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

(5) Hospital Data Requests

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

You must be the Facility Access Administrator (FAA) in order to access this module.

You will be able to 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 prior to making this type of request.

Entities involved in approving hospital specific requests: FCDS

Fees and Billing Procedure

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

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

- Data Linkage:

	<i>Number of Records</i>	<i>Cost</i>
Sliding scale:	<10,000	\$3,000
	10,000 – 24,999	\$2,500 fee plus .05 cents per record
	25,000 – 49,999	\$3,000 fee plus .03 cents per record
	50,000 – 99,999	\$3,500 fee plus .02 cents per record
	100,000 – 249,999	\$4,000 fee plus .015 cents per record
	250,000+	\$5,000 fee plus .011 cents per record

- Geocoded & Patient Contact lists

	<i>Number of Records</i>	<i>Cost</i>
Sliding scale:	<10,000	\$1,500
	10,000 – 24,999	\$2,000
	25,000 – 49,999	\$2,500
	50,000 – 99,999	\$3,000
	100,000 – 249,999	\$3,500
	250,000+	\$4,000

Please note:

The billing procedure is as 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 the results of the data request or linkage from DREAMS. Payment may be made by check, purchase order or credit card.

Data linkage fees are charged for those projects involving the matching of 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 Director of the FL DOH Office of Communications at 850-245-4111.

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

K. FCDS MANAGEMENT REPORTS

FCDS Quarterly Activity Status Report

This report summarizes the FCDS file activity for each facility on a quarterly basis. Every facility should have some file activity during every quarter of the year. The report documents information about the number and quality of cases submitted during the previous quarter, timeliness of reporting, and also provides an annual incidence and completeness summary, which compares observed-to-expected numbers of cases reported for the year. (See Forms Section)

FCDS Data Quality Indicator Report

This report is a scaled down model of a similar report the CDC National Program of Cancer Registries (NPCR) provides to Florida and each NPCR state as an assessment of state-wide data. The report reflects 5 years of 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 percent of “unknown” and “ill-defined” values in certain variables is a data quality indicator used to rank Florida’s overall data quality and completeness of the data for each case reported and is used when comparing Florida data to other states for overall data reliability. These data are also indicators of problem areas where FCDS and local registries can improve upon cancer reporting as data are available.

Annual AHCA Unmatched Report

The AHCA Unmatched Report and subsequent follow-back procedures are used to assess casefinding completeness at the facility level.

Consolidated AHCA and Vital Statistics Follow-Back Reports (Casefinding Audits).

Consolidated AHCA and Vital Statistics Follow-Back Reports will be available via FCDS IDEA following the June 30 Reporting Deadline.

Annual Bureau of Vital Statistics Unmatched Report

FCDS staff will perform annual matching of the FCDS Master File to the Florida Bureau of Vital Statistics death files. FCDS will provide the reporting facility with a list of unmatched Vital Statistics cases (deaths) that show the place of death as the reporting facility.

Consolidated Vital Statistics and AHCA Follow-Back Reports (Casefinding Audits).

Consolidated Reports Vital Statistics and AHCA Follow-Back Reports will be available via FCDS IDEA following the June 30 Reporting Deadline.

FCDS EDITS Master List

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

L. AWARDSJean Byers Memorial Award for Excellence in Cancer Registration

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

Criteria for receipt of the Jean Byers Award and the Pat Strait Award are based on a standard set of criteria that meet or exceed the completeness, timeliness and accuracy requirements determined by FCDS and CDC. The criteria may change between years, depending on annual reporting conditions but generally are a factor of a combination of successful data quality metrics including; Reporting Deadline, percent of missed cases as determined using AHCA and Vital Statistics Matching and Follow-Back Results (missed cases cannot exceed 10% of the facility's annual caseload), and other established data quality indicator metrics.

M. FCDS GENERAL MAILING INSTRUCTIONS:DO NOT MAIL ANY MATERIALS CONTAINING PERSONAL HEALTH INFORMATION

In order to protect and properly handle all packages FCDS is making the following recommendations:

1. We ask that if you are mailing a package to FCDS use Federal Express, UPS, Airborne Express or any other type of courier service.

- a. The FCDS street address below must be used for courier packages:

FCDS
University of Miami School of Medicine
1550 NW 10 AVE
Room 410
Miami, FL 33136

Include the following text on a separate header page in the package.

- b. Always request a signature upon delivery.
 - c. Make sure that the addressee at FCDS knows that she/he is to expect a package.
 - d. Track the package to ensure that it has reached its destination. You may want to explore the e-mail tracking and notification features that the courier of choice offers.
2. **For non-confidential information**, if using US Postal Service, which may include Express mail, Priority mail, and Certified mail, you must use the FCDS PO Box address below:

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

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

N. CALENDAR/FORMS/TEMPLATES/SAMPLE REPORTS

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

**FCDS 2021-2022 Reporting Years
Calendar and FCDS Recurring Deadlines**

Dates Subject To Change

Patient Encounter for Cancer	Case Should Be Reported
ALL 2020 CASES DUE 6/30/2021	ALL 2020 CASES DUE 6/30/2021
START REPORT OF 2021 CASES – 7/1/2021	START REPORT OF 2021 CASES – 7/1/2021
January 2021	July 2021
February 2021	August 2021
March 2021	September 2021
April 2021	October 2021
May 2021	November 2021
June 2021	December 2021
July 2021	January 2022
August 2021	February 2022
September 2021	March 2022
October 2021	April 2022
November 2021	May 2022
December 2021	June 2022
ALL 2021 CASES DUE 6/30/2022	ALL 2021 CASES DUE 6/30/2022

RECURRING DEADLINES		
Monthly	FC Review/Inquiry	Cases with FC Review Inquiry or correction(s) must be reviewed and responded to monthly
Monthly	QC Review/Inquiry	Cases with QC Review Inquiry or correction(s) must be reviewed and responded to monthly
June 30	Annual Reporting Deadline	All cases from previous calendar year must be reported to FCDS on or before June 30 th each year
October 15	Consolidated Follow-Back Deadline	All unmatched cases from the combined AHCA and Vital Records Death Match must be resolved 7/15-10/15 each year
Varies	FAPTP Follow-Back Deadline	All unmatched cases from FAPTP must be resolved each year

FCDS PROFILE MODIFICATION FORM

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

The form is available in the following formats:

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

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

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

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

Complete each field using the guidelines as listed below.

Today's Date:

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

Facility Name:

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

Process Request:

ADD – To add a facility or profile

UPDATE - To update an existing facility or profile.

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

Facility Type:

Select Facility type from the drop down menu

AHCA# (up to 10 digits)

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

This number can be up to 10 digits .

CLIA# (10 digits: ex. 10D9999999)

(Required field for Laboratories)

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

NPI# (10 digits)

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

FCDS PROFILE MODIFICATION FORM

FCDS Facility # (4-digits)

If adding a facility leave field blank.

Once a **new** facility/profile is processed the facility will be assigned a FCDS facility number.
This information will be forwarded to the facility contact.

Option: (Required field)

Select appropriate option from the pull down list.

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

OPTION CODES

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

FCDS PROFILE MODIFICATION FORM

FCDS Profile Information:

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

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

Complete and Submit:

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

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

FCDS PROFILE MODIFICATION FORM

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

SUBMIT



Discrepancy Journal

4/10/2018 2:57:57 PM

Page: 1 of 1

Medical Facility:			Region:			Option:		
Abs	Accession	Seq	Abstract Type	Patient Name	Receipt	Site	DX Date	Initials
*** Master contains 1 other Sequence(s) ***			Medical Record #:	SSN:	DOB:			
Error:938	Force:N	If a patient has a race code of 01 (white), it must be the last recorded race for that patient; that is, the last race code not coded to 88 or spaces.						
<i>Discrepant Data:</i>			<i>Edit: Race 1, Race 2, Race 3, Race 4, Race 5 (SEER IP93) [Tag:N0628] [Agency:FCDS]</i>					
			<i>E: 0938: A race code of 01 (white) must be the last recorded race</i>					
			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						
<i>Discrepant Data:</i>			<i>Edit: Rad--Regional RX Modality, Reason for No Rad (COC) [Tag:N0574] [Agency:FCDS]</i>					
			<i>E: 1149: If Rad--Regional RX Modality (26) = 20-98, Reason for No Radiation (1) must = 0 and vice versa</i>					
			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						
<i>Discrepant Data:</i>			<i>Edit: Reason for No Rad, RX Summ--Radiation (FCDS) [Tag:PL1728] [Agency:FCDS]</i>					
			<i>E: 1265: If Reason for No Radiation = 1, RX Summ--Radiation must = 0</i>					
			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						
<i>Discrepant Data:</i>			<i>Edit: RX Date Radiation, Date Flag (COC) [Tag:PL1128] [Agency:FCDS]</i>					
			<i>E: 0537: If RX Date Radiation is blank, corresponding flag must = 10-12, 15</i>					
			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						
<i>Discrepant Data:</i>			<i>Edit: Surgery, Radiation, Surg/Rad Seq (FCDS) [Tag:PL1431] [Agency:FCDS]</i>					
			<i>E: 1316: If RX Summ--Surg Prim Site=50 and Rad--Regional RX Modality=26, RX Summ--Surg/Rad Seq cannot be 0</i>					
			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 = 1-8, then RX Summ--Surg/Rad Seq must = 2-7, or 9						
<i>Discrepant Data:</i>			<i>Edit: Surgery, Rad Summ, Surg/Rad Seq (FCDS) [Tag:PL1430] [Agency:FCDS]</i>					
			<i>E: 1319: If RX Summ--Surg Prim Site=50 and RX Summ--Radiation=2, RX Summ--Surg/Rad Seq cannot be 0</i>					
			RX Summ--Surg/Rad Seq(1582) [0]					

Cases Reviewed but Not Reported - Not Reportable List

This is an example of a handwritten log of medical records that you would have reviewed but decided the cancer was N/R or Not Reportable for some reason. Please describe why you did not report a cancer on a casefinding list as Reason N/R

Most software vendors provide a mechanism to automatically capture and store this information.

Keeping a list of NOT REPORTED CANCERS and WHY YOU DID NOT REPORT THEM will help with audits.

Facility Name _____

Facility Number _____

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

REASON NOT REPORTED CODES

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

Date

Florida Cancer Data System Quarterly Cancer Case Reporting Status Report

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

Quarterly Activity Summary

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

New Data Submitted:

Total number of cases electronically submitted for this quarter

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

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

File Activity:

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

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

Annual Case Submission Summary

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

Admission Year/Case Count	Average # Cases Reported =	
2021		
2020		<u>% Complete for</u>
2019		<u>Reporting Year</u>
2018	Actual	Expected
2017		

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

FCDS Data Quality Indicator Report

The Florida Cancer Data System (FCDS) is charged with providing the highest quality data available in annual cancer surveillance reporting to 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 model of a similar report the CDC National Program of Cancer Registries (NPCR) provides to Florida and each NPCR state as an assessment of our state-wide data.

The FCDS Data Quality Indicator Report reflects 5 year comparison data as in sample below showing 2013-2017 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 percent of “unknown” and “ill-defined” values in certain variables is a data quality indicator used to rank Florida’s overall data quality and completeness of the data for each case reported and is used when comparing Florida data to other states for overall data reliability. These data are also indicators of problem areas where FCDS and local registries can improve upon cancer reporting as data are available. Goals have been established nationally by NPCR or by FCDS.

Florida Cancer Data System - Facility Data Quality Indicator Report (DQIR) for 2020											
Analytic cases ¹ (received by 4/5/2020)											
	Goals	2018		2017		2016		2015		2014	
		Facility %	Florida Facilities %	Facility %	Florida Facilities %	Facility %	Florida Facilities %	Facility %	Florida Facilities %	Facility %	Florida Facilities %
Total Analytic Cases		1,308	115,848	1,609	126,620	1,860	126,000	1,830	121,678	1,630	117,388
Demographics											
Sex											
Sex Unknown (9)	< 2%	0.000	0.009	0.000	0.018	0.000	0.009	0.000	0.013	0.000	0.023
Race											
Race Other, NOS (98)	< 3%	0.765	1.647	0.947	1.743	0.914	1.503	0.820	1.384	0.855	1.249
Race Unknown (99)	< 3%	1.070	0.798	0.296	0.800	0.430	0.984	0.109	1.582	0.061	1.844
Ethnicity											
Ethnicity Unknown (9)	< 3%	0.382	0.393	0.237	1.211	0.215	0.853	0.219	0.828	0.244	0.966
Primary Payor at DX											
Primary Payor Unknown (99)	< 3%	1.453	0.960	1.066	1.360	0.860	1.482	1.038	1.363	0.794	1.232
Tobacco Use											
Tobacco Use - Cigarette Unknown (9)		6.422	10.860	2.783	13.018	1.452	11.566	2.459	10.559	38.523	9.541
Tobacco Use - Other Unknown (9)		7.263	17.953	6.750	19.095	16.720	18.963	12.350	19.604	42.063	17.952
Tobacco Use - Smokeless Unknown (9)		5.581	17.415	6.276	10.761	17.258	18.656	11.639	19.335	41.697	17.567
Tobacco Use - NOS Unknown (9)		6.040	18.072	5.625	10.581	17.043	18.269	11.803	18.477	41.636	17.346
Marital Status at DX											
Marital Status Unknown (9)	< 5%	1.453	2.649	3.197	2.829	3.172	2.605	3.137	2.614	2.259	2.573
Social Security Number											
Missing/impossible SSN	< 3%	15.061	10.677	11.901	7.969	10.806	6.175	11.749	5.300	9.585	4.028
Address at DX											
Ungeocodable (certainty 9) ²	< 2%	0.000	0.001	0.000	0.076	0.000	0.061	0.000	0.009	0.000	0.004
PO Boxes (certainty 5) ²	< 2%	0.232	1.731	0.240	1.664	0.439	1.825	0.334	1.918	0.557	1.896
Tumor Characteristics											
Diagnostic Confirmation											
Not Microscopically Confirmed (5-8)	< 5%	4.128	0.330	3.789	0.419	4.946	0.382	3.770	0.295	3.541	0.332
DX Method Unknown (9)	< 5%	0.459	0.243	0.829	0.236	0.269	0.282	0.164	0.265	0.183	0.323
Topography											
Ill-Defined Sites ³	< 1%	2.294	1.402	1.954	1.656	1.452	1.648	1.639	1.652	1.954	1.780
Histology/Grade											
Morphology Non-specific (8000-8005)	< 5%	1.835	1.802	1.650	2.000	2.097	1.909	1.475	1.980	1.343	2.001
Grade Unknown (excludes C80.9)	< 35%			40.793	35.327	43.656	34.652	40.656	34.660	41.209	35.476
Stage											
Summary Stage ⁴	< 5%	3.199	6.067	5.625	6.932	5.376	6.739	3.716	4.995	3.846	5.196
SSN											
Grade Clinical		53.364	47.095								
Grade Pathological		52.752	52.644								
Brain Molecular Markers		8.333	16.576								
Breslow Thickness		46.667	39.930								
Estrogen Receptor Summary		2.649	4.029								
Fibrosis Score		87.500	83.604								
HER2 Overall Summary		19.536	20.478								
Microsatellite Instability (MSI)		21.335	36.999								
Progesterone Receptor Summary		2.649	6.816								
PSA Lab Value		16.129	12.390								
LDH Pretreatment Lab Value		84.667	93.759								

¹ DQI now run by Diagnosis date

² Analytic according to FCDS (class of case: 0 - 22 or 34 - 42)

³ Percentages based on analytic cases of Florida residents at time of DX only.

⁴ Definition changed in 2018 and ill-defined and Unknown primary are now combined

⁵ Derived SS 2000 DX years 2014-2015, direct coded SS 2000 DX years 2016-2017, direct coded SS 2018 DX year 2018

SECTION II: GENERAL ABSTRACTING INSTRUCTIONS

SECTION II: GENERAL ABSTRACTING INSTRUCTIONS

It is the responsibility of every abstractor working in the state of Florida (including contract abstractors) to know the full content of the latest *FCDS Data Acquisition Manual (FCDS DAM)* and to update it upon receipt of any change from FCDS. Should you need training in cancer registry data collection, please visit the FLccSC Learning Management System and consider taking the FCDS Abstracting Basics Course to gain a better understanding of the skills and training required to meet FCDS abstracting requirements and the national standards used when abstracting and coding cancer cases. Note: This course is being updated.

This manual is intended to explain in detail each data item required for Florida Cancer Data System (FCDS) case reporting. It should be used as the primary information resource for any data item that must be coded and documented in accordance with Florida cancer reporting rules and statutes. Descriptions are only intended to provide sufficient detail to achieve consensus in submitting the required data. In no way does this manual imply any restriction on the type or degree of detail information collected, classified or studied within any healthcare facility-based cancer registry. Special Use Fields are available as needed.

Basic Rules:

- 1) Always refer to the most current version of the *FCDS Data Acquisition Manual* when completing an abstract. The CoC STORE Manual may provide slightly different instructions for coding or abstracting of data items. However, the STORE Manual, the NAACCR Volume II Data Dictionary and the SEER Coding and Staging Manual should essentially be comparable in content, rules, instructions, and examples provided to ensure consistent coding across programs.
- 2) Always submit a separate abstract for each reportable primary neoplasm identified.
- 3) Text is required to adequately justify ALL coded values 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 Details of Treatment 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 within text in each section to provide a chronology of events, imaging, lab tests, surgeries, and other anti-neoplastic treatments. Dates may be estimated and should be documented as estimated dates when necessary. Specifics of all treatments delivered are required including chemotherapeutic and other anti-neoplastic agents, radiation therapy details, and treatment given outside your specific facility as noted in H&P, Consultation Reports, or other documentation.

Please refer to Appendix L of this manual for specific text documentation instructions/examples.

Basic Rules For Date Fields:

- 1) Dates are transmitted in a format widely accepted outside of the registry setting. The format is CCYYMMDD. However, this does not necessarily mean that the way dates are entered into your registry software has changed. Software providers are the primary resource for information about fields in their own systems. Only valid portions of any date are to be transmitted. For each date field, there is an associated date flag item. The date flag fields will be used to record the reason why a date is not known.
- 2) 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 these new requirements beginning 8/1/2019. All Treatment (surgery, radiation, chemo, etc.) also requires 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.

REGISTRY INFORMATION

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

Data Items Included In This Section

<u>NAACCR Item Number</u>	<u>Item Name</u>
540	Reporting Facility
550	Accession Number – Hospital
560	Sequence Number – Hospital
580	Date of First Contact
581	Date of First Contact Flag
2300	Medical Record Number – EXPANDED TO 15 CHARACTERS
2090	Date Case Completed/Date Abstracted
570	Abstracted By (FCDS Abstractor Code)
2152	CoC Accredited Flag
500	Type of Reporting Source

REPORTING FACILITY**NAACCR ITEM #540**

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

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

Coding Instructions

1. Enter the four-digit FCDS-assigned Facility Number from Appendix A.
2. The FCDS Facility Number is not the same as the FORDS Facility ID Number (FIN).
3. Each facility participating in a shared or network cancer registry must use the unique respective facility number unless the registry has been approved/designated an umbrella organization by FCDS.
4. Cases must be abstracted and reported separately for each facility according to Florida statute unless otherwise designated.
5. The four-digit reporting facility number must be right justified.

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

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

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

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

Format: The first four digits of the Accession Number specify the year in which the patient first had contact with the reporting facility in the format CCYY. The last five digits are the sequential/numeric order in which the registry entered the case into the database.

Each patient receives only one accession number from your facility for a lifetime, regardless of the facility “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.

When a patient is deleted from the database, **do not re-use the accession number** for another patient.

Multiple primary reportable malignant neoplasms in one patient are designated by successive sequence numbers. Therefore, when submitting abstracts for multiple primary neoplasms for one patient at the same time, use the same FCDS accession number for every cancer reported.

SEQUENCE NUMBER-HOSPITAL**NAACCR ITEM #560**

Enter the two-digit sequence number that corresponds to this primary tumor. This data item records the chronological appearance of each reportable primary malignant and non-malignant neoplasm over the entire lifetime of the person, regardless of where they were diagnosed or treated.

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

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

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

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

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

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

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

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

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

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

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

DATE OF FIRST CONTACT**NAACCR ITEM #580**

Enter the year, month, and day (CCYYMMDD) of the patient's first contact with the reporting facility for the diagnosis and/or treatment of the tumor, whether as an inpatient or an outpatient for 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 that was collected as part of surgical resection or biopsy performed during a long-term in-patient admission.

When a diagnosis of cancer is made during a patient's long-term stay for another condition, the date the patient was first examined for the cancer-related problem should be used as the Date of First Contact. If the case was initially diagnosed at autopsy, the Date of Death should be used as the Date of First Contact as well as for the Date of Diagnosis.

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

DATE OF FIRST CONTACT FLAG**NAACCR ITEM #581**

This flag explains why there is no value in the corresponding date field, Date of 1st Contact.

Coding Instructions

1. Leave this item blank if *Date of First Contact* (NAACCR Item #580) has a full or partial date recorded.
2. Code 12 if the *Date of First Contact* cannot be determined at all.

Code	Description
12	A proper value is applicable but not known (that is, the date of first contact is unknown).
(blank)	A valid date value is provided in item <i>Date of First Contact</i> (NAACCR Item #580).

MEDICAL RECORD NUMBER**NAACCR ITEM #2300**

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

DATE CASE COMPLETED/DATE ABSTRACTED**NAACCR ITEM #2090**

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

To CoC accredited facilities: Please do not submit incomplete Rapid Cancer Reporting System (RCRS) abstracts to FCDS. Please wait until ALL first course therapy has been completed. FCDS continues to monitor patient/cancer to ensure first course therapy is consistent with stage of disease and specific biomolecular and genetic tumor markers for targeted therapies. Do not send cases too early.

ABSTRACTED BY (FCDS ABTRACTOR CODE)**NAACCR ITEM #570**

Enter the three-digit FCDS Abstractor Code of the person abstracting this case. Each abstractor that submits cases to FCDS must have her/his own 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.

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

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

COC ACCREDITED FLAG**NAACCR ITEM #2152**

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

CoC-accredited facilities are required to collect certain data items including TNM staging. The flag is a means of incorporating the accredited status into abstracts at the time of abstraction by someone who has knowledge of the status. The flag thus simplifies validating that required items have been abstracted by CoC-accredited facilities.

Codes

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

TYPE OF REPORTING SOURCE**NAACCR ITEM #500**

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

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

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

Code	Label	Source Documents	Priority
1	Hospital inpatient; Managed health plans with comprehensive, unified medical records	<ul style="list-style-type: none"> Hospital inpatient ; Includes outpatient services of HMOs and large multi-specialty physician group practices with unit record. <ul style="list-style-type: none"> 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)	<ul style="list-style-type: none"> Facilities with serial record (not a unit record) Radiation treatment centers Medical oncology centers (hospital affiliated or independent) <p>There were no source documents from code 1.</p>	2
3	Laboratory Only (hospital-affiliated or independent)	<ul style="list-style-type: none"> Laboratory with serial record (not a unit record) <p>There were no source documents from codes 1, 2, 8, or 4.</p>	5
4	Physician's Office/Private Medical Practitioner	<ul style="list-style-type: none"> Physician's office that is NOT an HMO or large multi-specialty physician group practice. <p>There were no source documents from codes 1, 2 or 8</p>	4
5	Nursing/Convalescent Home/Hospice	<ul style="list-style-type: none"> Nursing or convalescent home or a hospice. <p>There were no source documents from codes 1, 2, 8, 4, or 3.</p>	6
6	Autopsy Only	<ul style="list-style-type: none"> Autopsy <p>The cancer was first diagnosed on autopsy.</p> <p>There are no source documents from codes 1, 2, 8, 4, 3 or 5.</p>	7
7	Death Certificate Only	<p>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</p>	
8	Other hospital outpatient units/surgery centers	<ul style="list-style-type: none"> Other hospital outpatient units/surgery centers. Includes, but not limited to, outpatient surgery and nuclear medicine services. <p>There are no source documents from codes 1 or 2.</p>	3

PATIENT DEMOGRAPHICS

The Patient Demographics section of the abstract includes the set of data items used to describe personal information about an individual patient. When grouped, these data can be used to study how cancer rates differ by geographic location, as well as what groups are at a higher risk of certain types of cancer. Much of the information in this section is confidential in nature and can be used to identify individual patients. Care must be taken at all times to assure patient confidentiality when reporting cases.

Data Items Included in this section:

<u>NAACCR Item Number</u>	<u>Item Name</u>
2230	Name – Last
2240	Name – First
2250	Name – Middle
2280	Name – Alias
2232	Name – Birth Surname – NEW DATA ITEM
2315	Medicare Beneficiary ID – NEW DATA ITEM
2320	Social Security Number
240	Date of Birth
241	Date of Birth Flag
252	Birthplace State
254	Birthplace Country
220	Sex
160	Race 1
161	Race 2
162	Race 3
163	Race 4
164	Race 5
190	Spanish/Hispanic Origin
150	Marital Status
9960	Height at Diagnosis (inches)
9961	Weight at Diagnosis (lbs.)
9965	Tobacco Use – Cigarette
9966	Tobacco Use – OthSmoke
9967	Tobacco Use - NOS
9968	Tobacco Use – NOS
2335	Addr at DX - Supplemental
2330	Addr at DX – No & Street
70	Addr at DX – City
80	Addr at DX – State
102	Addr at DX – Country
100	Addr at DX – Postal Code
90	County at DX
2350	Addr Current – No & Street
1810	Addr Current – City
1820	Addr Current – State
1832	Addr Current – Country
1830	Addr Current – Postal Code
1840	County--Current
2360	Telephone Current
630	Primary Payer at DX

2460	Physician – Managing
2465	NPI – Managing Physician
2475	NPI – Following Physician
2485	NPI – Primary Surgeon
2495	NPI – Physician #3 (Radiation Oncologist)
2505	NPI – Physician #4 (Medical Oncologist)
310	Text – Usual Occupation
320	Text – Usual Industry

NAME – LAST**NAACCR ITEM #2230**

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

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

NAME – FIRST**NAACCR ITEM #2240**

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

NAME – MIDDLE**NAACCR ITEM #2250**

Enter the patient’s middle name or middle initial with no special characters (e.g., no periods). If the patient does not have a middle name or if the middle name is unknown, leave this field blank.

NAME – ALIAS**NAACCR ITEM #2280**

Enter the patient’s alternate name or “AKA” (also known as), if known. You may also enter postscripts in this field such as “Junior”, “Senior”, etc. Note that the maiden name is entered in Name-Maiden field.

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

This is a new data item 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 not known or not applicable. Do not enter Mr, Mrs, Ms, Unknown, Unk or other non-surnames in this field.

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

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

Every person with Medicare has been assigned an MBI. The MBI is confidential like the SSN 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 not available, the patient is a non-Medicare patient, or the number is unknown.

SOCIAL SECURITY NUMBER (SSN)**NAACCR ITEM #2320****SOCIAL SECURITY NUMBER IS STILL A FLORIDA REQUIREMENT ON ALL CASES.**

Please Reference APPENDIX Q - FLORIDA DEPARTMENT OF HEALTH LETTER Regarding Patient Social Security Number – A Florida Mandated Data Item printed on Florida DOH Letterhead.

Enter the patient's complete nine-digit Social Security Number.

The Social Security Number is entered without dashes and without 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 are unable to access the patient social security number through your electronic medical record you must work with your in-house IT security and records access contacts to ensure you have access to this item. It is required in the Florida Statute for Reporting Cancers to FCDS.

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

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

DATE OF BIRTH**NAACCR ITEM #240**

Identifies the date of birth of the patient. **Coding Instructions**

1. Record the patient's date of birth as indicated in the patient record. For single-digit day or month, record with a lead 0 (for example, September is 09). Use the full four-digit year for year.
2. For *in utero* diagnosis and treatment, record the actual date of birth.
3. If only the patient age is available, calculate the year of birth from age and the year of diagnosis and
4. leave day and month of birth unknown (for example, a 60 year old patient diagnosed in 2010 is calculated to have been born in 1950).
5. If month is unknown, the day is coded unknown. If the year cannot be determined, the day and month are both coded unknown.
6. If the date of birth cannot be determined at all, record the reason in *Date of Birth Flag* (NAACCR Item #241)

DATE OF BIRTH FLAG**NAACCR ITEM #241**

This flag explains why there is no appropriate value in the corresponding date field, *Date of Birth*.

Coding Instructions

1. Leave this item blank if *Date of Birth* (NAACCR Item #240) has a full or partial date recorded.
2. Code 12 if the *Date of Birth* cannot be determined at all.

Code	Description
12	A proper value is applicable but not known (that is, the date of first contact is unknown).
(blank)	A valid date value is provided in item <i>Date of Birth</i> (NAACCR Item #240).

BIRTHPLACE STATE**NAACCR ITEM #252**

Enter the two-character United States Postal Service abbreviation (Appendix B) for the state, commonwealth, U.S. possession; or Canadian province/territory in which the patient was born.

Do not use State Code XX, YY, or ZZ for Canadian-born patients or patients born in a US Territory, US Possession, or while deployed out of the United States as part of the military or other federal service.

If the patient has multiple primaries, the state of birth is the same for each tumor.

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

BIRTHPLACE COUNTRY**NAACCR ITEM #254**

Enter the three-character International Organization for Standardization (ISO) Country Code abbreviation (Appendix B) for the country in which the patient was born.

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

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

Please refer to Appendix B for specific ISO Country Codes.

SEX**NAACCR ITEM #220**

Enter the appropriate Sex code.

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

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

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

Refer to the **Race Coding Instructions Supplement** and to Appendix D (**Race and Nationality Descriptions from the 2000 Census and Bureau of Vital Statistics**) for guidance.

Code	Label	Code	Label
01	White	20	Micronesian, NOS
02	Black	21	Chamorro/Chamoru
03	American Indian, Aleutia, Alaskan Native or Eskimo (includes all indigenous populations of the Western hemisphere)	22	Guamanian, NOS
04	Chinese	25	Polynesian, NOS
05	Japanese	26	Tahitian
06	Filipino	27	Samoan
07	Hawaiian	28	Tongan
08	Korean	30	Melanesian, NOS
		31	Fiji Islanders
10	Vietnamese	32	New Guinean
11	Laotian	96	Other Asian, including Asian, NOS and Oriental, NOS
12	Hmong	97	Pacific Islander, NOS
13	Kampuchean	98	Other
14	Thai	99	Unknown
15	Asian Indian or Pakistani, NOS		
16	Asian Indian		
17	Pakistani		

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

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

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

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

Code	Label
0	Non-Spanish; non-Hispanic (including Portuguese and Brazilian)
1	Mexican (includes Chicano)
2	Puerto Rican
3	Cuban
4	South or Central American (except Brazil)
5	Other specified Spanish/Hispanic origin (includes European; excludes Dominican Republic)
6	Spanish, NOS; Hispanic, NOS; Latino, NOS (There is evidence other than surname or r maiden name that the person is Hispanic, but he/she cannot be assigned to any category of 1-5.)
7	Spanish surname only (The only evidence of the person's Hispanic origin is surname or maiden name and there is no contrary evidence that the person is not Hispanic.)
8	Dominican Republic
9	Unknown whether Spanish or not

MARITAL STATUS**NAACCR ITEM #150**

Enter the patient's Marital Status at the time of diagnosis of the primary being reported. If the patient has multiple primaries, marital status may be different for each primary. If a patient is younger than 15 years of age, assume he/she is single and code 1.

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

HEIGHT AT DIAGNOSIS**NAACCR ITEM #9960**

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

See Appendix J for converting feet to inches.

Coding Instructions

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

Code "98" for 98 inches or greater.

Code "99" for unknown height.

Code "99" for historical cases.

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

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

You can use the following on-line conversion calculator: http://manuelweb.com/in_cm.htm
If you have trouble opening this link from this file, copy and paste the address into your browser.

WEIGHT AT DIAGNOSIS

NAACCR ITEM #9961

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

See Appendix -K for converting kilograms to pounds.

Coding Instructions

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

Code "999" for unknown weight.

Code "999" for historical cases.

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

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

TOBACCO USE

NAACCR ITEM #9965, 9966, 9967, 9968

Records the patient's past or current use of tobacco. Tobacco use should be recorded from sections such as the Nursing Interview Guide, Flow Chart, Vital Stats or Nursing Assessment section, or other available source from the patient's hospital medical record or physician office record. Please be sure to document type of tobacco consumption in text, especially when using Tobacco Use NOS for e-cigarette/vaporizer.

These data items are strictly for Tobacco Use. There is currently no place to document or code use of any other smoke-able products such as marijuana. Code Tobacco UseNOS for use of e-cigarettes and vaping.

The collection of Tobacco Use is divided into three general types of tobacco products plus a fourth unspecified code for when tobacco use is indicated, but the type is not specified:

- **Item 9965 - TobaccoUseCigarette** -Cigarette smoking
- **Item 9966 - TobaccoUseOtherSmoke** - Smoking tobacco products other than cigarettes (e.g., pipes, cigars, kreteks)
- **Item 9967 - TobaccoUseSmokeless** - Smokeless tobacco products (e.g, chewing tobacco, snuff, etc.)
- **Item 9968 - TobaccoUseNOS** - Tobacco, NOS – **includes use of e-cigarettes and vaporizers**

Codes	Description
0	Never used
1	Current user
2	Former user, quit within one year of the date of diagnosis
3	Former user, quit more than one year prior to the date of diagnosis
4	Former user, unknown when quit
9	Unknown/not stated/no smoking specifics provided

If the medical record only indicates “No,” use code 9 (Unknown/not stated/no smoking specifics provided) rather than “Never used.” If the medical record indicates “None,” use 0 (“Never Used”).

ADDR AT DX – SUPPLEMENTAL

NAACCR ITEM #2335

Enter the name of the place where the patient lived at the time of diagnosis, such as, a nursing home, or the name of an apartment complex.

The Supplemental address field is to be used to record the name of a place, not an address.

For example, “WEST WOOD RETIREMENT HOME” would be entered in the Supplemental Address field and it is not acceptable in the standard address fields.

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

ADDR at DX – NO & STREET

NAACCR ITEM #2330

Enter the number and street or the rural mailing address of the patient’s residence at the time of diagnosis, including apartment number. Leave blanks between numbers and words. If the patient has multiple primaries, the address may be different 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.

For analytic cases the address at diagnosis will usually be the patient’s current address.

For non-analytic cases, the address at diagnosis may not be the patient’s current address. Review of 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 place the patient was staying 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 residents of the facility.

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.

ADDR at DX – CITY

NAACCR ITEM #70

Enter the name of the city or town in which 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 be different 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 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 residents of the facility.

Persons in the Armed Forces and or Maritime Ships: Members of the armed forces are residents of the installation area. Use the stated city address for military personnel and their family. Military personnel may use the installation address or the surrounding community’s address.

The Census Bureau has detailed residency rules for Navy personnel, Coast Guard, and maritime ships. Refer to Census Bureau publications for detailed rules.

ADDR at DX – STATE**NAACCR ITEM #80**

USPS abbreviation for the state, territory, commonwealth, U.S. possession, or Canada Post abbreviation for the Canadian province/territory in which the patient resides at the time the reportable tumor is diagnosed.

If the patient has multiple primaries, the state of residence may be different for each tumor.

Codes (in addition to USPS abbreviations)

CD	Resident of Canada, NOS (province/territory unknown)
US	Resident of United States, NOS (state/commonwealth/territory/possession/unknown)
XX	Resident of country other than the United States (including its territories, commonwealths, or possessions) or Canada, and country is known
YY	Resident of country other than the United States (including its territories, commonwealths, or possessions) or Canada, and country is unknown
ZZ	Residence unknown

FCDS Address field requirements:

Address 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

ADDR at DX – COUNTRY**NAACCR ITEM #102**

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

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

Refer to Appendix B for specific ISO Country Codes.

ADDR at DX – POSTAL CODE**NAACCR ITEM #100**

For Canadian residents, use 999999999. If using the FCDS IDEA Upload program only, Canadian valid Zip codes (ANANAN format) will be replaced with 999999999 at time of upload. For Single Entry users, Canadian residents must have 999999999 in the Zip code.

Current Zip (Postal) Code and postal directories are available from the National Information Data Center, PO Box 96523, Washington, DC 200900-6523 or call (301) 287-2347. Most major cities have a telephone listing, which you may call for Zip (Postal) Code information. Many mailing address look-up services are also available on the Internet, including http://www.usps.com/ncsc/lookups/lookup_zip+4.html.

COUNTY at DX**NAACCR ITEM #90**

Code for the county of the patient's residence at the time 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, the county codes may be different for each tumor.

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

Codes (in addition to FIPS)

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

FCDS Address field requirements:

Address At Dx - State	Class of Case	Address Status	County	Zip Code
FL	00-30,34-43	Full Address Required	Valid FL	Valid FL
FL	31-33	Full Address allowed but Unknown is permitted	Valid FL,999	Valid FL,99999
Non-FL exclude XX,YY,ZZ,US Possessions and Canada	00-14,34,35,38,40,41,42	Full Known Address Required	998	State Zip
Non-FL exclude XX,YY,ZZ,US Possessions and Canada	20-33,36-37,43	Full Address allowed but Unknown is permitted	998	State Zip, 99999
XX,YY	00-99	Unknown Permitted	998	88888
ZZ	00-99	Unknown Permitted	999	99999
Canada and US Possessions	00-99	Unknown Permitted	998	99999

ADDR CURRENT – NO & STREET**NAACCR ITEM #2350**

Enter the address number & street of the patient’s current and usual residence. Leave a blank between numbers and words.

The Census Bureau definition of residence is “the place where he or she lives and sleeps most of the time or the place the person considers to be his or her usual home.”

Do not abbreviate street names.

If the patient has multiple primaries, the address may be different 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 residents of the facility.

Persons in the Armed Forces and or Maritime Ships: Members of the armed forces are residents of the installation area. Use the stated city address for military personnel and their family. Military personnel may use the installation address or the surrounding community’s address.

The Census Bureau has detailed residency rules for Navy personnel, Coast Guard, and maritime ships. Refer to Census Bureau publications for detailed rules.

ADDR CURRENT – CITY**NAACCR ITEM #1810**

Enter the name of the city or town of the patient’s current and usual residence. If the patient resides in a rural area, record the name of the city used in their mailing address.

Persons with More than One Residence (summer and winter homes, “snowbirds”): Use the city address the patient specifies if a usual residence is not apparent.

Persons with No Usual Residence (transients, homeless): Use the city address of the place the patient was staying when the cancer was diagnosed. This could be a shelter or the diagnosing facility.

Person Away at School: College students are residents of the school area. Boarding school children below college level are residents of their parents’ home.

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

Persons in the Armed Forces and or Maritime Ships: Members of the armed forces are residents of the

installation area. Use the stated city address for military personnel and their family. Military personnel may use the installation address or the surrounding community's address.

The Census Bureau has detailed residency rules for Navy personnel, Coast Guard, and maritime ships. Refer to Census Bureau publications for detailed rules.

ADDR CURRENT – STATE

NAACCR ITEM #1820

USPS abbreviation for the state, territory, commonwealth, U.S. possession, or Canada Post abbreviation for the Canadian province/territory of the patient's current usual residence. If the patient has multiple tumors, the current state of residence should be the same for all tumors.

Codes (in addition to the U.S. and Canadian postal service abbreviations)

CD	Resident of Canada, NOS (province/territory unknown)
US	Resident of United States, NOS (state/commonwealth/territory/possession unknown)
XX	Resident of country other than the United States (including its territories, commonwealths, or possessions) or Canada, and country is known
YY	Resident of country other than the United States (including its territories, commonwealths, or possessions) or Canada, and country is unknown
ZZ	Residence unknown

FCDS Address field requirements:

Address Current - State	Class of Case	Address Status	County	Zip Code
FL	00-99	Full Known Address Required	Valid FL	Valid FL
Non-FL exclude XX,YY,ZZ, US Possessions and Canada	00-99	Full Known Address Required	998	State Zip
XX,YY	00-99	Unknown Permitted	998	88888
ZZ (NOT ALLOWED)				
US Possessions and Canada	00-99	Unknown Permitted	998	99999

ADDR CURRENT – COUNTRY

NAACCR ITEM #1832

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

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

Refer to Appendix B for specific ISO Country Codes.

ADDR CURRENT – POSTAL CODE

NAACCR ITEM #1830

For United States residents, enter either the 5-digit or the extended 9-digit Zip code. When the 9-digit extended Zip code is not available, 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 8888888888.

For Canadian residents, enter 999999999. If using the FCDS IDEA Upload program only, Canadian valid Zip codes (ANANAN format) will be replaced with 999999999 at time of upload. For Single Entry users, Canadian residents must have 999999999 in the Zip code.

Current Zip (Postal) Code and postal directories are available from the National Information Data Center, PO Box 96523, Washington, DC 200900-6523 or call (301) 287-2347. Most major cities have a telephone listing, which you may call for Zip (Postal) Code information. Many mailing address look-up services are also available on the Internet, including http://www.usps.com/ncsc/lookups/lookup_zip+4.html.

COUNTY – CURRENT

NAACCR ITEM #1840

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. If any residence is out of Florida, the county 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)

999 COUNTY UNKNOWN

Use code 998 for Canadian residents.

FCDS Address field requirements:

Address Current - State	Class of Case	Address Status	County	Zip Code
FL	00-99	Full Known Address Required	Valid FL	Valid FL
Non-FL exclude XX,YY,ZZ, US Possessions and Canada	00-99	Full Known Address Required	998	State Zip
XX,YY	00-99	Unknown Permitted	998	88888
ZZ (NOT ALLOWED)				
Canada and US Possessions	00-99	Unknown Permitted	998	99999

TELEPHONE CURRENT

NAACCR ITEM #2360

Enter the current telephone number with area code for the patient. Do not enter dashes or spaces.

0000000000 Patient does not have a telephone

9999999999 Telephone number unavailable or unknown

PRIMARY PAYER at DX**NAACCR ITEM #630**

Enter the Primary Payer code that corresponds to the patient's primary method of payment 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 the type 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 persons who are uninsured 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 persons who are uninsured, 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

Code	Label	Description
65	TRICARE	Department of Defense program providing supplementary civilian-sector hospital and medical services beyond a military treatment facility to military personnel, retirees, and their dependents. Formally CHAMPUS (Civilian Health and Medical Program of the Uniformed Services).
66	Military	Military personnel or their dependents who are treated in a military facility
67	Veterans Affairs	Veterans who are treated in Veterans Affairs facilities
68	Indian/Public Health Service	Patient who receives care at an Indian Health Service facility, a Public Health Service facility or at another facility, and the medical costs are reimbursed by the Indian Health Service or the Public Health Service.
99	Insurance status unknown	It is unknown from the patient's medical record whether or not the patient is insured.

PHYSICIAN – MANAGING**NAACCR ITEM #2460**

Enter the appropriate identifying code for the managing or attending physician who has responsibility for the patient at the reporting facility. Generally, each facility assigns their own coding scheme to physicians on staff. If the physician is no longer on staff, enter the FCDS facility number or enter the physician's last name. Use leading zeros when necessary to right justify.

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

Identifies the physician who is responsible for the overall management of the patient during diagnosis And/or treatment of this cancer. You may search for NPI standard provider ID numbers at <https://nppes.cms.hhs.gov/nppes/npiregistrysearch.do?subaction=reset&searchtype=ind>

Coding Instructions

- 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 <https://nppes.cms.hhs.gov/NPPES/NPIRegistrySearch.do?subAction=reset&searchType=ind>.
- NPI should be recorded as available.
- NPI may be left blank.

Blanks are allowed in this field when data are not available. 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. However, FCDS recognizes these items may not be available or may not be applicable to all cases.

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

NPI – FOLLOWING PHYSICIAN**NAACCR ITEM #2475**

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

Coding Instructions

- 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.

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

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 <https://nppes.cms.hhs.gov/NPPES/NPIRegistrySearch.do?subAction=reset&searchType=ind>.
- 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).

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

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

Coding Instructions

- 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.

NPI – PHYSICIAN #4 (MEDICAL ONCOLOGIST)**NAACCR ITEM #2505**

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

Coding Instructions

- 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.

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

Enter sufficient text to document the patient’s usual occupation, also known as the type of job or kind of work performed during most of the patient’s working life before diagnosis of cancer. Occupation is the type of job the patient was engaged in for the longest time prior to a cancer diagnosis. It is not necessarily the highest paid job nor is it the job considered the most prestigious, but 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.

Do enter “Unknown” when no information is available.

If the patient has never worked, record “never worked” as the Usual Occupation.

If the patient was a housewife/househusband and also worked outside the home during most of his/her adult life, record the Usual Occupation outside of the home.

If the patient was a housewife/househusband and did NOT work outside of the home for most of his/her adult life, record “housewife” or househusband.”

The reference guide, “A Cancer Registrar’s Guide to Collecting Industry and Occupation”, DHHS (NIOSH) Publication No. 2011-173, is available free of charge in PDF format from CDC and NIOSH at <http://www.cdc.gov/niosh/docs/2011-173/pdfs/2011-173.pdf> and includes Tips on capturing these data.

TEXT – USUAL INDUSTRY**NAACCR ITEM #320**

Industry is the type of business or industry where the patient worked in his or her usual occupation. Example: Healthcare. Industry is a broader term than occupation. It encompasses the environment in which the occupation took place. Enter sufficient text to document the patient’s usual occupation.

Be sure to distinguish among “manufacturing,” “wholesale,” “retail,” and “service” components of an industry, that performs more than one of these components. If the face sheet identifies the employer, and the chart does not specify the industry, enter the name of the employer instead of the industry.

The reference guide, “A Cancer Registrar’s Guide to Collecting Industry and Occupation”, DHHS (NIOSH) Publication No. 2011-173, is available free of charge in PDF format from CDC and NIOSH at <http://www.cdc.gov/niosh/docs/2011-173/pdfs/2011-173.pdf> and includes Tips on capturing these data.

TUMOR INFORMATION

The Tumor Information section includes the set of data items used to describe the cancer or tumor being reported. It includes when and where the cancer was first diagnosed, the anatomic location and type of cancer, staging and other descriptive information used to characterize the cancer at the time of diagnosis.

Data Items Included in This Chapter

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

Reference: 2021 SEER Coding and Staging Manual – Appendix C: Site Specific Coding Modules
<https://seer.cancer.gov/tools/codingmanuals/index.html>

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

Records the first date of diagnosis of cancer as noted by any physician for the tumor reported. 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 NO LONGER ACCEPTED BY FCDS.

DO NOT USE THE DATE OF ADMISSION TO YOUR FACILITY AS A PROXY FOR DATE OF DIAGNOSIS.

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

Positive Tumor Markers alone are NEVER diagnostic of cancer. Diagnostic Confirmation = 5 is not allowed.

Use the date of clinical diagnosis, positive imaging, or positive histologic/cytological confirmation as the date of diagnosis – never the date of a positive tumor marker. No tumor marker alone is specific enough to diagnose cancer.

FCDS Requirement for Unknown Date of Diagnosis for all cases

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

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 new requirement.

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

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

Below is a revised set of instructions and guidelines for estimating the Date of Diagnosis when no information or limited information is available in a medical record. See Instructions 22 & 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.

Do not use the Date of Admission as the proxy for the Date of Diagnosis.

Often, the History and Physical or a Consultation Report will provide clues to aid in estimating a date of diagnosis. Key words and phrases such as recently, a few months ago, or in the distant past can provide hints to when a patient was diagnosed without providing an exact year or date. However, registrars can use these key words and phrases to guide them when determining an estimated date of diagnosis. Some medical record histories provide no clues 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 this primary reportable neoplasm is recognized by a medical practitioner. It may be diagnosed clinically, by imaging or microscopically. The date is the FIRST DATE, regardless of whether the diagnosis was made at the reporting facility or elsewhere.

The initial diagnosis date may be from a clinical diagnosis or other 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 at a later date on biopsy/resection, the (clinical or other acceptable testing) date of diagnosis remains the date of the initial diagnosis.

Date of Diagnosis Coding Instructions:

1. NEVER LEAVE THE DATE OF DIAGNOSIS BLANK.
2. NEVER ENTER 99/99/9999 FOR DATE OF DIAGNOSIS.
3. Use the first date of diagnosis whether clinically or histologically established or when an acceptable laboratory or genetic test is allowed to be used as a confirmation of a cancer diagnosis.
4. When diagnostic imaging or other test confirms a diagnosis (including when the diagnosis uses one of the “Ambiguous Terms” defined in Section I), the date of diagnosis is the date of the first diagnosis from positive imaging, allowable confirmatory diagnostic testing, or biopsy/resection.
5. **2019 Clarification for Use of Breast Imaging Dates:** Breast Imaging includes 2D/3D Mammography, MRI or other imaging technique with a diagnosis of BIRADS Category 4 (suspicious for cancer) or BIRADS Category 5 (positive for cancer). This is an “exception” to Instruction 4.
 - a. A positive/suspicious mammogram alone should never be used to code the date of diagnosis.
 - b. A positive/suspicious mammogram date should be used as the date of diagnosis ONLY when the patient goes on to subsequently have a positive biopsy and/or resection that confirms the suspicious abnormality is in fact a malignancy.
6. 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.
7. Refer to the list of “Ambiguous Terms” in Section I for language that represents a diagnosis of cancer. This list should be used for both clinical and pathological first confirmation of cancer.
8. 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.
9. 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.
10. 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. DO NOT CODE the Date of First Admission as Dx Date
11. 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. This would include sputum smears, bronchial brushings, bronchial washings, prostatic secretions, breast secretions, gastric fluids, spinal fluid, peritoneal fluid, urinary sediment, and cervical and vaginal smears. This does not include FNA. Use the date of clinical, histologic, or positive cytologic confirmation as the date of diagnosis.

12. **Positive tumor markers alone are never diagnostic of cancer.** There may be rare exceptions that may use a combination of clinical and laboratory tests to confirm a diagnosis – but not a lab test or tumor marker, alone. The combination of a positive digital rectal exam or DRE plus an elevated PSA can be used as a clinical diagnosis of prostate cancer. These are rare exceptions. In most cases, you will still use the date of imaging, histologic, or positive cytologic confirmation as the date of diagnosis.
13. 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.
14. 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.
15. Treatment dates may not be coded to unknown.
16. 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.
17. 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.
18. 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.
19. 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.
20. Use the actual date of diagnosis for an in utero diagnosis (For cases diagnosed before January 1, 2009, assign the date of birth).
21. In the absence of a definitive diagnosis date for patient undergoing first course therapy at the reporting facility the date of first cancer-directed therapy may be recorded as the date of diagnosis.
22. **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.**
23. If a registrar wants to estimate month and day – they can decide whichever dates best suit the case.
24. **FINAL RESORT FOR ESTIMATING DATE OF DIAGNOSIS:**
 - a. Always take into account the chronology of previous diagnosis of cancer and adjust the below recommendations to take the age of the patient and the chronology of diagnoses into account.
 - b. FCDS Cancer Site-Specific Estimates when no information available except ‘history of xyz cancer’. The below estimates are suggestions for a date of diagnosis of last resort and must take the chronology of the other cancers, initial course of therapy, and other factors into account.
 - c. FCDS Cancer Site-Specific estimates are loosely based on the Solid Tumor Rules, estimated time to recurrence or progression, expected lifespan, and/or FCDS experience applying the Solid Tumor Rules over many years and as available. These estimates are far from perfect and must always be used with caution taking into account all other factors available in the patient’s age and medical history.
 - i. Head and Neck Sites – at least 3 years prior to admission
 - ii. Colon/Rectosigmoid/Rectum Sites – at least 5 years prior to admission
 - iii. Lung – at least 3 years prior to admission
 - iv. Kidney – at least 5 years prior to admission
 - v. Cutaneous Melanoma – at least 1 year prior to admission
 - vi. Breast – at least 5 years prior to admission
 - vii. GYN Sites – at least 5 years prior to admission
 - viii. Urinary Sites – at least 3 years prior to admission
 - ix. Prostate – at least 5 years prior to admission

- x. Malignant Lymphoma – at least 3 years prior to admission
- xi. Chronic Leukemia – at least 5 years prior to admission
- xii. Myeloproliferative/Myelodysplastic Neoplasms – at least 5 years prior to admission AND diagnosed after 2001 which is the year these cancers became reportable to FCDS
- xiii. Benign Brain Tumors – at least 5 years prior to admission AND diagnosed after 2004 which is the year these cancers became reportable to FCDS.
- xiv. Malignant Brain Tumors – at least 1 year prior to admission
- xv. Other Sites – at least 5 years prior to admission

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

DATE OF DIAGNOSIS FLAG**NAACCR ITEM# 391**

This flag explains why there is no value in the corresponding date field, Date of Diagnosis [Item # 390].

Code	Description
12	A proper value is applicable but not known (that is, the date of diagnosis is unknown).
(blank)	A valid date value is provided in item Date of Diagnosis (NAACCR Item #390) or the date was not expected to have been transmitted

TEXT – PLACE OF DIAGNOSIS**NAACCR ITEM #2690**

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

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

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

CLASS OF CASE**NAACCR ITEM #610**

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

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

- Code 00 applies only when it is known the patient went elsewhere for treatment. If it is not known that the patient actually went somewhere else, code *Class of Case* 10.
- A staff physician (codes 10-12, 41) is a physician who is employed by the reporting facility, under contract with it, or a physician who has routine practice privileges there. Treatment provided in a staff physician's office is provided "elsewhere". That is because care given in a physician's office is not within the hospital's realm of responsibility.
- If the hospital has purchased a physician practice, it will be necessary to determine whether the practice is now legally considered part of the hospital (their activity is coded as the hospital's) or not. If the practice is not legally part of the hospital, it will be necessary to determine whether the physicians involved are staff physicians or not, as with any other physician.
- "In-transit" care is care given to a patient who is temporarily away from the patient's usual practitioner for continuity of care. If these cases are abstracted, they are *Class of Case* 31. If a patient begins first course radiation or chemotherapy elsewhere and continues at the reporting facility, and the care is not in-transit, then the case is analytic (*Class of Case* 21).

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

Non-Analytic Classes of Case

<i>Patient appears in person at reporting facility</i>	
30	Initial diagnosis and all first course treatment elsewhere AND reporting facility participated in diagnostic workup (for example, consult only) NOTE: The 2010 FORDS Manual changed the definition Class of Case = 30 the CoC added a new component to what previously had been “consult only.” The addition is for cases where the facility is part of the “staging workup after initial diagnosis elsewhere.” These cases are “analytic” to FCDS and in Florida a “consult only” case only refers to a case where the facility provides a second opinion without additional testing.
31	Initial diagnosis and all first course treatment elsewhere AND reporting facility provided in-transit care
32	Diagnosis AND all first course treatment provided elsewhere AND patient presents at reporting facility with disease recurrence or persistence (active disease)
33	Diagnosis AND all first course treatment provided elsewhere AND patient presents at reporting facility with disease history only (disease not active)
34	Type of case not required by CoC to be accessioned (for example, a benign colon tumor) AND initial diagnosis AND part or all of first course treatment by reporting facility
35	Case diagnosed before program’s Reference Date AND initial diagnosis AND all or part of first course treatment by reporting facility
36	Type of case not required by CoC to be accessioned (for example, a benign colon tumor) AND initial diagnosis elsewhere AND all or part of first course treatment by reporting facility
37	Case diagnosed before program’s Reference Date AND initial diagnosis elsewhere AND all or part of first course treatment by facility
38	Initial diagnosis established by autopsy at the reporting facility, cancer not suspected prior to death
<i>Patient does not appear in person at reporting facility</i>	
40	Diagnosis AND all first course treatment given at the same staff physician’s office
41	Diagnosis and all first course treatment given in two or more different staff physician offices
<i>Patient appears in person at reporting facility</i>	
42	Non-staff physician or non-CoC accredited clinic or other facility, not part of reporting facility, accessioned by reporting facility for diagnosis and/or treatment by that entity (for example, hospital abstracts cases from an independent radiation facility)
43	Pathology or other lab specimens only
49	Death certificate only
99	Non-analytic case of unknown relationship to facility (not for use by CoC accredited cancer programs for analytic cases).

DIAGNOSTIC CONFIRMATION**NAACCR ITEM #490**

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

Coding Instructions for Solid Tumors (all tumors *except* ICD-O-3 Histology Codes M9590-9992)

1. The codes are in **priority order**; code 1 has the highest priority. Always code the procedure with the lower numeric value when presence of cancer is confirmed with multiple diagnostic methods. This data item must be changed to the lower (higher priority) code if a more definitive method confirms the diagnosis *at any time during* the course of the disease.

2. Code 1 when the microscopic diagnosis is based on tissue specimens from biopsy, frozen section, surgery, autopsy or D&C or from aspiration of biopsy of bone marrow specimens. Code 1 is the preferred coding for Fine Needle Aspiration (FNA). Pathologists may refer to FNA as ‘FNA Cytology’ – however, ‘cytology’ for cancer registry purposes indicates *cells suspended in body fluids* such as washings, spinal fluid, pleural fluid or peritoneal fluid. FNA does not meet this definition.
3. Code 2 when the microscopic diagnosis is based on cytologic examination of *cells suspended in body fluids* such as sputum smears, bronchial brushings, bronchial washings, prostatic secretions, breast secretions, gastric fluid, spinal fluid, peritoneal fluid, pleural fluid, urinary sediment, cervical smears and vaginal smears, or from paraffin block specimens from concentrated spinal, pleural, or peritoneal fluid. FNA is not classified as ‘cytology’ in cancer registry. FNA is considered a biopsy.
4. Code 5 when the diagnosis of cancer is based on laboratory tests or marker studies which are clinically diagnostic for that specific cancer. To date there is not a single laboratory test that can be used to confirm any patient has evidence of cancer without diagnostic imaging and/or biopsy to support the diagnosis. This code should be used sparingly if at all. Do not use this code.
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.
6. Code 7 is used when the diagnosis is based only on an imaging report finding of primary tumor and/or metastatic tumor on imaging study.
7. Code 8 when the case was diagnosed by any clinical method that cannot be coded as 6 or 7.
8. Code 9 should not be used unless there is absolutely no information or inference of confirmation method used to confirm the patient’s cancer. Do not use this code.

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

Code	Description	Definition
1	Positive histology	Histologic confirmation (tissue microscopically examined) (includes FNA)
2	Positive cytology	Cytologic confirmation (no tissue microscopically examined; fluid suspension with cells microscopically examined).
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 <u>Note: DO NOT USE THIS CODE</u>	A clinical diagnosis of cancer is based on laboratory tests/marker studies which are clinically diagnostic for cancer. Examples include alpha-fetoprotein for liver cancer and abnormal electrophoretic spike for multiple myeloma. Elevated PSA is not diagnostic of cancer. If the physician uses the PSA as a basis for diagnosing prostate cancer with no other workup, record as code 5.
6	Direct visualization without microscopic confirmation	The tumor was visualized during a surgical or endoscopic procedure only with no tissue resected for microscopic examination.

Code	Description	Definition
7	Radiography and other imaging techniques without microscopic confirmation	The malignancy was reported by the physician from an imaging technique report only.
8	Clinical diagnosis only, other than 5, 6 or 7	The malignancy was reported by the physician in the medical record.
9	Unknown whether or not microscopically confirmed <u>Note: DO NOT USE THIS CODE</u>	A statement of malignancy was reported in the medical record, but there is no statement of how the cancer was diagnosed (usually nonanalytic).

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

1. There is no priority hierarchy for coding *Diagnostic Confirmation* for hematopoietic and lymphoid tumors. Most commonly, the specific histologic type is diagnosed by immunophenotyping or genetic testing. See the online *Hematopoietic Database (DB)* for information on the definitive diagnostic confirmation for specific types of tumors.
2. Code 1 when the microscopic diagnosis is based on tissue specimens from biopsy, frozen section, surgery, or autopsy or bone marrow specimens from aspiration or biopsy.
3. For leukemia only, code 1 when the diagnosis is based only on the complete blood count (CBC), white blood count (WBC) or peripheral blood smear. Use code 1 for FNA cytology, bone marrow, peripheral blood, or blood smear for leukemia. Do not use code 1 if the diagnosis was based on immunophenotyping or genetic testing using tissue, bone marrow, or blood.
4. Code 2 when the microscopic diagnosis is based on cytologic examination of *cells* (rather than tissue) including but not limited to spinal fluid, peritoneal fluid, pleural fluid, urinary sediment, cervical smears and vaginal smears, or from paraffin block specimens from concentrated spinal, pleural, or peritoneal fluid. These methods are rarely used for hematopoietic or lymphoid tumors.
5. Code 3 when there is a histology positive for cancer AND positive immunophenotyping and/or positive genetic testing results. Do not use code 3 for neoplasms diagnosed prior to January 1, 2010.
6. Code 5 when the diagnosis of cancer is based on laboratory tests or marker studies. **DO NOT USE THIS CODE – there are no laboratory tests to date that are alone diagnostic of any cancer.**
7. Code 6 when the diagnosis is based only on the surgeon's report from a surgical exploration or endoscopy or from gross autopsy findings without tissue or cytological findings. Code 6 is used for direct visualization of a neoplasm either through an endoscope or viewed with physician eyes.
8. Code 7 is used rarely for hematopoietic neoplasms. However, some neoplasms (brain, lung) may be diagnosed on imaging without additional confirmation of the neoplasm. Use this code sparingly.
9. Code 8 when the case was diagnosed by any clinical method that cannot be coded as 6 or 7.
10. Code 9 should not be used unless there is absolutely no information or inference of confirmation method used to confirm the patient's cancer. **DO NOT USE THIS CODE – EVEN FOR HISTORICAL CASES**
11. Some hematopoietic neoplasms are 'diagnosis by exclusion' when tests for the disease are negative and the physician makes a diagnosis based on information from the clinical presentation and negative tests.

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

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

PRIMARY SITE

NAACCR ITEM#400

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

Coding Instructions

- Record the ICD-O-3 topography code for the site of origin. You can still use the ICD-O-3 purple book for Topography (Primary Site) Coding. None of the Topography Codes have changed.
- Consult the physician advisor to identify the primary site or the most definitive site code if the medical record does not contain that information.
- The ONLY C76.* series code you should ever use is code C76.0 for node positive head and neck cancer without evidence of a primary site. This is the one code that FCDS allows in the C76.* series.

4. Topography codes are indicated by a “C” preceding the three-digit code number. Do not record the decimal point. You can still use the ICD-O-3 purple book for Topography (Primary Site) Coding...none of the Topography Codes have changed.
5. Follow the Coding Instructions in ICD-O-3 and in the most current version of the *SEER Solid Tumor Rulesto* assign primary site for solid tumors.
6. Try not to assign unknown/ill-defined site topography codes; they are general terms/vague anatomy. Unknown/III-Defined Sites Include:069,189, 260-269, 328-329, 390-399, 409, 419, 479, 499, 559, 579, 639, 760-769, 809
7. Follow the instructions in *Hematopoietic and Lymphoid Neoplasm Case Reportability and Coding Manual* and the Hematopoietic and Lymphoid Neoplasms Database (Hematopoietic DB) – 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.
8. Use subcategory 8 for single tumors that overlap the boundaries of two or more sub-sites and the point of origin is not known.
9. Use subcategory 9 for multiple tumors that originate in different subsites of one organ.

Specific Tissues with Ill-Defined Sites

1. Use the alphabetic index in ICD-O-3 to assign the most specific site if only a general location is specified in the record.
2. DO NOT USE TOPOGRAPHY CODES IN THE C76.* SERIES for soft tissue neoplasms or neoplasms of unknown primary. Use the specific soft tissue/connective tissue primary site codes.
3. The ONLY C76.* series code you should ever use is C76.0 for node positive head and neck cancer without evidence of a primary site. This is the one code FCDS allows in the C76.* series.
4. Use the table below to assign primary site when the only information available is the histologic type of tumor and the patient has metastatic disease without an identifiable primary site. The primary site is presumed to be the NOS or “not otherwise specified” primary site code when the histology is known but for which no primary can be found. Do not code these cases to C80.9.

Histologic Type Codes	Histologic Types	Preferred Site Codes for Ill-Defined Primary Sites
8720-8790	Melanoma	C44. _, Skin
8800-8811, 8813-8830, 8840-8921, 9040-9044	Sarcoma except periosteal fibrosarcoma and dermatofibrosarcoma	C49. _, Connective, Subcutaneous and Other Soft Tissues
8990-8991	Mesenchymoma	C49. _, Connective Subcutaneous and Other Soft Tissues

8940-8941	Mixed tumor, salivary gland type	C07. _, for Parotid Gland; C08. _, for Other and Unspecified Major Salivary glands
9120-9170	Blood vessels tumors, Lymphatic vessel tumors	C49. _, Connective Subcutaneous and other Soft tissues
9240-9252	Mesenchymal chondrosarcoma and giant cell tumors	C40. _, C41. _ for bone and cartilage C49. _, Connective, Subcutaneous, and Other Soft tissues
9580-9582	Granular cell tumor and alveolar soft part sarcoma	C49. _, Connective, Subcutaneous and Other Soft Tissues

IMPOSSIBLE PRIMARY SITE/HISTOLOGY COMBINATIONS

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

It is helpful to check medical references or discuss problem cases with the registry’s medical advisors. The suggestions below are a starting point for analyzing an impossible site/morphology combination, but are not a substitute for a medical decision. Reference to the original medical record is always required.

1. Retroperitoneum/Peritoneum and Melanomas: If melanoma is identified in peritoneal or retroperitoneal tissue, it is almost certainly metastatic to that site. Try to identify the primary site of the melanoma. If no primary can be determined, the standard convention in cancer registries is to code the primary site as skin, NOS, C44.9, which puts the case in the most likely site group for analysis. Most histologic type codes for melanomas in ICD-O-3 list skin, C44. _, as the appropriate primary site.
2. Nasal Cavity/Middle Ear/Accessory Sinuses and Osteosarcomas: Osteosarcomas arise in bone, and the specified site code in ICD-O-3 is C40. _ or C41. _. Osteosarcomas arising in the areas of the nose, middle ear, and sinuses should be assumed to have arisen in the bone of the skull and their primary site coded C41.0.
3. Pleura/Mediastinum and Carcinomas or Melanomas: If a carcinoma or melanoma is identified in the pleura or mediastinum, it is almost certainly metastatic to that site. Try to identify the primary site of the carcinoma or melanoma. 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.
4. Peripheral Nerves/Connective Tissue and Carcinomas or Melanomas: If a carcinoma or melanoma is identified in peripheral nerves or connective tissue, it is almost certainly metastatic to that site. Try to identify the primary site of the carcinoma or melanoma. For a carcinoma, if no primary can be determined, code unknown primary site, C80.9. For a melanoma, if no primary can be determined, the standard convention in cancer registries is to code the primary site as skin, NOS, C44.9, which puts the case in the most likely site group for analysis. Most histologic type codes for melanomas in ICD-O-3 list skin, C44. _, as the appropriate primary site.
5. Meninges/Brain/Other CNS and Carcinomas: If a carcinoma is identified in the brain, meninges, or other central nervous system, it is metastatic to that site. Try to identify the true primary site of the carcinoma.

6. Bone and Carcinomas or Melanomas: If a carcinoma or melanoma is defined in the pleura or mediastinum, it is almost certainly metastatic to that site. Try to identify the primary site of the carcinoma or melanoma. For a carcinoma, if no primary can be determined, code unknown primary site, C80.9. For a melanoma, if no primary can be determined, the standard convention in cancer registries is to code the primary site as skin NOS, C44.9, which puts the case in the most likely site group for analysis. Most histologic type codes for melanomas in ICD-O-3 list skin, C44. _, as the appropriate primary site.
7. Ill-defined Sites and Various Histologies: Some histologic types are by convention more appropriately coded to a code representing the tissue in which such tumors arise rather than the ill-defined region of the body, which contains multiple tissues. The table below shows for the histologic types addressed in this edit which site should be used instead of an ill-defined site in the range C76.0-C76.8. (See 2007 Multiple Primary and Histology Coding Rules)

IMPOSSIBLE PRIMARY SITE/HISTOLOGY COMBINATIONS

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

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

Coding Instructions

1. Code laterality for all paired sites. (See Section One for additional information.)
2. For the sites C300, C340, C413, C414, the laterality can be coded 04, or 9.
3. Do not code metastatic sites as bilateral involvement.
4. Where the right and left sides of paired sites (for C441--C447, C700, C710-C714, and C722-C725 ONLY) are contiguous (come into contact) and the lesion is at the point of contact of the right and left sides, use code 5, midline. Most paired sites cannot develop midline tumors. For example, skin of the trunk can have a midline tumor, but the breasts can not.
5. Non-paired sites may be coded right or left, if appropriate. Otherwise, code non-paired sites 0.

Code	Description
0	Organ is not a paired site.
1	Origin of primary is right.
2	Origin of primary is left.
3	Only one side involved, right or left origin unspecified. For in situ cases, if laterality unknown use '3'
4	Bilateral involvement at time of diagnosis, lateral origin unknown for a single primary; or both ovaries involved simultaneously, single histology; bilateral retinoblastoma, bilateral Wilms tumor. A bilateral laterality (4) should be assigned when there are multiple nodules in both lungs
5	Paired site: midline tumor ONLY for C441-C447, C700, C710-C714, and C722-C725
9	Paired site, but no information concerning laterality.

PRIMARY SITES REQUIRING LATERALITY

ICD-O-3	SITES
C07.9	Parotid gland
C08.0	Submandibular gland
C08.1	Sublingual gland
C09.0	Tonsillar fossa

ICD-O-3	SITES
C09.1	Tonsillar pillar
C09.8	Overlapping lesion of tonsil
C09.9	Tonsil, NOS
C30.0	Nasal cavity (excluding nasal cartilage and nasal septum)
C30.1	Middle ear
C31.0	Maxillary sinus
C31.2	Frontal sinus
C34.0	Main bronchus (excluding carina)
C34.1 – C34.9	Lung
C38.4	Pleura
C40.0	Long bones of upper limb and scapula
C40.1	Short bones of upper limb
C40.2	Long bones of lower limb
C40.3	Short bones of lower limb
C41.3	Rib and clavicle (excluding sternum)
C41.4	Pelvic bones (“excluding” not in the sacrum, coccyx and symphysis pubis)
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 - NEW
C44.5	Skin or trunk (midline code “9”)
C44.6	Skin of upper limb and shoulder
C44.7	Skin of lower limb and hip
C47.1	Peripheral nerves and autonomic nervous system of upper limb shoulder
C47.2	Peripheral nerves and autonomic nervous system of lower limb and hip
C49.1	Connective, subcutaneous and other soft tissues of upper limb and shoulder
C49.2	Connective, subcutaneous and other soft tissues of lower limb and hip
C50.0 – C 50.9	Breast
C56.9	Ovary
C57.0	Fallopian tube
C62.0 – C62.9	Testis
C63.0	Epididymis
C63.1	Spermatic cord
C64.9	Kidney, NOS
C65.9	Renal pelvis
C66.9	Ureter
C69.0 – C69.9	Eye and lacrimal gland
C70.0	Cerebral meninges, NOS (excluding diagnoses prior to 2004)
C71.0	Cerebrum (excluding diagnoses prior to 2004)
C71.1	Frontal lobe (excluding diagnoses prior to 2004)

ICD-O-3	SITES
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

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

Code the final pathologic diagnosis for solid tumors.

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

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

Download the Excel Version of the most current ICD-O (ICD-O-3.2) from the IACR/WHO Website at http://www.iacr.com.fr/index.php?option=com_content&view=article&id=149:icd-o-3-2&catid=80&Itemid=545.

Use the FIND feature in Excel to look-up terms and/or codes in conjunction with using the Solid Tumor Rules and/or Hematopoietic Database online version to capture and code the most accurate/current histology code and behavior for any given tumor.

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.

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)

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

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

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

TEXT – HISTOLOGY TITLE

NAACCR ITEM #2590

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

BEHAVIOR ICD-O-3

NAACCR ITEM #523

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

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

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

- Code 3 if any *malignant* invasion is present, no matter how limited.
- Code 3 if any *malignant* metastasis to nodes or tissue beyond the primary is present.
- If the specimen is from a metastatic site, code the histology of the metastatic site and code 3 for behavior.

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

Please note that behavior codes for some neoplasms have changed over time. Some neoplasms have changed from non-malignant to malignant, from invasive to non-invasive, and from not reportable to reportable. Always use the most current version of ICD-O to ensure the histology and the behavior code are current. There are specific changes in this area for 2021 – see the ICD-O-3 Updates in Appendix R.

Note: The ICD-O-3 behavior code for juvenile astrocytoma (9421/1) is coded as 3 by agreement of North American registry standard-setters. Refer to “Case Eligibility” in Section One for information.

Download the Excel Version of the most current ICD-O (ICD-O-3.2) from the IACR/WHO Website at http://www.iacr.com/fr/index.php?option=com_content&view=article&id=149:icd-o-3-2&catid=80&Itemid=545.

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

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

Code	Label	Description
0	Benign	Benign (Reportable for intracranial and CNS sites only)
1	Borderline	Uncertain whether benign or malignant Borderline malignancy Low malignant potential Uncertain malignant potential (Reportable for intracranial and CNS sites only)
2	Insitu and/or carcinoma insitu	Carcinoma in situ; Intraepithelial; Noninfiltrating; Noninvasive
2	Synonymous with Insitu adopted from the SEER Program Coding and Staging Manual	AIN III (C211) Behavior code '2' Bowen disease (not reportable for C440-C449) Clark level I for melanoma (limited to epithelium) Confined to epithelium Hutchinson melanotic freckle, NOS (C44_) Intracystic, non-infiltrating Intraductal Intraepidermal, NOS Intraepithelial, NOS Involvement up to, but not including the basement membrane Lentigo maligna (C44_) Lobular, noninfiltrating (C50_) Noninfiltrating Noninvasive No stromal invasion/involvement Papillary, noninfiltrating or intraductal Precancerous melanosis (C44_) Queyrat erythroplasia (C60_) Stage 0 (except Paget's disease (8540/3) of breast and colon or rectal tumors confined to the lamina propria) VAIN III (C529) VIN III (C51_)
3	Invasive	Malignant, primary site (invasive) or Microinvasive

INTRODUCTION TO CODING GRADE

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

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

DO NOT RELY ON VENDOR PULL DOWN MENU SELECTIONS and GUESS.

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

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

Use the most current version of the Grade Coding Manual, v2.1 and the Grade Tables at <https://apps.naaccr.org/ssdi/list/2.1> for coding instructions and site-specific coding rules for all grades.

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

- If the patient has a biopsy assign the biopsy grade, and a resection assign the pathologic grade.
- If the biopsy/clinical grade is higher than the resection/pathological grade – assign the pathological grade to both the clinical and pathological grade. (IMPORTANT: BUT – don't do the reverse of this and recode the clinical grade to a higher code when the pathological grade is higher.)

Code	Grade Description
1	Site-specific grade system category
2	Site-specific grade system category
3	Site-specific grade system category
4	Site-specific grade system category
5	Site-specific grade system category
8	Not applicable (Hematopoietic neoplasms only)
9	Grade cannot be assessed, Unknown
A	Well differentiated
B	Moderately differentiated
C	Poorly differentiated
D	Undifferentiated and anaplastic
E	Site-specific grade system category
H	High grade
L	Low grade
M	Site-specific grade system category
s	Site-specific grade system category
Blank	(Post therapy only)

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

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

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

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

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

GRADE CLINICAL**NAACCR ITEM 3843**

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

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

GRADE PATHOLOGICAL**NAACCR ITEM 3844**

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

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

Please reference the most current version of the Grade Coding Manual and Grade Tables at <https://apps.naacr.org/ssdi/list/2.1> for detailed coding instructions and site-specific coding rules..

GRADE POST THERAPY CLIN (YC) - NEW**NAACCR ITEM 1068**

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

Please reference the most current version of the Grade Coding Manual and Grade Tables at <https://apps.naacr.org/ssdi/list/2.1> for detailed coding instructions and site-specific coding rules..

GRADE POST THERAPY PATH (YP)**NAACCR ITEM 3845**

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

TUMOR SIZE SUMMARY**NAACCR ITEM #756**

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

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

CODING INSTRUCTIONS

1. All measurements should be in millimeters (mm).
2. Size measured on the surgical resection specimen, when surgery is administered as the first definitive treatment, i.e., no pre-surgical treatment administered.
3. If neoadjuvant (preoperative) therapy followed by surgery, do not record the size of the pathologic specimen. Code the largest size of tumor prior to neoadjuvant (preoperative) treatment; if unknown code size as 999.
4. If no surgical resection, then largest measurement of the tumor from physical exam, imaging, or other diagnostic procedures prior to any other form of treatment.
5. 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.
6. 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.
7. Record the size of the invasive component, if given.
8. Record the largest dimension or diameter of tumor, whether it is from an excisional biopsy specimen or the complete resection of the primary tumor.
9. Record the size as stated for purely in situ lesions.
10. Disregard microscopic residual or positive surgical margins when coding tumor size.
11. Do not add the size of pieces or chips together to create a whole. NEW - The only exception to this instruction is when the pathologist aggregates the size and provides a definite aggregate size in the pathology report final diagnosis. The registrar should never add the size of the specimen, themselves.
12. Multifocal/multicentric tumors: If the tumor is multi-focal or if multiple tumors are reported as a single primary, code the size of the largest invasive tumor or if all of the tumors are in situ, code the size of the largest in situ tumor.
13. Document the information to support coded tumor size in the appropriate text field of the abstract.

Code	Description
000	No mass/tumor found
001	1 mm or described as less than 1 mm
002-988	Exact size in millimeters (2mm-988mm)

989	989 millimeters or larger
990	Microscopic focus or foci only and no size of focus is given
998	<p>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)</p>
999	Unknown; size not stated; Not documented in patient record; Size of tumor cannot be assessed; Not applicable

REGIONAL LYMPH NODES POSITIVE**NAACCR ITEM #820**

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

DO NOT AUTOMATICALLY CODE NODES POSITIVE = 99 and NODES EXAMINED = 99

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

NEW: 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.

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

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

REGIONAL LYMPH NODES EXAMINED**NAACCR ITEM #830**

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

DO NOT AUTOMATICALLY CODE NODES POSITIVE = 99 and NODES EXAMINED = 99.

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

NEW: 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.

NEW: 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

Code	Description
00	No nodes were examined
01-89	1-89 nodes were examined (code the exact number of regional lymph nodes examined)
90	90 or more nodes were examined
95	No regional nodes were removed, but aspiration of regional nodes was performed
96	Regional lymph node removal was documented as a sampling, and the number of nodes is unknown/not stated
97	Regional lymph node removal was documented as a dissection, and the number of nodes is unknown/not stated
98	Regional lymph nodes were surgically removed, but the number of lymph nodes is unknown/not stated and not documented as a sampling or dissection; nodes were examined, but the number is unknown
99	It is unknown whether nodes were examined; not applicable or negative; not stated in patient record

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

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

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

Codes

- 0 Lymph-vascular Invasion stated as Not Present
- 1 Lymph-vascular Invasion Present/Identified
- 2 Lymphatic and small vessel invasion only (L)
- 3 Venous (large vessel) invasion only (V)
- 4 BOTH lymphatic and small vessel AND venous (large vessel) invasion
- 8 Not Applicable
- 9 Unknown/Indeterminate/not mentioned in path report

CANCER STAGING INFORMATION AND REQUIREMENTS BY DATE OF DIAGNOSIS

FCDS Cancer Staging Requirements follow the NPCR Stage Requirements by Year

State and National cancer staging requirements have changed over time. The focus of State and National cancer programs is monitoring cancer incidence over time. In order to support standardization and consistency in reporting stage of cancer at time of diagnosis, state and national cancer surveillance programs have often utilized a “summary staging” approach with stable anatomic staging criteria that includes both clinical data from imaging reports and medical procedures combined with pathological data gleaned from surgical resection of the primary tumor and regional lymph nodes. This is known as SEER Summary Stage. SEER Summary Stage has gone through 2 revisions since it was instituted back in the mid 1970s. The latest edition is Summary Stage 2018 or SS2018. Summary Stage is required for all cases since 1981.

Continuity of staging requirements is essential for longitudinal cancer studies, but our programs recognize that changes in anatomic staging criteria have and continue to be modified over time. Furthermore, biomolecular and genetic tests to help qualify stage subgroups are being used more frequently with tests offering greater details for staging than ever before. In order to begin capturing these new tumor markers and other cancer-specific testing or prognostic-related laboratory tests, the United States created the Collaborative Stage Data Collection System including Site-Specific Factors to house these cancer-specific tests results and other clinical care and research oriented data items to expand ‘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 originating staging systems being directly coded for SS2000 and AJCC TNM 7th ed. in 2016 and again updated in 2018 to provide updated 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.

2018 Site-Specific Data Items (SSDI): An “SSDI” is a site-specific data item. “Site” in this instance is based on the primary site, the histologic type or histology of the tumor, the AJCC Chapter, Summary Stage Chapter and the EOD Schema. SSDIs were preceded by Collaborative Stage Data Collection System Site-Specific Factors or SSFs, which were first introduced in 2004 with CSv1, and went through major revisions in 2010 with Collaborative Stage v2 (CSv2). The CS SSFs were discontinued as of 12/31/2017. FCDS only requires a limited number of SSDI’s be reported. See the table further in this section for details.

SEER*RSA (Registrar Staging Assistant) Website is a Tremendous Resource to assist Registrars in understanding, coding, testing and learning about Cancer Staging, Staging Schema Criteria, Site Specific Data Items, SEER Extent of Disease Coding (EOD), Collaborative Stage Data Collection System and the Collaborative Stage Site Specific Factors. This is a wonderful resource highly recommended by FCDS to assist registrars in understanding how to associate staging criteria and codes to specific cancer types, histologic types, staging and grading schema, and site-specific requirements.

SEER*RSA - GO TO: <https://seer.cancer.gov/tools/staging/rsa.html>

HISTORICAL STAGING SYSTEMS REFERENCE BY DIAGNOSIS YEAR

SEER SUMMARY STAGE 1977: Direct-Assignment of SEER Summary Stage using the SEER Summary Stage 1977 Manual was required for all cases abstracted and reported to FCDS before 1/1/2000.

SEER SUMMARY STAGE 2000: Direct-Assignment of SEER Summary Stage using the SEER Summary Stage 2000 Manual is required for all cases abstracted and reported to FCDS before 1/1/2018

SEER SUMMARY STAGE 2018: Direct Assignment of SEER Summary Stage using the SEER Summary Stage 2018 Manual (most current version September 2020) is required for all cases abstracted and reported to FCDS on or after 1/1/2018.

AJCC TNM CANCER STAGING - FCDS does not require AJCC TNM for any cases. Registrars may decide to include AJCC TNM staging in their section of the abstract used to document Staging Information to help support the Summary Stage assignment. However, text documentation for Summary Staging is also required.

COLLABORATIVE STAGE DATA COLLECTION SYSTEM (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 Stage – please use the on-screen help to assign.

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.

2018 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 (2021) SSDI and Grade Coding Manuals and Tools are available on the NAACCR Website @ <https://apps.naacr.org/ssdi/list/>

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 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 in addition to breast cancers.

FCDS Requires the Following SSDIs for Cases Diagnosed/Treated 2018 and Forward

Core/Derived	Item #	Item Name	Length	Start Date
D	3800	Schema ID	5	2018
C	3816	Brain Molecular Markers	2	2018
C	3817	Breslow Tumor Thickness	4	2018
C	3827	Estrogen Receptor Summary	1	2018
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	1068	Grade Post Therapy Clin (yc)	2	2021
C	3845	Grade Post Therapy Path (yp)	1	2018
C	3855	HER2 Overall Summary (breast, esophagus & stomach were added starting 1/1/2021)	1	2018 2021
C	3890	Microsatellite Instability (MSI)	1	2018
C	3915	Progesterone Receptor Summary	1	2018
C	3920	PSA (Prostatic Specific Antigen) Lab Value	5	2018
C	3932	LDH Pretreatment Lab Value	7	2018

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SEER*RSA - GO TO: <https://seer.cancer.gov/tools/staging/rsa.html>

SEER SUMMARY STAGE 2018 General Coding Instructions – Required for ALL Cancers

Refer to the most current version of the *SEER Summary Summary Stage 2018 General Coding Instructions* for site-specific coding instructions. The most current version was published September 2020. **Always use the latest version.** This manual is online at <https://seer.cancer.gov/tools/ssm/>.

SEER Summary Stage is based on a combination of imaging, pathologic, operative and clinical assessments. Gross observations at surgery are particularly important when all malignant tissue is not removed. In the event of a discrepancy between pathology and operative reports concerning excised tissue, priority is given to the pathology report.

SEER Summary Stage 2018 is based on all information available through completion of surgery(ies) the first course of treatment or within four months of diagnosis in the absence of disease progression, whichever is longer. This includes clinical, imaging, diagnostic, pathological, operative, and other info.

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 September 2020.

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.

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

TREATMENT INFORMATION

The Treatment Information section includes the set of data items used to describe how the cancer or tumor was treated. FCDS only collects the “**First Course of Treatment**.” This concept is described and reinforced throughout the chapter. Treatment must be fully documented whether given at your facility or any other facility or per history. This provides FCDS with a more complete picture of the patient’s entire cancer treatment experience from the time of first diagnosis through recurrence/progression until death.

Cancers can be treated using many different means including surgery, radiation therapy, chemotherapy, hormones, biological response modifiers and even unconventional or unproven methods. Within each of these broad categories of treatments are many finer designations of specific treatment types. This section helps to categorize cancer directed therapies by type and specific method. Please document any and all treatment given throughout the patient’s course of disease. Only code the First Course of Treatment.

Three important sub-sections are included at the beginning of this section to help orient the abstractor with regard to concept and terminology used throughout this section.

- Definition of Cancer Directed Therapy
- Definition of “First Course of Treatment”
- General Coding Instructions Site Specific Surgery

The SEER Site-Specific Coding Modules are an excellent resource for registrars. The 2021 SEER Coding and Staging Manual includes the Site-Specific Coding Modules as Appendix C of the manual. Download SEER Appendix C at <https://seer.cancer.gov/manuals/2021/appendixc.html>

This Appendix brings together the site-specific instructions needed to abstract a case, facilitating efficiency and accuracy. The site-specific coding modules include SEER coding guidelines; equivalent terms, definitions, tables, charts and illustrations; multiple primary rules; histology coding rules; stage coding instructions and surgery of primary site codes. Some modules include site-specific coding guidelines. The goal is to have stand-alone modules for major anatomic sites.

Data Items Included In This Section:

<u>NAACCR Item Number</u>	<u>Item Name</u>
1290	Rx Summ – Surg Prim Site
1201	Rx Date—Surgery Flag
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
3171	Rx Date – Date Most Definitive Surgery Flag
1340	Reason for No Surgery
1380	Rx Summ – Surg/Rad Seq
1506	Phase I Radiation Treatment Modality – NEW CODE
1210	Rx Date – Radiation
1211	Rx Date – Radiation Flag
1430	Reason for No Radiation
2620	Rx Text – Radiation (Beam)
2630	Rx Text – Radiation Other
1639	Rx Summ – Systemic Surg Seq
1390	Rx Summ – Chemo
1220	Rx Date – Chemo
1221	Rx Date—Chemo Flag

2640	Rx Text – Chemo
1400	Rx Summ – Hormone
1230	Rx Date – Hormone
1231	Rx Date—Hormone Flag
2650	Rx Text – Hormone
1410	Rx Summ – BRM/Immunotherapy
1240	Rx Date – BRM/Immunotherapy
1241	Rx Date—BRM Flag
2660	Rx Text – BRM
1420	Rx Summ – Other
1250	Rx Date – Other
1251	Rx Date—Other Flag
2670	Rx Text – Other
3250	Rx Summ – Transplnt/Endocr
1285	Rx Summ--Treatment Status

PLEASE EXERCISE CARE WHEN DETERMINING THE REASON THE PATIENT DID NOT RECEIVE ANY SURGERY OR THE REASON THE PATIENT DID NOT RECEIVE RADIATION. THIS IS IMPORTANT IN ASSESSING NEOADJUVANT THERAPIES AS WELL AS ASSESSING WHY A PATIENT DID NOT RECEIVE TRTREATMENT AS STANDARD THERAPY FOR CANCER.

PLEASE BE AWARE OF THE TWO FIELDS RADIATION THERAPY / SYSTEMIC THERAPY AND THE .SEQUENCE OF THESE TREATMENTS WITH SURGERY (BEFORE SURGERY, DURING SURGERY, AFTER SURGERY OR BOTH BEFORE AND AFTER SURGERY). THESE ITEMS ALSO HELP ASSESS THE ORDER THAT TREATMENTS ARE GIVEN PARTICULARLY FOR NEOADJUVANT THERAPIES BUT ALSO FOR STANDARD THERAPIES FOR MANY CANCERS.

DEFINITION OF FIRST COURSE OF TREATMENT

The first course of treatment includes all methods of treatment recorded in the treatment plan and administered to the patient before disease progression or recurrence.

“Active surveillance” is a form of planned treatment for some patients; its use is coded in the RX Summ – Treatment Status item. Active Surveillance is often used with low grade, slow growing, early stage cancers that may not need to be treated right away. 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’.

Note: “Active Surveillance” may also be called “Watchful Waiting”.

“No therapy” is different than “active surveillance.” “No therapy” or “No treatment” is a treatment option that occurs if the patient refuses treatment, the family or guardian refuses treatment, the patient dies before treatment starts, or the physician recommends no treatment be given. “No Treatment” may be the best option for very advanced and rapidly progressive neoplasms or patients with untreatable cancer. These patients are often referred directly to Hospice with no anti-neoplastic therapy recommended. If the patient refuses all treatment, code “patient refused” (Code 7 or 87) for all treatment modalities.

Maintenance therapy given as part of the first course of planned therapy (example: maintenance chemo for leukemia) is part of the planned first course treatment. Patients receiveing maintenance therapy are analytic cases for the state and for facility and are reportable.

TREATMENT PLAN

A treatment plan describes the type(s) of therapies intended to modify, control, remove, or destroy proliferating cancer cells. The documentation confirming a treatment plan may be found in several different sources; for example, medical or clinic records, consultation reports, and outpatient records.

- A discharge plan must be part of the patient record in a JCAHO-accredited hospital and may contain all or only part of the full treatment plan for any given patient.
- All therapies specified in the physician(s) treatment plan(s) are a part of the first course of treatment if they are actually administered to the patient.
- An established protocol or accepted treatment management guideline for the type of cancer an individual is receiving treatment may also be used as a treatment plan when available. These may also be referred to as treatment guidelines. Treatment guidelines may be local to your institution, protocol-specific, or may be published national guidelines such as the NCCN Treatment Guidelines.
- If there is no treatment plan, established treatment protocol, or treatment management guidelines (local or national), and a consultation with a physician advisor is not possible, use the principle: “initial treatment must begin within four months of the date of initial diagnosis.”

DEFINITION OF NON-CANCER DIRECTED THERAPY

Patients receiving treatment for supportive care (non-curative treatment) and/or palliative care ARE also required to be reported to FCDS. They still have active cancer – they are just not being treated for it. Patients receiving supportive/palliative care enter a facility with clear evidence of cancer (evidence of

disease on admission). While the treatment given in hospice or for palliative care is not designed to cure the patient, the patient does have evidence of cancer and may be given cancer-directed treatment, but with the intent of alleviating symptoms and/or pain control, but there is no intent to cure the patient.

Anti-neoplastic therapy used to treat symptoms is still recorded in the abstract as ‘treatment’.

Pain control with narcotics or other methods can be recorded in the abstract. However, it is not coded.

These non-cancer directed therapies are designed to prolong a patient’s life, alleviate pain, or make the patient comfortable. They are not meant to cure the cancer, destroy the tumor, control the tumor, or delay the spread of disease. These treatments include diagnostic test, palliative care, and supportive care.

The term “palliative” may be used in different context: (a) as meaning non-curative and (b) as meaning the alleviation of symptoms. Thus, some treatments termed palliative fall within the definition of cancer directed treatment and some treat the patient but not the cancer. For example, radiation therapy to bony metastases is considered cancer directed treatment because in addition to alleviating pain, the radiation also kills cancer cells in the bone.

Palliative care description: This treatment qualifies the patient as analytic if it is given as part of the planned first course of treatment.

Time period for First Course of Treatment (in order of precedence)

1. If there is a documented, planned first course of treatment, first course ends at the completion of this treatment plan, regardless of the duration of the treatment plan.
2. If the patient is treated according to a facility or published national standard of practice, first course ends at the completion of the treatment.
3. If there is no documentation of a planned first course of treatment or standard of practice, first course of treatment includes all treatment received before disease progression or treatment failure. If it is undocumented whether there is disease progression/treatment failure and the treatment in question begins more than one year after diagnosis, assume that the treatment is not part of first course.
4. If a patient refuses all treatment modalities and does not change his/her mind within a reasonable time frame, or if the physician opts not to treat the patient, record that there was no treatment in the first course.
5. When a patient only receives palliative care as first course of therapy – please code the palliative therapy as first course of therapy. Do not exclude palliative therapy as treatment. It is treatment.

TREATMENT DEFINITIONS – not in alphabetical order

Active Surveillance – See Watchful Waiting

Surgery: First course surgery items describe the most definitive type of surgical treatment the patient received from any facility, when it was performed, and its efficacy. When no surgical treatment is given, the reason is recorded. Please be sure to attribute where each procedure was performed, whether it was at your facility or at another facility and if at another facility, note where if known. Multiple surgical treatment data items exist to describe the extent of surgical resection directed at the primary tumor, regional lymphatics, and/or other distant locations from the primary tumor. It is also important to record when no surgery is performed, when other treatments 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 of and removal of a part of [biological tissue](#) (primary tumor), traditionally by [surgery](#) but more recently using a wide variety of techniques, the newest of which is to use a catheter to target the tumor for ablation which improves outcome and reduces effects on surrounding tissues. These techniques provide minimally invasive treatment to a primary tumor for early stage disease or can be used for local control of metastatic tumor that might bleed or cause other symptoms in patients with advanced disease and can be used for a wide variety of cancers in many locations.

Electrocautery was the first type of ablation used to vaporize tumors in the bladder for example when TURBT was performed – it is still used today. But, today they call it radiofrequency ablation rather than electrocautery when it is the technique used to destroy tumor.

Thermal techniques are generally classified as “ablative” and include radiofrequency, laser, microwave, cryotherapy, and high intensity focused ultrasound.

Ablative techniques do not effect a lot of the surrounding tissue and can be an alternative to surgery for more and more types of cancers. Typical tumors where ablation is a viable option include lung, bladder, kidney, liver, and skin cancers.

- Surface ablation of the [skin](#) ([dermabrasion](#) or resurfacing because it induces [regeneration](#)) often uses chemicals (which cause peeling) or is done by lasers.
- Cryoablation uses extreme cold to freeze then thaw then repeat to destroy tumor because the repeated freezing and thawing produces tumor necrosis or kills the tumor...and a new technique, the ice ball is being used for cryoablation – the frozen tumor falls off like a frozen wart when it is treated with extreme cold.
- Laser ablation uses either high or low frequency laser light to destroy tumor and can be very exact in treating small tumors or hard to reach tumors.
- Microwave and Radiofrequency Ablation use thermal techniques to heat the tumor similar to electrocautery but using microwave and radiofrequency waves.
- PDT – photodynamic therapy is a type of laser ablation
- High-intensity Focused Ultrasound – Uses Sound Waves to create heat

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 is a procedure in which the blood supply to the tumor is blocked surgically or mechanically and anticancer drugs are administered directly into the tumor. This permits a higher concentration of drug to be in contact with the tumor for a longer period of time.

Code chemoembolization as Chemotherapy when the embolizing agent(s) is a chemotherapeutic drug(s) or when the term chemoembolization is used with no reference to the agent.

Use SEER*Rx Interactive Drug Database (<http://seer.cancer.gov/>) to determine whether the drugs used are classified as chemotherapeutic agents.

Also code as Chemotherapy when the patient has primary or metastatic cancer in the liver and the only information about embolization is a statement that the patient had chemoembolization, tumor embolization or embolization of the tumor in the liver.

If alcohol is specified as the embolizing agent, even in the liver, code the treatment as Other Therapy.

Radioembolization is embolization combined with injection of small radioactive beads or coils into an organ or tumor.

Code Radiation Modality as brachytherapy when tumor embolization is performed using a radioactive agent or radioactive seeds such as Yttrium 90. Do not code as radioisotope, code as brachytherapy. Embolization is coded as Other Therapy (code 1) if the embolizing agent is alcohol, or if the embolized site is other than the liver and the only information in the record is that the patient was given “embolization” with no reference to the agent.

Do not code pre-surgical embolization of hypervascular tumors with particles, coils or alcohol. These presurgical embolizations are typically performed to make the resection of the primary tumor

easier. Examples where pre-surgical embolization is used include meningiomas, hemangioblastomas, paragangliomas, and renal cell metastases in the brain.

Systemic Therapy: Systemic therapy encompasses the treatment modalities captured by the data items chemotherapy, hormone therapy, and immunotherapy. These may be given alone or in combination and may include bone marrow or stem cell transplant procedure following completion of systemic treatments. Systemic therapies are often delivered in treatment cycles, either alone or in combination with other agents. If a patient has an adverse reaction to one or more of the agents, the physician may decide to change one or more of the agents to better accommodate the clinical status of the patient. When this occurs and the replacement agent is in the same treatment category as the original agent, there is no change in the original treatment plan and all therapy should be coded. However, if the agent changes class of drugs or the entire protocol is changed, or if the patient exhibits progression of disease while being treated with the initial agent(s), any new agent(s) would not be included as part of the first course of treatment but should be documented in the abstract as subsequent therapy. Systemic agents may be administered via a variety of routes including IV administration, oral administration, intrathecal administration (directly into the cerebrospinal canal), intraperitoneal/intrapleural/intrapericardial agents are injected into the peritoneal space, pleural space, or pericardial space, and using other means.

Radiation Therapy: Radiation therapy uses high-energy radiation to shrink tumors and kill cancer cells. X-rays, gamma rays, and charged particles are types of radiation used for cancer treatment. The radiation may be delivered by a machine outside the body (external-beam radiation therapy), or it may come from radioactive material placed in the body near cancer cells (internal radiation therapy, also called brachytherapy). Systemic radiation therapy uses radioactive substances, such as radioactive iodine, that travel in the blood to kill cancer cells. Radiation therapy is sometimes given with curative intent (that is, with the hope that the treatment will cure a cancer, either by eliminating a tumor, preventing cancer recurrence, or both). In such cases, radiation therapy may be used alone or in combination with surgery, chemotherapy, or both. Radiation therapy may also be given with palliative intent. Palliative treatments are not intended to cure. Instead, they relieve symptoms and reduce the suffering caused by cancer.

Neoadjuvant Therapy: Neoadjuvant Therapy is Treatment given as a first step to shrink a tumor before the main treatment, which is usually surgery, is given. Examples of neoadjuvant therapy include radiation therapy, and systemic therapies such as chemotherapy, biological therapies, and hormone therapy. It is a type of induction therapy. Neoadjuvant therapies have become a mainstay for a number of common cancer types and under certain pre-surgical conditions to improve patient outcomes. Cancer Sites often receiving neoadjuvant therapy include but are not limited to: breast, rectum, lung, brain, stomach, etc.

Adjuvant Therapy: Adjuvant therapies are therapies delivered after the primary treatment of a cancer, usually surgery, and may include radiation, chemotherapy, biological therapy, immunotherapy, hormonal therapy, targeted therapy or any combination of these treatments. Adjuvant therapy usually refers to surgery followed by chemo- or radiotherapy to help decrease the risk of the cancer recurrence/progression

Palliative Care: Palliative care is provided to prolong the patient's life by controlling symptoms, to alleviate persistent pain, or to make the patient comfortable. Palliative care provided to relieve symptoms may include surgery, radiation therapy, Systemic therapy (chemotherapy, hormonal therapy, or other systemic agents), and/or other pain management therapy. Patients receiving palliative care are reportable to FCDS. This treatment may or may not be coded as part of first course of therapy.

Treatment Failure: The treatment modalities did not destroy or modify the cancer cells. The tumor either became larger (disease progression) or stayed the same size after treatment.

Recurrence: The patient must have had a disease-free interval or remission (the cancer was not clinically evident). Following a disease-free interval, there is documentation that the initial/original tumor gave rise to the later tumor.

Progression: Tumor Progression is characterised by increased growth speed and invasiveness of the tumor cells. As a result of the progression, phenotypical changes occur and the tumor becomes more aggressive and acquires greater malignant potential.

Watchful Waiting: A treatment option for patients with slow, indolent diseases, such as prostate cancer and chronic lymphocytic leukemia (CLL). The physician closely monitors the patient and delays treatment until the patient becomes symptomatic or there are other signs of disease progression, such as rising PSA. If treatment is given for symptoms/disease progression after a period of “watchful waiting,” this treatment is not considered part of first course. For example, if a physician and patient choose a “wait and watch” approach to prostate cancer or chronic lymphocytic leukemia and the patient becomes symptomatic, consider the symptoms to be an indication that the disease has progressed and that any further treatment is not part of first course.

Coding Instructions

1. When physician decides to do watchful waiting for a patient who has prostate cancer, the first course of therapy is no treatment. Code all of the treatment fields to 00, not done. When the disease progresses and the patient is symptomatic; any prescribed treatment is second course.
2. When the patient refuses treatment the first course of therapy is no treatment. Code the treatment fields to refused. If the patient later changes his/her mind and decides to have the prescribed treatment code:
 - a. Code the treatment as first course of therapy if it has been less than one year since the cancer was diagnosed and there has been no documented disease progression.
 - b. Code the treatment as second course of therapy if it has been more than one year since the original cancer was diagnosed or if there has been documented disease progression.
 - c. Code all treatment that was started and administered.

Example: The patient completed only the first dose of a planned 30 day chemotherapy regimen. Code chemotherapy as administered.

3. If a patient has multiple primaries and the treatment given for one primary also affects/treats the other primary, code the treatment for both primary sites.

Example 1: The patient had prostate and bladder cancer. The bladder cancer was treated with a TURB. The prostate cancer was treated with radiation to the prostate and pelvis. The pelvic radiation includes the regional lymph nodes for the bladder. Code the radiation as treatment for both the bladder and prostate cases.

Example 2: The patient had a hysterectomy for ovarian cancer. The pathology report reveals a previously unsuspected microinvasive cancer of the cervix. Code the hysterectomy as surgical treatment for both the ovarian and cervix primaries.

4. If a patient has multiple primaries and the treatment given affects only one of the primaries, code the treatments only on the site that is affected.

Example: The patient has colon and tonsil primaries. The colon cancer is treated with a hemicolectomy and the tonsil primary is treated with radiation to the tonsil and regional nodes. Do not code the radiation for the colon. Do not code the hemicolectomy for the tonsil.

5. If a patient is diagnosed with an unknown primary, code the treatment given as first course even if the correct primary is identified later.

Example: The patient is diagnosed with metastatic carcinoma, unknown primary site. After a full course of chemotherapy, the primary site is identified as prostate. Hormonal treatment is started. Code the chemotherapy as first course of treatment. The hormone therapy is second course.

DEFINITIONS OF FIRST COURSE OF TREATMENT - Leukemia And Hematopoietic Diseases

Adopted from the FORDS Manual 2015

LEUKEMIA

The first course of treatment includes all therapies planned and administered by the physician(s) during the first diagnosis of leukemia. Record all remission-inducing or remission-maintaining therapy as the first course of treatment. Treatment regimens often include multiple modes of therapy. The administration of these therapies can span up to a year or longer.

A patient may relapse after achieving a first remission. All therapy administered after a relapse is not counted as first course of treatment. It is referred to as secondary or subsequent therapy.

Leukemia is grouped or typed by how quickly the disease develops and gets worse. Chronic leukemia gets worse slowly. Acute leukemia gets worse quickly.

Leukemia is also grouped by the type of white blood cell that is affected. The groupings are: lymphoid leukemia and myeloid leukemia.

DEFINITIONS

Induction: Initial intensive course of chemotherapy.

Consolidation: Repetitive cycles of chemotherapy given immediately after the remission.

Maintenance: Chemotherapy given for a period of months or years to maintain remission.

“Maintenance treatment given as part of the first course of planned treatment (for example, for leukemia) is first course treatment, and cases receiving that treatment are analytic.”

