



Tennessee Cancer Registry (TCR) Abstracting & Coding Manual 2004

Mission Statement

**Dedicated to the collection and use of quality data
for the purpose of decreasing the incidence and
mortality of cancer in Tennessee**

ACKNOWLEDGEMENTS

We would like to thank the American College of Surgeons, Commission on Cancer (ACoS, COC), the Collaborative Staging Task Force of the American Joint Committee on Cancer, and the Surveillance, Epidemiology, and End Results (SEER) program for allowing the reproduction and use of portions of the:

Facility Oncology Registry Data Standards (FORDS) manual

SEER Program Code Manual 2004

SEER Training Materials

Collaborative Staging Manual and Coding Instructions, Version 1.0

Dear Cancer Registrar:

The Tennessee Cancer Registry (TCR) is a non-profit professional organization that by law is required to collect, maintain and use cancer incidence data. Specific rules and regulations set forth by the Tennessee Department of Health (TDH) and the Centers for Disease Control and Prevention govern these processes.

For reference, copies of the Tennessee Cancer Reporting Act and the official Rules and Regulations associated with the law are included within this manual.

The success of the Tennessee Cancer Surveillance Program is dependent upon each individual registrar's dedication to the shared goals of identifying and accurately reporting every reportable case diagnosed and/or treated within the state.

The 2004 version of the Tennessee Cancer Registry (TCR) Abstracting and Coding Manual includes the latest guideline revisions and provides a more concise, user-friendly set of instructions for abstracting the cancer data required by the Tennessee Department of Health. Additional examples and clarifications have also been added to further assist in this process.

The role of a cancer registrar is an extremely important one in the fight against cancer.

Every abstract submitted to the Tennessee Cancer Registry is a valuable source of information used by epidemiologists, physicians, researchers, and state officials.

The data sent to TCR is used to calculate cancer incidence statistics for the state. This provides the necessary information to plan and implement cancer prevention and control measures. The information submitted directly impacts and improves the lives of the people of Tennessee.

Your dedication to the quality and completeness of cancer reporting is greatly valued.

Sincerely,

The TCR Staff

STANDARDS FOR REPORTING

Guidelines for reporting cancer to the Tennessee Cancer Registry (TCR) are established by the North American Association of Central Cancer Registries (NAACCR). These guidelines are published in the *Data Standards and Data Dictionary* (Standards for Cancer Registries, Volume II). This document presents standards for which cases are to be included in the registry, which data items are to be collected, and the source of standard for the coding rules of those items.

The Tennessee Cancer Registry also uses guidelines for cancer reporting based on suggestions by the Surveillance, Epidemiology, and End Results (SEER) Program of the National Cancer Institute, the American College of Surgeons (ACoS), and the Collaborative Staging Task Force of the American Joint Committee on Cancer. The guidelines are published in the *SEER Program Coding & Staging Manual 2004, Fourth Edition, the Facility Oncology Registry Data Standards (FORDS), and Collaborative Staging Manual and Coding Instructions, Version 1.0*.

The use of the ACoS' *FORDS*, the *SEER Program Coding and Staging Manual 2004*, and the NAACCR *Data Standards and Data Dictionary* are **not required** for state reporting purposes.

For additional information regarding the ACoS *FORDS*, *SEER Program Coding and Staging Manual 2004*, *Collaborative Staging Manual and Coding Instructions*, or the NAACCR *Data Standards and Data Dictionary*, please visit the following websites:

ACoS: <http://www.facs.org/dept/cancer>

SEER: <http://seer.cancer.gov/>

Collaborative Staging Manual
and Coding Instructions: <http://www.cancerstaging.org/cstage>

NAACCR: <http://www.naacr.org/>

TENNESSEE CODE
TITLE 68, CHAPTER 1, PART 10
CANCER REPORTING SYSTEM

68-1-1001. Short title.

This part shall be known and may be cited as the "Tennessee Cancer Reporting System Act of 1983."

