V3.1 Tumor Data Dictionary

Records of malignancies and other neoplasms occurring at the implementing site.

1. Overview

Tumor contains records documenting neoplasms (nearly always malignant) diagnosed in patients or enrollees of the health plan. There is one record per separately diagnosed neoplasm.

2. Data Dictionary

Variable name	Type (Length)	Preferred Format	Description	Valid Values	Comments
MRN	char (varies)	n/a	An arbitrary identifier unique to an individual within a site.	Any, so long as they uniquely identify individual people.	Used to link people across files within a site. May or may not contain the official local indigenous person identifier (e.g., "medical record number"). **Regardless of whether it contains the official local identifier, this variable should never leave the site.** Projects needing to move individual-level data should create a study-specific person identifier and substitute it for MRN on any data that is to move (See, e.g., the %DeIDDset() standard macro.)
Sequence	char(2)	n/a	Tumor sequence (order in which patients with multiple cancers are diagnosed)	'00' - '88', '99'	Sequence number is a count of all reportable(at time of diagnosis) tumor during a patients lifetime.
DXDate	numeric (4)	mmddyy10	The date the tumor was first diagnosed.	Any SASdate	If a valid date is not available (say, the month and year are available, but not the day), a date must be forced to get a SASdate.
DXYear	numeric (4)	n/a	The year the tumor was diagnosed.	Any valid year.	
ICDOsite	char(4)	n/a	Site of the tumor (e.g. breast, prostate)	As given in the ICO-O-3 Example: C619	Previous versions converted to ICD-O-3
SS1977	char(1)	n/a	General Stage, per the 1977 SEER summary staging guidelines.	0 In situ 1 Localized 2 Regional by direct extension 3 Regional to lymph nodes 4	Some sites may have a different coding scheme for these - need to assure consistency at the lowest common denominator. Summary Staging can be useful when a series of cases is so small that only general categories
SS2000			General Stage, per the 2000 SEER summary staging guidelines.		

				5 Regional both direct extension and lymph nodes 7 Regional, NOS 8 Distant metastasis 9 staging scheme not applicable	produce enough data for meaningful analysis. This is equivalent to SEER Summary Stage 1977 and SEER Summary Stage 2000 for each time period. May need to add 1977 and 2000 to help SDMs decide where to get data from. These variables are new in Version 3 and replace StageGen.
StageGen	char(1)	n/a	General Stage	0 In situ 1 Localized 2 Regional by direct extension 3 Regional to lymph nodes 4 Regional both direct extension and lymph nodes 5 Regional, NOS 7 Distant metastasis 8 staging scheme not applicable 9 Unstageable, unknown, unspecified B Benign	This is equivalent to SEER Summary Stage 1977 and SEER Summary Stage 2000 for each time period. Retained for historic data.
DER_SS2000F	char(1)	n/a	Describes summary stage 2000	1 derived from site specific factors 2 derived from EOD (prior to 2004) Blank not derived	
AJCC_GRP	char (2)	n/a	Best avaialbe AJCC stage. one digit is allowed	0, 0A, 0S,1, 1A, 1B, 1C, 2, 2A, 2B, 2C, 3, 3A, 3B, 3C, 4, 4A, 4B, 4C, 88, 99, OC, XX (some anatomics site may reverse alpha-numerics)	order of preference is. derived CS(version appropriatefor year diagnosed) if not available code with path stage(if 0-4) clinical stage if path is unknown
StageAJ	char(4)	n/a	AJCC summary stage or "best AJCC stage"	Site specific schemes apply using the American Joint Commission on Cancer Staging Manual. Versions vary over time (currently on v7).	Best AJCC stage refers to the best of clinical or pathological stage, which means that if only clinical stage is available, that is used, but if both clinical and pathological are available, pathological is best. If only pathological stage is available, this is best AJCC.