Remission: The bone marrow is normocellular with less than 5% blasts, there are no signs or symptoms of the disease, no signs or symptoms of central nervous system leukemia or other extramedullary infiltration, and all of the following laboratory values are within normal limits: white blood cell count and differential, hematocrit/hemoglobin level, and platelet count.

Treatment for leukemia is divided into three phases:

1. Remission induction (chemotherapy and/or biologic response modifiers)
2. CNS prophylaxis or consolidation (irradiation to brain, chemotherapy)
3. Remission continuation or maintenance (chemotherapy or bone marrow transplants).

Coding First Course of Therapy for Leukemia and Hematopoietic Diseases:

When precise information permits, the first course of definitive treatment is to 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 considered as “remission-inducing” for the first remission.
- Code all therapy that is “consolidation” as first course.
- Code all therapy that is “remission-maintaining” as first course.

All definitive therapy considered as “remission-maintaining” for the first remission, i.e., maintenance chemotherapy, or irradiation to the central nervous system.

Note: Do not record treatment given after the patient relapses (is no longer in remission).

Some patients do not have a remission.

A change in the treatment plan indicates a failure to induce remission. If the patient does not have a remission:

- Record the treatment given in an attempt to induce remission.
- Do not record treatment administered after the change in treatment plan.

OTHER HEMATOPOIETIC

Record all treatments as described above. The following treatments are coded as “other” in Other Treatment even though they do not "modify, control, remove, or destroy proliferating cancer tissue."

Aspirin (also known as ASA, acetylsalicylic acid, or by a brand name) is coded as a treatment for essential thrombocythemia - ONLY. **DO NOT CODE aspirin as “other treatment” for any site EXCEPT Essential Thrombocythemia.**

Only record aspirin therapy for essential thrombocythemia when it is given to thin the blood for symptomatic control. Use the following guidelines to determine whether aspirin is administered for thinning of blood for thrombocythemia rather than for pain control or cardiovascular protection:

- Aspirin treatment for essential thrombocythemia is low dose, approximately 70-100 mg/day
- The dosage for pain control is approximately 325-1000 mg every 3-4 hours.
- Cardiovascular protection starts at about 160 mg/day.

Phlebotomy (also known as blood removal, blood letting, or venesection) is coded as treatment for polycythemia vera - ONLY. **DO NOT CODE phlebotomy as “other treatment” for any condition EXCEPT Polycythemia Vera.**

Transfusions may include whole blood, RBCs, platelets, plateletpheresis, fresh frozen plasma (FFP), plasmapheresis, and cryoprecipitate. **DO NOT CODE transfusion as “other treatment” for any site.**

GENERAL CODING INSTRUCTIONS SITE-SPECIFIC SURGERY

1. Refer to **Appendix F** for site-specific surgery codes. Updated from the 2021 STORE Manual.
2. Once it is determined that cancer-directed surgery was performed, use the best information in the operative/pathology reports to determine the operative procedure. Do not depend on the name of the procedure since it may be incomplete.
3. If the operative report is unclear regarding what was excised or if there is a discrepancy between the operative and pathology reports, use the pathology report, unless there is a reason to doubt its accuracy.
4. 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.
5. A date field is also included to document the first date of any surgery performed.
6. 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 – No Surgical Procedure.
7. 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).
8. If multiple primaries are excised at the same time, code the appropriate surgery for each site.

For example:

1. If a total abdominal hysterectomy was done for a patient with two primaries, one of the cervix and one of the endometrium, code each as having had a total abdominal hysterectomy.
2. If a total colectomy was done for a patient with multiple primaries in several segments of the colon, code total colectomy for each of the primary segments. Ignore the surgical approach when coding procedures. Ignore the surgical margins when coding procedures. Ignore the use of laser if used only for the initial incision.
3. Surgical procedures performed solely for the purpose of establishing a diagnosis/stage or for the relief of symptoms, and procedures such as brushings, washings, and aspiration of cells as well as hematologic findings (peripheral blood smears) are not considered cancer therapy.
4. Surgery for extranodal lymphomas should be coded using the schema for the extranodal site.

For 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).

RX SUMM – SURG PRIM SITE**NAACCR ITEM #1290**

Record surgery of the primary site for all cases using the Site-Specific Surgery Codes found in Appendix F. Surgery to remove regional tissue or organs is coded in this field only if the tissue or organs are removed with the primary site in an en bloc resection. An en bloc resection is the removal of organs in one piece at one time. **DO NOT DOUBLE-CODE ANY SURGERY** in more than one treatment field. For example; do not code debulking under both Surgery of Primary Site and Surgery/Other/Reg/Distant. It is only one procedure – and the code under Surgery of Primary Site includes the other sites debulked.

Code the most invasive surgical procedure for the primary site.

Code	Label	Description
00	None	No surgical procedure of primary site. Diagnosed at autopsy.
10-19	Site-specific codes; tumor destruction	Tumor destruction, no pathologic specimen produced. Refer to Appendix F for the correct site-specific code for the procedure.
20-80	Site-specific codes; resection	Refer to Appendix F for the correct site-specific code for the procedure.
90	Surgery, NOS	A surgical procedure to the primary site was done, but no information on the type of surgical procedure is provided.
98	Site-specific codes; special	Special code. Refer to Appendix F for the correct site-specific code for the procedure.
99	Unknown	Patient record does not state whether a surgical procedure of the primary site was performed and no information is available. Death certificate only.

Coding Instructions

1. Code **00** if no surgery is performed on the primary site or if case was diagnosed at autopsy, and would not be otherwise coded to **98**.

Note: Code 00 when the surgery is attempted, but not performed or “aborted.”

2. Use the site-specific coding scheme corresponding to the coded primary site.

3. 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. The codes in the range of **00-80** are **listed** in hierarchical but not necessarily numerical order. When more than one surgical procedure is performed, code the procedure listed furthest down the list within the codes 10-80.

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.

Example: Patient has a colonoscopy with removal of a polyp in the sigmoid colon. The pathology report identifies carcinoma extending into the stalk (“Surgery of Primary Site” code **27**). A week later, the patient has a hemicolectomy (“Surgery of Primary Site” code **40**). Code the hemicolectomy since it is the most invasive, definitive surgery and has the numerically higher code

4. 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**

Note: Do not code an excisional biopsy when there is *macroscopic residual* disease

5. Use Code 80 or 90 ONLY when there is no specific information about the surgery.
6. 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.
7. Code the removal of regional or distant **tissue/organs** when they are resected in continuity with the primary site (**en bloc**). Specimens from an en bloc resection may be submitted to pathology separately.
- Example:** Code an en bloc removal when the patient has a hysterectomy and an omentectomy.
8. Code surgery for extra-lymphatic lymphoma using the site-specific surgery coding scheme (not lymph node scheme) for the primary site.
9. Code **98** takes precedence over code 00 and should be coded for any tumor characterized by the specific sites and/or histologies identified in the site-specific code instructions (Appendix F) for *Unknown and Ill-Defined Primary Sites and Hematopoietic/Reticuloendothelial/Immunoproliferative/Myeloproliferative Disease*.

Code 98 for the following sites:

- a. Hematopoietic, reticuloendothelial, immunoproliferative, or myeloproliferative disease
 1. Primary sites: C42.0, C42.1, C42.3, or C42.4 AND
 2. Histologies: 9750, 9760-9764, 9820-9822, 9826, 9831-9920, 9931-9964, 9980-9993
- b. Unknown or ill-defined sites (C76.1-C76.8, C80.9)

10. ONLY USE CODE 99 FOR DEATH CERTIFICATE ONLY CASES

SITE-SPECIFIC CANCER-DIRECTED SURGERY CODES

Use the site-specific surgical procedure codes in Appendix F for the following primary sites. Appendix F has been updated to be fully consistent with the 2021 STORE Manual Site Specific Surgery Codes and Notes.

Code	Site
C00.0-C06.9	Oral Cavity: Lip, Base of Tongue, Other Parts of Tongue, Gum, Floor of Mouth, Palate, Other Parts of Mouth
C07.9-C08.9	Parotid and other unspecified salivary glands: Parotid Gland, Major Salivary Glands
C09.0-C14.0	Pharynx: Tonsil, Oropharynx, Nasopharynx, Pyriform Sinus, Hypopharynx, Pharynx
C15.0-C15.9	Esophagus
C16.0-C16.9	Stomach
C18.0-C18.9	Colon
C19.9	Rectosigmoid
C20.9	Rectum
C21.0-C21.8	Anus
C22.0-C22.1	Liver and intrahepatic bile ducts
C25.0-C25.9	Pancreas

C32.0-C32.9	Larynx
C34.0-C34.9	Lung
C42.0, C42.1, C42.3, C42.4	Hematopoietic/Reticuloendothelial/Immunoproliferative/Myeloproliferative Disease
C40.0-C41.9 C47.0-C47.9 C49.0-C49.9	Bones, joints & articular cartilage; peripheral nerves and autonomic nervous system; connective, subcutaneous and other soft tissue
C42.2	Spleen
C44.0-C44.9	Skin
C50.0-C50.9	Breast
C53.0-C53.9	Cervix uteri
C54.0-C55.9	Corpus uteri
C56.9	Ovary
C61.9	Prostate
C62.0-C62.9	Testis
C64.9-C66.9	Kidney, Renal pelvis and Ureter
C67.0-C76.9	Bladder
C70.0-C72.9	Brain and Other Parts of Central Nervous System including Meninges
C73.9	Thyroid gland
C77.0-C77.9	Lymph nodes
See header	All Other Sites
C76.0- C76.8, C80.9	Unknown and Ill-Defined Primary Sites

NOTE: Surgery for extranodal lymphomas should be coded using the schema for the extranodal site. Surgeries for all other primary cancers not listed above should be coded using the general surgery code schema for All Other Sites at the end of Appendix F.

RX SUMM – SCOPE REG LN SUR

NAACCR ITEM #1292

This field describes the removal, biopsy, or aspiration of regional lymph node(s) at the time of surgery of the primary site or during a separate surgical event. Regional lymph node(s) are defined in numerous manuals. Please do not code distant lymph nodes removed in this data item. Also, please do not double-code lymph node surgery in both this field and the field Surgery Other Regional Distant Sites.

The following instructions should be applied to all surgically treated cases for all types of cancers. The treatment of breast and skin cancer is where the distinction between sentinel lymph node biopsies (SLNBx) and more extensive dissection of regional lymph nodes is most frequently encountered. For all other sites, non-sentinel regional node dissections are typical, and codes 2, 6 and 7 are infrequently used.

Assign Code = 1 when only an FNA or Core Biopsy of a Regional Lymph Node has been performed. This is not treated as ‘therapy’ any longer. So, when you code the Treatment Status Items, do not include Scope = 1 as ‘treatment given’ or consider Scope = 1 when determining sequence of Surgery with radiation therapy or systemic therapy (before or after surgery, etc). CoC finally recognized Scope = 1 is not a treatment, it is just an FNA or Core biopsy and has no anti-neoplastic effect on the cancer.

Code	Label	General Instructions Applying to ALL Sites	Additional Notes Specific for Breast (C50.x)
0	No regional lymph node surgery	No regional lymph node surgery.	
1	Biopsy or aspiration of regional lymph node(s)	Review the operative report of to confirm whether an excisional biopsy or aspiration of regional lymph nodes was actually performed. If additional procedures were performed on the lymph nodes, use the appropriate code 2-7.	Excisional biopsy or aspiration of regional lymph nodes for breast cancer is uncommon. Review the operative report of to confirm whether an excisional biopsy or aspiration of regional lymph nodes was actually performed; it is highly possible that the procedure is a SLNBx (code 2) instead. If additional procedures were performed on the lymph nodes, such as axillary lymph node dissection, use the appropriate code 2-7.
2	Sentinel Lymph Node Biopsy	<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • 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;	<ul style="list-style-type: none"> • The operative report states that a regional lymph node dissection was performed (a SLNBx was not done during this procedure or in a prior procedure). • Code 3 (Number of regional lymph 	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

	regional lymph nodes removed, NOS	nodes removed unknown, not stated; regional lymph nodes removed, NOS). Check the operative report to ensure this procedure is not a SLNBx only (code 2), or a SLNBx with a regional lymph node dissection (code 6 or 7).	extensive regional lymph node dissection during the same procedure (code 6 or 7).
4	1-3 regional lymph nodes removed		
5	4 or more regional lymph nodes removed	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • 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. • 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. 	<ul style="list-style-type: none"> • 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.

7	Sentinel node biopsy and code 3,4, or 5 at different times	<ul style="list-style-type: none"> •SNLBx and regional lymph node dissection (code 3, 4, or 5) in separate surgical events. • Generally, SLNBx followed by regional lymph node completion will yield a relatively large number of nodes. However, it is possible for these procedures to harvest only a few nodes. •If relatively few nodes are pathologically examined, review the operative report to confirm whether the procedure was limited to a SLNBx only. 	
9	9 Unknown or not	<ul style="list-style-type: none"> • The status of regional lymph node evaluation should be known for surgically-treated cases (i.e., cases coded 19-90 in the applicable data item <i>Surgery of Primary Site</i> [NAACCR Item #1290]). Review surgically treated cases coded 9 in <i>Scope of Regional/ Lymph Node Surgery</i> to confirm the code. 	

General Instructions

Use the operative report as the primary sources document to determine whether the operative procedure was a sentinel lymph node biopsy (SLNBx), or a more extensive dissection of regional lymph nodes, or a combination of both SNLBx and regional lymph node dissection. The operative report will designate the surgeon's planned procedure as well as a description of the procedure that was actually performed. The pathology report may be used to complement the information appearing in the operative report, but the operative report takes precedence when attempting to distinguish between SLNBx and regional lymph node dissection or a combination of these 2 procedures. Do not use the number of lymph nodes removed and pathologically examined as the sole means of distinguishing between a SLNBx and a regional lymph node dissection.

Coding Instructions

1. Do not double-code surgical procedures in more than one surgery field. This field is for regional lymph node procedures, only. Do not code surgical procedures on distant lymph nodes in this field.
2. Code **0** when regional lymph node removal procedure was not performed.
3. Code **0** if there is no indication anywhere in the patient's medical record that regional lymph node surgery was either planned or performed.
4. Codes **1-7** are hierarchical. Code the procedure that is numerically higher.
5. The regional lymph node surgical procedure(s) may be done to diagnose cancer, stage the disease, or as part of the initial treatment. Record all surgical procedures that remove, biopsy, or aspirate regional lymph node(s) whether or not there were any surgical procedures of the primary site.
Example: Patient has a sentinel node biopsy of a single lymph node. Assign code 2 (Sentinel lymph node biopsy [only]).
6. The Scope of Regional Lymph Node field is cumulative; add the number of all of the lymph nodes removed during each surgical procedure performed as part of the first course of treatment.

Example: Patient has a positive cervical node biopsy. The pathology report from a subsequent node dissection identifies three cervical nodes. Assign code 5 (4 or more regional lymph nodes removed).

7. If the operative report lists a lymph node dissection, but no nodes were found by the pathologist, code the Scope of Regional Lymph Node Surgery to 0 (No lymph nodes removed)

8. If the patient has two primaries with common regional lymph nodes, code the removal of regional nodes for both primaries.

Example: Patient has a cystoprostatectomy and pelvic lymph node dissection for bladder cancer. Pathology identifies prostate cancer as well as the bladder cancer and 4/21 nodes positive for metastatic adenocarcinoma. Code Scope of Regional Lymph Node Surgery to 5 (4 or more regional lymph nodes removed) for both primaries.

7. Code Scope **9** for:

a. Primary sites

- Brain (C700-C709) OR
- Spinal cord (C710-C719) OR
- Cranial nerves and other parts of the central nervous system (C720-C729)
- Endocrine glands and related structures (C751-C753)

b. Lymphoma with primary site in lymph nodes (C770-C779) AND histology:

Histologies: 9590-9726, 9728-9732, 9734-9740, 9750-9762, 9811-9831, 9940, 9948 and 9971

c. Hematopoietic, reticuloendothelial, immunoproliferative, or myeloproliferative disease

- Primary sites: C420, C421, C423, or C424 AND
- Histologies: 9727, 9733, 9741-9742, 9764-9809, 9832, 9840-9931, 9945-9946, 9950-9967, and 9975-9993
- Unknown or ill-defined sites (C760-C768, C809)

RX SUMM – SURG OTH REG/DIS

NAACCR ITEM #1294

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

Do not double-code surgical procedures in more than one surgery field. This field is for other than primary site resection procedures and/or regional lymph node procedures. Often adjacent regional structures and organs are removed incidentally or as part of a standard routine operative procedure. Do not include removal of these organs as Surgery Other/Regional/Distant Sites. The removal of the incidental organs are generally included in the Surgery of Primary Site Code or as a Debulking Procedure Code under Surgery of Primary Site. Do Not Double-Code Resected Tissues.

Code 0 if there is no indication anywhere in the patient's medical record that surgical resection of distant lymph node(s) and/or regional/distant tissue or organs was either planned or performed.

Code the highest numerical code that describes the surgical resection of distant lymph node(s) and/or regional/distant tissue or organs.

Example: A patient has an excisional biopsy of a hard palate lesion that is removed from the roof of the mouth and a resection of a metastatic lung nodule during the same surgical event. Code the resection of the lung nodule as **3** (distant site).

Code the removal of non-primary tissue that was removed because the surgeon suspected it was involved with the malignancy even if the pathology is negative.

Do not code the incidental removal of tissue. Incidental is defined as tissue removed for reason other than the malignancy.

Example: During a colon resection, the surgeon noted that the patient had cholelithiasis and removed the gall bladder. Do not code removal of the gall bladder.

Code	Label	Description
0	None	No surgical procedure of nonprimary site was performed. Diagnosed as autopsy.
1	Nonprimary surgical procedure performed	Nonprimary surgical resection to other site(s), unknown if whether the site(s) is regional or distant.
2	Nonprimary surgical procedure to other regional sites	Resection of regional site.
3	Nonprimary surgical procedure to distant lymph node(s)	Resection of <i>distant lymph node(s)</i>
4	Nonprimary surgical procedure to distant site	Resection of distant site.
5	Combination of codes 2, 3, or 4	Any combination of surgical procedures 2, 3, or 4.
9	Unknown	It is unknown whether any surgical procedure of a nonprimary site was performed. ONLY USE FOR DEATH CERTIFICATE CASES

RX DATE OF FIRST SURGICAL PROCEDURE

NAACCR ITEM #1200

Records the earliest date on which any first course surgical procedure was performed. This could be the date of first biopsy (FNA, core, incisional or excisional) or date of resection if not preceded by biopsy.

Coding Instructions

Record the date of the first surgical procedure of the types coded as *RX Summ—Surg Prim Site* (NAACCR Item #1290), *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.

RX DATE OF FIRST SURGICAL PROCEDURE FLAG**NAACCR ITEM #1201**

The flag explains why there is no value in the corresponding date field, *RX Date –Surgery*. Item #1200).

Coding Instructions

1. Leave this item blank if *RX Date-- Surgery* (NAACCR Item #1200) has a full or partial date recorded.
2. Code 12 if the *RX Date-- Surgery* cannot be determined, but the patient did receive first course surgery.
3. Code 10 if it is unknown whether any surgery was performed.
4. Code 11 if no surgical procedure was performed.
5. Registrars should enter this data item directly (when appropriate) even if the traditional form of date entry is used in the software.

Code	Description
10	No information whatsoever can be inferred from this exceptional value (that is, unknown if any surgery performed)
11	No proper value is applicable in this context (for example, no surgery performed).
12	A proper value is applicable but not known. This event occurred, but the date is unknown (that is, surgery was performed but the date is unknown).
(blank)	A valid date value is provided in item <i>RX Date--Surgery of First Surgical Procedure</i> (NAACCR item #1200).

DATE MOST DEFINITIVE SURG RESECTION**NAACCR ITEM # 3170**

Records the date of the most definitive (most extensive) surgical procedure of the primary site that was performed as part of the first course of treatment.

This item is used to measure the lag time between diagnosis and the most definitive surgery of the primary site and to evaluate treatment efficacy.

Coding Instructions

- Record the date on which the surgery described by surgical procedure of primary site (NAACCR Item #1290) 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.

RX DATE OF MOST DEFINITIVE SURGERY FLAG**NAACCR ITEM #3171**

This flag explains why there is no appropriate value in the corresponding date field, *RX Date of Most Definitive Surgical Resection of Primary Site* (NAACCR Item #3170).

Coding Instructions

- Leave this item blank if *RX Date of Most Definitive Surgical Resection of Primary Site* (NAACCR Item #3170) has a full or partial date recorded.

- Code 12 if the *RX Date of Most Definitive Surgical Resection of Primary Site* cannot be determined, but the patient did receive first course surgery.
- Code 10 if it is unknown whether any surgery was performed.
- Code 11 if no surgical procedure was performed.
- Registrars should enter this data item directly (when appropriate) even if the traditional form of date entry is used in the software.

Code	Description
10	No information whatsoever can be inferred from this exceptional value (that is, unknown if any surgery performed)
11	No proper value is applicable in this context (for example, no surgery performed).
12	A proper value is applicable but not known. This event occurred, but the date is unknown (that is, surgery was performed but the date is unknown).
(blank)	A valid date value is provided in item <i>RX Date of Most Definitive Surgical Resection of Primary Site</i> (NAACCR Item #3170).

REASON FOR NO SURGERY

NAACCR ITEM #1340

Reason for No Surgery code refers to item Rx Summ-Surg Prim Site.

Code	Description
0	Surgery of the primary site was performed.
1	Surgery of the primary site was not performed because it was not part of the planned first-course treatment.
2	Surgery of the primary site was not recommended/performed because it was contraindicated due to patient risk factors (comorbid conditions, advanced age, etc.)
5	Surgery of the primary site was not performed because the patient died prior to planned or recommended surgery.
6	Surgery of the primary site was not performed; it was recommended by the patient's physician, but was not performed as part of the first-course of therapy. No reason was noted in patient record.
7	Surgery of the primary site was not performed; it was recommended by the patient's physician, but this treatment was refused by the patient, the patient's family member, or the patient's guardian. The refusal was noted in patient record.
8	Surgery of the primary site was recommended, but it is unknown if it was performed. Further follow-up is recommended.
9	It is unknown whether surgery of the primary site was performed. Diagnosed at autopsy or death certificate only. ONLY FOR DEATH CERTIFICATE CASES

Coding Instructions

1. Assign **code 0** when Surgery of Primary Site is coded in the range of 10-90 (the patient did have surgery of primary site).
2. Assign a code in the **range of 1-8** if Surgery of Primary Site is coded 00 or 98.

3. Assign **code 1**
 - a. If RX Summ—Surg Prim Site (NAACCR Item #1290) is coded 98.
 - b. There is no information in the patient’s medical record about surgery AND It is known that surgery is not usually performed for this type and/or stage of cancer OR There is no reason to suspect that the patient would have had surgery of primary site.
 - c. If the treatment plan offered multiple treatment options and the patient selected treatment that did not include surgery of the primary site Patient elects to pursue no treatment following the discussion of radiation treatment. Discussion does not equal a recommendation.
 - d. Only information available is that the patient was referred to a surgeon. Referral does not equal a recommendation.
 - e. Active Surveillance or Watchful waiting (prostate)
 - f. Patient diagnosed at autopsy
4. Assign **code 6**
 - a. When it is known that surgery was recommended AND
 - b. It is known that surgery was not performed AND
 - c. There is no documentation explaining why surgery was not done.
5. Assign **code 7** (refused) if the patient refused recommended surgery, or made a blanket statement that he/she refused all treatment.
6. Assign **code 8** (unknown) if the treatment plan offered surgery, but it is unknown if the patient actually had the surgery.
7. Assign **code 9**
 - a. When there is no documentation that surgery was recommended or performed
 - b. Death certificate only.
 - c. Autopsy only.

RX TEXT – SURGERY

NAACCR ITEM #2610

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

PHASE I RADIATION TREATMENT MODALITY

NAACCR Item 1506

Identifies the radiation modality administered during the first phase of radiation treatment delivered during the first course of treatment. Radiation modality reflects whether a treatment was external beam, brachytherapy, a radioisotope as well as their major subtypes, or a combination of modalities. This data item should be used to indicate the radiation modality administered during the first phase of radiation.

Historically, the Regional Treatment Modality data item [1570] utilized codes that were not mutually exclusive. Rather, it included codes describing a mix of modalities, treatment planning techniques, and delivery techniques that are commonly utilized by radiation oncologists. The goal of the 2018 implementation of separate phase-specific data items for the recording of radiation modality and radiation treatment planning techniques is to clarify this information and implement mutually exclusive categories.

Phase I Radiation Treatment Modality Codes

00	No radiation treatment
01	External beam, NOS
02	External beam, photons
03	External beam, protons
04	External beam, electrons
05	External beam, neutrons
06	External beam, carbon ions
07	Brachytherapy, NOS
08	Brachytherapy, intracavitary, LDR
09	Brachytherapy, intracavitary, HDR
10	Brachytherapy, Interstitial, LDR
11	Brachytherapy, Interstitial, HDR
12	Brachytherapy, electronic
13	Radioisotopes, NOS
14	Radioisotopes, Radium-232
15	Radioisotopes, Strontium-89
16	Radioisotopes, Strontium-90
98	Radiation treatment administered; modality unknown – NEW CODE
99	Unknown if radiation treatment administered – ONLY FOR DEATH CERTIFICATE CASES

RX DATE RADIATION**NAACCR ITEM #1210**

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

Coding Instructions

1. If you know that radiation therapy was performed as a part of the first course of therapy, but do not know the exact date the therapy was initiated, estimate the date therapy was initiated.
2. The date when treatment started will typically be found in the radiation oncologist's summary letter for the first course of treatment.
3. The *RX Date–Radiation Flag* (NAACCR ITEM #1211) is used to explain why *RX Date Radiation* is not known.

RX DATE—RADIATION FLAG**NAACCR ITEM #1211**

This flag explains why there is no appropriate value in the corresponding date field, *RX Date-- Radiation* (NAACCR Item #1210).

Coding Instructions

1. Leave this item blank if *RX Date-- Radiation* (NAACCR Item #1210) has a full or partial date recorded.
2. Code 12 if the *RX Date-- Radiation* cannot be determined, but the patient did receive first course radiation.

3. Code 10 if it is unknown whether any radiation was given.
4. Code 11 if no radiation is planned or given.
5. Code 15 if radiation is planned, but has not yet started and the start date is not yet available.

Code	Description
10	No information whatsoever can be inferred from this exceptional value (that is, unknown if any radiation was given).
11	No proper value is applicable in this context (for example, no radiation was administered).
12	A proper value is applicable but not known. This event occurred, but the date is unknown (that is, radiation was given but the date is unknown).
15	Information is not available at this time, but it is expected that it will be available later (that is, radiation therapy had begun at the time of the most recent follow-up but was not yet completed).
(blank)	A valid date value is provided in item <i>Date Radiation Ended</i> (NAACCR Item #3200).

REASON FOR NO RADIATION

NAACCR ITEM #1430

Reason for No Radiation identifies why radiation therapy was not provided to the patient and distinguishes a physician's not recommending this therapy due to contraindicating conditions from a patient's refusal of a recommended treatment plan.

Coding Instructions

- If *Regional Treatment Modality* (NAACCR Item #1570) is coded 00, then record the reason based on documentation in patient record.
- Code 1 if the treatment plan offered multiple options and the patient selected treatment that did not include radiation therapy.
- Code 7 if the patient refused recommended radiation therapy, made a blanket refusal of all recommended treatment, or refused all treatment before any was recommended.
- Code 8 if it is known that a physician recommended radiation treatment, but no further documentation is available yet to confirm its administration.
- Code 8 to indicate referral to a radiation oncologist was made and the registry should follow to determine whether radiation was administered. If follow-up to the specialist or facility determines the patient was never there and no other documentation can be found, code 1.
- Cases coded 8 should be followed and updated to a more definitive code as appropriate.
- Code 9 if the treatment plan offered multiple options, but it is unknown which treatment, if any, was provided.

Code	Definition
0	Radiation therapy was administered.
1	Radiation therapy was not administered because it was not part of the planned first course treatment.
2	Radiation therapy was not recommended/administered because it was contraindicated due to other patient risk factors (comorbid conditions, advanced age, progression of tumor prior to planned radiation etc.).
5	Radiation therapy was not administered because the patient died prior to planned or recommended therapy.
6	Radiation therapy was not administered; it was recommended by the patient's physician, but was not administered as part of first course treatment. No reason was noted in patient record.
7	Radiation therapy was not administered; it was recommended by the patient's physician, but this treatment was refused by the patient, the patient's family member, or the patient's guardian. The refusal was noted in patient record.
8	Radiation therapy was recommended, but it is unknown whether it was administered.
9	It is unknown if radiation therapy was recommended or administered. Death certificate and autopsy cases only.

RX TEXT—RADIATION (BEAM)**NAACCR ITEM #2620**

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

Suggestion for text:

- Date when radiation treatment began
- Where treatment was given, e.g., at this facility, at another facility
- Other treatment information, e.g., patient discontinued after 5 treatments; unknown if radiation was given

RX TEXT--RADIATION OTHER**NAACCR ITEM #2630**

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

Suggestion for text:

- Date treatment was started
- Where treatment was given, e.g., at this facility, at another facility
- Other treatment information, e.g., unknown if radiation was given

RX SUMM--SURG/RAD SEQ**NAACCR ITEM #1380**

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

Coding Instructions

1. Surgical procedures include *RX Summ—Surg Prim Site* (NAACCR Item #1290); *Scope of Regional Lymph Node Surgery* (NAACCR Item #1292) (excluding code 1); *Surgical Procedure/Other Site* (NAACCR Item #1294). If all of these procedures are coded 0, then this item should be coded 0.

2. If the patient received both radiation therapy and any one or a combination of the following surgical procedures: *RX Summ—Surg Prim Site, Regional Lymph Node Surgery (excluding code 1)*, or *Surgical Procedure/Other Site*, then code this item 2-9, as appropriate.

Code	Label	Definition
0	No radiation therapy and/or surgical procedures	No radiation therapy given; and/or no surgery of the primary site; no scope of regional lymph node surgery; no surgery to other regional site(s), distant site(s), or distant lymph node(s); or no reconstructive surgery. Diagnosed at autopsy.
2	Radiation therapy before surgery	Radiation therapy given before surgery to primary site; scope of regional lymph node surgery (excluding code 1), surgery to other regional site(s), distant site(s), or distant lymph node(s).
3	Radiation therapy after surgery	Radiation therapy given after surgery to primary site; scope of regional lymph node surgery (excluding code 1), surgery to other regional site(s), distant site(s), or distant lymph node(s).
4	Radiation therapy both before and after surgery	Radiation therapy given before and after any surgery to primary site; scope of regional lymph node surgery (excluding code 1), surgery to other regional site(s), distant site(s), or distant lymph node(s).
5	Intraoperative radiation therapy	Intraoperative therapy given during surgery to primary site; scope of regional lymph node surgery (excluding code 1), surgery to other regional site(s), distant site(s), or distant lymph node(s).
6	Intraoperative radiation therapy with other therapy administered before or after surgery	Intraoperative radiation therapy given during surgery to primary site; scope of regional lymph node surgery (excluding code 1), surgery to other regional site(s), distant site(s), or distant lymph node(s) with other radiation therapy administered before or after surgery to primary site; scope of regional lymph node surgery, surgery to other regional site(s), distant site(s), or distant lymph node(s).
7	Surgery both before and after surgery	Radiation was administered between two separate surgical procedures to the primary site; regional lymph nodes (excluding code 1); surgery to other regional site(s), distant site(s), or distant lymph node(s).
9	Sequence unknown	Administration of radiation therapy and surgery to primary site, scope of regional lymph node surgery, surgery to other regional site(s), distant site(s), or distant lymph node(s) were performed and the sequence of the treatment is not stated in the patient record. It is unknown if radiation therapy was administered and/or it is unknown if surgery to primary site; scope of regional lymph node surgery, surgery to other regional site(s), distant site(s), or distant lymph node(s) were performed.

Records the type of chemotherapy administered as first course treatment at this and all other facilities. If chemotherapy was not administered, then this item records the reason it was not administered to the patient.

Always use the SEER*Rx Online Lookup to be sure you are coding the correct type of systemic therapy (chemotherapy, hormonal therapy, biological/targeted therapy, other therapy). (<https://seer.cancer.gov/tools/seerrx/>).

Chemotherapy consists of a group of anticancer drugs that inhibit the reproduction of cancer cells by interfering with DNA synthesis and mitosis.

Enter the type of chemotherapy administered during the first course of therapy. Enter the name of each agent given to ensure the correct code of single, multiple agents or unknown number agents is correct.

Coding Instructions

1. Code 00 if there is no indication anywhere in the patient's medical record that chemotherapy was either planned or administered.
2. Code 00 if chemotherapy was not administered to the patient, and it is known that it is not usually administered for this type and stage of cancer.
3. Code 00 if the treatment plan offered multiple options, and the patient selected treatment that did not include chemotherapy.
4. Codes 82, 85, 86, 87 if it is known that chemotherapy is usually administered for this type and stage of cancer, but was not administered to the patient, use code 82, 85, 86, or 87 to record the reason why it was not administered.
5. Code 87 if the patient refused recommended chemotherapy, made a blanket refusal of all recommended treatment, or refused all treatment before any was recommended.
6. Code 88 if chemotherapy was planned, but not started at the time of the most recent follow-up.
7. **ONLY USE CODE 99 FOR DEATH CERTIFICATE ONLY CASES**
8. Code chemoembolization as 01, 02, or 03 depending on the number of chemotherapeutic agents involved.
9. If the managing physician changes one of the agents in a combination regimen, and the replacement agent belongs to a different group (chemotherapeutic agents are grouped as alkylating agents, antimetabolites, natural products, or other miscellaneous) than the original agent, the new regimen represents the start of subsequent therapy, and *only the original agent or regimen is recorded as first course therapy*.
10. Only the agent, not the method of administration, is to be considered in coding.
11. Combination chemotherapy containing prednisone (a hormone) should be coded in this field by counting the number of chemotherapy agents in the combination (excluding prednisone).

12. 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.
13. Refer to the online *SEER*Rx Interactive Drug Database* (<https://seer.cancer.gov/tools/seerrx/>) for a list of chemotherapeutic, hormonal and biological anti-neoplastic agents.

Code	Description
00	None, chemotherapy was not part of the first course of therapy; not customary therapy for this cancer
01	Chemotherapy, NOS
02	Chemotherapy, single agent
03	Chemotherapy, multiple agents (combination regimen)
82	Chemotherapy was not recommended/administered because it was contraindicated due to patient risk factors (comorbid conditions, advanced age, etc.).
85	Chemotherapy was not administered because the patient died prior to planned or recommended therapy.
86	Chemotherapy was not administered; it was recommended by the patient's physician, but was not administered as part of first-course therapy. No reason was noted in the patient record.
87	Chemotherapy was not administered; the patient's physician recommended it, but this treatment was refused by the patient, the patient's family member, or patient's guardian. The refusal was noted in the patient record.
88	Chemotherapy was recommended, but it is unknown if it was administered
99	Unknown if chemotherapy was recommended or administered because it is not stated in patient medical record; ONLY USE FOR DEATH CERTIFICATE CASES

RX DATE – CHEMO**NAACCR ITEM #1220**

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

Coding Instructions

1. Enter the date chemotherapy was initiated that is part of the first course of treatment.
2. The *RX Date-Chemo Flag* (NAACCR Item #1221) is used to explain why *RX Date Chemotherapy* is not a known date.

RX DATE—CHEMO FLAG**NAACCR ITEM #1221**

This flag explains why there is no appropriate value in the corresponding date field, *RX Date Chemotherapy* (NAACCR Item #1220).

Coding Instructions

1. Leave this item blank if *RX Date Chemotherapy* (NAACCR Item #1220) has a full or partial date recorded.

2. Code 12 if the *RX Date Chemotherapy* cannot be determined, but the patient did receive first course chemotherapy.
3. Code 10 if it is unknown whether any chemotherapy was given.
4. Code 11 if no chemotherapy is planned or given.
5. Code 15 if chemotherapy is planned, but not yet started. Follow this patient for chemotherapy and update this item, *RX Date Chemotherapy*, and the relevant chemotherapy items.

Code	Description
10	No information whatsoever can be inferred from this exceptional value (that is, unknown if any chemotherapy was given)..
11	No proper value is applicable in this context (for example, no chemotherapy given).
12	A proper value is applicable but not known. This event occurred, but the date is unknown (that is, chemotherapy was given but the date is unknown).
15	Information is not available at this time, but it is expected that it will be available later (that is, chemotherapy is planned as part of first course treatment, but had not yet started at the time of the last follow-up).
(blank)	A valid date value is provided in item <i>RX Date Chemotherapy</i> (NAACCR Item #1220). Case was diagnosed between 2003 and 2009 and the facility did not record <i>RX Date Chemotherapy</i> (NAACCR Item #1220) at that time.

RX TEXT—CHEMO**NAACCR ITEM #2640**

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

Suggestion for text:

- Date when chemotherapy began
- Where treatment was given, e.g., at this facility, at another facility
- Type of chemotherapy, e.g., name of agent(s) or protocol – NAME EACH AGENT GIVEN
- Other treatment information, e.g., treatment cycle incomplete, unknown if chemotherapy was given

RX SUMM – HORMONE**NAACCR ITEM #1400**

Records the type of hormone therapy administered as first course treatment at this and all other facilities. If hormone therapy was not administered, then this item records the reason it was not administered to the patient. DO NOT USE CODE 99 FOR OTHER THAN DEATH CERTIFICATE ONLY CASE. USE 00

Always use the SEER*Rx Online Lookup to be sure you are coding the correct type of systemic therapy (chemotherapy, hormonal therapy, biological/targeted therapy, other therapy).

(<https://seer.cancer.gov/tools/seerrx/>).

Hormone therapy consists of a group of drugs that may affect the long-term control of a cancer's growth.

It is not usually used as a curative measure. NAME EACH AGENT GIVEN.

Code	Description
00	None, hormone therapy was not part of the planned first course of therapy; not usually administered for this type and/or stage of cancer; diagnosed at autopsy only.
01	Hormone therapy administered as first course therapy.
82	Hormone therapy was not recommended/administered because it was contra indicated due to patient risk factors (comorbid conditions, advanced age, etc.).
85	Hormone therapy was not administered because the patient died prior to planned or recommended therapy.
86	Hormone therapy was not administered. It was recommended by the patient's physician, but was not administered as part of the first course of therapy. No reason was stated in the patient record.
87	Hormone therapy was not administered. It was recommended by the patient's physician, but this treatment was refused by the patient, a patient's family member, or the patient's guardian. The refusal was noted in the patient record.
88	Hormone therapy was recommended, but it is unknown if it was administered.
99	It is unknown whether a hormonal agent(s) was recommended or administered because it is not stated in patient record. ONLY USE FOR DEATH CERTIFICATE CASES

Coding Instructions

- Assign **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
- ONLY USE CODE 99 FOR DEATH CERTIFICATE CASES**
- Refer to the online *SEER*Rx Interactive Drug Database* (<https://seer.cancer.gov/tools/seerrx/>) for a list of chemotherapeutic, hormonal and biological anti-neoplastic agents.

RX DATE – HORMONE

NAACCR ITEM #1230

Records the date of initiation of hormone therapy that is part of the first course of treatment.

Coding Instructions

Record the first or earliest date on which hormone therapy was administered by any facility. This date corresponds to administration of the agents coded in *RX Summ Hormone* (NAACCR Item #1390).

RX DATE—HORMONE FLAG**NAACCR ITEM #1231**

This flag explains why there is no appropriate value in the corresponding date field, *RX Date Hormone* (NAACCR Item #1230). ALWAYS refer to SEER*Rx to determine how any anti-neoplastic agent should be coded.

Coding Instructions

1. Leave this item blank if *RX Date Hormone* (NAACCR Item #1230) has a full or partial date recorded.
2. Code 12 if the *RX Date Hormone* cannot be determined, but the patient did receive first course hormone therapy.
3. Code 10 if it is unknown whether any hormone therapy was given.
4. Code 11 if no hormone therapy is planned or given.
5. Code 15 if hormone therapy is planned, but not yet started. Follow this patient for hormone therapy and update this item, *RX Date Hormone*, and the relevant hormone therapy items.

Code	Description
10	No information whatsoever can be inferred from this exceptional value (that is, unknown if any hormone therapy was given).
11	No proper value is applicable in this context (for example, no hormone therapy given).
12	A proper value is applicable but not known. This event occurred, but the date is unknown (that is, hormone therapy was given but the date is unknown).
15	Information is not available at this time, but it is expected that it will be available later (that is, hormone therapy is planned as part of first course treatment, but had not yet started at the time of the last follow-up).
(blank)	A valid date value is provided in item <i>RX Date Hormone</i> (NAACCR Item #1230). Case was diagnosed between 2003 and 2009 and the facility did not record <i>RX Date Hormone</i> (NAACCR Item #1230) at that time.

RX TEXT—HORMONE**NAACCR ITEM #2650**

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

Suggestion for text:

- Date treatment was started
- Where treatment was given, e.g., at this facility, at another facility
- Type of hormone or antihormone, e.g., Tamoxifen
- Type of endocrine surgery or radiation, e.g., orchiectomy
- Other treatment information, e.g., treatment cycle incomplete; unknown if hormones were given

RX SUMM – BRM/IMMUNOTHERAPY**NAACCR ITEM #1410**

Records the date of initiation of immunotherapy or a biologic response modifier (BRM) that is part of the first course of treatment. Immunotherapy (biological response modifier) consists of biological or chemical agents that alter the immune system or change the host's response to the tumor cells.

Always use the SEER*Rx Online Lookup to be sure you are coding the correct type of systemic therapy (chemotherapy, hormonal therapy, biological/targeted therapy, other therapy). (<https://seer.cancer.gov/tools/seerrx/>).

Types of immunotherapy

Interferons: Interferons belong to a group of proteins called cytokines. They are produced naturally by the white blood cells in the body. Interferon-alpha is able to slow tumor growth directly as well as activate the immune system. It is used for a number of cancers including multiple myeloma, chronic myelogenous leukemia (CML), hairy cell leukemia, and malignant melanoma.

Cancer Vaccines: Cancer vaccines are still in the experimental phase and are not coded in this data item. They may be coded in the field Other Therapy. Currently clinical trials use cancer vaccines for brain, breast, colon, kidney, lung, melanoma and ovary.

Interleukins (IL-2) are often used to treat kidney cancer and melanoma.

Monoclonal Antibodies: Monoclonal antibodies are produced in a laboratory. The artificial antibodies are injected into the patient to seek out and disrupt cancer cell activities and to enhance the immune response against the cancer. For example, Rituximab (Rituxan) may be used for non-Hodgkin lymphoma, and trastuzumab (Herceptin) may be used for certain breast cancers.

Coding Instructions

1. **ONLY USE CODE 99 FOR DEATH CERTIFICATE CASES**
2. Assign code 00
 - a. When there is no information in the patient's medical record that immunotherapy was either planned or administered
 - b. There is no reason to suspect that the patient would have had immunotherapy.
 - c. If the treatment plan offered multiple treatment options and the patient selected treatment that did not include immunotherapy.
 - d. Patient elects to pursue no treatment following the discussion of immunotherapy. Discussion does not equal a recommendation.
 - e. Only information available is that the patient was referred to an oncologist. Referral does not equal a recommendation.
 - f. Watchful waiting (prostate)
 - g. Patient diagnosed at autopsy
3. Assign code 87
 - a. If the patient refused recommended immunotherapy.
 - b. If the patient made a blanket refusal of all recommended treatment.
4. Refer to the online *SEER*Rx Interactive Drug Database* (<https://seer.cancer.gov/tools/seerrx/>) for a list of chemotherapeutic, hormonal and biological anti-neoplastic agents.

Code	Description
00	None, Immunotherapy was not part of the first course of therapy; not customary therapy for this cancer
01	Immunotherapy
82	Immunotherapy was not recommended/administered because it was contraindicated due to patient risk factors (comorbid conditions, advanced age, etc.)
85	Immunotherapy was not administered because the patient died prior to planned or recommended therapy.

86	Immunotherapy was not administered; it was recommended by the patient's physician, but was not administered as part of first-course therapy. No reason was noted in the patient record.
87	Immunotherapy was not administered; the patient's physician recommended it, but the patient, the patient's family member, or the patient's guardian refused this treatment. The refusal was noted in the patient's records
88	Immunotherapy was recommended, but it is unknown if it was administered
99	It is unknown if Immunotherapy was recommended or administered because it is not stated in patient record; death certificate-only cases. ONLY USED FOR DCO CASES

RX DATE – BRM/IMMUNOTHERAPY**NAACCR ITEM #1240**

Records the date of initiation of immunotherapy or a biologic response modifier (BRM) that is part of the first course of treatment.

Coding Instructions

1. Enter the date the biologic response modifier/immunotherapy was initiated that is part of the first course of treatment.
2. The *RX Date–BRM Flag* (NAACCR Item #1241) is used to explain why *RX Date BRM/Immunotherapy* is not a known date

RX DATE- BRM FLAG**NAACCR ITEM #1241**

This flag explains why there is no appropriate value in the corresponding date field, *RX Date BRM/Immunotherapy* (NAACCR Item #1240).

Coding Instructions

1. Leave this item blank if *RX Date BRM/Immunotherapy* (NAACCR Item #1240) has a full or partial date recorded.
2. Code 12 if the *RX Date BRM/Immunotherapy* cannot be determined, but the patient did receive first course immunotherapy or a biologic response modifier.
3. Code 10 if it is unknown whether any immunotherapy or a biologic response modifier was given.
4. Code 11 if no immunotherapy or biologic response modifier is planned or given.
5. Code 15 if immunotherapy or a biologic response modifier is planned, but not yet started.

Code	Description
10	No information whatsoever can be inferred from this exceptional value (that is, unknown if any immunotherapy was given).
11	No proper value is applicable in this context (for example, no immunotherapy given).
12	A proper value is applicable but not known. This event occurred, but the date is unknown (that is, immunotherapy was given but the date is unknown).
15	Information is not available at this time, but it is expected that it will be available later (that is, immunotherapy is planned as part of first course treatment, but had not yet started at the time of the last follow-up).
(blank)	A valid date value is provided in item <i>RX Date BRM/Immunotherapy</i> (NAACCR Item #1240). Case was diagnosed between 2003 and 2009 and the facility did not record <i>RX Date BRM/Immunotherapy</i> (NAACCR Item #1240) at that time.

RX TEXT—BRM**NAACCR ITEM #2660**

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

Suggestion for text:

- When treatment was given, e.g., at this facility; at another facility
- Type of BRM agent, e.g., Interferon, BCG
- BRM procedures, e.g., bone marrow transplant, stem cell transplant
- Other treatment information, e.g., treatment cycle incomplete; unknown if BRM was given

RX SUMM—SYSTEMIC / SUR SEQ**NAACCR ITEM #1639**

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

Coding Instructions

1. Enter the sequencing of systemic therapy (RX Summ-Chemo [1390], RX Summ-Hormone [1400], and RX Summ-Transplnt/Endocr [3250]) and surgical procedures given as part of the first course of treatment.
2. If none of the following surgical procedures was performed: RX Summ- SurgPrim Site(NAACCR Item #1290), RX Summ--Scope Reg LN Sur (NAACCR Item #1292) (excluding code 1), RX Summ--Surg Oth Reg/Dis (NAACCR Item #1294), then this item should be coded 0.
3. If the patient received both systemic therapy and any one or a combination of the following surgical procedures: RX Summ--Surg Prim Site (NAACCR Item #1290), RX Summ--Scope Reg LN Sur (NAACCR Item #1292) (excluding code 1), or RX Summ--Surg Oth Reg/Dis (NAACCR Item #1294), then code this item 2—9, as appropriate.

Code	Label	Description
0	No systemic therapy and/or surgical procedures	No systemic therapy was given; and/or no surgical procedure of primary site; no scope of regional lymph node surgery; no surgery to other regional site(s), distant site(s), or distant lymph node(s); or no reconstructive surgery was performed. Diagnosed at autopsy.
2	Systemic therapy before surgery	Systemic therapy was given before surgical procedure of primary site; scope of regional lymph node surgery (excluding code 1); surgery to other regional site(s), distant site(s), or distant lymph node(s) was performed.
3	Systemic therapy after surgery	Systemic therapy was given after surgical procedure of primary site; scope of regional lymph node surgery (excluding code 1); surgery to other regional site(s), distant site(s), or distant lymph node(s) was performed.
4	Systemic therapy both before and after surgery	Systemic therapy was given before and after any surgical procedure of primary site; scope of regional lymph node surgery (excluding code 1); surgery to other regional site(s), distant site(s), or distant lymph node(s) was performed.
5	Intraoperative systemic therapy	Intraoperative systemic therapy was given during surgical procedure of primary site; scope of regional lymph node surgery (excluding code 1); surgery to other regional site(s), distant site(s), or distant lymph node(s).

Code	Label	Description
6	Intraoperative systemic therapy with other systemic therapy administered before or after surgery	Intraoperative systemic therapy was given during surgical procedure of primary site; scope of regional lymph node surgery (excluding code 1); surgery to other regional site(s), distant site(s), or distant lymph node(s) with other systemic therapy administered before or after surgical procedure of primary site; scope of regional lymph node surgery; surgery to other regional site(s), distant site(s), or distant lymph node(s) was performed.
7	Surgery both before and after systemic therapy	Systemic therapy both before and after radiation”, defined as Systemic therapy was administered between two separate surgical procedures to the primary site; regional lymph nodes (excluding code 1); surgery to other regional site(s), distant site(s), or distant lymph node(s).
9	Sequence unknown	Administration of systemic therapy and surgical procedure of primary site; scope of regional lymph node surgery (excluding code 1); surgery to other regional site(s), distant site(s), or distant lymph node(s) were performed and the sequence of the treatment is not stated in the patient record. It is unknown if systemic therapy was administered and/or it is unknown if surgical procedure of primary site; scope of regional lymph node surgery; surgery to other regional site(s), distant site(s), or distant lymph node(s) were performed.

RX SUMM – TRANSPLNT/ENDOCR**NAACCR ITEM #3250**

Identifies systemic therapeutic *procedures* administered as part of the first course of treatment at this and all other facilities. If none of these *procedures* were administered, then this item records the reason they were not performed. These include bone marrow transplants, stem cell harvests, surgical and/or radiation endocrine therapy.

Definitions:

Bone marrow transplant (BMT): Procedure used to restore stem cells that were destroyed by chemotherapy and/or radiation. Replacing the stem cells allows the patient to undergo higher doses of chemotherapy.

BMT Allogeneic: Receives bone marrow or stem cells from a donor.

BMT Autologous: Uses the patient’s own bone marrow and/or stem cells. The tumor cells are filtered out and the purified blood and stem cells are returned to the patient.

Note: Used for breast cancer, lymphoma, leukemia, aplastic anemia, myeloma, germ cell tumors, ovarian cancer, and small cell lung cancer.

Conditioning: High-dose chemotherapy with or without radiation administered prior to transplants such as BMT and stem cell to kill cancer cells. This conditioning also destroys normal bone marrow cells so the normal cells need to be replaced (rescue). The high dose chemotherapy is coded in the Chemotherapy field.

Hematopoietic Growth Factors: A group of substances that support hematopoietic (blood cell) colony formation. The group includes erythropoietin, interleukin-3, and colony-stimulating factors (CSFs). The growth-stimulating substances are ancillary drugs and not coded.

Non-Myeloablative Therapy: Uses immunosuppressive drugs pre- and post-transplant to ablate the bone marrow. These are not recorded as therapeutic agents.

Peripheral Blood Stem Cell Transplantation (PBSCT): Rescue that replaces stem cells after conditioning.

Rescue: Rescue is the actual BMT or stem cell transplant done after conditioning.

Stem Cells: Immature cells found in bone marrow, blood stream and umbilical cords. The stem cells mature into blood cells.

Coding Instructions

1. Bone marrow transplants should be coded as either autologous (bone marrow originally taken from the patient) or allogeneic (bone marrow donated by a person other than the patient). For cases in which the bone marrow transplant was syngeneic (transplanted marrow from an identical twin), the item is coded as allogeneic.
2. Stem cell harvests involve the collection of immature blood cells from the patient and the reintroduction by transfusion of the harvested cells following chemotherapy or radiation therapy.
3. Endocrine irradiation and/or endocrine surgery are procedures which suppress the naturally occurring hormonal activity of the patient and thus alter or affect the long-term control of the cancer's growth. These procedures must be bilateral to qualify as endocrine surgery or endocrine radiation. If only one gland is intact at the start of treatment, surgery and/or radiation to that remaining gland qualifies as endocrine surgery or endocrine radiation.
4. Code 00 if a transplant or endocrine procedure was not administered to the patient
5. Code 00 if there is no indication anywhere in the patient's medical record that a transplant or endocrine procedure was either planned or administered.
6. Code 00 if the treatment plan offered multiple options, and the patient selected treatment that did not include a transplant or endocrine procedure.
7. If it is known that a transplant or endocrine procedure is usually administered for this type and stage of cancer, but was not administered to the patient, use code 82, 85, 86, or 87 to record the reason why it was not administered.
8. Code 87 if the patient refused a recommended transplant or endocrine procedure, made a blanket refusal of all recommended treatment, or refused all treatment before any was recommended.
9. Code 88 if it is known that a physician recommended a hematologic transplant or endocrine procedure, but no further documentation is available yet to confirm its administration.
10. Code 88 to indicate referral to a specialist for hematologic transplant or endocrine procedures and the registry should follow the case. If follow-up to the specified specialist or facility determines the patient was never there, code 00.
11. Cases coded 88 should be followed to determine whether they were given a hematologic transplant or endocrine procedure or why not.
12. Code 99 if it is unknown whether a hematologic transplant and/or endocrine surgery/radiation was administered or recommended .

Code	Description
00	None, transplant procedure or endocrine therapy was not part of the first course of therapy; not customary therapy for this cancer
10	Bone marrow transplant, NOS. A bone marrow transplant procedure was administered, but the type was not specified
11	Bone marrow transplant – autologous
12	Bone marrow transplant – allogeneic
20	Stem cell harvest
30	Endocrine surgery and/or endocrine radiation therapy. Code only to be used for Primary Sites Breast and/or Prostate

Code	Description
40	Combination of endocrine surgery and/or radiation with a transplant procedure (combination of codes 30 and 10, 11, 12 or 20).
82	Hematologic transplant and/or endocrine surgery/radiation was not recommended/administered because it was contraindicated due to patient risk factors (i.e., comorbid conditions, advanced age).
85	Hematologic transplant and/or endocrine surgery/radiation was not administered because the patient died prior to planned or recommended therapy.
86	Hematologic transplant and/or endocrine surgery/radiation was not administered. It was recommended by the patient's physician, but was not administered as part of first-course therapy. No reason was stated in the patient record.
87	Hematologic transplant and/or endocrine surgery/radiation was not administered. It was recommended by the patient's physician, but this treatment was refused by the patient, the patient's family member, or the patient's guardian. The refusal was noted in the patient record.
88	Hematologic transplant and/or endocrine surgery/radiation was recommended, but it is unknown if it was administered If a bone marrow or stem cell harvest was undertaken, but was not followed by a rescue or re-infusion as part of first course treatment
99	It is unknown whether hematologic transplant and/or endocrine surgery/radiation was recommended or administered because it is not stated in patient record. Autopsy only cases. ONLY USE FOR DEATH CERTIFICATE CASES

RX SUMM – OTHER**NAACCR ITEM #1420**

Enter any other cancer-directed therapy received by the patient as part of the first course of therapy. Record any other therapy administered at your facility and all other facilities.

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.

Other Treatment is rare. 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 in addition to the warning the errors will need to be corrected prior to submission. Again, WARNINGS cannot be FORCED.

The following explanations and definitions are quoted from the website for the National Center for Complementary and Alternative Medicine (NCCAM). Complementary and alternative medicine, as defined by NCCAM, is a group of diverse medical and health care systems, practices, and products that are not presently considered to be part of conventional medicine. While some scientific evidence exists regarding some CAM therapies, for most there are key questions that are yet to be answered through well-designed scientific studies--questions such as whether they are safe and whether they work for the diseases or medical conditions for which they are used.

Complementary medicine is used **together with** conventional medicine. An example of a complementary therapy is using aromatherapy to help lessen a patient's discomfort following surgery.

Alternative medicine is used **in place of** conventional medicine. An example of an alternative therapy is using a special diet to treat cancer instead of undergoing surgery, radiation, or chemotherapy that has been recommended by a conventional doctor.

Coding Instructions

1. Assign **Code 0** when
 - a. There is no indication anywhere in the patient's medical record that other therapy was either planned or administered.
 - b. There is no reason to suspect that the patient would have had other therapy.
 - c. If the treatment plan offered multiple treatment options and the patient selected treatment that did not include other therapy.
 - d. Patient elects to pursue no treatment following the discussion of other therapy. Discussion does not equal a recommendation.
 - e. Only information available is that the patient was referred for consideration of other therapy. Referral does not equal a recommendation.
 - f. Patient diagnosed at autopsy
 2. Assign **code 1**
 - a. Hematopoietic treatments such as: phlebotomy for polycythemia vera or aspirin for essential thrombocythemia.
 - b. Patient had cancer treatment that could not be assigned to the previous treatment fields (surgery, radiation, chemotherapy, immunotherapy, or systemic therapy).
 3. Assign **Code 2** for any experimental or newly developed treatment that differs greatly from proven types of cancer therapy such as a clinical trial. **Note:** Hyperbaric oxygen has been used to treat cancer in clinical trials, but it is also used to promote tissue healing following head and neck surgeries. Do not code the administration of hyperbaric oxygen to promote healing as an experimental treatment.
 4. Assign **code 3** when the patient is enrolled in a double blind clinical **trial**. When the trial is complete and the code is broken, review and recode the therapy.
 5. Assign **code 6** for **unconventional** methods whether they are the single therapy or given in combination with conventional therapy. See below for more details.
 6. Assign **code 8** When other therapy was recommended by the physician but there is no information that the treatment was given.
- 7. ONLY USE CODE 9 FOR DEATH CERTIFICATE CASES**

Code 6

Use code 6 for unconventional methods (for example, laetrile) when they are given alone or in combination with cancer-directed treatment. Use code 6 for alternative and complementary therapies ONLY IF the patient receives no other type of treatment (for example, do not code megavitamins if the patient also received cancer-directed surgery). Code 6 includes but is not limited to:

UNCONVENTIONAL METHODS	ALTERNATIVE AND COMPLEMENTARY THERAPIES
Cancell	<u>ALTERNATIVE SYSTEMS</u>
Carnivora	Acupuncture
Glyoxylide	Ayurveda
Iscador	Environmental Medicine
Koch Synthetic Antitoxins	Homeopathic Medicine
Krebiozen	Natural Products
Laetrile	Native American, Latin American, Or
Malonide	Traditional Oriental Medicine
Parabenzquinone	Bioelectromagnetic Applications

ALTERNATIVE AND COMPLEMENTARY THERAPIES	Electroacupuncture
MANUAL HEALING	Magneto-resonance Spectroscopy
Acupressure	Diet, Nutrition, Lifestyle
Biofield Therapeutics	Changes In Lifestyle
Massage Therapy	Diet
Reflexology	Gerson Therapy
Zone Therapy	Macrobiotics
MIND/BODY CONTROL	Megavitamins
Biofeedback	Nutritional Supplements
Humor Therapy	Herbal Medicine
Meditation	Ginger
Relaxation Techniques	Ginkgo Biloba Extract
Yoga	Ginseng Root
PHARMACOLOGICAL AND BIOLOGICAL TREATMENTS	
Anti-Oxidizing Agents	
Cell Treatment	

Code	Description
0	No other cancer directed therapy except as coded elsewhere. Patient received no other cancer-directed therapy.
1	Other cancer-directed therapy – Other, Cancer-directed therapy that cannot be appropriately assigned to other specific treatment modalities. <i>Examples:</i> hyperbaric oxygen (as adjunct to cancer-directed treatment), or hyperthermia, PUVA, arterial block for renal cell carcinoma, and radio-frequency thermal ablation (hyperthermia). Embolization using alcohol as an embolization agent. Embolization for a site other than the liver where the embolizing agent is unknown.
2	Other experimental cancer-directed therapy (not included elsewhere) Includes any experimental or newly developed method or treatment differing greatly from proven types of cancer therapy. It may be used for institution-based clinical trials.
3	Other-Double-blind clinical trial, code not yet broken Patient is involved in a double blind clinical trial. Code the treatment actually administered when the double blind clinical trial code is broken. Do not code ancillary drugs in this field.
6	Unproven therapy (including laetrile, krebiozen, etc.) Unconventional treatments given by non-medical personnel.
7	Refusal, the patient or patient's guardian refused treatment that would have been coded as 1, 2, or 3.
8	Recommended; Other cancer-directed therapy recommended, unknown if administered Physician recommended other cancer-directed therapy but there is no indication in the record that the patient received the treatment.
9	Unknown if other cancer-directed therapy administered – DEATH CERTIFICATE ONLY

RX DATE – OTHER**NAACCR ITEM #1250**

Records the date on which other treatment began at any facility.

Coding Instructions

Enter the date any “other” therapy was initiated that is part of the first course of treatment.

RX DATE – OTHER FLAG**NAACCR ITEM #1251**

This flag explains why there is no appropriate value in the corresponding date field, *RX Date Other* (NAACCR Item #1250).

Coding Instructions

1. Leave this item blank if *RX Date Other* (NAACCR Item #1250) has a full or partial date recorded.
2. Code 12 if the *RX Date Other* cannot be determined, but the patient did receive first course other treatment.
3. Code 10 if it is unknown whether any other treatment was given (*Other Treatment* [NAACCR Item #1420] is 9).
4. Code 11 if no other treatment is planned or given (*Other Treatment* [NAACCR Item #1420] is 0, 7 or 8).

Code	Description
10	No information whatsoever can be inferred from this exceptional value (that is, unknown if any Other Treatment was given).
11	No proper value is applicable in this context (for example, no Other Treatment given).
12	A proper value is applicable but not known. This event occurred, but the date is unknown (that is, Other Treatment was given but the date is unknown).
15	Information is not available at this time, but it is expected that it will be available later
(blank)	A valid date value is provided in item <i>Date Other Treatment Started</i> (NAACCR Item #1250).

RX SUMM – TREATMENT STATUS**NAACCR ITEM #1285**

This data item summarizes whether the patient received any treatment or the tumor was under ‘active surveillance’ or ‘watchful waiting’.

Instructions for Coding

- 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.
- Assigncode 0 (No Treatment) when treatment is refused or the physician decides not to treat for any reason such as the presence of comorbidities.
 - Assign code 0 when the patient does not receive any treatment
 - Scope of Regional Lymph Node Surgery may be coded 0, 1-7, or 9
 - Assign code 1 when the patient receives treatment collected in any of the following data items
 - a. Surgery of Primary Site
 - b. Surgical Procedure of Other Site
 - c. Radiation Treatment Modality, Phase I, II, III
 - d. Chemotherapy
 - e. Hormone Therapy
 - f. Immunotherapy

Code	Description
0	No treatment given
1	Treatment given – this does not include the decision not to treat the patient
2	Active surveillance (watchful waiting)
9	Unknown if treatment was given – ONLY USE FOR DEATH CERTIFICATE CASES

TEXT- REQUIRED

The Text Required section includes the set of data items where documentation must be entered to verify complete and accurate coding. Please read the Introduction to Text Documentation which precedes this section to become familiar with FCDS text requirements. Text requirements are monitored by FCDS QC Review and through FCDS EDITS. See Additional References for Text Documentation on next page.

Please see Appendix L for specific text documentation requirements.

NOTE: ALL Stage Items including ALL Site-Specific Factors MUST have Text Documentation.

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

Refer to Appendix C for the latest list of standard abbreviations.

CAUTION: Use of Non-Standard Abbreviations

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

NOTE: Vendor insertion of auto text from coded data is NOT sufficient to meet the CDC/NPCR or FCDS requirements for text documentation. Registrars/Abstractors must know which text areas in their abstracting software will be submitted to FCDS. FCDS does not always know how or where vendors map your screen entry text to the FCDS required text fields.

Data Items Included In This Section

NAACCR Item Number	Item Name
2520	Text – DX Procedures – Physical Exam
2530	Text – DX Procedures – X-Ray/Scans
2540	Text – DX Procedures – Scopes
2550	Text – DX Procedures – Lab Tests
2560	Text – DX Procedures – Operative Report
2570	Text – DX Procedures – Pathology Report
2580	Text – Primary Site Title
2590	Text – Histology Title
2600	Text – Staging
2610	RX Text – Surgery
2620	RX Text – Radiation (Beam)
2630	RX Text – Radiation Other
2640	RX Text – Chemo
2650	RX Text – Hormone
2660	RX Text – BRM
2670	RX Text – Other
2680	Text – Remarks
2690	Text – Place of Diagnosis

Reference: 2021 SEER Coding and Staging Manual – Appendix C: Site Specific Coding Modules
<https://seer.cancer.gov/manuals/2021/appendixc.html>

ADDITIONAL REFERENCES FOR TEXT DOCUMENTATION:

NCRA Informational Abstracts - NCRA has published a series of Informational Abstracts FREE FOR DOWNLOAD - Providing cancer-site specific guidelines for text in Abstracts

The NCRA Informational Abstracts can be found at <http://www.cancerregistryeducation.org/rr>
(These References were Updated 11.2019 and Includes the Following Cancers/Cancer Sites)

- **Benign Brain**
- **Bladder**
- **Breast**
- **Cervix**
- **Colon**
- **Endometrial**
- **Kidney**
- **Larynx**
- **Lung**
- **Lymphoma**
- **Malignant Brain**
- **Melanoma**
- **Ovarian**
- **Pancreas**
- **Prostate**
- **Renal Pelvis**
- **Testis**
- **Thyroid**

TEXT – DX PROC – PE**NAACCR ITEM #2520**

Enter information from history and physical examinations. Information can include duration and type of symptoms, family history, location of tumor, etc. Include dates and chronology of care. THIS SECTION MUST INCLUDE THE REASON WHY THE PATIENT CAME TO YOUR FACILITY REGARDLES OF CLASS OF CASE OR TREATMENT GIVEN. See Appendix L

TEXT – DX PROC – X-RAY/SCANS**NAACCR ITEM #2530**

Enter information from diagnostic imaging reports, including X-rays, MRI and PET scans, ultrasound and other imaging studies. Both positive and negative exams are important. YOU MUST INCLUDE DATES IN CHRONOLOGICAL ORDER FOR EACH IMAGING STUDY. See Appendix L

TEXT – DX PROC – SCOPES**NAACCR ITEM #2540**

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

TEXT – DX PROC – LAB TESTS**NAACCR ITEM #2550**

Enter information from laboratory examination other than cytology or histopathology for the tumor being reported. 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, Immunostaining, 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 timeline of care.

Some tumor marker examples include:

Breast Cancer:	Progesterone Receptors Assays (PRA), Estrogen Receptor Assays (ERA), Her2/neu*
Prostate Cancer:	Prostatic Specific Antigen (PSA)
Testicular Cancer:	Human Chorionic Gonadotropin (hCG), Alpha Feto Protein (AFP)
Liver Cancer:	Alpha Feto Protein (AFP)
Ovarian Cancer:	CA-125
Other Markers Include:	Carcinoembryonic antigen – CEA (Colorectal), CA-19-9, BRCA1 and others

Genetic Tests have become commonplace in cancer tissue evaluation. Please include genetic testing results in this text area to further classify the tumor, to be used as a genetic tumor marker to monitor response to treatment, and for additional clarification of tumor analysis conducted at the molecular level.

LIQUID BIOPSY and GENETIC TESTING PANELS: The Food and Drug Administration (FDA) has approved two blood tests, known as liquid biopsies, in August 2020 that can help guide treatment decisions for people with cancer. The tests, Guardant360 CDx and FoundationOne Liquid CDx. The tests are made by different companies and were approved separately. Below is some information about each.

Both tests can be used for two different purposes: as a companion diagnostic test and for general tumor profiling. A test is considered a companion diagnostic if it provides key information about the safe and

effective use of a corresponding drug. In this case, the tests determine whether a patient's tumor has a genetic change that is targeted by a specific drug.

(NOTE: The tests are not currently used for lymphoma, leukemia, or plasma cell neoplasms, only for solid tumors. Hematopoietic neoplasms have many individual genetic markers, specific to blood and lymph, but they are quite different and more specialized than the solid tumor genetic mutations or combinations.)

(NOTE: Cancer Registries do not yet have a way to report results of these multi-gene panel tests in a standardized manner, yet. We do not yet understand what we should be including in data collection for clinical case reporting (ACOS) or for cancer surveillance reporting (SEER/NPCR/FCDS); nor do we have the capacity to capture all of the results. We are working with physicians and geneticists to better understand our role as cancer registrars and population-based cancer surveillance programs at the state and federal level for capturing this information and what is important for cancer reporting. It may take some time for us to figure this all out. In the meantime, when these tests are used in diagnostic workup and to identify treatment options for patients with solid tumors, registrars should use any physician notes describing testing and results from Summary Reports, Consultations, Lab Results, etc...and specific comments made for each case, as the resource from which tests and results are important for any particular case you are abstracting.)

“Doctors have traditionally based treatment decisions on features like the organ in which the cancer started growing, whether the cancer has spread, and whether the patient has other health conditions. Now they often use another feature to guide treatment: genetic changes in the tumor.”

“Certain therapies, called targeted therapies and immunotherapies, work best against tumors that have specific genetic changes. The newly approved tests identify genetic changes, including mutations, by scanning DNA that tumors have shed into the blood.”

Doctors can then use that information to determine if there is a targeted therapy or immunotherapy that is likely to work for the patient. Analyzing genetic changes in a patient's cancer is called tumor profiling, genomic profiling, or tumor sequencing.

Both Guardant360 CDx and FoundationOne Liquid CDx are approved for people with any solid cancer (e.g., lung, prostate), but not for those with blood cancers. While FDA has approved other blood tests that check for the presence a single gene mutation in tumor DNA, these are the first approved blood tests that check for multiple cancer-related genetic changes.

Liquid biopsies can sometimes be an alternative to a traditional biopsy, in which a sample of a tumor is removed with a needle or during surgery. They are less invasive and quicker than a traditional tissue biopsy”

“Even though the tests have been around for a while, we don't know how useful they're really going to be in the clinical setting,” said Ben Ho Park, M.D., Ph.D., of Vanderbilt-Ingram Cancer Center. Many details about how the blood tests may be incorporated into everyday care for people with cancer, including who should get them and whether the cost is covered by private insurance companies, are still being ironed out.”

1. **FoundationOne CDx - FoundationOne CDx** is the first FDA-approved tissue-based broad companion diagnostic (CDx) that has been clinically and analytically validated for all solid tumors. Test results include microsatellite instability (MSI) and tumor mutational burden (TMB) to help inform immunotherapy decisions, and loss of heterozygosity (LOH) for ovarian cancer patients.

You can also order PD-L1 immunohistochemistry (IHC) testing* as an optional add-on test. The FoundationOne CDx test detects substitution, insertion and deletion genetic alterations, and genetic copy number alterations (CNAs) in 324 genes and select gene rearrangements, as well as genomic

signatures including microsatellite instability (MSI) and tumor mutational burden (TMB) using DNA isolated from formalin-fixed paraffin embedded (FFPE) tumor tissue specimens.

- FoundationOne CDx (324 DNA genes interrogated from a tissue sample)
- FoundationOne Liquid CDx (324 DNA genes* interrogated from a simple blood draw)
- FoundationOne Heme (406 DNA and 265 RNA genes interrogated from a variety of sample options)

Current Gene List²

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

<i>ABL1</i>	<i>ACVR1B</i>	<i>AKT1</i>	<i>AKT2</i>	<i>AKT3</i>	<i>ALK</i>	<i>ALOX12B</i>	<i>AMER1 (FAM123B)</i>	<i>APC</i>
<i>AR</i>	<i>ARAF</i>	<i>ARFRP1</i>	<i>ARID1A</i>	<i>ASXL1</i>	<i>ATM</i>	<i>ATR</i>	<i>ATRX</i>	<i>AURKA</i>
<i>AURKB</i>	<i>AXIN1</i>	<i>AXL</i>	<i>BAP1</i>	<i>BARD1</i>	<i>BCL2</i>	<i>BCL2L1</i>	<i>BCL2L2</i>	<i>BCL6</i>
<i>BCOR</i>	<i>BCORL1</i>	<i>BRAF</i>	<i>BRCA1</i>	<i>BRCA2</i>	<i>BRD4</i>	<i>BRIP1</i>	<i>BTG1</i>	<i>BTG2</i>
<i>BTK</i>	<i>CTNorb30 (EMSY)</i>	<i>CALR</i>	<i>CARD11</i>	<i>CASP8</i>	<i>CBFB</i>	<i>CBL</i>	<i>CCND1</i>	<i>CCND2</i>
<i>CCND3</i>	<i>CCNE1</i>	<i>CD22</i>	<i>CD274 (PD-L1)</i>	<i>CD70</i>	<i>CD79A</i>	<i>CD79B</i>	<i>CDC73</i>	<i>CDH1</i>
<i>CDK12</i>	<i>CDK4</i>	<i>CDK6</i>	<i>CDKB</i>	<i>CDKN1A</i>	<i>CDKN1B</i>	<i>CDKN2A</i>	<i>CDKN2B</i>	<i>CDKN2C</i>
<i>CEBPA</i>	<i>CHEK1</i>	<i>CHEK2</i>	<i>CIC</i>	<i>CREBBP</i>	<i>CRKL</i>	<i>CSF1R</i>	<i>CSF3R</i>	<i>CTCF</i>
<i>CTNNA1</i>	<i>CTNNB1</i>	<i>CUL3</i>	<i>CUL4A</i>	<i>CXCR4</i>	<i>CYP17A1</i>	<i>DAXX</i>	<i>DDR1</i>	<i>DDR2</i>
<i>DIS3</i>	<i>DNMT3A</i>	<i>DOT1L</i>	<i>EED</i>	<i>EGFR</i>	<i>EP300</i>	<i>EPHA3</i>	<i>EPHB1</i>	<i>EPHB4</i>
<i>ERBB2</i>	<i>ERBB3</i>	<i>ERBB4</i>	<i>ERCC4</i>	<i>ERG</i>	<i>ERF1</i>	<i>ESR1</i>	<i>EZH2</i>	<i>FAM46C</i>
<i>FANCA</i>	<i>FANCC</i>	<i>FANCG</i>	<i>FANCL</i>	<i>FAS</i>	<i>FBXW7</i>	<i>FGF10</i>	<i>FGF12</i>	<i>FGF14</i>
<i>FGF19</i>	<i>FGF23</i>	<i>FGF3</i>	<i>FGF4</i>	<i>FGF6</i>	<i>FGFR1</i>	<i>FGFR2</i>	<i>FGFR3</i>	<i>FGFR4</i>
<i>FH</i>	<i>FLCN</i>	<i>FLT1</i>	<i>FLT3</i>	<i>FOXL2</i>	<i>FUBP1</i>	<i>GABRA6</i>	<i>GATA3</i>	<i>GATA4</i>
<i>GATA6</i>	<i>GID4 (CT7orf39)</i>	<i>GNAI1</i>	<i>GNAI3</i>	<i>GNAQ</i>	<i>GNAS</i>	<i>GRM3</i>	<i>GSK3B</i>	<i>H3F3A</i>
<i>HDAC1</i>	<i>HGF</i>	<i>HNF1A</i>	<i>HRAS</i>	<i>HSD3B1</i>	<i>ID3</i>	<i>IDH1</i>	<i>IDH2</i>	<i>IGF1R</i>
<i>IKBKE</i>	<i>IKZF1</i>	<i>INPP4B</i>	<i>IRF2</i>	<i>IRS2</i>	<i>IRS2</i>	<i>JAK1</i>	<i>JAK2</i>	<i>JAK3</i>
<i>JUN</i>	<i>KDMSA</i>	<i>KDMSB</i>	<i>KDM6A</i>	<i>KDR</i>	<i>KEAP1</i>	<i>KEL</i>	<i>KIT</i>	<i>KLHL6</i>
<i>KMT2A (MLL)</i>	<i>KMT2D (MLL2)</i>	<i>KRAS</i>	<i>LTK</i>	<i>LYN</i>	<i>MAF</i>	<i>MAP2K1 (MEK1)</i>	<i>MAP2K2 (MEK2)</i>	<i>MAP2K4</i>
<i>MAP3K1</i>	<i>MAP3K13</i>	<i>MAPK1</i>	<i>MCL1</i>	<i>MDM2</i>	<i>MDM4</i>	<i>MED12</i>	<i>MEF2B</i>	<i>MEN1</i>
<i>MERTK</i>	<i>MET</i>	<i>MITF</i>	<i>MKNK1</i>	<i>MLH1</i>	<i>MPL</i>	<i>MRE11A</i>	<i>MSH2</i>	<i>MSH3</i>
<i>MSH6</i>	<i>MST1R</i>	<i>MTAP</i>	<i>MTOR</i>	<i>MUTYH</i>	<i>MYC</i>	<i>MYCL (MYCL1)</i>	<i>MYCN</i>	<i>MYD88</i>
<i>NBN</i>	<i>NF1</i>	<i>NF2</i>	<i>NFE2L2</i>	<i>NFKB1A</i>	<i>NKX2-1</i>	<i>NOTCH1</i>	<i>NOTCH2</i>	<i>NOTCH3</i>
<i>NPM1</i>	<i>NRAS</i>	<i>NTSC2</i>	<i>NTRK1</i>	<i>NTRK2</i>	<i>NTRK3</i>	<i>P2RY8</i>	<i>PALB2</i>	<i>PARK2</i>
<i>PARP1</i>	<i>PARP2</i>	<i>PARP3</i>	<i>PAX5</i>	<i>PBRM1</i>	<i>PDCD1 (PD-1)</i>	<i>PDCD1LG2 (PD-L2)</i>		<i>PDGFRA</i>
<i>PDGFRB</i>	<i>PKI</i>	<i>PIK3C2B</i>	<i>PIK3C2G</i>	<i>PIK3CA</i>	<i>PIK3CB</i>	<i>PIK3RI</i>	<i>PIM1</i>	<i>PMS2</i>
<i>POLD1</i>	<i>POLE</i>	<i>PPARG</i>	<i>PPP2R1A</i>	<i>PPP2R2A</i>	<i>PRDM1</i>	<i>PRKARIA</i>	<i>PRKCI</i>	<i>PTCH1</i>
<i>PTEN</i>	<i>PTPRN1</i>	<i>PTPRO</i>	<i>GKI</i>	<i>RAC1</i>	<i>RAD21</i>	<i>RAD51</i>	<i>RAD51B</i>	<i>RAD51C</i>
<i>RAD51D</i>	<i>RAD52</i>	<i>RAD54L</i>	<i>RAF1</i>	<i>RARA</i>	<i>RB1</i>	<i>RBM10</i>	<i>REL</i>	<i>RET</i>
<i>RICTOR</i>	<i>RNF43</i>	<i>ROSI</i>	<i>RPTOR</i>	<i>SDHA</i>	<i>SDHB</i>	<i>SDHC</i>	<i>SDHD</i>	<i>SETD2</i>
<i>SF3B1</i>	<i>SGK1</i>	<i>SMAD2</i>	<i>SMAD4</i>	<i>SMARCA4</i>	<i>SMARCB1</i>	<i>SMO</i>	<i>SNCAIP</i>	<i>SOC1</i>
<i>SOX2</i>	<i>SOX9</i>	<i>SPEN</i>	<i>SPOP</i>	<i>SRC</i>	<i>STAG2</i>	<i>STAT3</i>	<i>STK11</i>	<i>SUFU</i>
<i>SYK</i>	<i>TBX3</i>	<i>TEK</i>	<i>TET2</i>	<i>TGFBR2</i>	<i>TIPARP</i>	<i>TNFAIP3</i>	<i>TNFRSF14</i>	<i>TP53</i>
<i>TSC1</i>	<i>TSC2</i>	<i>TYRO3</i>	<i>U2AF1</i>	<i>VEGFA</i>	<i>VHL</i>	<i>WHSC1 (HMMET)</i>	<i>WHSC1L1</i>	<i>WT1</i>
<i>XPO1</i>	<i>XRCC2</i>	<i>ZNF217</i>	<i>ZNF703</i>					

Select Rearrangements^{2,3}

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

<i>ALK</i>	<i>BCL2</i>	<i>BCR</i>	<i>BRAF</i>	<i>BRCA1</i>	<i>BRCA2</i>	<i>CD74</i>	<i>EGFR</i>	<i>ETV4</i>
<i>ETV5</i>	<i>ETV6</i>	<i>EWSR1</i>	<i>EZR</i>	<i>FGFR1</i>	<i>FGFR2</i>	<i>FGFR3</i>	<i>KIT</i>	<i>KMT2A (MLL)</i>
<i>MSH2</i>	<i>MYB</i>	<i>MYC</i>	<i>NOTCH2</i>	<i>NTRK1</i>	<i>NTRK2</i>	<i>NUTM1</i>	<i>PDGFRA</i>	<i>RAF1</i>
<i>RARA</i>	<i>RET</i>	<i>ROSI</i>	<i>RSP02</i>	<i>SDC4</i>	<i>SLC34A2</i>	<i>TERC*</i>	<i>TERT (promoter only)**</i>	
<i>TPR52</i>								

**TERC* is non-coding RNA gene

***TERT* is gene with promoter region

Table 1: Companion diagnostic indications

INDICATIONS	BIOMARKER	FDA-APPROVED THERAPY
Non-Small Cell Lung Cancer (NSCLC)	<i>EGFR</i> exon 19 deletions and <i>EGFR</i> exon 21 L858R alterations	Gilotrif® (afatinib), Iressa® (gefitinib), Tagrisso® (osimertinib) or Tarceva® (erlotinib)
	<i>EGFR</i> exon 20 T790M alterations	Tagrisso® (osimertinib)
	<i>ALK</i> rearrangements	Alecensa® (alectinib), Xalkori® (crizotinib), or Zykadia® (ceritinib)
	<i>BRAF</i> V600E	Tafinlar® (dabrafenib) in combination with Mekinist® (trametinib)
	<i>MET</i> single nucleotide variants (SNVs) and indels that lead to <i>MET</i> exon 14 skipping	Tabrecta™ (capmatinib)
Melanoma	<i>BRAF</i> V600E	Tafinlar® (dabrafenib) or Zelboraf® (vemurafenib)
	<i>BRAF</i> V600E or V600K	Mekinist® (trametinib) or Cotelliv® (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)	Erbbitux® (cetuximab)
	<i>KRAS</i> wild-type (absence of mutations in exons 2, 3 and 4) and <i>NRAS</i> wild-type (absence of mutations in exons 2, 3 and 4)	Vectibix® (panitumumab)
Ovarian Cancer	<i>BRCA1/2</i> alterations	Lynparza® (olaparib) or Rubraca® (rucaparib)
Cholangiocarcinoma	<i>FGFR2</i> fusions and select rearrangements	Pemazyre™ (pemigatinib)
Prostate Cancer	Homologous Recombination Repair (<i>HRR</i>) gene (<i>BRCA1, BRCA2, ATM, BARD1, BRIP1, CDK12, CHEK1, CHEK2, FANCL, PALB2, RAD51B, RAD51C, RAD51D</i> and <i>RAD54L</i>) alterations	Lynparza® (olaparib)
Solid tumors	TMB ≥ 10 mutations per megabase	Keytruda® (pembrolizumab)

The test is also used for detection of genomic loss of heterozygosity (LOH) from formalin-fixed, paraffin-embedded (FFPE) ovarian tumor tissue. Positive homologous recombination deficiency (HRD) status (defined as tBRCA-positive and/or LOH high) in ovarian cancer patients is associated with improved progression-free survival (PFS) from Rubraca (rucaparib) maintenance therapy in accordance with the Rubraca product label.

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- Guardant360 CDx - Guardant360® CDx** is a qualitative next generation sequencing-based in vitro diagnostic test that uses targeted high throughput hybridization-based capture technology for detection of single nucleotide variants (SNVs), insertions and deletions (indels) in 55 genes, copy number amplifications (CNAs) in two (2) genes, and fusions in four (4) genes. Guardant360 CDx utilizes circulating cell-free DNA (cfDNA) from plasma of peripheral whole blood collected in Streck Cell-Free DNA Blood Collection Tubes (BCTs).

Table 3. Genes Containing Alterations Reported by Guardant360 CDx

Alteration Type	Genes
Single Nucleotide Variants (SNVs)	<i>AKT1, ALK, APC, AR, ARAF, ATM*, BRAF, BRCA1**, BRCA2**, CCND1, CDH1, CDK4, CDK6, CDK12*, CDKN2A, CTNNB1, EGFR, ERBB2, ESR1, FGFR1, FGFR2, FGFR3, GATA3, GNA11, GNAQ, HRAS, IDH1, IDH2, KIT, KRAS, MAP2K1, MAP2K2, MET, MLH1, MTOR, MYC, NF1, NFE2L2, NRAS, NTRK1, NTRK3, PDGFRA, PIK3CA, PTEN, RAF1, RET, RHEB, ROS1, SMAD4, SMO, STK11, TERT, TSC1, VHL</i>
Indels	<i>AKT1, ALK, APC, ATM*, BRAF, BRCA1**, BRCA2**, CDH1, CDK12*, CDKN2A, EGFR, ERBB2, ESR1, FGFR2, GATA3, HNF1A, HRAS, KIT, KRAS, MET, MLH1, NF1, PDGFRA, PIK3CA, PTEN, RET, ROS1, STK11, TSC1, VHL</i>
Copy Number Amplifications (CNAs)	<i>ERBB2, MET</i>
Fusions	<i>ALK, NTRK1, RET, ROS1</i>

*Reporting is enabled for pathogenic germline alterations only. Somatic alterations will not be reported.

** Reporting is enabled for both germline and somatic alterations.

TEXT – DX PROC – OP**NAACCR ITEM #2560**

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

TEXT – DX PROC – PATH**NAACCR ITEM #2570**

Enter information from cytology and histopathology reports. 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, metastatic involvement, etc. **YOU MUST INCLUDE DATES AND CHRONOLOGY OF CARE – PLEASE INDICATE IF REPORTS ARE MISSING FROM THE MEDICAL RECORD. INCLUDE BIOPSIES, BONE MARROW REPORTS, RESECTIONS, AND GENETIC TESTING INCLUDED IN THE ANATOMIC PATHOLOGY REPORT.** See Appendix L

TEXT – STAGING**NAACCR ITEM #2600**

DO NOT JUST ENTER TNM – YOU MUST JUSTIFY THE RATIONALE FOR ASSIGNING SS2018. THERE IS NO CROSSWALK FROM TNM TO SS2018. REFER TO THE SS2018 MANUAL. 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. But, do not only include AJCC TNM information. You must include rationale for assignment of Summary Stage. Please always use the Summary Stage Manual to assign Summary Stage and to document rationale for the code assigned. Include dates and chronology of care. See Appendix L

RX TEXT – SURGERY**NAACCR ITEM #2610**

Enter information describing the surgical procedure(s) performed as part of first course of therapy. Include dates and chronology of care. These are not the findings from the surgical procedure. Include the actual name and date of the surgical procedure(s) performed in chronological order. See Appendix L

RX TEXT--RADIATION (BEAM)**NAACCR ITEM #2620**

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

Suggestion for text:

- Date when radiation treatment began
- Where treatment was given, e.g., at this facility, at another facility
- Other treatment information, e.g., patient discontinued after 5 treatments; unknown if radiation was given

RX TEXT--RADIATION OTHER**NAACCR ITEM #2630**

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

Suggestion for text:

- Date treatment was started
- Where treatment was given, e.g., at this facility, at another facility
- Other treatment information, e.g., unknown if radiation was given

RX TEXT—CHEMO**NAACCR ITEM #2640**

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

Suggestion for text:

- Date when chemotherapy began
- Where treatment was given, e.g., at this facility, at another facility
- Type of chemotherapy, e.g., name of agent(s) or protocol
- Other treatment information, e.g., treatment cycle incomplete, unknown if chemotherapy was given

RX TEXT—HORMONE**NAACCR ITEM #2650**

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

Suggestion for text:

- Date treatment was started
- Where treatment was given, e.g., at this facility, at another facility
- Type of hormone or antihormone, e.g., Tamoxifen
- Type of endocrine surgery or radiation, e.g., orchiectomy
- Other treatment information, e.g., treatment cycle incomplete; unknown if hormones were given

RX TEXT—BRM**NAACCR ITEM #2660**

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

Suggestion for text:

- When treatment was given, e.g., at this facility; at another facility
- Type of BRM agent, e.g., Interferon, BCG
- BRM procedures, e.g., bone marrow transplant, stem cell transplant
- Other treatment information, e.g., treatment cycle incomplete; unknown if BRM was given

RX TEXT--OTHER**NAACCR ITEM #2670**

Enter the document documentation regarding the treatment of the tumor being reported with treatment that cannot be defined as surgery, radiation, or systemic therapy. This includes experimental treatments (when the mechanism of action for a drug is unknown), and blinded clinical trials. If the mechanism of action for the experimental drug is known, code to the appropriate treatment field. Include dates and chronology of care. See Appendix L

Suggestion for text:

- Date treatment was started
- Where treatment was given, e.g., at this facility, at another facility
- Type of other treatment, e.g., blinded clinical trial, hyperthermia
- Other treatment information, e.g., treatment cycle incomplete; unknown if other treatment was given

TEXT – REMARKS**NAACCR ITEM #2680**

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

FOLLOW UP

The Follow Up section includes the set of data items used by the FCDS to monitor a facility's last contact with the patient at the time that the abstract was completed. FCDS does not require the collection of most of the data items pertaining to follow up. The FCDS required follow up data items are limited in scope; they mainly assist in performing limited survival analyses.

Data Items Included In This Section

<u>NAACCR Item Number</u>	<u>Item Name</u>
1750	Date of Last Contact
1751	Date of Last Contact Flag
1760	Vital Status
1770	Cancer Status

DATE OF LAST CONTACT**NAACCR ITEM #1750**

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

Coding Instructions

1. Record the last date on which the patient was known to be alive or the date of death.
2. If a patient has multiple primaries, all records should have the same date of last contact.

DATE OF LAST CONTACT FLAG**NAACCR ITEM #1751**

This flag explains why there is no appropriate value in the corresponding date field, *Date of Last Contact* (NAACCR Item #1750).

Coding Instructions

1. Leave this item blank if *Date of Last Contact* (NAACCR Item #1750) has a full or partial date recorded.
2. Code 12 if the *Date of Last Contact* cannot be determined.

Code	Description
12	A proper value is applicable but not known. This event occurred, but the date is unknown (that is, the date of last contact is unknown).
(blank)	A valid date value is provided in item <i>Date of Last Contact or Death</i> (NAACCR Item #1750).

VITAL STATUS**NAACCR ITEM # 1760**

Enter the patient's Vital Status as of the date entered in date of last contact.

Code	Description
0	Dead
1	Alive

CANCER STATUS**NAACCR ITEM #1770**

Enter the cancer status that corresponds to the date of last contact. Cancer status is the absence or presence of cancer. It is coded independently for each primary. If a patient has multiple primaries, each record could have a different cancer status. If a patient has had surgical removal of the primary cancer and all other involved tissue and is felt to be free of cancer, cancer status should be coded 1 – No evidence of this cancer.

