Maryland Cancer Registry

Reporting Requirements

March 2016

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Purpose

This document outlines the Maryland Cancer Registry's reporting requirements for Maryland abstractors and reporting facilities.

Introduction to the Maryland Cancer Registry (MCR)

State Cancer Registries

State cancer registries are designed to:

- Monitor cancer trends over time
- Determine cancer patterns in various populations
- Guide planning and evaluation of cancer control programs (e.g., determine whether prevention, screening, and treatment efforts are making a difference)
- Help set priorities for allocating health resources
- Advance clinical, epidemiologic, and health services research
- Provide information for a national database of cancer incidence

Maryland Cancer Registry

The MCR registers all new cases of reportable cancer and benign brain and central nervous system tumors diagnosed and/or treated in Maryland according to Maryland law (see Appendix 1).

- In 1992, the Maryland General Assembly enacted Maryland Health-General Article, §§18-203 and 18-204. These laws required hospitals, radiation therapy centers, and in-state and out-of-state cancer diagnostic laboratories (that provide services to Maryland physicians) to electronically report all cancer cases diagnosed and/or treated in Maryland, beginning on July 1, 1993.

- In 1996, the laws were amended to require freestanding ambulatory care facilities, surgical centers, and physicians to report cancer cases diagnosed and/or treated, beginning on January 1, 1999.

- In 2001, the Maryland General Assembly enacted House bill 626, which requires the reporting of benign brain and central nervous system (CNS) tumors to MCR, effective October 2001.

Through data exchange agreements with 12 other states, including the neighboring states of Delaware, Pennsylvania, Virginia, and West Virginia, plus the District of Columbia, MCR receives information on all Maryland residents with diseases reportable to these jurisdictions. The MCR receives funding from the State of Maryland, the Cigarette Restitution Fund, and the Centers for Disease Control and Prevention (CDC) National Program of Cancer Registries (NPCR) and is composed of a central office and a data management contractor. The MCR central office is located within the Department of Health and Mental Hygiene located at 201 West Preston Street, Baltimore, MD, 21201, and is part of the Center for Cancer Prevention and Control. It has administrative,

technical, analytical, and custodial oversight of MCR data. For more information, please contact the MCR at 410-767-4055.

Reporting Requirements: Frequently Asked Questions

What is the "reference date" of MCR?

The "reference date" of MCR is the date of diagnosis. Any reportable cancer with a date of diagnosis of 1/1/1992, and any non-malignant central nervous system tumors with a date of diagnosis of 10/1/2001 must be reported to the MCR (Health-General §18-204 (b).

Who must report to the MCR and how? (Health-General §18-204 (b))

- Each **hospital** which has care of a patient with cancer or a central nervous system tumor;
- Each **freestanding laboratory, freestanding ambulatory care facility,** or **therapeutic radiological center** which has care of or has diagnosed cancer or a central nervous system tumor for a non-hospitalized patient;
- Each **general hospice care program** or **assisted living program** which has care of a patient with a diagnosis of cancer or a central nervous system tumor or when contacted through the Maryland Cancer Registry for follow-back activities; and
- Each **physician** who has care of or has diagnosed cancer or a central nervous system tumor for a non-hospitalized patient not otherwise reported
    - A "non-hospitalized patient not otherwise reported" means a patient diagnosed or treated for cancer or a CNS tumor in a physician's office without admission to a hospital or referral to a freestanding ambulatory care facility or freestanding therapeutic radiological center (COMAR 10.14.01.02 B. (11))

The entities in **bold** listed in the bulleted section above shall:

- Submit a cancer report to the Secretary, on the form that the Secretary provides or in a computerized file;

- Make available to the Secretary, or an agent of the Secretary, at the facility the information necessary to compile a cancer report; **or**

- Enter into a formal agreement with a hospital or other facility or agency that agrees to report to the Maryland Cancer Registry to act as the reporting source for a cancer or central nervous system tumor patient who has been referred to or from that facility, or reported to that agency with regard to cancer or central nervous system tumor screening, diagnosis, or treatment;

and shall

- Submit a cancer report in a computerized file* on a quarterly basis to the Secretary, or an agent of the Secretary, for all patients initially diagnosed, treated, or admitted to a facility for cancer or a central nervous system tumor during that calendar quarter.

Note: the MCR will contact reporting sources to obtain additional required information if it is not initially reported to the MCR.

* If a computerized record is not possible, the MCR will work with a reporter to accommodate reporting on *hard copy* forms if the reporter reports only a small number of cases each year (<100 cases per year).

How are these entities defined? (COMAR 10.14.01.02)

A ***hospital*** is a facility licensed by the State pursuant to COMAR 10.07.01.

A ***general hospice care program*** is defined in COMAR 10.07.21.02.

A ***freestanding laboratory*** is a facility, place, establishment, or institution that is licensed by the State to perform a laboratory examination at the request of an authorized health care provider, in connection with the diagnosis of a reportable human cancer or CNS tumor pursuant to COMAR 10.10.03, and:

a) not under the administrative control of a hospital; or

b) under the administrative control of a hospital for a diagnosis of reportable human cancer or CNS tumor of a non-hospitalized patient.

A ***freestanding ambulatory care facility*** is defined in Health-General Article, §19-3B-01, Annotated Code of Maryland.

A ***freestanding therapeutic radiological center*** is a facility, place, establishment, or institution not under the administrative control of a hospital and licensed/registered by the State to provide radiological treatment at the request of an authorized health care provider in connection with a reportable human cancer or a CNS tumor pursuant to COMAR 10.05.03, and.

A ***physician*** is an individual who practices medicine, as stated in Health Occupations Article, §14-101, Annotated Code of Maryland,

A ***non-hospitalized patient not otherwise*** **reported** is a patient diagnosed or treated for cancer or a CNS tumor in a physician's office without admission to a hospital or referral to a freestanding ambulatory care facility or freestanding therapeutic radiological center.

An ***assisted living program*** is defined in COMAR 10.07.14.02B.

Which cases of cancer, in situ, and benign tumors are reportable to the MCR? Which are excluded? (COMAR 10.14.01.02 and Health-General §18-204 (a)(3))

The following is a list of tumors by ICD-9-CM code that are reported and excluded:

- *Malignant Neoplasms*: 140—195.8 and 199 – 209.37 or with ICD-O-3 behavior code of '3', but excludes basal and squamous cell carcinoma of *non-genital* skin (except for squamous intraepithelial neoplasia, grade III (SIN III 8077/2).

- *Carcinoma in situ*: 230.0—234.9, but excludes 233.1 and 233.4 or with an ICD-O-3 behavior code of '2', but excludes basal and squamous cell carcinoma of *non-genital* skin.

- *Benign tumors of the brain or CNS*: 225.0—225.9, 227.3—227.4, 228.02, 237.0 – 237.1, 237.5 – 237.9, and 239.6, and all tumors of the CNS of benign and uncertain behavior with ICD-O-3 codes of "0" or "1".

The following is a list of tumors by ICD-10-CM code that are reported and excluded:

- *Malignant Neoplasms*: C00._ - C96._ or with ICD-O-3 behavior code of '3', but excludes basal and squamous cell carcinoma of *non-genital* skin (except for squamous intraepithelial neoplasia, grade III (SIN III 8077/2).

- *Other and unspecified malignant neoplasms of the skin: C44._ - C44.9_.Carcinoma in situ*: D00._ - D09._, but excludes D06.9 and D07.5, or with an ICD-O-3 behavior code of '2', but excludes basal and squamous cell carcinoma of *non-genital* skin (except for squamous intraepithelial neoplasia, grade III (SIN III 8077/2).

- *Benign tumors of the brain or CNS*: D32.0, D32.1, D32.9, D33.2, D33.4, D33.7, D33.9, D35.3 - D35.4, D1802, D44.3 – D44.5, D42.0 – D42.9, D43.2 - D43.9, Q85.00 – Q85.09, and D49.6, and all tumors of the CNS of benign and uncertain behavior with ICD-O-3 codes of "0" or "1".

All malignant neoplasms with the following ICD-10-CM (ICD-9-CM) codes where ICD-O-3 behavior is "3 and ICD-O-3 histologies (M-XXXX) are reported (unless otherwise specified):

(i) C37 (164.0) – Thymoma (M-8580)*
(ii) C7A.020 (209.11) - Malignant carcinoid tumor of the appendix (M-8240)
(iii) D39.0 (236.0)—Endometrial stroma, low grade (M-8931);
(iv) D48.1 (238.1) - Stromal tumor of the digestive system (GIST 8639)*
(v) D48.60 (238.3)—Phylloides tumor (M-9020);
(vi) D45 (238.4)—Polycythemia (M-9950);
(vii) D47.Z9 (238.6)—Plasmacytoma (M-9731, M-9734);
(viii) D47.3 (238.71) Essential thrombocythemia (M-9962);
D46.0, D46.1, D46.20, D46.21, D46A, D46B (238.72) Low grade myelodysplastic syndrome lesions (M-9980);
D46.22 (238.73) High grade myelodysplastic syndrome lesions (M-9983);
D46.C (238.74) Myelodysplastic syndrome with 5q deletion (M-9986);

D469 (238.75) Myelodysplastic syndrome, unspecified (M-9975);
D471 (238.76) Myelofibrosis with myeloid metaplasia (primary myelofibrosis) (M-9961);
D47.Z1 (238.77) post-transplant lymphoproliferative disorder (M-9989)
C94.40, C94.41, C94.42, D47.9, D47.Z9 (238.79) lympho and myeloproliferative disease (M-9960, M-9970);

(ix) D89.1 (273.2)—Alpha and gamma heavy chain disease or Franklin disease (M-9762) ;
(x) C88.0 (273.3)—Waldenstrom macroglobulinemia (M-9761);
(xi) D61.9 (284.9)—Refractory anemia (M-9980); or
(xii) D64.0, D64.1, D64.2, D64.3 (285.0)—Refractory anemia with ringed sideroblasts (M-9982)

*Reportable only if there is evidence of multiple foci, lymph node involvement, or metastasis.

The chart below provides specific information on reportable diagnoses and exclusions with ICD-O-3 codes:

Reportable Diagnoses	▪ All malignant and in situ tumors (behavior code of 2 or 3 in ICD-O-3). • Intraepithelial neoplasia of the following sites (abbreviation and ICD-O-3 codes): ▪ vaginal squamous intraepithelial neoplasia (VAIN 8077/2), ▪ vulvar squamous intraepithelial neoplasia (VIN 8077/2), and ▪ anal squamous intraepithelial neoplasia (AIN III 8077/2), ▪ squamous intraepithelial neoplasia, grade III (SIN III 8077/2), except cervix and skin; ▪ Laryngeal intraepithelial neoplasia, grade III (LIN III 8077/2, C320-C329) ▪ All non-malignant primary intracranial and central nervous system tumors including juvenile astrocytoma for primary sites including the brain, the cauda equina, a cranial nerve, the craniopharyngeal duct, the meninges, the pineal gland, the pituitary gland, or the spinal cord. ▪ Neoplasms involving plasma cells (ICD-10-CM code D47.Z9) (ICD-9-CM code 238.79). ▪ Squamous or basal cell cancers of *genital* skin sites.
Exceptions (NOT reportable)	▪ Squamous or basal cell cancers of *non-genital* skin sites, (except for squamous intraepithelial neoplasia, grade III (SIN III 8077/2), • Intraepithelial neoplasia of the following sites (abbreviation and ICD-O-3 codes): ▪ cervical squamous intraepithelial neoplasm (CIN III 8077/2), and ▪ prostatic glandular intraepithelial neoplasia (PIN 8148/2)

What is a cancer report and what information must a report contain?
(Health-General §18-204 (a) (2), COMAR 10.14.01.03)

A ***cancer report*** is a one (1)-time abstract of the medical record of a patient diagnosed or treated for cancer or a CNS tumor and contains:

(i) Reasonably obtained patient demographic information, including risk factors;
(ii) Relevant information on the:
    1. Initial histologically precise diagnosis;
    2. Initial treatment;
    3. Extent of the disease by the end of the first hospitalization using a standard nomenclature specified by the Secretary; and
    4. Extent of the disease within 2 months of diagnosis using a standard nomenclature specified by the Secretary if the information is available to the reporting facility and the reporting facility has a tumor registry;
(iii) Facility and other provider identification information; and
(iv) Other requirements as considered necessary by the Secretary.

See Appendix 2 for a list of the fields required for reporting by type of facility/reporter.

What about reporting tumors that are not histologically confirmed?

What to report:

If a facility or reporter is in doubt about whether a case is reportable, please consult with the MCR or report the tumor. The MCR will match the report with existing reports on the same tumor in the database as an update for the tumor record. A cancer report should be submitted for each reportable primary tumor, independent of whether the tumor was microscopically confirmed, so clinically diagnosed tumors without pathologic or cytological confirmation are reportable. In the process of interpreting the clinical or pathologic diagnosis formulated by a medical practitioner, registrars should use the Ambiguous Terminology rules.

Ambiguous Terminology: In assessing tumor reportability, reporters should use the ***ambiguous terminology*** instructions available in (NAACCR Standards for Cancer Registries, Data Standards and Data Dictionary V16, Chapter III: Standards for Tumor Inclusion and Reportability, (available at http://www.naaccr.org/Applications/ContentReader/Default.aspx?c=3). **The following ambiguous terms are considered diagnostic of cancer and must be reported:**

- apparent(ly)
- appears
- comparable with
- compatible with
- consistent with
- favors
- malignant appearing
- most likely
- presumed
- probable
- suspect(ed)
- suspicious (for)
- typical of

Example: The inpatient discharge summary documents that the patient had a chest X-ray consistent with a carcinoma of the right upper lobe. The patient refused further work-up or treatment.

**Exception: if the cytology is reported as "suspicious" and neither a positive biopsy nor a physician's clinical impression supports the cytology findings, do not consider as a diagnosis of cancer and do NOT report.*

- **The following ambiguous terms are NOT considered diagnostic of cancer and should NOT be reported** (NAACCR Standards for Cancer Registries, Data Standards and Data Dictionary V16.0, page 22 [COC, SEER, and NPCR agree on these terms])**:**

-cannot be ruled out	- questionable
-equivocal	- rule out
-possible	-suggests
-possibly malignant	-worrisome

Example: Final diagnosis states "Mammogram shows possible carcinoma of the breast". This case is not reportable.

