## SECTION III - PATIENT INFORMATION

**Facility Name** (not a standard field in NAACCR Version 11.1)

This field is not *collected* from you in each case record. Our data system assigns a reporting facility name to each record when uploaded. When sending cases to us on diskette or CD, include the facility name on each disk/CD label. This also helps us organize data storage.

**Reporting Facility Code** NAACCR Version 11.1 field "Reporting Facility", Item 540, columns 382-391

This field should contain the ACoS/COC Facility Identification Number (FIN) for your facility, but the special code assigned to your facility by the MCR (usually four digits) is also acceptable if your data system can produce it (see next page for MCR codes). Facilities reporting on diskette or CD should include their MCR Code on each disk or CD label. (Records received from other central registries have this field zero-filled.)

*Example*: Hospital A's registry may send its COC FIN ending with "148765" *or* its MCR Code "2102". The diskette label should include "2102".

**NPI--Reporting Facility** NAACCR Version 11.1 Item 545, columns 372-381

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This code, assigned by the Centers for Medicare and Medicaid Services, is equivalent to the FIN Reporting Facility Code above for the MCR. This field is not required until 2008.

**Accession Number** NAACCR Version 11.1 field "Accession Number--Hosp", Item 550, columns 402-410

This unique number identifies a patient at your facility based on when s/he was first accessioned onto your data system. The first four digits are the year in which the patient was first seen at your facility for the diagnosis and/or treatment of cancer, after your registry's reference date. The last five digits represent the numeric order in which you entered the case into your system. All of a patient's primaries should have the same Accession Number.

*Example*: A patient's first diagnosis at your facility is in 2004, and this is the 23rd patient accessioned in 2004. Accession Number is **200400023**. The patient has another primary diagnosed in 2005 for which you provide chemotherapy. The second case's Accession Number is also **200400023**.

If a patient is deleted from your data system, do NOT re-use the Accession Number that had been assigned! (This may have quirky consequences for patient identification that will be confusing for us and your data system.) Numeric gaps may exist in each year's Accession Numbers, and the *FORDS* Manual also specifies that an Accession Number should not be reassigned even if your registry re-sets its reference date. If your facility uses non-standard formatting for this field, that is fine with the MCR because we only use it to help identify the patient as reported by you. If your facility does not use Accession Numbers or has not assigned one to a particular patient, you may leave this field empty.

field added for 2007

## PATIENT INFORMATION cont.

These are the MCR codes and ACoS FIN codes (source: ACoS/COC website www.facs.org/cancer/coc/fin.html) for facilities regularly reporting cases to us as of August 2005. (The facility name below is not the official name of each institution -- just a simple identifier for use in this table. There was a name update October 2006.)

| Facility (short name) | MCR Code | FIN |
|---|---|---|
| Anna Jaques | 2006 | 0006141500 |
| Athol | 2226 | 0006140065 |
| Baystate | 2339 | 0006141955 |
| Berkshire | 2313 | 0006141705 |
| Beth Israel Deaconess | 2069 | 0006140170 |
| Beth Israel Needham | 2054 | 0006141450 |
| Beverly | 2007 | 0006140130 |
| Boston Med. Ctr | 2084 | 0006140440 |
| Brigham & Women's | 2341 | 0006140218 |
| Brockton | 2118 | 0006140630 |
| Cambridge Hlth Alliance | 2046 | 0010000145 |
| Cape Cod | 2135 | 0006141130 |
| Caritas Carney | 2003 | 0006140255 |
| Caritas Good Samaritan | 2101 | 0006140631 |
| Caritas Norwood | 2114 | 0006141630 |
| Caritas St. Elizabeth's | 2085 | 0006140620 |
| Children's DFCI | 2139 | 0006140270 |
| Clinton | 2126 | 0006140840 |
| Cooley Dickinson | 2155 | 0006141570 |
| Dana Farber | 2335 | 0006140583 |
| Emerson | 2018 | 0006140850 |
| Fairview | 2052 | 0006141010 |
| Falmouth | 2289 | 0006140923 |
| Faulkner | 2048 | 0006140310 |
| Franklin | 2120 | 0006141020 |
| Hallmark Health | 2058 | 0010000478 |
| Harrington | 2143 | 0006141890 |
| Heywood | 2036 | 0006140980 |
| Holy Family | 2225 | 0006141355 |
| Holyoke | 2145 | 0006141110 |
| Hubbard | 2157 | 0006142130 |
| Jordan | 2082 | 0006141720 |
| Lahey | 2342 | 0006140690 |
| Lawrence General | 2099 | 0006141170 |

| Facility (short name) | MCR Code | FIN |
|---|---|---|
| Lemuel Shattuck | 2821 | 0010000281 |
| Lowell General | 2040 | 0006141200 |
| Marlborough | 2103 | 0006141300 |
| Martha's Vineyard | 2042 | 0006141640 |
| Mary Lane | 2148 | 0006142100 |
| Mass. General | 2168 | 0006140430 |
| Mercy | 2149 | 0006141940 |
| Merrimac Valley | 2131 | 0006141080 |
| MetroWest | 2020 | 0006140960 |
| Milford Regional | 2105 | 0006141395 |
| Milton | 2227 | 0006141410 |
| Morton | 2022 | 0006142000 |
| Mt. Auburn | 2071 | 0006140780 |
| Nantucket | 2044 | 0006141430 |
| Nashoba Valley | 2298 | 0006140090 |
| New England Baptist | 2059 | 0006140460 |
| New England Med. Ctr | 2299 | 0006140465 |
| Newton-Wellesley | 2075 | 0006141530 |
| Noble | 2076 | 0006142200 |
| North Adams | 2061 | 0006141560 |
| North Shore | 2014 | 0010000418 |
| Quincy | 2151 | 0006141740 |
| St. Anne's | 2011 | 0006140900 |
| St. Vincent's | 2128 | 0006142350 |
| Saints Medical Ctr | 2029 | 0006141220 |
| South Coast | 2337 | 0006140905 |
| South Shore | 2107 | 0006141900 |
| Sturdy | 2100 | 0006140080 |
| UMass. Health Alliance | 2127 | 0006141190 |
| UMass. Med. Ctr | 2841 | 0010000086 |
| VA System | 2985 | 0010000090 |
| Winchester | 2094 | 0006142280 |
| Wing | 2181 | 0006141660 |

Registry Code

NAACCR Version 11.1 field "Registry ID", Item 40, columns 20-29

This field should contain the ACoS/COC Facility Identification Number (FIN) for your *registry* (usually identical to your facility code, although multiple registries may report data under one FIN). The special code assigned to your facility by the MCR (usually four digits) is also acceptable if your data system can produce it (see preceding page for MCR codes). Facilities reporting on diskette or CD should include their MCR Code on each disk or CD label. (Records received from other central registries contain that registry's NAACCR code here.)

NPI--Registry ID

NAACCR Version 11.1 Item 45, columns 40-49

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This code, assigned by the Centers for Medicare and Medicaid Services, is the equivalent of the Registry Code field (above) for the MCR. This field is not required until 2008.

Medical Record Number

NAACCR Version 11.1 Item 2300, columns 2086-2096

Enter the patient's identifying Medical Record Number. If the patient has not been assigned a Medical Record Number by your facility's health information department, letter codes may be attached to some other type of identifier (for example, add "OP" to the end of some identifying number assigned by an outpatient therapy unit):

| **Reason a Medical Record Number Can't Be Reported** | **Add-on Codes** (when there's no actual Medical Record Number) |
|---|---|
| Medical Record Number is unknown. | **UNK** |
| Outpatient treatment only | **OP** |
| Pathology only | **PATH** |
| Radiation therapy only | **RT** |
| One-day surgical clinic only | **SU** |

The MCR uses Medical Record Number to help identify patients when communicating with the reporting facility, and to help identify multiple case reports for the same patient from a facility. The field is not edited by the MCR, so it may include any punctuation or special characters used at your facility in Medical Record Numbers or other assigned identifiers.

Sequence Number--Hospital

NAACCR Version 11.1 Item 560, columns 411-412

Note: The *FORDS* Manual's 2004 revisions abandoned the terminology of COC-reportable and non-COC-reportable cases in describing this field. It is now simply a case's behavior code which determines its sequence number range.

field added for 2007

Sequence text revised for 2004

Note: The 2007 MP/H rules do not change the rules for sequence numbering. The M rules in the MP/H Manual tell you how many primaries a patient has and, as usual, each primary must be assigned a Sequence Number in accordance with the following rules.

You should sequence tumors according to the rules of your facility's registry as YOU understand the COC's rules for this field. The MCR sequences tumors in a separate field on our system according to central registry rules.

Sequence Number represents the chronological order of a patient's neoplasms during his/her lifetime, whether they exist at the same or at different times, and whether or not they are entered in the reporting facility's registry. Each of a patient's primaries is assigned a *different* Sequence Number (that is, a Sequence Number cannot be repeated for a patient).

There are now two ranges of Sequence Numbers (**00-59**, **99** and **60-88**) so that neoplasms which are malignant (behavior codes 2 and 3) at the time of their diagnosis may be sequenced separately from non-malignancies (behavior codes 0 and 1). Whether or not the COC requires the particular case to be reported is no longer an issue. Just as for any other case, a reportable-by-agreement case is sequenced based on its behavior code only. All neoplasms known in a patient's history must be taken into account when assigning Sequence Numbers, regardless of whether or not each diagnosis is accessioned into your registry.

Tumors of benign or borderline behavior are sequenced in the **60-88** range. Malignant tumors (*in situ* or invasive) are sequenced in the **00-59**, **99** range.

*Examples*: A patient with invasive breast cancer is first seen at your facility as a Class of Case 3. The case is not COC-reportable because it is nonanalytic, but it is reportable to the MCR. It is sequenced in the **00-59**, **99** range because of its malignant behavior.

A patient is diagnosed with a basal cell carcinoma of the skin in 2005. The case is not reportable to the MCR or COC, but if your facility chooses to collect this it would be sequenced in the **00-59**, **99** range because of its malignant behavior.

A patient is diagnosed at your facility with a new benign brain tumor in 2005. The case is sequenced in the **60-88** range.

A patient was diagnosed and treated for rectal carcinoma in 1999 in Ohio. The patient has now moved to Massachusetts and is receiving first-course radiation therapy at your facility for a laryngeal cancer. The laryngeal cancer has Sequence Number **02** even though it is the only case recorded in your registry for the patient.

Note that codes **89-98** are not valid. Malignant code range **00-35** was extended to **59** in 2006 to accommodate patients with unusually large numbers of primaries.

page last revised July 2007

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**<u>Sequencing Malignancies</u>**

Cases that are malignant (/2 or /3 behavior) at diagnosis are sequenced with codes **00-59**, and **99** is the "unknown" code.

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| **Tumor Sequence** | **Code** |
|---|---|
| 1 malignant case only | **00** |
| first of multiple malignancies | **01** |
| second malignancy | **02** |
| third malignancy | **03** |
| …subsequent malignancies… | **...** |
| fifty-ninth malignancy | **59** |
| unknown sequence for this malignancy* | **99** |

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* **99** should be used when there is a substantial reason to believe that the patient had a previous malignancy, but it is not *definitely* known. If, however, the patient has undergone a procedure that *might have been* for cancer but there is no substantial reason for assuming that it *was* for cancer, do <u>not</u> enter code **99**. For example, in the absence of specific information indicating cancer, a previous hysterectomy or the removal of a rectosigmoid polyp would not be sufficient reason for entering code **99** when the patient presents with a new malignant case. If you have only a vague cancer history for the patient (i.e., you cannot tell if the previous cancers were malignancies or not), use **99** for the current case.