					NAACCR – 3000 collaborative stage algorithm result as CS AJCC derived stage TNM Path and TNM clinical are on NAACCR as individual components. Use derived AJCC stage if available.
AJCC_FULL_DER	char(30)	n/a	expanded staging elements including neoadjuvant flags	example of allowed value: ypT4a ypN1a cM0 Stage: IIIB pT3 pN0 cM0 Stage: II	
AJCC_Ed	char(1)	n/a	AJCC Staging Scheme Edition	0 Not staged 1 First Edition 2 Second Edition 3 Third Edition 4 Fourth Edition 5 Fifth Edition 6 Sixth Edition 7 Seventh Edition 8 Not applicable (no AJCC scheme) 9 Unknown edition	CS2 adds AJCC7. Need to check how SEER only site do with historic data (SEER did not capture AJCC)
Morph	char(4)	n/a	Morphology/histology (tissue type of cancer)	As given in the ICO-O.	Different versions of ICD -O apply to tumors diagnosed in different time periods: ▪ Version 1 - 1976 – 1989 ▪ Version 2 - 1990 – 2000 ▪ Version 3 – 2001 - present
Behav	char(1)	n/a	Behavior	0 Benign 1 Borderline, uncertain behavior, low malignancy potential, uncertain malignancy potential 2 In situ 3 Malignant, primary site 6 Metastatic site 9 Unknown metastatic or primary site	Benign lesions may be included in tumor registry if a "Reportable by Agreement" list exists for that particular registry site, requesting registration of benign tumors of interest to clinicians or researchers. Benign brain tumors are generally included after 2004. Rarely or never used (but allowable) are 6 (metastatic site) and 9

					(unknown whether primary or metastatic).
Grade	char(1)	n/a	Histologic grading and differentiation. Describes tumor's resemblance to normal tissue.	1 Well differentiated 2 Moderately differentiated 3 Poorly differentiated 4 Undifferentiated, anaplastic 5 T-cell 6 B-cell 7 Null cell (non T or B cell) 8 NK cell (natural killer cell) 9 Grade or differentiation not determined, not stated or not applicable	From ICD-O This field can be used to denote cell lineage for leukemias and lymphomas. This designation is 5, 6, 7, and 8 and used only for leukemia and lymphoma. May not be comparable at different path labs or over time. Some tumors are reported in 2 grade schemes or 3, or 4. Some site have specific grading systems (ie. Gleason)
DXAge	numeric (3)	n/a	The patient's age on the date the tumor was diagnosed.	Any positive integer.	
BDate	numeric (4)	n/a	Birth Date	Any valid date.	If a valid date is not available (say, the month and year are available, but not the day), a date must be forced to get SASdate
Gender	char(1)	n/a	The patient's Sex or Gender	1 Male 2 Female 3 Other 4 Transsexual 9 Unknown	
Race1	char(2)	n/a	SEER race classification	01 White 02 Black 03 Am Indian 04 Chinese 05 Japanese 06 Filipino 07 Hawaiian 08 Korean 09 NOT VALID 10 Vietnamese 11 Laotian 17 Pakistani 20 Micronesian 21 Chamorran 22 Guamanian 25 Polynesian 26 Tahitian 27 Somoan 28 Tongan 30 Melanesian 31 Figi Islander 32	Additional valid codes added. Race 09 retired in CS2 (confused with other fields usually that use 09 as "Unknown" by abstractors) recoded to 3 specific codes.

				12 Hmong 13 Kampuchean 14 Thai 15 Asian Indian or Pakistani, NOS 16 Asian Indian 96 New Guinean 97 Other Asian 98 Pacific Islander 99 Other Unknown	
Race2 Race3 Race4 Race5			Added to record multiple races.	See Race1 for codes. Additional code valid for these Race vars only: 88 No further Race documented (for year >=2000.)	
Hispanic	char(1)	n/a	Hispanic or Spanish Origin/Ethnicity	0 Non-Spanish 1 Mexican 2 Puerto Rican 3 Cuban 4 South/Central American 5 Other Spanish 6 Spanish, NOS 7 Spanish Surname only 8 Dominican(starting w/2005 Dx) 9 Unknown	This is char(1) in NAACCR
Class	char(2)	n/a	Class of case (analytic vs. non-analytic)	See the FORDS manual.	Many codes added – see FORDS manual pages 97 – 98. Increased to char(2)
Vital	char(1)	n/a	Vital status at last contact	1 Alive (not known dead) 2 Deceased	
DCause	char(6)	n/a	Cause of death for expired patients	Variable coding schemes may be used depending on source (ICD9, ICD10, homegrown)	Problem with variable sources of data (death certificate cause of death vs. unofficial notation in record).
DOD	numeric (4)	mmddyy10	Date of death	Any valid Date.	This is date of last contact for expired pts. Retired in CS2, but retained for historic data. For tumors recorded post -CS2, the date of last