Code	Description
1	No evidence of this cancer
2	Evidence of this cancer
9	Unknown, indeterminate whether this cancer present, not stated in patient record

APPENDIX A

**FLORIDA HEALTHCARE FACILITIES
CURRENTLY REPORTING TO FCDS**

Includes:
HOSPITALS
FREE-STANDING SURGICAL CENTERS
RADIATION THERAPY CENTERS
PATHOLOGY LABS (e-path)

Does NOT Include:
Dermatologist in Private Practice
Urologist in Private Practice
Hematologist in Private Practice
Medical Oncologist in Private Practice

Appendix A
Hospital Listing by FCDS Facility ID Code and Reporting Option

Fac	Option	Facility Name	City
1100	4	Shands University Of Florida	Gainesville
1103	6	Nf/Sg Veteran Healthcare System	Gainesville
1170	4	N Florida Regional Medical Center	Gainesville
1205	0	Baker County Medical Service Inc	Macclenny
1300	4	Gulf Coast Regional Medical Center	Panama City
1306	4	Bay Medical Center	Panama City
1505	4	Cape Canaveral Hospital	Cocoa Beach
1506	4	Parrish Medical Center	Titusville
1508	4	Palm Bay Hospital	Palm Bay
1510	4	Viera Hospital	Viera
1521	7	45th Medical Group 45mdss Sgsact	Patrick Air Force Base
1546	4	Holmes Regional Medical Center	Melbourne
1547	4	Rockledge Regional Medical Center	Rockledge
1548	4	Melbourne Regional Medical Center	Melbourne
1601	4	Westside Regional Med Ctr	Plantation
1602	2	Memorial Regional Hospital South	Hollywood
1605	4	Broward Health Medical Center	Fort Lauderdale
1606	4	Memorial Regional Cancer Center	Hollywood
1607	4	Broward Health North	Deerfield Beach
1609	2	Imperial Point Medical Center	Fort Lauderdale
1610	2	Memorial Hospital Pembroke	Pembroke Pines
1636	5	Holy Cross Hospital	Fort Lauderdale
1645	2	Coral Springs Medical Center	Coral Springs
1647	4	Cleveland Clinic Hospital	Weston
1649	2	Memorial Hospital Miramar	Miramar
1671	2	Kindred Hosp S Fl Hollywood	Hollywood
1673	2	Kindred Ft Lauderdale	Fort Lauderdale
1676	4	Plantation General Hosp	Plantation
1681	2	Northwest Medical Center	Margate
1686	2	Florida Medical Center	Fort Lauderdale
1687	2	University Medical Center	Tamarac
1688	4	Memorial Hospital West	Pembroke Pines
1690	8	Hollywood Pavilion	Hollywood
1705	0	Calhoun Liberty Hospital	Blountstown
1800	2	Fawcett Memorial Hospital	Port Charlotte
1836	3	Bayfront Health Port Charlotte	Port Charlotte
1846	2	Bayfront Health Punta Gorda	Punta Gorda
1900	2	Seven Rivers Regional Medical Ctr	Crystal River
1905	2	Citrus Memorial Hospital	Inverness
2000	4	Orange Park Medical Center	Orange Park

Appendix A
Hospital Listing by FCDS Facility ID Code and Reporting Option

Fac	Option	Facility Name	City
2090	2	Kindred Hospital North Florida	Green Cove Springs
2130	2	Physicians Reg Med Ctr-Pine Ridge	Naples
2140	2	Physicians Reg Medical Ctr Collier	Naples
2146	4	Nch Healthcare System	Naples
2150	4	North Collier Hospital	Naples
2190	8	The Willough At Naples	Naples
2226	6	Orlando Va Medical Center	Lake City
2246	2	Lake City Medical Center	Lake City
2302	4	Jackson South Community Center	Miami
2304	4	Aventura Hosp And Comp Cancer Ctr	Aventura
2305	4	James M Jackson Memorial Hospital	Miami
2306	4	Homestead Hospital	Homestead
2307	3	West Kendall Baptist Hospital	Miami
2310	4	Anne Bates Leach Eye Hospital	Miami
2321	7	U S Air Force Hospital	Homestead
2326	6	Miami V A Medical Center	Miami
2336	4	Baptist Hospital Miami	Miami
2338	2	Mercy Hospital - Miami	Miami
2346	2	Kindred Hosp S Fl Coral Gables	Coral Gables
2347	4	University Of Miami Hospital	Miami
2348	2	Doctors Hospital	Coral Gables
2349	2	Hialeah Hospital	Hialeah
2351	4	Mount Sinai Medical Center	Miami Beach
2353	4	North Shore Medical Center	Miami
2356	2	Larkin Hospital Palm Springs Campus	Hialeah
2358	2	Kendall Regional Medical Center	Miami
2359	5	Nicklaus Children'S Hospital	Miami
2372	4	U Of Miami Hospital Clinics	Miami
2374	2	Jackson North Medical Center	North Miami Beach
2376	4	South Miami Hospital	South Miami
2377	2	Westchester General Hospital	Miami
2378	2	Coral Gables Hospital	Coral Gables
2379	2	Larkin Community Hospital	South Miami
2383	3	Palmetto General Hospital	Hialeah
2405	2	Desoto Memorial Hospital	Arcadia
2605	4	Baptist Medical Center Beaches	Jacksonville Beach
2606	4	Shands Jacksonville Medical Center	Jacksonville
2621	7	Naval Hospital Jax Tumor Registry	Jacksonville
2636	4	Baptist Regional Cancer Center-Jax	Jacksonville
2638	4	Ascension St. Vincent'S Riverside	Jacksonville

Appendix A
Hospital Listing by FCDS Facility ID Code and Reporting Option

Fac	Option	Facility Name	City
2640	4	Baptist Medical Center South	Jacksonville
2647	2	Nemours Childrens Hospital	Orlando
2648	4	Memorial Hospital Jacksonville	Jacksonville
2650	4	Mayo Clinic Hospital	Jacksonville
2651	0	Curahealth Jacksonville Llc	Jacksonville
2660	4	Ascension St. Vincent'S Southside	Jacksonville
2672	4	Wolfson Childrens Hosp Ncc	Jacksonville
2700	4	West Florida Hospital	Pensacola
2705	8	University Hospital And Clinic	Pensacola
2721	7	Naval Hospital Of Pensacola	Pensacola
2736	4	Baptist Hospital Of Pensacola	Pensacola
2738	4	Ascension Sacred Heart	Pensacola
2870	4	Adventhealth Palm Coast	Palm Coast
2905	0	George E Weems Memorial Hospital	Apalachicola
3000	8	Florida State Hospital	Chattahoochee
3300	3	Ascension Sacred Heart On The Gulf	Port Saint Joe
3505	2	Adventhealth Wauchula	Tampa
3605	0	Hendry Regional Medical Center	Clewiston
3701	4	Oak Hill Hospital	Brooksville
3705	2	Bayfront Health Brooksville	Brooksville
3715	2	Spring Hill Regional Hospital	Spring Hill
3805	2	Highlands Regional Medical Center	Sebring
3836	2	Adventhealth Heartland (Sebring)	Tampa
3890	2	Adventhealth Lake Placid	Tampa
3901	6	Tampa Va Hosptial	Tampa
3903	4	Brandon Regional Hospital	Brandon
3906	3	Tampa General Hospital	Tampa
3907	4	Adventhealth Tampa	Tampa
3908	3	Shriners Hospitals For Children	Tampa
3910	4	St. Joseph'S Hospital-South	Riverview
3921	7	U S Air Force Regional Hospital	Macdill Afb
3932	4	H Lee Moffitt Cancer Center	Tampa
3936	4	St Josephs Hospital North	Lutz
3937	4	St Joseph Hospital	Tampa
3938	2	South Florida Baptist Hospital	Plant City
3947	2	Kindred Hospital Central Tampa	Tampa
3973	4	Adventhealth Carrollwood	Tampa
3974	2	Kindred Hospital Bay Area Tampa	Tampa
3977	2	Memorial Hospital Of Tampa	Tampa
3978	2	Tampa Community Hospital	Tampa

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Fac	Option	Facility Name	City
3988	2	South Bay Hospital	Sun City Center
4005	0	Doctors Memorial Hospital - Bonifay	Bonifay
4105	4	Indian River Memorial Hospital	Vero Beach
4170	2	Sebastian River Medical Center	Sebastian
4206	2	Jackson Hospital	Marianna
4516	4	Leesburg Regional Medical Center	Leesburg
4546	3	South Lake Hospital	Clermont
4547	4	Florida Hospital Waterman	Tavares
4601	4	Cape Coral Hospital	Cape Coral
4605	4	Lee Memorial Health System	Ft Myers
4645	2	Reg Cancer Ctr Gulf Coast Hospital	Ft Myers
4647	2	Lehigh Regional Medical Center	Lehigh Acres
4690	4	Lee Memorial Hospital Healthpark	Ft Myers
4705	4	Tallahassee Memorial Healthcare	Tallahassee
4770	2	Capital Regional Medical Center	Tallahassee
4816	0	Regional General Hospital Williston	Williston
5005	0	Madison County Memorial Hospital	Madison
5100	4	Blake Medical Center	Bradenton
5105	4	Manatee Memorial Hosp	Bradenton
5110	4	Lakewood Ranch Medical Center	Bradenton
5200	4	Ocala Regional Medical Center	Ocala
5202	4	West Marion Community Hospital	Ocala
5203	3	Ascension St. Vincent'S Clay County	Jacksonville
5205	2	Adventhealth Ocala	Ocala
5207	2	Kindred Hospital Ocala	Ocala
5346	4	Cleveland Clinic Martin North Hos	Stuart
5390	4	Cleveland Clinic Martin South Hos	Stuart
5406	2	Lower Keys Medical Center	Key West
5446	2	Fishermens Hospital	Marathon
5471	2	Mariners Hospital	Tavernier
5490	8	Lower Keys Medical Center	Key West
5505	2	Baptist Medical Center Nassau	Fernandina Beach
5606	3	Twin Cities Hospital	Niceville
5607	3	North Okaloosa Medical Center	Crestview
5610	2	Ascension Sacred Heart Emerald Coas	Miramar Beach
5621	7	96 Medical Group Sgsah	Eglin Afb
5670	2	Fort Walton Beach Med Ctr	Fort Walton Beach
5705	2	Raulerson Hospital	Okeechobee
5805	4	Adventhealth Apopka	Apopka
5806	2	Health Central	Ocoee

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Fac	Option	Facility Name	City
5836	4	Adventhealth Orlando - South	Orlando
5848	4	Orlando Health Cancer Institute	Orlando
5849	4	Adventhealth East Orlando	Orlando
5850	4	Adventhealth Winter Park Mem Hosp	Winter Park
5851	4	Orlando Regional Medical Center	Orlando
5852	4	Dr P Phillips Hospital	Orlando
5890	8	Winter Park Pavilion	Winter Park
5891	4	Arnold Palmer Medical Center	Orlando
5900	4	Poinciana Medical Center	Kissimmee
5936	4	St Cloud Regional Medical Center	St Cloud
5967	4	Osceola Regional Medical Center	Kissimmee
5969	4	Adventhealth Celebration	Celebration
5970	4	Adventhealth Kissimmee	Kissimmee
6001	4	Jfk North Campus	West Palm Beach
6003	3	Delray Medical Center	Delray Beach
6005	4	Bethesda Memorial Hospital	Boynton Beach
6007	3	Lakeside Medical Center	Belle Glade
6008	4	Bethesda Hospital West	Boynton Beach
6026	6	West Palm Beach V A Med Ctr	West Palm Beach
6036	4	St Marys Medical Center	West Palm Beach
6045	2	West Boca Medical Center	Boca Raton
6046	4	Boca Raton Regional Hospital	Boca Raton
6047	4	Good Samaritan Medical Center	West Palm Beach
6048	4	Jfk Medical Center	Atlantis
6068	4	Wellington Regional Medical Center	West Palm Beach
6069	2	Palms West Hospital	Loxahatchee
6070	2	Palm Beach Gardens Medical Center	Palm Beach Gardens
6074	4	Jupiter Medical Center	Jupiter
6104	5	Florida Hospital Wesley Chapel	Wesley Chapel
6105	2	Adventhealth Zephyrhills	Tampa
6106	4	Morton Plant North Bay Hospital	New Port Richey
6170	2	Medical Center Of Trinity	New Port Richey
6171	4	Adventhealth Dade City	Tampa
6172	4	Regional Med Center Bayonet Point	Hudson
6201	2	Northside Hosp Heart Institute	St Petersburg
6205	2	Adventhealth North Pinellas	Tampa
6206	4	Largo Medical Center	Largo
6226	6	Bay Pines V A Medical Center	Bay Pines
6246	3	John Hopkins All Childrens Hospital	St Petersburg
6248	2	Bayfront Medical Center	St Petersburg

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Fac	Option	Facility Name	City
6249	4	Mease Dunedin Hospital	Dunedin
6250	4	Morton Plant Hospital	Clearwater
6251	4	St Anthony Hospital	St Petersburg
6252	8	Largo Medical Center Of Indian Rock	Largo
6273	2	Palms Of Pasadena Hospital	St Petersburg
6274	2	St Petersburg General Hospital	St Petersburg
6278	4	Mease Countryside Hospital	Safety Harbor
6290	2	Kindred Hosp Bay Area St Petersburg	St Petersburg
6305	4	Lakeland Regional Medical Center	Lakeland
6346	2	Bartow Regional Medical Center	Bartow
6347	2	Advent Health Heart Of Florida	Davenport
6348	2	Lake Wales Hospital	Lake Wales
6349	4	Winter Haven Hospital	Winter Haven
6446	2	Putnam Community Medical Ctr	Palatka
6570	3	Flagler Hospital	St Augustine
6600	2	Lawnwood Regional Med Ctr	Fort Pierce
6646	4	Cleveland Clinic Tradition Hospital	Pt St Lucie
6647	3	St Lucie Medical Center	Port St Lucie
6690	8	Savannas Hospital	Port St Lucie
6704	4	Gulf Breeze Hospital	Pensacola
6705	2	Jay Hospital	Jay
6707	2	Santa Rosa Medical Center	Milton
6805	4	Sarasota Memorial Hospital	Sarasota
6810	4	Englewood Community Hospital	Englewood
6815	0	Pam Specialty Hosp Of Sarasota	Sarasota
6846	4	Venice Regional Bayfront Health	Venice
6870	3	Doctors Hospital	Sarasota
6905	4	Central Florida Regional Hospital	Sanford
6910	4	Orlando Reg South Seminole Hospital	Longwood
6936	4	Adventhealth Altamonte Springs	Altamonte Springs
7005	2	Villages Regional Hospital	The Villages
7205	2	Doctors Memorial Hospital	Perry
7305	0	Lake Butler Hospital Hand Surg. Ctr	Lake Butler
7390	3	N Florida Reception And Med Ctr	Lake Butler
7405	3	Adventhealth New Smyrna	New Smyrna Beach
7406	4	Halifax Hospital Medical Center	Daytona Beach
7407	4	Adventhealth Deland	Deland
7446	2	Adventhealth Fish Memorial	Orange City
7448	4	Adventhealth Daytona Beach	Daytona Beach
7605	0	Healthmark Regional Medical Center	De Funiak Springs

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Fac	Option	Facility Name	City
7705	0	Nw Florida Community Hospital	Chipley
7706	2	Kindred Palm Beaches	Riviera Beach
7708	2	Kindred Hospital Melbourne	Melbourne
7709	2	Medical Ctr Of Trinity West Pasco	New Port Richey
7710	4	Adventhealth Winter Garden	Winter Garden
7711	4	Oviedo Medical Center	Oviedo
9084	4	Halifax Medical Center-Port Orange	Port Orange

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Surgery Center Listing by FCDS Facility ID Code and Reporting Option

Fac	Option	Facility Name	City
5812	S	Cornerstone Surgicare Llc	Pensacola
8000	S	Ayers Surgery Center	Gainesville
8001	S	Eye Surgicenter	Gainesville
8002	T	N Florida Regional Medical Center	Gainesville
8004	S	Mullis Eye Institute Inc	Panama City
8005	S	Northwest Florida Gastroenterology	Panama City
8006	T	Northwest Florida Surgery Center	Panama City
8007	T	Ambulatory Surgical Care	Merritt Island
8008	S	Asc Of Brevard	Melbourne
8009	S	Brevard Surgery Center	Melbourne
8010	T	Merritt Island Surgery Center	Merritt Island
8012	S	Memorial Same Day West	Pembroke Pines
8013	S	Atlantic Surgical Center	Pompano Beach
8014	S	Cleveland Clinic Of Florida	Weston
8015	S	Eye Care And Surgery Center	Ft Lauderdale
8016	S	Baptist Eye Surgery Center	Sunrise
8017	S	Memorial Same Day East	Hollywood
8019	S	Outpatient Surgical Services	Plantation
8020	S	Surgery Ctr At Coral Springs	Coral Springs
8021	S	Rand Surgical Pavillion Corporation	Pompano Beach
8024	S	St Lucies Outpatient Surgery Center	Port Charlotte
8025	T	Healthsouth Citrus Surgery Center	Lecanto
8026	T	Citrus Endoscopy And Surgery Center	Crystal River
8027	T	Orange Park Surgery Center	Orange Park
8029	T	Collier Surgery Ctr	Naples
8030	S	Gaskins Eye Care And Surgery Center	Naples
8031	S	Montgomery Eye Center	Naples
8033	S	Naples Day Surgery North	Naples
8034	S	Newgate Surgery Center Inc	Naples
8035	S	Endoscopy Center Of Naples	Naples
8036	S	Ambulatory Surgical Ctr	Miami
8037	S	The Surgery Center Of Coral Gables	Miami
8038	S	Coral View Surgery Center	Miami
8040	S	Hialeah Ambulatory Care Center	Hialeah
8042	S	Miami Eye Center	Miami
8043	S	Santa Lucia Surg Ctr-Miami Vision	Coral Gables
8044	S	Columbia N Miami Bch Surgery Ctr	North Miami
8047	S	Surgical Park Center Ltd	Miami
8048	T	The Miami Asc, Lp	Miami
8049	S	Reed Center For Amb Urological Surg	Bay Habor Island

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Fac	Option	Facility Name	City
8050	S	Venture Ambulatory Surgical Center	N Miami Beach
8051	T	Jacksonville Surgery Center	Jacksonville
8052	S	Mayo Outpatient Surgery Center	Jacksonville
8053	S	North Fl Eye Clinic Surgicenter	Jacksonville
8054	T	Columbia Parkside Surg Ctr Jax	Jacksonville
8055	S	Riverside Park Surgicenter	Jacksonville
8056	S	Samuel Wells Surgi Center	Jacksonville
8059	S	University Of Florida Faculty Clini	Jacksonville
8060	S	Cordova Ambulatory Surgical Center	Pensacola
8061	T	Medical Ctr Clinc Amb Surg Ctr	Pensacola
8062	S	North Florida Surgery Center	Pensacola
8063	S	Forest Oaks Amb Surg Ctr	Spring Hill
8064	S	All Saints Surgery Center	Brooksville
8065	S	Suncoast Surgery Ctr Of Hernando	Spring Hill
8068	S	Surgical Ctr Of Central Fl	Sebring
8069	S	Ambulatory Surgery Center	Tampa
8070	S	Brandon Surgery Center	Brandon
8071	S	Tampa Bay Surgery Center	Tampa
8072	S	Center For Specialized Surgery	Tampa
8073	S	St Joseph'S Same Day Surgery Ctr	Tampa
8074	S	Tampa Eye & Specialty Surgery Ctr	Tampa
8075	S	Tampa Outpatient Surgical Facility	Tampa
8076	S	Usf Endoscopy Ctr Tampa Fl	Tampa
8077	S	Fl Eye Institute Surgicenter Inc	Vero Beach
8079	S	Vero Eye Center	Vero Beach
8081	T	Lake Surgery And Endoscopy Center	Leesburg
8082	S	Leesburg Reg Amb Surg Ctr	Leesburg
8083	T	Mid Florida Eyes Surgery Center	Mount Dora
8084	T	Barkley Surgicenter Inc	Ft Myers
8088	S	Eye Surgery And Laser Center	Cape Coral
8089	S	Lifeline Endoscopy Center	Cape Coral
8091	S	Lee Island Coast Surgery Center	Ft Myers
8092	S	Sw Fl Inst Of Ambulatory Surgictr	Ft Myers
8093	S	Sw Fl Endoscopy Center	Ft Myers
8094	S	Surgi And Laser Ctr Of Sw Fl	Ft Myers
8095	T	Surgicare Center	Ft Myers
8096	T	Center For Digestive Health	Ft Myers
8097	S	Alpha Ambulatory Surgery Center	Tallahassee
8100	S	Tallahassee Endoscopy Center	Tallahassee
8101	S	Tallahassee Outpatient Surgery Ctr	Tallahassee

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Fac	Option	Facility Name	City
8102	T	Tallahassee Single Day Surgery Cent	Tallahassee
8103	S	West Florida Surgery Ctr	Bradenton
8104	S	Cortez Foot Surgery Center	Bradenton
8105	T	Eye Associates Surgery Center	Bradenton
8106	T	Gulf Coast Surgery Center	Bradenton
8107	S	Manatee Endoscopy Center	Bradenton
8108	S	Central Florida Eye Institute	Ocala
8109	T	Endoscopy Center Of Ocala Inc	Ocala
8110	T	Surgery Center Of Ocala	Ocala
8111	S	Ocala Specialty Surgery Center Llc	Ocala
8113	T	Surgery Center Of Stuart	Stuart
8114	T	Emerald Coast Surg Ctr	Ft Walton Beach
8115	S	Ambulatory Ankle And Foot Ctr Of Fl	Orlando
8116	T	Central Fl Surgical Center	Ocoee
8117	S	Cleveland Clinic Naples	Naples
8119	S	Oakwater Surgical Center	Orlando
8120	T	Healthsouth Orlando Ctr Opd Surg	Orlando
8121	S	Physicians Surgical Care Center	Winter Park
8122	S	Same Day Surgi Center Of Orlando	Orlando
8123	T	Surgical Licensed Ward	Orlando
8124	T	University Surgical Center	Winter Park
8125	T	Urological Ambulatory Surgery Ctr	Orlando
8126	S	Winter Park Ambulatory Surgery Ctr	Winter Park
8127	T	Kissimmee Surgery Center	Kissimmee
8128	T	Doctors Surgery Ctr/Levin Eye Ctr	Kissimmee
8130	T	Boca Raton Outpatient Surg & Laser	Boca Raton
8131	S	Delray Outpatient Surg And Laser	Delray Beach
8132	S	Intracoastal Opd Surgical Ctr	West Palm Beach
8133	S	Kimmel Outpatient Surgical Center	West Palm Beach
8134	S	Palm Beach Outpatient Surgical Ctr	Lake Worth
8135	S	N County Surgictr Plm Bch	Palm Beach Garden
8137	S	Palm Beach Eye Clinic	West Plam Beach
8138	S	Palm Beach Lakes Surgery Center	West Palm Beach
8140	S	Presidential Eye Surgicenter	West Palm Beach
8141	S	Jupiter Eye Center	Jupiter
8142	T	Boynton Beach Asc Llc	Boynton Beach
8143	T	Outpatient Center Of Boynton Bch	Boynton Beach
8144	S	New Port Richey Surg Ctr At Trinity	Trinity
8145	T	Florida Medical Clinic Pa	Zephyrhills
8146	S	Pasco Surgery Center	Zephyrhills

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Fac	Option	Facility Name	City
8147	S	Holiday Surgery Center	Holiday
8148	S	Medical Develop Corp Of Pasco Cty	Hudson
8150	S	Seven Springs Surgery Center Inc	New Port Richey
8151	S	Suncoast Eye Center	Hudson
8152	S	Suncoast Skin Surgery Clinic	New Port Richey
8153	S	Meadow Lane Surgery Center	New Port Richey
8154	S	Bay Area Endoscopy Center	St Petersburg
8155	S	Bayfront Med Plaza Sameday Surgery	St Petersburg
8156	S	Clearwater Endoscopy Center	Clearwater
8157	T	Belleair Surgery Ctr	Clearwater
8158	T	Countryside Surgery Center	Clearwater
8159	T	West Bay Surgery Center	Largo
8163	S	St Lukes Cataract Center	Tarpon Springs
8164	S	Suncoast Medical Clinic, Llc	St Petersburg
8165	S	Healthsouth St Petersburg Surg Ctr	St Petersburg
8166	S	Suncoast Med Clinic, Llc Endoscopy	St Petersburg
8168	T	Central Florida Surgi Center	Lakeland
8169	S	Central Florida Surgicenter	Lakeland
8170	T	Eye Surgery And Laser Center Of Mid	Winter Haven
8171	T	Aesthetic Plastic Surgery Center	Venice
8172	T	Cape Surgery Center	Sarasota
8173	S	Center For Advanced Eye Surgery Lp	Sarasota
8175	S	Eye Center Of Florida	Venice
8176	S	Bon Secours Venice Healthpk Surgery	Venice
8178	S	Surgery Center At St Andrews	Venice
8179	S	Surgicare Ctr Of Venice Inc	Venice
8181	S	Florida Eye Clinic Asc	Altamonte Springs
8182	T	Fl Surgery Ctr Altamonte	Altamonte Springs
8183	T	St Augustine Endoscopy Center	St Augustine
8184	T	Surgery Center Of Fort Pierce	Fort Pierce
8185	S	Day Surgery Inc	Port St Lucie
8186	S	Treasure Coast Cosmetic Surgery Cen	Port St Lucie
8187	S	Ambulatory Sur Ctr Of Central Fl	Deland
8188	S	Atlantic Surgery Center	Daytona
8190	T	Deland Surgery Center	Deland
8191	S	New Smyrna Bch Ambulatory Care Ctr	New Smyrna Beach
8192	S	Office Of Dr Richard Jablonski	Ormond Beach
8194	T	Physicians Ambulatory Surgery Ctr	Ormond Beach
8195	S	Sunrise Surgical Center	Daytona Beach
8196	T	Volusia Endoscopy Center	Ormond Beach

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Fac	Option	Facility Name	City
8197	T	Total Back Care Center	Naples
8198	T	Plaza Surgery Center	Jacksonville
8199	S	Endoscopy Ctr Of Pensacola	Pensacola
8201	S	Bradenton Surgery Center	Bradenton
8202	S	The Ocala Eye Surgery Center	Ocala
8203	T	Center For Special Surgery	St Petersburg
8205	T	Trinity Surgery Center	New Port Richey
8206	S	Treasure Coast Ctr For Surgery	Stuart
8207	S	Galloway Surgical Ctr	Miami`
8208	S	Riverside Surgery Center	Sebastian
8209	S	Bethesda Outpatient Surgery Center	Boynton Beach
8210	T	Columbia Doctors Same Day Surg	Sarasota
8211	T	Northpoint Surgery And Laser Center	West Palm Beach
8212	S	Gulfshore Endoscopy Ctr Inc	Naples
8213	T	Healthsouth Melbourne Surg Ctr	Melbourne
8214	S	Lakeland Surg And Diagnostic Ctr	Lakeland
8215	S	The Facial Plastic Surgery Center	Naples
8216	S	Medical Arts Surgical Center	Miami
8217	S	Medical Partners Surgery Ctr	Jacksonville
8219	T	Beraja Clin Laser And Surger Ctr	Coral Gables
8220	S	Waters Edge Surgery Center	Stuart
8221	S	Orlando Surgery Ctr Ltd	Orlando
8222	S	Seven Rivers Community Hospital Asc	Crystal River
8223	S	Digestive Disease Associates	Clearwater
8224	S	Surgery Ctr Of North Fl Llc	Gainesville
8227	S	Hernando Endoscopy And Surgery Ctr	Brooksville
8228	S	League Against Cancer Inc	Miami
8229	S	St Lucie Surgery Center	Port St Lucie
8230	S	Surgery Center Of Stuart	Stuart
8231	S	Healthsouth Crestview Surgery Ctr	Xx
8234	T	North Florida Surgery Ctr Lake City	Lake City
8236	S	Beverly Hills Surgery Center, Inc	Beverly Hills
8237	S	Laser And Surg Ctr The Palm Beaches	Palm Beach Gardens
8239	S	Surgery Center Of Melbourne	Melbourne
8240	S	Plastic Surgery Center Of Lake Cty	Tavares
8241	S	Southern Surgery Center	Lake City
8242	S	Riverwalk Ambulatory Surgery Center	Ft Myers
8243	S	Surgery Center Of Sarasota	Sarasota
8244	S	The Palmetto Surgery Center	Hialeah
8245	S	Health Central Surgery Center	Ocoee

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Fac	Option	Facility Name	City
8246	T	Lakeside Surgery Center	Orlando
8247	T	St Augustine Surgery Center	Saint Augustine
8249	T	Winter Haven Amb Surgical Center	Winter Haven
8250	T	Physicians Day Surgery Center	Naples
8251	S	Citrus Urology Center Inc	Lecanto
8252	S	Florida Coastal Surgery Center	Naples
8253	S	Interventional Therapeutics Inc	Pensacola
8254	S	Outpatient Plastic Surgery Center	Palm Springs
8255	T	Cfagi Surgery Center	Maitland
8256	S	Rosato Plastic Surgery Center	Vero Beach
8257	S	Bardmoor Surgery Center	Largo
8258	S	Mayo Clinic Jacksonville Asc For Gi	Jacksonville
8259	S	Surgery Center Of Coral Gables Llc	Coral Gables
8260	S	Surgikid Of Florida Inc	Tampa
8261	S	Outpatient Surgery Center Of Boca	Boca Raton
8262	S	Miami Hand Center	Miami
8263	T	Southeastern Surgery Center	Tallahassee
8264	S	Lake Worth Surgical Center	Lake Worth
8265	S	Fort Myers Surgery Center	Fort Myers
8268	T	Physicians Outpatient Surgery Ctr	Ft Lauderdale
8269	S	Melbourne Same Day Surgery	Melbourne
8270	S	North Florida Endoscopy Center	Gainesville
8271	T	Coral Springs Surgical Center	Coral Springs
8272	T	Jacksonville Center For Endoscopy	Jacksonville
8274	S	Weston Outpatient Surgical Center	Weston
8275	S	Florida Endoscopy Surgery Center	Brooksville
8276	S	Orthopaedic Surgery Center	Gainesville
8277	S	Gulf Coast Endoscopy Center South	Fort Myers
8278	S	Surgery Center Of Weston	Weston
8279	S	C Med Inc	Clearwater
8280	S	Surgery Center Of Ft Lauderdale	Lauderdale Lakes
8281	S	Total Eye Care Surgery Center Inc	Leesburg
8282	S	Armenia Surgery Center	Tampa
8283	T	Suncoast Surgery Center	Fort Myers
8284	S	The Laser And Surgery Center	Panama City
8285	S	Baptist Medical Park Asc Llc	Pensacola
8286	S	Manatee Surgical Center Inc	Bradenton
8287	S	Sarasota Plastic Surgery Center Inc	Sarasota
8288	S	St Lucie Surgical Center	Fort Pierce
8289	S	Laser And Surgical Svcs	Sarasota

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Fac	Option	Facility Name	City
8290	T	Suncoast Endoscopy Center	Iverness
8291	T	Digestive Disease Endoscopy Center	Tamarac
8292	S	Bayview Surgery Center	Sarasota
8293	S	Coastal Medical Center	Sarasota
8294	T	Summerlin Bend Surgery Center Llp	Fort Myers
8295	S	Gulf Coast Endoscopy Ctr Of Venice	Venice
8296	T	Bonita Community Health Center	Bonita Springs
8297	T	Endoscopy Surgery Outpatient Ctr	Lady Lake
8298	T	Jacksonville Beach Surgery Center	Jacksonville Beach
8299	T	Center For Gastrointestinal	West Palm Beach
8300	S	Surgery Ctr Of Sw Florida Inc	Fort Myers
8301	S	North Miami Beach Surgical Center	Miami
8302	T	Waterside Amb Surgical Ctr Inc	West Palm Beach
8303	T	Fl Medical Clinic Pa Amb Sur Ctr	Tampa
8304	S	Surgical Center For Excellence	Panama City
8305	S	Citrus Surgical Center	Orlando
8306	S	Melbourne Gi Center	Melbourne
8307	T	Charlotte Endoscopy Surgery Center	Port Charlotte
8308	S	Collier Endoscopy And Surgery Ctr	Naples
8309	S	The Gables Surgical Center	Miami
8310	T	Fl Orthopedic Institute Surgery Ctr	Temple Terrace
8311	T	Medical Specialty Procedures	Vero Beach
8312	S	Vero Beach Surgery Ctr, Llc	Vero Beach
8313	S	Laser And Surgery Center	Ocala
8314	S	Paddock Park Surgery Center	Ocala
8315	S	Destin Surgery Center	Destin
8316	S	Center For Digestive Endoscopy	Orlando
8317	S	Kissimmee Endoscopy Center	Kissimmee
8318	T	Jupiter Outpatient Surgery Ctr	Jupiter
8319	T	Palms Wellington Surgical Center	Royal Palm Beach
8321	S	West Coast Endoscopy Ctr	Clearwater
8322	S	North Pineallas Surgery Center	Denedin
8323	S	St Michael'S Surgery Ctr	Largo
8324	S	Advanced Ambulatory Surgery Center	Altamonte Springs
8325	S	Nature Coast Reg. Surgery Center	Perry
8326	S	Surgery Ctr At Point West	Bradenton
8327	T	Old Moultrie Surg Ctr Inc	St Augustine
8328	S	Promendades Surgery Center Lc	Port Charlotte
8329	S	Palm Endoscopy Ctr Inc	Altamonte Springs
8330	T	Gladiolus Surgery Center	Ft Myers

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Fac	Option	Facility Name	City
8331	T	Orlando Ophthalmology Surg Ctr Llc	Orlando
8332	S	Suncoast Endoscopy Of Sarasota Llc	Sarasota
8333	T	Kendall Endoscopy And Surgery Ctr	Miami
8334	S	Grove Place Surgery Center Llc	Vero Beach
8335	T	Surg Ctr Of Aventura	Aventura
8336	T	Gables Surgery Center	Miami
8337	T	Surgery Center Of Volusia Llc	Port Orange
8338	T	Surgical Ctr Of The Treasure Coast	Port St Lucie
8339	T	Jax Ctr For Endoscopy Southside	Jacksonville
8340	S	Ponte Vedra Ambulatory Surg Ctr	Ponte Vedra Bch
8341	T	Tampa Bay Speciality Surgical Ctr	Pinellas Park
8342	T	Center For Endoscopy	Sarasota
8343	S	Tampa Bay Regional Surg Ctr	Largo
8344	S	Intercoastal Med Grp Amb Surg Ctr	Sarasota
8345	T	Laser And Surg Ctr Of The Palm Bch	West Palm Beach
8346	S	Specialists In Urology Surg Ctr Llc	Naples
8347	T	Panama City Surgery Center	Panama City
8348	T	Live Oak Endoscopy Ctr Llc	Vero Beach
8350	S	Largo Ambulatory Surg Ctr	Largo
8351	S	South Tampa Surgery Center	Tampa
8352	S	Palm Surgery Center Llc	W Palm Beach
8354	S	Surgery Endoscopy Center Llc	Sebring
8355	S	Surgery Center Sacred Heart Med Pk	Destin
8356	S	Marion Endoscopy And Surg Inst	Ocala
8357	S	Bayside Ambulatory Center	Miami
8358	S	Ponte Vedra Surgery Center	Ponte Vedra Bch
8359	T	Surgery Center At Jensen Beach Llc	Jensen Beach
8360	S	Atlantis Outpatient Center Llc	Lake Worth
8361	T	South Lake Hospital Surgery Center	Clermont
8362	S	St Anthony Physicians Surgery Ctr	St Petersburg
8363	T	Twin Lakes Surgery Center	Daytona Bch
8364	S	Surgery Center At Wellington	W Palm Beach
8365	S	Lake Mary Surgery Center	Lake Mary
8366	S	Villages Endoscopy & Surgical Ctr	Summerfield
8367	S	Bayonet Point Surg And Endo Ctr	Hudson
8368	S	Tampa Bay Surgery Ctr Midtown	Tampa
8369	S	Webster Surgical Center	Tallahassee
8370	S	Gulfcoast Surgery Center Inc	Sarasota
8371	S	Clay Surgery Center	Orange Park
8372	S	Miami Regional Surgery Center	Miami

Appendix A
Surgery Center Listing by FCDS Facility ID Code and Reporting Option

Fac	Option	Facility Name	City
8373	S	Eye Surgery Center Of St Augustine	St Augustine
8374	S	S Florida Ambulatory Surgical Ctr	Miami
8375	S	Park Place Surgery Center Llc	Maitland
8376	S	Millenia Surgery Center Llc	Orlando
8377	S	Pediatric Surgery Centers Llc	Tampa
8378	T	Seven Hills Surgery Center	Tallahassee
8379	S	Eye Surgery & Laser Ctr Of Sebring	Sebring
8380	T	Doctors Outpatient Surgery Ctr	Naples
8381	S	Medical Arts Surgery Ctr Of S Miami	Miami
8382	S	Tampa Bay Endoscopy Center	Tampa
8383	S	Surgery Ctr Of Lakeland Hills Blvd	Xxx
8384	T	Pt Orange Endoscopy & Surgery Ctr	Port Orange
8385	T	Space Coast Endoscopy Center	Rockledge
8386	S	South Broward Endoscopy Center	Hollywood
8387	S	Lakeland Surgical & Diagnostic Cntr	Lakeland
8388	S	Alliance Surgical Center	Lake Mary
8389	T	Outpatient Center Of Delray	Delray Beach
8390	S	Cape Coral Ambulatory Surgery Ctr	Cape Coral
8391	S	Orthopedic Surg Ctr Of Clearwater	Clearwater
8392	S	Sarasota Ambulatory Surg Ctr Ltd	Sarasota
8393	S	Clermont Amulatory Surg Ctr Llp	Clermont
8394	S	Outpatient Surg Ctr Of St Augustine	St Augustine
8395	S	Eye Institute Surgery Center Llc	Melbourne
8396	S	Brandon Ambulatory Surgery Center	Brandon
8397	S	Day Surgery Center	Winter Haven
8398	S	Coastal Surgery Center Llc	Jacksonville
8399	S	Palms West Surgicenter	Loxahatchee
8400	T	Gulf Pointe Surgery Center	Port Charlotte
8401	T	South Palm Ambulatory Surgery Ctr	Boca Raton
8402	S	Riverwalk Endoscopy Center Llc	Ft Myers
8403	S	Murdock Ambulatory Surgery Center	Pt Charlotte
8404	S	Gulf Breeze Endoscopy	Gulf Breeze
8405	T	Courtenay Same Day Surgery Center	Merritt Island
8406	S	St Petersburg Endoscopy Center Llc	St Petersburg
8407	S	Central Fl Endoscopy And Surg Inst	Ocala
8408	S	Naples Eye Surgery Center, Llc	Naples
8409	S	Hallandale Outpatient Surgical Ctr	Hallandale
8410	S	Advanced Eye Surgery Center	Vero Beach
8411	S	Southpoint Surgery Center Llc	Jacksonville
8412	T	Parkcreek Surgery Center	Coconut Creek

Appendix A
Surgery Center Listing by FCDS Facility ID Code and Reporting Option

Fac	Option	Facility Name	City
8413	S	Tomoka Surgery Center Llc	Ormond Beach
8414	S	Laser & Outpatient Surgery Center	Gainesville
8415	T	Miami Lakes Surgery Center, Ltd	Miami Lakes
8416	S	Bascom Palmer Surgery Center	Palm Beach Gardens
8417	S	South County Outpatient Surgery Ctr	Delray Beach
8418	S	Hallandale Outpatient Surgical Ctr	Zephyrhills
8419	S	Ctr Of Surgical Excellence Venice	Venice
8420	S	New Tampa Surgery Center	Wesley Chapel
8421	S	Ambulatory Surg Ctr Of Boca Raton	Boca Raton
8422	S	Pasadena Surgery Center	Saint Petersburg
8423	S	Bay Area Physicians Surgery Center	Riverview
8424	T	Fleming Island Surgery Center	Fleming Island
8425	S	St Mark'S Surgical Center, Llc	Fort Myers
8426	S	Andrews Institute Asc Llc	Gulf Breeze
8428	S	Pace Ambulatory Surgery Center	Pace
8429	S	Blue Springs Surgery Center	Orange City
8430	S	Capital City Surgical Center Llc	Tallahassee
8431	S	Sand Lake Surgery Center	Orlando
8432	S	Pediatric Surgery Ctr - Odessa Llc	Odessa
8433	S	Rmg Ivf Surgery Center Inc	Tampa
8434	S	Plaza Surgery Center Ii	Jacksonville
8435	S	Tlc Outpatient Surg And Laser Ctr	Lady Lake
8436	S	Celebration Surgery Center, Llc.	Kissimmee
8437	S	Amelia Island Surgery Center	Fernandina Beach
8438	S	Lake Endoscopy Center	Summerfield
8439	S	Microspine Surg Ctr Defuniak Spring	Defuniak Springs
8440	S	Surgical Specialists Asc	Fort Walton Beach
8441	S	Premier Endoscopy Center	Naples
8442	S	Surgery Center Of Key West	Key West
8443	S	Orange City Surgery Center	Orange City
8444	S	Take Shape Surgery Center, Llc	Plantation
8445	S	Putnam Ambulatory Surgery Center	Palatka
8446	S	Usf Health Endoscopy And Surg Ctr	Tampa
8447	S	Sanctuary Surgical Centre	Boca Raton
8449	S	Ponte Vedra Beach Surgery Center	Ponte Vedra Beach
8450	S	Center One Surgery Center	Jacksonville
8451	S	Surgicare Of Miramar	Miramar
8452	S	Brevard Specialty Surgery Ctr, Llc	Melbourne
8453	S	Park Center For Procedures	Fort Myers
8454	S	Coral Ridge Outpatient Center	Oakland Park

Appendix A
Surgery Center Listing by FCDS Facility ID Code and Reporting Option

Fac	Option	Facility Name	City
8455	S	Advanced Surgery Center Pbc	Lake Worth
8456	S	University Interventional Center	Pensacola
8457	S	Gulf Comprehensive Surgery Center	Englewood
8458	S	Sarasota Physicans Surgical Center	Sarasota
8459	S	Downtown Surgery Center	Orlando
8460	S	Surgery Center Of The Villages Llc	Summerfield
8461	S	Seascape Surgery Center	Tampa
8462	S	Surgical Center At Sun N Lake Llc	Sebring
8463	S	Riverwalk Ambulatory Surgery Center	Bradenton
8464	S	Treasure Coast Surgical Center	Fort Pierce
8465	S	Surgery Ctr At Pointe West East Ctr	Bradenton
8466	S	Space Coast Surgery Center Lllp	Merritt Island
8470	S	Eye Surgery Center Of North Florida	Jacksonville
8471	S	Surgery Center At Duval	Doral
8472	S	Crane Creek Surgery Center	Melbourne
8473	S	Westchase Surgery Center	Tampa
8474	S	Atlantic Surgery And Laser Center	Melbourne
8475	S	Pacaya Bay Surgery Center	Fort Myers
8476	S	Surgery Center Of Mount Dora	Mount Dora
8477	S	Carillon Surgery Center	Saint Petersburg
8478	S	Broward Specialty Surgical Center	Hollywood
8479	S	Cape Health Surgery Center	Cape Coral
8481	S	Key Biscayne Surgery Center	Key Biscayne
8482	S	Endoscopy Center At Galloway South	Miami
8483	S	Safety Harbor Surgery Center Llc	Clearwater
8484	S	Spec In Urology Surg Ctr Ft Myers	Ft Myers
8485	S	Titusville Ctr Surgical Excellence	Titusville
8486	S	Specialists In Urology Ft. Myers	Naples
8487	S	Ctr For Specialized Surg Ft Myers	Fort Myers
8488	S	Riverside Endoscopy Center Llc	Jacksonville
8489	S	Endo Surgical Center Of Florida	Orlando
8490	S	Gulfstream Ambulatory Surgery Ctr	Coral Springs
8491	S	Aesthetic Surgery Ctr Of Winter Pk	Winter Park
8492	S	Maitland Surgery Center	Maitland
8493	S	Surgery Center Of Mid Florida	Ocala
8494	S	Surgicare Of Miramar	Miramar
8495	S	Blue Water Surgery Center	Port Saint Lucie
8496	S	Premier Surgical Center Llc	Tavares
8497	S	Laser Spine Surgical Center	Tampa
8498	S	Apollo Surgery Center Llc	West Melbourne

Appendix A
Surgery Center Listing by FCDS Facility ID Code and Reporting Option

Fac	Option	Facility Name	City
8499	S	Advance Surgery Center Of Sarasota	Sarasota
8501	S	Baptist Health Surgery Center	Coral Springs
8502	S	Surgcenter Pinellas	Largo
8503	S	Endo Surgical Ctr Of Florida	Orlando
8504	S	Red Hills Surgical Center	Tallahassee
8506	S	Orlando Orthopaedic Outpt Surg Ctr	Orlando
8507	S	Eye Specialists Laser And Surg Ctr	Fort Myers
8508	S	Advanced Surgery Center Of Tampa	Tampa
8509	S	Marion Surgery Center	Ocala
8510	S	Henghold Surgery Center	Pensacola
8511	S	Tavares Surgery Llc	Tavares
8513	S	Santa Fe Surgery Center Llc	Lady Lake
8514	S	Tampa Surgery Center	Tampa
8515	S	Davenport Ambulatory Surgical Ctr	Davenport
8516	S	Fhcp Asc Orange City	Orange City
8517	S	Surgcenter Northeast	St. Petersburg
8518	S	Fort Myers Eye Surgery Center Llc	Fort Myers
8519	S	Tampa Minimally Inv Spine Surg Ctr	Tampa
8520	S	Surgical Center Of Ponte Vedra Bch	Ponte Vedra Beach
8521	S	Tallahassee Outpt Surg Ctr Med Comm	Tallahassee
8522	S	Miami Children'S Hosp Amb Surg Ctr	Miami
8523	S	Select Physicians Surgery Center	Tampa
8524	S	Miami Surgical Center	Miami
8525	S	Bascom Palmer Surgery Center Naples	Naples
8526	S	Tradition Surgery Center	Port Saint Lucie
8527	S	Habana Ambulatory Surgery Center	Tampa
8528	S	Orthopedic Surg Ctr Of Palm Bch Cty	Boynton Bch
8529	S	Seaside Surgery Center	Naples
8530	S	Fl Orthopaedic Inst Surg Ctr Citrus	Tampa
8531	S	Ctr For Specialized Surg Ft Myers	Fort Myers
8532	S	New Vision Surgical Center	Vero Beach
8533	S	Nscoa	Winter Park
8534	S	Deerfield Beach Outpatient Surg Ctr	Deerfield Beach
8535	S	Hollywood Regional Surgery Center	Hollywood
8536	S	Baptist Hlth Surg Ctr Bethesda West	Boynton Beach
8537	S	Palmetto Lakes Surgical Center	Hialeah
8538	S	Miami Surgical Suites	Miami
8539	S	Surgery Center Of Naples	Naples
8540	S	Womens Care Florida Surgical Center	Tampa
8541	S	Cleveland Clinic Coral Springs Asc	Coral Springs

Appendix A
Surgery Center Listing by FCDS Facility ID Code and Reporting Option

Fac	Option	Facility Name	City
8542	S	Delray Beach Surgical Suites Llc	Delray Beach
8543	S	Outpatient Surg Ctr Tgh Brandon	Tampa
8544	S	Baptist Health Surg Ctr Plantation	Plantation
8545	S	Baptist Health Surg Ctr Miami Beach	Miami Beach
8836	S	St Marks Surgical Center	Fort Myers
8837	S	Palm Beach Gardens Reg Surg Ctr	Palm Beach Gardens
8853	S	Heart Of Florida Amb Surg Ctr	Davenport

Appendix A

Free-Standing Radiation Center Listing by FCDS Facility ID Code and Reporting Option

Fac	Option	Facility Name	City
8467	R	South Fl Radiation Onco-Boca Raton	Boca Raton
8602	R	Florida Cancer Affiliates	Panama City
8604	R	Cancer Care Centers Of Brevard	Melbourne
8605	R	Cancer Care Ctrs Of Merritt Island	Merritt Island
8607	R	Radiation Therapy Center Of Brevard	Rockledge
8609	R	Coral Springs Rtx Regional Center	Coral Springs
8610	R	South Florida Radiotherapy Ctr	Plantation
8613	R	Charlotte Co Radiation Therapy Reg	Port Charlotte
8614	R	21st Century Oncology Beverly Hills	Beverly Hills
8616	R	Robert Boissoneault Lecanto	Lecanto
8617	R	21st Century Oncology Orange Park	Orange Park
8626	R	Florida Cancer Specialists	Spring Hill
8629	R	21st Century Oncology Sebring	Sebring
8632	R	Tampa Bay Radiation Oncology	Brandon
8633	R	Tampa Bay Radiation Oncology	Sun City Center
8637	R	Cape Coral Radiation Therapy Center	Cape Coral
8639	R	Radiation Therapy Regional Center	Ft Myers
8640	R	21st Century Onc Bradenton West	Bradenton
8641	R	21st Century Onc Bradenton East	Bradenton
8642	R	Robert Boissoneault Assoc Ocala	Ocala
8643	R	21st Centruy Onc. Key West	Key West
8655	R	Florida Cancer Specialists	New Port Richey
8656	R	Florida Cancer Specialists	Zephyrhills
8657	R	Florida Cancer Specialists	Hudson
8658	R	Pasco Pinellas Cancer Center	Holiday
8663	R	Tampa Bay Oncology Center	Largo
8666	R	21st Century Oncology Palatka	Palatka
8668	R	Porter Radiation Oncology Sarasota	Sarasota
8669	R	Porter Radiation Oncology Venice	Venice
8671	R	21st Century Onc St. Augustine	St Augustine
8672	R	North Collier Reg Radation Center	Naples
8675	R	Porter Radiation Oncology Englewood	Englewood
8676	R	Robertboissoneault Onc Inst Timer	Ocala
8680	R	Sarasota Rad Therapy Reg Ctr	Sarasota
8682	R	Cancer Care Center Of Sebastian	Sebastian
8683	R	Rad Ther Ctr Of Brevard Titusville	Rockledge
8685	R	American Canc Treatment Titusville	Titusville
8687	R	21st Century Onc Jacksonville Beach	Jacksonville Beach
8691	R	Ackerman Cancer Center-Jacksonville	Jacksonville
8694	R	Plant City Cancer Treatment Ctr	Plant City

Appendix A

Free-Standing Radiation Center Listing by FCDS Facility ID Code and Reporting Option

Fac	Option	Facility Name	City
8696	R	Capital Cancer Center	Tallahassee
8698	R	Big Lake Cancer Center	Okeechobee
8701	R	Ackerman Cancer Ctr-Amelia Island	Fernandina Beach
8702	Q	Watson Clinic Llp	Lakeland
8703	R	Bardmoor Cancer Center	Largo
8704	R	Robert Boissoneault Onc Inst	Villages
8705	R	Osceola Cancer Center	Kissimmee
8706	R	S Fl Radiation Oncology Boca West	Boca Raton
8707	R	21st Century Oncology Ocala	Ocala
8710	R	Dattoli Cancer Center	Sarasota
8711	R	Central Florida Cancer Institute	Davenport
8712	R	Fort Walton Beach Radiation Ctr	Fort Walton Beach
8715	R	21st Century Onc Bonita Springs	Bonita Springs
8718	R	21st Century Onc Lehigh Acres	Lehigh Acres
8719	R	21st Century Oncology Jacksonville	Jacksonville
8720	Q	Health First Cancer Institute	Melbourne
8721	R	21st Century Oncology Cro	Crestview
8722	R	21st Century Oncology Destin	Santa Rosa Beach
8723	R	Countryside Cancer Center	Clearwater
8724	R	Bay Regional Cancer Center	Panama City
8725	R	Tampa Bay Radiation Oncology	Tampa
8726	R	Doral Oncology Center	Miami
8727	Q	Watson Clinic Cancer & Research Ctr	Lakeland
8730	R	Cancer Care Ctr Of Brevard Wuestoff	Melbourne
8733	Q	Lake City Cancer Care, Llc	Lake City
8736	R	Boynton Beach Radiation Oncology	Boynton Beach
8738	R	Cyberknife Center Of Miami	Miami
8739	R	Sfro At Hollywood	Hollywood
8741	R	Central Fl Cancer Inst Lake Wales	Lake Wales
8747	R	South Florida Radiation Oncology	Palm Beach Gardens
8748	R	21st Century Oncology Aventura	Aventura
8750	R	21st Century Oncology	Naples
8752	R	21st Century Oncology Jacksonville	Jacksonville
8753	R	Aventura Comprehensive Cancer Ctr	Aventura
8756	R	Intercommunity Cancer Ctr Lady Lake	Lady Lake
8757	R	21st Century Onc Lakewood Ranch	Bradenton
8758	R	Sfro At Fort Pierce	Ft Pierce
8759	R	New Millennium Cyberknife	Brandon
8760	R	Cyberknife Center Of Tampa Bay	Tampa
8762	R	West Florida Radiation Therapy, Llc	Clearwater

Appendix A

Free-Standing Radiation Center Listing by FCDS Facility ID Code and Reporting Option

Fac	Option	Facility Name	City
8763	R	21st Century Onc Lee Cancer Ctr	Fort Myers
8766	R	21st Century Oncology	Naples
8767	R	N Fl Cancer Ctr Lake City Llc	Lake City
8768	R	Wellspring Oncology	Pinellas Park
8769	R	Sand Lake Cancer Center	Orlando
8770	R	Sfro At Coconut Creek	Coconut Creek
8773	R	Sfro Vero Beach	Vero Beach
8775	R	Tampa Bay Radiation Oncology, Pa	Tampa
8776	R	21st Century Onc - Pembroke Pines	Pembroke Pines
8777	R	S Fl Radiation Onc At Palomino Park	Wellington
8778	R	S Fl Radiation Onc At Stuart	Stuart
8780	R	South Florida Radiation Onc Jupiter	Jupiter
8781	R	Lakewood Ranch Oncology Center	Bradenton
8782	R	21st Century Onc Broward General	Ft. Lauderdale
8783	R	21st Century Onc North Broward Hosp	Deerfield Beach
8784	R	Univ Of Fl Proton Therapy Inst	Jacksonville
8785	R	Florida Cancer Affiliates	Trinity
8786	R	Advance Prostate Cancer Institute	Oxford
8789	R	21st Century Oncology	Naples
8790	R	Winter Park Oncology	Winter Park
8792	R	Sfro At Little Havana	Miami
8793	R	Sfro At Bethesda Health City	Boynton Beach
8794	R	Sfro At Florida Medical Center	Lauderdale Lakes
8795	R	Sfro At Wellington Med. Ctr	Wellington
8796	R	Health First Cancer Institute	Titusville
8797	R	Health First Cancer Institute	Viera
8798	R	Innovative Cancer Institute, Llc	Miami
8799	R	Sfro At Palmetto General	Hialeah
8800	R	Sfro At Jackson South	Miami
8802	R	Sfro At Good Samaritan Wpb	West Palm Beach
8803	R	21st Century Oncology	Miami
8804	R	Florida Cancer Specialists	Tampa
8805	R	Florida Cancer Specialists	Largo
8806	R	Florida Cancer Specialists	The Villages
8807	R	Advanced Cancer Treatment Centers	Brooksville
8808	R	Florida Oncology Partners	Miami
8809	R	Cb Oncology Partners	Cutler Bay
8810	R	North Florida Cancer Care	Marianna
8811	R	S Fl Proton Therapy Institute	Delray Beach
8812	R	Caribbean Radiation Oncology Center	Doral

Appendix A

Free-Standing Radiation Center Listing by FCDS Facility ID Code and Reporting Option

Fac	Option	Facility Name	City
9940	R	Woodlands Medical Specialists	Pensacola

Appendix A
Anatomic Pathology Labs Listing by FCDS Facility ID Code and Reporting Option

Fac	Option	Facility Name	City
9205	K	H Lee Moffitt Canc Cen Clin Lab	Tampa
9294	K	Shands Hosp Clinical Lab See 9677	Gainesville
9326	K	Advanced Dermatology	Aventura
9383	K	Medical Diagnostic Laboratories Llc	Hamilton
9449	K	Dianon Sys Cryostat Fl Med Cl	Zephyrhills
9568	K	Treasure Coast Dermatology	Port St Lucie
9603	K	Ormond Beach Dermatology	Ormond Beach
9628	K	Quest Diagnostics Incorporated	Baltimore
9759	K	Treasure Coast Dermatology	Vero Beach
9760	K	Treasure Coast Dermatology	Stuart
9824	K	Jackson South Comm Hosp Lab	Miami
9861	K	Treasure Coast Dermatology	Okeechobee
9862	K	Treasure Coast Dermatology	Port Saint Lucie
9906	K	Mima Pathology Laboratory	Melbourne
9933	K	Treasure Coast Dermatology Sebastia	Sebastian
9999	K	Fcds Path	Xxx

APPENDIX B

International Organization for Standardization (ISO) Country Codes

United States Postal Service (USPS) State Abbreviation Codes

United States Territory and Possessions Abbreviation Codes

Canadian Province and Territory Abbreviation Codes

Florida Federal Information Processing Standards (FIPS) County Codes

APPENDIX B
International Organization for Standardization (ISO) Country Codes – Code Order

Code	Label
ABW	Aruba
AFG	Afghanistan
AGO	Angola
AGO	Cabinda
AGO	Principe
AIA	Anguilla
ALA	Aland Islands
ALB	Albania
AND	Andorra
ARE	United Arab Emirates
ARG	Argentina
ARM	Armenia
ASM	American Samoa
ASM	Samoa, American
ATA	Antarctica
ATF	French Southern Territories
ATG	Antigua and Barbuda
ATG	Barbuda
AUS	Australia
AUS	Australian New Guinea
AUT	Austria
AZE	Azerbaijan
BDI	Burundi
BDI	Urundi
BEL	Belgium
BEN	Benin
BES	Bonaire, Saint Eustatius and Saba
BES	Saba
BES	Saint Eustatius
BES	St. Eustatius
BFA	Burkina Faso
BGD	Bangladesh
BGD	East Pakistan
BGR	Bulgaria
BHR	Bahrain
BHS	Bahamas
BIH	Bosnia and Herzegovina
BIH	Herzegovina
BLM	St. Barthelemy
BLR	Belarus

APPENDIX B
International Organization for Standardization (ISO) Country Codes – Code Order

Code	Label
BLR	Byelorus
BLR	Byelorussian S.S.R.
BLR	Russia, White
BLR	White Russia
BLZ	Belize
BLZ	British Honduras
BLZ	Honduras, British
BMU	Bermuda
BND	Brunei Darussalam
BOL	Bolivia
BRA	Brazil
BRB	Barbados
BRN	Brunei
BTN	Bhutan
BVT	Bouvet Island
BWA	Botswana
CAF	Central African Republic
CAN	Canada
CCK	Cocos (Keeling) Islands
CCK	Keeling Islands
CHE	Switzerland
CHL	Chile
CHN	China
CHN	China, Peoples Republic of
CHN	Peoples Republic of China
CHN	Tibet
CIV	Cote d'Ivoire
CIV	Ivory Coast
CMR	Cameroon
COD	Congo, Democratic Republic of
COD	Zaire
COG	Congo
COK	Cook Islands
COL	Colombia
COM	Comoros
CPV	Cape Verde
CRI	Costa Rica
CSK	Czechoslovakia (former) [Pre-2013 cases only]
CUB	Cuba
CUW	Curacao

APPENDIX B
International Organization for Standardization (ISO) Country Codes – Code Order

Code	Label
CXR	Christmas Island
CYM	Cayman Islands
CYP	Cyprus
CZE	Czech Republic
DEU	Germany
DJI	Djibouti
DMA	Dominica
DNK	Denmark
DOM	Dominican Republic
DZA	Algeria
ECU	Ecuador
EGY	Egypt
ENG	England
ERI	Eritrea
ESH	Sahara, Western
ESH	Western Sahara
ESP	Balearic Islands
ESP	Canary Islands
ESP	Spain
EST	Estonia
ETH	Ethiopia
FIN	Finland
FJI	Fiji
FLK	Falkland Islands
FLK	Malvinas
FRA	Corsica
FRA	France
FRO	Faroe Islands
FSM	Federated States of Micronesia
FSM	Micronesia, Federated States of
FSM	Micronesia, NOS
GAB	Gabon
GBR	Great Britain
GBR	United Kingdom
GEO	Georgia [country]
GGY	Guernsey
GHA	Ghana
GIB	Gibraltar
GIN	Guinea
GLP	Guadeloupe

APPENDIX B
International Organization for Standardization (ISO) Country Codes – Code Order

Code	Label
GMB	Gambia
GNB	Guinea Bissau
GNQ	Equatorial Guinea
GNQ	Guinea, Equatorial
GRC	Greece
GRD	Grenada
GRL	Greenland
GTM	Guatemala
GUF	French Guiana
GUF	Guiana, French
GUM	Guam
GUY	British Guiana
GUY	Guiana, British
GUY	Guyana
HKG	Hong Kong
HMD	Heard Island and McDonald Islands
HND	Honduras
HRV	Croatia
HTI	Haiti
HUN	Hungary
IDN	Indonesia
IMN	Isle of Man
IND	India
IND	Sikkim
IOT	British Indian Ocean Territory
IRL	Eire
IRL	Ireland
IRL	Ireland, Republic of
IRN	Iran
IRQ	Iraq
ISL	Iceland
ISR	Israel
ITA	Italy
JAM	Jamaica
JEY	Jersey
JOR	Jordan
JPN	Japan
JPN	Nampo-Shoto, Southern
JPN	Ryukyu Islands
KAZ	Kazakhstan

APPENDIX B
International Organization for Standardization (ISO) Country Codes – Code Order

Code	Label
KEN	Kenya
KGZ	Kyrgyzstan
KHM	Cambodia
KIR	Gilbert Islands
KIR	Kiribati
KIR	Line Islands, Southern
KIR	Southern Line Islands
KNA	St. Kitts and Nevis
KOR	Korea, NOS
KOR	Korea, South
KOR	South Korea
KWT	Kuwait
LAO	Laos
LBN	Lebanon
LBR	Liberia
LBY	Libya
LCA	St. Lucia
LIE	Liechtenstein
LKA	Ceylon
LKA	Sri Lanka
LSO	Lesotho
LTU	Lithuania
LUX	Luxembourg
LVA	Latvia
MAC	Macao
MAC	Macau
MAF	Saint-Martin
MAF	St. Martin
MAR	Morocco
MCO	Monaco
MDA	Moldova
MDG	Madagascar
MDG	Malagasy Republic
MDV	Maldives
MEX	Mexico
MHL	Marshall Islands
MKD	Macedonia
MLI	Mali
MLT	Malta
MMR	Burma

APPENDIX B
International Organization for Standardization (ISO) Country Codes – Code Order

Code	Label
MMR	Myanmar
MNE	Montenegro
MNG	Mongolia
MNP	Mariana Islands, Northern
MNP	Northern Mariana Islands
MOZ	Mozambique
MRT	Mauritania
MSR	Montserrat
MTQ	Martinique
MUS	Mauritius
MWI	Malawi
MWI	Nyasaland
MYS	Malaysia
MYT	Mayotte
NAM	Namibia
NCL	New Caledonia
NER	Niger
NFK	Norfolk Island
NGA	Nigeria
NIC	Nicaragua
NIR	Ireland, Northern
NIR	Northern Ireland
NIR	Ulster
NIU	Niue
NLD	Netherlands
NOR	Norway
NPL	Nepal
NRU	Nauru
NZL	New Zealand
OMN	Oman
PAK	Pakistan
PAK	West Pakistan
PAN	Canal Zone
PAN	Panama
PCN	Pitcairn Islands
PER	Peru
PHL	Philippines
PLW	Palau
PNG	Papua New Guinea
POL	Poland

APPENDIX B
International Organization for Standardization (ISO) Country Codes – Code Order

Code	Label
PRI	Puerto Rico
PRK	Korea, North
PRK	North Korea
PRT	Azores
PRT	Madeira Islands
PRT	Portugal
PRY	Paraguay
PSE	Occupied Palestine Territory
PSE	Palestine Territory, Occupied
PYF	French Polynesia
PYF	Polynesia, French
QAT	Qatar
REU	Réunion
ROU	Romania
RUS	Russia
RWA	Ruanda
RWA	Rwanda
SAU	Saudi Arabia
SCT	Scotland
SDN	Sudan
SEN	Senegal
SGP	Singapore
SGS	South Georgia and the South Sandwich Islands
SHN	St. Helena
SJM	Svalbard and Jan Mayen
SLB	Solomon Islands
SLE	Sierra Leone
SLV	El Salvador
SMR	San Marino
SOM	Somalia
SPM	Miquelon
SPM	St. Pierre and Miquelon
SRB	Serbia
SSD	South Sudan
SSD	Sudan, South
STP	Sao Tome and Principe
SUR	Suriname
SVK	Slovakia
SVN	Slovenia
SWE	Sweden

APPENDIX B
International Organization for Standardization (ISO) Country Codes – Code Order

Code	Label
SWZ	Swaziland
SYC	Seychelles
SYR	Syria
TCA	Caicos Islands
TCA	Turks and Caicos
TCA	Turks Islands
TCD	Chad
TGO	Togo
THA	Thailand
TJK	Tajikistan
TKL	Tokelau
TKM	Turkmenistan
TLS	East Timor
TLS	Timor, East
TLS	Timor-Leste
TON	Tonga
TTO	Tobago
TTO	Trinidad and Tobago
TUN	Tunisia
TUR	Turkey
TUV	Ellice Islands
TUV	Tuvalu
TWN	China, Republic of (Taiwan)
TWN	Republic of China (Taiwan)
TWN	Taiwan
TZA	Tanzania
UGA	Uganda
UKR	Ukraine
UMI	Johnston Atoll
UMI	Midway Islands
UMI	Swan Islands
UMI	U.S. Minor Outlying Islands
UMI	Wake Island
URY	Uruguay
USA	Armed Forces Americas
USA	Armed Forces Canada, Europe, Middle East, Africa
USA	Armed Forces Pacific
USA	United States
UZB	Uzbekistan
VAT	Vatican City

APPENDIX B
International Organization for Standardization (ISO) Country Codes – Code Order

Code	Label
VCT	Grenadines
VCT	St. Vincent and the Grenadines
VEN	Venezuela
VGB	British Virgin Islands
VGB	Virgin Islands, British
VIR	U.S. Virgin Islands
VIR	Virgin Islands, U.S.
VNM	Vietnam
VUT	Vanuatu
WLF	Wallis and Futuna
WLS	Wales
WSM	Samoa
WSM	Samoa, Western
XAP	Arabian Peninsula [Pre-2013 cases only]
XCB	Other Caribbean Islands [Pre-2013 cases only]
XCH	China, NOS [Pre-2013 cases only]
XCR	Caucasian Republics of the USSR [Pre-2013 cases only]
XCZ	Czechoslovakia (former) [Pre-2013 cases only]
XEF	East Africa [Pre-2013 cases only]
XEN	England, Channel Islands, Isle of Man [Pre-2013 cases only]
XET	Ethiopia (Abyssinia), Eritrea [Pre-2013 cases only]
XGR	Germanic Countries [Pre-2013 cases only]
XIF	African Coastal Islands (prev. in South Africa, NOS) [Pre-2013 cases only]
XIS	Israel and former Jewish Palestine [Pre-2013 cases only]
XMC	Micronesian Islands [Pre-2013 cases only]
XML	Melanesian Islands, Solomon Islands [Pre-2013 cases only]
XMS	Malaysia, Singapore, Brunei [Pre-2013 cases only]
XNF	North Africa [Pre-2013 cases only]
XNI	North American Islands [Pre-2013 cases only]
XOR	Other Asian Republics of the USSR [Pre-2013 cases only]
XPL	Polynesian Islands [Pre-2013 cases only]
XSC	Scandinavia [Pre-2013 cases only]
XSD	Sudanese Countries [Pre-2013 cases only]
XSE	Indochina [Pre-2013 cases only]
XSE	Southeast Asia [Pre-2013 cases only]
XSF	Rep.of South Africa,Botswana Lesotho,Namibia,Swaziland[Pre-2013 cases only]
XSF	South Africa, NOS [Pre-2013 cases only]
XSL	Slavic Countries [Pre-2013 cases only]
XUM	Ukraine and Moldavia [Pre-2013 cases only]
XWF	Other West African Countries [Pre-2013 cases only]

APPENDIX B
International Organization for Standardization (ISO) Country Codes – Code Order

Code	Label
XWF	West Africa, NOS (French Africa, NOS) [Pre-2013 cases only]
YEM	Yemen
YUG	Yugoslavia (former) [Pre-2013 cases only]
ZAF	Republic of South Africa
ZAF	South Africa, Republic of
ZMB	Zambia
ZWE	Zimbabwe
ZZA	Asia, NOS
ZZC	Central America, NOS
ZZE	Europe, NOS
ZZF	Africa, NOS
ZZN	North America, NOS
ZZP	Pacific, NOS
ZZS	South America, NOS
ZZU	Latin America, NOS
ZZU	Unknown
ZZX	Non-U.S./Canada, NOS
ZZX	Not U.S. or Canada, but no other information

APPENDIX B**International Organization for Standardization (ISO) Country Codes – Country Order**

Code	Label
AFG	Afghanistan
ZZF	Africa, NOS
XIF	African Coastal Islands (prev. in South Africa, NOS) [Pre-2013 cases only]
ALA	Aland Islands
ALB	Albania
DZA	Algeria
ASM	American Samoa
AND	Andorra
AGO	Angola
AIA	Anguilla
ATA	Antarctica
ATG	Antigua and Barbuda
XAP	Arabian Peninsula [Pre-2013 cases only]
ARG	Argentina
USA	Armed Forces Americas
USA	Armed Forces Canada, Europe, Middle East, Africa
USA	Armed Forces Pacific
ARM	Armenia
ABW	Aruba
ZZA	Asia, NOS
AUS	Australia
AUS	Australian New Guinea
AUT	Austria
AZE	Azerbaijan
PRT	Azores
BHS	Bahamas
BHR	Bahrain
ESP	Balearic Islands
BGD	Bangladesh
BRB	Barbados
ATG	Barbuda
BLR	Belarus
BEL	Belgium
BLZ	Belize
BEN	Benin
BMU	Bermuda
BTN	Bhutan
BOL	Bolivia
BES	Bonaire, Saint Eustatius and Saba
BIH	Bosnia and Herzegovina

APPENDIX B
International Organization for Standardization (ISO) Country Codes – Country Order

Code	Label
BWA	Botswana
BVT	Bouvet Island
BRA	Brazil
GUY	British Guiana
BLZ	British Honduras
IOT	British Indian Ocean Territory
VGB	British Virgin Islands
BRN	Brunei
BND	Brunei Darussalam
BGR	Bulgaria
BFA	Burkina Faso
MMR	Burma
BDI	Burundi
BLR	Byelorussia
BLR	Byelorussian S.S.R.
AGO	Cabinda
TCA	Caicos Islands
KHM	Cambodia
CMR	Cameroon
CAN	Canada
PAN	Canal Zone
ESP	Canary Islands
CPV	Cape Verde
XCR	Caucasian Republics of the USSR [Pre-2013 cases only]
CYM	Cayman Islands
CAF	Central African Republic
ZZC	Central America, NOS
LKA	Ceylon
TCD	Chad
CHL	Chile
CHN	China
XCH	China, NOS [Pre-2013 cases only]
CHN	China, Peoples Republic of
TWN	China, Republic of (Taiwan)
CXR	Christmas Island
CCK	Cocos (Keeling) Islands
COL	Colombia
COM	Comoros
COG	Congo
COD	Congo, Democratic Republic of

APPENDIX B
International Organization for Standardization (ISO) Country Codes – Country Order

Code	Label
COK	Cook Islands
FRA	Corsica
CRI	Costa Rica
CIV	Cote d'Ivoire
HRV	Croatia
CUB	Cuba
CUW	Curacao
CYP	Cyprus
CZE	Czech Republic
CSK	Czechoslovakia (former) [Pre-2013 cases only]
DNK	Denmark
DJI	Djibouti
DMA	Dominica
DOM	Dominican Republic
XEF	East Africa [Pre-2013 cases only]
BGD	East Pakistan
TLS	East Timor
ECU	Ecuador
EGY	Egypt
IRL	Eire
SLV	El Salvador
TUV	Ellice Islands
ENG	England
XEN	England, Channel Islands, Isle of Man [Pre-2013 cases only]
GNQ	Equatorial Guinea
ERI	Eritrea
EST	Estonia
ETH	Ethiopia
XET	Ethiopia (Abyssinia), Eritrea [Pre-2013 cases only]
ZZE	Europe, NOS
FLK	Falkland Islands
FRO	Faroe Islands
FSM	Federated States of Micronesia
FJI	Fiji
FIN	Finland
FRA	France
GUF	French Guiana
PYF	French Polynesia
ATF	French Southern Territories
GAB	Gabon

APPENDIX B**International Organization for Standardization (ISO) Country Codes – Country Order**

Code	Label
GMB	Gambia
GEO	Georgia [country]
XGR	Germanic Countries [Pre-2013 cases only]
DEU	Germany
GHA	Ghana
GIB	Gibraltar
KIR	Gilbert Islands
GBR	Great Britain
GRC	Greece
GRL	Greenland
GRD	Grenada
VCT	Grenadines
GLP	Guadeloupe
GUM	Guam
GTM	Guatemala
GGY	Guernsey
GUY	Guiana, British
GUF	Guiana, French
GIN	Guinea
GNB	Guinea Bissau
GNQ	Guinea, Equatorial
GUY	Guyana
HTI	Haiti
HMD	Heard Island and McDonald Islands
BIH	Herzegovina
HND	Honduras
BLZ	Honduras, British
HKG	Hong Kong
HUN	Hungary
ISL	Iceland
IND	India
XSE	Indochina [Pre-2013 cases only]
IDN	Indonesia
IRN	Iran
IRQ	Iraq
IRL	Ireland
NIR	Ireland, Northern
IRL	Ireland, Republic of
IMN	Isle of Man
ISR	Israel

APPENDIX B**International Organization for Standardization (ISO) Country Codes – Country Order**

Code	Label
XIS	Israel and former Jewish Palestine [Pre-2013 cases only]
ITA	Italy
CIV	Ivory Coast
JAM	Jamaica
JPN	Japan
JEY	Jersey
UMI	Johnston Atoll
JOR	Jordan
KAZ	Kazakhstan
CCK	Keeling Islands
KEN	Kenya
KIR	Kiribati
PRK	Korea, North
KOR	Korea, NOS
KOR	Korea, South
KWT	Kuwait
KGZ	Kyrgyzstan
LAO	Laos
ZZU	Latin America, NOS
LVA	Latvia
LBN	Lebanon
LSO	Lesotho
LBR	Liberia
LBY	Libya
LIE	Liechtenstein
KIR	Line Islands, Southern
LTU	Lithuania
LUX	Luxembourg
MAC	Macao
MAC	Macau
MKD	Macedonia
MDG	Madagascar
PRT	Madeira Islands
MDG	Malagasy Republic
MWI	Malawi
MYS	Malaysia
XMS	Malaysia, Singapore, Brunei [Pre-2013 cases only]
MDV	Maldives
MLI	Mali
MLT	Malta

APPENDIX B**International Organization for Standardization (ISO) Country Codes – Country Order**

Code	Label
FLK	Malvinas
MNP	Mariana Islands, Northern
MHL	Marshall Islands
MTQ	Martinique
MRT	Mauritania
MUS	Mauritius
MYT	Mayotte
XML	Melanesian Islands, Solomon Islands [Pre-2013 cases only]
MEX	Mexico
FSM	Micronesia, Federated States of
FSM	Micronesia, NOS
XMC	Micronesian Islands [Pre-2013 cases only]
UMI	Midway Islands
SPM	Miquelon
MDA	Moldova
MCO	Monaco
MNG	Mongolia
MNE	Montenegro
MSR	Montserrat
MAR	Morocco
MOZ	Mozambique
MMR	Myanmar
NAM	Namibia
JPN	Nampo-Shoto, Southern
NRU	Nauru
NPL	Nepal
NLD	Netherlands
NCL	New Caledonia
NZL	New Zealand
NIC	Nicaragua
NER	Niger
NGA	Nigeria
NIU	Niue
ZZX	Non-U.S./Canada, NOS
NFK	Norfolk Island
XNF	North Africa [Pre-2013 cases only]
ZZN	North America, NOS
XNI	North American Islands [Pre-2013 cases only]
PRK	North Korea
NIR	Northern Ireland

APPENDIX B
International Organization for Standardization (ISO) Country Codes – Country Order

Code	Label
MNP	Northern Mariana Islands
NOR	Norway
ZZX	Not U.S. or Canada, but no other information
MWI	Nyasaland
PSE	Occupied Palestine Territory
OMN	Oman
XOR	Other Asian Republics of the USSR [Pre-2013 cases only]
XCB	Other Caribbean Islands [Pre-2013 cases only]
XWF	Other West African Countries [Pre-2013 cases only]
ZZP	Pacific, NOS
PAK	Pakistan
PLW	Palau
PSE	Palestine Territory, Occupied
PAN	Panama
PNG	Papua New Guinea
PRY	Paraguay
CHN	Peoples Republic of China
PER	Peru
PHL	Philippines
PCN	Pitcairn Islands
POL	Poland
PYF	Polynesia, French
XPL	Polynesian Islands [Pre-2013 cases only]
PRT	Portugal
AGO	Principe
PRI	Puerto Rico
QAT	Qatar
XSF	Rep.of South Africa,Botswana Lesotho,Namibia,Swaziland[Pre-2013 cases only]
TWN	Republic of China (Taiwan)
ZAF	Republic of South Africa
REU	Réunion
ROU	Romania
RWA	Ruanda
RUS	Russia
BLR	Russia, White
RWA	Rwanda
JPN	Ryukyu Islands
BES	Saba
ESH	Sahara, Western
BES	Saint Eustatius

APPENDIX B**International Organization for Standardization (ISO) Country Codes – Country Order**

Code	Label
WSM	Samoa
ASM	Samoa, American
WSM	Samoa, Western
SMR	San Marino
STP	Sao Tome and Principe
SAU	Saudi Arabia
XSC	Scandinavia [Pre-2013 cases only]
SCT	Scotland
SEN	Senegal
SRB	Serbia
SYC	Seychelles
SLE	Sierra Leone
IND	Sikkim
SGP	Singapore
SXM	Saint-Martin
XSL	Slavic Countries [Pre-2013 cases only]
SVK	Slovakia
SVN	Slovenia
SLB	Solomon Islands
SOM	Somalia
XSF	South Africa, NOS [Pre-2013 cases only]
ZAF	South Africa, Republic of
ZZS	South America, NOS
SGS	South Georgia and the South Sandwich Islands
KOR	South Korea
SSD	South Sudan
XSE	Southeast Asia [Pre-2013 cases only]
KIR	Southern Line Islands
ESP	Spain
LKA	Sri Lanka
BLM	St. Barthelemy
BES	St. Eustatius
SHN	St. Helena
KNA	St. Kitts and Nevis
LCA	St. Lucia
SXM	St. Martin
SPM	St. Pierre and Miquelon
VCT	St. Vincent and the Grenadines
SDN	Sudan
SSD	Sudan, South

APPENDIX B
International Organization for Standardization (ISO) Country Codes – Country Order

Code	Label
XSD	Sudanese Countries [Pre-2013 cases only]
SUR	Suriname
SJM	Svalbard and Jan Mayen
UMI	Swan Islands
SWZ	Swaziland
SWE	Sweden
CHE	Switzerland
SYR	Syria
TWN	Taiwan
TJK	Tajikistan
TZA	Tanzania
THA	Thailand
CHN	Tibet
TLS	Timor, East
TLS	Timor-Leste
TTO	Tobago
TGO	Togo
TKL	Tokelau
TON	Tonga
TTO	Trinidad and Tobago
TUN	Tunisia
TUR	Turkey
TKM	Turkmenistan
TCA	Turks and Caicos
TCA	Turks Islands
TUV	Tuvalu
UMI	U.S. Minor Outlying Islands
VIR	U.S. Virgin Islands
UGA	Uganda
UKR	Ukraine
XUM	Ukraine and Moldavia [Pre-2013 cases only]
NIR	Ulster
ARE	United Arab Emirates
GBR	United Kingdom
USA	United States
ZZU	Unknown
URY	Uruguay
BDI	Urundi
UZB	Uzbekistan
VUT	Vanuatu

APPENDIX B

International Organization for Standardization (ISO) Country Codes – Country Order

Code	Label
VAT	Vatican City
VEN	Venezuela
VNM	Vietnam
VGB	Virgin Islands, British
VIR	Virgin Islands, U.S.
UMI	Wake Island
WLS	Wales
WLF	Wallis and Futuna
XWF	West Africa, NOS (French Africa, NOS) [Pre-2013 cases only]
PAK	West Pakistan
ESH	Western Sahara
BLR	White Russia
YEM	Yemen
YUG	Yugoslavia (former) [Pre-2013 cases only]
COD	Zaire
ZMB	Zambia
ZWE	Zimbabwe

APPENDIX B
United States Postal Service State Abbreviation Codes
Canadian Province Abbreviation Codes
United States Territory Abbreviation Codes

NAME	STATE/PROVINCE CODE	COUNTRY CODE
Alabama	AL	USA
Alaska	AK	USA
Alberta	AB	CAN
American Samoa	AS	ASM
Arizona	AZ	USA
Arkansas	AR	USA
Armed Forces Americas	AA	USA
Armed Forces Canada, Europe, Middle East, Africa	AE	USA
Armed Forces Pacific	AP	USA
British Columbia	BC	CAN
California	CA	USA
Canada, NOS	CD	CAN
Colorado	CO	USA
Connecticut	CT	USA
Delaware	DE	USA
District of Columbia	DC	USA
Florida	FL	USA
Georgia	GA	USA
Guam	GU	GUM
Hawaii	HI	USA
Idaho	ID	USA
Illinois	IL	USA
Indiana	IN	USA
Iowa	IA	USA
Johnston Atoll	UM	UMI
Kansas	KS	USA
Kentucky	KY	USA
Louisiana	LA	USA
Maine	ME	USA
Manitoba	MB	CAN
Mariana Islands (Trust Territory of Pacific Islands)	MP	MNP
Marshall Islands (Trust Territory Pacific Islands)	MH	MHL
Maryland	MD	USA
Massachusetts	MA	USA
Michigan	MI	USA
Micronesia (Fed States of) (Caroline, Trust Terr of Pacific)	FM	FSM
Midway Islands	UM	UMI
Minnesota	MN	USA
Mississippi	MS	USA
Missouri	MO	USA
Montana	MT	USA
Nebraska	NE	USA
Nevada	NV	USA
New Brunswick	NB	CAN

APPENDIX B
United States Postal Service State Abbreviation Codes
Canadian Province Abbreviation Codes
United States Territory Abbreviation Codes

NAME	STATE/PROVINCE CODE	COUNTRY CODE
New Hampshire	NH	USA
New Jersey	NJ	USA
New Mexico	NM	USA
New York	NY	USA
Newfoundland, Labrador	NL	CAN
North American Islands	ZZ	XNI
North Carolina	NC	USA
North Dakota	ND	USA
Northwest Territories	NT	CAN
Northwest Territories, Yukon Territory	YN	CAN
Nova Scotia	NS	CAN
Nunavut	NU	CAN
Ohio	OH	USA
Oklahoma	OK	USA
Ontario	ON	CAN
Oregon	OR	USA
Palau (Trust Territory of Pacific Islands)	PW	PLW
Pennsylvania	PA	USA
Prince Edward Island	PE	CAN
Puerto Rico	PR	PRI
Quebec	QC	CAN
Rhode Island	RI	USA
Saskatchewan	SK	CAN
South Carolina	SC	USA
South Dakota	SD	USA
Swan Islands	UM	UMI
Tennessee	TN	USA
Texas	TX	USA
U.S. Virgin Islands	VI	VIR
United States, NOS	US	USA
Unknown Residence	ZZ	ZZU
Utah	UT	USA
Vermont	VT	USA
Virginia	VA	USA
Wake Island	UM	UMI
Washington	WA	USA
West Virginia	WV	USA
Wisconsin	WI	USA
Wyoming	WY	USA
Yukon Territory	YT	CAN
Note 1: State Code XX should not be used if patient is from US or Canada		
Note 2: State Code YY should not be used if patient is from US or Canada		
Note 3: State Code ZZ should be known for residents of US or Canada with unknown address		

APPENDIX B
Federal Information Processing Standards (FIPS) County Codes for FLORIDA

County Name	FIPS Code
ALACHUA	001
BAKER	003
BAY	005
BRADFORD	007
BREVARD	009
BROWARD	011
CALHOUN	013
CHARLOTTE	015
CITRUS	017
CLAY	019
COLLIER	021
COLUMBIA	023
DESOTO	027
DIXIE	029
DUVAL	031
ESCAMBIA	033
FLAGLER	035
FRANKLIN	037
GADSDEN	039
GILCHRIST	041
GLADES	043
GULF	045
HAMILTON	047
HARDEE	049
HENDRY	051
HERNANDO	053
HIGHLANDS	055
HILLSBOROUGH	057
HOLMES	059
INDIAN RIVER	061
JACKSON	063
JEFFERSON	065
LAFAYETTE	067
LAKE	069
LEE	071
LEON	073
LEVY	075
LIBERTY	077
MADISON	079
MANATEE	081

County Name	FIPS Code
MARION	083
MARTIN	085
MIAMI-DADE	086
MONROE	087
NASSAU	089
OKALOOSA	091
OKEECHOBEE	093
ORANGE	095
OSCEOLA	097
PALM BEACH	099
PASCO	101
PINELLAS	103
POLK	105
PUTNAM	107
SANTA ROSA	113
SARASOTA	115
SEMINOLE	117
ST. JOHNS	109
ST. LUCIE	111
SUMTER	119
SUWANNEE	121
TAYLOR	123
UNION	125
VOLUSIA	127
WAKULLA	129
WALTON	131
WASHINGTON	133
UNKNOWN	999

APPENDIX C

GLOSSARY OF COMMON TERMS

SEER ALSO MAINTAINS A GLOSSARY FOR REGISTRARS

<https://seer.cancer.gov/seertools/glossary/>

NAACCR RECOMMENDED ABBREVIATIONS FOR ABSTRACTORS

NAACCR Recommended Abbreviations consist of almost 500 terms with recommended abbreviations.

The lists are a copy of NAACCR Volume II Data Standards and Data Dictionary – Appendix G

ABBREVIATION/SYMBOL ORDERED BY TERM/WORD TERM/WORD ORDERED BY ABBREVIATION/SYMBOL CONTEXT SENSITIVE ABBREVIATIONS

Abbreviations often are used by cancer abstractors to shorten the written narratives entered into text fields. However, abbreviations can generate confusion, because abbreviations may vary among different institutions and even between different specialties within the same institution. To be useful, an abbreviation must be clearly understood by any individual who encounters it. Consequently, the use of abbreviations is a useful abstracting practice only if universally recognized abbreviations are used.

These lists are to be used as a primary reference by the cancer abstractor, to help abstract necessary information into a limited number of text fields for storage and transmission of cancer information. Terms included in the lists are limited to those that are commonly utilized when abstracting cancer information.

When abstracting into text fields, the use of abbreviations should be limited to those that appear on these lists whenever practical. Listings are not exhaustive, but the most commonly used terms were included.

Please note that although abbreviations are presented in uppercase, either upper- or lowercase may be utilized when entering abbreviations within abstraction software.

The listings were compiled from abbreviation lists from SEER Book 3, the NAACCR Pathology Committee, the Veterans Administration, Dr. Jay Piccirillo's comorbid conditions training materials, the Florida Cancer Data System, and the California Cancer Registry.

GLOSSARY OF COMMON TERMS

SEER ALSO MAINTAINS A GLOSSARY FOR REGISTRARS - <https://seer.cancer.gov/seertools/glossary>.

Note: The NCI SEER Website includes a more complete Glossary for Registrars and is available at <https://seer.cancer.gov/seertools/glossary/>. The glossary features definitions for terms used by cancer registrars. Each entry includes information on where the term is used, as well as any applicable alternate names, abstractor notes, histology, and primary sites. The SEER Glossary is updated on a regular basis.

Abstract - A succinct synopsis of pertinent information gleaned from the patient record. Every abstract should reflect the diagnosis and first course of therapy for each cancer diagnosis in any patient. In general, an abstract represents the first four to twelve months of the patient's cancer experience. Completeness, consistency and attention to detail are very important. Please take care when abstracting each cancer case.

Active Surveillance/Watchful Waiting - No therapy is also a first course of therapy treatment option. If a physician or patient elects to undergo simple observation (as is often the case with prostate cancer) and later receives a TURP or hormonal therapy, the first course of therapy is No Therapy. The abstract should reflect that no therapy was administered for the first course.

Adjuvant - Systemic therapy and/or radiation therapy that is given after other methods have destroyed the clinically detectable cancer cells. This therapy is given to destroy micrometastases (undetectable cancer cells). The intent is to prevent or delay a recurrence.

Analytic Case - Any case of cancer where the reporting facility is involved in the diagnosis and/or evaluation of the diagnosis and/or the evaluation of the extent of cancer spread at the time of diagnosis and/or the administration of all or any part of the first course of therapy.

Cancer Directed Therapy - Any treatment that is given to modify, control, remove or destroy primary or metastatic cancer tissue. The treatment is meant to remove or minimize the size of tumor or delay the spread of disease.

Clinical Stage or Clinical Classification – This is a point in time, not specific types of exams or procedures. The clinical (stage) classification encompasses all information from the diagnostic workup. This is from the moment of diagnosis until just before the first treatment.

Concurrent Therapy - Different types of therapies that are administered at the same time.

Consultation - Services rendered by a facility to confirm a diagnosis or treatment plan. Examples include: Pathology review of slides that have been previously read by another pathology physician or department; Radiation therapy planning without radiation therapy services administered; Specialty testing performed to confirm a diagnosis or extent of disease where the testing is not available elsewhere.

Early Melanoma – melanoma in-situ (reclassified for 1/1/2021 and later diagnosis) code 8720/2

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.

Evolving Melanoma - melanoma in-situ (reclassified for 1/1/2021 and later diagnosis) code 8720/2

Federal Information Processing Standards (FIPS) – Standard codes for U.S. counties taken from the publication “Counties and Equivalent Entities of the United States, Its Possessions, and Associated Areas.”

First Course of Therapy or Treatment - All methods of therapy that are included in the original treatment plan, including neo-adjuvant, concurrent, prophylactic, palliative, and adjuvant therapies. Generally, the first course of therapy is completed during the first four months after a patient's diagnosis with cancer. The first course of therapy can extend beyond one year after initial diagnosis.

No therapy is also a first course of therapy treatment option. If a physician or patient elects to undergo simple observation (as is often the case with prostate cancer) and later receives a TURP or hormonal therapy, the first course of therapy is No Therapy. The abstract should reflect that no therapy was administered for the first course.

Historical Case - A case of cancer that is not active or receiving therapy (NED, remission) that must be reported to accompany a case of cancer for the same patient that is active or receiving therapy.

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

Incidence Registry - A cancer registry that performs minimal cancer reporting as required in order to calculate cancer incidence rates for a defined geographic region and/or meet state reporting requirements.

NED - No Evidence of Disease

Neo-Adjuvant - Systemic therapy and/or radiation therapy that is given prior to surgical resection to reduce the bulk of a locally advanced primary cancer. Definitive surgery must be performed to complete the loop. Systemic therapy may consist of chemotherapy, immunotherapy, or hormone therapy.

Non-Analytic Case - Any case of cancer where the reporting facility is not involved with the diagnosis and/or the first course of therapy but, the patient is seen at the reporting facility with evidence of active cancer, and/or is actively receiving therapy for cancer, and/or is diagnosed with cancer at the time an autopsy is performed.

Non-Cancer Directed Therapy - Any treatment that is designed to prepare a patient for cancer-directed therapy, prolong a patient's life, alleviate pain or make the patient comfortable. Non-cancer directed therapies are not meant to destroy or control the tumor or delay the spread of disease. These therapies include diagnostic tests and supportive care.

Palliative - Treatment that is given primarily for the purpose of pain control. Palliative therapy is non-curative. Any benefits of the treatment are considered secondary contributions to the patient's quality of life.

Pathologic Stage or Pathologic Classification – This is a point in time, not specific types of procedures. The pathologic (stage) classification encompasses all information from the diagnostic workup, the surgical (operative) evaluation, and the pathologist's review of the resected specimen, from the moment of diagnosis THROUGH the surgical resection.

Prophylactic - Radiation therapy that is administered for the purpose of preventing the development of symptoms in a setting in which clinical evidence indicates that problems are likely to develop if treatment is not administered.

Remission - Cancer that is no longer detectable by any testing or evaluation means. This term is most often used for leukemia cases.

Reportable Case - Any cancer case that meets reporting requirements as outlined in Section I.

Thin Melanoma – an invasive melanoma with Breslow Depth of Invasion > 0.75mm but < 1.0mm

Treatment - See Treatment Section

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

APPENDIX C

C-3

**NAACCR RECOMMENDED ABBREVIATION LIST v18
CANCER SURVEILLANCE ORGANIZATIONS AND COMMON ABBREVIATIONS**

ACRONYM	Acronym/Organization/Abbreviation Meaning
AACCR	American Association of Central Cancer Registries
ACoS	American College of Surgeons
ACS	American Cancer Society
AJCC	American Joint Committee on Cancer
BNA	Block Numbering Area
CCCR	Canadian Council of Cancer Registries
CDC	Centers for Disease Control and Prevention
CIN	Cervical intraepithelial neoplasia
CIS	Carcinoma in situ
CLIA	Clinical Laboratory Improvement Act
CoC	Commission on Cancer (of ACoS)
CPT	Current Procedural Terminology (codes)
CRC	Cyclic redundancy code
CS	Collaborative Staging
CTR	Certified Tumor Registrar
DAM	Data Acquisition Manual (of ACoS)
DCO	Death Certificate Only
EOD	Extent of Disease
FIPS	Federal Information Processing Standards
FORDS	Facility Oncology Registry Data Standards (manual of ACoS)
FTRO	Fundamental Tumor Registry Operations Program (of ACoS)
GenEDITS	Generic EDITS Drive Program
GIS	Geographic Information System
HCFA	Health Care Finance Administration
HIM	Health Information Management
IACR	International Association of Cancer Registrars
IARC	International Agency for Research on Cancer
ICD	International Classification of Diseases
ICD-O	International Classification of Diseases for Oncology
ICD-O-1	International Classification of Diseases for Oncology, First Edition
ICD-O-2	International Classification of Diseases for Oncology, Second Edition
ICD-O-3	International Classification of Diseases for Oncology, Third Edition
N.d.	No date (bibliographic term: no ascertainable place of publication)
NAACCR	North American Association of Central Cancer Registries

APPENDIX C

ACRONYM	Acronym/Organization/Abbreviation Meaning
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

APPENDIX C
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
Alpha-fetoprotein	AFP

APPENDIX C

WORD/TERM(S)	ABBREVIATION/SYMBOL
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	APPLY
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

APPENDIX C

C-7

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
CAT/CT scan/Computerized axial tomography	CT

APPENDIX C

WORD/TERM(S)	ABBREVIATION/SYMBOL
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

APPENDIX C

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
Equal(s)	=

APPENDIX C

WORD/TERM(S)	ABBREVIATION/SYMBOL
Esophagogastro-duodenoscopy	EGD
Estrogen receptor (assay)	ER, ERA
Evaluation	EVAL
Every	Q
Every day	QD
Examination	EXAM
Excision/excised	EXC(D)
Expired	EXP
Exploratory	EXPL
Exploratory laparotomy	EXPL LAP
Extend/extension	EXT
Fever of unknown origin	FUO
Fine needle aspiration	FNA
Fine needle aspiration biopsy	FNAB
Floor of mouth	FOM
Fluid	FL
Fluoroscopy	FLURO
Follow-up	FU
For example	E.G.
Fracture	FX
Frequent/Frequency	FREQ
Frozen section	FS
Full thickness skin graft	FTSG
Gallbladder	GB
Gastroesophageal	GE
Gastroesophageal reflux disease	GERD
Gastrointestinal	GI
General/Generalized	GEN
Genitourinary	GU
Grade	GR
Greater/Greater than	>
Gynecology	GYN
Hematocrit	HCT
Hemoglobin	HGB
Hepatitis A (virus)	HAV

APPENDIX C

C-11

WORD/TERM(S)	ABBREVIATION/SYMBOL
Hepatitis B (virus)	HBV
Hepatitis C (virus)	HCV
Hepatitis D (virus)	HDV
Hepatosplenomegaly	HSM
History	HX
History and physical	H&P
History of	H/O
Hormone	HORM
Hospital	HOSP
Hour/Hours	HR(S)
Human chorionic gonadotropin	HCG
Human Immunodeficiency Virus	HIV
Human Papilloma Virus	HPV
Human T-Lymphotropic Virus, (Type III)	HTLV
Hypertension	HTN
Hypertensive cardiovascular disease	HCVD
Hypertensive vascular disease	HVD
Hysterectomy	HYST
Idiopathic hypertrophic subaortic stenosis	IHSS
Idiopathic thrombocytopenia	ITP
Immunoglobulin	IG
Immunohistochemical	IHC
Impression	IMP
Incision & drainage	I&D
Includes/Including	INCL
Increase(d)	INCR
Inferior	INF
Inferior vena cava	IVC
Infiltrating	INFILT
Inflammatory bowel disease	IBD
Inpatient	IP
Insulin-dependent diabetes mellitus	IDDM
Intensive care unit	ICU
Intercostal margin	ICM
Intercostal space	ICS
Intermittent positive pressure breathing	IPPB
Internal	INT

APPENDIX C

WORD/TERM(S)	ABBREVIATION/SYMBOL
Interstitial lung disease	ILD
Intramuscular	IM
Intrathecal	IT
Intravenous	IV
Intravenous cholangiogram	IVCA
Intravenous pyelogram	IVP
Invade(s)/invading/invasion	INV
Involve(s)/involvement/involving	INVL
Ipsilateral	IPSI
Irregular	IRREG
Jugular venous distention	JVD
Juvenile rheumatic arthritis	JRA
Kaposi sarcoma	KS
Kidneys, ureters, bladder	KUB
Kilogram	KG
Kilovolt	KV
Laboratory	LAB
Lactic dehydrogenase	LDH
Laparotomy	LAP
Large	LRG
Last menstrual period	LMP
Lateral	LAT
Left	LT
Left bundle branch block	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
Left upper outer quadrant	LUOQ
Less/Less than	<
Licensed practical nurse	LPN

APPENDIX C

C-13

WORD/TERM(S)	ABBREVIATION/SYMBOL
Linear accelerator	LINAC
Liver/spleen scan	LS SCAN
Lower extremity	LE
Lower inner quadrant	LIQ
Lower outer quadrant	LOQ
Lumbar vertebra	L1-L5
Lumbar spine	L-SPINE
Lumbosacral	LS
Lymphadenopathy-associated virus	LAV
Lymph node(s)	LN(S)
Lymph node dissection	LND
Lupus erythematosus	LUP ERYTH
Lymph/vascular invasion	LVI
Macrophage colony-stimulating factor	M-CSF
Magnetic resonance imaging	MRI
Magnetic resonance cholangiopancreatography	MRCP
Main stem bronchus	MSB
Malignant	MALIG
Mandible/mandibular	MAND
Maximum	MAX
Medical center	MC
Medication	MED
Metastatic/Metastasis	METS
Methicillin Resistant Staphylococcus Aureus	MRSA
Microgram	MCG
Microscopic	MICRO
Middle lobe	ML
Millicurie (hours)	MC(H)
Milligram (hours)	MG(H)
Milliliter	ML
Millimeter	MM
Million electron volts	MEV
Minimum	MIN
Minus	-
Minute	MIN
Mitral valve prolapse	MVP
Mixed combined immunodeficiency	MCID

APPENDIX C

WORD/TERM(S)	ABBREVIATION/SYMBOL
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
Otology	OTO
Ounce	OZ
Outpatient	OP

APPENDIX C

WORD/TERM(S)	ABBREVIATION/SYMBOL
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
Proctoscopy	PROCTO
Progesterone receptor (assay)	PR, PRA
Prostatic intraepithelial neoplasia, grade III	PIN III
Prostatic specific antigen	PSA

APPENDIX C

WORD/TERM(S)	ABBREVIATION/SYMBOL
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
Salpingo-oophorectomy	SO
Satisfactory	SATIS

APPENDIX C

C-17

WORD/TERM(S)	ABBREVIATION/SYMBOL
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
Transurethral resection prostate	TURP

APPENDIX C

WORD/TERM(S)	ABBREVIATION/SYMBOL
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

APPENDIX C

C-19

**NAACCR RECOMMENDED MEDICAL ABBREVIATION LIST
ORDERED BY ABBREVIATION/SYMBOL**

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

APPENDIX C

ABBREVIATION/SYMBOL	WORD/TERM(S)
AI	Atrial stenosis/insufficiency/incompetence
AIDS	Acquired Immune Deficiency Syndrome
AIHA	Autoimmune hemolytic anemia
AIN III	Anal intraepithelial neoplasia, grade III
AK(A)	Above knee (amputation)
AKA	Also known as
ALB	Albumin
ALK PHOS	Alkaline phosphatase
ALL	Acute lymphocytic leukemia
ALS	Amyotrophic lateral sclerosis
AM	Before noon
AMA	Against medical advice
AMB	Ambulatory
AMI	Acute myocardial infarction
AML	Acute myelogenous leukemia
AMP	Amputation
AMT	Amount
ANAP	Anaplastic
ANGIO	Angiography/Angiogram
ANS	Autonomic nervous system
ANT	Anterior
AODM	Adult-onset Diabetes Mellitus
AP	Abdominal perineal
AP	Anteroposterior
APC	Atrial premature complexes
APP	Appendix
APPL'Y	Apparently
APPROX	Approximately
ARC	AIDS-related condition (complex)
ARD	AIDS-related disease
ARDS	Acute Respiratory Distress (Disease) Syndrome
ARF	Acute renal failure
ARRHY	Arrhythmia
ART	Artery (ial)
AS	Arteriosclerosis/Arteriosclerotic
ASA	Aspirin, Acetylsalicylic acid
ASAP	As soon as possible

APPENDIX C

ABBREVIATION/SYMBOL	WORD/TERM(S)
ASCVD	Arteriosclerotic cardiovascular disease
ASHD	Arteriosclerotic heart disease
ASP	Aspiration
ASPVD	Arteriosclerotic Peripheral Vascular Disease
ATN	Acute tubular necrosis
ATP	Adenosine triphosphate
ATR	Achilles tendon reflex
AUT	Autopsy
AV	Arteriovenous
AVG	Average
AVM	Arteriovenous malformation
AX	Axilla(ry)
B/F	Black female
B/M	Black male
BA	Barium
BAD	Bipolar affective disorder
BCC	Basal cell carcinoma
BCG	Bacillus Calmette-Guerin
BD	Bile duct
BE	Barium enema
BID	Twice a day (daily)
BIL	Bilateral
BK(A)	Below knee (amputation)
BM	Bone marrow
BM	Bowel movement
BMT	Bone marrow transplant
BP	Blood pressure
BPH	Benign prostatic hypertrophy/hyperplasia
BRM	Biological response modifier
BRO	Brother
BSO	Bilateral salpingo-oophorectomy
BT	Bladder tumor
BUN	Blood urea nitrogen
BUS	Bartholin's, Urethral & Skene's
BV	Blood volume
BX	Biopsy

APPENDIX C

ABBREVIATION/SYMBOL	WORD/TERM(S)
C/O	Complaint (-ning) of
C/W	Consistent with
C1-C7	Cervical vertebrae
CA	Calcium
CA	Carcinoma
CABG	Coronary artery bypass graft
CAD	Coronary artery disease
CAP(S)	Capsule (s)
CBC	Complete blood count
CC	Cubic centimeter
CCU	Coronary care unit
CEA	Carcinoembryonic antigen
CF	Cystic fibrosis
CGL	Chronic granulocytic leukemia
CHD	Congenital heart disease
CHEMO	Chemotherapy
CHF	Congestive heart failure
CHG	Change
CHR	Chronic
CIG	Cigarettes
CIN	Cervical intraepithelial neoplasia
CIN III	Cervical intraepithelial neoplasia, grade III
CIS	Carcinomain situ
CLL	Chronic lymphocytic leukemia
CLR	Clear
CM	Centimeter
CML	Chronic myeloid (myelocytic) leukemia
CNS	Central nervous system
CO60	Cobalt 60
COLD	Chronic obstructive lung disease
CONT	Continue/continuous
CONTRA	Contralateral
COPD	Chronic obstructive pulmonary disease
CRF	Chronic renal failure
CS	Collaborative stage
CSF	Cerebrospinal fluid
C-SF	Colony stimulating factor

APPENDIX C

ABBREVIATION/SYMBOL	WORD/TERM(S)
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 carcinoma in situ
DECR	Decrease(d)
DERM	Dermatology
DES	Diethylstilbestrol
DIAM	Diameter
DIC	Disseminated intravascular coagulopathy
DIFF	Differentiated/differential
DISCH	Discharge
DM	Diabetes mellitus
DNA	Deoxyribonucleic acid
DOA	Dead on arrival
DOB	Date of birth
DOD	Date of death
DOE	Dyspnea on exertion
DRE	Digital rectal examination
DTR	Deep tendon reflex
DVT	Deep vein thrombosis
DX	Diagnosis
DZ	Disease
E.G.	For example
ECG/EKG	Electrocardiogram
EEG	Electroencephalogram
EGD	Esophagogastro-duodenoscopy
EMG	Electromyogram
ENLGD	Enlarged

APPENDIX C

ABBREVIATION/SYMBOL	WORD/TERM(S)
ENT	Ears, nose, and throat
ER	Emergency room
ER, ERA	Estrogen receptor (assay)
ERCP	Endoscopic retrograde cholangiopancreatography
ESRD	End stage renal disease
ETOH	Alcohol
EVAL	Evaluation
EXAM	Examination
EXC(D)	Excision/excised
EXP	Expired
EXPL	Exploratory
EXPL LAP	Exploratory laparotomy
EXT	Extend/extension
FL	Fluid
FLURO	Fluoroscopy
FNA	Fine needle aspiration
FNAB	Fine needle aspiration biopsy
FOM	Floor of mouth
FREQ	Frequent/Frequency
FS	Frozen section
FTSG	Full thickness skin graft
FU	Follow-up
FUO	Fever of unknown origin
FX	Fracture
GB	Gallbladder
GE	Gastroesophageal
GEN	General/Generalized
GERD	Gastroesophageal reflux disease
GI	Gastrointestinal
GR	Grade
GU	Genitourinary
GYN	Gynecology
H&P	History and physical
H/O	History of

APPENDIX C

ABBREVIATION/SYMBOL	WORD/TERM(S)
HAV	Hepatitis A (virus)
HBV	Hepatitis B (virus)
HCG	Human chorionic gonadotropin
HCT	Hematocrit
HCV	Hepatitis C (virus)
HCVD	Hypertensive cardiovascular disease
HDV	Hepatitis D (virus)
HGB	Hemoglobin
HIV	Human Immunodeficiency Virus
HORM	Hormone
HOSP	Hospital
HPV	Human Papilloma Virus
HR(S)	Hour/Hours
HSM	Hepatosplenomegaly
HTLV	Human T-Lymphotropic Virus, (Type III)
HTN	Hypertension
HVD	Hypertensive vascular disease
HX	History
HYST	Hysterectomy
I&D	Incision & drainage
IBD	Inflammatory bowel disease
ICM	Intercostal margin
ICS	Intercostal space
ICU	Intensive care unit
IDDM	Insulin-dependent diabetes mellitus
IG	Immunoglobulin
IHC	Immunohistochemical
IHSS	Idiopathic hypertrophic subaortic stenosis
ILD	Interstitial lung disease
IM	Intramuscular
IMP	Impression
INCL	Includes/Including
INCR	Increase(d)
INF	Inferior
INFILT	Infiltrating
INT	Internal
INV	Invade(s)/invading/invasion

APPENDIX C

ABBREVIATION/SYMBOL	WORD/TERM(S)
INVL	Involve(s)/involvement/involving
IP	Inpatient
IPPB	Intermittent positive pressure breathing
IPSI	Ipsilateral
IRREG	Irregular
IT	Intrathecal
ITP	Idiopathic thrombocytopenia
IV	Intravenous
IVC	Inferior vena cava
IVCA	Intravenous cholangiogram
IVP	Intravenous pyelogram
JRA	Juvenile rheumatic arthritis
JVD	Jugular venous distention
KG	Kilogram
KS	Kaposi sarcoma
KUB	Kidneys, ureters, bladder
KV	Kilovolt
L-SPINE	Lumbar spine
L1-L5	Lumbar vertebra
LAB	laboratory
LAP	Laparotomy
LAT	Lateral
LAV	Lymphadenopathy-associated virus
LB	Pound
LBBB	Left bundle branch block
LCM	Left costal margin
LDH	Lactic dehydrogenase
LE	Lower extremity
LINAC	Linear accelerator
LIQ	Lower inner quadrant
LLE	Left lower extremity
LLL	Left lower lobe
LLQ	Left lower quadrant
LMP	Last menstrual period

APPENDIX C

ABBREVIATION/SYMBOL	WORD/TERM(S)
LN(S)	Lymph node(s)
LND	Lymph node dissection
LOQ	Lower outer quadrant
LPN	Licensed practical nurse
LRG	Large
LS	Lumbosacral
LS SCAN	Liver/spleen scan
LSO	Left salpingo-oophorectomy
LT	Left
LUE	Left upper extremity
LUL	Left upper lobe
LUOQ	Left upper outer quadrant
LUP ERYTH	Lupus erythematosus
LUQ	Left upper quadrant
LVI	Lymph/vascular invasion
M-CSF	Macrophage colony-stimulating factor
MALIG	Malignant
MAND	Mandible/mandibular
MAT	Multifocal arterial tachycardia
MAX	Maximum
MC	Medical center
MC(H)	Millicurie (hours)
MCG	Microgram
MCID	Mixed combined immunodeficiency
MCTD	Mixed connective tissue disease
MD	Moderately differentiated
MED	Medication
METS	Metastatic/Metastasis
MEV	Million electron volts
MG	Myasthenia gravis
MG(H)	Milligram (hours)
MI	Myocardial infarction
MICRO	Microscopic
MIN	Minimum
MIN	Minute
ML	Middle lobe
ML	Milliliter

APPENDIX C

ABBREVIATION/SYMBOL	WORD/TERM(S)
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
NOSCA	Non small cell carcinoma
NSF	No significant findings
NVD	Neck vein distention
OB	Obstetrics
OBS	Organic brain syndrome
OBST	Obstructed (-ing, -ion)
OP	Outpatient
OP RPT	Operative report
OR	Operating room
ORTHO	Orthopedics
OTO	Otology
OZ	Ounce

APPENDIX C

ABBREVIATION/SYMBOL	WORD/TERM(S)
P32	Phosphorus 32
PAC	Premature atrial contraction
PALP	Palpated (-able)
PAP	Papanicolaou smear
PAP	Papillary
PATH	Pathology
PD	Poorly differentiated
PE	Physical examination
PEDS	Pediatrics
PERC	Percutaneous
PET	Positron emission tomography
PID	Pelvic inflammatory disease
PIN III	Prostatic intraepithelial neoplasia, grade III
PLT	Platelets
PMH	Past/personal (medical) history
PMP	Primary medical physician
POOR DIFF	Poorly differentiated
POS	Positive
POSS	Possible
POST	Posterior
POST OP	Postoperative (-ly)
PPD	Packs per day
PR, PRA	Progesterone receptor (assay)
PRE OP	Preoperative (-ly)
PREV	Previous
PROB	Probable (-ly)
PROCTO	Proctoscopy
PSA	Prostatic specific antigen
PT	Patient
PT	Physiotherapy/Physical therapy
PTA	Prior to admission
PTC	Percutaneous transhepatic cholecystogram
PUD	Peptic ulcer disease
PULM	Pulmonary
PVD	Peripheral vascular disease
Q	Every

APPENDIX C

ABBREVIATION/SYMBOL	WORD/TERM(S)
QD	Every day
QUAD	Quadrant
R/O	Rule out
RA	Rheumatoid arthritis
RAD	Radiation absorbed dose
RBBB	Right bundle branch block
RBC	Red blood cells (count)
RCM	Right costal margin
RE	Regarding
REC'D	Received
REG	Regular
RESEC	Resection (ed)
RHD	Rheumatic heart disease
RIA	Radioimmunoassay
RIQ	Right inner quadrant
RLE	Right lower extremity
RLL	Right lower lobe
RLQ	Right lower quadrant
RMC	Regional medical center
RML	Right middle lobe
ROF	Review of outside films
ROQ	Right outer quadrant
ROS	Review of outside slides
RSO	Right salpingo-oophorectomy
RSR	Regular sinus rhythm
RT	Radiation therapy
RT	Right
RUE	Right upper extremity
RUL	Right upper lobe
RUQ	Right upper quadrant
RX	Prescription
S/P	Status post
S1-S5	Sacral vertebra
S-SPINE	Sacral spine
SATIS	Satisfactory

APPENDIX C

ABBREVIATION/SYMBOL	WORD/TERM(S)
SB	Small bowel
SCC	Squamous cell carcinoma
SCID	Severe combined immunodeficiency syndrome
SGOT	Serum glutamic oxaloacetic transaminase
SGPT	Serum glutamic pyruvic transaminase
SIADH	Syndrome of inappropriate ADH
SIG COLON	Sigmoid colon
SLE	Systemic lupus erythematosus
SM	Small
SO	Salpingo-oophorectomy
SOB	Short(ness) of breath
SPEC	Specimen
SQ	Squamous
SS	Summary stage
SSS	Sick sinus syndrome
STSG	Split thickness skin graft
SUBCU	Subcutaneous
SURG	Surgery/Surgical
SUSP	Suspicious/suspected
SVC	Superior vena cava
SX	Symptoms
T-SPINE	Thoracic spine
TAH	Total abdominal hysterectomy
TAH-BSO	Total abdominal hysterectomy- bilateral salpingo-oophorectomy
TB	Tuberculosis
TCC	Transitional cell carcinoma
TIA	Transient ischemic attack
TRANS-COLON	Transverse colon
TTP	Thromboticthrombocytopenia purpura
TUR	Transurethral resection
TURB	Transurethral resection bladder
TURP	Transurethral resection prostate
TVC	True vocal cord
TVH	Total vaginal hysterectomy
TX	Treatment
UE	Upper extremity

APPENDIX C

ABBREVIATION/SYMBOL	WORD/TERM(S)
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

APPENDIX C

**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
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 2004

1. Code the primary race(s) of the patient in fields Race 1, Race 2, Race 3, Race 4, and Race 5. The five race fields allow for the coding of multiple races consistent with the Census 2000. Rules 2 - 8 further specify how to code Race 1, Race 2, Race 3, Race 4 and Race 5.
2. If a person's race is a combination of white and any other race(s), code the appropriate other race(s) first and code white in the next race field.
3. If a person's race is a combination of Hawaiian and any other race(s), code Race 1 as 07 Hawaiian and code the other races in Race 2, Race 3, Race 4, and Race 5 as appropriate.

Example: Patient is described as Japanese and Hawaiian. Code Race 1 as 07 Hawaiian, Race 2 as 05 Japanese, and Race 3 through Race 5 as 88.

4. If the person is not Hawaiian, code Race 1 to the first stated non-white race (02-98).

Example: Patient is stated to be Vietnamese and Black. Code Race 1 as 10 Vietnamese, Race 2 as 02 Black, and Race 3 through Race 5 as 88.

Note: in the following scenarios, only the race code referred to in the example is coded. For cases diagnosed after January 1, 2000, all race fields must be coded.

5. The fields Place of Birth, Race, Marital Status, Name, Maiden Name, and Hispanic Origin are inter-related. Use the following guidelines in priority order:
 - a. Code the patient's stated race, if possible. Refer to Appendix "Race and Nationality Descriptions from the 2000 Census and Bureau of Vital Statistics" for guidance.

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.

Exception: When the race is recorded as Oriental, Mongolian, or Asian (coded to 96 Other Asian) and the place of birth is recorded as China, Japan, the Philippines, or another Asian nation, code the race based on birthplace information.

Example 4: The person's 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 Asian, NOS.

Example 5: The person describes himself as an Asian-American born in Laos. Code race as 11 Laotian because it is more specific than 96 Asian, NOS.

6. If the patient's race is determined on the basis of the races of relatives, there is no priority to coding race, other than to list the non-white race(s) first.

Example: The patient is described as Asian-American with Korean parents. Code race as 08 Korean because it is more specific than 96 Asian [-American].

