Florida Cancer Data System

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Data Acquisition Manual 2022

Florida HEALTH

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- Centers for Disease Control and Prevention/National Programs of Cancer Registries (CDC/NPCR)
- Florida Department of Health (DOH)
- University of Miami/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)

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

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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 2022 edition of the FCDS Data Acquisition Manual (DAM) is compatible with 2022 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 Statues and Department of Health guidelines, and follow strict security measures to assure patient and institutional confidentially.

IMMUNITY FROM LIABILITY

No institution or individual complying with Florida statutes 385.202, 405.01, 381.0031, and Florida State Administrative Code(may not have latest update) Rules 64D-3.004 and 64D3.034 shall be civilly or criminally liable for divulging information or providing materials to the statewide registry as required by the law.

Please see supporting Federal and State Laws and Administrative Rules.

- Florida State Law: Title XXIX, Chapters - 381.0031, 385.202, 405.01, 405.02, 405.03, 408.07 – Establishment of and Governance of FCDS
- Florida Public Health Rule 64D-3.003, 64D-3.031, 64D-3.034, 64D-3.006 – Specifics and Clarifications of Cancer Reporting in Florida
- Federal Public Law 107-260 – Oct 29, 2002 116 Stat.1743 of the Public Health Service Act – Establishment of CDC NPCR
- HIPAA Privacy Rule 45 CFR 164.512(b) - FCDS is HIPAA-EXEMPT under the HIPAA Privacy Rule 45 CFR 164.512(b) as a Public Health Authority – FCDS under DOH conducts Public Health Activities.

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

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Title XXIX - Chapter 408 - Health Care Administration

408.07 Definitions

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

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

FLORIDA STATE LAW

Title XXIX
PUBLIC
HEALTH

Chapter 381
Public Health: General Provisions

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

(1) Any practitioner licensed in this state to practice medicine, osteopathic medicine, chiropractic medicine, naturopathy, or veterinary medicine; any hospital licensed under part I of chapter 395; or any laboratory licensed under chapter 483 that diagnoses or suspects the existence of a disease of public health significance shall immediately report the fact to the Department of Health.
(2) Periodically the department shall issue a list of infectious or noninfectious diseases determined by it to be a threat to public health and therefore of significance to public health and shall furnish a copy of the list to the practitioners listed in subsection (1).
(3) Reports required by this section must be in accordance with methods specified by rule of the department.
(4) Information submitted in reports required by this section is confidential, exempt from the provisions of s. 119.07(1), and is to be made public only when necessary to public health. A report so submitted is not a violation of the confidential relationship between practitioner and patient.
(5) The department may obtain and inspect copies of medical records, records of laboratory tests, and other medical-related information for reported cases of diseases of public health significance described in subsection (2). The department shall examine the records of a person who has a disease of public health significance only for purposes of preventing and eliminating outbreaks of disease and making epidemiological investigations of reported cases of diseases of public health significance, notwithstanding any other law to the contrary. Health care practitioners, licensed health care facilities, and laboratories shall allow the department to inspect and obtain copies of such medical records and medical-related information, notwithstanding any other law to the contrary. Release of medical records and medical-related information to the department by a health care practitioner, licensed health care facility, or laboratory, or by an authorized employee or agent thereof, does not constitute a violation of the confidentiality of patient records. A health care practitioner, health care facility, or laboratory, or any employee or agent thereof, may not be held liable in any manner for damages and is not subject to criminal penalties for providing patient records to the department as authorized by this section.
(6) The department may adopt rules related to reporting diseases of significance to public health, which must specify the information to be included in the report, who is required to report, the method and time period for reporting, requirements for enforcement, and required follow-up activities by the department which are necessary to protect public health.

This section does not affect s. 384.25.
History.--s. 2, ch. 29834, 1955; ss. 19, 35, ch. 69-106; s. 67, ch. 77-147; s. 4, ch. 89-311; s. 2, ch. 90-347; s. 15, ch. 91-297; s. 2, ch. 95-188; s. 184, ch. 96-406; s. 175, ch. 97-101; s. 4, ch. 98-151; s. 252, ch. 98-166; s. 8, ch. 2000-367.
Note.--Former s. 381.231.

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."

(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.

(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.

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

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

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

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

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

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

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

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

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

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

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

Rule 64D-3.003

64D-3.003 Notification by Laboratories.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Editorial Note: See 64D-3.031

Rule 64D-3.031

64D-3.031 Notification by Laboratories.

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

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

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

(a) The Patient's:

1. First and last name, including middle initial;

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

(b) The Laboratory

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

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

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

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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) Not withstanding (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 o 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 BRAINRELATED 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):

"(i) The term 'brain-related tumor' means a listed primary tumor (whether malignant or benign) occurring in any of the following sites:'

"(I) The brain, meninges, spinal cord, cauda equina, a cranial nerve or nerves or any other part of the central nervous system.

"(II) The pituitary gland, pineal gland, or craniopharyngeal duct.

"(ii) The term 'listed', with respect to a primary tumor, means a primary tumor that is listed in the International Classification of Diseases for Oncology (commonly referred to as the ICD-O).

"(iii) The term 'International Classification of Diseases for Oncology' means a classification system that includes topography (site) information and histology (cell type information) developed by the World Health Organization, in collaboration with international centers, to promote international comparability in the collection, classification, processing and presentation of cancer statistics. The ICDO system is a supplement to the International Statistical Classification of Diseases and Related Health Problems (commonly known as the ICD) and is the standard coding system used by cancer registries worldwide. Such term includes any modification made to such system for purposes of the United States. Such term further includes any published classification system that is internationally recognized as a successor to the classification system referred to in the first sentence of this clause.

"(C) STATEWIDE CANCER REGISTRY—References in this section to cancer registries shall be considered to be references to registries described in this subsection."

(b) APPLICABILITY—The amendments made by subsection (a) apply to grants under section 399B of the Public Health Service Act for fiscal year 2002 and subsequent fiscal years, except that, in the case of a State that received such a grant for fiscal year 2000, the Secretary of Health and Human Services may delay the applicability of such amendments to the State for not more than 12 months if the Secretary determines that compliance with such amendments requires the enactment of a statute by the State or the issuance of State regulations.

Approved October 29, 2002.

LEGISLATIVE HISTORY—s. 2558:
Congressional record, Vol. 148 (2002):
Aug. 1. considered and passed Senate.
Oct 10. considered and passed House.

DISCLOSURES FOR PUBLIC HEALTH ACTIVITIES

[*45 CFR 164.512(b)*]

Background

The HIPAA Privacy Rule recognizes the legitimate need for public health authorities and others responsible for ensuring public health and safety to have access to protected health information to carry out their public health mission. The Rule also recognizes that public health reports made by covered entities are an important means of identifying threats to the health and safety of the public at large, as well as individuals. Accordingly, the Rule permits covered entities to disclose protected health information without authorization for specified public health purposes.

How the Rule Works

General Public Health Activities. The Privacy Rule permits covered entities to disclose protected health information, without authorization, to public health authorities who are legally authorized to receive such reports for the purpose of preventing or controlling disease, injury, or disability. This would include, for example, the reporting of a disease or injury; reporting vital events, such as births or deaths; and conducting public health surveillance, investigations, or interventions. See 45 CFR 164.512(b)(1)(i). Also, covered entities may, at the direction of a public health authority, disclose protected health information to a foreign government agency that is acting in collaboration with a public health authority. See 45 CFR 164.512(b)(1)(i). Covered entities who are also a public health authority may use, as well as disclose, protected health information for these public health purposes. See 45 CFR 164.512(b)(2).

A "public health authority" is an agency or authority of the United States government, a State, a territory, a political subdivision of a State or territory, or Indian tribe that is responsible for public health matters as part of its official mandate, as well as a person or entity acting under a grant of authority from, or under a contract with, a public health agency. See 45 CFR 164.501. Examples of a public health authority include State and local health departments, the Food and Drug Administration (FDA), the Centers for Disease Control and Prevention, and the Occupational Safety and Health Administration (OSHA).

Generally, covered entities are required reasonably to limit the protected health information disclosed for public health purposes to the minimum amount necessary to accomplish the public health purpose. However, covered entities are not required to make a minimum necessary determination for public health disclosures that are made pursuant to an individual's authorization, or for disclosures that are required by other law. See 45 CFR 164.502(b). For disclosures to a public health authority, covered entities may reasonably rely on a minimum necessary determination made by the public health authority in requesting the protected health information. See 45 CFR 164.514(d)(3)(iii)(A). For routine and recurring public health disclosures, covered entities may develop standard protocols, as part of their minimum necessary policies and procedures, that address the types and amount of protected health information that may be disclosed for such purposes. See 45 CFR 164.514(d)(3)(i).

Other Public Health Activities. The Privacy Rule recognizes the important role that persons or entities other than public health authorities play in certain essential public health activities. Accordingly, the Rule permits covered entities to disclose protected health information, without authorization, to such persons or entities for the public health activities discussed below.

- Child abuse or neglect. Covered entities may disclose protected health information to report known or suspected child abuse or neglect, if the report is made to a public health authority or other appropriate government authority that is authorized by law to receive such reports. For instance, the social services department of a local government might have legal authority to receive reports of child abuse or neglect, in which case, the Privacy Rule would permit a covered entity to report such cases to that authority without obtaining individual authorization. Likewise, a covered entity could report such cases to the police department when the police department is authorized by law to receive such reports. See 45 CFR 164.512(b)(1)(ii). See also 45 CFR 512(c) for information regarding disclosures about adult victims of abuse, neglect, or domestic violence.

- Quality, safety or effectiveness of a product or activity regulated by the FDA. Covered entities may disclose protected health information to a person subject to FDA jurisdiction, for public health purposes related to the quality, safety or effectiveness of an FDA-regulated product or activity for which that person has responsibility. Examples of purposes or activities for which such disclosures may be made include, but are not limited to:

  - Collecting or reporting adverse events (including similar reports regarding food and dietary supplements), product defects or problems (including problems regarding use or labeling), or biological product deviations;
  - Tracking FDA-regulated products;
  - Enabling product recalls, repairs, replacement or lookback (which includes locating and notifying individuals who received recalled or withdrawn products or products that are the subject of lookback); and
  - Conducting post-marketing surveillance.

See 45 CFR 164.512(b)(1)(iii). The "person" subject to the jurisdiction of the FDA does not have to be a specific individual. Rather, it can be an individual or an entity, such as a partnership, corporation, or association. Covered entities may identify the party or parties responsible for an FDA-regulated product from the product label, from written material that accompanies the product (known as labeling), or from sources of labeling, such as the Physician's Desk Reference.

- Persons at risk of contracting or spreading a disease. A covered entity may disclose protected health information to a person who is at risk of contracting or spreading a disease or condition if other law authorizes the covered entity to notify such individuals as necessary to carry out public health interventions or investigations. For example, a covered health care provider may disclose protected health information as needed to notify a person that (s)he has been exposed to a communicable disease if the covered entity is legally authorized to do so to prevent or control the spread of the disease. See 45 CFR 164.512(b)(1)(iv).

- Workplace medical surveillance. A covered health care provider who provides a health care service to an individual at the request of the individual's employer, or provides the service in the capacity of a member of the employer's workforce, may disclose the individual's protected health information to the employer for the purposes of workplace medical surveillance or the evaluation of work-related illness and injuries to the extent the employer needs that information to comply with OSHA, the Mine Safety and Health Administration (MSHA), or the requirements of State laws having a similar purpose. The information disclosed must be limited to the provider's findings regarding such medical surveillance or work-related illness or injury. The covered health care provider must provide the individual with written notice that the information will be disclosed to his or her employer (or the notice may be posted at the worksite if that is where the service is provided). See 45 CFR 164.512(b)(1)(v).

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.

Please see supporting Federal and State Laws and Administrative Rules.

- Florida State Law: Title XXIX, Chapters - 381.0031, 385.202, 405.01, 405.02, 405.03, 408.07 – Establishment of and Governance of FCDS
- Florida Public Health Rule 64D-3.003, 64D-3.031, 64D-3.034, 64D-3.006 – Specifics and Clarifications of Cancer Reporting in Florida
- Federal Public Law 1070260 – Oct 29, 2002 116 Stat.1743 of the Public Health Service Act – Establishment of CDC NPCR
- HIPAA Privacy Rule 45 CFDR 164.512(b) - FCDS is HIPAA-EXEMPT under the HIPAA Privacy Rule 45 CFR 164.512(b) as a Public Health Authority – FCDS under DOH conducts Public Health Activities.

CASE ELIGIBILITY

Florida facilities 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 2022 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 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 treatment. Active Surveillance cases are often 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.

1. Reportable Patients

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) all patients undergoing prophylactic, neoadjuvant, or adjuvant therapy for malignancy,
d) all patients undergoing 'active surveillance' or 'watch and wait' approach to therapy,
e) patients seen as in-patient, out-patient, or in-clinic are reportable,
f) all patients diagnosed at autopsy,
g) all historical cases that meet FCDS reportable guidelines.

Note: Patients with 'chronic' neoplastic conditions *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. Treatment for these neoplasms may achieve a state of 'clinical remission'. However, these conditions cannot be cured without aggressive therapy including high-dose chemotherapy plus bone marrow transplant or stem cell transplant. The chronic nature of their disease makes these cases always reportable, regardless of clinical status.*

2. Not Reportable Patients

a) patients in complete remission with no evidence of cancer (NED),
b) patients with no evidence of cancer and not receiving prophylactic or adjuvant therapy,
c) 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),
d) 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,
e) patients who receive transient care to avoid interrupting a course of therapy started elsewhere.

Note: Patients with 'chronic' neoplastic conditions *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. Treatment for these neoplasms may achieve a state of 'clinical remission'. However, these conditions cannot be cured without aggressive therapy including high-dose chemotherapy plus bone marrow transplant or stem cell transplant. The chronic nature of their disease makes these cases always reportable, regardless of clinical status.*

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 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 NAACCR Version 22: Table of Comparison of Reportable Cancers: CoC, SEER, and NPCR found at the end of FCDS DAM Section I for clarification of cancers required to be reported to NPCR and FCDS. This table can also be found in **NAACCR Standards Volume III, Version 22 – Data Standards and Data Dictionary, Chapter 3 – Standards for Tumor Inclusion and Reportability** at https://www.naaccr.org/data-standards-data-dictionary/. Additional resources for clarification of FCDS reportable neoplasms include the (current) Solid Tumor Manual and the (current) SEER Hematopoietic Database.

FCDS adopted 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. Currently, the WHO is publishing electronic 5th edition WHO Classification of Neoplasms for all neoplasms described. Use the ICD-O-3.2 Tables from IACR/WHO in addition to the (current) Solid Tumor Manual and (current) SEER Hematopoietic Database to determine whether a neoplasm is reportable to FCDS and the current correct ICD-O-3.2 histology and behavior code.

IACR/WHO began publishing 5th edition Classification of Neoplasm volumes in 2020. The 5th edition WHO Classification Series incorporates new histology codes, new behavior codes, and other changes that may change the reportability of some neoplasms over time. **Appendix R of this Manual includes the 2022 Updates to the IARC/WHO Classification of Neoplasms.** https://www.naaccr.org/v22referencepage/

The 2022 ICD-O-3.2 Update Guidelines includes comprehensive tables listing all changes to ICD-O-3.2 including new ICD-O codes, terminology and reportability changes effective for cases diagnosed 1/1/2022 forward. The 2022 update represents changes identified in recently published 5th Ed WHO Classification of Tumors books. Included in these guidelines are instructions for using the tables together with ICD-O-3.2.

The update includes important information on reportable versus non-reportable high-grade dysplasia in specified gastrointestinal sites.

The following WHO Classification of Tumor, 5th editions were released after the 2021 ICD-O-3.2 update:

- WHO Classification of Tumors of the Breast (2018)
- WHO Classification of Tumors of Digestive System (2018)
- WHO Classification of Tumors of the Female Reproductive Organs (2019)
- WHO Classification of Tumors of Soft Tissue and Bone (2019)

- The IARC/WHO ICD-O Committee has published several versions of additions, changes and revisions to the ICD-O-3.2 since the original publication as reference material for cancer registries.
- The 1/25/2022 Version of ICD-O-3.2 (Histology & Behavior Codes) is accessible from IARC/WHO http://www.iacr.com.fr/index.php?option=com_content&view=category&layout=blog&id=100&Itemid=577.
- A Complete and Annotated Histology List including Preferred Histology Terms, Synonyms, and Changes is available from the NAACCR Website at https://www.naaccr.org/icdo3/.
- The NAACCR Annotated Histology List does not include the Topography or Primary Site Codes.
- The 2022-specific ICD-O-3.2 Coding Guidelines and Implementation Documents including changes to Histology & Behavior Codes are available in Appendix R of this manual.
- Complete 2022 ICD-O-3.2 Coding Guidelines and Implementation Documents are also available from NAACCR at https://www.naaccr.org/icdo3/.
- Registrars MUST 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. https://seer.cancer.gov/tools/solidtumor/
- Registrars MUST 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 https://seer.cancer.gov/seertools/hemelymph/ An instructional manual is located under 'downloads'.

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. **Penile Intraepithelial Neoplasia Grade III (PeIN III) Vaginal Intraepithelial Neoplasia (VAIN III)** is reportable to FCDS and should be included in casefinding activities.

iii. **Vulvar Intraepithelial Neoplasia Grade III (VIN III)** is reportable to FCDS and should be included in casefinding activities.

iv. **Vaginal Intraepithelial Neoplasia Grade III (VAIN III)** is reportable to FCDS and should be included in casefinding activities.

v. **Lobular Intraepithelial Neoplasia Grade III (LN III)**

vi. The CoC does not require Lobular Carcinoma In-Situ (LCIS) be abstracted or reported to NCDB. **However, LCIS is reportable to FCDS and to all central cancer registries across the country.**

vii. **(Pancreatic Intraepithelial Neoplasia (PanIN III)** is reportable to FCDS (histology 8148/2) and should be included in casefinding activities.

viii. ***Glandular Intraepithelial Neoplasia, Grade III/High Grade Glandular Dysplasia** is reportable as adenocarcinoma in situ of the esophagus with histology code 8148/2.

ix. **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.**

x. **Specific Neoplasms with High Grade Dysplasia in Some Gastrointestinal Sites (C160-C166, C168-C169, C170-C173, C178-C179, C181)** are reportable as of 1/1/2022 (2022 List Below)

xi. **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.**

xii. **8323/3 – clear cell papillary renal cell carcinoma of kidney has been reclassified as a ISUP Grade 1 (low grade neoplasm) which is not malignant. Therefore, no longer reportable. The histology/behavior for this tumor is now 8323/1. Do not report these neoplasms any longer.**

xiii. **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.

2021/2022 REPORTABLE NEOPLASMS OR RECLASSIFIED TUMORS

2021 New Reportable Neoplasms/Reclassified Tumors

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 – most now classified 'malignant' – see Histology/Behavior Codes

2022 New Reportable Neoplasms/Reclassified Tumors

a. LAMN – low grade appendiceal mucinous neoplasm (C18.1)
b. HAMN – high grade appendiceal mucinous neoplasm (HAMN (C18.1)
c. Serrated dysplasia, high grade (C160-C166, C168-C169, C170-C173, C178-C179)
d. Adenomatous polyp, high grade dysplasia (C160-C166, C168-C169, C170-C173, C178-C179)
e. Intestinal-type adenoma, high grade (C160-C166, C168-C169, C170-C173, C178-C179)
f. Chondrosarcoma, grade 1
g. 9 New Histology Codes with Associated New Histology Terms
    - 8455/3 - Intraductal oncocytic papillary neoplasm with associated invasive carcinoma (C250-C254, C257-C259)
    - 8483/3 - Adenocarcinoma, HPV-associated C530-C531, C538-C539)
    - 8484/3 - Adenocarcinoma, HPV-independent, NOS C530-C531, C538-C539)
    - 8859/3 - Myxoid pleomorphic liposarcoma
    - 8976/3 - Gastroblastoma (C16.0 – C16.9)
    - 9111/3 - Mesonephric-like adenocarcinoma
    - 9366/3 - Round cell sarcoma with EWSR1-non-ETS fusions
    - 9367/3 - CIC-rearranged sarcoma
    - 9368/3 - Sarcoma with BCOR genetic alterations

PLEASE REFERENCE APPENDIX R for the Complete Set of Changes for 2022 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 are reportable conditions;** Kaposi sarcoma, malignant melanoma, in-situ melanoma, early melanoma, evolving melanoma, Merkel cell carcinoma, sebaceous adenocarcinoma, sweat gland adenocarcinoma, mycosis fungoides and T-cell or B-cell lymphoma of skin.

b) **Dermatofibrosarcoma protuberans is no longer reportable to FCDS as of 1/1/2021.**

c) **Patients with 'chronic' neoplastic conditions** 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. Treatment for these neoplasms may achieve a state of 'clinical remission'. However, these conditions cannot be cured without aggressive therapy including high-dose chemotherapy plus bone marrow transplant or stem cell transplant. The chronic nature of their disease makes these cases always reportable, regardless of clinical status. See the

SEER Hematopoietic and Lymphoid Neoplasm Manual for a complete listing of myeloproliferative diseases, myelodysplastic syndromes, chronic lymphoid leukemia, and chronic myeloid leukemia histology codes. **All of these are reportable neoplasms even when stated to be 'in remission'**.

d) **Carcinoid Tumor of Appendix Diagnosis Date 1/1/2015 forward is a Reportable Malignancy**

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) **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 terminology associated with tumors arising within this body system, and complicated by the mixed nature of benign, borderline, in-situ and invasive neoplasms and various histologic subtypes associated with pancreato-biliary neoplasms. **ALL in-situ and invasive (malignant) neoplasms of the pancreas are reportable to FCDS.** However, some reportable neoplasms are associated with terminology registrars do not recognize as reportable malignancy. FCDS is making every effort to capture these pancreato-biliary primary tumors early in the disease process as endoscopic ultrasound (EUS) and new imaging is improving diagnosis.

Further Clarification has indicated any reportable tumor must include reference to one or more of the following terms; neoplasm with high grade dysplasia, noninvasive neoplasm, invasive neoplasm. Tumors, lesions, or abnormalities identified on endoscopic ultrasound associated only with adenoma, low grade dysplasia, moderate grade dysplasia, intermediate grade dysplasia or 'not otherwise specified' are classified by WHO as 'benign' and are not reportable. Pancreatic tumor (IPMN/IOPN/ITPN/CPEN) seen on endoscopic ultrasound without biopsy is not reportable unless clinically malignant due to metastasis. *Note: some of these patients still get a Whipple Procedure as if they had malignancy. So, treatment is not the defining characteristic of a malignancy in this case*. Please take care when reviewing these cases.

The IPMN Path Description must include at least one of the clarifying descriptive terms below;

- IPMN, with high grade dysplasia
- IPMN, non-invasive
- IPMN, in-situ
- IPMN, associated with invasive carcinoma
- IPMN, invasive

Reportable	ICD-O-3	Description
Yes	8150/3	Cystic Pancreatic Endocrine Neoplasm, invasive (CPEN)
Yes	8163/2	Papillary neoplasm, pancreatobiliary-type, with high grade intraepithelial neoplasia
Yes	8163/3	Pancreatobiliary-type carcinoma
Yes	8240/3	Neuroendocrine Tumor, Grade 1 (NET GR1) of the pancreas
Yes	8246/3	Neuroendocrine Carcinoma of the pancreas
Yes	8249/3	Neuroendocrine Tumor, Grade 2 (NET GR2) of the pancreas
Yes	8440/3	Cystadenocarcinoma of the pancreas
Yes	8452/3	Solid Pseudo-Papillary Neoplasm (SPN) of the pancreas
Yes	8453/2	Intraductal Papillary Mucinous Neoplasms (IPMN) of the pancreas with high grade dysplasia
Yes	8453/2	Intraductal Papillary Mucinous Neoplasm (IPMN) of the pancreas, non-invasive

Reportable	ICD-O-3	Description
Yes	8453/3	Intraductal Papillary Mucinous Neoplasm (IPMN) with an associated invasive carcinoma
Yes	8453/3	Intraductal Papillary Mucinous Carcinoma, invasive
Yes	8470/2	Mucinous Cystic Neoplasm (MCN) of the pancreas with high-grade dysplasia
Yes	8470/2	Non-invasive Mucinous Cystic Neoplasm (MCN) of the pancreas with high-grade dysplasia
Yes	8470/2	Mucinous Cystadenocarcinoma, non-invasive (MCN)
Yes	8470/3	Mucinous Cystadenocarcinoma of the pancreas
Yes	8470/3	Mucinous Cystic Neoplasm (MCN) of the pancreas with invasive carcinoma
Yes	8471/3	Papillary Mucinous Cystadenocarcinoma of the pancreas
Yes	8500/3	Infiltrating Duct Carcinoma of the pancreas
Yes	8503/2	Intraductal Oncocytic Papillary Neoplasm (IOPN) of the pancreas with high grade dysplasia
Yes	8503/2	Intraductal Oncocytic Papillary Neoplasm (IOPN) of the pancreas, noninvasive
Yes	8503/2	Intraductal Tubule-Papillary Neoplasm (ITPN) of the pancreas with high grade dysplasia
Yes	8503/2	Intraductal Tubule-Papillary Neoplasm (ITPN) of the pancreas, noninvasive
Yes	8503/3	Intraductal Tubule-Papillary Neoplasm (ITPN) with invasive carcinoma
Yes	8552/3	Mixed acinar-ductal carcinoma
No	n/a	Histologies with Behavior Code of /0 (benign)
No	n/a	Histologies with Behavior Code of /1 (borderline)
No	n/a	Serous cystadenomas, solid and cystic papillary (Hamoudi) tumors, lympho-epithelial cysts and simple cysts are all benign and not reportable
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.		

g) **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/braintumorguide.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 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) **BIRADS Category 4 and BIRADS Category 5 Diagnosis without biopsy is not reportable.**

e) **Using the Date of Mammography as Date of Initial Cancer Diagnosis for Imaging BIRADS Category 4 or 5 with positive biopsy:**

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 see other RADS Diagnostic Imaging Standards referenced in the evaluation of diagnostic imaging 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

Do not use the newer RADS standards as a date of diagnosis until/unless SEER publishes this in manuals.

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 – current version – September 2021

The *2018 Solid Tumor Rules, September 20221 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, September 2021 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

Hematopoietic and Lymphoid Neoplasm Case Reportability and Coding Rules and Heme DB – August 2021

The *Hematopoietic and Lymphoid Neoplasm Case Reportability and Coding Manual* and the accompanying Hematopoietic Database replaced the ICD-O-3 Book as the primary coding reference for Myeloid and Lymphoid Neoplasms. At the same time, the 2022 rules and DB have replaced earlier versions of the DB 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 9590-9993. 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

Over the year's registrars have grown more and more confused about the use of 'ambiguous terminology' on imaging and pathology reports. Training has focused more on clarifying when to use or not use 'ambiguous terminology' rather than reinforcing the use of 'definitive terminology' over 'ambiguous terminology' in diagnostic imaging reports. The result has been a grand misunderstanding of the preferred and priority use of 'definitive terminology' over 'ambiguous terminology' when determining when a case becomes reportable, the date of initial diagnosis, the primary site, histologic type, and the presence or absence of disease based on the terminology reflected in these reports.

Instruction and training have emphasized how to interpret 'ambiguous' terms to the detriment of how and when to apply 'definitive' terms as the preferred/priority terminology in decision-making. Unfortunately, many registrars look for the 'ambiguous' terms to confirm a diagnosis and often will ignore 'definitive' terms…or they expect the radiologist or pathologist who provides a 'definitive' statement to restate an abnormality as 'suspicious for cancer' when definitive terminology already says the abnormality is a cancer until or unless proven not to be a cancer – this is definitive terminology.

Registrars are looking for the terminology 'suspicious for cancer' particularly on imaging to confirm a cancer diagnosis when the 'definitive terminology' has already confirmed the presence or absence of cancer, date of initial diagnosis or histology type. The radiologist will not and does not need to restate that the tumor mass s/he has described is 'suspicious for cancer' because the definitive terminology that s/he has used already tells you it is a cancer or a specific type of cancer until/unless proven otherwise.

The Following Guidelines should be used to differentiate between 'Definitive Terminology' and 'Ambiguous Terminology' and which terminology has priority over the other to establish the presence or absence of cancer or to delineate more clearly what a primary site, histology or other term should mean.

- When 'definitive terminology' is used on a report, the radiologist/pathologist is already confident that a cancer is present – the diagnosis is not in question or ambiguous – it is cancer until or unless it is later proven not to be cancer. The physician has high confidence that a stated 'definitive term' is what they say it is – they do not have to repeat themselves and say that they are 'suspicious' about the presence or absence of disease – they are already confident it is what they say it is in the report.

- 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, 'mass in left lung,' or they state measurements for a tumor or nodes or metastasis – the physician is telling you that they already think the abnormality is cancer until or unless it is later proven not to be a cancer or some other more definitive testing method rules out cancer. The use of a 'definitive term' is a statement made with confidence that it is what they say it is. Again, there is no need to restate 'suspicious for cancer' because the physician already thinks it is cancer – they are not even suspicious – it is cancer until/unless proven not to be.

- 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.

- 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.

- There are some abnormalities that cannot be further described using a definitive term because they are too small or cannot be further characterized sufficient to state it is cancer such as 'lung nodule'. Lung nodules are just too small to know if they are tumor nodules or nodules that are reactive such as reaction to an infectious process in the lungs. They cannot be characterized as tumor or mass.

- You use the 'ambiguous terminology' lists of words and phrases when only 'ambiguous terminology' is used and there is no 'definitive terminology' in the report. Not the other way around…

  Another example would be a pathology report that states, 'mucinous adenocarcinoma.' This is a definitive diagnosis of 'mucinous adenocarcinoma' and you code the histology as 'mucinous adenocarcinoma.'

- But, when a report states 'suspicious for mucinous adenocarcinoma' or 'suggests mucinous adenocarcinoma,' only then do you apply the 'ambiguous terminology' guidelines to determine whether or not you code the histology as 'mucinous adenocarcinoma' or 'adenocarcinoma, NOS.'
- You only use the 'ambiguous terminology' guidelines when 'definitive terminology' is NOT present.
- 'Ambiguous terminology' does not have to be used on imaging to confirm the presence or absence of neoplasm, and, is never used instead of in place of 'definitive terminology'.
- Unfortunately, there is not and never has been a list of 'definitive terminology' – you must use your practical sense and the physician's statement to decide if a term is 'definitive' not 'ambiguous'.

As part of the registry case-finding activities, all diagnostic reports should be reviewed to confirm whether a case is reportable. This includes pathology reports, genetic testing reports, immunophenotype reports, bone marrow biopsy reports, autopsy reports, diagnostic imaging reports, and results from medical testing.

Definitive Diagnostic Terminology **ALWAYS** supersedes use of Ambiguous Terminology in any report.

If the terminology describing the diagnostic assessment is ambiguous, use the following guidelines to determine whether a case should be abstracted and reported to FCDS. Words or phrases that are synonyms of these terms do not constitute a diagnosis. For example, "likely" alone does not constitute a diagnosis.

In the absence of definitive evidence, the following terms 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	questionable	equivocal	rule out
possible	suggests	potentially malignant	worrisome

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.

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 USE 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.

UPDATE/MODIFY Records: FCDS does not accept 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 List and you will be asked to report a case that you think had already been reported...thank you.

h) Each Facility is Responsible for Reporting to FCDS/Use of Contract Abstracting Service Providers

It is the responsibility of the custodian of the medical record or the facility that is administering care to report the case to FCDS. If your facility employs a contracted abstracting service provider to meet Florida Cancer Reporting Requirements, the facility is still fully responsible for all cancer reporting activities, data quality activities, corrections, documentation, FCDS Audits, and special requests. FCDS does not contract directly with any individual, organization, company or service to perform abstracting services. These contracts are

strictly between the reporting facility and the service provider. It is up to the facility to ensure that all data quality expectations are met, all deadlines are met, all requirements are met, and all activities are carried out to meet the facility responsibilities to the Florida Department of Health through the Florida Cancer Data System. FCDS is a state-mandated population-based statewide cancer surveillance system. Participation in FCDS is mandated under Florida Statute. FCDS is not a voluntary cancer reporting system like the CoC NCDB. Further, FCDS 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.

	CoC	SEER	NPCR and FCDS
Reportable Diagnoses	1. Behavior code of 2 or 3 in ICD-O-3; or, for 2010 and later diagnoses, behavior code 3 according to the *WHO Classification of Tumours of Haematopoietic and Lymphoid Tissues* (2008)[39]. 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. 3. Carcinoid, NOS of the appendix C181 (as of 1/1/2015).	1. Behavior code of 2 or 3 in ICD-O-3.2 plus the ICD-O-3.2 updates posted on the NAACCR website or, for 2010 and later diagnoses, behavior code 3 according to the WHO Classification of Tumours of Haematopoietic and Lymphoid Tissues (2008)[39]. 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. 3. As of 01/01/2021, early or evolving melanoma in situ, or any other early or evolving melanoma, is reportable. 4. Carcinoid, NOS of the appendix C181 (as of 1/1/2015). 5. All GIST are reportable as of 01/01/2021 except for those specifically stated to be benign. The behavior code for GIST is /3 in ICD-O-3.2. 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). 7. Lobular neoplasia grade III (LN III)/lobular intraepithelial neoplasia grade III (LIN III) breast C500-C509 (as of 1/1/2016). 8. Pancreatic intraepithelial neoplasia (PanIN III) (as of 1/1/2016). 9. Penile intraepithelial neoplasia III (PeIN III) (as of 1/1/2016). 10. Clear cell papillary renal cell carcinoma 8323/3 is reportable. The 2016 WHO Classification of Tumors of the Urinary System and Male Genital Organs, 4th Edition, has reclassified this histology as a /1 because it is low nuclear grade and is now thought to be a neoplasia. This change has not yet been implemented and it remains reportable. 11. Low-grade appendiceal mucinous neoplasm (LAMN) now has a behavior of /2 and /3 making it reportable. /2 = Tis(LAMN) confined by muscularis propria (T1-T2 are not used for LAMN), and such lesions are designated as Tis /3 = T3-T4 extending into subserosa or serosa. The ICD-O Committee and authors of the WHO Classification of Tumors of the Digestive System, 5th Edition agreed to issue corrigenda. Corrigenda – Appendiceal mucinous neoplasm 8480/2 Low-grade appendiceal mucinous neoplasm 8480/2 High-grade appendiceal mucinous neoplasm 8480/3 Appendiceal mucinous neoplasm with extra-appendiceal spread.	1. Behavior code 2 or 3 in ICD-O-3.2; behavior code 3 in WHO Classification of Tumours of Haematopoietic and Lymphoid Tissues (2008)[39] (2010+); behavior code 2 or 3 in WHO Classification of Tumours 5th Ed. (2022+) (Refer to instructions provided by NPCR for detailed information.) 2. Primary intracranial and central nervous system tumors behavior code 0 or 1, including juvenile astrocytoma (M9421/3)* for primary sites defined in Table 3 (2004+). 3. Early or evolving melanoma in situ, or any other early or evolving melanoma (2021+). 4. Carcinoid, NOS of the appendix C181, behavior changed to 3 effective 2015 (2015+). 5. GIST tumors, all histologies changed to behavior 3 in ICD-O-3.2 (2021+). 6. Thymomas, most behaviors changed to 3 in ICD-O-3.2. (2021+) See exceptions listed below. 7. Lobular neoplasia grade III (LN III)/lobular intraepithelial neoplasia grade III (LIN III) breast C500-C509 (/2016+). 8. Pancreatic intraepithelial neoplasia (PanIN III) (2016+). 9. Penile intraepithelial neoplasia III (PeIN III) (2016+). 10. Low-grade appendiceal mucinous neoplasm (LAMN) behavior changed to 2 effective 2022 (2022+). 11. High-grade appendiceal mucinous neoplasm (HAMN) behavior changed to 3 effective 2022 (2022+).

	CoC	SEER	NPCR and FCDS
Exceptions (not reportable)	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. 2. CIS of the cervix and CIN III or SIN III (after 1/1/96). 3. PIN III (after 1/1/96). 4. VIN III (after 1/1/96). 5. VAIN III (after 1/1/96). 6. AIN (after 1/1/96). 7. 8210/2 Adenomatous polyp, high grade dysplasia (C160 – C166, C168-C169, C170-C173, C178-C179) 8. 8211/2 Tubular adenoma, high grade 9. 8261/2 Villous adenoma, high grade 10. 8263/2 Tubulovillous adenoma, high grade 11. 8483/2 Adenocarcinoma in situ, HPV-associated (C530-C531, C538-C539) 12. 8484/2 Adenocarcinoma in situ, HPV-independent, NOS (C530-C531, C538-C539) 13. 8509/1 Uterine tumor resembling ovarian sex cord tumor 14. 9200/1 Osteoblastoma 15. 9261/1 Osteofibrous dysplasia-like adamantinoma.	1. Skin cancers (C44._) with histologies 8000-8005, 8010-8046, 8050-8084, 8090-8110. 2. CIS of the cervix and CIN III or SIN III of cervix (after 1/1/96). 3. PIN III (after 1/1/2001). 4. High grade dysplasia of the colon is not reportable even though it has been designated in situ (/2) in the latest WHO classification. 5. There are two new histology codes for HPV-related adenocarcinoma in situ of the cervix. These are not reportable. 8483/2 Adenocarcinoma in situ, HPV-associated (C530-C531, C538-C539) 8484/2 Adenocarcinoma in situ, HPV-independent, NOS (C530-C531, C538-C539)	1. Skin cancers (C44._) with histologies 8000-8005, 8010-8046, 8050-8084, 8090-8110. 2. CIS of the cervix and CIN III or SIN III. 3. PIN III (2001+). 4. Colorectal tumors with the following morphologic description: Serrated dysplasia, high grade; Adenomatous polyp, high grade dysplasia; Tubular adenoma, high grade; Villous adenoma, high grade; Tubulovillos adenoma, high grade. 5. Microscopic thymoma or thymoma benign (8580/0), micronodular thymoma with lymphoid stroma (8580/1), and ectopic hamartomatous thymoma (8587/0).
Multiple Primary Rules	2007 Multiple Primary and Histology Coding Rules (most recent version). 2018 Solid Tumor Coding Rules	2007 Multiple Primary and Histology Coding Rules (most recent version). 2018 Solid Tumor Coding Rules	2007 Multiple Primary and Histology Coding Rules (most recent version). 2018 Solid Tumor Coding Rules
Ambiguous Terminology Diagnostic of Cancer**	apparent(ly) appears comparable with compatible with consistent with favors malignant appearing most likely presumed probable suspect(ed) suspicious (for) typical of 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.	apparent(ly) appears comparable with compatible with consistent with favors malignant appearing most likely presumed probable suspect(ed) suspicious (for) typical of 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.	apparent(ly) appears comparable with compatible with consistent with favors malignant appearing most likely presumed probable suspect(ed) suspicious (for) typical of 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.

	CoC	SEER	NPCR and FCDS
Ambiguous Terminology NOT Diagnostic of Cancer**	cannot be ruled out equivocal possible potentially malignant questionable rule out suggests worrisome	Any ambiguous terms not on the reportable list are not reportable.	cannot be ruled out equivocal possible potentially malignant questionable rule out suggests worrisome

*** 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, surgical specimen, bone marrow biopsy, FNA, core biopsy, molecular genetic testing, immunophenotyping, 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, immune-histo-cytochemistry, immunophenotype, genetic studies, 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 ReCasefinding 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.

AHCA Disposition Code List

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

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.

ICD-10-CM CASEFINDING LIST FOR REPORTABLE TUMORS – *Oct 1, 2021 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, 2021 for all hospitals. A complete listing of ALL Required ICD-10-CM Code is in Appendix O of this manual.

ICD-10-CM	Description
C00.0 – C43.9	Malignant neoplasms
C44.13.1 – C44.13.92	Sebaceous Cell Carcinoma of Skin of Eyelid, Including Canthus
C45.0 – C96.9	Malignant neoplasms
C4A.0 – C4A.9	Merkel cell carcinoma
C49.A0 – C49.A9	GI stromal tumor
C7A.0 – C7A.8	Malignant carcinoid tumors
C84.A0 – C84.A9	Cutaneous T-cell lymphoma
C84.Z0 – C84.Z9	Other Mature T/NK-cell lymphoma
C91.A0 – C91.A2	Mature B-cell leukemia Burkitt-type
C91.Z0 – C91.Z2	Other lymphoid leukemia
C92.A0 – C92.A2	Acute myeloid leukemia with multi-lineage dysplasia
C92.Z0 – C92.Z2	Other myeloid leukemia
C93.Z0 – C93.Z2	Other monocytic leukemia
C96.A	Histiocytic sarcoma
C96.Z	Other specified malignant neoplasm of lymphoid, hematopoietic and related tissue
D00.0 – D09.9	Carcinoma in situ (exclude: skin, cervix and prostate– D04._, D06._ and D07.5)
D18.2	Hemangioma of intracranial structures
D32.0 – D32.9	Benign neoplasm of meninges (cerebral, spinal and unspecified)
D33.0 – D33.9	Benign neoplasm of brain and other parts of central nervous system
D35.2, D35.3, D35.4	Benign neoplasm of pituitary gland, craniopharyngeal duct and pineal gland
D42.0, D43.9	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)
D46.1 – D46.22, D46.4, D46.9	Myelodysplastic syndromes (9980, 9982, 9983, 9985, 9986, 9989, 9991, 9992)
D46.A – D46.Z	Other myelodysplastic syndromes
D47.02, D47.1-D47.9	Myeloproliferative diseases (9931, 9740, 9741, 9742, 9960, 9961, 9962, 9963, 9965, 9966, 9967, 9970, 9971, 9975, 9987)
D47.Z – D47.Z9	Post-transplant lymphoproliferative disorder (PTLD)
D49.6, D49.7	Neoplasm of unspecified behavior of brain, endocrine glands and other CNS
D72.110 – D72.1119	Hypereosinophilic Syndrome

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 references in Appendix P for numerous online training programs from basic programs to certificate and degree programs to obtain a CTR Certification. FCDS used to provide a basic abstracting course in our learning management system. However, due to the rapid nature of changes (annual changes) to manuals, instructions and references; FCDS can no longer maintain this basics course. Maintenance proved to be too intensive for the course to continue. An outline of the ABC Course Revision is still included in Appendix P for reference. The outline includes all the necessary components to complete a full basics course in cancer registration and abstracting. Professional registrars do not become professional abstractors or cancer registrars overnight. It takes 2 years or longer to become proficient in the profession. And, this is at the basics level. Simple abstracting to meet the minimum Florida Reporting Requirements does not require certification as a CTR. However, individuals must be attentive to details, task oriented, proficient in medical terminology related to cancer type/cancer treatment and must be willing to adhere to manuals that change instruction frequently – and stay current with all versions.

Further, 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 Test, 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 Test. Registration for testing and on-line testing can be found on the FCDS website in FLccSC Learning Management System.

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 2022 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, proficiency and data quality monitoring. 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 are alike. This is a skill set test, not a test of knowledge. Testers must know how to use all manuals to pass.

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 "2022 References and Resources for Cancer Registrars" published annually on our website and included as Appendix P in this manual.

FCDS Fundamental Learning Collaborative for the Cancer Surveillance Community (FLccSC)

The FCDS Fundamental Learning Collaborative for the Cancer Surveillance Community (FLccSC) learning management system (LMS) was developed to provide 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 Administration site (backend).
- Step by step tutorials detail how to develop and maintain the CCR FLccSC site and educational content.
- FLccSC allows educational material to be shared between CCRs at the e-Administrator's discretion.
- There are many e-administrator tutorials and tutorials for students available on the FLccSC Site.

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 Test, 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 Test. Annual re-testing is also required to ensure all abstractors retain current level understanding of cancer registry reporting requirements, abstracting and coding standards and procedures.

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 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.

The 7 topic areas include:

- Florida Reporting Requirements
- General Abstracting Knowledge
- Anatomy and Physiology
- Primary Site/Histology/Grade
- Stage at Diagnosis (SS2018, SSDI, Grade Coding Instructions)
- Latest Rule Changes
- Treatment and Survival

Standard References Used for Testing (2022 Updates):

- FCDS DAM (current version)
- 2022 Casefinding List
- ICD-O-3.2 and all Updates
- Solid Tumor Rules (current – September 2021)
- Hematopoietic/Lymphoid Neoplasms and Database Use (https://seer.cancer.gov/seertools/hemelymph/)
- SEER Summary Staging Manual 2018, September 2020 version
- Site-Specific Data Items, v2.1
- Grade Coding Manual, v2.1
- SEER*Rx (https://seer.cancer.gov/seertools/seerrx/)
- Self-Instruction http://training.seer.cancer.gov/ and https://seer.cancer.gov/archive/training/manuals/
- Basic anatomy/physiology/medical terminology related to cancer – SEER Archived Instruction Manuals
  - Cancer Characteristics, Medical Terminology, Human Anatomy as Related to Tumor Formation

WHO NEEDS TO TAKE THE FCDS ABSTRACTOR CODE EXAM?

- ✓ Individuals hoping to acquire a *NEW* FCDS Abstractor Code will need to take the FCDS Abstractor Code Exam.

- ✓ Individuals with an *ACTIVE* (not yet expired) FCDS Abstractor Code can take the FCDS Abstractor Code Exam 30 days before expiration or once their code has expired.

- ✓ Individuals with an *EXPIRED* FCDS Abstractor Code will be required to take the FCDS Abstractor Code Exam each year in order to keep their FCDS Abstractor Code current and to renew their individual FCDS Abstractor Code, annually.

- ✓ If an individual's FCDS Abstractor Code has been expired for greater than 2 years, the individual must re-take and pass the FCDS Abstractor 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.

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. For cases not yet completed by the June 30th deadline, you may code the treatment as recommended, unknow if administered. All cases are required to be reported to FCDS by June 30th.

All abstracts are required to pass the FCDS EDITS metafile.

P. Maintain a 'Medical Record Reviewed but Deemed Not Reportable to FCDS' List of Cases

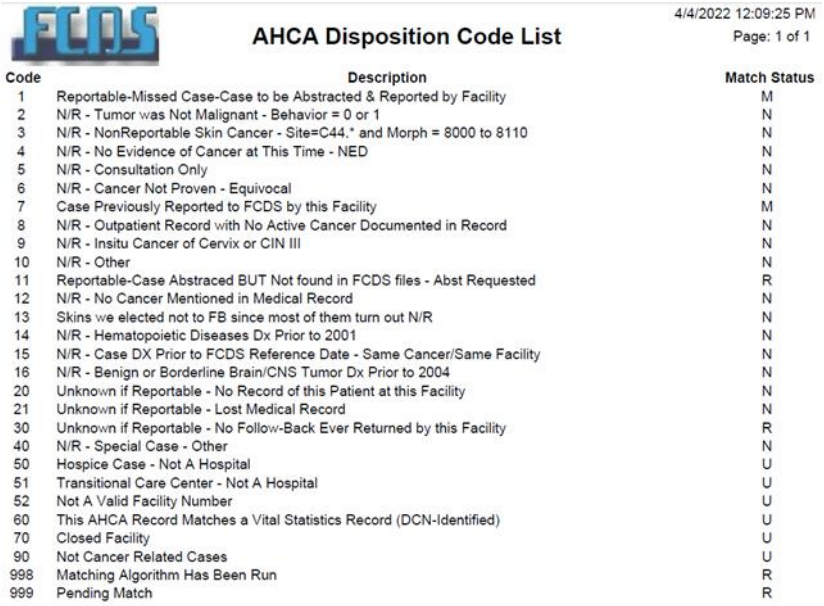
A list of cases reviewed but not reported to FCDS (**not reportable list**) should be maintained by each reporting facility either in electronic or other format. This can be as part of your abstracting software maintained in your "suspense" file or in a separate document with easy access. A sample form 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 help 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.



AHCA Disposition Code List

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

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 Florid 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.

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 '2022 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 accept or allow 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, 2022*	FCDS, Florida Cancer Data System PO Box 016960 (D4-11) Miami, FL 33101 http://fcds.med.miami.edu/inc/downloads.shtml
FCDS IDEA – FCDS Secure Web-Based Software to abstract cases, upload batched cases, access FLccSC, QC Review, Audits	https://fcds.med.miami.edu/inc/welcome.shtml
FLccSC Learning Management System FCDS Abstractor Code Test, FCDS Continuing Education Webcast Series, NAACCR Webinar Recordings, FCDS Annual Conference, etc.	https://fcds.med.miami.edu/inc/flccsc.shtml
FCDSv22 EDITS Metafile	https://fcds.med.miami.edu/inc/downloads.shtml
2022 Instructional Manuals/Guidelines	https://www.naaccr.org/v22referencepage/
Current *Solid Tumor Manual*, September 2021	http://seer.cancer.gov/registrars
Current *Grade Coding Manual*, v2.1	https://apps.naaccr.org/ssdi/list/
Current *Site-Specific Data Items Manual*, v2.1	https://apps.naaccr.org/ssdi/list/
Current SEER Site/Histology Validation List	https://seer.cancer.gov/icd-o-3/
Current *SEER Summary Stage Manual*	https://seer.cancer.gov/tools/ssm/
Current SEER RSA – Registrar Staging Assistant – online staging assistant	https://staging.seer.cancer.gov/
Current *SEER*Rx – Interactive Drug Database*	https://seer.cancer.gov/seertools/seerrx/
Current *Hematopoietic and Lymphoid Neoplasm Case Reportability and Coding Manual* and Hematopoietic Database (desktop or web-based versions available), 2022	https://seer.cancer.gov/seertools/hemelymph/
Current NAACCR ICD-O-3 Coding Guidelines – **Annotated Histology List**	https://www.naaccr.org/icdo3/
ICD-O-3.2 Excel Table downloaded from the IACR/WHO Website	Downloadable Excel File Version of ICD-O-3.2 http://www.iacr.com.fr/index.php?option=com_content&view=article&id=149:icd-o-3-2&catid=80&Itemid=545
International Classification of Diseases for Oncology, 3rd ed. Geneva, World Health Organization: 2000	The World Health Organization WHO Publications Center USA; 49 Sheridan Avenue; Albany, NY 12210 ISBN 9241545348 Order Number 11503350 http://www.who.int/classifications/icd/en/index.html

RECOMMENDED DESK REFERENCES

RECOMMENDED BOOK	ORDERING INFORMATION
2022 CoC STORE Manual - CoC Standards for Oncology Registry Entry	American College of Surgeons (ACS) 55 East Erie Street Chicago, IL 60611-2797 *https://www.facs.org/quality-programs/cancer/ncdb/call-for-data/cocmanuals*
2022 SEER Program Code Manual	National Cancer Institute Publications Ordering Service P.O. Box 24128, Baltimore, MD 21227, 301-330-7968 https://seer.cancer.gov/tools/codingmanuals/
Cancer Registry Management Principles and Practice for Hospitals and Central Registries, 4th Edition, 2021	National Cancer Registrars Association https://www.ncra-usa.org/About/Store/Store-Professional-Resources/BKctl/ViewDetails/SKU/NCRCRMTXBK4ED ISBN 978-1-7329178-3-5
NAACCR *Standards for Cancer Registries Volume II: Data Standards and Data Dictionary*, current edition (v22)	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.naaccr.org
EDITS Software – EditWriter 5 and GenEdits5 Install EditWRiter5 and the GenEdits5 Edit Engine to enable yourself and staff to read standard EDITS Logic used in your registry	https://www.cdc.gov/cancer/npcr/tools/edits/edits50.htm
NAACCR v22 EDITS Metafile	https://www.naaccr.org/standard-data-edits/
FCDS v22 EDITS Metafile	https://fcds.med.miami.edu/inc/downloads.shtml
Cancer Principles and Practice of Oncology, 10th edition	Lippincott Williams & Wilkins Publishers 227 East Washington Square Philadelphia, PA 19106-3780 ISBN-10: 1451192940 ISBN-13: 9781451192940
American Cancer Society Textbook of Clinical Oncology	American Cancer Society Vermont Division, Inc. 13 Loomis Street Montpelier, VT 05602 http://www.cancer.org ISBN-13: 978-0944235072 ISBN-10: 0944235077
CA: A Cancer Journal for Clinicians	Lippincott Williams & Wilkins Publishers P.O. Box 1600 Hagerstown, MD 21741-9910 301-223-2300 (Voice) http://caonline.amcancersoc.org/
CDC *Data Collection of Primary Central Nervous System Tumors, National Program of Cancer Registries Training Materials*, 2004	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/

AJCC Cancer Staging System Products AJCC Cancer Staging Manual, 8th ed AJCC Cancer Staging, Version 9	https://www.facs.org/quality-programs/cancer/ajcc/cancer-staging/manual

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 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 v22).

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, v22.

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.

2. 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.

3. 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.

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 Abstraced 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 Alternate Resources for Self-Instruction in Cancer Registration/Abstracting
e. Provide Information to Candidate-CTRs regarding preparing for and writing the CTR Exam.
f. 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:

- FCDS hosts a 2-day Annual Conference to Inform Registrars of New Initiatives and Standards
- FCDS hosts a 6-part educational web broadcast series each year focusing on special topics
- Appendix P provides multiple resources for beginner to advanced hospital and central cancer registry training: cancer surveillance, cancer registry, abstracting and coding cancers, etc.
- FCDS hosts 12 NAACCR Educational Webinars at 7 host sites around the state each year.
- ALL 12 NAACCR Educational Webinars are available in recorded session in FLccSC
- Additional free resources are 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 Facilties 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.

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 Abstraced 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 experienced0 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

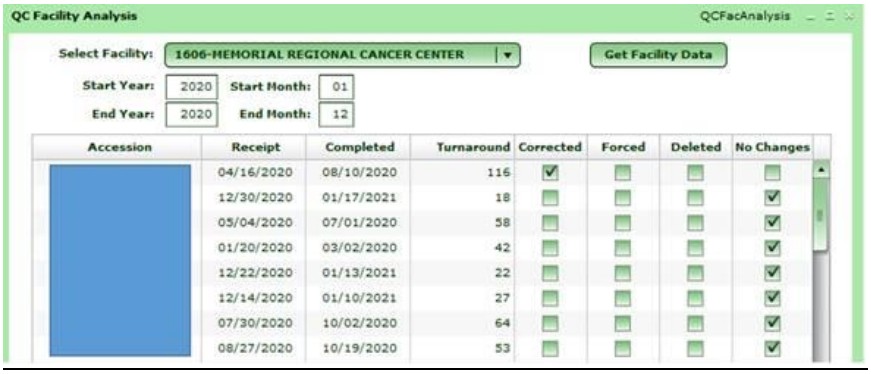
FCDS is happy to announce the addition of a new QC Report for hospitals. The report can be found under the QC Tab in IDEA. It is called the 'QC Review Report' or 'QC Facility Analysis' and is accessible to users with HOSPADMIN or FAA User Roles. We hope this new report will help to meet CoC Requirement 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.



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 caner.

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 successfully pass the FCDS Abstractor Code On-Line Test, 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 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 Test is a tool introduced to help FCDS expedite FCDS Abstractor Code approvals, renewals, and monitoring. Tests are short (20 multiple choice or T/F questions) with a variable mix of content questions weighted differently depending on whether this is an exam for a New FCDS Abstractor Code or Renewal of an existing FCDS Abstractor Code.

Questions are updated annually to ensure the 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 test, 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,
- 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
- Finer 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 Test, 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 renew an Existing FCDS Abstractor Code must take and pass the FCDS Abstractor Code Test.

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.

Tests 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.

The 7 topic areas include:

- Florida Reporting Requirements
- General Abstracting Knowledge
- Anatomy and Physiology
- Primary Site/Histology/Grade
- Stage at Diagnosis (SS2018, SSDI, Grade Coding Instructions)
- Latest Rule Changes
- Treatment and Survival

Standard References Used for Testing (2021 Updates):

- FCDS DAM (current version)
- 2022 Casefinding List

- ICD-O-3.2 and all Updates
- Solid Tumor Rules (current – September 2021)
- Hematopoietic/Lymphoid Neoplasms and Database Use (https://seer.cancer.gov/seertools/hemelymph/)
- SEER Summary Staging Manual 2018, September 2020 version
- Site-Specific Data Items, v2.1
- Grade Coding Manual, v2.1
- SEER*Rx (https://seer.cancer.gov/seertools/seerrx/)
- Self-Instruction http://training.seer.cancer.gov/
- Basic anatomy/physiology/medical terminology related to cancer – SEER Archived Instruction Manuals – 3 manuals - Cancer Characteristics, Medical Terminology, Anatomy as Related to Cancer https://seer.cancer.gov/archive/training/manuals/

WHO NEEDS TO TAKE THE FCDS ABSTRACTOR CODE EXAM?

✓ Individuals hoping to acquire a ***NEW*** FCDS Abstractor Code will need to take the New FCDS Abstractor Code Exam.

✓ If an individual's FCDS Abstractor Code has been expired for greater than 2 years, the individual must re-apply and take and pass the New FCDS Abstractor Code Exam.

WHO NEEDS TO TAKE THE FCDS ABSTRACTOR CODE RENEWAL EXAM?

✓ Individuals with an ***ACTIVE*** (not yet expired) FCDS Abstractor Code will be required to take and pass the FCDS Abstractor Code Renewal Exam once their code has expired.

✓ Individuals with an ***EXPIRED*** FCDS Abstractor Code will be required to take the FCDS Abstractor Code Renewal Exam each year in order to keep their FCDS Abstractor Code current and to renew their individual FCDS Abstractor 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.

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.

	Approval Required by			
Request Category	**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:

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

- Geocoded & Patient Contact lists

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

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. AWARDS

Jean 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 2022-2023 Reporting Years
Calendar and FCDS Recurring Deadlines
Dates Subject To Change

Patient Encounter for Cancer	Case Should Be Reported
ALL 2021 CASES DUE 6/30/2022	**ALL 2021 CASES DUE 6/30/2022**
START REPORT OF 2022 CASES – 7/1/2022	**START REPORT OF 2022 CASES – 7/1/2022**
January 2022	**July 2022**
February 2022	**August 2022**
March 2022	**September 2022**
April 2022	**October 2022**
May 2022	**November 2022**
June 2022	**December 2022**
July 2022	**January 2023**
August 2022	**February 2023**
September 2022	**March 2023**
October 2022	**April 2023**
November 2022	**May 2023**
December 2022	**June 2023**
ALL 2022 CASES DUE 6/30/2023	**ALL 2022 CASES DUE 6/30/2023**

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 30th 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

Option Code	Facility Type
0	Rural Hospital or Hospital with <35 cases per year
2	Incidence Only Hospital · Using Contract Services
3	Incidence Only Hospital · Using in House Personnel
4	Full Registry Hospital · Using in House Personnel
5	Full Registry Hospital · Using Contract Services
6	VA Hospital
7	Military Hospital
8	Psychiatric Hospital
A	Physician Offices with <35 cases per year
B	Dermatology BCC or SCC only
C	Closed Facility – (enter date of closure in the notes field**)**
D	Death Certificate Only
F	FCDS – Staff Members
H	County Health Department
L	Free - Standing Pathology Labs
M	Contractors
O	2nd 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)	TO UPDATE: (EXISTING 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.	• 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: ◯ **ADD (New)** ◯ **UPDATE (Existing)**	**Select Facility Type:** **CLICK ON THE DOWN ARROW TO SELECT FACILITY TYPE**	
AHCA ID#:	**CLIA#: (PATH LABS ONLY)**	**NPI#:**
FCDS Facility #: (LEAVE BLANK IF ADDING FACILITY)	**Option:** **CLICK THE DOWN ARROW TO SELECT OPTION**	**Date Facility Close** (MM/DD/YYYY)**:**

PROFILE INFORMATION

Facility Contact:		
Last Name:	**First Name:**	**Credentials:**
Title:		
Mailing Address: (Address, City, ST and Zip Code)		
Phone Number:	**Fax Number:**	**Contact Email Address:**
Administrator:		
Last Name:	**First Name:**	**Credentials:**
Title:		**Administrator Email Address:**
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

Medical Falcility: **Region:** **Option:**

Abs	Accession	Seq	Abstract Type	Patient Name	Reciept	Site	DX Date	Initials

***** Master contains 1 other Sequence(s) ***** **Medical Record #:** **SSN:** **DOB:**

Error:938 Force: N If a patient has a race code of 01 (white), it must be the last recorded race for that patient; that is, the last race code not coded to 88 or spaces.

Discrepant Data:
```
Edit: Race 1, Race 2, Race 3, Race 4, Race 5 (SEER IP93) [Tag:N0628] [Agency:FCDS]
E: 0938: A race code of 01 (white) must be the last recorded race
                                                Race 1(177)  [01]
                                                Race 2(179)  [04]
                                                Race 3(181)  [88]
                                                Race 4(183)  [88]
                                                Race 5(185)  [88]
```

Error:1149 Force: N If Rad--Regional RX Modality = 20-98 (radiation performed), Reason for No Radiation must = 0 (radiation performed) and vice versa

Discrepant Data:
```
Edit: Rad--Regional RX Modality, Reason for No Rad (COC) [Tag:N0574] [Agency:FCDS]
E: 1149: If Rad--Regional RX Modality (26) = 20-98, Reason for No Radiation (1)
must = 0 and vice versa
                                  Reason for No Radiation(1592) [1]
                                Rad--Regional RX Modality(1607) [26]
```

Error:1265 Force: N If Reason for No Radiation = 1, 2, 5, or 6, then RX Summ--Radiation must = 0

Discrepant Data:
```
Edit: Reason for No Rad, RX Summ--Radiation (FCDS) [Tag:FL1728] [Agency:FCDS]
E: 1265: If Reason for No Radiation = 1, RX Summ--Radiation must = 0
                                  Reason for No Radiation(1592) [1]
                                       RX Summ--Radiation(1580) [2]
```

Error:537 Force: N If RX Date--Radiation is blank, corresponding flag must = 10-12, or 15

Discrepant Data:
```
Edit: RX Date Radiation, Date Flag (COC) [Tag:FL1128] [Agency:FCDS]
E: 0537: If RX Date Radiation is blank, corresponding flag must = 10-12, 15
                                          RX Date Radiation(1486) [Y:    M:  D:  ]
                                   RX Date Radiation Flag(1494) [<BLANK>]
```

Error:1316 Force: N If RX Summ--Surg Prim Site = 10-90 AND Rad--Regional RX Modality = 20-98, then RX Summ--Surg/Rad Seq must = 2-7, or 9

Discrepant Data:
```
Edit: Surgery, Radiation, Surg/Rad Seq (FCDS) [Tag:FL1431] [Agency:FCDS]
E: 1316: If RX Summ--Surg Prim Site=50 and Rad--Regional RX Modality=26, RX
Summ--Surg/Rad Seq cannot be 0
                                    RX Summ--Surg Prim Site(1567) [50]
                                  RX Summ--Scope Reg LN Sur(1569) [0]
                                  RX Summ--Surg Oth Reg/Dis(1570) [0]
                                  Rad--Regional RX Modality(1607) [26]
                                      RX Summ--Surg/Rad Seq(1582) [0]
                                          Date of Diagnosis(530)  [Y:2013 M:01 D:29]
                                    Regional Nodes Examined(916)  [98]
```

Error:1319 Force: N If RX Summ-Surg Prim Site = 10-90 AND RX Summ-Radiation = 1-6, then RX Summ-Surg/Rad Seq must = 2-7, or 9

Discrepant Data:
```
Edit: Surgery, Rad Summ, Surg/Rad Seq (FCDS) [Tag:FL1430] [Agency:FCDS]
E: 1319: If RX Summ--Surg Prim Site=50 and RX Summ--Radiation=2, RX
Summ--Surg/Rad Seq cannot be 0
```

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 =	
2022		
2021	% Complete for	
2020	Reporting Year	
2019	Actual	Expected
2018		

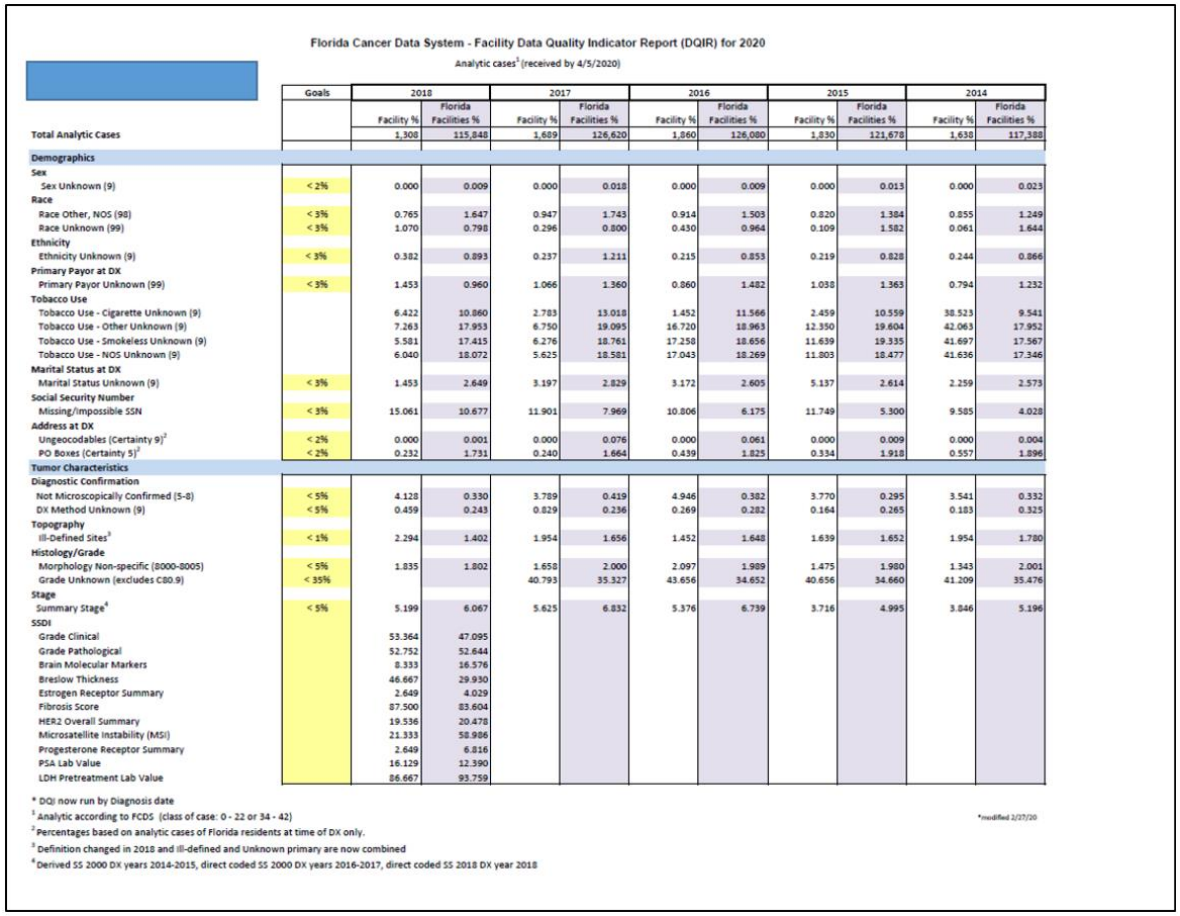
Please review this report in detail. If you have any questions, please contact your Field Coordinator at (305) 243-4600. Thank you for your cooperation in providing timely and quality data to the FCDS.