					contact will record date of death.
DT_FU	numeric (4)	mmddyy10	Date of last contact or death	Any valid date.	New in version 3 of this VDW spec.
Laterality	char(1)	n/a	Laterality of primary site for paired organs (e.g. breast)	0 Not a paired site 1 Right 2 Left 3 Only one involved, unspecified R/L 4 Bilateral 5 Paired site; midline tumor 9 Paired site, laterality unknown	
IDPlan	char(2)	n/a	Implementing site ID code	Standard code for CRN site (see website).	This var was added before we had the standard macro var &_SiteCode to hold this information.
DATA_SOURCE	char (4)	n/a	compound code to indicate source of tumor data	First 2 chars: 'LO' local in-house registry 'SE' regional SEER operated central registry 'ST' State operated central registry last 2 chars 'XX' for sites that have a single data source locally defined 2 char code to differentiate and identify multiple data sources	each site with more than one data source will be expected to provide cross walk or equivalent when requested. All data is registry based. Do not supplement with other data sources.
DCNFRM	char(1)	n/a	Diagnostic confirmation -method used to diagnosis cancer (this is hierarchical)	1 Positive histology 2 Positive cytology, no positive histology 4 Positive microscopic confirmation, NOS 5 Positive lab test/marker 6 Direct visual w/o microscopic confirmation 7 Radiography w/o microscopic confirmation 8 Clinical diagnosis only (other than 5,6,7) 9 Unknown whether microscopically confirmed	

DSTZ	char(3)	n/a	Tumor size – size of largest dimension of primary lesion in centimeters (except for skin melanoma, which records depth of lesion in ***centimeters***).	Any positive integer.	CS tumor size uses site-specific instructions. For melanomas diagnosed in 2003 or earlier, this field holds the maximum depth (Breslow) of the lesion. For melanomas diagnosed in 2004 and later, this field holds the maximum dimension, same as for other tumor types. Melanoma depth is recorded in a different variable starting in 2004.
DAJC1T_P	char(5)	n/a	T - AJCC pathological staging for tumor size.	?	Same version issue (versions change over time) as with AJCC stage. AJCC TNM staging provides forward flexibility and clinical utility for individual cancer cases. TNM is dynamic and is changed periodically to meet the decision-making needs of clinicians regarding appropriate treatment methods and the evaluation of their results. NAACCR may store as 2 but display as 5
DAJC1N_P	char(5)	n/a	N – AJCC pathological staging for lymph nodes.	?	Same version issue as with AJCC stage.
DAJC1M_P	char(5)	n/a	N – AJCC pathological staging for metastisis.	?	Same version issue as with AJCC stage.
DAJC1T_C	char(5)	n/a	T - AJCC clinical staging for tumor size.	?	Same version issue as with AJCC stage.
DAJC1N_C	char(5)	n/a	N – AJCC clinical staging for lymph nodes.	?	Same version issue as with AJCC stage.
DAJC1M_C	char(5)	n/a	N – AJCC clinical staging for metastisis.	?	Same version issue as with AJCC stage.
DSRG_FAC	char(2)	n/a	1st course of surgical treatment at this facility – see primary site-specific coding from SEER.	See Appendix B of FORDS, but in general: 00 None 10 - 19 Site-specific codes, tumor destruction 20 – 80 Site-specific codes, resection 90 Surgery, NOS 98	8Xs added in CS1 to record reason no treatment performed. Reason no treatment field retired in 2004

				Site-specific codes; special 99 Unknown	
DRAD_FAC	char(2)	n/a	1st course of radiation treatment (this facility) – refers to modality	See FORDS page 245 – 246 for codes 00 No radiation 99 Unknown if radiation therapy recommended or performed	No distinction between radiation at reporting facility vs. all radiation therapy. Codes changed with CS 2.0
DCHM_FAC	char(2)	n/a	1st course of chemotherapy at this facility	00 No chemotherapy 01 Chemotherapy, NOS 02 Chemotherapy, single agent 03 Chemotherapy, multiple agents (combination regimen) 82 Chemo not administered due to contraindications 85 Pt died prior to planned therapy 86 Chemo recommended, but not rec'd--reason unknown 87 Chemo recommended, but refused 88 Chemo recommended, unknown if rec'd 99 Unknown if recommended or rec'd	Some previous codes dropped in CS 2.0, codes added.
DHRM_FAC	char(2)	n/a	1st course of hormone therapy at this facility	00 None 01 Hormone therapy including NOS and antihormones) 02 Endocrine surgery and/or radiation therapy - dropped with CS 2.0 03 Combination of 1 and 2 – dropped with CS 2.0 09 Unknown if hormone therapy recommended or administered (death certification only cases) – dropped with CS 2.0 82 Hormones not administered due to contraindications 85 Pt died prior to planned therapy 86 Hormones recommended, but not rec'd--reason unknown 87 Hormones recommended, but refused	Some previous codes dropped in CS 2.0, codes added.