7. If no race is stated in the medical record, or if the stated race cannot be coded, review the documentation for a statement of a race category.

Example 1: Patient described as a black female. Code as 02 Black.

Example 2: Patient describes herself as multi-racial (nothing more specific) and nursing notes say "African-American." Code as 02 Black.

Example 3: 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.

8. If race is unknown or not stated in the medical record and birth place is recorded, in some cases race may be inferred from the nationality. Refer to the Appendix entitled "Race and Nationality Descriptions from the 2000 Census and Bureau of Vital Statistics" to identify nationalities from which race codes may be inferred.

Example 1: Record states: "this native of Portugal..." Code race as 01 White per the Appendix.

Example 2: Record states: "this patient was Nigerian..." Code race as 02 Black per the Appendix.

Exception: If the patient's name is incongruous with the race inferred on the basis of nationality, code Race 1 through Race 5 as 99, Unknown.

Example 1: Patient's name is Siddhartha Rao and birthplace is listed as England. Code Race 1 through Race 5 as 99 Unknown.

Example 2: Patient's name is Ping Chen and birthplace is Ethiopia. Code Race 1 through Race 5 as 99 Unknown.

9. Use of patient name in determining race:
 - a. Do not code race from name alone, especially for females with no maiden name given.
 - b. In general, a name may be an indicator of a racial group, but should not be taken as the only indicator of race.

- c. A patient name may be used to identify a more specific race code.

Example 1: Race reported as Asian, name is Hatsu Mashimoto. Code race as 05 Japanese.

Example 2: Birthplace is reported as Guatemala and name is Jose Chuicol [name is identified as Mayan]. Code race as 03 Native American

- d. A patient name may be used to infer Spanish ethnicity or place of birth, but a Spanish name alone (without a statement about race or place of birth) cannot be used to determine the race code. Refer to ethnicity guidelines for further information.

Example: Alice Gomez is a native of Indiana (implied birthplace: United States). Code Race 1 through Race 5 as 99 Unknown, because nothing is known about her race...

- 10. 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. Do NOT code a patient stated to be Hispanic or Latino as 98 Other Race in Race 1 and 88 in Race 2 through Race 5.

Example: Sabrina Fitzsimmons is a native of Brazil. Code race as 01 White per Appendix.

- 11. When the race is recorded as Negro or African-American, code race as 02 Black.
- 12. Code 03 should be used for any person stated to be Native American or [western hemisphere] Indian, whether from North, Central, South, or Latin America. For Central, South, or Latin American Indians, see additional ethnicity coding guidelines under Spanish Surname or Origin.
- 13. Death certificate information may be used to supplement ante mortem race information only when race is coded unknown in the patient record or when the death certificate information is more specific.

Example 1: In the cancer record Race 1 through Race 5 are coded as 99 Unknown. The death certificate states race as black. Change cancer record for Race 1 to 02 Black and Race 2 through Race 5 to 88.

Example 2: 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.

**RACE AND NATIONALITY DESCRIPTIONS
FROM THE 2000 CENSUS AND BUREAU OF VITAL STATISTICS**

Note: Use these lists only when race is not stated but other information is provided in the medical record.

References:

1. *"Race and Ethnicity Code Set, Version 1.0," Centers for Disease Control and Prevention, March 2000.*
2. *"Instruction manual, part 4: Classification And Coding Instructions For Death Records, 1999-2001," Division of Vital Statistics, National Center for Health Statistics, undated*

Key

- † Use this code unless patient is stated to be Native American (Indian)
- * Terms listed in reference 2, above.
- ‡ Description of religious affiliation rather than stated nationality or ethnicity; should be used with caution when determining appropriate race code.

CODE 01 WHITE

Afghan, Afghanistani
Afrikaner
Albanian
Algerian*
Amish*
Anglo-Saxon*
Arab, Arabian
Argentinian*†
Armenian
Assyrian
Australian*
Austrian*
Azores*
Basque*
Bavarian*
Bolivian*†
Bozniak/Bosnian
Brava/Bravo*
Brazilian†
Bulgarian
Cajun
Californio
Canadian*
Caucasian*
Central American†
Chechnyan
Chicano*
Chilean†
Colombian*†
Costa Rican*†
Creole*
Croat/Croatian
Crucian*
Cuban (unless specified as Black)*
Cypriot
Czechoslovakian*
Eastern European
Ebian*

Ecuadorian*†
Egyptian
English
English-French*
English-Irish*
European*
Finnish*
French
French Canadian*
Georgian*
German
Greek*
Guatemalan†
Gypsy*
Hebrew*‡
Herzegovenian
Hispanic*
Honduran†
Hungarian*
Iranian, Iran
Iraqi
Irish
Islamic*‡
Israeli
Italian
Jordanian*
Kurd/Kurdish
Kuwaitian*
Ladina/Ladino*
Latin American*†
Latino
Latvian*
Lebanese
Libyan*
Lithuanian*
Maltese*
Marshenese*
Mauritian*
Moroccan*
Mediterranean*
Mexican†
Middle Eastern
Moroccan*
Moslem*‡
Muslim*
Near Easterner
Nicaraguan†
Nordic*
North African
Norwegian*
Other Arab

Palestinian
Panamanian†
Paraguayan†
Parsi*
Persian*
Peruvian*†
Polish
Portuguese*
Puerto Rican (unless specified as Black)
Romanian*
Rumanian
Russian*
Salvadoran†
Saudi Arabian*
Scandinavian*
Scottish, Scotch
Semitic*‡
Serbian*
Servian*
Shi'ite‡
Sicilian*
Slavic, Slovakian*
South American†
Spanish*, Spaniard
Sunni*‡
Swedish*
Syrian
Tunisian*
Turkish, Turk*
Ukrainian*
United Arab Emirati
Uruguayan†
Venezuelan*†
Welsh*
White
Yemenite*
Yugoslavian*
Zoroastrian*

CODE 02 BLACK OR AFRICAN AMERICAN

African
African American
Afro-American
Bahamian
Barbadian
Bilalian*
Black
Botswana
Cape Verdean*
Dominica Islander (unless specified as White)
Dominican/Dominican Republic (unless specified as White)

Eritrean*
Ethiopian
Ghanian*
Haitian
Hamitic*
Jamaican
Kenyan*
Liberian
Malawian*
Mugandan*
Namibian
Nassau*
Negro
Nigerian
Nigritian
Nubian*
Other African
Santo Domingo*
Seychelloise*
Sudanese*
Tanzanian*
Tobagoan
Togolese*
Trinidadian
West Indian
Zairean

CODE 03 AMERICAN INDIAN AND ALASKA NATIVE

(see separate list of tribes)

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

ASIAN RACE CODES

<u>Code</u>	<u>Definition</u>
96	Amerasian
16	Asian Indian
15	Asian Indian or Pakistani, NOS (code 09 prior to Version 12)
96	Asian
96	Asiatic
96	Bangladeshi
96	Bhutanese
96	Bornean
96	Bruneian
96	Burmese
13	Cambodian
96	Celebesian
96	Ceram
96	Ceylonese
04	Chinese
96	Eurasian
06	Filipino
12	Hmong
96	Indo-Chinese
96	Indonesian
05	Iwo Jiman
05	Japanese
96	Javanese
13	Kampuchean
08	Korean
11	Laotian
96	Maldivian
96	Madagascar
96	Malaysian
96	Mongolian
96	Montagnard
96	Nepalese
05	Okinawan
96	Oriental
96	Other Asian
17	Pakistani
96	Sikkimese
96	Singaporean
96	Sri Lankan
96	Sumatran
04	Taiwanese
14	Thai
96	Tibetan
10	Vietnamese
96	Whello
96	Yello

NATIVE HAWAIIAN AND OTHER PACIFIC ISLANDER CODES

<u>Code</u>	<u>Definition</u>
20	Bikinian
20	Carolinian
21	Chamorro
20	Chuukese
25	Cook Islander
20	Eniwetok, Enewetak
31	Fijian
22	Guamanian
07	Hawaiian
20	Kirabati
20	Kosraean
20	Kwajalein
97	Maori
20	Mariana Islander
20	Marshallese
30	Melanesian
20	Micronesian, NOS
07	Native Hawaiian
97	Nauruan
30	New Caledonian
30	New Hebrides
97	Other Pacific Islander
97	Pacific Islander
20	Palauan
32	Papua New Guinean
07	Part Hawaiian
20	Pohnpeian
25	Polynesian
20	Ponapean
20	Saipanese
27	Samoan
30	Solomon Islander
26	Tahitian
20	Tarawan
20	Tinian
25	Tokelauan
28	Tongan
20	Trukese
25	Tuvaluan
30	Vanuatuan
20	Yapese

98 OTHER RACE, NOT ELSEWHERE CLASSIFIED

Do not use this code for Hispanic, Latino or Spanish, NOS.

OTHER RACE DESCRIPTIONS

Note 1: The following descriptions of ethnic origin cannot be coded to a specific race code. Look for other descriptions of race in the medical record. If no further information is available, code as 99 Unknown.

Aruba Islander
Azerbaijani
Belizean
Bermudan
Cayenne
Cayman Islander
Guyanese
Indian (not specified as Native American,
Eastern Indian, Northern, Central, or South
American Indian)
Mestizo
Morena
South African
Surinam
Tejano

Note 2: The following terms self-reported in the 2000 Census cannot be coded to a specific race code. Look for other descriptions of race in the medical record. If no further information is available, code as 99 Unknown.

Biracial
Interracial
Mixed
Multiethnic
Multinational
Multiracial

Indian Tribes of the United States, Canada and Mexico (Race Code 03)

Source: National Center for Health Statistics: Appendix C, Instruction Manual, part 4: Classification and Coding Instructions For Death Records, 1999-2001.

Abnaki
Absentee-Shawnee
Acoma
Ak Chin
Alabama-Coushatt Tribes of Texas
Alsea
Apache
Arapaho
Arikara
Assiniboin
Atacapa
Athapaskan
Atsina
Aztec
Bear River

Beaver
Bella Coola
Beothuk
Blackfoot
Boold Piegan
Blue Lake
Brotherton
Caddo
Cakchiquel-Ienca
Calapooya
Carrier
Catawba
Cattaraugus
Cayuga
Cayuse
Chasta Costa
Chehalis
Chemehuevi
Cherokee
Chetco
Cheyenne
Cheyenne River Sioux
Chickahominy
Chickasaw
Chinook
Chipewyan
Chippewa
Chippewa-Ojibwa
Chiricahua Apache
Chitimacha
Choctaw
Chol
Chontal
Chorti
Chuckchansi
Chumash
Clallam
Clatsop
Clackamas
Clear Lake
Coast Salish
Cochimi
Cochiti
Cocopa
Coeur D'Alene Tribe of Idaho
Cocopah
Columbia
Colville
Comox
Comanche
Concow

Conquille
Coushatta
Covelo
Cow Creek
Cowichan
Cowlitz
Coyotero Apache
Cree
Creek
Crow
Crow Creek Sioux
Dakota
Delaware
Diegueno
Digger
Dog Rib
Duckwater
Eskimo
Euchi
Eyak
Flathead
Fort Hall Res. Tribe of Idaho
French Indian
Gabrieleno
Galice Creek
Gay Head
Gosiute
Gros Ventre
Haida
Han
Hare
Hat Creek
Hawasupai
Hidatsa
Hoh
Hoopa
Hopi
Houma
Hualapai
Huastec
Humboldt Bay
Hupa
Huron
Illinois
Ingalik
Iowa
Iroquois
Isleta
Jemez
Joshua
Juaneno

Jicarilla Apache
Kaibah
Kalispel
Kanosh Band of Paiutes
Kansa
Karankawa
Karok
Kaska
Kaw
Kawai
Keresan Pueblos
Kern River
Kichai
Kickapoo
Kiowa
Kiowa Apache
Kitamat
Klamath
Klikitat
Koasati
Kootenai Tribe of Idaho
Kusa
Kutchin
Kutenai
Kwakiutl
Lac Courte Dreille
Laguna
Lakmuit
Lipan Apache
Lower Brule Sioux
Luiseno
Lummi
Maidu
Makah
Malecite
Mandan
Maricopa
Mary's River
Mashpee
Mattaponi
Maya
Mayo
Mdewakanton Sioux
Menominee
Menomini
Mequendodon
Mescalero Apache
Miami
Micmac
Mission Indians
Missouri

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

Pen d'Oreille
Penobscot
Peoria
Pequot
Picuris
Pima
Pit River
Pojoaque
Pomo
Ponca
Poosepatuck
Potawatomi
Potomac
Powhatan
Pueblos
Puyallup
Quapaw
Quechan
Quileute
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**

A

03 Abnaki
03 Absentee -Shawnee
03 Acoma
01 Afghan, Afghanistani
02 African
02 African American
01 Afrikaner
02 Afro-American
03 Ak Chin
03 Alabama -Coushatt
 Tribes of Texas
03 Alaska Native
01 Albanian
03 Aleut
01 Algerian*
03 Alsea
96 Amerasian
03 American Indian
01 Amish*
01 Anglo-Saxon*
03 Apache
01 Arab, Arabian
03 Arapaho
01 Argentinian*†
03 Arikara
01 Armenian
96 Asian
96 Asiatic
03 Assiniboin
01 Assyrian
03 Atacapa
03 Athapaskan
03 Atsina
01 Australian*
01 Austrian*
01 Azores*
03 Aztec

B

02 Bahamian
96 Bangladeshi
02 Barbadian
01 Basque*
01 Bavarian*
03 Bear River
03 Beaver
03 Bella Coola
03 Beothuk

96 Bhutanese
20 Bikinian
02 Bilalian*
02 Black
03 Blackfoot
03 Blue Lake
01 Bolivian*†
03 Boold Piegan
96 Bornean
02 Botswana
01 Bozniak/Bosnian
01 Brava/Bravo*
01 Brazilian
03 Brotherton
96 Bruneian
01 Bulgarian
96 Burmese

C

03 Caddo
01 Cajun
03 Cakchiquel -Ienca
03 Calapooya
01 Californio
13 Cambodian
01 Canadian*
02 Cape Verdean*
20 Carolinian
03 Carrier
03 Catawba
03 Cattaraugus
01 Caucasian*
03 Cayuga
03 Cayuse
96 Celebesian
01 Central American†
03 Central American
Indian
96 Ceram
96 Ceylonese
21 Chamorro
03 Chasta Costa
01 Chechnyan
03 Chehalis
03 Chemehuevi
03 Cherokee
03 Chetco
03 Cheyenne
03 Cheyenne River Sioux

01 Chicano*
03 Chickahominy
03 Chickasaw
01 Chilean†

04 Chinese
 03 Chinook
 03 Chipewyan
 03 Chippewa
 03 Chippewa -Ojibwa
 03 Chiricahua Apache
 03 Chitimacha
 03 Choctaw
 03 Chol
 03 Chontal
 03 Chorti
 03 Chuckchansi
 03 Chumash
 20 Chuukese
 03 Clackamus
 03 Clallam
 03 Clatsop
 03 Clear Lake
 03 Coast Salish
 03 Cochimi
 03 Cochiti
 03 Cocopa
 03 Cocopah
 03 Coeur D'Alene Tribe
 of Idaho
 01 Colombian*†
 03 Columbia
 03 Colville
 03 Comanche
 03 Comox
 03 Concow
 03 Conquille
 25 Cook Islander
 01 Costa Rican*†
 03 Coughatta
 03 Covelo
 03 Cow Creek
 03 Cowichan
 03 Cowlitz
 03 Coyotero Apache
 03 Cree
 03 Creek
 01 Creole*
 01 Croat/Croatian
 03 Crow
 03 Crow Creek Sioux
 01 Crucian*

- 01 Cuban (unless specified as Black)*
- 01 Cypriot
- 01 Czechoslovak -ian*

D

- 03 Dakota
- 03 Delaware
- 03 Diegueno
- 03 Digger
- 03 Dog Rib
- 02 Dominica Islander
(unless specified as White)
- 02 Dominican/Dominican Republic (unless specified as White)
- 03 Duckwater

E

- 01 Eastern European
- 01 Ebian*
- 01 Ecuadorian*†
- 01 Egyptian
- 01 English
- 01 English-French*
- 01 English-Irish*
- 20 Eniwetok, Enewetak
- 02 Eritrean*
- 03 Eskimo
- 02 Ethiopian
- 03 Euchi
- 96 Eurasian
- 01 European*
- 03 Eyak

F

- 31 Fijian
- 06 Filipino
- 01 Finnish*
- 03 Flathead
- 03 Fort Hall Res. Tribe
of Idaho
- 01 French
- 01 French Canadian*
- 03 French Indian

G

03 Gabrieleno
03 Galice Creek
03 Gay Head
01 Georgian*
01 German
02 Ghanian*
03 Gosiute
01 Greek*
03 Gros Ventre
22 Guamanian
01 Guatemalan†
01 Gypsy*

H

03 Haida
02 Haitian
02 Hamitic*
03 Han
03 Hare
03 Hat Creek
07 Hawaiian
03 Hawasupai
01 Hebrew*‡
01 Herzegovenian
03 Hidatsa
01 Hispanic*
12 Hmong
03 Hoh
01 Honduran†
03 Hoopa
03 Hopi
03 Houma
03 Hualapai
03 Huastec
03 Humboldt Bay
01 Hungarian*
03 Hupa
03 Huron

I

03 Illinois
96 Indo-Chinese
96 Indonesian
03 Ingalik
03 Iowa
01 Iranian, Iran
01 Iraqi
01 Irish
03 Iroquois
01 Islamic*‡
03 Isleta

01 Israeli
01 Italian
05 Iwo Jiman

J

02 Jamaican
05 Japanese
96 Javanese
03 Jemez
03 Jicarilla Apache
01 Jordanian*
03 Joshua
03 Juaneno

K

03 Kaibah
03 Kalispel
13 Kampuchean
03 Kanosh Band of
Paiutes
03 Kansa
03 Karankawa
03 Karok
03 Kaska
03 Kaw
03 Kawai
02 Kenyan*
03 Keresan Pueblos
03 Kern River
03 Kichai
03 Kickapoo
03 Kiowa
03 Kiowa Apache
20 Kirabati
03 Kitamat
03 Klamath
03 Klikitat
03 Koasati
03 Kootenai Tribe of
Idaho
08 Korean
20 Kosraean
01 Kurd/Kurdish
03 Kusa
03 Kutchin
03 Kutenai
01 Kuwaitian*
20 Kwajalein
03 Kwakiutl

L

03 Lac Courte Dreille
01 Ladina/Ladino*
03 Laguna
03 Lakmuit
11 Laotian
01 Latin American*†
01 Latino/Latina
01 Latvian*
01 Lebanese
02 Liberian
01 Libyan*
03 Lipan Apache
01 Lithuanian*
03 Lower Brule Sioux
03 Luiseno
03 Lummi

M

96 Madagascar
03 Maidu
03 Makah
02 Malawian*
96 Malaysian
96 Maldivian
03 Malecite
01 Maltese*
03 Mandan
97 Maori
20 Mariana Islander
03 Maricopa
20 Marshallese
01 Marshenese*
03 Mary's River
03 Mashpee
03 Mattaponi
01 Mauritian*
03 Maya
03 Mayo
03 Mdewakanton Sioux
01 Mediterranean*
30 Melanesian
03 Menominee
03 Menomini
03 Mequendodon
03 Mescalero Apache
03 Meso American Indian
01 Mexican†
03 Mexican American
Indian
03 Miami
03 Micmac

20 Micronesian, NOS
 01 Middle Eastern
 03 Mission Indians
 03 Missouri
 03 Miwok
 03 Mixe
 03 Mixtec
 03 Modoc
 03 Mohave
 03 Mohawk
 03 Mohegan
 03 Molala
 03 Monachi
 96 Mongolian
 03 Mono
 03 Montagnais
 96 Montagnard
 03 Montauk
 01 Moroccan*
 01 Moroccan*
 01 Moslem*‡
 03 Muckleshoot
 02 Mugandan*
 03 Munsee
 01 Muslim*‡

N

03 Nambe
 02 Namibian
 03 Namsemond
 03 Nanticoke
 03 Narragansett
 03 Naskapi
 02 Nassau*
 03 Natchez
 07 Native Hawaiian
 97 Nauruan
 03 Navaho
 03 Navajo
 01 Near Easterner
 02 Negro
 96 Nepalese
 30 New Caledonian
 30 New Hebrides
 03 Nez Perce
 03 Niantic
 01 Nicaraguan†
 02 Nigerian
 02 Nigritian
 03 Nipmuck
 03 Nisenan-Patwin
 03 Nisqually

03 Nomelaki
03 Nooksak
03 Nootka
01 Nordic*
01 North African
03 Northern Paiute
01 Norwegian*
02 Nubian*

O

03 Oglala Sioux
03 Okanogan
05 Okinawan
03 Omaha
03 Oneida
03 Onondaga
03 Opata
03 Opato
96 Oriental
03 Osage
02 Other African
01 Other Arab
96 Other Asian
97 Other Pacific Islander
98 Other race, not
elsewhere classified
03 Oto
03 Otoe
03 Otomi
03 Ottawa
03 Ozette

P

97 Pacific Islander
03 Paiute
17 Pakistani
20 Palauan
01 Palestinian
03 Pamunkey
01 Panamanian†
03 Panamint
03 Papago
32 Papua New Guinean
01 Paraguayan†
01 Parsi*
07 Part Hawaiian
03 Passamaquoddy
03 Patwin
03 Pawnee
03 Pen d'Oreille
03 Penobscot
03 Peoria

03 Pequot
01 Persian*
01 Peruvian*†
03 Picuris
03 Pima
03 Pit River
20 Pohnpeian
03 Pojoaque
01 Polish
25 Polynesian
03 Pomo
20 Ponapean
03 Ponca
03 Poosepatuck
01 Portuguese*
03 Potawatomi
03 Potomac
03 Powhatan
03 Pueblos
01 Puerto Rican (unless
specified as Black)
03 Puyallup

Q

03 Quapaw
03 Quechan
03 Quileute
03 Quinaielt
03 Quinault

R

03 Rappahannock
03 Rogue River
01 Romanian*
03 Rosebud Sioux
01 Rumanian
01 Russian*

S

03 Sac and Fox
03 Saginaw
20 Saipanese
03 Salish
01 Salvadoran†
27 Samoan
03 San Felipe
03 San Ildefonso
03 San Juan
03 San Lorenzo
03 San Luis Obispo
03 San Luiseno
03 Sandia

03 Sanpoil
 03 Sanpoil Nespelem
 03 Santa Barbara
 03 Santa Clara
 03 Santa Ynez
 03 Sant'ana
 03 Santee
 03 Santee Sioux
 03 Santiam
 02 Santo Domingo*
 01 Saudi Arabian*
 03 Sauk and Fox
 01 Scandanavian*
 03 Scaticook
 01 Scottish, Scotch
 03 Sekane
 03 Seminole
 01 Semitic*‡
 03 Seneca
 01 Serbian*
 03 Seri
 01 Servian*
 02 Seychelloise*
 03 Shasta
 03 Shawnee
 01 Shi'ite‡
 03 Shinnecock
 03 Shivwits Band of
 Paiutes
 03 Shoshone
 03 Shoshone-Bannock
 03 Shuswap
 01 Sicilian*
 96 Sikkimese
 96 Singaporean
 03 Siouans
 03 Sioux
 03 Sisseton
 03 Sisseton -Wahpeton
 Sioux
 03 Siuslaw
 03 Skagit Suiattle
 03 Skokomish
 03 Slave
 01 Slavic, Slovakian*
 03 Smith River
 03 Snake
 03 Snohomish
 03 Snoqualmi
 30 Solomon Islander
 03 Songish Southern
 Paiute

01 South American
03 South American Indian
03 Spanish American
Indian
01 Spanish*, Spaniard
03 Squaxin
96 Sri Lankan
03 Stockbridge
02 Sudanese*
96 Sumatran
03 Sumo-Mosquito
01 Sunni*‡
03 Suquamish
01 Swedish*
03 Swinomish
01 Syrian

T

26 Tahitian
03 Taimskin
04 Taiwanese
03 Tanana
03 Tanoan Pueblos
02 Tanzanian*
03 Taos
03 Tarahumare
03 Tarascan
20 Tarawan
03 Tawakoni
03 Tejon
03 Tenino or Warm
Springs
03 Tesuque
03 Teton
03 Teton Sioux
14 Thai
03 Thlinget
96 Tibetan
03 Tillamook
03 Timucua
20 Tinian
02 Tobagoan
02 Togolese*
25 Tokelauan
03 Tolowa
03 Tonawanda
28 Tongan
03 Tonkawa
03 Tonto Apache
03 Topinish
03 Totonac
02 Trinidadian

20	Trukese
03	Tsimshian
03	Tulalip
03	Tule River Indians
03	Tunica
01	Tunisian*
01	Turkish, Turk*
03	Tuscarora
03	Tututni
25	Tuvaluan
U	
01	Ukranian*
03	Umatilla
03	Umpqua
01	United Arab Emirati
03	Upper Chinook
01	Uruguayan†
03	Ute
V	
30	Vanuatuan
01	Venezuelan*†
10	Vietnamese
W	
03	Waca
03	Waicuri-Pericue
03	Wailaki
03	Walapai
03	Walla Walla
03	Wampanoag
03	Wapato
03	Warm Springs
03	Wasco
03	Washo
03	Washoe
01	Welsh*
02	West Indian
03	Western Apache
03	Western Shoshone
96	Whello
03	Whilkut
01	White
03	Wichita
03	Wikchamni
03	Wind River Shoshone
03	Winnebago
03	Wintu
03	Wintun
03	Wishram
03	Wyandotte

X

03 Xicaque

Y

03 Yahooskin

03 Yakima

03 Yamel

03 Yana

03 Yankton

03 Yanktonnais Sioux

20 Yapese

03 Yaqui

03 Yaquina

03 Yavapai

03 Yawilmani

96 Yello

03 Yellow Knife

01 Yemenite*

03 Yerington Paiute

03 Yokuts

03 Yokuts-Mono

03 Yomba Shoshone

03 Yuchi

01 Yugoslavian*

03 Yuki

03 Yuma

03 Yurok

Z

03 Zacatec

02 Zairean

03 Zapotec

03 Zia

03 Zoque

01 Zoroastrian*‡

03 Zuni

Note: The following terms cannot be coded to a specific race code. Look for other descriptions of race in the medical record. If no further information is available, code as 99 Unknown.

Aruba Islander
Azerbaijani
Belizean
Bermudan
Biracial
Cayenne
Cayman Islander
Guyanese
Indian (not specified as
Native American, Eastern
Indian, Northern, Central, or
South American Indian)
Interracial
Mestizo
Mixed
Morena
Multiethnic
Multinational
Multiracial
South African
Surinam
Tejano

Appendix E

CENSUS LIST OF SPANISH SURNAMES

APPENDIX E
CENSUS LIST OF SPANISH SURNAMES

E-1

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

APPENDIX E
CENSUS LIST OF SPANISH SURNAMES

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

APPENDIX E
CENSUS LIST OF SPANISH SURNAMES

ALDAPA	ALEMANY	ALINAYA	ALMAREZ	ALMUINA
ALDAPE	AEMAR	ALIPAZ	ALMARZA	ALOMA
ALDARONDO	ALEN	ALIRE	ALMAZAN	ALOMAR
ALDAS	ALENCASTRO	ALIRES	ALMEDA	ALONA
ALDASORO	ALEQUIN	ALIREZ	ALMEDINA	ALONSO
ALDAVA	ALERS	ALLADICE	ALMEJO	ALONZO
ALDAVE	ALERTE	ALLADO	ALMENA	ALOY
ALDAYA	ALEVEDO	ALLALA	ALMENAR	ALOYO
ALDAZ	ALEXANDRINO	ALLANDE	ALMENARA	ALPIZAR
ALDAZABAL	ALFALLA	ALLARID	ALMENARES	ALPUCHE
ALDEBOT	ALFARA	ALLEGANZA	ALMENDARES	ALPUIN
ALDECOA	ALFARD	ALLEGUE	ALMENDAREZ	ALQUICIRA
ALDECOCEA	ALFARO	ALLEGUEZ	ALMENDARIZ	ALSINA
ALDEIS	ALFASSA	ALLENDE	ALMENDRAL	ALTAGRACIA
ALDEREGUIA	ALFAU	ALLENEGUI	ALMENDRAS	ALTAMIRA
ALDERETE	ALFEREZ	ALLESANDRO	ALMENGER	ALTAMIRANO
ALDERETTE	ALFONSECA	ALLONGO	ALMENGOR	ALTARRIBA
ALDERTE	ALFONSO	ALLOZA	ALMERA	ALTENES
ALDRETE	ALFONZO	ALMA	ALMERAZ	ALTIMIRANO
ALDUEN	ALFRIDO	ALMADA	ALMERIA	ALTONAGA
ALDUENDA	ALGARA	ALMADO	ALMESTICA	ALTOSINO
ALEANTAR	ALGARIN	ALMADOVA	ALMEYDA	ALTRECHE
ALEBIS	ALGARRA	ALMAGER	ALMEZQUITA	ALTUBE
ALEDO	ALGAVA	ALMAGNER	ALMIRALL	ALTUNA
ALEGADO	ALGEA	ALMAGRO	ALMIRUDIS	ALTUR
ALEGRE	ALGECIRAS	ALMAGUER	ALMODOBAR	ALTURET
ALEGRET	ALGORA	ALMANCE	ALMODOUAR	ALTUZARRA
ALEGRIA	ALGORRI	ALMANDOZ	ALMODOVA	ALUAREZ
ALEJANDRE	ALGORTA	ALMANSA	ALMODOVAR	ALUIZO
ALEJANDRES	ALGUACIL	ALMANZA	ALMOGABAR	ALUSTIZA
ALEJANDREZ	ALGUESEVA	ALMANZAN	ALMOGUERA	ALUYON
ALEJANDRO	ALIAGA	ALMANZAR	ALMOINA	ALVA
ALEJO	ALICANTE	ALMANZO	ALMONACID	ALVANADO
ALEJOS	ALICCA	ALMAQUER	ALMONDOVAR	ALVARA
ALELUNAS	ALICEA	ALMARAS	ALMONTE	ALVARADA
ALEMAN	ALICIA	ALMARAZ	ALMONTES	ALVARADO
ALEMANIA	ALIJA	ALMARES	ALMORA	ALVARAZ

APPENDIX E
CENSUS LIST OF SPANISH SURNAMES

ALVARDEZ	ALZALDE	AMEZCUA	ANDABLO	ANGLADE
ALVARDO	ALZATE	AMEZOLA	ANDALON	ANGLERO
ALVAREDO	ALZINA	AMEZQUITA	ANDALUZ	ANGOCO
ALVARENGA	ALZOLA	AMEZUA	ANDASOLA	ANGON
ALVARES	ALZUGARAY	AMIAL	ANDAVAZO	ANGUEIRA
ALVAREZ	ALZURI	AMIEIRO	ANDAVERDE	ANGUERA
ALVARIDO	AMABISCA	AMIEVA	ANDAZOLA	ANGUIANO
ALVARINO	AMADOR	AMIGO	ANDEREZ	ANGUINO
ALVARODO	AMAGO	AMILL	ANDIARENA	ANGUITA
ALVARRAN	AMALBERT	AMIRA	ANDINA	ANGULO
ALVARY	AMALLA	AMIRES	ANDINO	ANIAS
ALVEAR	AMARGOS	AMOR	ANDOLLO	ANIBARRO
ALVELAIS	AMARILLA	AMORES	ANDRACA	ANILLO
ALVELO	AMARILLAS	AMOROS	ANDRADA	ANIZ
ALVERADO	AMARO	AMOROZ	ANDRADE	ANORGA
ALVERANGA	AMAVISCA	AMOSTEGUI	ANDRADES	ANQUIANO
ALVERES	AMAVIZCA	AMOZURRUTIA	ANDRADO	ANSALDUA
ALVEREZ	AMAYA	AMPARAN	ANDREOLAS	ANSALMO
ALVERIO	AMBE	AMPARANO	ANDREU	ANSISO
ALVERO	AMBEGUIA	AMPARO	ANDREZ	ANSOATEGUI
ALVEZ	AMBERT	AMPUDIA	ANDRIAL	ANSOLABEHERE
ALVIAR	AMBIA	AMPUERO	ANDRINO	ANSURES
ALVIDRES	AMBRIS	ANADON	ANDUAGA	ANTA
ALVIDREZ	AMBRIZ	ANALCO	ANDUEZA	ANTABLIN
ALVILLAR	AMEJORADO	ANALLA	ANDUIZA	ANTELO
ALVIRA	AMELY	ANAMOSA	ANDUJA	ANTEQUERA
ALVIRDE	AMENABAR	ANASAGASTI	ANDUJAL	ANTIGUA
ALVIREZ	AMENEDO	ANAYA	ANDUJAR	ANTILLON
ALVISO	AMENGUAL	ANAZAGASTY	ANDUJO	ANTIMO
ALVITRE	AMESCUA	ANCHANDO	ANDUYO	ANTOLIN
ALVIZAR	AMESGUITA	ANCHIA	ANDUZE	ANTOLINEZ
ALVIZO	AMESOLA	ANCHIETA	ANEIRO	ANTOMARCHY
ALVIZU	AMESQUA	ANCHONDO	ANEIROS	ANTONETTY
ALVO	AMESQUITA	ANCHUNDIA	ANEL	ANTOPIA
ALVORADO	AMESTI	ANCIRA	ANERO	ANTRILLO
ALZA	AMESTOY	ANCISO	ANGELES	ANTU
ALZAGA	AMEZAGA	ANDA	ANGLADA	ANTUNA

APPENDIX E
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ANTUNANO	AQUILERA	ARANAS	ARBELO	ARCHUNDIA
ANTUNEZ	AQUILES	ARANAZ	ARBESU	ARCHUTETA
ANZALDA	AQUILLAR	ARANCIBIA	ARBIDE	ARCHVLETA
ANZALDO	AQUIN	ARANDA	ARBISO	ARCIA
ANZALDUA	AQUINAGA	ARANDIA	ARBIZO	ARCIAGA
ANZAR	AQUINES	ARANDO	ARBIZU	ARCIBA
ANZARA	AQUIRRE	ARANDULES	ARBOLAEZ	ARCIDES
ANZARDO	ARA	ARANEGUI	ARBOLAY	ARCIGA
ANZELDE	ARABALO	ARANETA	ARBOLEDA	ARCILA
ANZORENA	ARABI	ARANGO	ARBOLEYA	ARCINAS
ANZUA	ARABITG	ARANGUA	ARBONA	ARCINIAGA
ANZUALDA	ARACENA	ARANGUIZ	ARBUCIAS	ARCINIEGA
ANZUETO	ARACHE	ARANGURE	ARBURUA	ARCINO
ANZULES	ARADILLAS	ARANGUREN	ARCA	ARCIZO
ANZURES	ARAGO	ARANIBAR	ARCACHA	ARCOS
APABLASA	ARAGON	ARANJON	ARCADIA	ARCOVERDE
APADACA	ARAGONES	ARANO	ARCARAZO	ARCULETA
APAEZ	ARAGONEZ	ARANZA	ARCAS	ARDAIZ
APALATEGUI	ARAGUAS	ARANZAZU	ARCAUTE	ARDANAZ
APALATEQUI	ARAGUNDI	ARANZUBIA	ARCAY	ARDANS
APARICIO	ARAGUS	ARAOZ	ARCAYA	ARDANZ
APELLANIZ	ARAGUZ	ARAQUE	ARCE	ARDAVIN
APEZTEGUIA	ARAICA	ARATER	ARCEGA	ARDIGO
APODACA	ARAIN	ARAUGO	ARCELAY	ARDILA
APODACO	ARAIZ	ARAUS	ARCELO	ARDILLA
APODOCA	ARAIZA	ARAUSA	ARCELONA	ARDOIS
APOLINAR	ARAMAYO	ARAUX	ARCENTALES	ARDON
APONTE	ARAMBEL	ARAUZ	ARCEO	AREA
APORTELA	ARAMBUL	ARAUZA	ARCHE	AREAN
APRATO	ARAMBULA	ARAVENA	ARCHIBEQUE	AREAS
APRICIO	ARAMBULO	ARAVJO	ARCHILA	AREBALO
APUAN	ARAMBURO	ARAYA	ARCHILLA	AREBALOS
AQUAYO	ARAMBURU	ARAYATA	ARCHULETA	ARECES
AQUERO	ARAMENDIA	ARBALLO	ARCHULETO	ARECHAGA
AQUEVEQUE	ARAN	ARBELAEZ	ARCHULETTA	ARECHAULETA
AQUIAR	ARANA	ARBELBIDE	ARCHULTA	ARECHE
AQUILAR	ARANALDE	ARBELLO	ARCHUNDE	ARECHIGA

**APPENDIX E
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ARECO	ARGANZA	ARIBAS	ARJON	ARNEDO
AREDONDO	ARGEANAS	ARICHETA	ARJONA	ARNERO
AREGON	ARGEL	ARIEY	ARMADA	ARNIELLA
AREGULLIN	ARGENAL	ARIGA	ARMADILLO	AROCENA
AREIZAGA	ARGENTIN	ARIGULLIN	ARMADO	AROCHA
AREJULA	ARGIBAY	ARILES	ARMAIZ	AROCHE
ARELANO	ARGIL	ARINEZ	ARMANDARIZ	AROCHI
ARELLANA	ARGILAGOS	ARINO	ARMARIO	AROCHO
ARELLAND	ARGIZ	ARISMENDEZ	ARMAS	AROIZA
ARELLANDO	ARGOMANIZ	ARISMENDI	ARMENDA	AROS
ARELLANES	ARGOTE	ARISOLA	ARMENDARES	AROSEMENA
ARELLANEZ	ARGUDIN	ARISPE	ARMENDAREZ	AROSTEGUI
ARELLANO	ARGUDO	ARISSO	ARMENDARIS	AROYA
ARELLANOS	ARGUELIES	ARISTA	ARMENDARIZ	AROYO
ARELLIN	ARGUELL	ARISTE	ARMENDEZ	AROZ
ARENAL	ARGUELLES	ARISTIZABAL	ARMENDIA	AROZENA
ARENAS	ARGUELLEZ	ARISTO	ARMENGOL	ARPON
ARENAZ	ARGUELLO	ARISTONDO	ARMENTA	ARQUELLES
ARENAZA	ARGUERA	ARISTUD	ARMENTERO	ARQUELLO
ARENCIBIA	ARGUESO	ARISTY	ARMENTEROS	ARQUER
ARENDAIN	ARGUETA	ARIYASU	ARMERO	ARQUERO
ARENIBAS	ARGUEZ	ARIZ	ARMESTO	ARQUES
ARENIVAR	ARGUIJO	ARIZA	ARMIENTA	ARQUETA
ARENIVAS	ARGUILEZ	ARIZABAL	ARMIGO	ARQUIMBAU
ARES	ARGUILLES	ARIZABAleta	ARMIJO	ARQUIZA
ARESTEGUI	ARGUILLIN	ARIZAGA	ARMIJOS	ARRABAL
AREU	ARGUINDEGUI	ARIZALA	ARMINAN	ARRACHE
AREVALO	ARGUINZONI	ARIZALETA	ARMINANA	ARRAIGA
AREVALOS	ARGULA	ARIZMENDEZ	ARMITO	ARRAIZA
AREYAN	ARGULLIN	ARIZMENDI	ARMO	ARRAMBIDE
AREYANO	ARGUMANIZ	ARIZMENDIS	ARMOLA	ARRANAGA
ARFE	ARGUMEDO	ARIZMENDIZ	ARMORA	ARRASTIA
ARGAEZ	ARGUMOSA	ARIZOLA	ARNADO	ARRATIA
ARGAIN	ARIA	ARIZON	ARNAEZ	ARRAYA
ARGAIS	ARIAS	ARIZPE	ARNAIZ	ARRAZCAETA
ARGANDA	ARIAZ	ARIZTIA	ARNALDO	ARRAZOLA
ARGANDONA	ARIAZA	ARIZU	ARNAVAT	ARREA

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ARREAGA	ARRIETTA	ARTEA	ARZA	ASPILLAGA
ARREALA	ARRIGA	ARTEAGA	ARZABAL	ASPIRAS
ARREAZOLA	ARRILLAGA	ARTEAGO	ARZABALA	ASPRA
ARREBOLA	ARRIOLA	ARTECHE	ARZAGA	ASPURIA
ARRECHE	ARRIQUIDEZ	ARTECONA	ARZAGOITIA	ASPURO
ARRECHEA	ARRISOLA	ARTEGA	ARZAMENDI	ASPURU
ARREDENDO	ARRITOLA	ARTEGO	ARZAPALO	ASSEO
ARREDONDA	ARRIVILLAGA	ARTELLAN	ARZATE	ASSIS
ARREDONDO	ARRIZOLA	ARTERO	ARZAVE	ASTACIO
ARREGUI	ARRIZON	ARTESONA	ARZENO	ASTENCIO
ARREGUIN	ARROCENA	ARTETA	ARZOLA	ASTENGO
ARREGUY	ARROJAS	ARTIAGA	ARZON	ASTIAZARAN
ARRELLANO	ARROJO	ARTIDIELLO	ARZU	ASTIZ
ARRELLIN	ARROLLADO	ARTIEDA	ARZUAGA	ASTOL
ARRENDO	ARROLLO	ARTIGA	ASAD	ASTORGA
ARRENDONDO	ARRONA	ARTIGAS	ASCANO	ASTRAN
ARRENQUIN	ARRONDO	ARTIGO	ASCAR	ASTUDILLO
ARREOLA	ARRONGE	ARTILES	ASCARATE	ASTURIAS
ARREQUIBE	ARRONIZ	ARTIME	ASCARRUNZ	ASUA
ARREQUIN	ARRONTE	ARTIZ	ASCENCIO	ASUEGA
ARRESTOY	ARROYA	ARTOLA	ASCENCION	ASUNSOLO
ARRETCHE	ARROYAS	ARTOLOZAGA	ASCENSIO	ASURMENDI
ARREY	ARROYAVE	ARTURET	ASCUNCE	ASUSTA
ARREYGUE	ARROYO	ARTUZ	ASEBEDO	ATALA
ARREZOLA	ARROYOS	ARUCA	ASENCIO	ATANACIO
ARRIAGA	ARROZ	ARUFE	ASENCION	ATANCIO
ARRIAGO	ARRUE	ARUIZU	ASENJO	ATAYDE
ARRIARAN	ARRUFAT	ARUJO	ASENSIO	ATECA
ARRIASOLA	ARSATE	ARUS	ASEO	ATEHORTUA
ARRIAZA	ARSOLA	ARUZ	ASEVEDO	ATENCIO
ARRIAZOLA	ARSUAGA	ARVALLO	ASEVES	ATIENZA
ARRIBA	ARTACHE	ARVAYO	ASIS	ATIENZO
ARRIBAS	ARTALEJO	ARVELO	ASOMOZA	ATILANO
ARRIERA	ARTAU	ARVISU	ASPEITIA	ATILES
ARRIERO	ARTAUD	ARVIZA	ASPERIN	ATONDO
ARRIETA	ARTAVIA	ARVIZO	ASPEYTIA	ATRA
ARRIETE	ARTAZA	ARVIZU	ASPIAZU	ATRIO

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ATTENCIO	AVITUA	AZOCA	BADILLA	BAJE
ATUCHA	AYABARRENO	AZOCAR	BADILLO	BAJO
AUCES	AYALA	AZOFRA	BADIO	BALADES
AUDELO	AYALLA	AZOR	BADIOLA	BALADEZ
AUFFANT	AYALO	AZOY	BAELLA	BALADO
AUGILAR	AYAN	AZPEITIA	BAELLO	BALADRON
AUILA	AYARZAGOITIA	AZPIAZU	BAENA	BALAEZ
AUILES	AYBAR	AZPIRI	BAERGA	BALAGIA
AULET	AYCART	AZPIROZ	BAESA	BALAGOT
AUMADA	AYENDE	AZUA	BAEZ	BALAGUE
AURIOLES	AYERBE	AZUARA	BAEZA	BALAGUER
AURRECOECHEA	AYERDI	AZUCENA	BAEZCRUZ	BALAGUERA
AUZA	AYERZA	AZUELA	BAGU	BALAIS
AVALA	AYES	AZUETA	BAGUE	BALAJADIA
AVALO	AYESTARAN	AZURDIA	BAGUER	BALANDRA
AVALOS	AYLLON	BABARAN	BAGUERO	BALANDRAN
AVALOZ	AYMAT	BABIDA	BAGUES	BALANDRANO
AVARCA	AYMERICH	BABILONIA	BAGUEZ	BALANGA
AVECHUCO	AYOLA	BABIO	BAHADUE	BALANON
AVECILLAS	AYON	BACA	BAHAMON	BALANZA
AVELAR	AYORA	BACALLAO	BAHAMONDE	BALAREZO
AVELLAN	AYOROA	BACARDI	BAHAMONDES	BALARIN
AVELLANAL	AYUSO	BACCA	BAHAMUNDI	BALART
AVELLANEDA	AZA	BACELIS	BAHENA	BALASQUIDE
AVELLANET	AZARES	BACERRA	BAIDA	BALBANEDA
AVENDANO	AZCANO	BACHICHA	BAIGEN	BALBAS
AVIGAEL	AZCARATE	BACILIO	BAILEZ	BALBASTRO
AVILA	AZCARRAGA	BACOS	BAILLERES	BALBIN
AVILAS	AZCARRETA	BACOSA	BAILON	BALBINA
AVILES	AZCOITIA	BADA	BAIRES	BALBOA
AVILEZ	AZCONA	BADAJOS	BAISA	BALBONA
AVILLAN	AZCUE	BADAJOSA	BAISDON	BALBONTIN
AVILUCEA	AZCUI	BADELLA	BAIZ	BALBUENA
AVINA	AZCUY	BADELLO	BAIZA	BALCACER
AVITA	AZIOS	BADIA	BAJADA	BALCARCEL
AVITEA	AZNAR	BADIAL	BAJANA	BALCAZAR
AVITIA	AZNAREZ	BADIAS	BAJANDAS	BALCELLS

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BALCORTA	BALGOS	BALTAR	BAQUERIZO	BARCINAS
BALDARAMOS	BALIA	BALTASAR	BAQUERO	BARCON
BALDARRAMA	BALIDO	BALTAZAR	BAQUIRAN	BARCOS
BALDARRAMOS	BALINA	BALTIERRA	BARAGAN	BARDALES
BALDAZO	BALIZAN	BALTIERREZ	BARAGANA	BARDINAS
BALDELOMAR	BALLADARES	BALTODANO	BARAGAS	BARDISA
BALDENEGRO	BALLADAREZ	BALUJA	BARAHONA	BAREA
BALDEON	BALLAGAS	BALVANEDA	BARAJAS	BARED
BALDERA	BALLARDO	BALVERDE	BARAJOS	BARELA
BALDERAMA	BALLATE	BALZOLA	BARALT	BARELAS
BALDERAMOS	BALLEJO	BAMUELOS	BARANDA	BARENCO
BALDERAS	BALLEJOS	BANA	BARANDIARAN	BARENO
BALDERAZ	BALLERAS	BANAGA	BARASORDA	BARETTO
BALDEROS	BALLESTA	BANAGAS	BARAY	BAREZ
BALDERRAMA	BALLESTAS	BANALES	BARAZ	BARGARA
BALDERS	BALLESTE	BANANDO	BARBA	BARGAS
BALDEVARONA	BALLESTER	BANARER	BARBACHANO	BARGOS
BALDEZ	BALLESTERAS	BANARES	BARBARENA	BARGUIARENA
BALDILLEZ	BALLESTERO	BANCES	BARBASA	BARILLAS
BALDIT	BALLESTEROS	BANCIELLA	BARBEITO	BARIN
BALDIVIA	BALLESTROS	BANDA	BARBERAN	BARINAS
BALDIVIEZ	BALLEZ	BANDERAS	BARBERENA	BARLOCO
BALDIZAN	BALLEZA	BANDIN	BARBOA	BARNACHEA
BALDIZON	BALLI	BANDURRAGA	BARBOLA	BARO
BALDOMERO	BALLINA	BANEGAS	BARBONTIN	BAROCIO
BALDONADO	BALLINAS	BANEZ	BARBOSA	BAROJAS
BALDOQUIN	BALLOTE	BANIQUED	BARCALA	BAROS
BALDOR	BALMACEDA	BANOS	BARCELO	BAROSELA
BALDOVINO	BALMANA	BANREY	BARCELON	BAROZ
BALDOVINOS	BALMASEDA	BANUELAS	BARCENA	BARQUERA
BALDOZ	BALMORES	BANUELOS	BARCENAS	BARQUERO
BALDRICHE	BALOSSO	BANUET	BARCENES	BARQUET
BALEME	BALSA	BANVELOS	BARCENEZ	BARQUEZ
BALENCIA	BALSECA	BAO	BARCENILLA	BARQUIN
BALERIO	BALSEIRO	BAPTISTO	BARCIA	BARRAD
BALERO	BALSERA	BAQUEDANO	BARCIGALUPIA	BARRAGAN
BALESTERRI	BALSINDE	BAQUERA	BARCIMO	BARRAGAR

APPENDIX E
CENSUS LIST OF SPANISH SURNAMES

BARRAGON	BARRIENTOS	BASALO	BATIZA	BEAZ
BARRAJAS	BARRIERA	BASALOVA	BATLLE	BECARIA
BARRAL	BARRIERO	BASANES	BATLLIA	BECCERA
BARRALES	BARRIGA	BASANEZ	BATRES	BECCERRA
BARRAMEDA	BARRILLAS	BASANO	BATREZ	BECEIRO
BARRANDEY	BARRIO	BASANTES	BATRIZ	BECENA
BARRANO	BARRIONUEVO	BASCON	BATULE	BECERA
BARRANTES	BARRIOS	BASCONCILLO	BAUSA	BECERRA
BARRAQUE	BARRO	BASCOY	BAUSTISTA	BECERRIL
BARRARA	BARROCAS	BASCUAS	BAUTA	BECERRO
BARRASA	BARRONA	BASDEO	BAUTISTA	BECHARA
BARRATACHEA	BARROSA	BASILLA	BAUZA	BECHO
BARRAZ	BARROSO	BASOCO	BAUZO	BECUAR
BARRAZA	BARROTERAN	BASORA	BAYANILLA	BEDIA
BARREDA	BARROZA	BASQUES	BAYARDO	BEDOLLA
BARREDO	BARROZO	BASQUEZ	BAYARENA	BEDOY
BARREGO	BARRUECO	BASTANCHURY	BAYAS	BEDOYA
BARREIRO	BARRUETA	BASTARDO	BAYCORA	BEGA
BARRENA	BARSENAS	BASTERRECHEA	BAYDES	BEGANO
BARRENECHE	BARTOLOME	BASTIDA	BAYLINA	BEGONA
BARRENECHEA	BARTOLOMEY	BASTIDAS	BAYLON	BEGUIRISTAIN
BARRENO	BARTUREN	BASTIDOS	BAYO	BEIRO
BARRERA	BARZA	BASUA	BAYON	BEISTEGUI
BARRERAGARCIA	BARZAGA	BASUALDO	BAYONA	BEITIA
BARRERAS	BARZANA	BASULTO	BAYRON	BEITRA
BARRERAZ	BARZILLA	BASURA	BAYUGA	BEJAR
BARRERO	BARZIZA	BASURCO	BAZA	BEJARAN
BARRETA	BARZOLA	BASURTO	BAZAIN	BEJARANO
BARRETO	BAS	BATALLA	BAZALDUA	BEJERANO
BARREZUETA	BASABE	BATALLAN	BAZAMAN	BEJINES
BARRIA	BASADRE	BATAN	BAZAN	BEJINEZ
BARRIAGA	BASAITES	BATANIDES	BAZAURE	BELA
BARRIAL	BASALDO	BATILLA	BAZUA	BELANCOURT
BARRIAS	BASALDU	BATINE	BAZURTO	BELANDRES
BARRIENTES	BASALDUA	BATIST	BEADA	BELARDE
BARRIENTEZ	BASALDUE	BATISTA	BEANES	BELARDES
BARRIENTO	BASALLO	BATIZ	BEAS	BELARDO

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CENSUS LIST OF SPANISH SURNAMES

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BELASQUEZ	BENAUIDES	BEOVIDES	BERNAL	BERUVIDES
BELASQUIDA	BENAVEDIZ	BEQUER	BERNALDEZ	BERZOZA
BELAUNDE	BENAVENT	BERAIN	BERNALL	BESA
BELAUNZARAN	BENAVENTE	BERASATEGUI	BERNARDEZ	BESADA
BELAUSTEGUI	BENAVIDAS	BERAZA	BERNDES	BESARES
BELAVAL	BENAVIDES	BERBAN	BERNELL	BESCOS
BELCHEZ	BENAVIDEZ	BERBENA	BERNEZ	BESERRA
BELDEROL	BENAVIDOS	BERBER	BERNUDEZ	BESINAIZ
BELEN	BENCOMO	BERBERENA	BEROIZ	BESTARD
BELENDEZ	BENCOSME	BERCEDONIS	BERONDA	BESTEIRO
BELETTE	BENDALIN	BERDEAL	BERRAYARZA	BESU
BELEZ	BENDAMIO	BERDECIA	BERRELES	BETANCE
BELIO	BENEGAS	BERDEJA	BERRELEZ	BETANCES
BELLAFLORES	BENEJAN	BERDEJO	BERRELLEZ	BETANCIS
BELLEZ	BENERO	BERDUGO	BERRELLEZA	BETANCOURT
BELLIARD	BENESTANTE	BERDUSCO	BERRERA	BETANCOURTH
BELLIDO	BENETEZ	BEREA	BERREYESA	BETANCUR
BELLMAS	BENEVIDEZ	BEREAL	BERRIOS	BETANCURT
BELLOSO	BENGOA	BERENGUER	BERRIOZABAL	BETETA
BELMARES	BENGOCHEA	BERENY	BERRIZ	BETHENCOURT
BELMAREZ	BENIGUEZ	BERGADO	BERROA	BETONCOURT
BELMONTES	BENINE	BERGARA	BERROCAL	BETRAN
BELMONTEZ	BENIQUEZ	BERGEZ	BERROCALES	BEXAR
BELMUDES	BENITES	BERGOLLA	BERRONES	BEZA
BELMUDEZ	BENITEZ	BERICOCHEA	BERROS	BEZANILLA
BELNAS	BENITO	BERJAN	BERROSPE	BEZARES
BELOZ	BENITOA	BERLANGA	BERROTERAN	BEZERRA
BELTRA	BENOVIDEZ	BERLANGO	BERRU	BIANE
BELTRAN	BENTA	BERMEA	BERRUECO	BIANES
BELTRANENA	BENTANCOUR	BERMEJILLO	BERRUECOS	BIANGEL
BELTRE	BENTANCOURT	BERMEJO	BERSOSA	BIAR
BELVADO	BENTANCUD	BERMEO	BERSOZA	BIASCOECHEA
BENABE	BENTANCUR	BERMUDA	BERTAINA	BIBIAN
BENABIDES	BENTURA	BERMUDES	BERTOT	BIBIANO
BENADO	BENUDIZ	BERMUDEZ	BERTRAN	BIBILONI
BENALCAZAR	BENUN	BERMUNDEZ	BERUBEN	BICHARA
BENALLO	BENZAQUEN	BERNABE	BERUMEN	BIDABE

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BIDAL	BLANCARTE	BOJORGUEZ	BOREGO	BOUCOURT
BIDART	BLANCAS	BOJORQUES	BORELA	BOULLON
BIDET	BLANCO	BOJORQUEZ	BORERO	BOUZA
BIDO	BLANCOCERDA	BOLADERES	BORGUEZ	BOUZAS
BIDOT	BLANES	BOLADO	BORJA	BOVADILLA
BIEDMA	BLANQUET	BOLANO	BORJAS	BOVEDA
BIELMA	BLANQUEZ	BOLANOS	BORJON	BOVES
BIENES	BLANQUIZ	BOLEDA	BORNIA	BRACAMONTE
BIERA	BLASQUEZ	BOLET	BORONDA	BRACAMONTES
BIGON	BLAYA	BOLIVAR	BORONDO	BRACAMONTEZ
BILANO	BLAZQUEZ	BOLOIX	BOROVAY	BRACERO
BILBAO	BLEA	BOLTARES	BORQUEZ	BRACEROS
BILBRAUT	BLONDET	BOLUFE	BORRAJO	BRACHO
BILLAFRANCO	BOADA	BOMBALIER	BORRAS	BRADOR
BILLALBA	BOADO	BONACHEA	BORRAYO	BRAMASCO
BILLALOBOS	BOBADILLA	BONAFONT	BORREGO	BRAMBILA
BILLESCAS	BOBADILLO	BONAL	BORRER	BRAMBILL
BINAS	BOBE	BONALES	BORRERO	BRAN
BINELO	BOBEA	BONEFONT	BORRICO	BRANA
BINGOCHEA	BOBEDA	BONET	BORRIOS	BRANCACHO
BINIMELIS	BOBELE	BONETA	BORROEL	BRANCACIO
BIRBA	BOBIAN	BONICHE	BORROTO	BRANDARIZ
BIRONDO	BOBILLO	BONILLA	BORRUEL	BRANUELAS
BIRRIEL	BOCACHICA	BONILLAS	BORUNDA	BRASSELERO
BIRRUETA	BOCANEGRA	BONILLO	BOSMENIER	BRASUEL
BISA	BOCARDI	BONUZ	BOSQUE	BRAULIO
BISBAL	BOCHAS	BORAD	BOSQUES	BRAVO
BISCAILUZ	BODERO	BORBOA	BOSQUEZ	BREA
BISCAINO	BODIROGA	BORBOLLA	BOTANA	BRECEDA
BISCAYART	BOERAS	BORBON	BOTARD	BREIJO
BISTRAIN	BOEZ	BORDAGARAY	BOTAS	BREMA
BISUANO	BOFILL	BORDALLO	BOTELL	BRENES
BITELA	BOGARIN	BORDANO	BOTELLA	BRENLLA
BITHORN	BOHORQUEZ	BORDAYO	BOTELLO	BRETADO
BITOLAS	BOILES	BORDEGARAY	BOTERO	BRETO
BLADUELL	BOITES	BORDENAVE	BOTILLER	BRETOS
BLAJOS	BOJORGES	BORDOY	BOTILLO	BRIALES

APPENDIX E
CENSUS LIST OF SPANISH SURNAMES

BRIANO	BUBELA	BULERIN	BUSTABAD	CABAL
BRIAS	BUCETA	BULLAS	BUSTABADE	CABALEIRO
BRIBIESCA	BUCIO	BULNES	BUSTAMANTE	CABALLA
BRIBIESCAS	BUELNA	BULOS	BUSTAMANTES	CABALLER
BRICENO	BUENABAD	BULTRON	BUSTAMANTEZ	CABALLERO
BRIENO	BUENAFE	BURBANO	BUSTAMARTE	CABALLEROS
BRIEVA	BUENAVENTURA	BURBOA	BUSTAMENTE	CABALLES
BRIGNONI	BUENCONSEJO	BURCET	BUSTAMONTE	CABALLO
BRIJALBA	BUENDEL	BURCIAGA	BUSTANANTE	CABAN
BRIJIL	BUENDIA	BURCIAGO	BUSTAS	CABANAS
BRILLANTES	BUENFIL	BURCOS	BUSTED	CABANELAS
BRINGAS	BUENO	BURDEOS	BUSTELO	CABANERO
BRINGUEZ	BUENROSTRO	BURGADO	BUSTEMANTE	CABANILLAS
BRIO	BUENRROSTRO	BURGARA	BUSTILLO	CABANZON
BRIONES	BUENSUCESO	BURGENO	BUSTILLOS	CABARCAS
BRIONEZ	BUENTELLO	BURGOA	BUSTINZA	CABARCOS
BRISENO	BUENTEO	BURGOS	BUSTIO	CABARGA
BRISITA	BUENTIEMPO	BURGUAN	BUSTO	CABASA
BRISO	BUENTILLO	BURGUENO	BUSTOS	CABASIER
BRISUELA	BUERAS	BURGUETE	BUSTOZ	CABASOS
BRITO	BUERES	BURIEL	BUSUTIL	CABASSA
BRIZ	BUERGO	BURILLO	BUTANDA	CABASSO
BRIZAL	BUFANDA	BURITICA	BUTERO	CABAZA
BRIZENO	BUGALLO	BURNEO	BUTRON	CABAZOS
BRIZO	BUGARIN	BURNIAS	BUTTANDA	CABEIRO
BRIZUELA	BUIGAS	BURQUEZ	BUXEDA	CABEJE
BROCAS	BUIGUES	BURRA	BUXO	CABELLERO
BROCHE	BUILES	BURRIEL	BUYON	CABELLO
BRONDO	BUILTRON	BURRIOLA	BUZANI	CABERA
BROTONS	BUITRAGO	BURROLA	BUZNEGO	CABERERA
BRUCELAS	BUITRON	BURRON	BUZO	CABERRA
BRUCIAGA	BUITUREIDA	BURRUEL	CAAL	CABESUELA
BRUGUERA	BUITUREIRA	BURSIAGA	CAAMAL	CABEZA
BRUGUERAS	BUJAN	BURUATO	CAAMANO	CABEZADEBACA
BRUSUELAS	BUJANDA	BUSIGO	CAAMPUED	CABEZAS
BRUZOS	BUJANOS	BUSQUET	CABA	CABEZUDO
BUANTELLLO	BUJOSA	BUSQUETS	CABADA	CABEZUELA

APPENDIX E
CENSUS LIST OF SPANISH SURNAMES

CABIAS	CACHORA	CAJIGAL	CALEZ	CALZADA
CABIDO	CACHUA	CAJIGAS	CALIBO	CALZADIAS
CABIEDES	CACICEDO	CAJINA	CALIENES	CALZADILLA
CABIGAS	CADAHIA	CAJO	CALIX	CALZADILLAS
CABILLO	CADAVA	CAJUSTE	CALIXTO	CALZADO
CABLA	CADAVAL	CALABAZA	CALIXTRO	CALZIA
CABRALES	CADAVID	CALAFAT	CALIZ	CALZONCIN
CABRALEZ	CADAVIECO	CALAFELL	CALLADO	CAMACH
CABRANES	CADEMA	CALAMA	CALLANTA	CAMACHE
CABRE	CADENA	CALAMACO	CALLAVA	CAMACHO
CABREJA	CADENAS	CALAMARS	CALLAZO	CAMAMA
CABREJAS	CADENAZ	CALAMON	CALLE	CAMANCHO
CABREJOS	CADENGO	CALANA	CALLEIRO	CAMANEZ
CABRER	CADIerno	CALANCHE	CALLEJAS	CAMANO
CABRERA	CADILLA	CALANDRES	CALLEJO	CAMARAZA
CABRERAS	CADILLO	CALAS	CALLEJON	CAMARELLA
CABRERIZO	CADIS	CALATAYUD	CALLEJOS	CAMARENA
CABRERO	CADIZ	CALBILLO	CALLELLA	CAMARENO
CABRERRA	CADORNIGA	CALCADO	CALLEROS	CAMARERO
CABRET	CADRIEL	CALCANE0	CALLES	CAMARGO
CABREVA	CAGIGA	CALCANO	CALLEYRO	CAMARILLO
CABRIALES	CAGIGAL	CALCINES	CALLINICOS	CAMARO
CABRIELES	CAGIGAS	CALDA	CALLISTRO	CAMARON
CABRILES	CAGUIAS	CALDARON	CALOCA	CAMARRILLO
CABRILLO	CAHUE	CALDAS	CALOMARDE	CAMAYA
CABRILLOS	CAICEDO	CALDELAS	CALONGA	CAMAYD
CABRISAS	CAIGOY	CALDERA	CALONGE	CAMBA
CABRITO	CAILLAU	CALDERAS	CALONJE	CAMBALIZA
CABRON	CAINAS	CALDERILLA	CALSADA	CAMBERO
CABUENA	CAINZOS	CALDERIN	CALSADILLAS	CAMBEROS
CABUTO	CAJAR	CALDERO	CALVEIRO	CAMBIANICA
CACERAS	CAJAS	CALDERON	CALVERA	CAMBIS
CACERES	CAJEN	CALDEVILLA	CALVERO	CAMBLOR
CACEREZ	CAJERO	CALEJO	CALVES	CAMBO
CACHARRON	CAJIAO	CALENZANI	CALVET	CAMBON
CACHO	CAJIDE	CALERA	CALVILLO	CAMCHO
CACHON	CAJIGA	CALERO	CALVO	CAMEJO

APPENDIX E
CENSUS LIST OF SPANISH SURNAMES

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CAMERENA	CAMUNEZ	CANDELERIA	CANTOYA	CARABAL
CAMERO	CANA	CANDIA	CANTRE	CARABALLO
CAMEZ	CANABA	CANDIAS	CANTRES	CARABALLOPEREZ
CAMILO	CANABAL	CANEDA	CANTU	CARABANTES
CAMINA	CANABATE	CANEDO	CANTUA	CARABAY
CAMINAS	CANAHUATI	CANEGATA	CANTUTIJERINA	CARABAZA
CAMINERO	CANALDA	CANEIRO	CANUELAS	CARABELLA
CAMOCHO	CANALEJO	CANELA	CANZONA	CARABEO
CAMORODA	CANALES	CANELLAS	CAPABLANCA	CARABES
CAMPA	CANALES	CANELLIS	CAPACETE	CARABEZ
CAMPACOS	CANALITA	CANELO	CAPARRA	CARACENA
CAMPANERIA	CANALS	CANERO	CAPARROS	CARACHEO
CAMPANIONI	CANAMAR	CANES	CAPAS	CARACOSA
CAMPAS	CANAMERO	CANET	CAPATA	CARACOZA
CAMPAZ	CANAS	CANETE	CAPDEVILA	CARAJAL
CAMPERO	CANAVA	CANEZ	CAPELES	CARALT
CAMPILLO	CANAVATI	CANGA	CAPELLAN	CARAMBOT
CAMPINS	CANAVERAL	CANGAS	CAPELO	CARAMEROS
CAMPIRANO	CANAVES	CANION	CAPERON	CARAMES
CAMPISTA	CANCEL	CANISALES	CAPESTANY	CARAMILLO
CAMPIZ	CANCELA	CANIZAL	CAPETILLO	CARANTA
CAMPOAMOR	CANCELO	CANIZALES	CAPIFALI	CARANZA
CAMPODONICA	CANCHE	CANIZALEZ	CAPILLA	CARAPIA
CAMPOLLA	CANCHOLA	CANIZARES	CAPIN	CARARA
CAMPOMANES	CANCINO	CANIZAREZ	CAPIRO	CARASA
CAMPORREDONDO	CANCINOS	CANJURA	CAPISTRAN	CARASCO
CAMPOS	CANCIO	CANLAS	CAPLANO	CARATACHEA
CAMPOSAGRADO	CANDALES	CANO	CAPMANY	CARATAN
CAMPOVERDE	CANDANEDO	CANOVAS	CAPOTE	CARATTINI
CAMPOY	CANDANO	CANSECO	CAPRILES	CARAVACA
CAMPOZ	CANDANOSA	CANSINO	CAPRINE	CARAVAJAL
CAMPOZANO	CANDANOZA	CANTARERO	CAPUCHIN	CARAVANTES
CAMPUSANO	CANDELARI	CANTERO	CAPUCHINA	CARAVAYO
CAMPUZANO	CANDELARIA	CANTILLO	CAPUCHINO	CARAVEO
CAMUEIRAS	CANDELARIE	CANTORAN	CAQUIAS	CARAVES
CAMUNAS	CANDELARIO	CANTOS	CARABA	CARAZA
CAMUNES	CANDELAS	CANTOU	CARABAJAL	CARAZO

APPENDIX E
CENSUS LIST OF SPANISH SURNAMES

CARBA	CARDIEL	CARPINTERO	CARRETE	CARTAGENA
CARBAJAL	CARDINAS	CARPINTEYRO	CARRETERO	CARTAGO
CARBAJALES	CARDINEZ	CARPIO	CARRETO	CARTANA
CARBAJO	CARDONA	CARPIZO	CARRIAGA	CARTAS
CARBALLAR	CARDONAS	CARRABALLO	CARRIAZO	CARTAYA
CARBALLEA	CARDOSA	CARRACEDO	CARRICA	CARUAJAL
CARBALLEIRA	CARDOVA	CARRADA	CARRICABURU	CARVAJAL
CARBALLIDO	CAREAGA	CARRADERO	CARRICARTE	CARVAJALES
CARBALLO	CARELA	CARRAL	CARRIDO	CARVAJALINO
CARBALLOSA	CARETA	CARRALEJO	CARRIEDO	CASABLANCA
CARBELLIDO	CARIAS	CARRALERO	CARRIJO	CASABO
CARBIA	CARIBE	CARRALES	CARRIL	CASADAS
CARBONEL	CARIDE	CARRALEZ	CARRILES	CASADES
CARBONELL	CARIDES	CARRAMAN	CARRILLA	CASADO
CARBOT	CARIELO	CARRANCA	CARRILLE	CASADOS
CARCACHE	CARIGA	CARRANCO	CARRILLO	CASAIS
CARCAMO	CARILLO	CARRANTI	CARRILO	CASAL
CARCANA	CARINGAL	CARRANSA	CARRIO	CASALES
CARCANAQUES	CARINHAS	CARRANZA	CARRION	CASALS
CARCANO	CARIRE	CARRASCO	CARRIQUE	CASAMAYOR
CARCAS	CARISALEZ	CARRASCOSA	CARRISAL	CASANAS
CARCELLERO	CARLA	CARRASQUILLO	CARRISALES	CASANDRA
CARDELLE	CARLETELLO	CARRASO	CARRISALEZ	CASANOVA
CARDELLES	CARLOS	CARRASQUILLA	CARRISOSA	CASANOVAS
CARDENA	CARMENATE	CARRASQUILLO	CARRISOZA	CASANUEVA
CARDENAL	CARMENATES	CARRATALA	CARRIZAL	CASARES
CARDENALES	CARMENATY	CARRAU	CARRIZALES	CASAREZ
CARDENAS	CARMOEGA	CARRAZANA	CARRIZALEZ	CASARIEGO
CARDENAZ	CARMONA	CARRAZCO	CARRIZO	CASARRUBIAS
CARDENES	CARNERA	CARREAGA	CARRIZOSA	CASAS
CARDENEZ	CARNERO	CARREDO	CARRIZOZA	CASASNOVAS
CARDENO	CARNICER	CARREJO	CARRODEGUAS	CASASOLA
CARDENOS	CARNICERO	CARRENO	CARROLA	CASASUS
CARDENOSA	CARO	CARREON	CARROSQUILLO	CASAUS
CARDENTY	CARONADO	CARRERA	CARRSCO	CASAVANTES
CARDET	CAROPINO	CARRERAS	CARRUESCO	CASCANTE
CARDEZA	CARPENA	CARRERO	CARTAGEN	CASCON

APPENDIX E
CENSUS LIST OF SPANISH SURNAMES

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

APPENDIX E
CENSUS LIST OF SPANISH SURNAMES

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

APPENDIX E
CENSUS LIST OF SPANISH SURNAMES

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

APPENDIX E
CENSUS LIST OF SPANISH SURNAMES

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

APPENDIX E
CENSUS LIST OF SPANISH SURNAMES

COUCE	CRISTAN	CUBAS	CULTRERI	DALIPE
COUCEYRO	CRISTANCHO	CUBENAS	CUMBA	DALMAU
COUMPAROULES	CRISTERNA	CUBERO	CUMPIAN	DALMIDA
COUSO	CRISTIA	CUBIAS	CUMPIANO	DANACHE
COUTIN	CRISTIAN	CUBILLAS	CUNANAN	DANTUS
COUTINO	CRISTIN	CUBILLO	CUNES	DAPENA
COUVERTIER	CRISTOBAL	CUBILLOS	CUNEZ	DARDANES
COVARRUBIA	CRISTOFOL	CUBIO	CUNI	DARDIZ
COVARRUBIAS	CRIXELL	CUBRIEL	CUNILL	DARDON
COVARRUBIAZ	CROSAS	CUCALON	CUNYUS	DARIAS
COVARRUBIO	CROZ	CUCUTA	CUPELES	DARNAUD
COVARRUVIAS	CRUANES	CUEBA	CUPRILL	DARQUEA
COVARRYBIAS	CRUANYAS	CUEBAS	CURA	DARRIBA
COVARUBIAS	CRUCES	CUELIAR	CURBELLO	DARUNA
COVAS	CRUCETA	CUELLA	CURBELO	DASTAS
COVIAN	CRUZ	CUELLAR	CURET	DATIL
COVILLO	CRUZADO	CUELLER	CURIEL	DAUBAR
COVIO	CRUZAT	CUELLO	CURRAIS	DAUILA
COVO	CRUZATA	CUEN	CURRAS	DAUSA
COVOS	CRUZCOSA	CUENCA	CURREA	DAUZ
COYA	CRUZCRUZ	CUENCO	CURZ	DAVALOS
COYAZO	CRUZON	CUENTAS	CUSCO	DAVILA
CREITOFF	CRUZRODRIGUEZ	CUENTO	CUSTODIA	DAVILAS
CREMAR	CUADRA	CUERDO	CUSTODIO	DAVILLA
CREMATA	CUADRADO	CUERO	CUTIE	DAVILO
CRESPIN	CUADRAS	CUERVO	CUYA	DAZA
CRESPON	CUADRAZ	CUESTA	CUYAR	DCRUZ
CRIBADO	CUADRO	CUESTAS	CUZA	DEAGEN
CRIBEIRO	CUADROS	CUETO	DABALOS	DEAGUERO
CRIOULLO	CUAN	CUEVA	DABILA	DEAGUILAR
CRIOYOS	CUARA	CUEVAS	DACUMOS	DEAGUIRRE
CRISANTES	CUARENTA	CUEVAZ	DAGNESSES	DEALBA
CRISANTO	CUARON	CUEVOS	DAGO	DEALCALA
CRISANTOS	CUARTAS	CUILAN	DAGUERRE	DEALEJANDRO
CRISOSTO	CUASCUT	CUIN	DAGUILAR	DEALVA
CRISOSTOMO	CUATE	CUIZON	DALAMA	DEALVAREZ
CRISTALES	CUBANO	CULEBRO	DALBOSCO	DEAMADOR

APPENDIX E
CENSUS LIST OF SPANISH SURNAMES

DEANDA	DECAPRILES	DEESTRADA	DEHORTA	DELACOTERA
DEANDE	DECARDENAS	DEFALCON	DEHOSTOS	DELACRUZ
DEANDRES	DECASAS	DEFALLA	DEHOYAS	DELACUADRA
DEAQUERO	DECASO	DEFERIA	DEHOYOS	DELACUESTA
DEARAGON	DECASTANEDA	DEFERNANDEZ	DEIBARRA	DELACUEVA
DEARCE	DECASTILLO	DEFEX	DEIDA	DELACURZ
DEARCO	DECASTRO	DEFIESTA	DEIMES	DELAESPRIELLA
DEARCOS	DECENA	DEFIGUEROA	DEIRO	DELAFE
DEARELLANO	DECERDA	DEFILLO	DEISLA	DELAFUENTE
DEARIAS	DECERVANTES	DEFLORES	DEITA	DELAFUENTES
DEARMAS	DECESPEDES	DEFRESE	DEITURRONDO	DELAFUNTE
DEARO	DECHAVEZ	DEFRISCO	DEJARA	DELAGADILLO
DEARRIBA	DECHOUDENS	DEFUENTES	DEJAUREGUI	DELAGADO
DEARRILLAGA	DECIGA	DEGANI	DEJESU	DELAGARRIGUE
DEARROYO	DECLLET	DEGARAY	DEJESUS	DELAGARZA
DEARTEAGA	DECOLLADO	DEGARCIA	DEJESUSGARCIA	DELAGDO
DEASES	DECOLON	DEGARZA	DEJESUSORTIZ	DELAGRANA
DEAVILA	DECONTRERAS	DEGELIA	DEJIMENEZ	DELAGUARDIA
DEAYALA	DECORDOBA	DEGOES	DEJORIA	DELAGUERRA
DEAZEVEDO	DECORDOVA	DEGOLLADO	DEJUAN	DELAGUILA
DEBACA	DECORO	DEGOMEZ	DELAARENA	DELAHERA
DEBARE	DECORONA	DEGONZALES	DELABARCA	DELAHERRAN
DEBARRA	DECORONADO	DEGONZALEZ	DELABARCENA	DELAHOYA
DEBATISTA	DECORSE	DEGRACIA	DELABARRERA	DELAHOZ
DEBATO	DECORTEZ	DEGUARA	DELABARZA	DELAHUERTA
DEBAYONA	DECOS	DEGUARDIA	DELABRA	DELAISLA
DEBESA	DECRISTINO	DEGUERRA	DELACABADA	DELAJARA
DEBONILLA	DECRUZ	DEGUERRERO	DELACAL	DELALASTRA
DEBRAS	DECUEVA	DEGUEVARA	DELACALLE	DELALCAZAR
DEBRAVO	DECUEVAS	DEGUIMERA	DELACAMARA	DELALLATA
DEBRUYAN	DEDELGADO	DEGUTIERREZ	DELACAMPA	DELALLAVE
DEBUENO	DEDIAZ	DEGUZMAN	DELACANAL	DELALLERA
DECABRAL	DEDIEGO	DEHARO	DELACERDA	DELALOZA
DECALDERON	DEDIOS	DEHERNANDEZ	DELACHICA	DELALTO
DECALLE	DEDOMINGUEZ	DEHERRERA	DELAONCEPCION	DELALUZ
DECAMACHO	DEDUARTE	DEHESA	DELAONCHA	DELAMADRID
DECANTU	DEESPARZA	DEHOMBRE	DELACORTE	DELAMANCHA

APPENDIX E
CENSUS LIST OF SPANISH SURNAMES

DELAMATA	DELARUA	DELCOLLADO	DELMENDO	DELPUESTO
DELAMAZA	DELASANTOS	DELCORRAL	DELMERCADO	DELRAZO
DELAMELLA	DELASCASAS	DELCORRO	DELMORAL	DELREAL
DELAMERCED	DELASCUEVAS	DELCRISTO	DELMUNDO	DELREY
DELAMO	DELASERNA	DELCUETO	DELMURO	DELRICO
DELAMORA	DELASHERAS	DELCURTO	DELNODAL	DELRIEGO
DELAMORENA	DELASIERRA	DELDAGO	DELOA	DELINCON
DELAMOTA	DELATEJA	DELEGANIS	DELOEN	DELRIO
DELANDA	DELATEJERA	DELEIJA	DELOERA	DELRISCO
DELANGEL	DELATOBA	DELEON	DELOLMO	DELRIVERO
DELANOVAL	DELATORRE	DELERIO	DELOPEZ	DELROSAL
DELANUEZ	DELATORRES	DELERME	DELORA	DELROSARIO
DELAO	DELATORRIENTE	DELESCAILLE	DELORO	DELSALTO
DELAOSA	DELATRINIDAD	DELEZA	DELOSADA	DELSOL
DELAOSSA	DELAUZ	DELFANTE	DELOSANGELES	DELTEJO
DELAPARRA	DELAVARA	DELFIERRO	DELOSANTOS	DELTIEMPO
DELAPASS	DELAVEGA	DELFIN	DELOSCOBOS	DELTORO
DELAPAZ	DELAVELLANO	DELFRANCIA	DELOSMONTEROS	DELUA
DELAPENA	DELAVICTORIA	DELGADA	DELOSPRADOS	DELUAO
DELAPEZA	DELAVINA	DELGADILL	DELOSREYES	DELUJAN
DELAPIEDRA	DELAYA	DELGADILLO	DELOSRIOS	DELUNA
DELAPLATA	DELAZERDA	DELGADO	DELOSSANT	DELVAL
DELAPORTILLA	DELBARRIO	DELGADODEORAMA	DELOSSANTOS	DELVALLE
DELAPOZA	DELBLANCO	S	DELOYA	DELVILLAR
DELAPRIDA	DELBOSQUE	DELGIORGIO	DELOYOLA	DELVINO
DELAPUENTE	DELBOSQUEZ	DELGODO	DELOZA	DEMACIAS
DELARA	DELBOZQUE	DELHARO	DELOZADA	DEMALADE
DELAREA	DELBREY	DELHIERRO	DELPALACIO	DEMARCHENA
DELAREZA	DELBUSTO	DELHOYO	DELPARDO	DEMARCHIN
DELARIOS	DELCADO	DELIGANIS	DELPILAR	DEMARQUEZ
DELARIVA	DELCALVO	DELIRA	DELPIN	DEMARRERO
DELAROCA	DELCAMPILLO	DELISEO	DELPINAL	DEMARTINEZ
DELARROCHA	DELCAMPO	DELIZ	DELPINO	DEMATA
DELAROSA	DELCASTILLO	DELJUNCO	DELPORTILLO	DEMATAS
DELAROZA	DELCASTRO	DELLANO	DELPOSO	DEMATEO
DELARRA	DELCERRO	DELLLANO	DELPOZO	DEMEDINA
DELARROYO	DELCID	DELMARGO	DELPRADO	DEMEIRE

APPENDIX E
CENSUS LIST OF SPANISH SURNAMES

DEMENA	DEORTIZ	DERODRIGUEZ	DESTRADA	DEYNES
DEMENDEZ	DEOSDADE	DERODRIQUEZ	DESUACIDO	DEZA
DEMENDOZA	DEOSORIO	DEROJAS	DETAPIA	DEZAMORA
DEMERCADO	DEOTERIS	DEROMERO	DETEJADA	DEZARA
DEMESA	DEOTERO	DEROSARIO	DETEVIS	DEZARRAGA
DEMIGUEL	DEPABLO	DEROZA	DETOLEDO	DEZAYAS
DEMIRANDA	DEPACHECO	DERRERA	DETORRES	DEZUNIGA
DEMOLINA	DEPACO	DERUBIO	DETRANALTES	DIACOS
DEMONTABELLO	DEPADILLA	DERUEDA	DETRES	DIAGO
DEMONTES	DEPARRA	DERUISA	DETRINIDAD	DIAMOS
DEMONTEVERDE	DEPAZ	DESABOTA	DEULLOA	DIASDELEON
DEMONTOYA	DEPEDRO	DESAENZ	DEVACA	DIAZ
DEMORALES	DEPENNA	DESALAS	DEVALDEZ	DIAZACEVEDO
DEMORENO	DEPEREZ	DESALAZAR	DEVALENCIA	DIAZCOLON
DEMOYA	DEPLATA	DESALERNOS	DEVALLE	DIAZCRUZ
DEMUNOZ	DEPONCE	DESALES	DEVALON	DIAZDEARCE
DEMURGA	DEPORTILLO	DESALINAS	DEVARA	DIAZDELCAMPO
DENA	DEPORTO	DESANCHEZ	DEVARGAS	DIAZDELCASTILLO
DENAVA	DEPORTOLA	DESANTIAGO	DEVARONA	DIAZDELEON
DENAVARRO	DEPOZO	DESANTIASGO	DEVASQUEZ	DIAZDEVILLEGAS
DENAVAS	DEPRAD	DESANTOS	DEVAZQUEZ	DIAZMEDINA
DENAVEJAR	DEPRADO	DESARACHO	DEVEGA	DIAZPIEDRA
DENECOCHEA	DEQUESADA	DESCALZO	DEVELASCO	DIAZRIVERA
DENIEVES	DEQUEVEDO	DESEVILLA	DEVELEZ	DIAZRODRIGUEZ
DENINA	DEQUINTANA	DESIERRA	DEVENCENTY	DIEGO
DENOGGAN	DEQUIROZ	DESIGA	DEVERA	DIEGUEZ
DENORIEGA	DERAMIREZ	DESOCARRAS	DEVIA	DIEPPA
DENUNEZ	DERAMOS	DESOCARRAZ	DEVIAN	DIEZ
DEOCA	DERAS	DESOLO	DEVICENTE	DIMAS
DEOCAMPO	DERENIA	DESOSA	DEVICTORIA	DIODONET
DEOCHOA	DEREYES	DESOTO	DEVILA	DIODOSIO
DEOLEO	DERIOS	DESOTOMAYOR	DEVILLA	DIONES
DEOLIVIERA	DERIVAS	DESPANIA	DEVILLAR	DIOS
DEOLMO	DERIVERA	DESPLANTES	DEVILLEGAS	DIOSDADO
DEORO	DERMA	DESPUES	DEVOLIN	DIOSES
DEORTA	DEROBLES	DESRAVINES	DEYA	DIRECTO
DEORTEGA	DEROCA	DESSERO	DEYCAZA	DISARUFINO

APPENDIX E
CENSUS LIST OF SPANISH SURNAMES

DISLA	DOPAZO	DUQUE	ECHERRI	EGURE
DISTABILE	DOPICO	DURAN	ECHEVARIA	EGURROLA
DOBAL	DOPORTO	DURANGO	ECHEVARRIA	EGUSQUIZA
DOBAO	DORADO	DURANONA	ECHEVARRIETA	EIRAS
DOBARGANES	DORAME	DURANZA	ECHEVARRIO	EIRIZ
DOBLADO	DORANTES	DURATE	ECHEVERIA	ELEBARIO
DOCAL	DORREGO	DURAZO	ECHEVERRI	ELEGINO
DOCAMPO	DORTA	DURON	ECHEVERRIA	ELEJALDE
DOCE	DORTICOS	ECHABARNE	ECHEVERRY	ELEMEN
DOJAQUEZ	DOSAL	ECHANDI	ECHEVESTE	ELENA
DOLATRE	DOSAMANTES	ECHANDIA	ECHEZABAL	ELENES
DOLMO	DOSELA	ECHANIZ	ECHEZARRETA	ELENEZ
DOMENA	DOVAL	ECHARREN	ECHIRIBEL	ELEVARIO
DOMENECH	DOVALES	ECHARRI	ECHIVERRI	ELEZONDO
DOMENGUEZ	DOVALINA	ECHARTEA	ECHIVESTER	ELGARRESTA
DOMENO	DOVO	ECHAUARRIA	EDERRA	ELGO
DOMENZAIN	DOZAL	ECHAURI	EDESA	ELGUEA
DOMIGUEZ	DSPAIN	ECHAVARIA	EDEZA	ELGUERA
DOMINCO	DUARDO	ECHAVARRI	EDILLO	ELGUESEBA
DOMINGEZ	DUARTE	ECHAVARRIA	EDQUIVEL	ELGUEZABAL
DOMINGNEZ	DUARTES	ECHAVARRY	EDREIRA	ELICIER
DOMINGUEZ	DUBON	ECHAVE	EDROSA	ELISALDA
DOMINGUIZ	DUCOS	ECHAVERIA	EDROSOLAN	ELISALDE
DOMINIGUEZ	DUEN	ECHAVES	EDROZO	ELISALDEZ
DOMINQUEZ	DUENAS	ECHAVESTE	EGANA	ELISARRARAZ
DOMIO	DUENES	ECHAVEZ	EGAS	ELISERIO
DOMONDON	DUENEZ	ECHAZABAL	EGEA	ELISONDO
DONADO	DUENO	ECHAZARRETA	EGIPCIACO	ELIXAVIDE
DONATE	DUENOS	ECHEAGARAY	EGLESIAS	ELIZADE
DONEIS	DUHAGON	ECHEANDIA	EGUED	ELIZAGA
DONES	DUHALDE	ECHEBARRIA	EGUES	ELIZALDA
DONESTEVEZ	DULZAIDES	ECHEGARAY	EGUEZ	ELIZALDE
DONEZ	DUMAGUINDIN	ECHEGOYEN	EGUIA	ELIZALDI
DONIAS	DUMBRIGUE	ECHEGUREN	EGUIGUREN	ELIZANDO
DONJUAN	DUME	ECHEMENDIA	EGUILUZ	ELIZANDRO
DONLUCAS	DUMENG	ECHENIQUE	EGUINO	ELIZARDE
DONOSO	DUMENIGO	ECHERIVEL	EGUIZABAL	ELIZARDI

APPENDIX E
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ELIZARDO	ENCIZO	ERRO	ESCARENIO	ESCORIAZA
ELIZARRARAS	ENDARA	ERROA	ESCARENO	ESCORPISO
ELIZARRARAZ	ENDAYA	ESCABAR	ESCARIZ	ESCORZA
ELIZARRAS	ENDEMANO	ESCABEDO	ESCARPIO	ESCOTA
ELIZONDA	ENDOSO	ESCABI	ESCARRA	ESCOTO
ELIZONDO	ENGRACIO	ESCABIA	ESCARRAMAN	ESCOVADO
ELJAU	ENGUIDANOS	ESCAJEDA	ESCARREGA	ESCOVAR
ELORDUY	ENJADY	ESCALA	ESCARSEGA	ESCOVEDO
ELORREAGA	ENRIGUEZ	ESCALADA	ESCARSIGA	ESCOVER
ELORRIAGA	ENRIQUE	ESCALANTE	ESCARTIN	ESCRIBA
ELORZA	ENRIQUES	ESCALENTE	ESCARZAGA	ESCRIBANO
ELOSEGUI	ENRIQUEZ	ESCALERA	ESCARZEGA	ESCRICHE
ELOSUA	ENRRIQUEZ	ESCALET	ESCASENA	ESCUADRA
ELUGARDO	ENSENAT	ESCALLE	ESCATEL	ESCUDE
ELVIRA	EPIDENDIO	ESCALLON	ESCATELL	ESCUDE
ELYCIO	EQUIA	ESCALON	ESCATIOLA	ESCUETA
EMMANUELLI	EQUIHUA	ESCALONA	ESCAURIZA	ESCUJURI
EMMITE	ERAS	ESCALONTE	ESCOBADO	ESCUTIA
EMPASIS	ERASO	ESCAMILLA	ESCOBAL	ESGUERRA
EMPERADOR	ERAUSQUIN	ESCAMILLAS	ESCOBALES	ESPADA
EMPLEO	ERAZO	ESCAMILLO	ESCOBAR	ESPADAS
ENAMORADO	ERCHED	ESCANAME	ESCOBARETE	ESPAILLAT
ENCALADA	ERCILLA	ESCANDELL	ESCOBEBO	ESPALIN
ENCALLADO	ERCILLO	ESCANDON	ESCOBEDA	ESPANA
ENCARNACION	ERDOZAIN	ESCANES	ESCOBEDO	ESPANO
ENCERRADO	EREBIA	ESCANIO	ESCOBER	ESPANOL
ENCHAUTEGUI	EREDIA	ESCANO	ESCOBIDO	ESPANOLA
ENCHINTON	ERES	ESCANUELA	ESCOBIO	ESPARAZA
ENCINA	EREVIA	ESCANUELAS	ESCOBOSA	ESPARRA
ENCINAS	ERIBES	ESCAPA	ESCOBOZA	ESPARSA
ENCINIA	ERIVES	ESCAPITA	ESCOCHEA	ESPARSEN
ENCINIAS	ERIVEZ	ESCAPULE	ESCODEDO	ESPARZ
ENCINIOS	EROLES	ESCAR	ESCOJIDO	ESPARZA
ENCINO	EROSA	ESCARCEGA	ESCOLAR	ESPEJEL
ENCINOSA	ERREA	ESCARCIDA	ESCOMILLA	ESPEJO
ENCISCO	ERRECA	ESCARCIGA	ESCONTRIAS	ESPELETA
ENCISO	ERRISURIZ	ESCARDA	ESCORCIA	ESPENDEZ

APPENDIX E
CENSUS LIST OF SPANISH SURNAMES

ESPENOSA	ESQUEDA	ESTEBANEZ	ESTRELLA	EZQUEDA
ESPENOZA	ESQUEDO	ESTEBES	ESTRELLAS	EZQUER
ESPERA	ESQUELL	ESTEBEZ	ESTRELLO	EZQUERRA
ESPERANZA	ESQUENAZI	ESTEFAN	ESTREMERÁ	EZQUERRO
ESPERAS	ESQUER	ESTEFANI	ESTREMO	EZRATTY
ESPERICUETA	ESQUERA	ESTELA	ESTRINGEL	EZRRE
ESPERIQUETA	ESQUERDO	ESTENOZ	ESTRONZA	FABAL
ESPERO	ESQUERO	ESTEPA	ESTUDILLO	FABELA
ESPERON	ESQUERRA	ESTEPAN	ESTUPINAN	FABELO
ESPIGUL	ESQUERRE	ESTERAS	ETCHEBARREN	FABILA
ESPINA	ESQUEVEL	ESTERO	ETCHEBEHERE	FABRA
ESPINAL	ESQUIBAL	ESTEUES	ETCHECHURY	FABREGAS
ESPINALES	ESQUIBEL	ESTEVA	ETCHEGARAY	FABREGAT
ESPINAR	ESQUIBIAS	ESTEVAN	ETCHEPARE	FABROS
ESPINDOLA	ESQUIERDO	ESTEVANE	ETCHEVERRIA	FABRYGEL
ESPINDULA	ESQUIJAROSA	ESTEVANES	ETCHEVERRY	FACIO
ESPINEIRA	ESQUIJARROSA	ESTEVANEZ	EUDAVE	FACUNDO
ESPINEL	ESQUILIANO	ESTEVEZ	EUFRAICIO	FADRIQUE
ESPINELL	ESQUILIN	ESTEVEZ	EULATE	FAGET
ESPINET	ESQUINCA	ESTEVIS	EURESTE	FAGOAGA
ESPINO	ESQUINEL	ESTEVIZ	EURESTI	FAGUNDO
ESPINOR	ESQUIVAL	ESTIEN	EURIOSTE	FAILA
ESPINOSA	ESQUIVEL	ESTIMBO	EUSEBIO	FAILDE
ESPINOZ	ESQUIVEZ	ESTOLANO	EUSTAQUIO	FAJARDO
ESPINOZA	ESQUIVIAS	ESTOLAS	EUZARRAGA	FALCHE
ESPIRICUETA	ESTABA	ESTOPELLAN	EVANGEL	FALCON
ESPIRITI	ESTABILLO	ESTOPINAN	EVANGELATOS	FALERO
ESPIRITU	ESTADA	ESTOQUE	VARO	FALLEJO
ESPITALETA	ESTADES	ESTORGA	EVIÁ	FALOMIR
ESPITIA	ESTALA	ESTRACA	EXIGA	FALQUEZ
ESPLANA	ESTAMPA	ESTRAD	EXINIA	FALTO
ESPONDA	ESTANOL	ESTRADA	EXPARZA	FALU
ESPRIU	ESTAPE	ESTRADAS	EXPOSITO	FAMANIA
ESPRONCEDA	ESTAVILLA	ESTRADE	EYLICIO	FAMILIA
ESPUDO	ESTAVILLO	ESTRADO	EYZAGUIRRE	FANDINO
ESPURVOA	ESTEBAN	ESTRALLA	EZCURRA	FANEGO
ESQUEA	ESTEBANE	ESTRANY	EZETA	FANGON

APPENDIX E
CENSUS LIST OF SPANISH SURNAMES

FANGONILO	FEIGA	FERNENDEZ	FIGAROLA	FLECHA
FANJUL	FEIJOO	FERNIZ	FIGEROA	FLECHES
FARACH	FEITO	FERNIZA	FIGIROVA	FLEITAS
FARAGOZA	FELAN	FERRADAS	FIGOROA	FLEITES
FARFAN	FELANDO	FERRADAZ	FIGUEIRAS	FLEMATE
FARGA	FELIBERTY	FERRAEZ	FIGUERA	FLETE
FARGAS	FELICANO	FERRAIZ	FIGUERAS	FLETES
FARIAS	FELICIANO	FERRALES	FIGUERDA	FLOPES
FARILLAS	FELICITAS	FERRALEZ	FIGUEREDO	FLORATOS
FARINAS	FELICO	FERRANDES	FIGUERO	FLORENCIA
FARINOS	FELIPE	FERRANDIZ	FIGUERIA	FLORENCIO
FARIOS	FELISCIAN	FERRAS	FIGUERO	FLORES
FARPELLA	FELIU	FERRE	FIGUEROA	FLORESDELGADO
FARRALES	FELIX	FERREGUR	FIGUEROLA	FLOREZ
FARRAY	FELIZ	FERREIRAS	FIGUERON	FLORIDO
FARRERA	FELPETO	FERREIRO	FIGUERORA	FLORIT
FARRIAS	FELUMERO	FERRER	FIGUEROSA	FLORITA
FARROS	FEMAT	FERRERAS	FIGUERRA	FLUXA
FARRULLA	FEMATH	FERRERIS	FIGUROA	FOJO
FAS	FEMATT	FERREYRA	FIGVEROA	FOLGAR
FAUDOA	FENTANES	FERREYRO	FILGUEIRAS	FOLGUEIRA
FAUELA	FENTE	FERREZ	FILIZOLA	FOLGUEIRAS
FAUNI	FEO	FERRUA	FILLAS	FONALLEDAS
FAURA	FERAMISCO	FERRUSCA	FILOTEO	FONCERRADA
FAURIA	FERDIN	FESTEJO	FIMBRES	FONNEGRA
FAUSTINOS	FEREZ	FEYJOO	FIMBREZ	FONSECA
FAUSTO	FERIA	FIALLO	FINALES	FONT
FAVELA	FERMANDEZ	FIALLOS	FIOL	FONTAN
FAVELLA	FERMIN	FIDEL	FIQUEROA	FONTANES
FAVELO	FERNADEZ	FIEROVA	FIRA	FONTANET
FAVILA	FERNANDE	FIERRO	FIRPI	FONTANEY
FAYA	FERNANDEZ	FIERROS	FIUZA	FONTANEZ
FAZ	FERNANDEZCUETO	FIERROZ	FLACO	FONTANILLS
FEAL	FERNANDEZDECAST	FIESTAL	FLAMENCO	FONTANOZA
FEBLES	RO	FIGAL	FLANDES	FONTEBOA
FEBRE	FERNANDEZDELARA	FIGAREDO	FLANDEZ	FONTECHA
FEBRES	FERNANDO	FIGARELLA	FLAQUER	FONTELA

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FONTENO	FRAIRE	FRESNEDO	FUMERO	GALAN
FONTICIELLA	FRAMIL	FRESNILLO	FUNCIA	GALARCE
FONTICOBA	FRANCA	FRESNO	FUNDORA	GALARRAGA
FORCELLEDO	FRANCISCA	FRESQUES	FUNES	GALARRETA
FORCEN	FRANCO	FRESQUEZ	FUNEZ	GALARSA
FORDIS	FRANCOS	FREYRE	FUNO	GALARTE
FORERO	FRANGUI	FREYTA	FUSANO	GALARZA
FORMANO	FRANJUL	FREYTES	FUSTE	GALARZE
FORMENT	FRANQUERO	FRIAS	FUSTER	GALAVEZ
FORMEZA	FRANQUEZ	FRIAZ	GABALDEN	GALAVIS
FORNARIS	FRANQUI	FRIETZE	GABALDON	GALAVIZ
FORNASERO	FRANQUIZ	FRIGOLA	GABANCHO	GALAZ
FORNOS	FRANSUA	FRISAN	GABASAN	GALBAN
FORNS	FRANZOY	FROMETA	GABELA	GALCERAN
FORTANEL	FRAQUA	FRONDARINA	GABILONDO	GALDAMES
FORTEZ	FRASES	FRONTADO	GABINA	GALDAMEZ
FORTEZA	FRASQUILLO	FRONTELLA	GABINO	GALDEANO
FORTIZ	FRATICELLI	FRONTERAS	GABRILES	GALDOS
FORTUNO	FRAU	FROSTO	GABRILLO	GALDUROZ
FOYO	FRAUSTO	FRUGIA	GACHARNA	GALEANA
FRACISCO	FRAUSTRO	FRUTOS	GACHUPIN	GALEANO
FRADEJAS	FRAXEDAS	FRUTOZ	GADAL	GALENDEZ
FRADERA	FRAYO	FUENMAYOR	GADEA	GALERA
FRAGA	FRAYRE	FUENTAS	GADIA	GALERIA
FRAGINALS	FREDELUCES	FUENTE	GAETAN	GALGUERA
FRAGO	FREGOSA	FUENTECILLA	GAFARE	GALI
FRAGOMENO	FREGOSO	FUENTEFRIA	GAGO	GALIANA
FRAGOSA	FREGOZO	FUENTES	GAHONA	GALICIA
FRAGOSO	FREIJO	FUENTEZ	GAINZA	GALINANES
FRAGOZO	FREIRE	FUENZALIDA	GAITAN	GALIND
FRAGUA	FREIRIA	FUERO	GAITERO	GALINDA
FRAGUADA	FREIXAS	FUERTE	GAIVAN	GALINDEZ
FRAGUAS	FRENES	FUERTEZ	GAJARDO	GALINDO
FRAGUELA	FRES	FUEYO	GAJATE	GALINDRO
FRAGUIO	FRESCAS	FULGENCIO	GALABEAS	GALINZOGA
FRAIDE	FRESCAZ	FULGUEIRA	GALACHE	GALIZ
FRAIJO	FRESNEDA		GALAGARZA	GALLAGA

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GALLAGOS	GAMERO	GARATE	GARCIO	GARSA
GALLANES	GAMEROS	GARATEIX	GARDEA	GARSE
GALLARD	GAMEROZ	GARAVITO	GARDIA	GARTICA
GALLARDE	GAMEY	GARAY	GARDUNIO	GARVISO
GALLARDO	GAMEZ	GARAYALDE	GARDUNO	GARZA
GALLARETO	GAMINO	GARAYGORDOBIL	GARDUQUE	GARZACANTU
GALLART	GAMIO	GARAYUA	GAREIA	GARZAGARCIA
GALLARZA	GAMIZ	GARAYZAR	GARFIAS	GARZAGONGORA
GALLARZO	GAMONEDA	GARAZA	GARFIO	GARZAMARTINEZ
GALLASTEGUI	GANADONEGRO	GARBANI	GARGUENA	GARZAPENA
GALLEG	GANAN	GARBAYO	GARI	GARZARO
GALLEGAS	GANCEDO	GARBISO	GARIA	GARZES
GALLEGO	GANCERES	GARBIZO	GARIB	GARZON
GALLEGOES	GANDAR	GARCA	GARIBALDO	GARZONA
GALLEGOS	GANDARA	GARCED	GARIBAY	GARZORIA
GALLEGOZ	GANDARIA	GARCEL	GARIBY	GASCA
GALLEGUS	GANDARILLA	GARCELL	GARICA	GASCOT
GALLENO	GANDARILLAS	GARCEO	GARIFE	GASERO
GALLERAN	GANDIA	GARCERA	GARISPE	GASIO
GALLERITO	GANDON	GARCERAN	GARITA	GASPARDEALBA
GALLINAL	GANDORA	GARCES	GARITE	GASPORRA
GALLINAR	GANIVET	GARCEZ	GARIVAY	GASTELLO
GALLOR	GANUELAS	GARCIA	GARMENDIA	GASTELLUM
GALLOSA	GANUZA	GARCIACARDENAS	GARMENDIZ	GASTELO
GALMES	GANZALEZ	GARCIAGONZALEZ	GARMISA	GASTELUM
GALOFRE	GAONA	GARCIAGUERRERO	GARNICA	GASU
GALORZA	GARABAY	GARCIAGUZMAN	GARRANDES	GATAN
GALVAN	GARABITO	GARCIALOPEZ	GARRASTAZU	GATELL
GALVE	GARACOCHEA	GARCIAMARTINEZ	GARRIDO	GATICA
GALVES	GARAICOECHEA	GARCIAPENA	GARRIGA	GATO
GALVEZ	GARALDE	GARCIARIOS	GARRIGAS	GATSEOS
GAMA	GARAMENDI	GARCIAS	GARRIGO	GATTORNO
GAMALLO	GARAMILLO	GARCIAV	GARRIGOS	GAUBA
GAMARRA	GARANA	GARCIDUENAS	GARRIO	GAUCHAS
GAMAZA	GARANSUAY	GARCIGA	GARROBO	GAUCIN
GAMAZO	GARANZUAY	GARCILASO	GARROCHO	GAUD
GAMBOA	GARAT	GARCILAZO	GARROTE	GAUDIER

