Appendix I - WCRS Contacts

(Last Updated January 2020)

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Mailing Address
Wisconsin Cancer Reporting System
P.O. Box 2659
Madison WI 53701-2659

Express Courier Address
Wisconsin Cancer Reporting System
1 W. Wilson Street, Room 118
Madison WI 53703

Web Plus Login URL: https://webplus.wisconsin.gov/logonen.aspx
WCRS Email Address: DHSWCRSdata@dhs.wisconsin.gov
WCRS Fax Number: 608-266-2431
WCRS Website: www.dhs.wisconsin.gov/wcrs/index.htm
Reporter Page : https://www.dhs.wisconsin.gov/wcrs/reporterinfo/index.htm

Appendix II - Laws Governing Wisconsin Cancer Reporting

Wisconsin Statues

255.04 Cancer reporting.

(1) Any hospital, as defined under s. 50.33 (2), any physician and any laboratory certified under 42 USC 263a shall report information concerning any person diagnosed as having cancer or a precancerous condition to the department as prescribed by the department under sub. (2).

(2) The department shall prescribe:
- (a) The form on which the report under sub. (1) shall be submitted.
- (b) The time schedule under which the report under sub. (1) shall be submitted.
- (c) The types of cancer and precancerous conditions to be reported under sub. (1).

(3) Any information reported to the department under sub. (1) or (5) which could identify any individual who is the subject of the report or a physician submitting the report shall be confidential and may not be disclosed by the department except to the following:
- (a) A central tumor registry in another state if the individual who is the subject of the information presides in the other state.
- (b) A national tumor registry recognized by the department.
- (c) A researcher who proposes to conduct research, if all of the following conditions are met:
  1. The researcher applies in writing to the department for approval of access to individually identifiable information under sub. (1) or (5) that is necessary for performance of the proposed research, and the department approves the application. An application under this subdivision shall include all of the following:
     - a. A written protocol to perform research.
     - b. The researcher's professional qualifications to perform the proposed research.
     - c. Documentation of approval of the research protocol by an institutional review board of a domestic institution that has a federal wide assurance approved by the office for human research protections of the federal department of health and human services.
     - d. Any other information requested by the department.
  2. The proposed research is for the purpose of studying cancer, cancer prevention, or cancer control.

(4) The report of information under sub. (1) or (5) may not be construed as a violation of any person's responsibility for maintaining the confidentiality of patient health care records, as defined under s. 146.81 (4).

(5) The department may, to the extent feasible, collect information related to the occupation of cancer patients in order to fulfill the purpose of s. 250.04 (3) (b) 4.

(6) The department may charge a reasonable fee for disclosing information to a researcher under sub. (3)(c).

(7) Information obtained by the department under sub. (1) or (5) or obtained by a person under sub. (3) (c) is not subject to inspection, copying, or receipt under s. 19.35 (1).

(8) No person to whom information is disclosed under sub. (3) (c) may do any of the following:
- (a) Use the information for a purpose other than for the performance of research as specified in the application under sub. (3) (c)1., as approved by the department.
- (b) Disclose the information to a person who is not connected with performance of the research.
- (c) Reveal in the final research product information that may identify an individual whose information is disclosed under sub.(3) (c).

(9) Whoever violates sub. (8) (a), (b), or (c) is liable to the subject of the information for actual damages and costs, plus exemplary damages of up to $1,000 for a negligent violation and up to $5,000 for an intentional violation.

(10) (a) Whoever intentionally violates sub. (8) (a), (b), or (c) may be fined not more than $15,000 or imprisoned for not more than one year in the county jail or both.

(b) Any person who violates sub. (8) (a), (b), or (c) may be required to forfeit not more than $100 for each violation. Each day of continued violation constitutes a separate offense, except that no day in the period between the date on which a request for a hearing is filed under s. 227.44 and the date of the conclusion of all administrative and judicial proceedings arising out of a decision under this paragraph constitutes a violation.

(c) The department may directly assess forfeitures under par. (b). If the department determines that a forfeiture should be assessed for a particular violation or for failure to correct the violation, the department shall send a notice of assessment to the alleged violator. The notice shall specify the alleged violation of the statute and the amount of the forfeiture assessed and shall inform the alleged violator of the right to contest the assessment under s. 227.44.

History: 1985 a. 29; 1989 a. 173 ss. 2, 13; 1993 a. 16; 1993 a. 27 s. 48; Stats. 1993 s. 255.04; 1993 a. 183; 1997 a. 114; 2009 a. 28.

250.04(3)(b)3 Health; Administration and Supervision. Powers and duties of the department. The department may conduct investigations, studies, experiments and research pertaining to any public health problems which are a cause or potential cause of morbidity or mortality and methods for the prevention or amelioration of those public health problems. For the conduct of the investigations, studies, experiments and research, the department may on behalf of the state accept funds from any public or private agency, organization or person. It may conduct investigations, studies, experiments and research independently or by

contract or in cooperation with any public or private agency, organization or person including any political subdivision of the state. Individual questionnaires or surveys shall be treated as confidential patient health care records under ss. 146.81 to 146.835, but the information in those questionnaires and surveys may be released in statistical summaries.

