

REQUIRED REPORTING STATUS

TENNESSEE CANCER REGISTRY

NAACCR Record Version 21

January 1, 2021

Data Fields	<u>Required</u>	Supplementary/ Recommended	Comments/Special Codes	Note
Abstracted By	x			
Accession Number-Hosp	x			
Addr at DX--City	x			
Addr at Dx-Country	x			
Addr at DX--No & Street	x			
Addr at DX--Postal Code	x			
Addr at DX--State	x			
Addr at DX—Supplementl	x		Required when applicable	
Age at Diagnosis	x			
AJCC API Version Current	D		Derived data item	New data item
AJCC API Version Original	D		Derived data item	New data item
AJCC ID	D		Derived data item	
Ambiguous Terminology Dx	RH		Required for cases diagnosed 1/1/2007-12/31/2012	
Behavior (92-00) ICD-O-2	RH		Required for cases diagnosed prior to 01/01/2001	
Behavior Code ICD-O-3	x		Required for cases diagnosed on or after 01/01/2001	
Birthplace-Country	x		Required when available	
Birthplace-State	x		Required when available	
Brain Molecular Markers	x		Primary site specific	
Breslow Tumor Thickness	x		Primary site specific	
Casefinding Source	x		Required when available	
Cause of Death	x			
Class of Case	x			
CoC Accredited Flag	x			

DH-Derived Historically
RH-Required Historically

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COC Coding Sys--Current	x			
COC Coding Sys--Original	x			
County at DX Reported	x		FIPS, 998 (non Tennessee resident)	
CS Extension	RH		Required for cases diagnosed 1/1/2004 - 12/31/2015	
CS Lymph Nodes	RH		Required for cases diagnosed 1/1/2004 - 12/31/2015	
CS Lymph Node Eval	RH		Required for cases diagnosed 1/1/2004 - 12/31/2015	
CS Mets at DX	RH		Required for cases diagnosed 1/1/2004 - 12/31/2015	
CS Mets at DX-Bone	RH		Required for cases diagnosed 1/1/2010 - 12/31/2015	
CS Mets at DX-Brain	RH		Required for cases diagnosed 1/1/2010 - 12/31/2015	
CS Mets at DX-Liver	RH		Required for cases diagnosed 1/1/2010 - 12/31/2015	
CS Mets at DX-Lung	RH		Required for cases diagnosed 1/1/2010 - 12/31/2015	
CS Mets Eval	RH		Required for cases diagnosed 1/1/2004 - 12/31/2015	
CS Site-Specific Factor 1	RH		Required for cases diagnosed 1/1/2004 - 12/31/2017	
CS Site-Specific Factor 2	RH		Required for cases diagnosed 1/1/2004 - 12/31/2017	
CS Site-Specific Factor 3	RH		Required for cases diagnosed 1/1/2004 - 12/31/2017	
CS Site-Specific Factor 4	RH		Required for cases diagnosed 1/1/2004 - 12/31/2017	
CS Site-Specific Factor 5	RH		Required for cases diagnosed 1/1/2004 - 12/31/2017	

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CS Site-Specific Factor 6	RH		Required for cases diagnosed 1/1/2004 - 12/31/2017	
CS Site-Specific Factor 7	RH		Required for cases diagnosed 1/1/2010 - 12/31/2017	
CS Site-Specific Factor 8	RH		Required for cases diagnosed 1/1/2010 - 12/31/2017	
CS Site-Specific Factor 9	RH		Required for cases diagnosed 1/1/2010 - 12/31/2017	
CS Site-Specific Factor 10	RH		Required for cases diagnosed 1/1/2010 - 12/31/2017	
CS Site-Specific Factor 11	RH		Required for cases diagnosed 1/1/2010 - 12/31/2017	
CS Site-Specific Factor 12	RH		Required for cases diagnosed 1/1/2010 - 12/31/2017	
CS Site-Specific Factor 13	RH		Required for cases diagnosed 1/1/2010 - 12/31/2017	
CS Site-Specific Factor 14	RH		Required for cases diagnosed 1/1/2010 - 12/31/2017	
CS Site-Specific Factor 15	RH		Required for cases diagnosed 1/1/2010 - 12/31/2017	
CS Site-Specific Factor 16	RH		Required for cases diagnosed 1/1/2010 - 12/31/2017	
CS Site-Specific Factor 17	RH		Required for cases diagnosed 1/1/2010 - 12/31/2017	
CS Site-Specific Factor 18	RH		Required for cases diagnosed 1/1/2010 - 12/31/2017	
CS Site-Specific Factor 19	RH		Required for cases diagnosed 1/1/2010 - 12/31/2017	
CS Site-Specific Factor 20	RH		Required for cases diagnosed 1/1/2010 - 12/31/2017	

