NEBRASKA DEPARTMENT OF HEALTH AND HUMAN SERVICES
NOTICE OF PUBLIC HEARING

October 15, 2019
10:00 a.m. Central Time
Gold's Building, Room 534
1033 O Street, Lincoln, Nebraska

The purpose of this hearing is to receive comments on proposed changes to Title 186, Chapter 1 of the Nebraska Administrative Code (NAC) – *Cancer Registry.* The proposed changes remove duplicative statutory language from the regulations; update reporting requirements to reflect the current recommendations of the North American Association of Central Cancer Registry and the National Program for Cancer Registry; and update formatting.

Authority for these regulations is found in Neb. Rev. Stat. § 81-3117(7).

Interested persons may attend the hearing and provide verbal or written comments or mail, fax or email written comments, no later than the day of the hearing to: DHHS Legal Services, PO Box 95026, Lincoln, NE 68509-5026, (402) 742-2382 or dhhs.regulations@nebraska.gov, respectively.

A copy of the proposed changes is available online at http://www.sos.ne.gov, or by contacting DHHS at the mailing address or email above, or by phone at (402) 471-8417. The fiscal impact statement for these proposed changes may be obtained at the office of the Secretary of State, Regulations Division, 1201 N Street, Suite 120, Lincoln, NE 68508, or by calling (402) 471-2385.

Auxiliary aids or reasonable accommodations needed to participate in a hearing can be requested by calling (402) 471-8417. Individuals with hearing impairments may call DHHS at (402) 471-9570 (voice and TDD) or the Nebraska Relay System at 711 or (800) 833-7352 TDD at least 2 weeks prior to the hearing.

# FISCAL IMPACT STATEMENT

| | |
|---|---|
| Agency: **Department of Health and Human Services** | |
| Title: 186 | Prepared by: Lifeng Li |
| Chapter: 1 | Date prepared: 3/14/2019 |
| Subject: Cancer Registry | Telephone: 402-471-0553 |

Type of Fiscal Impact:

| | State Agency | Political Sub. | Regulated Public |
|---|---|---|---|
| No Fiscal Impact | ( ☒ ) | ( ☒ ) | ( ☒ ) |
| Increased Costs | ( ☐ ) | ( ☐ ) | ( ☐ ) |
| Decreased Costs | ( ☐ ) | ( ☐ ) | ( ☐ ) |
| Increased Revenue | ( ☐ ) | ( ☐ ) | ( ☐ ) |
| Decreased Revenue | ( ☐ ) | ( ☐ ) | ( ☐ ) |
| Indeterminable | ( ☐ ) | ( ☐ ) | ( ☐ ) |

Provide an Estimated Cost & Description of Impact:

State Agency: N/A

Political Subdivision: N/A

Regulated Public: N/A

If indeterminable, explain why:

TITLE 186 HEALTH REGISTRIES AND RELEASE OF INFORMATION

CHAPTER 1 CANCER REGISTRY

1-001 SCOPE AND AUTHORITY: The purpose of the cancer registry is to provide a central data bank of accurate, precise, and current information which may be used to achieve the goals of prevention, cure, and control of cancer through research and education. These regulations apply to each hospital or health practitioner within the State of Nebraska. The regulations implement the laws governing the establishment and maintenance of a registry that includes records of cases of cancer and benign brain-related tumors diagnosed or treated within the state and such information that the Department determines necessary and appropriate for the prevention, cure, and control of cancer. The regulations set forth procedures for the reporting by hospitals and health practitioners of data concerning such cases to the Department and providing procedures and standards for governing access to registry data, pursuant to Neb. Rev. Stat. §§ 81-642 to 81-650.

1-002 DEFINITIONS:
Cancer means:

1. A large group of diseases characterized by an uncontrolled growth and spread of abnormal cells;

2. Any condition of tumors having the properties of anaplasia, invasion, and metastasis;

3. A cellular tumor the natural course of which is fatal; and

4. Malignant neoplasm.

Cancer shall be deemed to include, but not be limited to, carcinoma, sarcoma, melanoma, lymphoma, Hodgkin's disease, and myeloma, but shall not include precancerous conditions, benign polyps, or benign tumors.

Cancer Registry means the system of reporting established by Neb. Rev. Stat. §§ 81-642 to 81-650 in which the cases of cancer in this state are reported and recorded in order to achieve the goals of prevention, cure, and control of cancer through research and education.

Department means the Nebraska Department of Health and Human Services Regulation and Licensure.

Diseases Reportable to the Cancer Registry includes all cancers as defined above and, beginning January 1, 2004, all benign brain-related tumors.

Health Practitioner means an individual licensed to practice medicine and surgery pursuant to Neb. Rev. Stat. §§ 71-1,102 to 71-1,107.04; to practice osteopathic medicine and surgery pursuant to Neb. Rev. Stat. §§ 71-1,137 to 71-1,141 and to practice dentistry pursuant to Neb. Rev. Stat. §§ 71-183 to 71-193.35.

Initial Diagnosis means the recognition of cancer in a patient by a health practitioner, medical examiner, facility, or coroner.

Proper Identification means driver's license or other identification containing photograph, name and signature, and a written statement from the Department that such person is an authorized representative of the Department.

1-003 DATA REQUIREMENTS: Attachment 1 incorporated by this reference lists the data elements that must be provided for each reportable disease.

1-004 HOSPITAL REPORTING REQUIREMENTS: The following are the reporting requirements for hospitals within the State of Nebraska.

1-004.01 Each hospital within the State of Nebraska that initially diagnoses more than 50 cancer cases in a calendar year must:

1. Submit the data specified in 186 NAC 1-003 Attachment 1;

2. Submit data on disk or in encrypted electronic form in a manner specified by the Department;

3. Report data on an ongoing monthly basis, within six months from the date of initial diagnosis;

4. Report supplemental and follow-up data on previously reported cases on the next reporting period following receipt of the data.

1-004.02 Each hospital within the State of Nebraska that initially diagnoses less than 50 cancer cases in a calendar year will make available:

1. The data specified in Attachment 1, in the manner prescribed in 186 NAC 1-004.01, or

2. A list of the names of patients diagnosed with cancer, corresponding medical record numbers, and medical records which document the diagnosis and treatment of cancer; or

3. On an abstract form which contains the information set forth in the Attachment 1.

1-005 HEALTH PRACTITIONER REPORTING: Health practitioners within the state must produce and make available to the Department or its authorized representative, upon the request of the Department or its authorized representative, and upon presentation of proper identification by the Department's representative, data from each medical record of cancer or benign brain-related tumor under the health practitioner's custody or control. The data must be submitted as set out in 186 NAC 1-004.01 and 1-004.02.