146.82(2)(a)5 and 146.82(2)(a)8 Access without informed consent. 146.82(2)(a)5: In response to a written request by any federal or state governmental agency to perform a legally authorized function, including but not limited to management audits, financial audits, program monitoring and evaluation, facility licensure or certification or individual licensure or certification. The private pay patient, except if a resident of a nursing home, may deny access granted under this subdivision by annually submitting to a health care provider, other than a nursing home, a signed, written request on a form provided by the department. The provider, if a hospital, shall submit a copy of the signed form to the patient's physician.

146.82(2)(a)8: To the department under s. 255.04. The release of a patient health care record under this subdivision shall be limited to the information prescribed by the department under s. 255.04 (2).

Wisconsin Administrative Code

DHS 124.05(3)(h) Cancer reporting. Every hospital shall report to the department all malignant neoplasms that are diagnosed by the hospital and all malignant neoplasms diagnosed elsewhere if the individual is subsequently admitted to the hospital. The report of each malignant neoplasm shall be made on a form prescribed or approved by the department and shall be submitted to the department within 6 months after the diagnosis is made or within 6 months after the individual's first admission to the hospital if the neoplasm is diagnosed elsewhere, as appropriate. In this paragraph, "malignant neoplasm" means an in situ or invasive tumor of the human body, but does not include a squamous cell carcinoma or basal cell carcinoma arising in the skin.

DHS 120.31(3)(b) Release of data. The department shall provide to other entities the data necessary to fulfill their statutory mandates for epidemiological purposes or to minimize the duplicate collection of similar data elements.

Federal Law

106 STAT. 3372 PUBLIC LAW 102–515—OCT. 24, 1992

An Act

Entitled the "Cancer Registries Amendment Act".

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Cancer Registries Amendment Act".

SEC. 2. FINDINGS AND PURPOSE.

(a) FINDINGS.—Congress finds that—

(1) cancer control efforts, including prevention and early detection, are best addressed locally by State health departments that can identify unique needs;

(2) cancer control programs and existing statewide population-based cancer registries have identified cancer incidence and cancer mortality rates that indicate the burden of cancer for Americans is substantial and varies widely by geographic location and by ethnicity;

(3) statewide cancer incidence and cancer mortality data, can be used to identify cancer trends, patterns, and variation for directing cancer control intervention;

(4) the American Association of Central Cancer Registries (AACCR) cites that of the 50 States, approximately 38 have established cancer registries, many are not statewide and 10 have no cancer registry; and

(5) AACCR also cites that of the 50 States, 39 collect data on less than 100 percent of their population, and less than half have adequate resources for insuring minimum standards for quality and for completeness of case information.

(b) PURPOSE.—It is the purpose of this Act to establish a national program of cancer registries.

SEC. 3. NATIONAL PROGRAM OF CANCER REGISTRIES.

Title III of the Public Health Service Act (42 U.S.C. 241 et seq.) is amended by adding at the end the following new part:

PART M—NATIONAL PROGRAM OF CANCER REGISTRIES

SEC. 399H. NATIONAL PROGRAM OF CANCER REGISTRIES.

(a) IN GENERAL.—The Secretary, acting through the Director of the Centers for Disease Control, may make grants to States, or may make grants or enter into contracts with academic or nonprofit organizations designated by the State to operate the State's cancer registry in lieu of making a grant directly to the State, to support the operation of population-based, statewide cancer registries in order to collect, for each form of in-situ and invasive cancer (with the exception of basal cell and squamous cell carcinoma of the skin), data concerning—

(1) demographic information about each case of cancer;

(2) information on the industrial or occupational history of the individuals with the cancers, to the extent such information is available from the same record;

(3) administrative information, including date of diagnosis and source of information;

(4) pathological data characterizing the cancer, including the cancer site, stage of disease (pursuant to Staging Guide), incidence, and type of treatment; and

(5) other elements determined appropriate by the Secretary.

(b) MATCHING FUNDS.—

(1) IN GENERAL.—The Secretary may make a grant under subsection (a) only if the State, or the academic or nonprofit private organization designated by the State to operate the cancer registry of the State, involved agrees, with respect to the costs of the program, to make available (directly or through donations from public or private entities) non-Federal contributions toward such costs in an amount that is not less than 25 percent of such costs or $1 for every $3 of Federal funds provided in the grant.

(2) DETERMINATION OF AMOUNT OF NON-FEDERAL CONTRIBUTION; MAINTENANCE OF EFFORT.—

(A) Non-Federal contributions required in paragraph (1) may be in cash or in kind, fairly evaluated, including plant, equipment, or services. Amounts provided by the Federal Government, or services assisted or subsidized to any significant extent by the Federal Government, may not be included in determining the amount of such non-Federal contributions.

(B) With respect to a State in which the purpose described in subsection (a) is to be carried out, the Secretary,in making a determination of the amount of non-Federal contributions provided under paragraph (1), may include only such contributions as are in excess of the amount of such contributions made by the State toward the collection of data on cancer for the fiscal year preceding the first year for which a grant under subsection (a) is made with respect to the State. The Secretary may decrease the amount of non-Federal contributions that otherwise would have been required by this subsection in those cases in which the State can demonstrate that decreasing such amount is appropriate because of financial hardship.

(C) ELIGIBILITY FOR GRANTS.—

(D) RELATIONSHIP TO CERTAIN PROGRAMS.—

(1) IN GENERAL.—This section may not be construed to act as a replacement for or diminishment of the program carried out by the Director of the National Cancer Institute and designated by such Director as the Surveillance, Epidemiology, and End Results Program (SEER).