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CS Site-Specific Factor 21	RH		Required for cases diagnosed 1/1/2010 - 12/31/2017	
CS Site-Specific Factor 22	RH		Required for cases diagnosed 1/1/2010 - 12/31/2017	
CS Site-Specific Factor 23	RH		Required for cases diagnosed 1/1/2010 - 12/31/2017	
CS Site-Specific Factor 24	RH		Required for cases diagnosed 1/1/2010 - 12/31/2017	
CS Site-Specific Factor 25	RH		Required for cases diagnosed 1/1/2010 - 12/31/2017	
CS Tumor Size	RH		Required for cases diagnosed 1/1/2004 - 12/31/2015	
CS Tumor Size/Ext Eval	RH		Required for cases diagnosed 1/1/2004 - 12/31/2015	
CS Version Derived	RH			
CS Version Input Current	R		Required when available	Status change
CS Version Input Original	R		Required when available	Status change
Date Case Report Exported	x			
Date of 1st Contact	x			
Date of 1st Contact Flag	x			
Date of 1st Crs RX--COC	x			
Date of 1st Crs RX--COC Flag	x			
Date of Birth	x			
Date of Birth Flag	x			
Date of Conclusive Dx	RH		Required for cases diagnosed 1/1/2007 - 12/31/2012	
Date of Conclusive Dx Flag	RH		Required for cases diagnosed 1/1/2007 - 12/31/2012	
Date of Diagnosis	x			
Date of Diagnosis Flag	x			
Date of Last Contact	x			

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Data Fields	<u>Required</u>	Supplementary/ Recommended	Comments/Special Codes	Note
Date of Last Contact Flag	x			
Date of Multiple Tumors	RH		Required for cases diagnosed 1/1/2007 - 12/31/2012	
Date of Multiple Tumors Flag	RH		Required for cases diagnosed 1/1/2007 - 12/31/2012	
Death Certificate File Number	x		Required when available	
Derived AJCC+89:107-Flag	RH		Required for cases diagnosed 1/1/2004 - 12/31/2015	
Derived AJCC-6 M	RH		Required for cases diagnosed 1/1/2004 - 12/31/2015	
Derived AJCC-6 M Descriptor	RH		Required for cases diagnosed 1/1/2004 - 12/31/2015	
Derived AJCC-6 N	RH		Required for cases diagnosed 1/1/2004 - 12/31/2015	
Derived AJCC-6 N Descriptor	RH		Required for cases diagnosed 1/1/2004 - 12/31/2015	
Derived AJCC-6 Stage Group	RH		Required for cases diagnosed 1/1/2004 - 12/31/2015	
Derived AJCC-6 T	RH		Required for cases diagnosed 1/1/2004 - 12/31/2015	
Derived AJCC-6 T Descriptor	RH		Required for cases diagnosed 1/1/2004 - 12/31/2015	
Derived AJCC-7 M	RH		Required for cases diagnosed 1/1/2004 - 12/31/2015	
Derived AJCC-7 M Descriptor	RH		Required for cases diagnosed 1/1/2004 - 12/31/2015	
Derived AJCC-7 N	RH		Required for cases diagnosed 1/1/2004 - 12/31/2015	
Derived AJCC-7 N Descriptor	RH		Required for cases diagnosed 1/1/2004 - 12/31/2015	

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Derived AJCC-7 Stage Group	RH		Required for cases diagnosed 1/1/2004 - 12/31/2015	
Derived AJCC-7 T	RH		Required for cases diagnosed 1/1/2004 - 12/31/2015	
Derived AJCC-7 T Descriptor	RH		Required for cases diagnosed 1/1/2004 - 12/31/2015	
Derived SS1977	RH		Required for cases diagnosed 1/1/2004 - 12/31/2015	
Derived SS1977--Flag	RH		Required for cases diagnosed 1/1/2004 - 12/31/2015	
Derived SS2000	RH		Required for cases diagnosed 1/1/2004 - 12/31/2015	
Derived SS2000--Flag	RH		Required for cases diagnosed 1/1/2004 - 12/31/2015	
Diagnostic Confirmation	x			
Estrogen Receptor Summary	x		Primary site specific	
Fibrosis Score	x		Primary site specific	
Follow-Up Source	x		Required when available	
GIS Coordinate Quality			Coded by Central Registry Staff ONLY	
Gleason Patterns Clinical	x		Primary site specific	New data item
Gleason Patterns Pathological	x		Primary site specific	New data item
Gleason Score Clinical	x		Primary site specific	New data item
Gleason Score Pathological	x		Primary site specific	New data item
Gleason Tertiary Pattern	x		Primary site specific. Required when available	New data item
Grade	RH		Required for cases diagnosed prior to 1/1/2018	
Grade Clinical	x			
Grade Path System	RH		Required, when available, for cases diagnosed 1/1/2010 - 12/31/2013	