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	1,689	126,620	1,860	126,080	1,830	121,678	1,638	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	0.964	0.109	1.582	0.061	1.644
Ethnicity											
Ethnicity Unknown (9)	< 3%	0.382	0.893	0.237	1.211	0.215	0.853	0.219	0.828	0.244	0.866
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	18.761	17.258	18.656	11.639	19.335	41.697	17.567
Tobacco Use - NOS Unknown (9)		6.040	18.072	5.625	18.581	17.043	18.269	11.803	18.477	41.636	17.346
Marital Status at DX											
Marital Status Unknown (9)	< 3%	1.453	2.649	3.197	2.829	3.172	2.605	5.137	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											
Ungeocodables (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	0.325
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	1.658	2.000	2.097	1.989	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%	5.199	6.067	5.625	6.832	5.376	6.739	3.716	4.995	3.846	5.196
SSDI											
Grade Clinical		53.364	47.095								
Grade Pathological		52.752	52.644								
Brain Molecular Markers		8.333	16.576								
Breslow Thickness		46.667	29.930								
Estrogen Receptor Summary		2.649	4.029								
Fibrosis Score		87.500	83.604								
HER2 Overall Summary		19.536	20.478								
Microsatellite Instability (MSI)		21.333	58.986								
Progesterone Receptor Summary		2.649	6.816								
PSA Lab Value		16.129	12.390								
LDH Pretreatment Lab Value		86.667	93.759								

* DQI now run by Diagnosis date

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

*modified 2/27/20

[2] Percentages based on analytic cases of Florida residents at time of DX only.

[3] Definition changed in 2018 and ill-defined and Unknown primary are now combined

[4] Derived SS 2000 DX years 2014-2015, direct coded SS 2000 DX years 2016-2017, direct coded SS 2018 DX year 2018

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

NAACCR Item Number	Item Name
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
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 (NACCR 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 (NACCR 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 (NACCR 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.

The CoC STORE Manual revised the definition of Date of First Contact to allow registries to revise the date to the date when the patient's case became 'analytic' for the facility. FCDS does not receive or allow Modify or Update Records – so, if this is the case and registrars change the Date of First Contact then FCDS would never know about it, nor would we know about the change in Class of Case. Please use your best judgement to try and resolve this inconsistency in instructions to fit reporting needs for Florida.

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 *Date of First Contact* (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. For cases not yet completed by the June 30th deadline, you may code the treatment as recommended, unknow if administered. All cases are required to be reported to FCDS by June 30th. When treatment has not started but is a part of the treatment plan, and the FCDS Deadline to Report (June 30th) is upon you but you do not have the information that treatment started, enter the treatment as 'recommended' and submit.

ABSTRACTED BY (FCDS ABSTRACTOR CODE) NAACCR ITEM #570

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	• Hospital inpatient ; Includes outpatient services of HMOs and large multi-specialty physician group practices with unit record. • Offices/facilities with unit record • HMO physician office or group • HMO affiliated free-standing laboratory, surgery, radiation or oncology clinic	1
2	Radiation Treatment Centers or Medical Oncology Centers (hospital-affiliated or independent)	• Facilities with serial record (not a unit record) • Radiation treatment centers • Medical oncology centers (hospital affiliated or independent) There were no source documents from code 1.	2
3	Laboratory Only (hospital-affiliated or independent	• Laboratory with serial record (not a unit record) There were no source documents from codes 1, 2, 8, or 4.	5
4	Physician's Office/Private Medical Practitioner	• Physician's office that is NOT an HMO or large multi-specialty physician group practice. There were no source documents from codes 1, 2 or 8	4
5	Nursing/Convalescent Home/Hospice	• Nursing or convalescent home or a hospice. There were no source documents from codes 1, 2, 8, 4, or 3.	6
6	Autopsy Only	• Autopsy The cancer was first diagnosed on autopsy. There are no source documents from codes 1, 2, 8, 4, 3 or 5.	7
7	Death Certificate Only	Death certificate is the only source of information; follow-back activities did not identify source documents from codes 1, 2, 8, 4, 3, 5 or 6. If another source document is subsequently identified, the Type of Reporting Source code must be changed to the appropriate code in the range of 1, 2, 8, 4, 3 or 6	
8	Other hospital outpatient units/surgery centers	• Other hospital outpatient units/surgery centers. Includes, but not limited to, outpatient surgery and nuclear medicine services. There are no source documents from codes 1 or 2.	3

PATIENT DEMOGRAPHICS

The Patient Demographics section of the abstract includes the 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:

NAACCR Item Number	Item Name
2230	Name – Last
2240	Name – First
2250	Name – Middle
2280	Name – Alias
2232	Name – Birth Surname
2315	Medicare Beneficiary ID
2320	Social Security Number
240	Date of Birth
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
344	**Tobacco Use Smoking Status – New Field Required**
9960	Height at Diagnosis (inches)
9961	Weight at Diagnosis (lbs.)
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 *Date of Birth* (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://manuelsweb.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 SMOKING STATUS - NEW NAACCR ITEM #344

Record the patient's past or current use of tobacco (cigarette, cigar and/or pipe). Tobaccos smoking history can be obtained 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.

Cigarette smoking is the leading preventable cause of death in the US and a major risk factor for cancer.

Reducing tobacco use is a focus of CDC's National Center for Chronic Disease Prevention and Health Promotion. Reliable registry-based tobacco use data will help public health planners and clinicians target populations of cancer survivors for tobacco cessation.

In addition, individual states have reported smoking data on patients are a useful covariate risk factor for cancer cluster investigations. Some state central cancer registries collect tobacco use data, but these variables are not standardized among registries.

This single data item replaces the 4 smoking data items previously collected from 2013-2021. FCDS has collected some form of smoking status since 1981. However, the definitions during 3 specific time periods (1981-2012, 2013-2021, and 2022>) do not allow any direct conversion from 1 field to 4 fields and then back to 1 field. Generalized conversions can be made on the self-reported smoking status data items. However, over the years FCDS has recognized that self-reported smoking status is not a reliable indicator for risk of development of smoking-related cancers primarily due to self-reported nature of the data from a medical record source. Furthermore, the new smoking status item does not capture e-cigs.

In addition to describing tobacco use patterns and trends in patients diagnosed with cancer, the collection of cigarette smoking history can enable researchers to better understand the association of cigarette smoking to cancer outcomes. Cigarette use data at diagnosis may help health professionals better understand how tobacco use impacts cancer prognosis, including how smoking is related to effectiveness of treatment and survival. In addition, this information is important to target and assess tobacco control efforts to cancer survivors and their families.

Code	
0	Never smoker
1	Current some day smoker
2	Former smoker
3	Smoker, current status unknown
9	Unknown if ever smoked

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 888888888.

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

Current Zip (Postal) Code and postal directories are available from the National Information Data Center, PO Box 96523, Washington, DC 200900-6523 or call (301) 287-2347. Most major cities have a telephone listing, which you may call for Zip (Postal) Code information. 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	State government-administered insurance through a managed care plan. State government insurance that is

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

PHYSICIAN – MANAGING NAACCR ITEM #2460

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

NAACCR Item Number	Item Name
390	Date of Diagnosis
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 – See Appendix R
2590	Text- Histology Title
523	Behavior ICD-O-3
3843	Grade Clinical
3844	Grade Pathological
1068	Grade Post Therapy Clin (yc)
3845	Grade Post Therapy Path (yp)
756	Tumor Size Summary
820	Regional Lymph Nodes Positive
830	Regional Lymph Nodes Examined
1182	Lymph-Vascular Invasion - Updated

Reference: 2022 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 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 A PROXY FOR 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. Use the first date of diagnosis whether clinically or histologically established or when an acceptable imaging study, laboratory or genetic test is allowed to be used as a confirmation of a cancer diagnosis.
2. 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.
3. **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.
4. 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.
5. Remember that "Definitive Terms' always supercede "Ambiguous Terms" when making decisions.
6. Refer to the list of "Ambiguous Terms" in Section I for language that represents a diagnosis of cancer when only ambiguous terms are used to describe the abnormality or neoplasm.
7. 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.
8. 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.
9. 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
10. 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.

11. 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.
12. 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.
13. 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.
14. Treatment dates may not be coded to unknown.
15. 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.
16. 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.
17. 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.
18. 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.
19. Use the actual date of diagnosis for an in utero diagnosis (For cases diagnosed before January 1, 2009, assign the date of birth).
20. 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.
21. **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.**
22. If a registrar wants to estimate month and day – they can decide whichever dates best suit the case.

23. **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	
Initial diagnosis at reporting facility	
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 *Class of Case* 10
11	Initial diagnosis in staff physician's office AND part of first course treatment was done at the reporting facility
12	Initial diagnosis in staff physician's office AND all first course treatment or a decision not to treat was done at the reporting facility
13	Initial diagnosis at the reporting facility AND part of first course treatment was done at the reporting facility; part of first course treatment was done elsewhere.
14	Initial diagnosis at the reporting facility AND all first course treatment or a decision not to treat was done at the reporting facility

Initial diagnosis elsewhere	
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

Patient appears in person at reporting facility	
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
Patient does not appear in person at reporting facility	
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
Patient appears in person at reporting facility	
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). Code 1 is also used for bone marrow biopsy, peripheral blood smears and other diagnostic methods for many leukemia cases (or Code 3). Leukemia can also be diagnosed with CBC or wbc PLUS OR MINUS Immunophenotyping, genetic testing, or JAK2 testing. Code 1 or Code 3 should be used depending on result of special testing.

NOTE: Pathologists may refer to FNA as 'FNA Cytology' – however, 'cytology' for cancer registry purposes indicates cells suspended in body fluids such as washings, spinal fluid, pleural fluid or peritoneal fluid. FNA does not meet this definition.

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 treated as a biopsy Code 1.

4. Code 3 can be used for cases diagnosed 2010+ with histologic confirmation (see code 1) AND immunophenotyping, genetic testing, or JAK2 confirmation.

   Cases with positive histology for the neoplasm being abstracted (including acceptable ambiguous terminology and provisional diagnosis) **AND** immunophenotyping, genetic testing, or JAK2 is listed in the Definitive Diagnosis in the Heme DB **AND** the testing
   a. Confirms the neoplasm OR
   b. Identifies a more specific histology (not preceded by ambiguous terminology)
      Note 1: Do not use code 3 for positive immunophenotyping or genetic testing identifying a more specific histology when preceded by ambiguous terminology.
      Note 2: Do not use code 3 for positive immunophenotyping or genetic testing identifying a more specific histology when the test result is preceded by "patchy weak staining."
   c. Peripheral blood smear followed by flow cytometry (most commonly done with CLL/SLL, 9823/3)
      Note: Flow cytometry studies are normally done based on an abnormal blood smear. If unable to find documentation that a peripheral blood smear was done first, assume that it was and code 3

   Note 1: The following histologies are diagnosed based on immunophenotyping or genetics and therefore should only be diagnostic confirmation 3: 9806/3, 9807/3, 9808/3, 9809/3, 9812/3, 9813/3, 9814/3, 9815/3, 9816/3, 9817/3, 9818/3, 9819/3, 9865/3, 9866/3, 9869/3, 9871/3, 9877/3, 9878/3, 9879/3, 9896/3, 9897/3, 9911/3, 9912/3, 9965/3, 9966/3, 9967/3, 9968/3, 9986/3.

   Note 2: The following histologies should never be assigned diagnostic confirmation 3 since they are non specific codes and neither genetic testing or immunophenotyping are listed as Definitive Diagnostic Methods for these histologies. If there is immunophenotyping or genetics available, then a more specific histology code may be able to be assigned: 9590/3, 9655/3, 9800/3, 9820/3, 9860/3, 9863/3, 9980/3, 9982/3, 9989/3, 9991/3.

5. 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. The Hematopoietic Manual suggests the test for Bence Jones Protein in Urine and possibly in Serum may be a lab test that fits the definition for use of Code 5. However, proteinemia can be cause by other than cancer and must be ruled out for other causes. Plasma Cell Neoplasms usually have a bone marrow or bone biopsy plus or minus imaging as better Dx Confirmation. Therefore, Code 5 should be used sparingly if at all. Do not use this code.

6. 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.

7. 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.

8. Code 8 when the case was diagnosed by any clinical method that cannot be coded as 6 or 7.

9. 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 – INCLUDES FNA, bone marrow, peripheral blood smear, CBC, WBC	Histologic confirmation (tissue microscopically examined) (includes FNA)
2	Positive cytology – NOT FNA	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 Note: DO NOT USE THIS CODE	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.
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).

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, autopsy or D&C or from aspiration of biopsy of bone marrow specimens. Code 1 is the preferred coding for Fine Needle Aspiration (FNA). Code 1 is also used for bone marrow biopsy, peripheral blood smears and other diagnostic methods for many leukemia cases (or Code 3). Leukemia can also be diagnosed with CBC or wbc PLUS OR MINUS Immunophenotyping, genetic testing, or JAK2 testing. Code 1 or Code 3 should be used depending on result of special testing.

   NOTE: Pathologists may refer to FNA as 'FNA Cytology' – however, 'cytology' for cancer registry

purposes indicates cells suspended in body fluids such as washings, spinal fluid, pleural fluid or peritoneal fluid. FNA does not meet this definition.

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 can be used for cases diagnosed 2010+ with histologic confirmation (see code 1) AND immunophenotyping, genetic testing, or JAK2 confirmation.

   Cases with positive histology for the neoplasm being abstracted (including acceptable ambiguous terminology and provisional diagnosis) **AND** immunophenotyping, genetic testing, or JAK2 is listed in the Definitive Diagnosis in the Heme DB **AND** the testing
   a. Confirms the neoplasm OR
   b. Identifies a more specific histology (not preceded by ambiguous terminology)
      Note 1: Do not use code 3 for positive immunophenotyping or genetic testing identifying a more specific histology when preceded by ambiguous terminology.
      Note 2: Do not use code 3 for positive immunophenotyping or genetic testing identifying a more specific histology when the test result is preceded by "patchy weak staining."
   c. Peripheral blood smear followed by flow cytometry (most commonly done with CLL/SLL, 9823/3)
      Note: Flow cytometry studies are normally done based on an abnormal blood smear. If unable to find documentation that a peripheral blood smear was done first, assume that it was and code 3

   Note 1: The following histologies are diagnosed based on immunophenotyping or genetics and therefore should only be diagnostic confirmation 3: 9806/3, 9807/3, 9808/3, 9809/3, 9812/3, 9813/3, 9814/3, 9815/3, 9816/3, 9817/3, 9818/3, 9819/3, 9865/3, 9866/3, 9869/3, 9871/3, 9877/3, 9878/3, 9879/3, 9896/3, 9897/3, 9911/3, 9912/3, 9965/3, 9966/3, 9967/3, 9968/3, 9986/3.

   Note 2: The following histologies should never be assigned diagnostic confirmation 3 since they are non specific codes and neither genetic testing or immunophenotyping are listed as Definitive Diagnostic Methods for these histologies. If there is immunophenotyping or genetics available, then a more specific histology code may be able to be assigned: 9590/3, 9655/3, 9800/3, 9820/3, 9860/3, 9863/3, 9980/3, 9982/3, 9989/3, 9991/3.

6. 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. The Hematopoietic Manual suggests the test for Bence Jones Protein in Urine and possibly in Serum may be a lab test that fits the definition for use of Code 5. However, proteinemia can be cause by other than cancer and must be ruled out for other causes. Plasma Cell Neoplasms usually have a bone marrow or bone biopsy plus or minus imaging as better Dx Confirmation. Therefore, Code 5 should be used sparingly if at all. Do not use this code.

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 – INCLUDES FNA, bone marrow biopsy, peripheral blood smear, CBC, WBC	Histologic confirmation (tissue microscopically examined). Includes FNA Cytology.
2	Positive cytology – NOT FNA	Cytologic confirmation – cells suspended in body fluids (no tissue microscopically examined; fluid cells microscopically examined).
3	Positive histology PLUS • Positive immunophenotyping AND/OR • Positive genetic studies	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

1. 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.

2. Consult the physician advisor to identify the primary site or the most definitive site code if the medical record does not contain that information.

3. 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 Rules*to assign primary site for solid tumors.

6. Try not to assign unknown/ill-defined site topography codes; they are general terms/vague anatomy. Unknown/Ill-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 identifies 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
C09.1	Tonsillar pillar

ICD-O-3	SITES
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
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 automatic 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)
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)

ICD-O-3	SITES
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**

Numerous Resources Required - SEE APPENDIX R and all reference resources to code histology.

International Classification of Diseases for Oncology, 3rd ed. Geneva, World Health Organization: 2000	The World Health Organization WHO Publications Center USA; 49 Sheridan Avenue; Albany, NY 12210 ISBN 9241545348 Order Number 11503350 http://www.who.int/classifications/icd/en/index.html
Current *Hematopoietic and Lymphoid Neoplasm Case Reportability and Coding Manual* and Hematopoietic Database (desktop or web-based versions available), 2022	https://seer.cancer.gov/seertools/hemelymph/
Current NAACCR ICD-O-3 Coding Guidelines – **Annotated Histology List**	https://www.naaccr.org/icdo3/
ICD-O-3.2 Excel Table downloaded from the IACR/WHO Website	Downloadable Excel File Version of ICD-O-3.2 http://www.iacr.com.fr/index.php?option=com_content&view=article&id=149:icd-o-3-2&catid=80&Itemid=545

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.

Use the most current version of the Solid Tumor Rules (https://seer.cancer.gov/tools/solidtumor/) when coding the histology for all reportable solid tumors. And, use the WHO official ICD-O-3.2 Tables for official ICD-O-3.2 histology codes. You may also use the NAACCR Annotated Histology List with care.

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.

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.

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 (Hematopoeitic 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 themost current version of the Grade Coding Manual and Grade Tables at https://apps.naaccr.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.naaccr.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	SITE-SPECIFIC CODES Alternate descriptions of tumor size for specific sites: Familial/multiple polyposis:

	Colon (C18.0, C18.2-C18.9) and/or Rectosigmoid and Rectum (C19.9, C20.9) **If no size is documented:** Circumferential: Esophagus (C15.0 C15.5, C15.8 C15.9) Diffuse; widespread: 3/4s or more; linitis plastica: Stomach and Esophagus GE Junction (C16.0 C16.6, C16.8 C16.9) Diffuse, entire lung or NOS: Lung and main stem bronchus (C34.0 C34.3, C34.8 C34.9) Diffuse: Breast (C50.0 C50.6, C50.8 C50.9)
999	Unknown; size not stated; Not documented in 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. You do not code FNA/Core Biopsy of a Regional Lymph Node or Sentinel Lymph Node Biopsy as a Diagnostic/Staging Procedure – it still must be coded under the TREATMENT Variable RX SUMM – Scope Reg LN Surgery = 1 or = 2. You may not have to enter the date, and it is no longer 'counted' as treatment for the patient – BUT YOU STILL MUST CODE THESE PROCEDURES in the right field.

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

Code	Label
0	Lymphovascular Invasion stated as Not Present
1	Lymphovascular Invasion Present/Identified (NOT used for thyroid and adrenal)
2	Lymphatic and small vessel invasion only (L) OR Lymphatic invasion only (thyroid/adrenal only)

3	Venous (large vessel) invasion only (V) OR Angioinvasion (thyroid and adrenal only)
4	BOTH lymphatic and small vessel AND venous (large vessel) invasion OR BOTH lymphatic AND angioinvasion (thyroid and adrenal only)
8	Not Applicable
9	Unknown/Indeterminate/not mentioned in path report

Use of codes.

A. Use code 0 when the pathology report indicates that there is no lymphovascular invasion. This includes cases of purely in situ carcinoma, which biologically have no access to lymphatic or vascular channels below the basement membrane.
B. Use code 1 when the pathology report or a physician's statement indicates that lymphovascular invasion (or one of its synonyms) is present in the specimen.
C. Lymphovascular invasion must be coded 0, 1, 2, 3, 4, or 9 for the schema ids in the following list:

00071	Lip
00072	Tongue anterior
00073	Gum
00074	Floor of mouth
00075	Palate hard
00076	Buccal mucosa
00077	Mouth other
00080	Major salivary glands
00100	Oropharynx (p16+)
00111	Oropharynx (p16-)
00112	Hypopharynx
00121	Maxillary sinus
00122	Nasal cavity and ethmoid sinus
00130	Larynx other
00131	Larynx supraglottic
00132	Larynx glottic
00133	Larynx subglottic
00161	Esophagus (incl ge junction) squamous
00169	Esophagus (incl ge junction) (excl squamous)
00170	Stomach
00180	Small intestine
00190	Appendix
00200	Colon and rectum
00230	Epatic
00250	Bile ducts perihilar
00260	Bile ducts distal
00270	Ampulla vater
00280	Pancreas
00290	Net stomach
00301	Net duodenum
00302	Net ampulla of vater
00320	Net appendix
00330	Net colon and rectum
00340	Net pancreas
00350	Thymus
00360	Lung
00460	Merkel cell skin

00470	Melanoma skin
00500	Vulva
00510	Vagina
00520	Cervix
00530	Corpus carcinoma
00541	Corpus sarcoma
00542	Corpus adenosarcoma
00560	Placenta
00570	Penis
00590	Testis
00620	Bladder

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

00730	Thyroid
00740	Thyroid medullary
00760	Adrenal gland

E. Lymphovascular invasion may be coded any code (0, 1, 2, 3, 4, 8, or 9) for the remaining schema ids

00060	Cervical lymph nodes, occult head and neck
00090	Nasopharynx
00118	Pharynx other
00119	Middle ear
00128	Sinus other
00140	Melanoma head and neck
00150	Cutaneous carcinoma head and neck
00210	Anus
00220	Liver
00241	Gallbladder
00242	Cystic duct
00278	Biliary other
00288	Digestive other
00310	Net jejunum and ileum
00358	Trachea
00370	Pleural mesothelioma
00378	Respiratory other
00381	Bone appendicular skeleton
00382	Bone spine
00383	Bone pelvis
00400	Soft tissue head and neck
00410	Soft tissue trunk and extremities
00421	Soft tissue abdomen and thorax
00422	Heart, mediastinum, and pleura
00430	Gist (2018-2020)
00440	Retroperitoneum
00450	Soft tissue other
00458	Kaposi sarcoma
00478	Skin other
00480	Breast (invasive)
00551	Ovary

00552	Primary peritoneal carcinoma
00553	Fallopian tube
00558	Adnexa uterine other
00559	Genital female other
00580	Prostate
00598	Genital male other
00600	Kidney parenchyma
00610	Kidney renal pelvis
00631	Urethra
00633	Urethra-prostatic
00638	Urinary other
00640	Skin eyelid
00650	Conjunctiva
00660	Melanoma conjunctiva
00671	Melanoma iris
00672	Melanoma choroid and ciliary body
00680	Retinoblastoma
00690	Lacrimal gland
00698	Lacrimal sac
00700	Orbital sarcoma
00718	Eye other
00721	Brain
00722	Cns other
00723	Intracranial gland
00750	Parathyroid
00770	Net adrenal gland
00778	Endocrine other
99999	Ill-defined other

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

00430	Gist (2021+)
00710	Lymphoma ocular adnexa
00790	Lymphoma
00795	Lymphoma (cll/sll)
00811	Mycosis fungoides
00812	Primary cutaneous lymphoma non mf
00821	Plasma cell myeloma
00822	Plasma cell disorder
00830	Hemeretic

G. Use code 9 when:

I. There is no microscopic examination of a primary tissue specimen
II. The primary site specimen is cytology only or a fine needle aspiration
III. The biopsy is only a very small tissue sample
IV. It is not possible to determine whether lymphovascular invasion is present
V. The pathologist indicates the specimen is insufficient to determine lymphovascular invasion
VI. Lymphovascular invasion is not mentioned in the pathology report

VII. Primary site is unknown

H. Clarification between codes 8 and 9:

- Code 8 should only be used when the standard-setter does not require this item.
- For cases with no information from the pathology report or other sources, code 9.

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 Summlary 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 undergiong 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 1/1/20014 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.naaccr.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
C	1068	Grade Post Therapy Clin (yc)	2	2021
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	3829	Esophagus and EGJ Tumor Epicenter	1	2022
C	3835	Fibrosis Score	1	2018
C	3838	Gleason Patterns Clinical	2	2021
C	3839	Gleason Patterns Pathological	2	2021
C	3840	Gleason Score Clinical	2	2021
C	3841	Gleason Score Pathological	2	2021
C	3842	Gleason Tertiary Pattern	2	2021
C	3843	Grade Clinical	1	2018
C	3844	Grade Pathological	1	2018
C	3845	Grade Post Therapy Path (yp)	1	2018
C	3855	HER2 Overall Summary (breast)	1	2018
C	3890	Microsatellite Instability (MSI)	1	2018
C	3915	Progesterone Receptor Summary	1	2018
C	3920	PSA (Prostatic Specific Antigen) Lab Value	5	2018
C	3932	LDH Pretreatment Lab Value	7	2018
C	3956	P16 (cervix)	1	2022

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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	*in situ*
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.

The SEER Site-Specific Coding Modules are an excellent resource for registrars. The 2022 SEER Coding and Staging Manual includes the Site-Specific Coding Moduleas 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:

NAACCR Item Number	Item Name
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
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 trreatment as standard therapy for cancer.

TREATMENT INFORMATION – DO NOT USE CODE 99 FOR ANY TREATMENT

TREATMENT – 99 or 00 -- Treatment was either performed, not performed, recommended or refused. You may not know recommended/refused. It should never be coded as 99 unknown if performed. Do not guess if treatment was performed or not. Do not presume treatment should have been recommended based on published Treatment Guidelines. Treatment Recommended or Refused MUST be documented in the medical record AND it must be coded in the required treatment data item. These instructions are for analytic or non-analytic cases. You can look on the H&P to identify surgery or other treatment performed for a patient with recurrence or progression of their disease – read the history – do not guess.

You code only First Course Treatment. You document Subsequent Treatment(s). If you do not know if a treatment was recommended, refused, performed or not performed – then you assign treatment code = 00 not done. In other words - Code any treatment performed, recommended and refused – regardless of where it was done or how complete your information is. Below is a bulleted list that should help anybody when coding treatment of any type.

- First Course Treatment Must Be Coded
- Subsequent Treatment Must Be Documented
- If you do not know if a treatment was performed, recommended or refused – code 00 (no treatment)

- Treatment '99' is not a placeholder for treatment that ***might*** *have been* done, recommended or refused
- Do not guess if treatment was done, recommended or refused.
- Do not code treatment recommended based on registrar's interpretation of treatment guidelines – registrar does not recommend treatment.
- Treatment performed, recommended or refused must be stated in the medical record by a physician or by evidence of treatment in the record.
- You should both document and code any treatment given/recommended/refused – and where it was done if you know.

- There are NOS codes for any type of treatment performed – but, you must have statement that treatment was actually performed.
- If a treatment was performed – per history at another facility or at your facility – you code it – even if you have to code *xyz* treatment, NOS.
- There are treatment recommended codes for all types of treatment…albeit in different fields in some cases such as Surgery and Radiation.
- There are treatment refused codes for all types of treatment…same as above – in different fields in some cases such as Surgery and Radiation.

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".

However, "Watchful Waiting" is actually different than "Active Surveillance". In Watchful Waiting the patient is being followed for signs and symptoms of progression of disease or clinical progression. These are more often late stage cancers that may not be treated until they become symptomatic.

"Observation" can be either "Active Surveillance" or "Watchful Waiting" depending upon the intent.

"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 descdribe 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 preceed 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.

RFA or radiofrequency ablation is one of the ablative techniques that is coded under ‘surgery of primary site’ – as long as it is ablation of the primary tumor and not a metastatic tumor.

When any type of ablative technique is used to treat a metastatic tumor(s) - the procedure is often not coded for some reason – it should be but it is often missed.

Most tumors treated with ablation are small (<3cm) and accessible to the probes needed to reach the tumor – 2 major factors in deciding on this treatment type.

All forms of Thermal Tumor Ablation (cold and heat) are coded in the Surgery of Primary Site data item using Code Range 10-19.

Liver ablation is probably the most often ablation technique used and reported as ‘ablation’ alone – some cancers have cautery thermal ablation as part of another procedure such as TURBT, TURP.

But, we also do see tumor ablation for bladder, lung, skin, liver, pancreas, kidney, and even some sarcomas.

And, there is 'no specimen is sent to pathology' but there is 'local tumor destruction' – most use heat from some source…but the source varies.

There are other forms of thermal ablation that are a part of the 'ablation' group:

- Radiofrequency ablation (RFA) – high frequency electrical current ablation – can be monopolar or multipolar,
- Traditional electrocautery,
- Laser ablation,
- Microwave ablation,
- High-intensity focused ultrasound (HIFU) ablation,
- Cryoablation (cold not heat),
- Surface ablation (skin),
- Photodynamic therapy (lung and bladder),
- Percutaneous ethanol injection,
- Acetic acid injection,
- Irreversible electroporation (IRE) (electrical pulse but not considered thermal ablation)

Tumor Embolization (of primary tumor and/or metastasis)

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

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

Types of Embolization Include:

- Chemo-Embolization – Uses Chemotherapy Agent(s) – TACE (transcatheter arterial chemoembolization) is an image-guided, minimally invasive procedure for the delivery of chemotheraputic drugs directly to the tumor. Code as chemotherapy when the embolizing agent(s) is a chemotheraputic drug(s). Use SEER*RX to determine whether the drugs used are classified as chemotheraputic 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 radioisotope when tumor embolization is performed using a radioactive agent or radioactive seeds such as Ytrium 90. This is actually a low-dose or high-dose brachytherapy technique using a radioisotope modality to deliver the radiation dose. See STORE for more info.

Embolization is coded as Other Therapy (code 1) if the embolizing agent is alcohol, or if the embolized site is other than the liver and the only information in the record is that the patient was given "embolization" with no reference to the agent.

Do not code pre-surgical embolization of hypervascular tumors with particles, coils or alcohol. These presurgical 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 ore 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 periotoneal 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. Palliataive 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.

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, plateletphoresis, fresh frozen plasma (FFP), plasmaphoresis, and cryoprecipitate. **DO NOT CODE transfusion as "other treatment" for any site.**

GENERAL CODING INSTRUCTIONS SITE-SPECIFIC SURGERY

1. **FCDS will not be collecting any of the NEW CoC Surgery Fields in 2022 or 2023.**
2. Refer to **Appendix F** for site-specific surgery codes. Updated from the 2022 STORE Manual.
3. 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.
4. 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.
5. 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.
6. A date field is also included to document the first date of any surgery performed.
7. 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.
8. 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).
9. 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:
    a. All disease is removed (**margins free**) OR
    b. 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/Reticuloenthelial/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 2022 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 sentinel1ymph 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 radiatinon 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	Additional Notes Specific for Breast

		ALL Sites	(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	• The operative report states that a SLNBx was performed. • Code 2 SLNBx when the operative report describes a procedure using injection of a dye, radio label, or combination to identify a lymph node (possibly more than one) for removal/examination. • When a SLNBx is performed, additional non-sentinel nodes can be taken during the same operative procedure. These additional non-sentinel nodes may be discovered by the pathologist or selectively removed (or harvested) as part of the SLNBx procedure by the surgeon. Code this as a SLNBx (code 2). If review of the operative report confirms that a regional lymph node dissection followed the SLNBx, code these cases as 6.	• If a relatively large number of lymph nodes, more than 5, are pathologically examined, review the operative report to confirm the procedure was limited to a SLNBx and did not include an axillary lymph node dissection (ALND). • Infrequently, a SLNBx is attempted and the patient fails to map (i.e. no sentinel lymph nodes are identified by the dye and/or radio label injection) and no sentinel nodes are removed. Review the operative report to confirm that an axillary incision was made and a node exploration was conducted. Patients undergoing SLNBx who fail to map will often undergo ALND. Code these cases as 2 if no ALND was performed, or 6 when ALND was performed during the same operative event Enter the appropriate number of nodes examined and positive in the data items *Regional Lymph Nodes Examined* (NAACCR Item #830) and *Regional Lymph Nodes Positive* (NAACCR Item #820).
3	Number of regional lymph nodes removed unknown or not stated; regional lymph nodes removed, NOS	• The operative report states that a regional lymph node dissection was performed (a SLNBx was not done during this procedure or in a prior procedure). • Code 3 (Number of regional lymph nodes removed unknown, not stated; regional lymph nodes removed, NOS). Check the operative report to ensure this procedure is not a SLNBx	Generally, ALND removes at least 7~9 nodes. However, it is possible for these procedures to remove or harvest fewer nodes. Review the operative report to confirm that there was not a SLNBx in addition to a more extensive regional lymph node dissection during the same procedure (code 6 or 7).

4	1-3 regional lymph nodes removed	only (code 2), or a SLNBx with a regional lymph node dissection (code 6 or 7). • Code 4 (1-3 regional lymph nodes removed) should be used infrequently. Review the operative report to ensure the procedure was not a SLNBx only. • Code 5 (4 or more regional lymph nodes removed). If a relatively small number of nodes was examined pathologically, review the operative report to confirm the procedure was not a SLNBx only (code 2). If a relatively large number of nodes was examined pathologically, review the operative report to confirm that there was not a SLNBx in addition to a more extensive regional lymph node dissection during the same, or separate, procedure (code 6 or 7). • Infrequently, a SNLBx is attempted and the patient	
5	4 or more regional lymph nodes removed		
6	Sentinel node biopsy and code 3, 4, or 5 at same time, or timing not stated	• SNLBx and regional lymph node dissection (code 3, 4, or 5) during the same surgical event, or timing not known • Generally, SLNBx followed by a regional lymph node completion will yield a relatively large number of nodes. However it is possible for these procedures to harvest only a few nodes. • 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.	• Generally, SLNBx followed by ALND will yield a minimum of7-9 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	•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 pathological1y examined, review the operative report to confirm whether the procedure was limited to a SLNBx only.	
9	9 Unknown or not	• 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 *Surgery of Primary Site* [NAACCR Item #1290]). Review surgically treated cases coded 9 in *Scope of Regional/ Lvmph Node Surgery* 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 resction 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 *distant lymph node(s)*
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 DATEOF 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 RX *Date--Surgery of First Surgical Procedure* (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 RX *Date of Most Definitive Surgical Resction of Primary Site* (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.

Many new devices, methods and descriptions for some radiation therapy approaches are referenced by brand name, methodology name, or other descriptive terminology. Below are some helpful definitions and a website that is helpful in learning what these 'new' radiation therapy methods or devices or approaches do and how they should be understood. This is to help with terminology. It is up to the registrar to learn whether dosing is high-dose or low-dose based on the application device. When a device is removed after the administration of a dose of radiation, the dose is usually high-dose. When the application device or method remains in place when the patient goes home, the dose is usually low-dose.

EBRT – external beam radiation therapy
IMRT – intensity modulated radiation therapy
IGRT – image-guided radiation therapy
Particle Therapy – proton therapy/carbon ion therapy
SRS – stereotactic radiosurgery
SBRT – stereotactic body radiation therapy
SABR – stereotactic ablative radiation tehrapy
Brachytherapy LDR/HDR – low dose/high dose brachytherapy and devices used to deliver LDR/HDR

https://www.targetingcancer.com.au/radiation-therapy/ebrt/
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
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 *Date Radiation Ended* (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 is radiation therapy was administered and/or it is unknown if surgery to primary site; scope of regional lymph node surgery, surgery to other regional site(s), distant site(s), or distant lymph node(s) were performed.

RX-SUMM-CHEMO **NAACCR ITEM #1390**

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 *RX Date Chemotherapy* (NAACCR Item #1220). Case was diagnosed between 2003 and 2009 and the facility did not record *RX Date Chemotherapy*(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

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

2. ONLY USE CODE 99 FOR DEATH CERTIFICATE CASES

3. 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 *RX Date Hormone* (NAACCR Item #1230). Case was diagnosed between 2003 and 2009 and the facility did not record *RX Date Hormone* (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 *RX Date BRM/Immunotherapy* (NAACCR Item #1240). Case was diagnosed between 2003 and 2009 and the facility did not record *RX Date BRM/Immunotherapy* (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).
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.

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
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	ALTERNATIVE SYSTEMS
Carnivora	Acupuncture
Glyoxylide	Ayurveda
Iscador	Environmental Medicine
Koch Synthetic Antitoxins	Homeopathic Medicine
Krebiozen	Natural Products
Laetrile	Native American, Latin American, Or
Malonide	Traditional Oriental Medicine
Parabenzoquinone	Bioelectromagnetic Applications
ALTERNATIVE AND COMPLEMENTARY THERAPIES	Blue Light Treatment
MANUAL HEALING	Electroacupuncture
Acupressure	Magnetoresonance Spectroscopy
Biofield Therapeutics	Diet, Nutrition, Lifestyle
Massage Therapy	Changes In Lifestyle
Reflexology	Diet
Zone Therapy	Gerson Therapy
MIND/BODY CONTROL	Macrobiotics
Biofeedback	Megavitimins
Humor Therapy	Nutritional Supplements
Meditation	Herbal Medicine
Relaxation Techniques	Ginger
Yoga	Ginkgo Biloba Extract
PHARMACOLOGICAL AND BIOLOGICAL TREATMENTS	Ginseng Root
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. *Examples:* 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 no 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 *Date Other Treatment Started* (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: 2022 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**

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 List[2]

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

ABL1	*ACVR1B*	*AKT1*	*AKT2*	*AKT3*	*ALK*	*ALOX12B*	*AMER1 (FAM123B)*	*APC*
AR	*ARAF*	*ARFRP1*	*ARID1A*	*ASXL1*	*ATM*	*ATR*	*ATRX*	*AURKA*
AURKB	*AXIN1*	*AXL*	*BAP1*	*BARD1*	*BCL2*	*BCL2L1*	*BCL2L2*	*BCL6*
BCOR	*BCORL1*	*BRAF*	*BRCA1*	*BRCA2*	*BRD4*	*BRIP1*	*BTG1*	*BTG2*
BTK	*C11orf30 (EMSY)*	*CALR*	*CARD11*	*CASP8*	*CBFB*	*CBL*	*CCND1*	*CCND2*
CCND3	*CCNE1*	*CD22*	*CD274 (PD-L1)*	*CD70*	*CD79A*	*CD79B*	*CDC73*	*CDH1*
CDK12	*CDK4*	*CDK6*	*CDK8*	*CDKN1A*	*CDKN1B*	*CDKN2A*	*CDKN2B*	*CDKN2C*
CEBPA	*CHEK1*	*CHEK2*	*CIC*	*CREBBP*	*CRKL*	*CSF1R*	*CSF3R*	*CTCF*
CTNNA1	*CTNNB1*	*CUL3*	*CUL4A*	*CXCR4*	*CYP17A1*	*DAXX*	*DDR1*	*DDR2*
DIS3	*DNMT3A*	*DOT1L*	*EED*	*EGFR*	*EP300*	*EPHA3*	*EPHB1*	*EPHB4*
ERBB2	*ERBB3*	*ERBB4*	*ERCC4*	*ERG*	*ERRFI1*	*ESR1*	*EZH2*	*FAM46C*
FANCA	*FANCC*	*FANCG*	*FANCL*	*FAS*	*FBXW7*	*FGF10*	*FGF12*	*FGF14*
FGF19	*FGF23*	*FGF3*	*FGF4*	*FGF6*	*FGFR1*	*FGFR2*	*FGFR3*	*FGFR4*
FH	*FLCN*	*FLT1*	*FLT3*	*FOXL2*	*FUBP1*	*GABRA6*	*GATA3*	*GATA4*
GATA6	*GID4 (C17orf39)*	*GNA11*	*GNA13*	*GNAQ*	*GNAS*	*GRM3*	*GSK3B*	*H3F3A*
HDAC1	*HGF*	*HNF1A*	*HRAS*	*HSD3B1*	*ID3*	*IDH1*	*IDH2*	*IGF1R*
IKBKE	*IKZF1*	*INPP4B*	*IRF2*	*IRF4*	*IRS2*	*JAK1*	*JAK2*	*JAK3*
JUN	*KDM5A*	*KDM5C*	*KDM6A*	*KDR*	*KEAP1*	*KEL*	*KIT*	*KLHL6*
KMT2A (MLL)	*KMT2D (MLL2)*	*KRAS*	*LTK*	*LYN*	*MAF*	*MAP2K1 (MEK1)*	*MAP2K2 (MEK2)*	*MAP2K4*
MAP3K1	*MAP3K13*	*MAPK1*	*MCL1*	*MDM2*	*MDM4*	*MED12*	*MEF2B*	*MEN1*
MERTK	*MET*	*MITF*	*MKNK1*	*MLH1*	*MPL*	*MRE11A*	*MSH2*	*MSH3*
MSH6	*MST1R*	*MTAP*	*MTOR*	*MUTYH*	*MYC*	*MYCL (MYCL1)*	*MYCN*	*MYD88*
NBN	*NF1*	*NF2*	*NFE2L2*	*NFKBIA*	*NKX2-1*	*NOTCH1*	*NOTCH2*	*NOTCH3*
NPM1	*NRAS*	*NT5C2*	*NTRK1*	*NTRK2*	*NTRK3*	*P2RY8*	*PALB2*	*PARK2*
PARP1	*PARP2*	*PARP3*	*PAX5*	*PBRM1*	*PDCD1 (PD-1)*	*PDCD1LG2 (PD-L2)*		*PDGFRA*
PDGFRB	*PDK1*	*PIK3C2B*	*PIK3C2G*	*PIK3CA*	*PIK3CB*	*PIK3R1*	*PIM1*	*PMS2*
POLD1	*POLE*	*PPARG*	*PPP2R1A*	*PPP2R2A*	*PRDM1*	*PRKAR1A*	*PRKCI*	*PTCH1*
PTEN	*PTPN11*	*PTPRO*	*QKI*	*RAC1*	*RAD21*	*RAD51*	*RAD51B*	*RAD51C*
RAD51D	*RAD52*	*RAD54L*	*RAF1*	*RARA*	*RB1*	*RBM10*	*REL*	*RET*
RICTOR	*RNF43*	*ROS1*	*RPTOR*	*SDHA*	*SDHB*	*SDHC*	*SDHD*	*SETD2*
SF3B1	*SGK1*	*SMAD2*	*SMAD4*	*SMARCA4*	*SMARCB1*	*SMO*	*SNCAIP*	*SOCS1*
SOX2	*SOX9*	*SPEN*	*SPOP*	*SRC*	*STAG2*	*STAT3*	*STK11*	*SUFU*
SYK	*TBX3*	*TEK*	*TET2*	*TGFBR2*	*TIPARP*	*TNFAIP3*	*TNFRSF14*	*TP53*
TSC1	*TSC2*	*TYRO3*	*U2AF1*	*VEGFA*	*VHL*	*WHSC1 (MMSET)*	*WHSC1L1*	*WT1*
XPO1	*XRCC2*	*ZNF217*	*ZNF703*					

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.

ALK	*BCL2*	*BCR*	*BRAF*	*BRCA1*	*BRCA2*	*CD74*	*EGFR*	*ETV4*
ETV5	*ETV6*	*EWSR1*	*EZR*	*FGFR1*	*FGFR2*	*FGFR3*	*KIT*	*KMT2A (MLL)*
MSH2	*MYB*	*MYC*	*NOTCH2*	*NTRK1*	*NTRK2*	*NUTM1*	*PDGFRA*	*RAF1*
RARA	*RET*	*ROS1*	*RSPO2*	*SDC4*	*SLC34A2*	*TERC**	*TERT (promoter only)***	
TMPRSS2								

**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)	*EGFR* exon 19 deletions and *EGFR* exon 21 L858R alterations	Gilotrif® (afatinib), Iressa® (gefitinib), Tagrisso® (osimertinib) or Tarceva® (erlotinib)
	EGFR exon 20 T790M alterations	Tagrisso® (osimertinib)
	ALK rearrangements	Alecensa®(alectinib), Xalkori® (crizotinib), or Zykadia® (ceritinib)
	BRAF V600E	Tafinlar® (dabrafenib) in combination with Mekinist® (trametinib)
	MET single nucleotide variants (SNVs) and indels that lead to *MET* exon 14 skipping	Tabrecta™ (capmatinib)
Melanoma	*BRAF* V600E	Tafinlar® (dabrafenib) or Zelboraf® (vemurafenib)
	BRAF V600E or V600K	Mekinist® (trametinib) or Cotellic®(cobimetinib), in combination with Zelboraf® (vemurafenib)
Breast Cancer	*ERBB2* (HER2) amplification	Herceptin® (trastuzumab), Kadcyla® (ado-trastuzumab-emtansine), or Perjeta® (pertuzumab)
	PIK3CA alterations	Piqray® (alpelisib)
Colorectal Cancer	*KRAS* wild-type (absence of mutations in codons 12 and 13)	Erbitux® (cetuximab)
	KRAS wild-type (absence of mutations in exons 2, 3 and 4) and *NRAS* wild-type (absence of mutations in exons 2, 3 and 4)	Vectibix® (panitumumab)
Ovarian Cancer	*BRCA1/2* alterations	Lynparza® (olaparib) or Rubraca® (rucaparib)
Cholangiocarcinoma	*FGFR2* fusions and select rearrangements	Pemazyre™ (pemigatinib)
Prostate Cancer	Homologous Recombination Repair *(HRR) gene (BRCA1, BRCA2, ATM, BARD1, BRIP1, CDK12, CHEK1, CHEK2, FANCL, PALB2, RAD51B, RAD51C, RAD51D and RAD54L)* 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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2. **<u>Guardant360 CDx - Guardant360® CDx</u>** 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)	*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*
Indels	*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*
Copy Number Amplifications (CNAs)	*ERBB2, MET*
Fusions	*ALK, NTRK1, RET, ROS1*

*Reporting is enabled for pathogenic germline alterations only. Somatic alterations will not be reported.
** Reporting is enabled for both germline and somatic alterations.

<u>TEXT – DX PROC – OP</u> **<u>NAACCR ITEM #2560</u>**

<u>Enter information from operative reports. Do not just restate the procedure performed.</u> 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<u>. Include dates and chronology of care</u>. 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

NAACCR Item Number	Item Name
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 *Date of Last Contact or Death* (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:
ALL HOSPITALS
AMBULATORY SURGICAL CENTERS,
CANCER TREATMENT CENTERS,
RADIATION THERAPY TREATMENT CENTERS

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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Hospital Listing by FCDS Facility ID Code and Reporting Option

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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Hospital Listing by FCDS Facility ID Code and Reporting Option

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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Hospital Listing by FCDS Facility ID Code and Reporting Option

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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Hospital Listing by FCDS Facility ID Code and Reporting Option

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

Appendix A
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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Surgery Center Listing by FCDS Facility ID Code and Reporting Option

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

Appendix A
Surgery Center Listing by FCDS Facility ID Code and Reporting Option

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	Boyton Beach
8143	T	Outpatient Center Of Boynton Bch	Boyton 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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Surgery Center Listing by FCDS Facility ID Code and Reporting Option

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

Appendix A
Surgery Center Listing by FCDS Facility ID Code and Reporting Option

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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Surgery Center Listing by FCDS Facility ID Code and Reporting Option

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	Pinelllas 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 Petersberg
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

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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 Lllp	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

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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

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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

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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

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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

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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

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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

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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 Herzogovina
BIH	Herzogovina
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 Herzogovina

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	Byelorus
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	Herzogovina
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.

APPENDIX C

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.

APPENDIX C

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

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	APPL'Y
Approximately	APPROX
Arrhythmia	ARRHY
Arterial blood gases	ABG
Arteriosclerotic cardiovascular disease	ASCVD
Arteriosclerotic heart disease	ASHD
Arteriosclerotic Peripheral Vascular Disease	ASPVD
Arteriosclerosis/Arteriosclerotic	AS
Arteriovenous	AV
Arteriovenous malformation	AVM
Artery (ial)	ART
Ascending colon	A-COLON
Aspiration	ASP
Aspirin, Acetylsalicylic acid	ASA
As soon as possible	ASAP
At	@
Atrial fibrillation	A FIB
Atrial flutter	A FLUTTER
Atrial stenosis/insufficiency/incompetence	AI
Atrial premature complexes	APC
Auscultation & percussion	A&P

APPENDIX C

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

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-Lymphotrophic 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

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

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
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 carcinomain situ
DECR	Decrease(d)
DERM	Dermatology
DES	Diethylstilbestrol
DIAM	Diameter
DIC	Disseminated intravascular coagulopathy
DIFF	Differentiated/differential
DISCH	Discharge
DM	Diabetes mellitus
DNA	Deoxyribonucleic acid
DOA	Dead on arrival
DOB	Date of birth
DOD	Date of death
DOE	Dyspnea on exertion
DRE	Digital rectal examination
DTR	Deep tendon reflex
DVT	Deep vein thrombosis
DX	Diagnosis
DZ	Disease
E.G.	For example
ECG/EKG	Electrocardiogram
EEG	Electroencephalogram
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-Lymphotrophic 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

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
NSCCA	Non small cell carcinoma
NSF	No significant findings
NVD	Neck vein distention
OB	Obstetrics
OBS	Organic brain syndrome
OBST	Obstructed (-ing, -ion)
OP	Outpatient
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*
Scandanavian*
Scottish, Scotch
Semitic*‡
Serbian*
Servian*
Shi'ite‡
Sicilian*
Slavic, Slovakian*
South American†
Spanish*, Spaniard
Sunni*‡
Swedish*
Syrian
Tunisian*
Turkish, Turk*
Ukranian*
United Arab Emirati
Uruguayan†
Venezuelan*†
Welsh*
White
Yemenite*
Yugoslavian*
Zoroastrian*

CODE 02 BLACK OR AFRICAN AMERICAN

African
African American
Afro-American
Bahamian
Barbadian
Bilalian*
Black
Botswana
Cape Verdean*
Dominica Islander (unless specified as White)
Dominican/Dominican Republic (unless specified as White)

Eritrean*
Ethiopian
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

Code	Definition
96	Amerasian
16	Asian Indian
15	Asian Indian or Pakistani, NOS (code 09 prior to Version 12)
96	Asian
96	Asiatic
96	Bangladeshi
96	Bhutanese
96	Bornean
96	Bruneian
96	Burmese
13	Cambodian
96	Celebesian
96	Ceram
96	Ceylonese
04	Chinese
96	Eurasian
06	Filipino
12	Hmong
96	Indo-Chinese
96	Indonesian
05	Iwo Jiman
05	Japanese
96	Javanese
13	Kampuchean
08	Korean
11	Laotian
96	Maldivian
96	Madagascar
96	Malaysian
96	Mongolian
96	Montagnard
96	Nepalese
05	Okinawan
96	Oriental
96	Other Asian
17	Pakistani
96	Sikkimese
96	Singaporean
96	Sri Lankan
96	Sumatran
04	Taiwanese
14	Thai
96	Tibetan
10	Vietnamese
96	Whello
96	Yello

NATIVE HAWAIIAN AND OTHER PACIFIC ISLANDER CODES

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

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

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

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ALDAPA
ALDAPE
ALDARONDO
ALDAS
ALDASORO
ALDAVA
ALDAVE
ALDAYA
ALDAZ
ALDAZABAL
ALDEBOT
ALDECOA
ALDECOCEA
ALDEIS
ALDEREGUIA
ALDERETE
ALDERETTE
ALDERTE
ALDRETE
ALDUEN
ALDUENDA
ALEANTAR
ALEBIS
ALEDO
ALEGADO
ALEGRE
ALEGRET
ALEGRIA
ALEJANDRE
ALEJANDRES
ALEJANDREZ
ALEJANDRO
ALEJO
ALEJOS
ALELUNAS
ALEMAN
ALEMANIA
ALEMANY
ALEMAR
ALEN
ALENCASTRO
ALEQUIN
ALERS
ALERTE
ALEVEDO
ALEXANDRINO
ALFALLA
ALFARA
ALFARD
ALFARO
ALFASSA
ALFAU
ALFEREZ
ALFONSECA
ALFONSO
ALFONZO
ALFRIDO
ALGARA
ALGARIN
ALGARRA
ALGAVA
ALGEA
ALGECIRAS
ALGORA
ALGORRI
ALGORTA
ALGUACIL
ALGUESEVA
ALIAGA
ALICANTE
ALICCA
ALICEA
ALICIA
ALIJA
ALINAYA
ALIPAZ
ALIRE
ALIRES
ALIREZ
ALLADICE
ALLADO
ALLALA
ALLANDE
ALLARID
ALLEGRANZA
ALLEGUE
ALLEGUEZ
ALLENDE
ALLENEGUI
ALLESANDRO
ALLONGO
ALLOZA
ALMA
ALMADA
ALMADO
ALMADOVA
ALMAGER
ALMAGNER
ALMAGRO
ALMAGUER
ALMANCE
ALMANDOZ
ALMANSA
ALMANZA
ALMANZAN
ALMANZAR
ALMANZO
ALMAQUER
ALMARAS
ALMARAZ
ALMARES
ALMAREZ
ALMARZA
ALMAZAN
ALMEDA
ALMEDINA
ALMEJO
ALMENA
ALMENAR
ALMENARA
ALMENARES
ALMENDARES
ALMENDAREZ
ALMENDARIZ
ALMENDRAL
ALMENDRAS
ALMENGER
ALMENGOR
ALMERA
ALMERAZ
ALMERIA
ALMESTICA
ALMEYDA
ALMEZQUITA
ALMIRALL
ALMIRUDIS
ALMODOBAR
ALMODOUAR
ALMODOVA
ALMODOVAR
ALMOGABAR
ALMOGUERA
ALMOINA
ALMONACID
ALMONDOVAR
ALMONTE
ALMONTES
ALMORA
ALMUINA
ALOMA
ALOMAR
ALONA
ALONSO
ALONZO
ALOY
ALOYO
ALPIZAR
ALPUCHE
ALPUIN
ALQUICIRA
ALSINA
ALTAGRACIA
ALTAMIRA
ALTAMIRANO
ALTARRIBA
ALTENES
ALTIMIRANO
ALTONAGA
ALTOSINO
ALTRECHE
ALTUBE
ALTUNA
ALTUR
ALTURET
ALTUZARRA
ALUAREZ
ALUIZO
ALUSTIZA
ALUYON
ALVA
ALVANADO
ALVARA
ALVARADA
ALVARADO
ALVARAZ

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ALVARDEZ
ALVARDO
ALVAREDO
ALVARENGA
ALVARES
ALVAREZ
ALVARIDO
ALVARINO
ALVARODO
ALVARRAN
ALVARY
ALVEAR
ALVELAIS
ALVELO
ALVERADO
ALVERANGA
ALVERES
ALVEREZ
ALVERIO
ALVERO
ALVEZ
ALVIAR
ALVIDRES
ALVIDREZ
ALVILLAR
ALVIRA
ALVIRDE
ALVIREZ
ALVISO
ALVITRE
ALVIZAR
ALVIZO
ALVIZU
ALVO
ALVORADO
ALZA
ALZAGA
ALZALDE
ALZATE
ALZINA
ALZOLA
ALZUGARAY
ALZURI
AMABISCA
AMADOR
AMAGO
AMALBERT
AMALLA
AMARGOS
AMARILLA
AMARILLAS
AMARO
AMAVISCA
AMAVIZCA
AMAYA
AMBE
AMBEGUIA
AMBERT
AMBIA
AMBRIS
AMBRIZ
AMEJORADO
AMELY
AMENABAR
AMENEDO
AMENGUAL
AMESCUA
AMESGUITA
AMESOLA
AMESQUA
AMESQUITA
AMESTI
AMESTOY
AMEZAGA
AMEZCUA
AMEZOLA
AMEZQUITA
AMEZUA
AMIAL
AMIEIRO
AMIEVA
AMIGO
AMILL
AMIRA
AMIRES
AMOR
AMORES
AMOROS
AMOROZ
AMOSTEGUI
AMOZURRUTIA
AMPARAN
AMPARANO
AMPARO
AMPUDIA
AMPUERO
ANADON
ANALCO
ANALLA
ANAMOSA
ANASAGASTI
ANAYA
ANAZAGASTY
ANCHANDO
ANCHIA
ANCHIETA
ANCHONDO
ANCHUNDIA
ANCIRA
ANCISO
ANDA
ANDABLO
ANDALON
ANDALUZ
ANDASOLA
ANDAVAZO
ANDAVERDE
ANDAZOLA
ANDEREZ
ANDIARENA
ANDINA
ANDINO
ANDOLLO
ANDRACA
ANDRADA
ANDRADE
ANDRADES
ANDRADO
ANDREOLAS
ANDREU
ANDREZ
ANDRIAL
ANDRINO
ANDUAGA
ANDUEZA
ANDUIZA
ANDUJA
ANDUJAL
ANDUJAR
ANDUJO
ANDUYO
ANDUZE
ANEIRO
ANEIROS
ANEL
ANERO
ANGELES
ANGLADA
ANGLADE
ANGLERO
ANGOCO
ANGON
ANGUEIRA
ANGUERA
ANGUIANO
ANGUINO
ANGUITA
ANGULO
ANIAS
ANIBARRO
ANILLO
ANIZ
ANORGA
ANQUIANO
ANSALDUA
ANSALMO
ANSISO
ANSOATEGUI
ANSOLABEHERE
ANSURES
ANTA
ANTABLIN
ANTELO
ANTEQUERA
ANTIGUA
ANTILLON
ANTIMO
ANTOLIN
ANTOLINEZ
ANTOMARCHY
ANTONETTY
ANTOPIA
ANTRILLO
ANTU
ANTUNA

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ANTUNANO
ANTUNEZ
ANZALDA
ANZALDO
ANZALDUA
ANZAR
ANZARA
ANZARDO
ANZELDE
ANZORENA
ANZUA
ANZUALDA
ANZUETO
ANZULES
ANZURES
APABLASA
APADACA
APAEZ
APALATEGUI
APALATEQUI
APARICIO
APELLANIZ
APEZTEGUIA
APODACA
APODACO
APODOCA
APOLINAR
APONTE
APORTELA
APRATO
APRICIO
APUAN
AQUAYO
AQUERO
AQUEVEQUE
AQUIAR
AQUILAR
AQUILERA
AQUILES
AQUILLAR
AQUIN
AQUINAGA
AQUINES
AQUIRRE
ARA
ARABALO
ARABI
ARABITG
ARACENA
ARACHE
ARADILLAS
ARAGO
ARAGON
ARAGONES
ARAGONEZ
ARAGUAS
ARAGUNDI
ARAGUS
ARAGUZ
ARAICA
ARAIN
ARAIZ
ARAIZA
ARAMAYO
ARAMBEL
ARAMBUL
ARAMBULA
ARAMBULO
ARAMBURO
ARAMBURU
ARAMENDIA
ARAN
ARANA
ARANALDE
ARANAS
ARANAZ
ARANCIBIA
ARANDA
ARANDIA
ARANDO
ARANDULES
ARANEGUI
ARANETA
ARANGO
ARANGUA
ARANGUIZ
ARANGURE
ARANGUREN
ARANIBAR
ARANJON
ARANO
ARANZA
ARANZAZU
ARANZUBIA
ARAOZ
ARAQUE
ARATER
ARAUGO
ARAUS
ARAUSA
ARAUX
ARAUZ
ARAUZA
ARAVENA
ARAVJO
ARAYA
ARAYATA
ARBALLO
ARBELAEZ
ARBELBIDE
ARBELLO
ARBELO
ARBESU
ARBIDE
ARBISO
ARBIZO
ARBIZU
ARBOLAEZ
ARBOLAY
ARBOLEDA
ARBOLEYA
ARBONA
ARBUCIAS
ARBURUA
ARCA
ARCACHA
ARCADIA
ARCARAZO
ARCAS
ARCAUTE
ARCAY
ARCAYA
ARCE
ARCEGA
ARCELAY
ARCELO
ARCELONA
ARCENTALES
ARCEO
ARCHE
ARCHIBEQUE
ARCHILA
ARCHILLA
ARCHULETA
ARCHULETO
ARCHULETTA
ARCHULTA
ARCHUNDE
ARCHUNDIA
ARCHUTETA
ARCHVLETA
ARCIA
ARCIAGA
ARCIBA
ARCIDES
ARCIGA
ARCILA
ARCINAS
ARCINIAGA
ARCINIEGA
ARCINO
ARCIZO
ARCOS
ARCOVERDE
ARCULETA
ARDAIZ
ARDANAZ
ARDANS
ARDANZ
ARDAVIN
ARDIGO
ARDILA
ARDILLA
ARDOIS
ARDON
AREA
AREAN
AREAS
AREBALO
AREBALOS
ARECES
ARECHAGA
ARECHAVALETA
ARECHE
ARECHIGA

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CENSUS LIST OF SPANISH SURNAMES

ARECO
AREDONDO
AREGON
AREGULLIN
AREIZAGA
AREJULA
ARELANO
ARELLANA
ARELLAND
ARELLANDO
ARELLANES
ARELLANEZ
ARELLANO
ARELLANOS
ARELLIN
ARENAL
ARENAS
ARENAZ
ARENAZA
ARENCIBIA
ARENDAIN
ARENIBAS
ARENIVAR
ARENIVAS
ARES
ARESTEGUI
AREU
AREVALO
AREVALOS
AREYAN
AREYANO
ARFE
ARGAEZ
ARGAIN
ARGAIS
ARGANDA
ARGANDONA
ARGANZA
ARGEANAS
ARGEL
ARGENAL
ARGENTIN
ARGIBAY
ARGIL
ARGILAGOS
ARGIZ
ARGOMANIZ
ARGOTE
ARGUDIN
ARGUDO
ARGUELIES
ARGUELL
ARGUELLES
ARGUELLEZ
ARGUELLO
ARGUERA
ARGUESO
ARGUETA
ARGUEZ
ARGUIJO
ARGUILEZ
ARGUILLES
ARGUILLIN
ARGUINDEGUI
ARGUINZONI
ARGULA
ARGULLIN
ARGUMANIZ
ARGUMEDO
ARGUMOSA
ARIA
ARIAS
ARIAZ
ARIAZA
ARIBAS
ARICHETA
ARIEY
ARIGA
ARIGULLIN
ARILES
ARINEZ
ARINO
ARISMENDEZ
ARISMENDI
ARISOLA
ARISPE
ARISSO
ARISTA
ARISTE
ARISTIZABAL
ARISTO
ARISTONDO
ARISTUD
ARISTY
ARIYASU
ARIZ
ARIZA
ARIZABAL
ARIZABALETA
ARIZAGA
ARIZALA
ARIZALETA
ARIZMENDEZ
ARIZMENDI
ARIZMENDIS
ARIZMENDIZ
ARIZOLA
ARIZON
ARIZPE
ARIZTIA
ARIZU
ARJON
ARJONA
ARMADA
ARMADILLO
ARMADO
ARMAIZ
ARMANDARIZ
ARMARIO
ARMAS
ARMENDA
ARMENDARES
ARMENDAREZ
ARMENDARIS
ARMENDARIZ
ARMENDEZ
ARMENDIA
ARMENGOL
ARMENTA
ARMENTERO
ARMENTEROS
ARMERO
ARMESTO
ARMIENTA
ARMIGO
ARMIJO
ARMIJOS
ARMINAN
ARMINANA
ARMITO
ARMO
ARMOLA
ARMORA
ARNADO
ARNAEZ
ARNAIZ
ARNALDO
ARNAVAT
ARNEDO
ARNERO
ARNIELLA
AROCENA
AROCHA
AROCHE
AROCHI
AROCHO
AROIZA
AROS
AROSEMENA
AROSTEGUI
AROYA
AROYO
AROZ
AROZENA
ARPON
ARQUELLES
ARQUELLO
ARQUER
ARQUERO
ARQUES
ARQUETA
ARQUIMBAU
ARQUIZA
ARRABAL
ARRACHE
ARRAIGA
ARRAIZA
ARRAMBIDE
ARRANAGA
ARRASTIA
ARRATIA
ARRAYA
ARRAZCAETA
ARRAZOLA
ARREA

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ARREAGA
ARREALA
ARREAZOLA
ARREBOLA
ARRECHE
ARRECHEA
ARREDENDO
ARREDONDA
ARREDONDO
ARREGUI
ARREGUIN
ARREGUY
ARRELLANO
ARRELLIN
ARRENDO
ARRENDONDO
ARRENQUIN
ARREOLA
ARREQUIBE
ARREQUIN
ARRESTOY
ARRETCHE
ARREY
ARREYGUE
ARREZOLA
ARRIAGA
ARRIAGO
ARRIARAN
ARRIASOLA
ARRIAZA
ARRIAZOLA
ARRIBA
ARRIBAS
ARRIERA
ARRIERO
ARRIETA
ARRIETE
ARRIETTA
ARRIGA
ARRILLAGA
ARRIOLA
ARRIQUIDEZ
ARRISOLA
ARRITOLA
ARRIVILLAGA
ARRIZOLA
ARRIZON
ARROCENA
ARROJAS
ARROJO
ARROLLADO
ARROLLO
ARRONA
ARRONDO
ARRONGE
ARRONIZ
ARRONTE
ARROYA
ARROYAS
ARROYAVE
ARROYO
ARROYOS
ARROZ
ARRUE
ARRUFAT
ARSATE
ARSOLA
ARSUAGA
ARTACHE
ARTALEJO
ARTAU
ARTAUD
ARTAVIA
ARTAZA
ARTEA
ARTEAGA
ARTEAGO
ARTECHE
ARTECONA
ARTEGA
ARTEGO
ARTELLAN
ARTERO
ARTESONA
ARTETA
ARTIAGA
ARTIDIELLO
ARTIEDA
ARTIGA
ARTIGAS
ARTIGO
ARTILES
ARTIME
ARTIZ
ARTOLA
ARTOLOZAGA
ARTURET
ARTUZ
ARUCA
ARUFE
ARUIZU
ARUJO
ARUS
ARUZ
ARVALLO
ARVAYO
ARVELO
ARVISU
ARVIZA
ARVIZO
ARVIZU
ARZA
ARZABAL
ARZABALA
ARZAGA
ARZAGOITIA
ARZAMENDI
ARZAPALO
ARZATE
ARZAVE
ARZENO
ARZOLA
ARZON
ARZU
ARZUAGA
ASAD
ASCANO
ASCAR
ASCARATE
ASCARRUNZ
ASCENCIO
ASCENCION
ASCENSIO
ASCUNCE
ASEBEDO
ASENCIO
ASENCION
ASENJO
ASENSIO
ASEO
ASEVEDO
ASEVES
ASIS
ASOMOZA
ASPEITIA
ASPERIN
ASPEYTIA
ASPIAZU
ASPILLAGA
ASPIRAS
ASPRA
ASPURIA
ASPURO
ASPURU
ASSEO
ASSIS
ASTACIO
ASTENCIO
ASTENGO
ASTIAZARAN
ASTIZ
ASTOL
ASTORGA
ASTRAN
ASTUDILLO
ASTURIAS
ASUA
ASUEGA
ASUNSOLO
ASURMENDI
ASUSTA
ATALA
ATANACIO
ATANCIO
ATAYDE
ATECA
ATEHORTUA
ATENCIO
ATIENZA
ATIENZO
ATILANO
ATILES
ATONDO
ATRA
ATRIO