1-006 CONFIDENTIALITY AND RELEASE OF INFORMATION: All data obtained from medical records of individual patients is for the confidential use of the Department and private or public person or entities that the Department determines may view these records in order to carry out the intent of Neb. Rev. Stat. §§ 81-642 to 81-650. The information will be privileged and will not otherwise be divulged or made public so as to disclose the identity of an individual whose medical records have been used for acquiring data.

1-006.01 The Department may approve individuals or entities who submit written application to obtain access to case-specific data or case-specific and patient-identifying data to assist in their research for the prevention, cure and control of cancer. These individuals or entities must show that the applicant is a qualified researcher, that the data requested will be used for bona fide scientific or medical research for prevention, cure or control of cancer, and that the applicant will maintain the confidentiality and security of the data obtained. The application must contain, but is not limited to the following information:

1. Applicant's name and address;

2. The name of the entity, if any, which the applicant represents, its address and a brief description of the entity;

3. Name and address of the principal investigator, if other than the applicant;

4. The qualifications of the applicant and of the principal investigator, if other than the applicant, including education, experience, prior publications, and recommendations of professional colleagues who have knowledge and experience of scientific or medical research;

5. The purpose of the research project, a summary of the project and the anticipated time of the completion of such project;

6. The location where the research project will be conducted and the equipment, personnel, and other resources available to the applicant to carry out the projects;

7. The identity of the individual or entity funding the research project, a description of the availability of funds for the research project and any conditions of the receipt or continuation of such funding;

8. The specific data requested and a description of the use to be made of such data and, if patient-identifying data is requested, a substantiation of the need for access to the patient-identifying data;

9. A description of the measures to be taken to secure the data and maintain the confidentiality of the data during the research project, for disposal of the data upon completion of the study and to assure that the results of the study will not divulge or make public information that will disclose the identity of any individual. If contact with patient or patient's family is planned, approved researcher must substantiate the need for the contact and describe the methods to be used to obtain permission from the patient or patient's family for the contact.

10. Additional information as the Department determines to be necessary to assure that release of data to the applicant is appropriate and will further the purposes of Neb. Rev. Stat. §§ 81-642 to 81-650.

1-006.02 Any de-identified data (other than Class III data) asked for by and furnished to a researcher may not be intentionally re-identified in any manner. Should a recipient of de-identified information unintentionally or accidentally be able to identify any individual they must not use that information in any way. The recipient must also notify the Department of the means of accidental re-identification in order for the Department to consider additional procedures to safeguard against breaches in confidentiality.

1-006.03 The cost of data retrieved and data processing will be paid by the researchers and private or public entities or individuals requesting data from the cancer registry.

1-007 SUBMISSION OF REPORTS: The approved researcher must submit the reports or results of the research project to the Department at no cost. The Department reviews the reports or results and prohibits publication of confidential information or patient-identifying data. A person or entity must acknowledge the Department and its cancer registry in any publication in which information obtained through the registry is used.

1-008 RELEASE OF DATA TO GOVERNMENTAL HEALTH AGENCIES: Data contained in the cancer registry may be released to local health departments in Nebraska, the Centers for Disease Control and the National Cancer Institute upon written application and compliance with the provisions of Neb. Rev. Stat. §§ 81-663 to 81-675 and 186 NAC 1.

1-009 PATIENT CONTACT PROVISIONS: No person who seeks information or obtains registry data pursuant to this regulation will contact a patient on the registry or the patient's family unless the registry has first obtained the permission of the patient or patient's family. The registry will coordinate its activities with the person desiring the contact and may authorize the person desiring the contact to perform these contacts under the direction of the registry.

# DATA ITEMS REQUIRED BY THE NEBRASKA CANCER REGISTRY FROM CANCER REPORTING SOURCES

The following table presents data required by the Nebraska Cancer Registry along with Version 10 of the NAACCR required status table summarizing the requirements and recommendations for collection of each item by standard-setting groups.

The following abbreviations and symbols are used in the table:

**NAACCR** NAACCR committees are reviewing and will make Recommendations in Version 10.1.

**NPCR** Refers to requirements and recommendations of the NPCR regarding data items that should be collected or computed by NPCR state registries. Note: Personal identifying data items that are collected are not transmitted to CDC.

**COC** Refers to requirements of the COC. Facilities should refer to the *COC FORDS Manual* for further clarification of required fields.

**SEER** Refers to requirements of NCI's SEER Program. Facilities and central registries should refer to the *SEER Program Code Manual* for further clarification of required fields.

**Codes for Recommendations:** R = Required. RH = Historically collected and currently transmitted. S = Supplementary/ recommended. D = Derived. ● = Not in dataset but available. * = When available. # = Central registries may code available data using either the SEER or COC data item and associated rules. ^ = These text requirements may be met with one or several text block fields.