Are there some tumors that may <u>not</u> be reported based of the Class of Case definitions?

All reporting facilities except for laboratories and physician offices may not transmit reports with the Class of Case of 32, 33, 40, 41, 42, 43.

Laboratories may not transmit reports with the Class of Case of 20, 21, 22, 32, 33, 40, 41, 42**.**

Physician offices may not transmit reports with the Class of Case of 32, 33, and 43. In addition, physician offices may not transmit cancer reports for cases that had been previously reported by any reporter as a Class of Case 00, 10, 11, 12, 13, 14, 20, 21, 22.

The Class of case definitions are those prescribed by the Thornton ML, (ed). Standards for Cancer Registries Volume II: Data Standards and Data Dictionary, Record Layout Version 16, 20th ed. Springfield, Ill.: North American Association of Central Cancer Registries, September 2015, revised October 2015, revised November 2015 (available at : http://www.naaccr.org/Applications/ContentReader/Default.aspx
When in doubt, call your assigned MCR representative for assistance.

Is an out-of-state or out-of-country patient reportable to the MCR?

Yes, a cancer report **<u>must</u>** be submitted to the MCR on an **out-of-state patient if**:

- An out-of-state patient is hospitalized in a Maryland hospital;
- A non-hospitalized, out-of-state patient is treated at an ambulatory care facility in Maryland or at a therapeutic radiological center in Maryland;

- A non-hospitalized, out-of-state patient's specimen is sent to a laboratory located and licensed in Maryland; or
- A non-hospitalized, out-of-state patient is not otherwise reported to the MCR and is treated by a physician licensed in Maryland and practicing in Maryland.

Out-of-Country patients do not need to be reported, but can be.

When is a Maryland resident who is diagnosed or treated out-of-state reportable to the MCR?

A laboratory licensed in Maryland pursuant to COMAR 10.10.03, but *located outside of Maryland* **must report** to the MCR for all Maryland residents who have a reportable cancer or benign brain or CNS tumor.

A physician licensed in Maryland but *practicing outside of Maryland* **must report** all Maryland residents who are not otherwise reported to the MCR and who are diagnosed and treated exclusively **in his/her Maryland offices**.

A Maryland resident admitted to an out-of-state hospital or treated at an out-of-state facility will be reported to the other state's cancer registry and the MCR will receive the report from the other state if Maryland has an interstate data sharing agreement with them.

Must a physician who gives outpatient chemotherapy to a patient report the case of cancer to the MCR?

Yes. A physician must report any non-hospitalized case of cancer (or benign brain or CNS tumor) not previously reported to the MCR. A physician who provides outpatient chemotherapy to a patient who has been previously reported to the MCR (e.g. by a hospital), is not required to report the case. The physician must have a formal reporting agreement with the hospital cancer registry to report his/her patients to the MCR.

Please note that the MCR will contact a reporting source to obtain additional required information if it is not initially reported to the MCR (e.g., if chemotherapy treatment is not reported to the MCR by a hospital or laboratory, MCR will contact the physician to obtain additional information).

Which data fields does the MCR require to be reported?

Fields that cover the information listed above are required. Appendix 2 provides the exact list of fields required for each type of reporting facility.

What text should be entered in the Text fields?

Text fields permit the user to enter more detail about a specific tumor. Appendix 3 details the Text fields in the North American Association of Central Cancer Registries (NAACCR) record layout, their purpose, and examples of the text facilities should enter.

When are reports due to the MCR? (COMAR 10.14.01.04 C.)

A report containing abstracted information from the medical record, surgery report, pathology report, and/or radiation therapy or chemotherapy report should be submitted **no later than 6 months** after initial diagnosis or treatment of a cancer patient by all hospitals, freestanding laboratories, and ambulatory surgical centers, therapeutic radiology centers, and physicians.

Reports should be submitted electronically* via MCR's Web Plus system, four (4) times a year (quarterly). If a computerized record is not possible, the MCR will work with a reporter to accommodate reporting on *hard copy* forms if the reporter reports less than 100 (< 100) cases each year.

Quarterly submissions from each facility are due by **the last day of March**, **June**, **September**, and **December** as follows:

Date of Diagnosis (example uses 2016 dates of diagnosis)	**Date reports due to MCR**
January 1, 2016—March 31, 2016 or January 1-March 31 of the diagnosis year	September 30, 2016 or September 30 of the diagnosis year
April 1, 2016—June 30, 2016 or April 1-June 30 of the diagnosis year	December 31, 2016 or December 31 of the diagnosis year
July 1, 2016—September 30, 2016 or July 1 – September 30 of the diagnosis year	March 31, 2017 or March 31 of the year following the diagnosis year
October 1, 2016—December 31, 2016 Or October 1-Decmeber 31 of the diagnosis year	June 30, 2017 Or June 30 of the year following the diagnosis year

The MCR encourages monthly reporting and reports are due 6 months after the close of the month of diagnosis, if reporting monthly.

If you cannot make the deadline for reporting, please contact your assigned MCR representative **before** the end of the quarter to report the delay.

How does the MCR maintain confidentiality of reports? Can MCR data be released? (COMAR 10.14.01.05)

The Maryland Department of Health and Mental Hygiene (DHMH) regards all tumor data received, processed, and reported to the MCR as confidential, but the law states that information obtained by the MCR is not a medical record. The MCR manages and releases information in accordance with the laws and regulations established for and by the State of Maryland as set forth in the Code of Maryland Regulations 10.14.01, Cancer Registry, and Health-General Articles, §§18-203 and 18-204, and §§4-101—4-103 Annotated Code of Maryland.

The MCR Data Use Manual and Procedures defines how data from the registry are handled and released consistent with Maryland law. The Policy is available at:

http://phpa.dhmh.maryland.gov/cancer/CCPC%20Library%20Doc/MCR%20DataUse%20Manual%20and%20Procedures%20102012.pdf

How are MCR reports categorized by the Health Insurance Portability and Accountability Act (HIPAA)?

See Appendix 4 for information on the MCR's surveillance responsibilities and HIPAA. The MCR is a "public health authority," as defined by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and federal regulations [see 45 CFR §164.512(a), (b), and (d) and §160.203(c)] authorize disclosure without patient consent in a number of circumstances, including the following:

> Disclosure is permitted to a public health authority authorized by law to access information to prevent/control disease, injury, disability, e.g., disease reporting, vital statistics reporting, public health surveillance, public health investigations, public health interventions and partner notification. See 45 CFR §164.512(b).

Does the MCR assure compliance with reporting requirements? (18-204 ((b) (2) and COMAR 10.14.01.06))

Yes. The MCR reporting laws and regulations permit the MCR to inspect, upon reasonable notice, a representative sample of medical records, pathology reports, and/or radiological records maintained by a reporting facility from which a cancer report should have been previously made at the facility for patients diagnosed, treated, or admitted for cancer or a CNS tumor. The MCR conducts audits of facilities consistent with these provisions.

What ICD-10-CM codes should be included in the "disease index" or case finding list? What data elements should be on the list?

Appendix 5 provides specific instructions on how to format and upload a disease index.
Appendix 6 provides the ICD-9-CM and ICD-10-CM codes to be included in the disease index or case finding list.

Whom should I contact with questions?

Appendix 7 contains the current names and contact numbers of DHMH and the contractor staff and updates are issued periodically. For questions regarding your data submissions, edit errors or Web Plus questions, contact the data contractor staff; to request data or for other information, please contact DHMH staff.

Appendix 1: Laws and Regulations

Annotated Code of Maryland
Article - HEALTH - GENERAL
TITLE 18. DISEASE PREVENTION
SUBTITLE 2. REPORTS; PREVENTIVE ACTIONS
PART I. REPORTS ON DISEASES

§ 18-203. Information provided to a cancer control agency in another state

Notwithstanding any other provision of law, the Department may provide patient-identifying information for patients treated in this State for cancer to a cancer control agency in another state if:
(1) The patient is a resident of the other state;
(2) The Department determines that the agency will preserve the confidentiality of the information; and
(3) The other state has authority to provide equivalent information on Maryland residents to this State.

§ 18-204. Cancer or a central nervous system tumor

(a) Definitions. --

(1) In this section the following words have the meanings indicated.

(2) "Cancer report" means a 1-time abstract of the medical record of a patient diagnosed or treated for cancer or a central nervous system tumor which contains:
(i) Reasonably obtained patient demographic information, including risk factors;
(ii) Relevant information on the:
1. Initial histologically precise diagnosis;
2. Initial treatment;
3. Extent of the disease by the end of the first hospitalization; and
4. Extent of the disease within 2 months of diagnosis if the information is available to the reporting facility and the reporting facility has a tumor registry; and
(iii) Facility and other provider identification information.

(3) (i) "Central nervous system tumor" means, irrespective of histologic type or behavior, a primary tumor in the following sites:
1. The brain;
2. The cauda equina;
3. A cranial nerve;
4. The craniopharyngeal duct;
5. The meninges;
6. The pineal gland;
7. The pituitary gland; or
8. The spinal cord.
(ii) "Central nervous system tumor" includes a primary intracranial tumor.

(4) "Freestanding ambulatory care facility" has the meaning stated in § 19-3B-01 of this article.

(b) Requirements; inspection of records; confidentiality requirements; liability; regulations; annual report. --

(1) Each hospital which has care of a patient with cancer or a central nervous system tumor, each freestanding laboratory, freestanding ambulatory care facility, or therapeutic radiological center which has care of or has diagnosed cancer or a central nervous system tumor for a nonhospitalized patient, and each physician who has care of or has diagnosed cancer or a central nervous system tumor for a nonhospitalized patient not otherwise reported shall:

(i) 1. Submit a cancer report to the Secretary, on the form that the Secretary provides or in a computerized file;

2. Make available to the Secretary, or an agent of the Secretary, at the facility the information necessary to compile a cancer report; or

3. Enter into an agreement with a hospital or other facility or agency that agrees to report to the Maryland Cancer Registry to act as the reporting source for a cancer or central nervous system tumor patient who has been referred to or from that facility, or reported to that agency with regard to cancer or central nervous system tumor screening, diagnosis, or treatment; and

(ii) Effective July 1, 1993, submit a cancer report in a computerized file on a quarterly basis to the Secretary, or an agent of the Secretary, for all patients initially diagnosed, treated, or admitted to a facility for cancer or a central nervous system tumor during that calendar quarter.

(2) To assure compliance with this section, the Secretary, or an agent of the Secretary, may inspect upon reasonable notice a representative sample of the medical records of patients diagnosed, treated, or admitted for cancer or a central nervous system tumor at the facility.

(3) (i) Information obtained under this subsection shall be confidential and subject to Title 4, Subtitle 1 of this article.

(ii) This subsection does not apply to a disclosure by the Secretary to another governmental agency performing its lawful duties pursuant to State or federal law where the Secretary determines that the agency to whom the information is disclosed will maintain the confidentiality of the disclosure.

(iii) A cancer report is not a medical record under Title 4, Subtitle 3 of this article, but is subject to the confidentiality requirements of Title 4, Subtitle 1 of this article.

(4) Each hospital, freestanding laboratory, freestanding ambulatory care facility, therapeutic radiological center, or physician who in good faith submits a cancer report to the Secretary is not liable in any cause of action arising from the submission of the report.

(5) The Secretary, after consultation with the Cancer Registry Advisory Committee, the Maryland Hospital Association, and representatives of freestanding laboratories and therapeutic radiological centers, shall adopt regulations to implement the requirements of this section.

(6) The Secretary, in accordance with § 2-1246 of the State Government Article, shall submit an annual report to the Governor and General Assembly on the activities of the cancer registry, including utilization of cancer registry data.

HISTORY: 1991, ch. 469, § 3; 1996, ch. 235; 1997, ch. 635, § 9; ch. 636, § 9; 2001, ch. 251; 2009, ch. 60, § 5.

Title 10 DEPARTMENT OF HEALTH AND MENTAL HYGIENE
Subtitle 14 CANCER CONTROL
Chapter 01 Cancer Registry

Authority: Health-General Article, §§ 2-104, 18-104, 18-203 and 18-204, Annotated Code of Maryland; 42 U.S.C. §280(e)

.01 Scope.

This chapter establishes a cancer registry within the Department, defines key terms, details the information to be contained in a cancer report, and specifies requirements of reporting facilities, nursing facilities, assisted living programs, and general hospice care programs. In addition, this chapter identifies requestors authorized to receive confidential data, allows a fee to be charged for data reports, and incorporates by reference the Maryland Cancer Registry Data Use Manual and Procedures (October 2012).

.02 Definitions.

A. In this chapter, the following terms have the meanings indicated.

B. Terms Defined.

(1) "Assisted living program" has the meaning stated in COMAR 10.07.14.02B.

(2) "Cancer registry" means a computerized system to register all cases of reportable human cancer or reportable human central nervous system (CNS) tumors of Maryland residents and nonresidents diagnosed or treated in Maryland.

(3) "Cancer report" means a one-time abstract from one or more of the following documents maintained by a reporting facility, nursing facility, assisted living program, or general hospice care program of each new case of reportable human cancer or CNS tumor diagnosed or treated, and any other case of reportable human cancer or CNS tumor initially diagnosed or treated for time periods as designated by the Secretary:

(a) Medical record;

(b) Pathology report; and

(c) Radiological report.

(4) Case of a Reportable Human CNS Tumor.

(a) "Case of a reportable human CNS tumor" means an identified human tumor, irrespective of histologic type or behavior, occurring as a primary tumor in any of the following sites or subsites with International Classification of Diseases for Oncology, Third Edition (ICD-O-3) topography codes C70.0—C72.9 and C75.1—C75.3:

(i) The brain;

(ii) The meninges;

(iii) The spinal cord;

(iv) The cauda equina;

(v) A cranial nerve;

(vi) The pituitary gland;

(vii) The pineal gland; or

(viii) The craniopharyngeal duct.