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ATTENCIO
ATUCHA
AUCES
AUDELO
AUFFANT
AUGILAR
AUILA
AUILES
AULET
AUMADA
AURIOLES
AURRECOECHEA
AUZA
AVALA
AVALO
AVALOS
AVALOZ
AVARCA
AVECHUCO
AVECILLAS
AVELAR
AVELLAN
AVELLANAL
AVELLANEDA
AVELLANET
AVENDANO
AVIGAEL
AVILA
AVILAS
AVILES
AVILEZ
AVILLAN
AVILUCEA
AVINA
AVITA
AVITEA
AVITIA
AVITUA
AYABARRENO
AYALA
AYALLA
AYALO
AYAN
AYARZAGOITIA
AYBAR
AYCART
AYENDE
AYERBE
AYERDI
AYERZA
AYES
AYESTARAN
AYLLON
AYMAT
AYMERICH
AYOLA
AYON
AYORA
AYOROA
AYUSO
AZA
AZARES
AZCANO
AZCARATE
AZCARRAGA
AZCARRETA
AZCOITIA
AZCONA
AZCUE
AZCUI
AZCUY
AZIOS
AZNAR
AZNAREZ
AZOCA
AZOCAR
AZOFRA
AZOR
AZOY
AZPEITIA
AZPIAZU
AZPIRI
AZPIROZ
AZUA
AZUARA
AZUCENA
AZUELA
AZUETA
AZURDIA
BABARAN
BABIDA
BABILONIA
BABIO
BACA
BACALLAO
BACARDI
BACCA
BACELIS
BACERRA
BACHICHA
BACILIO
BACOS
BACOSA
BADA
BADAJOS
BADAJOSA
BADELLA
BADELLO
BADIA
BADIAL
BADIAS
BADILLA
BADILLO
BADIO
BADIOLA
BAELLA
BAELLO
BAENA
BAERGA
BAESA
BAEZ
BAEZA
BAEZCRUZ
BAGU
BAGUE
BAGUER
BAGUERO
BAGUES
BAGUEZ
BAHADUE
BAHAMON
BAHAMONDE
BAHAMONDES
BAHAMUNDI
BAHENA
BAIDA
BAIGEN
BAILEZ
BAILLERES
BAILON
BAIRES
BAISA
BAISDON
BAIZ
BAIZA
BAJADA
BAJANA
BAJANDAS
BAJE
BAJO
BALADES
BALADEZ
BALADO
BALADRON
BALAEZ
BALAGIA
BALAGOT
BALAGUE
BALAGUER
BALAGUERA
BALAIS
BALAJADIA
BALANDRA
BALANDRAN
BALANDRANO
BALANGA
BALANON
BALANZA
BALAREZO
BALARIN
BALART
BALASQUIDE
BALBANEDA
BALBAS
BALBASTRO
BALBIN
BALBINA
BALBOA
BALBONA
BALBONTIN
BALBUENA
BALCACER
BALCARCEL
BALCAZAR
BALCELLS

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BALCORTA
BALDARAMOS
BALDARRAMA
BALDARRAMOS
BALDAZO
BALDELOMAR
BALDENEGRO
BALDEON
BALDERA
BALDERAMA
BALDERAMOS
BALDERAS
BALDERAZ
BALDEROS
BALDERRAMA
BALDERS
BALDEVARONA
BALDEZ
BALDILLEZ
BALDIT
BALDIVIA
BALDIVIEZ
BALDIZAN
BALDIZON
BALDOMERO
BALDONADO
BALDOQUIN
BALDOR
BALDOVINO
BALDOVINOS
BALDOZ
BALDRICHE
BALEME
BALENCIA
BALERIO
BALERO
BALESTERRI
BALGOS
BALIA
BALIDO
BALINA
BALIZAN
BALLADARES
BALLADAREZ
BALLAGAS
BALLARDO
BALLATE
BALLEJO
BALLEJOS
BALLERAS
BALLESTA
BALLESTAS
BALLESTE
BALLESTER
BALLESTERAS
BALLESTERO
BALLESTEROS
BALLESTROS
BALLEZ
BALLEZA
BALLI
BALLINA
BALLINAS
BALLOTE
BALMACEDA
BALMANA
BALMASEDA
BALMORES
BALOSSO
BALSA
BALSECA
BALSEIRO
BALSERA
BALSINDE
BALTAR
BALTASAR
BALTAZAR
BALTIERRA
BALTIERREZ
BALTODANO
BALUJA
BALVANEDA
BALVERDE
BALZOLA
BAMUELOS
BANA
BANAGA
BANAGAS
BANALES
BANANDO
BANARER
BANARES
BANCES
BANCIELLA
BANDA
BANDERAS
BANDIN
BANDURRAGA
BANEGAS
BANEZ
BANIQUED
BANOS
BANREY
BANUELAS
BANUELOS
BANUET
BANVELOS
BAO
BAPTISTO
BAQUEDANO
BAQUERA
BAQUERIZO
BAQUERO
BAQUIRAN
BARAGAN
BARAGANA
BARAGAS
BARAHONA
BARAJAS
BARAJOS
BARALT
BARANDA
BARANDIARAN
BARASORDA
BARAY
BARAZ
BARBA
BARBACHANO
BARBARENA
BARBASA
BARBEITO
BARBERAN
BARBERENA
BARBOA
BARBOLA
BARBONTIN
BARBOSA
BARCALA
BARCELO
BARCELON
BARCENA
BARCENAS
BARCENES
BARCENEZ
BARCENILLA
BARCIA
BARCIGALUPIA
BARCIMO
BARCINAS
BARCON
BARCOS
BARDALES
BARDINAS
BARDISA
BAREA
BARED
BARELA
BARELAS
BARENCO
BARENO
BARETTO
BAREZ
BARGARA
BARGAS
BARGOS
BARGUIARENA
BARILLAS
BARIN
BARINAS
BARLOCO
BARNACHEA
BARO
BAROCIO
BAROJAS
BAROS
BAROSELA
BAROZ
BARQUERA
BARQUERO
BARQUET
BARQUEZ
BARQUIN
BARRAD
BARRAGAN
BARRAGAR

APPENDIX E
CENSUS LIST OF SPANISH SURNAMES

BARRAGON
BARRAJAS
BARRAL
BARRALES
BARRAMEDA
BARRANDEY
BARRANO
BARRANTES
BARRAQUE
BARRARA
BARRASA
BARRATACHEA
BARRAZ
BARRAZA
BARREDA
BARREDO
BARREGO
BARREIRO
BARRENA
BARRENECHE
BARRENECHEA
BARRENO
BARRERA
BARRERAGARCIA
BARRERAS
BARRERAZ
BARRERO
BARRETA
BARRETO
BARREZUETA
BARRIA
BARRIAGA
BARRIAL
BARRIAS
BARRIENTES
BARRIENTEZ
BARRIENTO
BARRIENTOS
BARRIERA
BARRIERO
BARRIGA
BARRILLAS
BARRIO
BARRIONUEVO
BARRIOS
BARRO
BARROCAS
BARRONA
BARROSA
BARROSO
BARROTERAN
BARROZA
BARROZO
BARRUECO
BARRUETA
BARSENAS
BARTOLOME
BARTOLOMEY
BARTUREN
BARZA
BARZAGA
BARZANA
BARZILLA
BARZIZA
BARZOLA
BAS
BASABE
BASADRE
BASAITES
BASALDO
BASALDU
BASALDUA
BASALDUE
BASALLO
BASALO
BASALOVA
BASANES
BASANEZ
BASANO
BASANTES
BASCON
BASCONCILLO
BASCOY
BASCUAS
BASDEO
BASILLA
BASOCO
BASORA
BASQUES
BASQUEZ
BASTANCHURY
BASTARDO
BASTERRECHEA
BASTIDA
BASTIDAS
BASTIDOS
BASUA
BASUALDO
BASULTO
BASURA
BASURCO
BASURTO
BATALLA
BATALLAN
BATAN
BATANIDES
BATILLA
BATINE
BATIST
BATISTA
BATIZ
BATIZA
BATLLE
BATLLIA
BATRES
BATREZ
BATRIZ
BATULE
BAUSA
BAUSTISTA
BAUTA
BAUTISTA
BAUZA
BAUZO
BAYANILLA
BAYARDO
BAYARENA
BAYAS
BAYCORA
BAYDES
BAYLINA
BAYLON
BAYO
BAYON
BAYONA
BAYRON
BAYUGA
BAZA
BAZAIN
BAZALDUA
BAZAMAN
BAZAN
BAZAURE
BAZUA
BAZURTO
BEADA
BEANES
BEAS
BEAZ
BECARIA
BECCERA
BECCERRA
BECEIRO
BECENA
BECERA
BECERRA
BECERRIL
BECERRO
BECHARA
BECHO
BECUAR
BEDIA
BEDOLLA
BEDOY
BEDOYA
BEGA
BEGANO
BEGONA
BEGUIRISTAIN
BEIRO
BEISTEGUI
BEITIA
BEITRA
BEJAR
BEJARAN
BEJARANO
BEJERANO
BEJINES
BEJINEZ
BELA
BELANCOURT
BELANDRES
BELARDE
BELARDES
BELARDO

APPENDIX E
CENSUS LIST OF SPANISH SURNAMES

BELASQUEZ
BELASQUIDA
BELAUNDE
BELAUNZARAN
BELAUSTEGUI
BELAVAL
BELCHEZ
BELDEROL
BELEN
BELENDEZ
BELETTE
BELEZ
BELIO
BELLAFLORES
BELLEZ
BELLIARD
BELLIDO
BELLMAS
BELLOSO
BELMARES
BELMAREZ
BELMONTES
BELMONTEZ
BELMUDES
BELMUDEZ
BELNAS
BELOZ
BELTRA
BELTRAN
BELTRANENA
BELTRE
BELVADO
BENABE
BENABIDES
BENADO
BENALCAZAR
BENALLO
BENAUIDES
BENAVEDIZ
BENAVENT
BENAVENTE
BENAVIDAS
BENAVIDES
BENAVIDEZ
BENAVIDOS
BENCOMO
BENCOSME
BENDALIN
BENDAMIO
BENEGAS
BENEJAN
BENERO
BENESTANTE
BENETEZ
BENEVIDEZ
BENGOA
BENGOCHEA
BENIGUEZ
BENINE
BENIQUEZ
BENITES
BENITEZ
BENITO
BENITOA
BENOVIDEZ
BENTA
BENTANCOUR
BENTANCOURT
BENTANCUD
BENTANCUR
BENTURA
BENUDIZ
BENUN
BENZAQUEN
BEOVIDES
BEQUER
BERAIN
BERASATEGUI
BERAZA
BERBAN
BERBENA
BERBER
BERBERENA
BERCEDONIS
BERDEAL
BERDECIA
BERDEJA
BERDEJO
BERDUGO
BERDUSCO
BEREA
BEREAL
BERENGUER
BERENY
BERGADO
BERGARA
BERGEZ
BERGOLLA
BERICOCHEA
BERJAN
BERLANGA
BERLANGO
BERMEA
BERMEJILLO
BERMEJO
BERMEO
BERMUDA
BERMUDES
BERMUDEZ
BERMUNDEZ
BERNABE
BERNAL
BERNALDEZ
BERNALL
BERNARDEZ
BERNDES
BERNELL
BERNEZ
BERNUDEZ
BEROIZ
BERONDA
BERRAYARZA
BERRELES
BERRELEZ
BERRELLEZ
BERRELLEZA
BERRERA
BERREYESA
BERRIOS
BERRIOZABAL
BERRIZ
BERROA
BERROCAL
BERROCALES
BERRONES
BERROS
BERROSPE
BERROTERAN
BERRU
BERRUECO
BERRUECOS
BERSOSA
BERSOZA
BERTAINA
BERTOT
BERTRAN
BERUBEN
BERUMEN
BERUVIDES
BERZOZA
BESA
BESADA
BESARES
BESCOS
BESERRA
BESINAIZ
BESTARD
BESTEIRO
BESU
BETANCE
BETANCES
BETANCIS
BETANCOURT
BETANCOURTH
BETANCUR
BETANCURT
BETETA
BETHENCOURT
BETONCOURT
BETRAN
BEXAR
BEZA
BEZANILLA
BEZARES
BEZERRA
BIANE
BIANES
BIANGEL
BIAR
BIASCOECHEA
BIBIAN
BIBIANO
BIBILONI
BICHARA
BIDABE

APPENDIX E
CENSUS LIST OF SPANISH SURNAMES

BIDAL
BIDART
BIDET
BIDO
BIDOT
BIEDMA
BIELMA
BIENES
BIERA
BIGON
BILANO
BILBAO
BILBRAUT
BILLAFRANCO
BILLALBA
BILLALOBOS
BILLESCAS
BINAS
BINELO
BINGOCHEA
BINIMELIS
BIRBA
BIRONDO
BIRRIEL
BIRRUETA
BISA
BISBAL
BISCAILUZ
BISCAINO
BISCAYART
BISTRAIN
BISUANO
BITELA
BITHORN
BITOLAS
BLADUELL
BLAJOS
BLANCARTE
BLANCAS
BLANCO
BLANCOCERDA
BLANES
BLANQUET
BLANQUEZ
BLANQUIZ
BLASQUEZ
BLAYA
BLAZQUEZ
BLEA
BLONDET
BOADA
BOADO
BOBADILLA
BOBADILLO
BOBE
BOBEA
BOBEDA
BOBELE
BOBIAN
BOBILLO
BOCACHICA
BOCANEGRA
BOCARDO
BOCHAS
BODERO
BODIROGA
BOERAS
BOEZ
BOFILL
BOGARIN
BOHORQUEZ
BOILES
BOITES
BOJORGES
BOJORGUEZ
BOJORQUES
BOJORQUEZ
BOLADERES
BOLADO
BOLANO
BOLANOS
BOLEDA
BOLET
BOLIVAR
BOLOIX
BOLTARES
BOLUFE
BOMBALIER
BONACHEA
BONAFONT
BONAL
BONALES
BONEFONT
BONET
BONETA
BONICHE
BONILLA
BONILLAS
BONILLO
BONUZ
BORAD
BORBOA
BORBOLLA
BORBON
BORDAGARAY
BORDALLO
BORDANO
BORDAYO
BORDEGARAY
BORDENAVE
BORDOY
BOREGO
BORELA
BORERO
BORGUEZ
BORJA
BORJAS
BORJON
BORNIA
BORONDA
BORONDO
BOROVAY
BORQUEZ
BORRAJO
BORRAS
BORRAYO
BORREGO
BORRER
BORRERO
BORRICO
BORRIOS
BORROEL
BORROTO
BORRUEL
BORUNDA
BOSMENIER
BOSQUE
BOSQUES
BOSQUEZ
BOTANA
BOTARD
BOTAS
BOTELL
BOTELLA
BOTELLO
BOTERO
BOTILLER
BOTILLO
BOUCOURT
BOULLON
BOUZA
BOUZAS
BOVADILLA
BOVEDA
BOVES
BRACAMONTE
BRACAMONTES
BRACAMONTEZ
BRACERO
BRACEROS
BRACHO
BRADOR
BRAMASCO
BRAMBILA
BRAMBILL
BRAN
BRANA
BRANCACHO
BRANCACIO
BRANDARIZ
BRANUELAS
BRASSELERO
BRASUEL
BRAULIO
BRAVO
BREA
BRECEDA
BREIJO
BREMA
BRENES
BRENLLA
BRETADO
BRETO
BRETOS
BRIALES

APPENDIX E
CENSUS LIST OF SPANISH SURNAMES

BRIANO
BRIAS
BRIBIESCA
BRIBIESCAS
BRICENO
BRIENO
BRIEVA
BRIGNONI
BRIJALBA
BRIJIL
BRILLANTES
BRINGAS
BRINGUEZ
BRIO
BRIONES
BRIONEZ
BRISENO
BRISITA
BRISO
BRISUELA
BRITO
BRIZ
BRIZAL
BRIZENO
BRIZO
BRIZUELA
BROCAS
BROCHE
BRONDO
BROTONS
BRUCELAS
BRUCIAGA
BRUGUERA
BRUGUERAS
BRUSUELAS
BRUZOS
BUANTELLO
BUBELA
BUCETA
BUCIO
BUELNA
BUENABAD
BUENAFE
BUENAVENTURA
BUENCONSEJO
BUENDEL
BUENDIA
BUENFIL
BUENO
BUENROSTRO
BUENRROSTRO
BUENSUCESO
BUENTELLO
BUENTEO
BUENTIEMPO
BUENTILLO
BUERAS
BUERES
BUERGO
BUFANDA
BUGALLO
BUGARIN
BUIGAS
BUIGUES
BUILES
BUILTRON
BUITRAGO
BUITRON
BUITUREIDA
BUITUREIRA
BUJAN
BUJANDA
BUJANOS
BUJOSA
BULERIN
BULLAS
BULNES
BULOS
BULTRON
BURBANO
BURBOA
BURCET
BURCIAGA
BURCIAGO
BURCOS
BURDEOS
BURGADO
BURGARA
BURGENO
BURGOA
BURGOS
BURGUAN
BURGUENO
BURGUETE
BURIEL
BURILLO
BURITICA
BURNEO
BURNIAS
BURQUEZ
BURRA
BURRIEL
BURRIOLA
BURROLA
BURRON
BURRUEL
BURSIAGA
BURUATO
BUSIGO
BUSQUET
BUSQUETS
BUSTABAD
BUSTABADE
BUSTAMANTE
BUSTAMANTES
BUSTAMANTEZ
BUSTAMARTE
BUSTAMENTE
BUSTAMONTE
BUSTANANTE
BUSTAS
BUSTED
BUSTELO
BUSTEMANTE
BUSTILLO
BUSTILLOS
BUSTINZA
BUSTIO
BUSTO
BUSTOS
BUSTOZ
BUSUTIL
BUTANDA
BUTERO
BUTRON
BUTTANDA
BUXEDA
BUXO
BUYON
BUZANI
BUZNEGO
BUZO
CAAL
CAAMAL
CAAMANO
CAAMPUED
CABA
CABADA
CABAL
CABALEIRO
CABALLA
CABALLER
CABALLERO
CABALLEROS
CABALLES
CABALLO
CABAN
CABANAS
CABANELAS
CABANERO
CABANILLAS
CABANZON
CABARCAS
CABARCOS
CABARGA
CABASA
CABASIER
CABASOS
CABASSA
CABASSO
CABAZA
CABAZOS
CABEIRO
CABEJE
CABELLERO
CABELLO
CABERA
CABERERA
CABERRA
CABESUELA
CABEZA
CABEZADEBACA
CABEZAS
CABEZUDO
CABEZUELA

APPENDIX E
CENSUS LIST OF SPANISH SURNAMES

CABIAS
CABIDO
CABIEDES
CABIGAS
CABILLO
CABLA
CABRALES
CABRALEZ
CABRANES
CABRE
CABREJA
CABREJAS
CABREJOS
CABRER
CABRERA
CABRERAS
CABRERIZO
CABRERO
CABRERRA
CABRET
CABREVA
CABRIALES
CABRIELES
CABRILES
CABRILLO
CABRILLOS
CABRISAS
CABRITO
CABRON
CABUENA
CABUTO
CACERAS
CACERES
CACEREZ
CACHARRON
CACHO
CACHON
CACHORA
CACHUA
CACICEDO
CADAHIA
CADAVA
CADAVAL
CADAVID
CADAVIECO
CADEMA
CADENA
CADENAS
CADENAZ
CADENGO
CADIERNO
CADILLA
CADILLO
CADIS
CADIZ
CADORNIGA
CADRIEL
CAGIGA
CAGIGAL
CAGIGAS
CAGUIAS
CAHUE
CAICEDO
CAIGOY
CAILLAU
CAINAS
CAINZOS
CAJAR
CAJAS
CAJEN
CAJERO
CAJIAO
CAJIDE
CAJIGA
CAJIGAL
CAJIGAS
CAJINA
CAJO
CAJUSTE
CALABAZA
CALAFAT
CALAFELL
CALAMA
CALAMACO
CALAMARS
CALAMON
CALANA
CALANCHE
CALANDRES
CALAS
CALATAYUD
CALBILLO
CALCADO
CALCANEO
CALCANO
CALCINES
CALDA
CALDARON
CALDAS
CALDELAS
CALDERA
CALDERAS
CALDERILLA
CALDERIN
CALDERO
CALDERON
CALDEVILLA
CALEJO
CALENZANI
CALERA
CALERO
CALEZ
CALIBO
CALIENES
CALIX
CALIXTO
CALIXTRO
CALIZ
CALLADO
CALLANTA
CALLAVA
CALLAZO
CALLE
CALLEIRO
CALLEJAS
CALLEJO
CALLEJON
CALLEJOS
CALLELLA
CALLEROS
CALLES
CALLEYRO
CALLINICOS
CALLISTRO
CALOCA
CALOMARDE
CALONGA
CALONGE
CALONJE
CALSADA
CALSADILLAS
CALVEIRO
CALVERA
CALVERO
CALVES
CALVET
CALVILLO
CALVO
CALZADA
CALZADIAS
CALZADILLA
CALZADILLAS
CALZADO
CALZIA
CALZONCIN
CAMACH
CAMACHE
CAMACHO
CAMAMA
CAMANCHO
CAMANEZ
CAMANO
CAMARAZA
CAMARELLA
CAMARENA
CAMARENO
CAMARERO
CAMARGO
CAMARILLO
CAMARO
CAMARON
CAMARRILLO
CAMAYA
CAMAYD
CAMBA
CAMBALIZA
CAMBERO
CAMBEROS
CAMBIANICA
CAMBIS
CAMBLOR
CAMBO
CAMBON
CAMCHO
CAMEJO

APPENDIX E
CENSUS LIST OF SPANISH SURNAMES

CAMERENA
CAMERO
CAMEZ
CAMILO
CAMINA
CAMINAS
CAMINERO
CAMOCHO
CAMORODA
CAMPA
CAMPACOS
CAMPANERIA
CAMPANIONI
CAMPAS
CAMPAZ
CAMPERO
CAMPILLO
CAMPINS
CAMPIRANO
CAMPISTA
CAMPIZ
CAMPOAMOR
CAMPODONICA
CAMPOLLA
CAMPOMANES
CAMPORREDONDO
CAMPOS
CAMPOSAGRADO
CAMPOVERDE
CAMPOY
CAMPOZ
CAMPOZANO
CAMPUSANO
CAMPUZANO
CAMUEIRAS
CAMUNAS
CAMUNES
CAMUNEZ
CANA
CANABA
CANABAL
CANABATE
CANAHUATI
CANALDA
CANALEJO
CANALES
CANALEZ
CANALITA
CANALS
CANAMAR
CANAMERO
CANAS
CANAVA
CANAVATI
CANAVERAL
CANAVES
CANCEL
CANCELA
CANCELO
CANCHE
CANCHOLA
CANCINO
CANCINOS
CANCIO
CANDALES
CANDANEDO
CANDANO
CANDANOSA
CANDANOZA
CANDELARI
CANDELARIA
CANDELARIE
CANDELARIO
CANDELAS
CANDELERIA
CANDIA
CANDIAS
CANEDA
CANEDO
CANEGATA
CANEIRO
CANELA
CANELLAS
CANELLIS
CANELO
CANERO
CANES
CANET
CANETE
CANEZ
CANGA
CANGAS
CANION
CANISALES
CANIZAL
CANIZALES
CANIZALEZ
CANIZARES
CANIZAREZ
CANJURA
CANLAS
CANO
CANOVAS
CANSECO
CANSINO
CANTARERO
CANTERO
CANTILLO
CANTORAN
CANTOS
CANTOU
CANTOYA
CANTRE
CANTRES
CANTU
CANTUA
CANTUTIJERINA
CANUELAS
CANZONA
CAPABLANCA
CAPACETE
CAPARRA
CAPARROS
CAPAS
CAPATA
CAPDEVILA
CAPELES
CAPELLAN
CAPELO
CAPERON
CAPESTANY
CAPETILLO
CAPIFALI
CAPILLA
CAPIN
CAPIRO
CAPISTRAN
CAPLANO
CAPMANY
CAPOTE
CAPRILES
CAPRINE
CAPUCHIN
CAPUCHINA
CAPUCHINO
CAQUIAS
CARABA
CARABAJAL
CARABAL
CARABALLO
CARABALLOPEREZ
CARABANTES
CARABAY
CARABAZA
CARABELLA
CARABEO
CARABES
CARABEZ
CARACENA
CARACHEO
CARACOSA
CARACOZA
CARAJAL
CARALT
CARAMBOT
CARAMEROS
CARAMES
CARAMILLO
CARANTA
CARANZA
CARAPIA
CARARA
CARASA
CARASCO
CARATACHEA
CARATAN
CARATTINI
CARAVACA
CARAVAJAL
CARAVANTES
CARAVAYO
CARAVEO
CARAVES
CARAZA
CARAZO

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CENSUS LIST OF SPANISH SURNAMES

CARBA
CARBAJAL
CARBAJALES
CARBAJO
CARBALLAR
CARBALLEA
CARBALLEIRA
CARBALLIDO
CARBALLO
CARBALLOSA
CARBELLIDO
CARBIA
CARBONEL
CARBONELL
CARBOT
CARCACHE
CARCAMO
CARCANA
CARCANAQUES
CARCANO
CARCAS
CARCELLERO
CARDELLE
CARDELLES
CARDENA
CARDENAL
CARDENALES
CARDENAS
CARDENAZ
CARDENES
CARDENEZ
CARDENO
CARDENOS
CARDENOSA
CARDENTEY
CARDET
CARDEZA
CARDIEL
CARDINAS
CARDINEZ
CARDONA
CARDONAS
CARDOSA
CARDOVA
CAREAGA
CARELA
CARETA
CARIAS
CARIBE
CARIDE
CARIDES
CARIELO
CARIGA
CARILLO
CARINGAL
CARINHAS
CARIRE
CARISALEZ
CARLA
CARLETELLO
CARLOS
CARMENATE
CARMENATES
CARMENATY
CARMOEGA
CARMONA
CARNERA
CARNERO
CARNICER
CARNICERO
CARO
CARONADO
CAROPINO
CARPENA
CARPINTERO
CARPINTEYRO
CARPIO
CARPIZO
CARRABALLO
CARRACEDO
CARRADA
CARRADERO
CARRAL
CARRALEJO
CARRALERO
CARRALES
CARRALEZ
CARRAMAN
CARRANCA
CARRANCO
CARRANDI
CARRANSA
CARRANZA
CARRASCO
CARRASCOSA
CARRASGUILLO
CARRASO
CARRASQUILLA
CARRASQUILLO
CARRATALA
CARRAU
CARRAZANA
CARRAZCO
CARREAGA
CARREDO
CARREJO
CARRENO
CARREON
CARRERA
CARRERAS
CARRERO
CARRETE
CARRETERO
CARRETO
CARRIAGA
CARRIAZO
CARRICA
CARRICABURU
CARRICARTE
CARRIDO
CARRIEDO
CARRIJO
CARRIL
CARRILES
CARRILLA
CARRILLE
CARRILLO
CARRILO
CARRIO
CARRION
CARRIQUE
CARRISAL
CARRISALES
CARRISALEZ
CARRISOSA
CARRISOZA
CARRIZAL
CARRIZALES
CARRIZALEZ
CARRIZO
CARRIZOSA
CARRIZOZA
CARRODEGUAS
CARROLA
CARROSQUILLO
CARRSCO
CARRUESCO
CARTAGEN
CARTAGENA
CARTAGO
CARTANA
CARTAS
CARTAYA
CARUAJAL
CARVAJAL
CARVAJALES
CARVAJALINO
CASABLANCA
CASABO
CASADAS
CASADES
CASADO
CASADOS
CASAIS
CASAL
CASALES
CASALS
CASAMAYOR
CASANAS
CASANDRA
CASANOVA
CASANOVAS
CASANUEVA
CASARES
CASAREZ
CASARIEGO
CASARRUBIAS
CASAS
CASASNOVAS
CASASOLA
CASASUS
CASAUS
CASAVANTES
CASCANTE
CASCON

APPENDIX E
CENSUS LIST OF SPANISH SURNAMES

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

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

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

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

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COUCE
COUCEYRO
COUMPAROULES
COUSO
COUTIN
COUTINO
COUVERTIER
COVARRUBIA
COVARRUBIAS
COVARRUBIAZ
COVARRUBIO
COVARRUVIAS
COVARRYBIAS
COVARUBIAS
COVAS
COVIAN
COVILLO
COVIO
COVO
COVOS
COYA
COYAZO
CREITOFF
CREMAR
CREMATA
CRESPIN
CRESPO
CRIADO
CRIBEIRO
CRIOLLO
CRIOYOS
CRISANTES
CRISANTO
CRISANTOS
CRISOSTO
CRISOSTOMO
CRISTALES
CRISTAN
CRISTANCHO
CRISTERNA
CRISTIA
CRISTIAN
CRISTIN
CRISTOBAL
CRISTOFOL
CRIXELL
CROSAS
CROZ
CRUANES
CRUANYAS
CRUCES
CRUCETA
CRUZ
CRUZADO
CRUZAT
CRUZATA
CRUZCOSA
CRUZCRUZ
CRUZON
CRUZRODRIGUEZ
CUADRA
CUADRADO
CUADRAS
CUADRAZ
CUADRO
CUADROS
CUAN
CUARA
CUARENTA
CUARON
CUARTAS
CUASCUT
CUATE
CUBANO
CUBAS
CUBENAS
CUBERO
CUBIAS
CUBILLAS
CUBILLO
CUBILLOS
CUBIO
CUBRIEL
CUCALON
CUCUTA
CUEBA
CUEBAS
CUELIAR
CUELLA
CUELLAR
CUELLER
CUELLO
CUEN
CUENCA
CUENCO
CUENTAS
CUENTO
CUERDO
CUERO
CUERVO
CUESTA
CUESTAS
CUETO
CUEVA
CUEVAS
CUEVAZ
CUEVOS
CUILAN
CUIN
CUIZON
CULEBRO
CULTRERI
CUMBA
CUMPIAN
CUMPIANO
CUNANAN
CUNES
CUNEZ
CUNI
CUNILL
CUNYUS
CUPELES
CUPRILL
CURA
CURBELLO
CURBELO
CURET
CURIEL
CURRAIS
CURRAS
CURREA
CURZ
CUSCO
CUSTODIA
CUSTODIO
CUTIE
CUYA
CUYAR
CUZA
DABALOS
DABILA
DACUMOS
DAGNESSES
DAGO
DAGUERRE
DAGUILAR
DALAMA
DALBOSCO
DALIPE
DALMAU
DALMIDA
DANACHE
DANTUS
DAPENA
DARDANES
DARDIZ
DARDON
DARIAS
DARNAUD
DARQUEA
DARRIBA
DARUNA
DASTAS
DATIL
DAUBAR
DAUILA
DAUSA
DAUZ
DAVALOS
DAVILA
DAVILAS
DAVILLA
DAVILO
DAZA
DCRUZ
DEAGEN
DEAGUERO
DEAGUILAR
DEAGUIRRE
DEALBA
DEALCALA
DEALEJANDRO
DEALVA
DEALVAREZ
DEAMADOR

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DEANDA
DEANDE
DEANDRES
DEAQUERO
DEARAGON
DEARCE
DEARCO
DEARCOS
DEARELLANO
DEARIAS
DEARMAS
DEARO
DEARRIBA
DEARRILLAGA
DEARROYO
DEARTEAGA
DEASES
DEAVILA
DEAYALA
DEAZEVEDO
DEBACA
DEBARE
DEBARRA
DEBATISTA
DEBATO
DEBAYONA
DEBESA
DEBONILLA
DEBRAS
DEBRAVO
DEBRUYAN
DEBUENO
DECABRAL
DECALDERON
DECALLE
DECAMACHO
DECANTU
DECAPRILES
DECARDENAS
DECASAS
DECASO
DECASTANEDA
DECASTILLO
DECASTRO
DECENA
DECERDA
DECERVANTES
DECESPEDES
DECHAVEZ
DECHOUDENS
DECIGA
DECLET
DECOLLADO
DECOLON
DECONTRERAS
DECORDOBA
DECORDOVA
DECORO
DECORONA
DECORONADO
DECORSE
DECORTEZ
DECOS
DECRISTINO
DECRUZ
DECUEVA
DECUEVAS
DEDELGADO
DEDIAZ
DEDIEGO
DEDIOS
DEDOMINGUEZ
DEDUARTE
DEESPARZA
DEESTRADA
DEFALCON
DEFALLA
DEFERIA
DEFERNANDEZ
DEFEX
DEFIESTA
DEFIGUEROA
DEFILLO
DEFLORES
DEFRESE
DEFRISCO
DEFUENTES
DEGANI
DEGARAY
DEGARCIA
DEGARZA
DEGELIA
DEGOES
DEGOLLADO
DEGOMEZ
DEGONZALES
DEGONZALEZ
DEGRACIA
DEGUARA
DEGUARDIA
DEGUERRA
DEGUERRERO
DEGUEVARA
DEGUIMERA
DEGUTIERREZ
DEGUZMAN
DEHARO
DEHERNANDEZ
DEHERRERA
DEHESA
DEHOMBRE
DEHORTA
DEHOSTOS
DEHOYAS
DEHOYOS
DEIBARRA
DEIDA
DEIMES
DEIRO
DEISLA
DEITA
DEITURRONDO
DEJARA
DEJAUREGUI
DEJESU
DEJESUS
DEJESUSGARCIA
DEJESUSORTIZ
DEJIMENEZ
DEJORIA
DEJUAN
DELAARENA
DELABARCA
DELABARCENA
DELABARRERA
DELABARZA
DELABRA
DELACABADA
DELACAL
DELACALLE
DELACAMARA
DELACAMPA
DELACANAL
DELACERDA
DELACHICA
DELACONCEPCION
DELACONCHA
DELACORTE
DELACOTERA
DELACRUZ
DELACUADRA
DELACUESTA
DELACUEVA
DELACURZ
DELAESPRIELLA
DELAFE
DELAFUENTE
DELAFUENTES
DELAFUNTE
DELAGADILLO
DELAGADO
DELAGARRIGUE
DELAGARZA
DELAGDO
DELAGRANA
DELAGUARDIA
DELAGUERRA
DELAGUILA
DELAHERA
DELAHERRAN
DELAHOYA
DELAHOZ
DELAHUERTA
DELAISLA
DELAJARA
DELALASTRA
DELALCAZAR
DELALLATA
DELALLAVE
DELALLERA
DELALOZA
DELALTO
DELALUZ
DELAMADRID
DELAMANCHA

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DELAMATA
DELAMAZA
DELAMELLA
DELAMERCED
DELAMO
DELAMORA
DELAMORENA
DELAMOTA
DELANDA
DELANGEL
DELANOVAL
DELANUEZ
DELAO
DELAOSA
DELAOSSA
DELAPARRA
DELAPASS
DELAPAZ
DELAPENA
DELAPEZA
DELAPIEDRA
DELAPLATA
DELAPORTILLA
DELAPOZA
DELAPRIDA
DELAPUENTE
DELARA
DELAREA
DELAREZA
DELARIOS
DELARIVA
DELAROCA
DELAROCHA
DELAROSA
DELAROZA
DELARRA
DELARROYO
DELARUA
DELASANTOS
DELASCASAS
DELASCUEVAS
DELASERNA
DELASHERAS
DELASIERRA
DELATEJA
DELATEJERA
DELATOBA
DELATORRE
DELATORRES
DELATORRIENTE
DELATRINIDAD
DELAUZ
DELAVARA
DELAVEGA
DELAVELLANO
DELAVICTORIA
DELAVINA
DELAYA
DELAZERDA
DELBARRIO
DELBLANCO
DELBOSQUE
DELBOSQUEZ
DELBOZQUE
DELBREY
DELBUSTO
DELCADO
DELCALVO
DELCAMPILLO
DELCAMPO
DELCASTILLO
DELCASTRO
DELCERRO
DELCID
DELCOLLADO
DELCORRAL
DELCORRO
DELCRISTO
DELCUETO
DELCURTO
DELDAGO
DELEGANIS
DELEIJA
DELEON
DELERIO
DELERME
DELESCAILLE
DELEZA
DELFANTE
DELFIERRO
DELFIN
DELFRANCIA
DELGADA
DELGADILL
DELGADILLO
DELGADO
DELGADODEORAMA
S
DELGIORGIO
DELGODO
DELHARO
DELHIERRO
DELHOYO
DELIGANIS
DELIRA
DELISEO
DELIZ
DELJUNCO
DELLANO
DELLLANO
DELMARGO
DELMENDO
DELMERCADO
DELMORAL
DELMUNDO
DELMURO
DELNODAL
DELOA
DELOEN
DELOERA
DELOLMO
DELOPEZ
DELORA
DELORO
DELOSADA
DELOSANGELES
DELOSANTOS
DELOSCOBOS
DELOSMONTEROS
DELOSPRADOS
DELOSREYES
DELOSRIOS
DELOSSANT
DELOSSANTOS
DELOYA
DELOYOLA
DELOZA
DELOZADA
DELPALACIO
DELPARDO
DELPILAR
DELPIN
DELPINAL
DELPINO
DELPORTILLO
DELPOSO
DELPOZO
DELPRADO
DELPUERTO
DELRAZO
DELREAL
DELREY
DELRICO
DELRIEGO
DELRINCON
DELRIO
DELRISCO
DELRIVERO
DELROSAL
DELROSARIO
DELSALTO
DELSOL
DELTEJO
DELTIEMPO
DELTORO
DELUA
DELUAO
DELUJAN
DELUNA
DELVAL
DELVALLE
DELVILLAR
DELVINO
DEMACIAS
DEMALADE
DEMARCHENA
DEMARIN
DEMARQUEZ
DEMARRERO
DEMARTINEZ
DEMATA
DEMATAS
DEMATEO
DEMEDINA
DEMEIRE

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DEMENA
DEMENDEZ
DEMENDOZA
DEMERCADO
DEMESA
DEMIGUEL
DEMIRANDA
DEMOLINA
DEMONTEBELLO
DEMONTES
DEMONTEVERDE
DEMONTOYA
DEMORALES
DEMORENO
DEMOYA
DEMUNOZ
DEMURGA
DENA
DENAVA
DENAVARRO
DENAVAS
DENAVEJAR
DENECOCHEA
DENIEVES
DENINA
DENOGEAN
DENORIEGA
DENUNEZ
DEOCA
DEOCAMPO
DEOCHOA
DEOLEO
DEOLIVIERA
DEOLMO
DEORO
DEORTA
DEORTEGA
DEORTIZ
DEOSDADE
DEOSORIO
DEOTERIS
DEOTERO
DEPABLO
DEPACHECO
DEPACO
DEPADILLA
DEPARRA
DEPAZ
DEPEDRO
DEPENA
DEPEREZ
DEPLATA
DEPONCE
DEPORTILLO
DEPORTO
DEPORTOLA
DEPOZO
DEPRAD
DEPRADO
DEQUESADA
DEQUEVEDO
DEQUINTANA
DEQUIROZ
DERAMIREZ
DERAMOS
DERAS
DERENIA
DEREYES
DERIOS
DERIVAS
DERIVERA
DERMA
DEROBLES
DEROCA
DERODRIGUEZ
DERODRIQUEZ
DEROJAS
DEROMERO
DEROSARIO
DEROZA
DERRERA
DERUBIO
DERUEDA
DERUISA
DESABOTA
DESAENZ
DESALAS
DESALAZAR
DESALERNOS
DESALES
DESALINAS
DESANCHEZ
DESANTIAGO
DESANTIASGO
DESANTOS
DESARACHO
DESCALZO
DESEVILLA
DESIERRA
DESIGA
DESOCARRAS
DESOCARRAZ
DESOLO
DESOSA
DESOTO
DESOTOMAYOR
DESPANIA
DESPLANTES
DESPUES
DESRAVINES
DESSERO
DESTRADA
DESUACIDO
DETAPIA
DETEJADA
DETEVIS
DETOLEDO
DETORRES
DETRANALTES
DETRES
DETRINIDAD
DEULLOA
DEVACA
DEVALDEZ
DEVALENCIA
DEVALLE
DEVALON
DEVARA
DEVARGAS
DEVARONA
DEVASQUEZ
DEVAZQUEZ
DEVEGA
DEVELASCO
DEVELEZ
DEVENCENTY
DEVERA
DEVIA
DEVIAN
DEVICENTE
DEVICTORIA
DEVILA
DEVILLA
DEVILLAR
DEVILLEGAS
DEVOLIN
DEYA
DEYCAZA
DEYNES
DEZA
DEZAMORA
DEZARA
DEZARRAGA
DEZAYAS
DEZUNIGA
DIACOS
DIAGO
DIAMOS
DIASDELEON
DIAZ
DIAZACEVEDO
DIAZCOLON
DIAZCRUZ
DIAZDEARCE
DIAZDELCAMPO
DIAZDELCASTILLO
DIAZDELEON
DIAZDEVILLEGAS
DIAZMEDINA
DIAZPIEDRA
DIAZRIVERA
DIAZRODRIGUEZ
DIEGO
DIEGUEZ
DIEPPA
DIEZ
DIMAS
DIODONET
DIODOSIO
DIONES
DIOS
DIOSDADO
DIOSES
DIRECTO
DISARUFINO

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DISLA
DISTABILE
DOBAL
DOBAO
DOBARGANES
DOBLADO
DOCAL
DOCAMPO
DOCE
DOJAQUEZ
DOLATRE
DOLMO
DOMENA
DOMENECH
DOMENGUEZ
DOMENO
DOMENZAIN
DOMIGUEZ
DOMINCO
DOMINGEZ
DOMINGNEZ
DOMINGUEZ
DOMINGUIZ
DOMINIGUEZ
DOMINQUEZ
DOMIO
DOMONDON
DONADO
DONATE
DONEIS
DONES
DONESTEVEZ
DONEZ
DONIAS
DONJUAN
DONLUCAS
DONOSO
DOPAZO
DOPICO
DOPORTO
DORADO
DORAME
DORANTES
DORREGO
DORTA
DORTICOS
DOSAL
DOSAMANTES
DOSELA
DOVAL
DOVALES
DOVALINA
DOVO
DOZAL
DSPAIN
DUARDO
DUARTE
DUARTES
DUBON
DUCOS
DUEN
DUENAS
DUENES
DUENEZ
DUENO
DUENOS
DUHAGON
DUHALDE
DULZAIDES
DUMAGUINDIN
DUMBRIGUE
DUME
DUMENG
DUMENIGO
DUQUE
DURAN
DURANGO
DURANONA
DURANZA
DURATE
DURAZO
DURON
ECHABARNE
ECHANDI
ECHANDIA
ECHANIZ
ECHARREN
ECHARRI
ECHARTEA
ECHAUARRIA
ECHAURI
ECHAVARIA
ECHAVARRI
ECHAVARRIA
ECHAVARRY
ECHAVE
ECHAVERIA
ECHAVES
ECHAVESTE
ECHAVEZ
ECHAZABAL
ECHAZARRETA
ECHEAGARAY
ECHEANDIA
ECHEBARRIA
ECHEGARAY
ECHEGOYEN
ECHEGUREN
ECHEMENDIA
ECHENIQUE
ECHERIVEL
ECHERRI
ECHEVARIA
ECHEVARRIA
ECHEVARRIETA
ECHEVARRIO
ECHEVERIA
ECHEVERRI
ECHEVERRIA
ECHEVERRY
ECHEVESTE
ECHEZABAL
ECHEZARRETA
ECHIRIBEL
ECHIVERRI
ECHIVESTER
EDERRA
EDESA
EDEZA
EDILLO
EDQUIVEL
EDREIRA
EDROSA
EDROSOLAN
EDROZO
EGANA
EGAS
EGEA
EGIPCIACO
EGLESIAS
EGUED
EGUES
EGUEZ
EGUIA
EGUIGUREN
EGUILUZ
EGUINO
EGUIZABAL
EGURE
EGURROLA
EGUSQUIZA
EIRAS
EIRIZ
ELEBARIO
ELEGINO
ELEJALDE
ELEMEN
ELENA
ELENES
ELENEZ
ELEVARIO
ELEZONDO
ELGARRESTA
ELGO
ELGUEA
ELGUERA
ELGUESEBA
ELGUEZABAL
ELICIER
ELISALDA
ELISALDE
ELISALDEZ
ELISARRARAZ
ELISERIO
ELISONDO
ELIXAVIDE
ELIZADE
ELIZAGA
ELIZALDA
ELIZALDE
ELIZALDI
ELIZANDO
ELIZANDRO
ELIZARDE
ELIZARDI

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CENSUS LIST OF SPANISH SURNAMES

ELIZARDO
ELIZARRARAS
ELIZARRARAZ
ELIZARRAS
ELIZONDA
ELIZONDO
ELJAUA
ELORDUY
ELORREAGA
ELORRIAGA
ELORZA
ELOSEGUI
ELOSUA
ELUGARDO
ELVIRA
ELYCIO
EMMANUELLI
EMMITE
EMPASIS
EMPERADOR
EMPLEO
ENAMORADO
ENCALADA
ENCALLADO
ENCARNACION
ENCERRADO
ENCHAUTEGUI
ENCHINTON
ENCINA
ENCINAS
ENCINIA
ENCINIAS
ENCINIOS
ENCINO
ENCINOSA
ENCISCO
ENCISO
ENCIZO
ENDARA
ENDAYA
ENDEMANO
ENDOSO
ENGRACIO
ENGUIDANOS
ENJADY
ENRIGUEZ
ENRIQUE
ENRIQUES
ENRIQUEZ
ENRRIQUEZ
ENSENAT
EPIDENDIO
EQUIA
EQUIHUA
ERAS
ERASO
ERAUSQUIN
ERAZO
ERCHED
ERCILLA
ERCILLO
ERDOZAIN
EREBIA
EREDIA
ERES
EREVIA
ERIBES
ERIVES
ERIVEZ
EROLES
EROSA
ERREA
ERRECA
ERRISURIZ
ERRO
ERROA
ESCABAR
ESCABEDO
ESCABI
ESCABIA
ESCAJEDA
ESCALA
ESCALADA
ESCALANTE
ESCALENTE
ESCALERA
ESCALET
ESCALLE
ESCALLON
ESCALON
ESCALONA
ESCALONTE
ESCAMILLA
ESCAMILLAS
ESCAMILLO
ESCANAME
ESCANDELL
ESCANDON
ESCANES
ESCANIO
ESCANO
ESCANUELA
ESCANUELAS
ESCAPA
ESCAPITA
ESCAPULE
ESCAR
ESCARCEGA
ESCARCIDA
ESCARCIGA
ESCARDA
ESCARENIO
ESCARENO
ESCARIZ
ESCARPIO
ESCARRA
ESCARRAMAN
ESCARREGA
ESCARSEGA
ESCARSIGA
ESCARTIN
ESCARZAGA
ESCARZEGA
ESCASENA
ESCATEL
ESCATELL
ESCATIOLA
ESCAURIZA
ESCOBADO
ESCOBAL
ESCOBALES
ESCOBAR
ESCOBARETE
ESCOBEBO
ESCOBEDA
ESCOBEDO
ESCOBER
ESCOBIDO
ESCOBIO
ESCOBOSA
ESCOBOZA
ESCOCHEA
ESCODEDO
ESCOJIDO
ESCOLAR
ESCOMILLA
ESCONTRIAS
ESCORCIA
ESCORIAZA
ESCORPISO
ESCORZA
ESCOTA
ESCOTO
ESCOVADO
ESCOVAR
ESCOVEDO
ESCOVER
ESCRIBA
ESCRIBANO
ESCRICHE
ESCUADRA
ESCUDER
ESCUDERO
ESCUETA
ESCUJURI
ESCUTIA
ESGUERRA
ESPADA
ESPADAS
ESPAILLAT
ESPALIN
ESPANA
ESPANO
ESPANOL
ESPANOLA
ESPARAZA
ESPARRA
ESPARSA
ESPARSEN
ESPARZ
ESPARZA
ESPEJEL
ESPEJO
ESPELETA
ESPENDEZ

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ESPENOSA
ESPENOZA
ESPERA
ESPERANZA
ESPERAS
ESPERICUETA
ESPERIQUETA
ESPERO
ESPERON
ESPIGUL
ESPINA
ESPINAL
ESPINALES
ESPINAR
ESPINDOLA
ESPINDULA
ESPINEIRA
ESPINEL
ESPINELL
ESPINET
ESPINO
ESPINOR
ESPINOSA
ESPINOZ
ESPINOZA
ESPIRICUETA
ESPIRITI
ESPIRITU
ESPITALETA
ESPITIA
ESPLANA
ESPONDA
ESPRIU
ESPRONCEDA
ESPUDO
ESPURVOA
ESQUEA
ESQUEDA
ESQUEDO
ESQUELL
ESQUENAZI
ESQUER
ESQUERA
ESQUERDO
ESQUERO
ESQUERRA
ESQUERRE
ESQUEVEL
ESQUIBAL
ESQUIBEL
ESQUIBIAS
ESQUIERDO
ESQUIJAROSA
ESQUIJARROSA
ESQUILIANO
ESQUILIN
ESQUINCA
ESQUINEL
ESQUIVAL
ESQUIVEL
ESQUIVEZ
ESQUIVIAS
ESTABA
ESTABILLO
ESTADA
ESTADES
ESTALA
ESTAMPA
ESTANOL
ESTAPE
ESTAVILLA
ESTAVILLO
ESTEBAN
ESTEBANE
ESTEBANEZ
ESTEBES
ESTEBEZ
ESTEFAN
ESTEFANI
ESTELA
ESTENOZ
ESTEPA
ESTEPAN
ESTERAS
ESTERO
ESTEUES
ESTEVA
ESTEVAN
ESTEVANE
ESTEVANES
ESTEVANEZ
ESTEVES
ESTEVEZ
ESTEVIS
ESTEVIZ
ESTIEN
ESTIMBO
ESTOLANO
ESTOLAS
ESTOPELLAN
ESTOPINAN
ESTOQUE
ESTORGA
ESTRACA
ESTRAD
ESTRADA
ESTRADAS
ESTRADE
ESTRADO
ESTRALLA
ESTRANY
ESTRELLA
ESTRELLAS
ESTRELLO
ESTREMERA
ESTREMO
ESTRINGEL
ESTRONZA
ESTUDILLO
ESTUPINAN
ETCHEBARREN
ETCHEBEHERE
ETCHECHURY
ETCHEGARAY
ETCHEPARE
ETCHEVERRIA
ETCHEVERRY
EUDAVE
EUFRACIO
EULATE
EURESTE
EURESTI
EURIOSTE
EUSEBIO
EUSTAQUIO
EUZARRAGA
EVANGEL
EVANGELATOS
EVARO
EVIA
EXIGA
EXINIA
EXPARZA
EXPOSITO
EYLICIO
EYZAGUIRRE
EZCURRA
EZETA
EZQUEDA
EZQUER
EZQUERRA
EZQUERRO
EZRATTY
EZRRE
FABAL
FABELA
FABELO
FABILA
FABRA
FABREGAS
FABREGAT
FABROS
FABRYGEL
FACIO
FACUNDO
FADRIQUE
FAGET
FAGOAGA
FAGUNDO
FAILA
FAILDE
FAJARDO
FALCHE
FALCON
FALERO
FALLEJO
FALOMIR
FALQUEZ
FALTO
FALU
FAMANIA
FAMILIA
FANDINO
FANEGO
FANGON

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FANGONILO
FANJUL
FARACH
FARAGOZA
FARFAN
FARGA
FARGAS
FARIAS
FARILLAS
FARINAS
FARINOS
FARIOS
FARPELLA
FARRALES
FARRAY
FARRERA
FARRIAS
FARROS
FARRULLA
FAS
FAUDOA
FAUELA
FAUNI
FAURA
FAURIA
FAUSTINOS
FAUSTO
FAVELA
FAVELLA
FAVELO
FAVILA
FAYA
FAZ
FEAL
FEBLES
FEBRE
FEBRES
FEIGA
FEIJOO
FEITO
FELAN
FELANDO
FELIBERTY
FELICANO
FELICIANO
FELICITAS
FELICO
FELIPE
FELISCIAN
FELIU
FELIX
FELIZ
FELPETO
FELUMERO
FEMAT
FEMATH
FEMATT
FENTANES
FENTE
FEO
FERAMISCO
FERDIN
FEREZ
FERIA
FERMANDEZ
FERMIN
FERNADEZ
FERNANDE
FERNANDEZ
FERNANDEZCUETO
FERNANDEZDECASTRO
FERNANDEZDELARA
FERNANDO
FERNENDEZ
FERNIZ
FERNIZA
FERRADAS
FERRADAZ
FERRAEZ
FERRAIZ
FERRALES
FERRALEZ
FERRANDES
FERRANDIZ
FERRAS
FERRE
FERREGUR
FERREIRAS
FERREIRO
FERRER
FERRERAS
FERRERIS
FERREYRA
FERREYRO
FERREZ
FERRUA
FERRUSCA
FESTEJO
FEYJOO
FIALLO
FIALLOS
FIDEL
FIEROVA
FIERRO
FIERROS
FIERROZ
FIESTAL
FIGAL
FIGAREDO
FIGARELLA
FIGAROLA
FIGEROA
FIGIROVA
FIGOROA
FIGUEIRAS
FIGUERA
FIGUERAS
FIGUERDA
FIGUEREDO
FIGUEREO
FIGUERIA
FIGUERO
FIGUEROA
FIGUEROLA
FIGUERON
FIGUERORA
FIGUEROSA
FIGUERRA
FIGUROA
FIGVEROA
FILGUEIRAS
FILIZOLA
FILLAS
FILOTEO
FIMBRES
FIMBREZ
FINALES
FIOL
FIQUEROA
FIRA
FIRPI
FIUZA
FLACO
FLAMENCO
FLANDES
FLANDEZ
FLAQUER
FLECHA
FLECHES
FLEITAS
FLEITES
FLEMATE
FLETE
FLETES
FLOPES
FLORATOS
FLORENCIA
FLORENCIO
FLORES
FLORESDELGADO
FLOREZ
FLORIDO
FLORIT
FLORITA
FLUXA
FOJO
FOLGAR
FOLGUEIRA
FOLGUEIRAS
FONALLEDAS
FONCERRADA
FONNEGRA
FONSECA
FONT
FONTAN
FONTANES
FONTANET
FONTANEY
FONTANEZ
FONTANILLS
FONTANOZA
FONTEBOA
FONTECHA
FONTELA

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FONTENO
FONTICIELLA
FONTICOBA
FORCELLEDO
FORCEN
FORDIS
FORERO
FORMANO
FORMENT
FORMEZA
FORNARIS
FORNASERO
FORNOS
FORNS
FORTANEL
FORTEZ
FORTEZA
FORTIZ
FORTUNO
FOYO
FRACISCO
FRADEJAS
FRADERA
FRAGA
FRAGINALS
FRAGO
FRAGOMENO
FRAGOSA
FRAGOSO
FRAGOZO
FRAGUA
FRAGUADA
FRAGUAS
FRAGUELA
FRAGUIO
FRAIDE
FRAIJO
FRAIRE
FRAMIL
FRANCA
FRANCISCA
FRANCO
FRANCOS
FRANGUI
FRANJUL
FRANQUERO
FRANQUEZ
FRANQUI
FRANQUIZ
FRANSUA
FRANZOY
FRAQUA
FRASES
FRASQUILLO
FRATICELLI
FRAU
FRAUSTO
FRAUSTRO
FRAXEDAS
FRAYO
FRAYRE
FREDELUCES
FREGOSA
FREGOSO
FREGOZO
FREIJO
FREIRE
FREIRIA
FREIXAS
FRENES
FRES
FRESCAS
FRESCAZ
FRESNEDA
FRESNEDO
FRESNILLO
FRESNO
FRESQUES
FRESQUEZ
FREYRE
FREYTA
FREYTES
FRIAS
FRIAZ
FRIETZE
FRIGOLA
FRISAN
FROMETA
FRONDARINA
FRONTADO
FRONTELLA
FRONTERAS
FROSTO
FRUGIA
FRUTOS
FRUTOZ
FUENMAYOR
FUENTAS
FUENTE
FUENTECILLA
FUENTEFRIA
FUENTES
FUENTEZ
FUENZALIDA
FUERO
FUERTE
FUERTES
FUERTEZ
FUEYO
FULGENCIO
FULGUEIRA
FUMERO
FUNCIA
FUNDORA
FUNES
FUNEZ
FUNO
FUSANO
FUSTE
FUSTER
GABALDEN
GABALDON
GABANCHO
GABASAN
GABELA
GABILONDO
GABINA
GABINO
GABRILES
GABRILLO
GACHARNA
GACHUPIN
GADAL
GADEA
GADIA
GAETAN
GAFARE
GAGO
GAHONA
GAINZA
GAITAN
GAITERO
GAIVAN
GAJARDO
GAJATE
GALABEAS
GALACHE
GALAGARZA
GALAN
GALARCE
GALARRAGA
GALARRETA
GALARSA
GALARTE
GALARZA
GALARZE
GALAVEZ
GALAVIS
GALAVIZ
GALAZ
GALBAN
GALCERAN
GALDAMES
GALDAMEZ
GALDEANO
GALDOS
GALDUROZ
GALEANA
GALEANO
GALENDEZ
GALERA
GALERIA
GALGUERA
GALI
GALIANA
GALICIA
GALINANES
GALIND
GALINDA
GALINDEZ
GALINDO
GALINDRO
GALINZOGA
GALIZ
GALLAGA

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GALLAGOS
GALLANES
GALLARD
GALLARDE
GALLARDO
GALLARETO
GALLART
GALLARZA
GALLARZO
GALLASTEGUI
GALLEG
GALLEGAS
GALLEGO
GALLEGOES
GALLEGOS
GALLEGOZ
GALLEGUS
GALLENO
GALLERAN
GALLERITO
GALLINAL
GALLINAR
GALLOR
GALLOSA
GALMES
GALOFRE
GALORZA
GALVAN
GALVE
GALVES
GALVEZ
GAMA
GAMALLO
GAMARRA
GAMAZA
GAMAZO
GAMBOA
GAMERO
GAMEROS
GAMEROZ
GAMEY
GAMEZ
GAMINO
GAMIO
GAMIZ
GAMONEDA
GANADONEGRO
GANAN
GANCEDO
GANCERES
GANDAR
GANDARA
GANDARIA
GANDARILLA
GANDARILLAS
GANDIA
GANDON
GANDORA
GANIVET
GANUELAS
GANUZA
GANZALEZ
GAONA
GARABAY
GARABITO
GARACOCHEA
GARAICOECHEA
GARALDE
GARAMENDI
GARAMILLO
GARANA
GARANSUAY
GARANZUAY
GARAT
GARATE
GARATEIX
GARAVITO
GARAY
GARAYALDE
GARAYGORDOBIL
GARAYUA
GARAYZAR
GARAZA
GARBANI
GARBAYO
GARBISO
GARBIZO
GARCA
GARCED
GARCEL
GARCELL
GARCEO
GARCERA
GARCERAN
GARCES
GARCEZ
GARCIA
GARCIACARDENAS
GARCIAGONZALEZ
GARCIAGUERRERO
GARCIAGUZMAN
GARCIALOPEZ
GARCIAMARTINEZ
GARCIAPENA
GARCIARIOS
GARCIAS
GARCIAV
GARCIDUENAS
GARCIGA
GARCILASO
GARCILAZO
GARCIO
GARDEA
GARDIA
GARDUNIO
GARDUNO
GARDUQUE
GAREIA
GARFIAS
GARFIO
GARGUENA
GARI
GARIA
GARIB
GARIBALDO
GARIBAY
GARIBY
GARICA
GARIFE
GARISPE
GARITA
GARITE
GARIVAY
GARMENDIA
GARMENDIZ
GARMISA
GARNICA
GARRANDES
GARRASTAZU
GARRIDO
GARRIGA
GARRIGAS
GARRIGO
GARRIGOS
GARRIO
GARROBO
GARROCHO
GARROTE
GARSA
GARSES
GARTICA
GARVISO
GARZA
GARZACANTU
GARZAGARCIA
GARZAGONGORA
GARZAMARTINEZ
GARZAPENA
GARZARO
GARZES
GARZON
GARZONA
GARZORIA
GASCA
GASCOT
GASERO
GASIO
GASPARDEALBA
GASPORRA
GASTELLO
GASTELLUM
GASTELO
GASTELUM
GASU
GATAN
GATELL
GATICA
GATO
GATSEOS
GATTORNO
GAUBA
GAUCHAS
GAUCIN
GAUD
GAUDIER

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GAUNA
GAUZENS
GAVALDON
GAVALES
GAVAY
GAVIA
GAVICA
GAVIDIA
GAVILA
GAVILAN
GAVILANES
GAVILLA
GAVILLAN
GAVINA
GAVINO
GAVIRA
GAVIRIA
GAVITO
GAXIOLA
GAYA
GAYARRE
GAYO
GAYOL
GAYOSO
GAYOSSO
GAYTAN
GAZCA
GAZIVODA
GAZOLAS
GAZTAMBIDE
GAZTELU
GEA
GEADA
GEAGA
GEBARA
GEIGEL
GELABERT
GELACIO
GELERA
GELI
GELISTA
GELY
GENAO
GENDES
GENEL
GENER
GENERA
GENESTA
GENINO
GENIZ
GENOVES
GERALDES
GERALDINO
GERALDO
GERARDO
GERENA
GEREZ
GERMENIS
GERMES
GERMONO
GEROLAGA
GERONES
GERRO
GERUSA
GHIGLIOTTY
GIJON
GIL
GILAS
GILBES
GILBUENA
GILDELAMADRID
GIMENEZ
GIMENO
GIMINEZ
GINART
GINARTE
GINDRO
GINER
GINET
GINEZ
GINORI
GINORIO
GINORIS
GINORY
GIRADO
GIRALD
GIRALDES
GIRALDEZ
GIRALDO
GIRALT
GIRAU
GIRAUDO
GIRELA
GIRION
GIRO
GIRON
GIRONA
GIRONELLA
GISBERT
GISPERT
GIZ
GLORIA
GOBEA
GOCHEZ
GOCHICOA
GODINA
GODINES
GODINET
GODINEZ
GODOY
GOENA
GOENAGA
GOICOCHEA
GOICOURIA
GOICURIA
GOIRICELAYA
GOITIA
GOLDEROS
GOMAR
GOME
GOMEZ
GOMEZDEMOLINA
GOMEZTORRES
GOMEZTREJO
GOMZALEZ
GONALEZ
GONAZLEZ
GONDAR
GONDREZ
GONEZ
GONGALES
GONGALEZ
GONGORA
GONI
GONSALE
GONSALES
GONSALEZ
GONZABA
GONZAES
GONZAGUE
GONZAL
GONZALAS
GONZALE
GONZALEA
GONZALES
GONZALEX
GONZALEZ
GONZALEZDIAZ
GONZALEZHERNANDEZ
GONZALEZLEON
GONZALEZSOTO
GONZALO
GONZALVEZ
GONZALVO
GONZALZ
GONZAQUE
GONZELEZ
GONZELL
GONZLAES
GONZLAEZ
GONZLES
GONZLEZ
GONZOLES
GONZOLEZ
GORBEA
GORDIANY
GORDILLO
GORDILS
GORDO
GORDOA
GORENA
GOROSAVE
GOROSTIETA
GOROSTIZA
GOROZA
GORRAIZ
GORRICHO
GORRINDO
GORRITA
GORRITZ
GORRIZ
GORTAREZ
GORZELA
GOSALVEZ

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GOTANDA
GOTAY
GOTERA
GOTIERREZ
GOTOR
GOVANTES
GOVEA
GOVELLA
GOYANES
GOYCO
GOYCOCHEA
GOYCOECHEA
GOYCOOLEA
GOYENECHE
GOYOS
GOYTIA
GOYZUETA
GOZMAN
GRACIA
GRACIAN
GRACIANI
GRACIANO
GRACIDA
GRADIAS
GRADILLA
GRADILLAS
GRADISAR
GRADO
GRAFALS
GRAGEDA
GRAIBE
GRAJALES
GRAJEDA
GRAJERA
GRAJIOLA
GRAMAJO
GRANADA
GRANADAS
GRANADINO
GRANADO
GRANADOS
GRANADOZ
GRANAS
GRANDA
GRANDEZ
GRANDIO
GRANDOS
GRANELA
GRANERO
GRANIELA
GRANILLO
GRANIS
GRANIZO
GRANJA
GRATACOS
GRAULAU
GRAUPERA
GRAVERAN
GRAZA
GREIGO
GRES
GRIEGO
GRIHALVA
GRIJALBA
GRIJALUA
GRIJALVA
GRILLASCA
GRILLIAS
GRIMALDO
GRISALES
GROLON
GRONA
GROSO
GROVAS
GRUESO
GRULLON
GRUSMAN
GUABA
GUADA
GUADAGNIN
GUADALAJARA
GUADALUPE
GUADAMUZ
GUADARAMA
GUADARRAMA
GUADERRAMA
GUADIAN
GUADIANA
GUADIANO
GUADRON
GUAIDA
GUAJACA
GUAJARDO
GUAL
GUALDARRAMA
GUAMAN
GUANA
GUANAJUATO
GUANCHE
GUANGORENA
GUANILL
GUANTE
GUANTES
GUANTEZ
GUAPO
GUARA
GUARACHA
GUARCH
GUARDADO
GUARDAMONDO
GUARDARRAMA
GUARDARRAMOS
GUARDERAS
GUARDIAN
GUARDIAS
GUARDIOLA
GUARENO
GUARIS
GUARJARDO
GUARNERO
GUARNEROS
GUARTUCHE
GUAS
GUASCH
GUASH
GUASP
GUAYANTE
GUAYDACAN
GUDIEL
GUDINO
GUEBARA
GUECHO
GUEDE
GUEDEA
GUEDES
GUEDIN
GUEIMUNDE
GUEITS
GUEL
GUELBENZU
GUELMES
GUEMES
GUEMEZ
GUERA
GUERARA
GUERECA
GUERENA
GUERENO
GUEREQUE
GUERERO
GUERERRO
GUERNICA
GUERRA
GUERREO
GUERRER
GUERRERO
GUERRIDO
GUERRIOS
GUERRO
GUERRRA
GUEVARA
GUEVAREZ
GUEVARRA
GUEVERA
GUEVERRA
GUEZ
GUIA
GUIBOA
GUICHO
GUIDERO
GUIJARRO
GUIJOSA
GUILARTE
GUILBE
GUILEZ
GUILLAMA
GUILLEMARD
GUILLEN
GUILLENA
GUILLERMETY
GUILLERMO
GUINA
GUIRADO
GUIRALES
GUIREMAND