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Grade Path Value	RH		Required, when available, for cases diagnosed 1/1/2010 - 12/31/2013	
Grade Pathological	x			
Grade Post Therapy Clin (yc)	x		Required when available	New data item
Grade Post Therapy Path (yp)	x		Required when available	Name change (formerly Grade Post Therapy)
HER2 Overall Summary	x		Primary site-specific	
Histology (92-00) ICD-O-2	RH		Required for cases diagnosed prior to 01/01/2001	
Histologic Type ICD-O-3	x		Required for cases diagnosed on or after 01/01/2001	
ICD Revision Number	x		Must be code 1 if death occurred on or after 01/01/1999	
ICD-O-3 Conversion Flag	x			
Institution Referred From	x			
Institution Referred To	x			
Laterality	x			
LDH Lab Value	x		Primary site specific	
Lymphovascular Invasion	x		Required when available	
Medical Record Number	x			
Medicare Beneficiary Identifier	x		Required when available	New data item
Mets at Dx-Bone	x			
Mets at Dx-Brain	x			
Mets at Dx-Distant LN	x			
Mets at Dx-Liver	x			
Mets at Dx-Lung	x			
Mets at Dx-Other	x			
Microsatellite Instability (MSI)	x		Required site-specifically when available	
Morphology Coding Sys--Current	x			
Morphology Coding Sys--Original	x			

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Data Fields	Required	Supplementary/ Recommended	Comments/Special Codes	Note
Multiple Tumors Reported As One Primary	RH		Required for cases diagnosed 1/1/2007 - 12/31/2012	
Multiplicity Counter	RH		Required for cases diagnosed 1/1/2007 - 12/31/2012	
NAACCR Record Version	x			
Name--Alias	x			
Name--First	x			
Name--Last	x			
Name--Birth Surname	x			Use this data item to document the last name of the patient at birth regardless of gender or marital status.
Name--Middle	x			
Name--Suffix	x		Required when applicable	
NPI--Managing Physician	x		If the managing physician NPI number is not available, use the NPI number for any physician involved in the patient's cancer care. This field cannot be blank.	
NPI--Reporting Facility	x		Required when available	
Over-ride Acsn/Class/Seq	x		When coded, text must support code	
Over-ride Age/Site/Morph	x		When coded, text must support code	
Over-ride COC-Site/Type	x		When coded, text must support code	
Over-ride CS 1	RH		Required for cases diagnosed 1/1/2004 - 12/31/2015	
Over-ride CS 2	RH		Required for cases diagnosed 1/1/2004 - 12/31/2015	

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Over-ride CS 3	RH		Required for cases diagnosed 1/1/2004 - 12/31/2015	
Over-ride CS 4	RH		Required for cases diagnosed 1/1/2004 - 12/31/2015	
Over-ride CS 5	RH		Required for cases diagnosed 1/1/2004 - 12/31/2015	
Over-ride CS 6	RH		Required for cases diagnosed 1/1/2004 - 12/31/2015	
Over-ride CS 7	RH		Required for cases diagnosed 1/1/2010 - 12/31/2017	
Over-ride CS 8	RH		Required for cases diagnosed 1/1/2010 - 12/31/2017	
Over-ride CS 9	RH		Required for cases diagnosed 1/1/2010 - 12/31/2017	
Over-ride CS 10	RH		Required for cases diagnosed 1/1/2010 - 12/31/2017	
Over-ride CS 11	RH		Required for cases diagnosed 1/1/2010 - 12/31/2017	
Over-ride CS 12	RH		Required for cases diagnosed 1/1/2010 - 12/31/2017	
Over-ride CS 13	RH		Required for cases diagnosed 1/1/2010 - 12/31/2017	
Over-ride CS 14	RH		Required for cases diagnosed 1/1/2010 - 12/31/2017	
Over-ride CS 15	RH		Required for cases diagnosed 1/1/2010 - 12/31/2017	
Over-ride CS 16	RH		Required for cases diagnosed 1/1/2010 - 12/31/2017	
Over-ride CS 17	RH		Required for cases diagnosed 1/1/2010 - 12/31/2017	