(2) SUPPLANTING OF ACTIVITIES.—In areas where both such programs exist, the Secretary shall ensure that SEER support is not supplanted and that any additional activities are consistent with the guidelines provided for in subsection (c)(2) (C) and (D) and are appropriately coordinated with the existing SEER program.

(3) TRANSFER OF RESPONSIBILITY.—The Secretary may not transfer administration responsibility for such SEER program from such Director.

(4) COORDINATION.—To encourage the greatest possible efficiency and effectiveness of Federally supported efforts with respect to the activities described in this subsection, the Secretary shall take steps to assure the appropriate coordination of programs supported under this part with existing Federally supported cancer registry programs.

(E) REQUIREMENT REGARDING CERTAIN STUDY ON BREAST CANCER.—In the case of a grant under subsection (a) to any State specified in section 399K(b), the Secretary may establish such conditions regarding the receipt of the grant as the Secretary determines are necessary to facilitate the collection of data for the study carried out under section 399C.

SEC. 399I. PLANNING GRANTS REGARDING REGISTRIES.

(a) IN GENERAL.—

(1) STATES.—The Secretary, acting through the Director of the Centers for Disease Control, may make grants to States for the purpose of developing plans that meet the assurances required by the Secretary under section 399B(c)(2).

(2) OTHER ENTITIES.—For the purpose described in paragraph (1), the Secretary may make grants to public entities other than States and to nonprofit private entities. Such a grant may be made to an entity only if the State in which the purpose is to be carried out has certified that the State approves the entity as qualified to carry out the purpose.

(b) APPLICATION.—The Secretary may make a grant under subsection (a) only if an application for the grant is submitted to the Secretary, the application contains the certification required in subsection (a)(2) (if the application is for a grant under such subsection), and the application is in such form, is made in such manner, and contains such agreements, assurances, and information as the Secretary determines to be necessary to carry out this section.

SEC. 399J. TECHNICAL ASSISTANCE IN OPERATIONS OF STATEWIDE CANCER REGISTRIES.

The Secretary, acting through the Director of the Centers for Disease Control, may, directly or through grants and contracts, or both, provide technical assistance to the States in the establishment and operation of statewide registries, including assistance in the development of model legislation for statewide cancer registries and assistance in establishing a computerized reporting and data processing system.

SEC. 399K. STUDY IN CERTAIN STATES TO DETERMINE THE FACTORS CONTRIBUTING TO THE ELEVATED BREAST CANCER MORTALITY RATES.

(a) IN GENERAL.—Subject to subsections (c) and (d), the Secretary, acting through the Director of the National Cancer Institute, shall conduct a study for the purpose of determining the factors contributing to the fact that breast cancer mortality rates in the States specified in subsection (b) are elevated compared to rates in other States.

(b) RELEVANT STATES.—The States referred to in subsection (a) are Connecticut, Delaware, Maryland, Massachusetts, New Hampshire, New Jersey, New York, Rhode Island, Vermont, and the District of Columbia.

(c) COOPERATION OF STATE.—The Secretary may conduct the study required in subsection (a) in a State only if the State agrees to cooperate with the Secretary in the conduct of the study, including providing information from any registry operated by the State pursuant to section 399H(a).

(d) PLANNING, COMMENCEMENT, AND DURATION.—The Secretary shall, during each of the fiscal years 1993 and 1994, develop a plan for conducting the study required in subsection (a). The study shall be initiated by the Secretary not later than fiscal year 1994, and the collection of data under the study may continue through fiscal year 1998.

(e) REPORT.—Not later than September 30, 1999, the Secretary shall complete the study required in subsection (a) and submit to the Committee on Energy and Commerce of the House of Representatives, and to the Committee on Labor and Human Resources of the Senate, a report describing the findings and recommendations made as a result of the study.

SEC. 399L. AUTHORIZATION OF APPROPRIATIONS.

(a) REGISTRIES.—For the purpose of carrying out this part, the Secretary may use $30,000,000 for each of the fiscal years 1993 through 1997. Out of any amounts used for any such fiscal year, the Secretary may obligate not more than 25 percent for carrying out section 399I, and not more than 10 percent may be expended for assessing the accuracy, completeness and quality of data collected, and not more than 10 percent of which is to be expended under subsection 399J.

(b) BREAST CANCER STUDY.—Of the amounts appropriated for the National Cancer Institute under subpart 1 of part C of title IV for any fiscal year in which the study required in section 399K is being carried out, the Secretary shall expend not less than $1,000,000 for the study.

Approved October 24, 1992.

HIPAA (Health Insurance Portability and Accountability Act)

Information on HIPAA for Cancer Registrars
NAACCR (North American Association of Central Cancer Registries)
http://www.naaccr.org/Research/HIPAA.aspx