| Item # | Item Name | Provider Required | NCR Required | NPCR | Source of Standard |
|---|---|---|---|---|---|
| 10 | Record Type | | R | • | NAACCR |
| 20 | Patient Identification Number | | R | R | Reporting Registry |
| 30 | Registry Type | | R | • | NAACCR |
| 35 | Federal Identification Number Coding System | | R | S | NAACCR |
| 40 | Registry Identification | | R | S | NAACCR |
| 50 | NAACCR Record Version | | R | R | NAACCR |
| 70 | Address at Diagnosis–City | R | R | R | COC |
| 80 | Address at Diagnosis–State | R | R | R | NAACCR |
| 90 | County at Diagnosis | R | R | R | FIPS/SEER |
| 100 | Address at Diagnosis–Postal Code | R | R | R | NAACCR |
| 110 | Census Tract 1970/80/90 | | R | RH | SEER |
| 120 | Census Coding System 1970/80/90 | | R | RH | SEER |
| 130 | Census Tract 2000 | | R | R | SEER |
| 150 | Marital Status at Diagnosis | R | R | S | SEER |
| 160 | Race 1 | R | R | R | SEER/COC |
| 161 | Race 2 | R | R | R | SEER/COC |
| 162 | Race 3 | R | R | R | SEER/COC |
| 163 | Race 4 | R | R | R | SEER/COC |
| 164 | Race 5 | R | R | R | SEER/COC |
| 170 | Race Coding System–Current | R | R | • | NAACCR |
| 180 | Race Coding System–Original | R | R | • | NAACCR |
| 190 | Spanish/Hispanic Origin | R | R | R | SEER/COC |
| 220 | Sex | R | R | R | SEER/COC |
| 230 | Age at Diagnosis | R | R | R | SEER/COC |
| 240 | Birth Date | R | R | R | SEER/COC |
| 250 | Birthplace | R | R | R* | SEER/COC |
| 260 | Religion | * | * | • | Varies |
| 270 | Occupation Code–Census | | R | S | Census/NPCR |
| 280 | Industry Code–Census | | R | S | Census/NPCR |
| 290 | Occupation Source | | R | S | NPCR |
| 300 | Industry Source | | R | S | NPCR |
| 310 | Text–Usual Occupation | * | R* | R* | NPCR |
| 320 | Text–Usual Industry | * | R* | R* | NPCR |
| 330 | Occupation/Industry Coding System | | R | S | NPCR |
| 340 | Tobacco History | * | * | • | Varies |
| 350 | Alcohol History | * | * | • | Varies |
| 360 | Family History of Cancer | * | * | • | Varies |
| 362 | Census Tract Block Group | | | • | Census |
| 364 | Census Tract Certainty 1970/80/90 | | R | RH | SEER |
| 365 | Census Tract Certainty 2000 | | R | R | SEER |
| 380 | Sequence Number–Central | | R | R | NAACCR |
| 390 | Date of Diagnosis | R | R | R | SEER/COC |
| 400 | Primary Site | R | R | R | SEER/COC |
| 410 | Laterality | R | R | R | SEER/COC |
| 419 | Morphology–Type & Behavior ICD-O-2 | RH | RH | | |
| 420 | Histology (92-00) ICD-O-2 | RH | RH | RH | SEER/COC |
| 430 | Behavior (92-00) ICD-O-2 | RH | RH | RH | SEER/COC |
| 440 | Grade | R | R | R | SEER/COC |
| 450 | Site Coding System–Current | R | R | S | NAACCR |
| 460 | Site Coding System–Original | R | R | • | NAACCR |
| 470 | Morphology Coding System–Current | R | R | S | NAACCR |
| 480 | Morphology Coding System–Original | R | R | • | NAACCR |

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| Item # | Item Name | Provider Required | NCR Required | NPCR | Source of Standard |
|---|---|---|---|---|---|
| 490 | Diagnostic Confirmation | R | R | R | SEER/COC |
| 500 | Type of Reporting Source | R | R | R | SEER |
| 521 | Morphology–Type&Behavior ICD-O-3 | R | R | | |
| 522 | Histologic Type ICD-O-3 | R | R | R | SEER/COC |
| 523 | Behavior Code ICD-O-3 | R | R | R | SEER/COC |
| 540 | Reporting Hospital | R | R | S | COC |
| 550 | Accession Number–Hospital | R | R | S | COC |
| 560 | Sequence Number–Hospital | R | R | S | COC |
| 570 | Abstracted By | R | R | ● | COC |
| 580 | Date of 1st Contact | R | R | R | NAACCR |
| 610 | Class of Case | R | R | S | COC |
| 620 | Year First Seen This Cancer | * | * | ● | COC |
| 630 | Primary Payer at Diagnosis | R | R | ● | COC |
| 670 | Treatment Hospital–Surgery Primary Site | R | R | ● | COC |
| 672 | Treatment Hospital–Scope Regional Lymph Node Surgery | R | R | ● | COC |
| 674 | Treatment Hospital–Surgery Other Regional/Distant | R | R | ● | COC |
| 700 | Treatment Hospital–Chemotherapy | R | R | ● | COC |
| 710 | Treatment Hospital–Hormone Therapy | R | R | ● | COC |
| 720 | Treatment Hospital–Immunotherapy | R | R | ● | COC |
| 730 | Treatment Hospital–Other | R | R | ● | COC |
| 740 | Treatment Hospital—Diagnosis/Staging Procedure | R | R | | COC |
| 759 | SEER Summary Stage 2000 | R | R | R | SEER |
| 760 | SEER Summary Stage 1977 | RH | RH | RH | SEER |
| 780 | Extent of disease—Tumor Size | R | R | | |
| 820 | Regional Nodes Positive | R | R | S | SEER/COC |
| 830 | Regional Nodes Examined | R | R | S | SEER/COC |
| 880 | TNM Pathologic Tumor | R | R | ● | AJCC |
| 890 | TNM Pathologic Nodes | R | R | ● | AJCC |
| 900 | TNM Pathologic Metastases | R | R | ● | AJCC |
| 910 | TNM Pathologic Stage Group | R | R | ● | AJCC |
| 920 | TNM Pathologic Descriptor | R | R | ● | COC |
| 930 | TNM Pathologic Staged By | R | R | ● | COC |
| 940 | TNM Clinical Tumor | R | R | ● | AJCC |
| 950 | TNM Clinical Nodes | R | R | ● | AJCC |
| 960 | TNM Clinical Metastases | R | R | ● | AJCC |
| 970 | TNM Clinical Stage Group | R | R | ● | AJCC |
| 980 | TNM Clinical Descriptor | R | R | ● | COC |
| 990 | TNM Clinical Staged By | R | R | ● | COC |
| 1060 | TNM Edition Number | R | R | ● | COC |
| 1150 | Tumor Marker 1 | R* | R* | ● | SEER |
| 1160 | Tumor Marker 2 | R* | R* | ● | SEER |
| 1170 | Tumor Marker 3 | R* | R* | ● | SEER |
| 1200 | Treatment Date–Surgery | R | R | S | COC |
| 1210 | Treatment Date–Radiation | R | R | S | COC |
| 1250 | Treatment Date–Other | R | R | S | COC |
| 1270 | Date of 1st Course of Treatment–COC | R | R | # | COC |
| 1280 | Treatment Date–Diagnosis/Staging Procedure | R | R | ● | COC |
| 1290 | Treatment Summary–Surgery Primary Site | R | R | R | SEER/COC |
| 1292 | Treatment Summary–Scope Regional Lymph Nodes Surgery | R | R | R | SEER/COC |
| 1294 | Treatment Summary–Surgery Other Regional/Distant | R | R | R | SEER/COC |