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Over-ride CS 18	RH		Required for cases diagnosed 1/1/2010 - 12/31/2017	
Over-ride CS 19	RH		Required for cases diagnosed 1/1/2010 - 12/31/2017	
Over-ride CS 20	RH		Required for cases diagnosed 1/1/2010 - 12/31/2017	
Over-ride Histology	x		When coded, text must support code	
Over-ride HospSeq/DxConf	x		When coded, text must support code	
Over-ride HospSeq/Site	x		When coded, text must support code	
Over-ride III define Site	x		When coded, text must support code	
Over-ride Leuk, Lymphoma	x		When coded, text must support code	
Over-ride Name/Sex	x		When coded, text must support code	
Over-ride Report Source	x		When coded, text must support code	
Over-ride SeqNo/DXConf	x		When coded, text must support code	
Over-ride Site/Behavior	x		When coded, text must support code	
Over-ride Site/EOD/Dx Dt	x		When coded, text must support code	
Over-ride Site/Lat/EOD	x		When coded, text must support code	
Over-ride Site/Lat/Morph	x		When coded, text must support code	

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Over-ride Site/Lat/SeqNo	x		When coded, text must support code	
Over-ride Site/TNM Stg Grp	x		When coded, text must support code	
Over-ride Site/Type	x		When coded, text must support code	
Over-ride SS/DisMet1	x		When coded, text must support code	
Over-ride SS/Nodes Pos	x		When coded, text must support code	
Over-ride SS/TNM_M	x		When coded, text must support code	
Over-ride SS/TNM_N	x		When coded, text must support code	
Over-ride Surg/DXConf	x		When coded, text must support code	
Over-ride TNM Stage	x			
Over-ride TNM Tis	x			
Over-ride TNM 3	x			
Phase I Radiation Treatment Modality	x			
Place of Death	RH		Required when available for cases diagnosed prior to 1/1/2013	
Place of Death-Country	x			
Place of Death-State	x			
Place of Diagnosis	x		Required when applicable and available	
Primary Payer at DX	x		Required when available	
Primary Site	x			
Progesterone Receptor Summary	x		Primary site specific	
PSA (Prostatic Specific Antigen) Lab Value	x		Primary site specific	
Race 1	x			

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Data Fields	<u>Required</u>	Supplementary/ Recommended	Comments/Special Codes	Note
Race 2	x			
Race 3	x			
Race 4	x			
Race 5	x			
Race Coding Sys--Current	x			
Race Coding Sys--Original	x			
Rad—Regional RX Modality	RH		Required for cases 1/1/2006 - 12/31/2017	
Reason for No Radiation	x			
Reason for No Surgery	x			
Record Type	x		Must be A- Full case Abstract record type (incidence and confidential data plus text summaries; used for reporting to central registries).	
Recurrence Date—1st		x		
Recurrence Type—1st		x		
Regional Nodes Examined	x		Regional lymph nodes as defined by AJCC	
Regional Nodes Positive	x		Regional lymph nodes as defined by AJCC	
Registry Type	x			
Reporting Facility	x		Must use Tennessee assigned facility ID code	
RX Coding Sys--Current	x			
RX Date- BRM	x			
RX Date--BRM Flag	x			
RX Date-Chemo	x			
RX Date--Chemo Flag	x			
RX Date-Hormone	x			
RX Date--Hormone Flag	x			

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RX Date—Most Defin Surg	x			
Rx Date--Most Defin Surg Flag	x			
RX Date--Other	x			
RX Date--Other Flag	x			
RX Date--Radiation	x			
RX Date--Radiation Flag	x			
RX Date--Surgery	x			
RX Date--Surgery Flag	x			
Rx Date--Systemic	RH		Required for cases diagnosed 1/1/2009 - 12/31/2015	
Rx Date--Systemic Flag	RH		Required for cases diagnosed 1/1/2009 - 12/31/2015	
RX Hosp—BRM	x*		Required from ACoS accredited facilities only	
RX Hosp—Chemo	x*		Required from ACoS accredited facilities only	
RX Hosp—DX/Stg Proc	x*		Required from ACoS accredited facilities only	
RX Hosp—Hormone	x*		Required from ACoS accredited facilities only	
RX Hosp—Other	x*		Required from ACoS accredited facilities only	
Rx Hosp--Palliative Proc	x*		Required from ACoS accredited facilities only	
Rx Hosp—Scope Reg Ln Sur	x*		Required from ACoS accredited facilities only	
RX Hosp—Surg Oth Reg/Dis	x*		Required from ACoS accredited facilities only	
RX Hosp—Surg Prim Site	x*		Required from ACoS accredited facilities only	
RX Summ--BRM	x			