Like any other Sequence code, **99** cannot be assigned to multiple primaries for a patient. It can only be used for patients with a <u>single</u> known malignant primary and a vague cancer history. If someone has two simultaneous malignant tumors and the patient's past cancer history is unclear, you must assign two different Sequence Numbers to the two new cases.

Sequence code **00** indicates that the patient has only one primary malignancy. The sequence code for this case should be <u>changed from **00** to **01**</u> if the patient develops a second primary malignancy.

*Examples*: A patient had an *in situ* melanoma in 2002. This was sequenced **00**. The patient is diagnosed with lung cancer in 2005. The melanoma is re-sequenced **01** and the lung cancer is assigned code **02**.

A patient is diagnosed in January 2007 with a non-invasive transitional cell carcinoma of the bladder. You sequence this as **00**. The patient is diagnosed in November 2007 with an invasive transitional cell carcinoma of the bladder. The MP/H rules (M5) state that these are multiple primaries, so change the **00** to **01** and assign **02** to the invasive primary.

page last revised July 2007

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## Sequencing Non-Malignant Tumors

Codes **60**-**88** sequence cases which are benign (/0) or have borderline/uncertain (/1) behavior. These include non-malignant brain and central nervous system tumors. Be sure to consider the patient's entire lifetime history of benign/borderline tumors when sequencing a new benign/borderline primary.

The **60**-**88** sequence codes do not affect the malignancy sequence codes -- they are independent. Double-alpha codes (**AA**, **BB**, etc.) formerly used for sequencing benign/borderline cases have been replaced by the new codes.

The code **60** corresponds (is parallel) to **00** in the malignant code range, **61** corresponds to **01**, and **88** parallels the unknown code **99**. When a patient has a second non-malignant case, change the **60** on the first case to **61** and sequence the second case as **62**. All codes between **60** and **88** are valid.

*Example*: A patient was diagnosed with ductal carcinoma *in situ* of the breast in 2000. In 2004 she is diagnosed with a benign brain tumor. The *in-situ* case is sequenced **00** because it is her only malignancy, and the sole benign case is sequenced **60**. In 2005 she is diagnosed with a new spinal cord tumor of borderline behavior. The *in-situ* case remains **00**, her benign case is re-sequenced **61**, and the borderline case is coded **62**.

Sequence Number codes for non-malignant (benign and borderline) tumors follow:

| Tumor Sequence | Code |
|---|---|
| 1 benign or borderline behavior case only | **60** |
| first of multiple benign/borderline cases | **61** |
| second benign/borderline case | **62** |
| …subsequent benign/borderline cases… | **...** |
| 27th benign/borderline case | **87** |
| unknown sequence for this benign/borderline case* | **88** |

* Just as for code **99**, use **88** only when there is substantial reason to believe that the patient has had at least one previous benign or borderline cancer and you can't tell how you should sequence the patient's new case. Also, as long as the current case is benign or borderline, assign **88** (rather than **99**) when you have only a vague cancer history for the patient and you cannot tell if the previous cases were benign/borderline or not. Like any other Sequence code, **88** cannot be assigned to multiple primaries for the same patient. If a patient has two simultaneous benign/borderline tumors and a vague history of past non-malignancies, you must assign two separate Sequence Numbers to the two new cases.

## Rules For Both Sequence Ranges

Within both sets of Sequence Number code ranges, when two cases are diagnosed simultaneously, assign the *lower* (smaller) Sequence Number to the primary with the *worse* prognosis. When the prognoses are alike, the assignment of a Sequence Number is arbitrary.

*Examples*: A patient is diagnosed with simultaneous non-invasive adenocarcinoma in a colon polyp and metastatic lung cancer. Assign Sequence Number **01** to the advanced cancer and **02** to the non-invasive case.

A patient has a spinal cord tumor of borderline behavior and a benign brain tumor. Assign Sequence Number **61** to the tumor with borderline behavior and **62** to the benign tumor.

A patient has simultaneous adenocarcinoma *in situ* in a colon polyp and squamous cell carcinoma *in situ* in a vocal cord polyp. Assign Sequence Numbers **01** and **02** as you choose because both cases have similar prognoses.

When multiple institutions deal with a patient, the Sequence Number of each case should be the same at each institution if both facilities follow the same reportability rules *and are equally aware of the patient's cancer history*.

*Example*: The reporting facility diagnoses a patient with lung cancer. The medical record indicates a history of colon cancer diagnosed and treated elsewhere. The lung cancer is known to be the patient's second malignancy, so assign **02** to the lung cancer even though the patient's first primary is not registered in your data system. But if you were unaware of the earlier colon case and you suspected no previous history of cancer, you would sequence the lung case as **00**.

For patients with both malignancies and non-malignant cases, note that it is impossible to tell the order of a patient's primaries using Sequence Numbers alone. (For example, if a patient has two cases sequenced **00** and **60**, you'd need to use the dates of diagnosis to determine which occurred first.)

PLEASE -- If you know that a patient had or has cancer(s) in addition to the particular case you're reporting to us, record in the Comments/Narrative Remarks field any important information you know about the diagnoses and diagnosis dates of these other cases. This helps the MCR match and link patient and tumor data from multiple facilities, and its inclusion will mean fewer telephone calls to your registry when we are trying to understand the patient's cancer history. For example, the Comments/Narrative Remarks field might say "breast cancer 1993 dx'd Maine; bladder TCC June 1999".

Entire page revised for 2006.

## Primary Payer at Diagnosis

NAACCR Version 11.1 field "Primary Payer at DX", Item 630, columns 445-446

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This field codes the payer for *most* of the patient's care *at the time of diagnosis*. Do not update this if it changes later. If more than one code applies around diagnosis, use whichever paid the most or was listed first. The diagnosing facility usually has the best information. If your facility sees the patient long after diagnosis and you're not sure of Payer *at* Diagnosis, use **10** if you think the patient was insured at diagnosis, or **99** if you aren't even sure if s/he was insured, or one of the NOS categories. (The *FORDS* simply asks for the first payer listed on the admission regardless of the time since diagnosis, but the COC is not concerned with nonanalytic cases.) The MA Div. of Insurance has lists of health insurance providers at http://www.mass.gov/doi/Consumer/CSS_health.html .

Field Code Changed

**01** and **02** are for uninsured. **10** is for an unknown type of insurance, whereas **99** means you aren't sure if the patient was insured or not. Codes **35** and **62**, where someone with Medicaid or Medicare is in a managed care plan, may be hard to distinguish from code **20**. (You know the plan paid the bill, but where'd they get the money?) If in doubt, use your best judgment and if someone in a managed care plan *probably* has Medicaid or Medicare, use **35** or **62**.

This field has a code conversion for Version 11. All cases regardless of diagnosis year should be coded using the V11 codes below after your software is converted to Version 11:

| **Primary Payer at Diagnosis** | **V11 Codes** | Old Codes |
|---|---|---|
| not insured: charity case; free care provided | **01** | 01 |
| not insured: self-paid | **02** | 02 |
| insurance, NOS (type unknown or not covered by the codes that follow) | **10** | 10 |
| private insurance: managed care provider, NOS; HMO; PPO* | **20** | 20 |
| private insurance: fee-for-service; private insurance not included in **20**; private insurance, NOS | **21** | |
| Medicaid, NOS; Medicaid not included in **35** | **31** | 31 |
| Medicaid administered through a managed care plan* | **35** | 35 |
| Medicare without supplement; Medicare not included in **61-63**; Medicare, NOS | **60** | 50 |
| Medicare with supplement, NOS (costs not covered by Medicare are paid by another insurance type which is not specified) | **61** | 51 |
| Medicare administered through a managed care plan* | **62** | |
| Medicare with private insurance supplement | **63** | |
| Medicare with Medicaid eligibility/supplement | **64** | 36, 52 |
| TRICARE (Dept. of Defense program for military dependents/retirees seen at a non-military facility) | **65** | 53 |
| military (personnel/dependents seen at a military facility) | **66** | 54 |
| Veterans Administration; Veterans Affairs | **67** | 55 |
| Indian Health Service; Public Health Service | **68** | 56 |
| unknown if insured or not (*not* an unknown insurer) | **99** | 99 |

* Managed care may include health maintenance organizations, preferred provider organizations, independent physician associations (IPA), physician networks, group models and staff models.

Abstracted By

NAACCR Version 11.1 Item 570, columns 413-415

Enter the initials of the individual who abstracted the case. Do not record the data entry person unless this was also the abstractor. If your facility uses code *numbers* in this field these will be meaningless to the MCR; so your data system should translate these codes into alphabetic initials when a case report is exported for us.

Date of First Contact

NAACCR Version 11.1 field "Date of 1st Contact", Item 580, columns 416-423

Enter the date the patient was first admitted to or seen at your facility (in MMDDCCYY format) for the diagnosis and/or treatment of this case. This includes reporting facility contact for a diagnostic procedure (such as a mammogram), review of a treatment plan, palliative care, or pathologic review (as for a Class of Case 7). Contact with a staff physician's office does NOT count for this field; enter the date of your facility's first contact. For cases of Class 2, use the date on which your facility actually began treating the patient rather than the date of an initial treatment consult (an MCR rule that the COC now embraces based on related questions on the AJCC Inquiry-and-Response website). Use the following rules:

inpatient: first admission date if the patient's cancer was known or suspected before admission, or the date when diagnosis of a reportable neoplasm was made during hospitalization for another condition

outpatient: date the patient was first diagnosed, treated or seen as an outpatient for the neoplasm being reported (for example, for an outpatient biopsy, X-ray, scan or laboratory test)

autopsy: date of death for a case diagnosed at autopsy (Class of Case 5) (not necessarily the autopsy date)

pathology-only: date of the specimen collection (not necessarily the date the specimen is reviewed) for Class of Case 7

If your first contact is only through a pathology specimen (that is, the case appears to be Class 7) but the patient later comes to your facility for care or treatment for this case (that is, the Class has changed from 7), UPDATE the original Date of First Contact when you report the patient's later substantive contact with your facility. Keeping the original pathology date could make your reporting of the case seem late to the MCR. Note that the *FORDS* Manual (on its pages 6, 7 and 88) has been revised to come into agreement with this rule.

Estimate the Date of First Contact when necessary. Use **9**'s to code unknown parts of the date when it cannot be estimated. If all you know is that first contact was in a certain part of the year, estimate the date as follows: January for early in the year; April for the spring; July for summer or mid-year; October for fall/autumn; December for late in the year; and December or January for winter.

page updated for 2005

Codes for Date of First Contact follow:

| Month | Code |
|---|---|
| January | **01** |
| February | **02** |
| March | **03** |
| April | **04** |
| May | **05** |
| June | **06** |
| July | **07** |
| August | **08** |
| September | **09** |
| October | **10** |
| November | **11** |
| December | **12** |
| unknown* | **99** |

| Day | Code |
|---|---|
| first | **01** |
| second | **02** |
| third | **03** |
| ... | .. |
| ... | .. |
| ... | .. |
| thirty-first | **31** |
| unknown* | **99** |

| Year | Code |
|---|---|
| 1990 | **1990** |
| 2005 | **2005** |
| unknown* | **9999** |

*Try to estimate rather than use unknown!