(b) "Case of a reportable human CNS tumor" includes all benign and uncertain behavior tumors of the CNS (ICD-9-CM Codes 225.0—225.9, 227.3—227.4, 228.02, 237.0—237.1, 237.5—237.9, and 239.6, and all tumors of the CNS of benign and uncertain behavior with ICD-O-3 codes of "0" or "1"), which includes codes from:

(i) The International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM); and

(ii) The International Classification of Diseases for Oncology, Third Edition (ICD-O-3).

(5) "Case of reportable human cancer" means the identification of a human cancer from the following list, which includes codes from the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) and the International Classification of Diseases for Oncology, Third Edition (ICD-O-3):

(a) All malignant neoplasms with ICD-9-CM Codes 140—195.8 and 199—209.37 or ICD-O-3 behavior code of "3", **including** genital skin cancer of the vagina, clitoris, vulva, prepuce, penis, and scrotum and **excluding** other sites of skin cancer with ICD-O-3 topography codes C44.0—C44.9 with one of the following ICD-O-3 histologies:

(i) M-8000—8005 Neoplasms, malignant, not otherwise specified of skin;

(ii) M-8010—8046 Epithelial carcinomas of skin;

(iii) M-8050—8084 Papillary and squamous cell carcinomas of skin; or

(iv) M-8090—8110 Basal cell carcinomas;

(b) All malignant neoplasms with the following ICD-9-CM codes where ICD-O-3 behavior is "3" and ICD-O-3 histologies are:

(i) 236.0— Endometrial stroma, low grade (M-8931);

(ii) 238.3— Phylloides tumor (M-9020);

(iii) 238.4— Polycythemia (M-9960);

(iv) 238.6— Plasmacytoma (M-9731, M-9734);

(v) 238.71—238.79— Essential thrombocythemia (M-9962), myelodysplastic syndromes (M-9980, M-9982, M-9983, M-9985, M-9986, M-9987 M-9989), myelofibrosis with myeloid metaplasia (M-9961), post-transplant lymphoproliferative disorder (M-9987) or lympho and myeloproliferative disease (M-9931, M-9960, M-9961);

(vi) 273.2— Alpha and gamma heavy chain disease (M-9762) or Franklin disease (M-9763);

(vii) 273.3— Waldenstrom macroglobulinemia (M-9761);

(viii) 284.9— Refractory anemia (M-9980); or

(ix) 285.0— Refractory anemia with ringed sideroblasts (M-9982), refractory anemia with excess blasts (M9983), or refractory anemia with excess blasts in transformation (M-9984);

(c) All cases of carcinoma in situ with ICD-9-CM Codes 230.0—234.9 or with ICD-O-3 behavior code of "2", **including** genital skin cancers of the vagina, clitoris, vulva, prepuce, penis, and scrotum **and excluding** other skin cancers with ICD-O-3 topography codes C44.0—C44.9 with one of the following ICD-O-3 histologies:

(i) M-8000—8005 Neoplasms, malignant, not otherwise specified of skin;

(ii) M-8010—8046 Epithelial carcinomas of skin;

(iii) M-8050— 8084 Papillary and squamous cell carcinomas of skin; and

(iv) M-8090—8110 Basal cell carcinomas; or

(d) All cases of intraepithelial neoplasia with ICD-O-3 histology code of M-8077/2:

(i) Including squamous intraepithelial neoplasia of vagina (VAIN), vulva (VIN), and anus (AIN) (ICD-9-CM codes 233.3 and 230.6; and ICD-O-3 topography codes C52, C51, and C21.1); and

(ii) Excluding squamous intraepithelial neoplasia of the cervix (CIN III) and glandular intraepithelial neoplasia of the prostate (PIN) (ICD-9-CM codes 233.1 and 233.4; and ICD-O-3 topography codes C53 and C61.9).

(6) "Computerized file" means an electronic data file using software approved for use by the Secretary, containing complete cancer report information transferable to a master electronic database system maintained by the Department.

(7) "Department" means the Department of Health and Mental Hygiene or a designee.

(8) "Freestanding ambulatory care facility" has the meaning stated in Health-General Article, §19-3B-01, Annotated Code of Maryland.

(9) "Freestanding laboratory" means a facility, place, establishment, or institution which performs a laboratory examination for a person, authorized by law to request the examination, in connection with the diagnosis of a reportable human cancer or CNS tumor, and is licensed by the State pursuant to COMAR 10.10.03, and:

(a) Not under the administrative control of a hospital; or

(b) Under the administrative control of a hospital for a diagnosis of reportable human cancer or CNS tumor of a non-hospitalized patient.

(10) “General hospice care program” has the meaning stated in COMAR 10.07.21.02.

(11) "Hospital" means a facility which is licensed by the State pursuant to COMAR 10.07.01.

(11-1) “Maryland Cancer Registry Data Use Manual and Procedures” means the document that describes the Maryland cancer registry procedures for release of cancer data and that outlines the procedures to obtain both non-confidential aggregate data and confidential individual-level data.

(12) "Nursing facility" has the meaning stated in COMAR 10.07.02.01B.

(13) "Physician" means an individual who:

(a) Practices medicine, as defined in Health Occupations Article, §14-101, Annotated Code of Maryland; and

(b) Diagnoses or treats a case of reportable human cancer or a reportable human CNS tumor at a practice located in Maryland.

(14) "Reporting facility" means any of the following:

(a) A hospital, freestanding laboratory, freestanding ambulatory care facility, or therapeutic radiological center; or

(b) A physician who has care of or has diagnosed a case of reportable human cancer or reportable human CNS tumor for a non-hospitalized patient not otherwise reported.

(15) "Secretary" means the Secretary of Health and Mental Hygiene or a designee of the Secretary.

(16) "Therapeutic radiological center" means a facility or institution:

(a) Performing radiological treatment for a person authorized by law to request the treatment in connection with a reportable human cancer or a reportable human CNS tumor; and

(b) Licensed or registered by the State pursuant to COMAR 10.05.03 and not under the administrative control of a hospital.

.02-1 Incorporation by Reference.

The Maryland Cancer Registry Data Use Manual and Procedures (Maryland Department of Health and Mental Hygiene, October 2012) is incorporated by reference.

.03 Establishment of a Cancer Registry.

There is a cancer registry established within the Department, whose purpose is to collect reportable human cancer data and reportable human CNS tumor data to further the cancer control goals of the State.

.04 Cancer Control Goals of the State.

A. The cancer control goals of the State are to reduce the incidence and mortality of reportable human cancer and reportable human CNS tumors and racial, ethnic, gender, age, and geographic disparities in reportable human cancer and CNS tumor incidence and mortality in Maryland, by:

(1) Advancing the understanding of reportable human cancer and reportable human CNS tumor demographics;

(2) Describing reportable human cancer and reportable human CNS tumor sources, causes, risk factors, preventive measures, diagnostic tests, screening tests, treatment, and survival; and

(3) Evaluating the cost, quality, efficacy, and appropriateness of diagnostic, therapeutic, rehabilitative, and preventive services and programs related to reportable human cancer and reportable human CNS tumors.

B. Research that will further the cancer control goals of the State is research whose protocols have been reviewed by Department staff who have found that the research will:

(1) Advance scientific knowledge or advance knowledge of clinical practice related to cancer;

(2) Have approaches, aims, and methods that will allow the researcher to perform descriptive analyses or test hypotheses;

(3) Have one or more investigators who have training and experience with the approaches and methods; and

(4) Be conducted in a scientific environment likely to contribute to the success of the research.

.05 Content of a Cancer Report.

A cancer report shall contain the following information, using the standard nomenclature contained in the North American Association of Central Cancer Registries' Standards for Cancer Registries, Volume II, Data Standards and Data Dictionary:

A. Reasonably obtained patient demographic information, including risk factors;

B. Information on the industrial or occupational history of an individual with cancer, to the extent such information is available;

C. Relevant information on the:

(1) Initial diagnosis, including the date of the diagnosis;

(2) Initial treatment;

(3) Extent of the disease by the end of the first hospitalization; and

(4) Extent of the disease within 2 months of diagnosis, if the information is available to the reporting facility, nursing facility, assisted living program, or general hospice care program;

D. Facility and other provider identification information; and

E. Other requirements as considered necessary by the Secretary.

.06 Reporting Requirements.

A. A reporting facility shall submit a:

(1) Cancer report to the Secretary in a computerized file containing standard information required by the Secretary;

(2) Computerized file not less than quarterly; and

(3) Completed report of any new individual case of a reportable human cancer or reportable human CNS tumor not later than 6 months after diagnosis or treatment.

B. A nursing facility, an assisted living program, or general hospice care program shall submit a cancer report containing information that is under the control of the facility to the Secretary if the Secretary requests a cancer report on a patient who has been a resident of the nursing facility, assisted living program, or general hospice care program.

.07 Confidentiality of Cancer Reports.

A. Information obtained under this chapter is not a medical record under Health-General Article, §4-301, Annotated Code of Maryland, but is subject to the confidentiality requirements of Health-General Article, §§4-101—4-103, Annotated Code of Maryland.

B. The Secretary may release confidential data to:

(1) An institution or individual researcher for medical, epidemiological, health care, or other cancer-related or CNS tumor-related research approved by the Secretary and the Department's Institutional Review Board (IRB) in order to further the cancer control goals of the State set forth in Regulation .04 of this chapter;

(2) A reporting facility which:

(a) Routinely submits information on cases of reportable human cancer or reportable human CNS tumors to the cancer registry;

(b) Has been formally accepted as a participant in the cancer registry system; and

(c) Requests data relating to patients reported by the facility;

(3) An out-of-State cancer registry or cancer control agency which requests routine data if the:

(a) Patient is a resident of the other state; and

(b) Other state has authority to provide equivalent information on Maryland residents to this State;

(4) Each county health officer and the Baltimore City Commissioner of Health; and

(5) Another governmental agency performing its lawful duties pursuant to State or federal law.

C. The Secretary may release confidential information, subject to:

(1) A determination by the Secretary that a recipient of the information disclosed will maintain the confidentiality of the disclosed information; and

(2) An agreement signed by the Secretary and by the recipient of the confidential information that the recipient of the information will maintain the confidentiality of the disclosed information.

D. The Secretary shall release confidential data to a requestor in response to a written request only, in accordance with Health-General Article, §§4-101 and 4-102, Annotated Code of Maryland.

E. A reporting facility that in good faith submits a cancer report to the Secretary is not liable in any cause of action arising from the submission of the cancer report to the Secretary.

F. The use or publication of any statistics, information, or other material that summarizes or refers to confidential records in the aggregate, without disclosing the identity of any person who is the subject of the confidential record is not subject to the provisions of Health-General Article, §4-102, Annotated Code of Maryland.

G. The Secretary shall release cancer data in accordance with the procedures outlined in the Maryland Cancer Registry Data Use Manual and Procedures (October 2012).

.08 Authority and Requirements of the Secretary.

A. To assure compliance by a reporting facility, nursing facility, assisted living program, or general hospice care program with Regulation .05 of this chapter, the Secretary may, upon advance notice, inspect a representative sample of medical records, pathology reports, or radiological reports maintained by the facility of cases of reportable human cancer and reportable human CNS tumors.

B. The Secretary may charge a reasonable fee to cover the cost of providing data reports to appropriate requestors, as allowed by COMAR 10.01.08.04. All applicable fees shall be paid in full in advance of filling the request.

C. After receiving all necessary information to support a request to release cancer registry data, the Secretary shall act in a timely manner and decide on the request with one of the following outcomes:

(1) Final approval;

(2) Interim approval, if the request has been accepted with one or more conditions which shall be met before final approval is granted; or

(3) Disapproval.

D. The Secretary, in accordance with State Government Article, §2-1246, Annotated Code of Maryland, shall submit an annual report to the Governor and General Assembly on the activities of the cancer registry, including use of cancer registry data.

E. Nothing in this chapter is intended to limit or otherwise restrict the Secretary from obtaining cancer report information on Maryland residents from sources located either inside or outside the State.

10.14.01.9999

Administrative History

Effective date: September 28, 1992 (19:19 Md. R. 1707)

Regulation .01 amended effective April 21, 1997 (24:8 Md. R. 616)
Regulation .02B amended effective April 26, 1993 (20:8 Md. R. 723); April 21, 1997 (24:8 Md. R. 616); June 23, 2003 (30:12 Md. R. 788)
Regulation .04 amended effective April 21, 1997 (24:8 Md. R. 616)
Regulation .04C amended effective June 23, 2003 (30:12 Md. R. 788)
Regulation .05B amended effective June 23, 2003 (30:12 Md. R. 788)
Regulation .06B, D amended effective June 23, 2003 (30:12 Md. R. 788)

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Chapter revised effective March 22, 2010 (37:6 Md. R. 478)
Regulation .01 amended effective January 13, 2011 (38:1 Md. R. 11); April 15, 2013 (40:7 Md. R. 611)
Regulation .02B amended effective January 13, 2011 (38:1 Md. R. 11); April 15, 2013 (40:7 Md. R. 611)
Regulation .02-1 adopted effective April 15, 2013 (40:7 Md. R. 611)
Regulation .05C amended effective January 13, 2011 (38:1 Md. R. 11)
Regulation .06B amended effective January 13, 2011 (38:1 Md. R. 11)
Regulation .07G adopted effective April 15, 2013 (40:7 Md. R. 611)
Regulation .08A amended effective January 13, 2011 (38:1 Md. R. 11)

Appendix 2: Required Fields

Please reference the following website for information pertaining to the Required Fields by type of Reporter for the State of Maryland:
http://phpa.dhmh.maryland.gov/cancer/SiteAssets/SitePages/mcr_reporter/Appendix%202%20fields.pdf