[Acts 1983, ch. 124, § 1.]

68-1-1002. Definitions.

As used in this part, unless the context otherwise requires:

- (1) "Cancer" means and includes, but is not limited to:
 - (A) A large group of diseases characterized by uncontrolled growth and spread of abnormal cells;
 - (B) Any condition of tumors having the properties of anaplasia, invasion, and metastasis;
 - (C) A cellular tumor, the natural course of which is fatal;
 - (D) Malignant neoplasm; and
 - (E) In-situ cancer.
- (2) "Commissioner" means the commissioner of health;
- (3) "Committee" means the cancer reporting advisory committee;
- (4) "Department" means the department of health;
- (5) "Facility" means a health care facility in which diagnosis or treatment services are provided to patients with cancer, including, but not limited to, an ambulatory surgical treatment center, a freestanding cancer treatment center, a radiation therapy center, a chemotherapy treatment center, a nursing home, an oncology or dermatology clinic, a laboratory, or any other facility which provides screening, detection, diagnostic or therapeutic services to patients with cancer.
- (6) "Health care practitioner" means a physician, surgeon, or other health care professional licensed under title 63 who is engaged in diagnosing and treating patients who have cancer;
- (7) "Hospital" means an institution as defined by § 68-11-201;
- (8) "In-situ cancer" means an abnormality of development and organization of cells. It is a condition of early cancer, without the invasion of neighboring tissue;
- (9) "Laboratory" means a facility where tests are performed identifying anatomical and cytological changes, and where specimens are interpreted and pathological diagnoses are made; and

(10) "Medical, scientific and academic research communities" means those institutions which devote a substantial part of their activity to research and which have internal procedures providing for the collection, study and protection of data.

[Acts 1983, ch. 124, § 3; 1985, ch. 85 § 1; 2000, ch. 775, §§ 2-6.]

68-1-1003. Purpose of chapter - Reports to department – Format and contents of reports – Persons authorized to have access to patients medical records – Reimbursement – Failure to report or give access to records.

(a) The purpose of this act is to ensure an accurate and continuing source of data concerning cancer and to provide appropriate data to members of the medical, scientific, and academic research communities for purposes of authorized institutional research, approved by the appropriate research committee of the applying institution, into the causes, types and demography of such diseases, including, but not limited to, the occupation, family history, and personal habits of persons diagnosed with cancer.

(b) In order to accomplish the purpose described in (a), all hospitals, laboratories, facilities, and health care practitioners shall report to the department, within six (6) months after the date of diagnosis of cancer in a patient, information contained in the medical records of patients who have cancer; provided, however, health care practitioners are not required to report information on patients with cancer who are directly referred to or have been previously admitted to a hospital or a facility for cancer diagnosis or treatment.

(c) The reports required by this section shall be made in such format and shall contain such information as is required by the department. The department shall make available the necessary information regarding format and data to enable hospitals, laboratories, facilities, and health care practitioners to make accurate reports to the department.

(d) The commissioner or the commissioner's authorized representative may take such steps as are necessary to avoid duplicate reporting of information on the same patients, including, but not limited to, waiving the requirement for a health care practitioner to report information on cancer patients who are hospitalized or confined to a nursing home, where information on those patients has been reported by the hospital, nursing home, or other reporting source.

(e) The commissioner or the commissioner's authorized representative shall be permitted to have access to the medical records of cancer patients which are maintained by hospitals, laboratories, facilities, and health care practitioners where necessary to identify cases of cancer and to establish the characteristics of the cancer, the treatment of the cancer, or the medical status of an identified cancer patient.

(f) If a hospital, laboratory, facility, or health care practitioner fails to report the required information to the department in an acceptable format by the required deadline, the commissioner or the commissioner's authorized representative may obtain the information by a direct examination of those patients' medical records. In such cases, the hospital, laboratory, facility, or health care practitioner shall reimburse the department for the department's reasonable expenses incurred in obtaining the information in this manner. The commissioner shall establish in rules the maximum amount of reimbursement which may be sought, and a hospital, laboratory, facility, or health care practitioner from whom reimbursement is sought may appeal the assessment of expenses under the Tennessee Uniform Administrative Procedures Act, compiled in title 4, chapter 5.

