

**APPENDIX K:
REQUIRED DATA SET
FOR REPORTING FACILITIES**

Required Data Set for Reporting Facilities (Effective 1/1/2008)

VCR Required Data Items	Field Length	NAACCR Item #
Patient Identification		
Accession Number	9	550
Sequence Number	2	560
Medical Record Number	11	2300
Social Security Number	9	2320
Military Medical Record Number Suffix	2	2310
Last Name	25	2230
First Name	14	2240
Middle Name (Middle Initial)	14	2250
Patient Address (# and Street) at Diagnosis	40	2330
Patient Address at Diagnosis – Supplemental	40	2335
City/Town at Diagnosis (City or Town)	20	70
State at Diagnosis (State)	2	80
Postal Code at Diagnosis (Zip Code)	9	100
County at Diagnosis	3	90
Patient Address (Number & Street) Current	40	2350
Patient Address Current – Supplemental	40	2355
City/Town – Current	20	1810
State – Current	2	1820
Postal Code – Current (Zip Code)	9	1830
Telephone	10	2360
Place of Birth	3	250
Date of Birth	8	240
Age at Diagnosis	3	230
Marital Status	1	150
Race 1	2	160
Race 2	2	161
Race 3	2	162
Race 4	2	163
Race 5	2	164
Spanish Origin – All Sources (Spanish/Hispanic Origin)	1	190
Sex	1	220
Text – Usual Occupation	40	310
Text – Usual Industry	40	320
Primary Payer at Diagnosis	2	630
Comorbidities & Complications #1 (Secondary Diagnosis)	5	3110
Comorbidities & Complications #2 (Secondary Diagnosis)	5	3120
Comorbidities & Complications #3 (Secondary Diagnosis)	5	3130
Comorbidities & Complications #4 (Secondary Diagnosis)	5	3140
Comorbidities & Complications #5 (Secondary Diagnosis)	5	3150
Comorbidities & Complications #6 (Secondary Diagnosis)	5	3160
Comorbidities & Complications #7 (Secondary Diagnosis)	5	3161
Comorbidities & Complications #8 (Secondary Diagnosis)	5	3162
Comorbidities & Complications #9 (Secondary Diagnosis)	5	3163
Comorbidities & Complications #10 (Secondary Diagnosis)	5	3164

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Required Data Set for Reporting Facilities (Effective 1/1/2008)

VCR Required Data Items	Field Length	NAACCR Item #
Tobacco History	1	340
Alcohol History	1	350
Family History of Cancer	1	360
NPI – Managing Physician	10	2465
Following Physician (Follow up Physician)	8	2470
NPI – Following Physician	10	2475
Primary Surgeon	8	2480
NPI – Primary Physician	10	2485
Physician #3 (Other Physician/Radiation Oncologist)	8	2490
NPI – Physician # 3 (Radiation Oncologist)	10	2495
Physician #4 (Other Physician/Medical Oncologist)	8	2500
NPI – Physician #4 (Medical Oncologist)	10	2505
Cancer Identification		
Class of Case	1	610
Facility Referred From	10	2410
NPI – Institution Referred From	10	2415
Facility Referred To	10	2420
NPI – Institution Referred To	10	2425
Date of Initial Diagnosis	8	390
Primary Site	4	400
Text – Primary Site Title	40	2580
Laterality	1	410
Histology	4	522
Text – Histology Title	40	2590
Behavior Code	1	523
Grade/Differentiation	1	440
Histologic Confirmation	1	490
Ambiguous Terminology Diagnosis	1	442
Date of Conclusive Diagnosis	8	443
Date of Multiple Tumors	8	2290
Multiple Tumors Reported as One Primary	2	444
Multiplicity Counter	2	446
Tumor Size	3	780
Regional Lymph Nodes Examined	2	830
Regional Lymph Nodes Positive	2	820
Stage of Disease at Diagnosis		
Date of Surgical Diagnostic and Staging Procedure	8	1280
Surgical Diagnostic and Staging Procedure	2	1350
Surgical Diagnostic and Staging Procedure at This Facility	2	740
Clinical T	2	940
Clinical N	2	950
Clinical M	2	960
Clinical Stage Group	2	970

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Required Data Set for Reporting Facilities (Effective 1/1/2008)

VCR Required Data Items	Field Length	NAACCR Item #
Stage of Disease at Diagnosis - continued		
Clinical Stage (Prefix/Suffix) Descriptor	1	980
Staged By (Clinical Stage)	1	990
Pathologic T	2	880
Pathologic N	2	890
Pathologic M	2	900
Pathologic Stage Group	2	910
Pathologic Stage (Prefix/Suffix) Descriptor	1	920
Staged By (Pathologic Stage)	1	930
SEER Summary Stage 2000	1	759
Collaborative Stage:		
CS Tumor Size	3	2800
CS Extension	2	2810
CS Tumor Size/Ext Eval	1	2820
CS Lymph Nodes	2	2830
CS Reg Nodes Eval	1	2840
CS Mets at DX	2	2850
CS Mets Eval	2	2860
CS Site Specific Factor 1	3	2880
CS Site Specific Factor 2	3	2890
CS Site Specific Factor 3	3	2900
CS Site Specific Factor 4	3	2910
CS Site Specific Factor 5	3	2920
CS Site Specific Factor 6	3	2930
Derived AJCC T	2	2940
Derived AJCC T Descriptor	1	2950
Derived AJCC N	2	2960
Derived AJCC N Descriptor	1	2970
Derived AJCC M	2	2980
Derived AJCC M Descriptor	1	2990
Derived AJCC Stage Group	2	3000
Derived SS1977	1	3010
Derived SS2000	1	3020
Text:		
Dx Procedures – Lab Tests	250	2550
Dx Procedures – Op Procedures	250	2560
Dx Procedures – Pathology	250	2570
Dx Procedures – PE	200	2520
Dx Procedures – X-Rays/Scans	250	2530
Dx Procedures – Place of Diagnosis	50	2690
Dx Procedures – Remarks	350	2680
First Course of Treatment		
Date of First Course of Treatment	8	1270
Date of First Surgical Procedure	8	1200