NAACCR Item #	Required Data Items	MCR	Hosp	Rad / MD Office	Amb Sur/Labs	Standard Setter	V16 changes
570	Abstracted By	.	R	R	R	CoC	
550	Accession Number--Hosp	.	R	R	.	CoC	
70	Addr at DX--City	R	R	R	R	CoC	
102	Addr at DX--Country	.	R	R	.	NAACCR	
2330	Addr at DX--No & Street	R	R	R	R	CoC	
100	Addr at DX--Postal Code	R	R	R	R	CoC	
80	Addr at DX--State	R	R	R	R	CoC	
2335	Addr at DX--Supplementl	R	R*	R*	R	CoC	
1810	Addr Current--City	.	R	.	.	CoC	
1832	Addr Current--Country	.	R	.	.	NAACCR	
2350	Addr Current--No & Street	.	R	R	.	CoC	
1830	Addr Current--Postal Code	.	R	.	.	CoC	
1820	Addr Current--State	.	R	.	.	CoC	
2355	Addr Current--Supplementl	.	R*	R*	.	CoC	
230	Age at Diagnosis	R	R	R		SEER/ CoC	
442	Ambiguous Terminology DX	.	RH	RH	.	SEER	
3100	Archive FIN	.	R	R	.	CoC	
1930	Autopsy	R	R	R	.	NAACCR	New
430	Behavior (92-00) ICD-O-2	RH	RH	RH	.	SEER/ CoC	
523	Behavior Code ICD-O-3	R	R	R	R	SEER/ CoC	
254	Birthplace--Country	R*	R	R	.	NAACCR	
252	Birthplace--State	R*	R	R	.	NAACCR	
1770	Cancer Status	.	R	R	.	CoC	
501	Casefinding Source	R*	R	R	R	NAACCR	
1910	Cause of Death	R	.	.	.	SEER	
610	Class of Case	R	R	R	R	CoC	
2140	CoC Coding Sys--Current	.	R	R	.	CoC	
2150	CoC Coding Sys--Original	.	R	R	.	CoC	
3110	Comorbid/Complication 1	.	R	R	.	CoC	
3164	Comorbid/Complication 10	.	R	R	.	CoC	
3120	Comorbid/Complication 2	.	R	R	.	CoC	
3130	Comorbid/Complication 3	.	R	R	.	CoC	
3140	Comorbid/Complication 4	.	R	R	.	CoC	
3150	Comorbid/Complication 5	.	R	R	.	CoC	

NAACCR Item #	Required Data Items	MCR	Hosp	Rad / MD Office	Amb Sur/Labs	Standard Setter	V16 changes
3160	Comorbid/Complication 6	.	R	R	.	CoC	
3161	Comorbid/Complication 7	.	R	R	.	CoC	
3162	Comorbid/Complication 8	.	R	R	.	CoC	
3163	Comorbid/Complication 9	.	R	R	.	CoC	
90	County at DX	R	R	R	.	FIPS/ SEER	
2810	CS Extension	RH	RH	RH	RH	AJCC	REV
2830	CS Lymph Nodes	RH	RH	RH	RH	AJCC	REV
2840	CS Lymph Nodes Eval	RH	RH	RH	RH	AJCC	REV
2850	CS Mets at DX	RH	RH	RH	RH	AJCC	REV
2851	CS Mets at Dx-Bone	.	RH	RH	RH	AJCC	
2852	CS Mets at Dx-Brain	.	RH	RH	RH	AJCC	
2853	CS Mets at Dx-Liver	.	RH	RH	RH	AJCC	
2854	CS Mets at Dx-Lung	.	RH	RH	RH	AJCC	
2860	CS Mets Eval	RH	RH	RH	RH	AJCC	
2880	CS Site-Specific Factor 1	RS	RS	RS	.	AJCC	REV
2890	CS Site-Specific Factor 2	RS	RS	RS	.	AJCC	REV
2900	CS Site-Specific Factor 3	RH	RH	RH	.	AJCC	REV
2910	CS Site-Specific Factor 4	RH	RH	RH	.	AJCC	REV
2920	CS Site-Specific Factor 5	RS	RS	RS	.	AJCC	REV
2930	CS Site-Specific Factor 6	RS	RS	RS	.	AJCC	REV
2861	CS Site-Specific Factor 7	RH	RH	RH	.	AJCC	REV
2862	CS Site-Specific Factor 8	RS	RS	RS	.	AJCC	REV
2863	CS Site-Specific Factor 9	RS	RS	RS	.	AJCC	REV
2864	CS Site-Specific Factor10	RS	RS	RS	.	AJCC	REV
2865	CS Site-Specific Factor11	RS	RS	RS	.	AJCC	REV
2866	CS Site-Specific Factor12	RH	RH	RH	.	AJCC	REV
2867	CS Site-Specific Factor13	RS	RS	RS	.	AJCC	REV
2868	CS Site-Specific Factor14	RS	RS	RS	.	AJCC	REV
2869	CS Site-Specific Factor15	RS	RS	RS	.	AJCC	REV
2870	CS Site-Specific Factor16	RS	RS	RS	.	AJCC	REV
2871	CS Site-Specific Factor17	RH	RH	RH	.	AJCC	REV
2872	CS Site-Specific Factor18	.	.	.	.	AJCC	REV
2873	CS Site-Specific Factor19	.	.	.	.	AJCC	REV
2874	CS Site-Specific Factor20	.	.	.	.	AJCC	REV
2875	CS Site-Specific Factor21	.	.	.	.	AJCC	REV
2876	CS Site-Specific Factor22	.	.	.	.	AJCC	REV
2877	CS Site-Specific Factor23	.	.	.	.	AJCC	REV
2878	CS Site-Specific Factor24	.	.	.	.	AJCC	REV
2879	CS Site-Specific Factor25	RS	RS	RS	RS	AJCC	REV
2800	CS Tumor Size	RH	RH	RH	RH	AJCC	REV
2820	CS Tumor Size/Ext Eval	RH	RH	RH	RH	AJCC	REV
2936	CS Version Derived	RH	RH	RH	R	AJCC	REV

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2937	CS Version Input Current	R	R	R	R	AJCC	REV
2935	CS Version Input Original	R	R	R	R	AJCC	REV
1270	Date 1st Crs RX CoC	R#	R	R	R*	CoC	
1271	Date 1st Crs RX CoC Flag	R#	R	R	R*	NAACCR	
2090	Date Case Completed	.	.	.	.	NAACCR	Autofilled
2092	Date Case Completed--CoC	.	D	D	.	CoC	
2085	Date Case Initiated	.	.	.	.	NAACCR	Autofilled
2100	Date Case Last Changed	.	D	D	.	NAACCR	
2110	Date Case Report Exported	R	R	R	R	NPCR	
2112	Date Case Report Loaded	R	R	R	R	NPCR	
2111	Date Case Report Received	R	R	R	R	NPCR	
443	Date Conclusive DX	.	RH	RH	.	SEER	
448	Date Conclusive DX Flag	.	RH	RH	.	NAACCR	
1260	Date Initial RX SEER	R#	.	.	.	SEER	
1261	Date Initial RX SEER Flag	R#	.	.	.	NAACCR	
580	Date of 1st Contact	R	R	R	R	CoC	
581	Date of 1st Contact Flag	R	R	R	R	NAACCR	
240	Date of Birth	R	R	R	R	SEER/ CoC	
241	Date of Birth Flag	R	R	R	R	NAACCR	
390	Date of Diagnosis	R	R	R	R	SEER/ CoC	
391	Date of Diagnosis Flag	R	R	R	R	NAACCR	
1750	Date of Last Contact	R	R	R	R	SEER/ CoC	
1751	Date of Last Contact Flag	R	R	R	R	NAACCR	
445	Date of Mult Tumors	.	RH	RH	.	SEER	
439	Date of Mult Tumors Flag	.	RH	RH	.	NAACCR	
2980	Derived AJCC-6 M	.	D	D	.	AJCC	
2990	Derived AJCC-6 M Descript	.	D	D	.	AJCC	
2960	Derived AJCC-6 N	.	D	D	.	AJCC	
2970	Derived AJCC-6 N Descript	.	D	D	.	AJCC	
3000	Derived AJCC-6 Stage Grp	.	D	D	.	AJCC	
2940	Derived AJCC-6 T	.	D	D	.	AJCC	
2950	Derived AJCC-6 T Descript	.	D	D	.	AJCC	
3420	Derived AJCC-7 M	RH*	DH	DH	.	AJCC	REV
3422	Derived AJCC-7 M Descript	RH*	DH	DH	.	AJCC	REV
3410	Derived AJCC-7 N	RH*	DH	DH	.	AJCC	REV
3412	Derived AJCC-7 N Descript	RH*	DH	DH	.	AJCC	REV
3430	Derived AJCC-7 Stage Grp	RH*	DH	DH	.	AJCC	REV
3400	Derived AJCC-7 T	RH*	DH	DH	.	AJCC	REV

NAACCR Item #	Required Data Items	MCR	Hosp	Rad / MD Office	Amb Sur/Labs	Standard Setter	V16 changes
3402	Derived AJCC-7 T Descript	RH*	DH	DH	.	AJCC	REV
3030	Derived AJCC--Flag	.	DH	DH	.	AJCC	REV
3010	Derived SS1977	.	DH	DH	.	AJCC	
3040	Derived SS1977--Flag	.	DH	DH	.	AJCC	REV
3020	Derived SS2000	RH	DH	DH	.	AJCC	REV
3050	Derived SS2000--Flag	RH	DH	DH	.	AJCC	REV
762	Derived SS2017	.	.	.	.	SEER	New
490	Diagnostic Confirmation	R	R	R	R	SEER/ CoC	
764	Directly Assigned SS2017	.	.	.	.	SEER	New
1790	Follow-Up Source	R*	R	.	.	CoC	
1791	Follow-up Source Central	R	.	.	.	NAACCR	
366	GIS Coordinate Quality	R*	.	.	.	NAACCR	
440	Grade	R	R	R	R	SEER/ CoC	
449	Grade Path System	RH*	RH	RH	.	AJCC	
441	Grade Path Value	RH*	RH	RH	.	AJCC	
522	Histologic Type ICD-O-3	R	R	R	R	SEER/ CoC	
420	Histology (92-00) ICD-O-2	RH	RH	RH	.	SEER/ CoC	
1920	ICD Revision Number	R	R	R	R	SEER	
1980	ICD-O-2 Conversion Flag	.	RH	RH	.	SEER	
2116	ICD-O-3 Conversion Flag	R	R	R	R	SEER/ CoC	
192	IHS Link	R*	.	.	.	NPCR	
300	Industry Source	R*	.	.	.	NPCR	
410	Laterality	R	R	R	R	SEER/ CoC	
2352	Latitude	R*	.	.	.	NAACCR	
2354	Longitude	R*	.	.	.	NAACCR	
1182	Lymph-vascular Invasion	R	R	R	R	AJCC	
150	Marital Status at DX	.	.	.	.	SEER	
2300	Medical Record Number	R	R	R	R	CoC	
1112	Mets at DX - Bone	.	R	R	.	SEER	New
1113	Mets at DX – Brain	.	R	R	.	SEER	New
1114	Mets at DX – Distant LN	.	R	R	.	SEER	New
1115	Mets at DX - Liver	.	R	R	.	SEER	New
1116	Mets at DX - Lung	.	R	R	.	SEER	New
1117	Mets at DX - Other	.	R	R	.	SEER	New
470	Morph Coding Sys--Current	R	R	R	R	NAACCR	
480	Morph Coding Sys--Originl	.	R	R	R	NAACCR	
444	Mult Tum Rpt as One Prim	.	RH	RH	.	SEER	
446	Multiplicity Counter	.	RH	RH	.	SEER	
50	NAACCR Record Version	R	R	R	R	NAACCR	
2280	Name--Alias	R	.	.	.	NAACCR	
2240	Name--First	R	R	R	R	CoC	

NAACCR Item #	Required Data Items	MCR	Hosp	Rad / MD Office	Amb Sur/Labs	Standard Setter	V16 changes
2230	Name--Last	R	R	R	R	CoC	
2390	Name--Maiden	R	.	.	.	NAACCR	
2250	Name--Middle	R	R	R	R	CoC	
1800	Next Follow-Up Source	.	R	.	.	CoC	
3650	NPCR Derived Clin Stg Grp	R	.	.	.	NPCR	New
3655	NPCR Derived Path Stg Grp	R	.	.	.	NPCR	New
3720	NPCR Specific Field	R	.	.	.	NPCR	
3105	NPI--Archive FIN	.	R	R	.	CMS	
2415	NPI--Inst Referred From	.	R	.	.	CMS	
2425	NPI--Inst Referred To	.	R	.	.	CMS	
2495	NPI--Physician 3	.	R	.	.	CMS	
2505	NPI--Physician 4	.	R	R	.	CMS	
2475	NPI--Physician--Follow-Up	.	R	.	.	CMS	
2465	NPI--Physician--Managing	.	R	.	.	CMS	
2485	NPI--Physician--Primary Surg	.	R	.	.	CMS	
545	NPI--Reporting Facility	R*	R	R	R	CMS	
290	Occupation Source	R*	.	.	.	NPCR	
1985	Over-ride Acsn/Class/Seq	.	R	R	.	CoC	
1990	Over-ride Age/Site/Morph	R	R	R	R*	SEER	
1987	Over-ride CoC-Site/Type	.	R	R	R*	CoC	
3750	Over-ride CS 1	.	RH	RH	.	AJCC	REV
3759	Over-ride CS 10	.	RH	RH	.	AJCC	REV
3760	Over-ride CS 11	.	RH	RH	.	AJCC	REV
3761	Over-ride CS 12	.	RH	RH	.	AJCC	REV
3762	Over-ride CS 13	.	RH	RH	.	AJCC	REV
3763	Over-ride CS 14	.	RH	RH	.	AJCC	REV
3764	Over-ride CS 15	.	RH	RH	.	AJCC	REV
3765	Over-ride CS 16	.	RH	RH	.	AJCC	REV
3766	Over-ride CS 17	.	RH	RH	.	AJCC	REV
3767	Over-ride CS 18	.	RH	RH	.	AJCC	REV
3768	Over-ride CS 19	.	RH	RH	.	AJCC	REV
3751	Over-ride CS 2	.	RH	RH	.	AJCC	REV
3769	Over-ride CS 20	RH	RH	RH	.	AJCC/ NPCR	REV
3752	Over-ride CS 3	.	RH	RH	.	AJCC	REV
3753	Over-ride CS 4	.	RH	RH	.	AJCC	REV
3754	Over-ride CS 5	.	RH	RH	.	AJCC	REV
3755	Over-ride CS 6	.	RH	RH	.	AJCC	REV
3756	Over-ride CS 7	.	RH	RH	.	AJCC	REV
3757	Over-ride CS 8	.	RH	RH	.	AJCC	REV
3758	Over-ride CS 9	.	RH	RH	.	AJCC	REV
2040	Over-ride Histology	R	R	R	R*	SEER	