(g) A hospital, laboratory, facility, or health care practitioner that fails to report information or allow access to records, as required by this section, shall be informed by the department that compliance with the requirements of this act is mandatory.

[Acts 1983, ch. 124, § 4; 1985, ch. 85 § 2; 2000, ch. 775, § 7.]

68-1-1004. Reports to department - Rules and regulations.

(a) The department shall require the reporting of cancer and the submission of such specified additional information on reported cases as the commissioner deems necessary and appropriate.

(b) The commissioner shall promulgate such rules and regulations, including public necessity rules, as are necessary for carrying out the duties and responsibilities of the department under this part. Such promulgation shall be in accordance with the Uniform Administrative Procedures Act, compiled in title 4, chapter 5.

[Acts 1983, ch. 124, § 5; 2000, ch. 775, § 8.]

68-1-1005. [Repealed.]

68-1-1006. Confidentiality of data.

(a) (1) All data obtained from the reports required by this part are for the confidential use of the department and persons that the commissioner determines are necessary to carry out the intent of this part.

(2) Information that could possibly identify individuals whose medical records have been used for collecting data may not be included in materials available to the public.

(b) In order to carry out the legislative intent set out elsewhere in this chapter that the data obtained from the reports required by this part are also to be made available for valid research projects, the commissioner, with the advice of the advisory committee established by this chapter, is authorized to make available to members of the research community set out elsewhere in this chapter specific and personally identifiable portions of the data collected; provided, that the following guidelines are observed:

(1) The researcher sets out clearly the uses for which the data are desired;

(2) The researcher clearly states the reasons for which confidential and personally identifiable portions of the data are necessary;

(3) The researcher assures that the data received from the department will be maintained by the researcher with the same level of confidentiality as that maintained by the department; and

(4) Upon completion of the research project, all data provided by the department and all copies of the data shall be destroyed.

(c) Guidelines for such research applications shall be set out by departmental regulations. For the purposes of this part, those approved to obtain data for research shall not be considered agents of the commissioner.

[Acts 1983, ch. 124, § 7; 1985, ch. 85, § 4.]

68-1-1007. Liability for release of information – Compliance not violative of confidentiality.

A hospital, laboratory, facility, or health care practitioner that reports information to the department or allows the commissioner or the commissioner's authorized representative access to the medical records of cancer patients, as required by this part, shall not be held liable to any person for the release of such information to the department, nor shall the release of such information to the department be construed as a violation of any requirement of law or professional obligation to maintain the confidentiality of patient information.

[Acts 1983, ch. 124, § 8; 2000, ch. 775, § 10.]

68-1-1008. Tests and supervision of patients prohibited.

No patient whose medical records are the subject of data collected in the reports required by this part shall be subjected to any medical examination or case supervision by the commissioner or the commissioner's agents for the purposes of this part.

[Acts 1983, ch. 124, § 9.]

68-1-1009. Violations - Penalties - Enforcement.

(a) Any person receiving information containing the personal identity of any patient, who willfully divulges that identity, except as lawfully provided for in this chapter, commits a Class C misdemeanor.

(b) It is the duty of the district attorney general to prosecute such suit when requested by the commissioner, the county health officer or local board of health.

[Acts 1985, ch. 85, § 5; 1989, ch. 591, § 113.]

68-1-1010. Interstate sharing of information – Confidentiality.

(a) In order to obtain complete information on Tennessee cancer patients who have been diagnosed or treated in other states and in order to provide information to other states regarding their residents who have been diagnosed or treated for cancer in Tennessee, the commissioner or the commissioner's authorized representative is hereby authorized to enter into appropriate written agreements with other states that maintain statewide cancer registries, allowing the exchange of information on cancer patients.