Appendix III - Comparison of Hospital and Nonhospital Reporting Procedures

Item	Hospital	Non-Hospital
Manual	WCRS Coding Manual	Same as Hospital requirement
Paper Form	F-45709: Wisconsin Cancer Reporting System Cancer Report	Same as Hospital requirement
Electronic File	NAACCR Layout Version18 Type A record	Same as Hospital requirement
Reportable Cases	All malignant *in situ* and invasive cancer except basal cell and squamous cell carcinomas of the skin and *in situ* cervical cancers; and all benign central nervous system cancers diagnosed after 2004.	Same as Hospital requirement
Diagnosis Date	Diagnosed 1976 and forward	Required: 1992 and forward Accepted: 1976-1991
Coverage[1]	All patients for which a medical record is created regardless of residence (WCRS requires out of state cases to be reported)	Patients of clinics or physicians' offices whose records are not maintained with a hospital's inpatient records
Reportable Cases By Nature of Care	Diagnosed and/or treated by the hospital **-- or –** Admitted for ***any reason*** with ***active*** cancer (including diagnosis, treatment, palliative care, terminal care, care for noncancerous condition)	Clinic provided definitive, first-course cancer treatment **-- or –** Diagnosed at clinic but treatment NOT provided at clinic AND patient NOT referred to a **Wisconsin hospital** within 2 months following diagnosis
Timing[2]	Within six months of diagnosis by facility or within six months of first contact if diagnosed elsewhere	Same as Hospital requirement

[1]Coverage maintains the emphasis on hospital reporting, and supplements hospital reports with clinic reports for the types of cancers only seen in an outpatient setting or the clinic first-course treatment not provided and/or reported by a hospital.

[2]If all of the planned first-course treatment has not started within the six-month time period, hold reporting the case until all treatment is started as long as the case is still reported within 12 months. It is important to note that, in general, this scenario will mostly apply to breast cancer cases.

When a Patient is Seen by a Clinic and a Hospital

Ordinarily when a patient is seen by one or more freestanding clinics or physician offices and by one or more hospital, each facility will independently report the case. In each case, the date of initial diagnosis will be the same for each reporting facility. Here are some examples of which facility reports and when.

- If a patient is diagnosed by a freestanding clinic and sent to a hospital for treatment, the hospital will report the case. The clinic only needs to report the case if it also provided some definitive, first-course treatment.
- If a patient is diagnosed by a freestanding clinic and the patient is NOT referred to a Wisconsin hospital, the clinic must **report the case even if the clinic does not treat the patient.**
- If a clinic diagnoses a case, sends the patient to the hospital for surgery, but the clinic provides chemotherapy, radiotherapy or any non-surgical cancer-directed therapy before or following the surgery, both the clinic and the hospital will report the case. The criterion requiring clinic reporting is that it provided some of the first-course treatment.
- If a hospital 1) diagnosed a case OR 2) provided first-course treatment OR 3) saw the patient for a non-cancer issue BUT the medical record indicated the patient has active cancer, it must report the case. Any follow-up clinic visits are not reportable by the clinic unless it provides first-course treatment.
- If a hospital or clinic sees a patient with active disease that is metastases or a recurrence, the original primary IS reportable under the conditions above if the original primary had not been reported by the facility when it was first diagnosed.

In many Wisconsin communities, larger health systems and hospitals routinely abstract cancer cases diagnosed or treated at their affiliated local freestanding clinics and physician offices (or those in geographic proximity) through a formal or informal arrangement with those facilities. This often occurs between facilities that share the same electronic health record system. WCRS will work with facilities to accept cases abstracted in these situations; it is cost-effective and time-saving for both the facilities and WCRS. The following situations apply:

- The facility having its cases reported routinely by another facility IS responsible for reporting any required cases not completed by the reporting facility.
- The reporting facility must report the first-course treatment provided by all facilities, not just the treatment provided at the reporting facility's location.
- The facilities must maintain accurate, current updates on these reporting agreements and send notification via email or fax to WCRS when first initiated or changes are made.

Appendix IV - WCRS Reference Materials/Websites

Surveillance, Epidemiology, and End Results Program (SEER) Registry Operations

https://seer.cancer.gov/registrars/

- **SEER Program Coding and Staging Manual 2018**
  https://seer.cancer.gov/manuals/2018/SPCSM_2018_maindoc.pdf
  This manual includes data item descriptions, codes, and coding instructions for cases diagnosed January 1, 2018 and forward as reported by SEER registries.
- **SEER Summary Stage 2018 Manual**
  https://seer.cancer.gov/tools/ssm/2018-Summary-Stage-Manual.pdf
  Use this manual to determine the summary stage for each reportable case.
- **Solid Tumor Rules**
  https://seer.cancer.gov/tools/solidtumor/STM_2018.pdf
  Scroll to 'Complete Manual' – Download the complete manual with the latest updates.
  Use this manual to determine the number of reports needed to complete each case.
- **Hematopoietic and Lymphoid Neoplasm Coding Manual**
  https://seer.cancer.gov/tools/heme/Hematopoietic_Instructions_and_Rules.pdf
  Instructions and rules for determining the number of primaries, primary site, histology, and the cell lineage or phenotype.
- **Hematopoietic and Lymphoid Neoplasm Database**
  https://seer.cancer.gov/seertools/hemelymph/
  Use this site to assist in screening for reportable cases and determining reportability requirements. Site contains abstracting and coding information of all hematopoietic and lymphoid neoplasms (9590/3-9992/3).
- **SEER*Rx - Interactive Antineoplastic Drugs Database**
  http://www.seer.cancer.gov/seertools/seerrx/
  One-step lookup for coding oncology drug and regimen treatment categories.
- **Glossary for Registrars**
  https://seer.cancer.gov/seertools/glossary/
  Features definitions for terms used by cancer registrars. Includes information on where the term is uses, as well as any applicable alternative names, abstractor notes, histology and primary sites.
- **SEER*Educate**
  https://educate.fredhutch.org/LandingPage.aspx
  Free online training platform tailored specifically for cancer registry professionals to improve technical skills through applied testing on the latest coding guidelines and concepts
- **SEER Inquiry System (SINQ)**
  https://seer.cancer.gov/seerinquiry/index.php
  Site for a searchable collection of questions on coding cancer cases, specific to solid tumor rules (primary site and histology), hematopoietic cancers, SEER summary stage.
- **Ask a SEER Registrar**
  https://seer.cancer.gov/registrars/contact.html
  Site for members of cancer registrar community to submit questions about coding cancer cases or about the materials for registrars distributed through the SEER site. Use only if the question you want to ask was not already answered in SINQ.