For death certificate-only cases produced at the MCR, this field holds the date of death.

Following Physician Name

stored in NAACCR Version 11.1 field "State/Requestor Items", Item 2220, columns 1447-1506

This is not a standard field in the NAACCR case record layout. When you choose a code for the standard field "Physician--Follow-Up" (Item 2470, columns 2563-2570), your system should translate this code into an alphabetic name for us, and store that name in columns 1447-1506 of the record layout. The name need not be in any particular format. Titles derived from education or occupation such as "M.D.", "D.D.S.", etc. do not have to be included. There is space for 60 characters -- more than is allotted to the patient's name!

Determine the physician most responsible for the patient's current care (at the time of abstracting), if any. It is this physician who may be contacted regarding enrollment of the patient in a special study or about permission for a researcher to contact the patient or patient's family. If there is question as to which physician to record, choose the discharging physician. The field may be left empty when not applicable (for example, when the patient died at your facility or has left the country). This field does not have to be updated for the MCR after the case has been reported.

NPI--Physician--Follow-Up

NAACCR Version 11.1 Item 2475, columns 2605-2614

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This code, assigned by the Centers for Medicare and Medicaid Services, is not required until 2008. The MCR hopes that we will be able to translate these codes into text names by 2008.

field added for 2007

Patient Name

A standardized format for recording patient name is essential for matching and linking all of a patient's case records. If three facilities send in the same patient name expressed in different ways (for example, Jane Doe Buck, Jane Doe-Buck and Jane D. Buck), it becomes more difficult to recognize that these three records are for the same person. When matching names from our data system to mortality records, differences in name format are also problematic.

If a patient's name changes (or you make a spelling correction) and this name has already been sent to the MCR, please let us know about the change (617-624-5680 or 617-624-5653). **Name changes are very important to us**.

## Last Name

NAACCR Version 11.1 field "Name--Last", Item 2230, columns 1947-1971

Enter the patient's surname, preferably without punctuation or spaces. (The MCR understands that the COC allows embedded spaces and punctuation.) For people with more than one surname separated by a space or a hyphen, enter the compound name in this single field. For example, "Doe-Buck" or "Doe Buck" is entered as **Doebuck**; "O'Neill" is entered as **Oneill**. If a last name begins with the word "Saint", abbreviate "Saint" and connect it to the rest of the name (for example, "Saint John" is entered as **Stjohn**). Do not enter titles and designations such as Mr., Mrs., Dr., Rev., Br., Sr., Jr., III, etc. in this field. (See the field Name Suffix.) Last Name may not be empty. You may enter **Unknown** only to avoid an empty Last Name. The field holds up to 25 characters. Truncate (from the end) any last name that is longer.

If punctuation marks (hyphen, apostrophe, period) or embedded spaces are included in this field, we prefer that your data system filter/remove them when an MCR data file is exported. If punctuation/spaces are sent our data system can remove them upon upload, but your original data may not pass our pre-upload scan edits.

## Name Suffix

NAACCR Version 11.1 field "Name--Suffix", Item 2270, columns 2003-2005

This is an identifier following a last name -- usually to distinguish generations (such as Junior) -- which helps distinguish patients with otherwise identical names. Do not use punctuation. Leave the field empty if the patient does not have a Name Suffix or if it's unknown. This field is optional for the MCR and holds up to three characters. We prefer to not receive occupation-related titles (such as for Doctor or Sister) in this field.

| Identifier | Suffix |
|---|---|
| Junior | **JR** |
| Senior | **SR** |
| the Third | **III** |
| the Fourth | **IV** |

First Name

NAACCR Version 11.1 field "Name--First", Item 2240, columns 1972-1985

Enter the patient's first name. For patients with a compound first name (e.g., Mary Jane), include the space separating the parts of the name (**Mary_Jane**). For a patient who usually uses only the first letter of his/her first name and is known by the middle name (e.g., C. Douglas Jones), enter the first initial and the middle name, separated by a space, into the "First Name" field (**C_Douglas**); then leave the Middle Name field empty.

The field holds up to fourteen characters. Truncate (from the end) any first name which is longer.

For patients with religious or other titles (e.g., Sister Mary White or Doctor Mary White), enter only the patient's first name (**Mary**) here -- not the title. (The MCR obtains information on religious and other occupational titles in the occupation/industry fields.)

For patients such as nuns who have taken a different first name than their given first name (for example, Jane Smith becomes Sister Mary), please enter the original given first name if known to you and put the taken name in the Alias name field. If only the taken first name is known to you, enter that in First Name.

For patient matching and other functions, this field cannot be empty for the MCR. We understand that COC allows the field to be empty. We may contact you for clarification if First Name comes in empty and we cannot find the name elsewhere.

Middle Name

NAACCR Version 11.1 field "Name--Middle", Item 2250, columns 1986-1999

Enter the patient's entire middle name whenever possible. If only the middle initial is known, enter just this. Leave empty if there is no middle name/initial, or if it is unknown. This field may contain embedded spaces but not punctuation. It holds up to fourteen characters.

Maiden Name

NAACCR Version 11.1 field "Name--Maiden", Item 2390, columns 2021-2035

Enter the maiden name of a female patient, preferably without punctuation or embedded spaces. Leave the field empty if maiden name is not applicable or not known (i.e., leave the field empty for males and for any female whose maiden name is identical to her surname). Do not enter an alias or "aka" name here (see next field description).

If you enter punctuation or spaces in this field we prefer your data system to filter/remove them when an MCR data file is prepared. **This field is NOT optional** for the MCR -- it is of great importance in helping us identify female patients submitted with different last names and also may become a factor at the central registry when the patient's ethnicity is unknown.

## Alias

NAACCR Version 11.1 field "Name--Alias", Item 2280, columns 2006-2020

Patients may sometimes use different names or nicknames, or may have had different names at different times in their lives. These "also known as" or "aka" names are categorized as aliases. This item helps identify multiple case reports for a patient having records under different names. This field is optional and we have relaxed its data entry standards.

If the field is too short (fifteen characters) to contain the entire "aka" name, fill in as much as you can of the alias portion(s) of the name. If a patient uses part of his or her real name with an alias portion, record both parts (when space permits) or just the alias portion of the name (if too long). Leave the field empty if the patient does not have an alias, or if the alias is unknown.

*Examples*: Ralph Williams also uses the name *Bud* Williams. Record **Williams_Bud** or **Bud_Williams** in the Alias field.

Ann Smith also goes by Ann *Brown*. Record **Brown_Ann** or **Ann_Brown**.

Elizabeth Smith also has records under Elizabeth *Longfellow* (twenty characters). The field only holds fifteen characters, so record just **Longfellow**.

Joe Jones also uses *Sam Smith*. Record **Smith_Sam** or **Sam_Smith**.

## Birth Date

NAACCR Version 11.1 Item 240, columns 122-129

Enter the patient's date of birth in MMDDCCYY format. If the month or day has only one digit, enter a zero before the number. Enter all four digits of the birth year.

Estimate the birth year when exact information is unavailable, and indicate in the Comments/ Narrative Remarks field that the date entered is an estimate. (It is preferable to estimate than to code the year as unknown.) ONLY enter **99999999** if there is no basis for estimating birth year.

*Example*: The patient is 70 years old when diagnosed on June 15, 2005. The medical record has no exact birth date. Record unknown month (**99**) and day (**99**), and estimate the year as 1935. The complete birth date entered would be **99991933**, and the Comments/Narrative Remarks field should include the important fact that the birth year reported is an estimate.

Codes for Birth Date follow:

| Month | Code |
|---|---|
| January | **01** |
| February | **02** |
| March | **03** |
| April | **04** |
| May | **05** |
| June | **06** |
| July | **07** |
| August | **08** |
| September | **09** |
| October | **10** |
| November | **11** |
| December | **12** |
| unknown | **99** |

| Day | Code |
|---|---|
| first | **01** |
| second | **02** |
| third | **03** |
| ... | .. |
| ... | .. |
| ... | .. |
| thirty-first | **31** |
| unknown | **99** |

| Year | Code |
|---|---|
| 1890 | **1890** |
| 1990 | **1990** |
| unknown* | **9999** |

*Try to estimate year rather than use unknown!

## Age at Diagnosis

NAACCR Version 11.1 Item 230, columns 119-121

Enter the patient's age at the time of initial diagnosis, measured in completed years of life (age at the most recent birthday before diagnosis). The maximum possible age is 120 years.

The patient's age at admission may not be the patient's age on the date of diagnosis. To calculate Age at Diagnosis, subtract the year of the patient's birth from the year of diagnosis; if the patient's birthday is after the day of diagnosis, subtract one year from that calculated age.

*Example*: A patient is diagnosed with cancer in March 2005. The date of birth is December 1935. Subtract 1935 from 2005 to get a calculated age of 70. Since the patient has not yet had a birthday in 2005, subtract one year from the calculated age. The patient was therefore 69 at diagnosis. Enter **069**.

| Number of years of age at last birthday | Code |
|---|---|
| less than 1 year old | **000** |
| 1 year old (less than 2) | **001** |
| 2 years old (less than 3) | **002** |
| ... | **...** |
| 98 years old (less than 99) | **098** |
| ... | **...** |
| one hundred twenty years old or more | **120** |
| unknown | **999** |

The patient's age helps validate Birth Date and is the basis for grouping patients into age categories for statistics. If your computer system automatically calculates age for you, please check that the Age at Diagnosis field makes sense for the case. It is easy to mis-enter a digit in the Birth Date (or enter diagnosis year instead of birth year) and produce a non-sensical Age at Diagnosis (e.g., a divorced infant who is retired, smokes and has lung cancer).

If a patient's age is unusual for his/her diagnosis (like a young man with prostate cancer), note that you've verified the unusual combination in the Comments/Narrative Remarks field.

## Birthplace

NAACCR Version 11.1 Item 250, columns 130-132

Enter the code from Appendix A for the patient's Birthplace. Continents, countries and U.S. states are included. Some common entries for MCR patients are shown here for convenience:

| Place | Code | Place | Code | Place | Code | Place | Code |
|---|---|---|---|---|---|---|---|
| Massachusetts | **005** | Georgia | **033** | Maine | **002** | Pennsylvania | **014** |
| California | **097** | Germany | **431** | Michigan | **041** | Poland | **451** |
| Canada NOS | **220** | Greece, Crete | **471** | New Hampshire | **003** | Portugal* | **445** |
| China NOS | **681** | Haiti | **242** | New Jersey | **008** | Puerto Rico | **101** |
| Connecticut | **007** | Illinois | **061** | New York | **011** | Rhode Island | **006** |
| Dominican Rep. | **243** | Ireland NOS | **410** | North Carolina | **025** | Russia NOS | **455** |
| England | **401** | Italy, Sicily | **447** | Ohio | **043** | Vermont | **004** |

* code includes Cape Verde, Azores, Madeira Islands

Enter **000** for Birthplace in the U.S., exact state or region unknown.

Enter **998** for Birthplace outside the U.S. if the country or continent is unknown.