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| Item # | Item Name | Provider Required | NCR Required | NPCR | Source of Standard |
|---|---|---|---|---|---|
| 1320 | Treatment Summary- Surgical Margins | R | R | • | COC |
| 1340 | Reason for No Surgery | R | R | S | SEER/COC |
| 1350 | Treatment Summary- Diagnosis/Staging Procedure | R | R | • | COC |
| 1380 | Treatment Summary- Surgery/Radiation Sequence | R | R | S | SEER/COC |
| 1390 | Treatment Summary- Chemotherapy | R | R | S | SEER/COC |
| 1400 | Treatment Summary- Hormone Therapy | R | R | S | SEER/COC |
| 1410 | Treatment Summary- Immunotherapy | R | R | S | SEER/COC |
| 1420 | Treatment Summary- Other | R | R | S | SEER/COC |
| 1430 | Reason for No Radiation Therapy | R | R | S | COC |
| 1460 | Treatment Coding System- Current | R | R | R | NAACCR |
| 1510 | Radiation- Regional Dose: cGy | R | R | • | COC |
| 1520 | Radiation- Number of Treatment Volume | R | R | • | COC |
| 1540 | Radiation- Treatment Volume | R | R | • | COC |
| 1550 | Radiation- Location of Treatment | R | R | • | COC |
| 1570 | Radiation- Regional Treatment Modality | R | R | S | COC |
| 1660 | Subsequent Treatment 2nd Course Date | R* | R* | • | COC |
| 1670 | Subsequent Treatment 2nd Course Codes | R* | R* | | |
| 1671 | Subsequent Treatment 2nd Course Surgery | R* | R* | • | COC |
| 1672 | Subsequent Treatment 2nd Course Radiation | R* | R* | • | COC |
| 1673 | Subsequent Treatment 2nd Course Chemotherapy | R* | R* | • | COC |
| 1674 | Subsequent Treatment 2nd Course Hormone Therapy | R* | R* | • | COC |
| 1675 | Subsequent Treatment 2nd Course Immunotherapy | R* | R* | • | COC |
| 1676 | Subsequent Treatment 2nd Course Other | R* | R* | • | COC |
| 1677 | Subsequent Treatment 2nd- Scope Lymph Nodes Surgery | R* | R* | • | COC |
| 1678 | Subsequent Treatment 2nd- Surgery Other | R* | R* | • | COC |
| 1679 | Subsequent Treatment 2nd- Regional Lymph Nodes Removed | R* | R* | • | COC |
| 1680 | Subsequent Treatment 3rd Course Date | R* | R* | • | COC |
| 1690 | Subsequent Treatment 3rd Course Codes | R* | R* | | |
| 1691 | Subsequent Treatment 3rd Course Surgery | R* | R* | • | COC |
| 1692 | Subsequent Treatment 3rd Course Radiation | R* | R* | • | COC |
| 1693 | Subsequent Treatment 3rd Course Chemotherapy | R* | R* | • | COC |
| 1694 | Subsequent Treatment 3rd Course Hormone Therapy | R* | R* | • | COC |
| 1695 | Subsequent Treatment 3rd Course Immunotherapy | R* | R* | • | COC |
| 1696 | Subsequent Treatment 3rd Course Other | R* | R* | • | COC |
| 1697 | Subsequent Treatment 3rd- Scope Lymph Nodes Surgery | R* | R* | • | COC |
| 1698 | Subsequent Treatment 3rd- Surgery Other | R* | R* | • | COC |
| 1699 | Subsequent Treatment 3rd- Regional Lymph Nodes Removed | R* | R* | • | COC |
| 1700 | Subsequent Treatment 4th Course Date | R* | R* | • | COC |
| 1710 | Subsequent Treatment 4th Course Codes | R* | R* | | |
| 1711 | Subsequent Treatment 4th Course Surgery | R* | R* | • | COC |
| 1712 | Subsequent Treatment 4th Course Radiation | R* | R* | • | COC |
| 1713 | Subsequent Treatment 4th Course Chemotherapy | R* | R* | • | COC |
| 1714 | Subsequent Treatment 4th Course Hormone Therapy | R* | R* | • | COC |
| 1715 | Subsequent Treatment 4th Course Immunotherapy | R* | R* | • | COC |
| 1716 | Subsequent Treatment 4th Course Other | R* | R* | • | COC |
| 1717 | Subsequent Treatment 4th- Scope Lymph Nodes Surgery | R* | R* | • | COC |
| 1718 | Subsequent Treatment 4th- Surg Other | R* | R* | • | COC |

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| Item # | Item Name | Provider Required | NCR Required | NPCR | Source of Standard |
|---|---|---|---|---|---|
| 1719 | Subsequent Treatment 4th Regional Lymph Nodes Removed | R* | R* | • | COC |
| 1720 | Subsequent Treatment 5th Course Date | R* | R* | • | NAACCR |
| 1730 | Subsequent Treatment 5th Course Codes | R* | R* | | |
| 1731 | Subsequent Treatment 5th Course Surgery | R* | R* | • | NAACCR |
| 1732 | Subsequent Treatment 5th Course Radiation | R* | R* | • | NAACCR |
| 1733 | Subsequent Treatment 5th Course Chemotherapy | R* | R* | • | NAACCR |
| 1734 | Subsequent Treatment 5th Course Hormone Therapy | R* | R* | • | NAACCR |
| 1735 | Subsequent Treatment 5th Course Immunotherapy | R* | R* | • | NAACCR |
| 1736 | Subsequent Treatment 5th Course Other | R* | R* | • | NAACCR |
| 1737 | Subsequent Treatment 5th Scope Lymph Nodes Surgery | R* | R* | • | NAACCR |
| 1738 | Subsequent Treatment 5th Surgery Other | R* | R* | • | NAACCR |
| 1739 | Subsequent Treatment 5th Regional Lymph Nodes Removed | R* | R* | • | NAACCR |
| 1750 | Date of Last Contact | R | R | R | SEER/COC |
| 1760 | Vital Status | R | R | R | SEER/COC |
| 1770 | Cancer Status | R | R | • | COC |
| 1790 | Follow-Up Source | R | R | • | COC |
| 1800 | Next Follow-Up Source | R | R | • | COC |
| 1810 | Address Current City | R | R | • | COC |
| 1820 | Address Current State | R | R | • | NAACCR |
| 1830 | Address Current Postal Code | R | R | • | NAACCR |
| 1860 | Recurrence Date 1st | R | R | S | COC |
| 1880 | Recurrence Type 1st | R | R | S | COC |
| 1910 | Cause of Death | | R | R | SEER/COC |
| 1920 | ICD Revision Number | | R | R | SEER/COC |
| 1930 | Autopsy | R* | R | • | COC |
| 1940 | Place of Death | R* | R | S | NAACCR |
| 1980 | ICD-O-2 Conversion Flag | R | R | • | SEER |
| 1981 | Over-ride Summary Stage/Nodes Positive | | R | • | NAACCR |
| 1982 | Over-ride Summary Stage/TNM Nodes | | R | • | NAACCR |
| 1983 | Over-ride Summary Stage/TNM Metastasis | | R | • | NAACCR |
| 1984 | Over-ride Summary Stage/Distant Metastasis 1 | | R | • | NAACCR |
| 1985 | Over-ride Accession/Class of Case/Sequence | R | R | • | NAACCR |
| 1986 | Over-ride Hospital Sequence/Diagnostic Confirmation | R | R | • | NAACCR |
| 1987 | Over-ride COC Site/Type | R | R | • | NAACCR |
| 1988 | Over-ride Hospital Sequence/Site | R | R | • | NAACCR |
| 1989 | Over-ride Site/TNM Staging Group | R | R | • | NAACCR |
| 1990 | Over-ride Age/Site/Morphology | R | R | R | SEER |
| 2000 | Over-ride Sequence Number/Diagnosis Confirmation | | R | R | SEER |
| 2010 | Over-ride Site/Laterality/Sequence Number | | R | S | SEER |
| 2020 | Over-ride Surgery/Diagnostic Confirmation | R | R | R | SEER |
| 2030 | Over-ride Site/Type | R | R | R | SEER |
| 2040 | Over-ride Histology | R | R | R | SEER |
| 2050 | Over-ride Report Source | | R | R | SEER |
| 2060 | Over-ride Ill-define Site | | R | R | SEER |
| 2070 | Over-ride Leukemia Lymphoma | R | R | R | SEER |
| 2071 | Over-ride Site/Behavior | R | R | R | SEER |
| 2072 | Over-ride Site/Extent of Disease/Diagnosis Date | | R | S | SEER |
| 2073 | Over-ride Site/Laterality/Extent of Disease | | R | S | SEER |
| 2074 | Over-ride Site/Laterality/Morphology | R | R | R | SEER |