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GUIROLA
GUISA
GUISADO
GUISAO
GUISAR
GUITANO
GUITERREZ
GUITIAN
GUITIERREZ
GUITRON
GUITTEREZ
GUITTERREZ
GUITY
GUIU
GUIVAS
GUIZA
GUIZADO
GUIZAR
GUJARDO
GULARTE
GULBAS
GULDRIS
GULDRIZ
GULIERREZ
GUMA
GUNDIN
GURARO
GURELL
GURIDES
GUROLA
GURRERO
GURRIA
GURRIES
GURROLA
GURRUCHAGA
GURULE
GURVLE
GURZI
GUSMAN
GUSME
GUSTAMANTE
GUSTAMENTE
GUSTO
GUTERREZ
GUTIERES
GUTIEREZ
GUTIERIEZ
GUTIERR
GUTIERRE
GUTIERREA
GUTIERRER
GUTIERRES
GUTIERREZ
GUTIERREZGARCIA
GUTIERREZRIOS
GUTIERRZ
GUTIRREZ
GUTTEREZ
GUTTERREZ
GUTTIEREZ
GUTTIERREZ
GUZMAN
GUZMELI
GUZMON
HACES
HAEDO
HANONO
HARGITA
HARISPURU
HARO
HAROS
HARVIER
HAYOS
HECHANOVA
HECHAVARRIA
HECHEVARRIA
HEGUY
HELGUERA
HELGUERO
HELGUEROS
HENANDEZ
HENAO
HENARES
HENOJOSA
HENRIGUEZ
HENRIQUEZ
HERALDEZ
HERANDEZ
HERAS
HERAZ
HERBELLO
HEREBIA
HEREDERO
HEREDIA
HEREIDA
HERENA
HERERA
HERERRA
HERETER
HERIA
HERIDIA
HERMANDEZ
HERMIDA
HERMIDAS
HERMIS
HERMOCILLO
HERMOGENO
HERMOSA
HERMOSILLO
HERMOSO
HERNADEZ
HERNAEZ
HERNAIZ
HERNAND
HERNANDE
HERNANDEL
HERNANDER
HERNANDES
HERNANDEZ
HERNANDEZCANTU
HERNANDEZORTIZ
HERNANDO
HERNANDORENA
HERNANDZ
HERNANEZ
HERNDEZ
HERNENDEZ
HERONEMA
HERRADA
HERRADOR
HERRAN
HERRANZ
HERRARA
HERRARTE
HERREA
HERREJON
HERRENA
HERRER
HERRERA
HERRERAS
HERRERIA
HERRERIAS
HERRERO
HERREROS
HERRERRA
HERROZ
HERVAS
HERVELLA
HERVIS
HEVIA
HEYSQUIERDO
HIBARRA
HIDALGA
HIDALGO
HIDALGOGATO
HIDAS
HIDROGO
HIERREZUELO
HIERRO
HIGADERA
HIGAREDA
HIGARES
HIGNOJOS
HIGNOJOZ
HIGUERA
HIGUERAS
HIGUERO
HIGUEROS
HIJAR
HILARIO
HILERIO
HINAJOSA
HINESTROSA
HINOJAS
HINOJO
HINOJOS
HINOJOSA
HINOJOSE
HINOJOSO
HINOJOZA
HINOSTRO
HINOSTROSA
HINOSTROZA
HINZO
HIPOLITO

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HIRALDO
HIRALES
HIRALEZ
HIRIGOYEN
HIRTADO
HISQUIERDO
HITA
HOGEDA
HOJAS
HOLGIN
HOLGUIN
HOLQUIN
HOMAR
HOMS
HONESTO
HONGOLA
HONORIO
HONRADA
HORABUENA
HORACIO
HORCASITAS
HORELICA
HORMACHEA
HORMAZA
HORMAZABAL
HORMILLA
HORNEDO
HORRUITINER
HORTA
HOSTAS
HOSTOS
HOYO
HOYOS
HOYUELA
HUACUJA
HUALDE
HUAMAN
HUANTE
HUANTES
HUAPE
HUARACHA
HUARTE
HUEDA
HUERECA
HUERENA
HUEREQUE
HUERGAS
HUERGO
HUERTA
HUERTAS
HUERTAZ
HUERTERO
HUERTO
HUERTOS
HUESCA
HUESO
HUETE
HUEZO
HUGUEZ
HUICI
HUICOCHEA
HUIDOR
HUIPE
HUISAR
HUITRON
HUIZAR
HUMADA
HUMILDAD
HURADO
HURBINA
HURIEGA
HURON
HURRIEGA
HURTADA
HURTADO
HURTARTE
HYSQUIERDO
IANEZ
IANOS
IBANES
IBANEZ
IBAR
IBARBO
IBARGUENGOITIA
IBARLUCEA
IBARRA
IBARRIA
IBARRONDO
IBAVE
IBAVEN
IBERRA
IBERRI
IBINARRIAGA
IBOS
IBUADO
ICAMEN
ICARDO
ICASIANO
ICAZA
ICEDO
ICHINAGA
IDARRAGA
IDIAQUEZ
IDIGORAS
IDOY
IDROGO
IDROVO
IGARAVIDEZ
IGARTUA
IGLECIAS
IGLESIA
IGLESIAS
IGNACIO
IGOA
IGUALADA
IGUINA
ILARRAZA
ILDEFONSO
ILHARREGUY
ILIZALITURRI
ILLAN
ILLANES
ILLAS
ILLERA
ILLESCAS
IMAS
IMAZ
INCHAURREGUI
INCHAUSTEGUI
INCHAUSTI
INCLAN
INDART
INESTA
INESTROZA
INEZ
INFANTE
INFANTES
INFANZON
INFIESTA
INGELMO
INGRANDE
INGUANZO
INGUITO
INIGO
INIGUES
INIGUEZ
INIQUEZ
INOA
INOCENCIO
INOSTROS
INOSTROSA
INOSTROZA
INSAUSTI
INSERNI
INSIGNARES
INSUA
INSULAR
INSUNZA
INSURRIAGA
INTERIAN
INTRIAGO
INURRIGARRO
INZUNZA
IPARRAGUIRRE
IPINA
IQUINA
IRACHETA
IRAGUI
IRAHETA
IRALA
IRAOLA
IRASTORZA
IRAZABAL
IRAZOQUI
IRIART
IRIARTE
IRIBARREN
IRIBE
IRIGARAY
IRIGONEGARAY
IRIGOYEN
IRIMIA
IRINEO
IRIONDO
IRIQUI

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

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

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

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LEZANA
LEZCANO
LIANO
LIANOZ
LIANZA
LIBOY
LIBRAN
LIBREROS
LICANO
LICEA
LICEAGA
LICERIO
LICON
LICONA
LICOR
LICUDINE
LIENDO
LIERA
LIERAS
LIERRA
LIEVANO
LIEVANOS
LIGUES
LIGUEZ
LIMARDO
LIMAS
LIMIA
LIMON
LIMONES
LIMONEZ
LIMONTA
LIMONTORRES
LIMOSNERO
LIMUEL
LINAJE
LINAN
LINARES
LINAREZ
LINEIRO
LINERA
LINERO
LINEROS
LIQUET
LIQUEZ
LIRA
LIRAALVARADO
LIRANZO
LIRES
LIRIANO
LIRIO
LISALDA
LISALDE
LISAMA
LISARDO
LISBOA
LISCANO
LISEA
LISERA
LISERIO
LISOJO
LIZA
LIZALDA
LIZALDE
LIZAMA
LIZAN
LIZANO
LIZAOLA
LIZARAGA
LIZARDE
LIZARDI
LIZARDO
LIZARRAGA
LIZARRAGO
LIZARRALDE
LIZARRARAS
LIZARZABURU
LIZASO
LIZASUAIN
LIZCANO
LLABRES
LLACA
LLACER
LLADO
LLAGOSTERA
LLAGUNO
LLAMA
LLAMAS
LLAMAZARES
LLAMBES
LLAMEDO
LLAMES
LLAMOSA
LLANA
LLANAS
LLANERA
LLANERAS
LLANES
LLANEZ
LLANIO
LLANO
LLANOS
LLANTADA
LLANTIN
LLANUSA
LLAPUR
LLARENA
LLATA
LLAUGER
LLAURADO
LLAURADOR
LLAUSAS
LLAVE
LLAVERIAS
LLAVET
LLAVONA
LLENIN
LLENZA
LLEO
LLEONART
LLERA
LLERANDI
LLERAS
LLERENA
LLERENAS
LLEVERINO
LLIBRE
LLINAS
LLITERAS
LLIZO
LLOBERA
LLOBET
LLOMPART
LLONA
LLOPIS
LLOPIZ
LLORCA
LLOREDA
LLORENS
LLORENTE
LLORET
LLORIN
LLOSA
LLOVERA
LLOVERAS
LLOVET
LLOVIO
LLUBERES
LLUCH
LLUIS
LLURIA
LLUVERAS
LOA
LOAIZA
LOARTE
LOAYZA
LOBAINA
LOBATO
LOBATOS
LOBATOZ
LOBERA
LODEIRO
LODEVICO
LODOS
LODOZA
LOERA
LOEZA
LOGOLUSO
LOGRONO
LOINAZ
LOIRA
LOJA
LOJERO
LOJO
LOMANA
LOMAYESVA
LOMBANA
LOMBARDIA
LOMBERA
LOMBRANA
LOMBRANO
LOMELI
LOMELIN
LOMELLIN
LOMELY
LONA

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LONDONO
LONGORIA
LONGORIO
LONGOVIA
LONGUEVAN
LONVELIN
LOPATEGUI
LOPE
LOPENA
LOPERA
LOPERENA
LOPETEGUI
LOPEZ
LOPEZCASTRO
LOPEZMENDOZA
LOPEZRODRIGUEZ
LOPEZSANCHEZ
LOPEZVEGA
LOPOZ
LOQUET
LORA
LORANCA
LORCA
LOREDO
LORENCES
LORENTE
LORENZANA
LORERA
LORETDEMOLA
LOREZ
LORIDO
LORIEGA
LORIGA
LORIGO
LORONA
LORONO
LORTA
LORZA
LOSA
LOSADA
LOSADO
LOSANA
LOSOYA
LOSTAUNAU
LOUATO
LOUBRIEL
LOURIDO
LOUSTAUNAU
LOVATO
LOVATON
LOVEIRA
LOVERA
LOVERAS
LOVILLE
LOVIO
LOYA
LOYNAZ
LOYO
LOYOLA
LOZA
LOZADA
LOZADO
LOZANA
LOZANO
LOZEZ
LOZOLLA
LOZOYA
LUA
LUACES
LUAN
LUAS
LUBE
LUBERTA
LUBIAN
LUCARIO
LUCATERO
LUCATORTA
LUCENA
LUCER
LUCERO
LUCIO
LUCO
LUCOS
LUCRET
LUEBANO
LUENGAS
LUENGO
LUERA
LUERAS
LUEVANO
LUEVANOS
LUEZA
LUGARDO
LUGARO
LUGO
LUGON
LUGONES
LUINA
LUIS
LUITIN
LUJAN
LUJANO
LUJARDO
LUJO
LUJON
LUMBRERA
LUMBRERAS
LUNA
LUNARES
LUPERCIO
LUPEZ
LUPIAN
LUPIANEZ
LUPIBA
LUPIO
LUQUE
LUQUEZ
LUQUIN
LUQUIS
LURAS
LUVIANO
LUYANDA
LUYANDO
LUZA
LUZANIA
LUZANILLA
LUZANO
LUZARDO
LUZARRAGA
LUZBET
LUZUNARIS
LUZURIAGA
MACARAIG
MACARDICAN
MACARENO
MACARON
MACAVINTA
MACAYA
MACAYAN
MACDONADO
MACEDA
MACEIRA
MACEN
MACENA
MACEO
MACEYRA
MACHICHE
MACHIN
MACHORRO
MACHUCA
MACIA
MACIAL
MACIAS
MACIAZ
MACIEL
MACOTELA
MADA
MADALA
MADARIAGA
MADERA
MADERIS
MADERO
MADIEDO
MADOZ
MADRAZO
MADRIA
MADRID
MADRIGAL
MADRIGALES
MADRIGUAL
MADRIL
MADRILES
MADRILL
MADRIZ
MADRONA
MADRUENO
MADRUGA
MADUANO
MADUELL
MADUENA
MADUENO
MADURO
MAELIA
MAES
MAESE

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CENSUS LIST OF SPANISH SURNAMES

MAESO
MAESTAS
MAESTAZ
MAESTES
MAESTOS
MAESTRE
MAESTREY
MAESTU
MAEVA
MAEZ
MAGALDE
MAGALLAN
MAGALLANES
MAGALLANEZ
MAGALLON
MAGALONA
MAGANA
MAGANTE
MAGARINO
MAGAZ
MAGDAEL
MAGDALANO
MAGDALENA
MAGDALENO
MAGDIRILA
MAGENO
MAGLICA
MAGLUTA
MAGPAYO
MAGPURI
MAGRINA
MAGSOMBOL
MAGUREGUI
MAIMES
MAIMO
MAINEGRA
MAINERO
MAINEZ
MAIQUEZ
MAIRENA
MAISONAVE
MAISONET
MAISTERRA
MAITIA
MAITO
MAIZ
MAJALCA
MAJANO
MAJARUCON
MAJENO
MAJIA
MAJUL
MAJUTA
MALABANAN
MALABE
MALABEHAR
MALACARA
MALAGON
MALANA
MALANCHE
MALANDRIS
MALARIN
MALAUE
MALAVE
MALAVES
MALAVET
MALAVEZ
MALBAEZ
MALBAS
MALDANADO
MALDENADO
MALDOMADO
MALDONA
MALDONADA
MALDONADO
MALDONALDO
MALDONDO
MALDONODO
MALENDEZ
MALFAVON
MALIAROS
MALIBRAN
MALICAY
MALLANO
MALLEA
MALLOQUE
MALLORCA
MALONADO
MALONCON
MALOVE
MALPICA
MALTES
MALTOS
MALUIA
MALVAEZ
MALVAREZ
MALVIDO
MAMARADLO
MANCEBO
MANCERA
MANCERO
MANCHA
MANCHACA
MANCHAN
MANCHEGO
MANCIAS
MANCILLA
MANCILLAS
MANCINAS
MANCITO
MANDADO
MANDONADO
MANDUGARO
MANDUJAN
MANDUJANO
MANGOME
MANGUAL
MANGUIA
MANICOM
MANIQUIS
MANITO
MANJARES
MANJAREZ
MANJARRES
MANJARREZ
MANOSA
MANQUERO
MANQUEROS
MANRESA
MANRIGUEZ
MANRIQUE
MANRIQUES
MANRIQUEZ
MANRRIQUE
MANRRIQUEZ
MANSANALES
MANSANALEZ
MANSANARES
MANSANAREZ
MANSILLA
MANSILLAS
MANSITO
MANSO
MANTECA
MANTECON
MANTEROLA
MANTILLA
MANTINEZ
MANUZ
MANZANA
MANZANAL
MANZANARES
MANZANAREZ
MANZANEDO
MANZANERA
MANZANERES
MANZANERO
MANZANET
MANZANILLA
MANZANO
MANZUR
MAPALO
MAPULA
MAQUEDA
MAQUEIRA
MAQUINALEZ
MAQUIVAR
MARABOTTO
MARADIAGA
MARALES
MARANAN
MARANON
MARANTE
MARANTOS
MARASCOLA
MARATAS
MARAVEZ
MARAVILLA
MARAVILLAS
MARAVILLO
MARBAN
MARCADIS
MARCANO
MARCELENO
MARCELIN

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CENSUS LIST OF SPANISH SURNAMES

MARCHA
MARCHAN
MARCHANTE
MARCHANY
MARCHECO
MARCHENA
MARCHIONDO
MARCIAL
MARCILLA
MARCILLO
MARCOR
MARCOS
MARDOMINGO
MARDUENO
MAREINA
MARENCO
MARENTES
MARENTEZ
MAREQUE
MARERO
MARES
MARESMA
MAREZ
MARFIL
MARFILENO
MARGAILLAN
MARGARITO
MARGUEZ
MARIANES
MARIANS
MARICHAL
MARICHALAR
MARIDUENA
MARIN
MARINAS
MARINELARENA
MARINERO
MARINES
MARINEZ
MARIONA
MARISCAL
MARISTANY
MARISY
MARITNEZ
MARLANO
MARMOL
MARMOLEJO
MARMOLEJOS
MARONES
MARQUEZ
MARQUINA
MARQUIZ
MARRASQUIN
MARRENO
MARRERO
MARRIAGA
MARRIETTA
MARRODAN
MARROGUIN
MARROQUIN
MARRORO
MARROZOS
MARRUFFO
MARRUFO
MARRUGO
MARRUJO
MARSACH
MARSALIA
MARSELLOS
MARTE
MARTELON
MARTENEZ
MARTES
MARTEZ
MARTIARENA
MARTICORENA
MARTINDELCAMPO
MARTINES
MARTINETS
MARTINEX
MARTINEZ
MARTINEZDECASTRO
MARTINEZGARCIA
MARTINEZGONZALEZ
MARTINEZORTIZ
MARTINEZRODRIGUEZ
MARTINIZ
MARTIR
MARTIRENA
MARTIZ
MARTLARO
MARTNEZ
MARTORELL
MARTOS
MARUFFO
MARUFO
MARULANDA
MARUNO
MARURI
MARVEZ
MARXUACH
MARZAN
MARZOA
MARZOL
MARZOVILLA
MAS
MASCARDO
MASCARENA
MASCARENAS
MASCARENAZ
MASCARENO
MASCARINAS
MASCARRO
MASCORRO
MASDEO
MASDEU
MASEDA
MASERO
MASFERRER
MASIAS
MASIEL
MASJUAN
MASPERO
MASPONS
MASQUIDA
MASSANA
MASSANET
MASSAS
MASSIATTE
MASTACHE
MASTRAPA
MASVIDAL
MATA
MATAIYA
MATALLANA
MATALOBOS
MATAMOROS
MATANZO
MATEAS
MATEO
MATEOS
MATEU
MATIAS
MATIENZO
MATILLA
MATOS
MATOSO
MATOZA
MATTILLO
MATURANA
MATURINO
MATUTE
MAULEON
MAUNA
MAUPOME
MAURAS
MAUREL
MAURICIO
MAURIES
MAURIZ
MAUROSA
MAUROZA
MAYA
MAYAGOITIA
MAYANS
MAYAS
MAYATE
MAYDON
MAYEN
MAYMI
MAYNEZ
MAYOL
MAYORA
MAYORAL
MAYORCA
MAYORDOMO
MAYORGA
MAYORQUIN
MAYSONET
MAYTIN
MAYTORENA
MAZA

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MAZARA
MAZARIEGO
MAZARIEGOS
MAZON
MAZORRA
MAZPULE
MAZQUIARAN
MAZUCA
MAZUELOS
MEASTAS
MEAVE
MECADO
MECARTEA
MECENAS
MECHOSO
MEDEL
MEDELES
MEDELEZ
MEDELLIN
MEDERO
MEDEROS
MEDIANO
MEDIAVILLA
MEDINA
MEDINAS
MEDINILLA
MEDIO
MEDIZ
MEDOLA
MEDRAN
MEDRANO
MEGARIZ
MEGUI
MEIJA
MEIRELES
MEIZOSO
MEJA
MEJIA
MEJIAS
MEJICO
MEJIDO
MEJILLA
MEJILLAS
MEJORADA
MEJORADO
MELANDEZ
MELANO
MELCHOR
MELCON
MELECIO
MELENA
MELENCIANO
MELENDE
MELENDES
MELENDEZ
MELENDRES
MELENDREZ
MELENEDEZ
MELENEZ
MELENUDO
MELERO
MELGAR
MELGAREJO
MELGARES
MELGOSA
MELGOZA
MELIAN
MELIAS
MELINDEZ
MELIOTA
MELLADO
MELOCOTON
MEMBRENO
MEMBRILA
MENA
MENACHE
MENACHO
MENCHACA
MENCHAEA
MENCHAVEZ
MENCHEGO
MENCIA
MENCIO
MENCOS
MENDANA
MENDAROS
MENDEOLA
MENDEZ
MENDIA
MENDIAS
MENDIAZ
MENDIBLES
MENDIBURO
MENDIBURU
MENDIETA
MENDIETTA
MENDIGUTIA
MENDINE
MENDIOLA
MENDIOLEA
MENDIONDO
MENDITA
MENDIVEL
MENDIVIL
MENDIZ
MENDIZABAL
MENDOSA
MENDOZ
MENDOZA
MENDOZO
MENDRE
MENDRIN
MENEDEZ
MENENDEZ
MENES
MENESES
MENEZ
MENJARES
MENJIVAR
MENJUGA
MENOCAL
MENOSCAL
MENOUD
MENOYO
MERA
MERANCIO
MERAS
MERAZ
MERCAD
MERCADA
MERCADAL
MERCADE
MERCADER
MERCADO
MERCARDO
MERCED
MERCEDES
MERCHAIN
MERCHAN
MERCODO
MERCOLA
MERCONCHINI
MERELES
MERENDON
MEREZ
MERGIL
MERINO
MERIZALDE
MERJIL
MERLA
MERLOS
MERMEA
MERMEJO
MERMELLA
MERODIO
MERONO
MERU
MERUELO
MESA
MESEGUER
MESIA
MESIAS
MESILLAS
MESINAS
MESONERO
MESORANA
MESQUIAS
MESQUIT
MESQUITA
MESQUITE
MESQUITI
MESSARRA
MESSEGUER
MESTA
MESTAS
MESTAZ
MESTRE
MESTRES
MESTRIL
MEXIA
MEXICANO
MEZA
MEZQUITA
MICAN
MICHACA

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CENSUS LIST OF SPANISH SURNAMES

MICHELENA
MICHELTORENA
MIEDES
MIELES
MIELGO
MIERA
MIERES
MIEREZ
MIESES
MIGNARDOT
MIGOYA
MIGUEL
MIGUELES
MIGUELEZ
MIGUELIZ
MIGURA
MIJANGOS
MIJARES
MIJAREZ
MIJENES
MILA
MILANES
MILANEZ
MILARA
MILERA
MILIAN
MILINA
MILLAN
MILLAND
MILLANES
MILLANEZ
MILLANPONCE
MILLARES
MILLAYES
MIMIAGA
MINABE
MINAGA
MINAGORRI
MINAMIDE
MINATRE
MINAYA
MINCHACA
MINDIETA
MINDIOLA
MINERA
MINERO
MINGUELA
MINGURA
MINIAREZ
MINICA
MINITREZ
MINJARES
MINJAREZ
MINOBE
MINONDO
MINOSO
MINSAL
MIQUEO
MIR
MIRABAL
MIRABEL
MIRABENT
MIRADA
MIRAFLORES
MIRALES
MIRALLA
MIRALLES
MIRAMON
MIRAMONTES
MIRAMONTEZ
MIRANA
MIRANDA
MIRANO
MIRASOL
MIRAVAL
MIRAYA
MIRAZ
MIRAZO
MIRDITA
MIRELES
MIRELEZ
MIRET
MIRILES
MIRO
MIROLLA
MISAS
MISLA
MISQUEZ
MIYAR
MIYARES
MOCEGA
MOCETE
MOCHO
MOCTEZUMA
MODERO
MODIA
MODRONO
MOGAS
MOGOLLON
MOGRO
MOGUEL
MOHEDANO
MOIZA
MOJADO
MOJARRO
MOJEDA
MOJENA
MOJICA
MOLANO
MOLDES
MOLDONADO
MOLEDO
MOLENA
MOLENDEZ
MOLERA
MOLERES
MOLERIO
MOLGADO
MOLINA
MOLINAR
MOLINARES
MOLINARY
MOLINAS
MOLINER
MOLINEROS
MOLINET
MOLLEDA
MOLLES
MOLLINDO
MOLLINEDO
MONAGAS
MONARCO
MONARES
MONAREZ
MONARQUE
MONARRES
MONARREZ
MONCADA
MONCADO
MONCAYO
MONCEVAIS
MONCEVAIZ
MONCEVIAS
MONCIBAIS
MONCIBAIZ
MONCIVAIS
MONCIVAIZ
MONCIVALLES
MONCLOVA
MONDACA
MONDEJAR
MONDELO
MONDONA
MONDOZA
MONDRAGON
MONEDA
MONEDERO
MONEGRO
MONEO
MONGE
MONGES
MONGUIA
MONITA
MONJARAS
MONJARAZ
MONJARDIN
MONJE
MONJES
MONLEON
MONLLOR
MONNAR
MONOZ
MONRAZ
MONREAL
MONRIAL
MONROIG
MONROY
MONRREAL
MONRRIAL
MONSALVE
MONSALVO
MONSEBAIS
MONSEGUR
MONSERRAT
MONSERRATE

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MONSEVAIS
MONSEVALLES
MONSIBAIS
MONSIBAIZ
MONSISVAIS
MONSIVAIS
MONSIVAIZ
MONTAIVO
MONTALBAN
MONTALBO
MONTALUO
MONTALVAN
MONTALVO
MONTAN
MONTANE
MONTANER
MONTANES
MONTANEZ
MONTANIO
MONTANO
MONTANTES
MONTAYA
MONTAZ
MONTEAGUDO
MONTEALEGRE
MONTEAVARO
MONTECELO
MONTECINO
MONTEDEOCA
MONTEFALCON
MONTEJANO
MONTEJO
MONTELLANO
MONTELONGO
MONTEMAJOR
MONTEMAYOR
MONTENEGRO
MONTEON
MONTERA
MONTERDE
MONTEREY
MONTERO
MONTEROLA
MONTEROS
MONTERREY
MONTERROSA
MONTERROSO
MONTERROZA
MONTERRUBIO
MONTES
MONTESDEOCA
MONTESINO
MONTESINOS
MONTEVERDE
MONTEZ
MONTEZUMA
MONTIEL
MONTIJO
MONTILLA
MONTION
MONTMAYOR
MONTOLLA
MONTONO
MONTOTO
MONTOVA
MONTOY
MONTOYA
MONTOYO
MONTUFAR
MONTUYA
MONZON
MOQUETE
MOQUINO
MORA
MORADO
MORAGA
MORAGO
MORAGUEZ
MORAIDA
MORAILA
MORAL
MORALE
MORALEJO
MORALES
MORALESGONZALEZ
MORALESLOPEZ
MORALESRAMOS
MORALESTORRES
MORALEZ
MORANDA
MORANTES
MORATA
MORATALLA
MORATAYA
MORATO
MORAZA
MORCATE
MORCIEGO
MORCIGLIO
MORCOS
MOREDA
MOREDO
MOREIDA
MOREIRAS
MOREJON
MORELES
MORELION
MORELLON
MORELO
MORELOS
MORENO
MORENTIN
MORERA
MORERO
MORETA
MOREYRA
MORFA
MORFFI
MORFI
MORFIN
MORGA
MORGALO
MORGAS
MORHAR
MORIEL
MORILLA
MORILLAS
MORILLO
MORILLON
MORILLOS
MORIONES
MORIYON
MORLA
MORLES
MORLET
MORLOTE
MOROCHO
MORODO
MOROLES
MOROLEZ
MORON
MORONES
MORONEZ
MOROYOQUI
MORQUECHO
MORQUEZ
MORRAS
MORRAZ
MORRERO
MORRINA
MORTEO
MORTERA
MORUA
MORVA
MOSCOSO
MOSINO
MOSQUEA
MOSQUEDA
MOSQUEDO
MOSQUERA
MOTA
MOTAL
MOTILLA
MOURE
MOUREN
MOURINO
MOURIZ
MOYA
MOYADO
MOYANO
MOYEDA
MOYENO
MOYET
MOYRON
MOZAS
MOZQUEDA
MUCALA
MUCINO
MUDAFORT
MUELA
MUELAS
MUENTES
MUGA
MUGARTEGUI

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CENSUS LIST OF SPANISH SURNAMES

MUGERZA
MUGICA
MUGUERCIA
MUGUERZA
MUGUIRO
MUIL
MUINA
MUINAS
MUINO
MUINOS
MUIRRAGUI
MUIS
MUJICA
MULERO
MULET
MULGADO
MUNA
MUNANA
MUNARRIZ
MUNDO
MUNECAS
MUNERA
MUNERO
MUNET
MUNETON
MUNEZ
MUNGARAY
MUNGARRO
MUNGIA
MUNGUIA
MUNILLA
MUNIVE
MUNIVEZ
MUNIZ
MUNNE
MUNOA
MUNOS
MUNOZ
MUNOZCANO
MUNQUIA
MUNTANER
MURADAS
MURADAZ
MURADO
MURAIDA
MURAIRA
MURALLES
MURANE
MURATALLA
MURAVEZ
MURCIA
MURCIANO
MURCIO
MURGA
MURGADO
MURGUIA
MURIAS
MURIEDAS
MURIEL
MURIENTE
MURIETTA
MURILLO
MURO
MUROLAS
MUROS
MUROYA
MURRIETA
MURRIETTA
MURRILLO
MURSULI
MURUA
MURUAGA
MURUATO
MUSQUEZ
MUSQUIZ
MUSTELIER
MUTIO
MUXART
MUXO
MUZAURIETA
MUZQUIZ
NABA
NABARRETE
NABARRETTE
NABAYAN
NABETA
NACER
NACHON
NACIANCENO
NADAL
NAFARRATE
NAFARRETE
NAGORE
NAJAR
NAJARA
NAJARES
NAJARRO
NAJERA
NALDA
NANDIN
NANDINO
NANEZ
NAPOLES
NARANJO
NARAVEZ
NARBAIZ
NARCHO
NARCIA
NAREDO
NARES
NAREZ
NAREZO
NARINO
NARIO
NARONJO
NARRANJO
NARRO
NARVAES
NARVAEZ
NARVAIS
NARVAIZ
NARVAREZ
NARVARTE
NATAL
NATERA
NATERAS
NATIVIDAD
NAVA
NAVAIRA
NAVAJAR
NAVAL
NAVALES
NAVALLO
NAVANJO
NAVAR
NAVARETE
NAVARETTE
NAVAREZ
NAVARIA
NAVARIJO
NAVARR
NAVARRETE
NAVARRETTE
NAVARRO
NAVAS
NAVEDA
NAVEDO
NAVEIRA
NAVEIRAS
NAVEJA
NAVEJAR
NAVEJAS
NAVERAN
NAVIA
NAVIDAD
NAVO
NAVODA
NAYA
NAYARES
NAZABAL
NAZARIO
NAZCO
NAZUR
NEBLINA
NEBREDA
NEBRIDA
NECO
NECOCHEA
NECOECHEA
NECUZE
NEGRE
NEGREIRA
NEGRET
NEGRETE
NEGRETTE
NEGRIN
NEGRON
NEGRONCOLON
NEGRONI
NEGUERUELA
NEIRA
NEITO
NEIVES
NEJAR
NERADA

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CENSUS LIST OF SPANISH SURNAMES

NEREY
NERIA
NERIO
NERIOS
NERIS
NERVAIS
NEVARES
NEVAREZ
NEVARREZ
NEYRA
NIALS
NIAVE
NIAVES
NIAVEZ
NICACIO
NICASIO
NICOT
NIDEZ
NIDO
NIEBLA
NIEBLAS
NIEGO
NIELES
NIETO
NIEVA
NIEVE
NIEVES
NIEVEZ
NIEZ
NIGAGLIONI
NIGOS
NILA
NIN
NINA
NINO
NIRA
NISPEROS
NISTAL
NIVAL
NIVAR
NIVES
NIZ
NOA
NOBARA
NOBIDA
NOBOA
NOBREGAS
NOCAS
NOCEDA
NOCEDAL
NOCHE
NOCHERA
NODAL
NODAR
NODARSE
NOGALES
NOGARE
NOGUE
NOGUEDA
NOGUEIRAS
NOGUELLES
NOGUER
NOGUERA
NOGUERAS
NOGUES
NOGUEZ
NOLASCO
NOLINE
NOLLA
NOMBRANA
NOMBRANO
NOPERI
NORALES
NORALEZ
NORAT
NORDA
NORDELLA
NORDELO
NOREIGA
NORENA
NORERO
NORIA
NORIEGA
NORIEGO
NORIZ
NORMANDIA
NORONA
NORTE
NORZAGARAY
NOVALES
NOVAS
NOVELA
NOVELO
NOVEMBRE
NOVIAN
NOVILLO
NOVO
NOVOA
NOYA
NOYAS
NOYOLA
NUANES
NUANEZ
NUCHE
NUEVO
NUEZ
NUIN
NUMEZ
NUNCIO
NUNEZ
NUNGARAY
NUNO
NUNTEZ
OAXACA
OBALLE
OBALLES
OBANDO
OBARRIO
OBAS
OBAYA
OBERA
OBESO
OBEZO
OBIEDO
OBISPO
OBLEA
OBLEDO
OBLIGACION
OBRADOR
OBREGON
OCA
OCACIO
OCADIZ
OCAMPO
OCAMPOS
OCANA
OCANAS
OCANO
OCANTO
OCARANZA
OCARIZ
OCARIZA
OCASIO
OCEGUEDA
OCEGUERA
OCEJO
OCEQUEDA
OCHEA
OCHINERO
OCHIPA
OCHOA
OCHOS
OCHOTERENA
OCHOTORENA
OCON
ODAMA
ODIO
ODRIOZOLA
OFARRILL
OFERRAL
OGALDEZ
OGANDO
OGARRIO
OGARRO
OGAS
OGAZ
OGUENDO
OGUETE
OHIGGINS
OJEDA
OJINAGA
OJITO
OLABARRIA
OLABARRIETA
OLACHEA
OLAECHEA
OLAETA
OLAEZ
OLAGE
OLAGUE
OLAGUES
OLAGUEZ
OLAGUIBEL
OLAIS
OLAIZ

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CENSUS LIST OF SPANISH SURNAMES

OLALDE
OLALLA
OLAQUE
OLAQUEZ
OLARTE
OLASCOAGA
OLASCUAGA
OLAVARRI
OLAVARRIA
OLAVARRIETA
OLAVE
OLAYA
OLAYO
OLAZABA
OLAZABAL
OLAZAGASTI
OLAZARAN
OLBA
OLBERA
OLBES
OLDRATE
OLEA
OLEAS
OLETA
OLGIN
OLGUIN
OLIBARES
OLIBAREZ
OLIBARRIA
OLIDE
OLIU
OLIVA
OLIVAN
OLIVAR
OLIVARE
OLIVARES
OLIVAREZ
OLIVAROS
OLIVARRI
OLIVARRIA
OLIVAS
OLIVENCIA
OLIVERA
OLIVERAS
OLIVERAZ
OLIVERES
OLIVEREZ
OLIVERO
OLIVEROS
OLIVES
OLIVIAS
OLIVIS
OLIVO
OLIVOS
OLLACA
OLLERBIDEZ
OLLERVIDES
OLLERVIDEZ
OLLIVARES
OLLOQUE
OLLOQUI
OLME
OLMEDA
OLMEDO
OLMO
OLMOS
OLMOZ
OLONA
OLONIA
OLONO
OLORTEGUI
OLQUIN
OLTIVERO
OLVEDA
OLVEDO
OLVEIRA
OLVERA
OLVEZ
OMAECHEVARRIA
OMANA
OMS
ONATE
ONDARO
ONDARZA
ONDOY
ONDREAS
ONDRIAS
ONGANIA
ONGAY
ONOFRE
ONOZ
ONSUREZ
ONTANEDA
ONTIBEROZ
ONTIVERAS
ONTIVERO
ONTIVEROS
ONTIVEROZ
OPIO
OPORTO
OQUENDO
OQUITA
ORABUENA
ORACION
ORAMA
ORAMAS
ORANA
ORANDAY
ORANTE
ORANTES
ORANTEZ
ORATE
ORBAY
ORBEA
ORBEGOZO
ORCA
ORCASITAS
ORDAZ
ORDENANA
ORDENER
ORDENES
ORDENEZ
ORDIALES
ORDINARIO
ORDONES
ORDONEZ
ORDONO
ORDOQUI
ORDORICA
ORDOVER
ORDUNA
ORDUNEZ
ORDUNO
OREGEL
OREJEL
ORELLANA
ORELLANO
ORENDAIN
ORENGO
ORENSE
ORETEGA
ORETGA
ORFILA
ORGANISTA
ORGE
ORIA
ORIBA
ORIBE
ORIGEL
ORIGINALES
ORIHUELA
ORIJEL
ORIQUE
ORISIO
ORITIZ
ORITZ
ORIVE
ORIZAGA
ORJALES
ORJUELA
ORNELAS
ORNELAZ
ORNELES
OROBIO
OROL
ORONA
ORONOZ
OROPESA
OROPEZA
OROSA
OROSCO
OROZ
OROZCO
OROZEO
ORPILLA
ORPINEL
ORQUIZ
ORRACA
ORRADRE
ORRANTE
ORRANTIA
ORREGO
ORRIOLA
ORRIOLS
ORSABA

APPENDIX E
CENSUS LIST OF SPANISH SURNAMES

ORSUA
ORTA
ORTAL
ORTAS
ORTEG
ORTEGA
ORTEGAS
ORTEGON
ORTES
ORTEZ
ORTIGAS
ORTIGOSA
ORTIGOZA
ORTIVEZ
ORTIVIZ
ORTIZ
ORTIZYPINO
ORTOLAZA
ORTUNIO
ORTUNO
ORTUZAR
ORUE
ORUNA
ORVANANOS
ORZA
ORZABAL
ORZO
OSA
OSANO
OSCOS
OSCOY
OSEDA
OSEGUEDA
OSEGUERA
OSEJO
OSELIO
OSEQUERA
OSES
OSETE
OSIO
OSLE
OSNAYA
OSO
OSOLLO
OSONA
OSORIA
OSORIO
OSORNIA
OSORNIO
OSORNO
OSPINA
OSPINO
OSPITAL
OSSA
OSSORGIN
OSSORIO
OSTEGUIN
OSTIGUIN
OSTIQUIN
OSTOLAZA
OSTOS
OSUNA
OTANEZ
OTANO
OTAZO
OTEGUI
OTEIZA
OTEO
OTERA
OTERO
OTHON
OTI
OTONDO
OVADIA
OVALLE
OVALLES
OVALLEZ
OVANDO
OVARES
OVIEDA
OVIEDO
OXIOS
OYACA
OYAGUE
OYANGUREN
OYARBIDE
OYARZABAL
OYARZUN
OYAS
OYERBIDES
OYERVIDES
OYERVIDEZ
OYOLA
OYOQUE
OYUELA
OZAETA
OZETA
OZORES
OZORIA
OZORNIA
OZUNA
OZUNIGA
PABEY
PABLICO
PABLO
PABLOS
PABON
PABROS
PACHARZINA
PACHEC
PACHECANO
PACHECO
PACHELO
PACHEO
PACHERO
PACHICANO
PACHO
PACHON
PACHUCA
PACIAS
PACIFICAR
PACILLAS
PACIN
PACINA
PACO
PADDILLA
PADER
PADIA
PADIAL
PADIAS
PADIERNA
PADILL
PADILLA
PADILLIA
PADILLO
PADIN
PADOR
PADRES
PADRINO
PADRO
PADRON
PADUA
PAEZ
PAGAN
PAGANRIVERA
PAGES
PAGOLA
PAGON
PAGUAGA
PAGUIO
PAHISSA
PAIACIOS
PAIRADA
PAIRIS
PAIZ
PAJARITO
PAJARO
PAJUELO
PALACIES
PALACIO
PALACIOS
PALADINES
PALAFOS
PALAFOX
PALAGANAS
PALAMO
PALASOTA
PALATO
PALAU
PALAZON
PALAZUELOS
PALENCIA
PALENZUELA
PALEO
PALGON
PALICIO
PALITOS
PALIZO
PALLAIS
PALLAN
PALLANES
PALLANEZ
PALLARES
PALLAREZ
PALLEJA

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CENSUS LIST OF SPANISH SURNAMES

PALLENS
PALLOT
PALMARES
PALMAREZ
PALMARIN
PALMAS
PALMEIRO
PALMERIN
PALMEROS
PALOMA
PALOMAR
PALOMARES
PALOMAREZ
PALOMEQUE
PALOMERA
PALOMIN
PALOMINO
PALOMINOS
PALOMO
PALOP
PALOS
PALOU
PAMANES
PAMARAN
PAMBLANCO
PAMIAS
PAMINTUAN
PAMPIN
PAMPLONA
PANALES
PANALEZ
PANAMA
PANAMENO
PANARISO
PANCEGRAN
PANCHANA
PANCHO
PANCORBO
PANDAL
PANDAS
PANDES
PANDO
PANDURO
PANELO
PANENO
PANEQUE
PANERO
PANETO
PANIAGUA
PANIAQUA
PANIZ
PANOPIO
PANTA
PANTAJA
PANTALEON
PANTIGA
PANTIN
PANTLEO
PANTOJA
PANTOJAS
PANTOYA
PANTUSA
PANUCO
PANZARDI
PANZIERA
PARACHE
PARADA
PARADEDA
PARADELA
PARADELO
PARADES
PARADEZ
PARAMO
PARAPAR
PARAYNO
PARAYUELOS
PARAZO
PARCES
PARDAVE
PARDILLO
PARDINAS
PARDO
PARDOS
PARDUCHO
PAREDES
PAREDEZ
PAREIRA
PAREJA
PARELLADA
PARERA
PARES
PARETS
PAREYA
PAREZ
PARGA
PARGAS
PARIZ
PAROCUA
PARQUE
PARRA
PARRADO
PARRAGA
PARRAL
PARRALES
PARRAS
PARRAZ
PARRENO
PARRIERA
PARRILLA
PARRONDO
PARTAGAS
PARTIDA
PARTIDO
PASADA
PASAMONTE
PASANTES
PASARELL
PASARET
PASARIN
PASCACIO
PASCUAL
PASCUALI
PASENA
PASILLAS
PASOLS
PASOS
PASSAPERA
PASTORA
PASTORIZA
PASTRAN
PASTRANA
PASTRANO
PATINA
PATINO
PATLAN
PATRANELLA
PATRON
PAUDA
PAULA
PAULLADA
PAVEDES
PAVILA
PAVON
PAYAN
PAYANO
PAYARES
PAYAS
PAYEN
PAYERO
PAZ
PAZMINO
PAZOS
PECARO
PECELUNAS
PECERO
PECHERO
PECINA
PECOS
PEDEVILLA
PEDRAJA
PEDRAS
PEDRAYES
PEDRAZ
PEDRAZA
PEDRE
PEDREGAL
PEDREGO
PEDREGON
PEDREGUERA
PEDREIRA
PEDREIRO
PEDRERA
PEDRERO
PEDRIANES
PEDRINO
PEDROCHE
PEDROGO
PEDROLA
PEDROSA
PEDROSO
PEDROZA
PEGO
PEGODA
PEGUERO
PEGUEROS

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PEINADO
PEIRO
PELACHE
PELAEZ
PELAIZ
PELALLO
PELATA
PELAYO
PELEGRINA
PELLECER
PELLERANO
PELLICIER
PELLOT
PELUFFO
PENA
PENABAD
PENADO
PENAFIEL
PENAFLOR
PENAFLORIDA
PENAGARZA
PENAHERRERA
PENALBA
PENALES
PENALO
PENALOSA
PENALOZA
PENALVER
PENALVERT
PENANO
PENARANDA
PENATE
PENDAS
PENEZ
PENICHE
PENICHET
PENILLA
PENON
PENSADO
PENUELA
PENUELAS
PENUELAZ
PENUNURI
PEON
PEPERAS
PEPITO
PEQUENO
PEQUERO
PERAL
PERALES
PERALEZ
PERALTA
PERALTO
PERATIS
PERAZA
PERCHES
PERCHEZ
PERDICES
PERDIDO
PERDIGON
PERDOMO
PEREA
PEREDA
PEREDIA
PEREDO
PEREGRINA
PEREGRINO
PEREIDA
PEREIRO
PERELES
PERERA
PERES
PEREYDA
PEREYO
PEREYRA
PEREZ
PEREZA
PEREZCANO
PEREZCHICA
PEREZCOLON
PEREZDEALEJO
PEREZDELRIO
PEREZDIAZ
PEREZGONZALEZ
PEREZJIMENEZ
PEREZLOPEZ
PEREZMENDEZ
PEREZMONTES
PEREZRAMOS
PERFECTO
PERFINO
PERICAS
PERLAS
PERMUY
PERNAS
PEROLDO
PEROZO
PERRES
PERRIRAZ
PERTIERRA
PERU
PERUMEAN
PERUSINA
PERUSQUIA
PERUYERA
PERUYERO
PERVEZ
PERYATEL
PESANTE
PESANTES
PESANTEZ
PESCADO
PESCADOR
PESINA
PESQUEDA
PESQUEIRA
PESQUERA
PESQUIERA
PEYDRO
PEYNADO
PEYRO
PEZA
PEZEZ
PEZINA
PIARD
PICALLO
PICAR
PICART
PICASCIA
PICASO
PICAZO
PICENO
PICHARDO
PICO
PICON
PICOS
PIEDAD
PIEDRA
PIEDRAHITA
PIEDRAS
PIELAGO
PIERAS
PIJUAN
PILA
PILAR
PILARTE
PILLADO
PILOTO
PIMIENTA
PIMIENTO
PIMINTEL
PINA
PINADEARCOS
PINAL
PINALES
PINALEZ
PINARES
PINCAY
PINEDA
PINEDO
PINEIRA
PINEIRO
PINELA
PINELO
PINERA
PINERO
PINEROS
PINEY
PINEYRO
PINGARRON
PINIELLA
PINILLA
PINILLO
PINILLOS
PINO
PINOL
PINON
PINONES
PINTADO
PINTOR
PINTOS
PINUELA
PINUELAS
PINZON
PIOQUINTO

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PIQUERO
PIREZ
PIRINEA
PIRIS
PIRIZ
PIS
PISANA
PISENO
PISONERO
PITA
PITALUGA
PITARCH
PITONES
PITRONES
PIZANA
PIZANO
PIZARO
PIZARRA
PIZARRO
PIZULA
PLA
PLACENCIA
PLACENCIO
PLACENSIA
PLACENTIA
PLACERES
PLAJA
PLANA
PLANAS
PLANCARTE
PLANCENCIA
PLANELL
PLANELLAS
PLANES
PLANOS
PLANTILLAS
PLANTO
PLASCENCIA
PLASENCIA
PLASENCIO
PLATA
PLATAMONE
PLATAS
PLATERO
PLAZA
PLAZAS
PLAZOLA
PLIEGO
PLUMA
PLUMAS
PLUMEDA
PLUMEY
POBAR
POBLANO
POBLETE
POBRE
PODILLA
POEY
POGAN
POLA
POLACO
POLANCO
POLENDO
POLIDURA
POLINA
POLITRON
POLLERANA
POLLORENO
POLVADO
POMALE
POMALES
POMARES
POMAREZ
POMBROL
POMELEO
POMPA
PONCABARE
PONCE
PONCEDELEON
PONCHO
PONCIANO
PONCIO
PONSDOMENECH
PONZOA
PORATA
PORCAYO
PORCHAS
PORCHO
PORDIA
PORFIL
PORLAS
PORRAS
PORRATA
PORRAZ
PORRERO
PORRES
PORROS
PORTAL
PORTALATIN
PORTALES
PORTALEZ
PORTELA
PORTELLES
PORTES
PORTIELES
PORTILLA
PORTILLO
PORTILLOS
PORTOCARRERO
PORTOLAN
PORTORREAL
PORTUGAL
PORTUGUES
PORTUGUEZ
PORTUONDO
POSADA
POSADAS
POSAS
POSO
POSOS
POSTIGO
POSTIL
POTESTAD
POUGES
POUSA
POVEDA
POVENTUD
POVIONES
POYORENA
POZA
POZAS
POZERO
POZO
POZOS
POZUELOS
PRADAS
PRADERE
PRADIA
PRADO
PRAT
PRATS
PRATTS
PRECIADO
PRELLEZO
PRENDES
PRENDEZ
PRENDIZ
PRESA
PRESAS
PRESIADO
PRESNO
PRESTAMO
PREZAS
PRIDA
PRIEDE
PRIEGO
PRIEGUEZ
PRIETO
PRIMELLES
PRIMERA
PRIMERO
PRIO
PROA
PROANO
PROCEL
PROCELA
PROCSAL
PROENZA
PROHIAS
PROO
PROVENCIO
PROVEYER
PRUDENCIO
PRUNA
PRUNEDA
PRUNES
PUBILL
PUBILLONES
PUCHADES
PUEBLA
PUELLA
PUELLO
PUENTE
PUENTES
PUENTEZ

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

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

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CENSUS LIST OF SPANISH SURNAMES

REVOLLEDO
REVOREDO
REVUELTA
REVUELTAS
REXACH
REY
REYEROS
REYERS
REYES
REYESPEREZ
REYESRODRIGUEZ
REYEZ
REYGADAS
REYNA
REYNADO
REYNAGA
REYNALDO
REYNALDOS
REYNERO
REYNEROS
REYNOS
REYNOSA
REYNOSO
REYNOZA
REYNOZO
REYO
REYOS
REZA
REZENDEZ
RIALI
RIANCHO
RIANDA
RIAVE
RIAZA
RIBADENEIRA
RIBAL
RIBALTA
RIBAS
RIBERA
RIBERAL
RIBERAS
RIBOT
RIBOTA
RICABAL
RICALDE
RICANO
RICARDEZ
RICARDO
RICART
RICARTE
RICHARTE
RICHIEZ
RICHINA
RICO
RICONDO
RIDRIGUEZ
RIEDO
RIEGA
RIEGO
RIEGOS
RIERA
RIERAS
RIESCO
RIESGO
RIESTRA
RIGAL
RIGALES
RIGAU
RIGUAL
RIGUERA
RIGUERO
RIJO
RIJOS
RIMBLAS
RINAURO
RINCHE
RINCON
RINCONENO
RINCONES
RINGLERO
RIOBO
RIOCABO
RIOFRIO
RIOJA
RIOJAS
RIOJAZ
RIOJOS
RIOLLANO
RIONDA
RIOPEDRE
RIOS
RIOSECO
RIOSESPINOZA
RIOSFLORES
RIOSMARTINEZ
RIOSPEREZ
RIOZ
RIPALDA
RIPES
RIPOL
RIPOLL
RIPOLLES
RIQUELME
RIQUERO
RISQUET
RISUENO
RIUS
RIUSECH
RIVADA
RIVADENEIRA
RIVADENEYRA
RIVADULLA
RIVALE
RIVALI
RIVARES
RIVAROLA
RIVAS
RIVAZ
RIVEIRA
RIVEIRO
RIVERA
RIVERACOLON
RIVERACRUZ
RIVERADIAZ
RIVERALUGO
RIVERAPEREZ
RIVERARIVERA
RIVERAS
RIVERIA
RIVERO
RIVEROL
RIVEROLL
RIVERON
RIVEROS
RIVERRA
RIVIERO
RIZO
ROA
ROACHO
ROANO
ROBAINA
ROBALI
ROBALIN
ROBALINO
ROBAU
ROBAYNA
ROBAYO
ROBEDA
ROBELDO
ROBELO
ROBLAS
ROBLEDA
ROBLEDO
ROBLEJO
ROBLERO
ROBLES
ROBLETO
ROBLEZ
ROBREDO
ROCA
ROCAFORT
ROCAFUERTE
ROCAMONTES
ROCAMONTEZ
ROCERO
ROCES
ROCHA
ROCHAS
ROCHES
ROCHIN
ROCHOA
ROCIO
RODADO
RODALLEGAS
RODARTE
RODAS
RODEA
RODELA
RODELAS
RODELO
RODENA
RODENAS
RODERO
RODEZ
RODGRIGUEZ

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CENSUS LIST OF SPANISH SURNAMES

RODICIO
RODIGUEZ
RODIL
RODILES
RODIQUEZ
RODIRGUEZ
RODREGUEZ
RODRGUEZ
RODRIG
RODRIGEUZ
RODRIGEZ
RODRIGIEZ
RODRIGNEZ
RODRIGOEZ
RODRIGS
RODRIGU
RODRIGUEA
RODRIGUERA
RODRIGUEZ
RODRIGUEZMARTIN
EZ
RODRIGUEZS
RODRIGUIEZ
RODRIGUIZ
RODRIGUZ
RODRIQUEZ
RODRIQUIZ
RODRIUEZ
RODRIUGEZ
RODRIZUEZ
RODROGUEZ
RODRUGUEZ
RODRUQUEZ
RODUGUEZ
RODULFO
RODZ
ROEL
ROGANS
ROGERIO
ROGES
ROGRIGUEZ
ROGUE
ROHENA
ROIBAL
ROIDE
ROIG
ROIS
ROIZ
ROJA
ROJANO
ROJAS
ROJEL
ROJERO
ROJES
ROJO
ROJOS
ROLDAN
ROLDON
ROLDOS
ROLON
ROMAGOSA
ROMAGUERA
ROMANDIA
ROMANES
ROMANEZ
ROMANILLOS
ROMAY
ROMAYOR
ROMERA
ROMERO
ROMEROS
ROMEU
ROMEZ
ROMIREZ
ROMIRO
ROMO
ROMOS
ROMPAL
RON
RONCES
RONDA
RONDAN
RONDERO
RONDEZ
RONDON
RONGAVILLA
RONJE
RONQUILLO
ROQUE
ROQUENI
ROQUERO
ROQUETA
ROS
ROSA
ROSABAL
ROSADA
ROSADO
ROSAL
ROSALES
ROSALESDELRIO
ROSALEZ
ROSALY
ROSARIA
ROSARIO
ROSARIODIAZ
ROSARO
ROSAS
ROSELI
ROSELLO
ROSELLON
ROSENDO
ROSENEY
ROSERO
ROSES
ROSETE
ROSILES
ROSILEZ
ROSILLO
ROSITAS
ROSQUETE
ROSTRO
ROTEA
ROTELA
ROTGER
ROUCO
ROURA
ROURE
ROVAYO
ROVERA
ROVIRA
ROVIROSA
ROXAS
ROYBAL
ROYBALL
ROYBOL
ROYERO
ROYO
ROYOS
ROYVAL
ROZADA
ROZALES
ROZO
RUACHO
RUALES
RUALO
RUAN
RUANO
RUAS
RUBALACA
RUBALCABA
RUBALCADA
RUBALCADO
RUBALCAUA
RUBALCAVA
RUBERO
RUBERTE
RUBI
RUBIA
RUBIALES
RUBIANES
RUBIANO
RUBIDO
RUBIELLA
RUBIERA
RUBILDO
RUBINOS
RUBIO
RUBIOLA
RUCIO
RUCOBO
RUEDA
RUEDAFLORES
RUEDAS
RUELAS
RUELAZ
RUELOS
RUEMPEL
RUENES
RUESGA
RUEZGA
RUFAT
RUFFENO
RUFIN
RUGAMA
RUGARCIA

APPENDIX E
CENSUS LIST OF SPANISH SURNAMES

RUGERIO
RUIBAL
RUIDAS
RUIDIAZ
RUILOBA
RUISANCHEZ
RUISECO
RUIZ
RUIZCALDERON
RUIZCASTANEDA
RUIZDEESPARZA
RUIZDELVIZO
RUIZE
RUIZESPARZA
RUIZZ
RUL
RULLAN
RUMAYOR
RUMBAUT
RUTIAGA
RUTIZ
RUVALCABA
RUVALCAVA
RUVIRA
RUYBAL
RUYBALID
RUYBOL
RUZ
SAA
SAABEDRA
SAAUEDRA
SAAVEDRA
SABALA
SABALLOS
SABALZA
SABANDO
SABATER
SABATES
SABEDRA
SABI
SABICER
SABIDO
SABINES
SABLATURA
SABOGAL
SABORI
SABORIDO
SABORIO
SABORIT
SABOYA
SABRES
SABROSO
SABUGO
SACA
SACARELLO
SACASAS
SACERIO
SACOS
SACRISTAN
SADA
SADES
SADULE
SAEDA
SAENS
SAENZ
SAETA
SAEZ
SAFADY
SAFILLE
SAFONT
SAGARA
SAGARDIA
SAGARDOY
SAGARIBAY
SAGARNAGA
SAGARO
SAGARRA
SAGAS
SAGASTA
SAGASTEGUI
SAGASTUME
SAGRADO
SAGREDO
SAGRERO
SAGUN
SAHAGUN
SAIJO
SAILAS
SAINA
SAINEZ
SAINZ
SAIS
SAIZ
SAIZA
SALABARRIA
SALABERRIOS
SALACAN
SALADO
SALAETS
SALAICES
SALAIS
SALAISES
SALAIZ
SALAMANCA
SALANAS
SALANO
SALARS
SALAS
SALASAR
SALAVARIA
SALAVARRIA
SALAVARRIETA
SALAVERRIA
SALAYA
SALAYANDIA
SALAZ
SALAZA
SALAZAN
SALAZAR
SALBATO
SALCEDA
SALCEDO
SALCIDA
SALCIDO
SALCINES
SALDAMA
SALDAMANDO
SALDANA
SALDANO
SALDARRIAGA
SALDATE
SALDEZ
SALDIERNA
SALDIVAR
SALDONA
SALDUA
SALEGUI
SALGADO
SALGADOLUNA
SALGUEIRO
SALGUERA
SALGUERO
SALHUANA
SALIAS
SALIDO
SALINAS
SALINASGARCIA
SALINASRAMIREZ
SALINAZ
SALINOS
SALIVA
SALIVAS
SALIZ
SALIZAR
SALLES
SALMERON
SALMINA
SALMONES
SALORT
SALOS
SALSA
SALSAMEDA
SALSEDO
SALSIDO
SALTARES
SALTERO
SALTOS
SALUDES
SALUMBIDES
SALVACION
SALVARIA
SALVARREY
SALVAT
SALVATIERRA
SALVIDE
SAMADA
SAMALA
SAMALOT
SAMANEGO
SAMANIEGO
SAMANO
SAMARIO
SAMARIPA
SAMARO
SAMARRIPA

APPENDIX E
CENSUS LIST OF SPANISH SURNAMES

SAMARRIPAS
SAMARRON
SAMAYOA
SAMBADO
SAMBOLIN
SAMBRANO
SAMBUESO
SAMBULA
SAMILPA
SAMONIEGO
SAMORA
SAMORANO
SAMOT
SAMPAYAN
SAMPAYO
SAMPEDRO
SAMPERA
SAMPERIO
SAMTOS
SAMUDIA
SAMUDIO
SANABIA
SANABRIA
SANAGUSTIN
SANAME
SANANDRES
SANBARTOLOME
SANBRANO
SANCEDO
SANCEN
SANCHA
SANCHE
SANCHEN
SANCHES
SANCHEZ
SANCHEZDETAGLE
SANCHEZPEREZ
SANCHIDRIAN
SANCHIZ
SANCHO
SANCHOYERTO
SANCHZ
SANCIPRIAN
SANDATE
SANDAVAL
SANDAVOL
SANDEZ
SANDIA
SANDIEGO
SANDIGO
SANDOBAL
SANDOMINGO
SANDOUAL
SANDOVA
SANDOVAL
SANDOZ
SANEMETERIO
SANETO
SANEZ
SANFELIPE
SANFELIX
SANFELIZ
SANFIEL
SANFIORENZO
SANGABRIEL
SANGRE
SANGUESA
SANGUILY
SANGUINO
SANIN
SANINOCENCIO
SANJENIS
SANJORGE
SANJORJO
SANJOSE
SANJUAN
SANJURJO
SANLUCAS
SANMARTIN
SANMIGUEL
SANMILLAN
SANNICOLAS
SANOGUET
SANORA
SANPEDRO
SANQUICHE
SANROMAN
SANSERINO
SANSORES
SANTAANA
SANTAANNA
SANTACOLOMA
SANTACRUZ
SANTAELLA
SANTAGO
SANTALIZ
SANTALLA
SANTALO
SANTAMARINA
SANTAMATO
SANTANA
SANTANDER
SANTANDREU
SANTANO
SANTAPAU
SANTAROSA
SANTARRIAGA
SANTEIRO
SANTELICES
SANTELISES
SANTELLAN
SANTELLANA
SANTELLANES
SANTELLANO
SANTESTEBAN
SANTEYAN
SANTIAG
SANTIAGO
SANTIANA
SANTIBANES
SANTIBANEZ
SANTIESTEBAN
SANTIESTEVAN
SANTILLAN
SANTILLANA
SANTILLANES
SANTILLANEZ
SANTILLANO
SANTILLIAN
SANTISTEBAN
SANTISTEVAN
SANTISTEVEN
SANTIVANEZ
SANTIZO
SANTODOMINGO
SANTORINIOS
SANTOS
SANTOSCOY
SANTOVENA
SANTOVENIA
SANTOY
SANTOYA
SANTOYO
SANTURIO
SANUDO
SANVICENTE
SANZ
SAPATA
SAPEDA
SAPENA
SAPIEN
SAPIENS
SAPINOSO
SARABIA
SARACHAGA
SARACHO
SARAGOSA
SARAGOZA
SARAGUETA
SARALEGUI
SARANTE
SARATE
SARAVIA
SARCEDA
SARDANETA
SARDINAS
SARDUY
SARELLANO
SARENANA
SARIA
SARIEGO
SARINA
SARINANA
SARINAS
SARIOL
SARMENTERO
SARMIENTA
SARMIENTO
SARMIENTOFLORES
SARMIENTOS
SAROZA
SARQUIS
SARQUIZ
SARRACINO
SARRAGA

APPENDIX E
CENSUS LIST OF SPANISH SURNAMES

SARRARAZ
SARRATEA
SARREAL
SARRIA
SARRIERA
SARTUCHE
SARZO
SARZOZA
SASPE
SASTRE
SASTURAIN
SATARAIN
SATARAY
SATURNINO
SAUCEDA
SAUCEDO
SAUCIDO
SAUCILLO
SAUDIA
SAUEDRA
SAULEDA
SAUMA
SAUMELL
SAURA
SAUREZ
SAURI
SAUSAMEDA
SAUSEDA
SAUSEDO
SAUZA
SAVALA
SAVALZA
SAVEDRA
SAVELLANO
SAVINON
SAVORILLO
SAYAGO
SAYAVEDRA
SAYGIDIA
SEANEZ
SEARA
SEAVELLO
SEBALLOS
SEBEO
SECA
SECADA
SECADES
SECATERO
SECO
SEDA
SEDANO
SEDENO
SEDILLA
SEDILLIO
SEDILLO
SEDILLOS
SEGANA
SEGARRA
SEGOBIA
SEGONIA
SEGORIA
SEGOVIA
SEGOVIANO
SEGRERA
SEGUERA
SEGUI
SEGUNDO
SEGURA
SEGURE
SEGUROLA
SEGUY
SEIJAS
SEIJO
SEIN
SEISDEDOS
SEJA
SEJAS
SELAYA
SELAYANDIA
SELEM
SELESTINO
SELGADO
SELGAS
SELLES
SELVERA
SEMAYA
SEMBERA
SEMBRANO
SEMEXANT
SEMEY
SEMIDAY
SEMIDEI
SEMIDEY
SEMINARIO
SEMPERTEGUI
SEMPRE
SENA
SENCION
SENDEJAR
SENDEJAS
SENDEJO
SENDIS
SENDON
SENDRAL
SENERIZ
SENJUDO
SENOSIAIN
SENQUIZ
SENTENA
SENTENO
SENTMANAT
SEOANE
SEOANES
SEPEDA
SEPIAN
SEPTIEN
SEPULBEDA
SEPULUEDA
SEPULVEDA
SEPULVEDO
SEPULVIDA
SEQUEIDA
SEQUEIRO
SEQUERA
SEQUERRA
SEQURA
SERABALLS
SERABIA
SERALENA
SERANTES
SERASIO
SERAYDAR
SERBANTES
SERBANTEZ
SERDA
SERDAS
SERENIL
SERMENO
SERMINO
SERNA
SERNAS
SERRACINO
SERRADELL
SERRADO
SERRALLES
SERRALTA
SERRAND
SERRANIA
SERRANO
SERRANTES
SERRAT
SERRATA
SERRATE
SERRATO
SERRATOS
SERRAVILLO
SERRAVO
SERRET
SERRITOS
SERRONO
SERROS
SERTUCHE
SERVANTES
SERVANTEZ
SERVERA
SERVILLA
SERVILLO
SERVIN
SESANTO
SESATE
SESE
SESMA
SESMAS
SESTEAGA
SESTIAGA
SEVA
SEVALLOS
SEVILLA
SEVILLANO
SEVILLO
SEXTO
SEZATE
SEZUMAGA
SIACA
SIADOR