Enter **999** only for a completely unknown Birthplace (i.e., you don't know if the patient was born in the U.S. or not).

We appreciate that it can be difficult to code this field, but Birthplace is important to some areas of public health research. Use your best judgment to code this field, and don't be afraid to make an "educated guess" if the medical record lacks specifics. Avoid using **999** -- see if there is anything to at least indicate probable foreign birth (**998**) or probable U.S. birth (**000**). Often when a medical record does not include a mention of Birthplace, the person was born in the U.S.; whereas foreign-born patients are more likely to have their Birthplace specified. But you should *not* assume that all patients with no Birthplace information were born in the U.S.

Be as specific as possible in coding Birthplace, but please note that you don't always need very exact information to avoid using an "unknown" code. Appendix A includes codes for many non-specific regions that would be preferable to a complete unknown.

page updated for 2005

A few examples of "NOS" codes that could be used when you have only partial information for Birthplace follow:

| NOS Region examples | Code | NOS Region examples | Code |
|---|---|---|---|
| Southeastern U.S. | **030** | Scandinavia, NOS | **420** |
| Northern Midwest U.S. | **050** | Eastern Europe, NOS | **499** |
| Caribbean, NOS | **245** | Africa, NOS | **500** |
| Central America, NOS | **250** | Asia, NOS | **600** |
| Latin America, NOS | **265** | East Asia, NOS | **680** |

Social Security Number

NAACCR Version 11.1 Item 2320, columns 2099-2107

If the patient has a Social Security Number and it is known to you, enter it without dashes. This field is important for proper patient identification. It is used primarily to identify multiple reports for patients whose names have changed or been reported differently by different facilities (different spellings and birth dates, for example). It is also used when attempting to match people in different databases -- for example, a match between MCR patients and mortality records -- and our data system uses it to suggest that a newly submitted patient may already be on our system.

Enter nine numerals. This number may be used as a Medicare claim number; however, a patient's Medicare claim number may not be that patient's Social Security Number (but rather, that of the spouse). Please try to ascertain the patient's own Social Security Number or clarify that the patient has no Social Security Number of his or her own.

Do not enter a Social Security Number that begins or ends with "B" or "D". These letters identify a spouse's Social Security Number (the letter indicates that the patient receives benefits under the spouse's number). Enter **999999999** for these patients.

Social Security Numbers should not begin with "000", "666", "8" or "9"; the last four digits should not be "0000"; and the fourth and fifth digits should not be "00". Wrong digits in the wrong positions indicate that the number is not a real Social Security Number, but report this number if that is all that's available to you.

Do *not* knowingly enter a spouse's, parent's or someone else's Social Security Number when you can find no Social Security Number for the patient -- use **999999999** instead.

If the patient has no Social Security Number or if it is unknown to you, enter **999999999**. The field should not be empty and it should not be filled with zeroes or "000000001". The MCR understands that a facility may not have a patient's Social Security Number and that a facility's cancer registry may not have final control over what is stored in this field on the facility's data system.

## Address at Diagnosis

Address at diagnosis is used in determining cancer statistics within geographic areas (for example, the MCR publishes case counts by Massachusetts town of residence at diagnosis, and Massachusetts vs. out-of-state residency at diagnosis is key to determining which cases are reportable to other state registries). Environmental exposure investigations focus on the address at diagnosis -- sometimes even down to the level of individual units within a building. Therefore it is very important that the patient's own residence address at the time of diagnosis be reported. This may not be the patient's current or mailing address.

*Becoming ill* often changes a patient's living situation abruptly right around the time of diagnosis, especially for the elderly. Every effort should be made to determine the patient's usual address at diagnosis.

If a patient has multiple primaries over time, the address at diagnosis may be different for subsequent tumors. Do NOT update the "Address at Diagnosis" fields for a given primary if the patient moves later. (The Current Address on your data system is updated.)

The MCR has adapted the rules for determining residency of the U.S. Bureau of the Census. It is important to follow the rules exactly so that MCR data can be compared with data from other sources, and so that Census population data relate to our cancer data correctly. The following rules apply to entering the address.

- Enter the address of the patient's usual residence on the Date of Diagnosis. "**Usual residence**" is where the patient lives and sleeps most of the time or the place the patient considers to be his/her usual home. This is not necessarily the legal or voting residence. Do not record an address where the patient may be staying temporarily, such as a friend's or relative's local address. If both a street address and PO Box (or other mailing address) are given, enter the street address first, followed by the mailing address.
- If the patient has more than one residence (e.g., lives on Cape Cod in summer and in Florida during winter), enter the residence where the patient lives most of the time. If that cannot be determined, or if they spend six months in each place, enter whichever address was given to your facility by the patient and please note in the Comments/Narrative Remarks field whatever you know about the patient's non-Massachusetts residence.
- For military personnel and their families living on a military base, enter the specific street address on the base when known. For military personnel living off-base, enter that off-base address.
- For patients institutionalized at the time of diagnosis, including those incarcerated or in long-term care facilities, their address is that of the institution. The institution's street address, if known to you, should be entered in the Street Address field, and the institution's name should be entered in the Supplemental field. If you have only the institution's name, then record that in Street Address.

- Use the at-diagnosis address for college students (where he/she lives most of the year -- probably at or near the college). For children in boarding schools below college level, enter the parents' address. Children in joint custody situations should be assigned the address where they live most of the time; if living time is divided equally between two parental addresses, record the first address reported to your facility.
- For Class 3 or 4 cases, the patient's usual residence may have changed since diagnosis. The address *at diagnosis* is preferred. If that is unknown and you cannot record it as unknown, enter the patient's address on admission to your facility or a current address; please note in the Comments/Narrative Remarks field if the "Address at Diagnosis" reported is actually a *current* address. A known current address should be recorded in the Current Address fields.
- If the patient is homeless or transient with no usual residence, use the address where he/she was staying when diagnosed (e.g., a shelter or the diagnosing institution). Please note in the Comments/Narrative Remarks field that the patient was homeless.
- For live-in professional caregivers (such as nannies, *au pair*s, home health aides, etc.), report the address where they live and sleep most of the time.

## Street Address at Diagnosis

NAACCR Version 11.1 field "Addr at DX--No & Street", Item 2330, columns 2108-2147

Enter the building number and street of the patient's usual permanent residence at the time of diagnosis. Only use numbers, letters and the pound symbol(#), slash(/), hyphen(-) or period(.) in this field. Include foreign street addresses when known. Be as specific as possible.

Building numbers should precede street names. Unit designations should be placed directly after the building number (e.g., **123E Main St** because "123 E Main St" could mean East Main Street) or after the street name (e.g., **123 Main St Unit E**). Apartment numbers should follow the street name (**123 Main St Apt 123**), or they may be recorded in the Supplemental field. If the building number contains "½" (e.g., 38½ Main St), enter this using the format **38_1/2_Main St**. Whenever possible, avoid entering just a building name (e.g., Nice View Apartments or Smith Rest Home) without its street address. When both a building name and street address are available, record just the street address here and put the building name in the Supplemental field. If only a building name is available, put that in Street Address.

Forty characters are allotted to this field. Use abbreviations (see page 56 for common standard abbreviations used in addresses, and Appendix F for a complete list.). If you run out of space here use the Supplemental field to record the less important elements of a street address, such as an apartment number. Do not omit those elements needed to locate the address in a census tract, such as building number, full street name and street type. If there is not enough room for the *entire* apartment/unit number, put this in the Supplemental field rather than truncate it here.

If **only** a mailing address (such as a PO Box or delivery route number) is available, that should be entered here. If both a street address and mailing address are available, please enter the building number and street first and the mailing address second (or put the mailing address in the Supplemental field).

Do NOT update this field for a given primary if the patient's address changes after diagnosis.

Some standard postal abbreviations follow. The complete list is in Appendix F.

| | | | | | |
|---|---|---|---|---|---|
| Avenue | **AVE** | Heights | **HTS** | Road | **RD** |
| Boulevard | **BLVD** | Highway | **HWY** | Route | **RTE** |
| Building | **BLDG** | Lane | **LN** | Square | **SQ** |
| Circle | **CIR** | Manor | **MNR** | Street | **ST** |
| Court | **CT** | Mountain | **MTN** | Terrace | **TER** |
| Crescent | **CRES** | Parkway | **PKWY** | Trail | **TRL** |
| Drive | **DR** | Place | **PL** | Turnpike | **TPKE** |
| Extension | **EXT** | Plaza | **PLZ** | Village | **VLG** |
| Gardens | **GDNS** | Point | **PT** | | |

If the street address cannot be determined, enter "**Unknown**". Do not leave this field empty, or we will have to assume that it was left incomplete accidentally.

## Street Address at Diagnosis -- Supplemental

NAACCR Version 11.1 field "Addr at DX--Supplementl", Item 2335, columns 2148-2187

This field contains address information that does not fit into or does not belong in the postal Street Address at Diagnosis field. Examples of information that may be recorded here include the name of the building or building complex in which the patient usually resides (such as Smith Nursing Home, Smith Mobile Home Park, Big Tower Apartments or MCI Townname), corresponding to the *street address* of the building that is recorded in the Street Address field. Any address that is too long to fit into the Street Address field (such as one that includes a residential address plus a mailing address) may be completed here. Address details (such as apartment/unit number, building number within a building complex, floor number, etc.) that don't fit fully into the Street Address field may also be entered here.

Leave the field empty if there is nothing that needs to be recorded here. Do NOT update the at-diagnosis address information if it changes after diagnosis. The field holds up to forty characters.

## City / Town at Diagnosis

NAACCR Version 11.1 field "Addr at DX--City", Item 70, columns 52-71

Enter the name of the city/town of residence. Use standard abbreviations. Include spaces for city/town names consisting of more than one word (**New_Bedford**). For patients using mailing addresses (such as post office boxes), try to determine the town (and street address) of residence. This may not be the mailing address' town or post office name. [For example, a patient's mailing address is a PO Box in Nashua, NH and the residence address is in Pepperell, MA . Report the residence address. Try to not mix the two addresses together (as in combining the MA street address with the New Hampshire town/state/ZIP Code.)]

If a patient's usual residence is in a foreign country, enter the name of the foreign city/town here. Space permitting, you may also enter the country's name here (the MCR does not collect the country's name or code in a separate field), or give us the foreign country name in the Comments/Narrative Remarks field.

Do not update this field for a given primary if the patient's address changes after diagnosis. If the city/town where the patient lived at the time of diagnosis cannot be determined, enter "**Unknown**". Do not leave this field empty.

## State at Diagnosis

NAACCR Version 11.1 field "Addr at DX--State", Item 80, columns 72-73

Enter the standard two-letter U.S. Postal Service abbreviation for the state/province of residence at diagnosis (see **Table III** on the next page). If the patient has multiple primaries, each address may be different for subsequent tumors. Do NOT update this field for a given primary if the patient's address changes after diagnosis.

If the patient lived outside the U.S. (including its territories, commonwealths/possessions in **Table III**) and outside Canada at diagnosis and the *country* of residence is *known*, enter **XX**.

If the patient lived outside the U.S. (including its territories, commonwealths/possessions in **Table III**) and outside Canada at diagnosis and the *country* is *un*known, enter **YY**.

If the patient lived inside the U.S. (including its territories, commonwealths/possessions listed in **Table III**) at diagnosis, but the specific *state/territory* is *unknown*, enter **US**.