				88 Hormones recommended, unknown if rec'd 99 Unknown if recommended or rec'd (not stated in record or death certificate record)	
DIMM_FAC	char(2)	n/a	1st course of immunotherapy (biological response therapy) at this facility	00 None, immunotherapy was not part of planned 1st course of therapy 01 Immunotherapy administered as 1st course of therapy 82 Immunotherapy not administered due to contraindications 85 Pt died prior to planned therapy 86 Immunotherapy recommended, but not rec'd--reason unknown 87 Immunotherapy recommended, but refused 88 Immunotherapy recommended, unknown if rec'd 99 Unknown if recommended or rec'd (not stated in record or death certificate record)	Some previous codes dropped in CS 2.0, codes added.
DOTH_FAC	char(2)	n/a	1st course of any other treatment at this facility	00 None 01 Other cancer-directed therapy that cannot be appropriately assigned to specific treatment items – use for hemopoietic diseases 02 Other-Experimental cancer-directed therapy (not included elsewhere) 03 Double-Blind study, code not yet broken 06 Unproven therapy 07 Patient or patient's guardian refused codes 08 Other cancer-directed therapy recommended, unknown if administered 09 Unknown if other cancer-directed therapy recommended or administered	Char(1) in CS 2.0
DNDI	char(2)	n/a	Regional lymph nodes positive	00	Similar to CS Lymph Nodes, but CS Lymph Nodes use codes from

				None, all nodes examined are negative 01 - 89 Number of positive nodes (exact number) 90 90 or more positive nodes 95 Positive aspiration or core biopsy of lymph nodes 97 Positive nodes, number unspecified 98 No nodes examined 99 Unknown if nodes are positive; not applicable; not documented in the patient record	site and histology-specific instructions in current CS manual for codes
DNDX	char(2)	n/a	Regional lymph nodes examined	00 No nodes examined 01 to 96 Exact number of nodes examined 97 97 or more nodes examined 98 Nodes examined but number not specified 99 Unknown if nodes examined, not applicable	
DTMRK1 DTMRK2 DTMRK3	char(1)	n/a	Tumor Marker One (two, three)	0 Not done 1 Positive 2 Negative 3 Borderline (three tiered system, testis only) 4 Range 1 (<1,000 ng/ml) 5 Range 2 (1,000-10,000 ng/ml) 6 Range 3 (>10,000 ng/ml) 8 Ordered, results unknown 9 Unknown/no information	Tumor markers records prognostic indicators for specific sites or histologies. Valid through 2003. After 2003 use the SSF variables. ▪ Breast (C50.0-C50.9) Estrogen Receptor Assay (ERA) ▪ Colorectal (C18.0-18.9, C19.9, C20.9) Carcinoembryonic Antigen (CEA) ▪ Liver (C22.0, C22.1) Alpha Fetoprotein (AFP) ▪ Neuroblastoma (9500/3) Urine catecholamine ▪ Ovary (C56.9) Carbohydrate Antigen 125 (CA 125) ▪ Prostate (C61.9) Acid Phosphatase (PAP) ▪ Testis (C62.0, C62.1, C62.9) Alpha Fetoprotein (AFP)

					Retain for historic data. In CS tumor markers, DTMRK variables are incorporated into SSF but not consistent with order of DTMRK fields (e.g. for prostate DTMRK1 is PAP and DTMRK2 is PSA but in CS2 SSF1 is actual lab value of PSA and SSF2 is interpretation of that PSA lab). See the Collaborative Staging manual for a guide to the SSFx vars.
CLN_STG	char(4)	n/a	TNM Clin Stage Group (if available)	?	Changed from char(2)
EOD	char(12)	n/a	Extent of Disease	SEER EOD is a five-field, 10 digit system: ▪ tumorsize (3 digits), ▪ extension of the primary tumor (2 digits), ▪ regional lymph node involvement (highest specific lymph node chain involved by tumor) (1 digit), ▪ the number of pathologically reviewed regionallymph nodes that are positive (2 digits), ▪ the number of pathologically examined regional lymphnodes (2 digits).	Field parsed to separate variable (ie.DSTZ, DNDI, DNDX).
DT_SURG	numeric (4)	yymmdd10	Date Definitive Surgery First Performed	Any valid date post-diagnosis.	
DT_CHEMO			Date chemotherapy started		
DT_HORM			Date hormone therapy started		
DT_RAD			Date radiation therapy started		
DT_BRM			Date immunotherapy started		
DT_OTH			Date other therapy started		
R_N_SURG	char(1)	n/a	Reason no surgery was performed on the primary site	0 Surgery of the primary site was performed 1 Surgery of the primary site was not performed because it was not part of planned first course 2 Surgery of the primary site not performed because it was contraindicated due to patient risk factors 5 Patient died prior to planned or recommended surgery 6	These R_N_* vars are “Retired” per FORDS. Not sure if registries are migrating historic data to the corresponding treatment variables (the coding for which has been expanded to accommodate the reason -no type information). Keep for historic reasons (all R_N)