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RX Summ--Chemo	x			
RX Summ--Hormone	x			
RX Summ--Other	x			
RX Summ—Palliative Proc	x*		Required from ACoS accredited facilities only	
RX Summ--Radiation	RH		Derived for cases 1/1/2008 - 12/31/2011	
RX Summ--Scope Reg LN Surg	x			
RX Summ--Surg Other Reg/Dis	x			
RX Summ--Surg Primary Site	x			
RX Summ--Surg/Rad Seq	x			
Rx Summ--Systemic/Sur Seq	x			
RX Summ—Transplnt/ Endocr	x			
RX Summ--Treatment Status	x			
RX Text--BRM	x		Required when corresponding treatment fields are coded	
RX Text--Chemo	x		Required when corresponding treatment fields are coded	
RX Text--Hormone	x		Required when corresponding treatment fields are coded	
RX Text--Other	x		Required when corresponding treatment fields are coded	
RX Text--Radiation (Beam)	x		Required when corresponding treatment fields are coded	
RX Text--Radiation Other	x		Required when corresponding treatment fields are coded	
RX Text--Surgery	x		Required when corresponding treatment fields are coded	
Schema Discriminator 1	x			
Schema Discriminator 2	x			
Schema ID	D			

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Schema ID Version Current	D		Derived data item	New data item
Schema ID Version Original	D		Derived data item	New data item
SEER Coding Sys--Current	x			
SEER Coding Sys--Original	x			
SEER Summary Stage 1977	RH		Required for cases diagnosed before 01/01/2001	
SEER Summary Stage 2000	RH		Required for cases diagnosed 1/1/2001 - 12/31/2003 and 1/1/2015 - 12/31/2017	
Sequence Number-Hospital	x			
Sex	x			
Site Coding Sys--Current	x			
Site Coding Sys--Original	x			
Social Security Number	x			
Spanish/Hispanic Origin	x			
Summary Stage 2018	x		Required for cases diagnosed 1/1/2018 onward	
Telephone		x		
Text--Dx Proc--Lab Tests	x		Required to support coding	
Text--DX Proc--Op	x		Required to support coding	
Text--DX Proc--Path	x		Required to support coding	
Text--DX Proc--PE	x		Required to support coding	
Text--Dx Proc--Scopes	x		Required to support coding	
Text--Dx Proc--X-ray/scan	x		Required to support coding	
Text--Histology Title	x		Required to support coding	
Text--Primary Site Title	x		Required to support coding	
Text--Staging	x		Required to support coding	
Text--Usual Industry	x		Required when available	
Text--Usual Occupation	x		Required when available	
TNM Clinical Descriptor	RH		See Staging System Requirements For 2015-2018 below for details	

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TNM Clinical M	RH		See Staging System Requirements For 2015-2018 below for details	
TNM Clinical N	RH		See Staging System Requirements For 2015-2018 below for details	
TNM Clinical Stage Group	RH		See Staging System Requirements For 2015-2018 below for details	
TNM Clinical Staged By	RH		See Staging System Requirements For 2015-2018 below for details	
TNM Clinical T	RH		See Staging System Requirements For 2015-2018 below for details	
TNM Edition Number	RH		See Staging System Requirements For 2015-2018 below for details	
TNM Path Descriptor	RH		See Staging System Requirements For 2015-2018 below for details	
TNM Path M	RH		See Staging System Requirements For 2015-2018 below for details	
TNM Path N	RH		See Staging System Requirements For 2015-2018 below for details	
TNM Path Stage Group	RH		See Staging System Requirements For 2015-2018 below for details	
TNM Path Staged By	RH		See Staging System Requirements For 2015-2018 below for details	
TNM Path T	RH		See Staging System Requirements For 2015-2018 below for details	
Tumor Size Summary	x			
Type of Reporting Source	x			
Vendor Name	x			
Vital Status	x			

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Staging System Requirements For 2015 - 2018				
Dx Year 2015- Collaborative Staging (CS) System and SEER Summary 2000 Staging System required from all facilities. TNM required from ACoS facilities. (AJCC TNM required when available for non-ACoS facilities.)				
Dx Year 2016- SEER Summary 2000 Staging System and TNM required from all facilities.				
Dx Year 2017- SEER Summary 2000 Staging System and TNM required from all facilities.				
Dx Year 2018- SEER Summary 2018 Staging System required from all facilities.				

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