North American Association of Central Cancer Registries
https://www.naaccr.org/data-standards-data-dictionary/

- **NAACCR Data Standards and Data Dictionary**
  https://www.naaccr.org/data-standards-data-dictionary/
  Click on Version 15 Data Standards and Data Dictionary document.
- **Grade Coding Instructions and Tables**
  https://www.naaccr.org/SSDI/Grade-Manual.pdf
  Primary resource for documentation and coding instructions for Grade.
- **Site-Specific Data Item (SSDI) Manual**
  https://www.naaccr.org/SSDI/SSDI-Manual.pdf
  Primary resource for documentation and coding instructions for site-specific data items introduced in 2018.
- **Recommended Abbreviations for Abstractors to Use in Text Fields**
  http://datadictionary.naaccr.org/?c=17
  Consist of two main lists of about 600 word/terms and their recommended abbreviations/symbols, as well as a special table of context-sensitive abbreviations.

Other Resources

- **Site-Specific Surgery Codes**
  https://www.facs.org/~/media/files/quality%20programs/cancer/ncdb/store_manual_2018.ashx
  From this site, scroll down the left column and select Appendix B – site-specific surgery codes.
- **Standards for Oncology Registry Entry (STORE)**
  https://www.facs.org/~/media/files/quality%20programs/cancer/ncdb/store_manual_2018.ashx
  Commission on Cancer, National Cancer Database Data Standards
- **2018 ICD-O-3 Coding Guidelines and Coding Tables**
  https://www.naaccr.org/implementation-guidelines/#ICDO3
  Address implementation of updated histology terms and codes for cases diagnosed on or after January 1, 2018.
- **International Classification of Diseases for Oncology, 3rd Edition (ICD-O3)**
  http://codes.iarc.fr/
  This is the definitive classification of neoplasms and is used to describe the topography, morphology, malignant behavior and grade of all neoplasms.
- **CAnswer Forum**
  http://cancerbulletin.facs.org/forums/
  Site for a searchable collection of questions on coding cancer cases, specific to AJCC TNM staging, grade and SSDIs. New questions can be submitted on this site.

Staging Manuals for AJCC-TNM for 2018 diagnoses (not required by WCRS)

- **AJCC Cancer Staging Manual, 8th Edition Hardcover**
  https://www.springer.com/us/book/9783319406176
- **AJCC Cancer Staging Manual, 8th Edition Kindle Edition**
  https://www.amazon.com/AJCC-Cancer-Staging-Manual-Eighth-ebook/dp/B07H53RZ3S/

Appendix V - Race and Nationality Descriptions from the Census, National Center for Statistics and NAACCR Ethnicity Descriptions

Note: Use these lists only when race is not stated but other information is provided in the medical record.

References:

1. Race and Ethnicity Code Set, Version 1.0, Centers for Disease Control and Prevention, March 2000.
2. Instruction manual, part 4: Classification and Coding Instructions for Death Records, 1999-2001, Division of Vital Statistics, National Center for Health Statistics, undated.

Key for Code 01

***** Terms listed in reference 2, above.

! Description of religious affiliation rather than stated nationality or ethnicity; should be used with caution when determining appropriate race code. (Use Code 01 unless patient is American Indian/Native Alaskan or other race)

Code to White, 01, if one of these descriptions is in the chart and no other race information is available		
Afghan, Afghanistani	Afrikaner	Albanian
Algerian*	Amish*	Anglo-Saxon*
Arab, Arabian	Argentinian*	Armenian
Assyrian	Australian*	Austrian*
Azores*	Basque*	Bavarian*
Bolivian*	Bozniak/Bosnian	Brava/Bravo*
Brazilian	Bulgarian	Cajun
Californio	Canadian*	Caucasian*
Central American	Chechnyan	Chicano*
Chilean	Colombian*	Costa Rican*
Croat/Croatian	Crucian*	Cuban (*unless specified as Black*)*
Cypriot	Czechoslovakian*	Eastern European
Ebian*	Ecuadorian*	Egyptian
English	English-French*	English-Irish*
European*	Finnish*	French
French Canadian*	Georgian*	German
Greek*	Guatemalan	Gypsy*
Hebrew*!	Herzegovenian	Hispanic*
Honduran	Hungarian*	Iranian, Iran
Iraqi	Irish	Islamic*!
Israeli	Italian	Jordanian*
Kurd/Kurdish	Kuwaitian*	Ladina/Ladino*
Latin American*	Latino	Latvian*
Lebanese	Libyan*	Lithuanian*
Maltese*	Marshenese*	Mauritian*
Moroccan*	Mediterranean*	Mexican
Middle Eastern	Moroccan*	Moslem*!
Muslim*	Near Easterner	Nicaraguan
Nordic*	North African	Norwegian*
Other Arab	Palestinian	Panamanian
Paraguayan	Parsi*	Persian*
Peruvian*	Polish	Portuguese*