				No surgery to primary site, reason not noted in patient's record. 7 Surgery recommended but refused 8 Surgery of primary site recommended but unknown if it was performed 9 Unknown whether surgery of primary site was recommended or performed
R_N_CHEMO	char(2)	n/a	Reason no chemotherapy started	00 No chemotherapy 01 Chemotherapy, NOS 02 Chemotherapy, single agent 03 Chemotherapy, multiple agents (combination regimen) 82 Chemo not administered due to contraindications 85 Pt died prior to planned therapy 86 Chemo recommended, but not rec'd--reason unknown 87 Chemo recommended, but refused 88 Chemo recommended, unknown if rec'd 99 Unknown if recommended or rec'd
R_N_HORM	char(1)	n/a	Reason no hormone therapy started	?
R_N_RAD	char(1)	n/a	Reason no radiation therapy started	0 Radiation administered 1 Radiation not administered because it was not part of planned first course 2 Radiation not administered because it was contraindicated due to patient risk factors 5 Patient died prior to planned or recommended radiation 6 No radiation, reason not noted in patient's record. 7 Radiation recommended but refused 8 Radiation recommended but unknown if it was administered 9

				Unknown whether radiation was recommended or administered	
R_N_BRM	char(1)	n/a	Reason no immunotherapy started	?	
R_N_OTH	char(1)	n/a	Reason no other therapy started	?	
DSRG_SUM	char(2)	n/a	1st course of surgical treatment at this (any facility)	See primary site-specific coding in FORDS Appendix B.	
DRAD_SUM	char(2)	n/a	1 ST course of radiation treatment (any facility)	See FORDS manual page 245-246 00 No radiation 99 Unknown	Codes changed with some deleted and some added for greater specificity
DCHM_SUM	char(2)	n/a	1st course of chemotherapy at any facility	00 No chemotherapy 01 Chemotherapy, NOS 02 Chemotherapy, single agent 03 Chemotherapy, multiple agents (combination regimen) 82 Chemo not administered due to contraindications 85 Pt died prior to planned therapy 86 Chemo recommended, but not rec'd--reason unknown 87 Chemo recommended, but refused 88 Chemo recommended, unknown if rec'd 99 Unknown if recommended or rec'd	
DHRM_SUM	char(2)	n/a	1st course of hormone therapy at any facility	00 None 01 Hormone therapy including NOS and antihormones) 02 Endocrine surgery and/or radiation therapy,DROPPED WITH CS 2.0 03 Combination of 1 and 2 DROPPED WITH CS 2.0 09 Unknown if hormone therapy recommended or administered (death certification only cases) – DROPPED WITH CS 2.0 82 Hormones not administered due to contraindications	

				85 Pt died prior to planned therapy 86 Hormones recommended, but not rec'd--reason unknown 87 Hormones recommended, but refused 88 Hormones recommended, unknown if rec'd 99 Unknown if recommended or rec'd (not stated in record or death certificate record)	
DIMM_SUM	char(2)	n/a	1st course of immunotherapy at any facility	00 None, immunotherapy was not part of planned 1st course of therapy 01 Immunotherapy administered as 1st course of therapy 82 Immunotherapy not administered due to contraindications 85 Pt died prior to planned therapy 86 Immunotherapy recommended, but not rec'd--reason unknown 87 Immunotherapy recommended, but refused 88 Immunotherapy recommended, unknown if rec'd 99 Unknown if recommended or rec'd (not stated in record or death certificate record)	
DOTH_SUM	char(2)	n/a	1st course of any other treatment at any facility	00 None 01 Other cancer-directed therapy that cannot be appropriately assigned to specific treatment items – use for hemopoietic diseases 02 Other-Experimental cancer-directed therapy (not included elsewhere) 03 Double-Blind study, code not yet broken 06 Unproven therapy 07 Patient or patient's guardian refused codes 1-3 08 Other cancer-directed therapy recommended, unknown if administered	yo