APPENDIX E
CENSUS LIST OF SPANISH SURNAMES

SIANEZ
SIAZ
SIBAJA
SIBERIO
SIBERON
SIBRIAN
SICAIROS
SICARDO
SICRE
SIDA
SIEDO
SIERRA
SIERRAS
SIERRO
SIERZE
SIFONTE
SIFONTES
SIFRE
SIFUENTES
SIFUENTEZ
SIFVENTES
SIGALA
SIGALES
SIGARAN
SIGARROA
SIGUA
SIGUEIROS
SIGUENZA
SILBAS
SILERIO
SILGERO
SILGUERO
SILIEZAR
SILLANO
SILLART
SILLAS
SILLEN
SILLER
SILLERO
SILOS
SILOT
SILQUERO
SILVARREY
SILVAS
SILVERIO
SILVESTRE
SILVESTRY
SILVEYRA
SIMENTAL
SIMENTEL
SIMIANO
SINTAS
SIORDIA
SIPRIAN
SIPULA
SIQUEIDO
SIQUEIRO
SIQUEIROS
SIQUEROS
SIQUIEROS
SIRA
SIRET
SIRIAS
SIRIO
SIROS
SISNERO
SISNEROS
SISNEROZ
SISNIEGAS
SISTOS
SITAL
SITJAR
SIURANO
SIVA
SIVERIO
SIXTO
SIXTOS
SOBA
SOBALVARRO
SOBERAL
SOBERANES
SOBERANEZ
SOBERANIS
SOBERON
SOBRADO
SOBREMONTE
SOBRERO
SOBREVILLA
SOBRIN
SOBRINO
SOCA
SOCARRAS
SOCAS
SOCIAS
SOCORRO
SODOY
SOEGAARD
SOJO
SOL
SOLACHE
SOLANILLA
SOLANO
SOLARES
SOLAREZ
SOLARIO
SOLARZANO
SOLAUN
SOLDEVILA
SOLDEVILLA
SOLED
SOLEDAD
SOLENO
SOLER
SOLERA
SOLERO
SOLIS
SOLISGARZA
SOLIVA
SOLIVAN
SOLIZ
SOLONO
SOLORIO
SOLORSANO
SOLORZA
SOLORZANO
SOLOZABAL
SOLSONA
SOLTERO
SOMANO
SOMARRIBA
SOMAVIA
SOMBRA
SOMOANO
SOMODEVILLA
SOMOHANO
SOMONTE
SOMOZA
SONABRIA
SONCHAR
SONCHEZ
SONERA
SONICO
SONOQUI
SONORA
SOPENA
SOQUI
SOR
SORATOS
SORBA
SORDIA
SORDO
SORIA
SORIANO
SORIENO
SORIO
SORNOSO
SOROA
SOROLA
SORONDO
SORRANO
SORROCHE
SORTILLON
SORZANO
SOSA
SOSAPAVON
SOSAYA
SOSIAS
SOSTRE
SOTA
SOTELLO
SOTELO
SOTERAS
SOTERO
SOTILLO
SOTO
SOTOLONGO
SOTOMAYER
SOTOMAYOR
SOTORRIO
SOTRO
SOTTO
SOTTOSANTO
SOTURA
SOTUYO
SOUCHET

APPENDIX E
CENSUS LIST OF SPANISH SURNAMES

SOUFFRONT
SOURINA
SOVERANEZ
SOZA
SPINDOLA
SUARE
SUARES
SUAREZ
SUASTE
SUASTEGUI
SUAVEZ
SUAZO
SUBEALDEA
SUBEDAR
SUBEGA
SUBELDIA
SUBES
SUBIA
SUBIAS
SUBIDO
SUBIRANA
SUBIRIAS
SUCO
SUDARIA
SUEIRAS
SUEIRO
SUELA
SUELTO
SUENGAS
SUERA
SUEREZ
SUERO
SUESCUN
SUEYRAS
SUGRANES
SUINA
SULAICA
SULIVERES
SULLANO
SULPACIO
SULSONA
SUMALLA
SUMAYA
SUMBERA
SUMBERAZ
SUNE
SUNER
SUNICA
SUNIGA
SUQUET
SUREDA
SURIA
SURILLO
SURINACH
SURIS
SURITA
SURO
SUROS
SUSANA
SUSTACHE
SUSTAETA
SUSTAITA
SUSTAYTA
SUSURAS
SWAZO
TABADA
TABALDO
TABALES
TABANA
TABANICO
TABARES
TABAREZ
TABBADA
TABERA
TABERAS
TABERNERO
TABIO
TABIZON
TABLADA
TABLADO
TABOADA
TABOAS
TABORA
TABORDA
TABRAUE
TABUENA
TABUENCA
TABULLO
TACHIAS
TACHIQUIN
TACORDA
TACORONTE
TADEO
TAFFOLLA
TAFOLA
TAFOLLA
TAFORO
TAFOYA
TAGABAN
TAGANAS
TAGLE
TAGUDAR
TAJES
TALABERA
TALACHE
TALAMANTE
TALAMANTES
TALAMANTEZ
TALAMAS
TALAMENTE
TALAMENTES
TALAMENTEZ
TALANA
TALANCON
TALAVERA
TALLABAS
TALLAVAS
TALLEDA
TALLEDO
TALLERINO
TAMAME
TAMARES
TAMAREZ
TAMARGO
TAMARIT
TAMARIZ
TAMAYA
TAMAYO
TAMBARA
TAMBUNGA
TAMERON
TAMEZ
TAMGUMA
TANCHEZ
TANCO
TANDA
TANFORAN
TANGUMA
TANON
TANORI
TANTAO
TANUZ
TAPANES
TAPETILLO
TAPIA
TAPIAS
TAPICERIA
TAPIZ
TAPORCO
TARABINO
TARACENA
TARAFA
TARAGON
TARAILO
TARAJANO
TARAMASCO
TARANCO
TARANGO
TARAZON
TARAZONA
TARBES
TARGA
TARIN
TARNAVA
TARRAGO
TARRANGO
TARRATS
TARRAU
TARRAZA
TARRIDE
TARULA
TASABIA
TATIS
TAVALES
TAVAR
TAVAREZ
TAVERA
TAVERAS
TAVIRA
TAVISON
TAVITAS
TAVIZON
TAVORA
TAYABAS
TEBA

APPENDIX E
CENSUS LIST OF SPANISH SURNAMES

TEBAQUI
TEBAR
TEHAS
TEIJEIRO
TEIJIZ
TEIJO
TEISSONNIERE
TEIXIDOR
TEJADA
TEJAS
TEJEDA
TEJEDAS
TEJEDO
TEJEDOR
TEJEIRO
TEJERA
TEJERAS
TEJERINA
TEJERO
TEJIDOR
TEJO
TELAS
TELAVERA
TELLADO
TELLAECHE
TELLECHEA
TELLERIA
TELLES
TELLEZ
TELLO
TELLOS
TELON
TEMBLADOR
TEMBRAS
TEMER
TEMORES
TEMPO
TEMPRANA
TENA
TENARIO
TENAS
TENERIAS
TENERIO
TENES
TENEYUCA
TENEYUQUE
TENIENTE
TENORIA
TENORIO
TEPERA
TEPEZANO
TEPOSTE
TEQUIDA
TERAN
TERCERO
TERCEROS
TERCILLA
TERMINEL
TERON
TERRADO
TERRASA
TERRASAS
TERRASAZ
TERRAZA
TERRAZAS
TERRERO
TERREROS
TERRIGUEZ
TERRIQUEZ
TERROBA
TERRON
TERRONES
TERSERO
TERUEL
TERUSA
TERVINO
TERZADO
TESILLO
TEVERE
TEXCAHUA
TEXIDOR
TEYECHEA
TEZCUCANO
TEZINO
THILLET
TIA
TIBALDEO
TIBLJAS
TIBON
TIBURCIO
TICO
TIENDA
TIJERINA
TIJERINO
TIJERO
TINAJERO
TINAZA
TINEO
TINERELLA
TINOCO
TIO
TIRADO
TIRADOR
TIRAN
TIRRE
TIRRES
TIRREZ
TIRSE
TISCARENO
TISINO
TISNADO
TIXIER
TIZNADO
TIZOL
TOBAL
TOBAR
TOBARES
TOBAS
TOBILLA
TOBON
TOCA
TOFOYA
TOGAR
TOGORES
TOIMIL
TOJEIRA
TOJEIRO
TOLANO
TOLEDANO
TOLEDO
TOLENTINO
TOLLARDO
TOLOSA
TOLOZA
TOLSA
TOMADA
TOMAYO
TOMELLOSO
TOMEU
TOMINES
TOPETE
TOPIA
TOQUERO
TORAL
TORALBA
TORALES
TORANO
TORANS
TORANZO
TORDESILLAS
TORENO
TORIBIO
TORICES
TORIJANO
TORIZ
TORMES
TORMOS
TORNEL
TORNERO
TORO
TORQUEMADA
TORRADO
TORRALBA
TORRALBAS
TORRALES
TORRALVA
TORRANO
TORREBLANCA
TORRECH
TORRECILLA
TORRECILLAS
TORREGROSA
TORRELLAS
TORRENTERA
TORRES
TORRESCANO
TORRESDIAZ
TORRESMARTINEZ
TORRESOLA
TORRESRODRIGUEZ
TORRESS
TORREZ
TORRICELLA
TORRIENTE
TORRIJOS

APPENDIX E
CENSUS LIST OF SPANISH SURNAMES

TORRIO
TORROELLA
TORRON
TORROS
TORRUELLA
TORRUELLAS
TORTALITA
TORTES
TORTILLA
TORUGA
TORUNO
TOSA
TOSADO
TOSAR
TOSSAS
TOSTA
TOSTADO
TOVA
TOVALIN
TOVANCHE
TOVAR
TOVARES
TOVAREZ
TOVIAS
TOYA
TOYENS
TOYMIL
TOYOS
TRABA
TRABAL
TRABANCO
TRABAZO
TRACONIS
TRANCOSA
TRANQUADA
TRAPAGA
TRASLAVINA
TRASOBARES
TRASPENA
TRASVINA
TRAVAL
TRAVASO
TRAVERZO
TRAVIESO
TREBIZO
TREFILIO
TREGARO
TREJO
TREJOS
TRELLES
TREMILLO
TRENZADO
TRES
TRESPALACIOS
TRETO
TREVILLA
TREVINA
TREVINIO
TREVINO
TREVISO
TREVIZO
TREVIZU
TRIANA
TRIAS
TRIAY
TRICOCHE
TRIGO
TRIGOS
TRIGOURA
TRIGUERO
TRIGUEROS
TRIJILLO
TRILLA
TRILLANES
TRILLAS
TRILLAYES
TRILLES
TRILLO
TRILLOS
TRIMINO
TRINCADO
TRINCHET
TRINIDAD
TRIPIS
TRISTAN
TRISTE
TRIUNFO
TRIVISO
TRIVIZ
TRIVIZO
TROCHE
TROCHEZ
TROJILLO
TRONCOSA
TRONCOSO
TRONCOZA
TRONCOZO
TROYA
TROZERA
TRUCIOS
TRUEBA
TRUIJILLO
TRUILLO
TRUJANO
TRUJEQUE
TRUJILLA
TRUJILLIO
TRUJILLO
TRUYOL
TUALLA
TUANDO
TUASON
TUAZON
TUBENS
TUBON
TUDELA
TUDON
TUEME
TUERO
TUFARES
TULIER
TUNCHES
TUNCHEZ
TUNDIDOR
TUNON
TUR
TURBAY
TURBE
TURCIOS
TURIACE
TURINCIO
TURIZO
TURREY
TURRIETA
TURRIETTA
TURRUBIARTES
TURRUBIATE
TURRUBIATES
TURULL
TUYA
UBALDE
UBALLE
UBALLEZ
UBALS
UBANDO
UBARRI
UBAY
UBEDA
UBIAS
UBIDES
UBIERA
UBIETA
UBILES
UBILLA
UBINA
UBINAS
UCEDA
UCETA
UCHA
UCHITA
UCHIZONO
UDABE
UDAETA
UDAVE
UDERO
UFRACIO
UFRET
UGALDE
UGARRIZA
UGARTE
UGARTECHEA
UGUES
UJUETA
ULACIA
ULATE
ULIBARI
ULIBARRI
ULIVARRI
ULLIVARRI
ULLOA
ULTRERAS
UMANA
UMANZOR
UMARAN
UMPIERRE

APPENDIX E
CENSUS LIST OF SPANISH SURNAMES

UNALE
UNAMUNO
UNANUE
UNATE
UNEDA
UNGO
UNZALU
UNZUETA
URAGA
URAINE
URANDAY
URANGA
URANGO
URBAEZ
URBALEJO
URBAY
URBIETA
URBINA
URBINO
URBISTONDO
URBIZU
URCADEZ
URCELAY
URCIEL
URDANETA
URDANIVIA
URDAZ
URDIALES
URDIALEZ
URENA
URENDA
URENIA
URENO
URESTE
URESTI
URETA
URGELL
URGELLES
URGILES
URGUIDI
URIA
URIARTE
URIAS
URIAZ
URIBARRI
URIBE
URIBES
URIBURU
URIEGA
URIEGAS
URIEL
URIETA
URIOLA
URIONAGUENA
URIOSTE
URIOSTEGUI
URISTA
URITA
URIVE
URIZ
URIZA
URIZAR
UROZA
URQUIA
URQUIAGA
URQUIDES
URQUIDEZ
URQUIDI
URQUIETA
URQUIJO
URQUILLA
URQUIOLA
URQUIZA
URQUIZO
URQUIZU
URRA
URRABAS
URRABAZ
URRABAZO
URRACA
URREA
URRECHAGA
URREGO
URRETA
URRIETA
URRIZA
URROZ
URRUCHUA
URRUTIA
URSUA
URSULO
URTADO
URTASUN
URTEAGA
URTEZ
URTIAGA
URTUSUASTEGUI
URTUZUASTEGUI
URUBURU
URUCHURTU
URUENA
URUETA
URVANEJO
URVINA
URZO
URZUA
USALLAN
USATORRES
USCANGA
USEDA
USON
UTRIA
UTRILLA
UTSET
UVALLE
UVALLES
UVIEDO
UZETA
UZUETA
VACA
VACIO
VADELL
VADI
VADIA
VADILLO
VADIZ
VAELL
VAELLO
VAEZ
VAEZA
VAIO
VAISA
VAIZ
VAIZA
VAL
VALADEZ
VALADON
VALAGUE
VALARDE
VALAREZO
VALASQUEZ
VALAZQUEZ
VALBUENA
VALCARCE
VALCARCEL
VALCAZAR
VALDASO
VALDEMAR
VALDENEGRO
VALDEPENA
VALDERAMA
VALDERAS
VALDERAZ
VALDEREZ
VALDERRAIN
VALDERRAMA
VALDES
VALDESPINO
VALDESRODRIGUEZ
VALDESUSO
VALDEZ
VALDEZATE
VALDILLES
VALDILLEZ
VALDIVA
VALDIVIA
VALDIVIESO
VALDIVIEZ
VALDIVIEZO
VALDO
VALDONADO
VALDOVIN
VALDOVINO
VALDOVINOS
VALDRIZ
VALEA
VALEDON
VALENCIA
VALENCIANA
VALENCIANO
VALENEUELA
VALENQUELA
VALENSUELA
VALENTIN
VALENZUELA

APPENDIX E
CENSUS LIST OF SPANISH SURNAMES

VALENZULA
VALENZVELA
VALERA
VALERIOS
VALERO
VALESQUEZ
VALEZ
VALGAS
VALHUERDI
VALIDO
VALIENTE
VALIGURA
VALINA
VALINAS
VALINO
VALLADARES
VALLADAREZ
VALLADO
VALLADOLID
VALLARTA
VALLDEPERAS
VALLE
VALLECILLA
VALLECILLO
VALLECILLOS
VALLEDOR
VALLEGOS
VALLEJA
VALLEJO
VALLEJOS
VALLELLANES
VALLENS
VALLERINO
VALLES
VALLEZ
VALLIN
VALLS
VALMANA
VALMORES
VALQUEZ
VALTERZA
VALTIER
VALTIERRA
VALTIERREZ
VALVERDE
VANDO
VANEGAS
VANGA
VANUELOS
VANZURA
VAQUE
VAQUER
VAQUERA
VAQUERO
VAQUILAR
VARA
VARADA
VARAJAS
VARAS
VARCARCEL
VARCOS
VARELA
VARELAS
VARGAS
VARGAZ
VARGUEZ
VARIA
VARONA
VARONIN
VAROS
VAROZ
VARQUEZ
VASALDUA
VASALLO
VASCONES
VASCONEZ
VASCOS
VASGUEZ
VASQUE
VASQUES
VASQUEZ
VASSQUEZ
VASTI
VAZGUEZ
VAZQUE
VAZQUEL
VAZQUES
VAZQUETELLES
VAZQUEZ
VAZQUEZRIVERA
VEALSQUEZ
VEAS
VECIN
VECINO
VEDARTE
VEDIA
VEGA
VEGARA
VEGATORRES
VEGAZO
VEGERANO
VEGES
VEGO
VEGOS
VEGUE
VEGUEZ
VEGUILLA
VEIGUELA
VEINTIDOS
VEITIA
VEJAR
VEJARA
VEJARANO
VEJIL
VEJO
VELA
VELAARCE
VELACUELLAR
VELADO
VELADOR
VELAQUEZ
VELAR
VELARDE
VELARDES
VELARDEZ
VELASCO
VELASGUEZ
VELASQUES
VELASQUEZ
VELASTEGUI
VELAZCO
VELAZGUEZ
VELAZQUES
VELAZQUEZ
VELDERRAIN
VELENZUELA
VELES
VELESQUEZ
VELEZ
VELEZPEREZ
VELEZROMAN
VELILLA
VELIS
VELIZ
VELLAS
VELLIDO
VELLON
VELO
VELOS
VELOSO
VELOZ
VELOZQUEZ
VELUNZA
VELUZ
VENCES
VENDRELL
VENECIA
VENEGAS
VENERACION
VENEREO
VENEZUELA
VENSOR
VENTA
VENTOSO
VENZAL
VENZOR
VENZUELA
VERA
VERACRUZ
VERAMENDI
VERANDAS
VERAS
VERASTEGUI
VERASTEQUI
VERASTIGUI
VERASTIQUE
VERASTIQUI
VERAY
VERAZ
VERAZA
VERBERA
VERCELES
VERDAGUER
VERDECANNA
VERDECIA

APPENDIX E
CENSUS LIST OF SPANISH SURNAMES

VERDEGUEZ
VERDEJA
VERDEJO
VERDERA
VERDESCA
VERDESE
VERDESOTO
VERDIA
VERDOZA
VERDUGA
VERDUGO
VERDUSCO
VERDUZCO
VERDUZEO
VEREA
VERELA
VEREZ
VERGARA
VERGARO
VERGEL
VERGUIZAS
VERINO
VERJIL
VERNENGO
VERONIN
VERQUER
VERTIZ
VERVER
VETA
VEVE
VEYNA
VEYTIA
VIACAVA
VIACOBO
VIADA
VIADAS
VIADE
VIADERO
VIADES
VIADO
VIAGRAN
VIALES
VIALIZ
VIALPANDO
VIAMONTE
VIANA
VIANES
VIAPANDO
VIARREAL
VIARRIAL
VIAYRA
VICARIA
VICEDO
VICENCIO
VICENS
VICENT
VICENTE
VICENTY
VICHOT
VICIEDO
VICINAIZ
VICIOSO
VICTORERO
VICTORES
VICUNA
VIDACA
VIDAL
VIDALES
VIDALEZ
VIDANA
VIDANO
VIDAURE
VIDAURI
VIDAURRAZAGA
VIDAURRE
VIDAURRETA
VIDAURRI
VIDAURRY
VIDENA
VIDES
VIDOT
VIDRIALES
VIDRIO
VIDRIOS
VIDUYA
VIEGO
VIEITES
VIEJO
VIELMA
VIELMAN
VIELMAS
VIENTOS
VIERA
VIERAS
VIESCA
VIESCAS
VIETA
VIETTY
VIEYRA
VIEZCAS
VIGIL
VIGILIA
VIGNAU
VIGO
VIGOA
VIGON
VIGUERA
VIGUERAS
VIGUERIA
VIGUES
VIJARRO
VIJIL
VILA
VILABOY
VILADROSA
VILANO
VILANOVA
VILAR
VILARCHAO
VILARDELL
VILARINO
VILARO
VILAS
VILASQUEZ
VILATO
VILAUBI
VILCHES
VILCHEZ
VILCHIS
VILDOSOLA
VILLA
VILLABLANCA
VILLACAMPA
VILLACANA
VILLACARLOS
VILLACIS
VILLACORTA
VILLACORTE
VILLACRES
VILLACRESES
VILLADA
VILLADO
VILLADONIGA
VILLAERREAL
VILLAESCUSA
VILLAFAN
VILLAFANA
VILLAFANE
VILLAFLORES
VILLAFRANCA
VILLAFRANCO
VILLAFUERTE
VILLAGAS
VILLAGOMES
VILLAGOMEZ
VILLAGRAMA
VILLAGRAN
VILLAGRANA
VILLAHERMOSA
VILLALABOS
VILLALBA
VILLALBAZO
VILLALBOS
VILLALOBAS
VILLALOBO
VILLALOBOS
VILLALOBOZ
VILLALOHOS
VILLALON
VILLALONA
VILLALONGA
VILLALONGIN
VILLALONGO
VILLALOVAS
VILLALOVOS
VILLALOVOZ
VILLALPANDO
VILLALTA
VILLALUA
VILLALUNA
VILLALUZ
VILLALVA
VILLALVASO
VILLALVAZO
VILLAMAN

APPENDIX E
CENSUS LIST OF SPANISH SURNAMES

VILLAMAR
VILLAMARIN
VILLAMAYOR
VILLAMIA
VILLAMIL
VILLAMOR
VILLAN
VILLANEDA
VILLANES
VILLANEUVA
VILLANEVA
VILLANEZ
VILLANNEVA
VILLANUEBA
VILLANUERA
VILLANUEVA
VILLANUEVO
VILLANVEVA
VILLAO
VILLAPADIERNA
VILLAPANDO
VILLAPLANA
VILLAPOL
VILLAPONDO
VILLAPUDUA
VILLAQUIRAN
VILLAR
VILLARAN
VILLARAOS
VILLARAUS
VILLAREAL
VILLAREJO
VILLARES
VILLARICO
VILLARINO
VILLARINY
VILLARIZA
VILLAROEL
VILLARONGA
VILLAROS
VILLARRE
VILLARREAL
VILLARRIAL
VILLARROEL
VILLARRUBIA
VILLARRUEL
VILLARRUZ
VILLARTA
VILLARUBIA
VILLARUZ
VILLAS
VILLASAIZ
VILLASANA
VILLASANO
VILLASANTE
VILLASECA
VILLASENOR
VILLASIS
VILLASTRIGO
VILLASUSO
VILLATE
VILLATORO
VILLAVA
VILLAVERDE
VILLAVICENCIO
VILLAVISENCIO
VILLAZANA
VILLAZON
VILLEDA
VILLEGA
VILLEGAS
VILLEGES
VILLEGOS
VILLEJO
VILLELA
VILLENA
VILLEREAL
VILLERREAL
VILLESCA
VILLESCAS
VILLESCAZ
VILLETE
VILLEZCAS
VILLICANA
VILLICANO
VILLIEGAS
VILLIS
VILLOCH
VILLODAS
VILLOLDO
VILLORIA
VILLORIN
VILLORO
VILLOT
VILLOTA
VILORIO
VILTRE
VINA
VINAGERAS
VINAIXA
VINAJA
VINAJERAS
VINALES
VINALS
VINAS
VINAT
VINCENTY
VINCIONI
VINDIOLA
VINEGRA
VINENT
VINFRIDO
VINGOCHEA
VINIEGRA
VINUELA
VINUELAS
VINZON
VIOLETA
VIORATO
VIOTA
VIQUEZ
VIRADIA
VIRAMONTE
VIRAMONTES
VIRAMONTEZ
VIRATA
VIRAY
VIRCHIS
VIRELLA
VIRGEN
VIRJAN
VIROLA
VIRREY
VIRRUETA
VIRUEGAS
VIRUET
VIRUETE
VIRUZO
VISARRAGA
VISARRIAGAS
VISCAINA
VISCAINO
VISCARRA
VISCASILLAS
VISCAYA
VISERTO
VISOSO
VISPERAS
VISSEPO
VISTRO
VITAL
VITAR
VITELA
VITIER
VIVANCO
VIVANCOS
VIVAR
VIVAS
VIVERO
VIVEROS
VIVES
VIVO
VIZCAINO
VIZCARRA
VIZCARRO
VIZCARRONDO
VIZCAYA
VIZCON
VIZOSO
VIZUET
VIZUETA
VOLBEDA
VOSQUEZ
VOZQUEZ
VUELTA
XIMENES
XIMENEZ
XIMINEZ
XIQUES
XOCHICALE
XUAREZ
YABUT
YANAS
YANES
YANEZ

APPENDIX E
CENSUS LIST OF SPANISH SURNAMES

YANEZA
YANIZ
YANOSO
YAQUES
YARA
YARRITO
YARRITU
YARTE
YBABEN
YBANEZ
YBARA
YBARBO
YBARRA
YBARROLA
YBARRONDO
YBERA
YBERRA
YCAZA
YCEDO
YCIANO
YDROGO
YEBARA
YEBRA
YEDO
YEDOR
YEDRA
YEPA
YEPES
YEPEZ
YEPIS
YEPIZ
YERA
YERAS
YERENA
YERO
YESCAS
YESETA
YESTE
YEVERINO
YGLECIAS
YGLESIAS
YGNACIO
YGUADO
YGUERABIDE
YLARREGUI
YLIZALITURRI
YLLA
YLLADA
YLLANES
YLLESCAS
YNCERA
YNCLAN
YNDA
YNEGAS
YNEGES
YNFANTE
YNIGO
YNIGUEZ
YNIQUEZ
YNOA
YNOCENCIO
YNOSENCIO
YNOSTROSA
YNOSTROZA
YNZUNZA
YOGUEZ
YORBA
YORDAN
YPARRAGUIRRE
YPARREA
YPINA
YRACEBURU
YRACHETA
YRASTORZA
YRIARTE
YRIBARREN
YRIBE
YRIGOLLA
YRIGOLLEN
YRIGOYEN
YRINEO
YRIQUE
YRIQUI
YRISARRI
YRIZARRY
YROZ
YRUEGAS
YRUNGARAY
YRURETAGOYENA
YSAGUIRRE
YSAIS
YSAQUIRRE
YSASAGA
YSASI
YSASSI
YSER
YSERN
YSET
YSLA
YSLAS
YSLAVA
YSQUIERDO
YTUARTE
YTURBE
YTURRALDE
YTURRI
YTURRIA
YTURRIAGA
YUBETA
YUCUPICIO
YUDESIS
YUDICE
YUDICO
YULAN
YULFO
YURIAR
YUSTE
YVANEZ
YVARRA
YZABAL
YZAGUIRRE
YZNAGA
YZQUIERDO
ZABAL
ZABALA
ZABALETA
ZABALLA
ZABALO
ZABALZA
ZACARIAS
ZACUTO
ZADRIMA
ZAERA
ZAFEREO
ZAFRA
ZAGALA
ZAGALES
ZAGONA
ZALACAIN
ZALACE
ZALAMEA
ZALAPA
ZALAZAR
ZALDANA
ZALDIVAR
ZALDUA
ZALDUMBIDE
ZALDUONDO
ZALVIDEA
ZAMACONA
ZAMAGO
ZAMANIEGO
ZAMANILLO
ZAMANO
ZAMAR
ZAMARIPA
ZAMARIPPA
ZAMARO
ZAMARRI
ZAMARRIPA
ZAMARRIPAS
ZAMARRON
ZAMAYOA
ZAMAZAL
ZAMBADA
ZAMBRANA
ZAMBRANO
ZAMILPA
ZAMORA
ZAMORANO
ZAMORES
ZAMOREZ
ZAMOT
ZAMUDIO
ZANABRIA
ZANDATE
ZANDONA
ZANGRONIZ
ZANUDO
ZAPARA
ZAPATA
ZAPATER
ZAPATERO
ZAPEDA
ZAPIAIN

APPENDIX E
CENSUS LIST OF SPANISH SURNAMES

ZAPIEN
ZARABOZO
ZARAGOSA
ZARAGOZ
ZARAGOZA
ZARAGOZI
ZARATE
ZARAZUA
ZARCO
ZARCOS
ZARDENETA
ZARDENETTA
ZARDO
ZARDON
ZARDOYA
ZAROGOZA
ZARRAGA
ZARRAGOITIA
ZARRAGOZA
ZARRIA
ZARUBICA
ZARZANA
ZARZOSA
ZARZOZA
ZARZUELA
ZASUETA
ZATARAIN
ZATARAY
ZATARIAN
ZATOREN
ZAUALA
ZAUL
ZAUZA
ZAVALA
ZAVALETA
ZAVALETTA
ZAVALLA
ZAVALZA
ZAVAT
ZAYAS
ZAYASBAZAN
ZAYAZ
ZAZUETA
ZAZUETTA
ZEAS
ZEBALLOS
ZEDENO
ZEDILLO
ZEGARRA
ZELADA
ZELAYA
ZELEDON
ZEMEN
ZENDEJAS
ZENGOTITA
ZENIZO
ZENOZ
ZENTELLA
ZENTENO
ZEPADA
ZEPEDA
ZEQUEIRA
ZERDA
ZERIN
ZERMENO
ZERPA
ZERQUERA
ZERTUCHE
ZERVIGON
ZETINA
ZETINO
ZEVALLOS
ZILBAR
ZILLAS
ZOLETA
ZOMORA
ZOROLA
ZORRILLA
ZOZAYA
ZUAZNABAR
ZUAZO
ZUAZUA
ZUBELDIA
ZUBIA
ZUBIATE
ZUBIETA
ZUBILLAGA
ZUBIRAN
ZUBIRI
ZUBIRIA
ZUBIZARRETA
ZUGASTI
ZULAICA
ZULETA
ZULOAGA
ZULUAGA
ZULUETA
ZUMARRAGA
ZUMAYA
ZUNIGA
ZUNIZA
ZUNO
ZUNZUNEGUI
ZURBANO
ZURBARAN
ZURITA
ZURRICA
ZUVIA
ZUVIETA
ZUZUARREGUI

APPENDIX F

Site-Specific Surgery Codes
Adopted from the 2022 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

Codes

00 None; no surgery of primary site; autopsy ONLY

10 Local tumor destruction, NOS
- 11 Photodynamic therapy (PDT)
- 12 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)
- 13 Cryosurgery
- 14 Laser

No specimen sent to pathology from surgical events 10–14.

20 Local tumor excision, NOS
- 26 Polypectomy
- 27 Excisional biopsy
- Any combination of 20 or 26–27 WITH
  - 21 Photodynamic therapy (PDT)
  - 22 Electrocautery
  - 23 Cryosurgery
  - 24 Laser ablation
- 25 Laser excision

30 Wide excision, NOS

Code 30 includes:
Hemiglossectomy
Partial glossectomy

40 Radical excision of tumor, NOS
- 41 Radical excision of tumor ONLY
- 42 Combination of 41 WITH resection in continuity with mandible (marginal, segmental, hemi-, or total resection)
- 43 Combination of 41 WITH resection in continuity with maxilla (partial, subtotal, or total resection)

Codes 40–43 include:
- Total glossectomy
- Radical glossectomy

Specimen sent to pathology from surgical events 20–43.
90 Surgery, NOS
99 Unknown if surgery performed; death certificate ONLY

PAROTID AND OTHER UNSPECIFIED GLANDS
Parotid Gland C07.9, Major Salivary Glands C08.0–C08.9

Codes

00 None; no surgery of primary site; autopsy ONLY

10 Local tumor destruction, NOS
- 11 Photodynamic therapy (PDT)
- 12 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)
- 13 Cryosurgery
- 14 Laser

No specimen sent to pathology from surgical events 10–14.

20 Local tumor excision, NOS
- 26 Polypectomy
- 27 Excisional biopsy
- Any combination of 20 or 26–27 WITH
  - 21 Photodynamic therapy (PDT)
  - 22 Electrocautery
  - 23 Cryosurgery
  - 24 Laser ablation
- 25 Laser excision

30 Less than total parotidectomy, NOS; less than total removal of major salivary gland, NOS
- 31 Facial nerve spared
- 32 Facial nerve sacrificed
- 33 Superficial lobe ONLY
  - 34 Facial nerve spared
  - 35 Facial nerve sacrificed
- 36 Deep lobe (Total)
  - 37 Facial nerve spared
  - 38 Facial nerve sacrificed

40 Total parotidectomy, NOS; total removal of major salivary gland, NOS
- 41 Facial nerve spared
- 42 Facial nerve sacrificed

50 Radical parotidectomy, NOS; radical removal of major salivary gland, NOS
- 51 WITHOUT removal of temporal bone
- 52 WITH removal of temporal bone
- 53 WITH removal of overlying skin (requires graft or flap coverage)

80 Parotidectomy, NOS

Specimen sent to pathology from surgical events 20–80.

90 Surgery, NOS
99 Unknown if surgery performed; death certificate ONLY

PHARYNX
Tonsil C09.0–C09.9, Oropharynx C10.0–C10.9, Nasopharynx C11.0–C11.9
Pyriform Sinus C12.9, Hypopharynx C13.0–C13.9, Pharynx C14.0

Codes

00 None; no surgery of primary site; autopsy ONLY

10 Local tumor destruction, NOS
- 11 Photodynamic therapy (PDT)
- 12 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)
- 13 Cryosurgery
- 14 Laser
- 15 Stripping

No specimen sent to pathology from surgical events 10–15.

20 Local tumor excision, NOS
- 26 Polypectomy
- 27 Excisional biopsy
- Any combination of 20 or 26–27 WITH
  - 21 Photodynamic therapy (PDT)
  - 22 Electrocautery
  - 23 Cryosurgery
  - 24 Laser ablation
- 25 Laser excision
- 28 Stripping

30 Pharyngectomy, NOS
- 31 Limited/partial pharyngectomy; tonsillectomy, bilateral tonsillectomy
- 32 Total pharyngectomy

40 Pharyngectomy WITH laryngectomy OR removal of contiguous bone tissue, NOS (does NOT include total mandibular resection)
- 41 WITH Laryngectomy (laryngopharyngectomy)
- 42 WITH bone
- 43 WITH both 41 and 42

50 Radical pharyngectomy (includes total mandibular resection), NOS
- 51 WITHOUT laryngectomy
- 52 WITH laryngectomy

Specimen sent to pathology from surgical events 20–52.

90 Surgery, NOS

99 Unknown if surgery performed; death certificate ONLY

ESOPHAGUS
C15.0–C15.9

Codes

00 None; no surgery of primary site; autopsy ONLY

10 Local tumor destruction, NOS
- 11 Photodynamic therapy (PDT)
- 12 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)
- 13 Cryosurgery
- 14 Laser

No specimen sent to pathology from surgical events 10–14.

20 Local tumor excision, NOS
- 26 Polypectomy
- 27 Excisional biopsy
- Any combination of 20 or 26–27 WITH
  - 21 Photodynamic therapy (PDT)
  - 22 Electrocautery
  - 23 Cryosurgery
  - 24 Laser ablation
- 25 Laser excision

30 Partial esophagectomy

40 Total esophagectomy, NOS

50 Esophagectomy, NOS WITH laryngectomy and/or gastrectomy, NOS
- 51 WITH laryngectomy
- 52 WITH gastrectomy, NOS
- 53 Partial gastrectomy
- 54 Total gastrectomy
- 55 Combination of 51 WITH any of 52–54

80 Esophagectomy, NOS

Specimen sent to pathology from surgical events 20–80.

90 Surgery, NOS

99 Unknown if surgery performed; death certificate ONLY

STOMACH
C16.0–C16.9

Codes

00 None; no surgery of primary site; autopsy ONLY

10 Local tumor destruction, NOS
- 11 Photodynamic therapy (PDT)
- 12 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)
- 13 Cryosurgery
- 14 Laser

No specimen sent to pathology from surgical events 10–14.

20 Local tumor excision, NOS
- 26 Polypectomy
- 27 Excisional biopsy
- Any combination of 20 or 26–27 WITH
  - 21 Photodynamic therapy (PDT)
  - 22 Electrocautery
  - 23 Cryosurgery
  - 24 Laser ablation
- 25 Laser excision

30 Gastrectomy, NOS (partial, subtotal, hemi-)
- 31 Antrectomy, lower (distal-less than 40% of stomach)***
- 32 Lower (distal) gastrectomy (partial, subtotal, hemi-)
- 33 Upper (proximal) gastrectomy (partial, subtotal, hemi-)

Code 30 includes:
Partial gastrectomy, including a sleeve resection of the stomach
Billroth I: anastomosis to duodenum (duodenostomy)
Billroth II: anastomosis to jejunum (jejunostomy)

40 Near-total or total gastrectomy, NOS
- 41 Near-total gastrectomy
- 42 Total gastrectomy

A total gastrectomy may follow a previous partial resection of the stomach.

50 Gastrectomy, NOS WITH removal of a portion of esophagus
- 51 Partial or subtotal gastrectomy
- 52 Near total or total gastrectomy

Codes 50–52 are used for gastrectomy resection when only portions of esophagus are included in procedure.

60 Gastrectomy with a resection in continuity with the resection of other organs, NOS***
- 61 Partial or subtotal gastrectomy, in continuity with the resection of other organs***
- 62 Near total or total gastrectomy, in continuity with the resection of other organs***
- 63 Radical gastrectomy, in continuity with the resection of other organs***

Codes 60–63 are used for gastrectomy resections with organs other than esophagus. Portions of esophagus may or may not be included in the resection.

80 Gastrectomy, NOS

Specimen sent to pathology from surgical events 20–80.

90 Surgery, NOS

99 Unknown if surgery performed; death certificate ONLY

_____

*** Incidental splenectomy NOT included

COLON
C18.0–C18.9

Code removal/surgical ablation of single or multiple liver metastases under the data item *Surgical Procedure/Other Site* (NAACCR Item #1294).

Codes

00 None; no surgery of primary site; autopsy ONLY

10 Local tumor destruction, NOS

12 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)

No specimen sent to pathology from surgical events 10–12.

20 Local tumor excision, NOS
- 26 Polypectomy, NOS
- 27 Excisional biopsy
- 28 Polypectomy-endoscopic
- 29 Polypectomy-surgical excision
- Any combination of 20 or 26–29 WITH
  - 22 Electrocautery

30 Partial colectomy, segmental resection
- 32 Plus resection of contiguous organ; example: small bowel, bladder

40 Subtotal colectomy/hemicolectomy (total right or left colon and a portion of transverse colon)
- 41 Plus resection of contiguous organ; example: small bowel, bladder

50 Total colectomy (removal of colon from cecum to the rectosigmoid junction; may include a portion of the rectum)
- 51 Plus resection of contiguous organ; example: small bowel, bladder

60 Total proctocolectomy (removal of colon from cecum to the rectosigmoid junction, including the entire rectum)
- 61 Plus resection of contiguous organ; example: small bowel, bladder

70 Colectomy or coloproctotectomy with resection of contiguous organ(s), NOS (where there is not enough information to code 32, 41, 51, or 61)

Code 70 includes: Any colectomy (partial, hemicolectomy, or total) WITH a resection of any other organs in continuity with the primary site. Other organs may be partially or totally removed. Other organs may include, but are not limited to, oophorectomy, partial proctectomy, rectal mucosectomy, or pelvic exenteration.

80 Colectomy, NOS

Specimen sent to pathology from surgical events 20–80.

90 Surgery, NOS

99 Unknown if surgery performed; death certificate ONLY

RECTOSIGMOID
C19.9

Code removal/surgical ablation of single or multiple liver metastases under the data item *Surgical Procedure/Other Site* (NAACCR Item #1294).

Codes

00 None; no surgery of primary site; autopsy ONLY

10 Local tumor destruction, NOS

12 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)

No specimen sent to pathology from surgical events 10–12.

20 Local tumor excision, NOS
- 26 Polypectomy
- 27 Excisional biopsy
- Combination of 20 or 26–27 WITH
  - 22 Electrocautery

30 Segmental resection; partial proctosigmoidectomy, NOS
- 31 Plus resection of contiguous organs; example: small bowel, bladder

Procedures coded 30 include, but are not limited to:
- Anterior resection
- Hartmann's operation
- Low anterior resection (LAR) Partial colectomy, NOS Rectosigmoidectomy, NOS Sigmoidectomy

40 Pull through WITH sphincter preservation (colo-anal anastomosis)

50 Total proctectomy

51 Total colectomy

55 Total colectomy WITH ileostomy, NOS
- 56 Ileorectal reconstruction
- 57 Total colectomy WITH other pouch; example: Koch pouch

60 Total proctocolectomy, NOS
- 65 Total proctocolectomy WITH ileostomy, NOS
- 66 Total proctocolectomy WITH ileostomy and pouch

Removal of the colon from cecum to the rectosigmoid or a portion of the rectum.

70 Colectomy or proctocolectomy resection in continuity with other organs; pelvic exenteration

80 Colectomy, NOS; Proctectomy, NOS

Specimen sent to pathology from surgical events 20–80.

90 Surgery, NOS

99 Unknown if surgery performed; death certificate ONLY

RECTUM
C20.9

Code removal/surgical ablation of single or multiple liver metastases under the data item *Surgical Procedure/Other Site* (NAACCR Item #1294).

Codes

00 None; no surgery of primary site; autopsy ONLY

10 Local tumor destruction, NOS

12 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)

No specimen sent to pathology from surgical events 10-12

20 Local tumor excision, NOS
- 26 Polypectomy
- 27 Excisional biopsy
- Any combination of 20 or 26–27 WITH
  - 22 Electrocautery
- 28 Curette and fulguration

30 Segmental resection; partial proctectomy, NOS

Procedures coded 30 include, but are not limited to:
- Anterior resection
- Hartmann's operation
- Low anterior resection (LAR) Transsacral rectosigmoidectomy

40 Pull through WITH sphincter preservation (coloanal anastomosis)

50 Total proctectomy

Procedure coded 50 includes, but is not limited to:
- Abdominoperineal resection

60 Total proctocolectomy, NOS

70 Proctectomy or proctocolectomy with resection in continuity with other organs; pelvic exenteration

80 Proctectomy, NOS

Specimen sent to pathology from surgical events 20–80.

90 Surgery, NOS

99 Unknown if surgery performed; death certificate ONLY

ANUS
C21.0–C21.8

Codes

00 None; no surgery of primary site; autopsy ONLY

10 Local tumor destruction, NOS

12 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)

15 Thermal Ablation

No specimen sent to pathology from surgical events 10, 12 and 15.

20 Local tumor excision, NOS
- 26 Polypectomy
- 27 Excisional biopsy
- Any combination of 20 or 26–27 WITH
  - 22 Electrocautery

60 Abdominal perineal resection, NOS (APR)
- 61 APR and sentinel node excision
- 62 APR and unilateral inguinal lymph node dissection
- 63 APR and bilateral inguinal lymph node dissection

The lymph node dissection should also be coded under *Scope of Regional Lymph Node Surgery* (NAACCR Item #1292) or *Scope of Regional Lymph Node Surgery at This Facility* (NAACCR Item #672).

Specimen sent to pathology from surgical events 20–63.

90 Surgery, NOS

99 Unknown if surgery performed; death certificate ONLY

LIVER AND INTRAHEPATIC BILE DUCTS
C22.0–C22.1

Codes

00 None; no surgery of primary site; autopsy ONLY

10 Local tumor destruction, NOS
- 11 Photodynamic therapy (PDT)
- 12 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)
- 13 Cryosurgery
- 14 Laser
- 15 Alcohol (Percutaneous Ethanol Injection-PEI)
- 16 Heat-Radio-frequency ablation (RFA)
- 17 Other (ultrasound, acetic acid)

No specimen sent to pathology from surgical events 10–17.

20 Wedge or segmental resection, NOS
- 21 Wedge resection
- 22 Segmental resection, NOS
  - 23 One
  - 24 Two
  - 25 Three
  - 26 Segmental resection AND local tumor destruction

30 Lobectomy, NOS
- 36 Right lobectomy
- 37 Left lobectomy
- 38 Lobectomy AND local tumor destruction

50 Extended lobectomy, NOS (extended: resection of a single lobe plus a segment of another lobe)
- 51 Right lobectomy
- 52 Left lobectomy
- 59 Extended lobectomy AND local tumor destruction

60 Hepatectomy, NOS
- 61 Total hepatectomy and transplant
- 65 Excision of a bile duct (for an intra-hepatic bile duct primary only)
- 66 Excision of an intrahepatic bile duct PLUS partial hepatectomy

75 Extrahepatic bile duct and hepatectomy WITH transplant

Specimen sent to pathology from surgical events 20–75.

90 Surgery, NOS

99 Unknown if surgery performed; death certificate ONLY

PANCREAS
C25.0–C25.9

Codes

00 None; no surgery of primary site; autopsy ONLY

25 Local excision of tumor, NOS

30 Partial pancreatectomy, NOS; example: distal

35 Local or partial pancreatectomy and duodenectomy
- 36 WITHOUT distal/partial gastrectomy
- 37 WITH partial gastrectomy (Whipple)

40 Total pancreatectomy

60 Total pancreatectomy and subtotal gastrectomy or duodenectomy

70 Extended pancreatoduodenectomy

80 Pancreatectomy, NOS

90 Surgery, NOS

99 Unknown if surgery performed; death certificate ONLY

LARYNX
C32.0–C32.9

Codes

00 None; no surgery of primary site; autopsy ONLY

10 Local tumor destruction, NOS
- 11 Photodynamic therapy (PDT)
- 12 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)
- 13 Cryosurgery
- 14 Laser
- 15 Stripping

No specimen sent to pathology from surgical events 10–15.

20 Local tumor excision, NOS
- 26 Polypectomy
- 27 Excisional biopsy
- Any combination of 20 or 26–27 WITH
  - 21 Photodynamic therapy (PDT)
  - 22 Electrocautery
  - 23 Cryosurgery
  - 24 Laser ablation
- 25 Laser excision
- 28 Stripping

30 Partial excision of the primary site, NOS; subtotal/partial laryngectomy NOS; hemilaryngectomy NOS
- 31 Vertical laryngectomy
- 32 Anterior commissure laryngectomy
- 33 Supraglottic laryngectomy

40 Total or radical laryngectomy, NOS
- 41 Total laryngectomy ONLY
- 42 Radical laryngectomy ONLY

50 Pharyngolaryngectomy

80 Laryngectomy, NOS

Specimen sent to pathology from surgical events 20–80.

90 Surgery, NOS

99 Unknown if surgery performed; death certificate ONLY

LUNG
C34.0–C34.9

Codes

00 None; no surgery of primary site; autopsy ONLY

19 Local tumor destruction or excision, NOS

Unknown whether a specimen was sent to pathology for surgical events coded 19 (principally for cases diagnosed prior to January 1, 2003).

15 Local tumor destruction, NOS
- 12 Laser ablation or cryosurgery
- 13 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)

No specimen sent to pathology from surgical events 12–13 and 15.

20 Excision or resection of less than one lobe, NOS
- 23 Excision, NOS
- 24 Laser excision
- 25 Bronchial sleeve resection ONLY
- 21 Wedge resection
- 22 Segmental resection, including lingulectomy

30 Resection of lobe or bilobectomy, but less than the whole lung (partial pneumonectomy, NOS)
- 33 Lobectomy WITH mediastinal lymph node dissection

The lymph node dissection should also be coded under *Scope of Regional Lymph Node Surgery* (NAACCR Item #1292) or *Scope of Regional Lymph Node Surgery at This Facility* (NAACCR Item #672).

45 Lobe or bilobectomy extended, NOS
- 46 WITH chest wall
- 47 WITH pericardium
- 48 WITH diaphragm

55 Pneumonectomy, NOS
- 56 WITH mediastinal lymph node dissection (radical pneumonectomy)
  The lymph node dissection should also be coded under *Scope of Regional Lymph Node Surgery* (NAACCR Item #1292) or *Scope of Regional Lymph Node Surgery at This Facility* (NAACCR Item #672).

65 Extended pneumonectomy
- 66 Extended pneumonectomy plus pleura or diaphragm

70 Extended radical pneumonectomy
  The lymph node dissection should also be coded under *Scope of Regional Lymph Node Surgery* (NAACCR Item #1292) or *Scope of Regional Lymph Node Surgery at This Facility* (NAACCR Item #672).

80 Resection of lung, NOS

Specimen sent to pathology from surgical events 20–80.

90 Surgery, NOS

99 Unknown if surgery performed; death certificate ONLY

HEMATOPOIETIC/RETICULOENDOTHELIAL/
IMMUNOPROLIFERATIVE/MYELOPROLIFERATIVE DISEASE
C42.0, C42.1, C42.3, C42.4 (with any histology)

Code

98 All hematopoietic/reticuloendothelial/immunoproliferative/myeloproliferative disease sites and/or histologies, WITH or WITHOUT surgical treatment.

Surgical procedures for hematopoietic/reticuloendothelial/immunoproliferative/ myeloproliferative primaries are to be recorded using the data item *Surgical Procedure/Other Site* (NAACCR Item #1294) or *Surgical Procedure/Other Site at This Facility* (NAACCR Item #674).

BONES, JOINTS, AND ARTICULAR CARTILAGE
C40.0–C41.9
PERIPHERAL NERVES AND AUTONOMIC NERVOUS SYSTEM
C47.0–C47.9
CONNECTIVE, SUBCUTANEOUS, AND OTHER SOFT TISSUES
C49.0–C49.9

Codes
00 None; no surgery of primary site; autopsy ONLY

19 Local tumor destruction or excision, NOS

Unknown whether a specimen was sent to pathology for surgical events coded 19 (principally for cases diagnosed prior to January 1, 2003).

15 Local tumor destruction

No specimen sent to pathology from surgical event 15.

25 Local excision

26 Partial resection

30 Radical excision or resection of lesion WITH limb salvage

40 Amputation of limb
- 41 Partial amputation of limb
- 42 Total amputation of limb

50 Major amputation, NOS
- 51 Forequarter, including scapula
- 52 Hindquarter, including ilium/hip bone
- 53 Hemipelvectomy, NOS
- 54 Internal hemipelvectomy

Specimen sent to pathology from surgical events 25–54.

90 Surgery, NOS

99 Unknown if surgery performed; death certificate ONLY

SPLEEN
C42.2

Codes

00 None; no surgery of primary site; autopsy ONLY

19 Local tumor destruction or excision, NOS

Unknown whether a specimen was sent to pathology for surgical events coded 19 (principally for cases diagnosed prior to January 1, 2003).

21 Partial splenectomy

22 Total splenectomy

80 Splenectomy, NOS

Specimen sent to pathology for surgical events 21-80.

90 Surgery, NOS

99 Unknown if surgery performed; death certificate ONLY

SKIN
C44.0–C44.9

Codes

00 None; no surgery of primary site; autopsy ONLY

10 Local tumor destruction, NOS
- 11 Photodynamic therapy (PDT)
- 12 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)
- 13 Cryosurgery
- 14 Laser ablation

No specimen sent to pathology from surgical events 10–14.

20 Local tumor excision, NOS
- 26 Polypectomy
- 27 Excisional biopsy
- Any combination of 20 or 26–27 WITH
  - 21 Photodynamic therapy (PDT)
  - 22 Electrocautery
  - 23 Cryosurgery
  - 24 Laser ablation
- 25 Laser excision

30 Biopsy of primary tumor followed by a gross excision of the lesion (does not have to be done under the same anesthesia)
- 31 Shave biopsy followed by a gross excision of the lesion
- 32 Punch biopsy followed by a gross excision of the lesion
- 33 Incisional biopsy followed by a gross excision of the lesion
- 34 Mohs surgery, NOS
- 35 Mohs with 1-cm margin or less
- 36 Mohs with more than 1-cm margin

45 Wide excision or reexcision of lesion or minor (local) amputation with margins more than 1 cm, NOS.
- **Margins MUST be microscopically negative.**
- 46 WITH margins more than 1 cm and less than or equal to 2 cm
- 47 WITH margins greater than 2 cm

If the excision or reexcision has microscopically confirmed negative margins < than 1 cm OR margins are 1cm or > but are not microscopically confirmed; use the appropriate code, 20–36.

60 Major amputation

Specimen sent to pathology from surgical events 20–60.

90 Surgery, NOS

99 Unknown if surgery performed; death certificate ONLY

BREAST
C50.0–C50.9

Codes

00 None; no surgery of primary site; autopsy ONLY

19 Local tumor destruction, NOS

No specimen was sent to pathology for surgical events coded 19 (principally for cases diagnosed prior to January 1, 2003).

20 Partial mastectomy, NOS; less than total mastectomy, NOS
- 21 Partial mastectomy WITH nipple resection
- 22 Lumpectomy or excisional biopsy
- 23 Reexcision of the biopsy site for gross or microscopic residual disease
- 24 Segmental mastectomy (including wedge resection, quadrantectomy, tylectomy)

Procedures coded 20–24 remove the gross primary tumor and some of the breast tissue (breast conserving or preserving). There may be microscopic residual tumor.

30 Subcutaneous mastectomy

A subcutaneous mastectomy, also called a nipple sparing mastectomy, is the removal of breast tissue without the nipple and areolar complex or overlying skin. It is performed to facilitate immediate breast reconstruction. Cases coded 30 may be considered to have undergone breast reconstruction.

40 Total (simple) mastectomy
- 41 WITHOUT removal of uninvolved contralateral breast
  - 43 With reconstruction NOS
    - 44 Tissue
    - 45 Implant
    - 46 Combined (Tissue and Implant)
- 42 WITH removal of uninvolved contralateral breast
  - 47 With reconstruction NOS
    - 48 Tissue
    - 49 Implant

75 Combined (Tissue and Implant)

A total (simple) mastectomy removes all breast tissue, the nipple, and areolar complex. An axillary dissection is not done, but sentinel lymph nodes may be removed.

For single primaries, involving both breasts use code 76.

If the contralateral breast reveals a second primary, each breast is abstracted separately. The surgical procedure is coded 41 for the first primary. The surgical code for the contralateral breast is coded to the procedure performed on that site.

Reconstruction that is planned as part of first course treatment is coded 43-49 or 75, whether it is done at the time of mastectomy or later.

76 Bilateral mastectomy for a single tumor involving both breasts, as for bilateral inflammatory carcinoma.

50 Modified radical mastectomy
- 51 WITHOUT removal of uninvolved contralateral breast
- 53 Reconstruction, NOS
  - 54 Tissue
  - 55 Implant
  - 56 Combined (Tissue and Implant)
- 52 WITH removal of uninvolved contralateral breast
  - 57 Reconstruction, NOS
  - 58 Tissue
  - 59 Implant

63 Combined (Tissue and Implant)

Removal of all breast tissue, the nipple, the areolar complex, and variable amounts of breast skin in continuity with the axilla. The specimen may or may not include a portion of the pectoralis major muscle

If contralateral breast reveals a second primary, it is abstracted separately. The surgical procedure is coded 51 for the first primary. The surgical code for the contralateral breast is coded to the procedure performed on that site.

For single primaries only, code removal of contralateral breast under the data item *Surgical Procedure/Other Site* (NAACCR Item #1294) or *Surgical Procedure/Other Site at This Facility* (NAACCR Item #674).

60 Radical mastectomy, NOS
- 61 WITHOUT removal of uninvolved contralateral breast
  - 64 Reconstruction, NOS
    - 65 Tissue
    - 66 Implant
    - 67 Combined (Tissue and Implant)
- 62 WITH removal of uninvolved contralateral breast
  - 68 Reconstruction, NOS
    - 69 Tissue
    - 73 Implant
    - 74 Combined (Tissue and Implant)

70 Extended radical mastectomy
- 71 WITHOUT removal of uninvolved contralateral breast
- 72 WITH removal of uninvolved contralateral breast

80 Mastectomy, NOS

Specimen sent to pathology for surgical events coded 20-80.

90 Surgery, NOS
99 Unknown if surgery performed; death certificate ONLY

CERVIX UTERI
C53.0–C53.9

For invasive cancers, dilation and curettage is coded as an incisional biopsy (02) under the data item *Surgical Diagnostic and Staging Procedure* (NAACCR Item #1350).

Codes

00 None; no surgery of primary site; autopsy ONLY

10 Local tumor destruction, NOS
- 11 Photodynamic therapy (PDT)
- 12 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)
- 13 Cryosurgery
- 14 Laser
- 15 Loop Electrocautery Excision Procedure (LEEP)
- 16 Laser ablation
- 17 Thermal ablation

No specimen sent to pathology from surgical events 10–17.

20 Local tumor excision, NOS
- 26 Excisional biopsy, NOS
- 27 Cone biopsy
- 24 Cone biopsy WITH gross excision of lesion
- 29 Trachelectomy; removal of cervical stump; cervicectomy

Any combination of 20, 24, 26, 27 or 29 WITH
- 21 Electrocautery
- 22 Cryosurgery
- 23 Laser ablation or excision

- 25 Dilatation and curettage; endocervical curettage (for in situ only)
- 28 Loop electrocautery excision procedure (LEEP)

30 Total hysterectomy (simple, pan-) WITHOUT removal of tubes and ovaries
Total hysterectomy removes both the corpus and cervix uteri and may also include a portion of vaginal cuff.

40 Total hysterectomy (simple, pan-) WITH removal of tubes and/or ovary
Total hysterectomy removes both the corpus and cervix uteri and may also include a portion of vaginal cuff.

50 Modified radical or extended hysterectomy; radical hysterectomy; extended radical hysterectomy
- 51 Modified radical hysterectomy
- 52 Extended hysterectomy
- 53 Radical hysterectomy; Wertheim procedure
- 54 Extended radical hysterectomy

60 Hysterectomy, NOS, WITH or WITHOUT removal of tubes and ovaries
- 61 WITHOUT removal of tubes and ovaries
- 62 WITH removal of tubes and ovaries

70 Pelvic exenteration

71 Anterior exenteration
Includes bladder, distal ureters, and genital organs WITH their ligamentous attachments and pelvic lymph nodes.

72 Posterior exenteration
Includes rectum and rectosigmoid WITH ligamentous attachments and pelvic lymph nodes.

73 Total exenteration
Includes removal of all pelvic contents and pelvic lymph nodes.

74 Extended exenteration
Includes pelvic blood vessels or bony pelvis.

Specimen sent to pathology from surgical events 20–74.

90 Surgery, NOS

99 Unknown if surgery performed; death certificate ONLY

CORPUS UTERI
C54.0–C55.9

For invasive cancers, dilation and curettage is coded as an incisional biopsy (02) under the data item *Surgical Diagnostic and Staging Procedure* (NAACCR Item #1350).

Codes

00 None; no surgery of primary site; autopsy ONLY

19 Local tumor destruction or excision, NOS

Unknown whether a specimen was sent to pathology for surgical events coded 19 (principally for cases diagnosed prior to January 1, 2003).

10 Local tumor destruction, NOS
- 11 Photodynamic therapy (PDT)
- 12 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)
- 13 Cryosurgery
- 14 Laser
- 15 Loop Electocautery Excision Procedure (LEEP)
- 16 Thermal ablation

No specimen sent to pathology from surgical events 10–16.

20 Local tumor excision, NOS; simple excision, NOS
- 24 Excisional biopsy
- 25 Polypectomy
- 26 Myomectomy
- Any combination of 20 or 24–26 WITH
  - 21 Electrocautery
  - 22 Cryosurgery
  - 23 Laser ablation or excision

30 Subtotal hysterectomy/supracervical hysterectomy/fundectomy WITH or WITHOUT removal of tube(s) and ovary(ies).
- 31 WITHOUT tube(s) and ovary(ies)
- 32 WITH tube(s) and ovary(ies)

40 Total hysterectomy (simple, pan-) WITHOUT removal of tube(s) and ovary(ies)
Removes both the corpus and cervix uteri. It may also include a portion of the vaginal cuff.

50 Total hysterectomy (simple, pan-) WITH removal of tube(s) and/or ovary(ies)
Removes both the corpus and cervix uteri. It may also include a portion of the vaginal cuff.

60 Modified radical or extended hysterectomy; radical hysterectomy; extended radical hysterectomy
- 61 Modified radical hysterectomy
- 62 Extended hysterectomy
- 63 Radical hysterectomy; Wertheim procedure
- 64 Extended radical hysterectomy

65 Hysterectomy, NOS, WITH or WITHOUT removal of tube(s) and ovary(ies)

66 WITHOUT removal of tube(s) and ovary(ies)
67 WITH removal of tube(s) and ovary(ies)

75 Pelvic exenteration

76 Anterior exenteration
Includes bladder, distal ureters, and genital organs WITH their ligamentous attachments and pelvic lymph nodes.

77 Posterior exenteration
Includes rectum and rectosigmoid WITH ligamentous attachments and pelvic lymph nodes.

78 Total exenteration
Includes removal of all pelvic contents and pelvic lymph nodes.

79 Extended exenteration
Includes pelvic blood vessels or bony pelvis.

Specimen sent to pathology from surgical events 20–79.

90 Surgery, NOS

99 Unknown if surgery performed; death certificate ONLY

OVARY
C56.9

Codes

00 None; no surgery of primary site; autopsy ONLY

17 Local tumor destruction, NOS

No specimen sent to pathology from surgical event 17.

25 Total removal of tumor or (single) ovary, NOS
- 26 Resection of ovary (wedge, subtotal, or partial) ONLY, NOS; unknown if hysterectomy done
- 27 WITHOUT hysterectomy
- 28 WITH hysterectomy

35 Unilateral (salpingo-)oophorectomy; unknown if hysterectomy done
- 36 WITHOUT hysterectomy
- 37 WITH hysterectomy

50 Bilateral (salpingo-)oophorectomy; unknown if hysterectomy done
- 51 WITHOUT hysterectomy
- 52 WITH hysterectomy

55 Unilateral or bilateral (salpingo-)oophorectomy WITH OMENTECTOMY, NOS; partial or total; unknown if hysterectomy done
- 56 WITHOUT hysterectomy
- 57 WITH hysterectomy

60 Debulking; cytoreductive surgery, NOS
- 61 WITH colon (including appendix) and/or small intestine resection (not incidental)
- 62 WITH partial resection of urinary tract (not incidental)
- 63 Combination of 61 and 62
- **Debulking is a partial or total removal of the tumor mass and can involve the removal of multiple organ sites. It may include removal of ovaries and/or the uterus (a hysterectomy). The pathology report may or may not identify ovarian tissue. A debulking is usually followed by another treatment modality such as chemotherapy.**

70 Pelvic exenteration, NOS
- 71 Anterior exenteration
- **Includes bladder, distal ureters, and genital organs WITH their ligamentous attachments and pelvic lymph nodes.**
- 72 Posterior exenteration

Specimen sent to pathology from surgical events 25–80.

90 Surgery, NOS

99 Unknown if surgery performed; death certificate ONLY

PROSTATE
C61.9

(Except for 9727, 9732, 9741-9742, 9749, 9762-9809, 9832, 9840-9931, 9945-9946, 9950-9968, 9975-9993)

Do not code an orchiectomy in this field. For prostate primaries, orchiectomies are coded in the data item *Hematologic Transplant and Endocrine Procedures* (NAACCR Item #3250).

Codes
00 None; no surgery of primary site; autopsy ONLY

18 Local tumor destruction or excision, NOS

19 Transurethral resection (TURP), NOS, and no specimen sent to pathology or unknown if sent

Unknown whether a specimen was sent to pathology for surgical events coded 18 or 19 (principally for cases diagnosed prior to January 1, 2003).

10 Local tumor destruction, NOS
- 14 Cryoprostatectomy
- 15 Laser ablation
- 16 Hyperthermia
- 17 Other method of local tumor destruction

No specimen sent to pathology from surgical events 10–17.

20 Local tumor excision, NOS
- 21 Transurethral resection (TURP), NOS, with specimen sent to pathology
- 22 TURP–cancer is incidental finding during surgery for benign disease
- 23 TURP–patient has suspected/known cancer
- Any combination of 20–23 WITH
  - 24 Cryosurgery
  - 25 Laser
  - 26 Hyperthermia

30 Subtotal, segmental, or simple prostatectomy, which may leave all or part of the capsule intact

50 Radical prostatectomy, NOS; total prostatectomy, NOS
Excised prostate, prostatic capsule, ejaculatory ducts, seminal vesicle(s) and may include a narrow cuff of bladder neck.

70 Prostatectomy WITH resection in continuity with other organs; pelvic exenteration
Surgeries coded 70 are any prostatectomy WITH resection in continuity with any other organs. The other organs may be partially or totally removed. Procedures may include, but are not limited to, cystoprostatectomy, radical cystectomy, and prostatectomy.

80 Prostatectomy, NOS
Specimen sent to pathology from surgical events 20–80.

90 Surgery, NOS
99 Unknown if surgery performed; death certificate ONLY

TESTIS
C62.0–C62.9

Codes

00 None; no surgery of primary site; autopsy ONLY

12 Local tumor destruction, NOS

No specimen sent to pathology from surgical event 12.

20 Local or partial excision of testicle

30 Excision of testicle WITHOUT cord

40 Excision of testicle WITH cord or cord not mentioned (radical orchiectomy)

80 Orchiectomy, NOS (unspecified whether partial or total testicle removed)

Specimen sent to pathology from surgical events 20–80.

90 Surgery, NOS

99 Unknown if surgery performed; death certificate ONLY

KIDNEY, RENAL PELVIS, AND URETER
Kidney C64.9, Renal Pelvis C65.9, Ureter C66.9

Codes

00 None; no surgery of primary site; autopsy ONLY

10 Local tumor destruction, NOS
- 11 Photodynamic therapy (PDT)
- 12 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)
- 13 Cryosurgery
- 14 Laser
- 15 Thermal ablation

No specimen sent to pathology from this surgical event 10–15.

20 Local tumor excision, NOS
- 26 Polypectomy
- 27 Excisional biopsy
- Any combination of 20 or 26–27 WITH
  - 21 Photodynamic therapy (PDT)
  - 22 Electrocautery
  - 23 Cryosurgery
  - 24 Laser ablation
- 25 Laser excision

30 Partial or subtotal nephrectomy (kidney or renal pelvis) or partial ureterectomy (ureter)

Procedures coded 30 include, but are not limited to:
Segmental resection
Wedge resection

40 Complete/total/simple nephrectomy–for kidney parenchyma
Nephroureterectomy
Includes bladder cuff for renal pelvis or ureter.

50 Radical nephrectomy
May include removal of a portion of vena cava, adrenal gland(s), Gerota's fascia, perinephric fat, or partial/total ureter.

70 Any nephrectomy (simple, subtotal, complete, partial, simple, total, radical) in continuity with the resection of other organ(s) (colon, bladder)
The other organs, such as colon or bladder, may be partially or totally removed.

80 Nephrectomy, NOS
Specimen sent to pathology from surgical events 20–80.

90 Surgery, NOS
99 Unknown if surgery performed; death certificate ONLY

BLADDER
C67.0–C67.9

Codes

00 None; no surgery of primary site; autopsy ONLY

10 Local tumor destruction, NOS
- 11 Photodynamic therapy (PDT)
- 12 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)
- 13 Cryosurgery
- 14 Laser
- 15 Intravesical therapy
- 16 Bacillus Calmette-Guerin (BCG) or other immunotherapy

Also code the introduction of immunotherapy in the immunotherapy items. If immunotherapy is followed by surgery of the type coded 20-80 code that surgery instead and code the immunotherapy only as immunotherapy.

No specimen sent to pathology from surgical events 10–16.

20 Local tumor excision, NOS
- 26 Polypectomy
- 27 Excisional biopsy
- Combination of 20 or 26–27 WITH
  - 21 Photodynamic therapy (PDT)
  - 22 Electrocautery
  - 23 Cryosurgery
  - 24 Laser ablation
- 25 Laser excision

30 Partial cystectomy

50 Simple/total/complete cystectomy

60 Complete cystectomy with reconstruction
- 61 Radical cystectomy PLUS ileal conduit
- 62 Radical cystectomy PLUS continent reservoir or pouch, NOS
- 63 Radical cystectomy PLUS abdominal pouch (cutaneous)
- 64 Radical cystectomy PLUS in situ pouch (orthotopic)

When the procedure is described as a pelvic exenteration for males, but the prostate is not removed, the surgery should be coded as a cystectomy (code 60-64).