(b) Each state with which the commissioner agrees to exchange such information must agree in writing to keep all patient-specific information confidential and to require any research personnel to whom the information is made available to keep it confidential.

[Acts 2000, ch. 775, § 11.]

68-1011. Annual publishing of reports.

The Department shall annually compile and publish reports utilizing the data collected pursuant to this part and shall make these reports available to the governor, the general assembly, and the public.

[Acts 2000, ch. 775, § 12.]

HIPAA PRIVACY RULE

SUBJECT: Disclosure of Protected Health Information to Cancer Registries under Federal Health Information Privacy Protections Pursuant to the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

This memorandum is intended to site the regulations under which the reporting of protected health information, specifically cancer data to the Tennessee Cancer Registry (TCR), is permitted under both Tennessee law and the HIPAA Privacy Rule.

I hope this information is helpful to allay concerns regarding disclosure of confidential information to TCR in compliance with the law. If you have any questions, please feel free to contact Steve Mattice, HIPAA Privacy Officer, Office of Cancer Surveillance at (800) 547-3558 or (615) 253-5937.

Reporting of Cancer Data to TCR:

As required by Tennessee law and as a public health authority, disclosure of confidential patient information to TCR is permitted. The specific provisions establishing this fact are specified below:

1. Under legislation, T.C.A. 68-1-1001, "Tennessee Cancer Reporting System Act of 1983":
All hospitals, laboratories, facilities, and health care practitioners shall report to the department, within six (6) months after the date of diagnosis of cancer in a patient, information contained in the medical records of patients who have cancer....
2. According to the HIPAA Privacy Rule, 45 C.F.R, Section 164.512(a):
Uses and disclosures required by law. (1) A covered entity may use or disclose protected health information to the extent that such use or disclosure is required by law and the use or disclosure complies with and is limited to the relevant requirements of such law.
3. According to the HIPAA Privacy Rule, 45 C.F.R, Section 164.512(b):
A covered entity may disclose protected health information for public health activities...to a public health authority that is authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability, including but not limited to, the reporting of disease, injury, vital events, such as birth or death, and the conduct of public health surveillance, public health investigations, and public health interventions....

Disclosure without authorization of the individual:

1. According to HIPAA Privacy Rule, 45 C.F.R., Section 164.512:
A covered entity may use or disclose protected health information without the written authorization of the individual or the opportunity for the individual to agree or object as described in the requirements of this section...(b) to a public health authority that is authorized by law to collect or receive such information for the purpose of preventing or controlling disease, injury, or disability,...and the conduct of public health surveillance, public health investigations, and public health interventions....

Liability for release of information – Compliance not violative of confidentiality:

1. Under legislation, T.C.A. 68-1-1007, “Tennessee Cancer Reporting System Act of 1983”:
A hospital, laboratory, facility, or health care practitioner that reports information to the department or allows the commissioner or the commissioner’s authorized representative access to the medical records of cancer patients, as required by this part, shall not be held liable to any person for the release of such information to the department, nor shall the release of such information to the department be construed as a violation of any requirement of law or professional obligation to maintain the confidentiality of patient information.

Casefinding and Reabstracting Studies:

To assure completeness and accuracy of cancer reporting, casefinding and reabstracting studies must be performed. In order to complete these functions, confidential records of patients who have been diagnosed with cancer and those who have not been diagnosed with cancer must be reviewed (i.e.: disease index, master patient listing, pathology reports, etc.) Provisions covering these incidences are specified below:

1. According to Policies and Procedures 1200-7-2-. 05 (6a) (by authority of T.C.A. 68-1-1001):
“Staff members of the TCR or their agents shall perform periodic quality assurance studies at all reporting facilities. These studies shall include casefinding and reabstracting.”
2. The HIPAA Privacy Rule, under 45 C.F.R., Section 164.512 and 164.514 (d)(3)(iii), provides no barrier to a covered entity relying on a public official’s determination of what information that official requires to accomplish its function.