				09 Unknown if other cancer-directed therapy recommended or administered	
CS_SZ	char(3)	n/a	Collaborative Staging Tumor Size	Maximum diameter in millimeters (for example: 1 mm = 001, 1 cm = 010) 000-999	This item belongs to the set of Collaborative Staging (CS) data items effective with 2004 diagnosis. It is based on and replaces EOD--Tumor Size [780].
CS_EXT	char(3)	n/a	Collaborative Staging Extent of Disease	Site-specific codes provide extensive detail describing disease extent	Collaborative Staging (CS) data items effective with 2004 diagnoses. It is based on and replaces EOD--Extension (790) and EOD--Extension Prost Path (800).
CS_NODES	char(3)	n/a	Collaborative Staging Lymph Nodes	Record the specific regional lymph node chain farthest from the primary site that is involved by tumor either clinically or pathologically. Regional lymph nodes are listed for each site/histology.	Collaborative Staging (CS) data items effective with 2004 diagnosis. It is based on and replaces EOD--Lymph Node Involv [810]. This modification for CS is collapsible into AJCC N code according to the Sixth Edition of AJCC Cancer Staging Manual. “CS Lymph Nodes” is site-specific and identifies the regional lymph nodes involved with cancer at the time of diagnosis.
CS_NODES_EVAL	char(1)	n/a	Collaborative staging Lymph Nodes evaluation method.	0 Does not meet criteria for AJCC pathologic staging: No regional lymph nodes removed for examination. Evaluation based on physical examination, imaging examination, or other non-invasive clinical evidence. No autopsy evidence used. staging basis c 1 Does not meet criteria for AJCC pathologic staging based on at least one of the following criteria: No regional lymph nodes removed for examination. Evaluation based on endoscopic examination or other invasive techniques, including surgical observation without biopsy. No autopsy evidence used. OR Fine needle aspiration, incisional or core needle biopsy, or excisional biopsy of regional	Records how the code for CS Lymph Nodes (NAACCR Item #2830) was determined, based on the diagnostic methods employed.

				lymph nodes or sentinel nodes as part of the diagnostic workup WITHOUT removal of the primary site adequate for pathologic T classification (treatment). staging basis c		
				2		
				Meets criteria for AJCC pathologic staging: No regional lymph nodes removed for examination, but evidence derived from autopsy (tumor was suspected or diagnosed prior to autopsy). staging basis p		
				3		
				Meets criteria for AJCC pathologic staging: No regional lymph nodes removed for examination, but evidence derived from autopsy (tumor was suspected or diagnosed prior to autopsy). staging basis p		
				5		
				Does not meet criteria for AJCC y-pathologic (yp) staging: Regional lymph nodes removed for examination AFTER neoadjuvant therapy and lymph node evaluation based on clinical evidence, unless the pathologic evidence at surgery (AFTER neoadjuvant treatment) is more extensive (see code 6). staging basis c		
				6		
				Meets criteria for AJCC y-pathologic (yp) staging: Regional lymph nodes removed for examination AFTER neoadjuvant therapy AND lymph node evaluation based on pathologic evidence, because the pathologic evidence at surgery is more extensive than clinical evidence before treatment. See Note 1. staging basis yp		
				8		
				Meets criteria for AJCC autopsy (a) staging: Evidence from autopsy; tumor was unsuspected or undiagnosed prior to autopsy. staging basis a		
				9		

				Unknown if lymph nodes removed for examination Not assessed; cannot be assessed Unknown if assessed Not documented in patient record For sites that have no TNM staging: Not applicable; staging basis is displayed as a blank.	
CS_METS	char(2)	n/a	Collaborative Staging Metastases	Site-specific codes provide extensive detail describing disease extent. "CS Mets at DX"	
CS_METS_EVAL	char(1)	n/a	Collaborative staging method of metastasis evaluation.	See CS coding manual.	CS to identify whether the M (of AJCC TNM) was clinically or pathologically diagnosed and by what method.
SSF1 SSF2 SSF3 SSF4 SSF5 SSF6 SSF7 SSF8 SSF9 SSF10 SSF11 SSF12 SSF13 SSF14 SSF15 SSF16 SSF17 SSF18 SSF19 SSF20 SSF21 SSF22 SSF23 SSF24 SSF25	char(3)	n/a	Tumor Site-specific factors.	See Collaborative Staging Manual for site and histology specific factors 000 - 999 Note: 888 = missing	For example, whether a breast tumor is positive for ER, PR or HER2-Neu receptors
DER_T6	char(3)	n/a	Derived AJCC6 T	?	Derived by registry software.
DER_T6_D	char(1)	n/a	Derived AJCC6 T description	c clinical p pathological a autopsy y surgery after neoadjuvant treatment N not applicable O not derived	Derived by registry software.