70 Pelvic exenteration, NOS
- 71 Radical cystectomy including anterior exenteration

For females, includes removal of bladder, uterus, ovaries, entire vaginal wall, and entire urethra. For males, includes removal of the prostate. When a procedure is described as a pelvic exenteration for males, but the prostate is not removed, the surgery should be coded as a cystectomy (code 60-64).

- 72 Posterior exenteration

For females, also includes removal of vagina, rectum and anus. For males, also includes prostate, rectum and anus.

` 73 Total exenteration
Includes all tissue and organs removed for an anterior and posterior exenteration.

74 Extended exenteration
Includes pelvic blood vessels or bony pelvis.

80 Cystectomy, NOS

Specimen sent to pathology from surgical events 20–80.

90 Surgery, NOS

99 Unknown if surgery performed; death certificate ONLY

BRAIN
Meninges C70.0–C70.9, Brain C71.0–C71.9,
Spinal Cord, Cranial Nerves and Other Parts of Central Nervous System C72.0–C72.9

Do not code laminectomies for spinal cord primaries.

Codes

00 None; no surgery of primary site; autopsy ONLY

10 Tumor destruction, NOS

No specimen sent to pathology from surgical event 10.

Do not record stereotactic radiosurgery (SRS), Gamma knife, Cyber knife, or Linac radiosurgery as surgical tumor destruction. All of these modalities are recorded in the radiation treatment fields.

20 Local excision of tumor, lesion or mass; excisional biopsy
- 21 Subtotal resection of tumor, lesion or mass in brain
- 22 Resection of tumor of spinal cord or nerve

30 Radical, total, gross resection of tumor, lesion or mass in brain

40 Partial resection of lobe of brain, when the surgery cannot be coded as 20-30.

55 Gross total resection of lobe of brain (lobectomy)

Codes 30 - 55 are not applicable for spinal cord or spinal nerve primary sites.

Specimen sent to pathology from surgical events 20–55.

90 Surgery, NOS

99 Unknown if surgery performed; death certificate ONLY

THYROID GLAND
C73.9

Codes

00 None; no surgery of primary site; autopsy ONLY

13 Local tumor destruction, NOS

No specimen sent to pathology from surgical event 13.

25 Removal of less than a lobe, NOS
    26 Local surgical excision
    27 Removal of a partial lobe ONLY
20 Lobectomy and/or isthmectomy
    21 Lobectomy ONLY
    22 Isthmectomy ONLY
    23 Lobectomy WITH isthmus

30 Removal of a lobe and partial removal of the contralateral lobe

40 Subtotal or near total thyroidectomy

50 Total thyroidectomy

80 Thyroidectomy, NOS

Specimen sent to pathology from surgical events 20–80.

90 Surgery, NOS

99 Unknown if surgery performed; death certificate ONLY

LYMPH NODES
C77.0–C77.9

Codes

00 None; no surgery of primary site; autopsy ONLY

19 Local tumor destruction or excision, NOS

Unknown whether a specimen was sent to pathology for surgical events coded to 19 (principally for cases diagnosed prior to January 1, 2003).

15 Local tumor destruction, NOS

No specimen sent to pathology from surgical event 15.

25 Local tumor excision, NOS

Less than a full chain, includes an excisional biopsy of a single lymph node.

30 Lymph node dissection, NOS
- 31 One chain
- 32 Two or more chains

40 Lymph node dissection, NOS PLUS splenectomy
- 41 One chain
- 42 Two or more chains

50 Lymph node dissection, NOS and partial/total removal of adjacent organ(s)
- 51 One chain
- 52 Two or more chains

60 Lymph node dissection, NOS and partial/total removal of adjacent organ(s) PLUS splenectomy (Includes staging laparotomy for lymphoma.)
- 61 One chain
- 62 Two or more chains

Specimen sent to pathology for surgical events 25-62.

90 Surgery, NOS

99 Unknown if surgery performed; death certificate ONLY

ALL OTHER SITES
C14.2–C14.8, C17.0–C17.9, C23.9, C24.0–C24.9, C26.0–C26.9, C30.0–C 30.1, C31.0–C31.9, C33.9, C37.9,
C38.0–C38.8, C39.0–C39.9, C48.0–C48.8, C51.0–C51.9, C52.9, C57.0–C57.9, C58.9, C60.0–C60.9, C63.0–C63.9, C68.0–C68.9, C69.0–C69.9, C74.0–C74.9, C75.0–C75.9

Codes

00 None; no surgery of primary site; autopsy ONLY

10 Local tumor destruction, NOS
- 11 Photodynamic therapy (PDT)
- 12 Electrocautery; fulguration (includes use of hot forceps for tumor destruction)
- 13 Cryosurgery
- 14 Laser

No specimen sent to pathology from surgical events 10–14.

20 Local tumor excision, NOS
- 26 Polypectomy
- 27 Excisional biopsy
- Any combination of 20 or 26–27 WITH
  - 21 Photodynamic therapy (PDT)
  - 22 Electrocautery
  - 23 Cryosurgery
  - 24 Laser ablation
- 25 Laser excision

30 Simple/partial surgical removal of primary site

40 Total surgical removal of primary site; enucleation
- 41 Total enucleation (for eye surgery only)

50 Surgery stated to be “debulking”

60 Radical surgery
- **Partial or total removal of the primary site WITH a resection in continuity (partial or total removal) with other organs.**

Specimen sent to pathology from surgical events 20–60.

90 Surgery, NOS

99 Unknown if surgery performed; death certificate ONLY

UNKNOWN AND ILL-DEFINED PRIMARY SITES
C76.0–C76.8, C80.9

Code

98 All unknown and ill-defined disease sites, WITH or WITHOUT surgical treatment.

Surgical procedures for unknown and ill-defined primaries are to be recorded using the data item *Surgical Procedure/Other Site* (NAACCR Item #1294) or *Surgical Procedure/Other Site at This Facility* (NAACCR Item #674).

Appendix G

2022 FCDS Record Layout Version 22

Appendix G – FCDSv22 Record Layout in Flat File Format – C (Core Data Items)

Section	Data Opt	Item #	FCDS / NAACCR Item Name	Length	Year Start-End	NEW for 2022
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		

Section	Data Opt	Item #	FCDS / NAACCR Item Name	Length	Year Start-End	NEW for 2022
Demographic	D	145	Census Tr Poverty Indictr	1		
Demographic	C	150	Marital Status at DX	1	1981	
Demographic	C	160	Race 1	2	1981	
Demographic	C	161	Race 2	2	2001	
Demographic	C	162	Race 3	2	2001	
Demographic	C	163	Race 4	2	2001	
Demographic	C	164	Race 5	2	2001	
Demographic	D	170	Race Coding Sys--Current	1		
Demographic	D	180	Race Coding Sys--Original	1		
Demographic	C	190	Spanish/Hispanic Origin	1	1981	
Demographic	D	191	NHIA Derived Hisp Origin	1		
Demographic	D	192	IHS Link	1		
Demographic	D	193	Race--NAPIIA(derived API)	2		
Demographic	D	194	HIS PRCDA	1	2022	2022
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		

Section	Data Opt	Item #	FCDS / NAACCR Item Name	Length	Year Start-End	NEW for 2022
Demographic	D	284	Urban Indian Health Organization (UIHO)	1	2022	2022
Demographic	D	285	UIHO City	2	2022	2022
Demographic	D	290	Occupation Source	1		
Demographic	D	300	Industry Source	1		
Demographic	C	310	Text--Usual Occupation	100	1995	
Demographic	C	320	Text--Usual Industry	100	2001	
Demographic	D	330	Census Occ/Ind Sys 70-00	1		
Demographic	D	339	RUCA 2000	1		
Demographic	D	341	RUCA 2010	1		
Demographic	C	344	Tobacco Use Smoking Status	1	2022	2022
Demographic	D	345	URIC 2000	1		
Demographic	D	346	URIC 2010	1		
Demographic	D	351	GeoLocationID - 1970/80/90	12		
Demographic	D	352	GeoLocationID - 2000	12		
Demographic	D	353	GeoLocationID - 2010	12		
Demographic	D	354	GeoLocationID - 2020	12		
Demographic	D	361	Census Block Group 2020	1		
Demographic	D	362	Census Block Group 2000	1		
Demographic	D	363	Census Block Group 2010	1		
Demographic	D	364	Census Tr Cert 1970/80/90	1		
Demographic	D	365	Census Tr Certainty 2000	1		
Demographic	D	366	GIS Coordinate Quality	2		
Demographic	D	367	Census Tr Certainty 2010	1		
Demographic	D	368	Census Block Grp 1970/80/90	1		
Demographic	D	369	Census Tract Certainty 2020	1	2018	
Record ID		370	Reserved 01	16		
Cancer Identification	D	380	Sequence Number--Central	2		
Cancer Identification	C	390	Date of Diagnosis	8	1981	

Section	Data Opt	Item #	FCDS / NAACCR Item Name	Length	Year Start-End	NEW for 2022
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	
Cancer Identification	C	500	Type of Reporting Source	1	1995	
Cancer Identification		501	Casefinding Source	2		
Cancer Identification		521	Morph--Type&Behav ICD-O-3	5		
Cancer Identification	C	522	Histologic Type ICD-O-3	4	2001	
Cancer Identification	C	523	Behavior Code ICD-O-3	1	2001	
Demographic	D	530	EDP MDE Link Date	8	2022	2022

Section	Data Opt	Item #	FCDS / NAACCR Item Name	Length	Year Start-End	NEW for 2022
Demographic	D	531	EDP MDE Link	1	2022	2022
Hospital-Specific	C	540	Reporting Facility	10	2010	
Hospital-Specific		545	NPI--Reporting Facility	10		
Hospital-Specific	C	550	Accession Number--Hosp	9	2010	
Hospital-Specific	C	560	Sequence Number--Hospital	2	1981	
Hospital-Specific	C	570	Abstracted By	3	1981	
Hospital-Specific	C	580	Date of 1st Contact	8	1981	
Hospital-Specific	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		
Hospital-Specific		720	RX Hosp--BRM	2		

Section	Data Opt	Item #	FCDS / NAACCR Item Name	Length	Year Start-End	NEW for 2022
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		

Section	Data Opt	Item #	FCDS / NAACCR Item Name	Length	Year Start-End	NEW for 2022
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		
Stage/Prognostic Factors		850	EOD--Old 2 Digit	2		
Stage/Prognostic Factors		860	EOD--Old 4 Digit	4		
Stage/Prognostic Factors		870	Coding System for EOD	1		
Stage/Prognostic Factors		995	AJCC ID	4		
Stage/Prognostic Factors		1001	AJCC TNM Clin T	15		
Stage/Prognostic Factors		1002	AJCC TNM Clin N	15		
Stage/Prognostic Factors		1003	AJCC TNM Clin M	15		
Stage/Prognostic Factors		1004	AJCC TNM Clin Stage Group	15		
Stage/Prognostic Factors		1011	AJCC TNM Path T	15		
Stage/Prognostic Factors		1012	AJCC TNM Path N	15		
Stage/Prognostic Factors		1013	AJCC TNM Path M	15		
Stage/Prognostic Factors		1014	AJCC TNM Path Stage Group	15		
Stage/Prognostic Factors		1021	AJCC TNM Post Therapy T	15		
Stage/Prognostic Factors		1022	AJCC TNM Post Therapy N	15		
Stage/Prognostic Factors		1023	AJCC TNM Post Therapy M	15		
Stage/Prognostic Factors		1024	AJCC TNM Post Therapy Stage Group	15		
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		

Section	Data Opt	Item #	FCDS / NAACCR Item Name	Length	Year Start-End	NEW for 2022
Stage/Prognostic Factors		1036	AJCC TNM Post Therapy N Suffix	4		
Stage/Prognostic Factors	RH	1060	TNM Edition Number	2	2016-2017	
Stage/Prognostic Factors	C	1068	Grade Post Therapy Clin (yc)	2	2021	
Stage/Prognostic Factors		1112	Mets at DX-Bone	1		
Stage/Prognostic Factors		1113	Mets at DX-Brain	1		
Stage/Prognostic Factors		1114	Mets at Dx-Distant LN	1		
Stage/Prognostic Factors		1115	Mets at DX-Liver	1		
Stage/Prognostic Factors		1116	Mets at DX-Lung	1		
Stage/Prognostic Factors		1117	Mets at DX-Other	1		
Stage/Prognostic Factors		1120	Pediatric Stage	2		
Stage/Prognostic Factors		1130	Pediatric Staging System	2		
Stage/Prognostic Factors		1140	Pediatric Staged By	1		
Stage/Prognostic Factors		1150	Tumor Marker 1	1		
Stage/Prognostic Factors		1160	Tumor Marker 2	1		
Stage/Prognostic Factors		1170	Tumor Marker 3	1		
Stage/Prognostic Factors		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	

Section	Data Opt	Item #	FCDS / NAACCR Item Name	Length	Year Start-End	NEW for 2022
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 Approch	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		

Section	Data Opt	Item #	FCDS / NAACCR Item Name	Length	Year Start-End	NEW for 2022
Treatment-1st Course		1501	Phase I Dose per Fraction	5		
Treatment-1st Course		1502	Phase I Radiation External Beam Planning Tech	2		
Treatment-1st Course		1503	Phase I Number of Fractions	3		
Treatment-1st Course		1504	Phase I Radiation Primary Treatment Volume	2		
Treatment-1st Course		1505	Phase I Radiation to Draining Lymph Nodes	2		
Treatment-1st Course	C	1506	Phase I Radiation Treatment Modality	2	2018	
Treatment-1st Course		1507	Phase I Total Dose	6		
Treatment-1st Course		1510	Rad--Regional Dose: cGy	5		
Treatment-1st Course		1511	Phase II Dose per Fraction	5		
Treatment-1st Course		1512	Phase II Radiation External Beam Planning Tech	2		
Treatment-1st Course		1513	Phase II Number of Fractions	3		
Treatment-1st Course		1514	Phase II Radiation Primary Treatment Volume	2		
Treatment-1st Course		1515	Phase II Radiation to Draining Lymph Nodes	2		
Treatment-1st Course		1516	Phase II Radiation Treatment Modality	2		
Treatment-1st Course		1517	Phase II Total Dose	6		
Treatment-1st Course		1520	Rad--No of Treatment Vol	3		
Treatment-1st Course		1521	Phase III Dose per Fraction	5		
Treatment-1st Course		1522	Phase III Radiation External Beam Planning Tech	2		
Treatment-1st Course		1523	Phase III Number of Fractions	3		
Treatment-1st Course		1524	Phase III Radiation Primary Treatment Volume	2		
Treatment-1st Course		1525	Phase III Radiation to Draining Lymph Nodes	2		
Treatment-1st Course		1526	Phase III Radiation Treatment Modality	2		

Section	Data Opt	Item #	FCDS / NAACCR Item Name	Length	Year Start-End	NEW for 2022
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		
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		

Section	Data Opt	Item #	FCDS / NAACCR Item Name	Length	Year Start-End	NEW for 2022
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		
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		

Section	Data Opt	Item #	FCDS / NAACCR Item Name	Length	Year Start-End	NEW for 2022
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	
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		

Section	Data Opt	Item #	FCDS / NAACCR Item Name	Length	Year Start-End	NEW for 2022
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		
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		

Section	Data Opt	Item #	FCDS / NAACCR Item Name	Length	Year Start-End	NEW for 2022
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		

Section	Data Opt	Item #	FCDS / NAACCR Item Name	Length	Year Start-End	NEW for 2022
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	
Edit Overrides/Conversion History/System Admin	D	2118	Schema ID Version Original	5	2018	

Section	Data Opt	Item #	FCDS / NAACCR Item Name	Length	Year Start-End	NEW for 2022
Edit Overrides/Conversion History/System Admin		2120	SEER Coding Sys--Current	1		
Edit Overrides/Conversion History/System Admin		2130	SEER Coding Sys--Original	1		
Edit Overrides/Conversion History/System Admin		2140	CoC Coding Sys--Current	2		
Edit Overrides/Conversion History/System Admin		2150	CoC Coding Sys--Original	2		
Edit Overrides/Conversion History/System Admin	C	2152	CoC Accredited Flag	1	2018	
Edit Overrides/Conversion History/System Admin		2155	RQRS NCDB Submission Flag	1		
Edit Overrides/Conversion History/System Admin	D	2158	AJCC Cancer Surveillance API Version Current	13	2018	
Edit Overrides/Conversion History/System Admin	D	2159	AJCC Cancer Surveillance API Version Original	13	2018	
Edit Overrides/Conversion History/System Admin	C	2170	Vendor Name	10	2001	
Edit Overrides/Conversion History/System Admin		2180	SEER Type of Follow-Up	1		
Edit Overrides/Conversion History/System Admin		2190	SEER Record Number	2		
Edit Overrides/Conversion History/System Admin		2200	Diagnostic Proc 73-87	2		
Text-Miscellaneous		2210	Reserved 14	2000		
Patient-Confidential	C	2230	Name--Last	40	1981	
Patient-Confidential	C	2232	Name - Birth Surname	40	2021	
Patient-Confidential	C	2240	Name--First	40	1981	
Patient-Confidential	C	2250	Name--Middle	40	1981	
Patient-Confidential		2260	Name--Prefix	3		
Patient-Confidential		2270	Name--Suffix	3		
Patient-Confidential	C	2280	Name--Alias	40	2006	
Patient-Confidential		2290	Name--Spouse/Parent	60		

Section	Data Opt	Item #	FCDS / NAACCR Item Name	Length	Year Start-End	NEW for 2022
Patient-Confidential	C	2300	Medical Record Number	11	1981	
Patient-Confidential		2310	Military Record No Suffix	2		
Patient-Confidential	C	2315	Medicare Beneficiary Identifier	11	2021	
Patient-Confidential	C	2320	Social Security Number	9	1981	
Patient-Confidential	C	2330	Addr at DX--No & Street	60	2001	
Patient-Confidential	C	2335	Addr at DX--Supplementl	60	2006	
Patient-Confidential	C	2350	Addr Current--No & Street	60	1981	
Patient-Confidential	D	2352	Latitude	10		
Patient-Confidential	D	2354	Longitude	11		
Patient-Confidential		2355	Addr Current--Supplementl	60		
Patient-Confidential	C	2360	Telephone	10	2003	
Patient-Confidential	D	2380	DC State File Number	6		
Patient-Confidential		2392	Follow-Up Contact--No&St	60		
Patient-Confidential		2393	Follow-Up Contact--Suppl	60		
Patient-Confidential		2394	Follow-Up Contact--Name	60		
Stage/Prognostic Factors		2400	Reserved 15	1		
Hospital-Confidential		2410	Institution Referred From	10		
Hospital-Confidential		2415	NPI--Inst Referred From	10		
Hospital-Confidential		2420	Institution Referred To	10		
Hospital-Confidential		2425	NPI--Inst Referred To	10		
Hospital-Confidential		2440	Following Registry	10		
Hospital-Confidential		2445	NPI--Following Registry	10		
Demographic		2450	Reserved 16	12		
Other-Confidential	C	2460	Physician--Managing	8	1981	
Other-Confidential	C	2465	NPI--Physician--Managing	10	2011	
Other-Confidential		2470	Physician--Follow-Up	8		
Other-Confidential	C	2475	NPI--Physician--Follow-Up	10	2011	
Other-Confidential		2480	Physician--Primary Surg	8		
Other-Confidential	C	2485	NPI--Physician--Primary Surg	10	2011	

Section	Data Opt	Item #	FCDS / NAACCR Item Name	Length	Year Start-End	NEW for 2022
Other-Confidential		2490	Physician 3	8		
Other-Confidential	C	2495	NPI--Physician 3	10	2011	
Other-Confidential		2500	Physician 4	8		
Other-Confidential	C	2505	NPI--Physician 4	10	2011	
Other-Confidential		2508	EHR Reporting	1000		
Other-Confidential		2510	Reserved 12	50		
Text-Diagnosis	C	2520	Text--DX Proc--PE	1000	2001	
Text-Diagnosis	C	2530	Text--DX Proc--X-ray/Scan	1000	1997	
Text-Diagnosis	C	2540	Text--DX Proc--Scopes	1000	2001	
Text-Diagnosis	C	2550	Text--DX Proc--Lab Tests	1000	1997	
Text-Diagnosis	C	2560	Text--DX Proc--Op	1000	1997	
Text-Diagnosis	C	2570	Text--DX Proc--Path	1000	1997	
Text-Diagnosis	C	2580	Text--Primary Site Title	100	2006	
Text-Diagnosis	C	2590	Text--Histology Title	100	2006	
Text-Diagnosis	C	2600	Text--Staging	1000	1997	
Text-Treatment	C	2610	RX Text--Surgery	1000	2001	
Text-Treatment	C	2620	RX Text--Radiation (Beam)	1000	2006	
Text-Treatment	C	2630	RX Text--Radiation Other	1000	2006	
Text-Treatment	C	2640	RX Text--Chemo	1000	2006	
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	

Section	Data Opt	Item #	FCDS / NAACCR Item Name	Length	Year Start-End	NEW for 2022
Stage/Prognostic Factors	RH	2830	CS Lymph Nodes	3	2004-2015	
Stage/Prognostic Factors	RH	2840	CS Lymph Nodes Eval	1	2004-2015	
Stage/Prognostic Factors	RH	2850	CS Mets at DX	2	2004-2015	
Stage/Prognostic Factors		2851	CS Mets at Dx-Bone	1		
Stage/Prognostic Factors		2852	CS Mets at Dx-Brain	1		
Stage/Prognostic Factors		2853	CS Mets at Dx-Liver	1		
Stage/Prognostic Factors		2854	CS Mets at Dx-Lung	1		
Stage/Prognostic Factors	RH	2860	CS Mets Eval	1	2004-2015	
Stage/Prognostic Factors	RH	2861	CS Site-Specific Factor 7	3	2010-2017	
Stage/Prognostic Factors	RH	2862	CS Site-Specific Factor 8	3	2010-2017	
Stage/Prognostic Factors	RH	2863	CS Site-Specific Factor 9	3	2010-2017	
Stage/Prognostic Factors	RH	2864	CS Site-Specific Factor10	3	2010-2017	
Stage/Prognostic Factors	RH	2865	CS Site-Specific Factor11	3	2010-2017	
Stage/Prognostic Factors	RH	2866	CS Site-Specific Factor12	3	2010-2017	
Stage/Prognostic Factors	RH	2867	CS Site-Specific Factor13	3	2010-2017	
Stage/Prognostic Factors	RH	2868	CS Site-Specific Factor14	3	2010-2017	
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	

Section	Data Opt	Item #	FCDS / NAACCR Item Name	Length	Year Start-End	NEW for 2022
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	

Section	Data Opt	Item #	FCDS / NAACCR Item Name	Length	Year Start-End	NEW for 2022
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		
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		

Section	Data Opt	Item #	FCDS / NAACCR Item Name	Length	Year Start-End	NEW for 2022
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	

Section	Data Opt	Item #	FCDS / NAACCR Item Name	Length	Year Start-End	NEW for 2022
Stage/Prognostic Factors	D	3420	Derived AJCC-7 M	3	2004-2017	
Stage/Prognostic Factors	D	3422	Derived AJCC-7 M Descript	1	2004-2017	
Stage/Prognostic Factors	D	3430	Derived AJCC-7 Stage Grp	3	2004-2017	
Stage/Prognostic Factors		3440	Derived PreRx-7 T	3		
Stage/Prognostic Factors		3442	Derived PreRx-7 T Descrip	1		
Stage/Prognostic Factors		3450	Derived PreRx-7 N	3		
Stage/Prognostic Factors		3452	Derived PreRx-7 N Descrip	1		
Stage/Prognostic Factors		3460	Derived PreRx-7 M	3		
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		

Section	Data Opt	Item #	FCDS / NAACCR Item Name	Length	Year Start-End	NEW for 2022
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		
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		

Section	Data Opt	Item #	FCDS / NAACCR Item Name	Length	Year Start-End	NEW for 2022
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		3769	Over-ride CS 20	1		
Stage/Prognostic Factors		3780	Secondary Diagnosis 1	7		
Stage/Prognostic Factors		3782	Secondary Diagnosis 2	7		
Stage/Prognostic Factors		3784	Secondary Diagnosis 3	7		
Stage/Prognostic Factors		3786	Secondary Diagnosis 4	7		
Stage/Prognostic Factors		3788	Secondary Diagnosis 5	7		
Stage/Prognostic Factors		3790	Secondary Diagnosis 6	7		
Stage/Prognostic Factors		3792	Secondary Diagnosis 7	7		
Stage/Prognostic Factors		3794	Secondary Diagnosis 8	7		
Stage/Prognostic Factors		3796	Secondary Diagnosis 9	7		
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		

Section	Data Opt	Item #	FCDS / NAACCR Item Name	Length	Year Start-End	NEW for 2022
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		
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		

Section	Data Opt	Item #	FCDS / NAACCR Item Name	Length	Year Start-End	NEW for 2022
Stage/Prognostic Factors	C	3827	Estrogen Receptor Summary	1	2018	
Stage/Prognostic Factors		3828	Estrogen Receptor Total Allred Score	2		
Stage/Prognostic Factors	C	3829	Esophagus and EGJ Tumor Epicenter	1	2022	2022
Stage/Prognostic Factors		3830	Extranodal Extension Clin (non-Head and Neck)	1		
Stage/Prognostic Factors		3831	Extranodal Extension Head and Neck Clinical	1		
Stage/Prognostic Factors		3832	Extranodal Extension Head and Neck Pathological	3		
Stage/Prognostic Factors		3833	Extranodal Extension Path (non-Head and Neck)	1		
Stage/Prognostic Factors		3834	Extravascular Matrix Patterns	1		
Stage/Prognostic Factors	C	3835	Fibrosis Score	1	2018	
Stage/Prognostic Factors		3836	FIGO Stage	2		
Stage/Prognostic Factors		3837	Gestational Trophoblastic Prognostic Scoring Index	2		
Stage/Prognostic Factors	C	3838	Gleason Patterns Clinical	2	2021	
Stage/Prognostic Factors	C	3839	Gleason Patterns Pathological	2	2021	
Stage/Prognostic Factors	C	3840	Gleason Score Clinical	2	2021	
Stage/Prognostic Factors	C	3841	Gleason Score Pathological	2	2021	
Stage/Prognostic Factors		3842	hCG Post-orchiectomy Range	1		
Stage/Prognostic Factors	C	3842	Gleason Tertiary Pattern	2	2021	
Stage/Prognostic Factors	C	3843	Grade Clinical	1	2018	
Stage/Prognostic Factors	C	3844	Grade Pathological	1	2018	
Stage/Prognostic Factors	C	3845	Grade Post Therapy	1	2018	
Stage/Prognostic Factors		3846	hCG Post-orchiectomy Lab Value	7		
Stage/Prognostic Factors		3848	hCG Pre-orchiectomy Lab Value	7		
Stage/Prognostic Factors		3849	hCG Pre-orchiectomy Range	1		
Stage/Prognostic Factors		3850	HER2 IHC Summary	1		
Stage/Prognostic Factors		3851	HER2 ISH Dual Probe Copy Number	4		

Section	Data Opt	Item #	FCDS / NAACCR Item Name	Length	Year Start-End	NEW for 2022
Stage/Prognostic Factors		3852	HER2 ISH Dual Probe Ratio	4		
Stage/Prognostic Factors		3853	HER2 ISH Single Copy Number	4		
Stage/Prognostic Factors		3854	HER2 ISH Summary	1		
Stage/Prognostic Factors	C	3855	HER2 Overall Summary	1	2018	
Stage/Prognostic Factors		3856	Heritable Trait	1		
Stage/Prognostic Factors		3857	High Risk Cytogenetics	1		
Stage/Prognostic Factors		3858	High Risk Histologic Features	1		
Stage/Prognostic Factors		3859	HIV Status	1		
Stage/Prognostic Factors		3860	International Normalized Ratio Prothrombin Time	3		
Stage/Prognostic Factors		3861	Ipsilateral Adrenal Gland Involvement	1		
Stage/Prognostic Factors		3862	JAK2	1		
Stage/Prognostic Factors		3863	Ki-67	5		
Stage/Prognostic Factors		3864	Invasion Beyond Capsule	1		
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		

Section	Data Opt	Item #	FCDS / NAACCR Item Name	Length	Year Start-End	NEW for 2022
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		
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		

Section	Data Opt	Item #	FCDS / NAACCR Item Name	Length	Year Start-End	NEW for 2022
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		
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		

Section	Data Opt	Item #	FCDS / NAACCR Item Name	Length	Year Start-End	NEW for 2022
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		
Stage/Prognostic Factors	C	3956	p16	1	2022	2022
State/Requestor Items	C	9500	Historical #1: Sequence Number	2	2007	
State/Requestor Items	C	9501	Historical #1: DX Date	8	2007	
State/Requestor Items	C	9502	Historical #1: Primary Site	4	2007	
State/Requestor Items	C	9503	Historical #1: Morphology	4	2007	
State/Requestor Items	C	9504	Historical #1: Behavior	1	2007	
State/Requestor Items	C	9505	Historical #1: Laterality	1	2007	
State/Requestor Items	C	9506	Historical #1: Dx State *Abbreviation*	2	2007	
State/Requestor Items	C	9507	Historical #1: Dx County *FIPS*	3	2007	
State/Requestor Items	C	9508	Historical #1: CS SSF25 Discriminator	3	2010-2017	
State/Requestor Items	C	9509	Historical #1: Schema Discriminator 1	1	2018	
State/Requestor Items	C	9510	Historical #1: Schema Discriminator 2	1	2018	
State/Requestor Items	C	9511	Historical #1: Schema Discriminator 3	1	2018	
State/Requestor Items	C	9512	Historical #2: Sequence Number	2	2007	
State/Requestor Items	C	9513	Historical #2: DX Date	8	2007	
State/Requestor Items	C	9514	Historical #2: Primary Site	4	2007	
State/Requestor Items	C	9515	Historical #2: Morphology	4	2007	
State/Requestor Items	C	9516	Historical #2: Behavior	1	2007	
State/Requestor Items	C	9517	Historical #2: Laterality	1	2007	

Section	Data Opt	Item #	FCDS / NAACCR Item Name	Length	Year Start-End	NEW for 2022
State/Requestor Items	C	9518	Historical #2: Dx State *Abbreviation*	2	2007	
State/Requestor Items	C	9519	Historical #2: Dx County *FIPS*	3	2007	
State/Requestor Items	C	9520	Historical #2: CS SSF25 Discriminator	3	2010-2017	
State/Requestor Items	C	9521	Historical #2: Schema Discriminator 1	1	2018	
State/Requestor Items	C	9522	Historical #2: Schema Discriminator 2	1	2018	
State/Requestor Items	C	9523	Historical #2: Schema Discriminator 3	1	2018	
State/Requestor Items	C	9524	Historical #3: Sequence Number	2	2007	
State/Requestor Items	C	9525	Historical #3: DX Date	8	2007	
State/Requestor Items	C	9526	Historical #3: Primary Site	4	2007	
State/Requestor Items	C	9527	Historical #3: Morphology	4	2007	
State/Requestor Items	C	9528	Historical #3: Behavior	1	2007	
State/Requestor Items	C	9529	Historical #3: Laterality	1	2007	
State/Requestor Items	C	9530	Historical #3: Dx State *Abbreviation*	2	2007	
State/Requestor Items	C	9531	Historical #3: Dx County *FIPS*	3	2007	
State/Requestor Items	C	9532	Historical #3: CS SSF25 Discriminator	3	2010-2017	
State/Requestor Items	C	9533	Historical #3: Schema Discriminator 1	1	2018	
State/Requestor Items	C	9534	Historical #3: Schema Discriminator 2	1	2018	
State/Requestor Items	C	9535	Historical #3: Schema Discriminator 3	1	2018	
State/Requestor Items	C	9536	Historical #4: Sequence Number	2	2007	
State/Requestor Items	C	9537	Historical #4: DX Date	8	2007	
State/Requestor Items	C	9538	Historical #4: Primary Site	4	2007	
State/Requestor Items	C	9539	Historical #4: Morphology	4	2007	
State/Requestor Items	C	9540	Historical #4: Behavior	1	2007	
State/Requestor Items	C	9541	Historical #4: Laterality	1	2007	
State/Requestor Items	C	9542	Historical #4: Dx State *Abbreviation*	2	2007	
State/Requestor Items	C	9543	Historical #4: Dx County *FIPS*	3	2007	
State/Requestor Items	C	9544	Historical #4: CS SSF25 Discriminator	3	2010-2017	

Section	Data Opt	Item #	FCDS / NAACCR Item Name	Length	Year Start-End	NEW for 2022
State/Requestor Items	C	9545	Historical #4: Schema Discriminator 1	1	2018	
State/Requestor Items	C	9546	Historical #4: Schema Discriminator 2	1	2018	
State/Requestor Items	C	9547	Historical #4: Schema Discriminator 3	1	2018	
State/Requestor Items	C	9548	Historical #5: Sequence Number	2	2007	
State/Requestor Items	C	9549	Historical #5: DX Date	8	2007	
State/Requestor Items	C	9550	Historical #5: Primary Site	4	2007	
State/Requestor Items	C	9551	Historical #5: Morphology	4	2007	
State/Requestor Items	C	9552	Historical #5: Behavior	1	2007	
State/Requestor Items	C	9553	Historical #5: Laterality	1	2007	
State/Requestor Items	C	9554	Historical #5: Dx State *Abbreviation*	2	2007	
State/Requestor Items	C	9555	Historical #5: Dx County *FIPS*	3	2007	
State/Requestor Items	C	9556	Historical #5: CS SSF25 Discriminator	3	2010-2017	
State/Requestor Items	C	9557	Historical #5: Schema Discriminator 1	1	2018	
State/Requestor Items	C	9558	Historical #5: Schema Discriminator 2	1	2018	
State/Requestor Items	C	9559	Historical #5: Schema Discriminator 3	1	2018	
NPCR CER	C	9960	Height	2	2011	
NPCR CER	C	9961	Weight	3	2011	
NPCR CER		9965	Tobacco Use - Cigarette	1	2011-2021	
NPCR CER		9966	Tobacco Use - OthSmoke	1	2011-2021	
NPCR CER		9967	Tobacco Use - Smokeless Tob	1	2011-2021	
NPCR CER		9968	Tobacco Use - NOS	1	2011-2021	

Appendix H

2022 Site-Specific Data Items – Required by FCDS

https://apps.naaccr.org/ssdi/list/

Below is the short list of Site-Specific Data Items (SSDI) Required by FCDS for 2022.

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 – 2022 FCDS Required Site Specific Data Items (SSDIs)

Below is the short list of Site Specific Data Items (SSDI) Required by FCDS for 2022. FCDS requires only a small subset of the more than 150 SSDIs available for reporting compared to the Commission on Cancer Requirements of 150+ items. 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.naaccr.org/ssdi/list/

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

Core/Derived	Item #	Item Name	Length	Start Date
C	1068	Grade Post Therapy Clin (yc)	2	2021
D	3800	Schema ID	5	2018
C	3816	Brain Molecular Markers	2	2018
C	3817	Breslow Tumor Thickness	4	2018
C	3827	Estrogen Receptor Summary	1	2018
C	3829	Esophagus and EGJ Tumor Epicenter	1	2022
C	3835	Fibrosis Score	1	2018
C	3838	Gleason Patterns Clinical	2	2021
C	3839	Gleason Patterns Pathological	2	2021
C	3840	Gleason Score Clinical	2	2021
C	3841	Gleason Score Pathological	2	2021
C	3842	Gleason Tertiary Pattern	2	2021
C	3843	Grade Clinical	1	2018
C	3844	Grade Pathological	1	2018
C	3845	Grade Post Therapy Path (yp)	1	2018
C	3855	HER2 Overall Summary (breast)	1	2018
C	3890	Microsatellite Instability (MSI)	1	2018
C	3915	Progesterone Receptor Summary	1	2018
C	3920	PSA (Prostatic Specific Antigen) Lab Value	5	2018
C	3932	LDH Pretreatment Lab Value	7	2018
C	3956	P16 (cervix)	1	2022

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.

NOTE: Casefinding Lists for both ICD-9-CM and ICD-10-CM have been updated/added.

NOTE: The 2016 update includes expanded field size for existing ICD Code Entry to support ICD-10-CM Diagnosis Codes. This is the same data item as before, it is now is a 7-character data item. ICD-10-CM Diagnosis Codes to be used beginning with 10/1/2015 patient encounters. The updated field will support either ICD-9-CM or ICD-10-CM Codes. Codes should be left-justified to ensure proper placement of the Chapter Marker.

Tab separated file layout for uploads via FCDS IDEA

Field #	Item Name	Maximum Field Length
1.	FCDS Facility Number	4
2.	Patient ID / Medical Record	12
3.	Facility Name	4
4.	Patient Last Name	25
5.	Patient First Name	14
6.	Patient Social Security Number	9
7.	Patient Date of Birth (YYYYMMDD)	8
8.	Patient Sex	1
9.	Patient Race	2
10.	Patient State	2
11.	Patient Zip Code	5
12.	Patient Encounter Date (YYYYMMDD)	8
13.	ICD-9-CM or ICD-10-CM Diagnosis Code	7

File structure notes:

- Files must be in ASCII, with one CR/LF sequence at end of each record.
- Fields are separated by 1 tab character, beginning after field 1 and no tab after field 12. Since there are 12 fields, each record must have exactly 11 separating tabs. Files with extra/missing tabs - in any record - will be rejected.
- No embedded CR/LF, TABS other than as field separators, or other control characters in text fields.
- No quotes "" around fields, just data.
- Dates are in YYYYMMDD format – do not add "/" or "-". Dates will be validated (don't submit 99999999 or 20030229).
- No "Header" records with variable names, just data.
- All fields are required. Do not use blanks for missing information. Required fields that are missing/unknown, such as Sex, have codes for missing.
- Field lengths are the maximum allowed length for that field. Don't add extra trailing spaces to field.
- Files may be compressed before upload using the DOS/Windows ZIP compression standard. PKZIP or WINZIP are examples of programs that produce the correct compressed format.

DATA ITEM DESCRIPTIONS

Field#	Item Name	Maximum Field Length
1	FCDS Facility Number	4

This is a required data item containing the FCDS Facility number for your Radiation Center. Appendix A has a list of FCDS Facility numbers. Contact FCDS if your facility is not on this list.

Field#	Item Name	Maximum Field Length
2	Patient ID 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-9-CM or ICD-10-CM Diagnosis Code	7

This is a required data item containing the ICD-9-CM or ICD-10-CM Diagnosis Code associated with the patient encounter at your facility. The field will support either an ICD-9-CM Diagnosis Code (used through 9/30/2015 patient encounters) or an ICD-10-CM Diagnosis Code (used starting with 10/1/2015 patient encounters).

ICD-10-CM 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).

FOR A DETAILED LIST OF EVERY REPORTABLE ICD-10-CM CANCER CODE – SEE APPENDIX O

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
326	148
328	149
331	150
333	151
335	152
337	153
340	154
342	155
344	156
346	157
348	158
351	159
353	160
355	161
357	162
359	163
362	164
364	165
366	166
368	167
370	168

Appendix L

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 – 2022 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 – MUST INCLUDE SUBSITE	**MUST INCLUDE ANY AND ALL TREATMENT GIVEN AT ANY TX FACILITY**
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
Imaging, Endoscopys, Labs, Genetics, Path, etc.	RX Date – Hormone
	RX Summ – BRM/Immunotherapy - agents
Summary Stage 2021, Sept 2021 version	RX Date – BRM/Immunotherapy
You may also include AJCC TNM stage	RX Summ – Transplant/Endocrine - details
However, you still must document the	RX Date – Transplant/Endocrine
Rationale for why you assigned SS2018.	RX Summ – Other – include all details
There is no crosswalk from TNM to SS2018.	RX Date - Other
Therefore, it is important BOTH references are included – DO NOT JUST USE TNM IN TEXT.	Use the Grade Manual v2.1 for 2022 Cases Use the SSDI Manual v2.1 for 2022 Cases
ALWAYS DOCUMENT WHY THE PATIENT	***Include Patient History and Reason for Visit***
CAME TO THE FACILITY IN THE FIRST PLACE	***Unique or Unusual Characteristics***
AND WHY CLASS 32 CASES ARE REPORTED	***Specific Statements by Physicians***

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 3/15/2022 (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 – 2022 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 – 2022 FCDS TEXT DOCUMENTATION REQUIREMENTS

Text Data Item Name **NAACCR Item #** **Field Length**	**Text Documentation Source and Item Description** *FCDS Required Text Documentation – description of the minimum text required for this text field* **Example:**
Text - Physical Exam H&P NAACCR Item #2520 Field Length = 1000	Enter dates and text information from history and physical exams. *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, reason for admission. Every abstract should include a statement as to the reason for the patient encounter at your facility.* **Example: Hx RCC Rt Kidney – Dx 9/2019 in Georgia. Adm to this facility on 2/1/2021 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. *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* **Example: 4/12/21 (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. *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* **Example: 4/12/21 (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).** *Date(s) of Test(s), facility where test was performed, type of test(s), test results (value and assessment)* **Example: 4/12/21 (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. *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* **Example: 4/12/21 (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. *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* **Example: 2/5/21 (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 SS2021). Please document stage clearly. *Organs involved by direct extension, size of tumor, status of margins, sites of distant metastasis, special consideration for staging, overall stage, etc*. **Text for SSDI documentation if not under Labs**. **Example: 2/15/21 - T2aN1a per path, distant mets in lungs, ER/PR neg, HER2 neg by IHC method**

APPENDIX L – 2022 FCDS TEXT DOCUMENTATION REQUIREMENTS

Text Data Item Name **NAACCR Item #** **Field Length**	**Text Documentation Source and Item Description** *FCDS Required Text Documentation – description of the minimum text required for this text field* **Example:**
RX Text - Surgery NAACCR Item #2610 Field Length = 1000	Enter dates and text describing each surgical procedure(s) performed as part of 1st course treatment. *Treatment plan, date surgery performed, type of procedure, facility where surgery was performed* **Example: 2/15/21 (Hosp xyz) - rt breast mrm w/ax ln dissection**
RX Text **Radiation (Modality)** NAACCR Item #2620 Field Length = 1000	Enter dates and detailed information regarding radiation treatment for the tumor being reported. *Treatment Plan (if no treatment given), date treatment initiated/completed, facility where treatment administered, type of radiation, dose (if known)* **Example: 2/15/21-3/15/21 (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. *Date treatment initiated, facility/physician office where administered/prescribed, name of agent(s)/protocol, dose/cycle (if known), treatment plan(if known)* **Example: 2/15/21 (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. *Date treatment initiated, facility/physician office where administered/prescribed, name of hormone/anti-hormone agent or procedure, dose (if known), Treatment Plan* **Example: 2/15/21 (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. *Date treatment initiated, facility/physician office where administered/prescribed, name of BRM or immunotherapy agent or procedure, dose (if known), Treatment Plan,* **Example: 2/15/21 (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. Do not code pain medication for palliation in this data item contrary to CoC instructions. *Date treatment planned/initiated, name of other therapy, agent or procedure, dose (if known), facility where performed* **Example: 2/15/21 (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

20212 FCDS Casefinding List of Reportable Tumors

ICD-10-CM Code List

ICD-10-CM CASEFINDING LIST FOR REPORTABLE TUMORS – *Oct 1, 2021 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, 2021 for all hospitals.

ICD-10-CM	Description
C00.0 – C43.9	Malignant neoplasms
C44.13.1 – C44.13.92	Sebaceous Cell Carcinoma of Skin of Eyelid, Including Canthus
C45.0 – C96.9	Malignant neoplasms
C4A.0 – C4A.9	Merkel cell carcinoma
C49.A0 – C49.A9	GI stromal tumor
C7A.0 – C7A.8	Malignant carcinoid tumors
C84.A0 – C84.A9	Cutaneous T-cell lymphoma
C84.Z0 – C84.Z9	Other Mature T/NK-cell lymphoma
C91.A0 – C91.A2	Mature B-cell leukemia Burkitt-type
C91.Z0 – C91.Z2	Other lymphoid leukemia
C92.A0 – C92.A2	Acute myeloid leukemia with multi-lineage dysplasia
C92.Z0 – C92.Z2	Other myeloid leukemia
C93.Z0 – C93.Z2	Other monocytic leukemia
C96.A	Histiocytic sarcoma
C96.Z	Other specified malignant neoplasm of lymphoid, hematopoietic and related tissue
D00.0 – D09.9	Carcinoma in situ (exclude: skin, cervix and prostate– D04._, D06._ and D07.5)
D18.2	Hemangioma of intracranial structures
D32.0 – D32.9	Benign neoplasm of meninges (cerebral, spinal and unspecified)
D33.0 – D33.9	Benign neoplasm of brain and other parts of central nervous system
D35.2, D35.3, D35.4	Benign neoplasm of pituitary gland, craniopharyngeal duct and pineal gland
D42.0, D43.9	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)
D46.1 – D46.22, D46.4, D46.9	Myelodysplastic syndromes (9980, 9982, 9983, 9985, 9986, 9989, 9991, 9992)
D46.A – D46.Z	Other myelodysplastic syndromes
D47.02, D47.1-D47.9	Myeloproliferative diseases (9931, 9740, 9741, 9742, 9960, 9961, 9962, 9963, 9965, 9966, 9967, 9970, 9971, 9975, 9987)
D47.Z – D47.Z9	Post-transplant lymphoproliferative disorder (PTLD)
D49.6, D49.7	Neoplasm of unspecified behavior of brain, endocrine glands and other CNS
D72.110 – D72.1119	Hypereosinophilic Syndrome

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

Appendix O – Detailed ICD-10-CM CaseFinding List – 10/1/2021 forward
See Section I for Details on Required Reportable Neoplasms

CODE	NAME
C00	MALIGNANT NEOPLASM OF LIP
C00.0	Malignant neoplasm of external upper lip
C00.1	Malignant neoplasm of external lower lip
C00.2	Malignant neoplasm of external lip, unspecified
C00.3	Malignant neoplasm of upper lip, inner aspect
C00.4	Malignant neoplasm of lower lip, inner aspect
C00.5	Malignant neoplasm of lip, unspecified, inner aspect
C00.6	Malignant neoplasm of commissure of lip, unspecified
C00.8	Malignant neoplasm of overlapping sites of lip
C00.9	Malignant neoplasm of lip, unspecified
C01	MALIGNANT NEOPLASM OF BASE OF TONGUE
C02	MALIGNANT NEOPLASM OF OTHER AND UNSPECIFIED PARTS OF TONGUE
C02.0	Malignant neoplasm of dorsal surface of tongue
C02.1	Malignant neoplasm of border of tongue
C02.2	Malignant neoplasm of ventral surface of tongue
C02.3	Malignant neoplasm of anterior two-thirds of tongue, part unspecified
C02.4	Malignant neoplasm of lingual tonsil
C02.8	Malignant neoplasm of overlapping sites of tongue
C02.9	Malignant neoplasm of tongue, unspecified
C03	MALIGNANT NEOPLASM OF GUM
C03.0	Malignant neoplasm of upper gum
C03.1	Malignant neoplasm of lower gum
C03.9	Malignant neoplasm of gum, unspecified
C04	MALIGNANT NEOPLASM OF FLOOR OF MOUTH
C04.0	Malignant neoplasm of anterior floor of mouth
C04.1	Malignant neoplasm of lateral floor of mouth
C04.8	Malignant neoplasm of overlapping sites of floor of mouth
C04.9	Malignant neoplasm of floor of mouth, unspecified
C05	MALIGNANT NEOPLASM OF PALATE
C05.0	Malignant neoplasm of hard palate
C05.1	Malignant neoplasm of soft palate
C05.2	Malignant neoplasm of uvula
C05.8	Malignant neoplasm of overlapping sites of palate
C05.9	Malignant neoplasm of palate, unspecified
C06	MALIGNANT NEOPLASM OF OTHER AND UNSPECIFIED PARTS OF MOUTH
C06.0	Malignant neoplasm of cheek mucosa
C06.1	Malignant neoplasm of vestibule of mouth
C06.2	Malignant neoplasm of retromolar area
C06.8	Malignant neoplasm of overlapping sites of other and unspecified parts of mouth
C06.80	Malignant neoplasm of overlapping sites of unspecified parts of mouth
C06.89	Malignant neoplasm of overlapping sites of other parts of mouth
C06.9	Malignant neoplasm of mouth, unspecified
C07	MALIGNANT NEOPLASM OF PAROTID GLAND
C08	MALIGNANT NEOPLASM OF OTHER AND UNSPECIFIED MAJOR SALIVARY GLANDS

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CODE	NAME
C08.0	Malignant neoplasm of submandibular gland
C08.1	Malignant neoplasm of sublingual gland
C08.9	Malignant neoplasm of major salivary gland, unspecified
C09	MALIGNANT NEOPLASM OF TONSIL
C09.0	Malignant neoplasm of tonsillar fossa
C09.1	Malignant neoplasm of tonsillar pillar (anterior) (posterior)
C09.8	Malignant neoplasm of overlapping sites of tonsil
C09.9	Malignant neoplasm of tonsil, unspecified
C10	MALIGNANT NEOPLASM OF OROPHARYNX
C10.0	Malignant neoplasm of vallecula
C10.1	Malignant neoplasm of anterior surface of epiglottis
C10.2	Malignant neoplasm of lateral wall of oropharynx
C10.3	Malignant neoplasm of posterior wall of oropharynx
C10.4	Malignant neoplasm of branchial cleft
C10.8	Malignant neoplasm of overlapping sites of oropharynx
C10.9	Malignant neoplasm of oropharynx, unspecified
C11	MALIGNANT NEOPLASM OF NASOPHARYNX
C11.0	Malignant neoplasm of superior wall of nasopharynx
C11.1	Malignant neoplasm of posterior wall of nasopharynx
C11.2	Malignant neoplasm of lateral wall of nasopharynx
C11.3	Malignant neoplasm of anterior wall of nasopharynx
C11.8	Malignant neoplasm of overlapping sites of nasopharynx
C11.9	Malignant neoplasm of nasopharynx, unspecified
C12	MALIGNANT NEOPLASM OF PYRIFORM SINUS
C13	MALIGNANT NEOPLASM OF HYPOPHARYNX
C13.0	Malignant neoplasm of postcricoid region
C13.1	Malignant neoplasm aryepiglottic fold, hypopharyngeal aspect
C13.2	Malignant neoplasm of posterior wall of hypopharynx
C13.8	Malignant neoplasm of overlapping sites of hypopharynx
C13.9	Malignant neoplasm of hypopharynx, unspecified
C14	MALIGNANT NEOPLASM OF OTHER AND ILL-DEFINED SITES IN THE LIP, ORAL CAVITY AND PHARYNX
C14.0	Malignant neoplasm of pharynx, unspecified
C14.2	Malignant neoplasm of Waldeyer's ring
C14.8	Malignant neoplasm of overlapping sites of lip, oral cavity and pharynx
C15	MALIGNANT NEOPLASM OF ESOPHAGUS
C15.3	Malignant neoplasm of upper third of esophagus
C15.4	Malignant neoplasm of middle third of esophagus
C15.5	Malignant neoplasm of lower third of esophagus
C15.8	Malignant neoplasm of overlapping sites esophagus
C15.9	Malignant neoplasm of esophagus, unspecified
C16	MALIGNANT NEOPLASM OF STOMACH
C16.0	Malignant neoplasm of cardia
C16.1	Malignant neoplasm of fundus of stomach
C16.2	Malignant neoplasm of body of stomach

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CODE	NAME
C16.3	Malignant neoplasm of pyloric antrum
C16.4	Malignant neoplasm of pylorus
C16.5	Malignant neoplasm of lesser curvature of stomach, unspecified
C16.6	Malignant neoplasm of greater curvature of stomach, unspecified
C16.8	Malignant neoplasm of overlapping sites of stomach
C16.9	Malignant neoplasm of stomach, unspecified
C17	MALIGNANT NEOPLASM OF SMALL INTESTINE
C17.0	Malignant neoplasm of duodenum
C17.1	Malignant neoplasm of jejunum
C17.2	Malignant neoplasm of ileum
C17.3	Meckel's diverticulum, malignant
C17.8	Malignant neoplasm of overlapping sites of small intestine
C17.9	Malignant neoplasm of small intestine, unspecified
C18	MALIGNANT NEOPLASM OF COLON
C18.0	Malignant neoplasm of cecum
C18.1	Malignant neoplasm of appendix
C18.2	Malignant neoplasm of ascending colon
C18.3	Malignant neoplasm of hepatic flexure
C18.4	Malignant neoplasm of transverse colon
C18.5	Malignant neoplasm of splenic flexure
C18.6	Malignant neoplasm of descending colon
C18.7	Malignant neoplasm of sigmoid colon
C18.8	Malignant neoplasm of overlapping sites of colon
C18.9	Malignant neoplasm of colon, unspecified
C19	MALIGNANT NEOPLASM OF RECTOSIGMOID JUNCTION
C20	MALIGNANT NEOPLASM OF RECTUM
C21	MALIGNANT NEOPLASM OF ANUS AND ANAL CANAL
C21.0	Malignant neoplasm of anus, unspecified
C21.1	Malignant neoplasm of anal canal
C21.2	Malignant neoplasm of cloacogenic zone
C21.8	Malignant neoplasm of overlapping sites of rectum, anus and anal canal
C22	MALIGNANT NEOPLASM OF LIVER AND INTRAHEPATIC BILE DUCTS
C22.0	Liver cell carcinoma
C22.1	Intrahepatic bile duct carcinoma
C22.2	Hepatoblastoma
C22.3	Angiosarcoma of liver
C22.4	Other sarcomas of liver
C22.7	Other specified carcinomas of liver
C22.8	Malignant neoplasm of liver, primary, unspecified as to type
C22.9	Malignant neoplasm of liver, not specified as primary or secondary
C23	MALIGNANT NEOPLASM OF GALLBLADDER
C24	MALIGNANT NEOPLASM OF OTHER AND UNSPECIFIED PARTS OF BILIARY TRACT
C24.0	Malignant neoplasm of extrahepatic bile duct
C24.1	Malignant neoplasm of Ampulla of Vater

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CODE	NAME
C24.8	Malignant neoplasm of overlapping sites of biliary tract
C24.9	Malignant neoplasm of biliary tract, unspecified
C25	MALIGNANT NEOPLASM OF PANCREAS
C25.0	Malignant neoplasm of head of pancreas
C25.1	Malignant neoplasm of body of pancreas
C25.2	Malignant neoplasm of tail of pancreas
C25.3	Malignant neoplasm of pancreatic duct
C25.4	Malignant neoplasm of endocrine pancreas
C25.7	Malignant neoplasm of other parts of pancreas
C25.8	Malignant neoplasm of overlapping sites of pancreas
C25.9	Malignant neoplasm of pancreas, unspecified
C26	MALIGNANT NEOPLASM OF OTHER AND ILL-DEFINED DIGESTIVE ORGANS
C26.0	Malignant neoplasm of intestinal tract, part unspecified
C26.1	Malignant neoplasm of spleen
C26.9	Malignant neoplasm of ill-defined sites within the digestive system
C30	MALIGNANT NEOPLASM OF NASAL CAVITY AND MIDDLE EAR
C30.0	Malignant neoplasm of nasal cavity
C30.1	Malignant neoplasm of middle ear
C31	MALIGNANT NEOPLASM OF ACCESSORY SINUSES
C31.0	Malignant neoplasm of maxillary sinus
C31.1	Malignant neoplasm of ethmoidal sinus
C31.2	Malignant neoplasm of frontal sinus
C31.3	Malignant neoplasm of sphenoid sinus
C31.8	Malignant neoplasm of overlapping sites of accessory sinuses
C31.9	Malignant neoplasm of accessory sinus, unspecified
C32	MALIGNANT NEOPLASM OF LARYNX
C32.0	Malignant neoplasm of glottis
C32.1	Malignant neoplasm of supraglottis
C32.2	Malignant neoplasm of subglottis
C32.3	Malignant neoplasm of laryngeal cartilage
C32.8	Malignant neoplasm of overlapping sites of larynx
C32.9	Malignant neoplasm of larynx, unspecified
C33	MALIGNANT NEOPLASM OF TRACHEA
C34	MALIGNANT NEOPLASM OF BRONCHUS AND LUNG
C34.0	Malignant neoplasm of main bronchus
C34.00	Malignant neoplasm of unspecified main bronchus
C34.01	Malignant neoplasm of right main bronchus
C34.02	Malignant neoplasm of left main bronchus
C34.1	Malignant neoplasm of upper lobe, bronchus or lung
C34.10	Malignant neoplasm of upper lobe, unspecified bronchus or lung
C34.11	Malignant neoplasm of upper lobe, right bronchus or lung
C34.12	Malignant neoplasm of upper lobe, left bronchus or lung
C34.2	Malignant neoplasm of middle lobe, bronchus or lung
C34.3	Malignant neoplasm of lower lobe, bronchus or lung

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CODE	NAME
C34.30	Malignant neoplasm of lower lobe, unspecified bronchus or lung
C34.31	Malignant neoplasm of lower lobe, right bronchus or lung
C34.32	Malignant neoplasm of lower lobe, left bronchus or lung
C34.8	Malignant neoplasm of overlapping sites of bronchus and lung
C34.80	Malignant neoplasm of overlapping sites of unspecified bronchus and lung
C34.81	Malignant neoplasm of overlapping sites of right bronchus and lung
C34.82	Malignant neoplasm of overlapping sites of left bronchus and lung
C34.9	Malignant neoplasm of unspecified part of bronchus or lung
C34.90	Malignant neoplasm of unspecified part of unspecified bronchus or lung
C34.91	Malignant neoplasm of unspecified part of right bronchus or lung
C34.92	Malignant neoplasm of unspecified part of left bronchus or lung
C37	MALIGNANT NEOPLASM OF THYMUS
C38	MALIGNANT NEOPLASM OF HEART, MEDIASTINUM AND PLEURA
C38.0	Malignant neoplasm of heart
C38.1	Malignant neoplasm of anterior mediastinum
C38.2	Malignant neoplasm of posterior mediastinum
C38.3	Malignant neoplasm of mediastinum, part unspecified
C38.4	Malignant neoplasm of pleura
C38.8	Malignant neoplasm of overlapping sites of heart, mediastinum and pleura
C39	MALIGNANT NEOPLASM OF OTHER AND ILL-DEFINED SITES IN THE RESPIRATORY SYSTEM AND INTRATHORACIC ORGANS
C39.0	Malignant neoplasm of upper respiratory tract, part unspecified
C39.9	Malignant neoplasm of lower respiratory tract, part unspecified
C40	MALIGNANT NEOPLASM OF BONE AND ARTICULAR CARTILAGE OF LIMBS
C40.0	Malignant neoplasm of scapula and long bones of upper limb
C40.00	Malignant neoplasm of scapula and long bones of unspecified upper limb
C40.01	Malignant neoplasm of scapula and long bones of right upper limb
C40.02	Malignant neoplasm of scapula and long bones of left upper limb
C40.1	Malignant neoplasm of short bones of upper limb
C40.10	Malignant neoplasm of short bones of unspecified upper limb
C40.11	Malignant neoplasm of short bones of right upper limb
C40.12	Malignant neoplasm of short bones of left upper limb
C40.2	Malignant neoplasm of long bones of lower limb
C40.20	Malignant neoplasm of long bones of unspecified lower limb
C40.21	Malignant neoplasm of long bones of right lower limb
C40.22	Malignant neoplasm of long bones of left lower limb
C40.3	Malignant neoplasm of short bones of lower limb
C40.30	Malignant neoplasm of short bones of unspecified lower limb
C40.31	Malignant neoplasm of short bones of right lower limb
C40.32	Malignant neoplasm of short bones of left lower limb
C40.8	Malignant neoplasm of overlapping sites of bone and articular cartilage of limb
C40.80	Malignant neoplasm of overlapping sites of bone and articular cartilage of unspecified limb
C40.81	Malignant neoplasm of overlapping sites of bone and articular cartilage of right limb
C40.82	Malignant neoplasm of overlapping sites of bone and articular cartilage of left limb

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CODE	NAME
C40.9	Malignant neoplasm of unspecified bones and articular cartilage of limb
C40.90	Malignant neoplasm of unspecified bones and articular cartilage of unspecified limb
C40.91	Malignant neoplasm of unspecified bones and articular cartilage of right limb
C40.92	Malignant neoplasm of unspecified bones and articular cartilage of left limb
C41	MALIGNANT NEOPLASM OF BONE AND ARTICULAR CARTILAGE OF OTHER AND UNSPECIFIED SITES
C41.0	Malignant neoplasm of bones of skull and face
C41.1	Malignant neoplasm of mandible
C41.2	Malignant neoplasm of vertebral column
C41.3	Malignant neoplasm of ribs, sternum and clavicle
C41.4	Malignant neoplasm of pelvic bones, sacrum and coccyx
C41.9	Malignant neoplasm of unspecified bones and articular cartilage of limb
C43	MALIGNANT MELANOMA OF SKIN
C43.0	Malignant melanoma of lip
C43.1	Malignant melanoma of eyelid, including canthus
C43.10	Malignant melanoma of unspecified eyelid, including canthus
C43.11	Malignant melanoma of right eyelid, including canthus
C43.111	Malignant melanoma of right upper eyelid, including canthus
C43.112	Malignant melanoma of right lower eyelid, including canthus
C43.12	Malignant melanoma of left eyelid, including canthus
C43.121	Malignant melanoma of left upper eyelid, including canthus
C43.122	Malignant melanoma of left lower eyelid, including canthus
C43.2	Malignant melanoma of ear and external auricular canal
C43.20	Malignant melanoma of unspecified ear and external auricular canal
C43.21	Malignant melanoma of right ear and external auricular canal
C43.22	Malignant melanoma of left ear and external auricular canal
C43.3	Malignant melanoma of other and unspecified part of face
C43.30	Malignant melanoma of unspecified part of face
C43.31	Malignant melanoma of nose
C43.39	Malignant melanoma of other parts of face
C43.4	Malignant melanoma of scalp and neck
C43.5	Malignant melanoma of trunk
C43.51	Malignant melanoma of anal skin
C43.52	Malignant melanoma of skin of breast
C43.59	Malignant melanoma of other part of trunk
C43.6	Malignant melanoma of upper limb, including shoulder
C43.60	Malignant melanoma of unspecified upper limb, including shoulder
C43.61	Malignant melanoma of right upper limb, including shoulder
C43.62	Malignant melanoma of left upper limb, including shoulder
C43.7	Malignant melanoma of lower limb, including hip
C43.70	Malignant melanoma of unspecified lower limb, including hip
C43.71	Malignant melanoma of right lower limb, including hip
C43.72	Malignant melanoma of left lower limb, including hip
C43.8	Malignant melanoma of overlapping sites of skin
C43.9	Malignant melanoma of skin, unspecified

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CODE	NAME
C44.13	Sebaceous cell carcinoma of skin of eyelid, including canthus
C44.131	Sebaceous cell carcinoma of skin of unspecified eyelid, including canthus
C44.132	Sebaceous cell carcinoma of skin of right eyelid, including canthus
C44.1321	Sebaceous cell carcinoma of skin of right upper eyelid, including canthus
C44.1322	Sebaceous cell carcinoma of skin of right lower eyelid, including canthus
C44.139	Sebaceous cell carcinoma of skin of left eyelid, including canthus
C44.1391	Sebaceous cell carcinoma of skin of left upper eyelid, including canthus
C44.1392	Sebaceous cell carcinoma of skin of left lower eyelid, including canthus
C45	MESOTHELIOMA
C45.0	Mesothelioma of pleura
C45.1	Mesothelioma of peritoneum
C45.2	Mesothelioma of pericardium
C45.7	Mesothelioma of other sites
C45.9	Mesothelioma, unspecified
C46	KAPOSI'S SARCOMA
C46.0	Kaposi's sarcoma of skin
C46.1	Kaposi's sarcoma of soft tissue
C46.2	Kaposi's sarcoma of palate
C46.3	Kaposi's sarcoma of lymph nodes
C46.4	Kaposi’s sarcoma of gastrointestinal sites
C46.5	Kaposi’s sarcoma of lung
C46.50	Kaposi's sarcoma of unspecified lung
C46.51	Kaposi's sarcoma of right lung
C46.52	Kaposi's sarcoma of left lung
C46.7	Kaposi's sarcoma of other sites
C46.9	Kaposi's sarcoma, unspecified
C47	MALIGNANT NEOPLASM OF PERIPHERAL NERVES AND AUTONOMIC NERVOUS SYSTEM
C47.0	Malignant neoplasm of peripheral nerves of head, face and neck
C47.1	Malignant neoplasm of peripheral nerves of upper limb, including shoulder
C47.10	Malignant neoplasm of peripheral nerves of unspecified upper limb, including shoulder
C47.11	Malignant neoplasm of peripheral nerves of right upper limb, including shoulder
C47.12	Malignant neoplasm of peripheral nerves of left upper limb, including shoulder
C47.2	Malignant neoplasm of peripheral nerves of lower limb, including hip
C47.20	Malignant neoplasm of peripheral nerves of unspecified lower limb, including hip
C47.21	Malignant neoplasm of peripheral nerves of right lower limb, including hip
C47.22	Malignant neoplasm of peripheral nerves of left lower limb, including hip
C47.3	Malignant neoplasm of peripheral nerves of thorax
C47.4	Malignant neoplasm of peripheral nerves of abdomen
C47.5	Malignant neoplasm of peripheral nerves of pelvis
C47.6	Malignant neoplasm of peripheral nerves of trunk, unspecified
C47.8	Malignant neoplasm of overlapping sites of peripheral nerves and autonomic nervous system
C47.9	Malignant neoplasm of peripheral nerves and autonomic nervous system, unspecified
C48	MALIGNANT NEOPLASM OF RETROPERITONEUM AND PERITONEUM
C48.0	Malignant neoplasm of retroperitoneum