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| Item # | Item Name | Provider Required | NCR Required | NPCR | Source of Standard |
|---|---|---|---|---|---|
| 2081 | CRC CHECKSUM | | R | ● | NAACCR |
| 2090 | Date Case Completed | | R | ● | Varies |
| 2100 | Date Case Last Changed | | R | ● | Varies |
| 2110 | Date Case Report Exported | R | R | S | NAACCR |
| 2111 | Date Case Report Received | R | R | R | NAACCR |
| 2112 | Date Case Report Loaded | R | R | S | NAACCR |
| 2113 | Date Tumor Record Available | R | R | S | NAACCR |
| 2116 | ICD-O-3 Conversion Flag | R | R | R | SEER/COC |
| 2140 | COC Coding System–Current | R | R | S | COC |
| 2150 | COC Coding System–Original | R | R | S | NAACCR |
| 2170 | Vendor Name | R | R | ● | NAACCR |
| 2230 | Name–Last | R | R | R | NAACCR |
| 2240 | Name–First | R | R | R | NAACCR |
| 2250 | Name–Middle | R | R | R | COC |
| 2270 | Name–Suffix | R | R | ● | COC |
| 2280 | Name–Alias | R | R | S | COC |
| 2290 | Name–Spouse/Parent | R* | R* | ● | Varies |
| 2300 | Medical Record Number | R | R | S | NAACCR |
| 2310 | Military Record No Suffix | R | R | ● | COC |
| 2320 | Social Security Number | R | R | R | COC |
| 2330 | Address at Diagnosis–Number & Street | R | R | S | COC |
| 2335 | Address at Diagnosis–Supplemental | R | R | S | NAACCR |
| 2350 | Address Current–Number & Street | R | R | S | COC |
| 2352 | Latitude | | R | ● | NAACCR |
| 2354 | Longitude | | R | ● | NAACCR |
| 2355 | Address Current–Supplemental | R | R | ● | NAACCR |
| 2360 | Telephone | R | R | ● | COC |
| 2380 | DC State File Number | | R | S | State |
| 2390 | Name–Maiden | R* | R* | S | NAACCR |
| 2410 | Institution Referred From | R | R | ● | NAACCR |
| 2420 | Institution Referred To | R | R | ● | NAACCR |
| 2440 | Following Registry | R | R | ● | NAACCR |
| 2460 | Physician–Managing | R | R | ● | COC |
| 2470 | Physician–Follow-Up | R | R | ● | COC |
| 2480 | Physician–Primary Surgery | R | R | ● | COC |
| 2490 | Physician 3 | R | R | ● | COC |
| 2500 | Physician 4 | R | R | ● | COC |
| 2520 | Text–Diagnosis Procedure–Physical Exam | R | R | R^ | NAACCR |
| 2530 | Text–Diagnosis Procedure–X-ray/scan | R | R | R^ | NAACCR |
| 2540 | Text–Diagnosis Procedure–Scopes | R | R | R^ | NAACCR |
| 2550 | Text–Diagnosis Procedure–Lab Tests | R | R | R^ | NAACCR |
| 2560 | Text–Diagnosis Procedure–Operative | R | R | R^ | NAACCR |
| 2570 | Text–Diagnosis Procedure–Pathology | R | R | R^ | NAACCR |
| 2580 | Text–Primary Site Title | R | R | S | NAACCR |
| 2590 | Text–Histology Title | R | R | S | NAACCR |
| 2600 | Text–Staging | R | R | R^ | NAACCR |
| 2610 | Treatment Text–Surgery | R | R | R^ | NAACCR |
| 2620 | Treatment Text–Radiation (Beam) | R | R | S | NAACCR |
| 2630 | Treatment Text–Radiation Other | R | R | S | NAACCR |
| 2640 | Treatment Text–Chemotheaphy | R | R | S | NAACCR |
| 2650 | Treatment Text–Hormone Therapy | R | R | S | NAACCR |
| 2660 | Treatment Text–Immunotherapy | R | R | S | NAACCR |

**Codes for Recommendations:** R = Required. RH = Historically collected and currently transmitted. S = Supplementary/ recommended. D = Derived. ● = Not in dataset but available. * = When available. # = Central registries may code available data using either the SEER or COC data item and associated rules. ^ = These text requirements may be met with one or several text block fields.