Code to White, 01, if one of these descriptions is in the chart and no other race information is available		
Puerto Rican (*unless specified as Black*)	Romanian*	Rumanian
Russian*	Salvadoran	Saudi Arabian*
Scandinavian*	Scottish, Scotch	Semitic*!
Serbian*	Servian*	Shiite!
Sicilian*	Slavic, Slovakian*	South American
Spanish*, Spaniard	Sunni*!	Swedish*
Syrian	Tunisian*	Turkish, Turk*
Ukranian*	United Arab Emirati	Uruguayan
Venezuelan*	Welsh*	White
Yemenite*	Yugoslavian*	Zoroastrian*

Code the following descriptions to Black – African American, 02, If one of these descriptions is in the chart and no other race information is available		
African	African American	Afro-American
Bahamian	Barbadian	Bilalian*
Black	Botswana	Cape Verdean*
Dominica Islander (*unless specified as White*)	Dominican/Dominican Republic (*unless specified as White*)	Eritrean*
Ethiopian	Ghanian*	Haitian
Hamitic*	Jamaican	Kenyan*
Liberian	Malawian*	Mugandan*
Namibian	Nassau*	Negro
Nigerian	Nigritian	Nubian*
Other African	Santo Domingo*	Seychelloise*
Sudanese*	Tanzanian*	Tobagoan
Togolese*	Trinidadian	West Indian
Zairean		

Code the following descriptions to American Indian/Alaska Native, 03, if one of these descriptions is in the chart and no other race information is available	
Alaska Native	Eskimo
Central American Indian	Native American
Mexican American Indian	American Indian
Spanish American Indian	Meso American Indian
Aleut	South American Indian

Specific Asian Codes

Definition	Race Code	Definition	Race Code
Amerasian	96	Kampuchean	13
Asian Indian NOS	15	Korean	08
Asian	96	Laotian	11
Asiatic	96	Maldivian	96
Bangladeshi	96	Madagascar	96
Bhutanese	96	Malaysian	96
Bornean	96	Mongolian	96
Bruneian	96	Montagnard	96
Burmese	96	Nepalese	96
Cambodian	13	Okinawan	05
Celebesian	96	Oriental	96
Ceram	96	Other Asian	96
Ceylonese	96	Pakistani	17
Chinese	04	Sikkimese	96
Eurasian	96	Singaporean	96
Filipino	06	Sri Lankan	96
Hmong	12	Sumatran	96
Indian (from India)	16	Taiwanese	04
Indo-Chinese	96	Thai	14
Indonesian	96	Tibetan	96
Iwo Jiman	05	Vietnamese	10
Japanese	05	Whello	96
Javanese	96	Yello	96

Specific Native Hawaiian and Other Pacific Islander Codes

Definition	Race Code
Bikinian	20
Carolinian	20
Chamorro	21
Chuukese	20
Cook Islander	25
Eniwetok, Enewetak	20
Fijian	31
Guamanian	22
Hawaiian	07
Kirabati	20
Kosraean	20
Kwajalein	20
Maori	97
Mariana Islander	20
Marshallese	20
Melanesian	30
Micronesian, NOS	20
Native Hawaiian	07
Nauruan	97
New Caledonian	30
New Hebrides	30
Other Pacific Islander	97
Pacific Islander	97
Palauan	20
Papua New Guinean	32
Part Hawaiian	07
Pohnpeian	20
Polynesian	25
Ponapean	20
Saipanese	20
Samoan	27
Solomon Islander	30
Tahitian	26
Tarawan	20
Tinian	20
Tokelauan	25
Tongan	28
Trukese	20
Tuvaluan	25
Vanuatuan	30
Yapese	20

Other Race Descriptions

Note 1: The following descriptions of ethnic origin cannot be coded to a specific race code. Look for other descriptions of race in the medical record. If no further information is available, code race as 99, Unknown.
Aruba Islander
Azerbaijani
Belizean
Bermudan
Cayenne
Cayman Islander
Creole
Guyanese
Indian (*not specified as Native American, Eastern Indian, Northern, Central, or South American Indian*)
Mestizo
Morena
South African
Surinam
Tejano

Note 2: The following terms self-reported in the 2000 Census cannot be coded to a specific race code. Look for other descriptions of race in the medical record. If no further information is available, code race as 99 Unknown.		
Biracial	Interracial	Mixed
Multiethnic	Multinational	Multiracial

Indian Tribes of the United States, Canada and Mexico
(Race Code 03)