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CODE	NAME
C48.1	Malignant neoplasm of specified parts of peritoneum
C48.2	Malignant neoplasm of peritoneum, unspecified
C48.8	Malignant neoplasm of overlapping sites of retroperitoneum and peritoneum
C49	MALIGNANT NEOPLASM OF OTHER CONNECTIVE AND SOFT TISSUE
C49.0	Malignant neoplasm of connective and soft tissue of head, face and neck
C49.1	Malignant neoplasm of connective and soft tissue of upper limb, including shoulder
C49.10	Malignant neoplasm of connective and soft tissue of unspecified upper limb, including shoulder
C49.11	Malignant neoplasm of connective and soft tissue of right upper limb, including shoulder
C49.12	Malignant neoplasm of connective and soft tissue of left upper limb, including shoulder
C49.2	Malignant neoplasm of connective and soft tissue of lower limb, including hip
C49.20	Malignant neoplasm of connective and soft tissue of unspecified lower limb, including hip
C49.21	Malignant neoplasm of connective and soft tissue of right lower limb, including hip
C49.22	Malignant neoplasm of connective and soft tissue of left lower limb, including hip
C49.3	Malignant neoplasm of connective and soft tissue of thorax
C49.4	Malignant neoplasm of connective and soft tissue of abdomen
C49.5	Malignant neoplasm of connective and soft tissue of pelvis
C49.6	Malignant neoplasm of connective and soft tissue of trunk, unspecified
C49.8	Malignant neoplasm of overlapping sites of connective and soft tissue
C49.9	Malignant neoplasm of connective and soft tissue, unspecified
C49.A	Gastrointestinal stromal tumor
C49.A0	Gastrointestinal stromal tumor, unspecified site
C49.A1	Gastrointestinal stromal tumor of esophagus
C49.A2	Gastrointestinal stromal tumor of stomach
C49.A3	Gastrointestinal stromal tumor of small intestine
C49.A4	Gastrointestinal stromal tumor of large intestine
C49.A5	Gastrointestinal stromal tumor of rectum
C49.A9	Gastrointestinal stromal tumor of other site
C4A	MERKEL CELL CARCINOMA
C4A.0	Merkel cell carcinoma of lip
C4A.1	Merkel cell carcinoma of eyelid, including canthus
C4A.10	Merkel cell carcinoma of unspecified eyelid, including canthus
C4A.11	Merkel cell carcinoma of right eyelid, including canthus
C4A.111	Merkel cell carcinoma of right upper eyelid, including canthus
C4A.112	Merkel cell carcinoma of right lower eyelid, including canthus
C4A.12	Merkel cell carcinoma of left eyelid, including canthus
C4A.121	Merkel cell carcinoma of left upper eyelid, including canthus
C4A.122	Merkel cell carcinoma of left lower eyelid, including canthus
C4A.2	Merkel cell carcinoma of ear and external auricular canal
C4A.20	Merkel cell carcinoma of unspecified ear and external auricular canal
C4A.21	Merkel cell carcinoma of right ear and external auricular canal
C4A.22	Merkel cell carcinoma of left ear and external auricular canal
C4A.3	Merkel cell carcinoma of other and unspecified parts of face
C4A.30	Merkel cell carcinoma of unspecified part of face
C4A.31	Merkel cell carcinoma of nose

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CODE	NAME
C4A.39	Merkel cell carcinoma of other parts of face
C4A.4	Merkel cell carcinoma of scalp and neck
C4A.5	Merkel cell carcinoma of trunk
C4A.51	Merkel cell carcinoma of anal skin
C4A.52	Merkel cell carcinoma of skin of breast
C4A.59	Merkel cell carcinoma of other part of trunk
C4A.6	Merkel cell carcinoma of upper limb, including shoulder
C4A.60	Merkel cell carcinoma of unspecified upper limb, including shoulder
C4A.61	Merkel cell carcinoma of right upper limb, including shoulder
C4A.62	Merkel cell carcinoma of left upper limb, including shoulder
C4A.7	Merkel cell carcinoma of skin of lower limb, including hip
C4A.70	Merkel cell carcinoma of unspecified lower limb, including hip
C4A.71	Merkel cell carcinoma of right lower limb, including hip
C4A.72	Merkel cell carcinoma of left lower limb, including hip
C4A.8	Merkel cell carcinoma of overlapping sites
C4A.9	Merkel cell carcinoma, unspecified
C50	MALIGNANT NEOPLASM OF BREAST
C50.0	Malignant neoplasm of nipple and areola
C50.01	Malignant neoplasm of nipple and areola of breast, female
C50.011	Malignant neoplasm of nipple and areola, right female breast
C50.012	Malignant neoplasm of nipple and areola, left female breast
C50.019	Malignant neoplasm of nipple and areola, unspecified female breast
C50.02	Malignant neoplasm of nipple and areola of breast, male
C50.021	Malignant neoplasm of nipple and areola, right male breast
C50.022	Malignant neoplasm of nipple and areola, left male breast
C50.029	Malignant neoplasm of nipple and areola, unspecified male breast
C50.1	Malignant neoplasm of central portion of breast
C50.11	Malignant neoplasm of central portion of breast, female
C50.111	Malignant neoplasm of central portion of right female breast
C50.112	Malignant neoplasm of central portion of left female breast
C50.119	Malignant neoplasm of central portion of unspecified female breast
C50.12	Malignant neoplasm of central portion of breast, male
C50.121	Malignant neoplasm of central portion of right male breast
C50.122	Malignant neoplasm of central portion of left male breast
C50.129	Malignant neoplasm of central portion of unspecified male breast
C50.2	Malignant neoplasm of upper-inner quadrant of breast
C50.21	Malignant neoplasm of upper-inner quadrant of breast, female
C50.211	Malignant neoplasm of upper-inner quadrant of right female breast
C50.212	Malignant neoplasm of upper-inner quadrant of left female breast
C50.219	Malignant neoplasm of upper-inner quadrant of unspecified female breast
C50.22	Malignant neoplasm of upper-inner quadrant of breast, **male**
C50.221	Malignant neoplasm of upper-inner quadrant of right male breast
C50.222	Malignant neoplasm of upper-inner quadrant of left male breast
C50.229	Malignant neoplasm of upper-inner quadrant of unspecified male breast

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CODE	NAME
C50.3	Malignant neoplasm of lower-inner quadrant of breast
C50.31	Malignant neoplasm of lower-inner quadrant of breast, **female**
C50.311	Malignant neoplasm of lower-inner quadrant of right female breast
C50.312	Malignant neoplasm of lower-inner quadrant of left female breast
C50.319	Malignant neoplasm of lower-inner quadrant of unspecified female breast
C50.32	Malignant neoplasm of lower-inner quadrant of breast, **male**
C50.321	Malignant neoplasm of lower-inner quadrant of right male breast
C50.322	Malignant neoplasm of lower-inner quadrant of left male breast
C50.329	Malignant neoplasm of lower-inner quadrant of unspecified male breast
C50.4	Malignant neoplasm of upper-outer quadrant of breast
C50.41	Malignant neoplasm of upper-outer quadrant of breast, **female**
C50.411	Malignant neoplasm of upper-outer quadrant of right female breast
C50.412	Malignant neoplasm of upper-outer quadrant of left female breast
C50.419	Malignant neoplasm of upper-outer quadrant of unspecified female breast
C50.42	Malignant neoplasm of upper-outer quadrant of breast, **male**
C50.421	Malignant neoplasm of upper-outer quadrant of right male breast
C50.422	Malignant neoplasm of upper-outer quadrant of left male breast
C50.429	Malignant neoplasm of upper-outer quadrant of unspecified male breast
C50.5	Malignant neoplasm of lower-outer quadrant of breast
C50.51	Malignant neoplasm of lower-outer quadrant of breast, **female**
C50.511	Malignant neoplasm of lower-outer quadrant of right female breast
C50.512	Malignant neoplasm of lower-outer quadrant of left female breast
C50.519	Malignant neoplasm of lower-outer quadrant of unspecified female breast
C50.52	Malignant neoplasm of lower-outer quadrant of breast, **male**
C50.521	Malignant neoplasm of lower-outer quadrant of right male breast
C50.522	Malignant neoplasm of lower-outer quadrant of left male breast
C50.529	Malignant neoplasm of lower-outer quadrant of unspecified male breast
C50.6	Malignant neoplasm of axillary tail of breast
C50.61	Malignant neoplasm of axillary tail of breast, **female**
C50.611	Malignant neoplasm of axillary tail of right female breast
C50.612	Malignant neoplasm of axillary tail of left female breast
C50.619	Malignant neoplasm of axillary tail of unspecified female breast
C50.62	Malignant neoplasm of axillary tail of breast, **male**
C50.621	Malignant neoplasm of axillary tail of right male breast
C50.622	Malignant neoplasm of axillary tail of left male breast
C50.629	Malignant neoplasm of axillary tail of unspecified male breast
C50.8	Malignant neoplasm of overlapping sites of breast
C50.81	Malignant neoplasm of overlapping sites of breast, **female**
C50.811	Malignant neoplasm of overlapping sites of right female breast
C50.812	Malignant neoplasm of overlapping sites of left female breast
C50.819	Malignant neoplasm of overlapping sites of unspecified female breast
C50.82	Malignant neoplasm of overlapping sites of breast, **male**
C50.821	Malignant neoplasm of overlapping sites of right male breast
C50.822	Malignant neoplasm of overlapping sites of left male breast

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CODE	NAME
C50.829	Malignant neoplasm of overlapping sites of unspecified male breast
C50.9	Malignant neoplasm of breast of unspecified site
C50.91	Malignant neoplasm of breast of unspecified site of breast, **female**
C50.911	Malignant neoplasm of unspecified site of right female breast
C50.912	Malignant neoplasm of unspecified site of left female breast
C50.919	Malignant neoplasm of unspecified site of unspecified female breast
C50.92	Malignant neoplasm of breast of unspecified site of breast, **male**
C50.921	Malignant neoplasm of unspecified site of right male breast
C50.922	Malignant neoplasm of unspecified site of left male breast
C50.929	Malignant neoplasm of unspecified site of unspecified male breast
C51	MALIGNANT NEOPLASM OF VULVA
C51.0	Malignant neoplasm of labium majus
C51.1	Malignant neoplasm of labium minus
C51.2	Malignant neoplasm of clitoris
C51.8	Malignant neoplasm of other specified female genital organs
C51.9	Malignant neoplasm of vulva, unspecified
C52	MALIGNANT NEOPLASM OF VAGINA
C53	MALIGNANT NEOPLASM OF CERVIX UTERI
C53.0	Malignant neoplasm of endocervix
C53.1	Malignant neoplasm of exocervix
C53.8	Malignant neoplasm of overlapping sites of cervix uteri
C53.9	Malignant neoplasm of cervix uteri, unspecified
C54	MALIGNANT NEOPLASM OF CORPUS UTERI
C54.0	Malignant neoplasm of isthmus uteri
C54.1	Malignant neoplasm of endometrium
C54.2	Malignant neoplasm of myometrium
C54.3	Malignant neoplasm of fundus uteri
C54.8	Malignant neoplasm of overlapping sites of corpus uteri
C54.9	Malignant neoplasm of corpus uteri, unspecified
C55	MALIGNANT NEOPLASM OF UTERUS, PART UNSPECIFIED
C56	MALIGNANT NEOPLASM OF OVARY
C56.1	Malignant neoplasm of right ovary
C56.2	Malignant neoplasm of left ovary
C56.9	Malignant neoplasm of unspecified ovary
C57	MALIGNANT NEOPLASM OF OTHER AND UNSPECIFIED FEMALE GENITAL ORGANS
C57.0	Malignant neoplasm of fallopian tube
C57.00	Malignant neoplasm of unspecified fallopian tube
C57.01	Malignant neoplasm of right fallopian tube
C57.02	Malignant neoplasm of left fallopian tube
C57.1	Malignant neoplasm of broad ligament
C57.10	Malignant neoplasm of unspecified broad ligament
C57.11	Malignant neoplasm of right broad ligament
C57.12	Malignant neoplasm of left broad ligament
C57.2	Malignant neoplasm of round ligament

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CODE	NAME
C57.20	Malignant neoplasm of unspecified round ligament
C57.21	Malignant neoplasm of right round ligament
C57.22	Malignant neoplasm of left round ligament
C57.3	Malignant neoplasm of parametrium
C57.4	Malignant neoplasm of uterine adnexa, unspecified
C57.7	Malignant neoplasm of overlapping sites of vulva
C57.8	Malignant neoplasm of overlapping sites of female genital organs
C57.9	Malignant neoplasm of female genital organ, unspecified
C58	MALIGNANT NEOPLASM OF PLACENTA
C60	MALIGNANT NEOPLASM OF PENIS
C60.0	Malignant neoplasm of prepuce
C60.1	Malignant neoplasm of glans penis
C60.2	Malignant neoplasm of body of penis
C60.8	Malignant neoplasm of overlapping sites of penis
C60.9	Malignant neoplasm of penis, unspecified
C61	MALIGNANT NEOPLASM OF PROSTATE
C62	MALIGNANT NEOPLASM OF TESTIS
C62.0	Malignant neoplasm of undescended testis
C62.00	Malignant neoplasm of unspecified undescended testis
C62.01	Malignant neoplasm of undescended right testis
C62.02	Malignant neoplasm of undescended left testis
C62.1	Malignant neoplasm of descended testis
C62.10	Malignant neoplasm of unspecified descended testis
C62.11	Malignant neoplasm of descended right testis
C62.12	Malignant neoplasm of descended left testis
C62.9	Malignant neoplasm of testis, unspecified whether descended or undescended
C62.90	Malignant neoplasm of unspecified testis, unspecified whether descended or undescended
C62.91	Malignant neoplasm of right testis, unspecified whether descended or undescended
C62.92	Malignant neoplasm of left testis, unspecified whether descended or undescended
C63	MALIGNANT NEOPLASM OF OTHER AND UNSPECIFIED MALE GENITAL ORGANS
C63.0	Malignant neoplasm of epididymis
C63.00	Malignant neoplasm of unspecified epididymis
C63.01	Malignant neoplasm of right epididymis
C63.02	Malignant neoplasm of left epididymis
C63.1	Malignant neoplasm of spermatic cord
C63.10	Malignant neoplasm of unspecified spermatic cord
C63.11	Malignant neoplasm of right spermatic cord
C63.12	Malignant neoplasm of left spermatic cord
C63.2	Malignant neoplasm of scrotum
C63.7	Malignant neoplasm of other specified male genital organs
C63.8	Malignant neoplasm of overlapping sites of male genital organs
C63.9	Malignant neoplasm of male genital organ, unspecified
C64	MALIGNANT NEOPLASM OF KIDNEY, EXCEPT RENAL PELVIS
C64.1	Malignant neoplasm of right kidney, except renal pelvis

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CODE	NAME
C64.2	Malignant neoplasm of left kidney, except renal pelvis
C64.9	Malignant neoplasm of unspecified kidney, except renal pelvis
C65	MALIGNANT NEOPLASM OF RENAL PELVIS
C65.1	Malignant neoplasm of right renal pelvis
C65.2	Malignant neoplasm of left renal pelvis
C65.9	Malignant neoplasm of unspecified renal pelvis
C66	MALIGNANT NEOPLASM OF URETER
C66.1	Malignant neoplasm of right ureter
C66.2	Malignant neoplasm of left ureter
C66.9	Malignant neoplasm of unspecified ureter
C67	MALIGNANT NEOPLASM OF BLADDER
C67.0	Malignant neoplasm of trigone of bladder
C67.1	Malignant neoplasm of dome of bladder
C67.2	Malignant neoplasm of lateral wall of bladder
C67.3	Malignant neoplasm of anterior wall of bladder
C67.4	Malignant neoplasm of posterior wall of bladder
C67.5	Malignant neoplasm of bladder neck
C67.6	Malignant neoplasm of ureteric orifice
C67.7	Malignant neoplasm of urachus
C67.8	Malignant neoplasm of overlapping sites of bladder
C67.9	Malignant neoplasm of bladder, unspecified
C68	MALIGNANT NEOPLASM OF OTHER AND UNSPECIFIED URINARY ORGANS
C68.0	Malignant neoplasm of urethra
C68.1	Malignant neoplasm of paraurethral glands
C68.8	Malignant neoplasm of overlapping sites of urinary organs
C68.9	Malignant neoplasm of urinary organ, unspecified
C69	MALIGNANT NEOPLASM OF EYE AND ADNEXA
C69.0	Malignant neoplasm of conjunctiva
C69.00	Malignant neoplasm of unspecified conjunctiva
C69.01	Malignant neoplasm of right conjunctiva
C69.02	Malignant neoplasm of left conjunctiva
C69.1	Malignant neoplasm of cornea
C69.10	Malignant neoplasm of unspecified cornea
C69.11	Malignant neoplasm of right cornea
C69.12	Malignant neoplasm of left cornea
C69.2	Malignant neoplasm of retina
C69.20	Malignant neoplasm of unspecified retina
C69.21	Malignant neoplasm of right retina
C69.22	Malignant neoplasm of left retina
C69.3	Malignant neoplasm of choroid
C69.30	Malignant neoplasm of unspecified choroid
C69.31	Malignant neoplasm of right choroid
C69.32	Malignant neoplasm of left choroid
C69.4	Malignant neoplasm of ciliary body

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CODE	NAME
C69.40	Malignant neoplasm of unspecified ciliary body
C69.41	Malignant neoplasm of right ciliary body
C69.42	Malignant neoplasm of left ciliary body
C69.5	Malignant neoplasm of lacrimal gland and duct
C69.50	Malignant neoplasm of unspecified lacrimal gland and duct
C69.51	Malignant neoplasm of right lacrimal gland and duct
C69.52	Malignant neoplasm of left lacrimal gland and duct
C69.6	Malignant neoplasm of orbit
C69.60	Malignant neoplasm of unspecified orbit
C69.61	Malignant neoplasm of right orbit
C69.62	Malignant neoplasm of left orbit
C69.8	Malignant neoplasm of overlapping sites of eye and adnexa
C69.80	Malignant neoplasm of overlapping sites of unspecified eye and adnexa
C69.81	Malignant neoplasm of overlapping sites of right eye and adnexa
C69.82	Malignant neoplasm of overlapping sites of left eye and adnexa
C69.9	Malignant neoplasm of unspecified site of eye
C69.90	Malignant neoplasm of unspecified site of unspecified eye
C69.91	Malignant neoplasm of unspecified site of right eye
C69.92	Malignant neoplasm of unspecified site of left eye
C70	MALIGNANT NEOPLASM OF MENINGES
C70.0	Malignant neoplasm of cerebral meninges
C70.1	Malignant neoplasm of spinal meninges
C70.9	Malignant neoplasm of meninges, unspecified
C71	MALIGNANT NEOPLASM OF BRAIN
C71.0	Malignant neoplasm of cerebrum, except lobes and ventricles
C71.1	Malignant neoplasm of frontal lobe
C71.2	Malignant neoplasm of temporal lobe
C71.3	Malignant neoplasm of parietal lobe
C71.4	Malignant neoplasm of occipital lobe
C71.5	Malignant neoplasm of cerebral ventricle
C71.6	Malignant neoplasm of cerebellum
C71.7	Malignant neoplasm of brain stem
C71.8	Malignant neoplasm of overlapping sites of brain
C71.9	Malignant neoplasm of brain, unspecified
C72	MALIGNANT NEOPLASM OF SPINAL CORD, CRANIAL NERVES AND OTHER PARTS OF CENTRAL NERVOUS SYSTEM
C72.0	Malignant neoplasm of spinal cord
C72.1	Malignant neoplasm of cauda equina
C72.2	Malignant neoplasm of olfactory nerve
C72.20	Malignant neoplasm of unspecified olfactory nerve
C72.21	Malignant neoplasm of right olfactory nerve
C72.22	Malignant neoplasm of left olfactory nerve
C72.3	Malignant neoplasm of optic nerve
C72.30	Malignant neoplasm of unspecified optic nerve
C72.31	Malignant neoplasm of right optic nerve

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CODE	NAME
C72.32	Malignant neoplasm of left optic nerve
C72.4	Malignant neoplasm of acoustic nerve
C72.40	Malignant neoplasm of unspecified acoustic nerve
C72.41	Malignant neoplasm of right acoustic nerve
C72.42	Malignant neoplasm of left acoustic nerve
C72.5	Malignant neoplasm of other and unspecified cranial nerves
C72.50	Malignant neoplasm of unspecified cranial nerve
C72.59	Malignant neoplasm of other cranial nerves
C72.9	Malignant neoplasm of central nervous system, unspecified
C73	MALIGNANT NEOPLASM OF THYROID GLAND
C74	MALIGNANT NEOPLASM OF ADRENAL GLAND
C74.0	Malignant neoplasm of cortex of adrenal gland
C74.00	Malignant neoplasm of cortex of unspecified adrenal gland
C74.01	Malignant neoplasm of cortex of right adrenal gland
C74.02	Malignant neoplasm of cortex of left adrenal gland
C74.1	Malignant neoplasm of medulla of adrenal gland
C74.10	Malignant neoplasm of medulla of unspecified adrenal gland
C74.11	Malignant neoplasm of medulla of right adrenal gland
C74.12	Malignant neoplasm of medulla of left adrenal gland
C74.9	Malignant neoplasm of unspecified part of adrenal gland
C74.90	Malignant neoplasm of unspecified part of unspecified adrenal gland
C74.91	Malignant neoplasm of unspecified part of right adrenal gland
C74.92	Malignant neoplasm of unspecified part of left adrenal gland
C75	MALIGNANT NEOPLASM OF OTHER ENDOCRINE AND RELATED STRUCTURES
C75.0	Malignant neoplasm of parathyroid gland
C75.1	Malignant neoplasm of pituitary gland
C75.2	Malignant neoplasm of craniopharyngeal duct
C75.3	Malignant neoplasm of pineal gland
C75.4	Malignant neoplasm of carotid body
C75.5	Malignant neoplasm of aortic body and other paraganglia
C75.8	Malignant neoplasm with pluriglanduar involvement, unspecified
C75.9	Malignant neoplasm of endocrine gland, unspecified
C76	MALIGNANT NEOPLASM OF OTHER AND ILL-DEFINED SITES
C76.0	Malignant neoplasm of head, face and neck
C76.1	Malignant neoplasm of thorax
C76.2	Malignant neoplasm of abdomen
C76.3	Malignant neoplasm pelvis
C76.4	Malignant neoplasm of upper limb
C76.40	Malignant neoplasm of unspecified upper limb
C76.41	Malignant neoplasm of right upper limb
C76.42	Malignant neoplasm of left upper limb
C76.5	Malignant neoplasm of lower limb
C76.50	Malignant neoplasm of unspecified lower limb
C76.51	Malignant neoplasm of right lower limb

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CODE	NAME
C76.52	Malignant neoplasm of left lower limb
C76.8	Malignant neoplasm of overlapping sites of other and ill-defined sites
C7A	MALIGNANT NEUROENDOCRINE TUMORS
C7A.0	Malignant carcinoid tumors
C7A.00	Malignant carcinoid tumor of unspecified site
C7A.01	Malignant carcinoid tumors of the small intestine
C7A.010	Malignant carcinoid tumor of the duodenum
C7A.011	Malignant carcinoid tumor of the jejunum
C7A.012	Malignant carcinoid tumor of the ileum
C7A.019	Malignant carcinoid tumor of the small intestine, unspecified portion
C7A.02	Malignant carcinoid tumors of the appendix, large intestine, and rectum
C7A.020	Malignant carcinoid tumor of the appendix
C7A.021	Malignant carcinoid tumor of the cecum
C7A.022	Malignant carcinoid tumor of the ascending colon
C7A.023	Malignant carcinoid tumor of the transverse colon
C7A.024	Malignant carcinoid tumor of the descending colon
C7A.025	Malignant carcinoid tumor of the sigmoid colon
C7A.026	Malignant carcinoid tumor of the rectum
C7A.029	Malignant carcinoid tumor of the large intestine, unspecified portion
C7A.09	Malignant carcinoid tumors of others site
C7A.090	Malignant carcinoid tumor of the bronchus and lung
C7A.091	Malignant carcinoid tumor of thymus
C7A.092	Malignant carcinoid tumor of the stomach
C7A.093	Malignant carcinoid tumor of the kidney
C7A.094	Malignant carcinoid tumors of the foregut NOS
C7A.095	Malignant carcinoid tumors of the midgut NOS
C7A.096	Malignant carcinoid tumors of the hindgut NOS
C7A.098	Malignant carcinoid tumors of other sites
C7A.1	Malignant poorly differentiated neuroendocrine tumors
C7A.8	Other malignant neuroendocrine tumors
C80	MALIGNANT NEOPLASM WITHOUT SPECIFICATION OF SITE
C80.0	Disseminated malignant neoplasm, unspecified
C80.1	Malignant (primary) neoplasm, unspecified
C80.2	Malignant neoplasm associated with transplanted organ
C81	HODGKIN LYMPHOMA
C81.0	Nodular lymphocyte predominant Hodgkin lymphoma
C81.00	Nodular lymphocyte predominant Hodgkin lymphoma, unspecified site
C81.01	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.02	Nodular lymphocyte predominant Hodgkin lymphoma, intrathoracic lymph nodes
C81.03	Nodular lymphocyte predominant Hodgkin lymphoma, intra-abdominal lymph nodes
C81.04	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.05	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.06	Nodular lymphocyte predominant Hodgkin lymphoma, intrapelvic lymph nodes
C81.07	Nodular lymphocyte predominant Hodgkin lymphoma, spleen

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CODE	NAME
C81.08	Nodular lymphocyte predominant Hodgkin lymphoma, lymph nodes of multiple sites
C81.09	Nodular lymphocyte predominant Hodgkin lymphoma, extranodal and solid organ sites
C81.1	Nodular sclerosis classical Hodgkin lymphoma
C81.10	Nodular sclerosis classical Hodgkin lymphoma, unspecified site
C81.11	Nodular sclerosis classical Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.12	Nodular sclerosis classical Hodgkin lymphoma, intrathoracic lymph nodes
C81.13	Nodular sclerosis classical Hodgkin lymphoma, intra-abdominal lymph nodes
C81.14	Nodular sclerosis classical Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.15	Nodular sclerosis classical Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.16	Nodular sclerosis classical Hodgkin lymphoma, intrapelvic lymph nodes
C81.17	Nodular sclerosis classical Hodgkin lymphoma, spleen
C81.18	Nodular sclerosis classical Hodgkin lymphoma, lymph nodes of multiple sites
C81.19	Nodular sclerosis classical Hodgkin lymphoma, extranodal and solid organ sites
C81.2	Mixed cellularity classical Hodgkin lymphoma
C81.20	Mixed cellularity classical Hodgkin lymphoma, unspecified site
C81.21	Mixed cellularity classical Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.22	Mixed cellularity classical Hodgkin lymphoma, intrathoracic lymph nodes
C81.23	Mixed cellularity classical Hodgkin lymphoma, intra-abdominal lymph nodes
C81.24	Mixed cellularity classical Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.25	Mixed cellularity classical Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.26	Mixed cellularity classical Hodgkin lymphoma, intrapelvic lymph nodes
C81.27	Mixed cellularity classical Hodgkin lymphoma, spleen
C81.28	Mixed cellularity classical Hodgkin lymphoma, lymph nodes of multiple sites
C81.29	Mixed cellularity classical Hodgkin lymphoma, extranodal and solid organ sites
C81.3	Lymphocyte depleted classical Hodgkin lymphoma
C81.30	Lymphocyte depleted classical Hodgkin lymphoma, unspecified site
C81.31	Lymphocyte depleted classical Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.32	Lymphocyte depleted classical Hodgkin lymphoma, intrathoracic lymph nodes
C81.33	Lymphocyte depleted classical Hodgkin lymphoma, intra-abdominal lymph nodes
C81.34	Lymphocyte depleted classical Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.35	Lymphocyte depleted classical Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.36	Lymphocyte depleted classical Hodgkin lymphoma, intrapelvic lymph nodes
C81.37	Lymphocyte depleted classical Hodgkin lymphoma, spleen
C81.38	Lymphocyte depleted classical Hodgkin lymphoma, lymph nodes of multiple sites
C81.39	Lymphocyte depleted classical Hodgkin lymphoma, extranodal and solid organ sites
C81.4	Lymphocyte-rich classical Hodgkin lymphoma
C81.40	Lymphocyte-rich classical Hodgkin lymphoma, unspecified site
C81.41	Lymphocyte-rich classical Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.42	Lymphocyte-rich classical Hodgkin lymphoma, intrathoracic lymph nodes
C81.43	Lymphocyte-rich classical Hodgkin lymphoma, intra-abdominal lymph nodes
C81.44	Lymphocyte-rich classical Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.45	Lymphocyte-rich classical Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.46	Lymphocyte-rich classical Hodgkin lymphoma, intrapelvic lymph nodes
C81.47	Lymphocyte-rich classical Hodgkin lymphoma, spleen

CODE	NAME
C81.48	Lymphocyte-rich classical Hodgkin lymphoma, lymph nodes of multiple sites
C81.49	Lymphocyte-rich classical Hodgkin lymphoma, extranodal and solid organ sites
C81.7	Other classical Hodgkin lymphoma
C81.70	Other classical Hodgkin lymphoma, unspecified site
C81.71	Other classical Hodgkin lymphoma, lymph nodes of head, face, and neck
C81.72	Other classical Hodgkin lymphoma, intrathoracic lymph nodes
C81.73	Other classical Hodgkin lymphoma, intra-abdominal lymph nodes
C81.74	Other classical Hodgkin lymphoma, lymph nodes of axilla and upper limb
C81.75	Other classical Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C81.76	Other classical Hodgkin lymphoma, intrapelvic lymph nodes
C81.77	Other classical Hodgkin lymphoma, spleen
C81.78	Other classical Hodgkin lymphoma, lymph nodes of multiple sites
C81.79	Other classical Hodgkin lymphoma, extranodal and solid organ sites
C81.9	Hodgkin lymphoma, unspecified
C81.90	Hodgkin lymphoma, unspecified, unspecified site
C81.91	Hodgkin lymphoma, unspecified, lymph nodes of head, face, and neck
C81.92	Hodgkin lymphoma, unspecified, intrathoracic lymph nodes
C81.93	Hodgkin lymphoma, unspecified, intra-abdominal lymph nodes
C81.94	Hodgkin lymphoma, unspecified, lymph nodes of axilla and upper limb
C81.95	Hodgkin lymphoma, unspecified, lymph nodes of inguinal region and lower limb
C81.96	Hodgkin lymphoma, unspecified, intrapelvic lymph nodes
C81.97	Hodgkin lymphoma, unspecified, spleen
C81.98	Hodgkin lymphoma, unspecified, lymph nodes of multiple sites
C81.99	Hodgkin lymphoma, unspecified, extranodal and solid organ sites
C82	FOLLICULAR LYMPHOMA
C82.0	Follicular lymphoma grade I
C82.00	Follicular lymphoma grade I, unspecified site
C82.01	Follicular lymphoma grade I, lymph nodes of head, face, and neck
C82.02	Follicular lymphoma grade I, intrathoracic lymph nodes
C82.03	Follicular lymphoma grade I, intra-abdominal lymph nodes
C82.04	Follicular lymphoma grade I, lymph nodes of axilla and upper limb
C82.05	Follicular lymphoma grade I, lymph nodes of inguinal region and lower limb
C82.06	Follicular lymphoma grade I, intrapelvic lymph nodes
C82.07	Follicular lymphoma grade I, spleen
C82.08	Follicular lymphoma grade I, lymph nodes of multiple sites
C82.09	Follicular lymphoma grade I, extranodal and solid organ sites
C82.1	Follicular lymphoma grade II
C82.10	Follicular lymphoma grade II, unspecified site
C82.11	Follicular lymphoma grade II, lymph nodes of head, face, and neck
C82.12	Follicular lymphoma grade II, intrathoracic lymph nodes
C82.13	Follicular lymphoma grade II, intra-abdominal lymph nodes
C82.14	Follicular lymphoma grade II, lymph nodes of axilla and upper limb
C82.15	Follicular lymphoma grade II, lymph nodes of inguinal region and lower limb
C82.16	Follicular lymphoma grade II, intrapelvic lymph nodes

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CODE	NAME
C82.17	Follicular lymphoma grade II, spleen
C82.18	Follicular lymphoma grade II, lymph nodes of multiple sites
C82.19	Follicular lymphoma grade II, extranodal and solid organ sites
C82.2	Follicular lymphoma grade III, unspecified
C82.20	Follicular lymphoma grade III, unspecified, unspecified site
C82.21	Follicular lymphoma grade III, unspecified, lymph nodes of head, face, and neck
C82.22	Follicular lymphoma grade III, unspecified, intrathoracic lymph nodes
C82.23	Follicular lymphoma grade III, unspecified, intra-abdominal lymph nodes
C82.24	Follicular lymphoma grade III, unspecified, lymph nodes of axilla and upper limb
C82.25	Follicular lymphoma grade III, unspecified, lymph nodes of inguinal region and lower limb
C82.26	Follicular lymphoma grade III, unspecified, intrapelvic lymph nodes
C82.27	Follicular lymphoma grade III, unspecified, spleen
C82.28	Follicular lymphoma grade III, unspecified, lymph nodes of multiple sites
C82.29	Follicular lymphoma grade III, unspecified, extranodal and solid organ sites
C82.3	Follicular lymphoma grade IIIa
C82.30	Follicular lymphoma grade IIIa, unspecified site
C82.31	Follicular lymphoma grade IIIa, lymph nodes of head, face, and neck
C82.32	Follicular lymphoma grade IIIa, intrathoracic lymph nodes
C82.33	Follicular lymphoma grade IIIa, intra-abdominal lymph nodes
C82.34	Follicular lymphoma grade IIIa, lymph nodes of axilla and upper limb
C82.35	Follicular lymphoma grade IIIa, lymph nodes of inguinal region and lower limb
C82.36	Follicular lymphoma grade IIIa, intrapelvic lymph nodes
C82.37	Follicular lymphoma grade IIIa, spleen
C82.38	Follicular lymphoma grade IIIa, lymph nodes of multiple sites
C82.39	Follicular lymphoma grade IIIa, extranodal and solid organ sites
C82.4	Follicular lymphoma grade IIIb
C82.40	Follicular lymphoma grade IIIb, unspecified site
C82.41	Follicular lymphoma grade IIIb, lymph nodes of head, face, and neck
C82.42	Follicular lymphoma grade IIIb, intrathoracic lymph nodes
C82.43	Follicular lymphoma grade IIIb, intra-abdominal lymph nodes
C82.44	Follicular lymphoma grade IIIb, lymph nodes of axilla and upper limb
C82.45	Follicular lymphoma grade IIIb, lymph nodes of inguinal region and lower limb
C82.46	Follicular lymphoma grade IIIb, intrapelvic lymph nodes
C82.47	Follicular lymphoma grade IIIb, spleen
C82.48	Follicular lymphoma grade IIIb, lymph nodes of multiple sites
C82.49	Follicular lymphoma grade IIIb, extranodal and solid organ sites
C82.5	Diffuse follicle center lymphoma
C82.50	Diffuse follicle center lymphoma, unspecified site
C82.51	Diffuse follicle center lymphoma, lymph nodes of head, face, and neck
C82.52	Diffuse follicle center lymphoma, intrathoracic lymph nodes
C82.53	Diffuse follicle center lymphoma, intra-abdominal lymph nodes
C82.54	Diffuse follicle center lymphoma, lymph nodes of axilla and upper limb
C82.55	Diffuse follicle center lymphoma, lymph nodes of inguinal region and lower limb
C82.56	Diffuse follicle center lymphoma, intrapelvic lymph nodes

CODE	NAME
C82.57	Diffuse follicle center lymphoma, spleen
C82.58	Diffuse follicle center lymphoma, lymph nodes of multiple sites
C82.59	Diffuse follicle center lymphoma, extranodal and solid organ sites
C82.6	Cutaneous follicle center lymphoma
C82.60	Cutaneous follicle center lymphoma, unspecified site
C82.61	Cutaneous follicle center lymphoma, lymph nodes of head, face, and neck
C82.62	Cutaneous follicle center lymphoma, intrathoracic lymph nodes
C82.63	Cutaneous follicle center lymphoma, intra-abdominal lymph nodes
C82.64	Cutaneous follicle center lymphoma, lymph nodes of axilla and upper limb
C82.65	Cutaneous follicle center lymphoma, lymph nodes of inguinal region and lower limb
C82.66	Cutaneous follicle center lymphoma, intrapelvic lymph nodes
C82.67	Cutaneous follicle center lymphoma, spleen
C82.68	Cutaneous follicle center lymphoma, lymph nodes of multiple sites
C82.69	Cutaneous follicle center lymphoma, extranodal and solid organ sites
C82.8	Other types of follicular lymphoma
C82.80	Other types of follicular lymphoma, unspecified site
C82.81	Other types of follicular lymphoma, lymph nodes of head, face, and neck
C82.82	Other types of follicular lymphoma, intrathoracic lymph nodes
C82.83	Other types of follicular lymphoma, intra-abdominal lymph nodes
C82.84	Other types of follicular lymphoma, lymph nodes of axilla and upper limb
C82.85	Other types of follicular lymphoma, lymph nodes of inguinal region and lower limb
C82.86	Other types of follicular lymphoma, intrapelvic lymph nodes
C82.87	Other types of follicular lymphoma, spleen
C82.88	Other types of follicular lymphoma, lymph nodes of multiple sites
C82.89	Other types of follicular lymphoma, extranodal and solid organ sites
C82.9	Follicular lymphoma, unspecified
C82.90	Follicular lymphoma, unspecified, unspecified site
C82.91	Follicular lymphoma, unspecified, lymph nodes of head, face, and neck
C82.92	Follicular lymphoma, unspecified, intrathoracic lymph nodes
C82.93	Follicular lymphoma, unspecified, intra-abdominal lymph nodes
C82.94	Follicular lymphoma, unspecified, lymph nodes of axilla and upper limb
C82.95	Follicular lymphoma, unspecified, lymph nodes of inguinal region and lower limb
C82.96	Follicular lymphoma, unspecified, intrapelvic lymph nodes
C82.97	Follicular lymphoma, unspecified, spleen
C82.98	Follicular lymphoma, unspecified, lymph nodes of multiple sites
C82.99	Follicular lymphoma, unspecified, extranodal and solid organ sites
C83	NON-FOLLICULAR LYMPHOMA
C83.0	Small cell B-cell lymphoma
C83.00	Small cell B-cell lymphoma, unspecified site
C83.01	Small cell B-cell lymphoma, lymph nodes of head, face, and neck
C83.02	Small cell B-cell lymphoma, intrathoracic lymph nodes
C83.03	Small cell B-cell lymphoma, intra-abdominal lymph nodes
C83.04	Small cell B-cell lymphoma, lymph nodes of axilla and upper limb
C83.05	Small cell B-cell lymphoma, lymph nodes of inguinal region and lower limb

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CODE	NAME
C83.06	Small cell B-cell lymphoma, intrapelvic lymph nodes
C83.07	Small cell B-cell lymphoma, spleen
C83.08	Small cell B-cell lymphoma, lymph nodes of multiple sites
C83.09	Small cell B-cell lymphoma, extranodal and solid organ sites
C83.1	Mantle cell lymphoma
C83.10	Mantle cell lymphoma, unspecified site
C83.11	Mantle cell lymphoma, lymph nodes of head, face, and neck
C83.12	Mantle cell lymphoma, intrathoracic lymph nodes
C83.13	Mantle cell lymphoma, intra-abdominal lymph nodes
C83.14	Mantle cell lymphoma, lymph nodes of axilla and upper limb
C83.15	Mantle cell lymphoma, lymph nodes of inguinal region and lower limb
C83.16	Mantle cell lymphoma, intrapelvic lymph nodes
C83.17	Mantle cell lymphoma, spleen
C83.18	Mantle cell lymphoma, lymph nodes of multiple sites
C83.19	Mantle cell lymphoma, extranodal and solid organ sites
C83.3	Diffuse large B-cell lymphoma
C83.30	Diffuse large B-cell lymphoma, unspecified site
C83.31	Diffuse large B-cell lymphoma, lymph nodes of head, face, and neck
C83.32	Diffuse large B-cell lymphoma, intrathoracic lymph nodes
C83.33	Diffuse large B-cell lymphoma, intra-abdominal lymph nodes
C83.34	Diffuse large B-cell lymphoma, lymph nodes of axilla and upper limb
C83.35	Diffuse large B-cell lymphoma, lymph nodes of inguinal region and lower limb
C83.36	Diffuse large B-cell lymphoma, intrapelvic lymph nodes
C83.37	Diffuse large B-cell lymphoma, spleen
C83.38	Diffuse large B-cell lymphoma, lymph nodes of multiple sites
C83.39	Diffuse large B-cell lymphoma, extranodal and solid organ sites
C83.5	Lymphoblastic (diffuse) lymphoma
C83.50	Lymphoblastic (diffuse) lymphoma, unspecified site
C83.51	Lymphoblastic (diffuse) lymphoma, lymph nodes of head, face, and neck
C83.52	Lymphoblastic (diffuse) lymphoma, intrathoracic lymph nodes
C83.53	Lymphoblastic (diffuse) lymphoma, intra-abdominal lymph nodes
C83.54	Lymphoblastic (diffuse) lymphoma, lymph nodes of axilla and upper limb
C83.55	Lymphoblastic (diffuse) lymphoma, lymph nodes of inguinal region and lower limb
C83.56	Lymphoblastic (diffuse) lymphoma, intrapelvic lymph nodes
C83.57	Lymphoblastic (diffuse) lymphoma, spleen
C83.58	Lymphoblastic (diffuse) lymphoma, lymph nodes of multiple sites
C83.59	Lymphoblastic (diffuse) lymphoma, extranodal and solid organ sites
C83.7	Burkitt lymphoma
C83.70	Burkitt lymphoma, unspecified site
C83.71	Burkitt lymphoma, lymph nodes of head, face, and neck
C83.72	Burkitt lymphoma, intrathoracic lymph nodes
C83.73	Burkitt lymphoma, intra-abdominal lymph nodes
C83.74	Burkitt lymphoma, lymph nodes of axilla and upper limb
C83.75	Burkitt lymphoma, lymph nodes of inguinal region and lower limb

CODE	NAME
C83.76	Burkitt lymphoma, intrapelvic lymph nodes
C83.77	Burkitt lymphoma, spleen
C83.78	Burkitt lymphoma, lymph nodes of multiple sites
C83.79	Burkitt lymphoma, extranodal and solid organ sites
C83.8	Other non-follicular lymphoma
C83.80	Other non-follicular lymphoma, unspecified site
C83.81	Other non-follicular lymphoma, lymph nodes of head, face, and neck
C83.82	Other non-follicular lymphoma, intrathoracic lymph nodes
C83.83	Other non-follicular lymphoma, intra-abdominal lymph nodes
C83.84	Other non-follicular lymphoma, lymph nodes of axilla and upper limb
C83.85	Other non-follicular lymphoma, lymph nodes of inguinal region and lower limb
C83.86	Other non-follicular lymphoma, intrapelvic lymph nodes
C83.87	Other non-follicular lymphoma, spleen
C83.88	Other non-follicular lymphoma, lymph nodes of multiple sites
C83.89	Other non-follicular lymphoma, extranodal and solid organ sites
C83.9	Non-follicular (diffuse) lymphoma, unspecified
C83.90	Non-follicular (diffuse) lymphoma, unspecified, unspecified site
C83.91	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of head, face, and neck
C83.92	Non-follicular (diffuse) lymphoma, unspecified, intrathoracic lymph nodes
C83.93	Non-follicular (diffuse) lymphoma, unspecified, intra-abdominal lymph nodes
C83.94	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of axilla and upper limb
C83.95	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of inguinal region and lower limb
C83.96	Non-follicular (diffuse) lymphoma, unspecified, intrapelvic lymph nodes
C83.97	Non-follicular (diffuse) lymphoma, unspecified, spleen
C83.98	Non-follicular (diffuse) lymphoma, unspecified, lymph nodes of multiple sites
C83.99	Non-follicular (diffuse) lymphoma, unspecified, extranodal and solid organ sites
C84	MATURE T/NK-CELL LYMPHOMAS
C84.0	Mycosis fungoides
C84.00	Mycosis fungoides, unspecified site
C84.01	Mycosis fungoides, lymph nodes of head, face, and neck
C84.02	Mycosis fungoides, intrathoracic lymph nodes
C84.03	Mycosis fungoides, intra-abdominal lymph nodes
C84.04	Mycosis fungoides, lymph nodes of axilla and upper limb
C84.05	Mycosis fungoides, lymph nodes of inguinal region and lower limb
C84.06	Mycosis fungoides, intrapelvic lymph nodes
C84.07	Mycosis fungoides, spleen
C84.08	Mycosis fungoides, lymph nodes of multiple sites
C84.09	Mycosis fungoides, extranodal and solid organ sites
C84.1	Sezary's disease
C84.10	Sezary disease, unspecified site
C84.11	Sezary disease, lymph nodes of head, face, and neck
C84.12	Sezary disease, intrathoracic lymph nodes
C84.13	Sezary disease, intra-abdominal lymph nodes
C84.14	Sezary disease, lymph nodes of axilla and upper limb

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CODE	NAME
C84.15	Sezary disease, lymph nodes of inguinal region and lower limb
C84.16	Sezary disease, intrapelvic lymph nodes
C84.17	Sezary disease, spleen
C84.18	Sezary disease, lymph nodes of multiple sites
C84.19	Sezary disease, extranodal and solid organ sites
C84.4	Peripheral T-cell lymphoma, not classified
C84.40	Peripheral T-cell lymphoma, not classified, unspecified site
C84.41	Peripheral T-cell lymphoma, not classified, lymph nodes of head, face, and neck
C84.42	Peripheral T-cell lymphoma, not classified, intrathoracic lymph nodes
C84.43	Peripheral T-cell lymphoma, not classified, intra-abdominal lymph nodes
C84.44	Peripheral T-cell lymphoma, not classified, lymph nodes of axilla and upper limb
C84.45	Peripheral T-cell lymphoma, not classified, lymph nodes of inguinal region and lower limb
C84.46	Peripheral T-cell lymphoma, not classified, intrapelvic lymph nodes
C84.47	Peripheral T-cell lymphoma, not classified, spleen
C84.48	Peripheral T-cell lymphoma, not classified, lymph nodes of multiple sites
C84.49	Peripheral T-cell lymphoma, not classified, extranodal and solid organ sites
C84.6	Anaplastic large cell lymphoma, ALK-positive
C84.60	Anaplastic large cell lymphoma, ALK-positive, unspecified site
C84.61	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of head, face, and neck
C84.62	Anaplastic large cell lymphoma, ALK-positive, intrathoracic lymph nodes
C84.63	Anaplastic large cell lymphoma, ALK-positive, intra-abdominal lymph nodes
C84.64	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of axilla and upper limb
C84.65	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of inguinal region and lower limb
C84.66	Anaplastic large cell lymphoma, ALK-positive, intrapelvic lymph nodes
C84.67	Anaplastic large cell lymphoma, ALK-positive, spleen
C84.68	Anaplastic large cell lymphoma, ALK-positive, lymph nodes of multiple sites
C84.69	Anaplastic large cell lymphoma, ALK-positive, extranodal and solid organ sites
C84.7	Anaplastic large cell lymphoma, ALK-negative
C84.70	Anaplastic large cell lymphoma, ALK-negative, unspecified site
C84.71	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of head, face, and neck
C84.72	Anaplastic large cell lymphoma, ALK-negative, intrathoracic lymph nodes
C84.73	Anaplastic large cell lymphoma, ALK-negative, intra-abdominal lymph nodes
C84.74	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of axilla and upper limb
C84.75	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of inguinal region and lower limb
C84.76	Anaplastic large cell lymphoma, ALK-negative, intrapelvic lymph nodes
C84.77	Anaplastic large cell lymphoma, ALK-negative, spleen
C84.78	Anaplastic large cell lymphoma, ALK-negative, lymph nodes of multiple sites
C84.79	Anaplastic large cell lymphoma, ALK-negative, extranodal and solid organ sites
C84.9	Mature T/NK-cell lymphomas, unspecified
C84.90	Mature T/NK-cell lymphomas, unspecified, unspecified site
C84.91	Mature T/NK-cell lymphomas, unspecified, lymph nodes of head, face, and neck
C84.92	Mature T/NK-cell lymphomas, unspecified, intrathoracic lymph nodes
C84.93	Mature T/NK-cell lymphomas, unspecified, intra-abdominal lymph nodes
C84.94	Mature T/NK-cell lymphomas, unspecified, lymph nodes of axilla and upper limb

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CODE	NAME
C84.95	Mature T/NK-cell lymphomas, unspecified, lymph nodes of inguinal region and lower limb
C84.96	Mature T/NK-cell lymphomas, unspecified, intrapelvic lymph nodes
C84.97	Mature T/NK-cell lymphomas, unspecified, spleen
C84.98	Mature T/NK-cell lymphomas, unspecified, lymph nodes of multiple sites
C84.99	Mature T/NK-cell lymphomas, unspecified, extranodal and solid organ sites
C84.A	Cutaneous T-cell lymphoma, unspecified
C84.A0	Cutaneous T-cell lymphoma, unspecified, unspecified site
C84.A1	Cutaneous T-cell lymphoma, unspecified lymph nodes of head, face, and neck
C84.A2	Cutaneous T-cell lymphoma, unspecified, intrathoracic lymph nodes
C84.A3	Cutaneous T-cell lymphoma, unspecified, intra-abdominal lymph nodes
C84.A4	Cutaneous T-cell lymphoma, unspecified, lymph nodes of axilla and upper limb
C84.A5	Cutaneous T-cell lymphoma, unspecified, lymph nodes of inguinal region and lower limb
C84.A6	Cutaneous T-cell lymphoma, unspecified, intrapelvic lymph nodes
C84.A7	Cutaneous T-cell lymphoma, unspecified, spleen
C84.A8	Cutaneous T-cell lymphoma, unspecified, lymph nodes of multiple sites
C84.A9	Cutaneous T-cell lymphoma, unspecified, extranodal and solid organ sites
C84.Z	Other mature T/NK-cell lymphomas
C84.Z0	Other mature T/NK-cell lymphomas, unspecified site
C84.Z1	Other mature T/NK-cell lymphomas, lymph nodes of head, face, and neck
C84.Z2	Other mature T/NK-cell lymphomas, intrathoracic lymph nodes
C84.Z3	Other mature T/NK-cell lymphomas, intra-abdominal lymph nodes
C84.Z4	Other mature T/NK-cell lymphomas, lymph nodes of axilla and upper limb
C84.Z5	Other mature T/NK-cell lymphomas, lymph nodes of inguinal region and lower limb
C84.Z6	Other mature T/NK-cell lymphomas, intrapelvic lymph nodes
C84.Z7	Other mature T/NK-cell lymphomas, spleen
C84.Z8	Other mature T/NK-cell lymphomas, lymph nodes of multiple sites
C84.Z9	Other mature T/NK-cell lymphomas, extranodal and solid organ sites
C85	OTHER SPECIFIED AND UNSPECIFIED TYPES OF NON- HODGKIN LYMPHOMA
C85.1	B-cell lymphoma, unspecified
C85.10	Unspecified B-cell lymphoma, unspecified site
C85.11	Unspecified B-cell lymphoma, lymph nodes of head, face, and neck
C85.12	Unspecified B-cell lymphoma, intrathoracic lymph nodes
C85.13	Unspecified B-cell lymphoma, intra-abdominal lymph nodes
C85.14	Unspecified B-cell lymphoma, lymph nodes of axilla and upper limb
C85.15	Unspecified B-cell lymphoma, lymph nodes of inguinal region and lower limb
C85.16	Unspecified B-cell lymphoma, intrapelvic lymph nodes
C85.17	Unspecified B-cell lymphoma, spleen
C85.18	Unspecified B-cell lymphoma, lymph nodes of multiple sites
C85.19	Unspecified B-cell lymphoma, extranodal and solid organ sites
C85.2	Mediastinal (thymic) large B-cell lymphoma
C85.20	Mediastinal (thymic) large B-cell lymphoma, unspecified site
C85.21	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of head, face, and neck
C85.22	Mediastinal (thymic) large B-cell lymphoma, intrathoracic lymph nodes
C85.23	Mediastinal (thymic) large B-cell lymphoma, intra-abdominal lymph nodes

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CODE	NAME
C85.24	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of axilla and upper limb
C85.25	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of inguinal region and lower limb
C85.26	Mediastinal (thymic) large B-cell lymphoma, intrapelvic lymph nodes
C85.27	Mediastinal (thymic) large B-cell lymphoma, spleen
C85.28	Mediastinal (thymic) large B-cell lymphoma, lymph nodes of multiple sites
C85.29	Mediastinal (thymic) large B-cell lymphoma, extranodal and solid organ sites
C85.8	Other specified types of non-Hodgkin lymphoma
C85.80	Other specified types of non-Hodgkin lymphoma, unspecified site
C85.81	Other specified types of non-Hodgkin lymphoma, lymph nodes of head, face, and neck
C85.82	Other specified types of non-Hodgkin lymphoma, intrathoracic lymph nodes
C85.83	Other specified types of non-Hodgkin lymphoma, intra-abdominal lymph nodes
C85.84	Other specified types of non-Hodgkin lymphoma, lymph nodes of axilla and upper limb
C85.85	Other specified types of non-Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C85.86	Other specified types of non-Hodgkin lymphoma, intrapelvic lymph nodes
C85.87	Other specified types of non-Hodgkin lymphoma, spleen
C85.88	Other specified types of non-Hodgkin lymphoma, lymph nodes of multiple sites
C85.89	Other specified types of non-Hodgkin lymphoma, extranodal and solid organ sites
C85.9	Non-Hodgkin lymphoma, unspecified
C85.90	Non-Hodgkin lymphoma, unspecified site
C85.91	Non-Hodgkin lymphoma, lymph nodes of head, face, and neck
C85.92	Non-Hodgkin lymphoma, intrathoracic lymph nodes
C85.93	Non-Hodgkin lymphoma, intra-abdominal lymph nodes
C85.94	Non-Hodgkin lymphoma, lymph nodes of axilla and upper limb
C85.95	Non-Hodgkin lymphoma, lymph nodes of inguinal region and lower limb
C85.96	Non-Hodgkin lymphoma, intrapelvic lymph nodes
C85.97	Non-Hodgkin lymphoma, spleen
C85.98	Non-Hodgkin lymphoma, lymph nodes of multiple sites
C85.99	Non-Hodgkin lymphoma, extranodal and solid organ sites
C86	OTHER SPECIFIED TYPES OF T/NK-CELL LYMPHOMA
C86.0	Extranodal NK/T-cell lymphoma, nasal type
C86.1	Hepatosplenic T-cell lymphoma
C86.2	Enteropathy-type (intestinal) T-cell lymphoma
C86.3	Subcutaneous panniculitis-like T-cell lymphoma
C86.4	Blastic NK-cell lymphoma
C86.5	Angioimmunoblastic T-cell lymphoma
C86.6	Primary cutaneous CD30-positive T-cell proliferation
C88	MALIGNANT IMMUNOPROLIFERATIVE DISEASES AND CERTAIN OTHER B-CELL LYMPHOMAS
C88.0	Waldenstrom's macroglobulinemia
C88.2	Heavy chain disease
C88.3	Immunoproliferative small intestinal diseases
C88.4	Extranodal marginal zone B-cell lymphoma of mucosa-associated lymphoid tissue [MALT-lymphoma]
C88.8	Other malignant immunoproliferative diseases
C88.9	Malignant immunoproliferative disease, unspecified
C90	MULTIPLE MYELOMA AND MALIGNANT PLASMA CELL NEOPLASMS

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CODE	NAME
C90.0	Multiple myeloma
C90.00	Multiple myeloma not having achieved remission
C90.01	Multiple myeloma in remission
C90.02	Multiple myeloma in relapse
C90.1	Plasma cell leukemia
C90.10	Plasma cell leukemia not having achieved remission
C90.11	Plasma cell leukemia in remission
C90.12	Plasma cell leukemia in relapse
C90.2	Extramedullary plasmacytoma
C90.20	Extramedullary plasmacytoma not having achieved remission
C90.21	Extramedullary plasmacytoma in remission
C90.22	Extramedullary plasmacytoma in relapse
C90.3	Solitary plasmacytoma
C90.30	Solitary plasmacytoma not having achieved remission
C90.31	Solitary plasmacytoma in remission
C90.32	Solitary plasmacytoma in relapse
C91	LYMPHOID LEUKEMIA
C91.0	Acute lymphoblastic leukemia [ALL]
C91.00	Acute lymphoblastic leukemia not having achieved remission
C91.01	Acute lymphoblastic leukemia, in remission
C91.02	Acute lymphoblastic leukemia, in relapse
C91.1	Chronic lymphocytic leukemia of B-cell type
C91.10	Chronic lymphocytic leukemia of B-cell type not having achieved remission
C91.11	Chronic lymphocytic leukemia of B-cell type in remission
C91.12	Chronic lymphocytic leukemia of B-cell type in relapse
C91.3	Prolymphocytic leukemia of B-cell type
C91.30	Prolymphocytic leukemia of B-cell type not having achieved remission
C91.31	Prolymphocytic leukemia of B-cell type, in remission
C91.32	Prolymphocytic leukemia of B –cell type, in relapse
C91.4	Hairy cell leukemia
C91.40	Hairy cell leukemia not having achieved remission
C91.41	Hairy cell leukemia, in remission
C91.42	Hairy cell leukemia, in relapse
C91.5	Adult T-cell lymphoma/leukemia (HTLV-1 associated) Prolymphocytic leukemia of T-cell type
C91.50	Adult T-cell lymphoma/leukemia (HTLV-1-associated) not having achieved remission
C91.51	Adult T-cell lymphoma/leukemia (HTLV-1-associated) in remission
C91.52	Adult T-cell lymphoma/leukemia (HTLV-1-associated) in relapse
C91.6	Prolymphocytic leukemia of T-cell type
C91.60	Prolymphocytic leukemia of T-cell type not having achieved remission
C91.61	Prolymphocytic leukemia of T-cell type, in remission
C91.62	Prolymphocytic leukemia of T –cell type, in relapse
C91.9	Lymphoid leukemia, unspecified
C91.90	Lymphoid leukemia, unspecified not having achieved remission
C91.91	Lymphoid leukemia, unspecified, in remission

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CODE	NAME
C91.92	Lymphoid leukemia, unspecified, in relapse
C91.A	Mature B-cell leukemia Burkitt-type
C91.A0	Mature B-cell leukemia Burkitt-type not having achieved remission
C91.A1	Mature B-cell leukemia Burkitt-type, in remission
C91.A2	Mature B-cell leukemia Burkitt-type, in relapse
C91.Z	Other lymphoid leukemia
C91.Z0	Other lymphoid leukemia not having achieved remission
C91.Z1	Other lymphoid leukemia, in remission
C91.Z2	Other lymphoid leukemia, in relapse
C92	MYELOID LEUKEMIA
C92.0	Acute myeloblastic leukemia
C92.00	Acute myeloblastic leukemia, not having achieved remission
C92.01	Acute myeloblastic leukemia, in remission
C92.02	Acute myeloblastic leukemia, in relapse
C92.1	Chronic myeloid leukemia, BCR/ABL-positive
C92.10	Chronic myeloid leukemia, BCR/ABL-positive, not having achieved remission
C92.11	Chronic myeloid leukemia, BCR/ABL-positive, in remission
C92.12	Chronic myeloid leukemia, BCR/ABL-positive, in relapse
C92.2	Atypical chronic myeloid leukemia, BCR/ABL-negative
C92.20	Atypical chronic myeloid leukemia, BCR/ABL-negative not having achieved remission
C92.21	Atypical chronic myeloid leukemia, BCR/ABL-negative, in remission
C92.22	Atypical chronic myeloid leukemia, BCR/ABL-negative, in relapse
C92.3	Myeloid sarcoma
C92.30	Myeloid sarcoma, not having achieved remission
C92.31	Myeloid sarcoma, in remission
C92.32	Myeloid sarcoma, in relapse
C92.4	Acute promyelocytic leukemia
C92.40	Acute promyelocytic leukemia, not having achieved remission
C92.41	Acute promyelocytic leukemia, in remission
C92.42	Acute promyelocytic leukemia, in relapse
C92.5	Acute myelomonocytic leukemia
C92.50	Acute myelomonocytic leukemia, not having achieved remission
C92.51	Acute myelomonocytic in remission
C92.52	Acute myelomonocytic in relapse
C92.6	Acute myeloid leukemia with 11q23 abnormality
C92.60	Acute myeloid leukemia with 11q23 abnormality not having achieved remission
C92.61	Acute myeloid leukemia with 11q23 abnormality in remission
C92.62	Acute myeloid leukemia with 11q23 abnormality in relapse
C92.9	Myeloid leukemia, unspecified
C92.90	Myeloid leukemia, unspecified, not having achieved remission
C92.91	Myeloid leukemia, unspecified in remission
C92.92	Myeloid leukemia, unspecified in relapse
C92.A	Acute myeloid leukemia with multilineage dysplasia
C92.A0	Acute myeloid leukemia with multilineage dysplasia not having achieved remission

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CODE	NAME
C92.A1	Acute myeloid leukemia with multilineage dysplasia, in remission
C92.A2	Acute myeloid leukemia with multilineage dysplasia, in relapse
C92.Z	Other myeloid leukemia
C92.Z0	Other myeloid leukemia not having achieved remission
C92.Z1	Other myeloid leukemia, in remission
C92.Z2	Other myeloid leukemia, in relapse
C93	MONOCYTIC LEUKEMIA
C93.0	Acute monoblastic/monocytic leukemia
C93.00	Acute monoblastic/monocytic leukemia, not having achieved remission
C93.01	Acute monoblastic/monocytic leukemia, in remission
C93.02	Acute monoblastic/monocytic leukemia, in relapse
C93.1	Chronic myelomonocytic leukemia
C93.10	Chronic myelomonocytic leukemia not having achieved remission
C93.11	Chronic myelomonocytic leukemia, in remission
C93.12	Chronic myelomonocytic leukemia, in relapse
C93.3	Juvenile myelomonocytic leukemia
C93.30	Juvenile myelomonocytic leukemia not having achieved remission
C93.31	Juvenile myelomonocytic leukemia, in remission
C93.32	Juvenile myelomonocytic leukemia, in relapse
C93.9	Monocytic leukemia, unspecified
C93.90	Monocytic leukemia, unspecified, not having achieved remission
C93.91	Monocytic leukemia, unspecified in remission
C93.92	Monocytic leukemia, unspecified in relapse
C93.Z	Other monocytic leukemia
C93.Z0	Other monocytic leukemia, not having achieved remission
C93.Z1	Other monocytic leukemia in remission
C93.Z2	Other monocytic leukemia in relapse
C94	OTHER LEUKEMIAS OF SPECIFIED CELL TYPE
C94.0	Acute erythroid leukemia
C94.00	Acute erythroid leukemia, not having achieved remission
C94.01	Acute erythroid leukemia, in remission
C94.02	Acute erythroid leukemia, in relapse
C94.2	Acute megakaryoblastic leukemia
C94.20	Acute megakaryoblastic leukemia not having achieved remission
C94.21	Acute megakaryoblastic leukemia, in remission
C94.22	Acute megakaryoblastic leukemia, in relapse
C94.3	Mast cell leukemia
C94.30	Mast cell leukemia not having achieved remission
C94.31	Mast cell leukemia, in remission
C94.32	Mast cell leukemia, in relapse
C94.4	Acute panmyelosis with myelofibrosis
C94.40	Acute panmyelosis with myelofibrosis not having achieved remission
C94.41	Acute panmyelosis with myelofibrosis, in remission
C94.42	Acute panmyelosis with myelofibrosis, in relapse

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CODE	NAME
C94.6	Myelodysplastic disease, not classified
C94.8	Other specified leukemias
C94.80	Other specified leukemias not having achieved remission
C94.81	Other specified leukemias, in remission
C94.82	Other specified leukemias, in relapse
C95	LEUKEMIA OF UNSPECIFIED CELL TYPE
C95.0	Acute leukemia of unspecified cell type
C95.00	Acute leukemia of unspecified cell type not having achieved remission
C95.01	Acute leukemia of unspecified cell type, in remission
C95.02	Acute leukemia of unspecified cell type, in relapse
C95.1	Chronic leukemia of unspecified cell type
C95.10	Chronic leukemia of unspecified cell type not having achieved remission
C95.11	Chronic leukemia of unspecified cell type, in remission
C95.12	Chronic leukemia of unspecified cell type, in relapse
C95.9	Leukemia, unspecified
C95.90	Leukemia, unspecified not having achieved remission
C95.91	Leukemia, unspecified, in remission
C95.92	Leukemia, unspecified, in relapse
C96	OTHER AND UNSPECIFIED MALIGNANT NEOPLASMS OF LYMPHOID, HEMATOPOIETIC AND RELATED TISSUE
C96.0	Multifocal and multisystemic (disseminated) Langerhans-cell histiocytosis
C96.2	Malignant mast cell neoplasm
C96.20	Malignant mast cell neoplasm, unspecified
C96.21	Aggressive systemic mastocytosis
C96.22	Mast cell sarcoma
C96.29	Other malignant cell neoplasm
C96.4	Sarcoma of dendritic cells (accessory cells) Malignant neoplasm of lymphoid, hematopoietic and related tissue, unspecified
C96.5	Multifocal and unisystemic Langerhans-cell histiocytosis
C96.6	Unifocal Langerhans-cell histiocytosis
C96.9	Malignant neoplasm of lymphoid, hematopoietic and related tissue, unspecified
C96.A	Histiocytic sarcoma
C96.Z	Other specified malignant neoplasms of lymphoid, hematopoietic and related tissue
D00	CARCINOMA IN SITU OF ORAL CAVITY, ESOPHAGUS AND STOMACH
D00.0	Carcinoma in situ of lip, oral cavity and pharynx
D00.00	Carcinoma in situ of oral cavity, unspecified site
D00.01	Carcinoma in situ of labial mucosa and vermilion border
D00.02	Carcinoma in situ of buccal mucosa
D00.03	Carcinoma in situ of gingiva and edentulous alveolar ridge
D00.04	Carcinoma in situ of soft palate
D00.05	Carcinoma in situ of hard palate
D00.06	Carcinoma in situ of floor of mouth
D00.07	Carcinoma in situ of tongue
D00.08	Carcinoma in situ of pharynx
D00.1	Carcinoma in situ of esophagus

Appendix O – Detailed ICD-10-CM CaseFinding List – 10/1/2021 forward
See Section I for Details on Required Reportable Neoplasms