If the patient lived in Canada at diagnosis, but the specific province is *unknown*, enter **CD**.

If the country is *completely* unknown, enter **ZZ**.

For foreign (non-U.S./Canadian) residents, the MCR does *not* collect country name/code in its own field. You may include the country name in the City / Town field if it will fit, or give it to us in the Comments/Narrative Remarks field.

page last updated July 2007

**Deleted:** or Canada
**Deleted:** *province*
**Deleted:** ZZ
**Formatted:** Font: 10 pt
**Formatted:** Font: Bold
**Deleted:** (i.e., you cannot even determine if the address is in the U.S./Canada or not)
**Formatted:** Font: 11 pt

page last updated July 2007

# Table III

## Common Codes for State at Diagnosis

United States:

| State | Code | State | Code | State | Code |
|---|---|---|---|---|---|
| Alabama | **AL** | Kentucky | **KY** | North Dakota | **ND** |
| Alaska | **AK** | Louisiana | **LA** | Ohio | **OH** |
| Arizona | **AZ** | Maine | **ME** | Oklahoma | **OK** |
| Arkansas | **AR** | Maryland | **MD** | Oregon | **OR** |
| California | **CA** | Massachusetts | **MA** | Pennsylvania | **PA** |
| Colorado | **CO** | Michigan | **MI** | Rhode Island | **RI** |
| Connecticut | **CT** | Minnesota | **MN** | South Carolina | **SC** |
| Delaware | **DE** | Mississippi | **MS** | South Dakota | **SD** |
| District of Columbia | **DC** | Missouri | **MO** | Tennessee | **TN** |
| Florida | **FL** | Montana | **MT** | Texas | **TX** |
| Georgia | **GA** | Nebraska | **NE** | Utah | **UT** |
| Hawaii | **HI** | Nevada | **NV** | Vermont | **VT** |
| Idaho | **ID** | New Hampshire | **NH** | Virginia | **VA** |
| Illinois | **IL** | New Jersey | **NJ** | Washington | **WA** |
| Indiana | **IN** | New Mexico | **NM** | West Virginia | **WV** |
| Iowa | **IA** | New York | **NY** | Wisconsin | **WI** |
| Kansas | **KS** | North Carolina | **NC** | Wyoming | **WY** |
| | | | | unknown; US, NOS | **US** |

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Canada:

| Province | Code |
|---|---|
| Alberta | **AB** |
| British Columbia | **BC** |
| Manitoba | **MB** |
| Labrador | **NL** |
| New Brunswick | **NB** |
| Newfoundland | **NL** |
| Northwest Territories | **NT** |
| Nova Scotia | **NS** |
| Nunavut | **NU** |
| Ontario | **ON** |
| Prince Edward Island | **PE** |
| Quebec | **QC** |
| Saskatchewan | **SK** |
| Yukon Territory | **YT** |
| unknown; Canada, NOS | **CD** |

U.S. Territories/Commonwealths/Possessions:

| Locality | Code |
|---|---|
| American Samoa | **AS** |
| Federated States of Micronesia | **FM** |
| Guam | **GU** |
| Marshall Islands | **MH** |
| Minor Outlying Islands | **UM** |
| Northern Mariana Islands | **MP** |
| Palau (Belau) | **PW** |
| Puerto Rico | **PR** |
| Trust Territories | **TT** |
| Virgin Islands | **VI** |
| unknown; US, NOS | **US** |

Other codes:

| | |
|---|---|
| U.S. Armed Services, Americas* | **AA** |
| U.S. Armed Services, Africa, Canada, Europe, Middle East* | **AE** |
| U.S. Armed Services, Pacific* | **AP** |
| Not U.S./Canada, country known | **XX** |
| Not U.S./Canada, country unknown | **YY** |
| Complete unknown | **ZZ** |

Deleted: U.S., NOS; Canada, NOS;

* Army and Fleet Post Offices (APO, FPO)

ZIP / Postal Code at Diagnosis

NAACCR Version 11.1 field "Addr at DX--Postal Code", Item 100, columns 74-82

Enter the patient's 5-digit ZIP Code (or nine-digit ZIP+4 Code) corresponding to the Street Address at Diagnosis. If using a ZIP+4 Code do not enter a hyphen before the last four digits. If using a 5-digit ZIP Code, the digits are entered on the left, followed by four blanks. For Canadian residents, enter their 6-character alphanumeric Postal Code. Do NOT update this field for a given primary if the patient's address changes after diagnosis.

For foreign (non-U.S./Canadian) residents, enter the foreign Postal Code if available. Use **888888888** (or **88888**_ _ _ _) for foreign residents if the foreign Postal Code is unknown.

Enter **999999999** (or **99999**_ _ _ _) for U.S./Canadian residents if the patient's ZIP/Postal Code is unknown.

Enter **999999999** (or **99999**_ _ _ _) if the country of residence is completely unknown (i.e., you cannot even determine if the patient lives inside or outside the U.S./Canada).

**Current Address**

These fields record the patient's current address when you are abstracting the case. Once sent to the MCR, this address does not have to be updated for us. These fields are optional but it is important for us to know when the Address at Diagnosis that we receive from you is really a current address. If you are NOT sending both a known Address At Diagnosis and a known Current Address, please use the Comments/Narrative Remarks field to make the address/time situation clear to us, or use the appropriate "unknown" values for each field as specified in data standards. Because these items are optional they may be left empty. Entries and codes for the Current Address fields are comparable to the Address at Diagnosis fields:

Street Address -- Current

NAACCR Version 11.1 field "Addr Current--No & Street", Item 2350, columns 2188-2227

Street Address -- Current -- Supplemental

NAACCR Version 11.1 field "Addr Current--Supplementl", Item 2355, columns 2228-2267

City / Town -- Current

NAACCR Version 11.1 field "Addr Current--City", Item 1810, columns 1307-1326

State -- Current

NAACCR Version 11.1 field "Addr Current--State", Item 1820, columns 1327-1328

ZIP / Postal Code -- Current

NAACCR Version 11.1 field "Addr Current--Postal Code", Item 1830, columns 1329-1337

## Sex

NAACCR Version 11.1 Item 220, column 118

Enter the appropriate code for the patient's sex/gender:

| Sex | Code |
|---|---|
| male | **1** |
| female | **2** |
| other (including hermaphrodite and persons with sex chromosome abnormalities) | **3** |
| transsexual (surgically altered gender; persons who have undergone sex-change surgery) | **4** |
| not stated | **9***|

* Avoid this code! Disease rates cannot be calculated for unknown gender because population data cannot be assigned.

If the patient's gender is very unusual for his or her first name (a boy named "Sue", for example, or a nun who has taken the name Sister "Thomas") but you have verified that both gender code and first name are correct, please put a note in the Comments/Narrative Remarks field. The MCR does quality control checks on unusual first name/gender code combinations.

## Marital Status at Diagnosis

NAACCR Version 11.1 field "Marital Status at DX", Item 150, column 102

Enter the patient's marital status at the time of initial diagnosis for each primary (case). This field is often important when a patient's last name or residential (address) history is being researched because a change in marital status often results in other such changes.

If the patient is under 15 years of age, assume s/he has never married and enter **1**. Do not update this field for a given primary if the Marital Status changes after diagnosis. Marital Status may be coded differently for different primaries for a patient, but code **1** is *only* meant to be used when the patient has never been married. The field should not be left empty, and it is **NOT optional**.

| Marital Status at Diagnosis | Code |
|---|---|
| single (has *never* been married) | **1** |
| married (including common law) | **2** |
| separated | **3** |
| divorced | **4** |
| widowed | **5** |
| unknown | **9** |

## Patient Race(s)

Race data are important in public health research. If information regarding a patient's race is not recorded on the face sheet of the medical record, every attempt should be made to find it in the history and physical examination or other parts of the medical record.

Up to five different races may be coded for each patient in accordance with U.S. Census Bureau procedures. [In the 2000 Decennial Census about 150,000 Massachusetts residents (~2.3 % of the population) described themselves as multiracial. These tended to be young people, however, so the percentage of *cancer patients* who are multiracial will be much smaller at this time.]

For patients diagnosed in 2000 and later all five race fields must contain a valid code and none may be empty; for cases diagnosed before 2000 if the patient has no case diagnosed in 2000 or later, you should leave fields Race 2-Race 5 empty (because truly, you don't know if the person was multiracial or not). If a patient with a 2000 (or later) diagnosis also had a diagnosis from an earlier year, be sure that the complete race information (all five fields) is coded for *both* cases.

When coding race it is important to remember that race is defined by specific physical heredity or origin -- NOT by birthplace, place of residence, language or citizenship. An exception to this rule involves the use of "Asian, NOS" and a race assumption based on an Asian birthplace -- see footnote #2 on each table of race codes that follows for details. [When specific race information is unavailable, SEER now allows a "default" race to be coded in some circumstances based on nationality or description of the patient's origin, if there is no reason to think that this race would be incorrect (rule's first appearance was in the *SEER Program Coding and Staging Manual 2004*, pages 46-57 and its Appendix D); this applies to SEER and central registries rather than to reporting facilities. SEER also recommends using a narrative to document race code choices.] More specific death certificate information about race may be used only when the patient's race was unknown to the central registry.

For patients described by a single race, code this in the Race 1 field, and fill Race 2, Race 3, Race 4 and Race 5 with code **88** (meaning "no further races are recorded"). For multiracial patients fill in the race fields with the appropriate codes (using the rules below and on page 62) to describe the patient's races, and fill remaining fields with **88** when no further races are documented.

There are not many special guidelines for determining *which* race should be considered "Race 1" for multiracial patients beyond the rules which follow. If the medical record has conflicting information (e.g., a patient described in one place as "Black and Korean" and in another as "Korean and Black"), the code order is arbitrary. It is important to understand that Race 1 will *not always* reflect a multiracial patient's "main" race -- for example, someone with one Black grandparent and three White grandparents is assigned Race 1=Black and Race 2=White in accordance with the rules on the next page.

page last updated April 2006

Race 1 should indicate the "primary" race of a multiracial patient, or the race that the patient identified first, with the following provisions:

- If a patient's race is recorded as a combination of White and any other race(s), code the *other* race(s) before White.

  *Example*: Patient is recorded "White and Native American". Code Race 1 as **03** for American Indian, Race 2 as **01** for White, and Races 3/4/5 as **88**.

- If a patient is a combination of Hawaiian and any other race(s), code Hawaiian first.

  *Example*: Patient is recorded "Japanese and Native Hawaiian". Code Race 1 as **07** for Native Hawaiian, Race 2 as **05** for Japanese, and Races 3/4/5 as **88**.

- Otherwise, code Race 1 as the first recorded non-White race.
- Code **96** is used for two different categories of Asians. **96** may denote "Asian, NOS" *or* it may indicate some *specific* Asian race not covered by the main Asian codes. Do *not* use **96** for "Asian, NOS" in a subsequent field if a specific Asian race has already been coded.

  *Example*: Patient is "Vietnamese and some other Asian race". Code Race 1 as **10** for Vietnamese and Races 2/3/4/5 **88**. Do *not* enter **96** for the additional Asian multiracial information; the patient is coded as if *completely* Vietnamese.