NAACCR Item #	Required Data Items	MCR	Hosp	Rad / MD Office	Amb Sur/Labs	Standard Setter	V16 changes
1986	Over-ride HospSeq/DxConf	.	R	R	.	CoC	
1988	Over-ride HospSeq/Site	.	R	R	.	CoC	
2060	Over-ride Ill-define Site	R	.	.	.	SEER	
2070	Over-ride Leuk, Lymphoma	R	R	R	.	SEER	
2050	Over-ride Report Source	R	.	.	.	SEER	
2000	Over-ride SeqNo/DxConf	R	.	.	.	SEER	
2071	Over-ride Site/Behavior	R	R	R	R*	SEER	
2074	Over-ride Site/Lat/Morph	R	R	R	R*	SEER	
2010	Over-ride Site/Lat/SeqNo	R	.	.	.	SEER	
1989	Over-ride Site/TNM-StgGrp	R	R	R	.	CoC	REV
2030	Over-ride Site/Type	R	R	R	R*	SEER	
1981	Over-ride SS/NodesPos	.	.	.	.	NAACCR	
1983	Over-ride SS/TNM-M	.	.	.	.	NAACCR	
1982	Over-ride SS/TNM-N	.	.	.	.	NAACCR	
2020	Over-ride Surg/DxConf	R	R	R	R*	SEER	
20	Patient ID Number	R	.	.	.	NAACCR	
2460	Physician--Managing	.	R	.	.	NAACCR	
2480	Physician--Primary Surg	.	.	.	.	CoC	
1940	Place of Death	RH	.	.	.	NPCR	
1944	Place of Death--Country	R*	.	.	.	NAACCR	
1942	Place of Death--State	R	.	.	.	NAACCR	
630	Primary Payer at DX	R*	R	R	R*	CoC	
400	Primary Site	R	R	R	R	SEER/ CoC	
160	Race 1	R	R	R	R	SEER/ CoC	
161	Race 2	R	R	R	R	SEER/ CoC	
162	Race 3	R	R	R	R	SEER/ CoC	
163	Race 4	R	R	R	R	SEER/ CoC	
164	Race 5	R	R	R	R	SEER/ CoC	
170	Race Coding Sys--Current	.	R	R	R	NAACCR	Autofilled
180	Race Coding Sys—Original		R	R		NAACCR	Autofilled
3210	Rad--Boost Dose cGy	.	R	R	.	CoC	
3200	Rad--Boost RX Modality	.	R	R	.	CoC	
1550	Rad--Location of RX	.	R	R	.	CoC	
1520	Rad--No of Treatment Vol	.	R	R	.	CoC	
1510	Rad--Regional Dose: cGy	.	R	R	.	CoC	
1570	Rad--Regional RX Modality	R	R	R	.	CoC	
1540	Rad--Treatment Volume	.	R	R	.	CoC	
3190	Readm Same Hosp 30 Days	.	R	R	.	CoC	
1430	Reason for No Radiation	R	R	R	.	CoC	

NAACCR Item #	Required Data Items	MCR	Hosp	Rad / MD Office	Amb Sur/Labs	Standard Setter	V16 changes
1340	Reason for No Surgery	R	R	R	R*	SEER/ CoC	
10	Record Type	R	R	R	R	NAACCR	
1860	Recurrence Date--1st	.	R	R	.	CoC	
1861	Recurrence Date--1st Flag	.	R	R	.	NAACCR	
1880	Recurrence Type--1st	.	R	R	.	CoC	
830	Regional Nodes Examined	R	R	R	R*	SEER/ CoC	
820	Regional Nodes Positive	R	R	R	R*	SEER/ CoC	
40	Registry ID	R	R	R	R	NAACCR	
540	Reporting Facility	R	R	R	R	CoC	
1460	RX Coding System--Current	R	R	R	R	NAACCR	
1240	RX Date BRM	R	R	R	.	CoC	REV
1241	RX Date BRM Flag	R	R	R	.	NAACCR	REV
1220	RX Date Chemo	R	R	R	.	CoC	REV
1221	RX Date Chemo Flag	R	R	R	.	NAACCR	REV
1280	RX Date DX/Stg Proc	.	R	R	R	CoC	
1281	RX Date DX/Stg Proc Flag	.	R	R	R	NAACCR	
1230	RX Date Hormone	R	R	R	.	CoC	REV
1231	RX Date Hormone Flag	R	R	R	.	NAACCR	REV
3170	RX Date Mst Defn Srg	R	R	R	.	CoC	
3171	RX Date Mst Defn Srg Flag	R	R	R	.	NAACCR	
1250	RX Date Other	R	R	R	.	CoC	REV
1251	RX Date Other Flag	R	R	R	.	NAACCR	REV
3220	RX Date Rad Ended	.	R	R	.	CoC	
3221	RX Date Rad Ended Flag	.	R	R	.	NAACCR	
1210	RX Date Radiation	R	R	R	.	CoC	REV
1211	RX Date Radiation Flag	R	R	R	.	NAACCR	REV
3180	RX Date Surg Disch	.	R	R	.	CoC	
3181	RX Date Surg Disch Flag	.	R	R	.	NAACCR	
1200	RX Date Surgery	R	R	R	R*	CoC	REV
1201	RX Date Surgery Flag	R	R	R	.	NAACCR	REV
3230	RX Date Systemic	.	R	R	.	CoC	
3231	RX Date Systemic Flag	.	R	R	.	NAACCR	
720	RX Hosp--BRM	.	R	R	.	CoC	
700	RX Hosp--Chemo	.	R	R	.	CoC	
740	RX Hosp--DX/Stg Proc	.	R	R	.	CoC	
710	RX Hosp--Hormone	.	R	R	.	CoC	
730	RX Hosp--Other	.	R	R	.	CoC	
3280	RX Hosp--Palliative Proc	.	R	R	.	CoC	
690	RX Hosp--Radiation	.	R	R	.	SEER	
676	RX Hosp--Reg LN Removed	.	RH	RH	.	CoC	

NAACCR Item #	Required Data Items	MCR	Hosp	Rad / MD Office	Amb Sur/Labs	Standard Setter	V16 changes
747	RX Hosp--Scope Reg 98-02	.	RH	RH	.	CoC	
672	RX Hosp--Scope Reg LN Sur	.	R	R	.	CoC	
668	RX Hosp--Surg App 2010	.	R	R	.	CoC	
674	RX Hosp--Surg Oth Reg/Dis	.	R	R	.	CoC	
670	RX Hosp--Surg Prim Site	.	R	R	.	CoC	
1410	RX Summ--BRM	R	R	R	.	SEER/ CoC	
1390	RX Summ--Chemo	R	R	R	.	SEER/ CoC	
1350	RX Summ--DX/Stg Proc	.	R	R	R	CoC	
1400	RX Summ--Hormone	R	R	R	.	SEER/ CoC	
1420	RX Summ--Other	R	R	R	R*	SEER/ CoC	
3270	RX Summ--Palliative Proc	.	R	R	.	CoC	
1360	RX Summ--Radiation	R	R	R	..	SEER	
1330	RX Summ--Reconstruct 1st	.	RH	RH	.	SEER	
1296	RX Summ--Reg LN Examined	.	RH	RH	R*	SEER/ CoC	
1647	RX Summ--Scope Reg 98-02	.	RH	RH	.	SEER/ CoC	
1292	RX Summ--Scope Reg LN Sur	R	R	R	R*	SEER/ CoC	
1648	RX Summ--Surg Oth 98-02	.	RH	RH	.	SEER/ CoC	
1294	RX Summ--Surg Oth Reg/Dis	R	R	R	R*	SEER/ CoC	
1290	RX Summ--Surg Prim Site	R	R	R	R*	SEER/ CoC	
1646	RX Summ--Surg Site 98-02	.	RH	RH	.	SEER/ CoC	
1380	RX Summ--Surg/Rad Seq	RN	R	R	.	SEER/ CoC	
1310	RX Summ--Surgical Approach	.	RH	RH	.	CoC	
1320	RX Summ--Surgical Margins	.	R	R	.	CoC	
1639	RX Summ--Systemic/Sur Seq	R	R	R	.	CoC	REV
3250	RX Summ--Transplnt/Endocr	R	R	R	.	CoC	
1285	RX Summ--Treatment Status	R#	R	R	.	SEER/ CoC	REV
2660	RX Text--BRM	R^	R^	R^	.	NPCR	
2640	RX Text--Chemo	R^	R^	R^	.	NPCR	
2650	RX Text--Hormone	R^	R^	R^	.	NPCR	
2670	RX Text--Other	R^	R^	R^	.	NPCR	
2620	RX Text--Radiation (Beam)	R^	R^	R^	.	NPCR	
2630	RX Text--Radiation Other	R^	R^	R^	.	NPCR	
2610	RX Text--Surgery	R^	R^	R^	R^	NPCR	
3780	Secondary Diagnosis 1	.	R	R	.	CoC	
3798	Secondary Diagnosis 10	.	R	R	.	CoC	
3782	Secondary Diagnosis 2	.	R	R	.	CoC	

NAACCR Item #	Required Data Items	MCR	Hosp	Rad / MD Office	Amb Sur/Labs	Standard Setter	V16 changes
3784	Secondary Diagnosis 3	.	R	R	.	CoC	
3786	Secondary Diagnosis 4	.	R	R	.	CoC	
3788	Secondary Diagnosis 5	.	R	R	.	CoC	
3790	Secondary Diagnosis 6	.	R	R	.	CoC	
3792	Secondary Diagnosis 7	.	R	R	.	CoC	
3794	Secondary Diagnosis 8	.	R	R	.	CoC	
3796	Secondary Diagnosis 9	.	R	R	.	CoC	
760	SEER Summary Stage 1977	RH	RH	RH		SEER	
759	SEER Summary Stage 2000	R	R	R	R*	SEER	
380	Sequence Number--Central	R	.	.	.	SEER	
560	Sequence Number--Hospital	.	R	R	.	CoC	
220	Sex	R	R	R	R	SEER/ CoC	
450	Site Coding Sys--Current	R	R	R	R	NAACCR	
460	Site Coding Sys--Original	.	R	R	.	NAACCR	
2320	Social Security Number	R	R	R	R	CoC	
190	Spanish/Hispanic Origin	R	R	R	R	SEER/ CoC	
2220	State/Requestor Items	.	.	.	.	Varies	
9500	Physician Last Name	R	R	R	R	MCR	
9501	Physician First Name	R	R	R	R	MCR	
9502	Physician Middle Name	R	R	R	R	MCR	
9503	Physician Specialty	R	R	R	R	MCR	
2360	Telephone	.	R	R	.	CoC	
2550	Text--DX Proc--Lab Tests	R^	R^	R^	R^	NPCR	
2560	Text--DX Proc--Op	R^	R^	R^	R^	NPCR	
2570	Text--DX Proc--Path	R^	R^	R^	R^	NPCR	
2520	Text--DX Proc--PE	R^	R^	R^	.	NPCR	
2540	Text--DX Proc--Scopes	R^	R^	R^	R^	NPCR	
2530	Text--DX Proc--X-ray/Scan	R^	R^	R^	.	NPCR	
2590	Text--Histology Title	R^	R^	R^	R^	NPCR	
2690	Text--Place of Diagnosis	.	.	.	.	NPCR	
2580	Text--Primary Site Title	R^	R^	R^	R^	NPCR	
2680	Text--Remarks	.	.	.	.	NPCR	
2600	Text--Staging	R^	R^	R^	R^	NPCR	
320	Text--Usual Industry	R*	R*	R*	R*	NPCR	
310	Text--Usual Occupation	R*	R*	R*	R*	NPCR	
980	TNM Clin Descriptor	R	R	R	.	CoC	REV
960	TNM Clin M	R	R	R	.	AJCC	REV
950	TNM Clin N	R	R	R	.	AJCC	REV
970	TNM Clin Stage Group	R	R	R	.	AJCC	REV
990	TNM Clin Staged By	.	R	R	.	CoC	REV

NAACCR Item #	Required Data Items	MCR	Hosp	Rad / MD Office	Amb Sur/Labs	Standard Setter	V16 changes
940	TNM Clin T	R	R	R	.	AJCC	REV
1060	TNM Edition Number	R	R	R	R	CoC	REV
920	TNM Path Descriptor	R	R	R	.	CoC	REV
900	TNM Path M	R	R	R	.	AJCC	REV
890	TNM Path N	R	R	R	.	AJCC	REV
910	TNM Path Stage Group	R	R	R	.	AJCC	REV
930	TNM Path Staged By	.	R	R	.	CoC	REV
880	TNM Path T	R	R	R	.	AJCC	REV
1150	Tumor Marker 1	.	RH	RH	.	SEER	
1160	Tumor Marker 2	.	RH	RH	.	SEER	
1170	Tumor Marker 3	.	RH	RH	.	SEER	
756	Tumor Size Summary	R	R	R	R	SEER	New
500	Type of Reporting Source	R	R	R	R	SEER	
2170	Vendor Name	.	R	R	R	NAACCR	
1760	Vital Status	R	R	R	R	SEER/ CoC	
Codes for Recommendations							
	New or REV for 2016						
.	No recommendation						
D	Derived						
D*	Derived, when available						
D+	Derived; central registries may collect either SEER Summary Stage 2000 or Collaborative Stage						
R	Required						
R#	Required; central registries may code available data using either SEER or CoC data items and associated rules						
R#*	Required, when available; central registries may code available data using either SEER or CoC data items and associated rules						
R$	Requirements differ by year						
R*	Required, when available						
R^	Required, these text requirements may be met with one or several text block fields						
R+	Required, central registries may collect either SEER Summary Stage 2000 or Collaborative Stage						

NAACCR Item #	Required Data Items	MCR	Hosp	Rad / MD Office	Amb Sur/Labs	Standard Setter	V16 changes
RC	Collected by SEER from CoC-accredited hospitals						
RH	Historically collected and currently transmitted						
RH*	Historically collected and currently transmitted when available						
RN	Collect according to NPCR stage transition schedule						
RS	Required, site specific						
RS#	Required, site specific; central registries may code available data using either SEER or CoC data items and associated rules						
RS*	Required, site specific; when available						
S	Supplementary/recommended						
T	Data is vital to complete exchange record						
T*	Transmit data if available for any case in exchange record						
TH	Only certain historical cases may require these fields						
TH*	Only certain historical cases may require these fields; transmit data if available for any case in exchange record						

Appendix 3: Text Fields

Text Fields: Guidance on Entering Text into Specific Text Fields

Guidance below is excerpted from the NAACCR Data Standards and Data Dictionary, Version 16.0 available at http://www.naaccr.org/Applications/ContentReader/Default.aspx

Rationale:

"Text documentation is an essential component of a complete electronic abstract and is heavily utilized for quality control and special studies. Text is needed to justify coded values and to document supplemental information not transmitted within coded values. High-quality text documentation facilitates consolidation of information from multiple reporting sources at the central registry.