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GAUNA	GELACIO	GINART	GOENAGA	GONZALEZHERNAN
GAUZENS	GELERA	GINARTE	GOICOCHEA	DEZ
GAVALDON	GELI	GINDRO	GOICOURIA	GONZALEZLEON
GAVALES	GELISTA	GINER	GOICURIA	GONZALEZSOTO
GAVAY	GELY	GINET	GOIRICELAYA	GONZALO
GAVIA	GENAO	GINEZ	GOITIA	GONZALVEZ
GAVICA	GENDES	GINORI	GOLDEROS	GONZALVO
GAVIDIA	GENEL	GINORIO	GOMAR	GONZALZ
GAVILA	GENER	GINORIS	GOME	GONZAQUE
GAVILAN	GENERA	GINORY	GOMEZ	GONZELEZ
GAVILANES	GENESTA	GIRADO	GOMEZDEMOLINA	GONZELL
GAVILLA	GENINO	GIRALD	GOMEZTORRES	GONZLAES
GAVILLAN	GENIZ	GIRALDES	GOMEZTREJO	GONZLAEZ
GAVINA	GENOVES	GIRALDEZ	GOMZALEZ	GONZLES
GAVINO	GERALDES	GIRALDO	GONALEZ	GONZLEZ
GAVIRA	GERALDINO	GIRALT	GONAZLEZ	GONZOLES
GAVIRIA	GERALDO	GIRAU	GONDAR	GONZOLEZ
GAVITO	GERARDO	GIRAUDO	GONDREZ	GORBEA
GAXIOLA	GERENA	GIRELA	GONEZ	GORDIANY
GAYA	GEREZ	GIRION	GONGALES	GORDILLO
GAYARRE	GERMENIS	GIRO	GONGALEZ	GORDILS
GAYO	GERMES	GIRON	GONGORA	GORDO
GAYOL	GERMONO	GIRONA	GONI	GORDOA
GAYOSO	GEROLAGA	GIRONELLA	GONSALE	GORENA
GAYOSSO	GERONES	GISBERT	GONSALES	GOROSAVE
GAYTAN	GERRO	GISPERT	GONSALEZ	GOROSTIETA
GAZCA	GERUSA	GIZ	GONZABA	GOROSTIZA
GAZIVODA	GHIgliOTTY	GLORIA	GONZAES	GOROZA
GAZOLAS	GIJON	GOBEA	GONZAGUE	GORRAIZ
GAZTAMBIDE	GIL	GOCHEZ	GONZAL	GORRICO
GAZTELU	GILAS	GOCHICOA	GONZALAS	GORRINDO
GEA	GILBES	GODINA	GONZALE	GORRITA
GEADA	GILBUENA	GODINES	GONZALEA	GORRITZ
GEAGA	GILDELAMADRID	GODINET	GONZALES	GORRIZ
GEBARA	GIMENEZ	GODINEZ	GONZALEX	GORTAREZ
GEIGEL	GIMENO	GODOY	GONZALEZ	GORZELA
GELABERT	GIMINEZ	GOENA	GONZALEZDIAZ	GOSALVEZ

APPENDIX E
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GOTANDA	GRANADAS	GRUESO	GUARDARRAMOS	GUEREQUE
GOTAY	GRANADINO	GRULLON	GUARDERAS	GUERERO
GOTERA	GRANADO	GRUSMAN	GUARDIAN	GUERERRO
GOTIERREZ	GRANADOS	GUABA	GUARDIAS	GUERNICA
GOTOR	GRANADOZ	GUADA	GUARDIOLA	GUERRA
GOVANTES	GRANAS	GUADAGNIN	GUARENO	GUERREO
GOVEA	GRANDA	GUADALAJARA	GUARIS	GUERRER
GOVELLA	GRANDEZ	GUADALUPE	GUARJARDO	GUERRERO
GOYANES	GRANDIO	GUADAMUZ	GUARNERO	GUERRIDO
GOYCO	GRANDOS	GUADARAMA	GUARNEROS	GUERRIOS
GOYCOCHEA	GRANELA	GUADARRAMA	GUARTUCHE	GUERRO
GOYCOECHEA	GRANERO	GUADERRAMA	GUAS	GUERRA
GOYCOOLEA	GRANIELA	GUADIAN	GUASCH	GUEVARA
GOYENECHÉ	GRANILLO	GUADIANA	GUASH	GUEVAREZ
GOYOS	GRANIS	GUADIANO	GUASP	GUEVARRA
GOYTIA	GRANIZO	GUADRON	GUAYANTE	GUEVERA
GOYZUETA	GRANJA	GUAIDA	GUAYDACAN	GUEVERRA
GOZMAN	GRATACOS	GUAJACA	GUDIEL	GUEZ
GRACIA	GRAULAU	GUAJARDO	GUDINO	GUIA
GRACIAN	GRAUPERA	GUAL	GUEBARA	GUIBOA
GRACIANI	GRAVERAN	GUALDARRAMA	GUECHO	GUICHO
GRACIANO	GRAZA	GUAMAN	GUEDE	GUIDERO
GRACIDA	GREIGO	GUANA	GUEDEA	GUIJARRO
GRADIAS	GRES	GUANAJUATO	GUEDES	GUIJOSA
GRADILLA	GRIEGO	GUANCHE	GUEDIN	GUILARTE
GRADILLAS	GRIHALVA	GUANGORENA	GUEIMUNDE	GUILBE
GRADISAR	GRIJALBA	GUANILL	GUEITS	GUILEZ
GRADO	GRIJALUA	GUANTE	GUEL	GUILLAMA
GRAFALS	GRIJALVA	GUANTES	GUELBENZU	GUILLEMARD
GRAGEDA	GRILLASCA	GUANTEZ	GUELMES	GUILLEN
GRAIBE	GRILLIAS	GUAPO	GUEMES	GUILLENA
GRAJALES	GRIMALDO	GUARA	GUEMEZ	GUILLERMETY
GRAJEDA	GRISALES	GUARACHA	GUERA	GUILLERMO
GRAJERA	GROLON	GUARCH	GUERARA	GUINA
GRAJIOLA	GRONA	GUARDADO	GUERACA	GUIRADO
GRAMAJO	GROSO	GUARDAMONDO	GUERENA	GUIRALES
GRANADA	GROVAS	GUARDARRAMA	GUERENO	GUIREMAND

APPENDIX E
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GUIROLA	GURZI	HECHAVARRIA	HERNAEZ	HERVIS
GUISA	GUSMAN	HECHEVARRIA	HERNAIZ	HEVIA
GUISADO	GUSME	HEGUY	HERNAND	HEYSQUIERDO
GUISAO	GUSTAMANTE	HELGUERA	HERNANDE	HIBARRA
GUISAR	GUSTAMENTE	HELGUERO	HERNANDEL	HIDALGA
GUITANO	GUSTO	HELGUEROS	HERNANDER	HIDALGO
GUITERREZ	GUTERREZ	HENANDEZ	HERNANDES	HIDALGOGATO
GUITIAN	GUTIERES	HENAO	HERNANDEZ	HIDAS
GUITIERREZ	GUTIEREZ	HENARES	HERNANDEZCANTU	HIDROGO
GUITRON	GUTIERIEZ	HENOJOSA	HERNANDEZORTIZ	HIERREZUELO
GUITTEREZ	GUTIERR	HENRIGUEZ	HERNANDO	HIERRO
GUITTERREZ	GUTIERRE	HENRIQUEZ	HERNANDORENA	HIGADERA
GUIY	GUTIERREA	HERALDEZ	HERNANDZ	HIGAREDA
GUIU	GUTIERRER	HERANDEZ	HERNANEZ	HIGARES
GUIVAS	GUTIERRES	HERAS	HERNDEZ	HIGNOJOS
GUIZA	GUTIERREZ	HERAZ	HERNENDEZ	HIGNOJOZ
GUIZADO	GUTIERREZGARCIA	HERBELLO	HERONEMA	HIGUERA
GUIZAR	GUTIERREZRIOS	HEREBIA	HERRADA	HIGUERAS
GUJARDO	GUTIERRZ	HEREDERO	HERRADOR	HIGUERO
GULARTE	GUTIRREZ	HEREDIA	HERRAN	HIGUEROS
GULBAS	GUTTEREZ	HEREIDA	HERRANZ	HIJAR
GULDRIS	GUTTERREZ	HERENA	HERRARA	HILARIO
GULDRIZ	GUTTIEREZ	HERERA	HERRARTE	HILERIO
GULIERREZ	GUTTIERREZ	HERERRA	HERREA	HINAJOSA
GUMA	GUZMAN	HERETER	HERREJON	HINESTROSA
GUNDIN	GUZMELI	HERIA	HERRENA	HINOJAS
GURARO	GUZMON	HERIDIA	HERRER	HINOJO
GURELL	HACES	HERMANDEZ	HERRERA	HINOJOS
GURIDES	HAEDO	HERMIDA	HERRERAS	HINOJOSA
GUROLA	HANONO	HERMIDAS	HERRERIA	HINOJOSE
GURRERO	HARGITA	HERMIS	HERRERIAS	HINOJOSO
GURRIA	HARISPURU	HERMOCILLO	HERRERO	HINOJOZA
GURRIES	HARO	HERMOGENO	HERREROS	HINOSTRO
GURROLA	HAROS	HERMOSA	HERRERRA	HINOSTROSA
GURRUCHAGA	HARVIER	HERMOSILLO	HERROZ	HINOSTROZA
GURULE	HAYOS	HERMOSO	HERVAS	HINZO
GURVLE	HECHANOVA	HERNADEZ	HERVELLA	HIPOLITO

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HIRALDO	HUANTE	HURTADO	IGLESIAS	INOCENCIO
HIRALES	HUANES	HURTARTE	IGNACIO	INOSTROS
HIRALEZ	HUAPE	HYSQUIERDO	IGOA	INOSTROSA
HIRIGOYEN	HUARACHA	IANEZ	IGUALADA	INOSTROZA
HIRTADO	HUARTE	IANOS	IGUINA	INSAUSTI
HISQUIERDO	HUEDA	IBANES	ILARRAZA	INSERNI
HITA	HUERECA	IBANEZ	ILDEFONSO	INSIGNARES
HOGEDA	HUERENA	IBAR	ILHARREGUY	INSUA
HOJAS	HUEREQUE	IBARBO	ILIZALITURRI	INSULAR
HOLGIN	HUERGAS	IBARGUENGOITIA	ILLAN	INSUNZA
HOLGUIN	HUERGO	IBARLUCEA	ILLANES	INSURRIAGA
HOLQUIN	HUERTA	IBARRA	ILLAS	INTERIAN
HOMAR	HUERTAS	IBARRIA	ILLERA	INTRIAGO
HOMS	HUERTAZ	IBARRONDO	ILLESCAS	INURRIGARRO
HONESTO	HUERTERO	IBAVE	IMAS	INZUNZA
HONGOLA	HUERTO	IBAVEN	IMAZ	IPARRAGUIRRE
HONORIO	HUERTOS	IBERRA	INCHAUREGUI	IPINA
HONRADA	HUESCA	IBERRI	INCHAUSTEGUI	IQUINA
HORABUENA	HUESO	IBINARRIAGA	INCHAUSTI	IRACHETA
HORACIO	HUETE	IBOS	INCLAN	IRAGUI
HORCASITAS	HUEZO	IBUADO	INDART	IRAHETA
HORELICA	HUGUEZ	ICAMEN	INESTA	IRALA
HORMACHEA	HUICI	ICARDO	INESTROZA	IRAOLA
HORMAZA	HUICOCHEA	ICASIANO	INEZ	IRASTORZA
HORMAZABAL	HUIDOR	ICAZA	INFANTE	IRAZABAL
HORMILLA	HUIPE	ICEDO	INFANTES	IRAZOQUI
HORNEDO	HUISAR	ICHINAGA	INFANZON	IRIART
HORRUITINER	HUITRON	IDARRAGA	INFIESTA	IRIARTE
HORTA	HUIZAR	IDIAQUEZ	INGELMO	IRIBARREN
HOSTAS	HUMADA	IDIGORAS	INGRANDE	IRIBE
HOSTOS	HUMILDAD	IDOY	INGUANZO	IRIGARAY
HOYO	HURADO	IDROGO	INGUITO	IRIGONEGARAY
HOYOS	HURBINA	IDROVO	INIGO	IRIGOYEN
HOYUELA	HURIEGA	IGARAVIDEZ	INIGUES	IRIMIA
HUACUJA	HURON	IGARTUA	INIGUEZ	IRINEO
HUALDE	HURRIEGA	IGLECIAS	INIQUEZ	IRIONDO
HUAMAN	HURTADA	IGLESIA	INOA	IRIQUI

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

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

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

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LEZANA	LINAREZ	LIZARRARAS	LLAVE	LLUIS
LEZCANO	LINEIRO	LIZARZABURU	LLAVERIAS	LLURIA
LIANO	LINERA	LIZASO	LLAVET	LLUVERAS
LIANOZ	LINERO	LIZASUAIN	LLAVONA	LOA
LIANZA	LINEROS	LIZCANO	LLENIN	LOAIZA
LIBOY	LIQUET	LLABRES	LLENZA	LOARTE
LIBRAN	LIQUEZ	LLACA	LLEO	LOAYZA
LIBREROS	LIRA	LLACER	LLEONART	LOBAINA
LICANO	LIRAALVARADO	LLADO	LLERA	LOBATO
LICEA	LIRANZO	LLAGOSTERA	LLERANDI	LOBATOS
LICEAGA	LIRES	LLAGUNO	LLERAS	LOBATOZ
LICERIO	LIRIANO	LLAMA	LLERENA	LOBERA
LICON	LIRIO	LLAMAS	LLERENAS	LODEIRO
LICONA	LISALDA	LLAMAZARES	LLEVERINO	LODEVICO
LICOR	LISALDE	LLAMBES	LLIBRE	LODOS
LICUDINE	LISAMA	LLAMEDO	LLINAS	LODOZA
LIENDO	LISARDO	LLAMES	LLITERAS	LOERA
LIERA	LISBOA	LLAMOSA	LLIZO	LOEZA
LIERAS	LISCANO	LLANA	LLOBERA	LOGOLUSO
LIERRA	LISEA	LLANAS	LLOBET	LOGRONO
LIEVANO	LISERA	LLANERA	LLOMPART	LOINAZ
LIEVANOS	LISERIO	LLANERAS	LLONA	LOIRA
LIGUES	LISOJO	LLANES	LLOPIS	LOJA
LIGUEZ	LIZA	LLANEZ	LLOPIZ	LOJERO
LIMARDO	LIZALDA	LLANIO	LLORCA	LOJO
LIMAS	LIZALDE	LLANO	LLOREDA	LOMANA
LIMIA	LIZAMA	LLANOS	LLORENS	LOMAYESVA
LIMON	LIZAN	LLANTADA	LLORENTE	LOMBANA
LIMONES	LIZANO	LLANTIN	LLORET	LOMBARDIA
LIMONEZ	LIZAOLA	LLANUSA	LLOREN	LOMBERA
LIMONTA	LIZARAGA	LLAPUR	LLOSA	LOMBRANA
LIMONTORRES	LIZARDE	LLARENA	LLOVERA	LOMBRANO
LIMOSNERO	LIZARDI	LLATA	LLOVERAS	LOMELI
LIMUEL	LIZARDO	LLAUGER	LLOVET	LOMELIN
LINAJE	LIZARRAGA	LLAURADO	LLOVIO	LOMELLIN
LINAN	LIZARRAGO	LLAURADOR	LLUBERES	LOMELY
LINARES	LIZARRALDE	LLAUSAS	LLUCH	LONA

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LONDONO	LORZA	LUCARIO	LUPIAN	MACHORRO
LONGORIA	LOSA	LUCATERO	LUPIANEZ	MACHUCA
LONGORIO	LOSADA	LUCATORTA	LUPIBA	MACIA
LONGOVIA	LOSADO	LUCENA	LUPIO	MACIAL
LONGUEVAN	LOSANA	LUCER	LUQUE	MACIAS
LONVELIN	LOSOYA	LUCERO	LUQUEZ	MACIAZ
LOPATEGUI	LOSTAUNAU	LUCIO	LUQUIN	MACIEL
LOPE	LOUATO	LUCO	LUQUIS	MACOTELA
LOPENA	LOUBRIEL	LUCOS	LURAS	MADA
LOPERA	LOURIDO	LUCRET	LUVIANO	MADALA
LOPERENA	LOUSTAUNAU	LUEBANO	LUYANDA	MADARIAGA
LOPETEGUI	LOVATO	LUENGAS	LUYANDO	MADERA
LOPEZ	LOVATON	LUENGO	LUZA	MADERIS
LOPEZCASTRO	LOVEIRA	LUERA	LUZANIA	MADERO
LOPEZMENDOZA	LOVERA	LUERAS	LUZANILLA	MADIEDO
LOPEZRODRIGUEZ	LOVERAS	LUEVANO	LUZANO	MADOZ
LOPEZSANCHEZ	LOVILLE	LUEVANOS	LUZARDO	MADRAZO
LOPEZVEGA	LOVIO	LUEZA	LUZARRAGA	MADRIA
LOPOZ	LOYA	LUGARDO	LUZBET	MADRID
LOQUET	LOYNAZ	LUGARO	LUZUNARIS	MADRIGAL
LORA	LOYO	LUGO	LUZURIAGA	MADRIGALES
LORANCA	LOYOLA	LUGON	MACARAIG	MADRIGUAL
LORCA	LOZA	LUGONES	MACARDICAN	MADRIL
LOREDO	LOZADA	LUINA	MACARENO	MADRILES
LORENCES	LOZADO	LUIS	MACARON	MADRILL
LORENTE	LOZANA	LUITIN	MACAVINTA	MADRIZ
LORENZANA	LOZANO	LUJAN	MACAYA	MADRONA
LORERA	LOZEZ	LUJANO	MACAYAN	MADRUENO
LORETDEMOLA	LOZOLLA	LUJARDO	MACDONADO	MADRUGA
LOREZ	LOZOYA	LUJO	MACEDA	MADUANO
LORIDO	LUA	LUJON	MACEIRA	MADUELL
LORIEGA	LUACES	LUMBRERA	MACEN	MADUENA
LORIGA	LUAN	LUMBRERAS	MACENA	MADUENO
LORIGO	LUAS	LUNA	MACEO	MADURO
LORONA	LUBE	LUNARES	MACEYRA	MAELIA
LORONO	LUBERTA	LUPERCIO	MACHICHE	MAES
LORTA	LUBIAN	LUPEZ	MACHIN	MAESE

APPENDIX E
CENSUS LIST OF SPANISH SURNAMES

MAESO	MAINEZ	MALDONADO	MANDONADO	MANUZ
MAESTAS	MAIQUEZ	MALDONALDO	MANDUGARO	MANZANA
MAESTAZ	MAIRENA	MALDONDO	MANDUJAN	MANZANAL
MAESTES	MAISONAVE	MALDONODO	MANDUJANO	MANZANARES
MAESTOS	MAISONET	MALENDEZ	MANGOME	MANZANAREZ
MAESTRE	MAISTERRA	MALFAVON	MANGUAL	MANZANEDO
MAESTREY	MAITIA	MALIAROS	MANGUIA	MANZANERA
MAESTU	MAITO	MALIBRAN	MANICOM	MANZANERES
MAEVA	MAIZ	MALICAY	MANIQUIS	MANZANERO
MAEZ	MAJALCA	MALLANO	MANITO	MANZANET
MAGALDE	MAJANO	MALLEA	MANJARES	MANZANILLA
MAGALLAN	MAJARUCON	MALLOQUE	MANJAREZ	MANZANO
MAGALLANES	MAJENO	MALLORCA	MANJARRES	MANZUR
MAGALLANEZ	MAJIA	MALONADO	MANJARREZ	MAPALO
MAGALLON	MAJUL	MALONCON	MANOSA	MAPULA
MAGALONA	MAJUTA	MALOVE	MANQUERO	MAQUEDA
MAGANA	MALABANAN	MALPICA	MANQUEROS	MAQUEIRA
MAGANTE	MALABE	MALTES	MANRESA	MAQUINALEZ
MAGARINO	MALABEHAR	MALTOS	MANRIGUEZ	MAQUIVAR
MAGAZ	MALACARA	MALUIA	MANRIQUE	MARABOTTO
MAGDAEL	MALAGON	MALVAEZ	MANRIQUES	MARADIAGA
MAGDALANO	MALANA	MALVAREZ	MANRIQUEZ	MARALES
MAGDALENA	MALANCHE	MALVIDO	MANRRIQUE	MARANAN
MAGDALENO	MALANDRIS	MAMARADLO	MANRRIQUEZ	MARANON
MAGDIRILA	MALARIN	MANCEBO	MANSANALES	MARANTE
MAGENO	MALAUE	MANCERA	MANSANALEZ	MARANTOS
MAGLICA	MALAVE	MANCERO	MANSANARES	MARASCOLA
MAGLUTA	MALAVES	MANCHA	MANSANAREZ	MARATAS
MAGPAYO	MALAVET	MANCHACA	MANSILLA	MARAVEZ
MAGPURI	MALAVEZ	MANCHAN	MANSILLAS	MARAVILLA
MAGPURI	MALBAEZ	MANCHEGO	MANSITO	MARAVILLAS
MAGRINA	MALBAS	MANCIAS	MANSO	MARAVILLO
MAGSOMBOL	MALDANADO	MANCILLA	MANTECA	MARBAN
MAGUREGUI	MALDENADO	MANCILLAS	MANTECON	MARCADIS
MAIMES	MALDOMADO	MANCINAS	MANTEROLA	MARCANO
MAIMO	MALDONA	MANCITO	MANTILLA	MARCELENO
MAINEGRA	MALDONADA	MANDADO	MANTINEZ	MARCELIN

APPENDIX E
CENSUS LIST OF SPANISH SURNAMES

MARCHA	MARINES	MARTIARENA	MASCARENAS	MATOS
MARCHAN	MARINEZ	MARTICORENA	MASCARENAZ	MATOSO
MARCHANTE	MARIONA	MARTINDELCAMPO	MASCARENO	MATOZA
MARCHANY	MARISCAL	MARTINES	MASCARINAS	MATTILLO
MARCHECO	MARISTANY	MARTINETS	MASCARRO	MATURANA
MARCHENA	MARISY	MARTINEX	MASCORRO	MATURINO
MARCHIONDO	MARITNEZ	MARTINEZ	MASDEO	MATUTE
MARCIAL	MARLANO	MARTINEZDECASTR	MASDEU	MAULEON
MARCILLA	MARMOL	O	MASEDA	MAUNA
MARCILLO	MARMOLEJO	MARTINEZGARCIA	MASERO	MAUPOME
MARCOR	MARMOLEJOS	MARTINEZGONZALE	MASFERRER	MAURAS
MARCOS	MARONES	Z	MASIAS	MAUREL
MARDOMINGO	MARQUEZ	MARTINEZORTIZ	MASIEL	MAURICIO
MARDUENO	MARQUINA	MARTINEZRODRIGU	MASJUAN	MAURIES
MAREINA	MARQUIZ	EZ	MASPERO	MAURIZ
MARENCO	MARRASQUIN	MARTINIZ	MASPONS	MAUROSA
MARENTES	MARRENO	MARTIR	MASQUIDA	MAUROZA
MARENTEZ	MARRERO	MARTIRENA	MASSANA	MAYA
MAREQUE	MARRIAGA	MARTIZ	MASSANET	MAYAGOITIA
MARERO	MARRIETTA	MARTLARO	MASSAS	MAYANS
MARES	MARRODAN	MARTNEZ	MASSIATTE	MAYAS
MARESMA	MARROGUIN	MARTORELL	MASTACHE	MAYATE
MAREZ	MARROQUIN	MARTOS	MASTRAPA	MAYDON
MARFIL	MARRORO	MARUFFO	MASVIDAL	MAYEN
MARFILENO	MARROZOS	MARUFO	MATA	MAYMI
MARGAILLAN	MARRUFFO	MARULANDA	MATAIYA	MAYNEZ
MARGARITO	MARRUFO	MARUNO	MATALLANA	MAYOL
MARGUEZ	MARRUGO	MARURI	MATALOBOS	MAYORA
MARIANES	MARRUJO	MARVEZ	MATAMOROS	MAYORAL
MARIANS	MARSACH	MARXUACH	MATANZO	MAYORCA
MARICHAL	MARSALIA	MARZAN	MATEAS	MAYORDOMO
MARICHALAR	MARSELLOS	MARZOA	MATEO	MAYORGA
MARIDUENA	MARTE	MARZOL	MATEOS	MAYORQUIN
MARIN	MARTELON	MARZOVILLA	MATEU	MAYSONET
MARINAS	MARTENEZ	MAS	MATIAS	MAYTIN
MARINELARENA	MARTES	MASCARDO	MATIENZO	MAYTORENA
MARINERO	MARTEZ	MASCARENA	MATILLA	MAZA

APPENDIX E
CENSUS LIST OF SPANISH SURNAMES

MAZARA	MEJA	MENA	MENDRIN	MERJIL
MAZARIEGO	MEJIAS	MENACHE	MENEDEZ	MERLA
MAZARIEGOS	MEJICO	MENACHO	MENENDEZ	MERLOS
MAZON	MEJIDO	MENCHACA	MENES	MERMEA
MAZORRA	MEJILLA	MENCHAEA	MENESES	MERMEJO
MAZPULE	MEJILLAS	MENCHAVEZ	MENEZ	MERMELLA
MAZQUIARAN	MEJORADA	MENCHEGO	MENJARES	MERODIO
MAZUCA	MEJORADO	MENCIA	MENJIVAR	MERONO
MAZUELOS	MELANDEZ	MENCIO	MENJUGA	MERU
MEASTAS	MELANO	MENCOS	MENOCAL	MERUELO
MEAVE	MELCHOR	MENDANA	MENOSCAL	MESA
MECADO	MELCON	MENDAROS	MENOUD	MESEGUER
MECARTEA	MELECIO	MENDEOLA	MENOYO	MESIA
MECENAS	MELENA	MENDEZ	MERA	MESIAS
MECHOSO	MELENCIANO	MENDIA	MERANCIO	MESILLAS
MEDEL	MELENDE	MENDIAS	MERAS	MESINAS
MEDELES	MELENDES	MENDIAZ	MERAZ	MESONERO
MEDELEZ	MELENDEZ	MENDIBLES	MERCAD	MESORANA
MEDELLIN	MELENDRES	MENDIBURO	MERCADA	MESQUIAS
MEDERO	MELENDREZ	MENDIBURU	MERCADAL	MESQUIT
MEDEROS	MELENEDEZ	MENDIETA	MERCADE	MESQUITA
MEDIANO	MELENEZ	MENDIETTA	MERCADER	MESQUITE
MEDIAVILLA	MELENUDO	MENDIGUTIA	MERCADO	MESQUITI
MEDINA	MELERO	MENDINE	MERCARDO	MESSARRA
MEDINAS	MELGAR	MENDIOLEA	MERCED	MESSEGUER
MEDINILLA	MELGAREJO	MENDIOLEA	MERCEDES	MESTA
MEDIO	MELGARES	MENDIONDO	MERCHAIN	MESTAS
MEDIZ	MELGOSA	MENDITA	MERCHAN	MESTAZ
MEDOLA	MELGOZA	MENDIVEL	MERCODO	MESTRE
MEDRAN	MELIAN	MENDIVIL	MERCOLA	MESTRES
MEDRANO	MELIAS	MENDIZ	MERCONCHINI	MESTRIL
MEGARIZ	MELINDEZ	MENDIZABAL	MERELES	MEXIA
MEGUI	MELIOTA	MENDOSA	MERENDON	MEXICANO
MEIJA	MELLADO	MENDOZA	MEREZ	MEZA
MEIRELES	MELOCOTON	MENDOZA	MERGIL	MEZQUITA
MEIZOSO	MEMBRENO	MENDOZO	MERINO	MICAN
MEJA	MEMBRILA	MENDRE	MERIZALDE	MICHACA

APPENDIX E
CENSUS LIST OF SPANISH SURNAMES

MICHELENA	MINAGORRI	MIRAVAL	MOLEDO	MONCLOVA
MICHELTORENA	MINAMIDE	MIRAYA	MOLENA	MONDACA
MIEDES	MINATRE	MIRAZ	MOLENDEZ	MONDEJAR
MIELES	MINAYA	MIRAZO	MOLERA	MONDELO
MIELGO	MINCHACA	MIRDITA	MOLERES	MONDONA
MIERA	MINDIETA	MIRELES	MOLERIO	MONDOZA
MIERES	MINDIOLA	MIRELEZ	MOLGADO	MONDRAGON
MIEREZ	MINERA	MIRET	MOLINA	MONEDA
MIESES	MINERO	MIRILES	MOLINAR	MONEDERO
MIGNARDOT	MINGUELA	MIRO	MOLINARES	MONEGRO
MIGOYA	MINGURA	MIROLLA	MOLINARY	MONEO
MIGUEL	MINIAREZ	MISAS	MOLINAS	MONGE
MIGUELES	MINICA	MISLA	MOLINER	MONGES
MIGUELEZ	MINITREZ	MISQUEZ	MOLINEROS	MONGUIA
MIGUELIZ	MINJARES	MIYAR	MOLINET	MONITA
MIGURA	MINJAREZ	MIYARES	MOLLEDA	MONJARAS
MIJANGOS	MINOBE	MOCEGA	MOLLES	MONJARAZ
MIJARES	MINONDO	MOCETE	MOLLINDO	MONJARDIN
MIJAREZ	MINOSO	MOCHO	MOLLINEDO	MONJE
MIJENES	MINSAL	MOCTEZUMA	MONAGAS	MONJES
MILA	MIQUEO	MODERO	MONARCO	MONLEON
MILANES	MIR	MODIA	MONARES	MONLLOR
MILANEZ	MIRABAL	MODRONO	MONAREZ	MONNAR
MILARA	MIRABEL	MOGAS	MONARQUE	MONOZ
MILERA	MIRABENT	MOGOLLON	MONARRES	MONRAZ
MILIAN	MIRADA	MOGRO	MONARREZ	MONREAL
MILINA	MIRAFLORES	MOGUEL	MONCADA	MONRIAL
MILLAN	MIRALES	MOHEDANO	MONCADO	MONROIG
MILLAND	MIRALLA	MOIZA	MONCAYO	MONROY
MILLANES	MIRALLES	MOJADO	MONCEVAIS	MONRREAL
MILLANEZ	MIRAMON	MOJARRO	MONCEVAIZ	MONRRIAL
MILLANPONCE	MIRAMONTES	MOJEDA	MONCEVIAS	MONSALVE
MILLARES	MIRAMONTEZ	MOJENA	MONCIBAIS	MONSALVO
MILLAYES	MIRANA	MOJICA	MONCIBAIZ	MONSEBAIS
MIMIAGA	MIRANDA	MOLANO	MONCIVAIS	MONSEGUR
MINABE	MIRANO	MOLDES	MONCIVAIZ	MONSERRAT
MINAGA	MIRASOL	MOLDONADO	MONCIVALLES	MONSERRATE

APPENDIX E
CENSUS LIST OF SPANISH SURNAMES

MONSEVAIS	MONTEON	MORADO	MORENO	MORRAZ
MONSEVALLES	MONTERA	MORAGA	MORENTIN	MORRERO
MONSIBAIS	MONTERDE	MORAGO	MORERA	MORRINA
MONSIBAIZ	MONTEREY	MORAGUEZ	MORERO	MORTEO
MONSISVAIS	MONTERO	MORAILA	MORETA	MORTERA
MONSIVAIS	MONTEROLA	MORAILA	MOREYRA	MORUA
MONSIVAIZ	MONTEROS	MORAL	MORFA	MORVA
MONTAIVO	MONTERREY	MORALE	MORFFI	MOSCOSO
MONTALBAN	MONTERROSA	MORALEJO	MORFI	MOSINO
MONTALBO	MONTERROSO	MORALES	MORFIN	MOSQUEA
MONTALUO	MONTERROZA	MORALES	MORGA	MOSQUEDA
MONTALVAN	MONTERRUBIO	MORALES	MORGALLO	MOSQUEDO
MONTALVO	MONTES	MORALES	MORGAS	MOSQUERA
MONTAN	MONTESDEOCA	MORALES	MORHAR	MOTA
MONTANE	MONTESINO	MORALES	MORIEL	MOTAL
MONTANER	MONTESINOS	MORALEZ	MORILLA	MOTILLA
MONTANES	MONTEVERDE	MORANDA	MORILLAS	MOURE
MONTANEZ	MONTEZ	MORANTES	MORILLO	MOUREN
MONTANIO	MONTEZUMA	MORATA	MORILLON	MOURINO
MONTANO	MONTIEL	MORATALLA	MORILLOS	MOURIZ
MONTANTES	MONTIJO	MORATAYA	MORIONES	MOYA
MONTAYA	MONTILLA	MORATO	MORIYON	MOYADO
MONTAZ	MONTION	MORAZA	MORLA	MOYANO
MONTEAGUDO	MONTMAYOR	MORCATE	MORLES	MOYEDA
MONTEALEGRE	MONTOLLA	MORCIEGO	MORLET	MOYENO
MONTEAVARO	MONTONO	MORCIGLIO	MORLOTE	MOYET
MONTECELO	MONTOTO	MORCOS	MOROCHO	MOYRON
MONTECINO	MONTOVA	MOREDA	MORODO	MOZAS
MONTEDEOCA	MONTOY	MOREDO	MOROLES	MOZQUEDA
MONTEFALCON	MONTOYA	MOREIDA	MOROLEZ	MUCALA
MONTEJANO	MONTOYO	MOREIRAS	MORON	MUCINO
MONTEJO	MONTUFAR	MOREJON	MORONES	MUDAFORT
MONTELLANO	MONTUYA	MORELES	MORONEZ	MUELA
MONTELONGO	MONZON	MORELION	MOROYOQUI	MUELAS
MONTEMAJOR	MOQUETE	MORELLON	MORQUECHO	MUENTES
MONTEMAYOR	MOQUINO	MORELO	MORQUEZ	MUGA
MONTENEGRO	MORA	MORELOS	MORRAS	MUGARTEGUI

APPENDIX E
CENSUS LIST OF SPANISH SURNAMES

MUGERZA	MUNOZ	MUSQUIZ	NAREZO	NAVEIRAS
MUGICA	MUNOZCANO	MUSTELIER	NARINO	NAVEJA
MUGUERCIA	MUNQUIA	MUTIO	NARIO	NAVEJAR
MUGUERZA	MUNTANER	MUXART	NARONJO	NAVEJAS
MUGUIRO	MURADAS	MUXO	NARRANJO	NAVERAN
MUIL	MURADAZ	MUZAURIETA	NARRO	NAVIA
MUINA	MURADO	MUZQUIZ	NARVAES	NAVIDAD
MUINAS	MURADA	NABA	NARVAEZ	NAVO
MUINO	MURAIRA	NABARRETE	NARVAIS	NAVODA
MUINOS	MURALLES	NABARRETTE	NARVAIZ	NAYA
MUIRRAGUI	MURANE	NABAYAN	NARVAREZ	NAYARES
MUIS	MURATALLA	NABETA	NARVARTE	NAZABAL
MUJICA	MURAVEZ	NACER	NATAL	NAZARIO
MULERO	MURCIA	NACHON	NATERA	NAZCO
MULET	MURCIANO	NACIANCENO	NATERAS	NAZUR
MULGADO	MURCIO	NADAL	NATIVIDAD	NEBLINA
MUNA	MURGA	NAFARRATE	NAVA	NEBREDAS
MUNANA	MURGADO	NAFARRETE	NAVAIRA	NEBRIDA
MUNARRIZ	MURGUIA	NAGORE	NAVAJAR	NECO
MUNDO	MURIAS	NAJAR	NAVAL	NECOCHEA
MUNECAS	MURIEDAS	NAJARA	NAVALES	NECOECHEA
MUNERA	MURIEL	NAJARES	NAVALLO	NECUZE
MUNERO	MURIENTE	NAJARRO	NAVANJO	NEGRE
MUNET	MURIETTA	NAJERA	NAVAR	NEGREIRA
MUNETON	MURILLO	NALDA	NAVARETE	NEGRET
MUNEZ	MURO	NANDIN	NAVARETE	NEGRETE
MUNGARAY	MUROLAS	NANDINO	NAVAREZ	NEGRETTE
MUNGARRO	MUROS	NANEZ	NAVARIA	NEGRIN
MUNGIA	MUROYA	NAPOLES	NAVARIJO	NEGRON
MUNGUIA	MURRIETA	NARANJO	NAVARR	NEGRONCOLON
MUNILLA	MURRIETTA	NARAVEZ	NAVARRRETE	NEGRONI
MUNIVE	MURRILLO	NARBAIZ	NAVARRRETTE	NEGUERUELA
MUNIVEZ	MURSULI	NARCHO	NAVARRRO	NEIRA
MUNIZ	MURUA	NARCIA	NAVAS	NEITO
MUNNE	MURUAGA	NAREDO	NAVEDA	NEIVES
MUNOA	MURUATO	NARES	NAVEDO	NEJAR
MUNOS	MUSQUEZ	NAREZ	NAVEIRA	NERADA

APPENDIX E
CENSUS LIST OF SPANISH SURNAMES

NEREY	NISTAL	NORAT	NUNO	OCHINERO
NERIA	NIVAL	NORDA	NUNTEZ	OCHIPA
NERIO	NIVAR	NORDELLA	OAXACA	OCHOA
NERIOS	NIVES	NORDELO	OBALLE	OCHOS
NERIS	NIZ	NOREIGA	OBALLES	OCHOTERENA
NERVAIS	NOA	NORENA	OBANDO	OCHOTORENA
NEVARES	NOBARA	NORERO	OBARRIO	OCON
NEVAREZ	NOBIDA	NORIA	OBAS	ODAMA
NEVARREZ	NOBOA	NORIEGA	OBAYA	ODIO
NEYRA	NOBREGAS	NORIEGO	OBERA	ODRIOZOLA
NIALS	NOCAS	NORIZ	OBESO	OFARRILL
NIAVE	NOCEDA	NORMANDIA	OBEZO	OFERRAL
NIAVES	NOCEDAL	NORONA	OBIEDO	OGALDEZ
NIAVEZ	NOCHE	NORTE	OBISPO	OGANDO
NICACIO	NOCHERA	NORZAGARAY	OBLEA	OGARRIO
NICASIO	NODAL	NOVALES	OBLEDO	OGARRO
NICOT	NODAR	NOVAS	OBLIGACION	OGAS
NIDEZ	NODARSE	NOVELA	OBRADOR	OGAZ
NIDO	NOGALES	NOVELO	OBREGON	OGUENDO
NIEBLA	NOGARE	NOVEMBRE	OCA	OGUETE
NIEBLAS	NOGUE	NOVIAN	OCACIO	OHIGGINS
NIEGO	NOGUEDA	NOVILLO	OCADIZ	OJEDA
NIELES	NOGUEIRAS	NOVO	OCAMPO	OJINAGA
NIETO	NOGUELLES	NOVOA	OCAMPOS	OJITO
NIEVA	NOGUER	NOYA	OCANA	OLABARRIA
NIEVE	NOGUERA	NOYAS	OCANAS	OLABARRIETA
NIEVES	NOGUERAS	NOYOLA	OCANO	OLACHEA
NIEVEZ	NOGUES	NUANES	OCANTO	OLAECHEA
NIEZ	NOGUEZ	NUANEZ	OCARANZA	OLAETA
NIGAGLIONI	NOLASCO	NUCHE	OCARIZ	OLAEZ
NIGOS	NOLINE	NUEVO	OCARIZA	OLAGE
NILA	NOLLA	NUEZ	OCASIO	OLAGUE
NIN	NOMBRANA	NUIN	OCEGUEDA	OLAGUES
NINA	NOMBRANO	NUMEZ	OCEGUERA	OLAGUEZ
NINO	NOPERI	NUNCIO	OCEJO	OLAGUIBEL
NIRA	NORALES	NUNEZ	OCEQUEDA	OLAIS
NISPEROS	NORALEZ	NUNGARAY	CHEA	OLAIZ

APPENDIX E
CENSUS LIST OF SPANISH SURNAMES

OLALDE	OLIVAROS	OLVEDO	ORATE	ORIGEL
OLALLA	OLIVARRI	OLVEIRA	ORBAY	ORIGINALES
OLAQUE	OLIVARRIA	OLVERA	ORBEA	ORIHUELA
OLAQUEZ	OLIVAS	OLVEZ	ORBEGOZO	ORIJEL
OLARTE	OLIVENCIA	OMAECHEVARRIA	ORCA	ORIQUE
OLASCOAGA	OLIVERA	OMANA	ORCASITAS	ORISIO
OLASCUAGA	OLIVERAS	OMS	ORDAZ	ORITIZ
OLAVARRI	OLIVERAZ	ONATE	ORDENANA	ORITZ
OLAVARRIA	OLIVERES	ONDARO	ORDENER	ORIVE
OLAVARRIETA	OLIVEREZ	ONDARZA	ORDENES	ORIZAGA
OLAVE	OLIVERO	ONDOY	ORDENEZ	ORJALES
OLAYA	OLIVEROS	ONDREAS	ORDIALES	ORJUELA
OLAYO	OLIVES	ONDRIAS	ORDINARIO	ORNELAS
OLAZABA	OLIVIAS	ONGANIA	ORDONES	ORNELAZ
OLAZABAL	OLIVIS	ONGAY	ORDONEZ	ORNELES
OLAZAGASTI	OLIVO	ONOFRE	ORDONO	OROBIO
OLAZARAN	OLIVOS	ONOZ	ORDOQUI	OROL
OLBA	OLLACA	ONSUREZ	ORDORICA	ORONA
OLBERA	OLLERBIDEZ	ONTANEDA	ORDOVER	ORONoz
OLBES	OLLERVIDES	ONTIBEROZ	ORDUNA	OROPESA
OLDRATE	OLLERVIDEZ	ONTIVERAS	ORDUNEZ	OROPEZA
OLEA	OLLIVARES	ONTIVERO	ORDUNO	OROSA
OLEAS	OLLOQUE	ONTIVEROS	OREGEL	OROSCO
OLETA	OLLOQUI	ONTIVEROZ	OREJEL	OROZ
OLGIN	OLME	OPIO	ORELLANA	OROZCO
OLGUIN	OLMEDA	OPORTO	ORELLANO	OROZEO
OLIBARES	OLMEDO	OQUENDO	ORENDAIN	ORPILLA
OLIBAREZ	OLMO	OQUITA	ORENGO	ORPINEL
OLIBARRIA	OLMOS	ORABUENA	ORENSE	ORQUIZ
OLIDE	OLMOZ	ORACION	ORETEGA	ORRACA
OLIU	OLONA	ORAMA	ORETGA	ORRADRE
OLIVA	OLONIA	ORAMAS	ORFILA	ORRANTE
OLIVAN	OLONO	ORANA	ORGANISTA	ORRANTIA
OLIVAR	OLORTEGUI	ORANDAY	ORGE	ORREGO
OLIVARE	OLQUIN	ORANTE	ORIA	ORRIOLA
OLIVARES	OLTIVERO	ORANTES	ORIBA	ORRIOLS
OLIVAREZ	OLVEDA	ORANTEZ	ORIBE	ORSABA

APPENDIX E
CENSUS LIST OF SPANISH SURNAMES

ORSUA	OSÉS	OVALLE	PACHECO	PAGUAGA
ORTA	OSETE	OVALLES	PACHELO	PAGUIO
ORTAL	OSIO	OVALLEZ	PACHEO	PAHISSA
ORTAS	OSLE	OVANDO	PACHERO	PAIACIOS
ORTEG	OSNAYA	OVARES	PACHICANO	PAIRADA
ORTEGA	OSO	OVIDA	PACHO	PAIRIS
ORTEGAS	OSOLLO	OVIDO	PACHON	PAIZ
ORTEGON	OSONA	OXIOS	PACHUCA	PAJARITO
ORTES	OSORIA	OYACA	PACIAS	PAJARO
ORTEZ	OSORIO	OYAGUE	PACIFICAR	PAJUELO
ORTIGAS	OSORNIA	OYANGUREN	PACILLAS	PALACIES
ORTIGOSA	OSORNIO	OYARBIDE	PACIN	PALACIO
ORTIGOZA	OSORNO	OYARZABAL	PACINA	PALACIOS
ORTIVEZ	OSPINA	OYARZUN	PACO	PALADINES
ORTIVIZ	OSPINO	OYAS	PADDILLA	PALAFOS
ORTIZ	OSPITAL	OYERBIDES	PADER	PALAFX
ORTIZYPINO	OSSA	OYERVIDES	PADIA	PALAGANAS
ORTOLAZA	OSSORGIN	OYERVIDEZ	PADIAL	PALAMO
ORTUNIO	OSSORIO	OYOLA	PADIAS	PALASOTA
ORTUNO	OSTEGUIN	OYOQUE	PADIERNA	PALATO
ORTUZAR	OSTIGUIN	OYUELA	PADILL	PALAU
ORUE	OSTIQUIN	OZAETA	PADILLA	PALAZON
ORUNA	OSTOLAZA	OZETA	PADILLIA	PALAZUELOS
ORVANANOS	OSTOS	OZORES	PADILLO	PALENCIA
ORZA	OSUNA	OZORIA	PADIN	PALENZUELA
ORZABAL	OTANEZ	OZORNIA	PADOR	PALEO
ORZO	OTANO	OZUNA	PADRES	PALGON
OSA	OTAZO	OZUNIGA	PADRINO	PALICIO
OSANO	OTEGUI	PABEY	PADRO	PALITOS
OSCOS	OTEIZA	PABLICO	PADRON	PALIZO
OSCOY	OTEO	PABLO	PADUA	PALLAIS
OSEDA	OTERA	PABLOS	PAEZ	PALLAN
OSEGUEDA	OTERO	PABON	PAGAN	PALLANES
OSEGUERA	OTHON	PABROS	PAGANRIVERA	PALLANEZ
OSEJO	OTI	PACHARZINA	PAGES	PALLARES
OSELIO	OTONDO	PACHEC	PAGOLA	PALLAREZ
OSEQUERA	OVADIA	PACHECANO	PAGON	PALLEJA

APPENDIX E
CENSUS LIST OF SPANISH SURNAMES

PALLENS	PANCORBO	PARAYNO	PARTIDA	PAYERO
PALLOT	PANDAL	PARAYUELOS	PARTIDO	PAZ
PALMARES	PANDAS	PARAZO	PASADA	PAZMINO
PALMAREZ	PANDES	PARCES	PASAMONTE	PAZOS
PALMARIN	PANDO	PARDAVE	PASANTES	PECARO
PALMAS	PANDURO	PARDILLO	PASARELL	PECELUNAS
PALMEIRO	PANELO	PARDINAS	PASARET	PECERO
PALMERIN	PANENO	PARDO	PASARIN	PECHERO
PALMEROS	PANEQUE	PARDOS	PASCACIO	PECINA
PALOMA	PANERO	PARDUCHO	PASCUAL	PECOS
PALOMAR	PANETO	PAREDES	PASCUALI	PEDEVILLA
PALOMARES	PANIAGUA	PAREDEZ	PASENA	PEDRAJA
PALOMAREZ	PANIAQUA	PAREIRA	PASILLAS	PEDRAS
PALOMEQUE	PANIZ	PAREJA	PASOLS	PEDRAYES
PALOMERA	PANOPIO	PARELLADA	PASOS	PEDRAZ
PALOMIN	PANTA	PARERA	PASSAPERA	PEDRAZA
PALOMINO	PANTAJA	PARES	PASTORA	PEDRE
PALOMINOS	PANTALEON	PARETS	PASTORIZA	PEDREGAL
PALOMO	PANTIGA	PAREYA	PASTRAN	PEDREGO
PALOP	PANTIN	PAREZ	PASTRANA	PEDREGON
PALOS	PANTLEO	PARGA	PASTRANO	PEDREGUERA
PALOU	PANTOJA	PARGAS	PATINA	PEDREIRA
PAMANES	PANTOJAS	PARIZ	PATINO	PEDREIRO
PAMARAN	PANTOYA	PAROCUA	PATLAN	PEDRERA
PAMBLANCO	PANTUSA	PARQUE	PATRANELLA	PEDRERO
PAMIAS	PANUCO	PARRA	PATRON	PEDRIANES
PAMINTUAN	PANZARDI	PARRADO	PAUDA	PEDRINO
PAMPIN	PANZIERA	PARRAGA	PAULA	PEDROCHE
PAMPLONA	PARACHE	PARRAL	PAULLADA	PEDROGO
PANALES	PARADA	PARRALES	PAVEDES	PEDROLA
PANALEZ	PARADEDADA	PARRAS	PAVILA	PEDROSA
PANAMA	PARADELA	PARRAZ	PAVON	PEDROSO
PANAMENO	PARADELO	PARRENO	PAYAN	PEDROZA
PANARISO	PARADES	PARRIERA	PAYANO	PEGO
PANCEGRAN	PARADEZ	PARRILLA	PAYARES	PEGODA
PANCHANA	PARAMO	PARRONDO	PAYAS	PEGUERO
PANCHO	PARAPAR	PARTAGAS	PAYEN	PEGUEROS

APPENDIX E
CENSUS LIST OF SPANISH SURNAMES

PEINADO	PENON	PEREYRA	PESCADO	PIMIENTA
PEIRO	PENSADO	PEREZ	PESCADOR	PIMIENTO
PELACHE	PENUELA	PEREZA	PESINA	PIMINTEL
PELAEZ	PENUELAS	PEREZCANO	PESQUEDA	PINA
PELAIZ	PENUELAZ	PEREZCHICA	PESQUEIRA	PINADEARCOS
PELALLO	PENUNURI	PEREZCOLON	PESQUERA	PINAL
PELATA	PEON	PEREZDEALEJO	PESQUIERA	PINALES
PELAYO	PEPERAS	PEREZDELRIO	PEYDRO	PINALEZ
PELEGRINA	PEPITO	PEREZDIAZ	PEYNADO	PINARES
PELLECER	PEQUENO	PEREZGONZALEZ	PEYRO	PINCAY
PELLERANO	PEQUERO	PEREZJIMENEZ	PEZA	PINEDA
PELLICIER	PERAL	PEREZLOPEZ	PEZEZ	PINEDO
PELLOT	PERALES	PEREZMENDEZ	PEZINA	PINEIRA
PELUFFO	PERALEZ	PEREZMONTES	PIARD	PINEIRO
PENA	PERALTA	PEREZRAMOS	PICALLO	PINELA
PENABAD	PERALTO	PERFECTO	PICAR	PINELO
PENADO	PERATIS	PERFINO	PICART	PINERA
PENAFIEL	PERAZA	PERICAS	PICASCIA	PINERO
PENAFLOR	PERCHES	PERLAS	PICASO	PINEROS
PENAFLOIDA	PERCHEZ	PERMUY	PICAZO	PINEY
PENAGARZA	PERDICES	PERNAS	PICENO	PINEYRO
PENAHERRERA	PERDIDO	PEROLDO	PICHARDO	PINGARRON
PENALBA	PERDIGON	PEROZO	PICO	PINIELLA
PENALES	PERDOMO	PERRES	PICON	PINILLA
PENALO	PEREA	PERRIRAZ	PICOS	PINILLO
PENALOSA	PEREDA	PERTIERRA	PIEDAD	PINILLOS
PENALOZA	PEREDIA	PERU	PIEDRA	PINO
PENALVER	PEREDO	PERUMEAN	PIEDRAHITA	PINOL
PENALVERT	PEREGRINA	PERUSINA	PIEDRAS	PINON
PENANO	PEREGRINO	PERUSQUIA	PIELAGO	PINONES
PENARANDA	PEREIDA	PERUYERA	PIERAS	PINTADO
PENATE	PEREIRO	PERUYERO	PIJUAN	PINTOR
PENDAS	PERELES	PERVEZ	PILA	PINTOS
PENEZ	PERERA	PERYATEL	PILAR	PINUELA
PENICHE	PERES	PESANTE	PILARTE	PINUELAS
PENICHET	PEREYDA	PESANTES	PILLADO	PINZON
PENILLA	PEREYO	PESANTEZ	PILOTO	PIOQUINTO

APPENDIX E
CENSUS LIST OF SPANISH SURNAMES

PIQUERO	PLASCENCIA	POMELEO	PORTUGAL	PRESAS
PIREZ	PLASENCIA	POMPA	PORTUGUES	PRESIADO
PIRINEA	PLASENCIO	PONCABARE	PORTUGUEZ	PRESNO
PIRIS	PLATA	PONCE	PORTUONDO	PRESTAMO
PIRIZ	PLATAMONE	PONCEDELEON	POSADA	PREZAS
PIS	PLATAS	PONCHO	POSADAS	PRIDA
PISANA	PLATERO	PONCIANO	POSAS	PRIEDE
PISENO	PLAZA	PONCIO	POSO	PRIEGO
PISONERO	PLAZAS	PONSDOMENECH	POSOS	PRIEGUEZ
PITA	PLAZOLA	PONZOA	POSTIGO	PRIETO
PITALUGA	PLIEGO	PORATA	POSTIL	PRIMELLES
PITARCH	PLUMA	PORCAYO	POTESTAD	PRIMERA
PITONES	PLUMAS	PORCHAS	POUGES	PRIMERO
PITRONES	PLUMEDA	PORCHO	POUSA	PRIO
PIZANA	PLUMEY	PORDIA	POVEDA	PROA
PIZANO	POBAR	PORFIL	POVENTUD	PROANO
PIZARO	POBLANO	PORLAS	POVIONES	PROCEL
PIZARRA	POBLETE	PORRAS	POYORENA	PROCELA
PIZARRO	POBRE	PORRATA	POZA	PROCSAL
PIZULA	PODILLA	PORRAZ	POZAS	PROENZA
PLA	POEY	PORRERO	POZERO	PROHIAS
PLACENCIA	POGAN	PORRES	POZO	PROO
PLACENCIO	POLA	PORROS	POZOS	PROVENCIO
PLACENSIA	POLACO	PORTAL	POZUELOS	PROVEYER
PLACENTIA	POLANCO	PORTALATIN	PRADAS	PRUDENCIO
PLACERES	POLENDO	PORTALES	PRADERE	PRUNA
PLAJA	POLIDURA	PORTALEZ	PRADIA	PRUNEDA
PLANA	POLINA	PORTELA	PRADO	PRUNES
PLANAS	POLITRON	PORTELLES	PRAT	PUBILL
PLANCARTE	POLLERANA	PORTES	PRATS	PUBILLONES
PLANCENCIA	POLLORENO	PORTIELES	PRATTS	PUCHADES
PLANELL	POLVADO	PORTILLA	PRECIADO	PUEBLA
PLANELLAS	POMALE	PORTILLO	PRELLEZO	PUELLA
PLANES	POMALES	PORTILLOS	PRENDES	PUELLO
PLANOS	POMARES	PORTOCARRERO	PRENDEZ	PUENTE
PLANTILLAS	POMAREZ	PORTOLAN	PRENDIZ	PUENTES
PLANTO	POMBROL	PORTORREAL	PRESA	PUENTEZ

APPENDIX E
CENSUS LIST OF SPANISH SURNAMES

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

APPENDIX E
CENSUS LIST OF SPANISH SURNAMES

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

APPENDIX E
CENSUS LIST OF SPANISH SURNAMES

REVOLLEDO	RIBAS	RINAURO	RIVADULLA	ROBELDO
REVOREDO	RIBERA	RINCHE	RIVALE	ROBELO
REVUELTA	RIBERAL	RINCON	RIVALI	ROBLAS
REVUELTAS	RIBERAS	RINCONENO	RIVARES	ROBLEDA
REXACH	RIBOT	RINCONES	RIVAROLA	ROBLEDO
REY	RIBOTA	RINGLERO	RIVAS	ROBLEJO
REYEROS	RICABAL	RIOBO	RIVAZ	ROBLERO
REYERS	RICALDE	RIOCABO	RIVEIRA	ROBLES
REYES	RICANO	RIOFRIO	RIVEIRO	ROBLETO
REYESPEREZ	RICARDEZ	RIOJA	RIVERA	ROBLEZ
REYESRODRIGUEZ	RICARDO	RIOJAS	RIVERACOLON	ROBREDO
REYEZ	RICART	RIOJAZ	RIVERACRUZ	ROCA
REYGADAS	RICARTE	RIOJOS	RIVERADIAZ	ROCAFORT
REYNA	RICHARTE	RIOLLANO	RIVERALUGO	ROCAFUERTE
REYNADO	RICHIEZ	RIONDA	RIVERAPEREZ	ROCAMONTES
REYNAGA	RICHINA	RIOPEDRE	RIVERARIVERA	ROCAMONTEZ
REYNALDO	RICO	RIOS	RIVERAS	ROCERO
REYNALDOS	RICONDO	RIOSECO	RIVERIA	ROCES
REYNERO	RIDRIGUEZ	RIOSESPINOZA	RIVERO	ROCHA
REYNEROS	RIEDO	RIOSFLORES	RIVEROL	ROCHAS
REYNOS	RIEGA	RIOSMARTINEZ	RIVEROLL	ROCHES
REYNOSA	RIEGO	RIOSPEREZ	RIVERON	ROCHIN
REYNOSO	RIEGOS	RIOZ	RIVEROS	ROCHOA
REYNOZA	RIERA	RIPALDA	RIVERRA	ROCIO
REYNOZO	RIERAS	RIPES	RIVIERO	RODADO
REYO	RIESCO	RIPOL	RIZO	RODALLEGAS
REYOS	RIESGO	RIPOLL	ROA	RODARTE
REZA	RIESTRA	RIPOLLES	ROACHO	RODAS
REZENDEZ	RIGAL	RIQUELME	ROANO	RODEA
RIALI	RIGALES	RIQUERO	ROBAINA	RODELA
RIANCHO	RIGAU	RISQUET	ROBALI	RODELAS
RIANDA	RIGUAL	RISUENO	ROBALIN	RODELO
RIAVE	RIGUERA	RIUS	ROBALINO	RODNA
RIAZA	RIGUERO	RIUSECH	ROBAU	RODENAS
RIBADENEIRA	RIJO	RIVADA	ROBAYNA	RODERO
RIBAL	RIJOS	RIVADENEIRA	ROBAYO	RODEZ
RIBALTA	RIMBLAS	RIVADENEYRA	ROBEDA	RODGRIGUEZ

APPENDIX E
CENSUS LIST OF SPANISH SURNAMES

RODICIO	ROGANS	ROMIRO	ROSENEY	RUBALACA
RODIGUEZ	ROGERIO	ROMO	ROSERO	RUBALCABA
RODIL	ROGES	ROMOS	ROSES	RUBALCADA
RODILES	ROGRIGUEZ	ROMPAL	ROSETE	RUBALCADO
RODIQUEZ	ROGUE	RON	ROSILES	RUBALCAUA
RODIRGUEZ	ROHENA	RONCES	ROSILEZ	RUBALCAVA
RODREGUEZ	ROIBAL	RONDA	ROSILLO	RUBERO
RODRGUEZ	ROIDE	RONDAN	ROSITAS	RUBERTE
RODRIG	ROIG	RONDERO	ROSQUETE	RUBI
RODRIGEUZ	ROIS	RONDEZ	ROSTRO	RUBIA
RODRIGEZ	ROIZ	RONDON	ROTEA	RUBIALES
RODRIGIEZ	ROJA	RONGAVILLA	ROTELA	RUBIANES
RODRIGNEZ	ROJANO	RONJE	ROTGER	RUBIANO
RODRIGOEZ	ROJAS	RONQUILLO	ROUCO	RUBIDO
RODRIGS	ROJEL	ROQUE	ROURA	RUBIELLA
RODRIGU	ROJERO	ROQUENI	ROURE	RUBIERA
RODRIGUEA	ROJES	ROQUERO	ROVAYO	RUBILDO
RODRIGUERA	ROJO	ROQUETA	ROVERA	RUBINOS
RODRIGUEZ	ROJOS	ROS	ROVIRA	RUBIO
RODRIGUEZMARTIN	ROLDAN	ROSA	ROVIROSA	RUBIOLA
EZ	ROLDON	ROSABAL	ROXAS	RUCIO
RODRIGUEZS	ROLDOS	ROSADA	ROYBAL	RUCOBO
RODRIGUIEZ	ROLON	ROSADO	ROYBALL	RUEDA
RODRIGUIZ	ROMAGOSA	ROSAL	ROYBOL	RUEDAFLORES
RODRIGUZ	ROMAGUERA	ROSALES	ROYERO	RUEDAS
RODRIQUEZ	ROMANDIA	ROSALESDELRIO	ROYO	RUELAS
RODRIQUEZ	ROMANES	ROSALEZ	ROYOS	RUELAZ
RODRIUENZ	ROMANEZ	ROSALY	ROYVAL	RUELOS
RODRIUENZ	ROMANILLOS	ROSARIA	ROZADA	RUEMPPEL
RODRIZUEZ	ROMAY	ROSARIO	ROZALES	RUENES
RODROGUEZ	ROMAYOR	ROSARODIAZ	ROZO	RUESGA
RODRUGUEZ	ROMERA	ROSARO	RUACHO	RUEZGA
RODRUQUEZ	ROMERO	ROSAS	RUALES	RUFAT
RODUGUEZ	ROMEROS	ROSELI	RUALO	RUFFENO
RODULFO	ROMEU	ROSELLO	RUANO	RUFIN
RODZ	ROMEZ	ROSELLON	RUANO	RUGAMA
ROEL	ROMIREZ	ROSENDO	RUAS	RUGARCIA

APPENDIX E
CENSUS LIST OF SPANISH SURNAMES

RUGERIO	SABATES	SAGARNAGA	SALAVARRIETA	SALINAZ
RUIBAL	SABEDRA	SAGARO	SALAVERRIA	SALINOS
RUIDAS	SABI	SAGARRA	SALAYA	SALIVA
RUIDIAZ	SABICER	SAGAS	SALAYANDIA	SALIVAS
RUILOBA	SABIDO	SAGASTA	SALAZ	SALIZ
RUISANCHEZ	SABINES	SAGASTEGUI	SALAZA	SALIZAR
RUISECO	SABLATURA	SAGASTUME	SALAZAN	SALLES
RUIZ	SABOGAL	SAGRADO	SALAZAR	SALMERON
RUIZCALDERON	SABORI	SAGREDO	SALBATO	SALMINA
RUIZCASTANEDA	SABORIDO	SAGRERO	SALCEDA	SALMONES
RUIZDEESPARZA	SABORIO	SAGUN	SALCEDO	SALORT
RUIZDELVIZO	SABORIT	SAHAGUN	SALCIDA	SALOS
RUIZE	SABOYA	SAIJO	SALCIDO	SALSA
RUIZESPARZA	SABRES	SAILAS	SALCINES	SALSAMEDA
RUIZZ	SABROSO	SAINA	SALDAMA	SALSEDO
RUL	SABUGO	SAINEZ	SALDAMANDO	SALSIDO
RULLAN	SACA	SAINZ	SALDANA	SALTARES
RUMAYOR	SACARELLO	SAIS	SALDANO	SALTERO
RUMBAUT	SACASAS	SAIZ	SALDARRIAGA	SALTOS
RUTIAGA	SACERIO	SAIZA	SALDATE	SALUDES
RUTIZ	SACOS	SALABARRIA	SALDEZ	SALUMBIDES
RUVALCABA	SACRISTAN	SALABERRIOS	SALDIERNA	SALVACION
RUVALCAVA	SADA	SALACAN	SALDIVAR	SALVARIA
RUVIRA	SADES	SALADO	SALDONA	SALVARREY
RUYBAL	SADULE	SALAETS	SALDUA	SALVAT
RUYBALID	SAEDA	SALAIRES	SALEGUI	SALVATIERRA
RUYBOL	SAENS	SALAI	SALGADO	SALVIDE
RUZ	SAENZ	SALAISES	SALGADOLUNA	SAMADA
SAA	SAETA	SALAIZ	SALGUEIRO	SAMALA
SAABEDRA	SAEZ	SALAMANCA	SALGUERA	SAMALOT
SAAUEDRA	SAFADY	SALANAS	SALGUERO	SAMANEGO
SAAVEDRA	SAFILLE	SALANO	SALHUANA	SAMANIEGO
SABALA	SAFONT	SALARS	SALIAS	SAMANO
SABALLOS	SAGARA	SALAS	SALIDO	SAMARIO
SABALZA	SAGARDIA	SALASAR	SALINAS	SAMARIPA
SABANDO	SAGARDOY	SALAVARIA	SALINASGARCIA	SAMARO
SABATER	SAGARIBAY	SALAVARRIA	SALINASRAMIREZ	SAMARRIPA

APPENDIX E
CENSUS LIST OF SPANISH SURNAMES

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SAMARRIPAS	SANCHIDRIAN	SANJOSE	SANTELLANA	SAPEDA
SAMARRON	SANCHIZ	SANJUAN	SANTELLANES	SAPENA
SAMAYOA	SANCHO	SANJURJO	SANTELLANO	SAPIEN
SAMBADO	SANCHOYERTO	SANLUCAS	SANTESTEBAN	SAPIENS
SAMBOLIN	SANCHZ	SANMARTIN	SANTEYAN	SAPINOSO
SAMBRANO	SANCIPRIAN	SANMIGUEL	SANTIAG	SARABIA
SAMBUESO	SANDATE	SANMILLAN	SANTIAGO	SARACHAGA
SAMBULA	SANDAVAL	SANNICOLAS	SANTIANA	SARACHO
SAMILPA	SANDAVOL	SANOQUET	SANTIBANES	SARAGOSA
SAMONIEGO	SANDEZ	SANORA	SANTIBANEZ	SARAGOZA
SAMORA	SANDIA	SANPEDRO	SANTIESTEBAN	SARAGUETA
SAMORANO	SANDIEGO	SANQUICHE	SANTIESTEVEAN	SARALEGUI
SAMOT	SANDIGO	SANROMAN	SANTILLAN	SARANTE
SAMPAYAN	SANDOBAL	SANSERINO	SANTILLANA	SARATE
SAMPAYO	SANDOMINGO	SANSORES	SANTILLANES	SARAVIA
SAMPEDRO	SANDOUAL	SANTAANA	SANTILLANEZ	SARCEDA
SAMPERA	SANDOVA	SANTAANNA	SANTILLANO	SARDANETA
SAMPERIO	SANDOVAL	SANTACOLOMA	SANTILLIAN	SARDINAS
SAMTOS	SANDOZ	SANTACRUZ	SANTISTEBAN	SARDUY
SAMUDIA	SANEMETERIO	SANTAELLA	SANTISTEVAN	SARELLANO
SAMUDIO	SANETO	SANTAGO	SANTISTEVEN	SARENANA
SANABIA	SANEZ	SANTALIZ	SANTIVANEZ	SARIA
SANABRIA	SANFELIPE	SANTALLA	SANTIZO	SARIEGO
SANAGUSTIN	SANFELIX	SANTALO	SANTODOMINGO	SARINA
SANAME	SANFELIZ	SANTAMARINA	SANTORINIOS	SARINANA
SANANDRES	SANFIEL	SANTAMATO	SANTOS	SARINAS
SANBARTOLOME	SANFIORENZO	SANTANA	SANTOSCOY	SARIOL
SANBRANO	SANGABRIEL	SANTANDER	SANTOVENA	SARMENTERO
SANCEDO	SANGRE	SANTANDREU	SANTOVENIA	SARMIENTA
SANCEN	SANGUESA	SANTANO	SANTOY	SARMIENTO
SANCHA	SANGUILY	SANTAPAU	SANTOYA	SARMIENTOFLORES
SANCHE	SANGUINO	SANTAROSA	SANTOYO	SARMIENTOS
SANCHEN	SANIN	SANTARRIAGA	SANTURIO	SAROZA
SANCHES	SANINOCENCIO	SANTEIRO	SANUDO	SARQUIS
SANCHEZ	SANJENIS	SANTELICES	SANVICENTE	SARQUIZ
SANCHEZDETAGLE	SANJORGE	SANTELISES	SANZ	SARRACINO
SANCHEZPEREZ	SANJORJO	SANTELLAN	SAPATA	SARRAGA

APPENDIX E
CENSUS LIST OF SPANISH SURNAMES

SARRARAZ	SAYAVEDRA	SEISDEDOS	SEOANE	SERRANO
SARRATEA	SAYGIDIA	SEJA	SEOANES	SERRANTES
SARREAL	SEANEZ	SEJAS	SEPEDA	SERRAT
SARRIA	SEARA	SELAYA	SEPIAN	SERRATA
SARRIERA	SEAVELLO	SELAYANDIA	SEPTIEN	SERRATE
SARTUCHE	SEBALLOS	SELEM	SEPULBEDA	SERRATO
SARZO	SEBEO	SELESTINO	SEPULUEDA	SERRATOS
SARZOZA	SECA	SELGADO	SEPULVEDA	SERRAVILLO
SASPE	SECADA	SELGAS	SEPULVEDO	SERRAVO
SASTRE	SECADES	SELLES	SEPULVIDA	SERRET
SASTURAIN	SECATERO	SELVERA	SEQUEIDA	SERRITOS
SATARAIN	SECO	SEMAYA	SEQUEIRO	SERRONO
SATARAY	SEDA	SEMBERA	SEQUERA	SERROS
SATURNINO	SEDANO	SEMBRANO	SEQUERRA	SERTUCHE
SAUCEDA	SEDENO	SEMEXANT	SEQURA	SERVANTES
SAUCEDO	SEDILLA	SEMEY	SERABALLS	SERVANTEZ
SAUCIDO	SEDILLIO	SEMIDAY	SERABIA	SERVERA
SAUCILLO	SEDILLO	SEMIDEI	SERALENA	SERVILLA
SAUDIA	SEDILLOS	SEMIDEY	SERANTES	SERVILLO
SAUEDRA	SEGANA	SEMINARIO	SERASIO	SERVIN
SAULEDA	SEGARRA	SEMPERTEGUI	SERAYDAR	SESANTO
SAUMA	SEGOBIA	SEMPRE	SERBANTES	SESATE
SAUMELL	SEGONIA	SENA	SERBANTEZ	SESE
SAURA	SEGORIA	SENCION	SERDA	SESMA
SAUREZ	SEGOVIA	SENDEJAR	SERDAS	SESMAS
SAURI	SEGOVIANO	SENDEJAS	SERENIL	SESTEAGA
SAUSAMEDA	SEGRERA	SENDEJO	SERMENO	SESTIAGA
SAUSEDA	SEGUERA	SENDIS	SERMINO	SEVA
SAUSEDO	SEGUI	SENDON	SERNA	SEVALLOS
SAUZA	SEGUNDO	SENDRAL	SERNAS	SEVILLA
SAVALA	SEGURA	SENERIZ	SERRACINO	SEVILLANO
SAVALZA	SEGURE	SENJUDO	SERRADELL	SEVILLO
SAVEDRA	SEGUROLA	SENOSIAIN	SERRADO	SEXTO
SAVELLANO	SEGUY	SENQUIZ	SERRALLES	SEZATE
SAVINON	SEIJAS	SENTENA	SERRALTA	SEZUMAGA
SAVORILLO	SEIJO	SENTENO	SERRAND	SIACA
SAYAGO	SEIN	SENTMANAT	SERRANIA	SIADOR

APPENDIX E
CENSUS LIST OF SPANISH SURNAMES

SIANEZ	SILLER	SIVERIO	SOLENO	SORBA
SIAZ	SILLERO	SIXTO	SOLER	SORDIA
SIBAJA	SILOS	SIXTOS	SOLERA	SORDO
SIBERIO	SILOT	SOBA	SOLERO	SORIA
SIBERON	SILQUERO	SOBALVARRO	SOLIS	SORIANO
SIBRIAN	SILVARREY	SOBERAL	SOLISGARZA	SORIENO
SICAIROS	SILVAS	SOBERANES	SOLIVA	SORIO
SICARDO	SILVERIO	SOBERANEZ	SOLIVAN	SORNOSO
SICRE	SILVESTRE	SOBERANIS	SOLIZ	SOROA
SIDA	SILVESTRY	SOBERON	SOLONO	SOROLA
SIEDO	SILVEYRA	SOBRADO	SOLORIO	SORONDO
SIERRA	SIMENTAL	SOBREMONTTE	SOLORSANO	SORRANO
SIERRAS	SIMENTEL	SOBRERO	SOLORZA	SORROCHE
SIERRO	SIMIANO	SOBREVILLA	SOLORZANO	SORTILLON
SIERZE	SINTAS	SOBRIN	SOLOZABAL	SORZANO
SIFONTE	SIORDIA	SOBRINO	SOLSONA	SOSA
SIFONTES	SIPRIAN	SOCA	SOLTERO	SOSAPAVON
SIFRE	SIPULA	SOCARRAS	SOMANO	SOSAYA
SIFUENTES	SIQUEIDO	SOCAS	SOMARRIBA	SOSIAS
SIFUENTEZ	SIQUEIRO	SOCIAS	SOMAVIA	SOSTRE
SIFVENTES	SIQUEIROS	SOCORRO	SOMBRA	SOTA
SIGALA	SQUEROS	SODOY	SOMOANO	SOTELLO
SIGALES	SQUIEROS	SOEGAARD	SOMODEVILLA	SOTELO
SIGARAN	SIRA	SOJO	SOMOHANO	SOTERAS
SIGARROA	SIRET	SOL	SOMONTE	SOTERO
SIGUA	SIRIAS	SOLACHE	SOMOZA	SOTILLO
SIGUEIROS	SIRIO	SOLANILLA	SONABRIA	SOTO
SIGUENZA	SIRO	SOLANO	SONCHAR	SOTOLONGO
SILBAS	SISNERO	SOLARES	SONCHEZ	SOTOMAYER
SILERIO	SISNEROS	SOLAREZ	SONERA	SOTOMAYOR
SILGERO	SISNEROZ	SOLARIO	SONICO	SOTORRIO
SILGUERO	SISNIEGAS	SOLARZANO	SONOQUI	SOTRO
SILIEZAR	SISTOS	SOLAUN	SONORA	SOTTO
SILLANO	SITAL	SOLDEVILA	SOPENA	SOTTOSANTO
SILLART	SITJAR	SOLDEVILLA	SOQUI	SOTURA
SILLAS	SIURANO	SOLED	SOR	SOTUYO
SILLEN	SIVA	SOLEDAD	SORATOS	SOUCHET

APPENDIX E
CENSUS LIST OF SPANISH SURNAMES

SOUFFRONT	SULIVERES	TABERAS	TALAMENTEZ	TAPORCO
SOURINA	SULLANO	TABERNERO	TALANA	TARABINO
SOVERANEZ	SULPACIO	TABIO	TALANCON	TARACENA
SOZA	SULSONA	TABIZON	TALAVERA	TARAFÁ
SPINDOLA	SUMALLA	TABLADA	TALLABAS	TARAGON
SUARE	SUMAYA	TABLADO	TALLAVAS	TARAILO
SUARES	SUMBERA	TABOADA	TALLEDA	TARAJANO
SUAREZ	SUMBERAZ	TABOAS	TALLEDO	TARAMASCO
SUASTE	SUNE	TABORA	TALLERINO	TARANCO
SUASTEGUI	SUNER	TABORDA	TAMAME	TARANGO
SUAVEZ	SUNICA	TABRAUE	TAMARES	TARAZON
SUAZO	SUNIGA	TABUENA	TAMAREZ	TARAZONA
SUBEALDEA	SUQUET	TABUENCA	TAMARGO	TARBES
SUBEDAR	SUREDA	TABULLO	TAMARIT	TARGA
SUBEGA	SURIA	TACHIAS	TAMARIZ	TARIN
SUBELDIA	SURILLO	TACHIQUIN	TAMAYA	TARNAVA
SUBES	SURINACH	TACORDA	TAMAYO	TARRAGO
SUBIA	SURIS	TACORONTE	TAMBARA	TARRANGO
SUBIAS	SURITA	TADEO	TAMBUNGA	TARRATS
SUBIDO	SURO	TAFFOLLA	TAMERON	TARRAU
SUBIRANA	SUROS	TAFOLA	TAMEZ	TARRAZA
SUBIRIAS	SUSANA	TAFOLLA	TAMGUMA	TARRIDE
SUCO	SUSTACHE	TAFORO	TANCHEZ	TARULA
SUDARIA	SUSTAETA	TAFOYA	TANCO	TASABIA
SUEIRAS	SUSTAITA	TAGABAN	TANDA	TATIS
SUEIRO	SUSTAYTA	TAGANAS	TANFORAN	TAVALES
SUELA	SUSURAS	TAGLE	TANGUMA	TAVAR
SUELTO	SWAZO	TAGUDAR	TANON	TAVAREZ
SUENGAS	TABADA	TAJES	TANORI	TAVERA
SUERA	TABALDO	TALABERA	TANTAO	TAVERAS
SUEREZ	TABALES	TALACHE	TANUZ	TAVIRA
SUERO	TABANA	TALAMANTE	TAPANES	TAVISON
SUESCUN	TABANICO	TALAMANTES	TAPETILLO	TAVITAS
SUEYRAS	TABARES	TALAMANTEZ	TAPIA	TAVIZON
SUGRANES	TABAREZ	TALAMAS	TAPIAS	TAVORA
SUINA	TABBADA	TALAMENTE	TAPICERIA	TAYABAS
SULAICA	TABERA	TALAMENTES	TAPIZ	TEBA

APPENDIX E
CENSUS LIST OF SPANISH SURNAMES

TEBAQUI	TEMPRANA	TERUSA	TIXIER	TORANZO
TEBAR	TENA	TERVINO	TIZNADO	TORDESILLAS
TEHAS	TENARIO	TERZADO	TIZOL	TORENO
TEIJEIRO	TENAS	TESILLO	TOBAL	TORIBIO
TEIJIZ	TENERIAS	TEVERE	TOBAR	TORICES
TEIJO	TENERIO	TEXCAHUA	TOBARES	TORIJANO
TEISSONNIERE	TENES	TEXIDOR	TOBAS	TORIZ
TEIXIDOR	TENEYUCA	TEYECHEA	TOBILLA	TORMES
TEJADA	TENEYUQUE	TEZCUCANO	TOBON	TORMOS
TEJAS	TENIENTE	TEZINO	TOCA	TORNEL
TEJEDA	TENORIA	THILLET	TOFOYA	TORNERO
TEJEDAS	TENORIO	TIA	TOGAR	TORO
TEJEDO	TEPERA	TIBALDEO	TOGORES	TORQUEMADA
TEJEDOR	TEPEZANO	TIBLJAS	TOIMIL	TORRADO
TEJEIRO	TEPOSTE	TIBON	TOJEIRA	TORRALBA
TEJERA	TEQUIDA	TIBURCIO	TOJEIRO	TORRALBAS
TEJERAS	TERAN	TICO	TOLANO	TORRALES
TEJERINA	TERCERO	TIENDA	TOLEDANO	TORRALVA
TEJERO	TERCEROS	TIJERINA	TOLEDO	TORRANO
TEJIDOR	TERCILLA	TIJERINO	TOLENTINO	TORREBLANCA
TEJO	TERMINEL	TIJERO	TOLLARDO	TORRECH
TELAS	TERON	TINAJERO	TOLOSA	TORRECILLA
TELAVERA	TERRADO	TINAZA	TOLOZA	TORRECILLAS
TELLADO	TERRASA	TINEO	TOLSA	TORREGROSA
TELLAECHE	TERRASAS	TINERELLA	TOMADA	TORRELLAS
TELLECHEA	TERRASAZ	TINOCO	TOMAYO	TORRENTERA
TELLERIA	TERRAZA	TIO	TOMELLOSO	TORRES
TELLES	TERRAZAS	TIRADO	TOMEU	TORRESCANO
TELLEZ	TERRERO	TIRADOR	TOMINES	TORRES DIAZ
TELLO	TERREROS	TIRAN	TOPETE	TORRESMARTINEZ
TELLOS	TERRIGUEZ	TIRRE	TOPIA	TORRESOLA
TELON	TERRIQUEZ	TIRRES	TOQUERO	TORRESRODRIGUEZ
TEMBLADOR	TERROBA	TIRREZ	TORAL	TORRESS
TEMBRAS	TERRON	TIRSE	TORALBA	TORREZ
TEMER	TERRONES	TISCARENO	TORALES	TORRICELLA
TEMORES	TERSERO	TISINO	TORANO	TORRIENTE
TEMPO	TERUEL	TISNADO	TORANS	TORRIJOS

APPENDIX E
CENSUS LIST OF SPANISH SURNAMES

TORRIO	TRASOBARES	TRILLAS	TUASON	UBIAS
TORROELLA	TRASPENA	TRILLAYES	TUAZON	UBIDES
TORRON	TRASVINA	TRILLES	TUBENS	UBIERA
TORROS	TRAVAL	TRILLO	TUBON	UBIETA
TORRUELLA	TRAVASO	TRILLOS	TUDELA	UBILES
TORRUELLAS	TRAVERZO	TRIMINO	TUDON	UBILLA
TORTALITA	TRAVIESO	TRINCADO	TUEME	UBINA
TORTES	TREBIZO	TRINCHET	TUERO	UBINAS
TORTILLA	TREFILIO	TRINIDAD	TUFARES	UCEDA
TORUGA	TREGARO	TRIPIS	TULIER	UCETA
TORUNO	TREJO	TRISTAN	TUNCHES	UCHA
TOSA	TREJOS	TRISTE	TUNCHEZ	UCHITA
TOSADO	TRELLES	TRIUNFO	TUNDIDOR	UCHIZONO
TOSAR	TREMILLO	TRIVISO	TUNON	UDABE
TOSSAS	TRENTADO	TRIVIZ	TUR	UDAETA
TOSTA	TRES	TRIVIZO	TURBAY	UDAVE
TOSTADO	TRESPALACIOS	TROCHE	TURBE	UDERO
TOVA	TRETO	TROCHEZ	TURCIOS	UFRACIO
TOVALIN	TREVILLA	TROJILLO	TURIACE	UFRET
TOVANCHE	TREVINA	TRONCOSA	TURINCIO	UGALDE
TOVAR	TREVINIO	TRONCOSO	TURIZO	UGARRIZA
TOVARES	TREVINO	TRONCOZA	TURREY	UGARTE
TOVAREZ	TREVISO	TRONCOZO	TURRIETA	UGARTECHEA
TOVIAS	TREVIZO	TROYA	TURRIETTA	UGUES
TOYA	TREVIZU	TROZERA	TURRUBIARTES	UJUETA
TOYENS	TRIANA	TRUCIOS	TURRUBIATE	ULACIA
TOYMIL	TRIAS	TRUEBA	TURRUBIATES	ULATE
TOYOS	TRIAI	TRUIJILLO	TURULL	ULIBARI
TRABA	TRICOCHE	TRUILLO	TUYA	ULIBARRI
TRABAL	TRIGO	TRUJANO	UBALDE	ULIVARRI
TRABANCO	TRIGOS	TRUJEQUE	UBALLE	ULLIVARRI
TRABAZO	TRIGOURA	TRUJILLA	UBALLEZ	ULLOA
TRACONIS	TRIGUERO	TRUJILLIO	UBALS	ULTRERAS
TRANCOSA	TRIGUEROS	TRUJILLO	UBANDO	UMANA
TRANQUADA	TRIJILLO	TRUYOL	UBARRI	UMANZOR
TRAPAGA	TRILLA	TUALLA	UBAY	UMARAN
TRASLAVINA	TRILLANES	TUANDO	UBEDA	UMPIERRE

APPENDIX E
CENSUS LIST OF SPANISH SURNAMES

UNALE	URGELLES	URQUIZU	UTRIA	VALDENEGRO
UNAMUNO	URGILES	URRA	UTRILLA	VALDEPENA
UNANUE	URGUIDI	URRABAS	UTSET	VALDERAMA
UNATE	URIA	URRABAZ	UVALLE	VALDERAS
UNEDA	URIARTE	URRABAZO	UVALLES	VALDERAZ
UNGO	URIAS	URRACA	UVIEDO	VALDEREZ
UNZALU	URIAZ	URREA	UZETA	VALDERRAIN
UNZUETA	URIBARRI	URRECHAGA	UZUETA	VALDERRAMA
URAGA	URIBE	URREGO	VACA	VALDES
URAINÉ	URIBES	URRETA	VACIO	VALDESPINO
URANDAY	URIBURU	URRIETA	VADELL	VALDESRODRIGUEZ
URANGA	URIEGA	URRIZA	VADI	VALDESUSO
URANGO	URIEGAS	URROZ	VADIA	VALDEZ
URBAEZ	URIEL	URRUCHUA	VADILLO	VALDEZATE
URBALEJO	URIETA	URRUTIA	VADIZ	VALDILLES
URBAY	URIOLA	URSUA	VAELL	VALDILLEZ
URBIETA	URIONAGUENA	URSULO	VAELLO	VALDIVA
URBINA	URIOSTE	URTADO	VAEZ	VALDIVIA
URBINO	URIOSTEGUI	URTASUN	VAEZA	VALDIVIESO
URBISTONDO	URISTA	URTEAGA	VAIO	VALDIVIEZ
URBIZU	URITA	URTEZ	VAISA	VALDIVIEZO
URCADEZ	URIVE	URTIAGA	VAIZ	VALDO
URCELAY	URIZ	URTUSUASTEGUI	VAIZA	VALDONADO
URCIEL	URIZA	URTUZUASTEGUI	VAL	VALDOVIN
URDANETA	URIZAR	URUBURU	VALADEZ	VALDOVINO
URDANIVIA	UROZA	URUCHURTU	VALADON	VALDOVINOS
URDAZ	URQUIA	URUENA	VALAGUE	VALDRIZ
URDIALES	URQUIAGA	URUETA	VALARDE	VALEA
URDIALEZ	URQUIDES	URVANEJO	VALAREZO	VALEDON
URENA	URQUIDEZ	URVINA	VALASQUEZ	VALENCIA
URENDA	URQUIDI	URZO	VALAZQUEZ	VALENCIANA
URENIA	URQUIETA	URZUA	VALBUENA	VALENCIANO
URENO	URQUIJO	USALLAN	VALCARCE	VALENEUELA
URESTE	URQUILLA	USATORRES	VALCARCEL	VALENQUELA
URESTI	URQUIOLA	USCANGA	VALCAZAR	VALENSUELA
URETA	URQUIZA	USEDA	VALDASO	VALENTIN
URGELL	URQUIZO	USON	VALDEMAR	VALENZUELA

APPENDIX E
CENSUS LIST OF SPANISH SURNAMES

VALENZULA	VALMANA	VASCONES	VEJARA	VELOS
VALENZVELA	VALMORES	VASCONEZ	VEJARANO	VELOSO
VALERA	VALQUEZ	VASCOS	VEJIL	VELOZ
VALERIOS	VALTERZA	VASGUEZ	VEJO	VELOZQUEZ
VALERO	VALTIER	VASQUE	VELA	VELUNZA
VALESQUEZ	VALTIERRA	VASQUES	VELAARCE	VELUZ
VALEZ	VALTIERREZ	VASQUEZ	VELACUELLAR	VENCES
VALGAS	VALVERDE	VASSQUEZ	VELADO	VENDRELL
VALHUERDI	VANDO	VASTI	VELADOR	VENECIA
VALIDO	VANEGAS	VAZGUEZ	VELAQUEZ	VENEGAS
VALIENTE	VANGA	VAZQUE	VELAR	VENERACION
VALIGURA	VANUELOS	VAZQUEL	VELARDE	VENEREO
VALINA	VANZURA	VAZQUES	VELARDES	VENEZUELA
VALINAS	VAQUE	VAZQUETELLES	VELARDEZ	VENSOR
VALINO	VAQUER	VAZQUEZ	VELASCO	VENTA
VALLADARES	VAQUERA	VAZQUEZRIVERA	VELASGUEZ	VENTOSO
VALLADAREZ	VAQUERO	VEALSQUEZ	VELASQUES	VENZAL
VALLADO	VAQUILAR	VEAS	VELASQUEZ	VENZOR
VALLADOLID	VARA	VECIN	VELASTEGUI	VENZUELA
VALLARTA	VARADA	VECINO	VELAZCO	VERA
VALLDEPERAS	VARAJAS	VEDARTE	VELAZGUEZ	VERACRUZ
VALLE	VARAS	VEDIA	VELAZQUES	VERAMENDI
VALLECILLA	VARCARCEL	VEGA	VELAZQUEZ	VERANDAS
VALLECILLO	VARCOS	VEGARA	VELDERRAIN	VERAS
VALLECILLOS	VARELA	VEGATORRES	VELENZUELA	VERASTEGUI
VALLEDOR	VARELAS	VEGAZO	VELES	VERASTEQUI
VALLEGOS	VARGAS	VEGERANO	VELESQUEZ	VERASTIGUI
VALLEJA	VARGAZ	VEGES	VELEZ	VERASTIQUE
VALLEJO	VARGUEZ	VEGO	VELEZPEREZ	VERASTIQUI
VALLEJOS	VARIA	VEGOS	VELEZROMAN	VERAY
VALLELLANES	VARONA	VEGUE	VELILLA	VERAZ
VALLENS	VARONIN	VEGUEZ	VELIS	VERAZA
VALLERINO	VAROS	VEGUILLA	VELIZ	VERBERA
VALLES	VAROZ	VEIGUELA	VELLAS	VERCELES
VALLEZ	VARQUEZ	VEINTIDOS	VELLIDO	VERDAGUER
VALLIN	VASALDUA	VEITIA	VELLON	VERDECANNA
VALLS	VASALLO	VEJAR	VELO	VERDECIA

APPENDIX E
CENSUS LIST OF SPANISH SURNAMES

VERDEGUEZ	VIADERO	VIDAURRE	VIJIL	VILLAFLORES
VERDEJA	VIADES	VIDAURRETA	VILA	VILLAFRANCA
VERDEJO	VIADO	VIDAURRI	VILABOY	VILLAFRANCO
VERDERA	VIAGRAN	VIDAURRY	VILADROSA	VILLAFUERTE
VERDESCA	VIALES	VIDENA	VILANO	VILLAGAS
VERDESE	VIALIZ	VIDES	VILANOVA	VILLAGOMES
VERDESOTO	VIALPANDO	VIDOT	VILAR	VILLAGOMEZ
VERDIA	VIAMONTE	VIDRIALES	VILARCHAO	VILLAGRAMA
VERDOZA	VIANA	VIDRIO	VILARDELL	VILLAGRAN
VERDUGA	VIANES	VIDRIOS	VILARINO	VILLAGRANA
VERDUGO	VIAPANDO	VIDUYA	VILARO	VILLAHERMOSA
VERDUSCO	VIARREAL	VIEGO	VILAS	VILLALABOS
VERDUZCO	VIARRIAL	VIEITES	VILASQUEZ	VILLALBA
VERDUZEO	VIAYRA	VIEJO	VILATO	VILLALBAZO
VEREA	VICARIA	VIELMA	VILAUBI	VILLALBOS
VERELA	VICEDO	VIELMAN	VILCHES	VILLALOBAS
VEREZ	VICENCIO	VIELMAS	VILCHEZ	VILLALOBO
VERGARA	VICENS	VIENTOS	VILCHIS	VILLALOBOS
VERGARO	VICENT	VIERA	VILDOSOLA	VILLALOBOZ
VERGEL	VICENTE	VIERAS	VILLA	VILLALOHOS
VERGUIZAS	VICENTY	VIESCA	VILLABLANCA	VILLALON
VERINO	VICHOT	VIESCAS	VILLACAMPA	VILLALONA
VERJIL	VICIEDO	VIETA	VILLACANA	VILLALONGA
VERNENGO	VICINAIZ	VIETTY	VILLACARLOS	VILLALONGIN
VERONIN	VICIOSO	VIEYRA	VILLACIS	VILLALONGO
VERQUER	VICTORERO	VIEZCAS	VILLACORTA	VILLALOVAS
VERTIZ	VICTORES	VIGIL	VILLACORTE	VILLALOVOS
VERVER	VICUNA	VIGILIA	VILLACRES	VILLALOVOZ
VETA	VIDACA	VIGNAU	VILLACRESES	VILLALPANDO
VEVE	VIDAL	VIGO	VILLADA	VILLALTA
VEYNA	VIDALES	VIGOA	VILLADO	VILLALUA
VEYTIA	VIDALEZ	VIGON	VILLADONIGA	VILLALUNA
VIACAVA	VIDANA	VIGUERA	VILLAERREAL	VILLALUZ
VIACOBO	VIDANO	VIGUERAS	VILLAESCUSA	VILLALVA
VIADA	VIDAURE	VIGUERIA	VILLAFAN	VILLALVASO
VIADAS	VIDAURI	VIGUES	VILLAFANA	VILLALVAZO
VIADÉ	VIDAURRAZAGA	VIJARRO	VILLAFANE	VILLAMAN

APPENDIX E
CENSUS LIST OF SPANISH SURNAMES

VILLAMAR	VILLAROEL	VILLELA	VINFRIDO	VISSEPO
VILLAMARIN	VILLARONGA	VILLENA	VINGOCHEA	VISTRO
VILLAMAYOR	VILLAROS	VILLERREAL	VINIEGRA	VITAL
VILLAMIA	VILLARRE	VILLERREAL	VINUELA	VITAR
VILLAMIL	VILLARREAL	VILLESACA	VINUELAS	VITELA
VILLAMOR	VILLARRIAL	VILLESACAS	VINZON	VITIER
VILLAN	VILLARROEL	VILLESACAZ	VIOLETA	VIVANCO
VILLANEDA	VILLARRUBIA	VILLETE	VIORATO	VIVANCOS
VILLANES	VILLARRUEL	VILLEZCAS	VIOTA	VIVAR
VILLANEUVA	VILLARRUZ	VILLICANA	VIQUEZ	VIVAS
VILLANEVA	VILLARTA	VILLICANO	VIRADIA	VIVERO
VILLANEZ	VILLARUBIA	VILLIEGAS	VIRAMONTE	VIVEROS
VILLANNEVA	VILLARUZ	VILLIS	VIRAMONTES	VIVES
VILLANUEBA	VILLAS	VILLOCH	VIRAMONTEZ	VIVO
VILLANUERA	VILLASAIZ	VILLODAS	VIRATA	VIZCAINO
VILLANUEVA	VILLASANA	VILLOLDO	VIRAY	VIZCARRA
VILLANUEVO	VILLASANO	VILLORIA	VIRCHIS	VIZCARRO
VILLANVEVA	VILLASANTE	VILLORIN	VIRELLA	VIZCARRONDO
VILLAGO	VILLASECA	VILLORO	VIRGEN	VIZCAYA
VILLAPADIERNA	VILLASENOR	VILLOT	VIRJAN	VIZCON
VILLAPANDO	VILLASIS	VILLOTA	VIROLA	VIZOSO
VILLAPLANA	VILLASTRIGO	VILORIO	VIRREY	VIZUET
VILLAPOL	VILLASUSO	VILTRE	VIRRUETA	VIZUETA
VILLAPONDO	VILLATE	VINA	VIRUEGAS	VOLBEDA
VILLAPUDUA	VILLATORO	VINAGERAS	VIRUET	VOSQUEZ
VILLAQUIRAN	VILLAVA	VINAIXA	VIRUETE	VOZQUEZ
VILLAR	VILLAVERDE	VINAJA	VIRUZO	VUELTA
VILLARAN	VILLAVICENCIO	VINAJERAS	VISARRAGA	XIMENES
VILLARAOS	VILLAVISENCIO	VINALES	VISARRIAGAS	XIMENEZ
VILLARAUS	VILLAZANA	VINALS	VISCAINA	XIMINEZ
VILLAREAL	VILLAZON	VINAS	VISCAINO	XIQUES
VILLAREJO	VILLEDA	VINAT	VISCARRA	XOCHICALE
VILLARES	VILLEGA	VINCENTY	VISCASILLAS	XUAREZ
VILLARICO	VILLEGAS	VINCIONI	VISCAYA	YABUT
VILLARINO	VILLEGES	VINDIOLA	VISERTO	YANAS
VILLARINY	VILLEGOS	VINEGRA	VISOSO	YANES
VILLARIZA	VILLEJO	VINENT	VISPERAS	YANEZ

APPENDIX E
CENSUS LIST OF SPANISH SURNAMES

YANEZA	YESTE	YRIARTE	YUDICE	ZALVIDEA
YANIZ	YEVERINO	YRIBARREN	YUDICO	ZAMACONA
YANOSO	YGLECIAS	YRIBE	YULAN	ZAMAGO
YAQUES	YGLASIAS	YRIGOLLA	YULFO	ZAMANIEGO
YARA	YGNACIO	YRIGOLLEN	YURIAR	ZAMANILLO
YARRITO	YGUADO	YRIGOYEN	YUSTE	ZAMANO
YARRITU	YGUERABIDE	YRINEO	YVANEZ	ZAMAR
YARTE	YLARREGUI	YRIQUE	YVARRA	ZAMARIPA
YBABEN	YLIZALITURRI	YRIQUI	YZABAL	ZAMARIPPA
YBANEZ	YLLA	YRISARRI	YZAGUIRRE	ZAMARO
YBARA	YLLADA	YRIZARRY	YZNAGA	ZAMARRI
YBARBO	YLLANES	YROZ	YZQUIERDO	ZAMARRIPA
YBARRA	YLLESCAS	YRUEGAS	ZABAL	ZAMARRIPAS
YBARROLA	YNCERA	YRUNGARAY	ZABALA	ZAMARRON
YBARRONDO	YNCLAN	YRURETAGOYENA	ZABALETA	ZAMAYOA
YBERA	YNDA	YSAGUIRRE	ZABALLA	ZAMAZAL
YBERRA	YNEGAS	YSAIS	ZABALO	ZAMBADA
YCAZA	YNEGES	YSAQUIRRE	ZABALZA	ZAMBRANA
YCEDO	YNFANTE	YSASAGA	ZACARIAS	ZAMBRANO
YCIANO	YNIGO	YSASI	ZACUTO	ZAMILPA
YDROGO	YNIGUEZ	YSASSI	ZADRIMA	ZAMORA
YEBARA	YNIQUEZ	YSER	ZAERA	ZAMORANO
YEBRA	YNOA	YSERN	ZAFEREO	ZAMORES
YEDO	YNOCENCIO	YSET	ZAFRA	ZAMOREZ
YEDOR	YNOSENCIO	YSLA	ZAGALA	ZAMOT
YEDRA	YNOSTROSA	YSLAS	ZAGALES	ZAMUDIO
YEPA	YNOSTROZA	YSLAVA	ZAGONA	ZANABRIA
YEPES	YNZUNZA	YSQUIERDO	ZALACAIN	ZANDATE
YEPEZ	YOGUEZ	YTUARTE	ZALACE	ZANDONA
YEPIS	YORBA	YTURBE	ZALAMEA	ZANGRONIZ
YEPIZ	YORDAN	YTURRALDE	ZALAPA	ZANUDO
YERA	YPARRAGUIRRE	YTURRI	ZALAZAR	ZAPARA
YERAS	YPARREA	YTURRIA	ZALDANA	ZAPATA
YERENA	YPINA	YTURRIAGA	ZALDIVAR	ZAPATER
YERO	YRACEBURU	YUBETA	ZALDUA	ZAPATERO
YESCAS	YRACHETA	YUCUPICIO	ZALDUMBIDE	ZAPEDA
YSEETA	YRASTORZA	YUDESIS	ZALDUONDO	ZAPIAIN

APPENDIX E
CENSUS LIST OF SPANISH SURNAMES

ZAPIEN	ZAVALZA	ZOLETA
ZARABOZO	ZAVAT	ZOMORA
ZARAGOSA	ZAYAS	ZOROLA
ZARAGOZ	ZAYASBAZAN	ZORRILLA
ZARAGOZA	ZAYAZ	ZOZAYA
ZARAGOZI	ZAZUETA	ZUAZNABAR
ZARATE	ZAZUETTA	ZUAZO
ZARAZUA	ZEAS	ZUAZUA
ZARCO	ZEBALLOS	ZUBELDIA
ZARCOS	ZEDENO	ZUBIA
ZARDENETA	ZEDILLO	ZUBIATE
ZARDENETTA	ZEGARRA	ZUBIETA
ZARDO	ZELADA	ZUBILLAGA
ZARDON	ZELAYA	ZUBIRAN
ZARDOYA	ZELEDON	ZUBIRI
ZAROGOZA	ZEMEN	ZUBIRIA
ZARRAGA	ZENDEJAS	ZUBIZARRETA
ZARRAGOITIA	ZENGOTITA	ZUGASTI
ZARRAGOZA	ZENIZO	ZULAICA
ZARRIA	ZENOS	ZULETA
ZARUBICA	ZENTELLA	ZULOAGA
ZARZANA	ZENTENO	ZULUAGA
ZARZOSA	ZEPADA	ZULUETA
ZARZOZA	ZEPEDA	ZUMARRAGA
ZARZUELA	ZEQUEIRA	ZUMAYA
ZASUETA	ZERDA	ZUNIGA
ZATARAIN	ZERIN	ZUNIZA
ZATARAY	ZERMENO	ZUNO
ZATARIAN	ZERPA	ZUNZUNEGUI
ZATOREN	ZERQUERA	ZURBANO
ZAUALA	ZERTUCHE	ZURBARAN
ZAUL	ZERVIGON	ZURITA
ZAUZA	ZETINA	ZURRICA
ZAVALA	ZETINO	ZUVIA
ZAVALETA	ZEVALLOS	ZUVIETA
ZVALETTA	ZILBAR	ZUZUARREGUI
ZAVALLA	ZILLAS	

APPENDIX F

**Site-Specific Surgery Codes
Adopted from the 2021 CoC STORE Manual
Complete with Any Notes.**

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

(Except 9727, 9732, 9741-9742, 9749, 9762-9809, 9832, 9840-9931, 9945-9946, 9950-9968, 9975-9993)

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

(Except for 9727, 9732, 9741-9742, 9749, 9762-9809, 9832, 9840-9931, 9945-9946, 9950-9968, 9975-9993)

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

Pyriiform Sinus C12.9, Hypopharynx C13.0–C13.9, Pharynx C14.0

(Except for 9727, 9732, 9741-9742, 9749, 9762-9809, 9832, 9840-9931, 9945-9946, 9950-9968, 9975-9993)

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

(Except for 9727, 9732, 9741-9742, 9749, 9762-9809, 9832, 9840-9931, 9945-9946, 9950-9968, 9975-9993)

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**

(Except for 9727, 9732, 9741-9742, 9749, 9762-9809, 9832, 9840-9931, 9945-9946, 9950-9968, 9975-9993)

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

(Except for 9727, 9732, 9741-9742, 9749, 9762-9809, 9832, 9840-9931, 9945-9946, 9950-9968, 9975-9993)

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

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

27 Excisional biopsy

26 Polypectomy, NOS

28 Polypectomy-endoscopic

29 Polypectomy-surgical excision

Any combination of 20 or 26–29 WITH

21 Photodynamic therapy (PDT)

22 Electrocautery

23 Cryosurgery

24 Laser ablation

25 Laser excision

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

(Except for 9727, 9732, 9741-9742, 9749, 9762-9809, 9832, 9840-9931, 9945-9946, 9950-9968, 9975-9993)

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

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

Combination of 20 or 26–27 WITH

21 Photodynamic therapy (PDT)

22 Electrocautery

23 Cryosurgery

24 Laser ablation

25 Laser excision

30 Wedge or 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 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

(Except for 9727, 9732, 9741-9742, 9749, 9762-9809, 9832, 9840-9931, 9945-9946, 9950-9968, 9975-9993)

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

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

27 Excisional biopsy

26 Polypectomy

Any combination of 20 or 26–27 WITH

21 Photodynamic therapy (PDT)

22 Electrocautery

23 Cryosurgery

24 Laser ablation

25 Laser excision

28 Curette and fulguration

30 Wedge or 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

Total mesorectal excision (TME)

40 Pull through WITH sphincter preservation (coloanal anastomosis)

50 Total proctectomy

Procedure coded 50 includes, but is not limited to:

Abdominoperineal resection (Miles Procedure)

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

(Except for 9727, 9732, 9741-9742, 9749, 9762-9809, 9832, 9840-9931, 9945-9946, 9950-9968, 9975-9993)

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 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

60 Abdominal perineal resection, NOS (APR; Miles procedure)

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

(Except for 9727, 9732, 9741-9742, 9749, 9762-9809, 9832, 9840-9931, 9945-9946, 9950-9968, 9975-9993)

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

(Except for 9727, 9732, 9741-9742, 9749, 9762-9809, 9832, 9840-9931, 9945-9946, 9950-9968, 9975-9993)

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

(Except for 9727, 9732, 9741-9742, 9749, 9762-9809, 9832, 9840-9931, 9945-9946, 9950-9968, 9975-9993)

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

(Except for 9727, 9732, 9741-9742, 9749, 9762-9809, 9832, 9840-9931, 9945-9946, 9950-9968, 9975-9993)

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)

or

9727, 9732, 9741-9742, 9749, 9762-9809, 9832, 9840-9931, 9945-9946, 9950-9968, 9975-9993 (**with any site**)

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

(Except for 9727, 9732, 9741-9742, 9749, 9762-9809, 9832, 9840-9931, 9945-9946, 9950-9968, 9975-9993)

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

(Except for 9727, 9732, 9741-9742, 9749, 9762-9809, 9832, 9840-9931, 9945-9946, 9950-9968, 9975-9993)

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

(Except for 9727, 9732, 9741-9742, 9749, 9762-9809, 9832, 9840-9931, 9945-9946, 9950-9968, 9975-9993)

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

(Except for 9727, 9732, 9741-9742, 9749, 9762-9809, 9832, 9840-9931, 9945-9946, 9950-9968, 9975-9993)

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

(Except for 9727, 9732, 9741-9742, 9749, 9762-9809, 9832, 9840-9931, 9945-9946, 9950-9968, 9975-9993)

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

(Except for 9727, 9732, 9741-9742, 9749, 9762-9809, 9832, 9840-9931, 9945-9946, 9950-9968, 9975-9993)

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

(Except for 9727, 9732, 9741-9742, 9749, 9762-9809, 9832, 9840-9931, 9945-9946, 9950-9968, 9975-9993)

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

(Except for 9727, 9732, 9741-9742, 9749, 9762-9809, 9832, 9840-9931, 9945-9946, 9950-9968, 9975-9993)

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

(Except for 9727, 9732, 9741-9742, 9749, 9762-9809, 9832, 9840-9931, 9945-9946, 9950-9968, 9975-9993)

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**

(Except for 9727, 9732, 9741-9742, 9749, 9762-9809, 9832, 9840-9931, 9945-9946, 9950-9968, 9975-9993)

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
(Except for 9727, 9732, 9741-9742, 9749, 9762-9809, 9832, 9840-9931, 9945-9946, 9950-9968, 9975-9993)

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

(Except for 9727, 9732, 9741-9742, 9749, 9762-9809, 9832, 9840-9931, 9945-9946, 9950-9968, 9975-9993)

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

(Except for M-9727, 9732, 9741-9742, 9762-9809, 9832, 9840-9931, 9945-9946, 9950-9967, and 9975-9992)

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.