- **99** can only be used when all five race fields are filled with it. A multiracial person cannot be coded, for example, as "Chinese and some unknown race". If a multiracial heredity is only partially known, it is probably best to code just the known information.

If a patient's race is unknown s/he may be multiracial, so all five fields must be coded **99** to indicate unknown race*s*.

Code **88** for "no further race(s) documented" is not valid for the Race 1 field.

Among the five fields, *except for codes **88** and **99***, a race code may be used only once.

*Example*: If a patient (often a child) is described as "Black/White and Black/Asian" (i.e., the patient's parents are both multiracial), do not code Black twice. Race 1 is **02** for Black, Race 2 is **96** for Asian, Race 3 is **01** for White, and Races 4/5 are **88**.

## Race 1

NAACCR Version 11.1 Item 160, columns 103-104

Use the following codes to enter the patient's single race, or the first of multiple races:

| Race 1 | Code | Race 1 | Code |
|---|---|---|---|
| White; Caucasian[1] | **01** | Chamorran | **21** |
| Black; African American; Negro | **02** | Guamanian, NOS | **22** |
| American Indian; Aleutian; Eskimo; Native North, South or Central American | **03** | Polynesian, NOS | **25** |
| | | Tahitian | **26** |
| Chinese | **04** | Samoan | **27** |
| Japanese | **05** | Tongan | **28** |
| Filipino | **06** | Melanesian, NOS | **30** |
| Hawaiian (Native) | **07** | Fiji Islander | **31** |
| Korean | **08** | New Guinean | **32** |
| Asian Indian; Pakistani | **09** | Asian, NOS[2]; Oriental, NOS[2]; other Asian race (including Bangladeshi, Bhutanese, Burmese/Myanmaran, Indonesian, Nepalese, Sikkimese, Sri Lankan) | **96** |
| Vietnamese | **10** | | |
| Laotian | **11** | | |
| Hmong | **12** | | |
| Kampuchean; Cambodian; Khmer | **13** | Pacific Islander, NOS | **97** |
| Thai | **14** | some other known race[3] | **98** |
| Micronesian, NOS | **20** | unknown[4] | **99** |

[1] The Office of Management and Budget defines this category to include people with origins in Europe, the Middle East and North Africa. If the medical record does not specify race, and the patient is described as Mexican, Puerto Rican, Cuban, South American or Central American, code the patient as White.

[2] When a patient's race is recorded only as "Asian" or "Oriental" and the Birthplace is a specific Asian nation synonymous with one of the specific Asian race codes above, use the specific race code. For example, if the patient is described just as "Asian" and was born in Japan, enter code **05** for Japanese rather than **96**.

[3] This race can't be assigned to one of the codes **01** - **97**.

[4] All five race fields must be **99** if the patient's race is unknown. Code partial race information if possible.

Race 2

NAACCR Version 11.1 Item 161, columns 105-106

Use the following codes to enter the patient's second race (enter **88** if the patient is not multiracial):

| Race 2 | Code | Race 2 | Code |
|---|---|---|---|
| White; Caucasian[1] | **01** | Guamanian, NOS | **22** |
| Black; African American; Negro | **02** | Polynesian, NOS | **25** |
| American Indian; Aleutian; Eskimo; Native North, South or Central American | **03** | Tahitian | **26** |
| | | Samoan | **27** |
| Chinese | **04** | Tongan | **28** |
| Japanese | **05** | Melanesian, NOS | **30** |
| Filipino | **06** | Fiji Islander | **31** |
| Hawaiian (Native) | **07** | New Guinean | **32** |
| Korean | **08** | no further race(s) documented; patient not multiracial | **88** |
| Asian Indian; Pakistani | **09** | | |
| Vietnamese | **10** | Asian, NOS[2]; Oriental, NOS[2]; other Asian race (including Bangladeshi, Bhutanese, Burmese/Myanmaran, Indonesian, Nepalese, Sikkimese, Sri Lankan) | **96** |
| Laotian | **11** | | |
| Hmong | **12** | | |
| Kampuchean; Cambodian; Khmer | **13** | | |
| Thai | **14** | Pacific Islander, NOS | **97** |
| Micronesian, NOS | **20** | some other known race[3] | **98** |
| Chamorran | **21** | unknown[4] | **99** |

[1] The Office of Management and Budget defines this category to include people with origins in Europe, the Middle East and North Africa. If the medical record does not specify race, and the patient is described as Mexican, Puerto Rican, Cuban, South American or Central American, code the patient as White.

[2] When a patient's race is recorded only as "Asian" or "Oriental" and the Birthplace is a specific Asian nation synonymous with one of the specific Asian race codes above, use the specific race code. For example, if the patient is described just as "Black and Asian" and was born in Japan, enter code **05** (Japanese)for Race 2 rather than **96**.

[3] This race can't be assigned to one of the codes **01** - **97**.

[4] All five race fields must be **99** if the patient's race is unknown. Code partial race information if possible.

## Race 3

NAACCR Version 11.1 Item 162, columns 107-108

Use the following codes to enter the patient's third race (enter **88** if the patient is not multiracial, or if the patient has only two races):

| Race 3 | Code | Race 3 | Code |
|---|---|---|---|
| White; Caucasian[1] | **01** | Guamanian, NOS | **22** |
| Black; African American; Negro | **02** | Polynesian, NOS | **25** |
| American Indian; Aleutian; Eskimo; Native North, South or Central American | **03** | Tahitian | **26** |
| | | Samoan | **27** |
| Chinese | **04** | Tongan | **28** |
| Japanese | **05** | Melanesian, NOS | **30** |
| Filipino | **06** | Fiji Islander | **31** |
| Hawaiian (Native) | **07** | New Guinean | **32** |
| Korean | **08** | no further race(s) documented | **88** |
| Asian Indian; Pakistani | **09** | Asian, NOS[2]; Oriental, NOS[2]; other Asian race (including Bangladeshi, Bhutanese, Burmese/Myanmaran, Indonesian, Nepalese, Sikkimese, Sri Lankan) | **96** |
| Vietnamese | **10** | | |
| Laotian | **11** | | |
| Hmong | **12** | | |
| Kampuchean; Cambodian; Khmer | **13** | Pacific Islander, NOS | **97** |
| Thai | **14** | some other known race[3] | **98** |
| Micronesian, NOS | **20** | unknown[4] | **99** |
| Chamorran | **21** | | |

[1] The Office of Management and Budget defines this category to include people with origins in Europe, the Middle East and North Africa. If the medical record does not specify race, and the patient is described as Mexican, Puerto Rican, Cuban, South American or Central American, code the patient as White.

[2] When a patient's race is recorded only as "Asian" or "Oriental" and the Birthplace is a specific Asian nation synonymous with one of the specific Asian race codes above, use the specific race code. For example, if the patient's third race is described just as "Asian" and he/she was born in Japan, enter code **05** for Japanese rather than **96**.

[3] This race can't be assigned to one of the codes **01** - **97**.

[4] All five race fields must be **99** if the patient's race is unknown. Code partial race information if possible.

**Race 4**

NAACCR Version 11.1 Item 163, columns 109-110

Use the following codes to enter the patient's fourth race (enter **88** if the patient is not multiracial, or if the patient has only three races):

| Race 4 | Code | Race 4 | Code |
|---|---|---|---|
| White; Caucasian[1] | **01** | Guamanian, NOS | **22** |
| Black; African American; Negro | **02** | Polynesian, NOS | **25** |
| American Indian; Aleutian; Eskimo; Native North, South or Central American | **03** | Tahitian | **26** |
| | | Samoan | **27** |
| Chinese | **04** | Tongan | **28** |
| Japanese | **05** | Melanesian, NOS | **30** |
| Filipino | **06** | Fiji Islander | **31** |
| Hawaiian (Native) | **07** | New Guinean | **32** |
| Korean | **08** | no further race(s) documented | **88** |
| Asian Indian; Pakistani | **09** | Asian, NOS[2]; Oriental, NOS[2]; other Asian race (including Bangladeshi, Bhutanese, Burmese/Myanmaran, Indonesian, Nepalese, Sikkimese, Sri Lankan) | **96** |
| Vietnamese | **10** | | |
| Laotian | **11** | | |
| Hmong | **12** | | |
| Kampuchean; Cambodian; Khmer | **13** | Pacific Islander, NOS | **97** |
| Thai | **14** | some other known race[3] | **98** |
| Micronesian, NOS | **20** | unknown[4] | **99** |
| Chamorran | **21** | | |

[1] The Office of Management and Budget defines this category to include people with origins in Europe, the Middle East and North Africa. If the medical record does not specify race, and the patient is described as Mexican, Puerto Rican, Cuban, South American or Central American, code the patient as White.

[2] When a patient's race is recorded only as "Asian" or "Oriental" and the Birthplace is a specific Asian nation synonymous with one of the specific Asian race codes above, use the specific race code. For example, if the patient's fourth race is described just as "Asian" and he/she was born in Japan, enter code **05** for Japanese rather than **96**.

[3] This race can't be assigned to one of the codes **01** - **97**.

[4] All five race fields must be **99** if the patient's race is unknown. Code partial race information if possible.

## Race 5

NAACCR Version 11.1 Item 164, columns 111-112

Use the following codes to enter the patient's fifth race (enter **88** if the patient is not multiracial, or if the patient has only four races):

| Race 5 | Code | Race 5 | Code |
|---|---|---|---|
| White; Caucasian[1] | **01** | Guamanian, NOS | **22** |
| Black; African American; Negro | **02** | Polynesian, NOS | **25** |
| American Indian; Aleutian; Eskimo; Native North, South or Central American | **03** | Tahitian | **26** |
| | | Samoan | **27** |
| Chinese | **04** | Tongan | **28** |
| Japanese | **05** | Melanesian, NOS | **30** |
| Filipino | **06** | Fiji Islander | **31** |
| Hawaiian (Native) | **07** | New Guinean | **32** |
| Korean | **08** | no further race documented | **88** |
| Asian Indian; Pakistani | **09** | Asian, NOS[2]; Oriental, NOS[2]; other Asian race (including Bangladeshi, Bhutanese, Burmese/Myanmaran, Indonesian, Nepalese, Sikkimese, Sri Lankan) | **96** |
| Vietnamese | **10** | | |
| Laotian | **11** | | |
| Hmong | **12** | | |
| Kampuchean; Cambodian; Khmer | **13** | Pacific Islander, NOS | **97** |
| Thai | **14** | some other known race[3] | **98** |
| Micronesian, NOS | **20** | unknown[4] | **99** |
| Chamorran | **21** | | |

[1] The Office of Management and Budget defines this category to include people with origins in Europe, the Middle East and North Africa. If the medical record does not specify race, and the patient is described as Mexican, Puerto Rican, Cuban, South American or Central American, code the patient as White.

[2] When a patient's race is recorded only as "Asian" or "Oriental" and the Birthplace is a specific Asian nation synonymous with one of the specific Asian race codes above, use the specific race code. For example, if the patient's fifth race is described just as "Asian" and he/she was born in Japan, enter code **05** for Japanese rather than **96**.

[3] This race can't be assigned to one of the codes **01** - **97**.

[4] All five race fields must be **99** if the patient's race is unknown. Code partial race information if possible.