Thus, when performing casefinding and reabstracting studies, TCR may request access to documents containing information about patients who do not have cancer as a means to assure completeness and accuracy of reporting.

REQUIRED REPORTING STATUS
TENNESSEE CANCER REGISTRY
NAACCR Record Version 10.1
January 1, 2004

Data Fields	Required	Supplementary/ Recommended	Comments/Special Codes
Abstracted By	x		
Accession Number-Hosp	x		
Addr at DX--City	x		
Addr at DX--No & Street	x		
Addr at DX--Postal Code	x		
Addr at DX--State	x		
Addr at DX—Supplementl		x	
Addr Current--City		x	
Addr Current—No & Street		x	
Addr Current--Postal Code		x	
Addr Current--State		x	
Addr Current--Supplement		x	
Age at Diagnosis	x		
Behavior (92-00) ICD-O-2	x		Required for cases diagnosed before 01/01/2001
Behavior Code ICD-O-3	x		Required for cases diagnosed on or after 01/01/2001
Birth Date	x		
Birthplace	x		When available
Cause of Death	x		
Class of Case	x		
COC Coding Sys--Current	x		Must be code 08 (FORDS)
COC Coding Sys--Original	x		Must be code 08 (FORDS) unless data are converted. Code that best describes the ACoS COC coding system originally used to code the record.
County at DX	x		FIPS, 998 (non state resident), 999 (County unknown)
CS Tumor Size	x		
CS Extension	x		
CS Lymph Nodes	x		
CS Mets at DX	x		
CS Mets Eval	x		
CS Reg Nodes Eval	x		
CS Site-Specific Factor 1	x		
CS Site-Specific Factor 2	x		
CS Site-Specific Factor 3	x		
CS Site-Specific Factor 4	x		
CS Site-Specific Factor 5	x		
CS Site-Specific Factor 6	x		
CS Tumor Size/Ext Eval	x		

* Required reporting for ACoS approved cancer programs

^ Text requirements may be met with one or several text block fields

NOTE: Default settings are based on current standards used to report cancer data to the TN Cancer Registry

REQUIRED REPORTING STATUS
TENNESSEE CANCER REGISTRY
NAACCR Record Version 10.1
January 1, 2004

Data Fields	Required	Supplementary/ Recommended	Comments/Special Codes
CS Version 1st	x		Must be derived by computer algorithm
CS Version Latest	x		Must be derived by computer algorithm
Date Case Report Exported	x		
Date of 1st Contact	x		
Date of 1st Crs RX--COC	x		
Date of Diagnosis	x		
Date of Last Contact	x		
Derived AJCC--Flag		x	Must be code 1 (AJCC Sixth Edition derived from <i>CS Manual and Coding Instructions, V1.0</i>)
Derived AJCC M		x	Must be derived by computer algorithm
Derived AJCC M Descriptor		x	Must be derived by computer algorithm
Derived AJCC N		x	Must be derived by computer algorithm
Derived AJCC N Descriptor		x	Must be derived by computer algorithm
Derived AJCC T		x	Must be derived by computer algorithm
Derived AJCC T Descriptor		x	Must be derived by computer algorithm
Derived AJCC Stage Group		x	Must be derived by computer algorithm
Derived SS1977		x	Must be derived by computer algorithm
Derived SS1977--Flag		x	Must be code 1 (SS1977 derived from <i>CS Manual and Coding Instructions, v1.0</i>)
Derived SS2000		x	Must be derived by computer algorithm
Derived SS2000--Flag		x	Must be code 1 (SS2000 derived from <i>CS Manual and Coding Instructions, v1.0</i>)
Diagnostic Confirmation	x		
Grade	x		
Histologic Type ICD-O-3	x		Required for cases diagnosed on or after 01/01/2001
Histology (92-00) ICD-O-2	x		Required for cases diagnosed before 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		
Industry Source	x		Must be code 1 (Reporting facility records)
Institution Referred From	x		
Institution Referred To	x		
Laterality	x		
Marital Status at DX		x	
Medical Record Number	x		
Military Record No. Suffix		x	
Morphology Coding Sys--Current	x		Must be code 7 (ICD-O-3)
Morphology Coding Sys--Original	x		Must be code 7 unless data are converted. Code that best describes how morphology was originally coded