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
(Except for 9727, 9732, 9741-9742, 9749, 9762-9809, 9832, 9840-9931, 9945-9946, 9950-9968, 9975-9993)

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

(Except for 9727, 9732, 9741-9742, 9749, 9762-9809, 9832, 9840-9931, 9945-9946, 9950-9968, 9975-9993)

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

2021 FCDS Record Layout Version 21

APPENDIX G – 2021 FCDS Record Layout and Required Data Items

Section	Data Opt	Item #	FCDS / NAACCR Item Name	Length	Year Start-End	NEW for 2021
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	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	

APPENDIX G – 2021 FCDS Record Layout and Required Data Items

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		200	Computed Ethnicity	1		
Demographic		210	Computed Ethnicity Source	1		
Demographic	C	220	Sex	1	1981	
Demographic	D	230	Age at Diagnosis	3	1981	
Demographic	C	240	Date of Birth	8	1981	
Demographic	C	241	Date of Birth Flag	2	2010	
Demographic	D	250	Birthplace	3	1981-2012	
Demographic	C	252	Birthplace--State	2	2013	
Demographic	C	254	Birthplace--Country	3	2013	
Demographic	D	270	Census Occ Code 1970-2000	3		
Demographic	D	272	Census Ind Code 2010 CDC	4		
Demographic	D	280	Census Ind Code 1970-2000	3		
Demographic	D	282	Census Occ Code 2010 CDC	4		
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	D	330	Census Occ/Ind Sys 70-00	1		
Demographic	D	339	RUCA 2000	1		
Demographic	D	341	RUCA 2010	1		
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		

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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	391	Date of Diagnosis Flag	2	2010	
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		
Cancer Identification	C	490	Diagnostic Confirmation	1	1981	

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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		530	Reserved 02	50		
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	C	581	Date of 1st Contact Flag	2	2010	
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		

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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		
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	
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		

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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	RH	880	TNM Path T	4	2016-2017	Retired
Stage/Prognostic Factors	RH	890	TNM Path N	4	2016-2017	Retired
Stage/Prognostic Factors	RH	900	TNM Path M	4	2016-2017	Retired
Stage/Prognostic Factors	RH	910	TNM Path Stage Group	4	2016-2017	Retired
Stage/Prognostic Factors	RH	920	TNM Path Descriptor	1	2016-2017	Retired
Stage/Prognostic Factors	RH	930	TNM Path Staged By	2	2016-2017	Retired
Stage/Prognostic Factors	RH	940	TNM Clin T	4	2011-CER and 2016- 2017	Retired
Stage/Prognostic Factors	RH	950	TNM Clin N	4	2011 CER and 2016- 2017	Retired
Stage/Prognostic Factors	RH	960	TNM Clin M	4	2011 CER and 2016- 2017	Retired
Stage/Prognostic Factors	RH	970	TNM Clin Stage Group	4	2011 CER and 2016- 2017	Retired
Stage/Prognostic Factors	RH	980	TNM Clin Descriptor	1	2011 CER and 2016- 2017	Retired
Stage/Prognostic Factors	RH	990	TNM Clin Staged By	2	2011 CER and 2016- 2017	Retired
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		

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Stage/Prognostic Factors		1023	AJCC TNM Post Therapy M	15		
Stage/Prognostic Factors		1024	AJCC TNM Post Therapy Stage Group	15		
Stage/Prognostic Factors		1031	AJCC TNM Clin T Suffix	4		
Stage/Prognostic Factors		1032	AJCC TNM Path T Suffix	4		
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	Yes
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		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	1201	RX Date Surgery Flag	2	2010	
Treatment-1st Course	C	1210	RX Date Radiation	8	1995	
Treatment-1st Course	C	1211	RX Date Radiation Flag	2	2010	
Treatment-1st Course	C	1220	RX Date Chemo	8	1995	
Treatment-1st Course	C	1221	RX Date Chemo Flag	2	2010	
Treatment-1st Course	C	1230	RX Date Hormone	8	1995	
Treatment-1st Course	C	1231	RX Date Hormone Flag	2	2010	
Treatment-1st Course	C	1240	RX Date BRM	8	1995	
Treatment-1st Course	C	1241	RX Date BRM Flag	2	2010	

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Treatment-1st Course	C	1250	RX Date Other	8	1995	
Treatment-1st Course	C	1251	RX Date Other Flag	2	2010	
Treatment-1st Course	D	1260	Date Initial RX SEER	8		
Treatment-1st Course	D	1261	Date Initial RX SEER Flag	2		
Treatment-1st Course		1270	Date 1st Crs RX CoC	8		
Treatment-1st Course		1271	Date 1st Crs RX CoC Flag	2		
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	2	1981	
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		
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		

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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		
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		

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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		
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		

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Treatment-Subsequent & Other		1717	Subsq RX 4th--Scope LN Su	1		
Treatment-Subsequent & Other		1718	Subsq RX 4th--Surg Oth	1		
Treatment-Subsequent & Other		1719	Subsq RX 4th--Reg LN Rem	2		
Follow-up/Recurrence/Death		1740	Reserved 09	50		
Treatment-Subsequent & Other		1741	Subsq RX--Reconstruct Del	1		
Follow-up/Recurrence/Death	C	1750	Date of Last Contact	8	1981	
Follow-up/Recurrence/Death	C	1751	Date of Last Contact Flag	2	2010	
Follow-up/Recurrence/Death		1755	Date of Death--Canada	8		
Follow-up/Recurrence/Death		1756	Date of Death--CanadaFlag	2		
Follow-up/Recurrence/Death	C	1760	Vital Status	1	1995	
Follow-up/Recurrence/Death	D	1762	Vital Status Recode	1		
Follow-up/Recurrence/Death	C	1770	Cancer Status	1	1995	
Follow-up/Recurrence/Death		1772	Date of Last Cancer (tumor) Status	8		
Follow-up/Recurrence/Death		1773	Date of Last Cancer (tumor) Status Flag	2		
Follow-up/Recurrence/Death	D	1775	Record Number Recode	2	end 2021	
Follow-up/Recurrence/Death		1780	Quality of Survival	1		
Follow-up/Recurrence/Death		1782	Surv-Date Active Followup	8		
Follow-up/Recurrence/Death		1783	Surv-Flag Active Followup	1		
Follow-up/Recurrence/Death		1784	Surv-Mos Active Followup	4		
Follow-up/Recurrence/Death	D	1785	Surv-Date Presumed Alive	8		
Follow-up/Recurrence/Death	D	1786	Surv-Flag Presumed Alive	1		
Follow-up/Recurrence/Death	D	1787	Surv-Mos Presumed Alive	4		
Follow-up/Recurrence/Death	D	1788	Surv-Date DX Recode	8		
Follow-up/Recurrence/Death		1790	Follow-Up Source	1		
Follow-up/Recurrence/Death	D	1791	Follow-up Source Central	2		
Follow-up/Recurrence/Death		1800	Next Follow-Up Source	1		
Follow-up/Recurrence/Death	C	1810	Addr Current--City	50	1981	
Follow-up/Recurrence/Death	C	1820	Addr Current--State	2	2010	
Follow-up/Recurrence/Death	C	1830	Addr Current--Postal Code	9	1981	
Demographic	C	1832	Addr Current--Country	3	2013	

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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	D	1940	Place of Death	3		
Demographic	D	1942	Place of Death--State	2		
Demographic	D	1944	Place of Death--Country	3		
Edit Overrides/Conversion History/System Admin		1960	Site (73-91) ICD-O-1	4		
Edit Overrides/Conversion History/System Admin		1970	Morph (73-91) ICD-O-1	6		
Edit Overrides/Conversion History/System Admin		1971	Histology (73-91) ICD-O-1	4		
Edit Overrides/Conversion History/System Admin		1972	Behavior (73-91) ICD-O-1	1		
Edit Overrides/Conversion History/System Admin		1973	Grade (73-91) ICD-O-1	1		
Edit Overrides/Conversion History/System Admin		1980	ICD-O-2 Conversion Flag	1		

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Edit Overrides/Conversion History/System Admin		1981	Over-ride SS/NodesPos	1		
Edit Overrides/Conversion History/System Admin		1982	Over-ride SS/TNM-N	1		
Edit Overrides/Conversion History/System Admin		1983	Over-ride SS/TNM-M	1		
Edit Overrides/Conversion History/System Admin		1985	Over-ride Acsn/Class/Seq	1		
Edit Overrides/Conversion History/System Admin		1986	Over-ride HospSeq/DxConf	1		
Edit Overrides/Conversion History/System Admin		1987	Over-ride CoC-Site/Type	1		
Edit Overrides/Conversion History/System Admin		1988	Over-ride HospSeq/Site	1		
Edit Overrides/Conversion History/System Admin	R	1989	Over-ride Site/TNM-StgGrp	1		
Edit Overrides/Conversion History/System Admin	R	1990	Over-ride Age/Site/Morph	1		
Edit Overrides/Conversion History/System Admin		1992	Over-ride TNM Stage	1		
Edit Overrides/Conversion History/System Admin		1993	Over-ride TNM Tis	1		
Edit Overrides/Conversion History/System Admin		1994	Over-ride TNM 3	1		
Edit Overrides/Conversion History/System Admin	R	2000	Over-ride SeqNo/DxConf	1		
Edit Overrides/Conversion History/System Admin	R	2010	Over-ride Site/Lat/SeqNo	1		
Edit Overrides/Conversion History/System Admin	R	2020	Over-ride Surg/DxConf	1		
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		

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Edit Overrides/Conversion History/System Admin	R	2071	Over-ride Site/Behavior	1		
Edit Overrides/Conversion History/System Admin		2072	Over-ride Site/EOD/DX Dt	1		
Edit Overrides/Conversion History/System Admin		2073	Over-ride Site/Lat/EOD	1		
Edit Overrides/Conversion History/System Admin	R	2074	Over-ride Site/Lat/Morph	1		
Edit Overrides/Conversion History/System Admin	R	2078	Over-ride Name/Sex	1	2018	
Pathology		2080	Reserved 13	250		
Edit Overrides/Conversion History/System Admin		2081	CRC CHECKSUM	10		
Edit Overrides/Conversion History/System Admin		2085	Date Case Initiated	8		
Edit Overrides/Conversion History/System Admin	C	2090	Date Case Completed	8	1981	
Edit Overrides/Conversion History/System Admin		2092	Date Case Completed--CoC	8		
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	2018
Edit Overrides/Conversion History/System Admin	D	2118	Schema ID Version Original	5	2018	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		

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Edit Overrides/Conversion History/System Admin		2150	CoC Coding Sys--Original	2		
Edit Overrides/Conversion History/System Admin	C	2152	CoC Accredited Flag	1	2018	
Edit Overrides/Conversion History/System Admin		2155	RQRS NCDB Submission Flag	1		
Edit Overrides/Conversion History/System Admin	D	2158	AJCC Cancer Surveillance API Version Current	13	2018	2018
Edit Overrides/Conversion History/System Admin	D	2159	AJCC Cancer Surveillance API Version Original	13	2018	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		
State/Requestor Items		2220	Reserved for State Items	799		
State/Requestor Items		2220.001	FCDS Addr Current - County (data will be derived from new location starting July 1, 2010; see item 1840)	2	1981-2009	
State/Requestor Items		2220.002	FCDS Addr Current - State (data will be derived from new location starting July 1, 2010; see item 1820)	3	1981-2009	
State/Requestor Items		2220.003	FCDS County of Dx (facility) (data will be derived from facility # at new location starting July 1, 2010; see item 540)	2	1981-2009	
State/Requestor Items		2220.004	FCDS Stage @ 1st Contact 1977-2000	1	1981-2003	
State/Requestor Items		2220.005	FCDS Tobacco Use (retired July 1, 2010)	1	1981-2009	
State/Requestor Items		2220.006	FCDS Facility Number (data will be derived from new location starting July 1, 2010; see item 540)	10	1981-2009	
State/Requestor Items		2220.007	FCDS Primary Payor - Current (see item 630)	2	1995-2002	

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State/Requestor Items		2220.0 08	FCDS Accession # (data will be derived from new location starting July 1, 2010; see item 550)	9	1981-2009	
State/Requestor Items		2220.0 10	Addr at DX - State (data will be derived from new location starting July 1, 2010; see item 80)	3	2001-2009	
State/Requestor Items		2220.0 11	Addr at DX - County (data will be derived from new location starting July 1, 2010; see item 90)	2	2001-2009	
State/Requestor Items		2220.0 12	RX Summ Date --Transplnt/Endocr (retired July 1, 2010)	8	2003-2009	
State/Requestor Items	C	2220.0 13	Historical #1: Sequence Number	2	2007	
State/Requestor Items	C	2220.0 14	Historical #1: DX Date	8	2007	
State/Requestor Items	C	2220.0 15	Historical #1: Primary Site	4	2007	
State/Requestor Items	C	2220.0 16	Historical #1: Morphology	4	2007	
State/Requestor Items	C	2220.0 17	Historical #1: Behavior	1	2007	
State/Requestor Items	C	2220.0 18	Historical #1: Laterality	1	2007	
State/Requestor Items	C	2220.0 19	Historical #1: Dx State <i>Abbreviation</i>	2	2007	
State/Requestor Items	C	2220.0 20	Historical #1: Dx County <i>FIPS</i>	3	2007	
State/Requestor Items	C	2220.0 21	Historical #1: CS SSF25 Discriminator	3	2010-2017	
State/Requestor Items	C	2220.0 22	Historical #1: Schema Discriminator 1	1	2018	
State/Requestor Items	C	2220.0 23	Historical #1: Schema Discriminator 2	1	2018	
State/Requestor Items	C	2220.0 24	Historical #1: Schema Discriminator 3	1	2018	
State/Requestor Items	C	2220.0 25	Historical #2: Sequence Number	2	2007	
State/Requestor Items	C	2220.0 26	Historical #2: DX Date	8	2007	

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State/Requestor Items	C	2220.0 27	Historical #2: Primary Site	4	2007	
State/Requestor Items	C	2220.0 28	Historical #2: Morphology	4	2007	
State/Requestor Items	C	2220.0 29	Historical #2: Behavior	1	2007	
State/Requestor Items	C	2220.0 30	Historical #2: Laterality	1	2007	
State/Requestor Items	C	2220.0 31	Historical #2: Dx State <u>Abbreviation</u>	2	2007	
State/Requestor Items	C	2220.0 32	Historical #2: Dx County <u>FIPS</u>	3	2007	
State/Requestor Items	C	2220.0 33	Historical #2: CS SSF25 Discriminator	3	2010-2017	
State/Requestor Items	C	2220.0 34	Historical #2: Schema Discriminator 1	1	2018	
State/Requestor Items	C	2220.0 35	Historical #2: Schema Discriminator 2	1	2018	
State/Requestor Items	C	2220.0 36	Historical #2: Schema Discriminator 3	1	2018	
State/Requestor Items	C	2220.0 37	Historical #3: Sequence Number	2	2007	
State/Requestor Items	C	2220.0 38	Historical #3: DX Date	8	2007	
State/Requestor Items	C	2220.0 39	Historical #3: Primary Site	4	2007	
State/Requestor Items	C	2220.0 40	Historical #3: Morphology	4	2007	
State/Requestor Items	C	2220.0 41	Historical #3: Behavior	1	2007	
State/Requestor Items	C	2220.0 42	Historical #3: Laterality	1	2007	
State/Requestor Items	C	2220.0 43	Historical #3: Dx State <u>Abbreviation</u>	2	2007	
State/Requestor Items	C	2220.0 44	Historical #3: Dx County <u>FIPS</u>	3	2007	
State/Requestor Items	C	2220.0 45	Historical #3: CS SSF25 Discriminator	3	2010-2017	
State/Requestor Items	C	2220.0 46	Historical #3: Schema Discriminator 1	1	2018	

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State/Requestor Items	C	2220.0 47	Historical #3: Schema Discriminator 2	1	2018	
State/Requestor Items	C	2220.0 48	Historical #3: Schema Discriminator 3	1	2018	
State/Requestor Items	C	2220.0 49	Historical #4: Sequence Number	2	2007	
State/Requestor Items	C	2220.0 50	Historical #4: DX Date	8	2007	
State/Requestor Items	C	2220.0 51	Historical #4: Primary Site	4	2007	
State/Requestor Items	C	2220.0 52	Historical #4: Morphology	4	2007	
State/Requestor Items	C	2220.0 53	Historical #4: Behavior	1	2007	
State/Requestor Items	C	2220.0 54	Historical #4: Laterality	1	2007	
State/Requestor Items	C	2220.0 55	Historical #4: Dx State <u>Abbreviation</u>	2	2007	
State/Requestor Items	C	2220.0 56	Historical #4: Dx County <u>FIPS</u>	3	2007	
State/Requestor Items	C	2220.0 57	Historical #4: CS SSF25 Discriminator	3	2010-2017	
State/Requestor Items	C	2220.0 58	Historical #4: Schema Discriminator 1	1	2018	
State/Requestor Items	C	2220.0 59	Historical #4: Schema Discriminator 2	1	2018	
State/Requestor Items	C	2220.0 60	Historical #4: Schema Discriminator 3	1	2018	
State/Requestor Items	C	2220.0 61	Historical #5: Sequence Number	2	2007	
State/Requestor Items	C	2220.0 62	Historical #5: DX Date	8	2007	
State/Requestor Items	C	2220.0 63	Historical #5: Primary Site	4	2007	
State/Requestor Items	C	2220.0 64	Historical #5: Morphology	4	2007	
State/Requestor Items	C	2220.0 65	Historical #5: Behavior	1	2007	
State/Requestor Items	C	2220.0 66	Historical #5: Laterality	1	2007	

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State/Requestor Items	C	2220.0 67	Historical #5: Dx State <i>Abbreviation</i>	2	2007	
State/Requestor Items	C	2220.0 68	Historical #5: Dx County <i>FIPS</i>	3	2007	
State/Requestor Items	C	2220.0 69	Historical #5: CS SSF25 Discriminator	3	2010-2017	
State/Requestor Items	C	2220.0 70	Historical #5: Schema Discriminator 1	1	2018	
State/Requestor Items	C	2220.0 71	Historical #5: Schema Discriminator 2	1	2018	
State/Requestor Items	C	2220.0 72	Historical #5: Schema Discriminator 3	1	2018	
State/Requestor Items		2220.0 73	RX Date--Transplnt/Endocr Flag (retired starting July 1, 2010 but never collected by FCDS)	2		
State/Requestor Items		2220.0 90	FCDS Stage @ 1st Contact 2000	1	2001-2003	
Patient-Confidential	C	2230	Name--Last	40	1981	
Patient-Confidential	C	2232	Name - Birth Surname	40	2021	Yes
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	Yes
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		
Patient-Confidential	C	2360	Telephone	10	2003	

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Patient-Confidential	D	2380	DC State File Number	6		
Patient-Confidential	-	2390	Name--Maiden	40	1995-2020	Retired
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	

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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	
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	

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Stage/Prognostic Factors	RH	2868	CS Site-Specific Factor14	3	2010-2017	
Stage/Prognostic Factors	RH	2869	CS Site-Specific Factor15	3	2010-2017	
Stage/Prognostic Factors	RH	2870	CS Site-Specific Factor16	3	2010-2017	
Stage/Prognostic Factors	RH	2871	CS Site-Specific Factor17	3	2010-2017	
Stage/Prognostic Factors	RH	2872	CS Site-Specific Factor18	3	2010-2017	
Stage/Prognostic Factors	RH	2873	CS Site-Specific Factor19	3	2010-2017	
Stage/Prognostic Factors	RH	2874	CS Site-Specific Factor20	3	2010-2017	
Stage/Prognostic Factors	RH	2875	CS Site-Specific Factor21	3	2010-2017	
Stage/Prognostic Factors	RH	2876	CS Site-Specific Factor22	3	2010-2017	
Stage/Prognostic Factors	RH	2877	CS Site-Specific Factor23	3	2010-2017	
Stage/Prognostic Factors	RH	2878	CS Site-Specific Factor24	3	2010-2017	
Stage/Prognostic Factors	RH	2879	CS Site-Specific Factor25	3	2010-2017	
Stage/Prognostic Factors	RH	2880	CS Site-Specific Factor 1	3	2004-2017	
Stage/Prognostic Factors	RH	2890	CS Site-Specific Factor 2	3	2004-2017	
Stage/Prognostic Factors	RH	2900	CS Site-Specific Factor 3	3	2004-2017	
Stage/Prognostic Factors	RH	2910	CS Site-Specific Factor 4	3	2004-2017	
Stage/Prognostic Factors	RH	2920	CS Site-Specific Factor 5	3	2004-2017	
Stage/Prognostic Factors	RH	2930	CS Site-Specific Factor 6	3	2004-2017	
Stage/Prognostic Factors	D	2935	CS Version Input Original	6	2004-2017	
Stage/Prognostic Factors	D	2936	CS Version Derived	6	2004-2017	
Stage/Prognostic Factors	D	2937	CS Version Input Current	6	2004-2017	
Stage/Prognostic Factors	D	2940	Derived AJCC-6 T	2	2004-2017	
Stage/Prognostic Factors	D	2950	Derived AJCC-6 T Descript	1	2004-2017	
Stage/Prognostic Factors	D	2960	Derived AJCC-6 N	2	2004-2017	
Stage/Prognostic Factors	D	2970	Derived AJCC-6 N Descript	1	2004-2017	
Stage/Prognostic Factors	D	2980	Derived AJCC-6 M	2	2004-2017	
Stage/Prognostic Factors	D	2990	Derived AJCC-6 M Descript	1	2004-2017	
Stage/Prognostic Factors	D	3000	Derived AJCC-6 Stage Grp	2	2004-2017	
Stage/Prognostic Factors	D	3010	Derived SS1977	1	2004-2017	
Stage/Prognostic Factors	D	3020	Derived SS2000	1	2004-2017	
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		

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Stage/Prognostic Factors		3110	Comorbid/Complication 1	5		
Stage/Prognostic Factors		3120	Comorbid/Complication 2	5		
Stage/Prognostic Factors		3130	Comorbid/Complication 3	5		
Stage/Prognostic Factors		3140	Comorbid/Complication 4	5		
Stage/Prognostic Factors		3150	Comorbid/Complication 5	5		
Stage/Prognostic Factors		3160	Comorbid/Complication 6	5		
Stage/Prognostic Factors		3161	Comorbid/Complication 7	5		
Stage/Prognostic Factors		3162	Comorbid/Complication 8	5		
Stage/Prognostic Factors		3163	Comorbid/Complication 9	5		
Stage/Prognostic Factors		3164	Comorbid/Complication 10	5		
Stage/Prognostic Factors		3165	ICD Revision Comorbid	1		
Treatment-1st Course	C	3170	RX Date Mst Defn Srg	8	2015	
Treatment-1st Course	C	3171	RX Date Mst Defn Srg Flag	2	2015	
Treatment-1st Course		3180	RX Date Surg Disch	8		
Treatment-1st Course		3181	RX Date Surg Disch Flag	2		
Treatment-1st Course		3190	Readm Same Hosp 30 Days	1		
Treatment-1st Course		3200	Rad--Boost RX Modality	2		
Treatment-1st Course		3210	Rad--Boost Dose cGy	5		
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	

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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		
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	D	3650	NPCR Derived Clin Stg Grp	4	2016	
Stage/Prognostic Factors	D	3655	NPCR Derived Path Stg Grp	4	2016	
Stage/Prognostic Factors		3700	SEER Site-Specific Fact 1	1		
Stage/Prognostic Factors		3702	SEER Site-Specific Fact 2	1		
Stage/Prognostic Factors		3704	SEER Site-Specific Fact 3	1		
Stage/Prognostic Factors		3706	SEER Site-Specific Fact 4	1		
Stage/Prognostic Factors		3708	SEER Site-Specific Fact 5	1		
Stage/Prognostic Factors		3710	SEER Site-Specific Fact 6	1		
Stage/Prognostic Factors		3720	NPCR Specific Field	75		

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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	
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	R	3769	Over-ride CS 20	1	
Stage/Prognostic Factors		3780	Secondary Diagnosis 1	7	

APPENDIX G – 2021 FCDS Record Layout and Required Data Items

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		
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		
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		

APPENDIX G – 2021 FCDS Record Layout and Required Data Items

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		3829	Esophagus and EGJ Tumor Epicenter	1		
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	Yes
Stage/Prognostic Factors	C	3839	Gleason Patterns Pathological	2	2021	Yes
Stage/Prognostic Factors	C	3840	Gleason Score Clinical	2	2021	Yes
Stage/Prognostic Factors	C	3841	Gleason Score Pathological	2	2021	Yes
Stage/Prognostic Factors	C	3842	Gleason Tertiary Pattern	2	2021	Yes
Stage/Prognostic Factors		3842	hCG Post-orchietomy Range	1		
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		

APPENDIX G – 2021 FCDS Record Layout and Required Data Items

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		
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		

APPENDIX G – 2021 FCDS Record Layout and Required Data Items

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		
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		

APPENDIX G – 2021 FCDS Record Layout and Required Data Items

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		
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		
NPCR CER	C	9960	Height	2	2011	
NPCR CER	C	9961	Weight	3	2011	
NPCR CER	C	9965	Tobacco Use - Cigarette	1	2011	
NPCR CER	C	9966	Tobacco Use - OthSmoke	1	2011	
NPCR CER	C	9967	Tobacco Use - Smokeless Tob	1	2011	
NPCR CER	C	9968	Tobacco Use - NOS	1	2011	
NPCR CER	D	9980	EDP MDE Link	1		
NPCR CER	D	9981	EDP MDE Link Date	8		
C = Core Required for Abstracting						
R = Overrides Set by FCDS Staff						
RH = Required by NPCR - Historically						

APPENDIX G – 2021 FCDS Record Layout and Required Data Items

D = Derived						
Blank = Not Required						

Appendix H

2021 Site-Specific Data Items - Required

<https://apps.naaccr.org/ssdi/list/>

Below is the short list of Site Specific Data Items (SSDI) Required by FCDS for 2021.

FCDS requires only a small subset of the more than 150 SSDIs available to be reported as compared to the Commission on Cancer Requirements.

FCDS will accept and monitor data from these new data items for missing data and unknown values for any 'analytic' case reported.

SSDI data should be available for every 'analytic' case meeting AJCC Schema Criteria.

Please refer to the *Site Specific Data Items Manual* for more information and specific coding instructions for each item. <https://apps.naaccr.org/ssdi/list/>

Appendix H – 2021 FCDS Required Site Specific Data Items (SSDIs)

Below is the short list of Site Specific Data Items (SSDI) Required by FCDS for 2021. CDS requires only a small subset of more than 150 SSDIs available to be reported as compared to the Commission on Cancer Requirements. FCDS will accept and monitor data from these new data items for missing data and unknown values for any ‘analytic’ case reported. SSDI data should be available for every ‘analytic’ case meeting AJCC Schema Criteria. Please refer to the **Site Specific Data Items Manual** for specific coding instructions for each item. <https://apps.naacr.org/ssdi/list/>

FCDS Requires the Following SSDIs for Cases Diagnosed/Treated 2018 and Forward

Core/Derived	Item #	Item Name	Length	Start Date
D	3800	Schema ID	5	2018
C	3816	Brain Molecular Markers	2	2018
C	3817	Breslow Tumor Thickness	4	2018
C	3827	Estrogen Receptor Summary	1	2018
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	1068	Grade Post Therapy Clin (yc)	2	2021
C	3845	Grade Post Therapy Path (yp)	1	2018
C	3855	HER2 Overall Summary (breast, esophagus, stomach)	1	2018 2021
C	3890	Microsatellite Instability (MSI)	1	2018
C	3915	Progesterone Receptor Summary	1	2018
C	3920	PSA (Prostatic Specific Antigen) Lab Value	5	2018
C	3932	LDH Pretreatment Lab Value	7	2018

Appendix I

Free-Standing Radiation Therapy Centers Cancer Case Identification Program

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. 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. FCDS tries to identify every cancer patient receiving any type of radiation therapy from any radiation therapy treatment center – so long as the radiation therapy was a part of the first course of treatment and not for progression or recurrence of cancer.

NOTE: Casefinding Lists for ICD-10-CM have been updated/added.

Once these preliminary Casefinding Lists have been sent to FCDS. The FCDS tried to match up same patients and merge data from multiple sources bringing together the various modes of therapy that might be given to the patient in different places. This way the FCDS serves to consolidate and summarize the entire first course of cancer therapy in chronology.

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-10-CM Diagnosis Code	7

File structure notes:

- Files must be in ASCII, with one CR/LF sequence at end of each record.
- Fields are separated by 1 tab character, beginning after field 1 and no tab after field 12. Since there are 12 fields, each record must have exactly 11 separating tabs. Files with extra/missing tabs - in any record - will be rejected.
- No embedded CR/LF, TABS other than as field separators, or other control characters in text fields.
- No quotes "" around fields, just data.
- Dates are in YYYYMMDD format – do not add “/” or “-“. Dates will be validated (don’t submit 99999999 or 20030229).
- No "Header" records with variable names, just data.
- All fields are required. Do not use blanks for missing information. Required fields that are missing/unknown, such as Sex, have codes for missing.
- Field lengths are the maximum allowed length for that field. Don’t add extra trailing spaces to field.
- Files may be compressed before upload using the DOS/Windows ZIP compression standard. PKZIP or WINZIP are examples of programs that produce the correct compressed format.

DATA ITEM DESCRIPTIONS

Field#	Item Name	Maximum Field Length
1	FCDS Facility Number	4

This is a required data item containing the FCDS Facility number for your Radiation Center. Appendix A has a list of FCDS Facility numbers. Contact FCDS if your facility is not on this list.

Field#	Item Name	Maximum Field Length
2	Patient ID or Medical Record Number	12

This 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. 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	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 upload to be rejected.

Field#	Item Name	Maximum Field Length
8	Patient Sex	1

This is a required data item containing the patient's sex. Use the following codes:
1=Male, 2=Female, 3=Hermaphrodite, 4=Transsexual, 9=Unknown/not stated

Field#	Item Name	Maximum Field Length
9	Patient Race	2

This is a required data item containing the patient's race. Use the following codes:
1=White, 2=Black, 3=American Indian, 98=Other, 99=Unknown

Field#	Item Name	Maximum Field Length
10	Patient State	2

This 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.

Field#	Item Name	Maximum Field Length
11	Patient Zip code	5

This is a required data item containing the USPS 5 digit Postal code for the patient's address.

Field#	Item Name	Maximum Field Length
12	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.

Field#	Item Name	Maximum Field Length
13	ICD-10-CM Diagnosis Code	7

This is a required data item containing the ICD-10-CM Diagnosis Code associated with the patient encounter at your facility. The field will support an ICD-10-CM Diagnosis Code (used starting with 10/1/2015 patient encounters).

ICD-10-CM CASEFINDING LIST FOR REPORTABLE TUMORS – Oct 1, 2020 and later encounters

The following ICD-10-CM list is to be used to identify potentially reportable tumors. Some ICD-10-CM codes contain conditions that are not reportable. These records should be reviewed and assessed individually to verify whether or not they are reportable to FCDS. ICD-10-CM implementation is expected nationwide October 1, 2020 for all hospitals. A complete listing of ALL Required ICD-10-CM Code is in Appendix O of this manual.

ICD-10-CM	Description
C00._ - C43._	Malignant neoplasms
C4A._	Merkel cell carcinoma
C44.13__	Sebaceous Cell Carcinoma of Skin of Eyelid (upper, lower, left, right)
C45._ - C96._	Malignant neoplasms
C49.A_	GI stromal tumor
C7A._	Malignant carcinoid tumors
C84.A_	Cutaneous T-cell lymphoma
C84.Z_	Other mature T/NK-cell lymphoma
C91.A_	Mature B-cell leukemia Burkitt-type
C91.Z_	Other lymphoid leukemia
C92.A_	Acute myeloid leukemia with multi-lineage dysplasia
C92.Z_	Other myeloid leukemia
C93.Z_	Other monocytic leukemia
C96.2_	Malignant mast cell neoplasms
C96.A_	Histiocytic sarcoma
C96.Z_	Other specified malignant neoplasm of lymphoid, hematopoietic and related tissue
D00._ - D09._	Carcinoma in situ (exclude: skin, cervix and prostate– D04._, D06._ and D07.5)
D32._	Benign neoplasm of meninges (cerebral, spinal and unspecified)
D33._	Benign neoplasm of brain and other parts of central nervous system
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)
D46.0-D46.9, D46.A-D46.Z	Myelodysplastic syndromes (9980, 9982, 9983, 9985, 9986, 9989, 9991, 9992)
D47.1, D47.3, D47.4, D47.9	Myeloproliferative diseases (9931, 9740, 9741, 9742, 9960, 9961, 9962, 9963, 9965, 9966, 9967, 9970, 9971, 9975, 9997)
D47.Z, D47.Z1, D47.Z9	Post-transplant lymphoproliferative disorder (PTLD)
D49.6, D49.7	Neoplasm of unspecified behavior of brain, endocrine glands and other CNS
D72.110- D72.119	Hypereosinophilic Syndrome [HES] – idiopathic, lymphocytic, other, unspecified

Note: Pilocytic/juvenile astrocytoma (M-9421) is reported with behavior coded /3 (9421/3 not 9421/1).

Appendix J

Height Conversion Table Feet (ft), Inches (in) / Centimeters (cm)

Appendix J
Height Conversion Table
Feet (ft), Inches (in) / Centimeters (cm)

Feet/Inches	Total Inches	Centimeters
1' 6"	18"	46
1' 7"	19"	48
1' 8"	20"	51
1' 9"	21"	53
1' 10"	22"	56
1' 11"	23"	58
2'	24"	61
2' 1"	25"	64
2' 2"	26"	66
2' 3"	27"	69
2' 4"	28"	71
2' 5"	29"	74
2' 6"	30"	76
2' 7"	31"	79
2' 8"	32"	81
2' 9"	33"	84
2' 10"	34"	86
2' 11"	35"	89
3'	36"	91
3' 1"	37"	94
3' 2"	38"	97

Feet/Inches	Total Inches	Centimeters
3' 3"	39"	99
3' 4"	40"	102
3' 5"	41"	104
3' 6"	42"	107
3' 7"	43"	109
3' 8"	44"	112
3' 9"	45"	114
3' 10"	46"	117
3' 11"	47"	119
4'	48"	122
4' 1"	49"	124
4' 2"	50"	127
4' 3"	51"	130
4' 4"	52"	132
4' 5"	53"	135
4' 6"	54"	137
4' 7"	55"	140
4' 8"	56"	142
4' 9"	57"	145
4' 10"	58"	147
4' 11"	59"	150

Feet/Inches	Total Inches	Centimeters
5'	60"	152
5' 1"	61"	155
5' 2"	62"	157
5' 3"	63"	160
5' 4"	64"	163
5' 5"	65"	165
5' 6"	66"	168
5' 7"	67"	170
5' 8"	68"	173
5' 9"	69"	175
5' 10"	70"	178
5' 11"	71"	180
6'	72"	183
6' 1"	73"	185
6' 2"	74"	188
6' 3"	75"	191
6' 4"	76"	193
6' 5"	77"	195
6' 6"	78"	198
6' 7"	79"	201
6' 8"	80"	203

Appendix K

Weight Conversion Table Pounds (lb) / Kilograms (kg)

Appendix K

Weight Conversion Table = Pounds (lb) / Kilograms (kg)

Pounds	Kilograms
2	1
4	2
7	3
9	4
11	5
13	6
15	7
18	8
20	9
22	10
24	11
26	12
29	13
31	14
33	15
35	16
37	17
40	18
42	19
44	20
46	21
49	22
51	23
53	24
55	25
57	26
60	27
62	28
64	29
66	30
68	31
71	32
73	33
75	34
77	35
79	36
82	37
84	38
86	39
88	40
90	41
93	42

Pounds	Kilograms
95	43
97	44
99	45
101	46
104	47
106	48
108	49
110	50
112	51
115	52
117	53
119	54
121	55
123	56
126	57
128	58
130	59
132	60
134	61
137	62
139	63
141	64
143	65
146	66
148	67
150	68
152	69
154	70
157	71
159	72
161	73
163	74
165	75
168	76
170	77
172	78
174	79
176	80
179	81
181	82
183	83
185	84

Pounds	Kilograms
187	85
190	86
192	87
194	88
196	89
198	90
201	91
203	92
205	93
207	94
209	95
212	96
214	97
216	98
218	99
220	100
223	101
225	102
227	103
229	104
231	105
234	106
236	107
238	108
240	109
243	110
245	111
247	112
249	113
251	114
254	115
256	116
258	117
260	118
262	119
265	120
267	121
269	122
271	123
273	124
276	125
278	126

Pounds	Kilograms
280	127
282	128
284	129
287	130
289	131
291	132
293	133
295	134
298	135
300	136
302	137
304	138
306	139
309	140
311	141
313	142
315	143
317	144
320	145
322	146
324	147
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328	149
331	150
333	151
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Appendix L

FCDS TEXT DOCUMENTATION REQUIREMENTS – REVISED FOR 2021

ALL REGISTRARS MUST FULLY DOCUMENT ALL CASES REGARDLESS OF CLASS OF CASE OR INFORMATION AVAILABLE IN THE MEDICAL RECORD

WHEN INFORMATION IS NOT AVAILABLE OR DATES ESTIMATED, PLEASE DOCUMENT THAT THE INFORMATION IS MISSING AND DATES ARE ESTIMATED SO WE DO NOT HAVE TO ASK YOU WHY THEY ARE MISSING.

ADDITIONAL REFERENCES FOR DOCUMENTATION:

NCRA Informational Abstracts

**NCRA has published a series of Informational Abstracts
FREE FOR DOWNLOAD**

Providing cancer-site specific guidelines for text to be included in Abstracts

The National Cancer Registrars Association (NCRA) is also a source for tools and resources for registrars. NCRA's Education Committee created a series of "informational abstracts" for common cancers and a presentation entitled Using the Informational Abstracts in Your Registry that shows registrars how to use the informational abstracts as an abstracting resources. These are available as a set of cancer site-specific abstracts provide an outline to follow when determining what text to include.

The NCRA Informational Abstracts can be found at
<http://www.cancerregistryeducation.org/rr> and include;
(Updated 11.2019)

Benign Brain
Bladder
Breast
Cervix
Colon
Endometrial
Kidney
Larynx
Lung
Lymphoma
Malignant Brain
Melanoma
Ovarian
Pancreas
Prostate
Renal Pelvis
Testis
Thyroid

APPENDIX L – 2021 FCDS TEXT DOCUMENTATION REQUIREMENTS

Text Documentation Requirements have increased every year since they were first required back in 1995. Complete and Accurate Documentation is an essential component of a complete electronic abstract and is utilized heavily in quality control, to validate data at time of FCDS and NPCR Audits, and for special studies by researchers. Text **documentation is required to justify coded values** and to supplement information not transmitted with coded values. **FCDS recommends that abstractors print and post this document for easy reference.** Adequate text is a data quality indicator and is a major component of QC.

Below is a list of FCDS Required Data Items that carry an additional requirement of complete and accurate text documentation. See Table on Following Page for Specific Examples for each Text Area.

DATA ITEMS REQUIRING COMPLETE TEXT DOCUMENTATION	
Date of DX	
Seq No	ALL Req'd Site Specific Data Items (SSDI)
Sex	
Primary Site INCLUDE SUBSITE	THIS MUST INCLUDE ANY AND ALL TREATMENT GIVEN ANYWHERE
Laterality	RX Summ – Surg Prim Site
Histologic Type	RX Summ – Scope Reg LN Surgery
Behavior Code	RX Summ – Surg Oth Reg/Distant
Grade – Clinical	RX Date – Surgery
Grade – Pathological	Phase I Radiation Treatment Modality
Grade – Post Treatment – Clinical	RX Date – Radiation
Grade – Post Treatment – Pathological	RX Summ – Chemo – include all agents
	RX Date – Chemo
COMPLETE WORKUP INCLUDING DATES	RX Summ – Hormone – include all agents
<i>Imaging, Endoscopies, Labs, Genetics, Path, etc.</i>	RX Date – Hormone
	RX Summ – BRM/Immunotherapy - agents
Summary Stage 2018, Sept 2020 version	RX Date – BRM/Immunotherapy
<i>You may also include AJCC TNM stage</i>	RX Summ – Transplant/Endocrine - details
<i>However, you still must document the</i>	RX Date – Transplant/Endocrine
<i>Rationale for why you assigned SS2018.</i>	RX Summ – Other – include all details
<i>There is no crosswalk from TNM to SS2018.</i>	RX Date - Other
<i>Therefore, it is important BOTH references are included – DO NOT JUST USE TNM IN TEXT.</i>	
	Any Unique or Unusual Characteristics
ALWAYS DOCUMENT WHY THE PATIENT	Specific Statements by Physicians
CAME TO THE FACILITY IN THE FIRST PLACE	Patient History and Reason for Visit
AND WHY CLASS 32 CASES ARE REPORTED	

Text documentation should always include the following components:

- Date(s) – include date(s) references – this allows the reviewer to determine event chronology
- Date(s) – note when date(s) are estimated [i.e. Date of DX 3/15/2018 (est.)]
- Location – include facility/physician/other location where the event occurred (test/study/treatment/other)
- Description – include description of the event (test/study/treatment/other) – include positive/negative results

APPENDIX L – 2021 FCDS TEXT DOCUMENTATION REQUIREMENTS

- Details – include as much detail as possible – document treatment plan even if treatment is not initiated as originally planned – include any treatment interruptions, delays, cancellations, etc.
- Include “relevant-to-this-person/cancer” information only – edit your text documentation
- DO NOT REPEAT INFORMATION from section to section
- DO 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.

The National Cancer Registrars Association (NCRA) is also a source for tools and resources for registrars. NCRA’s Education Committee created a series of “**informational abstracts**” for common cancers and a presentation entitled *Using the Informational Abstracts in Your Registry* that shows registrars how to use the informational abstracts as an abstracting resources. These are available as a set of cancer site-specific abstracts provide an outline to follow when determining what text to include. The NCRA Informational Abstracts can be found at <http://www.cancerregistryeducation.org/rr>. **They are free and include;**

Examples of FCDS and CDC/NPCR and NCI/SEER Expectations for Text Documentation - ALL Cases.

(NCRA - Updated 11.2019)

- INFORMATIONAL ABSTRACTS - DOCUMENTING TEXT FOR: **Benign Brain**
- INFORMATIONAL ABSTRACTS - DOCUMENTING TEXT FOR: **Bladder**
- INFORMATIONAL ABSTRACTS - DOCUMENTING TEXT FOR: **Breast**
- INFORMATIONAL ABSTRACTS - DOCUMENTING TEXT FOR: **Cervix**
- INFORMATIONAL ABSTRACTS - DOCUMENTING TEXT FOR: **Colon**
- INFORMATIONAL ABSTRACTS - DOCUMENTING TEXT FOR: **Endometrial**
- INFORMATIONAL ABSTRACTS - DOCUMENTING TEXT FOR: **Kidney**
- INFORMATIONAL ABSTRACTS - DOCUMENTING TEXT FOR: **Larynx**
- INFORMATIONAL ABSTRACTS - DOCUMENTING TEXT FOR: **Lung**
- INFORMATIONAL ABSTRACTS - DOCUMENTING TEXT FOR: **Lymphoma**
- INFORMATIONAL ABSTRACTS - DOCUMENTING TEXT FOR: **Malignant Brain**
- INFORMATIONAL ABSTRACTS - DOCUMENTING TEXT FOR: **Melanoma**
- INFORMATIONAL ABSTRACTS - DOCUMENTING TEXT FOR: **Ovarian**
- INFORMATIONAL ABSTRACTS - DOCUMENTING TEXT FOR: **Pancreas**
- INFORMATIONAL ABSTRACTS - DOCUMENTING TEXT FOR: **Prostate**
- INFORMATIONAL ABSTRACTS - DOCUMENTING TEXT FOR: **Renal Pelvis**
- INFORMATIONAL ABSTRACTS - DOCUMENTING TEXT FOR: **Testis**
- INFORMATIONAL ABSTRACTS - DOCUMENTING TEXT FOR: **Thyroid**

APPENDIX L – 2021 FCDS TEXT DOCUMENTATION REQUIREMENTS

Text Data Item Name NAACCR Item # Field Length	Text Documentation Source and Item Description <i>FCDS Required Text Documentation – description of the minimum text required for this text field</i> Example:
Text - Physical Exam H&P NAACCR Item #2520 Field Length = 1000	Enter dates and text information from history and physical exams. <i>History and physical examination findings that relate to family history or personal history of cancer diagnosis, physical findings on examination, type and duration of symptoms, <u>reason for admission</u>. Every abstract should include a statement as to the reason for the patient encounter at your facility.</i> Example: Hx RCC Rt Kidney – Dx 9/2015 in Georgia. Adm to this facility on 2/1/2018 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, and PET scans, ultrasound and other imaging studies. <i>Please try to list imaging in chronological order. Date, facility where procedure was performed, type of procedure, detailed findings (primary site, size of tumor, location of tumor, nodes, metastatic sites), clinical assessment, positive/negative results</i> Example: 4/12/18 (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, facility where procedure was performed, type of procedure, detailed findings (primary site, extent of tumor spread, satellite lesions), clinical assessment, positive/ negative results</i> Example: 4/12/18 (Endoscopy Ctr xyz) EGD: gastric mucosa w/ evidence of large tumor occupying half of the stomach. Numerous satellite tumors seen on 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 lab. 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: 4/12/18 (Hosp xyz) ER +, PR -, HER2 neg by IHC method, PSA 5.3 (elevated)
Text - Operative Report NAACCR Item #2560 Field Length = 1000	Enter dates and text information from surgical operative reports (not diagnostic needle or incisional biopsy). Include observations at surgery such as tumor size and extent of direct involvement of primary with regional organs or other structures or observed at surgery metastatic sites. <i>Date of procedure, facility where procedure was performed, type of surgical procedure, detailed surgical findings, documentation of residual tumor, evidence of invasion of surrounding areas</i> Example: 4/12/18 (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 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, some special histo studies</i> Example: 2/5/18 (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). Please document stage clearly. <i>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.</i> Example: 2/15/18 - T2aN1a per path, distant mets in lungs, ER/PR neg, HER2 neg by IHC method

APPENDIX L – 2021 FCDS TEXT DOCUMENTATION REQUIREMENTS

Text Data Item Name NAACCR Item # Field Length	Text Documentation Source and Item Description <i>FCDS Required Text Documentation – description of the minimum text required for this text field</i> Example:
RX Text - Surgery NAACCR Item #2610 Field Length = 1000	Enter dates and text describing each surgical procedure(s) performed as part of 1 st course treatment. <i>Treatment plan, date surgery performed, type of procedure, facility where surgery was performed</i> Example: 2/15/18 (Hosp xyz) - rt breast mrm w/ax In dissection
RX Text Radiation (Modality) NAACCR Item #2620 Field Length = 1000	Enter dates and detailed information regarding radiation treatment for the tumor being reported. <i>Treatment Plan (if no treatment given), date treatment initiated/completed, facility where treatment administered, type of radiation, dose (if known)</i> Example: 2/15/18-3/15/18 (Hosp xyz) – 45 Gy orthovoltage with 20 Gy boost to tumor bed
RX Text - Chemo NAACCR Item #2640 Field Length = 1000	Enter dates 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 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: 2/15/18 (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 dates 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 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: 2/15/18 (Dr Jones) - tamoxifen (dose/duration not stated)
RX Text - BRM NAACCR Item #2660 Field Length = 1000	Enter dates 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 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: 2/15/18 (Hosp xyz) - interferon or BCG (dose/duration not stated), rituximab is BRM
RX Text - Other NAACCR Item #2670 Field Length = 1000	Enter information regarding treatment that cannot be defined as surgery, radiation, or systemic therapy. <u>Do not code pain medication for palliation in this data item contrary to CoC instructions.</u> <i>Date treatment planned/initiated, name of other therapy, agent or procedure, dose (if known), facility where performed</i> Example: 2/15/18 (Hosp xyz) - blinded clinical trial or hyperthermia (may include study number)
Text - Remarks NAACCR Item #2680 Field Length = 1000	Document information not provided in any other text field or overflow from text fields. Document personal history of carcinogenic exposure (arsenic, drinking water, uranium, asbestos), other Example: 40 year h/o of working in ship building and construction w/ lots of asbestos exposure

Appendix M

Hematopoietic and Lymphoid Neoplasm Master Code Lists (alpha/numeric)

The ICD-O-3 printed Manual should not be used to code these neoplasms.

Always Reference the Online Hematopoietic Database Rules & Instructions

<https://seer.cancer.gov/seertools/hemelymph/>

The Hematopoietic Database is the Only Complete Source of Information for Lymphoid and Myeloid Neoplasms including but not limited to; lymphoma, leukemia, plasma cell neoplasms, myelodysplastic syndromes, and myeloproliferative diseases.

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 serve as the primary resource for coding instructions and rationale for use of the SSDI items and the Grade Coding Instructions. The Grade Manual must be used to identify the **FOUR** grade code fields, coding instructions, and code lists as well as 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 v2.01.** Before using the Grade Manual as a coding reference, it is important 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 use of AJCC-recommended grade tables where applicable and the introduction of Clinical, Pathological and Post-Therapy Grade data items (yc and yp).

In order to understand how the Grade Tables are organized in the Grade Manual, you must be familiar with the concept of Schema ID's 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 that apply to clinical grade for **29 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, and contains Schema number and name, 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 in alphabetical order 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. Thorough understanding of this material will be necessary in order to code the new Grade Data Items accurately.

Appendix O

2021 FCDS Casefinding List of Reportable Tumors

ICD-10-CM Code List

ICD-10-CM CASEFINDING LIST FOR REPORTABLE TUMORS – Oct 1, 2020 and later encounters

The following ICD-10-CM list is to be used to identify potentially reportable tumors. Some ICD-10-CM codes contain conditions that are not reportable. These records should be reviewed and assessed individually to verify whether or not they are reportable to FCDS. ICD-10-CM implementation is expected nationwide October 1, 2020 for all hospitals.

ICD-10-CM	Description
C00._ - C43._	Malignant neoplasms
C4A._	Merkel cell carcinoma
C44.13__	Sebaceous Cell Carcinoma of Skin of Eyelid (upper, lower, left, right)
C45._ - C96._	Malignant neoplasms
C49.A_	GI stromal tumor
C7A._	Malignant carcinoid tumors
C84.A_	Cutaneous T-cell lymphoma
C84.Z_	Other mature T/NK-cell lymphoma
C91.A_	Mature B-cell leukemia Burkitt-type
C91.Z_	Other lymphoid leukemia
C92.A_	Acute myeloid leukemia with multi-lineage dysplasia
C92.Z_	Other myeloid leukemia
C93.Z_	Other monocytic leukemia
C96.2_	Malignant mast cell neoplasms
C96.A_	Histiocytic sarcoma
C96.Z_	Other specified malignant neoplasm of lymphoid, hematopoietic and related tissue
D00._ - D09._	Carcinoma in situ (exclude: skin, cervix and prostate– D04._, D06._ and D07.5)
D32._	Benign neoplasm of meninges (cerebral, spinal and unspecified)
D33._	Benign neoplasm of brain and other parts of central nervous system
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)
D46.0-D46.9, D46.A-D46.Z	Myelodysplastic syndromes (9980, 9982, 9983, 9985, 9986, 9989, 9991, 9992)
D47.1, D47.3, D47.4, D47.9	Myeloproliferative diseases (9931, 9740, 9741, 9742, 9960, 9961, 9962, 9963, 9965, 9966, 9967, 9970, 9971, 9975, 9987)
D47.Z, D47.Z1, D47.Z9	Post-transplant lymphoproliferative disorder (PTLD)
D49.6, D49.7	Neoplasm of unspecified behavior of brain, endocrine glands and other CNS
D72.110-D72.119	Hypereosinophilic Syndrome [HES] – idiopathic, lymphocytic, other, unspecified

Note: Pilocytic/juvenile astrocytoma (M-9421) is reported with the behavior coded /3 (9421/3 not 9421/1).

2021 ICD-10-CM Casefinding List for FCDS Reporting

REPORTABLE	ICD-10-CM	FULL DESCRIPTION
Y	C00	Malignant neoplasm of lip
Y	C00.0	Malignant neoplasm of external upper lip
Y	C00.1	Malignant neoplasm of external lower lip
Y	C00.2	Malignant neoplasm of external lip, unspecified
Y	C00.3	Malignant neoplasm of upper lip, inner aspect
Y	C00.4	Malignant neoplasm of lower lip, inner aspect
Y	C00.5	Malignant neoplasm of lip, unspecified, inner aspect
Y	C00.6	Malignant neoplasm of commissure of lip, unspecified
Y	C00.8	Malignant neoplasm of overlapping sites of lip
Y	C00.9	Malignant neoplasm of lip, unspecified
Y	C01	Malignant neoplasm of base of tongue
Y	C02	Malignant neoplasm of other and unspecified parts of tongue
Y	C02.0	Malignant neoplasm of dorsal surface of tongue
Y	C02.1	Malignant neoplasm of border of tongue
Y	C02.2	Malignant neoplasm of ventral surface of tongue
Y	C02.3	Malignant neoplasm of anterior two-thirds of tongue, part unspecified
Y	C02.4	Malignant neoplasm of lingual tonsil
Y	C02.8	Malignant neoplasm of overlapping sites of tongue
Y	C02.9	Malignant neoplasm of tongue, unspecified
Y	C03	Malignant neoplasm of gum
Y	C03.0	Malignant neoplasm of upper gum
Y	C03.1	Malignant neoplasm of lower gum
Y	C03.9	Malignant neoplasm of gum, unspecified
Y	C04	Malignant neoplasm of floor of mouth
Y	C04.0	Malignant neoplasm of anterior floor of mouth
Y	C04.1	Malignant neoplasm of lateral floor of mouth
Y	C04.8	Malignant neoplasm of overlapping sites of floor of mouth
Y	C04.9	Malignant neoplasm of floor of mouth, unspecified
Y	C05	Malignant neoplasm of palate
Y	C05.0	Malignant neoplasm of hard palate
Y	C05.1	Malignant neoplasm of soft palate
Y	C05.2	Malignant neoplasm of uvula

2021 ICD-10-CM Casefinding List for FCDS Reporting

REPORTABLE	ICD-10-CM	FULL DESCRIPTION
Y	C05.8	Malignant neoplasm of overlapping sites of palate
Y	C05.9	Malignant neoplasm of palate, unspecified
Y	C06	Malignant neoplasm of other and unspecified parts of mouth
Y	C06.0	Malignant neoplasm of cheek mucosa
Y	C06.1	Malignant neoplasm of vestibule of mouth
Y	C06.2	Malignant neoplasm of retromolar area
Y	C06.8	Malignant neoplasm of overlapping sites of other and unspecified parts of mouth
Y	C06.80	Malignant neoplasm of overlapping sites of unspecified parts of mouth
Y	C06.89	Malignant neoplasm of overlapping sites of other parts of mouth
Y	C06.9	Malignant neoplasm of mouth, unspecified
Y	C07	Malignant neoplasm of parotid gland
Y	C08	Malignant neoplasm of other and unspecified major salivary glands
Y	C08.0	Malignant neoplasm of submandibular gland
Y	C08.1	Malignant neoplasm of sublingual gland
Y	C08.9	Malignant neoplasm of major salivary gland, unspecified
Y	C09	Malignant neoplasm of tonsil
Y	C09.0	Malignant neoplasm of tonsillar fossa
Y	C09.1	Malignant neoplasm of tonsillar pillar (anterior) (posterior)
Y	C09.8	Malignant neoplasm of overlapping sites of tonsil
Y	C09.9	Malignant neoplasm of tonsil, unspecified
Y	C10	Malignant neoplasm of oropharynx
Y	C10.0	Malignant neoplasm of vallecula
Y	C10.1	Malignant neoplasm of anterior surface of epiglottis
Y	C10.2	Malignant neoplasm of lateral wall of oropharynx
Y	C10.3	Malignant neoplasm of posterior wall of oropharynx
Y	C10.4	Malignant neoplasm of branchial cleft
Y	C10.8	Malignant neoplasm of overlapping sites of oropharynx
Y	C10.9	Malignant neoplasm of oropharynx, unspecified
Y	C11	Malignant neoplasm of nasopharynx
Y	C11.0	Malignant neoplasm of superior wall of nasopharynx
Y	C11.1	Malignant neoplasm of posterior wall of nasopharynx
Y	C11.2	Malignant neoplasm of lateral wall of nasopharynx

2021 ICD-10-CM Casefinding List for FCDS Reporting

REPORTABLE	ICD-10-CM	FULL DESCRIPTION
Y	C11.3	Malignant neoplasm of anterior wall of nasopharynx
Y	C11.8	Malignant neoplasm of overlapping sites of nasopharynx
Y	C11.9	Malignant neoplasm of nasopharynx, unspecified
Y	C12	Malignant neoplasm of pyriform sinus
Y	C13	Malignant neoplasm of hypopharynx
Y	C13.0	Malignant neoplasm of postcricoid region
Y	C13.1	Malignant neoplasm of aryepiglottic fold, hypopharyngeal aspect
Y	C13.2	Malignant neoplasm of posterior wall of hypopharynx
Y	C13.8	Malignant neoplasm of overlapping sites of hypopharynx
Y	C13.9	Malignant neoplasm of hypopharynx, unspecified
Y	C14	Malignant neoplasm of other and ill-defined sites in the lip, oral cavity and pharynx
Y	C14.0	Malignant neoplasm of pharynx, unspecified
Y	C14.2	Malignant neoplasm of Waldeyers ring
Y	C14.8	Malignant neoplasm of overlapping sites of lip, oral cavity and pharynx
Y	C15	Malignant neoplasm of esophagus
Y	C15.3	Malignant neoplasm of upper third of esophagus
Y	C15.4	Malignant neoplasm of middle third of esophagus
Y	C15.5	Malignant neoplasm of lower third of esophagus
Y	C15.8	Malignant neoplasm of overlapping sites of esophagus
Y	C15.9	Malignant neoplasm of esophagus, unspecified
Y	C16	Malignant neoplasm of stomach
Y	C16.0	Malignant neoplasm of cardia
Y	C16.1	Malignant neoplasm of fundus of stomach
Y	C16.2	Malignant neoplasm of body of stomach
Y	C16.3	Malignant neoplasm of pyloric antrum
Y	C16.4	Malignant neoplasm of pylorus
Y	C16.5	Malignant neoplasm of lesser curvature of stomach, unspecified
Y	C16.6	Malignant neoplasm of greater curvature of stomach, unspecified
Y	C16.8	Malignant neoplasm of overlapping sites of stomach
Y	C16.9	Malignant neoplasm of stomach, unspecified
Y	C17	Malignant neoplasm of small intestine
Y	C17.0	Malignant neoplasm of duodenum

2021 ICD-10-CM Casefinding List for FCDS Reporting

REPORTABLE	ICD-10-CM	FULL DESCRIPTION
Y	C17.1	Malignant neoplasm of jejunum
Y	C17.2	Malignant neoplasm of ileum
Y	C17.3	Meckels diverticulum, malignant
Y	C17.8	Malignant neoplasm of overlapping sites of small intestine
Y	C17.9	Malignant neoplasm of small intestine, unspecified
Y	C18	Malignant neoplasm of colon
Y	C18.0	Malignant neoplasm of cecum
Y	C18.1	Malignant neoplasm of appendix
Y	C18.2	Malignant neoplasm of ascending colon
Y	C18.3	Malignant neoplasm of hepatic flexure
Y	C18.4	Malignant neoplasm of transverse colon
Y	C18.5	Malignant neoplasm of splenic flexure
Y	C18.6	Malignant neoplasm of descending colon
Y	C18.7	Malignant neoplasm of sigmoid colon
Y	C18.8	Malignant neoplasm of overlapping sites of colon
Y	C18.9	Malignant neoplasm of colon, unspecified
Y	C19	Malignant neoplasm of rectosigmoid junction
Y	C20	Malignant neoplasm of rectum
Y	C21	Malignant neoplasm of anus and anal canal
Y	C21.0	Malignant neoplasm of anus, unspecified
Y	C21.1	Malignant neoplasm of anal canal
Y	C21.2	Malignant neoplasm of cloacogenic zone
Y	C21.8	Malignant neoplasm of overlapping sites of rectum, anus and anal canal
Y	C22	Malignant neoplasm of liver and intrahepatic bile ducts
Y	C22.0	Liver cell carcinoma
Y	C22.1	Intrahepatic bile duct carcinoma
Y	C22.2	Hepatoblastoma
Y	C22.3	Angiosarcoma of liver
Y	C22.4	Other sarcomas of liver
Y	C22.7	Other specified carcinomas of liver
Y	C22.8	Malignant neoplasm of liver, primary, unspecified as to type
Y	C22.9	Malignant neoplasm of liver, not specified as primary or secondary

2021 ICD-10-CM Casefinding List for FCDS Reporting

REPORTABLE	ICD-10-CM	FULL DESCRIPTION
Y	C23	Malignant neoplasm of gallbladder
Y	C24	Malignant neoplasm of other and unspecified parts of biliary tract
Y	C24.0	Malignant neoplasm of extrahepatic bile duct
Y	C24.1	Malignant neoplasm of ampulla of Vater
Y	C24.8	Malignant neoplasm of overlapping sites of biliary tract
Y	C24.9	Malignant neoplasm of biliary tract, unspecified
Y	C25	Malignant neoplasm of pancreas
Y	C25.0	Malignant neoplasm of head of pancreas
Y	C25.1	Malignant neoplasm of body of pancreas
Y	C25.2	Malignant neoplasm of tail of pancreas
Y	C25.3	Malignant neoplasm of pancreatic duct
Y	C25.4	Malignant neoplasm of endocrine pancreas
Y	C25.7	Malignant neoplasm of other parts of pancreas
Y	C25.8	Malignant neoplasm of overlapping sites of pancreas
Y	C25.9	Malignant neoplasm of pancreas, unspecified
Y	C26	Malignant neoplasm of other and ill-defined digestive organs
Y	C26.0	Malignant neoplasm of intestinal tract, part unspecified
Y	C26.1	Malignant neoplasm of spleen
Y	C26.9	Malignant neoplasm of ill-defined sites within the digestive system
Y	C30	Malignant neoplasm of nasal cavity and middle ear
Y	C30.0	Malignant neoplasm of nasal cavity
Y	C30.1	Malignant neoplasm of middle ear
Y	C31	Malignant neoplasm of accessory sinuses
Y	C31.0	Malignant neoplasm of maxillary sinus
Y	C31.1	Malignant neoplasm of ethmoidal sinus
Y	C31.2	Malignant neoplasm of frontal sinus
Y	C31.3	Malignant neoplasm of sphenoid sinus
Y	C31.8	Malignant neoplasm of overlapping sites of accessory sinuses
Y	C31.9	Malignant neoplasm of accessory sinus, unspecified
Y	C32	Malignant neoplasm of larynx
Y	C32.0	Malignant neoplasm of glottis
Y	C32.1	Malignant neoplasm of supraglottis

2021 ICD-10-CM Casefinding List for FCDS Reporting

REPORTABLE	ICD-10-CM	FULL DESCRIPTION
Y	C32.2	Malignant neoplasm of subglottis
Y	C32.3	Malignant neoplasm of laryngeal cartilage
Y	C32.8	Malignant neoplasm of overlapping sites of larynx
Y	C32.9	Malignant neoplasm of larynx, unspecified
Y	C33	Malignant neoplasm of trachea
Y	C34	Malignant neoplasm of bronchus and lung
Y	C34.0	Malignant neoplasm of main bronchus
Y	C34.00	Malignant neoplasm of unspecified main bronchus
Y	C34.01	Malignant neoplasm of right main bronchus
Y	C34.02	Malignant neoplasm of left main bronchus
Y	C34.1	Malignant neoplasm of upper lobe, bronchus or lung
Y	C34.10	Malignant neoplasm of upper lobe, unspecified bronchus or lung
Y	C34.11	Malignant neoplasm of upper lobe, right bronchus or lung
Y	C34.12	Malignant neoplasm of upper lobe, left bronchus or lung
Y	C34.2	Malignant neoplasm of middle lobe, bronchus or lung
Y	C34.3	Malignant neoplasm of lower lobe, bronchus or lung
Y	C34.30	Malignant neoplasm of lower lobe, unspecified bronchus or lung
Y	C34.31	Malignant neoplasm of lower lobe, right bronchus or lung
Y	C34.32	Malignant neoplasm of lower lobe, left bronchus or lung
Y	C34.8	Malignant neoplasm of overlapping sites of bronchus and lung
Y	C34.80	Malignant neoplasm of overlapping sites of unspecified bronchus and lung
Y	C34.81	Malignant neoplasm of overlapping sites of right bronchus and lung
Y	C34.82	Malignant neoplasm of overlapping sites of left bronchus and lung
Y	C34.9	Malignant neoplasm of unspecified part of bronchus or lung
Y	C34.90	Malignant neoplasm of unspecified part of unspecified bronchus or lung
Y	C34.91	Malignant neoplasm of unspecified part of right bronchus or lung
Y	C34.92	Malignant neoplasm of unspecified part of left bronchus or lung
Y	C37	Malignant neoplasm of thymus
Y	C38	Malignant neoplasm of heart, mediastinum and pleura
Y	C38.0	Malignant neoplasm of heart
Y	C38.1	Malignant neoplasm of anterior mediastinum
Y	C38.2	Malignant neoplasm of posterior mediastinum

2021 ICD-10-CM Casefinding List for FCDS Reporting

REPORTABLE	ICD-10-CM	FULL DESCRIPTION
Y	C38.3	Malignant neoplasm of mediastinum, part unspecified
Y	C38.4	Malignant neoplasm of pleura
Y	C38.8	Malignant neoplasm of overlapping sites of heart, mediastinum and pleura
Y	C39	Malignant neoplasm of other and ill-defined sites in the respiratory system and intrathoracic organs
Y	C39.0	Malignant neoplasm of upper respiratory tract, part unspecified
Y	C39.9	Malignant neoplasm of lower respiratory tract, part unspecified
Y	C40	Malignant neoplasm of bone and articular cartilage of limbs
Y	C40.0	Malignant neoplasm of scapula and long bones of upper limb
Y	C40.00	Malignant neoplasm of scapula and long bones of unspecified upper limb
Y	C40.01	Malignant neoplasm of scapula and long bones of right upper limb
Y	C40.02	Malignant neoplasm of scapula and long bones of left upper limb
Y	C40.1	Malignant neoplasm of short bones of upper limb
Y	C40.10	Malignant neoplasm of short bones of unspecified upper limb
Y	C40.11	Malignant neoplasm of short bones of right upper limb
Y	C40.12	Malignant neoplasm of short bones of left upper limb
Y	C40.2	Malignant neoplasm of long bones of lower limb
Y	C40.20	Malignant neoplasm of long bones of unspecified lower limb
Y	C40.21	Malignant neoplasm of long bones of right lower limb
Y	C40.22	Malignant neoplasm of long bones of left lower limb
Y	C40.3	Malignant neoplasm of short bones of lower limb
Y	C40.30	Malignant neoplasm of short bones of unspecified lower limb
Y	C40.31	Malignant neoplasm of short bones of right lower limb
Y	C40.32	Malignant neoplasm of short bones of left lower limb
Y	C40.8	Malignant neoplasm of overlapping sites of bone and articular cartilage of limb
Y	C40.80	Malignant neoplasm of overlapping sites of bone and articular cartilage of unspecified limb
Y	C40.81	Malignant neoplasm of overlapping sites of bone and articular cartilage of right limb
Y	C40.82	Malignant neoplasm of overlapping sites of bone and articular cartilage of left limb
Y	C40.9	Malignant neoplasm of unspecified bones and articular cartilage of limb
Y	C40.90	Malignant neoplasm of unspecified bones and articular cartilage of unspecified limb
Y	C40.91	Malignant neoplasm of unspecified bones and articular cartilage of right limb
Y	C40.92	Malignant neoplasm of unspecified bones and articular cartilage of left limb
Y	C41	Malignant neoplasm of bone and articular cartilage of other and unspecified sites

2021 ICD-10-CM Casefinding List for FCDS Reporting

REPORTABLE	ICD-10-CM	FULL DESCRIPTION
Y	C41.0	Malignant neoplasm of bones of skull and face
Y	C41.1	Malignant neoplasm of mandible
Y	C41.2	Malignant neoplasm of vertebral column
Y	C41.3	Malignant neoplasm of ribs, sternum and clavicle
Y	C41.4	Malignant neoplasm of pelvic bones, sacrum and coccyx
Y	C41.9	Malignant neoplasm of bone and articular cartilage, unspecified
Y	C43	Malignant melanoma of skin
Y	C43.0	Malignant melanoma of lip
Y	C43.1	Malignant melanoma of eyelid, including canthus
Y	C43.10	Malignant melanoma of unspecified eyelid, including canthus
Y	C43.11	Malignant melanoma of right eyelid, including canthus
Y	C43.111	Malignant melanoma of right upper eyelid, including canthus
Y	C43.112	Malignant melanoma of right lower eyelid, including canthus
Y	C43.12	Malignant melanoma of left eyelid, including canthus
Y	C43.121	Malignant melanoma of left upper eyelid, including canthus
Y	C43.122	Malignant melanoma of left lower eyelid, including canthus
Y	C43.2	Malignant melanoma of ear and external auricular canal
Y	C43.20	Malignant melanoma of unspecified ear and external auricular canal
Y	C43.21	Malignant melanoma of right ear and external auricular canal
Y	C43.22	Malignant melanoma of left ear and external auricular canal
Y	C43.3	Malignant melanoma of other and unspecified parts of face
Y	C43.30	Malignant melanoma of unspecified part of face
Y	C43.31	Malignant melanoma of nose
Y	C43.39	Malignant melanoma of other parts of face
Y	C43.4	Malignant melanoma of scalp and neck
Y	C43.5	Malignant melanoma of trunk
Y	C43.51	Malignant melanoma of anal skin
Y	C43.52	Malignant melanoma of skin of breast
Y	C43.59	Malignant melanoma of other part of trunk
Y	C43.6	Malignant melanoma of upper limb, including shoulder
Y	C43.60	Malignant melanoma of unspecified upper limb, including shoulder
Y	C43.61	Malignant melanoma of right upper limb, including shoulder

2021 ICD-10-CM Casefinding List for FCDS Reporting

REPORTABLE	ICD-10-CM	FULL DESCRIPTION
Y	C43.62	Malignant melanoma of left upper limb, including shoulder
Y	C43.7	Malignant melanoma of lower limb, including hip
Y	C43.70	Malignant melanoma of unspecified lower limb, including hip
Y	C43.71	Malignant melanoma of right lower limb, including hip
Y	C43.72	Malignant melanoma of left lower limb, including hip
Y	C43.8	Malignant melanoma of overlapping sites of skin
Y	C43.9	Malignant melanoma of skin, unspecified
Y	C44.13	Sebaceous cell carcinoma of skin of eyelid, including canthus
Y	C44.131	Sebaceous cell carcinoma of skin of unspecified eyelid, including canthus
Y	C44.132	Sebaceous cell carcinoma of skin of right eyelid, including canthus
Y	C44.1321	Sebaceous cell carcinoma of skin of right upper eyelid, including canthus
Y	C44.1322	Sebaceous cell carcinoma of skin of right lower eyelid, including canthus
Y	C44.139	Sebaceous cell carcinoma of skin of left eyelid, including canthus
Y	C44.1391	Sebaceous cell carcinoma of skin of left upper eyelid, including canthus
Y	C44.1392	Sebaceous cell carcinoma of skin of left lower eyelid, including canthus
Y	C45	Mesothelioma
Y	C45.0	Mesothelioma of pleura
Y	C45.1	Mesothelioma of peritoneum
Y	C45.2	Mesothelioma of pericardium
Y	C45.7	Mesothelioma of other sites
Y	C45.9	Mesothelioma, unspecified
Y	C46	Kaposi sarcoma
Y	C46.0	Kaposi sarcoma of skin
Y	C46.1	Kaposi sarcoma of soft tissue
Y	C46.2	Kaposi sarcoma of palate
Y	C46.3	Kaposi sarcoma of lymph nodes
Y	C46.4	Kaposi sarcoma of gastrointestinal sites
Y	C46.5	Kaposi sarcoma of lung
Y	C46.50	Kaposi sarcoma of unspecified lung
Y	C46.51	Kaposi sarcoma of right lung
Y	C46.52	Kaposi sarcoma of left lung
Y	C46.7	Kaposi sarcoma of other sites

2021 ICD-10-CM Casefinding List for FCDS Reporting

REPORTABLE	ICD-10-CM	FULL DESCRIPTION
Y	C46.9	Kaposi sarcoma, unspecified
Y	C47	Malignant neoplasm of peripheral nerves and autonomic nervous system
Y	C47.0	Malignant neoplasm of peripheral nerves of head, face and neck
Y	C47.1	Malignant neoplasm of peripheral nerves of upper limb, including shoulder
Y	C47.10	Malignant neoplasm of peripheral nerves of unspecified upper limb, including shoulder
Y	C47.11	Malignant neoplasm of peripheral nerves of right upper limb, including shoulder
Y	C47.12	Malignant neoplasm of peripheral nerves of left upper limb, including shoulder
Y	C47.2	Malignant neoplasm of peripheral nerves of lower limb, including hip
Y	C47.20	Malignant neoplasm of peripheral nerves of unspecified lower limb, including hip
Y	C47.21	Malignant neoplasm of peripheral nerves of right lower limb, including hip
Y	C47.22	Malignant neoplasm of peripheral nerves of left lower limb, including hip
Y	C47.3	Malignant neoplasm of peripheral nerves of thorax
Y	C47.4	Malignant neoplasm of peripheral nerves of abdomen
Y	C47.5	Malignant neoplasm of peripheral nerves of pelvis
Y	C47.6	Malignant neoplasm of peripheral nerves of trunk, unspecified
Y	C47.8	Malignant neoplasm of overlapping sites of peripheral nerves and autonomic nervous system
Y	C47.9	Malignant neoplasm of peripheral nerves and autonomic nervous system, unspecified
Y	C48	Malignant neoplasm of retroperitoneum and peritoneum
Y	C48.0	Malignant neoplasm of retroperitoneum
Y	C48.1	Malignant neoplasm of specified parts of peritoneum
Y	C48.2	Malignant neoplasm of peritoneum, unspecified
Y	C48.8	Malignant neoplasm of overlapping sites of retroperitoneum and peritoneum
Y	C49	Malignant neoplasm of other connective and soft tissue
Y	C49.0	Malignant neoplasm of connective and soft tissue of head, face and neck
Y	C49.1	Malignant neoplasm of connective and soft tissue of upper limb, including shoulder
Y	C49.10	Malignant neoplasm of connective and soft tissue of unspecified upper limb, including shoulder
Y	C49.11	Malignant neoplasm of connective and soft tissue of right upper limb, including shoulder
Y	C49.12	Malignant neoplasm of connective and soft tissue of left upper limb, including shoulder
Y	C49.2	Malignant neoplasm of connective and soft tissue of lower limb, including hip
Y	C49.20	Malignant neoplasm of connective and soft tissue of unspecified lower limb, including hip
Y	C49.21	Malignant neoplasm of connective and soft tissue of right lower limb, including hip
Y	C49.22	Malignant neoplasm of connective and soft tissue of left lower limb, including hip

2021 ICD-10-CM Casefinding List for FCDS Reporting

REPORTABLE	ICD-10-CM	FULL DESCRIPTION
Y	C49.3	Malignant neoplasm of connective and soft tissue of thorax
Y	C49.4	Malignant neoplasm of connective and soft tissue of abdomen
Y	C49.5	Malignant neoplasm of connective and soft tissue of pelvis
Y	C49.6	Malignant neoplasm of connective and soft tissue of trunk, unspecified
Y	C49.8	Malignant neoplasm of overlapping sites of connective and soft tissue
Y	C49.9	Malignant neoplasm of connective and soft tissue, unspecified
Y	C49.A	Gastrointestinal stromal tumor
Y	C49.A0	Gastrointestinal stromal tumor, unspecified site
Y	C49.A1	Gastrointestinal stromal tumor of esophagus
Y	C49.A2	Gastrointestinal stromal tumor of stomach
Y	C49.A3	Gastrointestinal stromal tumor of small intestine
Y	C49.A4	Gastrointestinal stromal tumor of large intestine
Y	C49.A5	Gastrointestinal stromal tumor of rectum
Y	C49.A9	Gastrointestinal stromal tumor of other sites
Y	C4A	Merkel cell carcinoma
Y	C4A.0	Merkel cell carcinoma of lip
Y	C4A.1	Merkel cell carcinoma of eyelid, including canthus
Y	C4A.10	Merkel cell carcinoma of unspecified eyelid, including canthus
Y	C4A.11	Merkel cell carcinoma of right eyelid, including canthus
Y	C4A.111	Merkel cell carcinoma of right upper eyelid, including canthus
Y	C4A.112	Merkel cell carcinoma of right lower eyelid, including canthus
Y	C4A.12	Merkel cell carcinoma of left eyelid, including canthus
Y	C4A.121	Merkel cell carcinoma of left upper eyelid, including canthus
Y	C4A.122	Merkel cell carcinoma of left lower eyelid, including canthus
Y	C4A.2	Merkel cell carcinoma of ear and external auricular canal
Y	C4A.20	Merkel cell carcinoma of unspecified ear and external auricular canal
Y	C4A.21	Merkel cell carcinoma of right ear and external auricular canal
Y	C4A.22	Merkel cell carcinoma of left ear and external auricular canal
Y	C4A.3	Merkel cell carcinoma of other and unspecified parts of face
Y	C4A.30	Merkel cell carcinoma of unspecified part of face
Y	C4A.31	Merkel cell carcinoma of nose
Y	C4A.39	Merkel cell carcinoma of other parts of face

2021 ICD-10-CM Casefinding List for FCDS Reporting

REPORTABLE	ICD-10-CM	FULL DESCRIPTION
Y	C4A.4	Merkel cell carcinoma of scalp and neck
Y	C4A.5	Merkel cell carcinoma of trunk
Y	C4A.51	Merkel cell carcinoma of anal skin
Y	C4A.52	Merkel cell carcinoma of skin of breast
Y	C4A.59	Merkel cell carcinoma of other part of trunk
Y	C4A.6	Merkel cell carcinoma of upper limb, including shoulder
Y	C4A.60	Merkel cell carcinoma of unspecified upper limb, including shoulder
Y	C4A.61	Merkel cell carcinoma of right upper limb, including shoulder
Y	C4A.62	Merkel cell carcinoma of left upper limb, including shoulder
Y	C4A.7	Merkel cell carcinoma of lower limb, including hip
Y	C4A.70	Merkel cell carcinoma of unspecified lower limb, including hip
Y	C4A.71	Merkel cell carcinoma of right lower limb, including hip
Y	C4A.72	Merkel cell carcinoma of left lower limb, including hip
Y	C4A.8	Merkel cell carcinoma of overlapping sites
Y	C4A.9	Merkel cell carcinoma, unspecified
Y	C50	Malignant neoplasm of breast
Y	C50.0	Malignant neoplasm of nipple and areola
Y	C50.01	Malignant neoplasm of nipple and areola, female
Y	C50.011	Malignant neoplasm of nipple and areola, right female breast
Y	C50.012	Malignant neoplasm of nipple and areola, left female breast
Y	C50.019	Malignant neoplasm of nipple and areola, unspecified female breast
Y	C50.02	Malignant neoplasm of nipple and areola, male
Y	C50.021	Malignant neoplasm of nipple and areola, right male breast
Y	C50.022	Malignant neoplasm of nipple and areola, left male breast
Y	C50.029	Malignant neoplasm of nipple and areola, unspecified male breast
Y	C50.1	Malignant neoplasm of central portion of breast
Y	C50.11	Malignant neoplasm of central portion of breast, female
Y	C50.111	Malignant neoplasm of central portion of right female breast
Y	C50.112	Malignant neoplasm of central portion of left female breast
Y	C50.119	Malignant neoplasm of central portion of unspecified female breast
Y	C50.12	Malignant neoplasm of central portion of breast, male
Y	C50.121	Malignant neoplasm of central portion of right male breast

2021 ICD-10-CM Casefinding List for FCDS Reporting

REPORTABLE	ICD-10-CM	FULL DESCRIPTION
Y	C50.122	Malignant neoplasm of central portion of left male breast
Y	C50.129	Malignant neoplasm of central portion of unspecified male breast
Y	C50.2	Malignant neoplasm of upper-inner quadrant of breast
Y	C50.21	Malignant neoplasm of upper-inner quadrant of breast, female
Y	C50.211	Malignant neoplasm of upper-inner quadrant of right female breast
Y	C50.212	Malignant neoplasm of upper-inner quadrant of left female breast
Y	C50.219	Malignant neoplasm of upper-inner quadrant of unspecified female breast
Y	C50.22	Malignant neoplasm of upper-inner quadrant of breast, male
Y	C50.221	Malignant neoplasm of upper-inner quadrant of right male breast
Y	C50.222	Malignant neoplasm of upper-inner quadrant of left male breast
Y	C50.229	Malignant neoplasm of upper-inner quadrant of unspecified male breast
Y	C50.3	Malignant neoplasm of lower-inner quadrant of breast
Y	C50.31	Malignant neoplasm of lower-inner quadrant of breast, female
Y	C50.311	Malignant neoplasm of lower-inner quadrant of right female breast
Y	C50.312	Malignant neoplasm of lower-inner quadrant of left female breast
Y	C50.319	Malignant neoplasm of lower-inner quadrant of unspecified female breast
Y	C50.32	Malignant neoplasm of lower-inner quadrant of breast, male
Y	C50.321	Malignant neoplasm of lower-inner quadrant of right male breast
Y	C50.322	Malignant neoplasm of lower-inner quadrant of left male breast
Y	C50.329	Malignant neoplasm of lower-inner quadrant of unspecified male breast
Y	C50.4	Malignant neoplasm of upper-outer quadrant of breast
Y	C50.41	Malignant neoplasm of upper-outer quadrant of breast, female
Y	C50.411	Malignant neoplasm of upper-outer quadrant of right female breast
Y	C50.412	Malignant neoplasm of upper-outer quadrant of left female breast
Y	C50.419	Malignant neoplasm of upper-outer quadrant of unspecified female breast
Y	C50.42	Malignant neoplasm of upper-outer quadrant of breast, male
Y	C50.421	Malignant neoplasm of upper-outer quadrant of right male breast
Y	C50.422	Malignant neoplasm of upper-outer quadrant of left male breast
Y	C50.429	Malignant neoplasm of upper-outer quadrant of unspecified male breast
Y	C50.5	Malignant neoplasm of lower-outer quadrant of breast
Y	C50.51	Malignant neoplasm of lower-outer quadrant of breast, female
Y	C50.511	Malignant neoplasm of lower-outer quadrant of right female breast

2021 ICD-10-CM Casefinding List for FCDS Reporting

REPORTABLE	ICD-10-CM	FULL DESCRIPTION
Y	C50.512	Malignant neoplasm of lower-outer quadrant of left female breast
Y	C50.519	Malignant neoplasm of lower-outer quadrant of unspecified female breast
Y	C50.52	Malignant neoplasm of lower-outer quadrant of breast, male
Y	C50.521	Malignant neoplasm of lower-outer quadrant of right male breast
Y	C50.522	Malignant neoplasm of lower-outer quadrant of left male breast
Y	C50.529	Malignant neoplasm of lower-outer quadrant of unspecified male breast
Y	C50.6	Malignant neoplasm of axillary tail of breast
Y	C50.61	Malignant neoplasm of axillary tail of breast, female
Y	C50.611	Malignant neoplasm of axillary tail of right female breast
Y	C50.612	Malignant neoplasm of axillary tail of left female breast
Y	C50.619	Malignant neoplasm of axillary tail of unspecified female breast
Y	C50.62	Malignant neoplasm of axillary tail of breast, male
Y	C50.621	Malignant neoplasm of axillary tail of right male breast
Y	C50.622	Malignant neoplasm of axillary tail of left male breast
Y	C50.629	Malignant neoplasm of axillary tail of unspecified male breast
Y	C50.8	Malignant neoplasm of overlapping sites of breast
Y	C50.81	Malignant neoplasm of overlapping sites of breast, female
Y	C50.811	Malignant neoplasm of overlapping sites of right female breast
Y	C50.812	Malignant neoplasm of overlapping sites of left female breast
Y	C50.819	Malignant neoplasm of overlapping sites of unspecified female breast
Y	C50.82	Malignant neoplasm of overlapping sites of breast, male
Y	C50.821	Malignant neoplasm of overlapping sites of right male breast
Y	C50.822	Malignant neoplasm of overlapping sites of left male breast
Y	C50.829	Malignant neoplasm of overlapping sites of unspecified male breast
Y	C50.9	Malignant neoplasm of breast of unspecified site
Y	C50.91	Malignant neoplasm of breast of unspecified site, female
Y	C50.911	Malignant neoplasm of unspecified site of right female breast
Y	C50.912	Malignant neoplasm of unspecified site of left female breast
Y	C50.919	Malignant neoplasm of unspecified site of unspecified female breast
Y	C50.92	Malignant neoplasm of breast of unspecified site, male
Y	C50.921	Malignant neoplasm of unspecified site of right male breast
Y	C50.922	Malignant neoplasm of unspecified site of left male breast

2021 ICD-10-CM Casefinding List for FCDS Reporting

REPORTABLE	ICD-10-CM	FULL DESCRIPTION
Y	C50.929	Malignant neoplasm of unspecified site of unspecified male breast
Y	C51	Malignant neoplasm of vulva
Y	C51.0	Malignant neoplasm of labium majus
Y	C51.1	Malignant neoplasm of labium minus
Y	C51.2	Malignant neoplasm of clitoris
Y	C51.8	Malignant neoplasm of overlapping sites of vulva
Y	C51.9	Malignant neoplasm of vulva, unspecified
Y	C52	Malignant neoplasm of vagina
Y	C53	Malignant neoplasm of cervix uteri
Y	C53.0	Malignant neoplasm of endocervix
Y	C53.1	Malignant neoplasm of exocervix
Y	C53.8	Malignant neoplasm of overlapping sites of cervix uteri
Y	C53.9	Malignant neoplasm of cervix uteri, unspecified
Y	C54	Malignant neoplasm of corpus uteri
Y	C54.0	Malignant neoplasm of isthmus uteri
Y	C54.1	Malignant neoplasm of endometrium
Y	C54.2	Malignant neoplasm of myometrium
Y	C54.3	Malignant neoplasm of fundus uteri
Y	C54.8	Malignant neoplasm of overlapping sites of corpus uteri
Y	C54.9	Malignant neoplasm of corpus uteri, unspecified
Y	C55	Malignant neoplasm of uterus, part unspecified
Y	C56	Malignant neoplasm of ovary
Y	C56.1	Malignant neoplasm of right ovary
Y	C56.2	Malignant neoplasm of left ovary
Y	C56.9	Malignant neoplasm of unspecified ovary
Y	C57	Malignant neoplasm of other and unspecified female genital organs
Y	C57.0	Malignant neoplasm of fallopian tube
Y	C57.00	Malignant neoplasm of unspecified fallopian tube
Y	C57.01	Malignant neoplasm of right fallopian tube
Y	C57.02	Malignant neoplasm of left fallopian tube
Y	C57.1	Malignant neoplasm of broad ligament
Y	C57.10	Malignant neoplasm of unspecified broad ligament

2021 ICD-10-CM Casefinding List for FCDS Reporting

REPORTABLE	ICD-10-CM	FULL DESCRIPTION
Y	C57.11	Malignant neoplasm of right broad ligament
Y	C57.12	Malignant neoplasm of left broad ligament
Y	C57.2	Malignant neoplasm of round ligament
Y	C57.20	Malignant neoplasm of unspecified round ligament
Y	C57.21	Malignant neoplasm of right round ligament
Y	C57.22	Malignant neoplasm of left round ligament
Y	C57.3	Malignant neoplasm of parametrium
Y	C57.4	Malignant neoplasm of uterine adnexa, unspecified
Y	C57.7	Malignant neoplasm of other specified female genital organs
Y	C57.8	Malignant neoplasm of overlapping sites of female genital organs
Y	C57.9	Malignant neoplasm of female genital organ, unspecified
Y	C58	Malignant neoplasm of placenta
Y	C60	Malignant neoplasm of penis
Y	C60.0	Malignant neoplasm of prepuce
Y	C60.1	Malignant neoplasm of glans penis
Y	C60.2	Malignant neoplasm of body of penis
Y	C60.8	Malignant neoplasm of overlapping sites of penis
Y	C60.9	Malignant neoplasm of penis, unspecified
Y	C61	Malignant neoplasm of prostate
Y	C62	Malignant neoplasm of testis
Y	C62.0	Malignant neoplasm of undescended testis
Y	C62.00	Malignant neoplasm of unspecified undescended testis
Y	C62.01	Malignant neoplasm of undescended right testis
Y	C62.02	Malignant neoplasm of undescended left testis
Y	C62.1	Malignant neoplasm of descended testis
Y	C62.10	Malignant neoplasm of unspecified descended testis
Y	C62.11	Malignant neoplasm of descended right testis
Y	C62.12	Malignant neoplasm of descended left testis
Y	C62.9	Malignant neoplasm of testis, unspecified whether descended or undescended
Y	C62.90	Malignant neoplasm of unspecified testis, unspecified whether descended or undescended
Y	C62.91	Malignant neoplasm of right testis, unspecified whether descended or undescended
Y	C62.92	Malignant neoplasm of left testis, unspecified whether descended or undescended

2021 ICD-10-CM Casefinding List for FCDS Reporting

REPORTABLE	ICD-10-CM	FULL DESCRIPTION
Y	C63	Malignant neoplasm of other and unspecified male genital organs
Y	C63.0	Malignant neoplasm of epididymis
Y	C63.00	Malignant neoplasm of unspecified epididymis
Y	C63.01	Malignant neoplasm of right epididymis
Y	C63.02	Malignant neoplasm of left epididymis
Y	C63.1	Malignant neoplasm of spermatic cord
Y	C63.10	Malignant neoplasm of unspecified spermatic cord
Y	C63.11	Malignant neoplasm of right spermatic cord
Y	C63.12	Malignant neoplasm of left spermatic cord
Y	C63.2	Malignant neoplasm of scrotum
Y	C63.7	Malignant neoplasm of other specified male genital organs
Y	C63.8	Malignant neoplasm of overlapping sites of male genital organs
Y	C63.9	Malignant neoplasm of male genital organ, unspecified
Y	C64	Malignant neoplasm of kidney, except renal pelvis
Y	C64.1	Malignant neoplasm of right kidney, except renal pelvis
Y	C64.2	Malignant neoplasm of left kidney, except renal pelvis
Y	C64.9	Malignant neoplasm of unspecified kidney, except renal pelvis
Y	C65	Malignant neoplasm of renal pelvis
Y	C65.1	Malignant neoplasm of right renal pelvis
Y	C65.2	Malignant neoplasm of left renal pelvis
Y	C65.9	Malignant neoplasm of unspecified renal pelvis
Y	C66	Malignant neoplasm of ureter
Y	C66.1	Malignant neoplasm of right ureter
Y	C66.2	Malignant neoplasm of left ureter
Y	C66.9	Malignant neoplasm of unspecified ureter
Y	C67	Malignant neoplasm of bladder
Y	C67.0	Malignant neoplasm of trigone of bladder
Y	C67.1	Malignant neoplasm of dome of bladder
Y	C67.2	Malignant neoplasm of lateral wall of bladder
Y	C67.3	Malignant neoplasm of anterior wall of bladder
Y	C67.4	Malignant neoplasm of posterior wall of bladder
Y	C67.5	Malignant neoplasm of bladder neck

2021 ICD-10-CM Casefinding List for FCDS Reporting

REPORTABLE	ICD-10-CM	FULL DESCRIPTION
Y	C67.6	Malignant neoplasm of ureteric orifice
Y	C67.7	Malignant neoplasm of urachus
Y	C67.8	Malignant neoplasm of overlapping sites of bladder
Y	C67.9	Malignant neoplasm of bladder, unspecified
Y	C68	Malignant neoplasm of other and unspecified urinary organs
Y	C68.0	Malignant neoplasm of urethra
Y	C68.1	Malignant neoplasm of paraurethral glands
Y	C68.8	Malignant neoplasm of overlapping sites of urinary organs
Y	C68.9	Malignant neoplasm of urinary organ, unspecified
Y	C69	Malignant neoplasm of eye and adnexa
Y	C69.0	Malignant neoplasm of conjunctiva
Y	C69.00	Malignant neoplasm of unspecified conjunctiva
Y	C69.01	Malignant neoplasm of right conjunctiva
Y	C69.02	Malignant neoplasm of left conjunctiva
Y	C69.1	Malignant neoplasm of cornea
Y	C69.10	Malignant neoplasm of unspecified cornea
Y	C69.11	Malignant neoplasm of right cornea
Y	C69.12	Malignant neoplasm of left cornea
Y	C69.2	Malignant neoplasm of retina
Y	C69.20	Malignant neoplasm of unspecified retina
Y	C69.21	Malignant neoplasm of right retina
Y	C69.22	Malignant neoplasm of left retina
Y	C69.3	Malignant neoplasm of choroid
Y	C69.30	Malignant neoplasm of unspecified choroid
Y	C69.31	Malignant neoplasm of right choroid
Y	C69.32	Malignant neoplasm of left choroid
Y	C69.4	Malignant neoplasm of ciliary body
Y	C69.40	Malignant neoplasm of unspecified ciliary body
Y	C69.41	Malignant neoplasm of right ciliary body
Y	C69.42	Malignant neoplasm of left ciliary body
Y	C69.5	Malignant neoplasm of lacrimal gland and duct
Y	C69.50	Malignant neoplasm of unspecified lacrimal gland and duct

2021 ICD-10-CM Casefinding List for FCDS Reporting

REPORTABLE	ICD-10-CM	FULL DESCRIPTION
Y	C69.51	Malignant neoplasm of right lacrimal gland and duct
Y	C69.52	Malignant neoplasm of left lacrimal gland and duct
Y	C69.6	Malignant neoplasm of orbit
Y	C69.60	Malignant neoplasm of unspecified orbit
Y	C69.61	Malignant neoplasm of right orbit
Y	C69.62	Malignant neoplasm of left orbit
Y	C69.8	Malignant neoplasm of overlapping sites of eye and adnexa
Y	C69.80	Malignant neoplasm of overlapping sites of unspecified eye and adnexa
Y	C69.81	Malignant neoplasm of overlapping sites of right eye and adnexa
Y	C69.82	Malignant neoplasm of overlapping sites of left eye and adnexa
Y	C69.9	Malignant neoplasm of unspecified site of eye
Y	C69.90	Malignant neoplasm of unspecified site of unspecified eye
Y	C69.91	Malignant neoplasm of unspecified site of right eye
Y	C69.92	Malignant neoplasm of unspecified site of left eye
Y	C70	Malignant neoplasm of meninges
Y	C70.0	Malignant neoplasm of cerebral meninges
Y	C70.1	Malignant neoplasm of spinal meninges
Y	C70.9	Malignant neoplasm of meninges, unspecified
Y	C71	Malignant neoplasm of brain
Y	C71.0	Malignant neoplasm of cerebrum, except lobes and ventricles
Y	C71.1	Malignant neoplasm of frontal lobe
Y	C71.2	Malignant neoplasm of temporal lobe
Y	C71.3	Malignant neoplasm of parietal lobe
Y	C71.4	Malignant neoplasm of occipital lobe
Y	C71.5	Malignant neoplasm of cerebral ventricle
Y	C71.6	Malignant neoplasm of cerebellum
Y	C71.7	Malignant neoplasm of brain stem
Y	C71.8	Malignant neoplasm of overlapping sites of brain
Y	C71.9	Malignant neoplasm of brain, unspecified
Y	C72	Malignant neoplasm of spinal cord, cranial nerves and other parts of central nervous system
Y	C72.0	Malignant neoplasm of spinal cord
Y	C72.1	Malignant neoplasm of cauda equina

2021 ICD-10-CM Casefinding List for FCDS Reporting

REPORTABLE	ICD-10-CM	FULL DESCRIPTION
Y	C72.2	Malignant neoplasm of olfactory nerve
Y	C72.20	Malignant neoplasm of unspecified olfactory nerve
Y	C72.21	Malignant neoplasm of right olfactory nerve
Y	C72.22	Malignant neoplasm of left olfactory nerve
Y	C72.3	Malignant neoplasm of optic nerve
Y	C72.30	Malignant neoplasm of unspecified optic nerve
Y	C72.31	Malignant neoplasm of right optic nerve
Y	C72.32	Malignant neoplasm of left optic nerve
Y	C72.4	Malignant neoplasm of acoustic nerve
Y	C72.40	Malignant neoplasm of unspecified acoustic nerve
Y	C72.41	Malignant neoplasm of right acoustic nerve
Y	C72.42	Malignant neoplasm of left acoustic nerve
Y	C72.5	Malignant neoplasm of other and unspecified cranial nerves
Y	C72.50	Malignant neoplasm of unspecified cranial nerve
Y	C72.59	Malignant neoplasm of other cranial nerves
Y	C72.9	Malignant neoplasm of central nervous system, unspecified
Y	C73	Malignant neoplasm of thyroid gland
Y	C74	Malignant neoplasm of adrenal gland
Y	C74.0	Malignant neoplasm of cortex of adrenal gland
Y	C74.00	Malignant neoplasm of cortex of unspecified adrenal gland
Y	C74.01	Malignant neoplasm of cortex of right adrenal gland
Y	C74.02	Malignant neoplasm of cortex of left adrenal gland
Y	C74.1	Malignant neoplasm of medulla of adrenal gland
Y	C74.10	Malignant neoplasm of medulla of unspecified adrenal gland
Y	C74.11	Malignant neoplasm of medulla of right adrenal gland
Y	C74.12	Malignant neoplasm of medulla of left adrenal gland
Y	C74.9	Malignant neoplasm of unspecified part of adrenal gland
Y	C74.90	Malignant neoplasm of unspecified part of unspecified adrenal gland
Y	C74.91	Malignant neoplasm of unspecified part of right adrenal gland
Y	C74.92	Malignant neoplasm of unspecified part of left adrenal gland
Y	C75	Malignant neoplasm of other endocrine glands and related structures
Y	C75.0	Malignant neoplasm of parathyroid gland

2021 ICD-10-CM Casefinding List for FCDS Reporting

REPORTABLE	ICD-10-CM	FULL DESCRIPTION
Y	C75.1	Malignant neoplasm of pituitary gland
Y	C75.2	Malignant neoplasm of craniopharyngeal duct
Y	C75.3	Malignant neoplasm of pineal gland
Y	C75.4	Malignant neoplasm of carotid body
Y	C75.5	Malignant neoplasm of aortic body and other paraganglia
Y	C75.8	Malignant neoplasm with pluriglandular involvement, unspecified
Y	C75.9	Malignant neoplasm of endocrine gland, unspecified
Y	C76	Malignant neoplasm of other and ill-defined sites
Y	C76.0	Malignant neoplasm of head, face and neck
Y	C76.1	Malignant neoplasm of thorax
Y	C76.2	Malignant neoplasm of abdomen
Y	C76.3	Malignant neoplasm of pelvis
Y	C76.4	Malignant neoplasm of upper limb
Y	C76.40	Malignant neoplasm of unspecified upper limb
Y	C76.41	Malignant neoplasm of right upper limb
Y	C76.42	Malignant neoplasm of left upper limb
Y	C76.5	Malignant neoplasm of lower limb
Y	C76.50	Malignant neoplasm of unspecified lower limb
Y	C76.51	Malignant neoplasm of right lower limb
Y	C76.52	Malignant neoplasm of left lower limb
Y	C76.8	Malignant neoplasm of other specified ill-defined sites
Y	C77	Secondary and unspecified malignant neoplasm of lymph nodes
Y	C77.0	Secondary and unspecified malignant neoplasm of lymph nodes of head, face and neck
Y	C77.1	Secondary and unspecified malignant neoplasm of intrathoracic lymph nodes
Y	C77.2	Secondary and unspecified malignant neoplasm of intra-abdominal lymph nodes
Y	C77.3	Secondary and unspecified malignant neoplasm of axilla and upper limb lymph nodes
Y	C77.4	Secondary and unspecified malignant neoplasm of inguinal and lower limb lymph nodes
Y	C77.5	Secondary and unspecified malignant neoplasm of intrapelvic lymph nodes
Y	C77.8	Secondary and unspecified malignant neoplasm of lymph nodes of multiple regions
Y	C77.9	Secondary and unspecified malignant neoplasm of lymph node, unspecified
Y	C78	Secondary malignant neoplasm of respiratory and digestive organs
Y	C78.0	Secondary malignant neoplasm of lung