DER_N6	char(3)	n/a	Derived AJCC6 N	?	Derived by registry software.
DER_N6_D	char(1)	n/a	Derived AJCC6 N description	Same coding as DER_T_D	Derived by registry software.
DER_M6	char(3)	n/a	Derived AJCC6 M	?	Derived by registry software.
DER_M6_D	char(1)	n/a	Derived AJCC6 M description	Same coding as DER_T_D	Derived by registry software.
DER_T7	char(3)	n/a	Derived AJCC7 T	?	Derived by registry software.
DER_T7_D	char(1)	n/a	Derived AJCC7 T description	Same coding as DER_T_D	Derived by registry software.
DER_N7	char(3)	n/a	Derived AJCC7 N	?	Derived by registry software.
DER_N7_D	char(1)	n/a	Derived AJCC7 N description	Same coding as DER_T_D	Derived by registry software.
DER_M7	char(3)	n/a	Derived AJCC7 M	?	Derived by registry software.
DER_M7_D	char(1)	n/a	Derived AJCC7 M description	Same coding as DER_T_D	Derived by registry software.
PAL_FAC	char(1)	n/a	Palliative care at this facility	0 No palliative care provided. Diagnosed at autopsy. 1 Surgery (which may involve a bypass procedure) to alleviate symptoms, but no attempt to diagnose, stage, or treat the primary tumor is made. 2 Radiation therapy to alleviate symptoms, but no attempt to diagnose, stage, or treat the primary tumor is made. 3 Chemotherapy, hormone therapy, or other systemic drugs to alleviate symptoms, but no attempt to diagnose, stage, or treat the primary tumor is made. 4 Patient received or was referred for pain management therapy with no other palliative care. 5 Any combination of codes 1, 2, and/or 3 **without** code 4. 6	

				Any combination of codes 1, 2, and/or 3 **with** code 4. 7 Palliative care was performed or referred, but no information on the type of procedure is available in patient record; Palliative care was provided that does not fit the descriptions for codes 1-6. 9 It is unknown if palliative care performed or referred; not stated in patient record	
PAL_SUM	char(1)	n/a	Palliative care at all facilities	Coding is the same as PAL_FAC	
RECUR_DT	num(4)	mmddyy10	Recurrence date	Any date post diagnosis.	Date of 1st recurrence, progression or metastasis after a disease-free period.
RECUR_TYPE	char(2)	n/a	Type of 1st recurrence	00 patient became disease-free after treatment and has not had a recurrence 04 in situ recurrence of an invasive tumor 06 in situ recurrence of an in situ tumor 10 local recurrence, and there is insufficient information available to code 13 – 17 13 local recurrence of an invasive tumor 14 trocar recurrence of an invasive tumor. Includes recurrence in the trocar path or entrance site following prior surgery 15 both local and trocar recurrence of an invasive tumor (both 13 and 14) 16 local recurrence of an in situ tumor, NOS 17 to 70 see FORDS page 301 88 disease has recurred, but the type of recurrence is unknown 99 it is unknown whether the disease has recurred or if the patient was ever disease-free	
RECUR_FL	char(2)	n/a	1st recurrence date flag	00 no information 11 no proper value is applicable (that is, patient became disease-free after treatment and never	Explains why there is no appropriate value in the date of first recurrence field.

				had a recurrence; or patient was never disease-free; autopsy only case) 12 a proper value is applicable but not known (that is, there was a recurrence but the date is unknown) blank a valid date is provided in the date of 1st recurrence field	

3. Notes

4. New V3.1 variables DATA_SOURCE, AJCC_GRP, and AJCC_FULL_Der

The addition of variables for registry source (DATA_SOURCE) and AJCC staging (AJCC_GRP and AJCC_FULL_Der) was approved at the VIG mid-year meeting in November 2012. The proposals were originally referred to as V3.1 and V3.2 but are now combined into version V3.1. Refer to the change proposal documents for the complete specifications.