Indian Tribes of the United States, Canada and Mexico (Race Code 03)		
Abnaki	Absentee-Shawnee	Acoma
Ak Chin	Alabama-Coushatt Tribes - TX	Alsea
Apache	Arapaho	Arikara
Assiniboin	Atacapa	Athapaskan
Atsina	Aztec	Bear River
Beaver	Bella Coola	Beothuk
Blackfoot	Boold Piegan	Blue Lake
Brotherton	Caddo	Cakchiquel-lenca
Calapooya	Carrier	Catawba
Cattaraugus	Cayuga	Cayuse
Chasta Costa	Chehalis	Chemehuevi
Cherokee	Chetco	Cheyenne
Cheyenne River Sioux	Chickahominy	Chickasaw
Chinook	Chipewyan	Chippewa
Chippewa-Ojibwa	Chiricahua Apache	Chitimacha
Choctaw	Chol	Chontal
Chorti	Chuckchansi	Chumash
Clallam	Clatsop	Clackamus
Clear Lake	Coast Salish	Cochimi
Cochiti	Cocopa	Coeur D'Alene Tribe of Idaho
Cocopah	Columbia	Colville
Comox	Comanche	Concow
Conquille	Coushatta	Covelo
Cow Creek	Cowichan	Cowlitz
Coyotero Apache	Cree	Creek
Crow	Crow Creek Sioux	Dakota
Delaware	Diegueno	Digger
Dog Rib	Duckwater	Eskimo
Euchi	Eyak	Flathead
Fort Hall Res. Tribe of Idaho	French Indian	Gabrieleno
Galice Creek	Gay Head	Gosiute
Gros Ventre	Haida	Han
Hare	Hat Creek	Hawasupai
Hidatsa	Hoh	Hoopa
Hopi	Houma	Hualapai
Huastec	Humboldt Bay	Hupa
Huron	Illinois	Ingalik
Iowa	Iroquois	Isleta
Jemez	Joshua	Juaneno
Jicarilla Apache	Kaibah	Kalispel
Kanosh Band of Paiutes	Kansa	Karankawa
Karok	Kaska	Kaw
Kawai	Keresan Pueblos	Kern River
Kichai	Kickapoo	Kiowa
Kiowa Apache	Kitamat	Klamath
Klikitat	Koasati	Kootenai Tribe of Idaho

Indian Tribes of the United States, Canada and Mexico (Race Code 03)		
Kusa	Kutchin	Kutenai
Kwakiutl	Lac Courte Oreilles	Laguna
Lakmuit	Lipan Apache	Lower Brule Sioux
Luiseno	Lummi	Maidu
Makah	Malecite	Mandan
Maricopa	Mary's River	Mashpee
Mattaponi	Maya	Mayo
Mdewakanton Sioux	Menominee	Menomini
Mequendodon	Mescalero Apache	Miami
Micmac	Mission Indians	Missouri
Miwok	Mixe	Mixtec
Modoc	Mohave	Mohawk
Mohegan	Molala	Monachi
Mono	Montagnais	Montauk
Muckleshoot	Munsee	Nambe
Namsemond	Nanticoke	Narragansett
Naskapi	Natchez	Navaho
Navajo	Nez Perce	Niantic
Nipmuck	Nisenan-Patwin	Nisqually
Nomelaki	Nooksak	Nootka
Northern Paiute	Oglala Sioux	Okanogan
Omaha	Oneida	Onondaga
Opata	Opato	Osage
Oto	Otoe	Otomi
Ottawa	Ozette	Paiute
Pamunkey	Panamint	Papago
Passamaquoddy	Patwin	Pawnee
Pen d'Oreille	Penobscot	Peoria
Pequot	Picuris	Pima
Pit River	Pojoaque	Pomo
Ponca	Poosepatuck	Potawatomi
Potomac	Powhatan	Pueblos
Puyallup	Quapaw	Quechan
Quileute	Quinaielt	Quinault
Rappahannock	Rogue River	Rosebud Sioux
Sac and Fox	Saginaw	Salish
Sandia	San Felipe	San Ildefonso
San Juan	San Lorenzo	San Luis Obispo
San Luiseno	Sanpoil	Sanpoil Nespelem
Sant'ana	Santa Barbara	Santa Clara
Santa Ynez	Santee	Santee Sioux
Santiam	Sauk and Fox	Scaticook
Sekane	Seminole	Seneca
Seri	Shasta	Shawnee
Shinnecock	Shivwits Band of Paiutes	Shoshone
Shoshone-Bannock	Shuswap	Siouans
Sioux	Sisseton	Sisseton-Wahpeton Sioux
Siuslaw	Skagit Suiattle	Skokomish
Slave	Smith River	Snake

Indian Tribes of the United States, Canada and Mexico (Race Code 03)		
Snohomish	Snoqualmi	Songish Southern Paiute
Squaxin	Stockbridge	Sumo-Mosquito
Suquamish	Swinomish	Taimskin
Tanana	Tanoan Pueblos	Taos
Tarahumare	Tarascan	Tawakoni
Tejon	Tenino or Warm Springs	Tesuque
Teton	Teton Sioux	Tillamook
Timucua	Thlinget	Tolowa
Tonawanda	Tonkawa	Tonto Apache
Topinish	Totonac	Tsimshian
Tulalip	Tule River Indians	Tunica
Tuscarora	Tututni	Umatilla
Umpqua	Upper Chinook	Ute
Waca	Waicuri-Pericue	Wailaki
Walapai	Walla Walla	Wampanoag
Wapato	Warm Springs	Wasco
Washo	Washoe	Western Apache
Western Shoshone	Whilkut	Wichita
Wikchamni	Wind River Shoshone	Ho Chunk (Winnebago)
Wintu	Wintun	Wishram
Wyandotte	Xicaque	Yahooskin
Yakima	Yamel	Yana
Yankton	Yanktonnais Sioux	Yaqui
Yaquina	Yavapai	Yawilmani
Yellow Knife	Yerington Paiute	Yokuts
Yokuts-Mono	Yomba Shoshone	Yuchi
Yuki	Yuma	Yurok
Zacatec	Zapotec	Zia
Zoque	Zuni	

Source: National Center for Health Statistics: Appendix C, *Instruction Manual, part 4: Classification and Coding Instructions for Death Records, 1999-2001*.