2021 ICD-10-CM Casefinding List for FCDS Reporting

REPORTABLE	ICD-10-CM	FULL DESCRIPTION
Y	C78.00	Secondary malignant neoplasm of unspecified lung
Y	C78.01	Secondary malignant neoplasm of right lung
Y	C78.02	Secondary malignant neoplasm of left lung
Y	C78.1	Secondary malignant neoplasm of mediastinum
Y	C78.2	Secondary malignant neoplasm of pleura
Y	C78.3	Secondary malignant neoplasm of other and unspecified respiratory organs
Y	C78.30	Secondary malignant neoplasm of unspecified respiratory organ
Y	C78.39	Secondary malignant neoplasm of other respiratory organs
Y	C78.4	Secondary malignant neoplasm of small intestine
Y	C78.5	Secondary malignant neoplasm of large intestine and rectum
Y	C78.6	Secondary malignant neoplasm of retroperitoneum and peritoneum
Y	C78.7	Secondary malignant neoplasm of liver and intrahepatic bile duct
Y	C78.8	Secondary malignant neoplasm of other and unspecified digestive organs
Y	C78.80	Secondary malignant neoplasm of unspecified digestive organ
Y	C78.89	Secondary malignant neoplasm of other digestive organs
Y	C79	Secondary malignant neoplasm of other and unspecified sites
Y	C79.0	Secondary malignant neoplasm of kidney and renal pelvis
Y	C79.00	Secondary malignant neoplasm of unspecified kidney and renal pelvis
Y	C79.01	Secondary malignant neoplasm of right kidney and renal pelvis
Y	C79.02	Secondary malignant neoplasm of left kidney and renal pelvis
Y	C79.1	Secondary malignant neoplasm of bladder and other and unspecified urinary organs
Y	C79.10	Secondary malignant neoplasm of unspecified urinary organs
Y	C79.11	Secondary malignant neoplasm of bladder
Y	C79.19	Secondary malignant neoplasm of other urinary organs
Y	C79.2	Secondary malignant neoplasm of skin
Y	C79.3	Secondary malignant neoplasm of brain and cerebral meninges
Y	C79.31	Secondary malignant neoplasm of brain
Y	C79.32	Secondary malignant neoplasm of cerebral meninges
Y	C79.4	Secondary malignant neoplasm of other and unspecified parts of nervous system
Y	C79.40	Secondary malignant neoplasm of unspecified part of nervous system
Y	C79.49	Secondary malignant neoplasm of other parts of nervous system
Y	C79.5	Secondary malignant neoplasm of bone and bone marrow

2021 ICD-10-CM Casefinding List for FCDS Reporting

REPORTABLE	ICD-10-CM	FULL DESCRIPTION
Y	C79.51	Secondary malignant neoplasm of bone
Y	C79.52	Secondary malignant neoplasm of bone marrow
Y	C79.6	Secondary malignant neoplasm of ovary
Y	C79.60	Secondary malignant neoplasm of unspecified ovary
Y	C79.61	Secondary malignant neoplasm of right ovary
Y	C79.62	Secondary malignant neoplasm of left ovary
Y	C79.7	Secondary malignant neoplasm of adrenal gland
Y	C79.70	Secondary malignant neoplasm of unspecified adrenal gland
Y	C79.71	Secondary malignant neoplasm of right adrenal gland
Y	C79.72	Secondary malignant neoplasm of left adrenal gland
Y	C79.8	Secondary malignant neoplasm of other specified sites
Y	C79.81	Secondary malignant neoplasm of breast
Y	C79.82	Secondary malignant neoplasm of genital organs
Y	C79.89	Secondary malignant neoplasm of other specified sites
Y	C79.9	Secondary malignant neoplasm of unspecified site
Y	C7A	Malignant neuroendocrine tumors
Y	C7A.0	Malignant carcinoid tumors
Y	C7A.00	Malignant carcinoid tumor of unspecified site
Y	C7A.01	Malignant carcinoid tumors of the small intestine
Y	C7A.010	Malignant carcinoid tumor of the duodenum
Y	C7A.011	Malignant carcinoid tumor of the jejunum
Y	C7A.012	Malignant carcinoid tumor of the ileum
Y	C7A.019	Malignant carcinoid tumor of the small intestine, unspecified portion
Y	C7A.02	Malignant carcinoid tumors of the appendix, large intestine, and rectum
Y	C7A.020	Malignant carcinoid tumor of the appendix
Y	C7A.021	Malignant carcinoid tumor of the cecum
Y	C7A.022	Malignant carcinoid tumor of the ascending colon
Y	C7A.023	Malignant carcinoid tumor of the transverse colon
Y	C7A.024	Malignant carcinoid tumor of the descending colon
Y	C7A.025	Malignant carcinoid tumor of the sigmoid colon
Y	C7A.026	Malignant carcinoid tumor of the rectum
Y	C7A.029	Malignant carcinoid tumor of the large intestine, unspecified portion

2021 ICD-10-CM Casefinding List for FCDS Reporting

REPORTABLE	ICD-10-CM	FULL DESCRIPTION
Y	C7A.09	Malignant carcinoid tumors of other sites
Y	C7A.090	Malignant carcinoid tumor of the bronchus and lung
Y	C7A.091	Malignant carcinoid tumor of the thymus
Y	C7A.092	Malignant carcinoid tumor of the stomach
Y	C7A.093	Malignant carcinoid tumor of the kidney
Y	C7A.094	Malignant carcinoid tumor of the foregut NOS
Y	C7A.095	Malignant carcinoid tumor of the midgut NOS
Y	C7A.096	Malignant carcinoid tumor of the hindgut NOS
Y	C7A.098	Malignant carcinoid tumors of other sites
Y	C7A.1	Malignant poorly differentiated neuroendocrine tumors
Y	C7A.8	Other malignant neuroendocrine tumors
Y	C7B	Secondary neuroendocrine tumors
Y	C7B.0	Secondary carcinoid tumors
Y	C7B.00	Secondary carcinoid tumors, unspecified site
Y	C7B.01	Secondary carcinoid tumors of distant lymph nodes
Y	C7B.02	Secondary carcinoid tumors of liver
Y	C7B.03	Secondary carcinoid tumors of bone
Y	C7B.04	Secondary carcinoid tumors of peritoneum
Y	C7B.09	Secondary carcinoid tumors of other sites
Y	C7B.1	Secondary Merkel cell carcinoma
Y	C7B.8	Other secondary neuroendocrine tumors
Y	C80	Malignant neoplasm without specification of site
Y	C80.0	Disseminated malignant neoplasm, unspecified
Y	C80.1	Malignant (primary) neoplasm, unspecified
Y	C80.2	Malignant neoplasm associated with transplanted organ
Y	C81	Hodgkin lymphoma
Y	C81.0	Nodular lymphocyte predominant Hodgkin lymphoma
Y	C81.00	Nodular lymphocyte predominant Hodgkin lymphoma, unspecified site
Y	C81.01	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of head, face, and neck
Y	C81.02	Nodular lymphocyte predominant Hodgkin lymphoma, intrathoracic lymph nodes
Y	C81.03	Nodular lymphocyte predominant Hodgkin lymphoma, intra-abdominal lymph nodes
Y	C81.04	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of axilla and upper limb

2021 ICD-10-CM Casefinding List for FCDS Reporting

REPORTABLE	ICD-10-CM	FULL DESCRIPTION
Y	C81.05	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
Y	C81.06	Nodular lymphocyte predominant Hodgkin lymphoma, intrapelvic lymph nodes
Y	C81.07	Nodular lymphocyte predominant Hodgkin lymphoma, spleen
Y	C81.08	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of multiple sites
Y	C81.09	Nodular lymphocyte predominant Hodgkin lymphoma, extranodal and solid organ sites
Y	C81.1	Nodular sclerosis classical Hodgkin lymphoma
Y	C81.10	Nodular sclerosis classical Hodgkin lymphoma, unspecified site
Y	C81.11	Nodular sclerosis classical Hodgkin lymphoma, lymph nodes of head, face, and neck
Y	C81.12	Nodular sclerosis classical Hodgkin lymphoma, intrathoracic lymph nodes
Y	C81.13	Nodular sclerosis classical Hodgkin lymphoma, intra-abdominal lymph nodes
Y	C81.14	Nodular sclerosis classical Hodgkin lymphoma, lymph nodes of axilla and upper limb
Y	C81.15	Nodular sclerosis classical Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
Y	C81.16	Nodular sclerosis classical Hodgkin lymphoma, intrapelvic lymph nodes
Y	C81.17	Nodular sclerosis classical Hodgkin lymphoma, spleen
Y	C81.18	Nodular sclerosis classical Hodgkin lymphoma, lymph nodes of multiple sites
Y	C81.19	Nodular sclerosis classical Hodgkin lymphoma, extranodal and solid organ sites
Y	C81.2	Mixed cellularity classical Hodgkin lymphoma
Y	C81.20	Mixed cellularity classical Hodgkin lymphoma, unspecified site
Y	C81.21	Mixed cellularity classical Hodgkin lymphoma, lymph nodes of head, face, and neck
Y	C81.22	Mixed cellularity classical Hodgkin lymphoma, intrathoracic lymph nodes
Y	C81.23	Mixed cellularity classical Hodgkin lymphoma, intra-abdominal lymph nodes
Y	C81.24	Mixed cellularity classical Hodgkin lymphoma, lymph nodes of axilla and upper limb
Y	C81.25	Mixed cellularity classical Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
Y	C81.26	Mixed cellularity classical Hodgkin lymphoma, intrapelvic lymph nodes
Y	C81.27	Mixed cellularity classical Hodgkin lymphoma, spleen
Y	C81.28	Mixed cellularity classical Hodgkin lymphoma, lymph nodes of multiple sites
Y	C81.29	Mixed cellularity classical Hodgkin lymphoma, extranodal and solid organ sites
Y	C81.3	Lymphocyte depleted classical Hodgkin lymphoma
Y	C81.30	Lymphocyte depleted classical Hodgkin lymphoma, unspecified site
Y	C81.31	Lymphocyte depleted classical Hodgkin lymphoma, lymph nodes of head, face, and neck
Y	C81.32	Lymphocyte depleted classical Hodgkin lymphoma, intrathoracic lymph nodes

2021 ICD-10-CM Casefinding List for FCDS Reporting

REPORTABLE	ICD-10-CM	FULL DESCRIPTION
Y	C81.33	Lymphocyte depleted classical Hodgkin lymphoma, intra-abdominal lymph nodes
Y	C81.34	Lymphocyte depleted classical Hodgkin lymphoma, lymph nodes of axilla and upper limb
Y	C81.35	Lymphocyte depleted classical Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
Y	C81.36	Lymphocyte depleted classical Hodgkin lymphoma, intrapelvic lymph nodes
Y	C81.37	Lymphocyte depleted classical Hodgkin lymphoma, spleen
Y	C81.38	Lymphocyte depleted classical Hodgkin lymphoma, lymph nodes of multiple sites
Y	C81.39	Lymphocyte depleted classical Hodgkin lymphoma, extranodal and solid organ sites
Y	C81.4	Lymphocyte-rich classical Hodgkin lymphoma
Y	C81.40	Lymphocyte-rich classical Hodgkin lymphoma, unspecified site
Y	C81.41	Lymphocyte-rich classical Hodgkin lymphoma, lymph nodes of head, face, and neck
Y	C81.42	Lymphocyte-rich classical Hodgkin lymphoma, intrathoracic lymph nodes
Y	C81.43	Lymphocyte-rich classical Hodgkin lymphoma, intra-abdominal lymph nodes
Y	C81.44	Lymphocyte-rich classical Hodgkin lymphoma, lymph nodes of axilla and upper limb
Y	C81.45	Lymphocyte-rich classical Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
Y	C81.46	Lymphocyte-rich classical Hodgkin lymphoma, intrapelvic lymph nodes
Y	C81.47	Lymphocyte-rich classical Hodgkin lymphoma, spleen
Y	C81.48	Lymphocyte-rich classical Hodgkin lymphoma, lymph nodes of multiple sites
Y	C81.49	Lymphocyte-rich classical Hodgkin lymphoma, extranodal and solid organ sites
Y	C81.7	Other classical Hodgkin lymphoma
Y	C81.70	Other classical Hodgkin lymphoma, unspecified site
Y	C81.71	Other classical Hodgkin lymphoma, lymph nodes of head, face, and neck
Y	C81.72	Other classical Hodgkin lymphoma, intrathoracic lymph nodes
Y	C81.73	Other classical Hodgkin lymphoma, intra-abdominal lymph nodes
Y	C81.74	Other classical Hodgkin lymphoma, lymph nodes of axilla and upper limb
Y	C81.75	Other classical Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
Y	C81.76	Other classical Hodgkin lymphoma, intrapelvic lymph nodes
Y	C81.77	Other classical Hodgkin lymphoma, spleen
Y	C81.78	Other classical Hodgkin lymphoma, lymph nodes of multiple sites
Y	C81.79	Other classical Hodgkin lymphoma, extranodal and solid organ sites
Y	C81.9	Hodgkin lymphoma, unspecified
Y	C81.90	Hodgkin lymphoma, unspecified, unspecified site
Y	C81.91	Hodgkin lymphoma, unspecified, lymph nodes of head, face, and neck

2021 ICD-10-CM Casefinding List for FCDS Reporting

REPORTABLE	ICD-10-CM	FULL DESCRIPTION
Y	C81.92	Hodgkin lymphoma, unspecified, intrathoracic lymph nodes
Y	C81.93	Hodgkin lymphoma, unspecified, intra-abdominal lymph nodes
Y	C81.94	Hodgkin lymphoma, unspecified, lymph nodes of axilla and upper limb
Y	C81.95	Hodgkin lymphoma, unspecified, lymph nodes of inguinal region and lower limb
Y	C81.96	Hodgkin lymphoma, unspecified, intrapelvic lymph nodes
Y	C81.97	Hodgkin lymphoma, unspecified, spleen
Y	C81.98	Hodgkin lymphoma, unspecified, lymph nodes of multiple sites
Y	C81.99	Hodgkin lymphoma, unspecified, extranodal and solid organ sites
Y	C82	Follicular lymphoma
Y	C82.0	Follicular lymphoma grade I
Y	C82.00	Follicular lymphoma grade I, unspecified site
Y	C82.01	Follicular lymphoma grade I, lymph nodes of head, face, and neck
Y	C82.02	Follicular lymphoma grade I, intrathoracic lymph nodes
Y	C82.03	Follicular lymphoma grade I, intra-abdominal lymph nodes
Y	C82.04	Follicular lymphoma grade I, lymph nodes of axilla and upper limb
Y	C82.05	Follicular lymphoma grade I, lymph nodes of inguinal region and lower limb
Y	C82.06	Follicular lymphoma grade I, intrapelvic lymph nodes
Y	C82.07	Follicular lymphoma grade I, spleen
Y	C82.08	Follicular lymphoma grade I, lymph nodes of multiple sites
Y	C82.09	Follicular lymphoma grade I, extranodal and solid organ sites
Y	C82.1	Follicular lymphoma grade II
Y	C82.10	Follicular lymphoma grade II, unspecified site
Y	C82.11	Follicular lymphoma grade II, lymph nodes of head, face, and neck
Y	C82.12	Follicular lymphoma grade II, intrathoracic lymph nodes
Y	C82.13	Follicular lymphoma grade II, intra-abdominal lymph nodes
Y	C82.14	Follicular lymphoma grade II, lymph nodes of axilla and upper limb
Y	C82.15	Follicular lymphoma grade II, lymph nodes of inguinal region and lower limb
Y	C82.16	Follicular lymphoma grade II, intrapelvic lymph nodes
Y	C82.17	Follicular lymphoma grade II, spleen
Y	C82.18	Follicular lymphoma grade II, lymph nodes of multiple sites
Y	C82.19	Follicular lymphoma grade II, extranodal and solid organ sites
Y	C82.2	Follicular lymphoma grade III, unspecified

2021 ICD-10-CM Casefinding List for FCDS Reporting

REPORTABLE	ICD-10-CM	FULL DESCRIPTION
Y	C82.20	Follicular lymphoma grade III, unspecified, unspecified site
Y	C82.21	Follicular lymphoma grade III, unspecified, lymph nodes of head, face, and neck
Y	C82.22	Follicular lymphoma grade III, unspecified, intrathoracic lymph nodes
Y	C82.23	Follicular lymphoma grade III, unspecified, intra-abdominal lymph nodes
Y	C82.24	Follicular lymphoma grade III, unspecified, lymph nodes of axilla and upper limb
Y	C82.25	Follicular lymphoma grade III, unspecified, lymph nodes of inguinal region and lower limb
Y	C82.26	Follicular lymphoma grade III, unspecified, intrapelvic lymph nodes
Y	C82.27	Follicular lymphoma grade III, unspecified, spleen
Y	C82.28	Follicular lymphoma grade III, unspecified, lymph nodes of multiple sites
Y	C82.29	Follicular lymphoma grade III, unspecified, extranodal and solid organ sites
Y	C82.3	Follicular lymphoma grade IIIa
Y	C82.30	Follicular lymphoma grade IIIa, unspecified site
Y	C82.31	Follicular lymphoma grade IIIa, lymph nodes of head, face, and neck
Y	C82.32	Follicular lymphoma grade IIIa, intrathoracic lymph nodes
Y	C82.33	Follicular lymphoma grade IIIa, intra-abdominal lymph nodes
Y	C82.34	Follicular lymphoma grade IIIa, lymph nodes of axilla and upper limb
Y	C82.35	Follicular lymphoma grade IIIa, lymph nodes of inguinal region and lower limb
Y	C82.36	Follicular lymphoma grade IIIa, intrapelvic lymph nodes
Y	C82.37	Follicular lymphoma grade IIIa, spleen
Y	C82.38	Follicular lymphoma grade IIIa, lymph nodes of multiple sites
Y	C82.39	Follicular lymphoma grade IIIa, extranodal and solid organ sites
Y	C82.4	Follicular lymphoma grade IIIb
Y	C82.40	Follicular lymphoma grade IIIb, unspecified site
Y	C82.41	Follicular lymphoma grade IIIb, lymph nodes of head, face, and neck
Y	C82.42	Follicular lymphoma grade IIIb, intrathoracic lymph nodes
Y	C82.43	Follicular lymphoma grade IIIb, intra-abdominal lymph nodes
Y	C82.44	Follicular lymphoma grade IIIb, lymph nodes of axilla and upper limb
Y	C82.45	Follicular lymphoma grade IIIb, lymph nodes of inguinal region and lower limb
Y	C82.46	Follicular lymphoma grade IIIb, intrapelvic lymph nodes
Y	C82.47	Follicular lymphoma grade IIIb, spleen
Y	C82.48	Follicular lymphoma grade IIIb, lymph nodes of multiple sites
Y	C82.49	Follicular lymphoma grade IIIb, extranodal and solid organ sites

2021 ICD-10-CM Casefinding List for FCDS Reporting

REPORTABLE	ICD-10-CM	FULL DESCRIPTION
Y	C82.5	Diffuse follicle center lymphoma
Y	C82.50	Diffuse follicle center lymphoma, unspecified site
Y	C82.51	Diffuse follicle center lymphoma, lymph nodes of head, face, and neck
Y	C82.52	Diffuse follicle center lymphoma, intrathoracic lymph nodes
Y	C82.53	Diffuse follicle center lymphoma, intra-abdominal lymph nodes
Y	C82.54	Diffuse follicle center lymphoma, lymph nodes of axilla and upper limb
Y	C82.55	Diffuse follicle center lymphoma, lymph nodes of inguinal region and lower limb
Y	C82.56	Diffuse follicle center lymphoma, intrapelvic lymph nodes
Y	C82.57	Diffuse follicle center lymphoma, spleen
Y	C82.58	Diffuse follicle center lymphoma, lymph nodes of multiple sites
Y	C82.59	Diffuse follicle center lymphoma, extranodal and solid organ sites
Y	C82.6	Cutaneous follicle center lymphoma
Y	C82.60	Cutaneous follicle center lymphoma, unspecified site
Y	C82.61	Cutaneous follicle center lymphoma, lymph nodes of head, face, and neck
Y	C82.62	Cutaneous follicle center lymphoma, intrathoracic lymph nodes
Y	C82.63	Cutaneous follicle center lymphoma, intra-abdominal lymph nodes
Y	C82.64	Cutaneous follicle center lymphoma, lymph nodes of axilla and upper limb
Y	C82.65	Cutaneous follicle center lymphoma, lymph nodes of inguinal region and lower limb
Y	C82.66	Cutaneous follicle center lymphoma, intrapelvic lymph nodes
Y	C82.67	Cutaneous follicle center lymphoma, spleen
Y	C82.68	Cutaneous follicle center lymphoma, lymph nodes of multiple sites
Y	C82.69	Cutaneous follicle center lymphoma, extranodal and solid organ sites
Y	C82.8	Other types of follicular lymphoma
Y	C82.80	Other types of follicular lymphoma, unspecified site
Y	C82.81	Other types of follicular lymphoma, lymph nodes of head, face, and neck
Y	C82.82	Other types of follicular lymphoma, intrathoracic lymph nodes
Y	C82.83	Other types of follicular lymphoma, intra-abdominal lymph nodes
Y	C82.84	Other types of follicular lymphoma, lymph nodes of axilla and upper limb
Y	C82.85	Other types of follicular lymphoma, lymph nodes of inguinal region and lower limb
Y	C82.86	Other types of follicular lymphoma, intrapelvic lymph nodes
Y	C82.87	Other types of follicular lymphoma, spleen
Y	C82.88	Other types of follicular lymphoma, lymph nodes of multiple sites

2021 ICD-10-CM Casefinding List for FCDS Reporting

REPORTABLE	ICD-10-CM	FULL DESCRIPTION
Y	C82.89	Other types of follicular lymphoma, extranodal and solid organ sites
Y	C82.9	Follicular lymphoma, unspecified
Y	C82.90	Follicular lymphoma, unspecified, unspecified site
Y	C82.91	Follicular lymphoma, unspecified, lymph nodes of head, face, and neck
Y	C82.92	Follicular lymphoma, unspecified, intrathoracic lymph nodes
Y	C82.93	Follicular lymphoma, unspecified, intra-abdominal lymph nodes
Y	C82.94	Follicular lymphoma, unspecified, lymph nodes of axilla and upper limb
Y	C82.95	Follicular lymphoma, unspecified, lymph nodes of inguinal region and lower limb
Y	C82.96	Follicular lymphoma, unspecified, intrapelvic lymph nodes
Y	C82.97	Follicular lymphoma, unspecified, spleen
Y	C82.98	Follicular lymphoma, unspecified, lymph nodes of multiple sites
Y	C82.99	Follicular lymphoma, unspecified, extranodal and solid organ sites
Y	C83	Non-follicular lymphoma
Y	C83.0	Small cell B-cell lymphoma
Y	C83.00	Small cell B-cell lymphoma, unspecified site
Y	C83.01	Small cell B-cell lymphoma, lymph nodes of head, face, and neck
Y	C83.02	Small cell B-cell lymphoma, intrathoracic lymph nodes
Y	C83.03	Small cell B-cell lymphoma, intra-abdominal lymph nodes
Y	C83.04	Small cell B-cell lymphoma, lymph nodes of axilla and upper limb
Y	C83.05	Small cell B-cell lymphoma, lymph nodes of inguinal region and lower limb
Y	C83.06	Small cell B-cell lymphoma, intrapelvic lymph nodes
Y	C83.07	Small cell B-cell lymphoma, spleen
Y	C83.08	Small cell B-cell lymphoma, lymph nodes of multiple sites
Y	C83.09	Small cell B-cell lymphoma, extranodal and solid organ sites
Y	C83.1	Mantle cell lymphoma
Y	C83.10	Mantle cell lymphoma, unspecified site
Y	C83.11	Mantle cell lymphoma, lymph nodes of head, face, and neck
Y	C83.12	Mantle cell lymphoma, intrathoracic lymph nodes
Y	C83.13	Mantle cell lymphoma, intra-abdominal lymph nodes
Y	C83.14	Mantle cell lymphoma, lymph nodes of axilla and upper limb
Y	C83.15	Mantle cell lymphoma, lymph nodes of inguinal region and lower limb
Y	C83.16	Mantle cell lymphoma, intrapelvic lymph nodes

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REPORTABLE	ICD-10-CM	FULL DESCRIPTION
Y	C83.17	Mantle cell lymphoma, spleen
Y	C83.18	Mantle cell lymphoma, lymph nodes of multiple sites
Y	C83.19	Mantle cell lymphoma, extranodal and solid organ sites
Y	C83.3	Diffuse large B-cell lymphoma
Y	C83.30	Diffuse large B-cell lymphoma, unspecified site
Y	C83.31	Diffuse large B-cell lymphoma, lymph nodes of head, face, and neck
Y	C83.32	Diffuse large B-cell lymphoma, intrathoracic lymph nodes
Y	C83.33	Diffuse large B-cell lymphoma, intra-abdominal lymph nodes
Y	C83.34	Diffuse large B-cell lymphoma, lymph nodes of axilla and upper limb
Y	C83.35	Diffuse large B-cell lymphoma, lymph nodes of inguinal region and lower limb
Y	C83.36	Diffuse large B-cell lymphoma, intrapelvic lymph nodes
Y	C83.37	Diffuse large B-cell lymphoma, spleen
Y	C83.38	Diffuse large B-cell lymphoma, lymph nodes of multiple sites
Y	C83.39	Diffuse large B-cell lymphoma, extranodal and solid organ sites
Y	C83.5	Lymphoblastic (diffuse) lymphoma
Y	C83.50	Lymphoblastic (diffuse) lymphoma, unspecified site
Y	C83.51	Lymphoblastic (diffuse) lymphoma, lymph nodes of head, face, and neck
Y	C83.52	Lymphoblastic (diffuse) lymphoma, intrathoracic lymph nodes
Y	C83.53	Lymphoblastic (diffuse) lymphoma, intra-abdominal lymph nodes
Y	C83.54	Lymphoblastic (diffuse) lymphoma, lymph nodes of axilla and upper limb
Y	C83.55	Lymphoblastic (diffuse) lymphoma, lymph nodes of inguinal region and lower limb
Y	C83.56	Lymphoblastic (diffuse) lymphoma, intrapelvic lymph nodes
Y	C83.57	Lymphoblastic (diffuse) lymphoma, spleen
Y	C83.58	Lymphoblastic (diffuse) lymphoma, lymph nodes of multiple sites
Y	C83.59	Lymphoblastic (diffuse) lymphoma, extranodal and solid organ sites
Y	C83.7	Burkitt lymphoma
Y	C83.70	Burkitt lymphoma, unspecified site
Y	C83.71	Burkitt lymphoma, lymph nodes of head, face, and neck
Y	C83.72	Burkitt lymphoma, intrathoracic lymph nodes
Y	C83.73	Burkitt lymphoma, intra-abdominal lymph nodes
Y	C83.74	Burkitt lymphoma, lymph nodes of axilla and upper limb
Y	C83.75	Burkitt lymphoma, lymph nodes of inguinal region and lower limb

2021 ICD-10-CM Casefinding List for FCDS Reporting

REPORTABLE	ICD-10-CM	FULL DESCRIPTION
Y	C83.76	Burkitt lymphoma, intrapelvic lymph nodes
Y	C83.77	Burkitt lymphoma, spleen
Y	C83.78	Burkitt lymphoma, lymph nodes of multiple sites
Y	C83.79	Burkitt lymphoma, extranodal and solid organ sites
Y	C83.8	Other non-follicular lymphoma
Y	C83.80	Other non-follicular lymphoma, unspecified site
Y	C83.81	Other non-follicular lymphoma, lymph nodes of head, face, and neck
Y	C83.82	Other non-follicular lymphoma, intrathoracic lymph nodes
Y	C83.83	Other non-follicular lymphoma, intra-abdominal lymph nodes
Y	C83.84	Other non-follicular lymphoma, lymph nodes of axilla and upper limb
Y	C83.85	Other non-follicular lymphoma, lymph nodes of inguinal region and lower limb
Y	C83.86	Other non-follicular lymphoma, intrapelvic lymph nodes
Y	C83.87	Other non-follicular lymphoma, spleen
Y	C83.88	Other non-follicular lymphoma, lymph nodes of multiple sites
Y	C83.89	Other non-follicular lymphoma, extranodal and solid organ sites
Y	C83.9	Non-follicular (diffuse) lymphoma, unspecified
Y	C83.90	Non-follicular (diffuse) lymphoma, unspecified, unspecified site
Y	C83.91	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of head, face, and neck
Y	C83.92	Non-follicular (diffuse) lymphoma, unspecified, intrathoracic lymph nodes
Y	C83.93	Non-follicular (diffuse) lymphoma, unspecified, intra-abdominal lymph nodes
Y	C83.94	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of axilla and upper limb
Y	C83.95	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of inguinal region and lower limb
Y	C83.96	Non-follicular (diffuse) lymphoma, unspecified, intrapelvic lymph nodes
Y	C83.97	Non-follicular (diffuse) lymphoma, unspecified, spleen
Y	C83.98	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of multiple sites
Y	C83.99	Non-follicular (diffuse) lymphoma, unspecified, extranodal and solid organ sites
Y	C84	Mature T/NK-cell lymphomas
Y	C84.0	Mycosis fungoides
Y	C84.00	Mycosis fungoides, unspecified site
Y	C84.01	Mycosis fungoides, lymph nodes of head, face, and neck
Y	C84.02	Mycosis fungoides, intrathoracic lymph nodes
Y	C84.03	Mycosis fungoides, intra-abdominal lymph nodes

2021 ICD-10-CM Casefinding List for FCDS Reporting

REPORTABLE	ICD-10-CM	FULL DESCRIPTION
Y	C84.04	Mycosis fungoides, lymph nodes of axilla and upper limb
Y	C84.05	Mycosis fungoides, lymph nodes of inguinal region and lower limb
Y	C84.06	Mycosis fungoides, intrapelvic lymph nodes
Y	C84.07	Mycosis fungoides, spleen
Y	C84.08	Mycosis fungoides, lymph nodes of multiple sites
Y	C84.09	Mycosis fungoides, extranodal and solid organ sites
Y	C84.1	Sezary disease
Y	C84.10	Sezary disease, unspecified site
Y	C84.11	Sezary disease, lymph nodes of head, face, and neck
Y	C84.12	Sezary disease, intrathoracic lymph nodes
Y	C84.13	Sezary disease, intra-abdominal lymph nodes
Y	C84.14	Sezary disease, lymph nodes of axilla and upper limb
Y	C84.15	Sezary disease, lymph nodes of inguinal region and lower limb
Y	C84.16	Sezary disease, intrapelvic lymph nodes
Y	C84.17	Sezary disease, spleen
Y	C84.18	Sezary disease, lymph nodes of multiple sites
Y	C84.19	Sezary disease, extranodal and solid organ sites
Y	C84.4	Peripheral T-cell lymphoma, not classified
Y	C84.40	Peripheral T-cell lymphoma, not classified, unspecified site
Y	C84.41	Peripheral T-cell lymphoma, not classified, lymph nodes of head, face, and neck
Y	C84.42	Peripheral T-cell lymphoma, not classified, intrathoracic lymph nodes
Y	C84.43	Peripheral T-cell lymphoma, not classified, intra-abdominal lymph nodes
Y	C84.44	Peripheral T-cell lymphoma, not classified, lymph nodes of axilla and upper limb
Y	C84.45	Peripheral T-cell lymphoma, not classified, lymph nodes of inguinal region and lower limb
Y	C84.46	Peripheral T-cell lymphoma, not classified, intrapelvic lymph nodes
Y	C84.47	Peripheral T-cell lymphoma, not classified, spleen
Y	C84.48	Peripheral T-cell lymphoma, not classified, lymph nodes of multiple sites
Y	C84.49	Peripheral T-cell lymphoma, not classified, extranodal and solid organ sites
Y	C84.6	Anaplastic large cell lymphoma, ALK-positive
Y	C84.60	Anaplastic large cell lymphoma, ALK-positive, unspecified site
Y	C84.61	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of head, face, and neck
Y	C84.62	Anaplastic large cell lymphoma, ALK-positive, intrathoracic lymph nodes

2021 ICD-10-CM Casefinding List for FCDS Reporting

REPORTABLE	ICD-10-CM	FULL DESCRIPTION
Y	C84.63	Anaplastic large cell lymphoma, ALK-positive, intra-abdominal lymph nodes
Y	C84.64	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of axilla and upper limb
Y	C84.65	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of inguinal region and lower limb
Y	C84.66	Anaplastic large cell lymphoma, ALK-positive, intrapelvic lymph nodes
Y	C84.67	Anaplastic large cell lymphoma, ALK-positive, spleen
Y	C84.68	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of multiple sites
Y	C84.69	Anaplastic large cell lymphoma, ALK-positive, extranodal and solid organ sites
Y	C84.7	Anaplastic large cell lymphoma, ALK-negative
Y	C84.70	Anaplastic large cell lymphoma, ALK-negative, unspecified site
Y	C84.71	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of head, face, and neck
Y	C84.72	Anaplastic large cell lymphoma, ALK-negative, intrathoracic lymph nodes
Y	C84.73	Anaplastic large cell lymphoma, ALK-negative, intra-abdominal lymph nodes
Y	C84.74	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of axilla and upper limb
Y	C84.75	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of inguinal region and lower limb
Y	C84.76	Anaplastic large cell lymphoma, ALK-negative, intrapelvic lymph nodes
Y	C84.77	Anaplastic large cell lymphoma, ALK-negative, spleen
Y	C84.78	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of multiple sites
Y	C84.79	Anaplastic large cell lymphoma, ALK-negative, extranodal and solid organ sites
Y	C84.9	Mature T/NK-cell lymphomas, unspecified
Y	C84.90	Mature T/NK-cell lymphomas, unspecified, unspecified site
Y	C84.91	Mature T/NK-cell lymphomas, unspecified, lymph nodes of head, face, and neck
Y	C84.92	Mature T/NK-cell lymphomas, unspecified, intrathoracic lymph nodes
Y	C84.93	Mature T/NK-cell lymphomas, unspecified, intra-abdominal lymph nodes
Y	C84.94	Mature T/NK-cell lymphomas, unspecified, lymph nodes of axilla and upper limb
Y	C84.95	Mature T/NK-cell lymphomas, unspecified, lymph nodes of inguinal region and lower limb
Y	C84.96	Mature T/NK-cell lymphomas, unspecified, intrapelvic lymph nodes
Y	C84.97	Mature T/NK-cell lymphomas, unspecified, spleen
Y	C84.98	Mature T/NK-cell lymphomas, unspecified, lymph nodes of multiple sites
Y	C84.99	Mature T/NK-cell lymphomas, unspecified, extranodal and solid organ sites
Y	C84.A	Cutaneous T-cell lymphoma, unspecified
Y	C84.A0	Cutaneous T-cell lymphoma, unspecified, unspecified site
Y	C84.A1	Cutaneous T-cell lymphoma, unspecified lymph nodes of head, face, and neck

2021 ICD-10-CM Casefinding List for FCDS Reporting

REPORTABLE	ICD-10-CM	FULL DESCRIPTION
Y	C84.A2	Cutaneous T-cell lymphoma, unspecified, intrathoracic lymph nodes
Y	C84.A3	Cutaneous T-cell lymphoma, unspecified, intra-abdominal lymph nodes
Y	C84.A4	Cutaneous T-cell lymphoma, unspecified, lymph nodes of axilla and upper limb
Y	C84.A5	Cutaneous T-cell lymphoma, unspecified, lymph nodes of inguinal region and lower limb
Y	C84.A6	Cutaneous T-cell lymphoma, unspecified, intrapelvic lymph nodes
Y	C84.A7	Cutaneous T-cell lymphoma, unspecified, spleen
Y	C84.A8	Cutaneous T-cell lymphoma, unspecified, lymph nodes of multiple sites
Y	C84.A9	Cutaneous T-cell lymphoma, unspecified, extranodal and solid organ sites
Y	C84.Z	Other mature T/NK-cell lymphomas
Y	C84.Z0	Other mature T/NK-cell lymphomas, unspecified site
Y	C84.Z1	Other mature T/NK-cell lymphomas, lymph nodes of head, face, and neck
Y	C84.Z2	Other mature T/NK-cell lymphomas, intrathoracic lymph nodes
Y	C84.Z3	Other mature T/NK-cell lymphomas, intra-abdominal lymph nodes
Y	C84.Z4	Other mature T/NK-cell lymphomas, lymph nodes of axilla and upper limb
Y	C84.Z5	Other mature T/NK-cell lymphomas, lymph nodes of inguinal region and lower limb
Y	C84.Z6	Other mature T/NK-cell lymphomas, intrapelvic lymph nodes
Y	C84.Z7	Other mature T/NK-cell lymphomas, spleen
Y	C84.Z8	Other mature T/NK-cell lymphomas, lymph nodes of multiple sites
Y	C84.Z9	Other mature T/NK-cell lymphomas, extranodal and solid organ sites
Y	C85	Other specified and unspecified types of non-Hodgkin lymphoma
Y	C85.1	Unspecified B-cell lymphoma
Y	C85.10	Unspecified B-cell lymphoma, unspecified site
Y	C85.11	Unspecified B-cell lymphoma, lymph nodes of head, face, and neck
Y	C85.12	Unspecified B-cell lymphoma, intrathoracic lymph nodes
Y	C85.13	Unspecified B-cell lymphoma, intra-abdominal lymph nodes
Y	C85.14	Unspecified B-cell lymphoma, lymph nodes of axilla and upper limb
Y	C85.15	Unspecified B-cell lymphoma, lymph nodes of inguinal region and lower limb
Y	C85.16	Unspecified B-cell lymphoma, intrapelvic lymph nodes
Y	C85.17	Unspecified B-cell lymphoma, spleen
Y	C85.18	Unspecified B-cell lymphoma, lymph nodes of multiple sites
Y	C85.19	Unspecified B-cell lymphoma, extranodal and solid organ sites
Y	C85.2	Mediastinal (thymic) large B-cell lymphoma

2021 ICD-10-CM Casefinding List for FCDS Reporting

REPORTABLE	ICD-10-CM	FULL DESCRIPTION
Y	C85.20	Mediastinal (thymic) large B-cell lymphoma, unspecified site
Y	C85.21	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of head, face, and neck
Y	C85.22	Mediastinal (thymic) large B-cell lymphoma, intrathoracic lymph nodes
Y	C85.23	Mediastinal (thymic) large B-cell lymphoma, intra-abdominal lymph nodes
Y	C85.24	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of axilla and upper limb
Y	C85.25	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of inguinal region and lower limb
Y	C85.26	Mediastinal (thymic) large B-cell lymphoma, intrapelvic lymph nodes
Y	C85.27	Mediastinal (thymic) large B-cell lymphoma, spleen
Y	C85.28	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of multiple sites
Y	C85.29	Mediastinal (thymic) large B-cell lymphoma, extranodal and solid organ sites
Y	C85.8	Other specified types of non-Hodgkin lymphoma
Y	C85.80	Other specified types of non-Hodgkin lymphoma, unspecified site
Y	C85.81	Other specified types of non-Hodgkin lymphoma, lymph nodes of head, face, and neck
Y	C85.82	Other specified types of non-Hodgkin lymphoma, intrathoracic lymph nodes
Y	C85.83	Other specified types of non-Hodgkin lymphoma, intra-abdominal lymph nodes
Y	C85.84	Other specified types of non-Hodgkin lymphoma, lymph nodes of axilla and upper limb
Y	C85.85	Other specified types of non-Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
Y	C85.86	Other specified types of non-Hodgkin lymphoma, intrapelvic lymph nodes
Y	C85.87	Other specified types of non-Hodgkin lymphoma, spleen
Y	C85.88	Other specified types of non-Hodgkin lymphoma, lymph nodes of multiple sites
Y	C85.89	Other specified types of non-Hodgkin lymphoma, extranodal and solid organ sites
Y	C85.9	Non-Hodgkin lymphoma, unspecified
Y	C85.90	Non-Hodgkin lymphoma, unspecified, unspecified site
Y	C85.91	Non-Hodgkin lymphoma, unspecified, lymph nodes of head, face, and neck
Y	C85.92	Non-Hodgkin lymphoma, unspecified, intrathoracic lymph nodes
Y	C85.93	Non-Hodgkin lymphoma, unspecified, intra-abdominal lymph nodes
Y	C85.94	Non-Hodgkin lymphoma, unspecified, lymph nodes of axilla and upper limb
Y	C85.95	Non-Hodgkin lymphoma, unspecified, lymph nodes of inguinal region and lower limb
Y	C85.96	Non-Hodgkin lymphoma, unspecified, intrapelvic lymph nodes
Y	C85.97	Non-Hodgkin lymphoma, unspecified, spleen
Y	C85.98	Non-Hodgkin lymphoma, unspecified, lymph nodes of multiple sites
Y	C85.99	Non-Hodgkin lymphoma, unspecified, extranodal and solid organ sites

2021 ICD-10-CM Casefinding List for FCDS Reporting

REPORTABLE	ICD-10-CM	FULL DESCRIPTION
Y	C86	Other specified types of T/NK-cell lymphoma
Y	C86.0	Extranodal NK/T-cell lymphoma, nasal type
Y	C86.1	Hepatosplenic T-cell lymphoma
Y	C86.2	Enteropathy-type (intestinal) T-cell lymphoma
Y	C86.3	Subcutaneous panniculitis-like T-cell lymphoma
Y	C86.4	Blastic NK-cell lymphoma
Y	C86.5	Angioimmunoblastic T-cell lymphoma
Y	C86.6	Primary cutaneous CD30-positive T-cell proliferations
Y	C88	Malignant immunoproliferative diseases and certain other B-cell lymphomas
Y	C88.0	Waldenstrom macroglobulinemia
Y	C88.2	Heavy chain disease
Y	C88.3	Immunoproliferative small intestinal disease
Y	C88.4	Extranodal marginal zone B-cell lymphoma of mucosa-associated lymphoid tissue [MALT-lymphoma]
Y	C88.8	Other malignant immunoproliferative diseases
Y	C88.9	Malignant immunoproliferative disease, unspecified
Y	C90	Multiple myeloma and malignant plasma cell neoplasms
Y	C90.0	Multiple myeloma
Y	C90.00	Multiple myeloma not having achieved remission
Y	C90.02	Multiple myeloma in relapse
Y	C90.1	Plasma cell leukemia
Y	C90.10	Plasma cell leukemia not having achieved remission
Y	C90.12	Plasma cell leukemia in relapse
Y	C90.2	Extramedullary plasmacytoma
Y	C90.20	Extramedullary plasmacytoma not having achieved remission
Y	C90.22	Extramedullary plasmacytoma in relapse
Y	C90.3	Solitary plasmacytoma
Y	C90.30	Solitary plasmacytoma not having achieved remission
Y	C90.32	Solitary plasmacytoma in relapse
Y	C91	Lymphoid leukemia
Y	C91.0	Acute lymphoblastic leukemia [ALL]
Y	C91.00	Acute lymphoblastic leukemia not having achieved remission

2021 ICD-10-CM Casefinding List for FCDS Reporting

REPORTABLE	ICD-10-CM	FULL DESCRIPTION
Y	C91.02	Acute lymphoblastic leukemia, in relapse
Y	C91.1	Chronic lymphocytic leukemia of B-cell type
Y	C91.10	Chronic lymphocytic leukemia of B-cell type not having achieved remission
Y	C91.12	Chronic lymphocytic leukemia of B-cell type in relapse
Y	C91.3	Prolymphocytic leukemia of B-cell type
Y	C91.30	Prolymphocytic leukemia of B-cell type not having achieved remission
Y	C91.32	Prolymphocytic leukemia of B-cell type, in relapse
Y	C91.4	Hairy cell leukemia
Y	C91.40	Hairy cell leukemia not having achieved remission
Y	C91.42	Hairy cell leukemia, in relapse
Y	C91.5	Adult T-cell lymphoma/leukemia (HTLV-1-associated)
Y	C91.50	Adult T-cell lymphoma/leukemia (HTLV-1-associated) not having achieved remission
Y	C91.52	Adult T-cell lymphoma/leukemia (HTLV-1-associated), in relapse
Y	C91.6	Prolymphocytic leukemia of T-cell type
Y	C91.60	Prolymphocytic leukemia of T-cell type not having achieved remission
Y	C91.62	Prolymphocytic leukemia of T-cell type, in relapse
Y	C91.9	Lymphoid leukemia, unspecified
Y	C91.90	Lymphoid leukemia, unspecified not having achieved remission
Y	C91.92	Lymphoid leukemia, unspecified, in relapse
Y	C91.A	Mature B-cell leukemia Burkitt-type
Y	C91.A0	Mature B-cell leukemia Burkitt-type not having achieved remission
Y	C91.A2	Mature B-cell leukemia Burkitt-type, in relapse
Y	C91.Z	Other lymphoid leukemia
Y	C91.Z0	Other lymphoid leukemia not having achieved remission
Y	C91.Z2	Other lymphoid leukemia, in relapse
Y	C92	Myeloid leukemia
Y	C92.0	Acute myeloblastic leukemia
Y	C92.00	Acute myeloblastic leukemia, not having achieved remission
Y	C92.02	Acute myeloblastic leukemia, in relapse
Y	C92.1	Chronic myeloid leukemia, BCR/ABL-positive
Y	C92.10	Chronic myeloid leukemia, BCR/ABL-positive, not having achieved remission
Y	C92.12	Chronic myeloid leukemia, BCR/ABL-positive, in relapse

2021 ICD-10-CM Casefinding List for FCDS Reporting

REPORTABLE	ICD-10-CM	FULL DESCRIPTION
Y	C92.2	Atypical chronic myeloid leukemia, BCR/ABL-negative
Y	C92.20	Atypical chronic myeloid leukemia, BCR/ABL-negative, not having achieved remission
Y	C92.22	Atypical chronic myeloid leukemia, BCR/ABL-negative, in relapse
Y	C92.3	Myeloid sarcoma
Y	C92.30	Myeloid sarcoma, not having achieved remission
Y	C92.32	Myeloid sarcoma, in relapse
Y	C92.4	Acute promyelocytic leukemia
Y	C92.40	Acute promyelocytic leukemia, not having achieved remission
Y	C92.42	Acute promyelocytic leukemia, in relapse
Y	C92.5	Acute myelomonocytic leukemia
Y	C92.50	Acute myelomonocytic leukemia, not having achieved remission
Y	C92.52	Acute myelomonocytic leukemia, in relapse
Y	C92.6	Acute myeloid leukemia with 11q23-abnormality
Y	C92.60	Acute myeloid leukemia with 11q23-abnormality not having achieved remission
Y	C92.62	Acute myeloid leukemia with 11q23-abnormality in relapse
Y	C92.9	Myeloid leukemia, unspecified
Y	C92.90	Myeloid leukemia, unspecified, not having achieved remission
Y	C92.92	Myeloid leukemia, unspecified in relapse
Y	C92.A	Acute myeloid leukemia with multilineage dysplasia
Y	C92.A0	Acute myeloid leukemia with multilineage dysplasia, not having achieved remission
Y	C92.A2	Acute myeloid leukemia with multilineage dysplasia, in relapse
Y	C92.Z	Other myeloid leukemia
Y	C92.Z0	Other myeloid leukemia not having achieved remission
Y	C92.Z2	Other myeloid leukemia, in relapse
Y	C93	Monocytic leukemia
Y	C93.0	Acute monoblastic/monocytic leukemia
Y	C93.00	Acute monoblastic/monocytic leukemia, not having achieved remission
Y	C93.02	Acute monoblastic/monocytic leukemia, in relapse
Y	C93.1	Chronic myelomonocytic leukemia
Y	C93.10	Chronic myelomonocytic leukemia not having achieved remission
Y	C93.12	Chronic myelomonocytic leukemia, in relapse
Y	C93.3	Juvenile myelomonocytic leukemia

2021 ICD-10-CM Casefinding List for FCDS Reporting

REPORTABLE	ICD-10-CM	FULL DESCRIPTION
Y	C93.30	Juvenile myelomonocytic leukemia, not having achieved remission
Y	C93.32	Juvenile myelomonocytic leukemia, in relapse
Y	C93.9	Monocytic leukemia, unspecified
Y	C93.90	Monocytic leukemia, unspecified, not having achieved remission
Y	C93.92	Monocytic leukemia, unspecified in relapse
Y	C93.Z	Other monocytic leukemia
Y	C93.Z0	Other monocytic leukemia, not having achieved remission
Y	C93.Z2	Other monocytic leukemia, in relapse
Y	C94	Other leukemias of specified cell type
Y	C94.0	Acute erythroid leukemia
Y	C94.00	Acute erythroid leukemia, not having achieved remission
Y	C94.02	Acute erythroid leukemia, in relapse
Y	C94.2	Acute megakaryoblastic leukemia
Y	C94.20	Acute megakaryoblastic leukemia not having achieved remission
Y	C94.22	Acute megakaryoblastic leukemia, in relapse
Y	C94.3	Mast cell leukemia
Y	C94.30	Mast cell leukemia not having achieved remission
Y	C94.32	Mast cell leukemia, in relapse
Y	C94.4	Acute panmyelosis with myelofibrosis
Y	C94.40	Acute panmyelosis with myelofibrosis not having achieved remission
Y	C94.42	Acute panmyelosis with myelofibrosis, in relapse
Y	C94.6	Myelodysplastic disease, not classified
Y	C94.8	Other specified leukemias
Y	C94.80	Other specified leukemias not having achieved remission
Y	C94.82	Other specified leukemias, in relapse
Y	C95	Leukemia of unspecified cell type
Y	C95.0	Acute leukemia of unspecified cell type
Y	C95.00	Acute leukemia of unspecified cell type not having achieved remission
Y	C95.02	Acute leukemia of unspecified cell type, in relapse
Y	C95.1	Chronic leukemia of unspecified cell type
Y	C95.10	Chronic leukemia of unspecified cell type not having achieved remission
Y	C95.12	Chronic leukemia of unspecified cell type, in relapse

2021 ICD-10-CM Casefinding List for FCDS Reporting

REPORTABLE	ICD-10-CM	FULL DESCRIPTION
Y	C95.9	Leukemia, unspecified
Y	C95.90	Leukemia, unspecified not having achieved remission
Y	C95.92	Leukemia, unspecified, in relapse
Y	C96	Other and unspecified malignant neoplasms of lymphoid, hematopoietic and related tissue
Y	C96.0	Multifocal and multisystemic (disseminated) Langerhans-cell histiocytosis
Y	C96.2	Malignant mast cell tumor
Y	C96.20	Malignant mast cell neoplasm, unspecified
Y	C96.21	Aggressive systemic mastocytosis
Y	C96.22	Mast cell sarcoma
Y	C96.29	Other malignant mast cell neoplasm
Y	C96.4	Sarcoma of dendritic cells (accessory cells)
Y	C96.5	Multifocal and unisystemic Langerhans-cell histiocytosis
Y	C96.6	Unifocal Langerhans-cell histiocytosis
Y	C96.9	Malignant neoplasm of lymphoid, hematopoietic and related tissue, unspecified
Y	C96.A	Histiocytic sarcoma
Y	C96.Z	Other specified malignant neoplasms of lymphoid, hematopoietic and related tissue
Y	D00	Carcinoma in situ of oral cavity, esophagus and stomach
Y	D00.0	Carcinoma in situ of lip, oral cavity and pharynx
Y	D00.00	Carcinoma in situ of oral cavity, unspecified site
Y	D00.01	Carcinoma in situ of labial mucosa and vermilion border
Y	D00.02	Carcinoma in situ of buccal mucosa
Y	D00.03	Carcinoma in situ of gingiva and edentulous alveolar ridge
Y	D00.04	Carcinoma in situ of soft palate
Y	D00.05	Carcinoma in situ of hard palate
Y	D00.06	Carcinoma in situ of floor of mouth
Y	D00.07	Carcinoma in situ of tongue
Y	D00.08	Carcinoma in situ of pharynx
Y	D00.1	Carcinoma in situ of esophagus
Y	D00.2	Carcinoma in situ of stomach
Y	D01	Carcinoma in situ of other and unspecified digestive organs
Y	D01.0	Carcinoma in situ of colon
Y	D01.1	Carcinoma in situ of rectosigmoid junction

2021 ICD-10-CM Casefinding List for FCDS Reporting

REPORTABLE	ICD-10-CM	FULL DESCRIPTION
Y	D01.2	Carcinoma in situ of rectum
Y	D01.3	Carcinoma in situ of anus and anal canal
Y	D01.4	Carcinoma in situ of other and unspecified parts of intestine
Y	D01.40	Carcinoma in situ of unspecified part of intestine
Y	D01.49	Carcinoma in situ of other parts of intestine
Y	D01.5	Carcinoma in situ of liver, gallbladder and bile ducts
Y	D01.7	Carcinoma in situ of other specified digestive organs
Y	D01.9	Carcinoma in situ of digestive organ, unspecified
Y	D02	Carcinoma in situ of middle ear and respiratory system
Y	D02.0	Carcinoma in situ of larynx
Y	D02.1	Carcinoma in situ of trachea
Y	D02.2	Carcinoma in situ of bronchus and lung
Y	D02.20	Carcinoma in situ of unspecified bronchus and lung
Y	D02.21	Carcinoma in situ of right bronchus and lung
Y	D02.22	Carcinoma in situ of left bronchus and lung
Y	D02.3	Carcinoma in situ of other parts of respiratory system
Y	D02.4	Carcinoma in situ of respiratory system, unspecified
Y	D03	Melanoma in situ
Y	D03.0	Melanoma in situ of lip
Y	D03.1	Melanoma in situ of eyelid, including canthus
Y	D03.10	Melanoma in situ of unspecified eyelid, including canthus
Y	D03.11	Melanoma in situ of right eyelid, including canthus
Y	D03.111	Melanoma in situ of right upper eyelid, including canthus
Y	D03.112	Melanoma in situ of right lower eyelid, including canthus
Y	D03.12	Melanoma in situ of left eyelid, including canthus
Y	D03.121	Melanoma in situ of left upper eyelid, including canthus
Y	D03.122	Melanoma in situ of left lower eyelid, including canthus
Y	D03.2	Melanoma in situ of ear and external auricular canal
Y	D03.20	Melanoma in situ of unspecified ear and external auricular canal
Y	D03.21	Melanoma in situ of right ear and external auricular canal
Y	D03.22	Melanoma in situ of left ear and external auricular canal
Y	D03.3	Melanoma in situ of other and unspecified parts of face

2021 ICD-10-CM Casefinding List for FCDS Reporting

REPORTABLE	ICD-10-CM	FULL DESCRIPTION
Y	D03.30	Melanoma in situ of unspecified part of face
Y	D03.39	Melanoma in situ of other parts of face
Y	D03.4	Melanoma in situ of scalp and neck
Y	D03.5	Melanoma in situ of trunk
Y	D03.51	Melanoma in situ of anal skin
Y	D03.52	Melanoma in situ of breast (skin) (soft tissue)
Y	D03.59	Melanoma in situ of other part of trunk
Y	D03.6	Melanoma in situ of upper limb, including shoulder
Y	D03.60	Melanoma in situ of unspecified upper limb, including shoulder
Y	D03.61	Melanoma in situ of right upper limb, including shoulder
Y	D03.62	Melanoma in situ of left upper limb, including shoulder
Y	D03.7	Melanoma in situ of lower limb, including hip
Y	D03.70	Melanoma in situ of unspecified lower limb, including hip
Y	D03.71	Melanoma in situ of right lower limb, including hip
Y	D03.72	Melanoma in situ of left lower limb, including hip
Y	D03.8	Melanoma in situ of other sites
Y	D03.9	Melanoma in situ, unspecified
N	D04	Carcinoma in situ of skin
N	D04.0	Carcinoma in situ of skin of lip
N	D04.10	Carcinoma in situ of skin of unspecified eyelid, including canthus
N	D04.11	Carcinoma in situ of skin of right eyelid, including canthus
N	D04.12	Carcinoma in situ of skin of left eyelid, including canthus
N	D04.20	Carcinoma in situ of skin of unspecified ear and external auricular canal
N	D04.21	Carcinoma in situ of skin of right ear and external auricular canal
N	D04.22	Carcinoma in situ of skin of left ear and external auricular canal
N	D04.30	Carcinoma in situ of skin of unspecified part of face
N	D04.39	Carcinoma in situ of skin of other parts of face
N	D04.4	Carcinoma in situ of skin of scalp and neck
N	D04.5	Carcinoma in situ of skin of trunk
N	D04.60	Carcinoma in situ of skin of unspecified upper limb, including shoulder
N	D04.61	Carcinoma in situ of skin of right upper limb, including shoulder
N	D04.62	Carcinoma in situ of skin of left upper limb, including shoulder

2021 ICD-10-CM Casefinding List for FCDS Reporting

REPORTABLE	ICD-10-CM	FULL DESCRIPTION
N	D04.70	Carcinoma in situ of skin of unspecified lower limb, including hip
N	D04.71	Carcinoma in situ of skin of right lower limb, including hip
N	D04.72	Carcinoma in situ of skin of left lower limb, including hip
N	D04.8	Carcinoma in situ of skin of other sites
N	D04.9	Carcinoma in situ of skin, unspecified
Y	D05	Carcinoma in situ of breast
Y	D05.0	Lobular carcinoma in situ of breast
Y	D05.00	Lobular carcinoma in situ of unspecified breast
Y	D05.01	Lobular carcinoma in situ of right breast
Y	D05.02	Lobular carcinoma in situ of left breast
Y	D05.1	Intraductal carcinoma in situ of breast
Y	D05.10	Intraductal carcinoma in situ of unspecified breast
Y	D05.11	Intraductal carcinoma in situ of right breast
Y	D05.12	Intraductal carcinoma in situ of left breast
Y	D05.8	Other specified type of carcinoma in situ of breast
Y	D05.80	Other specified type of carcinoma in situ of unspecified breast
Y	D05.81	Other specified type of carcinoma in situ of right breast
Y	D05.82	Other specified type of carcinoma in situ of left breast
Y	D05.9	Unspecified type of carcinoma in situ of breast
Y	D05.90	Unspecified type of carcinoma in situ of unspecified breast
Y	D05.91	Unspecified type of carcinoma in situ of right breast
Y	D05.92	Unspecified type of carcinoma in situ of left breast
Y	D07	Carcinoma in situ of other and unspecified genital organs
Y	D07.0	Carcinoma in situ of endometrium
Y	D07.1	Carcinoma in situ of vulva
Y	D07.2	Carcinoma in situ of vagina
Y	D07.3	Carcinoma in situ of other and unspecified female genital organs
Y	D07.30	Carcinoma in situ of unspecified female genital organs
Y	D07.39	Carcinoma in situ of other female genital organs
Y	D07.4	Carcinoma in situ of penis
Y	D07.6	Carcinoma in situ of other and unspecified male genital organs
Y	D07.60	Carcinoma in situ of unspecified male genital organs

2021 ICD-10-CM Casefinding List for FCDS Reporting

REPORTABLE	ICD-10-CM	FULL DESCRIPTION
Y	D07.61	Carcinoma in situ of scrotum
Y	D07.69	Carcinoma in situ of other male genital organs
N	D09	Carcinoma in situ of other and unspecified sites
Y	D09.0	Carcinoma in situ of bladder
Y	D09.1	Carcinoma in situ of other and unspecified urinary organs
Y	D09.10	Carcinoma in situ of unspecified urinary organ
Y	D09.19	Carcinoma in situ of other urinary organs
Y	D09.2	Carcinoma in situ of eye
Y	D09.20	Carcinoma in situ of unspecified eye
Y	D09.21	Carcinoma in situ of right eye
Y	D09.22	Carcinoma in situ of left eye
Y	D09.3	Carcinoma in situ of thyroid and other endocrine glands
N	D09.8	Carcinoma in situ of other specified sites
N	D09.9	Carcinoma in situ, unspecified
Y	D18.02	Hemangioma of intracranial structures
Y	D32	Benign neoplasm of meninges
Y	D32.0	Benign neoplasm of cerebral meninges
Y	D32.1	Benign neoplasm of spinal meninges
Y	D32.9	Benign neoplasm of meninges, unspecified
Y	D33	Benign neoplasm of brain and other parts of central nervous system
Y	D33.0	Benign neoplasm of brain, supratentorial
Y	D33.1	Benign neoplasm of brain, infratentorial
Y	D33.2	Benign neoplasm of brain, unspecified
Y	D33.3	Benign neoplasm of cranial nerves
Y	D33.4	Benign neoplasm of spinal cord
Y	D33.7	Benign neoplasm of other specified parts of central nervous system
Y	D33.9	Benign neoplasm of central nervous system, unspecified
Y	D35.2	Benign neoplasm of pituitary gland
Y	D35.3	Benign neoplasm of craniopharyngeal duct
Y	D35.4	Benign neoplasm of pineal gland
Y	D42	Neoplasm of uncertain behavior of meninges
Y	D42.0	Neoplasm of uncertain behavior of cerebral meninges

2021 ICD-10-CM Casefinding List for FCDS Reporting

REPORTABLE	ICD-10-CM	FULL DESCRIPTION
Y	D42.1	Neoplasm of uncertain behavior of spinal meninges
Y	D42.9	Neoplasm of uncertain behavior of meninges, unspecified
Y	D43	Neoplasm of uncertain behavior of brain and central nervous system
Y	D43.0	Neoplasm of uncertain behavior of brain, supratentorial
Y	D43.1	Neoplasm of uncertain behavior of brain, infratentorial
Y	D43.2	Neoplasm of uncertain behavior of brain, unspecified
Y	D43.3	Neoplasm of uncertain behavior of cranial nerves
Y	D43.4	Neoplasm of uncertain behavior of spinal cord
Y	D43.8	Neoplasm of uncertain behavior of other specified parts of central nervous system
Y	D43.9	Neoplasm of uncertain behavior of central nervous system, unspecified
Y	D44.3	Neoplasm of uncertain behavior of pituitary gland
Y	D44.4	Neoplasm of uncertain behavior of craniopharyngeal duct
Y	D44.5	Neoplasm of uncertain behavior of pineal gland
Y	D45	Polycythemia vera
Y	D46	Myelodysplastic syndromes
Y	D46.0	Refractory anemia without ring sideroblasts, so stated
Y	D46.1	Refractory anemia with ring sideroblasts
Y	D46.2	Refractory anemia with excess of blasts
Y	D46.20	Refractory anemia with excess of blasts, unspecified
Y	D46.21	Refractory anemia with excess of blasts 1
Y	D46.22	Refractory anemia with excess of blasts 2
Y	D46.4	Refractory anemia, unspecified
Y	D46.9	Myelodysplastic syndrome, unspecified
Y	D46.A	Refractory cytopenia with multilineage dysplasia
Y	D46.B	Refractory cytopenia with multilineage dysplasia and ring sideroblasts
Y	D46.C	Myelodysplastic syndrome with isolated del(5q) chromosomal abnormality
Y	D46.Z	Other myelodysplastic syndromes
Y	D47.Z	Other specified neoplasm of uncertain behavior of lymphoid, hematopoietic and related tissue
Y	D47.Z1	Post-transplant lymphoproliferative disorder (PTLD)
Y	D47.Z9	Neoplasm of uncertain behavior of lymphoid, hematopoietic and related tissue, unspecified
Y	D47.02	Systemic mastocytosis
Y	D47.1	Chronic myeloproliferative disease

2021 ICD-10-CM Casefinding List for FCDS Reporting

REPORTABLE	ICD-10-CM	FULL DESCRIPTION
Y	D47.3	Essential (hemorrhagic) thrombocythemia
Y	D47.4	Osteomyelofibrosis
Y	D47.9	Neoplasm of uncertain behavior of lymphoid, hematopoietic and related tissue, unspecified
Y	D49.6	Neoplasm of unspecified behavior of brain
Y	D49.7	Neoplasm of unspecified behavior of endocrine glands and other parts of nervous system
Y	D72.110	Idiopathic hypereosinophilic syndrome [HES]
Y	D72.111	Lymphocytic Variant Hypereosinophilic Syndrome [LHES]
Y	D72.118	Other hypereosinophilic syndrome
Y	D72.119	Hypereosinophilic syndrome [HES], unspecified

Appendix P

2021 Resources for Registrars

APPENDIX P – REFERENCES AND RESOURCES FOR REGISTRARS – updated April 1, 2021

2021 References and Resources for Cancer Registrar		
<u>2021 REQUIRED References</u>	Web Address For Source	Notes
2021 FCDS Data Acquisition Manual (DAM)	http://www.fcds.med.miami.edu/inc/DAM.shtml	Details cancer data reporting guidelines and casefinding mechanisms for identifying reportable cancers.
2021 Casefinding List of ICD-10-CM Required Codes	http://www.fcds.med.miami.edu/inc/DAM.shtml	ICD-10-CM for 2021 Casefinding - General Range and Individual Code Lists are available in the FCDS DAM
2018 Solid Tumors MPH Rules, Sept 2020 version	https://seer.cancer.gov/tools/solidtumor/	On the home page click on “Information for Cancer Registrars”, Solid Tumor Rules
2018 Heme/Lymph Neoplasm MPH Rules PLUS Interactive Online Heme/Lymph Database for Coding	http://seer.cancer.gov/seertools/hemelymph/	On the home page click on “Information for Cancer Registrars”, Hematopoietic & Lymphoid Neoplasm Project
ICD-O-3.2 2021 Updates and Coding Materials Also See 2021 FCDS DAM for ICD-O-3 2021 Updates	https://seer.cancer.gov/icd-o-3/	On the home page click “Data Collection Tools”, Errata and Clarifications”.
IACR/WHO Master Histology/Behavior – 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	Histology Code/Behavior Master List, 2021
Site-Specific Data Items Manual (SSDI Manual), SSDI Coding Instructions, and SSDI Coding Application, v2.0	https://apps.naaccr.org/ssdi/list/	SSDI Manual, v2.0
2018 Grade Manual, Grade Coding Instructions and Tables, and Grade Coding Application, v2.01	https://apps.naaccr.org/ssdi/list/	Grade Coding Manual, v2.1
SEER Summary Staging Manual 2018 and any errata Required for ALL 2021> Cases, September 2020	http://seer.cancer.gov/tools/ssm/	SEER Summary Staging Manual, Sept 2020
SEER *Rx – Online Interactive Drug Database	http://seer.cancer.gov/seertools/seerrx/	A one-step lookup for coding oncology drug and regimen treatment categories in cancer registries
Collaborative Stage Data Collection System – v02.05 Part I Reference for Site-Specific Factor Coding ONLY.	http://www.cancerstaging.org/cstage	Collaborative Stage Data Collection System is no longer supported or in use in the United States beginning 1/1/2016. Used for Cases Dx 2004-2015
SEER*RSA (Registry Staging Assistant)	https://seer.cancer.gov/tools/staging/rsa.html	Assistance and Testing for Cancer Staging; Collaborative Stage Data Collection Summary Stage 2018 SEER EOD – Extent of Disease ALL SSDIs – ALL Grade Items
Brain & CNS Tumor Reporting	http://www.cdc.gov/cancer/npcr/training	Brain Tumor Registry Reporting Materials
TEXT DOCUMENTATION	http://www.cancerregistryeducation.org/rr	Free Download – NCRA Informational Abstracts – Guidelines for Text Documentation by Cancer Site

APPENDIX P – REFERENCES AND RESOURCES FOR REGISTRARS – updated April 1, 2021

Online Help For Abstracting Questions		
Ask a SEER Registrar/SEER Inquiry System	FCDS will not accept answers from SING or Ask SEER. Answers must be in published format from a standard manual such as the SEER Coding & Staging Manual	Only Published Manuals are used to validate answers per FCDS Policy. FCDS does not allow interim answers from any bulletin board sites (SEER or CoC).
CAnswer Forum (Interactive Q&A Bulletin Board)	FCDS will not accept answers from CAnswer Forum. Answers must be in published format from a standard manual such as the CoC STORE Manual	Only Published Manuals are used to validate answers per FCDS Policy. FCDS does not allow interim answers from any bulletin board sites (SEER or CoC).

Newsletters	Web Address	Notes
FCDS Memo	http://www.fcds.med.miami.edu/inc/publications.shtml	Florida Cancer Data System Memo written for registrars
FCRA Sun Times Newsletter	http://www.fcra.org/	Florida Cancer Registrars Association quarterly newsletter
COC Source	https://www.facs.org/publications/newsletters/coc-source	Commission on Cancer's newsletter.
CAnswer Forum	FCDS will not accept answers from CAnswer Forum	Only Published Manuals have valid answers per FCDS Policy
Ask a SEER Registrar and SING	FCDS will not accept answers from SING or Ask SEER	Only Published Manuals have valid answers per FCDS Policy
The CoC Brief	http://www.multibriefs.com/briefs/acsorg/	Multi-Briefs for American College of Surgeons/CoC
The NAACCR Narrative	http://www.naacr.org/AboutNAACCR/Newsletter.aspx	Newsletter for Central Cancer Registries in North America
NCRA News NCRA Connection The Journal of Registry Management	http://www.ncra-usa.org	NCRA Newsletter and Peer-Review Journal

APPENDIX P – REFERENCES AND RESOURCES FOR REGISTRARS – updated April 1, 2021

2021 References and Resources for Cancer Registrars		
Education and Training Resources		
FLccSC	Florida’s Online Learning Management System – Fundamental Learning Collaborative for the Cancer Surveillance Community (FLccSC)	https://fcds.med.miami.edu/inc/flccsc.shtml
FCDS Abstracting Basics Training Course Updated to the 2021 National Standards.	20+ Modules of Self Instruction with 1000+ slides = 60 hrs of basics training with quizzes and practice cases	PENDING UPDATES for 2021 – UNDER CONSTRUCTION
FCDS Continuing Education Webcast Series, NAACCR Series, FCDS Annual Conference	Recorded Webcasts, Webinars, Conferences and any associated background materials, exercises, quizzes	https://fcds.med.miami.edu/inc/flccsc.shtml
SEER Self-Instruction Training Website	SEER’s Self-Paced Instruction and Training Website	http://training.seer.cancer.gov/
SEER*Educate	Online Training Platform for Cancer Registrars	https://educate.fhcr.org/LandingPage.aspx
SEER Self-Instructional Training Resources	Solid Tumor Rules Training Glossary for Registrars Hematopoietic and Lymphoid Neoplasms Training SEER Self-Instructional Manuals for Tumor Registrars	http://seer.cancer.gov/training/
NCRA Education and Training	NCRA Annual Conference, CTR Exam Preparation materials, Recorded Webinars, Continuing Education including NCRA Center for Cancer Registry Education	http://www.ncra-usa.org http://www.cancerregistryeducation.org
CTR Examination Resources	NCRA Council on Certification	http://www.ctrexam.org and http://www.ctrexam.org/resources/
AJCC TNM Education and Training	Self-Instruction Modules for AJCC TNM Training Recorded Resources for AJCC TNM Training	https://cancerstaging.org/CSE/Registrar/Pages/8thEditionWebinars.aspx https://cancerstaging.org/CSE/Registrar/Pages/default.aspx
NAACCR Education and Training	NAACCR Annual Conference, Monthly NAACCR Cancer Surveillance Webinar Series, CTR Exam Preparation Webinar Series, Continuing Education	http://www.naacr.org
American Cancer Society	Learn About Cancer and Various Cancer Topics	http://www.cancer.org/cancer/index
National Cancer Institute	Understanding Cancer Series (also in Spanish)	http://www.cancer.gov/ http://www.cancer.gov/about-cancer/what-is-cancer http://www.cancer.gov/espanol/cancer/que-es
National Comprehensive Cancer Network (NCCN)	Treatment Guidelines by Cancer Site	http://www.nccn.org/

APPENDIX P – REFERENCES AND RESOURCES FOR REGISTRARS – updated April 1, 2021

2021 References and Resources for Cancer Registrars	
2021 Casefinding/Reportable List	<ul style="list-style-type: none"> ➤ 2021 FCDS Data Acquisition Manual (FCDS DAM) is the Primary Reference for Florida Requirements ➤ SEER Website – Resources for Registrars – Casefinding – FCDS Does Not Use Supplemental List
2021 Coding Manual and Instructions	<ul style="list-style-type: none"> ➤ 2021 FCDS Data Acquisition Manual (FCDS DAM) is the Primary Reference for Florida Requirements ➤ 2021 CoC Standards for Oncology Registry Entry (CoC STORE) - https://www.facs.org/quality-programs/cancer/ncdb/registrymanuals/cocmanuals ➤ 2021 SEER Coding and Staging Manual - http://seer.cancer.gov/tools/codingmanuals/
2018 Solid Tumor Rules, September 2020	➤ MPH Rules and Database – Solid Tumors https://seer.cancer.gov/tools/solidtumor/
2018 Hematopoietic Database, current online version	➤ MPH Rules and Database – Heme/Lymph Neoplasms http://seer.cancer.gov/seertools/hemelymph/
ICD-O-3.2 Primary Site/Histology Codes – IACR/WHO	<ul style="list-style-type: none"> ➤ https://seer.cancer.gov/icd-o-3/ ➤ ICD-O-3.2 Updates (2021 WHO) – Histology Master List and Synonyms – All Histology Codes ➤ Download the Master ICD-O-3.2 Histology Code and Behavior List from IACR/WHO at http://www.iacr.com.fr/index.php?option=com_content&view=article&id=149:icd-o-3-2&catid=80&Itemid=545 ➤ Hematopoietic Database for all codes 9590-9993 – includes rules and instructions for use
2018 Grade Manual and Coding Instructions, v2.1	➤ https://apps.naaccr.org/ssdi/list/
Site-Specific Data Items Manual (SSDI Manual), v2.0	➤ https://apps.naaccr.org/ssdi/list/
AJCC Cancer Staging Manual 8 th Edition – not required	➤ http://www.springer.com/medicine
SS2018 Manual – Summary Stage 2018, September 2020	➤ http://seer.cancer.gov/tools/ssm/
SEER *Rx – Online Interactive Drug Database, current	➤ http://seer.cancer.gov/seertools/seerrx/
Internet Access to Online Resources	<ul style="list-style-type: none"> ▪ http://fcds.med.miami.edu/inc/whatsnew.shtml ▪ http://www.facs.org/cancer ▪ http://www.cancerstaging.org/ ▪ http://seer.cancer.gov/tools/mphrules ▪ http://seer.cancer.gov/tools/seerrx ▪ http://seer.cancer.gov/tools/heme ▪ http://www.ncra-usa.org ▪ http://www.naaccr.org ▪ http://who.int/classifications/icd/adaptations/oncology/en
TEXTBOOK: Cancer Registry Management – Principles and Practice for Hospitals and Central Registries, 3 rd edition	➤ ISBN 978-0-7575-6900-5 (order your copy at http://ncra-usa.org/ or http://www.kendallhunt.com)
National Cancer Institute	➤ http://www.cancer.gov
Centers for Disease Control and Prevention	➤ http://www.cdc.gov/cancer
American Cancer Society	➤ http://www.cancer.org
Cancer Staging	➤ http://www.cancerstaging.org
NCCN	➤ http://nccn.org/
ASCO	➤ http://asco.org/

ABC Course Revision Outline

1. Course Prerequisites – Medical Terminology, Anatomy and Physiology as Related to Cancer
2. Course Description - Goals, Expectations and Content
3. Introduction to FCDS and Overview of Cancer Reporting in Florida
4. Florida Statutes Related to Cancer Reporting Mandate
5. Cancer Registry Standards (include changes to Registry Standards)
6. Registry References Required (include staying current with References & Resources)
7. Issues of Confidentiality, Privacy and Security – HIPAA
8. FCDS Data Acquisition Manual – Every Data Item Counts
9. FCDS Policies and Procedures
10. FCDS Abstractor Code – A State Requirement for ALL Abstractors
11. FCDS Annual Reporting Deadline – June 30th Each Year
12. Types of Cancers Required to be Reported
13. Types of Cancer Reporting Sources
14. Access to Patient Information and Medical Records
15. Case Identification (Casefinding) and Review for Reportability
16. Keeping a Journal of “Cases Reviewed and Found to Not Be Reportable – Reason Not Reported”
17. General Abstracting Guidelines – Active Neoplasms
18. General Abstracting Guidelines – Inactive Neoplasms
19. Florida Text Documentation Requirements
20. Date of Diagnosis – Estimating Methodology
21. Solid Tumor Rules – Single Versus Multiple Primary Cancers
22. Solid Tumor Rules – Histology Coding Rules
23. Myeloid and Lymphoid Neoplasms – Multiple Primary and Histology Coding Rules and Database
24. Benign, Borderline and Malignant Neoplasms of the Brain and Central Nervous System
25. Pediatric Cancers

ABC Course Revision Outline

26. Histology Coding Using ICD-O-3.2
27. Tumor Marker Testing for Histologic Classification
28. Site-Specific/Histology-Specific/Schema-Specific - The Schema ID Concept - How to Use Schema ID
29. Cancer Staging – Summary Stage, EOD, Collaborative Stage, and AJCC TNM Staging
30. Cancer Staging – Site Specific Data Items
31. Tumor Marker Testing for Cancer Treatment Planning
32. Cancer Treatment – Part I – Surgery
33. Cancer Treatment – Part II – Radiation Therapy
34. Cancer Treatment – Part III – Systemic Therapy
35. Patient Tracking and Cancer Status Follow-Up
36. FCDS IDEA Secure Reporting Portal - Introduction and Features – FAA and Other User Roles
37. FCDS Data Submission/Data Transmission Instructions
38. FCDS Data Quality EDITS and Case Acceptance Policy
39. FCDS Data Processing – EDITS, Corrections, Forces (Overrides) and Deletions
40. Resubmission of Data Previously Submitted to FCDS
41. QC Review / Visual Editing of Sample of Cases
42. Data Quality Improvement Program
43. Annual Reporting Completeness Audits – AHCA, Vital Statistics and FAPTP
44. Annual Data Quality Audits
45. External Audits
46. FCDS Main Website
47. FCDS Education and Training Program
48. FLccSC Learning Management System
49. Data Requests and DREAMS
50. Becoming a CTR – NCRA and the CTR Examination

Recommended Training Resources for New Registrars

FCDS has put together a listing of available Training Resources for New Registrars while we continue to work on updating our Abstracting Basics Course for the 2021 Standards. We hope this will help new registrars with reliable training resources and help along with the FCDS ABC Course Outline to cover the primary topics necessary to learn how to abstract and to understand the basics of what it takes to become a Cancer Registrar.

FCDS has never been in the business of training registrars to become CTRs. We primarily focus on training abstractors how to abstract cases from medical record source data and to code the abstracted data according to national data standards. It is normal to become confused and overwhelmed by the manuals, instructions, websites, and basic cancer information available.

Moreover, becoming a CTR requires additional training including but not limited to a thorough knowledge of the contents of the TEXTBOOK: *Cancer Registry Management – Principles and Practice for Hospitals and Central Registries, 3rd edition*. ISBN 978-0-7575-6900-5 (order at <http://ncra-usa.org/> or <http://www.kendallhunt.com>)

We hope this listing of available training resources will be of help in getting new registrars started. This is a complicated field and requires knowledge of many resources and manuals.

NAACCR also offers a FREE Cancer Registrar Training Guide on their Website that provides a 51-week guide to learning all things Cancer Registry Related including a Progress Tracking Form. Becoming a Cancer Registrar and becoming a Certified Tumor Registrar (CTR) is a lengthy process. You must be patient and thorough in your training and learning. Take your time. Most registrars recognize that it takes a good 2 years before you even know what you don't know. Then another 3 years to become proficient in the tools and resources required to work.

The NAACCR Cancer Registrar Training Guide, v4 was published in 2020 and is available at <https://www.naaccr.org/wp-content/uploads/2020/05/Registry-Training-Guide-1.pdf>

Recommended Resources for New Abstractor Training:

- **NCRA Accredited Cancer Certificate and/or Degree Programs** - <https://www.ncra-usa.org/About/Become-a-Cancer-Registrar>
- NEED ACCESS TO ALL 2021 Manuals, Tools and Guidelines/Instructions – see Appendix P
- SEER Site-Specific Modules and Self-Instructional Training - <https://seer.cancer.gov/training/>
- NAACCR Cancer Registrar Training Guide - <https://www.naaccr.org/wp-content/uploads/2020/05/Registry-Training-Guide-1.pdf>
- Outline of 2021 FCDS Abstracting Basics Course – attached PDF
- NCRA offers basic courses, webinars, and CTR Exam Prep – <http://www.ncra-usa.org>
- NCRA also hosts ways to become a cancer registrar and becoming a CTR – <http://www.cancerregistryeducation.org/become-a-cancer-registrar/>

- 2021 SEER Tools – SEER*Rx, SEER*Heme Rules and Database, SEER*RSA, SEER Solid Tumor Rules, Casefinding Lists and much more available on the SEER Website @ <http://seer.cancer.gov>.
- SEER*Educate - <https://educate.fredhutch.org/LandingPage.aspx>
- 2021 FCDS Data Acquisition Manual - <https://fcds.med.miami.edu/inc/downloads.shtml>
- 2021 FCDS Webcast Series - <https://fcds.med.miami.edu/inc/educationtraining.shtml>
- FCDS Learning Management System – FLccSC - <https://fcds.med.miami.edu/inc/flccsc.shtml>
- 2021 NAACCR Webinar Series - https://fcds.med.miami.edu/scripts/naaccr_webinar.pl
- 2021 NAACCR CTR 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 a TON of 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 – we won't teach this, anyway – <https://cancerstaging.org/>
- Registry Software Vendors also provide training on their products and sometimes on cancer registration
- Finding a Mentor thru NCRA or FCRA may be another avenue – but, all of the above are useful resources for education/training

Appendix Q

NEW - - Florida DOH Letter Outlining Florida SSN Data Collection Requirement - - NEW

FCDS Frequently Asked Questions

Facility Access Administrator (FAA) and FAA Responsibilities

FCDS Profile Modification Form

FCDS Abstractor Code

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Ron DeSantis
Governor

Scott A. Rivkees, MD
State Surgeon General

Vision: To be the **Healthiest State** in the Nation

To: Florida Reporting Facilities and Abstractors**RE: Patient Social Security Number (SSN) – A Florida Mandated Data Item**

The Florida Department of Health would like to remind all reporting entities that a complete and accurately transcribed social security number (SSN) is a required data item that **MUST** be reported to the state cancer registry, the Florida Cancer Data System (FCDS). Per Rule 64D-3, *Florida Administrative Code (F.A.C.)*, diseases or conditions of public health significance identified by the Florida Department of Health must be reported by the practitioner, hospital, laboratory, or other entity or individual, and this report must include at a minimum the patient's first and last name, including middle initial; address, including city, state, and zip code; telephone number, including area code; date of birth; sex; race; ethnicity; **social security number**; diagnosis; type of diagnostic tests; and treatment given. Cancer is a reportable disease in the state of Florida and all reportable cancers submitted to the FCDS must have an accurate, complete social security number (SSN).

Within the reporting entity, the appropriate assigned staff (e.g. registrar and abstractor) **MUST** have access to a complete and valid SSN for every case reported to the FCDS, regardless of cancer program affiliation, health care network policy, corporate policy or local institutional policy restricting access to these data. Reportable cancers **MUST** be submitted to the FCDS with full SSN. There are no exceptions to this reporting rule.

The number of unknown SSNs submitted to the FCDS must be kept to an absolute minimum. Partial SSN (last 4-digits or last 6-digits) and IT or billing system generated proxy SSN are not acceptable and will be rejected if uploaded to the FCDS. Operationally, the FCDS is required to match and consolidate cancer cases to accurately determine the cancer burden in the state. Cancer burden statistics disseminated from the FCDS are integral to local, state, and national cancer prevention and intervention efforts.

For more information on current reporting requirements to the FCDS and specific coding instructions, please reference the Florida Cancer Data System Data Acquisition Manual (FCDS DAM). Specifically, within the 2018 FCDS DAM, Section II pages 69-70, the collection and coding of social security number (SSN) is outlined.

Thank you for your continued support of Florida's statewide cancer surveillance and registry. If you should have any further questions please contact Gary Levin at (305) 243-4073 or glevin@med.miami.edu.

Sincerely,

Tara Hylton, MPH
Cancer Registry Project Director
Public Health Research
Division of Community Health Promotion
Florida Department of Health

FCDS IDEA Frequently Asked Questions (FAQs)

FCDS IDEA USER ACCOUNT

Page 1 - 3

p. 1 FCDS IDEA User Account Set-up

p. 2 Password Reset

User ID Retrieval

p. 3 User Account Renewal

FACILITY ACCESS ADMINISTRATOR (FAA)

Page 3 - 5

p. 4 FCDS Requirements

Establishing the FAA

p. 5 Management of FAA User Role Assignments

Frequently Asked Questions (FAQs)

FCDS IDEA User Accounts

1.) Do I need an FCDS IDEA User Account?

Yes, anyone accessing IDEA will need an FCDS IDEA User Account.

2.) How do I create an FCDS IDEA user account?

Please follow the instructions as listed below:

- a. If you have not already installed the FCDS IDEA application. Please go the FCDS website at <https://fcds.med.miami.edu/inc/tutorials.shtml> to download and install the application.
- b. Open the FCDS IDEA application
- c. Click **'Create New User/Register'** button
- d. The 'User Type Identification Screen' appears
- e. Select user role appropriate for your user account
- f. Click Continue
- g. The 'Create FCDS User Account' screen appears (**all fields with an * are required**)
 - a. Create a password
 - b. Re-enter the password to verify
 - c. Enter your email address
 - i. **Email address cannot be used with any other IDEA User Account**
 - ii. **Email address is required to receive your user information**
 - d. Re-enter your email address to verify
 - e. Select security question and answer
 - f. Complete demographic information
 - i. Name
 - ii. Complete mailing address
 - iii. Phone number/ Fax/ Alternate number
 - g. Verify your entries before clicking submit.
 - i. Once you click **Submit** an e-mail is generated and sent to your e-mail address.
 - ii. This email includes your assigned **User ID** and activation information.
 - iii. **You MUST respond to activate the user account.**
- h. Click on the link within the email to activate your account
- i. The IDEA log-in screen will appear
 - a. Input the username provided in email
 - b. Input the password you created during your account setup
- j. The 'Abstractor Attestation Details' dialog box appears if you chose 'Abstractor' as your role.
 - a. **Read the Abstractor Attestation dialog box carefully before checking the I Certify box.**
 - b. Click **Save** to complete attestation.
- k. An "abstractor" will have limited access until an FAA assigns them to a facility.

Frequently Asked Questions (FAQs)

3.) What is the procedure for lost or forgotten user id and/or password?

Access the FCDS IDEA page at <http://fcds.med.miami.edu/inc/idea.shtml#>

Click on the **User/Password Reset** button located bottom center of the login window.

The Forgot My Password dialog window will appear

Select correct button

The system will request specific information

If the information provided is correct an email will be sent for reset.

4.) Are multiple user accounts required for each facility that I am employed with?

No, a user may work for multiple facilities from one user account, by supplying specific information to the facility's Facility Access Administrator (FAA).

5.) How do I renew my FCDS User Account?

1. Log into **FCDS IDEA**

2. Go to the **'IDEA User'** menu

3. Select **Account Manager**

4. You can update information as needed (**exception:** User Type)

5. Double click in the box titled **'PASSWORD'** hit backspace and change password.

- Select the **(?)** icon for the password requirements
- The password must be changed to renew the user account.
- Cannot reuse a previous password
- The Renewal is valid for one year from the password change date.

6. Retype the password in the box titled **'VERIFY PASSWORD'**

7. Click on the **'SUBMIT'** button.

8. The system will give message of successful update to user account.

Note: System prompts for renewal beginning 30 days prior to expiration.

Frequently Asked Questions (FAQs)

Facility Access Administrator

1. Which facilities are required to establish a Facility Access Administrator (FAA)?

Every Hospital, Ambulatory Care, and Radiation Therapy facility must have an FAA.
Physicians' offices and Pathology Labs do not require an FAA.

2. Who can be a Facility Access Administrator (FAA)?

The FAA must be an employee of the facility. *Facility personnel such as the Director of Medical Records, Quality Assurance, Office Manager, etc ., can be designated as the FAA.*

A CONTRACTOR CANNOT BE THE FAA.

3. How do I apply for the FAA role?

Before registering as a FAA, an FCDS IDEA user account must be established.

Log into **FCDS IDEA**

Go to the '**IDEA User**' menu

Select '**Add Additional Role**'

Select '**Facility Access Administrator**'

Click '**add role**'

Confirm request

Select the '**File**' menu

Click '**Close All**'

The Facility Administrator Application will appear

Double click on greyed out **Facility** within the Facility table

Enter the 4-digit FCDS facility number

Select the TAB key (the table will populate with facility's information)

You will do this for each facility (if they share the same administration)

Now you will provide the Authoring Medical Facility Individual Information

This information is the person who is approving your designation as the facility's FAA.

Your information cannot substitute for the authorizing individual credentials.

Click the process button.

A PDF copy of the Facility Access Administration letter is generated.

Frequently Asked Questions (FAQs)

Print the letter

Close only the window containing the letter.

Verify all documentation has printed

Click **OK**

A notification message will display.

Copy the letter onto letterhead.

You will sign and date where indicated (your name will appear beneath the signature line)

Provide letter to the authorizing personnel to sign where indicated.

Fax the letter to FCDS at 305-243-4871.

*When the user adds the FAA role, the “**FAA User Role Assignments**” menu appears under the **IDEA User Menu**; however, it will not be active for use until the user’s FAA request has been approved.

4. How do I manage the user role assignments:

- To assign or renew users’ access you will need the individuals’ user-id and the email address associated with their user account.
- If the abstractor is currently associated with the facility, the FAA will only need to renew their access using the ‘Revoke/Renew’ tab (*see FAA User Role Assignments Instructions Renew Access, below*).

FAA User Role Assignments Instructions

Log into **FCDS IDEA**

Go to the IDEA User menu: 

Select FAA User Role Assignments menu (3rd Option listed)



Frequently Asked Questions (FAQs)

The Facility Assignment dialog box will appear with the Assign New User Tab view by default.

Facility Assignment FacilityAssignmentModule

Assign New User Remove / Renew Facility Users

User ID: * Get Roles

Email Addr: *

Facilities: Select Facility ▼

Role	Description	Assign

* Indicates a required item.

Save Cancel

To Add User:

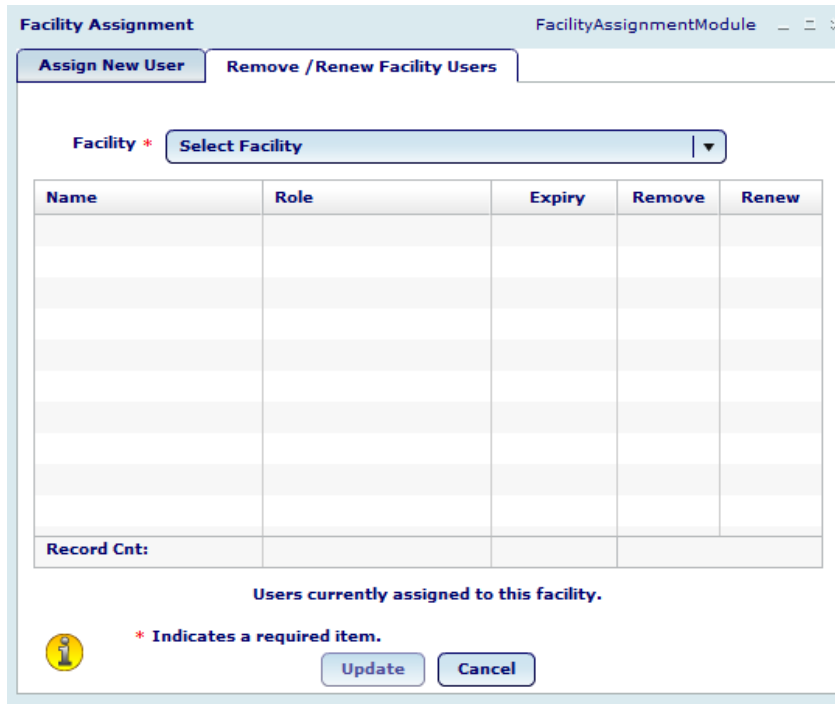
1. Select the **Assign New User Tab** (default view)
2. Provide the following information in the indicated fields:
 - User ID
 - Email Address
 - Select the facility you are adding the personnel
3. The available *assignable roles* for the user will display within the table
4. Select the **Assign** button of the role for user.
5. Select the Save button.
6. The user is now setup to begin working.

You may review the user's access status by selecting the Remove/Renew Facility Users Tab and selecting the facility.

Frequently Asked Questions (FAQs)

To Renew User Access :

1. Select the **Remove/ Renew User Tab**
2. The Facility Assignment dialog box will display the Remove/Renew Facility User view:



The screenshot shows a window titled "Facility Assignment" with a sub-header "FacilityAssignmentModule". It has two tabs: "Assign New User" and "Remove / Renew Facility Users". The "Remove / Renew Facility Users" tab is active. Below the tabs is a "Facility *" dropdown menu with "Select Facility" selected. Below the dropdown is a table with the following columns: "Name", "Role", "Expiry", "Remove", and "Renew". The table is currently empty. Below the table is a "Record Cnt:" label. Below the table is the text "Users currently assigned to this facility." Below that is a yellow information icon and the text "* Indicates a required item." At the bottom are "Update" and "Cancel" buttons.

3. Select the facility you are adding the personnel by clicking on the down arrow



A close-up of the "Facility *" dropdown menu. The dropdown is highlighted in yellow and shows "Select Facility" with a downward arrow on the right side.

4. You will see all names for abstractors who currently have access to your facility including yourself.
 - You will select renew for your current users.or
 - Revoke for those no longer with your facility.
5. Select the Update button.

Your facility user role assignments are complete.

The FAA will receive an email twice a year (every six months) for verification of the facility personnel access.

FCDS FACILITY ACCESS ADMINISTRATOR (FAA)

As of January 2013, **EVERY HOSPITAL, AMBULATORY CARE FACILITY AND RADIATION THERAPY FACILITY MUST HAVE A FACILITY ACCESS ADMINISTRATOR (FAA).**

Under the new system, each facility designates one individual to be the Facility Access Administrator (FAA). This is usually the individual in charge of the cancer registry or Department of Health cancer reporting functions. The FAA will then assign facility personnel responsible for the cancer reporting (employees or contractors). The FAA will have complete oversight regarding assigning and/or un-assigning reporting personnel from the respective facility. Based on the FAA's assignment, facility reporting personnel will have limited or full access to the reporting facility(s) Protected Health Information (PHI).

The FAA must be an employee of the facility. The FAA CANNOT BE A CONTRACTOR

This process eliminates the annual requirement of mailed documentation for each facility employee. Once the FAA role is established for the facility, the FAA role remains active until FCDS is notified of a change in FAA. However, to ensure data security, the FAA must go in every 6 months to click a box verifying the existing facility personnel are still active. *It is incumbent on the FAA to keep their list of facility personnel active and current.* If an employee is no longer employed by the facility, the FAA **MUST** remove this individual immediately. If the FAA does not keep the facility access list active and current, a former employee will continue to have access to the facility data.

- **Establishing the Facility Access Administrator**
- **Management of FAA User Role Assignments**

FACILITY ACCESS ADMINISTRATOR (FAA)

ESTABLISHING THE FAA ROLE:

****Before registering as a FAA, an FCDS IDEA user account MUST be established. ****

If you have installed the FCDS IDEA app and have an FCDS IDEA User Account begin at step #10

1. All users will need to have an FCDS IDEA User Account.
2. If you have not already installed the FCDS IDEA application. Please go the FCDS website at <https://fcds.med.miami.edu/inc/tutorials.shtml> to download and install the application.
3. Open the FCDS IDEA application (*If you already have an FCDS IDEA User Account, proceed to step 10*)
4. Click 'Create New User/Register' button
5. The 'User Type Identification Screen' appears
6. Select the appropriate user role for your user account
 - a. Administrators establishing a FCDS IDEA User Account, when selecting the initial User Type Identification select the General User Role. (*If you will be abstracting cases select the Abstractor role.*)
7. Click Continue
8. The 'Create FCDS User Account' screen appears (all fields with an * are required)
9. Verify your entries before clicking submit.
 - i. Once you click Submit an e-mail is generated and sent to your e-mail address.
 - ii. **This email includes your assigned User ID and activation information.**
 - iii. **You MUST respond to activate the user account.**
10. Sign into FCDS IDEA
11. Go to the 'IDEA User' menu
12. Select 'Add Additional Role'
13. Select 'Facility Access Administrator'
14. Click 'add role'
 - a. Confirm the role
15. Select the 'File' menu
16. Click 'Close All'
17. The Facility Administrator Application will appear
18. Double click on the greyed out *Facility* located under the Facility heading *within* the table
19. Enter the 4-digit FCDS facility number ([contact FCDS if you do not have this information](#))
 - a. Select the TAB key (the table will populate with facility's information)
 - b. Do this for each facility (if they share the same administration)
20. Provide the Authoring Medical Facility Individual Information:
 - a. This individual is your superior and cannot be anyone who reports to you
 - b. **CANNOT BE A CONTRACTOR**
 - c. **This information is in reference to the person who is approving your designation as the facility's FAA.**
 - d. **Your information cannot substitute for the authorizing individual credentials.**
21. Click the **process** button
22. A PDF copy of the Facility Access Administration letter is generated. (**Save copy**)
23. **Print the letter**
24. Close only the window containing the letter.
25. Verify all documentation has printed (**do not log out or close IDEA**)
 - a. A notification message will display.
 - b. Click **OK** to close the process
 - c. Copy letter onto letterhead
 - d. Sign and date where indicated (your name will appear beneath the signature line)
 - e. Provide letter to the authorizing personnel to sign where indicated.
 - f. Email signed letter, on letterhead to melissa_williams@miami.edu.

NOTE:

*The documentation goes through verification; the process is completed within 24 hours (one business day).
Once the verification process is completed; the user will receive an email notification of the FAA application status.*

**When the user adds the FAA role, the "FAA User Role Assignments" module appears under the IDEA User Menu; however, the module will not be active until the user has completed the FAA process.*

FACILITY ACCESS ADMINISTRATOR (FAA)

MANAGEMENT OF FAA USER ROLE ASSIGNMENTS

Management of User Role Assignments (Initial Set-up)

- Sign into FCDS IDEA
- Go to the **IDEA User** menu
- Select **FAA User Role Assignments** menu.
- Select the **Renew/Revoke Facility** Tab
- Clicking on the **down arrow**, select facility.
- Personnel with access to the facility's data including yourself will be displayed.
- Select **Renew** button to renew facility access for each abstractor listed.
- Select **Revoke** button to remove users no longer associated with the facility.
- Select the **Update** button and the process is completed.

** To review updated status, click the down arrow and select facility.*

To Assign NEW Users

Select the **Assign New User** Tab

Provide the following in the indicated fields:

- **User ID**
- **Email Address** (*on the user account*)
- Clicking on the **down arrow**, select facility
- Select the **Assign button** for the access (*Hosp Entry¹ or Hosp Admin²*) you would like to assign the user.

¹*Hosp Entry* access allows case-finding and abstracting.

²*Hosp Admin* access includes the Hosp Entry access and access to reports.

Renewal of User Role Assignments

- Select the **Renew/Revoke Facility Tab** to renew facility access for abstractor.
- Clicking on the down arrow, select facility.
- The user's access is now reset for 6 months from date of renewal.
- Select the Update button and the process is completed.

FCDS PROFILE MODIFICATION FORM

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

The form is available in the following formats:

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

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

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

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

Complete each field using the guidelines as listed below.

Today's Date:

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

Facility Name:

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

Process Request:

ADD – To add a facility or profile

UPDATE - To update an existing facility or profile.

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

Facility Type:

Select Facility type from the drop down menu

AHCA# (up to 10 digits)

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

This number can be up to 10 digits .

CLIA# (10 digits: ex. 10D9999999)

(Required field for Laboratories)

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

NPI# (10 digits)

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

FCDS PROFILE MODIFICATION FORM

FCDS Facility # (4-digits)

If adding a facility leave field blank.

Once a **new** facility/profile is processed the facility will be assigned a FCDS facility number.
This information will be forwarded to the facility contact.

Option: (Required field)

Select appropriate option from the pull down list.

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

OPTION CODES

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

FCDS PROFILE MODIFICATION FORM

FCDS Profile Information:

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

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

Complete and Submit:

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

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

FCDS PROFILE MODIFICATION FORM

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

SUBMIT

Appendix R

FCDS ADOPTED ICD-O-3.2 in 2018 **NAACCR ADOPTED ICD-O-3.2 in 2020**

Included in this Appendix are the Histology Code Updates for 2021.

The WHO is the organization responsible for the structure, format, coding rules and guidelines as well as the anatomical topography (primary site), histology, and behavior codes as published in the *International Classification of Diseases for Oncology*.

The printed ICD-O-3 purple book is very much out of date. However, the Introduction and Basic Instructions as well as all Topography Codes are Still Valid and Can Be Used.

However, you should not use the ICD-O-3 purple book for coding Histology.

Please use the ICD-O-3.2 Master Histology List and the Solid Tumor Rules (current edition) and the Hematopoietic Database from SEER (online interactive) to correctly assign histology and behavior codes for all cancers – do not rely on the codes in the printed ICD-O-3 Manual.

There have been numerous new publications by the WHO of the 4th edition “Blue Books” (and WHO Published Updates to 4th ed.) which are the worldwide accepted versions of the WHO Classification of Neoplasms are the primary resource for all old and new ICD-O-3 Codes/Terms/Conditions.

IACR/WHO began to publish the 5th edition “Blue Books” in 2020.

The NAACCR ICD-O Work Group will incorporate new histology codes from the 5th edition WHO Classification of Neoplasms on an annual basis as they are published.

For a Master List of ICD-O-3.2 Histology and Behavior Codes that includes approved synonyms for established codes/terminology please download from the IACR/WHO Site @ http://www.iacr.com.fr/index.php?option=com_content&view=article&id=149:icd-o-3-2&catid=80&Itemid=545

North American Association of Central Registries, Inc

**GUIDELINES FOR
ICD-O-3.2 HISTOLOGY CODE AND BEHAVIOR
UPDATE
IMPLEMENTATION
Effective January 1, 2021**

Prepared by:

NAACCR ICD-O-3 Update
Implementation Work Group

2021 ICD-O-3 Update to be used jointly with ICD-O-3.2, Solid Tumor Rules, and
Hematopoietic and Lymphoid Neoplasm Database

December 1, 2020

Summary of changes covered in the 2021 ICD-O-3 Update:

The 2021 ICD-O-3 Update Guidelines includes comprehensive tables listing all changes to ICD-O-3 including new terminology and reportability changes effective for cases diagnosed 1/1/2021 forward. Included in these guidelines are instructions for using the tables together with ICD-O-3.2. The guidelines also provide background on the project and issues encountered during review of the WHO 4th Edition Classifications of Tumors book series. Issues not covered in the 2021 update include reportability of histology codes with terms that include the words “high grade neoplasia” or “high grade dysplasia” or “severe dysplasia” in digestive system sites.

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1 INTRODUCTION

These implementation guidelines, developed by the North American Association of Central Cancer Registries, Inc (NAACCR) ICD-O-3 Implementation Work Group and approved by the High-Level Strategic Group (HLSG), address implementation of updated histology terms and codes for cases diagnosed on or after January 1, 2021. Members of the work group represent standard setting organizations, central registries, hospital registries, and cancer registry software vendors.

In developing the 2021 ICD-O update, a particular effort was made to use the nomenclature appearing in the World Health Organization's *International Histological Classification of Tumors* series (WHO "Blue Books"). This series covers all principal sites of cancer and includes ICD-O morphology codes for each neoplasm. Since the release of the 2018 NAACCR ICD-O update, WHO published the remaining 4th Edition WHO Classification of Tumors books. Each new edition underwent thorough review to identify new histologies and ICD-O codes, behavior changes to existing ICD-O codes, and new terminology. The ICD-O-3 Implementation Work Group recommended adopting the changes for 2021 and implementation of the changes were approved by the standard setting agencies.

As of April 2019, the International Agency for Research on Cancer (IARC) and the WHO ICD-O committee, finalized ICD-O-3.2. ICD-O-3.2 includes changes from all twelve 4th Edition Classification of Tumor books. The Work Group recommended ICD-O-3.2 be implemented 1/1/2021 to which the standard setting agencies agreed. Beginning with cases diagnosed 1/1/2021, ICD-O-3.2 is the preferred morphology coding reference manual. The Work Group strongly recommends using ICD-O-3.2 jointly with the 2021 ICD-O Histology and Behavior Code Update tables, Solid Tumor rules, and Hematopoietic and Lymphoid Neoplasm Database.

The 2021 ICD-O-3 histology code and behavior update includes comprehensive tables listing all changes made after the 2018 update and is effective for cases diagnosed 1/1/2021 forward. The 2021 tables include coding instructions for cases diagnosed prior to 1/1/2021. Edits will enforce the new codes/behaviors allowed only for cases diagnosed 1/1/2021 forward. Date driven edits will also be implemented for those histology codes no longer valid.

The ICD-O-3 Implementation Work Group created a guide for users which provides important information on the background and issues for this update along with how to use the tables. The 2021 guidelines include specific tables listing histologies which have changed behavior codes. These new behavior codes resulted in a change to reportability. Along with changes to behavior codes, several histology terms that were previously non-reportable are now reportable. A table listing these terms is also included in the guidelines. The Work Group strongly recommends users read the guidelines in order to efficiently use ICD-O-3.2 and the 2021 Update tables.