Spanish/Hispanic Origin

NAACCR Version 11.1 Item 190, column 115

In the absence of specific information in the medical record, this field is used to reflect the "best guess" as to whether or not the patient should be classified as Spanish/Hispanic for purposes of calculating cancer statistics. Information on Spanish/Hispanic Origin may be found in the medical record. *All information sources* should be used to determine the best code, including stated ethnicity, Birthplace, personal history and language spoken, and maiden name/surname. Persons with Spanish surname/origin may be of *any* race(s); therefore, coding should be independent of race. Spanish/Hispanic origin is not necessarily synonymous with birth in a Spanish-language country; use Birthplace as a guide in determining the correct code, but do not rely on it exclusively. (The MCR may code some patients as Hispanic based solely on Birthplace if no other information becomes available to us.) Native Americans, Filipinos, and Portuguese/Cape Verdeans/Azoreans often have Hispanic names but they are not Hispanic. The following codes are used for this field:

| Origin | Code |
|---|---|
| non-Spanish; non-Hispanic<br>(including Brazilians, Portuguese, Cape Verdeans and Filipinos) | **0** |
| Mexican; Chicano | **1** |
| Puerto Rican | **2** |
| Cuban | **3** |
| Central American or South American *except* Brazilian* | **4** |
| other specific Spanish/Hispanic origin (including Spanish Europeans) | **5** |
| Spanish/Hispanic/Latino, NOS/Latina, NOS<br>(There is evidence other than surname/maiden name that the person is Hispanic, but he/she cannot be assigned to any of the categories **1**-**5**.) | **6** |
| Spanish surname only**<br>(The *only* evidence of person's possible Hispanic origin is maiden name/surname, and there is no evidence that the patient is non-Hispanic.) | **7** |
| Dominican Republic origin*** | **8** |
| unknown whether Spanish/Hispanic or not**** | **9** |

* Code Brazilians as non-Hispanic (**0**). Other Central and South American countries include Argentina, Belize, Bolivia, Chile, Colombia, Costa Rica, Ecuador, El Salvador, Guatemala, Guyana, Honduras, Nicaragua, Panama, Paraguay, Peru, Suriname, Uruguay and Venezuela.

** See next page for details.

*** A separate code for Dominicans was introduced for patients diagnosed beginning in 2005. (**5** would have been the appropriate code in the past.) You do not need to change the code for any Dominicans diagnosed before 2005, but if a patient with a pre-2005 diagnosis also has a 2005 or later diagnosis, the code should be updated to **8**.

**** Use this code sparingly! If the medical record indicates nothing about Hispanic origin, and the maiden name/surname is not typically Hispanic, do not be afraid to code the person as non-Hispanic if this is where your best judgment of the medical record information leads.

**Using Spanish Surnames/Maiden Names** (when all else fails) **and Code 7**

Although someone of Spanish origin may have *any* name, and someone *not* of Spanish origin may have a name that is "typically" Spanish, we would prefer a code based on name alone rather than a complete unknown. Entering **7** (for "Spanish surname *only*") does NOT mean that the patient is Hispanic; it means that the person's *name* is typically Spanish.

Information in the medical record on Hispanic ethnicity always takes precedence over assumptions based solely on name. If the medical record describes the patient as Hispanic, Mexican, Puerto Rican, Cuban, Dominican or another specific origin (codes **1**-**6** or **8**) enter the appropriate code *regardless* of whether the surname/maiden name is typically Hispanic.

If the patient has a Spanish surname/maiden name, but the medical record indicates that he/she is not of Spanish origin, enter **0** (for "non-Hispanic").

Lacking further information, the list on the following pages may be used to identify which names most commonly belong to those of Spanish origin. Researchers at the U.S. Census Bureau found that over 75% of individuals having each of these common surnames identified themselves as being of Spanish origin in the 1990 Census. Persons with these 639 surnames combined comprised over two-thirds of the U.S. Spanish-origin population. This list does not necessarily apply well to surnames in Massachusetts (Duarte and Pacheco are also common Portuguese names here), but this is a national standard list for broad comparability.

If the medical record contains no useful information on Spanish origin, and if the patient's surname/maiden name matches one of the names listed, and nothing in the medical record indicates that the patient is *not* Spanish/Hispanic, enter code **7** (*not* code 6). If, however, the patient's name does *not* appear on this list, DO NOT AUTOMATICALLY ASSUME that the patient is non-Hispanic; use your best judgment to determine the best code.

Exceptions: If the surname/maiden name contains the letter "**k**" or "**w**" and the medical record does not indicate that the person is Hispanic, assume s/he is non-Hispanic and enter **0**. "K" and "w" are virtually *never* in Spanish surnames, although they may be in "Americanized" versions of originally Spanish surnames (Barrows, Roderick).

*Examples*:

Name is "John Howard". Medical record indicates that he *is Hispanic*. Enter **6** for Hispanic, NOS.

Name is "John Howard". Medical record has *no* information on Hispanic ethnicity. Enter code **0** for assumed non-Hispanic based on the "w" in the surname.

Name is "John Abeyta". Medical record indicates that he is *not* Hispanic. Enter code **0** because the medical record information takes precedence over the name.

Name is "John Abeyta". Medical record has *no* information on Hispanic ethnicity. Enter **7** because the surname appears in the Census list.

## PATIENT INFORMATION cont.

source: David L. Word & R. Colby Perkins, Jr., Technical Working Paper No. 13 -- "Building a Spanish Surname List for the 1990's", U.S. Bureau of the Census Population Division, March 1996.

Abeyta
Abrego
Abreu
Acevedo
Acosta
Acuna
Adame
Adorno
Agosto
Aguayo
Aguilar
Aguilera
Aguirre
Alanis
Alaniz
Alarcon
Alba
Alcala
Alcantar
Alcaraz
Alejandro
Aleman
Alfaro
Alicea
Almanza
Almaraz
Almonte
Alonso
Alonzo
Altamirano
Alva
Alvarado
Alvarez
Amador
Amaya
Anaya
Anguiano
Angulo
Aparicio
Apodaca
Aponte
Aragon
Arana
Aranda
Arce
Archuleta
Arellano
Arenas
Arevalo
Arguello
Arias
Armas
Armendariz
Armenta
Armijo
Arredondo
Arreola
Arriaga
Arroyo
Arteaga
Atencio
Avalos
Avila
Aviles
Ayala
Baca
Badillo
Baez
Baeza
Bahena
Balderas
Ballesteros
Banda
Banuelos
Barajas
Barela
Barragan
Barraza
Barrera
Barreto
Barrientos
Barrios
Batista
Becerra
Beltran
Benavides
Benavidez
Benitez
Bermudez
Bernal
Berrios
Betancourt
Blanco
Bonilla
Borrego
Botello
Bravo
Briones
Briseno
Brito
Bueno
Burgos
Bustamante
Bustos
Caballero
Caban
Cabrera
Cadena
Caldera
Calderon
Calvillo
Camacho
Camarillo
Campos
Canales
Candelaria
Cano
Cantu
Caraballo
Carbajal
Cardenas
Cardona
Carmona
Carranza
Carrasco
Carrasquillo
Carreon
Carrera
Carrero
Carrillo
Carrion
Carvajal
Casanova
Casares
Casarez
Casas
Casillas
Castaneda
Castellanos
Castillo
Castro
Cavazos
Cazares
Ceballos
Cedillo
Ceja
Centeno
Cepeda
Cerda
Cervantes
Cervantez
Chacon
Chapa
Chavarria
Chavez
Cintron
Cisneros
Collado
Collazo
Colon
Colunga
Concepcion
Contreras
Cordero
Cordova
Cornejo
Corona
Coronado
Corral
Corrales
Correa
Cortes
Cortez
Cotto
Covarrubias
Crespo
Cruz
Cuellar
Curiel
Davila
Deanda
Dejesus
Delacruz
Delafuente
Delagarza
Delao
Delapaz
Delarosa
Delatorre
Deleon
Delgadillo
Delgado
Delrio
Delvalle
Diaz
Dominguez
Dominquez
Duarte
Duenas
Duran
Echevarria
Elizondo
Enriquez
Escalante
Escamilla
Escobar
Escobedo
Esparza
Espinal
Espino
Espinosa
Espinoza
Esquibel
Esquivel
Estevez
Estrada
Fajardo
Farias
Feliciano
Fernandez
Ferrer
Fierro
Figueroa
Flores
Florez
Fonseca
Franco
Frias
Fuentes
Gaitan
Galarza
Galindo
Gallardo
Gallegos
Galvan
Galvez
Gamboa
Gamez
Gaona
Garay
Garcia
Garibay
Garica
Garrido
Garza
Gastelum
Gaytan
Gil
Giron
Godinez

Godoy
Gomez
Gonzales
Gonzalez
Gracia
Granado
Granados
Griego
Grijalva
Guajardo
Guardado
Guerra
Guerrero
Guevara
Guillen
Gurule
Gutierrez
Guzman
Haro
Henriquez
Heredia
Hernadez
Hernandes
Hernandez
Herrera
Hidalgo
Hinojosa
Holguin
Huerta
Hurtado
Ibarra
Iglesias
Irizarry
Jaime
Jaimes
Jaquez
Jaramillo
Jasso
Jimenez
Jiminez
Juarez
Jurado
Laboy
Lara
Laureano
Leal
Lebron
Ledesma
Leiva
Lemus
Leon
Lerma
Leyva
Limon
Linares
Lira
Llamas
Loera
Lomeli
Longoria
Lopez
Lovato
Loya
Lozada
Lozano
Lucero
Lucio
Luevano
Lugo
Lujan
Luna
Macias
Madera
Madrid
Madrigal
Maestas
Magana
Malave
Maldonado
Manzanares
Mares
Marin
Marquez
Marrero
Marroquin
Martinez
Mascarenas
Mata
Mateo
Matias
Matos
Maya
Mayorga
Medina
Medrano
Mejia
Melendez
Melgar
Mena
Menchaca
Mendez
Mendoza
Menendez
Meraz
Mercado
Merino
Mesa
Meza
Miramontes
Miranda
Mireles
Mojica
Molina
Mondragon
Monroy
Montalvo
Montanez
Montano
Montemayor
Montenegro
Montero
Montes
Montez
Montoya
Mora
Morales
Morena
Mota
Moya
Munguia
Muniz
Munoz
Murillo
Muro
Najera
Naranjo
Narvaez
Nava
Navarrete
Navarro
Nazario
Negrete
Negron
Nevarez
Nieto
Nieves
Nino
Noriega
Nunez
Ocampo
Ocasio
Ochoa
Ojeda
Olivares
Olivarez
Olivas
Olivera
Olivo
Olmos
Olvera
Ontiveros
Oquendo
Ordonez
Orellana
Ornelas
Orosco
Orozco
Orta
Ortega
Ortiz
Osorio
Otero
Ozuna
Pabon
Pacheco
Padilla
Padron
Paez
Pagan
Palacios
Palomino
Palomo
Pantoja
Paredes
Parra
Partida
Patino
Paz
Pedraza
Pedroza
Pelayo
Pena
Perales
Peralta
Perea
Peres
Perez
Pichardo
Pino
Pineda
Pizarro
Polanco
Ponce
Porras
Portillo
Posada
Prado
Preciado
Prieto
Puente
Puga
Pulido
Quesada
Quezada
Quinones
Quinonez
Quintana
Quintanilla
Quintero
Quiroz
Rael
Ramirez
Ramon
Ramos
Rangel
Rascon
Raya
Razo
Regalado
Rendon
Renteria
Resendez
Reyes
Reyna
Reynoso
Rico
Rincon
Riojas
Rios
Rivas
Rivera
Rivero
Robledo
Robles
Rocha
Rodarte
Rodrigez
Rodriguez
Rodriquez
Rojas
Rojo
Roldan
Rolon
Romero
Romo
Roque
Rosado
Rosales
Rosario
Rosas
Roybal
Rubio
Ruelas
Ruiz
Ruvalcaba