| Item # | Item Name | Provider Required | NCR Required | NPCR | Source of Standard |
|---|---|---|---|---|---|
| 2670 | Treatment-Text-Other | R | R | S | NAACCR |
| 2680 | Text-Remarks | R | R | S | NAACCR |
| 2690 | Place of Diagnosis | R | R | S | NAACCR |
| 2800 | Collaborative Stage Tumor Size | R* | R* | | AJCC |
| 2810 | Collaborative Stage Extension | R* | R* | | AJCC |
| 2820 | Collaborative Stage Tumor Size/Extension Evaluation | R* | R* | | AJCC |
| 2830 | Collaborative Stage Lymph Nodes | R* | R* | | AJCC |
| 2840 | Collaborative Stage Regional Lymph Nodes Evaluation | R* | R* | | AJCC |
| 2850 | Collaborative Stage Metastasis at Diagnosis | R* | R* | | AJCC |
| 2860 | Collaborative Stage Metastasis Evaluation | R* | R* | | AJCC |
| 2880 | Collaborative Stage Site-Specific Factor 1 | R* | R* | | AJCC |
| 2890 | Collaborative Stage Site-Specific Factor 2 | R* | R* | | AJCC |
| 2900 | Collaborative Stage Site-Specific Factor 3 | R* | R* | | AJCC |
| 2910 | Collaborative Stage Site-Specific Factor 4 | R* | R* | | AJCC |
| 2920 | Collaborative Stage Site-Specific Factor 5 | R* | R* | | AJCC |
| 2930 | Collaborative Stage Site-Specific Factor 6 | R* | R* | | AJCC |
| 2940 | Derived AJCC Tumor | R* | R* | | AJCC |
| 2950 | Derived AJCC Tumor Descriptor | R* | R* | | AJCC |
| 2960 | Derived AJCC Lymph Nodes | R* | R* | | AJCC |
| 2970 | Derived AJCC Lymph Nodes Descriptor | R* | R* | | AJCC |
| 2980 | Derived AJCC Metastasis | R* | R* | | AJCC |
| 2990 | Derived AJCC Metastasis Descriptor | R* | R* | | AJCC |
| 3000 | Derived AJCC Stage Group | R* | R* | | AJCC |
| 3010 | Derived Summary Stage (SEER)1977 | R* | R* | | AJCC |
| 3020 | Derived Summary Stage 2000 | R* | R* | | AJCC |
| 3030 | Derived AJCC-Conversion Flag | R* | R* | | AJCC |
| 3040 | Derived Summary Stage 1977-Conversion Flag | R* | R* | | AJCC |
| 3050 | Derived Summary Stage 2000-Conversion Flag | R | R | | AJCC |
| 3100 | Archive Federal Identification Number | R | R | ● | COC |
| 3110 | Comorbidities/Complication 1 | R | R | ● | COC |
| 3120 | Comorbidities/Complication 2 | R | R | ● | COC |
| 3130 | Comorbidities/Complication 3 | R | R | ● | COC |
| 3140 | Comorbidities/Complication 4 | R | R | ● | COC |
| 3150 | Comorbidities/Complication 5 | R | R | ● | COC |
| 3160 | Comorbidities/Complication 6 | R | R | ● | COC |
| 3170 | Treatment Date-Most Definitive Surgery | R | R | S | COC |
| 3180 | Treatment Date-Surgical Discharge | R | R | ● | COC |
| 3190 | Readmission Same Hospital within 30 Days | R | R | ● | COC |
| 3200 | Radiation-Boost Treatment Modality | R | R | ● | COC |
| 3210 | Radiation-Boost Dose cGy | R | R | ● | COC |
| 3220 | Treatment Date-Radiation Ended | R | R | ● | COC |
| 3230 | Treatment Date-Systemic | R | R | S | COC |
| 3250 | Treatment Summary-Transplant/Endocrine Procedures | R | R | S | COC |
| 3270 | Treatment Summary-Palliative Procedure | R | R | ● | COC |
| 3280 | Treatment Hospital-Palliative Procedure | R | R | ● | COC |
| 3300 | Rural-Urban Continuum 1993 | | R | D | NAACCR |
| 3310 | Rural-Urban Continuum 2000 | | R | D | NAACCR |

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TITLE 186 HEALTH REGISTRIES AND RELEASE OF INFORMATION

CHAPTER 1 CANCER REGISTRY

001. SCOPE AND AUTHORITY. These regulations implement the laws governing the establishment and maintenance of a registry pursuant to Nebraska Revised Statutes (Neb. Rev. Stat.) §§ 81-642 to 81-650 and §§ 81-663 to 81-675.

002. DEFINITIONS. Definitions set out in Neb. Rev. Stat. §§ 81-653 to 81-662, § 81-663 to 81-675, and the following apply to this chapter.

002.01 HEALTH PRACTITIONER. An individual who practices medicine and surgery, osteopathic medicine and surgery, or dentistry within the State of Nebraska.

002.02 INITIAL DIAGNOSIS. The recognition of cancer in a patient by a health practitioner, medical examiner, facility, or coroner.

003. DATA REQUIREMENTS. For each medical record of cancer the data required to be provided to the Department pursuant to Neb. Rev. Stat, § 81-646 must include all of the information set out in statute and additional information as set out in Attachment 1 which is incorporated herein by this reference.

004. HOSPITAL AND HEALTH PRACTITIONER REPORTING REQUIREMENTS. The reporting requirements for hospitals and health practitioners within the State of Nebraska are set out below:

(A) Each hospital and health practitioner shall produce and make available the data specified in this chapter to the Department;
(B) Data must be submitted on disk or in encrypted electronic form in a manner acceptable to the Department;
(C) Data must be submitted on an ongoing monthly basis, within six months from the date of initial diagnosis; and
(D) Supplemental and follow-up data on previously reported cases must be reported in the next reporting period following receipt of the data.

005. CONFIDENTIALITY AND RELEASE OF INFORMATION. All data obtained from medical records of individual patients is confidential and may only be released as provided in Neb. Rev. Stats. §§ 81-657, §§ 81-663 to 81-675 and Title 185 Nebraska Administrative Code.