* Required reporting for ACoS approved cancer programs

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NOTE: Default settings are based on current standards used to report cancer data to the TN Cancer Registry

REQUIRED REPORTING STATUS
TENNESSEE CANCER REGISTRY
NAACCR Record Version 10.1
January 1, 2004

Data Fields	Required	Supplementary/ Recommended	Comments/Special Codes
NAACCR Record Version	X		Must be code A (2003 (Version 10 and 10.1))
Name--Alias		X	When applicable
Name--First	X		
Name--Last	X		
Name--Maiden		X	When applicable
Name--Middle	X		
Name--Suffix	X		When applicable
Occupation Source	X		Must be code 1 (Reporting facility records)
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 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 Ill define Site	X		When coded, text must support code
Over-ride Leuk, Lymphoma	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
Over-ride Site/Lat/SeqNo		X	When coded, text must support code
Over-ride Site/TNM-StgGrp	X		When coded, text must support code
Over-ride Site/Type	X		When coded, text must support code
Over-ride Surg/DXConf	X		When coded, text must support code
Physician 3		X	When coded, must use Tennessee assigned physician code
Physician 4		X	When coded, must use Tennessee assigned physician code
Physician--Follow-Up		X	When coded, must use Tennessee assigned physician code
Physician--Managing	X		Must use Tennessee assigned physician code
Physician--Primary Surg		X	When coded, must use Tennessee assigned physician code
Place of Death		X	
Place of Diagnosis		X	
Primary Site	X		
Race 1	X		
Race 2	X		Code when available or 88 (No further race documented)

* Required reporting for ACoS approved cancer programs

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NOTE: Default settings are based on current standards used to report cancer data to the TN Cancer Registry

REQUIRED REPORTING STATUS
TENNESSEE CANCER REGISTRY
NAACCR Record Version 10.1
January 1, 2004

Data Fields	Required	Supplementary/ Recommended	Comments/Special Codes
Race 3	X		Code when available or 88 (No further race documented)
Race 4	X		Code when available or 88 (No further race documented)
Race 5	X		Code when available or 88 (No further race documented)
Race Coding Sys--Current	X		Must be code 6 (2000+SEER & COC)
Race Coding Sys--Original	X		Must be code 6 unless data are converted. Code that best describes how Race 1 was originally coded
Rad—Boost Dose cGy	X*		
Rad—Boost RX Modality	X*		
Rad--Location of RX	X*		
Rad--No of Treatment Vol	X*		
Rad--Regional Dose:cGy	X*		
Rad—Regional RX Modality	X*		
Rad--Treatment Volume	X*		
Readm Same Hosp 30 days	X*		
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 Nodes Positive	X		
Registry Type	X		Must be code 3 (single hospital/freestanding center)
Reporting Hospital	X		Must use Tennessee assigned facility ID code
Reserved for Expansion Fields			Must remain blank for TN state reporting
RX Coding Sys--Current	X		Must be code 06 (Rx data coded according to FORDS Manual)
RX Date—DX/Stg Proc	X*		
RX Date—Most Defn Surg	X*		
RX Date--Other	X*		
RX Date--Radiation	X*		
RX Date—Radiation Ended	X*		
RX Date--Surgery	X*		
RX Date—Surgical Discharge	X*		
RX Date—Systemic	X*		
Rx Hosp--Palliative Proc	X*		
RX Hosp—BRM	X*		

* Required reporting for ACoS approved cancer programs

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REQUIRED REPORTING STATUS
TENNESSEE CANCER REGISTRY
NAACCR Record Version 10.1
January 1, 2004