Saavedra
Saenz
Saiz
Salas
Salazar
Salcedo
Salcido
Saldana
Saldivar
Salgado
Salinas
Samaniego
Sanabria
Sanches
Sanchez
Sandoval
Santacruz
Santana
Santiago
Santillan
Sarabia
Sauceda
Saucedo
Sedillo
Segovia
Segura
Sepulveda
Serna
Serrano
Serrato
Sevilla
Sierra
Sisneros
Solano
Solis
Soliz
Solorio
Solorzano
Soria
Sosa
Sotelo
Soto
Suarez
Tafoya
Tamayo
Tamez
Tapia
Tejada
Tejeda
Tellez
Tello
Teran
Terrazas
Tijerina
Tirado
Toledo
Toro
Torres
Torrez
Tovar
Trejo
Trevino
Trujillo
Ulibarri
Ulloa
Urbina
Urena
Urias
Uribe
Urrutia
Vaca
Valadez
Valdes
Valdez
Valdivia
Valencia
Valentin
Valenzuela
Valladares
Valle
Vallejo
Valles
Valverde
Vanegas
Varela
Vargas
Vasquez
Vazquez
Vega
Vela
Velasco
Velasquez
Velazquez
Velez
Veliz
Venegas
Vera
Verdugo
Verduzco
Vergara
Viera
Vigil
Villa
Villagomez
Villalobos
Villalpando
Villanueva
Villareal
Villarreal
Villasenor
Villegas
Yanez
Ybarra
Zambrano
Zamora
Zamudio
Zapata
Zaragoza
Zarate
Zavala
Zayas
Zelaya
Zepeda
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## Tobacco History

NAACCR Version 11.1 Item 340, column 224

It is important for the MCR to collect information on tobacco use for as many cancer patients as possible, regardless of diagnosis, so this field is **NOT optional**. This information can often be found in the medical record in the patient history and physical examination, anesthesia forms, nurses' notes, or social services notes. If necessary, the medical records of previous admissions should also be reviewed to see if there was past tobacco use for patients who are now non-users. Use the following codes for cases diagnosed beginning in 1996:

| **History** | **Code** |
|---|---|
| never used tobacco | **0** |
| cigarette smoker, current | **1** |
| cigar or pipe smoker, current | **2** |
| snuff/chew/smokeless tobacco user, current | **3** |
| combination tobacco use, current | **4** |
| previous tobacco use | **5** |
| unknown | **9** |

## Occupation and Industry

Information on the occupation and industry of cancer patients can be used in research on possible links between workplace exposures and cancer. In addition, occupation and industry information can be useful in identifying groups of workers in particular need of preventive services or screening regardless of whether or not their cancers were *caused* by their work. Because these studies rely on comparisons between different occupations and industries, it is important to collect accurate information for all cancer patients, regardless of age, sex, occupation or diagnosis. Occupation and industry information from the central registry is often used by researchers as a partial proxy indicator of socioeconomic status. Specific occupational information can also help identify a patient being reported by multiple hospitals in different ways (with different name spellings or birth dates, for example).

Information on occupation and industry may be found in a social history, nurses' notes, social services notes, admitting sheet, etc. It may be necessary to review multiple admission records. The MCR collects information on the patient's usual occupation and industry (meaning the type of job held during *most* of the person's working life -- the longest held job). This is not necessarily the patient's most recent job, especially for the elderly. Please make every attempt to determine the patient's usual occupation and industry. If the medical record only includes the type of business or employer's name, enter this partial information.

The following rules and guidelines apply to the occupation and industry fields:

- No occupation/industry information: When there is no information available for either occupation or industry, enter **Unknown** in both the Usual Occupation and Usual Industry/Type of Business fields. Do not use the term "none" which could mean that the individual has never worked. Please don't leave the fields empty or we will have to assume that the medical record has not yet been reviewed for this information.
- Incomplete information: You need not have specific information in both fields if it is unavailable. Enter **Unknown** in the Usual Industry field if information on occupation, but not industry, is available. Similarly, if only information on industry is available, enter **Unknown** for Usual Occupation.
- More than one occupation/industry: Try to determine the occupation/industry held during most of the patient's life; otherwise, list all occupations as space allows.
- Only a current occupation/industry listed: If you know only the most recent or current occupation/industry, record this. Adding **Current** to the text would be helpful.
- Housewives/persons at home: For patients who worked outside the home but spent most of their lives homemaking, use **Housewife** or **Househusband**. Record the patient's Usual Occupation outside home if s/he spent most of their time working outside home. If no information is available for an occupation outside the home, enter **At Home** or **Own Home** in the Usual Industry field, and **Housewife/husband** in the Usual Occupation field. (These terms are preferable to "homemaker" or "housekeeper", which can be confused with occupations outside the home.)

- Retired persons: Review the patient's record for information on a past occupation, industry or employer. *Only* when there is no information available, enter **Retired** in both the Usual Occupation and Usual Industry fields.
- Unemployed/disabled persons: Attempt to find a former occupation or industry for persons currently unemployed or disabled. If it is known that the patient has *never* worked, enter **Never Worked** in both Usual Occupation and Usual Industry fields.
- Children: If the patient is a child, please enter **Child** in both fields. *Note*: It is no longer necessary to search for a parent's occupation/industry.
- Students: If the patient is an adult and is a student, review the patient's record for information about any job which the student may have held previously or concurrently with attending school. If no information is available, enter **Student** in both fields.
- Armed Forces: If known, enter the branch of service (Army, Navy, etc.) in the Usual Industry field; if the branch is not known, enter **Armed Forces** or **Military**. The Armed Forces include both civilian and military occupations: for civilian occupations, enter the appropriate description (e.g., nurse, payroll clerk, cook) in the Usual Occupation field; for military occupations, provide the rank (e.g., private, sergeant, captain), if available, as well as the type of job (e.g., pilot, tank driver).

## Usual Occupation

NAACCR Version 11.1 field "Text--Usual Occupation", Item 310, columns 143-182

Enter the patient's "usual occupation", using up to forty characters. "Usual occupation" refers to the type of job the individual was engaged in for most of his/her working life (e.g., accountant, truck driver, teacher, auto mechanic, textile machine operator). If the patient is not employed at the time of diagnosis, make every attempt to determine the longest held occupation. Avoid general terms such as "student", "housewife", "retired", "unemployed" or "disabled" unless no other information regarding a previous occupation can be found.

Although any information is useful, please provide as detailed a description of occupation as possible, because this will allow for more accurate coding of the information.

*Examples*:

| Common entry | Preferable detailed entry |
|---|---|
| Analyst | computer systems analyst, financial analyst, food analyst |
| Computers | software engineer, computer assembler, computer repair |
| Construction worker | construction laborer, carpenter, plumber, electrician |
| Engineer | electrical engineer, chemical engineer, power plant engineer |
| Factory worker | assembler, lathe operator, stitcher, spray painter, riveter |
| Mechanic | auto mechanic, elevator mechanic, refrigeration mechanic |
| Painter | house painter, painting contractor, portrait painter |
| Teacher | art teacher, gym teacher, welding teacher |
| Technician | computer technician, X-ray technician |

## Usual Industry / Type of Business

NAACCR Version 11.1 field "Text--Usual Industry", Item 320, columns 183-222

Enter the industry associated with the patient's Usual Occupation, using up to forty characters.

"Industry / Type of Business" refers to the kind of activity at a person's workplace. "Usual Industry" is the type of work or activity carried on by the business at the location where the individual worked in his/her Usual Occupation (e.g., accounting firm, trucking company, elementary school, auto repair shop, furniture manufacturer).

If the medical record contains the employer's name but does *not* specify what type of work went on there, then you may enter just the employer's name here. Do not abbreviate the name unless the employer is very commonly known. Also, if you cannot determine the type of work carried on by the employer, include the city/town where employed (e.g., **General Electric, Lynn, MA**) as this can help identify the employer's industry and distinguish different branches of a company having the potential for different occupational exposures.

Do not be concerned about trying to record the exact employer name and location for every patient! It is only *types* of industry/business that can be coded easily. When you can determine what type of work was carried out at the employer's location, you need only describe this *type* of work. You only have to try and specify the exact employer name/location if you *cannot* determine that employer's type of business/activity.

For self-employed persons, do not just enter "self" or "own company" here! Is the patient a self-employed artist, lawyer, writer, caterer or dentist? Describe this person's type of business.

Avoid very general terms unless no other information can be found. Try to give sufficient detail so that someone can determine the actual business activity. For example, "automotive" could refer to manufacturing, car or parts sales, or repairs.

*Examples*:

| Common entry | Preferable detailed entry |
|---|---|
| Electrical | electrical products manufacture, electric utility, electric contractor |
| Health care | hospital, doctor's office, home health service |
| Lumber | logging, sawmill, retail lumberyard |
| Sales | auto dealership, realtor, book seller, telemarketing |
| Transportation | bus company, taxi, trucking, airline, railroad, travel agency |
| Utility | electric utility, gas utility, water utility, communications utility |

Name--Spouse/Parent

NAACCR Version 11.1 Item 2290, columns 2036-2085

Record the name of the patient's most recent spouse (if applicable, living or dead) or a parent (if the patient is a child) when this information is known to you. Leave the field empty if it's not applicable for a given patient or if the information is unavailable. Use any format you wish. The field is optional and is not planned for automated matching purposes at this time, so we will not try to limit its entry with too many data standards. It holds up to fifty characters.

*Example*: The medical record notes that the patient's spouse is Charles Smith. Enter **Charles_Smith**, **Smith_Charles** or just **Charles**.

In addition to helping clarify a patient's identity, this field is useful when the MCR is trying to verify or track down a patient's usual residence address at the time of diagnosis. Children or elderly women, for example, may not be easily found *except* by proxy through the name of a parent or husband with whom they live -- so knowing that the patient reported as Ann Smith with PO Box 5 is also Mrs. Charles Smith of 10 Main Road can help a great deal. If a patient is a widow or widower, we may find the patient as the informant on the deceased spouse's death certificate and be able to track the patient's address forward from that point in time. We are NOT requesting this field for *contact* purposes; MCR staff will use it in our routine address research when a patient cannot easily be found under his or her own name, and to help clarify patient identities.

Patient System ID-Hosp

NAACCR Version 11 Item 21, columns 32-39

This field is optional for the MCR for any diagnosis year. If your computer data system produces this field, we'd like to receive it because it will help us link records that we receive from you for the same patient. It also provides a way for you to link back any information that you may receive from us. It's also a "short-cut" field that can be useful for communicating with you about a certain patient, like Medical Record Number or Accession Number.

This code number should uniquely identify a cancer patient entered into your data system and should never be used (re-used) for any other patient. All of a patient's case records on your system should have the same Patient ID code. Your software should generate this code.

field added for 2006