The text field must contain a description that has been entered by the abstractor independently from the code(s). If cancer abstraction software generates text automatically from codes, the text cannot be utilized to check coded values. Information documenting the disease process should be entered manually from the medical record and should not be generated electronically from coded values."

Description of the table:

- ☐ The following table gives the name of each text field, a description of what text should be entered in column 2, and, in the third column, suggestions and examples of text and abbreviations that can be entered.

Text Field	Description of Text to Enter	Suggestions for Text to Enter, and Examples
Required Fields for All Reporting Facilities		
Text - Primary Site Title	Type in the primary site of the tumor being reported and the laterality (side of the body) if it is a paired site. (some sites are not paired such as the prostate, uterus, esophagus, pancreas, and colon)	**Suggestions for text:** ☐ Location of the primary site of the tumor ☐ Available information on tumor laterality (if paired site) **Examples:** ☐ Lung, L lower lobe ☐ Prostate ☐ Breast, R upper outer quadrant ☐ Sigmoid colon ☐ Left temporal lobe of brain
Text - Histology	Review the pathology report and type in the histologic type (adenocarcinoma, squamous cell cancer, etc.), the "behavior" (malignant,	**Suggestions for text:** ☐Histologic type and behavior ☐Information on differentiation from scoring

	in situ, benign), and the grade (differentiation) of the tumor being reported.	system such as Gleason score, Bloom-Richardson Score, Nottingham Score, Information on tumor laterality (if paired site) Examples: ☐Adenocarcinoma of transverse colon, invasive, grade III ☐Adenocarcinoma of prostate, Gleason score 5, Grade 2 ☐Melanoma skin right arm, in situ, grade 0 ☐Melanoma skin left leg, in situ, grade not stated
Text - Pathology	Review the pathology report and type in the text from cytology and histopathology reports.	**Suggestions for Text:** ☐**Date(s) of procedure(s)** ☐Type of tissue specimen(s) ☐Tumor type and grade (include all modifying adjectives, i.e., predominantly, with features of, with foci of, elements of, etc.) ☐Gross tumor size; Extent of tumor spread; Involvement of resection margins ☐Number of lymph nodes involved and examined ☐Record any additional comments from the pathologist, including differential diagnoses considered and any ruled out or favored Examples: ☐11/12/2016 colon polyp, 1.2x1.0x.0.8 cm. Adenocarcinoma contained within polyp showing invasion of submucosa. Stalk: no evidence of

		adenocarcinoma or dysplasia. ☐7/4/16 mastectomy of breast for R upper outer quadrant mass; 1.0 x 1.3 x .9 cm. Ductal carcinoma, infiltrating, Grade III. Margins clear; 12/12 lymph nodes negative for cancer; no metastasis noted; Positive histology; ERA negative.
Other Text Fields Required or Required as Available for Certain Facility Types (See Appendix 2 for list)		
Text—Remarks	Type in more information that you have or use if you ran out of room in other text fields. Problematic coding issues can also be discussed in this section.	**Suggestions for Text:** ☐Overflow of information from any other Text field ☐Justification of over-ride flags ☐Family and personal history of cancer ☐Comorbidities ☐Information on sequence numbers if a person was diagnosed with another cancer out-of-state or before the registry's reference date ☐Place of birth ☐Smoking history **Example:** Patient severely ill; could not undergo further surgery or staging; no treatment planned
Text - Laboratory	Text area for information from laboratory examinations other than cytology or histopathology. Data should verify/validate the coding of the following fields: Date of Diagnosis, Primary Site, Laterality, Histology ICD-O-3, Grade, Collaborative Stage variables, Diagnostic confirmation	**Suggestions for Text:** ☐Type of lab test/tissue specimen(s) ☐Record both positive and negative findings, record positive test results first. ☐Information can include serum and urine electrophoresis, special studies ☐**Date(s) of lab test(s)** ☐Tumor markers included, but are not limited to o Breast Cancer: Estrogen Receptor Assay (ERA),

		Progesterone Receptor Assay (PRA), Her 2/neu. o Prostate Cancer: Prostatic Specific Antigen (PSA) o Testicular Cancer: Human Chorionic Gonadotropin
Text - Operations	Text area for manual documentation of all surgical procedures that provide information for staging. Data should verify/validate the coding of the following fields: Date of 1st positive Bx; Date of Diagnosis; Rx Summary—diagnostic-staging procedures; Rx Summary—Surgery at primary site	**Suggestions for Text:** ☐ **Dates** and descriptions of biopsies and all other surgical procedures from which staging information was derived. ☐ Number of lymph nodes removed ☐ Size of tumor removed ☐ Documentation of residual tumor ☐ Evidence of invasion of surrounding areas
Text - Physical Examination	Text area for the history and physical examination related to the current tumor and the clinical description of the tumor.	**Suggestions for Text:** ☐ **Date of physical exam** ☐ Age, sex, race/ethnicity ☐ History that relates to cancer diagnosis ☐ Primary site ☐ Histology (if diagnosis prior to this admission) ☐ Tumor location ☐ Tumor size ☐ Palpable lymph nodes ☐ Record positive and negative clinical findings. Record positive results first. ☐ Treatment plan
Scopes Text	Text area for endoscopic examinations that provide information for staging and treatment.	**Suggestions for Text:** ☐ **Date(s) of endoscopic exam(s)** ☐ Primary site ☐ Histology (if given) ☐ Tumor location ☐ Tumor size ☐ Lymph nodes ☐ Record positive and negative clinical findings. Record positive results first.

Text - X-Rays and Scans	Text area for all X-rays, scan, and/or other imaging examinations that provide information about staging.	**Suggestions for Text:** **Date(s) of X-ray/Scan(s)** Age, sex, race/ethnicity (when given) Primary site Histology (if given) Tumor location Tumor size Lymph nodes Record positive and negative clinical findings. Record positive results first Distant disease or metastasis
Text - Place of Diagnosis	Text area for the facility, physician office, city, state, or county where the diagnosis was made	**Suggestions for Text:** The complete name of the hospital or the physician office where diagnosis occurred. The initials of a hospital are not adequate. For out-of-state residents and facilities, include the city and the state where the medical facility is located.
Text - Staging	Additional text area for staging information not already entered in the Text—Dx Proc areas	**Suggestions for Text:** Date(s) of procedure(s), including clinical procedures, that provided information for assigning state Organs involved by direct extension Size of tumor or depth of invasion to support the T value Status of margins Number and sites of

		positive lymph nodes to reflect the N value □ Site(s) of distant metastasis to reflect the M value □ Physician's specialty and comments

Other Text Fields Required or Required as Available for Certain Facility Types (See Appendix 2 for list)		
Treatment—Biologic Response Modifiers Text	Text area for information regarding the treatment of the tumor being reported with biological response modifiers or immunotherapy	**Suggestions for Text:** □Date 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
Treatment—Chemotherapy Text	Text area for information regarding chemotherapy treatment of the reported tumor.	**Suggestions for Text:** □Date when chemotherapy began □Where treatment was given, e.g., name of agent(s) or protocol □Other treatment information, e.g., treatment cycle incomplete, unknown if chemotherapy was given
Treatment--Hormonal Text	Text area for information about hormonal treatment	**Suggestions 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.

Treatment—Other Text	Text area for information regarding the treatment of the tumor being reported with treatment that cannot be defined as surgery, radiation, or systemic therapy. This includes experimental treatments and blinded clinical trials.	**Suggestions 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.
Treatment –Radiation Text	Text area for information regarding treatment of the tumor being reported with beam radiation.	**Suggestions for Text:** □Date when radiation treatment began □Where treatment was given, e.g., at this facility, at another facility □Type(s) of beam radiation, e.g., Orthovoltage, Cobalt 60, MV X-rays, Electrons, Mixed modalities □Other treatment information, e.g., patient discontinued after 5 treatments; unknown if radiation was given
Treatment—Surgery Text	Text area for information describing all surgical procedures performed as part of treatment.	**Suggestions for Text:** □Date of each procedure □Type(s) of surgical procedure(s), including excisional biopsies and surgery to other and distant sites □Lymph nodes removed □Regional tissues removed □Metastatic sites □Facility where each procedure was performed □Record positive and negative findings. Record positive findings first

Appendix 4: HIPAA Information

The Maryland Cancer Registry's Surveillance Responsibilities and The Health Insurance Portability and Accountability Act of 1996 (HIPAA)

This information sheet has been prepared to clarify and confirm the authority of staff of the Maryland Cancer Registry (MCR) or an agent of the Secretary of DHMH officially acting on the MCR's behalf, to receive, access, inspect, and/or abstract patient medical records and/or patient medical listings relating to the diagnosis and treatment of cancer and benign central nervous system (CNS) tumors. Such access, inspection, and/or abstraction relates to the review and abstracting of selected patient records and/or listings as a part of the MCR's quality control review of the completeness and accuracy of reporting of cancer and benign CNS tumors in Maryland. Periodic quality control review is a part of the MCR's ongoing public health surveillance activities.

Disclosure of cancer and benign CNS tumors to the MCR is required under the Maryland Department of Health and Mental Hygiene (DHMH) authority pursuant to Maryland Code Annotated, Health-General ("Health-General"), §18-204.

The Maryland Cancer Registry is a "public health authority," as defined by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Federal regulations [see 45 CFR §164.512(a), (b), and (d) and §160.203(c)] authorize disclosure without patient consent in a number of circumstances, including the following:

> Disclosure is permitted to a public health authority authorized by law to access information to prevent/control disease, injury, disability, e.g., disease reporting, vital statistics reporting, public health surveillance, public health investigations, public health interventions and partner notification. See 45 CFR §164.512(b).

Because the MCR is a public health authority, cancer reporting and surveillance are required by state law, and the MCR is not performing such functions on behalf of the covered entity, reporting entities do not need to complete a business associate's agreement before providing reports that include the requested personally identifiable information to the MCR or to an agent of the Secretary of DHMH acting on the MCR's behalf. The required information is needed to conduct public health surveillance. MCR information is not a medical record under Health-General §4-301, and is protected under the confidentiality requirements of Health-General §4-101 et seq.

If you have any questions with respect to the Maryland Cancer Registry's authority to receive, access, inspect and/or abstract personally identifiable information, please contact Kimberly S. Stern, MCR Director, at 410-767-5521.

This information sheet has been reviewed and approved by the legal counsel to the Maryland Cancer

Registry in the Attorney General's Office, but is not a formal opinion of that office.

Appendix 5: Creating a Disease Index

PLEASE SUBMIT THIS "HIGH PRIORITY" REQUEST TO YOUR IT DEPARTMENT

CASE SELECTION INSTRUCTIONS

1. **Select patient encounters occurring from January 1, 2014 - December 31, 2014 and having any ICD-9-CM diagnosis/condition code included in the attached code list (Attachment).**
   - Include all inpatient encounters
   - Include all same day surgery encounters
   - Include all ambulatory cancer treatment encounters
   - Include patient encounters from 01/01/2014 – 12/31/2014.

RECORD LAYOUT AND FILE FORMAT INSTRUCTIONS

2. **Required Variables, Record Layout, and File Format for Flat File Submissions**
   NO SPECIAL CHARACTERS ALLOWED (except in ICD-9-CM Code Fields)

Variable	Length	Format	Condition
Facility ID Number	10	Char	Required Field – left justify, fill with leading zeros.
Hospital Medical Record Number	11	Char	Required Field – left justify
Patient Last Name	25	Char	Required Field – left justify, fill with trailing blanks, no special characters
Patient First Name	14	Char	Required Field – left justify, fill with trailing blanks, no special characters
Patient Middle Name	14	Char	Optional – field can be blank or middle initial – left justify, fill with trailing blanks, no special characters
Patient Maiden Name	15	Char	Optional – field can be blank – left justify, fill with trailing blanks, no special characters
Patient Date of Birth	8	Char	Required Field – YYYYMMDD
Patient SSN	9	Char	Required Field – 9-fill if SSN is unknown
Sex	1	Char	Required Field – M = 1, F = 2, Other = 3, Transsexual = 4 Not stated/Unknown = 9.
Date of Service/ Date of Admission	8	Char	Required Field – YYYYMMDD

Date of Service/ Date of Discharge	8	Char	Required Field – YYYYMMDD *Note: If ambulatory patient encounter (i.e. same day surgery), BOTH Dates of Service should be the same date*
ICD-9-CM Code Principle	6	Char	Required Field – Include decimal point in ICD-9-CM code Left justify
ICD-9-CM Code Secondary_1	6	Char	Required Field – (5 secondary) – Include decimal point in ICD-9/10-CM code - left justify
ICD-9-CM Code Secondary_2	6	Char	Required Field – (5 secondary) – Include decimal point in ICD-9/10-CM code - left justify
ICD-9-CM Code Secondary_3	6	Char	Required Field – (5 secondary) – Include decimal point in ICD-9/10-CM code - left justify
ICD-9-CM Code Secondary_4	6	Char	Required Field – (5 secondary) – Include decimal point in ICD-9/10-CM code - left justify
ICD-9-CM Code Secondary_5	6	Char	Required Field – (5 secondary) – Include decimal point in ICD-9/10-CM code - left justify

3. **Create the File**
   - Following the case selection criteria and required variables instructions, create the file as an Excel spreadsheet or CSV (comma separated value) file.
   - Order the Variables in the same sequence as above
   - Sort the File in alphabetical order by Patient Last Name, Patient First Name, and Date of Service
   -
4. **Name the File – be sure to designate 2014 in your file name**
   - *Facility ID*_2014DiseaseIndex_*date*.xls OR *FacilityID*_2014DiseaseIndex_*date*.csv
   - *Note 1: Facility ID is your 10-digit Facility ID*
   - *Note 2: Date is the date the file was created*

5. **Save the File**
   - Save the file in .xls. xlsx, or .csv file format
   - Hint: You may want to zip the file using WinZip or other standard file compression software.