CODE	NAME
D00.2	Carcinoma in situ of stomach
D01	CARCINOMA IN SITU OF OTHER AND UNSPECIFIED DIGESTIVE ORGANS
D01.0	Carcinoma in situ of colon
D01.1	Carcinoma in situ of rectosigmoid junction
D01.2	Carcinoma in situ of rectum
D01.3	Carcinoma in situ of anus and anal canal
D01.4	Carcinoma in situ of other and unspecified parts of intestine
D01.40	Carcinoma in situ of unspecified part of intestine
D01.49	Carcinoma in situ of other parts of intestine
D01.5	Carcinoma in situ of liver, gallbladder and bile ducts
D01.7	Carcinoma in situ of other specified digestive organs
D01.9	Carcinoma in situ of digestive organ, unspecified
D02	CARCINOMA IN SITU OF MIDDLE EAR AND RESPIRATORY SYSTEM
D02.0	Carcinoma in situ of larynx
D02.1	Carcinoma in situ of trachea
D02.2	Carcinoma in situ of bronchus and lung
D02.20	Carcinoma in situ of unspecified bronchus and lung
D02.21	Carcinoma in situ of right bronchus and lung
D02.22	Carcinoma in situ of left bronchus and lung
D02.3	Carcinoma in situ of other parts of respiratory system
D02.4	Carcinoma in situ of respiratory system, unspecified
D03	MELANOMA IN SITU
D03.0	Melanoma in situ of lip
D03.1	Melanoma in situ of eyelid, including canthus
D03.10	Melanoma in situ of unspecified eyelid, including canthus
D03.11	Melanoma in situ of right eyelid, including canthus
D03.111	Melanoma in situ of right upper eyelid, including canthus
D03.112	Melanoma in situ of right lower eyelid, including canthus
D03.12	Melanoma in situ of left eyelid, including canthus
D03.121	Melanoma in situ of left upper eyelid, including canthus
D03.122	Melanoma in situ of left lower eyelid, including canthus
D03.2	Melanoma in situ of ear and external auricular canal
D03.20	Melanoma in situ of unspecified ear and external auricular canal
D03.21	Melanoma in situ of right ear and external auricular canal
D03.22	Melanoma in situ of left ear and external auricular canal
D03.3	Melanoma in situ of other and unspecified parts of face
D03.30	Melanoma in situ of unspecified part of face
D03.39	Melanoma in situ of other parts of face
D03.4	Melanoma in situ of scalp and neck
D03.5	Melanoma in situ of trunk
D03.51	Melanoma in situ of anal skin
D03.52	Melanoma in situ of breast (skin) (soft tissue)
D03.59	Melanoma in situ of other part of trunk
D03.6	Melanoma in situ of upper limb, including shoulder

Appendix O – Detailed ICD-10-CM CaseFinding List – 10/1/2021 forward
See Section I for Details on Required Reportable Neoplasms

CODE	NAME
D03.60	Melanoma in situ of unspecified upper limb, including shoulder
D03.61	Melanoma in situ of right upper limb, including shoulder
D03.62	Melanoma in situ of left upper limb, including shoulder
D03.7	Melanoma in situ of lower limb, including hip
D03.70	Melanoma in situ of unspecified lower limb, including hip
D03.71	Melanoma in situ of right lower limb, including hip
D03.72	Melanoma in situ of left lower limb, including hip
D03.8	Melanoma in situ of other sites
D03.9	Melanoma in situ, unspecified
D05	CARCINOMA IN SITU OF BREAST
D05.0	Lobular carcinoma in situ of breast
D05.00	Lobular carcinoma in situ of unspecified breast
D05.01	Lobular carcinoma in situ of right breast
D05.02	Lobular carcinoma in situ of left breast
D05.1	Intraductal carcinoma in situ of breast
D05.10	Intraductal carcinoma in situ of unspecified breast
D05.11	Intraductal carcinoma in situ of right breast
D05.12	Intraductal carcinoma in situ of left breast
D05.8	Other specified type of carcinoma in situ of breast
D05.80	Other specified type of carcinoma in situ of unspecified breast
D05.81	Other specified type of carcinoma in situ of right breast
D05.82	Other specified type of carcinoma in situ of left breast
D05.9	Unspecified type of carcinoma in situ of breast
D05.90	Unspecified type of carcinoma in situ of unspecified breast
D05.91	Unspecified type of carcinoma in situ of right breast
D05.92	Unspecified type of carcinoma in situ of left breast
D07	CARCINOMA IN SITU OF OTHER AND UNSPECIFIED GENITAL ORGANS
D07.0	Carcinoma in situ of endometrium
D07.1	Carcinoma in situ of vulva
D07.2	Carcinoma in situ of vagina
D07.3	Carcinoma in situ of other and unspecified female genital organs
D07.30	Carcinoma in situ of unspecified female genital organs
D07.39	Carcinoma in situ of other female genital organs
D07.4	Carcinoma in situ of penis
D07.6	Carcinoma in situ of other and unspecified male genital organs
D07.60	Carcinoma in situ of unspecified male genital organs
D07.61	Carcinoma in situ of scrotum
D07.69	Carcinoma in situ of other male genital organs
D09	CARCINOMA IN SITU OF OTHER AND UNSPECIFIED SITES
D09.0	Carcinoma in situ of bladder
D09.1	Carcinoma in situ of other and unspecified urinary organs
D09.10	Carcinoma in situ of unspecified urinary organ
D09.19	Carcinoma in situ of other urinary organs
D09.2	Carcinoma in situ of eye

Appendix O – Detailed ICD-10-CM CaseFinding List – 10/1/2021 forward
See Section I for Details on Required Reportable Neoplasms

CODE	NAME
D09.20	Carcinoma in situ of unspecified eye
D09.21	Carcinoma in situ of right eye
D09.22	Carcinoma in situ of left eye
D09.3	Carcinoma in situ of thyroid and other endocrine glands
D09.8	Carcinoma in situ of other specified sites
D09.9	Carcinoma in situ, unspecified
D18.02	Hemangioma of intracranial structures
D32	BENIGN NEOPLASM OF MENINGES
D32.0	Benign neoplasm of cerebral meninges
D32.1	Benign neoplasm of spinal meninges
D32.9	Benign neoplasm of meninges, unspecified
D33	BENIGN NEOPLASM OF BRAIN AND OTHER PARTS OF CENTRAL NERVOUS SYSTEM
D33.0	Benign neoplasm of brain, supratentorial
D33.1	Benign neoplasm of brain, infratentorial
D33.2	Benign neoplasm of brain, unspecified
D33.3	Benign neoplasm of cranial nerves
D33.4	Benign neoplasm of spinal cord
D33.7	Benign neoplasm of other specified parts of central nervous system
D33.9	Benign neoplasm of central nervous system, unspecified
D35.2	Benign neoplasm of pituitary gland
D35.3	Benign neoplasm of craniopharyngeal duct
D35.4	Benign neoplasm of pineal gland
D42	NEOPLASM OF UNCERTAIN BEHAVIOR OF MENINGES
D42.0	Neoplasm of uncertain behavior of cerebral meninges
D42.1	Neoplasm of uncertain behavior of spinal meninges
D42.9	Neoplasm of uncertain behavior of meninges, unspecified
D43	NEOPLASM OF UNCERTAIN BEHAVIOR OF BRAIN AND CENTRAL NERVOUS SYSTEM
D43.0	Neoplasm of uncertain behavior of brain, supratentorial
D43.1	Neoplasm of uncertain behavior of brain, infratentorial
D43.2	Neoplasm of uncertain behavior of brain, unspecified
D43.3	Neoplasm of uncertain behavior of cranial nerves
D43.4	Neoplasm of uncertain behavior of spinal cord
D43.8	Neoplasm of uncertain behavior of other specified parts of central nervous system
D43.9	Neoplasm of uncertain behavior of central nervous system, unspecified
D44.3	Neoplasm of uncertain behavior of pituitary gland
D44.4	Neoplasm of uncertain behavior of craniopharyngeal duct
D44.5	Neoplasm of uncertain behavior of pineal gland
D45	POLYCYTHEMIA VERA
D46	MYELODYSPLASTIC SYNDROMES
D46.0	Refractory anemia without ring sideroblasts, so stated
D46.1	Refractory anemia with ring sideroblasts
D46.2	Refractory anemia with excess blasts
D46.20	Refractory anemia with excess of blasts, unspecified
D46.21	Refractory anemia with excess of blasts 1

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See Section I for Details on Required Reportable Neoplasms

CODE	NAME
D46.22	Refractory anemia with excess of blasts 2
D46.4	Refractory anemia, unspecified
D46.9	Myelodysplastic syndrome, unspecified
D46.A	Refractory cytopenia with multilineage dysplasia
D46.B	Refractory cytopenia with multilineage dysplasia and ring sideroblasts
D46.C	Myelodysplastic syndrome with isolated del (5q) chromosomal abnormality
D46.Z	Other myelodysplastic syndromes
D47.02	Systemic mastocytosis
D47.1	Chronic myeloproliferative disease
D47.3	Essential (hemorrhagic) thrombocythemia
D47.4	Osteomyelofibrosis
D47.9	Neoplasm of uncertain behavior of lymphoid, hematopoietic and related tissue, unspecified
D47.Z	Other specified neoplasm of uncertain behavior of lymphoid, hematopoietic and related tissue
D47.Z1	Post-transplant lymphoproliferative disorder (PTLD)
D47.Z9	Other specified neoplasms of uncertain behavior of lymphoid, hematopoietic and related tissue
D49.6	Neoplasm of unspecified behavior of brain
D49.7	Neoplasm of unspecified behavior of endocrine glands and other parts of nervous system
D72.110	Idiopathic hypereosinophilic syndrome [HES]
D72.111	Lymphocytic Variant Hypereosinophilic Syndrome [LHES]
D72.118	Other hypereosinophilic syndrome
D72.119	Hypereosinophilic syndrome [HES], unspecified

Appendix P

2022 Resources for Registrars

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2022 References and Resources for Cancer Registrar		
2022 REQUIRED References	**Web Address For Source**	**Notes**
2022 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.
2022 Casefinding List of ICD-10-CM Required Codes	http://www.fcds.med.miami.edu/inc/DAM.shtml	ICD-10-CM for 2022 Casefinding - General Range and Individual Code Lists are available in the FCDS DAM
2018 Solid Tumors MPH Rules, Sept 2021	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 2022 Updates and Coding Materials Also See 2022 FCDS DAM for ICD-O-3 2022 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, 2022
Site-Specific Data Items Manual (SSDI Manual), SSDI Coding Instructions, and SSDI Coding Application, v2.1	https://apps.naaccr.org/ssdi/list/	SSDI Manual, v2.1
2018 Grade Manual, Grade Coding Instructions and Tables, and Grade Coding Application, v2.1	https://apps.naaccr.org/ssdi/list/	Grade Coding Manual, v2.1
SEER Summary Staging Manual 2018 and any errata Required for ALL 2022> Cases, September 2021	http://seer.cancer.gov/tools/ssm/	SEER Summary Staging Manual, Sept 2021
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

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Online Help For Abstracting Questions		
Ask a SEER Registrar/SEER Inquiry System	FCDS will not accept answers from SINQ 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 SINQ	FCDS will not accept answers from SINQ 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.naaccr.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

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2022 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 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.fhcrc.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/
NPCR NETS Modules (on FLccSC)	UPDATED – NEW – UPDATED	FLccSC
NAACCR Registrar Training Guide (2020)	51-week guide for traiing new registrars	https://www.naaccr.org/wp-content/uploads/2020/05/Registry-Training-Guide-1.pdf
Understanding Central Cancer Registries	Self-paced self-instruction for central registries	https://education.naaccr.org/products/understanding-central-cancer-registries
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.naaccr.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/

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2022 References and Resources for Cancer Registrars	
2022 Casefinding/Reportable List	➢ 2022 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
2022 Coding Manual and Instructions	➢ 2022 FCDS Data Acquisition Manual (FCDS DAM) is the Primary Reference for Florida Requirements ➢ 2022 CoC Standards for Oncology Registry Entry (CoC STORE) - https://www.facs.org/quality-programs/cancer/ncdb/registrymanuals/cocmanuals ➢ 2022 SEER Coding and Staging Manual - http://seer.cancer.gov/tools/codingmanuals/
2018 Solid Tumor Rules, September 2021	➢ 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	➢ https://seer.cancer.gov/icd-o-3/ ➢ ICD-O-3.2 Updates (2022 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), v2.1	➢ https://apps.naaccr.org/ssdi/list/
AJCC Cancer Staging Manual 8th Edition – not required	➢ http://www.springer.com/medicine
SS2018 Manual – Summary Stage 2018, September 2021	➢ http://seer.cancer.gov/tools/ssm/
SEER *Rx – Online Interactive Drug Database, current	➢ http://seer.cancer.gov/seertools/seerrx/
Internet Access to Online Resources	▪ 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, 4th 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/

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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 2022 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, 4th edition.* ISBN 978-1-7329178-3-5 *(order at* https://www.ncra-usa.org/About/Store/Store-Professional-Resources/BKctl/ViewDetails/SKU/NCRCRMTXBK4ED

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
- See FCDS DAM Section I – Required and Recommended Desktop References
- See Appendix P – Registry Resources
- See FLccSC Learning Management System and FCDS IDEA for Access to Recordings
- NEED ACCESS TO ALL 2022 Manuals, Tools and Guidelines/Instructions – Appendix P and https://www.naaccr.org/v22referencepage/
- SEER Site-Specific Modules and Self-Instructional Training - https://seer.cancer.gov/training/
- NPCR NETS Modules – available on FLccSC
- NAACCR Cancer Registrar Training Guide - https://www.naaccr.org/wp-content/uploads/2020/05/Registry-Training-Guide-1.pdf
- Outline of FCDS Abstracting Basics Course – Appendix P
- 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/
- 2022 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.

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- SEER*Educate - https://educate.fredhutch.org/LandingPage.aspx
- 2022 FCDS Data Acquisition Manual - https://fcds.med.miami.edu/inc/downloads.shtml
- 2022 FCDS Webcast Series - https://fcds.med.miami.edu/inc/educationtraining.shtml
- FCDS Learning Management System – FLccSC - https://fcds.med.miami.edu/inc/flccsc.shtml
- 2022 NAACCR Webinar Series - https://fcds.med.miami.edu/scripts/naaccr_webinar.pl
- 2022 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

REQUIRED DESKTOP REFERENCES

REQUIRED REFERENCE	ORDERING INFORMATION
Current FCDS *Data Acquisition Manual*, *2022*	FCDS, Florida Cancer Data System PO Box 016960 (D4-11) Miami, FL 33101 http://fcds.med.miami.edu/inc/downloads.shtml
FCDS IDEA – FCDS Secure Web-Based Software to abstract cases, upload batched cases, access FLccSC, QC Review, Audits	https://fcds.med.miami.edu/inc/welcome.shtml
FLccSC Learning Management System FCDS Abstractor Code Test, FCDS Continuing Education Webcast Series, NAACCR Webinar Recordings, FCDS Annual Conference, etc.	https://fcds.med.miami.edu/inc/flccsc.shtml
FCDSv22 EDITS Metafile	https://fcds.med.miami.edu/inc/downloads.shtml
2022 Instructional Manuals/Guidelines	https://www.naaccr.org/v22referencepage/
Current *Solid Tumor Manual*, September 2021	http://seer.cancer.gov/registrars
Current *Grade Coding Manual*, v2.1	https://apps.naaccr.org/ssdi/list/
Current *Site-Specific Data Items Manual*, v2.1	https://apps.naaccr.org/ssdi/list/
Current SEER Site/Histology Validation List	https://seer.cancer.gov/icd-o-3/

Current *SEER Summary Stage Manual*	https://seer.cancer.gov/tools/ssm/
Current SEER RSA – Registrar Staging Assistant – online staging assistant	https://staging.seer.cancer.gov/
Current *SEER*Rx – Interactive Drug Database*	https://seer.cancer.gov/seertools/seerrx/
Current *Hematopoietic and Lymphoid Neoplasm Case Reportability and Coding Manual* and Hematopoietic Database (desktop or web-based versions available), 2022	https://seer.cancer.gov/seertools/hemelymph/
Current NAACCR ICD-O-3 Coding Guidelines – **Annotated Histology List**	https://www.naaccr.org/icdo3/
ICD-O-3.2 Excel Table downloaded from the IACR/WHO Website	Downloadable Excel File Version of ICD-O-3.2 http://www.iacr.com.fr/index.php?option=com_content&view=article&id=149:icd-o-3-2&catid=80&Itemid=545
International Classification of Diseases for Oncology, 3rd ed. Geneva, World Health Organization: 2000	The World Health Organization WHO Publications Center USA; 49 Sheridan Avenue; Albany, NY 12210 ISBN 9241545348 Order Number 11503350 http://www.who.int/classifications/icd/en/index.html

RECOMMENDED DESK REFERENCES

RECOMMENDED BOOK	ORDERING INFORMATION
2022 CoC STORE Manual - CoC Standards for Oncology Registry Entry	American College of Surgeons (ACS) 55 East Erie Street Chicago, IL 60611-2797 *https://www.facs.org/quality-programs/cancer/ncdb/call-for-data/cocmanuals*
2022 SEER Program Code Manual	National Cancer Institute Publications Ordering Service P.O. Box 24128, Baltimore, MD 21227, 301-330-7968 https://seer.cancer.gov/tools/codingmanuals/
Cancer Registry Management Principles and Practice for Hospitals and Central Registries, 4th Edition, 2021	National Cancer Registrars Association https://www.ncra-usa.org/About/Store/Store-Professional-Resources/BKctl/ViewDetails/SKU/NCRCRMTXBK4ED ISBN 978-1-7329178-3-5

APPENDIX P – REFERENCES AND RESOURCES FOR REGISTRARS – updated April 1, 2022

NAACCR *Standards for Cancer Registries Volume II: Data Standards and Data Dictionary*, current edition (v22)	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.naaccr.org
EDITS Software – EditWriter 5 and GenEdits5 Install EditWRiter5 and the GenEdits5 Edit Engine to enable yourself and staff to read standard EDITS Logic used in your registry	https://www.cdc.gov/cancer/npcr/tools/edits/edits50.htm
NAACCR v22 EDITS Metafile	https://www.naaccr.org/standard-data-edits/
FCDS v22 EDITS Metafile	https://fcds.med.miami.edu/inc/downloads.shtml
Cancer Principles and Practice of Oncology, 10th edition	Lippincott Williams & Wilkins Publishers 227 East Washington Square Philadelphia, PA 19106-3780 ISBN-10: 1451192940 ISBN-13: 9781451192940
American Cancer Society Textbook of Clinical Oncology	American Cancer Society Vermont Division, Inc. 13 Loomis Street Montpelier, VT 05602 http://www.cancer.org ISBN-13: 978-0944235072 ISBN-10: 0944235077
CA: A Cancer Journal for Clinicians	Lippincott Williams & Wilkins Publishers P.O. Box 1600 Hagerstown, MD 21741-9910 301-223-2300 (Voice) http://caonline.amcancersoc.org/
CDC *Data Collection of Primary Central Nervous System Tumors, National Program of Cancer Registries Training Materials*, 2004	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/
AJCC Cancer Staging System Products AJCC Cancer Staging Manual, 8th ed AJCC Cancer Staging, Version 9	https://www.facs.org/quality-programs/cancer/ajcc/cancer-staging/manual

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

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

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 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.

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.

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.

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)*.

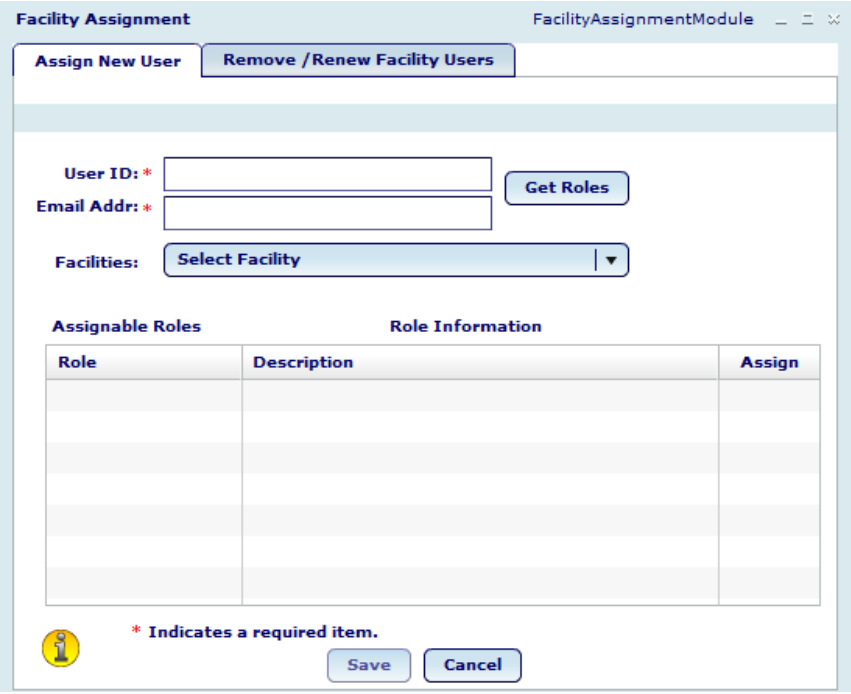
FAA User Role Assignments Instructions

Log into **FCDS IDEA**

Go to the IDEA User menu: 

Select FAA User Role Assignments menu (3rd Option listed)

The Facility Assignment dialog box will appear with the Assign New User Tab view by default.



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

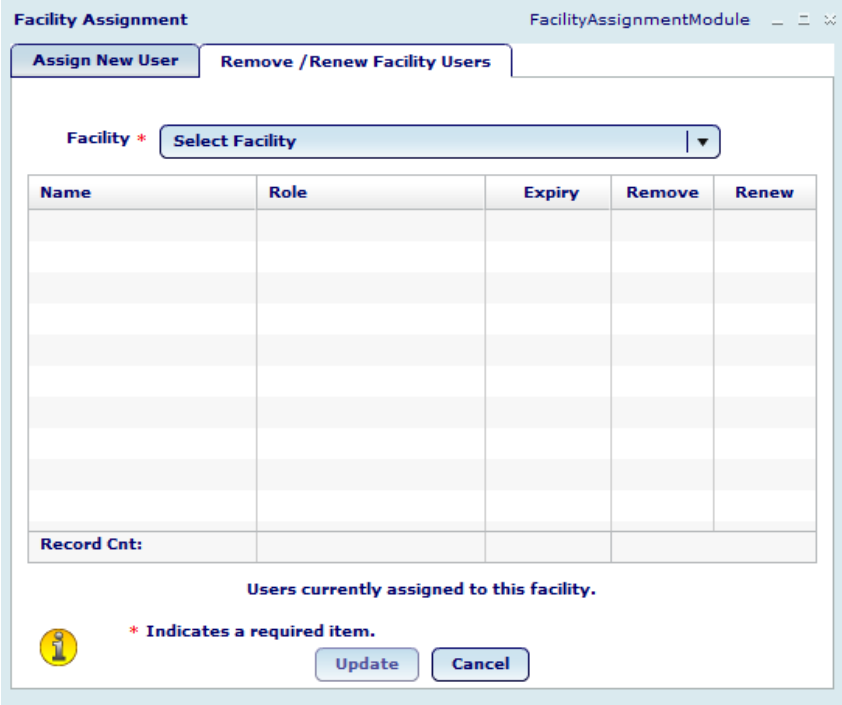
3. The available *assignable roles* for the user will display within the table
4. Select the **Assign** button of the role for user.
5. Select the Save button.
6. The user is now setup to begin working.

You may review the user's access status by selecting the Remove/Renew Facility Users Tab and selecting the facility.

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:



3. Select the facility you are adding the personnel by clicking on the down arrow

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 Entry*[1] or *Hosp Admin*[2]) 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

Option Code	Facility Type
0	Rural Hospital or Hospital with <35 cases per year
2	Incidence Only Hospital · Using Contract Services
3	Incidence Only Hospital · Using in House Personnel
4	Full Registry Hospital · Using in House Personnel
5	Full Registry Hospital · Using Contract Services
6	VA Hospital
7	Military Hospital
8	Psychiatric Hospital
A	Physician Offices with <35 cases per year
B	Dermatology BCC or SCC only
C	Closed Facility – (enter date of closure in the notes field**)**
D	Death Certificate Only
F	FCDS – Staff Members
H	County Health Department
L	Free - Standing Pathology Labs
M	Contractors
O	2nd 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)	TO UPDATE: (EXISTING 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.	• 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: ◯ **ADD (New)** ◯ **UPDATE (Existing)**	**Select Facility Type:** **CLICK ON THE DOWN ARROW TO SELECT FACILITY TYPE**	
AHCA ID#:	**CLIA#: (PATH LABS ONLY)**	**NPI#:**
FCDS Facility #: (LEAVE BLANK IF ADDING FACILITY)	**Option:** **CLICK THE DOWN ARROW TO SELECT OPTION**	**Date Facility Close** (MM/DD/YYYY)**:**

PROFILE INFORMATION

Facility Contact:		
Last Name:	**First Name:**	**Credentials:**
Title:		
Mailing Address: (Address, City, ST and Zip Code)		
Phone Number:	**Fax Number:**	**Contact Email Address:**
Administrator:		
Last Name:	**First Name:**	**Credentials:**
Title:		**Administrator Email Address:**
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 2022
2022 Updates should be used along with 2021 Updates from the 2021 FCDS DAM.

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.

International Classification of Diseases for Oncology, 3rd ed. Geneva, World Health Organization: 2000	The World Health Organization WHO Publications Center USA; 49 Sheridan Avenue; Albany, NY 12210 ISBN 9241545348 Order Number 11503350 http://www.who.int/classifications/icd/en/index.html
Current *Hematopoietic and Lymphoid Neoplasm Case Reportability and Coding Manual* and Hematopoietic Database (desktop or web-based versions available), 2022	https://seer.cancer.gov/seertools/hemelymph/
Current NAACCR ICD-O-3 Coding Guidelines – **Annotated Histology List**	https://www.naaccr.org/icdo3/
ICD-O-3.2 Excel Table downloaded from the IACR/WHO Website	Downloadable Excel File Version of ICD-O-3.2 http://www.iacr.com.fr/index.php?option=com_content&view=article&id=149:icd-o-3-2&catid=80&Itemid=545
Current Solid Tumor Manual, September 2021	http://seer.cancer.gov/registrars

North American Association of Central Registries, Inc

GUIDELINES FOR
2022 ICD-O-3.2 HISTOLOGY CODE AND BEHAVIOR UPDATE
Effective January 1, 2022

Prepared by:

NAACCR ICD-O-3 Update
Implementation Work Group

2022 ICD-O-3 Update to be used jointly with ICD-O-3.2, Solid Tumor Rules, and Hematopoietic and Lymphoid Neoplasm Database

December 1, 2021

Summary of changes covered in the 2022 ICD-O-3 Update:

The 2022 ICD-O-3.2 Update Guidelines includes comprehensive tables listing all changes to ICD-O-3.2 including new ICD-O codes, terminology and reportability changes effective for cases diagnosed 1/1/2022 forward. The 2022 update represents changes identified in recently published 5th Ed WHO Classification of Tumors books. Included in these guidelines are instructions for using the tables together with ICD-O-3.2. ***This update includes important information on reportable versus non-reportable high grade dysplasia in gastrointestinal sites.***

TABLE OF CONTENTS

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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 new codes for cases diagnosed on or after January 1, 2022. Members of the work group represent standard setting organizations, central registries, hospital registries, and cancer registry software vendors.

The 2022 ICD-O-3.2 update includes changes identified during review of recently published World Health Organization's *International Histological Classification of Tumors* 5th Edition books (WHO "Blue Books"). This series covers all principal sites of cancer and includes ICD-O morphology codes for each neoplasm. 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 2022 and implementation of the changes were approved by the standard setting agencies.

The 2022 ICD-O-3.2 histology code and behavior update includes comprehensive tables listing all changes made after the 2021 update and is effective for cases diagnosed 1/1/2022 forward. New to the 2022 update tables are columns for each standard setter which will indicate if that particular code and/or term is required for data collection and submission.

The ICD-O-3 Implementation Work Group created this guide for users which provides important information on the background and issues for this update along with how to use the tables. The 2022 guidelines have been modified to include only two tables, numeric and alpha, listing new ICD-O codes, terminology, behavior changes, and required status. The Work Group strongly recommends users read the guidelines in order to efficiently use ICD-O-3.2 and the 2022 Update tables.

Note: Use of these guidelines is required for determining reportability and accurate coding.

Following the release of the 2021 Guidelines for ICD-O-3.2 Histology Code and Behavior Update, the ICD-O-3 Implementation Work Group reviewed the recent 5th Ed WHO Blue Books published after the creation of ICD-O-3.2. The Work Group submitted their implementation recommendations to the NAACCR Mid-level Technical Group (MLTG) and High-level Strategic Group (HLSG) in March 2021. The MLTG and HLSG reviewed the recommendations and accepted them for implementation in 2022.

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.naaccr.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-3.2 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-3.2 in April 2019, 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-3.2 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 fifth editions were released after the 2021 ICD-O-3.2 update:

WHO Classification of Tumors of the Breast (2018)
WHO Classification of Tumors of Digestive System (2018)
WHO Classification of Tumors of the Female Reproductive Organs (2019)
WHO Classification of Tumors of Soft Tissue and Bone (2019)

2.2 Is the 2022 ICD-O-3.2 update to be used beginning January 1, 2022?

Yes. Effective for cases diagnosed January 1, 2022 forward, the 2022 Update should be used jointly with ICD-O-3.2, Hematopoietic and Lymphoid Neoplasm Database, and Solid Tumor rules.

2.3 Is ICD-O-3.2 now available in print or downloadable .pdf format?

The .pdf version of ICD-O-3.2 has been delayed and will not be released mid-2021. The IARC/WHO ICD-O Committee does not have an estimated release date at this time. Continue using the ICD-O-3.2 excel document until such time the .pdf version is released.

2.4 How extensive are the changes for 2022?

For 2022, the major changes apply to reportable terminology. The 2020 update includes: 12 new ICD-O codes/terms, two of which are non-reportable, three histologies have changed behavior with two remaining non-reportable and one becoming reportable, and 42 new preferred or related terms.

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. Some /2 behaviors may not be reportable or are reportable for a select site or sites. Again, please refer to your standard setter reporting requirements if you have questions.

2.5 Information concerning this update

IMPORTANT REMINDERS:

Please check the 2022 ICD-O-3 Update Table 1 or 2 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).

ICD-O-3.2 included changes from all 4th Ed WHO Classification of Tumors books. New editions released following the publication of 4th editions are not included in 3.2. A new ICD-O version will be released once all 5th Ed Blue Books have been published.

Currently in ICD-O-3, when a topography (C code) is listed in parentheses next to the morphology term, it indicates the 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, and coding instructions if applicable, have been combined into a single excel spreadsheet file for use in abstracting software. Vendors should use the 2022 Annotated Histology List.

2.9 Where can the 2022 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 2022 ICD-O-3.2 UPDATE TABLES

Each table in section 3 provides the list of new ICD-O codes and associated terms, codes which have changed behavior, and new preferred or related terminology. The guidelines include two tables, one in alpha order and one in numerical order.

3.1 TABLE 1: 2022 ICD-O-3.2 UPDATE (NUMERICAL ORDER)

Table 1 lists all changes for 2022 including 12 new ICD-O codes and terms, three codes with changes to behavior, and 42 new preferred or related terms, in numerical order by ICD-O number.

3.2 TABLE 2: 2022 ICD-O-3.2 UPDATE (ALPHA ORDER)

Table 2 lists all changes for 2022 including 12 new ICD-O codes and terms, three codes with changes to behavior, and 42 new preferred or related terms, in alpha order by histology term.

3.3 HOW TO USE TABLES 1 AND 2

Table 1 and 2 each have seven columns:

- **ICD-O-3 Morphology Code:** lists code number and behavior
- **Term:** Histology name per WHO. Preferred terms are indicated in **BOLD** font
- **Required SEER (Y/N)**: indicates if the histology is reportable or non-reportable to SEER
- **Required NPCR (Y/N)**: indicates if the histology is reportable or non-reportable to NPCR
- **Required CoC (Y/N)**: indicates if the histology is reportable or non-reportable to CoC
- **Required CCCR (Y/N)**: indicates if the histology is reportable or non-reportable to CCCR
- **Remarks:** This column provides information related to the ICD-O code and will identify it as a new ICD-O code, new term, or change to behavior. Coding instructions, if applicable, are also noted in this column.

4 REMAINING ISSUES: GASTROINTESTINAL HIGH-GRADE DYSPLASIA: UNDERSTADING REPORTABILITY

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, primarily colorectal. 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. It is important to note, the 2022 ICD-O update tables include only three specific high grade dysplasia terms which are reportable for specific sites (stomach and small intestines) beginning 1/1/2022.

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 and Hematopoietic & Lymphoid Neoplasms Database.

ICD-O-3.2 Update
Effective January 1, 2022

Table 2: 2022 ICD-O-3.2 Update (Alpha)

- Codes/terms listed alphabetically
- **Only new** associated terminology to **existing ICD-O-3.2** codes are included in the 2022 ICD-O Implementation guidelines and documentation. Terms are those listed in the blue books.
- Update based on the following 5th Ed classification of Tumors books: Breast, Digestive System, Female Genital, and Soft Tissue & Bone

ICD-O Code	Term	Required SEER	Required NPCR	Required CoC	Required CCCR	Remarks
8483/2	**Adenocarcinoma in situ, HPV-associated (C530-C531, C538-C539)**	N	N	N	N	New ICD-O code/term Not reportable
8484/2	**Adenocarcinoma in situ, HPV-independent, NOS C530-C531, C538-C539)**	N	N	N	N	New ICD-O code/term Not reportable
8483/3	**Adenocarcinoma, HPV-associated C530-C531, C538-C539)**	Y	Y	Y	Y	New ICD-O code/term
8310/3	Adenocarcinoma, HPV-independent, clear cell type	Y	Y	Y	Y	New term for uterine cervix
8482/3	Adenocarcinoma, HPV-independent, gastric type (**C530-C531, C538-C539)**	Y	Y	Y	Y	New related term
9110/3	**Adenocarcinoma, HPV-independent, mesonephric type**	Y	Y	Y	Y	New preferred term
8484/3	**Adenocarcinoma, HPV-independent, NOS C530-C531, C538-C539)**	Y	Y	Y	Y	New ICD-O code/term
8200/3	Adenoid cystic carcinoma with high-grade transformation	Y	Y	Y	Y	New related term

8262/3	Adenoma-like adenocarcinoma	Y	Y	Y	Y	New related term
8210/2	Adenomatous polyp, high grade dysplasia **(C160 – C166, C168-C169, C170-C173, C178-C179)**	Y **See remarks**	Y **See remarks**	N	Y **See Remarks***	Term is reportable for stomach and small intestines **ONLY beginning 1/1/2022** ***CCCR required High Grade Dysplasia 2010+ for all GI sites; stopped for C18._, C19._, and C20._ in 2018**
9140/3	AIDS-associated Kaposi sarcoma	Y	Y	Y	Y	New related term
8033/3	Carcinoma with sarcomatoid component	Y	Y	Y	Y	New related term
9222/3	Chondrosarcoma, grade 1	Y	Y	Y	Y	Behavior change. **Reportable 1/1/2022 forward**
9367/3	CIC-rearranged sarcoma	Y	Y	Y	Y	New ICD-O code/term
8804/3	Classic epithelioid sarcoma	Y	Y	Y	Y	New related term
9140/3	Classic indolent Kaposi sarcoma	Y	Y	Y	Y	New related term
8150/3	Clear cell neuroendocrine tumor, non-functioning pancreatic	Y	Y	Y	Y	New related term
8912/3	Congenital spindle cell rhabdomyosarcoma with VGLL2/NCOA2/CITED2 rearrangements	Y	Y	Y	Y	New related term
8150/3	Cystic neuroendocrine tumor, non-functioning pancreatic	Y	Y	Y	Y	New related term
8500/2	DCIS of high nuclear grade	Y	Y	Y	Y	New related term
8500/2	DCIS of intermediate nuclear grade	Y	Y	Y	Y	New related term
8500/2	DCIS of low nuclear grade	Y	Y	Y	Y	New related term
8832/3	Dermatofibrosarcoma protuberans with myoid differentiation	Y	Y	Y	Y	New related term
8503/2	**Ductal carcinoma in situ, papillary**	Y	Y	Y	Y	New preferred term

9140/3	Endemic African Kaposi sarcoma	Y	Y	Y	Y	New related term
9687/3	Endemic Burkitt lymphoma	Y	Y	Y	Y	New related term
9120/3	Epithelioid angiosarcoma	Y	Y	Y	Y	New related term
9133/3	Epithelioid hemangioendothelioma with WWTR1-CAMTA1 fusion	Y	Y	Y	Y	New related term
9133/3	Epithelioid hemangioendothelioma with YAP1-TFE3 fusion	Y	Y	Y	Y	New related term
8811/3	Epithelioid myxofibrosarcoma	Y	Y	Y	Y	New related term
8520/2	Florid lobular carcinoma in situ	Y	Y	Y	Y	New related term
8976/3	**Gastroblastoma (C16.0 – C16.9)**	Y	Y	Y	Y	New ICD-O code/term
8243/3	**Goblet cell adenocarcinoma**	Y	Y	Y	Y	New preferred term
8174/3	Hepatocellular carcinoma, chromophobe	Y	Y	Y	Y	New related term
8174/3	Hepatocellular carcinoma, lymphocyte-rich	Y	Y	Y	Y	New related term
8174/3	Hepatocellular carcinoma, macrotrabecular massive	Y	Y	Y	Y	New related term
8174/3	Hepatocellular carcinoma, neutrophil-rich	Y	Y	Y	Y	New related term
8174/3	Hepatocellular carcinoma, steatohepatitic	Y	Y	Y	Y	New related term
8480/2	High grade appendiceal mucinous neoplasm (HAMN) **(C181)**	Y	Y	Y	Y	New behavior/term
9140/3	Iatrogenic Kaposi sarcoma	Y	Y	Y	Y	New related term
9687/3	Immunodeficiency-associated Burkitt lymphoma	Y	Y	Y	Y	New related term

8144/2	Intestinal-type adenoma, high grade **(C160-C166, C168-C169, C170-C173, C178, C179)**	Y **See remarks**	Y **See remarks**	Y **See remarks**	Y **See Remarks***	Term is reportable for stomach and small intestines **ONLY beginning 1/1/2022** ***CCCR required High Grade Dysplasia 2010+ for all GI sites; stopped for C18._, C19._, and C20._ in 2018**
8455/3	**Intraductal oncocytic papillary neoplasm with associated invasive carcinoma(C250-C254, C257-C259)**	Y	Y	Y	Y	New ICD-O code/term
8455/2	**Intraductal oncocytic papillary neoplasm, NOS (C250-C254, C257-C259)**	Y	Y	Y	Y	New ICD-O code/term
8912/3	Intraosseous spindle cell rhabdomyosarcoma with TFCP2/NCOA2 rearrangements	Y	Y	Y	Y	New related term
8480/2	Low grade appendiceal mucinous neoplasm (LAMN) **(C181)**	Y	Y	Y	Y	ICD-O-3.2 currently lists LAMN as 8480/1. Beginning with cases diagnosed 1/1/2022 forward, LAMN should be assigned a behavior code of /2. LAMN diagnosed prior to 1/1/2022 is not reportable.
9111/3	**Mesonephric-like adenocarcinoma**	Y	Y	Y	Y	New ICD-O code/term for ovary and corpus uterus
8912/3	MYOD1-mutant spindle cell/sclerosing rhabdomyosarcoma	Y	Y	Y	Y	New related term
8832/3	Myxoid dermatofibrosarcoma protuberans	Y	Y	Y	Y	New related term
8859/3	**Myxoid pleomorphic liposarcoma**	Y	Y	Y	Y	New ICD-O code/term
8990/3	NTRK-rearranged spindle cell neoplasm (emerging)	Y	Y	Y	Y	New related term

8150/3	Oncocytic neuroendocrine tumor, non-functioning pancreatic	Y	Y	Y	Y	New related term
9200/1	Osteoblastoma	N	N	N	N	Behavior change from /0 to /1. Remains **non-reportable**
9261/1	Osteofibrous dysplasia-like adamantinoma	N	N	N	N	New behavior code/term. **Non-reportable**
8576/3	Paneth cell carcinoma	Y	Y	Y	Y	New related term
8163/2	**Papillary neoplasm, pancreatobiliary type, with high grade intraepithelial neoplasia C241**	Y	Y	Y	Y	New reportable term
8832/3	Plaque-like dermatofibrosarcoma protuberans	Y	Y	Y	Y	New related term
8150/3	Pleomorphic neuroendocrine tumor, non-functioning pancreatic	Y	Y	Y	Y	New related term
9120/3	Post radiation angiosarcoma of the breast	Y	Y	Y	Y	New related term
9718/1	Primary cutaneous CD30 positive T-cell lympho-proliferative disorder	N	N	N	N	No longer reportable as /3 for cases diagnosed after 1/1/2010. See the Hematopoietic & Lymphoid Database for information
8804/3	Proximal or large cell epithelioid sarcoma	Y	Y	Y	Y	New related term
9366/3	Round cell sarcoma with EWSR1-non-ETS fusions	Y	Y	Y	Y	New ICD-O code/term
9368/3	Sarcoma with BCOR genetic alterations	Y	Y	Y	Y	New ICD-O code/term
8213/2	Serrated dysplasia, high grade **(C160 – C166, C168-C169, C170-C173, C178-C179)**	Y **See remarks**	Y **See remarks**	Y **See remarks**	Y **See Remarks***	Term is reportable for stomach and small intestines **ONLY beginning 1/1/2022** ***CCCR required High Grade Dysplasia 2010+ for all GI sites; stopped for C18._, C19._, and C20._ in 2018**

8044/3	Small cell carcinoma, large cell variant **(C56.9)**	Y	Y	Y	Y	New related term: ***ovary only***
8200/3	Solid-basaloid adenoid cystic carcinoma	Y	Y	Y	Y	New related term
9687/3	Sporadic Burkitt lymphoma	Y	Y	Y	Y	New related term
8085/3	Squamous cell carcinoma, HPV-associated	Y	Y	Y	Y	New term for uterine cervix valid 1/1/2022
8086/3	Squamous cell carcinoma, HPV-independent	Y	Y	Y	Y	New term for uterine cervix valid 1/1/2022
8509/3	**Tall cell carcinoma with reversed polarity**	Y	Y	Y	Y	New preferred term
8211/2	Tubular adenoma, high grade	N	N	N	Y **See Remarks***	Term is NOT reportable ***CCCR required High Grade Dysplasia 2010+ for all GI sites; stopped for C18._, C19._, and C20._ in 2018**
8263/2	Tubulovillous adenoma, high grade	N	N	N	Y **See Remarks***	Term is NOT reportable ***CCCR required High Grade Dysplasia 2010+ for all GI sites; stopped for C18._, C19._, and C20._ in 2018**
8590/1	Uterine tumor resembling ovarian sex cord tumor	N	N	N	N	Existing code with new behavior-not Reportable
8261/2	Villous adenoma, high grade	N	N	N	Y **See remarks***	Term is NOT reportable ***CCCR required High Grade Dysplasia 2010+ for all GI sites; stopped for C18._, C19._, and C20._ in 2018**

ICD-O-3.2 Update
Effective January 1, 2022

Table 1: 2022 ICD-O-3.2 Update (Numerical)

- Codes/terms listed numerically
- **Only new** associated terminology to **existing ICD-O-3.2** codes are included in the 2022 ICD-O Implementation guidelines and documentation. Terms are those listed in the blue books.
- Update based on the following 5th Ed classification of Tumors books: Breast, Digestive System, Female Genital, and Soft Tissue & Bone

ICD-O Code	Term	Required SEER	Required NPCR	Required CoC	Required CCCR	Remarks
8033/3	Carcinoma with sarcomatoid component	Y	Y	Y	Y	New related term
8044/3	Small cell carcinoma, large cell variant **(C56.9)**	Y	Y	Y	Y	New related term: ***ovary only***
8085/3	Squamous cell carcinoma, HPV-associated	Y	Y	Y	Y	New term for uterine cervix valid 1/1/2022
8086/3	Squamous cell carcinoma, HPV-independent	Y	Y	Y	Y	New term for uterine cervix valid 1/1/2022
8144/2	Intestinal-type adenoma, high grade **(C160 – C166, C168-C169, C170-C173, C178-C179)**	Y **See remarks**	Y **See remarks**	Y **See remarks**	Y **See Remarks***	Term is reportable for stomach and small intestines **ONLY beginning 1/1/2022** ***CCCR required High Grade Dysplasia 2010+ for all GI sites; stopped for C18._, C19._, and C20._ in 2018**
8150/3	Oncocytic neuroendocrine tumor, non-functioning pancreatic	Y	Y	Y	Y	New related term
8150/3	Pleomorphic neuroendocrine tumor, non-functioning pancreatic	Y	Y	Y	Y	New related term

8150/3	Clear cell neuroendocrine tumor, non-functioning pancreatic	Y	Y	Y	Y	New related term
8163/2	**Papillary neoplasm, pancreatobiliary type, with high grade intraepithelial neoplasia C241**	Y	Y	Y	Y	New reportable term
8150/3	Cystic neuroendocrine tumor, non-functioning pancreatic	Y	Y	Y	Y	New related term
8174/3	Hepatocellular carcinoma, steatohepatitic	Y	Y	Y	Y	New related term
8174/3	Hepatocellular carcinoma, macrotrabecular massive	Y	Y	Y	Y	New related term
8174/3	Hepatocellular carcinoma, chromophobe	Y	Y	Y	Y	New related term
8174/3	Hepatocellular carcinoma, neutrophil-rich	Y	Y	Y	Y	New related term
8174/3	Hepatocellular carcinoma, lymphocyte-rich	Y	Y	Y	Y	New related term
8200/3	Solid-basaloid adenoid cystic carcinoma	Y	Y	Y	Y	New related term
8200/3	Adenoid cystic carcinoma with high-grade transformation	Y	Y	Y	Y	New related term
8210/2	Adenomatous polyp, high grade dysplasia **(C160 – C166, C168-C169, C170-C173, C178-C179)**	Y **See remarks**	Y **See remarks**	N	Y **See Remarks***	Term is reportable for stomach and small intestines **ONLY beginning 1/1/2022** ***CCCR required High Grade Dysplasia 2010+ for all GI sites; stopped for C18._, C19._, and C20._ in 2018**
8211/2	Tubular adenoma, high grade	N	N	N	Y **See Remarks***	Term is NOT reportable ***CCCR required High Grade Dysplasia 2010+ for all GI sites; stopped for C18._, C19._, and C20._ in 2018**

8213/2	Serrated dysplasia, high grade **(C160 – C166, C168-C169, C170-C173, C178-C179)**	Y **See remarks**	Y **See remarks**	Y **See remarks**	Y **See Remarks***	Term is reportable for stomach and small intestines **ONLY beginning 1/1/2022** ***CCCR required High Grade Dysplasia 2010+ for all GI sites; stopped for C18._, C19._, and C20._ in 2018**
8243/3	**Goblet cell adenocarcinoma**	Y	Y	Y	Y	New preferred term
8261/2	Villous adenoma, high grade	N	N	N	Y **See Remarks***	Term is NOT reportable ***CCCR required High Grade Dysplasia 2010+ for all GI sites; stopped for C18._, C19._, and C20._ in 2018**
8262/3	Adenoma-like adenocarcinoma	Y	Y	Y	Y	New related term
8263/2	Tubulovillous adenoma, high grade	N	N	N	Y **See Remarks***	Term is NOT reportable ***CCCR required High Grade Dysplasia 2010+ for all GI sites; stopped for C18._, C19._, and C20._ in 2018**
8310/3	Adenocarcinoma, HPV-independent, clear cell type	Y	Y	Y	Y	New term for uterine cervix
8455/2	**Intraductal oncocytic papillary neoplasm, NOS (C250-C254, C257-C259)**	Y	Y	Y	Y	New ICD-O code/term
8455/3	**Intraductal oncocytic papillary neoplasm with associated invasive carcinoma(C250-C254, C257-C259)**	Y	Y	Y	Y	New ICD-O code/term
8480/2	Low grade appendiceal mucinous neoplasm (LAMN) **(C181)**	Y	Y	Y	Y	ICD-O-3.2 currently lists LAMN as 8480/1. Beginning with cases diagnosed 1/1/2022 forward, LAMN should be assigned a behavior code of /2. LAMN diagnosed prior to 1/1/2022 is not reportable.
8480/2	High grade appendiceal mucinous neoplasm (HAMN) **(C181)**	Y	Y	Y	Y	New behavior/term

8482/3	Adenocarcinoma, HPV-independent, gastric type (**C530-C531, C538-C539)**	Y	Y	Y	Y	New related term
8483/2	**Adenocarcinoma in situ, HPV-associated** (**C530-C531, C538-C539)**	N	N	N	N	New ICD-O code/term Not reportable
8483/3	**Adenocarcinoma, HPV-associated C530-C531, C538-C539)**	Y	Y	Y	Y	New ICD-O code/term
8484/2	**Adenocarcinoma in situ, HPV-independent, NOS C530-C531, C538-C539)**	N	N	N	N	New ICD-O code/term Not reportable
8484/3	**Adenocarcinoma, HPV-independent, NOS C530-C531, C538-C539)**	Y	Y	Y	Y	New ICD-O code/term
8500/2	DCIS of low nuclear grade	Y	Y	Y	Y	New related term
8500/2	DCIS of intermediate nuclear grade	Y	Y	Y	Y	New related term
8500/2	DCIS of high nuclear grade	Y	Y	Y	Y	New related term
8503/2	**Ductal carcinoma in situ, papillary**	Y	Y	Y	Y	New preferred term
8509/3	**Tall cell carcinoma with reversed polarity**	Y	Y	Y	Y	New preferred term
8520/2	Florid lobular carcinoma in situ	Y	Y	Y	Y	New related term
8576/3	Paneth cell carcinoma	Y	Y	Y	Y	New related term
8590/1	Uterine tumor resembling ovarian sex cord tumor	N	N	N	N	Existing code with new behavior-not Reportable
8804/3	Proximal or large cell epithelioid sarcoma	Y	Y	Y	Y	New related term
8804/3	Classic epithelioid sarcoma	Y	Y	Y	Y	New related term
8811/3	Epithelioid myxofibrosarcoma	Y	Y	Y	Y	New related term
8832/3	Myxoid dermatofibrosarcoma protuberans	Y	Y	Y	Y	New related term

8832/3	Dermatofibrosarcoma protuberans with myoid differentiation	Y	Y	Y	Y	New related term
8832/3	Plaque-like dermatofibrosarcoma protuberans	Y	Y	Y	Y	New related term
8859/3	**Myxoid pleomorphic liposarcoma**	Y	Y	Y	Y	New ICD-O code/term
8912/3	Congenital spindle cell rhabdomyosarcoma with VGLL2/NCOA2/CITED2 rearrangements	Y	Y	Y	Y	New related term
8912/3	MYOD1-mutant spindle cell/sclerosing rhabdomyosarcoma	Y	Y	Y	Y	New related term
8912/3	Intraosseous spindle cell rhabdomyosarcoma with TFCP2/NCOA2 rearrangements	Y	Y	Y	Y	New related term
8976/3	**Gastroblastoma (C16.0 – C16.9)**	Y	Y	Y	Y	New ICD-O code/term
8990/3	NTRK-rearranged spindle cell neoplasm (emerging)	Y	Y	Y	Y	New related term
9110/3	**Adenocarcinoma, HPV-independent, mesonephric type**	Y	Y	Y	Y	New preferred term
9111/3	**Mesonephric-like adenocarcinoma**	Y	Y	Y	Y	New ICD-O code/term for ovary and corpus uterus
9120/3	Post radiation angiosarcoma of the breast	Y	Y	Y	Y	New related term
9120/3	Epithelioid angiosarcoma	Y	Y	Y	Y	New related term
9133/3	Epithelioid hemangioendothelioma with WWTR1-CAMTA1 fusion	Y	Y	Y	Y	New related term

9133/3	Epithelioid hemangioendothelioma with YAP1-TFE3 fusion	Y	Y	Y	Y	New related term
9140/3	Classic indolent Kaposi sarcoma	Y	Y	Y	Y	New related term
9140/3	Endemic African Kaposi sarcoma	Y	Y	Y	Y	New related term
9140/3	AIDS-associated Kaposi sarcoma	Y	Y	Y	Y	New related term
9140/3	Iatrogenic Kaposi sarcoma	Y	Y	Y	Y	New related term
9200/1	Osteoblastoma	N	N	N	N	Behavior change from /0 to /1. Remains **non-reportable**
9222/3	Chondrosarcoma, grade 1	Y	Y	Y	Y	Behavior change. **Reportable 1/1/2022 forward**
9261/1	Osteofibrous dysplasia-like adamantinoma	N	N	N	N	New behavior code/term. **Non-reportable**
9366/3	Round cell sarcoma with EWSR1-non-ETS fusions	Y	Y	Y	Y	New ICD-O code/term
9367/3	CIC-rearranged sarcoma	Y	Y	Y	Y	New ICD-O code/term
9368/3	Sarcoma with BCOR genetic alterations	Y	Y	Y	Y	New ICD-O code/term
9687/3	Endemic Burkitt lymphoma	Y	Y	Y	Y	New related term
9687/3	Sporadic Burkitt lymphoma	Y	Y	Y	Y	New related term
9687/3	Immunodeficiency-associated Burkitt lymphoma	Y	Y	Y	Y	New related term

Current *Hematopoietic and Lymphoid Neoplasm Case Reportability and Coding Manual* and Hematopoietic Database (desktop or web-based versions available), 2022	https://seer.cancer.gov/seertools/hemelymph/
Current NAACCR ICD-O-3 Coding Guidelines – **Annotated Histology List**	https://www.naaccr.org/icdo3/
ICD-O-3.2 Excel Table downloaded from the IACR/WHO Website	Downloadable Excel File Version of ICD-O-3.2 http://www.iacr.com.fr/index.php?option=com_content&view=article&id=149:icd-o-3-2&catid=80&Itemid=545
International Classification of Diseases for Oncology, 3rd ed. Geneva, World Health Organization: 2000	The World Health Organization WHO Publications Center USA; 49 Sheridan Avenue; Albany, NY 12210 ISBN 9241545348 Order Number 11503350 http://www.who.int/classifications/icd/en/index.html
Current *Solid Tumor Manual*, September 2021	http://seer.cancer.gov/registrars

Annotated Histology List

As an aid to registry software vendors for implementing the 2022 histology changes, we are again making an Excel file of ICD-O-3 histology codes available. This file has been maintained by the Registry Plus team at CDC's NPCR for several years and reflects modifications to ICD-O-3 implemented by North American cancer registries over time. It is sorted by ICD-O-3 morphology, then behavior, then by preferred True or False, and then alphabetic by description for the non-preferred terms. The primary intent of this document is for registry software vendors to utilize for picklists and/or quality control of existing picklists for ICD-O-3 histologies.

Characteristics of the NAACCR Annotated Histology file include:

- Comprehensive. Includes codes that were replaced or made obsolete over time.
- Annotated. Descriptions include usage notes in square brackets, where appropriate, based on documentation from NAACCR's ICD-O-3 working groups. Codes that have been made obsolete are labeled '[obs]'.
    - Examples:
        - Adenocarcinoma, pancreatobiliary-type (C24.1) [2015-2017. FOR 2018+ USE 8163/3]

        - Invasive mucinous adenocarcinoma (C34._) [LUNG ONLY, 2018+, DO NOT USE 8480]
        - Oligodendroblastoma (C71._) [obs]
- Preferred terms flagged. Synonyms and related terms are included, but for each combination of histology and behavior in the list, one term is flagged as the preferred term (Preferred Term column entry set to TRUE) for use in reports. 'False' indicates synonyms and related terms.
- Multiple entries with permutations of words. Descriptions with multiple words are listed multiple times with different word order. All of these have the Preferred Term column entry set to FALSE.
    - Examples:
        - Preferred term: Myxoid pleomorphic liposarcoma [2022+]
        - Liposarcoma, myxoid pleomorphic [2022+]
        - Pleomorphic liposarcoma, myxoid [2022+]

Color Coding Descriptions:

- Red text indicates v22 changes from the 2021 version.
    - Entire row in red text indicates new terms added to the table or a new code assigned to an existing term. The associated code is stated in the annotation.
    - Bracketed annotations in red text only indicates terms were previously included in the table; however, reportability/behavior changed, and annotations indicate year of implementation.
    - Column C and D in red text only indicates a change in preferred term.
- Green text indicates a few histology codes identified in the ICD-O-3.2 list distributed by the International Agency for Research on Cancer/World Health Organization (IARC/WHO) ICD-O Committee that were not previously included in the annotated histology list and were approved for inclusion.
- Blue text indicates changes made to be consistent with the SEER Heme Database.

Although this list has been reviewed multiple times, we cannot guarantee 100% accuracy. This list is not a substitute for referring to various standard-setter documents and implementation guidelines that have been released over the years. At the time of this release, the latest ICD-O-3.2 list corresponding to the v22 changes has not been released by the IARC/WHO. End users should first review the Solid Tumor Rules for coding guidance. Changes to the hematologic and lymphoma codes have been especially numerous and complex over time. We recommend that all hematologic and lymphatic malignancy codes be selected based on SEER's Hematopoietic Project, available here: https://seer.cancer.gov/tools/heme/.

The following statement has been added to all hematopoietic and lymphoid codes/terms to recommend users review the Heme Database for reportability and histology assignment.

SEE HEMATOPOIETIC DATABASE FOR REPORTING - https://seer.cancer.gov/seertools/hemelymph/

Appendix S

Summary of 2022 Changes

2022 FCDS DAM

2022 National Standards

Appendix S

Summary of Changes

(most changes appear in red throughout the manual)

Acknowledgements and Legal Section

1) Updated FCDS Staff Changes and Florida Department of Health Staff Changes
2) Added HIPAA Privacy Rule 45 CFR 164.512(b) – Exemption for Public Health Activities
3) Added 45 CFR 164.512(b) Disclosures for Public Health Activities to Legal Section

Section I – Guidelines for Cancer Data Reporting

1) Added references to Florida State Law, Public Health Rules, Federal Public Law and HIPAA Privacy Rule to Section I introduction.
2) Added Clarification on 'Patients with chronic neoplastic conditions" to Reportable and Not Reportable Patients
3) Added Clarification on NAACCR Version 22 Table of Comparison of Reportable Cancers for Section I
4) Added Clarification for IACR/WHO Classification of Neoplasms, 5th edition to Section I discussion of ICD-O-3.2 Updates, Guidelines and Instructions for assigning Histology and Behavior to tumors.
5) Clarified Numerous Reportable/Non-Reportable Cancers
   a) Glandular Intraepithelial Neoplasia, Grade III/High Grade Glandular Dysplasia – not reportable
   b) Neoplasms with High Grade Dysplasia in Sites (C160-C166, C168-C169, C170-C173, C178-C179, C181) – reportable
   c) ISUP Reclassification of clear cell papillary renal cell carcinoma of kidney to 8323/1 – Grade 1
6) Added Clarifications for 2021 and 2022 New Reportable Neoplasms/Reclassified Tumors

   2021 New Reportable Neoplasms/Reclassified Tumors
   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 – most now classified 'malignant' – see Histology/Behavior Codes

   2022 New Reportable Neoplasms/Reclassified Tumors
   a. LAMN – low grade appendiceal mucinous neoplasm (C18.1)
   b. HAMN – high grade appendiceal mucinous neoplasm (HAMN (C18.1)
   c. Serrated dysplasia, high grade (C160-C166, C168-C169, C170-C173, C178-C179)
   d. Adenomatous polyp, high grade dysplasia (C160-C166, C168-C169, C170-C173, C178-C179)
   e. Intestinal-type adenoma, high grade (C160-C166, C168-C169, C170-C173, C178-C179)
   f. Chondrosarcoma, grade 1
   g. 9 New Histology Codes with Associated New Histology Terms
      - 8455/3 - Intraductal oncocytic papillary neoplasm with associated invasive carcinoma (C250-C254, C257-C259)
      - 8483/3 - Adenocarcinoma, HPV-associated C530-C531, C538-C539)
      - 8484/3 - Adenocarcinoma, HPV-independent, NOS C530-C531, C538-C539)
      - 8859/3 - Myxoid pleomorphic liposarcoma
      - 8976/3 - Gastroblastoma (C16.0 – C16.9)
      - 9111/3 - Mesonephric-like adenocarcinoma
      - 9366/3 - Round cell sarcoma with EWSR1-non-ETS fusions
      - 9367/3 - CIC-rearranged sarcoma
      - 9368/3 - Sarcoma with BCOR genetic alterations

7) Clarified Reportable Skin Cancers – removed dermatofibrosarcoma protuberans and added others
8) Added Clarification on 'Patients with chronic neoplastic conditions" to Reportable and Not Reportable Patients
9) Revised Section on Pancreatic Neoplasms Reporting so is consistent with SEER Clarifications and Complete with Additional Histologies using the same principles for reporting/not reporting cancers.
10) Clarified positive/suspicious mammogram and Date of Diagnosis with BI-RADS Reportable Section
11) Added Dates to the current version of 2018 Solid Tumor Rules
12) Added Dates to the current version of the Hematopoietic and Lymphoid Neoplasm Case Reportability and Coding Rules and Heme DB
13) Revised Ambiguous Terminology Section to clarify use of Definitive Terminology as priority over Ambiguous Terminology – what makes a 'definitive diagnosis' – please read this section thoroughly
14) Added Section Explaining that FCDS DOES NOT ACCEPT NAACCR UPDATE OR MODIFY RECORDS and how this effects the reporting of cancers, correction of cases, edit overrides, historical grid cases, etc.
15) Added 2022 NAACCRv22 Table of CoC, SEER, NPCR, FCDS Reportable Cancers, Non-Reportable Cancers, Multiple Primary Rules and Ambiguous Terminology from the NAACCR Volume II Data Standards and Data Dictionary 2022 document to clarify who is required to report which cases under which program and why these are not in synch – no every program requires the same data.
16) Clarified in Casefinding that Anatomic Surgical Pathology Reports include many different types of reports not just surgical pathology. Other reports now include; biopsy specimen, surgical resection specimen, bone marrow biopsy, needle biopsy and fine needle aspiration biopsy, diagnostic hematology, cytology, immune-histo-cytochemistry, immunophenotype, genetic studies, and autopsy reports and all addenda.
17) Added Clarification - EVERY Facility should be reporting e-pathology reports to FCDS – ALL Facilities
18) Added ICD-10-CM Casefinding List for Reportable Tumors Table – October 1, 2021 and later Table – please note this table has been reorganized and updated for ease of use – share with your IT Dept
19) Note: The General ICD-10-CM Casefinding List and the Detailed ICD-10-CM Casefinding List are both in Appendix O. Appendix O includes every single ICD-10-CM Code Required for Casefinding Florida.
20) Updated Abstractor Training Section since FCDS can no longer support an Abstracting Basics Course
21) Updated Section on FCDS FLccSC (Fundamental Learning Collaborative for the Cancer Surveillance Community)
22) Updated Section on FCDS Abstractor Code Test Standard References Used for Testing
23) Added Section on Making Changes to Existing Abstracts – Repeats some of Update/Modify Records
24) Revised the Required and Recommended Desktop References Section Completely
25) Updated FCDS Responsibilities for Data Acquisition and Training and Education to current

Section II – General Abstracting Instructions

1) Clarified Florida Text Requirements and Rationale
2) Clarified use of Date of First Contact - the FCDS definition is different that the CoC STORE Manual because FCDS does not receive or allow Update or Modify Records and cannot change this date
3) Clarified Timing for Reporting of RCRS/RQRS Cases to FCDS – send in treatment recommended if not yet started and FCDS Deadline is eminent – you can still meet both requirements – use proper codes
4) Added New Data Item – Tobacco Use Smoking Status – 4 previous smoking fields are discontinued

5) Added new data item description and coding instructions for new data item Tobacco Use Smoking Status
6) Added Updates to Histologic Type ICD-O-3 – SEE APPENDIX R
7) Added Large Revision Section to Coding Lymph-Vascular Invasion – edits will reinforce codes
8) Revised DIAGNOSTIC CONFIRMATION section – many errors are being made here – please read
9) Revised descriptions of codes for Diagnostic Confirmation with clarifications and explanations
10) Histologic Type ICD-O-3 – Added Appendix R and Table of Required References to Code Histology
11) Clarified correct coding for Regional Lymph Nodes Positive and Regional Lymph Nodes Examined
12) Clarified use of RX Summ – Scope of Regional Lymph Node Surgery – CODE = 1 still used under TX
13) DO NOT CODE FNA OF REGIONAL LYMLPH NODES (Code = 1) UNDER DIAGNOSTIC PROCEDURES – ONLY THE CODE MEANING WAS CHANGED – IT IS STILL A CODE USED UNDER THE TREATMENT DATA ITEM RX SUMM SCOPE REGIONAL LYMPH NODE SURGERY WHICH IS A TREATMENT DATA ITEM.
14) Lymph Vascular Invasion Section Totally Updated – you must use the new tables or fail edits
15) Added/Clarified Site-Specific Data Items Required by FCDS for 2022 forward
    - Esophagus and EGJ Tumor Epicenter
    - HER2 Overall Summary (Breast ONLY)
    - P16 (Cervix ONLY)
16) Added Entire New Section on Treatment NOT = 99 and FCDS EDIT3038 to reinforce this instruction Excerpt: Treatment was either performed, not performed, recommended or refused. You may not know recommended/refused. It should never be coded as 99 unknown if performed. Do not guess if treatment was performed or not. Do not presume treatment should have been recommended based on published Treatment Guidelines. Treatment Recommended or Refused MUST be documented in the medical record AND it must be coded in the required treatment data item. These instructions are for analytic or non-analytic cases. (clarifications continue after introduction)
17) Section on Tumor Ablation Updated to include new types of ablation and more information explaining ablation – when it is used, why, what types of tumors, and types of ablation
18) Clarification for coding Y90
19) FCDS WILL NOT REQUIRE THE NEW COC BREAST SURGERY FIELDS in 2022 or 2023
20) Clarification on 'double-coding' treatment under Surgery of Primary Site, Scope Reg LN Surg and Surg Other Regional/Distant Sites – this happens with great frequency – do not double-code TX
21) Multiple additions to Radiation Therapy Section explaining different new acronyms and what the type of radiation is for each and how to code them with a website as reference page

APPENDICES

Appendix A – Updated Facilities

Appendix B – No Change

Appendix C – No Change

Appendix D – No Change

Appendix E – No Change

Appendix F – Updated 2022 Sites Specific Surgery Codes

Appendix G – updated FCDSv22 Record Layout

Appendix H – Updated FCDSv22 Required Site Specific Data Items

Appendix I – No Change

Appendix J – No Change

Appendix K – No Change

Appendix L – Updated

Appendix M – No Change

Appendix N – No Change

Appendix O – ICD-10-CM Casefinding Codes - Completely Revised Short and Detailed List

Appendix P – Completely Revised Resources for Registrars for 2022 and Reorganized

Appendix Q – No Change

Appendix R – Completely Updated ICD-O-3.2 Updates for 2022 from NAACCR

Appendix S – Summary of Changes – Completely Revised