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**Required Data Set for Reporting Facilities
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VCR Required Data Items	Field Length	NAACCR Item #
Date of Most Definitive Surgical Resection of Primary Site	8	3170
Surgical Procedure of Primary Site	2	1290
Surgical Procedure of Primary Site At This Facility	2	670
Scope of Regional Lymph Node Surgery	1	1292
Surgical Procedure/Other Site	1	1294
Scope of Regional Lymph Node Surgery At This Facility	1	672
Surgical Procedure/Other Site at This Facility	1	674
Date of Surgical Discharge	8	3180
Readmission to the Same Hospital Within 30 Days of Surgical Discharge	1	3190
Surgical Procedure/Other Site	1	1294
Reason for No Surgery of Primary Site	1	1340
Date Radiation Started	8	1210
Location of Radiation Treatment	1	1550
Radiation Treatment Volume	2	1540
Regional Treatment Modality	2	1570
Regional Dose: cGy	5	1510
Boost Treatment Modality	2	3200
Boost Dose: cGy	5	3210
Number of Treatments to This Volume	2	1520
Radiation/Surgery Sequence	1	1380
Date Radiation Ended	8	3220
Reason for No Radiation	1	1430
Date Systemic Therapy Started	8	3230
Chemotherapy	2	1390
Chemotherapy at This Facility	2	700
Hormone Therapy (Hormone/Steroid Therapy)	2	1400
Hormone Therapy at This Facility (Hormone/Steroid Therapy)	2	710
Immunotherapy	2	1410
Immunotherapy at This Facility	2	720
Hematologic Transplant and Endocrine Procedures	2	3250
Systemic/Surgery Sequence	1	1639
Date Other Treatment Started	8	1250
Other Treatment	1	1420
Other Treatment at This Facility	1	730
Palliative Care (Palliative Procedure)	1	3270
Palliative Care at This Facility (Palliative Procedure at This Facility)	1	3280
RX Text:		
Surgery	150	2610
Radiation – Beam	150	2620

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Required Data Set for Reporting Facilities (Effective 1/1/2008)

VCR Required Data Items	Field Length	NAACCR Item #
First Course of Treatment (continued)		
RX Text (continued):		
Radiation – Other	150	2630
Chemotherapy	200	2640
Hormone	200	2650
BRM	100	2660
Other	100	2670
Outcomes		
Date of First Recurrence	8	1860
Type of First Recurrence	2	1880
Date of Last Contact or Death	8	1750
Vital Status	1	1760
Following Registry	10	2440
NPI – Following Registry	10	2445
Follow up Source	1	1790
Next Follow up Source	1	1800
Case Administration		
Abstracted By	3	570
Facility Identification Number (FIN)	10	540
NPI – Reporting Facility	10	545
Archive FIN	10	3100
NPI – Archive FIN	10	3105
Override ACSN/CLASS/SEQ	1	1985
Override HOSPSEQ/DXCONF	1	1986
Override COC – SITE/TYPE	1	1987
Override HOSPSEQ/SITE	1	1988
Override SITE/TNM-STAGE GROUP	1	1989
Override AGE/SITE/MORPH	1	1990
Override SURG/DXCONF	1	2020
Override SITE/TYPE	1	2030
Override HISTOLOGY	1	2040
Override LEUK,LYMPHOMA	1	2070
Override SITE/BEHAVIOR	1	2071
Override SITE/LAT/MORPH	1	2074
CoC Coding System – Current	2	2140
CoC Coding System – Original	2	2150
Race Coding System – Current	1	170
Race Coding System – Original	1	180
Site Coding System – Current	1	450
Site Coding System – Original	1	460
Morphology Coding System – Current	1	470
Morphology Coding System - Original	1	480
ICD-O-2 Conversion Flag	1	1980

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Required Data Set for Reporting Facilities (Effective 1/1/2008)

VCR Required Data Items	Field Length	NAACCR Item #
Case Administration – continued		
ICD-O-3 Conversion Flag	1	2116
TNM Edition Number	2	1060
ICD Revision Comorbidities and Complications	1	3165
RX Coding System – Current	2	1460
Derived AJCC – Flag	1	3030
Derived SS1977 – Flag	1	3040
Derived SS2000 – Flag	1	3050
CS Version First	6	2935
CS Version Latest	6	2936
NAACCR Record Version	1	50
Vendor Name	10	2170
Date Case Completed	8	2090
Date Case Report Exported	8	2110
Virginia State Specific		
HIV/AIDS	1	2220
Dioxin Exposure	1	2220
Vietnam Veteran	1	2220
Tobacco History	1	2220
Number of Years Smoked	1	2220
Alcohol History	1	2220
Family History	1	2220
Breast Mammogram	1	2220
Breast S-phase	1	2220
Breast DNA Ploidy	1	2220
Colon CEA	1	2220
Ovary CA-125	1	2220
Prostate PSA	1	2220

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