Note: Use of these guidelines is required for determining reportability and accurate coding.

On an international level, The IARC/WHO ICD-O Committee has updated the draft ICD-O-3.1 classification, with new morphology codes and terms from the 4th series of WHO Classification of Tumours (Blue Books). The IARC Working Group on ICD-O Updates has compiled a listing of additions, changes and revisions between ICD-O-3.1 and ICD-O-3.2 as a reference material for cancer registries. These documents have been revised according to the comments received during the consultation period. The chair of the NAACCR ICD-O Implementation Work Group was invited to review the draft ICD-

O-3.2 and provide comments. The work group chair provided recommendations and comments to the IARC working group.

Following the release of the 2018 Guidelines for ICD-O-3 Histology Code and Behavior Update, the ICD-O-3 Implementation Work Group continued reviewing the remaining four 4th Ed WHO Blue Books published between 2017 and 2018. The Work Group forwarded their implementation recommendations to the NAACCR Mid-level Technical Group (MLTG) and High-level Strategic Group (HLSG) in March 2020. The MLTG and HLSG reviewed the recommendations and accepted them for implementation in 2021.

The ICD-O-3 Implementation Work Group was charged with developing the implementation documents and to also act as the clearinghouse for the review and resolution of new histology code implementation questions. If there are any questions, they are to be submitted through Ask A SEER Registrar at the following link: <https://seer.cancer.gov/registrars/contact.html> Implementation guidelines and updates will be posted on NAACCR's web site (www.naacccr.org). The Work Group will also be communicating updates via email using the NAACCR listserv and mailing lists of all organizations.

2 BACKGROUND AND IMPLEMENTATION ISSUES

Implementation of new standards is never 100 percent issue or error-free. In anticipation of questions that may arise in this update, the Work Group has developed the following explanations.

2.1 Why is there an update to ICD-O-3 at this time?

In developing the previous editions and the present edition of ICD-O, a particular effort was made to use the nomenclature appearing in the World Health Organization's *International Histological Classification of Tumors* series (WHO "blue Books"). This series covers all the principal sites of cancer and includes morphology codes of ICD-O for each neoplasm.

Since IARC and WHO released ICD-O-3.1 in September 2011, they continued publishing new editions of the WHO Classification of Tumors (Blue Book) series. As part of each new edition, subject matter experts review current literature pertaining to the organ or body system covered in the WHO Classification and make recommendations regarding revised histologic terminology. These revisions are reviewed pre-publication by the WHO/IARC Committee on ICD-O-3 to ensure recommended code changes and additions are appropriate. When each new Blue Book edition is published, the terminology and codes are introduced into contemporary pathology terminology to be used in pathology reports. ICD-O-3 remains the standard reference for reportable conditions, yet malignant diagnoses from the Blue books are being used by pathologists and specialists and may not be listed in the current ICD-O-3 edition. This is because not all the WHO Blue book updates have been adopted by the standard setters in the U.S. and Canada. This becomes an issue if there is no histology code available to properly register a case.

The following fourth editions were released after the 2011 ICD-O-3.1 update:

WHO Classification of Tumors of the Breast (2012)

WHO Classification of Tumors of the Female Reproductive Organs (2013)

WHO Classification of Tumors of Soft Tissue and Bone (2013)

WHO Classification of Tumors of the Lung, Pleura, Thymus, and Heart (2015)

WHO Classification of Tumors of the Urinary System and Male Genital Organs (2016)

WHO Classifications of Tumors of the Central Nervous System, Revised 4th Ed (2016)
WHO Classifications of Tumors of the Head and Neck, Revised 4th Edition (2017)
WHO Classifications of Tumors of Endocrine Organs, Revised 4th Edition (2017)

The following fourth editions were released after the 2018 ICD-O-3 update:

WHO Classification of Tumors of Endocrine Organs (2017)
WHO Classification of Tumors of Hematopoietic and Lymphoid Tissues (2017)
WHO Classification of Tumors of the Eye (2018)
WHO Classification of Tumors of Skin (2018)

2.2 Is ICD-O-3.2 to be used beginning January 1, 2021?

Yes. Effective for cases diagnosed January 1, 2021 forward, ICD-O-3.2 is the preferred reference for morphology codes. The Work Group recommends using the 2021 ICD-O-3 Histology and Behavior Code Update tables jointly with ICD-O-3.2, Hematopoietic and Lymphoid Neoplasm Database, and Solid Tumor rules.

2.3 Is ICD-O-3.2 available in print or downloadable .pdf format?

At release time, ICD-O-3.2 is available in Excel format *only*. Due to Covid-19, the editors of the pdf version are currently tasked with other responsibilities. A .pdf version is still planned and will be released in the future. Print version of ICD-O-3.2 will not be available. Please see section 4 for the link to WHO/IARC ICD-O Third Edition, Second Revision Morphology Excel document.

2.4 How sweeping are the changes?

For 2021, the HLSG approved new terms which have been added to ICD-O-3.2 for use in the United States and Canada beginning with cases diagnosed on or after January 1, 2021. These new terms include both reportable and non-reportable neoplasms.

For 2021, major changes apply to reportability. 16 previously non-reportable neoplasms become reportable. 9 reportable pre-2021 neoplasms become non-reportable. 10 histology terms have been moved to other ICD-O codes. 13 histologies have a change in reportable terminology. 12 new terms/ICD-O codes.

While all of the standard setters approved implementation of these changes, the work group recommends you refer to the appropriate program manual for further guidance on reportable neoplasms. It is important to understand that cancer registry reportability rules based on behavior code still apply. With the exception of primary intracranial and central nervous system benign and borderline tumors, the addition of a /0 or /1 coded term to ICD-O-3 does not imply that it is now reportable.

2.5 Information concerning this update

***IMPORTANT REMINDER:**

Please check the 2021 ICD-O-3 Update Table 6 or 7 first to determine if the histology is listed. If the histology is not included in the update, then review ICD-O-3.2 and/or Hematopoietic and Lymphoid Database and/or Solid Tumor Rules (MP/H).

Currently in ICD-O-3, when a topography (C code) is listed in parentheses next to the morphology term, it indicates morphology is most common to that site. It may occur in other sites as well. Many of the new codes, terms, and behaviors listed in this update are site-specific and may not apply to all sites. Applicable C codes will be noted next to the term in **bold** font. These site- and histology-specific combinations will not be added to the “Impossible combination” edit. However, if a site other than the one listed with the morphology code is assigned, the result will be an edit requiring review. This is Interfield Edit 25.

2.6 What about training for data collectors?

Educational materials/presentations are planned at both the national and state level. Additional education will be available through CTR education sites.

2.7 Are there any conversions with this update?

There are no data conversions with this update.

2.8 Will documents be available to registry software vendors?

The new histology codes-terms, new behavior codes-terms, new associated terms, have been combined into a single excel spreadsheet file for use in abstracting software. Vendors should use both the 2021 tables and WHO/IARC ICD-O-3.2 document.

2.9 Where can the 2021 ICD-O-3 update tables be found?

These documents will be posted to the NAACCR web site, on the 2021 Data Changes page. Blast emails from the standard setting organizations will also include the link to the updated tables. The documents can then be saved to your desktop or printed. A link to the tables will also be posted on SEER.cancer.gov (<https://seer.cancer.gov/registrars/index.html>)

3 SPECIFIC TABLES

Each table in section 3 provides the list of ICD-O-3 codes which have changed behavior, reportable terminology, moved to other ICD-O codes, and are new terms and codes. The guidelines include five specific tables. one combined table in alpha order, one combined table in numerical order, and one Excel document.

3.1 TABLE 1: BEHAVIOR CODE CHANGES- NON-REPORTABLE TO REPORTABLE

Table 1 lists 16 terms and codes that have changed behavior from non-reportable to reportable beginning with cases diagnosed on or after January 1, 2021.

3.2 TABLE 2: BEHAVIOR CODE CHANGES- REPORTABLE TO NON-REPORTABLE

Table 2 lists nine terms and codes that have changed behavior from reportable to non-reportable beginning with cases diagnosed on or after January 1, 2021.

3.3 TABLE 3: DELETED CODES- HISTOLOGY TERMS MOVED TO OTHER ICD-O CODES

Table 3 lists ten terms and codes that have been deleted from one ICD-O code and moved to another code effective with cases diagnosed on or after January 1, 2021.

3.4 TABLE 4: CHANGE IN REPORTABLE TERMINOLOGY

Table 4 lists revised preferred terminology for 13 neoplasms in ICD-O-3.2. These neoplasms no longer require “malignant” to be included in the diagnostic term in order to report the case as malignant (/3).

3.5 TABLE 5: NEW ICD-O CODES AND TERMINOLOGY

Table 5 lists 12 new terms and ICD-O codes effective for cases diagnosed on or after January 1, 2021.

3.6 TABLE 6: COMBINED 2021 ICD-O-3.2 UPDATE (NUMERICAL ORDER)

Table 6 combines Tables 1 through 5 into a single list in numerical order by ICD-O code.

3.7 TABLE 7: COMBINED 2021 ICD-O-3.2 UPDATE (ALPHA ORDER)

Table 7 combines Tables 1 through 5 into a single list in alpha order by histology term.

3.8 HOW TO USE TABLES 6 AND 7

Table 6 and 7 each have five columns:

- **Status:** New term & code, new behavior code/term, code change, terminology change, and new term
- **ICD-O-3 Morphology Code:** lists code number and behavior
- **Term:** Histology name per WHO. Preferred terms are indicated in **BOLD** font
- **Reportability (Reportable Y/N):** notes if the histology is reportable or non-reportable
- **Comments:** Coding instructions, if applicable, are noted in this column. Instructions include coding pre-2021 cases, site specific instruction is applicable, and other useful instructions.

3.9 STATUS ABBREVIATIONS USED IN UPDATE TABLES 6 AND 7

Status	Definition
BC	Behavior code change (change in reportability)
CC	Code change: Per ICD-O-3.2, several codes have been deleted and the histologies moved to other codes
NC/T	New ICD-O code and term
PT	Preferred term
RT	Related term
Syn	Synonym

4 WHO/IARC ICD-O THIRD EDITION, SECOND REVISION MORPHOLOGY DOCUMENT**4.1 USING THE WHO/IARC EXCEL DOCUMENT**

The WHO/IARC document is in numerical order with nine columns.

Column 1 ICD-O-3.2: Lists ICD-O code and behavior

Column 2 Level: Identifies the term as preferred, related or synonym

Column 3 Term: Lists term as noted in the WHO Blue Books

Column 4 Code reference: Lists applicable C-code(s)

Column 5 Obsolete: Notes if code is obsolete per WHO

Column 6 See Also

Column 7 See Note

Column 8 Excludes: lists site or sites excluded from the ICD-O code

Column 9 Other Text

4.2 LIMITATIONS USING ICD-O-3.2 EXCEL DOCUMENT

The WHO/IARC ICD-O-3.2 excel file is a protected document and cannot be sorted or modified. You can search by histology term or ICD-O-3.2 code (including behavior).

5 REMAINING ISSUES

The publication of this implementation guideline document contains a list of approved new terms, codes, and behaviors. Its dissemination through the United States and Canada standards setters does not mean that the job of the ICD-O-3 Implementation Work Group is complete. A number of issues remain.

The review of some terms from the World Health Organization (WHO) Updates List have yet to be examined by the ICD-O-3 Implementation Work Group. While the WHO “Blue Books” reflect current thinking and current terminology among pathologists and specialists, population-based cancer registries may not share the same principles in terms of reportability rules. NAACCR is taking a close look at these ambiguous terms and the potential challenges in implementing them as reportable neoplasms in the United States. Most of the problematic terms include the words “high grade neoplasia” or “high grade dysplasia” or “severe dysplasia” in digestive system sites. These dysplasia terms are not included in most states’ reporting legislation. The implications of accepting these terms as reportable are being carefully studied as they may affect not only reporting legislation, but also workload in case

ascertainment (casefinding), abstracting, follow-up (as applicable) and incidence reporting. The ICD-O-3 Work Group will continue working with NAACCR work groups, committees and the College of American Pathologists (CAP) (among others) to make recommendations on the adoption of various dysplasia terminologies for future inclusion in cancer registries. (Note: Canada has recommended the adoption and collection of all reportable high-grade dysplasia tumors in the digestive system beginning with cases diagnosed on or after January 1, 2012).

The North American standard setting organizations provide guidance on how to handle new codes, obsolete codes, other changes, and timing of implementation. In conjunction with the assessments of the impact of additions and changes on incidence, there should be assessments of the impact on the Solid Tumor Rules (previously referred to as Multiple Primary and Histology coding rules).

**2021 ICD-O-3.2 UPDATE
TABLES 1-5**

Table 1: New behavior codes (Reportable neoplasms)

WHO has changed behavior codes for the following terms which result in previously non-reportable neoplasms becoming reportable for cases diagnosed 1/1/2021 forward. DO NOT report cases diagnosed prior to 1/1/2021.

Action	ICD-O Code	Term/Site	Comments
New behavior	8077/2	Squamous intraepithelial neoplasia, grade II	Change from /0 Excludes cervix Refer to standard setter and/or state guidelines for further reportability guidelines
New behavior	8150/3	Pancreatic endocrine tumor, NOS (C25.4) Islet cell adenoma (C25.4) Islet cell adenomatosis (C25.4) Nesidioblastoma (C25.4) Islet cell tumor, NOS (C25.4)	Change from /1 Change from /0 Change from /0 Change from /0 Change from /1
New behavior	8151/3	Insulinoma, NOS (C25.4) Beta cell adenoma (C25.4)	Change from /0 Change from /0
New behavior	8158/3	ACTH-producing tumor Endocrine tumor, functioning, NOS	Change from /1
New behavior code and term	8380/2	Endometrioid intraepithelial neoplasia (C54.1)	
New behavior code	8408/3	Aggressive digital papillary adenoma (C44. _)	Change from behavior /1
New behavior/term	8452/3	Solid pseudopapillary neoplasm of pancreas	Change from /1
New behavior code and term	8620/3	Granulosa cell tumor, adult type (C56.9)	Reportable for cases diagnosed 1/1/2021 forward
New behavior/term	8690/3	Middle ear paraganglioma (C30.1, C755.5) Glomus jugulare tumor, NOS (C75.5) Jugular paraganglioma C75.5) Jugulotympanic paraganglioma (C75.5)	Change from /1
New behavior code	8691/3	Aortic body tumor (C75.5) Aortic body paraganglioma (75.5) Aorticopulmonary paraganglioma (C75.5)	Change form /1

New behavior/term	8692/3	Carotid body paraganglioma (C75.4) Carotid body tumor (75.4)	Change from /1
New behavior code	8693/3	Extra-adrenal paraganglioma, NOS Nonchromaffin paraganglioma, NOS Chemodectoma Composite paraganglioma Laryngeal paraganglioma Vagal paraganglioma	Change from /1
New behavior	8700/3	Pheochromocytoma, NOS (74.1) Adrenal medullary paraganglioma (74.1) Chromaffin paraganglioma (C74.1) Chromaffin tumor Chromaffinoma Composite pheochromocytoma (C74.1) Pheochromoblastoma C74.1)	Change from /0
New behavior code	8936/3	Gastrointestinal autonomic nerve tumor GANT Gastrointestinal pacemaker cell tumor	Change from /1
New behavior/term	9505/0	Multinodular and vascolating neuronal tumor (MVNT) (C71.2)	
New behavior/term	9766/3	Lymphomatoid granulomatosis, grade 3	

Table 2: New behavior codes (Non-reportable neoplasms)

WHO has changed behavior codes for the following terms which result in reportable neoplasms becoming non-reportable beginning with cases diagnosed 1/1/2021. Continue reporting these cases when diagnosed prior to 1/1/2021.

Action	ICD-O Code	Term/Site	Comments
New behavior	8832/1	Dermatofibrosarcoma protuberans, NOS (C44. _) Dermatofibrosarcoma, NOS (C44. _)	Change from /3
New behavior	8833/1	Pigmented dermatofibrosarcoma protuberans (C44. _) Bednar tumor (C44. _)	Change from /3
New behavior code <i>(for specific sites only)</i>	9080/1	Immature teratoma of the lung (C34. _) Immature teratoma of thymus (C37.9) Immature teratoma of thyroid (C73.9)	Change from behavior /3 for the histology/site combination will make these terms non-reportable
New behavior code	9709/1	Primary cutaneous CD4-positive small/medium T-cell lymphoma (C44. _)	Change from /3
New behavior code	9718/1	Primary cutaneous CD30+ T cell lymphoproliferative disorder (C44. _) Lymphoid papulosis (C44. _)	Change for /3
New behavior/term	9725/1	Hydroa vacciniforme-like lymphoproliferative disorder	Change from /3.
New behavior code	9751/1	Langerhans cell histiocytosis, NOS Langerhans cell histiocytosis, monostotic Langerhans cell histiocytosis, polystotic	Change from /3
New behavior	9971/1	Polymorphic Post Transplant Lymphoproliferative Disorder (PTLD)	Change from /3
New behavior & term	8335/1	Follicular tumor of uncertain malignant potential (C73.0) Preferred term Follicular carcinoma, encapsulated (C73.9)	Change from /3

Table 3: Deleted ICD-O codes in ICD-O-3.2

Per ICD-O-3.2, several ICD-O codes have been removed and the histologies moved to other codes. The comment column provides coding instructions for cases diagnosed prior to 1/1/2021 and 1/1/2021 forward. This table lists only **reportable** neoplasms.

ICD-O-3/3.1 Code/behavior	Term(s)	ICD-O-3.2 code (1/1/2021)	Comments
8471/3	Papillary mucinous cystadenocarcinoma (C56.9) Papillary pseudomucinous cystadenocarcinoma (C56.9)	8470/3	Cases diagnosed prior to 1/1/2021 use code 8471/3 Cases diagnosed 1/1/2021 forward use code 8470/3
9150/3	Hemangiopericytoma, malignant	8815/3	Cases diagnosed prior to 1/1/2021 use code 9150/3 Cases diagnosed 1/1/2021 forward use code 8815/3
9260/3	Ewing sarcoma	9364/3	1/1/2021 forward Ewing sarcoma is the preferred term for 9364/3 and is no longer coded to 9260/3. Cases DX'd prior to 1/1/2021 should be coded to 9260/3
9670/3	Malignant lymphoma, small B lymphocytic, NOS (<i>see also M-9823/3</i>) Malignant lymphoma, lymphocytic, diffuse, NOS Malignant lymphoma, lymphocytic, NOS Malignant lymphoma, lymphocytic, well differentiated, diffuse Malignant lymphoma, small cell diffuse Malignant lymphoma, small cell, NOS Malignant lymphoma, small lymphocytic, diffuse Malignant lymphoma, small lymphocytic, NOS	9823/3	Cases diagnosed prior to 1/1/2021 use code 9670/3 Cases diagnosed 1/1/2021 forward use code 9823/3
9728/3	Precursor B-cell lymphoblastic lymphoma (<i>see also M-9836/3</i>)	9811/3	Cases diagnosed prior to 1/1/2021 use code 9728/3

			Cases diagnosed 1/1/2021 forward use code 9811/3
9729/3	Precursor T-cell lymphoblastic lymphoma (<i>see also M-9837/3</i>)	9837/3	Cases diagnosed prior to 1/1/2021 use code 9729/3 Cases diagnosed 1/1/2021 forward use code 9837/3
9826/3	Burkitt cell leukemia (<i>see also M-9687/3</i>) Acute leukemia, Burkitt type [obs] Acute lymphoblastic leukemia, mature B-cell type B-ALL [obs] FAB L3 [obs]	9687/3	Cases diagnosed prior to 1/1/2021 use code 9826/3 Cases diagnosed 1/1/2021 forward use code 9687/3
9836/3	Precursor B-cell lymphoblastic leukemia (<i>see also M-9728/3</i>) c-ALL Common ALL Common precursor B ALL Pre-B ALL Pre-pre-B ALL Pro-B ALL	9811/3	Cases diagnosed prior to 1/1/2021 use code 9836/3 Cases diagnosed 1/1/2021 forward use code 9811/3
9991/3	Refractory neutropenia	9980/3	Cases diagnosed prior to 1/1/2021 use code 9991/3 Cases diagnosed 1/1/2021 forward use code 9980/3
9992/3	Refractory thrombocytopenia	9980/3	Cases diagnosed prior to 1/1/2021 use code 9992/3 Cases diagnosed 1/1/2021 forward use code 9980/3

Table 4: Changes in reportable terminology

(*) WHO has revised preferred terminology for these neoplasms and no longer requires “malignant” to be used in the term in order to code behavior of /3

Action	ICD-O Code	Term/Site	Comments
New term	8151/3	Insulinoma	(*)
New term	8152/3	Glucagonoma	(*)
New term	8153/3	Gastrinoma	(*)
New term	8155/3	VIPoma	(*)
New term	8156/3	Somatostatinoma	(*)
New term	8580/3	Thymoma, NOS (C37.9) Metaplastic thymoma (C37.9) Sclerosing thymoma (C34. _) Intrapulmonary thymoma C34. _)	(*)
New term	8581/3	Type A thymoma including atypical variant (C37.9)	(*)
New term	8582/3	Type AB thymoma (C37.9)	(*)
New term	8583/3	Type B1 thymoma (C37.9)	(*)
New term	8584/3	Type B2 thymoma (C37.9)	(*)
New term	8585/3	Type B3 thymoma (C37.9) Thymoma, atypical (C37.9) Thymoma, epithelial (C37.9)	(*)
New Pref term	8680/3	Paraganglioma	(*)
New term	8700/3	Pheochromocytoma	(*)

(*) prior to 1/1/2021, these histologies were reportable only when the pathologist included “malignant” in the diagnosis term. Example: thymoma, malignant or malignant thymoma. WHO as dropped malignant from the reportable term. All of the neoplasms listed are reportable as /3 unless stated to be benign

Table 5: New Terms and ICD-O codes

Action	ICD-O Code	Term/site	Comment	FCDS Duplicate Histologies
New code/term Synonym	8273/3	Pituitary blastoma Embryoma		No other histology
New code/term	9749/3	Erdhiem-Chester Disease		Heme DB
New code/term	9766/3	Lymphomatoid granulomatosis, grade 3		Heme DB
New code/term	9819/3	B-lymphocytic leukemia/lymphoma, BCR-ABL1-like		Heme DB
New code/term	9877/3	Acute myeloid leukemia with mutated NPM1		Heme DB
New code/term	9878/3	Acute myeloid leukemia with biallelic mutations of CEBPA		Heme DB
New code/term	9879/3	Acute myeloid leukemia with mutated RUNX1		Heme DB
New code/term	9912/3	Acute myeloid leukemia with BCR-ABL1		Heme DB
New code/term	9968/3	Myeloid/lymphoid neoplasms with PCM1-JAK2		Heme DB
New code/term	9993/3	Myelodysplastic syndrome with ring sideroblasts and multilineage dysplasia		Heme DB
New code/term	9715/3	Anaplastic large cell lymphoma ALK- negative Breast implant-associated anaplastic large cell lymphoma		Heme DB

New code/term	8349/1	Non-invasive follicular thyroid neoplasm with papillary-like nuclear features (NIFTP) C73.9 Non-invasive FTP (C73.9)	This term was previously coded to 8343/2. The new code and behavior will make this non-reportable	8343 is valid code – does not affect pairs
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ICD-O Update
Effective January 1, 2021

Table 6: Combined 2021 ICD-O-3.2 update (numerical)

Status abbreviations used in the update table

Status	Definition
BC	Behavior code change (change in reportability)
CC	Per ICD-O-3.2, several ICD-O codes have been deleted and the histologies moved to other codes.
NC/T	New ICD-O code and term
PT	Preferred term
RT	Related term
Syn	Synonym

Histology terms are per WHO. Preferred terms are indicated in **BOLD** font.

Applicable C codes will be noted next to the term in **BOLD** font.

Coding instructions, if applicable, are noted in the "Comments" column.

Status	ICD-O-3.2 Morphology Code	Term(s)	Reportable Y/N	Comments
RT	8020/3	Anaplastic undifferentiated carcinoma (C73.9)	Y	
RT	8020/3	Carcinoma, poorly differentiated, NOS	Y	
RT	8020/3	Dedifferentiated carcinoma	Y	
RT	8054/3	Warty-basaloid carcinoma	Y	
RT	8071/3	Keratoacanthoma	Y	
RT	8074/3	Pseudovascular squamous cell carcinoma	Y	
Syn	8077/2	High grade squamous intraepithelial lesion	Y	
Syn	8077/2	Squamous dysplasia, high grade	Y	
Syn	8077/2	Squamous intraepithelial neoplasm, grade II	See comments	The term “squamous intraepithelial neoplasm, grade II” is NOT reportable for C53. _
RT	8083/3	Papillary-basaloid carcinoma	Y	
RT	8090/3	Basal cell carcinoma with adnexal differentiation (C44. _)	N	Not reportable
PT	8091/3	Superficial basal cell carcinoma (C44. _)	N	Not reportable
Syn	8091/3	Multifocal superficial basal cell carcinoma (C44. _)	N	Not reportable
PT	8110/3	Pilomatrical carcinoma (C44. _)	N	Not reportable
Syn		Pilomatrix carcinoma (C44. _)	N	Not reportable
RT	8120/3	Squamotransitional carcinoma	Y	
PT	8122/3	Urothelial carcinoma, sarcomatoid	Y	
Syn	8122/3	Urothelial carcinoma, spindle cell	Y	
Syn	8122/3	Transitional cell carcinoma, spindle cell		
PT	8130/1	Papillary urothelial neoplasm of low-malignant potential (C67. _)	N	Not reportable
Syn	8130/1	Papillary transitional cell neoplasm of low-malignant potential (C67. _)	N	Not reportable
Syn	8131/3	Transitional cell carcinoma, micropapillary	Y	
Syn	8140/3	Adenocarcinoma, usual type	Y	
RT	8140/3	Acinar adenocarcinoma of prostate (C61.9)	Y	
RT	8140/3	Carcinoma of Skene, Cowper and Littre Glands	Y	

RT	8140/3	Endolymphatic sac tumor	Y	
RT	8140/3	Parathyroid tumor (C75.0)	Y	
BC	8150/3	Pancreatic neuroendocrine tumor, nonfunctioning (C25.4)	Y	Reportable for cases diagnosed 1/1/2021 forward. Not reportable prior to 1/1/2021.
Syn	8150/3	Pancreatic endocrine tumor, nonfunctioning (C25.4)	Y	Reportable for cases diagnosed 1/1/2021 forward. Not reportable prior to 1/1/2021
Syn	8150/3	Pancreatic endocrine tumor, NOS (C25.4)	Y	Reportable for cases diagnosed 1/1/2021 forward. Not reportable prior to 1/1/2021
RT	8150/3	Islet cell adenoma (C25.4)	Y	Reportable for cases diagnosed 1/1/2021 forward. Not reportable prior to 1/1/2021
RT	8150/3	Islet cell adenomatosis (C25.4)	Y	Reportable for cases diagnosed 1/1/2021 forward. Not reportable prior to 1/1/2021
RT	8150/3	Nesidioblastoma (C25.4)	Y	Reportable for cases diagnosed 1/1/2021 forward. Not reportable prior to 1/1/2021
RT	8150/3	Islet cell tumor, NOS (C25.4)	Y	Reportable for cases diagnosed 1/1/2021 forward. Not reportable prior to 1/1/2021
RT	8150/3	Islet cell adenocarcinoma (C25.4)	Y	Reportable for cases diagnosed 1/1/2021 forward. Not reportable prior to 1/1/2021

RT	8150/3	Islet cell carcinoma (C25.4)	Y	Reportable for cases diagnosed 1/1/2021 forward. Not reportable prior to 1/1/2021
BC	8151/3	Insulinoma, NOS (C25.4)	Y	Reportable for cases diagnosed 1/1/2021 forward. Not reportable prior to 1/1/2021.
Syn	8151/3	Beta cell adenoma (C25.4)	Y	Reportable for cases diagnosed 1/1/2021 forward. Not reportable prior to 1/1/2021.
Syn	8151/3	Beta cell tumor, malignant (C25.4)	Y	Reportable for cases diagnosed 1/1/2021 forward. Not reportable prior to 1/1/2021.
BC	8158/3	ACTH-producing tumor	Y	Reportable for cases diagnosed 1/1/2021 forward. Not reportable prior to 1/1/2021
RT	8158/3	Endocrine tumor, functioning, NOS	Y	Reportable for cases diagnosed 1/1/2021 forward. Not reportable prior to 1/1/2021
RT	8200/3	Thymic carcinoma with adenoid cystic carcinoma-like features (C37.9)	Y	
Syn	8230/3	Solid adenocarcinoma, NOS	Y	
Syn	8244/3	Mixed carcinoid and adenocarcinoma	Y	
Syn	8246/3	Poorly differentiated neuroendocrine neoplasm	Y	
PT	8249/3	Neuroendocrine tumor, grade 2	Y Y Y	
Syn	8249/3	Atypical carcinoid tumor	Y	
RT	8249/3	Neuroendocrine tumor, grade 3	Y	

NC/T	8273/3	Pituitary blastoma (C75.1)	Y	Reportable for cases diagnosed 1/1/2021 forward
Syn	8273/3	Embryoma	Y	Reportable for cases diagnosed 1/1/2021 forward
PT	8313/1	Clear cell borderline tumor (C56.9)	N	Not reportable
Syn	8313/1	Clear cell cystic tumor of borderline malignancy (C56.9)	N	Not reportable
Syn	8313/1	Clear cell tumor, atypical proliferation (C56.9)	N	Not reportable
RT	8313/1	Clear cell adenofibroma of borderline malignancy (C56.9)	N	Not reportable
Syn	8315/3	Glycogen-rich clear cell carcinoma	Y	
PT	8330/3	Follicular carcinoma, NOS (C73.9)	Y	
Syn	8330/3	Follicular adenocarcinoma (C73.9)	Y	
BC	8335/1	Follicular carcinoma, encapsulated	N	Cases diagnosed prior to 1/1/2021 are reportable and coded to 8335/3. Cases diagnosed 1/1/2021 and after are not reportable.
PT	8335/1	Follicular tumor of uncertain malignant potential	N	
PT	8337/3	Poorly differentiated thyroid carcinoma (C73.9)	Y	
Syn	8337/3	Insular carcinoma (C73.9)	Y	
PT	8342/3	Papillary carcinoma, oncocytic variant (C73.9)	Y	
Syn	8342/3	Papillary carcinoma, oxyphilic cell (C73.9)	Y	
NC/T	8349/1	Non-invasive follicular thyroid neoplasm with papillary-like nuclear features (NIFTP) C73.9)	N	This term was previously coded to 8343/2 and was reportable. This term has changed both ICD-O and behavior codes and is no longer reportable for cases diagnosed 1/1/2021 forward.
NC/T	8349/1	Non-invasive FTP	N	This term was previously coded to 8343/2 and was reportable. This term has changed both ICD-O and behavior codes and is no

				longer reportable for cases diagnosed 1/1/2021 forward
BC	8380/2	Endometrioid intraepithelial neoplasia (C54.1)	Y	Reportable for cases diagnosed 1/1/2021 forward. Not reportable prior to 1/1/2021
PT	8390/3	Adnexal adenocarcinoma (C44. _)	Y	
Syn	8390/3	Skin appendage carcinoma (C44. _)	Y	
PT	8402/3	Hidradenocarcinoma (C44. _)	Y	
Syn	8402/3	Nodular hidradenoma, malignant (C44. _)	Y	
PT	8407/3	Microcystic adnexal carcinoma (C44. _)	Y	
Syn	8407/3	Sclerosing sweat duct carcinoma (C44. _)	Y	
PT	8408/3	Digital papillary adenocarcinoma (C44. _)	Y	
Syn	8408/3	Eccrine papillary adenocarcinoma (C44. _)	Y	
Syn/BC	8408/3	Aggressive digital papillary adenoma (C44. _) see comments*	See comments	The term “Aggressive digital papillary adenoma” has changed behavior from /1 to /3. Cases diagnosed prior to 1/1/2021 with this term are not reportable. Cases with this term diagnosed 1/1/2021 and after are reportable
PT	8409/3	Porocarcinoma (C44. _)	Y	
Syn	8409/3	Eccrine poroma, malignant (C44. _)	Y	
PT	8410/3	Sebaceous carcinoma (C44. _)	Y	
Syn	8410/3	Sebaceous adenocarcinoma (C44. _)	Y	
PT	8441/3	Serous cystadenocarcinoma, NOS (56.9)	Y	Cases diagnosed prior to 1/1/2021 use code 8460/3
Syn	8441/3	Serous papillary adenocarcinoma, NOS (C56.9)	Y	Cases diagnosed prior to 1/1/2021 use code 8460/3
Syn	8441/3	Papillary serous cystadenocarcinoma (56.9)	Y	Cases diagnosed prior to 1/1/2021 use code 8460/3

Syn	8441/3	Papillary serous adenocarcinoma (C56.9)	Y	Cases diagnosed prior to 1/1/2021 use code 8460/3
Syn	8441/3	Serous surface papillary carcinoma (C56.9)	Y	Cases diagnosed prior to 1/1/2021 use code 8460/3
PT	8452/3	Solid pseudopapillary neoplasm of the pancreas (C25. _)	Y	
RT	8452/3	Solid pseudopapillary carcinoma	Y	
BC	8470/2	Mucinous cystic neoplasm with high grade dysplasia (C25. _)	Y	
RT	8470/2	Mucinous cystadenocarcinoma, non-invasive (C25. _)	Y	
CC	8470/3	Papillary mucinous cystadenocarcinoma (C56.9)	Y	Cases diagnosed prior to 1/1/2021 use code 8471/3 Cases diagnosed 1/1/2021 forward use code 8470/3
CC	8470/3	Papillary pseudomucinous cystadenocarcinoma (C56.9)	Y	Cases diagnosed prior to 1/1/2021 use code 8471/3 Cases diagnosed 1/1/2021 forward use code 8470/3
Syn	8482/3	Mucinous adenocarcinoma, endocervical type	Y	
RT/BC	8500/2	Cystic hypersecretory carcinoma (C50. _)	Y	Cases diagnosed prior to 1/1/2021, code to 8508/3. ICD-O-3.2 now lists this term under 8500 with a behavior code of 2.
RT	8509/2	Endocrine mucin-producing sweat gland carcinoma in situ (C44. _)	Y	
RT	8509/3	Endocrine mucin-producing sweat gland carcinoma (C44. _)	Y	
RT	8510/3	Medullary-like carcinoma	Y	
PT	8580/3	Thymoma, NOS (C37.9)	Y	"Malignant" removed from pre-ICD-O-3.2 term
RT	8580/3	Intrapulmonary thymoma (C37.9)	Y	"Malignant" removed from pre-ICD-O-3.2 term
RT	8580/3	Sclerosing thymoma (C37.9)	Y	"Malignant" removed from pre-ICD-O-3.2 term
RT	8580/3	Metaplastic thymoma (C37.9)	Y	"Malignant" removed from pre-ICD-O-3.2 term

PT	8581/3	Thymoma, type A (C37.9)	Y	"Malignant" removed from pre-ICD-O-3.2 term
RT	8581/3	Thymoma, medullary (C37.9)	Y	"Malignant" removed from pre-ICD-O-3.2 term
RT	8581/3	Thymoma, spindle cell (C37.9)	Y	"Malignant" removed from pre-ICD-O-3.2 term
PT	8582/3	Thymoma, type AB (C37.9)	Y	"Malignant" removed from pre-ICD-O-3.2 term
RT	8582/3	Thymoma, mixed type (C37.9)	Y	"Malignant" removed from pre-ICD-O-3.2 term
PT	8583/3	Thymoma, type B1 (C37.9)	Y	"Malignant" removed from pre-ICD-O-3.2 term
RT	8583/3	Thymoma, lymphocyte-rich (C37.9)	Y	"Malignant" removed from pre-ICD-O-3.2 term
RT	8583/3	Thymoma, lymphocytic (C37.9)	Y	"Malignant" removed from pre-ICD-O-3.2 term
RT	8583/3	Thymoma, organoid (C37.9)	Y	"Malignant" removed from pre-ICD-O-3.2 term
RT	8583/3	Thymoma, predominantly cortical (C37.9)	Y	"Malignant" removed from pre-ICD-O-3.2 term
PT	8584/3	Thymoma, type B2 (C37.9)	Y	"Malignant" removed from pre-ICD-O-3.2 term
RT		Thymoma, cortical (C37.9)	Y	"Malignant" removed from pre-ICD-O-3.2 term
PT	8585/3	Thymoma, type B3 (C37.9)	Y	"Malignant" removed from pre-ICD-O-3.2 term
RT	8585/3	Thymoma, atypical (C37.9)	Y	"Malignant" removed from pre-ICD-O-3.2 term
RT	8585/3	Thymoma, epithelial (C37.9)	Y	"Malignant" removed from pre-ICD-O-3.2 term
PT	8589/3	Intrathyroid thymic carcinoma (C73.9)	Y	
Syn	8589/3	Carcinoma showing thymus-like element	Y	
BC	8620/3	Granulosa cell tumor, adult type (C56.9)	Y	Granulosa cell tumor, adult type of the ovary diagnosed prior to 1/1/2021 are not reportable. Cases diagnosed

				1/1/2021 forward are now reportable.
BC	86810/3	Paraganglioma, NOS (C75.5)	Y	Reportable for cases diagnosed 1/1/2021 forward. Not reportable prior to 1/1/2021
BC	8682/3	Parasympathetic paraganglioma (C75.5)		Reportable for cases diagnosed 1/1/2021 forward. Not reportable prior to 1/1/2021
BC	8690/3	Middle ear paraganglioma (C75.5)	Y	Reportable for cases diagnosed 1/1/2021 forward. Not reportable prior to 1/1/2021
Syn	8690/3	Glomus jugulare tumor, NOS (C75.5)	Y	Reportable for cases diagnosed 1/1/2021 forward. Not reportable prior to 1/1/2021
Syn	8690/3	Jugular paraganglioma (C75.5)	Y	Reportable for cases diagnosed 1/1/2021 forward. Not reportable prior to 1/1/2021
Syn	8690/3	Jugulotympanic paraganglioma (C75.5)	Y	Reportable for cases diagnosed 1/1/2021 forward. Not reportable prior to 1/1/2021
BC Syn Syn	8691/3	Aortic body tumor (C75.5)	Y	Reportable for cases diagnosed 1/1/2021 forward. Not reportable prior to 1/1/2021
Syn	8691/3	Aortic body paraganglioma (C75.5)	Y	Reportable for cases diagnosed 1/1/2021 forward. Not reportable prior to 1/1/2021

Syn	8691/3	Aorticopulmonary paraganglioma (C75.5)	Y	Reportable for cases diagnosed 1/1/2021 forward. Not reportable prior to 1/1/2021
BC	8692/3	Carotid body paraganglioma (C75.4)	Y	Reportable for cases diagnosed 1/1/2021 forward. Not reportable prior to 1/1/2021
Syn	8692/3	Carotid body tumor (C75.4)	Y	Reportable for cases diagnosed 1/1/2021 forward. Not reportable prior to 1/1/2021
BC	8693/3	Extra-adrenal paraganglioma, NOS	Y	Reportable for cases diagnosed 1/1/2021 forward. Not reportable prior to 1/1/2021
RT	8693/3	Nonchromaffin paraganglioma, NOS	Y	Reportable for cases diagnosed 1/1/2021 forward. Not reportable prior to 1/1/2021
RT	8693/3	Laryngeal paraganglioma	Y	Reportable for cases diagnosed 1/1/2021 forward. Not reportable prior to 1/1/2021
RT	8693/3	Vagal paraganglioma	Y	Reportable for cases diagnosed 1/1/2021 forward. Not reportable prior to 1/1/2021
RT	8693/3	Chemodectoma	Y	Reportable for cases diagnosed 1/1/2021 forward. Not reportable prior to 1/1/2021
RT	8693/3	Composite paraganglioma	Y	Reportable for cases diagnosed 1/1/2021 forward.

				Not reportable prior to 1/1/2021
BC	8700/3	Pheochromocytoma, NOS (C74.1)	Y	Reportable for cases diagnosed 1/1/2021 forward. Not reportable prior to 1/1/2021
Syn	8700/3	Adrenal medullary paraganglioma (C74.1)	Y	Reportable for cases diagnosed 1/1/2021 forward. Not reportable prior to 1/1/2021
Syn	8700/3	Chromaffin paraganglioma	Y	Reportable for cases diagnosed 1/1/2021 forward. Not reportable prior to 1/1/2021
Syn	8700/3	Chromaffin tumor	Y	Reportable for cases diagnosed 1/1/2021 forward. Not reportable prior to 1/1/2021
Syn	8700/3	Chromaffinoma	Y	Reportable for cases diagnosed 1/1/2021 forward. Not reportable prior to 1/1/2021
RT	8700/3	Composite pheochromocytoma (C74.1)	Y	Reportable for cases diagnosed 1/1/2021 forward. Not reportable prior to 1/1/2021
Syn	8700/3	Pheochromoblastoma (C74.1)	Y	Reportable for cases diagnosed 1/1/2021 forward. Not reportable prior to 1/1/2021
RT	8720/2	Early/Evolving melanoma in situ (C44. _)	Y	Early/Evolving melanoma in situ is reportable for cases diagnosed 1/1/2021 forward
RT	8720/3	Nevoid melanoma (C44. _)	Y	

RT	8720/3	Melanoma, meningeal (C70. _)	Y	
RT	8720/3	Early/Evolving invasive melanoma (C44. _)	Y	“Early/evolving invasive melanoma” is reportable for cases diagnosed 1/1/2021 forward
PT	8743/3	Low cumulative sun damaged melanoma (C44. _)	Y	
RT	8743/3	Superficial spreading melanoma (C44. _)	Y	
PT	8744/3	Acral melanoma (C44. _)	Y	
Syn	8744/3	Acral lentiginous melanoma, malignant (C44. _)	Y	
PT	8761/3	Malignant melanoma arising in giant congenital nevus (C44. _)	Y	
Syn	8761/3	Malignant melanoma in giant pigmented nevus (C44. _)	Y	
PT	8770/3	Malignant Spitz tumor (C44. _)	Y	
RT	8770/3	Mixed epithelioid and spindle cell melanoma	Y	
Syn	8780/3	Melanoma arising in a blue nevus (C44. _)	Y	
RT	8802/3	Pleomorphic dermal sarcoma (C44. _)	Y	
Syn	8802/3	Pleomorphic cell sarcoma, undifferentiated	Y	
Syn	8802/3	Pleomorphic sarcoma	Y	
Syn	8815/3	Hemangiopericytoma, malignant	Y	Cases diagnosed prior to 1/1/2021 use code 9150/3 Cases diagnosed 1/1/2021 forward use code 8815/3
BC	8832/1	Dermatofibrosarcoma protuberans, NOS	N	Cases diagnosed prior to 1/1/2021, report the case and code to 8832/3. Cases diagnosed 1/1/2021 forward are not reportable.
Syn	8832/1	Dermatofibrosarcoma, NOS	N	Cases diagnosed prior to 1/1/2021, report the case and code to 8832/3. Cases diagnosed 1/1/2021 forward are not reportable.
Syn	8832/3	Dermatofibrosarcoma, sarcomatous (C44. _)	Y	

BC Syn	8833/1	Pigmented dermatofibrosarcoma protuberans (C44. _)	N	Cases diagnosed prior to 1/1/2021, report the case and code to 8833/3. Cases diagnosed 1/1/2021 forward are not reportable.
Syn	8833/1	Bednar tumor (C44. _)	N	Cases diagnosed prior to 1/1/2021, report the case and code to 8833/3. Cases diagnosed 1/1/2021 forward are not reportable.
Syn	8912/3	Rhabdomyosarcoma, spindle-cell/sclerosing type	Y	
PT	8921/3	Ectomesenchymoma	Y	
Syn	8921/3	Rhabdomyosarcoma with ganglionic differentiation	Y	
BC	8936/3	Gastrointestinal stromal tumor	Y	Reportable for cases diagnosed 1/1/2021 forward. Not reportable prior to 1/1/2021
Syn	8936/3	GIST, malignant	Y	Reportable for cases diagnosed 1/1/2021 forward. Not reportable prior to 1/1/2021
Syn	8936/3	Gastrointestinal stromal sarcoma	Y	Reportable for cases diagnosed 1/1/2021 forward. Not reportable prior to 1/1/2021
RT	8936/3	Gastrointestinal autonomic nerve tumor	Y	Reportable for cases diagnosed 1/1/2021 forward. Not reportable prior to 1/1/2021
Syn	8936/3	GANT	Y	Reportable for cases diagnosed 1/1/2021 forward. Not reportable prior to 1/1/2021

RT	8936/3	Gastrointestinal pacemaker cell tumor	Y	Reportable for cases diagnosed 1/1/2021 forward. Not reportable prior to 1/1/2021
PT	8963/3	Rhabdoid tumor, NOS	Y	
Syn	8963/3	Malignant rhabdoid tumor	Y	
PT	8982/3	Myoepithelial carcinoma	Y	
Syn	8982/3	Malignant myoepithelioma	Y	
BC	9080/1	Immature teratoma of the lung (C34. _)	N	Immature teratomas arising in lung are not reportable for cases diagnosed 1/1/2021 forward.
BC	9080/1	Immature teratoma of the thymus (C37.9)	N	Immature teratomas arising in thymus are not reportable for cases diagnosed 1/1/2021 forward.
BC	9080/1	Immature teratoma of the thyroid (C73.9)	N	Immature teratomas arising in thyroid are not reportable for cases diagnosed 1/1/2021 forward.
PT	9310/3	Ameloblastoma, metastasizing	Y	
Syn	9310/3	Ameloblastoma, malignant	Y	
PT	9364/3	Ewing sarcoma	Y	1/1/2021 forward Ewing sarcoma is the preferred term for 9364/3 and is no longer coded to 9260/3. Cases diagnosed prior to 1/1/2021 should be coded to 9260/3.
PT	9391/3	Sellar ependymoma (C75.1)	Y	
Syn	9411/3	Gemistocytic astrocytoma IDH mutant (C71. _)	Y	
PT	9473/3	CNS Embryonal tumor, NOS	Y	
RT	9475/3	Medulloblastoma, WNT-activated, classic (C71.6)	Y	
RT	9475/3	Medulloblastoma, WNT-activated, large cell type (C71.6)	Y	

RT	9475/3	Medulloblastoma, WNT-activated, anaplastic type (C71.6)	Y	
RT	9477/3	Medulloblastoma, group 3 (C71.6)	Y	
RT	9477/3	Medulloblastoma, group 4 (C71.6)	Y	
BC	9505/0	Multinodular and vascolating neuronal tumor (MVNT) (C71.2)	Y	WHO has not yet assigned a specific ICD-O code for this neoplasm. In the interest of collecting these tumors, 9505/0 has been assigned by neuropathology experts.
Removed from ICD-O-3.2	9540/1	Neurofibromatosis, NOS	N	WHO has removed neurofibromatosis from ICD-O-3.2. This disease is not reportable for cases diagnosed 1/1/2018 forward per Solid Tumor Rules
NC/T	9673/1	In situ mantle cell neoplasm	N	Not reportable
Syn	9673/1	In situ mantle cell lymphoma	N	Not reportable
PT	9680/3	Diffuse large B-cell lymphoma, NOS	Y	
Syn	9680/3	Malignant lymphoma, large B-cell, diffuse, NOS	Y	
RT	9680/3	Diffuse large B-cell lymphoma, germinal center B-cell subtype	Y	
RT	9680/3	Diffuse large B-cell lymphoma, activated B-cell subtype	Y	
RT	9680/3	Vitreoretinal lymphoma (C69. _)	Y	
CC	9687/3	Burkitt cell leukemia (see also M-9687/3)	Y	Cases diagnosed prior to 1/1/2021 use code 9826/3 Cases diagnosed 1/1/2021 forward use code 9687/3
CC	9687/3	Acute leukemia, Burkitt type [obs]	Y	Cases diagnosed prior to 1/1/2021 use code 9826/3 Cases diagnosed 1/1/2021 forward use code 9687/3
CC	9687/3	Acute lymphoblastic leukemia, mature B-cell type	Y	Cases diagnosed prior to 1/1/2021 use code 9826/3

				Cases diagnosed 1/1/2021 forward use code 9687/3
CC	9687/3	B-ALL [obs]	Y	Cases diagnosed prior to 1/1/2021 use code 9826/3 Cases diagnosed 1/1/2021 forward use code 9687/3
CC	9687/3	FAB L3 [obs]	Y	Cases diagnosed prior to 1/1/2021 use code 9826/3 Cases diagnosed 1/1/2021 forward use code 9687/3
RT	9690/3	Follicular lymphoma, pediatric type	Y	
NC	9695/1	In situ follicular neoplasm	N	In situ lymphoma is not reportable
Syn	9685/1	In situ follicular lymphoma	N	In situ lymphoma is not reportable
RT	9695/3	Follicular lymphoma, duodenal type (C17.0)	Y	
RT	9698/3	Large B-cell lymphoma with IRF4 rearrangement	Y	
RT	9699/3	Primary choroidal lymphoma (C69.3)	Y	
Syn	9699/3	Bronchus associated lymphoid tissue lymphoma	Y	
Syn	9699/3	Mucosa associated lymphoid tissue lymphoma	Y	
BC	9709/1	Primary cutaneous CD4-positive small/medium T-cell lymphoma (C44. _)	N	Cases diagnosed prior to 1/1/2021, report the case and code to 9709/3. Cases diagnosed 1/1/2021 forward are not reportable
NC/T	9715/3	Anaplastic large cell lymphoma, ALK negative	Y	Reportable for cases diagnosed 1/1/2021 forward
RT	9715/3	Breast implant-associated anaplastic large cell lymphoma (C50. _)	Y	Reportable for cases diagnosed 1/1/2021 forward
BC	9718/1	Primary cutaneous CD30+ T cell lymphoproliferative disorder (C44. _)	N	Cases diagnosed prior to 1/1/2021, report the case and code to 9718/3. Cases diagnosed 1/1/2021 forward are not reportable

BC	9718/1	Lymphoid papulosis (C44. _)	N	Cases diagnosed prior to 1/1/2021, report the case and code to 9718/3. Cases diagnosed 1/1/2021 forward are not reportable
BC	9725/1	Hydroa vacciniforme-like lymphoproliferative disorder	N	Cases diagnosed prior to 1/1/2021, report the case and code to 9725/3. Cases diagnosed 1/1/2021 forward are not reportable
PT	9732/3	Plasma cell myeloma (C42.1)	Y	
Syn	9732/3	Multiple myeloma (C42.1)	Y	
PT	9738/3	HHV8-positive diffuse B-cell lymphoma	Y	
Syn	9738/3	Large B-cell lymphoma arising in HHV8-associated multicentric Castleman disease	Y	
NC/T	9749/3	Erdhiem-Chester Disease	Y	Reportable for cases diagnosed 1/1/2021 forward
BC	9751/1	Langerhans cell histiocytosis, NOS Langerhans cell histiocytosis, monostotic Langerhans cell histiocytosis, polystotic	N N N	Please note, these terms are not reportable. Refer to Hematopoietic Database for reportable terms. Cases diagnosed prior to 1/1/2021, report the case and code to 9751/3. Cases diagnosed 1/1/2021 forward are not reportable
BC	9766/3	Lymphomatoid granulomatosis, grade 3	Y	Reportable for cases diagnosed 1/1/2021 forward
CC	9811/3	Precursor B-cell lymphoblastic lymphoma (<i>see also M-9836/3</i>)	Y	Cases diagnosed prior to 1/1/2021 use code 9728/3 Cases diagnosed 1/1/2021 forward use code 9811/3

CC	9811/3	Precursor B-cell lymphoblastic leukemia (see also M-9728/3)	Y	Cases diagnosed prior to 1/1/2021 use code 9836/3 Cases diagnosed 1/1/2021 forward use code 9811/3
CC	9811/3	c-ALL	Y	Cases diagnosed prior to 1/1/2021 use code 9836/3 Cases diagnosed 1/1/2021 forward use code 9811/3
CC	9811/3	Common ALL	Y	Cases diagnosed prior to 1/1/2021 use code 9836/3 Cases diagnosed 1/1/2021 forward use code 9811/3
CC	9811/3	Common precursor B ALL	Y	Cases diagnosed prior to 1/1/2021 use code 9836/3 Cases diagnosed 1/1/2021 forward use code 9811/3
CC	9811/3	Pre-B ALL	Y	Cases diagnosed prior to 1/1/2021 use code 9836/3 Cases diagnosed 1/1/2021 forward use code 9811/3
CC	9811/3	Pre-pre-B ALL	Y	Cases diagnosed prior to 1/1/2021 use code 9836/3 Cases diagnosed 1/1/2021 forward use code 9811/3
CC	9811/3	Pro-B ALL	Y	Cases diagnosed prior to 1/1/2021 use code 9836/3 Cases diagnosed 1/1/2021 forward use code 9811/3
NC/T	9819/3	B-lymphocytic leukemia/lymphoma, BCR-ABL1-like	Y	Reportable for cases diagnosed 1/1/2021 forward
CC	9823/3	Malignant lymphoma, small B lymphocytic, NOS (see also M-9823/3)	Y	Cases diagnosed prior to 1/1/2021 use code 9670/3 Cases diagnosed 1/1/2021 forward use code 9823/3

CC	9823/3	Malignant lymphoma, lymphocytic, diffuse, NOS	Y	Cases diagnosed prior to 1/1/2021 use code 9670/3 Cases diagnosed 1/1/2021 forward use code 9823/3
CC	9823/3	Malignant lymphoma, lymphocytic, NOS	Y	Cases diagnosed prior to 1/1/2021 use code 9670/3 Cases diagnosed 1/1/2021 forward use code 9823/3
CC	9823/3	Malignant lymphoma, lymphocytic, well differentiated, diffuse	Y	Cases diagnosed prior to 1/1/2021 use code 9670/3 Cases diagnosed 1/1/2021 forward use code 9823/3
CC	9823/3	Malignant lymphoma, small cell diffuse	Y	Cases diagnosed prior to 1/1/2021 use code 9670/3 Cases diagnosed 1/1/2021 forward use code 9823/3
CC	9823/3	Malignant lymphoma, small cell, NOS	Y	Cases diagnosed prior to 1/1/2021 use code 9670/3 Cases diagnosed 1/1/2021 forward use code 9823/3
CC	9823/3	Malignant lymphoma, small lymphocytic, diffuse	Y	Cases diagnosed prior to 1/1/2021 use code 9670/3 Cases diagnosed 1/1/2021 forward use code 9823/3
CC	9823/3	Malignant lymphoma, small lymphocytic, NOS	Y	Cases diagnosed prior to 1/1/2021 use code 9670/3 Cases diagnosed 1/1/2021 forward use code 9823/3
CC	9837/3	Precursor T-cell lymphoblastic lymphoma (see also M-9837/3)	Y	Cases diagnosed prior to 1/1/2021 use code 9729/3 Cases diagnosed 1/1/2021 forward use code 9837/3
PT	9840/3	Acute erythroid leukemia	Y	
Syn	9840/3	Acute myeloid leukemia, M6 type	Y	

NC/T	9877/3	Acute myeloid leukemia with mutated NPM1	Y	Reportable for cases diagnosed 1/1/2021 forward
NC/T	9878/3	Acute myeloid leukemia with biallelic mutations of CEBPA	Y	Reportable for cases diagnosed 1/1/2021 forward
NC/T	9879/3	Acute myeloid leukemia with mutated RUNX1	Y	Reportable for cases diagnosed 1/1/2021 forward
NC/T	9912/3	Acute myeloid leukemia with BCR-ABL1	Y	Reportable for cases diagnosed 1/1/2021 forward
NC/T	9968/3	Myeloid/lymphoid neoplasm with PCM1-JAK2	Y	Reportable for cases diagnosed 1/1/2021 forward
BC	9971/1	Post-transplant lymphoproliferative disorder, NOS	N	Cases diagnosed prior to 1/1/2021, report the case and code to 9971/3. Cases diagnosed 1/1/2021 forward are not reportable
BC	9971/3	PTLD, NOS	N	Cases diagnosed prior to 1/1/2021, report the case and code to 9971/3. Cases diagnosed 1/1/2021 forward are not reportable
BC	9971/3	Polymorphic post-transplant lymphoproliferative disorder	N	Cases diagnosed prior to 1/1/2021, report the case and code to 9971/3. Cases diagnosed 1/1/2021 forward are not reportable
PT	9980/3	Myelodysplastic syndrome with single lineage dysplasia	Y	
Syn	9980/3	Refractory anemia		
CC	9980/3	Refractory neutropenia	Y	Cases diagnosed prior to 1/1/2021 use code 9991/3 Cases diagnosed 1/1/2021 forward use code 9980/3
CC	9980/3	Refractory thrombocytopenia	Y	Cases diagnosed prior to 1/1/2021 use code 9992/3

				Cases diagnosed 1/1/2021 forward use code 9980/3
PT	9982/3	Myelodysplastic syndrome with ring sideroblasts and single lineage dysplasia	Y	
Syn	9982/3	Refractory anemia with excess blasts, NOS	Y	
PT	9985/3	Myelodysplastic syndrome with multilineage dysplasia	Y	
Syn	9985/3	Refractory cytopenia with multilineage dysplasia	Y	
RT	9985/3	Refractory cytopenia of childhood	Y	
PT	9986/3	Myelodysplastic syndrome with isolated del (5q)	Y	
Syn	9986/3	Myelodysplastic syndrome with 5q deletion (5q-) syndrome	Y	
PT	9993/3	Myelodysplastic syndrome with ring sideroblasts and multilineage dysplasia	Y	

ICD-O Update
Effective January 1, 2021

Table 7: Combined 2021 ICD-O-3.2 update (alpha)

Status abbreviations used in the update table

Status	Definition
BC	Behavior code change (change in reportability)
CC	Per ICD-O-3.2, several ICD-O codes have been deleted and the histologies moved to other codes.
NC/T	New ICD-O code and term
PT	Preferred term
RT	Related term
Syn	Synonym

Histology terms are per WHO. Preferred terms are indicated in **BOLD** font.

Applicable C codes will be noted next to the term in **BOLD** font.

Coding instructions, if applicable, are noted in the "Comments" column.

Status	ICD-O-3.2 Morphology Code	Term(s)	Reportable Y/N	Comments
RT	8140/3	Acinar adenocarcinoma of prostate (C61.9)	Y	
Syn	8744/3	Acral lentiginous melanoma, malignant (C44. _)	Y	
PT	8744/3	Acral melanoma (C44. _)	Y	
BC	8158/3	ACTH-producing tumor	Y	Reportable for cases diagnosed 1/1/2021 forward. Not reportable prior to 1/1/2021
PT	9840/3	Acute erythroid leukemia	Y	
CC	9687/3	Acute leukemia, Burkitt type [obs]	Y	Cases diagnosed prior to 1/1/2021 use code 9826/3 Cases diagnosed 1/1/2021 forward use code 9687/3
CC	9687/3	Acute lymphoblastic leukemia, mature B-cell type	Y	Cases diagnosed prior to 1/1/2021 use code 9826/3 Cases diagnosed 1/1/2021 forward use code 9687/3
NC/T	9912/3	Acute myeloid leukemia with BCR-ABL1	Y	Reportable for cases diagnosed 1/1/2021 forward
NC/T	9878/3	Acute myeloid leukemia with biallelic mutations of CEBPA	Y	Reportable for cases diagnosed 1/1/2021 forward
NC/T	9877/3	Acute myeloid leukemia with mutated NPM1	Y	Reportable for cases diagnosed 1/1/2021 forward
NC/T	9879/3	Acute myeloid leukemia with mutated RUNX1	Y	Reportable for cases diagnosed 1/1/2021 forward
Syn	9840/3	Acute myeloid leukemia, M6 type	Y	
Syn	8140/3	Adenocarcinoma, usual type	Y	
PT	8390/3	Adnexal adenocarcinoma (C44. _)	Y	
Syn	8700/3	Adrenal medullary paraganglioma (C74.1)	Y	Reportable for cases diagnosed 1/1/2021 forward.

				Not reportable prior to 1/1/2021
Syn/BC	8408/3	Aggressive digital papillary adenoma (C44. _) see comments*	See comments	The term "Aggressive digital papillary adenoma" has changed behavior from /1 to /3. Cases diagnosed prior to 1/1/2021 with this term are not reportable. Cases with this term diagnosed 1/1/2021 and after are reportable
Syn	9310/3	Ameloblastoma, malignant	Y	
PT	9310/3	Ameloblastoma, metastasizing	Y	
NC/T	9715/3	Anaplastic large cell lymphoma, ALK negative	Y	Reportable for cases diagnosed 1/1/2021 forward
RT	8020/3	Anaplastic undifferentiated carcinoma (C73.9)	Y	
Syn	8691/3	Aortic body paraganglioma (C75.5)	Y	Reportable for cases diagnosed 1/1/2021 forward. Not reportable prior to 1/1/2021
BC Syn Syn	8691/3	Aortic body tumor (C75.5)	Y	Reportable for cases diagnosed 1/1/2021 forward. Not reportable prior to 1/1/2021
Syn	8691/3	Aorticopulmonary paraganglioma (C75.5)	Y	Reportable for cases diagnosed 1/1/2021 forward. Not reportable prior to 1/1/2021
Syn	8249/3	Atypical carcinoid tumor	Y	
CC	9687/3	B-ALL [obs]	Y	Cases diagnosed prior to 1/1/2021 use code 9826/3 Cases diagnosed 1/1/2021 forward use code 9687/3
RT	8090/3	Basal cell carcinoma with adnexal differentiation (C44. _)	N	Not reportable

Syn	8833/1	Bednar tumor (C44. _)	N	Cases diagnosed prior to 1/1/2021, report the case and code to 8833/3. Cases diagnosed 1/1/2021 forward are not reportable.
Syn	8151/3	Beta cell adenoma (C25.4)	Y	Reportable for cases diagnosed 1/1/2021 forward. Not reportable prior to 1/1/2021.
Syn	8151/3	Beta cell tumor, malignant (C25.4)	Y	Reportable for cases diagnosed 1/1/2021 forward. Not reportable prior to 1/1/2021.
NC/T	9819/3	B-lymphocytic leukemia/lymphoma, BCR-ABL1-like	Y	Reportable for cases diagnosed 1/1/2021 forward
RT	9715/3	Breast implant-associated anaplastic large cell lymphoma (C50. _)	Y	Reportable for cases diagnosed 1/1/2021 forward
Syn	9699/3	Bronchus associated lymphoid tissue lymphoma	Y	
CC	9687/3	Burkitt cell leukemia (see also M-9687/3)	Y	Cases diagnosed prior to 1/1/2021 use code 9826/3 Cases diagnosed 1/1/2021 forward use code 9687/3
CC	9811/3	c-ALL	Y	Cases diagnosed prior to 1/1/2021 use code 9836/3 Cases diagnosed 1/1/2021 forward use code 9811/3
RT	8140/3	Carcinoma of Skene, Cowper and Littre Glands	Y	
Syn	8589/3	Carcinoma showing thymus-like element	Y	
RT	8020/3	Carcinoma, poorly differentiated, NOS	Y	
BC	8692/3	Carotid body paraganglioma (C75.4)	Y	Reportable for cases diagnosed 1/1/2021 forward. Not reportable prior to 1/1/2021

Syn	8692/3	Carotid body tumor (C75.4)	Y	Reportable for cases diagnosed 1/1/2021 forward. Not reportable prior to 1/1/2021
RT	8693/3	Chemodectoma	Y	Reportable for cases diagnosed 1/1/2021 forward. Not reportable prior to 1/1/2021
Syn	8700/3	Chromaffin paraganglioma	Y	Reportable for cases diagnosed 1/1/2021 forward. Not reportable prior to 1/1/2021
Syn	8700/3	Chromaffin tumor	Y	Reportable for cases diagnosed 1/1/2021 forward. Not reportable prior to 1/1/2021
Syn	8700/3	Chromaffinoma	Y	Reportable for cases diagnosed 1/1/2021 forward. Not reportable prior to 1/1/2021
RT	8313/1	Clear cell adenofibroma of borderline malignancy (C56.9)	N	Not reportable
PT	8313/1	Clear cell borderline tumor (C56.9)	N	Not reportable
Syn	8313/1	Clear cell cystic tumor of borderline malignancy (C56.9)	N	Not reportable
Syn	8313/1	Clear cell tumor, atypical proliferation (C56.9)	N	Not reportable
PT	9473/3	CNS Embryonal tumor, NOS	Y	
CC	9811/3	Common ALL	Y	Cases diagnosed prior to 1/1/2021 use code 9836/3 Cases diagnosed 1/1/2021 forward use code 9811/3
CC	9811/3	Common precursor B ALL	Y	Cases diagnosed prior to 1/1/2021 use code 9836/3 Cases diagnosed 1/1/2021 forward use code 9811/3

RT	8693/3	Composite paraganglioma	Y	Reportable for cases diagnosed 1/1/2021 forward. Not reportable prior to 1/1/2021
RT	8700/3	Composite pheochromocytoma (C74.1)	Y	Reportable for cases diagnosed 1/1/2021 forward. Not reportable prior to 1/1/2021
RT/BC	8500/2	Cystic hypersecretory carcinoma (C50. _)	Y	Cases diagnosed prior to 1/1/2021, code to 8508/3. ICD-O-3.2 now lists this term under 8500 with a behavior code of 2.
RT	8020/3	Dedifferentiated carcinoma	Y	
BC	8832/1	Dermatofibrosarcoma protuberans, NOS	N	Cases diagnosed prior to 1/1/2021, report the case and code to 8832/3. Cases diagnosed 1/1/2021 forward are not reportable.
Syn	8832/1	Dermatofibrosarcoma, NOS	N	Cases diagnosed prior to 1/1/2021, report the case and code to 8832/3. Cases diagnosed 1/1/2021 forward are not reportable.
Syn	8832/3	Dermatofibrosarcoma, sarcomatous (C44. _)	Y	
RT	9680/3	Diffuse large B-cell lymphoma, activated B-cell subtype	Y	
RT	9680/3	Diffuse large B-cell lymphoma, germinal center B-cell subtype	Y	
PT	9680/3	Diffuse large B-cell lymphoma, NOS	Y	
PT	8408/3	Digital papillary adenocarcinoma (C44. _)	Y	
RT	8720/3	Early/Evolving invasive melanoma (C44. _)	Y	"Early/evolving invasive melanoma" is reportable for

				cases diagnosed 1/1/2021 forward
RT	8720/2	Early/Evolving melanoma in situ (C44. _)	Y	Early/Evolving melanoma in situ is reportable for cases diagnosed 1/1/2021 forward
Syn	8408/3	Eccrine papillary adenocarcinoma (C44. _)	Y	
Syn	8409/3	Eccrine poroma, malignant (C44. _)	Y	
PT	8921/3	Ectomesenchymoma	Y	
Syn	8273/3	Embryoma	Y	Reportable for cases diagnosed 1/1/2021 forward
RT	8509/3	Endocrine mucin-producing sweat gland carcinoma (C44. _)	Y	
RT	8509/2	Endocrine mucin-producing sweat gland carcinoma in situ (C44. _)	Y	
RT	8158/3	Endocrine tumor, functioning, NOS	Y	Reportable for cases diagnosed 1/1/2021 forward. Not reportable prior to 1/1/2021
RT	8140/3	Endolymphatic sac tumor	Y	
BC	8380/2	Endometrioid intraepithelial neoplasia (C54.1)	Y	Reportable for cases diagnosed 1/1/2021 forward. Not reportable prior to 1/1/2021
NC/T	9749/3	Erdheim-Chester Disease	Y	Reportable for cases diagnosed 1/1/2021 forward
PT	9364/3	Ewing sarcoma	Y	1/1/2021 forward Ewing sarcoma is the preferred term for 9364/3 and is no longer coded to 9260/3. Cases diagnosed prior to 1/1/2021 should be coded to 9260/3.
BC	8693/3	Extra-adrenal paraganglioma, NOS	Y	Reportable for cases diagnosed 1/1/2021 forward. Not reportable prior to 1/1/2021

CC	9687/3	FAB L3 [obs]	Y	Cases diagnosed prior to 1/1/2021 use code 9826/3 Cases diagnosed 1/1/2021 forward use code 9687/3
Syn	8330/3	Follicular adenocarcinoma (C73.9)	Y	
BC	8335/1	Follicular carcinoma, encapsulated	N	Cases diagnosed prior to 1/1/2021 are reportable and coded to 8335/3. Cases diagnosed 1/1/2021 and after are not reportable.
PT	8330/3	Follicular carcinoma, NOS (C73.9)	Y	
RT	9695/3	Follicular lymphoma, duodenal type (C17.0)	Y	
RT	9690/3	Follicular lymphoma, pediatric type	Y	
PT	8335/1	Follicular tumor of uncertain malignant potential	N	
Syn	8936/3	GANT	Y	Reportable for cases diagnosed 1/1/2021 forward. Not reportable prior to 1/1/2021
RT	8936/3	Gastrointestinal autonomic nerve tumor	Y	Reportable for cases diagnosed 1/1/2021 forward. Not reportable prior to 1/1/2021
RT	8936/3	Gastrointestinal pacemaker cell tumor	Y	Reportable for cases diagnosed 1/1/2021 forward. Not reportable prior to 1/1/2021
Syn	8936/3	Gastrointestinal stromal sarcoma	Y	Reportable for cases diagnosed 1/1/2021 forward. Not reportable prior to 1/1/2021
BC	8936/3	Gastrointestinal stromal tumor	Y	Reportable for cases diagnosed 1/1/2021 forward. Not reportable prior to 1/1/2021

Syn	9411/3	Gemistocytic astrocytoma IDH mutant (C71. _)	Y	
Syn	8936/3	GIST, malignant	Y	Reportable for cases diagnosed 1/1/2021 forward. Not reportable prior to 1/1/2021
Syn	8690/3	Glomus jugulare tumor, NOS (C75.5)	Y	Reportable for cases diagnosed 1/1/2021 forward. Not reportable prior to 1/1/2021
Syn	8315/3	Glycogen-rich clear cell carcinoma	Y	
BC	8620/3	Granulosa cell tumor, adult type (C56.9)	Y	Granulosa cell tumor, adult type of the ovary diagnosed prior to 1/1/2021 are not reportable. Cases diagnosed 1/1/2021 forward are now reportable.
Syn	8815/3	Hemangiopericytoma, malignant	Y	Cases diagnosed <i>prior</i> to 1/1/2021 use code 9150/3 Cases diagnosed 1/1/2021 forward use code 8815/3
PT	9738/3	HHV8-positive diffuse B-cell lymphoma	Y	
PT	8402/3	Hidradenocarcinoma (C44. _)	Y	
Syn	8077/2	High grade squamous intraepithelial lesion	Y	
BC	9725/1	Hydroa vacciniforme-like lymphoproliferative disorder	N	Cases diagnosed prior to 1/1/2021, report the case and code to 9725/3. Cases diagnosed 1/1/2021 forward are not reportable
BC	9080/1	Immature teratoma of the lung (C34. _)	N	Immature teratomas arising in lung are not reportable for cases diagnosed 1/1/2021 forward.

BC	9080/1	Immature teratoma of the thymus (C37.9)	N	Immature teratomas arising in thymus are not reportable for cases diagnosed 1/1/2021 forward.
BC	9080/1	Immature teratoma of the thyroid (C73.9)	N	Immature teratomas arising in thyroid are not reportable for cases diagnosed 1/1/2021 forward.
Syn	9685/1	In situ follicular lymphoma	N	In situ lymphoma is not reportable
NC	9695/1	In situ follicular neoplasm	N	In situ lymphoma is not reportable
Syn	9673/1	In situ mantle cell lymphoma	N	Not reportable
NC/T	9673/1	In situ mantle cell neoplasm	N	Not reportable
Syn	8337/3	Insular carcinoma (C73.9)	Y	
BC	8151/3	Insulinoma, NOS (C25.4)	Y	Reportable for cases diagnosed 1/1/2021 forward. Not reportable prior to 1/1/2021.
RT	8580/3	Intrapulmonary thymoma (C37.9)	Y	“Malignant” removed from pre-ICD-O-3.2 term
PT	8589/3	Intrathyroid thymic carcinoma (C73.9)	Y	
RT	8150/3	Islet cell adenocarcinoma (C25.4)	Y	Reportable for cases diagnosed 1/1/2021 forward. Not reportable prior to 1/1/2021
RT	8150/3	Islet cell adenoma (C25.4)	Y	Reportable for cases diagnosed 1/1/2021 forward. Not reportable prior to 1/1/2021
RT	8150/3	Islet cell adenomatosis (C25.4)	Y	Reportable for cases diagnosed 1/1/2021 forward. Not reportable prior to 1/1/2021

RT	8150/3	Islet cell carcinoma (C25.4)	Y	Reportable for cases diagnosed 1/1/2021 forward. Not reportable prior to 1/1/2021
RT	8150/3	Islet cell tumor, NOS (C25.4)	Y	Reportable for cases diagnosed 1/1/2021 forward. Not reportable prior to 1/1/2021
Syn	8690/3	Jugular paraganglioma (C75.5)	Y	Reportable for cases diagnosed 1/1/2021 forward. Not reportable prior to 1/1/2021
Syn	8690/3	Jugulotympanic paraganglioma (C75.5)	Y	Reportable for cases diagnosed 1/1/2021 forward. Not reportable prior to 1/1/2021
RT	8071/3	Keratoacanthoma	Y	
BC	9751/1	Langerhans cell histiocytosis, NOS Langerhans cell histiocytosis, monostotic Langerhans cell histiocytosis, polystotic	N N N	Please note, these terms are not reportable. Refer to Hematopoietic Database for reportable terms. Cases diagnosed prior to 1/1/2021, report the case and code to 9751/3. Cases diagnosed 1/1/2021 forward are not reportable
Syn	9738/3	Large B-cell lymphoma arising in HHV8-associated multicentric Castleman disease	Y	
RT	9698/3	Large B-cell lymphoma with IRF4 rearrangement	Y	
RT	8693/3	Laryngeal paraganglioma	Y	Reportable for cases diagnosed 1/1/2021 forward. Not reportable prior to 1/1/2021
PT	8743/3	Low cumulative sun damaged melanoma (C44. _)	Y	

BC	9718/1	Lymphoid papulosis (C44. _)	N	Cases diagnosed prior to 1/1/2021, report the case and code to 9718/3. Cases diagnosed 1/1/2021 forward are not reportable
BC	9766/3	Lymphomatoid granulomatosis, grade 3	Y	Reportable for cases diagnosed 1/1/2021 forward
Syn	9680/3	Malignant lymphoma, large B-cell, diffuse, NOS	Y	
CC	9823/3	Malignant lymphoma, lymphocytic, diffuse, NOS	Y	Cases diagnosed prior to 1/1/2021 use code 9670/3 Cases diagnosed 1/1/2021 forward use code 9823/3
CC	9823/3	Malignant lymphoma, lymphocytic, NOS	Y	Cases diagnosed prior to 1/1/2021 use code 9670/3 Cases diagnosed 1/1/2021 forward use code 9823/3
CC	9823/3	Malignant lymphoma, lymphocytic, well differentiated, diffuse	Y	Cases diagnosed prior to 1/1/2021 use code 9670/3 Cases diagnosed 1/1/2021 forward use code 9823/3
CC	9823/3	Malignant lymphoma, small B lymphocytic, NOS (see also M-9823/3)	Y	Cases diagnosed prior to 1/1/2021 use code 9670/3 Cases diagnosed 1/1/2021 forward use code 9823/3
CC	9823/3	Malignant lymphoma, small cell diffuse	Y	Cases diagnosed prior to 1/1/2021 use code 9670/3 Cases diagnosed 1/1/2021 forward use code 9823/3
CC	9823/3	Malignant lymphoma, small cell, NOS	Y	Cases diagnosed prior to 1/1/2021 use code 9670/3 Cases diagnosed 1/1/2021 forward use code 9823/3
CC	9823/3	Malignant lymphoma, small lymphocytic, diffuse	Y	Cases diagnosed prior to 1/1/2021 use code 9670/3

				Cases diagnosed 1/1/2021 forward use code 9823/3
CC	9823/3	Malignant lymphoma, small lymphocytic, NOS	Y	Cases diagnosed prior to 1/1/2021 use code 9670/3 Cases diagnosed 1/1/2021 forward use code 9823/3
PT	8761/3	Malignant melanoma arising in giant congenital nevus (C44. _)	Y	
Syn	8761/3	Malignant melanoma in giant pigmented nevus (C44. _)	Y	
Syn	8982/3	Malignant myoepithelioma	Y	
Syn	8963/3	Malignant rhabdoid tumor	Y	
PT	8770/3	Malignant Spitz tumor (C44. _)	Y	
RT	8510/3	Medullary-like carcinoma	Y	
RT	9477/3	Medulloblastoma, group 3 (C71.6)	Y	
RT	9477/3	Medulloblastoma, group 4 (C71.6)	Y	
RT	9475/3	Medulloblastoma, WNT-activated, anaplastic type (C71.6)	Y	
RT	9475/3	Medulloblastoma, WNT-activated, classic (C71.6)	Y	
RT	9475/3	Medulloblastoma, WNT-activated, large cell type (C71.6)	Y	
Syn	8780/3	Melanoma arising in a blue nevus (C44. _)	Y	
RT	8720/3	Melanoma, meningeal (C70. _)	Y	
RT	8580/3	Metaplastic thymoma (C37.9)	Y	"Malignant" removed from pre-ICD-O-3.2 term
PT	8407/3	Microcystic adnexal carcinoma (C44. _)	Y	
BC	8690/3	Middle ear paraganglioma (C75.5)	Y	Reportable for cases diagnosed 1/1/2021 forward. Not reportable prior to 1/1/2021
Syn	8244/3	Mixed carcinoid and adenocarcinoma	Y	
RT	8770/3	Mixed epithelioid and spindle cell melanoma	Y	
Syn	8482/3	Mucinous adenocarcinoma, endocervical type	Y	
RT	8470/2	Mucinous cystadenocarcinoma, non-invasive (C25. _)	Y	
BC	8470/2	Mucinous cystic neoplasm with high grade dysplasia (C25. _)	Y	

Syn	9699/3	Mucosa associated lymphoid tissue lymphoma	Y	
Syn	8091/3	Multifocal superficial basal cell carcinoma (C44. _)	N	Not reportable
BC	9505/0	Multinodular and vascolating neuronal tumor (MVNT) (C71.2)	Y	WHO has not yet assigned a specific ICD-O code for this neoplasm. In the interest of collecting these tumors, 9505/0 has been assigned by neuropathology experts.
Syn	9732/3	Multiple myeloma (C42.1)	Y	
Syn	9986/3	Myelodysplastic syndrome with 5q deletion (5q-) syndrome	Y	
PT	9986/3	Myelodysplastic syndrome with isolated del (5q)	Y	
PT	9985/3	Myelodysplastic syndrome with multilineage dysplasia	Y	
PT	9993/3	Myelodysplastic syndrome with ring sideroblasts and multilineage dysplasia	Y	
PT	9982/3	Myelodysplastic syndrome with ring sideroblasts and single lineage dysplasia	Y	
PT	9980/3	Myelodysplastic syndrome with single lineage dysplasia	Y	
NC/T	9968/3	Myeloid/lymphoid neoplasm with PCM1-JAK2	Y	Reportable for cases diagnosed 1/1/2021 forward
PT	8982/3	Myoepithelial carcinoma	Y	
RT	8150/3	Nesidioblastoma (C25.4)	Y	Reportable for cases diagnosed 1/1/2021 forward. Not reportable prior to 1/1/2021
PT	8249/3	Neuroendocrine tumor, grade 2	Y Y Y	
RT	8249/3	Neuroendocrine tumor, grade 3	Y	
Removed from	9540/1	Neurofibromatosis, NOS	N	WHO has removed neurofibromatosis from ICD-O-3.2. This disease is not

ICD-O-3.2				reportable for cases diagnosed 1/1/2018 forward per Solid Tumor Rules
RT	8720/3	Nevoid melanoma (C44. _)	Y	
Syn	8402/3	Nodular hidradenoma, malignant (C44. _)	Y	
RT	8693/3	Nonchromaffin paraganglioma, NOS	Y	Reportable for cases diagnosed 1/1/2021 forward. Not reportable prior to 1/1/2021
NC/T	8349/1	Non-invasive follicular thyroid neoplasm with papillary-like nuclear features (NIFTP) C73.9)	N	This term was previously coded to 8343/2 and was reportable. This term has changed both ICD-O and behavior codes and is no longer reportable for cases diagnosed 1/1/2021 forward.
NC/T	8349/1	Non-invasive FTP	N	This term was previously coded to 8343/2 and was reportable. This term has changed both ICD-O and behavior codes and is no longer reportable for cases diagnosed 1/1/2021 forward
Syn	8150/3	Pancreatic endocrine tumor, nonfunctioning (C25.4)	Y	Reportable for cases diagnosed 1/1/2021 forward. Not reportable prior to 1/1/2021
Syn	8150/3	Pancreatic endocrine tumor, NOS (C25.4)	Y	Reportable for cases diagnosed 1/1/2021 forward. Not reportable prior to 1/1/2021
BC	8150/3	Pancreatic neuroendocrine tumor, nonfunctioning (C25.4)	Y	Reportable for cases diagnosed 1/1/2021 forward.

				Not reportable prior to 1/1/2021.
PT	8342/3	Papillary carcinoma, oncocytic variant (C73.9)	Y	
Syn	8342/3	Papillary carcinoma, oxyphilic cell (C73.9)	Y	
CC	8470/3	Papillary mucinous cystadenocarcinoma (C56.9)	Y	Cases diagnosed prior to 1/1/2021 use code 8471/3 Cases diagnosed 1/1/2021 forward use code 8470/3
CC	8470/3	Papillary pseudomucinous cystadenocarcinoma (C56.9)	Y	Cases diagnosed prior to 1/1/2021 use code 8471/3 Cases diagnosed 1/1/2021 forward use code 8470/3
Syn	8441/3	Papillary serous adenocarcinoma (C56.9)	Y	Cases diagnosed prior to 1/1/2021 use code 8460/3
Syn	8441/3	Papillary serous cystadenocarcinoma (56.9)	Y	Cases diagnosed prior to 1/1/2021 use code 8460/3
Syn	8130/1	Papillary transitional cell neoplasm of low-malignant potential (C67. _)	N	Not reportable
PT	8130/1	Papillary urothelial neoplasm of low-malignant potential (C67. _)	N	Not reportable
RT	8083/3	Papillary-basaloid carcinoma	Y	
BC	8680 1 /3	Paraganglioma, NOS (C75.5)	Y	Reportable for cases diagnosed 1/1/2021 forward. Not reportable prior to 1/1/2021
BC	8682/3	Parasympathetic paraganglioma (C75.5)		Reportable for cases diagnosed 1/1/2021 forward. Not reportable prior to 1/1/2021
RT	8140/3	Parathyroid tumor (C75.0)	Y	
Syn	8700/3	Pheochromoblastoma (C74.1)	Y	Reportable for cases diagnosed 1/1/2021 forward. Not reportable prior to 1/1/2021

BC	8700/3	Pheochromocytoma, NOS (C74.1)	Y	Reportable for cases diagnosed 1/1/2021 forward. Not reportable prior to 1/1/2021
BC Syn	8833/1	Pigmented dermatofibrosarcoma protuberans (C44. _)	N	Cases diagnosed prior to 1/1/2021, report the case and code to 8833/3. Cases diagnosed 1/1/2021 forward are not reportable.
PT Syn	8110/3	Pilomatrix carcinoma (C44. _) Pilomatrix carcinoma (C44. _)	N N	Not reportable Not reportable
NC/T	8273/3	Pituitary blastoma (C75.1)	Y	Reportable for cases diagnosed 1/1/2021 forward
PT	9732/3	Plasma cell myeloma (C42.1)	Y	
Syn	8802/3	Pleomorphic cell sarcoma, undifferentiated	Y	
RT	8802/3	Pleomorphic dermal sarcoma (C44. _)	Y	
Syn	8802/3	Pleomorphic sarcoma	Y	
BC	9971/3	Polymorphic post-transplant lymphoproliferative disorder	N	Cases diagnosed prior to 1/1/2021, report the case and code to 9971/3. Cases diagnosed 1/1/2021 forward are not reportable
Syn	8246/3	Poorly differentiated neuroendocrine neoplasm	Y	
PT	8337/3	Poorly differentiated thyroid carcinoma (C73.9)	Y	
PT	8409/3	Porocarcinoma (C44. _)	Y	
BC	9971/1	Post-transplant lymphoproliferative disorder, NOS	N	Cases diagnosed prior to 1/1/2021, report the case and code to 9971/3. Cases diagnosed 1/1/2021 forward are not reportable
CC	9811/3	Pre-B ALL	Y	Cases diagnosed prior to 1/1/2021 use code 9836/3

				Cases diagnosed 1/1/2021 forward use code 9811/3
CC	9811/3	Precursor B-cell lymphoblastic leukemia (see also M-9728/3)	Y	Cases diagnosed prior to 1/1/2021 use code 9836/3 Cases diagnosed 1/1/2021 forward use code 9811/3
CC	9811/3	Precursor B-cell lymphoblastic lymphoma (see also M-9836/3)	Y	Cases diagnosed prior to 1/1/2021 use code 9728/3 Cases diagnosed 1/1/2021 forward use code 9811/3
CC	9837/3	Precursor T-cell lymphoblastic lymphoma (see also M-9837/3)	Y	Cases diagnosed prior to 1/1/2021 use code 9729/3 Cases diagnosed 1/1/2021 forward use code 9837/3
CC	9811/3	Pre-pre-B ALL	Y	Cases diagnosed prior to 1/1/2021 use code 9836/3 Cases diagnosed 1/1/2021 forward use code 9811/3
RT	9699/3	Primary choroidal lymphoma (C69.3)	Y	
BC	9718/1	Primary cutaneous CD30+ T cell lymphoproliferative disorder (C44. _)	N	Cases diagnosed prior to 1/1/2021, report the case and code to 9718/3. Cases diagnosed 1/1/2021 forward are not reportable
BC	9709/1	Primary cutaneous CD4-positive small/medium T-cell lymphoma (C44. _)	N	Cases diagnosed prior to 1/1/2021, report the case and code to 9709/3. Cases diagnosed 1/1/2021 forward are not reportable
CC	9811/3	Pro-B ALL	Y	Cases diagnosed prior to 1/1/2021 use code 9836/3 Cases diagnosed 1/1/2021 forward use code 9811/3
RT	8074/3	Pseudovascular squamous cell carcinoma	Y	

BC	9971/3	PTLD, NOS	N	Cases diagnosed prior to 1/1/2021, report the case and code to 9971/3. Cases diagnosed 1/1/2021 forward are not reportable
Syn	9980/3	Refractory anemia		
Syn	9982/3	Refractory anemia with excess blasts, NOS	Y	
RT	9985/3	Refractory cytopenia of childhood	Y	
Syn	9985/3	Refractory cytopenia with multilineage dysplasia	Y	
CC	9980/3	Refractory neutropenia	Y	Cases diagnosed prior to 1/1/2021 use code 9991/3 Cases diagnosed 1/1/2021 forward use code 9980/3
CC	9980/3	Refractory thrombocytopenia	Y	Cases diagnosed prior to 1/1/2021 use code 9992/3 Cases diagnosed 1/1/2021 forward use code 9980/3
PT	8963/3	Rhabdoid tumor, NOS	Y	
Syn	8921/3	Rhabdomyosarcoma with ganglionic differentiation	Y	
Syn	8912/3	Rhabdomyosarcoma, spindle-cell/sclerosing type	Y	
Syn	8407/3	Sclerosing sweat duct carcinoma (C44. _)	Y	
RT	8580/3	Sclerosing thymoma (C37.9)	Y	"Malignant" removed from pre-ICD-O-3.2 term
Syn	8410/3	Sebaceous adenocarcinoma (C44. _)	Y	
PT	8410/3	Sebaceous carcinoma (C44. _)	Y	
PT	9391/3	Sellar ependymoma (C75.1)	Y	
PT	8441/3	Serous cystadenocarcinoma, NOS (56.9)	Y	Cases diagnosed prior to 1/1/2021 use code 8460/3
Syn	8441/3	Serous papillary adenocarcinoma, NOS (C56.9)	Y	Cases diagnosed prior to 1/1/2021 use code 8460/3
Syn	8441/3	Serous surface papillary carcinoma (C56.9)	Y	Cases diagnosed prior to 1/1/2021 use code 8460/3
Syn	8390/3	Skin appendage carcinoma (C44. _)	Y	
Syn	8230/3	Solid adenocarcinoma, NOS	Y	

RT	8452/3	Solid pseudopapillary carcinoma	Y	
PT	8452/3	Solid pseudopapillary neoplasm of the pancreas (C25. _)	Y	
RT	8120/3	Squamotransitional carcinoma	Y	
Syn	8077/2	Squamous dysplasia, high grade	Y	
Syn	8077/2	Squamous intraepithelial neoplasm, grade II	See comments	The term “squamous intraepithelial neoplasm, grade II” is NOT reportable for C53. _
PT	8091/3	Superficial basal cell carcinoma (C44. _)	N	Not reportable
RT	8743/3	Superficial spreading melanoma (C44. _)	Y	
RT	8200/3	Thymic carcinoma with adenoid cystic carcinoma-like features (C37.9)	Y	
RT	8585/3	Thymoma, atypical (C37.9)	Y	“Malignant” removed from pre-ICD-O-3.2 term
RT	8585/3	Thymoma, epithelial (C37.9)	Y	“Malignant” removed from pre-ICD-O-3.2 term
RT	8583/3	Thymoma, lymphocyte-rich (C37.9)	Y	“Malignant” removed from pre-ICD-O-3.2 term
RT	8583/3	Thymoma, lymphocytic (C37.9)	Y	“Malignant” removed from pre-ICD-O-3.2 term
RT	8581/3	Thymoma, medullary (C37.9)	Y	“Malignant” removed from pre-ICD-O-3.2 term
RT	8582/3	Thymoma, mixed type (C37.9)	Y	“Malignant” removed from pre-ICD-O-3.2 term
PT	8580/3	Thymoma, NOS (C37.9)	Y	“Malignant” removed from pre-ICD-O-3.2 term
RT	8583/3	Thymoma, organoid (C37.9)	Y	“Malignant” removed from pre-ICD-O-3.2 term
RT	8583/3	Thymoma, predominantly cortical (C37.9)	Y	“Malignant” removed from pre-ICD-O-3.2 term
RT	8581/3	Thymoma, spindle cell (C37.9)	Y	“Malignant” removed from pre-ICD-O-3.2 term

PT	8581/3	Thymoma, type A (C37.9)	Y	"Malignant" removed from pre-ICD-O-3.2 term
PT	8582/3	Thymoma, type AB (C37.9)	Y	"Malignant" removed from pre-ICD-O-3.2 term
PT	8583/3	Thymoma, type B1 (C37.9)	Y	"Malignant" removed from pre-ICD-O-3.2 term
PT RT	8584/3	Thymoma, type B2 (C37.9) Thymoma, cortical (C37.9)	Y Y	"Malignant" removed from pre-ICD-O-3.2 term
PT	8585/3	Thymoma, type B3 (C37.9)	Y	"Malignant" removed from pre-ICD-O-3.2 term
Syn	8131/3	Transitional cell carcinoma, micropapillary	Y	
Syn	8122/3	Transitional cell carcinoma, spindle cell		
PT	8122/3	Urothelial carcinoma, sarcomatoid	Y	
Syn	8122/3	Urothelial carcinoma, spindle cell	Y	
RT	8693/3	Vagal paraganglioma	Y	Reportable for cases diagnosed 1/1/2021 forward. Not reportable prior to 1/1/2021
RT	9680/3	Vitreoretinal lymphoma (C69. _)	Y	
RT	8054/3	Warty-basaloid carcinoma	Y	

Appendix S

Summary of 2021 Changes

2021 FCDS DAM

2021 National Standards

APPENDIX S – Summary of Changes 2021

The 2021 FCDS DAM includes clarifications to old instructions, expansion of instructions, new instructions, new data items, new terminology, new reportable cancers, no longer reportable cancers, a new records layout, new requirements for SSDIs, New Codes for existing data items, and many more changes to the 2021 FCDS DAM. We encourage users to review the entire FCDS DAM to ensure they have captured the latest updates and revisions including Appendix P – Resources for Registrars. This is only a Summary of Changes and does not include every single revision in the manual – only major change points. Thank You.

- MOST CHANGES APPEAR IN RED TYPE, BLUE TYPE, OR HIGHLIGHTED SECTIONS – and described here
- Section I has many changes and clarifications – FCDS suggests every registrar read Section I carefully for changes.
- Section I has expanded Section explaining the Requirement for Reporting Non-Analytic Cases and Importance of These Cases
- Section I now has multiple statements describing that FCDS does not at this time allow or receive Update or Modify Records and cannot just update your abstracts when you make a change in your database. FCDS only receives the case from you once.
- Section I has an updated Comparison Table of Reportable Cancers – comparing CoC, SEER, and NPCR/FCDS Requirements.
- Section II has individual data item additions, revisions, updates, new codes, and some updated instructions.
- Section II has expanded the Date of Diagnosis and Definitive Terminology Sections to clarify frequently asked questions about using imaging dates as the Initial Date of DX, Mammography BIRADS and other xyz-RADS Classifications in imaging and how to use, and the need to prioritize Positive Terminology over Ambiguous Terminology on Imaging and how to know the difference.
- Appendix A has been updated to reflect the status of Florida Reporting Facilities in 2021.
- Appendix G has the Complete FCDS 2021 Record Layout including All New Data Items and All Core Data Items
- Appendix H has the Complete FCDS 2021 SSDI Requirements List
- Appendix O has both the abbreviated and the extended versions of the 2021 Casefinding List for Florida
- Appendix P has 2021 Resources for Registrars including all required manuals and references to abstract and code cases.
- Appendix P also has information about the FCDS Abstracting Basics Course Outline and Recommended Training Resources
- Appendix R has all the information about 2021 Updates to ICD-O-3 and How to Use Them

New Reportable Neoplasms

- Early or evolving melanoma, in situ and invasive – now reportable neoplasms
- ALL Gastrointestinal Stromal Tumors (GIST) – now reportable neoplasms
- Most Thymoma Tumors are now reportable neoplasms with Exceptions as Noted –
 - Exceptions include specific thymomas still classified as benign or borderline tumors
 - Exceptions include: microscopic thymoma, thymoma benign, micronodular thymoma with lymphoid stroms and ectopic hamartomatous thymomas.
- LCIS is still reportable to FCDS
- FCDS adopted the full ICD-O-3.2 as of 2018
- Please See Appendix R of the 2021 FCDS DAM for ALL 2021 Updates to ICD-O including Reportability Changes

ICDO3.2	Histology	Behavior	Level	Term	Code reference	obs
8580/3	8580	3	Preferred	Thymoma, NOS	(C37.9)	
8580/3	8580	3	Related	Intrapulmonary thymoma	(C34.)	
8580/3	8580	3	Related	Sclerosing thymoma	(C34.)	

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8580/3	8580	3	Related	Metaplastic thymoma	(C37.9)	
8581/3	8581	3	Preferred	Thymoma, type A	(C37.9)	
8581/3	8581	3	Synonym	Thymoma, medullary	(C37.9)	[obs]
8581/3	8581	3	Synonym	Thymoma, spindle cell	(C37.9)	[obs]
8582/3	8582	3	Preferred	Thymoma, type AB	(C37.9)	
8582/3	8582	3	Synonym	Thymoma, mixed type	(C37.9)	
8583/3	8583	3	Preferred	Thymoma, type B1	(C37.9)	
8583/3	8583	3	Synonym	Thymoma, lymphocyte-rich	(C37.9)	[obs]
8583/3	8583	3	Synonym	Thymoma, lymphocytic	(C37.9)	[obs]
8583/3	8583	3	Synonym	Thymoma, organoid	(C37.9)	[obs]
8583/3	8583	3	Synonym	Thymoma, predominantly cortical	(C37.9)	[obs]
8584/3	8584	3	Preferred	Thymoma, type B2	(C37.9)	
8584/3	8584	3	Synonym	Thymoma, cortical	(C37.9)	[obs]
8585/3	8585	3	Preferred	Thymoma, type B3	(C37.9)	
8585/3	8585	3	Synonym	Thymoma, atypical	(C37.9)	[obs]
8585/3	8585	3	Synonym	Thymoma, epithelial	(C37.9)	[obs]

No Longer Reportable Neoplasms

- 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.
- Dermatofibrosarcoma protuberans has been reclassified as benign/borderline malignancy and is no longer reportable
- Some Immature Teratoma Cases (lung, thymus, thyroid) are no longer classified malignant and are no longer reportable
- Several Cutaneous Lymphoid Diseases have been reclassified as borderline malignancy and are no longer reportable
 - Primary Cutaneous CD4-Positive Small/Medium T-cell Lymphoma
 - Primary Cutaneous CD30_ T Cell Lymphoproliferative Disorder
 - Hydroa Vaccinoforme-like lymphoproliferative disorder
 - Langerhans Cell Histiocytosis, NOS
 - Polymorphic Post Transplant Lymphoproliferative Disorder (PTLD)
- Follicular Tumor of Undertain Malignant Potential/Follicular Carcinoma, Encapsulated

New Data Items Required

Item #	FCDS / NAACCR Item Name
1068	Grade Post Therapy Clin (yc)
2232	Name - Birth Surname
2315	Medicare Beneficiary Identifier
3838	Gleason Patterns Clinical
3839	Gleason Patterns Pathological
3840	Gleason Score Clinical
3841	Gleason Score Pathological
3842	Gleason Tertiary Pattern

Retired FCDS Date Items – No Longer Required for Any Cases/Any Years

Item #	FCDS / NAACCR Item Name
880	TNM Path T
890	TNM Path N
900	TNM Path M

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910	TNM Path Stage Group
920	TNM Path Descriptor
930	TNM Path Staged By
940	TNM Clin T
950	TNM Clin N
960	TNM Clin M
970	TNM Clin Stage Group
980	TNM Clin Descriptor
990	TNM Clin Staged By
1060	TNM Edition Number
2390	Name--Maiden

FCDS Required SSDI's

Item #	FCDS/NAACCR Item Name	Start Date
3800	Schema ID	2018
3816	Brain Molecular Markers	2018
3817	Breslow Tumor Thickness	2018
3827	Estrogen Receptor Summary	2018
3835	Fibrosis Score	2018
3838	Gleason Patterns Clinical	2021
3839	Gleason Patterns Pathological	2021
3840	Gleason Score Clinical	2021
3841	Gleason Score Pathological	2021
3842	Gleason Tertiary Pattern	2021
3843	Grade Clinical	2018
3844	Grade Pathological	2018
1068	Grade Post Therapy Clin (yc)	2021
3845	Grade Post Therapy Path (yp)	2018
3855	HER2 Overall Summary (breast, esophagus, stomach)	2018
3890	Microsatellite Instability (MSI)	2018
3915	Progesterone Receptor Summary	2018
3920	PSA (Prostatic Specific Antigen) Lab Value	2018
3932	LDH Pretreatment Lab Value	2018

Existing Data Items With New Codes or Updated Instructions

- ITEM # 1506 – Phase I Radiation Treatment Modality – New Codes/Updated Definitions

98	Radiation treatment administered; modality unknown – NEW CODE
99	Unknown if radiation treatment administered – ONLY FOR DEATH CERTIFICATE CASES

- ITEM # 830 – Regional Lymph Nodes Examined
- ITEM # 820 Regional Lymph Nodes Positive
- ITEM # 1292 Scope of Regional Node Surgery

The above 3 Regional Lymph Node Items have been modified to recognize that FNA or core biopsy of a regional lymph node should not be coded as a regional lymph node removed, nor should it be counted as ‘treatment’ in the various Treatment EDITS as surgery.

Therefore, when the Scope of Regional Lymph Node Surgery is coded = 1 (FNA, core biopsy), this is no longer considered surgery in the Treatment Status Field or Sequence of Surgery to XRT or Systemic Therapy Fields. And, the Regional Lymph Nodes Examined should = 95 for all of these cases. However, the Regional Lymph Nodes Positive may be coded as either 00 or 95 depending on the result. Code 95 when the result of the FNA/Core Biopsy is positive. Code 00 when the result of the FNA/Core Biopsy is negative.

- All Treatment Items – FCDS will no longer allow the Treatment Codes to = 9 or 99. Enter 0 or 00 rather than 9 or 99 if unknown.

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- Exceptions to Allow Coding of 9 in Scope of Regional Lymph Node Surgery or 98 in Surgery of Primary Site is for leukemia, lymphoma, brain tumors, myelodysplastic syndromes and myeloproliferative diseases – plus the unknown and ill-defined sites that require specific codes in these fields.
- Scope of Regional Lymph Node Surgery = 9
 - Primary Site: C420, C421, C423, C424, C700-C709, C710-C729, C751-C753, C761,-C768, C809
 - Lymphoma (M-9590-9726, 9728-9732, 9734-9740, 9750-9762, 9811-9831, 9940, 9948, 9971) with Lymph Node Primary Site C77.0-C77.9)
 - Unknown or Ill-defined Primary Site (C76.0-C76.8, C80.9)
 - Hematopoietic, reticuloendothelial, Immunoproliferative, or myeloproliferative disease (9727, 9733, 9741, 9742, 9764, 9809, 9832, 9840-9931, 9945-9946, 9950-9967, and 9975-9993)
- FCDS no longer accepts an unknown Date of Diagnosis – the date must be estimated if unknown – see the Instructions under Date of Initial Diagnosis for handling unknown or partial dates in these cases. This includes Historical Grid Cases – no unknown.

NEW Histological Terms and New Histological Terms – Appendix R

ICD-O Code	Term/site
8273/3	Pituitary blastoma/ Embryoma
9749/3	Erdhiem-Chester Disease
9766/3	Lymphomatoid granulomatosis, grade 3
9819/3	B-lymphocytic leukemia/lymphoma, BCR-ABL1-like
9877/3	Acute myeloid leukemia with mutated NPM1
9878/3	Acute myeloid leukemia with biallelic mutations of CEBPA
9879/3	Acute myeloid leukemia with mutated RUNX1
9912/3	Acute myeloid leukemia with BCR-ABL1
9968/3	Myeloid/lymphoid neoplasms with PCM1-JAK2
9993/3	Myelodysplastic syndrome with ring sideroblasts and multilineage dysplasia
9715/3	Anaplastic large cell lymphoma ALK-negative Breast implant-associated anaplastic large cell lymphoma

Histology Codes No Longer Used for ICD-O-3.2 – OBSOLETE CODES – Appendix R

ICD-O-3/3.1 Code/behavior	Histological Term(s)
8471/3	Papillary mucinous cystadenocarcinoma (C56.9) Papillary pseudomucinous cystadenocarcinoma (C56.9)
9150/3	Hemangiopericytoma, malignant
9260/3	Ewing sarcoma
9670/3	Malignant lymphoma, small B lymphocytic, NOS (<i>see also M-9823/3</i>) Malignant lymphoma, lymphocytic, diffuse, NOS Malignant lymphoma, lymphocytic, NOS Malignant lymphoma, lymphocytic, well differentiated, diffuse Malignant lymphoma, small cell diffuse Malignant lymphoma, small cell, NOS Malignant lymphoma, small lymphocytic, diffuse Malignant lymphoma, small lymphocytic, NOS
9728/3	Precursor B-cell lymphoblastic lymphoma (<i>see also M-9836/3</i>)
9729/3	Precursor T-cell lymphoblastic lymphoma (<i>see also M-9837/3</i>)
9826/3	Burkitt cell leukemia (<i>see also M-9687/3</i>)

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	Acute leukemia, Burkitt type [obs] Acute lymphoblastic leukemia, mature B-cell type B-ALL [obs] FAB L3 [obs]
9836/3	Precursor B-cell lymphoblastic leukemia (<i>see also M-9728/3</i>) c-ALL Common ALL Common precursor B ALL Pre-B ALL Pre-pre-B ALL Pro-B ALL
9991/3	Refractory neutropenia
9992/3	Refractory thrombocytopenia