FILE SUBMISSION INSTRUCTIONS

6. **Submit the File to MCR**
   - MCR Web Plus File Upload Submission:
     - Login to the MCR secure Web Plus sever using your usual Login ID and Password; Login as a "File Uploader"
       - If you do not have "File Uploader" privileges – contact your Field Representative
     - Go to Upload File tab
     - **IMPORTANT: Select "Non-NAACCR" file type**
     - Upload the file using the standard MCR Web Plus file upload feature
       Contact the MCR Technical Help Line 1-888-662-0016 if you have any questions

Appendix 6: Case-finding Code List

ICD-9-CM Code List for Medical Diagnosis/Billing Index (Disease Index)

Note: The following list includes potentially reportable neoplasms using ICD-9-CM codes.
Reference: SEER.cancer.gov

ICD-9-CM Code*	Explanation of ICD-9-CM Code
140._ - 172._, 174._ - 209.36, 209.7_	Malignant neoplasms (excluding category 173), stated or presumed to be primary (of specified sites) and certain specified histologies1
173.00, 173.09	Unspecified/other malignant neoplasm of skin of lip
173.10, 173.19	Unspecified/other malignant neoplasm of eyelid, including canthus
173.20, 173.29	Unspecified/other malignant neoplasm of ear and external auricular canal
173.30, 173.39	Unspecified/other malignant neoplasm of skin of other/unspecified parts of face
173.40, 173.49	Unspecified/other malignant neoplasm of scalp and skin of neck
173.50, 173.59	Unspecified/other malignant neoplasm of skin of trunk, except scrotum
173.60, 173.69	Unspecified/other malignant neoplasm of skin of upper limb, including shoulder
173.70, 173.79	Unspecified/other malignant neoplasm of skin of lower limb, including hip
173.80, 173.89	Unspecified/other malignant neoplasm of other specified sites of skin
173.90, 173.99	Unspecified/other malignant neoplasm of skin, site unspecified
225.0 - 225.9	Benign neoplasm of brain and spinal cord neoplasm
227.3, 227.4	Benign neoplasm of pituitary gland, craniopharyngeal duct (pouch) and pineal gland
228.02	Hemangioma; of intracranial structures
228.1	Lymphangioma, any site (*Note: Reportable tumors include only lymphangioma of the brain, other parts of nervous system and endocrine gland*)
230.0-234.9	Carcinoma in situ
237.0-237.1	Neoplasm of uncertain behavior of endocrine glands and nervous system: pituitary gland, craniopharyngeal duct and pineal gland
237.5, 237.6, 237.9	Neoplasm of uncertain behavior of endocrine glands & nervous system: brain & spinal cord, meninges, endocrine glands & other & unspec. parts of nervous system
238.4	Polycythemia vera

238.7_	Other lymphatic and hematopoietic diseases
239.6, 239.7	Neoplasms of unspecified nature, brain, endocrine glands and other parts of nervous system
273.3	Macroglobulinemia (Waldenstrom's macroglobulinemia)
277.89	Other specified disorders of metabolism (*Reportable includes terms: Hand-Schuller-Christian disease; histiocytosis (acute)(chronic); histiocytosis X (chronic)*)

1Note: Pilocytic/juvenile astrocytoma M-9421 moved from behavior /3 (malignant) to /1 (borderline malignancy) in ICD-O-3. However, SEER registries will CONTINUE to report these cases and code behavior as /3 (malignant)

NOTE: Cases with these codes should be screened as registry time allows. Experience in the SEER registries has shown that using the supplemental list increases casefinding for benign brain and CNS, hematopoietic neoplasms, and other reportable diseases.

SUPPLEMENTAL LIST ICD-9-CM

ICD-9-CM CODE*	EXPLANATION OF ICD-9-CM CODE
042	Acquired Immunodeficiency Syndrome (AIDS) *Note: Screen 042 for history of cancers with HIV/AIDS*
079.51-079.53	Retrovirus (HTLV, types I, II and 2)
173.01, 173.02	Basal and squamous cell carcinoma of skin of lip
173.11, 173.12	Basal and squamous cell carcinoma of eyelid, including canthus
173.21, 173.22	Basal and squamous cell carcinoma of ear and external auricular canal
173.31, 173.32	Basal and squamous cell carcinoma of skin of other and unspecified parts of face
173.41, 173.42	Basal and squamous cell carcinoma of scalp and skin of neck
173.51, 173.52	Basal and squamous cell carcinoma of skin of trunk, except scrotum
173.61, 173.62	Basal and squamous cell carcinoma of skin of upper limb, including shoulder
173.71, 173.72	Basal and squamous cell carcinoma of skin of lower limb, including hip
173.81, 173.82	Basal and squamous cell carcinoma of other specified sites of skin
173.91, 173.92	Basal and squamous cell carcinoma of skin, site unspecified
209.40 - 209.69	Benign carcinoid tumors
210.0 - 229.9	Benign neoplasms (except for 225.0-225.9, 227.3, 227.4, 228.02, 228.1, which are listed in the Reportable list) *Note: Screen for incorrectly coded malignancies or reportable by agreement tumors*

235.0-236.99	Neoplasm of uncertain behavior of adrenal gland, paraganglia and other and unspecified endocrine glands *Note: screen for incorrectly coded malignancies or reportable by agreement tumors*
237.2-237.4	Neoplasm of uncertain behavior of adrenal gland, paraganglia and other and unspecified endocrine glands *Note: screen for incorrectly coded malignancies or reportable by agreement tumors*
237.7_	Neurofibromatosis and Schwannomatosis
238.0-239.9	Neoplasms of uncertain behavior (except for 238.4, 238.71-238.79, 239.6, 239.7, which are listed in the reportable list) *Note: Screen for incorrectly coded malignancies or reportable by agreement tumors*
259.2	Carcinoid syndrome
273.0	Polyclonal hypergammaglobulinemia (*Note: screen for blood disorders due to neoplasm*)
273.1	Monoclonal gammopathy of undetermined significance (9765/1) *Note: Screen for incorrectly coded Waldenstrom macroglobulinemia or progression*
273.2	Other paraproteinemias
273.8, 273.9	Other and unspecified disorders of plasma protein metabolism *Note: includes plasma disorders due to neoplastic disease*
275.42	Hypercalcemia (*Note: Includes hypercalcium due to neoplastic disease*)
277.88	Tumor lysis syndrome (following neoplastic chemotherapy)
284.1_	Pancytopenia (*Note: screen for anemia disorder related to neoplasm*)
285.22	Anemia in neoplastic disease
285.3	Anemia due to antineoplastic chemotherapy
287.39, 287.49, 287.5	Secondary, other primary and unspecified thrombocytopenia *Note: Screen for incorrectly coded thrombocythemia*
288.03	Drug induced neutropenia (note: screen for anemia disorder related to neoplasm)
288.3	Eosinophilia (*Note: Code for eosinophilia (9964/3). Not every case of eosinophilia is with a malignancy. Diagnosis must be "Hypereosonophilic syndrome" to be reportable.*)
288.4	Hemophagocytic syndrome
338.3	Neoplasm related pain (acute)(chronic)
528.01	Mucositis due to antineoplastic therapy
530.85	Barrett's esophagus (High grade dysplasia of esophagus)
569.44	Dysplasia of anus (Anal intraepithelial neoplasia [AIN I and II])
602.3	Dysplasia of prostate (Prostatic intraepithelial neoplasia [PIN I and II])
622.10-622.12	Dysplasia of cervix, unspecified and CIN I, CIN II
623.0	Dysplasia of vagina (Vaginal intraepithelial neoplasia [VAIN I and II]

624.01, 624.02	Vulvar intraepithelial neoplasia: unspecified, VIN I and VIN II
630	Hydatidiform mole (*Note: benign tumor that can become malignant. If malignant, it should be reported as Choriocarcinoma (9100/3) with malignancy code in 140-209 range*)
780.79	Neoplastic (malignant) related fatigue
785.6	Enlargement of lymph nodes
789.51	Malignant ascites
790.93	Elevated prostate specific antigen (PSA)
793.8_	Nonspecific (abnormal) findings on radiological & examination of body structure (breast)
795.0_ - 795.1_	Papanicolaou smear of cervix and vagina with cytologic evidence of malignancy
796.7_	Abnormal cytologic smear of anus and anal HPV
795.8_	Abnormal tumor markers; Elevated tumor associated antigens [TAA]
963.1	Poisoning by primarily systemic agents: antineoplastic and immunosuppressive drugs
990	Effects of radiation, unspecified (radiation sickness)
999.3_	Complications due to central venous catheter
E858.0	Accidental poisoning by other drugs: Hormones and synthetic substitutes
E858.1	Accidental poisoning by other drugs: Primary systemic agents
E858.2	Agents primarily affecting blood constituents
E873.2	Failure in dosage, overdose of radiation in therapy (radiation sickness)
E879.2	Overdose of radiation given during therapy (radiation sickness)
E930.7	Adverse reaction of antineoplastic therapy-Antineoplastic antibiotics
E932.1	Adverse reaction to antineoplastic therapy-Androgens and anabolic congeners
E933.1	Adverse effect (poisoning) of immunosuppressive drugs
V10.0_ - V10.9_	Personal history of malignancy *Note: Screen for recurrences, subsequent primaries, and/or subsequent treatment*
V12.41	Personal history of benign neoplasm of the brain
V13.89	Personal history of unspecified. malignant neoplasm, history of in-situ neoplasm of other site
V15.3	Other personal history presenting hazards to health or (therapeutic) radiation
V42.81, V42.82	Organ or tissue replaced by transplant: Bone marrow, peripheral stem cells
V51.0	Encounter for breast reconstruction following mastectomy
V58.0, V58.1_	Encounter for radiotherapy, chemotherapy, immunotherapy
V66.1, V66.2	Convalescence and palliative care following radiotherapy, chemotherapy

V66.7	Encounter for palliative care
V67.1, V67.2	Follow up examination: following radiotherapy or chemotherapy
V71.1	Observation for suspected malignant neoplasm
V76._	Special screening for malignant neoplasms
V86._	Estrogen receptor positive status [ER+], negative status [ER-]
V87.41	Personal history of antineoplastic chemotherapy
V87.43	Personal history of estrogen therapy
V87.46	Personal history of immunosuppression therapy

**International Classification of Diseases, 9th Revision, Clinical Modification, Sixth Edition, 2014*

COMPREHENSIVE ICD-10-CM Case-finding Code List for Reportable Tumors (Effective 10/1/2015-9/30/2016)

Please refer to your standard setter(s) for specific reporting requirements before using the Casefinding list.

Note: The following list includes potentially reportable neoplasms using ICD-10-CM codes. Reference: SEER.cancer.gov

ICD-10-CM Code	**Explanation of ICD-10-CM Code**
C00.- - C43.-, C4A.-, C45.- - C96.-	Malignant neoplasms (excluding category C44), stated or presumed to be primary (of specified site) and certain specified histologies
C44.00, C44.09	Unspecified/other malignant neoplasm of skin of lip
C44.10-, C44.19-	Unspecified/other malignant neoplasm of skin of eyelid
C44.20-, C44.29-	Unspecified/other malignant neoplasm skin of ear and external auricular canal
C44.30-, C44.39-	Unspecified/other malignant neoplasm of skin of other/unspecified parts of face
C44.40, C44.49	Unspecified/other malignant neoplasm of skin of scalp & neck
C44.50-, C44.59-	Unspecified/other malignant neoplasm of skin of trunk
C44.60-, C44.69-	Unspecified/other malignant neoplasm of skin of upper limb, incl. shoulder
C44.70-, C44.79-	Unspecified/other malignant neoplasm of skin of lower limb, including hip
C44.80, C44.89	Unspecified/other malignant neoplasm of skin of overlapping sites of skin
C44.90, C44.99	Unspecified/other malignant neoplasm of skin of unspecified sites of skin
D00.- - D09.-	In-situ neoplasms *Note: Carcinoma in situ of the cervix (CIN III-8077/2) and Prostatic Intraepithelial Carcinoma (PIN III-8148/2) are not reportable*
D18.02	Hemangioma of intracranial structures and any site
D18.1	Lymphangioma, any site *Note: Includes Lymphangiomas of Brain, Other parts of nervous*

	system and endocrine glands, which are reportable
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 or unknown behavior of pituitary gland, craniopharyngeal duct and pineal gland
D45	Polycythemia vera (9950/3) *ICD-10-CM Coding instruction note: Excludes familial polycythemia (C75.0), secondary polycythemia (D75.1)*
D46.-	Myelodysplastic syndromes (9980, 9982, 9983, 9985, 9986, 9989, 9991, 9992)
D47.1	Chronic myeloproliferative disease (9963/3, 9975/3) *ICD-10-CM Coding instruction note: Excludes the following:* *Atypical chronic myeloid leukemia BCR/ABL-negative (C92.2_)* *Chronic myeloid leukemia BCR/ABL-positive (C92.1_)* *Myelofibrosis & Secondary myelofibrosis (D75.81)* *Myelophthisic anemia & Myelophthisis (D61.82)*
D47.3	Essential (hemorrhagic) thrombocythemia (9962/3) *Includes: Essential thrombocytosis, idiopathic hemorrhagic thrombocythemia*
D47.4	Osteomyelofibrosis (9961/3) Includes: Chronic idiopathic myelofibrosis, Myelofibrosis (idiopathic) (with myeloid metaplasia), Myelosclerosis (megakaryocytic) with myeloid metaplasia), Secondary myelofibrosis in myeloproliferative disease
D47.Z-	Neoplasm of uncertain behavior of lymphoid, hematopoietic and related tissue, unspecified (9960/3, 9970/1, 9971/3, 9931/3)
D47.9	Neoplasm of uncertain behavior of lymphoid, hematopoietic and related tissue, unspecified (9970/1, 9931/3)
D49.6, D49.7	Neoplasm of unspecified behavior of brain, endocrine glands and other CNS
R85.614	Cytologic evidence of malignancy on smear of anus
R87.614	Cytologic evidence of malignancy on smear of cervix
R87.624	Cytologic evidence of malignancy on smear of vagina

NOTE: Cases with the codes listed below should be screened as registry time allows. Experience in the SEER registries has shown that using the supplemental list increases casefinding for benign brain and CNS, hematopoietic neoplasms, and other reportable diseases.