Data Fields	Required	Supplementary/ Recommended	Comments/Special Codes
RX Hosp—Chemo	x*		
RX Hosp—DX/Stg Proc	x*		
RX Hosp—Hormone	x*		
RX Hosp—Other	x*		
RX Hosp--Scope Reg 98-02	x*		Recommended when reporting cases dx'd 1998-2002
Rx Hosp—Scope Reg Ln Sur	x*		
RX Hosp--Surg Oth 98-02	x*		Recommended when reporting cases dx'd 1998-2002
RX Hosp—Surg Oth Reg/Dis	x*		
RX Hosp—Surg Prim Site	x*		
RX Hosp--Surg Site 98-02	x*		Recommended when reporting cases dx'd 1998-2002
RX Summ--BRM	x*		
RX Summ--Chemo	x*		
RX Summ—DX/ Stg Proc	x*		
RX Summ--Hormone	x*		
RX Summ--Other	x*		
RX Summ—Palliative Proc	x*		
Rx Summ--Scope Reg 98-02	x*		Historically collected and currently transmitted
RX Summ--Scope Reg LN Surg	x		
Rx Summ--Surg Oth 98-02	x*		Historically collected and currently transmitted
RX Summ--Surg Other Reg/Dis	x		
RX Summ--Surg Primary Site	x		
Rx Summ--Surg Site 98-02	x*		Historically collected and currently transmitted
RX Summ--Surg/Rad Seq	x*		
RX Summ--Surgical Margins	x*		
RX Summ—Transplnt/ Endocr	x*		
RX Text--BRM	x^		Required when treatment fields are coded
RX Text--Chemo	x^		Required when treatment fields are coded
RX Text--Hormone	x^		Required when treatment fields are coded
RX Text--Other	x^		Required when treatment fields are coded
RX Text--Radiation (Beam)	x^		Required when treatment fields are coded
RX Text--Radiation Other	x^		Required when treatment fields are coded
RX Text--Surgery	x^		Required when treatment fields are coded
SEER Coding Sys--Current	x		Must be code 6 (January 2003 SEER Coding Manual)
SEER Coding Sys--Original	x		Must be code 6 unless data are converted. Code that best describes how the majority of SEER items were originally coded.
Sequence Number-Hospital	x		

* Required reporting for ACoS approved cancer programs

^ Text requirements may be met with one or several text block fields

NOTE: Default settings are based on current standards used to report cancer data to the TN Cancer Registry

REQUIRED REPORTING STATUS
TENNESSEE CANCER REGISTRY
NAACCR Record Version 10.1
January 1, 2004

Data Fields	Required	Supplementary/ Recommended	Comments/Special Codes
Sex	x		
Site Coding Sys--Current	x		Must be code 5 (ICD-O Third Edition)
Site Coding Sys--Original	x		Must be code 5 unless data are converted. Code that best describes how primary site was originally coded
Site Of Distant Met 1		x	
Site Of Distant Met 2		x	
Site Of Distant Met 3		x	
Social Security Number	x		
Spanish/Hispanic Origin	x		
State/Requestor Items			Must remain blank for TN state reporting
Telephone		x	
Text--Dx Proc--Lab Tests	x^		
Text--DX Proc--Op	x^		
Text--DX Proc--Path	x^		
Text--DX Proc--PE	x^		
Text--Dx Proc--Scopes	x^		
Text--Dx Proc--X-ray/scan	x^		
Text--Histology Title	x^		
Text--Primary Site Title	x^		
Text--Remarks	x^		Required when treatment fields are coded
Text--Staging	x^		
Text--Usual Industry	x		
Text--Usual Occupation	x		
TNM Edition Number	x		Must be 06 (Sixth Edition, recommended for use for cases diagnosed 2003+)
Type of Reporting Source	x		Must be code 1 (hospital inpatient/outpatient or clinic)
Vendor Name	x		
Vital Status	x		

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