Attachment 1

| Item # | Item Name |
|---|---|
| 70 | Address at Diagnosis–City |
| 80 | Address at Diagnosis–State |
| 90 | County at Diagnosis |
| 100 | Address at Diagnosis–Postal Code |
| 150 | Marital Status at Diagnosis |
| 160 | Race 1 |
| 161 | Race 2 |
| 162 | Race 3 |
| 163 | Race 4 |
| 164 | Race 5 |
| 170 | Race Coding System–Current |
| 180 | Race Coding System–Original |
| 190 | Spanish/Hispanic Origin |
| 220 | Sex |
| 230 | Age at Diagnosis |
| 240 | Birth Date |
| 250 | Birthplace |
| 260 | Religion* |
| 310 | Text–Usual Occupation* |
| 320 | Text–Usual Industry* |
| 340 | Tobacco History* |
| 350 | Alcohol History* |
| 360 | Family History of Cancer* |
| 390 | Date of Diagnosis |
| 400 | Primary Site |
| 410 | Laterality |
| 419 | Morphology–Type & Behavior ICD-O-2$^{H}$ |
| 420 | Histology (92-00) ICD-O-2$^{H}$ |
| 430 | Behavior (92-00) ICD-O-2$^{H}$ |
| 440 | Grade |
| 450 | Site Coding System–Current |
| 460 | Site Coding System–Original |
| 470 | Morphology Coding System–Current |
| 480 | Morphology Coding System–Original |
| 490 | Diagnostic Confirmation |
| 500 | Type of Reporting Source |
| 521 | Morphology–Type & Behavior ICD-O-3 |
| 523 | Behavior Code ICD-O-3 |
| 540 | Reporting Hospital |
| 550 | Accession Number–Hospital |
| 560 | Sequence Number–Hospital |
| 570 | Abstracted By |
| 580 | Date of 1$^{st}$ Contact |
| 610 | Class of Case |
| 620 | Year First Seen This Cancer* |
| 630 | Primary Payer at Diagnosis |
| 670 | Treatment Hospital–Surgery Primary Site |
| 672 | Treatment Hospital–Scope Regional Lymph Node Surgery |
| 674 | Treatment Hospital–Surgery Other Regional/Distant |
| 700 | Treatment Hospital–Chemotherapy |
| 710 | Treatment Hospital–Hormone Therapy |
| 720 | Treatment Hospital–Immunotherapy |

| Item # | Item Name |
|---|---|
| 730 | Treatment Hospital–Other |
| 740 | Treatment Hospital—Diagnosis/Staging Procedure |
| 759 | SEER Summary Stage 2000 |
| 760 | SEER Summary Stage 1977[H] |
| 780 | Extent of disease—Tumor Size |
| 820 | Regional Nodes Positive |
| 830 | Regional Nodes Examined |
| 880 | TNM Pathologic Tumor |
| 890 | TNM Pathologic Nodes |
| 900 | TNM Pathologic Metastases |
| 910 | TNM Pathologic Stage Group |
| 920 | TNM Pathologic Descriptor |
| 930 | TNM Pathologic Staged By |
| 940 | TNM Clinical Tumor |
| 950 | TNM Clinical Nodes |
| 960 | TNM Clinical Metastases |
| 970 | TNM Clinical Stage Group |
| 980 | TNM Clinical Descriptor |
| 990 | TNM Clinical Staged By |
| 1060 | TNM Edition Number |
| 1150 | Tumor Marker 1* |
| 1160 | Tumor Marker 2* |
| 1170 | Tumor Marker 3* |
| 1200 | Treatment Date–Surgery |
| 1210 | Treatment Date–Radiation |
| 1250 | Treatment Date–Other |
| 1270 | Date of 1st Course of Treatment–COC |
| 1280 | Treatment Date–Diagnosis/Staging Procedure |
| 1290 | Treatment Summary–Surgery Primary Site |
| 1292 | Treatment Summary–Scope Regional Lymph Nodes Surgery |
| 1294 | Treatment Summary–Surgery Other Regional/Distant |
| 1320 | Treatment Summary–Surgical Margins |
| 1340 | Reason for No Surgery |
| 1350 | Treatment Summary–Diagnosis/Staging Procedure |
| 1380 | Treatment Summary–Surgery/Radiation Sequence |
| 1390 | Treatment Summary–Chemotherapy |
| 1400 | Treatment Summary–Hormone Therapy |
| 1410 | Treatment Summary–Immunotherapy |
| 1420 | Treatment Summary–Other |
| 1430 | Reason for No Radiation Therapy |
| 1460 | Treatment Coding System–Current |
| 1510 | Radiation–Regional Dose: cGy |
| 1520 | Radiation–Number of Treatment Volume |
| 1540 | Radiation–Treatment Volume |
| 1550 | Radiation–Location of Treatment |
| 1570 | Radiation–Regional Treatment Modality |
| 1660 | Subsequent Treatment 2nd Course Date* |
| 1670 | Subsequent Treatment 2nd Course Codes* |
| 1671 | Subsequent Treatment 2nd Course Surgery* |
| 1672 | Subsequent Treatment 2nd Course Radiation* |
| 1673 | Subsequent Treatment 2nd Course Chemotherapy* |
| 1674 | Subsequent Treatment 2nd Course Hormone Therapy* |
| 1675 | Subsequent Treatment 2nd Course Immunotherapy* |
| 1676 | Subsequent Treatment 2nd Course Other* |
| 1677 | Subsequent Treatment 2nd–Scope Lymph Nodes Surgery* |
| 1678 | Subsequent Treatment 2nd–Surgery Other* |
| 1679 | Subsequent Treatment 2nd–Regional Lymph Nodes Removed* |

| Item # | Item Name |
|---|---|
| 1680 | Subsequent Treatment 3rd Course Date* |
| 1690 | Subsequent Treatment 3rd Course Codes* |
| 1691 | Subsequent Treatment 3rd Course Surgery* |
| 1692 | Subsequent Treatment 3rd Course Radiation* |
| 1693 | Subsequent Treatment 3rd Course Chemotherapy* |
| 1694 | Subsequent Treatment 3rd Course Hormone Therapy* |
| 1695 | Subsequent Treatment 3rd Course Immunotherapy* |
| 1696 | Subsequent Treatment 3rd Course Other* |
| 1697 | Subsequent Treatment 3rd–Scope Lymph Nodes Surgery* |
| 1698 | Subsequent Treatment 3rd–Surgery Other* |
| 1699 | Subsequent Treatment 3rd–Regional Lymph Nodes Removed* |
| 1700 | Subsequent Treatment 4th Course Date* |
| 1710 | Subsequent Treatment 4th Course Codes* |
| 1711 | Subsequent Treatment 4th Course Surgery* |
| 1712 | Subsequent Treatment 4th Course Radiation* |
| 1713 | Subsequent Treatment 4th Course Chemotherapy* |
| 1714 | Subsequent Treatment 4th Course Hormone Therapy* |
| 1715 | Subsequent Treatment 4th Course Immunotherapy* |
| 1716 | Subsequent Treatment 4th Course Other* |
| 1717 | Subsequent Treatment 4th–Scope Lymph Nodes Surgery* |
| 1718 | Subsequent Treatment 4th–Surgery Other* |
| 1719 | Subsequent Treatment 4th–Regional Lymph Nodes Removed |
| 1720 | Subsequent Treatment 5th Course Date |
| 1730 | Subsequent Treatment 5th Course Codes |
| 1731 | Subsequent Treatment 5th Course Surgery* |
| 1732 | Subsequent Treatment 5th Course Radiation* |
| 1733 | Subsequent Treatment 5th Course Chemotherapy* |
| 1734 | Subsequent Treatment 5th Course Hormone Therapy* |
| 1735 | Subsequent Treatment 5th Course Immunotherapy* |
| 1736 | Subsequent Treatment 5th Course Other* |
| 1737 | Subsequent Treatment 5th–Scope Lymph Nodes Surgery* |
| 1738 | Subsequent Treatment 5th–Surgery Other* |
| 1739 | Subsequent Treatment 5th–Regional Lymph Nodes Removed* |
| 1750 | Date of Last Contact |
| 1760 | Vital Status |
| 1770 | Cancer Status |
| 1790 | Follow-Up Source |
| 1800 | Next Follow-Up Source |
| 1810 | Address Current–City |
| 1820 | Address Current–State |
| 1830 | Address Current–Postal Code |
| 1860 | Recurrence Date–1st |
| 1880 | Recurrence Type–1st |
| 1930 | Autopsy* |
| 1940 | Place of Death* |
| 1980 | ICD-O-2 Conversion Flag |
| 1985 | Over-ride Accession/Class of Case/Sequence |
| 1986 | Over-ride Hospital Sequence/Diagnostic Confirmation |
| 1987 | Over-ride COC-Site/Type |
| 1988 | Over-ride Hospital Sequence/Site |
| 1989 | Over-ride Site/TNM-Staging Group |
| 1990 | Over-ride Age/Site/Morphology |
| 2020 | Over-ride Surgery/Diagnostic Confirmation |
| 2030 | Over-ride Site/Type |
| 2040 | Over-ride Histology |
| 2070 | Over-ride Leukemia Lymphoma |
| 2071 | Over-ride Site/Behavior |