SUPPLEMENTAL CODES	
ICD-10-CM CODE	**EXPLANATION OF ICD-10-CM CODE**
B20	Human immunodeficiency virus [HIV] disease with other diseases

B97.33, B97.34, B97.35	Human T-cell lymphotrophic virus,(type I [HTLV-1], type II [HTLV-II], type 2 [HIV 2]) as the cause of diseases classified elsewhere
B97.7	Papillomarvirus as the cause of diseases classified elsewhere
C44.01, C44.02	Basal/squamous cell carcinoma of skin of lip
C44.11_, C44.12_	Basal/squamous cell carcinoma of skin of eyelid
C44.21-, C44.22-	Basal/squamous cell carcinoma of skin of ear and external auricular canal
C44.31-, C44.32-	Basal/squamous cell carcinoma of skin of other and unspecified parts of face
C44.41, C44.42	Basal/squamous cell carcinoma of skin of scalp and neck
C44.51-, C44.52-	Basal/squamous cell carcinoma of skin of trunk
C44.61-, C44.62-	Basal/squamous cell carcinoma of skin of upper limb, including shoulder
C44.71-, C44.72-	Basal/squamous cell carcinoma of skin of lower limb, including hip
C44.81, C44.82	Basal/squamous cell carcinoma of skin of overlapping sites of skin
C44.91, C44.92	Basal/squamous cell carcinoma of skin of unspecified sites of skin
D10.- - D31.-, D34, D35.0, D35.1, D35.5-D35.9, D36.-	Benign neoplasms (see "must collect" list for reportable benign neoplasms) *Note: Screen for incorrectly coded malignancies or reportable by agreement tumors* *Note: Borderline cystadenomas M-8442, 8451, 8462, 8472, 8473, of the ovaries moved from behavior /3 (malignant) to /1 (borderline malignancy) in ICD-O-3. SEER registries are not required to collect these cases for diagnoses made 1/1/2001 and after. However, cases diagnosed prior to 1/1/2001 should still be abstracted and reported to SEER.*
D3A._	Benign carcinoid tumors
D37._ - D41._	Neoplasms of uncertain or unknown behavior (see "must collect" list for reportable neoplasms of uncertain or unknown behavior) *Note: Screen for incorrectly coded malignancies or reportable by agreement tumors*
D44.0 - D44.2, D44.6-D44.9	Neoplasm of uncertain or unknown behavior of other endocrine glands (see "must collect" list for D44.3-D44.5) *Note: Screen for incorrectly coded malignancies or reportable by agreement tumors*
D47.0	Histiocytic and mast cell tumors of uncertain behavior *ICD-10-CM Coding instruction note: Excludes: malignant mast cell tumor (C96.2), mastocytosis (congenital)(cutaneous) (Q852.2)*
D47.2	Monoclonal gammopathy *Note: Screen for incorrectly coded Waldenstrom's macroglobulinemia*
D48.-	Neoplasm of uncertain behavior of other and unspecified sites
D49.0 - D49.9	Neoplasm of unspecified behavior (except for D49.6 and D49.7)
D61.1	Drug-induced aplastic anemia (also known as *"aplastic anemia due to antineoplastic chemotherapy"*) *ICD-10-CM Coding instruction note: Use additional code for adverse effect, if applicable, to identify drug*

D61.810	Antineoplastic chemotherapy induced pancytopenia
D61.82	Myelophthisis *ICD-10-CM Coding instruction: Code first the underlying disorder, such as: malignant neoplasm of breast (C50._)*
D63.0	Anemia in neoplastic disease *ICD-10-CM Coding instruction: Code first neoplasm (C00-C49)*
D64.81	Anemia due to antineoplastic chemotherapy
D69.49, D69.59, D69.6	Other thrombocytopenia *Note: Screen for incorrectly coded thrombocythemia*
D70.1	Agranulocytosis secondary to cancer chemotherapy *ICD-10-CM Coding instruction: code also underlying neoplasm*
D72.1	Eosinophilia (*Note: Code for eosinophilia (9964/3). Not every case of eosinophilia is a malignancy. Reportable Diagnosis is "Hypereosonophilic syndrome."*)
D75.81	Myelofibrosis (note: this is not primary myelofibrosis [9961/3] *ICD-10-CM Coding instruction note: Code first the underlying disorder, such as: malignant neoplasm of breast (C50._)*
D76.-	Other specified diseases with participation of lymphoreticular and reticulohistiocytic tissue
D89.0, D89.1	Other disorders involving the immune mechanism, not elsewhere classified *Note: Review for miscodes*
E08	Diabetes mellitus due to underlying condition *ICD-10-CM Coding instruction note: Code first the underlying condition, such as: malignant neoplasm (C00-C96)*
E31.2-	Multiple endocrine neoplasia [MEN] syndromes *ICD-10-CM Coding instruction: Code also any associated malignancies and other conditions associated with the syndromes*
E34.0	Carcinoid syndrome *ICD-10-CM Coding instruction: May be used as an additional code to identify functional activity associated with a carcinoid tumor*
E83.52	Hypercalcemia
E88.09	Other disorders of plasma-protein metabolism, not elsewhere classified
E88.3	Tumor lysis syndrome (following antineoplastic chemotherapy)
G13.0	Paraneoplastic neuromyopathy and neuropathy *ICD-10-CM Coding instruction note:: Code first underlying neoplasm (C00-D49)*
G13.1	Other systemic atrophy primarily affecting central nervous system in neoplastic disease *ICD-10-CM Coding instruction note:: Code first underlying neoplasm (C00-D49)*
C32.8-	Other specified degenerative disorders of nervous system in diseases classified elsewhere *ICD-10-CM Coding instruction note: Code first underlying disease, such as:*

	cerebral degeneration (due to) neoplasm (C00-D49)
G53	Cranial nerve disorders in diseases classified elsewhere *Note: Code first underlying neoplasm (C00-D49)*
G55	Nerve root and plexus compressions in diseases classified elsewhere *ICD-10-CM Coding instruction note: code also underlying disease, such as neoplasm (C00-D49)*
G63	Polyneuropathy in diseases classified elsewhere *ICD-10-CM Coding instruction note: Code first underlying disease, such as: neoplasm (C00-D49)*
G73.1	Lambert-Eaton syndrome in neoplastic disease *ICD-10-CM Coding instruction: Code first underlying neoplasm (C00-D49)*
G89.3	Neoplasm related pain (acute)(chronic)
G99.2	Myelopathy in diseases classified elsewhere *ICD-10-CM Coding instruction: Code first underlying disease, such as: neoplasm (C00-D49)*
H47.42	Disorders of optic chiasm in (due to) neoplasm *ICD-10-CM Coding instruction: Code also underlying condition*
H47.52-	Disorders of visual pathways in (due to) neoplasm *ICD-10-CM Coding instruction: Code also underlying condition*
H47.63-	Disorders of visual cortex in (due to) neoplasm *ICD-10-CM Coding instruction: Code also underlying condition*
J34.81	Nasal mucositis (ulcerative)
J91.0	Malignant pleural effusion *ICD-10-CM Coding instruction: Code first underlying neoplasm*
J93.12	Secondary spontaneous pneumothorax *ICD-10-CM Coding instruction: Code first underlying condition, such as:* *Malignant neoplasm of bronchus and lung (C34._)* *Secondary malignant neoplasm of lung (C78.0_)*
K12.31	Oral mucositis (ulcerative) due to antineoplastic therapy
K12.33	Oral mucositis (ulcerative) due to radiation
K22.711	Barrett's esophagus with high grade dysplasia
K62.7	Radiation proctitis
K62.82	Dysplasia of anus (AIN I and AIN II)
K92.81	Gastrointestinal mucositis (ulcerated) (due to antineoplastic therapy)
M36.0	Dermato(poly)myositis in neoplastic disease *ICD-10-CM Coding instruction: Code first underlying neoplasm (C00-D49)*
M36.1	Arthropathy in neoplastic disease *ICD-10-CM Coding instruction: Code first underlying neoplasm, such as:* Leukemia (C91-C95), malignant histiocytosis (C96.A), multiple myeloma (C90.0)

M84.5-	Pathologic fracture in neoplastic disease *ICD-10-CM Coding instruction: Code also underlying neoplasm (C00-D49)*
M90.6-	Osteitis deformans in neoplastic disease *ICD-10-CM Coding instruction: Code first the neoplasm (C40._, C41._)*
N42.3	Dysplasia of prostate (PIN I and PIN II)
N76.81	Mucositis (ulcerative) of vagina and vulva
N87.-	Dysplasia of cervix uteri (CIN I and CIN II)
N89.0, N89.1, N89.3	Vaginal dysplasia (VIN I and VIN II)
N90.0, N90.1, N90.3	Vulvar dysplasia (VAIN I and VAIN II)
O01.-	Hydatidiform mole *Note: Benign tumor that can become malignant. If malignant, report as Choriocarcinoma (9100/3,) malignancy code in the C00- C97 range*
O9A.1-	Malignant neoplasm complicating pregnancy, childbirth and the puerperium (conditions in C00-C96) *ICD-10-CM Coding instruction: Use additional code to identify neoplasm*
Q85.0-	Neurofibromatosis (nonmalignant) (9540/1) *Note: Neurofibromatosis is not cancer. These tumors can be precursors to acoustic neuromas, which are reportable*
R18.0	Malignant ascites *ICD-10-CM Coding instruction: Code first malignancy, such as: Malignant neoplasm of ovary (C56._), secondary malignant neoplasm of retroperitoneum and peritoneum (C78.6)*
R53.0	Neoplastic (malignant) related fatigue *ICD-10-CM Coding instruction: Code first associated neoplasm*
R59.-	Enlarged lymph nodes
R85.6-	Abnormal findings on cytological and histological examination of digestive organs *Note: see "must collect" list for R85.614*
R87.61-, R87.62-	Abnormal findings on cytological/histological examination of female genital organs *Note: see "must collect" list for R87.614 and R87.624*
R92.-	Abnormal findings on diagnostic imaging of breast
R97.-	Abnormal tumor markers
T38.6-	Poisoning by antigonadotrophins, antiestrogens, antiandrogens, not elsewhere classified
T38.8-, T38.9-	Poisoning by hormones and their synthetic substitutes
T45.1-	Poisoning by, adverse effect of and under dosing of antineoplastic and immunosuppressive drugs
T45.8-, T45.9-	Poisoning by primary systemic and hematological agent, unspecified
T66	Unspecified effects of radiation

T80.1	Vascular complications following infusion, transfusion and therapeutic injection
T80.2-	Infections following infusion, transfusion and therapeutic injection
T80.810	Extravasation of vesicant antineoplastic chemotherapy
T80.818	Extravasation of other vesicant agent
T86.0	Complications of bone marrow transplant *ICD-10-CM Coding instruction: Use addition code to identify other transplant complications, such as: malignancy associated with organ transplant (C80.2) or post-transplant lymphoproliferative disorders (PTLD) (D47.Z1)*
Y63.2	Overdose of radiation given during therapy
Y84.2	Radiological procedure and radiotherapy as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure
Z03.89	Encounter for observation for other suspected diseases and conditions ruled out
Z08	Encounter for follow-up examination after completed treatment for malignant neoplasm (medical surveillance following completed treatment) *ICD-10-CM Coding instruction: Use additional code to identify the personal history of malignant neoplasm (Z85._)*
Z12.-	Encounter for screening for malignant neoplasms
Z13.0	Encounter for screening for diseases of the blood and blood-forming organs and certain disorders involving the immune mechanism
Z15.0	Genetic susceptibility to malignant neoplasm *ICD-10-CM Coding instruction: Code first, if applicable, any current malignant neoplasm (C00-C75, C81-C96); Use additional code, if applicable, for any personal history of malignant neoplasm (Z85._)*
Z17.0, Z17.1	Estrogen receptor positive and negative status *ICD-10-CM Coding instruction: Code first malignant neoplasm of breast (C50._)*
Z40.0-	Encounter for prophylactic surgery for risk factors related to malignant neoplasms
Z42.1	Encounter for breast reconstruction following mastectomy
Z48.3	Aftercare following surgery for neoplasm *ICD-10-CM Coding instruction: Use additional code to identify the neoplasm*
Z48.290	Encounter for aftercare following bone marrow transplant
Z51.0	Encounter for antineoplastic radiation therapy
Z51.1-	Encounter for antineoplastic chemotherapy and immunotherapy
Z51.5, Z51.89	Encounter for palliative care and other specified aftercare
Z79.81-	Long term (current) use of agents affecting estrogen receptors and estrogen levels *ICD-10-CM Coding instruction: Code first, if applicable, malignant neoplasm of breast (C50._), malignant neoplasm of prostate (C61)*
Z80.-	Family history of primary malignant neoplasm

Z85._	Personal history of malignant neoplasm *ICD-10-CM Coding instruction: Code first any follow-up examination after treatment of malignant neoplasm (Z08)*
Z86.0-, Z86.01-, Z86.03	Personal history of in situ and benign neoplasms and neoplasms of uncertain behavior
Z92.21, Z92.23, Z92.25. Z92.3	Personal history of antineoplastic chemotherapy, estrogen therapy, immunosuppression therapy or irradiation (radiation)
Z94.81, Z94.84	Bone marrow and stem cell transplant status

Appendix 7: Contact Information

Maryland Cancer Registry (MCR)
Center for Cancer Prevention and Control (CCPC)
Maryland Department of Health and Mental Hygiene (DHMH)
Room 400
201 West Preston Street
Baltimore, MD 21201

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MARYLAND CANCER REGISTRY (MCR)
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