NAACCR Ethnicity Description and Codes

Code	Description
0	Non-Spanish; non-Hispanic
1	Mexican (includes Chicano)
2	Puerto Rican
3	Cuban
4	South or Central American (except Brazil)
5	Other Spanish/Hispanic origin (includes European; excludes Dominican Republic)
6	Spanish, NOS, Hispanic, NOS, Latino, NOS
7	Spanish surname only. The only evidence of the person's Hispanic origin is the surname or maiden name and there is no contrary evidence that the patient is not Hispanic.
8	Dominican Republic
9	Unknown whether Spanish or not

Appendix VI – Pediatric and Young Adult Early Case Capture Required Data Items

Key Criteria	Specifications/Guidance
Diagnosis Date	January 1, 2015 forward
Age at Diagnosis	Age 0 - 19
Reportable Diagnoses	All ICD-O-3 diseases with a behavior code of "/2" (in situ disease) or "/3" (malignant disease), except: • Basal and squamous cell carcinomas of the skin; • Carcinoma in situ of the cervix uteri and cervical intraepithelial neoplasia; and • Prostatic intraepithelial neoplasia All solid tumors of brain and central nervous system, including the meninges and intracranial endocrine structures, listed in the ICD-O-3 with behavior codes of "/0" (benign disease) and "/1" (disease of uncertain malignant potential).
Diagnostic Confirmation	Submit all reportable cases to the central registry, regardless of the type of diagnostic confirmation. Due to the requirement for rapid reporting, report cases whether there is a clinical or pathologic diagnosis. If a facility submits a non-microscopically confirmed case that subsequently is determined not to be cancer or otherwise reportable, they must notify the central cancer registry so the case may be removed from the database.
Timeframe for Facility Reporting to Central Cancer Registry (CCR)	Initial Early Case Capture report with minimal data items submitted to central cancer registry within 30 days of diagnosis. Subsequent complete report submitted within normal CCR reporting timeframe.

Item Name	NAACCR Item(s)	Collect From Facilities	Comment
Record Type	10	Required	Usually auto-generated by software.
Hospital Accession Number	550	Required	
Last Name	2230	Required*	
First Name	2240	Required*	
Middle Name	2250	Recommended	
Birth Date	240	Required*	
Date of Birth Flag	241	Required	If unknown, this field should be '12.'
Age at Diagnosis	230	Required*	
Social Security Number	2320	Required*	
Addr at DX--City	70	Required	Current city address can be used as a default for this field.
Addr at DX—No & Street	2330	Required	Current street address can be used as a default for this field.
Addr at DX—Postal Code	100	Required	Current zip code can be used as a default for this field.
Addr at DX—State	80	Required	Current state can be used as a default for this field.
Addr at DX—Supplementl	2335	Required	Current supplemental address can be used as a default for this field.
County at DX	90	Required	Current county can be used as a default for this field.
Addr Current--City	1810	Required*	
Addr Current—No & Street	2350	Required*	
Addr Current—Postal Code	1830	Required*	
Addr Current—State	1820	Required*	
Addr Current—Supplementl	2355	Required*	

Item Name	NAACCR Item(s)	Collect From Facilities	Comment
County--Current	1840	Required*	
Patient Phone Number	2360	Required*	
Physician Contact Information	Determined by WCRS	Recommended	WCRS would like to receive the managing or follow up physician information if available within 30 days, in either text form or in the appropriate data fields.
Sex	220	Required*	
Race 1	160	Required*	
Race 2	161	Required	
Race 3	162	Required	
Race 4	163	Required	
Race 5	164	Required	
Spanish/Hispanic Origin	190	Required*	
Primary Site (ICD-O-3)	400	Required*#	This field can be generated from the ICD-10-CM code
Histology (ICD-O-3)	522	Required#	For some cancers, this field can be generated from the ICD-10-CM code.
Behavior (ICD-O-3)	523	Required#	For some cancers, this field can be generated from the ICD-10-CM code.
Laterality	410	Required#	For some cancers, this field can be generated from the ICD-10-CM code.
Date of Diagnosis	390	Required#	Date of Diagnosis may be approximate and can be either clinically or pathologically determined. For flat file EHR-direct submissions, the date of first contact can be used as a default diagnosis date.
Date of Diagnosis Flag	391	Required	
Date of 1st Contact	580	Required*	The first encounter or problem date can be used as a default for this date.
Date of 1st Contact Flag	581	Required	
Diagnostic Confirmation	490	Required	
Sequence Number--Hospital	560	Required#	
Type of Reporting Source	500	Required*	
Reporting Facility	540	Required*	
NPI-Reporting Facility	545	Required, as available	
Follow-up Contact--City	1842	Required, as available	Follow-up contact information is intended to capture parental contact information for active follow-up or consent for study participation.
Follow-up Contact—State	1844	Required, as available	
Follow-up Contact – Postal	1846	Required, as available	
Follow-up Contact—No&St	2392	Required, as available	
Follow-up Contact—Suppl	2393	Required, as available	
Follow-up Contact--Name	2394	Required, as available	
Follow-up Contact–Phone Number	NA	Required, as available	

* Bare bones data requirement for EHR-direct flat file submissions (must work with WCRS to set up submission process from EHR).

These fields can sometimes be generated from the ICD-10-CM code.