| Item # | Item Name |
|---|---|
| 2074 | Over-ride Site/Laterality/Morphology |
| 2110 | Date Case Report Exported |
| 2111 | Date Case Report Received |
| 2112 | Date Case Report Loaded |
| 2113 | Date Tumor Record Available |
| 2116 | ICD-O-3 Conversion Flag |
| 2140 | COC Coding System–Current |
| 2150 | COC Coding System–Original |
| 2170 | Vendor Name |
| 2230 | Name–Last |
| 2240 | Name–First |
| 2250 | Name–Middle |
| 2270 | Name–Suffix |
| 2280 | Name–Alias |
| 2290 | Name–Spouse/Parent* |
| 2300 | Medical Record Number |
| 2310 | Military Record No Suffix |
| 2320 | Social Security Number |
| 2330 | Address at Diagnosis–Number & Street |
| 2335 | Address at Diagnosis–Supplemental |
| 2350 | Address Current–Number & Street |
| 2355 | Address Current–Supplemental |
| 2360 | Telephone |
| 2390 | Name–Maiden* |
| 2410 | Institution Referred From |
| 2420 | Institution Referred To |
| 2440 | Following Registry |
| 2460 | Physician–Managing |
| 2470 | Physician–Follow-Up |
| 2480 | Physician–Primary Surgery |
| 2490 | Physician 3 |
| 2500 | Physician 4 |
| 2520 | Text–Diagnosis Procedure–Physical Exam |
| 2530 | Text–Diagnosis Procedure–X-ray/scan |
| 2540 | Text–Diagnosis Procedure–Scopes |
| 2550 | Text–Diagnosis Procedure–Lab Tests |
| 2560 | Text–Diagnosis Procedure–Operative |
| 2570 | Text–Diagnosis Procedure–Pathology |
| 2580 | Text–Primary Site Title |
| 2590 | Text–Histology Title |
| 2600 | Text–Staging |
| 2610 | Treatment Text–Surgery |
| 2620 | Treatment Text–Radiation (Beam) |
| 2630 | Treatment Text–Radiation Other |
| 2640 | Treatment Text–Chemotherapy |
| 2650 | Treatment Text–Hormone Therapy |
| 2660 | Treatment Text–Immunotherapy |
| 2670 | Treatment Text–Other |
| 2680 | Text–Remarks |
| 2690 | Place of Diagnosis |
| 2800 | Collaborative Stage Tumor Size* |
| 2810 | Collaborative Stage Extension* |
| 2820 | Collaborative Stage Tumor Size/Extension Evaluation* |
| 2830 | Collaborative Stage Lymph Nodes* |
| 2840 | Collaborative Stage Regional Lymph Nodes Evaluation* |
| 2850 | Collaborative Stage Metastasis at Diagnosis* |
| 2880 | Collaborative Stage Site-Specific Factor 1* |

| Item # | Item Name |
|---|---|
| 2890 | Collaborative Stage Site-Specific Factor 2* |
| 2900 | Collaborative Stage Site-Specific Factor 3* |
| 2910 | Collaborative Stage Site-Specific Factor 4* |
| 2920 | Collaborative Stage Site-Specific Factor 5* |
| 2930 | Collaborative Stage Site-Specific Factor 6* |
| 2940 | Derived AJCC Tumor* |
| 2950 | Derived AJCC Tumor Descriptor* |
| 2960 | Derived AJCC Lymph Nodes* |
| 2970 | Derived AJCC Lymph Nodes Descriptor* |
| 2980 | Derived AJCC Metastasis* |
| 2990 | Derived AJCC Metastasis Descriptor* |
| 3000 | Derived AJCC Stage Group* |
| 3010 | Derived Summary Stage (SEER)1977* |
| 3020 | Derived Summary Stage 2000* |
| 3030 | Derived AJCC–Conversion Flag* |
| 3040 | Derived Summary Stage 1977–Conversion Flag* |
| 3050 | Derived Summary Stage 2000–Conversion Flag |
| 3100 | Archive Federal Identification Number |
| 3110 | Comorbidities/Complication 1 |
| 3120 | Comorbidities/Complication 2 |
| 3130 | Comorbidities/Complication 3 |
| 3140 | Comorbidities/Complication 4 |
| 3150 | Comorbidities/Complication 5 |
| 3160 | Comorbidities/Complication 6 |
| 3170 | Treatment Date–Most Definitive Surgery |
| 3180 | Treatment Date–Surgical Discharge |
| 3190 | Readmission Same Hospital within 30 Days |
| 3200 | Radiation–Boost Treatment Modality |
| 3210 | Radiation–Boost Dose cGy |
| 3220 | Treatment Date–Radiation Ended |
| 3230 | Treatment Date–Systemic |
| 3250 | Treatment Summary–Transplant/Endocrine Procedures |
| 3270 | Treatment Summary–Palliative Procedure |
| 3280 | Treatment Hospital–Palliative Procedure |
| **Codes for Recommendations:** *-- Required when available. H **--** Historically collected and currently transmitted. | |