Tumor V3.1 - Add a new variable to document the data source

Tumor V3.2 - Add two new variables to enhance AJCC stage data

The target implementation date for the change is found at the VIG Calendar page.

V3.1 Tumor Implementation Status by Site

Site Data Managers: please update with the following statuses.

- Not started
- Started
- Verification program results submitted
- Addressing issues (uncovered by program)
- Completed

Feel free to add additional comments and clarifications.

Site	Status	Date of last status update
EIRH	Complete	3/26/2013
Fallon	Complete	4/4/2013
Group Health	Completed	7/24/2013
Geisinger	V3 Completed	2/26/2013
Henry Ford	completed	2/21/2013
HealthPartners	Completed	6/19/2013
Harvard Pilgrim	Completed	9/19/2013
KPCO	In Progress, will have completed by 8/06/2013	7/22/2013

KPGA	2/3 done (data_source and ajcc_grp are done; ajcc_full_der var added but unpopulated--more guidance on how to populate this variable is needed)	7/26/2013
KPH	Completed	5/1/2013
KPMA	Completed	7/1/2013
KPNC	Completed	5/8/13
KPNW	Completed	3/31/13
KPSC	Not started	4/11/13
Marshfield	Completed	5/21/13
SWH		
PAMFRI	Not started	2/26/13

5. Future Directions:

6. Contact Information:

Please contact the VDW Tumor working group for questions and suggestions.

Comments (10)

Pardee, Roy Oct 27, 2010 06:53 PM
Can you give a hyperlink to (or maybe upload?) the FORDS manual so we have the coding needed for class of case?
zimmermanmi Sep 01, 2011 04:33 PM
http://www.facs.org/[...]/FORDS_for_2011_01012011.pdf
Pardee, Roy Oct 28, 2010 11:33 AM
Now that we have site identifiers defined in StdVars.sas, it no longer makes sense to have this information coded in a variable.
Pardee, Roy Oct 28, 2010 11:48 AM
I can't tell if this var contains depth of invasion or max dimension on either side of 2004. Can we say something like "For melanomas diagnosed prior to 2004, this variable contains depth of invasion (in mm). For melanomas diagnosed in or after 2004, this variable contains maximum dimension."
Pardee, Roy Oct 29, 2010 06:31 PM
It's a pain to have to combine this information for applications where you want to cross the 2004 boundary (as most of my uses do).
clarka Nov 01, 2010 10:42 AM
All the recommended changes will work with our data.
Hitz, Paul Nov 05, 2010 04:57 PM
The data dictionary looks like it will work for Marshfield. There are some fields that we will not have but they are the fields that are recommended to be dropped.
Joseph Leader Nov 10, 2010 11:22 AM
Seems to match what our TR team has given us with the new implementation.
Folck, Bruce Nov 11, 2010 05:57 PM
It was suggested that, to avoid confusion, the Data Dictionary variables could be better grouped (all SEER vars together; all AJCC/TNM vars together), and ordered in a logical progression (demographics, diagnostics, identification/staging, treatment, followup, recurrance), as a way to aid the users and help them find specific data elements.

Are we allowed to suggest changes to variable names? (Change StageGen to StageSEER; Morph to ICDOHIST, Behav to ICDOBEHV; EOD to SEER_EOD)

Length of StageAJ as char(5), not char(4). (Comment reads "currently on v5" but we're about to be on v7.)
AJCC_Ed - add 7th Edition.
VITAL - in all national cancer registries, Deceased = 0. Why =2 in the spec?
DSRG_FAC - a little confusion over the reference to FORDS; doesn't NAACCR cover FORDS, SEER, TNM, etc?
EOD as char(10), not char(12). The comment even refers to "a five-field, 10 digit system."

CS_EXT, CS_NODES as char(3), not char(2).
DER_SS2000F - since that describes summary stages from 2000-2004, do we want a DER_SS1997 for earlier tumors?

Our cancer registry person also added the note, "Use NAACCR v12 standard layout for all 2010-on tumors."

Apologies for the lateness of these comments; today was the first real chance to sit down with our C.R. people and carefully go over/compare the data dictionary. I would be happy to discuss/clarify any of these comments.
parsons, william Sep 23, 2011 11:26 AM
The spec states 1 record per dx, multiple rows possible per MRN. We need a unique identifier (Please - not a compound key!)